

Dissertation Report



مستشفى ثومبي الجامعي
THUMBAY UNIVERSITY HOSPITAL
Thumbay Medicity, Al Jurf, Ajman - U A E

Project Title

STUDY TO EVALUATE THE AUTHENTIC AND NON-AUTHENTIC CLAIM REJECTIONS AT THUMBAY UNIVERSITY HOSPITAL, AJMAN, UAE

By

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PG/20/040

Under the guidance of

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Post Graduate Diploma in Hospital and Health Management

2020-22



**International Institute of Health Management Research, Plot No 3, Sector 18,
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TO WHOMSOEVER IT MAY BE CONCERN



مركز ثومبي التخصصي للطب الأسنان
THUMBAY MEDICAL & DENTAL SPECIALITY CENTRE
MUWAILAH - 1, SHARJAH

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THUMBAY
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May 01, 2022

To Whom It May Concern

This is to certify that **Dr. Navneet Kaur** holder of Indian Passport Number **U5586853** was working in our institution as a **Management Trainee** from 2nd February 2022 to 30th April 2022 as a part of dissertation of his **PGDHM (Hospital & Health Management)** program. She has completed the assigned project

We wish her all the best in her future endeavors

For Thumbay Medical and Dental Specilaity Centre, Sharjah

Dr. Thumbay Moideen
Founder President



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CERTIFICATE OF APPROVAL

The following summer internship project if titled “**study to evaluate authentic & non – authentic claim rejections at Thumbay university hospital, Ajman, UAE**” at “**Thumbay Hospital, UAE**” is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate** Diploma in Hospital and Health Management for which it has been submitted by **Dr. Navneet kaur**. It is understood that by this approval the undersigned do not necessarily endorse or approve the report only for the purpose it is submitted.

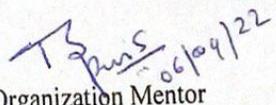
CERTIFICATE FROM DISSERTATION ADVISORY COMMITTEE

Certificate from Dissertation Advisory Committee

This is to certify that **Dr. Navneet Kaur**, a graduate student of the PGDHM (Hospital & Health Management) has worked under our guidance and supervision. He is submitting this dissertation titled "Study to evaluate and non-authentic claim rejection" at "**Thumaby Medical and Dental Speciality Centre, Sharjah**" in partial fulfillment of the requirements for the award of the PGDHM (Hospital & Health Management).

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Institute Mentor
Mr. Nishikant Bele
Professor (IHMR Delhi)


Organization Mentor
Mr. Abdul Paris
Assistant RCM Manager
Thumbay University Hospital
Complex, Ajman

ACKNOWLEDGEMENT

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I would like to express my deep sense of gratitude to first and foremost to **Mr. Akbar Thumbay Moideen** (Director Healthcare & Retail Division Thumbay Group UAE), who gave us the opportunity to conduct a survey for their TUH Hospital in Ajman. He is the originator of the idea and a continuous guiding light for the whole endeavor.

Dr. Gurjeet Singh Monga (Chief Operating Officer, Healthcare Division Thumbay Group UAE).

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Mrs. Arivu Right from the onset, she provided us with a congenial and enabling atmosphere, and gave us the opportunity to get exposed to day to day working activities of INSURANCE department i.e. the backbone of an organization.

Bearing in mind previous I am using this opportunity to express my deepest gratitude and special thanks to the Thumbay University Hospital Ajman LLC who in spite of being extraordinarily busy with his duties, took time out to hear, guide and keep me on the correct path and allowing me to carry out my project at their esteemed organization and extending during the training.

I express my deepest thanks to Manager, for taking part in useful decision & giving necessary advices and guidance and arranged all facilities to make life easier. I choose this moment to acknowledge her contribution gratefully.

It is my radiant sentiment to place on record my best regards, deepest sense of gratitude to my mentor, Prof. Nishikant Bele for his careful and precious guidance which was extremely valuable for my study both theoretically and practically.

I hereby convey my thankfulness and obligation to all those who have rendered their valuable time, help, support and guidance to meet this project completion.

I perceive as this opportunity as a big milestone in my career development. I will strive to use gained skills and knowledge in the best possible way, and I will continue to work on their improvement, in order to attain desired career objectives. Hope to continue cooperation with all of you in the future,

PG/20/ 040

UAE

20 JUNE 20

ORGANIZATION OVERVIEW

Thumbay Group is a UAE-based expanded global business combination, settled in DIFC - Dubai, with tasks across 20 areas including training, medical services, clinical examination, diagnostics, retail drug store, wellbeing correspondences, retail optical, health, sustenance stores, cordiality, land, distributing, innovation, media, occasions, clinical the travel industry, exchanging and showcasing, and conveyance. The group is headed by Dr. Thumbay Moideen, who is the Founder and President. Thumbay Group is the proprietor of Gulf Medical University and chain of Thumbay Hospitals and Clinics.

In 1998, Dr. Thumbay Moideen was the main exile to be welcomed by the Rulers of Ajman to begin a medical college in the UAE. Thumbay Group's most memorable endeavor Gulf Medical University was laid out to address the issues of understudies wishing to seek after advanced education in medication and medical services sciences. This ultimately became a destination for medical education—not only for local students, but for students from over 75 countries and staff from 25 countries.

At Thumbay Hospitals we aim to provide exceptional quality of care with the latest technology, highly skilled medical work force from 20 nationalities, speaking more than 50 languages, treating our guests from more than 175 nationalities worldwide with warm Arabian Hospitality. The hospital is managed by qualified professionals with a wide range of experience in hospital management.

With Thumbay Hospitals and Medical Centre in Ajman, Fujairah, Sharjah and Dubai, Thumbay Chain of Hospitals is one of the largest health care providers in the region. The group focuses on three pillars Education, Healthcare and Research.

Thumbay Hospitals are committed to provide ethical patient care focused on patient safety, high-quality care and cost-effective services.

Thumbay Hospitals are committed to integrate the latest trends in education to produce competent healthcare professionals who are sensitive to the cultural values of the clients they serve. We will strive to attain the highest of quality and accreditation standards.

Thumbay Group has set up business operations in 20 sectors, since 1998, Today, the Group has developed interests in education, hospitals, medical centers, diagnostic centers, health clubs, pharmacies, retail outlets, coffee shops, and nutrition stores spread out across the Emirates and in India. The organization has close to 5000 employees in the UAE. Thumbay Group is listed among the “Top 100 Companies making an impact in the Arab World” by Forbes Middle East.

What Makes Thumbay Hospital a Highly Popular Healthcare Destination?

- Leading network of private teaching hospitals in the region
- JCI accreditation for the hospitals
- CAP-accredited laboratories
- Patient-centric services
- Presence throughout the UAE
- Strong cultural diversity
- An impeccable record of zero infection rate
- Multiple accreditations, memberships and awards

VISION

To be the leading network of academic hospitals in the Middle East.

MISSION

To provide patient centred care of the highest quality in an academic set up.

