Strengthening Family Planning
تعزيز تنظيم الأسرة
Project

Private Health Insurance Coverage of Contraception

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I. Executive Summary

The Jordan Higher Population Council recently commissioned a feasibility study for including family planning (FP) services in public and private sector employers' health insurance plans. The study, which incorporated actuarial cost benefit and cost-effective analyses, concluded that there was a solid business proposition for including contraceptive coverage in insurance plans, both for insurance companies and for their employer customers.

Strengthening Family Planning, or in Arabic, Ta'ziz Tanzim Al Usra (Ta'ziz), aims to capitalize on the findings of the feasibility study and encourage widespread adoption of contraceptive coverage in private health insurance plans and to support health insurance firms in marketing such plans to their customers. The private insurance market in Jordan is largely composed of employer groups.

Advantages of an FP benefit may include healthy mothers and babies, potential reduction of maternal mortality rates, complicated pregnancies and premature babies. From an employer perspective, this translates into reduced medical costs and increased productivity[1]. At a simple level, the average cost of an FP device is about JD 50 (Arab Potash calculation for IUD insertion) and the average cost of a new enrollee annually is estimated to be about JD 300, therefore there is an immediate cost benefit to birth spacing through FP particularly if an IUD is inserted.[2]

An on-site review of the private health opportunities commenced in February 2012 with the goals of assessing stakeholder interest in expanding private insurance contraceptive benefits, and defining strategies geared to increase uptake. The following highlights outline core issues and the recommended strategy:

Market Demand

- There are some **self-insured companies** currently offering an FP benefit in the private sector. These are companies with comfortable profit margins (e.g., banking, transportation) addressing beneficiary demands.

- **Commercial insurers** are interested in an FP benefit; however, because the insurance market is competitive any price increase is viewed carefully. If an insurer offers FP and there is no decrease in maternity experiences, or there are high discontinuation rates, then there is not a perceived cost benefit. In spite of potential obstacles, the private insurers understand the national need for increased understanding of and access to FP and that FP can improve mother and child health. Additionally, one insurer indicated that the US embassy requested an FP benefit that is included in the product language[3].

[1] "Feasibility of Family Planning Services Inclusion within Public and Private Employers Health Insurance Plans" Higher Population Council, August 2011.

[2] Based on data provided by ***Arab Potash***, a self-insured group in the Jordan Valley who began offering a FP benefit 5 years ago, because members were trading antibiotic prescriptions for birth control at the pharmacy (see Appendices A and B for trip Meeting Schedule and Minutes).

[3] This demonstrates the capacity of insurers to price an FP benefit value within a group product.

- Commercial insurers rely on proportional reinsurance; therefore acceptance of an FP benefit must be approved by the reinsurers involved.

- There is sensitivity to FP in the market. Therefore, group outreach and education on the concept is required. Additionally, instead of merely adding an FP benefit, it is possible to offer a "corporate wellness" package that includes FP among other preventive benefits like nutrition counseling, flu shots, or vaccinations. Both adding a well-explained FP benefit and developing a "corporate wellness" product provide a positive context and focus on the health benefits of FP.

Market Supply

- There do not appear to be barriers in the supply of commodities, based on current demand.

- Training and certification of providers is an important quality component. The private sector generally relies on licensing criteria as part of network inclusion; therefore the Ta'ziz focus on evidence based medicine (EBM) and family planning training and certification has the potential to add to the professionalism, efficacy and standardization of FP services in the market.

Stakeholder interest

- Regulatory assistance in terms of mandating the benefit coverage is not likely in the short-term. This issue can be reviewed when positive healthcare outcomes are documented.

- Individual advocacy may be possible through certain organizations including the National Council for Family Affairs. The marketing materials and approach should come from Ta'ziz.

- Corporate and insurance advocacy can take place as needed through the Jordan Association for Medical Insurance (JAMI) and the Insurance Commission. Ta'ziz can supplement this advocacy by providing information on commodity options in the private sector as well as network and certification processes and general market outreach.

Strategy

- A two-pronged strategy aimed at expanding early adopters[4] (Phase 1) will provide important lessons for future early majority expansion (Phase 2)
  - **Pilot an FP or wellness (preventive) benefit with representatives of the three commercial insurance sectors (large insurer, small to medium insurer, third party administrators):**

[4] Early adopters as defined by the Everett Rogers "Diffusion of innovations" theory are those who are social leaders of innovative products and services. Movement to capture the early majority is considered difficult and typically requires a different marketing approach. It is recommended, therefore to target the early adopters in the market and gain lessons before early majority expansion efforts take place.

        - Four organizations representing different factions of the insurance community and accounting for an estimated 53% of the commercial insurance market have expressed interest in piloting an FP approach to subsets of their portfolio: **large insurer** (Arab-Orient), **mid-size insurer** (Al Nisr), and two **third party administrators** (NatHealth and MedNet).
        - **Operationally support** expansion through cooperation with Ta'ziz on issues including private sector network expansion, and increased market sensitization through group awareness.
    - **Support organizations with an FP benefit:**
        - Offer Ta'ziz advocacy and group outreach (brochures, assistance in the messaging) to companies with an FP benefit (**self-insured company**: Arab Potash, accounting for 2% of the private market)

II. Situational Analysis

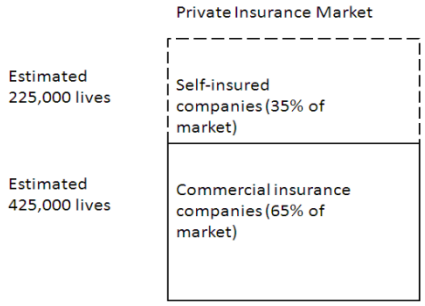
There are an estimated 650,000 individuals enrolled in private health insurance coverage in Jordan. This equals approximately 10% of the population. Currently the Jordanian government provides public health insurance to the remaining population; however, due to the increasing cost of healthcare, the long-term sustainability of public insurance is doubtful. Therefore, while the focus on 10% of the population may appear low, the potential impact of an FP offering in the private sector can have long-term positive implications as the private insurance market expands.

The private insurance market comprises 27 insurance companies, syndicates offering health insurance solutions to professional associations, and self insured companies. The administration and claims for these employer groups and syndicates is managed either internally, through the primary insurer or through a third party administrator (TPA). Typically TPAs do not assume risk; however, one of the TPAs, MedNet, is owned by Munich Re. In order to qualify for Munich Re reinsurance, the ceding company must agree to have all enrollment and claims processed through MedNet. MedNet manages the enrollment and claims for 30% of the commercial insurers covering an estimated 8% of the population.

In general, the commercial insurers rely heavily on proportional (quota share) reinsurance through international reinsurers including SCOR, Transatlantic Re, and Munich Re (as mentioned). Therefore, inclusion of an FP benefit would likely require approval from the reinsurer(s).

Distribution of the private sector insured population is represented in Figure 1 below.

Figure 1: Jordanian private health insurance market distribution



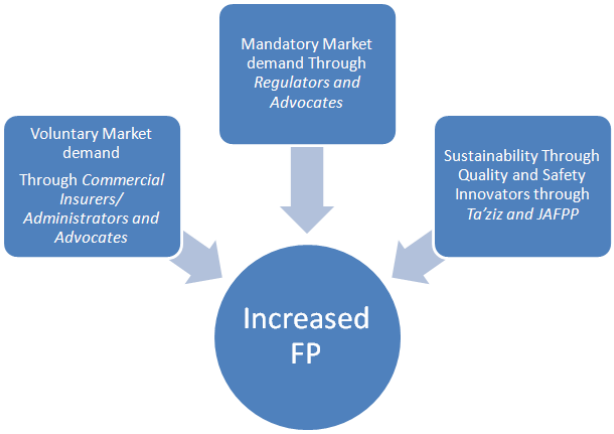
The private insurance distribution has been relatively stable. According to a report from 2001, 33% of firms offering health insurance were self-insured. The remaining 67% were insured through commercial insurers.[5]

Additionally, the main companies offering health insurance are in banking, transportation, education and health, insurance, and contracting and consulting. The companies that are less likely to offer health insurance benefits are generally those with lower profit margins including retail.

