# UNDERSTANDING PRE-AUTHORIZATION DELAYS: STRATEGIES FOR STREAMLINING THE PROCESS AND MINIMISING QUERIES

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in

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By

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Under the Supervision and Guidance of

Dr. Anoop Khanna

2024

WOCKHARDT HOSPITALS | LIFE WINS

June 25, 2024

## TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Dr. Shivani N. Shelke** (Student of IHMR University, Jaipur) has successfully completed her internship training in Quality & Operations department from **19.03.2024 to 19.06.2024.**

During her aforesaid tenure, She has been found to be extremely honest, regular and sincere.

For **Wockhardt Hospitals Ltd.,**

**Abhijeet Pagade**
**Manager – HR**

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I hereby declare that this dissertation titled ……is the bonafide record of my original researchwork. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished workof others has been duly acknowledged in the text.

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# CERTIFICATE

This is to certify that dissertation titled **"Understanding Pre-Authorization delays: Strategies for Streamlining the Process and Minimizing Queries"** is a record of the research work undertaken by **Dr. Shivani .N. Shelke** 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.

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**Abstract**

In healthcare, third-party administrators (TPAs) act as a bridge between health insurance providers (insurers) and insureds (patients). In India, the IRDAI plays an important role in regulating the TPA space. Established by the Ministry of Finance, Government of India, IRDAI is responsible for licensing and regulating the insurance industry, ensuring fairness and transparency for all stakeholders.

Turnaround time (TAT) is an important performance indicator (KPI) for TPA as it directly affects patient satisfaction and the overall image of the hospital. Reducing delays in the TPA process are pivotal to ensure that patients that seek care have a seamless and an effective experience that is observed.

This is a study aimed at determining what causes delay in the prior authorization process for patients in tertiary care. Data collection was done using a variety of methods including direct observation, tracking email response time and analysis of data provided by various TPAs online portals. A systematic review revealed that the main cause was due to the fact that incomplete information was provided to the TPA during the preliminary permit process and complex pre-authorization process.The collected data was analyzed using Microsoft Excel and SPSS. Delays were detected in the responses to investigations initiated by TPA. The study also found delays in processing previous permits by healthcare management organizations (RMOs). Research shows that the current pre-authorization process itself can be very difficult and time-consuming. Based on these findings, the study concluded that many aspects of the pre-authorization process, such as filling out pre-authorization forms, answering incoming questions, payment and floor system coordination, should be simplified and some adjustments needed to be made to resolve these issues. delays. This is beneficial for patients and hospitals as it will ensure patients have access to quality treatment.

**Acknowledgement**

This project report highlights three months of successful work at Wockhardt Hospital, N agpur. During this time, I have benefited greatly from the support and guidance of many people.

I would like especially thank Mrs.Ayesh Abbas who gave me constant support and motivation to work. I would also like to thank Mr. Clive Fernandes, COO of Wockhardt Group, whose leadership and insight contributed greatly to this project.

I would like to extend my sincere gratitude to Mr. Anoop Khanna for this support and guidance.

Through their collective efforts, this journey has been made not only successful but also deeply enriching.

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## Abbreviations

| | |
|---|---|
| TPA | Third-Party Administrators |
| IRDAI | Insurance Regulatory and Development Authority of India |
| TAT | Turnaround time |
| RMO | Resident Medical Officer |
| OPD | Out patient department |
| ER | Emergency Room |
| IPD | In patient department |
| HIS | Hospital Information system |
| PA | Pre- Authorization |
| RCA | Root Cause Analysis |
| MLC | Medico legal case |
| ICU | Intensive care unit |

## Chapter 1: Introduction

TPA  works in a hospital as an interface between the policyholder and the insurance company to ease pre-authorization, discharge, and the settling of claims. The number of roles a third-party administrator plays for a firm is increasing, and more firms are opting for a third-party administrator. TPAs are health service providers that cover all the claims with approval from IRDA (Insurance Regulatory and Development Authority). They are big players in the managed-care industry and have the competency and wherewithal to outsource effectively pre-authorisation and other functions related to settlement and claims.

Under cashless hospitalization, a third-party administrator pays the hospital directly on behalf of the insurance company. Consent from the TPA must be secured before the patient is admitted, while this can be authorized after admission in case the hospitalization was an emergency. There is also the health card that comes with the health insurance policy and which you would need to produce at the time of admission to the hospital

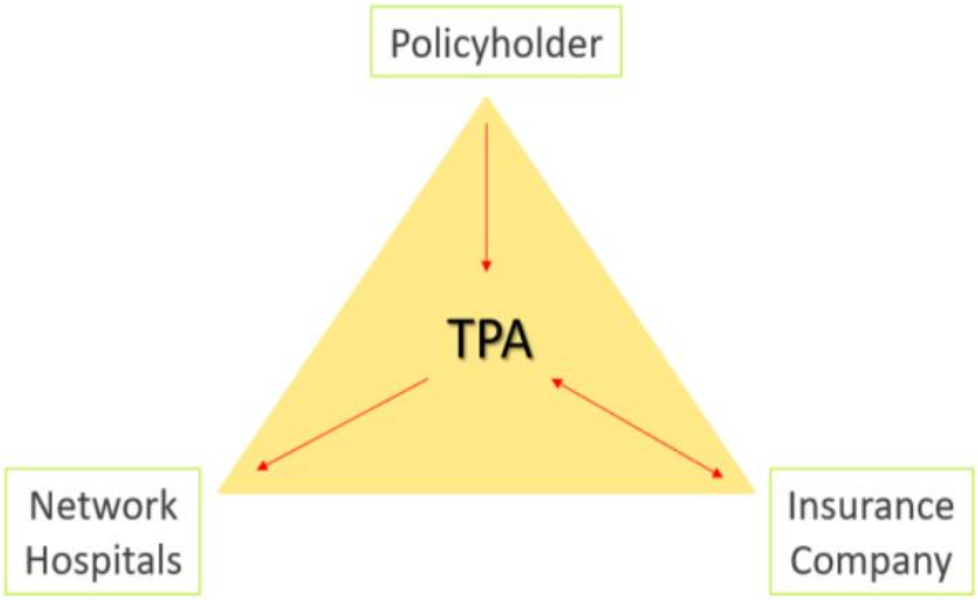



*Figure1.1- TPA interaction*

**How TPA desk helps policy holder**

TPA's desk role in a hospital is to simplify the patient admission and discharge process. There are two types of admissions in TPA: 1) Plan admission and 2) Spot Emergency admission. During plan admission, elective surgery is conducted after obtaining pre-authorization approval, followed by the patient's admission to the hospital. In emergency admission, the patient is first admitted to the hospital, and then the preauthorization process takes place. Pre-authorization is the formal approval from the TPA for the patient's hospital expenses, ensuring cashless hospitalization where the insurer covers the hospital bill. However, in the case of co-payment, the insured individual is required to pay a portion of the bill.

The following documents are submitted to TPA while pre-authorization process –

1)OPD/ ER paper

2) Insurance card

3) Aadhar card of policyholder and patient

4) Positive investigation report.

Pre-authorization delays can lead to surgical delays, financial strain, administrative burdens, and a distressing experience for the patient and their family. The purpose of this study is to identify the factors that contribute to the pre-authorization process's delays, simplify it, shorten its turnaround time, and lower the total number of queries that are received also to find weaknesses in the process and streamline it .

**Rationale:**

Every hospital needs a TPA department that is operating at peak efficiency. The goal of health insurance, which is to shield the insured from financial stress, must be accomplished in the current environment of high costs linked with high-quality healthcare services, making it imperative that TPA processing be efficient and quick.

It should be mentioned that there are several payer types for hospital patients, including panel, cash, credit, and insurance patient groups. Among these, insurance (TPA) patients make up a sizeable portion. Thus, fast completion of TPA processing becomes crucial for a hospital as it would improve patient satisfaction.

**Aim:**

To reduce the overall turnaround time of the pre-authorization and minimise the number of queries received.

**Objective:**

1. To calculate the Turnaround time of overall pre-authorization and to find bottlenecks.
2. To collect and analyse the queries sent by external TPA and reduce the number of queries.

