A STUDY ON REDUCING HOSPITAL TAT FOR INSURANCE PATIENTS REQUIRING POST AUTHORIZATION AT DISHARI HEALTH POINT.

Dissertation Submitted to

The IIHMR University, Jaipur

For the partial fulfillment for the award of the degree of
Master of Business Administration (MBA)

In

Hospital and health management

By

Anindita Guha

Under the Supervision and Guidance of

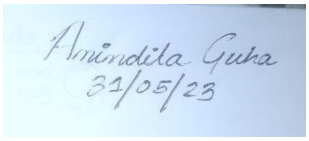
Dr.Tripti Bisawa

2021-2023

DECLARATION BY STUDENT

I hereby declare that this dissertation titled **-a study on, reducing hospital tat for insurance patients requiring post authorization at Dishari health point, malda,west bengal**.is the Bonafede 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 Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Name of Student: Anindita Guha
Date and signature:



CERTIFICATE

This is to certify that Anindita Guha in partial fulfilment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur has successfully completed her/his dissertation at (Dishari Health Point) during March 1st - May 31st , 2023.

Place:

Date: Preceptor/Head of the Organization :

Name of the organization:

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The Dissertation project at Dishari Health Point, at Malda,West Bengal, was a practical learning for me, I got to know about the daily managerial level issues of this renowned hospital. I was fortunate enough to interact with the highest authorities and staff of the hospital, who have encouraged and guided me with their support and patience.

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Sincerely,
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LIST OF ABBREVIATION:

CT Computed Tomography	**NABH** National accreditation board of hospital
IPD In- Patient Department	**TPA** Third Party Administration
MRI Magnetic Resonance Imaging	**OPD** Out- Patient Department
ER Emergency Room	**TAT** Turnaround time
CSSD central sterile supply department	**GDA** General duty assistant
HIMS Hospital information management system.	**WBHS** West Bengal Health Scheme

ABSTRACT

AIM- Reducing hospital TAT for insurance patients requiring post authorization.

OBJECTIVE-. The objectives of this study was to comprehend how health sprint contributes to the reduction of post authorization turnaround time and completion of the cashless hospitalization process.

INTRODUCTION – Daily concerns about the length of the cashless process and the difficulties providers face in managing claims still exist. Insurance for businesses and individuals is therefore becoming more and more important. In conjunction with a select group of medical professionals who can, to a certain extent, reduce disallowances and reaction time, this study shows the difficulties faced by the providers. The information for this study came from the web-based portal that controls all cashless transactions in a contemporary environment.

NEED OF THE STUDY - Reducing the TAT for pre-authorization and post-authorization helps patients stay in the hospital for less hours, which means they don't have to pay for those extra hours.

METHODOLOGY - An exploratory study was conducted at Dishari Health Point in West Bengal from March 1 to May 25, 2023. Secondary and primary data were gathered.

CONCLUSION- In some cases it is observed that ,Most of the cases are delayed due to late discharge summary approvals 1-2 hours is observed, also observed that at few cases there is a delay in special consultant arrival which overall delays the process, the main reason behind

is sudden overcrowding with insurance bill at a time, apart from that a specific process should be followed to track the overall insurance process flow.

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BRIEF HISTORY OF THE HOSPITAL:

"In February 2004, Dishari Health Point opened its doors and began conducting business at 19 B. G. Road in Mokdumpur, Malda, West Bengal. Although it initially only offered a few diagnostic services, indoor facilities were introduced a year later with 40 indoor beds and four fully furnished operating rooms outfitted with the most up-to-date equipment. Currently managing a cutting-edge, technologically sophisticated diagnostic division in a modern hospital .Now Dishari has 126 beds which includes General ward, Single Bed /, NICU, CCU, and HDU beds with every device needed (ventilator and C-PAP, Bi-Pap machines, etc.) are also available, as are indoor services in a variety of specialties, including general and laparoscopic surgery, gynaecology, oncology, orthopaedics, paediatrics, ENT, endo-urology, pacemaker implantation, and dialysis unit."

"Dishari provides services for both therapeutic and diagnostic medical investigations, including pathology, including histopathology, cytology, bone marrow, microbiology, USG & Echocardiography using 4D colour Doppler machine, TMT, Holter Monitoring, ECG, X-Ray (digital), ERCP, skin & drug allergy, spirometry, endoscopy & colononoscopy, uroflowmetry, arthroscopy, EEG, and EMG For the detection, monitoring, and diagnosis of every conceivable disease or metabolic issue, the lab offers a broad range of clinical laboratory testing."

"At OPD, Dishari has a specialised team of consultants.Specialised consultation units are Laparoscopic and General Surgery, Gynaecology, Nephrology, Gastroenterology, Urology, Oncology, Endocrinology, Rheumatology, Cardiology, Pulmonology, E.N.T., Neuro-medicine, Neuro-psychiatry, Neuro-surgery, Hepatobiliary Surgery, Medicine, Chest Medicine, Paediatric medicine & surgery, Orthopaedic, Clinical Haematology, Dermatology, Radiotherapy."

The entire Malda district, both (South & North) Dinajpur, Murshidabad, Birbhum district, outlying regions of Bihar & Jharkhand, North Bengal, the lower part of Assam, and neighbouring areas of Bangladesh are served by Dishari Health Point.

Dishari has been performing more laparoscopic procedures in the past ten years, with an average of 5500 every year.

In order to offer various diagnostic services to those in need, Dishari, a private partner, collaborates with the West Bengal government's Department of Health and Family Welfare.Furthermore, Dishari Health Point takes this opportunity to remind everyone that its pathology laboratory was the first one in West Bengal outside of Kolkata to receive NABL accreditation for its microbiology division seven years ago. It is important to note that although India has one million clinical diagnostic laboratories, only 100–110 of them, including this Pathology Laboratory, have maintained their NABL accreditation to this day. [NABL is an independent body authorised by the Indian government that operates under the auspices of the Department of Science & Technology.

The fantastic news that Dishari Health Point has received ISO 9001:2015 certification from BSI [British Standard Institution's Head Office in London and its Corporate Office in Singapore] in Mid Bengal is also to be announced. The BSI office in India is in New Delhi.] the past eight years. In West Bengal, Dishari is one of the health sectors with the quickest growth.

