Internship Training

at

eExpedise Healthcare PVT. LTD.

Patient Satisfaction Based on TPA Services

by

Paras Arora

PG/21/136

Under the guidance of

Dr Mukesh Ravi Raushan

PGDM (Hospital & Health Management)

2021-23

International Institute of Health Management ResearchNew Delhi

(COMPLETION OF DISSERTATION FROM RESPECTIVE ORGANIZATION)

The certificate is awarded to

NAME: PARAS ARORA

in recognition of having successfully completed his dissertation in the department of

TITLE: PATIENT SATISFACTION BASED ON TPA SERVICE

and has successfully completed his Project on

Title of the Project

DATE: 24th April, 2023

ORGANIZATION: eEXPEDISE HEALTHCARE PVT. LTD.

He comes across as a committed, sincere & diligent person who has
a strong drive & zeal for learning.
We wish him all the best for future endeavors.

Training & Development

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Zonal Head-Human Resources

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Paras Arora**, student of PGDM (Hospital & Health Management) from International Institute of Health Management Research, New Delhi has undergone internship training at **eExpedise Healthcare PVT. LTD.** from **24-01-23** to **30-04-23.**

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.I wish him all success in all his future endeavors.

Dr. Sumesh Kumar
Associate Dean, Academic and Student Affairs
IIHMR, New Delhi

Mentor
IIHMR, New Delhi

Certificate of Approval

The following dissertation titled **"PATIENT SATISFACTION BASED ON TPA SERVICES"** at **"eEXPEDISE HEALTHCARE PVT. 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 **PGDM (Hospital & Health Management)** for which it has been submitted. It is understood thatby 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	Signature
Dr. Altaf yousuf	
Dr. Rashmi Sawtani	
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CERTIFICATE FROM DISSERTATION ADVISORY COMMITTEE

This is to certify that **Mr. PARAS ARORA,** a graduate student of the **PGDM (Hospital & Health Management)** has worked under our guidance and supervision. He is submitting this dissertation titled "**PATIENT SATISFACTION BASED ON TPA SERVICE**" at "**eEXPEDISE HEALTHCARE PVT. LTD.**" in partialfulfillment of the requirements for the award of the **PGDM (Hospital & Health Management).**

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

eExpedise Healthcare Pvt. Ltd.

Dr. Mukesh Ravi Raushan
Assistant Professor
IIHMR- Delhi

Mr. Gaurav Singh
Manager
eExpedise Healthcare Pvt. Ltd

INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH,

NEW DELHI

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled Patient Satisfaction Based on TPA Services at eExpedise Healthcare PVT. LTD. and submitted by Paras Arora, PG/21/136 under the supervision of Dr Mukesh Ravi Raushan for award of PGDM (Hospital & Health Management) of the Institute carried out during the period from 24/01/23 to 30/04/2 embodies my original work and has not formed the basis for the award of any degree,diploma associate ship, fellowship, titles in this or any other Institute or other similarinstitution of higher learning.

Signature

FEEDBACK FORM

(Organization Supervisor)

Name of the Student: Paras Arora

Name of the Organization: eExpedise Healthcare PVT. LTD.

Area of Dissertation: TPA Department

Attendance: 100%

Objectives achieved: Patient Satisfaction Based on TPA Services

Deliverables: Adequate in-depth analysis of Patient Satisfaction Based on TPA Services

Strengths: Very committed, Sincere, Cooperative & Positive nature

Suggestions for Improvement: Nil

Suggestions for Institute (course curriculum, industry interaction, placement, alumni): Nil

Signature of the Officer-in-Charge/
Organization Mentor
(Dissertation)

Date: 20/6/23

Place: Gurgaon

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PREFACE

Abstract

This abstract focuses on the satisfaction level of individuals with the assistance provided at the help desk of a Third-Party Administrator (TPA). It examines the satisfaction levels in various stages of the TPA process, including preadmission authorization, discharge assistance, claim intimation response, and promptness in claim settlement.
The first aspect of the study evaluates the satisfaction level of individuals with the assistance received during the preadmission authorization process. This includes assessing the efficiency, accuracy, and helpfulness of the TPA staff in guiding and facilitating the authorization procedure.
The second aspect examines the satisfaction level with the assistance provided during the discharge process. This involves assessing the quality of guidance and support offered by the help desk in ensuring a smooth and hassle-free discharge experience for the individuals.

The third aspect measures the satisfaction level with the response received during claim intimation. This involves evaluating the promptness, clarity, and effectiveness of the TPA staff in addressing and processing claim intimation requests.

Lastly, the study assesses the promptness in claim settlement and its impact on satisfaction levels. It examines the efficiency and timeliness of the TPA in processing and settling claims, which plays a crucial role in determining the overall satisfaction of individuals with the assistance received at the help desk.
By analyzing these different aspects of the assistance provided at the help desk of a TPA, this study aims to provide insights into the satisfaction levels of individuals and identify areas for improvement in order to enhance the overall customer experience.