## Chapter 2: Literature Review

| Sr no. | Title | Author | Study location | Study Type | Salient features |
|---|---|---|---|---|---|
| 1. | Streamlining and Reimagining Prior Authorization Under Value-Based Contracts: A Call to Action From the Value in Healthcare Initiative's Prior Authorization Learning Collaborative . | Mitchelle A. Psotka, Elizabeth A. Singletart, William K. Bleser. | Australia | Qualitative | The paper highlights the challenges faced by patients, clinicians, and payers due to barriers, frustrations, and administrative burdens associated with current prior authorization processes. The paper discuss the need to reimaging the existing pre authorization system to benefit patient, payer , clinicians and other healthcare stake holders .The Value in Healthcare Initiative's Prior Authorization Learning Collaborative aims to transform utilization management into a transparent and collaborative system, especially under value- |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | based payment models. |
| 2 | Improvements for the Prior Authorization Process for Elective Surgical Procedures at an Academic Medical Centre | Karen Y. Marble, MHS, Genie R. Briggs, MHS, and Xiaoshan Z. Gordy | America | Quantitative | The research paper focused on improving the prior authorization process for elective surgical procedures at an academic medical centre to reduce revenue loss due to denials. A review of the current process was conducted, barriers were identified, educational training was provided, and process changes were implemented. |
| 3. | Implementation of a streamlined prior authorization process to improve clinician wellness and cancer care delivery. | Aarti Sonia Bhardwaj<br><br>Mark Liu<br>Sofya Pintova | America | Quantitative | The research paper focuses on addressing the challenges of prior authorizations (PAs) for chemotherapy in cancer care delivery, which often lead to delays, staff burnout, and financial losses. By leveraging technology and non-clinical staff workflows, the study aims to enhance |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | the timeliness of quality care delivery to cancer patients and improve the wellness of clinical staff |
| 4. | Streamlining the Insurance Prior Authorization Debacle | J.Collins . Corder , MD | America | Qualitative | The document discusses the issue of prior authorization, which is the process of obtaining approval from insurance companies for certain medical services, medications, and equipment. It highlights the significant burden this process places on physicians and their staff, who spend an average of 16.4 hours per week completing prior authorization requests. The document cites surveys from the American Medical Association states that 92% of physicians surveyed agreed or strongly agreed that their ability to practice medicine appropriately is influenced by this process of prior authorization. In addition, 93% somewhat agreed or strongly agreed |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | that they had to alter a patient's treatment plan because of the restrictions from an insurance provider |

## Chapter 3: Methodology

The project commenced with a comprehensive examination of the entire workflow associated with TPA cases. This analysis encompassed all stages, beginning with the initial acquisition of patient documents and culminating in the successful acquisition of pre-authorization approval.The project conducted was in the month of April in 2023 and it went as follows:

1. Understanding the TPA process.
2. Preparing an action plan.
3. Data Collection and Analysis.
4. Coming up with suitable recommendations

**Design of the research**:

This prospective study was conducted from March to April of 2024 in a 118-bed super specialty hospital located in Nagpur, Maharashtra. A sample size of 102 insured patients going through the pre-authorization process is taken. A track sheet is developed to record the data of TAT during the various stages of the Pre - Pre-authorization process. The whole process is divided into four sub-processes for arriving of TAT.

TAT 1 : Time pre-authorization form filled by billing executive

TAT 2 : Time RMO filled the medical history form.

TAT3 : Time TPA reverted.

TAT 4 : Time query response sent to TPA.

TAT 5 : Time taken for the overall pre authorization process.

**Research Question**:

- "What are the key bottlenecks within the pre-authorization of insured patients in a large multi-specialty hospital, as evidenced by the Total Turnaround Time (TAT) calculation, and how do these bottlenecks impact overall efficiency?"
- "What patterns or trends exist in the queries received from external Third-Party Administrators (TPAs) regarding insured patient pre-authorization process over

a three-month period, and how can analysis of these queries inform strategies to minimize query volume, thereby saving time and resources for in-house executives?"

**Research Design:**

Quantitative**:** A prospective study is conducted by analysing hospital data on admission times, pre-authorization processing times, insurance type, queries received.

A retrospective study of query was conducted encompassing data from January to March 2022. Queries were collected from various sources including the IHX portal, Remedinet, and email, resulting in a total of 109 documented cases.

Study Setting**:** The study was conducted at Wockhardt Hospital, Nagpur a 118 bedded hospital.

Study Population: The study population would include all patients admitted to the hospital during March 2024 to April 2024 who have insurance coverage.

**Data Collection Tools and Technique Used:**

| **Turn Around Time** | **Elaboration** | **Data Collection Tool** | **Technique** |
|---|---|---|---|
| TAT 1 | Time pre-authorization form filled by billing executive | **Observation** | **Observation** |
| TAT 2 | Time RMO filled the medical history form | **Observation** | **Observation** |
| TAT 3 | Time TPA reverted | **Email timing** | **Email timing** |
| TAT 4 | Time taken for reverting back queries to TPA | **Email timing** | **Email timing** |

| | | | |
|---|---|---|---|
| TAT 5 | TAT for Initial Approval (Total TAT) | **Addition of TAT 1, TAT 2, TAT 3, TAT 4,** | |

TAT1 refers to the total time taken by the billing executive to complete the pre-authorization form. It includes the time spent gathering required documents, filling out the form itself, and finally submitting it electronically or via email.

TAT2 time taken by the Resident Medical Officer (RMO) to fill out their section of the pre-authorization request form.

TAT 3 represents the turnaround time by the external TPA (Third-Party Administrator) after receiving the completed form.

TAT4 denotes the time taken by the hospital staff to answer any queries raised by the external TPA regarding the pre-authorization request.

TAT 5 is a cumulative figure obtained by adding up TAT 1, TAT 2, TAT 3, and TAT 4.

**Analysis:** Data was transcribed and tabulated in MS-Excel and imported in SPSS-20, for analysis

**Understanding Process Flow –**

The steps can be seen more clearly with the use of a process flow diagram or flow chart. Therefore, a process flow is essentially a visual tool that helps visualize work processes and illustrates the relationship between activities, inputs, and outputs. Process workflows serve two primary goals: they increase overall process efficiency and provide an explanation of how the process operates.

Benefits of Process Flow:

1) Standardizes business process flow

2) Optimizes resource utilization

3) Updates and trains employees.

4) Improving processes

5) Mitigates risks

6) Increases visibility and transparency

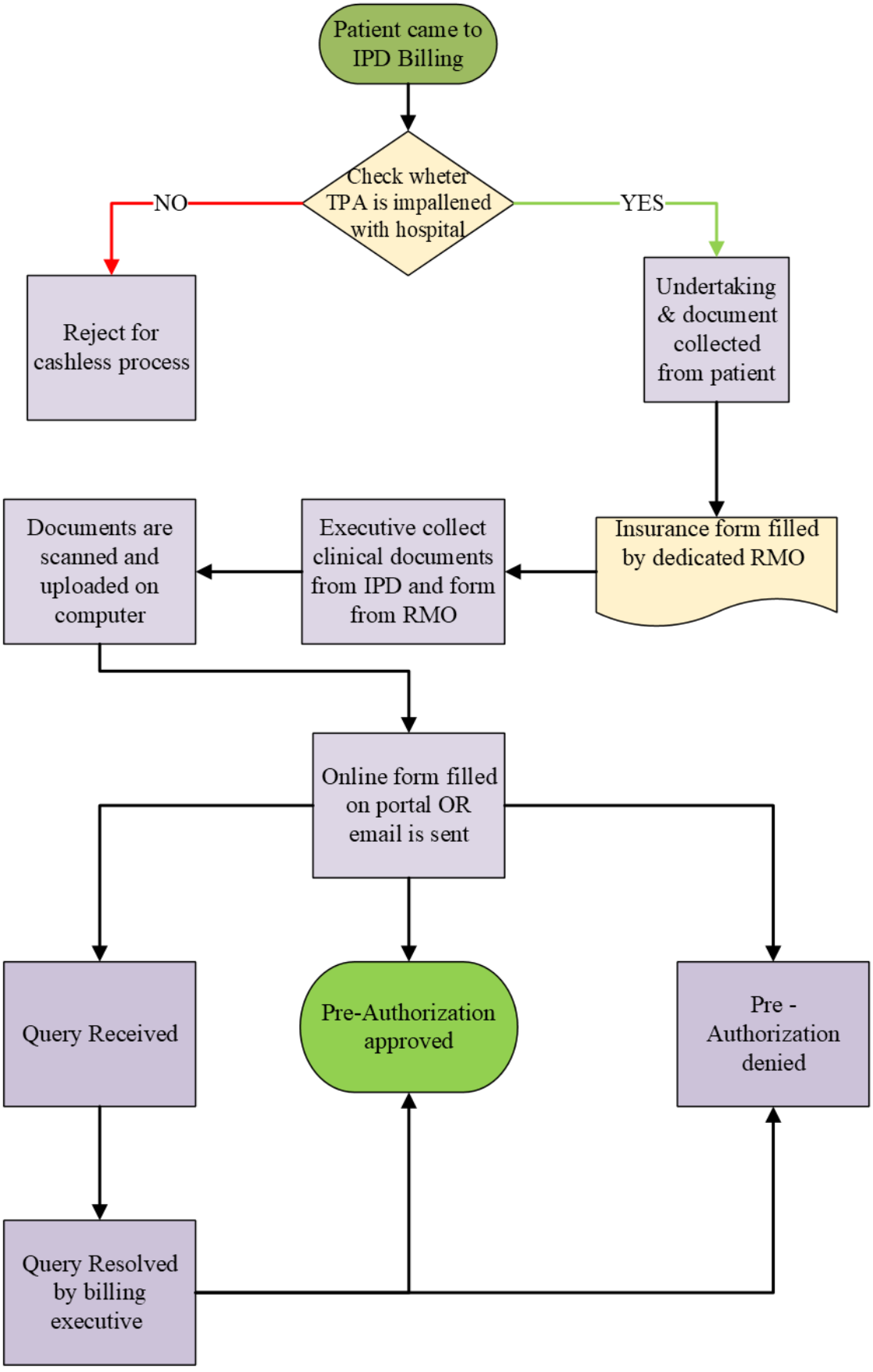
7) Assigns roles

8) Proper interaction

The TPA department's preauthorization process flow looks like this:

