DISSERTATION

at

Attune Technology Ltd., Anna Salai, Chennai

Analysis of the workflow of TPA department after HIS implementation

by

Name : Dr. Alisha Dhanda

Enroll No. PG/13/001

Under the guidance of

Dr. Anandhi Ramachandran

Post Graduate Diploma in Hospital and Health Management

2013-15



International Institute of Health Management Research New Delhi Completion of Dissertation from the Respective Organization

This certificate is awarded to

Dr. Alisha Dhanda

In recognition of successfully completed her internship and project on

Analysis of the workflow of TPA department after HIS implementation

May 2015-05-04

Attune Technologies Pvt. Ltd.

•

She comes across as a sincere, dedicated and hard working individual with an inquisitive mind.

gemon

Training and reporting officer

TO WHOMEVER MAY CONCERN

This is to certify that Dr. Alisha Dhanda, student of Post Graduate Diploma in Hospital & Health Management from IIHMR- Delhi, has undergone internship training in ATTUNE Technologies Pvt. Ltd. from 4th February 2015 to 4th May 2015.

The candidate had successfully carried out the project designated to her during the internship and had used proper scientific methods to carry out the same. The internship is in the fulfilment of the course requirement. We wish her all the best for her future endeavours.

Dr. A.K. Agarwa

lle

Dr.AnandhiRamachandran, Mentor IIHMR-Delhi

Dean, Academics and student affairs, New Delhi.

Certificate Of Approval

The following dissertation titled "Analysis of the workflow of TPA department after HIS implementation" at "Attune Technology Ltd." is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of Post Graduate Diploma in Health and Hospital Management for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name

JR. ANANDHI RAMACHANDRAN

Signature

3

CERTIFICATE FROM DISSERTATION ADVISORY COMMITTEE

.

This is to certify that Dr. Alisha Dhanda, student of Post Graduate Diploma in Health & Hospital Management had worked under our supervision and guidance. She is submitting her dissertation titled "Analysis of the workflow of TPA department after HIS implementation" at Attune Technologies Pvt. Ltd. in partial fulfilment of the requirements for the award of Post Graduate Diploma in Health and Hospital Management.

This dissertation had a requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Se KA

Dr. Anandhi Ramachandran Ass**feine**professor, IIHMR-Delhi

Mrs. Parcenject Kaur Consultant, ATTUNE Technologies, PvtLtd. Chennai

To Whomever It May Concern

This is to certify that Dr. Alisha Dhanda, student of IIHMR Delhi, has successfully completed her internship program from 04-02-2015 to 04-05-2015 in Attune Technologies Pvt. Ltd.

During her internship she worked on the Implementation of HIS in TPA department of Hospital.

We wish all the best in his future.

(gyn

Mrs. Paramjeet Kaur Attune Technologies Pvt. Ltd

,

CERTIFICATE OF SCHOLAR

This is to certify that the project "Analysis of the workflow of TPA department after HIS implementation" is submitted by Dr. Alisha Dhanda Enrollment no. PG/13/01 under the supervision of Dr. Anandhi Ramchandran for award of Post Graduate Diploma in Health and Hospital Management of the Institute carried out from the period 4-02-2015 to 4-05-2015 embodies my original work and has not form the basis of any award, degree, diploma associate ship, fellowship title in this or any other institute or institution of higher learning.

Alista Dravela Signature

FEEDBACK FORM

Name of the Student: Dr. Alisha Dhanda

Dissertation Organisation: ATTUNE Technology Pvt. Ltd.

Area of Dissertation: Implementation

Attendance: 94%

Objectives achieved:

- Requirement gathering & addressing issues faced by end users. •
- Training to end users. . Monitor user issues
- •
- Increase awareness of software in users.

Deliverables:

- User training for registration & accession
- Master data for departments
- Bug tracker issues

Strengths:

- Hard working
- Team works
- Motivated & enthusiastic
- Multitasking

Suggestions for Improvement:

- Should do follow up till completion of work
- Learn thoroughly about the system

(Jumon

Signature of the Officer-in-Charge

ACKNOWLEDGEMENT

Undertaking a project is never a one-person job. It's always involves help from other person who are either reviewing your work or teaching you things. Words can never be enough to express my sincere thanks to **ATTUNE Technologies Pvt. Ltd.** and especially **Mrs. Paramjeet kaur,** my reporting officer for her continuous guidance and support.

