

Internship at Thumbay University Hospital, Ajman UAE



**(A STUDY TO ANALYSE THE CLAIM DENIAL PATTERN
GIVEN BY INSURANCE COMPANY IN SELECTED
HOSPITALS OF UAE)**

By

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PG/20/111

Under Guidance of Dr. Sidharth Sekhar Mishra

**Post Graduate Diploma in Hospital and
Health Management**

(2020-2022)



International Institute of Health Management Research, New Delhi

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Thanking you

-Rinki Gupta

2nd year

PG/20/111



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August 25, 2022

To Whom It May Concern

This is to certify that **Ms. Rinki Gupta** holder of **Indian** Passport Number **V4714419** was working in our institution as a **Management Trainee** from 2nd February 2022 to 30th April 2022 as a part of dissertation of her **PGDM (Hospital & Health Management)** program. She has completed the assigned project.

We wish her all the best in her future endeavors.

For Thumbay Hospital ,Dubai



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Certificate of Approval

The following dissertation titled “(A STUDY TO ANALYSE THE CLAIM DENIAL PATTERN GIVEN BY INSURANCE COMPANY IN SELECTED HOSPITALS OF UAE)” at “**Thumbay University hospital, Ajman 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 PGDM (Hospital & Health Management) for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

NAME

SIGNATURE

Certificate from Dissertation Advisory Committee

This is to certify that **Mr. Rinki Gupta**, a graduate student of the PGDM (Hospital & Health Management) has worked under our guidance and supervision. She is submitting this dissertation titled **“A Study to analyze the claim denial pattern given by insurance company in selected hospitals of UAE” at Thumbay Group –Health care Division** in partial fulfillment of the requirements for the award of the PGDM (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.

Dr. Sidharth Sekhar Mishra
Associate professor
IIHMR, New Delhi



Mr. Abdul Paris
Assistant Manager-RCM-Central Process
Thumbay Group

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Annexure r

FEEDBACK FORM

Name of the Student: Ms. RINKI GUPTA.

Name of the Organization in Which Dissertation Has Been Completed: THUMBAY HOSPITAL
AJMAN, UAE.Area of Dissertation: INSURANCE DEPARTMENT, CENTRALISED TEAM
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Attendance: 100%

Objectives achieved: Yes (All objectives of the project is been achieved).

Deliverables: The project has internal and external deliverables
So, the implementation has achieved it.Strengths: Excellent attitude towards learning, leadership
quality, professional attitude best; well-focused, good communication

Suggestions for Improvement:

Stay grounded by work hard for successful and
with team.

Suggestions for Institute (course curriculum, industry interaction, placement, alumni):

Signature of the Officer-in-Charge/ Organization Mentor (Dissertation)
T. Srinivas 09/07/22

Date: 07/09/2022.

Place: AJMAN, UAE.

Dissertation Writing

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms. Rinki Gupta** student of PGDM (Hospital & Health Management) from International Institute of Health Management Research, New Delhi has undergone internship training at **Thumbay University hospital, Ajman UAE** from **2 February, 2022 to 2 April, 2022**

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

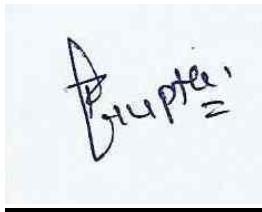
The Internship is in fulfilment of the course requirements. I wish him all success in all his/her future endeavors.

Dr. Sumesh Kumar
Associate Dean, Academic and Student Affairs
IIHMR, New Delhi

Dr Siddharth S. Mishra
Asst. Proffessor
IIHMR, New Delhi

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **A STUDY TO ANALYSE THE CLAIM DENIAL PATTERN GIVEN BY INSURANCE COMPANY IN SELECTED HOSPITALS OF UAE** and submitted by **Rinki Gupta** with Enrolment No. **PG/20/111** under the supervision of **Dr. Siddharth S. Mishra** for award of PGDM (Hospital & Health Management) of the Institute carried out during the period from **2 Feb,2022 to 2 April,2022** 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.....

List of symbols and Abbreviation.....

- 1. BACKGROUND.....**
 - 1.1. ORGANISATION PROFILE.....**
 - 1.2. INTRODUCTION.....**
 - 1.3. OBJECTIVE**
- 2. METHODOLOGY.....**
- 3. RESULT.....**
 - 3.1. INTERSTSTE ANALYSIS.....**
- 4. RECOMMENDATION.....**
- 5. CONCLUSION.....**
- 6. LIMITATIONS.....**
- 7. REFERENCES.....**

INTRODUCTION TO THE ORGANIZATION

Gulf Medical University (GMU) established in 1998 is a leading medical university in the Gulf region. GMU offers Medical and Health Professional Education in the field of Medicine, Dentistry, Pharmacy, Physiotherapy, Nursing, Medical Laboratory Sciences, Anaesthesia & Surgical Technology, and Medical Imaging Sciences. GMU offers postgraduate programs in Public Health, Clinical Pathology. In addition, the university also offers Short Term Certificate Courses for Health workforce development and career enhancement. GMU differentiates itself having its own network of hospitals, clinics, and institutes.

