Assemble
INSURANCE
Your Future is Protected

ASSEMBLE INSURANCE TANZANIA LIMITED

MEDICAL INSURANCE CLAIMS - POLICY AND PROCEDURE MANUAL

LIST OF ABBREVIATIONS

AIT – ASSEMBLE INSURANCE TANZANIA LIMITED

COO – CHIEF OPERATIONSING OFFICER

PNM – PROVIDER NERTWORK MANAGEMENT

PPO – PREFFERED PROVIDER ORGANISATION

WCF – WORKERS COMPASATION FUND

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1.0 INTRODUCTION

i. Scope

Medical insurance claim procedure involves approval of medical services, key in the claims information, checking the contents, relevance and quality of the medical claim brought either by accredited provider or a member. This process is important to make sure the organization pays claims as per client's policy and agreed terms with providers.

ii. Deliverables

1. Proper assessment of submitted claims
2. Monitoring the trend of submitted claims

iii. Objective of Medical insurance Claims policy and procedure manual

The objective of this manual is to define the procedures and activities involved in processing medical insurance claims.

iv. Why department exist

Medical Insurance claim department ensures that medical service providers comply with the agreed national and international treatment standards and price list submitted to AIT. It also makes sure that, Assemble pays eligible claims only as per the client's policy and agreed terms with medical service providers.

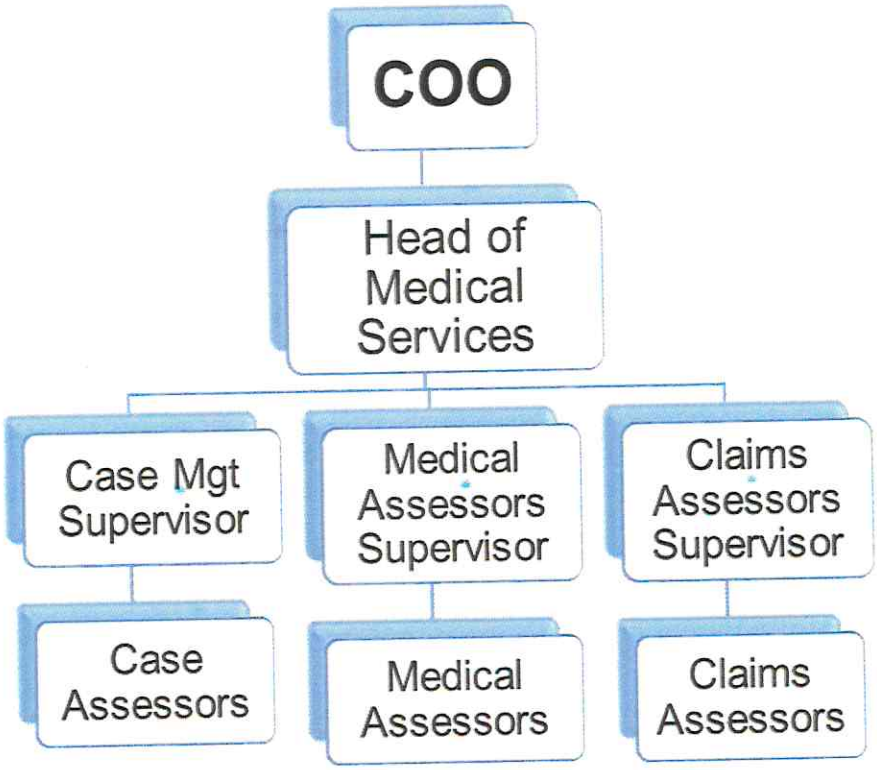
v. Customer expectation

1. Timely processing of claims
2. Proper benefit allocation

vi. Activities undertaken by the department

1. Approval of medical insurance services
2. Key in of claims information
3. Medical claims assessment
4. Allocation of claims to benefit
5. Approval of payable claims
6. Report on department activities

vii. Department structure



2.0 APPROVAL OF MEDICAL INSURANCE SERVICES

Medical Insurance Services that mainly requires pre approval includes, Admission cases, Dental and Optical procedures, Diagnostic investigations like MRI and CT-Scan, Same day surgeries (SDS) E.g. Evacuation, colonoscopy, laparascopic surgery, OGD, Cataract etc.

