Study on Assessing Monitoring, Measuring and Improving the TAT in insurance department in line with insurance companies.

By

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Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

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To Whom So Ever It May Concern

This is to certify that **Mr. Harish S Madival** holder of **Indian** Passport Number **T7543392** was working in our Organization as a Management Trainee in the Department of Insurance from 13th March 2023 to 31st May 2023, as a part of his dissertation report for MBA (Hospital & Health Management) Program. He has completed his assigned project at Thumbay Hospital Fujairah.

We wish him all the best in his future endeavors.

For **Thumbay Hospital, Fujairah.**

Dr. Shihad Abdul Khader
Chief Operating Officer

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1st June, 2023

CERTIFICATE

This is to certify that Dr. Harish Madival has successfully completed his Internship Program with us from 13th March 2023 to 31st May 2023.

During the Internship, He was part of the Insurance department team and worked on the project "Study on Assessing Monitoring, Measuring and Improving the TAT in insurance department In-line with the insurance companies.'

We take this opportunity to wish him all the best In his future endeavors. Thanking you,

Yours sincerely,

Date: **Head of the Department**
Place:

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled

"Study on Assessing Monitoring, Measuring and Improving the TAT in Insurance Department in line with insurance companies Process at Thumbay Hospital Fujairah UAE Submitted by Dr. Harish Madival, Enrolment No. 1296 under the supervision of Dr. Dhirendra Kumar, for the award of MBA in Hospital and Health Management of the IIHMR University, carried out during the period of March 2023 to June 2023 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.

Signature

Abstract

Background: Standards of health care and investigations are considered to be generally high in the United Arab Emirates; Compulsory health insurance is emerging in UAE.

Health insurance is insurance against the risk of incurring high cost medical expenses among individuals. By estimating the overall risk of health care and health system expenses among targeted group, an insurer can develop a routine finance structure Health Insurance works based on mainly 2 types of policies i.e. Group policies and Individual policies.

There are 4 major players in Health Insurance system a Payer a Provider an Insured and TPA, A health care provider is an individual or an institution that provides preventive, curative, promotional or rehabilitative care services, hospital has a dedicated department to offer quality and affordable specialized superior medical care to the members of most of the insurance companies through Insurance department. Couple of times patient have to pay out of pocket in spite of having health insurance coverage due to the rigid process followed by the healthcare provider to take approval from insurer. When the claim process is rigid, many times it ends up with increased turnaround time and high denial rate leading to decreased efficiency of provider. Hence planning the process is very necessary in order to fight the above said challenges.

Objective:

- **To reduce turnaround time and to decrease initial rejection.**
- **To smoothen the approval process and to increase efficiency.**

Methodology:

- **Primary data was collected through Daily approval request for Outpatients, through HIMs portal to track the number of investigations being prescribed and approval requests received, and their average turnaround time and initial rejection.**

- **Again in that data collected will categorize the top 10 insurance companies and their limitations and the Number of Investigation approval required and approval not required, and their TAT for approval and the reasons for delay/rejections.**

- **A detailed report is prepared to mark all the value added and non-value added process, value added and non-value added time was noted.**

Research Implication:

- **The findings of this study will have important implications for the implementation and management of the insurance claims and their TAT in Hospital.**

- **This will suggest strategies for improving the service delivery in the insurance department of Thumbay hospital Fujairah unit and also it helps improving customer satisfaction by processing claims and requests quickly and efficiently.**

- **The results of this study will also contribute to the further improvement in the process improvement and reduce their TAT.**

Recommendations: Turnaround time and the initial rejection rate are the important measures for insurance department in a hospital. As per Central Bank of the UAE (CBUAE) Hence hospitals having high turnaround time and rejection rate should work on process improvement.

Acknowledgements

This dissertation experience at Thumbay Hospital Fujairah, was an incredible prospect for my learning and professional development. I am grateful for having had the opportunity to meet so many skilled people and professionals who led me though this training period.

I owe my gratitude to Dr Shihad Mohammed Chief Operating Officer, for introducing me into the Thumbay family.

I express my special thanks to Dr Krishna Sudeer, operation manager, for the honest feedback and guidance to my project and helping me pursue it in the department. I sincerely thank Jestin.V Medical insurance Officer, for being a constant Source of guidance since day one and supporting the project in every way possible in spite of his busy schedules.

I am especially grateful to Paul, Assistant officer, for being promptly available to address any queries and giving necessary and honest advice and guidance and for going out of the way to guide me always. Special thanks to Dr Humera, senior Insurance officer for guiding me through the process in my initial days at the organization and even after, which helped me understand the basics of the process. Special thanks to the whole insurance department team for being so friendly and welcoming they helped me in the crucial transition from university to corporate environment. I would like to thank Mrs. Thusherra, Senior Manager, HR, for being the medium between the organization and me since the beginning and throughout the training process. I extend my thanks and appreciation to all the staff for helping me merge and making me feel comfortable at the organization, during the course of this training.

I am extremely grateful to my mentor, Dr Dhirendra Kumar, Associate Professor, The IIHMR University, Jaipur, for patiently guiding me through and teaching me to make the most out of this opportunity especially during his busy schedule.

This dissertation has been an important landmark in my career development and it has been a great honor to have been associated with such a prestigious and renowned organization.
I will endeavor these invaluable lessons and skills to the best of my ability and continue to strive for improvement to attain my career objectives. Hope to continue cooperation with all of you in the future.

Sincerely,
Dr Harish Madival

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List of Symbols and Abbreviations

Abbreviation	Full form
NVAA	Non-Value-Added Activities
VA	Value Added
NVA	Non-Value Added
MER	Medical Examination Report
IT	Information Technology
TAT	Turn Around Time
UAE	United Arab Emirates
IPD	In-Patient Department
OPD	Out-patient Department
CPT	Comprehensive Primary treatment
ICD	International Classification of Disease.

