

INTERNSHIP

AT

VIPUL MEDCORP TPA PRIVATE LIMITED, GURGAON

(February 1 – May 15, 2016)

BY:

Mohit Kumar

(PG/14/035)

POST-GRADUATE DIPLOMA IN HOSPITAL & HEALTH
MANAGEMENT , NEW DELHI

(2014-16)



INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT
RESEARCH

NEW DELHI

DISSERTATION REPORT ON

To Study Wellness Activities And Its Impact On Employees Efficiency

Working At GSK.

By

Mohit Kumar

PG/14/035

Under the Guidance of

Dr. Vinay Tirpathi

Post graduate program in Hospital & Health Management

(2014-2016)



INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH

NEW DELHI

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The certificate is awarded to

Mohit Kumar

In recognition of having successfully completed his Internship in the department of

Wellness services

and has successfully completed his Project on

To study Wellness Activities and its impact on Employees Efficiency working at GSK (Galxo Smith Kline)

1st Feb, 2016 – 31st April, 2016

Vipul Medcorp TPA Private Limited.

He comes across as a committed, sincere & diligent person who has a
strong drive & zeal for learning.

We wish him all the best for future endeavors.

Recd
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TO WHOMSOEVER IT MAY CONCERN

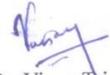
This is to certify that **Mohit Kumar** student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone internship training at **Vipul Medcorp TPA Private Limited** from **1st Feb, 2016 to 31st April, 2016**. The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.



Dr. A.K. Agarwal
Dean, Academics and Student Affairs
IIHMR, New Delhi



Dr. Vinay Tripathi
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Certificate Of Approval

The following dissertation titled “**A STUDY ON WELLNESS ACTIVITIES FOR THE EMPLOYEES WORKING AT GSK (Sonipath)**” at “**Vipul Medicare Pvt Ltd.**” is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

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Certificate from Dissertation Advisory Committee

This is to certify that **Mohit Kumar**, a graduate student of the **Post- Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. He/ She is submitting this dissertation titled **“A STUDY ON WELLNESS ACTIVITIES FOR THE EMPLOYEES WORKING AT GSK (Galxo Smith Kline)”** at **“Vipul Medicare TPA Private Limited.”** in partial fulfillment of the requirements for the award of the **Post-Graduate Diploma in Health and Hospital Management.**

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.



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CERTIFICATE BY SCHOLAR

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under the supervision of Dr. Vinay Tripathi

for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from 1st Feb, 2016 to 31st April, 2016

Embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.



Signature

FEEDBACK FORM

Name of the Student: Mohit Kumar

Dissertation Organisation: Vipul Medcorp TPA Pvt Ltd.

Area of Dissertation: Wellness services

Attendance: 100%

Objectives achieved: To Study Wellness Activities And Its Impact in Employees Efficiency Working At GSK(Glaxo Smith Kline)

Deliverables: - Planning and Implementation of a Preventive health program - P4P.
- Networking of Hospitals.
- Scheduling.

Strengths: Managerial Skills. Leadership Skills.

Suggestions for Improvement: Interpersonal Skills.

Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

Urgaen
23/05/16

ABSTRACT

TPA is built on health insurance business. To run this business, TPAs require building relations with different corporate groups to get a business out of them and insurance companies. For corporate insurance policies, TPA intertwine to provide with the services to the groups so as to maintain business with insurance companies. They conduct various wellness activities in such groups and encourage more such activities to ensure business.

Health camps are one of such wellness activities where employees of the corporate group are made aware of their health facts, with the knowledge of their health issues, they will be prominent to keep a check on their health, which definitely serves a future purpose of making each & every employee more efficient & productive, that definitely ensures a growth both to the employee & the organizations.

GSK, has launched a new industry-leading worldwide preventive healthcare programme- Partnership for Prevention(P4P) to provide employees preventive healthcare package, regardless of their location, job role or pay grade. And GSK tie-up with Vipul Medicare to deliver P4P program In India.

In this study, one such health camp has been reported which was organised on the launching of P4P program, to know about impacts on employees of the health camp conducted in GSK (Glaxo Smith Kline) in form of questionnaire & was analyzed quantitatively.

ACKNOWLEDGEMENT

Any attempt at any level cannot be satisfactorily completed without the support and guidance of learned people. I owe a great debt to all the professionals at Vipul MedCorp TPA Private Limited gurgaon, Haryana for sharing generously their knowledge and time, which inspired me to do our best during my internship training.

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CHAPTER 1

INTERNSHIP

REPORT

ORGANIZATIONAL PROFILE

INTRODUCTION

Vipul medcorp TPA Pvt. Ltd, a company promoted by Vipul group is engaged in the managed healthcare facilitation & has obtained a license from IRDA for TPA activities(Health) and offers its clients a wide array of services and products in the following areas:

- Third Party Administration (Health) services (TPA)
- Cashless Medical Services
- Claims Handling, Management & Back office operations
- Enrolment of Data and Health card
- healthcare Assistance Services
- Outpatient healthcare facilitation & Management
- Second Medical Opinion
- Cost Containment Services
- Preferred Service Provider (PSP) Networks
- Online assistance

PROMOTERS & MANAGEMENT

Promoters

Vipul medcorp TPA Pvt. Ltd. Has been promoted by Vipul Group. Vipul Group (consisting of Vipul Motors Ltd., Vipul Infrastructure Developers Ltd) is promoted by Mr.vinit beriwala and Mr .punit beriwala, third generation entrepreneurs

The promoters have a long-term vision of providing Complete Health and Medical Insurance products to the largely untapped Indian population.

Management

The Company has appointed, Mr. Rajan Subramaniam, a Management graduate and a qualified Insurance professional, as its CEO. He has wide experience in the TPA Industry and is assisted by qualified professionals from the field of Insurance and Healthcare..

Vipul MEDCORP TPA - PRODUCT VISION

- To increase medical care capacity
- To augment the existing Product/Service
- To provide the client with 24 hrs. service
- To provide one stop shopping for all medical needs
- To resolve the medical problem in a fast, efficient and convenient manner (improve employee productivity).
- To render cost containment services to our clients on their medical claims
- To offer total Health & Intermediary Insurance & administrative solutions.

Vipul MedCorp TPA - Infrastructure

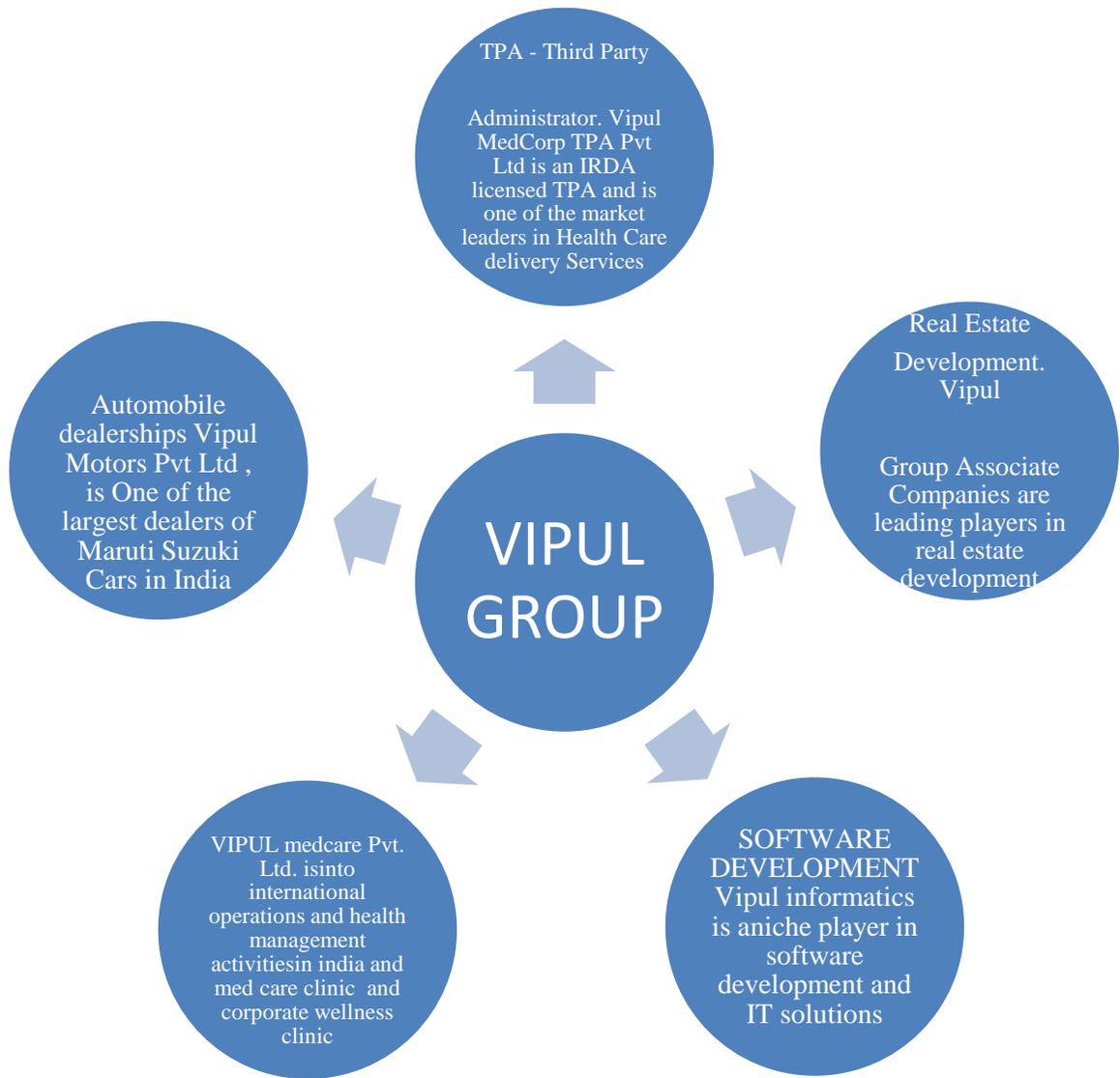
- Headquartered in Gurgaon with branch offices in New Delhi, Noida, Faridabad, Brindavan Jaipur, Mumbai, Kolkata, Bangalore, Chennai & Cochin.
- Medical Network of over 6000 + hospitals/Nursing Homes.