Process flow of Pre – Authorization

*3.1 Process flow*


Patient came to IPD Billing
Check wheter TPA is impallened with hospital
NO
YES
Reject for cashless process
Undertaking & document collected from patient
Insurance form filled by dedicated RMO
Executive collect clinical documents from IPD and form from RMO
Documents are scanned and uploaded on computer
Online form filled on portal OR email is sent
Query Received
Pre-Authorization approved
Pre - Authorization denied
Query Resolved by billing executive

Observation :

A significant portion of the billing executive's time was spent on the hospital floor, likely gathering documents or addressing patient inquiries. The process observed that Resident Medical Officers (RMOs) were not fully utilizing available technology for form completion. Assigning a single RMO to handle all pre-authorization forms creates a bottleneck and potential strain on their workload. Similarly, relying on a single billing executive for pre-authorization, discharge processing, and query resolution leads to overburden and potential delays.

Other activities at TPA:

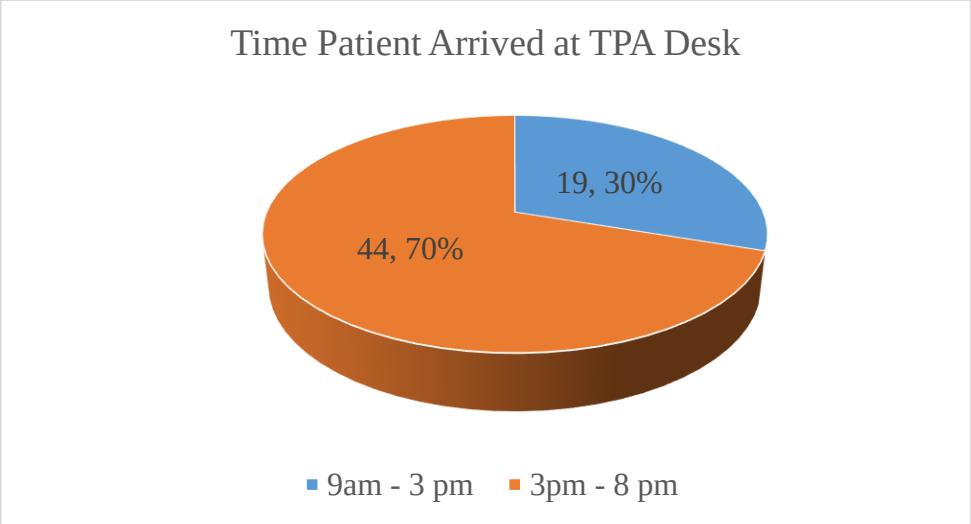
- Maintaining an excel sheet data for all the patients.
- Giving updates to other hospital personnel as and when required.
- Timely information to the patient side about the approval status.

Time taken in each step was studied and accordingly the observations were made about where there is a scope of any correction.

## Chapter 4: Results

### 1. Time Study for patient arrival at the TPA desk

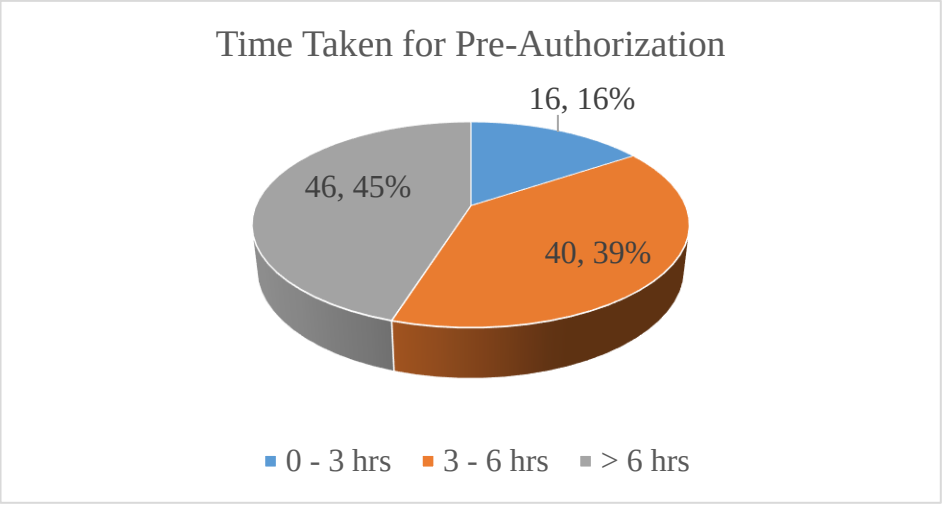
*Table 4.1- Time patient relative arrived at the TPA desk*




The TPA desk experiences the highest volume of patients in the afternoons. Data indicates that 70% of patients arrive between 3 pm and 8 pm, compared to 30% in the morning (9 am to 3 pm). This suggests a potential need for adjusted staffing levels to optimize efficiency during peak hours

### 2. Pre- Authorization Processing time study

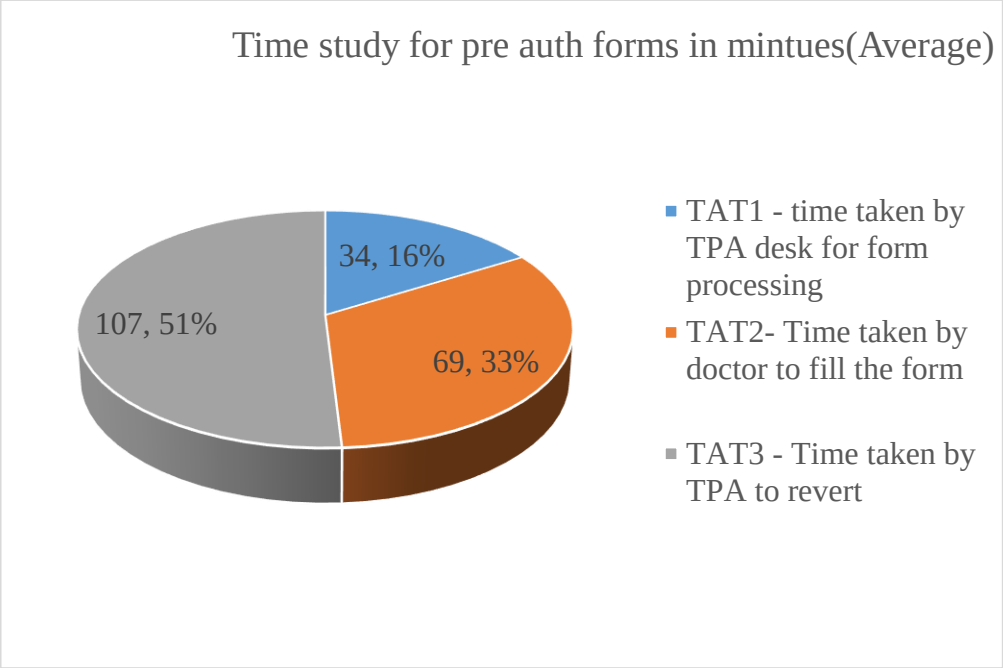
*4.2 Turn Around time for Pre authorization*




Data indicates that 45% of pre-authorization cases require more than six hours while 39 % require 3- 6 hours for completion. This suggests a need to optimize the current process to achieve faster turnaround times.

