

GAP ANALYSIS IN INSURANCE DEPARTMENT AT GMC HOSPITAL, AJMAN



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"Healing through knowledge and wisdom"

***Dr. Arjun Kubsad, Dr. Aditya Kaura & Dr. Raghav Arora
Management Trainees***



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***“Progress and motion are not synonymous,
Progress stands on efficiency”***



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Aim & Objective

- To reduce **turn around time**
- To decrease **rejection rate**
- To **smoothen** the **approval process**
- To increase **efficiency**



Goal

- To reduce the **rigidity** of approval process
- To bring the entire process in to **one platform**
- To ease the **status check**
- To **keep the patient informed** about the status of request with out using manpower
- To increase **Daily patient turnover**
- To increase **Revenue generation**

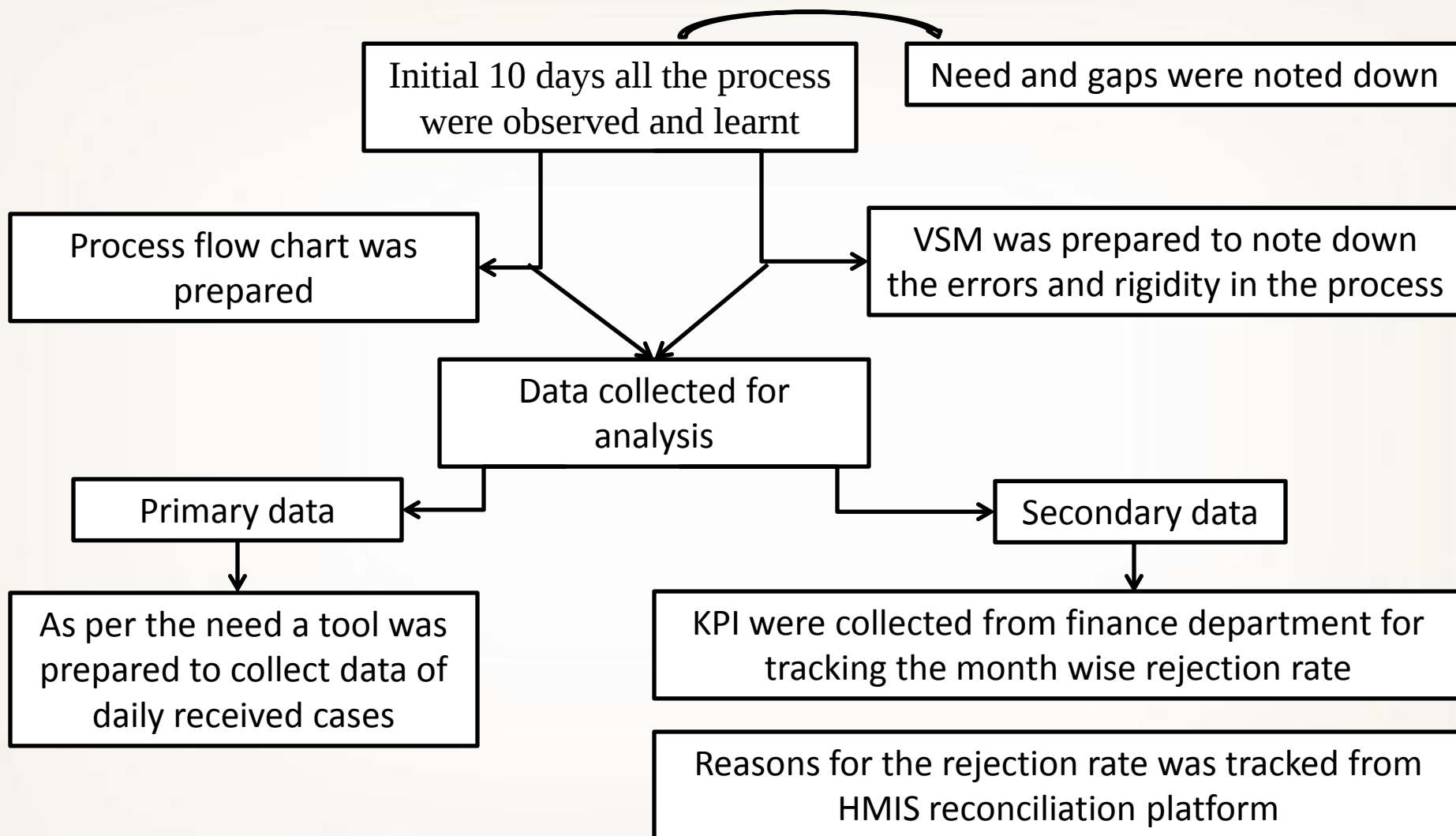


Gaps in the Process

- Process making employees to work more hard less smart
- Unnecessary movements and multiple minute diversified work patterns
- Time consumption
- Diversified accessibility and usage of HMIS
- Patient roaming between the departments

