Summer Training at
Bombay Hospital, Indore
(April 3 to June 2, 2017)

Management of Marketing and Executive Health Schemes Department

By
Pankaj Jagwani

Under the guidance of
Dr. P.R. Sodani

MBA Hospital & Health Management
2016-2018

Institute of Health Management Research
The IIHMR University, Jaipur
2017

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that **Mr. Pankaj Jagwani** has undergone summer training in **Bombay Hospital, Indore** from **3rd April to 3rd June 2017**.

The candidate himself completed the project assign to him during summer training. His approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health Management.

I wish him success in all his future endeavors.

Col. (Dr.) Ashok Kaushik
Dean (Academic & Student Affair)
The IIHMR University, Jaipur

Dr. P. R. Sodani
Dean (Training)
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Bombay Hospital - Indore

NABH Accredited

Mark of Excellence

CERTIFICATE

This is to certify that ***Mr. Pankaj Jagwani*** *student of MBA (Hospital Administration) 2nd Sem from Institute of Health & Management Research, Jaipur has successfully completed his training in* ***"Management of Marketing / Executive Health Scheme Department according to NABH Standards"*** *at the Marketing Department in Bombay Hospital, Indore during 03-04-2017 to 03-06-2017.*

We wish him success for all his future endeavour.

Firoz Qureshi
Marketing Head
Bombay Hospital

Date 04-06-2017

BOMBAY HOSPITAL
RING ROAD,
INDORE-452 010
☎ : 4077000

DECLARATION

Pankaj Jagwani, a student of Master of Business Administration (Hospital Administration) declares that the report entitled "is my original project work done under the supervision of Mr. FIROZ QURESHI (SENIOR MARKETING MANAGER) at-BOMBAY HOSPITAL 1NDORE."

Pankaj Jagwani

Dated: 3/6/2017

AKNOWLEDGMENT

Acknowledgement is one of the pleasant duties and while doing so, one cannot ignore the factors which ostensibly or invisibly contribute to the successful completion of a work.

First and foremost I would like to thank my internal project guide **Dr. P. R. Sodani** for extending his incessant guidance and support. His supervision has always encouraged me to improve in my work towards perfection.

I have been really lucky to have done my project at **Bombay Hospital, Indore,** where all the staff members have been co-operative to their utmost level.

I am grateful to **Mr Manuel Fernandez**, Bombay Hospital, Indore who has allowed me and inspired me to accomplish the study with enough enthusiasm and zeal.

I would like to pay my gratitude to **Mr. Firoz Qureshi, Manager Marketing** for providing me the opportunity to undertake this study in this hospital & for clearing my doubts regarding my topic as well as providing the necessary guidance, whenever it was required.

I am greatly indebted to all the **staff members** of **Marketing, Operations, Finance, Human Resource and Hospital Information System** for co-operating with me and providing me the sufficient records, data and information wherever required.

I shall be failing in my duty if I do not record the invisible contribution of **my family members, seniors** & **friends** for assisting & supporting me.

Pankaj Jagwani

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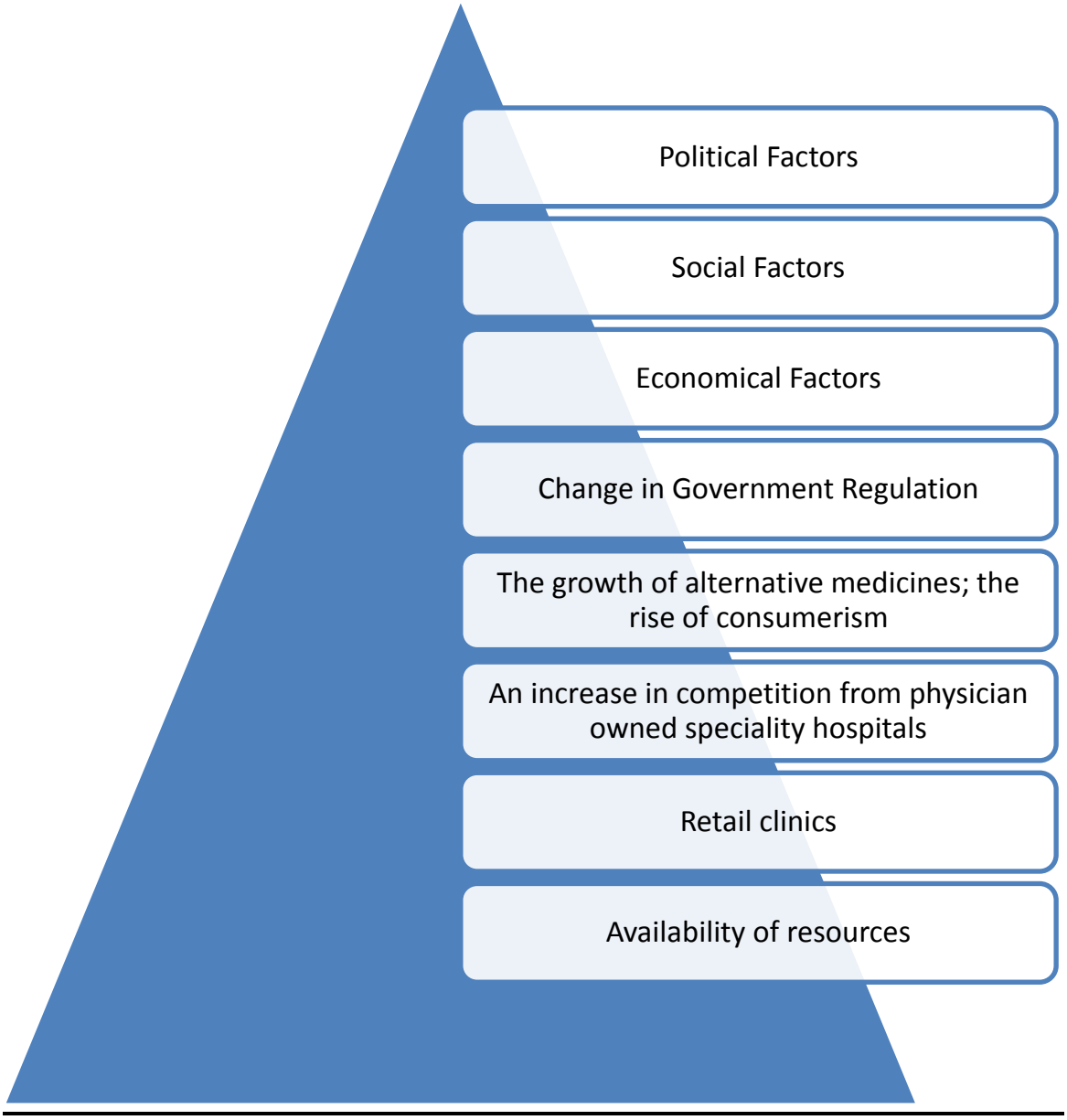
Hospital Marketing