I convey my gratitude to **Mr. Raghothaman, VP of ATTUNE Technologies Pvt. Ltd.** who gave me the opportunity to be a part of this Project. I express my greatest thanks to

Mr. Aminderbir singh, my senior in ATTUNE Technologies and also a past Alumni of IIHMR-Delhi for his support and guidance to make this project possible. I also express my thanks to my IIHMR mentor Dr. Anandhi

Ramachandran(**Associate Professor**) without whom this project would have been a distant reality.

I would also thank **Dr. L.P Singh (Director)** and **Dr.A.K Agrawal (Dean)**. I pay my sincere offering to the almighty without whose grace I would not be able to add a new dimension to my life.

In the end, I am thankful from the core of my heart to my beloved parents and my sister who supported me throughout the course of study. Last but not the least; I am thankful to all the colleagues for their help and cooperation.

Dr. Alisha Dhanda Health IT 2013-2015 PG/13/01

ABSTRACT

The TPA and Insurance Management module facilitates the process of settlement of the bills of a patient insured or covered by a third party. It records the details of third party payers and insurance companies. It helps to verify the eligibility of the patient for reimbursement by the third party or the insurance company. This module helps the hospital file online claims on behalf of the patient in a prescribed format along with the discharge summary and various bills of the services provided to the patient. It also helps to track the status of the claims and provides a provision for follow up to these TPA and Insurance companies.

Keeping in consideration the requirements the HIS was being implemented with the above salient features. The whole HIS system was being integrated with different departments using software like HL7, Native. The TPA module was integrated with other department module like Billing, IPD.

Scope of the Project:

This study includes analysis of the process of TPA after the successful implementation of integrated HIS in the hospital. By this study we tried to analyze the gaps in the TPA workflow so that a feasible solution can be provided to the problems faced.

Methodology:

The study was conducted in XYZ hospital situated in, Mohali.

This study is an observational study which was conducted with aim to study the workflow.

Study area: TPA department of XYZ hospital

Study population: 20-25 staff members of billing plus TPA department.

Types of data:

Primary Data Collection: There are times when the information must be collected and this approach is known as primary data collection.

Tools used: interviews, observation

Secondary data:

Secondary data is the data that has been already collected by someone else for a different purpose.

Tools used: e-brochure, websites, journals on TPA module in HIS.

Conclusion:

Although the HIS was being implemented keeping in consideration the requirements of the end users of various departments. All the modules were successfully implemented and integrated using software like HL7 but still the end users were facing problems. This present study deals with the same by knowing the present issues the users are facing. As we can see the process of TPA is connected with the billing and IPD process and both the process are now replaced with IT rather manual and paper based. But as per the staff of TPA department process of TPA department is not fasten up because of the time consumed in waiting for the approval from the insurance companies under which the patients are being insured.

Table of content

S. No	CONTENT	PAGE No
1.	Acknowledgement	8
2.	Abstract	9-10
3.	List of figures and tables	12
4.	Abbreviations	13
5.	Internship report	14-19
6.	Problem statement	21
7.	Scope of study and research question	22
8.	Methodology	23,24
9.	Review of Literature	25-27
10.	Background of project	28.29
11.	Process flow of TPA	30
12.	Screenshots	31-33,35
13.	Change management plan	36,37
14.	Issues and limitations	38
15.	Recommendation	39
16.	Conclusion	39
17.	References	40

List of figures:

Figure1. Basic role of TPA

Figure 2: Registration screen of HIS

Figure3: Billing screen of HIS

Figure4: Screen showing insurance details

Figure 5: Consolidated bill showing billing details

Figure6: Fish bone Diagram

List of table:

Table1: Showing the changes made with various aspects

Abbreviations

BHIS- Basic hospital information system

- EHR- Electronic health record
- HIS- Hospital information system
- HL7- Health level7
- IHIS- Intermediate hospital information system
- IPD- In patient department
- IT- Information Technology
- MIS-Management information system
- SDLC-Software development life cycle
- THIS-Total hospital information system
- TPA- third pat assurance

INTERNSHIP REPORT

Organization Profile

Attune Technologies Private Limited, a healthcare information technology company, offers Web-based software solutions for healthcare delivery organizations.

