Study of Health Insurance Claims Rejection in Thumbay Hospital, Ajman

By

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Dissertation submitted for the partial fulfillment of the
MBA Hospital and Health Management

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Internship / Dissertation Training at Thumbay Hospital, Ajman, UAE

By

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MBA-HM

2014-2016

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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr Roopali Raghav,** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone dissertation training at **Thumbay Hospital and Research Centre, Ajman** from **2nd March 2016 to 24th May 2016.**

The Candidate has successfully carried out the study designated to her during dissertation training and her approach to the study has been sincere, scientific and analytical. This training is in fulfillment of the course requirements.

I wish her success in all her future endeavors.

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To Whom It May Concern

This is to certify that **Dr. Roopali Raghav** holder of Indian Passport Number Z2855630 was working in our institution as Management Trainee from 2nd March 2016 till 24th May 2016, as a part of dissertation of her of MBA -Hospital & Health Management. She has completed the assigned project.

We wish her all the best.

For **Thumbay Hospital Ajman**

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **"A study of health insurance claim rejection at Thumbay Hospital, Ajman"** and submitted by **Dr. Roopali Raghav** Enrollment No. **IIHMR-U/MBA-HM/2014-2016/19-0204** under the supervision of **Dr. (Prof.) Nutan P. Jain** for award of MBA in Hospital and Health Management of the University, carried out during the period from **2nd March, 2016 to 23rd May, 2016** 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 similar institution of higher learning.

Roopali Raghav

Signature

Acknowledgement

"A Great achievement solution dawns with an idea, grows with our effort and attains fulfillment with our will power". In our effort towards the realization of my project work, I have drawn on the guidance of many people for which I'm glad to acknowledge.

I got the opportunity to pursue my dissertation from Thumbay hospital, Ajman. It was an opportunity to work with one of the best health care service providers & Ist JCI Accredited hospital of Ajman.

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I'm thankful to **Dr. Manvir Singh**, Director operations and quality, Thumbay Group for being my mentor and project guide for the entire period of my dissertation, for helping me improve the quality of my work and for helping me identify areas where I lack and work upon them.

I also express my special thanks to my senior & colleagues Dr. Harsh Sood, Dr. Ankita, Dr. Rajesh and Dr. Astha who helped me develop better understanding of Insurance process and Healthcare Revenue Management, which has helped me a lot in successful completion of my project.

I'm grateful to my guide **Prof. Dr. Nutan P. Jain** for her help and wholehearted encouragement. Their assistance enabled me to overcome many obstacles during the work of my project study.

I'm also thankful to my family, my friends and all those who have directly or indirectly encouraged me to complete this project.

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LIST OF ABBREVIATIONS

1. TPA: Third Party Administration
2. HMIS : Hospital Management Information System
3. RR : Rejection Rate

PART A – INTERNSHIP REPORT

Objectives and Purpose of the Internship

It is imperative in the field of management to do internship at the end of class room teaching. As a part of the curriculum of Post Graduate Diploma in Healthcare Management, I was supposed to undergo 3 months of internship with a healthcare organization to learn various management processes. It allows having hands on experience that is sometime missing in theoretical knowledge.

It is crucial to conduct an independent project / analysis during internship. It also gives a value addition to the respective organization. The fundamental objectives of the internship are:

- To understand and get involved in day to day operations in the organization and its various departments/ services.
- To comprehend the interdepartmental coordination.
- To find an area in the organization where improvement is required and where management knowledge and skills can be imparted.
- To efficiently carry out the projects/ special responsibilities assigned to me in insurance department.

Routine or general management

Our day in hospital begins with core group meeting in which all the activities of previous days were discussed and then every member was assigned a specific task apart from his routine department work. Then we use to go out and complete our daily tasks and additional responsibilities. We were involved to see various parts of insurance department i.e. Out-patient approval, In-patient approvals, Admission approvals, Claim Processing, E Claims, First Verification, Final verification and reconciliation. All this helped us lot to understand the dynamics of insurance department.

Departments visited / associated with:

a) Accident and Emergency Department

The Accident and Emergency Department at GMC Hospital is staffed by experienced doctors with multi-disciplinary training. The department is supported by resident doctors

and nursing staff with special training to handle cases of Accidents and Emergencies. The department treats around 3500 patients per month.

24 hours emergency services and trauma care.

It is associated with insurance department for emergency approvals and claim management.

b) MRD- MRD of the hospital is very impressive. The files are maintained in a proper way with a checklist on each file to ensure if all the documents are present or not and in any file if any document is missing then the MRD official call the particular nursing station to ensure that they complete the file on time. They also update information of every patient from the files to the HMIS and provides a great help to insurance department.

c) Insurance Department

Thumbay hospital is a world-class medical institution offering quality and affordable specialized superior medical care complemented by a warm and personalized human touch to the members of most of the insurance companies in UAE.

This Department is staffed by a team of expert professionals who assist in administering to the needs and queries of patients holding insurance cards. It was an honor to be the part of the team and working in it.

d) Patient Affair Department

Patient Affairs Department (PAD) basically works for all Out patients as well as Inpatient activities, coordinating with all related things right from the Counseling, Admission, Inpatient Care till the Discharge of the Patient.

Department services are made available by a group of very experienced team members.

Department is working round the clock seven days a week.

Department services are made available on weekends and on Public holidays to both outpatients and Inpatients on basis of need.

For smooth operation and patient convenience department staff works with four billing personnel in Straight shift and two billing assistants with split duty timings.

Organization Profile

Thumbay Hospital, Ajman, a tertiary care hospital, is recognized as centre of excellence for providing medical care, and research facilities of high order in the field of medical sciences. It is the *First JCI Accredited hospital in Ajman*. The hospital is centrally air-conditioned having capacity of 121 functional beds state-of-the-art operation theatres and intensive care beds. Thumbay Hospital, Ajman is continuously growing by setting examples not only in the field of clinical excellence, training and research but also in the field of management expertise.

Thumbay Hospital is a growing healthcare chain, with state-of-the-art facilities and an unparalleled commitment to patient care. Thumbay Hospital is founded on the vision of becoming an integrated Healthcare Delivery Organization driven by quality, excellence, technology and compassionate care. It is one of the largest private healthcare companies in U.A.E., has one of its branches in Ajman. It focuses on cardiac sciences, neurosciences, renal sciences and gastrointestinal diseases, Obstetrics and Gynecology, Pediatrics. Besides, the hospital also provides services in mother and childcare, orthopedics and a complete range of multi-specialty services in all disciplines.

Thumbay Hospital has dedicated facilities for comprehensive care of trauma patients and others in need of emergency care including an emergency operation theatre (OT) and a 10-bedded medical intensive care unit (MICU). It is the first amongst the proposed multi super specialty hospitals to be set up in the Emirate of Ajman, with the mission to bring quality medical care at doorstep. It is also the first hospital in the Emirate of Ajman which is going for JCI Accreditation.

Multi Specialties - Orthopedics and Joint Replacement, Diabetes and Endocrinology, Dermatology, Internal Medicine, Pulmonary, Medicine, Ophthalmology, Dietetics, Physiotherapy and Preventive Health Check, General Surgery, Dental, Cosmetic and Plastic, Surgery, ENT, Gynecology and Obstetrics, Pediatrics and Neonatology.

Vision of Thumbay hospital:

The vision of GMC Hospital and Research Centre is to be recognized as a leading Academic Healthcare Center providing a high quality of patient centric specialty healthcare services to the community integrated with medical research and clinical training.

