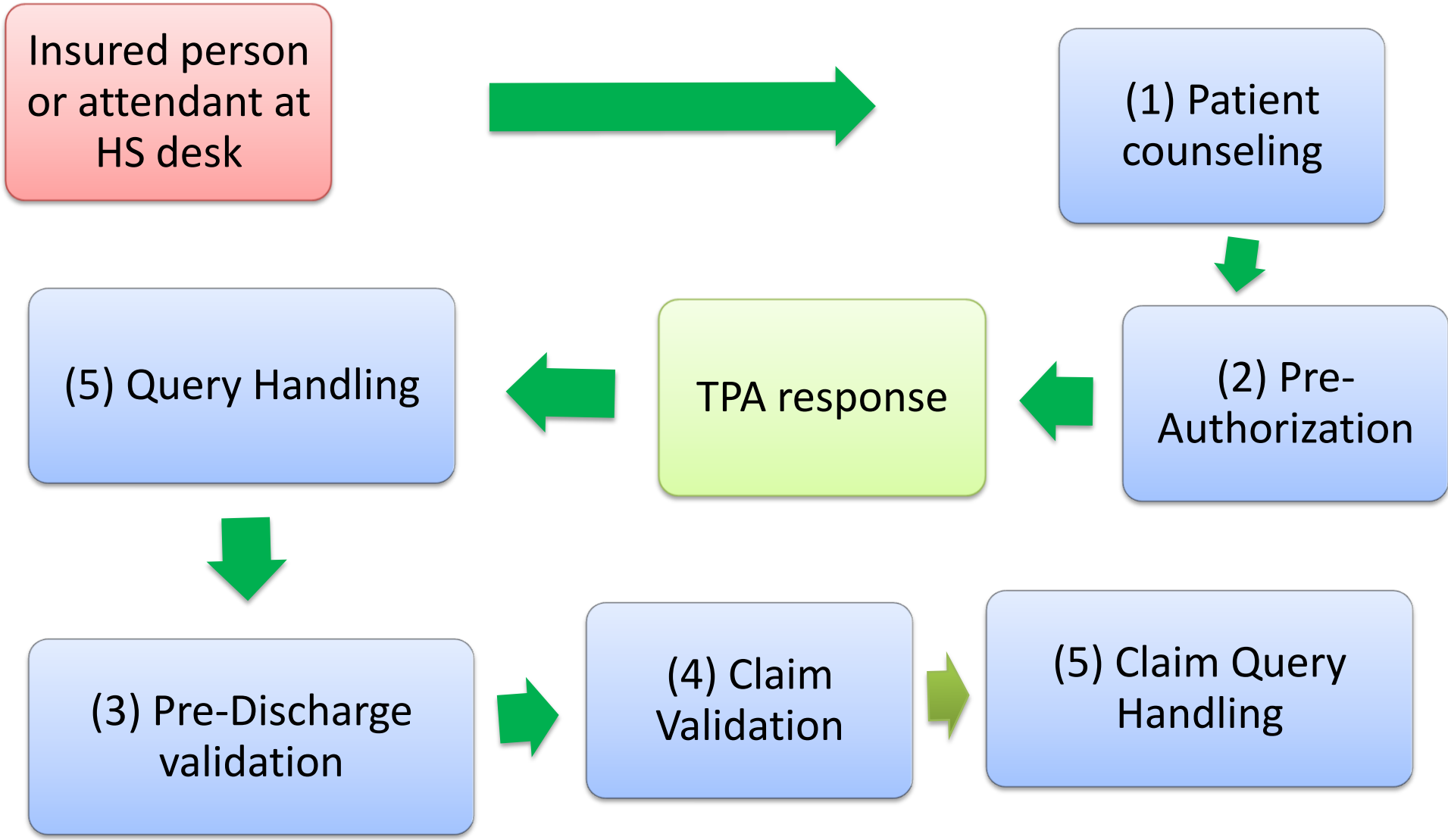
HealthSprint

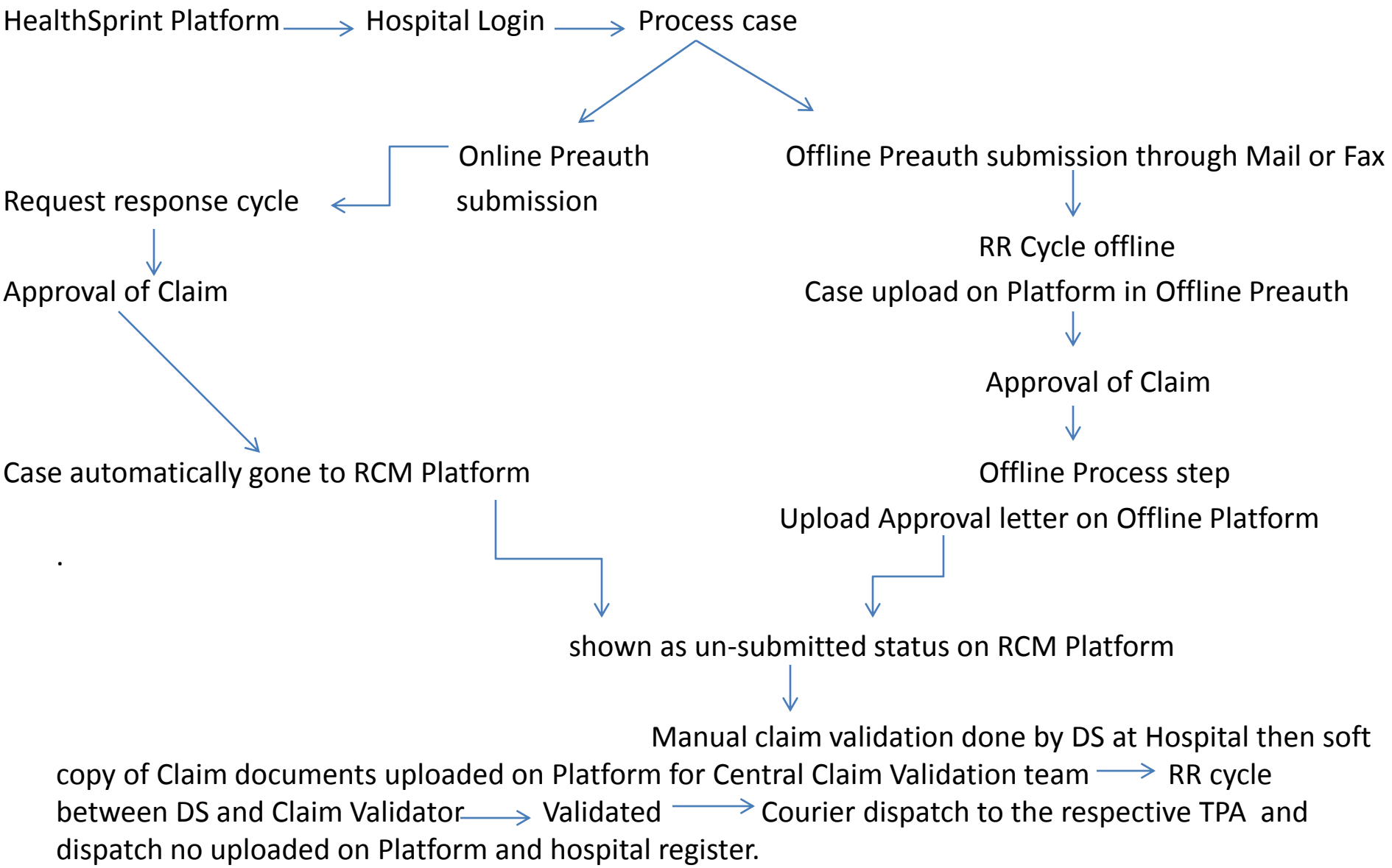
Cashless insurance process and claim settlement in TPA