CORE VALUES

- **Excellence** – Provide clients with a consistently high level of service through benchmarking and continual improvement
- **Trust** – Ensure trust, compassion, dignity and mutual respect for colleagues and clients through open communication and dialogue.
- **Client centered** – Always be guided by the needs of our patients and clients.
- **Ethics** – Always follow ethical practices that emphasize honesty, fairness, dignity and respect for the individual.
- **Continuous learning** – Always keeping abreast with new technologies and evidence based clinical practice.
- **Teamwork** – Always working together as a team and drawing strength from our diversity to serve the community.
- **Integrity** – Committed to personal and institutional integrity, make honest commitments and work consistently to honor them.

AMENITIES AT THUMBAY HOSPITAL

Thumbay Hospitals go beyond the traditional concept of a hospital by offering vital infrastructure for patients and other community members. Our hospitals offer the following facilities in addition to excellent care and treatment:

- Blends & Brews Coffee Shop
- The Terrace Restaurant
- Zo & Mo Optical
- Nutri Plus Vita
- Thumbay Pharmacy
- The Flower Shoppe
- Electronic information kiosks with touch screen monitors
- ATM Machines
- Separate prayer rooms for men and women
- Spacious lounge areas with Wi-Fi connectivity
- 24-hour pharmacies & labs
- Health & wellness events and programs
- Training & conference rooms
- Dietician's service for patients
- Patient Affairs Department

-

ABSTRACT

DHA & HAAD is the regulatory authority for the health insurance sector in the Dubai and Abu Dhabi respectively. Health Insurance in Abu Dhabi became compulsory in 2005.

A new law requiring compulsory health insurance for all Dubai residents is one of the steps taken by Dubai health authority which improves the health care sector.

The UAE is rapidly, developing private health sector that delivers a high standard of healthcare to the population. The UAE is increasing its national healthcare system to fulfill the growing needs of people. Due to the constant increase in demand for quality healthcare and with the efforts taken by the UAE government to promote itself as a medical tourism hub, the healthcare industry in the emirate is witnessing tremendous growth.

The UAE significantly depends on foreign nationals to meet its healthcare requirements. The UAE has a lot of health insurance providers like **Daman Insurance, AXA Dubai, Aetna International, RSA Direct, Now Health International, Bupa Dubai, ADNIC, Orient Insurance Company & Oman Insurance Company.**

The UAE is rapidly developing private health sector that delivers a high standard of healthcare to the population. UAE spends approximately \$1200 per person each year in healthcare, ranking it among the top 20 countries in the world for healthcare spending per capita income.

The UAE is increasing its national healthcare system to fulfill the growing needs of people. Due to the constant increase in demand for quality healthcare and with the efforts taken by the UAE government to promote itself as a medical tourism hub, the healthcare industry in the emirate is witnessing tremendous growth

Insurance claim rejections represent a challenge for healthcare providers because of the potential for lost revenue and administrative costs of reworking claims.

the study will focus on the claim rejection getting from the insurance companies by analyzing the authentic and non authentic claims rejection, also will understand the overall accuracy of the claim rejection , study will identify the core factors and common reasons received from the insurance companies, to evaluate the total percentage of authentic and non authentic claim rejections from insurance companies at TUH , Ajman, UAE

PROJECT OVERVIEW

INTRODUCTION

This chapter provides an insight into what the study is on and what are various variables it deals with, the objectives of the study and main part is the research question on which the entire study relies on.

A denial in insurance occurs **when the health insurance company notifies that the proposed service treatment or medication will not be covered**. It is a process that reduces the revenue of the hospital which is a threat in a long term process.

Insurers also sometimes state ahead of time that they won't pay for a particular service, during the pre-authorization process; this is known as a pre-authorization—or prior authorization—denial. In both cases, the hospital can appeal and may be able to get the insurer to reverse their decision and agree to pay for at least part of the service that the hospital need.

In today's uncertain times, health emergencies come without any warning. If you have health **insurance policy**, you can avail of quality and timely treatment without worrying about the crushing medical bills. However, health insurance companies set some pre-conditions for a valid claim. It means that there can be certain medical expenses your insurer may not cover and reject any claim made against such exclusions. Apart from these, there are other factors too, that might lead to **health insurance claim** rejection. Know about health insurance and the situations when the chances of your claim being rejected are high.

Health insurance policy

Health insurance is a type of insurance that financially protects you during medical emergencies. It covers medical expenses related to an accident or illness that leads to hospitalisation. A health plan covers doctor consultation fees, surgery costs, hospitalisation expenses, cost of medicines, ambulance charges, day-care procedures, and mental healthcare, thereby, protecting the insured from financial strain.

Insurance companies offer different types of health plans for individuals, families, parents, senior citizens, and women. There are plans to cover critical illnesses and COVID-19 as well.

What is a **health insurance claim**?

If a policyholder meets with an accident or is admitted to the hospital due to a medical emergency, they can submit a claim request to the insurance company. The insurer will review the claim and accept it or reject it based on the policy terms and conditions. This is what a health insurance claim is.

When a claim is accepted, the insurance company takes care of your hospital bills and saves you from financial hassles.

8 scenarios in which health insurance claim may get rejected

After going through the harrowing medical ordeal, the last thing you want is your health insurance claim being rejected. However, this is a possibility, especially if you do not fill the right information, submit the wrong documents, etc. Below address scenarios where you will face claim rejection.

- 1. Wrong information in the claim form or policy document-**In case you provide incorrect or incomplete information in the form while buying a policy, your insurer may reject your claim. Therefore, do not hide any pre-existing medical conditions from your insurer. If you do so, your insurer will not cover you for the illness whenever you file a claim. Also, when you are filing a claim form, enter all the information correctly, such as the patient's name, doctor's name, health condition for which you were admitted to the hospital, and more.
- 2. Submitting the wrong documents-**Sometimes, it is just a matter of filing the wrong documents when making a claim. Thus, always double-check the claim documents before submission. These include your medical reports, hospital bills, discharge summary, and prescriptions. The documents should have the correct information for a hassle-free claim settlement.
- 3. Not knowing about the exclusions-**Every insurance policy has a set of inclusions and exclusions. For instance, your insurer may not cover claims related to self-inflicted injuries, adventure sports injuries, cosmetic procedures, alternative treatments, and wars. If you file a claim for any of the excluded perils, your insurer will reject it. Hence, it is important to read the policy documents, especially the inclusions and exclusions, before purchase.
- 4. Not getting prior authorisation-** You may require prior authorisation to avail of certain benefits of a health plan, such as cashless hospitalisation and non-emergency benefits. If you do not take prior authorisation from your insurer, your claim may be denied.
- 5. Late filing of a claim-**Insurers offer a maximum of 60 to 90 days from the date of discharge from the hospital for filing a claim. If you wait for too long, your claim may get rejected. To avoid this, file a claim soon after you are released from the hospital.
- 6. Waiting period-**There is a waiting period for pre-existing conditions and you cannot submit claims related to such conditions before the waiting period is over. Certain health conditions have

a waiting period of around 3 to 4 years. Therefore, if you file a claim for a condition that is still under the waiting period, your claim will be denied.

