



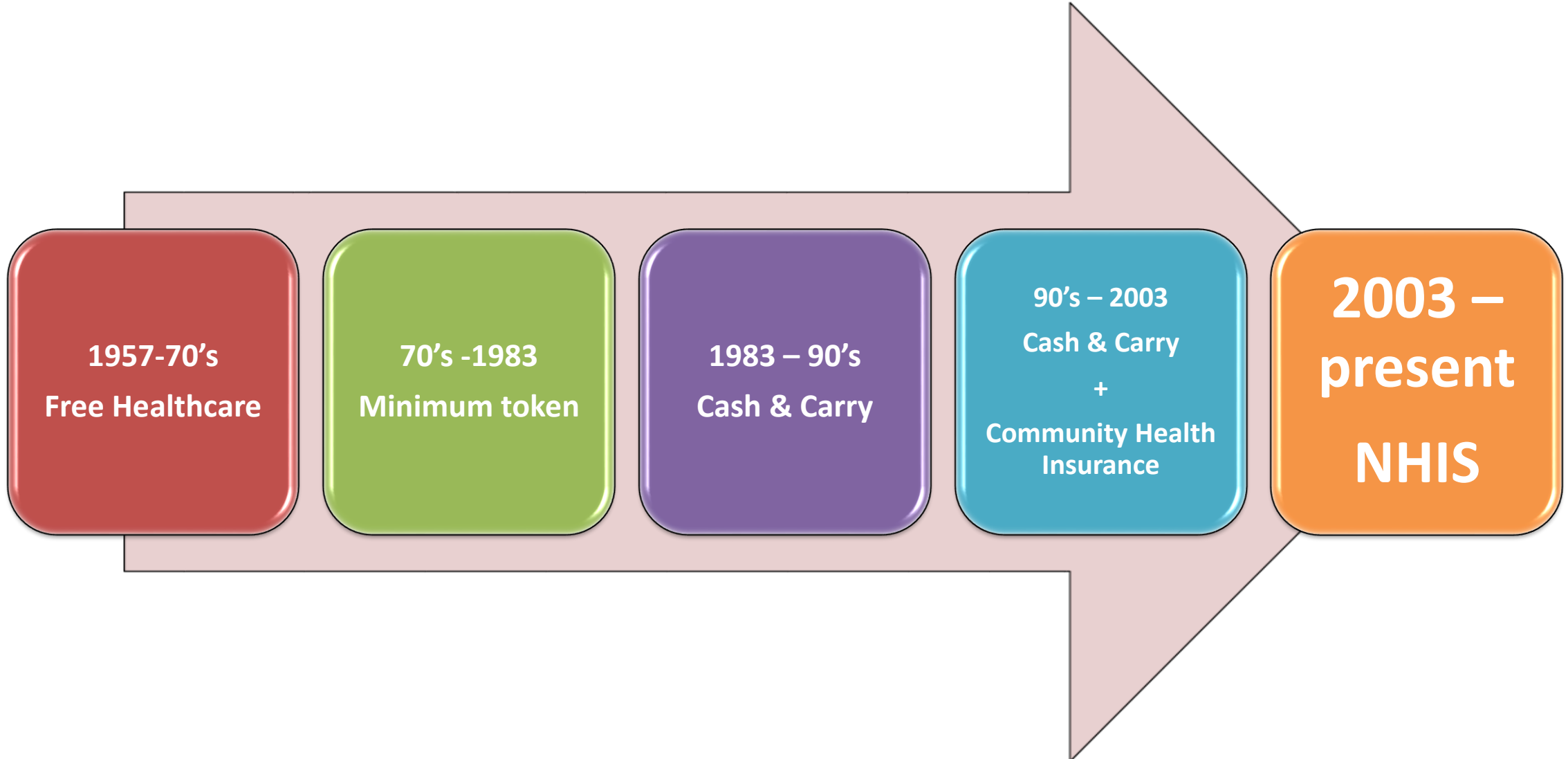
ILO/NHIA M-Renewal Project

14th International Microinsurance Conference
Lusaka, Zambia

Dr. Lydia Dsane-Selby
Deputy Chief Executive, Operations,
NHIA
November 2018



The Story So Far





Mandate of the NHIS



Achieve Universal Health Coverage

UHC is defined as a condition where **all people who need health services (prevention, promotion, treatment, rehabilitation, and palliative care) receive them, without undue financial hardship (WHO 2010)**