- Operates a 24/7 Assistance Centre.

- Tailor-made software developed in-house with full web-based access for Claims Tracking, On-Line Access and Querying.

- Professional manpower presenting our clients with benefits derived from our knowledge & experience of the medical network, TPA & Insurance fields.

Fig: 1 - Vipul's Business Diversity



MASS POLICIES

Vipul MedCorp TPA is one of the leading players in servicing mass policies (RSBY/UHIS)

and offers following services

- Finalisation of enrollment and transaction software
- IEC/Scheme campaign and mobilisation.
- On site personalisation and issuance of smart cards
- Hospital empanelment and Transaction software installation and training
- Cash less benefit to Insured.
- Data Upload/MIS
- 24/7 help and maintenance of Distt. offices/Kiosks
- Vipul MedCorp TPA was Given the best Data Management award for RSBY Gujarat in 2010

RTS Rural Technologies Solution Pvt. Ltd., (An Associate of Vipul MedCare Pvt Ltd) is providing IT based solutions to Govt. bodies, Health Insurer, TPA's and other Healthcare

Service Providers. The Company is a QCI Accredited Smart Card Service Provider (SCSP) and is primarily working in rural areas /RSBY/Financial Inclusion, Domain and is involved in following activities;

- Enrollment& on site personalization
- Database Management,
- Software Development & Testing,
- Distt Kiosk Management,

IT base solutions, /Web base Process

- Process Audit, /Claim control

HOSPITAL NETWORK

- Vipul MedCorp TPA is currently having 8500 Providers in its network, which is one of the largest amongst existing TPAs.

Network Provider Accreditation Norms

Vipul MedCorp TPA has shortlisted hospitals and Nursing Homes as per the minimum norms prescribed under Medclaim Policy, that is --

- Hospital / Nursing Homes established for Indoor Care / Treatment of sickness & Injuries
- Either registered as a hospital or nursing home with local authority and under supervision of registered & qualified medical practitioners, OR, Should have at least 15 IP beds [10 beds in class C town]
- Fully equipped OT, wherever surgical procedure is carried out
- Fully qualified Nursing Staff – round the clock

The steps involved in our empanelment process are the following :

- 1.Screening of PSP & Introduction letter
- 2.PSP Application Form duly filled in by the PSP and submitted along with rate list, doctors biodata& various facilities offered by them

3.MOU with the PSP after rate neogiation

4.On site assessment of the PSP

5. Monthly/Yearly feedback system in order to decide on renewal

While empanelling a PSP, we also look at the following criteria :

- Infrastructure & Facilities available
- Quality of Service rendered
- Patient care background
- Bed-strength and availability
- Management background and past track record

SERVICES PROVIDED BY THE ORGANIZATION

Vipul MEDCORP TPA PVT. LTD. TPA SERVICES:

Its service professionals deploy innovative technology and best practices to manage the administration of your health insurance policy. It endeavours to become a comprehensive and complete source for health and mediclaim administration and management for the insured as well as the insurer. Its corporate services team have expertise in managing administration during open enrolment and throughout the plan year, notifying employees of their benefits, changes, and ensuring that related systems receive accurate data.

It's in house systems team has built a full -service record keeping and administration platform tailored to suit health insurance requirements across all levels of clients. All the above can be offered online through web -based access. At the moment the following services are offered to the clients:

SERVICES

- Cashless medical service facilitation at network hospital up to the limit authorized by mediclaim/hospitalization Insurance
- Claim processing & reimbursement, for non-network hospitals
- Computerized Medical History records
- Online assistance to Insured during hospitalization & filing of claim documents
- Hospitals/ nursing Homes all over India

Service Level Agreements

Vipul MedCorp TPA are a group of professionals dedicated to mission of providing excellent services to the clients (Corporate as well as Retail). For deliverance of services the SLA (Service Level Agreements) are in place, which would be signed with various Insurance companies and the corporate groups. These broadly define the Turn Around Time (TAT) for the deliverance of the following services:

1. ID Cards Printing and Dispatch

- Vipul MedCorp TPA TAT for the Delivery of cards is within seven (7) days of the receipt of the complete data of insured members and the details of the policy from the insurance company

2. Cashless Authorization / Rejection

- Cashless authorization requests are to be scrutinized and the decision of acceptance or rejection is to be conveyed to the service provider within 24 hrs. of the receipt of the Pre Hospitalization Authorization Form.

- In case where a query has been raised the query has to be satisfied by the concerned party and the authorization will be given within 24 hrs. of the receipt of the reply.

3.Claims Settlement / Reimbursement

- Turnaround Time (TAT) of settlement of reimbursement claims is generally upto 15 days and subject to full documentation compliance.

4.Customer Grievance Redressal

- TAT for response is max. 2 working days, for any queries or grievance raised by the client.

5.Call Center Responses

- Vipul MedCorp TPA operates a 24 * 7 / 365 days Call center to provide instant accessibility to the clients for all information required for medical services facilitation and claims status.

6.MIS Reports

- Weekly/ Monthly MIS are prepared for the following:

- a. Claims Paid /Outstanding

- b. Premium Collection

- c. ID Cards Processed & Dispatched

d. Special reports annually for disease wise analysis, total age wise claim incidences etc.

7. Adequate Coverage of Network Hospitals

▪ Providing a comprehensive coverage of network hospitals at all locations of client operations.

Vipul MedCorp TPA has service level agreement for all the above –define parameters and the same can be incorporated in the client agreement.

CLAIM MANAGEMENT & CONTROL

Cashless Facilitation Procedure

- Receipt & Record of Data & Member Enrolment (Issuance of Photo ID Card)
- Pre-Admission Authorisation after checking Doctor Prescription, Admission Form, Hospital Information
- Claim form is submitted with Original bills along with Doctor Prescription, Diagnostic Reports & Discharge summary

Claim Reimbursement

When Cash Less Facility is not accorded or Insured goes to a Non Network Hospital then following documents are required :

- Claim Forms
- Original bills with Diagnostic reports

- Doctor's First prescription
- Discharge summary/certificate

Claims Control

- Original Bills are verified & scrutinised against Standard Discounted Tariff
- Cost Containment by Medical procedure audit & Bill scrutiny
- 2nd Medical opinion taken for complicated cases
- Reprising done on case to case basis.

DEPARTMENTS VISITED/WORKED

I.ENROLLMENT DEPARTMENT

It is the 1st step of policy claim process. Stages involved in Enrollment Processing:

1. Policy Pick ups

Executive will visit underwriting office on a weekly basis and collect policies (along with proposal form for new cases). Apart from policies, he will also collect following documents:

- 1.Claim documents
- 2.64VB Confirmation
- 3.Reply to queries
- 4.Customer grievance

Policies will be handed over to Vipul MedCorp Executive by the underwriting office, after filling the Daily Collection Sheet (Annexure 1). The Sheet will be counter signed by Insurance Co. and Vipul XYZ MedCorp Executive. Head office to maintain a policy pick up register underwriting office wise, to control documents collections.

