PROJECT REPORT ON PATIENT SATISFACTION BASED ON TPA SERVICES

IN

RABINDRANATH TAGORE INTERNATIONAL INSTITUTE OF CARDIAC SCIENCES

SUBMITTED BY: SHREYA NASKAR

BHM 6TH SEMESTER

ROLL NO.15403315028

DINABANDHU ANDREWS INSTITUTE OF TECHNOLOGY AND MANAGEMENT
ACKNOWLEDGMENT

Every successful work is backed by sincerity and hard work. During this three-month tenure of my work, I was able to gain a lot of knowledge both application and theory wise. My training period would not have been possible without the wonderful support and guidance of respected trainers and official staffs.

I am very grateful to those people who have helped me in every way of training report.

First, I would like to mention the name of MRS. ROLI VERMA (Head HR) for the provision of the training report.

And, I would like to give special thanks to our supervisor trainer MRS. ANUPRIYA ROY (Assistant HR) for the proper support and guidance.

I am also glad to my honorable HOD MR. SURAJIT DAS for the continuous guidance.

Finally, I acknowledge my indebtedness to all the staffs and helpers of “RABINDRANATH TAGORE INTERNATIONAL INSTITUE OF CARDIAC SCIENCES “for guiding us at every step of our training and providing us with solutions to small issues and problems that we found.

SHREYA NASKAR

BACHELOR IN- HOSPITAL MANAGEMENT
Narayana Health Formally known as Narayana Hrudalaya is a multi-specialty chain in India. Headquarters in Bangalore. The Organization bagged the “Good Company “award for its quality, affordability and scale of operations. The hospital chain is one of the largest telemedicine networks in the world.

Rabindranath Tagore International Institute of Cardiac Sciences (RTIICS), setup in 2000 is a unit of Asia Heart Foundation, a trust that aims to develop a network of hospitals throughout India, to bring world-class cardiac care facilities within the reach of the common man.

RTIICS is a unit of Asia Heart Foundation, firmly believes in its mission “an equitable distribution of quality health care for one and all “. This hospital represents a part of the dream to create a chain of cardiac care hospitals accessible to everyone. The hospital comprises of Cardiac Centre, & the Armenian Church Trauma Centre

A dedicated team of renowned cardiac surgeons, cardiologists, nurses, technicians and per fusionists makes it possible for this institution to undertake complex cardiac surgeries and interventional procedures.

Conceptualized by DR.DEVI SHETTY,RTIICS has ushered in hope for multitude of cardiac patients in the eastern part of the country and beyond.
RABINDRANATH TAGORE INTERNATIONAL INSTITUTE OF CARDIAC SCIENCES (RTIICS)

“Armenian Church Trauma Centre” (ACTC). A unit of Rabindranath Tagore International Institute of Cardiac Sciences, within the same premises, which caters to Orthopedics, Neurosurgery, Urology, Nephrology, Endocrinology, General Surgery and Radiology.

To bridge the gap in the paucity of emergency care for trauma victims, The American Holy Church of Nazareth has joined hands with AHF and has set up the American Church Trauma Centre (ACTC).

67 intensive care beds, 9 Operation Theatres, a fully-fledged department of radio diagnostics with services like MRI, CT scan, Gamma camera, a blood bank with component separator and an entire gamut of support and utility services.
ABOUT THE HOSPITAL

Rabindranath Tagore International Institute of Cardiac Sciences (RTIICS) Kolkata, is a NABH accredited, 550 bed superspeciality, tertiary care hospital that has completed 15 years of service to the people of West Bengal and neighboring districts in Eastern India as well as the North Eastern States.

RTIICS hospital is a center of excellence in Cardiology, Cardiac surgery, Neurology, Neurosurgery, Kidney Transplant, Medical and Surgical Gastroenterology. With 14 state of art operation theatres, 3 Cath Labs the hospital offers over 34 specialties that offers new born, children, adults, and geriatrics who need acute and chronic treatment.

