A study on A/R Process of Eternal Hospital, Jaipur

by

Dr. SAKSHI KHANDELWAL

for

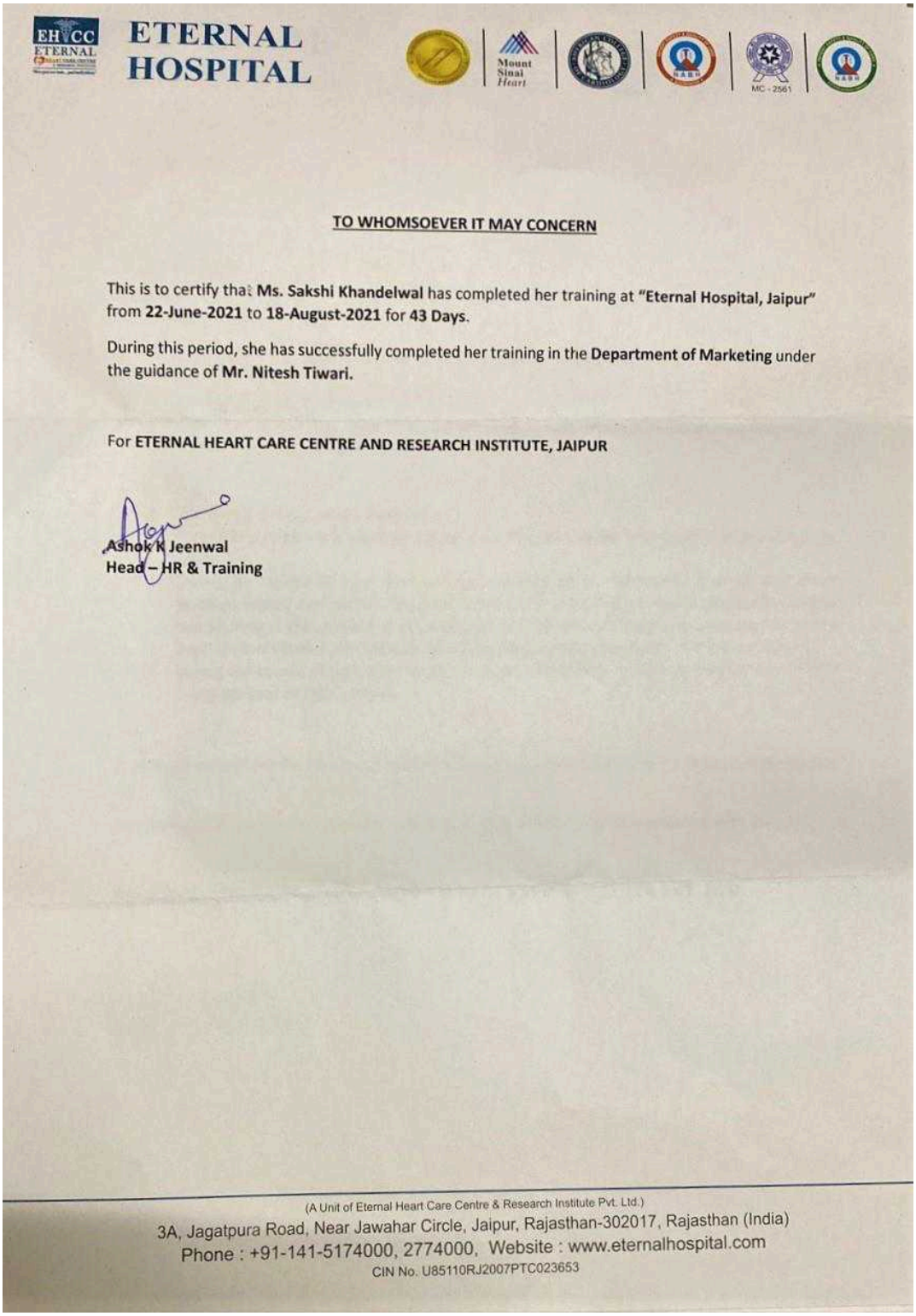
Year, 2020-2022

under guidance

of

PROFESSOR J.P. SINGH

CERTIFICATE



ETERNAL HOSPITAL

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms. Sakshi Khandelwal** has completed her training at **"Eternal Hospital, Jaipur"** from **22-June-2021** to **18-August-2021** for **43 Days**.

During this period, she has successfully completed her training in the **Department of Marketing** under the guidance of **Mr. Nitesh Tiwari.**

For **ETERNAL HEART CARE CENTRE AND RESEARCH INSTITUTE, JAIPUR**

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IN THANKING YOU, I REMAIN

Dr. Sakshi Khandelwal
MBA-HHM 1ST Year
IIHMR, JAIPUR

LIST OF ABBREVATIONS:

EHCC	ETERNAL HEART CARE CENTRE
JCI	JOINT COMMISION INTERNATIONAL
NABH	NATIONAL ACCREDITATION BOARD FOR HOSPITAL & HEALTHCARE PROVIDERS
NABL	NATIONAL ACCREDITATION BOARD FOR TESTING AND CALIBRATION LABORATORIES
ICU	INTENSIVE CARE UNIT
ECMO	EXTRACORPORAL MEMBRANE OXYGENATION
NICU	NEWBORN INTENSIVE CARE UNIT
HDU	HIGH DEPENDENCY UNIT
OPD	OUTPATIENT DEPARTMENT
CT/MRI	COMPUTED TOMOGRAPHY/ MAGNETIC RESONANCE IMAGING
ECG	ELECTROCARDIOGRAM
TPA	THIRD PARTY ADMINISTRATOR
IPD	IN PATIENT DEPARTMENT
A/R	ACCOUNT RECEIVABLE
TAT	TURN AROUND TIME
S.O.P	STANDARD OPERATING PROCEDURE
TDS	TAX DEDUCTED AT SOURCE

ABOUT THE ORGANIZATION

ETERNAL HOSPITAL, JAIPUR

Eternal hospital, a multi-speciality hospital and unit of Eternal Heart Care Centre and Research Institute is a state-of-the-art tertiary care hospital in Jaipur (Rajasthan). This landmark Healthcare Institute is the result of the vision of **Dr. Samin K. Sharma**, world renowned Interventional Cardiologist based at Mount Sinai Hospital, New York, USA. Founded in 2013, today it is one of the most preferred hospitals not only in Jaipur or Rajasthan but also nationally and internationally owing to the exclusive services and excellent medical services delivered by the top-class medical team and doctors. It is a renowned hospital which delivers multispecialty treatment. Hospital with capacity of 250 bedded hospital has state-of-the-art technology focusing on the specialities like Cardiology, Cardiac Surgery, Neurology, Neurosurgery, Orthopaedic & Joint Replacement, Spine Surgery, Nephrology, Paediatrics, Gynaecology, Critical Care, Urology, Pulmonology, Gastroenterology, Diabetes, Physiotherapy and Endocrinology and many more.
Eternal Hospital has a knowledge sharing arrangement with Mount Sinai Hospital New York USA, which has been internationally recognized for its top-performing physicians and revolutionary research centres.

ETERNAL HOSPITAL has emerged as a destination of choice for many national & international patients owing to the exclusive services with the best team of doctors and staff and excellent medical outcomes delivered at ETERNAL HOSPITAL.

