

Internship Training
At
Vipul MedCorp TPA Pvt. Ltd. Noida

Reducing Turnaround Time (TAT) In Reimbursement Claims Processing

by

Dr. Ruchi Kukreti

PG/13/057

Under the Guidance of

Dr. Veena Singh

Post Graduate Diploma in Hospital and Health Management

2013-15



International Institute of Health Management Research
New Delhi

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Completion of Dissertation from Vipul MedCorp TPA Pvt. Ltd.

The certificate is awarded to

Dr. RUCHI KUKRETI

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

Medical Management Group (MMG)

And has successfully completed her Project on

Reducing Turnaround Time (TAT) in Reimbursement Claims Processing

From

2nd Feb - 30th April 2015

At Vipul MedCorp TPA Pvt. Ltd. Noida

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

We wish her all the best for future endeavors

Training & Development

Zonal Head-Human Resources

Handwritten signature: Handit



Vipul MedCorp TPA
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Pvt. Ltd.

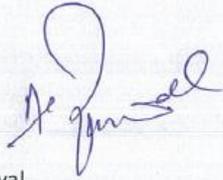
TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Ruchi Kukreti 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 Pvt. Ltd. Noida from 2nd Feb to 30th April 2015.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfilment of the course requirements.

I wish her all success in all her future endeavours.



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



Dr. Veena Singh
Professor
IIHMR, New Delhi

Certificate of Approval

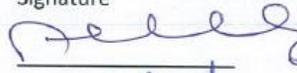
The following dissertation titled "**REDUCING TURNAROUND TIME (TAT) IN REIMBURSEMENT CLAIMS PROCESSING**" at "**Vipul MedCorp TPA Pvt. Ltd. Noida**" is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for 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.

Name

Dr. A. K. KHOKHAR
Dr. VEENA SINGH
Dr. Sayal Sen

Signature


Veena Singh
Sayal Sen

Certificate from Dissertation Advisory Committee

This is to certify that **Dr. RUCHI KUKRETI**, a graduate student of the **Post- Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. She is submitting this dissertation titled **“REDUCING TURNAROUND TIME (TAT) IN REIMBURSEMENT CLAIMS PROCESSING”** at **“Vipul MedCorp TPA Pvt. Ltd.”** 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.



Dr. Veena Singh

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Senior Manager
Head Noida Branch
Vipul MedCorp TPA Pvt.Ltd.



**INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH,
NEW DELHI**

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **REDUCING TURNAROUND TIME (TAT) IN REIMBURSEMENT CLAIMS PROCESSING** at **Vipul MedCorp TPA Pvt. Ltd. Noida** and submitted by **Dr. Ruchi Kukreti** Enrolment No. **PG/13/057** under the supervision of **Dr. Veena Singh** for award of **Postgraduate Diploma in Hospital and Health Management of the Institute** carried out during the period from 2nd Feb to 30th April 2015 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.

Ruchi Kukreti

Signature

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Name of the Student: Dr. Ruchi Kukreti

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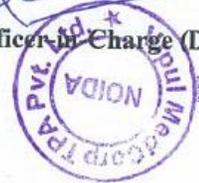
Objectives achieved: Achieved objectives

Deliverables: Claim Processing

Strengths: Dedicated and hard working.

Suggestions for Improvement: Need to be more confident in taking decisions.

Signature of the Officer in Charge (Dissertation)



ABSTRACT

The introduction of Third Party Administrator (TPA) was made by Insurance Regulatory and Development Authority (IRDA) in order to infuse a new management system and to regulate the healthcare services and costs. In other words, the prologue of TPAs was made on the expectation to ensure better services to insurers as well as to insured. While introducing TPAs certain conditions, code of conduct/role are defined by the IRDA. In this paper an attempt was made to study procedures and steps involved in reimbursement claims and measure total time taken to settle reimbursement claims. The time taken to settle reimbursement claims is commonly referred as Turnaround time (TAT) which indicate efficiency of process.

An observational study of claim statistics is done in this report. The data is collected for reimbursement claims from 15th Feb to 30th April. Reimbursement claim settlement time is categorized as settled within 15 days, and after 15 days with key characteristics and disease under treatment, place of treatment (Hospital), Insurer and other specific inputs

Based on observational study of claim statistics from February to April, TPA is able to follow their SLA in around 35 percent claims while around 40 percent claims processing is delayed for submitting document without claim form or missing discharge summary, non-submission of Lab reports, delay in intimation and submission.

To improve TAT in reimbursement process following recommendations given to hospitals: Standardization of final bill among care providers and checklist to ensure all original documents are provided to patient on discharge. Recommendations given to TPA include: checklist and Medical officer at helpdesk to ensure all relevant document as available for claim processing and training of helpdesk staff of TPA to ensure collection of all original document required for claim processing.

Insurance companies have high claim paid-out ratio, consumers are less aware about health insurance basic terms, hospitals charge more expenses from insured patients and TPA make delay in payment of claims which are made on behalf of insurer to insured. For healthy growth of health insurance sector all stakeholders should work with great honesty and faith and synchronously following standardized Protocol which will improve TAT in reimbursement claim settlement

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ACRONYMS/ ABBREVIATION

- TPA-Third Party Administrator
- SLA -Service Level Agreements
- IRDA- Insurance Regulatory and Development Authority
- ECG- Electrocardiogram
- IPD-In Patient Department
- HI – Health Insurance
- TAT - Turnaround time

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INTRODUCTION

Third Party Administrator handles claims processing, collection of premiums, manages workers compensation, and wellness programs. Insurance companies use third party administrators as a way to save money and time. Some insurance companies outsource complete administrative work related to health insurance whereas others choose to outsource only part of the program.

From the time the policyholder informs the TPA about issuance of policy, the records will be transferred to the TPA. The TPA will issue identity cards to all policyholders, which they have to show to the hospital authorities before availing any hospitalization services. In case of a claim, policyholder has to inform the TPA on a 24-hour toll-free line about the treatment and hospital. In case of cashless, he will be directed to a hospital where the TPA has a tied up network. However, the policyholder will have the option to join any other hospital of their choice, but in such case payment shall be on reimbursement basis.

Similarly hospital foresee business potential in their association with TPA in the long run for that Turnaround time in different process cashless, reimbursement , Empanelment help them to measure efficiency of TPA's and develop long term relationship

Literature Review

Various studies related directly or indirectly to the objectives of the present study were reviewed. Parekh (2003) examined the training aspects of the TPAs and concluded that there is a dearth of knowledge and training in the TPA community and training for the leadership team alone is inadequate. The lack of training at most insurance companies is also woefully insufficient and alarming. So the study suggested that IRDA should arrange for adequate training facilities for TPAs which will enhance their knowledge and the ultimate benefit will be reaped by the community. Sureka (2003) conducted a study on the TPAs and its regulator and concluded that TPAs are forced to provide service to the policyholder for an obsolete product – the Mediclaim policy which was introduced at least almost two decades ago. Besides this if the policyholder is made to pay for the services he is availing, then why is the insurer imposing a TPA on the policyholder. The study provided that a policyholder should have the right to accept or refuse the services of a TPA for such absolute products. Gupta, Roy and Trivedi (2004) examined the role of TPAs and the issues that required to be taken into consideration while evaluating their usefulness and functioning in India. The study based on a series of meetings, discussions and interviews with various TPAs, insurance companies and providers. No doubt the TPAs face different barriers in terms of capital, capacity and connections, but still they are providing cashless transaction at the time of service delivery to the customers. The IRDA and Health Ministry should come together so as to ensure TPAs which in turn will ensure active role of the TPAs in Community and Universal Health Insurance Schemes. Bhat and Babu (2004) provided that introduction of IRDA has paved the way for (TPAs) third party administrators who are playing the role of insurance intermediaries in setting up of managed health care systems. The objective behind setting up of TPAs was to ensure better services to policy holders and to mitigate the negative consequences of private health insurance. However the TPAs face immense challenges in the health sector because of demand and supply side complexities of private health insurance and health care market. IRDA has defined the role of TPAs as insurance intermediary in the management of claims and reimbursement, but at the same time their role is not well defined in controlling the cost of health care and ensuring appropriate quality of care. Mohapatra (2005) provided that TPAs form a vital link between insurers, healthcare service providers and policyholders. Besides this also provided that for a smooth functioning of the system, the TPAs should be judiciously governed and meticulously regulated. Under the present dispensation, the

issues of standardization/ governance between the TPA and the providers is left to the vagaries of market forces, the respective parties flexing their muscles to browbeat one another, forcing the TPAs to negotiate local agreement. Further it is recommended that IRDA constitute a consultative mechanism consisting of representative from providers, insurers, TPAs and consumer bodies to attack the various issues affecting smoother governance. If need be, necessary changes can be brought about in the regulatory compliances.

