"Improving the Clinical Quality Matrix & Redefining the TQM" in Insurance Department of a Multi Super Specialty Hospital

Internship Training
At

مستشفى جي إم سي
GMC HOSPITAL

GMC Hospital & Research Centre, Ajman, UAE

By
Raghav Arora

Under the guidance of
Dr. Santosh Kumar

Post Graduate Diploma in Hospital & Health Management
2012–14

IIHMR UNIVERSITY
Institute of Health Management Research
Jaipur
2014

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TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Raghav Arora student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from Institute of Health Management Research, Jaipur has undergone one and half months internship training at GMC Hospital, Ajman from 1st March, 2014 to 28th March 2014 & 5th May 2014 to 21st May 2014 and one and half months internship training at City Diagnostic and CT Scan Centre, Gurgaon from 27th January 2014 to 26th February 2014 & 10th April 2014 to 26th April 2014

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

The internship is in fulfillment of the course requirements.

I wish him all success in all him future endeavors.

Col. (Dr.) Ashok Kaushik

Dean, Academics and Student Affairs

IIHMR, Jaipur

Dr. Santosh Kumar

Associate Professor

IIHMR, Jaipur

مستشفى جي إم سي
GMC HOSPITAL
"Healing through knowledge and wisdom"

ثومبي
THUMBAY

May 22, 2014

To Whom It May Concern

This is to certify that **Dr. Raghav Arora** holder of Indian Passport Number F6173466 was working in our institution as Management Trainee from 1st March 2014 till 28th March 2014 and from 5th May 2014 till 21st May 2014, as a part of dissertation of his P.G.D.H.M program .He has completed the assigned project.

We wish him all the best.

For **GMC Hospital and Research Centre, Ajman**

THUMBAY MOIDEEN
President

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27th April 2014

TO WHOMSOEVER IT MAY CONCERN

The certificate is awarded to Dr. Raghav Arora in recognition of having successfully completed his dissertation as "Management Trainee – Quality" at City Diagnostic & CT Scan Centre, Gurgaon and successfully completed his project on "Implementation of Quality Tool based on 5 'S' in the Report Generation Hub".

He was associated with the organization for his one and half month's dissertation from the period 27 January 2014 to 26 February 2014 and 10 April 2014 to 26 April 2014.

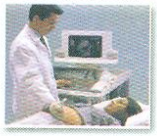
He comes across as a committed, sincere &diligent person who has a strong drive & zeal of learning.

We wish him all the best for his future endeavors.

Dr. Rajender Singh Chauhan
(Director)
City Diagnostic & CT Scan Centre, Gurgaon

Anjana S. Chauhan
Biochemist (Gold Medalist)

Dr. Ruchira Sharma
MBBS, MD Consultant, Pathologist


Ultrasound 4D/3D
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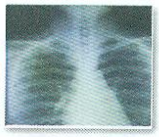
(स्पाइरल सी.टी. स्कैन)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INSTITUTE OF HEALTH MANAGEMENT RESEARCH, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "Improving the Clinical Quality Matrix & Redefining the TQM" in Insurance Department of a Multi Super Speciality Hospital and submitted by Dr. Raghav Arora Enrollment No. IIHMR/PGDHM/2012-14/17-1360 under the supervision of Dr. Santosh Kumar for award of Post Graduate Diploma in Hospital and Health Management of the Institute carried out during the period from 1st March, 2014 to 28th March 2014 & 5th May 2014 to 21st May 2014 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.

Raghav Arora

(Dr. Raghav Arora)

ABSTRACT

Author: Dr. Raghav Arora

Background: The proliferation of various healthcare technologies and increase in the cost of care has necessitated the exploration of health financing options to manage problems arising out of increasing healthcare costs. However, one of the problems with the private sector has been its uncontrolled and unregulated expansion .Problems of billing system and under-reporting have resulted into lack of information.

Absence of regulation and lack of standardization of the private healthcare market has led to high claim ratio .This also leads to problem of the moral hazard resulting into over billing. Private hospitals, in their quest to generate maximum revenue, perform medical procedures which may not be necessary on patients covered by medical insurance policy.

The insurance companies insist on standardization of protocols for Insurance Department serving from hospital end. As a need of hour apart from the clinical departments the insurance department also needs to be standardized with highly efficient Total Quality Management System for its administration & operational improvement.

GMC, Ajman 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.

There department is staffed by a team of expert professionals who assist in administering to the needs and queries of patients holding insurance cards. Insurance companies on direct billing: Abu Dhabi National Insurance Company, Al Buhaira Insurance Company, Al Ittihad Al Watani Insurance Company, Al Khazna Insurance Company, Alliance Insurance Company, Arabian Scandinavian Insurance Company, Axa Insurance, American Life Insurance Company "ALICO", Ahlan Care, Al Dhafra National Insurance, ACE Life, AlMadallah Health Care Management, Daman Insurance, EKLAIM, Fathima Healthcare Management Services UAE, FMC, Focus, GLOBE MED, Globel Net, Aetna Health Service, "Goodhealth", Healthnet Insurance, Interglobal, Lebanese Insurance Company, MEDISERVE, Mednet and all the Insurance Companies listed under Mednet, MIPOL, MSH, NAS Admin Services, Next Care, Neuron, P.M care "AVITA" and Oman Insurance Company.

AIM

To improve the clinical quality matrix & redefining the TQM System of insurance department for claim management of insured patients.

OBJECTIVES

- To understand thoroughly the process flow of a health insurance claim in GMC, Ajman.
- To examine the issues and challenges faced by the insurance department of hospital.
- To develop an understanding of the claim management with Redefining the TQM

METHODOLOGY

STUDY AREA

GMC, Ajman is rendering third party payment facilities to the patients who are the health insurance policy holders.

STUDY DESIGN

A Qualitative Retrospective Observational Study was carried out on the insurance department &claims processing of the patients who have the health insurance policy both in-patient & out-patient.

SAMPLE SIZE

A record of patients coming with insurance coverage, services rendered and claimsprocessed over a period of three months was taken as the sample.

DATA ANALYSIS

The collected data was analyzed manually as well as by using lean healthcare tools & statistical methods. The proper assessment of factors related to the claim process and the issues confronted by the hospital were analyzed.

CONCLUSION

The total process flow were made and analyzed through Value Steam Mapping, Various gaps were figured and improvements were suggested. The total quality management was redefined by preparing Standard Operating Protocol for the Department, Improving internal HIMS, Improving the process improvement, benchmarking the rejection rates, planning the new organogram for the department, re-defining the manpower planning & layout plan for departmental space utilization.

KEY WORDS : Insurance, Total Quality Management System, Standard Operating Protocols

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 GMC Hospital, Ajman. It was an opportunity to work with one of the best health care service providers &Ist JCI Accredited hospital of Ajman.

I would like to thank my mentor & guide **Dr. YasmeenJumma**, Head of Department, Insurance Department, GMC Hospitals Group for providing an opportunity to carry out the project work and utilizing the facilities available. Without her valuable guidance and consistent support, this project would not have got underway.

I'm thankful to **Dr. Manvir Singh**, Administrative Head, GMC Hospitals 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. Rishab Gupta, Dr. AdityaKaura, Dr. ArjunKubsud, Dr. Chetan VT, Dr. Sumeet Kaur and Dr. Sourabh Jain who helped me develop better understanding of Insurance, Quality Management Tools and Healthcare Revenue Management, which has helped me a lot in successful completion of my project.

I'm grateful to my guide **Dr. Santosh Kumar,** Associate Professor, IHMR, Jaipur and our Dean **Dr. Ashok Kaushik** for their co-operation, 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. SOP : Standard Operating Protocol
2. TQM : Total Quality Management
3. HMIS : Hospital Management Information System

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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 .We were also assigned the duty of manager on duty for CABRI Claim Processing and for Dental Department Claim Processing, which helped us lot to understand the dynamics of insurance department.

Departmentsvisited / 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**

GMC 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

GMC 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. GMC 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.

GMC Hospital is a growing healthcare chain, with state-of-the-art facilities and an unparalleled commitment to patient care. GMC Hospital is founded on the vision of becoming an integrated Healthcare Delivery Organization driven by quality, excellence, technology and compassionate care. GMC Hospital, one of the largest private healthcare companies in U.A.E., has one of its branches in Ajman as GMCHospital and Research Centre. 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.

GMC 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). GMC Hospital 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. GMC Hospital is 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 GMC 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 GMC hospital:

- GMC Hospital and Research Centre is committed to provideethical patient care focused on patient safety, high quality care and cost effective services.
- GMC Hospital and Research Centre 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.
- GMC Hospital and Research Centre strives to attain the highest of quality and accreditation standards.

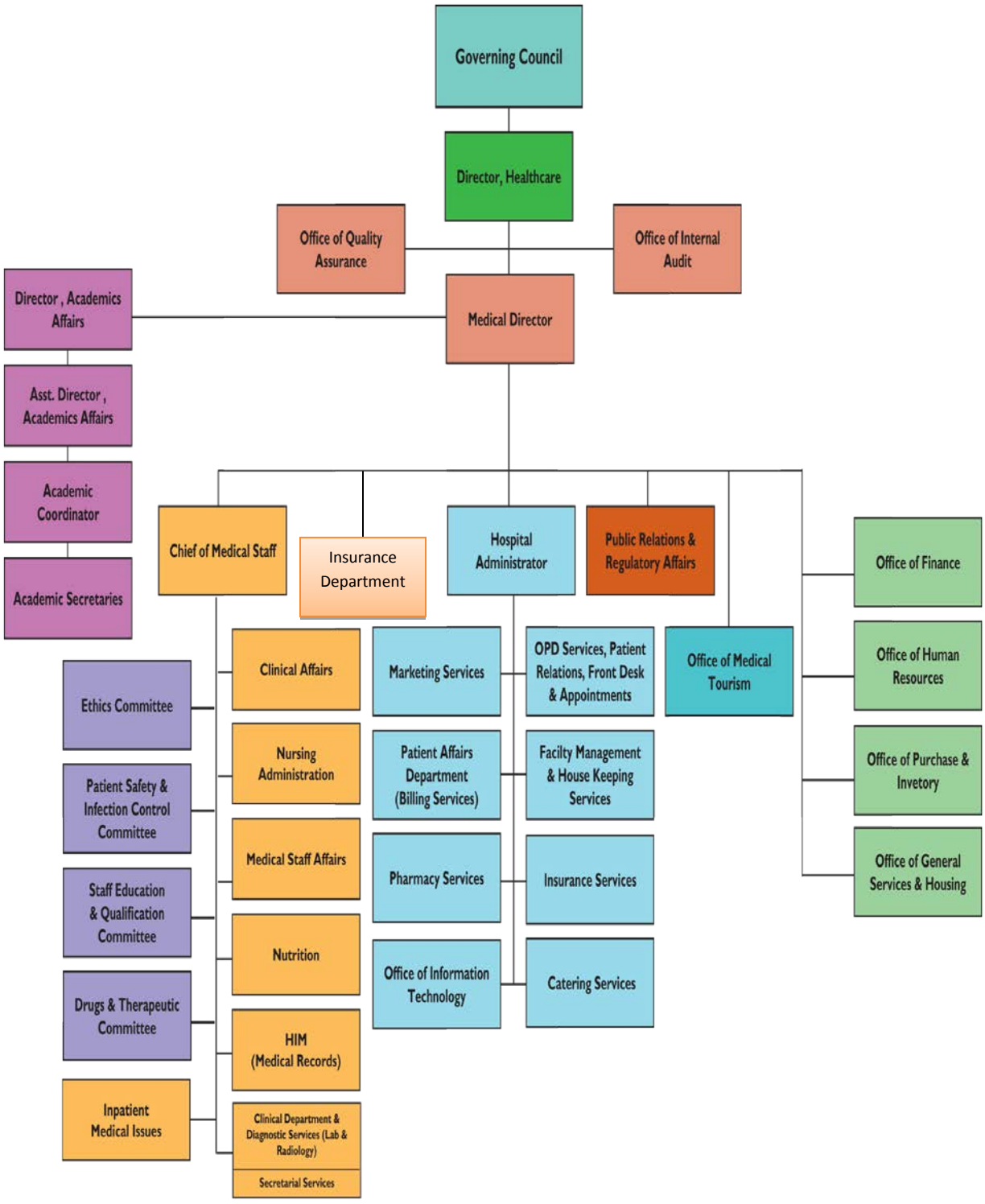
History:

