PROCESS MAPPING OF INSURANCE DEPARTMENT AND ANALYSIS OF DENIALS WITH RESPECT TO DEPARTMENTS

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ABSTRACT:

BACKGROUND: The primary purpose of the study is to assess the process mapping of the insurance department. Thereafter the need based assessment and analysis was done according to the specific case. Much of the perceived negative perception regarding insurance claims denials leads to a loss of 3-5% of net revenue to each hospitals every year. The current study describes the key causes for revenue losses, insurance claims denials with respect to department wise and insurance denials and rejection rate with respect to covid and non covid times.

METHOD: The observational descriptive survey type of study was conducted on 176 cashless in patients through purposive sampling technique for a period of two months

CONCLUSION:

The major conclusions derived from the present study are:

1. The turnaround time of the cashless in patients was higher as compared to cash.
2. The department wise delay in cashless treatment was found to be higher in gynecology and obstereitics
3. There was quite less difference in rejection rate between Covid and Non-Covid times.

Keywords**: Insurance, denials, process mapping, TPA, cashless delay**

1.1 INTRODUCTION

Medical care coverage is a sort of insurance that covers the whole or a piece of the threat of an individual having medical expenses. Likewise, similarly as with various kinds of insurance is risk among various individuals. By evaluating the overall risk of wellbeing threat and insurance system costs over the threat pool, a reinforcement plan can foster a standard record structure, for instance, a month-to-month charge or money charge, to give the money to pay to the clinical benefits decided in the security understanding. The benefit is constrained by a central affiliation, similar to an organization association, private concern, or not-income driven substance.

Medical care coverage inclusion in India is a creating segment of India's economy. The Indian healthcare system is one of the greatest on the planet, with the amount of individuals it concerns: practically 1.3 billion anticipated beneficiaries. The healthcare business in India has immediately gotten maybe the primary regions in the nation to the extent pay and occupation creation. In 2018, 100,000,000 Indian families (500 million people) don't benefit with healthcare insurance. In 2011, 3.9% of India's GDP was spent in the Health area. According to the World Health Organization (WHO), this is among the least of the BRICS (Brazil, Russia, India, China, South Africa) economies. Approaches are open that offer both individual and family cover. Out of this 3.9%, medical services inclusion addresses 5-10% of utilization, organizations address around 9% while singular go through adds to an astounding 82%.In the year 2016, the NSSO conveyed the report "Key Indicators of Social Consumption in India: Health" considering its 71st round of audits. The examination finished in the year 2014 found that, more than 80% of Indians are not covered under any medical services inclusion plan, and simply 18% (government upheld 12%) of the metropolitan people and 14% (government financed 13%) of the commonplace populace was covered under a insurance protection.

For the money related year 2014-15, Health Insurance charge was ₹20,440.

Medical coverage service in India Launched in 1986, the insurance industry has become basically essentially due to advancement of economy and general awareness. By 2010, more than 25% of India's populace moved toward some kind of medical services inclusion. There are independent insurance agencies alongside government supported medical coverage insurance. Health care coverage in India is a creating part of India's economy.

1.2 Problem statement of the study:
1. Process Mapping of insurance department
2. Comparative analysis of denials department wise and according to situation in covid and non-covid times.

1.3 Objectives of the present study:
To study the processes of In-patient Insurance claim and discharges in tertiary care facility in a hospital in NCR region of Delhi.
To study Turnaround time of discharge process (of cashless patients)
To study Number of queries from TPA and assess the rejection rate of claims and their major causes,

1.4 Rationale:
Insurance claim process for the cashless patient is very crucial and time consuming for the patients. The hospital faces heavy revenue loss and dissatisfaction among the discharge patient due to delay in Insurance claim process. This also resulted in delay in discharges and new admissions. Also, a patient visiting in hospital expects complete care from the time of admission to the time of discharge, along with, complete medical care, advice and assistance to their claim processing. Although most of these expectations are met, the patient is still eager to leave the hospital premise at the earliest possible.

1.5 Materials and Methodology:
The type of study was Observational descriptive study. The study period was for a period of 2 months (3 May 2021 to 3 July 2021).The study was conducted in a Tertiary care facility in NCR region in Delhi. The sample Size: 176 cashless In-patients admitted during study period. The sampling method used was simple purposive sampling. The department time and sample collection time was from 9:00 am to 5:30 pm. Monday to Saturday.

