

MANAGING THE UNHONORED DENIAL RATE AND TURNAROUND TIME OF MEDICLAIMS IN ZULEKHA HOSPITAL, SHARJAH, UAE



SAKSHI GAMBHIR

My roles and responsibilities

- Out patient approval processing
- In patient approval processing
- Follow up
- E claims processing
- HMIS upgradation
- Assisting in managerial tasks

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

NEED

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

AIM



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

OBJECTIVES

- To identify the reasons behind high turnaround time and rejection of mediclaim in Zulekha Hospital
- To identify the policy level ambiguities leading to high mediclaim rejection
- To suggest measures smoothening approval process to reduce turnaround time and rejection rate of mediclaims in Zulekha Hospital

GAPS IN THE PROCESS

- Process making workflow more redundant and time consuming
- Unnecessary movements and multiple minute diversified work patterns
- Diversified accessibility and usage of HMIS
- Patient roaming between the departments

STUDY DESIGN AND METHODS

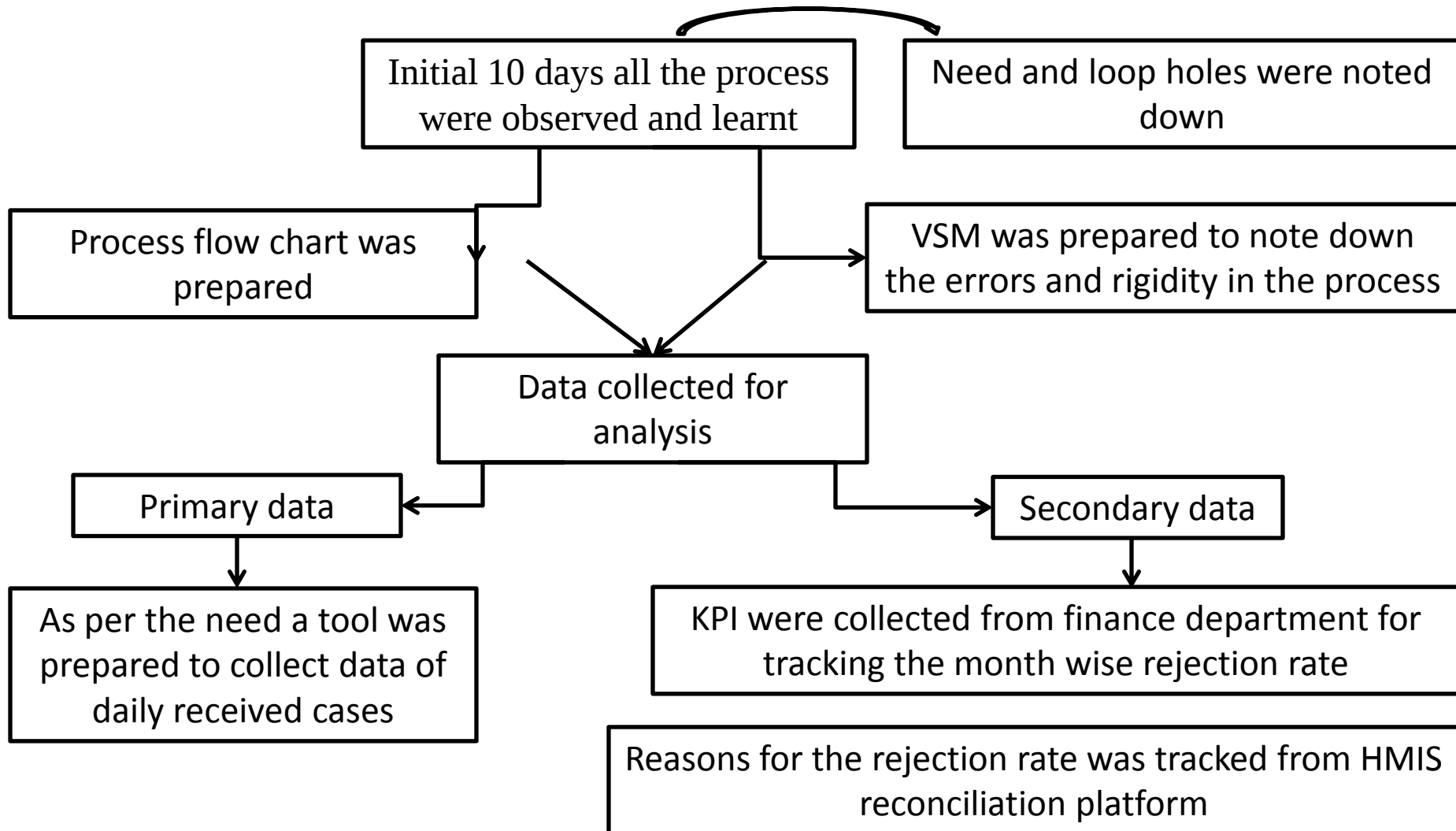
- **Type of study:** Descriptive cross sectional study
- **Location of study:** Zulekha Hospital, Sharjah
- **Study subjects:** All Approval requests received between 10 march 2015 to 10 may 2015