ACCREDITATIONS:

Eternal hospital is the only hospital of the state with JCI (Joint Commission International)-USA Based organization accreditation. This accreditation is a testimony to Eternal Hospital's constant endeavour to provide world-class patient care and maintain the highest standards in healthcare delivery.

Hospital is also accredited by NABH, NABL and awarded for Nursing Excellence by NABH. All construction and adaptation of technology has been done in adherence to international norms. An aesthetically inspiring building backed by highly dedicated customer services bear the differentiating mark for ETERNAL HOSPITAL. Latest range of equipment ranging from a highly equipped ICU to FD-20 (most advanced CATH LAB in Rajasthan) Cath lab are some of the examples of the high benchmarks ETERNAL HOSPITAL maintains for its patients.
Eternal Hospital has emerged as one of the most preferred multi-specialities healthcare centres with three successful heart transplants, ECMO and many more. Clinical excellence is rooted in our team of doctor or medical experts who are well versed with the latest advancements in their respective field, this is further complemented by our teams of highly trained nurses and paramedical staff.

Along with the state-of-the-art medical services, some of the unique features which Eternal Hospital also offers are Nuclear Medicine, Infectious disease department, Fast track surgeries, Preventive health department and ETERNAL HOSPITAL patient education services.

COMMENCEMENT DATE: 18TH September 2013.
FORMALLY INAUGRATED ON: 31ST January 2015.

VISION: A centre of excellence in area of medicine with highest international standard at affordable cost for the community around the globe.

MISSION: To redefine healthcare by improving outcomes and experience of patients through cutting edge research and personalized clinical care including innovative, preventive, diagnostic, therapeutic, and rehabilitation services.

VALUES**:**

- INTEGRITY
- PATIENT CENTRIC
- HOPITALITY
- EXCELLENCE
- ACCOUNTABILITY
- RESPECT FOR ALL
- TEAMWORK

MANAGEMENT PROFILE:

CHAIRMAN	Dr. Samin K Sharma
CO-CHAIRPERSON AND MD	Mrs. Manju Sharma
CHIEF EXECUTIVE OFFICER (C.E.O)	Dr. Pracheesh Prakash Pandey
CHIEF OPERATING OFFICER (C.O.O)	Dr. Vikram Singh Chouhan

LAYOUT OF ETERNAL HOSPITAL:

5TH FLOOR OF HOSPITAL	➢ MEDICAL INTENSIVE CARE UNIT
	➢ PRIVATE ROOMS

4TH FLOOR OF HOSPITAL	➢ PRIVATE ROOMS
	➢ SUITE ROOM
	➢ NASCENCY IVF AND BIRTHING CENTRE
	➢ NICU
	➢ LABOR ROOM
	➢ LACTATION ROOM

3RD FLOOR OF HOSPITAL	➢ PRIVATE ROOMS
	➢ GENERAL WARD
	➢ SEMI DELUXE ROOMS
	➢ DELUXE ROOMS
	➢ SUPER DELUXE ROOMS
	➢ HDU

SERVICE FLOOR OF HOSPITAL	➢ CENTRAL STERILE SERVICES
	➢ DEPARTMENT (CSSD)

	➢ BIOMEDICAL ENGINEERING

2ND FLOOR OF HOSPITAL	➢ CTVS INTENSIVE CARE UNIT
	➢ SURGICAL INTENSIVE CARE UNIT
	➢ WAITING LOUNGE
	➢ OT COMPLEX

1ST FLOOR OF HOSPITAL	➢ INTENSIVE CARE UNIT
	➢ MEDICAL CARE UNIT-2
	➢ MEDICAL CARE UNIT-1
	➢ CARDIAC OPD
	➢ SAMPLE COLLECTION AND ECG ROOM
	➢ PRE AND POST CATH ICU
	➢ RADIAL LOUNGE
	➢ CATH LABS

M FLOOR OF HOSPITAL	➢ NEURO INTENSIVE CARE UNIT
	➢ SPORTS CLINIC AND PHYSIOTHERAPY
	➢ WELLNESS LOUNGE
	➢ MAMMOGRAPHY ROOM
	➢ OPTHALMOLOGY
	➢ HEART FAILURE CLINIC
	➢ DEPT. OF DENTISTRY
	➢ OPD
	➢ BLOOD BANK
	➢ DEPT. OF QUALITY MANAGEMENT
	➢ VALVE AND STRUCTURAL HEART DISEASE CLINIC
	➢ CHAIRMAN'S SECRETARIAT
	➢ DEPT. OF INFORMATION TECHNOLOGY
	➢ NURSING INCHARGE OFFICE
	➢ DOCTOR'S LOUNGE
	➢ DEPT. OF HUMAN RESOURCE
	➢ LIBRARY
	➢ AUDITORIUM
	➢ MANAGING DIRECTOR'S SECRETARIAT
	➢ COO OFFICE
	➢ CFO OFFICE
	➢ CEO OFFICE
	➢ MEDICAL SUPERINTENDENT OFFICE
	➢ GM OPERATIONS OFFICE
	➢ MARKETING DEPARTMENT
	➢ ACCOUNTS AND FINANCE

GROUND FLOOR OF HOSPITAL	➢ EMERGENCY
	➢ ATM
	➢ DEPT. OF RADIODIAGNOSIS
	➢ CT/MRI
	➢ X-RAY/SONOGRAPHY
	➢ NEUROLOGY OPD
	➢ NEURO PHYSIOTHERAPY
	➢ EEG AND EMG ROOM
	➢ IPD ADMISSION DESK
	➢ FINANCIAL COUNSELLING
	➢ MAY I HELP YOU
	➢ PRAYER ROOM
	➢ OPD PHARMACY
	➢ VISITOR'S CAFETERIA
	➢ OPD BILLING COUNTER
	➢ OPD 1 AND OPD 2
	➢ SAMPLE COLLECTION ROOM
	➢ ENDOSCOPY
	➢ PRODECURE ROOM
	➢ ECG ROOM

UPPER BASEMENT	➢ GENERAL STORE
	➢ MORTUARY
	➢ LAUNDARY
	➢ STAFF VEHICLE PARKING LEVEL-1
	➢ DIALYSIS UNIT
	➢ BILLING
	➢ TPA
	➢ CALL CENTRE
	➢ MAIN KITCHEN
	➢ STAFF CAFETERIA
	➢ IPD PHARMACY
	➢ PATHOLOGY

LOWER BASEMENT	➢ STAFF VEHICLE PARKING-2
	➢ MEDICAL RECORD DEPARTMENT
	➢ ENGINEERING DEPARTMENT
	➢ CLINICAL RESEARCH DEPARTMENT
	➢ SECURITY OFFICE
	➢ HOUSEKEEPING DEPARTMENT
	➢ MEDICAL GAS PLANT STORE
	➢ PURCHASE DEPARTMENT
	➢ MOLECULAR LAB

INTRODUCTION:

Account Receivables is defined as “debt owed to the firm by customer arising from the sale of goods/services in the ordinary course of business of an organization.”

