Dissertation Title

"Analysis of Deduction in Inpatient Bills of Third Party Administrator Department of Paras Hospital"

A Dissertation Proposal for

Post Graduate Diploma in Health and Hospital Management

By

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IIHMR, New Delhi



International Institute of Health Management Research
New Delhi

Date

15 MAY 2010

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15 MAY 2010

Certificate of Internship Completion

Date:……..

TO WHOM IT MAY CONCERN

This is to certify that Dr. Shalini Verma Srivastava has successfully completed her 3 months internship in our organization from February 1, 2010 to April 30, 2010. During this intern she has worked on ……. (Task performed) under the guidance of me and my team at ……. (Organization). ……. (Any positive/negative comment)

We wish him/her good luck for his/her future assignments

(Signature)
_____ (Name)
_____Designation

Certificate of Approval

The following dissertation titled "Analysis **of deduction in inpatient bills of third party administrator department of paras 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
_____	_____
_____	_____
_____	_____

Certificate from Dissertation Advisory Committee

This is to certify that **Ms. Shalini Verma Srivastava**, a participant of the **Post- Graduate Diploma in Health and Hospital Management**, has worked under our guidance and supervision. She is submitting this dissertation titled "Analysis **of deduction in inpatient bills of third party administrator department of paras 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.

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Date

Organizational Advisor
Designation
Organization
Address
Date

ACKNOWLEDGEMENT

"Self-sufficiency in today's world is a far cry. One has no alternative but to depend on others in some from or the for his society's needs"

A project report is out rightly incomplete without acknowledgment to all people who have contributed towards it. I humbly express our reverential gratitude to **Dr. Darminder Nagar (Managing Director)** who gave me opportunity to undergo training at this esteemed organization.

Dr.Virendra Sobti (COO), **Dr. Shankar Narang** (GM operations) and **Mr. Balkishan** (Deputy Manager HR) for giving me permission to commence this study and then directing and providing timely guidance during my study.

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Most importantly I would like to thank my mentor **Dr Shankar Narang** for his unconditional support, guidance and motivation throughout the study period.

ABSTRACT

"Analysis of deduction in inpatient bills of third party administrator department of paras hospital"

By Dr. Shalini Verma Srivastava

TPA (third party administrator) connects the insurer (health insurance company) and insured (person who has the policy), and the hospital and act as a mediator between the two. In today's scenario where the health care industry is seeing the highest growth and reason of that could be success of health insurance, as in India where to afford an expensive medical treatment is not in the hand of a common man. For him to cope up such expensive treatment had been made possible by insurance industry .The reason of increasing cost of health care could be advanced technology, more qualified doctor, better quality treatment, home like environment. But all these have been made easier to achieve by just giving small premium (based on health status of the person).it not only benefitted the common man but the corporate hospital also. It has also increased the market share of the hospital by giving more patients.

But in the same time it involves a lot of managerial work, for a patient it is just a cashless process where he do not need to pay a penny, but for a hospital actual calculation starts when the patient leaves the campus just on the basis of approved letter, later it is scrutinized and corrected by doctor sitting in the insurance company, It involves a number of steps before issuing or getting the final payment.

It worsen the process if the doctor or the patient fails to understand the clauses which is been written by TPA for the concerned patient, for the patient it is cashless where everything is included, but most of the things are not payable by TPA (which they never informed the patient at the time policy generation).Such cases intern effect the revenue of

the hospital and results the hospital goes into a loss making called deduction. The benchmark to achieve the level of deduction should be less than .5 %

In order to decrease the deduction percentage, and leveling to the benchmark, one project has been assigned to me, where the sample size taken was 60, it was basically retrospective study

The claim procedure by hospital is in turn a long process where it involves 6-8 steps, after clearing all the steps finally hospital get the payment in the form of cheque. Before getting the cheque the claim voucher is released from the TPA side where all the deduction (which they have done is mentioned and reason cited).

The basic objective of my study was to assess the impact of deduction in patient department bills of TPA patient in order to increase the revenue of the hospital, and the methodology adopted were retrospective in nature, sample area was in patient who are admitted through TPA and sampling technique used purposive sampling technique (non probability sampling technique).Data collection technique is secondary (from the files or claim voucher), analysis done through pareto as well as root cause analysis. After the analysis the reason which came up is if you see the cases where the revenue loss is more has been accounted for 26% and the reason behind it is amount difference and the non payable items is not charged from the patient. If the reason taken into the consideration then out of 60 cases 16 cases were just because of non payable items amount is not charged. The root reason could be less awareness of staff about medicine name ,lack of communication between the hospital and tpa, unrelated treatment, do not provide the proper break of amount sanctioned by TPA, no intimation of the other procedure given to the TPA by the doctor.

And the suggestion and recommendation given to the higher management includes, proper training of staff as well as doctor, TPA should provide the list of non payable items (everyone has its own non payable list),weekly meeting with TPA to discuss the problem and issues related, unrelated treatment intimation should be given prior to the procedure done(so that staff can take the approval of that procedure before hand),proper counseling of the patient should be done at the time filling the pre auth.

LIST OF ABBREVATION

1) PRE AUTH-	pre authorization form
2) PAC-	pre authorization certificate
3) CO- PAYMENT-	part of amount to be paid by patient
4) TPA-	third party administrator
5) EP DISCOUNT-	early payment discount
6) AC-	approval certificate
7) USG-	ultra sonography
8) IPD-	in patient department
9) OPD-	out patient department
10) 16 VB-	renew certificate
11) CAG-	coronary angiography

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INTERNSHIP REPORT

INTRODUCTION

I did my internship from Paras Hospitals (Gurgaon) under the guidance of Dr Shankar Narang (General Manager Operations) from Feb 1st to April 30th.my work profile during my internship is as follows-

WORK PROFILE

SR. EXECUTIVE (OPERATIONS)

Corporate desk

Key performance indicator

- ✓ Daily sending of Pre Auth and keeping a track on the queries
- ✓ Updating patients and doctors on the status of their claims
- ✓ Maintain TATs from the Pre Auth to Discharge process
- ✓ Query resolution in defined TAT
- ✓ Reduction of deductions < 0.5%
- ✓ File dispatch < 72hrs

REPORTING STRUCTURE

Daily Reports:

- Patient Status Report
- TPA tracker Compilation
- Pending Status

Weekly reports:

- Pending reports/files
- Patient Complaint and Feed Back evaluation

Monthly Reports

- Patient Complaint and Feed Back evaluation
- Pending files and reports
- TPA tracker compilation and evaluation

ROLES AND RESPONSIBILITY

As a senior executive operation, two roles have given to play

a. In TPA department

b. As a night administrator

- Maintaining the credit management file of each patient
- Creating mid enhancement list from the MIS report ,and send it to billing department as well as to ward, intern send it to for further approval of the amount and intimate the tpa about patient status.
- Creating the patient status report daily, and briefing the higher management about the status and outstanding amount.

- Rechecking of the final bill as well as discharge summary ,comparing it to the preauthorization letter for the smooth process
- Counseling and briefing about the tpa process at the time of admission as well as discharge
- Intimating TPA about any new surgery or other procedure related to the patient.
- Make the settlement at the time approval and updating the patient about the balance amount given by the patient
- Solving all the query related to TPA
- Rechecking of settlement made by the executive.
- Designing the monthly roaster of executive under TPA
- Keeping a track of pending status file of dispatch section of TPA

(II) AS A NIGHT ADMINISTRATOR

- Giving 4 rounds during the shift i.e one at 9 p.m,12p.m,4p.m and 7p.m
- Attending each and every call made to emergency phone i.e *109
- Handling all the problems occurred during night
- Taking necessary decision about the deposit made at the time of admission
- Meeting of all the patient who got admitted during the night
- Making night log sheet after each night duty which includes the night observation, new patient admission list, patient in each counter and some specific observation seen in the night
- Intimate all the senior official through mail (night log sheet)

The introduction of my hospital is as follows-

INTRODUCTION OF THE HOSPITAL

PARAS HOSPITALS



Paras Hospital is a state-of-the-art **multi super specialty** hospital providing a depth of expertise in the complete spectrum of **advanced medical & surgical interventions** with a comprehensive mix of inpatient and outpatient services. The hospital is dedicated to provide competitive, accessible and affordable world-class healthcare services

The 250-bed Paras Hospitals has 55 specialty departments

Focus Areas

Paras Hospitals started with focus on **Neurosciences, Joint Replacement and Mother and Child care.** The department of renal sciences was started in November 2006 with six dialysis machines, **Uro-flowmetry** etc. Interventional **Cardiology and oncology** with

radiotherapy started in early **2008**. There are **55 specialty departments** including internal **medicine, minimal invasive surgery, gynecology and obstetrics, ophthalmology, dermatology and cosmetic surgery and plastic surgery,** apart from the super specialties. The first **Surgery-Neuro surgery was done in July 2006**. "**Paras hospitals was the first corporate hospital in Gurgaon with complete facilities under one roof," says Dr Nagar**. The hospital started with **cardiac centre with state-of-the-art Cath lab and CCTVs OT** in March 2008 with an average of more than 50 procedures per month. Other specialties include are the uro-nephro centre, skin and cosmetic surgery.

Climbing Ladders

In a short span of 18 months, the hospital commenced operations with neurosurgical cases. The hospital is still growing in popularity and the **OPD numbers are increasing with every passing month.** In September 2007, the average OPD numbers per day were 250. Currently the average number of footfalls in the **OPD is 280-300 per day**

The hospital is approved **by "National accreditation board for hospital". (NABH)**

Inviting IT

The hospital has totally computerized systems except for the clinical modules. All the activities in the hospital are routed through a **central Hospital Information System (HIS),** which provides an **accurate and on-time reflection of the functioning of the hospital.** The management team utilizes different reports from the HIS for strategizing and achieving its business goals. All functions of healthcare **delivery services such as surgeries, OT bookings, radiological and pathological tests, billing, appointments, finance and accounting, purchase, stocks and marketing are through the HIS.** All the departments have conditional access to HIS and IT provides the foolproof mechanism for information flow and feedback.

Open to Medical Tourism

The hospital is fully **geared up to tap the medical tourism segment of healthcare.** The hospital has a separate medical tourism patient department, which provides end-to-end solutions for both national and international patients, which includes pick-up and drop to the airport or railway station, currency conversion, visa assistance, providing package prices, local accommodation and more. We are getting quite a number of patients from foreign countries. They are especially from Middle East, South East Asian countries and African nations.

Socially Active

Paras Hospitals has taken a **dispensary from the Government of Haryana,** which provides facilities like free consultation and free distribution of medicines from the dispensary. The dispensary gets a lot of patients from the adjoining village areas and they are benefited a lot with the availability of specialist doctors and free medicines**. "Doctors from the Paras hospital give free consultation to poor patients and free medicines ".**



MISSION OF PARAS HOSPITAL

- The mission of **"Paras Hospitals" is to provide competitive, innovative and accessible medical care** to the patients.
- To facilitate improving the **health of the patient by providing quality service through professionals that is affordable** and delivered.
- **Compassionately**
- **Appropriately**
- **Responsibility**
- **Efficiently**

- To exhibit **stewardship and creativity in the management of all available resources** for patient care.

- To ensure the delivery of services enabling patient, families, guests, healthcare professional, their associates to make the best use of facilities and environment consistent with their philosophy and commitment of the patient care, health education and strategic initiative.