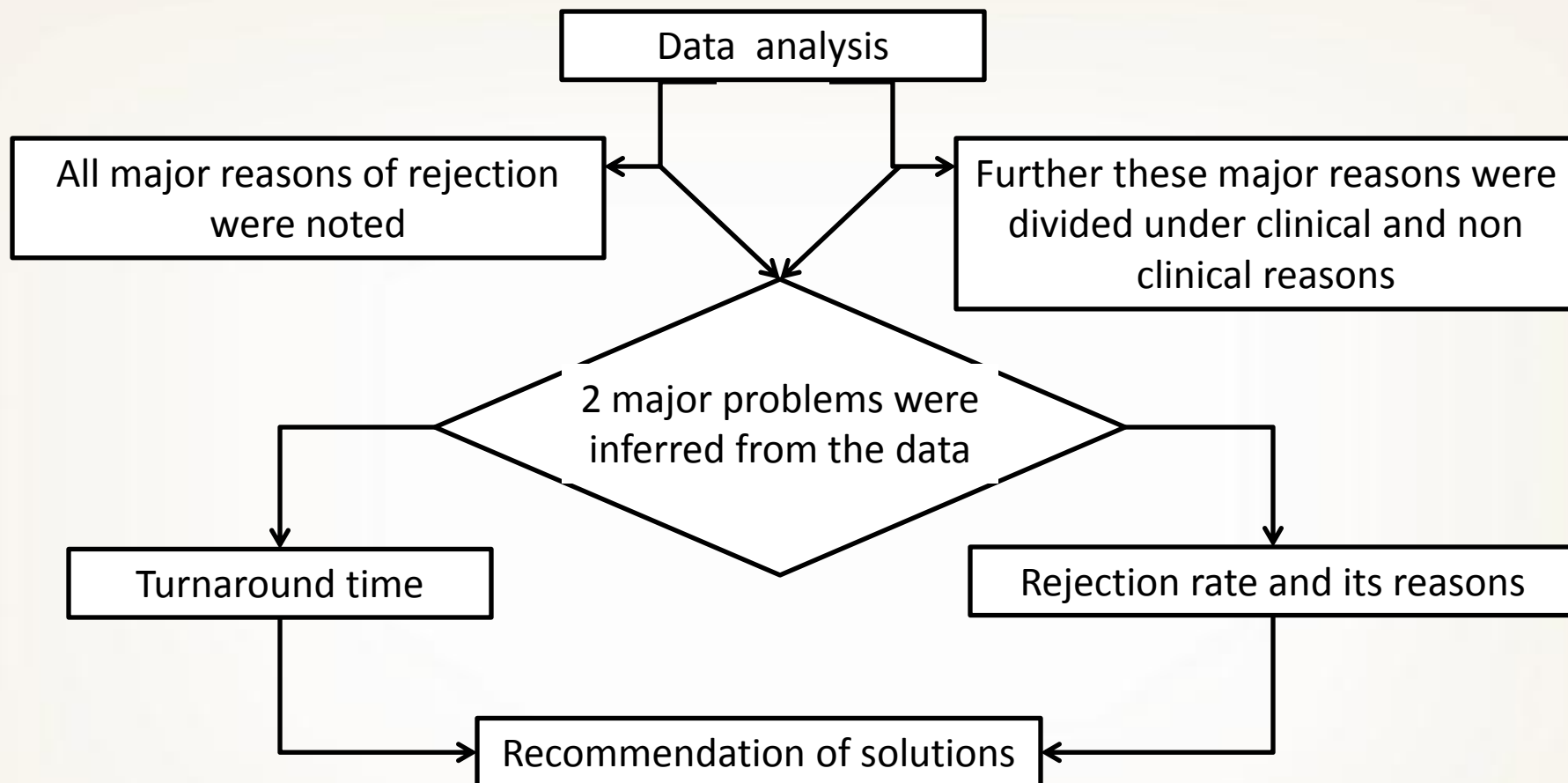


Study plan





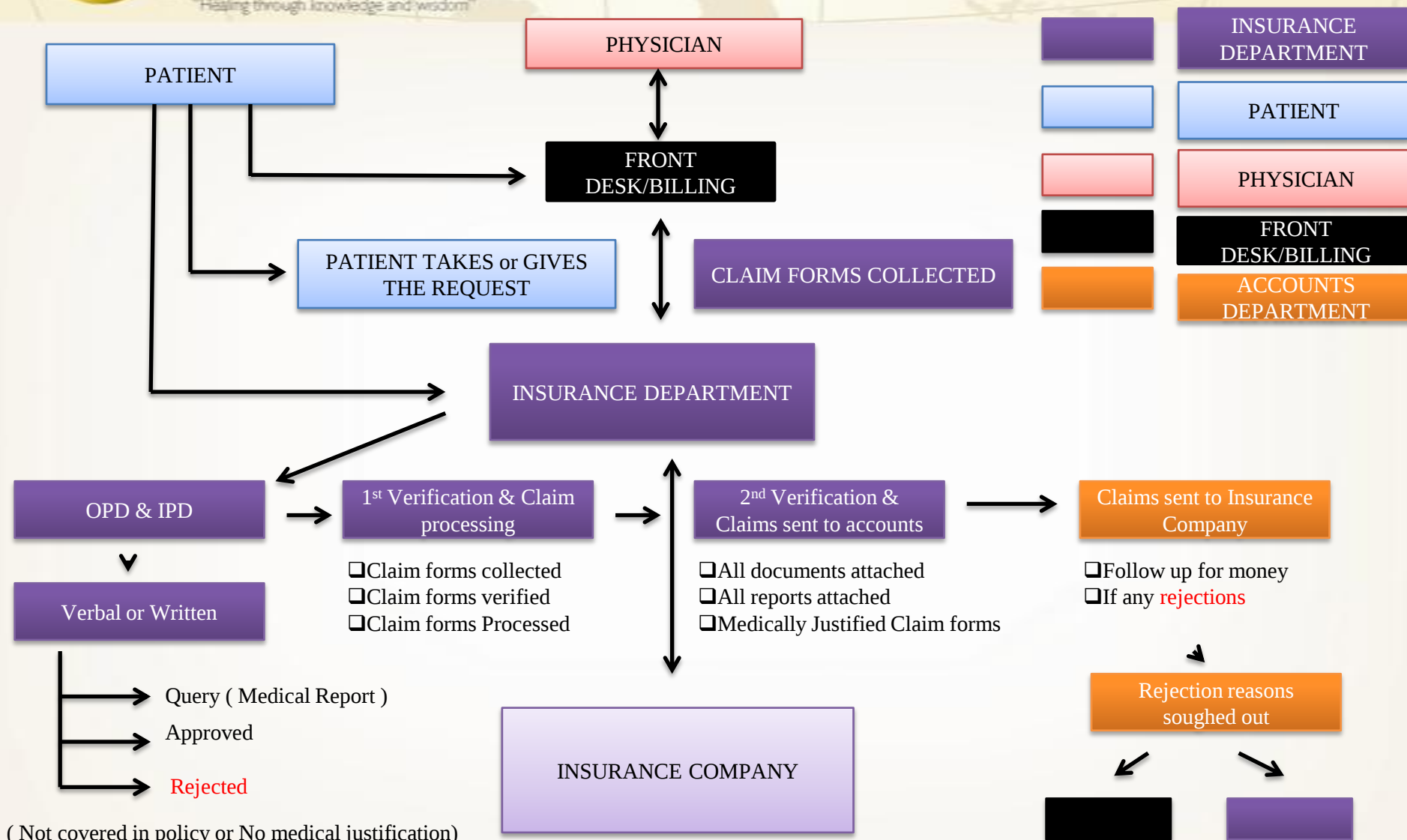
Study plan





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Value stream mappingF:\VSM of insurance process.xlsx



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Key Areas

- Turnaround Time
- Rejection rate



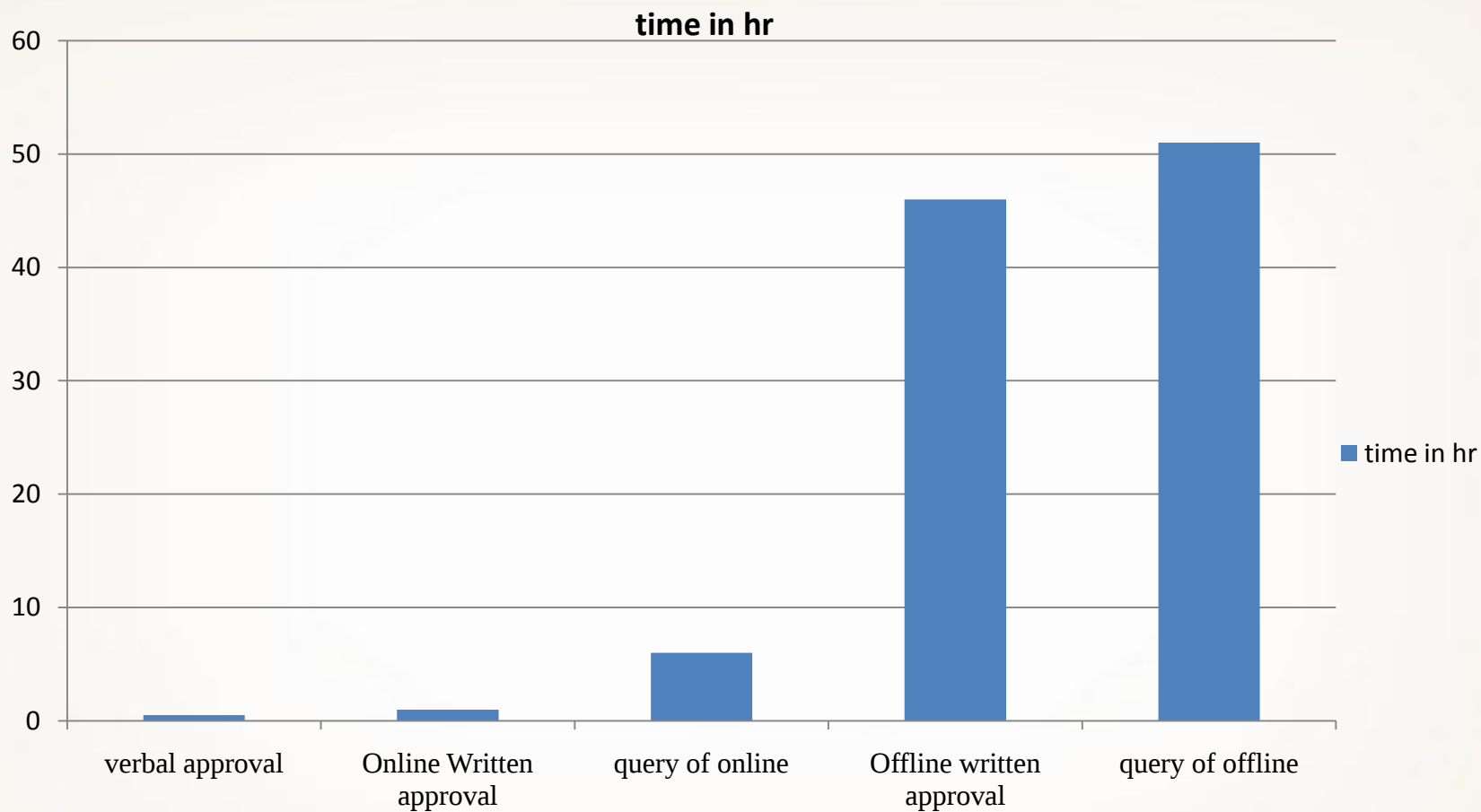
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TURNAROUND TIME



