INTERNSHIP AT GODREJ MEMORIAL HOSPITAL, MUMBAI

for the partial fulfilment for the award of the

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(MBA)

in

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by

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Internship report

A study on process of activities between the Hospital and Insurance Companies: Identifying the Company with longer Resolution Time and strategies to Mitigate it.

Submitted to:

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Introduction

Health insurance claim settlement is a critical process that involves coordination between hospitals, insurance companies, and Third-Party Administrators(TPAs). Delays in this process disrupt hospital revenue cycles and negatively impact patient satisfaction.

Problem statement:

This Study examines claim settlement processes between Godrej Memorial Hospital and its empanelled insurers, focusing on identifying insurers with the longest resolution times and the factors contributing to these delays.

Objectives of the Internship

1. To compare claim settlement times across different insurers.
2. To identify key factors causing delays in the claim settlement process.
3. To recommend strategies for improving efficiency in claim resolution.

Organizational profile

Godrej Memorial Hospital is a multi-specialty healthcare facility providing a wide range of medical services. The hospital is empanelled with several public and private insurance companies, including:

The hospital follows a structured claims processing system involving its billing department, TPA, and insurance providers.

Services provided by the organization

During the internship, the following key services and processes were observed:

- Patient admission & documentation: verification of insurance eligibility.
- Claim processing: coordination between the hospital billing department and TPAs
- Discharge & final settlement : Submission of final bills to insurers for approval.
- Follow-up & Resolution: Tracking pending claims and resolving disputes.

Key learnings from internship

Findings:

1. **Hospital process efficiency:**

- **Billing department:** 92% of bills were processed within 0-2 hours.
- **TPA bottlenecks :** Initial processing took a median of 4 hours 42 minutes.
- **Discharge delays :** Median delay of 3 hours 38 minutes due to administrative coordination.

2. **Insurer performance:**
    - **Private insurers(Bajaj Allianz , HDFC Ergo, Kotak General):** Fastest claim settlement (0-15 days).
    - **Public insurers(Oriental Insurance, New India Assurance):** Prolonged delays(15-60 days).
      13 claims unresolved within study period.

Discussion :

- Private insurers outperformed public insurers due to better automation.
- Public insurers need digital transformation to reduce processing times.
- Hospital billing was efficient , but TPA and discharge processes required optimization.

Limitations:

- Single-hospital study ; broader multi-center research needed.
- Limited sample size (100 patients).

Recommendations

For hospitals:

- Implement AI-based claim scrubbing to reduce TPA processing time.
- Introduce real-time discharge dashboards.

For insurers:

- Public insurers must adopt digital tools.
- Enforce stricter SLAs.

For policymakers :

- IRDAI should mandate digital claims and penalize delays.

Conclusion

The study highlights critical inefficiencies in claim settlement, urging digitization and process standardization. Private insurers outperformed public ones, emphasizing the need for systemic reforms to enhance hospital-insurer coordination.

References

1. IRDAI. (2021*). Guidelines on Health Insurance Claim Settlement.*

2. Bhat & Babu (2022). *Challenges in Health Insurance Processing*.
3. Secure Now (2022*). Benchmarking Claim Settlement Times.*