To track the process of Activities Between Hospital and Insurance Companies: Identifying the Company with Longer Resolution Time and Strategies to Mitigate It

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Introduction

The relationship between hospitals and insurance companies is essential to ensuring timely treatment and financial reimbursement for patients. However ,delays in the resolution of insurance claims can cause significant disruptions in patient care , leading to potential negative outcomes . This study focuses on identifying the time taken by insurance companies to process claims and resolve issues in medical , surgical & emergency cases. The study aims to identify insurance companies with longer resolution times, understand the underlying factors and suggest strategies to improve turnaround time.

OBJECTIVES OF THE STUDY

- To estimate the resolution time taken by different insurance companies in processing claims for admitted patients, including medical, surgical, and emergency cases.
- To compare the resolution times between various insurance companies and identify which takes the longest.
- To suggest strategies that hospital can implement to mitigate delays and improve efficiency.

Methodology

- **Duration of study** : The study was conducted over a period of 3 months starting from March to May 2025
- **Sample size** :A total of 100 patients were included in the sample.
- **Sampling Technique**: Simple random sampling was used to select patients from the hospital admissions who meet the inclusion criteria.
- **Data collection procedure**: Data was collected by tracking the whole process flow from time of admission to the final discharge of the patient with final insurance approval and insurance claims database to collect claim settlement data . The time taken for claims to be processed form submission to resolution will be recorded and analyzed.

Methodology

- **Study design:** Observational study (cross-sectional survey and time-motion study)
- **Study Population**:

1. **Hospital:** TPA and Billing Department
2. **Empanelled Insurance Companies and TPAs**
3. **Patients**: Individuals who were admitted first and then filed for the claim.

Inclusion criteria :

- Admitted patients in the hospital
- Patients with medical, surgical, and emergency cases

Exclusion criteria :

- Patients who pre-authorize their claims before admission.
- Patients whose claims have been settled before the study period.

