DISSERTATION PRESENTATION

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EVALUATION OF TURN AROUND TIME AND PROCESS ENHANCEMENT OF REIMBURSEMENT CLAIM PROCESSING

INTRODUCTION

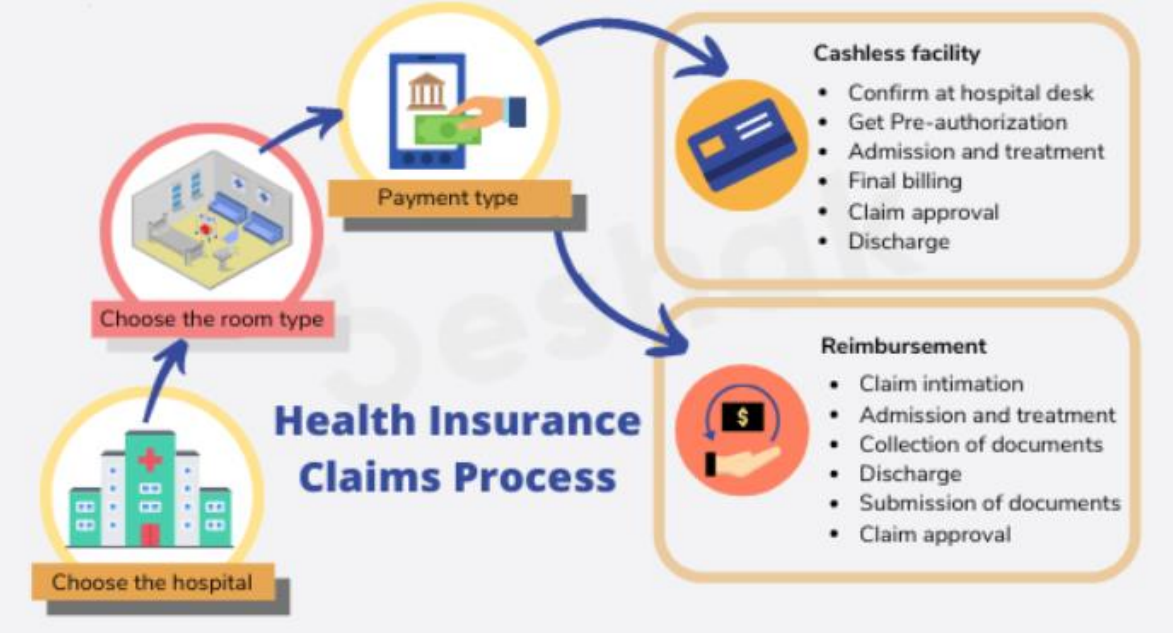
- An insurance claim is a formal or normal request by the one that holds policy known as policy holder to an insurance company for their compensation or we can say a coverage for a covered loss or policy event.
- The insurance company corroborate the claim once it gets approved, issues payment to the insured or an approved party on behalf of insured.
- A Health insurance claim either it be Cashless facility or Reimbursement process can be too critical or technical and tedious.
- The study is performed in FHPL Gurgaon with the aim of analysis the Turnaround time of the Reimbursement claim process.

- Also, the process of claim process has also been observed so as to gain the knowledge of the process and observe the gaps and provide recommendation if needed to improve the process and increase the customer satisfaction
- In TPA the TAT come out to settle the claim should be approx. 30 days, remaining different insurance company has different TAT some have 15 days some have 10 days.
- But on average the TAT should be come under 25-30 days for the claim to settle.

ABOUT ORGANIZATION

- Family health plan insurance TPA limited (FHPL), assimilate in the year of 1995 and licensed by IRDAI that is insurance regulatory and development authority of India in the year of 2002 and is today one of the largest and most reputed IRDAI licensed third party administrator (TPA) in the country.
- FHPL serve the needs of Health Insurance benefits administration for individual customers, corporate clientele, State/Central government sponsored Health schemes.
- Vision is to deliver seamless and transparent access to healthcare through dedication, integrity and excellence in processes and services

CLAIM PROCESS



As soon as you realize a hospitalization is required, here are steps you should take

- ❑ **Choosing the hospital**
- ❑ **Choosing the Room Category**
- ❑ **Choose claim settlement processes: Cashless/Reimbursement**

DETAIL INSIGHT OF BOTH CLAIM

CASHLESS PROCESS

- Reconfirm with the hospital desk about the cashless cover with the insurance provider
- First approval/pre-authorization
- Need for Advance/Deposit in Cashless
- Documentation
- Final Billing
- Claim Approval

REIMBURSEMENT PROCESS

- Claim intimation
- Collecting and maintaining the documents
- Queries
- Final Billing
- Settlement

AIM

The aim of the study is to evaluate the turnaround time of medical reimbursement claim process by analyzing the process and thus update the flow of the process.

