The Health Care System in Belgium:  
the compulsory health care insurance.  
A kaleidoscopic view.

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Summary

I. Introduction
II. Organisational structure & management
III. Health care finance & expenditure
IV. Compulsory health care insurance
V. Key characteristics
I. Introduction
The Belgian health care system is mainly organised on two levels:

✓ federal
  - compulsory health care insurance, financing of hospitals and heavy medical care units, registration of pharmaceuticals and their price control, ...

✓ federated entities
  - health promotion, preventive health, different aspects of elderly care, financing of hospitals, ...
Constitutional structure
3 communities responsible for a series of issues associated with language and culture
Constitutional structure

3 regions responsible for a series of issues associated with territory in the broad sense of the word
II. Organisational structure & management
Fig. 2.2
Organization of the health system

Federal level
- Federal parliament
- Federal government

Federal Minister of Social Affairs and Public Health
- Main federal departments, agencies and advisory bodies
  - Organization and financing
  - FPS Health, Food Chain Safety and Environment
  - FPS Social Security
  - National Institute for Health and Disability Insurance
  - National Social Security Office
  - Federal Agency for Medicines and Health Products
  - Supervising authority for sickness funds and national associations of sickness funds
  - The Federal Agency for Nuclear Control
- Consultative bodies
  - Scientific Institute of Public Health
  - National Council for Hospital Facilities
  - Multilateral consultation structure for hospital policy
  - Belgian Health Care Knowledge Centre
  - Superior Health Council
  - National Council of Nursing

Interministerial Conference for Health Policy

Federated institutions (regions and communities)
- Flemish community
  - Flemish Community Commission (VGC)*
  - French community
    - Walloon region**
      - French Community Commission (COCOF)**
  - Joint Community Commission (GGC-COCOM)**
- Geman community
  - Parliament of the Geman community
  - Minister of Family, Health and Social Affairs

- Flemish Minister of Welfare, Public Health and Family
- Ministers of Health and Family
- Joint College of the GGC-COCOM***

- Flemish Ministry of Welfare, Public Health and Family
- Ministry of the French community
  - Directorate-General of Health
  - Superior Council of Health Promotion
  - Birth and Childhood Organization (ONE)
- Ministry of the German community
  - Federal Agency for Social Affairs and Social Security
  - Agency for People with Disabilities (AWIPH)
- Ministry of Family, Health and Social Affairs
  - Department of Cultural and Social Affairs
  - Agency for People with Disabilities (DPB)

- Joint College services of the GGC-COCOM
- Council of the COCOE
  - Department for Health and Social Affairs
  - Agency for People with Disabilities (BARA)

Joint College services of the GGC-COCOM
- Brussels-Capital Health and Social Observatory
  - Brussels-Capital Health and Social Observatory

Note: (*) (**) (***)
To allow the French and Flemish communities to pursue community policies in the bilingual territory of the Brussels-Capital Region, three institutions have been created. (**) The VGC is under the Flemish community supervision and only plays an additional role (no transfer of competences). (***)
The GGC-COCOM is responsible for matters relating to the two communities.

Actors on the federal Belgian level

- FPS (Ministry) of Public Health, Food Chain Safety and Environment
- FPS (Ministry) of Social Security
- NIHDI
- Health insurance fund ("mutualités")
- Health care providers
- Insured persons / patients
✓ FPS of Social Security
✓ FPS of Public Health, Food Chain Safety and Environment
  • legislation covering different professional qualifications (exercising the art of healing)
  • hospital legislation and heavy medical care units (hospital financing e.g. day care price, accreditation standards, ...)
  • market registration of pharmaceuticals (and medical devices) and their price control (through Agency)
  • other public health issues
NIHDI:

- management of the health care insurance
- financial management of the health care insurance
- administrative organisation of the health care insurance
- provides support during the consultation process
NIHDI structure

- **management bodies:**
  - General Council (government, employees, employers, health insurance funds)
  - Insurance Committee (health insurance funds, health care providers)