- First JCI Accredited Hospital in Ajman, UAE
- It is the First Private University Teaching Hospital in U.A.E.
- GMC Hospital and Research Centre affiliated to Gulf Medical University became operational on 17th October 2002.
- First dedicated Patient Affairs Department in the private sector in the country.

Location:

GMC Hospital and Research Centre is located in Ajman, one of the 7 emirates of U.A.E.

Organization Structure:



Managerial Tasks performed:

a) **Insurance Department:**I was appointed in Management Trainee to work for OP approvals & IP Approvals. Later on I was part claim processing, verification and reconciliation teams also.

b) **Daily rounds:** I used to take daily rounds to see proper processing of claims of Dental Department & CABRI Unit.

c) **Extra-curricular:**I was also part of organising team for the National Insrance Conference held at GMU, Ajman in association with Insurance Department, GMC Hospital, Ajman &Aafia Insurance Group.

PART B – DISSERTATION REPORT

CHAPTER- 1

BACKGROUND OF THE STUDY

1.1 INTRODUCTION

Healthcare is among the priority sectors identified by the UAE government and, as a 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 legislationdates back to the 1970s and 1980s and there are pending legislative reform initiatives inorder to facilitate the development of the healthcare industry. There are also two healthcarefree zones in Dubai, Dubai Healthcare City and Dubai Biotechnology and ResearchPark, 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.

The Ministry administers a number of federal healthcare laws, including (i) Federal Law

No. 5 of 1984 (regulating the licensing and registration of physicians, pharmacists and other healthcare specialists within both public and private healthcare establishments); (ii) Federal Law No. 7 of 1975 and Federal Law No. 2 of 1996 (defining the specific requirements for establishment and licensing of public and private medical laboratories, clinics and hospitals in the UAE); and (iii) Federal Law No. 4 of 1983 (governing pharmaceutical professions and establishments and the import, manufacture and distribution of pharmaceutical products).Until 2009, the Ministry oversaw the Northern Emirates healthcare system (the NorthernEmirates include Ras Al Khaimah, Ajman, Umm al Quwain, Sharjah and Fujairah). Federal Law No. 13 of 2009 established the Emirates Health Authority, which has similar regulatory functions and initiatives as HAAD and DHA (described below).

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 of Abu 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. In accordance with its mandate, HAAD has developed a number of policies addressing health service regulatory issues. The policies set forth authorization, licensing and operational regulatory and compliance requirements for facilities, clinicians, health insurance and other health services. According to its website, HAAD is currently undertaking a comprehensive review of all HAAD Policies and Standards with the aim of producing consolidated manuals that will simplify this process.

Abu Dhabi Health Services Company (SEHA)

Abu Dhabi Amiri Decree No. 10 of 2007 established SEHA as an Abu Dhabi public joint stock company owned by the Abu Dhabi government. According to Decree No. 10, SEHA owns and manages, either directly or indirectly, public health facilities and is expected to implement the policies, projects and strategies approved by HAAD to develop the healthcare industry in the Emirate of Abu Dhabi. SEHA's website states that it owns and operates 12 hospital facilities, 2,644 licensed beds, and more than 40 Ambulatory and Primary Healthcare Clinics. According to its website, SEHA is currently collaborating with a number of healthcare groups, including the following:

• Johns Hopkins Medical for the management and operations of Tawam Hospital in Al Ain, Al Rahba Hospital located 40 km outside of Abu Dhabi and Corniche Maternity Hospital in Abu Dhabi;

• Cleveland Clinic to manage Sheikh Khalifa Medical City (SKMC), a network of healthcare facilities in Abu Dhabi consisting of Sheikh Khalifa Hospital, a Behavior Sciences Pavilion and the Abu Dhabi Rehabilitation Center, in addition to more than 12 specialized outpatient clinics and nine primary healthcare centers around the city of Abu Dhabi;

• Bangkok-based Bumrungrad International Limited (BIL) to manage Al Mafraq Hospital; and

• Vienna Medical University and VAMED for the management of the central hospital in Al-Ain.

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 healthcare facilities.

DHA is authorized to regulate all healthcare services in Dubai, including those in free zones. Healthcare facilities and professionals in Dubai must be licensed by DHA. The principle facilities license categories are hospital and day surgical centers, ambulatory care facilities, diagnostic centers, complementary and alternative medicine centers, pharmaceuticalfacilities and other facilities. Facilities are subject to inspection by the Health Regulation Department of DHA for purposes of ensuring compliance with local and federal laws and regulations.DHA owns and operates a network of medical facilities including hospitals (Al Wasl,Dubai and Rashid), and primary health care and specialtitycentres (e.g. the Dubai DiabetesCenter) spread throughout the Emirate of Dubai.

Center for Healthcare Planning & Quality, Dubai Healthcare City (DHC)

DHC is a free zone launched in late 2002. DHC comprises two "communities": the Medical Community and the Wellness Community. The Medical Community focuses on clinical services for disease treatment and prevention and comprises two hospitals and medical, dental, nursing facilities and associated health schools. The Wellness Community houses outpatient clinics, spa resorts, and other providers of wellness services.
The Center for Healthcare Planning and Quality (CPQ) was established jointly with Harvard Medical International as an independent regulatory body responsible for implementing standards for healthcare delivery and patient care within DHC pursuant to various rules, policies, standards and guidelines that are intended to comport with international best practice. CPQ has a registration and licensing department that also deals with registration and commercial licensing of entities and branches doing business within the free zone. CPQ is responsible for licensing, enforcement and inspection of DHC-based entities and professionals.

UAE Regulation of Pharmaceuticals and Medical Devices

While there are a few domestic producers of pharmaceutical products, the UAE pharmaceutical market is dominated by foreign multinationals. Basic legal requirements governing the import, manufacture and distribution of pharmaceutical products are set forth under Federal Law No. 4 of 1983. (Law No. 4 refers to medicines and pharmaceutical

compounds, although the following description generally refers to both as pharmaceutical products.) Law No. 4 prohibits anyone from engaging in the “pharmaceutical profession” without a license. The “pharmaceutical profession” is defined as the “preparation, composition, separation, manufacturing, packaging, selling or distribution of any medicine or pharmaceutical preparation for the prevention or cure of illnesses in human beings or animals”. Law No. 4 also prohibits, among other things, opening up a pharmacy, a “medical store”, or a pharmaceutical factory without a license. License applicants for a pharmacy or a medical store must be UAE nationals. A “medical store” is defined as an establishment within the UAE the business purpose of which is the import, storage and wholesale distribution of medicine.

Law No. 4 prohibits the import of pharmaceutical products except by licensed medical stores, and prohibits the distribution of imported pharmaceutical products unless they have been registered with the Ministry of Health. Law No. 4 requires each medical company that plans to market its products in the UAE to register with the Ministry. The law contains various labeling requirements, and provides for the establishment of a committee within the Ministry to oversee registration of medicine and pharmaceutical companies and determine the pricing of medicines.

Law No. 4 does not prescribe a registration procedure, although various procedures and information requirements are set forth on the Ministry’s website. Registration requirements vary based on the classification of the pharmaceutical product. Classification is determined by the classification committee of the Ministry, based on information submitted by the registration applicant.

UAE Cabinet Resolution No. 7 of 2007 prohibits the advertising or promotion of medical products without a prior license issued by the Ministry. Licenses contain a number of conditions, including among others requirements for “correct and balanced “ statements, the absence of harm to third party products, the absence of exaggerations or misleading statements, and the absence of prejudice to customs or Islamic values.

Medical Devices

Medical devices are also regulated by the Ministry. According to guidelines on the Ministry's website, medical device manufacturers must register with the Ministry before they can market their products in the UAE. Companies who wish to export their products into the UAE must do so via a local representative or distributor who has a licensed medical store. Medical devices are categorized under Class I, Class II a, Class II b, Class III and active implantable devices. The appointed local representative or distributor must submit a medical device registration application form to the Ministry's Drug Control Department. If the application is approved, a registration number is given, which is valid for five years. A registration number can be revoked (i) if the applicant requests it or (ii) upon failure to meet the following standards based on assessment or monitoring: (A) the devices are unsafe and/or harmful; (B) the quality of the devices is substandard; or (C) the devices differ from the approved label (including if the brand name used is the property of and owned by another legal entity). According to the Ministry, the approval process takes between eight to twelve weeks after the application is submitted.

According to Ministry guidelines, classification, requirements and evaluation of devices follow international standards, mainly those of the Global Harmonization Task Force for Medical Devices, the US Food and Drug Administration and the EU Medical Device Directive 93/42/EEC, the EU in Vitro Diagnostic Device Directive (IVDD) 98/79/EC and the EU Active Implantable Medical Device Directive (AIMDD) 90/385/EEC. The guidelines provide for a simplified registration process for devices that have received approval from recognized regulatory agencies, such as those in Europe, the US, Australia, Canada or Japan.

1.2 HEALTH INSURANCE LAW – MANDATORY INSURANCE TO ALL

The Dubai Health Authority (DHA) enacted a health insurance law (No. 11, 2013) in November 2013 that mandates coverage for all residents and visitors in Dubai, the largest Emirati state, with a population of around three million. This move has been under consideration since 2009. Dubai is following the lead of other nations in the Middle East; workers in Abu Dhabi and Saudi Arabia

have long been required to have health insurance, and in June 2013, Qatar enacted a health insurance law that mandates coverage for all Qatari nationals and visitors.