Currently, the Dishari hospital group operates four multispecialty hospitals. Their main residence in Malda is a 150 bed Multispecialty Hospital and Diagnostic facility that is well-liked and well-known. Our additional multispecialty hospitals are situated in Paschim Mednipore at K. G. Medicare across from Mednipur Medical College & Hospital, in Chanchal, a subdistrict of Malda district, and in Jangipur, a subdistrict of Murshidabad district.

VISION

A regional center of excellence in medicine with the highest national standards at a price the community in eastern India can afford.

MISSION

Redefining healthcare by enhancing patient outcomes and satisfaction through cutting-edge clinical investigations and customized treatment that includes novel preventive, diagnostic, therapeutic, and rehabilitation services.

SCOPE OF SERVICES

- Cardiology
- Neurosurgery
- Pediatric
- Critical care
- Neurology & Stroke
- Nephrology
- Urology
- Orthopedics
- General &Laparoscopic surgery
- Gastroenterology
- Internal Medicine
- Obs. & Gynecology & IVF
- Pulmonary & Sleep medicine
- Anesthesia
- Radiology
- Dietetics
- Physiotherapy
- Pathology
- Microbiology
- ENT
- Dental
- Psychiatry
- Ophthalmology

AN OVERVIEW OF THE SERVICES:

- 150 Bedded MULTI Specialty Hospital (Operational Beds-126).
- Modular "Class 100" Operation Theater – 4 OTs
- Cath Lab – 1 numbers
- 24x 7 Emergency with fully equipped ACLS/BLSAmbulances.
- Imaging and radiology (including MRI, CT scans, bone densitometry, X-ray, and ultrasonography)
- Clinical Pathology - Biochemistry & Microbiology
- Non-Invasive Cardiology (Echo, TMT etc.)
- Library
- Dialysis
- OPD
- Biomedical Engineering

- CSSD
- Clinical Research

- Engineering Department
- MRD

Familiarization With Departments in DISHARI Hospital:

- **OPD-**
  - Cardiology, Pediatric, Critical care, Endocrinology, Neurology & Stroke, Urology, Orthopedics, Gastroenterology, Dermatology, Rheumatology, Gynecology & IVF, Polemology, Dietetics, Physiotherapy, Pathology, ENT, Dental, Psychiatry, Ophthalmology, Emergency, Internal Medicine, Nursing Assessment are among the OPD services offered in DISHARI Hospital..
  - Timings : 8 AM – 5 PM
  - Patient attends the patient care services (PCS) counter for billing, then goes to the appropriate special consultants.

- **IPD- IPD services provided includes:**

  • Treatment options for patients with multiple organ failure

  • Invasive and non-invasive techniques.

  • Dialysis, percutaneous tracheostomies, chest drain placements, and fiber-optic bronchoscopies are among the treatments available. For patients with complex needs, multidisciplinary discussions are held.

  Area of specialization:

  - Heart command unit(HCU)
  - Medical Intensive Care Unit (MICU)
  - Neonatal Intensive Care Unit (NICU)
  - Surgical Intensive Care Unit (SICU)
  - "Neuro Intensive Care Unit(Neuro-ICU)
  - Coronary Care Unit (CCU)
  - Infection Controls.

- **RADIOLOGY-**

The department of radiology works hard to satisfy every patient's requirement for diagnostic imaging and treatment.

Diagnostic Imaging tests include:

- "MRI scan (magnetic resonance imaging)"
- "CT scan (computed tomography)"
- Advanced CT scan
- Ultrasound (sonography)
- Abdominal Ultrasound
- Doppler Ultrasound
- Non-Invasive CT Angiography
- X-ray (plain radiography)

MANPOWER:

- Doctors-6
- No of technicians-8
- PCs -02
- Team leader -01
- Ward boy-01

- **ER DEPARTMENT-**

Depending on the severity of the clinical condition, the emergency department gives patients priority.

Manpower-

- ER H.O.D. 01,
- ER Manager : 01,
- Doctors : Total No: 10,
- ER In charge: 01, (Nursing) ,
- Nursing Staff: Total No:32
- GDAs: Total No:09(Outsource)

- **BIOMEDICAL DEPARTMENT-**

The equipment provided by the Department of Biomedical Engineering is secure, calibrated, and functional to give the best healthcare possible while minimizing the difficulty and annoyance brought on by equipment malfunctions and the time lost as a result of equipment unavailability. To ensure routine maintenance and prevent any such breakdowns, the hospital must engage into the proper contracts with the vendors. Based on how vital the equipment is, the form of contract can be chosen.

There are two types of contracts in biomedical department:

- AMC is an annual contract for maintenance.
- CMC stands for comprehensive maintenance contract.

Manpower:

Total -09

Including (6 biomedical engineers,2 technicians,1supervisor)

- **MRD-**
  - "The patient's history, clinical findings, diagnostic test results, pre- and post-operativetreatment, patient progress, and medicines are all included in the medical record file."
  - An application must be submitted for any correction process (the MRD completes corrections in less than 40 minutes).
  - The colors used to identify files are General (Blue), LAMA & DOR (Green), MLC (medical legal matters) (Red), and Death (Black).

  Number of Staff: 5.
- **CSSD(central sterile supply department)-**

The Central Sterile Supply Department provide services within the hospital in which medical/surgical instruments, equipment, linen both sterile and nonsterile, are cleaned, processed, prepared, stored, and issued for patient care CSSD department plays a major role in every hospital.

Various zones in CSSD department:

- There are four areas: the unclean and washing area, the assembly and packing area, the sterilisation area, and the sterile area.