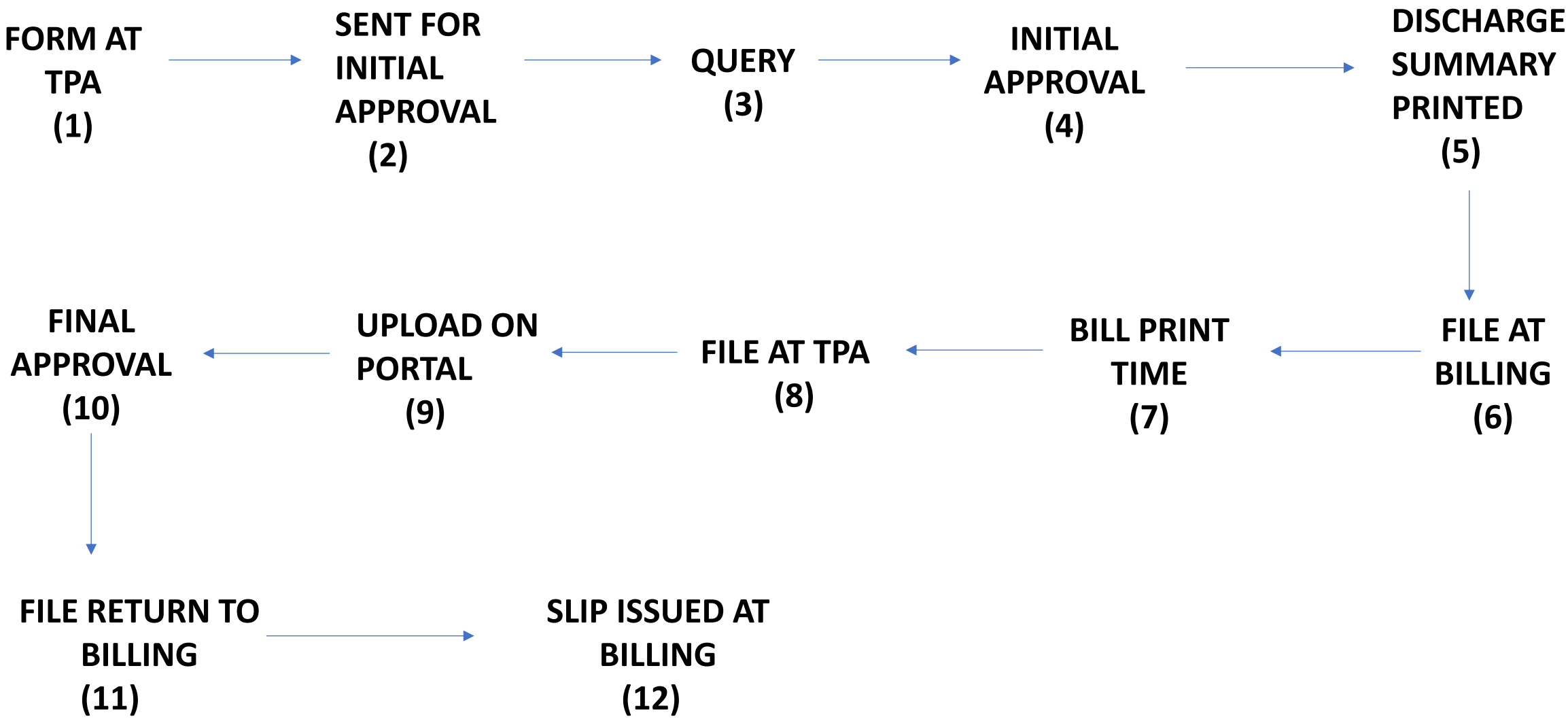
Insurance Companies on Panel

1. The New India Assurance Co. Ltd
2. The Oriental Insurance Co. Ltd
3. National Insurance Co. Ltd
4. Bajaj Allianz General Insurance Co. Ltd
5. HDFC Ergo General Insurance Co. Ltd
6. ICICI Prudential Life Insurance Co. Ltd
7. IFFCO Tokio General Insurance Co. Ltd
8. Kotak General Insurance Co. Ltd
9. 9. Reliance General Insurance Co. Ltd
10. SBI General Insurance Co. Ltd
11. TATA AIG
12. ICICI Lombard (Paramount TPA)
13. United India Insurance Co. Ltd
14. Manipal Cigna Health Insurance Co. Ltd
15. Liberty General Insurance
16. Royal Sundaram Alliance Insurance Co. Ltd
17. Future Generali India Insurance Co. Ltd
18. Cholamandalam MS General Insurance Co. Ltd

Third Party Administrators on panel

1. Family Health Plan Insurance TPA Ltd
2. Health India Insurance TPA Services Pvt Ltd
3. Health Insurance TPA of India Ltd
4. Heritage Health Insurance TPA Pvt Ltd
5. MD India Health Insurance TPA Pvt Ltd
6. Mediassist Insurance TPA Pvt Ltd
7. Paramount Health Services & Insurance TPA Pvt Ltd
8. Raksha Health Insurance TPA Pvt Ltd
9. Vidal Health Insurance TPA Pvt Ltd
10. Volo TPA
11. Safeway TPA
12. Medsave Health Insurance TPA Ltd
13. Ericson TPA
14. Link K TPA
15. Vipul Medcorp Insurance TPA Pvt Ltd
16. Medadvantage Insurance TPA

