



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

Dissertation submitted by
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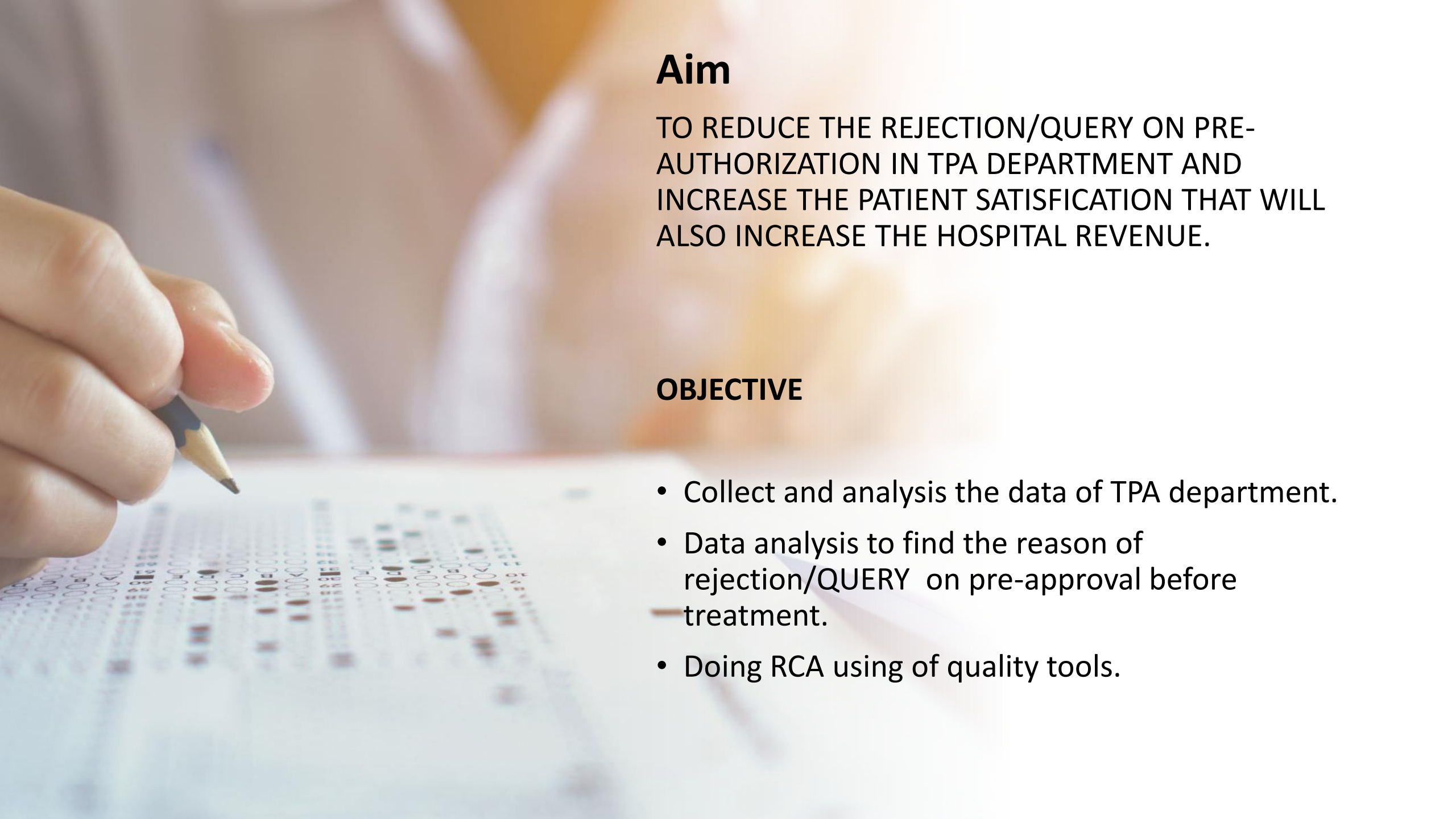
Under the Supervision and Guidance of
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Introduction

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.

A hand holding a pencil is visible on the left side of the image, positioned over a document that features a repeating circular pattern. The background is a blurred image of a person in a white lab coat, suggesting a clinical or laboratory setting.

