

Utilization Health Services By The Insured Employee At A Governmental University

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ABSTRACT:

The importance of health insurance emphasizes the need to raise the level of health care in the country and remove or reduce the financial burden on the citizen and create a kind of social justice among citizens by meeting the medical needs of the largest possible segment.

This research aims to use the accumulated data to study the experience of the application of health insurance in general and to show the extent of use of these data in the study of the health status of the insured employee at a Governmental University.

Statistics indicate that the total number of health insurers in Syria reached 848,099 in the government and private sector in 2018. According to the statistics, the number of insured workers in Governmental University increased from 7491 in 2011- up to 9288 in 2018. The percentage of beneficiaries of services increased From 38% in 2011 to 58% in 2018, the statistical data showed that the use of medical clinic services at Governmental University has increased by 10% and the use of prescription services has increased by 11%. The rate of use of radiological diagnostic services decreased from 10% in 2011 until 8% in 2018.

Keywords: health insurance, insured employee, beneficiaries.

INTRODUCTION

Health insurance is a means of avoiding the risks of different health conditions of the individual and includes the costs of examination, diagnosis and treatment, cover the allowance for the interruption of work for a certain period or permanent disability.

The importance of health insurance emphasizes the need to raise the level of health care in the country and remove or reduce the financial burden on the citizen and create a kind of social justice among citizens by meeting the medical needs of the largest possible segment.⁽¹⁾

The main elements of health insurance include insurance companies, medical expenses management companies, medical provider and insured.⁽²⁻⁴⁾

First: Insurance companies: Is the first and last responsible for the success or failure of health insurance, because they have full authority in the pricing of the insurance product and follow-up the

work of management companies and medical service networks contracted with them (control management claims).

Second: Medical Expenditure Management Companies: Undertake contracts (on behalf of the insurance company) with a network of medical service providers (doctors, pharmacists, hospitals ...), which provides them with the electronic structure necessary to start the effects of this contract, barcode readers for cards, assist them in the subject Providing online, and more.

It also handles the receipt of medical bills from them and audits them, and then transfer them to the insurance company, so that, after confirming the validity of these bills, receive the value of insurance companies and delivered to the medical service providers, in addition to processing the insured queries on customer service numbers for each company.

Third: the medical service provider: doctors of various specialties, pharmacists, laboratories, radiology and hospitals, and have a real interest in health insurance in principle, where provides them with a good source of income.

Fourth: The Insured: It is the center and goal of health insurance, and some consider that the satisfaction of the insured is the indicator of the success of the project or not.

The health insurance program includes two types of treatment : In-hospital and out-of-hospital treatment:⁽⁶⁻⁸⁾

First: In-hospital treatment: Cover all expenses associated with ambulance and surgical operations - accommodation fees - X-rays - laboratory tests - nursing - necessary medicines

Second: Out-of-hospital treatment includes the following cases:

Doctor visit: This includes covering all costs associated with the regular examination done at the doctor's office and is considered the most frequent and least expensive medical claims.

Diagnostic Tests: This includes the cost of external diagnostic procedures such as radiographs and laboratory tests.

Prescriptions (Medicines): Includes all costs associated with the subject of prescriptions, where the cost of domestic and imported foreign medicine is covered systematically.

These plans are optional so that the applicant can choose them in total or individually. The inpatient treatment plan is often the focus of being the most expensive health insurance and the average income person cannot cover it.