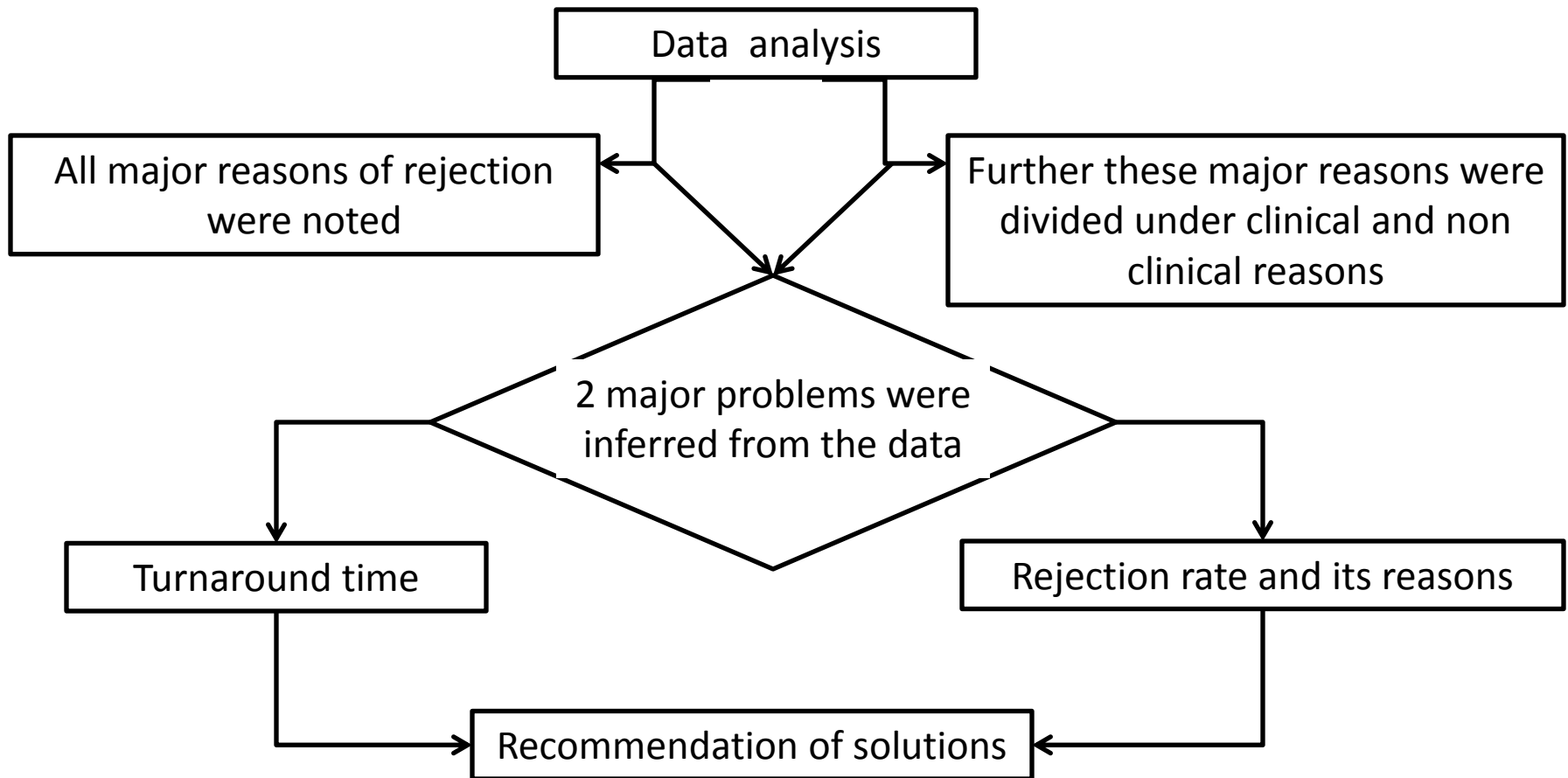
- Sample size:** All Approval requests processed for initial approval, claim process, reconciliation – **7326**