3. **Time Study for Pre-Authorization form in minutes (Average)**

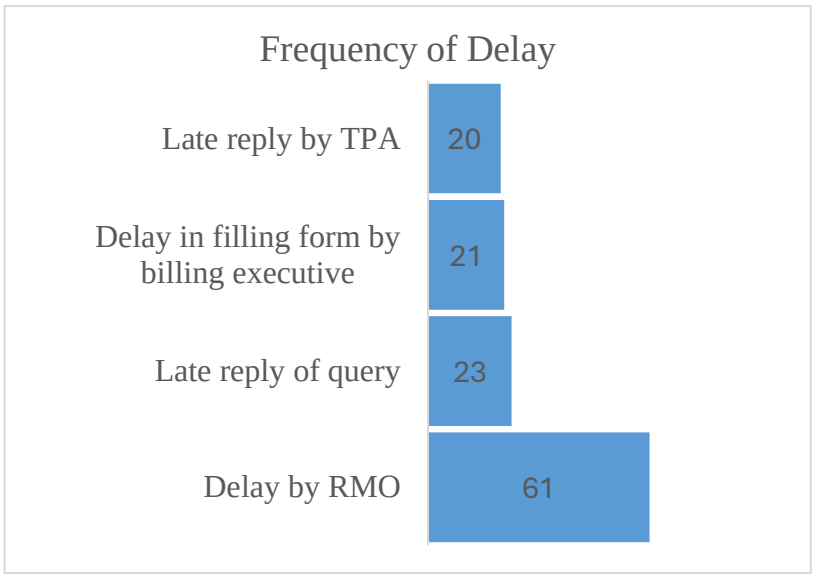
*4.3 – Average time taken for each process*




The data indicates that external TPAs are currently experiencing delays in responding to pre-authorization requests from our TPA desk. The average turnaround time for external TPAs is 107 minutes, compared to the 69 minutes typically required by doctors to complete the pre-authorization forms.

4. **Number of Delays in Completing Tasks by Role**

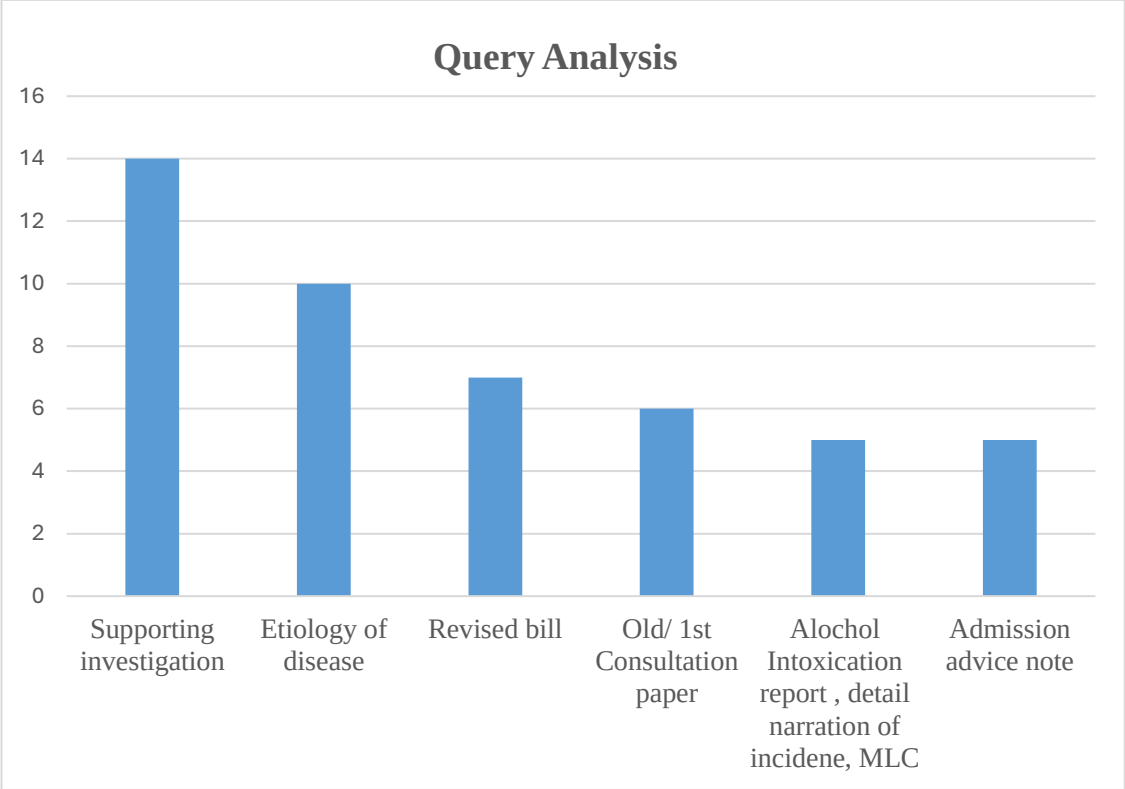
*4.3 Frequency of delays*



The data in Figure 4.4 reveals that delays caused by the RMO in filling the pre-authorization form are the most frequent cause of holdups, accounting for over half (greater than 50%) of the cases. Billing executives are also a significant contributor to delays, causing nearly half (around 50%) of the remaining delays. These delays can stem from either the billing executive taking too long to fill out the pre-authorization form themselves or from late communication with the external TPA (Third Party Administrator).

**5. Query Analysis:**

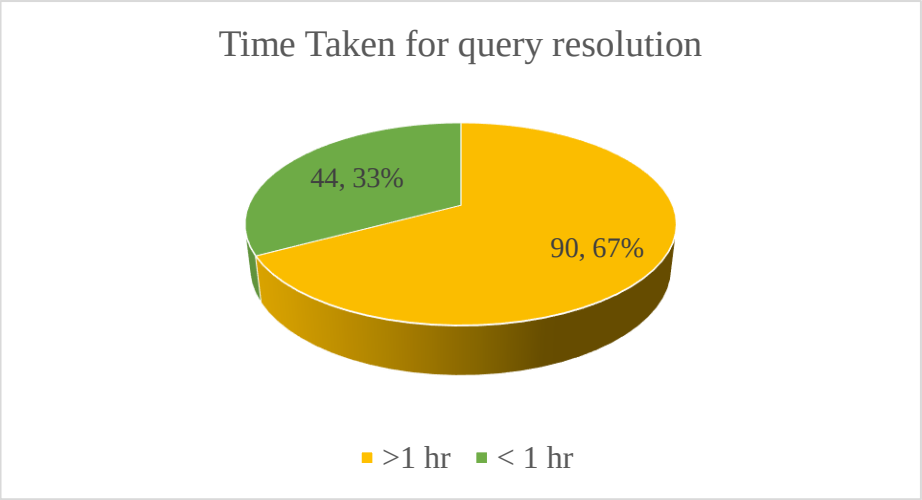
*4.5 -Prospective Query Analysis*




Among a sample of 120 pre-authorization cases, 34 (28%) cases query was received. The most frequent inquiries pertained to 1) Supporting Investigations to confirm the diagnosis and 2) Aetiology of the Disease to understand the cause. The TPA desk also received some irrelevant query like revised bill and doctor prescriptions advising hospitalization which was already present in the request form.