Aim

TO REDUCE THE REJECTION/QUERY ON PRE-AUTHORIZATION IN TPA DEPARTMENT AND INCREASE THE PATIENT SATISFICATION THAT WILL ALSO INCREASE THE HOSPITAL REVENUE.

OBJECTIVE

- Collect and analysis the data of TPA department.
- Data analysis to find the reason of rejection/QUERY on pre-approval before treatment.
- Doing RCA using of quality tools.

METHODOLOGY

RESEARCH 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.

STUDY POPULATION: ONE MONTH DATA OF TPA PATIENT

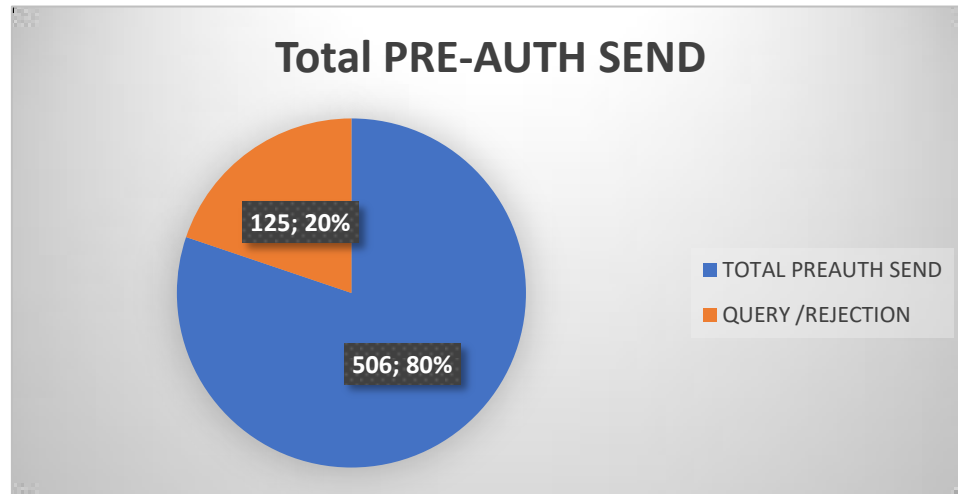
Study tools: MS. EXCEL.

METHODOLOGY (cont)

- **DURATION OF STUDY:** March 24,2022 to June 07,2022
- **SAMPLE SIZE: 100 PERSENT DATA 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.

DATA ANALYSIS AND INTERPRETATION

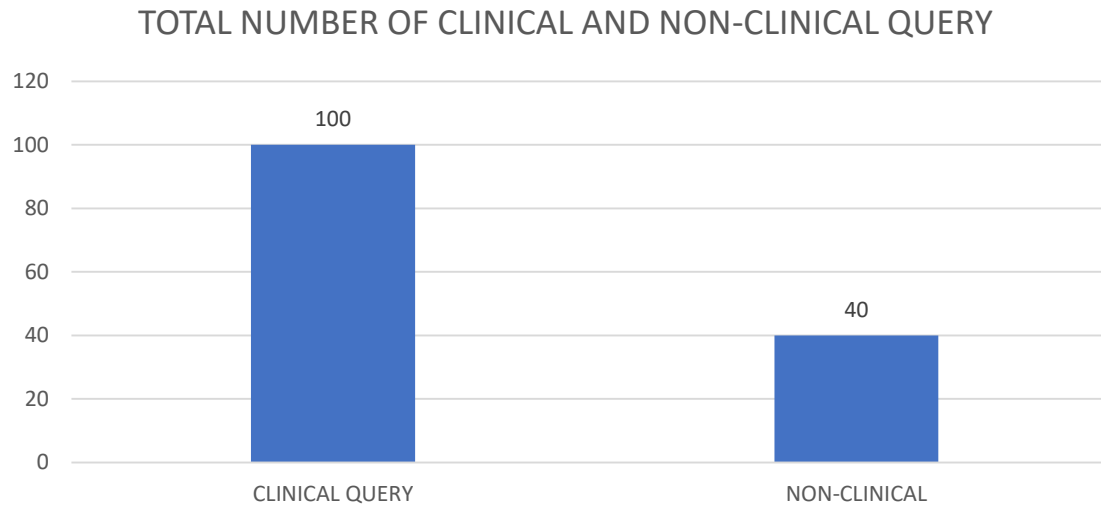
1. TOTAL NUMBER OF PRE-AUTH SEND AND TOTAL NUMBER QUERIES RAISED IN MONTH OF APRIL.