III. Partner and Stakeholder Analysis

While the insurance and self-insured communities are essential in terms of offering an FP benefit, there are myriad stakeholders who can support effective development. Increased uptake of FP can be supported by stakeholders as represented in the figure below:

Figure 2: Opportunities to increase sustainable FP in the commercial sector and relationship to stakeholders



The three paths in the diagram above identify voluntary FP (interest in commercial market to expand FP); mandatory FP (forced inclusion of FP by the regulators); and ensuring sustainability

[5] "The Provision of Private Health Insurance in Jordan: The HIPS survey of Private Sector Firms": USAID, (2001), p6.

of FP (safe and transparent quality outcomes). Advocacy choices depend on the methods to reach increased FP.

For example, the relative importance of external stakeholder involvement is correlated to the willingness of the market to offer, support and accept FP. If the commercial sector insurers and administrators are not interested in FP expansion, then the role of the regulators and corporate advocates becomes more important. If individuals are unsure of the safety of FP, then the role of health advocates educating groups becomes more important.

Introducing a new concept successfully is important, but sustainability is required for long-term continuation. In the case of FP expansion, sustainable growth relies on quality standards and transparency in information.

Four core stakeholder groupings (regulators, advocates, quality and safety innovators and market growth drivers) impact FP development in the following ways:

Regulators: creating a mandatory environment for FP would increase uptake and competition for the most effective offering; regulations can enforce standardization of FP training or processes which would reduce the variability and thereby increase quality.

> Currently the regulators do not see an immediate requirement to include FP as a mandatory coverage. Additionally, an FP offering is relatively inexpensive compared to the costs of maternity and a newborn enrollee, so mandatory coverage at this time is not a high priority. However, the Insurance Commission supports the development of FP and is interested in supporting expanded FP outreach informally.

As a result: informal "approval" of FP from regulators is the best achievable goal in the short-term.

Advocates: increasing transparency of FP options and side effects would assist with acceptance and awareness levels; this can occur on a formal level in terms of group awareness and marketing regarding the commodities, safety issues, side effects, processes – or on an informal level in terms of identifying champions in the workplace or media who create a positive impression of the concept. Advocates in Jordan fall into three general categories:

> Corporate/Employer advocates: representing those groups or associations with active engagement in the corporate community and the capability to communicate the advantages and opportunities in effective FP development.
>
> Insurance community advocates: those groups or associations in regular contact with the insurance community and with an interest in providing education on FP development and involvement.
>
> Individual advocates: associations or groups that target group outreach and individual education through brochures and create marketing campaigns focused on the meaning of the role of FP in a healthy family.

Currently the corporate and insurance communities are interested in piloting an FP concept, so strong corporate/employer and insurance community advocacy is not indicated at this time. However, to assist in the uptake of an FP benefit, group awareness aimed at the individuals (beneficiaries) is indicated.

As a result: Short-term advocacy in terms of individual efficacy of FP is needed. Based on private-sector ability to introduce FP (which is to be determined), expanded advocacy (including workshops with expanded advocacy groups) may be needed.

Quality and safety innovators: in Jordan there is a growing understanding of the role of Evidence Based Medicine (EBM) and Continuing Medical Education (CME), but it is still in development. Given the importance of messaging an FP benefit to increase individual demand, quality and safety innovators are critical to growth and sustainability. These groups enhance effectiveness of FP by focusing on patient safety standards as well as certification of providers educated on the methods, side effects, and communication materials.

As a result: Quality and safety infrastructure is critical to FP sustainability.

Market growth drivers: these are the companies, insurers, or organizations positioned to adapt a safe and effective FP benefit into the insurance plan(s).

As a result: Entry into the private sector FP market requires a strong level of initial support from these groups.

During the course of the visit (for Meeting Schedule and Minutes see Appendices A and B), the following stakeholders emerged as potential supports of an FP benefit:

Figure 3: Identified stakeholders for involvement in private health sector FP development

Regulators	Advocates	Quality and safety innovators	Market growth drivers
Insurance Commission - while there is not an interest in pursuing mandatory FP coverage, the Commission will support FP expansion informally through holding workshops thereby supporting group advocacy	**JAMI** (Corporate and Insurance Advocacy) – has expressed an interest in a workshop and is well positioned to lobby with companies ideally in Phase 2, but requires funding - if there is slow uptake, a workshop in Phase 1 may be indicated **National Council for Family Affairs** (Individual Advocacy) – interested in providing Ta'ziz brochures in clinics and assisting to spread group awareness as possible	**Ta'ziz and JAFPP** – provide training and certification of FP including management of current EBM protocols. Absence of variation is an indicator of quality	Insurers interested in a pilot approach: **Arab Orient, Al Nisr** TPAs interested in a pilot approach: **NatHealth, MedNet** (additional value added is that this group will directly address possible reinsurance concerns) Self insured company with an FP benefit **Arab Potash** is interested in extending awareness of the current FP benefit

Regulators	Advocates	Quality and safety innovators	Market growth drivers
	Ta'ziz and JAFPP (Individual Advocacy at group level) – group awareness and outreach available depending on the employer group and target market		

In summary, in Jordan the insurers are interested in the concept, but the individuals in the corporate groups may require sensitization to the efficacy and safety of FP to increase potential uptake of the low-cost preventive benefit.

IV. Key Findings

To better understand the interest level and potential market support for the development of an FP focus in private insurance, a summary of critical issues and concerns is provided below.

Self-insured companies are the "early adopters"
Two companies, Housing Bank and Arab Potash, both manage their own enrollment and claims internally and offer FP benefits. These companies appear to have sufficient profit margins – meaning that they are able to cover benefits -- but each company has a different perspective of cost containment.

For example, Housing Bank indicated a five-fold increase in the number of C-sections to normal deliveries over the last few years resulting in significantly higher maternity costs and longer recuperation periods. In spite of this increase (and likely non-medical necessity given high utilization), there was an expressed reluctance to perform cost containment as it was perceived to result in lower quality of care. This perception is an important one, because cost containment in health care should lead to measurable quality results as it is typically focused on medical necessity, reduced variation in treatment protocols and attention to measurable outcomes.

Arab Potash, on the other hand, focuses heavily on individual claims audits to reduce unbundling of provider services and strict adherence to network fee schedules. The focus on cost containment appears strong.

How the FP demand emerged
Housing Bank introduced an FP benefit based on obvious benefits and beneficiary interest. The manager agreed to forward us the utilization rates of the FP benefit, but was unable to pull these data and share with the team.

Potash indicated that it started an FP benefit because beneficiaries were trading-in antibiotic prescriptions for birth control. They assessed the cost of birth control (average JD 50) with the

cost of a new enrollee annually (average JD 300) and the immediate cost benefit was obvious to management so the benefit was adopted and communicated.

Commercial insurance

The commercial insurance community lags behind some self insured companies in terms of providing access to FP commodities through coverage. Typically innovation is expected from the companies who compete for employer business, in this case the TPAs and insurance companies. In Jordan, because there is a high focus on cost containment from a claims cost perspective and insurance is largely curative rather than preventive, conceptually asking an employer group to introduce preventive coverage may appear counter-intuitive (may increase medical costs) in the short-term.

However, in discussions with Arab Orient, Al Nisr, NatHealth and MedNet once the concept including long term cost and productivity savings were discussed, there was an openness and interest in further research and in piloting a marketing concept. Two important barriers merit attention: (1) targeting individual outreach on the family wellness benefits of FP and correct information on side effects (individual advocacy); (2) ensuring the benefit is understood and utilized correctly (individual advocacy).

The insurers were concerned about creating effective policy incentives so that women who began using an FP method would continue for a pre-defined period of time thereby reducing discontinuation rates. Methods to address this include policy wording with limits, copays or coinsurance for FP commodities; incentives to stay with a contraceptive program for a period of time; group outreach to identify and educate the correct category of women most interested in birth spacing; or limiting the number of maternity periods a woman can take in a period of time.

