



HEALTH INSURANCE ORGANISATION



General Health System (GHS)

Health Insurance Organisation

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Agenda

1. Introduction
2. GHS Phases
3. Main characteristics of GHS
4. Economic Aspects & Financing
5. GHS IT System
6. Summary





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Introduction

Management of GHS



Health Insurance Organisation (HIO)

HIO is a public legal entity. Its mission is the implementation of the General Health System (GHS) and its main responsibilities include monitoring and managing the System in order to promote social solidarity, equal access and efficient use of resources.

HIO is governed by a 13 member Board of Directors, with **quadrilateral representation** (Government, Employers, Employees and Patients):

- **Chairman**
- **Director Gen. of Minist. of Health**
- **Director Gen. of Minist. of Finance**
- **Government** - 2 members
- **Employers** - 3 members
- **Employees** - 3 members
- **Self employed** - 1 member
- **Patients** - 1 member

The composition of the BoD provides autonomy and protection from political interventions and promotes consensus in decision making.

Current Situation

Health problems today

- Absence of universal coverage and equal access to healthcare services in Cyprus and the EU
- High percentage of out-of-pocket health expenditure paid by patients
- Overload of public sector – waiting lists
- Absence of co-ordination between the public and private sector, resulting in duplication of infrastructure and waste of resources
- Absence of data
- Lack of transparency