1. DISSERTATION TRAINING

1.1. Introduction

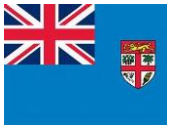
eExpedise Healthcare offers a wide range of health and wellness services to Indian and international insurance companies, corporate clients and individual members.
We have more than 3,000 healthcare providers worldwide, including private clinics, diagnostic centers, pharmacies, nursing homes and corporate hospitals in our network. We have handpicked service providers to ensure quality care at an affordable price by entering special rates.eExpedise Group is a NABH and ISO 2000 Certified, all around the world prestigious IT and medical organization planning inventive medical services answers for fabricate areas of strength for an and Insurance biological system for both homegrown and global clients. Driven by a group of experienced administration and gifted experts across different verticals like IT , TPA Services, Medical Assistance and clinical the travel industry, among others, the gathering has areas of strength for an of overseeing different portfolios in sections like insurance agency, Third Party Administrator (TPA) and banking alongside a demonstrated history in health care coverage and the IT business.
Since its commencement in 2016, eExpedise Group has made considerable progress in laying out workplaces in more than 6 nations. Aside from that, it has effectively denoted the presence of its medical services network in 40 nations all over the planet with north of 21000 medical services suppliers in 40 nations.
eExpedise Group has been perceived under the 'Startup Program' by the Department of Industry Policy and Promotion by the Government of India. Aside from that, in somewhere around a time of its starting point, it became quite possibly the earliest not many organization to be ascribed the National Accreditation Board for Hospitals and Healthcare Providers (NABH) Certificate. The Group has additionally been chosen as "India's Most Valued" Company by India Today Group.
With an attention on innovation and medical care verticals, eExpedise Group plans to offer arrangement based system by planning and offering novel arrangements and administrations for every necessity, instead of simply selling an item. Driven by a group of devoted experts ceaselessly dealing with the improvement and fortifying of its medical services supplier organization and Technology Solutions.

Line of Business:

- Medical Treatment Management
- Claim Adjudication Outsourcing
- Treatment Abroad Management
- Corporate Wellness
- Preventive Care- Disease Risk Management / Health Check- up
- IT
- Health and Wellness Consultancy

Our Presence




UAE INDIA SINGAPORE FIJI BAHRAIN

Healthcare Services

Quality and Accredited hand-picked Healthcare Services providers offerings complete range of Quality Healthcare treatment at affordable price

Offering Medical Treatment Management

We manage complete life cycle of the patient and attendant travelling for Medical Treatment.

- Treatment Estimate from multiple hospital in each case (to help reduce ICR)
- Case management through qualified and professional team
- 100% claims scrutiny by bills and discharge summary from qualified and trained Dr. to prevent abuse
- Access to over 5000 Healthcare Network Pan India.
- Prior consultation with treating Dr. over the call or through video conference.
- Medicines support for critical illness (with in India and outside India)
- Investigation and audit.

Value Added Services

We offer host of value added services to ensure customer is will take care during his treatment

- Dedication Relationship Manager & Personalized Assistance Services.
- Treatment plan and cost comparison from multiple provider
- Prior consultation with treating Dr. (Telephonic\ VC)

- Appointment booking
- Personalized support at the time of Hospitalization and Discharge
- Pre & Post Hospitalization care.
- Complete travel assistance including VISA , travel tickets and accommodations
- Interpreter services
- Post Hospitalization support even after patient left India.

1.2. Learnings

1.2.1 Claims Processing

In the TPA (Third Party Administrator) department I have been involves a series of steps and activities to ensure the accurate and timely handling of insurance claims. The primary objective of the claims processing department is to review, evaluate, and settle claims according to the terms and conditions of the insurance policy. Here is an elaboration of the claims processing process in the TPA department:

Claim Intimation: The process begins when the insured party or healthcare provider notifies the TPA about a claim. This can be done through various channels such as online portals, phone calls, or email. The TPA collects the necessary information, including policy details, nature of the claim, medical records, and supporting documentation.

Claim Registration: The TPA enters the claim details into their system and assigns a unique identification number for tracking purposes. The information captured during this stage includes policyholder details, claimant information, dates of service, diagnosis, and treatment information.

Documentation Review: The TPA department reviews the submitted documentation, including medical records, bills, and other relevant documents. They verify the authenticity, completeness, and accuracy of the information provided. In case of any missing or incomplete documents, the TPA may request additional information from the policyholder or healthcare provider.

Claim Adjudication: During this stage, the TPA evaluates the claim based on the policy terms, coverage limits, and any applicable deductibles or co-payments. They assess whether the treatment or services rendered are covered under the policy and determine the eligible reimbursement amount. The adjudication process may involve medical coding review, utilization management, and other assessment methods.

Claim Settlement: Once the claim is adjudicated, the TPA processes the payment to the policyholder or the healthcare provider, depending on the arrangement and policy terms. The settlement can be in the form of direct payment to the provider or reimbursement to the policyholder. The TPA ensures accurate calculation of the reimbursement amount and timely disbursal of funds.

Claim Tracking and Reporting: Throughout the claims processing cycle, the TPA maintains a comprehensive record of all claims. They track the progress of each claim, update the status in the system, and communicate the outcome to the concerned parties. The TPA also generates reports on claims statistics, trends, and performance indicators for analysis and monitoring purposes.

