STUDY ON

FINANCIAL COUNSELLING ADMISSION TAT

FOR CASH AND INSURANCE PATIENTS

at

KIMS HOSPITALS, SECUNDERABAD

Dissertation submitted to

The IIHMR University, Jaipur

for the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

(2021-2023)

by

Muskan Bhardwaj

Under the Supervision and Guidance of

Dr. Dhirendra Kumar

2023

STUDY ON

FINANCIAL COUNSELLING ADMISSION TAT FOR CASH AND INSURANCE PATIENTS

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

(2021-2023)

by

Muskan Bhardwaj

Under the Supervision and Guidance of

Dr. Dhirendra Kumar

DECLARATION BY STUDENT

I hereby declare that this dissertation titled is "**STUDY ON FINANCIAL COUNCELLING ADMISSION TAT FOR CASH AND INSURANCE PATIENTS**" bonafide record of my original researchwork. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

(signature)
MUSKAN BHARDWAJ

DATE:

CERTIFICATE

This is to certify that Muskan Bhardwaj in partial fulfillment of the requirements for the award dthe degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur has successfully completed her internship at KIMS Hospitals during February 20- May 19, 2023.

Place: Secunderabad

Date:

Preceptor/Head of the OrganizationName of the organization

CERTIFICATE

This is to certify that the dissertation title "**STUDY ON FINANCIAL COUNSELING ADMISSION TAT FOR CASH AND INSURANCE PATIENTS**" is a record of the research work undertaken by (Muskan Bhardwaj) in partial fulfillment of the requirements for the awardof the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.

Faculty Guide
IIHMR UNIVERSITY

DATE:

School Dean
IIHMR UNIVERSITY

DATE:

ABSTRACT

Background

Admission TAT (Turnaround Time) in hospitals refers to the amount of time it takes for a patient to be admitted to a hospital from the point of arrival to the time when the patient is placed in a hospital bed. The Admission TAT includes the time required for registration, medical examination, consultation, and other necessary procedures before a patient can be admitted to the hospital. The TAT is an important metric for hospitals as it directly affects patient satisfaction, quality of care, and overall efficiency of the hospital.

There are several factors that can affect the admission TAT, including hospital resources and staffing levels, patient volume, patient acuity, and the efficiency of hospital processes. Hospitals can improve admission TAT by implementing streamlined admission procedures, increasing staffing levels, and leveraging technology to automate tasks such as registration and documentation.

Reducing the time, it takes to admit a patient can have financial advantages for hospitals as well as positive effects on outcomes and patient satisfaction. Throughput of patients can rise because of shorter admission times, which can boost revenue and cut costs related to resource use and patient wait times. Overall, admission TAT is an important metric for hospitals to track and optimize to improve patient satisfaction, quality of care, and financial performance.

Financial counselling Admission TAT (Turnaround Time) is a critical metric used by hospitals to measure the efficiency of their admission process. It refers to the time elapsed between a patient's arrival at the hospital and their admission to a bed.

The affirmation TAT is significant on the grounds that it influences the patient's insight, their view of the medical clinic's nature of care, and eventually the medical clinic's monetary execution. Longer TATs can prompt patient disappointment, packing, and expanded stand by times in the crisis division, which can bring about lost income and inflated costs for the clinic.

Hospitals can improve admission TAT by implementing a variety of strategies, such as streamlining the registration process, streamlining bed management, and improving departmental communication. For instance, utilizing electronic wellbeing records (EHRs) can assist with lessening the time expected to move data among divisions and accelerate the affirmation interaction.

Standardized admission procedures can also be implemented, staffing levels can be increased, and technology like patient tracking systems can be used to find bottlenecks in the admission process. Hospitals can improve patient experience, clinical outcomes, and financial performance by increasing admission TAT.

An increasing body of research is devoted to determining the factors that lead to delays and devising strategies to make the procedure more efficient due to the significance of financial counseling admission TAT in the management of hospitals. This study has the potential to assist healthcare managers and practitioners in reducing waiting times while simultaneously improving patient outcomes and patient satisfaction.

The purpose of this study is to investigate the connection between the efficiency of financial counseling services and admission turnaround time (TAT). The focus of the study is on determining how TAT affects customer satisfaction, financial literacy, and financial behaviour.

A survey format was used to collect data from a sample of 100 patients who had received financial counseling services from various institutions to accomplish these goals. Descriptive statistics, correlation analysis, and regression analysis were utilized in the analysis of the collected data.

The vital consequences of the review show that confirmation TAT fundamentally affects consumer loyalty, monetary information, and monetary way of behaving. Specifically, customers who received financial counseling services with a shorter TAT reported higher levels of contentment, increased financial literacy, and more responsible financial behaviour.

In conclusion, this research emphasizes the significance of admission TAT as a crucial determinant of financial counseling service effectiveness. Monetary organizations need to focus on further developing TAT to upgrade consumer loyalty and emphatically influence their monetary information and conduct. To cut down on TAT, the study suggests that financial institutions make investments in technology, human resources, and processes that can be improved.

RESEARCH QUESTIONS

- What is the average TAT for financial counseling in hospitals?
- What factors contribute to long TATs for financial counseling?
- What strategies/interventions can be implemented to improve financial counseling TAT in hospitals?

OBJECTIVES

This study's goals include figuring out the typical Financial Counselling admission TAT in hospitals, identifying the variables that influence that TAT, and suggesting methods to shorten that time.

METHOD

1.Identify the issue: Clearly define the problem statement and the goals of the analysis, which would be to determine the effect of financial counseling on hospital admission time-to-treatment (TAT).

2.Gather information: gather pertinent information about hospital practices for financial counseling and admission TAT. This can remember information for patient socioeconomics protection inclusion confirmation process monetary advising interaction and affirmation TAT.

3.Study the data: Utilize analytical and statistical tools to examine the collected data. Identify any patterns or trends or correlations between admission TAT and financial counseling. Descriptive statistics, regression analysis, and other quantitative techniques can be used to accomplish this.

4.Compare outcomes: To determine the impact of financial counseling on admission TAT, compare the findings of the qualitative and quantitative data analyses. Identify any financial counseling best practices or areas for improvement.

5.Make suggestions: Make suggestions to improve hospital financial counseling practices and reduce admission time-to-admission (TAT) based on the analysis. Implementing training programs for hospital staff, enhancing patient communication regarding financial counseling, or streamlining the admission process are all examples of this.

Data from a sample of 100 patients were gathered for the study over the course of two months. Thematic analysis is used to examine the qualitative data, while statistical analysis is used to examine the quantitative data. The type of study is descriptive study.

Conclusion:

In conclusion, the turnaround time of the financial counseling process for hospital admissions plays a crucial role in ensuring that patients have a pleasant experience. This process has many different types, such as verifying insurance, estimating costs, and making financial arrangements. All of these things have an effect on the total time to admission and how satisfied patients are.

Hospitals must prioritize efforts to improve the turnaround time for financial counseling because of its significance. Hospitals can achieve better financial management, increase operational efficiency, and ultimately provide high-quality care to their patients by doing this. In addition, they can enhance the experience and satisfaction of their patients. The Financial Council's process is constantly being evaluated and refined to ensure only

efficiency gains, as well as to meet the changing requirements of patients and healthcare systems.

TABLE OF CONTENTS: -

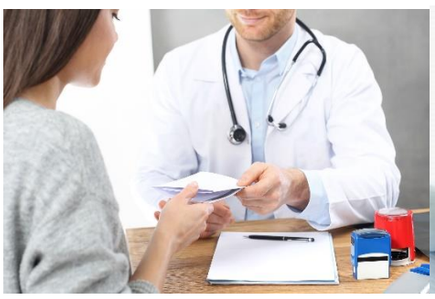
LIST OF ABBREVIATIONS: -

S No.	Abbreviations	Meaning
1.	TAT	Turn Around Time
2.	CS	Case Sheet
3.	IP	In-patient
4.	OP	Out-patient
5.	KIMS	Krishna Institute of Medical Sciences
6.	NABH	National Accreditation Board for Hospitals
7.	FC	Financial Counselor
8.	TPA	Third-Party Administrator
9.	FB	Floor Biller
10.	HK	Housekeeping
11.	DMO	Duty Medical Officer
12.	NME	Non-medical Expenses
13.	PF	Process Flow
14.	HIMS	Hospital Information Management System
15.	IT	Information Technology
16.	SC	System Checkout
17.	PC	Physical Checkout
18.	AE	Audit Executive

CHAPTER 1 : INTRODUCTION

Patients and hospitals alike are impacted by financial counseling and admission TAT (Turnaround Time) in the healthcare system. Financial counseling plays a crucial role in addressing the financial aspects of healthcare services, and efficient management of the admission process is essential to ensuring that patients receive timely and high-quality care. In order to highlight the significance of efficient financial counseling practices in maximizing patient care and hospital operations, this introduction will examine the significance of financial counseling in relation to admission TAT in hospitals.

Short term and ongoing administrations are the two essential administrations that a clinic principally offers. Because they do not stay overnight at the hospital, a patient who receives ambulatory treatment there is referred to as an "**OP-Outpatient.**" Daycare refers to a patient who is admitted to the hospital but does not spend the night there. A patient who has been admitted to the hospital for inpatient care is referred to as an "**IP-inpatient**."



OUTPATIENT

INPATIENT

Financial counseling is an essential part of the healthcare experience because it helps patients understand the cost of their treatment and the various payment options. However, prolonged wait times for financial counseling may cause patients to become dissatisfied and frustrated. This study aims to improve patients' financial experiences and learn more about the turnaround time (TAT) for financial counseling in hospitals.

Since it assists patients with understanding the expense of their treatment as well as the different installment choices that are accessible, monetary guiding is a fundamental piece of the medical services insight. Be that as it may, patients might become disappointed and baffled because of extended hang tight times for monetary directing. The reason for this study is to get more familiar with the time required to circle back (TAT) for monetary directing in emergency clinics and to track down ways of upgrading the monetary experience of patients.

When seeking medical care, patients frequently encounter a variety of financial obstacles in

today's complex healthcare landscape. Understanding insurance coverage, estimating costs, navigating billing procedures, and controlling out-of-pocket expenses are among these difficulties. Hospitals offer financial counseling as a crucial service to help patients navigate these complexities, ensure transparency, and lessen the financial burden of healthcare services.

Confirmation TAT alludes to the time it takes for a patient to advance through the affirmation interaction, from the second they show up at the emergency clinic to the time they are officially conceded and get suitable consideration. The patient's anxiety may rise as a result of a longer admission time-to-treatment (TAT), as well as the strain on the resources of the hospital. Therefore, hospitals must streamline and expedite in order to provide patients with effective and efficient care.

In the healthcare industry, the connection between admission TAT and financial counseling is getting more and more attention. By addressing financial concerns promptly and accurately, financial counseling significantly reduces admission TAT, which is widely acknowledged. By proactively drawing in patients in monetary conversations, clinics can give patients a thorough comprehension of their monetary obligations, accessible installment choices, and potential help programs. Patients are given the ability to make well-informed decisions as a result, admission times are sped up, and financial uncertainty delays are reduced.

Hospital revenue cycle management can also benefit from effective financial counseling practices. By guaranteeing precise and convenient catch of patient monetary data, emergency clinics can improve their charging and repayment processes. Hospitals are able to continue providing high-quality care to their patients because of this, which results in enhanced revenue collection, decreased denials, and improved financial performance.

This details about FC functions about his / her responsibilities during Insurance
Pre- Auth, Interim Enhancement, Final Approval. The manual may be used both as a reference document and a training resource.
Objectives of FC department / function:

- Provide financial estimates to patients who are advised admission by a consultant. This includes:
- Both medical and surgical management
- Self-paid (cash), Insurance, Corporate and Government Schemes
- Emergency and planned admissions.
- Re-counselling patients in the event of:

    A] Change in plan of care.

    B] Extended length of stay

C]Change in room category etc.

- Ensure that estimates provided do not vary more than 10% from the actual bill. (This shall be a key Performance Indicator).
- Explain bed / room categories and allot bed / room for admission.
- Collect deposit amount for self-paid (cash) patients, as per policy.
- Ensure patient is escorted to the allotted bed and handed over to Nurse on duty.