Syndicates offer private insurance but unclear interest in FP

There are syndicates offering health insurance to members. Examples of syndicates include the Pharmacists Association and the Engineers Association. Initial discussions with representatives of this segment suggest that there is low interest in an offering that will initially increase premium rates even if it is preventive, increases mother health, and could result in reduced medical costs in the long-term.

Additionally, syndicates typically are not interested in the productivity of its members, therefore these additional soft savings are not convincing.

Once positive impacts of the offering are available, it's possible that the syndicates will reconsider its position on this issue. Because syndicates represent a small section of the total insurance market, further sensitization to this community can wait until the early adopter experience has taken root.

Regulatory support

Thus far, there is little interest and room to increase regulations regarding access to FP in the private sector. Discussions with the Insurance Commission indicated genuine interest in the development of the concept, but limited appeal to add regulations mandating coverage.

The Food and Drug Administration (FDA) indicated that the regulations in place for available commodities served to protect the community. No supply gaps were identified that could negatively impact an increase in utilization.

The Training and Certification protocols in place through SHOPS so far appear to be a fine quality arm supporting the private sector. Going forward, finding a stakeholder with an interest in continuing this specialization and continued development of evidence based medicine (EBM) is recommended.

Advocacy

There are three types of advocacy: corporate or employer based, insurance company based, and individual focused (even if the individual is approached at a group level). Ideally there is advocacy on each level to ensure solid understanding of the issues surrounding FP. The level of advocacy required is linked to the levels of awareness and interest from the community.

At the insurance company level there is already interest, so currently the level of required advocacy will be less than the high impact work of Ta'ziz. However, if interest from the insurance community wanes, or there are important lessons to offer in terms of the benefit, targeted insurance advocacy would be a reasonable response.

At an individual level, Ta'ziz is working to increase awareness and interest through group awareness sessions. This experience would greatly assist the insurance/ corporate education efforts. Ta'ziz is well positioned to provide critical support to the underlying individual understanding of the relevance of FP in terms of mother and child health. Specifically, the social and media marketing available today are directly applicable to the private sector market and could be adapted to expand individual knowledge provided in a group setting.

It's important to note that there remains a high level of trepidation when discussing outright FP opportunities. Framing the concept and education are critical to successful uptake. The Higher Health Council, for example, believed that the idea of framing FP within a wellness or family health program would reduce the potentially negative impression of FP.

In summary, there is already a high level of interest in testing an FP benefit in the private insurance sector. At least one self insured company already offering the benefit is interested in marketing support from Ta'ziz. FP benefits are relatively straightforward and introduction through commercial insurers will not have a major impact on premium levels. The private insurers represent the largest portion of the market. Piloting approaches within this sector will yield important lessons learned so that continued expansion may be more targeted, effective and include efficient use of group outreach and marketing.

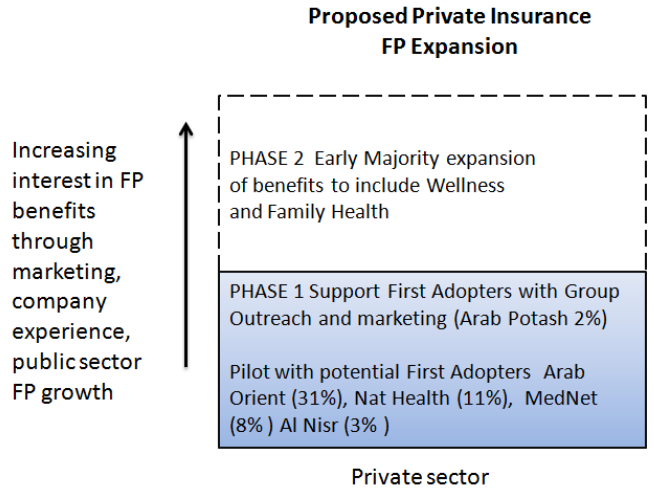
Group outreach and marketing through Ta'ziz will help the private sector expand into education at the beneficiary level.

V. Strategic and Operational Recommendations

The goal of this strategy is to move from a low/no FP availability in the private insurance sector to insurer/self-insured subsidized FP availability with support from advocates to aid in the dissemination of the family health benefits of effective birth spacing thereby limiting unintended pregnancies.

Development of a strategy depends on clear evaluation of market potential and available support through a partner/stakeholder analysis. Because there are some companies already offering an FP benefit and commercial insurers appear interested in further exploration, lobbying the concept at that level is not required initially. The recommended strategy includes two phases as depicted in the figure below:

Figure 4: Two Phases of FP expansion in the Jordanian private insurance market



Phase 1: Work with interested companies (Arab Orient, Al Nisr, NatHealth, MedNet) to pilot expansion into the corporate sector.

Within **Phase 1** of strategy there are seven specific action areas:

1. Monitor the approval process with the three private sector groups identified (Arab Orient, Al Nisr, NatHealth and MedNet), and discuss the potential opportunity to share lessons learned in the community
2. Identify the method or approach to pilot the approach
3. Identify the specific employer groups that the insurers aim to target
4. Identify the desired approach (i.e., FP benefit alone, or a FP benefit within the construct of a Corporate Wellness initiative)
5. Identify operational support or capacity building, and groups interested in subsidizing technical capacity building
6. Assist in the marketing and advocacy of the FP concept
7. Identify the methods to measure impact of the pilot

Once individual follow up discussions are made with the participating groups, company specific action plans can be developed with mutually agreed upon goals and timelines.

Phase 2: Extrapolate lessons learned from Phase 1 and communicate impact within the private insurance/ self-insured/ syndicates/ regulatory/ and advocacy communities to expand potential interest in FP benefit inclusion, or the introduction of a Corporate Wellness initiative including a preventive FP benefit. This could be achieved through workshops, seminars, lobbying efforts, or white papers.

Phase 1 Expansion process

Initial discussions with targeted insurance companies and administrators in the market suggest an interest in expanding into FP coverage for selected clients. However, the decision to pilot the process requires internal approval. Therefore, the first step is to identify the approval process with each group, define a timeline for the decision, and identify how the stakeholders can support the process.

Approval process and timeline

Understand the internal processes required within each organization to pilot an FP benefit. Sit with each pilot insurer or administrator and review the Power-Point presentation "Corporate Wellness and Family Planning – Opportunities to increase competitive advantages." Based on the results of this meeting, define timelines and potential other capacity building opportunities.

If any of the identified groups is unable to proceed with the introduction of an FP benefit or program, evaluate the reasons. Review approach for possible modification and approach other market players.

Employer groups to target

Part of the discussion with targeted insurers and administrators includes a discussion of potential target market. Review the characteristics of companies who could benefit from an FP benefit including the following:

- Regions of the country where birth spacing issues are most relevant
- Corporate groups with high membership count
- Corporate groups with high number of females in the birthing age where high counts of unintended pregnancies may occur
- Level of receptivity of the human resources manager or corporate decision maker
- Other characteristics that the insurer or administrator deems important

Targeting specific employers will allow testing of marketing approaches. This information will provide valuable lessons learned and methods to use for further expansion.

Desired approach

Once the insurer or administrator has identified the target market and employers to consider for a pilot, attention to the mode of FP introduction is needed. There are two core methods as shown in the figure below:

Figure 5: FP versus "corporate wellness"

Issue	Advantages	Disadvantages
Offering an FP benefit	➢ Straightforward pricing and product changes ➢ Relatively easy to administer	➢ May appear as a harsh addition to a product given the reluctance in the market ➢ Uptake may be low without training and education
Offering a Wellness Benefit	➢ Can move toward corporate prevention as a concept ➢ Can include other important wellness initiatives including nutrition, child health and welfare, managing family conflict, etc.	➢ May require more operational support (hence costs) ➢ Uptake may be low without training and education ➢ Unclear interest from corporate community ➢ Measurements may be softer ➢ Uptake may be low without training and education

Operational support

Insurers and administrators considering an FP option will review the following issues:

- Product changes: modify the product wording to include the benefit with some form of control being:
  - Types of commodities offered: may prefer to include longer term options initially (i.e., IUD) to encourage longer term spacing method
  - Limits: including a policy maximum amount reimbursable
  - Network options: to keep costs low and quality high, consider accessing only network providers (Ta'ziz trained and certified)
  - Cost sharing: inclusion of copay or coinsurance
- Cost of FP: simulate the impact of variable degrees of uptake accessing the Ta'ziz fee schedules and private network as an option
- Operational process: define the method of reimbursement to the provider including use of Ta'ziz voucher system
- Other operational issues identified by the insurer/TPA or self-insured company

Pricing support

Current Contraception Use:

As shown in Table 1, seven modern contraception methods are commonly used by the huge majority of Jordanian women who use modern methods; the pill, the IUD, injectables, implants, male and female condoms, female sterilization and lactational amenorrhea (LAM). Women who

prefer to use a traditional method instead of a modern one usually use periodic abstinence, withdrawal or folk method. Results of the Jordan Population and Family Health Survey (2009) indicate that nearly 59% of currently married women are using a contraceptive method: 42% using modern methods and 17% using traditional methods (see the second column of Table 1). The IUD is the most widely adopted modern method (23%), followed by the pill (8%) and male condom (6%). Most women in the younger age cohorts use contraception for spacing births, relying on the pill and male condom, while older women use more permanent methods.

