Microcare

'Affordable Access to Quality Healthcare'

UN 19th October 2007

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A Micro Health Insurer targeting informal sector low income groups that expanded up into the formal sector

Founding Directors

- **Dr. Gerry Noble** MB, DCH, DObs, DTM&H
Group CEO and Medical Director
Medical Doctor with 13 years experience in Uganda in Healthcare, Health Management and HIV/AIDS.

- **Francis Somerwell** BA (Econ), Dip Business Admin.
Managing Director Microcare Insurance Ltd and Group Technical Director
IT Specialist with 12 years experience in Uganda in IT, Insurance and Health Management Systems.

Microcare Background

- Started as a not for profit organization in 2000 providing group medical schemes priced for low-income earners

- Developed a unique networked check-in desk health insurance control system to prevent common abuses and enable fast accurate settlement of claims

- Targeted rural and urban both formal and informal sectors

- Commercialized and became a licensed insurer in 2004:

  Now the Largest Health Insurer in Uganda with

  62,000 formal sector clients from 170+ corporations and

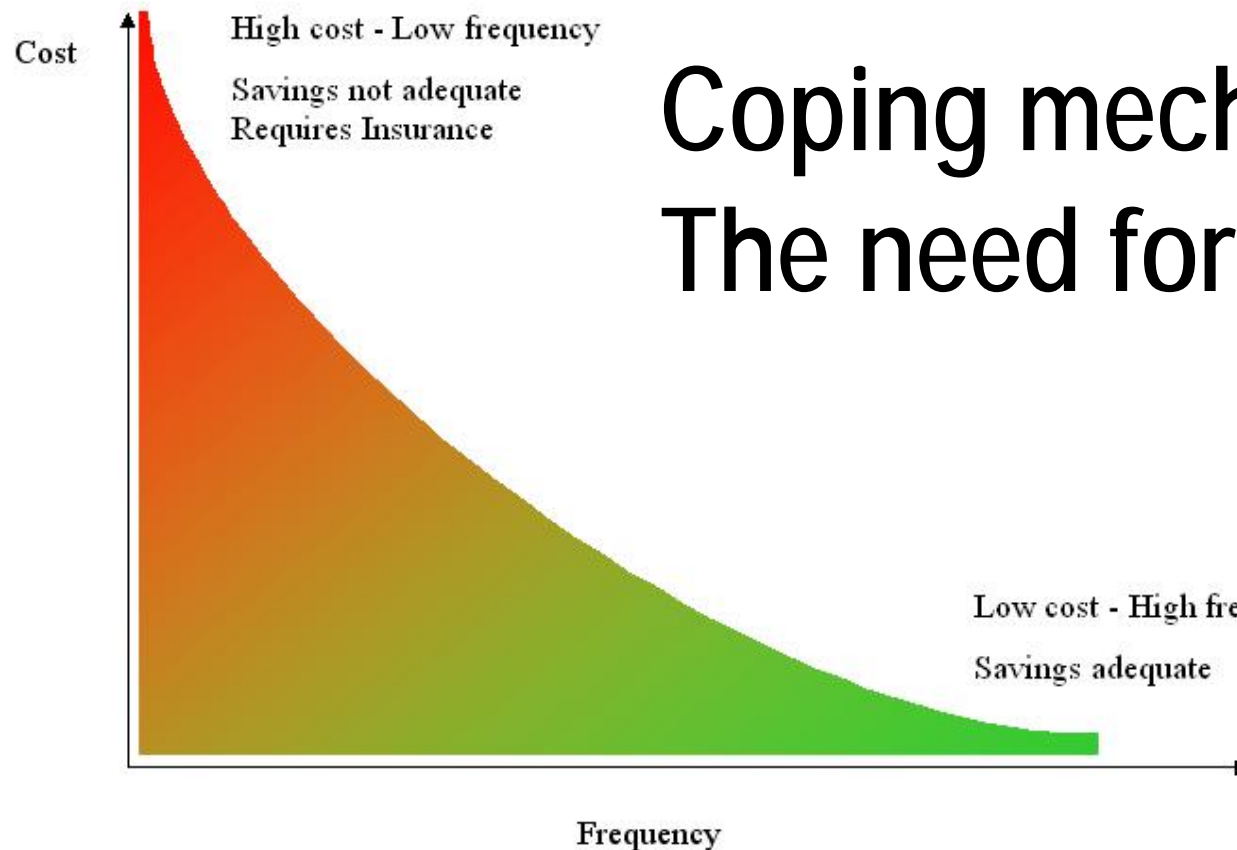 23,000 informal sector community group clients