Receivables may be also known as accounts receivables, trade creditors, or customer receivables. Management of trade credit is commonly known as management of receivables. A sale of credit is an evitable necessity in the business and organization world of today. No business can exist in today’s world without selling the units in credit. There are three primary main components of working capital, that is receivables, other being inventory and cash. The capital invested is of almost same amount for these three primary main components. Only receivables form about one third of current assets in India. Trade credit plays an important role as it is an important market tool, which connects and acts like a bridge for mobilization of goods from production to distribution stages in the field of marketing. But in current health insurance scenario AR management has become inevitably complicated. Account receivable payments are agreed under contract, and therefore are legally enforceable. Offering credit to reliable customers is a smart way to increase sales and growth of any organization or business. Poor accounts receivable management of organization or business leads to cash flow problems and damage business overall.

Account receivable management is a part of working capital, that only deals with the outstanding of an organization, but they face lots and lots of problems related to cash flow and outstanding.

A. What are the root causes of uncleared/unpaid outstanding?
B. What are the major effects of this outstanding on account receivables?
C. What are the steps to be taken to clear all the outstanding’s of an organization?
D. What are the steps to be considered for working capital cycle?
E. What are the number of claims that are still pending and why they are pending?

*This study and research are useful because the data collected and used for the study is secondary data. The data used to describe and the data which is being categorize is the data taken from the hospital, which is being analyzed, and observed. The solution to resolve the issues of outstanding and uncleared payment, are on the basis of observation, analyses, on the basis of applied practical knowledge, and on the basis of the published papers.
Need for and importance of this study is that it is helpful in knowing the fund maintenance of an organization, that too deals with the healthcare sector, this will help us to know about the account receivable management of health sector.

- This study will be helpful to resolve the issues related to cashflow of an organization, and what are all the discrepancies which hinders the cashflow of hospitals, that too because of credit patients and patients with the insurance.
- This study is also useful because it consists of present year data, and the previous year’s data, and there by it shows the increasing fund or decreasing fund after comparing them on the basis of graphs and observations and analysis.
- BENEFITS OF EFFECTIVELY MANAGING RECEIVABLES ASSET ARE:
  - →Increased cash flow of an organization.
  - →Decreased wrong deductions and concessions losses.
  - →Enhanced customer service.

→Higher credit sales and margins.
→Decreased outstanding.

Standard Operating Procedure of A/R Process:

1. Filing documents in proper order.
2. Checking discharge summary and final bill before it is sent to insurers.
3. Completing claim documents like discharge summary, final bill, investigation reports, stickers, invoices, and other necessary claim documents.
4. Coordination with billing department for TPA billing and settlement.
5. Monitoring file packaging and dispatch details.
6. Maintaining IPD master tracker on daily basis.
7. Daily follow up for pending payments.
8. Tracking post discharge queries from TPA and resolving them asap.
9. Updating dialysis tracker on regular basis.
10. Sending dialysis bills to TPA on monthly basis.
11. Maintaining OPD tracker and sending OPD/health checkup bills.
12. Maintaining TAT's and timelines for payments and dispatch.
13. Meeting TPA's insurance companies for payment related issues.
14. Closely working with finance team and updating them and taking update from them regarding TPA payments.
15. Replying TPA queries and writing justification letters after talking to consultants.
16. Monitoring discharge file dispatch status and updating same to management.
17. Coordinating with TPA/insurance companies to resolve various issues.
18. Settle the received amount/payment from the insurers or TPAS.
19. Meeting consultants on regular basis and taking their feedback suggestions
20. Designing and implementing new process for better functioning of department (like pre-auth filling process, file receiving hand over and dispatch process.

A/R MANAGEMENT PROCESS:

TRACK STATUS OF THE CLAIM → Regular follow up with the insurance company to track the status of the claim and review the portal of insurance company to track the status and query if any related to the claim.
LOOK AND IDENTIFY FOR DENIAL ISSUES → Identify the denied claims and look for the reasons of denial. Then follow up with insurance company and ask for any additional information needed to process the claim. Try to solve the issue related to denied claim and provide the needed information if asked by insurance company.
REFILE THE CLAIM WITH CORRECT AND PROPER DOCUMENTS → Refile the corrected claim and initiate the process of payment. Follow up with the refiled claim regularly is needed, till the claim payment received by the organization.
RESOLVE THE CLAIM → Track the status of the same claim regularly, follow up with the insurance company till the claim is resolved.

A/R DAILY TRACKER OF MONTH JUNE AND JULY (dated:23,24,25,26,27,28):

DAILY TRACKER-Month - JULY 2021								
AR PERFORMANCE PARAMETERS	**Jun-21**	**23**	**24**	**25**	**26**	**27**	**28**	**Total**
No. of Discharges-IPD TPA	312	11	20	7	14	12	9	328
No. of Discharge files dispatched/Scan	314	12	11	0	27	13	13	334
No. of files pending for dispatch	15	11	20	27	14	13	9	9
No of files pending from more than 3 days	0	0	0	0	0	0	0	0
TPA Claimed amount	**587.3**	**17.2**	**23.3**	**6.0**	**18.8**	**12.1**	**8.1**	**443.9**
No. of Dialysis bills sent	110	0	0	0	0	0	0	108
No. of OPD bills sent	15	0	12	0	0	0	0	26
OPD, Dialysis claimed amount	2.7	0.0	1.2	0.0	0.0	0.0	0.0	4.0
No. of queries replied	4	0	0	0	0	0	0	5
No. of post file dispatch queries pending	0	0	0	0	0	0	0	0
No. of payment follow-up calls done	165	7	6	0	5	7	4	117
No. of payment follow-up mails sent	91	3	2	0	1	1	2	81
Payment follow-up visits	0	0	0	0	2	3	3	8
Amount received (Gross excluding TDS)	381.3	14.1	3.7	0.0	10.1	45.4	27.7	370.1
Amount received (Gross including TDS)	**423.6**	**15.6**	**4.1**	**0.0**	**11.2**	**50.5**	**30.7**	**411.2**
Amount settled by TPA (Gross excluding TDS)	342.5	17.8	0.0	0.0	13.2	2.1	18.7	302.6
Amount settled by TPA (Gross including TDS)	**380.6**	**19.8**	**0.0**	**0.0**	**14.6**	**2.3**	**20.7**	**336.2**
Total amount unsettled	83.6	98.2	101.9	101.9	98.7	142.1	151.1	151.1
Last month sale (OPD+IPD)	590.0	590.0	590.0	590.0	590.0	590.0	590.0	590.0
Credit days	**32**	32	32	32	32	32	32	32
Disallowances/deduct amount	**5.2**	0.0	0.0	0.0	0.0	0.0	0.0	8.5
Excess amount	**6.8**	0.0	0.0	0.0	0.0	0.0	0.0	1.2

This is the daily tracker of the A/R. Which is maintained by the A/R team on regular basis and shared with the General Marketing Manager of the Marketing Department. This helps the organization to keep record of everyday. This above table explains many things like,

1. Number of discharges IPD-TPA: means the discharges associated with the TPA or insurance companies.
2. Number of files dispatched/scanned: means on the regular basis A/R team checks the whole file of the claim and scan the received files from the different departments of hospitals, which consists of letter head of hospital, pre-auth letter, approval letter, discharge summary, bills, and investigations. After scanning, the same file gets couriered and the scan of the file get uploaded on the respected portals of which so ever TPA is concerned with the file.
3. Number of files pending for dispatch: this means that, if any of the document is missing from the file, the file is incomplete and can't get dispatched. First one needs to complete the file and get it checked accordingly. So, any issue of incomplete file results into the file pending for dispatch.
4. Number of files pending for more than 3 days: incomplete files are not appropriate for dispatch, so the A/R team tries to complete the incomplete file on the same day and next day positively.
5. TPA claimed amount: this means the total claimed amount. For example, like for June total claimed amount is 5 crore, 87 lakhs. For July it is 4 crore, 43 lakhs.