KEY DETAILS

Implementation of the law will be phased in gradually, starting in 2014, and is expected to be completed by June 2016 as follows:

- Employers with over 1,000 workers must comply by the end of October 2014.
- Employers with between 100 and 999 workers must comply by the end of July 2015.
- Employers with less than 100 workers must comply by the end of June 2016.
- All workers' spouses and dependents must be covered by the end of June 2016.

Starting January 1, 2014, insurers, brokers, third-party administrators and health care providers are required to register with and obtain a permit from the DHA. Insurers will not be allowed to deny individuals coverage due to preexisting health conditions.

The new law applies to all residents (including offshore zones) and visitors. Compliance with the health insurance requirements will be a prerequisite to applying for residency or a visitor's visa. Noncompliance could lead to stiff penalties for the employer.

EMPLOYER IMPLICATIONS

Health insurance for employees must be provided and paid for by employers. At a minimum, a prescribed basic health plan must be provided, although it will be permissible to offer richer plans. The basic health plan includes coverage for dental, hearing and vision, and includes deductibles and coinsurance; visits to a specialist are subject to a referral system. Coverage for spouses and dependents is the responsibility of the employee, although we expect that some employers may elect to provide it.

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.

Once the new law is published in the *Official Gazette* and the precise obligations regarding coverage become clearer, employers should assess how the change will affect their current health insurance policies and plan accordingly, both for the issue or renewal of residence visas for their expatriate employees and to communicate the implications of the law to the rest of their workforce.

More broadly, employers may wish to review their health care policies to ensure consistency as far as possible throughout the Middle East.

1.3 OPERATIONAL QUALITY DIMENIONS IN HEALTHCARE

However, most hospitals are not making the necessary improvements in cost, quality, and safety. A report by the HHS Office of Inspector General finds that 20 percent of consecutive inpatient stays were associated with poor quality care, unnecessary fragmentation of care, or both.

Health care organizations, historically, have not been designed to make service processes or a "value stream" of care flow. Health care services often use a "batch and queue" process, with patients spending the bulk of their time waiting until a health care professional is ready (i.e., push versus pull with regard to service delivery). Patient cycle time (the total time from the beginning to the end of a process) in our hospitals, laboratories, and therapy settings becomes a key measurement that needs to improve.

In the Webster's New World Dictionary quality is defined as physical orNonphysical characteristic that constitutes the basic nature of a thing or is one ofits distinguishing features. Shewhart, said that there are two common aspects ofquality, one of these has to do with the consideration of the quality of a thing asan objective reality independent of the existing of man. The other has to do withwhat we think, feel or sense as a result of the objective reality. This subjectiveside of quality is closely linked to value. It is convenient to think of all mattersrelated to quality of manufactured product in terms of these three functions ofspecification, production and inspection. (Grant and Leavenworth, 1988).

Quality is fitness for use, (Juran, 1989). Quality is conformance to requirements (Crosby, 1979) and quality should be aimed at the needs of the customer present

and future (Deming,1986). Feigenbaum said that quality is the total composite product and service characteristics of marketing, engineering, manufacture and maintenance through which he product and service in use will meet the expectations of the customer.Mizuno said that product quality encompasses those characteristics which theproduct most possess if it is to be used in the intended manner. Actually, qualitycan take many forms. All the definitions mentioned above can be classified intothree types. They are quality of design, quality of conformance and quality ofperformance. Quality of design means that the product has been designed tosuccessfully fill a consumer need, real or perceived. Quality of conformance refers to the manufacture of the product or the provision of the service that meetsthe specific requirements that set by customer. Lastly, quality of performancebrings out the definitions that the product or service performance its intendedfunction as identified by the customer.

As for Dr. W. Edwards Deming, well-known consultant and author on thesubject of quality said, “quality as nonfaulty system. Dr. Deming stresses thatquality efforts should be directed at the present and future needs of the customer.In other words, customers do not necessary know what they want until they haveseen the product or received the service. Another definitions is from, Dr. JosephM. Juran, in his book describes, quality as fitness for use. He discusses thatquality as conformance to requirement and nonquality as nonconformance.

Quality can take many forms. Quality can be summarized as terms of anexcellent product and service. There are three term in quality, Quality of design,Quality of conformance, and Quality of nonconformance. Quality of designmeans the product has been designed to successful fill a customer need, real ornot perceived. The design should be an excellent product or service that fulfillsor exceeds customer expectation. Quality conformance means, conformance torequirement. Refers to the manufacture of the product or the service that meet the specified requirement set by the consumer. Quality performance, means, that the product or service performs its intended function as identified by the consumer.

Quality management theory has been influenced by the contributionsmade by quality leaders (Crosby, 1979; Deming, 1982; Ishikawa, 1985;Juran,1988; Feigenbaum, 1991). The research by all these authors shows both strengthsand weaknesses, for none of them offers all the solutions

to the problems encountered by firms (Dale, 1999), although some common issues can be observed, such as management leadership, training, employees' participation, process management, planning and quality measures for continuous improvement.

These ideas have exerted an influence upon later studies, in such a waythat the literature on TQM has progressively developed from these initialcontributions, identifying different elements for effective quality management:customer-based approach, leadership, quality planning, fact-based management,continuous improvement, human resource management (involvement of allmembers in the firm, training, work teams, communication systems), learning,process management, cooperation with suppliers and organizational awareness
and concern for the social and environmental context.

Importance of Lean in Healthcare Industry

All types of organizations are leveraging Lean principles and tools. Many organizations are trying to function effectively in the face of growing challenges such as a high costs, declining market share, and limited capacity. In all of these cases, Lean can have an immediate, positive impact on business.

Health care organizations are made up of a series of processes with diverse services or lines of business. Therefore, you need to build delivery systems with these lines of business in mind.

Using Lean Thinking, your organization can achieve a number of benefits, which may include improved quality, increased operational flexibility, reduced cycle time within processes, more efficient use of space, consistent service delivery, reduced lead times, and reduced operating costs. There are a variety of techniques and tools available to achieve the objectives associated with Lean Thinking. Lean, however, is not simply a set of tools. Lean is a problem solving approach for continuous daily improvement. Lean is about creating increased value for your customers (patients) by eliminating wasteful activities. Any activity or process that consumes resources or adds cost or time without creating value is a target for elimination.

One of the important aspects of Lean is the focus on "service-level" improvements. Think in terms of value-stream improvements (e.g., outpatient surgery or inpatient obstetrical care value

streams). Improvements made along an entire value stream or service will result in increased efficiency, improved quality, and increased safety with dramatic cost savings.

The following are key points of Lean Thinking that you must not lose sight of if you are going to be successful in its application:

• Each employee will arrive at work everyday thinking about how they are going to improve their work environment; with this commitment, there is continuous daily improvement.

• Measurement is essential. Understanding the value stream baseline and the subsequent improvement achieved is critical. Measurement is key to continuous improvement and provides a basis for understanding your accomplishments.

Lean tools grew out of the need to have mechanisms in place to support the lean way of thinking and to allow flow to permeate a process. Value stream mapping, 5S, Poka Yoke, and Kanban are among the most popular Lean tools.

1.4 AIM

To improve the clinical quality matrix & redefining the TQM System of insurance department for claim management of insured patients.

1.5OBJECTIVES

- To understand thoroughly the process flow of a health insurance claim in GMC, Ajman.
- To examine the issues and challenges faced by the insurance department of hospital.
- To develop an understanding of the claim management with Redefining the TQM

1.6LIMITATIONS

- The study does not consider geographic transactions like Age, Sex, etc while collecting and analysis of the data.
- Due to time constraints, discrete data analysis could not be done.
- It is majorly a qualitative study and more focused on process improvement with minimal data analysis

CHAPTER- 2

REVIEW OF LITERATURE

2.1 THE HISTORY OF TOTAL QUALITY MANAGEMENT

In the late 1970s and early 1980s, the developed countries of North America and Western Europe suffered economically in the face of stiff competition from Japan's ability to produce high-quality goods at competitive cost. For the first time since the start of the Industrial Revolution, the United Kingdom became a net importer of finished goods. The United States undertook its own soul-searching, expressed most pointedly in the television broadcast of If Japan Can... Why Can't We? Firms began reexamining the techniques of quality control invented over the past 50 years and how those techniques had been so successfully employed by the Japanese. It was in the midst of this economic turmoil that TQM took root.

The exact origin of the term "total quality management" is uncertain.[1] It is almost certainly inspired by Armand V. Feigenbaum's multi-edition book Total Quality Control(OCLC 299383303) and Kaoru Ishikawa's What Is Total Quality Control? The Japanese Way (OCLC 11467749). It may have been first coined in the United Kingdom by theDepartment of Trade and Industry during its 1983 "National Quality Campaign".[1] Or it may have been first coined in the United States by the Naval Air Systems Command to describe its quality-improvement efforts in 1985.

In the spring of 1984, an arm of the United States Navy asked some of its civilian researchers to assess statistical process control and the work of several prominent quality consultants and to make recommendations as to how to apply their approaches to improve the Navy's operational effectiveness. The recommendation was to adopt the teachings of W. Edwards Deming. The Navy branded the effort "Total Quality Management" in 1985.

From the Navy, TQM spread throughout the US Federal Government, resulting in the following:

- The creation of the Malcolm Baldrige National Quality Award in August 1987
- The creation of the Federal Quality Institute in June 1988

- The adoption of TQM by many elements of government and the armed forces, including the United States Department of Defense, United States Army, and United States Coast Guard

The private sector began using TQM principles not only as a means to recapture market share from the Japanese, but also to remain competitive when bidding for contracts from the Federal Government since "total quality" requires involving suppliers, not just employees, in process improvement efforts

The key concepts in the TQM effort undertaken by the Navy in the 1980s include:

- "Quality is defined by customers' requirements."
- "Top management has direct responsibility for quality improvement."
- "Increased quality comes from systematic analysis and improvement of work processes."
- "Quality improvement is a continuous effort and conducted throughout the organization."

The Navy used the following tools and techniques:

- The PDCA cycle to drive issues to resolution
- Ad hoc cross-functional teams (similar to quality circles) responsible for addressing immediate process issues
- Standing cross-functional teams responsible for the improvement of processes over the long term
- Active management participation through steering committees
- Use of the Seven Basic Tools of Quality to analyze quality-related issues

2.2 TOTAL QUALITY MANAGEMENT IN HEALTHCARE

Health services include a wide variety of quality aspects, all of which are important. In the case of medical services, the seller is doctors, hospitals, nursing homes, clinics, etc. because they

offer health services for sale as stipulated prices. They buyeris the client or patient who buys these health services at the stipulated prices. It may also include quality of performance

that is directly connected and closely related to healthcare such as food, housing, safety, security, attitude of employees, and other factors that arise in connection with hospitals and nursing

homes. So, the time takes in to the fix an appointment, delay time, services time, timing with regard to medical treatment and surgery.

