Summer Training

at

Apollo Hospitals, Bhubaneswar

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A study on the identification of the causes of delays in cashless hospitalization and suggest recommendations to reduce time lag.

By

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ACKNOWLEDGEMENT

The internship opportunity I had with Apollo Hospital was a great chance for learning and professional development. Therefore, I consider myself as a very fortunate individual as I was provided with an opportunity to be a part of it. I am also grateful for having a chance to meet so many wonderful people and professionals who led me through this internship period.

Bearing in mind previous I am using this opportunity to express my deepest gratitude and special thanks to the General Manager of Apollo hospital who in spite of being extraordinarily busy with his duties, took time out to hear, guide and keep me on the correct path and allowing me to carry out my project at their esteemed organization and extending during the training.

I would like to express my gratitude and appreciation to all those who gave me the possibility to complete this report. A special thanks to our final year project coordinator, Dr. Mahender Kumar, faculty at IIHMR, whose help, stimulating suggestions and encouragement, helped me to coordinate my project especially in writing this report. I choose this moment to acknowledge his contribution gratefully.

Last but not the least, I would like to thank all the department heads and the staff at the hospital, for their careful and precious guidance which were extremely valuable for my study both theoretically and practically.

I perceive as 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 I will continue to work on their improvement, in order to attain desired career objectives. I hope that I can build a career upon the experience and knowledge that I have gained and make a valuable contribution towards this industry in coming future.

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List of Abbreviations

Sl. No.	Abbreviations	Expansion
1.	NABH	National Accreditation Board for Hospitals and Healthcare Providers
2.	IPD	In-Patient Department
3.	OPD	Out-Patient Department
4.	OT	Operation Theatre
5.	TAT	Turn-Around-Time
6.	TPA	Third Party Administration
7.	NICU	Neonatal Intensive Care Unit
8.	ICU	Intensive Care Unit
9.	HPB	Hepato-Pancreato-Biliary
10.	ENT	Ear-Nose-Throat
11.	AHERF	Apollo Hospitals Education and Research Foundation

APOLLO HOSPITALS, BHUBANESWAR

Apollo Hospitals, Bhubaneswar, Odisha is the 49th hospital of the group, inaugurated on 5th march 2010.

This Health care Institution is a 350-bedded tertiary care hospital with a state-of-the-art and some of the most advanced technology. The Hospitals, Out-patient Department (OPD) has more than 40 consultation chambers for consultation of all departments. The out-patient department is supported by rooms for minor procedures along with other services such as Ophthalmology, ENT, Dermatology, Dentistry, etc.

Medical and surgical cardiac sciences, Oncology, Neurosciences (Neurology and neurosurgery and neurophysiology), urology, nephrology, rheumatology, endocrinology, etc., are some of the other departments which has advanced along with state-of-the-art facilities here.

This tertiary care hospital has an excellent amalgamation of all the medical specialties, laboratory services, imaging and rehabilitation services with some of the sophisticated therapeutic or diagnostic equipment's. This health care institution has 111 ICU beds and is the largest corporate hospital in Odisha offering world class diagnostic, medical and surgical facilities.

Apollo Hospitals, Bhubaneswar has also got a level 3 NICU and is equipped with advanced ventilators, and other equipment's for the treatment of the neonates. Neonatal retrieval system is also available where babies can be transferred to one hospital to another around the state by an ultra-modern transport system.

Vision: "To make India Global Healthcare Destination" and to "Touch a Billion Lives"

Mission: “To bring healthcare of international standards within the reach of every individual. We are a committee to the achievement and maintenance of excellence in education, research and healthcare for the benefit of humanity”

Highlights:

1. 24 hours emergency and trauma care backed by wireless ambulances with life support systems stationed at different locations in the city available 365 days a year, 24 hours a day.
2. 24 hours blood bank and laboratory service
3. 24 hours pharmacy service.
4. Well connected by Air, Rail, and Road.

Specialties:

1. Liver Transplant and HPB surgery
2. Gastroenterology and Transplant Hepatologist
3. Clinical Cardiology and interventional cardiology
4. Cardiothoracic and vascular surgery
5. Orthopedics and trauma
6. Medical gastroenterology
7. Surgical gastroenterology
8. Neurology, Neurosurgery and neurophysiology
9. Urology, nephrology and renal transplant
10. Pediatric surgery
11. General surgery, minimal invasive, bariatric and laparoscopic surgery
12. High risk obstetrics surgery, obstetrics and gynecology, pediatric and neonatology
13. Ophthalmology
14. ENT, Audiology and Speech therapy
15. Diabetology and endocrinology
16. Dentistry, Ortho dentistry, maxillofacial surgery
17. Emergency medicine
18. Diagnostic and interventional radiology

19. Psychiatry
20. Critical care medicine
21. General medicine
22. Plastic and reconstructive surgery
23. Anesthesiology
24. Nutrition and dietetics
25. Rheumatology
26. Surgical and medical oncology
27. Pediatric cardiology
28. Physiotherapy
29. Respiratory (chest) medicine
30. Apollo health check
31. Lab service.