1.6 Data Collection Method
The data collected was Primary data and other data through Observation
Claim portal- TAT for discharge process of cashless patients
Claim portal & Register -Total number of queries and major causes,
Claim portal & Register -Rejection rate and its major causes
Secondary data: Medical records, Hospital SOPs., IT Department

1.6 PROCESS MAPPING
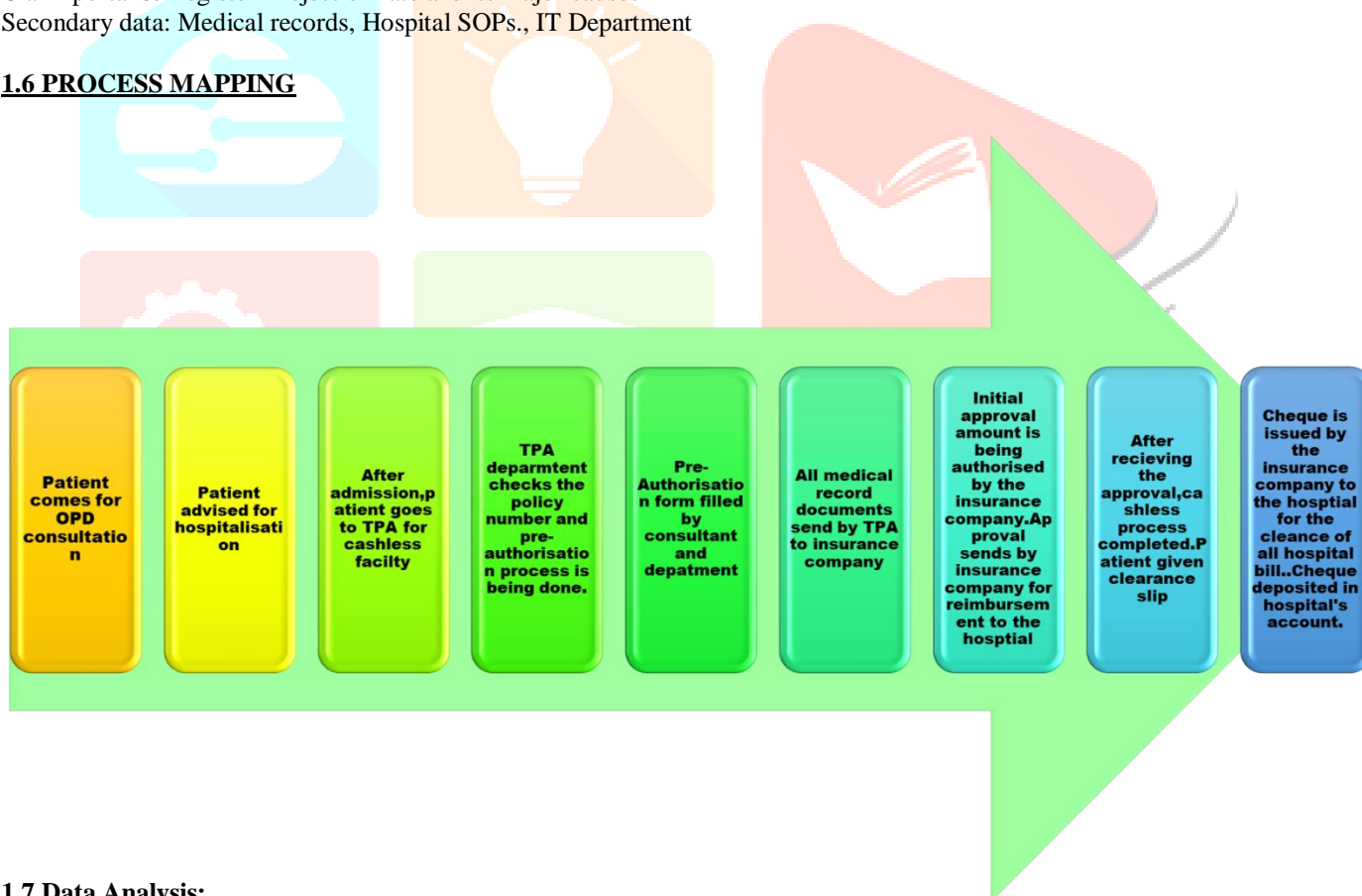
1.7 Data Analysis:
The analysis was directed to study and check the processes of Inpatients insurance claim and discharges in the hospital. The Turnaround time was seen from the time discharge told by the doctor till the endorsement from the Insurance organization/TPA possibly it is acknowledged or dismissed by the organization/TPA. Target population was the discharge Inpatients (Cashless just) during the observation time frame. To lead, study sample of 176 Cashless Inpatients were taken.

At the point when observational study of turnaround time was done, different explanations behind the deferral in discharge process was viewed as displayed in Table 1. It was discovered that Delay in file preparation for sending it for insurance company approval was considered from time when discharge announced by the doctor till it is gotten in the TPA department (Room no. 5). This time incorporates time taken by the nursing staff to write the consultant visit charges in the activity sheet, putting the patient sticker in the activity sheet (for billing purpose), time taken by the GDA for transportation of activity sheet to billing desk, time taken to get ready discharge summary, time taken by consultant and senior resident to finalize the discharge summary and lastly time taken for doing every one of the corrections proposed by the doctor.

After this file will go to the TPA desk of the hospital from where record will be checked for accessibility of the multitude of required archives. All the necessary documents/papers will be sent for the last authorization to the insurance agency/TPA.