- To provide excellent **family centre healthcare to the entire family and children** in an environment that meets or exceeds the expectation of those they serve.



VISION OF HOSPITAL

- To become preferred health care provider for all.
- Partnership in caring & curing.
- Providing excellent medical care to customers through faith in values, integrity, respect, teamwork, & innovation to achieve complete patient satisfaction

PARAS HOSPITALS QUALITY POLICY

- Paras Hospitals believe in partnership with the communities they serve.
- Paras Hospital provides uniform patient treatment & care, use of evidence based medicine & excellence in clinical outcomes.
- Knowledge Enhancement for staff, clinicians & patients.
- Delivering superior customer service & complying with statutory regulations.
- Paras Hospital has been recently accredited by NABH National Accreditation Board for Hospital /NABL National Accreditation Board for laboratories

DEPARTMENT INTRODUCTION

ROLE OF TPA

Cashless Treatment Operating Protocols

Member approaches Network Hospital

↓

Admission Request Note (preauthorization) faxed to TPA

↓

Confirmation (Authorization Letter) / Additional information Request /
Denial for cashless treatment by TPA

↓

Inpatient Treatment

↓

Generation of Credit Bills with patient signature

↓

Discharge the patient. In case of exceeding the limit either Differential amount to be collected from the patient or request of extension to be faxed to TPA

↓

Claim dispatch to TPA office within 7 days

Internal Process

- Authorization Process
- Credit Bill Generation and Dispatch
- TPA Queries
- Outstanding Payment Management

Authorization Process

- **Please ensure :**
- The pre-authorization form should be of the same TPA who has issued the ID card to the patient.
- Please mention TPA Identification No. correctly and in bold letters enabling them to read it in spite of a poor quality of fax.
- In absence of TPA card policy no. should be mentioned clearly on the pre-auth form. In case of corporate you can mention name of the said corporate and EC no. of the employee concerned.
- Name / Age / Sex of the patient should be correctly mentioned in the pre-auth form and the same should match with the TPA card patient is carrying.
- Clearly mention the hospital name in the form as we have hospitals at different locations. If possible return fax number should be mentioned in the pre-auth form itself.
- Please ensure that the pre-auth should be filled by treating doctor only and all columns should be neatly answered. Doctor has to write Yes or No instead of a simple Dash or leaving blank the columns.
- In case there is history of any ailment, duration of said has to be mentioned by the doctor. If doctor has only written yes, you are requested to compel the doctor to fill the duration of the said history. Specially HTN and DM histories should not be overlooked.
- In case of Road Traffic Accidents treating doctor has to fill specifically whether the patient was under the influence of alcohol / any other drugs.
- In case of maternity cases please ensure date of LMP and no. of living children should be mentioned in the pre-auth form.
- Estimates should be reasonable and should have a break-up.
- Please ensure Diagnosis and proposed line of treatment has been clearly filled by the treating doctor.
- Please records dates and time of fax done and received and put the same in recording formats.

- For calculi of urinary system USG/IVP/X-ray report required
- For fracture, dislocation, meniscus injury and osteoarthritis, X-ray / MRI report required
- USG report required for abortion cases
- For coronary artery disease undergoing PTCA/CABG,
  CAG report required
- For cases of pancreatitis, liver diseases, gastritis, hepatic encephalopathy, any alcohol related condition, personal history of alcohol consumption is necessary.
- For admission towards high blood sugar, high blood pressure, blood sugar level and blood pressure readings on admission are required.
- For cases of anemia requiring admitted for blood transfusion, blood hemoglobin level required.
- For all maternity related cases, G P A L status required.
- 1st Consultation letter required for pre-existing disease – Letter consisting the history of the disease, when it occurred/duration presenting complaints which is stated by a treating or the primary doctor.
- For enhancement cases, entire bill with proper breakup (including pharmacy breakup) with discharge summary if possible to be forwarded.

Non Payable Items

ADMINISTRATIVE EXPENSES

- Admission charges
- Registration charges
- Medico-legal charges
- Attendant stay charges / Relative stay Charges
- Gate pass / Attendant pass
- Overhead charges
- Establishment charges
- Tax

- Surcharge
- Incidental charge
- Waste disposal charges

CONSUMABLES

- Antiseptic/disinfectant solutions
- Soap
- Powder (talc)
- Oil
- Cream
- Sanitary pads / Diapers
- Cassette / CD / Film charges
- Oxygen cylinder

DOCUMENTATION EXPENSES

- Documentation charges
- Discharge summary
- Medical records charges
- Birth certificate
- Death certificate
- Medical certificate

SERVICES

- Private nurse charges
- Telephone charges / Fax charges
- Food / beverages
- Diet
- Electricity charges
- Water charges
- T.V. / internet charges / A/c charges
- Newspaper / magazines
- Stationery charges
- Linen / laundry charges
- Mortuary / coffin charges
- Ambulance charges

MAIN DESSERTATION WORK

INTRODUCTION

TPA is third party administrator which connects the insurer & the insured. Their basic role is to function as an intermediary between the insurer and the insured. The core service of a TPA is to ensure better services to policy holder's .TPAs concept were introduced by the IRDA in the year 2001.

The concept of TPA was been introduced by IRDA for the benefit of both the insured and the insurer. While the insured is benefited by quicker & better service, insurers are benefited by reduction in their administrative costs, fraudulent claims and ultimately bringing down the claim ratios.

TPA in hospital is common communication link between the patient and respective TPA (like paramount, rakhsha, Apollo dkv. It is part of operation department, and provides services to the inpatient by getting their approval from the insurance. It coordinates mainly with floors as well as billing department.

Because of the deduction from the insurance company, there was loss to the hospital since some month. In order to rectify the problem, and for the complete solution, the higher management of hospital have decided to analyze the problem through data collection with reason mentioned to reach the cause of the problem.

MOST IMPORTANT FUNCTION OF TPA IN HOSPITAL

-MOU defining relationship

- Hospital to render Cashless Service to Insured

-Fax pre-authorization request form duly completed

-Reply to query rose (if any)

-Authorization letter from TPA
-In case of further authorization, to send the indications for
-Extension of the length of hospitalization along with the current
- Line of treatment
-Further authorization from TPA
-Smooth discharge of the Insured
-Submission of bills duly supported by stickers / invoices of lens / Implants, etc.
-Monthly reconciliation of accounts
-TPA to pay within MOU terms and policy conditions.

DEDUCTION OF IPD BILLS

There are many clauses where deduction occurs, when document of patient claiming under insurance goes to TPA for claim settlement. These are-

NON PAYABLE EXPENSES

Insurance company is not liable to pay any expenses incurred on treatment which comes under exclusion clause of the policy as follows:
Expenditure towards registration/admission charges, Ambulance charges, extra bed for attendant, bed retaining charges, expenses on luxury items like radio/TV/air condition/laundry/telephone expenses on vitamins, tonics if not related to treatment, sanitary items, special duty nursing fee, food and beverages for attendant, Xerox/certifying charges, vaccination/nutritional dietetics, expenses on spectacles/hearing aids or any accessories, equipment or any other aid to be used on person or expenses not payable under policy condition etc, is to be paid by the policy holder.

In case sufficient information in the prescribed format is not given or in case of indistinct symptoms where medical team of the TPA/Insurance company is not sure of your eligibility, pre authorization for cashless can be denied.
The denial of cashless facility does not mean denial of treatment and does not prevent you from seeking necessary medical attention or hospitalization

SURGICAL DIFFERENCE-

As per hospital policy, tariff of surgery is based on the room taken, if the patient has opted for single room then he will be charged more than the person who has opted for four bedded room, if clause for the insurance has entitled him to take the four bed and he has taken single room then he is liable to pay the room difference as well with other charges. Fail to take will cause more deduction

ROOM DIFFERENCE-

If the clause under approval is for lower category bed and patient has opted higher category of room then he will liable to pay the room difference with the non payable

AMOUNT DIFFERENCE-

The difference between the total bill and the total approval received for the patient

OTHER CLAUSES-

Like 10% copayment, other nonrelated charges, other investigation which is not related to actual treatment