MATERIALS AND METHODS

The goal of the research is to use of accumulated data to study the experience of the application of health insurance in general and show the extent of use of these data in the study of the health status of the insured employee at Governmental University. Health Insurance in Syria: ⁽⁵⁾

The President issued Legislative Decree No. 68 of 2004 establishing the Insurance Supervisory commission, It enjoys legal personality and financial and administrative independence. It regulates the insurance and reinsurance sector and enhances the role of the insurance industry in the industry of persons. Figure (1) shows the structure of the health insurance sector in Syria (2018)

Types of Health Insurance Contract: ⁽⁹⁾

In 2010, a health insurance project was launched in Syria for administrative sector employees. The future vision was to include families, retirees, the economic and private sectors, but the war conditions prevented the implementation of the rest of the sectors. ⁽⁶⁾

By studying the rates of using the health services covered by health insurance , it was found that only 20% of those who used the health services that covered by health insurance from the beginning of 2010 to 2013 and the beginning of 2014, the percentage of using the health services covered by health insurance increased to 80%. Administrative. Table (1) shows the terms of the new administrative contract and its comparison with the old one. Table (2) shows the economic contract and its comparison with the new administrative contract.

Tables:

Table (1): Conditions of the New Administrative Contract and Comparison with the Old Contract

Old administrative contract	New administrative contract
Validity of referrals: The period allowed between the date of the request of the doctor and the date of use of the service	
5 days for prescriptions. 15 days for informant referrals. 15 for X-ray referrals. Subject to public holidays and holidays	4 days for prescriptions. 4 day for detective referrals. 4 for x-ray referrals. Subject to public holidays and holidays
Financial limits of the contract:	
Out patient treatment: 50000 SP during a contractual year. Internal treatment In patient .: 300000 SP per entry.	Out patient treatment: 50000 SP, in addition to 25000 SP for the insured with chronic prescriptions. Internal treatment In

patient: 500000 SP during the contractual year, with a limit of 100,000 SP for alternatives.	
annual installment:	
250 SP per month from the insured (total 3000 SP per year) 5000 SP from the Ministry of Finance. The total annual premium for the insured is 8000 SP.	250 SP per month from the insured (total 3000 SP per year) 6500 SP from the Ministry of Finance. 6500 SP from the Syrian General Organization for Insurance. The value of the total annual premium of the insured 16000 SP.
Limits of external visits allowed in the contract:	
- External treatment: Medical clinic / 12 visits during the contractual year. Pharmacy / 12 recipes during the contract year. Chronic medicines / 12 prescriptions during the contractual year. Laboratory / 12 referrals during the contractual year. X - rays / 12 referrals during the contractual year.	- External treatment: Determine 12 visits to all procedures / clinic - pharmacy - laboratory - radiology ... / Start from the doctor exclusively, during the contractual year, in addition to 12 chronic prescriptions. Adopting insurance tariffs for doctors and hospitals to maintain the largest number of medical service providers.
Amounts of the Insured:	
% For inspection during external doctor visit. 10% of the prescription value. 20% of the value of chronic recipes. 10% for laboratory and radiology procedures. 100% of the value of invoices for unreported cases. 10% of the surgeries covered within the hospital, including no	% For inspection during external doctor visit. 25% of the prescription value 25% of the value of chronic recipes 25% of the value of the reimbursement bills 100% of the value of invoices for unreported cases. 10% for covered surgeries within the hospital.
Clinics:	
All specialties	All specialties

Table (2): The economic contract and its comparison with the new administrative contract

Economic contract	The new administrative contract
Financial limits of the contract:	
Out patient treatment There is no financial limit	Out patient treatment: 50000 SP, in addition to 25000 SP for the insured