6. Number of dialysis bills sent/number of OPD bills sent: The dialysis bills, OPD bills (health checkups) are not sent regularly. These bills are dispatched and mailed monthly on the very first day of month.
7. OPD, dialysis claimed amount means the total claimed amount of dialysis and OPD. For example, for June it was 2lakh, for July it was 4lakh.
8. Number of queries replied: this means that after files are uploaded and dispatched, sometimes the TPA raises the query related to the file, or the documents. They can ask for anything related to the particular claim file and particular patient. So, this option is for query reply. They can mail their query, or they can call the A/R team.
9. Number of post-file dispatch queries pending after dispatching the files of the claims, TPA may raise the query after receiving the file. So, it is the policy of the organization to reply to the query on the same day, once they mail their query, so that there is no delay in payment from the TPA.
10. Number of payment follow-up calls done/ number of payment follow-up mails sent: follow-up calls and mails are necessary for the outstanding payment. Regular follow-up is needed via call or mail anything.
11. Payment follow-up visits: visiting the TPA and the insurance company is necessary for the old payments. It is done by any member of the A/R team who knows about the pending outstanding.
12. Amount received (gross excluding TDS): the received amount by the organization, excluding the TDS. For example, in the month of June the amount is 3 crore, 81 lakhs.
13. Amount received (gross including TDS): the received amount by the organization, including the TDS. For example, in the month of June the amount is 4crore, 23 lakhs.
14. Amount settled by the TPA (gross excluding TDS): this is the gross amount, which is settled by TPA excluding TDS, that means TPA settled this amount (3 crore,42 lakhs) of the claims.
15. Amount settled by the TPA (gross including TDS): this is the gross amount, which is settled by TPA including TDS, that means TPA settled this amount (3 crore,80 lakhs) of the claims.
16. Total amount unsettled: this is the total unsettled amount, which is for example, for the month June is 83lakhs.
17. Last month sale (IPD+OPD): monthly sale of June is for example, 5 crore 90 lakhs.
18. Credit days: these are the average days given to any TPA and insurance company to clear the payment of the claims. For example, it is 32 days.
19. Deduction/disallowances amount: this is the amount which is deducted by the TPA. They wrongly deduct the amount on the bills, for example as per the policy they receive discount of 10% on everything, excluding medicines and packages. But they clear the payment after deducting the 10% discount on everything. So, this is how discrepancy starts. By wrong deductions this amount is considered as recoverable amount, which needs to be recovered by the hospital. From here the follow-up starts.
20. Excess amount: this is the excess amount received by the organization, as some TPA gives the excess amount on some cases, which they look for the future settlement of some case. They transfer the excess amount on few cases, which organization gets to know about after settling the received amount. Now this excess amount is settled for the old cases or the old outstanding.

RESEARCH QUESTION:

Q. What is the existing AR process procedure in the hospital?
Q. What are the gaps in the existing AR process procedure in the hospital?
Q. How to overcome these gaps in the existing AR process procedure in the hospital?

OBJECTIVES:

The study objectives are as follows:

1. To study the existing AR process procedure in the hospital.
2. To find out the gaps in the existing AR process procedure in the hospital.
3. To suggest the ways to overcome these gaps in the existing AR process procedure in the hospital.

STUDY DESIGN: **Descriptive analytical Study**

LOCATION: A/R department of ETERNAL HOSPITAL, Jaipur
DURATION OF THE STUDY: 30 days
TYPE OF DATA: Primary and secondary data.
SAMPLE SIZE: 68 payers are taken as a broad category, and all the pending claims are 8020.
MODE OF DATA COLLECTION:

- **Data was collected from 2018 to 2021, from AR tracker of Eternal Hospital.**
- **All the 8020 claims are studied and analysed.**

There are several ways of collecting and getting both data- primary and secondary data. Which differs considerably depending upon the researcher, depending upon the source, time, context, need, and many other factors. As the fresh data or the A/R data is collected directly from the hospital, which is completely confidential, first handed information and I have used the data in a confidential manner as it is a protocol of the hospital to keep capital related factors confidential, in which various categories are made and differentiated on factors and to understand more about the research question. And the secondary data is used to observe and analyze the solutions for pending/outstanding claims. Both the data is being used to understand more about the receivable and receivable management of hospital, with the process of receivable management.
The analysis of the information and observation made are gathered after discussing them with my mentor at my workplace, with my colleagues, who all are working with A/R team since so many years, and observations by me, which I have observed during my work as an intern. And on the basis of my practical knowledge which I have learnt from my internship.

TOOLS EMPLOYED:

- The data presentation tools are mainly mathematical tools, tables, for categorization graphs are used for this study.
- The most important parts of tools consist of:

1. Title of the table.
2. Table numbers
3. Graphs
4. Comparison is easily made utilizing the help of table.
5. The head note, explanatory just before the title.

LIMITATION OF THE STUDY:

- This Study is conducted within a short period of time, because of the limited period the study may not be, fully fledged, and detailed.
- We cannot do comparisons with other organizations unless and until we have the data of other organization on the same subject.
- Due to shortage of time, it was not possible to cover all the factors and details regarding the subject of study.

RESULT:

ANALYSIS

The study was descriptive analytical in nature, in which retrospectively data of claims is collected from the A/R department. This project requires a complete understanding of the concept "Account Receivables" and "Receivable Management". For this first we need to have a clear idea about the receivables of hospitals and how they are being managed by hospitals. What are all the different ways in which the receivables in hospitals are managed.

The prime objective of the study is to identify what are the different issues that are faced by the hospitals and receivable management team in hospitals. Why receivables are so important for an organization to run and for the cashflow of hospitals. Categories which are made on the basis of sample secondary data, helps us understand and gives a clear vision and answers the research question. The objective of the study will be cleared after studying the data and categories. The data used in two categories that are category 4 and category 5 is the data which is completely confidential and only 19 payers of the sample is used. Hospital has given data of only 19 payers which is completely masked and allows the access of only those 19 payers.

SAMPLE DATA FOR STUDY:

This is the sample data collected from the hospital, number of claims and the claim amount is mentioned in this data. The total 68 number of TPAs and companies are taken, the data is from 2018 to 2021(till march). The name of the payers are not given in the table as it is a confidential information of the hospital. For better and detailed understanding categories are made with the help of this data.

