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VIPUL MEDCORP INSURANCE TPA PRIVATE LIMITED, GURGAON

(February 9<sup>th</sup> – May 15<sup>th</sup>, 2017)

BY:

ARSH SHAHIN

(PG/15/017)

POST-GRADUATE DIPLOMA IN HOSPITAL & HEALTH MANAGEMENT

NEW DELHI

2015-17



**DISSERTATION REPORT ON**

**PERCEPTION OF POLICY HOLDERS**

**TOWARDS HEALTH INSURANCE & TPA IN GURGAON**

By

**ARSH SHAHIN**

PG/15/017

Under the Guidance of

**Dr. Manish Priyadarshi**

Post graduate program in Hospital & Health Management

(2015-2017)



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## COMPLETION OF DISSERTATION

The certificate is awarded to

**ARSH SHAHIN**

In recognition of having successfully completed her

Internship in the department of

**BUSINESS DEVELOPMENT**

And has successfully completed her Project on

PERCEPTION OF POLICY HOLDERS

TOWARDS HEALTH INSURANCE & TPA IN GURGAON

**15<sup>TH</sup> MAY 2017**

**VIPUL MEDCORP TPA PRIVATE LIMITED**

She comes across as a committed, sincere & diligent person  
who has a strong drive & zeal for learning.

We wish him/her all the best for future endeavors.

**Training & Development**

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**TO WHOMSOEVER IT MAY CONCERN**

This is to certify that Ms. Arsh Shahin student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone internship training at Vipul MedCorp TPA Private Limited, Haryana from 9<sup>th</sup> Feb 2017 to 15<sup>th</sup> May 2017.

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements I wish him all success in all his future endeavors.

Dr. A.K. Agarwal  
Dean, Academics and Student Affairs  
IIHMR, New Delhi

Dr. Manish Priyadarshi  
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IIHMR, New Delhi

## Certificate of Approval

The Following Dissertation Titled “PERCEPTION OF POLICY HOLDERS TOWARDS HEALTH INSURANCE & TPA IN GURGAON” at Vipul MedCorp TPA Private Limited is hereby approved as a certified study in management carried out and presented in a manner satisfactorily 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 purpose it is submitted.

Dissertation Examination Committee for Evaluation of dissertation

Name

Signature

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### **Certificate from Dissertation Advisory Committee**

This is to certify that Ms. Arsh Shahin, a Post graduate student of the Post- Graduate Diploma in Health and Hospital Management has worked under our guidance and supervision. She is submitting this dissertation titled “PERCEPTIONS OF POLICY HOLDERS TOWARDS HEALTH INSURANCE & TPA IN GURGAON.”

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.

Dr. Manish Priyadarshi  
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INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH  
NEW DELHI  
CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titles “perception of policy holders towards health insurance & TPA in India” and Submitted by Arsh Shahin Enrollment No. PG/15/017 under the supervision of Dr. Manish Priyadarshi for award of Postgraduate Diploma in Hospital And Health Management of Institute carried out during the period from 09/2/2017 to 15/5/2017 embodies my original work and has not formed the basis for award of any degree, Diploma associate ship, fellowships, titles in this or any other Institute or other similar institution of higher learning.

Signature

## FEEDBACK FORM

Name of Student: Ms. Arsh Shahin

Dissertation Organization: Vipul MedCorp TPA Private Limited

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Deliverables: Perception of policy holders towards Health  
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Strengths:

Suggestions for Improvement:

Signature of Officer

Date:

Place: Gurgaon



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## ABSTRACT

TPA in India's health insurance industry was a significant step towards addressing the need of a hassle free system for delivery of quality ensured healthcare for the policyholder. The services were designed to address the cost and quality issues prevalent in the sector but still date the implementation of TPA concept has not been as smooth and efficient as it was expected to be: a lot of work is still needed to be done in with respect to the current issues. This survey study was conducted perception of the policyholder towards the TPAs. & to know their knowledge about what roles and functions a TPA is supposed to perform, The study was conducted in Gurgaon concentrating on the hospital of with a total sample size of 75 respondents was used to collect data and a questionnaire was designed for that purpose. The major findings of this study are as follows: a) Policyholders have low awareness regarding the existence of TPAs; b) Most of the policy holders rely on the insurance company or the insurance agent; c) The policyholders are unaware of the services they can avail as a client of the respective TPA. This shows that the regulatory body IRDA should take initiatives for designing an appraisal mechanism which keeps a check upon the performance of the TPAs.

