STUDY ON ADMISSION FINANCIAL COUNSELLING TAT CASH AND INSURANCE PATIENTS

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KIMS HOSPITAL, SECUNDERABAD

- KIMS Hospitals is one of the largest corporate healthcare groups in India. Its network of 12 hospitals and 4000 beds is spread across Telangana, Andhra, and Maharashtra)
- Provide multi-disciplinary integrated healthcare services, with a focus on tertiary and quaternary healthcare at an affordable cost.
- KIMS Secunderabad is 750 bedded and has 25 specialties including cardiac sciences, oncology, neurosciences, gastric sciences, orthopaedics, organ transplantation, renal sciences, and mother & child care.

- **MISSION**: Provide Affordable quality care to our patients with a patient-centric system and process. Enable clinical outcome-driven excellence by engaging modern medical technology. Provide a strong impetus for doctors to pursue academics and medical research.

- **VISION:** To be the most preferred healthcare services brand by providing affordable care and the best clinical outcomes to patients.
  And to be the best place to work for doctors and employees.

RATIONALE OF PROJECT

The project on financial counseling and admission TAT aims to address the financial challenges patients face and identify best practices to streamline the process

- **Patient Financial Transparency-** transparency in billing process
- **Timely and Quality Care-** reduce further process delay
- **Revenue Cycle Management** -optimize billing processes, reducing denials
- **Patient Satisfaction and Experience** - promoting trust and transparency and reducing anxiety
- **Efficient Resource Optimization**
- **Streamlined documentation processes**
- **Continuous Improvement-** identify areas for improvement to implement evidence-based strategies to enhance patient care and optimize the admission process continually.

INTRODUCTION

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..

Aim - To understand the financial counselling process for admissions of KIMS Hospitals, Secunderabad. And to identify the factors that contribute to the delay in the financial counselling process for admissions in the hospitals.

Objectives:

- To manually track the financial counselling process for admission tokens of cash and insurance patients.
- To identify factors that financial counselling Turn Around Time (TAT) for admissions.
- To suggest measures to reduce the financial counselling Turn Around Time (TAT) for admission tokens.

PROCESS FLOW

ADMISSION TOKEN GENERATING AND FINANCIAL COUNSELLING PROCESS

Patient meets security near FC department.

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

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

Patient waits till his token number is displayed on FC TV

FC checks in token number. FC fills patient details selecting the payer type(insurance/cash)