- ❖ Quality of administration and management
- ❖ Quality of doctors
- ❖ Quality of hospital care

Principle of Total Quality management:

The basic principle of TQM should be carried out using the 8 QM principles otherwise the resultant system will not satisfy the intent of the quality standards in the healthcare management system.

TQM is a people-focused management system that aims at continue increases in customer satisfaction at continually lower real cost. TQM system approach and an integral part of high level strategy, it works horizontally across functions and departments, involves all employees, top to bottom and extends backward and forward to include the sully chain and the customer chain. TQ stresses learning and adaption to continual change as keys to organization success.

Deming principles to healthcare Systems:

- ✓ Insists on zero defects eliminate inspection through proper quality control on suppliers.
- ✓ Constant improve the system
- ✓ Educational and Training program
- ✓ Maintain the records
- ✓ Eliminate numerical goals, work standards and slogans
- ✓ Remove the barriers that hinder the worker through the day
- ✓ Top management support for implementing TQM

The basic elements of TQM :

A. Customer Focus:

The customer is the judge of quality. From the TQ perspective, all strategic decisions a healthcare institute makes are “customer driven”. Customer driven firms measure the factors that drive customer satisfaction. The perception of value and satisfaction are infused by many factors through the customers overall purchase, ownership and services. Also reducing defects and error and eliminating causes of dissatisfaction contribute significantly to company’s views of quality. Also, customer opinion surveys and focuses techniques can help to understand the customer requirements and values. Customer focus extends beyond the customer and internal relationships; however society represents an important customer of business. Business ethics, patient’s health and safety, environment and sharing of quality standards in the healthcare systems and communities are necessary activities.

B. Strategic planning and Leadership:

Strategic planning needs to anticipate many changes such as customer’s expectations, new opportunities, advance diagnostic technologies development; evolving patients care system and social expectations. Achieving quality and healthcare service leadership requires a strong future orientation and a willingness to make, long-term relations ion to key customers, employees, doctors, nurses, suppliers, the public and private community. Through their personal roles in planning, reviewing healthcare quality performance, and staffs for quality achieving, the senior’s leaders serve as role model reinforcing the values and encouraging leadership through the organization.

C. Continues improvement and learning:

Continues improvement is part of the management of all system and process. Achieving the highest of performance requires a well-defined and well-executed approach to continues improvement and learning. Learning refers to adaption to changes, leading to new goals or approaches. Improvements and learning need to be embedded in the way an organization operates. The process of continues improvement must contain regular cycles of planning, execution and evolution.

D. Empowerment and Teamwork:

A healthcare institute's success depends increasingly on the knowledge, skills, and motivation of its work force. In healthcare management, individuals and departments work for themselves. In TQ individuals cooperate in team structures such as quality circles, steering committees and self-directed work teams. Department works together towards system optimization through cross-function team-work

.E. Process management:

Deming and Juran observed that while majority of the quality problems are associated with processes, few are caused by workers themselves. It is involves planning and administrator

the activities necessary to achieve a high level of performance in a process and identifying opportunities for improving quality and customer satisfaction.

F. Tools for process management:

The tools and techniques, along with management practices and the organizational infrastructure and fundamentals components of TQM. The various tools for improving process management are:

· Team-building and group-integration tools

· Specific process/technical tools

· Process flow chart

· Check sheet and Histograms

· Pareto analysis

· Fishbone Charts

· Process control chart

· Quality function Deployment (QFD)

· Poka-Yoka or Fail sating

G. Quality Assurance and Control:

Quality assurance is the planned or systematic actions necessary to provide adequate confidence that a patient services or safety will satisfy given requirement for quality.

The activity of this department includes quality planning, control, improvement, internal audit and reliability. Moreover it also includes quality advice and expertise, training of personnel in quality, analysis of customer diagnosis, treatment records, medical claims details, and patients liability cases. Management is responsible for defining, documenting and supporting the quality policy, quality manual, performance, safety and dependability.

In quality manual system that defined as an assembly of components such as the organization structure, responsibility, procedures and resources for implementing quality management mu

CHAPTER- 3

METHODOLOGY

3.1 STUDY DESIGN

A Qualitative Retrospective design was planned to check the utilization of insurance department and was mapped on that basis.

3.2 STUDY SETTING

Patients mapped in OP & IP departments of GMC Ajman

3.3 STUDY RESPONDENTS

- The data obtained by observation within the process

3.4 TIME PERIOD

- Period : February- April'2014 (3months)

3.5SAMPLE SIZE

- 4200 Claims were observed and mapped to define the system

3.6SOURCE OF DATA

- Manual Interpretations, HMIS and TrackZone

3.7DATA ANALYSIS APPROACH

All the necessary data was collected from the department observations& HMISSoftware's. All data was mapped with various accountability factors.

3.8 ETHICAL CONSIDERATIONS

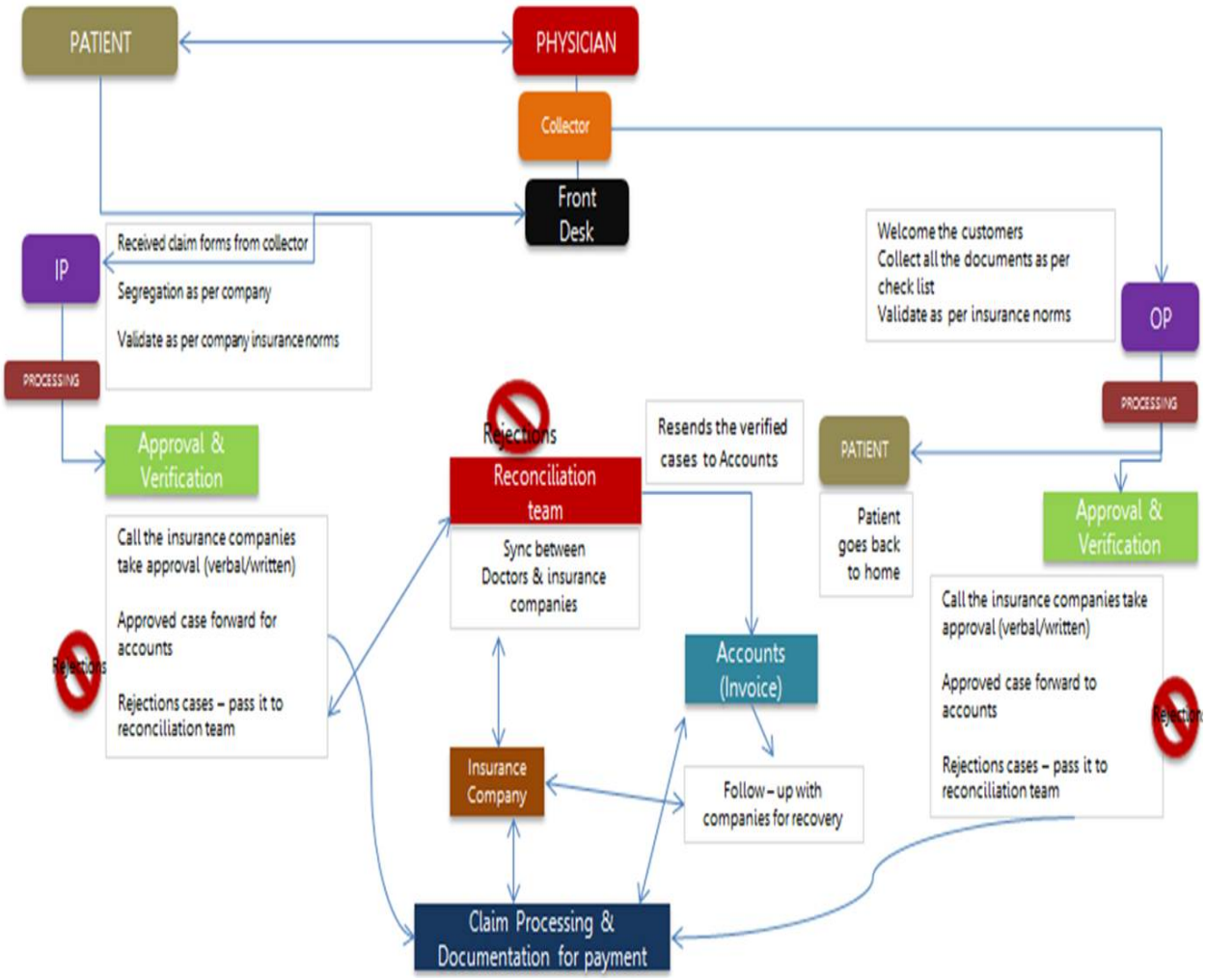
The confidentiality of the patients and their records was maintained and not shared elsewhere. It was taken only for study purpose and no information of hospital will be revealed elsewhere other than the academic purposes.