By Dr. Kapil Joshi

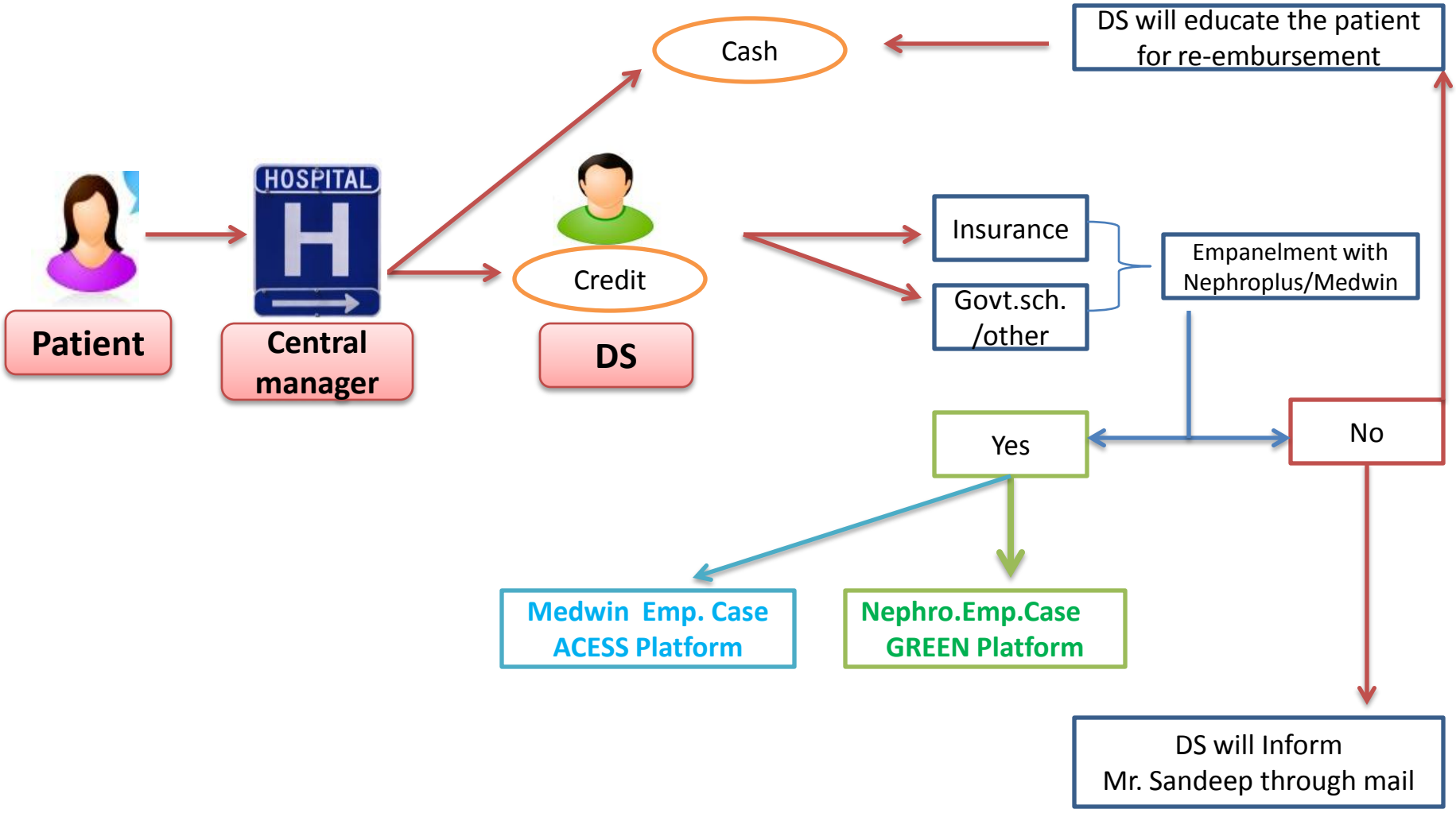
Standard Operating Process (SOP)



