A STUDY ON REJECTION /QUERY ON PRE-AUTHORIZATION IN TPA DEPARTMENT BEFORE TREATMENT OF A PATIENT IN A SUPER SPECIALITY TERITARY CARE HOSPITAL.

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree

of Master of Business Administration (MBA)

in

Hospital and Health Management

by

<Mohit Saini>

Under the Supervision and Guidance of

<Dr. Arindam Das>

2022

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled **A STUDY ON REJECTION /QUERY ON PRE-AUTHORIZATION IN TPA DEPARTMENT BEFORE TREATMENT OF A PATIENT IN A SUPER SPECIALITY TERTIARY CARE HOSPITAL** is the bonafide record of my original research work. 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 Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Mohit Saini

Date 04-04-2022

Completion Certification

CERTIFICATE

Certificate from Faculty Guide and School Dean

CERTIFICATE

This is to certify that dissertation titled **A STUDY ON REJECTION /Query on pre-APPROVAL IN TPA department BEFORE TREATMENT OF A PATIENT IN A Super-Speciality Tertiary care hospital.** is a record of the research work undertaken by (Name of Student) in partial fulfillment 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 his/her approach to the research study has been sincere, scientific, and analytical.

Facility guide

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DATE

ABSTRACT

This research titled “A STUDY ON REJECTION /Query on pre-APPROVAL IN TPA department BEFORE TREATMENT OF A PATIENT was carried out in MAX SMART SUPERSPECIALITY HOSPITAL, NEW DELHI. The aims of the study to find the out reason of Query/Rejection on the pre-authorization. Data collected form TPA department on daily basis. A sample size 506 patient in month of April was taken. Further data was analysis in the MS Excel. Total number of pre-auth send and how many queries raised in the month of April and total number of queries are classified into two categories clinical and non-clinical queries. then analysis the total number of clinical queries department wise. then the departmental queries are raised on planned and unplanned admission. To find out the total number of clinical queries reasons data divided into documentation that are minimal requirement given by IRDA for applying the pre-authorization of TPA patient After that doing Root cause analysis by using fishbone diagram and find out the cause by which query are raised.

As per discussion with the organization mentor to improve the documentation for applying the pre-authorization doctors are trained and a checklist is suggested as per IRDA guidelines for applying the pre-authorization. Regular audit of the sample size is also suggested to the management.

ACKNOWLEDGMENT

The dissertation opportunity with **MAX SMART SUPER SPECIALITY HOSPITAL** was a great chance for learning, understanding and professional development. Being a management student, it helped me learn my duties as a professional, working in a healthcare setup. It has carved some wonderful memories in my life and assisted me with creating as management professional overall. I am also grateful for having a chance to meet so many people and professionals who led me through this amazing period of internship. This period helped me in sharpening my abilities.

Firstly, I would like to express my heartfelt gratitude towards **Dr. P.R.Sodani** (President, IIHMR University) for giving me this opportunity to undergo training at Max Smart Super Speciality Hospital, New Delhi. I would like to thank my academics mentor, **Dr. Arindam Das** for guiding me throughout the project.

I am highly grateful and would like to express my deepest gratitude and special thanks to my organization mentor, **Dr. Rohin Saini** who in spite of being extraordinarily busy with all the work and duties, took time out to guide and keep me focused by giving his helpful advice , constructive comments and encouragement throughout the project .

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I would love to express my gratitude towards all the staff of MAX SMART Super Speciality Hospital, Saket, Delhi. for their sincere attention towards my work which was extremely valuable for my study. I acknowledge them for taking out time from their hectic schedule for helping me

Lastly, I would like to thank my family and friends for being always there as a constant source of inspiration for me.

TABLE OF CONTENT

LIST OF ABBRIVATION

TPA – THIRD PARTY INSURANCE

IRDA- Insurance Regulatory and Development Authority of India

RCA – ROOT CAUSE ANALYSIS

CHATPER 1

Introduction:

A TPA (Third Party Insurance) is an intermediary between the insurance company and the policyholder. Their job is to simplify the claim procedure under health insurance policies. As we know there can be two kinds or types of claim: a) Cashless and b) Reimbursement

Third Party Administrator will take care of the hospital bills and other expenses. While you are distressed with the illness of a family member or friend, you can just take care of them. The rest will be handled by the TPA. Every insurance company appoints a TPA for your service. You do not have to pay directly to the administrator. A TPA can either approve of a cashless claim settlement or reimburse it later. But in no case of complaint or query, will the health policyholder directly connect with the TPA.