TOTAL PREAUTH IN MONTH OF APRIL	506
TOTAL QUERY RAISED	125

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

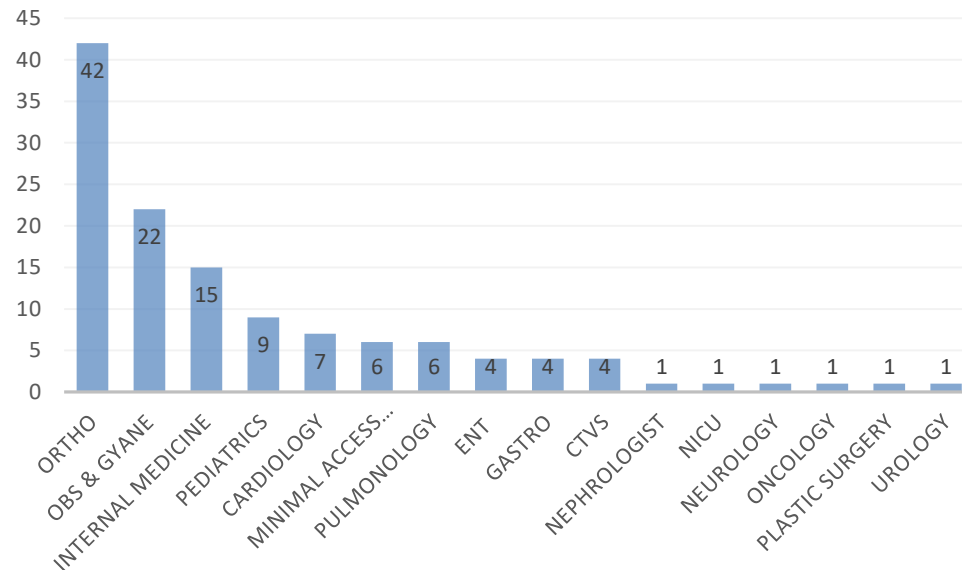


TOTAL CLINICAL QUERY	100
TOTAL NON- CLINICAL QUERY	40

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

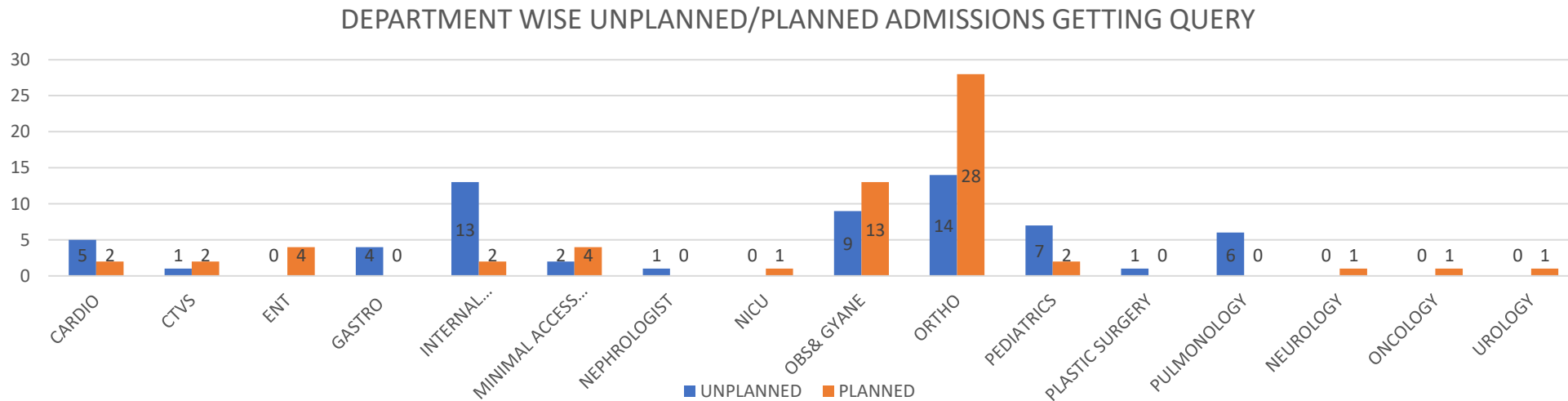
DEPARTMENT WISE QUERY



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