	2018		2019		2020		2021	
S NO.	No. of claims	Amount	No. of claims	Amount	No. of claims	Amount	No. of claims	Amount
1.	8	440336	24	2528629	21	1868533	17	2038017
2.	42	1934965	53	3931730	3	53661	1	43315
3.	51	3503855	34	2725218				
4.			112	10212292	89	9884875		
5.					1	52984		
6.			2	764434	2	200736		
7.			1	1003788				
8.	89	9002120	114	10281735	86	11732170	24	2846951
9.	7	646259	21	1655022	20	3084445	6	1030528
10.			1	561073				
11.	2	196453	3	572353				
12.	2	173000						

13.	9	838364	12	1146578				
14.					1	107706		
15.	27	1957356						
16.	1	69020	3	207263	4	510181	4	363135
17.	114	9289622	105	11864370	42	5056838	9	948721
18.	80	5658537	87	5807888				
19.	19	2053420	22	1372551	17	4534362	4	290265
20.			3	446106	1	50243	2	718771
21.	2	236000	4	253073				
22.	37	2522593	34	3129041	38	4998761	7	497140
23.					126	20985349	67	9832836
24.	77	7127309	55	5087201	1	41351		
25.	102	7699016	94	12865271				
26.	92	6999198	74	5562858				
27.			6	572558	6	924808	1	196557
28.	5	478594	3	555603	3	711393		
29.	1	80171			1	61275		
30.	9	685576			8	1536147	6	585891
31.			42	4482041	79	13380313	23	2975988
32.			7	535060	14	2216668	3	596799
33.			2	201929	8	1083854	4	244019
34.	38	3587271	59	5856110	45	5405934	13	1649663
35.	1	53822						
36.	10	1791773	4	461197				
37.			4	308094	2	291757	1	101805
38.	80	4654627	118	8864089	94	11037962	34	4264216
39.	122	11374191	149	15141598	3	246558		
40.					1	231900		
41.	318	28686672	246	26109621	81	11069604	39	4964647
42.	14	1547382	16	1389189				
43.	3	406485	2	20452				
44.	3	1433077	5	821839	1	215647	1	68172
45.					7	758848	4	572577
46.			10	1393114	7	2524033	2	426159
47.	89	8607012	100	13212234	19	2965374	6	577873
48.	27	2309545	28	3409372				
49.					2	322948	1	236303
50.	504	45106390	391	35358780	52	11349421	22	2613075
51.					1	395134		
52.							1	165930
53.	3	516727	5	453246	10	1529488	3	250727
54.	13	2458548	4	330187	3	780779	2	317773
55.	12	1150698	37	3251552				
56.	2	296733						

57.	284	26385637	457	45774224	499	67881122	160	21611503
58.	12	2168774	28	5953456	25	3291713	10	1475942
59.							8	1971724
60.	1	75273						
61.	15	1514997	28	2742656	4	769199	1	17101
62.	4	801323	5	694479	4	574142	1	56995
63.	2	208565						
64.	50	3954994	33	2959273	2	235704	2	380555
65.					1	109500		
66.	10	740717	1	41373				
67.			1	225000				
68.	581	49924841	468	43220747	6	991441		
TOTAL	**2974**	**261347838**	**3117**	**306317547**	**1440**	**206054861**	**489**	**64931673**

TABLE: 1, SHOWS THE SAMPLE DATA COLLECTED FROM HOSPITAL FROM 2018 TO 2021.

CATEGORIES MADE FOR DETAILED UNDERSTANDING AND ANSWERING RESEARCH QUESTION WITH THE OBSERVATION AND ANALYSIS.

1. *ON THE BASIS OF NUMBER OF CLAIMS PER YEAR:*

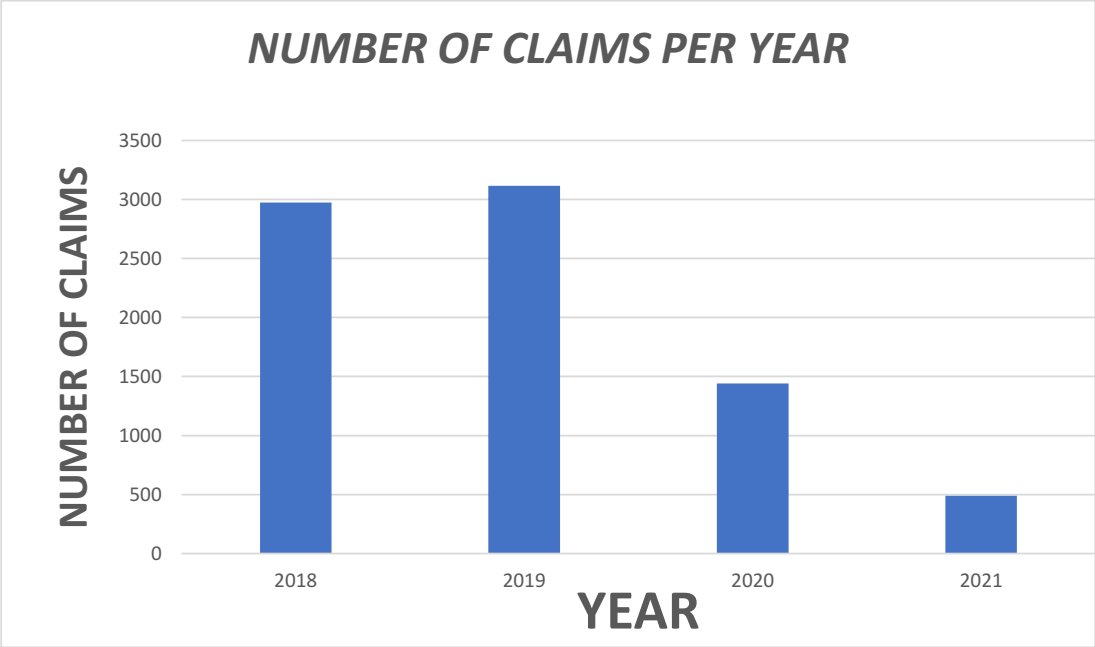
In this category we will study about the number of claims per year. Category is made year wise starting from 2018, 2019, 2020, and 2021(till march) and the number of claims per year as 2974,3117,1440,489 respectively.

Conclusion: More the number of cases in 2019, followed by 2018, here we can conclude is the pending outstanding is more from 2018 and 2019 as compared to 2020 and 2021. Majority of claims are pending from 2019 and 2018 may be because of reasons like, incomplete documentation, irregular follow-ups, wrong deductions made by insurance companies, negligence by TPA and insurance companies, issues regarding billings and other investigation reports, discrepancies in documents.

Suggestions to resolve the issue of outstanding: Regular follow ups, with regular mails, try to contact the authorized person who initiate claims, look for queries if any, complete the documents if incomplete. Contact the insurance company if TPA does not responds, visit the nearest TPA office, try to meet face-to-face, have one-to-one conversation and ask them to release the payment as earliest.

YEAR	*NUMBER OF CLAIMS*
2018	**2974**
2019	**3117**
2020	**1440**
2021	**489**

TABLE 2, SHOWS THE NUMBER OF CLAIMS PER YEAR



GRAPH 1: IT SHOWS THE NUMBER OF CLAIMS PER YEAR.