2. Premium Accounting

Docket Entry: Vipul MedCorp Executive will record the entry of the policies collected from the underwriter thru courier docket or collected by an executive of Vipul MedCorp. While recording the docket entry there are two critical columns to be taken care of like BODO/Underwriter code and Collection Date. System will not allow entering the collection date prior to 5 days from the current date. Vipul MedCorp Executive will do the Proposer Entry and Authorization after the docket entry in

the system via internet at Vipul MedCorp TAPS Software. Department to ensure that Proposer entry is done within 24 hrs.(TAT-24hrs). After the proposer entry, a batch will be created and all policies along with batch sheet will be filed in one folder.

3. Photo Pasting

After the batch creation of policies, photograph of each insured has to be pasted on the photo sheet numbered with Proposer Code (P-Code) with relationship e.g. 08P01245A

4. Photo Scanning

Once the photo pasting is complete scan each photograph for the photo ID Card and save it to the computer with the filename of P-Code with relationship e.g. 08P01245A

5. Card Processing (Member Entry)

All the details of each insured will be captured while card processing like name, age, gender, relationship, SI, Inclusion or Exclusion etc.

6. Quality Check

After capturing all the details of each insured quality check will be done by the quality control person and he/she will authorize the same.

7. Card Printing

Card printing will be done on the batch number wise of each insured.

8. Label and dispatch list printing

After completion of card printing Label printing and dispatch list will be printed on the batch number basis.

9. Lamination

Lamination will be done on each card wise.

10. Packing based on dispatch list

After lamination of the cards, they will be sorted on the family basis based on the dispatch list and each family cards must be packed in a singly envelope along with the Guide Book and Network List.

11. Dispatch

Dispatch can be done on batch number wise of each policy/family. At the time of dispatch each policy will be entered in the system with the docket no and the dispatch date.

12. Policy management

- a. Letters to Underwriting office for incomplete policy document
- b. Lost Card, Reissue of Cards, Card Correction etc.
- c. Analysis of policy underwritten verses pick ups

13. Scanning

Each policy copy will be scanned and scan data will be attached to respective card no.

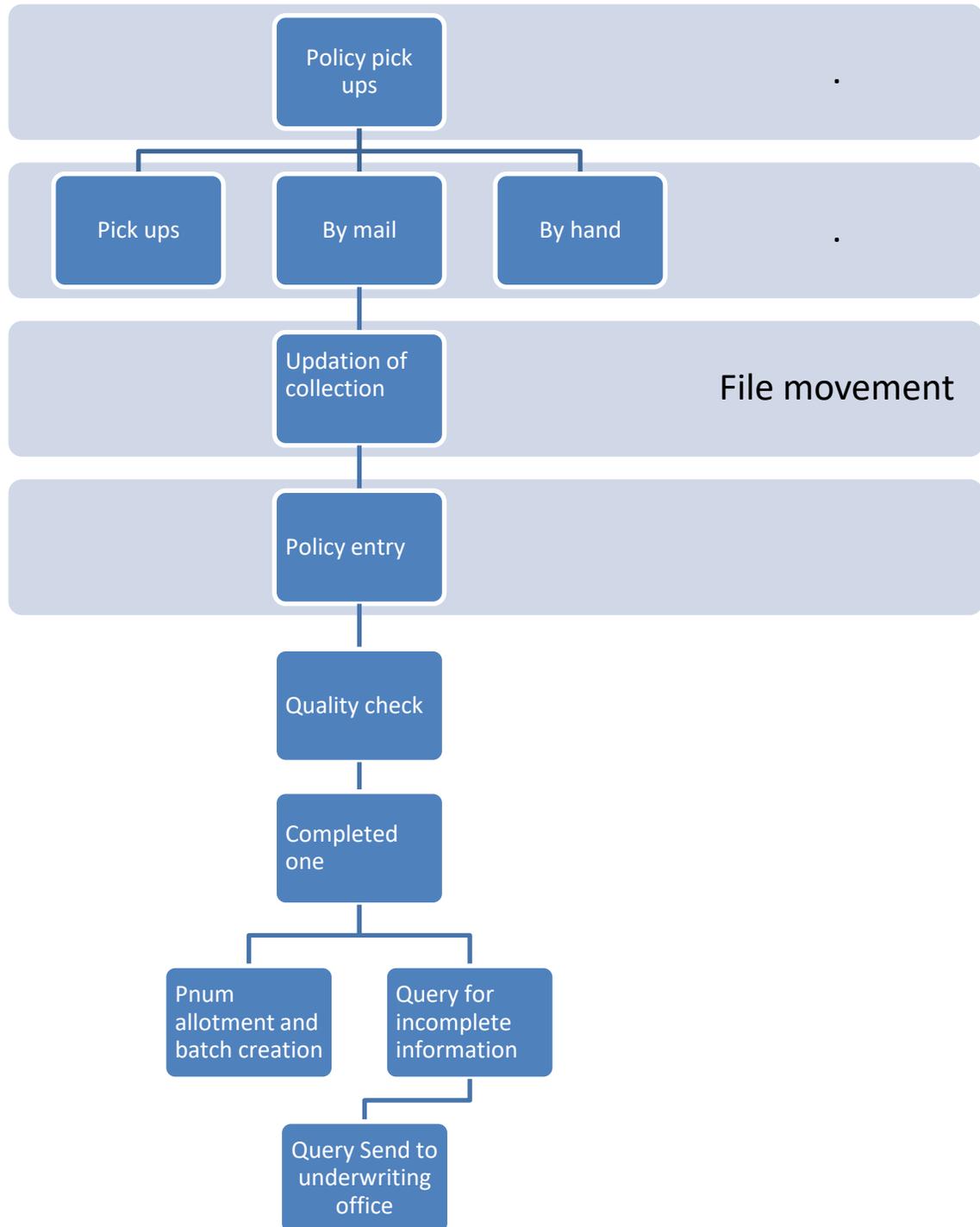
14. Storing

Files are stored on the basis of Batch which are created u/w office Wise

ENROLLMENT PROCESS FLOW

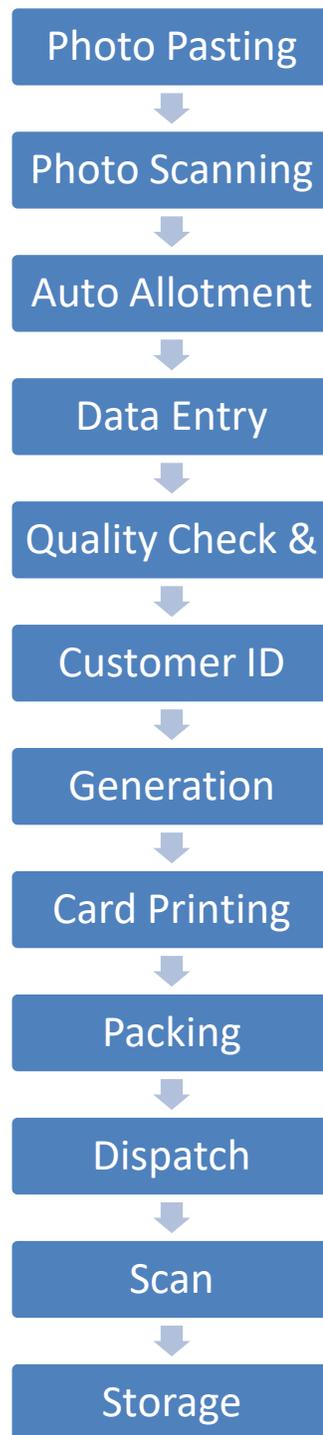
STAGE 1. INCOME BOOKING

Fig. 2 - File Movement



STAGE-II CARD PROCESSING

Fig. 3 - Card Processing



II. CASHLESS DEPARTMENT:

Stages involved in Cashless Processing

1. Fax Intimation

Insured who wants to avail of cash less facility have to fill the pre – authorization request form and fax to Vipul MedCorp (Annexure 4). The pre authorization should have following supporting for speedy disposal.

- i. Policy Copy / Vipul ID Card copy.
- ii. Doctor First prescriptions.
- iii. Pre authorization request form duly completed

Registering Pre authorization Fax – Time of receipt. No of pages received, Legibility of the Fax etc. The data and time will be written on each fax and details will be entered in Incoming Fax register

2. Cashless Intimation

Vipul MedCorp Executive will check if the policy is enrolled.

In case the policy is enrolled then VMC Branch will do Cash less Intimation in the system.

In case of enrolled and non-compliance of 64 VB then system will generate the query at intimation level marked to underwriter and carbon copy (cc) to hospital mentioning the non-compliance of 64 VB.