Sl.No	Approval Scenario	Time in hr
1	Verbal Approval	½
2	Written Approval of Insurance company with online platform	1
3	Query of Insurance company with online platform	6
4	Written approval of insurance company without online platform	46
5	Query of Insurance company without online platform	51
Average time taken		24 to 48





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REJECTION RATE

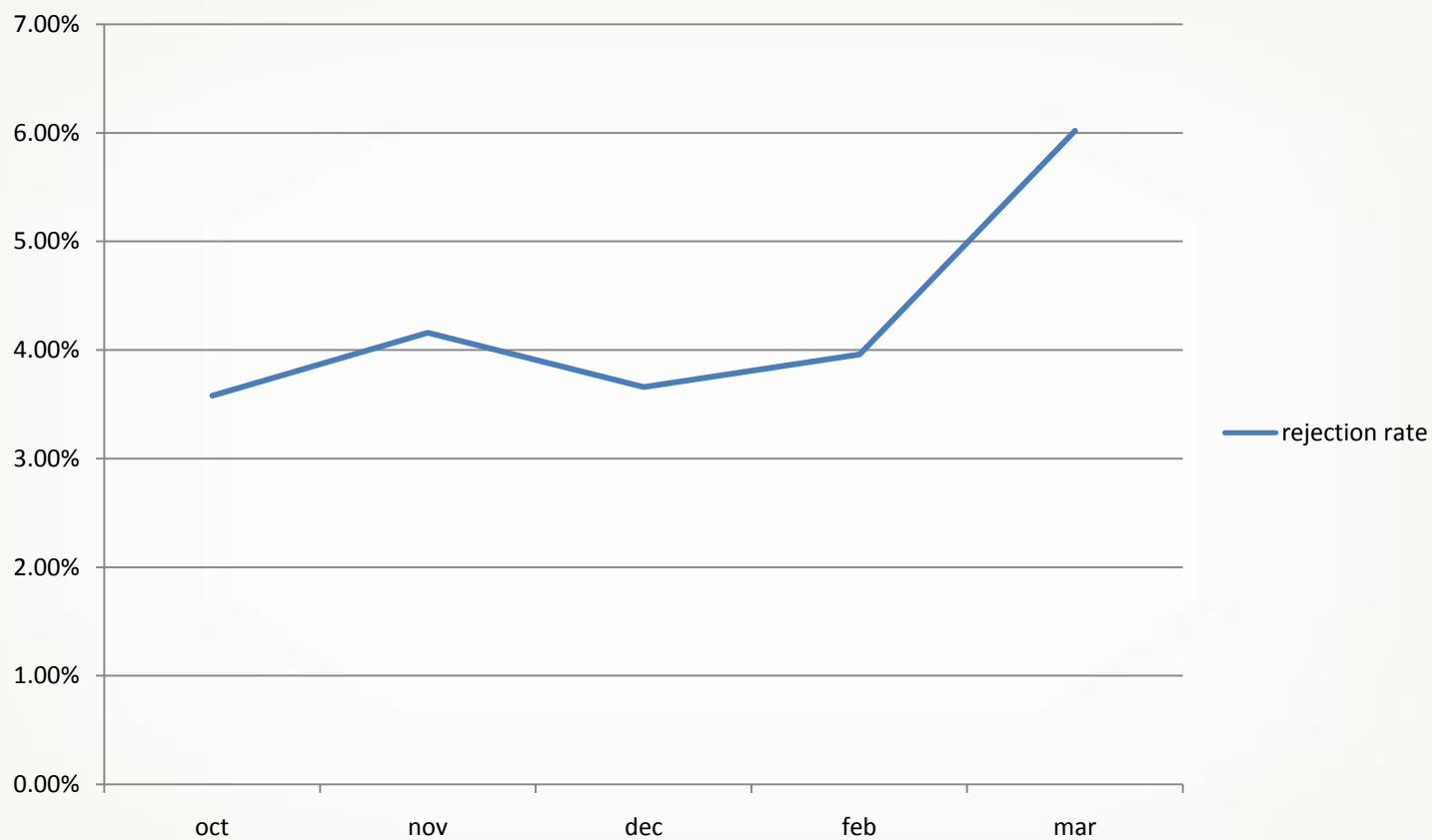


Salient Features

- 140 new approval request received daily
- 4200 approval requests processed per month
- Average cumulative rejection rate of 4.28% before reconciliation
- After reconciliation rejection rate less than 2%



rejection rate





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Reasons for the rejection

- Clinical
- Administrative
- Non coverable



Clinical Reasons

- No medical justification
- Incomplete claim form
- Unclear diagnosis
- Service performed after last date of coverage
- No prior approval taken
- Pre authorization necessary



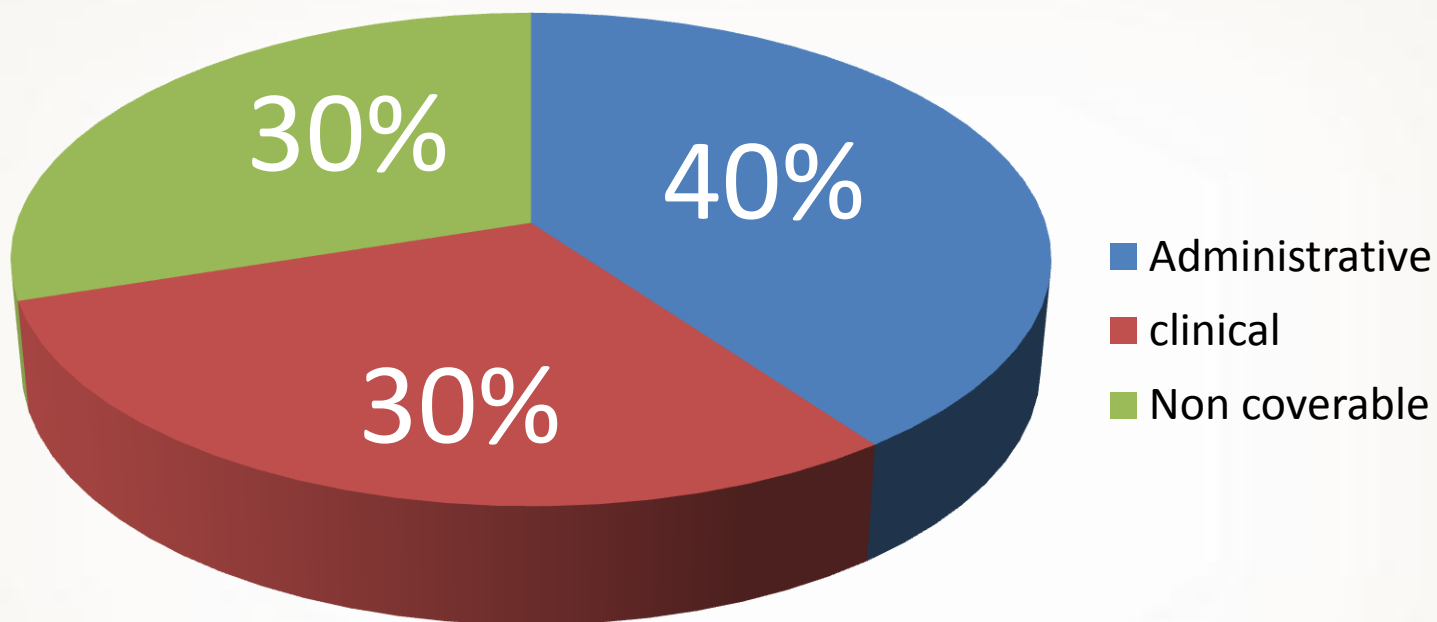
Administrative

- Co insurance not taken
- Co pay not applied properly
- Calculation discrepancies
- Provider excess charges



Non coverable

- Standard exclusions
- General exclusions
- Screening tests
- Policy non coverable
- Not under agreed tariff





Causes and Problems

- Manual workload on the manpower
- Multiple access to the MRD and Lab reports
- Incomplete clinical information on claim form
- No record of status/pending cases
- There is no waiting area and queue system for the patient



- The patient needs to be called manually after the approval or rejection
- If the limit is crossed for a patient it doesn't show on the system
- The validity expiry for any request is only 7 days and cannot be updated from insurance department
- The nurse station has to inform the Insurance department that the patient is discharging