Objectives of Insurance department / function:

- Communicating the approved amount, difference amount, NME & co-payment to the patient
- Collection of payment & providing final bill to the patient.

The purpose of the research for the project on financial counselling admission TAT in hospitals is to identify and address the challenges and inefficiencies associated with the financial counselling process. The research aims to understand the factors causing delays in providing financial counselling services to patients during the admission process.

By conducting the research, the project seeks to:

1. Recognize the key elements adding to postpones in monetary directing confirmation TAT.
2. Examine the hospital procedures and processes for financial counseling that are currently in place.
3. Investigate the effect of postponed monetary directing on persistent fulfilment and medical clinic income.
4. Look into how other healthcare facilities are streamlining the financial counseling process by utilizing technology solutions and best practices.
5. Improve staff training, communication, documentation, and collaboration with insurance providers by identifying opportunities for improvement.
6. Evaluate the efficacy of implementing recommendations to shorten the admission TAT for financial counseling.
7. Analyse the effects of improved admission TAT for financial counseling on patient experience and hospital performance.

The study provides insight into potential areas for improvement and serves as a foundation for comprehending the current state of the admissions process for financial counseling in hospitals. The project's interventions and strategies to enhance the financial counseling process, reduce delays, and enhance the overall patient experience during the admission process are guided by the research's findings and recommendations.

Delays in financial counseling for planned and unplanned admission are the subject of the investigation.

Due to its impact on both patients and healthcare providers, the issue of financial counseling admission Turnaround Time (TAT) delays in hospitals is significant. Financial counselling is of the utmost importance when it comes to assisting patients in comprehending their financial obligations, navigating insurance procedures, and gaining access to programs that provide financial assistance. Nonetheless, there are various adverse results that can result from affirmations delays for monetary advising.

1. Patient Service: When financial counseling is delayed for an extended period, patients may experience feelings of frustration, confusion, and anxiety. It might give patients a bad impression of the medical services office, which could hurt their satisfaction and general understanding.

2. Patient financial burden: Postpones in monetary advising might bring about deferred or mistaken comprehension of protection inclusion, prompting surprising personal costs for patients. This may impede their ability to make educated decisions regarding their healthcare and cause them financial distress.

3. Problems with Revenue and Billing: Healthcare providers may experience delays in billing and reimbursement as a result of ineffective financial counseling procedures. It may have an impact on the hospital's overall financial performance, revenue cycles, and cash flow.

4. Inefficiencies in the operations: A long TAT for financial counseling can make it hard to get in, making people wait longer and potentially slowing down patient flow. Inefficiencies in the hospital's resource allocation and utilization may result.

5. Risks related to regulatory compliance: Defers in monetary guiding can result in non consistence with administrative necessities, like convenient protection confirmation and approval. The hospital may face legal and financial risks as a result.

Resolving the issue of postpone in monetary directing confirmation TAT is critical to guarantee a smooth and effective medical services insight for patients, work on understanding fulfilment, and upgrade income age for clinics. Hospitals can improve patient-centred care, lessen financial burdens, and encourage financial transparency and accountability by streamlining the process of financial counseling and reducing delays. It likewise empowers clinics to meet administrative necessities, enhance asset assignment, and keep up with monetary feasibility in an undeniably perplexing medical care scene. The aim and objectives of the study financial counselling admission TAT in hospitals is as follows:

1.1 Aim:

To understand the admission process of KIMS Hospitals, Secunderabad. And to identify the factors that contribute to the delay in admission of patients from the Inpatient Department.

1.2 1. To distinguish the elements adding to defers in the monetary advising affirmation process in emergency clinics.

1.3 2. To assess the effect of deferred monetary advising on quiet fulfilment and hospital income.

1.4 3. To investigate best practices and innovation arrangements utilized in other medical services organizations to smooth out the monetary directing affirmation process.

1.5 4. To foster proposals for further developing the monetary advising affirmation TAT in hospitals.

1.6 Objectives:

1. Distinguish the key variables creating setbacks for the monetary directing affirmation process, including staffing, cycles, correspondence, and innovation.

2. Examine the hospital's current financial counseling procedures and processes to find areas for improvement.

3. Dissect the effect of postponed monetary guiding on persistent fulfilment by gathering and investigating patient criticism and fulfilment reviews.

4. Assess the monetary ramifications of deferred monetary directing on medical clinic income and income.

5. Audit and dissect contextual analyses and writing on prescribed procedures and innovation arrangements utilized in other medical care Recover reaction ne the monetary advising

6. Examine the financial effects of delaying financial counseling on the cash flow and revenue of the hospital.

7. to manually track counseling admission tokens for cash and insurance patients in order to simplify the admissions process for financial counseling.

8. Improve staffing, communication, documentation, and technology utilization, among other things, in order to improve the financial counseling admission TAT.

9. Measure the adequacy of the carried-out proposals by following and looking at the monetary guiding affirmation TAT when the mediations.

8. Examine the effects of a faster admission TAT for financial counseling on patient satisfaction and operational efficiency.

10. Provide hospitals with practical insights and guidelines for enhancing the admissions process for financial counseling and the patient experience.

The research project is guided by these aims and objectives, which make it possible to gather pertinent data and conduct analysis to pinpoint areas in need of improvement and suggest efficient methods to shorten the time to admission for financial counseling in hospitals.

In a word, monetary guiding assumes a critical part in the confirmation cycle inside clinics, straightforwardly affecting the confirmation TAT and generally persistent experience. Hospitals can streamline the admission process, increase revenue, and improve patient satisfaction by promptly and effectively addressing financial concerns. The resulting investigation of this point will dive further into the techniques and systems utilized by

medical clinics to give compelling monetary guiding, at last enhancing the affirmation TAT and further developing the medical services venture for patients.

1.3 Rationale:

The rationale for conducting a project on financial counseling admission Turnaround Time (TAT) in hospitals is based on the following justifications:

1. Patient-Driven Approach: Monetary directing assumes a crucial part in supporting patients all through their medical care venture. By zeroing in on further developing the affirmation TAT for monetary guiding, the venture expects to improve the general patient experience and fulfillment. Instant and effective monetary directing guarantees that patients have an unmistakable comprehension of their monetary commitments, lessening nervousness and vulnerability during the confirmation interaction.

2. Monetary Straightforwardness and Strengthening: Postponed monetary directing can prompt disarray and dissatisfaction for patients with respect to their medical care expenses and protection inclusion. By tending to the TAT, the undertaking looks to advance monetary straightforwardness, enable patients to pursue informed choices, and cultivate a feeling of trust and responsibility among patients and medical care suppliers.

3. Monetary Help for Patients: Extended TAT can bring about postponed protection check and approval, possibly prompting deferred or denied guarantees and expanded personal costs for patients. Working on the TAT for monetary directing can assist with recognizing possible monetary help and give opportune direction reducing monetary weights and guaranteeing reasonable admittance to medical care administrations.

4. Income Cycle Advancement: Ideal and productive monetary guiding straightforwardly influences the income pattern of medical clinics. By decreasing TAT, the venture plans to assist the charging and repayment processes, prompting further developed income, diminished debt claims, and improved monetary execution for medical services suppliers.

5. Functional Proficiency: Extended TAT for monetary guiding can cause bottlenecks and defers in the affirmation cycle, prompting expanded holding up times and functional failures inside the emergency clinic. Smoothing out the monetary guiding TAT works on persistent stream, decreases clog, and improves asset designation, bringing about upgraded functional proficiency and efficiency.

6. Consistence and Hazard: The executives: Ideal monetary directing is fundamental for consistence with administrative necessities and protection rules. By tending to TAT, the venture assists clinics with moderating consistence chances, limit likely lawful and monetary punishments, and guarantee adherence to industry guidelines.

7. Nonstop Quality Improvement: The undertaking gives an open door to clinics to assess their current monetary guiding cycles and distinguish regions for development. By executing methodologies to upgrade TAT, emergency clinics can take part in ceaseless quality improvement, refine their work processes, and streamline asset usage to convey more productive and successful monetary guiding administrations.

By zeroing in on the undertaking of further developing monetary directing affirmation TAT in medical clinics, medical care associations can upgrade the patient experience, advance monetary straightforwardness, streamline income cycles, guarantee consistence, and accomplish functional greatness. It lines up with the all-encompassing objective of giving superior grade, patient-focused care while guaranteeing monetary manageability for medical services suppliers.

1.4 Process brief

The Admissions office / desk is responsible for:

i. Financial counseling
ii. Issue of estimates
iii. Room allotment
iv. Collection of deposit
v. Wheeling patient to bed
vi. Handover to nurse

1.5 Manpower

- TOTAL FC - 15
- FC FOR COUNSELLING AND ADMISSION- 11
- FC FOR RECOUNCELLING AND DISCHARGE- 5
- BED BOARD -2
- HOUSEKEEPING- 4
- LADY GUARD- 2
- INSURANCE DOCKET AND QUERY- 2
- INSURANCE (pre auth and post post)-10
- DISCOUNTS ND REFUNDS- 1

- MANAGER-1

1.6 Stakeholders

The stakeholders involved in the financial counseling admission process in hospitals include:

1.6.1. Patients and their attendees: Patients are the essential partners in the monetary guiding affirmation process. They depend on monetary guides to furnish them with exact and straightforward data about their medical care costs, protection inclusion, and accessible monetary help programs. Patients benefit from ideal and effective monetary advising to pursue informed choices and explore the monetary parts of their medical services venture.

1.6.2. Financial Counselors: Financial counselors play a critical role in the admission process by guiding patients through the financial aspects of their healthcare. They gather patient information, verify insurance coverage, explain billing processes, and assist in identifying financial assistance options. Financial counselors ensure that patients understand their financial obligations and facilitate a smooth admission experience.

By assisting patients with the financial aspects of their healthcare, financial counselors play a crucial role in the admissions process. They assemble patient data, check protection inclusion, make sense of charging cycles, and help with distinguishing monetary help choices. Financial counselors help patients understand their financial responsibilities and make the admission process go as smoothly as possible.

• Examining a policy's coverage: The patient's insurance plan may be reviewed by the financial advisor, who may also point out any potential out-of-pocket costs.

• Answering billing questions: The financial counselor may be able to answer questions about billing and show patients how much their bills cost.

• Choosing a method of payment: The financial counselor can help patients learn about their available payment options, how to make payments, and how to get an advance payment based on their preferred room and payer type.

• Offering financial assistance Details: The financial counselor may be able to provide patients with information regarding financial aid programs if they are experiencing financial difficulties.

• Working together with other employees: The financial counselor may work with other staff members, like nurses and social workers, to make sure that patients get the help they need.

1.6.3. Healthcare Providers and Hospital Administrators: The admission process for financial counseling is important to healthcare providers and hospital administrators. They depend on precise and convenient monetary advising to enhance income cycles, guarantee consistence with protection and charging guidelines, and keep up with

monetary suitability. Healthcare providers are able to streamline their operations, increase revenue generation, and enhance their overall financial performance by improving the financial counseling TAT.

• Offering financial assistance Details: The financial counselor may be able to provide patients with information regarding financial aid programs if they are experiencing financial difficulties.

• Working together with other employees: The financial counselor may work with other staff members, like nurses and social workers, to make sure that patients get the help they need.

1.6.4. Insurance Companies: Insurance agency are engaged with the monetary guiding confirmation process as they assume a pivotal part in deciding inclusion, checking qualification, and handling claims. Financial counseling that works well and is efficient helps hospitals and insurance companies work together and talk to each other easily. This makes sure that the verification and authorization processes are done right.

1.6.5. Regulatory Bodies: Administrative bodies and government organizations set rules and guidelines connected with medical services charging, protection, and monetary help programs. Hospitals must adhere to these regulations to avoid legal and financial penalties. Stakeholders involved in the admissions process for financial counseling must ensure that relevant regulations are adhered to, such as timely insurance verification, precise documentation, and compliance with privacy and data protection standards.