RESEARCH QUESTION

- What is reimbursement process and how it will engage?
- What will be the turnaround time for the reimbursement claim?
- What are the gaps in the process of reimbursement process which needs to be filled?

OBJECTIVE

- To gain the knowledge of the reimbursement process
- To find out the TAT of reimbursement process
- To give suggestion to fill the gap in the reimbursement process.

METHODOLOGY

STUDY DESIGN: Type of study is observational carried in claim department of FHPL organization.

PERIOD OF STUDY: Four months duration (January- April 2021)

SAMPLING: Simple random technique is used. For the reimbursement process, 4104 cases taken randomly, 2953 approved, 122 were denied,134 cases were under query.

DATA COLLECTION: Type of data collection method is quantitative. For the analysis secondary data was collected for the period of 4 months.

Secondary data- observation of process flow and evaluation of tat

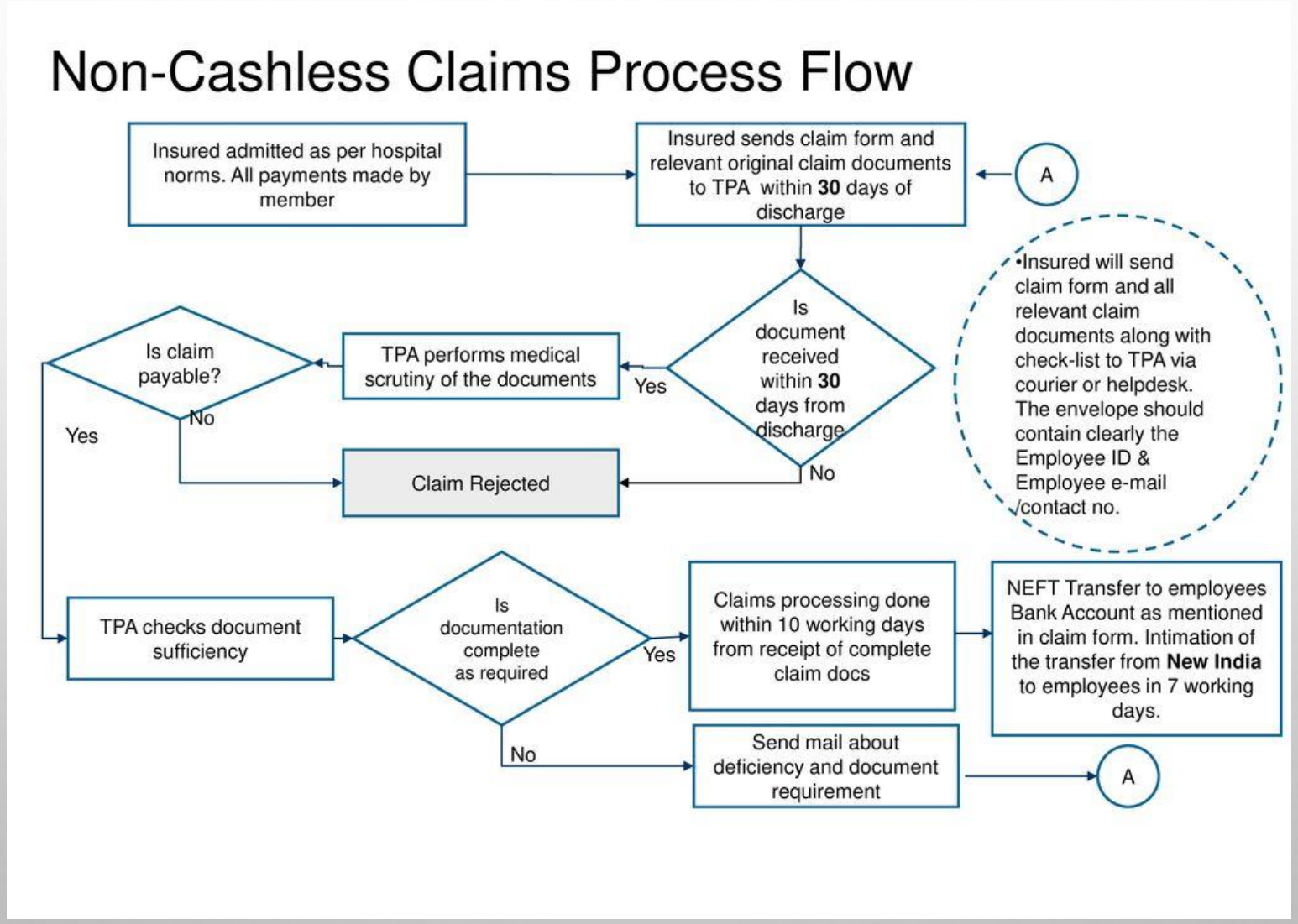
- Online data base
- Claim process flow
- MIS database.

