

## Note on insurance companies for consultant

**Remember: The main question to be considered is whether the insurance company includes family planning products and/or services in its benefit package.**

You should firstly become familiarized with the country's health insurance system. Information can be gathered from online sources or by making direct contact with key persons in the field. As this is the first year we are collecting data from insurance companies, you are requested to personally visit the most important/largest insurance companies involved in family planning to establish first contact and find a contact person.

### Questions to be asked to the insurance companies:

- Key contact persons
- Are FP products or services part of their benefit package? If so, are they willing to fill in the questionnaire?
- If so, send them a questionnaire and remain in close contact with respondent

The consultant should contact and gain information on the following groups within the country:

- Ministries of Health, division of Health Financing who will provide information on the
  - o Social Health Insurance Schemes (SHI)
  - o Community Based Health Insurance (CBHI) Schemes
- Regulator of Private Insurance (PI) schemes should be able to provide information on the following in a fast manner:
  - ☐ Number of private health insurance providing **health insurance** within the country
  - ☐ Which insurance companies are willing and able to provide FP information
  - o Private health insurance schemes:
    - ☐ Search for private health insurance schemes which provide FP benefits. Be aware that such benefits may also be included under e.g. maternity benefits.
    - ☐ There are two ways that the private insurance can "spend" on family planning:
      - 1) Reimbursement (claims paid) to contributing policy holders (meaning that the FP clients obtains services, send their receipts and get reimbursed)
      - 2) Including FP in service providers arrangements (meaning the FP client does not pay specifically for FP as it's pre included).

**Note: you should only target the largest insurance companies in your country! This questionnaire only covers reimbursements made to policy/providers for family planning methods or services which benefited the local population. Reimbursements made to a policy holder residing abroad should not be included!**

### Questionnaire for insurance companies:

Mainly covers the following:

- 1) FP reimbursements made to policy holders (and dependants)
- 2) FP reimbursements made to providers
- 3) Costs related to the processing of FP claims made by policy holders and providers (insurance administration)
  - o This item relates to the cost incurred by the insurance administration for the following:
    - The processing the claims of policy holders related to the policy holders purchases of FP products and services in the market place.
    - The processing of claims and reimbursement payments to FP services providers for family planning products and services to policy holders. This means that the insurance company will already have negotiated a price per product or a price per service with the FP service provider.

Generally, it is expected that the insurance company will only offer only one of the two choices above. For

either cases, the nature of the costs will be the same: cost incurred by the insurance administration.

There are two suggestions for calculating the costs:

1) First methodology:

Time spent by administrative staff on processing FP claims/total time processing claims \* administrative staff salary = **expenditures/costs/amount for FP claim processing or purchase/outsourcing FP services.**

Here, of all of the 3 items in the equation the complicated item will be estimating “administrative staff salary”. The suggestion is to get a total estimate of the administrative staff involved in processing claims: this will not be an easy estimate provided by the insurance contact you are interviewing, but please ask the contact to provide you with a yearly (2014) estimate of the staff time as well as an average time spent processing claims.

2) Second methodology (this methodology may be easier):

FP claims /total claims \* cost of processing total claims = **expenditures/costs/amount for FP claim processing or purchase/outsourcing FP services.**

Here, the “costs of processing total claims” could be the administration costs of processing the claims, similar to the first methodology.

NOTE: in either the first or second methodology, please substitute “claims [of policy holders]” with “claims/reimbursements [to FP services providers]” in the cases of FP service providers.