Clinics:

Salient features and advantages:

1. Multidisciplinary and multi professional approach
2. Doctors, Specialists, nurses with expertise in the specialty
3. Dietician, physiotherapist, clinical psychologist, occupational therapist being available
4. Condition specific precise diagnosis
5. Avoidance of several different clinic and diagnostic center visits.
6. All investigations on the same day.
7. The clinic available are:
    a) Adolescent condition clinic
    b) Allergy clinic
    c) Arthritis and rheumatology clinic
    d) Back ache clinic
    e) Blood thinning drugs (anti-coagulant) program
    f) Cerebral palsy and disability program
    g) Children's urinary problems program

h) Children's liver and digestive system program
i) Genetic counselling program
j) Joint replacement clinic
k) Liver and pancreas program
l) Menopausal clinic
m) Neonatal screening and well-baby program
n) Obesity and weight loss clinic
o) One stop diabetes program
p) Pre-pregnancy program
q) Senior citizen clinic
r) Stress management program
s) Thyroid clinic program

News and Milestones:

1. Renal transplant to commence at Apollo Hospitals, Bhubaneswar: Apollo Hospitals, Bhubaneswar has received the required permission from the state authority to perform renal transplant. Dr. Samiran Das Adhikary (neurology), Dr. Sudhiranjan Dash (Nephrology) with associate doctors are going to play the key role in the respective department of.

2. Miracle at Apollo Hospital, Bhubaneswar: An extremely premature baby as young as 25-week of gestational aged survived and was discharged on 7th November 2010. This procedure was possible by the tireless effort of doctors and nurses at the Neonatal Intensive Care Unit (NICU) of Apollo Hospitals, Bhubaneswar as well as dedication and self believe of the parents.

3. Video Integrated telescopic operating microscope (VITOM) at Bhubaneswar: The Neurosurgery department at the Apollo Hospitals, Bhubaneswar has added another advanced feature to its cap by performing spinal surgery by using VITOM.

4. First of its kind heart surgery in Odisha, performed on a three month old baby at Apollo Hospitals, Bhubaneswar: A team of doctors headed by Dr. Pankaj Mankad, successfully performed a rare heart surgery on a three-month old baby boy. Ayush, has become the first case in the history in Odisha to be operated upon this rare condition in the state. The surgery was performed on 17th March 2010, and he was discharged on 21st March 2010.

5. Microcoaxial Phacoemulsification: Apollo hospitals, Bhubaneswar Ophthalmology department operated on a patient, Mr. Durga Madhav Mohanty, a known case of severe myopia with complicated cataract using the advanced technique of microcoaxial phacoemulsification with a 2.2mm size of incision under topical anesthesia.

6. Telemedicine at Apollo Hospitals: Apollo Hospitals, Bhubaneswar is going to introduce super specialty telemedicine center facility in all the rural areas of Odisha. This will involve the healthcare applications of telecommunication technologies (through broadband connection). In other words, Telemedicine is the application of telecommunication technology to help deliver health care and education to patients and providers residing at a distance. The concept of Telemedicine is implemented, to connect Apollo Hospitals, Bhubaneswar which is a tertiary care Hospital to other hospitals or any private or government hospital situated in remote areas or to our own clinical center in rural pockets of Odisha.

7. Sugar Clinic at Apollo Hospitals, Bhubaneswar: In a unique move, to manage patients with diabetes, Apollo Hospitals, Bhubaneswar has launched its comprehensive diabetes clinic called “sugar clinic” on 23rd November 2011. Apart from expert consultation from the endocrinologist and ophthalmologist, this clinic will also provide advice by a dedicated diabetes educator and dietician apart from all investigations pertaining to diabetes. A foot clinic will access foot at risk and advice will be provided to patients and their attendants at affordable price.

Group Companies:

Today, The Apollo Hospitals Group is not only is an acknowledged leader in the world of super specialty based quality healthcare delivery in Asia, but it is also considered as one of the largest integrated healthcare delivery company which is complete in every sense of the term.

1. Apollo Hospital Enterprises Limited.
2. Keimed.com limited
3. Apollo health and lifestyle limited
4. Med varsity online limited
5. Apollo hospitals education and research foundation.
6. AHEL pharmacies business
7. Online hospital equipment services private limited (equipment world)
8. Apollo health street limited
9. Apollo telemedicine enterprises limited
10. Family health plan limited.

Other business units:

1. Apollo Hospitals: Apollo hospitals enterprise limited has over 10,000 beds across 70 hospitals in India, rest of Asia, and Africa. The hospitals are categorized into multi-specialty tertiary care facilities with centers of excellence in medical disciplines including cardiology, cardio-thoracic surgery, gastroenterology, orthopedics and joint replacement surgery, neurology, critical care medicine, nephrology, oncology, hand and micro-surgery and general medicine.

2. Apollo Global Projects Consultancy: Apollo Global offers project and operations management consultancy services in support of the operational and functional specialties. The pre-commissioning and post-commissioning consultancy services includes feasibility studies, strategic planning, infrastructure consultation, human

resources recruitment, training and medical equipment consultancy, management contracts, establishment of medical and administrative protocols, etc.