Expected (Future) Contraception Use:

Despite the fact that 59% of currently married women are using a contraceptive method, the total demand for family planning in Jordan is nearly 73%; indicating the lack of satisfied (met) demand in the order of nearly 15%. From an insurer perspective, it is logical to assume that contraception service utilization is expected to rise gradually from its current level at 59% to reach 73% sometime in the future. Thus, it would be more prudent for an insurer to assume contraception service utilization rates like those listed in the last column of Table 1 instead of current rates.

Table 1.Current and expected use of modern contraception by married women of reproductive age (15-49)

Method	Current users (%)	Expected users (%)
Female sterilization	2.6	3.2
Pill	8.2	10.1
IUD	22.6	27.8
Injectables	0.7	0.9
Implants	0.1	0.1
Male & Female Condoms	6.4	7.9
Lactational Amenorrhea (LAM)	1.5	1.8
All Modern Methods	42.1	51.8
Traditional Methods	17.2	21.2
All Methods	59.3	73.0

Contraception method prices:

Based on a survey of nearly 40 private sector obstetrician/gynecologists in Jordan, Table 2 shows guide prices for providing contraceptive protection services through the various modern contraception methods commonly used in Jordan. It should be noted that lactational amenorrhea (LAM) and traditional methods have zero cost to users; thus, they are not listed in the table. Though the prices listed in the table can serve as guidance for insurers, still insurers need to negotiate their own prices with service providers.

Cost per contraceptive user:

The guide prices in Table 2 were used to calculate the cost of providing contraception protection for a single user over a one-year span for all modern methods (see Table 3). Again, lactational amenorrhea (LAM) and traditional methods have zero cost to users; thus, they are not listed in Table 3. The following assumptions were made to arrive at the figures listed in Table 3.

- Only ingredient/ device costs were taken into account as additional insurance coverage cost for contraception. Other costs (physician consultations, device insertion/ removal, prescription drugs, laboratory tests, x-ray exams, etc.) were considered as "already covered within routine outpatient office visits" by health insurance plans. In Jordan, it is estimated that ingredient/ device costs represent only nearly 30% of total contraception costs; meaning that employers and insurers are already paying for nearly 70% of total contraception costs in the form of physician visits, prescription drugs, laboratory tests, x-ray exams, etc. As a matter of fact, physician and other non-ingredient services are not separately identifiable as a contraceptive service**.** Besides that, a woman on contraception utilizes health care services less than a pregnant woman.

- Sterilization surgical cost was amortized over 9-year duration.

- The IUD and implant devices costs were amortized over 3.6 year duration.

- The copper-T IUD is rarely used by private obstetrician/gynecologists (OB/GYNs) in Jordan; the platinum IUD (Bayer Schering's NovaT®) is their preferred choice. The hormone-releasing IUD (Mirena®) is used in less than 10% of cases.

As Table 3 reveals, the IUD and Implant are the cheapest means of contraception compared to other modern methods; costing nearly 10 and 12 JD per user per year respectively. The costs of the pill and condoms are comparable at nearly 75 JD per user per year.

To arrive at a unified average annual cost per user representing all modern methods, the annual costs per contraception user were weighted by the distribution of reproductive women according to contraception method (third column of Table 1). As a result, the provision of a "modern" contraception service to a typical user in Jordan costs nearly 38 JD per year.

Table 2.Guide to contraceptive method prices (JD)

Contraception Method	Price Range	Average Price
IUD:		
Retail price of IUD (copper-T)	3-5	4.0
Retail price of IUD (platinum)	20-25	22.5
Retail price of IUD (hormone-releasing)	100-120	110.0
Insertion cost	25-30	27.5
Removal cost	15-20	17.5
Protection duration (years)	1-5	3.6
Pill:		
Price of a one-month supply of the combined oral	1.6-12.0	6.0

Contraception Method	Price Range	Average Price
contraceptive pill (prices vary widely between brand and generic)		
Condom: Retail price of male condoms (JD per single condom) (Female condoms are uncommon)	0.15-1.00	0.50
Female sterilization: Cost of female sterilization surgery including pre- and post operative medical procedures, exams, prescription drugs, etc.	400-500	450.0
Injectable: Price of DMPA (depot medroxyprogesterone acetate) injection (Dept Provera®)	6-7	6.5
Implant: Price of a single-rod implant (Implanon®)* Cost of capsule insertion in JD Cost of capsule removal in JD Protection duration (years)	 24-34 16-20 18-24 3-5	 29.0 18.0 21.0 3.6

*Supply currently only available in the public sector (in a pilot program, the Ministry of Health is supplying limited quantities of Implanon® to private network providers through Ta'ziz)

Table 3.Annual cost per contraceptive user

Contraceptive method	Annual cost per user (JD)
Female sterilization	70.0
Pill	75.0
IUD	10.0
Injectable	30.0
Implant	12.0
Condom	80.0
All Methods	38.4

Premium estimation

The following formula can be used to estimate the total insurance premium to cover the whole range, or a subset of the whole range, of contraception methods for a group of insured members.

$$P_T = \frac{N * \sum_{m=1}^{m=n} C_m * U_m}{1 - L}$$

Where:

PT: total premium to be charged by an insurer for a certain plan of contraception coverage;

N: number of insured women who are currently married and of reproductive age (i.e., 15-49);

Cm: cost; annual cost per user of contraception method "m" (see Table 3);

Um: utilization rate; percentage of expected users of contraception method "m" expressed as a fraction (see last column of Table 1);

L: insurer percentage premium loading expressed as a fraction;

m: any contraception method covered by the plan;

n: number of contraception methods covered by the plan.

The premium per head (i.e., per insured member) can be calculated by dividing the total premium (PT) by the total number of insured members.

Marketing and advocacy for pilots and self-insured groups interested in education on the benefits of FP to family health

Successful uptake and continuation of FP benefits requires support from myriad stakeholders. As highlighted earlier in the report, there are two general types of advocacy required: corporate and individual. Currently the corporate market is poised to accept testing the FP concept, so deep advocacy at this time is not required. However to encourage individual uptake, there is a need to expand the corporate advocacy at the employee level. To assist in the process, stakeholders can support the insurers and administrators increase FP uptake in the following ways:

- **Group outreach**: organize meetings with women at the targeted pilot groups as well as with self-insured companies interested in assistance (i.e., Arab Potash)
- **Marketing assistance**: organize meetings with insurance and administrator pilot marketing departments with Ta'ziz to compare approaches and identify ways to expand Ta'ziz reach to support private sector expansion of FP outreach

Measuring impact of the pilot

The impact of the pilot approaches with Arab Orient, Al Nisr and MedNet will foster further expansion of an FP benefit in the Jordanian market. With lessons learned, modifications to approach and outreach can occur. Some methods to measure the impact of FP include:

- Uptake of contraceptive use: determine if insurer or administrator has pharmacy detail available in the claims system to identify this level of utilization detail.
- Reduced neo-natal or complicated pregnancy costs: if claims detail allows, review general maternity trends in the overall population compared to the pilot group(s)

- Reduced maternity utilization and/or costs: if claims detail allows, identify difference in maternity utilization and costs before and after initiation of an FP benefit

Discuss other potential measures with insurers and administrators.