- Technique:** Qualitative research technique

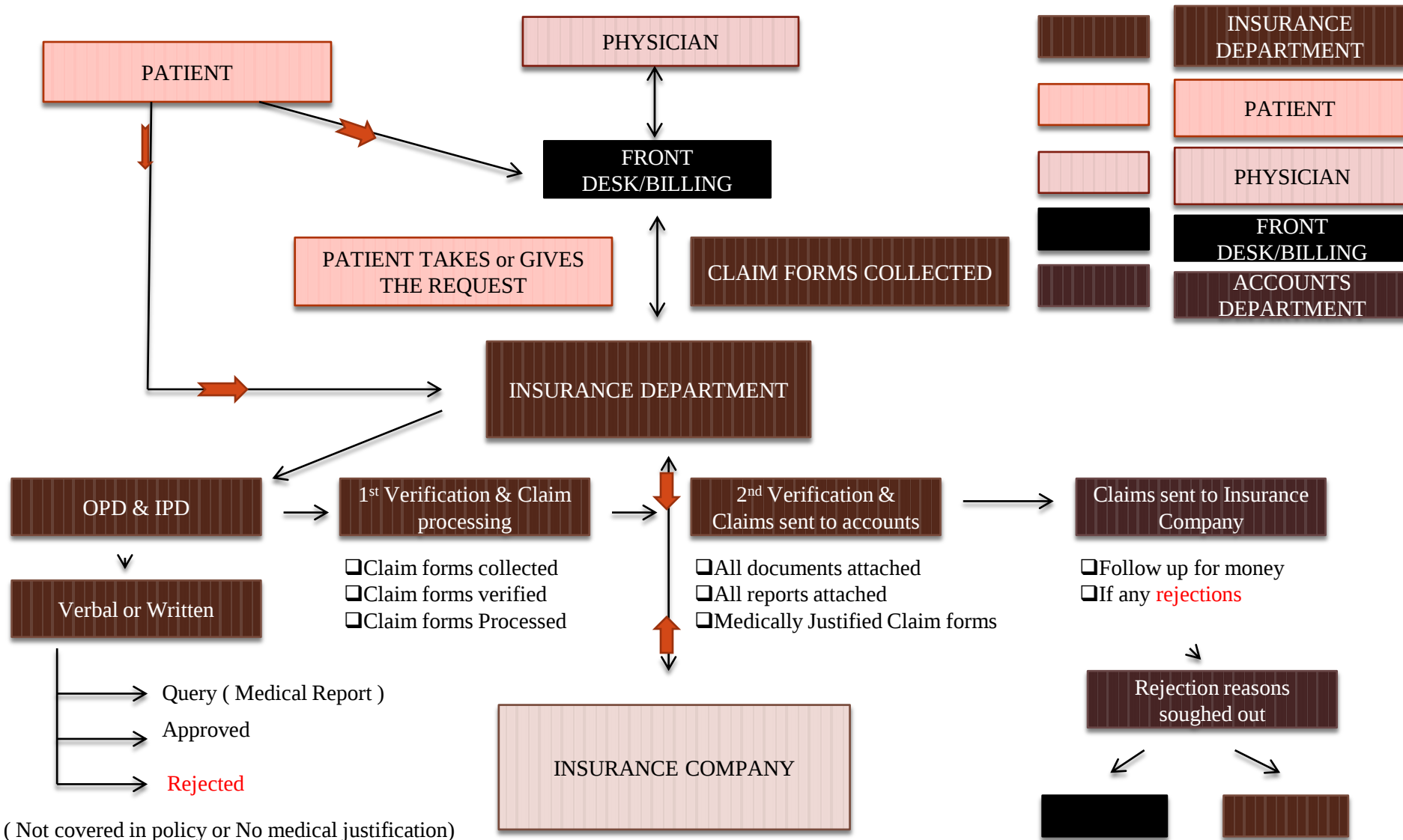
- Study period:** March 10 to May 10

STUDY PLAN





Process flow of insurance department



VALUE STREAM MAPPING

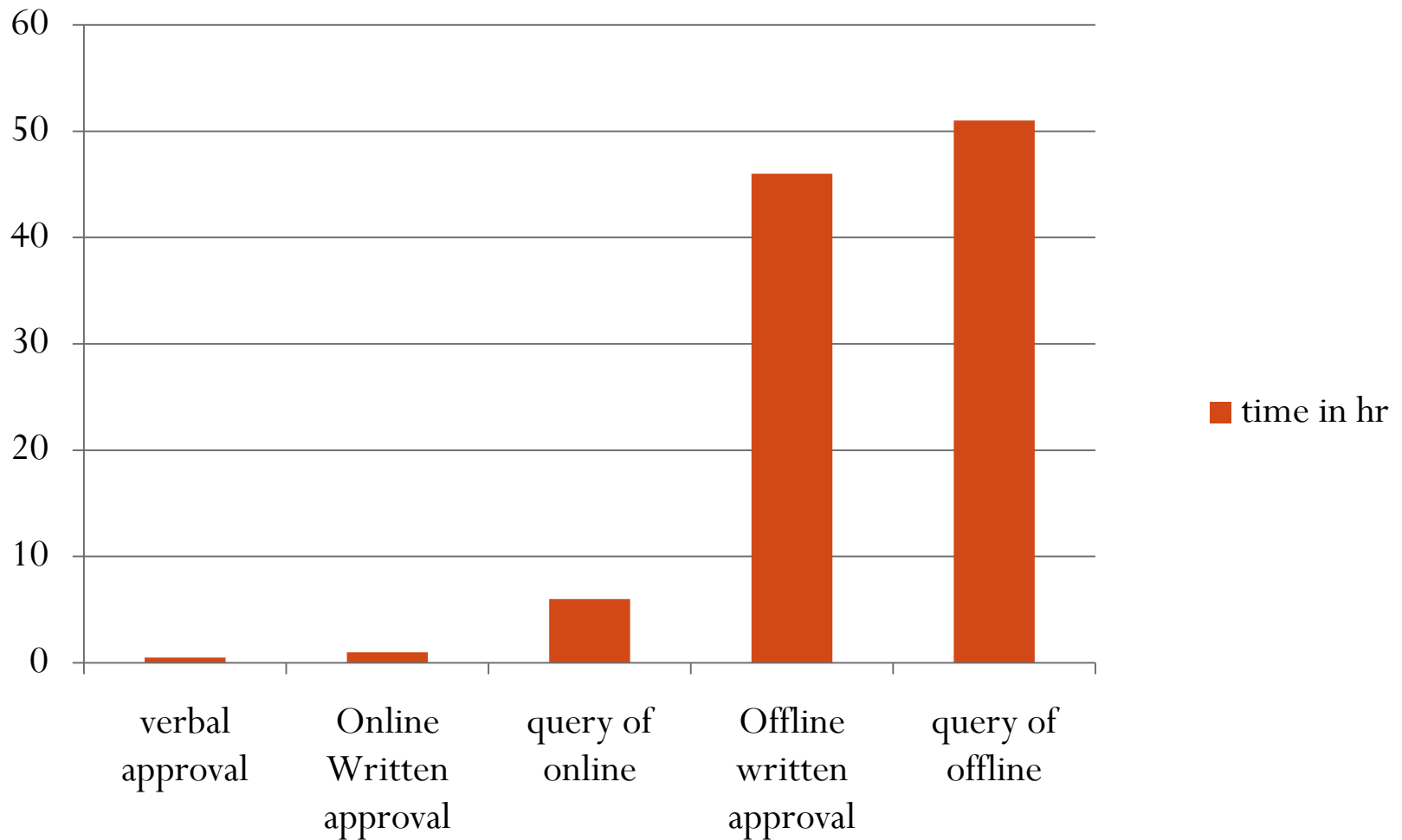
KEY AREAS

- Turnaround Time
- Rejection rate

TURNAROUND TIME

Sl. no	Approval scenario	Time in hr
1	verbal approval	0.5
2	Written Approval of insurance company with online platform	1
3	query of insurance company with online plat form	6
4	Written Approval of insurance company with out online platform	46
5	query of insurance company without online platform	51
Average time taken		24 to 48