For internal treatment In patient There is no financial limit	with chronic prescriptions. Internal treatment In patient: 500000 SP during the contractual year, with a limit of 100,000 SP for alternatives	coverage (limited amount) as per policy. <input type="checkbox"/> Covering eyeglasses (for a specified amount) according to the policy. Contrary to the exception and within 48 hours of the birth hour, the newborn is given: 1- Incubator 2- Consultation of pediatrician 3- Circumcision of male child <input type="checkbox"/> Hearing correction devices. <input type="checkbox"/> Dialysis sessions. <input type="checkbox"/> Burial costs up to a maximum of SYP 100,000 if the patient dies during his stay in the hospital as a result of a covered condition. Hospital ambulance	during the doctor's external visit. 25% of the prescription value 25% of the value of chronic recipes 25% of the value of the reimbursement bills 100% of the value of invoices for unreported cases. 10% for covered surgeries within the hospital
annual installment			
Between 30000 - 42000 SP per year by age groups.	250 SP per month from the insured (total 3000 SP per year) 6500 SP from the Ministry of Finance. 6500 SP from the Syrian General Organization for Insurance. The value of the total annual premium of the insured 16000 SP.		
Pharmacy			
12 medical visits per medical movement. (Prescription signed and stamped by the doctor licensed to practice the profession, whether inside or outside the network - indicating the diagnosis and history) Chronic Chronic Recipe per month. The patient's signature on the prescription ..	Within the financial limits of external processing. 12 visits during the contractual year for all types of service providers, starting from the doctor exclusively outside the hospital (clinic - pharmacy - laboratory - radiology) Chronic Recipe per month. The patient's signature on the prescription.		
Clinics:			
All specialties 12 visits to the medical clinic.	All specialties 12 visits during the contractual year for all types of service providers, starting from the doctor exclusively, outside the hospital (clinic - pharmacy - laboratory - radiology)		
laboratory / Radiologist			
12 medical referrals during a contractual year. (Prescription signed and stamped by the doctor licensed to practice the profession, whether inside or outside the network - indicating the diagnosis and history)	Within the financial limits of external processing. 12 visits during the contractual year for all types of service providers starting from the doctor exclusively outside the hospital (clinic - pharmacy - laboratory - radiology)		
Special coverage / benefits <input type="checkbox"/> Dental treatment	The financial amounts of the insured 25% for the examination		

Table 3: General statistical information about the health insurance sector in Syria

Subject	No
Government insurance companies	1
Reinsurance companies	1
Private insurance companies operating in the traditional system	10
Private companies operating in the Takaful system	2
Companies listed on the Governmental Securities Exchange	6
Branches of insurance companies in the governorates	67
Employees in the insurance sector	1748

Table (4): Financial Statistical Information on the Health Insurance Sector in Syria

Subject	Amount or%
Gross premiums for 2018	33 billion SP
The annual share of the Syrian citizen = total premiums / population	1938 for SP.
Contribution of insurance sector to GDP = gross	%0.9
Contribution of insurance sector in services sector	%2

Table 5: Distribution of health insurers in the government and private sector among health insurance expenditure management companies (2018)

Company	No	%
Medexa	118,177	14
IMPA	127,061	15
Globe meD	239,311	28
Best Services	127,650	15
Midsear	66,893	8
Care Health services provided by health insurance company	63,043	7
medical care	105,964	12
Total	848,099	100

Table 8: Distribution of health insurers in the private sector among health insurance expenditure management companies (2018)

Company	No	%
Medexa	4,829	24.2
IMPA	262	1.3
Globe meD	1,131	5.6
Best Services	387	1.9
Care Health services provided by health insurance company	4	0.02
medical care	13,260	66.7
Total	19,873	100

Table (6): Distribution of Health Insurers in the Governmental Administrative Sector among Health Insurance Expenditure Management Companies (2018)

Company	No	%
Medexa	108,947	18
IMPA	103,665	17
Globe meD	111,142	18
Best Services	97,110	16
Midsear	66,786	11
Care Health services provided by health insurance company	61,889	10
medical care	59,837	10
Total	609,376	100.0%

Table 7: Distribution of health insurers in the government economic sector among health insurance expenditure management companies (2018)

Company	No	%
Medexa	4,40	7.5
IMPA	19,614	33.8
Globe meD	26,857	46.2
Best Services	7,220	12.4
Total	58,092	100.0

Table 9: Number of insured employee in Governmental University since 2011 – 2018

Year	Number of insured	The value of the principal installment	Total installment	Full expenses
2011	7491	8000	49927671	21637545
2012	7556	8000	58364493	27270365
2013	8067	8000	60501084	33992066
2014	8695	8000	65480964	50326279
2015	9130	8000	69200986	80081994
2016	9280	8000	71062666	119149037
2017	9154	9500	82562964	103596046
2018	9288	9500	78909967	103126079