Thumbay Chain of Hospitals is one of the largest health care providers in the region. The group focuses on three pillars Education, Health care and Research.

At Thumbay Hospitals they aim to provide exceptional quality of care with 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 wide ranging experience in hospital management. Thumbay Hospitals are committed to integrate 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 University Hospital is the largest private academic hospital in the Middle East region, with 350 beds. It is a state-of-the-art family healthcare destination having a dedicated 100-bed long term care and rehabilitation unit, Centre for Oncology equipped with PET-CT scan, 10 modern surgical suites for all major specialties, Center for Imaging, Cath Lab, ICU/CCU/NICU/PICU, 10-bed dialysis unit, etc. The Hospital has a dedicated floor for the Mother and Child program including 10 Labor & Delivery Rooms, NICU, SCBU and Well Baby Unit. The hospital offers Marhaba Services – personalized fast track services for patients – as well as Presidential Suite Rooms, VIP Rooms, Private Rooms, etc. We have a ‘Therapeutic Garden’ for better relaxation and holistic recovery of in-patients.

Amenities for patients and visitors include a multi-restaurant food court, movie theatre, coffee shops, health club, 1000+ free parking spaces, etc. We are part of the academic hospital network of Thumbay Group, which has a professional workforce of 30 different nationalities serving patients in 50 different languages and serving patients from over 175 nationalities.

Thumbay University Hospital excels in offering the best healthcare and Telehealth services. Thus, patients can call the hospital's telehealth number (054 9955415) to access services such as follow-up consultations, review of reports, refill of medicines, etc., as well as for getting home delivery of medicines and home collection of diagnostic samples. Patients can also consult their regular doctors through video conferencing. These particular services enable people to avoid non-essential physical visits to the hospital.

SERVICES PROVIDED:

Our Hospitals houses the departments of Anaesthesiology, Cardiology, Internal Medicine, General Surgery, Obstetrics and Gynaecology, Paediatrics, Orthopaedics, Ophthalmology, Dermatology, E.N.T. Psychiatry, Urology and Special Clinics like Diabetics Clinic, Well Woman Center and Well Baby Clinic. Specialized services include a medical imaging department with state-of-the-art equipment like multislice CT scan, mammography, ultrasound, Color doppler Ultrasound and radiography. An advanced laboratory caters to the requirements of all the clinical departments and is equipped for regular and advanced investigations in biochemistry, clinical pathology, serology and hormone studies.

Mission

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

Vision

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

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.

INSURANCE DEPARTMENT OF THUMBAY UNIVERSITY HOSPITAL

Thumbay University Hospital is a Leading medical institution offering quality and affordable specialized superior medical care complemented by a warm and personalized human touch to the members of most of the insurance companies in UAE.

This Department is staffed by a team of expert professionals who assist in administering to the needs and queries of patients holding insurance cards.

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Additional measures to prevent the spread of the virus in the hospital include a unique fever clinic to treat patients with fever and screening them for COVID-19 symptoms, regular and detailed sanitization protocols, chronic medication refill for patients via a simple phone call, 24-hour drive-through pharmacy service at the hospital premises, temperature monitoring of all patients, visitors and staff, emphasizing hand hygiene and wearing masks, hand sanitizer dispensers throughout the hospital, and constant monitoring of staff health.

A wide ranges of health insurance companies have contract with the Thumbay group of hospitals few of them are:

1. Neuron
2. Nas
3. Almadallah
4. Axa
5. Aafiya
6. Daman
7. Mednet
8. Whealth
9. Oman
10. Dubai insurance company.

So health insurance made the root of the Thumbay group of hospitals. Almost all the networks of the insurance companies are covered under the hospital.

SECTION-1

INTRODUCTION

A STUDY TO ANALYSE THE CLAIM DENIAL PATTERN GIVEN BY INSURANCE COMPANY IN SELECTED HOSPITALS OF UAE

BACKGROUND OF THE STUDY

Health insurance has a meaningful aspect in population if its coverage is defined. Meaningful health care coverage is critical to living a productive, secure and healthy life. Generally, population gets health coverage from a variety of private and public sources, such as through their employers or direct purchase on the individual market (private sources), as well as through the Medicare, Medicaid, or Veterans Affairs programs (public sources).

The number of people with health insurance has increased significantly in recent years, with nearly 20 million individuals newly insured. Most of these individuals were able to enrol in coverage offered through the Medicaid program, their employer, or the individual market as a result of coverage programs and insurance market reforms authorized by the Affordable Care Act (ACA).