PROCESS FLOW OF HOSPITAL TPA

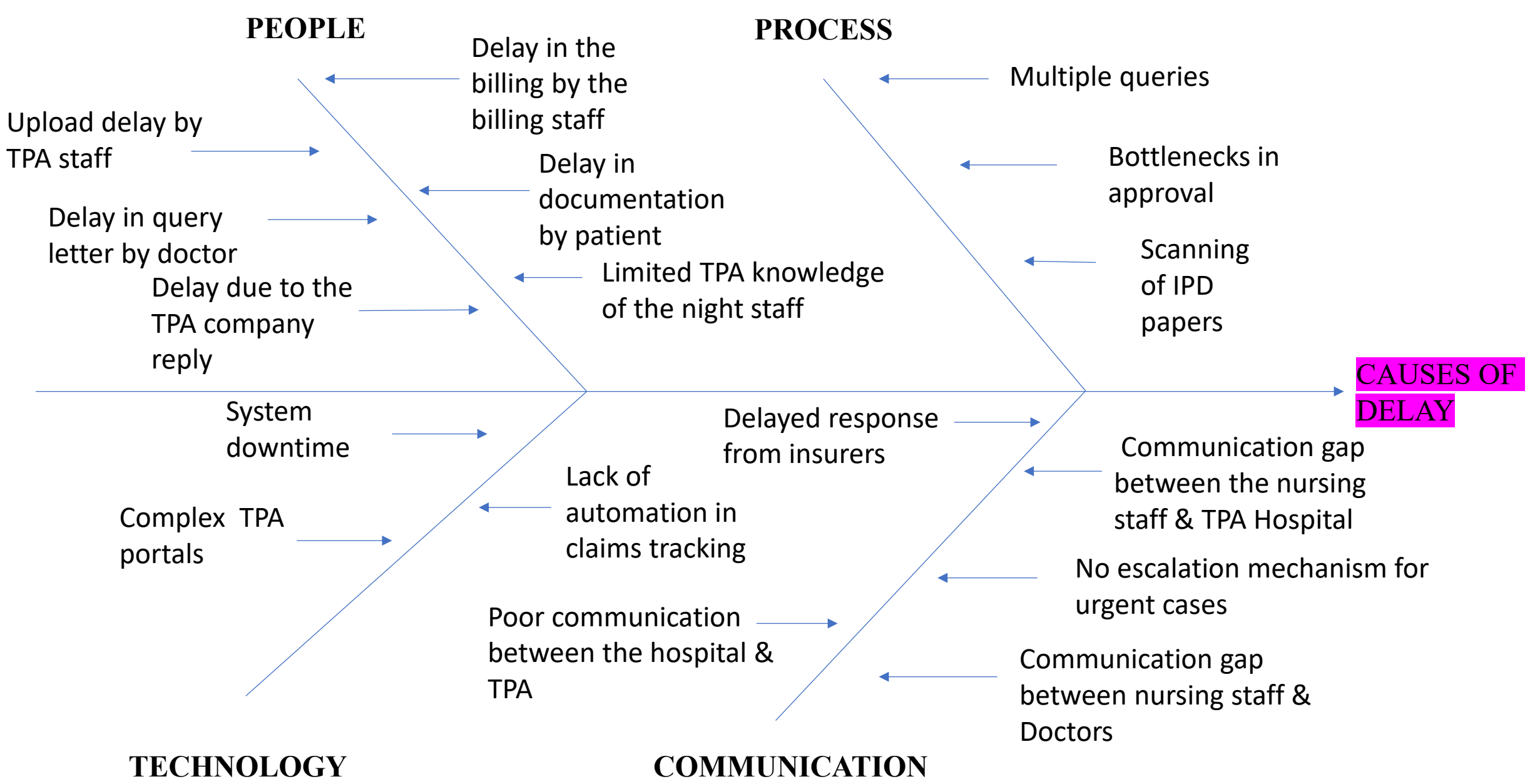


TPA Process

1. Admission of the patient
2. Submission of TPA form & Documents
   - Aadhar card (Policy holder & patient)
   - Pan card (Policy holder)
   - Insurance id card (Patient)
   - Previous medical papers
3. TPA sends for Initial approval
4. Query letter in case of queries
4. Until patient is discharged sent for further enhancement if needed
5. Discharge of patient
6. File to billing
7. File to TPA
8. Sent for Final approval
9. Returned to billing
10. Slip issued at billing
11. Patient discharged

Types of queries

1. Please provide treating doctor certificate detailing the etiology of ailment.
2. Kindly provide need for hospitalization in view of treatment given. Justification letter from treating doctor only.
3. Kindly provide first consultation papers . Provide letter from 1st treating doctor . Clarify pt under influence of alcohol or any other intoxification at time of incident.
4. Kindly provide exact confirm diagnosis.
5. Kindly provide investigation reports supporting diagnosis.
6. Kindly provide letter from treating doctor stating exact narrative description about the incident details.



Fishbone diagram

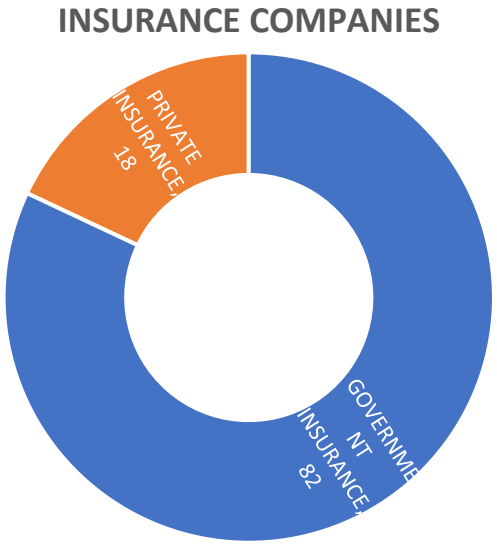
Analysis

Out of the 100 patients included in the study

Government insurance patients= 82

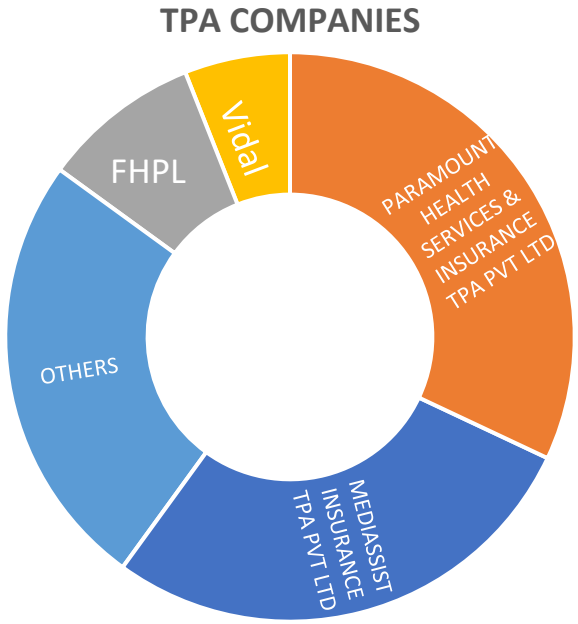
- The New India Assurance Co Ltd= 24
- The Oriental Insurance Co Ltd= 43
- The United India Insurance Co Ltd =10
- National Insurance Co Ltd =5

Private insurance patients= 18



Major TPA Companies

- Mediassist Insurance TPA Pvt Ltd = 28
- Paramount Health Services & Insurance TPA Pvt Ltd= 32
- Family Health Plan TPA Pvt Ltd= 9
- Vidal Health Insurance TPA Pvt Ltd= 6
- Others = 25