CHAPTER 4

ANALYSISAND RESULTS

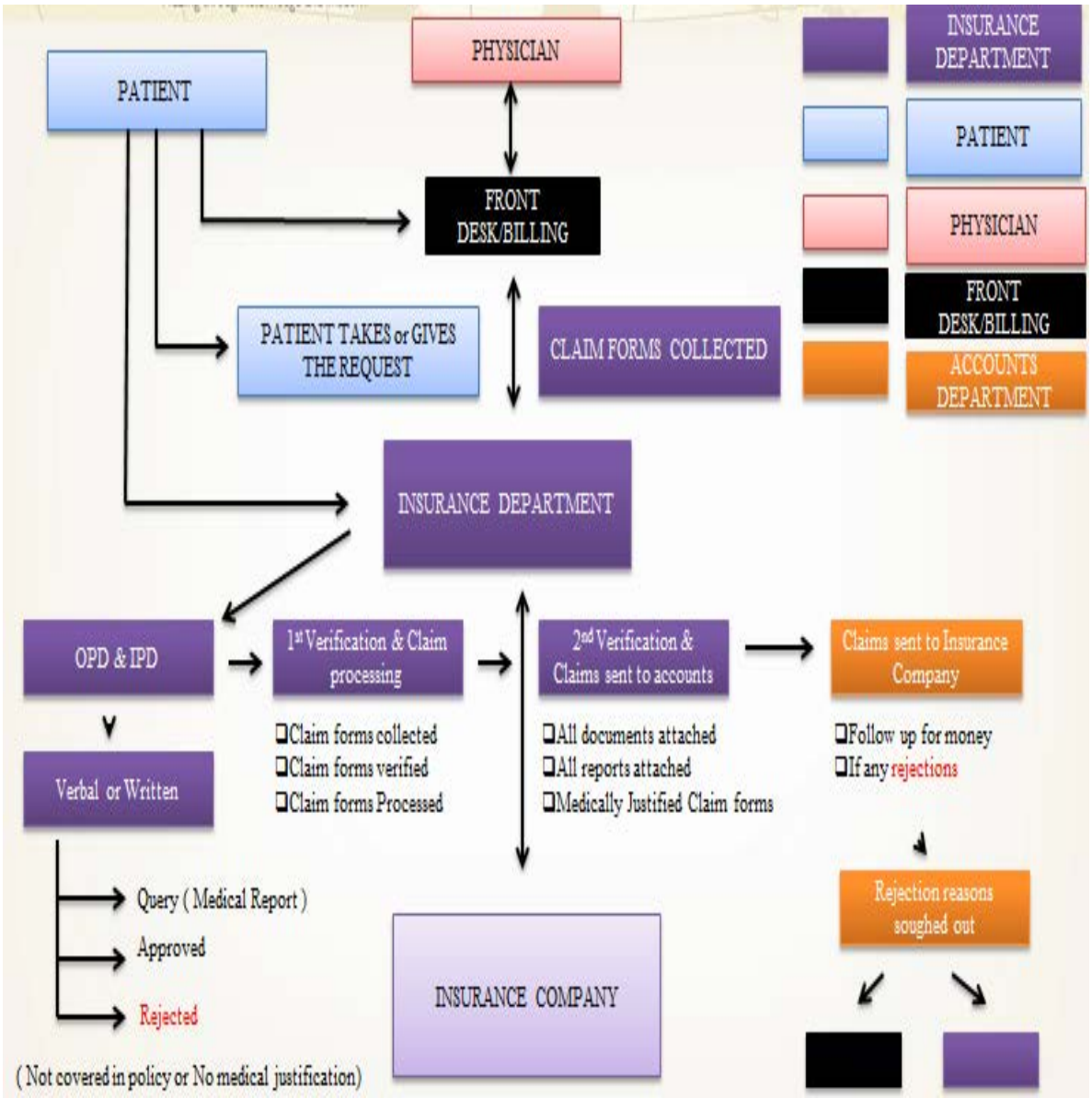
4.1 Drafting of Process Map

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



4.2Drafting the Process Flow

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



4.3Value Stream Mapping

- To mark the value added and non-value added services a proper value steam mapping was done using lean healthcare for the process.
- Various non-value added services are marked for system update.
- Value Stream Map – Click to view

4.4 Calculations of Turnaround Timefor Insurance Requests

- All the processed claims and request were monitored thoroughly to calculate the turnaround time for the requests.

Type of Request	Turnaround Time (hrs)
Verbal OP / IP Approval	0.5
Online Written – OP / IP Approval	1
Query responding on Online Request	6
Offline Written – OP / IP Approvals	46
Query responding on Offline Request	51
Average Time for a Request	24-48

4.5 Calculations of Rejection Rate

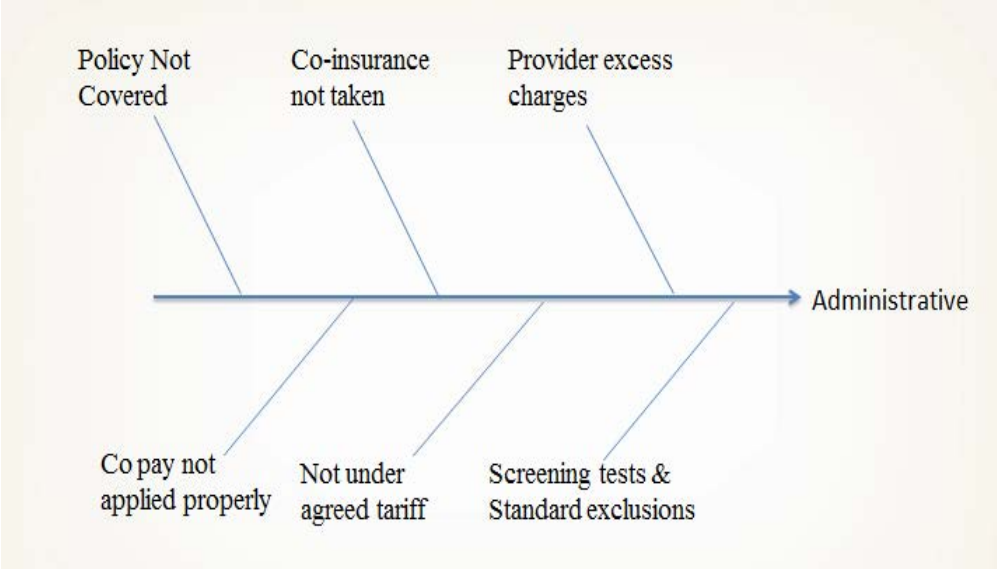
- All the processed claims and settled amount was compared from the received amount to calculate the rejection rate.

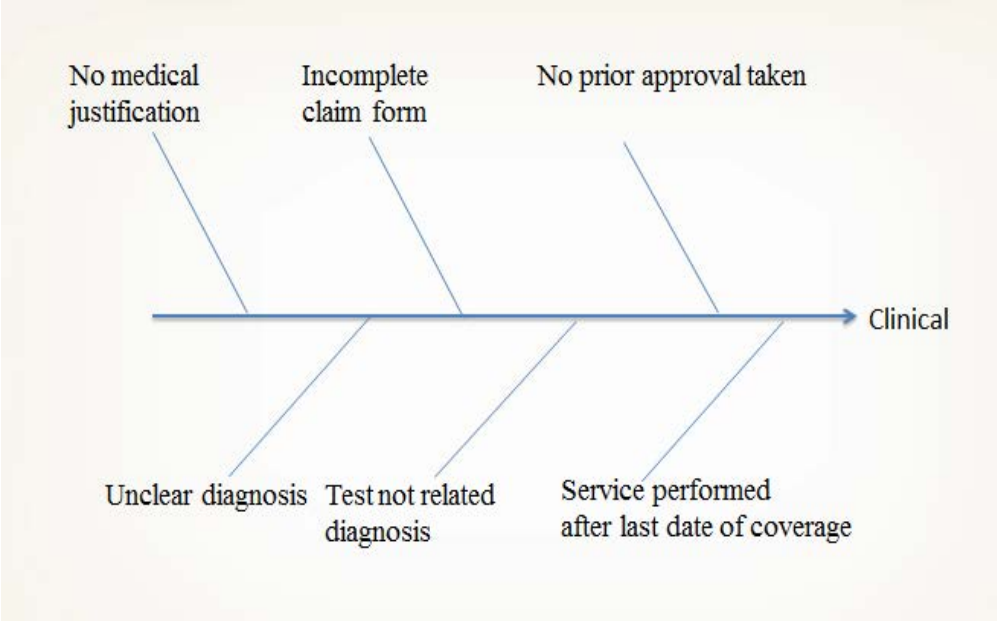
Months	**Feb ‘14**	**Mar ‘14**	**April ‘14**
Net Amount	3,668,404.54	2833594.39	2696010.5
Rejected Amount	152,782.78	112217.61	162174.47
Rejection Rate	4.16%	3.96%	6.02%

- 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.

4.6 Fish born analysis of Rejection Rate

- To assess the causes of rejection rate all the remarks of denials were considered. They were further sub-classified: Administrativeand Clinical.





4.6 Gap analysis of Process

- To assess the areas of improvement of quality of insurance department gap analysis of the process was also done.

- The following points were considered as gaps for the various delays in the process :

- 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 from our side 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

CHAPTER 5

SUGGESTIONS& CONCULSION

Various suggestions and recommendation were suggested for defining the Total Quality Management System of the insurance department

5.1 DOCUMENTATION OF STANDARD OPERATING PROTOCOL (SOP)

After the detailed and thorough observation of process, process flow, VSM and gaps we designed standard operating protocol for the insurance department for the first time.

The various heading covered in the documentation are introduction about department, purpose, scope, abbreviations, responsibilities, processes, operational process flow, organogram, role & duties incl. job responsibilities, list of insurance companies on direct billing and validity statement.

The rolled SOP is also enclosed with this report for ready referral as Annexure B.

5.2 Personal Planning

A personnel planning is an important development in human resources management. It has spread rapidly to nearly every size organization in almost every kind of business.

The primary function of Personnel planning is to analyze and evaluate the human resources available in the organization, and to determine how to obtain the kinds of personnel needed to staff positions ranging from assembly line workers to chief executives. Smaller companies put Personnel planning in the human resource or personnel department. Some of the largest corporations have established separate departments for this function.

PURPOSES OF PERSONNEL PLANNING

Personnel planning aims to reduce waste in employing people, lessen uncertainty about current Personnel levels and future needs, and eliminate mistakes in staffing. In order to improve the efficiency of insurance department proper personal planning was analyzed

Its purposes also include avoiding worker and skills shortages, stopping the profit-eroding effects of being over- or understaffed, preparing succession plans and shaping the optimum future work force by hiring the right managers, technical specialists and skilled workers in appropriate numbers.

The details of analysis is :

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

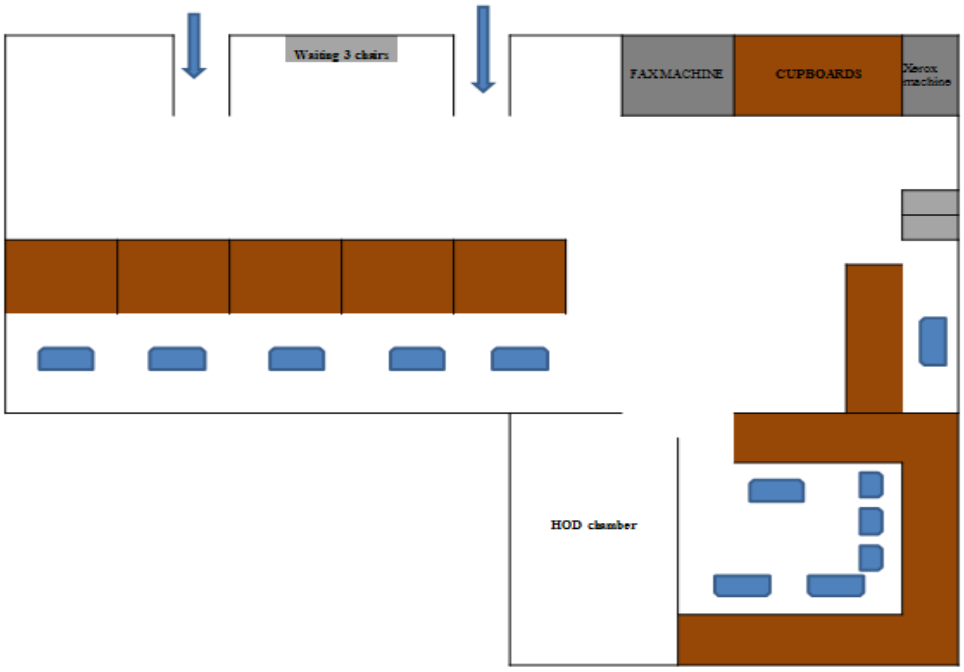
Activities		TAT / case	Total No. Of cases	Time Required	Working hour per day	Buffer time (time to attend calls,emergency cases etc)	Utilised time	Required Manpower	Present Manpower
First Verification	Dental	4 mins	20	80 mins					
	Maternity	4 mins	20	80 mins					
	Optical	4 mins	3	120 mins					
	Total 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

So after the analysis of personal planning we reviewed that there is load on manual work force due to shortage of staff as required staff is 17 and we have 11 only hired.