1.6.6. Patient Advocacy Organizations: Patients' rights and interests are advocated for and safeguarded by patient advocacy organizations. They might team up with medical clinics and monetary instructors to guarantee that patients get fair and straightforward monetary guiding. Patients can get help and resources from these organizations, and they also work for better ways to provide financial counseling and affordable healthcare.

1.6.7. Healthcare Finance Departments and backend team: The admission process for financial counseling is heavily influenced by hospital finance departments. Financial reporting, billing, and reimbursement management are their responsibilities. The hospital's ability to streamline revenue cycles, reduce denials, and maximize financial outcomes is directly impacted by improving the financial counseling TAT..

1.6.8. Insurance backend/TPA/ Insurance Department (pre-auth and post-auth):

- Verifying insurance coverage: The patient's insurance coverage may be confirmed by the insurance backend, TPA, and insurance department, who will also make sure that all required documentation is filed.
- Claims management: These divisions oversee the claims procedure and make certain

that all claims are presented truthfully and promptly.

- . Coordination with healthcare providers: To ensure that all costs are accurately recorded and that any required modifications are made, the insurance backend, TPA, and insurance department may work closely with healthcare providers.

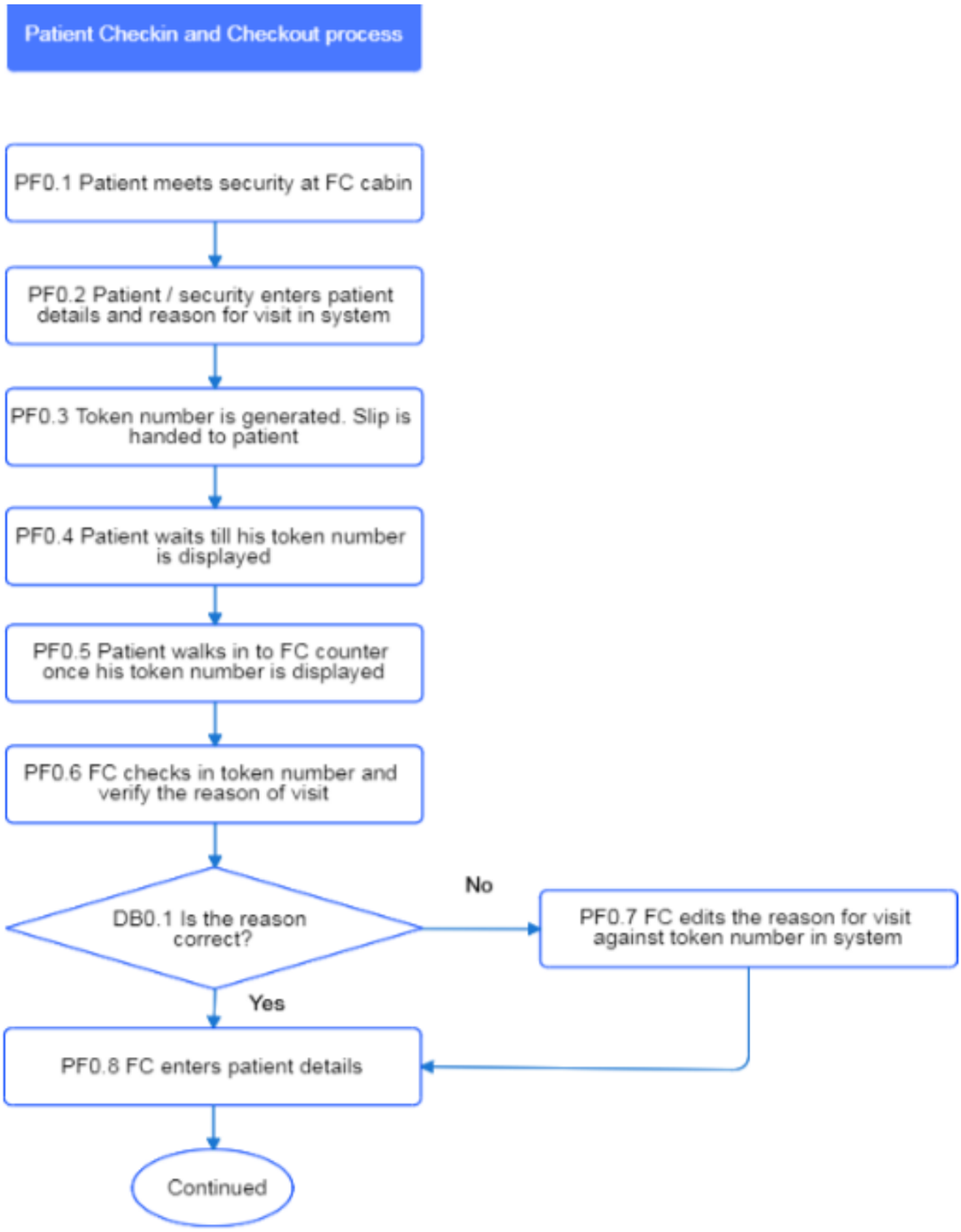
1.6.9. Security team: the first to encounter with patient/attendees generates tokens to queue up patients/attendees according to the purpose of their arrival and time, calls patient if they miss their turns and directing them to respective cabins, counsels the patient query related to

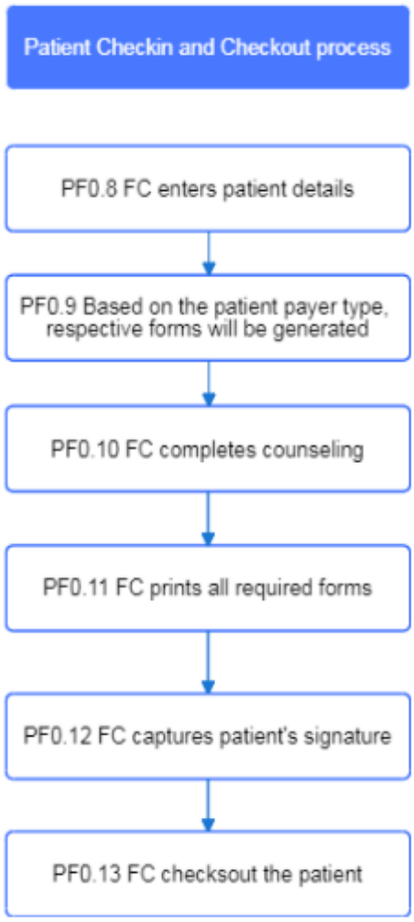
1.6.10. Transport Team: The transport team oversees organizing the patient's movement from the counseling department to respective floor with chosen method of transfer, such as an automobile.

1.6.11. Housekeeping staff: The housekeeping staff is in charge of meeting all of the patient's needs, any other general assistance, transporting case sheets from counselling department to respective floor nursing station.

It is crucial for all stakeholders to collaborate and work together to improve the financial counseling admission process, ensure patient satisfaction, and achieve financial stability for healthcare providers.

1.7 PROCESS FLOW- PATIENT TOKEN GENERATION SYSTEM





1.7.1 Patient meets security near financial counselling department.

1.7.2 Security enters patient details and reason for visit in the token generating system.

1.7.3 Token number is generated, and token slip handed to patient.

1.7.4 Patient waits till his token number is displayed.

1.7.5 FC checks in token number and verifies reason for visit and if reason is correct FC fills patient details selecting the payer type(insurance/cash).

1.7.6 FC edits the reason if the reason is not correct for visit against token number in the system.

1.7.7 Based on the patient payer type respective forms will be generated (FC form insurance form, consent form).

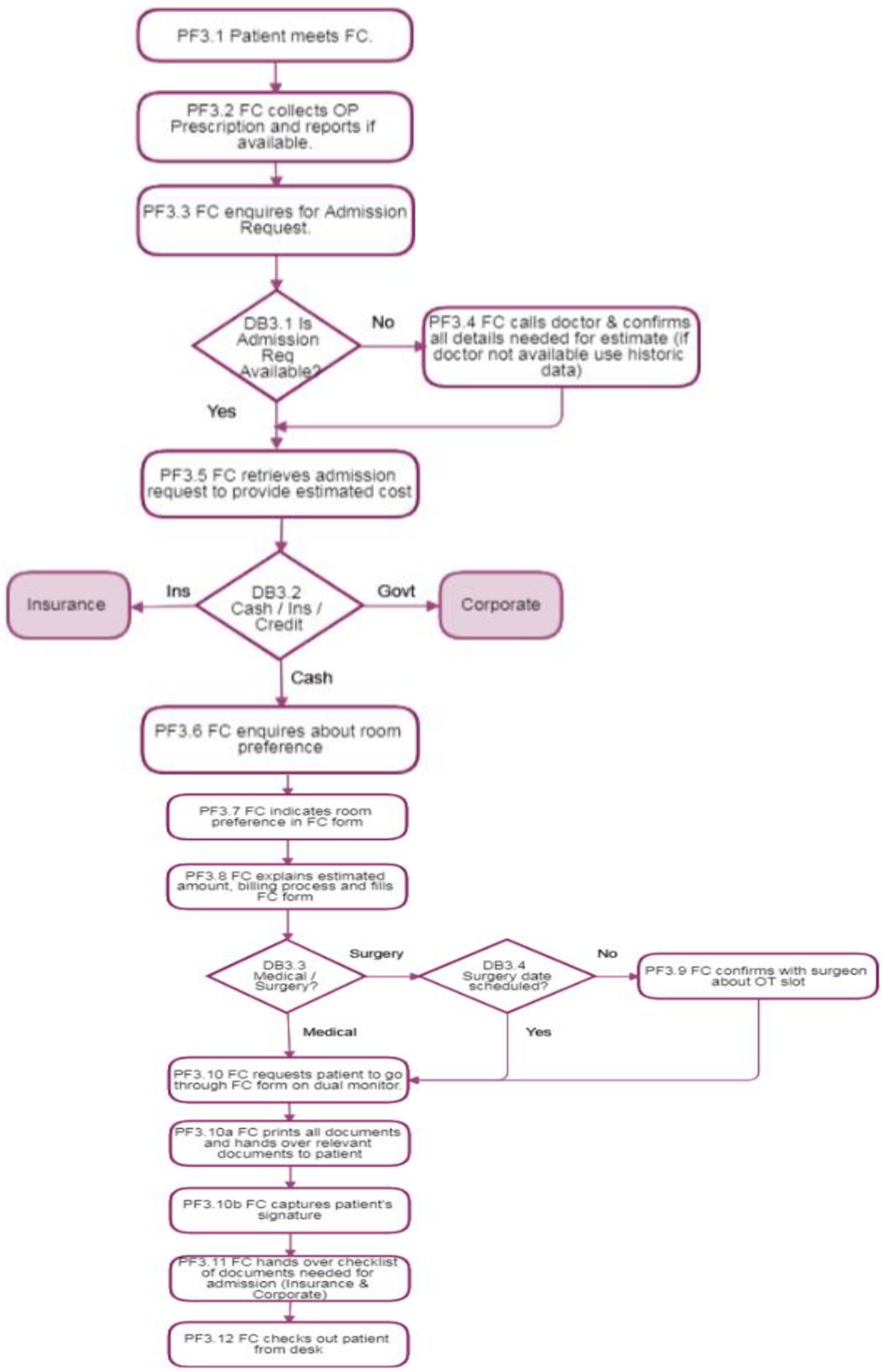
1.7.8 FC completes counselling and provide estimate according to room preference, procedure type, room preference and length of stay.

1.7.9 FC prints all required documents and forms capture signature.

1.7.10 FC checks out the patient from system after handing over applicable forms to patient and files rest of forms for internal use.

