ANALYSIS OF CLAIM PROCESSING EFFICIENCY AND PATIENT SATISFACTION: A COMPARATIVE STUDY OF INSURANCE AND GOVERNMENT SCHEME BENEFICIARIES AT S.R. KALLA HOSPITAL, JAIPUR

Dissertation Submitted to

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for the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

By

Sanjana Kalra

Under the Supervision and Guidance of

Mr. S.P. Chatterjee

2024

S.R. Kalla Memorial
Gastro & General Hospital

Certificate No.
H-2016-0375

Certificate of Completion

This is to certify that **Ms Sanjana Kalra** of **IHMR University (HM-27 Batch)** has successfully completed an internship at **SR Kalla Memorial Gastro and General Hospital, Jaipur** from **March 18, 2024 to June 18, 2024**. During this period, she has demonstrated commendable dedication, enthusiasm, and a commitment to learning in the field of **Operations and Human Resource Department**

She has actively participated in various tasks and projects assigned, showcasing a strong understanding of medical procedures, protocols, and patient care. Her contributions have been invaluable to our team, and she has consistently exhibited professionalism, integrity, and a willingness to go above and beyond.

Throughout the internship, **Ms Sanjana Kalra** has exhibited exceptional communication skills, both in written and verbal forms. She has effectively collaborated with colleagues, patients, and supervisors, fostering a positive and supportive work environment.

It is with great pleasure that we acknowledge **Ms Sanjana Kalra** for her outstanding performance and dedication during her internship at SR Kalla Hospital Jaipur. We extend our best wishes for her future endeavours and trust that she will continue to excel in her chosen career path.

Date: 18-6-2024

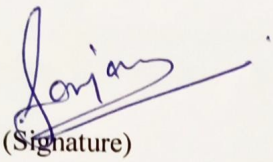
Dr Mukesh Kalla
Medical Director
SR KALLA MEMORIAL GASTRO & GENERAL HOSPITAL
78-79, DHULESHWAR GARDEN, BEHIND HSBC BANK
SARDAR PATEL MARG, C-SCHEME, JAIPUR-01

Dr. Komal Kalla
CEO
SR KALLA MEMORIAL GASTRO & GENERAL HOSPITAL
78-79, DHULESHWAR GARDEN, BEHIND HSBC BANK
SARDAR PATEL MARG, C-SCHEME, JAIPUR-01

78-79 Dhuleshwar Garden, Behind HSBC Bank
Sardar Patel Marg, C-Scheme, Jaipur-302001
Ph.: 0141-2378001, 2379779 | Fax : 0141-2370673 | Appointments : 7023007777
Email : srkallahospital@rediffmail.com | Web.: srkallahospitals.com

DECLARATION BY STUDENT

I hereby declare that this dissertation titled **Analysis of Claim Processing Efficiency and Patient Satisfaction: A Comparative Study of Insurance and Government Scheme Beneficiaries at S.R. Kalla Hospital, Jaipur** is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.



(Signature)

Sanjana Kalra

3-7-2024

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that dissertation titled "**: Analysis of Claim Processing Efficiency and Patient Satisfaction: A Comparative Study of Insurance and Government Scheme Beneficiaries at S.R. Kalla Hospital, Jaipur"** is a record of the research work undertaken by **Sanjana Kalra** in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

Dr . S.P Chattopadhyay
IIHMR University, Jaipur

Date

Dr. Sanjay Gupta
IIHMR University, Jaipur

Date 02/07/2024

Abstract

Title: Analysis of Claim Processing Efficiency and Patient Satisfaction: A Comparative Study of Insurance and Government Scheme Beneficiaries at S.R. Kalla Hospital, Jaipur

Author Name: Sanjana Kalra

Advisor Name: Dr. S P Chattopadhyay

Key words: Patient Satisfaction, Claim Processing, Private Insurance , RGHS, CGHS

Background

India's healthcare system is gradually evolving particularly with emphasis and direction being placed on the satisfaction levels a patient receives and also the processes involved in claiming and receiving insurance reimbursements between patients and different schemes. This study examines integrated relation between insurance coverage, efficiency of claims handling and patients' satisfaction in S.R. Kalla hospital in Jaipur . Try as healthcare organizations may to meet patients' expectation while at the same time achieving organizational objectives, it is possible to lose out on details of patients' experiences, especially those insured or under government programs like CGHS and RGHS. This research inquiry serves to fill a small literature gap regarding privately-owned facilities dealing with multiple forms of insurance, such as state-run programs for the provision of insurance schemes in the healthcare context of Jaipur.

Reseach Question

The major research question targets three areas of interest, namely,

1)What is the current practices of claim processing ?

2) what is the Patient satisfaction levels of the policyholders at S.R Kalla Hospital?

3) How Patient satisfaction can be improved?

Methodologies

The Study examines the extent of the claim processing and patients' satisfaction in SR Kalla memorial gastro and general hospital Jaipur.

Study Design: A cross-sectional study will be adopted in order to compare the claim processing time of general insurance policy holders, CGHS beneficiaries & RGHS beneficiaries and the satisfaction level of the patients.
Setting: The research will be conducted at S. R. Kalla Memorial Gastro and General Hospital Jaipur.

Study Population: The target population entails Policyholders of general insurance, CGHS and RGHS those who had filed claims in the hospital in the one month to three months preceding the survey.

Duration: Three months

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Sample Size:
100 policyholders for claim processing time:100 policyholders for claim processing time:
30 general insurance policyholders.
35 CGHS beneficiaries.
35 RGHS beneficiaries.
Of 110 policyholders 37 responded on patients' satisfaction.

Sampling Technique:
Convenience sampling will be used because of the ease in accessing the targets and the cost aspect.

Data Collection:
Records from hospital for evaluating the time taken in the processing of claims.
The mostly used type of data are the primary ones based on the surveys done to assess

the satisfaction of the patients.

Data Analysis:
Data Analysis was conducting using excel tool

Result

Claim Processing Efficiency:

- Private insurance: Very efficient with an average of (4 hours 13 minutes spent on the turn around).
- CGHS: Short pre-admission time (55 minutes) but a considerably long payment time (77 days)
- RGHS: Pre-admission time 2 hours and 17 minutes, payment cycle 67 days

Patient Satisfaction:

- Overall recommendation rate: 73.6% of the respondents are likely or highly likely to recommend the product.
- Satisfaction by insurance type: Private (4. 40/5) > RGHS (4. 18/5) > CGHS (3. 66/5)
- Age-related satisfaction: Reduces with age, (20-35 years: 4. 2/5, 51-65 years: 3. 8/5)
- Highest satisfaction: Hired doctors' experience (4. 05/5) and the cleanness of the room (4. 04/5)
- Areas for improvement: Regarding waiting times the respondents scored as (3. 76/5) while information clarity received a score of (3. 89/5).

Insurance-Related Experiences:

- Only 20% said they faced problems with the acceptance of insurance.
- 75.5% percent of them described the insurance handling as good or excellent.
- RGHS/CGHS specific: 67. 9% of the respondents were not inhibited with the acceptance of cards.
- RGHS/CGHS specific: 62. 5% of respondents said that they got clear information

about coverage.

Based on these findings, there is a potential necessity to initiate some specific measures directed enhancing the level of patient satisfaction depending on the age factor and particularly focusing on the elderly patients. This dissimilar satisfaction rating between insurance types indicates a possibility to homogenize and enhance the insurance quality in regard to all the patients irrespective of their insurer.

The study therefore establishes a moderate to strong positive relationship between claim-processing efficiency outcomes and patients' satisfaction with the above-mentioned insurance covering private, CGHS and RGHS. Thus, the study shows that private health insurance consumers are the most satisfied with their insurance as it was proved by the results of the survey: they get their claims processed quicker and more efficiently. Patients with CGHS insurance on the other hand record the lowest satisfaction since their health claims take longer to be processed and the process entails a lot of formalities. Patients of RGHS are in the middle somewhere, therefore they have moderate level of satisfaction.

Discussion :

This Study investigates how well medical claims are handled and how satisfied patients feel at S. R. Kalla Hospital in Jaipur. It focuses on comparing private and government insurance programs. The study emphasizes the importance of patient happiness, the influence of technologies like electronic health records (EHRs) on improving effectiveness, and the challenges that government programs face in their daily operations. Results show that private insurance processes claims faster and leaves patients more satisfied, while government programs often experience delays and bureaucratic challenges. The research highlights the crucial role of efficient claims handling and technology integration in improving patient satisfaction. It proposes that addressing differences between insurance types and making policy adjustments can greatly enhance the overall quality of service. By prioritizing these improvements, healthcare providers can better meet patient expectations and boost overall satisfaction

Conclusion

The study therefore establishes a moderate to strong positive relationship between claim-processing efficiency outcomes and patients' satisfaction with the above-mentioned insurance covering private, CGHS and RGHS. Thus, the study shows that private health insurance consumers are the most satisfied with their insurance as it was proved by the results of the survey: they get their claims processed quicker and more efficiently. Patients

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I also want to extend my sincere thanks to Dr. Rajeev Tiwari , the Medical Superintendent of S R Kalla Hospital, for giving me the chance to work and study in such a prominent HealthCare facility. His vision and leadership have been crucial in establishing Kalla Hospital as a premier center of excellence in healthcare.

Finally, I would like to give Dr. P.R. Sodani (President, IIHMR University, Jaipur) my heart felt gratitude for giving me the opportunity to complete this internship. I now like to thank Dr. SP Chattopadhyay my mentor at IIHMR University, for his exceptional collaboration, priceless direction, and supervision. His meticulous and kind nature are evident in this report.

I would also like to express a deep sense of gratitude to the Placement Cell of my esteemed university for guiding me throughout the internship process and for providing time-to-time internship guidelines. I perceive this opportunity as a big milestone in my career development.

I will strive to use gained skills and knowledge in the best possible way and will continue to work on the improvements, to attain desired career objectives.

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ABBREVIATIONS

CGHS	Central Government Health Scheme
RGHS	Rajasthan Government Health Scheme
DOD	Date of Discharge
DOS	Date of Submission

CHAPTER 1: INTRODUCTION

Today's healthcare centres are in a quest of fulfilling the needs of patients through provision of services while at the same time achieving organizational objectives and operations. Proceeding with the subject of this article, it is crucial to stress that patient satisfaction has a direct impact on the insurance claims of people with policies, as well as those that are enrolled in state and nationally-supported programs, such as the RGHS and the CGHS. The consumers understand not only the quality of the medical care that they are receiving but also the quality of the medical experiences they are going through from the time they are admitted till the time they are discharged, the payment, and reimbursement aspects included. In this study, we shall discuss the various antecedents that have an impact on patient satisfaction and the performance of the organization, whereby availability of care and services shall be deemed as very significant.

In a bid to improve the outlook of healthcare services, there is always a need to look at patient concern and demographic backgrounds too. These patients have some different features concerned with their health state and their demands for medical treatments and services. In particular, this article is dedicated to insured patients in hospitals and outpatients who are enrolled in governmental health insurance schemes, such as RGHS and CGHS among others are exposed to quite different scenarios in comparison to other patients. The patients who seek to be insured would want to be attended to faster, receive good communication, and want their claims to be processed faster. For example, Senior citizens and those under Government Schemes, employment etc shall want convenience at a minimal direct cost incurred. Meets of meet the needs of the patients, it is necessary to evaluate the expectations of the patient and hear from them about their illness and the care expected from them during their treatment.

Health care operational efficiency can be defined as use of resources and contact with patients, health consumers or their surrogates in a manner that results in the right things being done at the right time. This entails dealing with appointments, admitting patients, treatment or intervention plans, discharging patients, and other related issues concerning

patient care. Right procedures help to always minimize the time taken by the patients, care quality, and the burden of administration on the personnel.

Such efficiencies would require adopting technologies such as EHRs, telehealth solutions, and bills through an automated system. They make patients' records easily transferable from one provider to another which helps in avoiding repeated procedures, and enhances communication amongst providers. Telemedicine brings relative intensiveness of consulting services with less time consumed for a visit. The computerized billing system enhances the process of financial and factural transactions where payments and claims can be process without delay.

Insurance Claims for Insured Parties

Insurance claims significantly influence the financial side, and, therefore, the successful and efficient handling of claims is crucial for patient satisfaction. This is especially so where patients are required to make payments out of their own pocket for non-insured procedures since the rates of claims, ease of the process, and the time taken can greatly alter the experience of the entire process. The process of claim means documenting claims in a correct and efficient manner, submitting the necessary paperwork to receive a reimbursement as soon as possible. It is vital for those who work in the sphere of healthcare to establish a working relationship with insurance companies to guarantee that all beforehand required information is submitted and no significant complications occur regarding the payment of claims.

The integration of technology as a tool in claim processing is therefore critical in the actualization of optimization objectives. Work-flow automation in handling of claims enable a large number of claims to be processed with little errors as well as takes less time to process the reimbursement. Good relations between different stakeholders involved in the provision of care, especially health care providers, patients and insurance companies are crucial especially in case of complaints that may arise due to the complex nature of the claim process.

Government Schemes

It is equally pertinent to mention here RGHS and CGHS.

Meanwhile, the RGHS and CGHS are government healthcare policies assisting certain categories of employees to access quality but cheap health care facilities including civil servants, pensioners, spouses, and children. These schemes aim at minimizing the costs

incurred in paying for the services with an aim of promoting early and quality treatment to the beneficiaries.

The following are what the RGHS and CGHS provide to their members; They make availment of cashless treatment at empanelled hospitals, reimbursement of medical expenses and also innumerable network healthcare professionals. Beneficiaries also will not benefit from the services if they are not readily accessible with a snap of a button because this is one of the qualities that are greatly looked at when long-term customer satisfaction is being assessed. Easier and effective enrolment, verification and settlement of claims are some of the key considerations due to the need for beneficiaries to access healthcare with few hitches.

Enhancing Satisfaction and Accessibility

It was observed that patient satisfaction was closely related to the convenience of availing services from healthcare organisations. This not only involves the easy access to make appointments, the time spent and taken during the check-in and check-out procedures as well as the quality of the health care service delivery and the patient's overall satisfaction. Another aspect that is quite critical for insured patients and the participants of government schemes is the clear identification of financial relationships – in particular, the speed and conditions of the insurance claims.

The importance of this element of patient experience is that it is a potential area of deficiency in the interaction between healthcare providers and patients, and therefore it is essential for creating patient -centric environment both for improving communication with patients and for responding to their needs. Effecting change by training staff on work processes on the way to approach typical administrative services and improving on the use of systems that assist in the delivery of services to patients improves patient satisfaction. Furthermore, collection of patients' feedback and constant revision of the services offered based on the feedback offered is essential to keeping high standards next to the patients.

RESEARCH QUESTION

The major research question targets three areas of interest, namely,

1)What is the current practices of claim processing?
2) what is the Patient satisfaction levels of the policyholders at S.R Kalla Hospital?
3) How Patient satisfaction can be improved?

OBJECTIVE

The Major objective is to understand the claim processing aspects and patient satisfaction in SR Kalla Hospital Jaipur.