For an insured, the connection will always be between insurance company and the policy holder only. To summarize that TPA is relevant to

- Share immense knowledge of healthcare services.
- Improvise the quality of services.
- Manage and Investigate the claims.
- Observe the Cashless and Reimbursement TAT.

Role of TPA in Health Insurance

A TPA plays a important role in the complete processing of health insurance claims. In the practical world of insurance, some jobs of a TPA may refer to the following kind:

Issue the Health Cards to the insured

For every policy issued to the policyholder, a validation procedure is carried by the insurance company. It is accomplished by issuing an authorized health card. This card having all the detail of policy number and the TPA which is responsible for further claims processing.

At the time of admission in the hospital, the policy holder can hold this card and intimate the occurrence of the claim either to the insurer or TPA. It is one of the important documents needed for claim processing.

Smooth Claim Processing in department and Settlement process.

A TPA is responsible to accelerate the claim as soon as it is intimated by the insured. Their job is to check all the documents submitted in favor of the claim. They can ask as much information as they needed to cross verify the details. The settlement of the claim either be on cashless or on a reimbursement basis.

Whatever the case, a TPA will be responsible to check all documents. In the case of Cashless treatment, the TPA can collect the documents from the hospital or the service provider. In other cases, the TPA can ask for the supporting papers for diagnose or treatment bills from the policyholder.

Arrange for Value-Added Services

Other than the service given like claim processing and card issuance, TPA also arrange for the other service like well-being programs and ambulance facility and other.

Strengthens the Hospital Networks

A very important element to take the benefit of the health insurance policy is to have a TPA. It builds a strong network of hospitals where the policyholders can take the treatment. The TPA tries to enlist the best hospitals in the city that can quickly arrange for cashless and allows the negotiation of the rates.

Aim: TO REDUCE THE REJECTION/QUERY ON PRE-AUTHORIZATION IN TPA DEPARTMENT AND INCREASE THE PATIENT SATISFICATION.

Objective:

- Collect and analysis the data of TPA department.
- Data analysis to find the reason of rejection/QUERY on pre-approval before treatment.
- Root cause analysis using quality tool to find the reason of query and rejection.

CHAPTER 2

Review of literature

AUTHOR	YEAR	PURPOSE	COUNTRY	TYPE OF STUDY	SUMMARY
Stephanie Dube Dwilson	2016	Denial Management: How to Reduce Rejection and Streamline the Appeals Process in health care	AUSTRALIA	Retrospective review	Denials are occur because of manual errors by the department, such as miscoded procedures or documentation, according to American Medical News.
Mitchell A. Psotka, Elizabeth A. Singletary	2020	Streamlining and Reimagining Prior Authorization Under Value-Based Contracts: A Call to Action From the Value in Healthcare Initiative's Prior Authorization	AUSTRALIA	QUALITATIVE	There is opportunity to reimagine the existing prior authorization system to benefit patients, clinicians, payers, and other healthcare stakeholders. This study highlights ways to use value-based payment contracting to re-think prior authorization as well as mechanisms to streamline existing prior authorization.

CHAPTER 3 Methodology

RESERCH QUESTION: A prospective study on primary data to analysis the Query/Rejection on pre-approval in TPA department for the month of April,2022.

RESEARCH DESIGN: IT IS A PROSPECTIVE STUDY ON PRIMARY DATA. Study area is TPA department. Sample size data of April 2022. Data collected from TPA department prospectively study by using MS Excel and further RCA done by quality tools.

SETTING: Max Smart Super Speciality Hospital, Saket (a unit of Gujaramal Modi Hospital & Research Centre for Medical Sciences). It is 250 bed facility with 12 high-end modular Operation Theatres, an Emergency department and Observation unit, 72 critical care,18 HDU beds strength and a dedicated Endoscopy Unit, an advanced Dialysis Unit.

