STUDY TO IDENTIFY THE REASONS OF DELAY IN TPA PROCESS AND TO ACHIEVE TIMELY PROCESSING OF TPA CASES IN MEDANTA – THE MEDICITY, GURUGRAM.

DISSERTATION SUBMITTED TO

The IIHMR University, Jaipur

SUBMITTED BY:

VAIDIK KUMAR GOUD

MBA-HM 26

1438

FACULTY MENTOR:

Dr. ARINDAM DAS

PROFESSOR AND DEAN RESEARCH

IIHMR UNIVERSITY, JAIPUR

ABOUT THE INTERNSHIP ORGANIZATION

- The 3-month internship was done in Medanta – The Medicity, Gurugram which is India's best and one of the largest private multi-super specialty hospital having won the award for best private hospital of India consecutively for the last 4 years (2020-2023).
- The hospital is founded by eminent cardiac surgeon Dr Naresh Trehan and is aimed at bringing together in our country, the highest level of medical care, clinical research, education and training.
- Medanta is a one-of-a-kind facility that is ranked among the top 250 hospitals in the world.

HOSPITAL'S PHILOSOPHY

VISION & VALUES

The institute is governed under the guiding principles of providing affordable medical services to patients with care, compassion and commitment.

MISSION

Our mission is to deliver world class health care services by creating institutes of excellence in integrated medical care, teaching and research. We aspire to create an ethical and safe environment to treat all with respect and dignity.

OBJECTIVES

- To establish integrated tertiary care services incorporating over 20 super specialties of the highest quality.
- To form an integrated approach to achieve this where Pharmaceutical research, Biotechnological research and healthcare delivery are conducted seamlessly.
- To incorporate the strengths of traditional and modern medicine to create newer therapies.
- To exploit potential of global healthcare by leveraging technology and hospitality services.
- To leverage the strengths for value added service in research and development and other domains.
- To provide world class education and training.

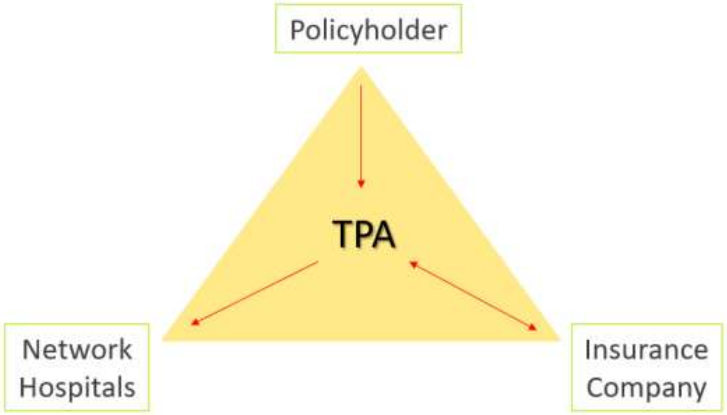
DISSERTATION - STUDY TO IDENTIFY THE REASONS OF DELAY IN TPA PROCESS AND TO ACHIEVE TIMELY PROCESSING OF TPA CASES IN MEDANTA – THE MEDICITY, GURUGRAM.

CHAPTER – 1

INTRODUCTION

- A third-party administrator in a hospital is a bridge that connects the policyholders and insurance companies.
- TPA is a significant player in the managed care sector and has the know-how and capacity to handle all or part of the claims administration.
- The following documents are required for filling a claim:

1. Duly completed claim form
2. Detailed discharge summary – Most important document
3. Original bills, receipts, investigation reports and other documents from the hospital
4. Proper documents regarding any previous or pre-existing disease



FUNCTIONS OF TPA

- 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

BACKGROUND

- The prompt and thorough handling of TPA cases has become a pressing issue. According to studies, patient dissatisfaction has been a result of cases being handled improperly and slowly. Therefore, it is crucial for a reputable hospital to restore patients' pleasure and gain their trust in the quality of care.
- In order to improve the standard of patient care provided across all healthcare sectors, TPA cases must be managed effectively. To tackle these instances, a "whole systems approach" that is supported by effective communication and information systems is necessary.
- . By doing this, the patient's journey is made simpler and supported by best practises. It is strongly advised that services be provided in accordance with the high quality and standards the hospital has established for itself.

CHAPTER - 2

REVIEW OF LITERATURE

1) Singh A, Ravi P, Lepcha K. 2018: Insured patients' discharge delays: causes and solutions.

This study is carried out with two primary objectives. The first objective is to calculate the TAT of overall discharge process of insured patients and to find out the bottlenecks in the sub process. This study concludes that the major cause of delay in the discharge process of insured patients is the time taken for discharge summaries to reach the in-house TPA department, and the time taken by external insurance companies to give the approval after submitting the final bills and the discharge summaries.

2) Stephanie Dube Dwilson. 2016. Denial Management : How to Reduce Rejection and Streamline the Appeals Process in health care

The reason behind the denials are found to be the manual errors in the department such as, miscoded procedures or documentation as per the American Medical News

3) Anchan PS, Jathanna R, Marla A. 2011: Evaluation of health insurance and claim process at tertiary care hospital, Mangalore:

The study was carried out with the objectives to study and understand the current claim process of existing health insurance schemes, to identify the barriers in the claim process at the hospital level and to study the consumer awareness and satisfaction in health insurance. Results showed that there is an overall delay in query justification followed by preauthorisation, preparation and faxing. Policyholders were not fully aware about health insurance, 50 per cent of policyholders knew what Third Party Administrator (TPA) means and consumers were not fully satisfied with health insurance.