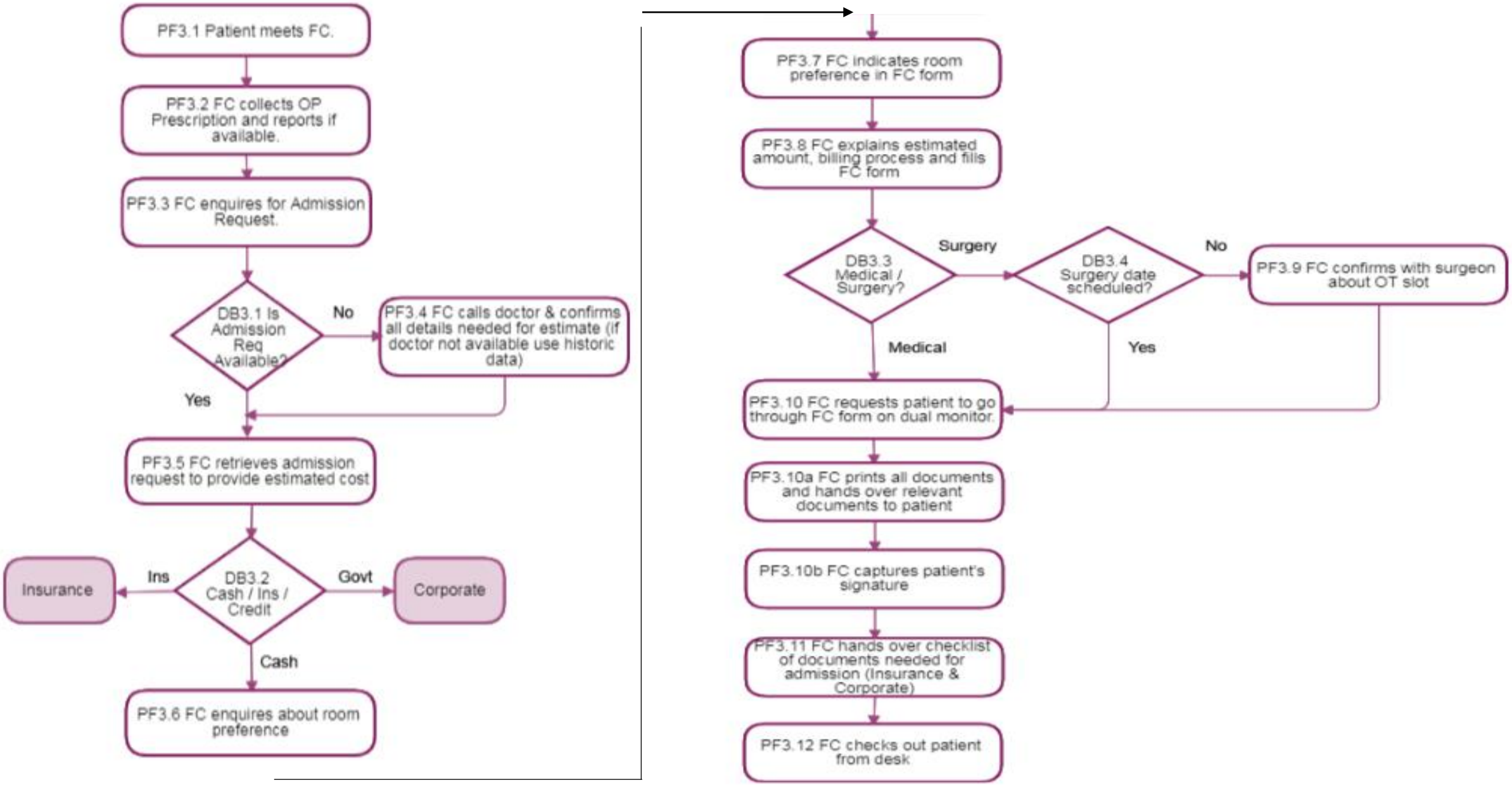
Based on the patient payer type respective forms will be generated

