DISSERTATION TITLE

Comparative Study on Turn Around Time of Cashless Hospitalization Process in Online & Offline Cases in Manipal Hospital.

A Dissertation Proposal for

Post-Graduate Diploma in Health and Hospital Management

By

Dr Arpit Bhatnagar

Roll No. PG/10/070

International Institute of Health Management Research

New Delhi

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Appendix 4

Xerox Copy of
Certificate of Internship Completion
Date:

TO WHOM IT MAY CONCERN

This is to certify that Mr./Ms./Dr. ARPIT has successfully completed his 3 months internship in our Organization from January 10, 2012 to April30, 2012. During this intern he has worked on Cashless process in hospital (Mediclaim) and challenges.

MEDICAL INSURANCE OPERATIONS (Task performed) under the guidance of me and my team at

HEALTH SPRING PVT LTD (organization). HARD WORKING, EFFICENT WITH CLEAR KNOWLEDGE AND UNDERSTANDING OF THE TASKS ASSIGNED TO HIM.
(Any positive/negative comment)
We wish him/her good luck for his/her future assignments

Ranjyoti Deka
(Signature)

Dr. RANJYOTI DEKA (Name)

Team lead. Designation

Certificate of Approval

The following dissertation titled

"Comparative study on turnaround time of cashless hospitalization process in online and offline cases in Manipal hospital "is hereby approved as a certified study in management carried out and presented in a manner satisfactory 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	Signature
Kirti Vijayai	Kirti Vijayai
Dr Anand Ramachandran.	

TO WHOM IT MAY CONCERN

Certificate from Dissertation Advisory Committee

This is to certify that **Dr. Arpit Bhatnagar** graduate student of the **Post-Graduate Diploma in Health and Hospital Management,** has worked under our guidance and supervision. He is submitting this dissertation titled **"Comparative study on turnaround time of cashless hospitalization process in online and offline cases in Manipal hospital"** 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.

Faculty Mentor

Designation

IIHMR

New Delhi

Organizational Advisor
Dr Ranjyoti

Designation Team Lead.

Organization
Healthsprint Networks Pvt Ltd.

Address Bannerghta Road
Bangalore.

Date 7/5/2012.

ABSTRACT

With the advent of continuously emerging corporate hospitals in India the treatment cost is also increasing at a fast pace, this is where the importance of corporate and individual insurance is emerging, though the health insurance penetration is India is increasing at a rate of 40% annually but the challenges that the providers are facing in claim settlement and time taken for the cashless process is still an area of concern, as the hospitals are running in heavy losses due delayed payments from insurance companies and increased discharge time for patients due to the time taken for cashless settlement. This study highlights such challenges that the providers are facing and the use of some modern innovative web based solutions along with the an elite group of medical professionals which to a certain extent are able to reduce the disallowances and the turnaround time.

This study was done in a multispecialty hospital and the data was captured from the online web based platform used for the processing of all cashless transactions taking place in a modern hospital.

The payer and the providers are still facing the problem of transparency, traceability in the settlement of the insurance claims, continuing the old methods of faxing and lack of paperless insurance cashless procedures is also one area where accountability lies.

The growing affluence of the Indian middle-class accompanied with lifestyle-related diseases and inflationary healthcare costs are driving the demand for health insurance in India today. Launch of new hospital chains with a stress on holistic well-being is further accentuating this demand, especially in urban areas.

The methodology was qualitative for understanding the challenges that generally arise at the time of claim settlement and quantitative in analyzing the turn around time for cashless process that varies from TPA to TPA.

From the study it can be concluded that Cashless patients or insurance is most revenue generating area which should be looked and taken more seriously to reduce the heavy losses that the providers are bearing.

All the modern hopitals should use the online insurance platform ,should try to adopt paperless cashless process to reduce the hassles and transmiition loss or loss of documents.

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 Health sprint for sharing generously their knowledge and time, which inspired me to do my best during my dissertation period.

I would like to express my immense gratitude to Dr. Bramesh Jain Director and co –founder Health sprint, ,Dr Ranjyoti for providing support and guidance for my learnings as well as projects in the hospital and for directing my thoughts, goals and objectives towards the attitude that drives to achieve and other aspects that one as novice needs to be acquainted with. It has been a privilege to work under his dynamic supervision at the hospital. My heartful gratitude to all the employees for showing keen interest in the studies and for sharing their views in spite of the busy schedule .

We are glad to acknowledge Dr. Rajesh Bhalla dean Academic and Students' Affairs, (Mentor)i IHMR and mentor Prof Kirti for incorporating right attitude into us towards learning and for helping and supporting whenever required. We are grateful to them for giving us an opportunity to learn administrative tricks and styles, so that we come to know how a hospital and organisation caters their patients successfully and how a hospital gives quality treatment to patient

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ABBREVATIONS

TPA- Third Party Administrator

TAT- Turn Around Time.

SOP- Standard Operating Procedures.

PA- Pre-Authorization.

MA- Medi Assist.

UHC- United Health Care.

FHPL- Family Health Plan Limited

DHS- Dedicated Health Scheme

D/S Discharge Summary.

DS- Domain Specialist.

FB- Final Bill.

BB- Bill Break Up

DOA- Date Of Admission.

DOD- Date Of Discharge.

NM- Non –Medicals.

NMI- Need More Information

AL- Approval Letter.