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PROCESS IMPROVEMENT



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- HMIS
- Manpower planning
- Insurance department redesigning



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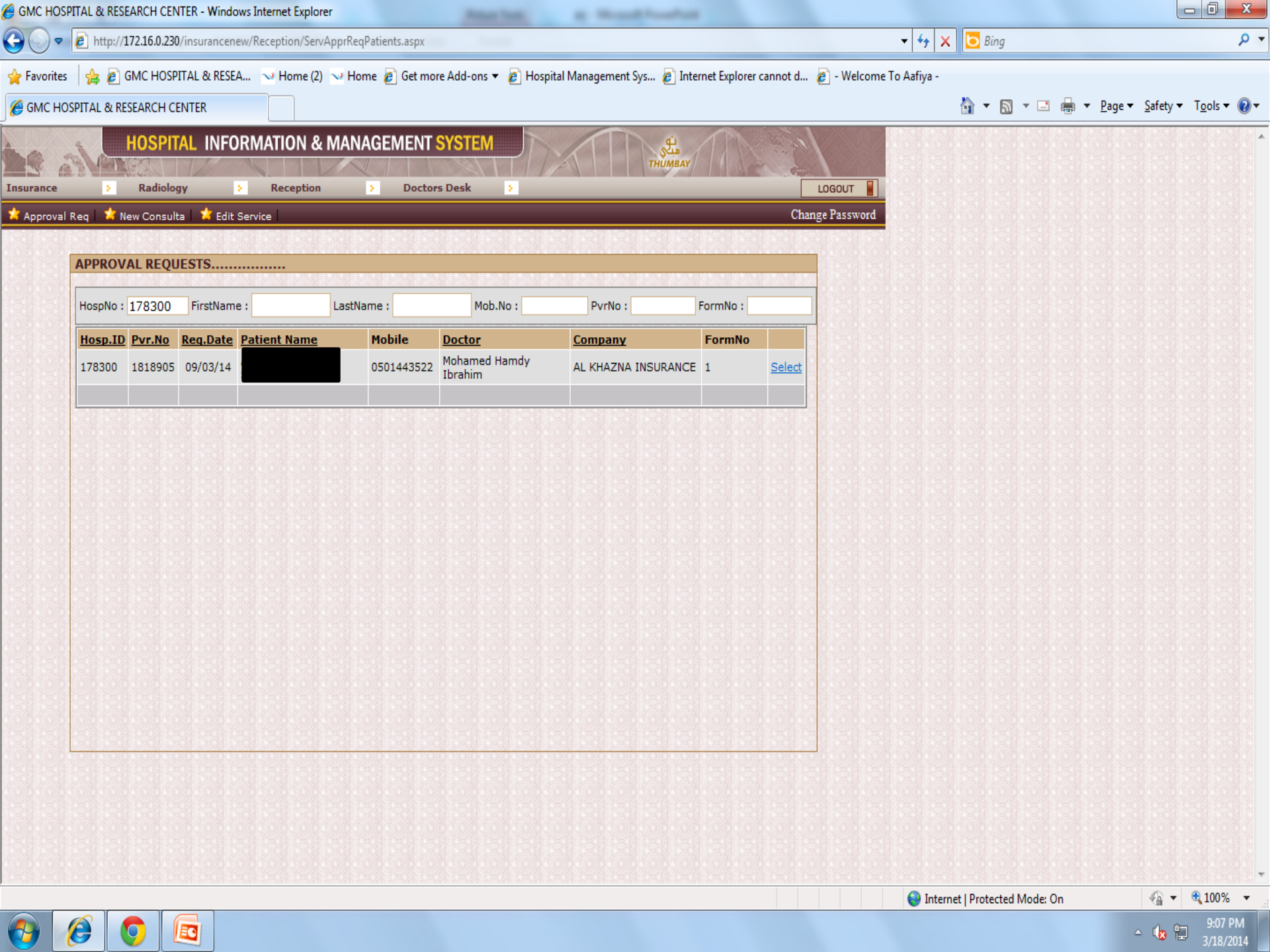
LOGOUT

[Approval Req](#)
[New Consulta](#)
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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	
176961	1828379	18/03/14	HAMAD MOHAMMAD HILAL	0506590924	Shaimaa Aly Wahba	NAS INSURANCE	1	Select
130146	1828569	18/03/14	EMAN ZEYAD	0503201812	Mohamed Hamdy Ibrahim	NEURON INSURANCE - ENAYA	1	Select
375652	1828038	18/03/14	ABDULRAHMAN NASEER MOHAMMAD	0509660504	Shweta Prabhu	Daman Insurance Company	1	Select
360014	1828339	18/03/14	SAIMA RASHID	0559436264	Salwa Abd El Zaher Mabrouk Ibrahim	OMAN INSURANCE COMPANY	5290611	Select
375652	1828038	18/03/14	ABDULRAHMAN NASEER MOHAMMAD	0509660504	Shweta Prabhu	Daman Insurance Company	1	Select
303107	1828614	18/03/14	RANA AWAD	0501821280	Sabreen Abdeljabar	ALICO INSURANCE	14030632FC01003	Select
337057	1828227	18/03/14	NOORADAT KHAN AZIM KHAN	0502165185	Mohammed Khalid	AL BUHAIRA NATIONAL INSURANCE COMPANY	1	Select
413248	1828789	18/03/14	RABIA RAEES WAQAR WAHEED	0557746644	Wajiha Ajmal	Almadallah Healthcare Management FZ LLC	1929535	Select



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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	[REDACTED]	0501443522	Mohamed Hamdy Ibrahim	AL KHAZNA INSURANCE	1	Select

http://172.16.0.230/insurancenew/Reception/ServiceApprove1.aspx?Hid=435794&Vid=1849098&rdate=4/7/2014 12:00:00 AM&rtime=10:10:14 AM

AUTHORIZATION OF SERVICE REQUESTS

FormNo	Service	Remark	Approved	Remark/DocNo	File
1	Composite Filling - 2 surface	Appr. Required	Status		Browse...
1	Molar Complete Procedure(Root Canal)	Appr. Required	Status		Browse...
			Approved Rejected		
					SAVE

(List of Services Requested for this Patient)

DeptName	Service	NetAmt	Remark
DeptName : DENTAL - Total :747.75			
DENTAL	DENT->Root Canal-> endodontic therapy, molar (excluding final restoration)[D3330]	561.00	Appr.Req
DENTAL	DENT->Fillings p-> resin-based composite - two surfaces, posterior[D2392]	186.75	Appr.Req

Complaints :

pain and swelling

Diagnosis :

peri apical abscess LL 6

Limit

DeptName	DeptLimit	CardL
GENERAL SERVICES		
DENTAL		

- Invoiced
- Receipted
- not Billed

LOGOUT

Change Password

Select

Select



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Medical records need to be referred