COMPARISION OF OFFLINE, ONLINE AND VERBAL PROCESS



REJECTION RATE

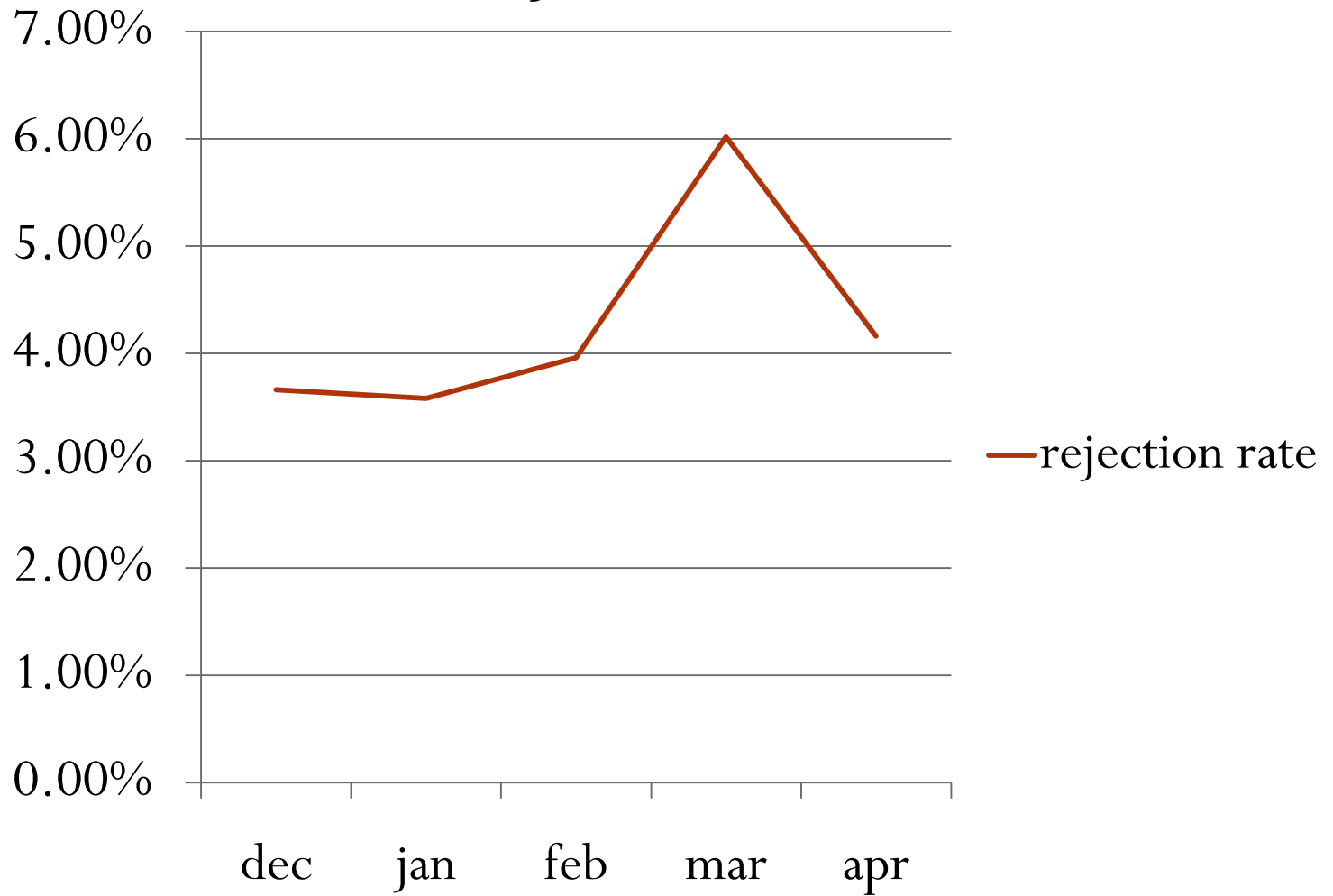
SALIENT FEATURES

- 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%

KPI REJECTION RATE

	Dec	Jan	Feb	Mar	Apr
Net amount	2726189.25	2,245,650.00	2833594.39	2696010.5	3,668,404.54
Rejected	99906.01	80371.06	112217.61	162174.47	152,782.78
Rejection rate	3.66%	3.58%	3.96%	6.02%	4.16%

rejection rate

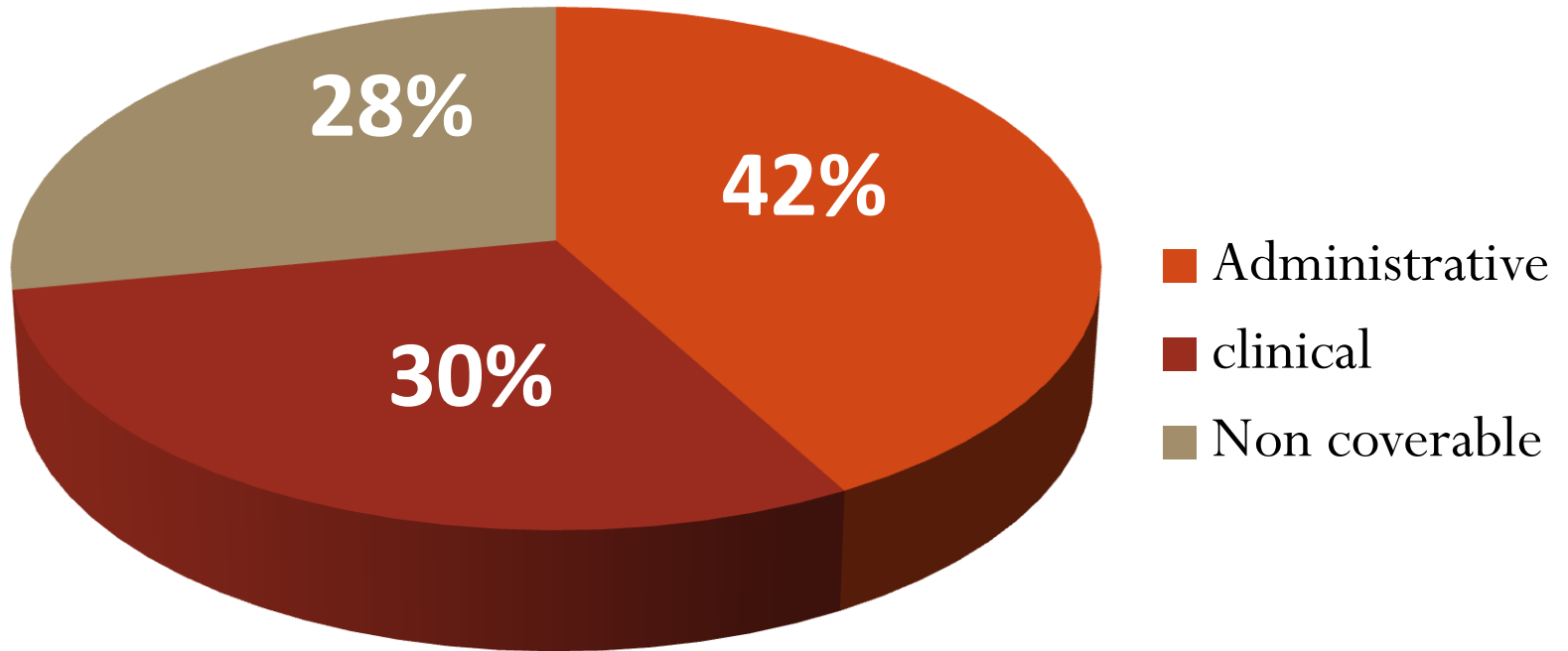


Reasons for the rejection

- Clinical
- Administrative
- Non coverable

Clinical	Administrative	Non Coverable
No medical justification	Co insurance not taken	Permanent exclusions
Incomplete claim form	Co pay not applied properly	Screening tests
Unclear diagnosis	Calculation discrepancies	Policy non coverable
Service performed after last date of coverage	Provider excess charges	Not under agreed tariff
	No prior approval taken	
	Pre authorization necessary	