The Average time needed for document planning (from discharge announced to sending activity sheet for billing) was 30 min (0.5 hr), Average time needed for TPA company to send approval was 150 min (2hrs 30 min) and average time needed for in discharge process of the credit only (cashless inpatients) Inpatients was 180 min for example (3 hrs.) as shown (table no.1)

Table 1 : Description of the average turnaround time for various activities

S.no	Description	Average turnaround time
1	Average time from discharge announced to sending activity sheet	30 Mins
2	Average time required by the TPA company to send approval	150 mins (2 hours 30 mins)
3	Average time required for total discharge process	180 mins (3 hours)

Fig 1: Comparison Between Hospital Ideal Time And Observed Time

COMPARISON BETWEEN HOSPITAL IDEAL TAT AND OBSERVED TAT

	Time from discharge announced to sending activity sheet	Time required by the TPA company to send approval	Time required for total discharge process
HOSPITAL IDEAL TAT	15	120	150
AVERAGE TAT	30	150	180
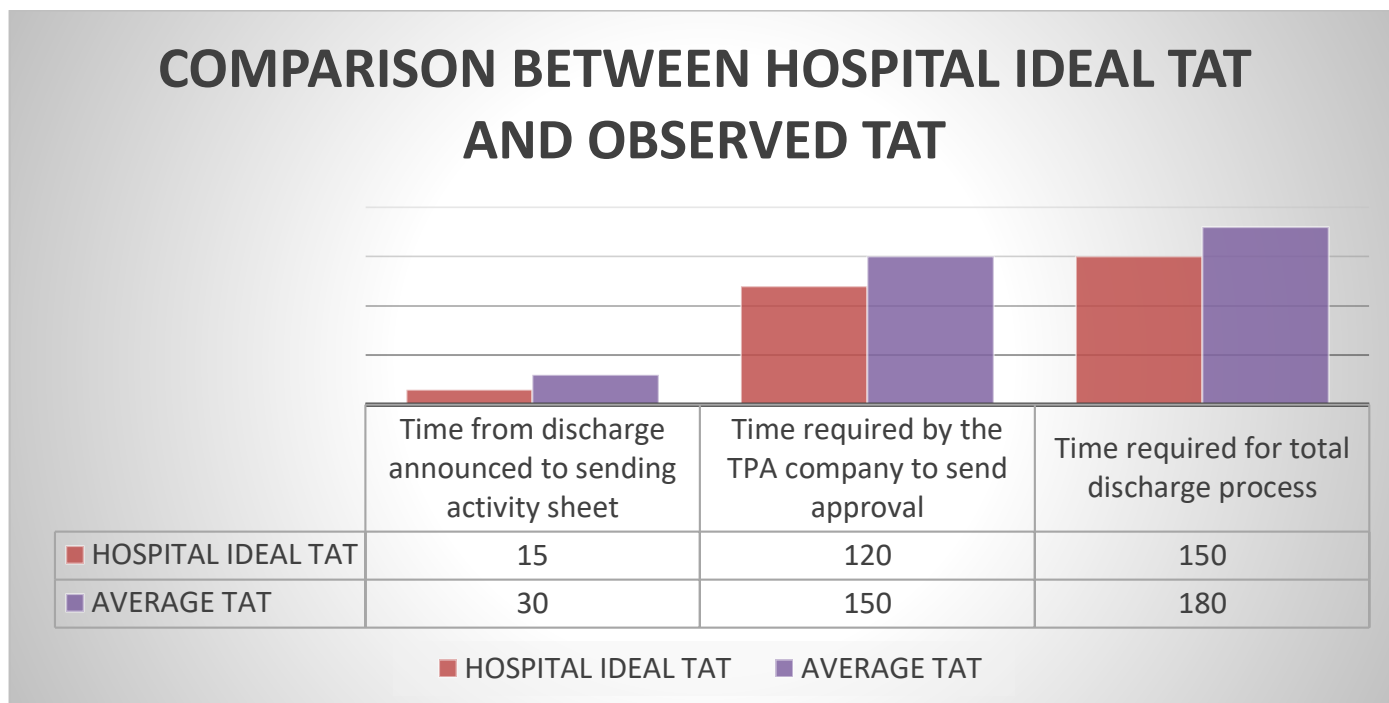
To study the variations from these turnaround time, we got to know

Various reasons for this delay in discharge advice placed and final clearance was mentioned in cause-and-effect diagram (Fig. No.7). Also, various reasons are as follows:
- ❖ Delay by nursing staff arranging all the documents and investigation reports
- ❖ Discharge Summary: Typing of discharge summary, finalization by the primary of physician, making corrections in the discharge summary,
- ❖ By GDA: Availability of GDA staff, transportation of the file for billing and for discharge summary
- ❖ Billing generation: Lengthy procedure

**Table 2: Description of delayed TPA files from ideal turnaround time**

DESCRIPTION	TOTAL NO OF CASES	DELAY 1 HOUR MORE THAN TAT TIME	2-3 HOURS MORE THAN TAT TIME	MORE THAN 3 HOURS OF TAT TIME
Time required by the TPA company to send approval	35	11 (31%)	17(48.5%)	7(20.3%)
Time required for total discharge process	46	23(50%)	9(18%)	14 (30.43%)

Overall delay by the Insurance company/TPA:

The average time taken by the insurance company/TPA is 150min. In 35 cases out of 110 delay was from the company side. In these 35 cases in 31% cases delay was less than 1 hr, 48.5% cases delay was 2-3 hrs and in 20.11% cases delay was more than 3 hrs which is significantly higher. (Table No: 2/ Fig.3)

There are various reasons for this delay out of which one most important reason is due to number of queries and handling of those queries, because in handling the queries both company and hospital takes time to resolve it. If there is no any query in the case the time taken for clearance will be shortened.