2.1 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 managent team to respond to the request for inpatient case within 15 minutes to 30 minutes after receivng the request from the hospital.

2.2 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 or via a Smart Health System Pre-authorisation Model to case management, upon the patient visit the hospital to receieve service. Case management team to respond to the request within 5 minutes to 15 minutes upon receiving the request from the hospital.

Note:

Unauthorised Inpatient Claims from Government facilities are excepted from the above condition.

2.3 Hospital Visit

All admitted cases to be visited by a case assessor to asses the patient condition, progress and quality of services given to the patient and document it. For Mwanza and Arusha office Administrators will be visiting admitted members for get well soon wishes.

3.0 REIMBURSEMENT CLAIMS PROCESS

Reimbursement Claim refers to the action of repayment of cash to a person who has spent his/her cash on medical bills for the insured medical treatment.

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 AIT.
- 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 AIT.
- Payment of services, procedures, drug, and medicines not covered under the policy.

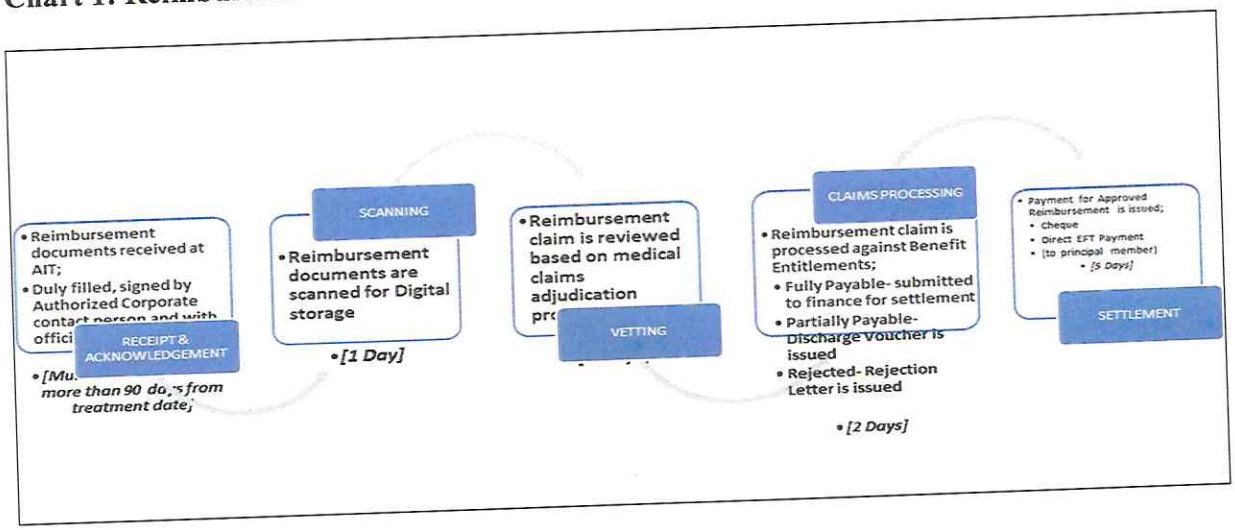
3.1 Reimbursement Claim Supporting Documentation

For the Reimbursement claim to be payable the following documents must be submitted to Assemble Insurance.

i. Duly filled and signed AIT Claim Form
ii. Medical report or prescription which matches with claimed amount. Cost of mentioned drugs or Laboratory investigations should match with cash receipt attached.
iii. Original Cash receipt which matches with costs indicated on prescriptions.
iv. Requesting letter from the claimant, stating circumstances for not using AIT card, the urgency of the service provided and attaching authorization from AIT or expression of the same and any other associating issue.
v. The claim should be submitted to Assemble Insurance Tanzania Limited, within 90 days from the date of service.
vi. If the claimant is a corporate employee, reimbursement claim form must be signed and stamped by the Corporate Human Resource Manager

3.2 Reimbursement Process Flow Chart

Chart 1: Reimbursement Claim Process Flow



3.3 Reimbursement 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.

4.0 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;

- Location
- Medical Condition of the insured Patient
- Details of what happened to the patient
- The kind of help the client is seeking for, being air and/or road rescue.
- 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 the rescue is from health medical 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.