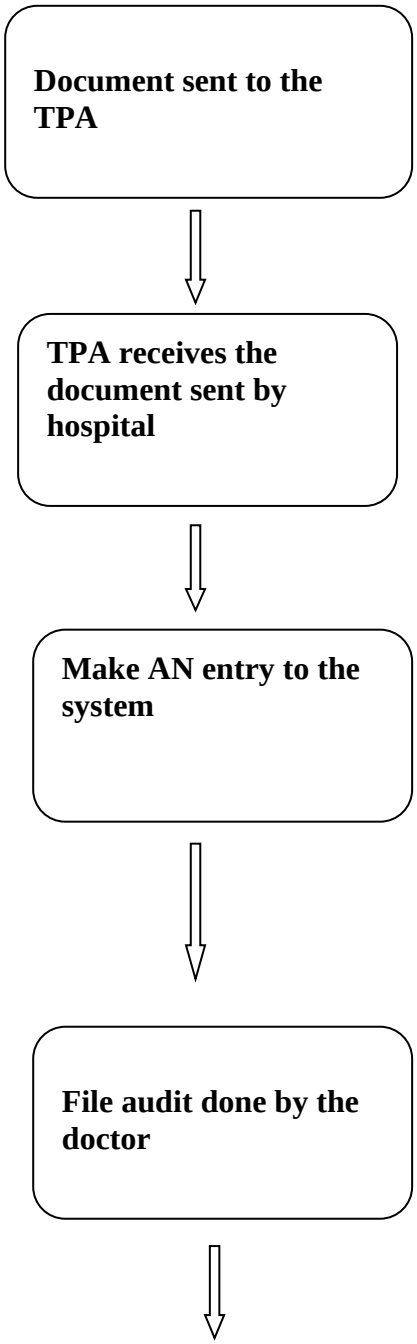
GENERAL OBJECTIVE-

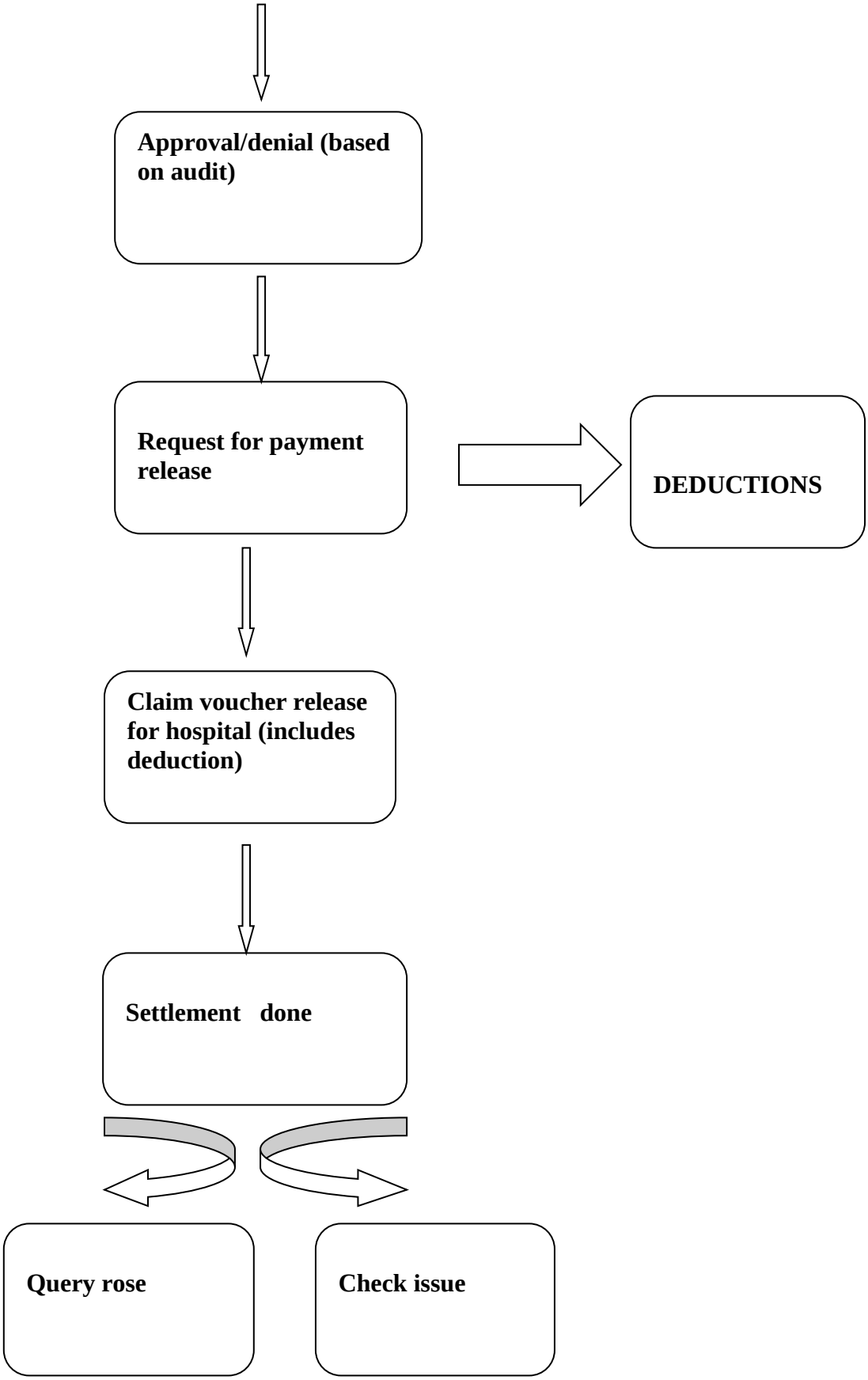
To analyze and assess the impact of deduction in ipd bills of TPA patient in order increase the revenue of the Paras Hospitals.

SPECIFIC OBJECTIVES

- To understand the system of TPA procedure.
- To find out the main problem behind the deduction occurs after claim settlement..
- To suggest the solution for reduction in deduction by TPA
- To design a frame work for impact assessment on the basis of proposed activities.

The flow of process is as follows-




Approval/denial (based on audit)
Request for payment release
DEDUCTIONS
Claim voucher release for hospital (includes deduction)
Settlement done
Query rose
Check issue

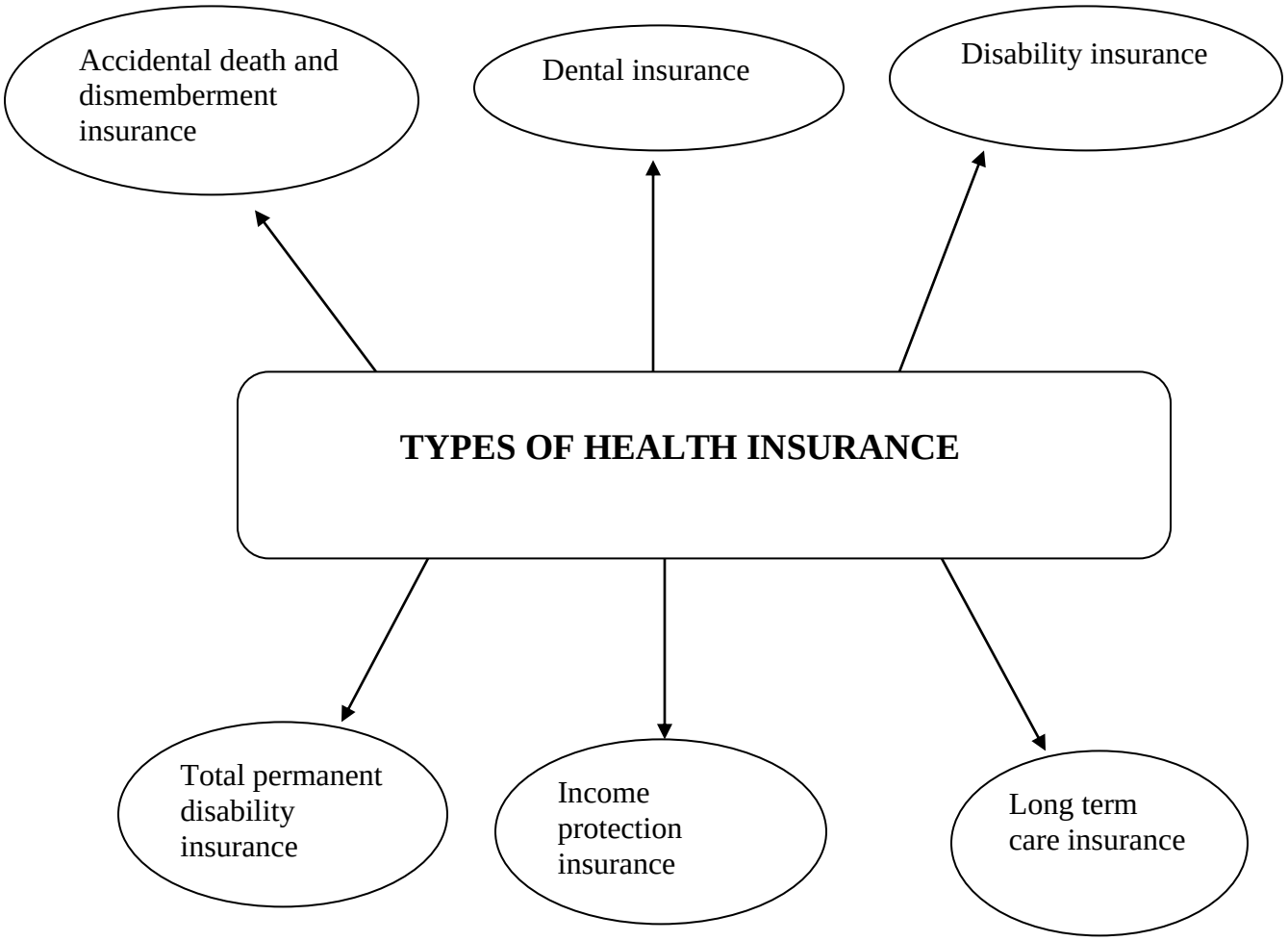
Research problem and research question

"As the deduction is considered being main problem of the hospital which is affecting revenue of the hospital, it is about 35% to 45% of patient who admits through insurance. During the claim process, it has been seen that some of the factor which results in deduction are non payable items and room capping, which let the insurance to reduce the amount sanctioned by TPA, when they sends the initial approval (under some clause) hence the respective amount need to be paid by the patient, if the staff fails to collect it from the patient that directly count it as deduction and no other solution left to the hospital to collect the deducted amount other than creation a loss ,others are discounts which need to be given to tpa as per mou signed with tpa by hospital. That results in less revenue to the hospital"

LITERATURE REVIEW

HEALTH INSURANCE

Types of health insurance available in the market are as follows:



Health insurance like other forms of insurance is a form of collectivism by means of which people collectively pool their risk, in this case the risk of incurring medical expenses. The collective is usually publicly owned or else is organized on a non-profit basis for the members of the pool, though in some countries health insurance pools may also be managed by for-profit companies. It is sometimes used more broadly to include insurance covering disability or long-term nursing or custodial care needs. It may be provided through a government-sponsored social insurance program, or from private insurance companies. It may be purchased on a group basis (e.g., by a firm to cover its employees) or purchased by an individual. In each case, the covered groups or individuals pay premiums or taxes to help protect themselves from unexpected healthcare expenses. Similar benefits paying for medical expenses may also be provided through social welfare programs funded by the government.

By estimating the overall risk of healthcare expenses, a routine finance structure (such as a monthly premium or annual tax) can be developed, ensuring that money is available to pay for the healthcare benefits specified in the insurance agreement. The benefit is administered by a central organization such as a government agency, private business, or not-for-profit entity.

How it works

A health insurance policy is a contract between an insurance company and an individual or his sponsor (e.g. an employer). The contract can be renewable annually or monthly. The type and amount of health care costs that will be covered by the health insurance company are specified in advance, in the member contract or "Evidence of Coverage" booklet. The individual insured person's obligations may take several forms

- **Premium:** The amount the policy-holder or his sponsor (e.g. an employer) pays to the health plan each month to purchase health coverage.
- **Deductible:** The amount that the insured must pay out-of-pocket before the health insurer pays its share. For example, a policy-holder might have to pay a $500 deductible per year, before any of their health care is covered by the health insurer. It may take several doctor's visits or prescription refills before the insured person reaches the deductible and the insurance company starts to pay for care.
- **Co-payment:** The amount that the insured person must pay out of pocket before the health insurer pays for a particular visit or service. For example, an insured person might pay a $45 co-payment for a doctor's visit, or to obtain a prescription. A co-payment must be paid each time a particular service is obtained.
- **Coinsurance:** Instead of, or in addition to, paying a fixed amount up front (a co-payment), the co-insurance is a percentage of the total cost that insured person may also pay. For example, the member might have to pay 20% of the cost of a surgery over and above a co-payment, while the insurance company pays the other 80%. If there is an upper limit on coinsurance, the policy-holder could end up owing very little, or a great deal, depending on the actual costs of the services they obtain.
- **Exclusions:** Not all services are covered. The insured person is generally expected to pay the full cost of non-covered services out of their own pocket.
- **Coverage limits:** Some health insurance policies only pay for health care up to a certain dollar amount. The insured person may be expected to pay any charges in excess of the health plan's maximum payment for a specific service. In addition, some insurance company schemes have annual or lifetime coverage maximums. In these cases, the health plan will stop payment when they reach the benefit maximum and the policy-holder must pay all remaining costs.
- **Out-of-pocket maximums:** Similar to coverage limits, except that in this case, the insured person's payment obligation ends when they reach the out-of-