FC completes counselling and provide estimate

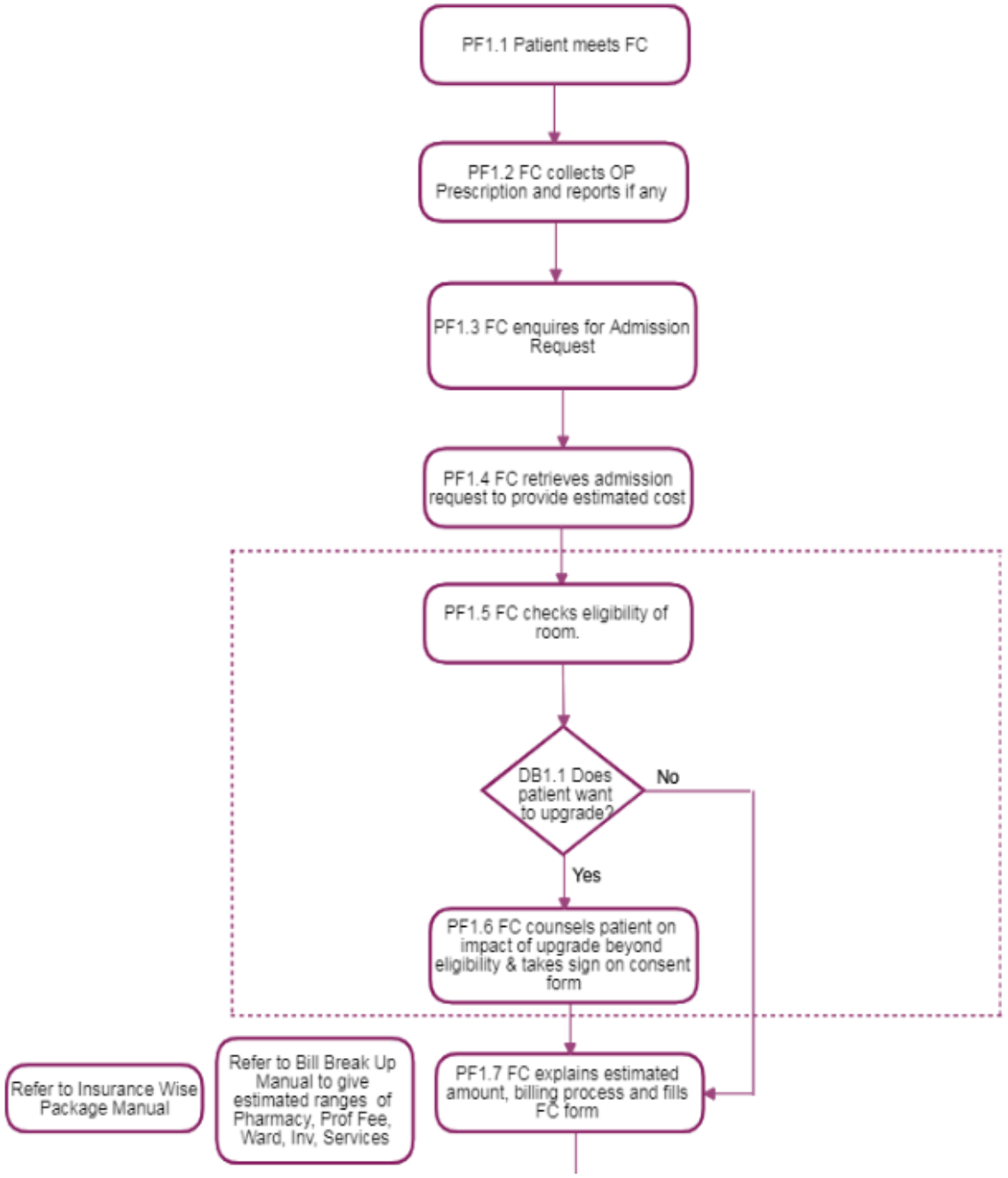
FC prints all required documents and forms capture signature