## ACKNOWLEDGEMENT

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I would like to extend my sincere thanks and profound gratitude to Mr. Rizwan Khan, Asst. General Manager, and Vipul MedCorp for providing me with a good environment and facilities to complete this project.

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List of Abbreviations

TPA	Third Party Administrator
IRDA	Insurance Regulatory and Development Authority
PPN	Preferred Provider Network
SMO	Second Medical opinion
EMRM	Electronic Management Record Management
OPD	Out patient department
RSBY	Rastriya Swayam Bima Yojna
IVR	Interative voice response

## ORGANIZATIONAL PROFILE

**Vipul MedCorp TPA Pvt Ltd.** is an ISO 9001:2008 certified and an IRDA Licensed, Third Party Administrator (Health), engaged in following services. Vipul MedCorp TPA is promoted by Vipul group of India, a diversified business group having presence in Automobile Dealerships. Real Estate, Information Technologies, Smart Card related services and in Health and wellness domain.

**Cashless** Medical Services Facilitation at Network Hospitals up to limit authorized by Hospitalization Insurance.

**Claim processing** and reimbursement, for non network Hospitals.

**Enrollment** of data & Health card issuance to insured.

**Cost containment** services for insurance companies & insured with inadequate insurance.

**Online assistance** to insured during Hospitalization.

**MIS/Reports** (online/offline) to insurance co and insured.

## PRODUCTS & SERVICES

Vipul MedCorp TPA Pvt. Ltd. TPA Services:

Our service professionals deploy innovative technology and best practices to manage the administration of your health insurance policy. We endeavor to become a comprehensive and complete source for health and mediclaim administration and management for the insured as well as the insurer. Our corporate services team have expertise in managing administration during open enrollment and throughout the plan year, notifying employees of their benefits, changes, and ensuring that related systems receive accurate data. Our in house systems team has build a full-service record keeping and administration platform tailored to suit health insurance requirements across all levels of clients. All the above can be offered online through web-based access. At the moment the following services are offered to the clients :

- Cashless medical service facilitation at network hospital up to the limit authorized by mediclaim/hospitalization Insurance
- Claim processing & reimbursement, for non-network hospitals
- Computerized Medical History records
- Online assistance to Insured during hospitalization & filing of claim documents

### **Service Level Agreements:**

We at Vipul MedCorp TPA are a group of professionals dedicated to our mission of providing excellent services to our clients (Corporate as well as Retail). For deliverance of services the SLA (Service Level Agreements) are in place, which would be signed with various Insurance companies and the corporate groups. These broadly define the Turnaround Time (TAT) for the deliverance of the following services:

1. ID Cards Printing and Dispatch
  - Vipul MedCorp TPA TAT for the Delivery of cards is within seven (7) days of the receipt of the complete data of insured members and the details of the policy from the insurance company
2. Cashless Authorization / Rejection
  - Cashless authorization requests are to be scrutinized and the decision of acceptance or rejection is to be conveyed to the service provider within 24 hrs. of the receipt of the Pre Hospitalization Authorization Form.
3. Claims Settlement / Reimbursement
  - Turnaround Time (TAT) of settlement of reimbursement claims is generally upto 15 days and subject to full documentation compliance.
4. Customer Grievance Redressed
  - TAT for response is max. 2 working days, for any queries or grievance raised by the client.
5. Call Center Responses
  - Vipul MedCorp TPA operates a 24 \* 7 / 365 days Call center to provide instant accessibility to the clients for all information required for medical services facilitation and claims status.

## **6. MIS Reports**

- Weekly/ Monthly MIS are prepared for the following:
  - a. Claims Paid /Outstanding
  - b. Premium Collection
  - c. ID Cards Processed & Dispatched
  - d. Special reports annually for disease wise analysis, total age wise claim incidences etc.

## **7. Adequate Coverage of Network Hospitals**

- Providing a comprehensive coverage of network hospitals at all locations of client operations.