- A variety of sterilization devices: Washer, blow dryer, autoclave, incubator, boiler, ETO (ETHYLENE OXIDE STERILISER), and
- Staffing: CSSD Manager, technicians, nurses, and GDA

➢ **OT(operating theatre)-**

- OT is located at the second floor
- In Dishware Hospital number of OT – 04
- OT Number 1 ,2(CARDIAC OT),
- OT Number 3,4(MAJOR GENERAL OT),

➢ **SECURITY-**

- In Dishware Hospital 105 cameras are monitored continuously
- There is a fire panel with a display which show the area and floor when the fire alarm ring.
- During Day time (32 GUARD) , Night (21 GUARD)
- In case of MLC Security Officer will inform the Police.
- Manpower (5 Supervisor , 1 Security Officer)

INTRODUCTION TO MY PROJECT:

The number of Indians with health insurance is increasing at a rate of 40% a year, but because hospitals are running at high expenses, the challenges that providers have in handling claims and the length of the cashless procedure remain a source of worry. Corporate and individual insurance are therefore becoming more and more significant. This study highlights the challenges facing the providers and the usage of some cutting-edge, modern web-based solutions in collaboration with a small set of medical experts who can, to a certain extent, reduce disallowances and response time. The web-based portal used to manage all cashless transactions in a modern setting provided the data for this study.

3. REVIEW OF LITERATURE –

Sly No	Author name &Year	Title	Objective	Methodology	Result
1.	Ankit Singh December 2018	"Insured patients' discharge delays: causes and solutions"	"In this study, the process of discharge for patients with insurance is time-tracked using an observational approach with the goal to identify the main reasons for delays and recommend ways to cut them down."	"This cross-sectional study was carried out from March 2018 to may 2018 and spanned 3 months. 174 patients make up the sample size, which is selected using a systematic random sampling technique."	"The time it takes for the discharge summary to reach the internal TPA department and the external TPA's rejection of the discharge summary after submission at the 2 key sub processes that, with modified R2 values off 0.554 and .219, respectively account for the highest variance in the total discharge process. The pareto analysis also revealed that, off the 128 categories of enquiries, 5 categories accounted for 64% of the total searches".
2.	Kasturi Shukla1 Shrishti Upadhyay May 2015	"Predictive Modelling for Turn Around Time (TAT) of Discharge Process for Insured Patients in a Corporate Hospital of Pune City"	"In order to find out the determinants of discharge delays, the research was conducted one insured inpatients. Secondly, the impact of tat on various discharge process steps on overall discharge tat was looked at."	"From may to July 2015, a cross sectional study was conducted on insured inpatients at a corporate hospital in Pune. Length of stay n discharge type were taking into account when tracking and analysing tat for 6 steps of the discharge procedure and the total TAT. Using correlation and linear regression, the 6 TATs where examined to determine how they might affect the overall tat."	"For patients with insurance (n=443), the average time of discharge was 390(122.03) minutes. Through statistical analysis, the intervening TATs for submitting the discharge statement to the tpa department and receiving insurance company final bill approval at the strongest predictive effects on the entire tat. Discharge tat increased considerably buy one hour for patients with high Los but did not differ significantly for planned or unplanned discharge (p-value 0.00)"
3.	Kasturi Shukla1 Shweta mehta ,sunil rao,Jayesh Nair MAY 2013	"Role of discharge planning and other determinants in total discharge time at a large tertiary care hospital"	"A key quality measure, discharge time, is influenced by a number of other variables, including clearance time and patient-related concerns. The current study	"an enormous multispeciality hospital hosted the may June 2013 period of our cross-sectional investigation. Data was gathered throughout the first 15 days of the study, or the pilot phase, on the numerous phases that took time during the discharge process and steps that were taken to increase the number of planned discharges. Discharges were divided into scheduled and unplanned	"Out of 105 discharges, 75were included wherein mean discharge time of 177.6 (± 613) min was signifi cantly lower than the mean time of 285.42 (±105.46) min taken for 35 discharges during pilot study ($P < 0.01$). Mean discharge time of 572 (±1378.4) min for the 14 insured patients was signifi cantly higher ($P < 0.0001$) than the 61"

			“examines “	“categories, and patients “		

			these factors and suggests ways to manage the discharge time"	insurance status was determined for the main research. Results of the main study and the pilot research where contrasted."	uninsured patients where discharge time was 88 (±84.7) min. Mean discharge time for planned discharges (n = 18) was 85 (±87.9) min that was signifi cantly lower than unplanned discharges (n = 57) with mean of 524 (±1446.6) min (P < 0.01). ther patient-related factors like, delay in bill payment, request for discounts further increased the discharge time."
4.	Sima Ajami and Saeedeh Ketab 2004	"An analysis of the average waiting time during the patient discharge process at Kashani Hospital in Esfahan, Iran: a case study"	"improved patient discharge procedures have a positive impact variety of hospital operations. This study's primary goal was to examine the discharge procedure at the kashani hospital in Esfahan, Iran, in the autumn of 2004."	"The study comprised a case study that was conducted in Esfahan, Iran in the autumn 2004. 448 patients and 40 hospital employees made up the statistical population. There were people who worked in the accounting department, the social centre, the cashier's office, and the para clinical words of the hospital in addition to doctors, nurses, and secretaries. 47.5% of the participants were men and 42.5% women, hey the majority head bachelors degrees."	"The results showed that doctors saw the majority of the patients between the arts of 10 to 11:00 AM and give the discharge orders then; as a result, any delay in the doctors visits resulted in delays in the patients discharge"

5.	Luke Glover • Georgia Wright • Simon Brackley • Miles Edwards • Lauren Eddy December 16,2022	"Improving the Timeliness of Discharge Summary Communication: A Quality Improvement Project"	"discharge summaries are often sent to general practitioners (GP) long after the patient is discharged, or not at all. This is a safety issue when for example the summary includes time-sensitive requests for the GP or information relevant to ongoing care."	"A quality improvement project to tackle this important problem. This report identified that 22.6% (12,965/57,367) of discharge summaries are sent outside the Trust's target (two working days from discharge). A three-pronged approach was devised targeting discharges of deceased patients using educational material, discharges from a medical ward using an automated list, and finally the technical steps required to send "	"Plan, do, study and act (PDSA) cycles were implemented, one targeting discharges for deceased patients and another targeting discharges from a medical ward. Though not sustained, the former resulted in a six-week increase in the percentage of discharge summaries sent within the target from 50% to 80%. The latter did not lead to improvement due to a number of factors including workload in the

				discharge summary to attempt to reduce the delay.”	midst of a global pandemic and other factors explored in a root cause analysis. The most ambitious intervention aimed to automate an administrative step, whic proved challenging due t software and human factors. As such this intervention was not completed during the study period.”

