ADMISSION RECORDS AUDITING AND PATIENT SATISFACTION BASED ON TPA SERVICES

Dissertation submitted to

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For the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

In

Hospital and Health Management

By

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Under the Supervision and guidance of

Dr Alok Mathur

2023

DECLARATION BY STUDENT

I hereby declare that this dissertation titled "**admission records audit of TPA/cash patients and patient satisfaction based on TPA services** "is the Bona fide record of my original research work.

I certify that it has not been applied for a degree or diploma from any other university or institution. It has been properly mentioned in the text when information was taken from other people's published or unpublished work.

Dr Nakul Kulshrestha

24-05-2023

CERTIFICATE

This is to certify that dissertation titled "**admission records audit of TPA/cash patients and patient satisfaction based on TPA services**" is a record of the research work completed by Dr Nakul Kulshrestha 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 direction and supervision. His approach to the research study has been sincere, scientific, and analytical.

Dr. Alok Mathur

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ABSTRACT

Objective-

The study objective is to audit the admission record and documentation in the portal and check the type of documents pending or missing from the portal. The study also helps in observing whether the notes of the missing or pending documents are made on the portal or not. Through this study the satisfaction level of patients based on TPA services is reported which also tells the efficiency of the TPA department in proving services to the patient.

Methodology-

The study is conducted at Sarvodaya Hospital, Faridabad. The study population is patients who are admitted in the hospital. The duration of study is 90 days. For this study, the sample size taken is 200 patients. The sampling method used in the study is systemic sampling i.e., the subject for the study is chosen after a definite interval to avoid any bias. The study design opted for the study is cross-sectional, descriptive study. The data collection for admission records auditing is done by secondary data source and for patient satisfaction based on TPA services is done by survey form, i.e., primary data. The ethical consideration is that the respondents were informed about the objectives and that the participation in thestudy is voluntary and that they can opt out from the study at any point of time. The preamble also ensured that no questions would seek their direct personal identification, confidentiality about the identity of respondent and data will be maintained.

Key Results-

The result of the study suggests that out of 100 patients, 36 patient's documents are pending to be uploaded on portal. Out of 36 patients, the notes of pending documents were made of only 14 patients. Notes of 22 patients were missing from the portal. Patient's satisfaction report suggests that many (85%) were found to be satisfied with the response at TPA desk. All instructions were given to the patients regarding TPA admissions and most of the patients were satisfied with the counselling process. Satisfaction level of majority of the patients (63%) were found to be good or average

because they felt that they had to wait for a long time to get their admission done. Patient felt that there was a delay in movement of the file from the floor to the billing and then to the TPA therefore their satisfaction level is found to be good or average. Most of the policy holders (85%) were found to be satisfied with the quick response on claim intimation by the TPA desk. Most of the patients (72%) were found to be satisfied with the overall TPA services.

Conclusion-

Technically speaking, admission records are legally binding documents that must accurately summarise each patient's interactions with hospital staff or information of their care. In a hospital, admission records are a vital and crucial document. Every effort should be made to preserve the systemic and orderly maintenance of all hospital medical records. Additionally, all employees should be made aware of the significance of the medical records. Since the introduction of private partnerships, the insurance sector in India has abruptly expanded. TPA brought a new level of professionalism to the health insurance sector, allowing it to manage the issues brought on by rising health care expenditures. Better services for policyholders are a TPA's primary function.

ACKNOWLEDGEMENT

Every success is earned through hard work and sincerity. During my tenure as an Intern in Patient Care Services, I was able to learn new things both practically and theoretically.

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Firstly, I would like to thank Mr. Rajeev Khatri (HR Head) for providing me with this opportunity to be a part of the PCS team as an Intern.

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Dr. Nakul Kulshrestha

MBA

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INTRODUCTION

A patient's treatment can be planned, evaluated, and maintained across a variety of providers with the help of an admission record. The correctness and legibility of the information in the medical record have a direct impact on the caliber of care a patient receives. Along with meeting licensing and certification criteria, a healthcare provider must keep an accurate record to show that a patient received acceptable care.

Through systematic evaluation of patient outcomes and care in light of specified standards or criteria and the adoption of practice modifications, where needed, quality improvement technique called clinical audit aims to enhance patient outcomes and treatment. As per the National Institute of Clinical Excellence (NICE), auditing is defined as "A quality improvement process that seeks to improve patient care & outcomes through systematic review of care against explicit criteria and the implementation of change".

Hospitals and doctors can accurately assess where they stand in terms of accuracy and compliance for medical record keeping by conducting a thoughtful analysis of clinical recording practises and related medical records. According to the legislation, all actions involving medical services must be completely and precisely documented. Every time a health care service is utilised, such as during testing, diagnosis, treatment, or nursing care, a record should be created. Even while precise clinical documentation is advantageous, failing to comply with legal standards for medical records may result in many kinds of dangers.