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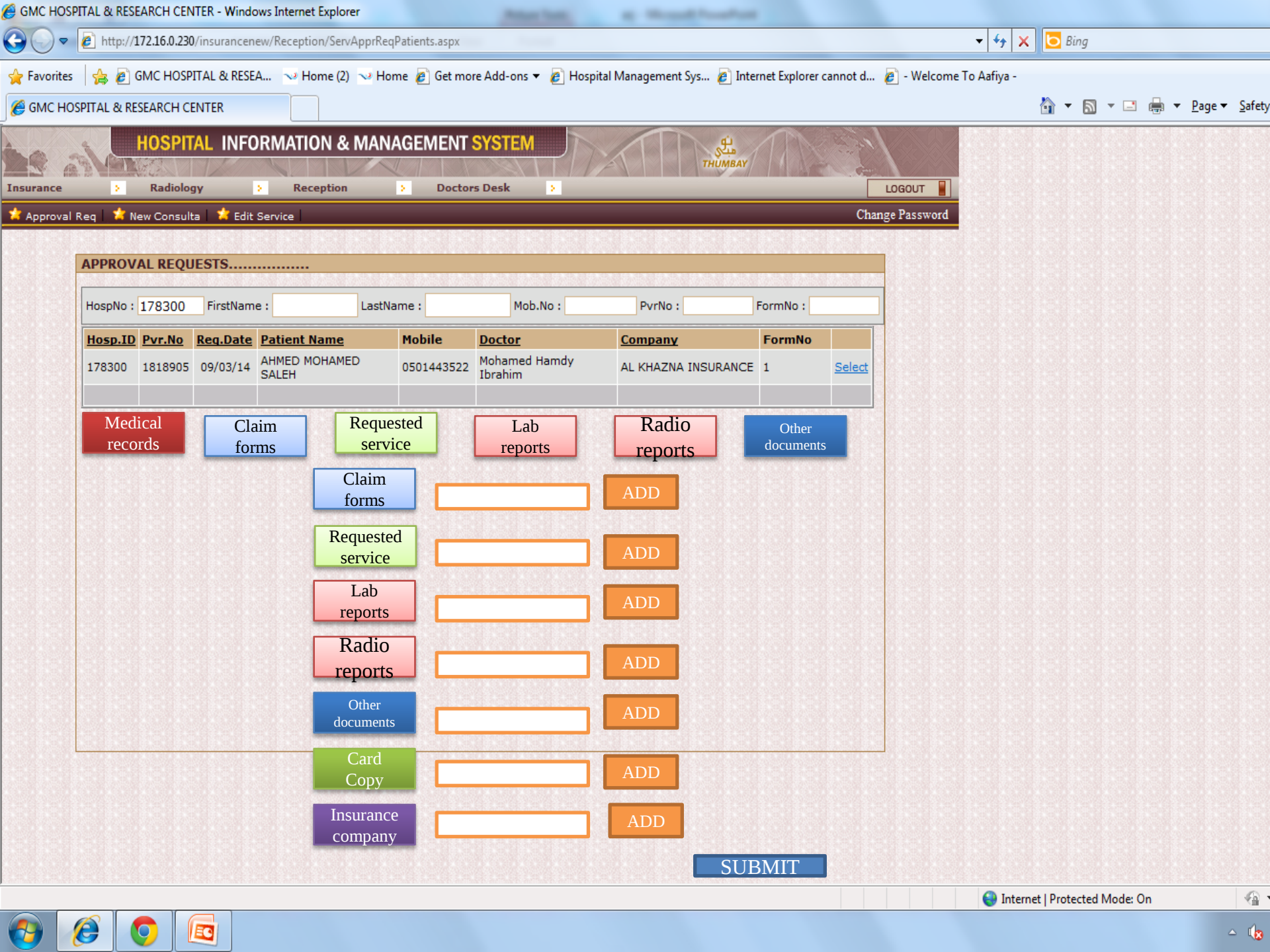
APPROVAL REQUESTS.....

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	A [REDACTED]	0501443522	Mohamed Hamdy Ibrahim	AL KHAZNA INSURANCE	1	Select

Claim
forms

ADD



AUTHORISATION OF SERVICE REQUESTS

FormNo	Service	Remark	Approved	Remark/DocNo	File
1	Composite Filling - 2 surface	Appr. Required	Status		Browse...
1	Molar Complete Procedure(Root Canal)	Appr. Required	Approved Rejected		Browse...
					SAVE

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pain and swelling

Diagnosis :

peri apical abscess LL 6

Limit

DeptName	DeptLimit	CardL
GENERAL SERVICES		
DENTAL		

- ✓ - Invoiced
- ✓ - Receipted
- ✗ - not Billed

http://172.16.0.230/insurancenew/Reception/ServiceApprove1.aspx?Hid=435794&Vid=1849098&rdate=4/7/2014 12:00:00 AM&rtme=10:10:14 AM

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DeptName	DeptLimit	CardL
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DENTAL		

- Invoiced
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- not Billed

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Select

Select



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Transaction

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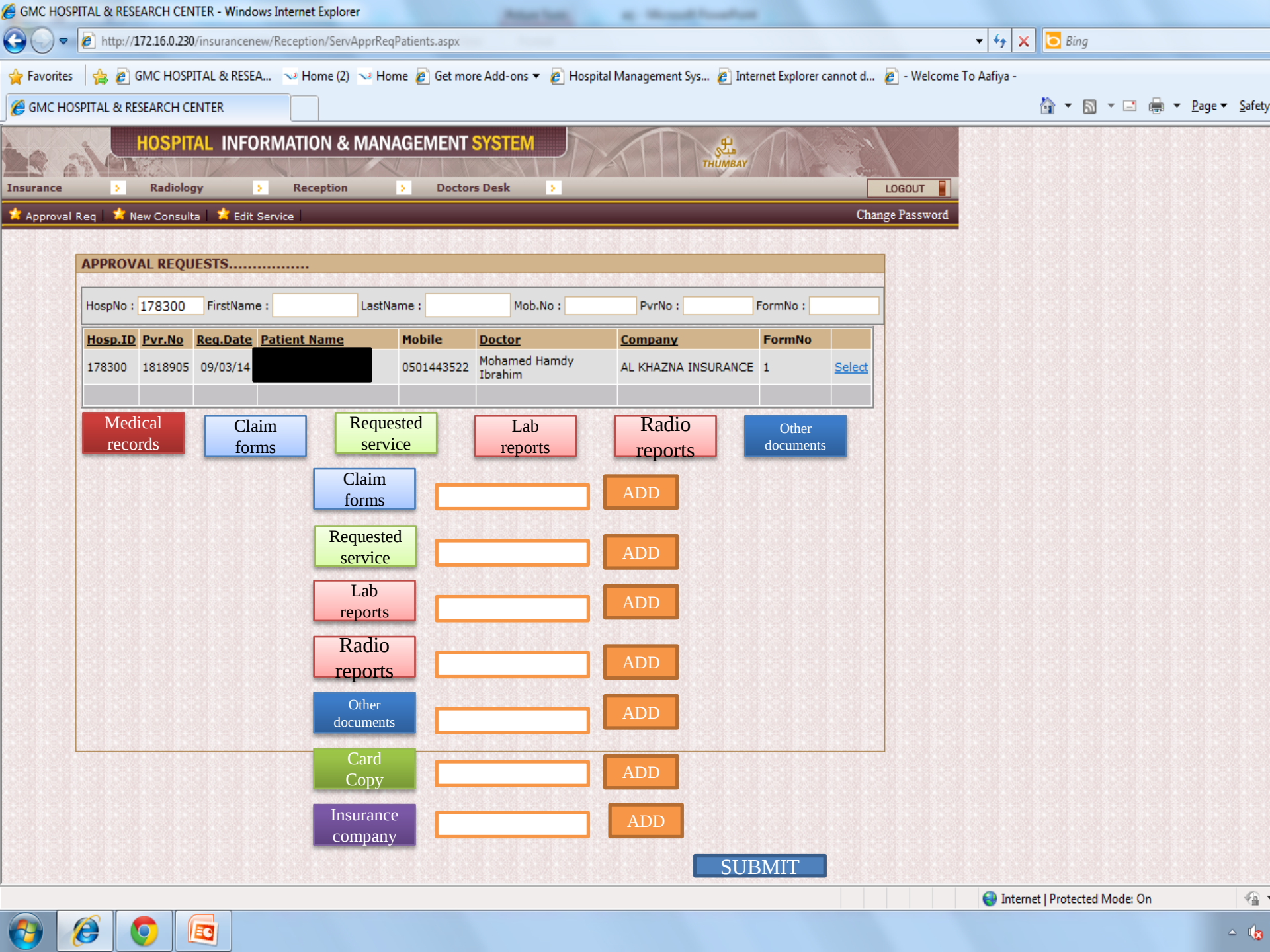
PRINT TEST RESULT

File No. : First Name : Mobile No. : Patient Type :

Search

Out Patient - Radiology Service Request : 3/4/2013

PVR No.	Patient Name	Hosp ID	Total Service	
1476166		365961	1 [0]	0 To Print
1501005		365961	2 [2]	1 To Print
1650560		365961	1 [1]	1 To Print
1818463		365961	2 [2]	1 To Print
1832350		365961	1 [0]	0 To Print
1844369		365961	3 [1]	1 To Print
1844369		365961	3 [1]	1 To Print





Master

Transaction

Report

Log out

Search

Logout

PRINT TEST RESULT

File No. : First Name : Mobile No. : Patient Type :

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Out Patient - Radiology Service Request : 3/4/2013