**Figure 3: Overall delay by the company**
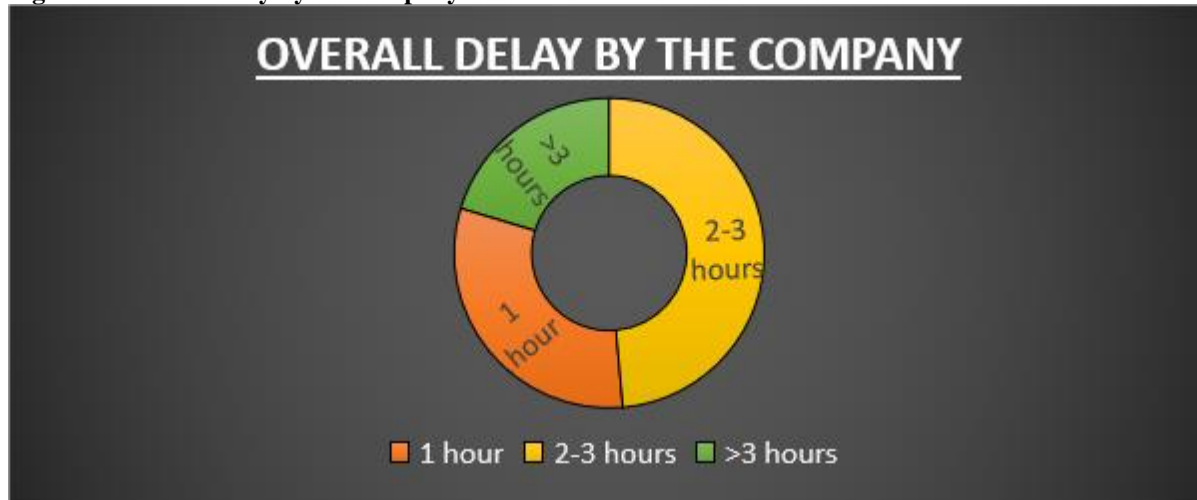
As given in (Fig-4) these are the departments from which major cashless Inpatients are coming i.e. Gynecology & obstetrics, Gastro-intestinal surgery, Medicine, neonatology/Pediatric, Urology, Orthosurgery, Cardiology, Neurology etc.

Figure 4: Department wise delay in hospital
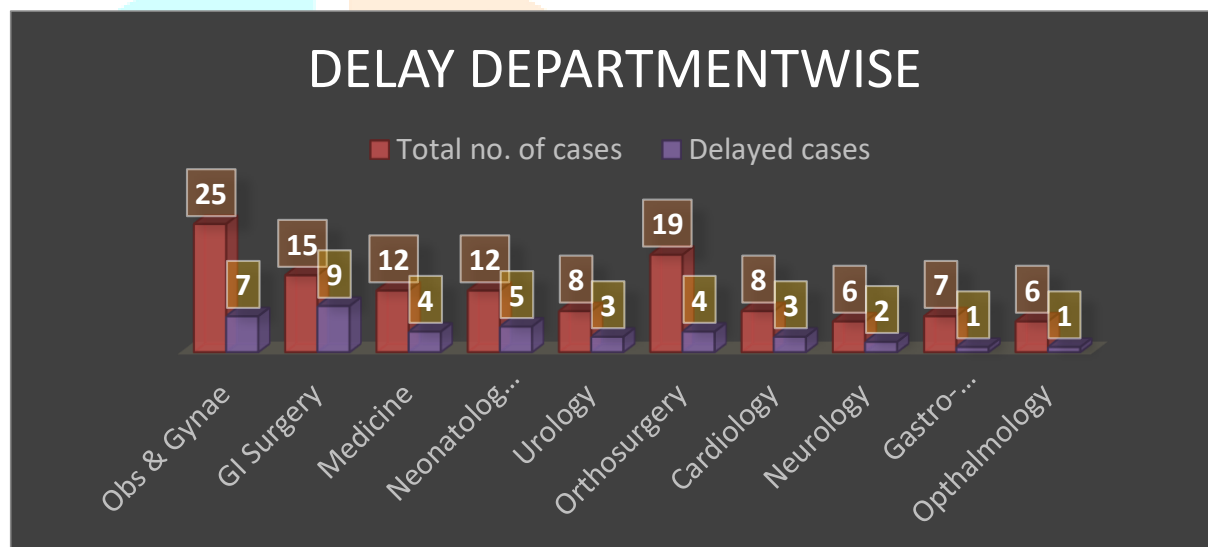
The maximum cases are coming from the ortho surgery but the delayed cases are minimum as compared to the other department. The reason behind less delay in cases of ortho surgery is because most of the TPA queries are promptly solved by the OPD coordinators of the doctor who thereby help in faster discharge process. If we see Gynecology & Obstetrics also there are major number of cases but it has maximum delayed cases in discharge. Same with Gl surgery which has topmost number of delayed cases for discharge. Hence the major focus on Obs & Gyne, Gl surgery, Medicine, Neonatology/Pediatrics, Urology, Orthosurgery can solve the major problem.