Because these records have an impact on people's lives, every statement made in a specific health document needs to be backed up by data and expert actions. Medical record audits can be carried out in two different ways, one involving the individuals doing the audit and the other involving the steps completed.

The phrase "Records Standards Programme" refers to the development of a programme on medical records that will assess the body of research, ascertain the demand, and establish a significant workstream. The Records Standards programme of the Royal College of Physicians' Health Informatics Unit (RCPHIU) aims to do this, among other things, standards for recording and communicating patient information must be created. These standards must

then be applied to medical records to increase the validity and utility of patient data. Finally, the records must be organised so that the data can be integrated into electronic health records. In order to guarantee that all patient care documentation is accurate, timely, thorough, and consistent, as well as that it meets with any expressed or inferred patient care documentation standards, a patient care documentation quality evaluation programme is used. Medical records are utilised as documented proof in any legal disputes over the standard of treatment or carelessness. These records act as reliable and practical data sources for the formulation of health policies. Medical records serve a variety of important functions, including acting as an archive of vital patient medical information for use by other healthcare professionals and patients. These tasks include serving as a source of data to assess practise outcomes, such as the treatment of specific chronic medical conditions (like diabetes), postoperative care, or preventive services, and the documentation of clinical decisions. It is clear how these patient care-specific components of the medical record could be used for instruction and evaluation. Understanding the basics of the audit process is necessary to make the most of using medical records as a tool for both formative and summative assessment. One should wait to undertake a medical record audit unless they are certain of its educational and assessment purposes because they can take a lot of time. The audit cycle and the plan-do-study-act (PDSA) quality improvement cycle are closely related. When a patient's or client's care is transferred, such as during clinical handoff, during the escalation of care for a failing patient, or when a patient or client is transferred between settings, health care records allow information transfer. They also support the continuity of treatment across time and care venues and patient safety. The main goal of a health care record is to provide a communication pathway that will support the secure treatment and care of a patient or client. The medical and therapeutic treatment and interventions for a patient's or client's health and well-being during a care episode are documented in the patient's or client's health care record, which also directs care in subsequent episodes. A patient's or client's medical history, treatment plans, health investigations and evaluations, diagnoses, care, and outcomes for each engagement with a health service are all summarised in their health care record. The health care record may also be used to facilitate patient safety improvements, complaint investigations, planning, audit activities, research (subject to approval, if appropriate, from an ethical committee), education, financial reimbursement, and public health. The patient is required to come with proper documentations for the admissions for the smooth transition of patients from entry to exit.

Role of admission department in a hospital –

- The admission department in the hospital is responsible for allowing the patients to stay in the hospital for observation, investigation, treatment, and care. To receive the patient for in-ward admissions.
- Verifications of documents required for admissions of patients.
- To aid patients for TPA.
- To provide the estimate to the patients for the treatment.
- Assist the patient for any query in admission process.
- To identify the loopholes in the TPA department working procedures.

