A STUDY ON THE EVALUATION OF PRIMARY BILL ESTIMATION DURING ADMISSION AND ITS CONCLUSION AFTER TREATMENT

INTRODUCTION: Called "pricing transparency" by those in the industry, this concept refers to making available to consumers the precise total costs for specific services provided by hospitals. Ideally, estimated costs would be available to patients prior to a scheduled service and would incorporate their specific condition, insurance coverage and many other things.

The way in which hospitals set charges is intertwined with the way in which payers reimburse hospitals. Yet making prices more transparent is no easy task, the hospital community believes that people deserve access to meaningful information about the price of their hospital care and have begun working on solutions which includes several steps.

OBJECTIVES:

- Understanding the gaps based on estimation process and to provide suitable solution for streamlining the method.
- Recommendations for advanced billing estimation methods and to simplify the process for urgent and emergent care.
- Patients awareness of the variations caused for different reasons and thereby increasing the OP to IP conversion ratio.

METHODOLOGY:

Data type: Includes estimated and final bill amount for In-patients.

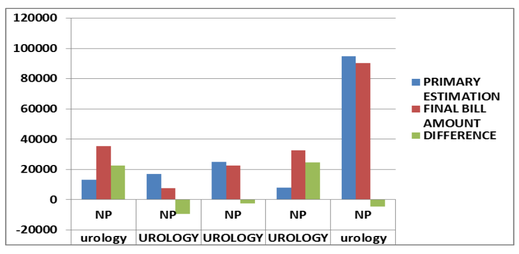
Study Duration: 1 month.

Sample size: 70.

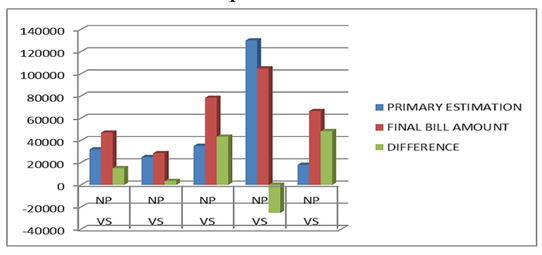
Tools and technique: By observation of old and new data, comparison and simple calculations.

KEY FINDINGS

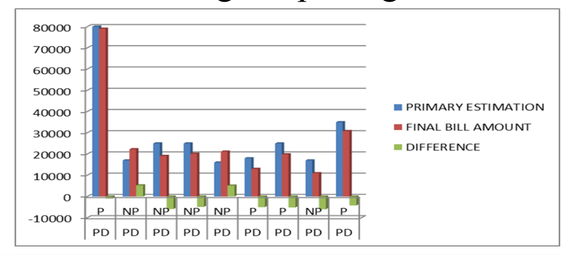
Highest variation– Rs 24780, paid by the patient and Rs 9347, refunded by the hospital in Department of Urology.



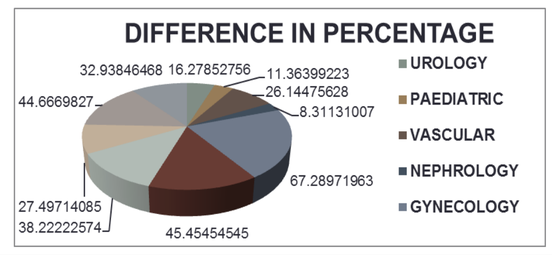
In Vascular Science Department the variation is quite high compared to other departments with the highest bill difference of Rs. -25216 which had to be put as refund from hospital side.



In Paediatric Department the final bills come closer to the estimated amount due to more usage of packages.



Overall variation:



REASONS FOR VARIATION:

- ♦ Unknown procedure undertakings during the treatment or alteration of the procedure itself.
- ♦ Cross consultation by any other specialist during or after the procedure.
- ♦ Price for implants, stents, and other related items are not calculated during estimation.

RECOMMENDATIONS

- ⇨ More introduction of Packages to cover up maximum procedures/ surgeries to get a definite bill amount.
- ⇨ The codes mentioned in the tariff details should be used by all medical and non-medical staffs.

Patient should be made more aware of the variations that may happen during or after the procedure/surgery for which there should be clinical persons involved more at the ground level and the price recordings should be updated frequently.

Inclusion of more online or intranet work included for the entire process which can make it more simple and accurate.

e.g. Patient Charge Estimator software.

For different procedures there can be one or more Current Procedural Terminology (CPT) codes. The estimator tool automatically calculate the charges for all the appropriate codes, which provides an accurate estimate.

CONCLUSION:

* The process of estimation being an important one, at present it is satisfactorily good with the present workload, which can even be better.
* Creating an integrated bill estimation system towards every in-patient and the use of combined/ integrated database system has not yet been developed fully which should be brought in use soon in order to also minimise the error which may occur from traditional paper based system.

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