IRDA- Insurance Regulatory Development Authority.

INTERNSHIP REPORT

Introduction to Organization and its Profile

Health Sprint Networks is a Healthcare IT services company, founded in May 2006 by 3 promoters who possess desired & complementary skills from healthcare, technology and marketing domains. Health Sprint has formulated clear business programs in healthcare, and implemented one revenue generating use scenario "Web enabled In-Patient Insurance Claims Management Network". This is one specific instantiation of company's larger program of "Payer-Provider Network". Health Sprint has a growing customer base of Providers, such as Fortis, Manipal, and Payers, such as TTK, MediAssist, and ICICI Lombard. HealthSprint has growing employee strength, which comes from Healthcare, Technical and Business arena. Health Sprint believes in enabling GREEN Payer Provider Network by transforming paper based workflows in to Internet Enabled workflows.

Vision

We aim to connect healthcare ecosystem and its key players using web based technologies to enable valuable use scenarios, which bring value to our customers, investors, and to the community we live in. Enabling GREEN Payer Provider Network by transforming paper based workflows in to Internet Enabled workflows**.**

Mission

Enabling a web based information exchange platform, which enables reliable, speedy and transparent payer-provider workflow.

I **Sprint** aims to be the pioneer in enabling efficiency in the healthcare ecosystem by providing innovative Internet enabled services and technology solutions to the healthcare industry.

The key objectives:

- Enabling efficiencies among Providers, Payers and Patients by providing solutions that streamline the information exchange processes. Bridging the digital divide between payer and providers.
- Enabling new cost effective business models for healthcare insurance processes.
- Enabling more effective processes to deliver better value proposition in terms of customer satisfaction and money.

Key Business Use Scenarios, Problems & Needs

- Health Insurance Claims Information Exchange Platform
- How to exchange relevant information between payer and provider in real time easily & securely?
- How to manage payment risks for hospitals, TPAs and insurers?
- Healthcare Communication Platform: Web-HIS & Web-EMR

- How to manage and keep track of patient healthcare-data/billing/services/expenses between patient, consultant and healthcare providers in seamless and accountable manner anywhere, anytime?
- Healthcare B2C Search & Schedule Portal with PHR
- Platform to search, schedule for healthcare service providers
- Create Online personal health record, which are accessible anywhere, anytime.
- Need for cost effective information exchange & communication platform enabling desired workflow with ease.
- Need for transparent, reliable, secure and real-time communication platform.
- Creation of network of relevant healthcare players/entities such as Hospitals, TPAs, Insurers, Patients.
- Need for cost effective business models, which remove entry barriers and enable players to make their operations more effective.

Patients

- Reduced wait time for Pre-authorization
- Early identification of out of pocket payments.
- Eliminates need for reimbursements.

Providers

- Payment risk management.
- Ability to collect balance payment from Patients.
- Faster Settlement of Claims improves cash flow.

TPA

- Reduction in erroneous claims: Saving processing cost & payment risk management.
- Greater Visibility on cash flow commitments.
- IT solutions reducing transaction cost & complexity.

Insurance

- Greater protection against Fraud.
- Linkage with broader network- increases transparency.
- Faster Customer acquisition cycle and improved customer satisfaction.

Investors

- Opportunity to invest in high growth sunrise sector
- Confidence in choice of investments, because of experience of founders supported by domain know-how, systems and processes.
- HealthSprint believes in enabling **GREEN** Payer Provider Network by transforming paper based workflows in to **Internet Enabled workflows**

Work profile

- I was involved in day today operations of insurance desk in different hospitals of Bangalore, as Healthsprint has its wings spread now almost all metro cities across India.

- I was fortunate enough to be a part of Manipal Hospitals,Fortis Group,Yashomati Hospital,Sagar hospital and many more hospitals in banglore.

- The main responsibility was to handle the insurance desk independently and to handle the challenges faced by insurance department of any hospital, mainly by the healthsprint online platform.

- The person handling the insurance desk should be very proactive and has to be in constant sync with the departments like billing, nursing station, IT and all the hospital staff.

- Handling the insurance desk itself is a challenging task, which itself requires organizing ,leading, controlling and even staffing.

- I was given was even somewhat beyond it, as not only this but also as a manager of a particular account(hospital) we have make sure that the Domain Specialist is performing the duties as desired.

Introduction

The corporate has been an integral part of the modern hospital setting, as the healthcare sector is growing with a phenomenal rate new corporate hospitals are making their way in to the market. More than 60% of the patients in today scenario are availing the cashless facility either through corporate insurance or individual insurance.

Although insurance sector has recorded the annual growth rate of more than 40% over the years but around 5 to 10 % of the insurance claims are not being availed by the hospital .As a result the new corporate hospitals are running in to heavy losses. Constant monitoring and checks have been done but this issue has not really been solved, as hospitals are unable to claim the amount from the insurance companies. Not only the provider (hospitals) are running in to heavy losses but the payers (insurance company) is also unable to handle the claim ratio of the presenting population which is directly related to the present day lifestyle diseases and their increasing trends over the years.

Not only this the providers are also suffering heavy losses due to increased turnaround time of the insurance claims or the approvals when the patients avails the cashless facility, which further increases the bed time for the patient and further increases the waiting time for a new patient to get admitted.