The company offers **Attune Health Kernel**, a Web-based solution for hospitals that integrates its departments and branches that are geographically separated; **Attune Lab Kernel**, a Web-based solution for diagnostic and imaging labs that integrates its collections centers, branches, and partner networks; and **Attune Clinic Kernel**, a Webbased solution for clinics that integrates its departments and branches when they are geographically distributed.

It integrates departments from pharmacies, diagnostic labs, imaging units, physiotherapy units, wards, inpatients and outpatients units, and branches and collection centers in various geographic locations. The company was incorporated in 2008 and is based in Chennai, India

Vision:

To manage world's health information

Values includes:

• Transparency: We take utmost care to ensure transparency in all our engagements with all our clients and vendors. We actively share relevant information. enabling them to take informed decisions in all activities pertaining to our operations.

- Trust: Trust among various stakeholders is the key driver for a successful business. We, at Attune, strongly believe in this philosophy and leave no stone unturned to establish relationships based on mutual Trust.
- Respect: We strongly value the relationships with all our stakeholders and greatly respect their needs and decisions. Mutual Respect and Understanding is the cornerstone of all our relationships.
- Win-win: We strongly believe in establishing win-win relationships with all our stakeholders. Our engagements with customers and vendors shall be based on evolving long-term win-win relationships.

Products of Attune:

- Attune HealthKernel is a complete state of the art, secure & web-based solution for hospitals that integrates all the departments and branches that are geographically separated. All the hospitals/branches needs are low-end PC's and Internet connectivity with rest of the IT infrastructure and software taken care by us.
- Attune LabKernel is an advanced and contemporary software that combines all the collection centers, branches and partner networks into a single platform to facilitate easy functioning.
- Attune ClinicKernel is a complete state of the art, secure & web-based solution for clinics and Clinic chains that integrates all its departments and branches that are geographically separated. All the clinics/branches needs are low-end PC's and Internet connectivity with rest of the IT infrastructure and software taken care

Modules in Attune HIS:

- Patient registration
- Billing and revenue cycle management
- Client management and critical control
- Doctor schedule and appointment
- Accident and emergency care
- Day care management system
- In patient management system
- Lab information system
- Radiology and imaging information system
- Pharmacy information system
- Purchase, inventory management and consumption tracking
- MIS ,Dashboard, Business intelligence

Key Learning's:

- Acceptance level towards IT and change in work culture from end users and administration.
- Transcription of data from paper to digital is a tedious job.
- If the organization is using an IT system before hand then the product must be developed such that it is compatible with the old one.
- Old school work culture affect the implementation process adversely.
- Phase wise implementation process is more practical and feasible.
- Managing client feedback is the key of successful implementation
- Step by step approach in training the users
- Changes in the workflow after implementation of integrated HIS
- Various technique to handle the end user at the customer side at the time any issue arises.

DISSERTATION REPORT

Problem Statement:

Analysis of workflow of TPA Department after Implementation of HIS in XYZ hospital in Mohali. Before we move towards the issues here is the brief about XYZ hospital. This is a chain of hospitals which is running in metro cities in India and the working environment in the hospital is manual. They were using paper based files for keeping records of the patients. Most of the staff is well aware about the usage of computers the available computers are used for performing routine tasks like getting prints of documents, keep staff records, using internet for getting some information. Billing and the TPA process was also carried out manually so looking into the process flow the hospital decided to have HIS for the hospital. The implementation of the HIS was successful in all the departments with different modules for different departments. But still there were some issues faced:

- Delay in discharge of medically insured patients
- Delay in the payment by the insurance company

These were the two issues raised by staff of billing department based on which we conducted this research in which we analyzed the workflow of TPA department.

Scope of the Project:

This study includes analysis of the process of TPA after the successful implementation of integrated HIS in the hospital. Through this the gaps in the TPA workflow are identified so that a feasible solution can be provided to the problems faced.