- 7. Policy has expired-**If you do not renew your policy on time and file a claim on the expired policy, your insurer will reject the claim. While insurance companies offer a grace period for policy renewal, your insurer may not accept your claim during this period. Therefore, it is important to renew your policy on time to avoid such situations.

1.2 LITERATURE REVIEW

33 prominent life and health insurance companies, both conventional and takaful products, across the UAE , which also reveals insurers can take to mitigate this risk , while more than 98% of all claims are settled two third of that at least 2% of all claims were declined due to false rejection.

1.3 BACKGROUND OF THE STUDY

Background behind the study: health insurance in UAE is emerging as booming field in today's world where health is at stake for the accomplishment of the busy life schedules we lead. Insurance has a major role in the health insurance industry, helping to settle the claims which are raised against the services being provided to the insurers by the health care service providers,

1.4. PROBLEM STATEMENT

The issue starts with the medical claim rejection from the insurance company, whether the claim rejection getting is authentic or non-authentic from the insurance companies, higher number of claim rejections affects the revenue of the organization is a basic problem.

Reasons for claim rejections, from insurance companies

Due to fraud rejections loss to organization

1.5.OBJECTIVES OF THE STUDY

Study of the one-year data of medical claim rejections of 2021

1. To identify the core factors of authentic and non-authentic claim rejections.
2. To understand the common reasons of authentic and non-authentic claim rejections received from the insurance companies at Thumbay University Hospital, Ajman, UAE.
3. To evaluate the total percentage rate of authentic- non-authentic claim rejections given by the insurance companies at Thumbay University Hospital, Ajman, UAE.
4. To understand the standard rate of claims rejections given by the 30 empaneled insurance companies at Thumbay University Hospital, Ajman, and UAE.

1.6. SCOPE OF THE STUDY

The data analysed to find the genuine and false rejections receiving from health insurance companies which will be helpful for the organization to generate the revenue after knowing the accuracy & reasons for getting the claims rejection and to find the solution for rejection.

It will help organization to get more benefit from insurance companies

CHAPTER 2

LITERATURE REVIEW

1.ARTICLE – FRAUD CLAIMS REJECTION IN UAE HEALTHCARE SYSTEM

Article author: [Wadi B. Alonazi](#)¹ Article Published online 2020 Sep 25.

In hospital industry majority of health insurance falls under false medical claims , yet false claims generally lead to negative effect on organization . through monitoring the reasons & factors for claim rejections found in health insurance industry , this study aims to analyze authentic & non-authentic medical claim rejection received from health insurance company , to accomplish this objective major health insurance medical denial codes with medical denial remarks were analyzed. Top seven health insurance companies at THUMBAY UNIVERSITY HOSPITAL (TUH) were undertaken to understand such rejections . the critical factors of authentic & non- authentic were analyzed using a descriptive analysis. Data were retrieved from hospital HIMS record of top ten health insurance companies , focus was mainly on seven health insurance companies which were involved with TUH for year 2021. After a full audit was completed , the result concluded that the UAE healthcare system is composed of thirty three health insurance companies on annual average more than 5068 non- authentic claims were reported with a medical claim rejection of 24%. The majority of rejection were received from Oman health insurance

CHAPTER 3

RESEARCH METHODOLOGY

3.1. RESEARCH DESIGN:

The dissertation study involves analysis of secondary data

3.2. TYPE OF DATA:

Secondary data collection: secondary data is the data that has been already collected by someone else for a different purpose. The required data is extracted from the available resources

3.3. SAMPLE SIZE:

The number of claims for the year 2021 is 3652 at Thumbay University Hospital Complex.

3.4. SAMPLING TECHNIQUE USED:

The data for the study has been hypothetically created from the base level database of the organization, thus being a secondary data which has been analyzed. The study has been quantitatively conducted using the sampling method

3.5. TOOLS USED FOR THE STUDY

Microsoft office excel 2007

3.6. DATA ANALYSIS:

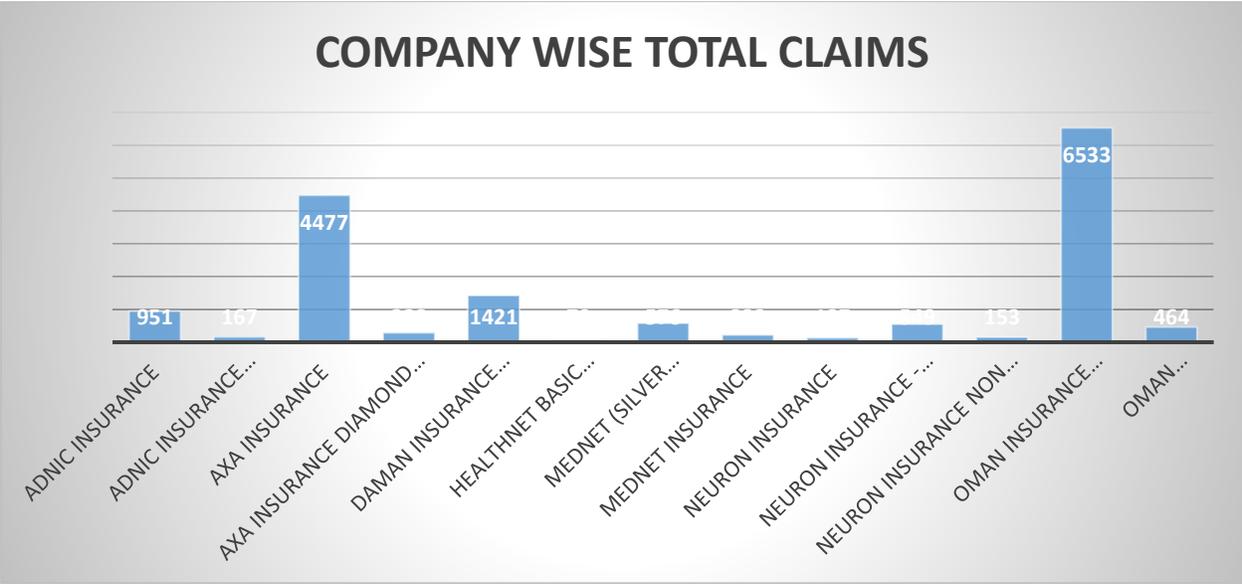
Descriptive and Inferential analysis is done with the aid of Pivot table, pie chart, Bar and column Graphs

