Simplifying the Billing Process for Patients Certified with Chronic Diseases in SOC

Singapore Healthcare Management 2019

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Introduction

Prior to Dec 2018, when a patient is certified with a Chronic Disease (CDM), the doctor will fill in a form. Clinic PSA will transcribe and enter the information to the billing system (OAS) as a free-text Patient Alert. At billing, the Clinic PSA will check the Patient Alert, and update relevant information if the patient is using Medisave,

Problems/Challenges

1. Billing process requires manual checks and updates, which is prone to errors and may result in rebilling required
2. Inefficient and prolongs the waiting time at Billing Counter due to the number of steps required to complete the billing

Aims

- Improve efficiency of clinic PSAs by simplifying the steps required in the CDM billing process
- Enhance clarity of the doctor CDM certification information captured in OAS
- Eliminate errors and rework required at billing

Methodology

PLAN:
Cross-dept workgroup (SC Ops, BO & IHIS) was formed to brainstorm solutions in Aug 2016 to streamline and automate the billing process, to minimise the manual effort required.

DO:
OAS was enhanced to automate the billing information:
1. New Standardised table to input the CDM certification
2. New setup table to define the claimable services

ACT:
Initiative was rolled out in 2 parts:
1. New doctor certification table rolled out in Nov 2018
2. Automation of CDM Billing commenced in Dec 2018
Team obtained feedback from staff to review the new functions developed.

CHECK:
The team performed rigorous UAT from Feb to Jun 2018 to ensure that the solution developed was able to meet the requirements

Simplified Billing Process

BEFORE
- Check Patient Alert for CDM conditions
- Activate CDM Medisave 3rd Party Payer
- Insert CDM dummy service item in Service Entry
- Check the list of CDM claimable services list
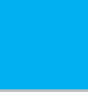- Update non-claimable services item to 'ZZ9999' code
- Finalise Bill

AFTER
- Check Patient Alert for CDM conditions
- Activate CDM Medisave 3rd Party Payer
- Finalise Bill

Results

- Number of steps required is **reduced by 3 steps**
- Estimated total **savings of 273 hours per month**
- Eliminated the errors and rework in the updating of non-claimable services
- Improved clarity of the doctor certification information captured
- Improved staff satisfaction with simplified billing process

Conclusion

This simplified billing process has improved staff productivity at billing with a faster turnaround time per patient. This has also eliminated the errors in the manual updating of the claimable/non-claimable services at billing.

Future work includes creating an electronic form in SCM for doctors to certify the patient's CDM conditions, which can be interfaced to OAS.