An overview of the insurance department of the hospital (NABH Accredited):

For patients arriving at the facility to take advantage of cashless services at their convenience, the hospital's department of insurance offers round-the-clock services.

Considering that the department is strategically located on the ground floor, nearer to the hospital entrance, it is easily accessible to patients.
In case of increasing patient flow, a section of the insurance department is set aside for the insurance counsellors who come to comprehend the specific breakdown of the bill.

Insurance Process flow:

- At first discharge is initiated by the consultant who then informs the nurse.

•To tell the patient and start the HIMS programme, the GDA and the nursing staff go outdoors.

•After initiating the HIMS software, notifications sent to various departments like IP pharmacy, Cath labs, OT,etc

- On receiving the notifications ,docket and case sheet are sent to the respective floor billers.

- After Assessment is done , floor billers waits For clearance from every department.
- After getting clearance, floor billers start preparing the cash bill and initiate service call off

- The bill is then sent for audit, auditor audits the bill and depending on the case whether any changes is needed or not he informs the floor biller.

- The floor biller then closes the cash bill and sends the bill to the insurance department.

- On receiving the notification from the floor filler the insurance biller starts preparing the insurance bill.
- Based on the results of the investigations, the bill is again sent for audit and auditor audits the bill and gives the approval.
- After the approval the insurance biller sends the insurance bill ,discharge summary and case sheets to the concerned insurance company.
- After that the hospital wait for the approval from the insurance company side.
- As queries may come from the insurance company side those queries are then addressed either by concerned doctor or the insurance department.

- Based on that insurance company might approve or reject the bill.
- If the bill is approved the insurance department in hospital sends the information to floor managers and financial counselling department.
- After that the system checkout is done and the patient attendance are asked to take their patient and go to financial counsellors.
- The financial counsellors then explains the amount to be paid by them and the detail breakup of the bill and other relatives documents.
- After the clearance from the patient side the financial counsellors initiates the physical checkout and check out for the patient is done

AIM- Reducing hospital TAT for insurance patients requiring post authorization.

OBJECTIVE-. The objectives of this study was to comprehend how health sprint contributes to the reduction of post authorization turnaround time and completion of the cashless hospitalisation process.

SUB OBJECTIVE-To conduct a study on turnaround time of Understanding the process of cashless hospitalization is one of the specific goals.

NEED OF THE STUDY-

• As a result of not having to wait for longer periods of time, patients are satisfied when the TAT for
pre-authorization and post-authorization is lowered.

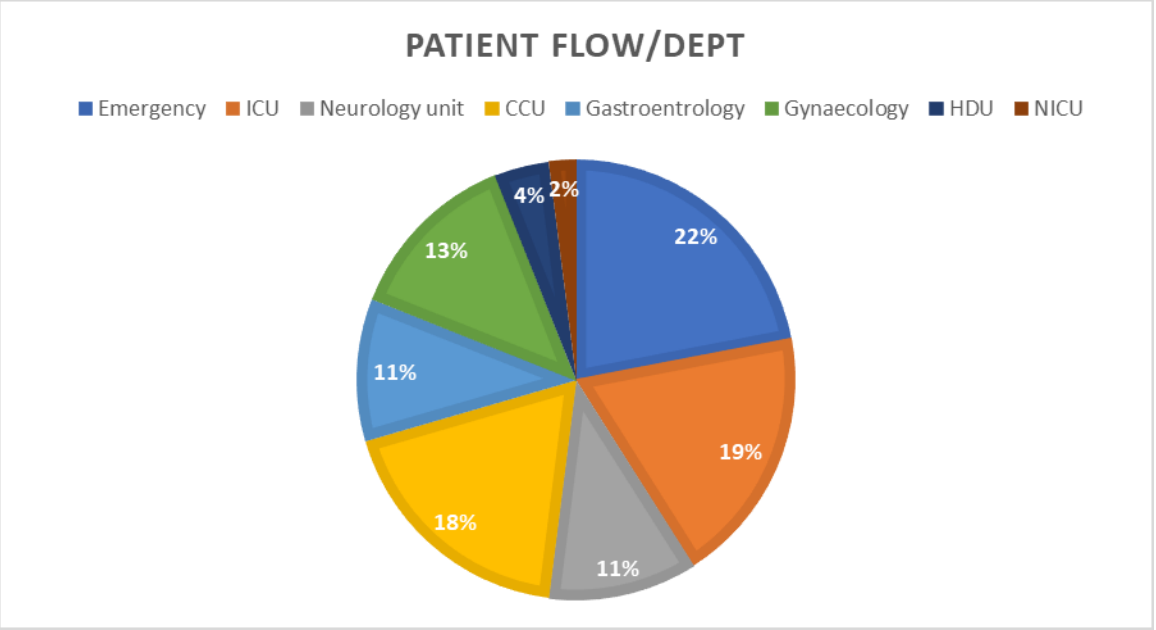
• Reducing the TAT for pre-authorization and post-authorization helps patients stay in the hospital for less hours, which means they don't have to pay for those extra hours.

• Assists in keeping customers and developing great customer connections.

METHODOLOGY-An exploratory study was conducted at Dishari Health Point in West Bengal from March 1 to May 25, 2023. Secondary and primary data were gathered. Direct observation was used to gather primary data for patients arriving at the insurance department, while the Hospital Information System and the register were used to gather

secondary data. Based on convenience sampling, 200 people were included in the sample. Data analysis was carried out using sophisticated Excel algorithms.