INTRODUCTION.

Health insurance for UAE nationals

Abu Dhabi

Under the 'Thiqa' programme, Abu Dhabi Government provides full medical coverage for all UAE nationals living in Abu Dhabi. Citizens get a Thiqa card, through which they get comprehensive access to a large number of private and public healthcare providers registered within Daman's network. It also includes broader geographical coverage and extra health benefits.

In order to qualify for the Thiqa programme, UAE nationals living in Abu Dhabi who are 18 to 75 years old need to undergo the **Weqaya** screening run by the Department of Health - Abu Dhabi. The health check is done in order to identify cardiovascular risk factors, and may be waived only in exceptional cases.

Amendments to insurance programmes

The Department of Health in Abu Dhabi announced a number of amendments to health insurance programmes to both the 'Thiqa' plan and the Abu Dhabi Basic Plan. The amendments came into effect from 1 July 2016. They were designed to utilize the health insurance system in increasing overall efficiency across the sector to better meet current and future demands.

Related links:

- Health insurance - the official portal of Abu Dhabi Government
- The official website of Thiqa
- Health insurance - Department of Health - Abu Dhabi

Dubai

Saada is a health insurance programme for the citizens in the emirate of Dubai. It provides insurance coverage to citizens who do not currently benefit from any government health programme in the emirate of Dubai. The programme provides treatment through a large network of healthcare providers in the private sector and DHA healthcare centers. Citizens' Emirates ID card carries details of the Saada programme they are subscribed to.

Residents of Dubai can file an online complaint regarding health insurance services and/or providers in the emirate through Dubai Health Authority's eSystem (iPROMeS).

Related links:

- Health insurance for government employees in Dubai - Dubai Health Authority
- Get a health card - Dubai Health Authority

Sharjah

The Department of Health Insurance at Sharjah Health Authority oversees health insurance coverage for UAE nationals in the emirate of Sharjah. Initially, Sharjah Government provided health coverage only to Sharjah Government employees, their dependents and Senior Emiratis (those who are 60 years old or above). However, since January 2020, it decided to extend the insurance coverage to all citizens of Sharjah.

Ajman

The Government of Ajman provides all its employees with health insurance. An updated list of hospitals, clinics and pharmacies approved by the health insurance network and claim forms can be accessed from Ajman Government site.

Health insurance for resident expatriates

The extent of coverage for employers and their dependents is determined by the employee's salary, designation etc. The extent of coverage and type of policy/scheme would determine the cost of your medical services.

In the emirate of Abu Dhabi, employers and sponsors are responsible for the providing health insurance coverage for their employees and their families (1 spouse and 3 children under 18 years).

In the emirate of Dubai, employers are required to provide health insurance coverage for their employees. Sponsors are required to get insurance cover for their resident dependents.

There are several insurance companies in the UAE. Many also provide Islamic insurance (takaful). The website of Insurance Authority provides a list of registered insurance companies in the UAE.

Related links:

- New Health Insurance Law - Department of Health - Abu Dhabi
- Insurance System for Advancing Healthcare in Dubai (ISAHD)
- Health funding - Dubai Health Authority

REGULATIONS

The Department of Health (DOH), previously known as the Health Authority - Abu Dhabi (HAAD), was established by Law No. 1 of (2007) concerning the establishment of the Health Authority - Abu Dhabi.

DOH's purposes, defined in Article 1 (clauses 1 and 2) of Law No. 1 (2007), are to achieve the highest standards in health, curative, preventive and medicinal services and health insurance; to advance these in the health sector; and to follow-up and monitor the operations of the health sector to achieve an exemplary standard in provision of health, curative, preventive and medicinal services and health insurance. In order to achieve its purpose, the DOH establishing Law No. 1 of (2007) empowers the DOH, in particular:

a) To apply the laws, rules, regulations and policies that are related to its purposes and responsibilities, in addition to those issued by respective international and regional organizations in line with the development of the health sector (Article 5 clause 2),

b) To approve rules and procedures that are required for operating health and curative establishments, to approve procedures and methods of treatment, and to lay down policies and programs for satisfying the needs of the health sector in the Emirate (Article 5 clause 4),

c) To develop and apply integrated systems for the control of government and private health sectors in the Emirate (Article 8 clause 12).

With this mandate, and by virtue of Article 8 clause 12, DOH has created an integrated Health Regulations system, comprised of Policies, Standards and Circulars for the Emirate to regulate, control and monitor the implementation of federal and local health laws and best practices in health, curative, preventive and medicinal services and health insurance in the health sector.

Policies

Policies refer to decisions, plans, and actions undertaken to achieve DOH's health care goals for Abu Dhabi. DOH policies define a vision for the future that helps to establish targets and points of reference for the short- and medium-term. DOH policies outline priorities and the expected roles of different groups, and build consensus and inform Professionals, Providers, Insurers and the public. DOH will consistently monitor the effectiveness of its Policies to improve access, quality and accessibility of care and will revise Policies, as needed. However, DOH intends that Policies will remain stable over time.

Standards

Standards add further definition around practice, establishing both acceptable minimum and aspirational levels. Standards set the minimum requirements for specific structures, processes, and services and define the related roles, responsibilities, and interactions of Providers, Professionals and Insurers. Whereas Policies are intended to provide regulatory consistency, Standards are intended to adapt as medical practice and the Abu Dhabi health system continue to evolve. Standards define reciprocal binding responsibilities in support of the Patients' Charter, which sets out the rights and the responsibilities of those using the Abu Dhabi health system.

VISION, MISSION, VALUES AND STRATEGY

Vision

A Healthier Abu Dhabi.

Mission

DOH aims to regulate and develop the healthcare sector and to protect the health of individuals by ensuring better access to services, continually improving quality of care, and sustainability of resources.