Mission of Thumbay hospital:

- Thumbay hospital is committed to provideethical patient care focused on patient safety, high quality care and cost effective services.
- Thumbay Hospital is committed to integrate latest trends in education to produce competent healthcare professionals who are sensitive to the cultural values of the clients they serve.
- Thumbay Hospital strives to attain the highest of quality and accreditation standards.

History:

- First JCI Accredited Hospital in Ajman, UAE
- It is the First Private University Teaching Hospital in U.A.E.
- Thumbay hospital is affiliated to Gulf Medical University and wasoperational in 2002.
- First dedicated Patient Affairs Department in the private sector in the country.

Location:

- Thumbay hospital is located in Ajman, one of the 7 emirates of U.A.E.

Organization Structure:

Managerial Tasks performed:

- I was appointed in Management Trainee to work for OP approvals & IP Approvals.
- I was a part of claim processing, verification and reconciliation teams also, I was transferred to the Thumbay Insurance company Aafiya, in Dubai, for the last 20 days to submit claims.

PART B – DISSERTATION REPORT

Title: A study of health insurance claims rejection in Thumbay hospital in Ajman

CHAPTER- 1

BACKGROUND OF THE STUDY

1.1 INTRODUCTION

Healthcare is among the priority sectors identified by the UAE government and, as result, the UAE healthcare industry has displayed extraordinary growth and significant progress in the past few years. The government's focus on healthcare in aimed not only to diversify the oil-reliant economy but also to develop unprecedented healthcare infrastructure to ensure that adequate services are provided in the Emirates. Healthcare is regulated at both the Federal and Emirate level. Federal level legislation dates back to the 1970s and 1980s and there are pending legislative reform initiatives in order to facilitate the development of the healthcare industry. There are also two healthcare free zones in Dubai, Dubai Healthcare City and Dubai Biotechnology and Research Park, which have their own regulatory bodies.

PRINCIPLE REGULATORY AUTHORITIES

Public healthcare services are administered by different regulatory authorities in the United Arab Emirates. The Ministry of Health (Ministry), the Health Authority-Abu Dhabi (HAAD), the Dubai Health Authority (DHA), and the recently formed Emirates Health Authority (EHA) are the main authorities.

Ministry of Health (the Ministry) and Emirates Health Authority (EHA)

The UAE Ministry of Health (the Ministry) was established pursuant to Federal Law No.of 1972 to, among other things, license companies and individuals providing healthcare services build and manage health facilities and regulate various areas of healthcare, including the practice of medicine, dentistry, nursing, pharmaceuticals and laboratories. According to Cabinet Resolution No. 10 of 2008, the Ministry is to provide UAE citizens with healthcare, prepare health, preventive and training programs, organize the practicing of healthcare professions and establish, manage and supervise health facilities.

Health Authority Abu Dhabi (HAAD)

In 2001, the Abu Dhabi government established GAHS, the General Authority of Health Services, with a mandate to oversee all public healthcare institutions in the Emirate ofAbu Dhabi. In 2007, GAHS was split into two organizations, HAAD (Health Authority of Abu Dhabi), the regulatory body of healthcare in Abu Dhabi, and SEHA (Abu Dhabi Health Services Company), the operator of public healthcare assets.

HAAD was established as a public authority with financial and administrative independence pursuant to Abu Dhabi Law No. 1 of 2007. According to Law No. 1, HAAD's mandate is to provide the highest levels of medical and health insurance services and to develop the health sector and related policies in Abu Dhabi. HAAD is also responsible for among other things, monitoring and regulating the healthcare industry in Abu Dhabi, and overseeing the process to upgrade the hospitals and clinics in the Emirate of Abu Dhabi in accordance with accredited international standards.

Dubai Health Authority (DHA)

DHA was created in June 2007, pursuant to Law No. 13 issued by His Highness Sheikh Mohammed bin Rashid Al Maktoum, the Ruler of Dubai. As the strategic health authority for the Emirate of Dubai, DHA's principle objectives include healthcare planning and promotion of healthcare investment in Dubai, improving healthcare quality through information systems and standards, regulating healthcare services in Dubai, developing a comprehensive healthcare insurance and funding policy, public health promotion, developing medical education and research, and owning and operating Dubai government health care facilities.

1.2 HEALTH INSURANCE LAW – MANDATORY INSURANCE TO ALL

Dubai follows a Phased approach:

– Phase 1 : Employers with 1000+ employees to comply by October 2014.

– Phase 2 : Employers with 100-999 employees to comply by the end of July 2015.

– Phase 3a: All employers must comply by the end of June, 2016.

– Phase 3b: All spouses, dependents & domestic workers must be covered by end of June 2016.

The UAE government spends almost $10 billion on health care annually. According to the World Health Organization, this is 75% of the total spend on domestic health care — 25% is covered by the private sector. The new rules are intended to shift more of this burden from the government to the employer.

1.4 AIM

- To understand the claim rejection process of insurance at Thumbay Hospital, Ajman

1.5 OBJECTIVES

- To study process flow of health insurance claim in Thumbay hospital, Ajman.
- To analysis rejection rate of the last financial quarter (August to October 2015)
- To suggest measures to reduce the rejection rate and streamline the process flow

CHAPTER- 2

REVIEW OF LITERATURE

Comparatively Health insurance coverage is high in developed countries like USA, UAE, Canada, but there are very few reports and work done on the rejection rate and process improvement of Health Insurance claim processing. Few of the literatures worked on rejection rate and process improvement are as follows.

A reporter of Kiser Health news (Galewitz P) through his report has given overview of rejection rates of different insurance companies in America - Kentucky, Columbia. The findings of the report in this context are the denial rates of different insurance companies, comparison between the policies, reasons for the variations in rejection rates, as per the report the reason for variation is difference in claims process adopted between the payers and providers.

A similar study conducted in 2011 (Carmel P.W) gives details about the denial rates, comparative data of before and later stages, and the reason of betterment in America. The key findings of report are health insurers' shows that claim denial rates in 2011 are dramatically lower than in previous years. Billions of dollars per year are saved by eliminating administrative waste, by processing the claims timely, accurately and specifically. Health insurers' claims-payment processes are still littered with inaccuracies and inefficiencies. Claim process campaign was introduced; campaign's goal is to spur improvements in the industry's billing process.

Accumed Pm is a TPA; it works on the gap between healthcare providers and service payers. The report made by accumed pm says the gap between health care providers and service payers has been well established and clearly defined in the United States, Canada and Europe, this relationship has yet to mature in the Middle East. The result is lost money and poor business management. As per the report In the UAE it is estimated that up to 15% of claims submitted to insurance companies by private practices are rejected. Another 15% of claims are delayed because of inappropriate processing of claim forms and supporting documents. The average claim payment cycles are between 90 and 120 days. The report works on medical coding, billing, insurance validation, financial and business management through assisting healthcare providers by optimizing healthcare delivery and operational processes.

A report (by Xerox) made aggressive 75 days study with data capture services of over 250000 claims per week. Report gave solution through a smart system to auto-adjudicate claims, processing cycle time was accelerated by 75 percent, from 10 days to 60 hours. Report worked on Implementation of state-of-the-art technology to perform all claims processing services, including full mailroom services, data entry, storage and retrieval, digital imaging, x-ray processing, online updating and Intelligence Queue/Data Cleansing.

CHAPTER- 3

METHODOLOGY

3.1 **Study design**: A Qualitative Retrospective design was planned to analyze the rejection rate of insurance department.

3.2 **Time period**: March – May, 2016

3.3 **Location of study**: Thumbay Hospital, Ajman

3.4 **Study subjects**: All medical claims from September – October 2015 for outpatient, inpatient, and pharmacy.