3. Apollo health and lifestyle limited: Apollo health and lifestyle limited has established over 100 Apollo clinics across the country. It has an integrated model and offers facilities for specialist consultations, diagnosis, preventive health checks and 24-hour Pharmacy, all under one roof.

4. Apollo Pharmacy: Apollo pharmacy is India's first largest branded pharmacy network with more than 1000 retail outlets in key locations across the country.

5. Apollo hospitals education and research foundation: AHERF was established to maintain and support educational institutions in promoting medical, paramedical and hospital management courses. The institute offers more than 15 post graduate teaching programs including ones certified by the Royal college of Edinburgh, MedVarsity online limited is backed by two giants; Apollo in medicine and NIIT limited, in the field of electronic-education. MedVarsity has developed an in-house of more than 1500 hours of medical content that is accessible to the medical community, anytime and anywhere. The research division currently undertakes innumerable diverse projects of clinical trials in multiple locations to molecular biology, stem cell transplants, epidemiological studies, and also in the future identification of genetic Biomarkers.

6. Apollo Telemedicine Networking foundation: In the year 1999, Apollo launched its first model telemedicine unit at Aragonda village situated in the Chittoor district. Since then, Apollo has witnessed a steady growth in delivering quality healthcare and reaching out to the people. Telemedicine is one of the potent means of harnessing telecommunication technology to deliver healthcare and education to patients in regions that are geographically less accessible. It also helps in saving time and cost of travelling to access quality health care. Apollo has pioneered the concept of

telemedicine in India and Asia, and also have more than 100 telemedicine centres in India and overseas.

7. Apollo Insurance company limited: Apollo DKV is a joint venture of the Apollo Hospitals Group and DKV AG which is the Europe's largest private health insurer and a Munich Re Group company. The company offers innovative health insurance, wellness solutions and disease management to meet the customer needs and their benefits.

8. Apollo Wellness Plus: Apollo hospitals has launched its first wellness center at Apollo hospitals, Chennai in February, 2005. Wellness plus is the perfect blend of modern and complementary medicine like aromatherapy, pranic healing, yoga, meditation and other holistic approach that fits the modern lifestyle.

9. Apollo Reach Hospitals: It is an endeavor to bring world class healthcare to semiurban and rural areas in India – every Apollo reach hospital will be a specialty hospital which is designed to complement existing private and public healthcare facilities in the proposed towns and villages. Construction of hospitals, procurement of land and identification of cities are still underway to set up more Apollo Reach Hospitals over the next few years across India.

10. Apollo Pharmacy: It operates round the clock catering to all the medicine needs by the people.

SWOT Analysis:

Strength:

- Seamless delivery of services at every level of health care.
- Provision of high-quality and advanced healthcare at affordable rates.
- Usage of sophisticated medical/ diagnostic equipment, such as the PET-CT scan, 320 slice CT scanner, Cyber knife.

- Quality programmers appointed are registered by the Indian Council of Medical Research, ISO 9002.

Weakness:

- High attrition rates is seen among the nursing workforce to western countries and competitors due to high salaries and perks.
- The rising costs and high demand of healthcare delivery makes majority of the private hospitals expensive for a normal middle-class family.

Opportunities:

- India is emerging as a major player in the healthcare industry, because of its high population.
- As per the IRDA (Indian regulatory and development authority), around 10% of the market potential has been tapped till date and market studies indicate around 35% - 40% growth in the coming years.
- Today, people spend more on healthcare and preferring private services to government ones.
- Hospitals are running at 90% occupancy.

Threats:

- Medical equipment accounts for 40-50% of the total expenditure in a hospital.
- The migration of skilled technicians and nursing personnel to the developed countries.
- There could be a shortfall of doctors in coming years.

<u>Suggestions for improving the position of Apollo Hospitals</u>:

1. The general perception of people that large hospitals, with high bed-occupancy rate, are profitable, is misleading. Global experience shows that hospital with more than 250-beds ususally don't do well. Many Indian hospitals are following the US healthcare industry which is, decreasing the average length of stay of patients and

increasing patient turnover. US research shows that 80% of the revenues from a patient comes in the 72 hours post-admission. Hospitals generate a lot of revenues from general inspection, because the patient turnover is very high.

A large percent of revenues come from specialized services like surgical procedures. It is because of these reasons that many corporates are planning for a small bed specialized hospitals, which would only cater to specific diseases like cardiac, cosmetic surgery, neurology etc. Research shows that there exist a lot of space for super-specialized hospitals with 100-150 capacity which generates revenues equivalent to large general hospital with 500 beds. Therefore, large hospitals with approximately 500 bed capacity takes about 9-10 years to break even whereas super-specialty hospitals with about 100 beds take about 6-7 years to break even. Hence, going in for super-specialty hospitals seems to be a more viable option today.

2. Apart from preventive healthcare, stress management programs could also be provided to the employees. For example “Effective Stress Management Program” offered by a medical Workhardt Hospital. This program provides a medical perspective of stress and has to be conducted by a medical professional. The program may include a series of one-to-one sessions, with a clinical Psychologist, highlighting the factors responsible for inducing stress and the methodologies, which can be adopted to cope with the rising concerns or phenomenon practically.

3. Ensure that there is a proper linkage among the organizational, operational and individual training needs in a healthcare set-up.

