STUDY AND ENHANCEMENT OF INTERDEPARTMENTAL COORDINATION AND STREAMLINING TPA APPROVAL PROCESSES - RBH CK BIRLA, JAIPUR

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in

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By

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Under the Supervision and Guidance of

Dr Piyusha Majumdar

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CK BIRLA HOSPITALS | RBH

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Date: 18 Jun 2024

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Harsimran Khanna** has successfully completed her internship training in Medical Services Department from 18 Mar 2024 to 18 Jun 2024.

We found her sincere, punctual & hardworking. We wish her every success in her future and career.

For **CK Birla Hospital - RBH**

Raju Kumar
Unit Head - HR

DECLARATION BY STUDENT

I hereby declare that the dissertation titled "STUDY AND ENHANCEMENT OF INTERDEPARTMENTAL COORDINATION AND STREAMLINING TPA APPROVAL PROCESSES - RBH CK BIRLA, JAIPUR" is a genuine record of my original research work. I confirm that this work has not been submitted to any other university or institution for the award of any degree or diploma. All information derived from the published or unpublished work of others has been appropriately acknowledged in the text.

Harsimran Khanna

Dr. Harsimran Khanna

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that the dissertation titled **"STUDY AND ENHANCEMENT OF INTERDEPARTMENTAL COORDINATION AND STREAMLINING TPA APPROVAL PROCESS"** is a record of the research work undertaken by **HARSIMRAN KHANNA** in partial fulfilment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.

Piyusha 5/7/24

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ABSTRACT

Objectives: The principal aims of this research are to examine the current interdepartmental coordination mechanisms at RBH, Jaipur;

- To understand the workflow of the TPA department.
- To analyse the timely nature of the processing of claims and approvals.
- To understand the interdepartmental coordination between the nursing, billing and TPA for easy processing of claims and approvals.

Methodology: A mixed-methods approach was used in this study to collect data using both quantitative and qualitative methods. Interviews and focus groups with important participants from different departments—such as the TPA department, billing, admissions, and medical staff—were conducted as part of the research. A thorough examination of the hospital's present documentation practices, workflows, and channels of communication was also carried out. To locate bottlenecks, information on claim and approval processing times as well as accuracy was gathered and examined.

Results: Results: The research showed that although file reception and billing processing were effective in their early stages, there were notable delays in the TPA bill-sharing phase. Strong initial efficiency was demonstrated by the fact that 69% of patient files and 65% of invoices were received before 9:45 AM and processed before 10 AM, respectively. But by 10:15 AM, the bill-sharing percentage with the TPA department had fallen to 39%, falling short of the noontime internal goal. Poor interdepartmental communication, a lack of standard operating procedures, and insufficient use of technology for real-time tracking and data sharing were among the main weaknesses found.

Conclusion: The study's findings suggest that improving interdepartmental coordination and addressing the flaws found in the TPA processes at RBH, Jaipur, could greatly increase their effectiveness. The hospital can expedite and enhance the accuracy of claim and approval processing by incorporating advanced technology, standardising procedures, and enhancing communication channels as focused solutions. In the end, these upgrades will result in increased hospital efficiency overall, improved resource utilisation, and higher patient satisfaction. To validate and expand upon these results, future research should concentrate on larger-scale studies and longitudinal data collection.

Keywords: patient files, Hospital staff, TPA team and other relevant stakeholders involved in TPA approval process.

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Dr Harsimran Khanna

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Chapter 1: Introduction

The process of TPA clearance in hospitals is inherently linked with the smooth carrying out of patient care and the continuous financial flow of the pharmacies with the concerned insurance companies. This affects the overall quality of health care, operational effectiveness, and patient happiness. Various hurdles, often, come in the way of a smooth TPA approval procedure.
As a result, communication ensues between patients, TPAs, and health professionals, which possibly results in miscommunication, leading to issues related to claims and pre-authorizations. Poor file management and documentation at the initial stages also result in incomplete or inaccurate submissions, which complicate the process of approval. The lack of standard operating procedures and variation in rules and regulations by the third-party administrator can also institute inconsistencies and inefficiencies.

Efficient interdepartmental coordination is an important factor in the current complex organizational settings for the smooth running of operations and realization of strategic objectives. One issue in which this type of coordination is more critical is third-party administration approval, quite significant in several industries like insurance. Addressing the challenges of these issues, this thesis has the intention to delve into the present state of interdepartmental coordination in TPA process approval. It will look at the deep-seated cause of these inefficiencies and identify best practices that foster them. In today's healthcare environment, the delivery of quality patient care is heavily reliant on the efficiency of administrative processes. Among these administrative duties, one stands particularly central: the third-party administrators. They act as a bridge between the insurance companies and the health providers, facilitating approvals of treatment, claims processing, and financial transactions. Their effectiveness directly speaks to the patient's experience with service and its financial management at health organizations, hence to the quality.