4) Singh A, Ravi P, Lepcha K. 2021: Patient satisfaction factors with in-house Third-Party Administrator (TPA) department of a tertiary care hospital

Two identifiable factors explained 57% of the total variance and are named as ‘Physical evidences’ and ‘Professionalism’. These two identifiable factors have significantly and positively affected patient loyalty of insured patients towards the hospital.

5) Sodzi-Tettey S, Aikins M, Awoonor-Williams JK, Agyepong IA. 2012: Challenges in provider payment under the Ghana National Health Insurance Scheme: a case study of claims management in two districts.

There were administrative capacity, technical, human resource and working environment challenges contributing to delays in claims submission by providers and vetting and payment by schemes. It was concluded that Ghana’s NHIS needs to reform its provider payment and claims submission and processing systems to ensure simpler and faster processes. Computerization and investment to improve the capacity to administer for both purchasers and providers will be key in any reform.

RATIONALE OF THE STUDY

- In the present scenario of hefty expenses associated with good quality of healthcare services, it becomes very essential that the TPA processing should be smooth and timely to so that the very aim behind health insurance is achieved and which is protection of the insured from financial burden.
- Amongst the different types of payer categories, a significant chunk is occupied by insurance (TPA) patients. So, it becomes very significant for a hospital that all the TPA processing be timely which in turn would increase the patient satisfaction, increase the bed turnover rate and eventually would increase the revenue of the hospital.

RESEARCH QUESTIONS

1. What are the reasons of delay in TPA process in Medanta – The Medicity, Gurugram for the month of Apr 2023 ?
2. How to achieve timely processing of TPA cases in Medanta – The Medicity, Gurugram?

OBJECTIVES OF THE STUDY

- To determine the reasons of Delay in TPA process in Medanta – The Medicity, Gurugram for the month of April 2023
- To identify better practices and suggest best implemental solutions.

CHAPTER - 3

METHODOLOGY

The project initiated with the study of the whole process of TPA cases. It begins with getting the pre-authorization form filled by the patient that is being provided to them to patient being getting discharged after clearance made post final approval.

The project conducted was in the month of April in 2023 and it went as follows:

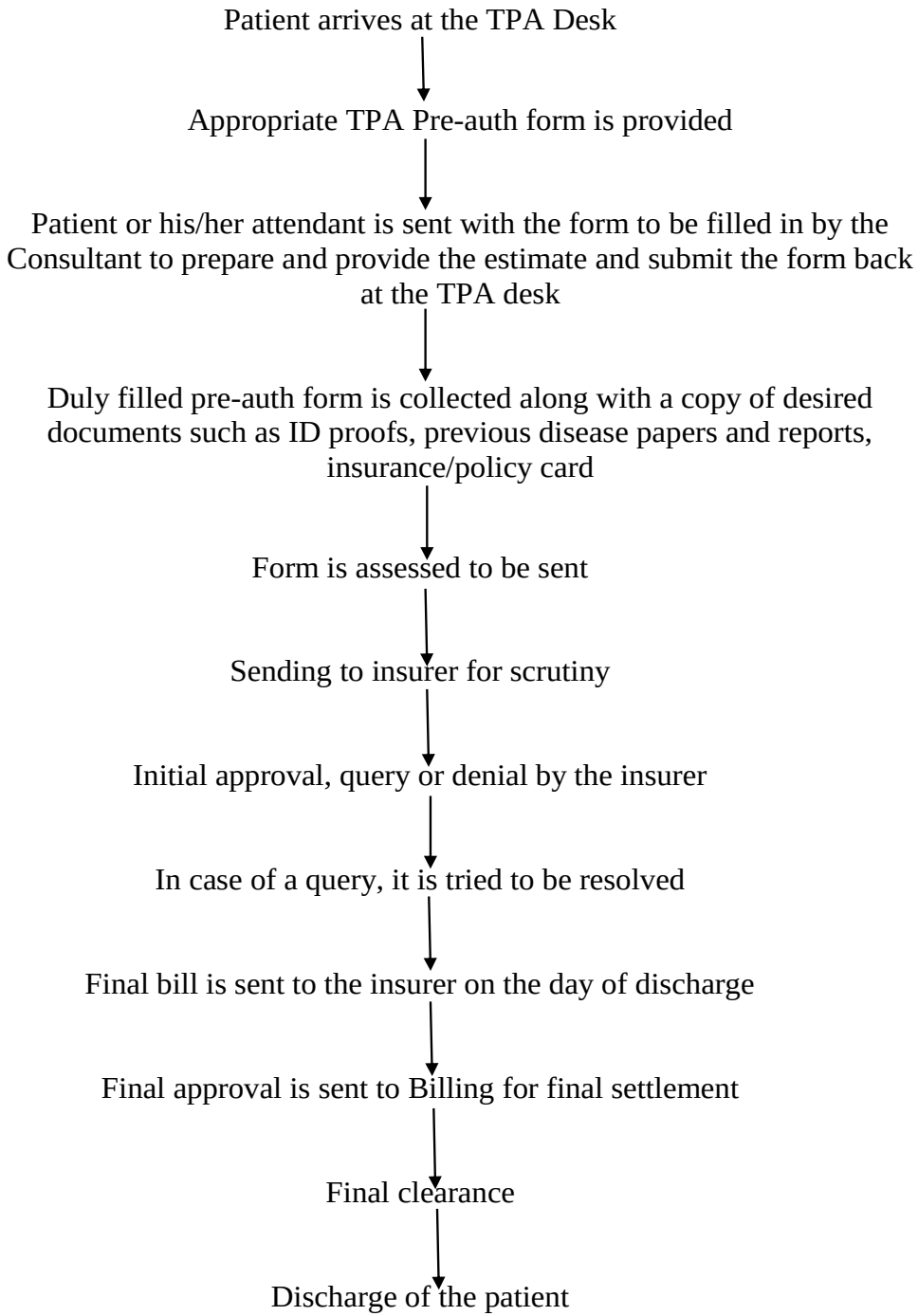
- Understanding the TPA process.
- Preparing an action plan.
- Data Collection and Analysis.
- Coming up with suitable recommendations.