- **insurance bodies:**
  - Conventions and agreements commissions
  - Technical boards

- **scientific bodies:**
  - Scientific Board for Chronic Diseases
  - National Board for Quality Promotion
  - Assessment Committee for Drug Prescription
Fig. 2.4
Organization of the NIHDI

± 1350 staff members
✓ Health insurance funds ("mutualités")
  • reimbursement to all insured persons
  • negotiating prices and fees (collectively)
  • information
  • private not-for-profit
✓ Health insurance funds ("mutualités")
✓ NIHDI
  • administrative control
  • medical evaluation and control (reality/conformity and overconsumption)
✓ Supervising Authority of health insurance funds
Organisational structure & management

Fig. 2.1
Overview chart of the health system

Taxes
Subsidies, alternative financing and other
Minister of Social Affairs and Public Health
Federal Public Service Social Security
National Social Security Office
National Institute for Health and Disability Insurance
Sickness funds
Private insurance companies
Population
Employers/employees/self-employed
Federated institutions (communities and regions)

Ministries of health of regions and communities
Governments of regions and communities

Federal Public Service Health, Food Chain Safety and Environment

Hospitals
Facilities
Transfers by doctors
Hospital-based specialists
Ambulatory specialists
GPs, circles of GPs

Dentists
Pharmacists
Paramedics

Ambulatory home nurses
Rehabilitation services
Home care and services

Mental health services
Residential and nursing homes

Health prevention, promotion and education

Financial flow
Supervision and/or regulation

Integration of care across organisations, and creation of networks, patient pathways and care programmes

Source: Adapted from Corens 2007.

III.

Health care finance & expenditure
Health care financing

- social security contributions (through NSSO)
  - employers (3.80% of the salary)
  - employees (3.55% of the salary)
  - self-employed (% of professional income)
- government subsidies and taxes (VAT)
- external sources of funding, such as
  - insurance companies
  - pharmaceutical industry
- patient contributions
- (private insurance)
Health care financing - flux

- Public Health
- Social Affairs
  - Supervision
  - National Office of Social Security
  - NIHDI
  - Mutualities
    - Reimbursement
    - Direct payment
  - Health care provides
  - Insured people (patients)
  - Communities and regions

- Social Contributions
  - State contributions, taxes, VAT, ...

- Regulation
  - State contributions, regulation, supervision
  - Funds
Committees on conventions and agreements

- Technical estimates (Actuary Dept.)
- Committee on budgetary control
- Insurance Committee
- General Council
- Minister of Social Security
## Health care budget of the NIHDI

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>€ 19.6 billion</td>
</tr>
<tr>
<td>2008</td>
<td>€ 21.4 billion</td>
</tr>
<tr>
<td>2009</td>
<td>€ 23.08 billion</td>
</tr>
<tr>
<td>2010</td>
<td>€ 24.25 billion</td>
</tr>
<tr>
<td>2011</td>
<td>€ 25.87 billion</td>
</tr>
<tr>
<td>2012</td>
<td>€ 25.63 billion</td>
</tr>
<tr>
<td>2013</td>
<td>€ 26.33 billion</td>
</tr>
</tbody>
</table>
### Total health expenditure as % of GDP, 2010

<table>
<thead>
<tr>
<th>Country</th>
<th>% GDP</th>
<th>Per capita (US $)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>BE (excl. investments)</td>
<td>10,5</td>
<td>100</td>
<td>75,6</td>
</tr>
<tr>
<td>NL</td>
<td>12,0</td>
<td>127,4</td>
<td>85,7</td>
</tr>
<tr>
<td>FR</td>
<td>11,6</td>
<td>100,1</td>
<td>77,0</td>
</tr>
<tr>
<td>DE</td>
<td>11,6</td>
<td>109,3</td>
<td>76,8</td>
</tr>
<tr>
<td>UK</td>
<td>9,6</td>
<td>86,5</td>
<td>83,2</td>
</tr>
<tr>
<td>US</td>
<td>17,6</td>
<td>207,4</td>
<td>48,2</td>
</tr>
<tr>
<td>S-Korea</td>
<td>7,1</td>
<td>51,3</td>
<td></td>
</tr>
</tbody>
</table>

health care costs in the broadest sense (treatment, reimbursable and non-reimbursable medicines, infrastructure expenses, ...) are largely born by three main components:

- the community: ± 76,4 %
- the patients: ± 17,7 %
- the private insurers: ± 5,9 %
IV.

