



CASE MANAGEMENT POLICY

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Member has been issued with a valid membership card.	7
Cash payment is in excess of TSH 100,000 or equivalent unless prior authorization is obtained from AIT.	7
Payment is made to or for unauthorized non-emergency services, procedures, drugs, dental and optical services by unaccredited service provider or pharmacy unless prior authorization is obtained from AIT.	7
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1. INTRODUCTION TO CASE MANAGENT

Case management is a one of the sub derpatment in operations deparment it mainly deals with pre authorization of valid inpatient cases, dental, optical and high hand cost like MRI, CT Scan, same day surgery (SDS) eg.Evacuation, colonoscopy, laparoscopic surgery,OGD etc.

2. OBJECTIVES

2.1 To ensure quality and proffesional in handling case management related cases

2.2 Cost control

2.3 To ensure timely response to all pre authorization

2.4 To ensure and compare claims and service given

2.5 Timely response to all rescue and reimbursement

3. Pre-authorization for all Inpatient

All inpatient cases within Tanzania and East Africa to be communicated to case management team within 24 hrs by mail or by phone for pre authorization approve, case management team to respond to the request for inpatient case within 15 minutes to 30 minutes after receiving the request from the hospital.

4. Pre- authorization for dental,optical and Investigation

All request for pre authorization for dental , optical and Investigation to be communicated by mail or by phone to case management upon the patient visit the hospital to receive the service, case management team to respond to the request within 5 minutes to 15 minutes upon receiving the request from the hospital.

5. Hospital Visit

All admitted cases to be visited by a case assessor to assess the patient condition, progress and quality of services given to the patient and document it .

6. Reimbursement process

6.1 PROVISIONS OF CLAUSE 5.3.3 OF THE POLICY

The procedure for reimbursement is basically the same to all corporate and individual members, subject to our policy, clause 5:3:3 which clearly states:

'AIT shall not make cash reimbursement under any of the following circumstances where;

- *A member has been issued with a valid membership card.*
- *Cash payment is or in excess of TSH 100,000 or equivalent unless prior authorization is obtained from AAR.*
- *Payment is made to or for unauthorized non-emergency services, procedure, drugs and medicines, dental and optical services by unaccredited PPO or Pharmacy unless prior authorization is obtained from AAR.*
- *Payment of services, procedures, drug, and medicines not covered under the policy.'*

6.2 REQUIRED DOCUMENTATION

For the claim to be payable the following documents must be submitted to the Claims Manager Assemble Insurance Tanzania Limited.

6.21 Duly filled and signed AIT Claim Form,

6.22 Medical report or prescription which matches with claimed refund. Appeared drugs or Laboratory investigations should match with cash receipt etc.

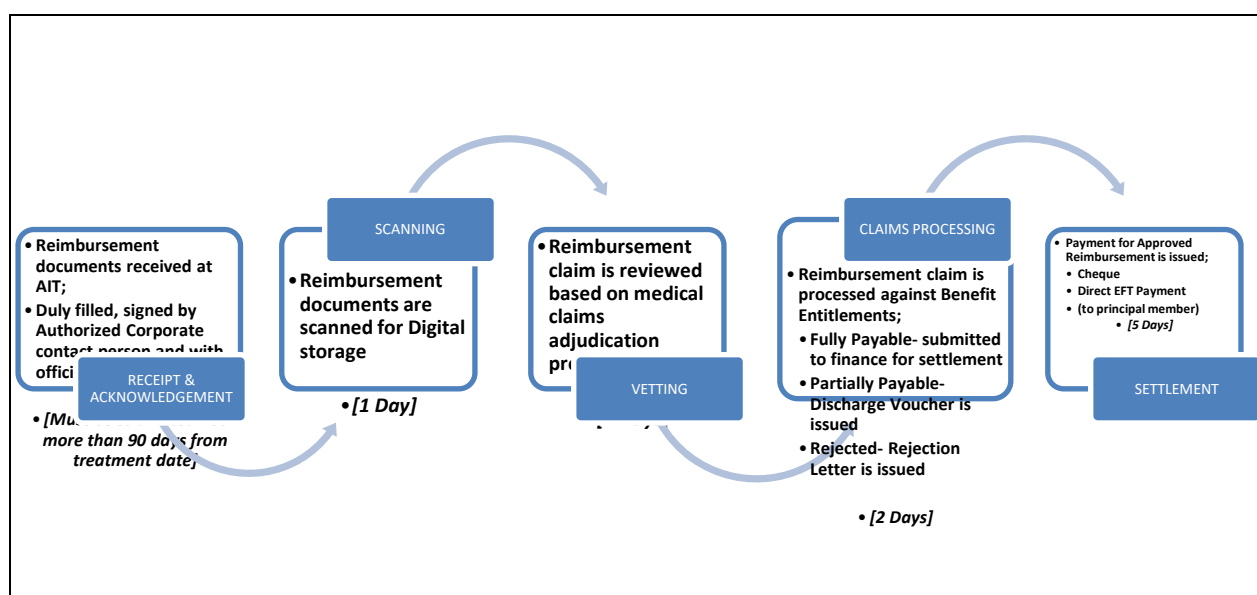
6.23 Original Cash receipt which matches with prescription.