Memorandum of Understanding (MOU)

Because of the experience of Ta'ziz in the FP sector, insurers and TPAs indicated a strong interest in learning from the experiences in terms of marketing, network training and certification. Additionally, the strong social marketing experience and outreach completed by Ta'ziz have high value to private sector companies interested in the benefit but unsure of how to market the concept effectively.

Therefore, there is a strong need for Ta'ziz experiences to balance the inexperience of the private sector community. Specifically, in the action steps listed below, co-working opportunities are identified and should be the minimum included in a MOU with each interested organization.

VI. Next Steps

Based on the market segmentation and stakeholder interest, first steps include those action items listed in section A below. Based on these results, a corresponding MOU including the action items identified in section B below is recommended.

A. Revisit target insurance and TPAs and create timeline for introduction

This section focuses on getting approval from the insurers and administrators to test the FP product concept.

Item	Date	Responsible
1. Create list of "early adopters" or those insurers, TPAs, or syndicates interested in piloting or rolling out an FP or family wellness benefit	25 February 2012	Ta'ziz
2. For each early adopter, present Power-Point presentation "Corporate wellness and family planning – opportunities to increase competitive advantages"	30 March 2012	Ta'ziz
3. Co-create timeline for completion of approval process and the potential scope of an MOU	30 April 2012	Arab Orient/Ta'ziz Al Nisr/Ta'ziz NatHealth/Ta'ziz MedNet/Ta'ziz
4. Of those groups not interested in the concept, identify potential triggers for change	30 April 2012	Ta'ziz

B. Identify support for Arab Potash

Specific to the Arab Potash group that already offers FP benefits, provide group awareness and support to help increase understanding and uptake of FP benefits

Item	Date	Responsible
1. Review Arab Potash timeline for outreach and support for women	31 March 2012	Arab Potash Ta'ziz
2. Co-create timeline for completion of approval process and the potential scope of an MOU	31 March 2012	Arab Potash Ta'ziz

C. Identify and provide related operational support per interested early adopter

This section focuses on selection of the pilot area or group, methods to market the concept to the insurer or employer group, identification of commodities and product approach, network and marketing opportunities. While it is difficult to know what the results of the follow up meetings will be, the list below highlights general action steps that might result.

Item	Date	Responsible
1. Identify population (pilot, area, company, or branch)	31 March 2012	Arab Orient Al Nisr NatHealth MedNet
2. Identify desired approach (FP or "corporate wellness")	30 April 2012	Arab Orient Al Nisr NatHealth MedNet
3. Present available commodity options, indications, side effects, costs, and distribution options through private network (current or expanded)	30 April 2012	Ta'ziz
4. Identify potential barriers to successful implementation including product, marketing, pricing, and other technical issues – determine if any capacity building is needed	30 April 2012	Arab Orient Al Nisr NatHealth MedNet
5. Select commodities to include with pricing and access points identified	30 April	Arab Orient Al Nisr NatHealth MedNet
6. Identify network, fee schedule, training/ certification, method to reimburse (e.g., vouchers or cashless). If there are	31 May 2012	Arab Orient Al Nisr NatHealth

Item		Date	Responsible
	additional capacity building requirements needed, address at this time.		MedNet
7.	**Introduce product modifications including impact to premium, network, outreach**	30 May	Arab Orient Al Nisr NatHealth MedNet
8.	**Revise pricing based on population size and geographic location**	15 July 2012	Arab Orient Al Nisr NatHealth MedNet
9.	**Create marketing and outreach at corporate and individual level --- Ta'ziz to develop methods to support private sector outreach including a website for women interested in additional FP information**	31 July 2012	Arab Orient Al Nisr NatHealth MedNet Ta'ziz
10.	**Identify method to measure impact, possibly introduce predictive modeling with available claims data (potential partner *Holistic Analytics*, Amman)**	31 July 2012	Arab Orient Al Nisr NatHealth MedNet
11.	**Market product concept to pilot group**	15 August 2012	Arab Orient Al Nisr NatHealth MedNet
12.	**Launch product concept to pilot group**	TBD	Arab Orient Al Nisr NatHealth MedNet
13.	**Revisit coverage quarterly for potential modification**	TBD	TBD

Appendices

A. List of organizations and meeting dates

Meeting Schedule

2/12/12	2/13/12	2/14/12	2/15/12	2/16/12
	Overview, internal meetings, reviews, discussions	High Health Council Insurance Commission	Food and Drug Administration MedNet	Housing Bank (self insured w/FP) Jordanian Women's Union
2/19/12	**2/20/12**	**2/21/12**	**2/22/12**	**2/23/12**
National Council of Family Affairs Jordan Pharmacist's Association	Al Nisr (Arab Eagle) Insurance Arab Orient	Jordan Association for Medical Insurance Social Security Dr. Abdul Malik (OB/GYN)	Internal meetings, reviews, discussions	Arab Potash (self insured w/FP) – Jordan Valley
2/26/12	**2/27/12**	**2/28/12**	**2/29/12**	**2/30/12**
		NatHealth (TPA) Dr. Ommayah Dar Odeh, OB/GYN Dr. Khawla Sameh Kalabani, OB/GYN		

B. Meeting minutes

Meeting: High Health Council, 2/14/2012

Dr. Taher H. Abu Elsamen, Secretary General, High Health Council
Dr. Mousa Ajlouni, High Health Council
Dr. Mohammed Tarawneh, Consultant
Dr. Maha Shadid, Ta'ziz
Lisa Beichl, Consultant

The High Health Council meeting was organized to determine potential support to a FP private insurance offering. Points discussed included:

- The goal of the High Health Council is to create a health care concept in Jordan and build a strategy to support
- FP began in Jordan in 1982. The various projects moved the concept forward, but it is perceived to be a political issue.
- In general there is an absence of counseling. How best to introduce the concept is unclear at this time as there are no obvious incentives.
- The private health insurance market in Jordan includes about 650,000 people
- FP is on the agenda with the High Health Council, but in terms of a National Health Account. Specifics are not yet available.
- High Health Council is working with DFID on a national drug list as well as related cost containment initiatives
- There is a health technology project ongoing
- Recommended that we talk to the OB/GYN Society for more information regarding potential incentives and standard protocols to counsel on FP
- Consider a pilot with selected maternity specialists to offer counseling and access to commodities through the private sector

Based on the meeting, there is not an apparent link between the High Health Council and the specific task of working with the private sector. However, Dr. Taher indicated an interest in the recommend next steps in particular if a Family Wellness approach is taken.

Meeting Insurance Commission 2/14/12

Rana K. Tahboub, Acting Director General, Insurance Commission
Najan Hakuz, Director, Research and Strategic Planning, Insurance Commission
Dina Khonago, Researcher, Insurance Commission
Dr. Mohammed Tarawneh, Consultant
Dr. Maha Shadid, Ta'ziz
Lisa Beichl, Consultant

The Insurance Commission is responsible as regulatory authority regarding insurance solvency, brokerage, and Third Party Administration. Points discussed include:

- They are responsible not only for regulating the industry, but also for helping grow it.
- Review terms and conditions and pricing
- While they could request FP as a mandatory cover, it would require significant research and so far it is unclear if it would place undue pressure on the insurers currently operating
- There are an estimated 600,000 privately insured (this includes self insured companies)
- The Commission does not address licensing of doctors, this is covered by the doctor unions and Ministry of Health
- Fee schedules and tariffs for facility fees are self regulated by hospitals; the Ministry of Health provides standard physician fees
    - There are no current coding standards which impede the ability to study claims trends that could point to impact of wellness types of programs
- Because FP is covered by the public sector, adding the costs to a private health insurance program may be considered duplicative
    - However, if the FP was part of additional preventive coverage like immunizations (also available publicly), it might appear attractive and not political
- Recommended we speak to large companies including Potash
- Very interested in the outcome of the project and would be able to provide workshops for the insurance community, if of interest

Meeting: Jordan Food and Drug Administration 2/15/12

Dr. Anan Abu Hassan, Pharmacist
Dr. Mohammed Tarawneh, Consultant
Shirin Al Adwan, Ta'ziz
Lisa Beichl, Consultant