Claims Audit and Quality Assurance: To maintain accuracy and compliance, the TPA conducts regular audits of the claims processing activities. They review a sample of processed claims to ensure adherence to internal policies, industry regulations, and best practices. Any discrepancies or errors identified during the audit are rectified, and appropriate measures are taken to improve the overall quality of claims processing.

Customer Service and Support: Throughout the claims processing journey, the TPA provides customer service and support to policyholders, healthcare providers, and other stakeholders. They address inquiries, resolve issues, and provide guidance on claim submission, documentation requirements, and the overall claims process.

1.2.2. Documentation and Record-Keeping

Documentation and record-keeping are essential aspects of the TPA (Third Party Administrator) department's operations. Accurate and comprehensive documentation ensures transparency, facilitates efficient claims processing, and helps maintain compliance with regulatory requirements. Here is an elaboration of the documentation and record-keeping practices in the TPA department:

Claim Intimation Documentation: When a claim is intimated, the TPA collects all relevant information and documents from the policyholder or healthcare provider. This includes policy details, claimant information, dates of service, diagnosis, treatment information, and any supporting documentation such as medical records, bills, and receipts. These documents serve as the foundation for the claims processing journey.

Claim Registration and Identification: Once the claim is received, the TPA registers it in their system and assigns a unique identification number. This number acts as a reference for tracking the claim throughout its lifecycle. The registration process captures important information related to the claim, policyholder, and any involved parties.

Documentation Verification: The TPA department verifies the authenticity, completeness, and accuracy of the submitted documents. They ensure that all required documents are present, legible, and meet the specified criteria. In case of any missing or incomplete documents, the TPA communicates with the policyholder or healthcare provider to request the necessary information.

Document Storage and Organization: The TPA department maintains a systematic approach to document storage and organization. They establish secure digital repositories or physical filing systems to store the documentation associated with each claim. Documents are typically categorized based on factors such as claim type, policyholder, and date of service for easy retrieval and reference.

Claims Adjudication Documentation: During the claims adjudication process, the TPA documents the assessment and decision-making steps taken. This includes recording details of medical coding review, utilization management, and any other factors considered in determining the eligibility and reimbursement amount. These records serve as an audit trail for the claim and provide transparency in the decision-making process.

Claims Settlement Documentation: Once the claim is adjudicated and settled, the TPA generates documentation related to the payment process. This includes payment records, receipts, and any relevant correspondence with the policyholder or healthcare provider. These documents validate the settlement process and provide evidence of compliance with the policy terms and conditions.

Record Retention and Compliance: The TPA department adheres to record retention policies and regulatory requirements for document retention. They maintain records for a specified period, which may vary depending on legal, contractual, or regulatory obligations. The TPA ensures the security and confidentiality of the stored records, implementing appropriate data protection measures to safeguard sensitive information.

Reporting and Analytics: Documentation and record-keeping play a crucial role in generating reports and conducting data analytics. The TPA leverages the stored data to

generate insights, track claims processing performance, identify trends, and support decision-making processes. Analyzing documentation and records can help identify areas for process improvement, cost optimization, and fraud detection.
Documented Standard Operating Procedures (SOPs): The TPA department establishes documented SOPs for various processes and activities. These SOPs provide guidelines and instructions for employees to follow in handling documentation, maintaining records, and ensuring consistency in practices. The SOPs help streamline operations, reduce errors, and ensure compliance with internal and external requirements.

1.2.3. Communication and Customer Service

Communication and customer service play a vital role in the operations of a TPA (Third Party Administrator) department. As intermediaries between policyholders, healthcare providers, and insurance companies, TPAs must establish effective communication channels and deliver excellent customer service. Here is an elaboration of the communication and customer service aspects within a TPA department:
Communication Channels: TPAs employ various communication channels to interact with policyholders and healthcare providers. These may include phone helplines, email support, online portals, and mobile applications. The TPA ensures that these channels are easily accessible, responsive, and user-friendly, allowing stakeholders to reach out and receive timely assistance.
Inquiry Management: TPAs handle a wide range of inquiries related to insurance coverage, claim status, eligibility, and documentation requirements. They provide accurate and prompt responses to these inquiries, addressing any concerns or confusion. Timely and informative responses help build trust and confidence among policyholders and healthcare providers.
Claim Intimation and Updates: TPAs facilitate the process of claim intimation, ensuring that policyholders and healthcare providers can easily notify the TPA about a claim. They provide clear guidelines on the required information and documentation. Throughout the claims processing cycle, TPAs keep stakeholders informed about the progress, status updates, and any additional requirements, thereby reducing uncertainty and maintaining transparency.
Documentation Guidance: TPAs assist policyholders and healthcare providers in understanding and fulfilling the documentation requirements for claim processing. They offer guidance on the necessary forms, supporting documents, and submission procedures. Clear instructions and efficient document management systems streamline the process and minimize errors or delays.
Dispute Resolution: In case of claim disputes or disagreements, TPAs act as mediators between policyholders, healthcare providers, and insurance companies. They investigate the issue, gather relevant information, and facilitate discussions to resolve the dispute amicably. Effective communication and negotiation skills are crucial in reaching fair and satisfactory resolutions.
Complaint Handling: TPAs handle customer complaints and feedback professionally and promptly. They provide a designated channel for customers to voice their concerns, and they investigate and address each complaint with empathy and fairness. Timely resolution

of complaints demonstrates a commitment to customer satisfaction and helps improve the overall service quality.