3.5 **Sample size:** 5566 medical claims.

3.6 **Data analysis:** Statistical methods and Six Sigma DMAIC tool.

3.7 **Source of data:** HIMS and accounts department of Thumbay Hospital.

3.8 **Inclusions:**

- Samples of patients availing inpatient, out-patient and pharmacy services.
- Samples of Internal Medicine, Emergency, Gynecology, Pediatrics and Dermatology.
- Samples of 5 high risk insurance companies NAS, Damaan, Mednet, Al-Buhaira and OMAN.

3.9 **Ethical considerations:** The confidentiality of records was maintained and not shared elsewhere. It was taken only for study purpose and no information of hospital will be revealed elsewhere other than the academic purposes.

CHAPTER 4

ANALYSIS AND RESULTS

Six Sigma is a project methodology that strives for: – Continuous Improvement. The Six Sigma approach follows 5 phases: – **Define**: Identify, prioritize, and select projects – **Measure**: Identify & understand process parameters and measure performance – **Analyze**: Identify the key process determinants – **Improve**: Optimize performance – **Control**: Hold the gains

4.1 In the DEFINE stage

- Process flow of the insurance department is designed.
- KPI of high risk insurance companies is found justifying why these 5 companies were chosen for analysis.
- Department Specific Rejection Rate (RR) using Pareto tool is calculated to justify why study was conducted on five departments only.

4.1 .1 Drafting of Process Map

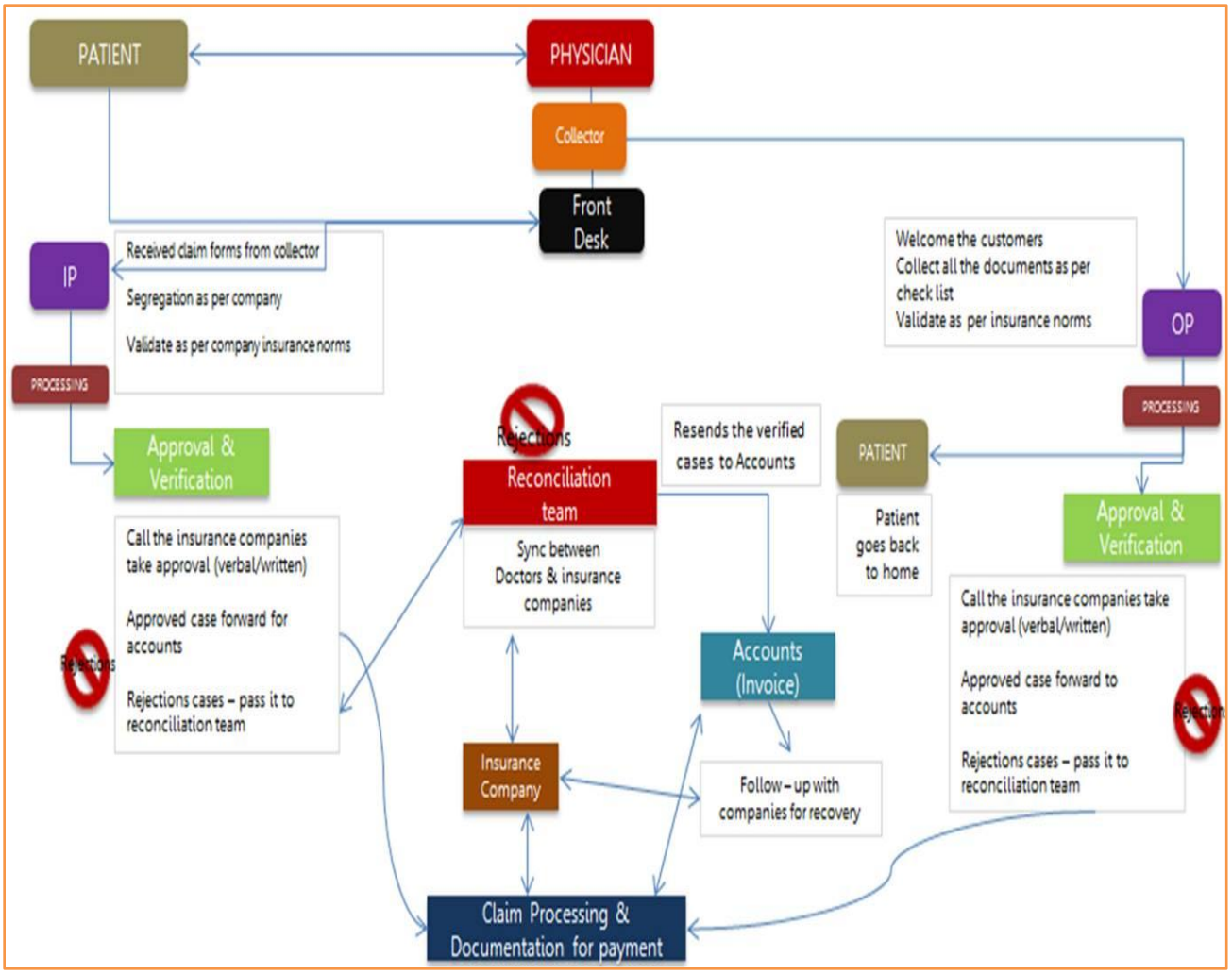
The four main operational sections of the insurance departments are

1. **Approvals Section** – where the pre-approvals are taken for out-patients and in-patients. It includes approvals for all consultations, lab investigations, radiologic investigations, procedures, surgeries & admissions.
2. **Claim Processing Section**- is designed as the unit dealing with proper processing and documentation for claims.
3. **Claims Verification Section** – where inspection and verification of all documents takes place.
4. **Reconciliation Section –** it is a secondary unit which focuses to review the rejected amount and amount received from insurance department.

Basic steps involved in getting the approval process are listed below-:

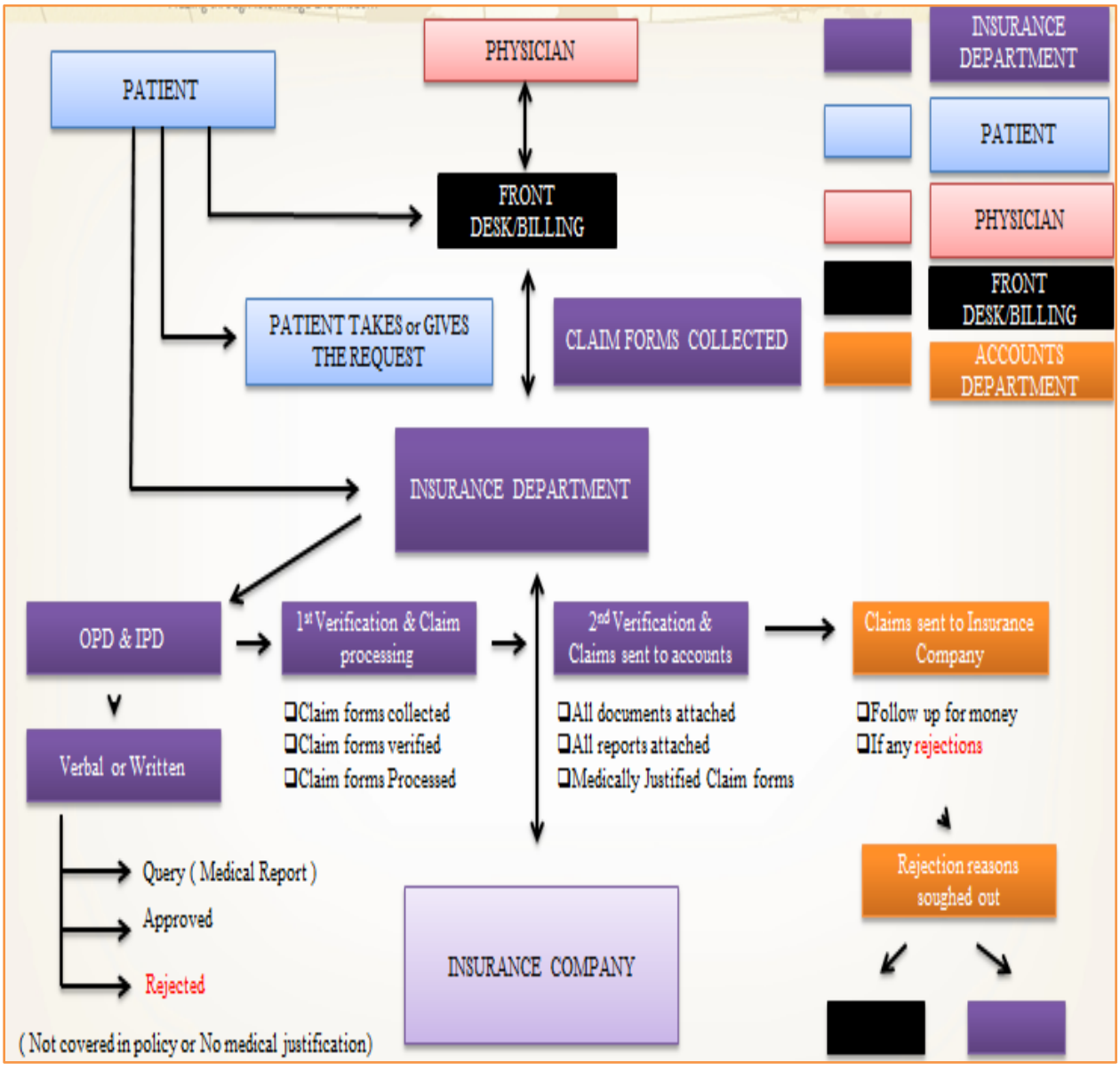
- Obtaining approvals for out-patients & in-patients,
- Claim processing
- Claim verification,
- Final settlement & reconciliation for payments

After the in depth understanding and observational tracking of the system a process map was drafted to clearly visualize the process flow and services.



4.1.2 Drafting the Process Flow

- After obtaining the process map the process flow was drafted.



4.1.3 Rejection Rate

Rejection rate of insurance department is a critical to quality factor. The purpose of calculating the RR is to know the reasons for high rejection and departments which need attention. Implementation of necessary changes will be planned to reduce the volume of insurance claims that are denied so that rework can be reduced and revenue generation is increased.

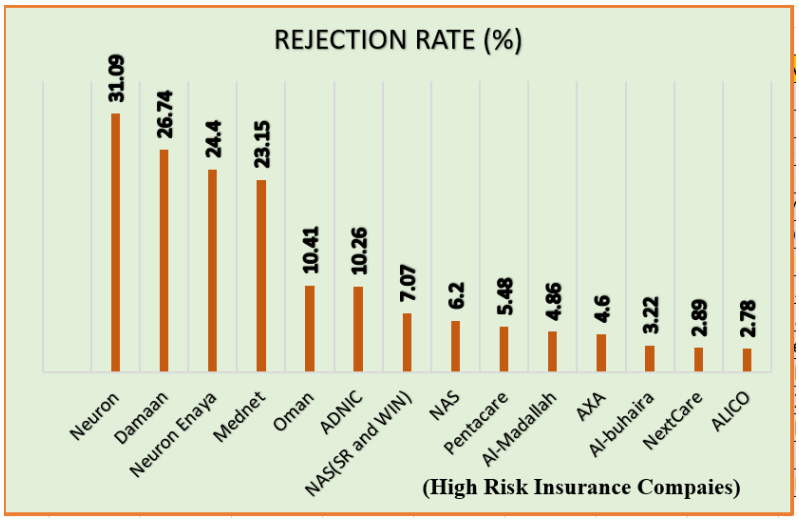
Ideal RR should be <6%.The present scenario of rejection in the hospital is described by the figures mentioned below:

- All the processed claims and settled amount was compared from the received amount to calculate the rejection rate.

Months	August '15	September '15	October '15
Net Amount	1204087.25	1951445.9	1874062.73
Rejected Amount	236325.54	605995.43	539076.43
Rejection Rate	19.63%	31.05%	28.77%

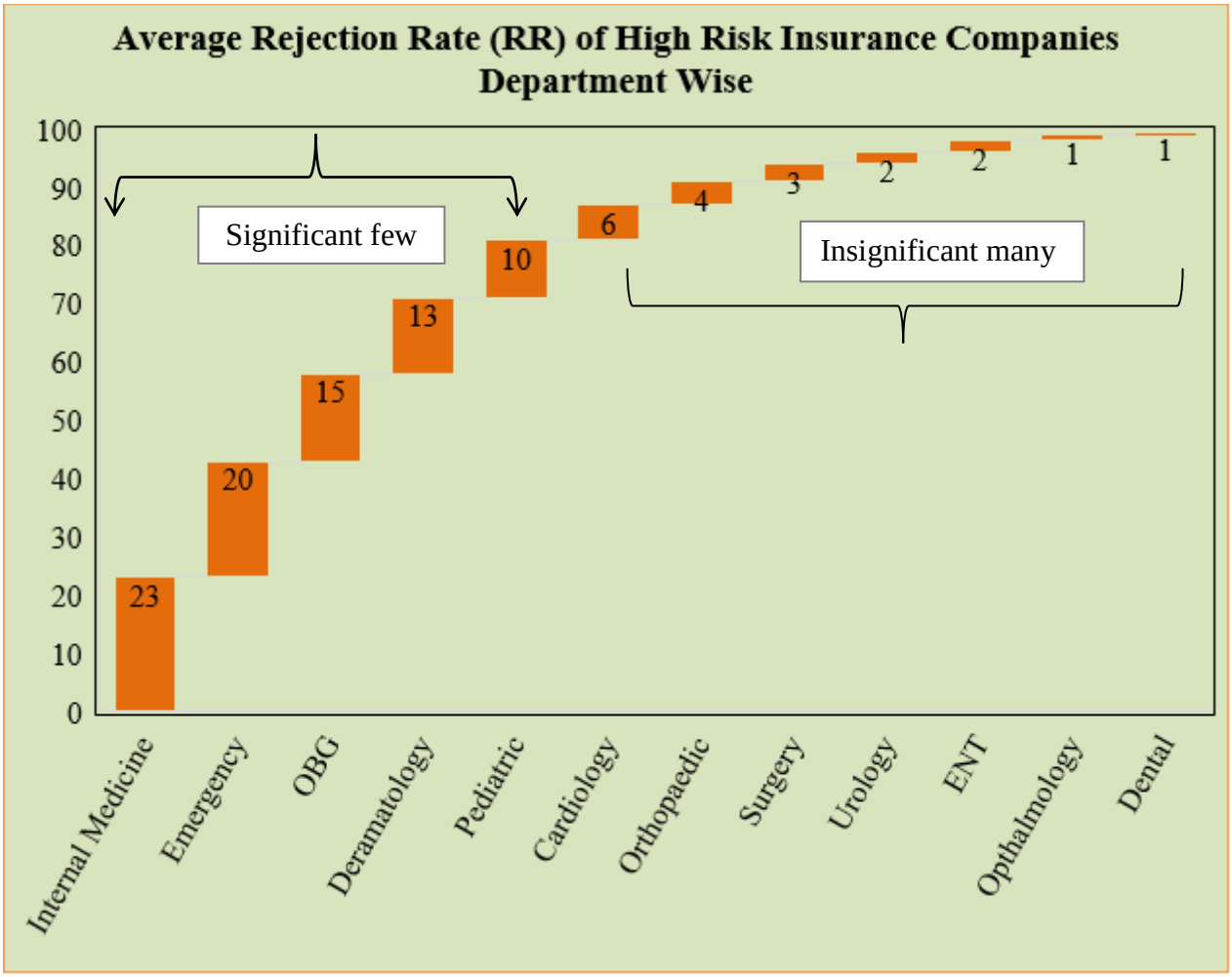
- It was the first time when the net amount and rejected amount were calculated in the organization. The monitoring of rejection rate leads to sudden attention towards need for financial monitoring of insurance department.