DOCUMENTATION

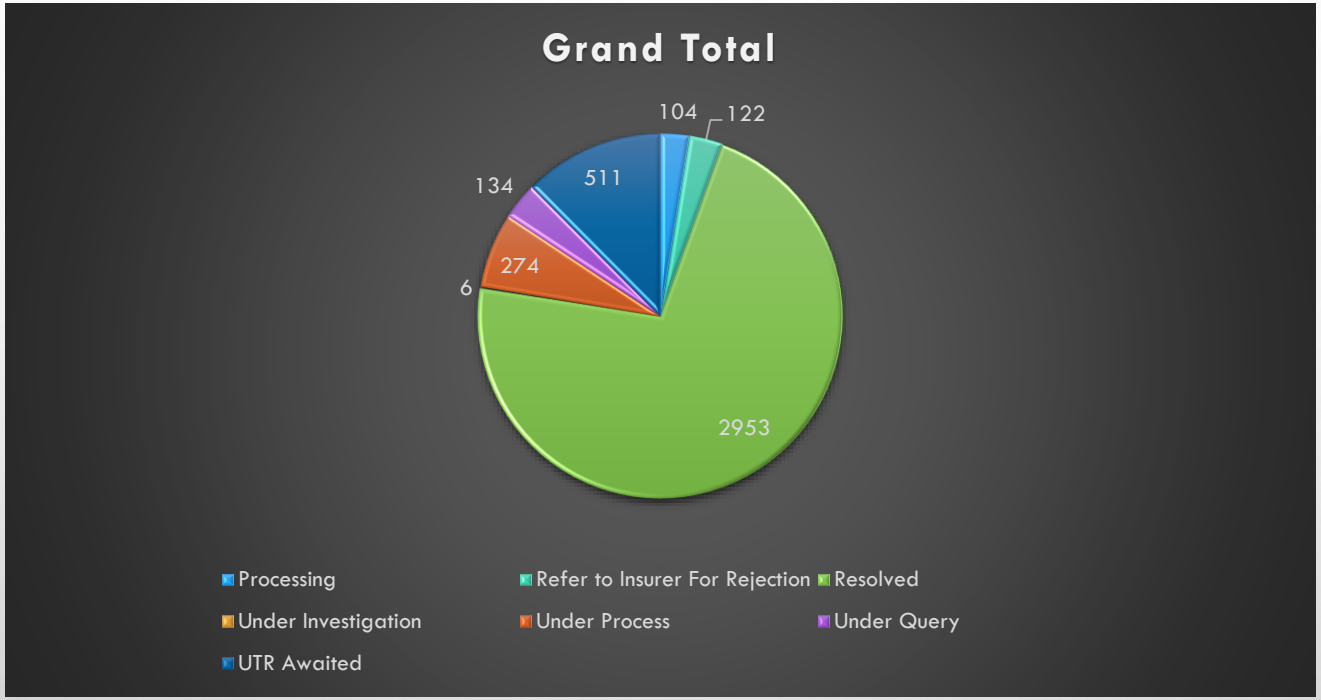
THE FOLLOWING DOCUMENTS ARE REQUIRED IN ORDER TO MAKE A HEALTH INSURANCE CLAIM.

- ✓ Dully filled claim form
- ✓ Medical certificate/form which is signed by the treating doctor.
- ✓ Discharge summary or card (original), availed from the hospital.
- ✓ All bill and receipt (original)
- ✓ Prescription and cash memos from pharmacies/hospitals
- ✓ Investigation’s report
- ✓ If it is an accident case, then the FIR or medico legal certificate (MLC) is required.