Research Question

This research is based on following research questions:

- What are the reasons for the delay in patient discharge/ payment by the insurance companies.
- What were the issues faced by the TPA department.

Methodology:

The study was conducted in XYZ hospital situated in, Mohali.

This study is an observational study which was conducted with aim to study the workflow of TPA department.

Study area: TPA department of XYZ hospital

Study population: 20-25 staff members of billing plus TPA department.

Types of data:

Primary Data Collection: There are times when the information must be collected and this approach is known as primary data collection.

Tools used: Interactions, observation

Secondary data:

Secondary data is the data that has been already collected by someone else for a different purpose

Tools used: e-brochure, websites, journals on TPA module in HIS.

Review of Literature

1) Implementation Differences of Hospital Information System (HIS) in Malaysian Public Hospitals

International Journal of Social Science and Humanity, Vol. 3, No. 2, March 2013 Abstract—Hospital Information System (HIS) is important to healthcare sector especially in public hospitals as they need to serve the public with high-quality healthcare treatments. HIS helps to improve patients care services. Thus, the Malaysian Government has introduced three (3) categories of HIS namely Total Hospital Information System (THIS), Intermediate Hospital Information System (IHIS), and Basic Hospital Information System (BHIS) among Malaysian public hospitals. However, only 15.2% of the Malaysian public hospitals are implementing the system. Moreover, there is limited number of empirical studies on HIS implementation in Malaysia. Thus, this paper aims to investigate issues and challenges in HIS implementation for each category of HIS by using in-depth interviews. Nine participants were involved in the interviews. The interview data were transcribed verbatim and analyzed based on Content and Thematic Analysis using NVivo software. The results showed that different category of HIS faced different issues and challenges.

2) Assessment of hospital information systems implementation: a case study. Zikos D1, Mitsios A, Mantas J.

The use of integrated Hospital Information Systems is related with many benefits for the healthcare system, increasing the effectiveness of the provided services and assuring quality of care. Aim of this study is to investigate the types of Information Systems, the level of integration and the problems identified during the implementation phase, in three public hospitals. The above are expected to contribute to the understanding of the organizational, human resource and technical factors related with the successful implementation of a hospital IS. In order to investigate those elements, an assessment questionnaire was developed and completed by nine hospitals IT employees of the three hospitals. In addition, open interviews were organized with the same employees to further formulate an overall aspect, while in one hospital case, observation and discussion with four different categories of involved staff was undertaken. It was found that the implementation problems are mainly related with the underfunding, inadequate use of standards, lack of skilled IT experts, insufficiently trained personnel and users' reserve. The problems may be tackled with a supportive hospital administration

committed to the successful implementation. The external contracting company working on its own, without any participation of the hospital IT department seems to be a failure recipe. It is evident that an active management support and skillful hospital IT employees, are expected to result to success stories during the implementation of integrated hospital information systems.

3) A Plan for Implementation of Hospital Information System in Developing Country: Recommendation from socio-technical perspective.

Hospital Information System (HIS) is considered as an important factor in health care sector for managing the administrative, financial and clinical aspects of a hospital.

A large number of hospitals from both developing and developed countries are adopting hospital information system to bring efficiency in their current system. Current study is conducted to contribute to the literature regarding HIS implementation in developing country settings as there is scarce literature. This study attempts to improve the understanding of HIS implementation in developing countries.

In this study, socio technical model is used to understand the current working system of cardiology department of Combined Military Hospital (CMH).

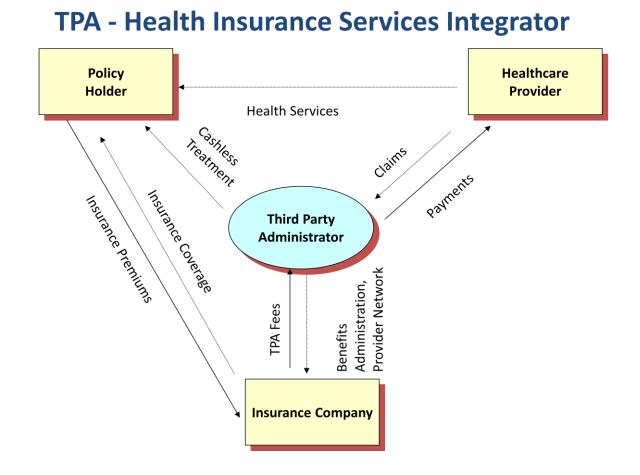
Qualitative case study is conducted for this research. Data is collected with the help of interviews done online via Skype and some secondary data resources to highlight the problems and solutions before HIS implementation. The data collection, generation of results and analysis is done on the basis of structure, people, technology, and process perspective originating from the sociotechnical model. Findings of this study are presented in the form of recommendations which need to be considered for making a HIS implementation plan.