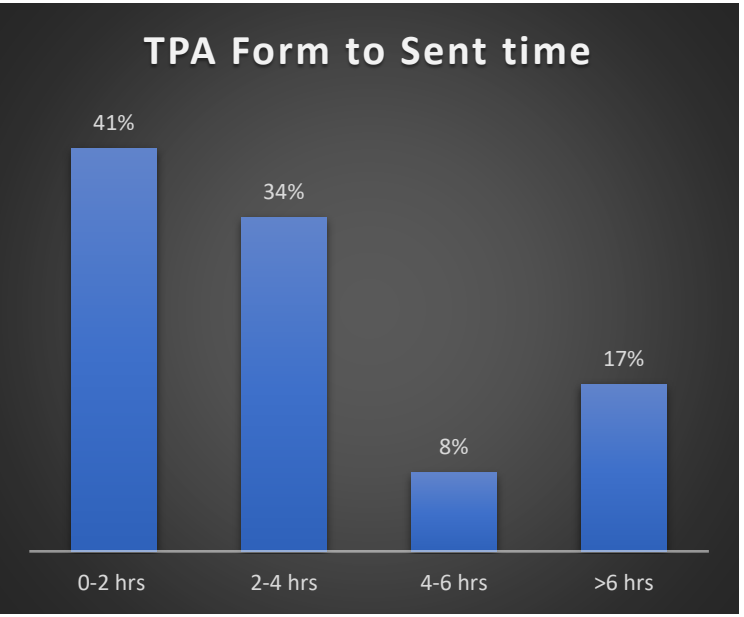


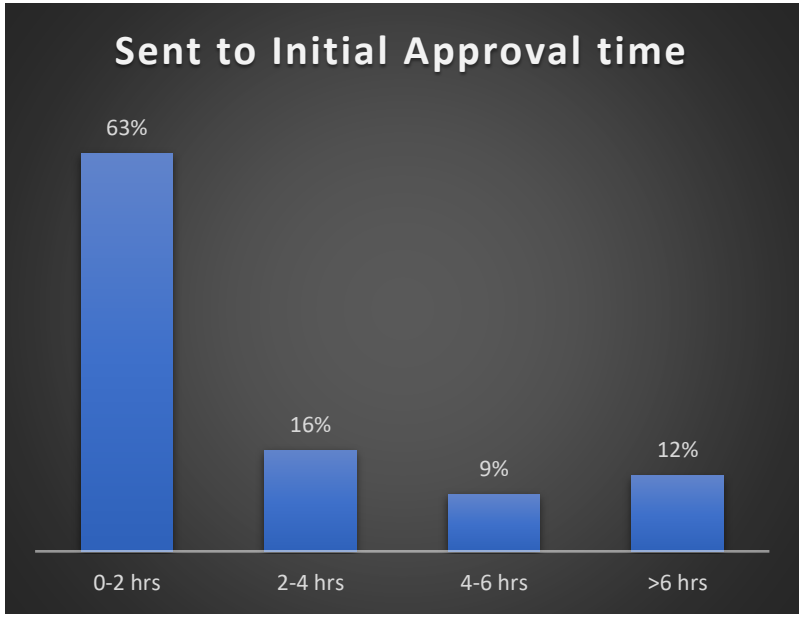
Analysis

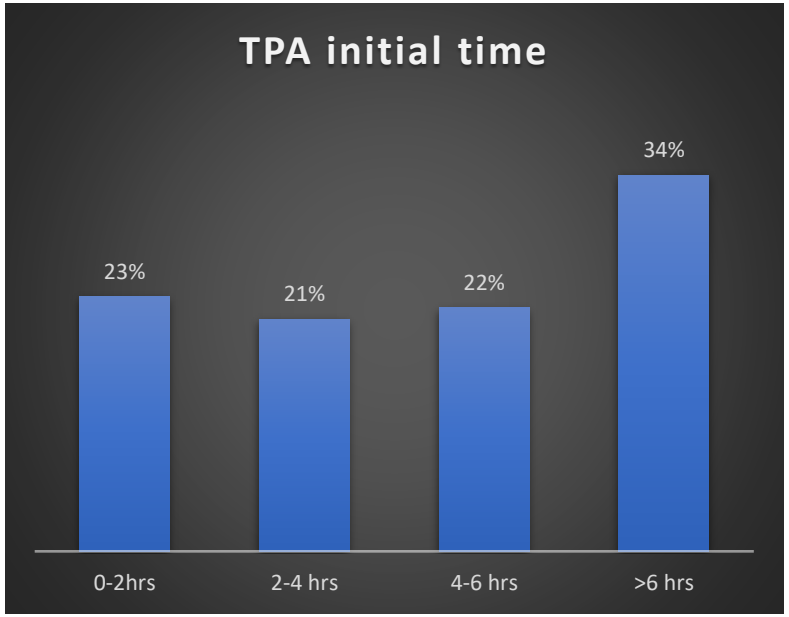
Form sent time	count
0-2 hrs	41
2-4 hrs	34
4-6 hrs	8
>6 hrs	17
Total	100

Sent to initial approval time	count
0-2 hrs	63
2-4 hrs	16
4-6 hrs	9
>6 hrs	12
Total	100