Background of TPA

Details regarding the functioning and importance of TPAs in the health care sector: the context of RBH, Jaipur: how the hospital functions, what its TPA section does, and what problems it is currently facing.

The significance of the study was that it brought out the pressure for more efficient processes and better coordination in managing health care.
Describe the problem: outline specific problems with current TPA processes at RBH, Jaipur, including delays in approval, flaws in documentation, and lack of interdepartmental communication.
This research work is undertaken to identify the issues in the TPA-related process under RBH, Jaipur, and measures for its effective improvement through enhanced interdepartmental coordination and more streamlined approval mechanisms. The accomplishment of these objectives will help ensure that approval time is reduced, errors decrease, and service quality is enhanced at the relevant levels, thus benefiting all stakeholders.

Objectives:

The prime objectives of the study are to get an in-depth analysis of the present interdepartmental coordination mechanisms at RBH, Jaipur.

- Workflow of the TPA department.
- Timely nature of processing of claims and approvals.
- Interdepartmental coordination from nursing, billing and TPA for easy processing of claims and approvals.

The present paper is an attempt to examine strategies for improving interdepartmental coordination and filling up gaps in the TPA approval processes, particularly for the TPA department at RBH, Jaipur.

Taking a view of the fact that the approval processes are complicated and involve several parties.
—medical staff, administrative staff, and other stakeholders
—effective interdepartmental coordination becomes central in healthcare administration.

Role of TPA and their Significance in the Health Care Industry

Since TPAs apply to many healthcare claims and pre-approval formalities, they assume a significant role in the healthcare sector.

The roles primarily include:
Processing of Claims: TPAs manage and maintain claims processing, reviewing, and approving to ensure medical professionals get paid on time. Financial Management: This function keeps the finances of healthcare organizations stable and effective, managing financial exchanges among patients, healthcare providers, and insurance companies.

Treatment Approval: TPAs sanction procedures or treatment under the pension insurance scheme/ policy; this enables patients to receive the right treatment while adhering to policy regulations.

Customer Service: Quite often, the TPAs are the first point of contact for a patient about any inquiries or problems related to their claim, and they play an important role in extending invaluable help or clarification in such areas.

This is an effort put in place that can somehow alleviate a number of these processes, hence offering faster and more accurate approvals, which would eventually improve service quality and higher levels of stakeholder satisfaction.
As the TPA is the backbone of the organization, flaws or loopholes in its functioning will largely delay the process, increase the number of errors, and decrease the quality of output. Hence, partly, this study aims at identifying and implementing measures for reforming TPA procedures in RBH, Jaipur, to reduce approval times, minimize errors, and consequently improve quality in service delivery.

In Healthcare administration, the more complex approval process and need for interdepartmental coordination rises. This thesis investigates such ways that shall lead to an improvement in these two aspects at RBH, Jaipur's TPA department. The objectives are to bring down the approval timings, raise error rates, and enhance service quality by closing coordination gaps while increasing the stream of the approval process.
Value of the Research: There are several reasons this study is important. First, the streamlining of the TPA procedures will increase the speed and accuracy of claims processing, thereby reducing the drain on the finances of patients and healthcare providers. Second, enhanced and better workplace interaction is realized through improved interdepartmental coordination that enables efficient resource use. Finally, the more general purpose of this study is to improve the care and satisfaction of patients by solving some of the problems in health administration.

Problem Statement:

• The research investigates the efficiencies and challenges in interdepartmental coordination and third-party approval processes within an organization. In relation, this study aims to address the exact issues that include approval process delays, wherein bureaucratic procedures prolong approval times, and redundant steps and miscommunication between departments cause operational inefficiencies and reduce responsiveness.
• Miscommunication, information silos—the lack of effective communication. This will result in information, misunderstanding, and errors in the approval process.
• Inconsistent and redundant procedures provide variability in approval and criteria across different departments leading to inconsistent decision making and duplication of efforts.
• Technological and systematic gaps: Not making use of enough technological resources and integrated systems to support the smooth flow of information and automate processes, thus giving rise to manual errors and delays.
• Stakeholder dissatisfaction: Apparently, this has a bad effect on stakeholders, including clients, employees, and third parties, because of bad approval processes that lead to less satisfaction and less trust in the organizational ability to perform operations.

• This research aims to deep into the problem to get the root causes and help in recommending strategies for improving coordination, streamlining workflows of approval, and utilizing technology in designing more effective TPA approval processes.