Microcare's Strengths

- Staff: >80 qualified professionals: Medical, Insurance, IT, Preventive Healthcare & HIV/AIDS Management
- Choice: > 170 approved hospitals/clinics countrywide

- On-site support: Customer Care and Claims Processing Our own service terminals in selected hospitals & clinics

- Ongoing clinical supervision: Guarantee quality care

- Tailor made schemes: For client's specific requirements

- Integrated preventive health programs: Tangible benefit

- IFC approved corporate HIV program

The Spectrum of Risk

Insurance
Mechanisms

Coping mechanisms &
The need for insurance

Cost

High cost - Low frequency

Savings not adequate
Requires Insurance

Low cost - High frequency

Savings adequate

Savings
Mechanisms

Frequency

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# Micro-Insurance: Who benefits? microcare

Wealth Levels:

■ Access Higher Level Financial Services –Traditional Insurance Clients – No Need

■ Micro-Finance & Micro Insurance Target Clients – Need & Can Afford

■ Too Poor to Access Micro-Finance or Micro-Insurance – Need ++ BUT Cannot Afford

'Poverty Line'

'The poorest of the poor are too poor!' Graham Wright- Micro Save Africa

Wealthy

Non-Poor

Vulnerable Non-Poor

Moderate Poor

Very Poor

Destitute
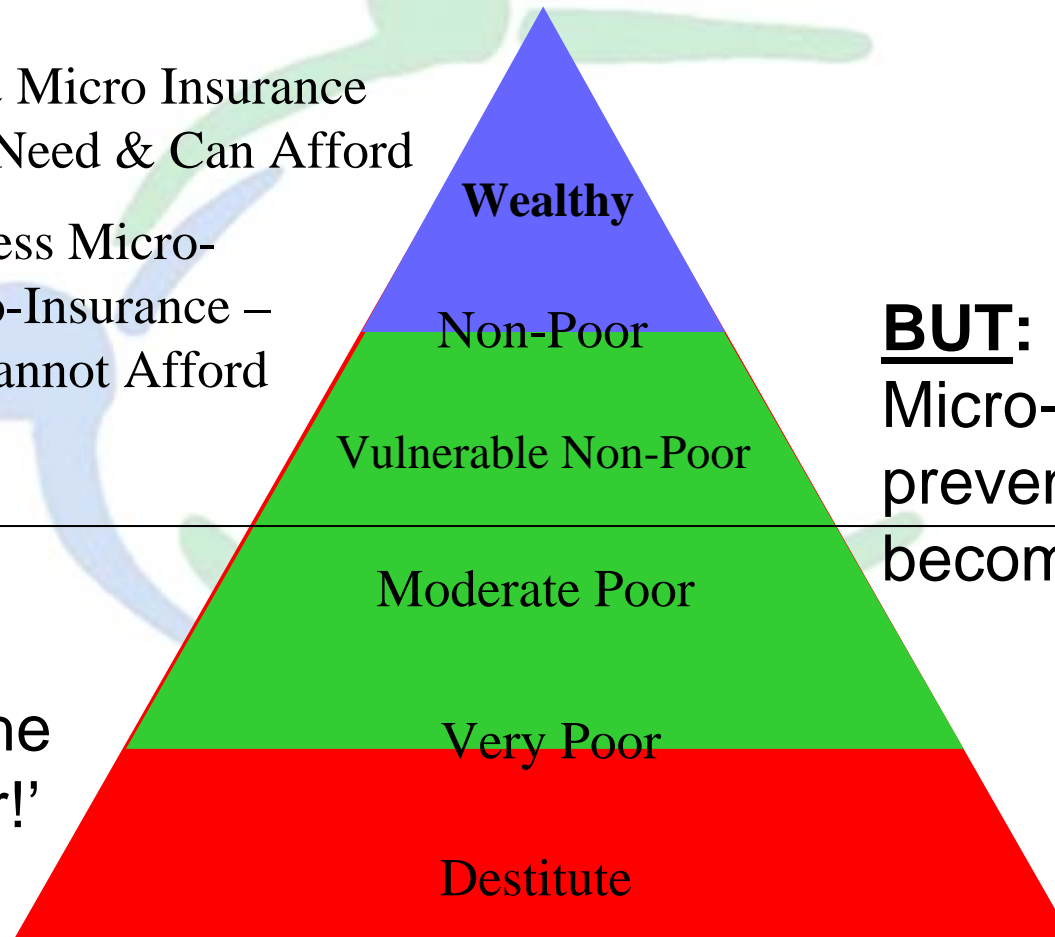
BUT:
Micro-Insurance prevents the poor becoming poorer