Values

- Commitment to society: Commitment to our society's needs and expectations.
- Creativity and innovation: Encourage creative thinking and continuous improvement of our services

- Accountability: All are responsible for his/her actions and their consequences.

- Integrity: Honesty, commitment to the policies of DOH, and avoiding acts contrary to the code of conduct.

- Excellence: Spreading and promoting the culture of excellence and continuously improving corporate performance.

Strategy

DOH periodically develops healthcare strategies that are in line with the wider Abu Dhabi Government Plans.

At the time of publication, DOH pursues seven priorities for Health Sector improvement:

1. **Integrated continuum of care for individuals**

- "Cradle-to-grave" coverage, the individual's care throughout life,
- Access to care (all types of care: ER, primary, secondary, tertiary, quaternary, home, pre-hospital, rehabilitation, preventive measures/vaccination, etc.), this will reduce need for IPC,
- Capacity planning – including rural areas in the Western and Eastern Regions,
- Address healthcare issues specific to the Emiratis.

2. **Drive quality and safety as well as enhance patient experience**.

- Track outcomes and processes from Healthcare Providers to drive quality improvement,
- Publish outcomes and processes once data are validated.

3. **Attract/retain/train workforce.**

- Particularly Emiratis,
- Encourage Research, Innovation, and Education/Training.

4. **Emergency preparedness**

- The Emirate of Abu Dhabi at all times must be prepared for potential major disasters or disease outbreaks.

5. **Wellness and prevention—public Health approach**

- Community initiatives to enhance wellness and awareness.

6. **Ensure value for money + Sustainability of healthcare spend**

- Reduce waste,
- Encourage Private Sector (“level playing field”),
- Eliminate loss transfer for non-mandated healthcare provision,
- Foster effective management of funded mandates,
- Ensure appropriate reimbursement framework.

7. **Integrated Health Informatics and eHealth**

- Including Telemedicine,
- Tool to drive 1, 2, 3, 4, 5, 6 above.

INTRODUCTION

Thumbay Hospital, Fujairah (henceforth referred to as "the Hospital") **to** be the
Service provider for all the major insurance companies and third parties providers, as per terms
In the contracts entered with them.

Health insurance department provide services in processing insurance claims and getting approvals to all the eligible card holders in Thumbay hospital Fujairah UAE.

Health insurance is an important aspect of living a healthy life, and the United Arab Emirates (UAE) Has a well-developed health insurance system. In fact, health insurance is mandatory for all residents and citizens of the UAE.
The UAE government has created a comprehensive healthcare system that aims to provide affordable and quality healthcare to all its residents.
Health insurance in the UAE is primarily provided by private insurance companies, but the government also provides health insurance for its citizens and some expatriates.
The health insurance coverage in the UAE generally includes inpatient and outpatient medical services, emergency care, diagnostic tests, and prescription medication.
The coverage may vary depending on the type of plan and insurance company. It is essential to choose the right health insurance plan that meets your needs and budget.
The cost of health insurance in the UAE depends on several factors, including your age, health condition, and the level of coverage you require**.**

Need for the Study:

Studying insurance in the UAE is essential for several reasons.
First, the insurance industry is rapidly growing in the UAE, and it plays a critical role in the country's economy. Therefore, understanding the industry's inner workings is essential for professionals looking to excel in their careers.

Second, the UAE government has made significant efforts to regulate the insurance industry, creating a stable and conducive environment for businesses to thrive. As such, studying insurance in the UAE allows individuals to keep up with the latest developments in the industry and ensure that they comply with the regulations and guidelines

.

Third, studying insurance in the UAE provides individuals with an opportunity to learn about the unique challenges and opportunities in the region. The UAE is a diverse market, with different cultures and languages, and understanding these nuances is essential for professionals looking to make a positive impact in the industry.

Overall, studying insurance in the UAE is essential for professionals looking to advance their careers, understand the industry's dynamics, and contribute to the country's economic growth**.**

Insurance department function involves all the departments in the hospital as well as the patients. This document outlines the procedures of the functions of the Department

PURPOSE:

1. The main purpose of the insurance is to minimize the rejection to get maximum approval.

2. To provide prompt, effective and efficient services to the insurance patient.

3. To facilitate early submission of claims to insurance companies within the stipulated time.

4. And to avoid claim rejection due to reasons of hospital.

PROCEDURE:

The department responsibilities are:
To provide prompt, efficient and effective services to the Insurance patients.
To obtain the approvals whenever required at the earliest
To verify all claims and supporting documents prior to submission to accounts

To facilitate early submission of Claims to Insurance companies within the stipulated period.
To avoid Claim rejections due to reasons of the Hospital.

The designations and job descriptions of staff handling Insurance patients are given below. These job descriptions are strictly specific to the 'Insurance patient work flow' and May or may not be in conjunction to other duties assigned to / expected to be done by such staff in their respective capacities.

Staffing is done as per their service required in the specified timing. Insurance Staff requires proper training.

Insurance Manager:

- The Insurance Manager is responsible for coordinating the functions of the Insurance Department.
- The Insurance Manager is responsible for fixing the duty Rota of all staff directly reporting to him.
- The Insurance Manager should convene a monthly meeting of all Insurance staff to evaluate the progress of the Insurance Departmental functions.
- The Office of the Insurance Manager should be in the Insurance Department located inside the Hospital.
- The Insurance Manager should be a Medical professional.
- The service of the Insurance Manager should be available during the normal OPD hours of the Hospital.
- The insurance manager should review the new contract from medical aspects as part of the contract review committee
- The Insurance Manager should attend to patients, clarify their Insurance related queries and provide necessary guidance.
- The Insurance Manager should supervise taking prior approvals from Insurance companies for Services on behalf of patients.
- The Insurance Manager should clarify the Insurance related queries of Hospital staff.
- The Insurance Manager should audit and filter all Medical aspects of Insurance claims before forwarding to the Claims processing section.
- The Insurance Manager should keep the Hospital staff aware of all relevant updates related to Insurance Patient Service protocols vide Inter Office Memos/Circulars from time to time.