HOSPITAL MARKETING

"Healthcare marketing is educating ourselves as to the wants and needs of our potential customers and, based on the knowledge 'educating our customers and offering them valued services that fulfill their needs, when and where they need those services."

Healthcare Marketers Face Unique Challenges:-



Marketing of Bombay Hospital Indore:-

At Bombay Hospital Marketing Strategies are mostly organized by the marketing department

- This Hospital does its marketing with the help of banner, brochures and pamphlets.

इंदौर, भोपाल (नवदुनिया), जबलपुर, ग्वालियर, रायपुर, बिलासपुर और दिल्ली-एनसीआर (राष्ट्रीय संस्करण)

भारत ने कनाडा को दी शिकस्त » 14

(+63.90) • दिल्ली सराफा » सोना 26750 (-400) » चांदी 36650 (-1350) • मुद्रा बाजार »

A+ मां ने O- बेटे को दी किडनी

इंदौर में हुआ मध्यभारत का पहला मिसमैच किडनी ट्रांसप्लांट

इंदौर। अभी तक यह माना जाता था कि जब तक ब्लड ग्रुप मैच नहीं होता, किडनी ट्रांसप्लांट लगभग असंभव है, मगर इंदौर में मध्यभारत का पहला मिसमैच किडनी ट्रांसप्लांट किया गया। जिसमें ए-पॉजिटिव ब्लड ग्रुप की मां ने 24 वर्षीय ओ-पॉजिटिव ब्लड ग्रुप वाले बेटे को किडनी देकर जीवन दान दिया। प्लाज्मा फेरेसिस टेक्नीक से किए गए इस ट्रांसप्लांट को चिकित्सकीय भाषा में इनकम्पीटेबल किडनी ट्रांसप्लांट कहते हैं।

ऑपरेशन को करने वाले बॉम्बे अस्पताल के नेफ्रोलॉजिस्ट डॉ. राजेश भराणी ने बताया कि 24 साल के आनंद वाणी तीन साल से किडनी की समस्या से जूझ रहे थे और डायलिसिस पर थे। आनंद का ब्लड ग्रुप ओ है। मां भाग्यवंती किडनी देना चाहती थी, लेकिन ब्लड ग्रुप मैच नहीं होने के कारण यह संभव नजर नहीं आ रहा था। ऐसे में प्लाज्मा फेरेसिस टेक्नीक का इस्तेमाल करने का फैसला किया गया। 28 मार्च को ऑपरेशन किया गया। अब आनंद की स्थिति सामान्य है। सामान्य ऑपरेशन में जहां 5 लाख लगते हैं वहीं इसमें 7 लाख रुपए का खर्च आता है। » शेष पेज 10 पर

आनंद वाणी

An Article given in the newspaper

- This hospital has conducted camps for various corporates to make them aware about the health schemes provided in the hospital and hospital also prepares different type of health packages of the surgeries checkups, which helps in marketing of the hospital

- The hospital focuses upon corporate tie ups for catering better health care facilities to the corporate thus ensuring increased inflow of the patients.

- Bombay hospital has tie ups with many corporate like BNP, HDFC BANK, BANK OF INDIA, SBI, BSNL, BHARAT PETROLEUM to name a few.

- The hospital also does social media marketing with the help of social media sites like face book through which relevant information regarding the services of the hospital is being regularly shared with people.

- Bombay hospital maintains a well updated website, for its users, to provide beneficial information related to various health services being provided.

What is HEALTH INSURANCE?

Health insurance is an agreement between a financial company and an individual or family Hat promises to pay all or portion 01 certain medical expenses that the person or family incurs. Overall risk is estimated of health care and health system expenses, among d targeted group, an insurer can develop a routine finance structure, such as a monthly premium or payroll tax, to ensure that money is available to pay for the health care benefits specified in the insurance agreement.

Benefits for the insured person:-

Benefits depend on the policy we choose and the coverage it provides.