3.7 LIMITATIONS OF THE STUDY

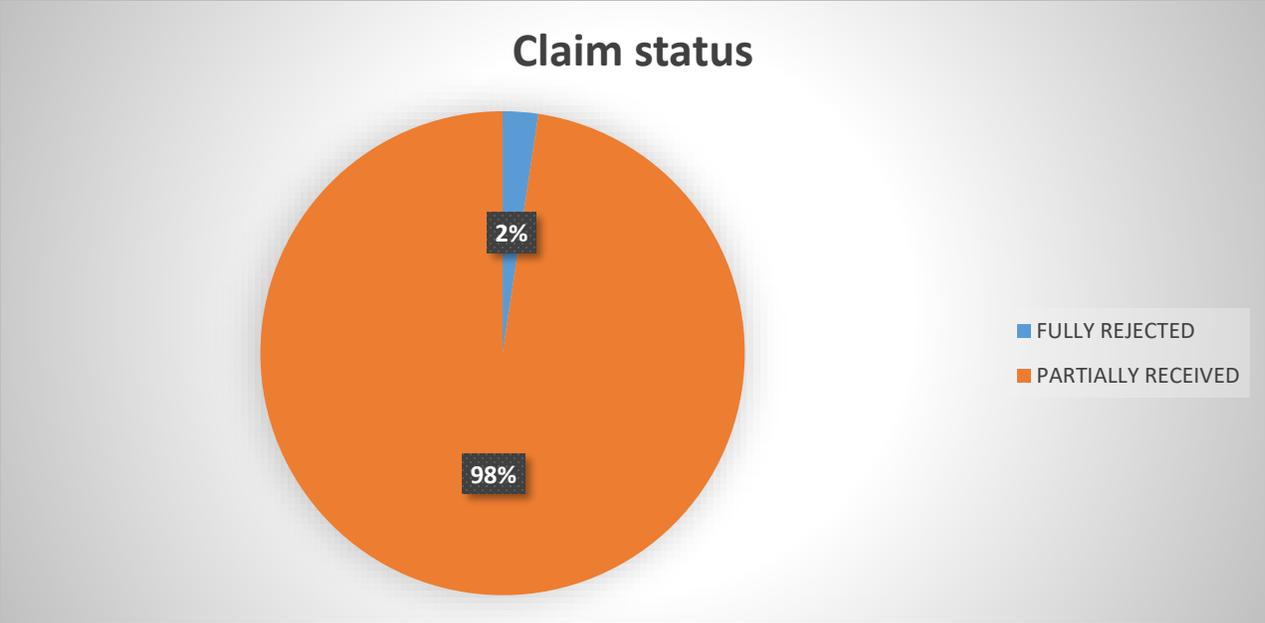
- Time was a major constraint for the analysis and review as it bound to academic time period which starts.
- The results cannot be generalized to other Healthcare Institute as it is conducted in TUH Ajman.
- Data collected was limited for the year 2021.

CHAPTER 4

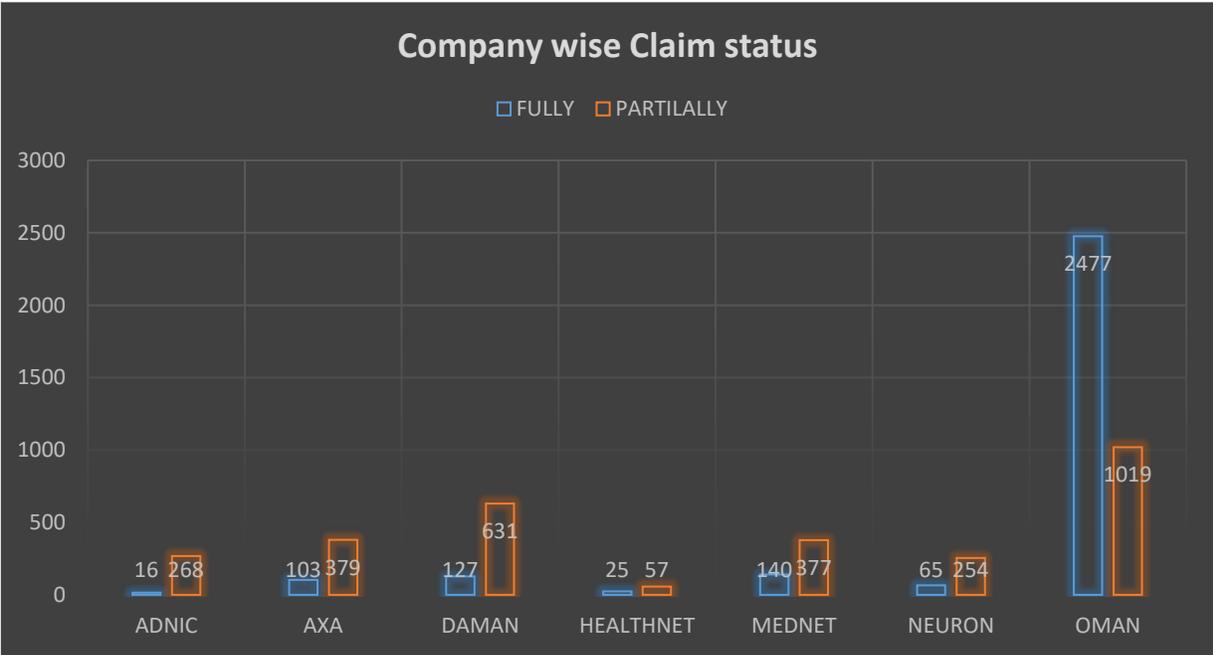
DATA ANALYSIS AND RESULTS



Interpretation : above chart shows the highest claim was received by Oman insurance which is 6533 and least claims received by health net basic at TUH

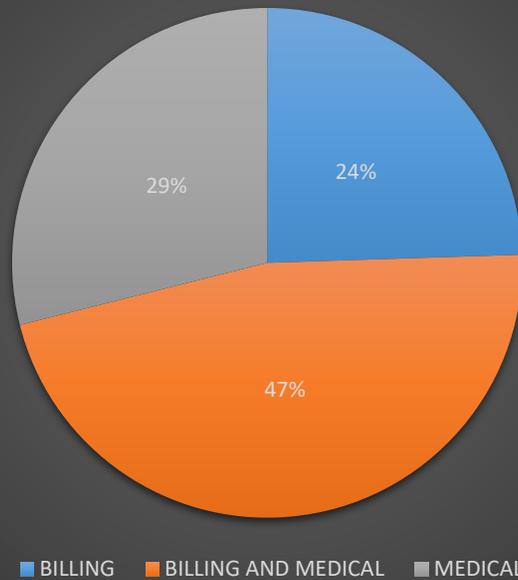


Interpretation: Above chart shows over all claim status fully rejected i.e. 2% & partially received is 98% in TUH for the year 2021