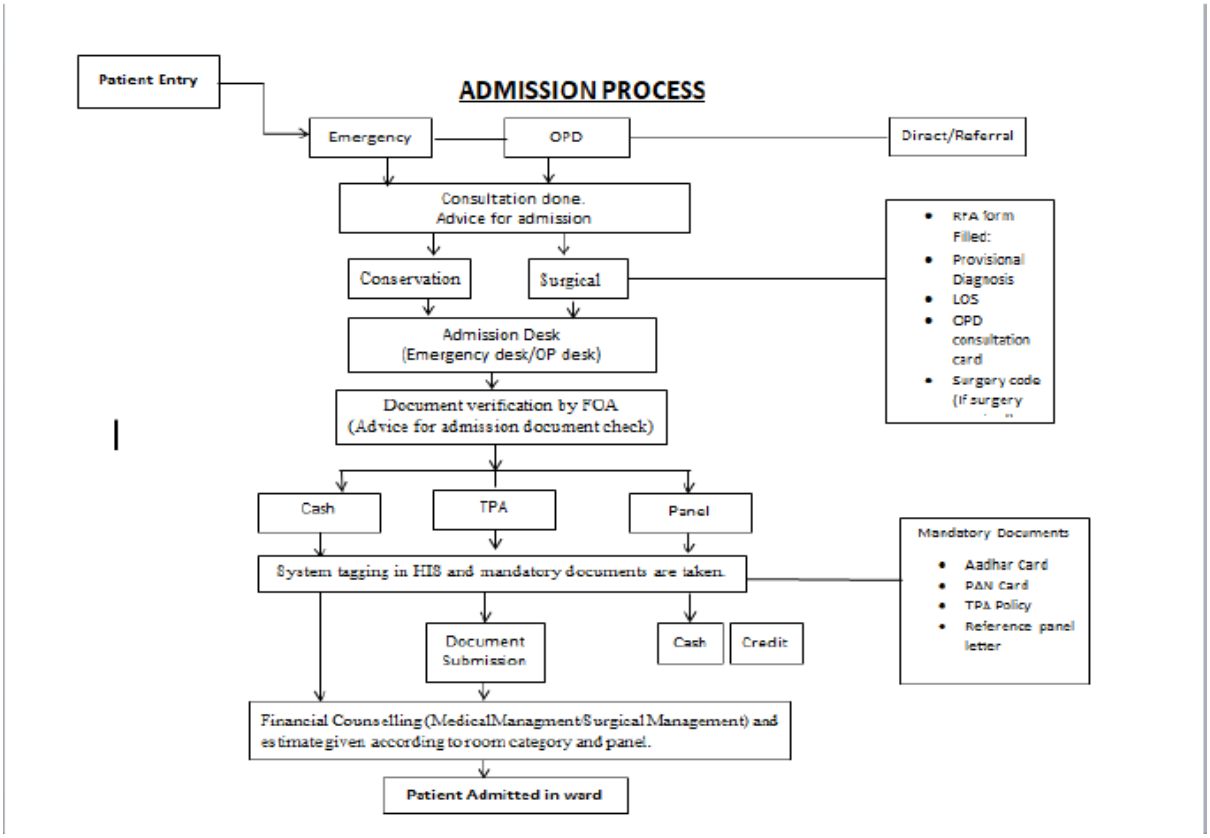

Figure 1.1 Admission Process at Sarvodaya Hospital, Faridabad

A TPA (full name: Third Party Administrator) is an authorised middleman between insurance companies and customers of health insurance. An entity with a licence from the Insurance Regulatory and Development Authority of India can be a business, an association, or an agency. To simplify the procedure and lessen the overall load of processing claims, insurance firms should outsource claim settlements to TPAs.

A Third-Party Administrator processes the Mediclaim in accordance with the IRDAI's guidelines. Even though these administrators usually work on their own, they may act as an insurer or an organisation representing insurers. These organisations hold IRDAI licence from the insurance regulatory body. Over time, there have been considerable increases in the number of insurers, the range of health products, and the number of consumers. It eventually got difficult to keep track of labour that didn't result in high-quality services. As a result, IRDA created the Third-Party Administrators. Since that time, a TPA has been held responsible for delivering trustworthy services and managing many health insurance claims.

Functions of TPA in health insurance-

- Processing claims and settlements
- Approving cashless claims
- Disbursing claims
- Providing network facilities
- Database maintenance
- Collecting premiums
- Cashless processing for approved hospitals
- Enrolment
- Reimbursing hospitals bills with cash.

Some TPAs provide value-added services such as:

- Ambulance services
- 24×7 toll-free helplines
- Medicine supplies
- Specialised consultation
- Health facilities

- Checking available beds

TPA relevance

- A Third-Party Administrator will take care of the medical bills and other costs. Even when the illness of a family member or friend upsets you, you can just take care of them. Everything else will be handled by the TPA.
- A TPA is designated by each insurance company to manage your service. Direct payment to the administrator is not necessary. A TPA has the choice to accept or reject a cashless claim settlement. The owner of the health insurance policy, however, will never make a complaint or ask a question to the TPA directly.
- There will never be any interaction between an insured and anyone other than the insurer. Finally, we may state that TPA is relevant for:

  • Extensive expertise of healthcare services must be shared.

  • Enhance the standard of services.

  • Handle and investigate the allegations.

  • Follow the reimbursement and cashless TAT.

Admission procedure under Mediclaim:

PLANNED CASE-

- The authorisation is sent to the TPA 2-3 days before the planned date of surgery or medical procedure.
- The patient is required to bring the relevant OPD paper from the doctor advising the medical or surgical procedure.
- The documents must be submitted by the patient to the TPA desk at hospital to process with the pre- authorisation.
- The patient is given counselling regarding the TPA costing and deductions in case done by the TPA.
- The patient is supposed to sign the consent form to pay the difference amount of deductions made by the TPA in cash.

UNPLANNED CASE-

- The patient is supposed to submit a copy of policy papers to the admission desk along with other required documents.
- The patient is given counselling regarding the TPA costing and deductions in case done by the TPA.
- The patient is supposed to sign the consent form to pay the difference amount of deductions made by the TPA in cash.

Discharge and Billing-

Once the patient's discharge is initiated, the file of the patient containing case summary, bills, investigation reports, etc. is sent to the TPA company for final approval.

Once the final approval arrives at the TPA desk, the outstanding amount after deductions from the TPA is made to be paid by the patient/insurer.

Documents sent to the TPA company at the time of discharge –

1. A cover letter outlining the patient's information and the amount being sought.

2. A copy of the letter of authorization

3. A duplicate of the admissions report.

4. The original, duly completed claim form.

5. A breakdown of the hospital cost on letterhead from the hospital.

6. The patient's initial invoice.

7. The breakdown bill includes vouchers for medications, consumables, and investigations.

8. The patient's original inpatient file, which includes the discharge summary, procedure report, report for which payment was made, and reports for blood, x-ray plate, and x-ray reports.