- It reduces saving huge amount of financial losses, risk of financial breakdown in case of expensive medical and post- illness care.
- It provides financial security to the family members.
- It covers your hospitalization and medical bills.

Benefits to Insurance

- Increase in people taking med claim policy
- Profit generation.
- Less dealing directly with people.

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SOME INSURANC COMPANIE IN INDIA

- Bajaj Allianz General Insurance.
- Bharti AXA General Insurance.
- New India insurance Ltd.
- Future Generali India Insurance.
- HDFC ERGO General Insurance.
- ICICI Lombard.
- National insurance company
- Reliance General Insurance.
- SB1 General Insurance.
- Oriental insurance.

Types of Insurance Policy

Types of policies on the basis of health care:-

- **INDIVIDUAL POLICY**

Under this policy an individual person is insured by an insurance company. In individual policy some diseases are covered in a specific period of time and some diseases are permanently excluded.

- **CORPORATE POLICY**

Under this policy an organization takes the responsibility of doing health insurance of its employees. Under the corporate policy, in a

bulk amount, persons are insured, in corporate it is necessary that total people should be above 50. In corporate policy something which is not covered in individual policy is covered but for that situation insured will have to pay extra premium.

Introduction to TPA

Introduction of **"THIRD PARTY ADMINISTRATION**" (TPA) in Health Care Management and its implication for Healthcare Providers:

With the opening, the insurance should be enlarged to cover a larger section of population with a target of three, 75,000 persons covered by health insurance by 2010.

REIMBURSEMENT

In this there is no role of TPA. The patient pays the amount of bill in the hospital and afterwards claims his case in insurance company to repay the amount by submitting the bill. This is known as Reimbursement Process.

Third Party Administration:-

TPA is a service whereby the client gets a "Cashless Treatment" at network hospitals, hereby assuring quality service at the most economical rates. The idea behind the scheme is to provide medical assistance to the client, at the same time not burr a hole in his pocket.

- **AIM OF TPA:**

Besides providing cashless service for the patient TPAs have to focus on the following aspects:

- Reduce claim cost as well as claim ratio for the insurer.
- Utilization review and control of decision about health services provided prospectively or retrospectively.
- To obtain second surgical/specialist opinion if necessary before issuance of authorization during the time of hospitalization.
- Providing list of service providers and their charges to the insurer.
- Will negotiate the charges and bulk discount with providers; discount will be passed on the insurer.
- Arrange of gradation of the hospitals depending upon the infrastructure, type of treatment available, quality and cost of treatment.
- In addition, to provide better services always to insurer availing the Mediclaim services.

Benefits of TPA in Relation to BOMBAY HOSPITAL

Benefits of Hospital

- Increase in the inflow of patient.
- Patient willing to go for high cost of treatment.
- Generation of profit.
- Good market image as flow of patient increases.

Benefit to Patient:

- Cashless facility.
- No tension about cost of the treatment.
- No more arranging of fund.
- Feeling of security.
- Able to undertake high cost treatment.
- No long procedure of Bill reimbursement.

DIFFICULTIES

- **Difficulties to Hospital**

  - Difficulty in communication. (Due to busy phone and Fax line).
  - Rejection/ Denial Pre-authorization request.
  - Increase administrative work.
  - TPA advising cheaper and alternative treatment to the Hospital.
  - Delay in TPAs reply.

➢ Difficulties to patient

- Rejection/Denial Pre-authorization request.
- Effect of mal-practices (as insurer guiding Consultants to reduce stay in Hospital).
- Pre-existing disease is not covered in the policy.
- Difficulty in communication. (Due to busy phone and Fax line).
- Patients do not understand the complexity of the whole process of
- The cashless service.

LIST OF TPA IN BOMBAY HOSPITAL

1. VIPUL MEDICORP TPA PVT. LTD.
2. PARAMOUNT HEALTH SERVICES PVT. LTD.
3. BAJAJ ALLINZ GEN. INSU. CO. LTD.
4. MD INDIA HEALTH CARE SERVICES PVT. LTD.
5. DEDICATED HEALTH SER. TPA.
6. E-MEDITEC.
7. MEDI ASSIST TPA.
8. FUTURE GENERAL INDIA INSU. Co. LTD.
9. FAMLY HEALTH PLAN.
10. STAR HEALTH AND ALLIED INSURANCE.
11. HEALTH INDIA TPA SER. PVT. LTD.
12. ICICI GENERAL INSURANCE.
13. IFFCO TOKYO HEALTH INSURANCE COMPANY.
14. CHOLAMANDALAM MS GENERAL INUSRANCE.
15. UNITED HEALTH CARE.
16. MAX BUPA HEALTH INSU. Co. LTD.
17. MEDICARE HEALTH SER. TPA.
18. ICICI LOMBARD.
19. MED SAVE INDIA.
20. ICICI PRUDENTIAL LIFE INSURANCE.
21. HDFC ERGO
22. HERITAGE HEALTH TPA.
23. APOLLO MUNICH HEALTH INSURANCE.
24. RELIGARE.
25. RAKSHA
26. TTK
27. REALIANCE GENRAL INSURANCE Co. LTD.

HOW HOSPITAL TIE-UP WITH TPA

MOU (MEMORANDUM OF UNDERSTANDING)

Process of tie —ups with the TPA.