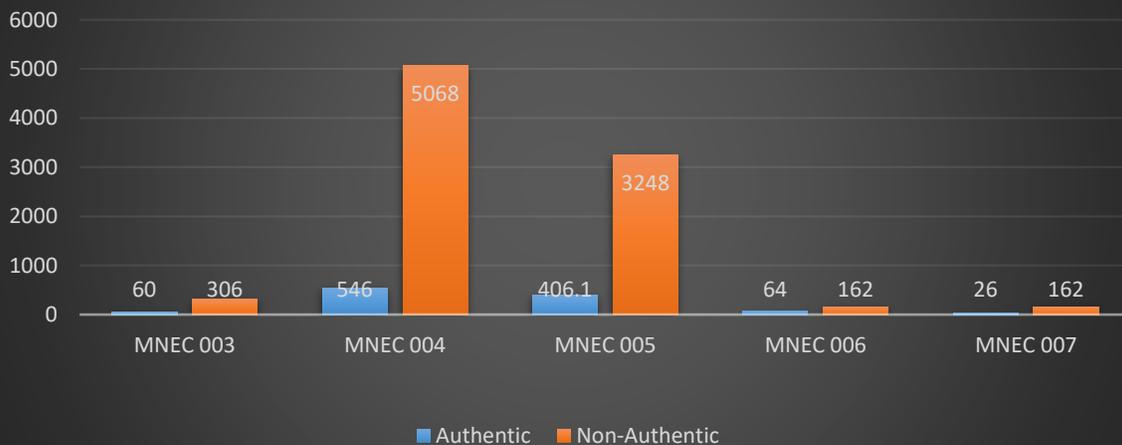
Interpretation : Above chart shows that Oman has highest fully claim rejection than compare to other companies & similarly has more partially received claim.

Types of Claim Rejection



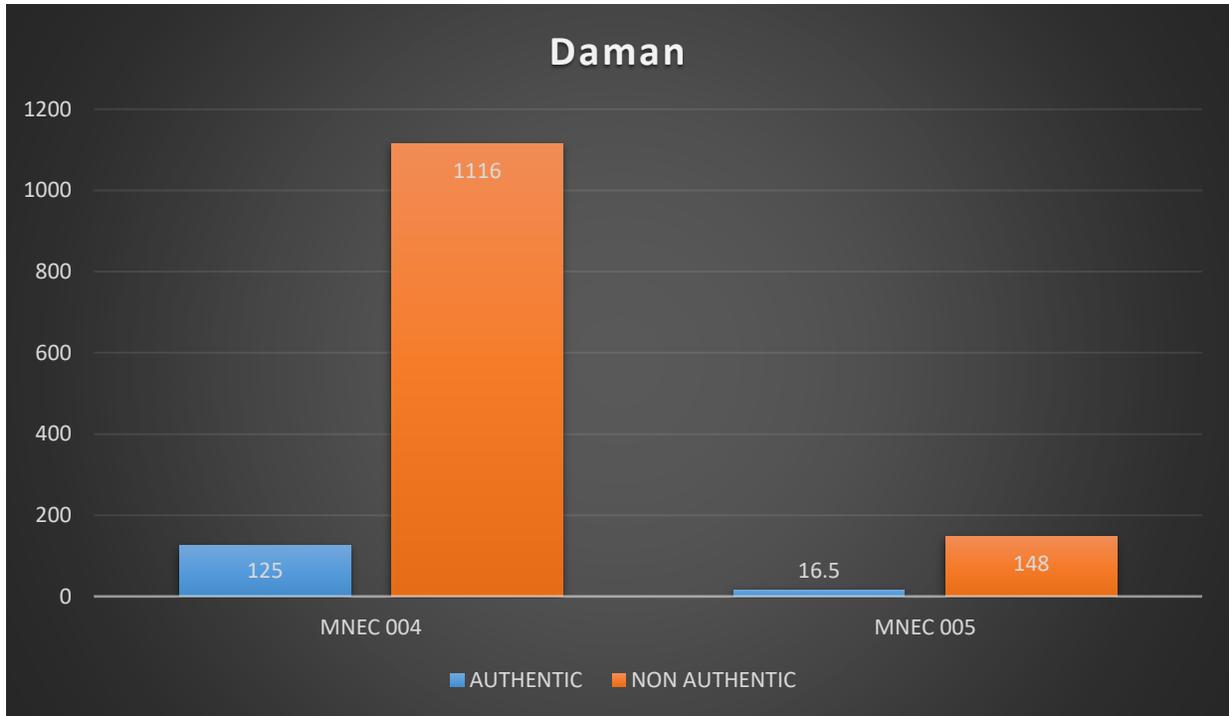
Interpretation: Above chart help us to understand types of rejection i.e. we have 24 % of claim rejection due to billing, 29% of rejection is due to medical services and the rest rejection of claims is getting from both medical and billing i.e. 47

Medical claim rejection code wise

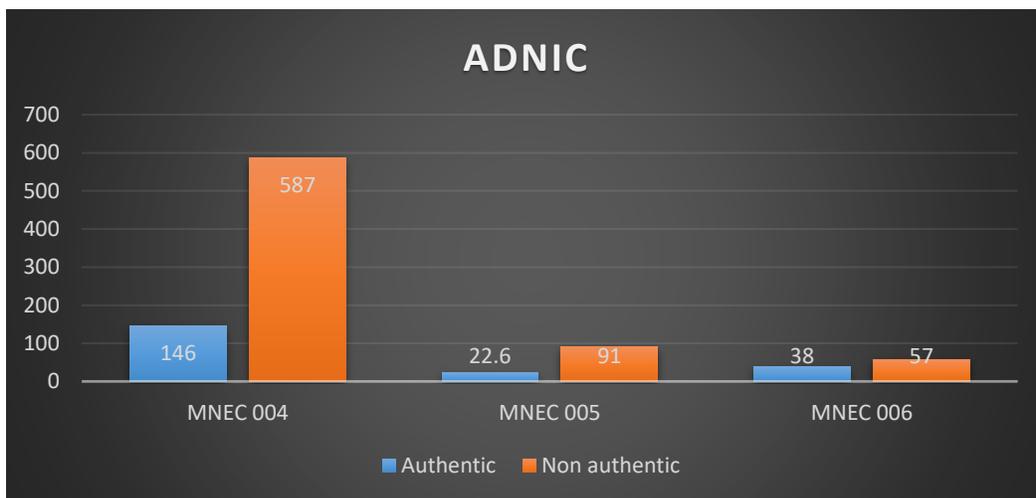


Interpretation: Authentic & non authentic claim rejection Code wise in which MNEC 004 has the more number of Non authentic claim rejection as compared to other codes.