9. All tests carried out during the patient's hospital stay are separately charged for and their associated bills and reports are likewise attached. According to the agreement, payment for the same is received at least one month following the claim.

CHAPTER-2

LITERATURE REVIEW

1. According to Jha (2001) the innovations in the fieldof medical science have considerably transformed theperception of quality expected by many patients and attendants. The development of InfoTechand its transformation into knowledge technology hasplayed a positive role in increasing and aggravating the levels of expectations.

2. BantiKumar & SudhinderSingh (2019) in their study stated that hospitals have evolved from being an isolated sanatorium to a place with five-star facilities.The patients and their relatives coming to the hospital not only except world class treatment, but also other facilities to make their stay comfortable in as a commercialization and improvement the facilities.

3. According to Kotler (2003) satisfaction is a person's feelings of pleasure or disappointment resulting from comparing a product's perceived performance or (outcome) in relation to his or her expectations.

4. Ankit Jha (2018,) Patient satisfaction factors within house Third Party Administrator (TPA) department of a tertiary care hospital: a cross sectional analysis. Two identifiable factors explained 57% of the total variance and are named as 'Physical evidence and 'Professionalism'. These two identifiable factors have significantly and positively affected patient loyalty of insured patients towards the hospital.

5. Shivani Naiyar May 2013: Since the introduction of private participation, the insurance business in India has seen a radical transformation. Health insurance is a means of helping people pay for their medical requirements. 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. They primarily serve as a point of

contact between the insurer and the insured, facilitating cashless services during hospitalization.

6. Vincent Drucker, Bob Karen 2005: A method and business technique for reviewing medical service provider bills, recalculating, and providing payment recommendation to a paying party for the bills. The method includes analyzing medical bills and determining erroneous and inappropriate charges on bills. The method provides a payment recommendation using multiple databases and sophisticated mathematical modeling that includes one or more of the following: a medical service provider's actual cost of delivering the medical services provided; the average profit-margin of that provider, an average profit margin of comparable medical providers in an area, other industry-specific profit-margin benchmarks; an average acceptable payment by medical service providers in the area for comparable services; payment rates negotiated by large health insurers and managed care organizations; and other industry benchmarks for reasonable payment for comparable services.

CHAPTER-3

OBJECTIVES

1. To audit the admission record and documentation in the portal, check the type of documents pending or missing from the portal and observe whether the notes for the missing or pending documents are made on the portal or not.

2. To report the satisfaction level of patients based on TPA services and observe the efficiency of the TPA department in proving services to the patient.

CHAPTER-4

METHODOLOGY

The study was conducted on the topic "Admission record auditing and patient satisfaction based on TPA services." The key research background is to understand the efficiency of Operations department at Sarvodaya Hospital.

Study population – Patients

Sample Size- 200 Patients

Sampling Method- Systemic Sampling

Study location- Sarvodaya Hospital, Faridabad

Duration of study- 90 Days

Study design- Cross- Sectional, Descriptive Study

Data Collection- Secondary Data, Survey

Ethical consideration- The respondents were informed about the objectives and that the participation in thestudy is voluntary and that they can opt out from the study at any point of time. The preamble also ensured that no questions would seek their direct personal identification, confidentiality about the identity of respondent and data will be maintained.

CHAPTER- 5

RESULTS

Checklist for Admission records auditing

TPA Patients	Cash Patients
Adhar Card of the Patient and the Proposer.	Adhar Card of the patient
PAN Card of the Proposer	Estimate
KYC form	OPD/ Admission Request
Estimate	
OPD/ Admission Request	

After assessing the admission records of the patient in the HMIS, following results were obtained-