UHC consists of three interrelated components:

- 1) Full spectrum of health services according to need
- 2) Financial protection from direct payment for health services when consumed
- 3) Coverage for the entire population



NHIS in Ghana



NHIS Statistics

NHIS Population Coverage



11%
2006



31%
2010



40%
2014 - 2016



165

District Offices



c.3,000

Branch Staff



11.2m

Active Members



c.4,000

Healthcare Providers

NHIS Comprehensive Healthcare Benefits



In-patient



Out-Patient



Medicines

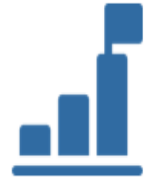


Diagnostics

- NHIS was established in 2003, and has a goal of universal healthcare in Ghana
- NHIS offers comprehensive healthcare scheme to all citizens of Ghana and is heavily subsidised by tax (National Health Insurance Levy)
- The scheme is distributed via a network of 165 branches
- The scheme penetration attained 40% in 2014 and has stayed relatively flat since
- In 2017 NHIS, with support from ILO Impact Insurance Facility, started a project to digitalise the NHIS renewal process aimed at accelerating population coverage**



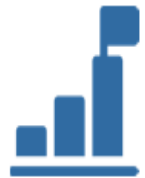
Strategies & Project Objectives



Expand **Population Coverage** and drive towards **Universal HealthCare**



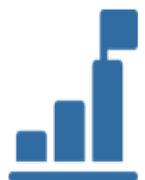
Design an **efficient digital renewal** process that delivers a **desirable user experience** to NHIS members