METHODOLOGY

This observational study is carried out to study procedures and steps involved in reimbursement claims and measure total time taken to settle reimbursement claims. The time taken to settle reimbursement claims is commonly referred as Turnaround time (TAT) which indicate efficiency of process. The data is collected for reimbursement claims from 15th Feb to 30th April. Reimbursement claim settlement time is categorized as settled within 15 days, and after 15 days with key characteristics and disease under treatment, place of treatment (Hospital), Insurer and other specific inputs.

Based on reimbursement claims settlement time taken from claim received at TPA to electronic fund transfer is calculated as turnaround time at TPA end. Number of query is also taken in account to understand delay in claim processing, based on these key parameter recommendation to all stakeholders to “Reduce Turnaround time (TAT) in reimbursement claims processing” is summarized

RESULTS

The introduction of TPAs was made by Insurance Regulatory and Development Authority (IRDA) in order to infuse a new management system and to regulate the healthcare services and costs. As per notification of IRDA, the basic role of the TPA is to function as an intermediary between the insurer and insured and facilitate cash less and reimbursement service to the insured as shown in Figure 1. TPAs will receive a commission of 5.5% of premium amount from the insurance company for all the services rendered

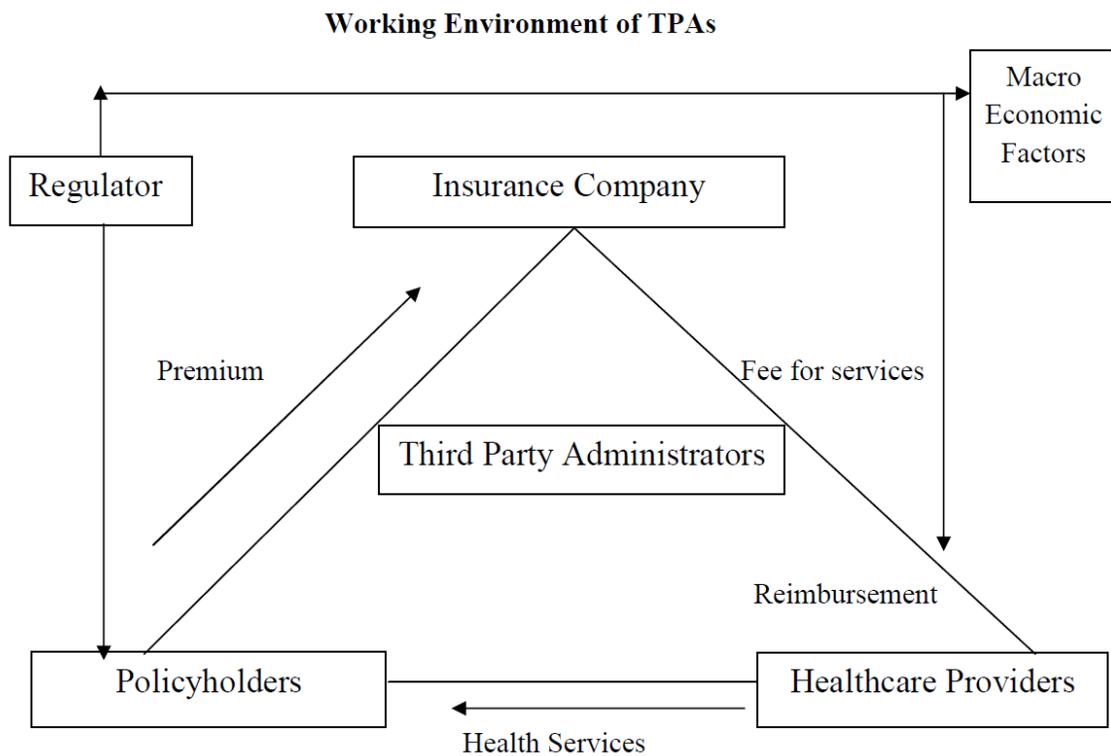


Figure 1: Working Environment of TPAs

Goals for TPA Companies

- Faster and focused claims management
- Lower overhead cost and reduced cost of claim management
- Immediate access to highly trained claim administrators
- Improved control over claims outcomes
- Provision of cashless services at much ease
- Safeguarding of customer relationships
- Protection of brand reputation.
- Control of possible frauds by the private healthcare providers

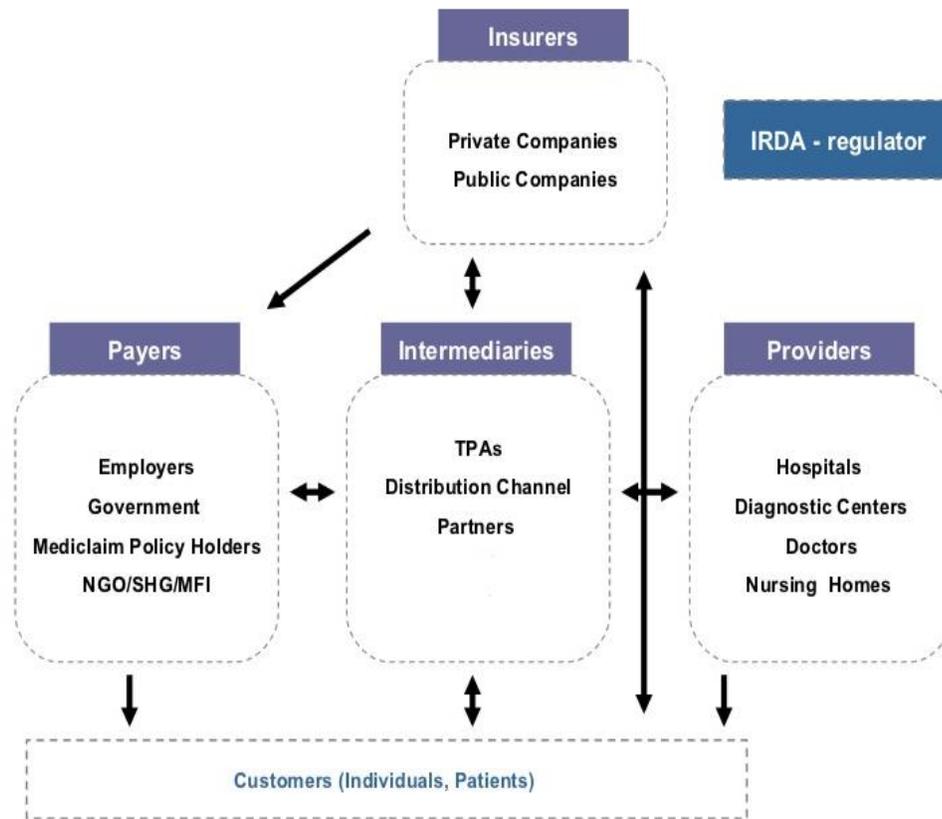


Figure 2: TPAs Flow diagram

Market Share of TPAs

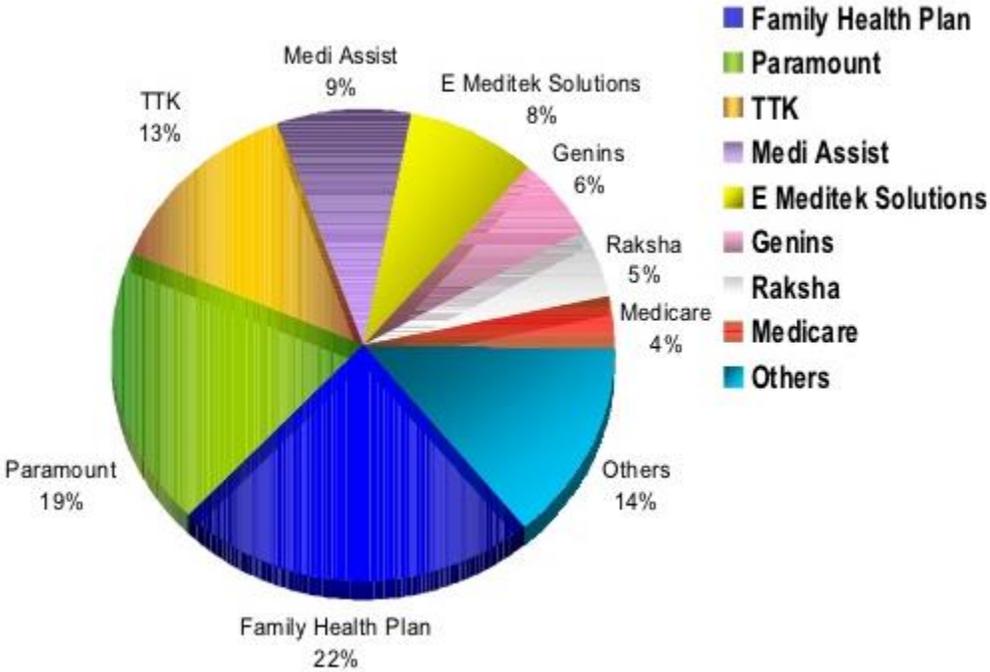


Figure 3: Market share of different TPA Companies

Reimbursement Claims Processing

In the event that an insured is hospitalized in any hospital / nursing home (within India) as defined in the policy and pays the treatment expenses at the time of discharge, he / she needs to file a claim with Vipul Medcorp for the amount due under the policy. Vipul Medcorp will process the claim as per the terms of the policy and reimburse the medical expenses covered to the insured if the claim is admissible. Procedure for same is shown below in figure 4