PVR No.	Patient Name	Hosp ID	Total Service	
1476166	[REDACTED]	365961	1 [0]	0 To Print
1501005	[REDACTED]	365961	2 [2]	1 To Print
1650560	[REDACTED]	365961	1 [1]	1 To Print
1818463	[REDACTED]	365961	2 [2]	1 To Print
1832350	[REDACTED]	365961	1 [0]	0 To Print
1844369	[REDACTED]	365961	3 [1]	1 To Print
1844369	[REDACTED]	365961	3 [1]	1 To Print

ADD



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Change Password

ADD



AUTHORISATION OF SERVICE REQUESTS

FormNo	Service	Remark	Approved	Remark/DocNo	File
1	Composite Filling - 2 surface	Appr. Required	Status		Browse...
1	Molar Complete Procedure(Root Canal)	Appr. Required	Status		Browse...
			Approved Rejected		
			Processed	9:30 21/4	SAVE

(List of Services Requested for this Patient)

DeptName	Service	NetAmt	Remark
DeptName : DENTAL - Total :747.75			
DENTAL	DENT->Root Canal-> endodontic therapy, molar (excluding final restoration)[D3330]	561.00	Appr.Req
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Complaints :

pain and swelling

Diagnosis :

peri apical abscess LL 6

Limit

DeptName	DeptLimit	CardL
GENERAL SERVICES		
DENTAL		

- ✓ - Invoiced
- ✓ - Receipted
- ✗ - not Billed

AUTHORISATION OF SERVICE REQUESTS

FormNo	Service	Remark	Approved	Remark/DocNo	File
1	Composite Filling - 2 surface	Appr. Required	Status		Browse...
1	Molar Complete Procedure(Root Canal)	Appr. Required	Status		Browse...
			Approved Rejected		
			CURRENT STATUS	SUBMIT	SAVE

Received
Processed
Query replied
Pending
Handed over

(List of Services Requested for this Patient)

DeptName	Service	NetA
DeptName : DENTAL - Total :747.75		
DENTAL	DENT->Root Canal-> endodontic therapy, molar (excluding final restoration)[D3330]	✗ 561.00 Appr Req
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GENERAL SERVICES		
DENTAL		



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- If no reply from the insurance company after 12 hrs

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1	Composite Filling - 2 surface	Appr. Required	Status		Browse...
1	Molar Complete Procedure(Root Canal)	Appr. Required	Status		Browse...
			Approved Rejected		
			CURRENT STATUS	SUBMIT	SAVE

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Query replied
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Handed over

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- Invoiced
 - Receipted
 - not Billed

aints :
 pain and swelling
 Diagnosis :
 peri apical abscess LL 6

DeptName	DeptLimit	CardL
GENERAL SERVICES		
DENTAL		

HOSPITAL INFORMATION & MANAGEMENT SYSTEM**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	██████████ ED	0501443522	Mohamed Hamdy Ibrahim	AL KHAZNA INSURANCE	1	Select

Medical Report

DOCTOR

SEND

Please kindly send us a detail medical report for this patient



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REPORT

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Change Pas

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		0501443522	Mohamed Hamdy Ibrahim	AL KHAZNA INSURANCE	1	Select
						CURRENT STATUS		

Approved
Rejected
Partially ApprovedAfter Approval
Or
Rejection done

Message sent to patient

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LOGOL

Change Pas

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		0501443522	Mohamed Hamdy Ibrahim	AL KHAZNA INSURANCE	1	Select
						Approved		

HOSPITAL INFORMATION & MANAGEMENT SYSTEMمبنى
THUMBAY**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		0501443522	Mohamed Hamdy Ibrahim	AL KHAZNA INSURANCE	1	Select
						Handed over		

APPROVAL REQUESTS.....

HospNo : 144986 FirstName : LastName : Mob.No : PvrNo : FormNo :

Sorry no records found...!



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The limit is exceed for the patient for the department but it does not come on the system

APPROVAL REQUESTS.....

HospNo : 144986 FirstName : LastName : Mob.No : PvrNo : FormNo :

Sorry no records found...!



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Need to call the lab/radiology for request
update and click on limit cross

APPROVAL REQUESTS.....

HospNo : 144986

FirstName :

LastName :

Mob.No :

PvrNo :

FormNo :

Hosp.ID	Pvr.No	Req.Date	Patient Name	Mobile	Doctor	Company	FormNo	
144986	1859764	16/04/14		0505437175	Mahmoud Shamseldeen	OMAN INSURANCE COMPANY	5310627	Select

5310627 Mycoplasma Antibody	Limit Crossed	Status		Choose File	No file chosen
5310627 Complete Blood Count (CBC)	Limit Crossed	Status		Choose File	No file chosen

(List of Services Requested for this Patient)

DeptName	Service		NetAmt	Remark
DeptName : GENERAL SERVICES - Total :128.25				
GENERAL SERVICES	GENE->CONSULTATI-> Office consultation by a Consultant Physician For the evaluation and management of a new or established patient which includes, at a minimum, a problem focused history, problem focused examination and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.[11]	✓	128.25	Covered
DeptName : LABORATORY - Total :490.40				
LABORATORY	LABO->CL. CHEMIS-> Iron[83540]	✗	86.40	LimitCrossed
LABORATORY	LABO->CLINICAL I-> Antibody; mycoplasma[86738]	✗	281.60	LimitCrossed
LABORATORY	LABO->CLINICAL I-> C-reactive protein; [86140]	✗	58.40	LimitCrossed
LABORATORY	LABO->CLINICAL H-> Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count[85025]	✗	64.00	LimitCrossed
DeptName : RADIOLOGY - Total :192.00				
RADIOLOGY	RADI->X RAYS-> Radiologic examination, chest; single view, frontal[71010]	✗	63.75	Covered
RADIOLOGY	RADI->X RAYS-> Radiologic examination; neck, soft tissue[70360]	✗	128.25	Covered

Complaints :

cough, snoring

Diagnosis :

Acute tonsillitis, unspecified, Hypertrophy of tonsils with hypertrophy of adenoids,

Limit

DeptName	DeptLimit	CardLimit
GENERAL SERVICES		
RADIOLOGY	375.00	
LABORATORY	399.00	

- ✓ - Invoiced
 ✓ - Received
 ✗ - not Billed

Sl.No	IP No	Hosp No	Patient Name	Dt.of Adm.	Time	Ward No.	Bed No.	Company	Details of Transfers	Discharged
1	99386	392273	[REDACTED]	30/4/2014	3:50:00 AM	DELUXE ROOM B17	B17 bed 1	AXA INSURANCE	FIRST STAGE--FS Bed3 30/4/2014	Discharged
2	99453	433141	[REDACTED]	1/5/2014	3:00:00 AM	MALE GENERAL WARD F010	F010 bed5	AMITY Commercial Broker LLC	FIRST STAGE--FS Bed10 1/5/2014	Discharged
3	99456	361326	[REDACTED]	1/5/2014	4:40:00 AM	PRIVATE ROOMS F006	F006 bed1	NEURON INSURANCE - ENAYA	No Transfer	-
4	99537	421421	[REDACTED] L	2/5/2014	8:00:00 PM	MALE GENERAL WARD F010	F010 bed3	NEXT CARE INSURANCE	No Transfer	-
5	99341	402596	[REDACTED]	29/4/2014	7:10:00 AM	PRIVATE ROOMS F006	F006 bed1	OMAN INSURANCE COMPANY	No Transfer	Discharged
6	99348	447316	[REDACTED]	29/4/2014	8:50:00 AM	FEMALE GENERAL WARD B004	B004 Bed4	AL BUHAIRA NATIONAL INSURANCE COMPANY	No Transfer	-
7	99349	119654	[REDACTED]	29/4/2014	9:50:00 AM	MALE GENERAL WARD F003	F003 Bed2	NAS (SR and WN) Insurance	No Transfer	Discharged
8	99355	153490	[REDACTED]	29/4/2014	11:40:00 AM	DELUXE ROOM D003	D003 bed1	NEURON INSURANCE	ICU--ICU Bed1 29/4/2014Post OP Room--P OP Bed1 29/4/2014	Discharged
9	99359	445328	[REDACTED] L	29/4/2014	2:20:00 PM	MALE GENERAL WARD F003	FreeBed	NAS INSURANCE	No Transfer	Discharged
10	99360	312776	[REDACTED]	29/4/2014	3:00:00 PM	PRIVATE ROOM E012	E012 bed1	ALICO INSURANCE	PAEDIATRIC WARD B005--FreeBed 29/4/2014	-
11	99362	447294	[REDACTED] N	29/4/2014	4:10:00 PM	SMART DELUXE ROOM F002	F002 bed1	MEDNET INSURANCE	FIRST STAGE--FS Bed4 29/4/2014Post OP Room--P OP Bed3 30/4/2014	Discharged
12	99363	372535	[REDACTED]	29/4/2014	4:30:00 PM	PRIVATE ROOMS F006	FreeBed	AL BUHAIRA NATIONAL INSURANCE COMPANY	PAEDIATRIC WARD B005--B005 Bed4 1/5/2014	-
13	99369	194497	[REDACTED]	29/4/2014	5:40:00 PM	MALE GENERAL WARD F003	FreeBed	Daman Insurance Company	No Transfer	-
14	99370	411064	[REDACTED]	29/4/2014	6:00:00 PM	PRIVATE ROOMS B010	B010 bed1	OMAN INSURANCE COMPANY	No Transfer	Discharged
15	00272	086270	AL SUHAIMA ET STD	29/4/2014	9:00:00	DELUXE ROOM	FreeBed	NEXT CARE INSURANCE	No Transfer	-

