

ASPECTS REGARDING CO-PAYMENT IN HEALTH CARE SYSTEM

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Abstract

This study focuses on the changes to the Social Health Insurance System in Romania, by introducing co-payment. It is an initiative of the Ministry of Health, whose impact seems to be minimal and without any significant relevance to health care providers or for the insured.

Key words: co-payment, insurance, hospital, patient

INTRODUCTION

Health insurance represents a type of insurance coverage that covers the costs of an insured individual's different medical and surgical expenses. From the public health and medical management point of view, there are some often used terminologies: the "provider" is a clinic, hospital, doctor, laboratory, health care practitioner, or pharmacy. The "insured" is the patient - owner of the health insurance policy; that person who has a health insurance coverage.

Broadly speaking, there are three types of health insurance (classified by the way of financing):

- Private health insurance – is especially frequent in the U.S. The CDC (Centers for Disease Control and Prevention) express the fact that the US health care system is mostly relying on private health insurance. 58% of Americans have some kind of private health insurance coverage.
- Public (government) health insurance – is a system well known in the U.K., Canada, Spain, Greece, etc. This type of insurance needs premiums to be collected, even if most of the financial resources come from the state (government).
- Social health insurance (SHI) – is a system applied in Germany, Austria, France, etc. According to the World Health Organization, social health insurance "is a form of financing and managing health care based on risk pooling. SHI pools both the health risks of the people on one hand, and the contributions of individuals, households, enterprises, and the government on the other." A more succinct definition is offered by the OECD: social insurance is a "scheme is one where the policy-holder is

obliged or encouraged to insure by the intervention of a third party."

Social health insurance is available in Romania, too. Following the criteria of this type on insurance, there are some aspects that characterize the Romanian health insurance system:

- The payment of the contribution to the National Sole Social Health Insurance Fund (FNUASS) is mandatory and failure to pay is deemed a crime and shall be punished accordingly, according to Romania's National Health Insurance House.
- The social health insurance contribution must be paid, under the law, by all citizens residing in Romania and all foreigners residing in Romania or who had their temporary residence extended.
- The amounts payable to the health fund are calculated in accordance with the legislation in force in the respective period.

MATERIAL AND METHODS

For this study it has been used the Official Gazette of Romania, Part I, no. 166 (Official Gazette 166/2013) from the 28th of March 2013. In this O.G., there has been published the Governmental Decision no. 117/2013 for the approval of the Framework-Contract regarding the terms of medical assistance implied in the social health insurance system, for 2013 and 2014. This document provides the legal aspects regarding the co-payment.

Article 74 says that hospitals charge co-payment from ensure persons as follows:

- a) for medical services provided under continuous hospitalization in departments of health units;
- b) for hospital services granted under continuous hospital provided by the basic package of health services or by the package granted to persons who have optional insurance;
- c) for hospital services provided under continuous hospitalization, the minimum co-payment is 5 RON and the maximum is 10 RON. Co-payment amount is determined by each health unit with beds, based on their own criteria, with the approval of the board;

Health care providers that are in a contractual relationship with health insurance funds may not receive another payment from the insured for hospital services for which co-payment is charged.

There are several categories of people who are exempted from co-payment: chronically ill patients included in national health programs, children under 18, pregnant women, pensioners with incomes below 740

RON, people with disabilities. Co-payment will not pay off if emergency admissions.

To discuss the effect of introducing co-payment, the reactions of patient from the County Emergency Hospital of Oradea were analyzed.

RESULTS AND DISCUSSION

Framework-Contract on the conditions for granting medical assistance in the social health insurance system for 2013-2014 was approved on March 20 by the Romanian Government and entered into force on 1 April 2013.

The Minister of Health arguments this measure by the fact that human mentality targeted only on hospital must be changed and it is needed to build a system based of family medicine and the ambulatory.

In Bihor County, the County Emergency Hospital of Oradea established the value of co-payment to 10 RON; the same amount will be paid at the Municipal Hospital, while CF Hospital will charge patients with 5 RON.

Activity in the hospital units indicates these practical aspects of co-payment:

- Emergency County Hospital recorded about 4,100 monthly discharges and about 85% of cases are patients admitted through the Emergency Receiving Unit, which means that the amount gathered through co-payment will not bring significant revenue to the hospital budget.
- At the Municipal Hospital "Dr. Gabriel Curteanu" Oradea there are approximately 30,000 patients annually. If the groups of patients exempted from co-payment will be subtracted, no more than 15,000 of the patients will pay. So, the hospital will collect the maximum 150,000 RON per year, which is not much compared to the budget so far.
- Among the major hospitals in Oradea, the only one that set the minimum amount of co-payment is CF Hospital Oradea. According to statistics, the unit hospitalizes and releases 4,000 patients annually, so the income generated from the co-payment will be insignificant.

Also there was a number of bureaucratic confusion about co-payment receipt: remains with the patient, should be retained in the patients' observation sheet, and shall be issued in duplicate? Also, it is important not overlook the fact that the issue receipts are extra work and involves a significant consumption of time.

Patients are cooperative and they have not refused to pay co-payment, but the situation is embarrassing when the patient is placed in a position to pay not only the co-payment, but also, the value of medicines that the hospital cannot provide. Co-payment is for medical care/services, not for the hotel services of the hospital.

Patient orientation to family doctor and preventive medicine is really important, but the current form of co-payment will not achieve this. Anyway, at this time, the number of beds in hospitals is low, so it is no longer affordable the "luxury" of hospitalizing cases which are not suitable for continuous medical supervision.

CONCLUSIONS

- Introduction of co-payment is an attempt to change the decrepit state and the instability that characterizes the health care system in Romania.
- Co-payment does not bring significant benefits to medical units.
- Patients do not refuse to pay, but the satisfaction would be even higher if medical services would be appropriate.
- It is necessary to identify another form of guidance of the insured to ambulatory, which is focused primarily on education.

REFERENCES

1. Daina Lucia, 2007, Manual de management sanitar, Ed. Universității din Oradea
2. Zanoschi G., 2003, Sănătate publică și management sanitar, Ed. Dan, Iași
3. Enăchescu D., Marcu M., 1999, Sănătate publică și management, Ediția a II-a, București, 1999
4. <http://www.medicalnewstoday.com/info/health-insurance/>
5. <http://www.romania-insider.com/romania-health-insurance-house-social-health-insurance-contribution-mandatory/8918/>
6. http://www.ehow.com/about_6390952_definition-social-health-insurance.html
7. <http://www.mediafax.ro/social/coplata-a-intrat-in-vigoare-ce-suma-vor-plati-pacientii-spitalelor-din-tara-la-externare-10704063>
8. http://www.paginamedicala.ro/stiri-medicale/Contractul-cadru-2013-a-intrat-in-vigoare_18619/
9. <http://legestart.ro/a-fost-publicat-in-monitorul-oficial-actul-normativ-privind-coplata-cine-este-scutit-de-la-aceasta-plata/>
10. Monitorul Oficial, Partea I, nr. 166 (M.O. 166/2013) din 28 martie 201