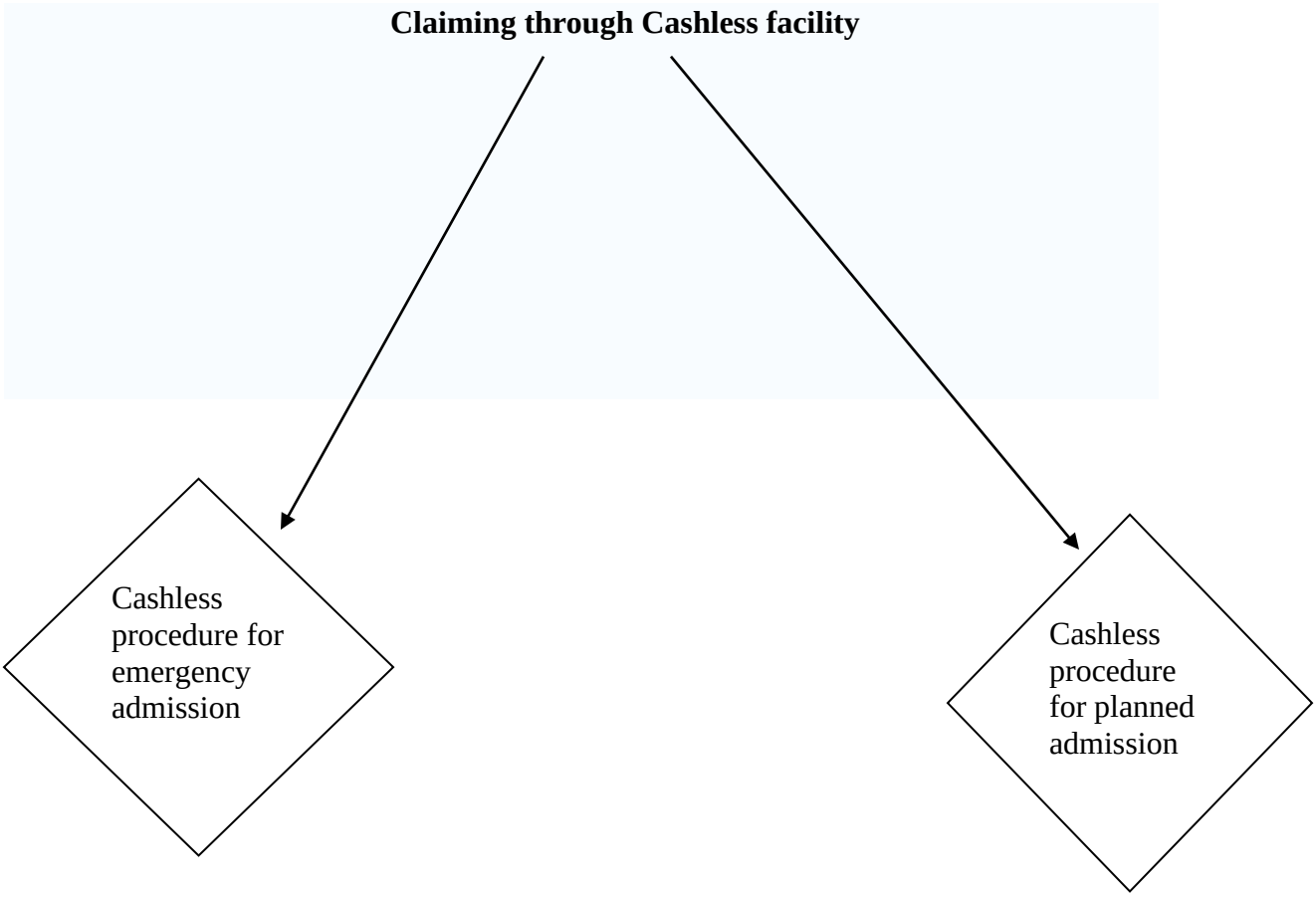
pocket maximum, and the health company pays all further covered costs. Out-of-pocket maximums can be limited to a specific benefit category (such as prescription drugs) or can apply to all coverage provided during a specific benefit year.

- **Capitation:** An amount paid by an insurer to a health care provider, for which
- the provider agrees to treat all members of the insurer.

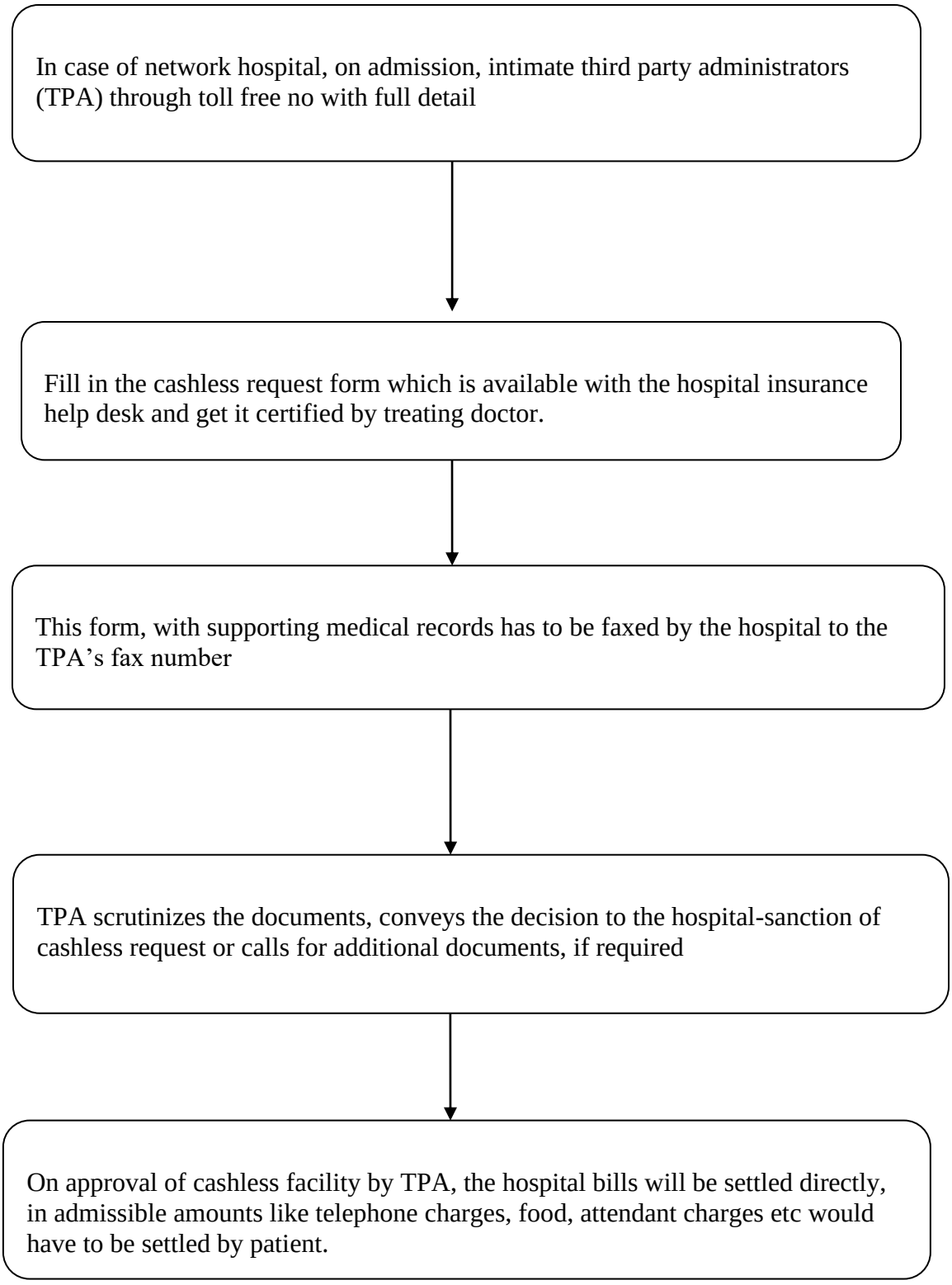
Claims procedure

- Claiming through Cashless facility

- Claiming through Reimbursement of claims



CASHLESS PROCEDURE FOR EMERGENCY ADMISSION



If cashless is not approved by TPA, patient settles the bill with the hospital and applies for reimbursement .the claim will be processed as per policy terms and conditions

2) CLAIMS PROCEDURE FOR PLANNED ADMISSION

Select a hospital from list of network hospitals for treatment

Intimate third party administrator (TPA) through the helpline no before 3 days of admission, quoting your health card membership number

Fill in the cashless request form which is available with the hospital insurance help desk and get it certified by your treating doctor.

TPA scrutinizes the documents, conveys the decision to the hospital- sanction of cashless request or calls for additional documents, if required

On approval of cashless facility by TPA, the hospital bills will be settled directly (subject to policy limit), in admissible amounts like telephone charges, food for attendants etc would have to be settled by patient.

(II) PROCEDURE FOR REIBURSEMENT OF CLAIM-

Reimbursement facility is available at network hospital as well as non network hospitals.

Patients have to avail the treatment and settle all the bills with hospital and file the claim for reimbursement.

Intimate the insurance company, immediately on admission not later than 7 days from the date of discharge .please quotes your policy certificate number.

Claim form can be downloaded from the website directly.

Submit the following claim documents to the company within 30 days from the date of discharge.

DOCUMENT CHECKLIST

- Duly filled claim form along with doctor's certificate.
- Discharge summary
- Bills'
- Prescriptions
- Advance and final receipts
- Diagnostic test reports, x ray scan and ECG and others films
- Claims would be processed on receipt will be called for after scrutiny of` th claim.
- Cheque will be dispatched to you if the claim is admissible .if not, a repudiation letter would e sent to the patient.
- The turnaround time for reimbursement claims is 20 working days from the date of receipt of all documents.

RESEARCH METHODOLOGY

METHODOLOGY:

The methodology adopted for the study were –

- Project is discussed with Mr. Sudhansu (Deputy Manager Recovery), to know the process of claim.
- Understand each step by following it.
- Retrospective study done
- Claim voucher of each insurance patient who admitted in the month of April collected.
- Discussed with the staff about the reason for deduction
- Analyzed the data collected in month of April, as previous data does not have the reason.
- Reasons were sorted out, root cause analysis done.
- Staff is educated and training is given about where focus need to be given to improve the situation.
- Suggestion and recommendation given to management to improve the situation

SAMPLE AREA-

I.P.D patient admitted under TPA (credit).

SAMPLING METHOD:

Purposive sample (non-probability) sampling technique

DATA COLLECTION TECHNIQUE:

1. PRIMARY DATA-

- By direct observation

2. SECONDARY DATA

-by using files

-by using previous data

PARAMETERS OF STUDY (study frame)

- Receipt number
- Receipt date
- Bill no
- Bill date
- Ip no
- Patient name
- Name of the tpa
- Bill amount
- Settlement amount
- Deduction
- Reason of deduction like non payable amount, room capping amount, others amount, discount amount, surgery difference amount, room difference amount, other procedure amount.

DATA ANALYSIS TECHNIQUE

- $\frac{\text{DEDUCTION AMOUNT}}{\text{NET AMOUNT}} * 100$
- MEAN
- ROOT CAUSE ANALYSIS

OBSERVATION AND FINDINGS

- The data is collected of the month of April
- The table no 1 shows the maximum revenue loss per reason given, there 10 reasons were sorted, to see the reason please refer annexure (I)
- The table no 2 shows the number of times each factor being the reason of deduction. Please refer Annexure (II)

The reasons for deduction are as follows-

1) Early payment Discount
2)excessively charged
3)copayment not collected as said by official
4) double deduction
5) not relevant investigation
6) incomplete file sent
7) non payable amount
8) wrongly calculated
9) second company payment
10) amount difference+non payable

- The percentage is calculated by using the formula DEDUCTION

  $$\frac{\text{AMOUNT} * 100}{\text{NET AMOUNT}},$$

  After the sorting of the column done Based on the maximum revenue loss per case, then the reason was sorted out which has maximum revenue loss. Please refer table 1

- In table 2 same as above the percentage calculated by using the formula, then the sorting of column (reasons of deduction)done based the repetition of the each factor ex. the non payable items been repeated in 16 cases out of 60.