Table (10): The extent of benefiting from insurance services at Governmental University from 2011 to 2018

Year	Number of insured	Beneficiaries	
		No	%
2011	7491	2870	38
2012	7556	3342	44
2013	8067	3395	44
2014	8695	4259	45
2015	9130	5190	57
2016	9280	5716	62
2017	9154	5339	58
2018	9288	5351	58

Table (11): The extent of the use of medical clinic services at Governmental University from 2011 to 2018

Year	Number of Beneficiaries	Medical clinic auditors	
		No	%
2011	2870	2048	71
2012	3342	2491	75
2013	3395	3068	90
2014	4259	2690	63
2015	5190	3240	62
2016	5716	3763	66
2017	5339	3084	58
2018	5351	4311	81

Table (12): The extent of use of prescription services (medicines) at Governmental University from 2011 to 2018

Year	Number of Beneficiaries	Recipients of recipes	
		No	%
2011	2870	2150	75
2012	3342	2513	75
2013	3395	2555	75
2014	4259	3394	80
2015	5190	4372	84
2016	5716	5148	90
2017	5339	4624	87
2018	5351	4577	86

Table (13): Number of beneficiaries of chronic recipes at Governmental University from 2011 to 2018

Year	Number of Beneficiaries	Chronic recipes	
		No	%
2011	2870	242	8
2012	3342	154	5
2013	3395	183	5
2014	4259	234	6
2015	5190	338	7
2016	5716	454	8
2017	5339	567	11
2018	5351	631	12

Table (14): The extent of using diagnostic testing services at Governmental University from 2011 to 2018

Year	Number of Beneficiaries	Beneficiaries of laboratory tests		Beneficiaries of X-ray tests	
		No	%	No	%
2011	2870	681	24	293	10
2012	3342	814	24	278	8
2013	3395	777	23	290	9
2014	4259	988	23	304	7
2015	5190	1183	23	296	6
2016	5716	1450	25	414	7
2017	5339	1327	25	439	8
2018	5351	1437	27	431	8

Table (15): The extent of use of hospital services (entry with accommodation and services without accommodation) at the Governmental University from 2011 – 2018

Year	Number of Beneficiaries	Entry with accommodation		Services without accommodation	
		No	%	No	%
2011	2870	54	2	52	2
2012	3342	462	14	498	15
2013	3395	519	15	430	13
2014	4259	549	13	536	13
2015	5190	590	11	330	6
2016	5716	540	9	288	5
2017	5339	530	10	354	7
2018	5351	464	9	344	6

Table (16): Number of beneficiaries of artificial alternatives at Governmental University from 2011 to 2018

Year	Number of Beneficiaries	Artificial alternatives	
		No	%
2011	2870	0	0
2012	3342	0	0
2013	3395	0	0
2014	4259	0	0
2015	5190	7	0.1
2016	5716	11	0.2
2017	5339	30	0.6
2018	5351	20	0.4

RESULTS AND DISCUSSION

the statistical data are presented as:

First part : the general structure of health insurance in Syria in 2018 as shown in following tables : from table (3) to table (8)

Second Part: The extent of benefiting from the services by the insured employee at the Governmental University since 2011 - until 2018 as shown in tables following tables: from table (9) to table (16)

the general structure of health insurance in Syria :

The figure (1) shows the administrative structure of health insurance in Syria, which shows that the Insurance Supervisory commission is the main regulator of the insurance and reinsurance sector and also shows insurance companies in Syria include: ⁽⁵⁾

- General Organization for Insurance
- United Insurance Company
- Adir Insurance Company
- Syrian Arab Company
- Arab Insurance Company
- Syrian National Company
- Syrian Kuwaiti Company
- Syrian International Company
- Syrian Trust Company
- Arab Orient Company
- Syrian Islamic Company
- Al - Aqeelah Takaful Insurance Company
- Union Cooperative Insurance Company

Health insurance expenditure management *companies include:*

- Medexa
- IMPA
- Globe MEd
- Best Services
- Midsear
- Care Health services
- medical care

the distribution of the insured among the sectors:

The total number of health insured persons reached 848,099 in the government and private sector in 2018, as shown in Table (5).