There are essentially two regulations for Family Planning protocols: drug and medical device

Drug Registration refers to oral contraceptives; Medical Device Registration covers loops and condoms

The drug registration process includes:

- Good Manufacturing Processes (GMP) which can be observed through the US, Australian, or Canadian certificates.
- Technical files for the products are also required including certificate of composition, certificate of analysis, method of analysis, and the finished product specification which includes both physical and chemical stability
- Both single source drugs and generics (bio equivalents) are available

With the registration completed, the documents are forwarded to the price committee to get the price. The price is based on a comparative of the cost in the country of origin compared to that in Saudi Arabia. The maximum process for registration is 6 months

The medical device registration is initiated through the importation through the local agent in Jordan

- IUDs are received through a simple importation process whereby the agent submits a CE mark (Europe, India) or FDA mark (US)
- Invoices of importation are received as well as a sample. The sample is ten converted in the laps for analysis. If approved, the agent can sell ore re-export. Each batch is reviewed. Very few failures are in evidence (<1%)
- Condoms are treated like a drug, but referred through the Technical Committee and there is no pricing review

Pharmacies need to be registered but this is not the function of the FDA

- Birth control pills can be distributed with either a prescription or simple request from the individual
- IUDs can be purchased over the counter in selected venues, or they can be filled at a pharmacy through a prescription or simple request from the individual

Copper IUDs are then taken to the doctor for insertion

- OB/GYNs prefer inserting a platinum, many women have to visit a GP or an MOH facility to have a copper IUD inserted

The cost of a copper IUD is JD 2; platinum JD 18; pill JD 1.55 (generic), JD 7 (brand); currently there are no gaps in supply of birth control; customs tax is 16% for IUDs and 4% for contraceptives.

Currently there are no perceived gaps in supply.

Meeting: MedNet Jordan (owned by Munich Re) 2/15/12

Dr. Moh'd Alaeddin Al-Otaibi, Managing Director MedNet
Dr. Mohammed Tarawneh, Consultant
Shirin Al Adwan, Ta'ziz
Lisa Beichl, Consultant

MedNet is a Third Party Administrator for seven insurance companies (out of 27) in Jordan. It manages benefits for approximately 55,000 members.

- There are an estimated 600 – 700,000 privately insured in Jordan and this number includes syndicate members
- MedNet manages the benefits for Jordan Insurance, Middle East, National, Arab Jordan, Alico, and Philadelphia

In general there is strong interest in pursuing a pilot to introduce a FP benefit with an Insurer and select corporate clients. A phased approach to working together is recommended including the following steps:

- The concept of an FP benefit is interesting, but it will increase premium costs, so it's unclear how best to frame and market the concept with insurers
- MedNet is actively engaged with members, particularly those who recently had a baby. There is interest in sharing marketing brochures on the importance of spacing babies, and they would be glad to incorporate appropriate material into their maternity packages
    - Would like to work with Ta'ziz to develop brochures and messaging to share with clients
- Interested in working with Ta'ziz trained EBM and network providers. If MedNet has members in areas where they might need additional provider training, would like to access the Ta'ziz training program
    - Also interested in the outreach programs and could inform female members of upcoming service visits in case the topic is of interest
    - Also open to placing promotional brochures in the offices of select network providers
    - Would continue with the voucher system currently used with private sector providers

In general, Dr. Otaibi expressed interest in pursuing a pilot program, but requires approval from Munich Re. First steps include reading Dr. Tarawneh and the MOU with Ta'ziz trained providers and sharing with Munich Re management for discussion. He expects this to be completed by the end of March.

Issues to include in future discussions:

- Identify modifications to include in potential pricing (this would probably be done by the actuaries in Munich)
- Identify which insurer and corporate group to pilot the concept

- Identify measures to prove potential impact to the population. Possible measures include: number of women who received family planning; number of women who continue family planning after 6 months.
- Identify appropriate marketing strategy to use including focus on corporate client as well as individual member communication strategy
    - This includes member outreach, brochures, follow up on satisfaction with the counseling and birth control method (or discontinuation)

Meeting: The Housing Bank for Trade and Finance 2/16/12

Mohammed Y. Tabanjah, Manager of Support Services Center, Operation Management, The Housing Bank
Ahmad M. A. Seder, Expenses Unit Head, The Housing Bank
Dr. Mohammed Tarawneh, Consultant
Shirin Al Adwan, Ta'ziz
Lisa Beichl, Consultant

The Housing Bank has been offering FP benefits since at least 1997, likely earlier than that. The benefits team we met sees high value in the offering, particularly as maternity costs are covered and there are mother and baby health advantages to appropriately spacing children.

- They cover all available RH commodities and agreed to forward percentage distribution of annual penetration rate of use
- Currently cover 2,000 employees plus 5,000 family members for a total of 7,000 lives
- Manage their own network of 850 doctors and 1,000 pharmacists country wide
- There are 4 dedicated claims personnel in the office, and 1 network manager (physician)
- There are an estimated 10 claims per person per year (compare to 5 to 7 in the US for inpatient/ outpatient/ and pharmaceutical benefits)
    - This is high utilization and very large network
    - They reimburse based on medical association fee schedule, and facility specific fee schedules for inpatient facility rates
    - Absence of standardized claims forms and coding reduce the ability to study the claims granularity
    - The company is currently responding to medical inflation primarily by increasing premium (internal) payment, possibly increasing copayment or coinsurance rates
    - As an example of overutilization (and a patient safety issue), the C-Section to Normal Delivery rate 5 years ago was 1:5. Today it is 1:1 (note the rate for Jordan is 19-20% but majority are performed in the public sector). This high rate is considered high and unhealthy for the mother and the baby. Evidence based protocols identify certain factors that support a C-section decision, but that would require network providers to seek pre-authorization and this is currently not done
    - Reimbursement is made to the provider directly and coinsurance is deducted from the pay check
    - While they have looked at an external Third Party Administrator (TPA) to manage claims, they are concerned that the focus will be too cost oriented and impact quality
        - Without data it will be difficult to prove quality of care
- When asked why RH benefits are not widely provided in the self insured companies, they believe the main issue is additional cost and unclear benefit

Meeting: Jordanian Women's Union 2/16/12

Amneh Zoobi, Head of the Jordanian Women's Union
Dr. Mohammed Tarawneh, Consultant
Shirin Al Adwan, Ta'ziz
Lisa Beichl, Consultant

The focus of this Union is primarily to help the very poor and refugees in the area locate access to healthcare. They have centers and mobile units to help women with significant health issues. They perform significant outreach in terms of education on many issues of empowerment from RH to learning how to use a computer and search for information.

There is a historic sensitivity to FP specific outreach as it is considered a political issue. Therefore, at this time there does not appear to be any opportunity to access direct advocacy for RH for the private sector through the Jordanian Women's Union at this time.

Meeting: National Council for Family Affairs (NCFA) 2/19/12

Mohammad F. Mogdadi, Assistant Secretary General/Family Programs Manager, NCFA
Naelah Al-Sarayra, Assistant Legislation Department, NCFA
Dr. Mohammed Tarawneh, Consultant
Shirin Al Adwan, Ta'ziz
Lisa Beichl, Consultant

The National Council for Family Affairs (NCFA) was established in 2001, is chaired by Queen Rania and foreign ministers who rotate on the Board. Its' role is as a policy "Think Tank" and is not considered an implementing agency.

The organization studied family priorities and developed important areas. The specific programs currently featured: family violence, national framework for family protection, national strategy for family, national strategy for elderly people, national strategy for family counseling. The specific issues being managed are:

1. How to raise children
2. Active parenting skills
3. Dealing with children and teenagers
4. Communication skills within the family
5. Managing conflict within the family
6. Relations within the family
7. Guiding families with special needs
8. Techniques of individual counseling
9. How to guide families of drug addiction
10. Techniques of guidance of the elderly
11. Marital problems and how to handle conflict
12. Handling family violence

The NCFA has counseling centers across the country and is working to develop the role of social work. While the NCFA is interested in Reproductive Health (RH) issues, specific FP counseling is not part of their focus today. However, a working group of the NCFA and important Obstetricians and Gynecologists was organized to draft legislation to regulate the consumer aspect of RH issues. The goal was to create legislation that would help pregnant women know what do to in terms of regular checkups, what procedures and tests should be completed, and other important ante-natal issues.