Compulsory health care insurance
Who is covered?

✓ practically the whole population
  • family based scheme

✓ conditions to be eligible:
  • compulsory membership of health insurance fund
  • payment of a minimum contribution
  • (six-month waiting period)
What is the extent of the coverage?

both preventive and curative care required for maintaining and repairing a person's health

✓ medical care is divided in 25 different categories, the most important of which are ordinary medical care (GP, specialist, ...), dental care, pharmaceutical products (pharmaceutical specialities, generic drugs, ... positive list), intervention for a hospital stay or for treatment in a health care institution, help required for revalidation, etc.

✓ excluded:
  • esthetic care
  • provisions that do not meet the reimbursement criteria
Fees & tariffs

✓ fees
  • fees for service or drug delivery
  • fixed fees (per day, per admission)
  • mixed fees
✓ base for reimbursement
  • medicines and medical devices
✓ budgets – activity based or per diem
  • hospitals, day centers, rest homes, rehabilitation centres ...
✓ how are fees / tariffs established?
  • conventions (equal composition)
  • agreement within a national joint commission
  • approval by the management bodies and the minister
  • adhesion of a minimum amount of health care providers (60%)
  • if no agreement:
    - reference tariff or
    - government tariff
The Belgian health care insurance provides a financial contribution to the costs, i.e. reimbursement system.
How can patients obtain reimbursement?

✓ standard procedure:
  reimbursement a posteriori

✓ special rule: third-party payer system
  • compulsory for hospitals
  • retail pharmacy
System of reimbursement

patients

reimbursement = fee - PATIENT’S CONTRIBUTION (out-of-pocket payments)

fees

doctor, dentist, physiotherapist, wheelchair, ...

health insurance funds

affiliation
System of third party paying

insured people/patients

health insurance funds

patient’s contribution

payment

ask payment

health care providers
How are reimbursable benefits determined?

- legal definition of the health care package
- nomenclature of medical services (± fee schedule)
- list of medicines qualifying for reimbursement

The health care services which are reimbursed, their amounts and the conditions under which they are reimbursed are determined by the NIHDI in consultation with the various actors involved (health care providers, universities, health insurance funds), and confirmation by the management bodies and the minister (taking into account the budgetary limits).
✓ medical care: 75 % of the conventional fees
✓ pharmaceuticals: according to the category of the pharmaceutical
  cat A (severe and prolonged diseases) 100%
  cat B (medicines useful from a social and medical point of view) 75%
  cat C, Cs, Cx (medicines with a low therapeutic value) 50% to 20%
✓ hospitalisation: fixed amount per admission + fixed amount per diem to be paid by the insured person (cost of stay and pharmaceuticals)
What is the insurance contribution?

✓ social corrections
  - system “BIM” / OMNIO
  - system of maximum billing (MAF)
  - fixed payment systems (patients suffering from a chronic disease, incontinence material, ...)
  - Special Solidarity Fund
V.

Key characteristics
Key characteristics of Belgian health care system

- compulsory social insurance (refund system)
- near universal coverage
- management, consultation and agreements on fees by and with the social partners, health insurance funds and health care providers
- freedom to choose the health care provider and major therapeutic freedom
- reasonable prices but sometimes big quantities
Key characteristics of Belgian health care system

- pretty good score in terms of accessibility
- social solidarity principle (contributions completed by government contributions)
- fee of the health care provider is mainly based on the medical service provided
- large offer of health care providers / services
- focus on the vertical organization (structure with compartments) rather than the horizontal approach (integrated care)
Thank you for your attention.

More information: http://riziv.fgov.be