For Objective 1-

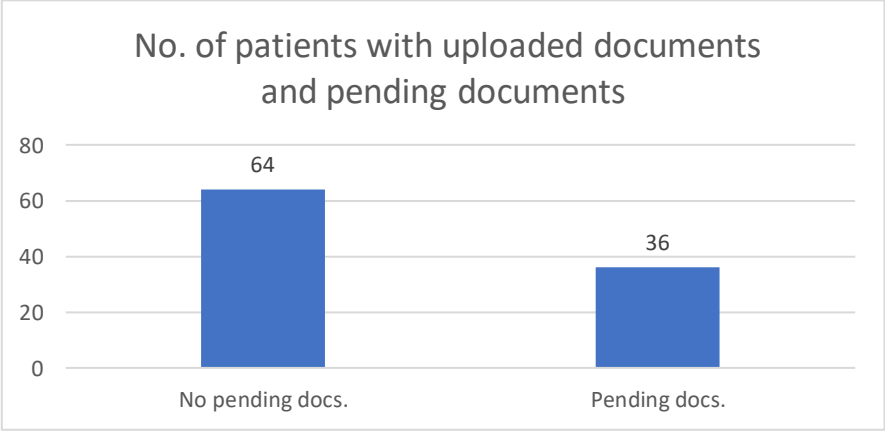

Fig. 2. No. of patients with uploaded documents and pending documents

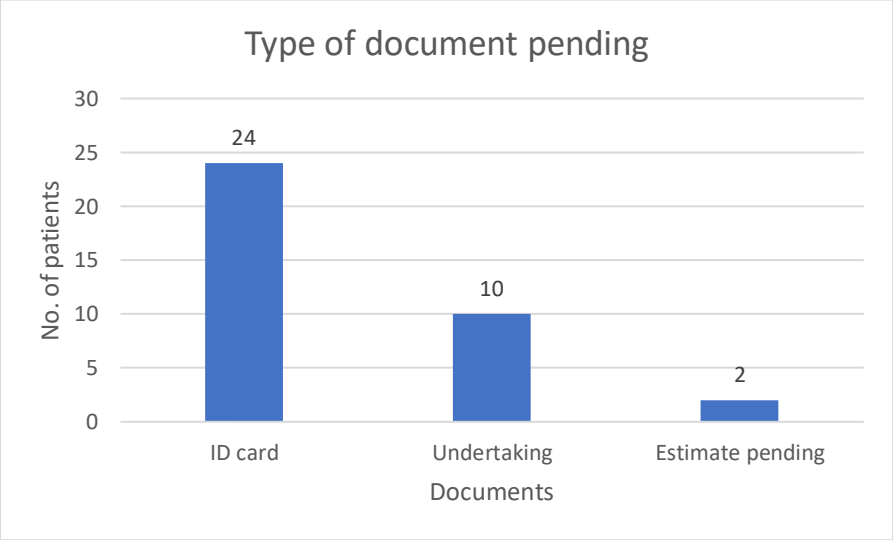

Fig. 3. Type of document pending

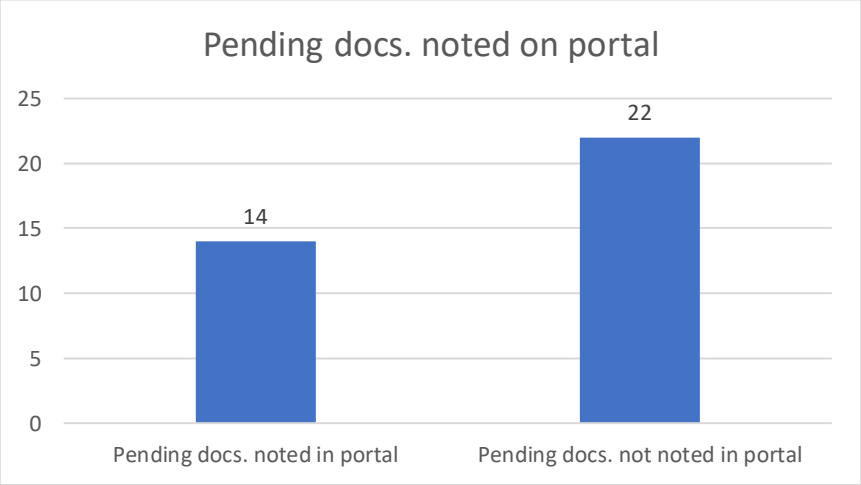

Fig. 4. Pending documents notes on portal.

For Objective 2-

The responses on patient satisfaction based on TPA services were analysed and following results were drawn-

References-

1- Very Good

2- Good/Average

3- Poor

- Patient satisfaction at TPA help desk-

Satisfaction level	1	2	3
No. of patients	25	75	0

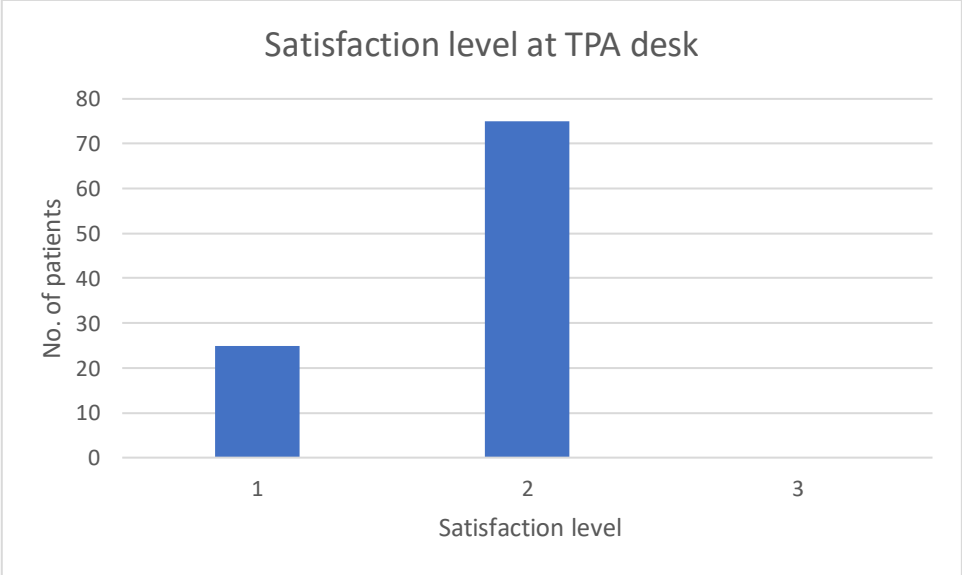

Fig. 5. Patient satisfaction at TPA help desk.