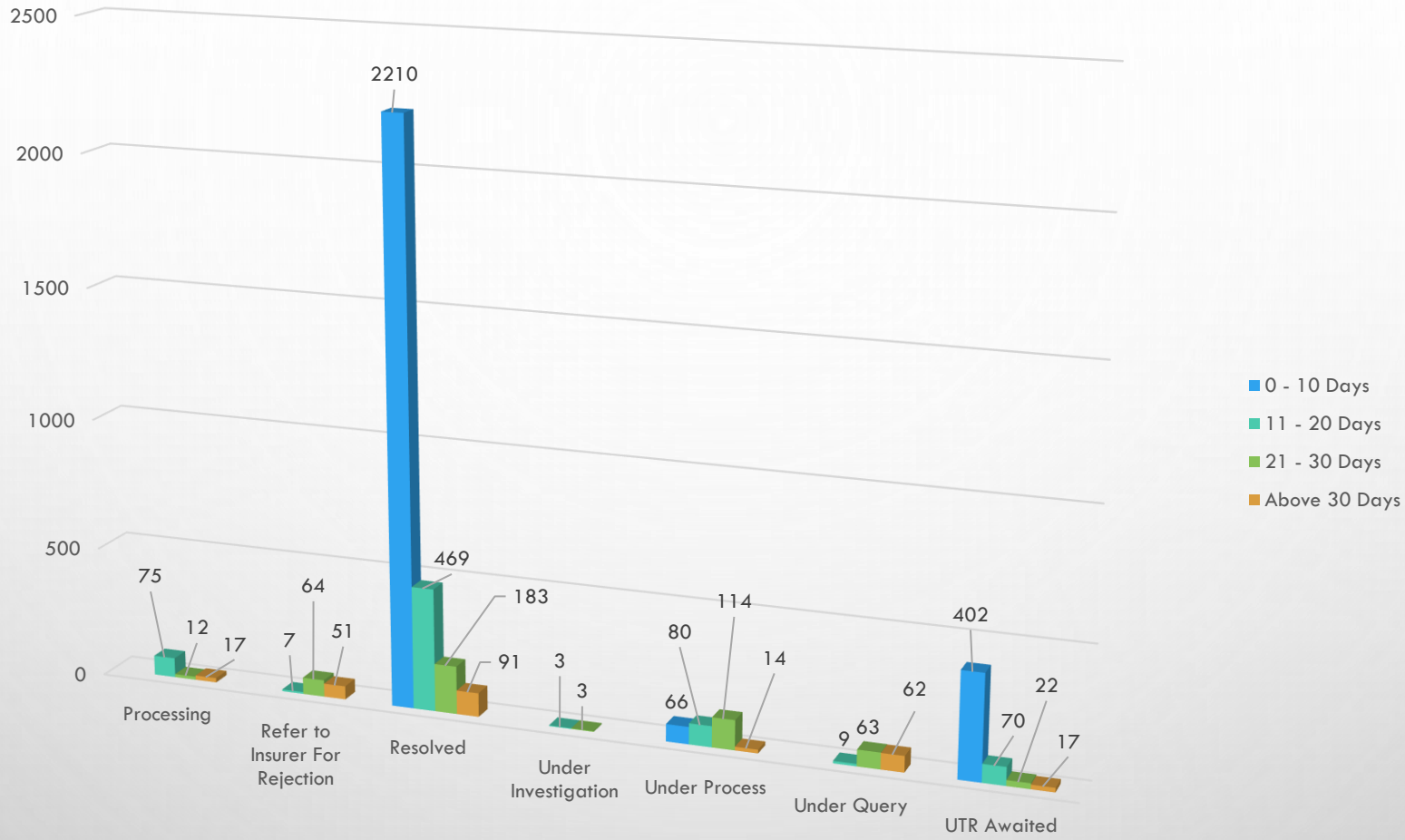
REIMBURSEMENT CLAIM PROCESS



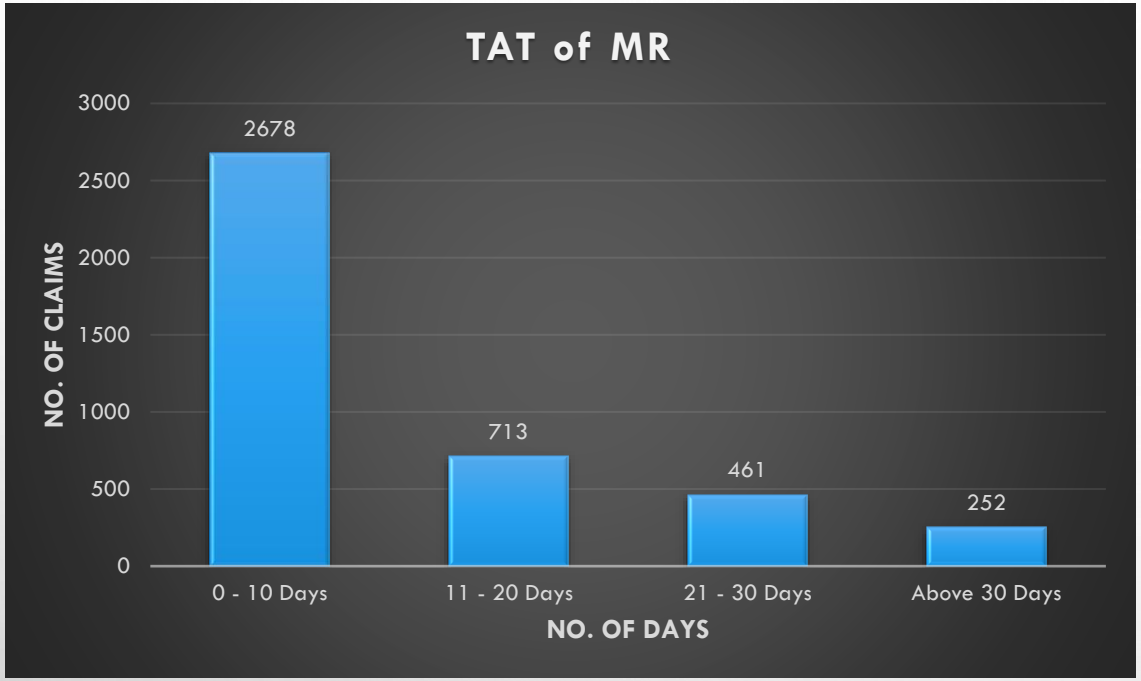
FINDINGS

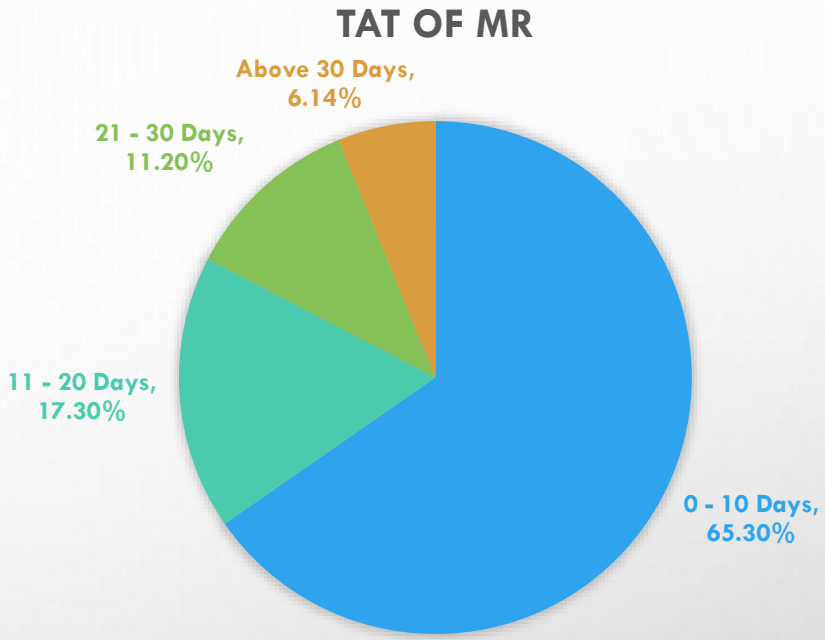


SHOWING TOTAL CASES OF EACH STATUS



GRAPHICAL REPRESENTATION OF EACH STATUS WITH THEIR TAT





OVERALL CASES WITH TAT

RESULT

- The turnaround time which is being set as per IRDA regulations for TPA should be within 45 days, but this is different for every insurance company claim should be settle within 25 to 30 days. Data has been collected during the period of (Jan April)2021 was analyzed with sample size 4104, out of which approved case 2953, cases under query status 134, rejected are 122 and other cases are with different status.
- Analysis of cases with overall process shows that 65.3% cases are taken in process within 0-10 days (17%) claims within 20 days, (11%) claims within 30 days. And (6%) cases are taking more time and not completed within TAT.

GAPS

- Scanning of documents or files and their filling takes long time.
- After billing the final process has been given to doctors to update the status due to which for assessment of fresh claim / document assessment doctors unable to give extra time.
- When the case is under investigation sometime this also increases the time to process or settle.
- Improper allotment of files one of the reasons for delay in final closure of case.
- Generation of dcn no. Sometimes also increases the TAT.

SUGGESTION

- Maintenance of tracking sheet of the files which are allocated to medical team that will help in quick finding of the query whenever raised in future.
- Software updating regularly help in speed up of work.
- Revised standard operating procedure accordingly.

CONCLUSION

Claim settle involves various steps starting from the filling of the form. All the stages or steps that are followed are the determining step that whether the claim is under policy or has merit or not and how much the insurance company has to pay. Insurer always want their claim settle as soon as possible and thus achieve their satisfaction. As customer satisfaction at high level will maintain the or increase the productivity of the company. Use of claim management software with regular updating and speed up the work is the best possible solution to settle the claim.

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THANK YOU