

Editorial

I have been asked a few times recently whether SHIF contribution rates will be increased in 2014.

Well, we have been keeping a close eye on the key factors entering into the Fund's financial equation and an actuarial study has been commissioned, aimed at projecting growth in SHIF expenditure from 1 January 2014. This study will enable the Management Committee to determine the increase that should be proposed in the base rate of contribution, in order to ensure that the Fund's solvency stands at mid-point at year-end 2017. Delivery of the actuarial study is expected in the 3rd Quarter 2013.

Although, for the fifth year running, the Fund's solvency has been strengthened, at US\$ 59.5 million, the Guarantee Fund now stands only just above the mid-point between its statutory minimum and maximum levels. It is not expected that any net operating deficit recorded at year-end 2013 would bring the Fund's solvency significantly below that midpoint, but this will almost certainly be the case in subsequent years.

So, in answer to the question: it is indeed likely an increase in the base rate of contribution will be required, to constitute adequate reserves and ensure the SHIF remains in good financial shape over the coming two biennia.

Chances are you are aware of discussions taking place between the ILO and ITU administrations regarding how best to address differences in the net operating results, to ensure that the SHIF's solvency is maintained through equitable contributions from the two organizations and their insured groups. The outcome of these discussions will almost certainly have a determining impact on the Fund's structure.

For this reason, **the SHIF Management Committee has decided to schedule a General Meeting before year-end 2013.** At the General Meeting, it can reasonably be expected that the Management Committee will be in a position to communicate to you the outcome of discussions between the ILO and ITU administrations, as well as the base rate of contribution for the 2014-17 period.

This issue of the Newsletter also focuses on decisions taken by the Management Committee regarding Code 2.2 ("Accommodation in hospital or clinic") and Code 2.4 ("Cures") of the SHIF Schedule of benefits. **These decisions are reflected in the 2012 version of the SHIF Regulations and Administrative Rules available on the SHIF website.**

The changes to the rules governing Code 2.2 establish a fairer balance between reimbursements in respect of accommodation and the reimbursement of other costs associated with in-patient treatment, where the cost of that treatment are invoiced as a global charge. The changes to the rules governing Code 2.4 strengthen the Fund's ability to apply due diligence in controlling expenditure.

In this NewsLetter, you will find pointers on how you can help your Claims Adjusters help you. I hope you will take time to carefully read these tips, because – to be efficient and accurate – your Claims Adjuster's rely on you to submit well organized, well documented and fully receivable claims.

The Claim for Reimbursement form will soon be available on-line to all SHIF insured persons. You will be able to download the form and fill it in on your computer before signing and returning it to the SHIF, as usual, along with original supporting documentation.

Clifford Kunstler, *Executive Secretary*

Benefits in respect of in-patient treatment invoiced as a global charge

What's the change?

The rules governing Code 2.2 ("Accommodation in hospital or clinic") of the SHIF Schedule of Benefits are amended as follows:

- Paragraph 3 reads: "When a global charge is made, *one-third of the global charge will be attributed to accommodation and two-third to medical care* a maximum approved expense of reference will be attributed to accommodation and the balance of the global charge to medical services. The ordinary benefit maximums stated in paragraph 1 above will, however, apply."
- A 4th paragraph is added: "The maximum approved expense of reference from 1 July 2011 is USD 550.00."
- A 5th paragraph is added: "Where the maximum approved expense of reference exceeds one third of the daily global charge, one third of the global charge will be attributed to accommodation and the balance of the global charge to medical services. The ordinary benefit maximums stated in paragraph 1 above will, however, apply."

Why the change?

Are current caps on benefits in respect of accommodation in hospital or clinic adequate? Well, after careful review, the SHIF Management Committee has found that they are - except where a global charge in respect of in-patient treatment is high, but the period of confinement is relatively short.

The amendments to Code 2.2 of the SHIF Schedule of Benefits are aimed at maintaining a fair balance between reimbursements in respect of accommodation and the reimbursement of other costs associated with the in-patient treatment.

Can we have some examples?

Example 1: A global charge of USD 10'000.00 is made in respect of in-patient treatment lasting 3 days. The place of treatment is Switzerland.

Currently, one third of that charge (USD 3'333.33) is allocated to accommodation and the reimbursement is capped at USD 400.00 X 3 days, i.e. 1'200.00. The USD 6'666.66 balance is reimbursed at a rate of 80.0 per cent (USD 5'333.33), leaving a non-reimbursed amount of USD 3'466.67.

From 1 July 2011, the amount of USD 550.00 X 3 days (USD 1'650.00) will be allocated to accommodation. The reimbursement will still be capped at USD 400.00 X 3 days, i.e. 1'200.00. With balance of USD 8'350.00 reimbursed at a rate of 80.0 per cent (USD 6'680.00), the non-reimbursed amount is USD 2'120.