Procedure for Reimbursement Claims

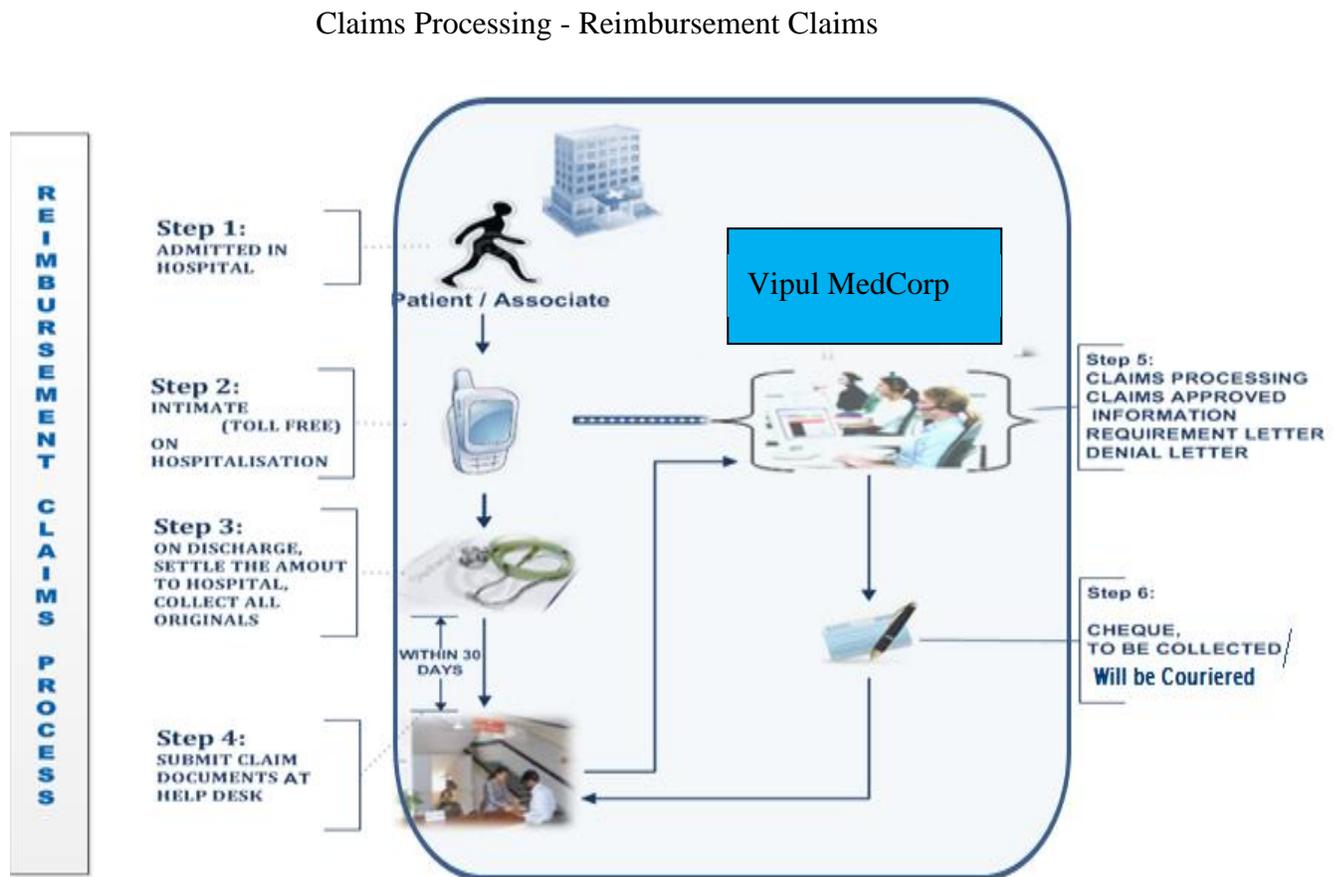


Figure 4: Steps in Reimbursement Claim Process

Step 1: Patient get admitted in hospital for his/her illness.

Step 2: Intimation to Vipul Medcorp TPA

Step 3: Patient discharged from hospital with all original bill and discharge summary

Step 4: Patient needs to submit original bills to Regional Helpdesk including discharge summary, breakup of bill and claim form.

Step 5: Claim processing for Approval, Rejection or Investigation

Step 6: Dispatch of Cheque or Electronic fund transfer

TURNAROUND TIME (TAT) measured between step 4 and step 6 is very important parameter to measure performance of TPA among different TPA. TAT is one of the major parameters in Service level Agreement with corporates in this study TAT of 15 days is taken as reference to compare level of service delivered

Vipul Medcorp TPA performance between 2007 -2011 with respect to total number of claim settled, delay under 1-3 month and delay under 3-6 month is shown in Table 1

Year	Total Claims	Settled in 1-3 Month	Settled in 3-6 Month
2007-2008	57784	22785(39.4%)	7130(12.3%)
2008-2009	109119	37960(34.7%)	8338(7.6%)
2009-2010	248790	11484(4.6%)	906(.36%)
20010-2011	240582	20121(8.3%)	2814(1.1%)

Table 1: Performance of Vipul MedCorp TPA 2007-2011

Documents required for Reimbursement Claims

- Submit the following documents in original
- Discharge Summary. (Original).
- Final Hospital Bill (with detailed break-up) & Cash paid Receipts (Original)
- Medicine Bills along with Doctor Prescriptions.
- Investigations & Test Reports. (Original)
- Duly Filled Claim Form with Signature. (can be downloaded from website: www.vipulmedcorp.com)
- Bank Account Details of the Employee to be provided containing following details
- Name of Account Holder (Employee) as per Bank Records
- Bank Account Number
- Bank Name and Address
- IFSC Code
- Copy of cancelled Cheque with all the above details

Note: In case of non-availability of prescriptions, kindly ask Physician to countersign on the reverse of pharmacy bills.

Observations on Turnaround Time of Reimbursement Claims

February

As per SLA (Service Level Agreements) in place, signed with various Insurance companies and the corporate groups TAT time for reimbursement claims is around 15 days. Figure below shows distribution of TAT for sample size for 25 claims for dates (1 Feb to 28 Feb, 2015).