In case the policy is not enrolled, then Vipul MedCorp, Gurgaon will collect following documents:

1. Policy copy

2.64 VB clearance certificate. In case of a holiday/non-availability of

64 VB confirmations, then Bank Passbook of insured, confirming that premium Cheque has been debited in Bank will be collected.

Vipul MedCorp, Gurgaon will proceed to do the enrollment.

Vipul MedCorp, Gurgaon will do the cashless intimation and process the cashless request.

After intimation system will generate a file number.

3. Cashless Validation and Updation

- E-documentation – Updation of documents into System
- Validation of claim with Policy conditions
- Scanning and storing of Pre authorization form

4. Doctor Approval

- Doctor will verify clinical admissibility of claim.
- Explore Cost Containment options.
- Verify clinical data keyed in to the system and select disease as per ICD Codification.

After this stage doctor Assessment will be undertaken and following outcome will beached upon,

- i. Query – will be faxed to hospital or to underwriting office. After a query reply is received then department will proceed to process the cash less case.
- ii. Spot Investigation: VMC executive/Doctor will conduct a spot investigation and will discuss the case with treating doctors in case of a doubt.

iii.Rejection/Approval – In case of rejection or an approval department will print the letter from the system and will proceed to fax the same to Hospital.

5. Issuance Of Letter

The Authorization letter will be generated from the system.

Fax To Hospital: The approval /Rejection letter details will be entered in the outgoing register and the same will be faxed to the hospital.

6. Discharge Monitoring

Vipul MedCorp, Gurgaon executive will visit the hospital and meet the patient and hospital administrator. Discuss and verify inpatient records and nursing records and coordinate with hospital about discharge formalities.

Hospital will prepare the final hospital bills and get the same signed by patient at the time of discharge and send following documents to Vipul MedCorp, Gurgaon for reimbursement

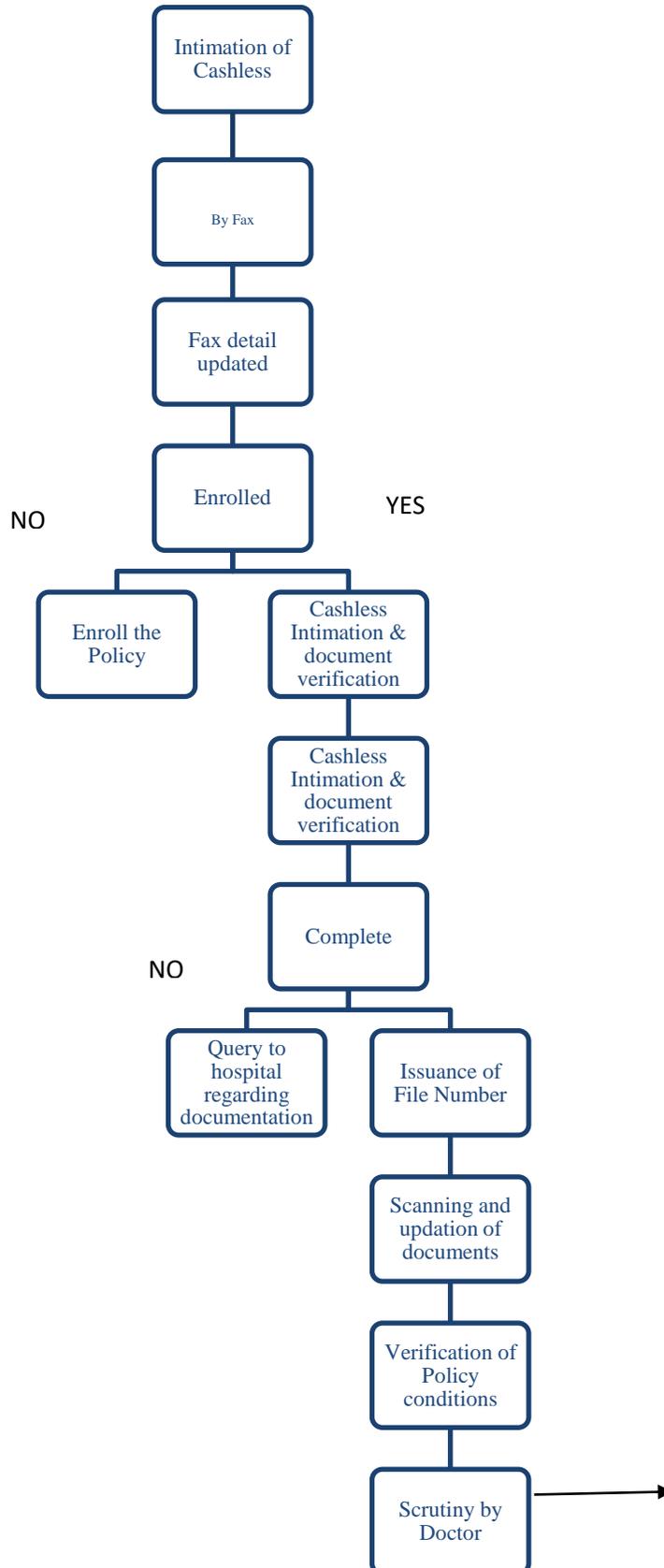
1. Claim form
2. Hospital bills (signed by patient)
3. Discharge summary
4. All reports
5. Vipul MedCorp Authorization letter

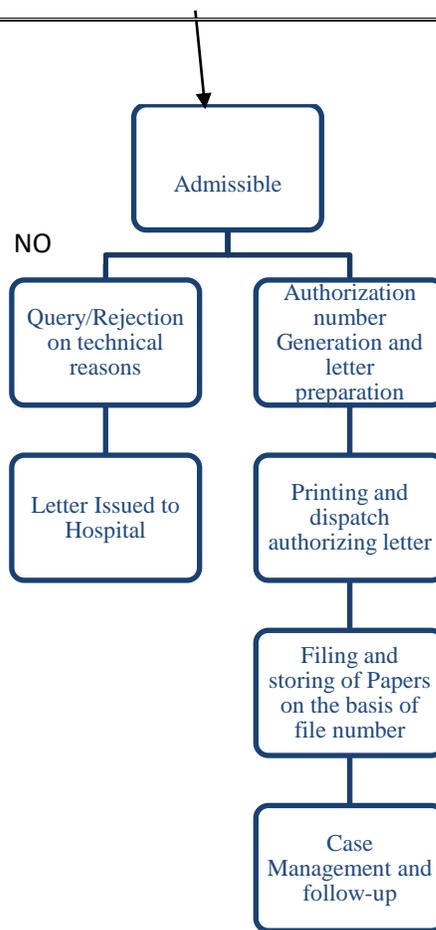
7 .Bill Collection

Monitoring collection of bills – 15 days max

Cashless Process Flow

Fig.4 - Cashless Process Flow





III. CLAIM PROCESS DEPARTMENT

Stages involved in Claim Processing

1. General Intimation

All claims intimated by fax or phone or e-mail or letter will be recorded at Vipul MedCorp, Gurgaon in General Intimation Register.

Vipul MedCorp, Gurgaon will also update the records in TAPS Software Claim kit will be sent to insured, requesting him to fill the claim form and submit following documents for processing

- i. Copy of the Id Card/Policy document.
- ii. Original first prescription of doctor advising hospitalization.
- iii. Claim Form with signature of the claimant.
- iv. Original detailed discharge summary.
- v. Original hospital bill-consolidated.
- vi. Break up of bills.
- vii. Break up of package.
- viii. Original investigations reports, claims etc. supported with doctor's Prescription
- ix. Acknowledgement of Intimation along with Claim kit

2.Bill Intimation

Submission of bill by Insured / Hospital for payment of Claim

Area of Importance- Verification of documents as per norms for following;

1. Copy of the Id Card/Policy document.
2. Original first prescription of doctor advising hospitalization.
3. Vipul MedCorp's Claim Form with signature of the claimant.
4. Original detailed discharge summary.
5. Original hospital bill-consolidated and payment receipt.
6. Break up of bills.

7. Break up of package.

8. Original investigations reports, claims etc. supported with doctor's Prescription.

Vipul MedCorp, Gurgaon will receive all claim reimbursement papers either directly from customer or thru Hospital (Cashless), DO/BO, Agents, etc.

Claim documents will be assorted and filed. Each paper will be serially numbered. (This will ensure that if few papers are removed from the file due to audit etc , then they can be trailed)

A claim check list will be filled and if following critical documents are missing then a query letter will be sent to insured

i. Claim form

ii. Hospital bills

iii. Discharge summary

iv. Doctor first prescription

v. Authorization Letter (In case of cashless reimbursement)

Vipul MedCorp, Gurgaon will scan the Main Hospital bill and Discharge summary and create a folder at their end.