- Patient satisfaction at the TPA counselling desk –

Satisfaction level	1	2	3
No. of patients	30	65	5

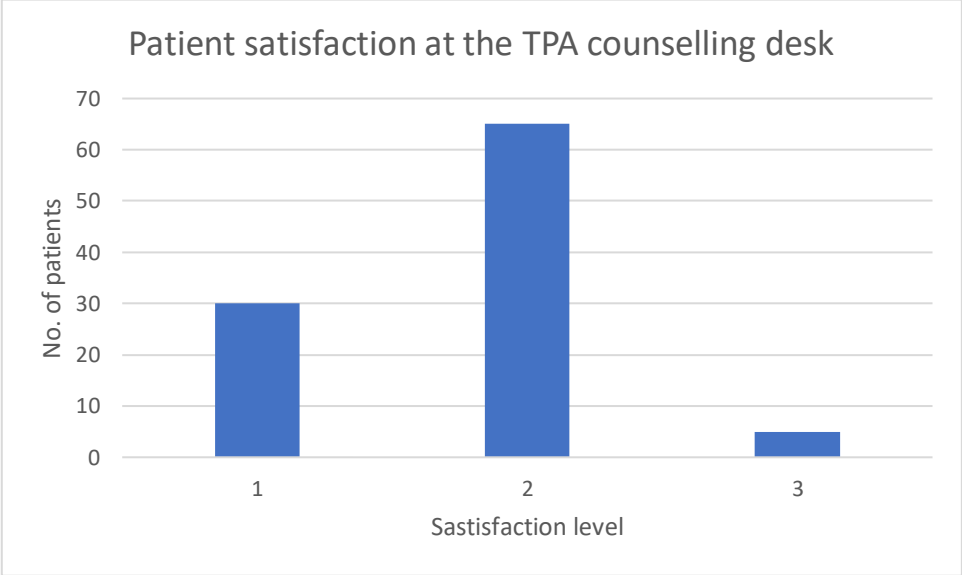

Fig. 6. Patient satisfaction at the TPA counselling desk

- Patient satisfaction level during admission process-

Satisfaction Level	1	2	3
No. of patients	21	63	16

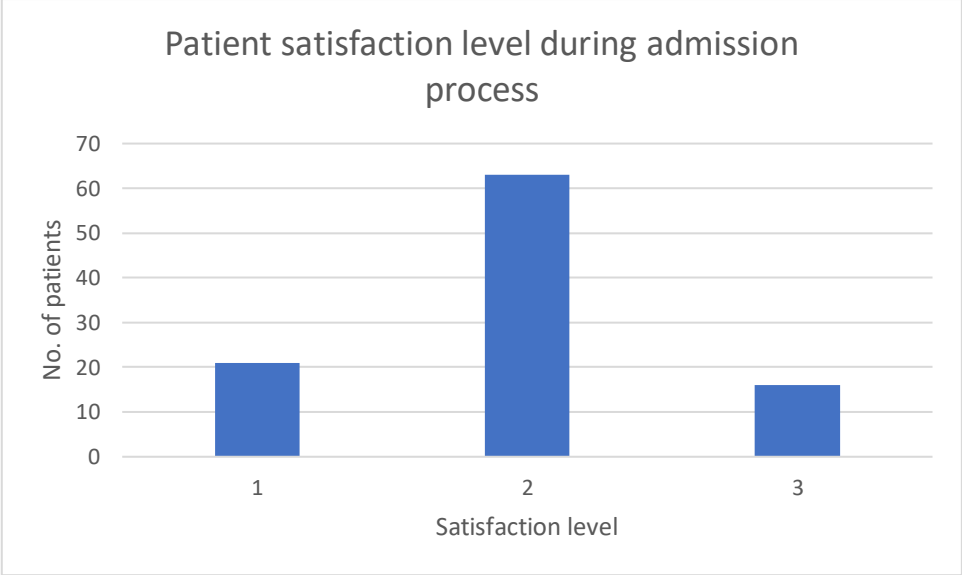

Fig. 7. Patient satisfaction level during admission process

- Patient satisfaction level during discharge –

Satisfaction level	1	2	3
No. of patients	23	70	7

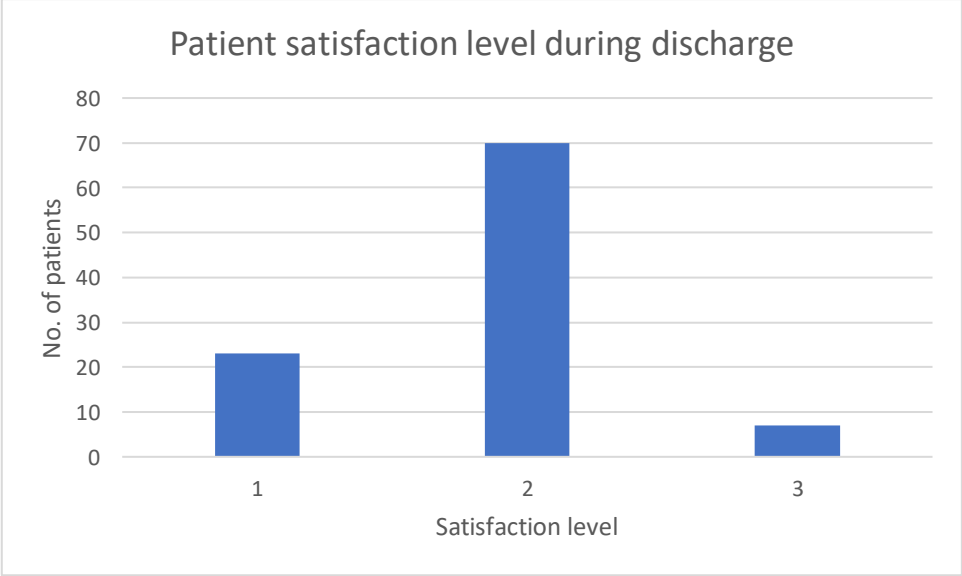

Fig. 8. Patient satisfaction level during discharge

- Patient satisfaction level by response during claim intimation-

Satisfaction level	1	2	3
No. of patients	27	70	3

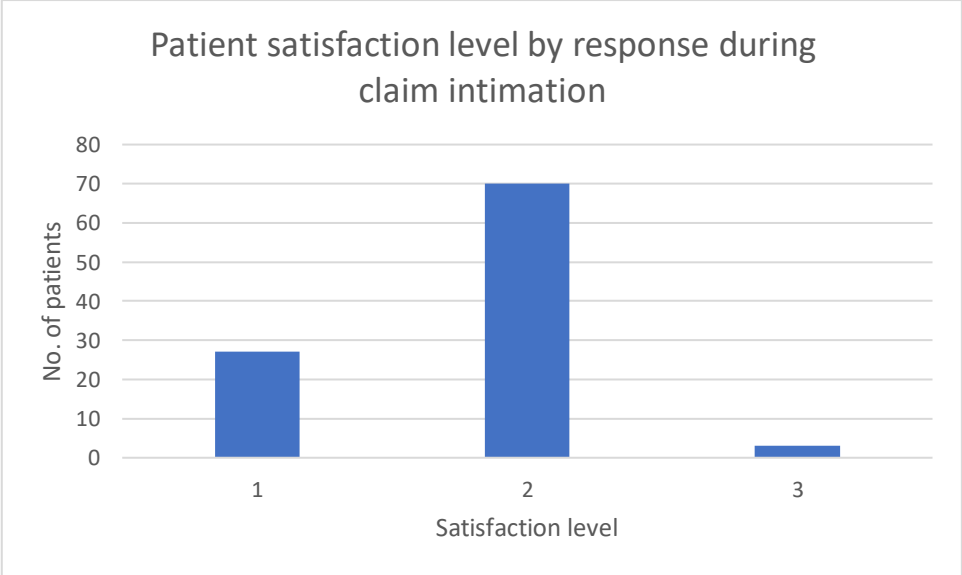

Fig. 9. Patient satisfaction level by response during claim intimation

- Patient satisfaction level on overall TPA services-

Satisfaction level	1	2	3
No. of patients	25	68	7

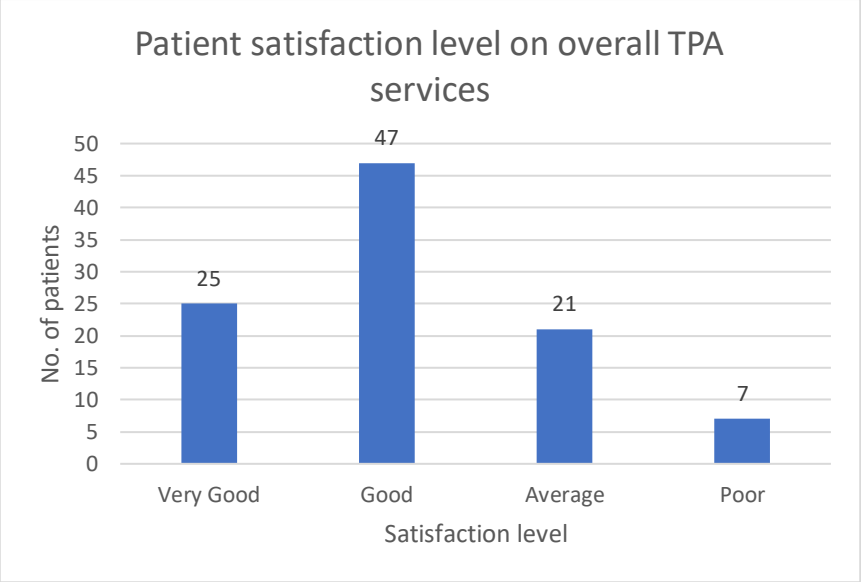

Fig. 10. Patient satisfaction level on overall TPA services

CHAPTER-6

DISCUSSION AND RECOMMENDATIONS

The study indicates the importance of uploading all the documents during the admission of the patient in the hospital and making the notes for the missing or pending documents. The study also suggests the patient's satisfaction based on TPA services.

The interpretation for objective 1 of the study suggests that out of 100 patients, 36 patient's documents are pending to be uploaded on portal. The study further suggests that ID cards of 24 patients were missing from the portal. Out of 36 patients, the notes of pending documents were made of only 14 patients. Notes of 22 patients were missing from the portal.

This showed the lack of efficiency of the admission staff in making the notes of the missing documents on the portal. The study titled "Medical records auditing (non-clinical)" by M. Singh also suggest the gap between the set protocol and the process followed by the staff. The study showed that nearly 25% of the total admission records had missing data or documentations.