The payer and the providers are still facing the problem of transparency, traceability in the settlement of the insurance claims, continuing the old methods of faxing and lack of paperless insurance cashless procedures is also one area where accountability lies.

The growing affluence of the Indian middle-class accompanied with lifestyle-related diseases and inflationary healthcare costs are driving the demand for health insurance in India today. Launch of new hospital chains with a stress on holistic well-being is further accentuating this demand, especially in urban areas.

Meanwhile the government, in collaboration with nongovernmental organizations and insurers, is launching various schemes to provide low cost health insurance facility to all citizens. All factors combined contributed to the nearly 40% compound annual growth rate in premiums of health insurance since the sector's liberalization a decade ago.

However, certain intrinsic factors inhibit this segment from reaching its fullest potential. On the one hand, low awareness and lack of understanding of product features, in addition to perceived apprehension in claims procedures and settlement, intimidates consumers from buying a health cover.

On the other hand, health insurance providers are challenged by the high claims ratio and insufficient or inaccurate data on consumer profile and disease patterns which is proving to be a constraint for product pricing and the development of new products.

In Cashless health insurance Service, when you get hospitalized with a network hospital, you do not have to settle the bill with the hospital. The Insurance Company represented by the TPA, co-ordinates with the hospital and settles the bill.

TPA:

Health insurance companies make tie-ups with hospitals after negotiating their rates and checking their quality. These hospitals are called as Network Hospitals; Cashless service is available only in these hospitals. To know which hospitals are in your health insurance provider's network, check the name of your TPA in the policy and visit its website or call their toll free number.

Third Party Administrators are the representatives of the health insurance companies who are responsible for settling the claims both reimbursement claims as well as cashless claims. It is the TPAs who have to approve your request for cashless and provide the service.

Rationale of the study

- Manipal hospital was running in to heavy losses directly or indirectly due to delay in cashless transactions.
- Manipal hospital has high TAT for the cashless process; this study will bring out the reasons for the same.
- To reduce the discharge time in Manipal hospital with the use of online platform,

General objectives

- Comparative study of the TAT of online and offline cashless cases in Manipal hospital.

Specific objectives

- To understand the cashless hospitalization process.
- To understand the role of healthsprint in reducing the turnaround time for preauthorization and final enhancement of the cashless hospitalization process

Limitations

- The study does not cover all the TPA s.
- The study had a limited time constraint.
- The sample size was less.

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Variable

- It does not apply to all TPAs mainly limited to 'Med assist, TTK and UHC".
- The variable taken for this particular study was the TAT for the cashless process.
- Both online and offline TAT was captured and compared for analysis.

Literature Review

According to a study done on “cashless process in hospitalization by Dr Gopi Yellapu in CMC Vellore “A survey of experiences of the health service sector concludes that TPA s never visits their claims during admission, TPA s are more concerned on financial issues rather than management issues. Hospital claims that the agreed time is less than 1 month and actual time for claim settlement varies from 2 to 3 months”.“Most of the patients are not aware of policy terms and conditions, unaware of cashless process and time taken to get approvals and not having complete details and documents to process the claim during admission.”Around 53% were not aware of the cashless hospitalization process.

According to a study done in MS Ramaiah hospital Bangalore by Dr Vinay Vatsayan .“The total discharge time taken for cash patients was 245.40 min(4.09 hrs) and for insurance patients 487.39 min(8.12 hrs)”.The total discharge time taken by hospital is 56.02% and TPA delays contributes to about 43.98 %.This study also highlights challenging aspects of bad debts(0.3% of total revenue)and outstanding amount(9.5% of total revenue) when providing cashless service to patients.

The purpose behind buying health insurance is that if you or a family member needs medical treatment, at least the need for immediate finances is met. Cashless settlement policies are aimed to go a step further. Insurance companies tout cashless settlement policies as customer-friendly and convenient. Unfortunately, for many who have bought these policies, the experience has not lived up to the promise.

It is a kind of health insurance policy, which allows you to get treatment at a hospital (hospitalization, surgery, or both depending on the kind of policy) without having to pay for it at the hospital.The insurance company settles the bill directly. The aim is that you should not have to worry about arranging funds when faced with a medical emergency that needs hospitalization.You, however, need to go only to a network hospital. With other mediclaim policies, you can go to any hospital, settle the bill yourself and claim insurance later.

Ideally, with cashless settlement you should be able to walk into a network hospital, give them your card number and get the treatment without paying a paisa. That would be possible if your policy covers hospitalization and the surgery.In case of pre-planned hospitalisation, you should get it pre-authorised from third-party administrators. A TPA is an important intermediary between the insurance company and the hospital. It verifies your policy details, on behalf of the insurer, and gives clearance for the cashless services to be processed.

In case of an emergency, you only have to give the network hospital the cashless treatment card number. In emergency cases, TPAs should not take more than six hours, and not more than four days for other cases.

Also, like any insurance policy, your cashless settlement policy will work only under certain conditions. You need to be sure of the details of the policy like which are the network hospitals, or which illnesses and surgeries are covered.

Even after this, things can go wrong. When the Delhi-based, 35-year-old Debasish Das, who works with a publishing company, found blood in his stool, he feared the worst. But, what he had not expected was the problems he would have to go through with his cashless settlement policy from National Insurance.

Das had to go for an operation immediately. He informed the insurance company and the TPA Alankit Healthcare. Things became complicated when, after the surgery, Das was diagnosed with high blood pressure. That meant more days in the hospital. The total cost came to Rs 32,000. The TPA, however, said it would reimburse only Rs 14,000.