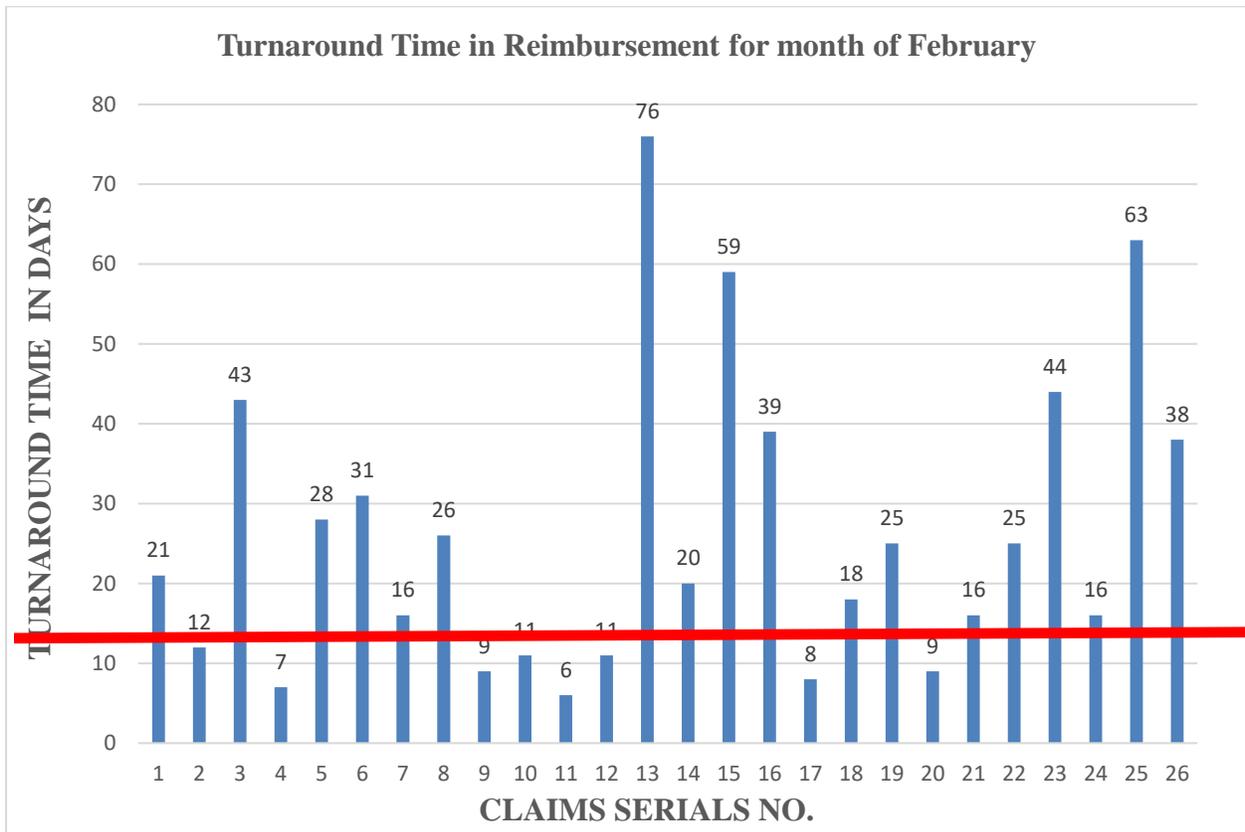


Figure 5: Turnaround Time in Reimbursement for month of February

Key statistics of reimbursements claims (February)	
Sample size of claims	26
Number of claim approved in 15 days	7
Number of query raised	9
Delay more than 20 days without Query	4

Table 2: Key statistics of reimbursements claims (February)

Table 2 above shows 30 percent claims are settled as per agreed SLA and 36 percent claims required query for claim settlement and most query indicate submitting document without claim form , original discharge summary is missing , non-submission of Lab reports, delay in intimation and submission

March

Figure below shows distribution of TAT for sample size for 25 claims dates (1st March to 31st March, 2015).

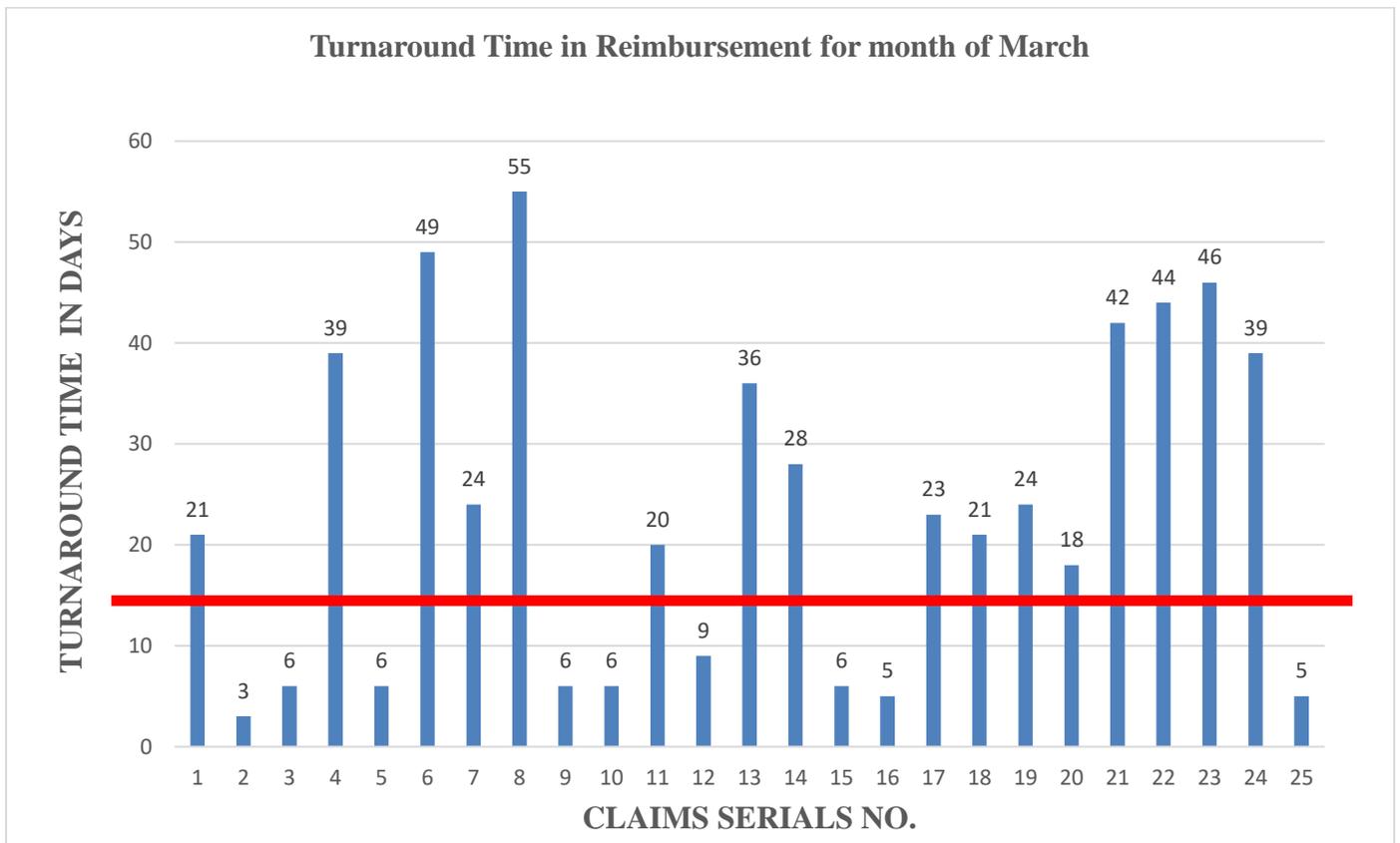


Figure 6: Turnaround Time in Reimbursement for month of March

Key statistics of reimbursements claims (March)	
Sample size of claims	25
Number of claim approved in 15 days	9
Number of query raised	12
Delay more than 20 days without Query	2

Table 3: Key statistics of reimbursements claims (March)

Table 3 above shows 36 percent claims are settled as per agreed SLA and 50 percent claims required query for claim settlement and most query indicate submitting document without claim form , original discharge summary is missing , non-submission of Lab reports, delay in intimation and submission

April

Figure below shows distribution of TAT for sample size for 25 claims dates (1st April to 30th April, 2015).