- The Insurance Manager should regularly contest rejected claims not due to reasons of the Hospital, based on the feedback from the Claims processing section.

The Insurance Manager should appraise the services rendered by the Hospital and advise the management on adopting measures for improving Insurance patient care

Insurance Medical Officer (IMO):

The Office of the Insurance Manager should be in the Insurance Department located inside the Hospital. The IMO has the same responsibilities of the Insurance Manager as mentioned above except that which is stated in points (i), (ii) & (iii)

Assistant Insurance Medical Officer:

- The Office of the Assistant Insurance Medical Officer should be in the Insurance Department located inside the Hospital.
- The Assistant Insurance Medical Officer should supervise maintenance of stock registers for Insurance Forms and control the same.
- The assistant insurance medical officer should take written and verbal approvals for the hospital patients and maintain record of the same
- The Assistant insurance medical officer should regularly reconcile any rejected claims due to medical reasons with supportive documents and medical reports
- The assistant insurance medical officer should be able to answer for patients regular queries on daily basis and take necessary action to relieve their distress with the support of his senior

The insurance clerk

- The Insurance clerk would receive all insurance claims for the day, attach all relevant supporting documents arrange properly
- The insurance clerk should verify the claims hard copy and online before forwarding it to the medical verification team
- The Insurance clerk should issue and maintain records for Insurance Forms on regular basis

The insurance claim should be complete with the following documents before forwarding it for verification.

(a) Insurance Forms duly filled in
(b) Medicine Prescription "whenever required"
(c) Radiology Reports
(d) USG Reports
(e) ECG Reports
(f) Laboratory Reports
(g) CTG Reports
(h) Other relevant supporting documents

Respective departments are responsible for making these reports available on line

The insurance clerk has to give daily report to the Manager & Insurance Medical Officer regarding all discrepancies in respect of lack of supporting documents which would have an impact on Insurance billing if any.

Insurance Attendant:

The Insurance Attendant should be in the Insurance Department located inside the Hospital.
The Insurance attendant should assist the Insurance Department staff in their functioning.
The Insurance attendant should collect the Insurance Forms on daily basis from all the departments including Consultation Rooms, Lab, Radiology, Pharmacy, Casualty etc.
All medically verified claims with the supporting documents, will be forwarded to Insurance billing section of accounts departments for invoice verification and dispatch.

Literature Review

Author	Title	Overview
Erik Koornneef, Paul Robben & Iain Blair	Progress and outcomes of health systems reform in the United Arab Emirates: a systematic review	• This review has highlighted the ambition and commitment of the UAE to build a world class health system and has catalogued the major reforms that have been implemented. • The UAE health system is not a single system, rather there are several systems and of these the three main systems are operated by the health authorities Abu-dhabi Dubai and the Ministry of Health (MOH). • These systems have expanded in the past 10 years in line with the growth of the population and increases in national income and have been subjected to major reforms aimed at improving public health and quality while keeping costs at sustainable levels, thereby achieving a world class health service. The main element of the reforms have been a move to mandatory private health insurance for all citizens and expatriates, by planning and regulatory responsibilities from provider functions.
Ananth Rao, Hossein Kashani, Attiea Marie	Analysis of managerial efficiency in insurance sector in the UAE: an emerging economy	• It helps to analyze the efficiency and productivity issues of the insurance sector from both the policymakers' and investors' points of view to insulate the business and financial risks of UAE corporate houses. • This is the first study to investigate the productivity changes of insurance sector operations in a developing economy: the • The study findings help the insurers to take appropriate managerial steps to improve the efficiency of their operations.
Kasturi Shukla kasturiagnihotri and Shrishti Upadhyay	Predictive Modelling for Turn Around Time (TAT) of Discharge Process for Insured Patients in a Corporate Hospital of Pune City	• Delayed discharge is a frequent issue in majority of the hospitals as discharge Turnaround Time (TAT) for insured patients is higher than uninsured patients. • Discharge delay for insured patients is a common phenomenon. Hospitals and insurance companies must make combined efforts to control the delay.

Erik J. Koornneef a b, Paul B.M. Robben a c, Mohammed B. Al Seiari d e, Zaid Al Siksek f	Health system reform in the Emirate of Abu Dhabi, United Arab Emirates.	• The desire to achieve the best outcomes in the provision of healthcare has driven health system reforms. • As a young state (the United Arab Emirates was founded as an independent state in 1971) with a diverse (with 78% expatriates) and young population (40.23% of the national Emirati population is under 15 years of age), the government of the Emirate of Abu Dhabi has embarked on a journey to reform their healthcare system.
Hamidi S , Shaban S , Mahate AA , Younis MZ	Health insurance reform and the development of health insurance plans: the case of the Emirate of Abu Dhabi, UAE.	• The Emirate of Abu Dhabi has taken concrete steps to reform health insurance by improving the access to health providers as well as freedom of choice. • The growing cost of health care and the impact of the global financial crisis have meant that countries are no longer able to solely bear the cost. • There are issues with moral hazards, which are a combination of individual and medical practitioner behavior that might affect the efficiency of the system.

Research question

- Why is the TAT in respect to some insurance companies higher than other?
- What are the process defects in respect to hospital that lead to high TAT?
- What process can be bypassed to reduce TAT?
- What are the steps that decrease the efficiency of the insurance process?
- How can we achieve minimal rejection by modifying the claim process?

Rationale

Identifying the Non Value added activities will help to manage or eliminate them there by help to improve process efficiency.

Objectives

- To reduce turnaround time and to decrease initial rejection.
- To smoothen the approval process and to increase efficiency.