Das contacted his agent who advised him to pay the full amount to the hospital and then claim from the TPA. He did this but it was only after two months of chasing that the TPA coughed up 80 per cent of the total amount. Despite repeated attempts, the TPA did not give its views on the issue.Satish Kumar (name changed), who worked in a software company in Chennai, was rushed to a network hospital when he met with an accident. Although his cashless card was produced, the hospital still asked his friends to pay Rs 20,000-30,000 upfront, and get it reimbursed from the TPA later. An insurance broker had to intervene and ask the TPA to verify details and process his cashless policy soon.

Buying a cashless settlement mediclaim policy would be of no use if the insured has to either pay the hospital himself or get it reimbursed later, or run from pillar to post for the 'pre-paid' facility.

User ignorance: Most people have a cashless settlement policy because their company offers it to them. They are not aware of how the policy works. A service, which has tied up with 4,000 companies, says that most people do not send an authorization request in advance even when surgeries are planned. "The request usually comes at the last moment, creating tension for everyone - the patient, the TPA, and the hospital."

Rao adds that people forget to renew their policies. Also, while buying a policy, people don't find out the expenses and surgeries it covers. So, when a TPA rejects their request, the customers feel cheated.

Under fire: TPAs, who are meant to make life easier for both the insured and the insurers, actually end up doing the opposite. Anand Patwardhan, chairman, Consumer Guidance Society of India, says that although TPAs make tall claims about their turnaround time, in reality it takes them over a week to get in touch with the customers. In an emergency case, a six-hour wait could mean death for the insured.

There are more complaints regarding mediclaim cashless settlement policies than for even vehicle-related claims, says Patwardhan. More complaints for mediclaim policies may be due to the fact that they are more serious and complicated than other kinds of cashless settlements.

Wrong practice: Hospitals too share the blame as there is no uniformity in their charges. Shreeraj Despande, head (health, travel and accident insurance), Insurance, says: "Many software professionals admit their wives in expensive hospitals for child delivery because the cost is borne by their company." The cost of delivering a child can vary from Rs 10,000 to Rs 30,000, depending upon the hospital.

Dr Alok Roy, vice president (operations), Fortis Hospitals, says: "The first question that patients face at the time of admittance in a hospital is not about their illness, but whether they have insurance. The price for a patient without insurance is usually less than for a person with insurance."Hospitals in their defense say that the differential pricing is done as insurance companies take up to six months to clear bills.

With all the parties bending the rules, a cleanup act will not be simple. Roy of Fortis says that hospitals should be patient-friendly and have single window clearance for cashless settlements. Despande says that by dumping its TPA and forming an in-house health administrators' team in 2005, Bajaj Allianz General Insurance has reduced complaints like misinformation and non-receipt of cards for cashless settlements and health cards by around 70 per cent.

V. Jagannathan, managing director of India's only pure-play health insurer, Star Health Insurance, says that claims from cashless mediclaim can be reduced even at the time of underwriting (taking up the right kind of risks) and delivery."There are many people who make willful claims. A cataract operation costs Rs 10,000 at a good hospital, but they will go to a more expensive one."

Cashless settlements form just four to 20 per cent of the total hospitalization expenses in India. For these policies to become more successful it is important that insurance companies ensure that customers are able to experience the convenience.

Data and Methods

- Sample area: Manipal hospital Bangalore
- Sampling technique: Simple random sampling.
- Sample size:

Pre-request online request:60 and online enhancements:30

ONLINE

TPA	No. of pre-request	No. of enhancements
MediAssist	20	10
TTK	20	10
UHC	20	10

- Pre-request offline request: 24 and total no. of offline enhancements:24

OFFLINE

TPA	No of Pre-request	No.of enhancements
Mediassist	20	10
TTK	20	10
UHC	20	10

- The data analysis was done with quantitative method.
- The tool used for data collection is the online Health sprint platform.

Observations

Current Issues:

- Pre-authorization
- Incomplete information.
- Fax transmission errors and fax transmission loses
- High turnaround time
- No mapped flow of information
- Traceability and accountability is absent.
- Current process-D/S and bills are sent to TPA after discharge of patient.
- Ambiguity over non-payables.
- Possible disputes arising out of information provided at time of pre-authorization and discharge summary
- Rejection and delayed payments.

Results and Findings

In this study the turnaround time was noted for all TPAs and bar graphs are used to define the the turnaround time for initial approvals and final enhancements.

The following findings would clearly indicate that the turnaround time for pre-authorization and final enhancement has been reduced as low as 2 to 4 hours; however it varies from TPA to TPA