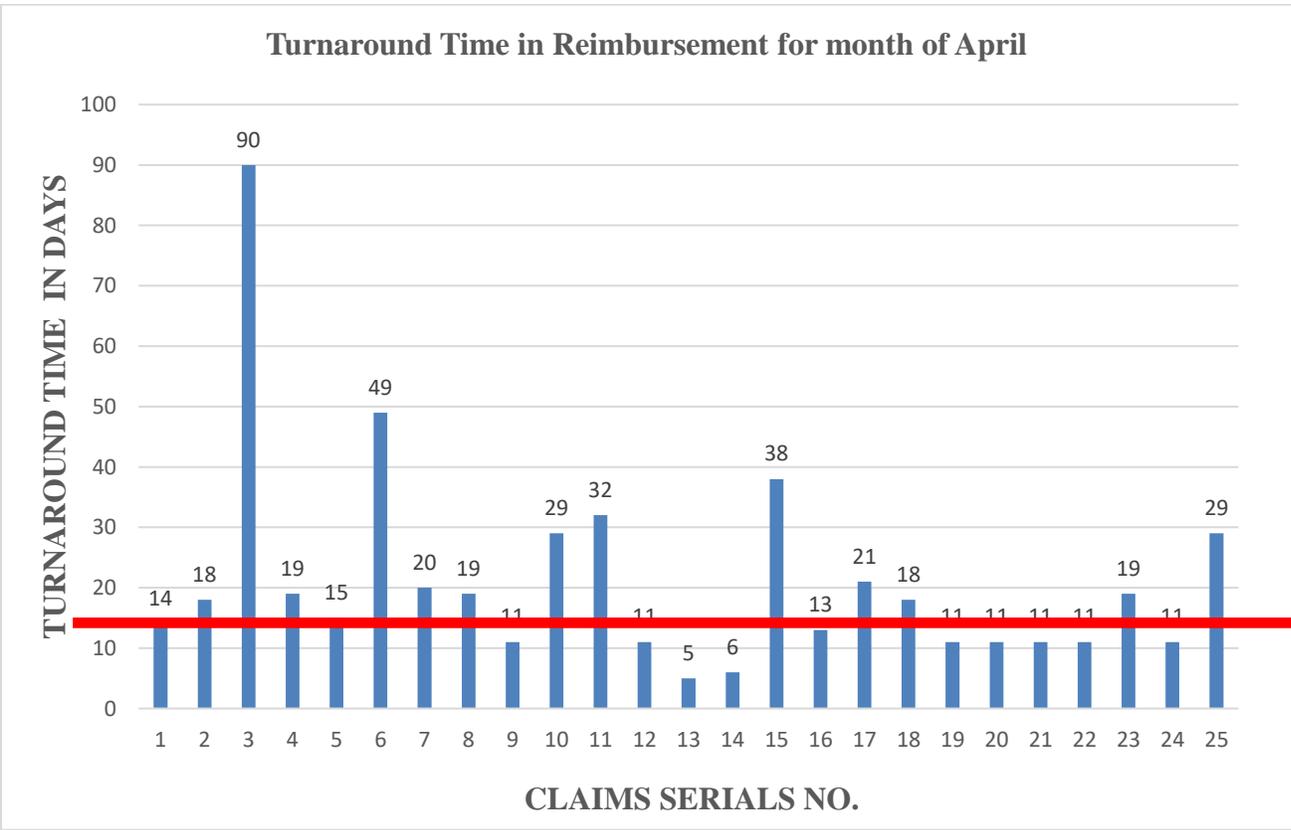


Figure 7: Turnaround Time in Reimbursement for month of April

Key statistics of reimbursements claims (April)	
Sample size of claims	25
Number of claim approved in 15 days	12
Number of query raised	6
Delay more than 20 days without Query	1

Table 4: Key statistics of reimbursements claims (April)

Table 4 above shows only 45 percent claims are settled as per agreed SLA and 40 percent claims required query for claim settlement and most query indicate submitting document without claim form , original discharge summary is missing , non-submission of Lab reports, delay in intimation and submission

Challenges Observed In Reimbursement Claims

- Submitting document without claim form
- Quoting wrong claim amount on claim form
- Enclosing certificate from doctor instead of detailed discharge summary
- Not attaching original cash paid receipts and submitting details on prescription / hospital letter head instead of proper numbered receipt
- Incomplete documents: non submission of Lab reports, breakup for bills and medicine prescriptions
- Not providing Bank Account Details for effective settlement of claims through Electronic fund transfer (EFT) mode
- Providing Bank Account Details of a beneficiary instead of Employee Bank Account
- Claim Documents submitted after 30 days of Discharge for Main Hospitalization and beyond 7 days for Post Hospitalization Expenses.
- Lack of training of TPA helpdesk team

DISCUSSION

Claims statistics from month of February to April show TPA is able to follow their SLA in around 35 percent claims while around 40 percent claims processing is delayed for submitting document without claim form or original discharge summary is missing, non-submission of Lab reports, delay in intimation and submission. As discussed earlier claim reimbursement involve six major steps 1) Admission in hospital 2) Intimation at Vipul Medcorp 3) Discharge from hospital with all original documents 4) Submission of claim document at helpdesk 5) Claim processing at Vipul Medcorp 6) Dispatch of cheque / Electronic Fund Transfer. To improve TAT in reimbursement process following recommendations can help to achieve agreed SLA and increase efficiency in claim process

Recommendation for Hospitals

- Standardization of final bill among care providers
- Checklist to ensure all original documents are provided to patient on discharge
- Use of software based summarized bill generation which can be imported to TPA software can resolve bulk of Data entry at TPA end
- Use of mobile application or cloud based application for maintenance of patient records such as discharge summary and bills which can easily accessed by patient

Recommendation for TPA

- Checklist and Medical officer at helpdesk to ensure all relevant document as available for claim processing this with reduce number of query generated
- MIS to keep track number of query generated from each corporate clients
- Training of helpdesk staff of TPA to ensure collection of all original document required for claim processing
- Mobile based application to generate intimation
- Automatic SMS based reminder to patient to collect original document on discharge
- Automatic SMS based reminder to patient to submit missing document for claims

Recommendation for Claim processing Software

- Application to process final bill to generate automatic data entry
- Feature for data validation between scanned final bill and data entry
- Feature for automatic Co-pay deduction , Corporate specific deduction
- Accurate post and pre hospitalization details on data and time of admission and discharge

CONCLUSION

No doubt health insurance is one of the growing segment of insurance industry but there exists several problems on behalf of all stakeholders such as insurance companies, consumers (policyholders), Third Party Administrator and hospitals also. Insurance companies have high claim paid-out ratio, consumers are less aware about health insurance basic terms, hospitals charge more expenses from insured patients and TPA make delay in payment of claims which are made on behalf of insurer to insured. For healthy growth of health insurance sector all stakeholders should work with great honesty and faith and synchronously following standardized Protocol which will improve TAT in reimbursement claim settlement

Appendix

Annexure A:Data for Turnaround Time in Reimbursement for month of Febuary

S.NO	FILE NO	Insurer	Disease under treatment	Claim Raised	No of query raised	Intimation date	Processed data	TAT (Days)
1	15RBC1UIA3941	UNITED INSURANCE	SURGICAL DISLOCATION	39024	1	5/2/2015	24/02/2015	21
2	15RBC1UIA3949	UNITED INSURANCE	MATERNITY	53955	0	5/2/2015	17/02/2015	12
3	15RBC1UIA3959	UNITED INSURANCE	SEVERE ACUTE OTOGENIC	2778	1	5/2/2015	20/03/2015	43
4	15RBC1NIB0612	NATIONAL INSURANCE	CHOLELITHIASIS	28615	0	6/2/2015	13/02/2015	7
5	15RBC1NIB0655	NATIONAL INSURANCE	MATERNITY	31317	0	26/2/2015	16/03/2015	28
6	15RBC1UIA3988	UNITED INSURANCE	MATERNITY	43364	1	10/2/2015	13/03/2015	31
7	15RBC8NAK1320	NATIONAL INSURANCE	MATERNITY	58220	0	12/2/2015	28/02/2015	16
8	15RBC8NAK1321	NATIONAL INSURANCE	HERNIA	31818	0	12/2/2015	10/3/2015	26
9	15RBC8NAK1335	NEW INDIA INSURANCE	DIARRHOEA	10886	0	16/2/2015	25/02/2015	9
10	15RBC1UIA3942	UNITED INSURANCE	UTI	2629	0	5/2/2015	16/02/2015	11
11	15RBC1NIB0613	NEW INDIA INSURANCE	OSTEOARTHRITIS RT.KNEE	12448	0	6/2/2015	12/2/2015	5
12	15RBC1NIB0625	NEW INDIA INSURANCE	UTI	9058	0	19/2/2015	2/3/2015	11
13	15RBC1UIA3983	UNITED INSURANCE	RTA - HEAD INJURY	11867	1	10/2/2015	27/04/2015	76
14	15RBC1NIB0629	NEW INDIA INSURANCE	ENTERIC FEVER	32099	0	20/2/2015	12/3/2015	20
15	15RBC1UIA4155	UNITED INSURANCE	MATERNITY	22300	1	23/2/2015	23/04/2015	59
16	15RBC8NAK1329	NATIONAL INSURANCE	FEVER	13823	0	16/2/2015	27/03/2015	39
17	15RBC8NAK1344	NATIONAL INSURANCE	DIARRHOEA	15509	0	18/2/2015	26/02/2015	8
18	15b01NIB0655	NEW INDIA INSURANCE	MATERNITY	31317	0	26/2/2015	16/03/2015	18
19	15b01NIB0656	NEW INDIA INSURANCE	HYPERTENSIVE CRISIS	35671	1	26/2/2015	23/03/2015	25
20	15RBC1UIA4152	UNITED INSURANCE	DENGUE FEVER	6396	0	23/02/2015	4/3/2015	9
21	15RBC1UIA3933	UNITED INSURANCE	DENGUE FEVER	101714	0	4/2/2015	20/02/2015	16
22	15RBC1NIB0624	NEW INDIA INSURANCE	SDH	72253	0	19/2/2015	16/03/2015	25
23	15RBC8NAK1323	NATIONAL INSURANCE	DIARRHOEA	1734	1	11/2/2015	27/03/2015	44
24	15RBC8NAK1349	NATIONAL INSURANCE	CARPAL TUNNEL SYNDROME	1988	0	19/2/2015	7/3/2015	16
25	15RBC1UIA3936	UNITED INSURANCE	ACUTE GASTROENTERITIS	41333	1	2/2/2015	6/4/2015	53
	15RBC1NIB0661	NEW INDIA INSURANCE	ACUTE GASTROENTERITIS	20346	1	27/2/2015	10/4/2015	38