Figure 5: Overall delay by the Company/TPA

Overall Delay By The Company/TPA

31

48.5

20.3

■ Delay More than 1 hour   ■ 2-3 hours   ■ More than 3 hours
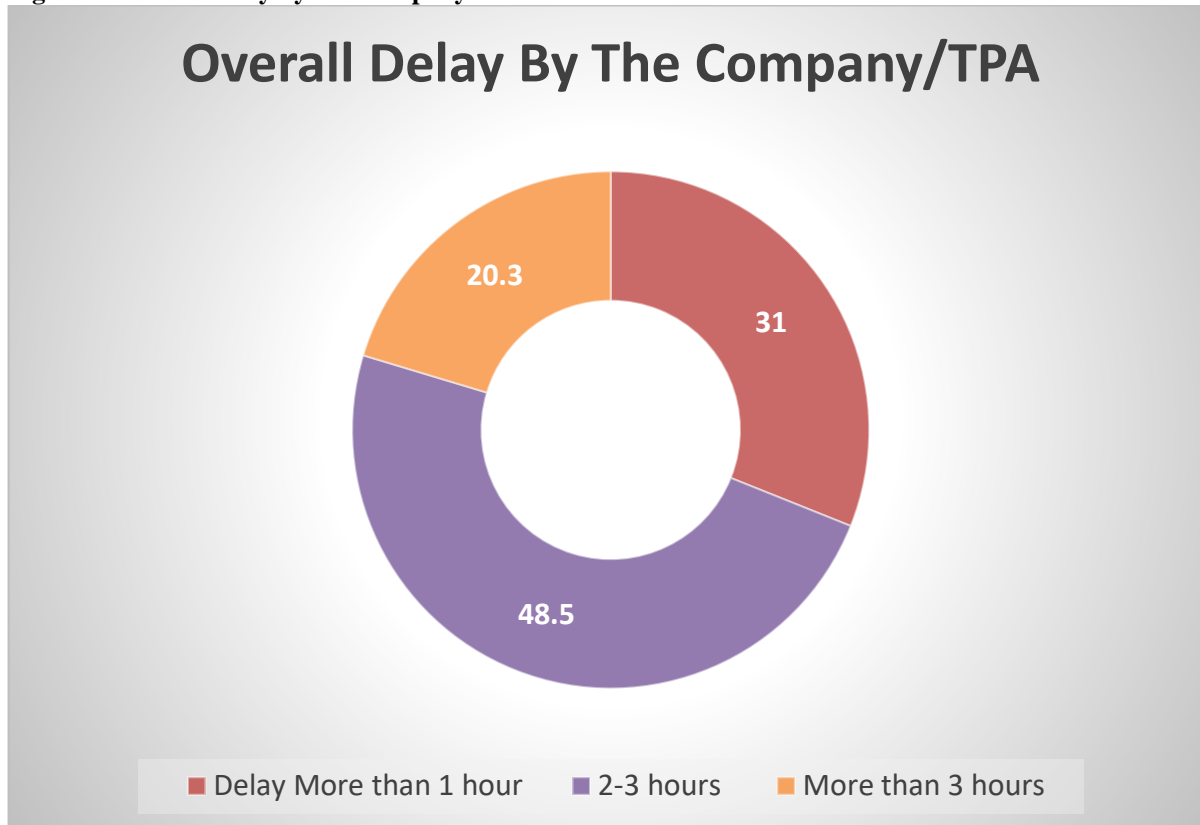
Reasons for delay in discharge:

When study this delay in discharge process reasons which are responsible for this day was studied. When it is seen in hospital point of view hospital cannot reduce time taken by the insurance company by it is possible it hospital will cut short the time taken in hospital discharge processes. As shown in table no.4 Delay by the hospital only was seen in 9 cases out of 46 cases, delay by the company/TPA only and not by the hospital was seen in 21 cases out of 46. Delay by the both (The hospital and by the company/TPA) seen in 16 cases out of 46. (Table no: 3/ Fig.6)

Table 3: Requisite reasons for delay

| REQUISTE REASONS	No. of cases
Delay by the hospital for discharge (File preparation and mail)	9
Delay by the TPA company for the approval	21
Delay by both (By hospital and company)	16
Total	46