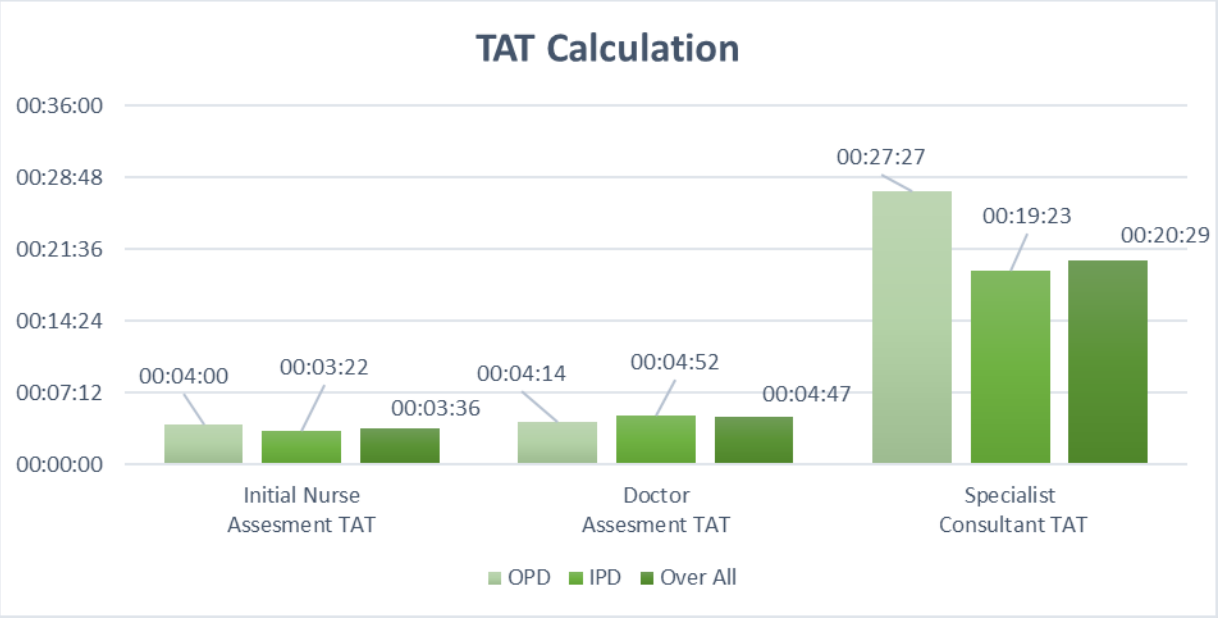
GRAPHICAL REPRESENTATION:



Result: The graph represents the percentage of patient distribution per department from the taken sample size of 200 data.

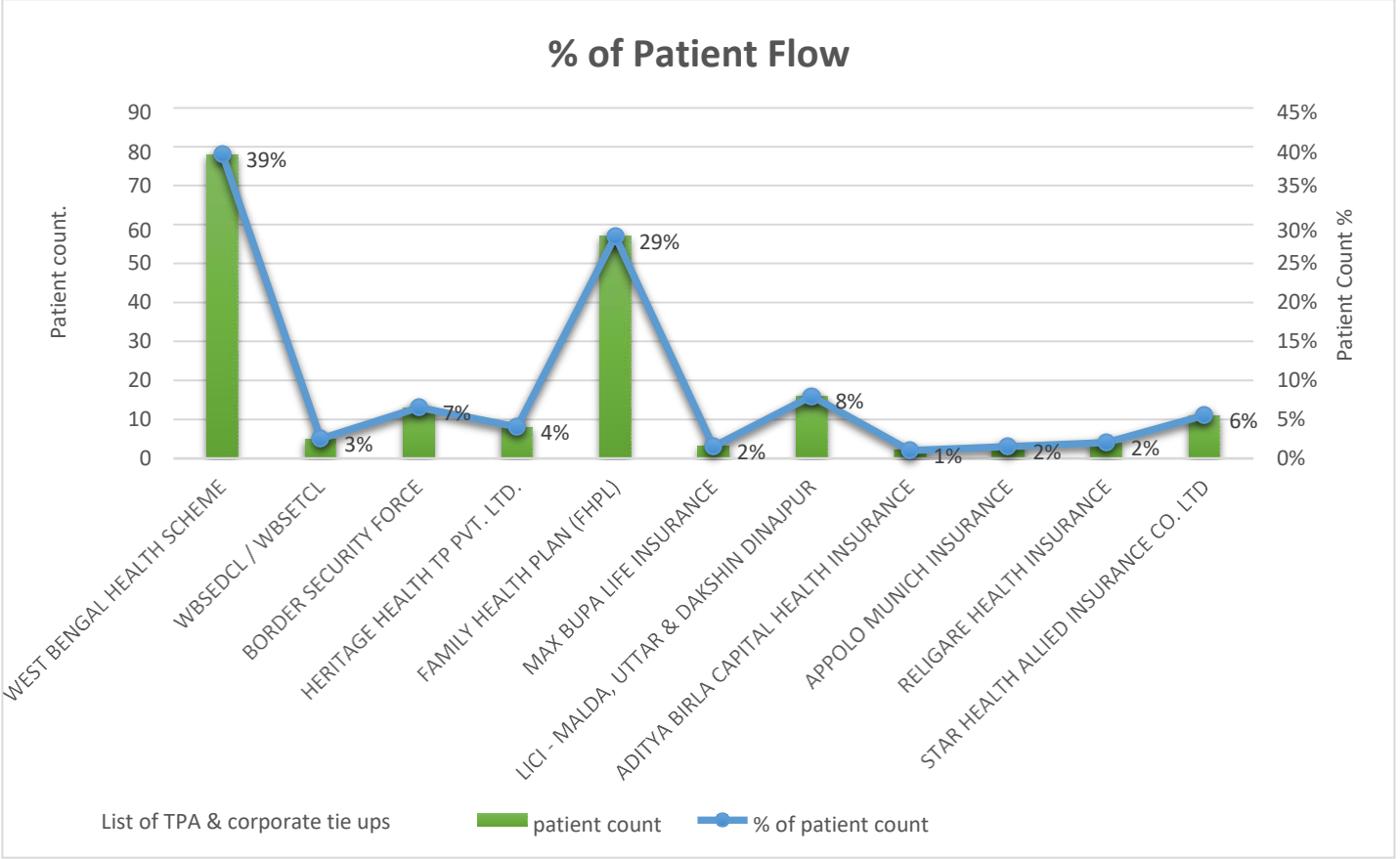
DEPARTMENT	PATIENT COUNT	% Of insurance patients visiting the dept
Emergency	44	22%
ICU	38	19%
Neurology unit	22	11%
CCU	37	19%
Gastroenterology	21	11%
Gynecology	26	13%
HDU	8	4%
NICU	4	2%

Discussion: It is comprehended from the graphical representation that most of the traffic of insurance patients are coming from the CCU, ICU and Gastroenterology departments at Dishari health point.