## **Claim Management & Control**

### **Cashless Facilitation Procedure**

- Receipt & Record of Data & Member Enrollment (Issuance of Photo ID Card)
- Pre-Admission Authorization after checking Doctor Prescription, Admission Form, Hospital Information
- Claim form is submitted with Original bills along with Doctor Prescription, Diagnostic Reports & Discharge summary

### **Claim Reimbursement**

When Cash Less Facility is not accorded or Insured goes to a Non Network Hospital then following documents are required :

- Claim Forms
- Original bills with Diagnostic reports
- Doctor's First prescription
- Discharge summary/certificate

### **Claims Control**

- Original Bills are verified & scrutinized against Standard Discounted Tariff
- Cost Containment by Medical procedure audit & Bill scrutiny
- 2nd Medical opinion taken for complicated cases
- Reprising done on case to case basis.

### **Cost Containment**



Cash Less medical services lead to: :

- Bill Scrutiny before release of payment
- Discounted Rates
- Eliminates Reimbursement Frauds
- Medical Procedure Audit / Elimination of unnecessary prescriptions

### **Steps followed in the basic functions of TPA:**

#### **1. Cashless Facilitation Procedure**

- ▶ Receipt and Record of Member Enrollment
- ▶ Issuance of unique ID Card
- ▶ Providing with the reference list of network hospitals offering cashless facility
- ▶ Receipt and securitization of pre-authorization request
- ▶ Pre-Admission Authorization after checking Doctor Prescription, Admission Form, Hospital Information
- ▶ Claim form should be submitted with original bills along with prescription, diagnostic reports and discharge summary.

#### **2. Claim Reimbursement**

When the insured goes to a Non Network Hospital and makes the payment for all hospital expenses all by himself, then he needs to submit all the original documents of treatment viz.:

ID/ Policy Card No. or Policy Number

- ▶ Policy copy (if available)
- ▶ Date of Hospitalization
- ▶ Reason for Hospitalization
- ▶ Date of Discharge
- ▶ Claim Form (available on TPA website) – duly Filled and signed by the claimant policy holder
- ▶ Medical Certificate Form duly filled by the treating doctor
- ▶ Original Discharge Summary
- ▶ All the Original Bills with break up
- ▶ All Original Diagnostic Test Reports performed n patient during hospitalization

#### **3.Claims Control**

- ▶ ~~Original Bills are scrutinized against Standard Discounted Tariff Rates~~

- ▶ Cost Containment by Medical procedure audits and Bill scrutiny
- ▶ Medical opinion taken for complicated cases
- ▶ Eliminates Reimbursement Frauds
- ▶ Medical Procedural Audits

**Service Deliverables & Value Added Services:**

SERVICES	TAT	VALUE ADDED SERVICES
Cashless	2-4 hrs	<ul style="list-style-type: none"> <li>• SMS Alerts for cash less and Claims</li> <li>• Web Access for online data transaction</li> <li>• Discounts I leading hospitals for Health Check up and OPD treatments</li> <li>• Online Grievance / Query Module and redressal</li> <li>• Help desks and orientations</li> <li>• 24/7 mobile, Call center supported on IVR with online interphase.</li> <li>• Second Medical Opinion (SMO)</li> <li>• Electronic Medical Record</li> </ul>
ECard	Within 72 hrs	
Laminated Cards	Within 7 days	
Query Generation	4-7 days	
Claims Settlement	7 days	
Payment	Within 2 days ECS	

Working as Business Development Department at Vipul MedCorp TPA Private Limited

### **1.2.1 Area of Engagement**

- Handling several clients cases regarding health insurance.
- Taking follow-up with the corporate for New Business.
- Monthly meetings with corporate HR regarding their queries related to claims & services.
- Meetings with Insurance brokers.

### **1.2.2 Managerial Tasks**

- Coordinating for the meetings with the corporate client
- General Tasks –Making presentation and data management.