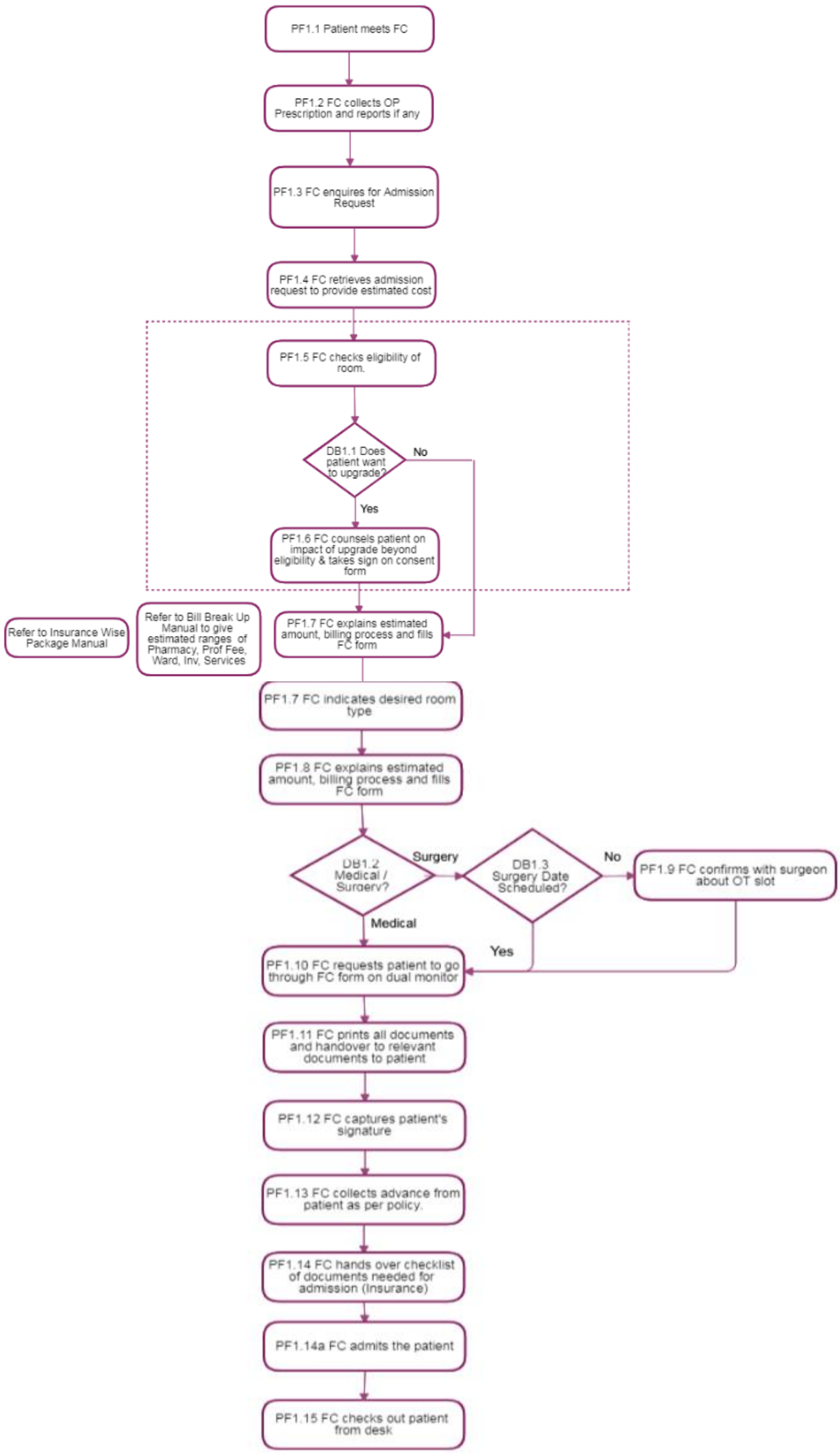
1.8 PROCESS FLOW: FINANCIAL COUNSELLING (CASH)

FINANCIAL COUNSELLOR



- Patient meet FC.
- FC collects OP prescription and reports, if applicable.
- FC enquires for admission request.
- FC calls doctor and confirms all details required for providing estimate.
- FC retrieves admission estimate request to provide estimated cost.
- FC confirms the payer type cash/insurance and about room preference.
- FC explains about estimated amount, billing process and fills FC form.
- FC confirms medical or surgical case.
- FC confirms with surgeon about surgery date and time and request patient to go through FC form on dual monitor.
- FC prints all documents and hands over relevant documents to patient.
- FC captures patient ‘signature and hands over checklist of documents required for admission.
- FC checks out patient from their desk.

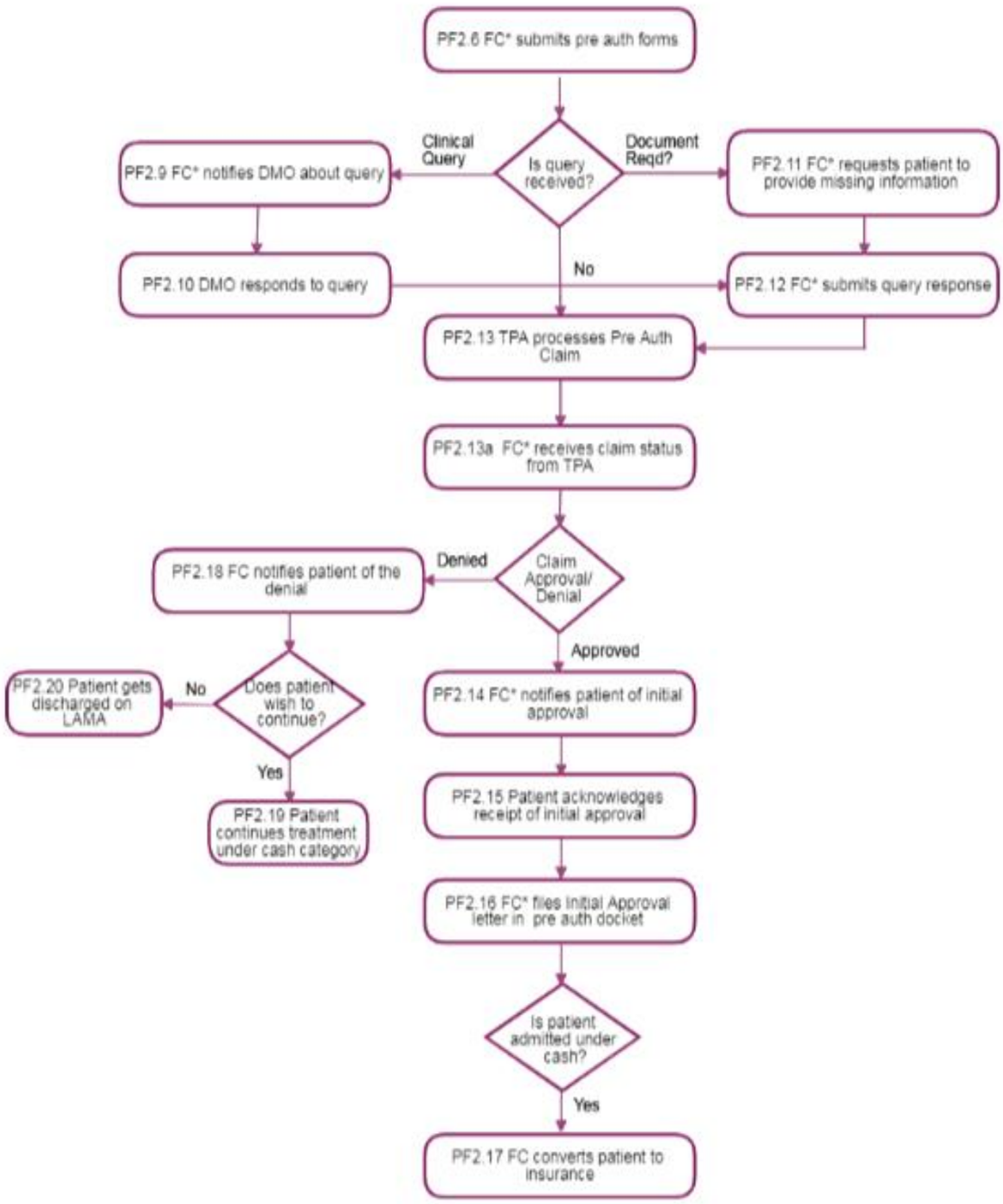
1.9 PROCESS FLOW: FINANCIAL COUNSELLING- INSURANCE



- Patient meet FC.
- FC collects OP prescription and reports, if applicable.
- FC enquires for admission request.
- FC retrieves admission estimate request to provide estimated cost.
- FC confirms the payer type insurance and eligibility of room. Does the patient want to upgrade.
- FC counsels patient on the cost of upgrade beyond eligibility and take sign on consent form and indicated room preference on system.
- FC explains about estimated amount billing process and fills FC form.
- FC confirms medical or surgical case.
- FC confirms with surgeon about surgery date and time and request patient to go through FC form on dual monitor.
- FC prints all documents and hands over relevant documents to patient.
- FC captures patient ‘signature and hands over checklist of documents required for admission.
- FC collects advance from patient as per policy.
- FC hands over checklist of documents required for admission.
- FC admits the patient.
- FC checks out patient from their desk.

1.10 PROCESS FLOW: PRE- AUTHORIZATION

PRE-AUTH PLANNED SURGERY

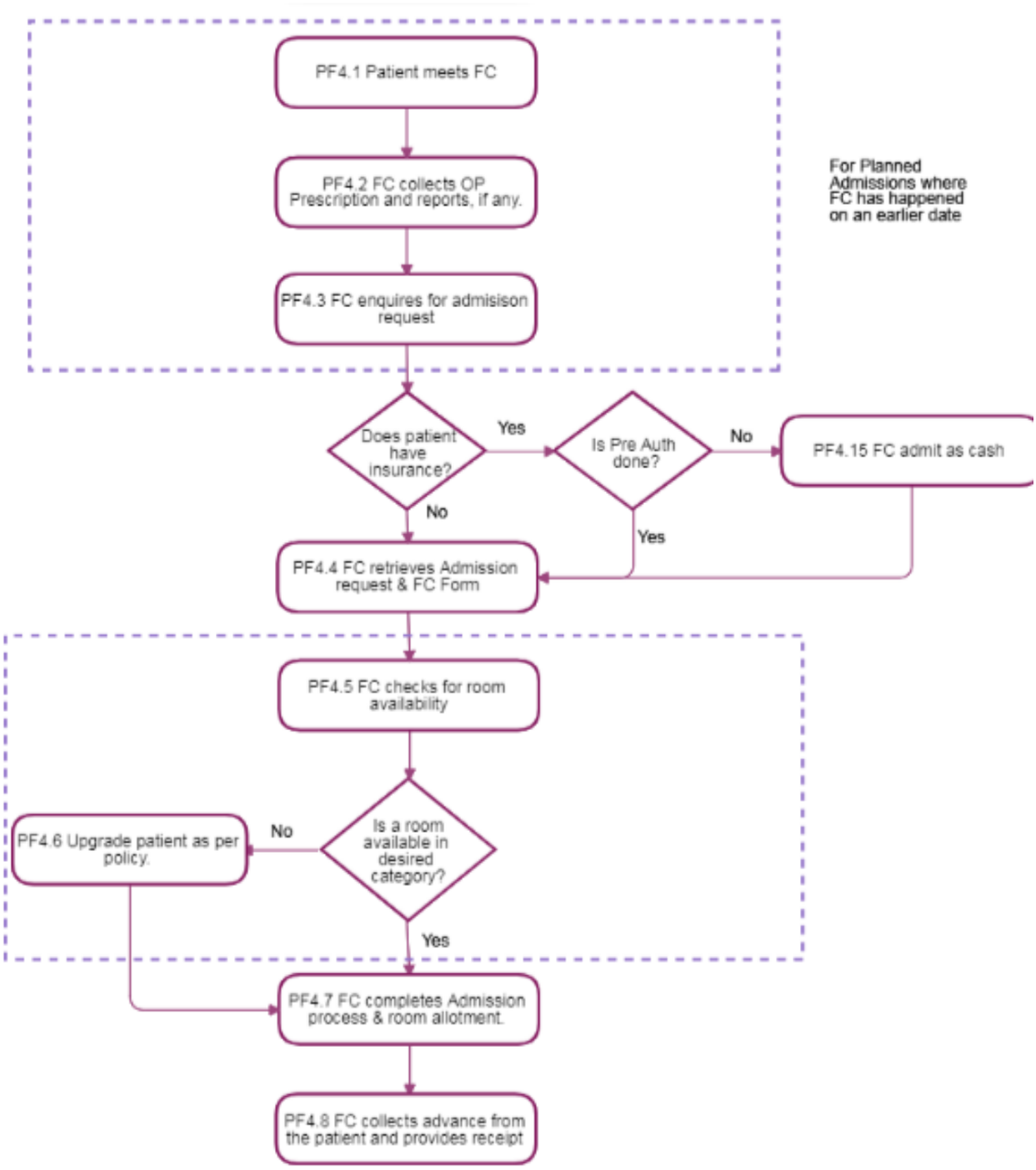


- Patient approaches FC desk.
- FC uploads relevant documents in insurance portal.
- FC fills pre-auth form and obtains patient signature.
- FC hands over pre-auth forms to insurance DMO (where applicable)
- DMO/Consultant fills medical section of pre-auth form and sign.
- FC submits pre auth form and gets copy of requested case sheet forms.
- DMO fills the medical section of pre-auth by reviewing case sheet.
- If a query is received, then GC notifies queries to DMO, and he responds to query.
- FC requests patient to provide missing information and submit query responses.