PROPORTION OF REASONS



Common causes for high turnaround time and high rejection rate:

- 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 nursing station has to inform the Insurance department that the patient is discharging



SOLUTION &
RECOMMENDATIONS

PROCESS
IMPROVEMENT

- HMIS

- Manpower planning

- Insurance department redesigning

HMIS

Admin

Reception

Appointment Desk

O.P. Management

Laboratory

Radiology

Pharmacy

Physiotherapy

Operation Theatre

Medical Records

Patient Affairs

Billing

Inpatient Admission

Inpatient Billing

Wards

Laundry

Purchase

MIS

MIS 2014

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Employee Portal



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Policies & Procedures

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Education

Healthcare

Research

Login

USERNAME

PASSWORD

LOGIN



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	ABOULRAHMAN 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	ABOULRAHMAN NASEER MOHAMMAD	0509660504	Shweta Prabhu	Daman Insurance Company	1	Select
303107	1828614	18/03/14	RAMA 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
413748	1828780	18/03/14	RABIA RAIES WAQAR	0507744444	Wahiba Ahmed	Almadallah Healthcare	1030092	Select

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 Approved Rejected		Browse...
					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.Reg
DENTAL	DENT->Fillings p-> resin-based composite - two surfaces, posterior[D2392]	✗ 186.75	Appr.Reg

Complaints :

pain and swelling

Diagnosis :

peri apical abscess LL 6

Limit

DeptName	DeptLimit	CardL
GENERAL SERVICES		
DENTAL		

- Invoiced
- Receipted
- not Billed

Medical records need to be referred

Admin

Reception

Appointment Desk

O.P. Management

Laboratory

Radiology

Pharmacy

Physiotherapy

Operation Theatre

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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
recordsClaim
formsRequested
serviceLab
reportsRadio
reportsOther
documents

SUBMIT

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

Claim
forms

ADD

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 records

Claim forms

Requested service

Lab reports

Radio reports

Other documents

Claim forms

ADD

SUBMIT

AUTHORISATION OF SERVICE REQUESTS

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

(List of Services Requested for this Patient)

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DENTAL	DENT->Fillings p-> resin-based composite - two surfaces, posterior[D2392]	✗ 186.75	Appr.Reg

- 📄 - Invoiced
- ✅ - Receipted
- ✗ - not Billed

Complaints :

pain and swelling

Diagonosis :

peri apical abscess LL 6

Limit

DeptName	DeptLimit	CardL
GENERAL SERVICES		
DENTAL		

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 Approved Rejected		Browse...
					SAVE

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

ADD

Complaints :

pain and swelling

Diagonosis :

peri apical abscess LL 6

Limit

DeptName	DeptLimit	CardL
GENERAL SERVICES		
DENTAL		

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

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 records

Claim forms

Requested service

Lab reports

Radio reports

Other documents

Claim forms

ADD

Requested service

ADD

SUBMIT



Master

Transaction

Report

Log out

Search

Logout

PRINT TEST RESULT

File No. :

First Name :

Mobile No. :

Patient Type :

Search

Out Patient - Radiology Service Request : 1/5/2015

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

Search

Logout

PRINT TEST RESULT

File No. :

First Name :

Mobile No. :

Patient Type :

Out Patient

▼

Search

Out Patient - Radiology Service Request : 1/5/2015

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



ADD

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 records

Claim forms

Requested service

Lab reports

Radio reports

Other documents

Claim forms

ADD

Requested service

ADD

Lab reports

ADD

Radio reports

ADD

Other documents

ADD

SUBMIT

APPROVAL REQUESTS.....

HospNo : 390706	FirstName :	LastName :	Mob.No :	PvrNo :	FormNo :
-----------------	-------------	------------	----------	---------	----------

[illegible]

CARD COPY



ADD

ADD

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 records

Claim forms

Requested service

Lab reports

Radio reports

Other documents

Claim forms

ADD

Requested service

ADD

Lab reports

ADD

Radio reports

ADD

Other documents

ADD

Card Copy

ADD

Insurance company

ADD

SUBMIT

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 Approved Rejected		Browse...
			Processed	9:30 21/4	SAVE

ety ▾ Tools ▾ ? ▾

LOGOUT

Change Password

111

Select

Select

(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.Reg
DENTAL	DENT->Fillings p-> resin-based composite - two surfaces, posterior[D2392]	✗ 186.75	Appr.Reg