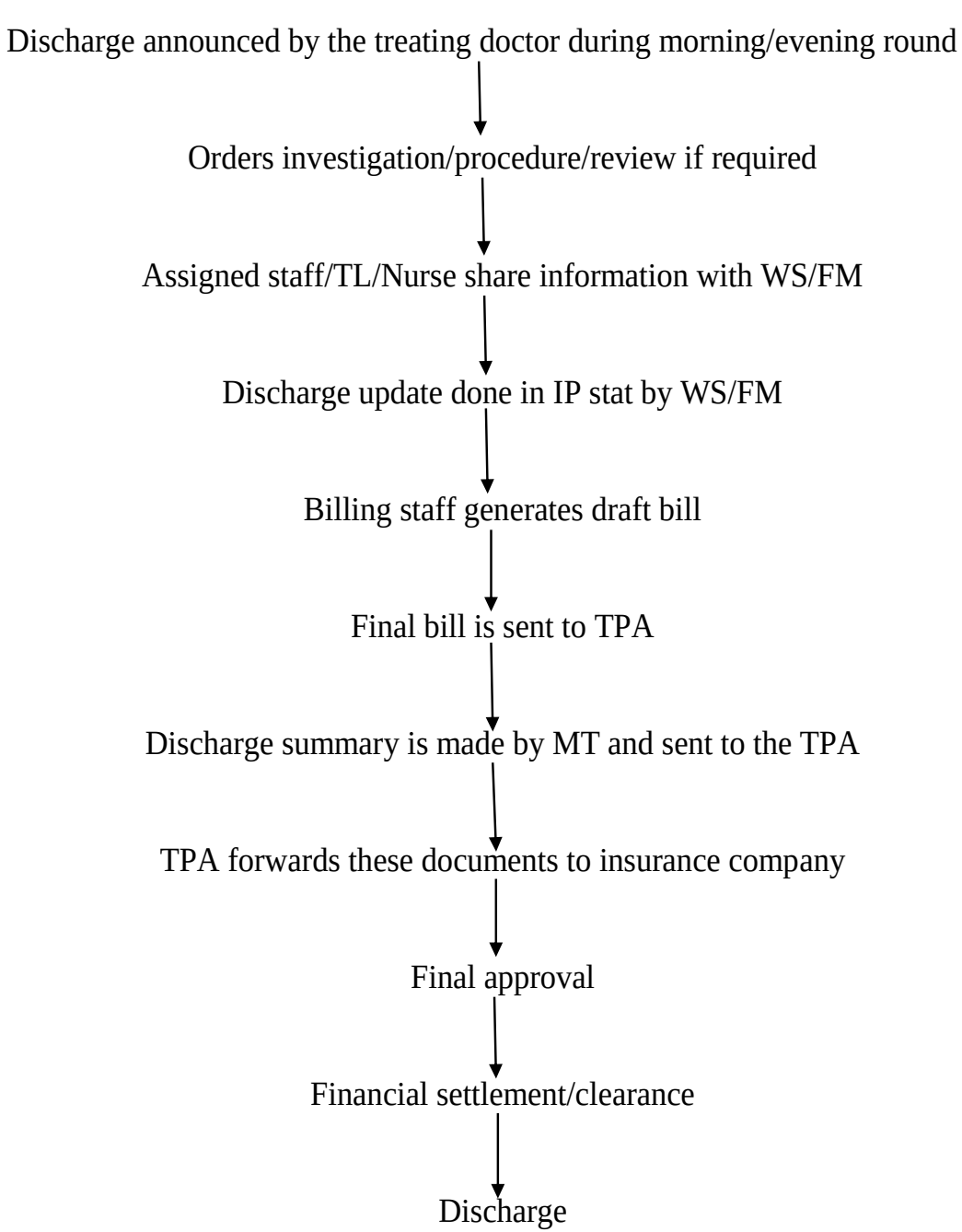
The study design is Cross-sectional.