Once that is done the paramedic will then advises 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.

5.0 INTERNATIONAL REFERRAL PROCEDURE

- International Refferal letter to be submitted to case management team
- Hospitalization committee to review the case for approve, rejection or ask for the second opinion to another specilist .
- Case management to share the report with at least three Indian providers in for their opinion and quotation.
- Feedback to be given to the client within 24 hrs to 48 hrs after submission of report
- Case management to arrange all the procedure for refferal including transportation if the patient will be covered for transpotation and in case the patient require medical escort AIT will provide one after receiving the recommendation from the treating doctor who wrote the refferal letter.
- Assemble Insurance is responsible to faciltate the document for visa processing but will not be liable to pay for Visa fee Charges, and patient will have to apply for visa by themselves.
- Once the patient is admitted abroad case manegement 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.

6.0 DATA ENTRY OF CLAIMS INFORMATION

This process refers to capturing/transferring of the claim information written on the physical claim form into a System/database-ready format for claims vetting and make correct payments.

- **Type of Claims Received**

i. **Credit Claims/Invoice**

This received from Accredited Providers where members have accessed services on credit.

ii. **Decline/Suspended Claims/Invoice**

These are invoices/claims that had been returned to the accredited providers due to the claim been un-paid or incomplete claim documentation.

iii. **Ex-gratia Claims**

These are claims that are not AIT Liability but the client is appealing for payment due to good business relation that exist between the two parties. Appropriate approvals must be submitted for an Ex – gratia Claim to paid.

iv. **Reimbursement Claims**

After the medical vetting of the submitted reimbursement claim and the payable amount is agreed by both part, data entry of the claim details is done to facilitate the claim payment process

v. **Funeral Claims**

For a funeral benefit to be paid to a family or employer of the deceased member, data entry department has to key in the deceased information before payment is initiated.

NOTE:

This process involves scanning of the physically submitted claim forms.

➢ **Claims Composition**

A fully documented claims comprise of the following;

- **OUT-PATIENT CLAIM**

  A fully completed claim form signed by the treating doctor and the member indicating the following details;

  - Name of member and phone number
  - Membership number of the member
  - Diagnosis
  - Services provided and
  - Corresponding charges
  - Date of treatment and
  - Declaration signed by the member.
  - Age of patient (not mandatory
  - Corresponding charges
  - Date of treatment and
  - Declaration signed by the member.
  - Age of patient (not mandatory)

- **IN-PATIENT CLAIM**

A fully completed pre authorization form signed by the treating doctor and the member indicating the following details;

  - Name of member
  - Membership number
  - Age of patient (not mandatory)
  - Symptoms requiring treatment
  - Diagnosis
  - Treatment required
  - Date of admission
  - Estimated length of stay
  - Estimated cost
  - Members' signature

The pre authorization form/e-mail approved and signed by AIT or pre authorization details includes;