## 6. Query Revert time

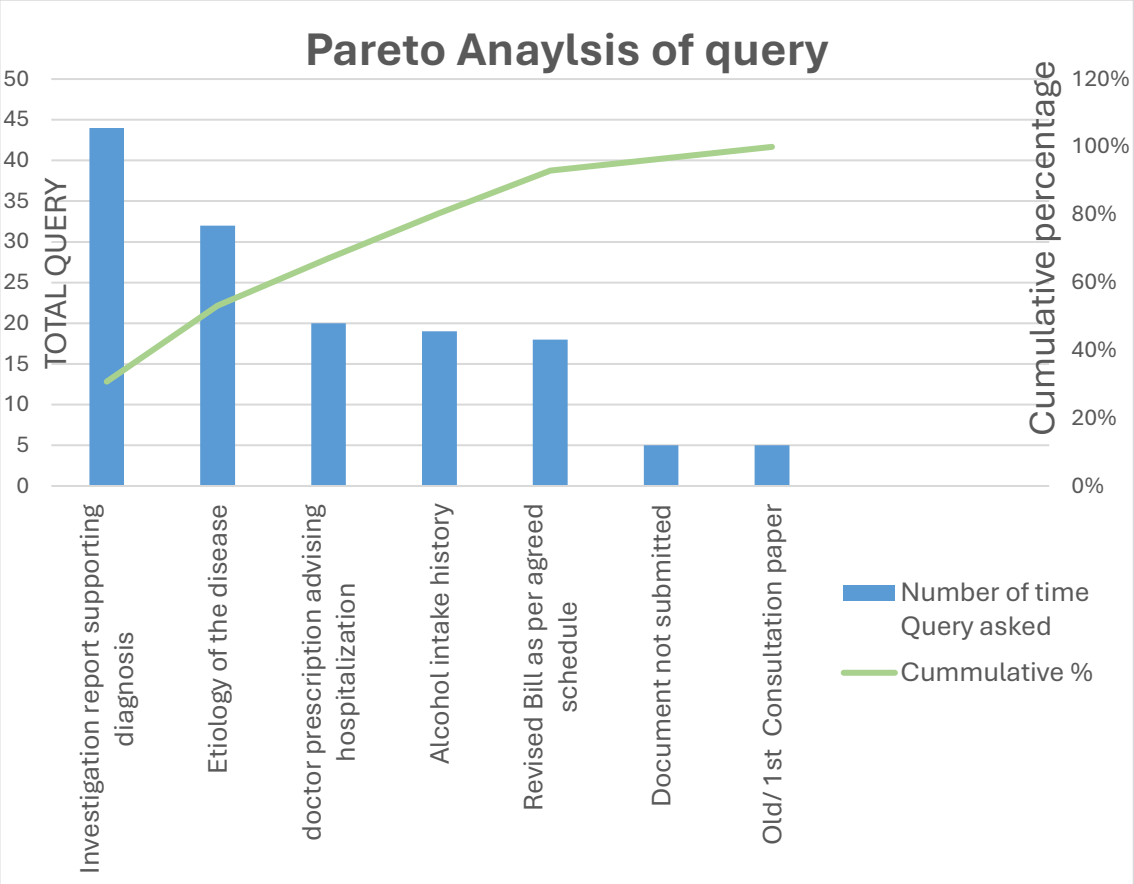
*4.6 TPA Desk Query Response Times to External TPA*




As seen in the above graph it is clear that in more than 50% of cases the TPA desk resolved the query in more than 1 hour which is not the standard time for query resolution.

## 7. Pareto Analysis on retrospective query :

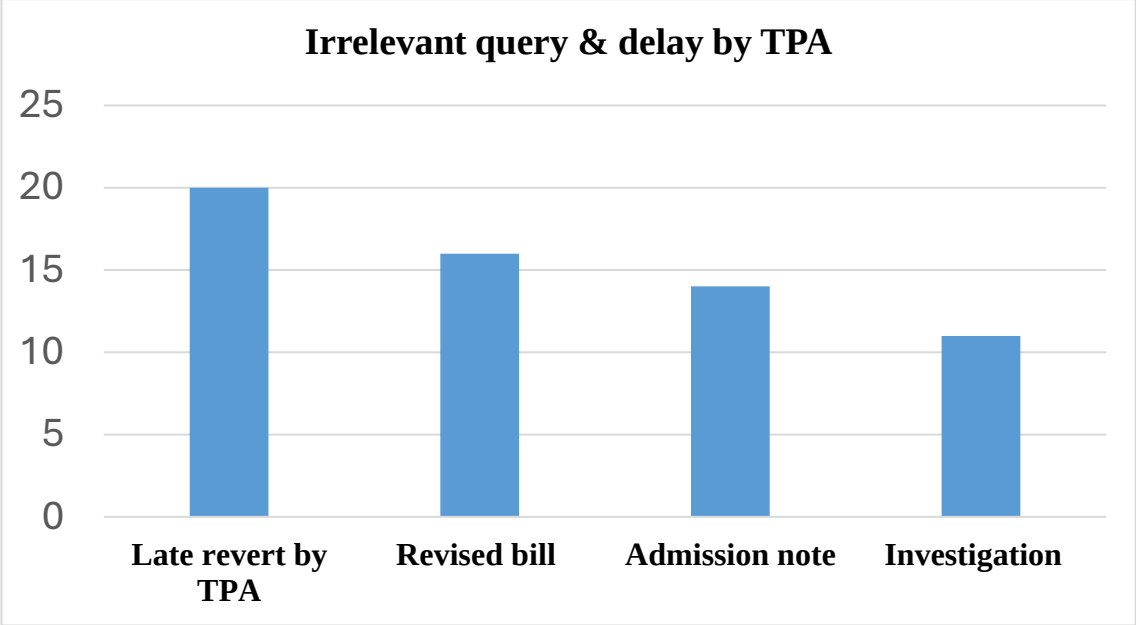
*4.7 – Pareto Analysis of queries*



To identify trends in pre-authorization query types, a retrospective analysis was conducted This data was then combined with an additional 34 queries from a prospective study for a comprehensive Pareto analysis. The Pareto analysis identified that 20% of the factors contributing to pre-authorization delays are associated with the investigation and etiology (cause) determination of the disease. These factors account for a significant portion (approximately 80%) of the overall delay time. Other frequent queries were doctor prescription advising admission of the patient , in accidental case MLC , alcohol history was asked.

8. **Delay caused by external TPA**

*4.8– Delay by TPA*




The late reply by TPA and the irrelevant query is also the reason for the delayed pre authorization approval. The TPA responded late to 20 cases, exceeding the 2-hour turnaround time. In 16 cases, a request was made to revise the bill and highlight the corresponding costs in the tariff card. In 14 cases, clarification was sought on the admission note, even though this information was already provided on the OPD paper. In 11 cases, an investigation was requested, even though the investigation report was already attached to the PA form**.**

**9. The output of Descriptive analysis is shown in below table**

*4.9 Descriptive Analysis*

| | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|
| TAT 1(Time pre-authorization form filled by billing executive) | 10 | 70 | 34.46 | 14.141 |
| TAT2 (Time RMO filled the medical history form) | 10 | 256 | 69.77 | 51.333 |
| TAT 3 (Time TPA reverted ) | 6 | 1180 | 107.47 | 184.086 |
| TAT 4 (Time taken for reverting back queries to TPA) | 10 | 1433 | 472 | 496 |
| TAT 5 (TAT for Initial Approval (Total TAT) | 60 | 1980 | 540.80 | 504.818 |

The analysis reveals a wide range in turnaround times for total pre-authorization, with a minimum of 1 hour, a maximum of 33 hours, and an average of 9 hours. The data shows a significant variation in response times to external TPAs for queries. The minimum response time was 10 min, the maximum was 23 hours, and the average was 8 hours. The minimum completion time by RMO for filling the duly form was within 1 hour, the maximum was 4 hours, and the average was 1 hour. The maximum time taken for external TPA to revert was 19 hours with a mean of 1 hour 47 min.