Annexure B: Data for Turnaround Time in Reimbursement for Month of March

S.NO	FILE NO	Insurer	Disease under treatment	Claim Raised	No of query raised	Intimation date	Processed date	TAT(Days)
1	15t01NIB0686	NEW INDIA INSURANCE	MATERNITY	21149	1	2/3/2015	23/03/2015	21
2	15t01NIB0683	NEW INDIA INSURANCE	MATERNITY	6134	0	16/3/2015	19/03/2015	3
3	15RB08NAK1488	NATIONAL INSURANCE	DVR	4444	0	21/3/2015	27/03/2015	6
4	15RB01UIA4289	UNITED INSURANCE	URETERIC CALCULI	4270	1	9/3/2015	17/04/2015	39
5	15RB01UIA4372	UNITED INSURANCE	CELLULITIS	3490	0	14/3/2015	20/03/2015	6
6	15RB08NAK1422	NATIONAL INSURANCE	HERNA	76071	1	2/3/2015	20/04/2015	49
7	15RB01UIA4366	UNITED INSURANCE	PYREXIA	26286	1	16/3/2015	3/4/2015	24
8	15RB01UIA4321	UNITED INSURANCE	CRF	23346	1	11/3/2015	5/5/2015	55
9	15RB08NAK1413	NATIONAL INSURANCE	ACUTE APPENDICITIS	9242	0	3/3/2015	3/3/2015	6
10	15t01NIB0676	NEW INDIA INSURANCE	FRACTURE LEFT RADIUS	39813	0	12/3/2015	18/03/2015	6
11	15RB08NAK1415	NATIONAL INSURANCE	MATERNITY	33635	0	3/3/2015	23/03/2015	20
12	15RB01UIA4297	UNITED INSURANCE	FRACTURE	3576	0	10/3/2015	19/03/2015	9
13	15RB08NAK1480	NATIONAL INSURANCE	ISCHIORECTAL ABSCESS	6499	1	19/3/2015	24/04/2015	36
14	15t01NIB0677	NEW INDIA INSURANCE	BRONCHIAL ASTHMA	6055	1	12/3/2015	3/4/2015	28
15	15t01NIB0684	NEW INDIA INSURANCE	CHRONIC RENAL FAILURE	33390	0	17/3/2015	23/03/2015	6
16	15t01NIB0687	NEW INDIA INSURANCE	MATURE CATARACT	34176	0	18/3/2015	23/03/2015	5
17	15RB01UIA4365	UNITED INSURANCE	CATARACT	21927	1	14/3/2015	3/4/2015	23
18	15RB01UIA4368	UNITED INSURANCE	FISTULA	4689	0	16/3/2015	3/4/2015	21
19	15RB08NAK1425	NATIONAL INSURANCE	ACL REPAIR	1522	0	3/3/2015	27/03/2015	24
20	15RB01UIA4322	UNITED INSURANCE	PNEUMONITIS	91547	0	11/3/2015	29/03/2015	18
21	15RB01UIA4320	UNITED INSURANCE	BRACHIOCEPHALIC FISTULA	26877	1	11/3/2015	22/04/2015	42
22	15RB08NAK1479	NATIONAL INSURANCE	ACUTE BRONCHITIS	1843	1	17/3/2015	30/04/2015	44
23	15t01NIB0682	NEW INDIA INSURANCE	MATERNITY	17753	1	20/3/2015	5/5/2015	46
24	15RB01UIA4362	UNITED INSURANCE	FRACTURE	1436	1	14/3/2015	22/04/2015	39
25	15RB01UIA4416	UNITED INSURANCE	CHOLELITHIASIS	4957	0	18/3/2015	23/03/2015	5

Annexure C:Data for Turnaround Time in Reimbursement for Month of April

SNO	FILE NO	Insurer	Disease under treatment	Claim Raised	No of query raised	Intimation date	Processed date	TAT(Days)
1	'6RE01NAC0330	NATIONAL INSURANCE	RENAL FAILURE	35697	0	7/4/2015	21/04/2015	14
2	'5RE01UA4529	UNTED INSURANCE	diarrhoea	7960	0	25/03/2015	12/4/2015	18
3	'5RE01NAC'2490	NATIONAL INSURANCE	MATERNITY	51570	1	24/01/2015	27/04/2015	90
4	'5RE01UA4505	UNTED INSURANCE	MATERNITY	11391	1	25/03/2015	13/04/2015	19
5	'5RE01UA4622	UNTED INSURANCE	MATERNITY	10000	1	29/03/2015	13/04/2015	15
6	'5RE01NAC'4830	NATIONAL INSURANCE	NEONATAL JAUNDICE	10329	1	09/03/2015	27/04/2015	49
7	'6RE01NAC0291	NATIONAL INSURANCE	ACUTE GASTRITIS	13006	0	4/4/2015	24/04/2015	20
8	'5RE01UA4598	UNTED INSURANCE	MATERNITY	32249	1	27/03/2015	15/04/2015	19
9	'5RE01UA4579	UNTED INSURANCE	MATERNITY	25290	1	26/03/2015	15/04/2015	11
10	'5RE01NAC'5536	NATIONAL INSURANCE	ENTEROCELE	13656	1	23/03/2015	21/04/2015	29
11	'5RE01NAC'5309	NATIONAL INSURANCE	HERNIA	4113	1	20/03/2015	21/04/2015	32
12	'6RE01NAC0424	NATIONAL INSURANCE	MATERNITY	26454	0	10/4/2015	21/04/2015	11
13	'6RE01UA0'23	UNTED INSURANCE	BREAST ABSESS	20744	0	10/4/2015	15/04/2015	5
14	'6RE01UA0'03	UNTED INSURANCE	TYPE 2 DIABETES	14048	0	9/4/2015	15/04/2015	6
15	'5RE01UA4284	UNTED INSURANCE	FOREARM FRACTURE	2522	1	9/3/2015	16/04/2015	38
16	'6RE01UA0038	UNTED INSURANCE	CHOLELITHASI	3445	0	3/4/2015	16/04/2015	13
17	'5RE01UA4579	UNTED INSURANCE	MATERNITY	25290	0	26/3/2015	15/04/2015	21
18	'6RE08NAK0041	NATIONAL INSURANCE	MATERNITY	5784	0	6/4/2015	24/04/2015	18
19	'6RE01NAC0773	NATIONAL INSURANCE	MATERNITY	13000	0	16/4/2015	27/04/2015	11
20	'6RE01NAC0796	NATIONAL INSURANCE	ACUTE DIARRHOEA	5108	0	16/4/2015	27/04/2015	11
21	'6RE01NAC0794	NATIONAL INSURANCE	CATARACT	29629	0	16/4/2015	27/04/2015	11
22	'6RE01NAC0770	NATIONAL INSURANCE	URETERIC CALCULUS	5583	0	16/4/2015	27/04/2015	11
23	'6RE01UA0'05	UNTED INSURANCE	FRACTURE	13342	0	9/4/2015	28/04/2015	19
24	'6RE01NAC0773	NATIONAL INSURANCE	MATERNITY	13000	0	16/4/2015	27/04/2015	11
25	'6RE01NAC0778	NATIONAL INSURANCE	VASCULITIS	128913	1	16/4/2015	15/5/2015	29

Annexure D: Number of Claims Received During Financial Year

TABLE 1: NUMBER OF CLAIMS RECEIVED DURING THE FINANCIAL YEAR

Sl no	Name of TPA	2007-2008	2008-2009	2009-2010	2010-2011
1	Alankit Health Care	17961	55308	85987	104332
2	Anmol Medicare	18	4186	13036	6615
3	Anyuta Medinet Healthcare	-	49	76	82
4	Bhaichand Amoluk	-	-	-	82
5	Dedicated Healthcare Services	29356	-	157109	139255
6	Dawn Services	-	-	---	-
7	E Meditek Services	217799	259635	319807	331278
8	East West Assist	2894	-	51110	49015
9	Family Health Plan	215396	94013	13014	163163
10	Focus Healthcare	-	338	1469	1741
11	Genins India	106543	81651	78476	82832
12	Good Health plan	14017	24886	36709	42461
13	Grand Healthcare Services	-	-	-	-
14	Health India Services	80464	190859	234058	147458
15	Health India Services	36684	65674	75440	98387
16	I Care Health Management	-	-	5479	16541
17	MD India Healthcare Services	108730	208331	405852	876693
18	Med Save Health Care	81740	327640	118426	105654
19	Medi Assist India	210089	327640	376000	411308
20	Medicare Services	64238	75250	74307	71530
21	Paramount Health Services	325176	185643	148527	182395
22	Parekh Health Management	14305	35229	81989	93141
23	Park Mediclaim	17064	20671	9257	33773
24	Raksha	95451	250211	394606	159758
25	Rothshield Healthcare Services	-	20	529	1332
26	Safeway Services	209	8101	13856	10035
27	Spurthi Meditech Solutions	-	-	-	-
28	Sri Gokulam Health Services	-	-	-	-
29	TTK Healthcare	289709	313948	305017	272223
30	Universal Medi-Aid Services	1232	-	-	NA
31	Vipul Med Corp	57784	109119	248790	240582
	Total	1986859	2446713	3365940	3641584