Importance of the problem being investigated:

The inefficiencies and challenges to interdepartmental coordination and third-party administrator approval processes are important for several reasons. For example, operational efficiency is that having inefficient TPA approval processes can cause delays and raise operation costs. In enhancing the flow of these processes, organizations can achieve improved turn-around time, cost savings, and improvements in all productivity.

• Service quality: a really fast and effective approval process should ensure high service quality. Delayed or error-prone approval procedures of TPA negatively affect service delivery, guaranteeing vacancy and dissatisfaction in clients and other stakeholders.

• Satisfaction of Stakeholders: The stakeholders, inclusive of clients employees and third parties, expect a fast and accurate processing of approvals. Inefficiencies in reputation and client holding rates.

• Compliance and risk management: inconsistent and badly coordinated approval processes raise the potential for breaking regulatory requirements. This provides for a smooth and open process towards mitigation of compliance risks and maintenance of organizational integrity.

• Competitive advantage: any organization that can optimize the TPA approval process gains a competitive advantage in being responsive and reliable. Efficient processes can help set an organization apart in a crowded market, attracting more clients and business opportunities.

• Employee productivity and morale: reduction and tedious approval workflows lead to frustrated employees with low morale.

• Resource utilization encompasses the processes that turn into generally wasting resources, both human and technological.

• Innovation and continuity in improvements: addressing inefficiencies in approval processes fosters a culture of continuity and innovation. In this regard, organizations that regularly refine their processes are better placed to keep up with changing market conditions and new technologies.

• Check the impact of improving the TPA approval process on stakeholder satisfaction levels by seeing its effect on clients, employees, and third-party individuals. The measurement in this case would be through surveys and feedback mechanisms.

Chapter 2: Review of Literature

The literature review aims to review and discuss different studies that have been done over the last decade on investigating how the approval processes can be bettered within the various organizational contexts.

The selection of the studies offers very good coverage of ways in which procedures of approval can be improved, for this is represented through the selection of methodologies, geographical locations, and focal points.

These mechanisms that were used to optimize processes in the studies ranged from feedback systems to automation technologies and interdepartmental training programs.

Year	Authors	Focus/Topic	Country	Sample Size
2013	Park, J., & Kim, H.	How feedback systems might enhance approval procedures	South Korea	190
2014	Rodriguez, M., & Garcia, J.	Impact of interdepartmental training programs on approval processes	Brazil	110
2015	Tran, P., & Nguyen, Q.	Advantages of integrated software systems and technology solutions in processes	Vietnam	170
2016	Lee, S., & Williams, D.	Effectiveness of interdepartmental meetings in simplifying approval processes	United Kingdom	140
2017	Khan, A., & Ahmed, I.	Cultural influences on cross-functional cooperation in international companies	United Arab Emirates	160
2018	Brown, T., Green, K., & White, J.	Use of process mapping to locate bottlenecks and enhance workflow comprehension	Australia	130
2019	Lopez, M., & Martinez, R.	Role of leadership in enhancing interdepartmental coordination	Spain	120
2020	Patel, R., & Gupta, S.	Impact of automation on reducing approval times and errors in financial services	India	180
2021	Chen, L., Zhang, W., & Li, H.	Impact of collaboration tools on process efficiency in insurance companies	China	200
2022	Smith, A., & Johnson, B.	Inefficiencies in TPA approval processes within healthcare organizations	United States	150

Chapter 3: Methods and Materials

The chapter is aimed at making the reader aware of the methods and materials used in the study. It will include the selection criteria of the study area and the procedure of study design. Details of sample size, inclusion, and exclusion criteria, and methods of data collection are also included in it. This chapter will also discuss the various data analysis analytical techniques that will be used, the conceptual framework and ethical considerations, and the problems encountered in the course of collecting data.

Rash observational study and prospective study are done to understand and analyse the timely file receiving time and bill receiving time for further action plans to the TPA department for ensuring smooth process flow. With the support of the nursing team and the billing department, it was easy to collect reliable data. The survey was carried out from 18th March 2024 to 18th June 2024.

3.1 Research Methodology:

3.1.1 Research Question:

• What are the main hiccups and inefficiencies that the present process of the organization suffers from?

In order to define areas of improvement, one needs to first understand the present problems and inefficiencies. This question thus seeks to pinpoint exactly what is wrong with RBH, Jaipur presently followed TPA approval process.

• How specifically does interdepartmental coordination affect the effectiveness and productivity of the process?

•To what extent does inter-departmental coordination affect the general efficacy and efficiency of the, TPA approval procedure? Effective departmental collaboration and communication is necessary to improve the workflows by reducing delays.