6.24 Requesting letter from the claimer, stating circumstances for not using AAR card offered to her/him, the urgency of the service provided and attached authorization from AAR or expression of the same and any other associating issue.

6.25 The claim should be submitted to Assemble Insurance Tanzania Limited, within 90 days from the date of service.

6.26 If a corporate it should be signed and stamped by HRM

REIMBURSEMENT PROCESS FLOW CHART



6.3 CLAIMS TURN AROUND TIME

When all requirements are met, the claim will be payable to the main member (principal) within 14 working days. Where Discharge Voucher is issued, i.e. for cases of partial payment, member is required to review the content of Discharge Voucher and confirm their acceptance within 30 days from date when Discharge Voucher was issued.

'AIT shall not make cash reimbursement under any of the following circumstances, where;

Member has been issued with a valid membership card.

Cash payment is in excess of TSH 100,000 or equivalent unless prior authorization is obtained from AIT.

Payment is made to or for unauthorized non-emergency services, procedures, drugs, dental and optical services by unaccredited service provider or pharmacy unless prior authorization is obtained from AIT.

Payment of services, procedures, drugs and medicines are not covered under the policy.'

7. Rescue and Evacuation protocol

In the event of an Emergency the client should call the number **0754760790** and provide the details of the incidence in terms of;

7.1 Location

7.2 The condition

7.3 What happened

7.4 The kind of help the client is seeking for, being air and/or road rescue.

7.5 From where to where (to where will be greatly determined by the rescue team depending on the client's condition at the time of the incidence)

NB: If from the health facility a follow up medical report and/or the email should be sent for recording purposes and for the paramedics to submit at the receiving end. The same should not stop the rescue from happening.

The paramedic on duty will then sort for an approval from the manager responsible after assuring the client that, he/she will get back to him/her in 5 minutes time for the proceedings.

Once that is done the paramedic will then advise on the time of arrival and anything to be done in stabilizing the patient while on their way.

NB: Any changes in terms of the time of arrival will be communicated in advance and advising the client on what to do keeping the patient alive.

8. International referral

8.1 Referral letter to be submitted to case management team

8.2 Hospitalization committee to review the case for approve, rejection or ask for the second opinion to another specialist .

8.3 Case management to share the report with providers in India at least three of them for their opinion.

8.4 Feedback to be given to the client within 24 hrs to 48 hrs after submission of report

8.5 Case management to arrange all the procedure for referral including transportation if the patient will be covered for transportation and in case the patient require medical escort AIT will provide one after receiving the recommendation from the treating doctor who wrote the referral letter.

8.6 Assemble Insurance is responsible to facilitate the document for visa processing but will not be liable to pay for Visa fee Charges, and patient will have to apply for visa online themselves.

8.7 Once the patient is admitted abroad case management team will ensure to check daily the prognosis, quality of service and cost of treatment to monitor client benefit limit and to give feedback to the client relative or cooperate.