The number of insured employee= 609,376 insured in the administrative government sector, as shown in table (6)

Number of insured employee =58,092 insured in the government economic sector, as shown in table (7)

The number of insured employee = 19,873 i insured employee in the private sector in the Syrian General Organization for Insurance, as shown in table (8)

The extent of benefiting from the services by the insured employee at the Governmental University:

We note the increase in the number of insured employee in Governmental University from 7491 in 2011 - up to 9288 in 2018 as shown in Table (9).

The percentage of beneficiaries of insurance services increased from 38% in 2011 to 58% in 2018 as shown in Table (10).

The type of contract with Governmental University is an administrative contract. It is known that the administrative contract was amended in 2017 as shown in Table (1).

According to the old administrative contract:

- Medical clinic = 12 visits during the contractual year.
- Pharmacy = 12 recipes during the contract year.
- Chronic medicines = 12 prescriptions during the contract year.
- Laboratory = 12 referrals during the contractual year.
- X-ray = 12 referrals during the contractual year.

According to the new administrative contract:

- Identify 12 visits to all procedures (clinic - pharmacy - laboratory – radiology) = Start from the doctor exclusively, during the contractual year, in addition to 12 chronic prescriptions.

Statistical data showed that the use of medical clinic services at Governmental University from 2011 to 2018 has increased by 10% as shown in Table 11 and that the use of prescription services has increased by 11%. As shown in Table (12),

- While the rate of use of radiological diagnostic services decreased from 10% in 2011 to 8% in 2018 as shown in Table (14).

The insurance sector in general and health insurance in particular suffered during the war years due to: ⁽⁹⁻¹¹⁾

- Poor internet connection, which resulted in difficulty for service providers.

- Weak economic situation and high price difference.

Influence on pharmacists

- Many drug factories are out of service because they are located in areas controlled by terrorists.

- Lack of many necessary and important medicines due to circumstances.

Impact on laboratories

- The prices of laboratory materials have multiplied by 10 because most of them are imported.

Impact on the level of doctors:

- The migration of many qualified doctors.

- Change the whereabouts of doctors as a result of the current circumstances and different addresses.

- twice the value of medical examination approved by the Ministry of Health compared to the prices.

- All of the above has led to a reduction in the size of the medical network, which has negatively reflected on the use of the insurance service.

- As for the cases of admission to the hospital according to the administrative contract: the emergency cases and accidents are covered by all hospitals in the network or outside the network in the absence of a hospital inside the network.

The order of classification of hospitals according to the pricing of the Syrian General Organization for Insurance:

- A + rated hospitals
- Hospitals with a rating of A
- Hospitals rated B +
- Hospitals of classification B

Hospital services include:

- Health services covered by health insurance company : surgery: coronal bypasses
- Aortic aneurysm (thoracic - abdominal)

- Heart Catheters

Statistical data showed that the use of hospital services (admission with accommodation and non-residency services) at Governmental University from 2011 to 2018 has increased by (7%) for admission cases and (5%) for non-residency services as shown In Table (15).

CONCLUSION & RECOMMENDATIONS

The number of insured persons has increased in recent years and the percentage of using the services covered by the insurance has increased and at the same time the abuse has increased.

Therefore, we suggest the following recommendations to improve the utilization of health insurance services:

- Integrating the administrative and economic sector with one contract.
- Participation with public sector hospitals, especially independent bodies, and the allocation of a floor in each hospital with health insurance
- Activating the role of unions in following up the pattern of service providers.

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