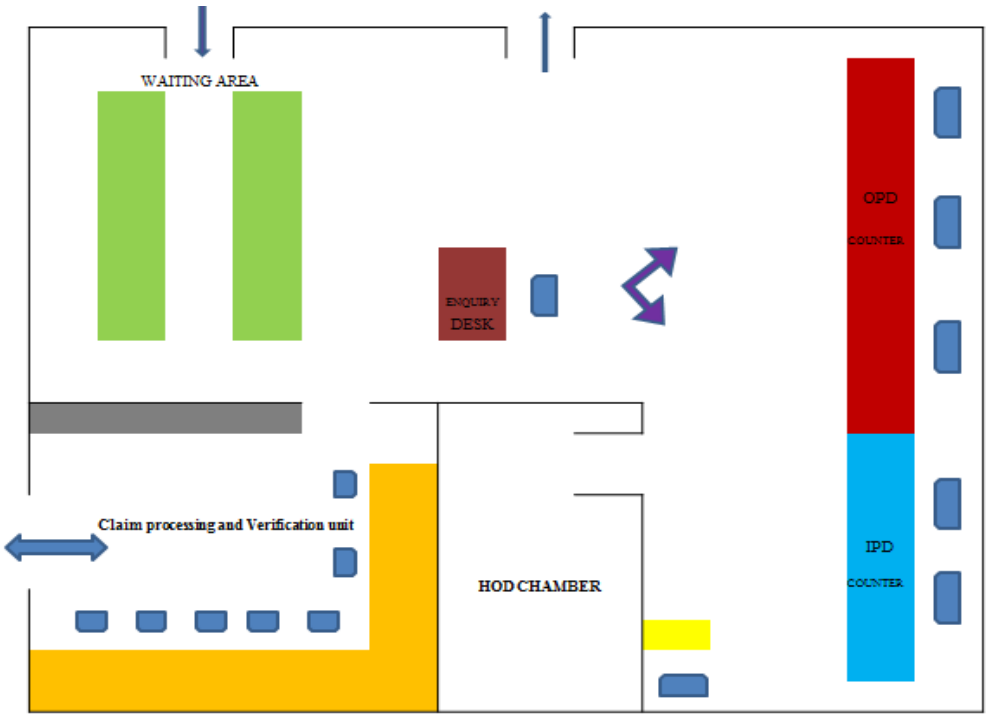
5.3 RE-ENGINEERING THE SPACE UTILIZATION

Space utilization is the percentage of time duration spent of each section of the department. There was a need for expansion of department as the workload and patient foot fall was increasing daily. So a suggestive expansion layout was suggested to higher management.

OLD LAYOUT



NEW PROPOSED LAYOUT



5.4 UPGRADATION OF HMIS

In order to upgrade HMIS a meeting was arranged between the IT and Insurance Department, details are mention below :

MINUTES OF MEETING : IT & INSURANCE DEPARTMENT

Date : 5th 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

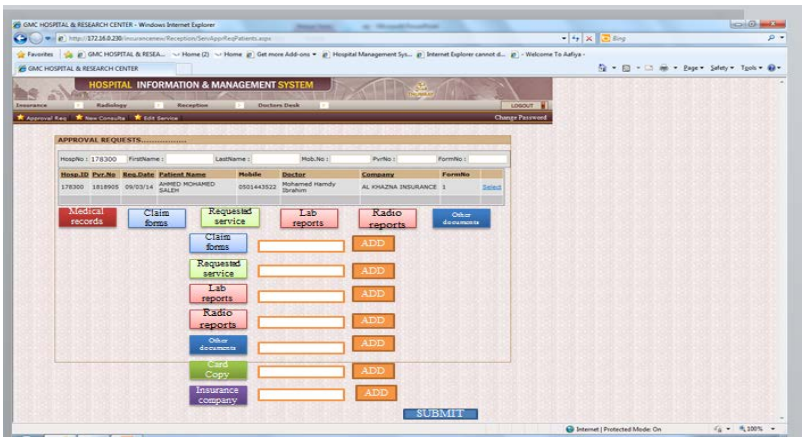
- Limit cross problem
- Discharge Intimation
- View page on single platform- Lab and radio reports
- **Increase expiry page time**
- Request update button

NO DEADLINE GIVEN BUT AGREED FOR UPGRADATION

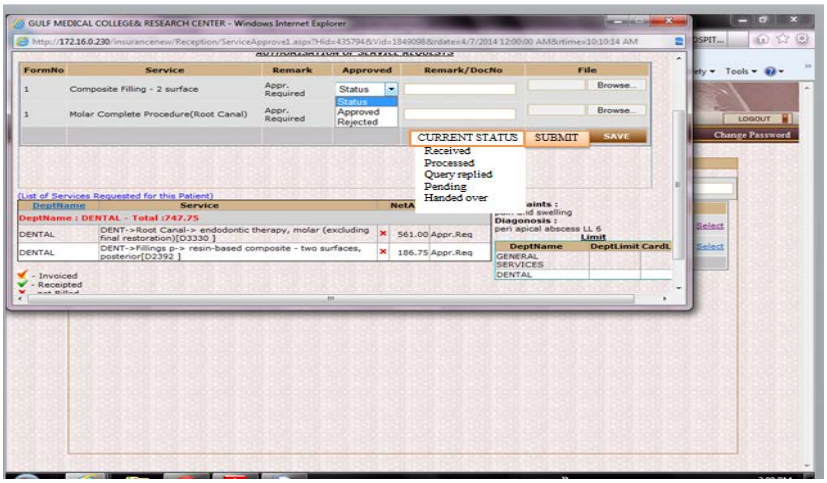
- View medical records of 6 months: consultant name, date, diagnosis and drugs given
- Status Change as the requests are received and processed
- Link to email and fax from the system
- Single platform module
- Option to add link of lab and radio reports
- SMS sent as soon as processed
- In patient current admission status

SUGGESTED UPGRADATIONS

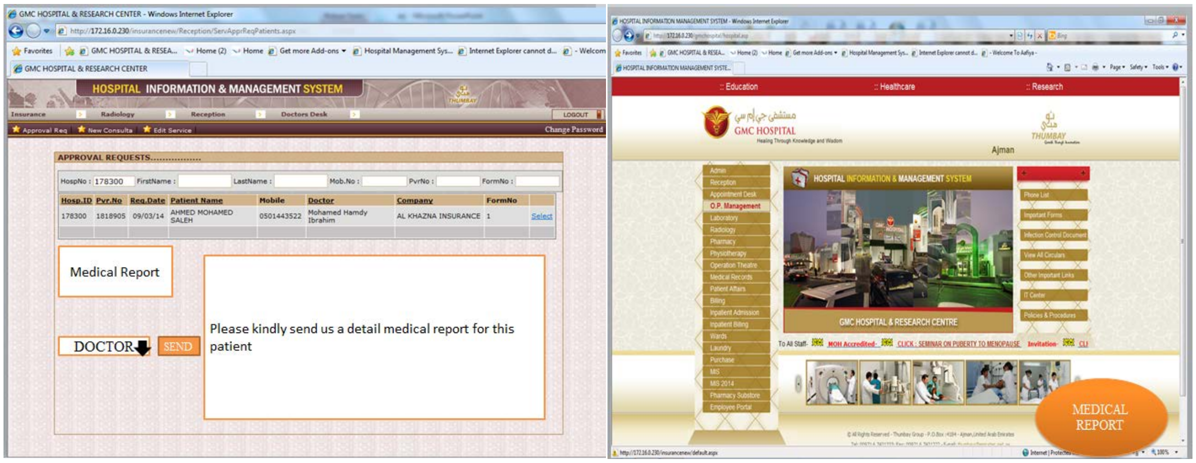
The need to have a single updated portal for easy access and submission.



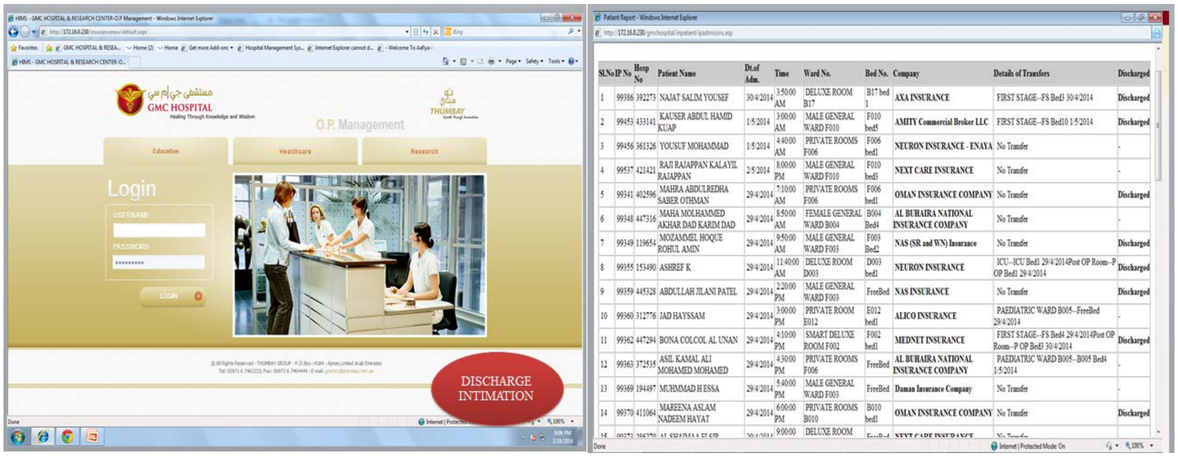
The need to have a status button for HMIS



The need to have a medical report button for HMIS for sending various replies to queries of insurance companies.



The need to have a discharge intimation button in HMIS for saving the discharge turnaround time.



The proper process requirements and delays were taken into account while the consideration for upgradation of HMIS.

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ANNEXURE B (SOP)

Title	**SOP for Insurance Department**	
Prepared by	Dr. Raghav Arora	

Approval Matrix

Activity	Print Name and Title	Signature	Date
Reviewed by	Dr. YasmeenJumma HOD (Insurance), GMCHRC		
Reviewed by	Dr. Manvir Singh Medical Director, GMCHRC		
Approved by	Mr Akbar Moideen Director, GMCHRC		

Yearly (or new) management review and approval: Signature acknowledges SOP version remains in effect with no revisions.		
Print Name	**Signature**	**Date**

DISTRIBUTED PAPER COPIES TO:	*ISSUED BY*	USE IN CONJUNCTION WITH SOP(S)
Nil		

WORKING AREA(S) RELEVANT TO SOP	Insurance Department Front Office Patient Affairs Department

REVISION HISTORY	
Previous SOP Number	**Revision summary**

Table of Contents

1. INTRODUCTION

Insurance Department was established to assist the patient and facility in helping patients to avail the benefits of their medical insurance. The insurance department plays an active role from the patient entering the hospital with medical insurance coverage till all services are availed by him at the facility under medical insurance.

