**Delayed provider claims reimbursement challenges: a decade after the implementation of the National Health Insurance Scheme Policy in Ghana. Time to rethink.**

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**Abstract**

**Background**

To ensure that all people can access quality health services to protect them from public health risks and impoverishment due to illness, from out-of-pocket payments for health care, the government of Ghana implemented the Universal Health Coverage (UHC) under the National Health Insurance Scheme (NHIS) in 2005. However, over a decade of its implementation, reimbursement of claims to providers is threatening the trust and sustainability of the scheme.

**Aim**

To find innovative ways of addressing the current challenges, this study explored health professionals’ views on key policy interventions.

**Methods**

A qualitative study comprising of 16 key informant interviews (KIIs) were conducted with

 health professionals comprising of 4 hospital directors, 4 claims managers, 4 hospital administrators and 4 accountants in four districts in the Eastern region of Ghana. The participants were purposively selected from three public hospitals and one mission hospital. The data collection tool was in-depth interviews using open-ended interview guid**e.** Thematic framework was utilized for the analysis.

**Results**

The main findings of this study were: long delays of claims reimbursement to health facilities ranging from seven (7) to ten (10) months on the average. They also mentioned that the current phenomenon affects the quality of healthcare provided to clients since in some instances, clients are compelled to make co-payments or out-of-packet payments for health care. The participants attributed the current challenges of the scheme to inadequate funds, manual processing of claims and political interference in the activities of the scheme. To get rid of the current challenges bedevilling the scheme, participants suggested the need for the government to explore alternative and sustainable sources of funding by levying special taxes on mobile and money transfer and other profitable companies, allocation of a certain percentage of the oil revenue and raising of the Value Added Tax on healthcare to support the health budget. Computerization of the claims system and decoupling of politics from the schemes activities were also suggested.

**Conclusion**

The implication of delayed claims reimbursement and provision of health services draws critical issues on quality and equity of care. To address some of the issues identified in this study, the government, policy makers and implementers need to consider our recommendations to ensure the sustainability of the scheme.

**Keywords:** Universal Health Coverage, claims delays, claims reimbursement, Health facilities, Ghana.