SYNOPSIS FOR DISSERTATION

The IIHMR University, Jaipur

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

Hospital and Health Management

BY

BHAVIKA GULATI

MBA HOSPITAL AND HEALTH MANAGEMENT

ROLL NO-1696

GUIDE: Dr P.R SODANI

INDUSTRY MENTOR: DALJEET CHAUHAN (MANAGER MEDICAL CLAIMS)

TITLE -

Impact of GIPSA-Approved PPN Hospital Networks on the Efficiency and Patient Satisfaction of Cashless Health Insurance Claims in India

INTRODUCTION

In recent years, India has seen a rapid rise in the penetration of health insurance as a financial tool to mitigate the burden of medical expenses. Among the evolving initiatives to strengthen the cashless claims process is the Preferred Provider Network (PPN) introduced by the General Insurance Public Sector Association (GIPSA). This network comprises selected hospitals that offer standardized rates for various medical procedures to ensure cost control, service quality, and transparency for insured patients. While the primary goal was to simplify and expedite the claim process, its real-world implications on operational efficiency and patient satisfaction need detailed evaluation. This study aims to explore the effectiveness of GIPSA-approved PPN networks in streamlining the cashless insurance mechanism and how these improvements translate into patient satisfaction within the Indian healthcare system.

RESEARCH QUESTION

The core research inquiry revolves around understanding whether the implementation of GIPSA-approved PPN hospital networks leads to an improvement in the efficiency of cashless claim processing and enhances patient satisfaction. Specifically, the study seeks to explore:

- How does the PPN model affect the turnaround time and administrative ease of processing cashless health insurance claims?
- What is the perceived level of patient satisfaction with services availed under the PPN system?
- What operational or procedural barriers, if any, are faced by hospitals and Third Party Administrators (TPAs) in the PPN framework?

OBJECTIVES

The primary objective of this study is to assess the impact of GIPSA-approved PPN hospital networks on the efficiency and patient satisfaction in the context of cashless health insurance claims. The specific objectives are:

- To evaluate the turnaround time and procedural steps involved in processing cashless claims in PPN hospitals.
- To assess the satisfaction levels of insured patients availing treatment through PPN hospitals.
- To understand the perspectives of hospital administrators and TPAs regarding the operational efficiency and challenges of working within the PPN framework.

HYPOTHESIS

The study is based on the following hypothesis:

H1: GIPSA-approved PPN hospital networks significantly reduce the turnaround time for processing cashless health insurance claims compared to non-PPN hospitals.

H2: Patients availing services under PPN hospitals report higher satisfaction levels due to streamlined billing, transparency, and faster approvals.

MATERIAL AND METHODS

Study Design:
This study will employ a descriptive analytical design using secondary data to assess the efficiency and patient satisfaction of cashless health insurance claims through GIPSA-approved PPN hospital networks.

Setting:
The study will be based on data collected from reports, records, and databases of GIPSA-approved PPN hospitals and Third Party Administrators (TPAs) in major cities across India. These will include secondary sources like annual reports, claim processing data, and satisfaction surveys conducted by insurance providers.

Study Population:
The study will use secondary data obtained from hospitals that are part of the GIPSA-approved PPN network, along with aggregated data from patients who have utilized the cashless insurance scheme.

Inclusion Criteria:

- Data from GIPSA-approved PPN hospitals that process cashless health insurance claims.
- Claims-related data that provides insights into the turnaround time and claim approval processes.
- Patient satisfaction data collected by insurance companies or hospitals.

Exclusion Criteria:

- Data from non-PPN hospitals or those not linked to GIPSA-approved networks.
- Data that is incomplete or lacks detailed records on claim processing or patient satisfaction.

Study Tools:

- Secondary Data Sources: Publicly available hospital performance reports, TPA claim reports, and insurance company annual performance reviews will be analyzed.
- Documented Records: Records related to claim approvals, processing times, and claim outcomes will serve as primary data points.
- Patient Satisfaction Surveys: Existing surveys or feedback forms from patients processed through cashless claims, where available.

Duration of Study:
The study will analyze secondary data spanning the past two years (2023–2024) to capture a broad spectrum of claim processing efficiency and patient feedback.

Sample Size:
The sample will be based on the available records of 10–15 GIPSA-approved PPN hospitals with a significant volume of cashless claims data. The sample size will include approximately 2000 claims for analysis. The exact sample size will be determined based on the availability of data and hospital participation.

Sampling Technique:
A purposive sampling technique will be used to select hospitals and TPAs with available, reliable, and comprehensive secondary data. Hospitals and insurance providers that consistently report high volumes of cashless claims will be prioritized for inclusion.

Data Collection Procedure:
Secondary data will be collected from various sources including:

- Hospital records on claim processing timelines, number of claims processed, and billing practices.
- TPA reports detailing claims approval times, rejections, and procedural steps involved in claims.
- Patient satisfaction data from surveys, reviews, or feedback collected by hospitals or insurance providers. The collected data will be compiled into a comprehensive dataset for analysis.

DATA ANALYSIS PLAN

Quantitative data will be analyzed using Microsoft Excel. Descriptive statistics like mean, standard deviation, and frequency distribution will be applied. Inferential statistics including chi-square test or t-test will be used to compare differences in TAT and satisfaction scores. The significance level will be set at $p < 0.05$. Thematic analysis will be used for qualitative interview data.

ETHICAL CONSIDERATIONS

Informed written consent will be obtained from all study participants prior to data collection. Ethical approval will be sought from the Institutional Review Board (IRB) of the concerned institution. Confidentiality of patient and administrative data will be maintained strictly, and data will be stored securely with restricted access.