The study undertaken is a quantitative study for 350 cases. The sampling was purposive sampling. The RCA was done, and it was realized that “Incomplete information to TPA” is the major reason behind most of the queries and more importantly time wastage.

The data collection took place by a time motion study that was conducted to see the time devoted in pre-auth collection & sending and also the data of further processing of cases was taken from HIS and through observation.

PROCESS FLOW





Discharge process flow at floors for the TPA patient

CONTINUED..

Note:

- The confirmation and follow-up takes place continuously until the approval is received or denied
- If the TPA requires any assistance from the floors, then it is provided by the Floor Manager mostly
- Once the final approval comes and the bill is ready, the floor team informs the Patient side for final clearance.

Data Collection:

- Data collection is the process of gathering accurate data from a variety of relevant sources to find answers to research problems. Correct analysis depends on accuracy of data collection.

- The data collection took place both manually and also through the HIS. Observation was very helpful in data collection in TPA case processing as it is a multi-step process.

Observation

- It was realized that “Incomplete information/documents being sent for claim processing” is major reason for most of the queries and extra time that is being taken.

- Hence a RCA was done in order to understand the reason behind sending incomplete information to TPA

RCA

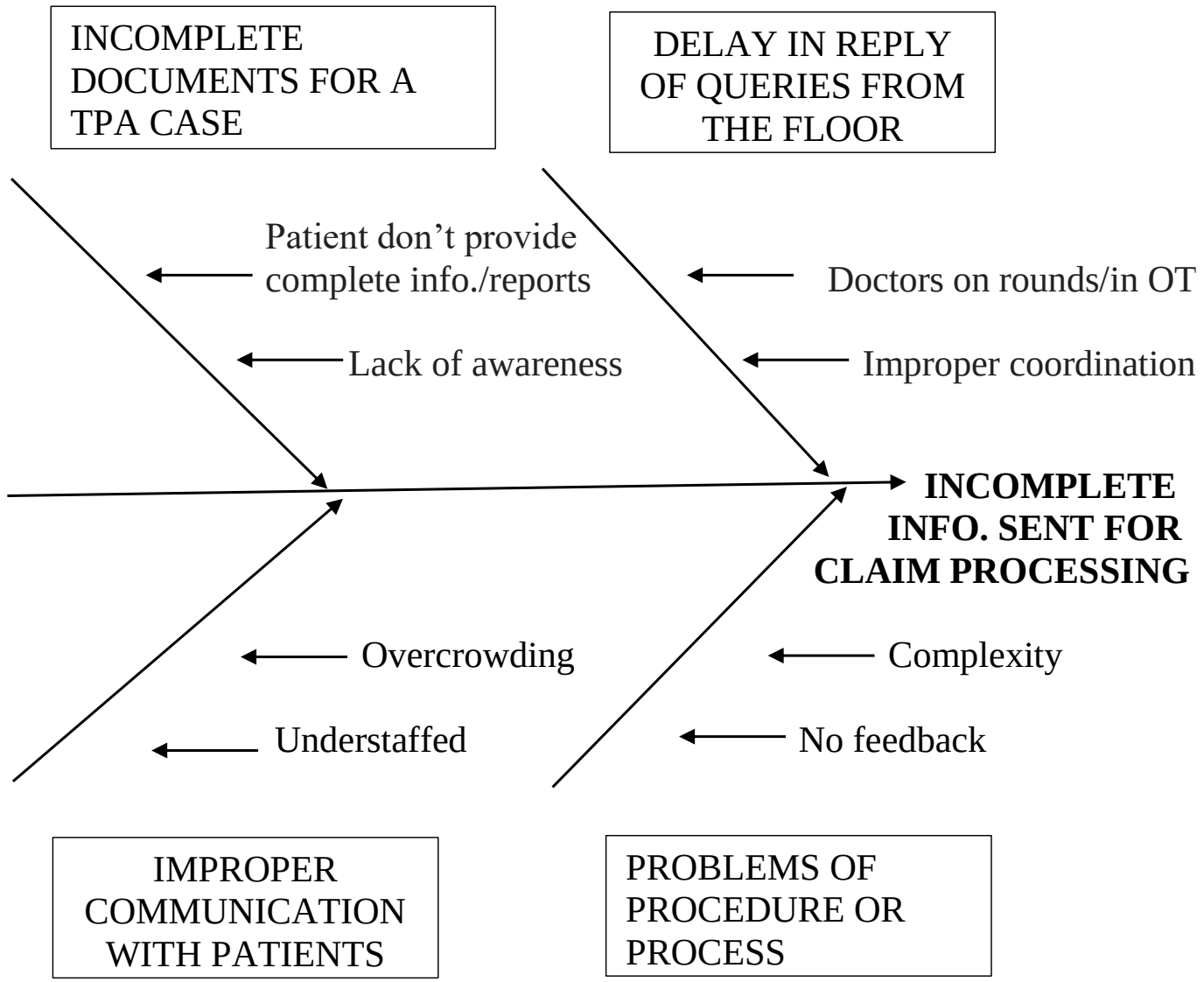


Figure 3.1 - CAUSE AND EFFECT DIAGRAM

CHAPTER - 4

RESULTS

1) Time study for receiving duly filled pre-authorization forms

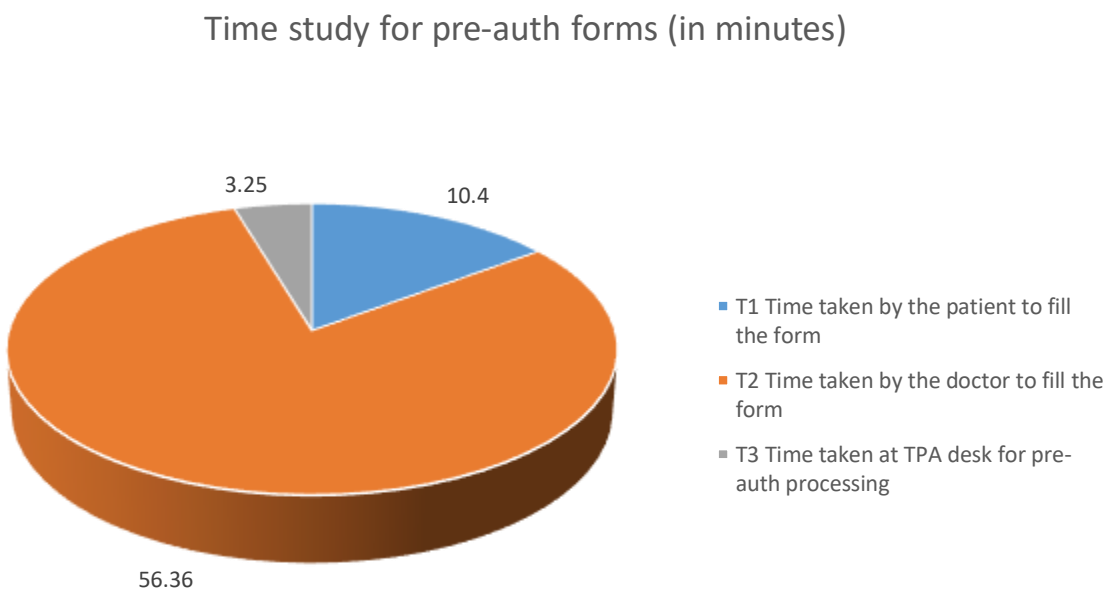


Figure 4.1 – Time study for pre-auth forms

Through the analysis, the above figure (Figure 4.1) is suggestive of the fact that nearly 80% of the total time taken for getting the pre-auth form duly filled is taken up for getting the doctor's portion completed.

2) Time study after receiving pre-auth forms

Study of time elapsed between receiving and replying to an incoming query after initial request

This study has 3 main integral components that are required to be studied individually

Part 1: Time taken between receiving of query in TPA and sending that query for receiving appropriate information/documents internally

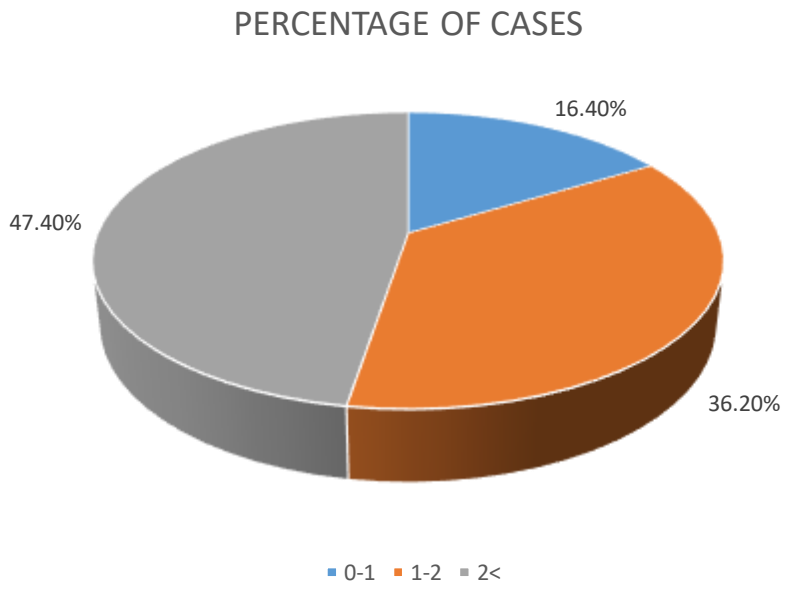


Figure 4.2 – Time taken between receiving of query in TPA and sending that query for receiving appropriate information/documents internally

From Figure 4.2 it can be seen that in nearly half of the cases it is taking more than 2 hours for the query information to be sent internally for receiving the documents/information that is required so that it could be used for further processing.

Part 2: Time elapsed between sending the query internally by TPA and receiving the appropriate documents/information that is required for it to be resolved by the provider.