The overall objective of insurance department is to assist patients in getting the benefits from the insurance company for their medical expenses while availing the services at facility.

2. PURPOSE

The purpose of this SOP is to define the steps in the process of getting approval for insurance patients. Steps involved in this entire process are listed below-:

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

3. SCOPE

This policy extends to all the staff working in the Insurance Department at GMCH&RC, Ajman.

4. ABBREVIATIONS & DEFINITIONS

- **GMCH&RC:** Gulf Medical College Hospital and Research Centre
- **SOP :** Standard Operating Procedure
- **HoD :** Head of Department

5. RESPONSIBILITIES

- **Primary Responsibility:** Insurance team working for both outpatients and inpatients the Insurance Department.
- **Secondary Responsibility:** HOD Insurance Department

6. PROCESS

- Proper assistance to patient for availing medical insurance benefits for their health coverage during their visit to facility.
- Patient comes to the facility and schedules an appointment for consultation at the front office.
- Front Desk Associate collects Insurance card and verifies the coverage of Medical Insurance Card in the facility with insurance department.
- After obtaining a pre-authorization (verbal/ written) from insurance company, the insurance department asks the front office to provide benefits of health coverage as per agreed tariff and conditions.

- Patient consults the physician/s; and all lab & radiology investigations or in-patient procedures/ admission requests are then escalated thereafter to insurance company for approval.
- Either the insurance department receives the pre-authorization or there is a query on the request. The query is answered by the insurance department and again request is escalated for pre-authorization. Sometimes the benefits are even not covered as per the policy, so the expenses are to be paid by patient. It can be also elaborated as

    i. If a query is received
    1. If query pertains to medical treatment,
    a. Concerned treating consultant will be contacted and the replies will be collected from the consultant.
    b. Replies will be re-faxed to the insurance company
    c. Patient will be updated about the progress.
    2. If query pertains to policy details
    a. Patient will be updated and requested to provide the documents desired by the insurance company.
    b. Concerned consultant will be updated about the progress
    ii. If denial has been received
    a. Patient will be updated about the denial and requested to pay

b. Concerned consultant will be updated about the denial

- After the patient avails the medical benefits, insurance company and insurance department of the facility interact for final settlement and excess amount is then taken from the patient.
- The insurance department assures that the necessary steps have been taken to avoid lost revenue due to no prior authorization.
- Insurance department ensures to follow-up with the insurance company. If possible a fax or e-mail is requested for the approved authorization for the records.
- All the documents and approvals are compiled together and sent for final settlement and claim processing.

6.1 OPERATIONAL SECTIONS

The functioning in the department is generally based on 4 main areas:

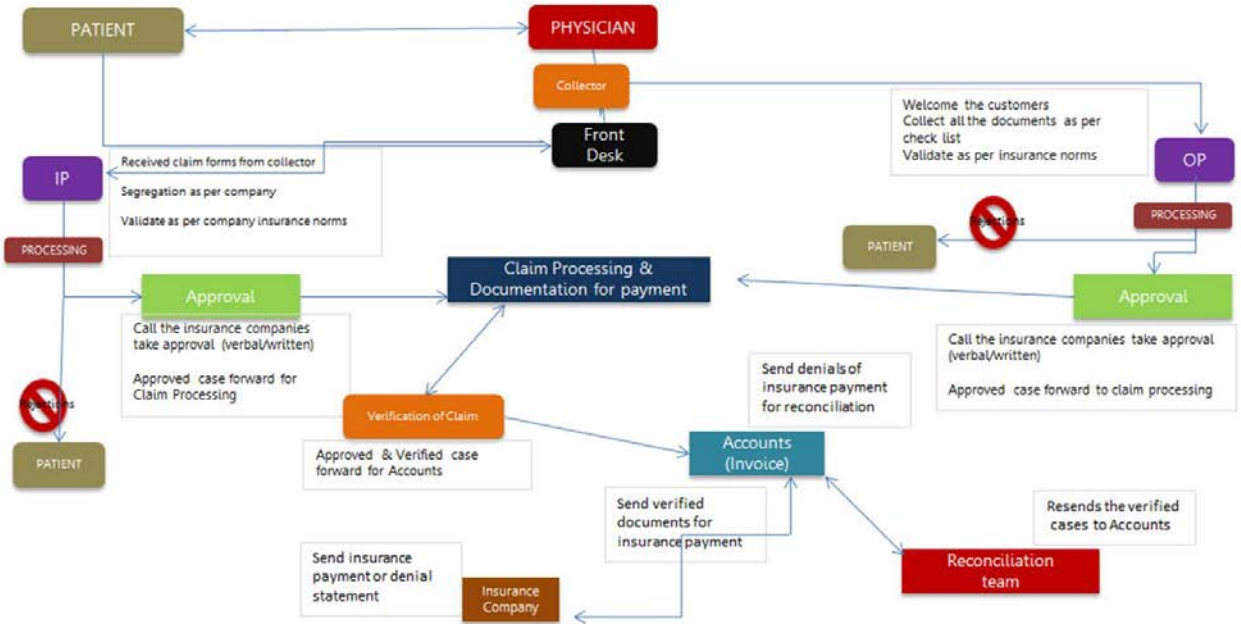
1. Approvals Section – where the pre-approvals are taken for out-patients and in-patients. It includes approvals for all consultations, lab investigations, radiologic investigations, procedures, surgeries & admissions.

2. Claim Processing Section- is designed as the unit dealing with proper processing and documentation for claims.

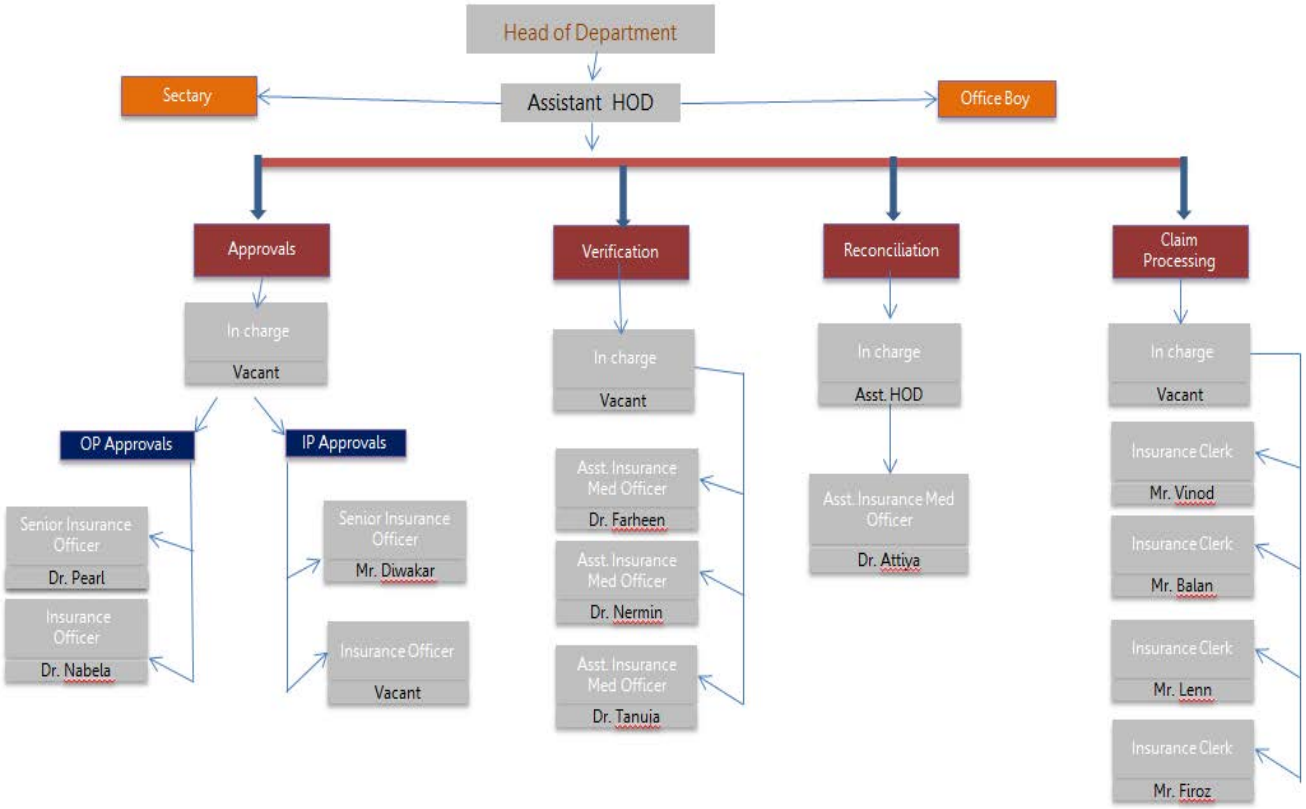
3. Claims Verification Section – where inspection and verification of all documents takes place.

4. Reconciliation Section – it is a secondary unit which focuses to review the rejected amount and amount received from insurance department.

7. OPERATIONAL PROCESS FLOW



8. ORGANOGRAM



9. ROLES AND DUTIES

a) Head of Department (Insurance)

Job Code : GMCHRC/JD/ADM/INS01-A

Job Title : Head of Department (Insurance)

Department : Insurance

Responsible for : Asst. HOD & Asst. Insurance Medical officers

Reporting to : Medical Director

Educational Qualification : MBBS

Experience : Minimum 5 years of experience in Insurance

License required : Nil

Knowledge required :

- Medical Insurance practice in UAE
- Medical aspect of the claims

Essential Skills :

- Leadership Skills
- Change management Skills
- Basic IT Skills – MS Office
- Coaching and Mentoring
- Team Building Skills
- Coordination Skills
- Telephone Etiquettes
- Customer Care Skills
- Handling Irate Customers
- Patient Education
- Effective Communication Skills
- Emotional Intelligence

Desired Skills : Spoken Arabic

Attitude :

- Sense of ownership and belonging

- Positive Attitude towards job
- Positive Attitude towards colleagues
- Positive Attitude towards customers
- Dedication
- Sincerity and Honesty
- Integrity

Success Factor (KPIs) :

- Minimal claim rejection
- New contracts & renewal of contracts
- Insurance SOP training for the concerned staff

Physical demand & Job environment :

Requires individual to be physically fit, mobile and capable of sustained activity

Job Summary :

Responsible for the effective and efficient management of Insurance department by ensuring quality standards.