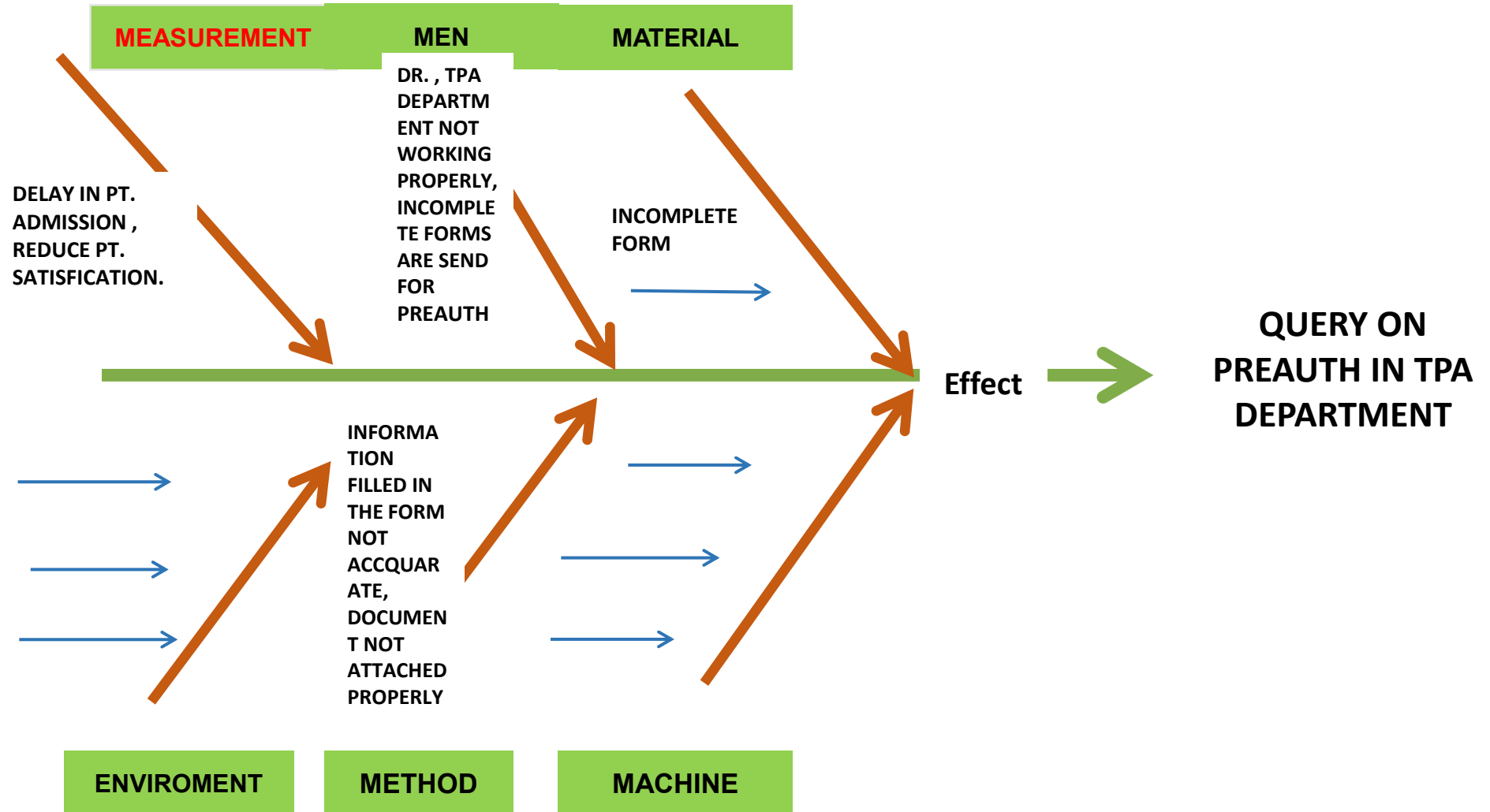
- Interpretation :- on observing the data it seems that the ortho department have high flow of patient in month of April and having the highest number Query but in other Speciality some having low number of admissions but they also getting queries. In urology, plastic surgery, oncology has less a number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