**10. Pearson correlation:**

*4.10 Pearson correlation*

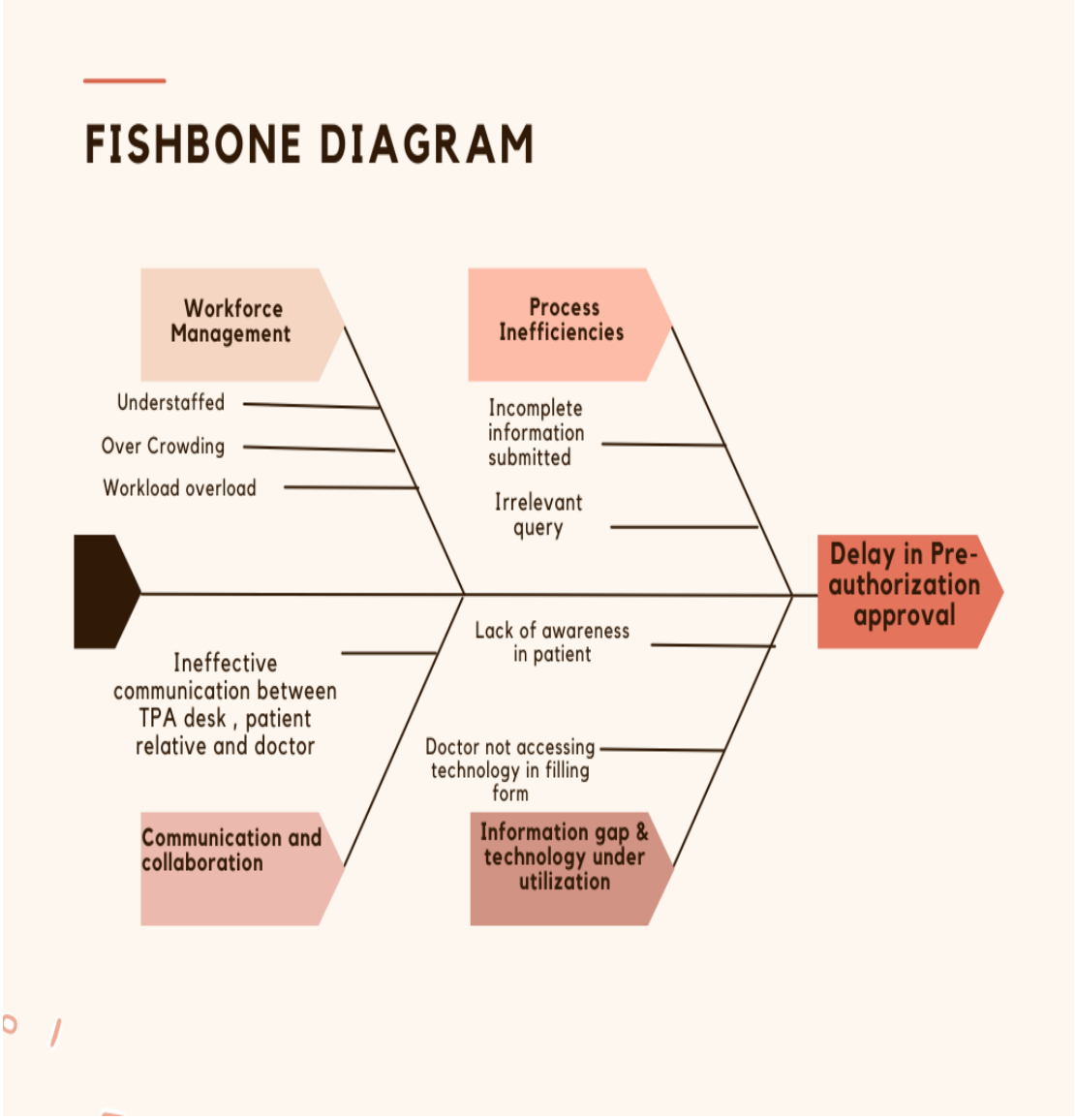
| | TAT 1 | TAT 2 | TAT 3 | TAT 4 |
|---|---|---|---|---|
| TAT 5 | 0.177 | 0.214 | 0.247 | 0.661 |
| P value | 0.075 | 0.031 | 0.012 | 0.000 |

Hence from the above table, it can be seen that TAT 4, TAT 3 and TAT 2 have a moderately strong and positive correlation with the TAT 5, whereas TAT1 have weak positive correlation

**11. Root Cause Analysis**

Observation It was realized that “Incomplete information/documents being sent for pre-authorization” is major reason for most of the queries and extra time that is being taken. Also complex process of PA is time consuming. Hence a RCA was done in order to understand the reason behind sending incomplete information to TPA.

4.11 Root cause Analysis




From observation it is clear that the primary causes of the preauthorization clearance delay are a lack of documentation and inefficient processes. To reduce the likelihood of questioning, supporting medical records such as ER notes, prescription charts, supporting investigations, etc., must be included with the pre-auth form. Inadequate documentation and information, process-related issues, patient counseling and communication, timely provision of all required documentation by patients, and delays in internal query resolution are factors that also contribute to the primary outcome

## Chapter 5: Discussion

Efficient TPA case processing is crucial for a smooth patient experience. It's a collaborative effort involving the TPA department, hospital departments like IPD and OPD, and dedicated staff working together. To provide every patient with the best caliber of care that they expect and deserve, the team must be committed. To understand the process a process mapping was done and it was discovered that the pre-authorization process was complex and time-consuming. It was observed that a major cause of delays and extra work in the pre-authorization process was sending requests with missing documents or information which lead to more queries received. To understand why this was happening, root cause analysis (RCA) was done. It was seen from observation and analysis that lack of documents and complex process is main reason behind sending incomplete information to TPA. Also the billing executive spend a lot of time on floor in collecting documents and resolving queries . There is a requirement of supporting medical documents like ER notes, medication chart, supporting investigations etc along with the pre-auth form to lessen the chances of occurrence of queries. Also along with insufficiency of documents/information, other reasons associated with process, communication /counselling of patients, patients providing all the necessary documents timely and delay in action taken for settling a query internally are contributors in the main effect.

**Delay in process**

1. Delay by billing executive :

   The hospital has established a performance benchmark of an average 45-minute turnaround time for pre-authorization (PA) form completion. However, an analysis of recent cases revealed 21 instances where the billing executive responsible for PA tasks experienced delays. This can be attributed to the individual managing multiple duties concurrently, including PA tasks, discharge processing, and resolving patient queries. This multitasking environment appears to be a contributing factor to the observed delays. The current workload distribution necessitates the billing executive dedicating a significant portion of their time to physically collecting documents and addressing inquiries on the hospital floor. This divides their focus and potentially hinders their ability to complete PA forms within the established time frame.

2. Delay by RMO in filling pre authorization form

A single Registered Medical Officer (RMO) is assigned to complete pre-authorization (PA) forms. However, there workload encompasses various other duties, including:

a) **Outpatient Department (OPD) Responsibilities:** These additional OPD tasks compete for the RMO's time and can lead to delays in PA form completion.
b) **Emergency Ambulance Call Response:** The need to respond to emergency ambulance calls further disrupts the RMO's focus on PA tasks, potentially causing delays.
c) Obtaining timely approval from the relevant consultant can also be a source of delay

The process appears to rely on the billing executive to send documents to the RMO before they can complete the PA form. This creates an unnecessary wait time and hinders efficiency. Implementing a system where the RMO can directly access the required documents electronically (e.g., DOXPER) would eliminate this step and expedite the process.

3. Late reply of the query

   The current workflow assigns pre-admission (PA) tasks and discharge processing to the billing executive. This combined workload can lead to capacity limitations, potentially causing delays. Additionally, queries received after the billing executive's departure for the day remain unaddressed until the following business day. This creates a gap in service and contributes to processing delays

   The nature of the queries received also presents an opportunity for improvement

   .

   A significant portion of queries appear to focus on highlighting information already present on the tariff card and admission history record. While clarification may be necessary at times, such inquiries can divert attention from more critical tasks like completing PA forms within established timeframes.

   Furthermore, queries received late on Saturdays are often not addressed until Monday. This weekend delay can significantly impact the pre-authorization process timeline, causing unnecessary disruptions for patients.

Analysis of query trends revealed that requests for "supporting investigations" were the most frequent. This suggests that pre-authorization forms might be submitted incomplete, potentially due to knowledge gaps or a lack of clarity regarding required documentation by the billing executive.

The time taken by the TPA desk to resolve queries (TAT 4), the time for an external TPA to respond (TAT 3), and the time taken by the RMO to fill the form (TAT 2) all exhibited moderately strong and positive correlations with the total turnaround time (TAT 5 there p-values less than 0.05 which indicates that the observed correlations are unlikely to be due to chance and provide strong evidence that these factors are indeed significantly associated with the total pre-authorization processing time . This indicates that these factors significantly influence the overall processing speed. The time taken by the TPA desk for initial form processing (TAT 1) displayed a weak positive correlation with the total turnaround time.

**Limitations of Study ;**

The study cannot be generalised for the whole year as the data is collected and study is carried out for a month. Observations were made by being present at only one department at a time which was the TPA department majorly but a better understanding of the study could have been possible by making observations at different departments as TPA case processing is a complex process and involves the input from other departments also.