STUDY POPULATION: ONE MONTH DATA OF TPA PATIENT

Study tools: MS. EXCEL.

DURATION OF STUDY: March 24,2022 to June 17,2022

SAMPLE SIZE: ONE MONTH DATA of April ,2022

SAMPLING TECHNIQUE: Sampling data taken from TPA department and analysis done in MS EXCEL.

DATA COLLECTION PROCEDURE: From the month of April day to day data collected from TPA department through HIS system.

CHAPTER: 4

RESULT AND DATA ANALYSIS

1. TOTAL NUMBER OF PRE-AUTH SEND AND TOTAL NUMBER QUERIES RAISED IN MONTH OF APRIL.

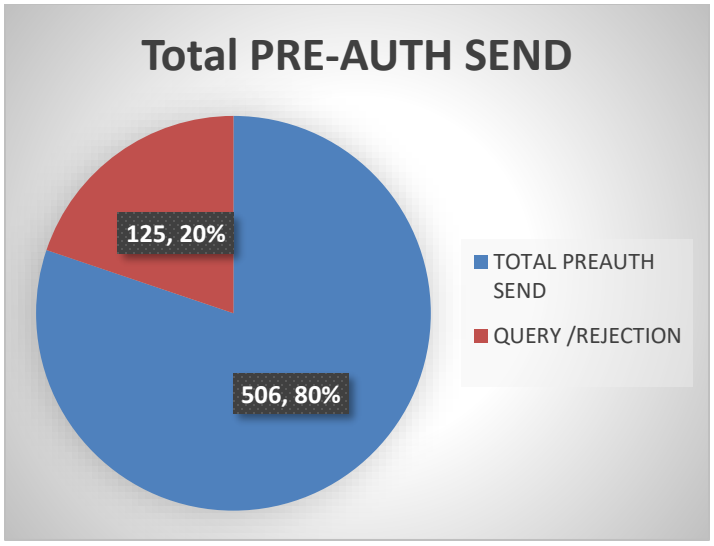

FIG 4.1

TOTAL PREAUTH IN MONTH OF APRIL	506
TOTAL QUERY RAISED	125

TABLE 4.1

Interpretation: - the graph shown that the total number of pre-authorizations send by the TPA department in month APRIL is 506 in which 125 have raised query or rejection by the insurance company.

2. TOTAL NUMBER OF CLINICAL & NON-CLINICAL QUERY

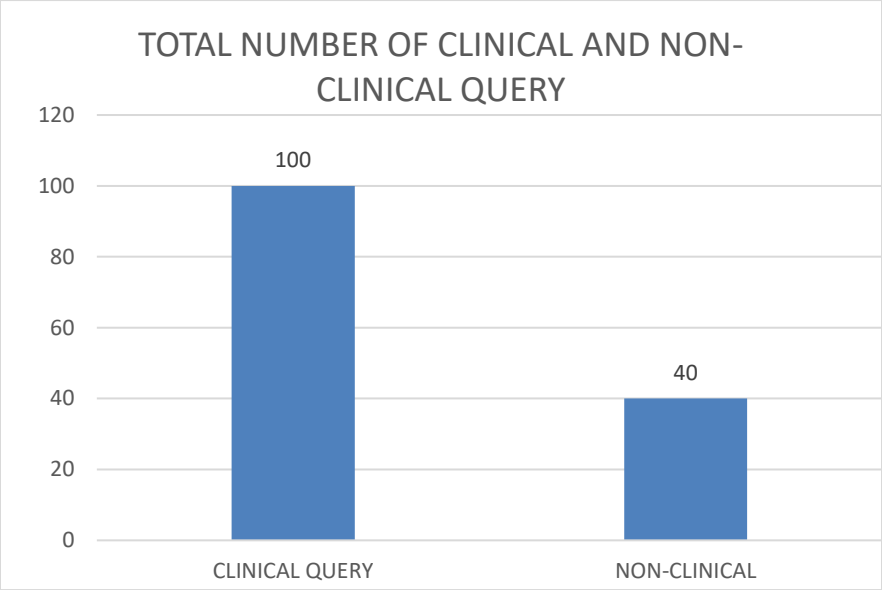

FIG 4.2

TOTAL CLINICAL QUERY	100
TOTAL NON-CLINICAL QUERY	40

TABLE 4.2

Interpretation:- the graph shows that out of 125 queries 100 are the clinical query that are raised due to improper documentation done by doctor and 40 queries that are non-clinical raised due to improper documentation by TPA department