Methodology

- Primary data was collected through Daily approval request for Outpatients, through HIMs portal to track the number of investigations being prescribed and approval requests received, and their average turnaround time and initial rejection.

- Again in that data collected will categorize the top 10 insurance companies and their limitations and the Number of Investigation approval required and approval not required, and their TAT for approval and the reasons for delay/rejections.

- A detailed report is prepared to mark all the value added and non-value added process, value added and non-value added time was noted.

Study design:

- An analytical study involving retrospective cross sectional observational process.

Study Setting:

- Health insurance claims and getting approvals in Insurance department Thumbay hospital Fujairah UAE.

Study Population:

- All the eligible insurance card holder are accepted by insurance department Thumbay hospital Fujairah, UAE.

Inclusion criteria:

- Validity of the policy, covered risks, reporting time, documentation**,**

Exclusion criteria:

- Depends on Individual policies and their respective insurance companies**.**

Study tools:

- HIMs
- Insurance portal
- Microsoft office
- Google Scholar

Duration of the study:

- March 2023 to June 2023

Sample size:

- All the Out-patients number of claims raised and their average TAT to get approval.
- 2491 Out-patients is the sample size of the Top 10 insurance companies data collected from April 1 till April 30 for analysis.

Sampling technique:

- Data collected from provider portal HIMs, E-mails and insurance portal from Insurance department Thumbay hospital Fujairah, UAE

Data collection Method:

- Taking permission from the management of Insurance department Thumbay hospital Fujairah, UAE for data sharing, raising ticket to request for the data necessary for the analysis

Data analysis:

After analyzing turnaround time

- Initial rejection,
- Reasons of rejection and
- Common causes for high turnaround time and for initial rejection.
- Recommendations were made through continuous monitoring for Process improvement with the help of HIMs, E-mails, Insurance portal.

Result of which, the turnaround time can be reduced**.**

Limitations of the Study:

- Approval is not required if laboratory investigation and radiology examination pertaining to patient is below AED 500 for insurance companies Next care, Al-Buhaira, NAS and AED 1000 for Al-Madallah excluding consultation.
- And there is no limit for insurance companies for OP patients Daman, Adnic, and Mednet except few services that requires approval like CT scan, Physiotherapy and TMT.
- Maternity and Dental requires approval for all the services including consultation for all the insurance companies.
- Birth injuries, congenital anomalies, hereditary conditions, contraceptive, alcohol and drug addiction, obesity, cosmetic treatment, suicide, self-harm etc. Are general exclusion and to be verified in patient eligibility using their card Id on the insurance portal.

Challenges:

- Delay approval from the insurance companies. (Mainly IP and elective surgeries.)
- Some insurance companies TAT1 Hour or more than
- (Justifications,
- Portal issues, not working (Rayati and Dhpo).

Discussion:

A number of reasons for delay in overall increasing in processing the claims, apart from the above said challenges they have been classified under.

- Nature of core system.
- IT
- Communication
- Other

A Senior Medical insurance officer may be able to dodge effects of NVA better than the mid and junior-level insurance officer.
Resolving the NVA challenges may benefit some the mid and junior-level insurance officer more than others by increasing their capacity to process more cases.

Conclusion:

- TAT of each case was also seen to differ as per business type of service, severity, and the condition of patient based on that the insurance claim process will be processed.
- NVA activities such as excel maintaining, multiple tab movements, system log out, system hang, double loading entry and need to review cases previously processed by other co-worker, constitute 20% of the total NVA activities; if they are addressed first, they can reduce impact of all NVA activities by 80%. This is based on Pareto's 80/20 rule.
- Certain non-value-added activities such as increased effort due to lack of established communication between departments, was seen to affect the TAT of cases by 50% i.e. double the processing time. For this a proper SOP for interdepartmental communication should be established.
- Provision of a summary section in the system such that on logging in, Insurance officer is able to view personal log of each cases done and summary of each case appears alongside, exclusively for delay in getting approval, will eliminate the process of retyping findings.
- Real time dashboard can help internal motivation of insurance department can allow them to track their progress. Smart seating arrangement can reduce movement from one place to another.

Process flow in the Insurance department:

- All the insurance claim forms will be received from the nursing stations and department's secretaries in the morning following the consultation on daily basis
- Accident and Emergency department claim forms of Thursday and Friday will be collected together the following Saturday morning
- All the claim forms will be collected by the insurance office attendants against the list of the department patients visit for that day
- The forms will be handed online as well as in person by the departments nurses and secretaries
- The insurance attendant will acknowledge receiving the forms online
- All the forms received in the insurance department will go through a first verification
- Forms found to have wrong registration details will be returned to the reception for correction
- Forms found to be unfilled or unstamped by the treating doctor will not be received from the specific nursing desk till corrected
- All the pharmacy bills will be verified online by the assistant insurance medical officer to support the verbal approvals by written approvals whenever required
- Forms will be forwarded to the insurance clerks
- With the invoice closure for the claims the insurance clerks will verify the claims in physical and online and attach all the supportive documents to them
- In case of absence of any supportive document the insurance clerk will correlate with the respective service department to confirm the status on line
- In case of discrepancies or wrong reports if any, the issue will be reported to the insurance medical officer along with the physical claims
- In case of any delayed reports the claims will be kept pending till the report is available but not later than 24 hours of the last day of the month invoice closure
- All the claims supported with proper documentation will be forwarded online and in person to the insurance medical officers for medical verification
- All the claims will be medically verified by the insurance medical officers and all approvals will be attached

- In case of errors or discrepancies related to any service department the claim will be forwarded to the respective department for correction
- In case the consultation or any service cannot be billed due to medical reasons these claims will be forwarded to administration for review and appropriate action
- In case any doctor is found providing uncovered services to the patients due to non-awareness of the insurance policies and protocols a separate meeting will be arranged with the doctor for orientation purpose
- All complete forms medically verified will be forwarded to the accounts department claims processing section for invoice verification prior to submission to the insurance companies
- Reconciliation will be done on regular basis within the agreed time limit with the insurance companies