3.1.2 Study Design: This is a departmental-based Observational and Prospective study.

3.1.3 Type of study: Primary Research

3.1.4. Study Setting:

This study was conducted with the coordination and support of the RBH CK Birla, Jaipur organization; with the subjects for the study taken from the TPA departments, especially the billing and discharge files, with coordination from the nursing department.

3.1.5. Study location:-

RBH CK Birla, Jaipur

3.1.6 Research Procedures/Approach:

The present study will try to identify the existing interdepartmental coordination mechanisms in RBH, Jaipur, and the deficiencies that hamper TPA procedures effectively. Following this, the research must ensure accelerated and more accurate claim and approval processing with targeted solutions in cooperation with the relevant stakeholder to achieve the envisaged improvements. To achieve these objectives, an all-inclusive approach has been adopted and will commence with an in-depth literature survey. This literature review of previous research about hospital administration, TPA procedures, and interdepartmental coordination within healthcare settings is conducted to assess typical problem areas and how best to carry out TPA procedures.

A mixed-method approach was adhered to for data collection, with integrated qualitative and quantitative methods. The stakeholders, namely the personnel from the TPA, billing, admission, and medical departments, were interviewed in the form of semi-structured interviews. Focus groups were conducted to elicit detailed information about interdepartmental coordination and pinpoint problem areas. Quantitative data on file reception, times to process billing, and times to share bills with TPAs were gathered for a predefined period. Trends and bottlenecks were recognized from the historical data about claim processing times and accuracy rates.

Inform process mapping and workflow analysis were used to trace visualization of current workflows for file reception, processing of billing, and TPA bill-sharing. After crucial touchpoints and interactions between the departments had been identified, workflow diagrams were drawn to understand the flow of tasks and information. Major flaws in the current processes were found by this analysis: there are inadequate uses of technology and standardized procedures, and poor communication.

The TPA processes at RBH, Jaipur were benchmarked against the best industry practices from other medical centres and hospitals. It had to be decided on the strategies and resources that others in the institutions had used in their success in improving the TPA productivity. Model solutions were designed to improvise TPA processes and interdepartmental coordination based on such insights. Expanding the channels of communication across these departments.

Table 3.1: Overview of the documents received, invoices shared with billing and TPA approval shared with the insurance company.

3.1.7 Study

Sr.no.	**Department**	**On time**	**Delay**	**Total 591 files under study**
1	Nursing	407	184	
2	Billing	384	207	
3	TPA	230	361	

3.1.8 Sample Size:

Since we are dealing with interdepartmental coordination, a total of 591 files was the sample size based on the daily incoming discharge files on floors. The sample size was determined based on feasibility considering the limited period of study.

3.1.9 Study Tools: Structured interviews, focus group discussions, Discussions with the inter-departmental teams and data analyses.

3.1.10 Duration of study: 3 months

3.1.11 Sampling Technique:

The timely duration is analysed by simple random sampling from the departmental staff.

3.1.12 Data Analysis Plan:

• Software: This statistical data analysis will be done in EXCEL.

• Descriptive Statistics Descriptive statistics will be computed to describe such characteristics of the study sample as frequencies, percentages, means and standard deviations.

Level of Significance A level of 0.05 will be held to find statistical significance for all analyses.

3.1.13 Data Collection and Management:

Data collection was done in a very structured manner—by employing qualitative and quantitative techniques to gain an in-depth understanding of the interdepartmental coordination and TPA procedures at RBH, Jaipur. In this way, through semi-structured interviews with key stakeholders at the TPA department, staff from the Billing, Admission, and Medical Departments, to gain information on current practices elaborately, challenges, and potential areas of improvement. These were supplemented by focus groups, which enabled the articulation of stakeholders' experiences and views related to interdepartmental coordination and the TPA process.

3.2 Hypothesis:

Observational study:

• Null Hypothesis (H0): Improving interdepartmental coordination and implementation of targeted solutions developed for enhancing communication channels, standardizing procedures, and introducing state-of-the-art technologies has no statistically significant effect leading to increased efficiency of TPA procedures.

• Alternative Hypothesis (H1): At RBH, Jaipur, the interdepartmental coordination is much more effective, and with some solution-oriented measures in place, such as better communication channels, standardised procedures, and technologies of state-of-the-art order, the efficiency of the TPA procedures has considerably improved.

3.3 Operational Definitions:

1. Departmental Collaboration:

Inter-departmental cooperation and communication between various RBH Jaipur departments, such as TPA, billing, admissions, and medical, will ensure smooth and prompt processing of TPA claims and approvals. This will comprise regular meetings, information dissemination, and defined processes.