Provider Network Management: TPAs establish and maintain relationships with a network of healthcare providers. They communicate network updates, negotiate rates and contracts, and address any concerns raised by the providers. Regular and open communication fosters a strong partnership with healthcare providers, ensuring smooth claim processing and quality healthcare services.

Proactive Communication: TPAs engage in proactive communication by regularly sharing relevant information and updates with policyholders and healthcare providers. This may include educational materials, policy changes, preventive healthcare tips, and industry updates. Proactive communication helps policyholders and healthcare providers stay informed and empowered.

Training and Support: TPAs provide training and support to their customer service representatives to ensure they possess the necessary knowledge and skills to deliver exceptional customer service. Ongoing training programs help representatives stay updated on insurance policies, claim processes, and industry regulations, enabling them to provide accurate information and assistance.

Continuous Improvement: TPAs strive for continuous improvement by gathering feedback from stakeholders, conducting surveys, and analyzing customer satisfaction metrics. They use this feedback to identify areas for improvement and implement measures to enhance the customer experience. Regular evaluation and adaptation ensure that the communication and customer service standards align with the evolving needs and expectations of stakeholders.

1.2.4. Fraud Detection

Fraud detection in the TPA (Third Party Administrator) department involves implementing strategies, technologies, and processes to identify and prevent fraudulent activities related to insurance claims. TPAs play a critical role in safeguarding against fraudulent practices, as they handle a significant volume of claims on behalf of insurance companies. Here is an elaboration of fraud detection measures in the TPA department:

Fraud Awareness and Training: TPAs provide comprehensive training to their staff members to raise awareness about different types of insurance fraud and teach them how to recognize suspicious patterns or behaviors. This includes understanding common fraud schemes, such as billing for services not rendered, phantom billing, upcoding, or inflating claim amounts.

Fraud Analytics and Data Mining: TPAs leverage advanced analytics tools and technologies to analyze large volumes of claims data. They use data mining techniques to identify anomalies, outliers, and patterns indicative of potential fraudulent activities. By analyzing claim patterns, they can detect irregularities, excessive billing, or unusual billing practices that may warrant further investigation.

Claims Validation and Verification: TPAs implement rigorous validation and verification processes to ensure the accuracy and authenticity of claims. This may involve cross-referencing claim details with provider databases, medical records, pharmacy records, and other relevant sources. Any inconsistencies or discrepancies discovered during the verification process can trigger a deeper investigation into potential fraud.

Provider Credentialing and Network Management: TPAs establish robust processes for provider credentialing and network management. They verify the credentials and qualifications of healthcare providers before including them in their network. Regular audits and re-evaluations of providers are conducted to identify any suspicious activities or non-compliance with billing practices.
Automated Fraud Detection Systems: TPAs utilize automated fraud detection systems that employ artificial intelligence and machine learning algorithms to analyze claims data. These systems can detect unusual billing patterns, flag suspicious claims, and provide alerts to investigators. By continuously learning from historical data and evolving fraud patterns, these systems improve their detection capabilities over time.
Collaboration and Information Sharing: TPAs collaborate with insurance companies, law enforcement agencies, and other industry stakeholders to share information and intelligence on known fraudsters, fraudulent schemes, and emerging trends. Such collaborations enable the TPA department to stay updated on evolving fraud tactics and take proactive measures to prevent fraudulent activities.
Investigative Procedures: When potential fraud is identified, TPAs initiate a thorough investigation process. This may involve engaging in-house investigators or partnering with external agencies specializing in fraud detection and investigation. Investigators gather evidence, interview relevant parties, and employ forensic techniques to establish the presence of fraud and build a case for further action.
Legal and Disciplinary Actions: TPAs work closely with legal teams to take appropriate legal action against fraudulent individuals or entities. This may include reporting cases to law enforcement agencies, filing criminal complaints, or pursuing civil litigation. In addition, TPAs may take internal disciplinary actions against employees involved in fraudulent activities.

1.2.5. Network Management

Network management is an essential component of the TPA (Third Party Administrator) department's operations. It involves managing a network of healthcare providers, including hospitals, clinics, doctors, and other healthcare professionals, to ensure the availability of quality healthcare services for policyholders. Here is an elaboration of the network management process in the TPA department:
Provider Network Development: The TPA department actively works on building and expanding a network of healthcare providers. This involves identifying and recruiting providers who meet the required standards and criteria set by the TPA. The network development team negotiates contracts, fee schedules, and service agreements with providers to establish a mutually beneficial relationship.
Provider Credentialing and Contracting: The TPA verifies the credentials and qualifications of healthcare providers before adding them to the network. This includes checking licenses, certifications, accreditation status, and professional references. Contracting processes are carried out to formalize the terms and conditions of engagement with the providers, including reimbursement rates, service levels, and contractual obligations.
Network Assessment and Monitoring: The TPA regularly assesses the performance and quality of the network providers. This may involve analyzing patient feedback, conducting

provider surveys, reviewing quality metrics, and monitoring compliance with regulatory standards. The TPA also tracks the geographical coverage and adequacy of the network to ensure that policyholders have access to a wide range of healthcare services.