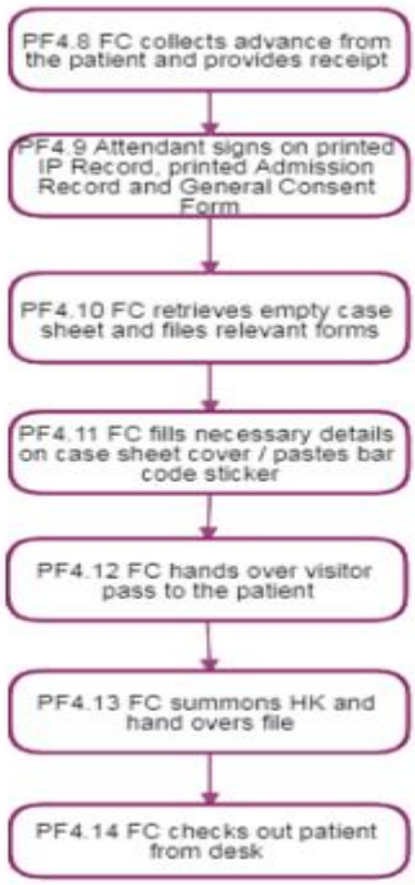
- TPA processes pre-auth claim and FC receives the claim status from TPA.
- Claim approved or denied- status is updated.
- FC notifies patient of initial approval.
- FC files initial approval letter in pre-auth docket.
- FC convert patient from cash admission to insurance admission in software.

1.11 PLANNED ADMISSION

ADMISSION PROCESS



CONTINUED



- FC retrieves admission request and FC form.
- FC checks room availability.
- FC upgrades patient to one grade up due to non -availability.
- FC completes admission process and room allotment.
- FC collects advance from patient and provide receipt.
- Attendant signs on printed information record, printed admission record and general consent form.
- FC retrieves empty case sheet cover/pastes bar code sticker.
- FC hands over visitor pass to the patient.
- FC summons housekeeping staff and handover files.
- FC checks out patient from their desk.

1.12 IMPORTANCE OF MAINTAINING FINANCIAL COUNSELLING TAT FOR ADMISSIONS

The importance of financial counselling admission TAT (turnaround time) in hospitals is significant for several reasons-

1. Patient Experience: Financial counseling admission TAT directly impacts the overall patient experience. A shorter TAT ensures that patients receive timely and accurate information about their financial responsibilities, reducing stress and anxiety associated with the financial aspect of healthcare. It empowers patients to make informed decisions, plan for their healthcare expenses, and proceed with their treatment without unnecessary delays.

2. Financial Preparedness: The timely completion of financial counseling enables patients to understand their insurance coverage, estimate costs, and explore available financial assistance programs. This helps patients plan and prepare for their healthcare expenses, avoiding last-minute financial surprises and facilitating a smoother payment process**.**

3. Access to Healthcare: Financial barriers can hinder patients' access to necessary healthcare services. By promptly completing financial counseling, hospitals can identify patients who may face financial challenges and provide guidance on available resources stance programs. This ensures that patients receive the necessary support to overcome financial barriers and access the healthcare services they need in a timely
manner.

4. Operational Efficiency: Efficient financial counseling admission processes contribute to the overall operational efficiency of hospitals. By reducing the time spent on administrative tasks, such as insurance verification and documentation, hospitals can allocate resources more effectively, streamline workflows, and enhance overall operational productivity**.**

5. Revenue Cycle Management: Effective financial counseling admission TAT contribute optimized revenue cycle management for hospitals. Timely verification of insurance coverage, estimation of costs, and clear communication of patient financial obligation help facilitate accurate billing and efficient revenue collection processes. This ensures that hospitals receive appropriate reimbursement for the healthcare services provided supping their financial stability and sustainability.

6. Compliance and Risk Management: Adhering to a structured financial counseling admission process helps hospitals comply with regulatory requirements

and meeting potential financial risks. It ensures that proper documentation and authorization processes are followed, minimizing the likelihood of billing errors, insurance claim denials, or non-compliance with legal and ethical standards.

In summary, financial counseling admission TAT is important in hospitals as it directly impacts the patient experience, financial preparedness, access to healthcare, operational efficiency, revenue cycle management, and compliance. By focusing on improving this aspect, hospitals can enhance the overall patient journey, improve financial outcomes, and ensure equitable access to quality healthcare services**.**

1.12 ISSUES IN FINANCIAL COUNSELLING TAT FOR ADMISSIONS

The financial counseling process for admissions in hospitals can face several common problems, including:

- **Lack of Timeliness:** Delayed financial counseling can result in prolonged wait times for patients, leading to frustration and potential delays in accessing necessary healthcare services. Insufficient staffing or inadequate resources dedicated to financial counseling can contribute to this problem.

- **Communication Barriers:** Complex insurance terminology, billing procedures, and financial obligations can be overwhelming for patients. Ineffective communication between financial counselors and patients, particularly if it lacks clarity and patient-friendly language, can hinder understanding and contribute to confusion.

- **Limited Financial Assistance Awareness:** Patients may be unaware of the various financial assistance programs available to them. This lack of awareness can result in missed opportunities for patients to obtain financial support, potentially leading to financial strain and barriers to receiving timely healthcare.

- **Inconsistent Documentation:** Inaccurate or incomplete documentation during the financial counseling process can lead to delays in verifying insurance coverage and estimating costs. This can result in billing errors, claim denials, and prolonged resolution processes, ultimately affecting both patients and the hospital's revenue cycle.

- **Insurance Authorization Challenges:** Obtaining insurance authorizations for specific procedures or treatments can be time-consuming and complex.

Delays or denials in the authorization process can significantly impact the financial counseling process and cause delays in inpatient admissions.

- **Limited Staff Training:** Inadequate training and knowledge of financial counselors regarding insurance processes, billing practices, and available financial assistance programs can hinder the effectiveness of the financial counseling process. This can result in incorrect information provided to patients, leading to further confusion and potential financial issues.

- Inefficient Workflow Processes: Inefficient workflow processes, such as manual data entry or reliance on paper-based documentation, can contribute to delays and errors in the financial counseling process. Lack of automation and utilization of technology can hinder the efficiency of the overall process.

- Patient Financial Confidentiality: Safeguarding patient financial information and ensuring confidentiality is crucial. Inadequate privacy measures, such as improper handling of sensitive financial data or lack of secure systems, can erode patient trust and potentially lead to privacy breaches.

Addressing these common problems can help hospitals improve the financial counseling process for admissions, resulting in enhanced patient experiences, smoother operations, and better financial outcomes and efficiency for both patients and the healthcare facility.

1.13 ISSUE WITH FINANCIAL COUNSELLING PROCESS FOR ADMISSION TOKENS

The KIMS Hospital which is 750-bedded, 100-120 cash and insurance admissions typically take place each day. The management's main concern is the delayed financial counselling process for admission tokens, which has a negative impact on patient satisfaction and as the hospital has busy schedule and patient flow is high , delayed TAT of financial counselling process for admission tokens will affect revenue cycle and patient satisfaction.

1.14 STREAMILING FINANCIAL COUNSELLING PROCESS FOR ADMISSION TOKENS

Streamlining the financial counselling process for admissions in hospitals is crucial for several reasons:

- **Improved Patient Experience and satisfaction:** Patients are provided with information about their financial obligations that is both clear and concise and reduces waiting times through a streamlined procedure. It makes things clearer and makes people less annoyed, which makes the patient's experience better and makes them happier.
- **Timely Access to Healthcare:** Patients receive the necessary direction and support to promptly navigate their financial obligations through effective financial counseling. As a result, they are able to proceed with their healthcare services without encountering any unnecessary obstacles or delays, ensuring prompt access to the care they require.

- **Financial Preparedness:** Patients are able to better comprehend their insurance coverage, estimate costs, and investigate the various financial assistance programs that are available by streamlining the procedure. They are given the ability to plan and prepare for their healthcare costs as a result, lowering the likelihood of unexpected financial burdens and making payment procedures easier.

- **Enhanced Operational Efficiency:** Hospitals can better allocate resources and optimize their administrative workflows by streamlining the financial counseling process. Staff members are freed up to concentrate on providing high-quality patient care, which ultimately results in an increase in overall operational efficiency.

- **Accurate Billing and Revenue Cycle Management**: A streamlined process minimizes errors in documentation, insurance verification, and billing procedures. This ensures accurate and timely submission f claims, reduces the likelihood of claim denials or delays, and optimize ↓ revenue collection for the hospital.
- **Compliance with Regulations:** A streamlined financial counseling process helps Hospitals can comply with regulatory requirements regarding patient privacy, financial transparency, and efficiency in financial counseling. It minimizes the risk of non-compliance and the potential for legal or financial consequences by ensuring that appropriate documentation, informed consent, and ethical billing practices are followed
- **Efficient Resource Allocation:** By streamlining the process, based on patient volume and requirements, hospitals can efficiently allocate financial counseling resources. This helps to make sure that there are enough trained counselors on hand to give each patient individualized attention, reducing bottlenecks and making the best use of resources.
- **Improved Financial Sustainability:** Hospitals' financial stability and sustainability are aided by a well-organized financial counseling process. It supports the hospital's ability to invest in infrastructure and resources and provide high-quality care by maximizing

revenue collection, reducing financial leakage, and reducing the risk of uncollectible debts.

- In summary, streamlining the financial counseling procedure for hospital admissions is necessary for enhancing the patient experience, increasing operational efficiency, ensuring financial preparedness, and preserving regulatory compliance. It ultimately contributes to the healthcare facility's overall success and sustainability.

CHAPTER -2: LITERATURE REVIEW

The following is a review of the literature on the subject of the study on financial counselling TAT for both cash and insurance patients with emphasis on TAT (token generated time to actually receiving counselling and being admitted in hospital to receive the treatment)

S No.	AUTHOR (Year)	Study Location	Sample size	Sampling Technique	Salient Features
1.	Gupta et al. (2019)	Delhi, India	200	Random sampling	Explored the factors influencing financial counselling TAT and its impact on patient satisfaction in a tertiary care hospital. Found that inadequate staff training and cumbersome paperwork were major contributors to longer TAT, negatively affecting patient experience.
2.	Reddy and Kumar (2020)	Hyderabad, India	300	Convenience sampling	Investigated the correlation between financial counselling TAT and hospital revenue management. Identified Technology adoption, process automation, and staff to reduce education as key factors to reduce TAT and improve revenue cycle outcomes.

3.	Sharma and Verma (2022)	Chandigarh, India	200	Purposive sampling	Examined the impact of streamlined financial counselling process on patient outcomes. Found that reducing TAT improved treatment compliance, reduced treatment abandonment rates, and positively influenced patient satisfaction and healthcare decision-making.
4.	Krishnan et al. (2023)	Chennai, India	300	Cluster Sampling	Assessed the effectiveness of a technology-driven financial counselling system in reducing TAT. Implemented an integrated electronic system and observed a significant reduction in TAT, resulting in improved patient experience and optimized revenue cycle management.
5.	Patel et al.	Mumbai,	200	Quota	Explored patient

	(2023)	India		sampling	perspectives on the financial counselling process and identified challenges faced by patients. Emphasized the importance of clear communication, transparency in cost estimation, and availability of financial assistance options.