Enrolment checking will be done by Vipul MedCorp, Gurgaon and in case insured is non-enrolled then email will be sent to Business Development department & Enrolment department. Policy documents and 64 VB certificate will be collected by business development department and Enrolment department will proceed to do the enrolment.

Enrolment of non-network hospital in system: In case the non-network hospital is not enrolled in the system , then the department will collect details of the hospitals like Regn no , bed capacity and after ascertaining that the hospital meets the criteria specified in Mediclaim policy , will proceed to enroll the hospital in TAPS software.

Claim intimation will be done by the Department and claim no will be generated from the system and the same will be recorded in the file.

3. Bill Validation and Claim updation

E-documentation - Updation of bills and discharge summary into system store the same after scanning for future reference

Area of Importance

- 1) Bills and Investigations are to be within the stipulated period of admission. Department will do detailed bill entry of each bill and sub bill in the system.
- 2) Investigations and Medicine bills should be supported by Doctor Prescriptions
- 3) Checking Policy period with Medical event and Exclusion in Fresh policy

4.Doctor Approval

Doctor will do an assessment for Admissibility of the claim in medical ground and will also do the deductions of non-payable item in the system.

Query: In case doctor raises a query the same will be printed and will be dispatched to the Insured. In case an investigation is required then doctor/Investigator will visit the hospital/Patient and will do a detailed investigation.

After suitable query reply is received. If there is no further query then Doctor will evaluate the file and will enter the case study at TAPS Software. In case on non- receiving of query reply within 15 days a reminder has to be generated from the system and record the dispatch of the same. System will allow to generate two reminders and one final reminder to the insured/underwriter/hospital.

Rejection: In case of proposed rejection, the file will be referred to Insurance Company for their opinion. Branch will keep a Xerox of the total file and send the original file along with doctor's sheet duly signed by the doctor to the u/w office for their opinion. After receiving confirmation from U/w office branch will proceed to reject the file in the system. Rejection letter will be couriered to Insured after entering details in Dispatch register and after updating courier POD no in TAPS software.

Approval :In case the doctor approves the case, a case summary will be printed and doctor will sign the same and then will sign on the file and sent the file by courier to Vipul MedCorp, Gurgaon

5. Financial Approval

Vipul MedCorp, Finance Department will do the finance settlement and inform the branch about the settlement by email. Alternatively branch can monitor the case from the system and see the settlement status themselves.

- Area of Importance – Bills totalling
- Deduction and discount accounting and verification
- Final approval

6 . Discharge Voucher preparation dispatch

Vipul MedCorp, Gurgaon will print a Discharge Voucher (DV) and dispatch to insured in case of non-cashless reimbursement.

Area of Importance

- A) Timely generation and dispatch of discharge voucher.
- B)Monitoring of correspondence related to payment.
- C)Age analysis and subsequent follow up of non-receipt of signed discharge voucher

7. Cheque Preparation

Vipul MedCorp, Gurgaon will prepare the Cheque for the payments to hospitals, corporate and insured.

- Area of Importance – First in First out as per discharge voucher received
- Distribution of payments on the basis of Hospitals, corporate and Individuals

8. Dispatch of Cheque

Vipul MedCorp, Gurgaon will update in dispatch register and courier the Cheque to the hospitals, corporate and insured along with the covering letter mentioning the payment details

- Area of Importance – Monitoring of return packets

9. Claim Float Preparation & Submission

Vipul MedCorp, Gurgaon will prepare the claim float statement which will be submitted to Insurance Company Regional Office along with Bank Statement and Bank Book

- Area of Importance - Timely submission of Claim float to the tune of Bank guarantee
- Funds Monitoring
-

10. Funds Management & Reconciliation

- a. Float Receivable and received
- b. Bank Reconciliation
- c. Cheque returns due to wrong address and related issues
- d. Cancellation and Issuance of duplicate cheque
- e. Stale Cheque monitoring

11. Query

1. Query regarding incomplete document -Stage No. 2
 2. Query regarding admissibility of claim - Stage No. 4
- Area of Importance – Management of query dispatch and receiving of Query reply
 - Reprocessing of files after getting the reply
 - Monitoring and closing of files with in the stipulated time.

12. Query Reminders

System will generate the query reminders of the queries whose reply has not been received within 15 days, Reminders will be in three stages Reminder-I will be generated on the non-receiving of the query reply within 15 days and Reminder II will be generated on non-receiving of reply of reminder I. If both the reminders are non- recipient then Third and Final reminder will be generated.

13. File Closure:

In case even after third and final reminder and after lapse of 15 days, no reply is received to the query raised, then the file will be closed in the system (It will be rejected in the TAPS Software).

My Working Area :

I was working in planning and implementation of a program leading by CEO of the company. A preventive healthcare program-P4P by GSK. Mainly my part was networking, which includes empanelment of the hospital and diagnostic centre across the country, rates negotiation and MOU finalization.

What is P4P? (Introduction)

Nowadays, corporate groups have come up with the trend of health insurance for employees & their families. These policies include wellness activities along with the insurance. Corporate take these wellness activities as a good method to acknowledge and understand their employees, along with their own purpose of getting there more efficient & productive for the high growth and profit to the organization.

As part of that focus GSK, has launched a new industry-leading worldwide preventive healthcare programme- Partnership for Prevention(P4P) to provide employees preventive healthcare package, regardless of their location, job role or pay grade.

GSK tie-up with Vipul Medicare to deliver P4P program In India. The program is to be launch in 3 stages. In the first stage Vipul get empanelled with about 1500 Hospitals and diagnostic centres across 400 locations of India. To provide free OPD services to the GSK client.

Services covered under P4P programs:

The forty P4P services that GSK has chosen is recommend by WHO to demonstrate high value in preventing ill health or detecting disease.

The packages of services include

- 1) A range of adult and child vaccines for preventable
- 2) Adult and Child preventive exam.
- 3) Pre-natal healthcare for women
- 4) Cancer screenings
- 5) Smoking cessation treatment.

The Complete Process Of P4P Program

Initial stage-

By GSK:

- ✘ Employee data collection
- ✘ Orientation Campaign
- ✘ Registration
- ✘ Data Submission by GSK

By VMC:

- ✘ Empanelment of the hospitals over 400 locations

Secondary stage- By VMC:

- ✘ Data Upload by VMC
- ✘ Registration of employee

After Launching the program:

- ✘ Service Selection through various means(emails, call centres, courier, VMC SPOC)
- ✘ Appointment Scheduling
- ✘ Payment process
- ✘ Documentation (Networking part-MOU finalizing)

CHAPTER 2

DESSERTATION

REPORT

INTRODUCTION

A Third Party Administrator (TPA) is an organization which processes claims or provides cashless facilities as a separate entity. Seen as an outsourcing of claim processing, Third Party Insurance processes claims for both retail and corporate policies. The risk of loss incurred remains with the insurance company. The insurance company usually contracts a reinsurance company to share its risk. An insurance company hires TPA to manage its claims processing, provider network and utilization review. While some TPA operates as units of insurance companies, most are often independent.

TPA is also involved in handling employee benefit plans such as processing retirement plans. Handling healthcare or employee benefit claims requires using a specialized set of manpower and technology, therefore hiring a TPA for the same is a more cost effective method.

A number of university employees shared their thoughts in online podcasts promoting the program. Here are some of their comments: “[The walking program] is a very 19 sociable experience.” “It is a great way to burn stress and get energized.” It also helps “get colleagues out of the office and meet new people.” While these testimonials suggest that this is a wellness program that helps participants “feel good” and socialize with colleagues, they cannot be used to formally evaluate the program’s impact.¹

Wellness programs are being implemented across the country in large and small companies, and the results are positively impacting the bottom line. “Research is showing that it’s more cost-effective to invest in preventive health practices, such as screenings, immunizations, health risk appraisals, behavioral coaching, and health

awareness/education, rather than spending resources exclusively on the small minority of employees/dependents who are responsible for high-cost health claims.”

COMPONENTS OF WELLNESS ACTIVITIES

1. Health education, which focuses on skill development and lifestyle behaviour change along with information dissemination and awareness building, preferably tailored to employees’ interests and needs.
2. Supportive social and physical environments. These include an organization’s expectations regarding healthy behaviours, and implementation of policies that promote health and reduce risk of disease.
3. Integration of the worksite program into your organization’s structure.
4. Linkage to related programs like Employee Assistance Programs (EAPs) and programs to help employees balance work and family.
5. Worksite screening programs, ideally linked to medical care to ensure follow-up and appropriate treatment as necessary.