In UAE the healthcare insurance is must and mandatory as maximum population are expats and comes for the purpose of job. 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 of Abu Dhabi and 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 has been a move to mandatory private health insurance for all citizens and expatriates, the development of the private sector to deliver services and the separation of planning and regulatory responsibilities from provider functions. These reforms have moved at different speeds, being most complete in Abu Dhabi, in the development phase in Dubai and just commencing in the MOH. This patchy implementation has highlighted variations in access, affordability and quality across the Emirates.

The UAE has a wide-ranging, government-funded and rapidly evolving private healthcare sector delivering high standard of health care to the population. The health insurance policies are an integral part of the healthcare infrastructure as they cover the cost associated with medical and surgical expenses of the policyholders. The costs incurred during the treatment of the patient are either fully/partially paid by the

insurance company directly or indirectly through reimbursement, depending upon pre-decided terms and conditions. An effective health insurance plan includes services such as diagnosis and treatment for illnesses and conditions, psychiatric care, rehabilitation therapy, emergency transportation, in-patient management, maternity, dental care, etc. Government Health Policies, GIG (AXA) Insurance, Abu Dhabi National Insurance Company (ADNIC), Orient PJSC, Oman Insurance Company, etc. are among the key health insurance providers in the UAE.

After rendering healthcare services to insured members, healthcare providers submit the claims to insurance companies to seek payment against these services. Claim submission is done through government regulated e-platforms (DHPO in Dubai,

Riayati in Northern Emirates, Shafafiya in Abudhabi). There are certain rules established by regulators that govern the payment of claims by insurance companies to healthcare providers. The erroneous claims are denied for payment by insurance companies. This is a major area of concern for hospitals because it causes a significant negative impact on the revenue of the organization.

‘Insurance Department’ is a vertical in Thumbay Group dedicated to error-free processing and timely submission of claims so that claim-denial by insurance companies is minimized.

According to AMA Denial of a claim is the refusal of an insurance company or carrier to honour a request by an individual, or his or her provider, to pay for a health care service obtained from a health care professional.

Denial management is the major part of Revenue management Cycle. According to recent estimates, gross charges denied by payers has grown to an alarming 15 to 20 percent of all claims submitted. The average cost to rework a claim is \$25.00, according to the Healthcare Financial Management Association (HFMA). As many as 65 percent of claims denials are never worked resulting in an estimated 3 percent loss of net revenue. Roughly 67 percent of all denials are appealable.

Hence analysis of denial is very crucial to improve the process and also the level of working to find out the root cause of the denials the provider is getting.

To evaluate the pattern of Claim Denial Given by the insurance company in Thumbay university hospital and to find out the genuine and wrong rejections given by the companies.

Significance of the study

Denied claims represent unpaid services and lost or delayed revenue to your practice. Importantly, they also signify an avoidable cost to the medical practice. Employees' time spent managing and ideally resolving denials saps significant resources from the medical practice's business office. Medical practices that lack a focused strategy for denial management are more apt to see denials unfavorably resolved or, as is all too common, left to languish and eventually be written off as bad debt. Whether automated or manual, route specific denial reasons the CARCs directly to the next step in the workflow without requiring review, approval and other unneeded "touches" that cause delays and waste valuable staff time. For example, a denial made because the patient has hit the maximum benefit for the service provided, and which is marked "PR" to indicate the patient bears the financial responsibility, should simply move into guarantor responsibility in the billing system and appear on the next distribution of statement mailings.

Intermediate steps, such as printing out the transaction, reviewing it again internally, requiring an approval or check-off, and so on, unnecessarily delay the claim, causing it to further age in the accounts receivables. This is why it is very important to map the process and also the rejection so that the cycle of Identify, Manage, Monitor, Prevent. In order to complete the services of care and the proper management of revenue generation the main step is to generate the and implement the ways of denial analysis in such a way which is capable enough to implement at ground level. This study will help to analyse the type and cause of denial so that the process improvement can be done in order to maintain the Revenue Cycle Management intact and working smoothly. This thesis also helps the organization to understand the pattern of denial given by the companies in order to negotiate from them at the stage of signing off. Also, this view will give a consolidated report of the denials. This type of report helps in understanding the efficiency of Revenue cycle management.