Three specific objectives are as follows:

1. Claim processing to different policyholder' registered under general insurance, CGHS, RGHS.
2. Satisfaction level of the policyholders at SR Kalla Hospital. .
3. Identifying issues to improve performance levels of the hospital and make the patient's stay more satisfying.

These objectives are essential not only for a wide range of reasons but also for some specific ones. It allows us to set temporary efficiency standard starting point which is crucial for recognizing failures in the present time and evaluating achievements in the future. In the same regard, the implementation of patient satisfaction ensures that it addresses today's community's focus on the patient experience. Moreover, they connect three major areas: evaluation, strategy formulation, and strategy execution, which provides tangible guidance for organisational enhancements.

The type of survey we proposed implies that all facets of a hospital can be assessed for its efficiency and quality of patient perceptions. The data that will be gathered will serve as a useful guide by contributing information to the planning that is done at S. R. Kalla

Hospital so as to help in the efficient use of assets and best practices. When analysing the results of different policyholder categories it becomes easy to identify gaps of service provision and make relevant recommendations.

This research is aimed at improving quality of healthcare services by identifying potential challenges within S. R. Kalla Hospital. Providing a response to these goals, it is important to note that all our efforts are aimed at enhancing the outcomes of a patient's treatment course and optimizing satisfaction rates. This research provides the foundation for a systematic analysis of claim processing effectiveness and patient satisfaction improvement with the use of a properly developed and implemented methodology.

This will help us on how to collect data, analyse it and formulate recommendations which may benefit the hospital by providing efficient ways of improving hospital operations and standards of patient care.

CHAPTER 2: LITERATURE REVIEW

The Indian healthcare segment has evolved tremendously in the last few years mainly focusing on improving the overall patient experience and the efficiency of the health insurance claims amid the different healthcare programs. The main research questions that guide this work are: This review pulls together investigations carried out in various parts of India during 2009-2023, with the aim of making a synthesized review of the complicated relationship between health insurance, claims management, and patient satisfaction.

The research examined covered a broad political area, uses a cross-sectional approach, and has a large and small sample size making the findings more holistic and capturing the general picture of the current situation of health care satisfaction and insurance claim handling in the country to some extent.

Taken altogether, these investigations each demonstrate the complex of patient experiences in a variety of care settings, insurance arrangements, and geographic location. The studies have focused on patient satisfaction and claim processing time across the large metropolitan cities like Mumbai and Delhi and the developing townships like that of Ranchi and Shillong.

The studies cover the analyses of the government healthcare programs – CGHS, ECHS, RGHS, and the comparison of the satisfaction indices within the public and private sectors of healthcare.

The study identified several areas of research focus within the literature, such as the patient satisfaction and insurance status, the comparison of service quality between the public and private facilities, and the impact of insurance literacy on patients' satisfaction. Moreover, some studies have examined the variables affecting times it takes for claims to clear and the effects of such a delay on patients. This body of research offers a wealth of information concerning the nature of healthcare services delivery and consumers' satisfaction in regard to the changing and complex clientèle of the health system in India

Authors (Year)	Study Location	Sample Size	Sampling Technique	Salient Features
Kumari et al. (2016)	6 cities in India (Ranchi, Kolkata, Patna, Jaipur, Shillong, Allahabad)	412 CGHS beneficiaries	Stratified sampling	Assessed beneficiary satisfaction with CGHS services
Devadasan et al. (2011)	Tamil Nadu, India	2669	Stratified random sampling	At ACCORD, no significant difference in satisfaction between insured (82%) and uninsured (73%) At KKVS, insured patients (95%) had significantly higher satisfaction than uninsured (79%)
Saxena N, Singh P, Mishra A (2019)	Chhattisgarh, India	295 data points (merged dataset)	Used insurance claims data from 2013 to 2015	Qualitative comparative analysis (fsQCA) to analyze factors affecting: a) Patient satisfaction b) Overclaiming of insurance c) Disease severity among beneficiaries

Dr. K. Vijaya Chitra, Dr. V. Ramya, and Vijayakumar Gajenderan (2021)	Chennai , India	283 usable responses	Convenience sampling method	A significant relationship between awareness about health insurance products and level of satisfaction
Asghari & Babu (2017)	Bangalore, India	288 health insurance policyholders	Policyholders Convenience non-probability sampling	Used SERVQUAL model to compare service quality gap between private and public health insurance providers
Ms. Jayeeta Majumder and Dr. Soumendra Nath Bandyopadhyay (2018)	Kolkata, India	283 patients	Stratified random sampling	Compared patient satisfaction between accredited private, non-accredited private, and government hospitals
Authors: Rashmi Ananth Pai and Jayashree S. Bhat (2013)	Karnataka, India	120 patients	Not explicitly stated	Private hospitals had higher overall satisfaction (mean 30.35) compared to government hospitals (mean 29.65)

Getaneh et al. (2023)	Legambo district, North-East Ethiopia	807 households	Systematic random sampling	The study concludes that satisfaction was suboptimal and mostly influenced by service-related factors, suggesting areas for improvement by the health insurance agency and health facilities.
Vellakkal, Juyal, Mehdi (2009)	12 cities in India (Bhubaneshwar, Thiruvananthapuram, Ahmedabad, Chandigarh, Meerut, Patna, Jabalpur, Lucknow, Hyderabad, Kolkata, Mumbai, Delhi)	1,204 CGHS beneficiaries 640 ECHS beneficiaries 100 empanelled private healthcare providers 100 CGHS-ECHS officials	Stratified random sampling	Evaluated beneficiary satisfaction with CGHS and ECHS schemes

CHAPTER 3: METHODOLOGY

The major research question targets three areas of interest, namely,

1)What is the current practices of claim processing?
2) what is the Patient satisfaction levels of the policyholders at S.R Kalla Hospital?
3) How Patient satisfaction can be improved?

The purpose of this question is to assess the performance and effectiveness of the hospital's claim processing mechanism and, in addition, to determine general patient satisfaction, especially for the holder of policies under general insurance, CGHS, and RGHS. This research aims at determining the possible areas of strength and weakness that could help to improve the workflow and beneficially impact the perception that patient has towards the medical practitioner.

3.2: Research Design

Study Design

The cross sectional study design is used in this research to assess and to compare characteristics such as claim processing time and patient satisfaction at a given time within the general insurance policyholders and the two RHGS groups, namely the CGHS beneficiaries and the RGHS beneficiaries. The cross-sectional design is adopted on the basis of its effectiveness in giving a cross-section of the situation and enable comparisons.

Setting

The proposed study shall be carried out at S. R. Kalla Memorial Gastro and General Hospital, Jaipur – India. This hospital is a modern healthcare complex in this area that has a large group of targeted insured clients as well as those covered by government health programs.

Study Population

The target population for this study is the policyholders of the general insurance, CGHS, and RGHS who were clients of S. R. Kalla Hospital during the study period.

The inclusion criteria are as follows: The inclusion criteria are as follows:

- It is only open to those with policy-holder status in the sector of general insurance, CGHS, or RGHS.

Duration of Study

This research will be a cross-sectional study which will take 3 months. It can take this amount of time to amass a satisfactory amount of data on the processing times of claims and patient satisfaction in order to be able to pinpoint trends.

Sample Size

Regarding the survey on the claim processing time, a sample size of 100 policyholders will be aimed. This includes:

30 general insurance policyholders from Month of March -June

35 CGHS beneficiaries from Month of Jan - March

35 RGHS beneficiaries from Month of Jan - March

A patient sample of one hundred and ten policyholders is to be achieved for the patient satisfaction of general insurance policyholders, CGHS beneficiaries, and RGHS beneficiaries.

The various patient samples are estimated by using the hospital's average patient flow rate to generate a statistically representative sample for the study such that the findings could be applied on the entire population of policyholders in the hospital.

Sampling Technique

The participants will be targeted conveniently by choosing those who are easily accessible. This method is selected because it is feasible and cost-effective to use; the researchers can identify the participants who meet necessary requirements easily.

Although convenience sampling is considered to introduce some bias, it is appropriate for this research study, as it is a preliminary investigation of claim processing and patients' satisfaction.

Data Collection Procedure

Claim Processing Times:

- Data Sources:

Secondary Research- Hospital administrative records and insurance firms' records. Procedure: About the duration taken from the claim submission process to the approval process, researchers will pull data from the hospital records. This will involve:

- Determining the stage when claim is filed.
- Stating the time for the approval of the claim.
- Calculating the average claim time for the same .

-Data Points:

- Admission time and date
- claim's submission date
- claim request time
-claim approval time
- processing time.

Satisfaction Surveys:

Data source:

primary data – A fully developed survey form comprising of two parts; first part determining the patient's overall satisfaction during encounter, the second part is aimed at determining the patient's satisfaction with the entire process of claim processing.

Administration: There will be two types of surveys:

- In-person: To be more specific, this refers to the patient receiving a hospital visit, and

the completion of this action should be time-stamped as soon it is done as possible.
- Remote: Or for those who cannot attend physically by sending his or her email or phone.

Survey Content: Following are the areas that will be addressed in the questionnaire:
- Insurance details (insurance type that the person has, age of the person, gender).
- The evaluation of the hospital encounter as a whole.
- Claim-specific satisfaction, more specifically relating to the easiness of the process, the communication, the time tables.
- Follow-up questions to elicit more input from the customers.

Operational Definitions

- Claim Processing Time: This is simply defined the number of days that it takes from when the claim was submitted and when the claim was processed.
- Satisfaction Levels: Assessed on a Likert scale of 1-5; where 1 = Very dissatisfied and 5 = Very satisfied. Further quantitative data will be collected through closed questions while qualitative data will be obtained through other general questions.

Data Analysis Plan

- Quantitative Data:
*Descriptive Statistics: Some descriptive statistics such as mean, will be used on the claim processing time data so as to give an idea of the distribution of the data.

Ethical Considerations

- Informed Consent: This ensures that all participants shall be sensible to the study's aim, the processes they are to undergo and their abilities. Participants and/or legal guardian will sign a consent-form before joining.
- Confidentiality: :All data to be collected will be stripped off any identifiable information of the patients. The collected data from the survey questionnaires and claim processing records will only be accessible and used by the research team exclusively.
- Ethical Approval: The ethical practices in the study would be followed according to the protocol formulated by S. R. Kalla Hospital and also any other authorities. The

research assignment is submitted to the ethics committee of the working hospital for approval before data collection begins.

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CHAPTER 4: RESULT

(Claim processing)

Table : 4.1 Distribution of Insurance type

Insurance Type	Count
CGHS(PENS)	**35**
RGHS	**35**
Private Insurance	**30**

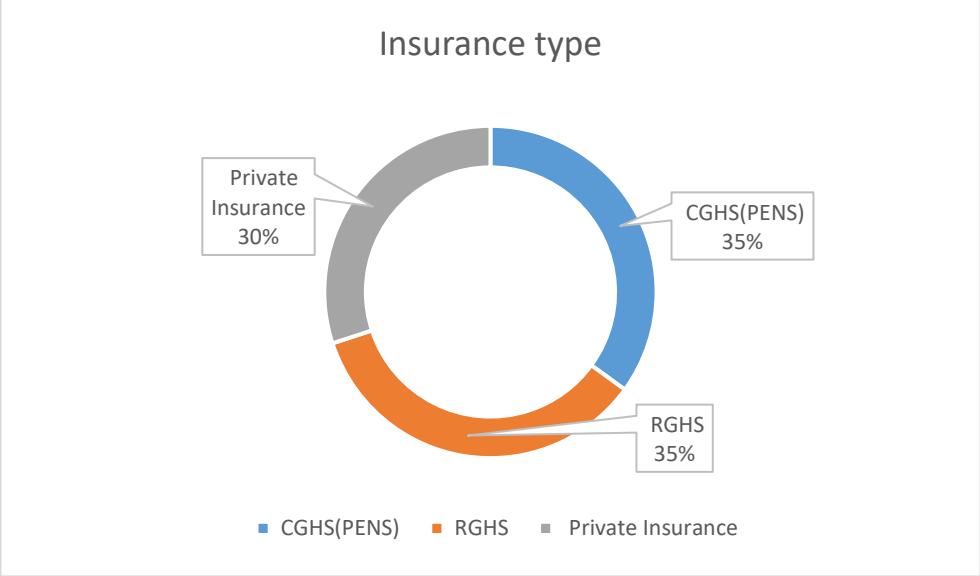

Fig: 4.1

Interpretation: Graph indicates that the Insurance type distribution reveals that it contains 3 type of Insurance which has Private insurance : 30% , CGHS (PENS) :35% , RGHS : 35%

Table : 4.2 Gender Distribution (insurance)

Gender (Insurance)	Frequency
Male	18
Female	12

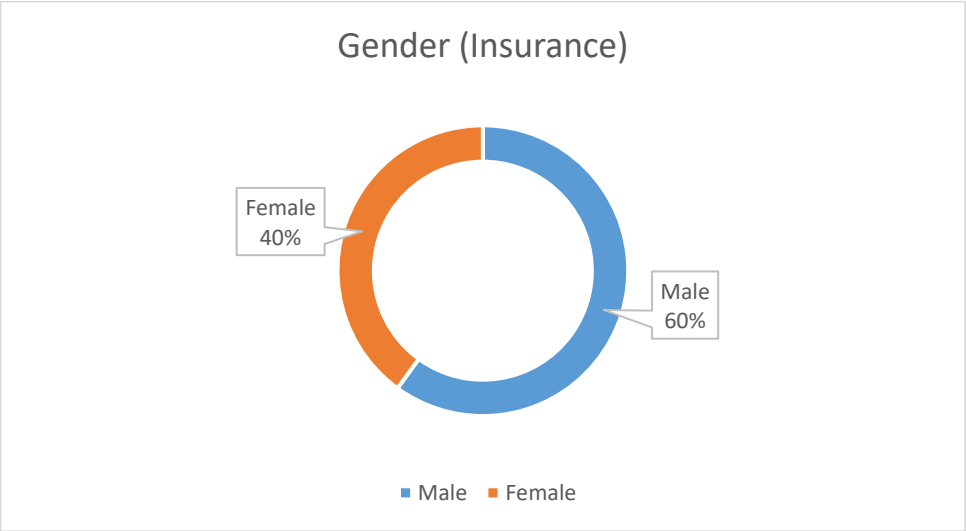

Fig: 4.2

Interpretation: Graph indicates the gender distribution that reveals more male patients than female outpatient per the private insurance claims.