Reduce **Operational Burden** and **Costs**



Design **digital solutions** that **relieve operational burden** and save cost



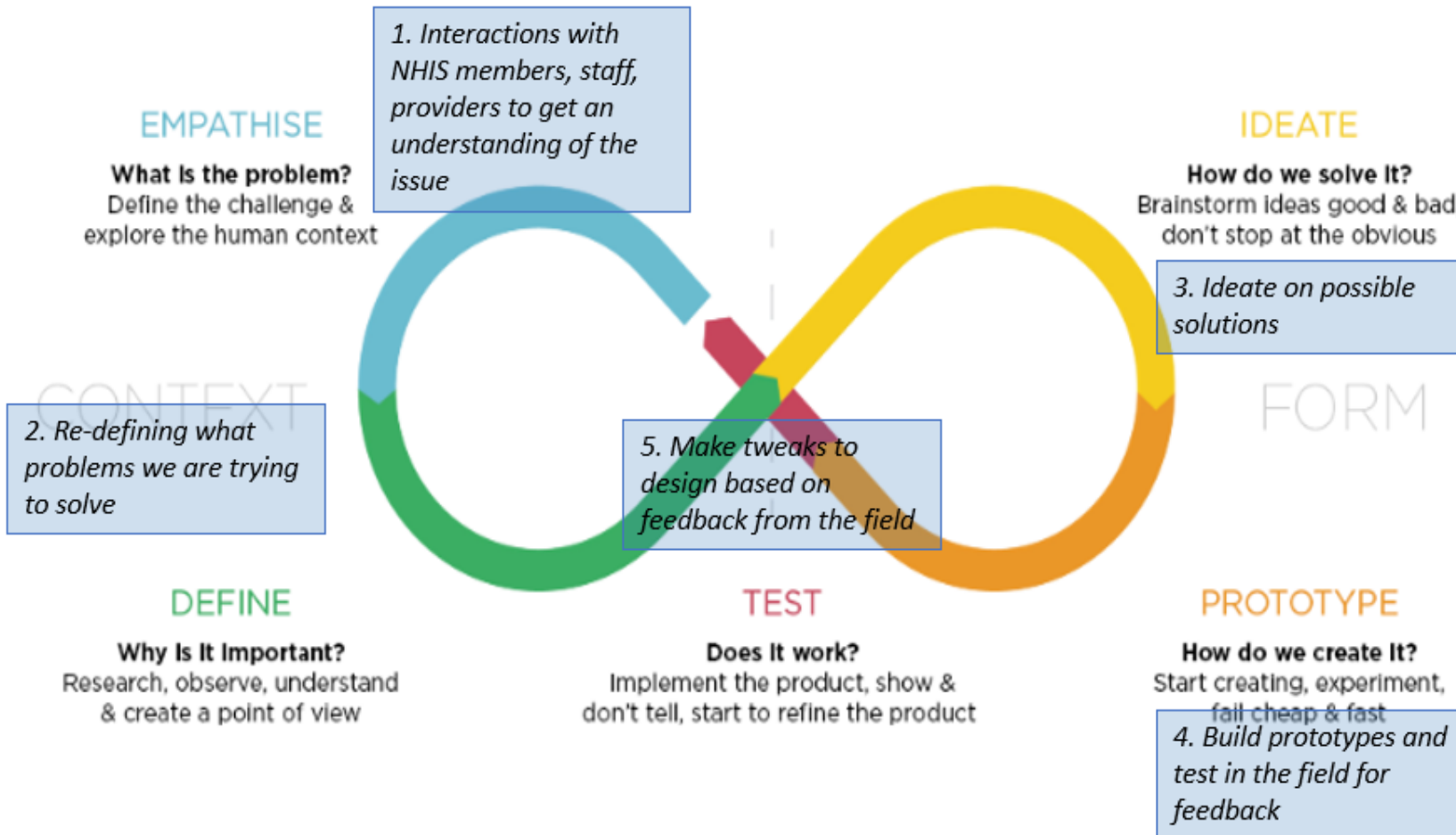
Expand adoption of **biometric identity authentication** to align interests between healthcare providers and NHIS



Design **inexpensive scalable** and **compatible authentication solutions** at healthcare provider sites to discourage fraud



Design Thinking



- An iterative design process employed under the project
- Renewal and Authentication Prototypes underwent at least four different iterations before a minimum viable product was taken forward for implementation
- Non-Biometric Authentication was designed when external dependencies in the Biometric concept delayed the process
- Current solution is continuously evolving based on feedback from the field and the call-centre