Procedure of MOU between of Hospital & TPA/Insurance Company-

Hospital has tied up with the paying agencies i.e. central government health scheme, Employment state insurance or with TPAs. Hospitals and paying agencies entered into an agreement and settled all the terms. This process is called MEMORANDUM OF UNDERSTANDING, The procedure includes defining terms and conditions, exclusion criteria, and authorization procedure etc. and this is followed by subsequent transactions.

Standard of services to be provided by hospital depends upon the amount of Mediclaim policy. In case the patient demands a facility, which is not applicable to him, he has to pay extra charges. For example if a patient is supposed to get a facility of general ward and he demands for private or deluxe room, then he has to pay the difference, as TPA does not bear it.

Document submitted during MOU

1. Hospital basic information includes

- Detail of hospital premises.
- Hospital photograph.
- Registration details.
- Pan card detail service tax detail.
- Bank account detail (current /saving).
- Accreditation & certificate detail.
- Past performance.

2. Procedure for cashless hospitalization.

3. List of mandatory documents for settlement of claim.

4. Address at which the documents should be submitted.

5. hospital information/ hospital info sheet

- Contact details.
- Key contact personnel with their direct number and e-mail id.
- Provider classification (i.e. multispecialty/ nursing home/ single specialty hospital etc.).
- Provider details.
- Facilities provided (day/ night).
- Operation theatre details. • 1n-house facilities.
- Personnel details.
- Computerization.
- Consultant information.
- Overall machinery detail.

6. Quality control sheet. Service agreement.
7. Pre-authorization form.).
8. Hospital profile.
9. Registration certificate.
10. Billing guidelines.
11. List of nursing staff, nursing assistants, resident and visiting comsultants.
12. Package of disease.
13. Bio medical waste certificate.

CASHLESS PROCEDURE OF TPA

- First of all a person takes health insurance policy from an insurance company to get cashless service during his treatment.

- Once the diagnosis is established in OPD and the patient is needed to be hospitalized, in that case only patient can demand for the cashless treatment from the hospital (concerned (department).

- After being hospitalized, the policyholder patient who has applied for cash less treatment is requested to bring his ID card and policy copy to the insurance department of the hospital TPA desk.

- Beside the policy details essential document are filled by the doctor in whom all the details of the patients physical is mentioned along with details of all the investigation and document related to diagnosis.

- Then all this documents and other details of patients is collected by concerned department and then send to the TPA office the whole procedure in short called as "Requisition for Authorization".

- The reply from TPA can be of three type approval, denial or query in each of the cases the reply is received within 3 hours approx. from the TPA.

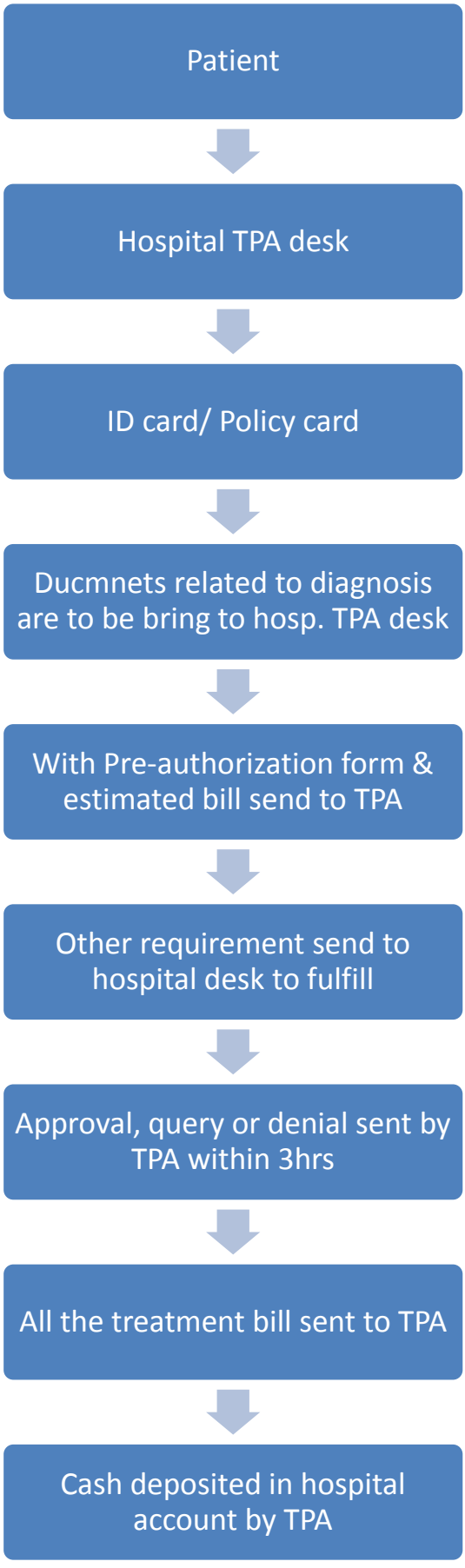
- In case of approval the service provider i.e. hospital provides cashless facility to the patient.

- In case of denial the hospital request to the patient to bear his expenses from his pocket.

- In case of any query that is generated by the TPA, the mediclaim department has to reply for that query with adequate explanation.

- Later patient after being discharged can claim for reimbursement the TPA for the expense, which he had barred from his pocket.

- After discharge, no relation is left between TPA and hospital. .