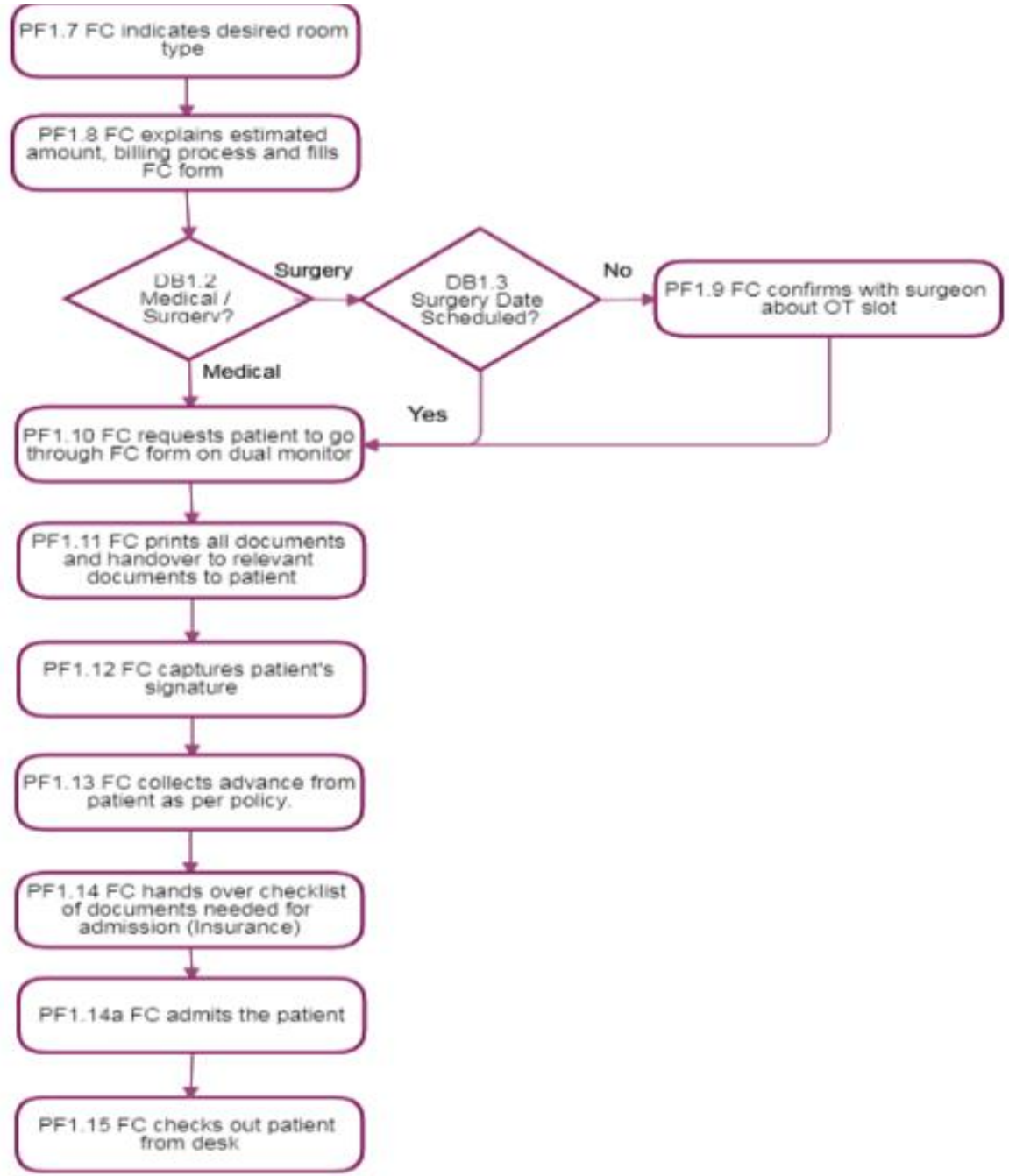
FC checks out the patient from system

PROCESS FLOW: FINANCIAL COUNSELLING -(CASH)



PROCESS FLOW: FINANCIAL COUNSELLING -(INSURANCE)




PF1.7 FC indicates desired room type
PF1.8 FC explains estimated amount, billing process and fills FC form
DB1.2 Medical / Surgery?
Surgery
DB1.3 Surgery Date Scheduled?
No
PF1.9 FC confirms with surgeon about OT slot
Medical
Yes
PF1.10 FC requests patient to go through FC form on dual monitor
PF1.11 FC prints all documents and handover to relevant documents to patient
PF1.12 FC captures patient's signature
PF1.13 FC collects advance from patient as per policy.
PF1.14 FC hands over checklist of documents needed for admission (Insurance)
PF1.14a FC admits the patient
PF1.15 FC checks out patient from desk

METHODOLOGY

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?

Research Approach:

- Qualitative Approach: This method entails obtaining comments from staff, and attendees regarding their experiences with the financial counselling procedure.
- Quantitative Approach: In this method, quantitative data is used including patient's name, UMR number and doctor name, procedure and financial counselling TAT which is real time data.

- **Study setting:** The study is conducted in KIMS Hospital.
- **Study population:** The study population will consist of 100 patients of all age groups who have received financial counselling and admitted to the hospital in Secunderabad (India).

Operational Definitions

- PC – Physical Checkout
- DMO- duty medical officer
- TG –token generation time
- PI- physical check-in
- SI-system check-in
- FC- Financial counselling for admission
- FA – Financial counselling and admission
- SC- System Checkout

Inclusion Criteria:

- All age groups (pediatrics to geriatrics).
- All the cash and Insurance patients.
- Covering all medical as well as surgical cases.
- Includes planned admissions.
- All the departments.

Exclusion Criteria:

- Patients who denied financial counselling procedure.
- Patients who denied KIMS hospital services.
- Corporate patients that are admitted.

