## SHIF Outlook - No 10/2020 Annual Report 2020

Quarterly report on the operations of the Fund (Restricted circulation, SHIF MC members)

| Value, Number and Average of Claims (HIIS Data) |  |  |
| :--- | :--- | :--- |
| Total Benefits paid (USD) | \# of claims | Average value per claim (USD) |
| $45,635,301$ | 55,712 | 819 |


| Value, Number and Average of Claims (Direct payments) (HIIS Data) |  |  |  |
| :--- | :--- | :--- | :---: |
| Total Benefits paid (USD) | \# of claims | Average value per claim (USD) |  |
| *HIIS Data | $14,253,281$ |  |  |


| Value, Number and Average of Claims (non - Direct payments) (HIIS Data) |  |  |  |
| :--- | :--- | :--- | :---: |
| Total Benefits paid (USD) | \# of claims | Average value per claim (USD) |  |
| $31,382,020$ | 53,863 |  |  |
| ${ }^{*}$ HIIS Data | 583 |  |  |


| Value, Number and Average of Paper Claims (HIIS Data) |  |  |  |
| :--- | :--- | :--- | :---: |
| Total Benefits paid (USD) | \# of claims | Average value per claim (USD) |  |
| 2HIIS Data | 16,666 |  |  |
| 20,523,804 |  |  |  |


| Value, Number and Average of On-line Claims (HIIS Data) |  |  |  |
| :--- | :--- | :--- | :---: |
| Total Benefits paid (USD) | \# of claims | Average value per claim (USD) |  |
| *HIS Data | $37,858,215$ | 37,197 |  |

Description of the claims financial data by intervals and frequencies (HIIS Data):

| Intervals (USD) | Frequency | Value | $\%$ |  |
| :--- | ---: | :--- | ---: | ---: |
| $0-500$ | 41,634 | $5,801,768$ | $74.7 \%$ | $12.7 \%$ |
| $501-1.000$ | 6,249 | $4,420,350$ | $11.2 \%$ | $9.7 \%$ |
| $1001-5000$ | 6,083 | $12,562,358$ | $10.9 \%$ | $27.5 \%$ |
| $5.001-10.000$ | 1,095 | $7,482,084$ | $2.0 \%$ | $16.4 \%$ |
| $10.001-20.000$ | 403 | $5,510,493$ | $0.7 \%$ | $12.1 \%$ |
| $20.001-30.000$ | 133 | $3,232,140$ | $0.2 \%$ | $7.1 \%$ |
| $>30.000$ | 115 | $6,626,107$ | $0.2 \%$ | $14.5 \%$ |
| Total | 55,712 | $45,635,301$ | $100 \%$ | $100 \%$ |
| *HIIS Data |  |  |  |  |

*HIIS Data

Type of insured members who submitted at least one claim:

- A total of 35,833 claims were submitted for 2,955 staff members and 3,355 dependents.
- A total of 17,727 claims were submitted for 1.685 retirees and 899 dependents.
- A total of 1,941 claims were submitted for 298 survivors and 31 dependents.
- A total of 211 claims were submitted for 33 external voluntary insured.

Description of the claims financial data by type of insured members:

| Member Type | Total Benefits (USD) | \# of claims | Average value (USD) | \% Total Ben. | \% of Claims |
| :---: | ---: | :--- | ---: | ---: | ---: |
| External voluntary | $\mathbf{6 2 1 , 7 1 1}$ | $\mathbf{2 1 1}$ | $\mathbf{2 , 9 4 6}$ | $\mathbf{1 . 4 \%}$ | $\mathbf{0 . 4 \%}$ |
| Dependant | 1,696 | 1 | 1,696 | $0.0 \%$ | $0.0 \%$ |
| Paying member | 620,014 | 210 | 2,952 | $1.4 \%$ | $0.4 \%$ |
| Retiree | $\mathbf{2 6 , 8 9 1 , 2 4 3}$ | $\mathbf{1 7 , 7 2 7}$ | $\mathbf{1 , 5 1 7}$ | $\mathbf{5 8 . 9 \%}$ | $\mathbf{3 1 . 8 \%}$ |
| Dependant | $7,659,569$ | 5,726 | 1,338 | $16.8 \%$ | $10.3 \%$ |
| Paying member | $19,231,674$ | 12,001 | 1,603 | $42.1 \%$ | $21.5 \%$ |
| Staff member | $\mathbf{1 2 , 5 5 7 , 4 4 9}$ | $\mathbf{3 5 , 8 3 3}$ | $\mathbf{3 5 0}$ | $\mathbf{2 7 . 5 \%}$ | $\mathbf{6 4 . 3 \%}$ |
| Dependant | $5,548,858$ | 17,112 | 324 | $12.2 \%$ | $30.7 \%$ |
| Paying member | $7,008,590$ | 18,721 | 374 | $15.4 \%$ | $33.6 \%$ |
| Survivor | $\mathbf{5 , 5 6 4 , 8 9 8}$ | $\mathbf{1 , 9 4 1}$ | $\mathbf{2 , 8 6 7}$ | $\mathbf{1 2 . 2 \%}$ | $\mathbf{3 . 5 \%}$ |
| Dependant | $5,538,876$ | 1,903 | 685 | $0.1 \%$ | $0.1 \%$ |
| Paying member | $\mathbf{4 5 , 6 3 5 , 3 0 1}$ | $\mathbf{5 5 , 7 1 2}$ | $\mathbf{2 , 9 1 1}$ | $12.1 \%$ | $3.4 \%$ |
| Grand Total |  | 819 | $\mathbf{1 0 0 . 0 \%}$ | $\mathbf{1 0 0 . 0 \%}$ |  |