Patient
Hospital TPA desk
ID card/ Policy card
Ducmnets related to diagnosis are to be bring to hosp. TPA desk
With Pre-authorization form & estimated bill send to TPA
Other requirement send to hospital desk to fulfill
Approval, query or denial sent by TPA within 3hrs
All the treatment bill sent to TPA
Cash deposited in hospital account by TPA

Standard Operating procedure-

- Patient comes with the card issued by the TPA and personal ID card.
- Treating doctor and hospital fill specified Authorization Form).
- Here charge of rnedicd1 services are estimated by the department and is filled in the form.
- The documents & estimated bills are sent to the respective TPA Company.
- The TPA accepts or rejects their request according to the information provided by the form and their own rules and procedures.
- If the company accepts the case then it is intimated to the patient & a copy of intimated response is fixed on the file for determination of cost limit.
- If the bill exceeds the guaranteed amount then request reconsideration is sent to the respective TPA.
- TPA sanctions final amount after deducting discount.
- If the exceeded amount is not accepted by the TPA then patient has to deposit the balance amount.

In the case of rejection of Pre Auth. the request may be sent to the TPA for reconsideration or patient have to pay the bill and advised to go TPA Company for re - imbursement.

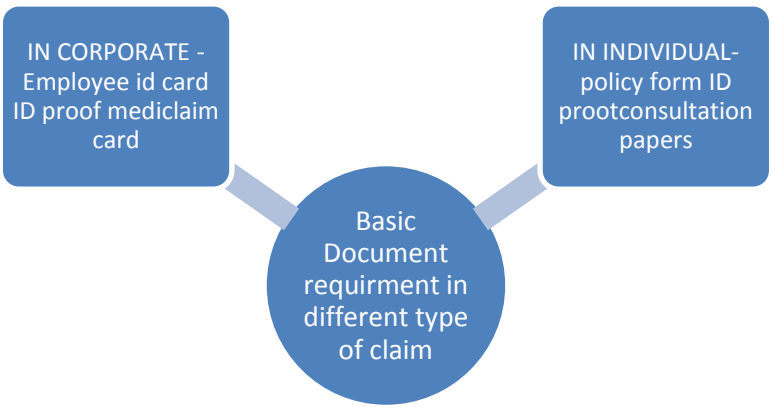
After the final bill is prepared, whole lot of file of the patient with final bill and summary is sent to the tpa for final approval.

If final approval comes than the patient can go by paying the difference amount to the hospital which the TPA doesn't pays to the hospital.

The patient is given the photocopy of all reports and the original file with reports is sent to the TPA for settlement of the payment.

The case is settled within 15 — 30 days (can be more) after sending the original document to the TPA.

TPA transfer bill amount in hospital account within 3 months (approx.).



EXPENSES WHICH IS EXCLUDED IN TPA –

- Registration charges/ documentation maintenance charges.
- Telephones/ fax/ barber/ TV. / Laundry.
- Food and beverages for relatives and attendants.
- External implants.
- Non-medical items like gloves, masks, blades etc.
- Surcharges/ luxury tax.
- Booking of rooms before admission.

Documents sequence for the sending file in TPA company:-

- Covering letter which include short information about claim.
- Pre authorization request form.
- Policy Copy.
- ID Proof.
- Health card
- Discharge summary.
- Approval / authorization letter.
- Hospital final bill.
- X-ray! CT/ MRI original or scanned copies.
- Accident report (AR)MLC/self-declaration in case of accident injury.
- Pharmacy bill with prescription.

Example

The New India Assurance Company Limited

Registered & Head Office: New India Assurance Building, 87, M G Road, Fort, Mumbai - 400 001

HOSPITALISATION AND DOMICILIARY HOSPITALISATION BENEFIT POLIC

CLAIM FORM

Issuance of this form does not amount to admission of any liability of under the policy on the part of the insu

Please give the following information correctly and completely to enable us process your claim promptly

The claim is under Personal Accident Insurance; please complete a Personal Accident Claim Form

All dates to be entered as Date / Month / Year

1. Name of the Insured: | SURNAME | INITIALS

(In whose name policy is issued)

2. Details of the Insured person
   (In respect of whom claim is made)
   (a) Name & Relationship with the Insured
   (b) Present Completed Age
   (c) Occupation
   (d) Residential Address

3. Policy Number (in Full)

4. Nature of Disease/Illness contracted or injury sustained

5. Date on which injury was sustained/Disease
   Or illness first detected

6. (A) Name and Address of the attending
   Medical Practitioner

   Pin Code

   State/ U. Territory

   (b) Qualification & Telephone No.
   (c) Registration No.
   (d) Name & Address of the Hospital/Nursing
   Home / Clinic

Pin Code
State / U. Territory

(b) Date of Admission
(c) Date of Discharge

8. If the Claim is for Domiciliary Hospitalization, Please indicate
   (a) Date of Commencement of treatment
   (b) Date of Completion of treatment
   (c) Name & Address of attending Medical Practitioner

Pin Code
State / U. Territory

   (d) Telephone No.
   (e) Registration No.