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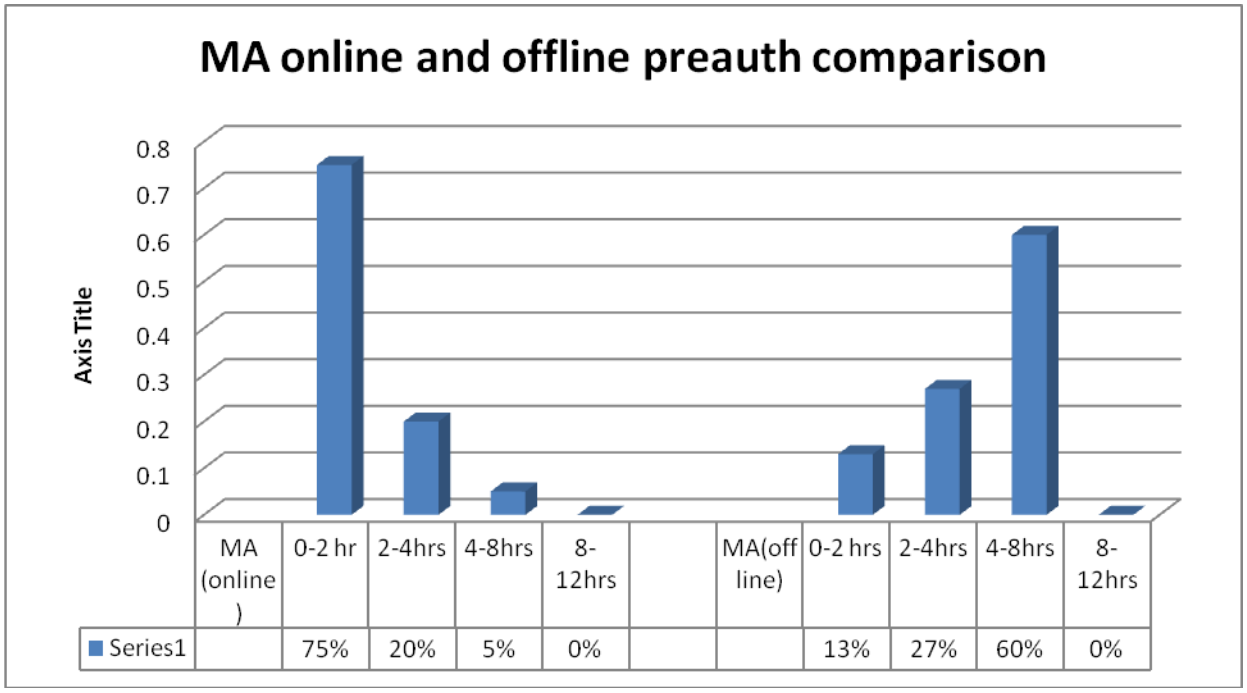