- Study Instruments: MIS (hospital information management system)

- Case sheets
- FC dashboard
- Physical checkouts register
- FC Module (for system checkouts)
- Remedinet (software for insurance)

STAKEHOLDERS OF THE FINANCIAL COUNSELLING PROCESS-ADMISSION

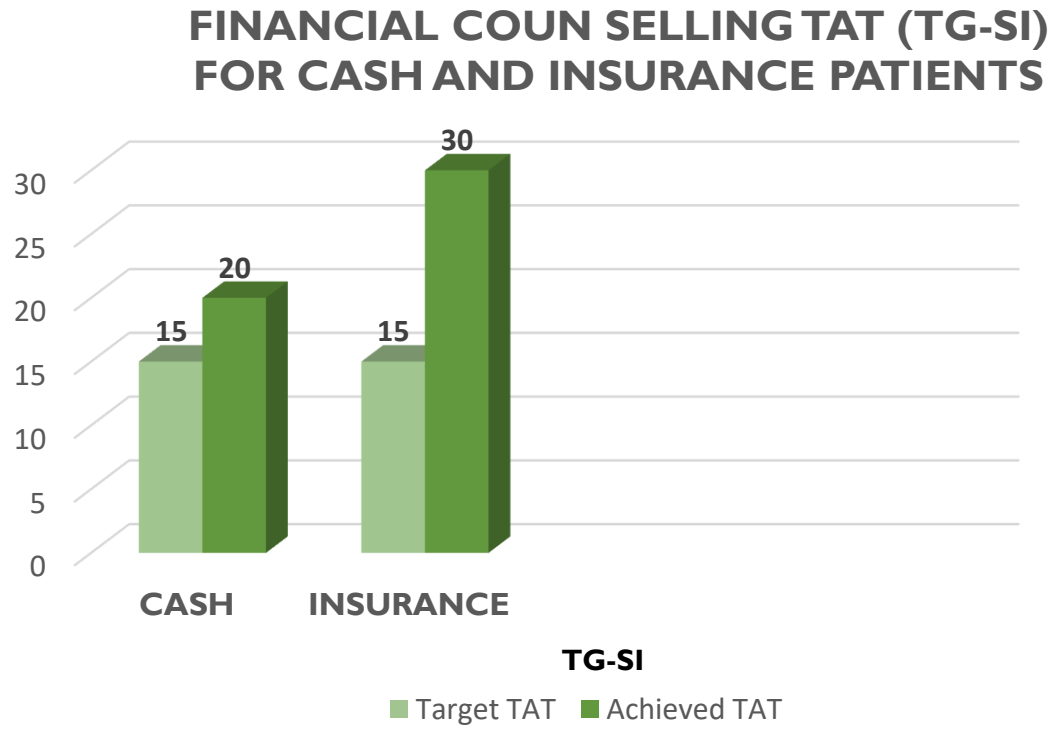
- DMO
- Financial counsellors
- Doctors/Consultants
- Patient and attendees
- housekeeping staff
- FC (Financial Counselor)
- Insurance Backend/TPA/ Insurance Department
- Security Team
- Transport Team
- Housekeeping/GDA Staff
- Discounts and refund team
- Bed board team

PROCESS BRIEF

- Admission advised by consultant
- Token generated for counselling
- System check-in of patient
- Required investigation reports and admission order collection
- Counselling according to payer type
- Advance cash collected
- Bed allotment according to preference, eligibility and availability
- Case sheet preparation along with required form, captures signature
- System check-out of patient
- Document submission for payer type –insurance
- patient movement to respective floor.

ANALYSIS AND INTERPRETATION

Process	Target	Samples: Mar 2023 – May 2023				
		Total Samples	Achieved the TAT (Numbers)	Did not achieve the TAT (Numbers)	Average financial counselling waiting TAT (in mins)	Remarks
TG-PI (Cash Patients)	15 mins	50	12	38	40mins (	Above Target
TG-PI (Insurance Patients)	15 mins	50	14	36	60 mins	Above Target