Sedentary lifestyle and lack of physical activity at work affects the productivity and efficiency of employees. In today’s corporate world, life is so hectic and stressful that employees hardly get any time to look after their health, whether it is regularly following a healthy diet or a routine exercise. It then becomes only a matter of time before some health concern emerges as a result of this unhealthy lifestyle.

in a country like India where urban population is over 400M out of which over 73% are overweight. Lifestyle diseases like Diabetes and obesity have reached an epidemic level.

Employers need to priorities their employee's health in order to maintain a strong and dynamic workforce.

OBJECTIVES OF THE STUDY

GENERAL OBJECTIVE:

To Study Wellness Activities And Its Impact On Employees Efficiency Working At GSK.

SPECIFIC OBJECTIVES:

- To find out various welfare facilities provided to employees.
- To find out the levels of satisfaction among employees with respective to Various wellness measures.
- To understand the extent of awareness among employees with various statutory and non-Statutory welfare measure.
- To suggest remedial measures to improve the employee wellness.

LITERATURE REVIEW

Employer wellness program has yet to formally evaluate its impact on employee morale, productivity, and corporate culture. It plans to use recommendations from a recently commissioned study (see below) to identify some organizational metrics that should be monitored. Nonetheless, participant testimonials seem to suggest that the wellness program is helping them boost their morale and productivity levels: “I highly recommend guided meditation,” says one wellness program participant in a recorded message. “It definitely assists you with returning to the workplace and helps being more productive, because you are not allowing thoughts and concerns to interfere with the productivity of your work.”

According to study participants often tell that having regularly scheduled wellness activities “forces them to go out and then get their exercise for that day.” She also mentioned that she gets “a lot of e- mails thanking [the program for] the massage therapy...and [for] anything that creates relaxation, such as free guided meditation sessions.”

A number of university employees shared their thoughts in online podcasts promoting the program. Here are some of their comments: “[The walking program] is a very 19 sociable experience.” “It is a great way to burn stress and get energized.” It also helps “get colleagues out of the office and meet new people.” While these testimonials suggest that this is a wellness program that helps participants “feel good” and socialize with colleagues, they cannot be used to formally evaluate the program’s impact.

Based on study conducted among employees of Vindhya Telelinks Ltd. Rewa (M.P.), employee welfare is an area of social welfare conceptually and operationally. It covers a broad field and connotes a state of well being, happiness, satisfaction, conservation and development of human resources and also helps to motivation of employee. The basic propose of employee welfare is to enrich the life of employees and to keep them happy and

conducted. Welfare measures may be both statutory and non statutory laws require the employer to extend certain benefits to employees in addition to wages or salaries. ²

Organizations provide welfare facilities to their employees to keep their motivation levels high. The employee welfare schemes can be classified into two categories viz. statutory and non-statutory welfare schemes. The statutory schemes are those schemes that are compulsory to provide by an organization as compliance to the laws governing employee health and safety, these include: canteen facilities, drinking water, proper and sufficient lighting , facilities for sitting , changing rooms , first aid appliances, latrines and urinals , washing places, spittoons, rest rooms. Non statutory welfare schemes may include: personal health care, flexi-time, employee assistance programs, harassment policy, employee referral scheme, Medi-claim insurance scheme. The non statutory schemes differ from organization to organization and from industry to industry.

According to Survey conducted for this study, approximately half of U.S. employers. Offer wellness promotion initiatives, and larger employers are more likely to have more complex wellness programs. Programs often include wellness & screening & activities to identify health risks and interventions to reduce risks and promote healthy lifestyles. Most employers(72 percent of those offering a wellness program) characterize their wellness programs as a combination of screening activities and interventions. Wellness benefits can be offered by employers or a vendor to all employees or through their group health plans to plan members.³

According to a recent study, people who exercise regularly are more productive, happier and feel less stressful as compared to those who are not so physically active. Employees who exercise before work are seen to be proactive and have a better focus level.

Regular exercise and healthy diet also keeps people away from the lifestyle diseases and helps them maintain a healthy weight.

Studies also show, employees who are physically active, record less sick days each year and are more energetic at work. Investing in the health of your staff pays dividends through increased productivity and enhanced goodwill. In short, physically active employees are happy employees⁴

Also, in a country like India where urban population is over 400M out of which over 73% are overweight. Lifestyle diseases like Diabetes and obesity have reached an epidemic level. Employers need to prioritise their employee's health in order to maintain a strong and dynamic workforce.

METHODOLOGY

STUDY AREA

The study was conducted at GSK, wellness Health camp Organized by ABC

STUDY DESIGN

Descriptive Analytical Study.

SAMPLE

- Sample Size – 60

DATA COLLECTION

For collection of primary data a questionnaire was designed.

TOOLS & TECHNIQUE

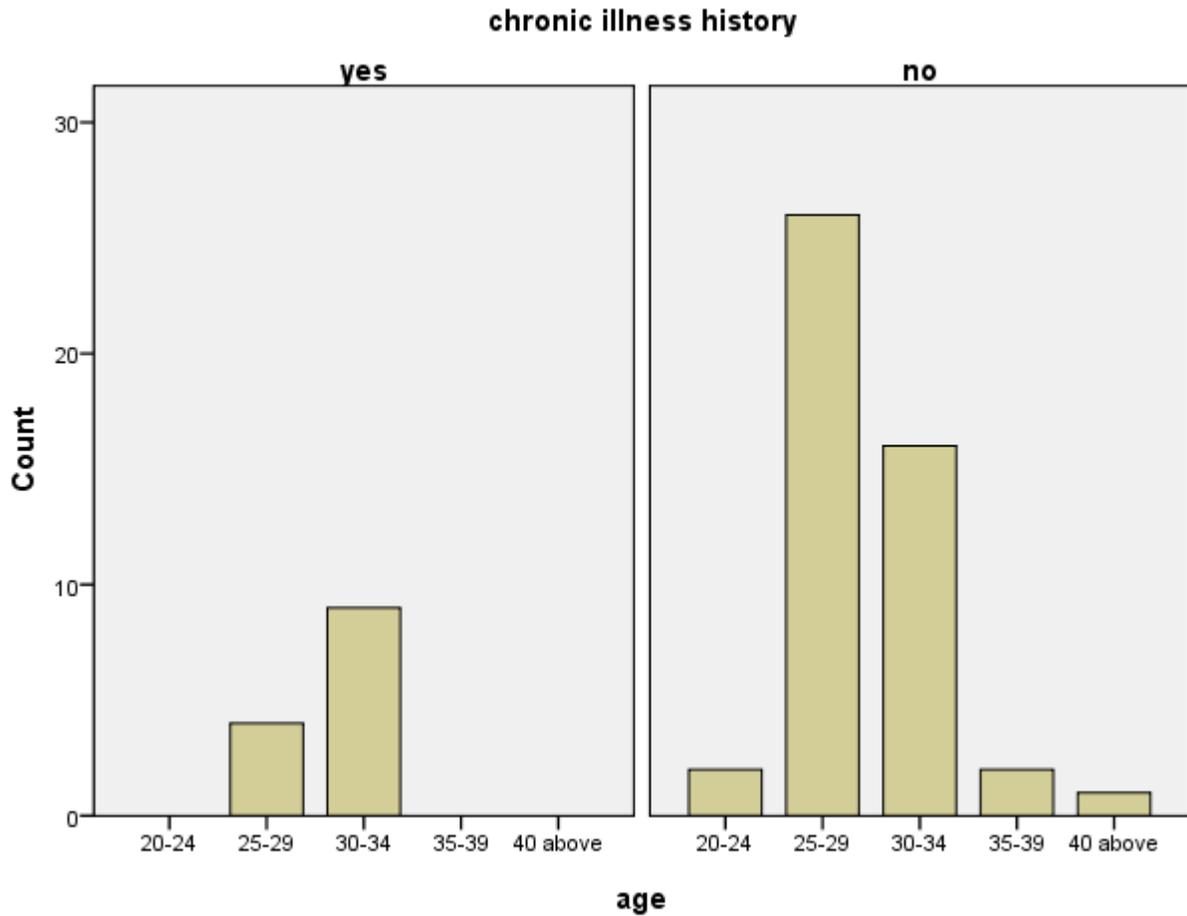
- A Questionnaire was prepared consisting of 11 questions.