Figure 6: Reason for delay in Discharge
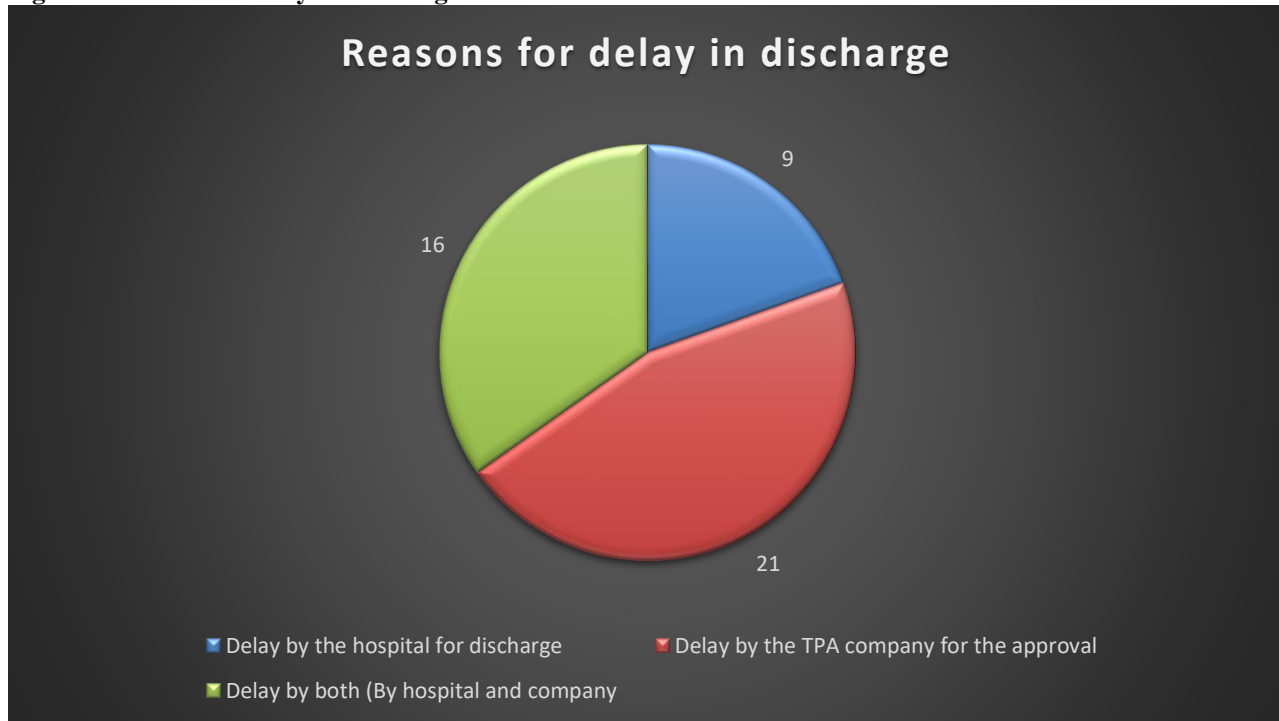
1.8. Fish Bone Diagram

Table 4: Table showing description of Queries and Examples of queries

NO	TYPE OF QUERIES	EXAMPLES
1	Documentation required by the doctor	➢ History of alcohol ➢ Name of Drug ➢ Frequency, ➢ Plan of treatment, ➢ Line of treatment, ➢ Need for hospitalisation, ➢ Need for prolonged hospitalisation ➢ Exact duration with etiology
2	Documentation required by patient's attender	➢ Past History and its documentation
3	Documentation required by Patient	➢ Pre-hospitalisation papers, ➢ Previous investigation reports, ➢ Valid ID proofs, ➢ MLC copy
4	Documentation required by Hospital	➢ Request for admission note ➢ Treatment chart ➢ Vital chart ➢ Doctor progress sheet ➢ Confirmed diagnosis
5	Document requied by management	➢ Bill Estimate ➢ Bill break down item wise list

The queries have been come from the insurance company/TPA in 74 cases out of 176. Out of these cases maximum queries has been asked about for the Documentation by the hospital (32%) and
Investigation reports supporting diagnosis (28% cases).
For documentation required by the doctor (24%), Documentation by the patient (9%),