3. NUMBER OF CLINICAL QUERY SEGREGATE DEPRAMENT WISE

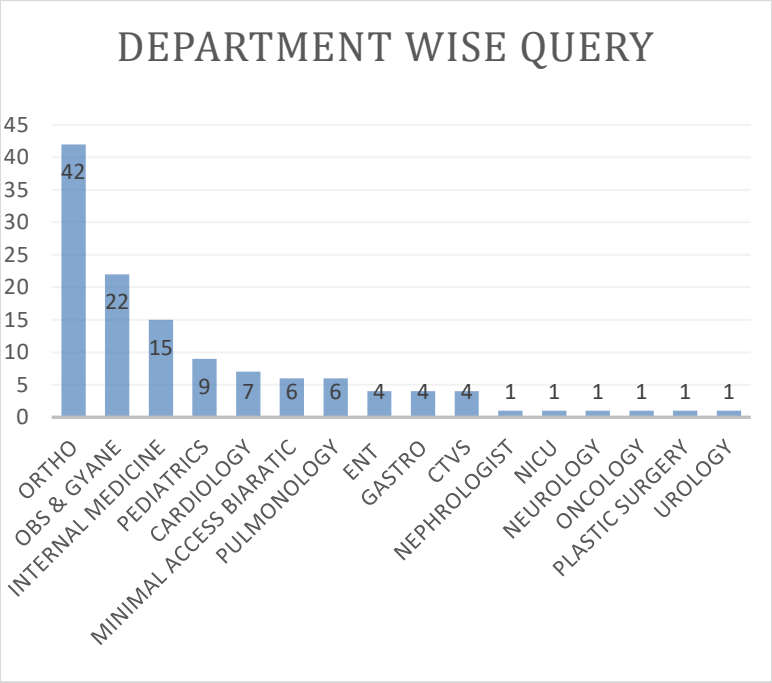

FIG 4.3

ORTHO	42
OBS & GYANE	22
INTERNAL MEDICINE	15
PEDIATRICS	9
CARDIOLOGY	7
MINIMAL ACCESS BIARATIC	6
PULMONOLOGY	6
ENT	4
GASTRO	4
CTVS	4
NEPHROLOGIST	1
NICU	1
NEUROLOGY	1
ONCOLOGY	1
PLASTIC SURGERY	1
UROLOGY	1

TABLE 4.3

Interpretation :- on observing the data it seems that the ortho department have high flow of patient in month of April and having the highest number Query but in other Speciality some having low number of admissions but they also getting queries. In urology, plastic surgery, oncology has less a number of query.

4. NUMBER OF QUERIES ARE RAISED ON UNPLANNED OR PLANNED ADMISSION DEPARTMENT WISE

Departmental	UNPLANNED Admission getting queries	PLANNED Admission getting queries
CARDIO	5	2
CTVS	1	2
ENT	0	4
GASTRO	4	0
INTERNAL MEDICINE	13	2
MINIMAL ACCESS BIARATIC	2	4
NEPHROLOGIST	1	0
NICU	0	1
OBS& GYANE	9	13
ORTHO	14	28
PEDIATRICS	7	2
PLASTIC SURGERY	1	0
PULMONOLOGY	6	0
NEUROLOGY	0	1
ONCOLOGY	0	1
UROLOGY	0	1