TPA Time initial	count
0-2 hrs	23
2-4 hrs	21
4-6 hrs	22
>6 hrs	34
Total	100





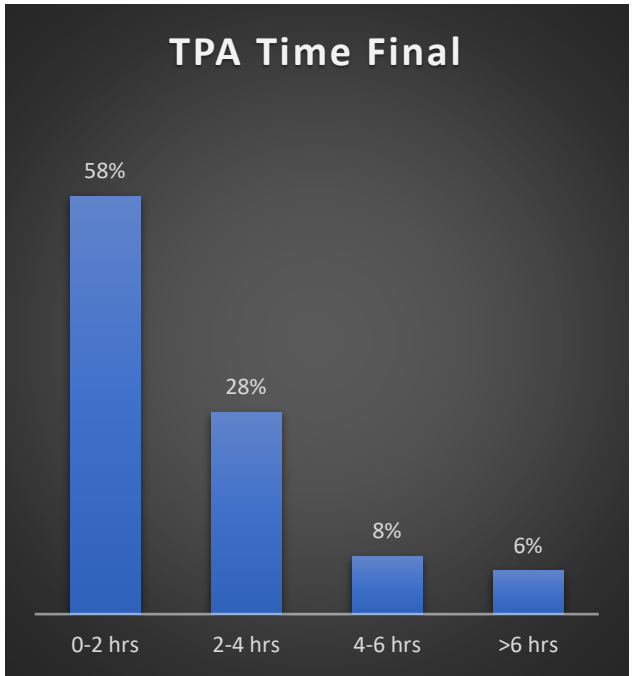


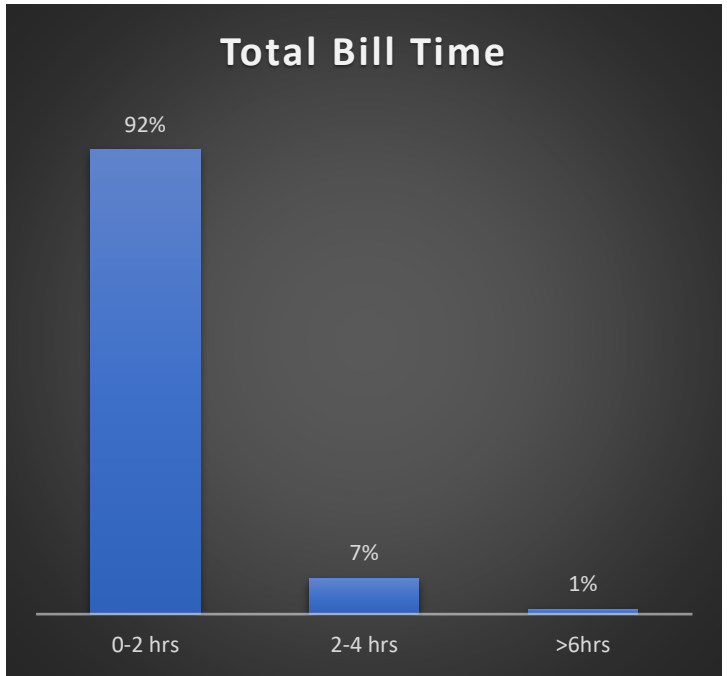
Analysis

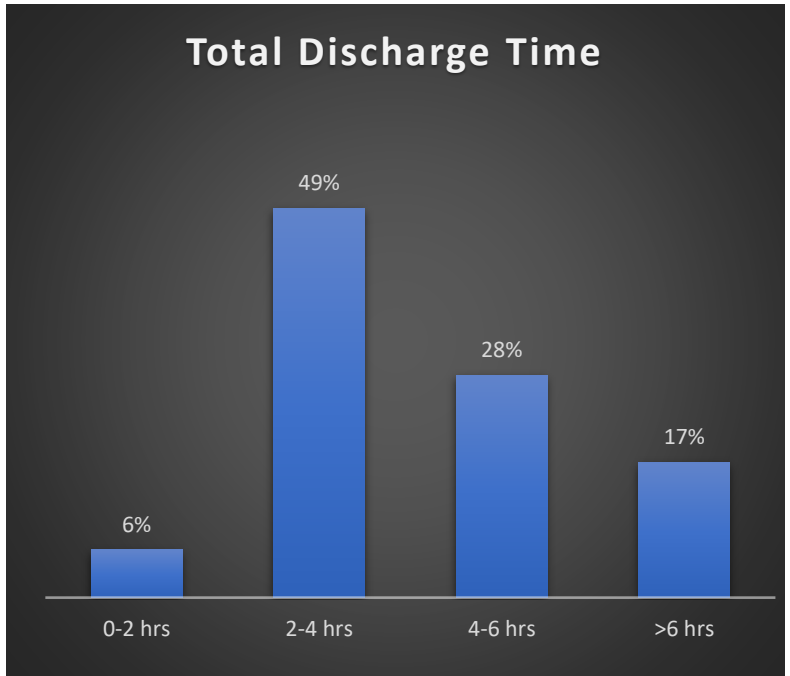
TPA time Final	Count
0-2 hrs	58
2-4 hrs	28
4-6 hrs	8
> 6 hrs	6
Total	100