Table : 4.3 Distribution of insurance companies

Insurance companies	Count
Aditya birla	1
Care Insurance	2
Good Health	1
HDFC ERGO	1
ICICI Lombard	1
IFFCO Tokya	1
Mediassist	3
MP India	1
Niva Bupa	1
Niva Bupa	1
Paramount	6
Raksha	2
Religare	1
Safeway	1
Star Health	4
Tata AIG	1
Vidal Health	2
Grand Total	**30**

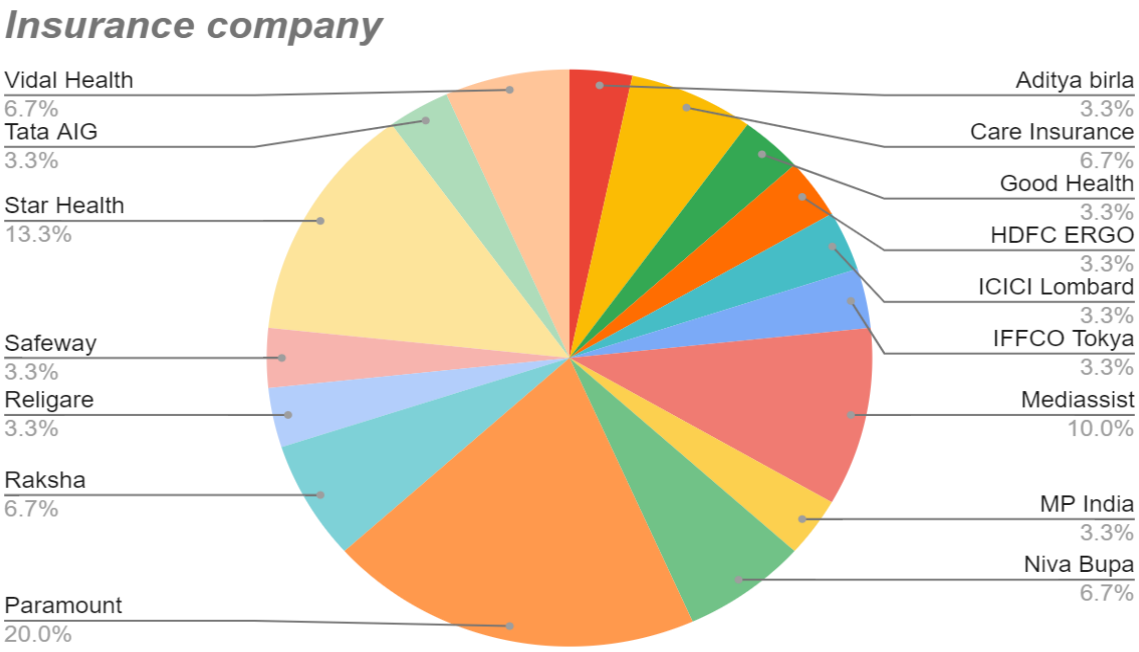

Fig : 4.3

Interpretation:

This is depicted in the bar chart displaying the count of insurance companies in the insurance dataset where the 'Paramount' insurance company recorded the highest count of 6 closely followed by 'Star Health' which recorded 4 whereas 'Mediassist' followed with 3 other having smaller proportions. This shows that the variety of insurance providers is distributed unevenly in the set of analyzed data.

Table : 4.4 Average Tat of Insurance Claim Process

TaT	time of admission to claim request time	claim request time to Query raised time	Query raised to query resolved time	query resolved to claim approval time	claim request to approval time
Average	01:42:58	01:35:14	01:19:23	02:47:42	04:13:50

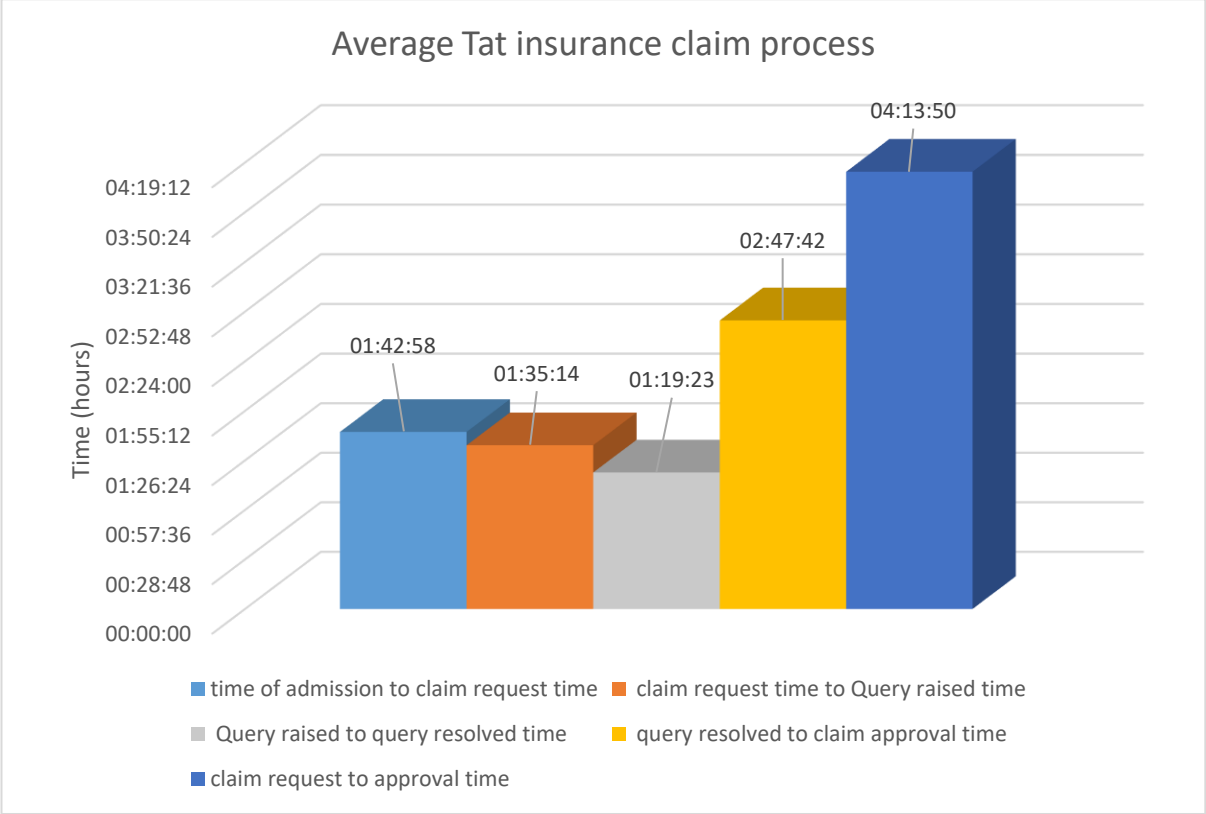

Fig : 4.4

Interpretation : In efficiency, the private insurance claim process is evident with the whole circle from the Claim request to the Claim approval taking not more than 4.5 hours. This relatively fast cycle implies the efficiency of communication between the hospital and the insurance companies. The process breakdown reveals that the longest segment is between query resolution and claim approval (2:47:42) Indicating this as a potential area for further Optimization.

Individual TAT of Time of Admission to Claim Request time

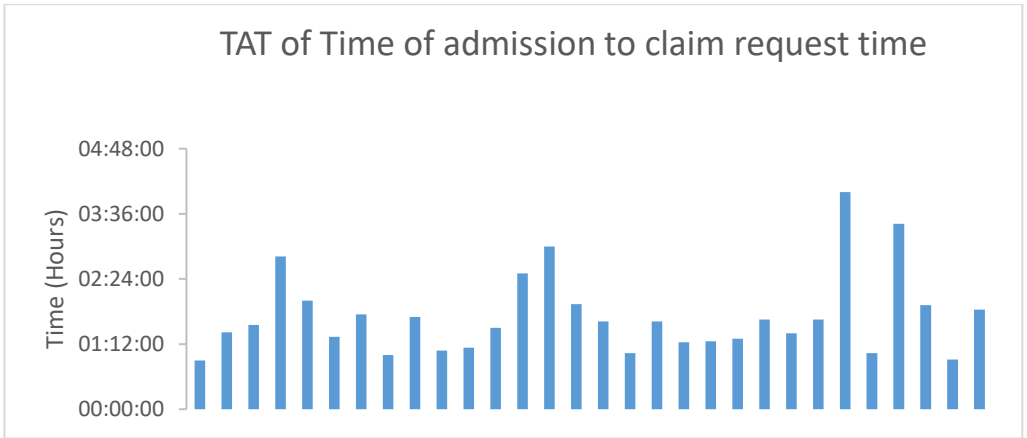

Fig: 4.5

Interpretation :

The Graph indicates TAT from time of Admission to Claim request time that shows the quickest time is 54 minutes and the average time is 1:42:00.

Individual TAT of Claim Request to Claim approval time

Fig: 4.6

Interpretation: The Graph indicates TAT from Claim Request to Claim approval time that shows the quickest time is 2 hours and the average time is 4 hours 13minutes 50 sec.

Table: 4.5 Gender Distribution (CGHS)

Gender (CGHS)	Count
Male	19
Female	16

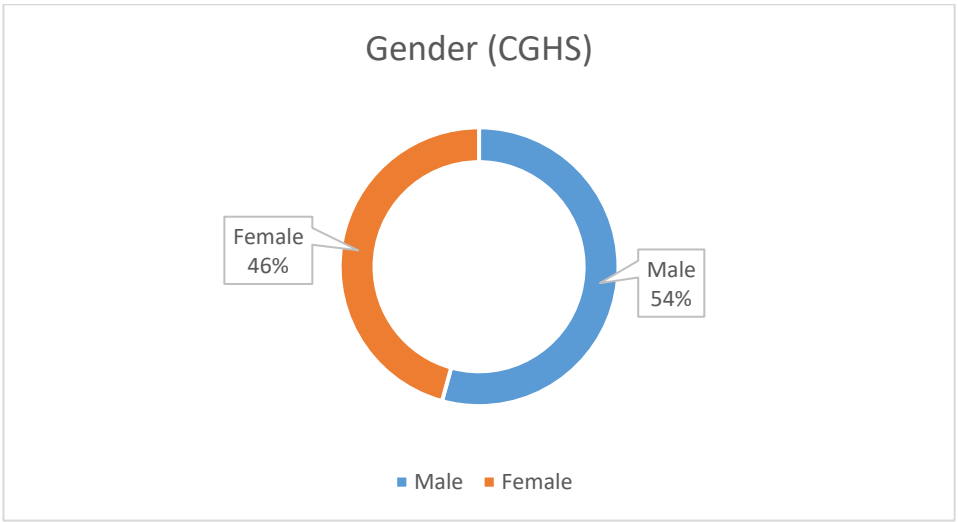

Fig:4.7

Interpretation: Graph indicates the gender distribution which is relatively equal, although slightly more males than females are admitted to the facility.

Table:4.6 Average TAT of CGHS till admission process

Tat	Referal time to Intimation time	Intimation time to time of admission	Referal to time of admission
Average tat	00:11:10	00:43:51	00:55:02

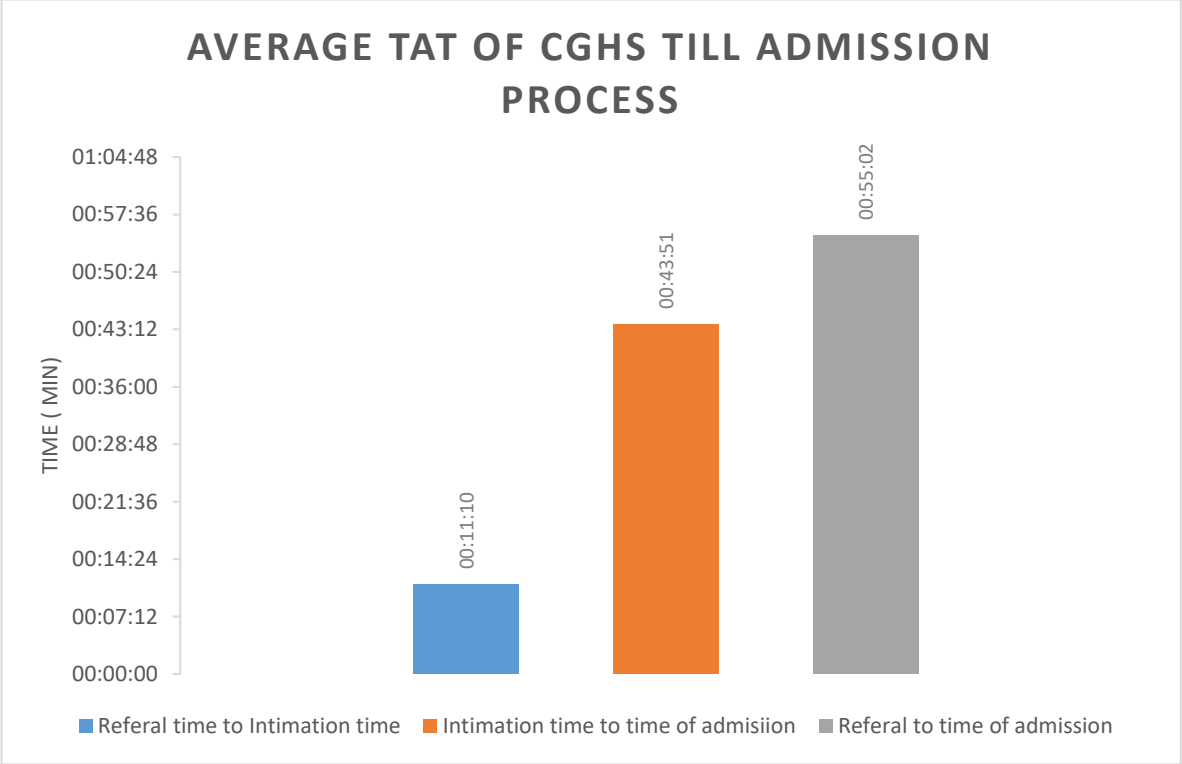

Fig: 4.8

Interpretation: Graph indicates that the Pre Admission Turn Around Time is less than 1 hour and starting from the time of referral to intimation which takes only 11 minutes for the subsequent admission process takes only 43 minutes, thus showing the competency in handling the CGHS beneficiaries.

Individual TAT of Referral time to intimation time

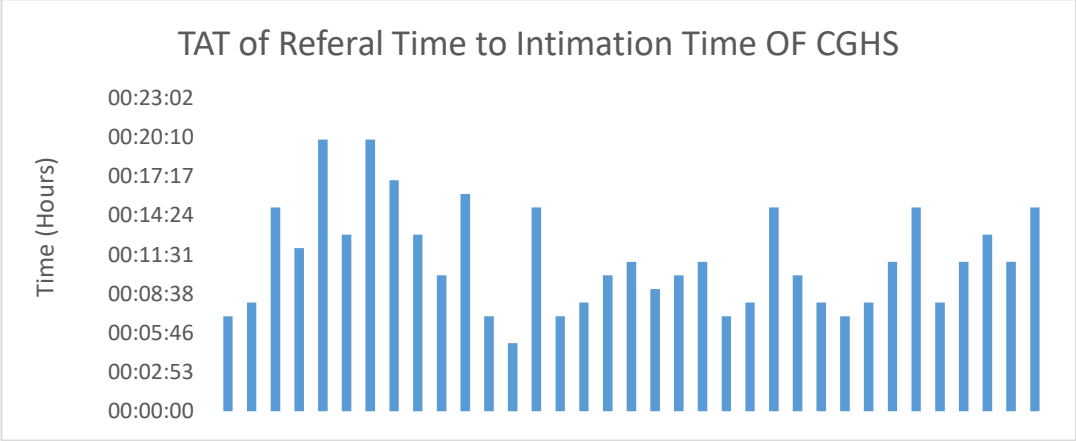

Fig : 4.9

Interpretation : The graph also depicts the efficiency as seen in the transition from the time taken to referal and the time taken to intimate average time is 11 min and the Quickest time is 5 minutes in the pre-admission of CGHS patients.