Provider Relations and Communication: The TPA maintains ongoing communication and relationships with network providers. This includes conducting regular meetings, training sessions, and educational programs to keep providers updated on policy changes, claims processes, and other relevant information. Effective provider relations are crucial for addressing issues, resolving disputes, and fostering a collaborative environment.

Provider Network Expansion: As the healthcare landscape evolves, the TPA continuously seeks to expand the network to meet the changing needs of policyholders. This involves identifying gaps in coverage, assessing market demands, and recruiting new providers to fill those gaps. The TPA may also engage in strategic partnerships or collaborations with hospitals or specialty clinics to enhance the network's capabilities.

Provider Performance Management: The TPA monitors and manages the performance of network providers to ensure quality healthcare services. This involves analyzing provider performance data, including claims data, patient satisfaction surveys, and clinical outcomes. The TPA identifies areas for improvement, provides feedback and support to providers, and implements performance improvement initiatives as necessary.

Network Utilization and Cost Management: The TPA manages the utilization of network services to optimize healthcare delivery and control costs. This may include implementing utilization review programs, pre-authorization requirements, and cost containment measures. The TPA analyzes utilization patterns, identifies outliers, and works with providers to ensure appropriate and efficient use of healthcare resources.

Provider Dispute Resolution: In cases of disputes or disagreements between the TPA and network providers, the TPA department handles the resolution process. This may involve mediation, negotiation, or escalation to higher-level discussions. The goal is to find mutually agreeable solutions that maintain the integrity of the provider network and ensure policyholder satisfaction.

2. DISSERTATION REPORT

2.1. Introduction

Patient satisfaction is a critical measure of the quality of healthcare services, and Third Party Administrators (TPAs) play a significant role in facilitating and managing the insurance processes for policyholders. The assistance provided by the TPA throughout various stages, including preadmission authorization, discharge, claim intimation, and claim settlement, can significantly impact patient satisfaction. This introduction will explore the importance of patient satisfaction based on TPA services and highlight the key factors that contribute to patient satisfaction in each of these stages.

Satisfaction Level by Assistance at the Help Desk of TPA: The help desk of a TPA serves as a primary point of contact for policyholders seeking assistance with their insurance-related queries and concerns. The responsiveness, knowledge, and empathy of the help desk staff significantly influence the overall satisfaction of patients. A prompt and helpful response, clear communication, and effective problem-solving capabilities contribute to a positive patient experience.

Assistance at Preadmission Authorization: Preadmission authorization is a crucial step in the healthcare journey, as it involves obtaining approval from the insurance provider before a planned hospital admission or medical procedure. The level of assistance provided by the TPA in navigating this process can greatly impact patient satisfaction. Patients expect timely and accurate guidance from the TPA staff in understanding the authorization requirements, submitting the necessary documents, and ensuring a smooth approval process.

Satisfaction Level by Assistance During Discharge: Discharge from a healthcare facility can be a complex and overwhelming process for patients. The assistance provided by the TPA during this phase, such as coordinating discharge-related paperwork, arranging post-discharge services, and addressing insurance-related queries, plays a crucial role in patient satisfaction. A supportive and efficient discharge assistance service enhances the patient's experience and helps ensure a seamless transition from the hospital to post-care arrangements.

Response During Claim Intimation: When policyholders need to file a claim, the TPA's response during the claim intimation process significantly impacts patient satisfaction. Patients expect a prompt acknowledgment of their claim, clear instructions on the required documentation, and guidance on the claims submission process. A responsive and supportive approach from the TPA staff in handling claim intimation can help reduce stress and enhance patient satisfaction.

Promptness in Settlement of Claim: The promptness with which the TPA settles insurance claims is a crucial factor in patient satisfaction. Patients expect timely processing and settlement of their claims, as it directly affects their ability to receive reimbursement for medical expenses. A TPA that demonstrates efficiency, accuracy, and transparency in the claim settlement process contributes to a positive patient experience and fosters trust in the insurance system.

2.2. Literature Review

(Kelly 1951): In no line of human endeavor is the interdependence of men more evident than in insurance. Although the insurance principle is centuries old, the planned achievement of security by transferring or sharing risk only evolved with modern society. When man lived alone or in primitive family groups, insurance in the formal sense was not necessary. Each family took care of their own as best they could. As community life became more complex, men realized the need for a system by which they could help each other in times of adversity. The earliest insurance plans grew out of this need to be assured of help in the event of an accident.

Faisal Talib, Zilur Rehman August 24, 2015: Over the past two decades, Indian Healthcare Institutions (HCEs) have somehow adopted Service Quality (SQ) and SQ dimensions into their organization to improve patient satisfaction levels. However, a recent report indicated that there is little evidence of leading Indian researchers working on healthcare quality and related areas in healthcare. Moreover, the impression is that any research that has been done is fragmented, very specific and specialized. In light of this, the purpose of this study is to develop an extensive and systematic literature review on healthcare quality, SQ, the development and application of SERVQUAL, and to understand the relationship between SQ and patient satisfaction. The article further identifies dimensions of health care quality and models for HCE. Finally, it is concluded that further research is needed to develop conceptual support and analytical models based on quantitative studies. The result of this study will help Indian physicians and quality professionals to take initiative in implementing hospital SQ dimensions in their organizations and can also suggest a framework/model for better performance.