SOME OF THE FEATURES OF THE HOSPITALS ARE:

1. The cardiac sciences department performs the highest number of complex Pediatric and Adult Cardiac Surgeries in Eastern India.
2. Pioneered IVUs guided angioplasty
3. Offers the largest Renal Transplant Programs in the country.
4. Largest Centre for Minimal Access spine surgery, percutaneous Endovascular program for stroke Carotid Stenosis, Brain Aneurysms, and Brain Arterio-Venous Malformations.
5. Only hospital in Eastern India only comprehensive center for liver and digestive disease that offers treatment for GI Oncology and performs Orthopedics Program for Joint Replacements, Arthroscopic Surgery, Spine and Trauma and Pediatric Orthopedic in Eastern India.
MISSION
We dream to make sophisticated healthcare facilities available to the mass, irrespective of Status, Class, Creed, or Community, with the sole aim of care, compassion and services to the sick and unhealthy.

“AN EQUITABLE DISTRIBUTION OF HEALTHCARE FOR ALL “

VISION
We desire to emerge as a health care destination and training hub for everyone all over the world and reach to the masses in the remotest corner of the country and outside.

We welcome you to an organization committed to the cause of providing quality health care to the common masses at their doorsteps at an affordable price, through a network of healthcare facilities in India and in their countries.

Asia Heart Foundation strongly believes in teamwork, both within the organization and outside. This is exactly why AHF has tied up with the various governments and organization across the continent in its effort towards providing Critical Health Care Services to the people who have been denied the same due to socio-economic and geographical reasons.

SENIOR CITIZEN CELL
Senior Citizen Cell is a very special services wings for senior guests. This facility is also for parents and all other seniors, children’s who are out of the country.

GUEST SUPPORT CELL
In keeping with RTIICS vision of equitable distribution of super specialty health care, the hospital maintains a Guest Support Cell to help the patient from economically backward families to continue they’re by
TELEMEDICINE

The department administers the high technology medical project for online myocardial infarction treatment, together with NARAYANA HRUDALAYA, Bangalore in association with ISRO, the state government of West Bengal & North Eastern States. The department act as a main hub for tele-medicine, linking of these states, to provide expert diagnosis treatment at hospitals that do not possess the facility of Coronary Care Unit. So far approximately 9000 patients both outpatient & impatient, have been treated through this networking last 18 months’ report, audio/visual data, CT scan, X-Ray, MRI, and their analysis are exchanged via telephone line, board band connection or satellite.

HEALTH CHECK UP PROGRAMMES

To make assessment of one health status easier a specially design health checkup programs. The problems have designed under able and experience of our hospital.

FREE HEALTH CHECK UP CAMP

In our effort to take health care to the door step the masses and as a part outreach program, RTIICS regularly conduct free heart camp all over the country.

QUALITY POLICY

We are committed to provide professional healthcare services by continually improving and innovating changes in the quality management parameters.
**REVIEW OF LITERATURE**

*Kelly 1951*: In no line of human endeavor does the interdependence of men manifest itself more clearly than in insurance. Although the insurance principle is centuries old, planned achievement of security through transfer or sharing of risk has developed only with modern society. When man lived alone or in primitive family groups, insurance in a formal sense was unnecessary. Each family cared for its own as best it could. When community living became more complex, men recognized the need for a system by which they could help each other in times of adversity. From this need to have the assurance of help in the event of misfortune grew the earliest insurance plans.

**Faisal Talib, Zilur Rehman 24 aug 2015**: Over the past two decades, Indian healthcare establishments (HCEs) have embraced service quality (SQ) and SQ dimensions in some way to their organization in order to improve the patient’s satisfaction level. However, a recent report indicated that there is little evidence of leading Indian researchers working on healthcare quality and related areas in healthcare sector. Moreover, the perception is that whatever research has been conducted is fragmented, very specific in nature and specialized. In light of this, the purpose of the present study is to develop an extensive and systematic literature search on healthcare quality, SQ, development and application of SERVQUAL and to understand the link between SQ and patient satisfaction. The paper further identifies the healthcare quality dimensions and models for HCEs. Finally, it was concluded that further research is necessary to develop conceptual underpinning and analytical models based on quantitative studies. The outcome of this study will help Indian healthcare practitioners and quality experts to take initiative in implementing hospital SQ dimensions in their organizations as well as may propose a framework/model for enhanced performance.