Sources: IRDA annual report 2010-2011

Annexure E: Number of Claims Settled in 1 Month

TABLE 2: NUMBER OF CLAIM SETTLED WITHIN 1 MONTH DURING THE FINANCIAL YEAR

Sl no	Name of the TPA	2007-2008	2008-2009	2009-2010	2010-2011
1	Alankit Health Care	11559	24282	28099	93708
2	Anmol Medicare	4	2218	8926	3935
3	Anyuta Medinet Healthcare	-	49	76	76
4	Bhaichand Amoluk	-	-	-	-
5	Dedicated Healthcare Services	21018	-	93376	92685
6	Dawn Services	-	-	-	-
7	E Meditek Services	189659	227036	25586	267332
8	East West Assist	1693	-	29879	33870
9	Family Health Plan	147064	75907	52525	58588
10	Focus Healthcare	-	151	109	886
11	Genins India	72316	63827	52605	70662
12	Good Healthplan	12584	20598	10912	10790
13	Grand Healthcare Services	-	-	-	-
14	Health India Services	60393	129603	118807	125941
15	Health India Services	21329	27990	30427	52306
16	I Care Health Management	-	-	3099	11525
17	MD India Healthcare Services	93026	185144	373118	631694
18	Med Save Health Care	41777	80068	70909	70039
19	Medi Assist India	117984	202631	308818	344845
20	Medicare Services	43039	52004	49085	40577
21	Paramount Health Services	319173	167612	117013	144164
22	Parekh Health Management	9490	19769	47357	57680
23	Park Mediclaim	9595	8671	8164	9874
24	Raksha	76745	242082	325415	156455
25	Rothshield Healthcare Services	-	12	363	639
26	Safeway Services	125	3782	9679	6631
27	Spurthi Meditech Solutions	-	-	-	-
28	Sri Gokulam Health Services	-	-	-	-
29	TTK Healthcare	246766	262397	162303	225040
30	Universal Medi-Aid Services	855	-	-	NA
31	Vipul Med Corp	17181	51379	191293	234819
	Total	1513375	1847163	2348137	2745661

Sources: IRDA annual Report 2010-2011

Annexure F: Number of Claims Settled in 1-3 Month

TABLE 3: NUMBER OF CLAIMS SETTLED BETWEEN 1-3 MONTHS DURING THE FINANCIAL YEAR

Sl no	Name of TPA	2007-2008	2008-2009	2009-2010	2010-2011
1	Alankit Health Care	5813	22247	35661	15055
2	Anmol Medicare	4	581	3390	839
3	Anyuta Medinet Healthcare	-	-	-	3
4	Bhaichand Amoluk	-	-	-	-
5	Dedicated Healthcare Services	2498	-	59626	32722
6	Dawn Services	-	-	-	-
7	E Meditek Services	16220	18578	31984	19906
8	East West Assist	527	-	18454	9281
9	Family Health Plan	61129	17851	36166	46118
10	Focus Healthcare	-	-	604	290
11	Genins India	24145	12583	23332	7862
12	Good Healthplan	6	2477	16518	16497
13	Grand Healthcare Services	-	-	-	-
14	Health India Services	14710	39384	72889	26480
15	Health India Services	11697	26030	36248	34725
16	I Care Health Management	-	-	744	1845
17	MD India Healthcare Services	2356	6942	19692	141432
18	Med Save Health Care	25488	36950	36859	29233
19	Medi Assist India	57024	72555	18019	12313
20	Medicare Services	7332	7755	8137	10911
21	Paramount Health Services	8376	364	12546	11924
22	Parekh Health Management	3592	11103	22366	27569
23	Park Mediclaim	5397	7042	201	11400
24	Raksha	10806	8129	35412	972
25	Rothshield Healthcare Services	-	3	117	464
26	Safeway Services	23	2280	2667	1061
27	Spurthi Meditech Solutions	-	-	-	-
28	Sri Gokulam Health Services	-	-	-	-
29	TTK Healthcare	22607	29359	94294	38046
30	Universal Medi-Aid Services	295	-	-	NA
31	Vipul Med Corp	22785	37960	11484	20121
	Total	302820	360173	597408	517069

Annexure G: Number of Claims Settled in 3-6 Month

TABLE 5: NUMBER OF CLAIM SETTLED AFTER 6 MONTH

Sl no	Name of the TPA	2007-2008	2008-2009	2009-2010	2010-2011
1	Alankit Health Care	1460	1446	3143	521
2	Anmol Medicare	-	-	-	4827
3	Anyuta Medinet Healthcare	-	-	-	-
4	Bhaichand Amoluk	-	-	-	-
5	Dedicated Healthcare Services	-	-	1679	734
6	Dawn Services	-	-	-	-
7	E Meditek Services	-	-	-	-
8	East West Assist	11	-	265	265
9	Family Health Plan	-	-	3807	6788
10	Focus Healthcare	-	-	24	415
11	Genins India	1889	2064	2190	388
12	Good Healthplan	-	-	1302	1835
13	Grand Healthcare Services	-	-	-	-
14	Health India Services	-	-	5231	-
15	Health India Services	279	1191	1769	1259
16	I Care Health Management	-	-	-	7
17	MD India Healthcare Services	-	-	-	6968
18	Med Save Health Care	258	350	1613	1841
19	Medi Assist India	2358	2245	276	312
20	Medicare Services	58	66	111	963
21	Paramount Health Services	88	125	749	909
22	Parekh Health Management	13	41	183	297
23	Park Mediclaim	98	125	6	-
24	Raksha	-	-	-	-
25	Rothshield Healthcare Services	-	-	5	25
26	Safeway Services	-	215	-	265
27	Spurthi Meditech Solutions	-	-	-	-
28	Sri Gokulam Health Services	-	-	-	-
29	TTK Healthcare	2987	3101	6857	1544
30	Universal Medi-Aid Services	-	-	-	NA
31	Vipul Med Corp	3156	1965	152	9696
	Total	12660	12934	29362	39859

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<https://www.vipulmedcorp.com>

Internship Training
At
Vipul MedCorp TPA Pvt. Ltd. Noida

Reducing Turnaround Time (TAT) In Reimbursement Claims Processing

by

Dr. Ruchi Kukreti

PG/13/057

Under the Guidance of

Dr. Veena Singh

Post Graduate Diploma in Hospital and Health Management

2013-15



International Institute of Health Management Research
New Delhi

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INTRODUCTION

Vipul MedCorp TPA Pvt. Ltd, is in the role of a healthcare facilitator in India for over 6 years and are rated among the top 5 TPAs (Third Party Administrators) in the country. Vipul MedCorp is currently managing over 5.4 Million lives across India and the rest of Asia. Vipul MedCorp 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)

- Claims Handling, Management & Back office operations
- HealthCare Assistance Services
- Outpatient HealthCare facilitation & Management
- Tailor Made Insurance products
- Second Medical Opinion
- Cost Containment Services
- Preferred Service Provider (PSP) Networks
- Evacuation Services

Mission:

To continually deliver top quality healthcare to all across the globe so as to promote wellness, with the highest value for all concerned.

Vision:

To create and deliver quality healthcare services & products at affordable cost consistently and to become the industry leader in healthcare facilitation across the globe.

ORGANIZATIONAL PROFILE

Headquartered in Gurgaon with branch offices in New Delhi, Noida, Faridabad, Vrindavan Jaipur, Mumbai, Kolkata, Bangalore, and Chennai & Cochin.

Wide Medical Network of over 2000 + hospitals, Diagnostic Center & Chemists. 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. Dedicated Panel of Doctors, enabling us to render Second Medical Opinion, Case Management and Medical Procedure Audit.



SERVICES

Vipul MedCorp has 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.