Total billing time	Count
0-2 hrs	92
2-4 hrs	7
>6 hrs	1
Total	100

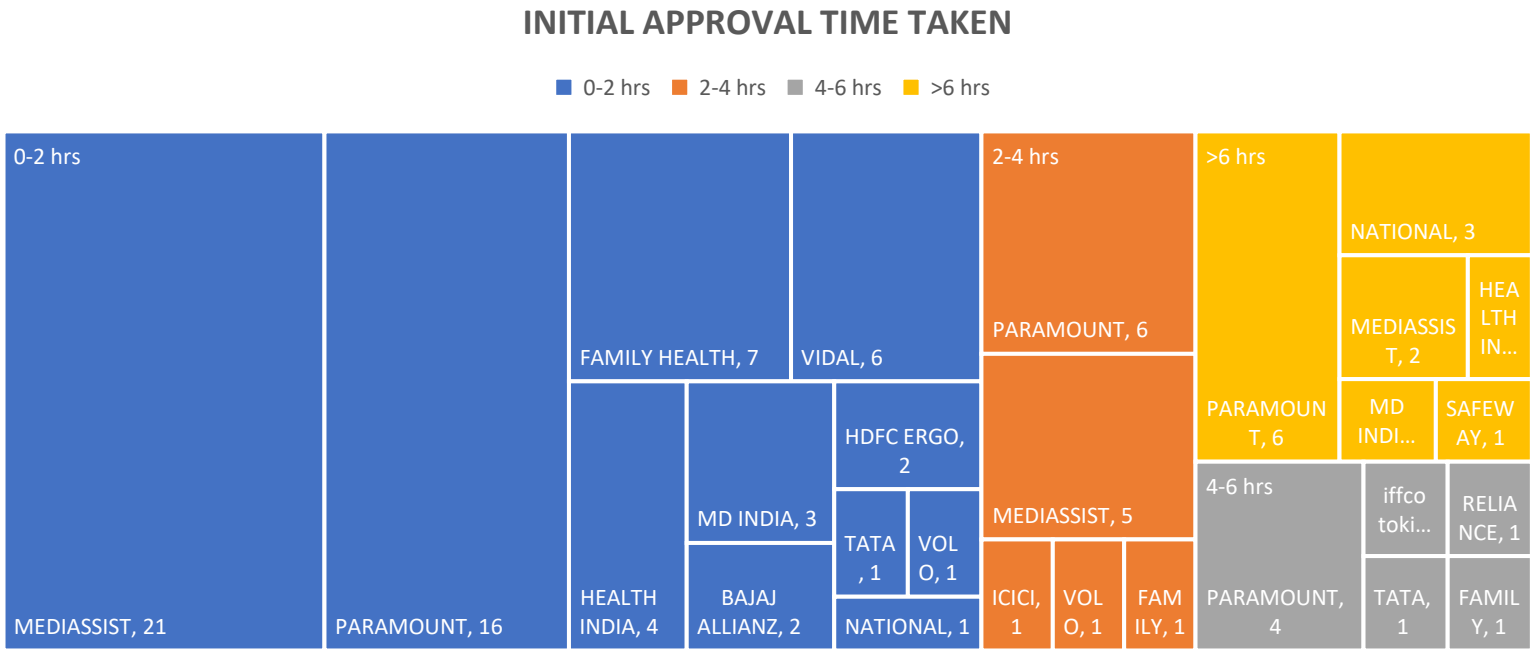
Total Discharge time	Count
0-2 hrs	6
2-4 hrs	49
4-6 hrs	28
>6 hrs	17
Total	100