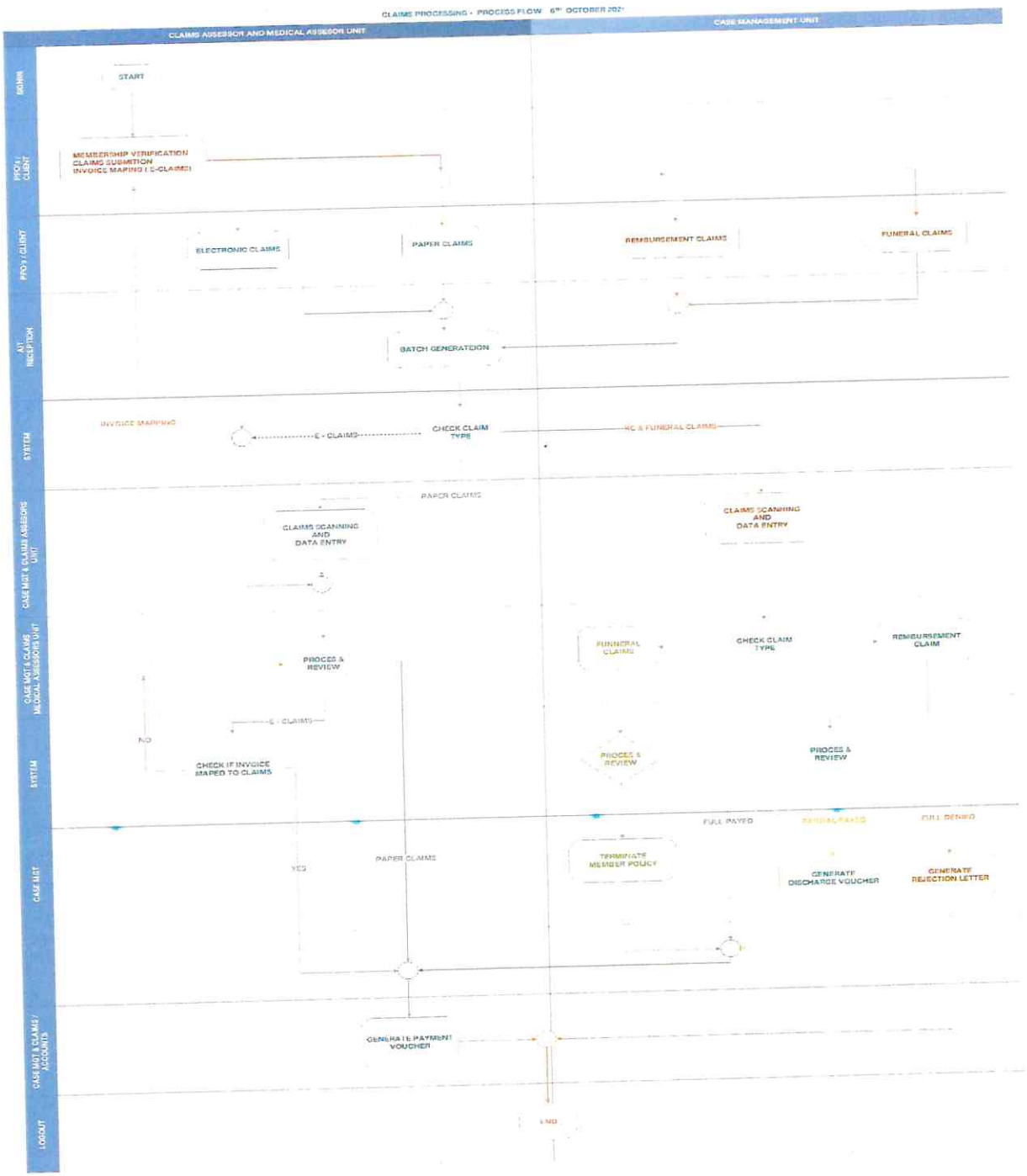
- Authorization number
- Approval of the liability (approved amount)
- Number of approved days

- **DENTAL AND OPTICAL CLAIM**

  Dental and Optical Claims require pre authorization before accessing services.