Shivani Naiyar May 2013: The insurance industry in India has seen a sea change since the emergence of private participation. Health insurance is a mechanism to finance people's health care needs. To manage the challenges of rising healthcare costs, the health insurance industry has embraced a new dimension of professionalism with TPAs. The basic service of TPA is to provide better services to policyholders. Their basic function is to act as an intermediary between the insurer and the insured and to facilitate a cashless service during hospitalization.

Vincent Drucker, Bob Karen 2005: A Method and Business Technique for Reviewing Medical Provider Bills, Recalculating and Making Bill Payment Recommendations to the Paying Party. The method involves analyzing medical bills and identifying erroneous and inappropriate charges on the bills. The method provides payment recommendations using multiple databases and sophisticated mathematical modeling that includes one or more of the following: the medical provider's actual cost of providing the medical services provided; this provider's average profit margin, the average profit margin of comparable medical providers in the area, other industry-specific profit margin indicators; the average acceptable payment of medical service providers in the area for comparable services; payment rates negotiated by large health insurance companies and managed care organizations; and other industry benchmarks for reasonable payment for comparable services.

2.3. Methodology

Study Location: eExpedise Healthcare PVT. LTD.

Study Duration: 3 months

Design: A cross-sectional study design is employed, using a survey questionnaire to collect data from patients who have recently used TPA services. This study has used a mixed-methods approach, including both quantitative and qualitative methods. This research has collected data from primary sources.

Sample: The sample size was 196 patients who have used TPA services through eExpedise healthcare. The participants were selected through convenience sampling.

Data Collection: Data was collected using a structured questionnaire and semi-structured interviews. The questionnaire was designed to assess patient satisfaction with TPA services at different stages, including assistance at the help desk, preadmission authorization, assistance during discharge, response during claim intimation, promptness in settlement of claim. The questionnaire has used Likert scale ranging from 1 to 5, with 1 representing "very dissatisfied" and 5 representing "very satisfied."

Data collection tools: The data collection tools consisted of interviews, questionnaire, MS-EXCEL, Google Forms.

Inclusion

- Patients who have used tpa services within the past three months.
- Patients who are 18 years old or above.
- Patients who are able to read and write in the language of the questionnaire.
- Patients who are willing to participate in the study and provide informed consent.

Exclusion

- Patients who have cognitive or mental impairments that would prevent them from completing the questionnaire.
- Patients who have language barriers that would prevent them from understanding the questionnaire.
- Patients who have a serious medical condition or are undergoing treatment that would make it difficult for them to complete the questionnaire.

2.4. Results

1. **To evaluate patient satisfaction with TPA services provided at the help desk.**

TPA services	very unsatisfied	unsatisfied	neutral	satisfied	very satisfied
N = 196	25	30	42	50	49

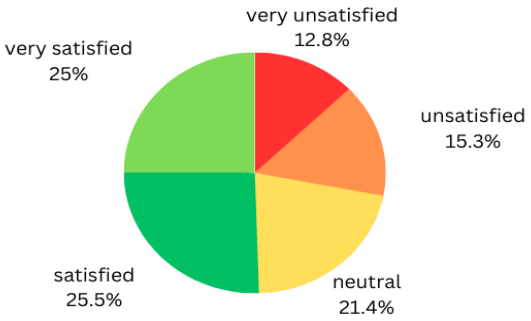


Figure 2.4.1. TPA services provided at the help desk

Factors Affecting:

- **Poor communication**
- **Lack of dedication of staff**
- **No proper knowledge**
- **Lack of training**

Most Significant Factor:

- Poor communication
- Lack of training

2. **To assess patient satisfaction with the preadmission authorization process**

TPA services	very unsatisfied	unsatisfied	neutral	satisfied	very satisfied
N = 196	20	18	60	64	34

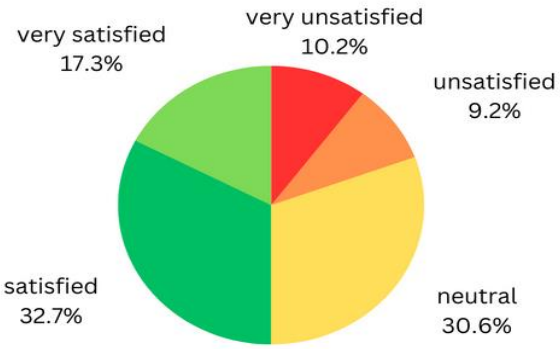


Figure 2.4.2. TPA services provided at preadmission authorization process

Factors Affecting:

- **No proper instructions**
- **Lack of coordination**
- **Inaccurate paperwork**
- **Training**

Most Significant Factor:

- No proper instructions
- Lack of coordination

3. **To investigate patient satisfaction with assistance during discharge**

TPA services	very unsatisfied	unsatisfied	neutral	satisfied	very satisfied
N = 196	15	25	62	48	46

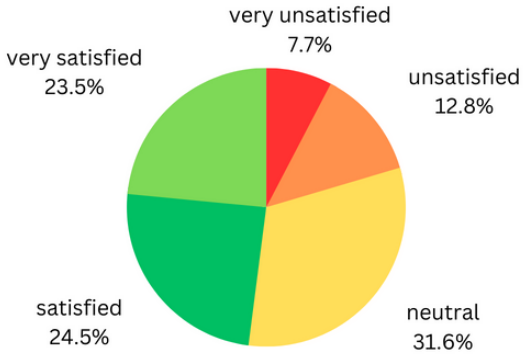


Figure 2.4.3. TPA services provided during discharge.