Key Words: Hospital Information System (HIS), Combined Military Hospital (CMH), Socio-Technical Model.

Overview of TPA Department:

Third Party Administrator are the middlemen in the chain of integrated delivery system that brings all the components of health care delivery such as physicians, hospital, insured & insurer into a single entity

Figure1. Basic role of TPA



The TPA and Insurance Management module facilitates the process of settlement of the bills of a patient insured or covered by a third party. It records the details of third party

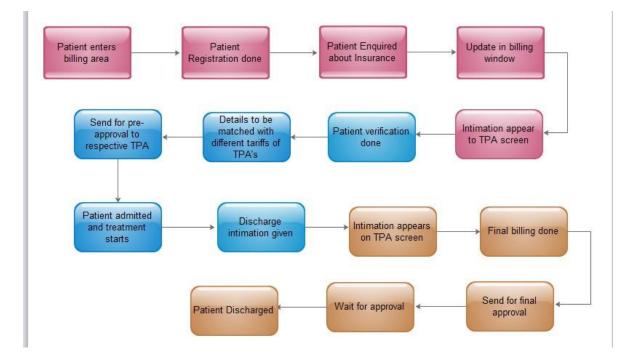
payers and insurance companies. It helps to verify the eligibility of the patient for reimbursement by the third party or the insurance company. This module helps the hospital file online claims on behalf of the patient in a prescribed format along with the discharge summary and various bills of the services provided to the patient. It also helps to track the status of the claims and provides a provision for follow up to these TPA and Insurance companies.

Salient features of TPA:

- Billing to organization, TPA and insurance companies
- Status enquiry of submitted claims and outstanding
- Provision to record the TPA and Insurance details of a patient.
- Instant verification of eligibility of the patient.
- Provision for follow up with the TPA's and Insurance companies.
- Integration with other modules for discharge summary and other details.
- Provision to bill the patient separately for the services provided by the hospital that are not covered by the TPA and Insurance companies.
- Provision for cashless hospitalization.

Keeping in consideration the requirements the HIS was being implemented with the above salient features. The whole HIS system was being integrated with different departments using software like HL7, Native. The TPA module was integrated with other department module like Billing, IPD.

Result:



In the above figure the process which is linked with HIS is in pink colour and the manual process is in blue colour.

The process flow in the TPA department is linked with the two other department processes Billing, IPD. The first point of interaction when patient enters the hospital is the front desk where the patient gets information about the availability of the doctor, from there the patient is being directed to the billing area of the hospital.

Now let us discuss the steps being followed in the TPA process.

1. Patient registration starts with filling up the demographic details as per the screen seen below.

Patient Details					
Name	Mr.		DOB / Age	-	jii .
Alias Name			Marital Status	Single	V
Gender	Male	۷.	Spouse/Father Name		
Address		~	City		
		~ .			
Mobile			Landline		
Country	India	♥.	State	Select	V
Place Of Birth					
Country Place Of Birth	India	▼ *	State	Select	
mart Card					
Admit Patient					
			Finish Cancel		

2. Next is the process of billing being done for the particular doctor consultation/ treatment procedure and while billing the patient is being enquired about if he/she comes under the insurance policy