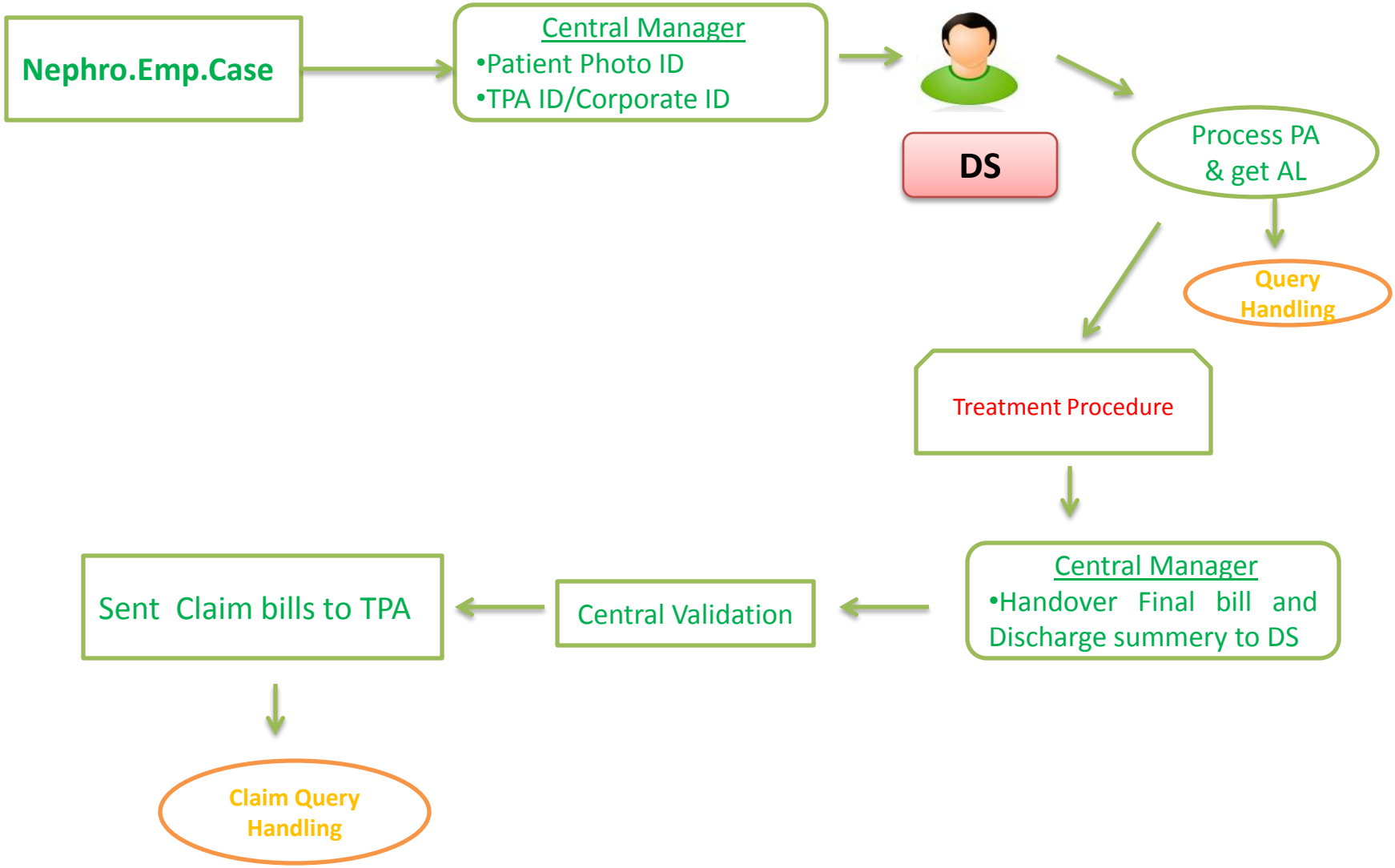
Work flow of Insurance desk at Hospital



TPA DESK PROCESS



GREEN Platform For Nephroplus Empanelled Cases



ACESS Platform For Medwin Hospital Empanelled Cases

Medwin Emp. Case ACESS Platform

Billing Manager Medwin
- Patient Photo ID
- TPA ID/Corporate ID

Medwin Process PA & get AL

Query Handling

Treatment Procedure

Billing Manager Medwin
Medwin letter head
- Cover letter
- Claim form & FB,DS

Central Validation

Sent Claim bills to TPA

Claim Query Handling and receiving the cheque

If any delay in receiving the documents, DS will contact the billing manager(Medwin) through mail with cc to Sandeep and GM (Medwin) for speedy process.

.

Renewal of sessions :-

- DS has to intimate Nephroplus when 2 valid pre-auths are pending so that the renewal can be processed soon

- Nephroplus central manager will intimate DS when there is one valid pre-auth pending

HealthSprint

Topic area

- Processing of cashless insurance and claims sattelment in Health Insurance Company

Introduction to the title

- A study of the cashless insurance procedure and claim settlement process in a third party administrator.