General objective:

- To study different types of insurance claim-denials received by Thumbay Group for service year 2021

Specific objective:

- To calculate the annual insurance claim-denial rate for Thumbay Group of Hospital for Service Year 2021
- To identify the causes of insurance claim-denials received from top 5 insurance partners of Thumbay Group of Hospital for Service Year 2021
- To find out the rate of Wrong rejections and Genuine rejections given by the Insurance company for the service year 2021
- To find out the pattern of denials if any, given by the Insurance Company for the service year 2021

SECTION-II

REVIEW OF

LITERATURE

Erik Koornneef, Paul Robben &Iain Blair(2017)¹ conducted a systematic review on progress and outcomes of health system reforms in United Arab Emirates as per researcher Seventeen studies were included covering the following themes: the UAE health system, population health, the burden of disease, healthcare financing, healthcare workforce and the impact of reforms. Few, if any, studies prospectively set out to define and measure outcomes. A central part of the reforms has been the introduction of mandatory private health insurance, the development of the private sector and the separation of planning and regulatory responsibilities from provider functions. The review confirmed the commitment of the UAE to build a world class health system but amongst researchers and commentators' opinion is divided on whether the reforms have been successful although patient satisfaction with services appears high and there are some positive indications including increasing coverage of hospital accreditation. The UAE has a rapidly growing population with a unique age and sex distribution, there have been notable successes in improving child and maternal mortality and extending life expectancy but there are high levels of chronic diseases. The relevance of the reforms for public health and their impact on the determinants of chronic diseases have been questioned.

CHAPTER III

METHODOLOGY

Methodology/Planning of work

Study area- Thumbay Group Central Insurance Back Office, Ajman, UAE

Study Design- Secondary Data Analysis

Data Source- HIMS Reports

Source of In-Depth understanding – Observation of day-to-day process in insurance back-office & personal interview with Claim Processors, Claim Verifiers, Claim Submission Officers

Source of Further Guidance – Discussion with Team Leaders and Head of Insurance Department

Data Processing – Through Excel Sheets

Duration of study - March 31, 2022 – April 30, 2022

Type of Analysis - Descriptive and Inferential Statistics

ETHICAL CONSIDERATIONS

Ethical approval of a research project also helps to increase the legitimacy of research findings. This is important for those making decisions based on the research results.

Research clearance typically involves an ethical clearance committee looking at the research aims and methodologies of researchers to make sure that the research will be conducted in a way that protects the dignity, rights and safety of the research participants, and that the research design is ethically sound and is likely to render the anticipated results.

Since the type of study is the secondary data analysis. So there is no need of ethical clearance. But, the permission is taken from the Chief Insurance Officer to use and present the data for the study purpose. Research Integrity to ensure that our research is conducted in an ethical way.

CHAPTER-IV

ANALYSIS AND INTERPRETATION

ANALYSIS AND INTERPRETATION

Section-A

(Identification of highest values in term of rejection rate for companies as well as denial codes)

Table no:1 Company marked with the highest rejection rate(calculated from submission amount and rejected amount)

Company Name	Rejection percentage
Aafiya (APN with Thumbay Network)	2.29
AAFIYA Medical Billing - Gold- Networks.	0.16
AAFIYA MEDICAL BILLING (THUMBAY GROUP) SERVICES LLC	0
AAFIYA Medical Billing APN–Essential-Edge Plus Networks	1.59
AAFIYA Medical Billing -Premier- Gold-Diamond-Networks	0.13
ADNIC Insurance	8.10
ADNIC INSURANCE BRONZE & BLUE NETWORK	1.15
AETNA INTERNATIONAL	0
AL BUHAIRA NATIONAL INSURANCE (LIMITED&RESTRICTED NETWORKS)	0.42
AL BUHAIRA NATIONAL INSURANCE COMPANY	0.33
ALICO INSURANCE	2.34
Almadallah Healthcare Management FZ LLC	0.27
ALMADALLAH INSURANCE -GOVT & DUBAI POLICE	1.48
AXA INSURANCE	3.82
AXA INSURANCE DIAMOND & CRYSTAL Networks	3.82
DAMAN INSURANCE ((G.H.Q ARMED FORCES)	0
Daman Insurance Company	9.16
DAMAN INSURANCE COMPANY (THIQA)	2.54

Dubai Insurance Company	0.07
DUBAI INSURANCE N4 & N5 NETWORKS	0
FMC Network UAE	1.65
HEALTHNET BASIC NETWORK	0.89
HEALTHNET INSURANCE	0.096
HEALTHNET INSURANCE STANDARD NETWORK	0.44
INAYAH TPA (LLC)	0.19
INAYAH TPA LLC BRONZE NETWORK	0.071
MEDNET (Silver Classic,City,Green,Silk Road) NETWORKS	3.21
MEDNET INSURANCE	1.10
MSH Dubai Limited	0.003
MSH Dubai Limited Enhanced & Premium Networks	0.026
NAS (SR and WN) Insurance	5.74
NAS INSURANCE	7.08
NATIONAL LIFE AND GENERAL INSURANCE RN NETWORK	0
NEURON INSURANCE	2.29
NEURON INSURANCE - ENAYA	2.72
NEURON INSURANCE Non Govt - Comprehensive & General plus	1.74
NEXT CARE INSURANCE	4.64
NEXTCARE GN & GN PLUS NETWORKS	0.59
NEXTCARE INSURANCE RN3 NETWORK	3.31
NEXTCARE RNE/RN/RN2 NETWORKS	0.83
Now Health International(Services) FZ-LLC	0.031
OMAN INSURANCE COMPANY	22.88

OMAN INSURANCE (Premium & Comprehensive Plus) Networks	2.63
WHEALTH BASIC NETWORK	0.049

As per the table calculation there are top companies with maximum rejection along with the maximum business for the company. So these companies are taken for the analysis.