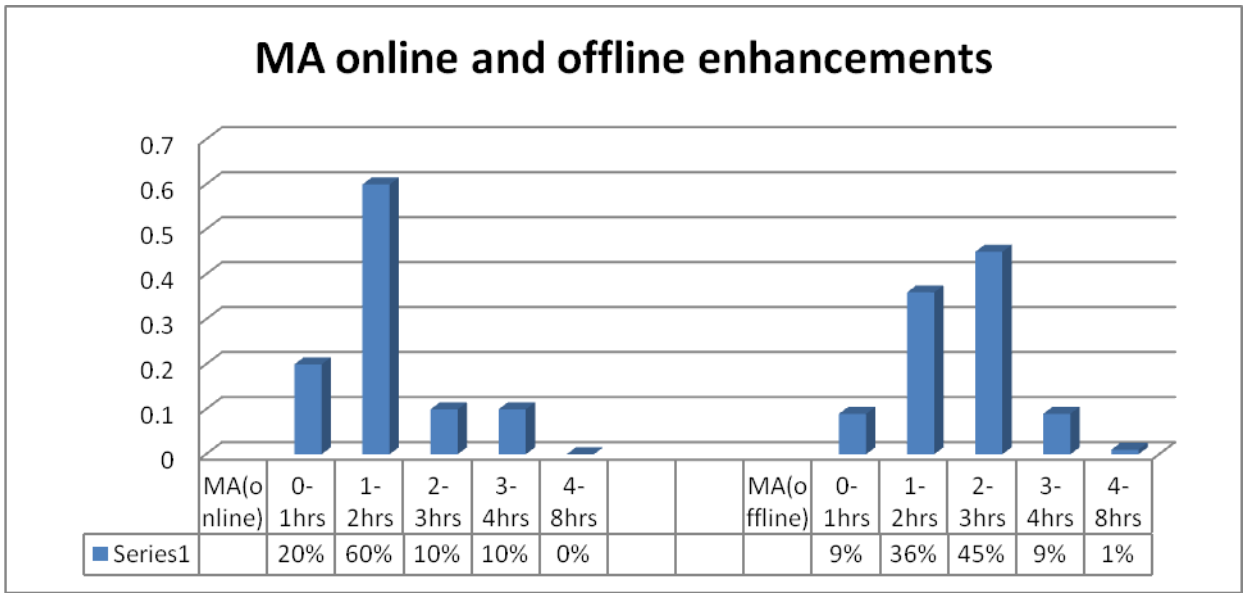

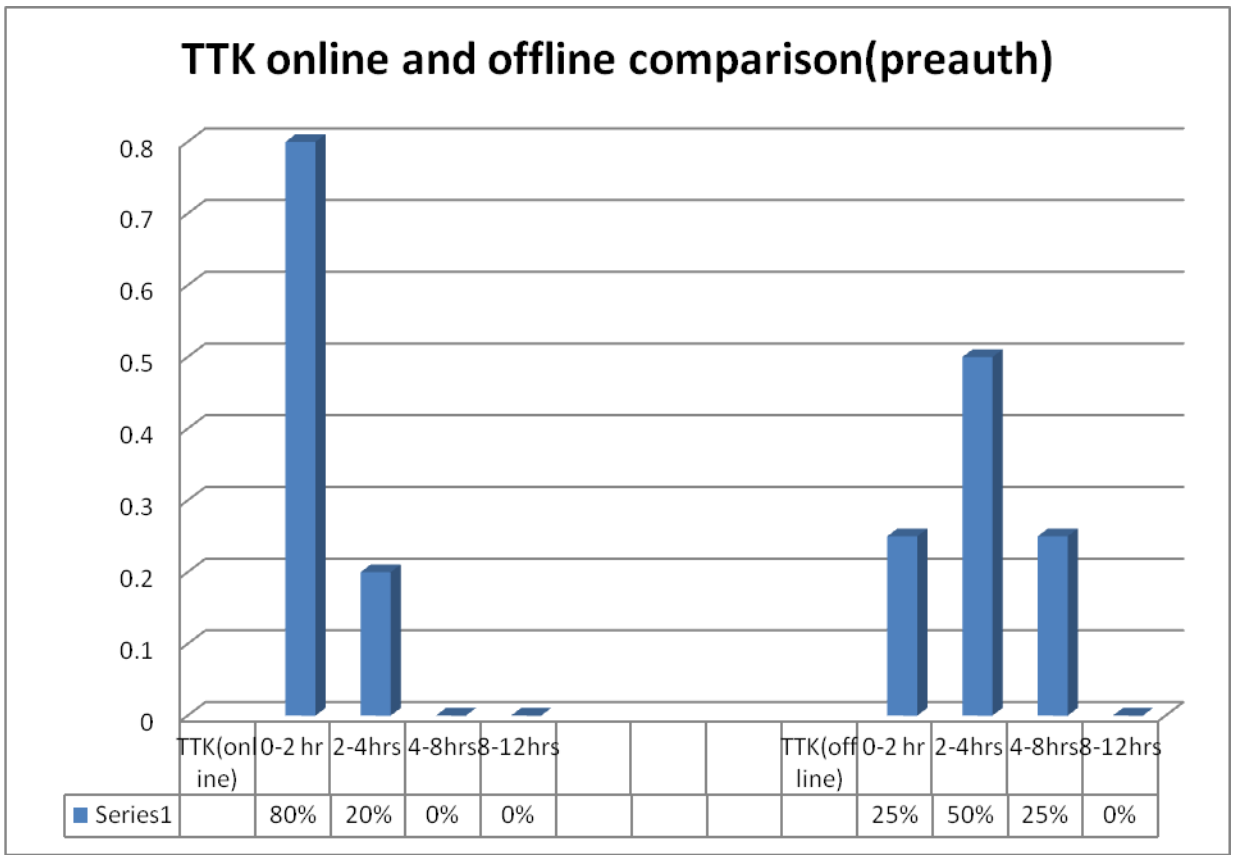
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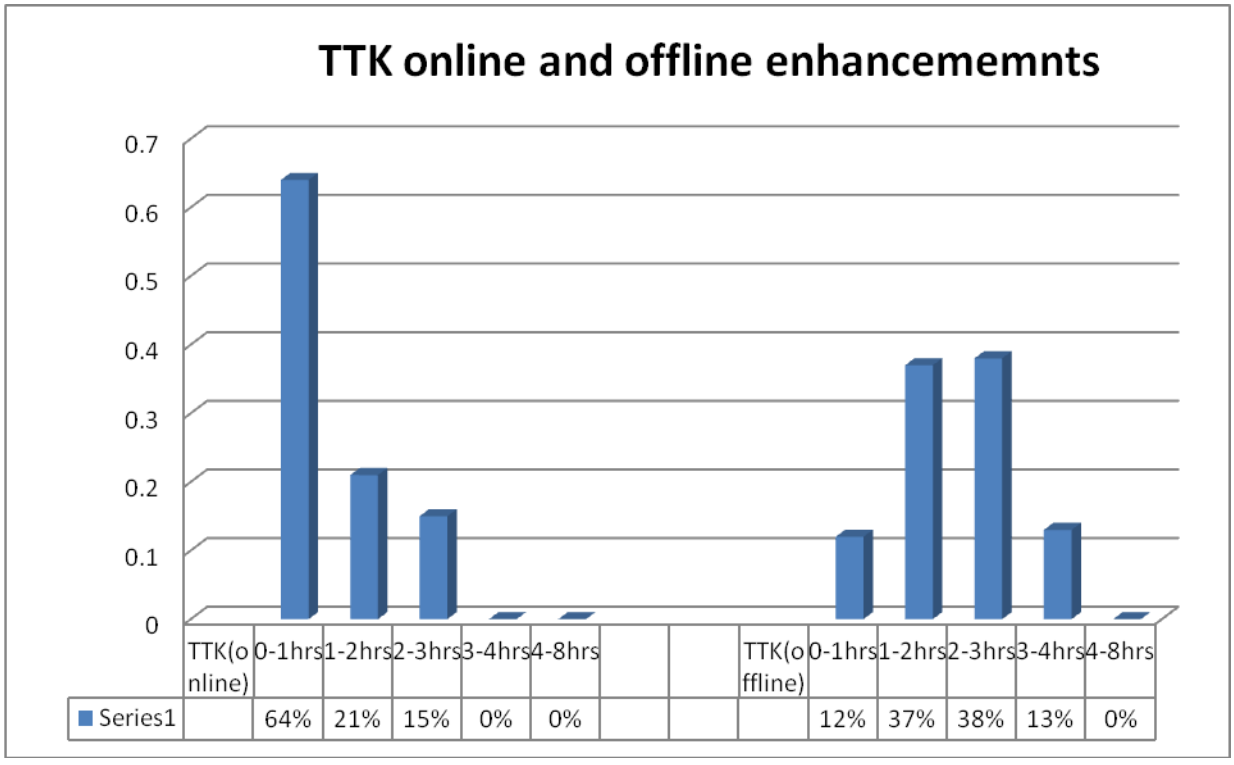
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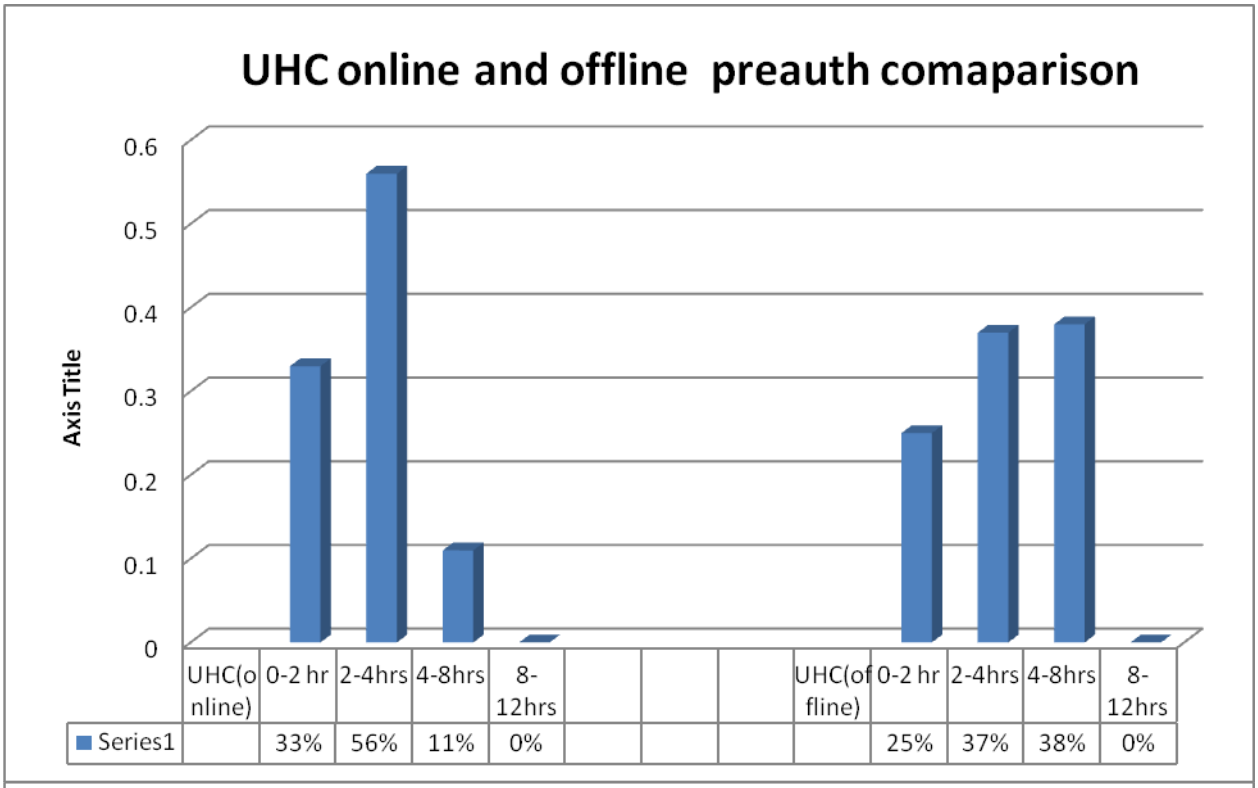
UHC online and offline preauth comaparison