## Chapter 6: Conclusion & Recommendation

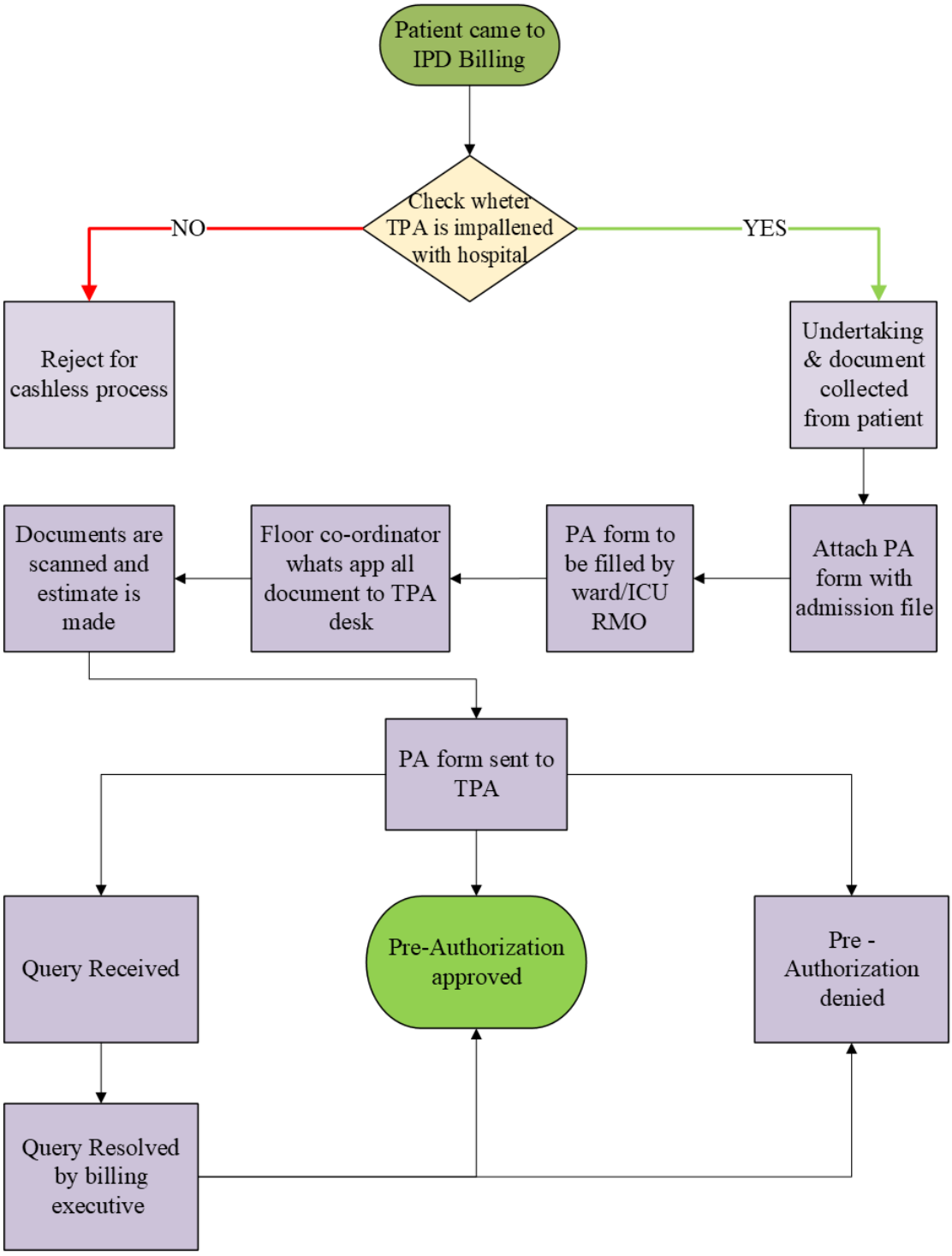
### Recommendation

| SR.NO | Practice | Recommendations |
|---|---|---|
| 1 | Single person in TPA handling admission , discharge and query | Allocating one person in afternoon which can work in both Cash and TPA patient. |
| 2 | Doctor filling the form after billing executive send relevant document | Leveraging technology Doctor should access DOXPER to fill the PA request form |
| 3 | TPA executive goes to the floor to collect documents | Floor co- Ordinator must whats app all the required document to the billing executive for streamlining the process. |
| 4 | Complex PA process | Change in process of PA . which is listed below |

To address these bottlenecks and expedite pre-authorization processing, a new standardized process has been recommended below

For patient admitted from OPD

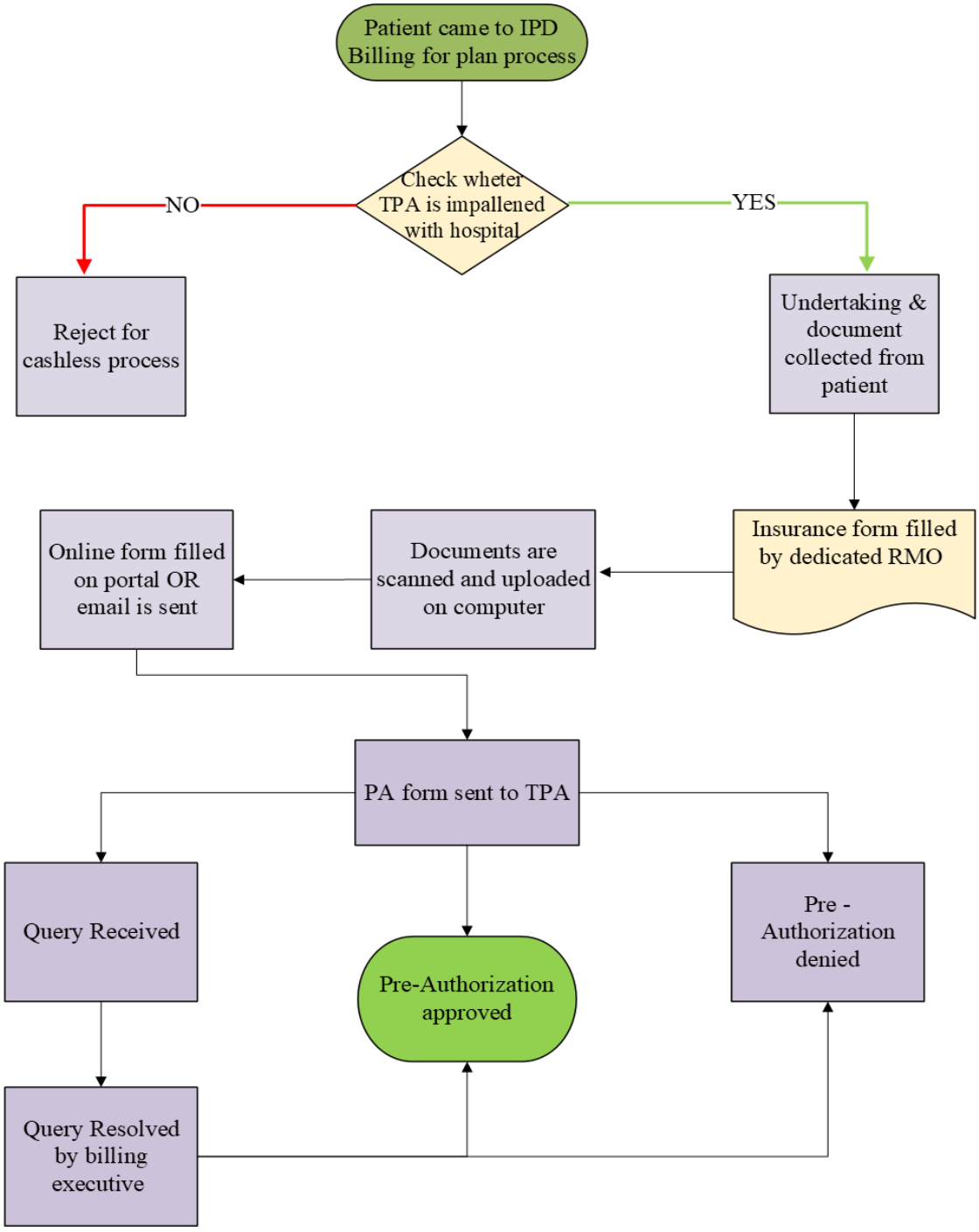
*6.1 – Process flow for OPD patient*




To streamline pre-authorization for patients admitted directly from the Outpatient Department (OPD), the following revised procedures are recommended. The Registered Medical Officer (RMO) in the ward will be responsible for completing the pre-

authorization form during the patient's admission process. This reduces delays associated with initiating pre-authorization after admission. The floor coordinator will be responsible for utilizing a secure messaging application (e.g., WhatsApp) to transmit all necessary documents electronically to the TPA (Third Party Administrator) executive. This eliminates the need for physical document transfer and expedites the pre-authorization process.