Claim Management System

- Claim Registration
- Pre-Authorization
- Assessment
- Requirement Management
- Investigation Management
- Opinions Management
- Post-Assessment
- Reminders, alerts, and notifications

Research question:

A study on cashless claims procedure, and claims processing and Evaluation of claims discharge TAT for member claims through TPA in Health Insurance Company

Objectives of the Study

1) To identify the various steps in the claim settlement process.
2) To identify the functions of the Service Provider, the Insurer and the TPA in Claim settlement.
3) To find out the total time for settlement of claims.
4) To identify the bottlenecks in the settlement of claims.
5) To identify the reasons for non-payment or partial payment of claims

Scope of the study

- The study analyses the claims made by policy holders and service providers to the patients in cash less facility. And also this study gives the factors which responsible to achieve smooth and quick discharge of claim from the complete processing .

Limitations of study

1) The data collected pertains to few claims out of many claims received to claims processing centre.

2) The samples used in the study are confined to ICICI Lombard Health insurance company.

3) Since data has been collected for a short period of time, the validity of the data collected cannot be confirmed fully.

4) The period of the study is January-April 2012 i.e for 4 months only

Research design

- The claim processed by Health Sprint DS and get approval, after treatment procedure claim file sent to TPA and TPA will respond and settle the claim amount by cheque.
- By using my observations, and interaction with the processing team members I am getting thoroughness in the claims processing work, later on that I will use the tally sheet to find out the time taken for each claim settlement.

Data collection

- The total data used in this study is primary data about the way of processing of the claims and recording of the times for each step of claim process.
- The data collection is mainly by the observation and interaction with the processing team members

Population & Sample design

- The sample size in this study is 200. The total samples collected in 84 days, 100 samples of member claims were collected in 50 days, Each member claim will take 24.5 days on average for completing the process for approval of claimed amount.
- The sample of 100 addendums is also used in this study, these samples are collected in 34 days, on an average each addendum claim will take 17.72 days for approval of claimed amount

Sampling method

- Simple random sampling technique was used while collecting the data. The methods used in this project were personal observation and a few interactions with the claims processing team.

Sampling Unit

- Sampling unit is the claims which are observed to study the processing and to measure the turn around time for dispatch the cheque to providers or patients based on the type of claim.

DATA ANALYSIS & INTERPRETATION

1) The total number of claims studied for this TAT analysis is 100.
2) The actual turn around time to complete processing of each claim is 23 days.
3) According to this study the average time taken to complete processing of each claim is 24.5 days.
4) The average deviation time in a claim processing in member reimbursement process is 1.5 days.
5) The percentage of average deviation in a claim processing is 6.52 %.
6) The minimum time taken for claim inward process is 1 day.
7) The maximum time taken for claim inward process is 3 days.
8) The minimum time taken for junior executive process 2 days
9) The maximum time taken for junior executive process 5 days
10) The minimum time taken for senior executive process 1 days

11) The maximum time taken for senior executive process 2 days
12) The minimum time taken for doctor process is 1 day
13) The maximum time taken for doctor process is 2 days
14) The minimum time taken for quality check is 2 days
15) The maximum time taken for quality check is 7 days
16) The minimum time taken for raise payment request is 2 days
17) The maximum time taken to raise payment request is 5 days
18) The minimum time taken for cheque disoatch/ electronic fund transfer is 3 days
19) The maximum taime taken for cheque dispatch/electronic fund transfer is 8 days
20) The minimum time taken to process claim inward process and doctor process is 1.8 days.
21) The maximum time taken 6.2 days for quality cheque of the claim.

Data explanation

- Courier
- Desk manager
- Jr.exe – entry in fast track software
- Senior exe. Verification
- Doctors for medical scrutiny – investigation team
- Quality check team
- cheque dispatch

Recommendations

- There should be strict time limit framed to receive the bills from the providers. As such, due to the delay in receiving the claim, the turn around time increases greatly.
- • The time required to receive the documents as per the request made should be fixed to reduce the high turn around time.
- • The TPA along with the agent should help promoting awareness among the policyholders to regulate the claims made for additional payments and deductions.
- • The providers and the policyholders should be provided the checklist for bill submission to facilitate prompt settlement of claims.
- • Online facilities for the patients to know the status of the claim should be made in order to reduce the load on the help desk of the TPA as well as to reduce the grievance.
- • SMS and E-mail facilities to inform the patient about the authorization granted should be made in order to provide immediate information and to speed up the request for extensions and granting them accordingly.

THANK YOU