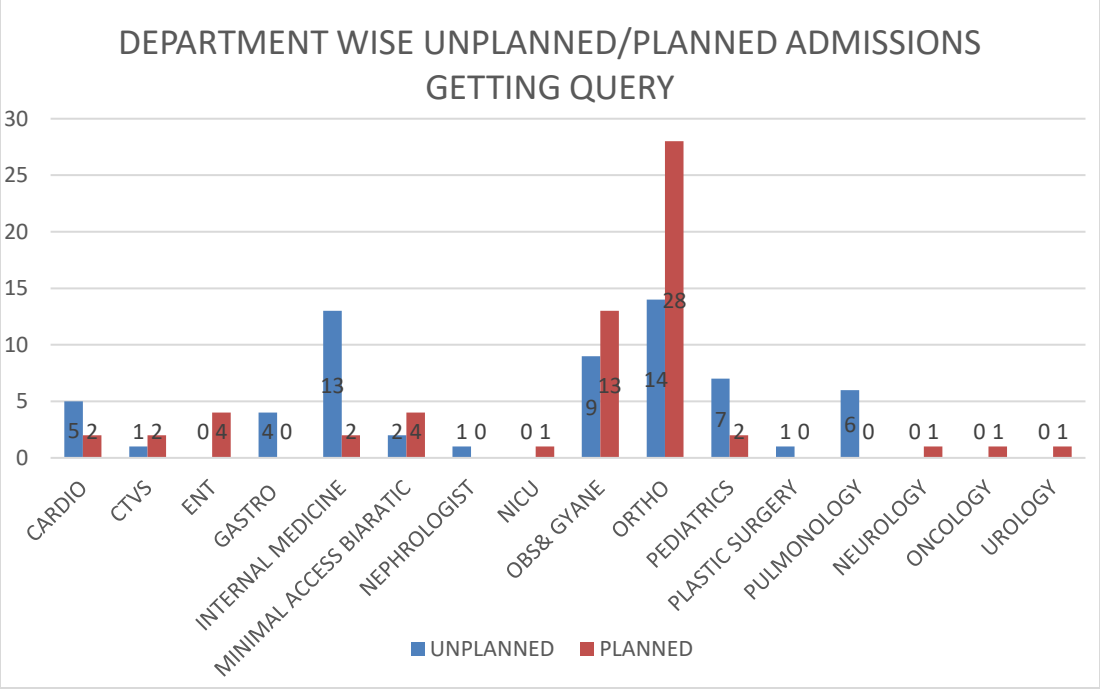

FIG 4.4

INTERPRETATION: Above graph state that departments having planned or unplanned admission but, on both cases query are raised. In ortho department total 42 queries are raised in which 14 are the unplanned admission and 28 are the planned admission and vice-versa.

- **ROOT CAUSE ANAYSIS TO FIND THE CAUSE OF RAISED QUERY REJECTION IN TPA DEPAREMENT**

The following are the recognized as the contributed factors from which Query are raised

Material:

- Incomplete form is sent by the TPA department while apply for pre-auth

MEN:

- Doctor are not attached proper reports and documentation to support the diagnose.
- TPA department not working as per insurance company criteria for applying the pre-auth
- TPA department not sending KYC details or patient or policy holder.

METHOD:

- PRE-AUTH forms are not send with appropriate information.
- TPA department not working properly form are not properly filled.

MEASUREMENT

- Delay in patient admission & procedure.
- Patient satisfaction decrease.