Medical Claims Chart Flow

Chart 2: Medical Claims Process flow



7.0 MEDICAL CLAIMS ASSESSMENT

There are a number of items which have to be considered when doing claim vetting, these are:

i. Invoice must have provider's name and AIT stamp with received date
ii. Provider is included in the AIT list of accredited service providers
iii. The form has been filled correctly and completely, including having patient signature, Diagnosis and doctor's signature.
iv. Members benefit e.g., dental, optical, chronic must be checked whether or not have been exceeded the allowed limit per product
v. Entitled benefits/ exclusions
vi. Authorization (for Inpatient and procedures), Authorization has to be issued by designated personnel (Case Management Team)
- Services that must have pre authorization includes Maternity procedures, major surgery (Same day surgeries, SDS), Dental and Optical procedures, Physiotherapy, Diagnostic investigation includes MRI, CT-Scan, OGD and chronic drugs more than one month must have an approval, etc.

vii. Identify all work-related injuries and allocate them to WCF Coordinator for follow up

However, apart from those items, there others which have to be considered when dealing with re imbursement claim for foreign treatment. These are;

I. Notification and Authorization (48hours)
ii. Submission of full medical report within 90 days
iii. Proof of travel (Boarding pass, Go and Return)
iv. Original receipt
v. Proof of authorization

7.1 Medical Claim Assessment Process

i. Claim notes filling

All important information required has to be filled as indicated on the claim form. Diagnosis, Doctor's signature and patient signature are vital. When the signature does not appear on the claim forms or debit note, the claim should be considered invalid.

ii. Relevance between symptoms and investigations

Complain / symptoms and investigations written by the doctor have to be related with Investigations done to the patient. Some of the routine investigation i.e. Malaria test, stool and urine microscopy can be allowed. Unrelated investigations are not payable. However, rejections should be evidence based.

iii. Relevance between diagnosis and treatment

Treatment and medicines provided to a patient have to be related. Drugs have to be related to diagnosis appearing on the claim form. However, routine medications like anti helminthiasis and vitamins are allowed especially for kids under 7 years and Maternity cases

iv. Relevance of dosage

Itemization of drugs is important for assessors to confirm if price charged is the same as what appear on the price list. However, some of drugs are normally sold in pack of complete dose therefore might not need itemization on the claim form. Whether itemized or not, rejection should not be done if the price charged is the same as appears on price list. This may require doing simple calculations to confirm. Written communication has to be done to the PPO on any problem identified during vetting.

v. Over service

The term is used when drugs, investigations or treatment provided is more than what could have been provided by a reasonable medical practitioner. Example of over service includes;

- Provision of 2 drugs with the same effect
- Provision of too many drugs, more than what is required to cure a patient
- Order investigations which cannot contribute to the diagnosis
- Order for investigations not related to the symptoms
- Order 2 or more investigations which provide the same interpretation

In case of over service, that case has to be reported to PPO administrator and a written communication has to be done to the respective PPO. If the PPO continues with the over servicing on the next invoice, rejection has to be done and PPO administrator has to arrange the meeting with the PPO discussing the issue.

vi. Overcharge

The term is used when price charged for drugs, investigations and / or treatment is higher than what appear on the agreed price list of the responsible PPO. To reject payment due to overcharge should strictly base on the price list and in case price list is not available reasonable and customary AIT price list should be used.

vii. Separation of duties/Maker Checker

Medical Assessor supervisor together with one medical assessor will be responsible to counter check all the vetting procedure of the entire department.
A medical assessor supervisor will alternate these duties to the medical team member every month/week.

viii. Preparation and Processing of Reconciliation Claims

Reconciliation of rejected claims on the PPO's invoices are prepared by PPN department and Reviewed and approved by Medical Assessor Supervisors. Both PNM and Medical Assessor will attend Claim Reconciliation meeting with Medical Service Provider.

Being important department for the medical insurance company, especially in the country where Medical Service prices are not regulated, all processes in the claims department should be adhered. This guideline aims at achieving the claims control goal, however, individual and team determination is also necessary for AIT to achieve the required result.