At the moment the following services are offered to the clients:

- 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
- Cost containment services for Insurance Companies & Insured with inadequate Insurance
- Online assistance to Insured during hospitalization & filing of claim documents
- 24hrs Ambulance/Doctor on call and Emergency services
- Priority admission in hospitals
- Hospitals/ nursing Homes all over India
- Tariff rationalization & Provider accreditation
- Evacuation Services i.e. Medical repatriation and medical escort

Service Level Agreements:

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 Turnaround Time (TAT) for the deliverance of the following services:

1. ID Cards Printing and Dispatch
 - Vipul MedCorp TPA Turn Around Time 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
 - Turn-Around-Time (TAT) for the settlement of all claims is 7 days
4. Customer Grievance Redressal
 - TAT for response is maximum 2 working days, for any queries or grievance raised by the client.
5. Call Centre Responses
 - Vipul MedCorp TPA operates a 24 * 7 / 365 days Call centre 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.

DEPARTMENT AND SYSTEM COVERED DURING STUDY

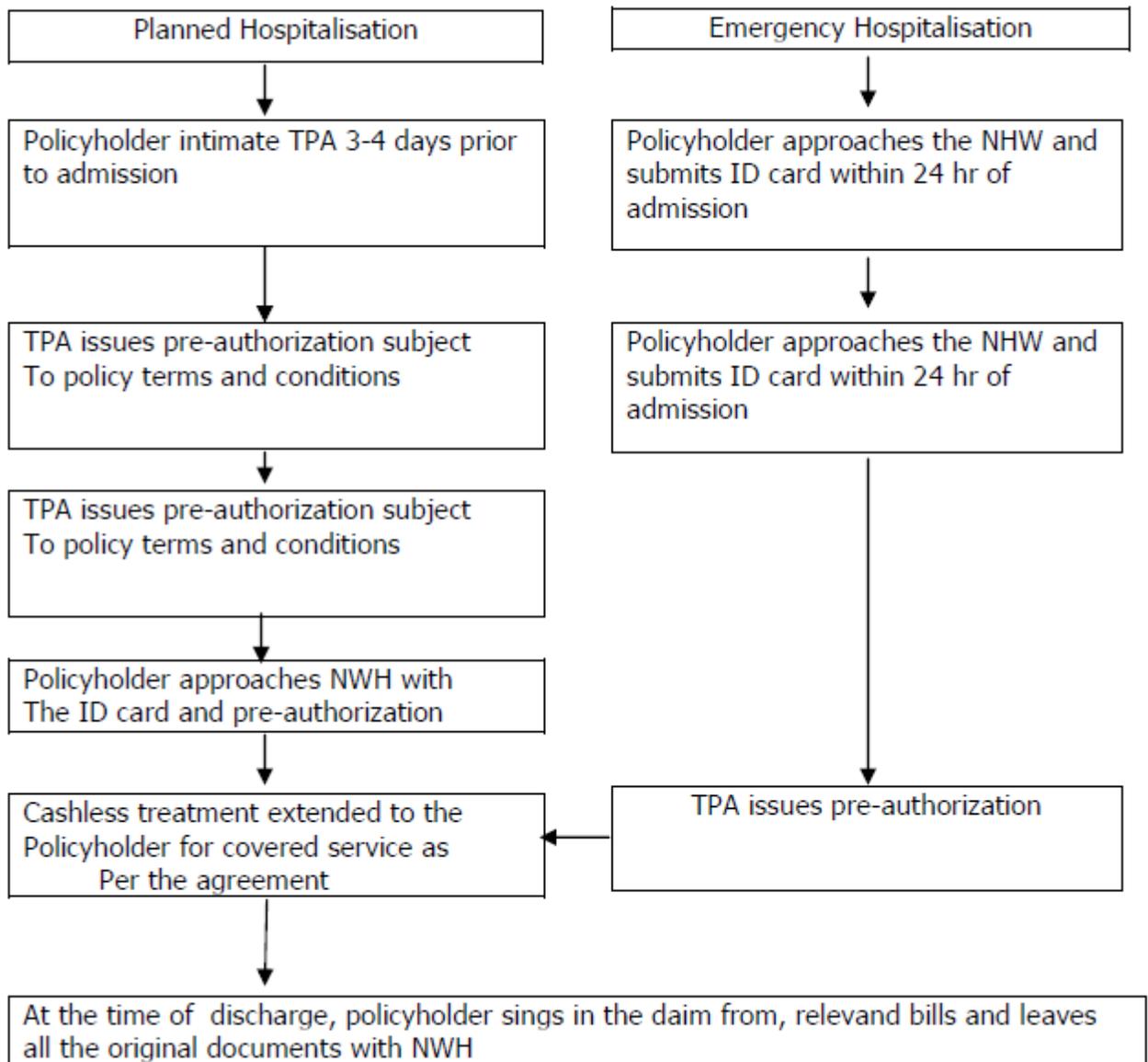
Medical Management Group (MMG)

During course of Internship worked in Medical Management Group (MMG) to understand key process of department mainly as Cashless Authorization / Rejection and Claims Reimbursement. Flow chart, key learning and challenges in these process are discussed below

KEY LEARNINGS

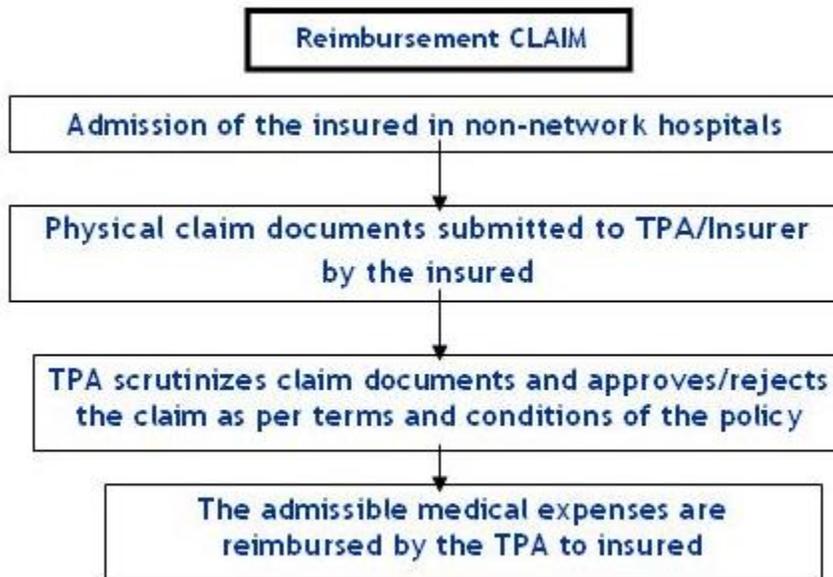
Cashless Authorization / Rejection

This service enables the customer to avail treatment at the Network Hospital without being required to pay for the treatment .In case of Cashless hospitalisation at Network hospital, the policyholder is required to intimate the TPA through Fax/Courier by sending hospitalisation form as per format prior to admission in case of planned hospitalization or within 24 hours in case of emergency hospitalisation. The following flow chart will explain the process.



Claims Reimbursement

After staying for the duration of the treatment, the patient can also take a reimbursement from the insurer for the treatment that is covered under the policy undertaken. The following flow chart will explain the reimbursement process.



Step 1: Patient get admitted in hospital for his/her illness.

Step 2: Intimation to Vipul Medcorp TPA

Step 3: Patient discharged from hospital with all original bill and discharge summary

Step 4: Patient needs to submit original bills to Regional Helpdesk including discharge summary, breakup of bill and claim form.

Step 5: Claim processing for Approval, Rejection or Investigation

Step 6: Dispatch of Cheque or Electronic fund transfer

Medical Management Group (MMG):

Challenges Observed In Cashless Claim

- Late Submission of the pre-authorization form.
- A partially filled or illegible form sent to the medical team means it will be sent back to the hospital for clarification and cause more delay
- Missing of cashless settlement card especially in case of an emergency
- Wrong entry of the employee/customer details

Challenges Observed In Reimbursement Claim

- Submitting document without claim form
- Quoting wrong claim amount on claim form
- Enclosing certificate from doctor instead of detailed discharge summary
- Not attaching original cash paid receipts and submitting details on prescription / hospital letter head instead of proper numbered receipt
- Incomplete documents: non submission of Lab reports, breakup for bills and medicine prescriptions
- Not providing Bank Account Details for effecting settlement of claims through EFT mode
- Providing Bank Account Details of a beneficiary instead of Employee Bank Account
- Claim Documents submitted after 30 days of Discharge for Main Hospitalization and beyond 7 days for Post Hospitalization Expenses.