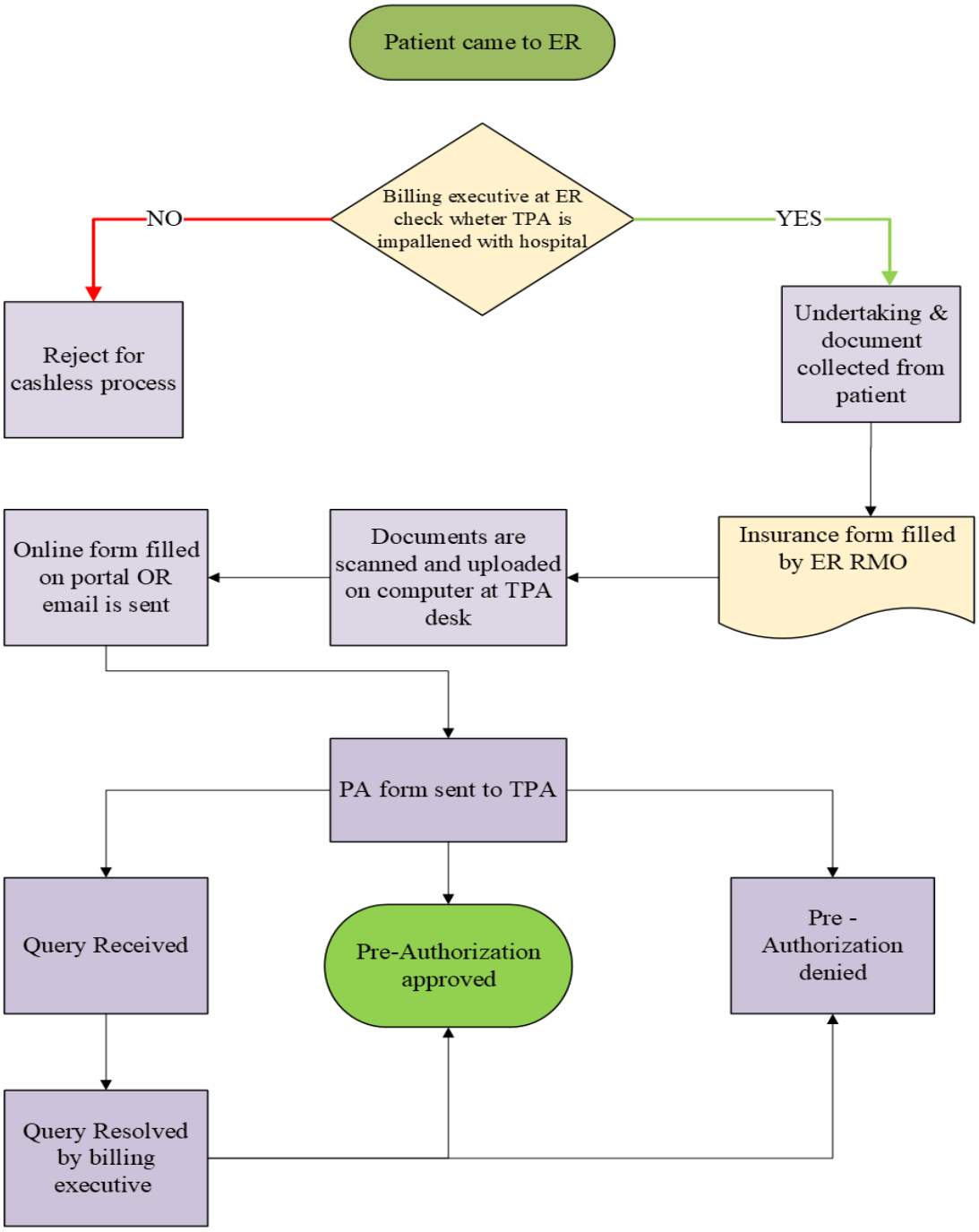
*6.2 Process for plan procedure*




To expedite and enhance the efficiency of pre-authorization processing, a dedicated Registered Medical Officer (RMO) will be responsible for completing all pre-authorization forms. This RMO will leverage the Doxper application, a centralized OPD (Outpatient Department) prescription management system, for streamlined form completion.

For ER admission

*6.3 Process flow for ER admission*




To expedite the pre-authorization process for ER admissions and ensure timely patient care, the following revised guidelines are implemented: Pre-authorization forms must be initiated and completed in the ER department whenever possible, prior to transferring the patient to a ward. This approach minimizes reduce delay associated complex process a. In situations where complete information or necessary diagnostics are

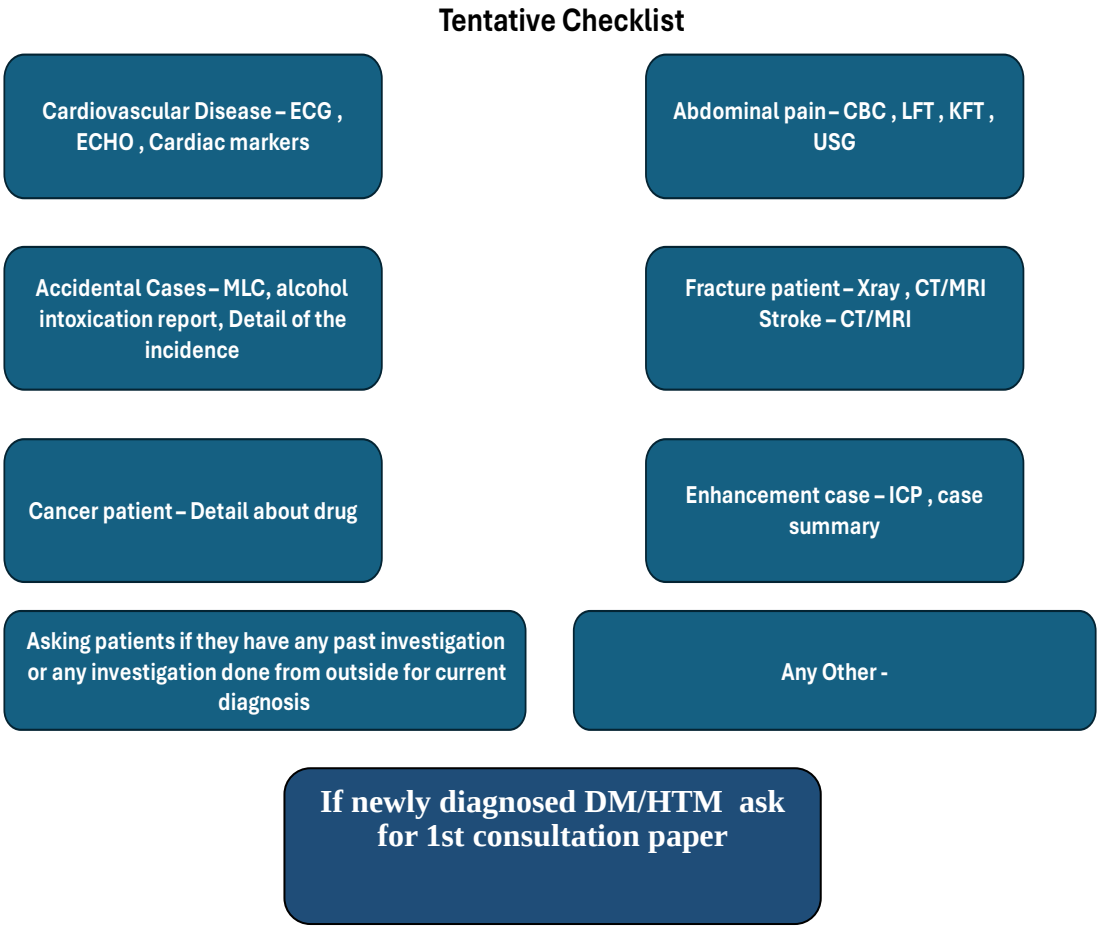
unavailable in the ER, the ward RMO (Review Medical Officer) will be responsible for finalizing the pre-authorization form.

Recommendations for Query ;

A. Investigation query -

A checklist for standard investigation has been developed so that fewer queries are expected to be raised pertaining to missing supporting investigations while ensuring the process of pre-authorization is carried out expeditiously. The checklist will be sent to the RMO with the pre-authorization request form. The RMO will select relevant investigations from the checklist and ensure that the pre-authorization request reaches the external TPA along with all the documentation. This will reduce the number of queries received and the overall turnaround time.

6.4 Tentative Checklist for investigation



B. Aetiology of the disease

Resensitization of doctors on the Importance of Including Diagnosis (Etiology) on OPD Prescriptions

By implementing these strategies, healthcare providers and insurers can significantly improve the efficiency of the pre-authorization process. This leads to faster approvals, reduced administrative burdens, and improved patient care. Streamlining pre-authorization not only benefits healthcare delivery but also fosters a more collaborative and cost-effective healthcare ecosystem.

**Conclusion :**

Overall, delays in pre-authorization remain one of the larger disruptions in healthcare delivery to patient care and administrative efficiency. Kinship among healthcare providers, insurers, and technology developers must be harnessed to advise strategies for incorporating key factors that will have an impact on the pre-authorization process: electronic health records, standardized procedures, clear lines of communication, and dedicated staff for pre-authorization requests. Moreover, highly extensive queries can be reduced if the health provider properly and correctly submits his claim at the time of admission, takes measures to prevent any potential problems, and further pursues the progress-status of their request. Such steps bring in faster approvals, reduce administrative burdens, and improve the recovery probabilities of the patients. Streamlined pre-authorization presents a much greater opportunity for much more collaboration with cost-effective healthcare ecosystems that work for everybody. A streamlined pre-authorization process fosters a more collaborative and cost-effective healthcare ecosystem, benefiting all stakeholders.

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