FINDINGS

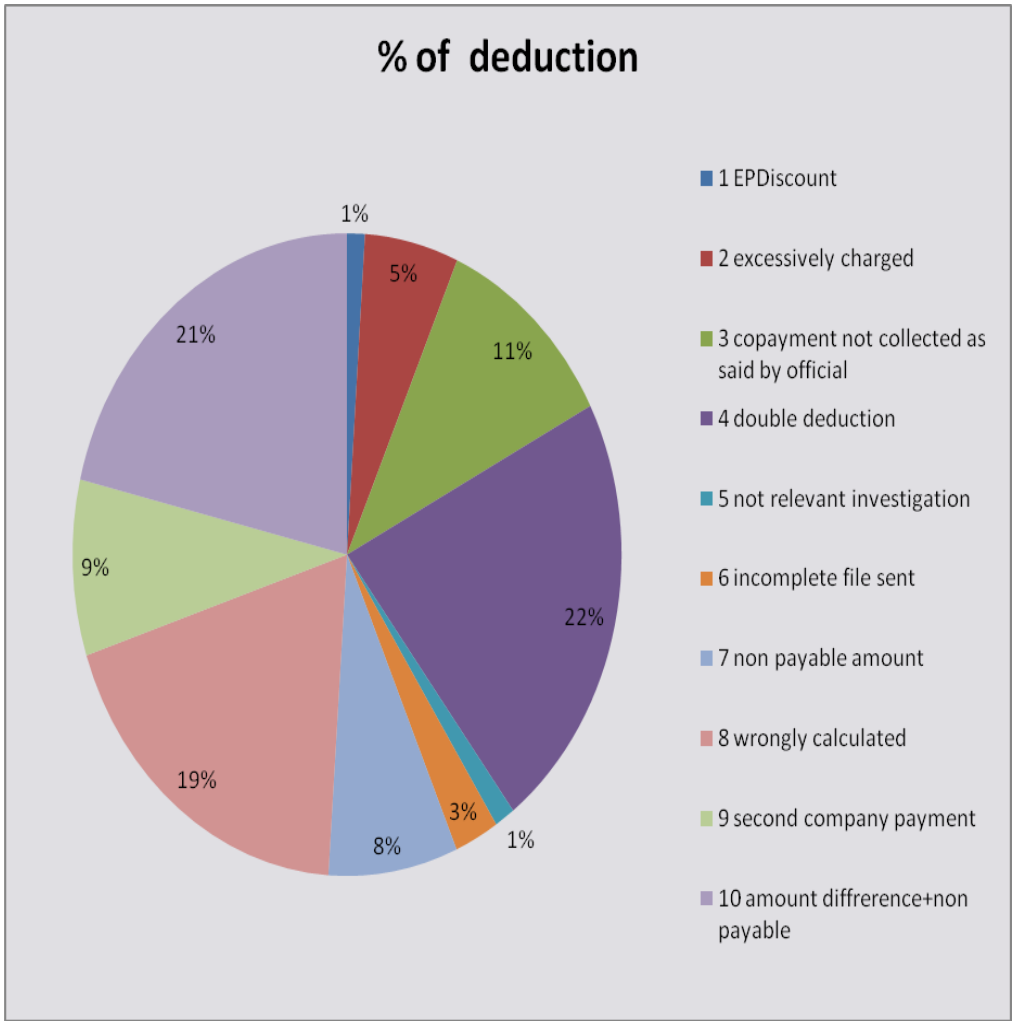
Table No -1 Shows Maximum Revenue Loss Per Each Factor

Sl no	reason for delay	% of deduction	% wise contributing in deduction
1	Early Payment Discount	0.07	1%
2	excessively charged	0.37	5%
3	copayment not collected as said by official	0.72	11%
4	double deduction	1.49	22%
5	not relevant investigation	0.08	1%
6	incomplete file sent	0.175	3%
7	non payable amount	0.51	8%
8	wrongly calculated	1.26	19%
9	second company payment	0.59	9%
10	amount difference+non payable	1.42	21%

- The percentage is calculated on the basis of maximum revenue loss per factor. If you see the data available the contribution of each reason are as follows.
- Out of 60, non payable items (16) times were the reason of deduction and revenue loss is for the amount of Rs 17,283

- Early payment discount was there in 15 cases with the revenue loss of Rs 2,666.20
- Excessively charged was there in 8 cases with the revenue loss of Rs 12,403
- Copayment not collected was there in 3 cases with the revenue loss of Rs 24,218
- Double deduction was there in 1cases with the revenue loss of Rs 50,036
- Non relevant investigation was there in 2 cases with revenue loss of Rs 2,760
- Incomplete file sent was there in 3 cases with loss of Rs 5,872
- Wrongly calculated was there in 9 cases with loss of Rs 42,104
- Second company payment was there in 1 cases with loss of Rs 19,794
- Amount difference and non payable was there in 2 cases with loss of Rs 47,522

Graph 1-shows percentage wise deduction

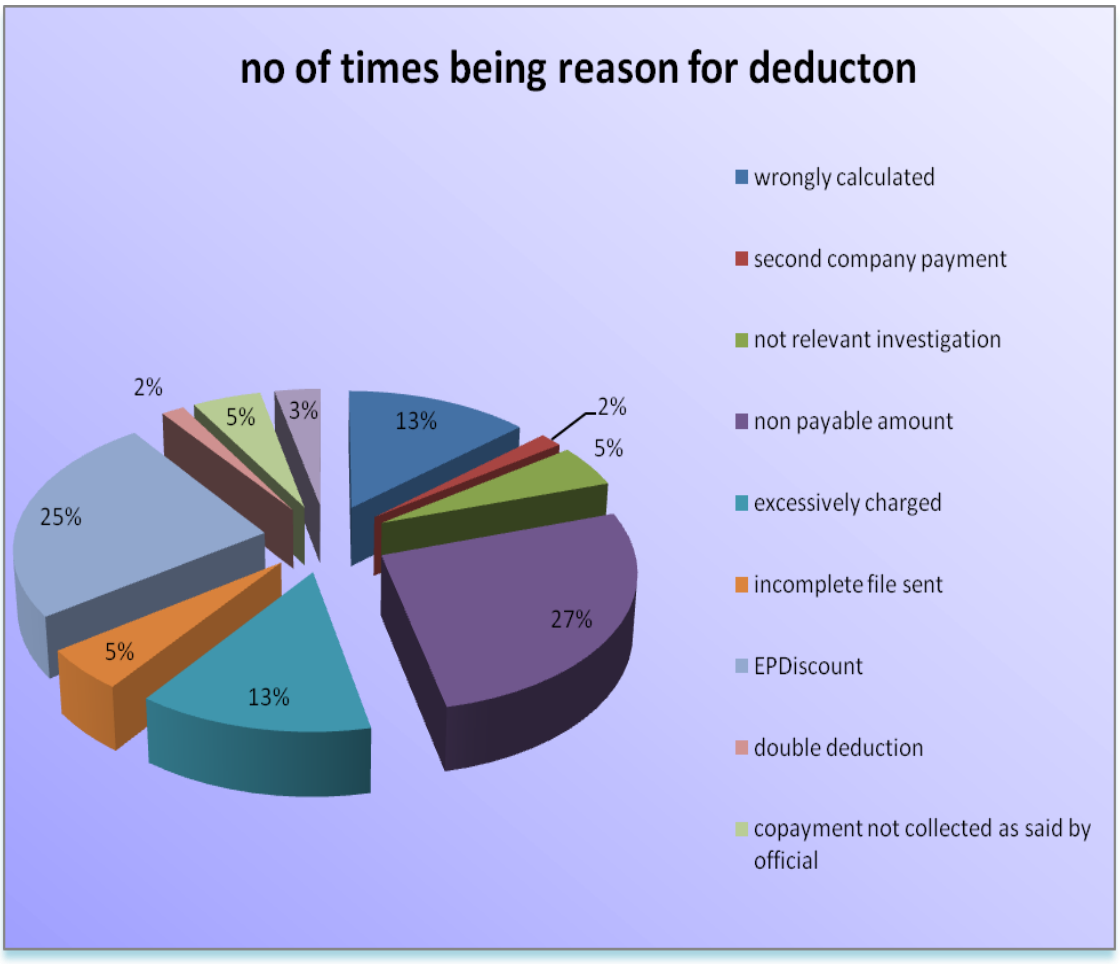


- Graph 1 shows the percentage wise contribution of each factor where the highest impact causing factor is double deduction which alone constitutes 22% of the total and at the same time early payment discount remains reason for lowest impact with having total contribution as 1%.

Table No -2 Shows Break Up Analysis For Reason Of Deduction

SLNO	REASON OF DEDUCTION	NUMBER OF TIMES BEING REASON FOR DEDUCTION
1	WRONGLY CALCULATED	8
2	SECOND COMPANY PAYMENT	1
3	NOT RELEVANT INVESTIGATION	3
4	NON PAYABLE AMOUNT	16
5	EXCESSIVELY CHARGED	8
6	INCOMPLETE FILE SENT	3
7	EP DISCOUNT	15
8	DOUBLE DEDUCTION	1
9	COPAYMENT NOT COLLECTED AS SAID BY OFFICIAL	3
10	AMOUNT DIFFERENCE + NON PAYABLE	2

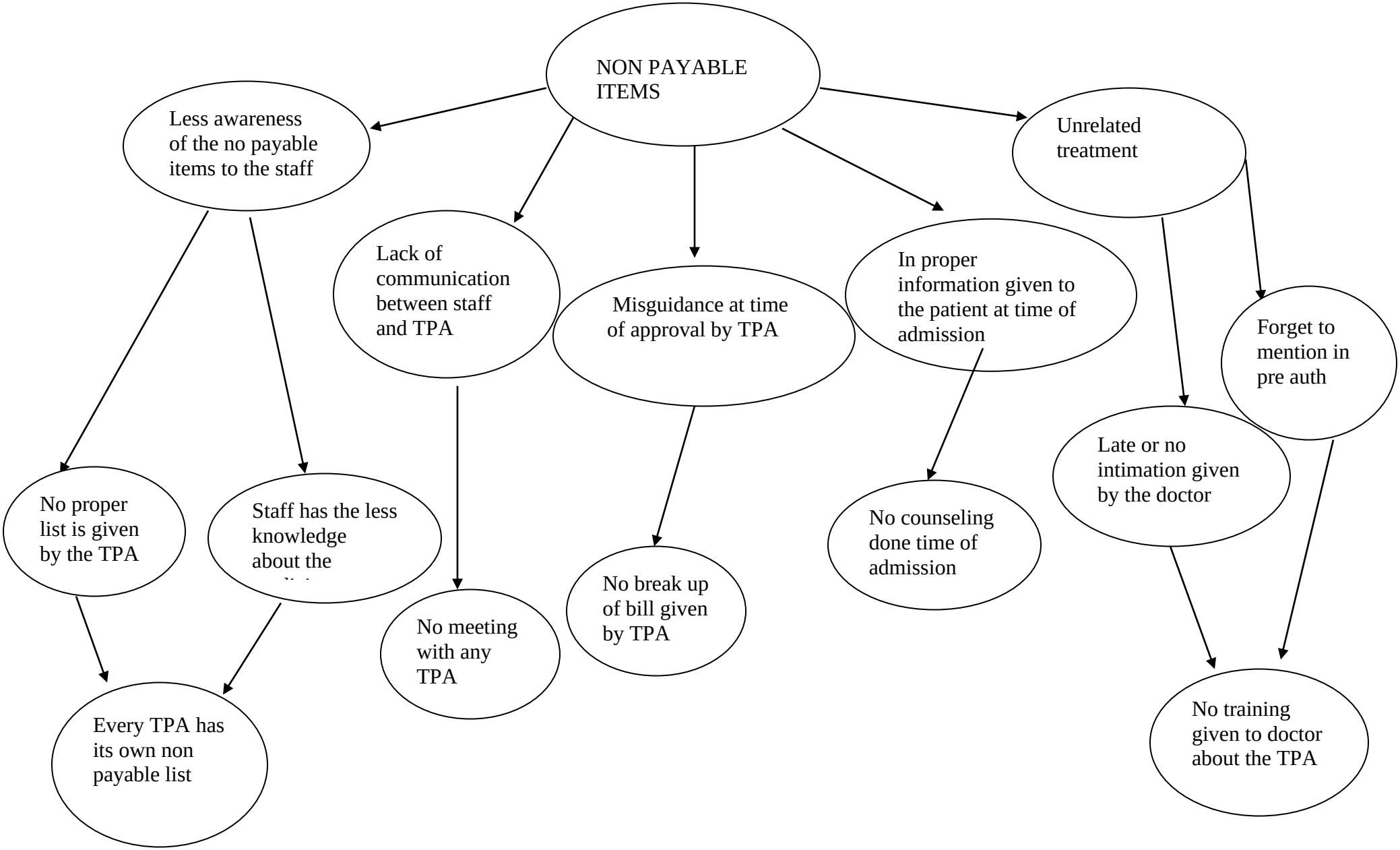
Graph 2 shows Percentage Wise contribution of each factor being the reason of deduction



- Graph 2 shows the percentage wise contribution of each factor where the highest impact causing factor is non payable item which alone constitutes 27% of the total and at the same time second company payment and double deduction remains reason for lowest impact with having total contribution as 2%.