**Shivani Naiyar May 2013**: The Insurance industry in India has experienced a sea change since emergence of private participation. Health insurance is a mechanism to finance the health care needs of the people. To manage the problems arising out of increasing health care costs, the health insurance industry had assumed a new dimension of professionalism with TPA. The core service of a TPA is to ensure better services to policyholders. Their basic function is to act as an intermediary between the insurer and the insured and facilitate cash less service at the time of hospitalization.

**Vincent Drucker, Bob Karen 2005**: A method and business technique for reviewing medical service provider bills, recalculating and providing payment recommendation to a paying party for the bills. The method includes analyzing medical bills and determining erroneous and inappropriate charges on bills. The method provides a payment recommendation using multiple databases and sophisticated mathematical modeling that includes one or more of the following: a medical service provider's actual cost of delivering the medical services provided; the average profit-margin of that provider, an average profit margin of comparable medical providers in an area, other industry-specific profit-margin benchmarks; an average acceptable payment by medical service providers in the area for comparable services; payment rates negotiated by large health insurers and managed care organizations; and other industry benchmarks for reasonable payment for comparable services.
DECLARATION

I do hereby declare that this project work entitled “PATIENT SATISFACTION BASED ON TPA SERVICES” hospital for 3 months (4TH JAN to 3RD APRIL), submitted by me in practical fulfillment for the requirement of Bachelor Degree in Hospital Management (BHM) from Dinabandhu Andrew’s Institute Of Technology & Management with the collaboration of Maulana Abdul Kalam University Of Technology (MAKAUT) is the result of my original and independent research work carried out under the supervision and guidance from DAITM college.

I further declare this project work or any part of these has not been submitted by me anywhere for the award of any degree or other similar title before

1. NAME - SHREYA NASKAR
2. ROLL NO.- 15403315028
3. REG NO.- 1541310028
4. DURATION OF TRAINING- 3 Month
5. (Signature of the Student) -
6. For office use only-
7. The project has been approve/ not -
Executive summary

The advent of third party administrators (TPAs) is expected to play an important role in the health insurance market in ensuring better services to policy holders. In addition to their presence, it is expected to address the cost and quality issues of the vast private healthcare providers in India.

The present project describes the finding of a survey study, which was carried out at Rabindranath Tagore Institute of Cardiac Sciences, with the objective to analyze the role of TPA on patient satisfaction.

Data collection was through primary data in questionnaire and secondary data from hospital records. Data was then analyzed, and interpretation was given as per findings. Observation was made on data collected. Observation of findings were given to highlight the opinion of the patient/patient relatives, short comings and strengths of the TPA services which ultimately help to improve patient care.

Recommendation is given regarding the improvement of the method, better planning and management of service delivery.
Objectives of the study

Practical knowledge is indispensable for any field of study and management is not an exception. In hospital management the practical work is revolving around the health organization.

Main objective of the project is:

- To study the role of third party administration on patient satisfaction as patient satisfaction has emerged as an increasingly important health outcome.
- To have a clear idea about what all formalities are done at the TPA desk, when an insured patient wants to get admitted.
- How well does the TPA service satisfy patient needs?
- What all are they doing and offering for patient satisfaction.
**SCOPE OF STUDY**

Standardized surveys of patient satisfaction have gained wide acceptance as a key component of healthcare quality assessment and healthcare system performance. There is a growing interest in the use of patient outcomes to evaluate organizational and care delivery variables and patient satisfaction is a legitimate indicator of patient outcomes.

The health infrastructure in India is facing daunting challenge of meeting the health goals and complexities emerging from the changing disease pattern. In this project an initiation has been taken to analyze the satisfaction level of policy holders with the services provided by TPA. While carrying out this project the work flow of various departments has been studied which are interrelated with the TPA desk of RTIICS. Many compliments, testimonials and complaints from the patients/ patient relatives and regarding the TPA services have been dealt with.

If these complaints are given a serious thought, it will be very helpful for the service providers to satisfy their customers to the fullest.
Introduction

What is TPA?