For objective 2, Patient's satisfaction report suggests the majority of patients (85%) were deemed to be happy with the TPA desk's reaction. All instructions were given to the patients regarding TPA admissions and most of the patients were satisfied with the counselling process. Satisfaction level of majority of the patients (63%) were found to be good or average because they felt that they had to wait for a long time to get their admission done. Patient felt that there was a delay in movement of the file from the floor to the billing and then to the TPA therefore their satisfaction level is found to be good or average. The majority of policyholders (85%) were found to be pleased with the TPA desk's prompt reaction to claim notifications. The majority of patients (72%) were reported to be happy with all aspects of the TPA services. The study contradicts with "Patient satisfaction factors within house Third Party Administrator (TPA) department of a tertiary care hospital: a cross sectional analysis" showing that most of the patients had lack of awareness with regards to TPA in hospital.

Recommendations –

For Objective 1

The checklist of documents must be displayed in the waiting area so that the patient can be ready with all the required beforehand so that the admission can be done within the TAT time and no documents is missing. The software should be updated which will notify the staff member regarding the pending documents in the checklist. The staff must be given proper training so that they don't miss to write the notes in the portal. The quarterly auditing of the documents should be done quarterly to check whether the staff is working efficiently or not. Rewards and Recognition must be given to the employees who are working efficiently so that they are motivated to work ever better.

For Objective 2-

By providing appropriate counselling and notifying the TPA in advance so that the discharge is not postponed, the patient's happiness can be increased. The job should be divided up at the TPA desk so that each employee is clear on their specific responsibilities. At the time of admission or discharge, the patient must receive the help.

CHAPTER-7

CONCLUSION