Result: The graph represents the delay in the assessment of the insured patients nurses,doctors or special consultant .

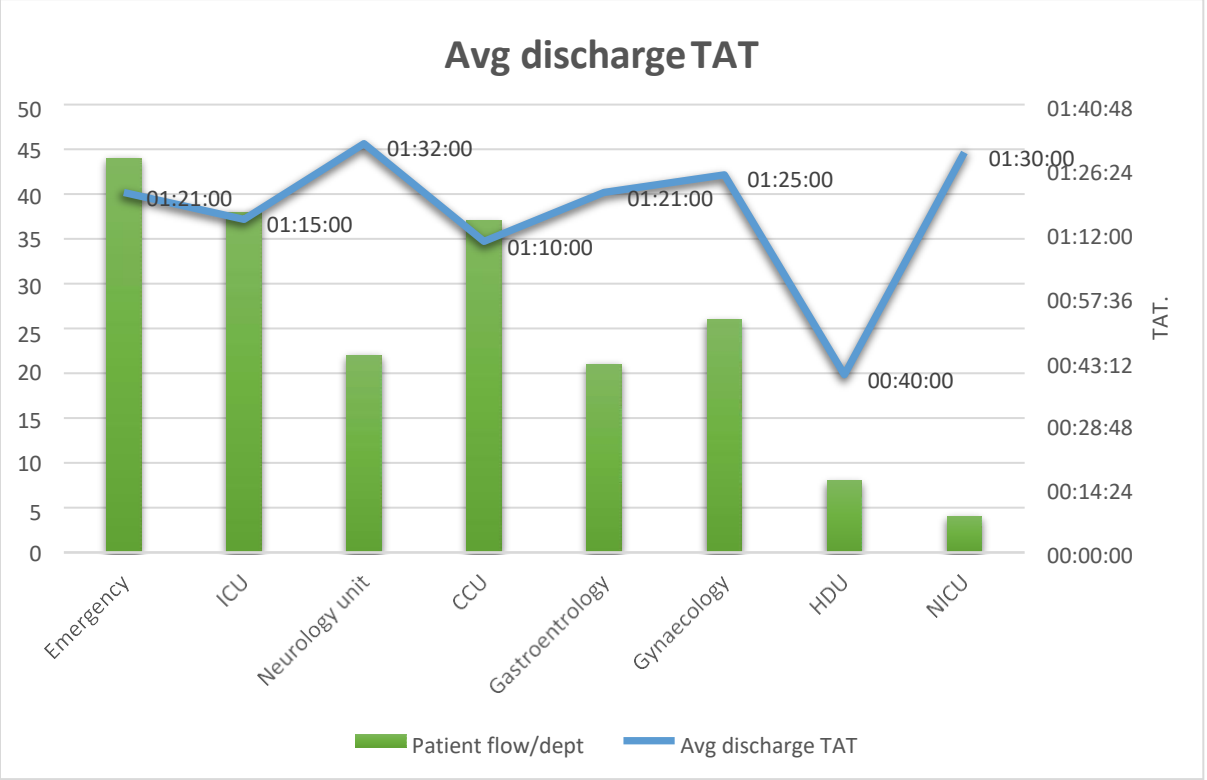
Discussion: : It is comprehended from the graphical representation that the main delay starts from the initial stages which are hardly avoidable in the process, so a small study was done on the same i.e. the assessment duration of attending the patient to have an overall idea of the delay in total process of post insurance approval.it is observed that there is a certain delay in special consultant arrival which starts to delay the process resulting in late approval of the insurance.



Result: The graph represents the percentage usage of the type of insurance scheme that is availed most of the time in the area by the patient party.

List of TPA & corporate tie ups	Patient count	% of patient count
West Bengal health scheme	78	39%
Wbsedcl / wbsetcl	5	3%
Border security force	13	7%
Heritage health tp pvt. Ltd.	8	4%
Family health plan (fhpl)	57	29%
Max bupa life insurance	3	2%
Lici - malda, uttar & dakshin dinajpur	16	8%
Aditya birla capital health insurance	2	1%
Appolo munich insurance	3	2%
Religare health insurance	4	2%
Star health allied insurance co. Ltd	11	6%

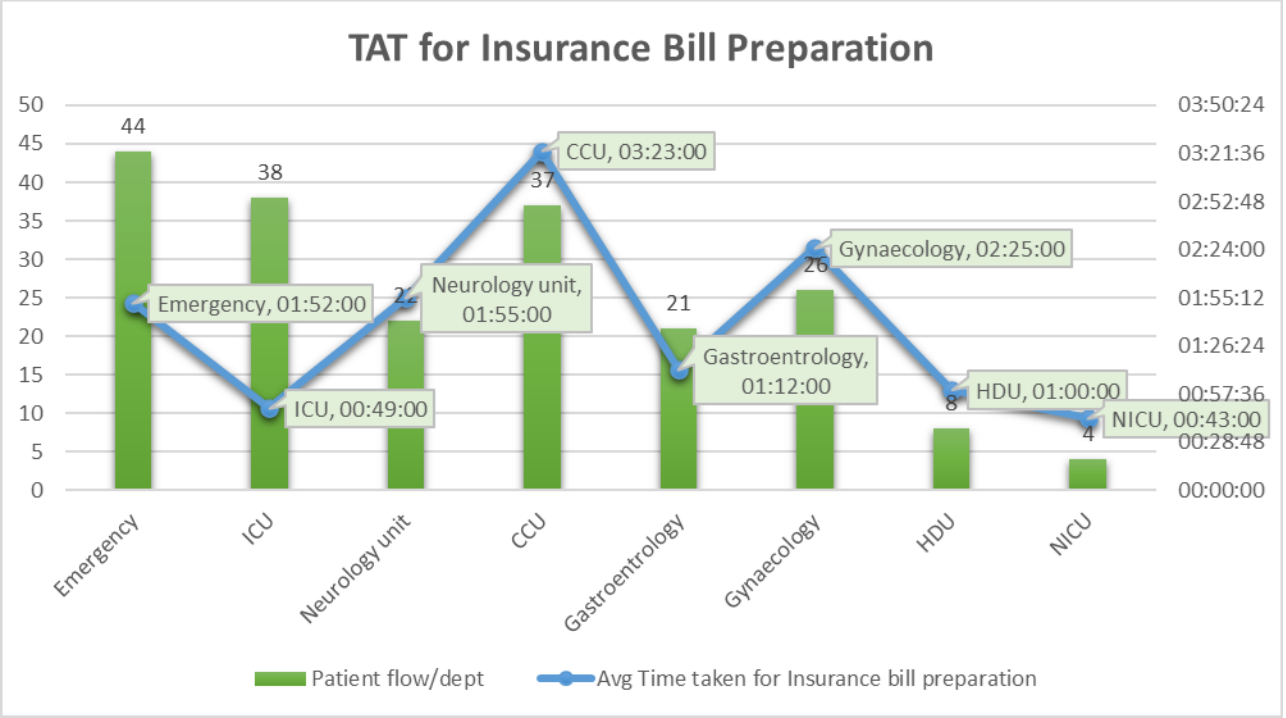
Discussion: It is comprehended from the graphical representation that the people in WB mostly avails WBHS insurance, also family health plan and star health insurance , which are government schemes which takes more time to resolve as compared to the private ones.