Complaints :

pain and swelling

Diagonosis :

peri apical abscess LL 6

Limit

DeptName	DeptLimit	CardL
GENERAL SERVICES		
DENTAL		

- Invoiced
- Receipted
- not Billed

111

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 Approved Rejected		Browse...
				CURRENT STATUS	SUBMIT SAVE

- Received
- Processed
- Query replied
- Pending
- Handed over

LOGOUT

Change Password

(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.Reg
DENTAL	DENT->Fillings p-> resin-based composite - two surfaces, posterior[D2392]	186.75	Appr.Reg

Complaints :
pain and swelling

Diagnosis :
peri apical abscess LL 6

DeptName	DeptLimit	CardL
GENERAL SERVICES		
DENTAL		

- Invoiced
- Receipted
- not Billed

Select

Select

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

Admin

Reception

Appointment Desk

O.P. Management

Laboratory

Radiology

Pharmacy

Physiotherapy

Operation Theatre

Medical Records

Patient Affairs

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**MEDICAL
REPORT**

APPROVAL REQUESTS.....

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

<u>Hosp.ID</u>	<u>Pvr.No</u>	<u>Req.Date</u>	<u>Patient Name</u>	<u>Mobile</u>	<u>Doctor</u>	<u>Company</u>	<u>FormNo</u>	
178300	1818905	09/03/14	AHMED MOHAMED SALEH	0501443522	Mohamed Hamdy Ibrahim	AL KHAZNA INSURANCE	1	Select

CURRENT STATUS

Approved
 Rejected
 Partially Approved

After Approval
 Or
 Rejection

Message sent to patient

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
						Approved		

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
						Handed over		

APPROVAL REQUESTS.....

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

Sorry no records found...!

- If the Approval request is below the limit, request doesn't appear in the system due to Limit cross error

APPROVAL REQUESTS.....

HospNo : 144986

FirstName :

LastName :

Mob.No :

PvrNo :

FormNo :

Sorry no records found...!

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

APPROVAL REQUESTS.....

HospNo : 144086 FirstName : LastName : Mob.No : PvrNo : FormNo :

Hosp.ID	Pvr.No	Req.Date	Patient Name	Mobile	Doctor	Company	FormNo	
144980	1859764	10/04/14	MOHAMED SULIMAN	0505437175	Mahmoud Shamseldien	OMAN INSURANCE COMPANY	3310627	Select

5310627 Mycoplasma Antibody	Limit Crossed	Status		Choose File	No fi...osen
5310627 Complete Blood Count (CBC)	Limit Crossed	Status		Choose File	No fi...osen

(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
 ✓ - Receipted

Admin

Reception

Appointment Desk

O.P. Management

Laboratory

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Pharmacy

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**DISCHARGE
INTIMATION**

MINUTES OF MEETING : IT & INSURANCE DEPARTMENT

Date : 3rd May 2015

Venue : Board Room, Zulekha Sharjah

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 1st 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

MANPOWER ANALYSIS

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	120 mins					
	Electivefollow up	4 mins	20	60 mins					
	Elective update	4 mins	20	60 mins					
	Total time required per day for IP approvals			16 hrs	8 hrs	1 hr	7 hrs	2 + 2 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	120 mins					
	Total time required per day for First Verification			7 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