Table No:2 Top 5 business giving companies with their rejection rate.

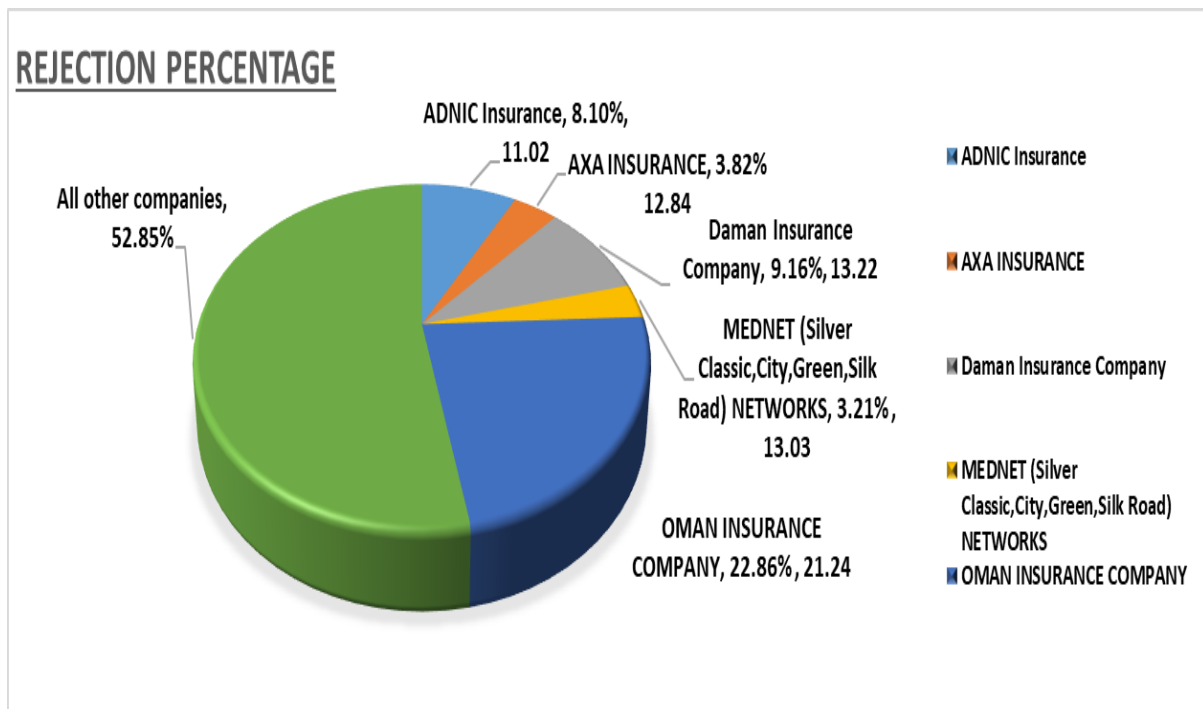
n=1171

Company name	Overall rejection percentage
ADNIC Insurance	8.1%
AXA INSURANCE	3.82%
Daman Insurance Company	9.16%
MEDNET (Silver Classic,City,Green,Silk Road) NETWORKS	3.21%
OMAN INSURANCE COMPANY	22.86%
total	47.15%

This table shows that the OMAN INSURANCE COMPANY has the highest rejection rate of 22.86%, while MEDNET (SILVER CLASSIC, CITY, GREEN, SILK ROAD) NETWORKS with 3.21% has the lowest from top 5 with maximum business.

Rejection Rate= Rejection amount/settled amount

FIG NO:1 Pie Chart against Rejection Percentage



Graphical presentation shows that these 5 companies have 47.15%, rest all 42 companies comprise of 52.85% of rejections.

In UAE, every denial has the particular code for the reason. So the term is given as denials codes. To find the major cause of the denial one have to chase the denial codes and understand the root cause of the denial.