TPA (third party administrator) are service providers licensed by IrDA (INSURANCE regulatory and development authority) to offer health claim related services for the benefit of both the insured and then insurer, while the insured is benefited by quicker and better service, insurers are benefited by reduction in their administrative costs, fraudulent claims and control on claims.

TPA can be viewed as outsourcing the administration of the claims processing, since it is performing a task traditionally handed by the company providing the insurance or the company itself.

Relationship matrix:
SERVICES PROVIDED BY TPA

- Id card- TPAs first role is to issue identity card with unique identification number and provide insured with a guidebook on claims process with a list of networked hospitals.
- Request for authorization-the request for authorization for planned treatment must be filled up. This form must be filled up by the doctor recommending hospitalization/TPA coordinator. The form must have the doctors name, registration number and telephone number. If the medical officer at the TPA needs any clarification he may contact the consulting doctor.
- Claims process-TPAs primary role is to process claims both cashless and claim reimbursement.
  1. Cashless claims- the insured needs to provide the network hospital with TPA issued identity card or policy number. The hospital sends preauthorization. If found that claim is legitimate, TPA issues letter authorizing hospital to proceed specifying the maximum limit of cover.
  2. Claim reimbursement-the insured needs to contact TPA as soon as possible and intimate about the claim. Documents like claim form, hospitalization details, diagnostic tests, treatment bills, policy duplicate should be provided to TPA. If found legitimate TPA will reimburse the claim.
  3. Enlist healthcare providers-TPA also ties up with hospital to provide more comprehensive coverage to
the insured. The selection criteria depend on location, infrastructure and facilities available.

4. 24 hours customer support services-the TPA helps through their 24 hours call center that provides information regarding policy holders data, provider network, claim status, benefits available with existing card holder etc. All these details are furnished on request.

5. At the point of discharge all the bills will be sent to the TPA while they are tracking the case of the insured at the hospital.

6. TPA makes payment to the hospital. TPA sends all the documents necessary for consideration of claims, along with the bills to the insurance company.

7. The insurance company then reimburse the TPA.

**Who are Mediclaim patients?**

Mediclaim patients are those patients who have insurance policy in their own name.

Following are some of the TPAempaneled with RTIICS hospital:

- HERITAGE
- MEDICARE
- GENINS
- RAKSHA
- MDINDIA
Procedure of Mediclaim admission

planned admission

The patient needs to get prior approval from respective TPA before getting admitted, they need to contact the hospitals TPA help desk for completing necessary formalities so that the approval comes before admission. While admission, the admission counter staff confirms this approval from hospitals TPA desk.

- The request must reach the TPA office at 2-4 days before hospitalization.
- Any change in the date of hospitalization, hospital, nature of illness or surgeon who is going to perform the procedure will make the authorization invalid. A fresh authorization must be taken.
- Authorization is valid only for network hospitals.
- The authorization is addressed to the hospital and then faxed to the hospital.
- Consumable amount and difference of bed charge amount or any other payable as per policy terms and
conditions must be settled by the patient at the time of discharge.

**Unplanned admission**
- Patient is required to produce the valid insurance policy documents on arrival and they are advised to contact the hospitals TPA help desk to initiate the approval process.
- Consumable amount and difference of bed charges amount or any other payable as per policy terms and conditions must be settle by the patient at the time of discharge.

**Emergency admission**
The policy holder is advised to get admitted.

**In case of admission to a network hospital**
The hospital will admit the patient as per the procedure of the hospital. The hospitals will then contact TPA and send them a request for authorization. The TPA will revert within 6 hours of receipt of the request. In case of cashless access is declined, the policy older can claim for reimbursement and TPA will settle the claim as per policy terms and conditions.

**In case of admission to a non-network hospital**
A request for authorization for cashless access may be declined if,

a. Inadequate/vague/wrong information is provided and the TPA is unable to get access to further information.

b. The ailment/disease for which hospitalization required is not covered by insurance.

c. The person does not have adequate insured amount left to cover the hospitalization costs.