Figure4: Billing screen of HIS

	80.179.50.110/ASG_Staging/	Billing/GenerateBil 🖌	<u>, 0 - 0</u> ≪1	80.179.50.110	×	<				₩ £
Patient quick billing	g									
arch Option: 🛛 💿 M	Name: 🔍 Patient Number 🔵	Phone Number	Select Vis	sit Type 🛛 🖲	OP 🔍 IP 🛛 Sr	imart Card No 🔎	Go	Reset Select On Option	Make Bill	\checkmark
						YY	MM WW DD			
ne:	Mr. 🗸 🔎		DOB / Age :					Gender :	Male	✓.
ital Status:	Select	V. Addr	ess :			+ City :		Nationality :	Indian	\checkmark
ntry :	India	✓ Land	line :			++ Mobile :		++ EmailD :		
ect Visit :	New Visit	V Depa	irtment	Select		PostalCode :		Token Time :		
ent category:	Select	Visit	Purpose:	Consultation		v .		Knowledge Of Our Service :	Select	×.
erring Physician :	P	+ Refe	ring Hospital :	Select		Visit Type :	OP	Patient No/ IP NO :		
ect Payment Type	TPA Show Only Mapped Items estigation O Procedures								R	eset Billed Iten
Consultation OInve	Show Only Mapped Items estigation OProcedures								R	eset Billed Item
ect Payment Type Consultation Inve ferring Physician P scription	Show Only Mapped Items estigation O Procedures	mingPhysicianName	1	Quantity		Date		Remarks	_	_
ct Payment Type Consultation Inve	Show Only Mapped Items estigation OProcedures	mingPhysicianName]	Quantity		Date	🔲 is Reimburs		Re	_
ect Payment Type Consultation Inve ierring Physician scription	Show Only Mapped Items estigation O Procedures	mingPhysicianName]	Quantity				able Non-Medica	_	ki I Amount 0.00
ct Payment Type Consultation Inve	Show Only Mapped Items estigation O Procedures	mingPhysicianName]	Quantity 1			UueAmount 0.00	able Non-Medica Gross	Ad	Id I Amount 0.00 0.0
ct Payment Type Consultation O Inve erring Physician P	Show Only Mapped Items estigation O Procedures	mingPhysicianName		Quantity			DueAmount ^{0.00}	able Non-Medica Gross Eligible Discount(Max)	Ad	Id I Amount 0.00 0.0
ct Payment Type Consultation Inve	Show Only Mapped Items estigation O Procedures	mingPhysicianName]	Quantity				Non-Medica Gross Eligible Discount(Max)	Ad	Id I Amount 0.00 0.0 0.0
ect Payment Type Consultation Inve ierring Physician scription	Show Only Mapped Items estigation O Procedures	mingPhysicianName]	Quantity			DueAmount ^{0.00}	able Non-Medica Gross Eligible Discount(Max)	Ad	Id I Amount 0.00 0.0 0.0 0.0
ct Payment Type Consultation Inve	Show Only Mapped Items estigation O Procedures	mingPhysicianName]	Quantity			DueAmount ^{0.00}	Non-Medici Gross Elgible Discount(Max) V Discount Total Discount	Ad	Id I Amount 0.00 0.0 0.0 0.0 0.0
ct Payment Type Consultation Inve	Show Only Mapped Items estigation O Procedures	mingPhysicianName]	Quantity			DueAmount ^{0.00}	Non-Medica Gross Eigible Discount(Max) V Discount Total Discount Tax Service Charge	Ad	b) 00.0 through 1 0.0 0.0 0.0 0.0 0.0
ct Payment Type Consultation Inve	Show Only Mapped Items estigation O Procedures	mingPhysicianName]	Quantity			DueAmount ^{0.00}	Non-Medica Gross Eigible Discount V Discount Total Discount Tax Service Charge Net Value	Ad	I Amount 0.00 0.0 0.0 0.0 0.0 0.0 0.0
ct Payment Type Consultation Inve	Show Only Mapped Items estigation O Procedures	mingPhysicianName)	Quantity			DueAmount ^{0.00}	bble Gross Eligible Discount(Max) ♥ Discount Total Discount Tax Service Charge Net Value Round Off Amount	Ad	b 00.0000000000000000000000000000000000
ect Payment Type Consultation O Inve ferring Physician	Show Only Mapped Items estigation O Procedures	mingPhysicianName]	Quantity			DueAmount ^{0.00}	Non-Medica Gross Eigible Discount V Discount Total Discount Tax Service Charge Net Value	Ad	Id Amount 0.00 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.