Claims and Price Committee

This committee oversees activities under claims. It has scheduled meetings each first Tuesday of the month and it includes the following members:

A. Head of Sale - **Chairman**
B. Chief operating officer
C. PNM supervisor
D. Medical Assessor supervisor - **Secretary**
E. Claims Assessor supervisor
F. Actuarial analyst

The following has to be reported and discussed in the committee.

a) Claims Trend – At AIT Portfolio and PPO Level
b) All claims which may potentially end up in court of law
c) Foreign treatment cases
d) Fraud cases, whether from PPO or insured member
e) Change in the price list from PPO
f) Claims rejection trend

APPENDIX 1: MEDICAL INSURANCE STANDARD BENEFIT SET UP

MAIN BENEFITS (STAND ALONE BENEFITS)

- INPATIENT
- OTPATIENT
- DENTAL
- OPTICAL
- FUNERAL
- CHRONIC MEDICATION – (TO SOME ACCOUNTS)

CLAIMS ALLOCATION TO THE BENEFIT

BENEFIT	MEDICAL SERVICES ALLOCATION
IN PATIENT	
ILLNESS	Theatre Costs, Nursing Fees, ward cost, medical expenses & charges, Surgeons, Anesthetists, Physicians fees, Radiology, MRI and CT scans, Prescribed medicines and drugs, Pathology, diagnostic tests & procedures.
ACCIDENT	Consultations by General Doctors and Practitioners, Theatre Costs, Radiology, MRI and CT scans, Prescribed medicines and drugs, ward cost, Surgeon cost, Anesthetists, Physicians fees, Radiology, Pathology, diagnostic tests & procedures for accident admissions
RESCUE	Life threatening condition, Costs of road or Air ambulance transport required due to an emergency or medical necessity to the nearest available and appropriate medical facility.
INTERSIVE CARE) ICU)	All ICU cost (SUBLIMIT OF ILLNESS)
PRE-EXISTING, CHRONIC AND MAJOR MEDICAL CONDITION	Pre-existing, Chronic conditions and HIV, cancer, organ transplant and kidney dialysis, Radiology, radiotherapy chemotherapy, Pathology, diagnostic tests & procedures Prescribed medicines and drugs, Dialysis. (Also, as per th attached list)

REHABILITATION BENEFIT	External Medical Appliances (including wheelchairs, Crutches, hearing aids)
CONGENITAL CONDITIONS/DEFECTS	Neonatal related complications after birth, It also covers new born costs (admission Complications) for one month before enrolled as a members.
HOSPITAL CASH	Applicable after 3rd day of hospitalization up to 10 days
REPATRIATION	Transportation cost of an insured person's deceased body back to Tanzania when a member dies while in referral treatment outside of Tanzania or international visit
MATERNITY COVER	Routine antenatal visits and laboratory tests (Normal Pregnancy or Ectopic Pregnancy), Early and late ultrasound scans, Medical Abortions, Normal delivery, Elective/Emergency caesarean section (C/S), Post-partum follow up clinics and Routine medication to correct anemia, ward cost, Prescribed medicines and drugs
PSYCHIATRIC TREATMENT	Psychiatric & Mental condition
OUT-PATIENT - STAND ALONE BENEFIT	Outpatient consultation, Diagnostic Laboratory and Radiology services, Primary consultations and treatment to include medical practitioners' fees, prescribed medicines, drugs and dressings-rays, pathology, diagnostic tests & procedures, Outpatient Emergency, SDS (SAME DAY SURGIRIES) Gynecological illnesses
PHYSIOTHERAPY	Prescribed Physiotherapy 3 sessions up to maximum 8 sessions per condition
ANNUAL MEDICAL EXAMINATION	Cost of medical examination
CHRONIC MEDICATION	HIV/AIDS related conditions and prescribed ARVs, Chronic pre-existing and recurring conditions, Prescribed medicines and drugs
OPTOMETRY - STAND ALONE BENEFIT-to be reviewed tomorrow	Consultation cost, All prescribed lenses excluding contac lenses, drugs and Prescribed medicines