4. One of the key advantages is increased communication, feedback and interaction within the organization. The goal of improving communication is to align all the employees to share the company goals and values.

A STUDY ON THE IDENTIFICATION OF THE CAUSES OF DELAYS IN CASHLESS HOSPITALIZATION AND SUGGEST RECOMMENDATIONS TO REDUCE TIME LAG.

INTRODUCTION:

Hospitalization is a term which mean admittance of an individual to the hospital as a patient. The purpose of getting admitted in a hospital may be due to various reasons like procedures or surgeries, scheduled tests, emergency medical treatment, for stabilization or monitoring of an existing condition, or for administration of medication under the guidance of a medical professional.

When an insured individual does not have to pay anything from his pocket in case of a hospitalization for any particular purpose, and the entire hospital bill is being cleared directly by an insurance company, then it is termed as a cashless hospitalization.

For any kind of cashless Mediclaim policy, the health insurance company has a collaboration with a list of hospitals based on the quality of service one offers and by discussing the price or expenses of different medical treatments. Therefore, such hospitals are termed as "Network hospital" of respective insurance company.

Every Health insurance company is represented by a mediator between the insurance company and the hospital and is termed as known as Third Party Administrator (TPA). The responsibility of a TPA is to accept or deny claims by coordinating with the hospital and the insurance company.

Rationale:

The main Purpose of this study is to understand the process of cashless hospitalization at Apollo hospital and to identify the factors causing delay in the process by monitoring the TAT (turn-around-time) of the department.

Objectives:

1. To review the process and delay of cashless hospitalization
2. Monitoring the turn-around-time (TAT) of admission and discharge process in a cashless hospitalization.

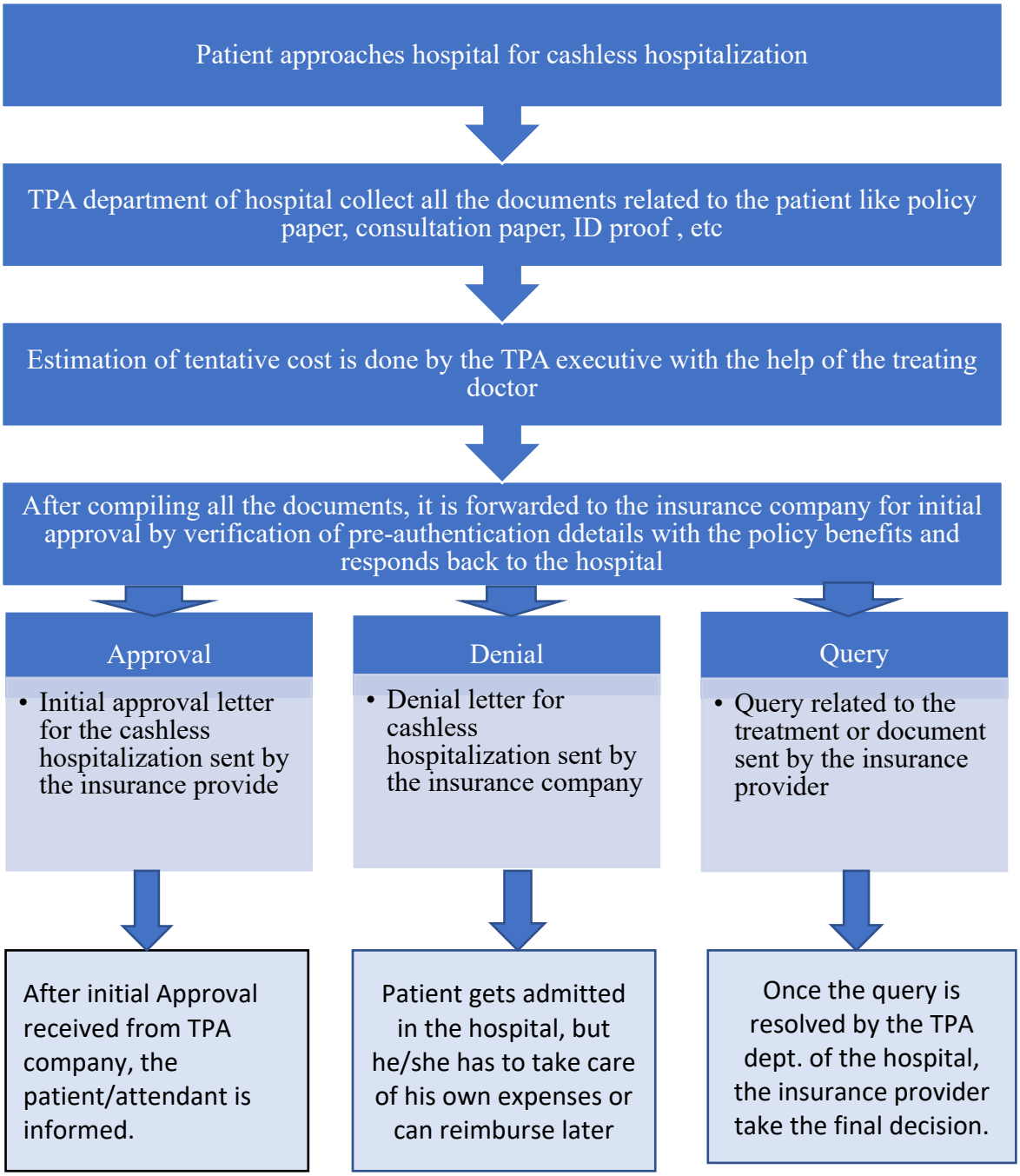
3. Analysis of the gap of TAT in whole TPA process during cashless hospitalization.
4. To provide with recommendations in improving the delivery of cashless hospitalization facilities.