Example 2: A global charge of USD 3'000.00 is made in respect of in-patient treatment lasting 3 days. The place of treatment is Addis Ababa.

Because one third of that charge (USD 1'000.00) is lower than USD 550.00 X 3 days (USD 1'650.00), the current system of sharing the global charge between costs associated with accommodation and the other costs associated with the in-patient treatment remains unchanged.

Reimbursements in respect of cures (Code 2.4 of the SHIF Schedule of Benefits) subject to prior approval

What's the change?

The payment of benefits in respect of cures is from now on subject to prior confirmation from the Fund's Medical Adviser that the cure is part of a course of treatment of an already present pathology.

So, if you are considering a cure in the future, we urge you to take into account this prior approval rule.

Why the change?

Is this aimed at reducing benefit expenditure? No, certainly not. A review of the cures in respect of which benefits have been paid has shown that – all too often – the treatment received has not been consistent with the stated medical condition.

So, why the change? The change is simply aimed at focusing the payment of SHIF benefits on more effective healthcare. **Please bear in mind that costs in respect of thalassotherapy cures will generally not be considered eligible for reimbursement.**

Thinking about a proxy ?

Chances are you are wondering how you would be able to access your SHIF benefits if, because of illness, injury or the effects of aging, you were unable to lodge a claim.

You may wish to empower a family member or a close friend to act by proxy on your behalf, should your state of health prevent you from doing so yourself. If you are retired or approaching retirement, consider appointing a person younger than yourself to represent you.

Below, we suggest a proxy wording.

Don't forget, the signing of your proxy must be witnessed!

I, the undersigned, Mr./Ms. (enter first name, last name), born (enter date of birth) at (enter city of birth, country of birth), residing at (enter full address), insured person of the ILO/ITU Staff Health Insurance Fund (SHIF) hereby authorize Mr./Mrs. (enter first name, last name), born (enter date of birth) at (enter city of birth, country of birth), residing at (enter full address), to act by proxy on my behalf with the SHIF regarding all matters associated with my health insurance, including (but not limited to) the lodging of claims and the sharing of medical information.

It is, however, understood that this proxy does not extend to the modification of my beneficiary bank account details, nor to changes to my status as a SHIF insured person or to the status of my insured dependants, which must be ordered by me.

Signed at (enter place of signature) on (enter date of signature)

(signature)

Insured person

(signature)

Person authorized to act by proxy

Proxy witnessed by (enter first name, last name), born (enter date of birth) at (enter city of birth, country of birth), residing at (enter full address).

(signature)

Witness

Here's how you can help your Claims Adjuster help you!

Your SHIF Claims Adjusters are dedicated to timely and accurate claim settlement. But the speed and accuracy of claim settlement is linked to the timeliness and quality of your claims submissions.

Here are a few pointers on how you can help ensure that your claims are settled rapidly.

Submit your Claims for Reimbursement regularly. Reasonably grouping invoices is fine, but overly bulky claim submissions slow the workflow down.

So often, where invoices are grouped and totals shown on a single line, your Claims Adjuster struggles to match invoices with inaccurate totals.

Also, remember that the longer you wait to submit your claim, the greater the risk that you will damage or misplace invoices, prescriptions and proofs of payment.

Make sure that your Claim for Reimbursement is complete, legible and signed.

Write clearly and fill in all the required information, without forgetting your personal number. Having to rectify or decipher your Claim for Reimbursement slows your Claims Adjuster down.

Fully document your claims and staple the documentation to your Claim for Reimbursement form.

Be sure to provide all prescriptions required in the Schedule of Benefits and Administrative Rules.

Claims Adjusters are required to return claims that are not fully documented. This is frustrating for you and for them. When documenting your claim, be sure that prescriptions are dated and that dates of treatment are shown on all invoices issued by healthcare providers.

Please remember that, except where presented in English, French or Spanish, all documentation must be translated.

Be organized. Attach prescriptions and proofs of payment to the corresponding invoices. And don't forget that originals only are accepted.

Well organized claims are settled faster. You can help your Claims Adjuster by attaching prescriptions and proofs of payment to the corresponding invoices and placing them in the same order as that in which they are entered on your Claim for Reimbursement,

If a prescription is valid for more than one purchase of medication, please submit the original prescription with your claim in respect of the first purchase and a photocopy of the prescription with your claims in respect of subsequent purchases.

Comply with the rules. Make sure that costs entered on your Claim for Reimbursement relate only to eligible treatments, medications services and equipment

Where an invoice – for example, related to the purchase of medications – includes both costs eligible for reimbursement and non-reimbursable costs, indicate the eligible costs in a cover note and enter only these on your Claim for Reimbursement form. Do **not** use highlighter