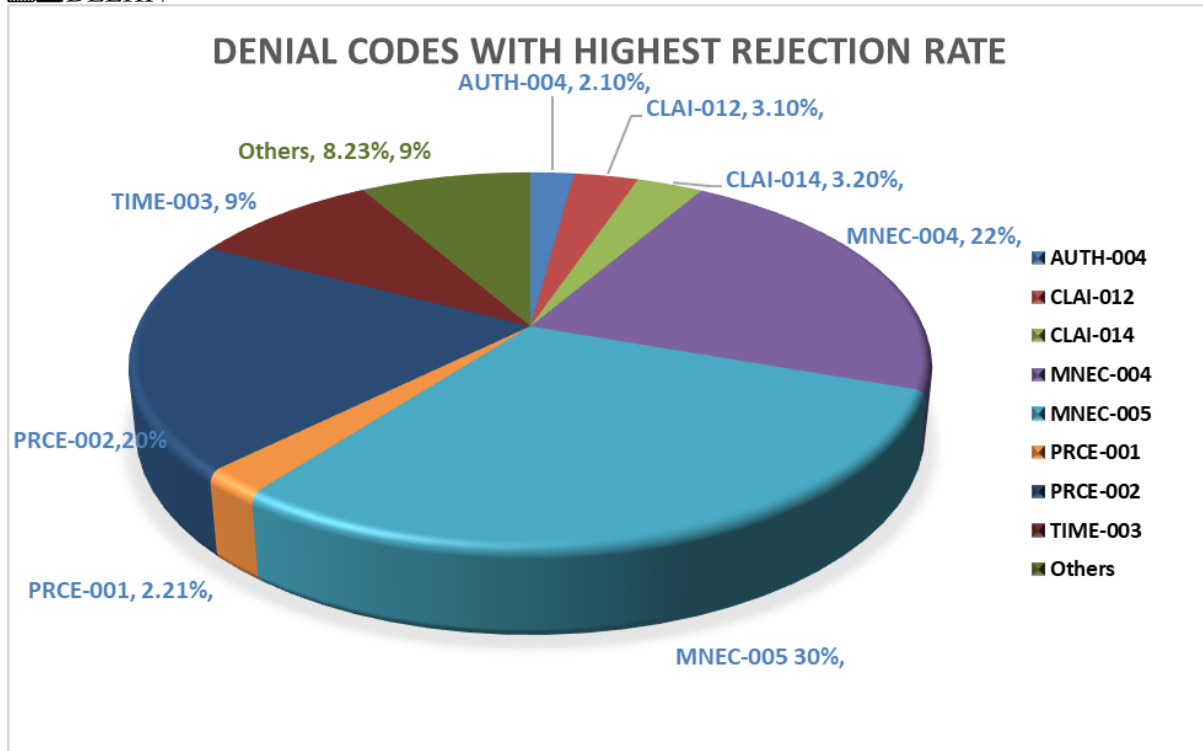
Table No:3 Percentage of code wise percentage

N=2801

Denial codes	Count of Invoice No	Percentage(%)
AUTH-001	4	0.14
AUTH-004	57	2.03
AUTH-005	6	0.21
CLAI-008	1	0.03
CLAI-012	87	3.10
CLAI-013	1	0.03

Fig No: 2 maximum denial codes with highest rejection rate.

CLAI-014	91	3.24
CLAI-017	2	0.071
CLAI-018	9	0.32
COPY-001	41	1.46
DUPL-001	33	1.17
DUPL-002	9	0.32
ELIG-001	6	0.21
MNEC-003	20	0.71
MNEC-004	616	21.99
MNEC-005	833	29.73
MNEC-006	19	0.67
MNEC-007	20	0.71
NCOV-001	2	0.071
NCOV-003	15	0.53
PRCE-001	62	2.21
PRCE-002	561	20.02
PRCE-003	34	1.21
PRCE-006	2	0.071
PRCE-007	8	0.28
PRCE-010	1	0.035
TIME-001	5	0.17
TIME-002	2	0.071
TIME-003	254	9.06
Grand Total	2801	