DATA COLLECTION

(i) Token generation time

-FC dashboard

- real time data

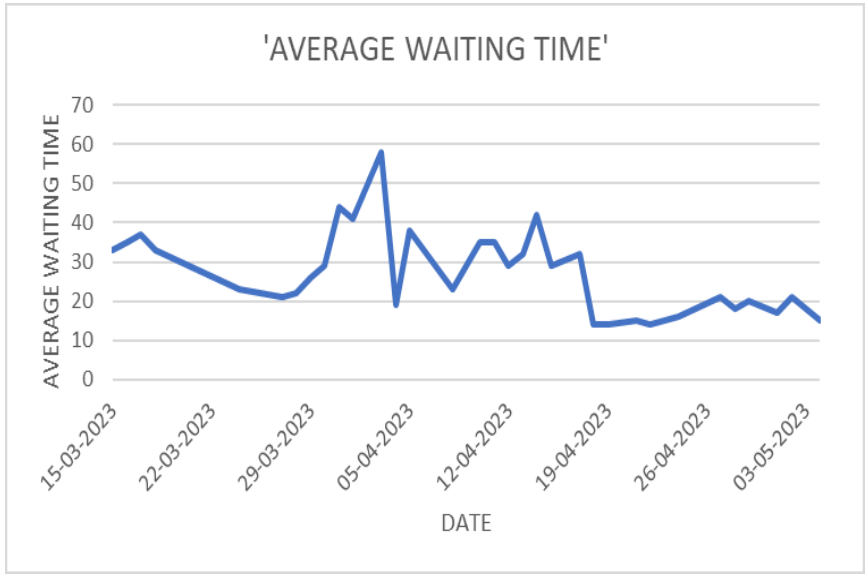
- Excel sheet

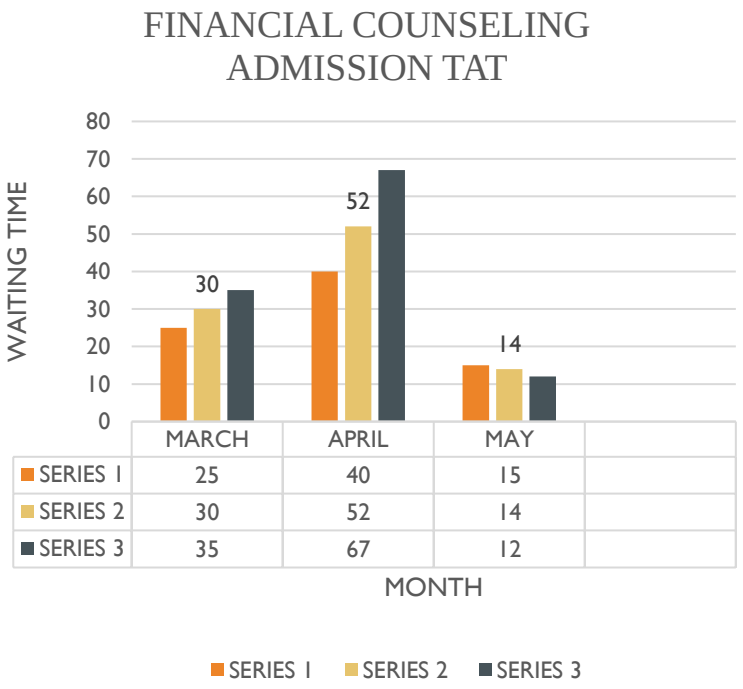
(ii) patient Physical check-in and system check-in