Result

Difficulty in accessing and receiving the necessary healthcare services

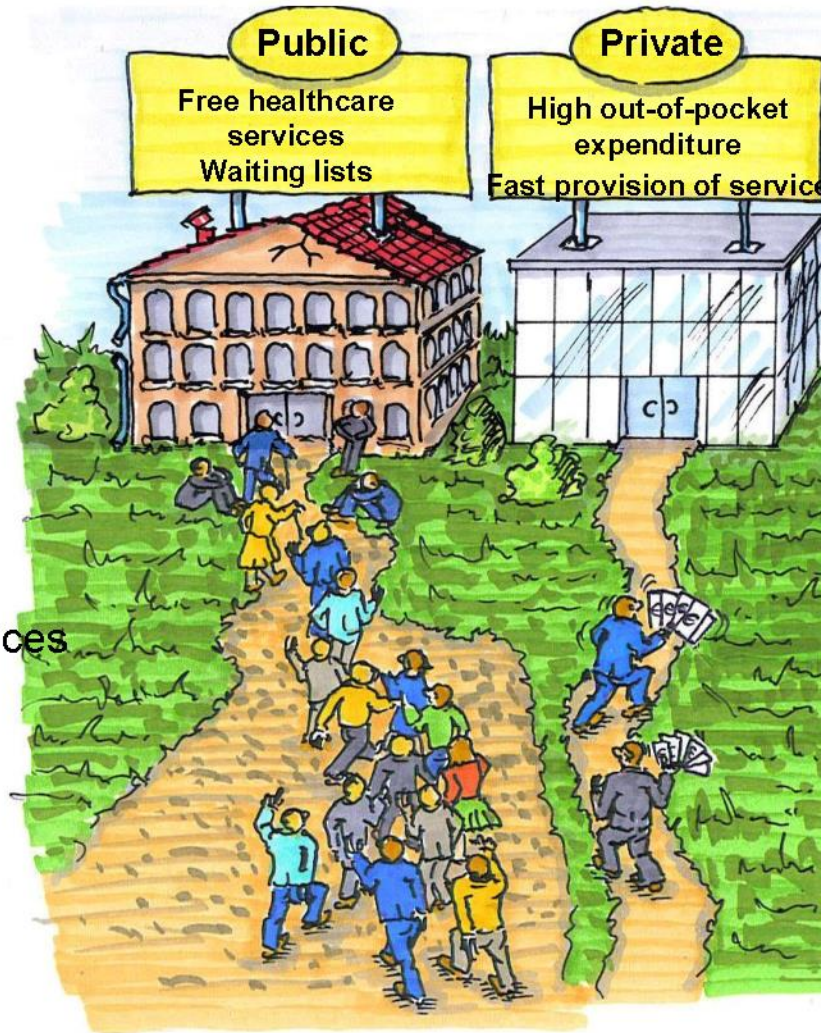
Provision of healthcare services now

Public Sector

~ 75% of population

- ~ 800 Doctors
- 40 Pharmacies
- 50 Laboratories
- 1350 Hospital Beds

- + Free healthcare services
- Waiting lists



Private Sector

- 2270 Doctors
- 500 Pharmacies
- 150 Laboratories
- 1360 Hospital Beds

- + Fast provision of services
- High out-of-pocket expenditure (~ 50% of total health expenditure)



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GHS PHASES

GHS phases



Outpatient health services

- Personal Doctors for adults and children
- Outpatient Specialists
- Pharmacies and pharmaceuticals
- Laboratories

Full GHS implementation

- Inpatient care
- Accident & Emergency and Ambulance
- Nurses, Mid-wives and Allied Health Professionals
- Preventive dental care
- Palliative care and Rehabilitation



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MAIN CHARACTERISTICS OF GHS

Main Characteristics of GHS

Universal

- Coverage of the whole population regardless of income and health status

Social

- Contributions based on income

Solidarity

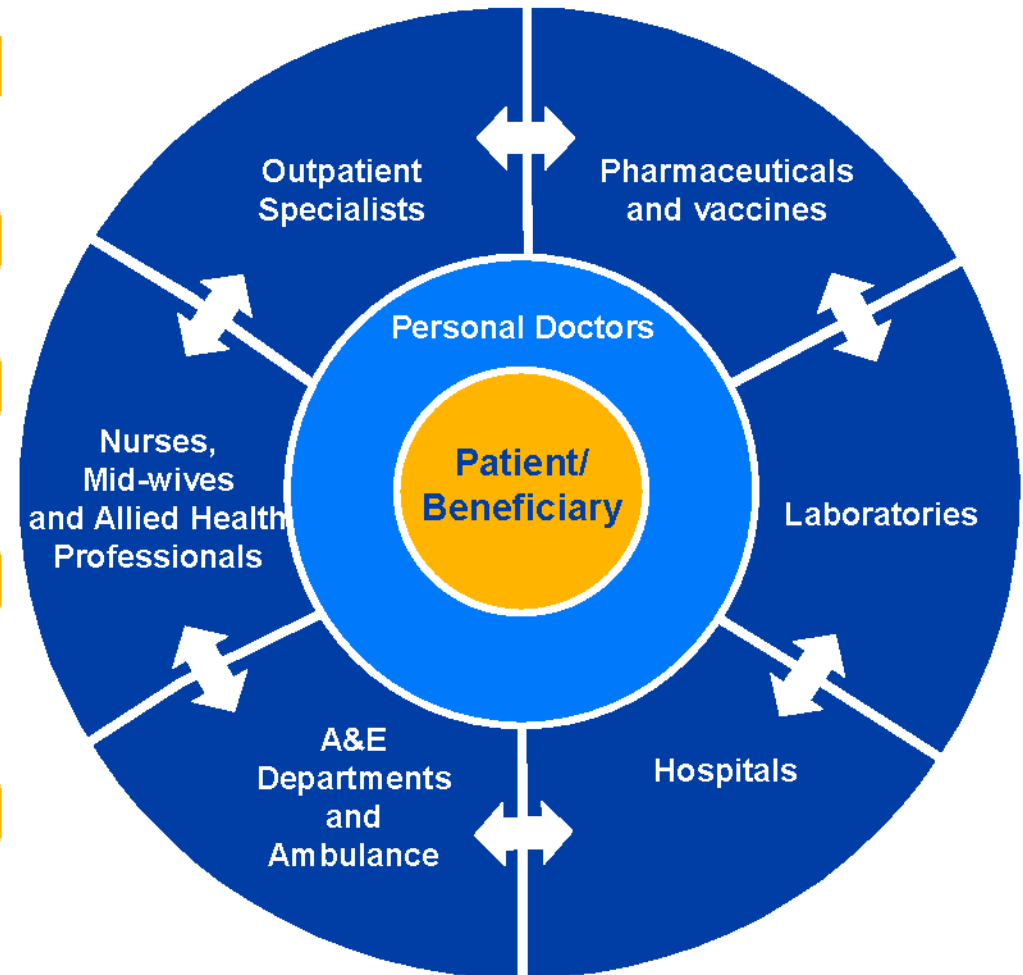
- Healthy population for the sick
- The affluent for the poor