Methodology:

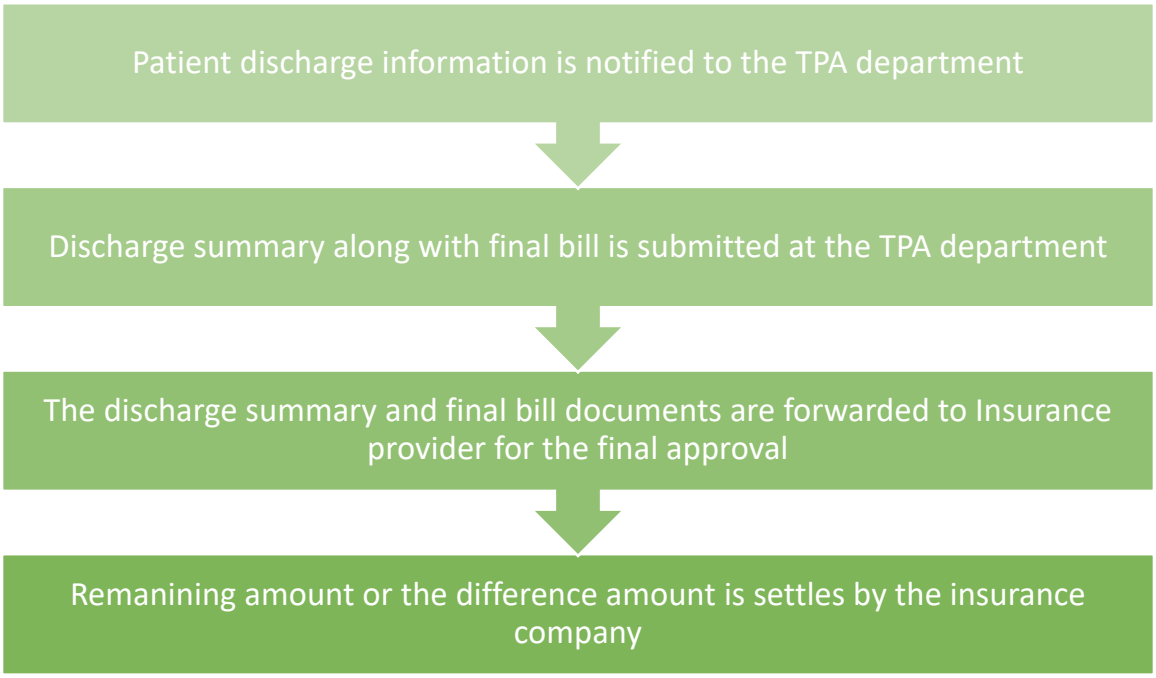
1. *Study area*: Apollo Hospitals, Bhubaneswar.
2. *Type of study*: Cross sectional and observational.
3. *Sample size*: 120 data points/ patients of planned and emergency hospitalization.
4. *Primary data*: Time recorded.
5. Secondary data: List / MIS of the hospital.
6. Data collection Methods:
    a) By observing the process flow of the insurance department at the hospital.
    b) TPA records maintained at the hospital
    c) Face-to-face interview of TPA executives.
7. Tools of data collection:
    a) Patient list provided by TPA department.
    b) Observation of the checklist of timings.
8. Excluded data: Daycare admissions, dialysis, and oncology radiation data.

Flow chart of TPA department during cashless hospitalization:

Admission Process:



Discharge Process:



Note: Non-medical charges are not paid by the insurance provider.

PROCESS OF THE CASHLESS HOSPITALIZATION:

The cashless benefit if offered only in the Network hospitals provided by the insurance company. The insurance company collaborate with hospitals by checking the quality of the service and rates for different procedures to be charged for the treatment of the patient by the hospital. After reaching an agreement with the hospitals, the company forms a network of such hospitals for the benefit of the policy holder, which could be availed during planned or emergency hospitalization. The cost incurred for the treatment during the hospitalization will be borne by the insurance provider.

Third party administrator is a department which act as a mediator to facilitate seamless processing of different types of health insurance claims approval and settlement as well as other queries of patients on cashless hospitalization by coordinating from the time of admission to the discharge of the patient to ensure unhinged/smooth cashless transaction.

The cashless hospitalization can be taken for planned or emergency hospitalization.