*HIIS Data
Amounts of benefits paid by region:

| Provider Area | Total Benefits (USD) | \% of Total Benefits | Total \# of invoices | \% of \# of Invoices |
| :--- | ---: | ---: | ---: | ---: |
| AFRICA | 773,088 | $1.7 \%$ | 9,378 | $6.5 \%$ |
| AMERICA | $3,914,306$ | $8.6 \%$ | 17,361 | $12.0 \%$ |
| ASIA | $2,951,931$ | $6.5 \%$ | 22,902 | $15.8 \%$ |
| EUROPE | $3,690,315$ | $8.1 \%$ | 14,786 | $10.2 \%$ |
| France | $3,965,073$ | $8.7 \%$ | 22,563 | $15.6 \%$ |
| Switzerland | $30,340,588$ | $66.5 \%$ | 57,652 | $39.9 \%$ |
| Grand Total | $\mathbf{4 5 , 6 3 5 , 3 0 1}$ | $\mathbf{1 0 0 . 0 \%}$ | $\mathbf{1 4 4 , 6 4 2}$ | $\mathbf{1 0 0 . 0 \%}$ |

Pie chart by region (year 2020)


Claims entered in HIIS by the claim adjusters ${ }^{1}$ :

|  | Oct | Nov | Dec | Q4 2020 | 2020 | 2019 |
| :--- | ---: | ---: | ---: | ---: | ---: | ---: |
| Claims entered | 5,167 | 4,940 | 4,444 | 14,551 | 54,751 | 52,317 |
| Invoices entered | 11,991 | 12,100 | 9,481 | 33,572 | 142,439 | 163,171 |
| $\#$ invoices / claims | 2.3 | 2.4 | 2.1 | 2.3 | 2.6 | 3.1 |
| Turn over Time (days) | 12.1 | 17.2 | 15.5 | 15.0 | 13.7 | 16.7 |

Table of claims and invoices paid for the year 2020.

| Jan-Dec 2020 | Paper Claims | Direct Payments | On-line Claims | Total |
| :--- | ---: | ---: | ---: | ---: |
| Claims paid | 16,666 | 1,849 | 37,197 | $\mathbf{5 5 , 7 1 2}$ |
| Invoices paid | 73,971 | 2,658 | 68,013 | $\mathbf{1 4 4 , 6 4 2}$ |
| \# invoices / claims | 4.4 | 1.4 | 1.8 | $\mathbf{2 . 6}$ |
| Turn over Time (days) | 18.0 | 2.9 | 13.7 | $\mathbf{1 3 . 7}$ |

* The total number of claims do not exactly match due to different claim status.

Graph evolution of turn over time, by month and by year.

*HIIS Data

[^0]Number of insured per categories:

| Type paying member | 31 Dec 2020 |
| :--- | ---: |
| Staff | 3,674 |
| Dependent Spouse (Staff) | 1,405 |
| Dependent Children (Staff) | 3,520 |
| Retired | 1,937 |
| Dependent Spouse (Retired) | 872 |
| Dependent Children (Retired) | 120 |
| Survivors | 398 |
| Dependent Children (Survivors) | 35 |
| Vol. Covered Parent | 5 |
| Vol. Covered/Non-Dep. Child | 362 |
| Vol. Covered/Non-Dependent Spouse | 75 |
| Vol. Covered / Non-Dependent Other | 4 |
| External Voluntary | 48 |
| Grand Total | $\mathbf{1 2 , 4 5 5}$ |

Graph evolution number of insured per month:


Total benefits paid by service type:

| Type of benefit | Code | Amount USD |
| :--- | :--- | ---: |
| Doctor's services | 1.1 | $5,501,143$ |
| X-rays, laboratory and other tests | $1.3,1.4, \mathrm{C}$ | $2,820,175$ |
| Functional rehabilitation | 1.5 | $1,066,108$ |
| Psychoanalysis and psychotherapy | 1.7 | 780,088 |
| Public ward at global fee | 2.1 | 904,359 |
| Hospital accomodation/clinic accomodation | 2.2 | $1,414,243$ |
| Medical care | $1.2,2.7$ | $17,299,070$ |
| Post-operative convalescence | 2.3 | 388,494 |
| Other convalescences and cures | 2.4 | 2,514 |
| Nursing care | $1.6,2.5,2.6,2.6 \mathrm{~b}$ | $5,948,526$ |
| Prescribed medicaments | 3 | $3,881,871$ |
| Dental care | 4 | $2,719,011$ |
| Optical | 5.1 | 830,355 |
| Hearing aids | 5.2 | 273,599 |
| Other appliances | $5,5.3,5.4,5.5$ | 369,475 |
| Medical travel | $6.1,6.2,6.3$ | 255,164 |
| Funeral costs | 7 | 42,890 |
| Preventive exams, procedures and screenings | 8 | 606,212 |
| Alternative medicines | 9 | 339,786 |
| M.A.P | 10 | 189,914 |
| Total |  | $45,632,997$ |

Difference of USD 52,303.41 due to exchange rate.


[^0]:    ${ }^{1}$ Turn over Time is the period between the submission of the claim by the insured and its processing by SHIF claim adjusters. Lower TOT means faster reimbursement of the claim