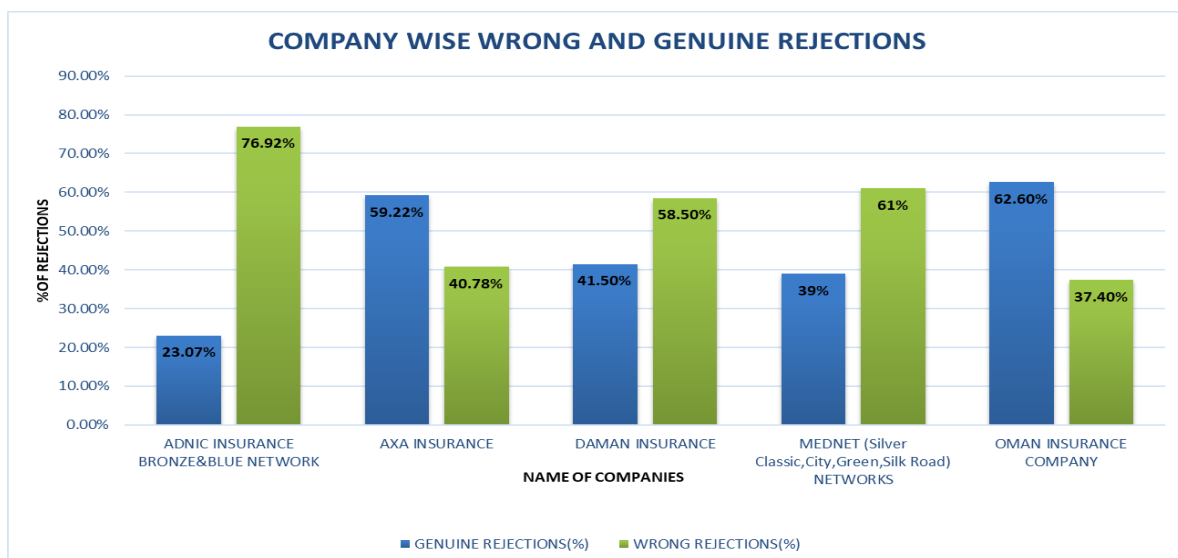


From the Graphical presentation, 81% of rejection includes the codes such as Mne-005, Pnce-001, Pnce-002, Time-003, Clai-012, Clai-014, Auth-004, Mne-004. and all rest denial codes consist of 8.23% of denial codes.

SECTION-B

This section will help to understand the cause of the denials and percentage of wrong and genuine rejection based on invoice analysis in HIMS.

Fig No:3 company wise comparison of the Genuine and Wrong rejections.



From the above-mentioned graph, it is very much understandable that maximum wrong rejections is given by ADNOC ie 76.92% insurance company and maximum genuine rejections are given by Oman Insurance company ie 62.60%. Axa Insurance also gives the correct genuine rejection with authentic reason.

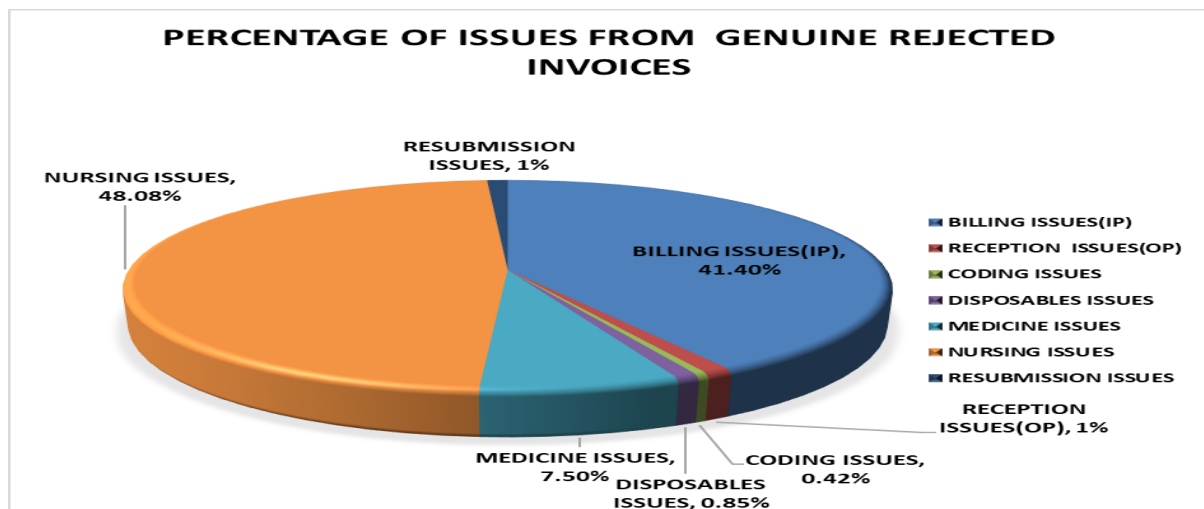
Further, the denial codes generated by the insurance company to raise the rejection has some issues so according to the data and the codes I have further divided it into the Table 3 categories.

Table No:4 Frequency table for the denial issues/Genuine Rejections

n=705

ISSUES OF GENUINE REJECTIONS	FREQUENCY
BILLING ISSUES(IP)	292
RECEPTION ISSUES(OP)	5
CODING ISSUES	3
DISPOSABLES ISSUES	6
MEDICINE ISSUES	53
NURSING ISSUES	339
RESUBMISSION ISSUES	7

Fig No:4 percentage of issues from genuinely rejected invoices.



This graphical presentation tells about very clear picture that the major concern of the rejection in the area of nursing and as per the analysis these are the injections administration guidelines related codes. So multiple injections at the same time. That is why the rejection rate is too much also this remark contains more than one denial code. Similarly, billing related issues are like the codes of duplicates and billing one service more than single time in some other invoice number. Medicine issues are the issues which usually indicates the malpractice by the doctors and there can be reasons related to incentives for doing the insurance related malpractice..