The literature suggests that long wait times for financial counseling can negatively impact patient satisfaction and adherence to treatment. Several studies have shown that improving financial counseling TAT can lead to better patient outcomes, such as increased patient satisfaction and decreased hospital readmissions, reduced average length of stay. Factors that affect financial counselling TAT include patient factors such as not aware about insurance documentation, multiple procedure, social support, lack of decision etc. and hospital factors such as staffing, shifts timings, long breaks, privileges tagged to FC for different departments, bed availability. Proper checklist and docket maintained for insurance documents. Interventions such as separating counselling from documentation during counselling time to reduce waiting time for upcoming patient. Scheduling shifts and rotations automating break times.

CHAPTER- 3: METHODOLOGY

3.1 Research Questions:

- What is the average TAT for financial counseling in hospitals?
- What factors contribute to long TATs for financial counseling?
- What strategies can be implemented to improve financial counseling TAT in hospitals?

3.2 Research design:

Hospital financial counselling TAT for admissions, which is length of time spent of time spent by patient to complete financial counselling process to receive a estimate for the treatment during admission from time of admission to hospital. It includes time spent by patient in discussions with FCs, verification of insurance coverage and eligibility, estimation of costs, understanding of financial obligations, measured by using cross-sectional research design.

For this kind of study, samples are gathered physically by capturing token generated time to physical check-in and check-out from cabin means receiving counselling to get an estimate of the procedure or treatment and to procced with actual admission process compared with sample captured by system. The length of time spent of time spent by patient to complete financial counselling process to receive a estimate for the treatment during admission from time of admission to hospital.

The sample comprises patient of payer type(cash/insurance) being admitted to hospital to receive medical or surgical treatment. The sample size was representative of the population of interest both cash and insurance patients from all departments.

3.3 study setting: The study is conducted in KIMS hospital, Secunderabad, (India).

3.4 study population: the study population will consist of 100 samples of all age groups who are admitted to the hospital who received financial counseling services at the KIMS hospitals during the study period.

3.5 Research Approach:

Qualitative approach -This method entails obtaining input from staff regarding the process and their experiences with financial counselling process. Questions with open-ended questions on process-flow, communication, information sharing and delay reasons with process is used as qualitative measurements. With strategy it is possible to pinpoint financial counselling process flaws.

Quantitative approach- In this method, particular metrics for financial counselling process for admissions are measured such the time interval between token generated to physically receiving counselling and FC checking out the patient from system so as not to delay the counselling process for coming patients to streamline admission process. Capturing the patient physical check-in and checkout of patient to the token generation time to compare with system to identify the gaps. Quantitative measurements offer objective information that is used to monitor bottlenecks area which needs improvement contributing to enhance positive patient experience.

Understanding and enhancing the financial counselling process requires both qualitative and quantitative techniques. Healthcare organization may better understand their financial counselling TAT and make key performance indicators to streamline the process and enhance patient outcomes.

3.6 Inclusion Criteria:

- All age group patients received financial counseling services during the study are included.
- All the cash and insurance patients are covered.
- All medical and surgical cases are covered during the study period.
- Includes all planned admission cases.
- All the departments namely – (ENT, cardiology, CT, pulmonology, neurology, neurosurgery, Gastroenterology, gynecology, spine surgery, pediatrics, vascular surgery, internal medicine, urology, orthopedics, oncology, biopsy)

3.7 Exclusion Criteria:

- Patients who declined financial counseling services.
- Corporate patients are not included.

3.8 study Approach:

- Sample size calculations: convenience sampling is used to calculate the sample size. The hospital is 750 bedded and between 100 to 120 patients receive financial counselling for admissions based on their payer type. Random number of samples are collected every day.

- Duration of study: The study will be conducted over a period of three months March 2023 to May 2023.

- Sample Size**:** The study will include a sample size of 100 patients from KIMS HOSPITALS.

- Sampling technique**:** convenience sampling approach is used. Patient demographics are obtained from hospital information system. Samples is collected using a data collection format administered to patients after they have received financial counseling services, also the hospital information system. The financial counselling admission TAT will be calculated as the time interval between the token generated for admission counselling to the actual patient check-in system and the FC's cabin for the estimate bill for the procedures, their actual check-out from system and cabin for unplanned/planned procedures for both cash and insurance patients. Patients' outcomes will be assessed through HIMS by capturing TAT time improved percentage and monitoring of adverse events.

- Study instruments: the study uses number of modes to retrieve information regarding admissions -the first one is from HIMS (hospital information management system) for real-time-information and physically collected samples. TAT percentage is monitored through HIMS.

- Operational Definitions**:**

1. **Financial counseling TAT-** will be defined as the time from when a patient requests financial counseling services to when they receive those services. More precisely the financial counselling admission TAT will be defined as time interval between token generated for counselling and admission to patient receiving the counselling from allotted FC on basis of payer type(cash/insurance) to receive final estimate. Patient satisfaction will be assessed by using Likert scale, with scores ranging from 1(very poor) to 10 (very good) depending on the number of tokens cleared by FC as fast as possible.
2. **Token generated time:** the time at which token is generated to queue up patient.

3. **System check-in time -** the time at which FC checks in patient into system to provide financial counselling estimate.
4. **System check-out time-** the time at which FC checks out patient from system after providing financial counselling estimate.

3.9 Data collection procedure:

convenience sampling approach is used. Patient demographics are obtained from hospital information system. Samples is collected using a data collection format administered to patients after they have received financial counseling services, also the hospital information system. The financial counselling admission TAT will be calculated as the time interval between the token generated for admission counselling to the actual patient check-in system and the FC's cabin for the estimate bill for the procedures, their actual check-out from system and cabin for unplanned/planned procedures for both cash and insurance patients. Patients' outcomes will be assessed through HIMS by capturing TAT time improved percentage and monitoring of adverse events. The data will also be cross verified by case sheets of the patients and other daily reporting sheets system captured time and physically captured time along with information retrieval by communicating with the staff and patients for delay reasons.

- **Data Analysis Plan:**

  -Trend analysis to examine TAT data over time to identify trends and patterns through graphical representation to visualize the changes in TAT over different time periods.

  -Process mapping used to analyze the data, to identify factors that contribute to long TATs for financial counseling and to identify bottlenecks or area of improvement. Studying the process flow given above is real time process map.

  -Root cause analysis- use techniques such as fish bone diagram to identify the underlying causes delays or prolonged TAT. This analysis helps pinpoint the key factors contributing to longer AT and informs targeted interventions for improvement.

3.10 Ethical considerations

Data security and confidentiality are upheld throughout the study; patient information, such as IP numbers, names, and diagnoses, is not displayed. Additionally, patient confidentiality is upheld by protecting information about the types of investigations performed on patients and the medications they are given.

To safeguard patient privacy and the confidentiality of their medical records, maintaining data security is essential during the hospital discharge process research. Obtaining the

necessary permissions and approvals from relevant authorities, such as hospital ethics committees and regulatory bodies; utilizing secure data storage and transfer methods, such as encrypted communication channels and password-protected databases; de-identifying patient data by removing or encrypting personally identifiable information; and restricting access to the data to authorized individuals are some actions that can be taken to ensure data security in such studies.

Both the Staff and the patients must verbally give their approval. When two people provide their explicit approval for their photos to be taken and used in the dissertation report, it is said that they have both been informed of the aim of the photography. It is crucial to remember that the that participants have the right to revoke it at any moment. Oral Informed consent from staff, mentors and patient was taken to click their photographs and to use it for dissertation.

CHAPTER-4: RESULTS

We have selected a diverse selection of departments representing various disciplines for our study of discharge TAT (turnaround time) on cash and insurance patients. These divisions consist of:

Table 4.1: Various departments for TAT Study

Gastroenterology	Urology
General Surgery	Oncology
Gynaecology	Nephrology
Internal Medicines	Neurology
Pediatrics	Orthopaedics
Rheumatology	Plastic surgery
General Surgery	Pulmonology
Spine surgery	Cardiology
Vascular surgery	CT
Pulmonology surgery gastro	Obstetrics
Biopsy	Urogynaecology
Gynaecology	Urology

Our study's selection of these departments seeks to give a thorough grasp of the admission TAT for distinct patient categories across multiple medical departments while also capturing a wide variety of specializations.

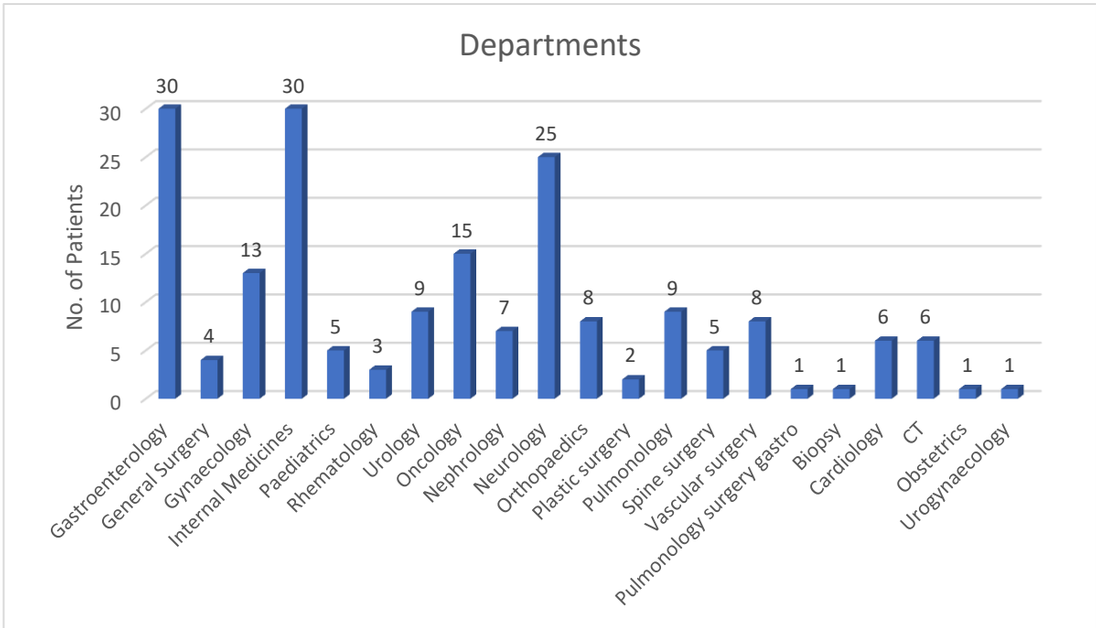
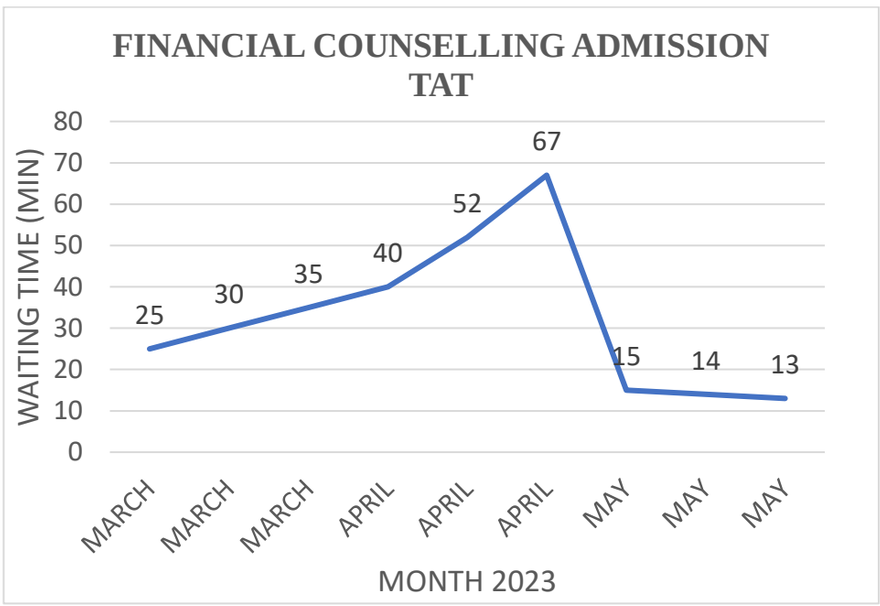