**Documents required in absence of cashless facility by TPA**

- Claim form duly filled by the claimer.
- Original discharge summary from the hospital.
- Doctors consultation report, specialist fees.
- Laboratory tests undergone by patient along with doctor’s authorization.
- All medicine invoice along with doctor prescription.
- Any other document related to hospitalization.
- Policy copy if available.

In case TPA rejects claim

TPA rejects claim if it finds the claim not being genuine. Whenever TPA rejects claim, the reason for rejection is also stated. However, if the policy holder feels that the TPA rejection is unjustified he/she can contact insurer within few days of rejection to present his/her concerns.
**Discharge and billing**

Once the patient gets discharged a claim form is signed by the patient and along with the bill his/her original papers are sent to TPA for processing.

The papers are sent at the time of discharge for the patient are:

i. Covering letter stating the details of patient and the amount claimed.

ii. A copy of authorization letter.

iii. A copy of first admission report.

iv. The original signed claim form.

v. A break up of the hospital bill in hospital letter head.

vi. The original bill of the patient.

vii. Vouchers of medicine, consumables and investigations are shown in the break up bill.

viii. The original inpatient file of the patient, which contains discharge summary, procedure report, report for which amount claimed such as blood report, x-ray plate and x-ray reports.

ix. Any tests done from outside the hospital stay of the patient is also included separately in the bill and bills in connection and reports of the same are also attached. Payment of the same are received at least after one month of claim as per the agreement.
RESEARCH METHODOLOGY

PLACE OF STUDY:
Rabindranath Tagore International Institute of Cardiac Sciences

- Address
  124, Eastern Metropolitan Bypass, Premises No: 1489, Mukundapur
  Kolkata, West Bengal - 700099

- Email
  email.rtiics@narayanahealth.org

- Helpline
  186-0208 0208

- Emergency Number
  +91 9903 335544

DURATION OF STUDY:
4TH JAN-3RD APRIL

SPECIALISED DEPARTMENT:
FINANCE

❖ SOURCES OF DATA :
  Primary Observation
DATA ANALYSIS

1. SATISFACTION LEVEL BY ASSISTANCE AT THE HELP DESK OF TPA

<table>
<thead>
<tr>
<th>At TPA services</th>
<th>Very good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistance at the help desk</td>
<td>25</td>
<td>60</td>
<td>15</td>
<td>0</td>
</tr>
</tbody>
</table>

INTERPRETATION: most of the TPA service providers were found to have very prompt and efficient customer care representatives. Majority (60%) of the policy holders were found to be satisfied with the services.
2. ASSISTANCE AT PREADMISSION AUTHORIZATION

<table>
<thead>
<tr>
<th>At TPA services</th>
<th>Very good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistance at preadmission authorization</td>
<td>30</td>
<td>55</td>
<td>10</td>
<td>5</td>
</tr>
</tbody>
</table>

**INTERPRETATION:** All instructions were properly given to the patients as well as patient relatives regarding the preadmission authorization by the TPA desk of the hospital. They were provided with a guideline of the hospital protocol. Most of the patients were found to be satisfied.
### 3. SATISFACTION LEVEL BY ASSISTANCE DURING ADMISSION

<table>
<thead>
<tr>
<th>Assistance during admission</th>
<th>Very good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>At TPA services</td>
<td>20</td>
<td>15</td>
<td>48</td>
<td>17</td>
</tr>
</tbody>
</table>

**INTERPRETATION:** Only a minor portion of the patients were satisfied during admission process, because they were not accompanied by any personnel from the TPA during their admission.
4. SATISFACTION LEVEL BY ASSISTANCE DURING DISCHARGE

<table>
<thead>
<tr>
<th>At TPA services</th>
<th>Very good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistance during discharge</td>
<td>25</td>
<td>60</td>
<td>10</td>
<td>5</td>
</tr>
</tbody>
</table>

**ASSISTANCE DURING DISCHARGE**

- **Very Good**: 25%
- **Good**: 60%
- **Average**: 10%
- **Poor**: 5%

INTERPRETATION: In most of the cases patients were found to be satisfied, because staffs from the TPA were seen to visit the patients during discharge to assist them and take feedback from them regarding any complaint during their stay in the hospital.
5. RESPONSE DURING CLAIM INTIMATION