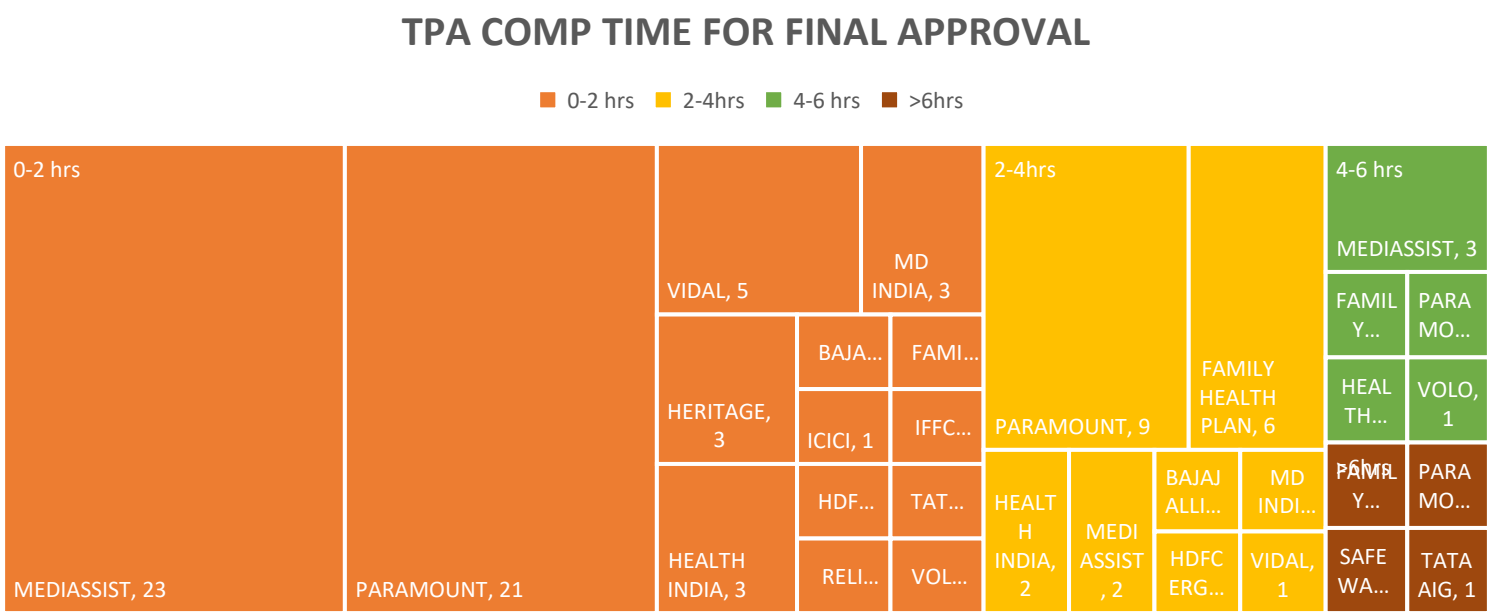






Analysis


INITIAL APPROVAL TIME TAKEN
0-2 hrs
2-4 hrs
4-6 hrs
>6 hrs
0-2 hrs
MEDIASSIST, 21
PARAMOUNT, 16
FAMILY HEALTH, 7
VIDAL, 6
HEALTH INDIA, 4
MD INDIA, 3
BAJAJ ALLIANZ, 2
HDFC ERGO, 2
TATA, 1
VOLO, 1
NATIONAL, 1
2-4 hrs
PARAMOUNT, 6
MEDIASSIST, 5
ICICI, 1
VOLO, 1
FAMILY, 1
>6 hrs
PARAMOUNT, 6
NATIONAL, 3
MEDIASSIST, 2
HEALTH IN...
MD INDI...
SAFEWAY, 1
4-6 hrs
PARAMOUNT, 4
iffco toki...
RELIANCE, 1
TATA, 1
FAMILY, 1


TPA COMP TIME FOR FINAL APPROVAL
0-2 hrs
2-4hrs
4-6 hrs
>6hrs
0-2 hrs
MEDIASSIST, 23
PARAMOUNT, 21
VIDAL, 5
MD INDIA, 3
HERITAGE, 3
BAJA...
FAMI...
ICICI, 1
IFFC...
HEALTH INDIA, 3
HDF...
TAT...
RELI...
VOL...
2-4hrs
PARAMOUNT, 9
FAMILY HEALTH PLAN, 6
HEALTH INDIA, 2
MEDIASSIST, 2
BAJAJ ALLI...
MD INDI...
HDFC ERG...
VIDAL, 1
4-6 hrs
MEDIASSIST, 3
FAMILY...
PARAMO...
HEALTH...
VOLO, 1
FAMILY...
PARAMO...
SAFEWA...
TATA AIG, 1

ANALYSIS

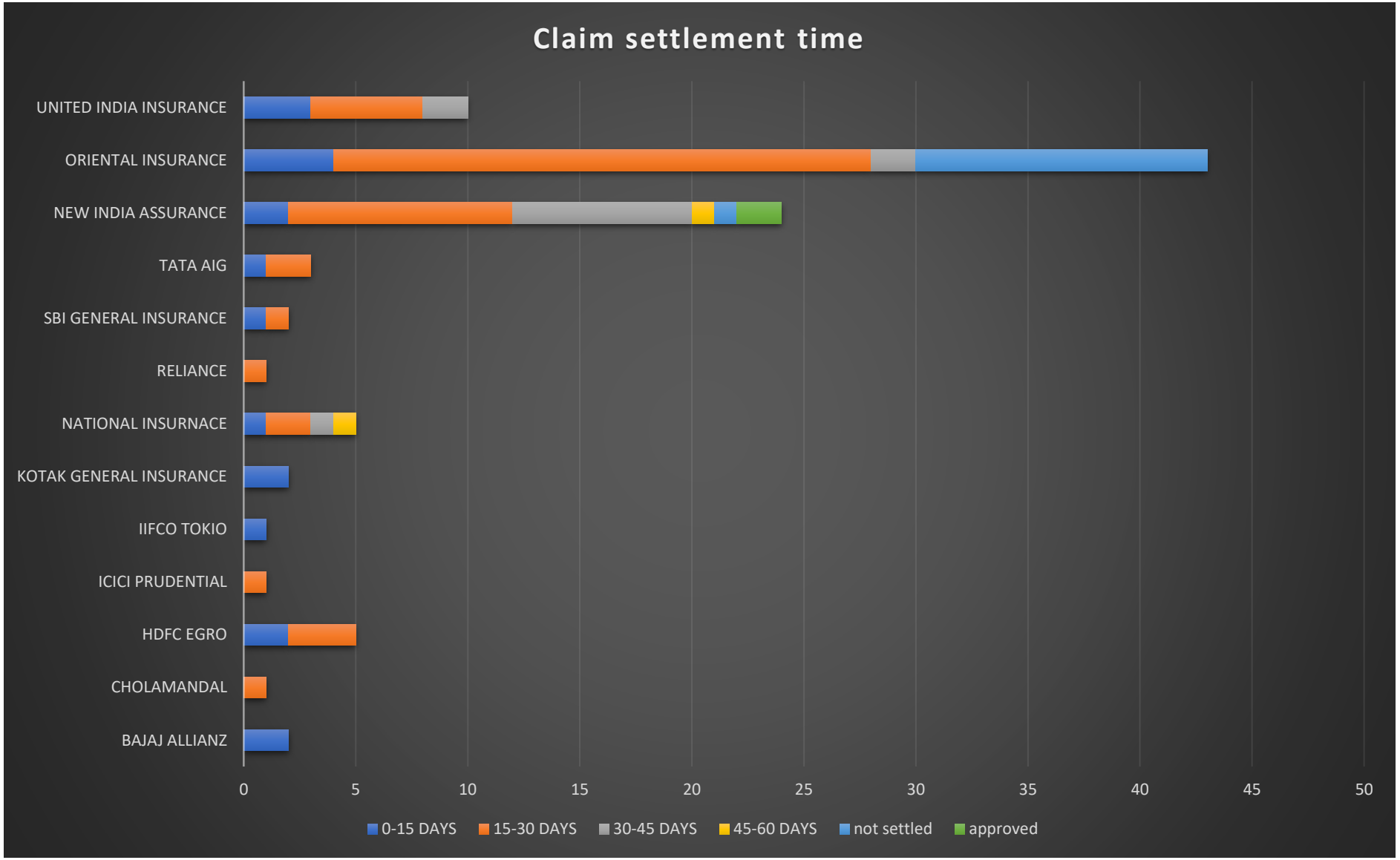
Sr no	Process	Median time
1	Form received to sent	02:36:30
2	Sent to initial approval time	00:47:00
3	Total Initial TPA time	04:42:00
4	File TPA to Upload	00:10:30
5	File TPA to Final approval	01:49:00
6	TPA Company Time Final approval	01:34:00
TPA DEPARTMENT		

