CASE MANAGEMENT





Containing Costs Through Individualized Care and Services

Case Management is a collaborative process to coordinate care and achieve cost effective outcomes while meeting the health needs of insured members. The process involves assessing medical cases and accordingly planning for cost effective alternatives involving a new healthcare provider with specialized services to treat the case at better cost.

The process evaluates alternative providers to meet the insured members' health needs while containing cost. It further maintains transparent communication with the clients and insured members, communicating with them the suggested alternative with all the supporting details for the chosen healthcare provider.



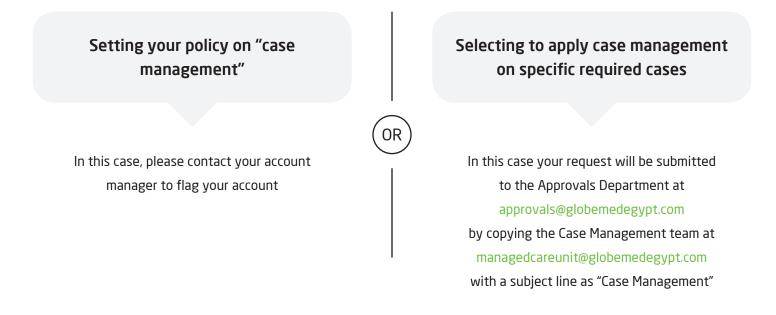
Tremendous Benefits Result from GlobeMed Egypt's Case Management program

Our Case Management program aims to optimize the provided medical services at better treatment cost. Consequently, this will have noticeable impact on the policy performance.



Request the Case Management Program

You can apply for Case Management either by:



CASE MANAGEMENT





Fast Response Time

The standard service level agreement (SLA) for receiving a reply is 48 working hours (excluding Fridays and Saturdays). The client will receive a response within the Turnaround Time (TAT) with one alternative, including the price and suggested hospital while excluding the name of the physician.

Applied Criteria to Case Management Requests

• Requests of inpatient non-life threatening cases which are requested within healthcare providers' facilities belonging to tier 3. These will be automatically routed to tier 2 hospitals.

• Cases that can be switched, if available, within the same tier if the service is less expensive within the alternative healthcare provider.

Case Management excludes the following cases:

