



## **Dissertation**

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

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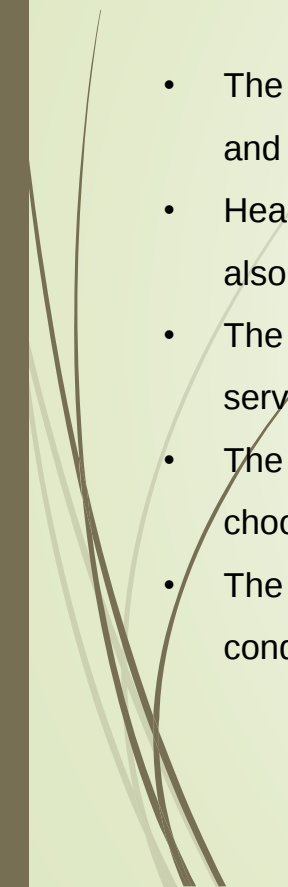


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## INTRODUCTION

- 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.

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- 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.

## **what is insurance ?**

Insurance is a legal agreement between two parties – the insurer and the insured, also known as insurance coverage or insurance policy. The insurer provides financial coverage for the losses of the insured that s/he may bear under certain circumstances.

## **What is health insurance ?**

Health insurance covers your medical expenses due to disease and accidents.

Health insurance is a contract between the individual group and the insurer.



## Literature Review

|                                                                                        |                                                                                                        |                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><u>Erik Koornneef</u>,</p> <p><u>Paul Robben</u> &amp;</p> <p><u>Iain Blair</u></p> | <p>Progress and outcomes of health systems reform in the United Arab Emirates: a systematic review</p> | <ul style="list-style-type: none"><li>• 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 in the past decade to achieve this.</li></ul>        |
| <p><u>Ananth Rao, Hossein Kashani,</u></p> <p><u>Attiea Marie</u></p>                  | <p>Analysis of managerial efficiency in insurance sector in the UAE: an emerging economy</p>           | <ul style="list-style-type: none"><li>• 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.</li></ul> |

|                                                                            |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><u>Kasturi Shukla kasturiagnihotri</u> and <u>Shrishti Upadhyay</u></p> | <p>Predictive Modelling for Turn Around Time (TAT) of Discharge Process for Insured Patients in a Corporate Hospital of Pune City</p> | <ul style="list-style-type: none"> <li>• It helps to analyze the efficiency and productivity issues of the insurance sector from both the policymakers' and investors POV.</li> <li>• This is the first study to investigate the productivity changes of insurance sector operations in a developing economy</li> </ul> |
| <p><u>Kasturi Shukla kasturiagnihotri</u> and <u>Shrishti Upadhyay</u></p> | <p>Predictive Modelling for Turn Around Time (TAT) of Discharge Process for Insured Patients in a Corporate Hospital of Pune City</p> | <ul style="list-style-type: none"> <li>• Delayed discharge is a frequent issue in majority of the hospitals as discharge Turnaround Time (TAT) for insured patients is higher than uninsured patients.</li> <li>• Hospitals and insurance companies must make combined efforts to control the delay</li> </ul>          |



**Title:**

**Monitoring, Measuring and Improving the TAT in insurance department in line with insurance companies.**

**Aim:**

**The aim of this study is to analyse the Turn-Around time and smoothen the approval process.**

# Objective:

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



## **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.**



# Proposed methodology

## **Study design:**

- An analytical study involving retrospective cross sectional observational process.

## **Study Setting:**

- Health insurance claims and getting approvals in Insurance department .

## **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 Excel
- Google Scholar

### **Duration of the study:**

- March 2023 to May 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.
- 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 Nextcare, 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..
- 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).



## **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.



# Findings

- After analyzing the TAT rejection rate and reasons for rejection and common causes for high TAT And rejection rate recommendations should be made through upgrading HMIS.
- Manpower planning and insurance department re-designing and appointment scheduling.
- Results of which the TAT can be reduced to 1/4<sup>th</sup> and the rejection rate can be reduced to ½

## Reasons for delay

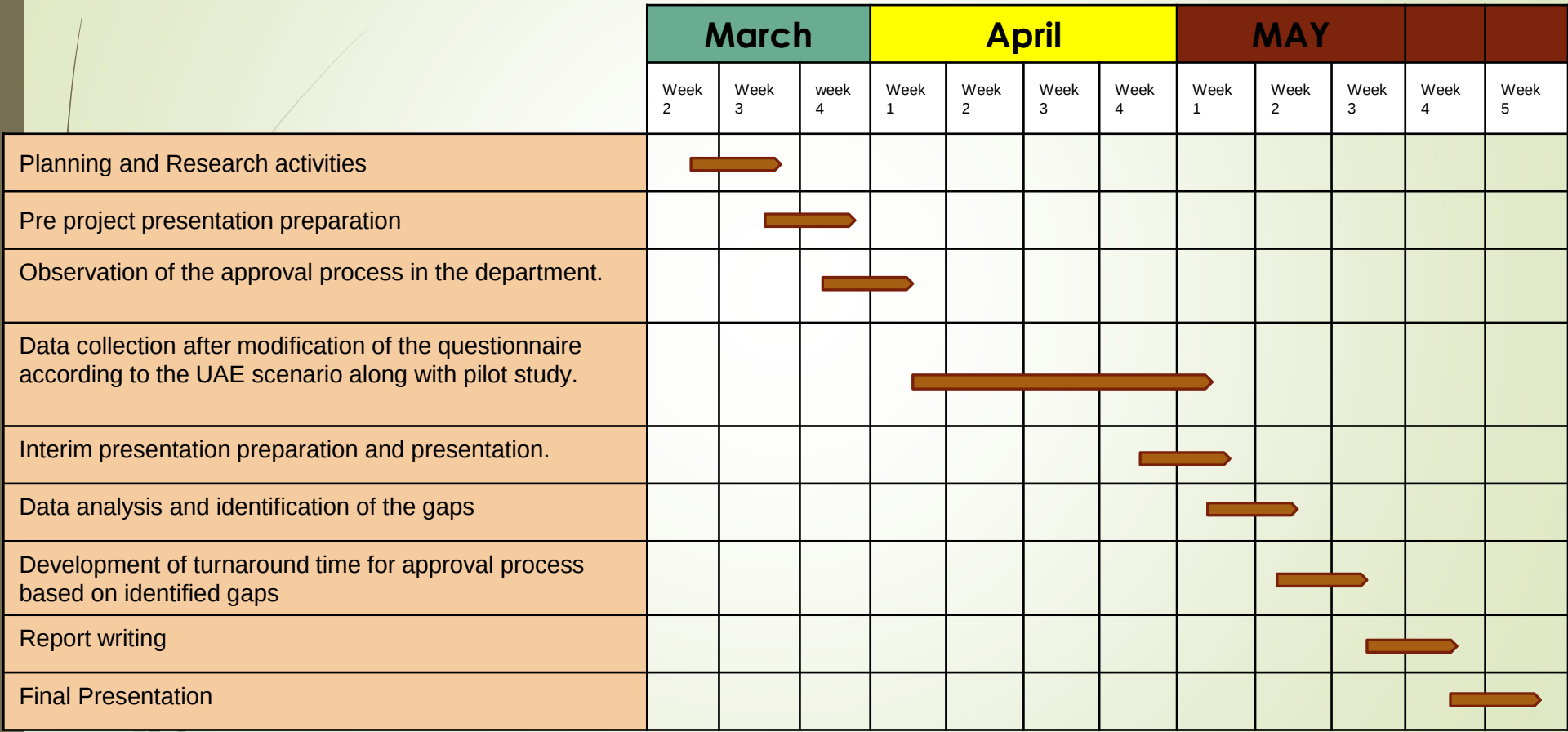
- Incomplete or inaccurate information.
- Technical issues.
- Human error
- Verification process



## Measures can be taken to reduce TAT

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

## Gantt chart





## **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.

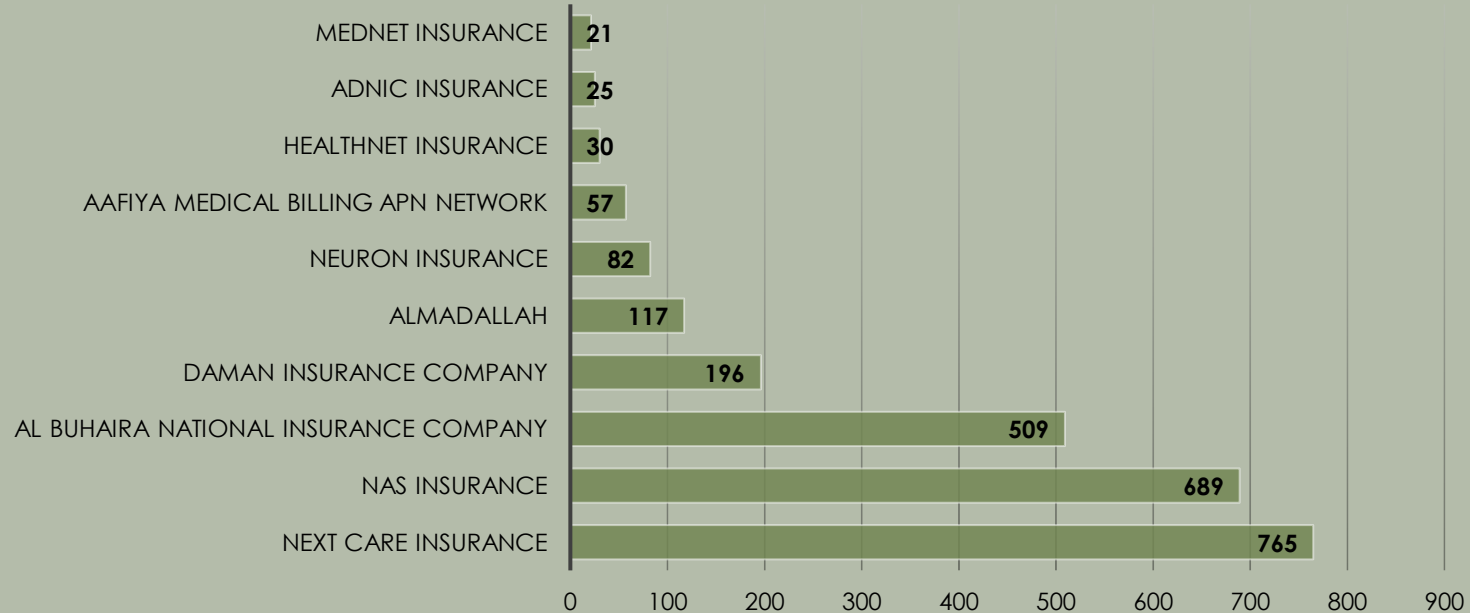
## **Average:**

- TAT for OP approvals is 30 minutes to 1 hour.
- TAT for IP approvals is 24 hours
- TAT for Elective approvals 24hrs to 72 hrs.

- **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            |

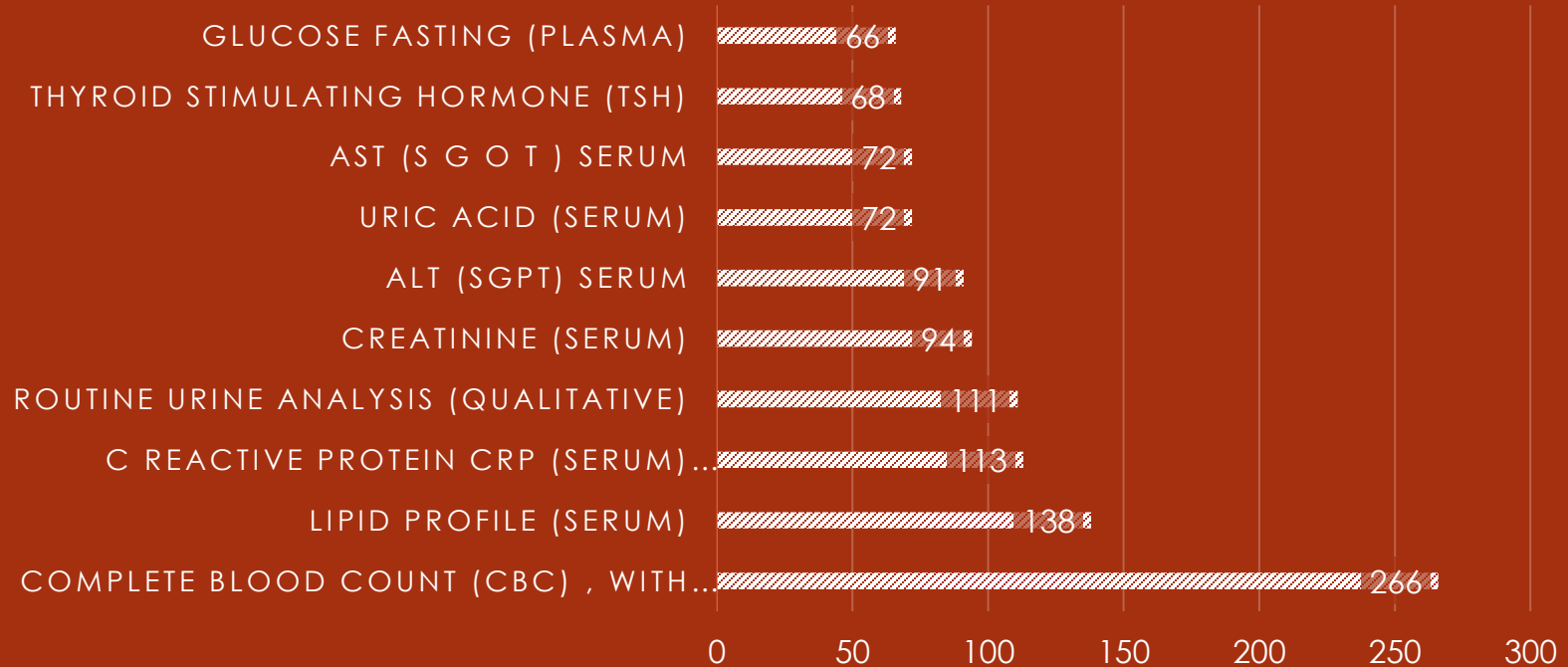
**Total 2491**



## The top 10 investigations from the Top 10 insurance companies.

| 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          |

## TOP 10 INVESTIGATIONS



## LAB INVESTIGATIONS AND THEIR AVERAGE TAT

| Lab Investigations                                   | NEXT CARE | NAS   | AL BUHAIRA | Daman | ALMADALLAH | AAFIYA | Neuron | Healthnet | Adnic | Mednet |
|------------------------------------------------------|-----------|-------|------------|-------|------------|--------|--------|-----------|-------|--------|
| <b>(CBC) , with automated differential WBC count</b> | 00:23     | 00:29 | 00:59      | 00:10 | 00:34      | 00:35  | 00:15  | 01:01     | 00:06 | 00:00  |
| <b>Lipid Profile (Serum)</b>                         | 00:20     | 00:22 | 00:50      | 00:04 | 00:32      | 00:39  | 00:22  | 00:00     | 00:00 | 00:00  |
| <b>C Reactive Protein CRP</b>                        | 00:28     | 00:35 | 01:10      | 00:11 | 00:34      | 00:00  | 00:15  | 00:51     | 00:06 | 00:00  |
| <b>Routine Urine Analysis</b>                        | 00:19     | 00:43 | 00:38      | 00:07 | 00:09      | 00:38  | 00:32  | 00:00     | 00:07 | 00:00  |
| <b>Creatinine (Serum)</b>                            | 00:20     | 00:28 | 00:57      | 00:12 | 00:00      | 00:40  | 00:22  | 00:00     | 00:00 | 00:00  |
| <b>ALT (SGPT) Serum</b>                              | 00:25     | 00:35 | 00:46      | 00:11 | 00:09      | 00:40  | 00:24  | 00:00     | 00:00 | 00:00  |
| <b>Uric Acid (Serum)</b>                             | 00:30     | 00:18 | 00:41      | 00:09 | 00:32      | 00:50  | 00:32  | 00:00     | 00:00 | 00:00  |
| <b>AST (S G O T ) Serum</b>                          | 00:26     | 00:37 | 01:38      | 00:11 | 00:00      | 00:40  | 00:24  | 00:00     | 00:00 | 00:00  |
| <b>(TSH)</b>                                         | 00:52     | 00:16 | 01:00      | 00:04 | 00:10      | 00:20  | 00:15  | 00:00     | 00:00 | 00:00  |
| <b>Glucose Fasting (Plasma)</b>                      | 00:20     | 00:16 | 01:37      | 00:05 | 00:00      | 01:02  | 00:22  | 00:00     | 00:00 | 00:00  |