Sr no	Process	MEDIAN TIME
1	Bill print time to file at billing	00:20:30
2	File return to billing to slip issued	00:26:00
3	Billing dept total time	00:52:00
BILLING DEPARTMENT TOTAL TIME		

TOTAL DISCHARGE TIME = 03:38:00

		SETTLEMENT TIME					
SR NO.	INSURNACE COMPANY	0-15 DAYS	15-30 DAYS	30-45 DAYS	45-60 DAYS	not settled	approved
1	BAJAJ ALLIANZ	2					
2	CHOLAMANDAL		1				
3	HDFC EGRO	2	3				
4	ICICI PRUDENTIAL		1				
5	IIFCO TOKIO	1					
6	KOTAK GENERAL INSURANCE	2					
7	NATIONAL INSURNACE	1	2	1	1		
8	RELIANCE		1				
9	SBI GENERAL INSURANCE	1	1				
10	TATA AIG	1	2				
11	NEW INDIA ASSURANCE	2	10	8	1	1	2
12	ORIENTAL INSURANCE	4	24	2		13	
13	UNITED INDIA INSURANCE	3	5	2			

ANALYSIS


Claim settlement time
UNITED INDIA INSURANCE
ORIENTAL INSURANCE
NEW INDIA ASSURANCE
TATA AIG
SBI GENERAL INSURANCE
RELIANCE
NATIONAL INSURNACE
KOTAK GENERAL INSURANCE
IIFCO TOKIO
ICICI PRUDENTIAL
HDFC EGRO
CHOLAMANDAL
BAJAJ ALLIANZ
0
5
10
15
20
25
30
35
40
45
50
0-15 DAYS
15-30 DAYS
30-45 DAYS
45-60 DAYS
not settled
approved

Interpretation

- Process efficiency analysis

1. Billing department (Most efficient)

- 92% of bills processed in 0-2 hrs
- Median time: 52 mins

2. **Approval processes**

- Initial approval: 63% in 0-2 hrs (median 47 mins)
- Final approval: 66% in 0-2 hrs (median 1h 34m)

- Bottlenecks

1**. Initial TPA processing**

- 34% of cases take> 6 hrs
- Median: 4h 42m

2. **Patient discharge**

- Only 6% in 0-2 hrs
- Median : 3h 38m

Interpretation

- Top delay causes

1. Manual documentation checks
2. Inter-departmental coordination gaps

Insurer performance benchmark

- Top performers (Private insurers)

Bajaj Allianz, Kotak, HDFC- 100% Claims settled in 0-15 days

- Worst performers (Public Insurers)

Oriental Insurance -24 claims in 15-30 days + 13 unsettled (more than 45 days)

New India Assurance – 8 claims in 30-45 days

Recommendations

Based on the analysis, several strategies are recommended to reduce resolution time and improve process efficiency:

1. **Digitization of TPA Submission and Approval Processes** – Introducing automated workflows to reduce manual intervention and accelerate approvals such as Electronic Health Record.
2. **Cross-training of the TPA and billing staff**
3. **Insurance Details can be mentioned on the Godrej Hospital website**

This will help to keep the patient informed about the empanelled insurance companies and TPAs of the hospital along with the necessary documents for the TPA process

4. **Performance-Based Audits and SLAs** – Establishing service-level agreements for public providers with insurers to ensure accountability and timely processing.

Recommendations

5. Colour-code for insurers (green/yellow/red)

Green for the insurance companies with claim settlement time 0-15 days.

Yellow for 15-30 days.

Red for > 30 days.

6. For TPA Companies

- **Some provision on the portal to fast-track the urgent cases**

7. Effective communication between the Nursing staff, Doctors, and the TPA staff

8. Discharge dashboards – For real-time visibility

Conclusion

By implementing , pre-emptive approvals, parallel processing, digital tracking and stronger TPA coordination , hospitals can significantly reduce discharge times for credit patients. The key lies in eliminating manual bottlenecks , improving inter-departmental workflows, and setting clear accountability. A less than 3 hours discharge for patients should be the goal along with reducing the initial approval time.

THANK YOU