### **1.2.3 Reflective learning**

- 1 Resolving case of corporate clients as per query.
- Preparing official document's
- Prioritizing of work
- Time management

## **Introduction**

A Third Party Administrator (TPA) is an organization which processes claims or provides cashless facilities as a separate entity. Seen as an outsourcing of claim processing, Third Party Insurance processes claims for both retail and corporate policies. The risk of loss incurred remains with the insurance company. The insurance company usually contracts a reinsurance company to share its risk. An insurance company hires TPA to manage its claims processing, provider network and utilization review. While some TPA operates as units of insurance companies, most are often independent.

TPA is also involved in handling employee benefit plans such as processing retirement plans. Handling healthcare or employee benefit claims requires using a specialized set of manpower and technology, therefore hiring a TPA for the same is a more cost effective method.

The Insurance Regulatory and Development Authority of India (IRDA) defines TPA as a Third Party Administrator who, for the time being, is licensed by the Authority, and is engaged, for a fee or remuneration, in the agreement with an insurance company, for the provision of health services. TPA was introduced by the IRDA in 2001.

Being one of the prominent players in the managed care industry, it has the expertise and capability to administer all or a portion of the claims process. The services include claims processing, premium collection, enrollment and cashless processing. Insurance companies setting up its own health plan often outsource certain responsibilities to a TPA.

The TPA acts like a claims adjuster for the insurance company. In some cases the insurance company sets up an entire department within their own company to act as TPA as opposed to hiring a commercial TPA company.

India public Health infrastructure has not kept pace with economy growth. The physical infrastructure is inadequate to meet today's healthcare demand which are influenced by our complex cities emerging from changing disease pattern.

As per WHO and Human Development report India ranks at 171 of 175 countries in the amount of public expenditure in healthcare & rank 18 in the amount of private expenditure on healthcare (WHO Study 2007-08). For a country of 1 billion, India spends 5.2 % of the GDP on Healthcare. While 4.3 % by the private Sector, the government continues to spend only 1.1 % on Public Health ( Human Development Report 2007-08) taking in to consideration of the out of pocket which is basically any direct payment made by hospitals. This is a part of private expenditure of Healthcare; as of now India has 89.9% out of pocket expenditure.

Over the next few years the lifestyles diseases are expected to grow at a faster rate as compared to other infection diseases, resulting in increase in cost per treatment. The increased advent of technology and the increase in cost of associate healthcare has resulted to explore Health financing options to manage cost of treatment.

### **Role of Third Party Administrators**

TPAs licensed by IRDA are the intermediary between Insured and Insurance Company and responsible for providing value added services to policy holders including all aspects of claim arising out of health insurance policies. The work of the TPA starts once the Policy is issued. TPAs have helped insurance companies provide better service to their policyholders through their efficiency in claim settlement .There are at present 29 IRDA registered TPAs

### **Functions of Third Party Administrator:**

- 1) TPA issues ID cards to all their policyholders in order to validate their identity at the time of Claim.
- 2) In case of a claim, policyholder will have to inform TPA on their 24 hr toll free line. In case of a network hospital the TPA issues authorization letter to the hospital for admission of policyholder and also pays for treatment. At the time of discharge all the bills are sent to TPA for processing the claim. In case of Emergency hospitalization in a hospital outside the network, cashless facility cannot be extended and claim is reimbursed after submission of documents.
- 3) After making the payment to the hospital, the TPA sends all necessary documents of claims to insurance company and the Insurance Company then reimburses TPA.

### **BENEFITS:**

The Insurance industry in India has experienced a sea change since emergence of private participation. Health insurance is a mechanism to finance the health care needs of the people. To manage the problems arising out of increasing health care costs, the health insurance industry had assumed a new dimension of professionalism with TPA. The core service of a TPA is to ensure better services to policyholders. Their basic function is to act as an intermediary between the insurer and the insured and facilitate cash less service at the time of hospitalization.

