

The Besrouer Centre for Global Family Medicine

Dr. Patrick Chege Memorial Research Award Poster Presentation

## **Reduce Frequency of Insurance Denial for Incorrect Billing Regimen in Pharmacy Benefit Management System**

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**Background:** Pharmacy Benefit Management (PBM) is a comprehensive drug utilisation program. The PBM design helps to manage the health insurance pharmaceuticals benefit in line with the best medical practices. Through PBM platform pharmacies receive pre-approvals for medications to be dispensed. One of the denial reason through PBM is the “Incorrect Billing regimen” (IBR) whereby multiple or inappropriate ICD-10 codes are linked to one medication.

**Objective:** The aim of the performance improvement project is to reduce the dissatisfaction caused to the patient due to long waiting time at the pharmacies in receiving their medications. Secondly to lessen the duplication of work undergone by the pharmacist and Physicians in taking approvals for the same patient multiple times. Lastly, to minimize the time spent in clinical interventions between the health care providers in resolving the denials.

**Design:** A performance improvement method of Plan-Do-Check-Act (PDCA) cycle also known as Deming cycle was used to achieve progressive improvement and monitor the quality of change in the work process. The process consists of four stages whereby identification of the problem is the first step, followed by testing possible solution, verifying the effectiveness and implementing the solution.

**Result:** In 2020, 39% (n=551) of interventions were made by the pharmacists with the physicians regarding correction of denials related to IBR and diagnosis, and 34% (n=465) in 2021. The time spend by the pharmacist and physician for the intervention related to diagnosis which on an average takes 5-10 minutes was shortened as there was a reduction in the number of interventions (n=86) estimated to save 430 to 860 minutes. There was 5% improvement in denials related to IBR and diagnosis, and financial saving valued up to Dhs. 203,200.

**Conclusion:** A number of action plans taken to improve the service at the pharmacy turned out to be quite beneficial in terms of patient waiting time and time spend on interventions between the health care providers. The information technology team of Salamtak (Healthcare Digital Platform) also supported to prepare a reference manual for the physicians demonstrating the proper way of linking the most appropriate diagnoses with the patient medications.

**Keywords:** Pharmacy Benefit Management, Incorrect Billing Regimen, PDCA cycle.