Result: The graph represents the delay in the average discharge TAT in the particular departments for insurance patients.

DEPARTMENT	PATIENT FLOW/DEPT	AVG DISCHARGE TAT
Emergency	44	01:21:00
ICU	38	01:15:00
Neurology unit	22	01:32:00
CCU	37	01:10:00
Gastroentrology	21	01:21:00
Gynaecology	26	01:25:00
HDU	8	00:40:00
NICU	4	01:30:00

Discussion: It is comprehended from the graphical representation that the average discharge TAT from every department at Dishari is found to be near to 1 hr or more, depending on the severity of the condition or special consultant approval.

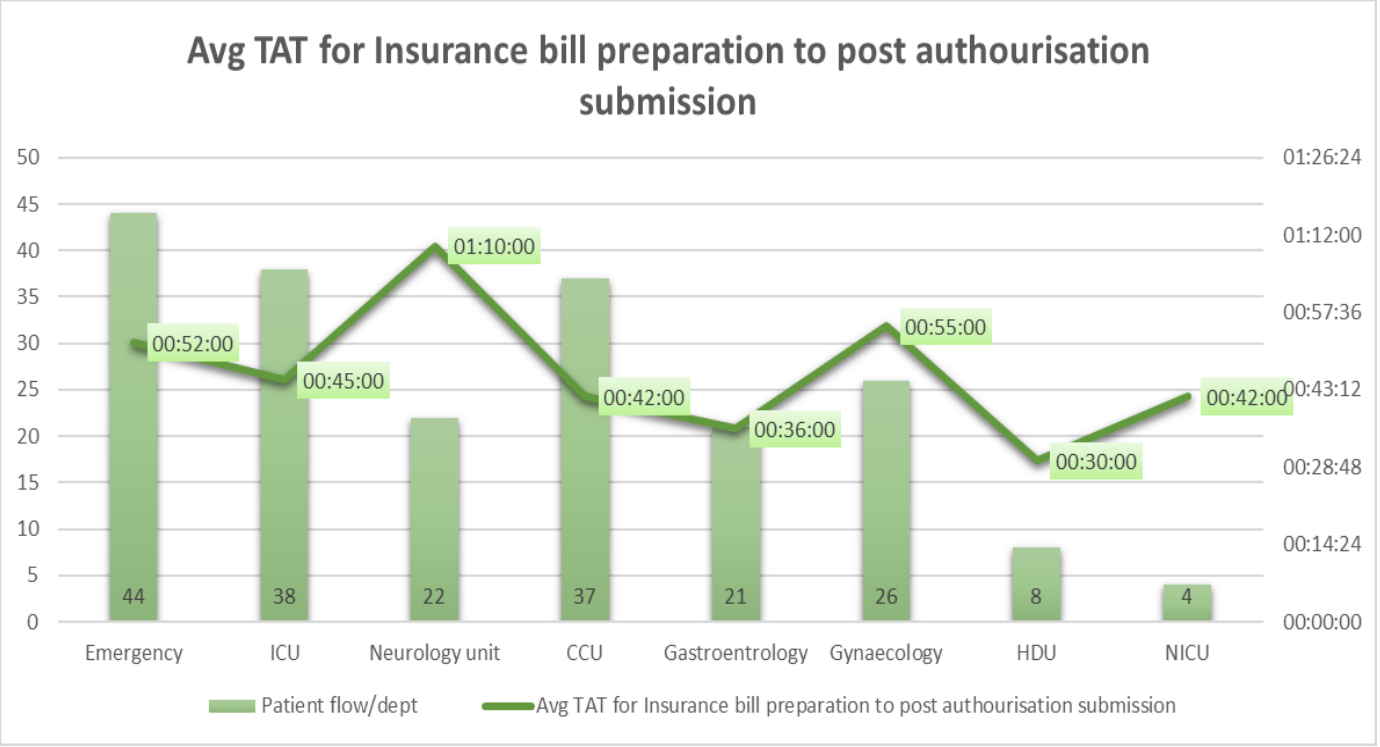


Result: The graph represents the average time taken per department to complete the insurance bill preparation.

DEPARTMENT	PATIENT FLOW/DEPT	AVG TIME TAKEN FOR INSURANCE BILL PREPARATION
Emergency	44	01:52:00
ICU	38	00:49:00
Neurology unit	22	01:55:00
CCU	37	03:23:00
Gastroenterology	21	01:12:00

Gynecology	26	02:25:00
HDU	8	01:00:00
NICU	4	00:43:00

Discussion: It is comprehended from the graphical representation that CCU,gynaecology these department are showing most delay in bill preparation.