Individual TAT of intimation time to Time of admission

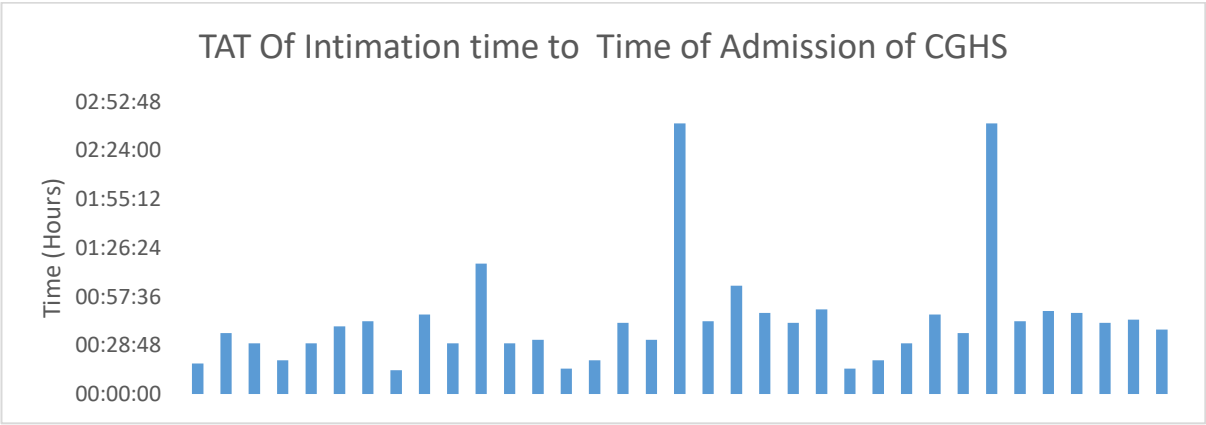

Fig: 4.10

Interpretation: The graph above illustrates that the time taken in the subsequent admission processes is considerably short and takes average about 43 minutes and the quickest time is 14 minutes.

Individual TAT of Referral time to Time of Admission

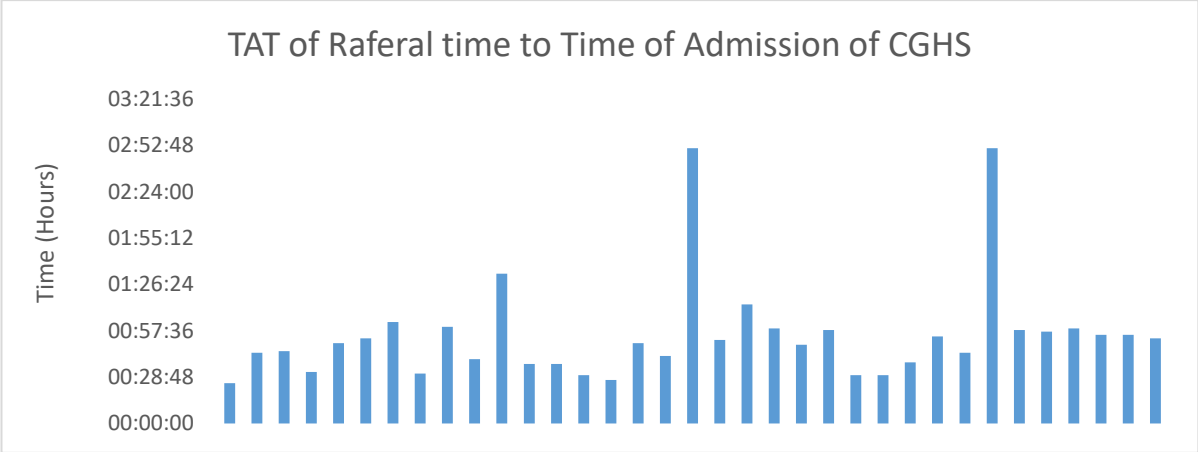

Fig : 4.11

Interpretation: CGHS beneficiaries could be managed efficiently in the hospital by covering the whole pre-admission processes within less than an hour and the quickest time is 25 minutes .

Table : 4.7 Average days of patients stay to payment received (CGHS)

Average	length of stay of CGHS patient	DOD to DOS	Document Submission to payment received
Days	3	3	77

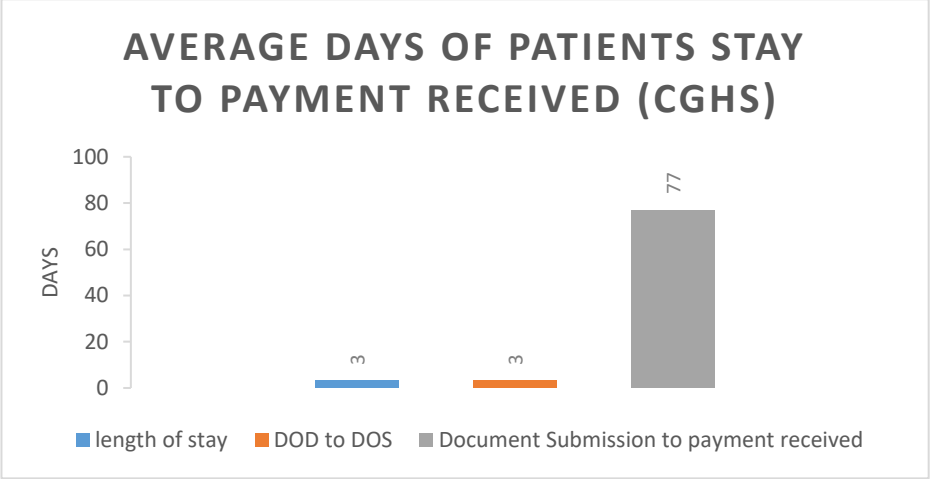

Fig: 4.12

Interpretation: The graphs also show that the pattern of treatment for the Time of document Submission from Date of Discharge is standardized but not fast treatment for 3-day duration. Thus, the time taken from submission of a document to receive of payment shows that there are serious problems with the reimbursement processes, which clearly demonstrate that this affects hospitals' cash flows and may, in turn, impact the provision of services.

Table: 4.8 Gender distribution (RGHS)

Gender	Count
Female	16
Male	19

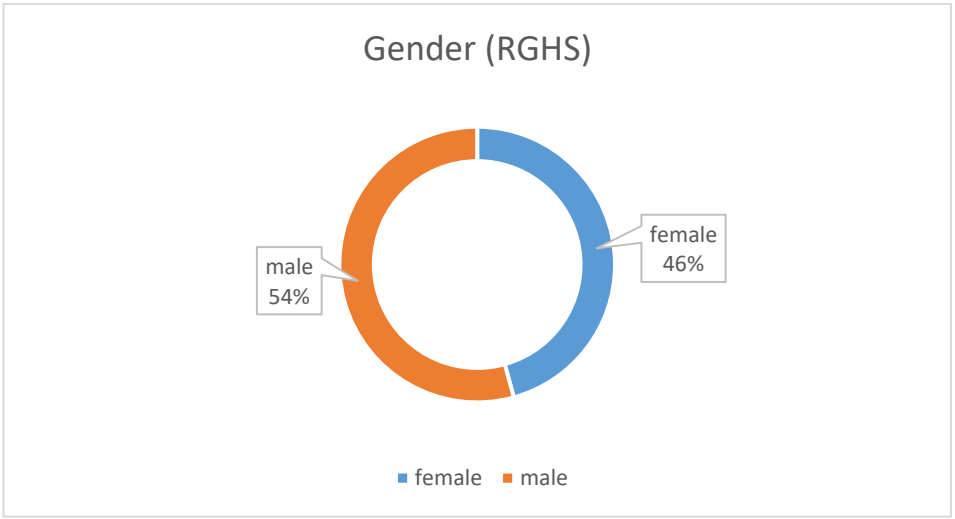

Fig: 4.13

Interpretation: The distribution of genders differs slightly, and the majority comprises the male population seen in this case

Table: 4.9 Average TAT RGHS till admission process

Average tat of rghs patient	Intimation time to admission aproval	Admission approval time to time of admission	Intimation time to time of admission
Average tat	01:38:55	00:38:50	02:17:45

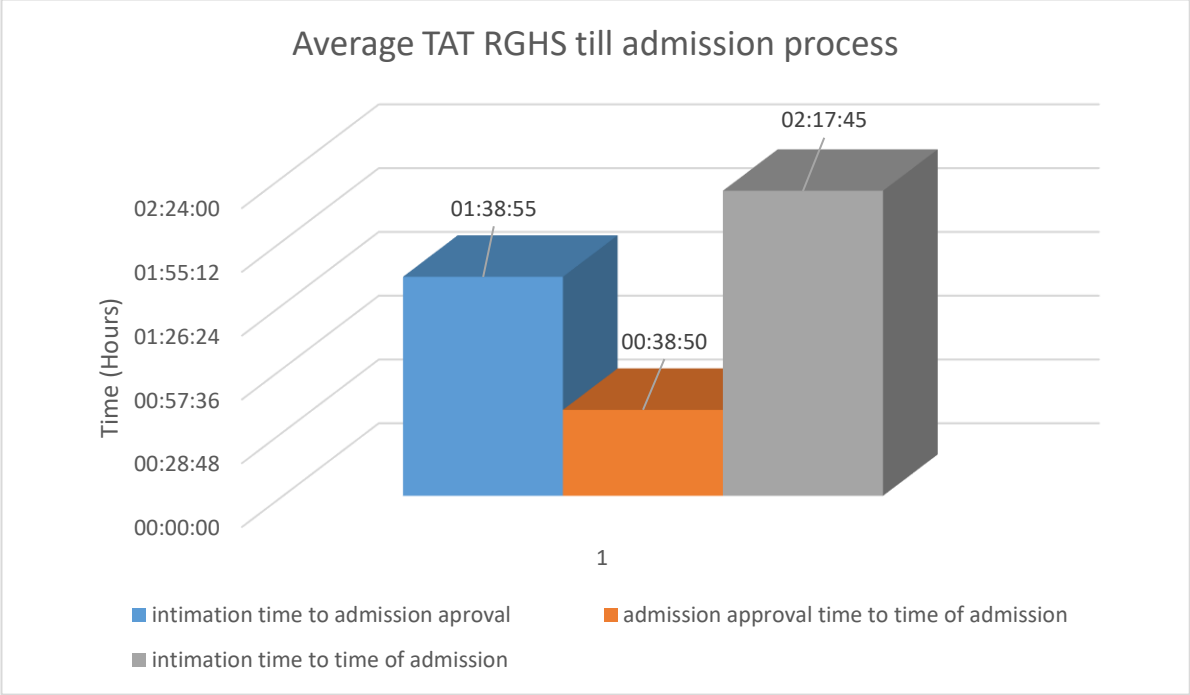

Fig: 4.14

Interpretation: Out of the total period taken from the time of intimation till the patient is admitted, the pre admission period for the RGHS patients is higher which averages to almost 2 hours and 18 minutes.

the graph represents the pre-admission turn around time averagetiate about two hours and eighteen minutes for RGHS patients from the time of intimation to the time of admission and it takes a longer time compared to CGHS Patients

Individual TAT of Intimation Time to Time of Admission (rghs)

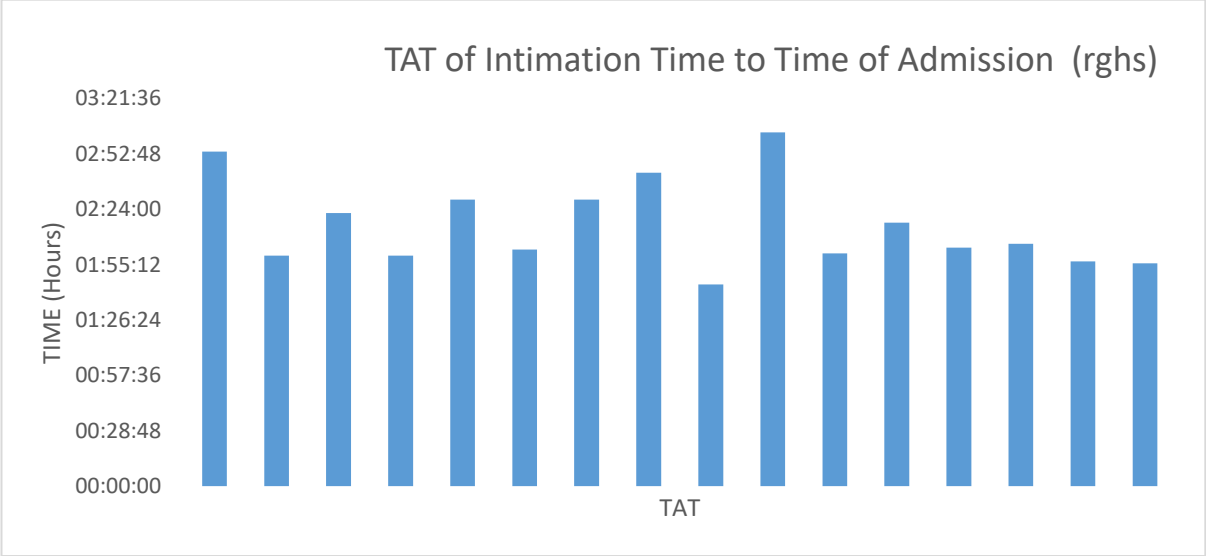

Fig: 4.15

Interpretation: As depicted in the graphs above, on average one hour thirty eight minute for the confirmation of the admission approval depicts a rather complex or longer authorization process compared to that of CGHS.

Individual TAT of Admission Approval Time to Time of Admission (RGHS)

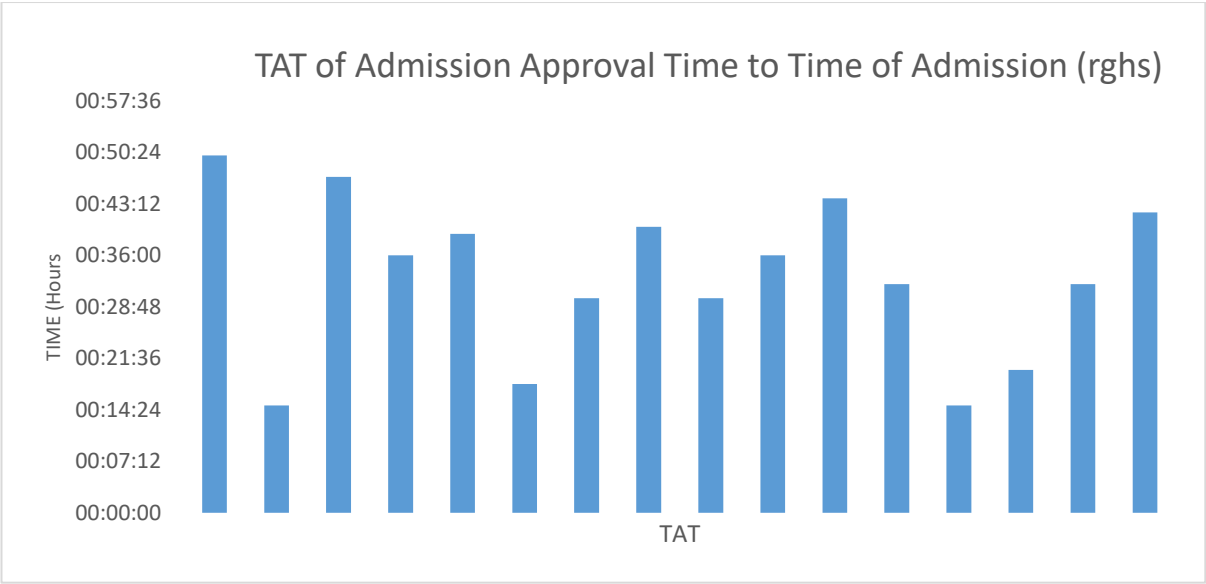

Fig: 4.16

Interpretation: The efficiency of admission process could also be inferred from the fact that the mean time taken to complete the process was 38 minutes, meaning there are efficient internal hospitalities.