DISCUSSION

DISCUSSION

From Section-A the major findings are OMAN INSURANCE COMPANY has the highest rejection rate of 22.86%, while MEDNET(SILVER CLASSIC, CITY, GREEN, SILK ROAD) NETWORKS with 3.21% has the lowest from top 5 with maximum business. In addition, 81% of rejection includes the codes such as Mnec-005, Prce-001, Prce-002, Time-003, Clai-012, Clai-014, Auth-004, Mnec-004. and all rest denial codes consist of 8.23% of denial codes.

From section B findings includes maximum wrong rejections is given by ADNIC ie 76.92% insurance company and maximum genuine rejections are given by Oman Insurance company ie 62.60%. Axa Insurance also gives the correct genuine rejection with authentic reason. In addition, the major concern of the rejection is in the area of nursing and as per the analysis these are the injections administration guidelines related to codes. So multiple injections at

the same time. That is why the rejection rate is too much also this remark contains more than one denial code. Similarly, billing related issues are like the codes of duplicates and billing one service more than single time under some other invoice number. Medicine issues are the issues which usually indicates the malpractice by the doctors and there can be reasons related to incentives for doing the insurance related malpractice.

Denial management is one of the major aspect in the Revenue Cycle Management as the denial analysis gives the proper idea about the performance of the departments under insurance department. As per one author, an effective denials management program requires clear goals and a mission that results in value to the hospital. A denials management program is not only a key part of revenue integrity, it can provide valuable data hospitals can use to analyze performance across various departments, identify pain points, and support overall operational improvements.¹

So similarly in this research I was able to understand the processing of the departments of the hospital and based on that we can do the process improvements wherever required. In the denial management ICD coding and CPT coding plays a very important role so hence the training of the staff is also major concern related to coding. Based on the finding I am able to give my

recommendations in order to decrease the rejection rate. One have to understand the issue of denial management is not related to department only so the Denial management: Field-tested techniques that get claims paid suggested that when one is able to to understand the severity of the issue according to the tool of assessing then the denial manger will be able to understand the improvement loops and get the money from the insurance companies. Being at the provider side one has to be very much alert while for the wrong rejections and authentic rejections given by the company. Hard denials ultimately leads to to loss of revenue at the written off stage as well. So according to the Rochelle Dahmen, Revenue Cycle Manager major priority is to be given to reduce the hard denials. So therefore, if anything can be done into the process of improvement related to reduce the hard denials so., the rejection will ultimately decrease and one will be able to get the money from the insurance companies at the time of signing off also. In the study recommendations given by the researcher are the ones which are focussed upon the major areas of the denial arises. Once the area is resolved mostly rejection will be subside. Many books suggest that the denial which are avoidable and preventable with good and standardized practice should be avoided to maintain the rejection rate low. Once the rejection rate is low the revenue generation is high and always sets on the good quality claims ultimately leads to maintain good relationship with the companies.

RECOMMENDATIONS:

- In view of the rejections rate for nurses' issues, the highest rejection comes for the drug administration charges. Which is not billable (many injections at one single time). so thats why IT intervention can be put to notify the time for the next injection and required time after the injection administered.
- For foetal stress test the doctor as to give justification when written or prescribed for normal delivery more than two years.
- The timings difference should be notified in the system in order to prevent the rejection rate for delivery and NST.

- Due to lack to timelines experimental study didnt take place to analyse the recommendations suggested by the research.
- Based on percentage calculation of the denial code with highest rejection rate. That may overshadow the true loweer values.
- There was no literatire review for such kind of studies. So only one is enteertained.

ABBREVIATIONS:

1. Auth-004- Services are performed authorization validity date
2. Clai-012- Submission not compliant with contractual agreement with payer and provider
3. Clai-014- Claim not compliant with resubmission type
4. Mnec-004-Service is not clinically indicated based on good clinical practice, without additional supporting diagnosis activities.
5. Mnec-005- Service may be appropriate, but too frequent.
6. Prce-001- calculation discrepancy
7. Prce-002- payment is included in the allowance for another service
8. Time-003- Appeal procedures not followed or was not recieved within time limit.

References:

1. Tanja Twist, *MBA/HCM Denials Management Training Handbook*. (Page No. 24 and 25)
2. Malzahn M. *Mapping the United Arab Emirates*. In: Lévy C, Westphal B, editors. *Géocritique: Etat Des lieux/Geocriticism: A Survey*. Limoges: Pulim Press Universitaires de Limoges; 2014. p. 259–65.
3. Koornneef, E., Robben, P. & Blair, I. *Progress and outcomes of health systems reform in the United Arab Emirates: a systematic review*. *BMC Health Serv Res* **17**, 672 (2017). <https://doi.org/10.1186/s12913-017-2597-1>