4.1.4 Rejection rate of high risk insurance companies



Rejection rate of insurance companies is a Key Performance Indicator (KPI) for the insurance department and should always be < 6%. For 2015 these 10 companies have had the highest rejection rate causing maximum financial loss to the hospital. Although, companies like Pentacare, Al-Madallah, AXA, Al buhaira, NextCare and ALICO have Rejection Rate <6% but this is an average, if calculated deprtemnt wise the Rejection Rate is >6%. Hence, department wise rejection rate for all 10 companies was calculated.

4.1.5 Department specific Rejection Rate of high risk insurance companies was calculated.

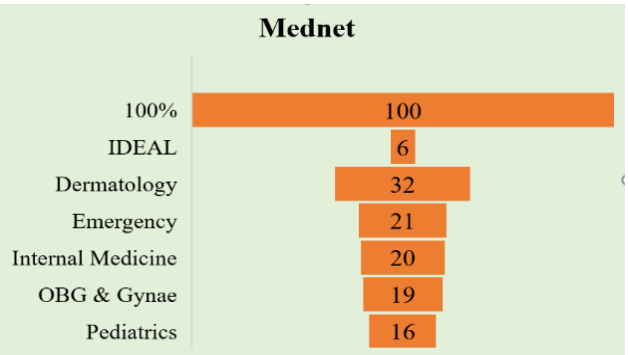


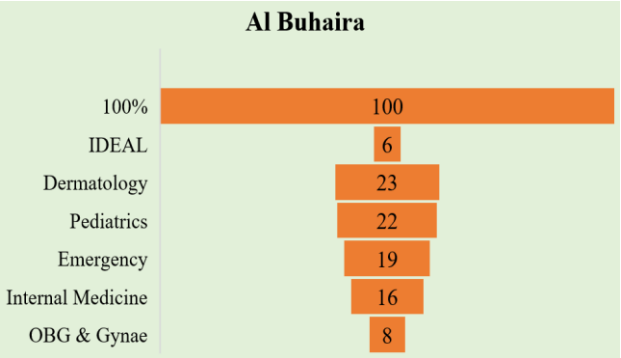
After calculating the department wise RR for August to October 2015 we inferred that even if the RR of insurance companies on an average is <6% it is important to calculate it department wise to know the actual RR in each department of the hospital so that department specific corrective measures can be taken.

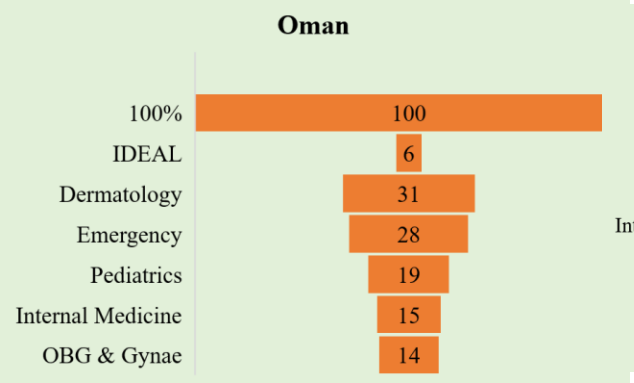
Pareto tool with the concept of 80-20 was applied to find the few significant departments which had alarming results i.e. had RR >10% and required immediate attention. Departments with RR <6% were unconsidered. Department specific RR was calculated for the first time.

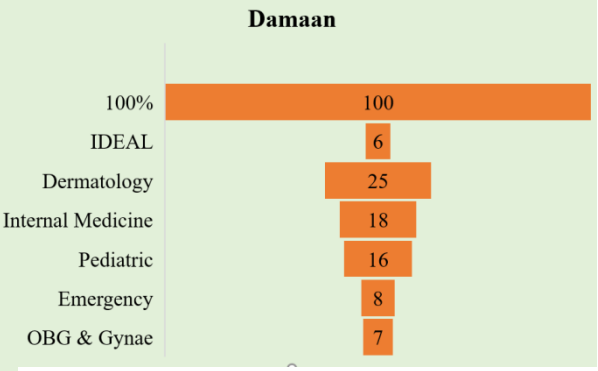
4.2 MEASURE

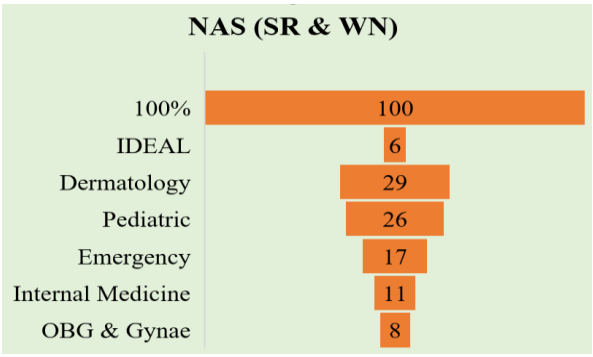
Department specific rejection rate was calculated taking an average of all the three months i.e. August, September, and October 2015.