Specific responsibilities :

1. Management

- Develop master Staffing plan for the present and future operational requirement of the insurance department
- Develop appropriate job positions with effective job descriptions
- Ensure that adequate staff are available to meet the day to day operations of the department
- Ensure that during the recruitment process, the candidate possess proper credentials, experience knowledge and skills and right attitude
- Responsible for effective and efficient management of manpower in the department
- Ensure that there is a system in place to monitor, evaluate the performance of the staff and identify areas of improvement and design performance improvement plan for the staff
- Ensure that annual performance management system is in place for the staff
- Develop and implement department SOPs to achieve the vision and mission of
- the institution
- Ensure that all the department operations are in line with the SOPs and statutory
- guidelines
- Manages and control the inventory in the department
- Evaluate incidents and take appropriate corrective measures
- Understand the needs of staff, both personally and professionally and motivate them to make them competent in their performance

Operational

- Coordination of Department functions as HOD.
- Updating contracts and contract related materials between Hospital & Insurance

- companies.
- Updating the software with the approval requirements and not covered items
- regularly
- Obtaining Prior approval from Insurance companies on behalf of patients.
- Maintaining record of approvals taken.
- Verification of medical aspects of all claims on daily basis
- Clarification of Insurance related queries of Insurance Patients.
- Clarification of Insurance related queries of Medical Staff
- Orientation of Staff regarding Insurance related developments affecting the
- workflow.
- Coordination of the Department function
- Resubmission of rejected claims on regular basis.
- Advise the management on improving Insurance patient care.
- Convene meetings of Insurance Staff.
- Fixing duty Rota of Insurance staff

2. Educational:

- Ensure that competency mapping is conducted for the insurance staff and identify the gap and propose required training and development plans for them
- Participate in staff development activities of the institution.
- Ensure that new employees have participated in the orientation program and completed “On the job” training.
- Participate and conduct research activities
- Provide insurance Training for all the staff who handles insurance patients during the new employee orientation program and conduct ongoing training for staff.

3. Organizational:

- Comply with the organizational policies.
- Ensure the nursing department participates in achievement of the organizational goals
- Ensure that the department staff works towards the achievement of the objectives and goals of the insurance department.
- Promote commitment, dedication and standard service to recognize the institution as an effective health care facility in the country

b) Assistant Head of Department

Job Code : GMCHRC/JD/ADM/INS01-B

Job Title : Assistant Head of Department (Insurance Medical Officer)

Department : Insurance

Responsible for : Asst. Insurance Medical officers

Reporting to : Head of Department

Educational Qualification : MBBS

Experience : Minimum 2 years of experience in Insurance

License required : Nil

Knowledge required :

- Medical Insurance practice in UAE
- Medical aspect of the claims

Essential Skills :

- Leadership Skills
- Basic IT Skills – MS Office
- Coaching and Mentoring
- Team Building Skills
- Coordination Skills
- Telephone Etiquettes
- Customer Care Skills
- Handling Irate Customers

- Patient Education
- Effective Communication Skills
- Emotional Intelligence

Desired Skills : Spoken Arabic

Attitude :

- Sense of ownership and belonging
- Positive Attitude towards job
- Positive Attitude towards colleagues
- Positive Attitude towards customers
- Dedication
- Sincerity and Honesty
- Integrity

Success Factor (KPIs) :

- Minimal claim rejection
- New contracts & renewal of contracts
- Insurance SOP training for the concerned staff

Physical demand & Job environment :

Requires individual to be physically fit, mobile and capable of sustained activity

Job Summary :

Responsible for the effective and efficient management of Insurance department by ensuring quality standards.

Specific responsibilities :

1. Management

- Develop master Staffing plan for the present and future operational requirement of the insurance department
- Develop appropriate job positions with effective job descriptions
- Ensure that adequate staff are available to meet the day to day operations of the department
- Ensure that during the recruitment process, the candidate possess proper credentials, experience knowledge and skills and right attitude

- Responsible for effective and efficient management of manpower in the department
- Ensure that there is a system in place to monitor, evaluate the performance of the staff and identify areas of improvement and design performance improvement plan for the staff
- Ensure that annual performance management system is in place for the staff
- Develop and implement department SOPs to achieve the vision and mission of
- the institution
- Ensure that all the department operations are in line with the SOPs and statutory
- guidelines
- Manages and control the inventory in the department
- Evaluate incidents and take appropriate corrective measures
- Understand the needs of staff, both personally and professionally and motivate them to make them competent in their performance

Operational

- Coordination of Department functions to help HOD.
- Updating contracts and contract related materials between Hospital & Insurance
- companies.
- Updating the software with the approval requirements and not covered items regularly
- Obtaining Prior approval from Insurance companies on behalf of patients.
- Maintaining record of approvals taken.
- Verification of medical aspects of all claims on daily basis
- Clarification of Insurance related queries of Insurance Patients.
- Clarification of Insurance related queries of Medical Staff
- Orientation of Staff regarding Insurance related developments affecting the workflow.
- Coordination of the Department function
- Resubmission of rejected claims on regular basis.
- Advise the management on improving Insurance patient care.

- Convene meetings of Insurance Staff.
- Fixing duty Rota of Insurance staff

2. Educational:

Identify the gap and propose required training and development plans for them

Participate in staff development activities of the institution.

Participate and conduct research activities

Provide insurance Training for all the staff who handles insurance patients during the new employee orientation program and conduct on-going training for staff.

3. Organizational:

- Comply with the organizational policies.
- Ensure the nursing department participates in achievement of the organizational goals
- Promote commitment, dedication and standard service to recognize the institution as an effective health care facility in the country

c) Assistant Insurance Medical Officer

Job Code : GMCHRC/JD/ADM/INS02

Job Title : Assistant Insurance Medical Officer

Nature of Job :

OP Approvals, IP Approvals, IP Verification, First Verification, Final Verification

Department : Insurance

Responsible for : Insurance Clerks and Office boys

Reporting to : Insurance Medical Officer

Educational Qualification : Preferably MBBS or any para medical degree

Experience : Minimum 1 year of experience in Insurance

License required : Nil

Knowledge required :

- Medical Insurance practice in UAE
- Medical aspect of the claims

Essential Skills :

- Leadership Skills
- Change management Skills
- Basic IT Skills – MS Office
- Coaching and Mentoring
- Team Building Skills
- Coordination Skills
- Telephone Etiquettes
- Customer Care Skills
- Handling Irate Customers
- Patient Education
- Effective Communication Skills
- Emotional Intelligence
- Desired Skills : Spoken Arabic

Attitude :

- Sense of ownership and belonging
- Positive Attitude towards job
- Positive Attitude towards colleagues
- Positive Attitude towards customers
- Dedication
- Sincerity and Honesty
- Integrity
- Special Training Requirement:

Success Factor (KPIs) :

- Minimal claim rejection
- Patient education

Physical demand & Job environment:

Requires individual to be physically fit, mobile and capable of sustained activity

Job Summary :

Assist the Insurance Medical Officer for the effective and efficient management of

Insurance department by ensuring quality standards and perform specific responsibilities as mentioned below

Specific responsibilities :

- To obtain prior approval from Insurance companies on behalf of patients.
- To maintain record of approvals taken.
- To clarify Insurance related queries of Insurance Patients.
- Audit and rectification of all Medical related aspects of claims on daily basis.
- Resubmission of rejected claims on regular basis.
- Obtaining written and verbal approvals for in and out patients services and
- follow up of the same from various insurance companies
- Clarification of insurance/ approvals related queries by patients and medical staff
- Organizational:
- Comply with the organizational policies.
- Ensure the nursing department participates in achievement of the organizational
- goals
- Ensure that the department staff works towards the achievement of the
- objectives and goals of the insurance department.
- Promote commitment, dedication and standard service to recognize the
- institution as an effective health care facility in the country

d) Insurance Clerk

Job Code : GMCHRC/JD/ADM/INS03

Job Title : Insurance Clerk

Department : Insurance

Responsible for : Office boys

Reporting to : Insurance Medical Officer

Educational Qualification : preferably graduation in any discipline

Experience : Minimum 1 year of experience in Insurance

License required : Nil

Knowledge required : Insurance claim processing

Essential Skills :

- Basic IT Skills – MS Office
- Team Building Skills
- Coordination Skills
- Telephone Etiquettes
- Customer Care Skills
- Effective Communication Skills
- Emotional Intelligence

Desired Skills : Numerical aptitude

Attitude :

- Sense of ownership and belonging
- Positive Attitude towards job
- Positive Attitude towards colleagues
- Positive Attitude towards customers
- Dedication
- Sincerity and Honesty
- Integrity
- Special Training Requirement:
- Insurance SOP training
- HIMS Training

Success Factor (KPIs) :

- Claims Processed
- Completion of documentation in the claim processed

Physical demand & Job environment:

Requires individual to be physically fit, mobile and capable of sustained activity

Job Summary :

Processing insurance claims as per the department SOP

Specific responsibilities :

- Obtain information from policy holders to verify the accuracy and completeness of claim forms, application and related documents and company record.
- Sorting the shuffled claim forms and pharmacy attachments in Insurance company wise to make ease for processing the claims.
- Assist and resolve all Insurance claims related queries of Nurses and Doctors.
- Ensure all Insurance Claim forms are collected daily in co-ordination with the Front-Desk associate.
- Correct and resolve all cases of unfilled, unstamped and missing forms.
- Consolidate and submit all claims per guidelines of agreement with Insurance companies.
- Processing claim forms and handling claim details in excel, in a daily basis.
- Documenting production report in a monthly basis and submitting to the Insurance Medical Officer.
- Stick on to the deadlines made by the claim processing department.
- Cooperative interaction among people to achieve the mission and vision of our organization.

Organizational:

- Comply with the organizational policies.
- Ensure the nursing department participates in achievement of the organizational goals.
- Ensure that the department staff works towards the achievement of the objectives and goals of the insurance department.
- Promote commitment, dedication and standard service to recognize the institution as an effective health care facility in the country

10. LIST OF INSURANCE COMPANIES ON DIRECT BILLING

- Insurance companies on direct billing:
- Abu Dhabi National Insurance Company
- Al Buhaira Insurance Company
- Al Ittihad Al Watani Insurance Company
- Al Khazna Insurance Company

- Alliance Insurance Company
- Arabian Scandinavian Insurance Company
- Axa Insurance
- American Life Insurance Company "ALICO"
- Ahlan Care
- Al Dhafra National Insurance
- ACE Life
- AlMadallah Health Care Management
- Daman Insurance
- EKLAIM
- Fathima Healthcare Management Services UAE
- FMC
- Focus
- GLOBE MED
- Globel Net,
- Aetna Health Service
- "Goodhealth"
- Healthnet Insurance
- Interglobal
- Lebanese Insurance Company
- MEDISERVE
- Mednet and all the Insurance Companies listed under Mednet
- MIPOL
- MSH
- NAS Admin Services
- Next Care
- Neuron
- P.M care "AVITA"
- Oman Insurance Company.

11. VALIDITY STATEMENT

This SOP is valid for 6 months from the date of effectiveness.