



Singapore Healthcare Management 2019

# Electronic Claim Processor

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## Background

Business Office manages :

1. Billings / claims for Peritoneal Dialysis patients
2. Manual submits patient's demographic data and bill information to MOH's ILTC portal for subsidy reimbursement
3. Manual create cases in hospital's billing system
4. Electronically files claims to CPF Board for Medishield Life / Medisave / Private Insurance claims

## Aim

1. Streamline and automate the submission of patients' bills and claim data from the hospital system to MOH's ITLC portal
2. Address and eliminate potential costly mistake made during data entry resulting in wrong or delayed claims
3. Expedite subsidy reimbursement from MOH

## Methodology

Adopts MOH's existing file structure and defined data field format as the communication channel to extract and interface patients' bills and claims information to the MOH 's ILTC portal via secured FTP folder, replacing the current manual method of updating in both the hospital and MOH's system.

### Old Process



- Create bills
- Submit insurance claims



Central Provident Fund Board



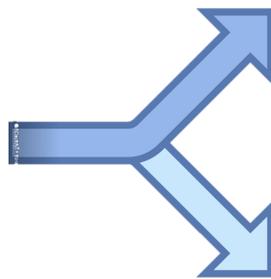
- Manually entry of data set of information in ILTC portal for subsidy reimbursement



### New Process



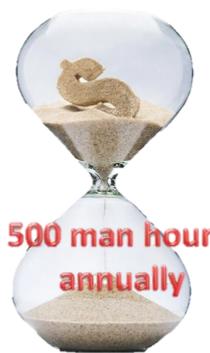
- Create bills
- Submit insurance claims
- Auto data extraction and sFTP to ILTC portal for subsidy reimbursement



Central Provident Fund Board



**SAVINGS**



500 man hours annually

## Result



- 100% automated transference of data fields between the 2 systems
- Eliminate 100% of repetitive and tedious manual data entries
- Maximise productivity and operational efficiencies
- Zero data-entry mistake and redundant re-works in correcting wrong inputs
- Expeditious MOH's subsidy returns and reimbursements

## Conclusion

The project has successfully integrated the existing workflow and automated 100% of the data transmission to MOH's portal. The solution is scalable and is capable of handling an expected workload increase in claim processing by 20% annually, at no additional cost to the hospital, but generate greater resource savings instead!

# RESOURCE SAVINGS