DENTAL - STAND ALONE BENEFIT	Consultation, simple extractions, difficult extractions, fillings (temporary, permanent, amalgam, composite GIC). Scaling and polishing, gum surgery, root canal treatment, pulpotomy & minor oral surgery and Prescribed medicines and drugs.
VALUE ADDED BENEFIT	
LIFSTYLE	Hepatitis B, Circumcision, Family planning and Contraceptives
LAST EXPENSE - STAND ALONE BENEFIT	Funeral of an insured member

APPENDIX 2: LIST OF EXCLUSIONS

These are some of the costs and expenses that are not covered by the health Insurance plans

1. Addictive conditions/disorders and alcohol, drug and solvent abuse

AIT does not pay for any treatment required for or arising from any addictive condition or disorder, or misuse and/or abuse of drugs or alcohol, or substance or solvent abuse, even if it is related to prescribe drugs.

2. Bone marrow transplants

AIT does not pay for bone marrow transplants or any other organ transplants unless specially authorized in advance.

3. Contamination

AIT does not pay for the treatment of any conditions arising directly or indirectly from contamination caused from nuclear fission, ionizing radiation or by radioactivity from nuclear fuel or waste.

4. Cosmetic Surgery

AIT does not pay for operations or treatments which are not medically essential, including operations or treatments of a cosmetic nature whether or not such operations or treatments have been advised on treatment grounds.
AIT will, however, pay for a surgical operation to restore client's appearance after an accident, or after surgery for breast cancer, provided the accident and/or breast surgery occurred after the member's date of entry and provided the original treatment for the accident or breast cancer surgery was paid for by us.

5. Criminal Activity

AIT does not pay for any treatment arising from or related to injuries sustained whilst engaging in a criminal or unlawful acts such as but not limited to suicide and abortion.

6. Experimental drugs and treatments

AIT does not pay for any treatment which in AIT's reasonable opinion is experimental, or has not been proved to be effective based on established medical practice.

7. Fetal Surgery

AIT does not pay for surgery undertaken on a child whilst it is in its mother's womb except on emergency cases.

8. Health hydros and sauna baths

AIT does not pay for the use of health hydro's, sauna baths, exercise centers or any similar establishments or private beds registered as nursing homes attached to such establishments or a hospital where the hospital has effectively become the member's home or permanent abode.

9. Infertility

AIT does not pay for investigation and treatment for infertility and all other related procedures once determined is infertility.

10. Menopausal treatment

AIT does not cover the cost of medication/procedure to treat the symptoms of menopause.

11. Professional sports and willful exposure to needless danger

AIT does not pay for treatment required as a result of a member being engaged in any professional sporting activity, or any sport or activity reasonably considered by

us, at AIT's discretion, as being of a dangerous nature without limiting the generality thereof including but not limited to parachuting, gliding, paragliding, parascending, white-water rafting, canoeing, underwater diving involving the use of any artificial apparatus, unless the member holds an open water diving certificate and is diving with another certified diver or the member is diving with a certified instructor, both no deeper than 30 meters below the surface, hand gliding, or bungee jumping; or any occupation reasonably considered by us, at AIT's discretion, as being of a dangerous nature, without limiting the generality thereof, including, but not limited to mining, construction and security unless previously disclosed and accepted by us.

12. Routine and periodic health examinations and vaccinations

AIT does not pay for any medical examinations or routine health checks, vaccination or preventative treatment of any kind unless indicated on the schedule of Benefits.-To share a list

13. Search and rescue

AIT does not pay for search and rescue operations if a member is lost in a remote area.

14. Self-inflicted injuries

AIT does not pay for the treatment of self-inflicted injuries.

15. Travel documents and companion costs

In case of international referral, AIT does not pay for any costs relating to obtaining any traveling documents including but not limited to Passports and visa.
AIT also does not cover for the cost of airfares, hotel accommodation, food or any other cost for referred member's companion or relative of a member who is caring for the member whilst in hospital or being evacuated or under medical confinement of any kind, except for an international referral and the referred member is a child or has a medical condition which does not allow him/her to travel alone, AIT may authorize/provide medical personnel to travel with the patient.

