



## Claims process

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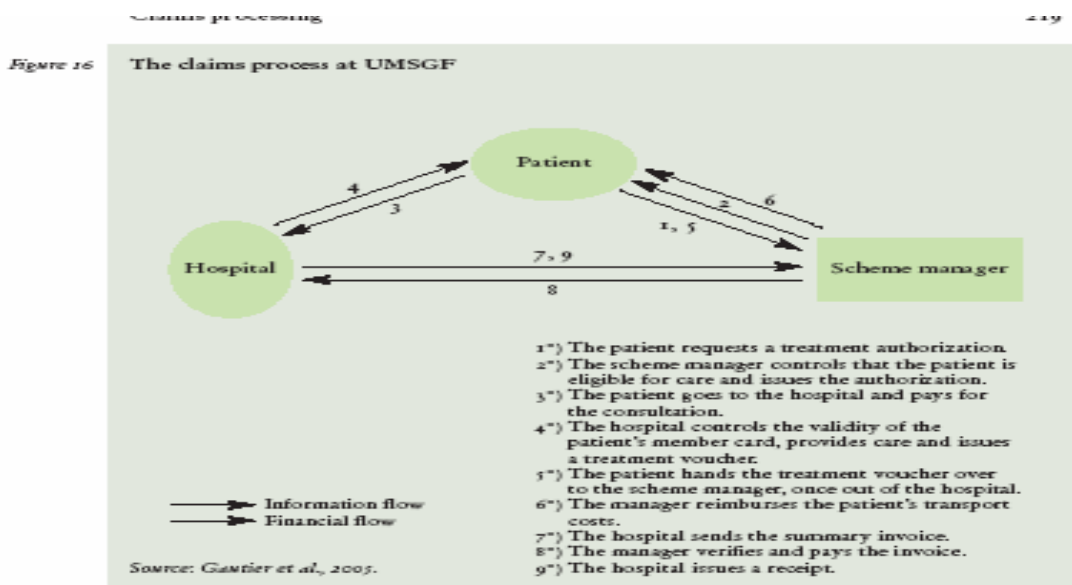
## Efficient process required

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- Claims should be paid within 7 days
- Alternative evidence processes
- Documents required should be simplified
- Plan design issue
- Claim paid in form that is accessible to client

# Who is best suited to manage claims

- NGO?
- Insurance company?
- Other?



As described in Chapter 2.1, a health microinsurance scheme that requires the policyholder to pay for treatment and then apply for reimbursement, such as the health benefits from VimoSEWA and Shepherd (both in India), does not provide the core advantage of insurance – being able to seek care without having to accumulate funds to pay for it.<sup>2</sup> In contrast, UMSGF, Yeshasvini (India) and Microcare (Uganda) reimburse the healthcare provider directly.

## 1.2 Upfront screening versus back-end controls

In many microinsurance schemes, the effort to reduce costs has shifted the normal policy underwriting from the underwriting department to the claims department. Prospective policyholders do not undergo a medical examination, for example. They do not have to present birth or marriage certificates.



## Claims notification

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- Need to keep ear to the ground and help clients file claims



## Claims rejection

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- Must be explained to the community



## Health insurance

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- Preferable to reimburse provider
- Photo ID and thumb print
- Selected outlets with MI staff
- Claims detail monitored
- Appropriate treatment protocols
- Education to community
- Goal Quality efficient health care



## Conclusion

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- Think about efficiency so that all win