Individual TAT of Intimation Time to Admission Approval (RGHS)

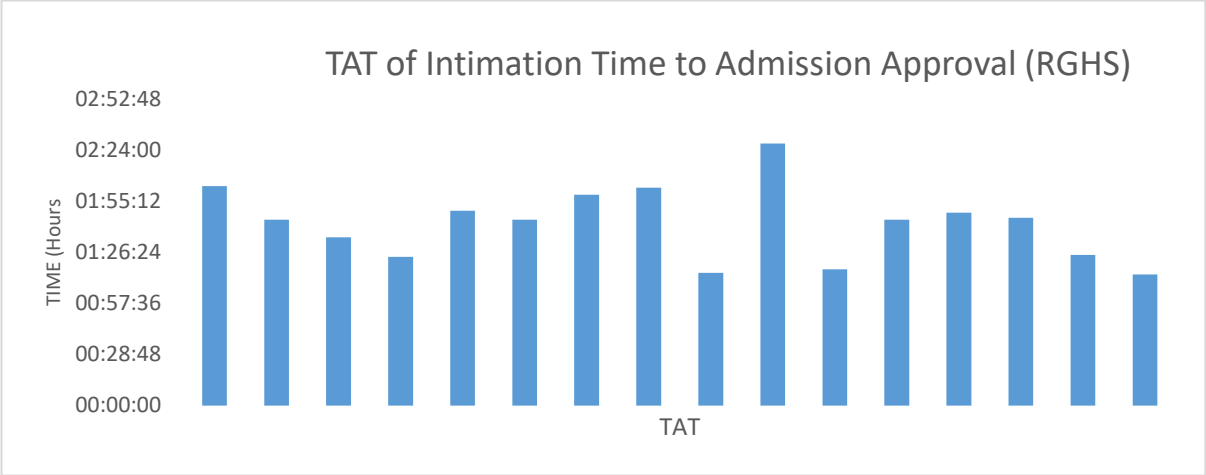

Fig : 4.17

Interpretation: From the graph, it is evident that the average total time being taken from intimation to admission is 2 hours 17 minutes, which is much longer than that taken by CGHS; and the quickest time is 1 hour 15 minutes this may be because approval for services had stricter conditions.

Table: 4.10 Average days of patients stay to payment received (RGHS)

	length of stay of rghs patient	**DOD to DOS**	**Document Submission to payment received**
days	2 1/2	2	67

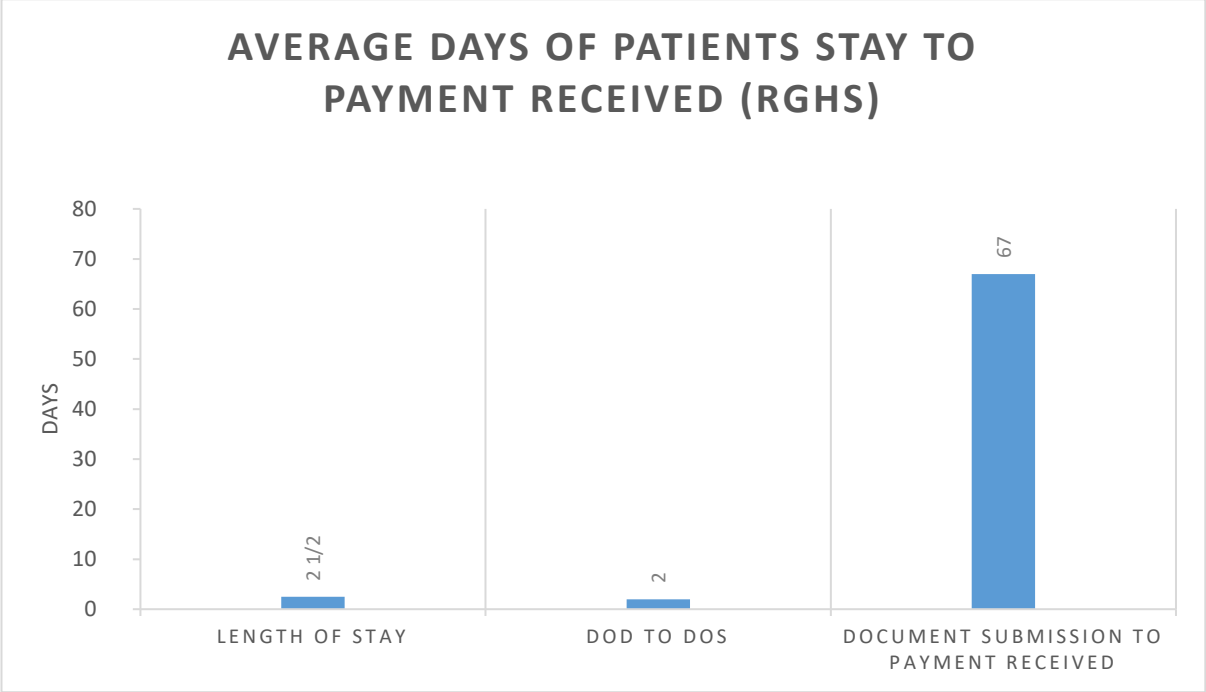

Fig: 4.18

Interpretation: The above graph elucidates that concerning the document submission RGHS is slightly better with average duration of 2 days than that of CGHS having average of 3 days.

Payment Cycle is 67 days Thus, it is relatively long, though it is shorter than the CGHS payment period by ten days, pointing to slightly more efficient payment processe

(Patient Satisfaction)

Table: 4.11 Gender Distribution

Gender	count
Male	55
Female	55

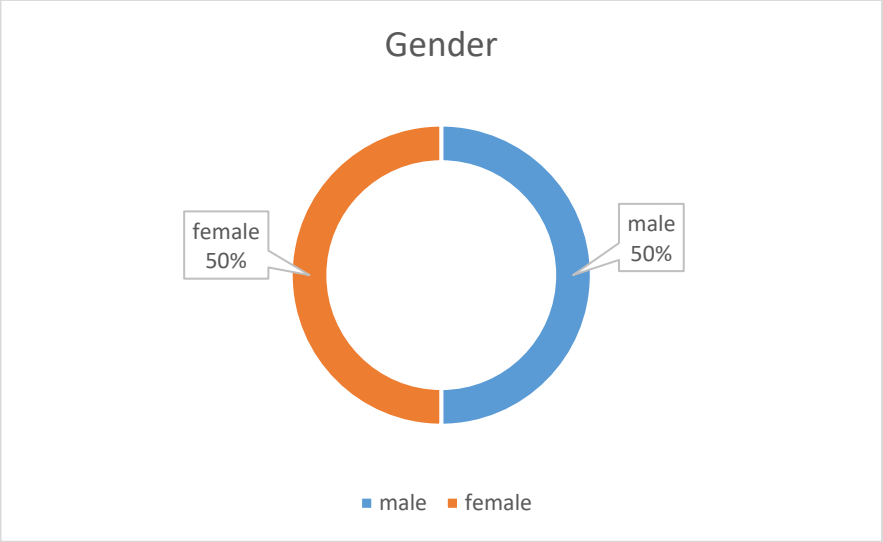

Fig: 4.19

Interpretation: The distribution of the patient based on their gender was almost equal the hospital having a total of 55 males and 55 females.

This even distribution of patients also prevents the study results from being influenced by possible biases arising from gender differences; hence, providing equal gender considerations of patients

Table: 4.12 Age Group Satisfaction

Age Group	General Satisfaction	Mean Overall Satisfaction (Likelihood to Recommend)
20-35 years	Generally higher satisfaction across most metrics	4.2
36-50 years	Slightly lower satisfaction compared to 20-35 group	4
51-65 years	Most varied responses	3.8

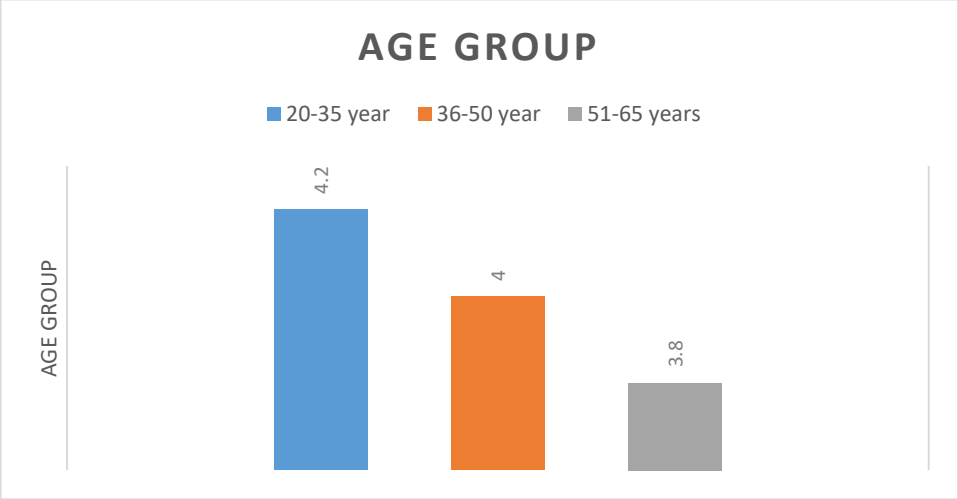

Fig: 4.20

Interpretations: The above graph indicates that the higher the age is, the less satisfaction can be expected. This could be due to older patients having more severe diseases, having higher expectations, or, perhaps, perceiving themselves as less compliant with the novelties of the healthcare system. The hospital might consider addressing its services more to their target elderly group of the population.

Table: 4.13 Insurance Type Distribution

Insurance type	Count
RGHS	24
CGHS	32
Private Insurance	31
Self Pay	23

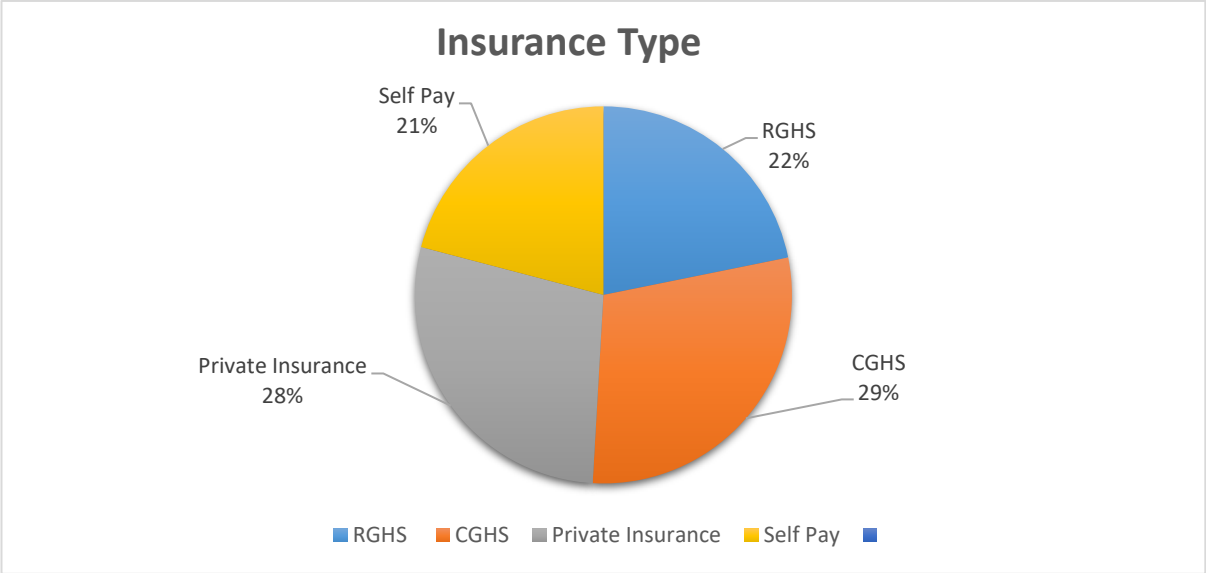

Fig: 4.21

Interpretation: The distribution of patients has a fairly even split with regards to the different pay options, though more have paid through the government schemes (patients on RGHS and CGHS = 56). This diversity enables a good comparison between the various types of insurance.

Table: 4.14 Staff Communication Effectiveness

How often did staff explain things in a way you could understand?	Count
Always	53
Usually	46
Never	6
Sometimes	5

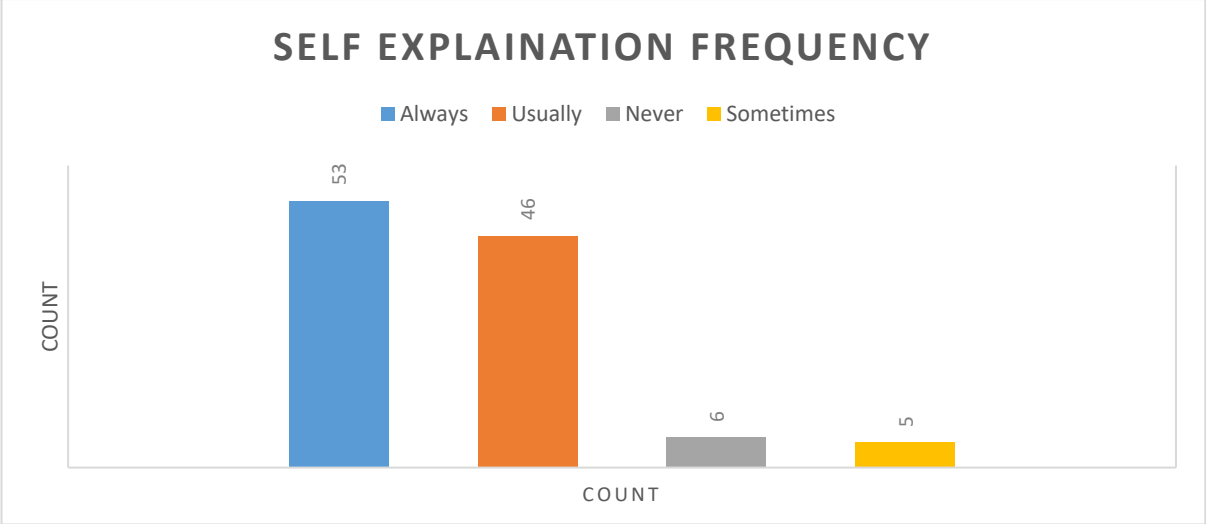

Fig: 4.22

Interpretation: It was determined that majority of the patients (99 out of 110) described staff explanation as clear always or usually. Still, there is potential for further enhancement since 11 patients gave a signal that communication could have been better.