1) **In case of Planned Hospitalization:**

a) When a patient approaches a hospital for cashless treatment, they are directed towards the TPA desk, where the executive collects all the documents of patients consisting of policy papers, ID proof such as Aadhar card, PAN card, consultation paper, diagnostic reports, photograph, etc.

b) The TPA executive calculate a tentative cost estimation by consulting the treating doctor and then the Pre-authorization documents are forwarded for the initial approval to the insurance company.

c) The process of initial approval usually takes around 2-4 hours or at maximum 24 hrs.

d) Hereafter, the insurance company could send the response in three different ways – approval, denial, query. Depending on these responses, the TPA department decides the further course of action.

e) In case of approval: the patient is informed about the treatment procedures, costs and admission process.

f) In case of denial: Once the denial letter is sent to the hospital by the insurance provider, the patient then is informed of the same.

g) In case of query: A letter of query is sent to the hospital TPA department by the insurance provider. The query is then resolved by the TPA executive after consulting the treating doctor, and accordingly the insurance company is informed about it. Depending upon the response of the query, the insurance provider decides on the final decision of approval or denial or by sending a query again, till it is resolved. Accordingly, the patient is then admitted.

h) The discharge process follows by discharge information being informed by the ward secretary to the TPA, depending upon the decision made by the treating doctors. The

TPA executive, forwards the discharge summary and the final bill to the insurance company for the final approval.

i) The patient is discharged once the amount gets settled.

2) In case of Emergency Hospitalization:

a) The policy holder has to get the approval for the cashless hospitalization from insurance provider within 24 hours.

b) Then the same procedure has to be followed according to the planned hospitalization.

c) Another option is available, in case of emergency, the insurance holder can get the treatment done first by cash payment and later they can claim from the insurance provider with the help of the supporting documents.

TURN AROUND TIME FOR THE WHOLE PROCEDURE:

The entire process of the TPA department is divided into two types:

1) Admission Process
2) Discharge Process

1. ADMISSION PROCESS:

a) Consent and document collection by TPA executive in hospital
b) Documents sent to insurance provider
c) Initial approval from insurance provider

a) Consent and documents collection by TPA executive in hospital:

- Patient/Attendant visit the hospital along with/without Doctor's initial approval letter.
- The TPA executive will check the insurance provider in the tie-up list.
- The TPA executive explains the entire procedure and the documents needed for the insurance claim.
- The patient is provided with a pr-authorization form by the TPA executive consisting of
  - i) details about the patient
  - ii) details about the doctor

iii) details about the treatment

- Once the form is filled up, the TPA executive goes to the doctor for other formalities like signature, and other details to be filled in the form or for supporting documents.

b) Documents sent to insurance provider:

- After collecting all the documents, the TPA department send all the documents of the patient to the insurance company.
- It takes around 2-4 hours or maximum 24 hours to get a response form the insurance company.

c) Initial Approval from the insurance provider:

- Depending on the document sent, the insurance provider either approve or deny or send a query in response, after investigating the authenticity of the claim.

Admission TAT of the whole TPA process:

It is the difference between the time taken for the consent/documents collected by TPA executive and documents sent to the insurance provider.

As per the hospital standard, the average TAT should not be more than 2 hrs.

2. DISCHARGE PROCESS:

a) Permission for discharge is given to the patient, by the doctor.
b) Discharge summary along with the final bill is sent to the TPA department.
c) The TPA executive sends the discharge documents to the insurance company for final approval which take around 2-4 hours.
d) Depending upon the documents sent, the insurance company responds with the final approval or with a query.
e) Accordingly, the patient is discharged after the final approval is received from the insurance provider.

Discharge TAT of the whole TPA process:

Discharge TAT= [Discharged information received – documents sent to the insurance provider]

+

[Documents sent to the insurance provider – final approval document received]

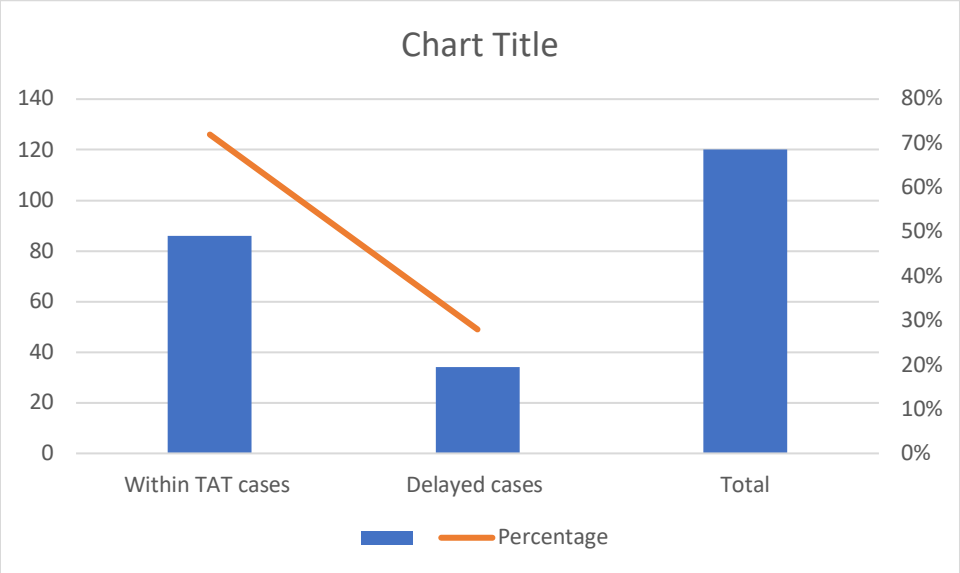
As per the hospital standards, the average TAT should not be more than 4- 6 hours.