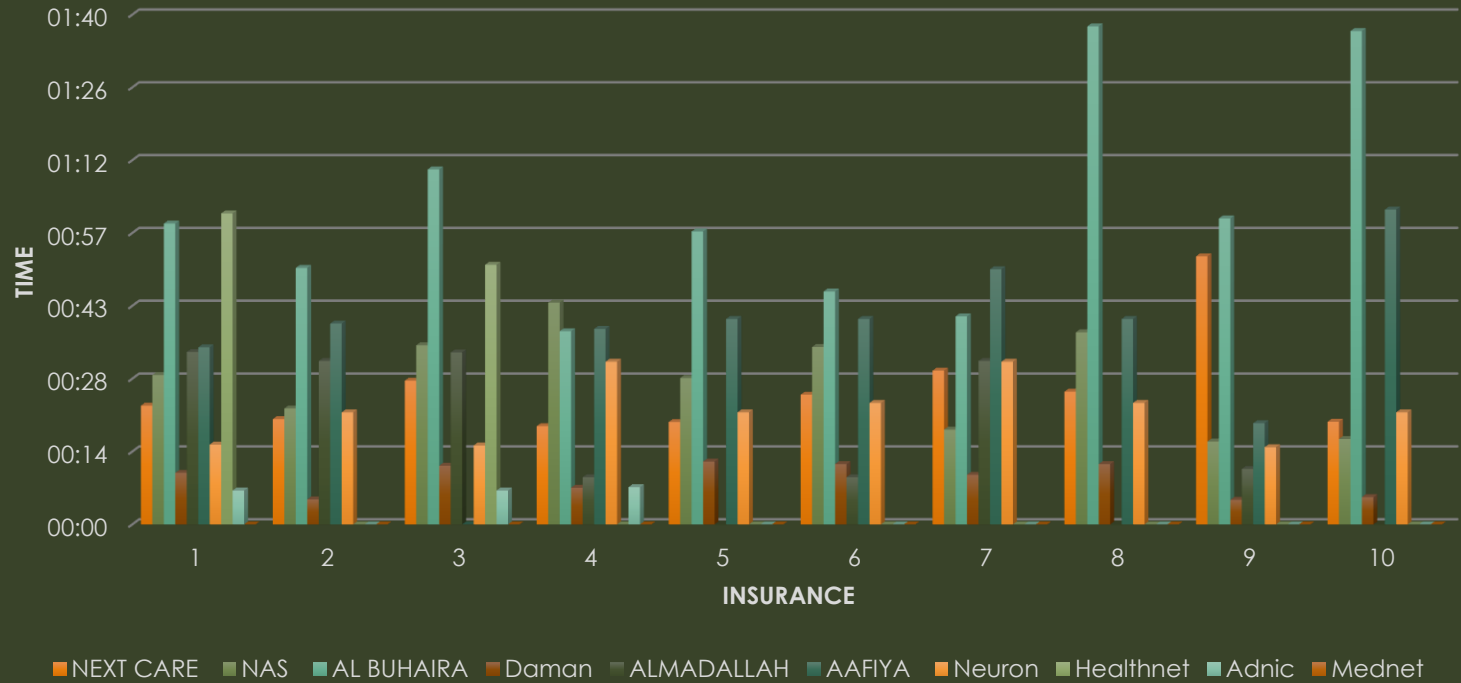
**TAT**

TIME

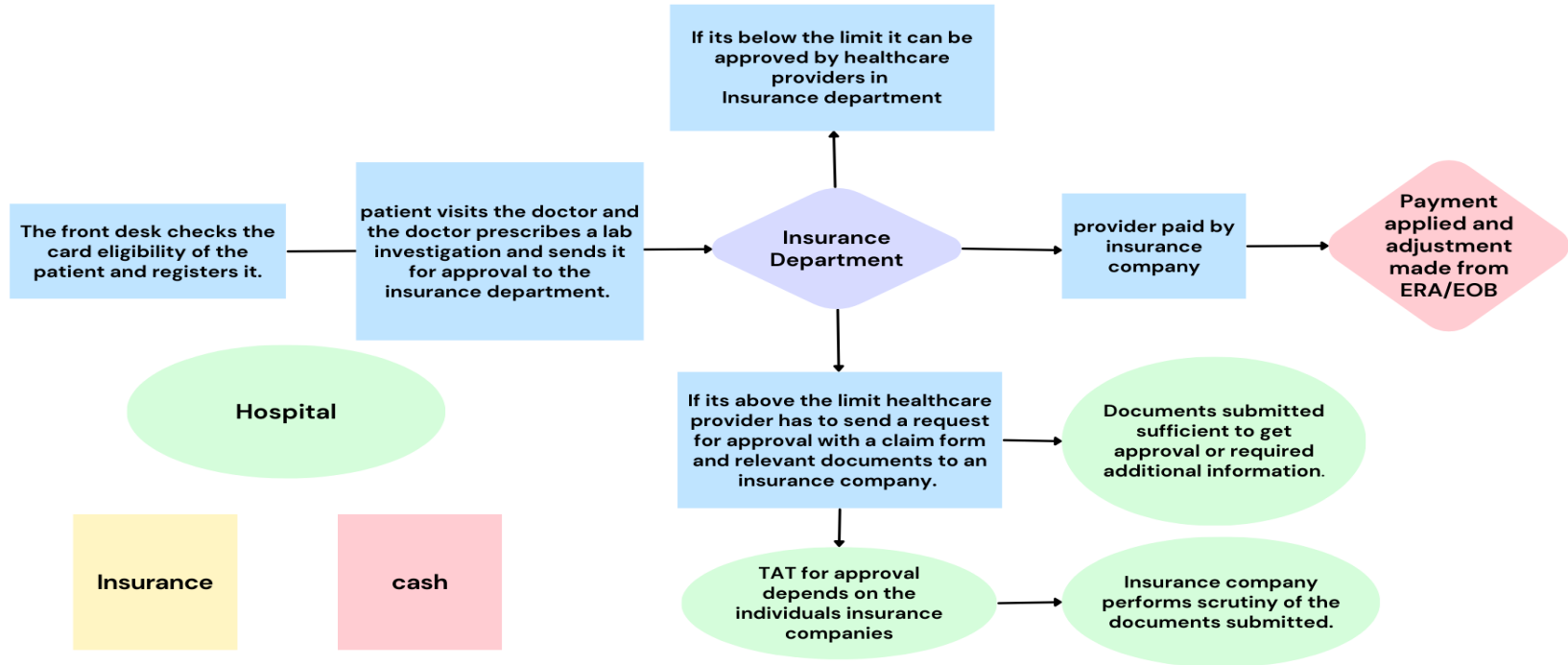
INSURANCE

1 2 3 4 5 6 7 8 9 10

NEXT CARE NAS AL BUHAIRA Daman ALMADALLAH AAFIYA Neuron Healthnet Adnic Mednet



## Process flow chart of insurance department



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# Thank you