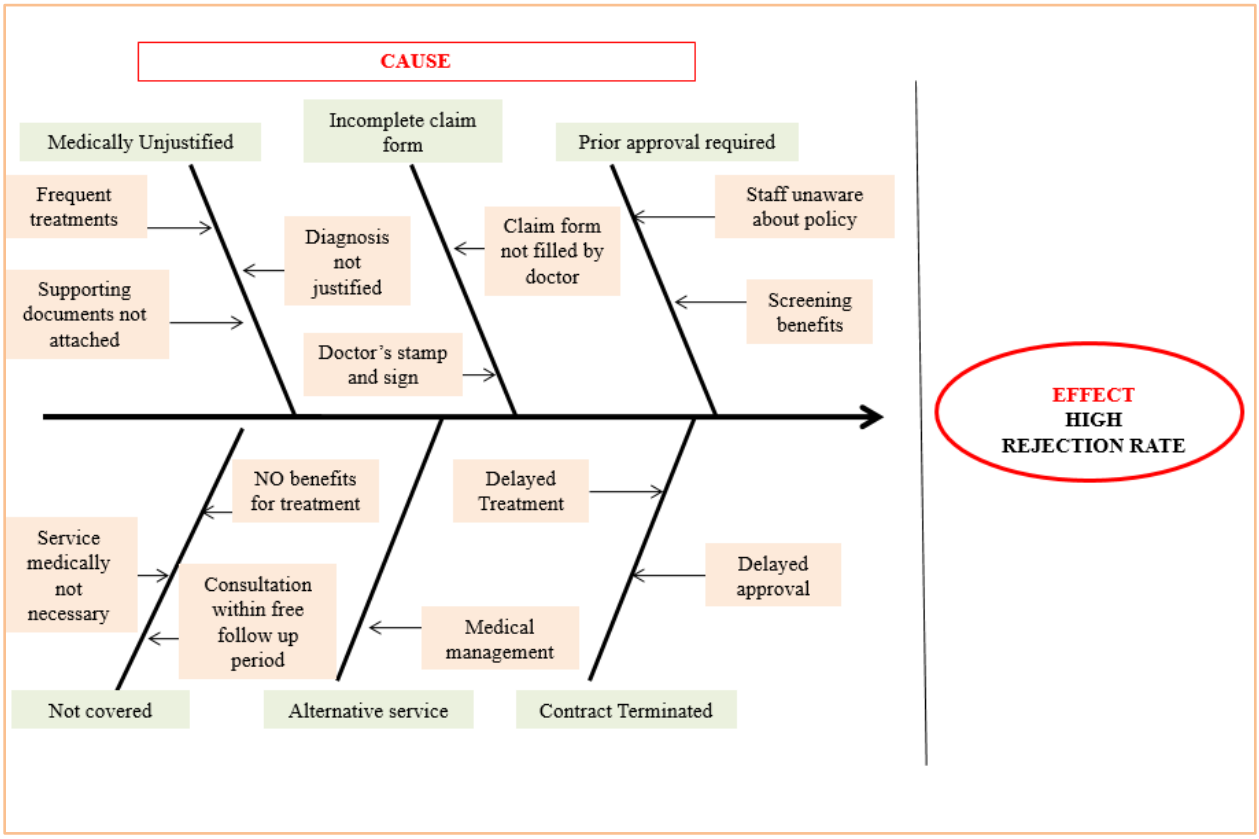
From the above analysis we inferred that maximum rejections were being faced in Dermatology and Emergency. Calculation of department specific analysis was done for the first time in the hospital. It helped the insurance department to understand the critical departments which need to be taken care of during approvals. After knowing the critical departments, it was important to know the reasons for high rejection in these departments, specially dermatology and emergency. Hence, further in the study data of all insurance companies for these 5 departments was analysed and segregated on the basis of reasons of rejection.

4.3 ANALYSE

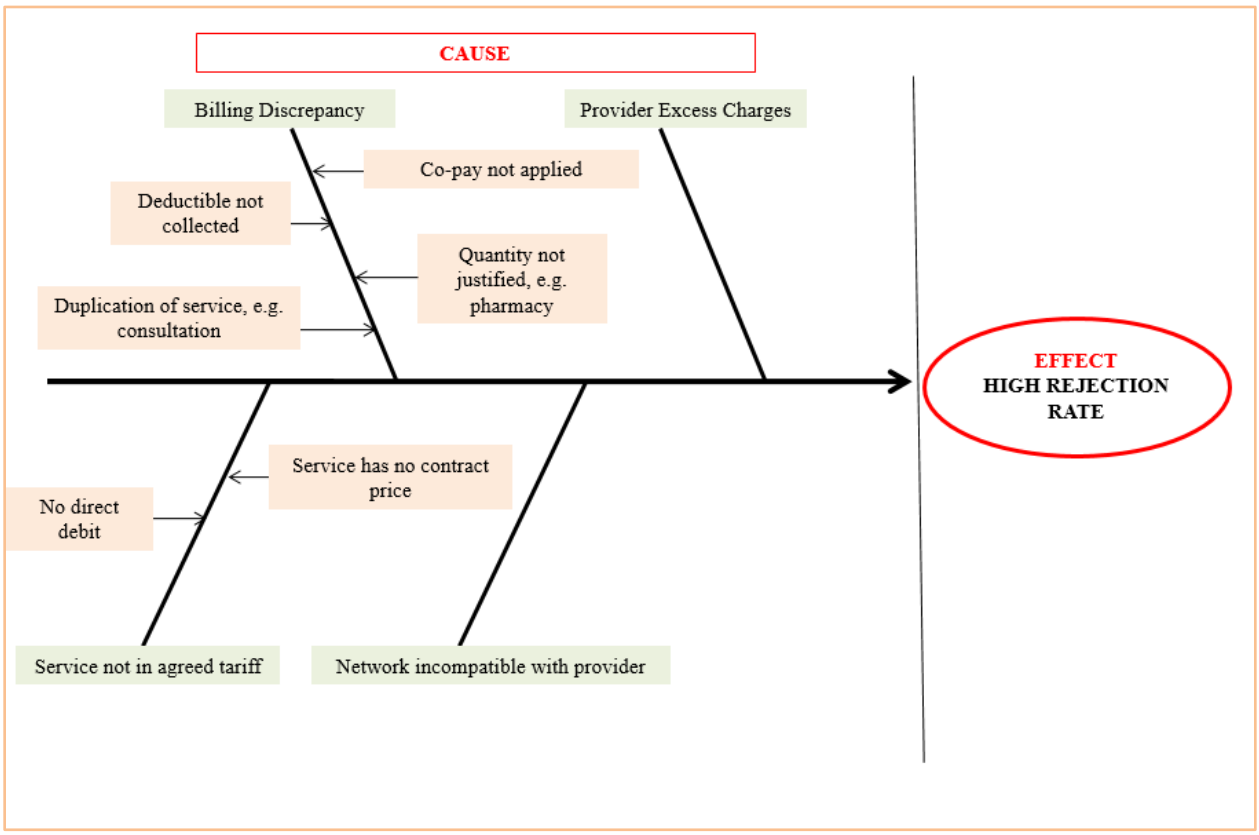
After the evaluation of claims and before reimbursing to the hospital all insurance companies issue statements of rejection or denial for all doubtful or unjustified cases. The reconciliation team of the insurance department of the hospital has to justify the claimed amount for reimbursement. According to these statements of rejection issued by the insurance companies, reasons for rejection were analysed for all the cases.

After linking the RR with the specific departments it is important to analyse the cause of Rejection also department wise so that corrective measures can be taken. Hence, using the Fish Bone Diagram assessment of the causes of rejection was done. They were further sub-classified: Administrative and Clinical.