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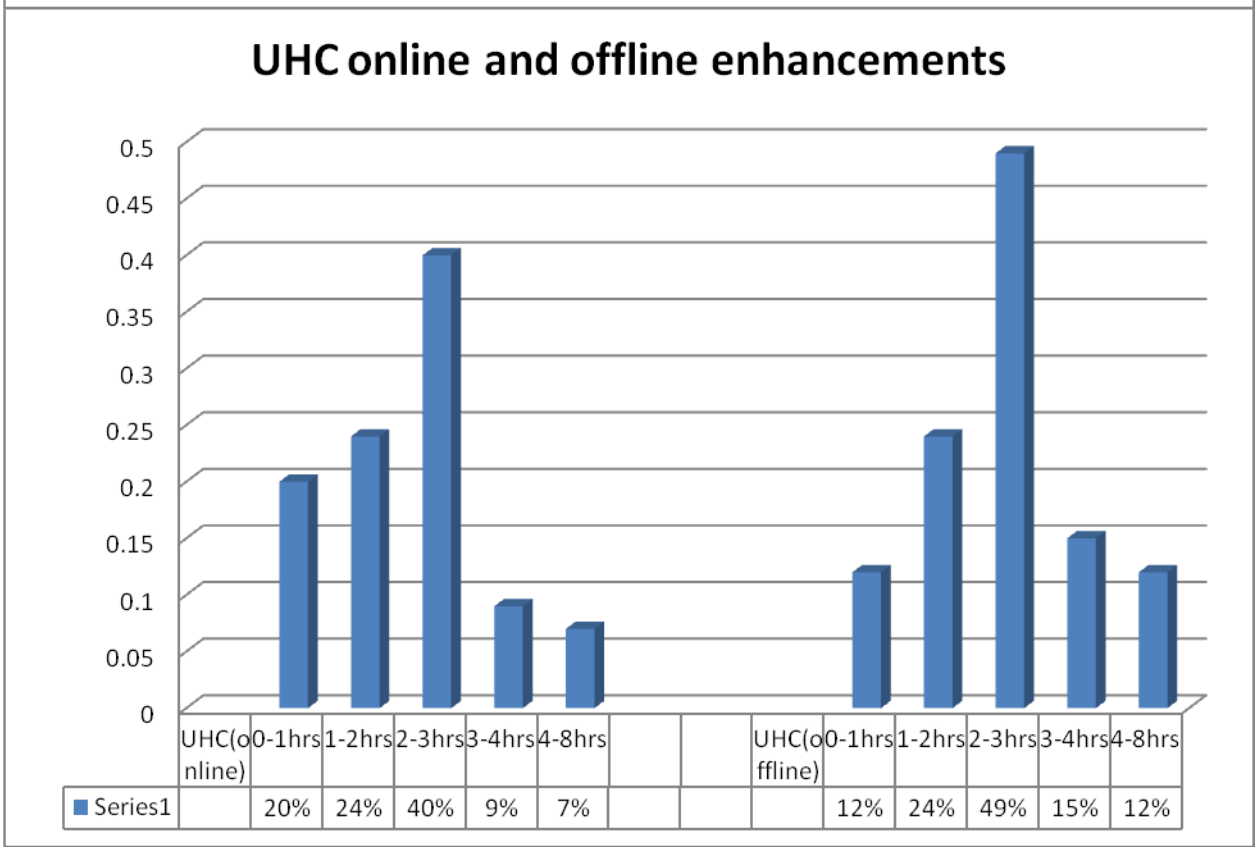
UHC online and offline enhancements
0.5
0.45
0.4
0.35
0.3
0.25
0.2
0.15
0.1
0.05
0
UHC(online)
0-1hrs
1-2hrs
2-3hrs
3-4hrs
4-8hrs
UHC(offline)
0-1hrs
1-2hrs
2-3hrs
3-4hrs
4-8hrs
Series1
20%
24%
40%
9%
7%
12%
24%
49%
15%
12%

