''STUDY TO ENHANCE INTERDEPARTMENTAL COORDINATION AND STREAMLINING TPA APPROVAL PROCESSES''

TENURE OF INTERNSHIP-
18 MARCH TO 18 JUNE

LOCATION- RBH CK BIRLA, JAIPUR

UNIVERSITY MENTOR- DR. PIYUSHA MAJUMDAR

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INTRODUCTION

The TPA clearance process in hospitals is an integral part of ensuring that patient care is smoothly carried out and that the financial flow of the pharmacies with related insurance companies is uninterrupted. This impacts the whole quality of health care, operational effectiveness, and patient happiness.

A smooth TPA approval procedure, however, is often hindered by various obstacles.

The key challenge is the communication between patients, TPAs, and healthcare professionals which can result in **miscommunication, leading to problems related to claims and pre-authorizations.**

In addition, **poor file management and documentation** at the initial stages can result in incomplete or inaccurate submissions that then complicate the process of approval.

Inconsistencies and inefficiencies can also be instituted by the lack of standard operating procedures and variation in the rules and regulations of the third-party administrator.

REVIEW OF LITERATURE

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

SYNOPSIS

OBJECTIVE

The objective of this study is to investigate the challenges of interdepartmental coordination and third-party administrator (TPA) approval processes within the hospital with a specific focus on identifying and addressing internal delays in the TPA delays.

Analysing the factors contributing to delays in TPA approval processes.

Proposing effective strategies and interventions to enhance interdepartmental coordination.

METHODOLOGY

- **Sample size**: 591 files
- Research design: Observational
- **Data collection procedure**: Real-time tracking of files and bills.

- **Study Setting:**

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

Duration of study**:** 3 months

Sampling Technique**:** Simple random sampling

Analysis method: Excel

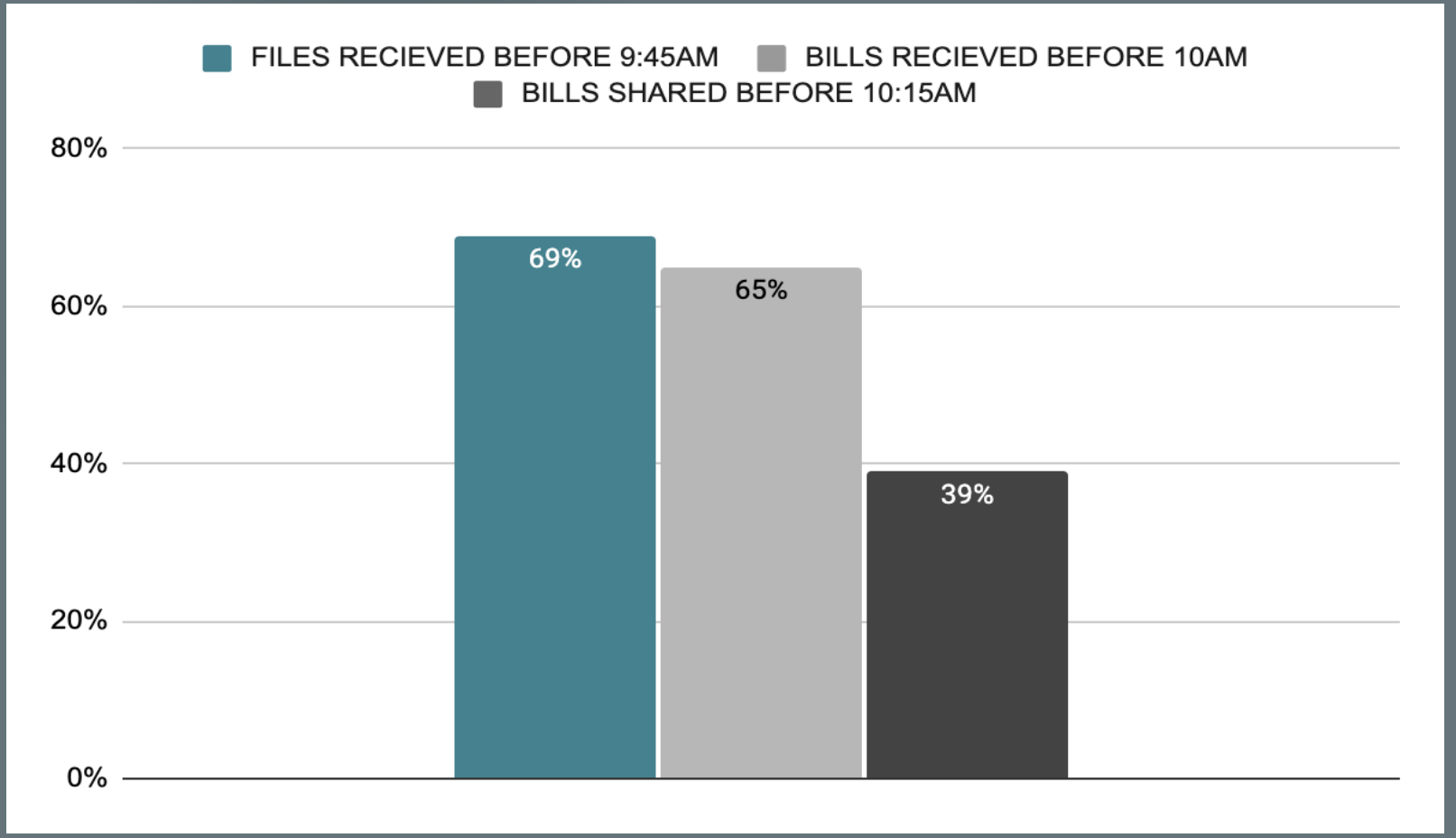
DATA ANALYSIS

TOTAL FILES UNDER STUDY - 591 (TPA+RGHS)