:: Education

:: Healthcare

:: Research



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HOSPITAL INFORMATION & MANAGEMENT SYSTEM



GMC HOSPITAL & RESEARCH CENTRE

Phone List

Important Forms

Infection Control Document

View All Circulars

Other Important Links

IT Center

Policies & Procedures

To All Staff- **NEW** **MOH Accredited- NEW** [CLICK : SEMINAR ON PUBERTY TO MENOPAUSE](#) **Invitation- NEW** [CLI](#)



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DISCHARGE
INTIMATION



MINUTES OF MEETING : IT & INSURANCE DEPARTMENT

Date : 3rd May 2014

Venue : Board Room, GMC Ajman

AGENDA

To discuss the problems and few changes to be made in the insurance module of HMIS

Limit cross problem

Discharge Intimation

View page on single platform- Lab and radio reports

Increase expiry page time

View medical records of 6 months

Status Change as the requests are received and processed

Link to email and fax from the system

Single platform module

Option to add link of lab and radio reports

SMS sent as soon as processed

In patient current admission status

Request update button



Approval of Proposed agenda

Till the 15th of May

Limit cross problem

Discharge Intimation

View page on single platform- Lab and radio reports

Increase expiry page time

Request update button

No deadline given but agreed

View medical records of 6 months: consultant name, date, diagnosis and drugs given

Status Change as the requests are received and processed

Link to email and fax from the system

Single platform module

Option to add link of lab and radio reports

SMS sent as soon as processed

In patient current admission status



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MANPOWER ANALYSIS



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Activities		TAT / case	Total No. Of cases	Time Required	Working hour per day	Buffer time (time to attend calls, emergency cases etc)	Utilised time	Required Manpower	Present Manpower
Approval	OP								
	New requests (v & W)	8 mins	150	1200 mins					
	Follow up	3 mins	70	210 mins					
	Update	1 min	150	150 mins					
	Total time required per day for op approvals			26hrs	8 hrs	1 hr	7 hrs	4	2
	IP								
	New Admissions	10 mins	10	100 mins					
	Extension	9 mins	25	225 mins					
	Discharges	10 mins	10	100 mins					
	Elective new request	8 mins	20	160 mins					
	Elective follow up	4 mins	20	80 mins					
	Elective update	3 mins	20	60 mins					
	Total time required per day for IP approvals			17 hrs	8 hrs	1 hr	7 hrs	2 + 3 hrs	1



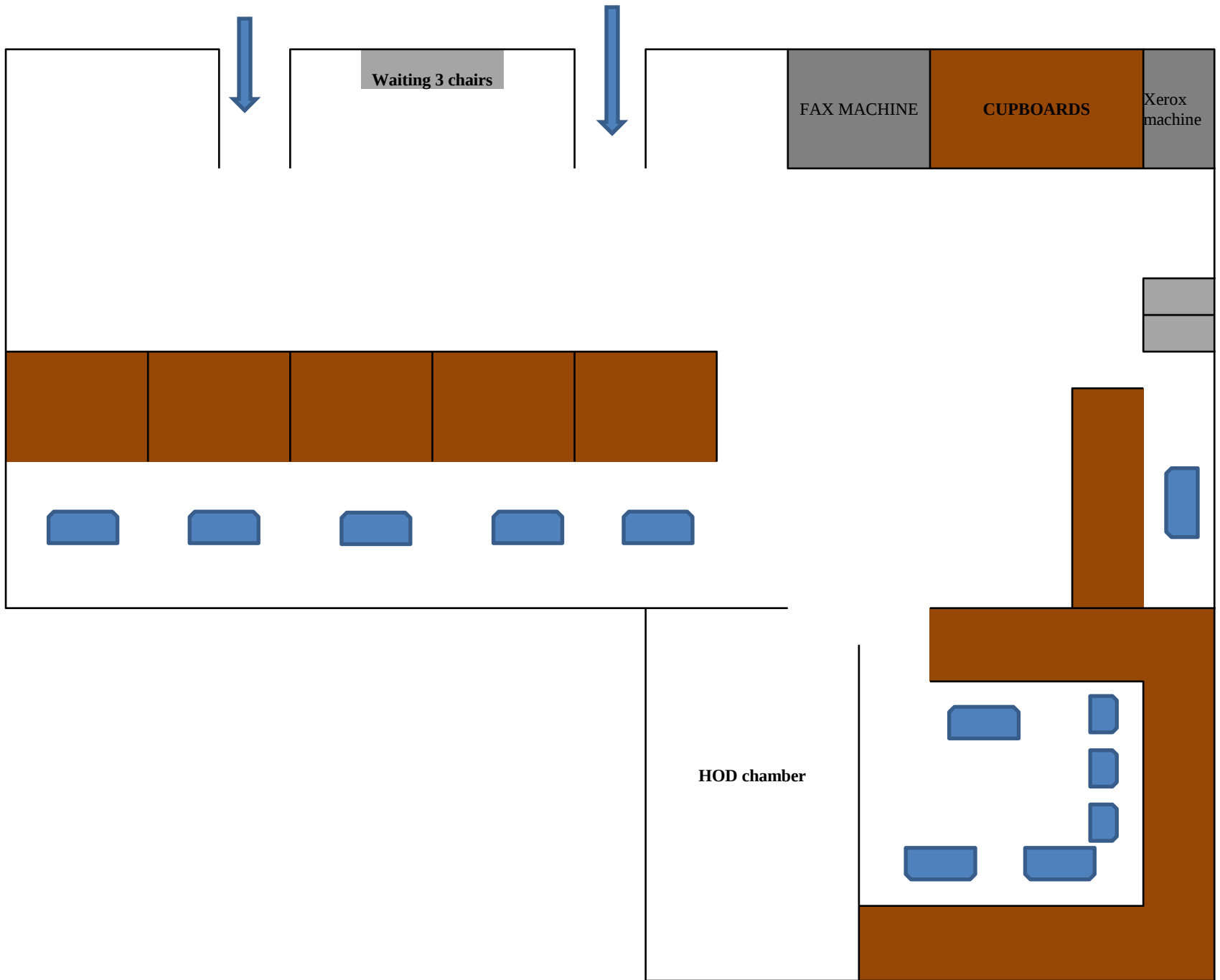
Activities		TAT / case	Total No. Of cases	Time Required	Working hour per day	Buffer time (time to attend calls, emergency cases etc)	Utilised time	Required Manpower	Present Manpower
First Verification	Dental	4 mins	20	80 mins					
	Maternity	4 mins	20	80 mins					
	Optical	4 mins	3	12 mins					
	Total time required per day for First Verification			3 hrs	8 hrs	30 mins	7 hrs 30 mins	Half Day of a person	
E claims	All	3 mins	20	60 mins	1 hr		1 hr		
Claim processing	All	4 mins	616	41 hrs	8 hr	15mins	7 hrs 45 mins	5 full day and 1 half day of an employess	4
Second Verification	O P cases	3 mins	616	31 hrs	8 hrs	15 mins	7 hrs 45 mins	4	3
	I P cases	14 mins	33	4 hrs	8 hrs	15 mins	7 hrs 45 mins	1	
TOTAL								17	11