Approvals:

Emergency cases approvals

All emergency approvals out and inpatients should be obtained immediately over the telephone whenever possible with the assistance of the provided speed dials

Any admission during non-working hours will be requested through the reception team with the assistance of the department resident

In case a verbal approval was not possible the patient will agree for a guarantee of payment

In case of any problem the reception staff is to contact insurance department at any hour for assistance

Non-emergency cases approvals

Verbal approvals should be obtained whenever appropriate

Verbal approvals should be supported by written approvals whenever required

All written approval requests pending should be followed up on daily basis with documentation

All approvals received will be updated and scanned and kept available online

All approvals/ rejections received should be conveyed to the patients on daily basis

The insurance attendant will contact the patients for the status of the approvals at the end of every shift.

Process of the insurance department in the hospital.

- The first patient comes to reception and they are checking eligibility for insurance, after the eligibility check open the file.
- Then the patient goes to the triage room and after consulting the doctor.
- The doctors add the request for the labs and radiology which will reflect in the insurance screen.
- The next step is to add the requested services to the insurance portal for approval.

- After this, the patient receives an automatic message once the service is approved.
- Then the patient is doing the procedure.
- If any rejection or query from insurance, resubmit the requested medical report from the treating doctor.
- For OP and IP approval, we submit the request for DHPO and Rayati portals with justification.
  .
- IP approval discharging time we are verifying approval and codes.
- First, after discharge, the patient file nurses initiate automatically reached the coder screen.
- The medical coder does auditing, then it is reached, by the approval team.
- The approval team checking approval and not covered items.
- Then we are forwarding the file admission department. Finally, it is coming medical coder screen and he is submitting claims to the accounts.

- Before submitting any query for service, the back office sends it online to the treating doctor.
- They are replaying online
- OP and IP submission, we are submitting every month before the 15th.
- OP submission doing from the back office.
- We are directly submitting IP claims to the accounts department before the 15th.

Average count:

- ✓ No of insurance patient's average of 200 per day.
  No of IP10 per day.
- ✓ No of OP requests in a daily average of 160.

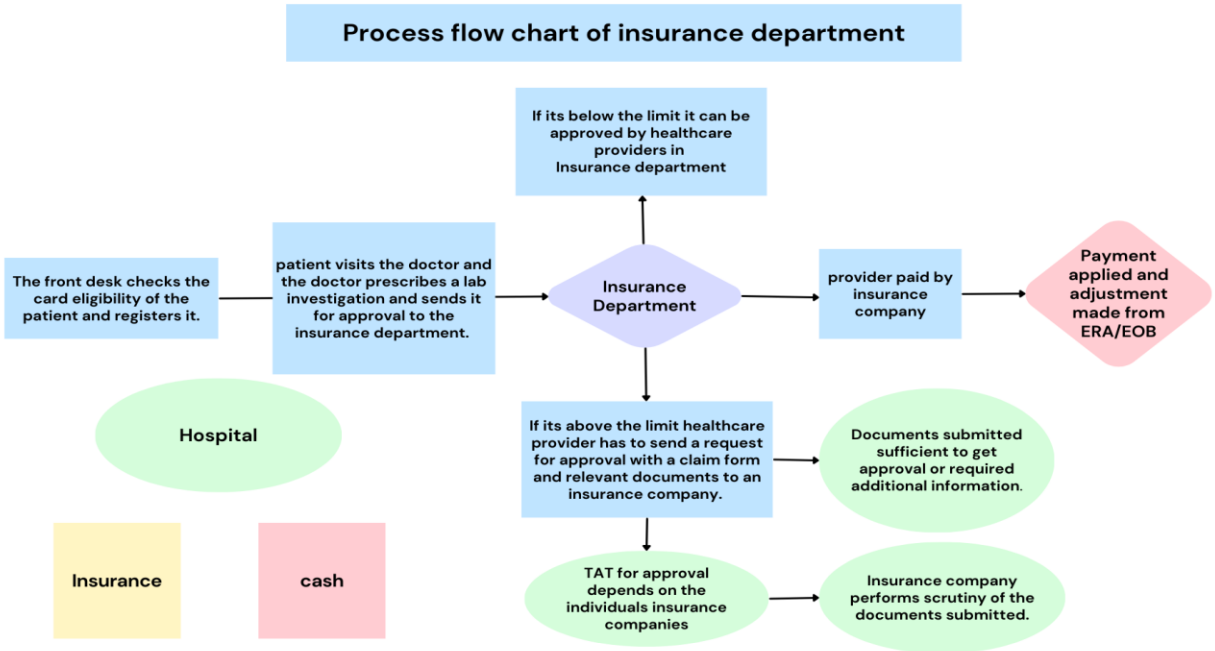
Average:

- ➢ TAT for OP approvals is 30 minutes.
- ➢ TAT for IP approvals is 24 hours
- ➢ TAT for Elective approvals is 24hrs to 72 hrs.

Measures taken to reduce TAT.