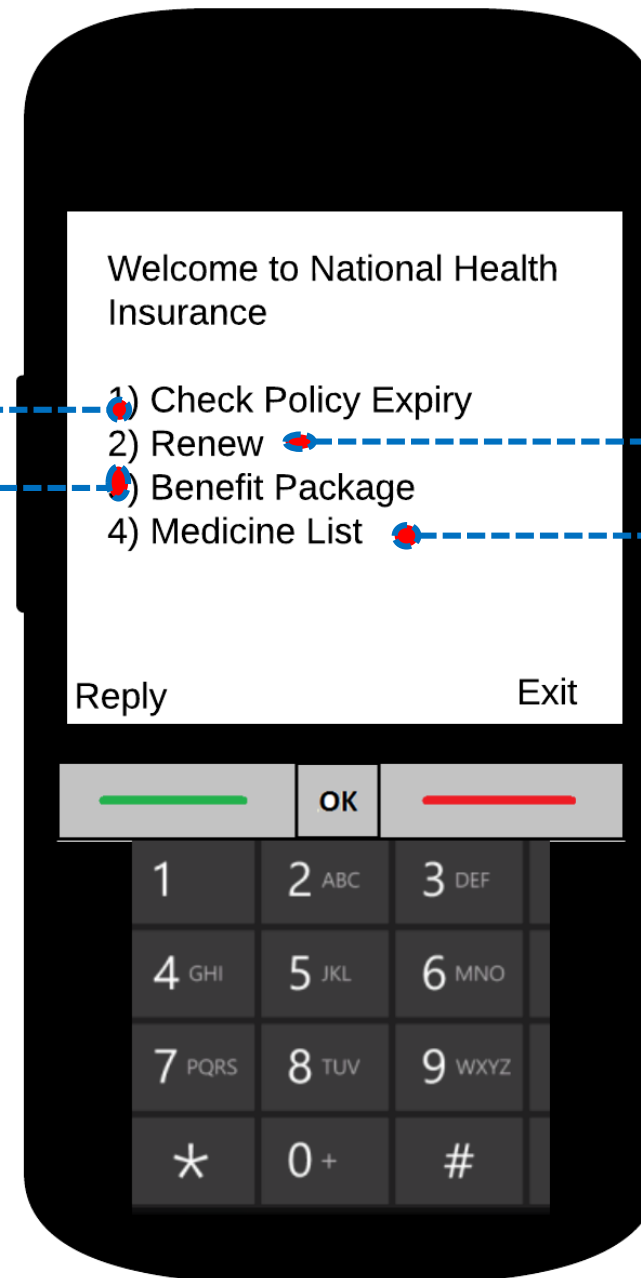


NHIS Mobile Renewals — Dial *842*10#



CHECK EXPIRY: Using this option, members are able to check when their policy is due to expire

BENEFIT PACKAGE: This option gives a brief overview of benefit package with call center number to find out more



RENEW: This option requires NHIS (or GHANA CARD) number, prompts requisite premium amount and completes payment from mobile money wallet

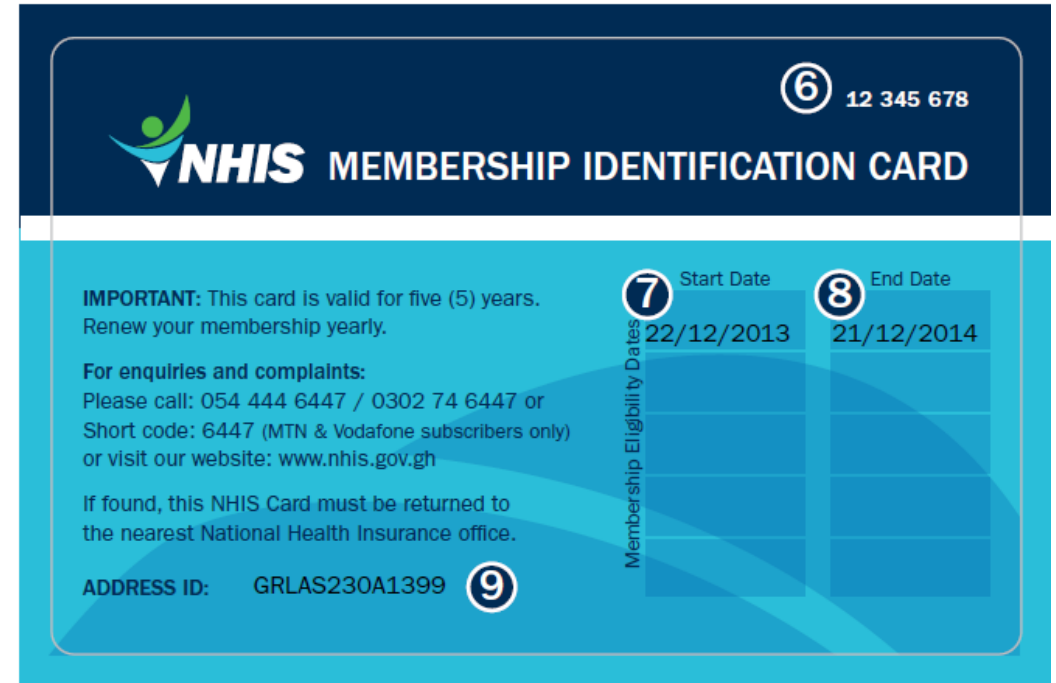
MEDICINE LIST: This option lists top 10 medicines and prompts members to call the NHIS Call Centre to know about comprehensive medicine list and package