3. Patient details about the insurance with the particular TPA being filled in the screen.

Figure 5: Screen showing insurance details

-Select- V -Select- V	0.00 Co-Payn 0.00 Pre-Auth Policy St		Select 0.00		o-Payment to be deducte re-Auth Approval Numbe		Select	۷	
		Idit Date			olicy End Date	ſ			
ppayment Co-Payment Logic	Co-Payment to be dedu from		Pre-Auth mount Number	Approval	All Are Medical Items?	Policy No	Policy From	Policy To	Action
00	-	0.00			Y				<u>Edit</u>
owledge Of Our Service Information Provided By	-Select V			Service	Provider Name				
	ICODIC IO Dividge Of Our Service nformation Provided By	10	10 0.00	Logic Iron Addition Multiple 10 - - 0.00 10 - - 0.00	Logic Inform Addramount Nome 10 - - 0.00 10 - - 0.00 10 - - 0.00 10 - - 0.00 10 - - Service 10 - - Service	Logic Non Addramount Nonler Neths: 10 - - 0.00 Y 10 - - 0.00 Y	Logic Non AudiAntionit Number Definition 10 - - 0.00 Y 10 - - 0.00 Y	logic nom Addramount number nems: no rom 0 0.00 Y I I I I I I I I I I I I I I I I I I	Logic Information Additional Inditional Information 10 - - 0.00 Y I 10 - - 0.00 Y I

- 4. As soon the details are being filled in the screen an intimation goes to the TPA department of the hospital with all the patient details.
- As the TPA department has details about the different insurance companies and different tariffs are being made according to the policies of different insurance companies.
- 6. Patient enters the TPA department and being asked about the identity proof and the card provided by the insurance company for which they are insured.
- Once the details are being verified then all the documents are being forwarded to the particular insurance company for which the person is insured.

- 8. After this the patient is being admitted and the procedure for which he/ she admitted is carried out.
- 9. Once the discharge intimation is being given by the doctor that appear on the TPA screen and the final billing is being done by deduction of non-payable items. Then all the documents with bills, discharge summary are being sent to insurance company for approval.
- 10. Once the approval comes from the insurance company then the patient is being discharged from the hospital

Final bill which is being prepared is a consolidated bill which is being uploaded

in the Billing and TPA data.

Figure6: Consolidated bill showing billing details

Room Charges				
General Ward - A : -Rs 750.00				
Description	From	То	Quantity U	Init Price Amount
ROOM RENT	30/10/2014	30/10/20	14 1.00	750.00 750.00
reatment Charges				
Procedures : -Rs 600.00				
Description	Date	Quantity	UnitPrice	Amoun
Eye wash 500 ml	30/10/2014	1.00	600.00	600.00
Surgery/Intervention : -Rs 25000.00				
Description	Date	Quantity	UnitPrice	Amoun
C3R per eye-[25000.00]	30/10/2014	1.00	25,000.00	25,000.00
			Gross Bil	Amount 26,350.00
			F	tound Off 0.0
			Net Bil	I Amount
		_	3.8.7.9.2.5	
			re Authorization A	
			3.8.7.9.2.5	mount : 10,000.00
			re Authorization A unt Received From I.Copayment Rs.2,	mount : 10,000.00
		⊟ Amor (Inc	re Authorization A unt Received From I.Copayment Rs.2, Date Des	mount: 10,000.00 Patient 635.00)
		C Amor (Inc Rno	re Authorization A unt Received From I.Copayment Rs.2, Date Des 30/10/2014 Bill F	mount : 10,000.00 Patient 635.00) 10,000.00 cription Amount

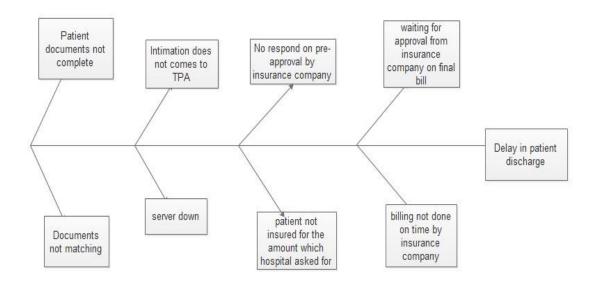
Based on the methodology and the process flow diagram the workflow of TPA

department, its integration with HIS few gaps/issues were being identified.