Factors Affecting:

- **Proper planning**
- **Communication**
- **Proper documentation**
- **Approval**

Most Significant Factor:

- Proper planning
- Proper documentation

4. **To analyse patient satisfaction with response during claim intimation**

TPA services	very unsatisfied	unsatisfied	neutral	satisfied	very satisfied
N = 196	16	32	74	54	20

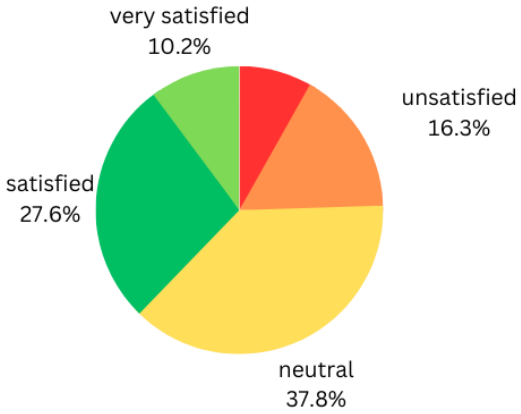


Figure 2.4.4. TPA services provided during claim intimation

Factors Affecting:

- **Timely acknowledgement**
- **Communication channels**
- **Approvals**
- **Ease of claim intimation process**

Most Significant Factor:

- Ease of claim intimation process
- Communication channels

5. **To examine patient satisfaction with promptness in settlement of claim**

TPA services	very unsatisfied	unsatisfied	neutral	satisfied	very satisfied
N = 196	25	30	63	45	33

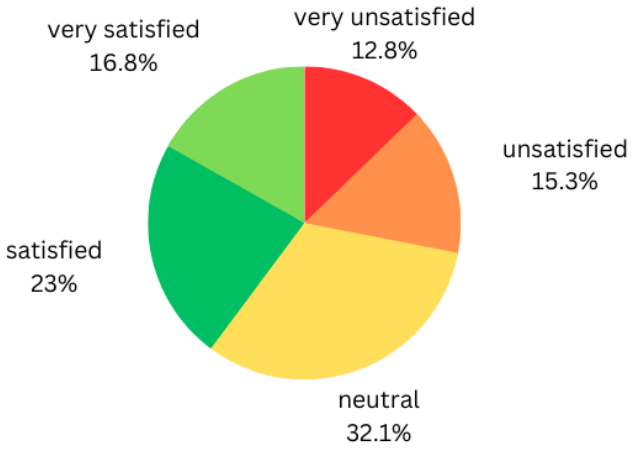


Figure 2.4.5. TPA services provided during settlement of claim.

Factors Affecting:

- **Timely processing**
- **Accuracy**
- **Transparency**
- **Delay of approval**

Most Significant Factor:

- Timely processing
- Accuracy

2.5. Discussion

To evaluate patient satisfaction with TPA services provided at the help desk :-

Most of the TPA service providers are found to have very fast and efficient customer care representatives. The majority (50.5%) of policyholders were satisfied with the services.

To assess patient satisfaction with the preadmission authorization process :-

All instructions were duly given to the patients as well as their relatives regarding the pre-admission authorization from the TPA counter. They were provided with hospital protocol guidelines. (50%) patients were found to be satisfied.

To investigate patient satisfaction with assistance during discharge :-

(48%) of the cases, patients were found to be satisfied because TPA staff visited patients during discharge to assist them and get their feedback on any complaints during their hospital stay.

To analyse patient satisfaction with response during claim intimation:-

(37.8%) policyholders were satisfied with the response they received when submitting claims. Most of them were grateful for the quick response they received. Rest was unsatisfied.

To examine patient satisfaction with promptness in settlement of claim:-

A mixed response was obtained with this parameter. (39.8%) patients were satisfied, in some other cases patients were dissatisfied.

