FIRST PART this was my business issue: There are not many health issues that we face here working with the foreign government with the exception of how the process goes when getting the claims processed and paid. The process currently now in place is much better than it was when we started working to make it better three years ago. As some of you may know normally claims should be processed with thirty business days and in this case we had some claims that hadn’t been paid in months. This caused providers to not want to see the internationals and of course we had to a lot of clean-up work. The goal we wanted to achieve was to get claims processed and paid with thirty business or at least have correspondence out to the vendors requesting additional information in order to get the claims paid in a timely manner. We needed a better process on how we are reviewing the claims and not allowing them to sit weeks before reviewing and sending over for payment. It was out responsibility to figure out a way to make it easier for the vendors seeing our students. The first I advised most providers don’t want to see anyone they are unfamiliar with the type of insurance they have, so we created identifications cards for them with information on them on who to call and where to send claims. Although they had Invitational Travel Orders (ITO) this was still something very new to them. When we came in the stakeholders were both the students and the vendors as the vendors were not wanting to care for them as they had in the past because there’s still so many claims out and unpaid and the students were not getting the care they needed when they became ill. We had to come in and reassure the vendors that this was about to change. We have for the most part cleaned up everything and getting claims processed and paid within the 30 business days. We have a “real” person available to speak with vendors when calling to ask questions about how it works seeing them since we are not an official insurance company. Things have been looking good thus far however, there are still some improvements we can make as far as not knowing when a claim falls through the cracks unless a vendor calls for status.