When the draft was completed and submitted to the Ministry of Health (MOH), it was rejected.

The NCFA is interested in the Family Wellness concept and if a brochure on the benefits of Family Wellness including FP was created, it would place in the different centers where it operates. This form of outreach could have a positive impact in creating an informed individual.

Meeting: Jordan Pharmacist's Association 2/19/12

Hammad Abdo, former Head of Insurance
Ibrahim Badawi, current Head of Insurance
Maysara Zeidan, Head of Accounting
Dr. Mohammed Tarawneh, Consultant
Shirin Al Adwan, Ta'ziz
Lisa Beichl, Consultant

The Pharmacy Association (Syndicate) provides health insurance coverage on two levels: (1) obligatory basic coverage (JD 2 annually); and (2) general health insurance (JD 210 annually).

There are an estimated 10,000 members of which 6,000 purchase the general health insurance offering.

Benefits are curative (not preventive) and cover the maternity costs. The claims are managed through a TPA, Med Service that is owned by French Jordan Insurance (Jovico).

The Association relies on the insurance company or TPA to introduce benefit options. While they understand the benefits of offering FP in the plan, it is considered an extra cost. The Association is not tracking the respective productivity of the individuals, so this specific advantage adds less value.

The Association expressed interest in reading the report on the feasibility of a FP benefit, but believes that a core issue is ensuring the individuals understand the value of FP, the effectiveness and side effects of FP protocols, and that is outside the scope of the Association.

There is strong support for the benefit conceptually, but currently there is low individual awareness of the benefits and values of FP. Women remain scared of contraception, so increasing awareness of it is the first step.

Meeting: Al Nisr Al-Arabi Insurance 2/20/12

Khaled Barakat, Deputy Life Manager, Life & Medical
Issam Ahmad Hamed, Head of Special Projects, Group Life & Medical
Imad Naouri, Medical Claims Manager
Dr. Mohammed Tarawneh, Consultant
Shirin Al Adwan, Ta'ziz
Lisa Beichl, Consultant

Al Nisr has about 20,000 members, is group focused, and is interested in the concept of a FP benefit, but unclear how it can be introduced with incentives to ensure correct application of the benefit.

In general there is interest in the concept of an FP benefit, and they discussed ways to limit the amount of reimbursement as well as requiring any woman deciding to use a FP commodity would not be eligible for maternity benefits in the same policy period as FP was accessed. We discussed that this might not be the best approach, but this was considered as a potential option if the employer group is interested.

Other points discussed:

- SCOR is the main reinsurer, so it would need to be discussed with it. The treaty is proportional at about 60/40.
- The American Embassy is a current client and it has a contraceptive benefit
- The key barrier to uptake is knowledge. The main places to educate women are the mosques on Friday and universities and schools. Absent this access to women, it is unclear how they will be educated on the health benefits of correct birth spacing as well as the reduced health risks, stress, and financial burden.
    - The current market outreach programs in process were discussed and ways to tap into these programs both internally and externally were discussed

Next steps include:

- Mohammed to forward the Feasibility Study
- Set up a meeting after Al Nisr has had time to digest the results and consider a pilot
- Requested sample policy wording on contraception (Lisa agreed to organize this)

Meeting: Arab Orient, 2/20/12

Mustafa Y Melhem, Deputy CEO – Medical Insurance & Customer Service Department
Dr. Mohammed Tarawneh, Consultant
Shirin Al Adwan, Ta'ziz
Lisa Beichl, Consultant

Arab Orient is one of the largest medical insurers in Jordan. It has an exclusive relationship with BUPA for international benefits, is reinsured by SCOR, Transatlantic Re, and Cigna. It accesses van Breda (a major TPA in Belgium) as a broker. Van Breda was purchased by Cigna about a year or so ago.

As an organization, it is committed to the concept of FP, but unclear of the feasibility of the offering and ways to ensure the women access commodities successfully. Having said that, it is one of the only insurers in Jordan offering Lasik surgery, IVF treatments, as well as cancer coverage.

Shirin discussed the fact that in the project's experience women prefer to be treated for FP by private providers, and that the project has accredited 120 providers in Jordan.

Additional points discussed:

- Maternity costs are high and increasing with an average of 13 deliveries daily
- Maternity costs are higher than cancer and cardiology costs
- If maternity cover is excluded from the premium, it will decrease 20%; therefore any impact to reduce maternity costs is interesting
- They work with rural areas where families are large and medical costs are high. There might be a way to work with Ta'ziz with this market segment
- Important to monitor the pilot to determine what impact the coverage and education have on the loss ratio and long term potential impact

Next steps:

- Read and consider the Feasibility Study and return for further discussions regarding a pilot program.

Meeting: Jordan Association for Medical Insurance (JAMI), Social Security Corporation 2/21/12

Fawwaz Ajlouni, Secretary General (JAMI)
Dr. Dahouk Taisir Abu Hamdan, Health Insurance Manager, Social Security Corporation
Dr. Mohammed Tarawneh, Consultant
Shirin Al Adwan, Ta'ziz
Lisa Beichl, Consultant

JAMI is the core link to most insurers, Third Party Administrators (TPAs) and self insured companies in Jordan. The Jordan Insurance Federation is also a member of the group. Members pay a fee to be part of the Association and receive benefits including a voice on important issues facing the industry including setting fee schedules for professional costs, and gaining consensus on issues facing the industry.

JAMI is considered a leader in the market providing avenues to cooperation as well as provision of technical support to the industry.

JAMI believes strongly that FP is a national issue and should be communicated as such on a national level. The focus of this consultation, however, is the expansion of FP benefits within the private sector, so the scope of strategic recommendations will fall within this scope.

Important issues discussed include:

- The self insured companies that do not offer FP benefits do not cover primarily based on the curative (versus preventive) focus of the health insurance market, and the unclear impact to premium.
- The core persons to address via any strategic plan are the top management layers of all companies. As such, JAMI recommends a 2 day working session with top management of all health companies to educate them on the importance of FP benefits.
    - In the meeting we discussed the fact that the private insurers we have spoken with already embrace the concept of FP, therefore such an approach might be reasonable for self insured groups. Alternatively, a meeting might make sense after select FP pilots have occurred in order to share lessons learned.
- Some of the self insured groups with low interest include those with lower profit margins. However, with the increasing medical costs in the market, this might be a good time to introduce potential cost benefit of preventive programs including FP.
- JAMI functions as an important public relations arm in the health insurance community, has strong relations with decision makers and can help mobilize interest at senior levels.
- While there is strong interest in expanding the concept, there needs to be a reasonable return. As such, we discussed ways JAMI can support the development of a preventive focus.
- To assist in the information gathering process, Mr. Ajlouni set up a meeting with White Cement Company (do not offer contraceptive benefits). This meeting will help clarify the enrollment process, the top claims costs of the group, methods to manage complicated pregnancy costs as well as productivity costs associated with maternity leave.

Meeting: Dr. Abdul Malek Ob/GYN, 2/21/12

Dr. Maha Shadid, Ta'ziz
Shirin Al Adwan, Ta'ziz
Lisa Beichl, Consultant

A brief discussion regarding cost of contraception yielded the following points:

- Under private insurance, there is a belief that cannot get a full year prescription for OC pills and get it refilled monthly as there is presumably no way for the pharmacy to check enrollment status under the insurance plan. This is said to be an incorrect belief, but points to the importance of correct insurance network communication.
- Under private insurance, a tubal ligation is typically excluded unless deemed medically necessary. There is a belief that it is difficult to get this approval from the insurer, so workarounds include billing it as a C-section.
- The hormonal IUD is preferred and the cost is JD 115. To encourage use of this longer term more effective contraceptive, consider increasing the fees associated with the procedure.