9. Are you at present covered under any other similar type of scheme like P.A. Cancer Insurance, Mediclaim (Individual or Group), Health Insurance, etc? If Yes. Please give particulars of each

   (a) Is this the first year of converging under Mediclaim Policy? Yes / No.
   If no, since when have you been continuously insured under Mediclaim Policy. Give details

   (b) (i) Is this the first claim under this policy ? Yes/No
   (ii) If no, please quote Previous claim number and details

In support of the above claim, I enclose the following original documents (Please indicated by)

1. Bill, Receipt and Discharge certificate / card from the Hospital.
2. Cash Memos from the Hospitals (s) / Chemists (s), supported by proper prescriptions.
3. Receipt and Pathological test reports from Pathologist supported by the note from the attending Medical Practitioner / Surgeon recommending such Pathological tests.
4. Surgeon's certificate stating nature of operation performed and Surgeons' bill and receipt.
5. Attending Doctor's/ Consultant's/ Specialist's / Anesthetist's bill and receipt, and certificate regarding diagnosis.
6. In case of Domiciliary Hospitalization, receipt from a qualified nurse who attended the patient at his/her residence duly supported by a certificate from attending Medical Practitioner.
7. Certificate from attending Medical Practitioner giving reasons for allowing treatment at home.

8. Certificate from attending Medical Practitioner / Surgeon that the patient is fully cured.

Summary of expenses incurred for which original bills / receipts / cash memos are enclosed.

Total of Hospital Bill	Rs._____
Consultant's /Surgeon's /Anesthetist's Fees	Rs._____
Diagnostics Tests	Rs._____
Medicines purchased from chemists	Rs._____
Other expenses not included above	Rs._____
Grand Total	Rs._____

I hereby warrant the truth of the foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppression or concealment, my right to claim reimbursement of the said expenses shall be absolutely forfeited. I further declare that, in respect of the above treatment, no benefits are admissible under any other Medical Scheme or Insurance.

I ALSO CONSENT AND AUTHORISE THE THIRD PARTY ADMINISTRATOR TO SEEK MEDICAL INFORMATION FROM ANY HOSPITAL / MEDICAL PRACTITIONER WHO HAS AT ANY TIME ATTENDED ON ME.

I authorize TPA to make payment of the claim admissible as per terms, conditions and limitations of the policy to the hospital on my behalf for full and final settlement of hospital bills.

I also authorize TPA to receive payment from insurance company as reimbursement of hospital bills incurred on my treatment.

Dated at..... this..... day of.....2003

Signature of the Claimant

AUTHORIZATION LETTER

FUTURE GENERALI INDIA
Insurance Company Limited

FGH/CLM/CAS/05/01

AL No FGH10/ 129810

Cashless Authorization Letter

AL Date Friday, July 19, 2013

☐ Insta Pay ☐ Uni Price

Claim No. H0137650

Policy Expiry 31-Oct-13

Dr. Sonawane / Ms. Vasudha
TPA Co-ordinator

MTES'S SANJEEVAN HOSPITAL
Plot No. 23 , Off. Karve Road ,
Erandawane
Pune
Maharashtra 411 004
Phone 020 25423995 / 25436053 / 67250000
Fax 020 67250015

Dear Sir,

We hereby authorize you to admit following Future Generali client;

Patient : Aruna Dinkar Deshmukh

ID Card No : H0061214-32-H Expected Admission Date : 18-Jul-13

as per the following authorization specifications :

Authorized Limit : ` 15650 (Rs. Fifteen Thousand Only)

Room Category : General Ward

Diagnosis : K/C/O Ca Breast

Total Hospital Bill	17,600
Amount Payable by Future Generali	15,650
Amount To Be Collected From Patient	1,950

The amount authorized by Future Generali India Insurance is payable to the hospital without any further deductions under any head subject to the final bill as provided during discharge is not changed.

~ Kindly collect Rs.1950/- towards Non Medical charges .

Important :

Future Generali shall not reimburse the patient for any amount paid directly to consultants, specialists or surgeons outside the tariff / bill of the hospital.

Authorized Signatory
Head - Health Insurance

FUTURE GENERALI Health

DENIAL LETTER

To,

BOMBAY Hospital

RING ROAD INDORE

M.P

Patient information

Policy No 140600/34/12/01/00011036

MDI ID No -MD15-000653.0914

Patient Name- Mrs Meena Jagdale

Patient Age -60

Gender- FEMALE

Insurance Co. - The New India Assurance Company Limited Requested on-17/07/2013

Subject: Denial of Request Authorization

Dear Sir / Madam,

This is with reference to the above mentioned Request for Authorization letter (RAO received on 17/07/2013 We regret to inform you that we are unable to issue you an "Authorization Letter" for Cashless Access for the treatment of above mentioned patient at the above requested Hospital / Nursing Home for the following reasons:

1. Total Authorized Amount Rs.30972 stands cancelled as Authorization not utilized.
   Denial of Authorization for cashless access is in no way to be construed as Denial of Treatment. The Policyholder must obtain the treatment as per his/her treating doctor's advice. The Denial of Authorization letter shall not be construed to mean that the policyholder cannot claim under the terms, exclusions and condition of the policy.
   In such cases you are advised to file your claim for reimbursement and MD India will process the claim as per your- policy terms & conditions.
   Accordingly, the cost of treatment will be borne by the patient.

Thanks & Regards

For & on behalf of MD India Healthcare Services (TPA) Pvt. Ltd.

Authorization Department

Authorized Signatory

MD India

HEALTH SCHEMES

HEALTH SCHEMES OF THE GOVERNMENT WHICH ARE RUNNING IN HOSPITAL:-

1. CGHS (Central Government Health Scheme).

2. ECHS (ex- servicemen contributory health scheme).

All these type of scheme's patient come in the hospital for the treatment with required documents.