2.6. Recommendations

To effectively evaluate patient satisfaction with tpa (third party administrator) services, it is important to conduct thorough assessments across various stages of the patient's journey.
Conduct a patient satisfaction survey: design and administer a comprehensive survey to gather feedback from patients who have interacted with the tpa help desk. The survey should include questions related to the quality of service, responsiveness, and overall satisfaction with the help desk support. This will provide valuable insights into the patient's experience and areas for improvement.
Implement a preauthorization process evaluation: assess patient satisfaction with the preadmission authorization process by collecting feedback from patients who have undergone this process. This can be done through targeted surveys or interviews to understand their satisfaction levels, perceived efficiency, and any challenges faced during the process. Identify areas where improvements can be made to streamline the preauthorization workflow and enhance patient satisfaction.
Conduct post-discharge surveys: gather feedback from patients about their satisfaction with assistance received during the discharge process. This can be done through surveys or follow-up phone calls to assess the effectiveness of support provided, clarity of instructions, and overall satisfaction with the discharge experience. Use the feedback to identify areas for improvement and optimize the discharge process.
Analyze claim intimation response: evaluate patient satisfaction with the responsiveness received when intimating a claim. Monitor and analyze feedback from patients regarding the ease of the claim intimation process, clarity of communication, and timeliness of response. Identify any recurring issues or bottlenecks that may impact patient satisfaction and take necessary steps to address them.
Assess claim settlement promptness: analyze patient satisfaction levels regarding the promptness in the settlement of claims. Monitor feedback from patients on the timeliness of claim processing, accuracy of settlements, and transparency in the process. Identify any delays or inefficiencies in the claims settlement workflow and implement measures to expedite the process and improve patient satisfaction.
By implementing these recommendations, you can gain valuable insights into patient satisfaction levels at each stage of the tpa service process. This will enable you to make data-driven improvements, enhance patient experiences, and ultimately achieve higher levels of overall patient satisfaction.

2.7. Conclusion

This study aimed to assess patient satisfaction with various aspects of tpa (third party administrator) services, including the help desk, preadmission authorization process, assistance during discharge, claim intimation response, promptness in claim settlement, response to claim status inquiries, and overall satisfaction with tpa services. By analyzing patient feedback and experiences, valuable insights were gained regarding the strengths and areas for improvement within the tpa services.

The findings of this study indicated that patient satisfaction with the tpa help desk was generally positive, suggesting that the provided services were effective in addressing patient concerns and inquiries. The availability of knowledgeable and empathetic staff members likely contributed to this positive perception. However, it is important to continually monitor and enhance the help desk services to ensure sustained patient satisfaction.

Regarding the preadmission authorization process, the study highlighted areas where patients experienced dissatisfaction. Delays and complications during the authorization process were identified as significant factors that impacted patient satisfaction. Streamlining the authorization process, improving communication with patients, and implementing efficient systems could alleviate these issues and enhance patient satisfaction.

Assistance during discharge emerged as another critical aspect that influenced patient satisfaction. Patients expressed the need for clearer instructions, personalized guidance, and timely assistance during this transitional phase. Strengthening the discharge support services and providing comprehensive information to patients can contribute to improved satisfaction levels and smoother transitions.

The study also revealed gaps in patient satisfaction with the response during claim intimation. Patients expressed dissatisfaction with the responsiveness and efficiency of the claim intimation process. Enhancing the speed and effectiveness of communication channels, along with providing clear instructions for claim intimation, could help address these concerns and enhance patient satisfaction.

Promptness in the settlement of claims emerged as a significant factor in patient satisfaction. Timely processing and settlement of claims were associated with higher levels of patient satisfaction. Implementing efficient claim processing systems and ensuring transparent communication about claim status can help improve satisfaction levels in this area.

In summary, this comprehensive evaluation of patient satisfaction with tpa services identified several areas of strength and areas for improvement. By addressing the concerns raised by patients and implementing strategies to enhance service delivery, tpas can effectively improve patient satisfaction. Ultimately, prioritizing patient needs and continuously striving for excellence in service provision will lead to improved patient experiences and positive outcomes in healthcare delivery.

2.8. Limitations

While patient satisfaction surveys can provide valuable insights, it's important to acknowledge their limitations, especially when assessing specific aspects of TPA (Third Party Administrator) services. Here are some potential limitations to consider:

Subjectivity: Patient satisfaction is subjective and can vary from person to person. Different patients may have different expectations and perceptions of the TPA services, making it challenging to establish a universal standard for satisfaction.

Response Bias: Survey respondents may have a tendency to provide socially desirable responses or may be influenced by their mood or recent experiences. This bias can affect the accuracy and reliability of the satisfaction data collected.

Limited Feedback: Patient satisfaction surveys typically rely on self-reported feedback, which may not capture the full extent of patient experiences or identify specific issues in the TPA services. Patients may overlook certain aspects or fail to provide detailed feedback.

Lack of Context: Patient satisfaction surveys often focus on a specific aspect of the TPA services without considering the broader context. Factors such as the patient's overall health condition, previous experiences with healthcare, or external factors beyond the TPA's control can influence satisfaction levels.

Incomplete Picture: Patient satisfaction surveys may not capture the experiences of all patients, as participation is voluntary and may attract a specific subset of individuals who are either highly satisfied or dissatisfied. This can result in a skewed representation of overall satisfaction levels.

Unrealistic Expectations: Patients may have unrealistic expectations about the speed, efficiency, or outcomes of the TPA services. If these expectations are not met, it can lead to lower satisfaction scores even if the services provided are of high quality.

Timing of Feedback: Patient satisfaction surveys are typically conducted after the TPA services have been completed. Delayed feedback may result in patients having a less accurate recollection of their experience, potentially impacting the reliability of the data collected.

To mitigate these limitations, it's advisable to use patient satisfaction surveys in conjunction with other evaluation methods, such as direct feedback, qualitative interviews, and objective performance metrics, to obtain a more comprehensive understanding of TPA service quality.

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INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH (IIHMR)
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