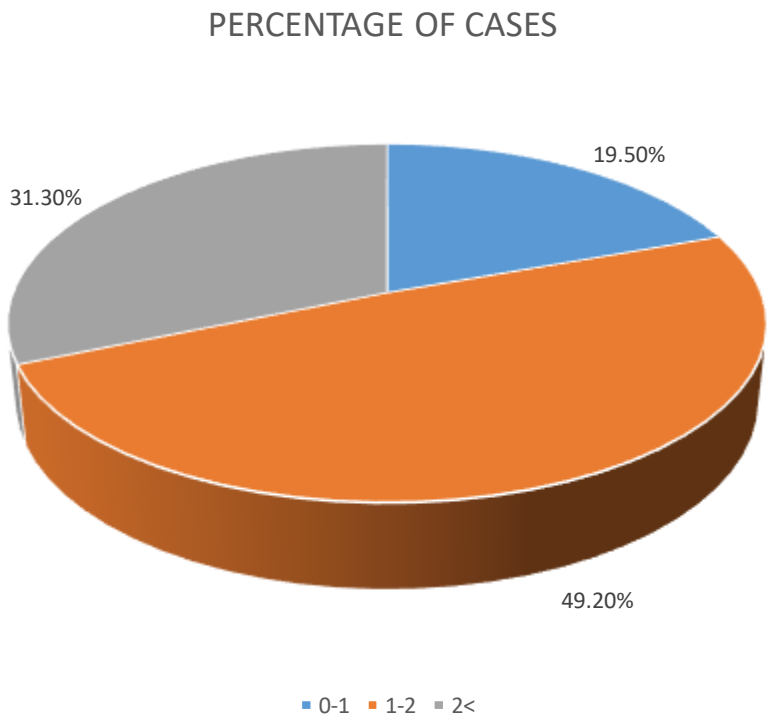


Figure 4.3 – Time taken between sending the query internally by TPA and receiving the appropriate documents/information that is required for it to be resolved by the provider.

From Figure 4.3 in 68.7% of the cases the reply for the query that is being sent internally arrives in the TPA department within 2 hours. However, in 31.3% of the cases the time exceeds to beyond 2 hours.

Part 3: Time taken between receipt of query reply internally by the TPA and sending it to the provider to be resolved.

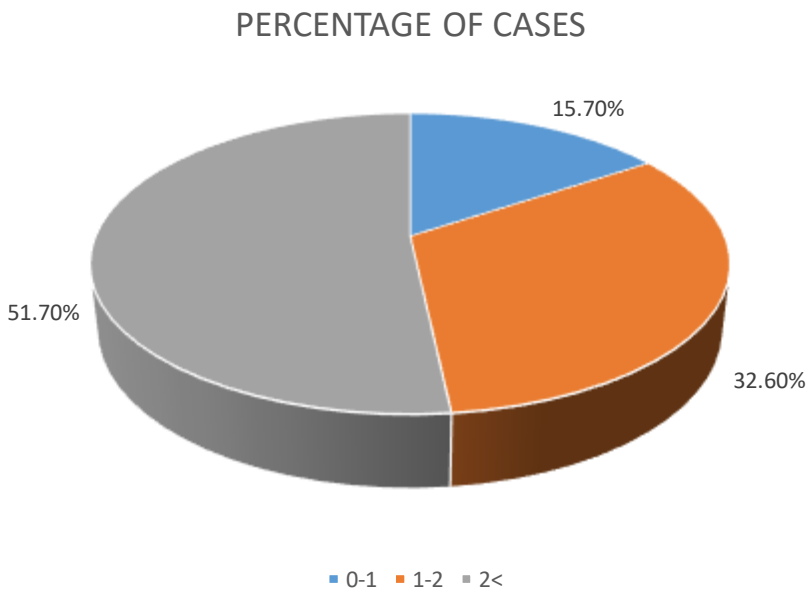


Figure 4.4 – Time intervals taken by TPA department between receiving of query reply internally and sending it to the provider to be resolved for TPA cases

Figure 4.4 is suggestive of the fact that time is elapsed in sending the query reply that arrives from departments internally to the provider by the TPA department. It is taking more than 2 hours in 51.7% of the cases.

3) Time study for the DOD (Day of Discharge)

Study of time interval between receiving discharge summary from the floors and receiving final bill from billing.

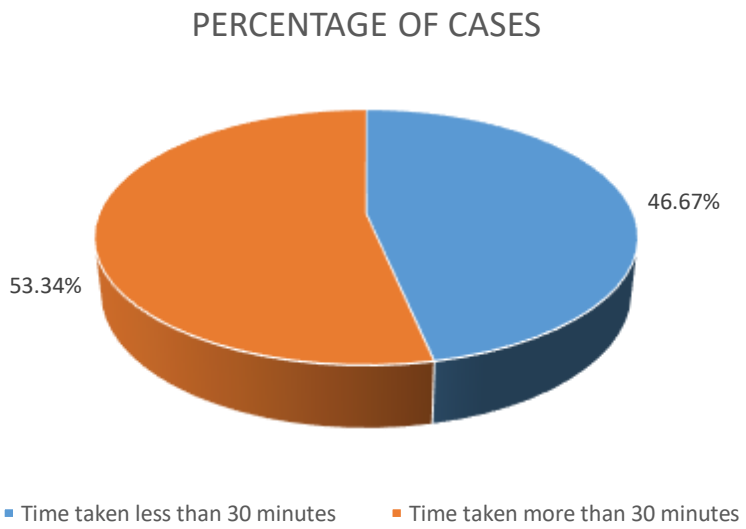


Figure 4.5 – Time study to check the time difference between receiving the discharge summary and final bill in the TPA department