5. GRAPHICAL REPRESENTATION OF FISH BONE DIAGRAM

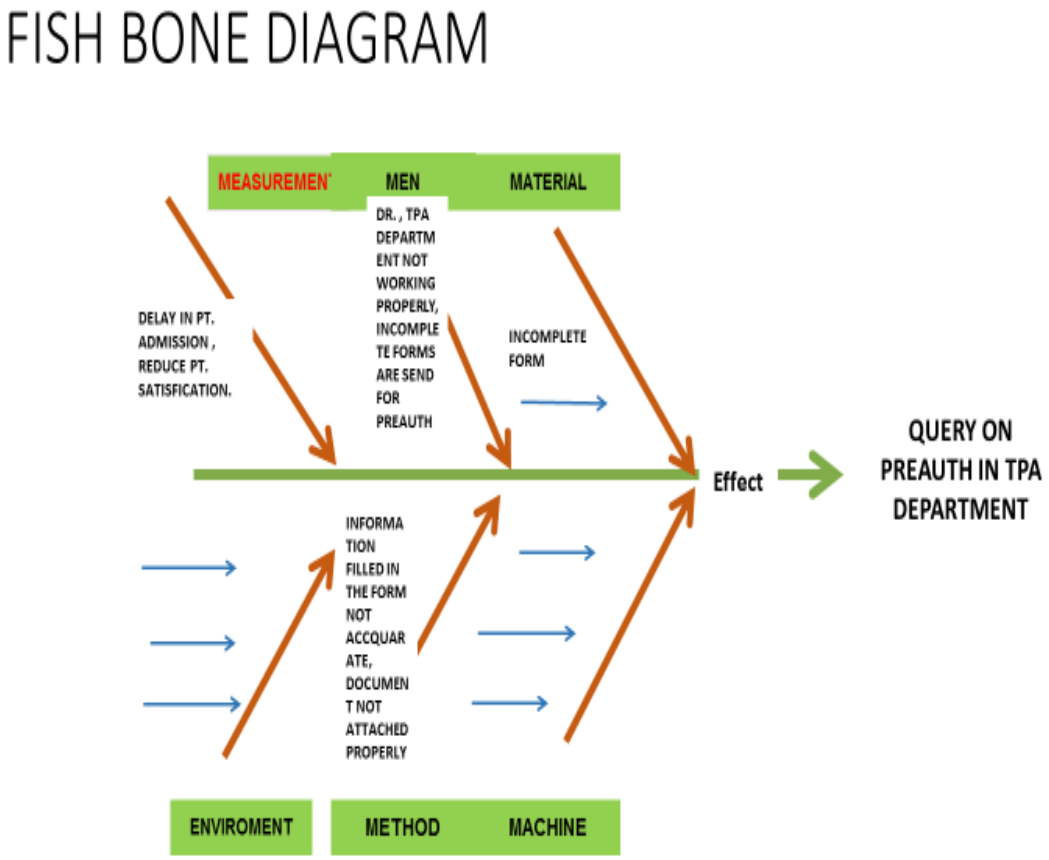

FIG 4.5

INTERPRETATION: - from the above fishbone diagram it clearly seems that incomplete forms are send by the TPA department while applying the pre-authorization in the insurance company of the patient that's why query and rejection are raised by the insurance company.

While submit the pre-authorization form following document must attached by the TPA department as per the IRDA criteria.

- Pre-authorization form duly completed in all respects

a. Signed by the insured/policy holder or patient

b. Preferably the latest form of the IRDA designed form for all TPAs.

- ID Proof of the applicant.

a. TPA card

b. Any other additional card like:

i. Voter's ID card of applicant

ii. Unique identification number or Aadhar card

iii. Driving license

iv. Pan card

v. Employment ID card

- Admission Notes of the hospital – in cases where the patient is already admitted prior to seeking pre-auth request

- Investigation Reports – USG/ hematology/ MRI/ x-ray - etc for

a. Investigations done prior to hospitalization

i. Possibly at the same hospital or

ii. Outside the hospital

b. Investigations done immediately on admission prior to sending the request

i. Possibly at the same hospital or

ii. Outside the hospital

- Blood Alcohol Reports of patient – if available (especially for accidental injuries)
- Consultation Papers signed by treating doctor

a. OPD consultation paper of treating doctor, if any

b. Outside the hospital

c. Referral from a physician or other hospital, if any

- Medico-legal papers for accident cases

a. MLC register report

b. Police FIR copy – if available

6. Query are raised on number of clinical documentations are mandatory for applying pre-auth of TPA patient as per IRDA criteria