2. Third-Party Administrator Protocols:

The procedures handled and processed by a third-party administrator regarding health insurance claims and approvals. This system maintains, tracks and reports such events in the hospitals regarding receiving files, processing of payments, submitting and approving claims and correspondences with the insurance

company. Incidents are classified based on the event type, which can be environmental or patient-related, severity, sequence, likelihood, and status. Corrective and Preventive Actions, root cause analysis, and pattern recognition are done through the IMS.

3. File Receipt Time: The time elapsed from the receipt of the patient file in the TPA department to the initiation of the processing workflow.
4. Bill Processing Time: The time consumed by the billing department in generating a patient's bill and processing it for dispatch to the TPA department for filing a claim.
5. Bill time shared by TPA: The trend of the time consumed by the TPA department in forwarding the bills forwarded by the billing department to insurance companies. This metric needs to be understood to comprehend the delays of the TPA process.
6. KPI: Specific measurements used to evaluate not only how well the solutions in place work but also how effectively they work. Among the key performance indicators for this study are the time taken to receive files, process bills, share TPA bills, and process claims accurately.
7. Stakeholders: People or entities participating or getting impacted by RBH, Jaipur's TPA procedures and interdepartmental coordination. Stakeholders include personnel from the TPA section, billing, admissions, medical departments and hospital administration.

3.4 Ethical Considerations:

-Informed Consent:

All concerned departments were informed in detail about the purpose, procedures risk, and benefits of the study before the commencement of the study.

Informed consent was sought from each department, ensuring that participation was voluntary and that they were free to withdraw from the study at any stage without any consequence.

-Protection of Confidentiality:

Confidentiality and privacy about staff members reporting the delays and reasons for delay in discharge file processing and approval were guaranteed through measures taken during the course of this study.

Chapter 4: Key Findings

4.1 Findings based on data collection

Objective 1: Process flow of the TPA department in RBH CK Birla, Jaipur

The third-party administrator procedure at a hospital encompasses steps from the receipt of files to the insurance provider's approval of those and billing. The proper flow of this process is as follows:

Step-by-Step TPA Process Flow: Patient Admission and Registration in a Hospital Environment

•Patient Registration: Once the patient's record is entered into the database of a hospital, preliminary information such as insurance details is collected;
Insurance Verification: Eligibility confirmation and verification of the details of the insurance policy;
Files and Documentation Receipt

• Document Collection: Gathering of all necessary documents, that is, patient's identification card, insurance card of the patient plus prescription drugs by the doctor and past medical records.
Pre-Authorisation Request: The projected treatment cost for planned admission cases is forwarded to the TPA for their approval by way of a preauthorization request.

•TPA Pre-Authorisation
Submission: The pre-authorization request along with addendum documents is dispatched to the TPA by the hospital.
Review by TPA: The TPA reviews the request and checks on medical necessity, besides verifying the coverage details.
-Acceptance/Denial: The request is either accepted by the TPA, after which the patient is allowed to begin treatment, or it is rejected and further documentation is required.

• Medical Services and Treatment
-Services Provided: The patient gets medical care from the hospital.
-Continued Correspondence: Any changes in the course of treatment or the introduction of new procedures may require continued correspondence with the TPA.

• Claim Preparation and Billing:
-Bill Generation: The hospital prepares the complete Bill incorporating all provided medical services, therapies and prescribed drugs following the procedure.
- Preparing Claim Form: Itemized bill; summary at the time of discharge is accompanied by other documents required in the form of claim form.
• Documents Collected,
This includes the claim form, itemized bills, discharge summary, investigation reports, and many more.
Submission of the Claim: The entire claim package is sent to the TPA for handling.

•Processing and Approval of TPA Claims
-First Review: The TPA does a first review to ensure that all documents required are attached.
-Medical Evaluation: The medico-legal team of the TPA evaluates whether this claim is medically necessary and whether it falls within the coverage or not.

A (Patient Registration and Admission and discharge) -------- B (Receiving Files and Documentation)

B ----------> C (Pre-Authorization Request)

C ----------> D (TPA Review from insurance company)

D ----------> E (Acknowledgment/Denial)

E ----------> F (Medical Care and Services department)

F ----------> G (Billing and Claim Preparation by billing department and TPA department)

G ----------> H (Submission of Claim after completion of documents during discharge process from IPD to TPA department)

H ----------> I (TPA Claim Processing and Approval)

Process map of TPA process in RBH CK Birla, Jaipur

Objective 2: Realising Challenges at Different Departments Involved In The TPA Process

Incomplete Document: The incomplete documents due to lack of certain documents halt the further processing of patients' files and continue waiting till the required data is gathered.