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IT Capacity and Systems:

- Photo smart ID card with bio-metrics

- Robust Oracle Database

- Data connectivity through VSAT and GPRS protocol

- Real-time claims processing through unique networked hospital check-in desk system

- Ongoing in-house software development & support with hardware & networking backup

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Chip Based Photo ID Card

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MEDICAL CARD

Plot 23 Prince Charles Drive, Kololo
P.O Box 29252 Kampala, Uganda
Tel: 041 235120, 031 264450
Fax: 041 236465
E-mail: info@microcare.co.ug

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Kisiizi Branch

Group: **KISIIZI FALLS**

Name: **BEEBWA NAZARIO**   ID No:**KIZ004290010**

Chip card

Chip card reader

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- Member & dependants details

- Ceiling limits

- Can hold client details including biometrics code

- Rolling record: last 40 entries

- Security features prevent intrusion, duplication, etc.

Bio Metrics

Biometric Fingerprint Reader

Enhanced security

Allows Positive Client Identification without check-in desk

Enables monitoring of our staff attendance at remote sites

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Robust Database

• A custom built Oracle 9i database system: It doesn't fall over!

- Can handle millions of clients & thousands of service providers, investigations, diagnosis & drugs

- Claims can be entered and processed at point of treatment

- Reduces labor intensive paper based claims form processing

- Enables accurate and timely financial and risk manage

Ensures Control:

The Right **Person** gets The Right **Treatment** at The Right **Place** for The Right **Cost**

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Connectivity: VSAT

Microcare Kisiizi Office

VSAT Dish:

Satellite Internet

'Appropriate High Technology'

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Real time claims processing

Captures:
- Client Profile
- Medical Unit
- Treating Docto
- Investigations
- Diagnosis
- Drugs Given
- Itemized Cost

My 'Get Real' Costing Theory:

- Lack of controls - Extra claims costs of 30% +

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MTAC Form

Single Source Document for Transaction

In Triplicate:
- Patient
- Provider
- Microcare

Signed by:
- Patient
- Doctor
- Pharmacist

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Appropriate Power Solutions

Enables operations in rural areas

Flexible Solar shingles **Storage Battery** **Low Power demand laptop**
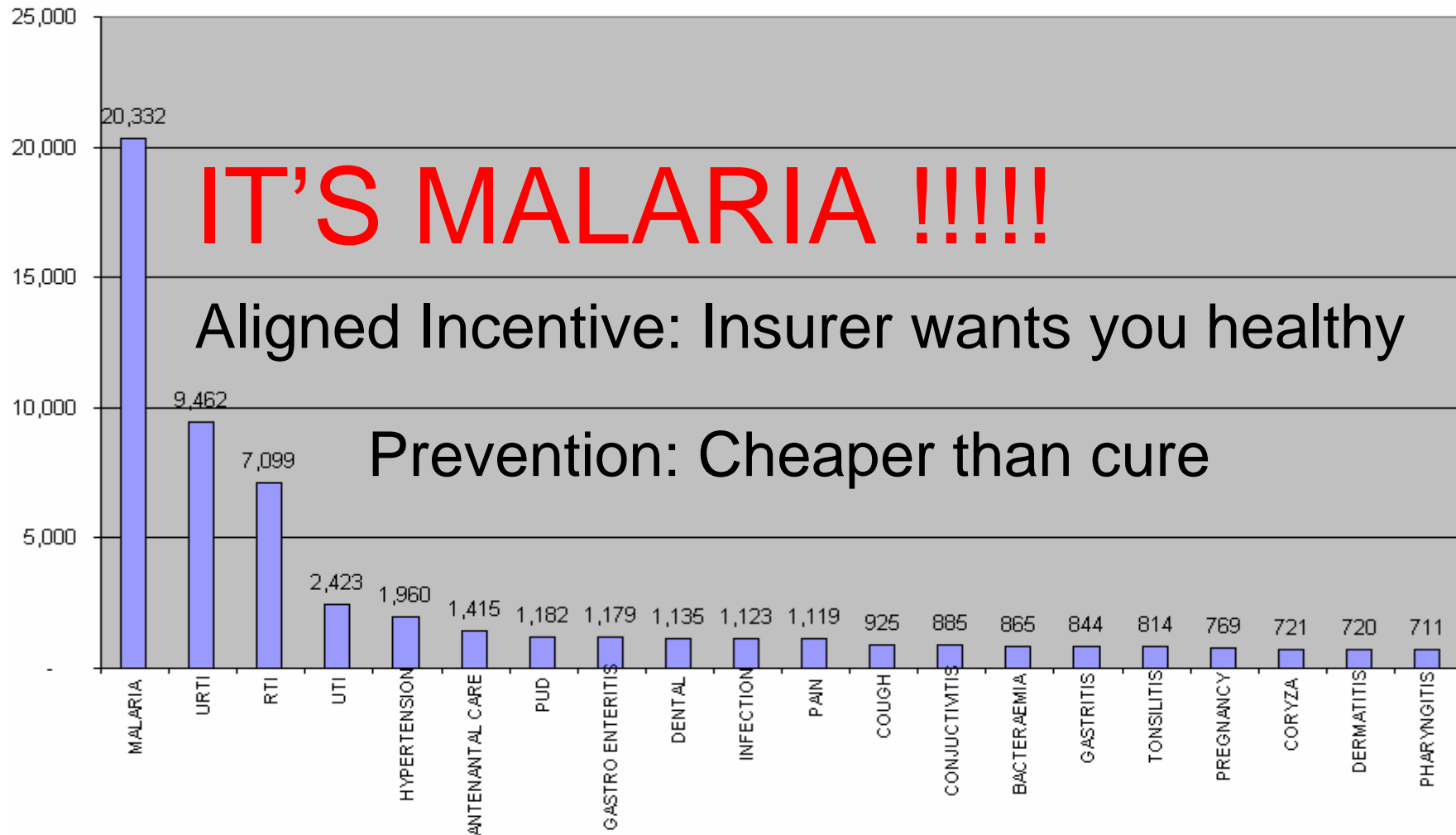
flexible solar shingles-