FINDING AND ANALYSIS

- Data was collected and analyzed using SPSS 16.1
- Collected by questionnaire
- Analyzed by SPSS 16.1

FINDING

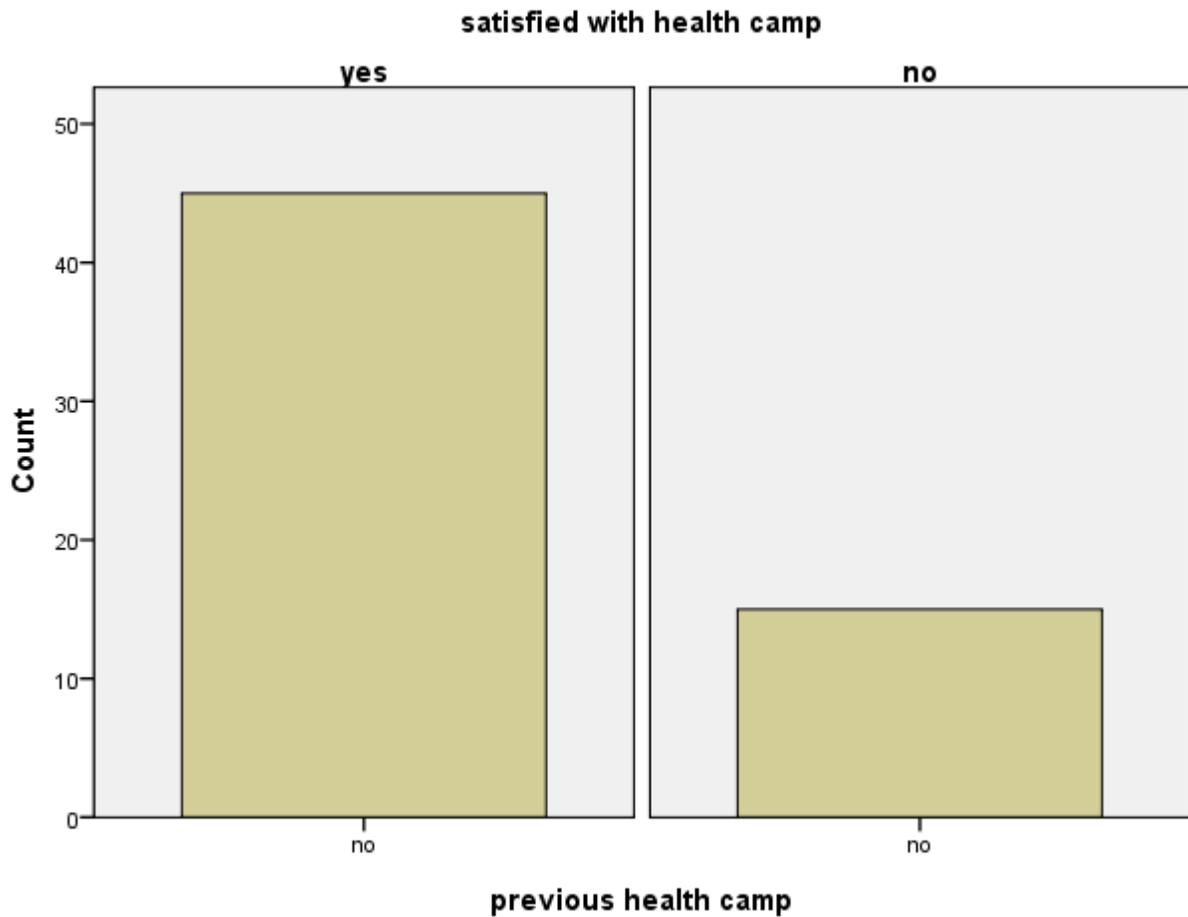
Fig: 5 Which age group have history of chronic illness?



INTERPRETATIONS:

Analysis of different age groups for chronic illness history made it clear that the age group between 25-29 & 30-34 had history of chronic illness.

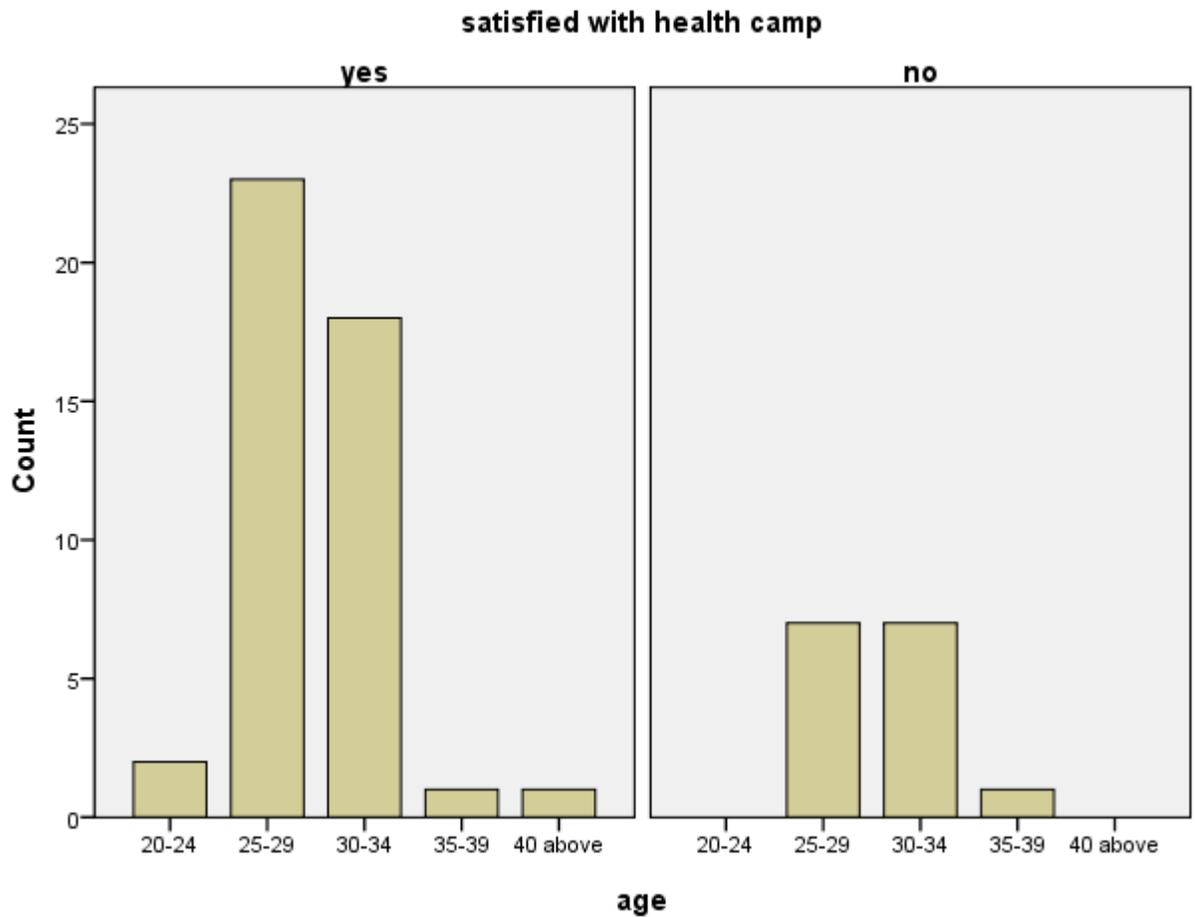
Fig:6 How many employees are satisfied with health camp?



INTERPRETATIONS:

Analysing this graph shows that 70% of employees were satisfied with camp but the major concern is the rest of 30% employees who are not satisfied with camp.