Fig – 4.1: Various departments for TAT study

4.1 GRAPHICAL ANALYSIS (TREND)



Fg-4.2 trends analysis

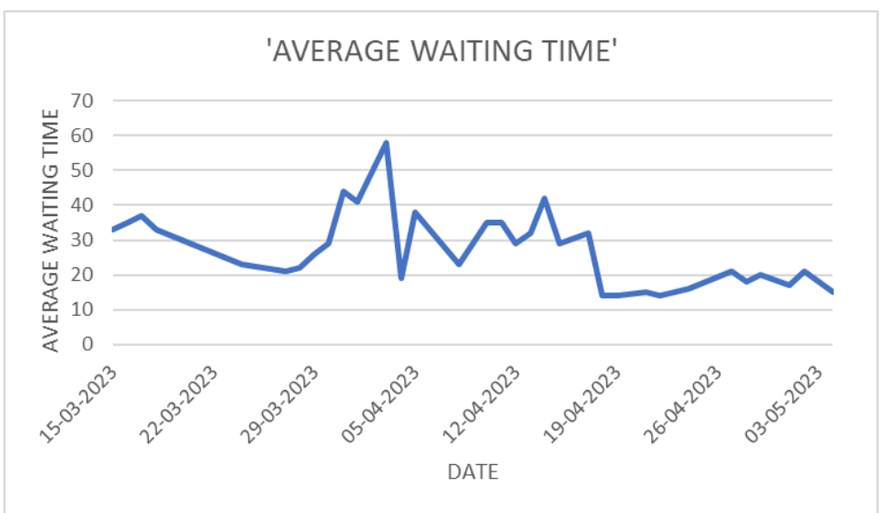


Fig 4.3 trends analysis

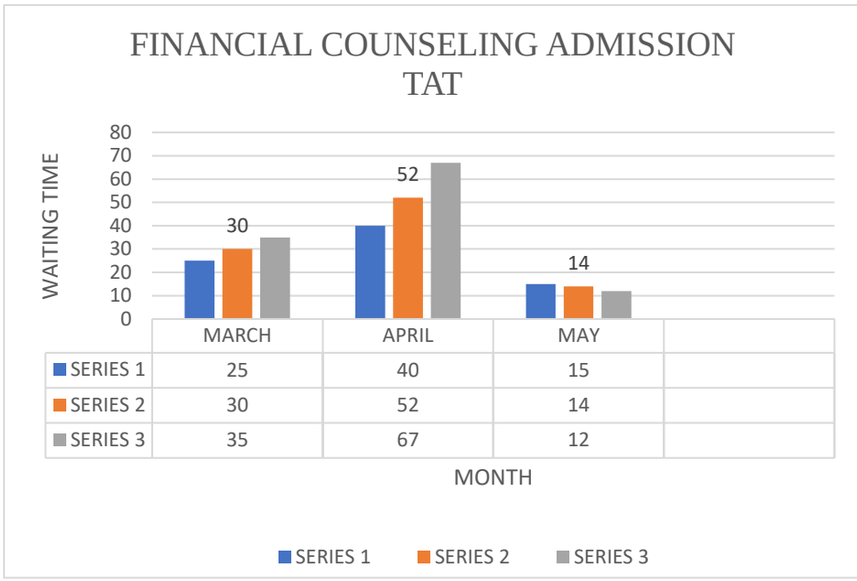
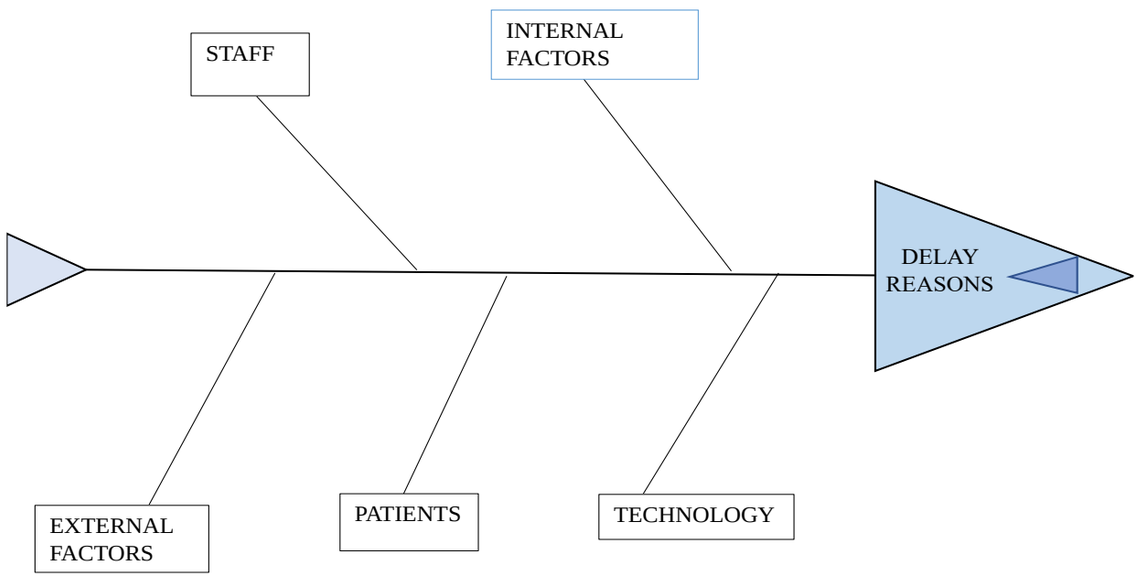


Fig 4.4 trends analysis

4.2 ROOT CAUSE ANALYSIS



4.2.1 STAFF FACTORS

- Lack of trained and efficient staff
- Lack of availability of staff during peak hours
- Lack of Communication
- No scheduled breaks
- FC delays, doctor's availability
- FC deals with complete required documentation part
- Long counseling time (document collection, briefing billing and estimated amount, room preference)
- Financial form is not tagged in every cash sheet.

- Housekeeping staff writing wrong timings in register (arrival/breaks)

4.2.2 PATIENT FACTORS-

- Incomplete or inaccurate financial documentation
- Lack of Knowledge or Understanding
- Financial Concerns and Decision-Making

4.2.3 EXTERNAL FACTORS-

- Complex Insurance Procedures
- delays in insurance verification or authorization processes.
- pre-authorization, approvals, missing details
- Coordination with External Agencies

4.2.4 INTERNAL FACTORS-

- Long waiting in queue –average waiting time more than 25 min
- Privileges tagged to financial councellors.
- Insufficient Bed availability
- Eligibility verification process, documentation requirements, and coordination with external organizations
- No sign board near waiting area.
- Lack of use of resources- dual monitor
- Portal to access their bill update, pre –auth and post approvals and updates at single screen.
- Patient going directly to pre-auth and post auth department)

4.2.5TECHNOLOGICAL FACTORS-

- Inadequate Technology Infrastructure- old systems
- IT glitches, bill add up, manual refresh.
- Slow or malfunctioning software
- No digital patient feedback system for the department

COMPARISION OF TAT PERCENTAGE BEFORE AND AFTER INTERVENTIONS

SEC- MIS SNAP SHOT	11-Mar	12-Mar	13-Mar	14-Mar	15-Mar	16-Mar	17-Mar	18-Mar	19-Mar	20-Mar	21-Mar	22-Mar
FINANCIAL COUNSELING												
WAITING TAT (WITHIN 15 MIN)	64%	72%	37%	60%	69%	63%	64%	78%	74%	65%	67%	39%
16 to 30	23%	18%	27%	24%	21%	20%	18%	18%	17%	23%	15%	24%
30 to 45	13%	10%	13%	12%	10%	9%	16%	4%	1%	11%	8%	28%
above 45	0%		23%	4%	1%	7%	2%	2%	8%	1%	10%	9%

	18-Apr	19-Apr	20-Apr	21-Apr	22-Apr	23-Apr	24-Apr	25-Apr	26-Apr	27-Apr	28-Apr	29-Apr	30-Apr	Apr-23	01-May	02-May
WAITING TAT (WITHIN 15 MIN)	95%	97%	98%	89%	97%	95%	91%	96%	98%	97%	91%	94%	74%	86%	53%	86%
16 to 30	5%	3%	2%	11%	3%	5%	8%	4%	1%	2%	7%	6%	24%	9%	29%	13%
30 to 45		0%		1%			1%		1%	0%	2%		1%	3%	16%	1%
above 45			0%				0%							2%	2%	0%

CHAPTER- 5: DISCUSSION

Table – 5.1: Financial counselling process for admission and the primary team involved.

S NO.	Process	Activity type	Team involved
1.	Bill Estimation	Sequential	Doctors/ FC
2.	Admission advice	Sequential	Consultants/ Resident Doctors
3.	Admission initiation	Sequential	Consultants/ Resident Doctors
4.	Token generation	Sequential	Security
5.	Financial counselling	Sequential	Financial counsellors
6.	Documentation	Sequential	Insurance backend team

6.	Room allotment	Sequential	Bed board manager/Financial counsellors
7.	Eligibility and verification for payer type- insurance	Sequential	Financial Counselor Department/ Insurance backend
8.	Bill settlement	Sequential	Financial Counselor Department/ Patient attendants
9.	Insurance approval for Insurance patients	Sequential	Insurance Backend/ FC

ADVISED ADMISSION (PLANNED)

For prompt and effective patient admission, FC must adhere to timely financial counselling and estimation along with documentation in FC module. Here are some justifications on why it matters:

- Improved Patient Flow: By quickly starting financial counselling process for admissions, make sure that it is begun without delay, which may assist streamline patient flow and cut down on the total amount of time that patients spend in the hospital during admission process so as not to delay pre-requisite before procedure and treatment.
- Better Resource Allocation: Hospitals are able to better deploy resources based on patient volume, payer type and needs, like beds, personnel, and equipment, to fulfil the requirements of arriving patients, this can lower expenses and increase the hospital's general effectiveness and optimize resource utilization.
- Accurate Patient Information: Nurses may make sure that patient information is appropriately documented and easily available to other healthcare professionals participating in the care process on FC module. By doing this, you can make sure that patients continue to receive the right care and attention even after they leave the hospital.
- Compliance with Regulatory Requirements: a streamlined financial counselling process helps hospital comply with regulatory requirements related to financial

transparency patient rights and privacy it ensures that appropriate documentation inform concern and ethical billing practices are followed minimising the risk of non-compliance and potential legal or financial consequences.

- Improved Patient Satisfaction: a streamlined process reduces waiting time and provides patient with clear and concise information about their financial responsibilities. It minimises confusion and frustration leading to a more positive patient experience and increase satisfaction.
- Timely access to healthcare: efficient financial counselling ensure that patient receives the necessary guidance and support to navigate their financial obligations promptly this enables them to proceed with their healthcare services without unnecessary delays or barriers ensuring timely access to the care they need.
- Financial preparedness: streamlining the process allow patients to gain a better understanding of their insurance coverage, eligibility, and verification, estimate costs, and explorer available financial assistance programs. this empowers them to plan and prepare for their healthcare expenses reducing the risk of unexpected financial burdens and facilitate smoother payment processes.
- Enhanced operational efficiency: hospital can optimise their administrative workflows and allocate resources more effectively this reduces the border on staff and allows them to focus on providing quality patient care, ultimately improving overall operational efficiency.
- Accurate billing and revenue cycle management: a streamlined process minimises error in documentation insurance verification and billing procedures. This ensures accurate and timely submission of claims, reduces the likelihood of claim denials or delays, and optimises revenue collection for hospital.
- Improved financial sustainability: after long waiting time in outpatient department the patient has to wait to receive financial counselling estimation for the admission process. A well organised financial counselling process contributes to the financial stability and sustainability of hospitals. It helps maximise revenue collection, reduce financial leakage, and minimize risk of uncollectible debts, ultimately supporting the hospital ability to provide quality care and investment infrastructure and resources.