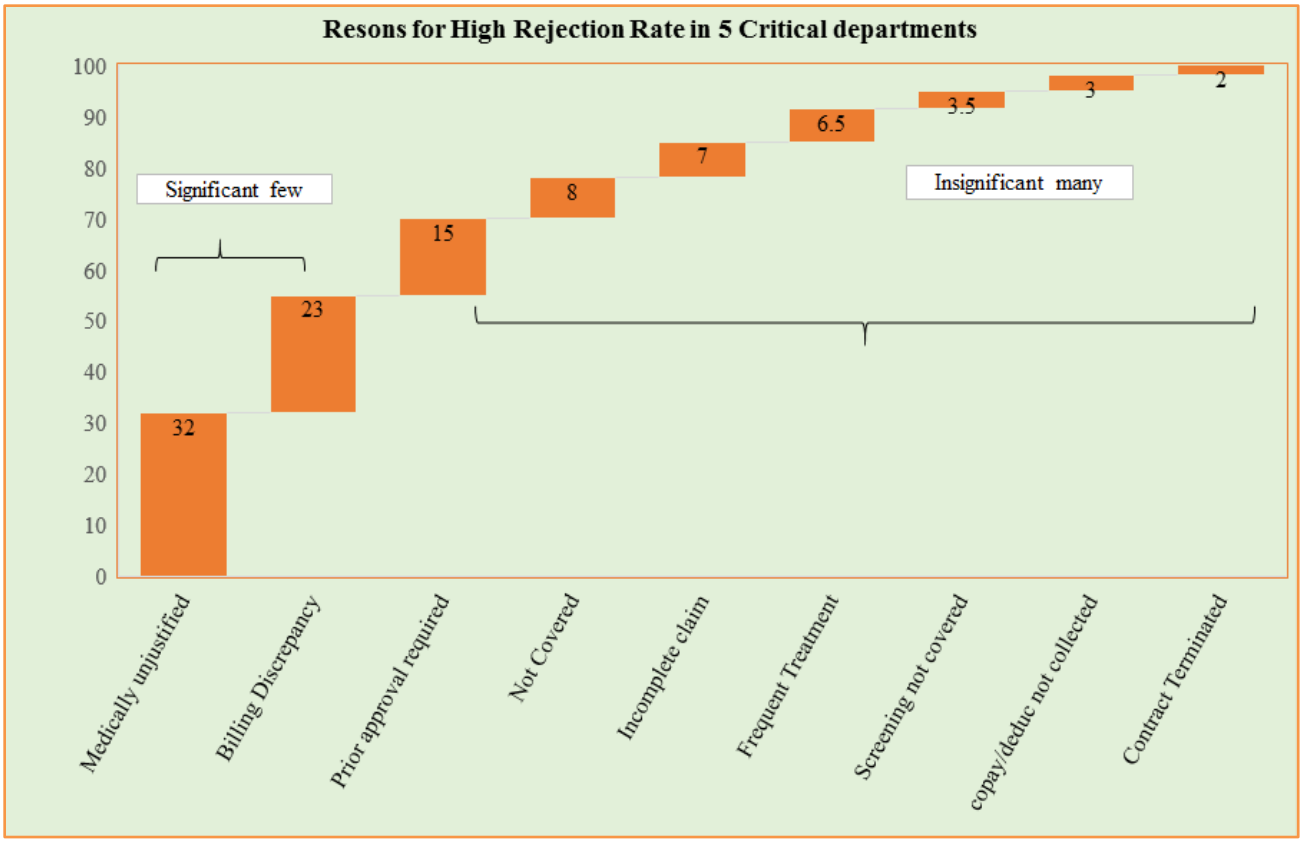
4.3.1 Clinical causes of rejection



4.3.2 Administrative causes of rejection



Pareto tool (80-20) was used to prioritise the attention of the hospital insurance team on the causes of rejection. It was then found that major rejections in all departments were because of medically unjustified and billing discrepancy. By knowing the two major reasons we know the corrective measures to be taken for each department.


Resons for High Rejection Rate in 5 Critical departments
100
90
80
70
60
50
40
30
20
10
0
Significant few
Insignificant many
32
23
15
8
7
6.5
3.5
3
2
Medically unjustified
Billing Discrepancy
Prior approval required
Not Covered
Incomplete claim
Frequent Treatment
Screening not covered
copay/deduc not collected
Contract Terminated

CHAPTER 5

SUGGESTIONS & CONCULSION

5.1 Implementation

Reasons for high rejection rate as per the department were known now. In the next step Value Stream Mapping of the department is done to identify the vulnerabilities in the process. Each step was thoroughly monitored and corrective measures were suggested to avoid clinical and administrative reasons of rejections. Also, up gradation in HIMS were suggested. These up gradations have been shown below:

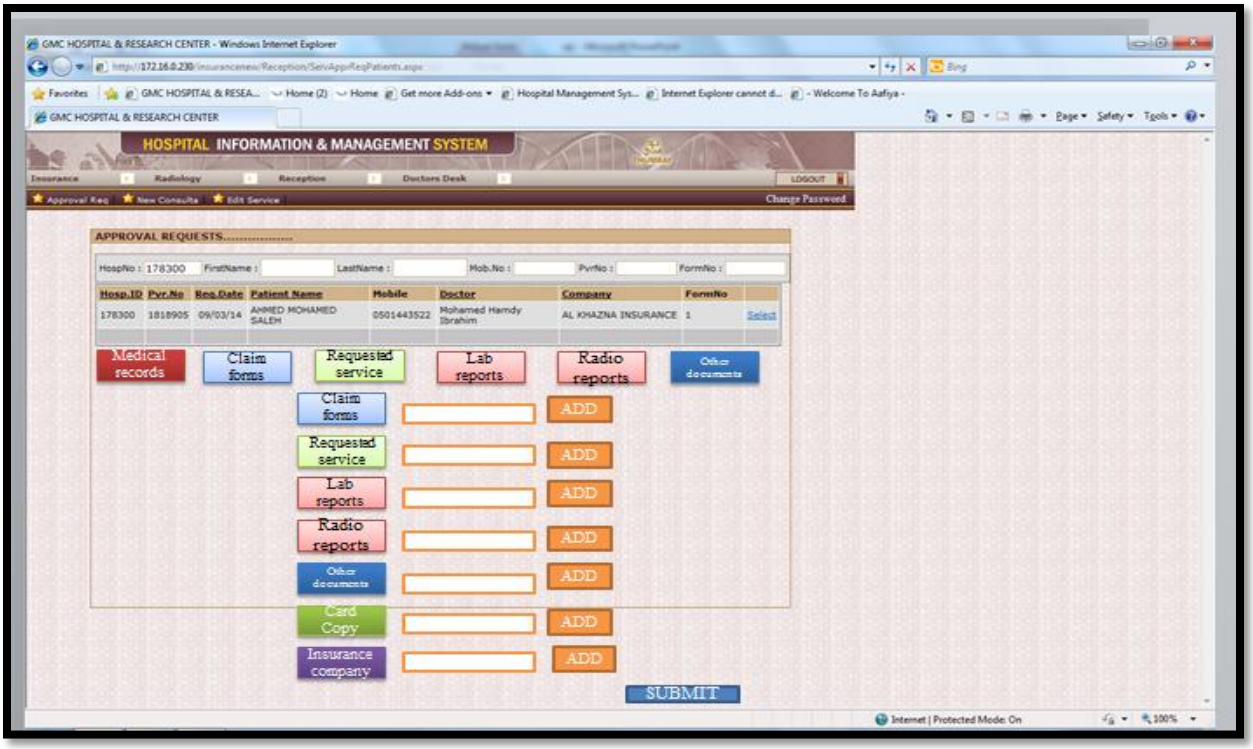
Value Stream Map – Click to view

5.1.2Suggested up gradation in HMIS

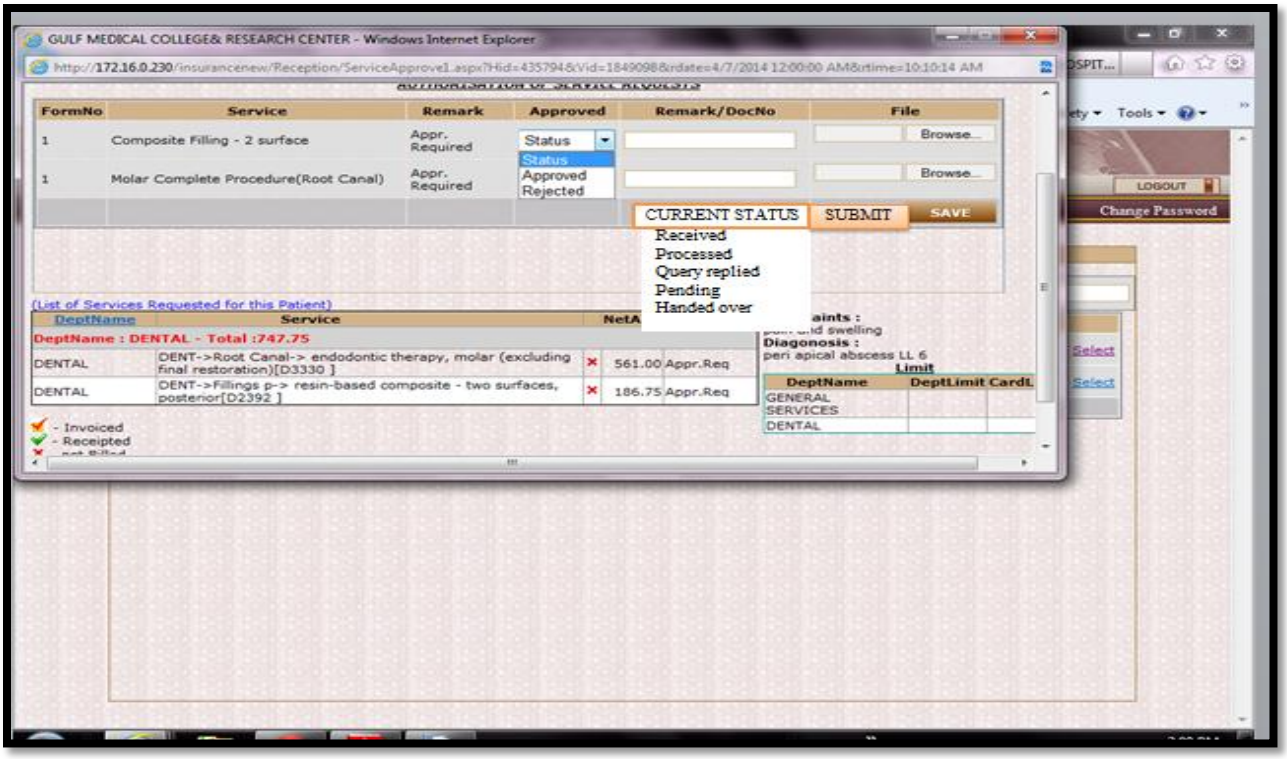
As per the analysis, maximum rejection is because medically unjustified claims and billing discrepancies. Hence, the following up gradations were suggested to be made in the HIMS to reduce the RR.

For medical justification, we can have

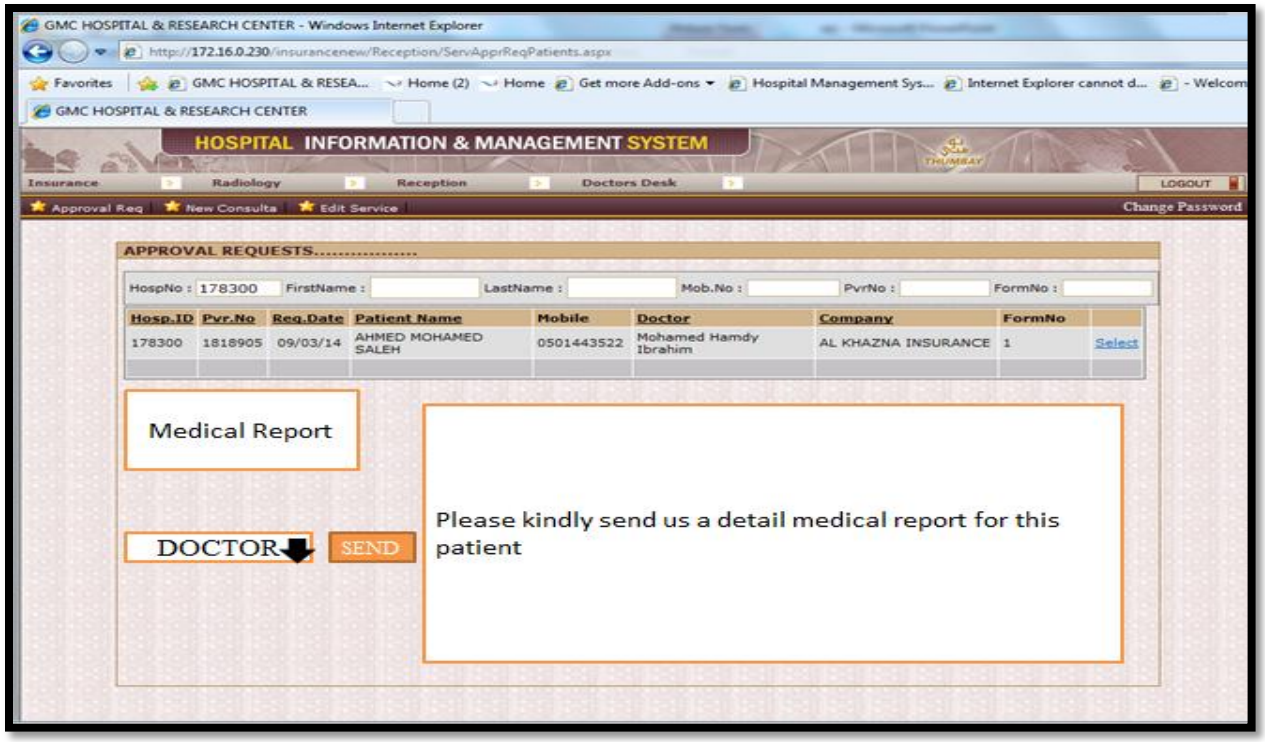
1.) Additional sections of lab reports, radiology reports and medical records to see the previous case history and background of the patient. This will make the process of approval easier and accessible.



2.) Many a times, the claim expires and the patient still doesn't get the approval or patient collects the approval from insurance department but does the procedures or investigations at his/ her convenience. This leads to rejection of claims when submitted. If an approval status button is added in the HIMS at the time of collection of approval, the insurance executive would be aware about the claim form status. Also, this would save time and money for the hospital.



3.) Presently in case of a query from the insurance company, the office boy goes to the doctor to get the medical reports; it is then scanned and mailed. This wastes a lot of time causing delayed approval. E-Prescription and E-medical report button can be added in HMIS for sending various replies to queries of insurance companies for faster and better medical justification to reduce rejections or denials.


GMC HOSPITAL & RESEARCH CENTER - Windows Internet Explorer
http://172.16.0.230/insurancenew/Reception/ServApprReqPatients.aspx
GMC HOSPITAL & RESEARCH CENTER
HOSPITAL INFORMATION & MANAGEMENT SYSTEM
Insurance
Radiology
Reception
Doctors Desk
LOGOUT
Approval Req
New Consulta
Edit Service
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APPROVAL REQUESTS.....
HospNo : 178300
FirstName :
LastName :
Mob.No :
PvrNo :
FormNo :
Hosp.ID
Pvr.No
Req.Date
Patient Name
Mobile
Doctor
Company
FormNo
178300
1818905
09/03/14
AHMED MOHAMED SALEH
0501443522
Mohamed Hamdy Ibrahim
AL KHAZNA INSURANCE
1
Select
Medical Report
DOCTOR
SEND
Please kindly send us a detail medical report for this patient

5.2 Control

For following the implementations suggested, it is important to regularly check or control them so that the process is sustainable.

The following measures are suggested to control the rejection denial rate.

1.) A proper revenue control check should be done timely to calculate and analyze the revenue losses and check for loop holes.
2.) The financial results after final claim rejection should be discussed for every quarter where the reasons are justified.
3.) All approval team members should be periodically updated with the changing policies and direct billing tariff list.
4.) A proper first verification team should be there to check for all the claim approvals and documentation claims for all departments. This should be done within 24 hours of approvals.
5.) A regular up-gradation of the HMIS system should be done periodically.
6.) Regular updates on approvals attachments should be checked by the verification team.
7.) A tracker for each app.
8.) A common online portal for reconciliation for ability to appeal, reason for denial and justification should be made. So that tracking becomes easier.

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