From Figure 4.5, it can clearly be seen that more than half the cases are not meeting the accepted standard time interval that is being followed in the hospital between receiving the discharge summary from the floors and receiving the final bill from billing

4) Study of time interval taken for receiving the final approval after sending the final request

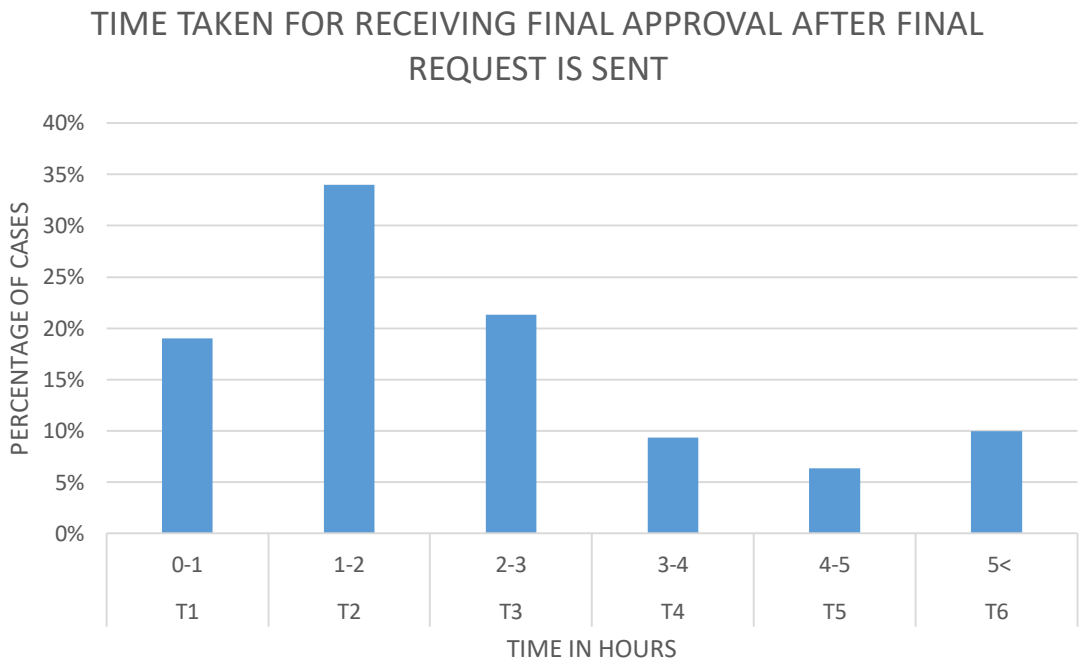


Figure 4.6 – Time study to check the time taken by the provider to give the final approval after receiving the final request from TPA department

NOTE: There are certain conditions in which the total process of approval may even take more than a day like in cases of case summary pending, external query response required from patient side, certain surgical procedures that are not covered by certain providers such as some robotic surgeries, RIRS.

CHAPTER - 5

DISCUSSION

- Handling of the TPA cases is not something that involves only one person. A TPA case processing is a multi-step process that involves inputs from the TPA department and from other personnel in the departments of the hospital like IPD, OPD etc.
- It was realized that “Incomplete information/documents being sent for claim processing” is major reason for most of the queries and extra time that is being taken. Hence a RCA was done to understand the reason behind sending incomplete information to TPA.
- It was seen from observation and analysis that lack of documents is main reason behind sending incomplete information to TPA. 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.

Delays in the process

1) Delay in receiving duly filled pre-authorization forms

- It was observed that majority of the time in getting the pre-authorization form completed was taken up in getting the doctor’s part completed.
- It was observed that majority of the time in getting the pre-authorization form completed was taken up in getting the doctor’s part completed. This can be dealt with having digital forms and having a discussion with the doctors to improve communication for pre-authorization.

2) Delay after receiving pre-authorization forms

For understanding the delays after receiving the pre-authorization forms the study was conducted in 3 parts.

Part 1: Time taken between receiving of query in TPA and sending that query for receiving appropriate information/documents internally

It was seen that in nearly half of the cases it is taking more than 2 hours for the query information to be sent internally for receiving the documents/information that is required, so that it could be used for further processing.
The main reason identified for this delay is that the query updating process is not happening timely as a result of which the TPA personnel usually takes up some time for forwarding that query for it to be resolved internally.

Part 2: Time elapsed between sending the query internally by TPA and receiving the appropriate documents/information that is required for it to be resolved by the provider

It was seen that in 68.7% of the cases, the reply for the query that is being sent internally arrives in the TPA department within 2 hours. However in 31.3% of the cases the time exceeds to beyond 2 hours.
The TPA department requires the responses from internal departments of the hospitals for getting an answer to the query. A solution of this problem could be that the TPA personnel can be made to allow an access to the IPD files through the HIS so that they themselves can fetch the required documents/information for forwarding and settling the raised query.

Part 3: Time taken between receipt of query reply internally by the TPA and sending it to the provider to be resolved.

It was seen that time is elapsed in sending the query reply that arrives from departments internally to the provider by the TPA department. It is taking more than 2 hours in 51.7% of the cases.

3) Delays on the DOD (Day of Discharge)

For understanding the delays that occur on the DOD, study of time interval between receiving discharge summary from the floors and receiving final bill from billing was carried out.