Table: 4.15 Insurance Acceptance Issues

Did you experience any issues with insurance acceptance?	count
No	88
Yes	22

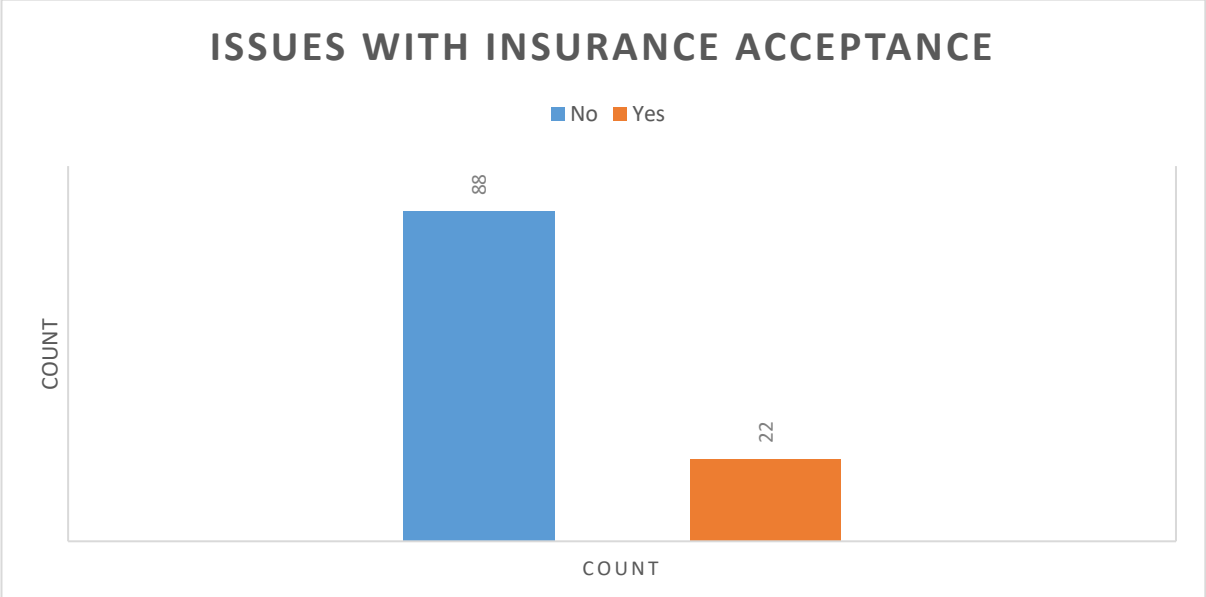

Fig: 4.23

Interpretation: Although patients did not seem to have a problem with the acceptance of their insurance, there was still a 20% of the population that should not be ignored.

Table: 4.16 Insurance Management at the Hospital

How would you rate the hospital's handling of insurance-related matters?	Count
Good	50
Excellent	33
Average	16
Poor	7
Neutral	4

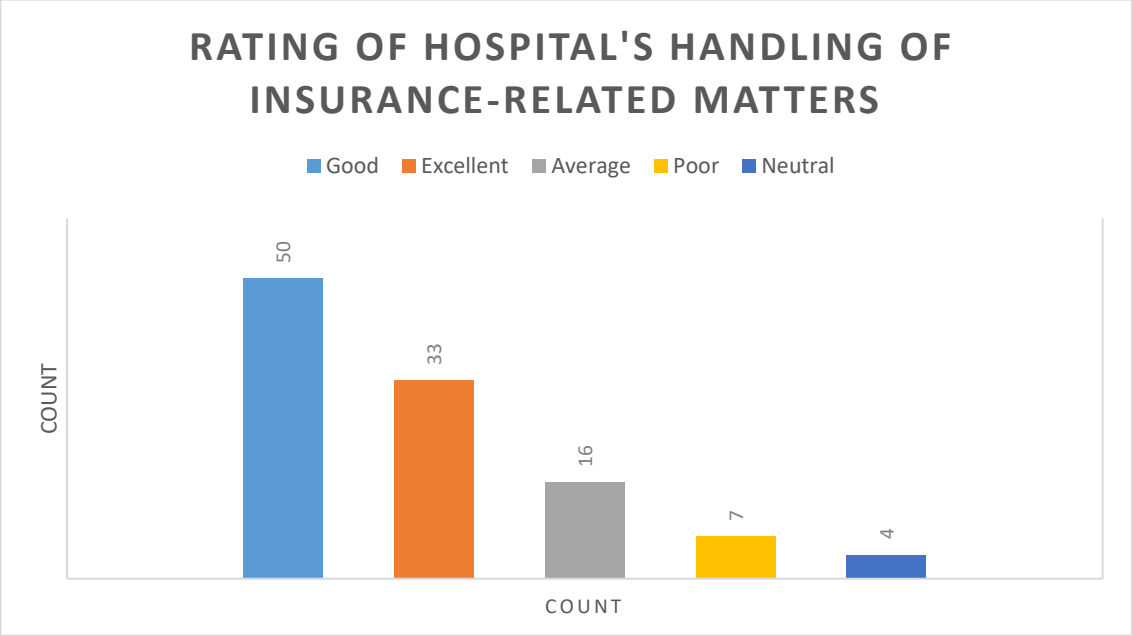

Fig: 4.24

Interpretation:

The graph indicates that 75. 5% of the patients expressed they had good or excellent experiences regarding the handling. However, 27 patients (24. 5%) reported to have had a neutral to poor encounter indicating there is scope for the improvement of the medical services.

Table: 4.17 Sufficient information about the non covered cost

Were you provided with clear information about costs not covered by insurance?	Count
yes	80
No	25
Partial	5

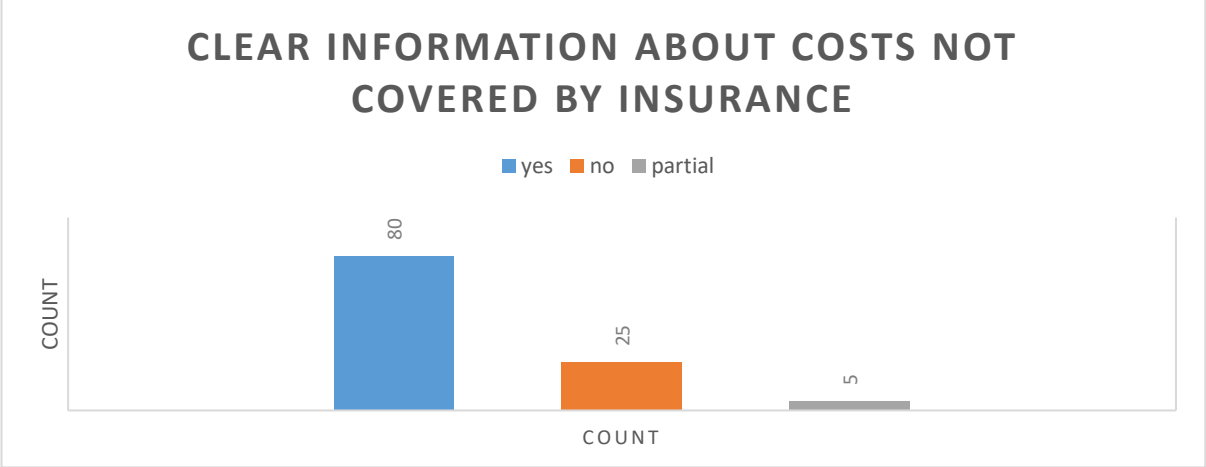

Fig: 4.25

Interpretation: While 72. 7% patients got transparent information, with more than a quarter of the patients not getting adequate information regarding the amount they were to pay. There may be much room for a better communication in this case to improve patients' satisfaction.

Table: 4.18 Satisfaction with Billing Process

How satisfied were you with the billing process?	Count
Satisfied	46
Very Satisfied	35
Neutral	21
Very Dissatisfied	6
Dissatisfied	2

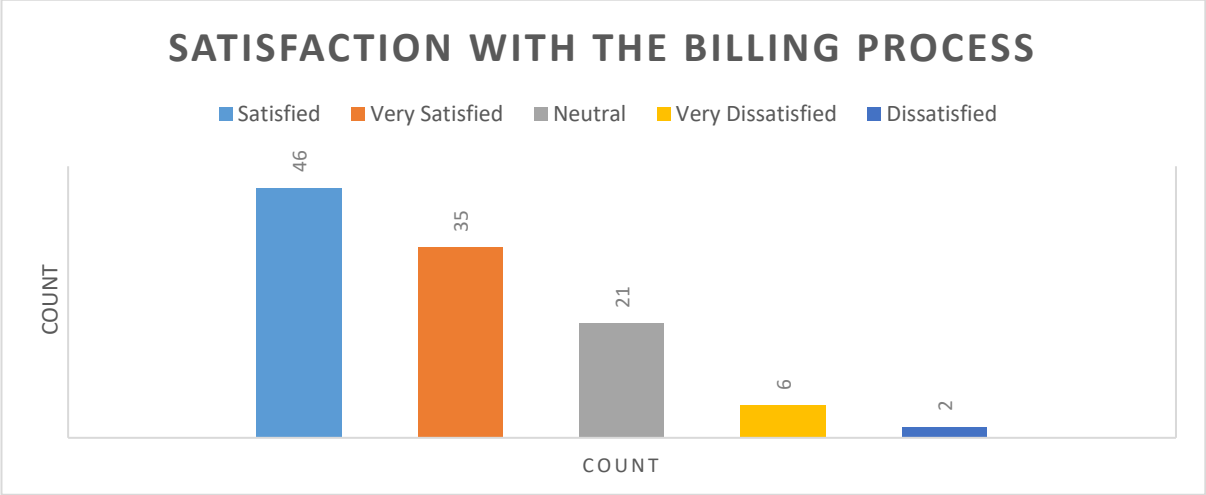

Fig: 4.26

Interpretation: The graph shows that 73.6% of the patients acknowledged satisfaction or very satisfaction in regards to billing. However, the 26. 4 percent of the respondents stated that their degree of satisfaction fluctuated from neutral to very dissatisfied; these may present various challenges in the billing procedure which should be looked into.

Table: 4.19 Scheme type

Which scheme are you covered under?	count
CGHS	32
RGHS	24

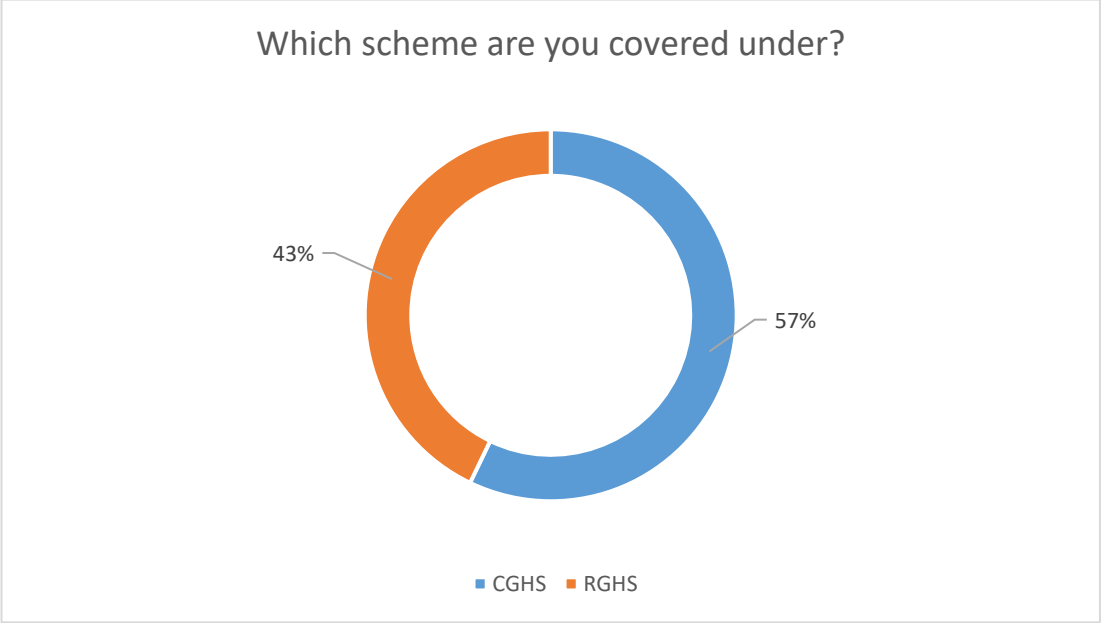

Fig: 4.27

Interpretation: The graph shows the distribution of schemes under which the respondents are covered 57% beneficiaries are covered under RGHS scheme and rest are under CGHS.

Table: 4.20 RGHS/CGHS Card Acceptance Difficulties

Did you face any difficulties in getting your RGHS/CGHS card accepted?	count
No	38
Yes	18

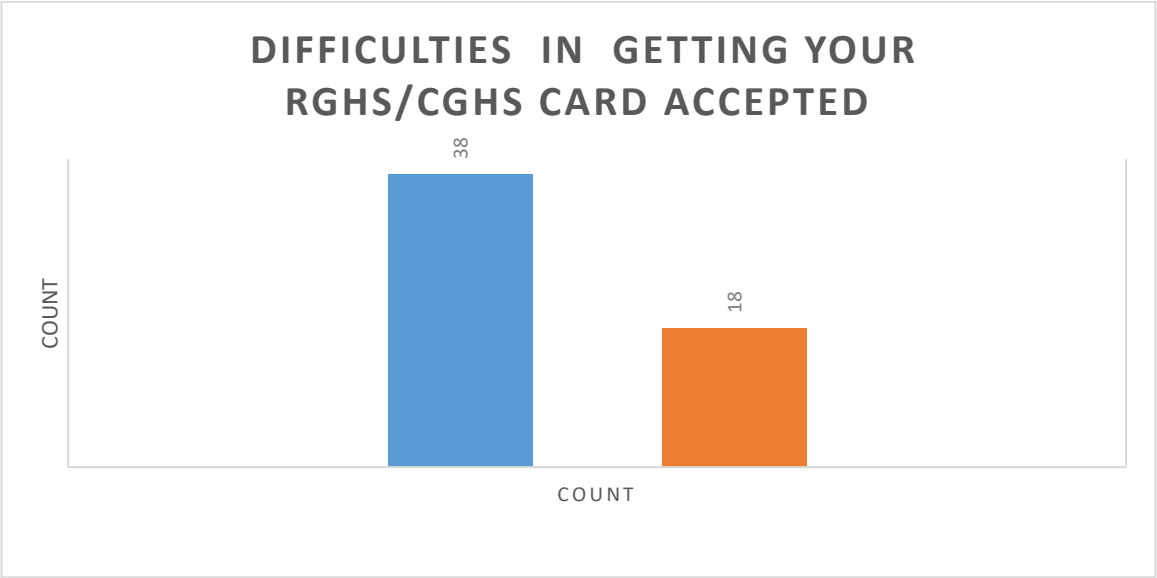

Fig: 4.28

Interpretation: Though, 67.9% of the participants did not experience much difficulty, 32.1% of the participants had to face it. This point to the need to facilitate the running of the government scheme cards.