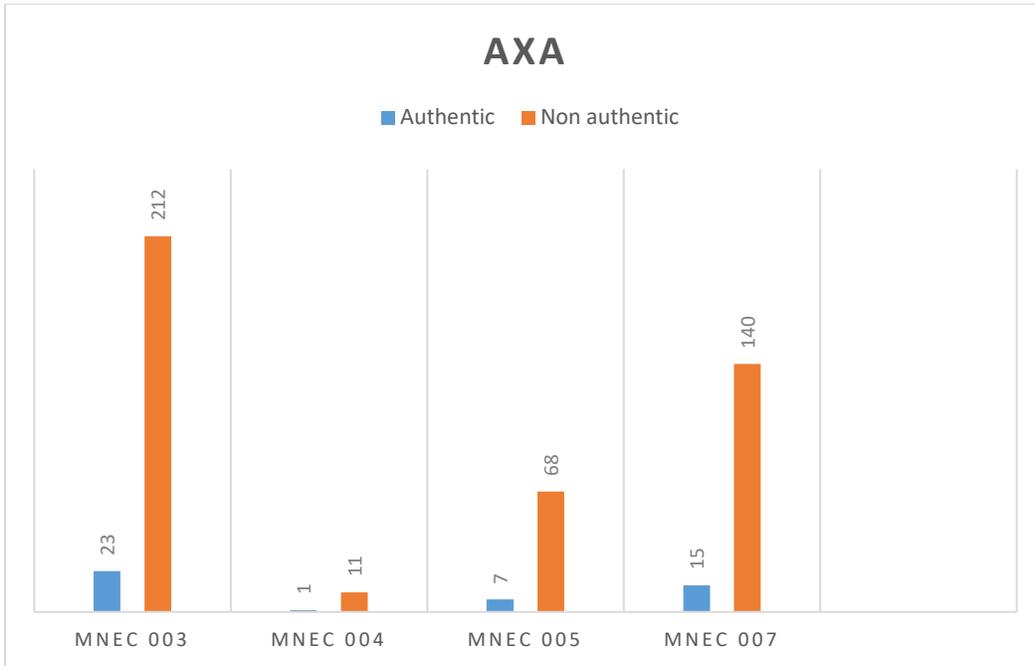
Company wise Code claim rejection.



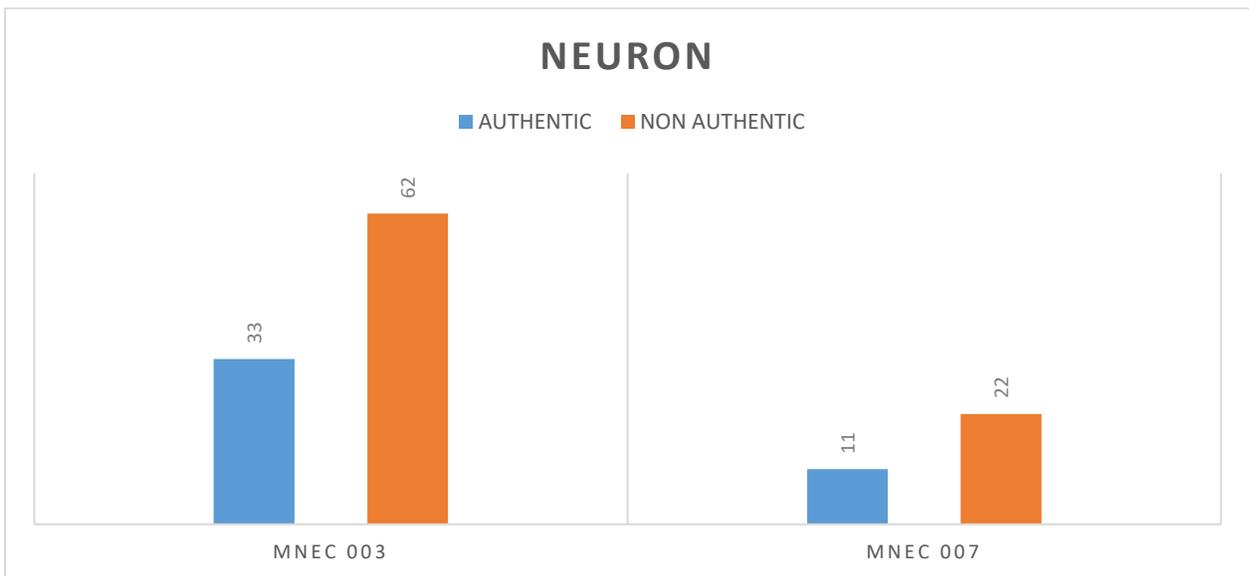
Interpretation: Above chart shows Daman rejection is for code MNEC 004 non authentic is more than MNEC 005.



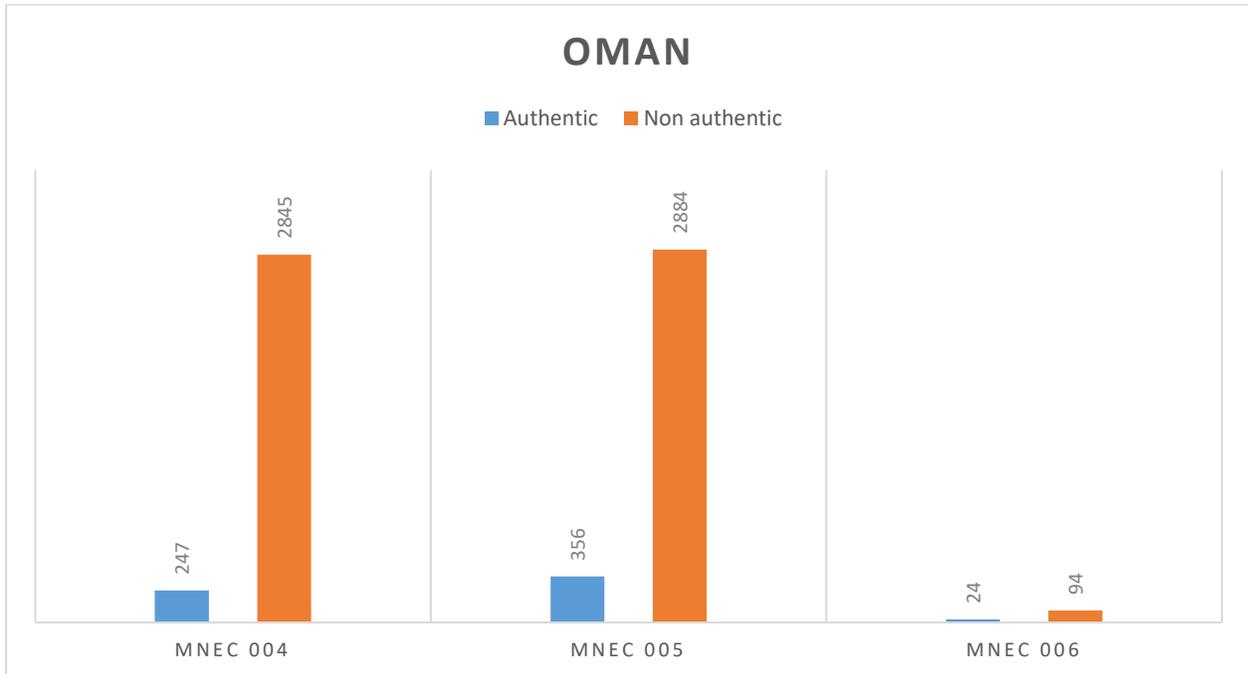
Interpretation: Above chart shows AXA rejection is for code MNEC 004 for non-authentic rejection is more than MNEC 005 & MNEC 006.