Accessible

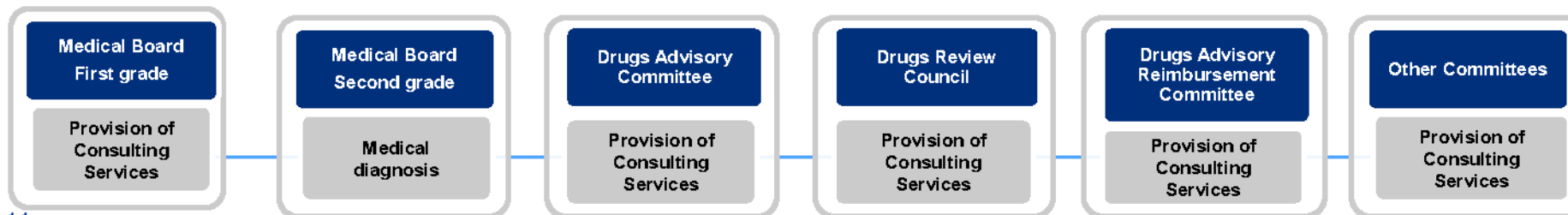
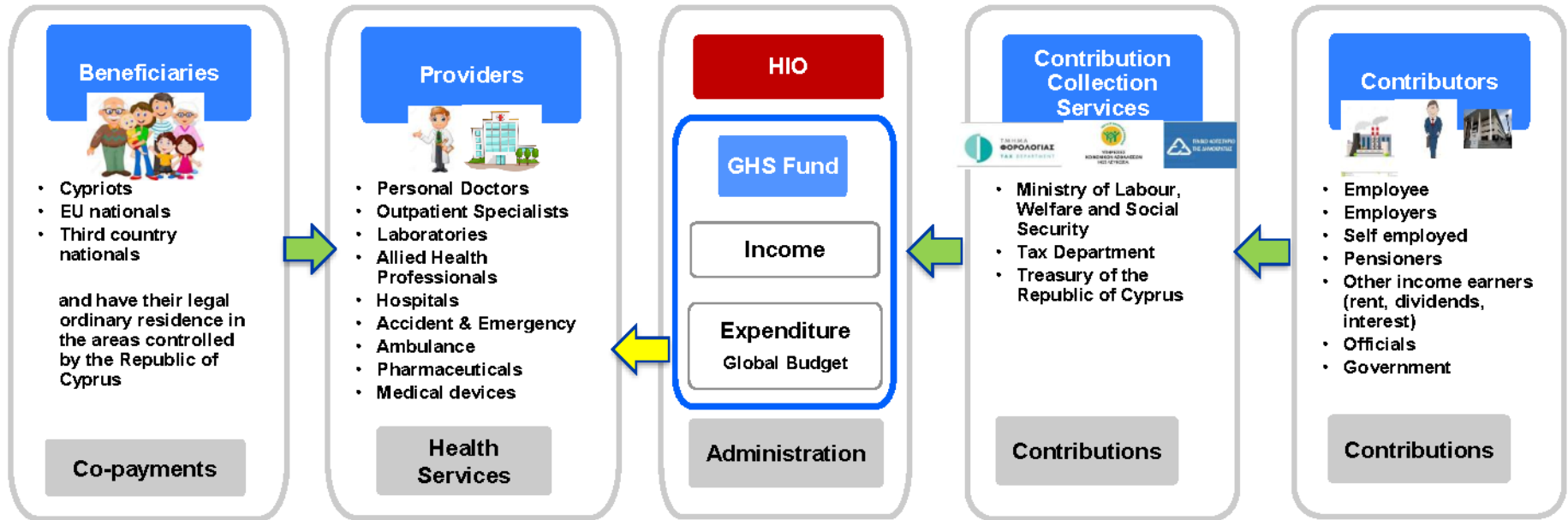
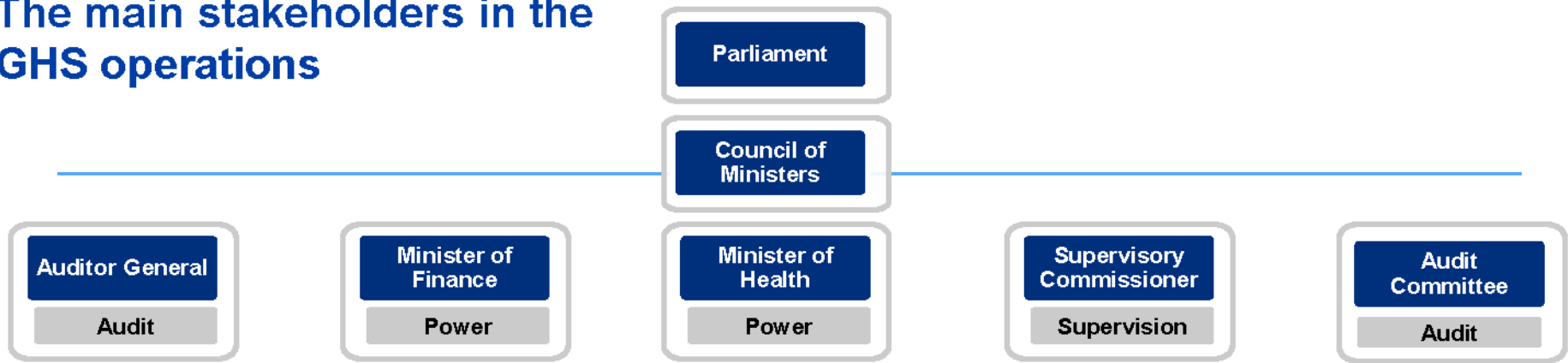
- Equal access for beneficiaries
- Free choice of providers in public and private sector