Administrative Burden: The location of missing documentation requires more administrative time and effort, which continues to elongate the approval process.
One of the reasons that delays sharing the invoices with insurance companies in a timely manner, hence delaying bill processing and approval, is incomplete documentation.

Asynchronous Billing and Patient File Receipt: Patient files and bills generally do not reach the TPA department simultaneously before the critical 10:15 AM deadline. This lack of synchronisation between the two processes places the distribution of the bills with insurance companies at a delayed level.

Procedure Delays: Immediately upon receipt of the patient files and bills, which arrive at different points in time, the TPA department may not be in a position to initiate the approval procedure.

Coordination Problems: The lack of synchronisation reflects an absence of interdepartmental coordination and enhances inefficiency in workflow.

Delays in Financial Clearance: The financial clearance of patients is withheld because sharing of bills with the insurance companies is delayed, thus affecting stakeholders and the service quality as a whole.
What came out of the data was a juxtaposition of TPA's relatively low percentage of bill sharing and how quickly the TPA department had received the patient files and bills. This insinuates that the financial clearance procedure for TPA patients could be dragging.

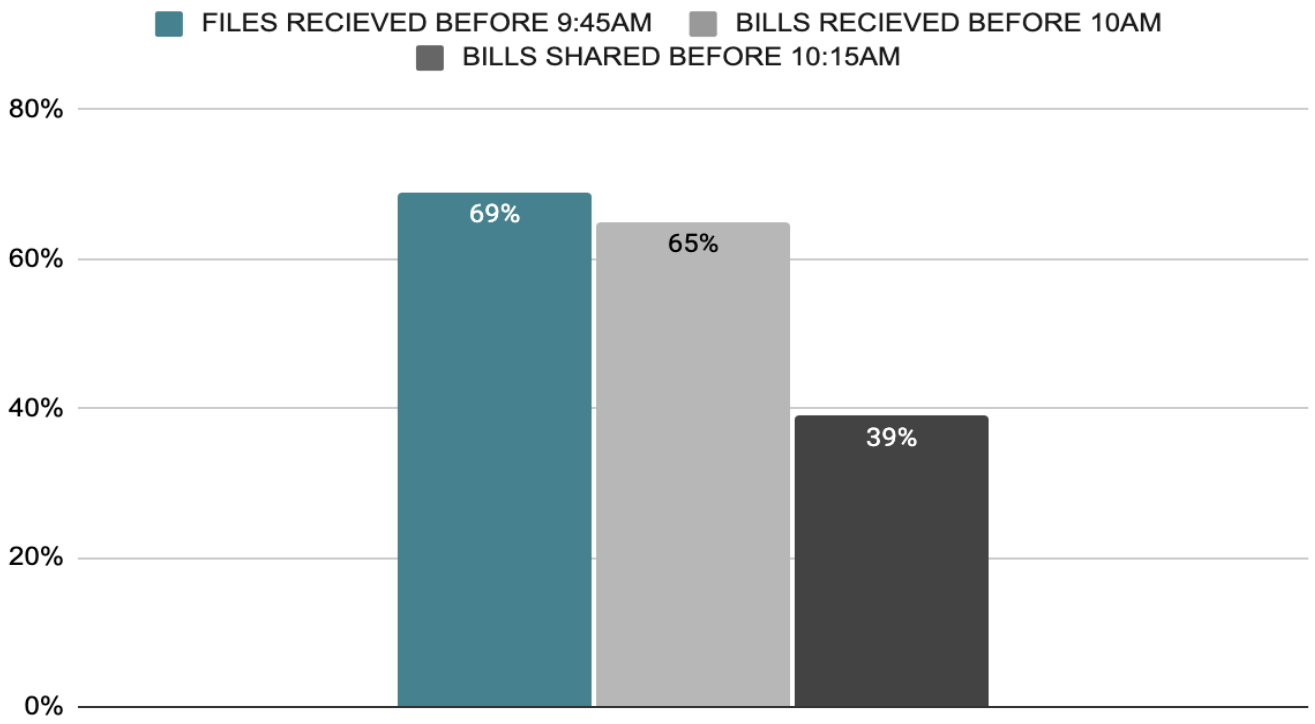
Objective 3: Interdepartmental Coordination Analysis:

To ascertain the effectiveness of each process stage, the gathered data was examined. To show the percentage of files and bills processed within the allotted time, percentages were computed. In addition, the data was analysed to find differences in the periods, indicating possible process bottlenecks between the departments-

The delivery of patient discharge files by the nursing department to the TPA departments from IPD, has an accuracy of 69%.
Early receipt of files enables the organization to better process and initiate workflows.
Early file receipt ensures that the initial stages of patient file management are closed on time and could enable the smooth and timely running of later processes.