2. *ON THE BASIS OF CLAIM AMOUNT PER YEAR*:

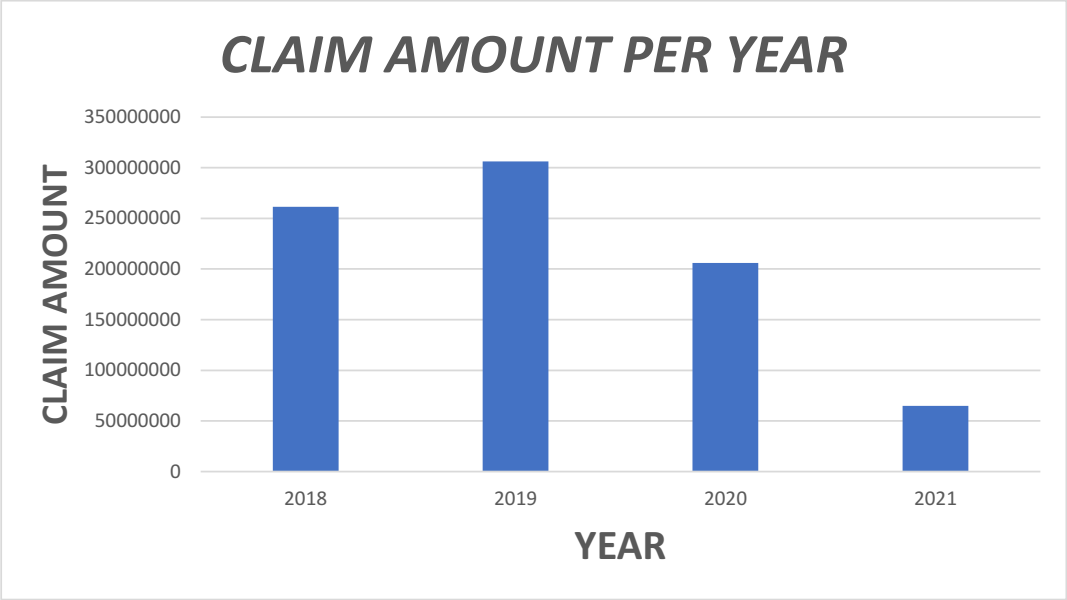
In this category we will study about the claim amount per year, as it is seen in the table the highest claim amount is in 2019, followed by 2018.

Conclusion: Hence, we can prove that there are more cases in 2019 than 2020 and 2021. More number of pending outstanding is seen in these years 2019 and 2018. Majority of claims are pending from 2019 and 2018 may be because of reasons like, incomplete documentation, irregular follow-ups, wrong deductions made by insurance companies, negligence by TPA and insurance companies, issues regarding billings and other investigation reports, discrepancies in documents. The reasons for outstanding's are majorly same and not known.

Suggestions to resolve the issue of outstanding: Regular follow ups, with regular mails, try to contact the authorized person who initiate claims, look for queries if any, complete the documents if incomplete. Contact the insurance company if TPA does not responds, visit the nearest TPA office, try to meet face-to-face, have one-to-one conversation and ask them to release the payment as earliest.

TABLE 3, SHOWS THE CLAIM AMOUNT PER YEAR

YEAR	*CLAIM AMOUNT*
2018	**261347838**
2019	**306317547**
2020	**206054861**
2021	**64931673**



GRAPH 2: IT SHOWS THE CLAIM AMOUNT PER YEAR

3. ***ON THE BASIS OF CLAIM AMOUNT PER TAT:***

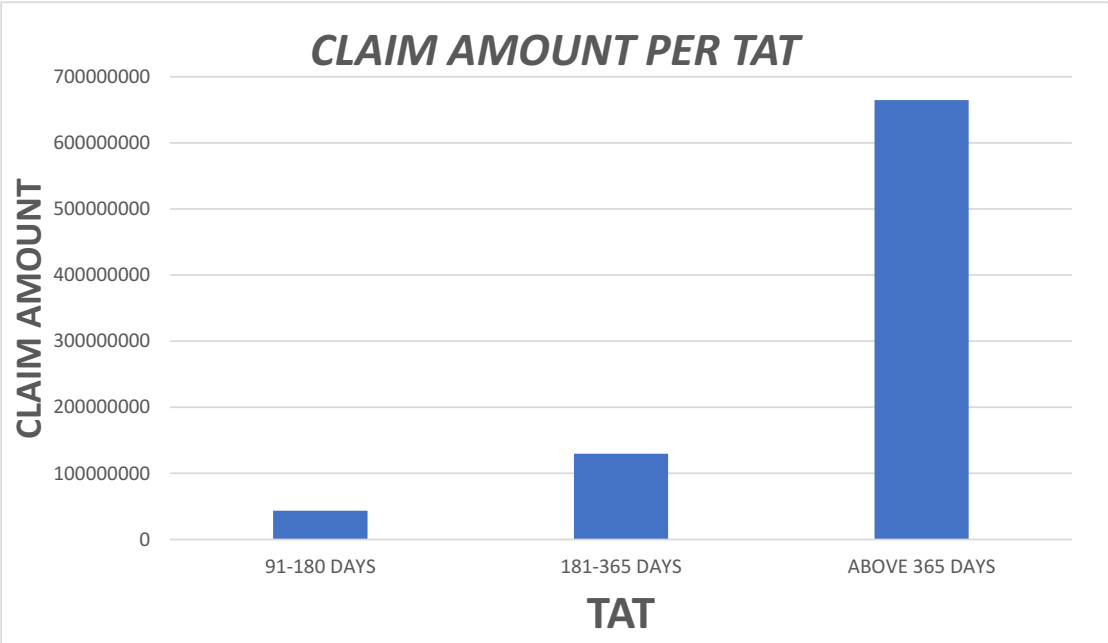
In this category we will see the pending amount on the number of days. The pending claim amount between 91 to 180 days is **43757825,** between 181-365 days is **129865092** and above 365 days that is above a year is **664869691.**

Conclusion: Hence, we can conclude that the old cases are more pending than the new cases. Old cases needs more follow ups and attention, rather than the new cases. The same is the condition of this category that the old cases are more in number than the new cases. Majority of claims are pending from 2019 and 2018 may be because of reasons like, incomplete documentation, irregular follow-ups, wrong deductions made by insurance companies, negligence by TPA and insurance companies, issues regarding billings and other investigation reports, discrepancies in documents. The reasons for outstanding's are majorly same and not known

Suggestions to resolve the issue of outstanding: Regular follow ups, with regular mails, try to contact the authorized person who initiate claims, look for queries if any, complete the documents if incomplete. Contact the insurance company if TPA does not responds, visit the nearest TPA office, try to meet face-to-face, have one-to-one conversation and ask them to release the payment as earliest.

TABLE 4, SHOWS THE CLAIM AMOUNT PER TAT.