**Benefits of TPA to the insurance world include:**

- ▶ Faster and focused claims management
- ▶ Lower overhead cost and reduced cost of claim management
- ▶ Immediate access to highly trained claim administrators
- ▶ Improved control over claims outcomes
- ▶ Provision of cashless services at much ease
- ▶ Safeguarding of customer relationships
- ▶ Protection of brand reputation.
- ▶ Control of possible frauds by the private healthcare providers

**AIM OF THE STUDY**

- Perception of the policy holders towards the Third Party Administrators

**OBJECTIVES OF THE STUDY**

- To understand the perception of Healthcare policy holders about the role played but TPAs in the insurance industry.
- To study the awareness amongst respondents regarding roles and functions of TPA.
- Too study the satisfaction level amongst respondents with respect to TPAs

## **LITERATURE REVIEW**

The economy of India is the eleventh largest world in the nominal GDP & the fourth largest by purchasing power parity (PPP). The country's per capita (PPP) is \$ 5,417 (IMF, 125<sup>th</sup>) IN 2013

Government allocations in the Health sector have declined from 1.3 % of GDP in 1990 to 0.9 % in 1999 (National Health Policy, 2001). The central government plays an important role in supporting National Health Programme such as Malaria,

T.B, HIV/AIDS, etc. Funds for these programmes are channeled through state governments. These schemes give priority to primary Health whereas state government bears the major responsibilities of recurrent costs, specially the cost of operating the hospitals. The significance of alternative sources of financing has increased significantly.

The role of Private financing has increased significantly in recent years. It is estimated that people spend about 4.5 % of GDP on Healthcare needs & this is about three-fourth of the Healthcare expenditure (World Bank, 1998). Most of it is out of pocket private expenditure which has grown at the rate of 12.5 %, and for each 1 % increase in the per capita income it has increased by about 1.44 % (Bhatt 1999).

Insurance companies have to deal with unregulated healthcare providers who work in an environment where there are no standards, quality benchmarks and treatment protocols, and where highly variable billing system & significant price variations across providers exist. It has also been observed that hospitals tend to charge the patients covered by insurance more, but in the absence of monitoring and control mechanisms; it is difficult to handle fraudulent claims.

## **METHODOLOGY**

### **STUDY AREA**

The study was conducted in Gurgaon (Haryana). Areas covered were gurgaon hospitals.

### **STUDY DESIGN**

A Qualitative study

### **SAMPLE**

- Sample Frame : IPD policyholder patients
- Size – 75

### **DATA COLLECTION**

For collection of primary data a questionnaire was designed.

### **TOOLS & TECHNIQUE**

- A Questionnaire of total 22 Questions was administrated from IPD policyholder patient.



## **STUDY RESULTS**

### **POLICYHOLDERS PERCEPTION**

**Knowledge about policy and TPAs:** Out of the total 75 respondents, only 15 have knowledge about existence of TPAs. Estimate 30:70 split between cashless and reimbursement health insurance policies. Even from our field experiences, it was quite evident that policyholders have little information about their insurance policy. They are not aware of TPA.

It was found that identity cards were issued to only one-third of the policyholders. The insurance companies and intermediaries have to work hard to ensure that policyholders are aware of the policy content, benefits and provisions for TPAs.

**Knowledge about coverage and exclusion in policies:** Policyholders have inadequate knowledge on illnesses covered in their policies, exclusion of illnesses in the policy, cashless reimbursement and the list of empanelled hospitals (see Table 10 for average scores). Similarly only 8.2 per cent of policyholders are aware of the fact that insurance companies charge extra premium for TPA services (Table).