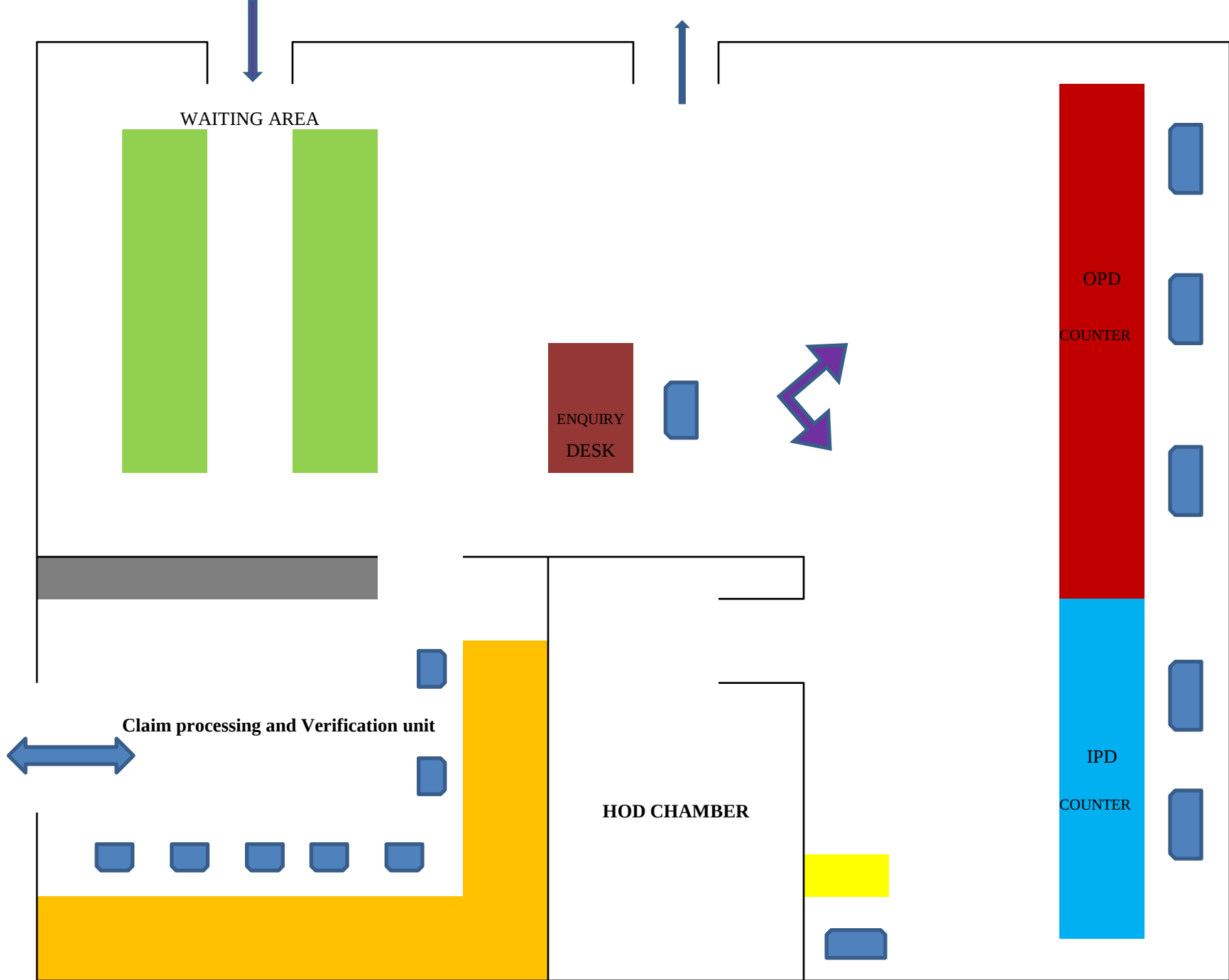


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RE- DESIGNING OF DEPARTMENT





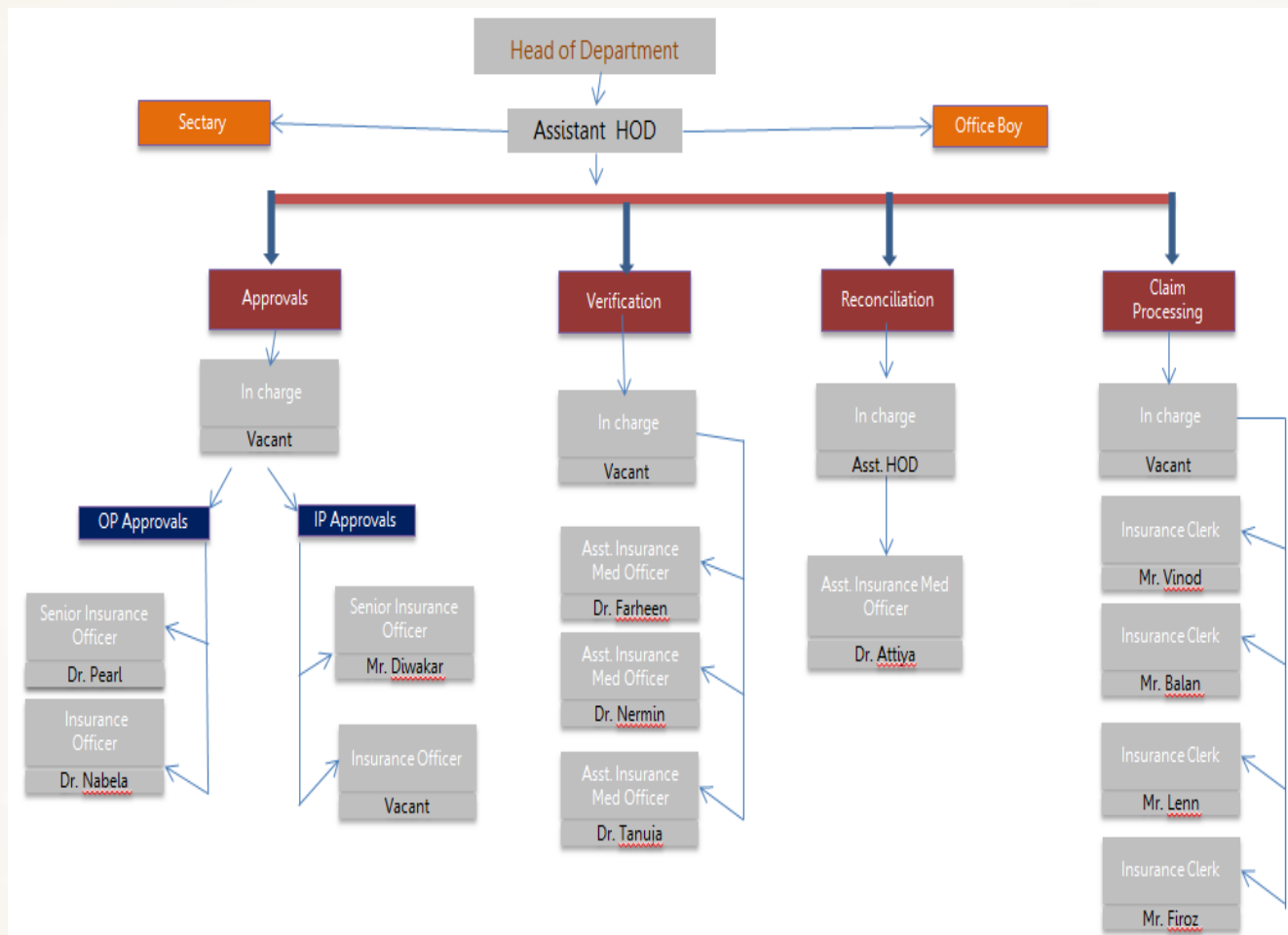


RECOMMENDATION FOR REVISION OF SOP

- Upgradation of organogram
- Upgradation of Job description
- Revision for parameters of approval
- Improving guidelines & protocols for approvals & admissions.
- Focus for achieving benchmarks of turn around time
- Highlighting the vision to reduce errors & rejections.



RECOMMENDATION FOR REDEFINING THE ORGANOGRAM





RECOMMENDATIONS

- Upgradation of HMIS
- Manpower planning & competence mapping
- Redesigning & Space utilization for the department
- Revision of SOP





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