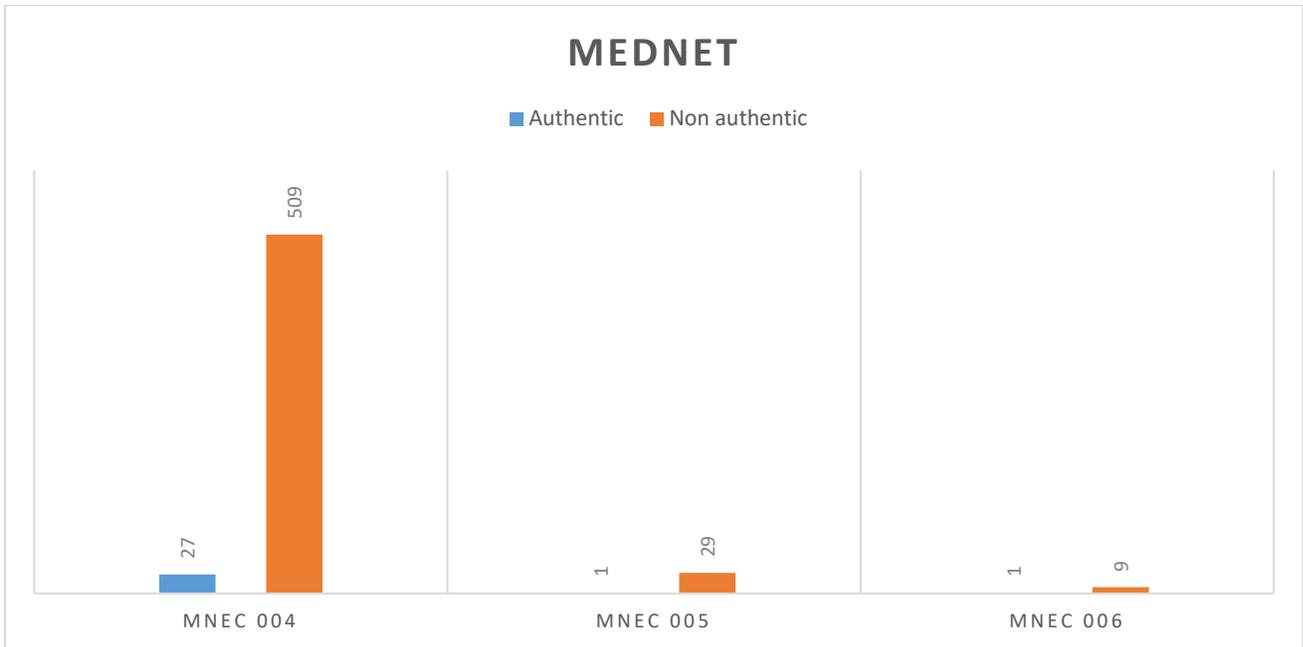
Interpretation: Axa shows highest Non authentic claim rejection for MNEC 003 as compared to other codes. Also highest in authentic claim rejection.



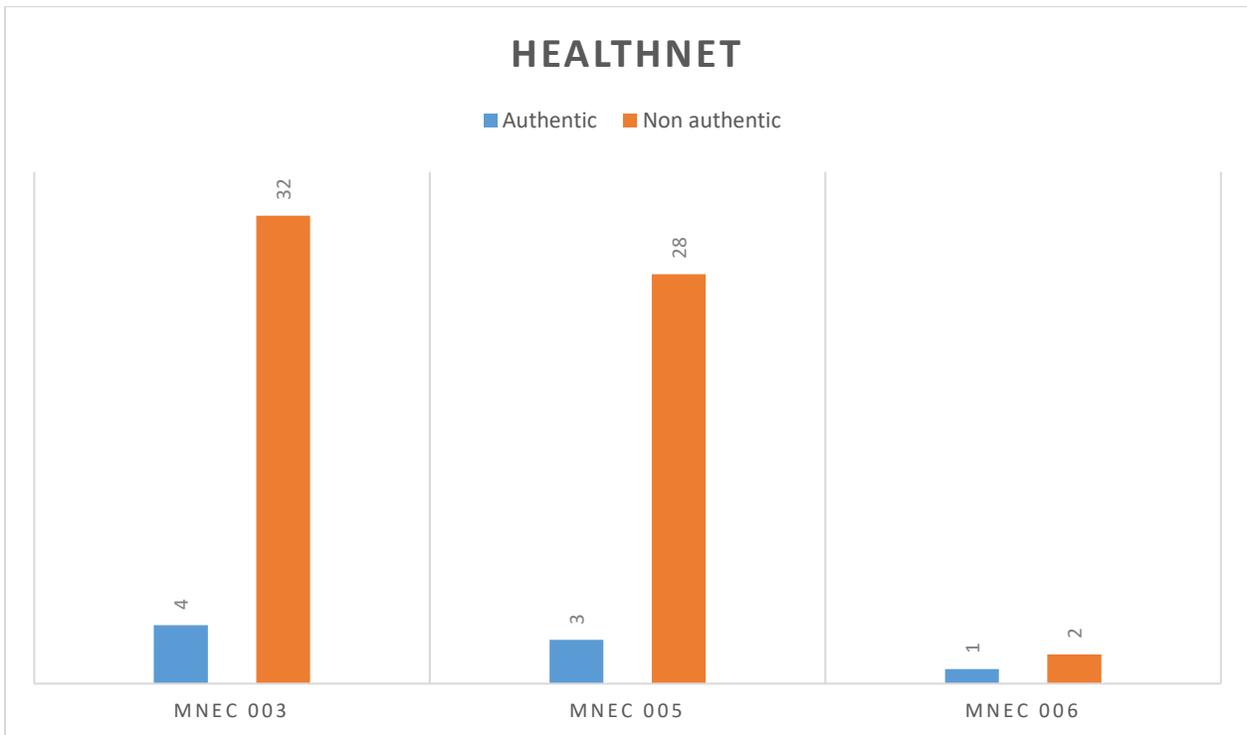
Interpretation: For Neuron Authentic claim rejection for MNEC003 is highest for MNEC 007 same for Non authentic claim rejection.



Interpretation: Oman has the Highest Non Authentic claim rejection for MNEC004 as compared to MNEC 005.