FILES RECEIVED BEFORE 9:45 AM - 407

BILLS RECEIVED BEFORE 10 AM- 384

BILLS SHARED BEFORE 10:15 AM- 230



INTERDEPARTMENTAL COORDINATION %

INTERPRETATION AND INSIGHTS:

•File Receipt Efficiency: The data suggests that a substantial majority (around 69%) of patient files were received early in the day (before 9:45 AM), which is positive for ensuring prompt processing and workflow initiation.

•Billing Timeliness: A significant portion (65%) of bills were received before 10 AM, indicating good initial processing efficiency.

•The subsequent bill-sharing by TPA 10:15 AM was relatively lower (39%).

•This discrepancy between files sent to TPA, bills received, and bill sharing by TPA department may indicate a potential bottleneck or delayed financial clearance of TPA patients, per the internal benchmark of 12PM.

UNDERSTANDING BARRIERS IN DIFFERENT DEPARTMENTS INVOLVED IN THE TPA PROCESS

Incomplete documents: Files that are incomplete due to missing documents prevent patients' files from being processed further until all necessary data is collected.

Administrative Burden: Finding the missing documentation takes more time and effort, which prolongs the approval procedure.

Approval Delays: The timely sharing of invoices with insurance companies is impacted by incomplete documentation, which causes delays in bill processing and approval.

Asynchronous Billing and Patient File Receipt: The TPA department does not often get patient files and bills at the same time before the crucial 10:15 AM deadline. The distribution of bills with insurance companies is delayed as a result of this lack of synchronisation.

Procedure Delays: The TPA department is unable to start the approval procedure right once when patient files and bills are received at various times.

Coordination Problems: Poor interdepartmental coordination is indicated by a lack of synchronisation, which exacerbates workflow inefficiencies.

GAP ANALYSIS

AVERAGE PLANNING PERCENTAGE OF APRIL AND MAY	FILES SENT TO TPA BEFORE 9:30AM	BILLS SENT TO TPA BEFORE 10AM	BILL SHARED BY TPA TO INSURANCE BEFORE 10:15
75%	69%	65%	39%
GAPS OBSERVED (PLANNING – ACTUAL)	6%	10%	36%

- Highest gap observed in sharing of bills from TPA department- only 39% bills of 75% planned cases shared

CONCLUSION

Root Causes:

- Insufficient staffing during morning hours in TPA department and billing department.
- Missing documents from the files sent from floors(implant stickers, doctor sign missing, OT notes pending, service order closure).
- Patients files and bills not received at the same time (before 10:15am) to TPA department resulting in delay in sharing of bills further to inthe surance company.

Proposed improvements:.

- Evaluate staffing levels and workload distribution by assigning single person to send bills of TPA patients to TPA department.
- Standardize the checking of files by nursing or JR's before proceeding files to TPA department.
- Coordination between these two departments for ease in process of TPA department for further bill sharing process to insurance company.

RECOMMENDATIONS

Standardized Processes: Implement standardized protocols for file preparation, submission, and tracking to enhance efficiency. (JR's to check discharge summary one day prior to discharge, double checking of all documents by nursing before sending files to TPA)

Training and Education: Provide training sessions for staff involved in file submissions(errors in documentation of discharge summary).

Explore technology solutions (e.g., electronic health records replace paper based records, billing software) to automate and streamline file submissions and billing processes.

Streamlined Communication Channels: Establishing clear communication pathways between departments and TPAs to ensure similar patient files and bills are received at the same time.

PLAN OF ACTION FOR THE IMPROVEMENT

Days 1-7: Strategy Refinement-

Coordinate with nursing coordinators for files, the very morning before 9:00 am

Enhance billing department for preparing bills one day before the discharge.

Check for documentation errors in summaries to avoid delays

Briefing nursing staff, JR' s for double-checking the summaries a day before discharge.

Days 8-15: Evaluation and Reporting-

Keep a check on the improvement areas and find the gap percentage reduced after implementing these strategies

Continuous Improvement: Fostering a culture of continuous improvement by encouraging feedback and incorporating lessons learned into future initiatives

- Consult Colleagues: Seek feedback from colleagues or mentors throughout the process to refine approach and recommendations.
- Stay Organized: Keep detailed notes and documentation to track progress and findings effectively. -----
Flexibility: Remaining adaptable to unforeseen challenges or changes in direction during the investigation.

REFERENCES

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