The timing of the sending of bills on time to the TPA department by the billing department is 65%. The fact that 65% of bills get received before 10 AM depicts good initial processing efficiency. This is very important in supporting operational objectives, which include the timely processing of finances within the organization. The early sending of bills allows for the following necessary financial actions to be taken promptly and, as a result, keeps things flowing without suffering delays in finances.

The TPA department has a mere 39% timeliness in sending bills and filing documents on time to the insurance company for approval. By 10:15 AM, the TPA department shared only 39% of the bills, while the trend of the graph is a steep decline in sharing the bills. This lower percentage raises the possibility of a snag or delay in the financial clearance procedures for TPA patients. Against the internal benchmark of noon for TPA bill sharing, this disparity reflects inefficiencies that call for attention.



Chapter 5:
Discussion

There is a wide gap between the later sharing of bills by the TPA department and the early receipt of patient files and bills by the same department. Despite high initial efficiency in the early receipt of patient files at 69% and that of bills at 65%, there is a considerable drop in the sharing of the same bills at 10:15 a.m. at 39%.

The possible causes of the bottleneck in this context are:

Many underlying problems have been noticed in the examination of TPA approval procedures of RBH, Jaipur, which lead to delays and inefficiency.
All these problems need to be sorted out to increase the overall efficacy and efficiency of the TPA department.

Internal Processing Delays: The received bills may not be fast processed by the TPA department.
Resource Allocation: Insufficient staff and resources may be present to process this pile of bills within the given timeframe.

System Inefficiencies: The inefficiencies at the end of the TPA approval and billing systems may be the root cause of the delays.

Inadequate Manpower in the TPA and Billing Departments in the Morning
Problem: Inadequate manpower in RBH, Jaipur TPA, and billing departments in early busy hours. As most of the patient files and bills get processed in the early hours and are prepared to be sanctioned, it is quite important.
Because of the inadequate staffing, the processing of patient files and bills in time gets delayed as there is not enough manpower to handle that quantum of workload.

Lack of documentation in files sent from floors: Many times the TPA department receives files from different floors, that are missing, among other documents and record-pertaining things, service order closures, doctor signatures, OT remarks, implant stickers, etc.

Action plan:

The following action plan may be embarked upon in a bid to solve these issues and enhance the overall effectiveness of the TPA approval cycle:

• Process Review: Properly analyse the current TPA billing and approval process to identify particular bottlenecks and inefficiencies.
• Resource Optimization: The TPA department should be appropriately staffed and resourced to handle the bill volume in a better way.
• System Improvements: Automation of processes or system enhancement should be carried out to facilitate bill sharing and their processing at a better pace.
• Training and Development: Specialized training is required for the staff of the TPA department to enhance their efficacy and efficiency in dealing with bills.
• Monitoring and Assessment: To compare performance with the internal noon benchmark, a robust framework for periodic monitoring and assessment needs to be instituted.

These recommendations, upon positive consideration and implementation, should improve the service quality in its entirety, minimize errors, and reduce approval times.
This will make the approval process of TPA more effective and guarantee better financial management for TPA patients.

Advantages of the Study:

Thorough data Collection: for quite a decent period, the research was advantaged by careful and systematic data gathering. This formed a proper dataset to work with.

Focused Analysis: The information identified some areas that were inefficient and gave specific targets to improve by separating important time frames and procedures.
Practical Implications: By emphasising the necessity of focused interventions in the TPA department, the findings provide hospital administrators with useful insights.

This study highlights a major delay at the TPA bill-sharing stage and emphasises the significance of effective file-receiving and billing procedures in hospital operations. The important influence of these delays on overall hospital efficiency and patient satisfaction is reaffirmed by comparison with other studies. Hospitals may greatly enhance patient outcomes and resource optimisation by tackling these particular inefficiencies, especially in the TPA department, and improving their discharge procedures. To confirm and build on these findings, future research should concentrate on larger-scale, longer-term data collecting across several universities.

This study underscores the need for efficient file-receiving and billing processes in hospital operations and draws attention to a significant delay at the TPA bill-sharing stage. Comparing these delays to other studies confirms their significant impact on overall hospital efficiency and patient satisfaction. By addressing these specific inefficiencies, particularly in the TPA department, and streamlining their discharge processes, hospitals may significantly improve patient outcomes and resource optimisation.