## LIST OF TABLES & FIGURES

Figure 1

Specialty wise distribution of hospitals surveyed

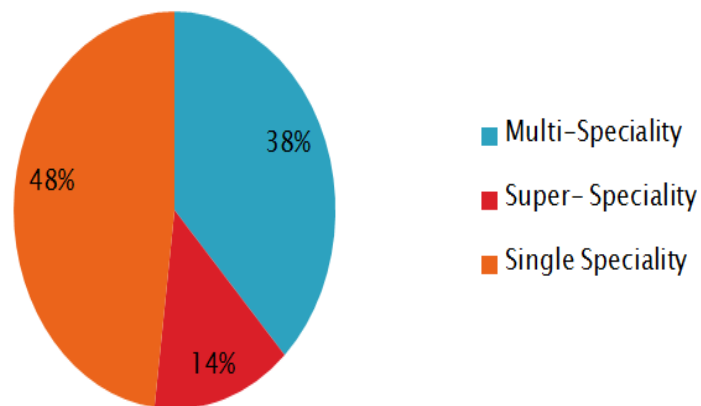


Figure 2

Policyholders charged for TPA services

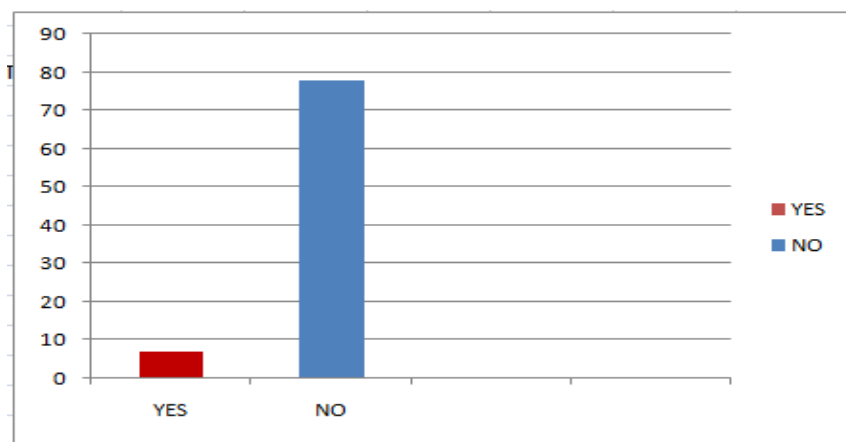


Table 1: Policyholders' knowledge about the policy

Knowledge about insurance policy	Mean (Scale:	Standard Deviation
Knowledge of disease covered	3.71	1.41
Informed about diseases not covered	3.52	1.32
Informed about cashless services	3.52	1.60
Empanelled hospital list provided	2.90	1.74
Reimbursement without hospitalization	1.73	1.15
Illness outside city permissible	3.34	1.52

## **DISCUSSIONS and CONCLUSIONS**

The Study was conducted among 75 IPD policyholder patient & results shows that only small percentages (15 per cent) of the policyholders in the sample have knowledge about existence of TPAs. General awareness about the TPAs existence and services they provide is low. Policyholders rely more on their insurance agents than on the insurance companies or third party administrators. TPAs are the interface between the insurer and the insured and they are in a position to educate the policyholders about health insurance. However, their role in consumer education does not infuse much confidence on their intention or ability to do so. The feedback shows the need for further research to examine the impact of TPAs on the Health sector functioning.

As it has been previously discussed that India's changing disease profile has increased the need of development of an effective and efficient healthcare infrastructure along with increasing the capability of the population to afford the health services hence the need of healthcare financing has also emerged.

The health insurance industry came up as an essential tool for arranging finances for their subscribers for their health related disorders and any other unfortunate incidents. The introduction of TPAs was a significant step towards designing a mechanism for unbiased and quality ensured healthcare delivery but after approximate 10 years since the TPAs came in to existence still the general public is unaware about the roles and functions a TPA is supposed to perform, this raises questions on the working of the TPAs . The TPAs are meant to act as an interface between the insured and they are in position to educate people about their health insurance policy.

A large chunk of the respondents of this study perpetuated the TPAs as traditional insurance agents and were unaware that their respective TPAs are responsible for provision of service ranging from details about network hospitals, cashless services, the continued stay and concurrent review of the patient during hospitalization, arranging for specialized medical opinion etc. Thus a asymmetry in the information flow still remains alarming issue which has to be dealt with in the coming years.

As of now there is no mechanism for appraise the performance of TPAs, the IRDA should design a mechanism to judge their performance and direct the TPAs to take corrective measures to ensure that the customer is made well aware of what he deserves to know.

Another striking feature found during the course of this study was that the education level of the respondent had no effect on their knowledge about TPAs, since a majority of the respondents were qualified graduates and post graduates still they faced a void in terms of having the complete knowledge about their policy and role o TPAs.

Moreover the subscribers who have a health insurance policy from their employer mentioned that they are not aware of these services because the insurance company or the respective TPA is contact with the employer's administration not directly to the employee of that organization, there is a need for the TPAs to treat each customer as an individual entity even in the case of a group insurance taken by an organization for its employees.

Henceforth the whole system of TPA is in need of scrutiny in terms of imparting the knowledge about the services they ought to provide to the subscribers so that the customer gets quality services worth the money they ought to provide to the subscriber so that the customer gets quality services worth the money they spend on health insurance premiums.

