# CHAPTER: 04

# STUDY OF THE INSURANCE CLAIM PROCESS FOR CASHLESS PATIENTS IN SANTOKBA DURLABHJI MEMORIAL HOSPITAL

**Shweta Sharma**
*Student, IIHMR University*

**Dr. P.R. Sodani**
*Professor, IIHMR University*

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## INTRODUCTION

The process of planning for a patient's post-discharge care needs should not commence solely on the day the decision is made to release them from the hospital. It is widely acknowledged that discharge planning is more effective when initiated before admission. Several factors, including individual elements like age, medical factors such as the existence of multiple pathologie, and organizational factors like the absence of alternative care facilities, contribute to the risk of delayed discharge for patients. In this article, the author presents strategies to enhance the involvement of nurses in discharge planning and emphasizes the significance of including patients and their caregivers in the decision-making process [1]. The discharge planning is a routine feature of health systems in many countries. The aim is to reduce hospital length of stay and unplanned readmission to hospital and improve the coordination of services following discharge from hospital thereby bridging the gap between hospital and place of discharge. Sometimes discharge planning is offered as part of an integrated package of care, which may cover both the hospital and community [2]. The literature review found that older people, those with multiple pathology, and those with some specific clinical conditions (such as neurological deficit and stroke) are most at risk. A small number of studies suggest that patients waiting for a place in their first.

Various factors, including individual, medical, and organizational elements, contribute to the vulnerability of individuals in the availability of care home options, and patients without a companion to accompany them home are also prone to experiencing delays. The literature review emphasized that certain medical conditions are more likely to result in delayed discharge across all age groups. Often, this delay is attributed to the insufficient availability of alternative care facilities for individuals with these specific medical conditions. In essence, it is not the clinical condition itself that causes the delay, but rather how organizations are handling services for individuals with these clinical conditions [3].

**Rationale**

The insurance claim process for cashless patients is a critical and time-consuming aspect that poses challenges for patients. The hospital encountered substantial revenue losses and dissatisfaction among discharged patients due to delays in the insurance claim process. This, in turn, led to delays in discharges and new admissions. Patients visiting the hospital anticipate comprehensive care from admission to discharge, encompassing medical care, guidance, and assistance with their claim processing. Despite meeting most of these expectations, patients are still eager to leave the hospital premises as soon as possible.

## RESEARCH OBJECTIVES

1. To study the processes of In-patient Insurance claim and discharges in SDMH Hospital
2. To study Turnaround time of discharge process (of cashless patients)
3. To study Number of queries from TPA and assess the rejection rate of claims and their major causes.

## RESEARCH METHODOLOGY

The study, conducted over a two-month period from March 3 to May 3, 2015, at SDMH, Jaipur, employs observation and a descriptive approach. The sample size consists of 110 cashless inpatients admitted during the study period, selected through simple purposive sampling. Data collection, occurring from 9:00 am to 6:00 pm, Monday to Sunday, focuses on primary data through observation of the discharge process for cashless patients, including Turnaround Time (TAT) on the Claim portal, total queries, and their major causes, as well as the rejection rate and its major causes. Secondary data will be sourced from medical records and hospital Standard Operating Procedures (SOPs).

## RESULTS & DISCUSSION

The research focused on the delay in the discharge process for cashless inpatients, with observations revealing various factors

contributing to the delay. Average times were calculated for different stages, including file preparation and company/TPA approval. The study identified 37 cases with delays in file preparation, primarily caused by factors such as nursing staff coordination, discharge summary processes, GDA involvement, and billing procedures. Ortho surgery had the least delayed cases, while Gynaecology & Obstetrics and GI Surgery had significant delays. The average time for company/TPA approval was 125 minutes, with 48 out of 110 cases experiencing delays from the company side, mainly due to queries. The analysis of company performance indicated Star Health & Allied Insurance had a significant number of delayed cases attributed to query handling. Overall, 46 out of 110 cases had delays in the discharge process, with reasons categorized into delays by the hospital only, by the company/TPA only, and by both. The study also aimed to examine the number of queries and their major causes, categorizing queries into groups for analysis.

## CONCLUSION

An effective insurance claim process for cashless inpatients in the hospital required coordination among the departments and all the stakeholders involved in the process. If a delay occurred in any single step, it caused delays in subsequent steps of claim processing and the final discharge of the patient. Fast claim processing and the discharge of the patient were directly related to patient satisfaction, as it was the last quality experience for the patient in the hospital. It needed to be dealt with effectively and harmoniously so that the patient could take good memories home. The terms and conditions of the insurance policy were crucial, affecting the entire claim process.

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