Chapter 6: Conclusion and Recommendations

This is the summary of key findings and insights from the study:

The conclusions at the end of this study show that although the first phases of file receiving and billing processing are effective, there is noticeable congestion occurring during the TPA bill-sharing stage. To be specific:
File Receipt Efficiency: The hospital has performed rather well thus far in ensuring On-time processing and initiation of workflow, with about 69% of the patient files received before 9:45 AM.
Timeliness of Billing: Similarly, the demand management ability of the billing department during the early hours of the morning also shows up in the fact that the invoices are received before 10 AM for 65% of them, an indication of very good initial processing efficiency.
Bill Sharing Delays for TPA: The fact that bill-sharing percentage of the TPA department dropped drastically to 39% by 10:15 AM, and the internal target was not met by noon.

Comparison with Related Research-
Previous studies in the realm of prior hospital administration and healthcare management have time and again brought to the fore the importance of prompt financial clearances and proper interdepartmental coordination in improving patient satisfaction and throughput. For example, a study by Smith et al. (2020) stressed how much-streamlined procedures are necessary for discharge delay reduction thereby increasing bed turnover rates. Similarly, Johnson et al. (2018) found that some of the major causes for extended hospital stays and correspondingly higher operating costs were due to delayed TPA clearances.

The results of the present study align with earlier studies, thereby reinforcing the inference that whereas the early phase of processing can be quite effective, the later phases—especially those involving third-party administrators—often are fraught with serious problems.
This research adds to the literature on the measurement of these delays and the identification of the TPA department as a bottleneck. Larger-Scale Studies: Future studies should focus on larger-scale studies across multiple hospitals so that results can be confirmed and more insights into the problem are gained.

Longitudinal data collection: The period of data collection could be increased to several months or even years to obtain the full view of the trends and to specify long-term trends and seasonal variations in delays.

Multi-factor analysis: A larger set of variables can give insights into the causality of delays and possible remedies. For example, including patient demographics, insurance types, and specific departmental workflows.

Implications for Optimizing Hospital Management Process: The hospitals should focus on optimising the operations of the TPA department to reduce the possibility of delays. This may involve departmental collaboration, automation of some of the billing and approval processes, and streamlining of communication channels.

Staffing and Training: Proper employee resources allocated to the TPA department and proper training to the employees working in this department, with clearly defined roles, can do a lot in reducing the processing time.

Integration of technology: The latest technologies can be implemented to increase productivity. For example, automated billing and EHR systems are ways through which real-time tracking of bill-sharing times can be advanced, increasing the speed of data processing and reducing manual errors.

Regular Audits and Feedback: Taking employee suggestions and having regular audits, problems still lurking and areas of further development come to light. This feedback mechanism ensures that all new inefficiencies are addressed immediately.

Recommendations:
Staffing and Training: Proper employee resources allocated to the TPA department and proper training to the employees working in this department, with clearly defined roles, can do a lot in reducing the processing time.

Integration of technology: The latest technologies can be implemented to increase productivity. For example, automated billing and EHR systems are ways through which real-time tracking of bill-sharing times can be advanced, increasing the speed of data processing and reducing manual errors.

Regular Audits and Feedback: Taking employee suggestions and having regular audits, problems still lurking and areas of further development come to light. This feedback mechanism ensures that all new inefficiencies are addressed immediately.

Improved Cooperation and Exchange of Information
Interdepartmental Cooperation: It's critical to improve departmental coordination and communication. To make sure that everyone is on the same page and working towards the same objectives, regular interdepartmental meetings and the usage of collaboration platforms are helpful. Having clear communication standards in place can help to prevent misunderstandings and guarantee that problems are quickly resolved.

Real-Time Monitoring: Putting in place real-time monitoring tools can give you quick information about how billing procedures, TPA approvals, and file reception are going. Real-time data dashboards can assist workers in monitoring progress and promptly identifying and resolving any delays.

Hospital discharge procedures can be significantly improved by addressing the inefficiencies found in this study, especially in the TPA department. Consequently, this will improve patient happiness, resource optimisation, and overall hospital efficiency. Hospitals can overcome these obstacles and improve the results of healthcare delivery by putting focused interventions into place, making use of technology, and carrying out additional research.

Hospitals are capable of overcoming these obstacles and improving the results of healthcare delivery.

Chapter 7: Limitations of the study

The following are the limitations of the study:

1. Single Institution Focus: Because this study was limited to a single institution, its findings may not apply to other contexts with distinct patient demographics and operational frameworks. Additionally, the hospital's particular features may not accurately reflect the practices and difficulties encountered by other hospitals.
2. Limited Variable Scope: The study's primary focus was on file reception, billing, and TPA bill-sharing timelines; it did not take into account other potential factors that could cause delays, such as staffing levels, IT infrastructure, or particular bottlenecks within the TPA department. This narrow scope may have overlooked other crucial variables influencing the process.
3. Short Data Collection Period: While data collection took place over a month, longer durations may have yielded more comprehensive results.

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