TAT	***CLAIM AMOUNT***
91-180 DAYS	**43757825**
181-365 DAYS	**129865092**
ABOVE 365 DAYS	**664869691**



GRAPH 3: IT SHOWS THE CLAIM AMOUNT PER TAT

4. ***ON THE BASIS OF NUMBER OF CLAIMS PER PAYER:***

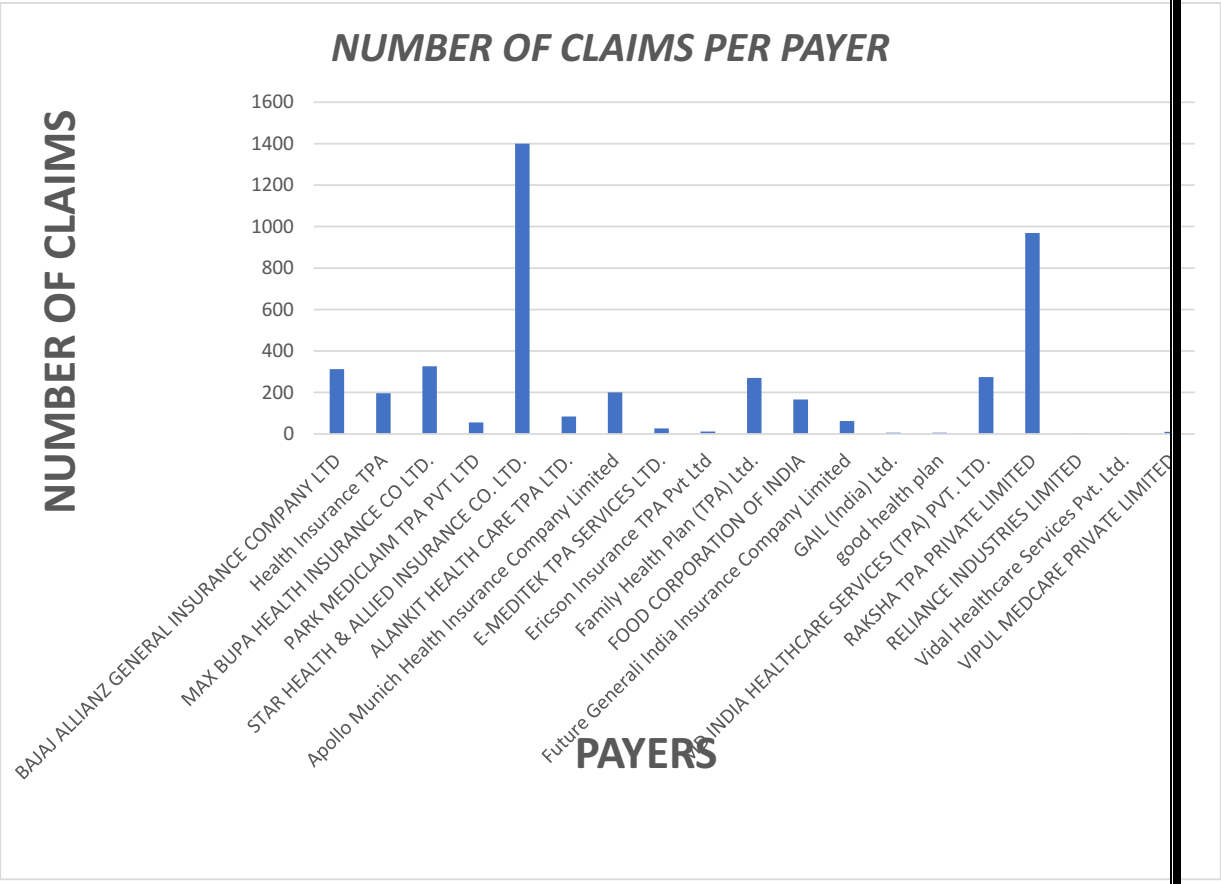
In this category we will see the number of claims per payer, in this category for the ease and availability of the study I have taken only 19 payers or the insurance companies/TPAs.

Conclusion: Here we can conclude is it doesn't matter who the insurance company or TPA is, the greater number of outstanding claims are from any payer. In this highest due outstanding is from star health and allied insurance. And it is one of most known insurance company, with the highest number of insurance policy holders who visits the hospital on regular basis. Majority of claims are pending from 2019 and 2018 may be because of reasons like, incomplete documentation, irregular follow-ups, wrong deductions made by insurance companies, negligence by TPA and insurance companies, issues regarding billings and other investigation reports, discrepancies in documents. The reasons for outstanding's are majorly same and not known

Suggestions to resolve the issue of outstanding: Regular follow ups, with regular mails, try to contact the authorized person who initiate claims, look for queries if any, complete the documents if incomplete. Contact the insurance company if TPA does not responds, visit the nearest TPA office, try to meet face-to-face, have one-to-one conversation and ask them to release the payment as earliest.

TABLE 5, SHOWS THE TOTAL NUMBER OF CLAIMS PER PAYER.

PAYER	*TOTAL NO OF CLAIMS*
BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LTD	313
Health Insurance TPA	196
MAX BUPA HEALTH INSURANCE CO LTD.	326
PARK MEDICLAIM TPA PVT LTD	55
STAR HEALTH & ALLIED INSURANCE CO. LTD.	1400
ALANKIT HEALTH CARE TPA LTD.	85
Apollo Munich Health Insurance Company Limited	201
E-MEDITEK TPA SERVICES LTD.	27
Ericson Insurance TPA Pvt Ltd	12
Family Health Plan (TPA) Ltd.	270
FOOD CORPORATION OF INDIA	167
Future Generali India Insurance Company Limited	62
GAIL (India) Ltd.	6
good health plan	6
MD INDIA HEALTHCARE SERVICES (TPA) PVT. LTD.	274
RAKSHA TPA PRIVATE LIMITED	969
RELIANCE INDUSTRIES LIMITED	1
Vidal Healthcare Services Pvt. Ltd.	1
VIPUL MEDCARE PRIVATE LIMITED	11



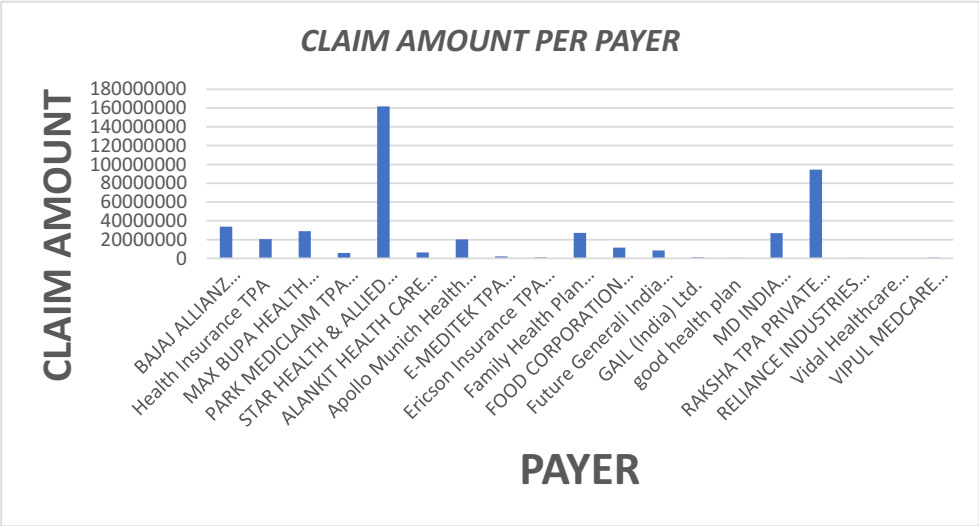
GRAPH 4: IT SHOWS THE NUMBER OF CLAIMS PER PAYER.

5. ***ON THE BASIS OF CLAIM AMOUNT PER PAYER:***

In this category we will see the claim amount per payer, as for the ease and available data only 19 insurance companies and TPAs are taken. This is same as the above category the only difference here is that it is about the claim amount per payer.

TABLE 6, SHOWS THE TOTAL CLAIM AMOUNT PER PAYER.