Comprehensive

- Provision of comprehensive healthcare services



The main stakeholders in the GHS operations



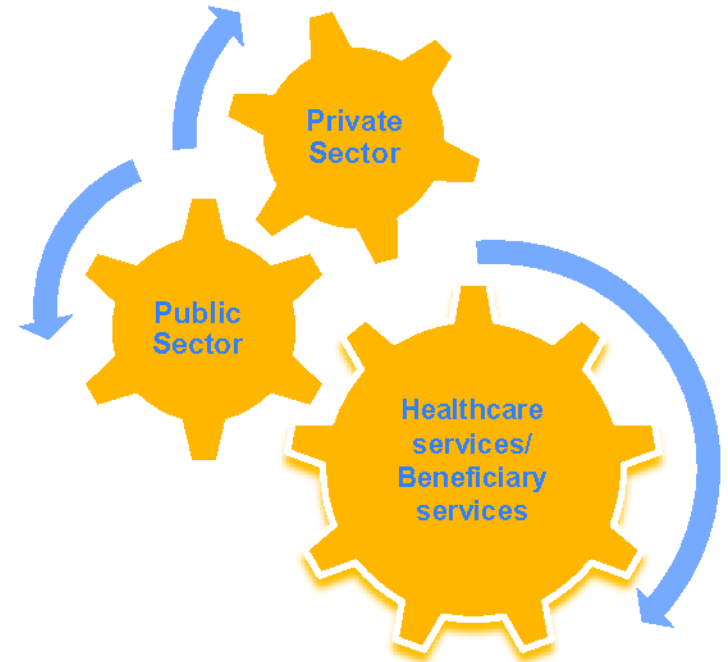
Healthcare providers within the GHS framework

Co-operation between the Private & the Public sector towards a common goal

GHS healthcare services are provided by all **public** and **private** sector doctors who are **contracted** with the Health Insurance Organisation (HIO).