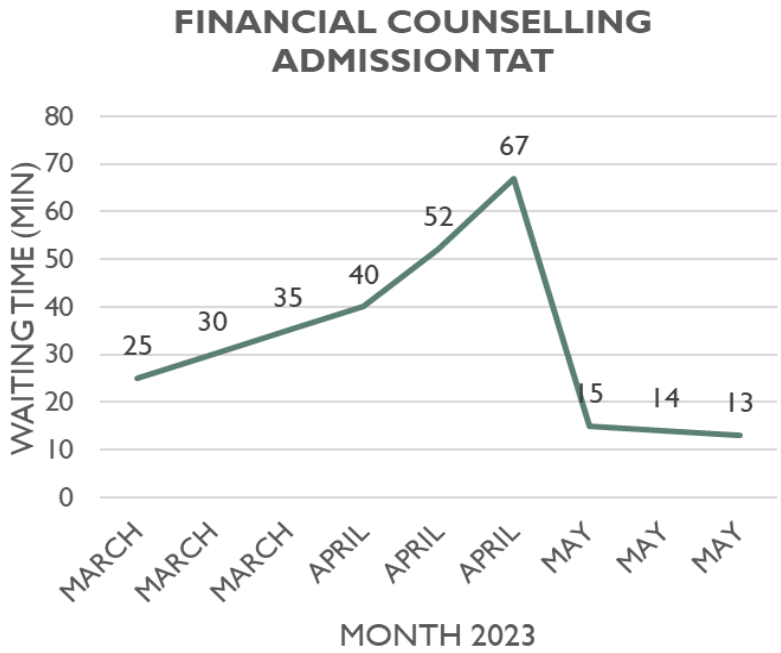
-Real time data

- -FC dashboard

ANALYSIS AND INTERPRETATION







ANALYSIS AND INTERPRETATION

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%

OBSERVATIONS

TECHNICAL 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
- Manual refresh of FC dashboard
- Not able to track counsellors idle TAT and break time through dashboard to know real time status.
- Manual entry of patient demographic data as lag in scanning bar code system.

INTERNAL FACTORS

- Long waiting in queue –average waiting time more than 25 min
- Doctor's Privileges tagged to financial counsellors
- Insufficient Bed availability
- Eligibility verification process, documentation requirements, and coordination with external organizations
- No sign board for waiting area
- Lack of use of resources- dual monitor
- Portal for patients to access their bill update, pre –auth and post approvals and updates at single access.

EXTERNL FACTORS

- Complex Insurance Procedures
- delays in insurance verification or authorization processes.
- pre-authorization, approvals, missing details
- Coordination with External Agencies
- Queries raised by third party administrator
- Denials and claims process and protocols

PATIENT AND ATTENDANTS

- Incomplete or Inaccurate financial documentation
- Lack of Knowledge or Understanding the insurance terms and documentation procedure.
- Financial Concerns and Decision-Making
- Not able to capture their turn on tv display.
- Patient going directly to pre-auth and post auth department) to know the status.
- Non- availability of cash

OBSERVATIONS

MISCELLANEOUS

- Patient attendees are not aware of 15 min waiting time
- - Lack of communication among staff and between staff and patients regarding the financial counselling process..

TRANSPORT TEAM

- Patient waiting for the stretcher
- 5-10 minutes delay in bringing the wheelchair

FINANCIAL COUNSELLING STAFF

- Lack of trained and efficient staff
- Lack of availability of staff during peak hours
- Lack of Communication among staff members
- No scheduled breaks
- FC delays system checkout
- Doctor's availability –over phone for estimation
- 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)
- Brief explanation of includes and excludes.
- Checklist for insurance documentation is not provided timely

CONSULTANTS

- Delay in estimation process as advised by consultant.
- Briefly mention of further investigations.