TAT ANALYSIS OF CASHLESS ADMISSION:

The average TAT of the admission process at Apollo Hospitals, Bhubaneswar is around 3-4 hours.

Distribution of admission TAT in regard to hospital:

Cases		Percentage
Within TAT cases	86	72%
Delayed cases	34	28%
Total	120	



Interpretation:

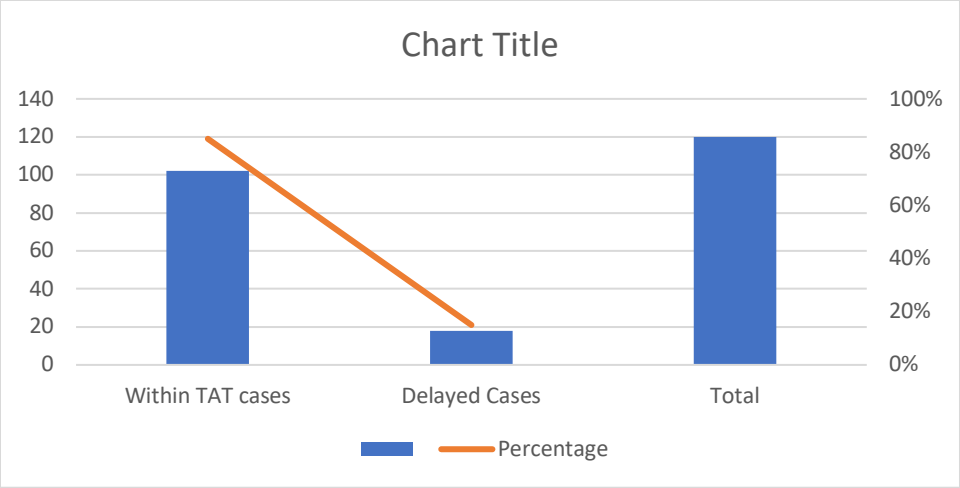
Based on the standard hospital admission TAT average, around 72% i.e., 86 cases out of 120 were within the TAT period. Whereas the delayed cases is recorded around 28%, i.e., 34 cases out of 120 patients.

Reasons for the delay of the admission procedure:

1. Availability of bed.
- Some patients may have paid but cause delay in vacating the room
- Even after the discharge summary and bill has been prepared by the hospital but not cleared by the insurance provider
- Due to delay in the process of cleaning
- Pre-booking done by the patient.
2. Requirement of multiple consultations and further investigations before admission.
3. File making process
4. Patient's personal restraints.

TAT analysis of cashless Discharge:

Cases		Percentage
Within TAT cases	102	85%
Delayed Cases	18	15%
Total	120	



Interpretation:

The average TAT of the discharge procedure in Apollo hospital is around 2hrs 30 minutes. 85% i.e.,102 patients out of 120 falls within the standard average TAT which is 2 hours, while 15% i.e., 18 patients out of 120 fall in the category of delayed cases.

Reasons for the delay of the discharge procedure:

1. Discharge bill settlement
2. Pharmacy clearance
3. Receiving the discharge summary from the doctor
4. Clearance from nurse
5. Collection of the diagnostic reports
6. Resolving the query from the insurance provider.

Analysis of the distribution of average timings in the discharge process:

Average Timings in Discharge Process	
Avg. billing and case summary received	01:13:34
Avg. document sending time	00:25:17
Avg final approval from insurance company	00:30:05
Total discharge TAT	02:08:56

Major reasons for the Delay:

1. Due to delay receiving the final bills and discharge summary
2. Delay in sending the documents to the insurance provider
3. Delay during the resolving the query
4. Delay in getting the final approval from the insurance company.