Technically speaking, admission records are legally binding documents that must accurately summarize each patient's interactions with hospital staff or information about their care. Admission records are a key and important piece of information at a hospital. These records are necessary for both legal purposes and future hospital medical care arrangements. The systematic and orderly management of all hospital medical records should be preserved with every effort. Additionally, all employees should be made aware of the significance of the medical records. The hospital can make improvements and work on any record-keeping deficiencies by conducting periodic audits of the admission data at HMIS. A complete set of admission records will aid in the smooth operation of the process from admission to discharge for both the patient and the hospital. Since the introduction of private partnerships, the insurance sector in India has abruptly expanded. TPA brought a new level of professionalism to the health insurance sector, allowing it to manage the issues brought on by rising health care expenditures. Better services for policyholders are a TPA's primary function. They primarily serve as a point of contact between the insurer and the insured, facilitating cashless services during hospitalisation. My involvement in this initiative improved my knowledge of how a hospital's admission and TPA departments operate.

CHAPTER-8

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CHAPTER-9

ANNEXURES

Questionnaire for patient's satisfaction based on TPA services-

1. Patient satisfaction level at TPA help desk.
    a. Very Good
    b. Good
    c. Average
    d. Poor

2. Patient satisfaction at the TPA counselling desk.
    a. Very Good
    b. Good
    c. Average
    d. Poor

3. Patient satisfaction level during admission process.
    a. Very Good
    b. Good
    c. Average
    d. Poor

4. Patient satisfaction level during discharge process.
    a. Very Good
    b. Good
    c. Average
    d. Poor

5. Patient satisfaction level by response during claim intimation.

a. Very Good
b. Good
c. Average
d. Poor

6. Patient satisfaction level on overall TPA services.
    a. Very Good
    b. Good
    c. Average
    d. Poor