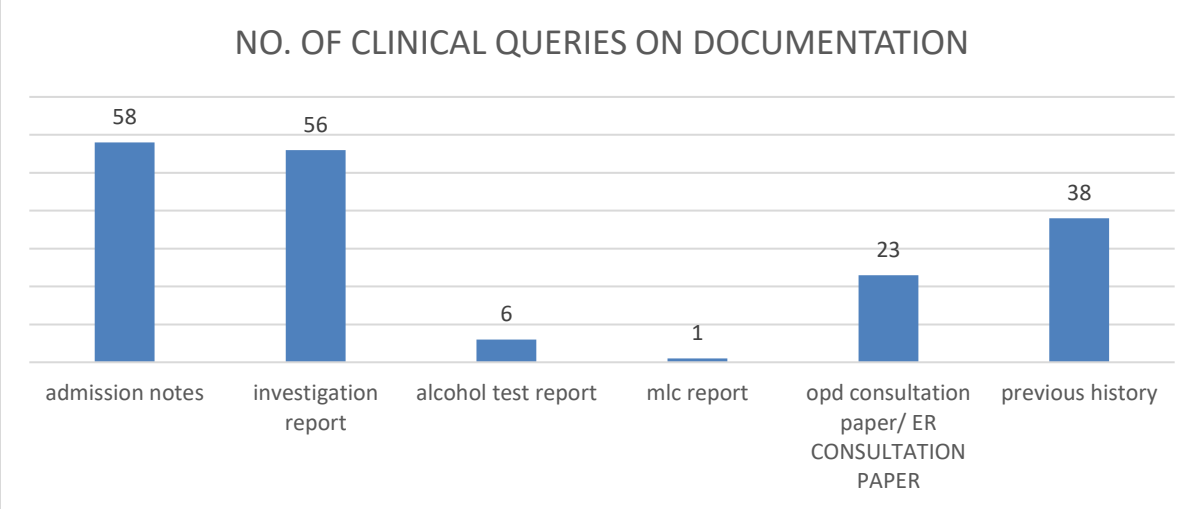

FIG 4.5

Interpretation :- while observing the data in 100 patient clinical query are raised in the month of April in which 58 are raised dur to improper admission notes , 56 are raised due to not sending the investigation report to support the diagnose, 6 are due to alcohol test of patient, 1 due to MLC report, 23 are OPD consultation paper, 38 are from previous history of patient.

CHAPTER 5 DISCUSSION

All the findings and analysis of studied data when discuss with the organization mentor. The discussion concludes that due to lack of management and lack of training of doctor for filling the preauthorization form of a TPA patient is the main caused of raised query and it decreases the patient satisfaction. Patient as well as hospital are delay for the admission. As a result of studied data, it clear that the documentation is send to the TPA department by the consultant/ treating doctor are not correctly filled or attached by the treating doctor or consultant. Out of 125 queries 100 are raised due to improper clinical documentation that are admission notes, previous history, investigation report to support diagnose, MLC report, etc. After that the question is raised how to reduce that queries and increase the patient satisfaction.

CHAPTER 6 Recommendations

- Training given to the doctors and TPA department for proper documentation as per IRDA criteria
- A check list is documented for every ducted to verify the documentation as per requirement for the pre-authorization and is counter sign by staff.
- Regular audit of filled checklist to minimize the error.
- Dedicated staff are assigned for applying the pre-authorization.

CHAPTER 7 CONCLUSION

The study identified that the significance of proportion of delay in admission process of TPA patient is proportion to the patient satisfaction. Lack or training and improper document are sent for the pre-auth are the reason of raised Query. Doctors as well as TPA department are responsible for the improper documentation. Analysis of the studied data, and their result is concluded :

1. **Total number of pre-auth send and total number of queries raised**
    - The foot fall of TPA department for pre-authorization in month of APRIL is 506 in which 125 (20%) are the Query that are raised.
2. **Total number of clinical and non-clinical queries**
    - Out of 125 total query 100 patient in which clinical queries are raised dur to improper documentation done by doctor and 40 queries are raised due to TPA department any in 17 pre-auth both the department are taken queries.
3. **Total number of clinical queries department wise.**
    - Out of 100 clinical queries ortho department having the highest number of footfalls of pre-auth and having the highest number of queries are 42.but in other Speciality some having low number of admissions but they also getting queries. In urology, plastic surgery, oncology has a smaller number of queries.
4. **Queries are raised on planned and unplanned admission department wise.**
    - Departments having planned or unplanned admission but, on both case, query are raised. In ortho department total 42 queries are raised in which 14 are the unplanned admission and 28 are the planned admission and vice-versa.
5. **Root cause analysis by using the fishbone diagram or Ishikawa diagram to find out the reason of raised queries.**

    When Doing the RCA the main causes due to which queries are raised

- Improper documentation is sent for getting the pre-authorization from the TPA company

6. **Query are raised on number of clinical documentations are mandatory for applying pre-auth of TPA patient as per IRDA criteria**
    - Total 100 patient clinical query are raised in the month of April in which 58 are due to admission notes , 56 are of investigation report to support the diagnose, 6 are due to alcohol test report, 1 due to MLC report, 23 are OPD consultation paper, 38 are from previous history of patient.

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