Currently, there are no mechanisms in place to appraise the performance of the TPAs. The IRDA's present role of TPA appraisal is more based on their financial performance rather than consumer satisfaction. There is a need to link incentive of TPAs with their performance rather than fixed percentage of policy premium.

This study does not indicate significant influence of the presence of TPAs on the behavior and decision making of different actors in the healthcare sector. It shows that in the early phase after introduction of TPAs, asymmetry of information continues and different stakeholders fail to realise the impact of TPAs' presence in the sector. There is a need to fully expand and develop this stream of literature which is extremely scanty in the context of developing nations at the moment.

## **RECOMMENDATION**

- ▶ There is a need to prepare a mechanism to appraise the performance of the TPAs.
- ▶ Educate the policyholders about coverage & exclusion in policies.
- ▶ Arrangement of specialized consultation for the policy holders.
- ▶ Design a effective system for tracking documents pertaining to each case & shortfalls in claims.
- ▶ More time for interactive sessions should be enhanced.

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**STUDY:**

**INTRODUCTION AND INFORMED CONSENT**

Hello, my name is ..... And I am a student of international institute of Health Management Research, New Delhi. I am conducting a survey about TPA's and Health Insurance including the information of your awareness regarding their functions roles and your satisfaction level with their services. We would very much appreciate the participation of your house hold in the survey.

I would like to ask you some question about household. The survey usually takes 20 minutes. Whatever information you are providing would be kept confidential. Your household is selected o the basis of systematic random sampling. Participation in the questionnaire is voluntary. You may choose not to respond to any or ll of the questions. However we hope you will participate in this survey since your participation is important.

In case you require any further information you may contact at

Signature of the respondent.....

1. NAME .....
2. ADDRESS .....  
.....  
.....
3. AGE.....
4. OCCUPATION.....
5. GENDER .....MALE .....FEMALE
6. EDUCATION (please tick )  
a) Primary      b) Secondary      c)Higher secondary      d)graduate      e)post graduate



7. What kind of insurance do you have?

Health insurance..... Life insurance..... None.....

8. What kind of policy cover do you have?

Individual policy ..... family policy cover..... don't know.....

9. Total number of the family member who are insured under the policy?

..... Don't know.....

10. Since how many year you have been insured?

1-2 ..... 3-4 ..... 5 and above..... Don't know.....

11. How many claims you have incurred since you have been insured?

1-2 ..... 3-4 ..... 5 and above..... Don't know.....

12. Whom do you contact for setting out the claims?

TPA..... Agent..... Insurance Company..... Don't Know.....

13. Are you aware about TPA?

.....YES .....NO .....Don't Know

14. What is the name of your TPA service provider?

.....

15. Did they provide you the following services?

**Awareness about information to be provided by TPA:**

Does your tpa provided you with the following	Yes	No	Don't know
Knowledge about the disease covered			
Information about the diseases that are not covered			
Information about cashless services			
List of network hospitals			
Illness outside city permissible			

16. **Awareness regarding the services provided by your TPA:**

Did they provide you with the following services	Yes	No	Don't know
Arrangement of specialized consultation			
Asking about treatment protocol			
Auditing and scrutinizing of bills			
Enquiry about test/room rates			
Do they ever come to assist you at the time of hospitalization			
Did they enquired about the length of stay			

17. Are you aware of other value added services that TPA's have to provide?

.....Yes                      .....No                      .....Don't Know

18. Were the claims settled in the standard time?

.....Yes                      .....No                      .....Don't Know

19. Did they charge you extra at the time of services?

.....Yes                      .....No                      .....Don't Know

20. Do you thing networking with TPA's for claims settlement is beneficial?

.....Yes                      .....No                      .....Can't Say

21. Tick the appropriate level of satisfaction with your TPA

Highly Dissatisfied	Dissatisfied	Somewhat Dissatisfied	Neither satisfied nor Dissatisfied	Somewhat satisfied	Satisfied	Highly Satisfied
1	2	3	4	5	6	7

22. Any other comments on TPA Services

.....  
.....  
.....

**THANK YOU FOR YOUR CO-OPERATION**