Meeting: Arab Potash 2/23/12

Dr. Mohammed Qaissieh, Medical Service Manager, Arab Potash
Shirin Al-Adwan, Ta'ziz
Lisa Beichl, External Consultant

Arab Potash is a Canadian owned company that self-insures and self-administers. It offers a broad network of providers in Jordan, and the medical manager for costs is Dr. Mohammed Qaissieh.

The main clinic in the Jordan Valley is close to the main plant and was started about 20 years ago. It has 30 beds and is estimated to run at about a 15% occupancy rate, though when we visited no beds were occupied. Primary care includes everything from general visits to medications, labs, x-rays and vaccinations. While there are an estimated 10,000 beneficiaries, there are about 400 families in the Jordan Valley area who receive primary care from the clinic.

Additional points:

- There are 3 general practitioners, 1 pediatrician (Dr. Mohammed)
- There was an internist, but he left for Amman – the clinic handles first level emergencies, an occasional birth, and medical admissions like gastrointestinal problems, pneumonia, and flu
- There is a dentist, but coverage is only for extractions and fillings and does not include crowns and bridges and other similar coverage
- There is an internal pharmacy, but FP drugs are not dispensed there
- There are an estimated 10,000 members in the self insured plan (employee and family)

Coverage:

- Coverage in the plan excludes congenital malformations (unless life threatening), and cosmetic surgery
- FP benefits include gynecologist insertion of an IUD
    - No supply issues were noted as being significant – if an IUD is not available at the pharmacy it is ordered in and typically takes no more than 3 days to arrive.

Preventive focus and FP

- Dr. Mohammed reports to the head of Human Resources about issues and potential benefit changes. The FP benefit began because they noticed that prescriptions for drugs like antibiotics were being exchanged for birth control methods. They reviewed the cost of birth control (average JD 50) and the average cost of a new enrollee annually (JD 300). If they covered birth control, the savings on a short term basis were sufficient, so the benefit was approved and added.
- Though they have not studied the actual uptake of contraception in the plan, they have held the medical costs steady since this introduction 5 years ago.
- In addition to monitoring issues as above, they also offer preventive sessions and we noted a sign for an obesity clinic after work

- Dr. Mohammed expressed interest in holding an FP seminar after work hours for women and is interested in marketing materials and assistance from Ta'ziz (as it has experience in communicating the health and wellness issues related to FP)
- In terms of new benefits, when changes are made this information is circulated to employees and doctors in the network
    - There is no specific accreditation for FP per se, but it could be interesting to include

Meeting: NatHealth (Third Party Administrator) 2/28/12

Ahmad Moh'd Tijani, Chief Executive Officer
Dr. Lisa Qussous, Quality Assurance Manager & PMO Coordinator
Dr. Mohammed Tarawneh, Consultant
Dr. Maha Shadid, Ta'ziz
Shirin Al-Adwan, Ta'ziz
Lisa Beichl, Consultant

NatHealth is the largest Third Party Administrator (TPA) in Jordan covering about 72,000 lives. The portfolio is approximately 45% insurance companies and 55% self insured companies. It is considered unique because it has a network and clients across the entire country and is not specifically focused on the Amman area. It does not assume risk, nor does it procure reinsurance for its' insurance companies,

NatHealth is interested in the concept of introducing a FP benefit, and some clients (e.g., Lafarge) already include an FP benefit (i.e., hormonal IUD), but it is unclear how FP will be received by the strict religious communities. Therefore, the ability of Ta'ziz to support through market outreach is considered very important.

Meeting discussion included the following points:

- NatHealth works with considerable multinationals including Cisco and Nokia; it works with international expat insurance groups including Cigna and AXA
- They look at past claims data to advise clients on specific issues that might be addressed through improved product wording
- There is a fear that pure FP coverage may be perceived as infringing on personal family values, so the outreach must be very sensitive
- In south Jordan the families are quite large and there is high unemployment
- This is a good time to introduce FP because companies are trying to restructure and move out the older employees (with higher medical costs) and hire younger employees (who might benefit from FP knowledge and commodities)
    - This is a good time to focus on increased private sector involvement in proactive FP
- NatHealth offered to work together to explore this important national issue in the following way:
    - Ta'ziz can present the private sector advantages of FP to a meeting of selected NatHealth clients (NatHealth offered to sponsor this meeting)
        - This will enable the group to discuss options to provide coverage, or not, and how Ta'ziz can assist in the group outreach process
    - NatHealth can include a link on the website to the Ta'ziz website of information regarding maternal health related to FP
    - Can work together to identify potential groups interested in this kind of outreach
- NatHealth mentioned being contacted by Royal Health Awareness group to work on social responsibility. There is a potential opportunity to link this initiative with them
- Recommend next contact at the end of March

Meeting: In-network Obstetrician/Gynecologist solo practitioners, 2/28/12

Dr. Ommayah Dar Odeh, Obstetrician/Gynecologist
Dr. Khawla Sameh Kalabani, Obstetrician/Gynecologist
Dr. Mohammad Tarawneh, Consultant
Shirin Al-Adwan, Ta'ziz
Lisa Beichl, Consultant

These doctors are in network for the main insurers in the market including Arab Orient, MedNet, Islamic and NatHealth. Typically there is no problem working with insurers except that the fee schedule is perceived to be low and some companies do not provide a detailed accounting of the services for which the provider is being reimbursed.

Discussion regarding adding a FP benefit to the private insurance plans yielded the following points:

- It is advised to allow OB/GYN specialists to take care of the FP counseling and procedure for a few reasons including:
    - Typically FP is addressed when a woman is pregnant or about to give birth
    - There is counseling about the methods and advantages and disadvantages
    - The OB/GYN has a high level of comfort (and access) to women who would benefit from FP (in urban areas)
- The approach for private sector should be slightly modified so that the provider does not provide the commodity. Instead the provider completes the insurance company voucher and that is then taken to the pharmacist. This would help the provider financially as there is a tendency from the insurer to reduce the reimbursement to the provider when possible. If the provider has to also manage the supply costs of the FP method, that will be beyond the scope of expertise
- An estimated cost to insert an IUD in the private sector (among OB/GYN specialists) is a total of JD 85: JD 25 for the consultation including discussion of FP, and JD 55 for the insertion and ultrasound. The provider said that the insurers tend to reduce any requested fee by 50%, therefore, providers would likely accept JD 45, but request that the woman bring the IUD from the pharmacy

C. Flow Chart of Operational Processes to support the establishment of FP benefits in the private sector

Start

A. Segment Private Insurance Market; organize meetings with potentially interested parties

B. "Pitch" concept to interested market players

No

Maybe

Yes

C. **Gap analysis** of perceived benefits to industry Identify reasons and opportunities; triggers for change

D. **Steps to Decision** where there is possible agreement:

1. Identify stakeholders and process for decision
2. Create timeline for decision
3. Identify potential assistance issues in terms of research, sharing documents, and collaboration

E. **Operational Support** for Companies to initiate FP benefit in some form:

1. Identify population (pilot, area, company or branch)
2. Identify approach (i.e., FP benefit or family wellness preventive focus)
3. Identify potential barriers to successful implementation
4. Identify commodities to include
5. Modify product wording
6. Identify network; fee schedule; training/certification; method to reimburse (e.g., vouchers) (Subtasks include: training, certification, provider education)
7. Identify potential capacity building (pricing, underwriting, product development, marketing, sales)
8. Revise pricing based on population size and geographic location
9. Create marketing and outreach at corporate and individual level
10. Identify method to measure impact (e.g., penetration rate
11. Revisit coverage regularly for potential modification

F. **Regulatory and Advocacy Support** for Companies initiating an FP benefit in some form:

Regulatory

Mandatory coverage: currently the Insurance Commission indicated it is too early to require commercial insurers to cover something available in the public sector. However, it is interested in expanding interest and creating a dialogue with the private sector

Advocacy:

Individual (organizations with access to women or families in the private insurance sector; organizations with interest in FP expansion)

Corporate/ Self-insured/ Syndicate (organizations with access to insurers or groups interested in expanding concept of prevention and wellness in the corporate space)

Quality and Safety:

Training/Certification: current Ta'ziz training and EBM appear to be an accepted protocol

End