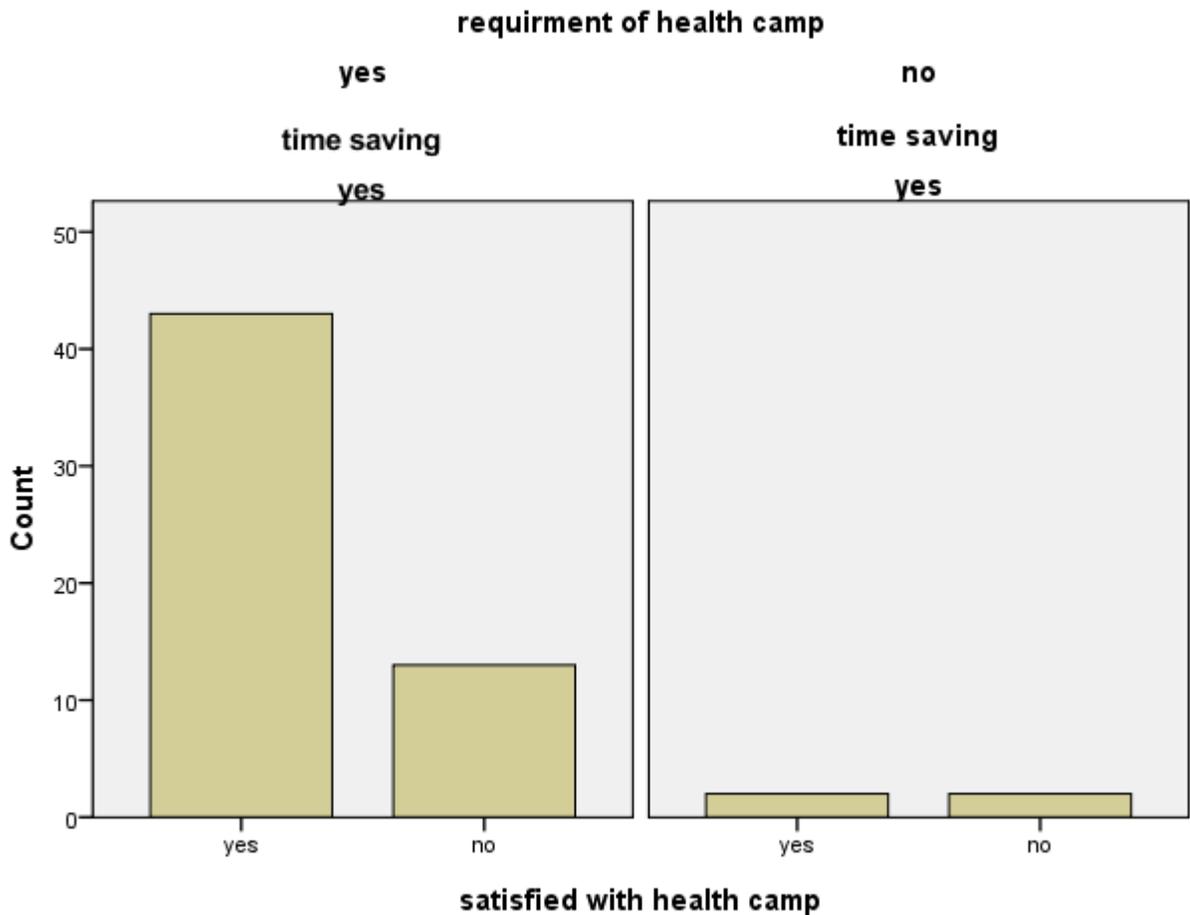
Fig: 7 which age group is more satisfied with health camp?



INTERPRETATIONS:

Analysing different age groups of employees for satisfaction with the health camp made it clear that the employees of age group between 25-29 & 30-34 are more satisfied with the health camp.

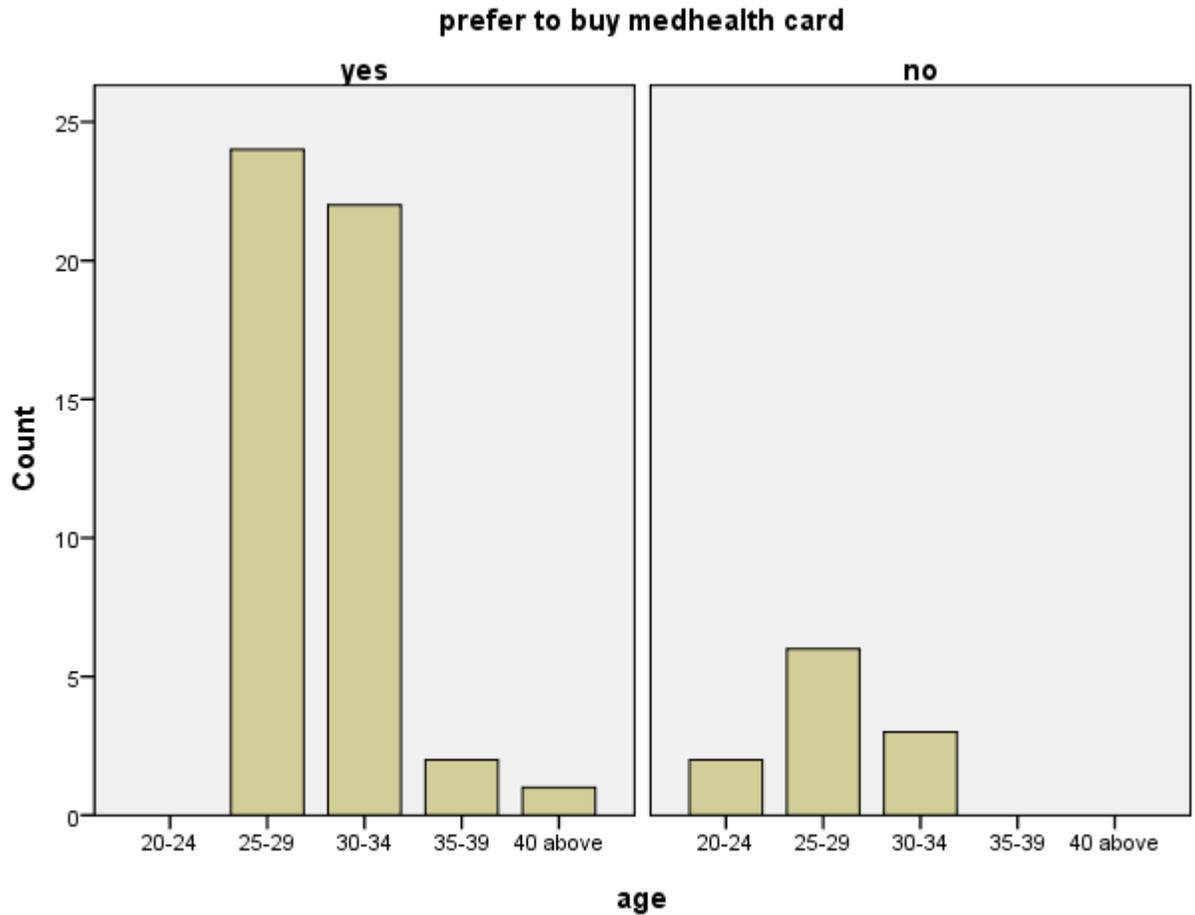
Fig: 8 Is there any requirement for wellness health camps in future ?



INTERPRETATIONS:

Analysing this graph shows 70% of employees think that there is a requirement of health camp in their organisation and it saves time as well. But 5% still have this notion thinks that there is no requirement of health camp in organisation but it saves time as per their view. No employee was against the fact that the health camps conducted in the organisation are time-saving.

Fig: 9 How many employee prefer to buy med-health card?



INTERPRETATIONS:

Analysis of different age groups for purchase of Med-Health card suggests that the employees in the age group between 25-29 & 30-34 want to buy Med-Health card.

CONCLUSIONS

Health camps, being the important part of the business development amongst TPA & corporate groups, have proved to be a success in gaining confidence of the employees lately.

Wellness activities do have certain good effects on employees.

This study conducted in GSK involves 60 employees, by which the satisfaction of the employees was mapped through the questionnaire.

By the analysis, it was clear that the employee with age group 25-29 were more aware of their medical history and about health camps. These employees contribute more into this study to gather information for the wellness activities provider for the satisfaction level as well as beneficiality of the activities.

This study will have an outcome to work more on than wellness activities which can be provided to the corporate groups to build better relation with them.

RECOMMENDATION

- **WALKING PROGRAM:**

We hold a monthly event designed to encourage employees to participate in group walking during the lunch hour and incorporate more physical activity in their daily schedules. Every last Wednesday of the month, program participants can meet at a Center and take scenic routes around campus.

- **WELLNESS ON WHEELS:**

For those employees who find it difficult to leave their workplace during the workday, the wellness program can come to their office. Health screening and personal coaching, massage therapy, and guided meditation sessions can be scheduled at a campus location convenient to participants. Health coaching can also be done over the phone.

- **HEALTH TALKS**

Renowned specialists can be invited to deliver distinguish lecture on health or wellness.

- **ENGAGING ACTIVITIES**

Such activities should be conducted in corporate premises to reduce daily fatigue caused due to stressful work environment(Example: virtual badminton).

Improve the quality of health camp so that employee's satisfaction increases.

ANNEXURE: 1

NAME:	
AGE:	GENDER:
ADDRESS:	
Q1. Does employee have any history of chronic illness? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Q2. Whether any health camp has been arranged before? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Q3. Are you satisfied with the activities conducted by health camp? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Q4. Will you consult any doctor for secondary opinion by any other specialist? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Q5. Have you ever consulted any doctor/ physician for regular check-up? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Q6. Do you feel any any requirement for health check-up? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Q7. Did it save your time due to the busy work schedule? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Q8. Were you satisfied with our consultants? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Q9. Are looking forward for more health camps in your organizations? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Q10. Do you prefer to buy Med-Health card from vipul Medcare? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Q11. Any suggestions for additional health camp activities ?	

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