16. Treatment prior to date of entry

AIT does not pay for any treatment that was given before a member's date of entry or after cancellation of membership or during any period for which AIT haven't received premiums

17. Treatment that is not covered under the benefit schedule

AIT does not pay for any treatment that is not covered under the benefit schedule of the Assemble health plan of the member. AIT will not cover any treatment for a previous undeclared chronic condition.

18. Treatment of any person who is not registered

AIT does not pay for any treatment incurred by non-registered dependents of a member or any other person who is not listed on the schedule of insured persons.

19. Treatment by a relative

AIT does not pay for any treatment administered by family, or relatives of a member whether qualified or not.

20. Vitamins, Tonics, Minerals and other food supplements

AIT does not pay for any vitamins, tonics, minerals, and other food supplements etc. except for under five (5) years children, pregnant women and where the same is dispensed on a medical necessity to prevent side effect of a drug that is also dispensed along with such vitamins, tonics, minerals and other food supplements eg Listerine mouth wash, Lozenges, Vitamin B complex, Zecuf syrup etc.

21. Homeopathy, Chiropractor and herbal medicines

AIT does not pay for any treatment of homeopathy, chiropractor and herbal medicines.

22. War Risk

AIT does not pay for treatment of any conditions arising directly or indirectly from or as a consequence of riot, strike or civil commotion, civil war, rebellion, revolution, insurrection or military or usurped power, any declared or undeclared war or the like, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not) and acts of terrorism committed by a person or persons acting on behalf of or in connection with any organization.

23. Act of God

In the event where Assemble is unable to perform its obligations under the terms of this Agreement, despite having taken reasonable precautions, because of acts of God or other causes reasonably beyond AIT control, AIT shall not be liable for any damages resulting from such failure to perform or otherwise from such causes.

24. Pandemics/epidemic/unknown disease

Costs which are directly or indirectly related to a (possible) outbreak of an epidemic or pandemic, as declared and defined by the Government or World Health Organization (WHO), this is including: preventive and/or restrictive measures taken by the authorities, such as travel restrictions and/or bans and keeping the insured, his/her family members and/or travelling companions quarantined, the cost of medical examinations and/or medical treatment of the insured by or on behalf of public authorities.

25. Transportation other than licensed ambulance authorized by Assemble

Assemble Insurance will not cover for any transport costs incurred by member other than services given by licensed ambulance and which was pre-authorized by Assemble

26. Self-international/regional referral

AIT will not cover costs which will be resulting from a member referring his/herself to a facility Outside of Tanzania without AIT pre authorization.

27. Outpatient and Maternity treatment while abroad

Maternity Benefit and Outpatient Benefit including Dental and Optical benefits are covered when visiting local accredited facilities only.

28. Re-imbursement not prior authorized by Assemble

This is an act of using health facility which has not been accredited by Assemble without Assemble pre-authorization and for non-emergency case.

29. Maternity Benefit (If applicable and covered under the Client's policy)

a. Routine antenatal visits and laboratory tests.

b. Early and late ultrasound scans

c. Elective/Emergency caesarean section (C/S)

d. Normal delivery

e. Post-partum follows up clinics

f. Routine medication to correct anemia

a. Benefits under term/ mature babies and preterm/ Premature Babies

Post-natal follow ups are limited to four weeks and in case of any complication arising during labor or delivery or after delivery the new born child will be covered up to

Congenital Benefit of the mother. Thereafter the new born baby should be insured or assemble will not be responsible for the hospital cost.

b. Benefits not covered under Maternity

a. Surgical correction of sex organs abnormalities and differentiation.
b. Induced abortion not medically indicated
c. Voluntary termination of pregnancy

Note:

The above exclusion may be covered only when there is appropriate approval/guidance

This Insurance Claims – Policy and Procedure Manual has been reviewed and approved by the Board of Directors of Assemble Insurance Tanzania Limited.

Date: 27/05/2022

Signature: _____

Name: Agnes Batengas

Designation: Board Chairperson