

# Health Insurance Beneficiary Experience Report

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## Introduction

Health Insurance Beneficiary Measurement includes a group of indicators that evaluate the experience and indications of beneficiaries, starting from receiving the EBP (Essential Benefits Package) till receiving the healthcare services. By sending a survey includes the following three domains:

- ▶ Overall perception of CHI (Council of Health Insurance) and satisfaction level
- ▶ Health insurance companies' services and adequacy of insurance information, and Customer Services Team Performance
- ▶ Pre-authorization process, and satisfaction of coordination level between insurance companies and healthcare providers, and rejection explanation

## Methodology

### Surveys

Press Ganey Surveys are reliable tools to assess the patient-reported measures. It measures the experience using a Likert Scale from 1-5. It then calculates the average score the level of insurer and provider. Surveys are sent through text messages to beneficiaries within 1 day after receiving the service.

### Data Sources



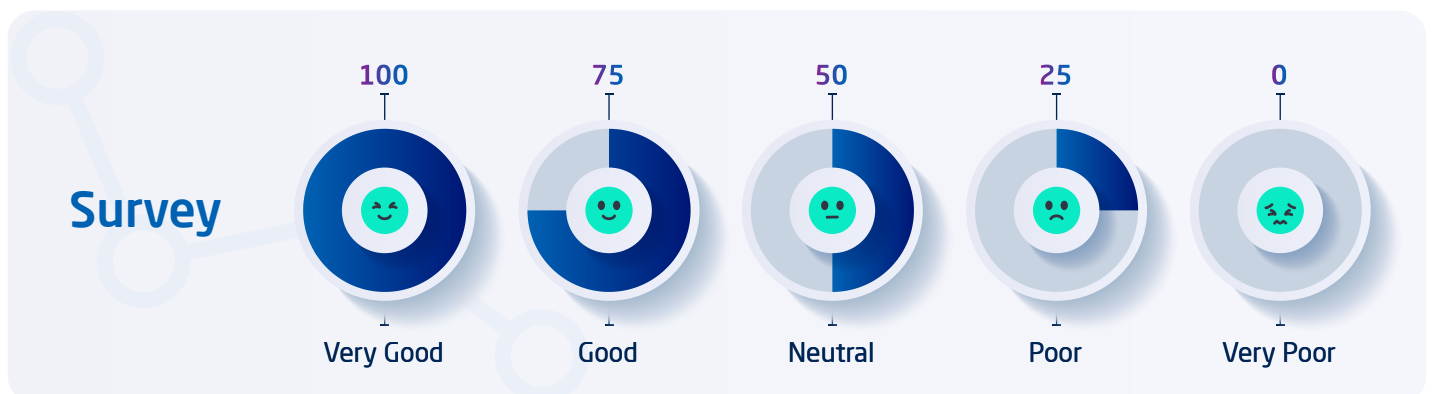
Press Ganey Beneficiaries Experience Survey



Press Ganey Patient Experience Survey (PREMs)



CHI: Complaints Relations Management and NPHIES



# Health Insurance Beneficiary Experience Report

Indicator Name	How it calculated	Frequency
<b>► Beneficiary's Experience</b>		
With CHI role and perception	Average score out of 100	Quarterly
With Health Insurance Companies, and customer service centers	Average score out of 100	Quarterly
With coordination level between healthcare providers and health insurance companies (Pre-authorization level)	Average score out of 100	Quarterly
<b>► Patient Experience Score</b>		
The inpatient experience	Average score benchmarking	Semi Annually
The outpatient experience	Average score benchmarking	Semi Annually
Patient experience in the emergency	Average score benchmarking	Semi Annually
<b>► Complaints Handling</b>		
Complaints Response Rate	Response Rate within SLA 3 working days (percentage %)	Quarterly
Number of complaints	Per 10,000 insured	Quarterly
<b>► Pre-authorization Process</b>		
Response rate	Within SLA 60 minutes (percentage %)	Quarterly

# The sector average in Q3 compared to previous periods in 2023

## Council of Health Insurance Key Performance Indicators

**Beneficiaries Experience with CHI**  
Overall Experience Score



**Health Insurance coverage by Population**

**11.79**  
Million

## Health Care Providers Key Performance Indicators (PREMs)

this indicator is calculated semi annual

 **GCC** Gulf Cooperation Council countries  
 **PG** Press Ganeey

**Inpatient Experience**



GCC: 84.28 PG: 85.22

**Emergency Experience**



GCC: 68.99 PG: 85.62

**Outpatient Experience**

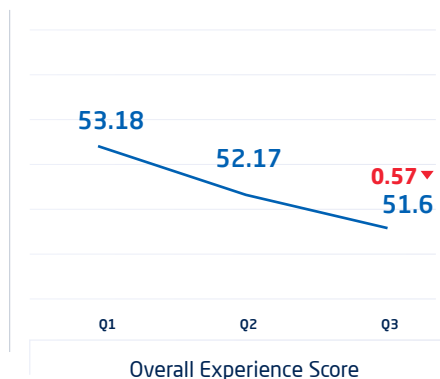


GCC: 78.23 PG: 92.70

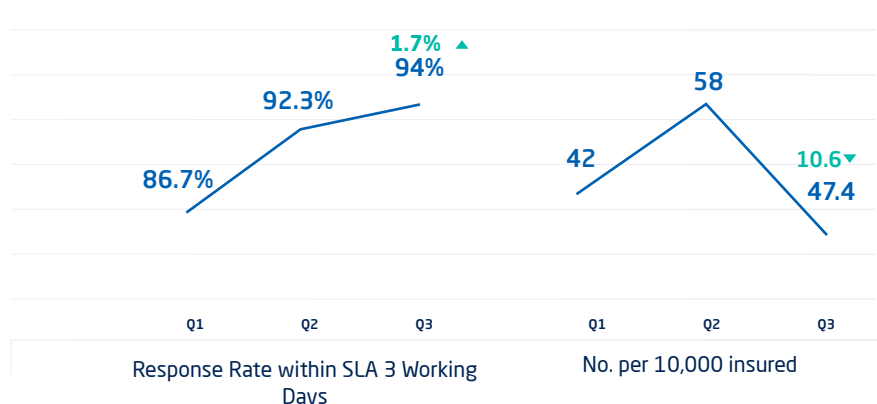
# The sector average in Q3 compared to previous periods in 2023

## Health Insurance Companies Key Performance Indicators<sup>1</sup>

**Beneficiaries experience with Insurer**

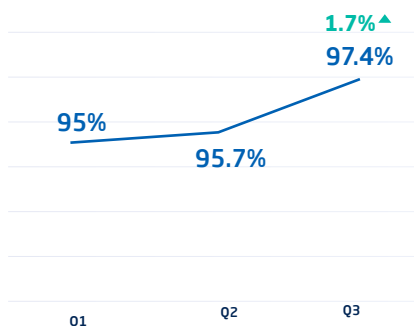


**Complaints Handling**



## Pre-Authorization Process<sup>2</sup>

**Response Within SLA 60 minutes**



**Beneficiaries's Experience within process**



1. This indicator calculation methodology has been updated  
2. Coordination Between Insurer and Provider

# ضمان

مجلس الضمان الصحي  
Council of Health Insurance