<table>
<thead>
<tr>
<th>At TPA services</th>
<th>Very good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response during claim intimation</td>
<td>25</td>
<td>55</td>
<td>15</td>
<td>5</td>
</tr>
</tbody>
</table>

INTERPRETATION: The policy holders were satisfied by the response they got during their claim intimation. Most of them were thankful for the quick response they received.
6. **PROMPTNESS IN SETTLEMENT OF CLAIM**

<table>
<thead>
<tr>
<th>At TPA services</th>
<th>Very good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response during claim intimation</td>
<td>30</td>
<td>36</td>
<td>20</td>
<td>14</td>
</tr>
</tbody>
</table>

**INTERPRETATION:** With this parameter a mixed response was obtained. In some cases, the patients were satisfied, whereas in some other cases the patients were dissatisfied.
7. RESPONSE TO ENQUIRY OF CLAIM STATUS

<table>
<thead>
<tr>
<th>At TPA services</th>
<th>Very good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response to enquiry of claim status</td>
<td>15</td>
<td>80</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>

INTERPRETATION: The TPA staffs were found to be efficient about providing the patient relatives, updates about their claim status through the hospitals TPA desk.
8. SATISFACTION WITH THE TPA SERVICES

<table>
<thead>
<tr>
<th>At TPA services</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction with the TPA services</td>
<td>77%</td>
<td>23%</td>
</tr>
</tbody>
</table>

INTERPRETATION: Majority of the policy holders were found to be satisfied by the overall services provided by the TPA.
### 9. SATISFACTION BY TIME OF RECEPTION OF APPROVAL

<table>
<thead>
<tr>
<th>At TPA services</th>
<th>Within 24 hours</th>
<th>More than 24 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction with the TPA services</td>
<td>78%</td>
<td>22%</td>
</tr>
</tbody>
</table>

**INTERPRETATION:** Almost in all cases approval letter was found to be received within 24 hours of preauthorization. Only in some cases it was found to be delayed because of some queries from the insurance company.
10. SATISFACTION WITH THE SOLUTION OF PROBLEMS

<table>
<thead>
<tr>
<th>At TPA services</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction with the solution of problems</td>
<td>75%</td>
<td>25%</td>
</tr>
</tbody>
</table>

INTERPRETATION: 75% of the patients were found to be satisfied by the solutions they have been provided by the TPA whenever they faced any problem.
RECOMMENDATIONS

✓ To improve service TPA must handle their empaneled hospitals/nursing homes/corporate with utmost efficiency and professionalism.
✓ As they are new in this trade, TPA are also learning by experience. Therefore, they must formulate all rules and regulations with great care and above all keep in mind service aspect to be provided to their client base.
✓ TPA must keep the urgency of the patient in mind and empathize with the patient to grant him approval at the right time for the hospitals, so that his/her treatment is not delayed.
✓ The hospital needs to send the bill on time. Delay in the bill dispatch process will create delay in receiving the amount from the concerned authority.
✓ The credit period for the settlement of bills should be decreased. They should finish processing the bills within the credit period they ask for in the agreement.
CONCLUSION

The Insurance industry in India has experienced a sea change since emergence of private participation. Health insurance is a mechanism to finance the health care needs of the people. To manage the problems arising out of increasing health care costs, the health insurance industry had assumed a new dimension of professionalism with TPA. The core service of a TPA is to ensure better services to policyholders. Their basic function is to act as an intermediary between the insurer and the insured and facilitate cash less service at the time of hospitalization.

Introduction of TPA benefits both the insured and the insurer in the healthcare industry. While the insured benefits from the 24 x 7 service, the insurer is benefited by reduction in administration cost.

► Faster and focused claims management
► Lower overhead cost and reduced cost of claim management
► Immediate access to highly trained claim administrators
► Improved control over claims outcomes
► Provision of cashless services at much ease
► Safeguarding of customer relationships
► Protection of brand reputation.
► Control of possible frauds by the private healthcare providers
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