- As the reason was mainly non payable items which contributes 27% of the cause of deduction. For the further analysis and reach to the root cause of the problem, the next methodology which I adopted was root cause analysis.

ROOT CAUSE ANALYSIS


NON PAYABLE ITEMS
Less awareness of the no payable items to the staff
Lack of communication between staff and TPA
Misguidance at time of approval by TPA
In proper information given to the patient at time of admission
Unrelated treatment
No proper list is given by the TPA
Staff has the less knowledge about the
No meeting with any TPA
No break up of bill given by TPA
No counseling done time of admission
Late or no intimation given by the doctor
Forget to mention in pre auth
Every TPA has its own non payable list
No training given to doctor about the TPA

SUGGESTION AND RECOMMENDATIONS

- Each TPA should provide list of non payable items.
- Each tpa should give the proper break up of approved amount, nothing should be hidden and charged (should discuss at the time tie up or renewal)
- Proper training about the medicines and consumables (which can be non payable and their use) should be provided to TPA staff.
- Weekly meeting should be conducted with each TPA personnel to discuss the daily issues and related problems.
- Unnecessary charges should not be included in the bill.
- Training should be given to the doctor to avoid major uncertainty.
- Proper counseling should be done to avoid the unnecessary queries and last minute quarrels.

RESULTS

- The mean value of the percentage of deduction is 7.8% and the benchmark is less than 0.5%, which means there is a lot of scope of improvement is there to reach near the benchmark and if the necessary measure are taken ,success is not so far.

CONCLUSION

The basic objective of my study was to assess the impact of deduction in patient department bills of TPA patient in order to increase the revenue of the hospital, and the methodology adopted were retrospective in nature, sample area was in patient who are admitted through TPA and sampling technique used purposive sampling technique (non probability sampling technique).Data collection technique is secondary (from the files or claim voucher), analysis done through pareto as well as root cause analysis. After the analysis the reason which came up is if you see the cases where the revenue loss is more has been accounted for 26% and the reason behind it is amount difference and the non payable items is not charged from the patient. If the reason taken into the consideration then out of 60 cases 16 cases were just because of non payable items amount is not charged. The root reason could be less awareness of staff about medicine name ,lack of communication between the hospital and tpa, unrelated treatment, do not provide the proper break of amount sanctioned by TPA, no intimation of the other procedure given to the TPA by the doctor.

And the suggestion and recommendation given to the higher management includes, proper training of staff as well as doctor, TPA should provide the list of non payable items (everyone has its own non payable list),weekly meeting with TPA to discuss the problem and issues related, unrelated treatment intimation should be given prior to the procedure done(so that staff can take the approval of that procedure before hand),proper counseling of the patient should be done at the time filling the pre auth.

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DATA

Annexure (I) Shows Maximum Revenue Loss (Individual Factor)

	TPA/Company	Bill No.	OP/IP	Bill Date	Reg. No.	Patient Name	Net Amt.	Paid Amt.	Balance A	Payment Recd.	Deduction	%	Remarks	reason of deduction
1	**Health India TPA Services Pvt.Ltd. (CREDIT)**	09-10/10365	IPD	23/02/10	157	SARLA SINGH	173,332.00	10,922.00	162,410.00	115977	46,433.00	26.79	Re-Claim Bill & AL Diff.Rs.10000/- not collected. Rs.32500/- deducted for Billing category diff.and Balance amount for Non-Payable items	amount ıce+non payable
2	**PARAMOUNT**	09-10/9047	IPD	10/01/10	94775	SAURABH MITTAL	192,339.00	30,300.00	162,039.00	112003	50,036.00	26.01	Re-Claim. Double deduction by TPA	double deduction
3	**MEDI ASSIST (CREDIT)**	09-10/8874	IPD	04/01/10	95202	SHIV SHANKER VERMA	14,217.00	3,571.00	10,646.00	7233	3,413.00	24.01	Rs.4822/- Payment receipt not enclosed. Re-Claim	incomplete file sent
4	**FHPL (CREDIT)**	09-10/8616	IPD	28/12/09	55480	R PADMA LALITA	72,350.00	22,350.00	50,000.00	35000	15,000.00	20.73	Re-Claim. Bill & AL diff Rs.10000/- not collected. Balance amount reclaimed.	wrongly calculated
5	**RAKSHA**	09-10/10978	IPD	13/03/10	101795	SULTAN SINGH	90,135.00	0.00	90,135.00	75567	14,568.00	16.16	Rs.4000/- Excess Icu Rent & Rs.10370/- Copayment not collected. As advised by Dr.Sobti	copayment not collected as said by official
6	**MEDI ASSIST (CREDIT)**	09-10/10703	IPD	05/03/10	101110	JATIN RAJPAL	38,933.00	8,300.00	30,633.00	24598	6,035.00	15.50	AL.Rs.26158/- diff amount not collected as per DMO.	copayment not collected as said by official
7	**MEDI ASSIST (CREDIT)**	09-10/9600	IPD	29/01/10	97893	AJAY NAIR	37,023.00	6,230.00	30,793.00	25916	4,877.00	13.17	Rs.3702/- Early Payment discount & Rs.222/- GRBS reports	EP Discount

8	**E-MEDITEK**	09-10/9197	IPD	15/01/10	95869	SHIV KUMAR AGARWAL	154,191.00	49,191.00	105,000.00	85206	19,794.00	12.84	Rs.15000/- will be paid by Genpact	second company payment
9	**STAR HEALTH & ALLIED INSURANCE CO LTD (CREDIT)**	09-10/10599	IPD	02/03/10	10970	SANDEEP NARANG	31,615.00	0.00	31,615.00	28000	3,615.00	11.43	Brother of Dr. S. Narang	copayment not collected as said by official
10	**UNITED HEALTH CARE(PAREKH HEALTH MGT PVT LTD)**	09-10/11550	IPD	31/03/10	103701	DEEPIKA SHARMA	9,754.00	0.00	9,754.00	8665	1,089.00	11.16	Rs.126/- deducted for Non-Payable items and Rs.963 for C-Payment	amount difference+non payable
11	**MEDI ASSIST (CREDIT)**	09-10/8573	IPD	26/12/09	94954	MANIT BHARGAVE	13,046.00	298.00	12,748.00	11443	1,305.00	10.00	Early payment discount deducted as per Mou	EP Discount
12	**MEDI ASSIST (CREDIT)**	09-10/8433	IPD	22/12/09	94687	MEENU SHARMA	19,121.00	12,140.00	6,981.00	5144	1,837.00	9.61	Rs.1734 Early payment discount	EP Discount
13	**MEDI ASSIST (CREDIT)**	09-10/10512	IPD	27/02/10	69484	DHRUV MEHTA	27,894.00	5,935.00	21,959.00	19296	2,663.00	9.55	Early Payment deducted as per MOU.	EP Discount
14	**E-MEDITEK**	09-10/9948	IPD	09/02/10	98969	JATIN CHOPRA	14,691.00	200.00	14,491.00	13098	1,393.00	9.48	Re-Claim. Twice 10% Discount deducted.	wrongly calculated
15	**RAKSHA**	09-10/1297	IPD	17/05/09	74401	NAMRATA SHUKLA	59,110.00	9,110.00	50,000.00	44430	5,570.00	9.42	Excess to AL	wrongly calculated
16	**RAKSHA**	09-10/8938	IPD	06/01/10	95859	SAATVIK SAMARTH	16,220.00	940.00	15,280.00	13785	1,495.00	9.22	Re-Claim. 10% Co-Payment deducted not mentioned in AL.	wrongly calculated
17	**VIPUL**	09-10/10789	IPD	08/03/10	101313	GAJENDRA SINGH PAWAR	19,476.00	68.00	19,408.00	17628	1,780.00	9.14	Hepatitis A IgM and repeat LFT not relevant	not relevant investigation

18	**UNITED HEALTH CARE(PA REKH HEALTH MGT PVT LTD)**	09-10/9958	IPD	10/02/10	49694	SATYA PAL DHINGRA	79,697.00	2,425.00	77,272.00	70393	6,879.00	8.63	Re-Claim. Rs.6000/- deducted for room capping. Patient was admitted in ICU.	wrongly calculated
19	**RAKSHA**	09-10/10397	IPD	24/02/10	99905	SHRI BHAGWAN GUPTA	43,612.00	13,710.00	29,902.00	26298	3,604.00	8.26	Re-Claim	wrongly calculated
20	**UNITED HEALTH CARE(PA REKH HEALTH MGT PVT LTD)**	09-10/11029	IPD	15/03/10	102116	AMIT KATYAL	59,899.00	490.00	59,399.00	54993	4,406.00	7.36	Re-Claim. Rs.4500/- deducted Room Rent charged excess than tariff.	excessively charged
21	**PARK MEDICL AIM**	09-10/8440	IPD	22/12/09	93891	GEETA BHATT	18,267.00	750.00	17,517.00	16517	1,000.00	5.47	Half Day extra Room charged deducted	excessively charged
22	**FHPL (CREDIT)**	09-10/8997	IPD	08/01/10	96169	SNEH BHALLA	39,184.00	2,197.00	36,987.00	35000	1,987.00	5.07	Re-Claim Rs.715/- wrong Discount calculation by TPA	wrongly calculated
23	**RAKSHA**	09-10/11192	IPD	20/03/10	102727	NEERAJ	20,077.00	2,280.00	17,797.00	16797	1,000.00	4.98	Excess Room rent as per policy.	excessively charged
24	**MEDI ASSIST (CREDIT)**	09-10/10746	IPD	06/03/10	81762	HIMANI TRIPATHI	50,595.00	6,761.00	43,834.00	41373	2,461.00	4.86	Early payment discount	EP Discount
25	**MEDI ASSIST (CREDIT)**	09-10/9093	IPD	11/01/10	96263	RAJA MUKHERJEE	78,881.00	600.00	78,281.00	74504	3,777.00	4.79	Early payment discount deducted as per Mou	EP Discount
26	**UNITED HEALTH CARE(PA REKH HEALTH MGT PVT LTD)**	09-10/11403	IPD	26/03/10	103296	SUNIL KUMAR Y R	55,650.00	650.00	55,000.00	52392	2,608.00	4.69	Rs.2798 cost viability -surgeon fees charged excess than tariff	excessively charged
27	**MEDI ASSIST (CREDIT)**	09-10/11515	IPD	30/03/10	103677	MOHIT CHHAJED	30,332.00	3,161.00	27,171.00	25755	1,416.00	4.67	Early payment discount	EP Discount
28	**MEDI ASSIST**	09-10/11339	IPD	24/03/10	102950	MOIL KHATUN	40,009.00	3,477.00	36,532.00	34680	1,852.00	4.63	Early payment discount	EP Discount