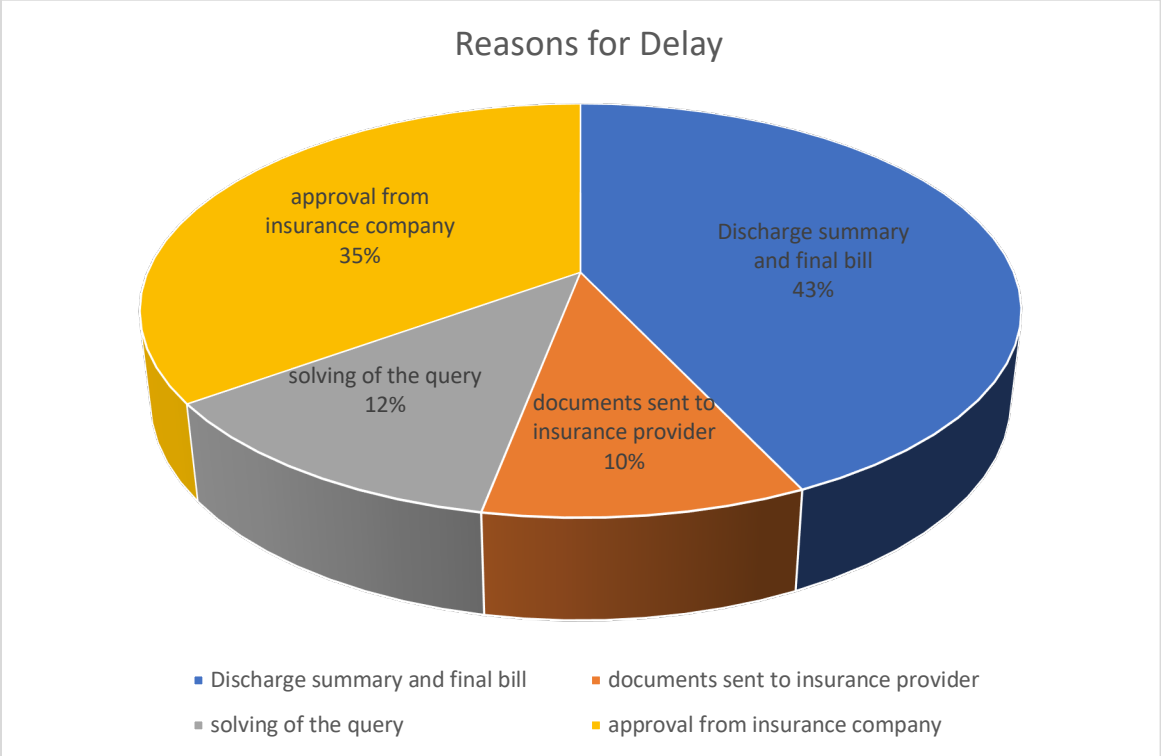
A percentage analysis was done for the above-mentioned data.

It was found that around 43% of cases were delayed due to delay of the discharge summary and final bills documents.

Around 10% of cases are delayed due to delay in sending the documents to the insurance provider

12% cases are delayed during the solving of the query.

35% cases are delayed in getting final approval from the insurance company.



GAP analysis in admission process:

1. Lack of awareness regarding the insurance process among the patients/ attendants.
2. Difficulty in understanding the procedure at one time
3. Submitting incomplete documents to the TPA department.
4. Delay in submitting or collecting the pre-authorization document.
5. Lack of token system exposes the TPA executive to entertain more than one patient at a time.
6. Delayed response from the insurance company.
7. Lack of awareness on the non-medical charges.
8. Delay due to problem with the server.
9. Collection of documents and submitting it to the insurance company is usually done in the afternoon i.e., from 1:00 to 5:30 p.m.

<u>Reasons:</u>

1. Patients are usually not aware of the terms and conditions of the opted insurance policy at the time of availing it.
2. Unavailability of the document/ poster to help the patient understand the complete procedure and benefits of the insurance.
3. Patients come with incomplete documents due to lack of knowledge about the process.
4. Delay from the doctor's side as they might be at the OT/ OPD.
5. As all the documents are sent from TPA department to the insurance company trough mails, it is difficult to know whether the insurance provider has received or seen the documents on time.
6. Miscommunication amongst the TPA executives and doctors, as well as TPA executives and insurance company.

<u>Suggestions:</u>

1. Token system should be introduced to avoid the chaos.
2. Flyers on insurance procedure should be available for the patients to understand the whole process.

3. In case the treating doctor is busy then the junior doctors should be allowed to sign the pre-authorization documents to avoid the delay.
4. EHR (electronic health record) can be used to avoid duplicating of case records, eventually resulting in saving times.

GAP analysis of Discharge set:

1. Delay in receiving the discharge summary and bills.
2. Delay in sending the document to the insurance provider
3. Delay in resolving the query raised by the insurance provider.
4. Delay in receiving the final approval from the insurance company.

Reasons:

1. Delay caused by the doctor in typing the discharge summary or authorizing the document or in planning of discharge.
2. Delay in vacating the room.
3. Receiving a greater number of discharge documents at a time.
4. Issue in the TPA process of the insurance company.
5. Lack of coordination among the nursing staff, pharmacy and ward secretaries.

Suggestions:

1. Regular training sessions for smooth processing.
2. Planned discharge will help in arranging the documents, one day prior.
3. Creation of a proper system to wherein the nurse can provide with all the documents to the ward secretaries on time to reduce the delayed time.

Overall suggestions:

1. Display of a video tutorial explaining the entire cashless procedure either at the waiting area or at the TPA department, to educate people.
2. By creating a checklist for the documents needed for the cashless procedure.
3. A software to keep a record of all the cashless patients based on their insurance provider, to reduce human error.

4. The patients/ attendants should be guided in a proper way for expediting bill settlement procedure.

Conclusion:

There are many reasons for the delay for the cashless hospitalization. But most of the reasons are relatively minor and procedural in nature. The delays can be avoided by taking few simple steps like by providing incorrect information or lack of documents.
Providing with relevant and accurate information and documents to the TPA department of the hospital as well as to the insurance company will solve most of the issues. Policy holder should also go through the policies before buying the insurance coverage will be beneficial at the time of cashless hospitalization to avoid hassles.
Filing for the claim on time and in an organize manner will be beneficial for the TPA department of the hospital as well as the policy holder.

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