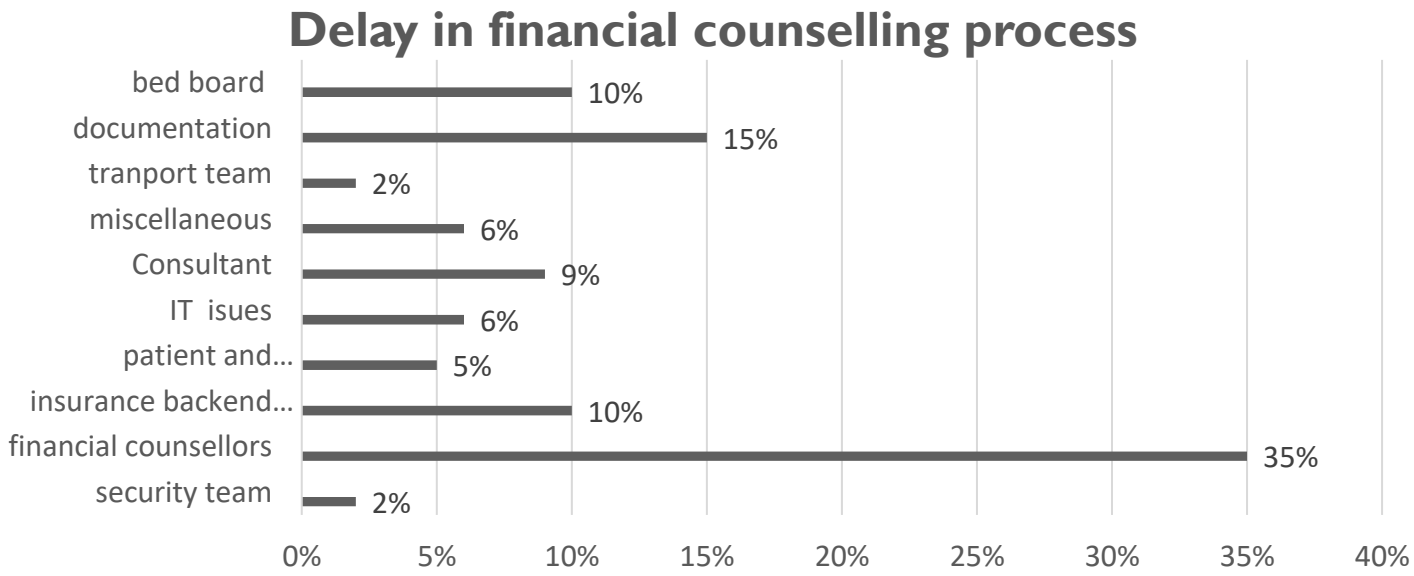
HOUSEKEEPING STAFF

- -Wrong in and out time for the case sheet delivery to respective floor.

SECURITY TEAM

- Manually entering wrong UMR number lead to wrong demographic patient data

- Queries are not answered properly.



% of cases involving reasons by these personels

Other reasons which hamper the financial counselling process:-

- Light blink colors made hard for patients to capture their turn

-Housekeeping staff noting wrong in and out time

-No sign boards and Tv display near the counselling department.

- FC not timely checking out patient from the system.

- Delay in replying to queries related to pre-auth and post auth.

- Approval of Insurance is not frequently checked

- Delay in clearing a doubt regarding estimation and bill add-ups which took 2.5 hours and further delayed the physical checkout

SUGGESTIONS

OPERATIONAL

- **Transparent Cost Estimation-** briefing to eliminate unnecessary bill add ups explaining estimate clearly and insurance term for better understanding of treatment and procedure cost.
- **Adequate use of resources-** dual monitor
- **Sign boards near financial counselling department**
- **Improved communication channels-** provide educational materials and resources explaining common insurance terms, scripts resolving query
- Collaboration with Insurance Providers –to streamline verification process
- **Fc display near counselling entry area**
- **Increase staff availability-**Regulating scheduled shift timings to regulate patient flow consistently except for peak hours
- **Enhance Staff Training-Improvement-** Monthly questionnaire form for department staff and regular training sessions to update their current knowledge regarding policies and workflow to enhance knowledge insurance processes billing procedures, timely assistance to patient inquiries.
- **Increase staff availability-** handle inquiries and timely assistance-Query desk near entrance

SUGGESTIONS

DIGITALIZATION

- **Improve communication channel between patients and staff** - Similar to the doctor's app, there should be a patient app that allows patients to track their admission process, see the status of their treatment reports, diagnoses, and medications, pre-auth approvals and denials, queries related to documentation, bill updates and clearances and raise questions by speaking to an agent in the app (similar to customer services).
- System must be checked regularly for lags and IT issues.
- **Digital checklist for standardized documentation process-** sent to patient after the registration done in system so patient can manage all document during out patient hours.
- **Utilize Technology Solutions-**Implement technology solutions such as online portals or mobile applications to facilitate self-service access to billing information, insurance verification, query, pre-auth and post auth approvals and financial counseling resources.
- **Enhanced Technology Integration(automation**)-Auto-log out with buffer time slot, digital scanner to auto capture patient data and easy retrieval to reduce manual errors.
- **Continuous Quality improvement-**Digital Patient Feedback and Satisfaction Surveys soliciting feedback from patients, financial counselors, and other stakeholders just by scanning a bar code and no more manual entry of demographic data.
- Real time tracker for counselling time, idle and break time intervals.

THANK YOU

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2nd Year

IIHMR University