charges small storage battery-

Powers low demand GSM connected laptop-

All easy to pack, transport and securely store

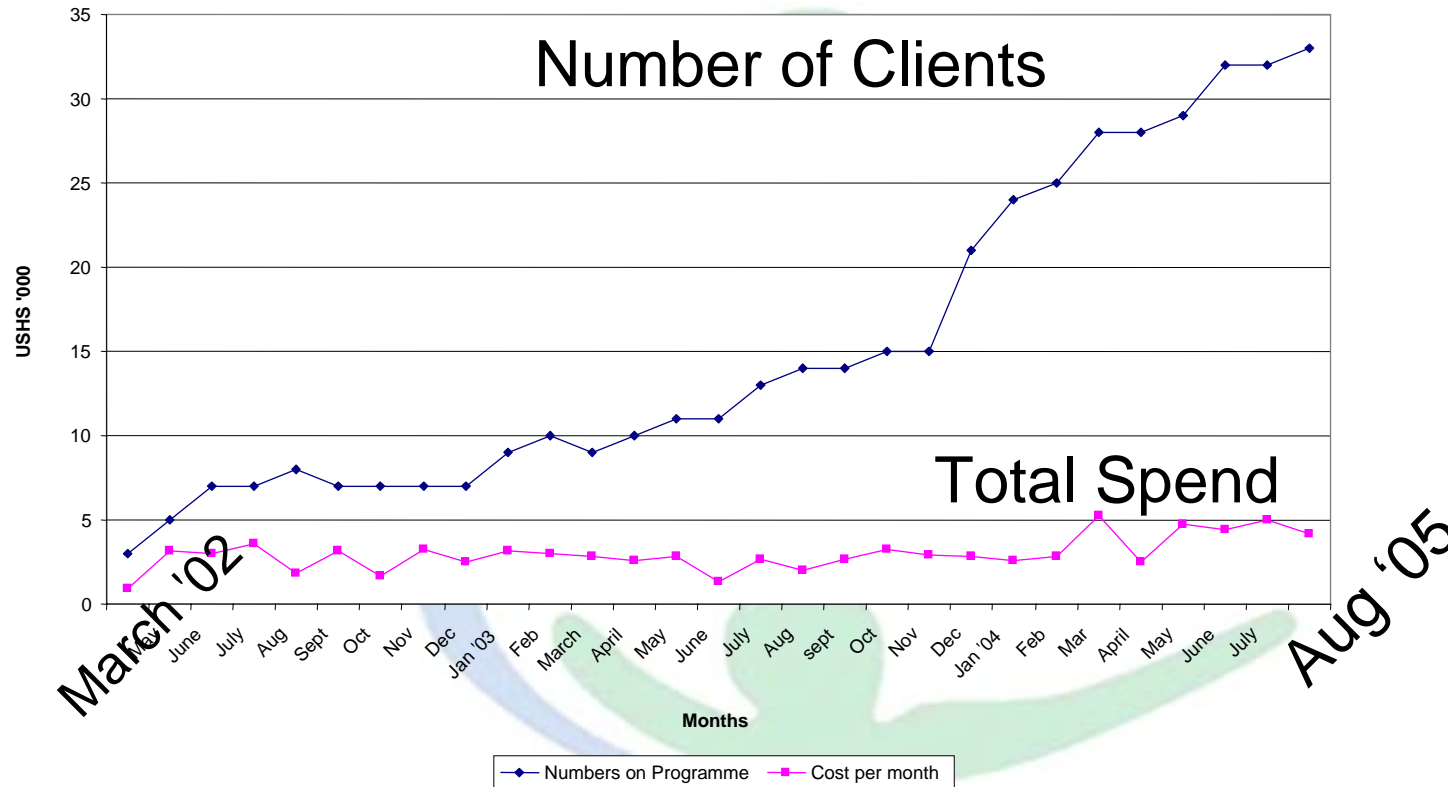© microcare

Disease Pattern: Top 20 Diagnosis 2006

top 20 dia count 2006

IT'S MALARIA !!!!!

Aligned Incentive: Insurer wants you healthy

Prevention: Cheaper than cure

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Is HIV / AIDS an Insurable Risk?

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Corporate HIV Management COSTS '02-'04

80% Decrease in treatment cost per person over 40 month

Yes! HIV/AIDS is an insurable risk in Uganda

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Microcare's Experience

- The poor are insurable, but only in groups
- You cannot afford NOT to have controls
- Volume is essential for economies of scale
- Roll out is quicker and easier in the formal sector
- Malaria has to be controlled – Prevention is best
- HIV / AIDS is an insurable risk in Uganda
- Insurance enables early care seeking behavior
- This results in good health outcome especially for women and children

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Thank you

Kisiizi Orphans
Sponsored on
Microcare Insurance

Further information visit
www.microcare.co.ug

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