Member Authentication



- Expiry Dates will NOT be printed for those opting to renew digitally
- Need to **verify eligibility WITHOUT having to read the card** visually or electronically

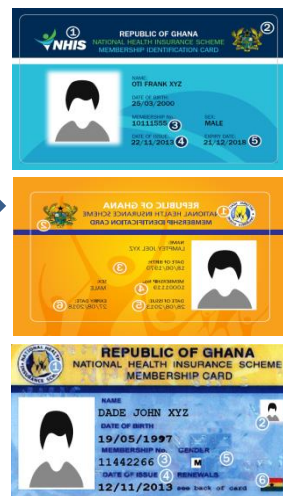




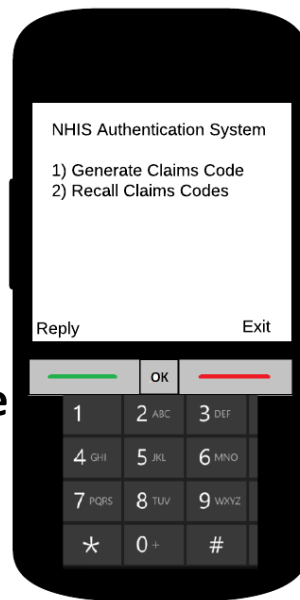
Non-Biometric Authentication Cycle



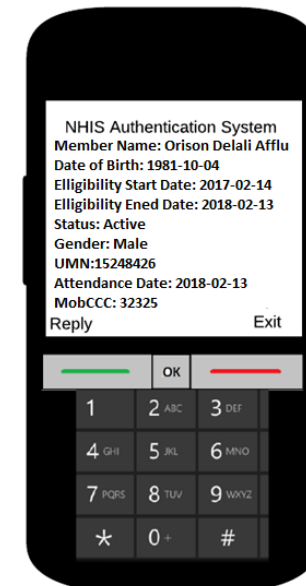
Subscriber with digital
Renewed Card



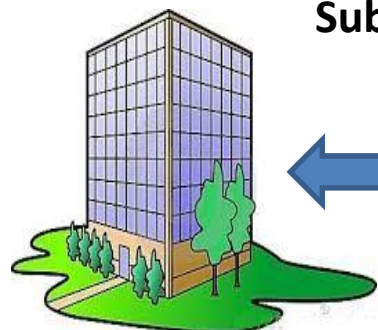
Authenticate
client



Generate CCC



CCC (5 digits code)



Submit claims



Prepare claims

Provide Service



Write CCC on NHIS claims form



SMS received under “Generate Claims Code”



“Be a Citizen not a Spectator”

SMS to Provider

STATUS: ACTIVE

CCC: 12345

NAME: John Doe

Card#: 12345678

DOB: dd/mm/yyyy

GENDER: M

Start: dd/mm/yy

End: dd/mm/yy

SMS to MEMBER

*Dear John Doe,
did you go to XYZ Hospital on dd/mm/yy
Reply ‘2’ to this SMS if you did NOT go*

Benefits

Operational Efficiency

- **Reduction in Operational Burden** at District Offices
- Significant **reduction in costs** relating to ICT infrastructure
- **Reduction in supply chain complexity** relating to printer ribbons and other ICT consumables

Better Member Experience

- **Improved Member Renewal and Registration Experience**
- **Reduced Waiting Times** at District Offices

Increase in Revenue

- **Higher Revenue Mobilisation**
- Digital collection methods **reduce pilferage**



Lessons learnt



Insurance scheme processes are often the same – private/public

- Member experience is important – marketing for renewal/registration
- Member involvement in accountability
- Health insurance fraud measures - low cost



Conclusion



Ghana's NHIS is celebrating 15 years.

The launch of the M-renewal is expected to be a game-changer for population coverage to achieve UHC

Added benefit – cost-containment to address financial sustainability



THANK YOU