- Comprehensive Health Check-up Standard Health Check-up.
- Cardiac Health. Check-up.
- Diabetic Health Check-up Scheme.
- Pre-Employment Health Check-up.
- Customized Corporate Health Package.

EXECUTIVE HEALTH CHECK-UP

1. **DEPARTMENT INTODUCTION**

   Department is to support and solve the patient different types of check-up in a one package so, that the patient or healthy person do not need to go various department for different check-ups.

   TIMINGS- 9AM TO 5PM

   SUNDAY CLOSE

2. Advantages
   - Diagnosis of the any disease at very early stage is possible.
   - Cardiac problem arc found easily.
   - Less costly than individual tests.
   - Health status management by individual itself.
   - Consultation with the doctor easy with this test result.

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EXECUTIVE SCHEME

In quest to perform, in the world of competition, people often suffer from slowly diminishing eyesight, stamina, energy, span of concentration and patience on one hand and increasing headaches, acidity, forgetfulness, body aches on the other. One seldom gives self the kind of attention they need and deserve.

Executive health scheme (EHS) is designed to meet this fundamental need. To realize the importance of the individual and of time, the hospital carries out a comprehensive set of medical tests and examinations, in half a day, under one roof. This followed by detailed physical examinations with the reports of the tests to ensure that the people have the best perspective of their health

List of health packages under the executive health scheme (EHS) in the hospital —

1. Comprehensive health check-up package.
2. Standard health check-up package.
3. Cardiac check-up package.
4. Diabetic check-up package.
5. Basic health check-up (for pre-employment purpose).
6. Obesity check-up.

TYPES OF EXECUTIVE HEALTH CHECK-UP -.

- **Comprehensive Health Check-up:-**

Blood Profile	CBC, ECR, blood group and Rh factor
Urine Profile	Routine
Stool Profile	Routine
Diabetic Profile	Fasting blood sugar, post prandial blood sugar
Lipid Profile	Total cholesterol, triglycerides, HDL, LDL.
Renal Profile	BUN, urea, creatinine, uric acid
Liver Profile	Bilirubin, total proteins, SGOT, SGPT, LDH.
X-ray	Chest
Sonography	Abdomen, whole
Gynaec checkup	Pap Smear for ladies only
Lungs Profile	Spirometry(PFT)

Package Cost: - **5000/-**

CARDIAC CHECUP PACKAGE

Blood Profile	CBC.
Diabetic Profile	Fasting blood sugar, post prandial blood sugar.
Lipid Profile	Total cholesterol, triglycerides, HDL, LDL.
X-ray	Chest
Cardiac Evaluation	Stress test, 2-D echo Doppler, ECG.
Kidney Profile	Serum creatininr, urine routine
Diet advised by dietician	

PACKAGE COST: - **3000/-**

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DIABETIC CHECKUP PACKAGE

Diabetic Profile	Fasting blood sugar, post prandial blood sugar.
Lipid Profile	Total cholesterol, triglycerides, HDL, LDL.
Cardiac Evaluation	ECG.
Kidney Profile	Serum creatininr, urine routine
Ophthalmic checkup	Vision checkup
Physical examination by physician	
Diet advised by dietician	

PACKAGE COST: - **1500/-**

BASIC HEALTH CHECKUP PACKAGE

Blood Profile	CBC, ECR, blood group and Rh factor
Urine Profile	Routine
Stool Profile	Routine
Diabetic Profile	Fasting blood sugar, post prandial blood sugar
Lipid Profile	Total cholesterol, triglycerides, HDL, LDL.
Renal Profile	BUN, urea, creatinine, uric acid
Liver Profile	Bilirubin, total proteins, SGOT, SGPT, LDH.
X-ray	Chest

PACKAGE COST: - **1000/-**

OBESITY CHECKUP PACKAGE

Blood Profile	CBC, ECR, blood group and Rh factor
Urine Profile	Routine
Diabetic Profile	Fasting blood sugar, post prandial blood sugar
Lipid Profile	Total cholesterol, triglycerides, HDL, LDL.
Cardiac evaluation	ECG.
Lungs Profile	Spirometry (PFT)
Fat analyzer	Fat analyzer

PACKAGE COST: - **1500/-**

CGHS (Central Government Health Scheme)

CGHS is the central govt. health scheme in which only retired employees are included.

Required documents for the claim:-

- CGHS policy ID card Xerox.
- Referral memo from CGHS office (on this card family member names are mentioned those who are cover in this scheme and whatever ward include in this scheme).
- In case of emergency hospital issues an emergency memo to the patient.

PROCEDURE:-

Under the CGHS the respective person has to come with the referral memo by which he is referred to the respective department. Under CGHS the person has to pay the hospital bill in cash and after his treatment he can get the amount reimbursed to him by his respective company.

ECHS

The ECHS (ex-servicemen contributory health scheme) is made by the govt. of India for the retired army/military personnel.
Under this scheme the ex-servicemen's can avail the healthcare facilities at the respective hospital by bringing the referral memo for treatment or diagnosis.
They do not have to pay for their treatment rather the hospital sends their bill to the government /military for receiving payment on their behalf.