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



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.

FISH BONE DIAGRAM



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 sent with appropriate information.

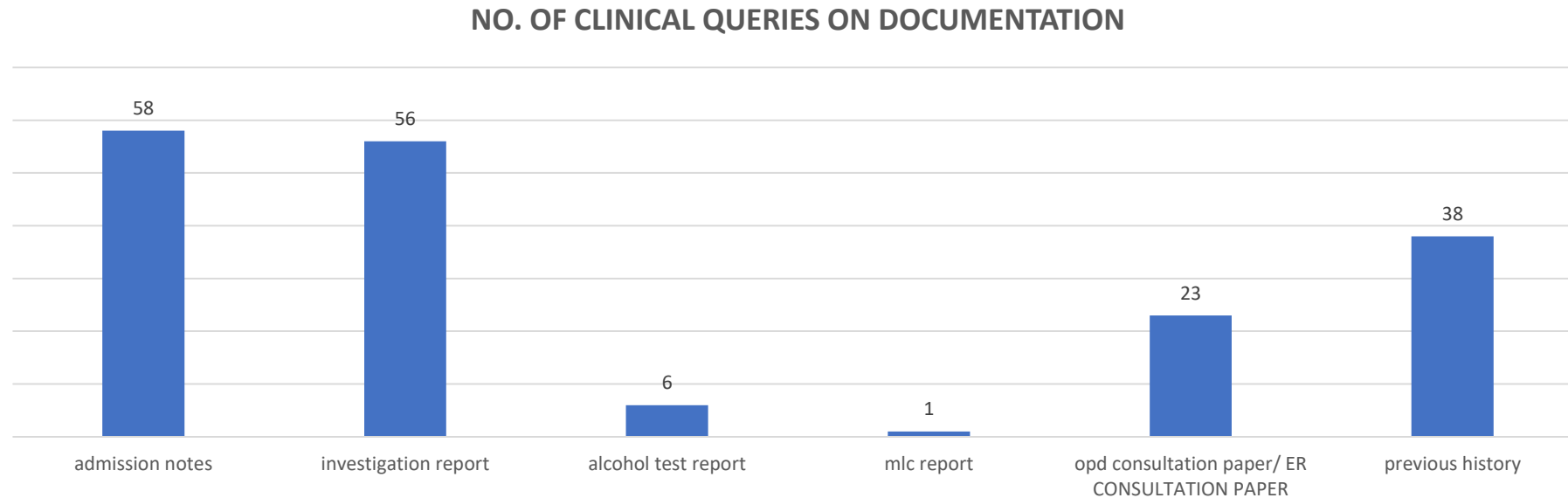
TPA department not working properly form are not properly filled.

- **MEASUREMENT**

Delay in patient admission & procedure.

Patient satisfaction decrease.

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



Interpretation :- while observing the data in 100 patient clinical query are raised in the month of April in which 58 are raised due 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.



CONCLUSION

- The study identified that the significance of proportion of delay in admission process of TPA patient is proportion to the patient satisfaction. Lack of 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.

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.

REFERENCE

- <https://www.tandfonline.com/doi/abs/10.1080/20479700.2019.1679519>
- <https://www.jstor.org/stable/4415260>
- [https://journals.lww.com/neurotodayonline/fulltext/2007/05010/Ten Years after FDA Approval, US Hospitals Slow to.19.aspx](https://journals.lww.com/neurotodayonline/fulltext/2007/05010/Ten_Years_after_FDA_Approval,_US_Hospitals_Slow_to.19.aspx)