Interpretation: Mednet has the Highest Non Authentic claim rejection for MNEC004 as compared to MNEC 005 & MNEC 006



Interpretation:- MNEC 003 has highest non authentic claim rejection if compared with MNEC 005 MNEC 006

RESULT

- Most of the claims received for Thumbay University hospital from insurance is of Oman insurance company least count is from Health net basic company.
- In claim status we can understand the status of fully rejection & and partially rejection/received cases. In which 2 % of the total companies is fully rejected & remaining 98% is partially received.
- There are mostly 3 main Factor of Claims rejection here at TUH i.e. due to medical Errors, Billing error and some are due to both medical & billing error. Out of which Billing error 24% & medical error is 29% & Billing and medical error are 47%.
- Reasons for medical rejection are based on medical denial code i.e. MNEC 003, MNEC 004, MNEC 005, and MNEC 006 & MNEC 007.
- MNEC 004 has the highest authentic as well as non –authentic claim rejection , least rejection for both authentic & non- authentic rejection is getting from code MNEC 007
- Company wise claim rejection , so daman is getting rejection for code MNEC 004 & 005 , for 004 authentic rejection is 125 & 1116 for non-authentic , for 005 authentic rejection is 165 & non-authentic is 148
- Adnic getting claim rejection for code MNEC 004,005,006 , for 004 authentic rejection is 148 & 587 for non –authentic rejection , for 005 authentic rejection is 22.5 & 91 for non – authentic , for 006 authentic rejection is 38 & 57 for non-authentic rejection
- Axa getting rejection for code MNEC 003,004,005 & 007 , for 003 authentic rejection is 23 & 212 for non-authentic , for 004 authentic rejection is 1 & 11 for non-authentic , for 005 authentic rejection is 7 & non-authentic is 68, for 007 authentic rejection is 15 & non-authentic is 140
- Neuron getting rejection for code MNEC 003 & 007 , for 003 authentic rejection is 33 & non-authentic rejection is 62, for 007 authentic rejection is 11 & non-authentic rejection is 22
- Oman getting rejection for code MNEC 004,005 & 006 , for 004 authentic rejection is 247 , non- authentic rejection is 2845, for 005 authentic rejection is 356 & non-authentic rejection is 2884, for 006 authentic is 24 & non-authentic is 94
- Mednet getting rejection for code MNEC 004,005, 006, for 004 authentic rejection is 27 , non-authentic is 509, for 005 authentic rejection is 1 & 29 for non-authentic, for 006 authentic rejection is 1 & 9 is for non-authentic
- Health net getting rejection or code MNEC 003, 005,006 , for 003 authentic rejection is 4 & non –authentic rejection is 32, for 005 authentic rejection is 3 & non-authentic rejection is 28 , for 006 authentic rejection is 1 non-authentic rejection is

DISCUSSION

Study was done to evaluate the authentic and non-authentic medical claim rejections

Authentic claims - authentic claims are those claims which are rejected by insurance company and the rejection done is valid and these claims are non-resubmitted due to medical reason or billing reason

Non authentic claims- non authentic claims are those claims which get rejected through insurance company without valid reason and are resubmitted

As per evaluation highest claim rejection received from **Oman insurance company** both for **authentic** as well as **non-authentic** , value of non-authentic rejection is high as compare to authentic rejection

Reasons for Claim rejections are based on various medical denial codes, study focuses on 5 most repeated codes those are:-

MNEC 003- Service is not clinically indicated based on good clinical practice

MNEC 004- Service is not clinically indicated based on good clinical practice, without additional supporting documentation

MNEC 005- Service/supply may be appropriate, but too frequent

MNEC 006- alterative service has been used

MNEC 007- Service is not clinically indicated based on good clinical practice, without additional supporting documentation

CODE WISE REJECTION:-

As per analysis highest claim rejection received for code **MNEC 004 & MNEC 005**

COMPANY WISE REJECTION:-

Out of 7 insurance company highest claims received from **Oman, Daman & Adnic**

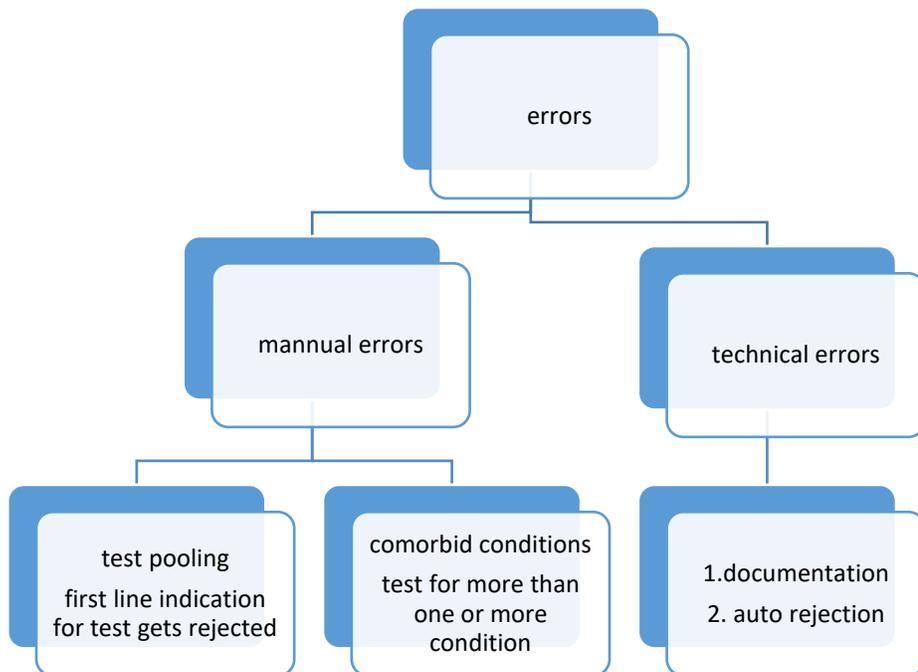
As per analysis these 3 insurance companies plays very important role for generating the revenue at **THUMBAY UNIVERSITY HOSPITAL**.

CHAPTER 5

FINDINGS AND CONCLUSION

5.1 FINDINGS

1. Technical errors :



2. Manual error:-

- Company rejects the claims for test pooling, in some cases lab test required to be repeated within 3 or 1 month based on patient disease but insurance company have their policy not to repeat the test within 3 or 6 months and rejects the claims by saying service done too frequently which comes under non authentic claim rejection.
- In some cases claim get rejected with unnecessary services indicated by physician which is sometime not required in some cases which comes under authentic claim rejection.

- In some cases test are indicated by physician for more than service based on patient past history which is known as comorbid condition, which insurance rejects the claim by saying service is not clinically indicated.

Technical Errors:-

- In this error claim gets rejected due to missing of lab reports which company is unable to find due to technical barrier and reject with saying that service is not clinically indicated without supporting additional document.

SUGGESTIONS:

- Time to time proper training should be given to every new employee to avoid errors
- Regular meetings should be held between insurance companies and the managerial staff to understand to policy and protocols of the company for less rejection
- Proper verification needs to be done before processing the insurance claim
- Proper documentation should be provided by the MRD department to reduce the rejection getting for additional documents not found
- Services should be checked by the physician before indicating , frequent & unnecessary services should be avoided

5.2 CONCLUSION

As a conclusion, this report has been done to show the current insurance claim rejection. Authentic & Non authentic claim rejection, companies can manage the rejection by analyzing the core health related issues of their customers for which medical services is very important, claim rejection management will provide insurance with the management will provide insurance with the flexibility to offer tailored solution to their customer & better align customer needs with business objective with TUH. This improvement will ultimately boost key performance indicator which will undoubtedly impact operating result in a positive way for both insurance company and TUH.

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