Figure 7: Various reasons for Queries
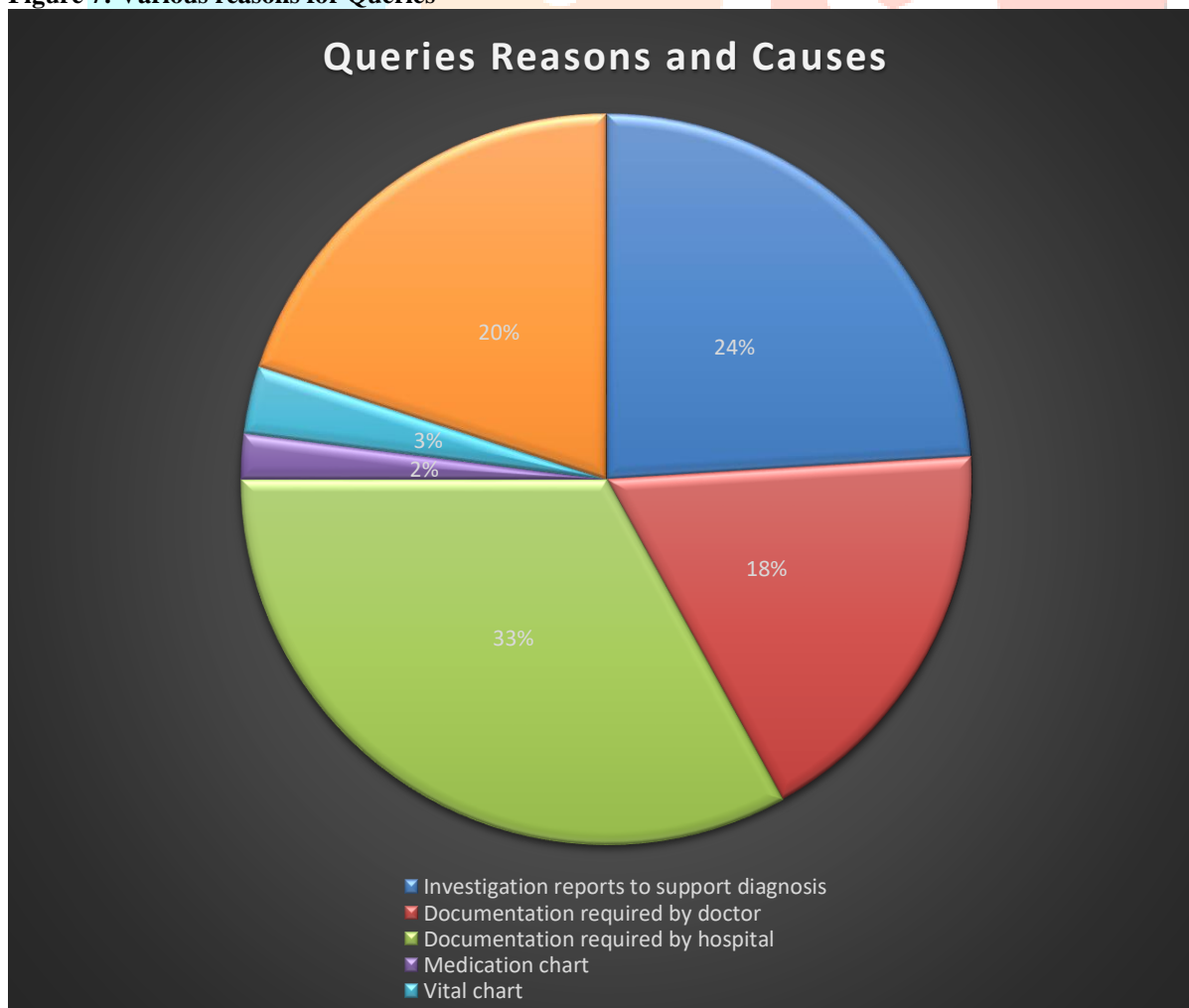
REASONS FOR REJECTIONS/DENIALS

Out of all the data studied from these 176 inpatients, we found that the 11 cases out of 176 got rejected due to various reasons.

The reasons have been enumerated in the table below

In the study objective is to study Rejection rate was 6.25 % and major reasons behind the rejections are: (Fig.8.)

Not covered under their policy (45%).

Limit is exhausted (21%)

Prescribed years not completed (11%)

Hospitalization not justified (7%)

Discrepancy in medical documentation (14%)