- It was seen that more than half the cases are not meeting the accepted standard time interval that is being followed in the hospital between receiving the discharge summary from the floors and receiving the final bill from billing which is 30 minutes.
- The TPA department must wait for more than 30 minutes in majority of the cases before sending these documents for the final approval. If the activities of the cases and the discharge summaries are sent to the Billing and TPA departments respectively on time, then this issue can be dealt with.
- Encouraging more planned discharges, timely return of the medication, and eliminating problems of any pending orders are the major steps that can be taken to reduce the delays that occur in sending the activity and discharge summaries.

4) Study of time interval taken for receiving the final approval after sending the final request

- It was seen that nearly in 75% of the cases, the approval came from the end of the insurer within 3 hours of sending the final request by TPA. However, in some cases it took significantly more time for the approvals to come.

- Hence it is very essential that the TPA and all concerned departments should work in coordination with another in order to ensure that there is no compromise in quality of care and that the patients have access to highest quality of care that they expect and deserve without facing the financial burden which is the ultimate objective of having a health insurance.

CONCLUSION IN REFERENCE TO THE OBJECTIVES

TPA process is a complex one that have many steps and internal departments involved. This study was undertaken concerning the delays in TPA process and achieving timely processing of TPA cases. For that a RCA was done.

1) As realized from the RCA we can say that:

- "Incomplete information/documents being sent for claim processing" was identified to be the major reason for most of the queries and extra time that was being taken and for this RCA was done.
- It was seen from analysis that lack of documents is main reason behind sending incomplete information to TPA. Also along with insufficiency of documents/information, other reasons associated with the process, communication/counselling of patients, them providing all the necessary documents timely and delay in action taken for settling a query internally are contributors in the main effect.

2) Time motion study of the process

a) For receiving duly filled pre-authorization forms

- It was observed that majority of the time in getting the pre-authorization form completed was taken up in getting the doctor's part completed. This can be dealt with having digital forms and having a discussion with the doctors to improve communication for accurate information required for pre-authorization.

b) After receiving the pre-authorization forms

Firstly, it was seen that in nearly half of the cases it is taking more than 2 hours for the query information to be sent internally for receiving the documents/information that is required, so that it could be used for further processing.
The main reason identified for this delay is that the query updating process is not happening timely as a result of which the TPA personnel usually takes up some time for forwarding that query for it to be resolved internally.

Secondly, it was seen that in 68.7% of the cases, the reply for the query that is being sent internally arrives in the TPA department within 2 hours. However, in 31.3% of the cases the time exceeds to beyond 2 hours.
The TPA department requires the responses from internal departments of the hospitals for getting an answer to the query. A solution of this problem could be that the TPA personnel can be made to allow an access to the IPD files through the HIS so that they themselves can fetch the required documents/information for forwarding and settling the raised query.

Thirdly, it was seen that time is elapsed in sending the query reply that arrives from departments internally to the provider by the TPA department. It is taking more than 2 hours in 51.7% of the cases.

c) On the day of discharge, the delay was seen as more than half the cases showed that there was a difference of more than 30 minutes in receiving the final bill and discharge summary in the TPA department. Encouraging more planned discharges, timely return of the medication, and eliminating problems of any pending orders are the major steps that can be taken to reduce the delays that occur in sending the activity and discharge summaries. It is also good to have a better inter-communication between these departments.

RECOMMENDATIONS

- There should be digitalization of pre-authorization requirement process and discussion with the doctor about how efficient communication can be done regarding the accurate information required for pre-authorization.
- Supporting documents such as ER notes, OPD papers should be sent along with the pre-authorization form when the patient is advised to be admitted from ER or OPD.
- There should a staff dedicated to timely look after the update mails that are arriving
- TPA personnel must have access to patient documents that are frequently asked for, like, vitals information, medication charts, daily progress notes etc. from HIS
- More planned discharges should be encouraged
- Planned discharges should be encouraged and this information should be made available through HIS to the TPA so that running bills could be sent for enhancements or final approvals
- Pre-admission request practice should be encouraged more

REFERENCES

1. Singh A, Ravi P, Lepcha K. Insured patients' discharge delays: causes and solutions. J Acad Hosp Administration. 2018 Jul;30.
2. Stephanie Dube Dwilson. 2016 Denial Management : How to Reduce Rejection and Streamline the Appeals Process in health care
3. Anchan PS, Jathanna R, Marla A. Evaluation of health insurance and claim process at tertiary care hospital, Mangalore: A case report. Journal of Health Management. 2011 Mar;13(1):97-112.
4. Singh A, Ravi P, Lepcha K. Patient satisfaction factors with in house Third Party Administrator (TPA) department of a tertiary care hospital: a cross sectional analysis. International Journal of Healthcare Management. 2021 Apr 3;14(2):603-9.
5. Sodzi-Tettey S, Aikins M, Awoonor-Williams JK, Agyepong IA. Challenges in provider payment under the Ghana National Health Insurance Scheme: a case study of claims management in two districts. Ghana medical journal. 2012 Dec 1;46(4).

Web addresses and useful information:

- www.google.com
- www.britanica.com
- www.investopedia.com
- www.godigit.com

THANK YOU