Table: 4.21 Clarity of Information on Covered Services/Medications (RGHS/CGHS)

Were you clearly informed about which services/medications are covered under your scheme?	Count
Yes	35
No	17
Partially	4

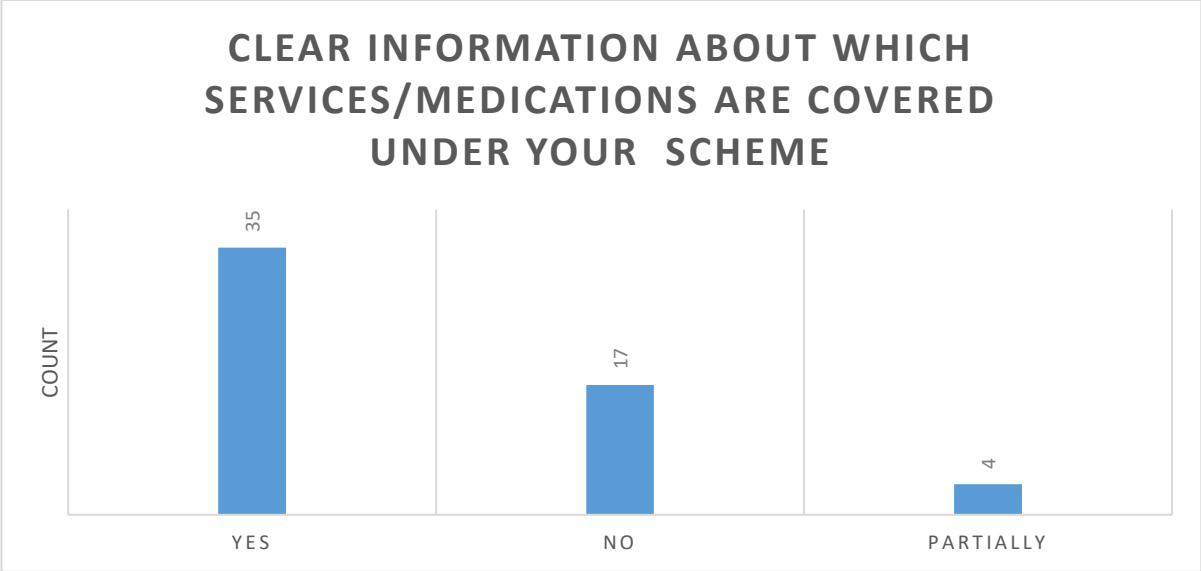

Fig: 4.29

Interpretation: Among them, 62.5% g ot clear information, while 37.5% of the patients did not get clear information, or they only got partial information. This suggests that the hospitals require improved communication on the extent of coverage of patients under the GO's scheme.

Table: 4.22 satisfaction with the availability of RGHS/CGHS empanelled doctors.

How satisfied were you with the availability of RGHS/CGHS empanelled doctors?	Count
Satisfied	18
Very Satisfied	18
Dissatisfied	14
Very Dissatisfied	4
Neutral	2

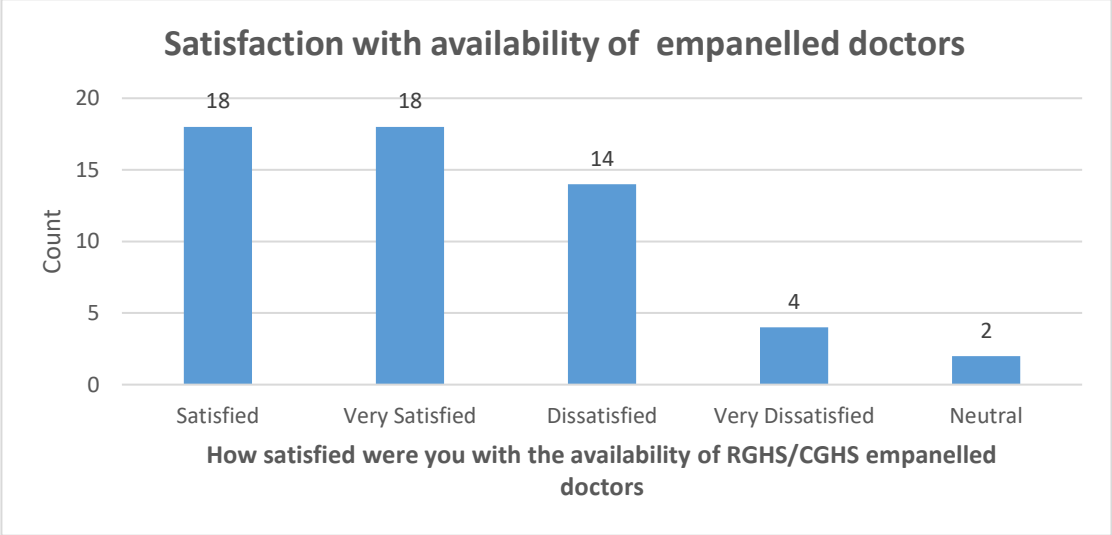

Fig: 4.30

Interpretation: Satisfaction and preference scores showed that 64.3% of the patients were satisfied or very satisfied; however, dissatisfaction and very dissatisfaction were 32.1%. This may point to complications in the number or timing of empanelled doctors that may be accessed by patients.

Table:4.23 Overall Process Rating of CGHS/RGHS Coverage

How would you rate the overall process of using your RGHS/CGHS coverage at this hospital?	Count
Good	18
Poor	18
Excellent	18
Average	2

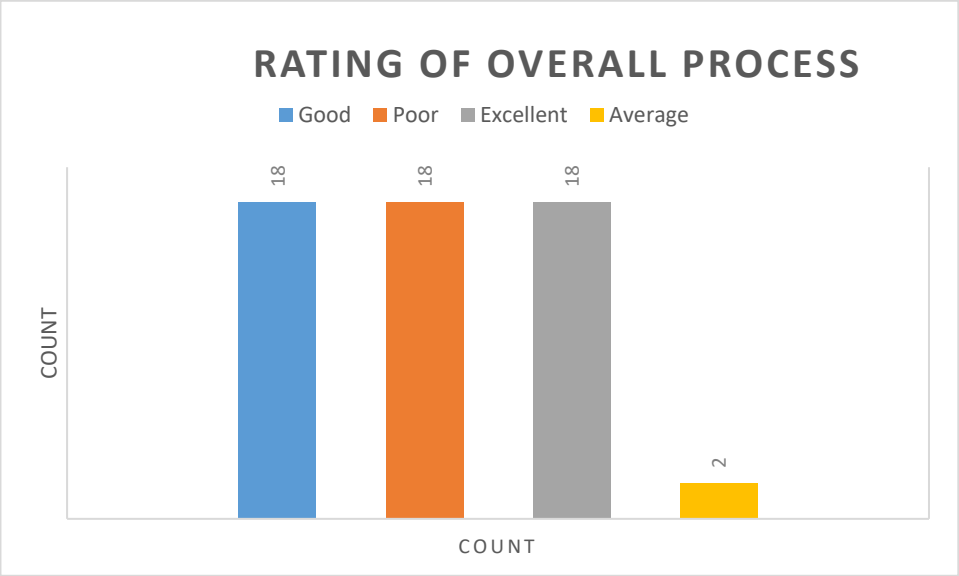

Fig:4.31

Interpretation: Noteworthy about the responses are the fact that equal numbers of respondents offered ratings of good, poor and excellent to the process. This means that cases of RGHS/CGHS patients may be highly diversified possibly as a result of some specific factors that may prevail

Table: 4.24 Probability of Recommending the Hospital

How likely are you to recommend this hospital to friends and family?	Count
Likely	44
Highly Likely	37
Unlikely	13
Neutral	10
Highly Unlikely	6

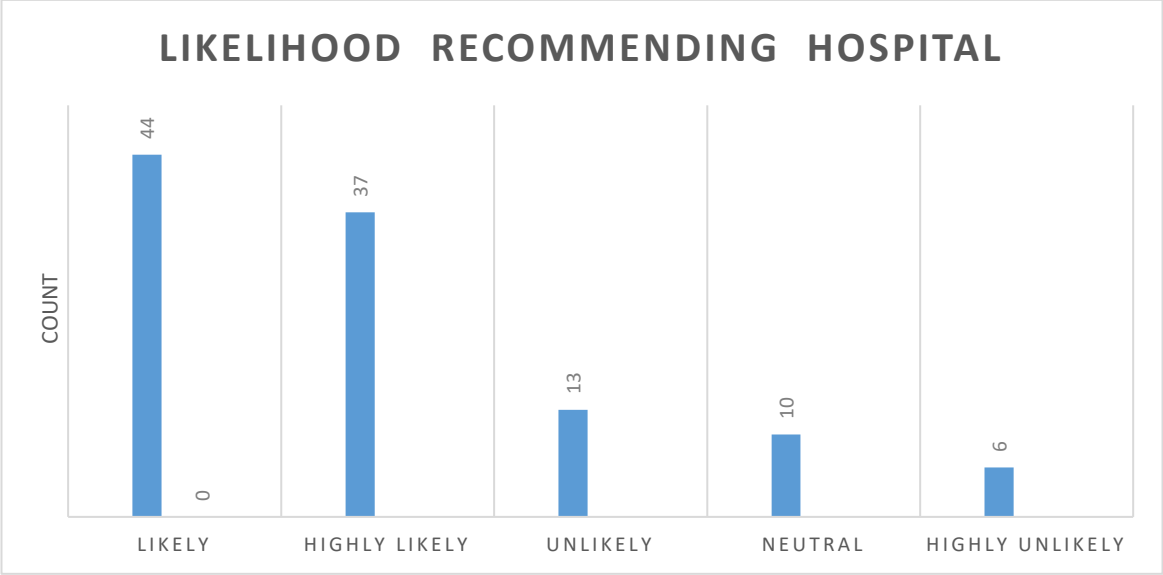

Fig: 4.32

Interpretation: The graphs indicate the assessment of the patients' experiences revealed that 91.5% are satisfied with the services provided by the hospital, and 73.6% expressed likelihood of recommending the hospital as likely or highly likely. However, it is quite a significant portion of 26.4% who subscribed to the neutral to highly unlikely experience range

Table : 4.25 Patient Satisfaction Matrix

Satisfaction Metric	Mean
Waiting time before admission	3.76
Efficiency of registration process	4.02
Clarity of information provided	3.89
Courtesy of admission staff	3.98
Doctors' expertise and knowledge	4.05
Doctors' communication and explanation	4.01
Nurses' responsiveness	3.98
Nurses' skills and competence	4.01
Pain management effectiveness	3.99
Involvement in decision-making	3.91
Cleanliness of room and bathroom	4.04
Quality of meals	3.94
Efficiency of laboratory services	4.01
Efficiency of radiology services	4.01
Availability of prescribed medications	4.03

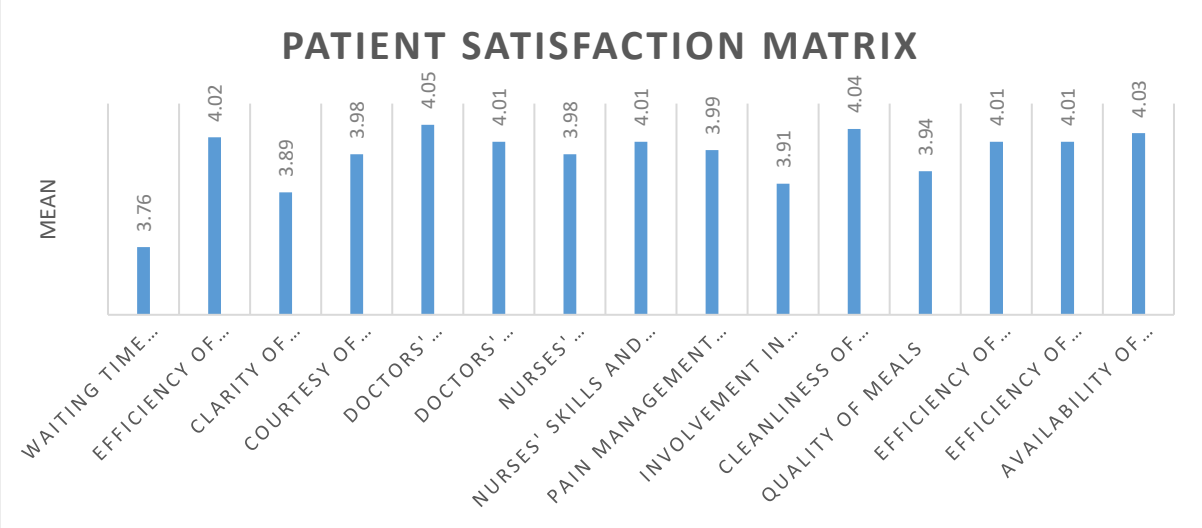

Fig: 4.33

Interpretation: The majority of parameters are above the average, thus the survey

could be characterized by rather high satisfaction rates. The scores are learnt to be high for doctors' expertise and room cleanliness with an average of 4.05 and 4.04 respectively. The general perception is the worst in waiting time before admission with a score of 3.76 out of S.M.A.R.T criteria thus recommending improvement.