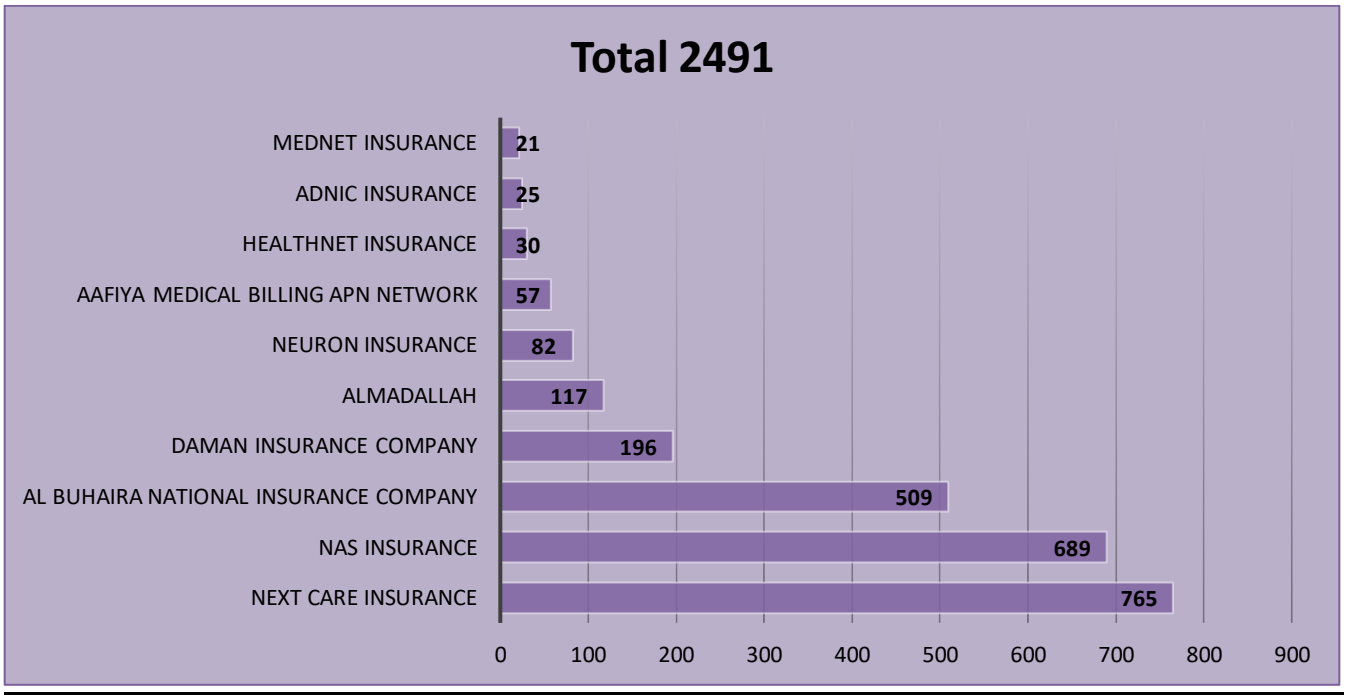
- ➥ Process streamlining.
- ➥ Automation
- ➥ Use of technology
- ➥ Improve communication
- ➥ Provide training
- ➥ Set realistic goals
- ➥ Monitor performance**.**

Process flow chart in the insurance department.



The total number of insurance request claimed for the month of April 2023.

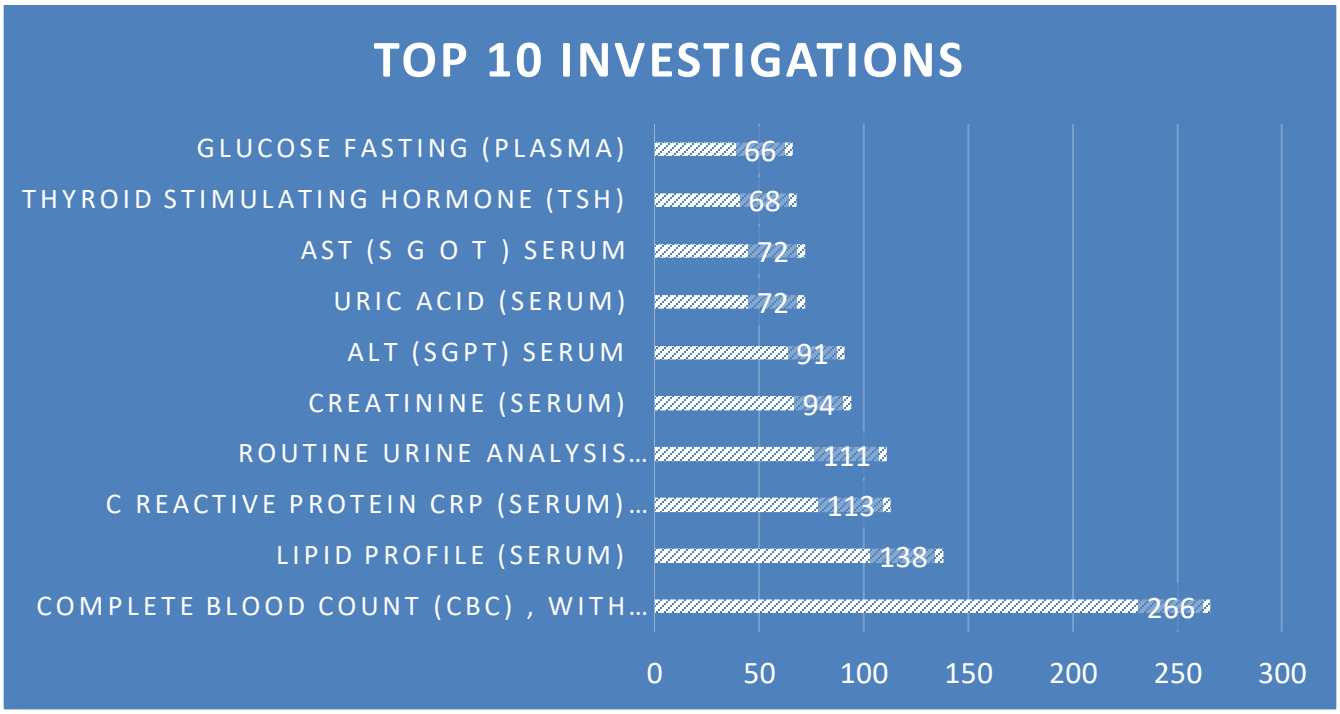
April Month	
TOP 10 INSUARANCE	
• **INSURANCE**	**NUMBER OF COUNT**
• **NEXT CARE INSURANCE**	**765**
• **NAS INSURANCE**	**689**
• **AL BUHAIRA NATIONAL INSURANCE COMPANY**	**509**
• **Daman Insurance Company**	**196**
• **ALMADALLAH**	**117**
• **NEURON INSURANCE**	**82**
• **AAFIYA Medical Billing APN Network**	**57**
• **HEALTHNET INSURANCE**	**30**
• **ADNIC Insurance**	**25**
• **MEDNET INSURANCE**	**21**
• **Grand Total**	**2491**