RE- DESIGNING OF DEPARTMENT



Waiting 3 chairs



FAX MACHINE

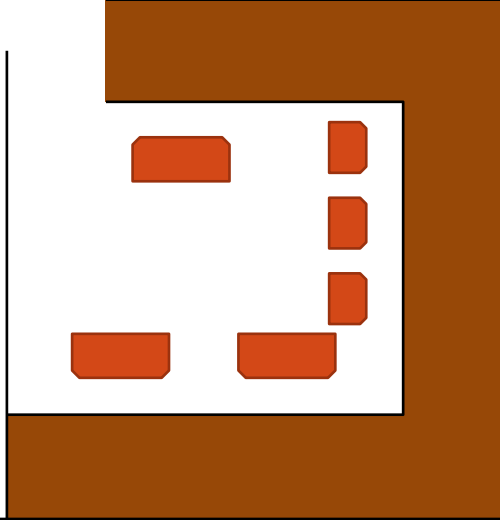
CUPBOARDS

Xerox machine



PAC

HOD chamber



WAITING AREA

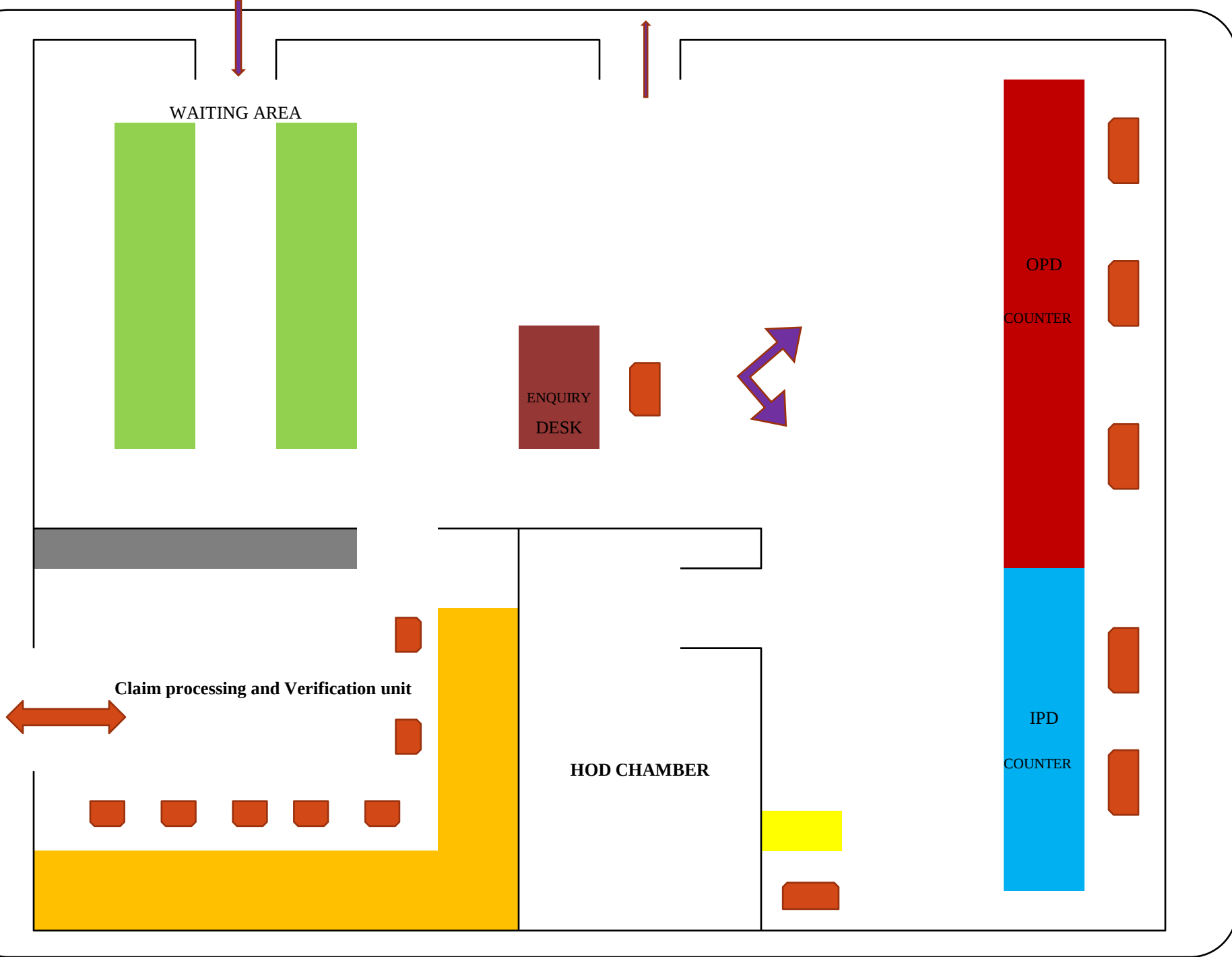
ENQUIRY
DESK

Claim processing and Verification unit

HOD CHAMBER

OPD
COUNTER

IPD
COUNTER



Results

Turnaround Time

- The total time taken for verbal approval is 23min+7min buffer time, and correctable non value added time is 10 min, **hence turnaround time for verbal approval can be reduced to 20 min**
- The total time taken for written approval is 69 min and the correctable non value added time is 28 min, hence **turnaround time for written approval can be reduced to 41 min**

- Total time taken for status check is 20 min and the correctable non value added time is 15min, hence **turnaround time of status check can be reduced to 5 min**
- Total time taken for query reply is 368 min, correctable non value added time is 300min, hence **turnaround time of query reply can be reduced to 68 min.**

Rejection rate

- The ratio of Administrative, Clinical and Non coverable reasons is **42%, 30% and 28%** respectively.
- Out of the above, correctable proportion of administrative, Clinical and Non coverable reasons are **16%, 20% and 8%** respectively.
- The total **correctable rejection reason is 44%**

- Hence by reducing these correctable rejection reasons, the rejection rate can be reduced to less than half of the current rejection rate.

- i.e Rejection rate of 4.28% can be reduced to 2 %**

Conclusion

- Turnaround time and the rejection rate are the important measures for insurance department in a hospital as they have the direct impact on efficiency and the revenue generation of hospital.
- As per IRDA any hospital having rejection rate less than 2% is considered to have good practice of claim process management.
- Hence hospitals having high turnaround time and rejection rate should work on process improvement.

Through this study, process improvement is targeted through

- Upgrading HMIS
- Manpower planning
- Insurance department layout redesigning

Result of which, the turnaround time can be reduced to $1/4^{\text{th}}$ and the rejection rate can be reduced to $1/2$.

