SYNOPSIS FOR DISSERTATION - NIYATI NAIK (MBA HM 28, Roll no. 1758)

1. TITLE:

A Study On The Contributing Factors Responsible For Claim Denials In A Hospital Setting.

2. INTRODUCTION:

Health insurance plays a pivotal role in shielding individuals from high healthcare costs by providing financial compensation for their medical expenses. The volume and complexity of health insurance claims have increased dramatically as insured populations have grown and medical technology has advanced. In this environment, hospitals serve as mediators between patients and insurance providers, ensuring that the reimbursement process runs smoothly.[1]

A claim denial occurs when an insurance company declines to cover a submitted claim in part or in full. Claim denials have a detrimental impact on hospitals because they disrupt revenue cycles and increase the operational workload for resubmission and appeals. [2,3]

Claim denials have been an increasingly common issue in healthcare settings. Incomplete documentation, coding errors, a lack of pre-authorization, and policy exclusions are among the most common reasons. [4,5]

In India, the issue is exacerbated by a lack of standardisation, poorly documented policies and inconsistent pre-authorization procedures. [2,5]

According to Poland and Harihara [2022], a structured approach that includes root cause investigation, personnel training, and improved system integration is critical to reversing this trend.[3]

This study aims to identify the most common causes of claim denials at the TPA desk of Kokilaben Dhirubhai Ambani Hospital, Mumbai, and suggest mitigation strategies for the same.

3. LITERATURE REVIEW:

Authors (Year)	Name of the article/study	Study Location	Sample Size	Sampling Techniques	Study Methodology	Summary and findings
Rosenthal E (2023)	Health Insurance Claim	United States	Not applicable	Not applicable	Narrative	Discusses the increasing trend of health

	Denials Are on the Rise, to the Detriment of Patients				review/ report	insurance claim denials in the U.S., emphasizing administrative burdens and their impact on patients.
Poland L, Harihara S (2022)	Claims Denials: A Step-by-Step Approach to Resolution	United States	Not applicable	Not applicable	Narrative review	It details the process healthcare providers can follow to identify the cause of claim denials and successfully appeal them. Key findings include that many denials result from administrative errors or incomplete documentation, and timely follow-up significantly improves reimbursement rates. The article stresses the importance of a systematic approach to denial management for

						operational efficiency.
Raghupathi W, Raghupathi V (2021)	Leveraging IT to Improve Claims Management	Global	Not specified	Not specified	Literature review	The authors review the impact of information technology and advanced analytics on claims processing. They find that IT-enabled solutions reduce errors, accelerate processing time, and enable predictive analytics to anticipate and prevent claim denials. Case studies demonstrate measurable improvements in claim accuracy and financial performance, underscoring IT's vital role in modernizing claims management.

Goudarzi R et al. (2020)	Rate and Causes of Claim Denials in Iranian Hospitals: A Systematic Review and Meta-analysis	Iran	16 studies analyzed	Systematic inclusion	Systematic review & meta-analysis	This meta-analysis synthesizes studies from Iranian hospitals to determine the prevalence and causes of claim denials. The main reasons identified include incomplete documentation, non-compliance with insurer policies, and coding errors. The pooled denial rate was significant, prompting the authors to recommend staff training and standardized documentation protocols to reduce denials and improve hospital revenue cycle management.
Yusuf TO, Ajemunigbohun SS, Alli GN (2017)	A Critical Review of	Nigeria	200 employees	Purposive sampling	Cross-sectional descript	Focusing on selected Nigerian insurance companies, this

	Insurance Claims Management				ive study	review identifies challenges such as fraudulent claims, inefficient claims processing, and poor regulatory oversight. Findings highlight the need for stronger fraud detection mechanisms and streamlined workflows to improve claim approval rates and overall trust in the insurance system. The authors call for comprehensive reforms and capacity building in claims management.

4. RESEARCH QUESTION:

What are the key factors contributing to claim denials by insurers in a hospital setting?

5. OBJECTIVES:

- To identify trends and patterns in claim denials among different insurance companies in a hospital setting.
- To identify the key factors contributing to claim denials by insurers in a hospital setting.
- To propose strategies to minimize claim denials and improve claim processing efficiency.

6. MATERIAL AND METHODS:

STUDY DESIGN:

Cross-sectional descriptive study.

SETTING:

TPA desk of Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute, Mumbai.

STUDY POPULATION:

- **Inclusion Criteria:**
  - Denied claims recorded in the hospital's MIS, between November 1, 2024 and April 30, 2025.
  - Denied claims involving hospitalization, surgeries, and daycare procedures.
  - Claims that were initially denied and later approved after resubmission.
- **Exclusion Criteria:**
  - Denied claims of insurance companies other than the ones selected for the study.
  - Claims with a pending adjudication status.
  - Denied claims where the policyholder withdrew the cashless facility after filing the claim.

STUDY TOOLS:

WinClient software- Kokilaben hospital’s MIS.

DURATION OF STUDY:

3 months (March 10, 2025 to May 31, 2025)

SAMPLING SIZE:

630

SAMPLING TECHNIQUE:

Convenience sampling

DATA COLLECTION AND ANALYSIS:

The data collection and analysis for this study were conducted in a structured and sequential manner to investigate the key factors contributing to claim denials in a hospital setting. Insurance claim records from nine companies were extracted from the hospital information system for the period between November 1st, 2024, and April 30th, 2025. Denied claims were segregated month-wise and insurer-wise to allow trend and comparative analysis. The data was analysed to identify recurring patterns, insurer-specific trends, and systemic gaps in claim processing. Denied claims were further classified into two categories—those resolved upon resubmission and those finalized as denied—highlighting areas of preventable denial. Each denied claim was then categorised into one of seven denial reasons, and Microsoft Excel was used for quantitative analysis, employing pivot tables, frequency counts, and graphical visualisations to support the findings.

OPERATIONAL DEFINITIONS:

- **Claim Denial:** A refusal by the insurance provider to fulfill a request for payment of healthcare services availed by the policyholder, based on predefined terms and conditions.
- **Contributing Factors:** Administrative, clinical, coding, procedural, or other errors identified as causes of claim denials.

7. ETHICAL CONSIDERATIONS:

Patient confidentiality and data anonymity will be thoroughly maintained. Hospital and insurance data will be utilized only for research purposes, with required authorizations.

8. IMPLICATIONS OF RESEARCH:

This study will provide valuable insights into the factors contributing to claim denials in hospital setting. By identifying common reasons for denials, the research will help hospitals improve their claim submission processes, reduce administrative hassles, and improve cash flow. Furthermore, the findings could assist insurance companies in streamlining their policies and ensuring fair claim processing. Reduced claim denial rates are likely to increase patient satisfaction and trust in the healthcare system.

9. REFERENCES:

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