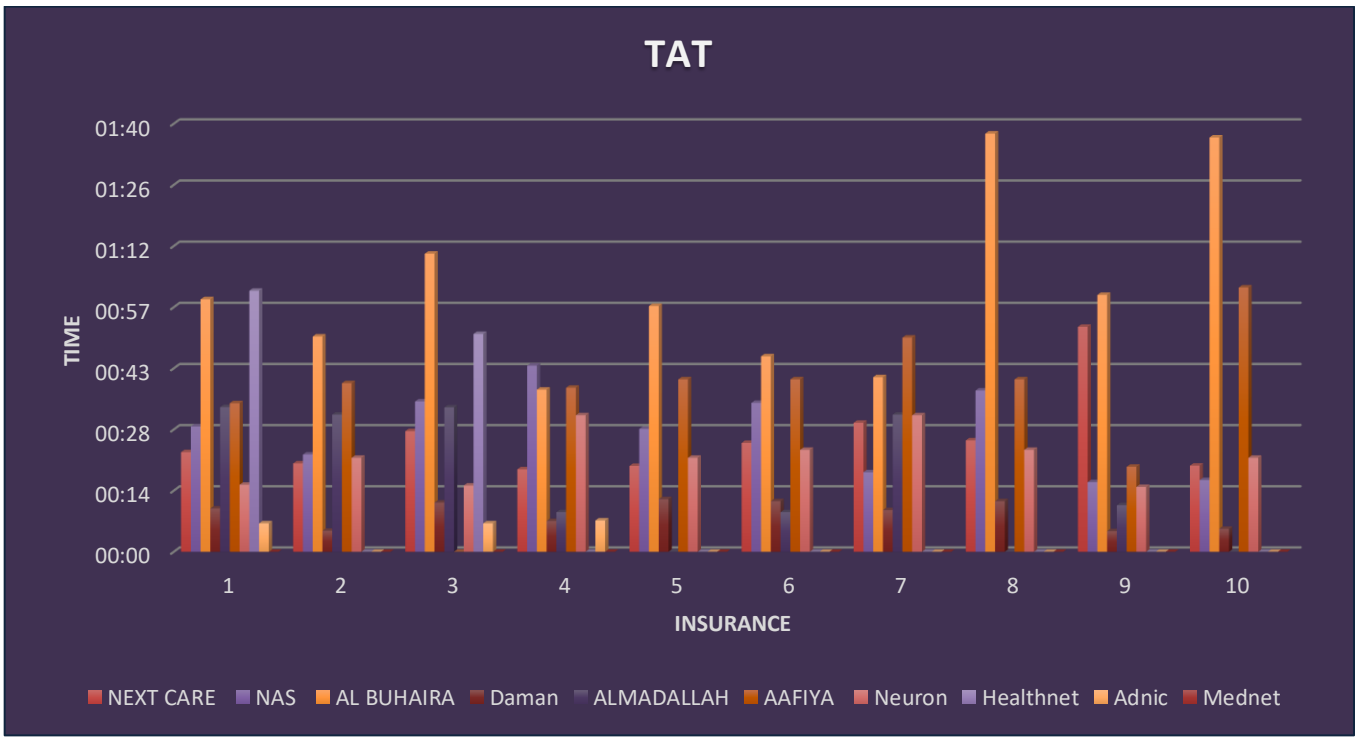
The most common laboratory investigation from the top 10 insurance company.

Laboratory Investigations	Service count
Complete Blood Count (CBC), with automated differential WBC count	266
Lipid Profile (Serum)	138
C Reactive Protein CRP (Serum) Quantitative	113
Routine Urine Analysis (Qualitative)	111
Creatinine (Serum)	94
ALT (SGPT) Serum	91
Uric Acid (Serum)	72
AST (S G O T) Serum	72
Thyroid Stimulating Hormone (TSH)	68
Glucose Fasting (Plasma)	66
Grand Total	1091

Graph showing the total number of lab investigation.



Graph showing the Lab investigation and their TAT.



Conclusion

- TAT of each case was also seen to differ as per business type of service, severity, and the condition of patient based on that the insurance claim process will be processed.
- NVA activities such as excel maintaining, multiple tab movements, system log out, system hang, double loading entry and need to review cases previously processed by other co-worker, constitute 20% of the total NVA activities; if they are addressed first, they can reduce impact of all NVA activities by 80%. This is based on Pareto's 80/20 rule.
- Certain non-value-added activities such as increased effort due to lack of established communication between departments, was seen to affect the TAT of cases by 50% i.e. double the processing time. For this a proper SOP for interdepartmental communication should be established.
- Provision of a summary section in the system such that on logging in, Insurance officer is able to view personal log of each cases done and summary of each case appears alongside, exclusively for delay in getting approval, will eliminate the process of retyping findings.
- Real time dashboard can help internal motivation of insurance department can allow them to track their progress. Smart seating arrangement can reduce movement from one place to another.

Sr No	Annexure
	Check-list
1	**Date**
2	**Hospital No**
3	**Type of service**
4	**Type of Insurance**
5	**lab Investigation**
6	**Service Requested date**
7	**Claim submission date**
8	**Approved date**
9	**Query**
10	**Discharged**

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