	(CREDIT)													
29	**MEDI ASSIST (CREDIT)**	09-10/8363	IPD	19/12/09	94177	KULDEEP BHARGAVA	50,145.00	5,194.00	44,951.00	42646	2,305.00	4.60	Early payment discount deducted as per Mou	EP Discount
30	**MEDI ASSIST (CREDIT)**	09-10/11131	IPD	18/03/10	62836	ASHA PRASAD	29,944.00	3,390.00	26,554.00	25181	1,373.00	4.59	Early payment discount	EP Discount
31	**MEDI ASSIST (CREDIT)**	09-10/11340	IPD	24/03/10	35680	SAANIL DHAKAR	33,326.00	4,940.00	28,386.00	26935	1,451.00	4.35	Early payment discount	EP Discount
32	**GENINS**	09-10/10357	IPD	23/02/10	78352	SHEETAL GUPTA	55,343.00	26,467.00	28,876.00	26567	2,309.00	4.17	Re-Claim	wrongly calculated
33	**PARAMOUNT**	09-10/7682	IPD	28/11/09	40796	REBECCA WU	19,228.00	67.00	19,161.00	18361	800.00	4.16	Rs.800 excess visit	excessively charged
34	**MEDI ASSIST (CREDIT)**	09-10/10362	IPD	23/02/10	98935	ACHINT SAXENA	125,259.00	24,947.00	100,312.00	95267	5,045.00	4.03	Early payment discount deducted as per Mou	EP Discount
35	**MEDI ASSIST (CREDIT)**	09-10/10362	IPD	23/02/10	98935	ACHINT SAXENA	125,259.00	24,947.00	100,312.00	95267	5,045.00	4.03	Early payment discount deducted as per Mou	EP Discount
36	**MEDI ASSIST (CREDIT)**	09-10/10576	IPD	02/03/10	100549	CHANDAN AGARWAL	101,156.00	12,896.00	88,260.00	84281	3,979.00	3.93	Early Payment deducted as per MOU.	EP Discount
37	**PARK MEDICLAIM**	09-10/8267	IPD	16/12/09	93375	SANTOSH JAIN	123,681.00	13,136.00	110,545.00	105962	4,583.00	3.71	Expenses related to Mania & Depression not approved as per AL. Not recovered from the patient	non payable amount
38	**FHPL (CREDIT)**	09-10/8281	IPD	17/12/09	57357	RITA SINGH	26,807.00	2,347.00	24,460.00	23480	980.00	3.66	Rs.980/- no report of Blood Sugar Glucometer.	not relevant investigation
39	**FHPL (CREDIT)**	09-10/8586	IPD	26/12/09	94837	SAMAN WITA HAJRA	50,211.00	15,211.00	35,000.00	33246	1,754.00	3.49	Non-Payable items not collected	non payable amount
40	**RAKSHA**	09-10/8741	IPD	31/12/09	95465	SURESH KUMAR	121,991.00	660.00	121,331.00	117364	3,967.00	3.25	Re-Claim. Excess Discount deducted.	wrongly calculated
41	**VIPUL**	09-10/10514	IPD	27/02/10	100149	BRIJ SOOD	110,135.00	2,675.00	107,460.00	104157	3,303.00	3.00	Non-Payable items like face Mask, Stocking, Diaper etc. not collected.	non payable amount

42	**MEDI ASSIST (CREDIT)**	'0/11/20	IPD	01/04/10		Moil Khatun	20,306.00	0.00	20,306.00	19699	607.00	2.99	Early payment discount	EP Discount
43	**FHPL (CREDIT)**	09-10/8589	IPD	27/12/09	94813	MUKESH KUMAR AGARWAL	80,131.00	1,880.00	78,251.00	75976	2,275.00	2.84	Non Payable items and cross matching deducted	non payable amount
44	**PARAMOUNT**	09-10/10742	IPD	06/03/10	98917	AZAD MALIK	33,798.00	250.00	33,548.00	32657	891.00	2.64	Rs.800 excess consult charges	excessively charged
45	**PARAMOUNT**	09-10/11178	IPD	20/03/10	9282	VANDANA ANAND	47,426.00	388.00	47,038.00	45827	1,211.00	2.55	Rs.1000/- for surgery day visits.	excessively charged
46	**PARAMOUNT**	09-10/10981	IPD	13/03/10	101562	SUNAYANA MEHTA	70,980.00	2,270.00	68,710.00	66950	1,760.00	2.48	Rs.1263/- paid by patient Receipt not attached. Re-Claim.	incomplete file sent
47	**MEDI ASSIST (CREDIT)**	09-10/10068	IPD	13/02/10	98888	DEVENDER SINGH RAWAT	45,518.00	4,959.00	40,559.00	39459	1,100.00	2.42	Cost of Stocking & exercise ball charges not collected	non payable amount
48	**FHPL (CREDIT)**	09-10/9284	IPD	18/01/10	96920	DANIYA HASHMI	18,283.00	210.00	18,073.00	17696	377.00	2.06	Non-Payable items	non payable amount
49	**FHPL (CREDIT)**	09-10/10549	IPD	28/02/10	100496	RAMESH CHANDER ASRANI	34,053.00	4,190.00	29,863.00	29164	699.00	2.05	No report of Blood Glucometer,Potasium and Sodium	incomplete file sent
50	**VIPUL**	09-10/11099	IPD	17/03/10	85442	VIMAL VIDYARTHI	34,232.00	8,800.00	25,432.00	24897	535.00	1.56	Non Payable items deducted.	non payable amount
51	**PARAMOUNT**	09-10/11279	IPD	22/03/10	101387	SUNIL KUMARI	36,228.00	384.00	35,844.00	35309	535.00	1.48	Non Payable Items	non payable amount
52	**FHPL (CREDIT)**	09-10/9089	IPD	11/01/10	96417	VIKAS YADAV	10,376.00	1,169.00	9,207.00	9054	153.00	1.47	Non-Payable items	non payable amount
53	**FHPL (CREDIT)**	09-10/8748	IPD	31/12/09	95580	SHASHIKANT SHARMA	35,787.00	400.00	35,387.00	34915	472.00	1.32	Non-Payable items	non payable amount
54	**RAKSHA**	09-10/10894	IPD	11/03/10	101647	DAYA SHANKER BANSAL	38,738.00	1,500.00	37,238.00	36743	495.00	1.28	Non-Payable items	non payable amount
55	**FHPL (CREDIT)**	09-10/8560	IPD	25/12/09	94911	MAHESH CHANDER ARORA	44,563.00	4,874.00	39,689.00	39131	558.00	1.25	Non-Payable items	non payable amount
56	**PARAMOUNT**	09-10/10935	IPD	12/03/10	101750	K.M.ARORA	60,426.00	718.00	59,708.00	59221	487.00	0.81	1 Extra visit	excessively charged
57	**MEDI ASSIST**	09-10/8143	IPD	12/12/09	93161	BAIJNATH	125,490.00	27,068.00	98,422.00	97654	768.00	0.61	Non payable items	non payable amount

	(CREDIT)					PATHAK									
58	**RAKSHA**	09-10/10863	IPD	10/03/10	101530	MANOJ VERMA	59,819.00	0.00	59,819.00	59572	247.00	0.41	Non Payable items	non payable amount
59	**RAKSHA**	09-10/10340	IPD	22/02/10	100042	ARTI SHIVPURI	40,135.00	205.00	39,930.00	39817	113.00	0.28	Non-Payable items	non payable amount
60	**RAKSHA**	09-10/10680	IPD	05/03/10	101141	RAVI KUMAR	36,983.00	593.00	36,390.00	36375	15.00	0.04	Non-Payable items	non payable amount

Annexure (Ii) Shows Break Up Analysis Of Reason Of Deduction

sl no	TPA/Company	Bill No.	OP/IP	Patient Name	Net Amt.	Paid Amt.	Balance Amt.	Payment Recd.	Deduction	%	Remarks	reason of deduction
1	PARK MEDICLAIM	09-10/8267	IPD	SANTOSH JAIN	123,681.00	13,136.00	110545	105,962.00	4,583.00	3.7055	Expenses related to Mania & Depression not approved as per AL. Not recovered from the patient	non payable amount
2	FHPL (CREDIT)	09-10/8586	IPD	SAMANWITA HAJRA	50,211.00	15,211.00	35000	33,246.00	1,754.00	3.493258	Non-Payable items not colloected	non payable amount
3	VIPUL	09-10/10514	IPD	BRIJ SOOD	110,135.00	2,675.00	107460	104,157.00	3,303.00	2.999047	Non-Payable items like face Mask, Stocking, Diaper etc. not collected.	non payable amount
4	FHPL (CREDIT)	09-10/8589	IPD	MUKESH KUMAR AGARWAL	80,131.00	1,880.00	78251	75,976.00	2,275.00	2.839101	Non Payable items and cross matching deducted	non payable amount
5	MEDI ASSIST (CREDIT)	09-10/10068	IPD	DEVENDER SINGH RAWAT	45,518.00	4,959.00	40559	39,459.00	1,100.00	2.416626	Cost of Stocking & exercise ball charges not collected	non payable amount
6	FHPL (CREDIT)	09-10/9284	IPD	DANIYA HASHMI	18,283.00	210.00	18073	17,696.00	377.00	2.062025	Non-Payable items	non payable amount
7	VIPUL	09-10/11099	IPD	VIMAL VIDYARTHI	34,232.00	8,800.00	25432	24,897.00	535.00	1.562865	Non Payable items deducted.	non payable amount
8	PARAMOUNT	09-10/11279	IPD	SUNIL KUMARI	36,228.00	384.00	35844	35,309.00	535.00	1.476758	Non Payable Items	non payable amount
9	FHPL (CREDIT)	09-10/9089	IPD	VIKAS YADAV	10,376.00	1,169.00	9207	9,054.00	153.00	1.474557	Non-Payable items	non payable amount