- So from the above TAT report its is clearly evident that the turnaround time for initial approval (62%)and enhancement is more or less within 2 hrs. in majority of the cases despite different TPA s and its 40%(4-8 hrs) and 35%(2-4hrs)in offline preauths.
- In online enhancements cases TAT is 0-1hrs(37%),1-2hrs(29%) and in offline cases 0-1hrs(11%), 1-2hrs(41%),2-3hrs(40%).

- If we compare MA for online and offline pre-auth MA has 0-2hrs(75%) online and MA has 4-8hrs(60%) and for enhancement MA has 1-2hrs(60%)online and for offline is 2-3hrs(45%) and 1-2hrs (36%).
- TTK has 0-2hrs(80%) in online preauth and has 2-4hrs(50%) of TAT for offline pre auth and for enhancement online TTK has 0-1hrs(64%) cases and offline has 2-3hrs(38%)and 1-2hrs(37%).
- UHC has 0-2hrs (33%), 2-4hrs(56%) in online and in offline has 0-4hrs(62%) TAT for preauthorization and for enhancements its very close as majority of online and offline cases takes about 2-3 hrs respectively.

Analysis

- Analyses was purely based on findings as 62% the cases has TAT with in 2 hrs for online cases while its between 2to4hrs or 4-6hrs in majority of offline cases.
- The TAT for enhancements lies with 2 hrs (66%) in online enhancements cases while its more than 3 hrs for more than 40% of the offline cases.
- MA and TTK have marked difference in TAT if we compare online and offline cases as almost 60% -70% of online cases have TAT with in 2hrs.
- But if we take the case of UHC, there is not much difference in the TAT for enhancements but in pre-authorization there is a marked difference.

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Conclusion

- From the above study it can easily be concluded that not only the providers but also all the components of healthcare ecosystem are benefitting from this online insurance platform in some way or the other.

- Also it is seen that the online platform has been more successful in reducing the TAT primarily for the Pre auth request as compared to final enhancements..

Recommendations

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- Should try to adopt paperless cashless process to reduce the hassles and transmission loss or loss of documents.
- Cashless patients or insurance is most revenue generating area, which should be looked and taken more seriously to reduce the heavy, loses that the providers are bearing.
- The corporate insurance department should be provided with sufficient infrastructure so that it takes minimal time to process any transaction.
- They should be provided with separate chamber rather than sitting with the front office and admission staff.
- Close proximity of billing department is also important as most of the issues arise due to billing related issues.
- One major thing where the issues arise is the lack of proper patient counseling and should be explained about copayment, non-medicals and room rent eligibility well in advance at the time submission of pre auth forms.
- A doctor or professionals from medical background handling the corporate desk should be preferred.
- There should be extensive training as the work requires handling the pressure and should be able to handle situations.

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