Table 5.2: Issues causing a delay in timely financial counselling services.

Area	**Personnel Involved**	**Issues**
Outpatient department	Consultants	• Inadequate appointment scheduling or mismanagement can lead to long waiting hours in the outpatient department leading to further delay in the admission process. • Lack of effective communication and coordination between staff and the financial counselling department delays the process. • As estimation is advised by doctor (including doctor's professional fess) themselves which in turn delays the counselling process as they are busy with outpatients or procedures.
	Doctor secretary	• Patients are not briefed about further process.

Admission Counselling department	Financial counsellors	• Privileges tagged to financial counsellors for example specific doctor' cases will go to particular financial counsellors only. • Delay in clearing doubts regarding the payments and estimation. • Counsellors are not providing financial counselling form which cause inconvenience to patients and attendants as for queries. • Financial counsellors delays checking out patient from the system to delays tokens.
	Miscellaneous	• Patient attendant are not aware of the 15 min waiting time. • Lack of communication among staff leading to delay in counselling time.
IT Issues		• Estimation add-ups error. • Auto-refresh is not working properly. • System lag or error • Old system configuration leading to system malfunctioning.
Insurance department		• Lack of manpower for insurance documentation so financial counsellors have to deal with documentation art leading to further delay in counselling process and admission tokens waiting in queue. • Patients are going to pre-auth and post-auth department for query, bill update and clearance. • Complex insurance procedures • Delay in insurance verification and authorization process. • Coordination with external agencies.
Patient and attendees		• Unavailability of patient's attendants on call. • Patients prefer particular financial counsellors not according to availability even after waiting of 10 minutes.

Transport team	• Patient waiting for stretcher. • 18 minutes delay in bringing wheelchair.
Housekeeping staff	• Housekeeping staff take a longer time to deliver case sheet to respective floor which make patients and attendees wait near the floor. • Patient who needs transportation services to move to respective floors have to wait as housekeeping staff delays leading to long patient waiting time.

Other reasons which hamper the financial counselling process-

- No scheduled break time-long lunch break 4 to 5 financial counsellors together leading to disturbed patient flow.
- Lack of efficient staff
- Token generating machine not working efficiently (scanning of the bar code).

Sharma et al. (2019) recommends implementing streamlined processes for financial counselling, including dedicated counselling staff, improved information dissemination and clear communication regarding the financial aspects of hospital admission.

Patel and Desai (2020) recommend improving the training and capacity of financial counselling staff, adopting digital solutions for documentation and verification processes, establishing robust coordination between the financial counselling department and insurance providers to expedite the process.

Singh and Gupta (2021) recommend leveraging technology solutions, such as online portals or mobile application to facilitate patient access to financial information, automate data

collection and verification, and enhance transparency and efficiency in the financial counselling process.

Reddy. et al. (2022). recommends that integrating the financial counselling process with the overall treatment planning to minimise delays, enhancing collaboration between financial counsellors and healthcare providers, and improving information sharing systems to streamline the process.

Verma and Verma (2023) recommended developing educational programmes to improve patient understanding of financial experts, simplifying the documentation and constraint processes, and ensuring clear communication and transparency in financial counselling to reduce turnaround time.

The insurance department must also be encouraged to adopt the FIFO (First In First Out) method to be just to the patients. In order to answer the medical queries, required documentation put forth to the Insurance Billing department, a person with medical knowledge or prior experience with the same could be diverted for a particular duration of time in the day.

This study is limited in the fact that it is observational in nature and the interventions by the corporate to reduce the financial counselling TAT could have contributed to the improvements observed from March to May. However, the suggestions given above could further optimize the process, further decreasing the financial counselling TAT for admissions and help in achieving the set targets.

The study serves as a baseline for any further interventions with the financial counselling process for admission by the corporate or by an educational team to undertake projects to improve process efficiency.

CHAPTER-6: CONCLUSION

Financial counselling TAT (turnaround time) for admissions, the term "turnaround time" for hospital admissions, which stands for "financial counselling TAT," refers to the amount of time it takes to complete the financial counselling process, which begins with the registration of a patient and ends with the finalization of the necessary financial arrangements for the admission.

It incorporates different undertakings, for example, protection check comma cost assessment comma talking about installment choices and tending to monetary worries. The term "turnaround time" for hospital admissions, which stands for "financial counselling TAT," refers to the amount of time it takes to complete the financial counselling process, which begins with the registration of a patient and ends with the finalization of the necessary financial arrangements for the admission. It incorporates different undertakings, for example, protection check comma cost assessment comma talking about installment choices and tending to monetary financial concerns.

A shorter turnaround time for financial counselling reduces wait times, allowing patients to promptly begin their required medical treatments. Because the patient is able to gain a clear and transparent understanding of their financial obligations and plan accordingly, it also reduces financial stress and anxiety.

In conclusion, the financial counselling process's TAT (turnaround time) for hospital admissions is crucial to ensuring that patients have a pleasant and effective admission experience. The overall admission patient satisfaction is impacted by a number of steps in this process, including insurance verification, cost estimation, and financial arrangements.

through a thorough examination of the procedure for financial counselling., It becomes clear that there are numerous obstacles and opportunities for advancement. Deferrals and bottlenecks can happen because of issues, for example, wasteful work processes, correspondence holes, absence of normalized conventions coming in, satisfactory staff preparing. Patients' anxiety, financial uncertainty, and other negative effects can result from these delays.

There are a number of important suggestions that can be made to address these issues and enhance the TAT process for financial counselling. Implementing continuous monitoring and feedback mechanisms, streamlining processes, integrating technology solutions, providing comprehensive staff training and resources, standardizing documentation and protocols, enhancing communication channels, educating patients, and fostering collaboration with insurance providers are among these.

The implementation of these recommendations may result in significant time savings for financial counselling, making admission procedures more effective and patient centered. Reduced wait times, increased patient satisfaction, and improved financial outcomes for both patients and hospitals are all aided by prompt insurance verification, precise cost estimation, and efficient communication with patients.

Hospitals must prioritize their efforts to speed up the financial counselling process and acknowledge the significance of the turnaround time. Hospitals can achieve better financial management, increase operational efficiency, and ultimately provide high-quality care to their patients by doing this. In addition, they can enhance the patient experience. Stopping

the financial counselling process's ongoing evaluation and refinement will ensure ongoing improvement and meet the changing needs of patients and healthcare systems.

1.1 Recommendations

The prior system portal has been updated with distinctive feature and is presently being implemented to improve live tracking of patients' electronic health records (EHR) and speed up the admission procedure. In order to queue up patient (first come first out according to doctor’s privileges tagged to financial counsellors and to track time taken for counselling of admissions token to accelerate the process.

Counsellors were also dealing with documentation part which was delaying counselling time. And automatically the token waiting in queue for the counselling which affect the admission turnaround time.

The tracker is intended to give real time update on the TAT in terms of bill updates, planned admissions and counselling report, idle and break report, document and estimate variance report, recouncelling report.

To eliminate the operational issues delaying the TAT and to make the efficient use of technology some specific and distinctive changes has been made in portal to streamline the process and eliminate the gaps in the complete process.

A search engine that enables healthcare practitioners to look for patients by name or IP number has been developed to make it easier to hunt down patients' discharge status. Upon finding the patient, a drop-down box with the payment type—cash, insurance, or corporate—appears.

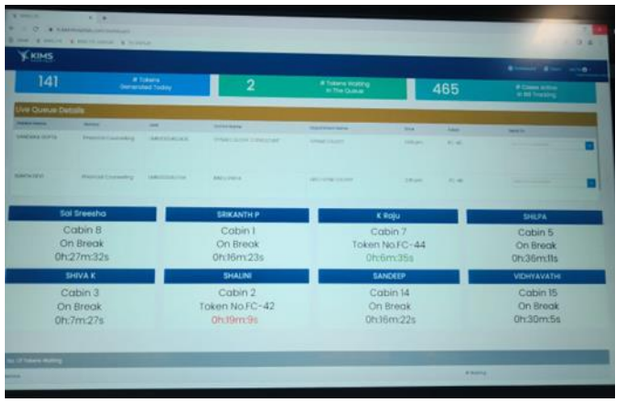


FIG 6.11 REAL-TIME TRACKER ON DASHBOARD

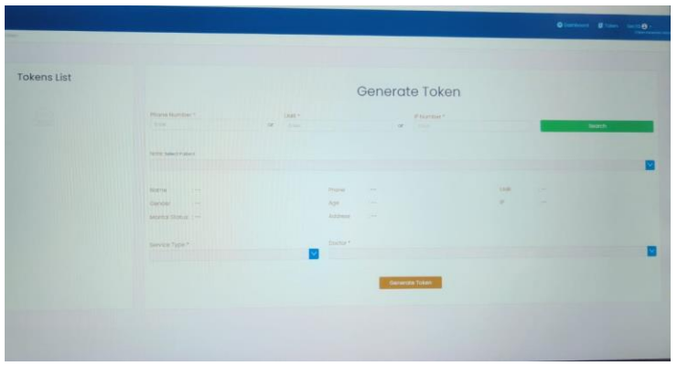
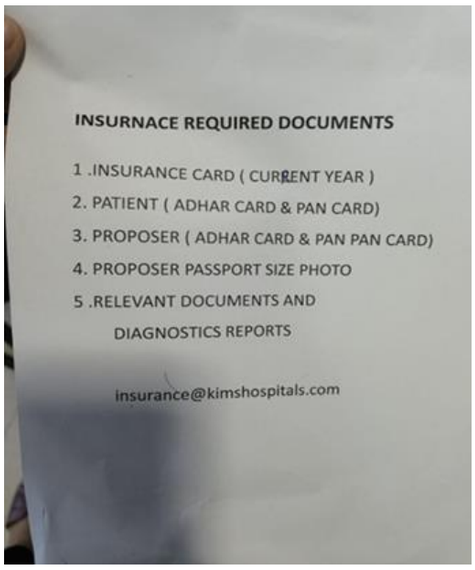


FIG 6.12 SCANING THE BAR CODE TO FILL THE DEMOGRAPHIC DATA



6.13 STANDARDISED DOCUMENTATION

6.11 REAL-TIME TRACKER ON DASHBOARD

- To track break and idle time and counselling time took for admission token and allotting the bed, estimation, and eligibility verification.
- Color changes to red after the allotted time crosses the limit.

6.12 SCANING THE BAR CODE TO FILL THE DEMOGRAPHIC DATA

- By manually searching for UMR number and then generating token, UMR number is directly scanned to skip manually searching the registered patient details. It will eliminate the manual errors (wrong details) as well as save time and unnecessary chaos.

6.13 STANDARDISED DOCUMENTATION

- Checklist being given/mailed at time of registration to patient to standardize the documentation process for patient.
  who will be paying through insurance.
- As patient are not well aware of the documentation verification so a simple and standardize checklist will streamline the process.

REFRENCES

1. **https://www.healthcatalyst.com/success_stories/inpatient-admission-process-thibodaux** to Significantly Reduce Inpatient Admission Times and Improve Patient Satisfaction.
2. Analysis of patient waiting time for admission process. https://www.academia.edu/28500482/ANALYSIS_OF_PATIENT_WAITING_TIME_FOR_HOSPITAL_ADMISSION_AND_DISCHARGE_PROCESS
3. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8656472/ Influence of admission time on health care quality and Utilization patients with stroke analysis.
4. https://link.springer.com/chapter/10.1007/978-3-319-72586-4_1 the financial counselling profession.
5. https://bmcgeriatr.biomedcentral.com/articles/10.1186/s12877-020-01748-9 patient perceptions for frequent hospital admissions.
6. https://www.ijaar.org/articles/Volume3-Number10/Social-Management-Sciences/ijaar-sms-v3n9-sep17-p19.pdf Patients' waiting time: indices for measuring hospital effectiveness.