10	FHPL (CREDIT)	09-10/8748	IPD	SHASHIKANT SHARMA	35,787.00	400.00	35387	34,915.00	472.00	1.318915	Non-Payable items	non payable amount
11	RAKSHA	09-10/10894	IPD	DAYA SHANKER BANSAL	38,738.00	1,500.00	37238	36,743.00	495.00	1.277815	Non-Payable items	non payable amount
12	FHPL (CREDIT)	09-10/8560	IPD	MAHESH CHANDER ARORA	44,563.00	4,874.00	39689	39,131.00	558.00	1.25216	Non-Payable items	non payable amount
13	MEDI ASSIST (CREDIT)	09-10/8143	IPD	BAIJNATH PATHAK	125,490.00	27,068.00	98422	97,654.00	768.00	0.612001	Non payable items	non payable amount
14	RAKSHA	09-10/10863	IPD	MANOJ VERMA	59,819.00	0.00	59819	59,572.00	247.00	0.412912	Non Payable items	non payable amount
15	RAKSHA	09-10/10340	IPD	ARTI SHIVPURI	40,135.00	205.00	39930	39,817.00	113.00	0.28155	Non-Payable items	non payable amount
16	RAKSHA	09-10/10680	IPD	RAVI KUMAR	36,983.00	593.00	36390	36,375.00	15.00	0.040559	Non-Payable items	non payable amount
17	MEDI ASSIST (CREDIT)	09-10/9600	IPD	AJAY NAIR	37,023.00	6,230.00	30793	25,916.00	4,877.00	13.17289	Rs.3702/- Early Payment discount & Rs.222/- GRBS reports	EPDiscount
18	MEDI ASSIST (CREDIT)	09-10/8573	IPD	MANIT BHARGAVE	13,046.00	298.00	12748	11,443.00	1,305.00	10.00307	Early payment discount deducted as per Mou	EPDiscount
19	MEDI ASSIST (CREDIT)	09-10/8433	IPD	MEENU SHARMA	19,121.00	12,140.00	6981	5,144.00	1,837.00	9.607238	Rs.1734 Early payment discount	EPDiscount
20	MEDI ASSIST (CREDIT)	09-10/10512	IPD	DHRUV MEHTA	27,894.00	5,935.00	21959	19,296.00	2,663.00	9.546856	Early Payment deducted as per MOU.	EPDiscount
21	MEDI ASSIST (CREDIT)	09-10/10746	IPD	HIMANI TRIPATHI	50,595.00	6,761.00	43834	41,373.00	2,461.00	4.864117	Early payment discount	EPDiscount
22	MEDI ASSIST (CREDIT)	09-10/9093	IPD	RAJA MUKHERJEE	78,881.00	600.00	78281	74,504.00	3,777.00	4.788225	Early payment discount deducted as	EPDiscount

											per Mou	
23	MEDI ASSIST (CREDIT)	09-10/11515	IPD	MOHIT CHHAJED	30,332.00	3,161.00	27171	25,755.00	1,416.00	4.668337	Early payment discount	EPDiscount
24	MEDI ASSIST (CREDIT)	09-10/11339	IPD	MOIL KHATUN	40,009.00	3,477.00	36532	34,680.00	1,852.00	4.628958	Early payment discount	EPDiscount
25	MEDI ASSIST (CREDIT)	09-10/8363	IPD	KULDEEP BHARGAVA	50,145.00	5,194.00	44951	42,646.00	2,305.00	4.59667	Early payment discount deducted as per Mou	EPDiscount
26	MEDI ASSIST (CREDIT)	09-10/11131	IPD	ASHA PRASAD	29,944.00	3,390.00	26554	25,181.00	1,373.00	4.585226	Early payment discount	EPDiscount
27	MEDI ASSIST (CREDIT)	09-10/11340	IPD	SAANIL DHAKAR	33,326.00	4,940.00	28386	26,935.00	1,451.00	4.353958	Early payment discount	EPDiscount
28	MEDI ASSIST (CREDIT)	09-10/10362	IPD	ACHINT SAXENA	125,259.00	24,947.00	100312	95,267.00	5,045.00	4.027655	Early payment discount deducted as per Mou	EPDiscount
29	MEDI ASSIST (CREDIT)	09-10/10362	IPD	ACHINT SAXENA	125,259.00	24,947.00	100312	95,267.00	5,045.00	4.027655	Early payment discount deducted as per Mou	EPDiscount
30	MEDI ASSIST (CREDIT)	09-10/10576	IPD	CHANDAN AGARWAL	101,156.00	12,896.00	88260	84,281.00	3,979.00	3.933528	Early Payment deducted as per MOU.	EPDiscount
31	MEDI ASSIST (CREDIT)	'0/11/20	IPD	Moil Khatun	20,306.00	0.00	20306	19,699.00	607.00	2.989264	Early payment discount	EPDiscount
32	UNITED HEALTHCARE(PAREKH HEALTH MGT PVT LTD)	09-10/11029	IPD	AMIT KATYAL	59,899.00	490.00	59399	54,993.00	4,406.00	7.355715	Re-Claim. Rs.4500/- deducted Room Rent charged excess than tariff.	excessively charged

2/2/1900	PARK MEDICLAIM	09-10/8440	IPD	GEETA BHATT	18,267.00	750.00	17517	16,517.00	1,000.00	5.474353	Half Day extra Room charged deducted	excessively charged
34	RAKSHA	09-10/11192	IPD	NEERAJ	20,077.00	2,280.00	17797	16,797.00	1,000.00	4.980824	Excess Room rent as per policy.	excessively charged
35	UNITED HEALTHCARE(PAREKH HEALTH MGT PVT LTD)	09-10/11403	IPD	SUNIL KUMAR Y R	55,650.00	650.00	55000	52,392.00	2,608.00	4.686433	Rs.2798 cost viability - surgeon fees charged excess than tariff	excessively charged
36	PARAMOUNT	09-10/7682	IPD	REBECCA WU	19,228.00	67.00	19161	18,361.00	800.00	4.160599	Rs.800 excess visit	excessively charged
37	PARAMOUNT	09-10/10742	IPD	AZAD MALIK	33,798.00	250.00	33548	32,657.00	891.00	2.636251	Rs.800 excess consult charges	excessively charged
38	PARAMOUNT	09-10/11178	IPD	VANDANA ANAND	47,426.00	388.00	47038	45,827.00	1,211.00	2.553452	Rs.1000/- for surgery day visits.	excessively charged
39	PARAMOUNT	09-10/10935	IPD	K.M.ARORA	60,426.00	718.00	59708	59,221.00	487.00	0.805944	1 Extra visit	excessively charged
40	FHPL (CREDIT)	09-10/8616	IPD	R PADMA LALITA	72,350.00	22,350.00	50,000.00	35,000.00	15,000.00	20.73255	Re-Claim. Bill & AL diff Rs.10000/- not colleted. Balance amount reclaimed.	wrongly calculated
41	E-MEDITEK	09-10/9948	IPD	JATIN CHOPRA	14,691.00	200.00	14491	13,098.00	1,393.00	9.481996	Re-Claim. Twice 10% Discount deducted.	wrongly calculated
42	RAKSHA	09-10/8938	IPD	SAATVIK SAMARTH	16,220.00	940.00	15280	13,785.00	1,495.00	9.217016	Re-Claim. 10% Co-Payment deducted not mentioned in AL.	wrongly calculated

43	UNITED HEALTHCARE(PAREKH HEALTH MGT PVT LTD)	09-10/9958	IPD	SATYA PAL DHINGRA	79,697.00	2,425.00	77272	70,393.00	6,879.00	8.631442	Re-Claim. Rs.6000/- deducted for room capping. Patient was admitted in ICU.	wrongly calculated
44	RAKSHA	09-10/10397	IPD	SHRI BHAGWAN GUPTA	43,612.00	13,710.00	29902	26,298.00	3,604.00	8.263781	Re-Claim	wrongly calculated
45	FHPL (CREDIT)	09-10/8997	IPD	SNEH BHALLA	39,184.00	2,197.00	36987	35,000.00	1,987.00	5.070947	Re-Claim Rs.715/- wrong Discount calculation by TPA	wrongly calculated
46	GENINS	09-10/10357	IPD	SHEETAL GUPTA	55,343.00	26,467.00	28876	26,567.00	2,309.00	4.172163	Re-Claim	wrongly calculated
47	RAKSHA	09-10/8741	IPD	SURESH KUMAR	121,991.00	660.00	121331	117,364.00	3,967.00	3.251879	Re-Claim. Excess Discount deducted.	wrongly calculated
48	RAKSHA	09-10/1297	IPD	NAMRATA SHUKLA	59,110.00	9,110.00	50000	44,430.00	5,570.00	9.423109	Excess to AL	wrongly calculated
49	RAKSHA	09-10/10978	IPD	SULTAN SINGH	90,135.00	0.00	90135	75,567.00	14,568.00	16.16242	Rs.4000/- Excess Icu Rent & Rs.10370/- Co_payment not collected. As advised by Dr.Sobti	copayment not collected as said by
50	MEDI ASSIST (CREDIT)	09-10/10703	IPD	JATIN RAJPAL	38,933.00	8,300.00	30633	24,598.00	6,035.00	15.50099	AL.Rs.26158 /- diff amount not collected as per DMO.	copayment not collected as said by
51	STAR HEALTH & ALLIED INSURANCE CO LTD (CREDIT)	09-10/10599	IPD	SANDEEP NARANG	31,615.00	0.00	31615	28,000.00	3,615.00	11.43445	Brother of Dr. S.Narang	copayment not collected as said by

52	MEDI ASSIST (CREDIT)	09-10/8874	IPD	SHIV SHANKER VERMA	14,217.00	3,571.00	10646	7,233.00	3,413.00	24.00647	Rs.4822/- Payment receipt not enclosed. Re-Calim	incomplete file sent
53	PARAMOUNT	09-10/10981	IPD	SUNAYANA MEHTA	70,980.00	2,270.00	68710	66,950.00	1,760.00	2.479572	Rs.1263/- paid by patient Receipt not attached. Re-Claim.	incomplete file sent
54	FHPL (CREDIT)	09-10/10549	IPD	RAMESH CHANDER ASRANI	34,053.00	4,190.00	29863	29,164.00	699.00	2.052683	No report of Blood Glucometer, Potasium and Sodium	incomplete file sent
55	VIPUL	09-10/10789	IPD	GAJENDRA SINGH PAWAR	19,476.00	68.00	19408	17,628.00	1,780.00	9.139454	Hepatitis A IgM and repeat LFT not relevant	not relevant investigation
56	FHPL (CREDIT)	09-10/8281	IPD	RITA SINGH	26,807.00	2,347.00	24460	23,480.00	980.00	3.655762	Rs.980/- no report of Blood Sugar Glucometer.	not relevant investigation
57	Health India TPA Services Pvt.Ltd. (CREDIT)	09-10/10365	IPD	SARLA SINGH	173,332.00	10,922.00	162410	115,977.00	46,433.00	26.78848	Re-Claim Bill & AL Diff.Rs.10000/- not collected. Rs.32500/- deducted for Billing category diff.and Balanace amount for Non-Payable items	amount diffrerence+non payable
58	UNITED HEALTHCARE(PAREKH HEALTH MGT PVT LTD)	09-10/11550	IPD	DEEPIKA SHARMA	9,754.00	0.00	9754	8,665.00	1,089.00	11.16465	Rs.126/- deducted for Non-Payable items and Rs.963 for C-Payment	amount diffrerence+non payable

59	PARAMOUNT	09-10/9047	IPD	SAURABH MITTAL	192,339.00	30,300.00	162039	112,003.00	50,036.00	26.01448	Re-Claim. Double deduction by TPA	double deduction
60	E-MEDITEK	09-10/9197	IPD	SHIV KUMAR AGARWAL	154,191.00	49,191.00	105,000.00	85,206.00	19,794.00	12.83733	Rs.15000/- will be paid by Genpact	second company payment
					3345407	392791	2952606	2690521	262085	389.1545		