Table: 4.26 Overall average satisfaction level by insurance type

Insurance Type	Overall Average
CGHS	3.66
Private Insurance	4.40
RGHS	4.18

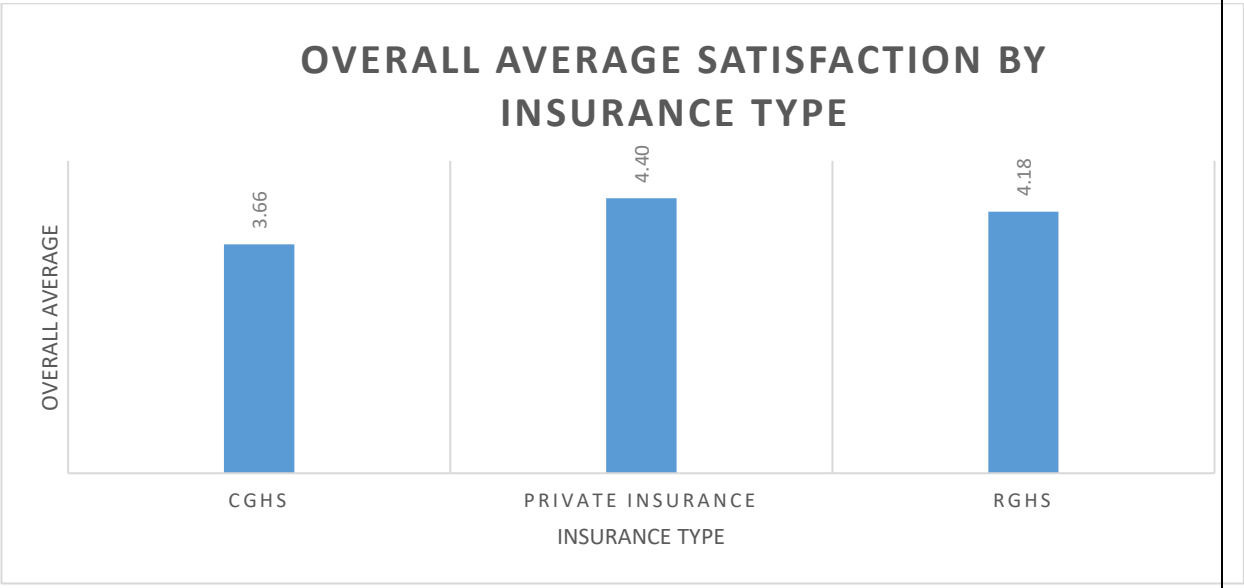

Fig: 4.34

Interpretation: Regarding the satisfaction level by Insurance type, Private insurance patients are much more satisfied than the RGHS and the CGHS patient is least satisfied among all the patients. This implies a need to enhance the experiences of patients who go for treatment under the various government schemes including the CGHS.

Findings

The findings of this study offer useful implications regarding claim processing, its efficiency, and associations with patients' satisfaction depending on the types of insurance in our healthcare facility. The research zeniths indicate that there are concerning differences in the efficiency of organizing work processes and patients' satisfaction, which is essential to consider in healthcare administration and public health practices.

Claim Processing Efficiency: Low claim processing times of private insurance and high claim processing times of government schemes are one of the major findings. Private insurance claims are one of the best performers with the average handling time of just over 4 hours. This may serve to expedite processes that favor harsh financial statuses of institutions such as the hospital, and possibly fast discharge rates for patients. Still, this can in part be because private insurance is less extensive, has standardized procedures, and likely more efficient digital systems.

Government empaneled schemes (CGHS and RGHS) were identified to take much more time for processing especially in the post discharge phase. Nevertheless, the pre-admission processes of the private hospitals regarding CGHS were comparatively shorter and took about 55 minutes on average while, the payment cycle as depicted from the graph is quite long and took 77 days. This, in turn, could have adverse effects on the hospital's profitability and, consequently, the quality of health services offered to patients. Nevertheless, the payment cycle is slightly different, slightly better for RGHS is 67 days, but the problems are quite similar.

They help to underline one of the most acute problems that require process optimization in the framework of government schemes. The efficacy of these private health insurance could be used as a measure, but also the authors mentioned the restrictions and policies of the public health insurance.

Patient Satisfaction: Thus, differences in satisfaction level due to insurance type and patients' age are informative. Thus, it can be inferred that the private insurance type has a significant impact on the patient experience with a higher mean score of 4. 40/5 recorded among the insured patients as opposed to those admitted under RGHS and CGHS with, respectively, a mean score of 4. 18 and 3.66 This could be so because of issues to do with quality of care regarded as superior, times taken to be attended to or other issues to do with ease or difficulty in dealing with administrative work.

The other worth noting finding is that, satisfaction decreases with age. This finding might be explained by older patients requiring higher levels of health care; spending longer time to be attended; or have less understanding on the system and flows. It reemphasizes the importance of segmenting the experience by age in order to improve patients' experience.

Doctors' professional competence scored 4.05 /5 and the cleanness of the rooms were rated 4.04 /5, which indicate the opportunities that can be considered the hospital's strengths. Nevertheless, there are general concerns with the representativeness of services in pharmacies reflected in the average scores: waiting time, 3. 76/5; and clarity of information provided, 3. 89/5. These alone often have a considerable impact on the patients' all-round satisfaction score and should therefore not be overlooked in the drive for health care quality enhancement.

That 80% of patients stated no problem with insurance reimbursement is also encouraging indicating that the administrative procedures seem to be flowing well in this facet. However, the remaining 20% still give room for improvement because no organization is perfect.

Correlation Analysis between the efficiency of claim processing for different types of insurance (Private, CGHS, RGHS) and patient satisfaction.

Private Insurance

- Claim Processing: Quickest and more effective.
- Patient Satisfaction: This is the highest satisfaction level achieved for the four constructs with a mean of 4.
- Correlation: Efficiency of insurance claims is associated with the efficiency of patient satisfaction, as patients seem to appreciate fast insurance claiming.

CGHS (Central Government Health Scheme)

- Claim Processing: Slow and bureaucratic, with frequent delays.
- Patient Satisfaction: Lowest satisfaction levels (mean = 3. 66).

- Correlation: Poor claim processing efficiency correlates with low patient satisfaction. Patients are frustrated with the slow and complicated processes, leading to a negative overall experience.

RGHS (State Government Health Scheme)

- Claim Processing: Moderate efficiency, with some delays and issues.
- Patient Satisfaction: Moderate satisfaction levels (mean = 4. 18).
- Correlation: Average claim processing efficiency results in moderate patient satisfaction. While not as efficient as private insurance, RGHS performs better than CGHS, leading to relatively better patient experiences.

Key points:

Efficiency Matters: Efficient claim processing is directly linked to higher patient satisfaction. Patients appreciate quick and smooth handling of insurance matters. Communication: Effective communication and transparency during the claim process are crucial for maintaining high satisfaction levels.

Areas for Improvement: Improving the claim processing efficiency for CGHS and RGHS can significantly enhance patient satisfaction.

There is a clear correlation between the efficiency of claim processing and patient satisfaction. Private insurance, with its fast and efficient processes, results in the highest satisfaction. In contrast, CGHS, with its slow and bureaucratic procedures, results in the lowest satisfaction. RGHS falls in between, indicating room for improvement. Focusing on streamlining claim processes and enhancing communication can lead to better patient experiences across all insurance types.

Reason of Delay

Pre-admission Processing for RGHS / CGHS

a) Complex Eligibility Verification: Time-consuming processes to confirm patient eligibility under the scheme.

b) Documentation Requirements: Extensive paperwork needed for admission under government schemes.

Government Scheme Payment Cycles (CGHS: 77 days, RGHS: 67 days)

a) Complex Bureaucratic Processes: Multiple layers of approval and verification within government departments slow down the reimbursement process.

b) High Volume of Claims: Government schemes often handle a large number of claims, which can create backlogs in processing.

Private Insurance Claim processing (efficient but takes 4 hours 13 minutes)

a) Query Resolution: The time that has been spent in responding and solving the issues that insurance companies might have raised.

b) Verification Processes: The time taken in the process of confirming all the details of the policy, authorities or limits of the policy and the details of the patient.

c) Variation in Insurance Company Procedures: Process of insurance handling and the compliance measures vary with different insurance service providers causes uneven processing.

Waiting Times and Information Clarity (Low satisfaction scores).

a) Complex Insurance Verification: The time doctors and other employees spend

checking patients' insurance and getting the needed permission.

b) Incomplete Pre-visit Information: Lack of documented and prepared patients whereby the patients arrive at the facilities without any form of preparedness, hence denying them access to the hospitals due to some stipulated requirements.

Discussion

The Study focuses on the effectiveness of the medical claims in the insurance schemes as well as government schemes ,and patients'satisfaction in S. R. Kalla Hospital, Jaipur.

Literature Review Highlights that :

4. Patient Satisfaction and Healthcare Efficiency:

- Importance of Patient Satisfaction: The views of the patients are vital in today's therapeutic encounter because the satisfaction degrees of the people have impact on hospital image, their use of the services, and general health status.
- Operational Efficiency: claim processing cycle has been identified as having a bearing to patient experiences especially in regard to efficiency. Praise for the company can help Public Complaints; while inconsistencies, delays, and bureaucratic procedures can cause dissatisfaction.
- Role of Technology: It is important for them to know that research has shown that incorporating EHRs for storing and processing patients' data as well as other systems like billing on their own can make operations faster and satisfaction among patients greater.

2.Insurance schemes:

- Comparison of Schemes: The literature distinguishes between private insurance and state insurance – CGHS and RGHS – while bearing in mind that the two are quite different in terms of procedures and perceptions of the patient.
- Challenges in Government Schemes: This also poses a problem since patients under government schemes take longer to process than other patients, and they experience a lot of bureaucracy, which reduces their level of satisfaction.
- Impact on Patient Satisfaction: Higher patient satisfaction is typical for private insurance as the claim process is smoother and faster compared to that of the government schemes

3. Healthcare operation Models:

- Electronic Health Records (EHRs): The authors establish that the implementation of EHRs enhances efficiency and accuracy in the management of patients' data and claims.
- Telehealth Services: Such integration can also cut on the number of days patients have to wait to see a physician and thus improve satisfaction levels.
- Workflow Automation: The use of the software optimizes handling of claim related activities hence enhances efficiency with reduced incidences of errors hence improved customers' experience.

Results shows that:

4. Claims processing efficiency:

- Private Insurance: The strategy that proved to render the best result such as an average time of 4 hours and 13 minutes.
- CGHS: They appeared to have spent a relatively short amount of time before admission (55 minutes) but had a very long payment time (77 days).
- RGHS: Achieved a moderate productivity level with pre-admission time of 2 hours 17 minutes and the payment cycle of 67 days.

2.Patient satisfaction:

- Overall Recommendation Rate: 73. Just 6% of the patients referred this hospital to others.
- Satisfaction by Insurance Type: They ranged from; Private insurance scored 4. 40/5, RGHS at 4. At Tk. 18/5, Oxiul has successfully retained GMP and CGHS at Tk. 66/5.
- Age-Related Satisfaction: Satisfaction also declined by age, showing that there is a requirement for targeted enhancement of care and discussion depending on patients' age.
- Highest Satisfaction Areas: Linked to medical practitioners' experience and condition of the rooms.

- Areas Needing Improvement: Examined waiting time and the comprehensiveness of the information that is passed to the patients.

3.Insurance related experience:

- Problems with Insurance Acceptance: Thus, the data obtained indicates that 20% of the respondents faced some problems.
- Rating of Insurance Handling: In four short chapters, Kim presents about seventy-five categories of images in her children's picture books. Five percent of the respondents thought that the insurance handling was good or excellent.
- Specific Issues with RGHS/CGHS: 62 to be exact. Unrelated information = 2.
- A significant number of respondents (5 percent) said there was no adequate information regarding coverage.

The analysis reveals a strong alignment between the literature review and the study's findings in several key areas:

4. Efficiency and satisfaction:

The study empowers the literature assertion that first and foremost, claim processing boosts patients' satisfaction once it is efficiently undertaken. The health insurance type most favoured by the respondents was private insurance, which took the least time to process claims. On the other hand, the government related schemes of long processing duration generated lesser satisfaction among the readers..

2. Impact of technology:

Technology's Role: It is in this regard that the results affirm the literature focusing on the role of technology in pollution for efficiency and satisfaction. This could be in part to do with the use of EHRs, as well as the groups' automated billing systems, which could have kept the 69verall satisfaction rate moderate to high.

3. Patient Demographics:

Age-Specific Findings: In light of the study findings on age-related satisfaction, the literature invokes the need for strategies that respect the patients' diversity. Analysis by

age revealed younger patient reported higher satisfaction, this indicates that there is a need for interventions to be tailored to benefit the older patients.

4. Insurance type disparities:

Noticed Disparities

The study reveals substantial differences between private insurance and government schemes, echoing themes found in existing literature. Private insurance is associated

The study shows a strong connection between the literature review and the study's actual findings. Quick claim processing and effective use of technology are crucial for boosting patient satisfaction. However, there are notable differences between private and government insurance schemes that need policy and operational changes. The study emphasizes the importance of healthcare providers investing in both technology and personalized patient care to achieve the best satisfaction levels. By focusing on these improvement areas, healthcare facilities can better meet patient expectations and enhance overall service quality.

Chapter 5 Conclusion

This study maintains the significant role of the claim processing efficiency in determining the global patients' satisfaction, with regards to Private, CGHS, and RGHS insurances. The close examination of the problem has shown that the speed and effectiveness of the claims processing have a direct relation to the satisfaction levels shown by patients.

Nevertheless, the existing evidence that relates customers' satisfaction levels to the efficiency of claims processing systems indicates that industry-loyal private insurance holders get the easiest ride, as their claims are processed within the shortest times possible. This has underscored the need for appropriate and efficient administrative operations in increasing patient satisfaction. Patients under the CGHS scheme: patients under this plan receive slow, bureaucratic treatment and also register the lowest satisfaction rates. This is evidenced by these disparities to show how detrimental it can be when delays and inefficiencies are rife in terms of the patient's perception and satisfaction.

The value of satisfaction for the kind of insurance referred to as RGHS is moderate, which indicates that while there are certain gains achieved in terms of efficiency, there are also losses to be noted, and many spheres remain untouched or under optimized. The implication in claim processing efficiency as well as the patient satisfaction correlation insists that gains however small affect the administration of claims and ultimately the patient.

Some of the elements, which contribute to this relationship are communication timeliness and accuracy, particularly regarding the claims' status and generally, the degree of openness. Numeracy: Patients who understand what is being said to them and whose questions are responded to in clear language will have positive view of the health installment. This underlines the importance of increasing administrative employees' training and integrating technology applications in communication processes.

Some of the strategies suggested are increasing Clients' awareness and applying administrative solutions, using integrated software and technology solutions, providing

training for such employees, improving public policies or proposing changes to the legislation. The employment of such recommendations is a way of enhancing favorable patient experiences, regardless of the insurance.

Lastly, the analysis examines the relationship between the efficiency of the claim operation and the management of communication channels on the satisfaction of the patients. Implementation of the solutions for the mentioned inefficiencies –especially the second one associated with the claim processes in CGHS and RGHS– can yield significant advancements in the quality of health care and patients' satisfaction levels. With the suggested alterations, healthcare providers benefit in increasing organizational efficiency, especially when it comes to the relationship with the patients; the levels of patient satisfaction increase as a result.

Suggestions

1. Create a hotline for clear clarification of general and specific eligibility issues and decisions instantly.
2. Develop a clear list of documents that should be used in the course of issuing doctor's consultations for all patients and unify it.
3. Appoint a special contact group to speed up the processes of cooperation with the departments of the region's administration.
4. Hire more employees and invest more in the office that deals with the processing of claims.
5. This would help in devising standard formats in the capture and verification of the important details that would collaborate to construct the knowledge structure.
6. Communicate with patients regarding the status of their claims through regularly or periodical status through SMS or Email or through an informatics application.
7. Consistently educate staff members on any modifications in work activities of different insurance companies.
8. Pre-visit insurance verification, enables a patient to check insurance eligibility before coming to the hospital.

All of these suggestions are mainly targeted to facilitating operational procedures, adopting technology, enhancing communications, and creating conformity in managing several operations that are grouped under healthcare administration and health insurance claim processing. The application of these ideas could significantly minimise delay and increase the general satisfaction of the patients.

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