PROCEDURE OF DEPARTMENT:-

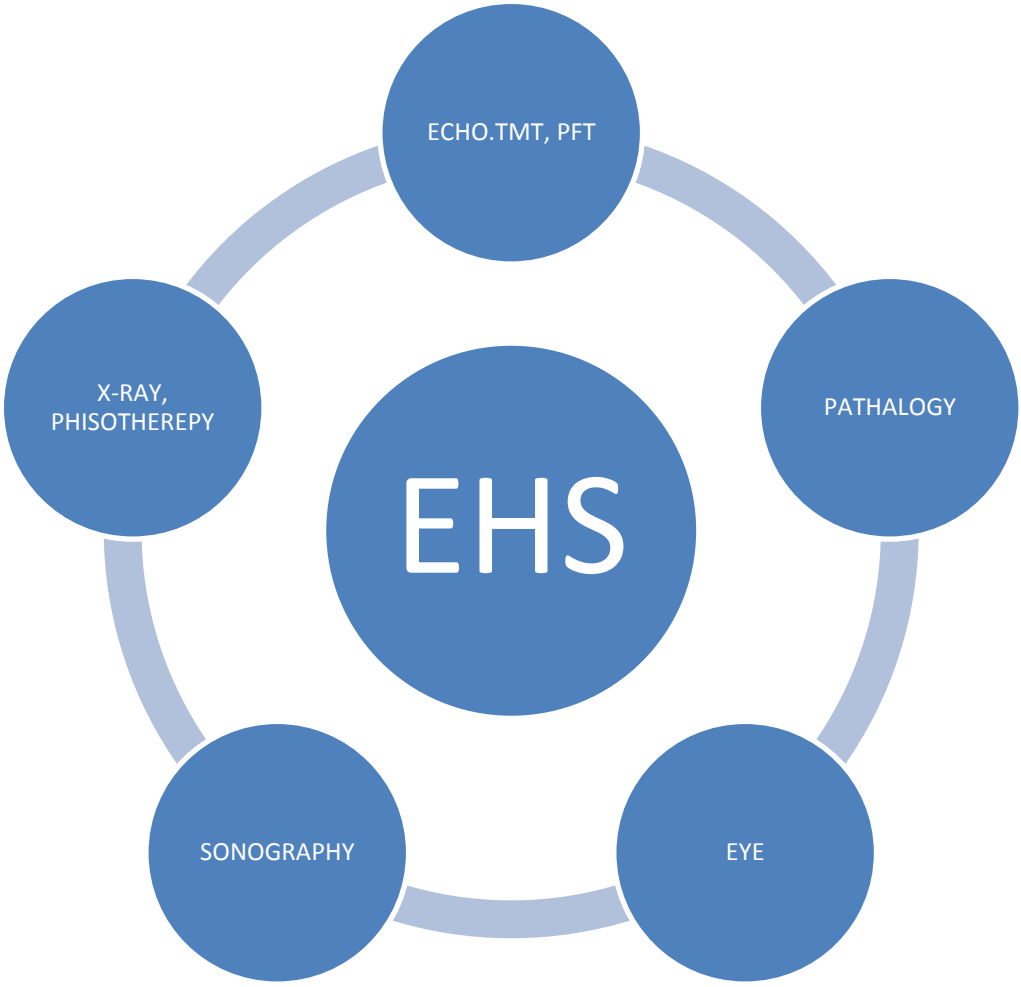
1. Patient comes to _the EFIS department to take the appointment or book the appointment on phone for the executive health check-up before one or two days.
2. We register the patient name and phone no and explain him about the tomorrow's procedures.
3. Patient comes with the urine and stool samples and pays the fees of the health check-up.
4. First the empty stomach tests like blood tests etc.
5. Other departments tests like USG, ECHO ,TMT are completed according to departmental number and their preference.
6. Next day between 3pm to 5 pm can collect the reports.

PROCEDURE OF COMPANY PATIENT:-

1. Company contact to marketing department for the set of tests.
2. The marketing and administration department take this tests list and create the most suitable pack for the company.
3. Company patient conics with the authority letter.
4. Letter give to hilling and payment credit into a company account.
5. Patient follows the process of EHS.
6. The reports are sent by post to companies registered office.

Examples of companies which are tied-up with Bombay hospital. Eicher, Hindustan, mi Liver, Glenmark etc.

DEPARMENT CONECTIONS:-



CONCLUSION

In my project I found out the awareness level TPA's has to be spread in the city in each and every hospital, TPA department has to be established, that will help people to get cashless facility.

The EHS department is developed in a hospital to provide the patient less costly body check-up in a single package which includes the different types of tests. This department is very useful for companies which are serious about their employees and to take care of the employees.

RECOMMENDATIONS

- The mediclaim department in this hospital is located within the marketing department rather it should be located in a separate area but near the billing department.

- There should be proper signage stating the EHS desk, mediclaim department, so that it would get easier for people to reach there.

- There's need to expand the marketing department specially the mediclaim department under it, to cater the ever growing need.

- Filing work is slow, need to hire a small level employee so that work will be faster.

- As Sundays are off, pending work is there for the next day, so, work load gets doubled, as there should be an employee who will take care of procedure part of the hospital, so that the next day work load will not get double.

- Marketing department of the other hospitals are more active then Bombay hospital Indore, as hospital should organize more camps in the city and outer the cities like Ujjain, Dewas, Mhow etc.

- Quality Department should be more active.

BIBLIOGRAPHY

The data, information and excerpts in this project are used from the following websites, Journals & persons:-

- http://www.bombayhospitalindore.com
- Hospital Brochures- Hospital Pamphlets.
- Hospital Staff.