PAYER	*TOTAL CLAIM AMOUNT*
BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LTD	33862976
Health Insurance TPA	20564287
MAX BUPA HEALTH INSURANCE CO LTD.	28820894
PARK MEDICLAIM TPA PVT LTD	5718917
STAR HEALTH & ALLIED INSURANCE CO. LTD.	161652486
ALANKIT HEALTH CARE TPA LTD.	6229073
Apollo Munich Health Insurance Company Limited	20097167
E-MEDITEK TPA SERVICES LTD.	1957356
Ericson Insurance TPA Pvt Ltd	1149599
Family Health Plan (TPA) Ltd.	27159551
FOOD CORPORATION OF INDIA	11466425
Future Generali India Insurance Company Limited	8250598
GAIL (India) Ltd.	1215120
good health plan	489073
MD INDIA HEALTHCARE SERVICES (TPA) PVT. LTD.	26762347
RAKSHA TPA PRIVATE LIMITED	94427666
RELIANCE INDUSTRIES LIMITED	395134
Vidal Healthcare Services Pvt. Ltd.	109500
VIPUL MEDCARE PRIVATE LIMITED	782090



GRAPH 5: IT SHOWS THE CLAIM AMOUNT PER PAYER

OBSERVATION AND ANALYSIS MADE ON THE BASIS OF ABOVE CATEGORIES:

- On the basis of above defined categories, we can conclude that, there are a greater number of claims pending from previous years, that is from 2018, 2019.
- Hence, we can say that new claims are easy to manage as compared to the old cases. The outstanding of the old claims are more and greater than the new claims.
- On the basis of my personal experience and working as a member of A/R team, I can easily that TPAs and insurance companies wants to work only on new claims. No one wants to go and look after beyond the TAT of 180 days.
- There are many cases which are due because of incomplete documents, queries related to the claim, wrong deductions made at the time of payment by insurance companies and TPAs.
- In spite of the incomplete documents, queries, wrong deduction, there are many claims which are still not paid due to negligence of the TPA as well as insurance company.
- After the regular follow ups, mails to the authorized company, most of the TPAs and insurance companies do not revert.
- In this I have observed that from last year, there are online portals for few TPAs and insurance companies, in which they themselves upload the information of the patient with the approved claim amount, claim number and details related to the patient after they approve the amount for the treatment, after discharge of the patient the complete claim file of the patient with all the bills, investigations, discharge summary, letter head of hospital, pre auth letter is scanned and uploaded, which works as a soft copy of complete file. The hard copy of the complete claim is couriered same day. This is how, some of the TPAs and insurance companies works and release the payment on time. Example of online portals are, Raksha TPA, MD India, Star Health and allied insurance.
- As observation and analysis, it becomes difficult to work on the old cases, and convince the authorities to release the payment. A regular follow up, regular reminder mails, regular calls are needed. Sometimes one to one meeting is more beneficiary in these cases.

MY PERSONAL EXPERIENCE- An Observation:

I started my internship on 22nd June 2021 as a member of A/R team in Marketing Department in Eternal Hospital, Jaipur. On the very first day of joining, I started observing the work of A/R team and the way they work. And on the third day I started taking the follow-ups for the old cases, as my work was to look after the old cases, and to resolve them as soon as possible.

I took follow up on Alankit Healthcare ltd (TPA), the claim is of only 26,500 Rs, which is pending since 2019. On the very first day of follow-up, I only mailed. Then after two days I called the person who handles the claim related issues and release the payment.
He asked for the details of the patient, claim number of the patient. I again mailed him the details of the patient, mentioning the claim number and the year of the claim. With all the needful details I mailed him to release the payment. As he processed the claim and sent the claim to the insurance company.

Then after continuous follow up and mails, he stopped responding to the calls. After which I arranged the number of insurance company manager, with whom I took the regular follow up weekly. Most of the time the manager asked me to call after 3 or 4 days, or to call on some day.

After regular and continuous follow-up, finally he said the payment will be released after two days on 20 July 2021.

On 23rd July 2021, the hospital received the payment of 23,8500 Rs. The amount received is from the same insurance company, after deducting the TDS.
However, this is how I helped clear the outstanding from 2019. And from my personal experience I would like to conclude is that continuous follow-up is very much needed in A/R. Continuous contact is important, call them whenever they ask you to call, mail them what they ask you for, call on a continuous basis, give them the reminder whenever it is possible for you to do.

RECOMMENDATION AND SUGGESTIONS:

- Regular follow-up is necessary, follow-up via mails, calls, one-to-one meetings.
- Regular check for the queries, wrong deductions, and look for incomplete documents if any.
- Answer the queries as soon as possible, complete the required documents if asked by the TPA of insurance company on priority.
- Talk to the higher authorities of the TPA or insurance company if contact person is not responding up to the expectation.
- Highlight the old cases and work on them, with regular follow-ups and look for the discrepancies related to the claims, queries if any, incomplete documents if any.
- Intuit QuickBooks, that is to track invoices and payments in just a few clicks.
- A special software for the settlement of the received payment. Develop a software which settles the received payment automatically once it is received.
- Fix a particular day in a week, for particular payers on that day, and go for a follow-up process on those particular days.
- Maintain a sheet and update whenever you take a follow-up, add remarks in front of every claim you took follow-up with. So that the status of the claims can be maintained and work as a reminder, when to take next follow-up and what is the status of the claim.
- Fix meeting with the higher authorities for the old claims, talk to the right person of the company who holds position of the company so, he helps you clear the outstanding of old claims.
- Every TPA and insurance company should start receiving the claim documents via online portals instead of hard copy. Uploading on the online portals helps both hospital as well as TPAs to work as soon as the documents uploaded. No issues of not received file via courier, as many of the TPAs complaint that the documents are not received by them, or documents are lost for the old cases.

CONCLUSION:

- There is total **8020** claims are pending, with the pending claim amount of Rs **838651919** since 2018 to 2021(till march).
- Conclusion is based on the above study, as we have understood the work of A/R and the A/R process. By the help of the graphs and sample collected from hospital it becomes easy to understand about the outstanding and the no. of claims.

- After observation and analysis, the recommendations and suggestions are given to resolve issue of the outstanding. From the observations made during practical knowledge, the outstanding of Eternal Hospital is much less than other hospitals in Jaipur.
- After talking to my colleagues who worked for different hospitals, I observed that the outstanding is the part of working capital, but it completely depends upon the hospitals and the work force working for outstanding, that how much outstanding is there and why, what all steps hospital is taking to clear the outstanding.

- Reasons for outstanding are:
  1. Improper follow-up of pending cases.
  2. Wrong deduction cases.
  3. Negligence of TPAs and insurance company.
  4. TPAs and insurance companies complains about the documents that they are not received by them or they say documents are lost for the old cases.
  5. Sometimes the bill states that the amount is received by the patient, but hospital refunds the amount of the patient once the TPA approves the amount, so this may be the reason of outstanding, the billing is responsible for such an act. Which halts the payment.
  6. Sometimes the queries are not answered as in old cases.
  7. Documents are still pending in old cases, these are the problems and statements given by the TPA, that documents are pending, queries are not answered, and so on.
  8. Large claims like of 5 lakhs, 10 lakhs take longer time than expected, they halt the payment for any reason, for example if one sticker is missing for the stent surgery of the patient, they will halt the payment, then they will take more than the expected time. So, big claims take more time than the small claims.
  9. If you are unable to contact the right person, for the claim, and follow-up.
  10. Sometimes, follow-up is done without settling the received amount by the TPA. This may be the reason of outstanding.

Reference:

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Eternal Heart Care Center (EHCC), Orthopaedic Surgery Clinic in Malviya Nagar, Jaipur - Book Appointment, View Fees, Feedbacks | Practo
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"THANK YOU"