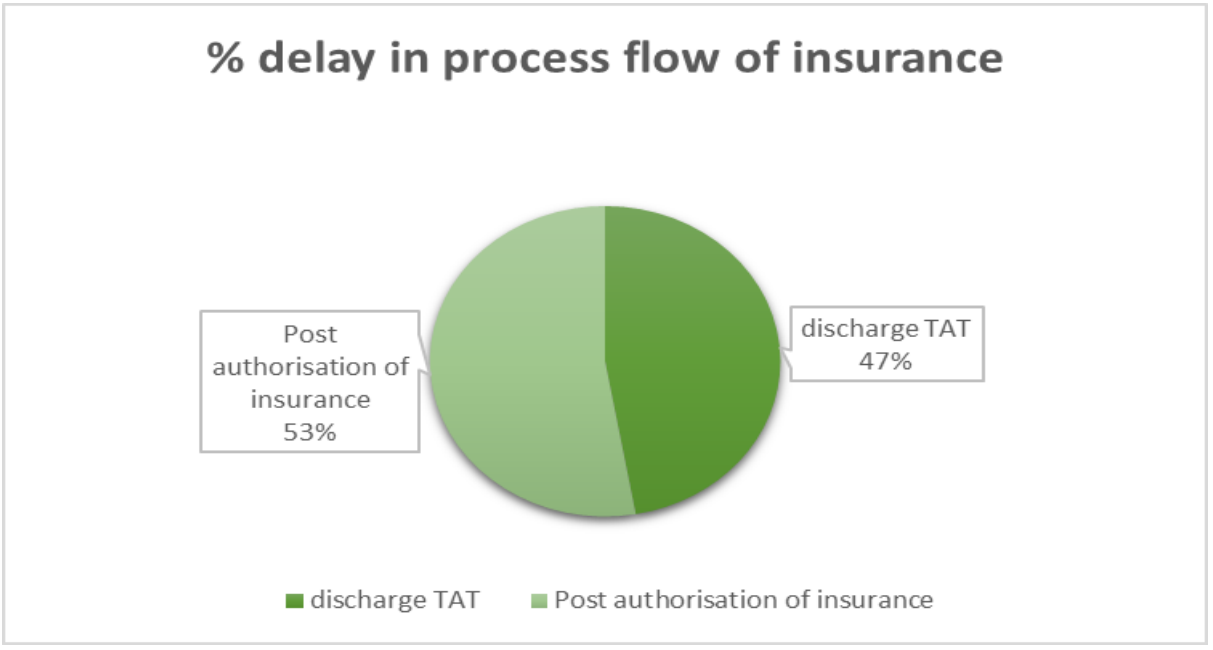


Result: The graph represents the average TAT for insurance bill preparation to post authorization.

DEPARTMENT	Patient flow/dept	Avg TAT for Insurance bill preparation to post authorization submission
Emergency	44	00:52:00
ICU	38	00:45:00
Neurology unit	22	01:10:00
CCU	37	00:42:00

Gastroenterology	21	00:36:00
Gynecology	26	00:55:00
HDU	8	00:30:00
NICU	4	00:42:00

Discussion: It is comprehended from the graphical representation that the delay is mostly seen again in CCU, gynae etc. dept.



Result: The graph represents the percentage of delay during discharge of insurance patients vs the percentage of delay during post authorization of the insurance bill approval.

INSURANCE	DELAY
Discharge TAT	47%
Post authorization of insurance	52%

Discussion: It is comprehended from the graphical representation that the delay is more 50% cases that are represented.

SWOT ANALYSIS

To address the unique issues and difficulties faced by insurance departments, several management strategies must be applied. The process should start with a SWOT analysis of the strengths, weaknesses, opportunities, and threats faced by the insurance Department.

Strength(S):

- The line of reporting is very clean.
- The defined TAT is well maintained on a priority basis.
- All insurance biller and Staffs are aware about their job responsibility that's why they maintained the benchmark of each step with proper document handling.
- Because of proper on time billing is done so it saves a lot of time as compared to other hospitals nearby.
- A minor OT for ER is there specifically for very critical patients which saves time in case of urgent procedures.

Weakness(W):

- Consultant delays in approving discharge summary.
- TPA takes quite long to get the approval of the exact amount of insurance bill.
- staff reliver issues (replacement of staff of same potential is a crisis here at insurance department).
- Few staffs are less responsive when called for multitasking.
- No proper process to track the insurance process flow

Opportunities(O):

- The number of employees can be raised in accordance with patient volume..
- Training can help employees develop their soft skills. When listening to patients who ask for things all the time, some soft skills are evident.
- A proper waiting area can be arranged.
- Validity of TPA card or insurance card should be clarified in the beginning itself.

- Display up to date organogram.
- Availability of an advance software system for the insurance processing will reduce the delay in the process.

Threats(T):

- Possible fights because of overcrowding or miscommunication.
- The potential for a worldwide epidemic that would overwhelm the institution, the retirement of doctors, and budget constraints.Rising competitors.
- Negative press/media coverage.
- Miscommunication between staffs.

CONCLUSION-

All insurance Staffs are aware about their job responsibility that's why they maintained the benchmark of each billing step with proper handling. Except in some cases it is observed that ,Most of the cases are delayed due to late discharge summary approvals 1-2 hours is observed, also observed that at few cases there is a delay in special consultant arrival which overall delays the process, the main reason behind is sudden overcrowding with insurance bill at a time, apart from that a specific process should be followed to track the overall insurance process flow.

RECOMMENDATION/SUGGESTION:

- All insurance management staff should have their own individual dress set assigned to them.
- Regular audits at least once a week to check for delays and identify areas that need improvement.
- It is found that staff are less responsive when asked for multi-tasking. This is a great cause for delay in process.
- The waiting area should be there for attendants as the area for que is quite small.

- Finance advice should be provided to the patient concurrently with first medical care. It is important to establish the validity of the TPA card or WBHS card scheme very away.
- A good monitoring system is essential because most delays are avoidable.
- once a week the soft skills training of the floor biller or insurance staff should be done as It is observed that most of the times they fail to quickly respond or act on the process.

- Clearance from all departments during discharge takes time causing delays in the overall process. A proper TAT should be maintained here.

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