Gaps in TPA Department:

There can be n numbers of issues in the TPA department let us try to analyse them.

Figure 6: Fish bone Diagram for gap analysis



On the basis of above fish bone diagram the reasons for delay in discharge of insured patient /root cause is the delay of response from the insurance company for pre-approval and final approval of bills.

Change Management :

This section focuses on the change management and capacity building approach and plan so as to be able to tackle the issues that might arise due to new processes within the new HIS system. Change management plan was carried out keeping in consideration following points:

1. A smooth transition to the new way of working

- 2. The organization/people support the changes implemented
- 3. Individuals know how the changes affect them and the role they have to play
- 4. Stakeholders to understand the benefits of the changes and internalize it
- 5. The new system and its underlying concepts are understood
- 6. People are aware of how roles and responsibilities are changing
- 7. Everyone is motivated and committed to the change program
- 8. The success and progress of the program is monitored and measured

Table1: Showing the changes made with various aspects

Change implication
Standardization of procedures
Redefined processes and new work methods
Elimination of certain activities / functions and
addition of new ones
Redefined service levels
Usage of technology and system enabled
processes
Automated controls and validation
Reduction of paper work
Some change in roles and responsibilities
New skill set requirement for staff
Introduction of a incentives and reward
system

Following were the changes brought in consideration with the following aspects in the hospital after the implementation of the HIS.

Discussion

A thorough observational study was undertaken to understand the workflow of TPA department and to identify the reason for delay in discharge of insured patient in the hospital. Having studied the workflow for a month factors were identified for delay in discharge of insured patient. To identify the root cause the fish bone diagram was drawn. On basis of the fish bone diagram the root cause identified was no timely response from the insurance companies on pre-approval and final approval of bills. Apart from this there were many other reasons that could have been responsible.

Delay in response from the insurance company on pre approval and on final bill is being considered the main cause for delay in discharge of insured patient. Despite of providing them all documents timely the response is delayed therefore, a solution was recommended.

Recommendation:

The process of TPA should be made online so that timely approval can be received from the insurance this would reduce the time taken to discharge the patient and even the payment can received on time.

Limitations:

- Small sample size so it is difficult to get the quantitative data.
- Available data cannot be shared due to clause of confidentiality.
- This study is limited to limited geographic location.
- Time to conduct the study is very less for the analysis of the outcome result

Conclusion:

Although the HIS was being implemented keeping in consideration the requirements of the end users of various departments. All the modules were successfully implemented and integrated using software like HL7 but still the end users were facing problems. This present study deals with the same by knowing the present issues the users are facing. As we can see the process of TPA is connected with the billing and IPD process and both the process are now replaced with IT rather manual and paper based. But as per the staff of TPA department process of TPA department is not fasten up because of the time consumed in waiting for the approval from the insurance companies under which the patients are being insured.

References:

- 1. <u>http://attunelive.com/</u>
- 2. Attune HIS software
- <u>http://www.providersedge.com/ehdocs/ehr_articles/analyzing_cprsa_review_of_literature.pdf</u>
- 4. <u>http://www.ijimt.org/papers/213-M665.pdf</u>
- Ramesh Bhat and Sumesh K. Babu, "Health Insurance and Third Party Administrators: Issues and Challenges", Economic and Political Weekly, Vol. 39, No. 28 (Jul. 10-16, 2004), pp. 3149-3159
- Bhat Ramesh, Sunil Maheswari, Somen Saha, "Third Party Administrators and Health Insurance in India: Perception of Providers and Policyholders", Available from: <u>http://hdl.handle.net/123456789/463</u>
- Malti Jaswal, "Understanding the TPAs- Health Insurance Claims Management", IRDA Journal, Vol VIII, No. 8 (August 2010) pp.20-22
- Malti Jaswal, "A New Paradigm in Claims Management", National Insurance Academy. February 2014.
- Bhat Ramesh, Reuben B. Elan, "Management of Claims and Reimbursements: The Case of Mediclaim Insurance Policy", Vilapa, (2002) 27 October-December pp 15-28.