Figure 8: Reason for rejection

REJECTIONS/DENIALS REASONS

Legend:
- Limit is exhausted
- Not covered under their policy
- Prescribed years not completed
- Hospitalisation not justified
- Discrepancy in medical documentation
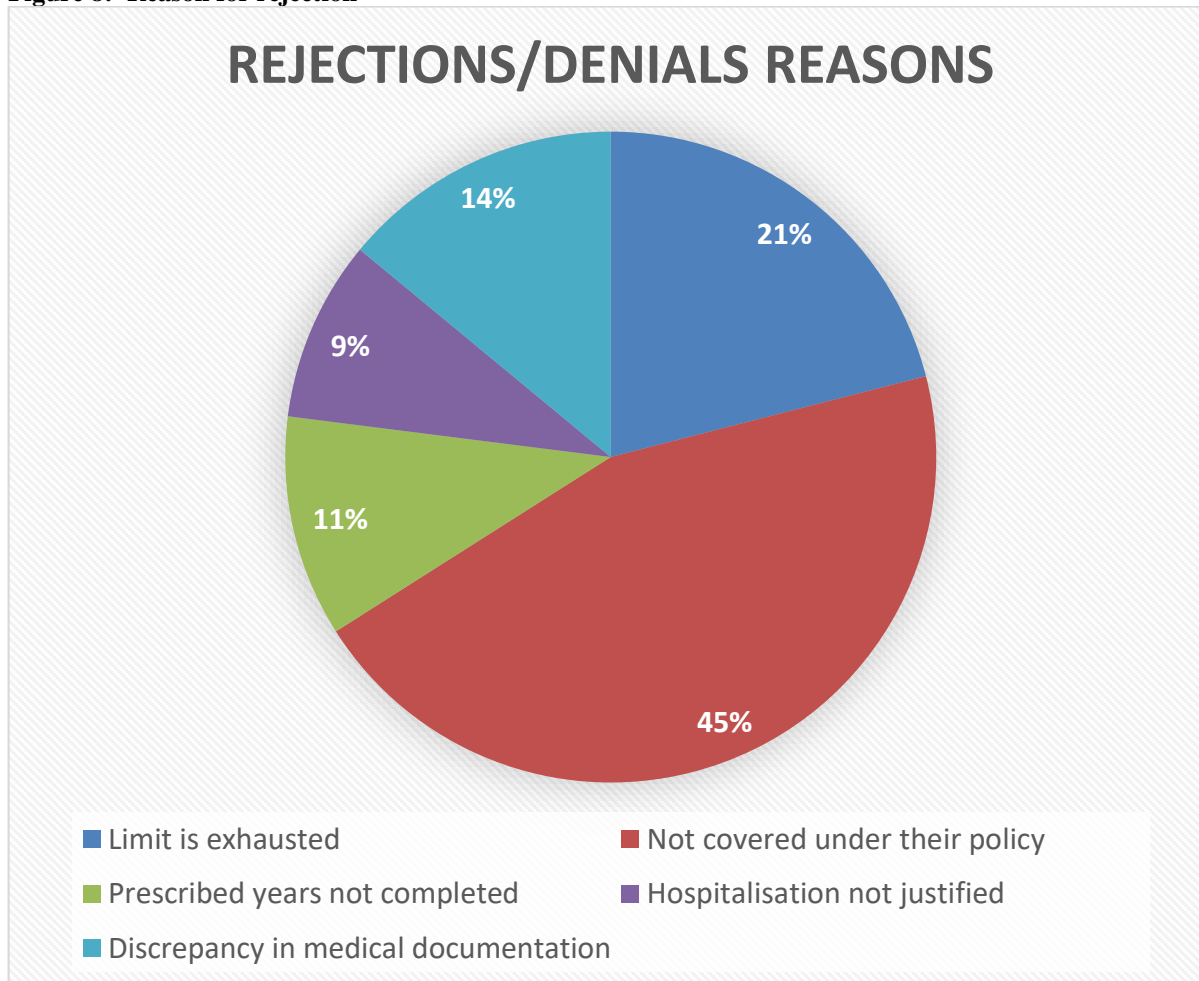
1.9 Final Suggestions

To initiate more for planned discharges: If specialists can enter" Tentative discharges or expected discharges" request in any event 24hrs before discharge. This way guarantee measure would be started before and along these lines finish simpler. Additionally, providing discharge request before 9:00 am on the day of discharge would likewise be valuable.

In the event that we give the significant spotlight on department like Obstetrics and gynecology, Gl medical procedure. Medication. Urology, neonatology/paediatrics, Orthosurgery can tackle almost 80% issue of the delay in discharges.

Likewise, by closing all TPA queries earlier will help almost 41% of the issues to be resolved sooner.

2.0 Conclusion:

- ❖ Delay caused in bringing the file to Mediclaim department is because of lack of coordination between nurse station and ward boys.
- ❖ Delay in completion of discharge summary is due to lack of updating of patient status information on a regular basis.
- ❖ Delay in making final bill is because of following reasons :
- ❖ Complexity of billing procedure.
- ❖ File not cleared in advance by ward for refunding of medicine for expected discharge patients.

Delay in sending file to TPA is because of the following:

- ❖ Technical issues - unexpected system T A website crash.
- ❖ Files have to be cross examined several times by medical officer before sending to TPA

2.2 Recommendations For Further Study

- ❖ Implementation of pharmacy where medication is delivered to the patient's room.
- ❖ Preparation of Tentative discharges summary.
- ❖ Improve the communication between doctors, nurse, floor managers & patients.
- ❖ Special training should be given to the staff (Training of ANM staff as discharge lounge staff)
- ❖ Enhancing the coordination between the all the departments
- ❖ All the activity sheet should not be sent together at the peak time.

REFERENCES

[1] Waymack PM. Light at the end of the tunnel for denials management. Healthc Financ Manage. 2004;58(8):56-66

[2] Burns W, Harmon A. Reducing administrative write-offs through improved denial management. Healthc Financ Manage. 2016; 70(7):30-34

[3] Harris D, Cibenko A, Johnston S, Kline LJ, Silveria R. Straight talk: new approaches in healthcare. Are you in denial over your denials? Enhance your revenues with denial management. Modern Healthc. 2002;32(47):31-34.