## Health Insurance

# Claims Management

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#### Agenda

- Definition of Claims Management
- Claim Types
- Claims Management Process
- Top 5 Reasons for Claims Denials & Deductions
- Challenges for Claims Management
- Tips for effective claims management



#### **Definition of Claims Management**

• The fulfillment by an insurer of its obligation to receive and act on a claim.

 Involves multiple administrative processes such as review, investigation, adjudication, payment or denial of a claim.





## **Types of Health Insurance Claims**

Network Hospital Claims

Received from
Hospitals on Panel
of Insurance
Companies

Pre-authorized or pre approved by insurer

Reimbursement Claims

Received from Insured member after taking treatment

Evaluation and verification after receiving claims





#### **Network Hospital Claims VS** Reimbursement Claims

- Medical details are available
- TAT is usually longer
- Average cost per claim is less
- Moderate level user expertise required
- Requirements are readily fulfilled
- Have no direct impact on clientinsurer relationship

- Medical details not always available
- TAT is short
- Average cost is more
- Advanced level user expertise required
- Requirements are not readily fulfilled
- Have direct impact on client-insurer relationship Allianz (11)





Requirement submitted by client/provider







Claim Receiving



**Notification** 



Evaluation



Requirement Letter dispatched to client/provider



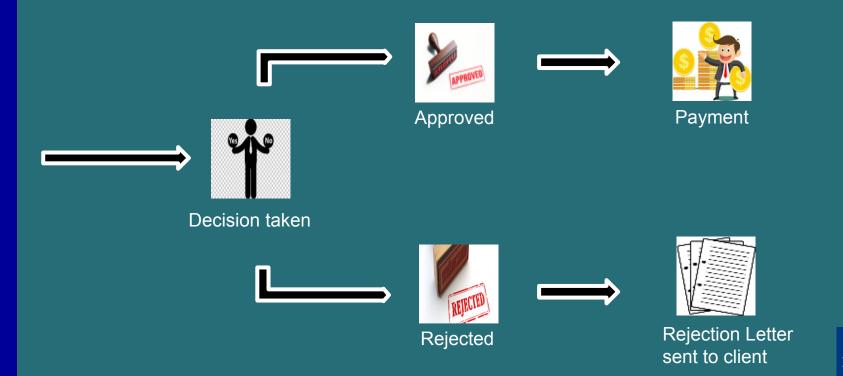
Requirement Letter Generated







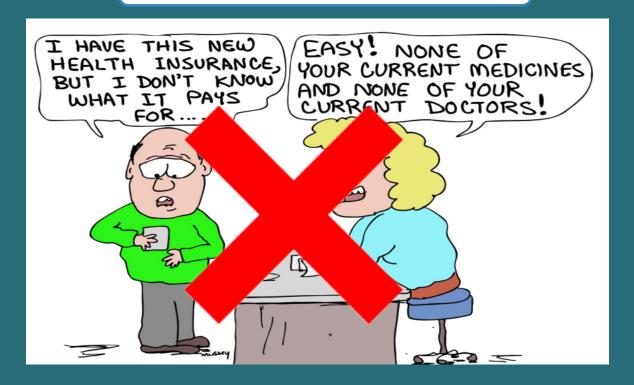
#### Claims Management Process







#### Claim Rejection/Denial







## **Top 5 Reasons for Claim Rejection**

- Admissions which are not medically necessary
- Pre-existing Disease.
- Exclusion
- Policy not effective at the time of treatment.
- ☐ Incorrect Details on the claim form.





#### **Reasons for Claim Deductions**

☐ Excess services.

- Irrelevant tests and medicines.
- Costs of consumables and non medical goods
- Items purchased before policy inception or after policy expiry
- Charges in excess of reasonable and customary charges





Rapid Advances in Medical Technology



High I.T Costs



**High Customer Demand** 



Lack of Law/ Regulation



Fraudulent Claims







Rapid Advances in Medical Technology

Up to date information necessary:

- ✓ Stem Cell Therapy
- ✓ Genetic Testing
- ✓ Endoscopy Capsule
- ✓ Robotic Surgery
- ✓ Artificial Pancreas





High I.T Costs

#### Allow user to:

- ✓ Input/process claim with ease
- ✓ Good rules engine with built in logics
- ✓ Accurate
- ✓ Secure
- ✓ Scalable

Mainframe Solutions vs Cloud Computing







High Customer Demands

Paying a claim is not enough!

- ✓ Cell phone apps
- ✓ Online claim submission
- ✓ Real time clam tracking





Lack of Legislation and Regulations

- ✓ Essential Services
- ✓ No Standard Fees
- ✓ Medicines w/o Prescriptions
- ✓ No Documentation





# Fraudulent Claims

#### A. By Claimant

- Exaggerating the amount of the claim
- Creating an incident that never took place
- Medical identity theft

#### **B. By Provider**

- Unnecessary Treatments/Services
- Billing for services that did not take place
- Over charging patients
- Falsifying Diagnosis





#### Effective Claims Management

- 1. Robust data organization and analysis
- 2. Documentation and recording each task
- 3. Use of auto adjudication tools
- 4. Raising red flags for suspicious claims
- 5. Promoting customer involvement



There was a very cautious man Who never laughed or played He never risked, he never tried, He never sang or prayed. And when he one day passed away, His insurance was denied, For since he never really lived, They claimed he never really died.

Anonymous



