

Background

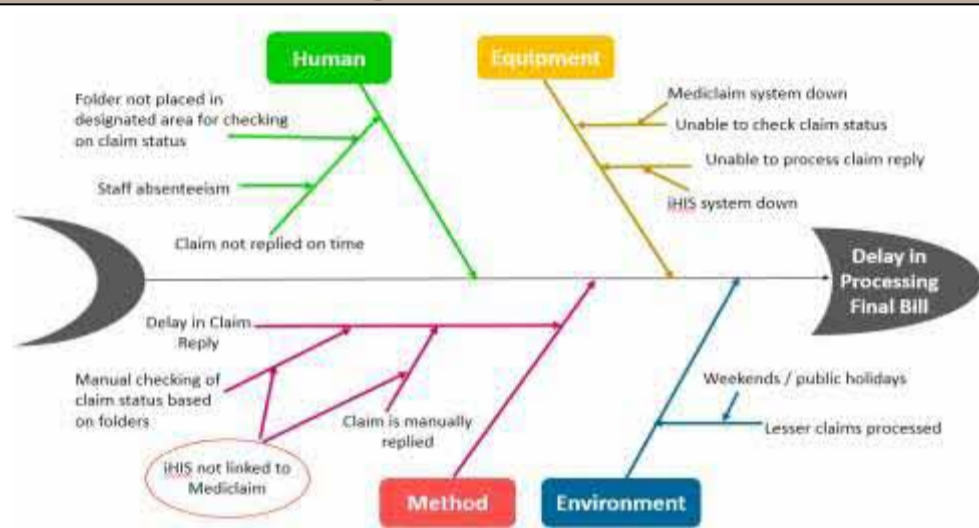
The manual process of checking claim statuses and handling paperwork in the Hospital Information System (iHIS) was inefficient and time-consuming. Each day, staff had to review around 1,100 pending cases, determine approval or rejection, and take appropriate actions. Approved claims required manual entry, printing, and filing, while rejected claims needed extra steps to address and resubmit. This repetitive process consumed about 15.7 hours daily, wasting time and reducing productivity. The staff spent too much time on tasks that could be automated, slowing claim processing and diverting attention from other essential patient service tasks.

With this enhancement, the existing Universal Claim File on Medicaid Portal will be integrated with our iHIS system. The Universal Claim File can be securely transferred to Medicaid's Server through Secure File Transfer Protocol (SFTP). User will no longer be required to log into Medicaid Portal to manually upload or download files. User will no longer have to monitor the status of individual claims or update the approved claim amounts in iHIS.

Evidence for a problem worth solving

1. Inaccuracies in manual claim reply (Average 8 per year)
2. Time-consuming and unproductive to manually check claim status of every case, print and reply claim in HIS (15.7 hours a day)

Cause and effect diagram

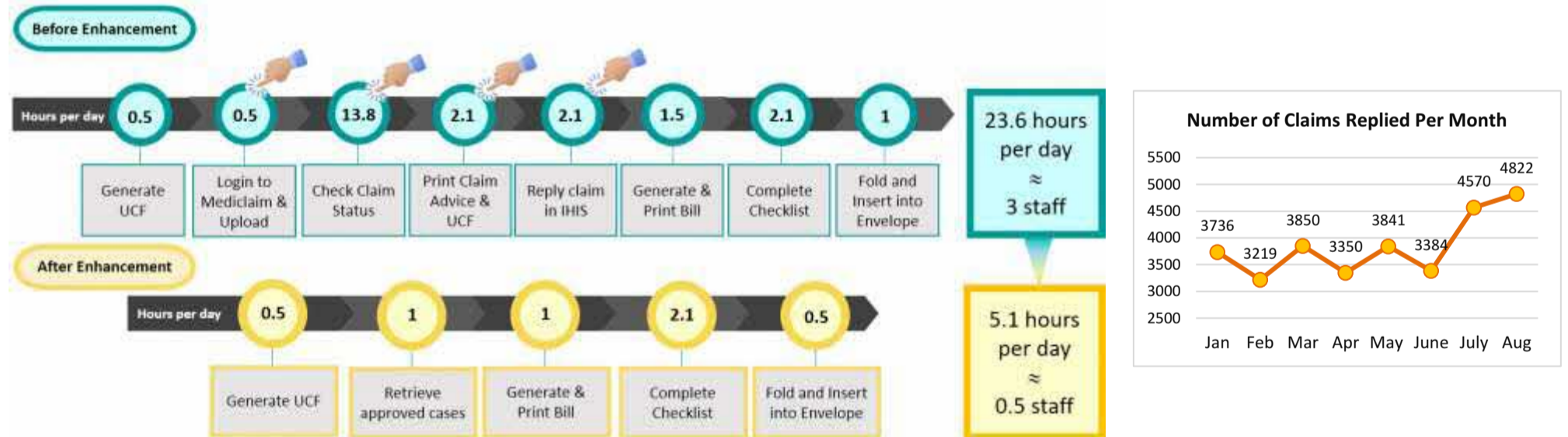


Implementation of interventions

Root Cause(s)	Intervention(s)	Implementation Date
Manual processing of claim reply	Integrate iHIS with Medicaid for claim submission and automation of claims reply	10 July 2024

Results

No. of staff required to process final bill per day is reduced from 3 to 0.5.



Cost / Productivity savings

1. Reduction in the number of staff needed to finalize bills per day: 2.5 staff = Savings of \$117k per year
2. Reduction in paper usage on printing UCF & claim advice: Average 5 pieces of paper per case
3. Reduced error from 8 per year to 0 per year

Sustaining

The transition required diverse technical aspects such as encryption, mailbox IDs, and insurance coordination which were jointly supported by NCS, Medicaid and NPHC that helped the MAH Team navigate through challenging incidents such as notifications from CPF and Insurance Companies, among others. Sustaining the new process entailed the following key actions:

- Update training materials on new process and train new staff.
- Continuously monitor staff's competency on usage on the new system.
- Re-organised patients' folders for ease of retrieval of approved claims.