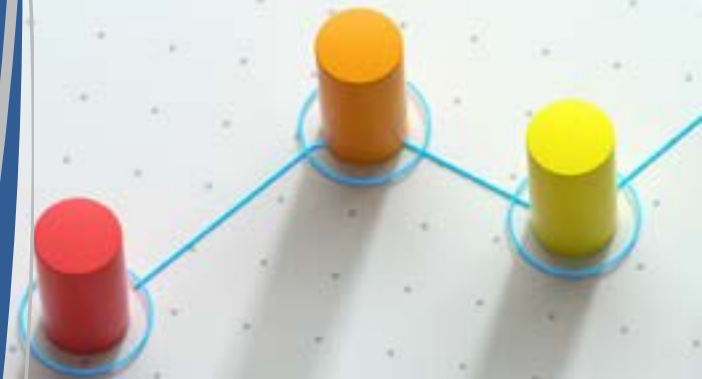




Medical Claims Reporting

Flexible solutions. Strong partners. Experienced staff.
Your benefits mean the world to us.





IGP Medical Claims Reporting Platform

IGP's data analytics "Medical Claims Reporting" platform introduces interactive, web-based healthcare reporting and analysis, allowing you to identify trends and compare data between your company's subsidiaries, countries, and regions.

The platform offers a global medical claims reporting tool that uses uniform terminology and coding beyond country and company borders. The dashboards include visualizations of the current year plus the past 3 years at company level, but the information can be drilled down further to regional, country, and subsidiary level - both in local currency and a uniform currency of choice.

The information available includes insured demographics, timing statistics on claims submissions and claims payments, premium versus claims ratios, and various slices of claim activity including frequency, reimbursement amounts, utilization by ICD10 diagnosis, claims incurred versus claims paid, etc.

- Benefit plan demographics, claims utilization levels by disease type (ICD10), premium versus claims ratios, as well as statistics on claims submission and payment
- Historical data on the current year plus previous three years
- Reporting in local currency and any currency of your choice
- Drill down to regional level, country level and subsidiary level
- Filter on calendar year and underwriting year
- Filter on date claim incurred, date claim submitted or date claim paid perspective to view seasonal trends
- Export aggregate data
- Available to all IGP accounts with minimum 2,500 medical lives and minimum USD 2.5 million risk premium

Premium, demographics and claims information



Executive Summary: a high-level overview of the contracts that are being reported on.



Claims: high level overview of claims by contract, claims detail by country and underwriting year, and ICD claims details.



Demographics: headcount information and comparison of claims versus demographics.



Timing and Loss Ratios: information on claims versus premium, as well as average time to submit and pay a claim.

Data reporting period and refresh

IGP's Medical Claims Reporting Platform includes data for the current year plus the three previous years. By default, reports can be viewed on a calendar year basis to facilitate comparisons between subsidiaries, countries and regions. In addition, the "Claims By Country" section provides information on an underwriting year basis.

The premium, headcount and claims information is updated on a quarterly basis.

Diagnostic coding system

Diagnostic conditions have been categorized based on the World Health Organization's (WHO) ICD International Classification of Diseases. ICD coding is a standard diagnostic tool for epidemiology, health management and clinical purposes that is maintained and published by the WHO.

Individual diagnosis codes are reported at the Chapter and Subchapter level associated with each code. Where the local insurer (IGP Network Partner) uses their own diagnostic coding system, their nomenclature is mapped to the corresponding ICD chapter and subchapter.

Reporting Currency

The default currency is USD, but users have the option of selecting any other currency. The "Claims By Country" reports indicate the local currency for each of the policies that is reported on.



Level of claims details

Each individual report on the platform provides high level information, with the option to view more details through tooltips, ribbon charts, filtering, drill down functions, and the option to view the underlying (aggregate) data.

- A minimum of 25 insured employees in a local contract is required for inclusion in the Medical Claims Reporting Platform, for most jurisdictions.
- Due to privacy restrictions, in order to view claims details, drill down or filter claims, the following requirements must be met:
 - Minimum of 10 claimants, plus
 - Minimum 3 claimants in 3 different diagnostic codes

In case the above requirements are not met, the report will only show the total claims value.



IGP's Hallmarks



Global expertise

IGP is part of John Hancock Life Insurance Company (U.S.A.) and wholly owned by Manulife Financial Corporation, a financially strong and leading global financial services group based in Toronto, Canada.

IGP's business model is underpinned by Reinsurance and Pooling agreements between the IGP Network Partners and John Hancock Life Insurance Company (U.S.A.). The reinsurance model fosters enhanced governance, coordination, underwriting oversight, and flexibility within the network.



Local excellence

IGP is a network based on partnerships, working with leading local insurance companies - currently represented in over 80 countries & territories, and continuously exploring opportunities for further growth.

The IGP Network Partners are our greatest asset and they have been selected for their reputation in providing local customers with among the highest levels of quality service at competitive costs, their financial solidity, prominence in the market and value proposition.



Vocation for service

For over 50 years, IGP has earned a reputation for outstanding service, professionalism and subject matter expertise. With offices and regional coordinators in Boston, Brussels, Singapore, Mexico-City, and Waterloo, IGP forms a multicultural global team of over 70 employee benefits specialists to provide superior service with professionalism and a personalized approach.

At IGP, customer centricity is at the heart of all our guiding principles and business processes, and our legacy of reliability, knowledge and innovation goes hand in hand with the significant investments we make to improve our customers' experience.



Get support

Want to learn more about our solutions,
and what we can do for you?

Simply send us a message,
and we will get back to you shortly.





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