For the provision of healthcare services, HIO contracts with natural persons, private sector entities and public sector (State health services organization)

In order to be able to contract with HIO, the healthcare providers must meet certain **minimum requirements** (qualifications, infrastructure, training, etc.)



GHS Beneficiaries

Republic of Cyprus Citizens

who have their ordinary residence in the areas controlled by the government of the Republic of Cyprus

European Union Citizens

who have their ordinary residence and work in the areas controlled by the government of the Republic of Cyprus or have acquired the right of permanent residence.

Third Country Nationals

Who have their ordinary residence in the areas controlled by the Republic of Cyprus and meet the provisions of the Cyprus National Law.

Other categories

under certain conditions



Healthcare provider services

Chronic and Rare Diseases

GHS provides healthcare services to meet the needs of all beneficiaries including chronic disease patients and those suffering from serious and rare diseases.

Expensive healthcare services

GHS provides lifelong financial protection for all beneficiaries without restrictions.

Coverage in the EU

All GHS beneficiaries are entitled to receive healthcare services in Member States of the European Union.

Cases which are not covered in Cyprus

Beneficiaries are sent to specific centers abroad when a healthcare service is not provided in Cyprus.



GHS Enrolment procedures



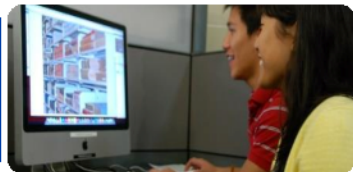
Electronic Enrolment:



Any person can submit an electronic claim in order to enroll to the GHS in the following ways:



a) personal enrolment (self-enrolment) – Persons who have access to the internet can easily and quickly navigate through the respective link on the HIO's website to enroll to the GHS.



b) through a third party– any person can submit a request to enroll to GHS, on behalf of other persons, provided that they know the necessary personal data.



c) through the Personal Doctor on whose list the beneficiary will register – During the beneficiary's visit to the Personal Doctor on whose list the beneficiary wishes to register, the Personal Doctor may proceed to submit ,on the beneficiary's behalf, an electronic request for enrolment to the GHS.



Every person submitting an online enrolment must:

- Be registered either in the Population Registry or in the Migration registry.
- Know the necessary personal data: a) Full name, b) date of birth, c) identity card number/ alien registration number (for Cypriots/ non-Cypriot citizens) d) citizenship

Provision of healthcare services at GHS



Free choice of Personal Doctor for adults/ children

- Enrollment of all beneficiaries on a Personal Doctor's (PD) catalogue, of their choice (through website portal or through a visit to the PD)

Visit to the Personal Doctor

- The Personal Doctor is the patient's first point of contact and the patient's navigator to the System.

Visit to Outpatient Specialist

- With referral

Visit to pharmacies and laboratories

- With prescription/ referral issued by an enrolled doctor

Personal Doctor principles in GHS

Family Doctor principle

- Organised primary healthcare with emphasis on prevention
- Correct navigation of patients in the System
- Unloading of Outpatient Specialists of non-specialised visits
- Transparency in the quantity and quality of services provided

Personal Doctor Choice

- Free choice of a PD
- Ability to change from one PD to another



The Personal Doctor ensures the continuous and comprehensive healthcare provision

How is the Personal Doctor principle going to work in GHS?

Free choice of PD

- All beneficiaries are free to chose a PD and register on their list.

Change of PD

- Beneficiaries will be able to change their PD 3 months after their registration to a PD

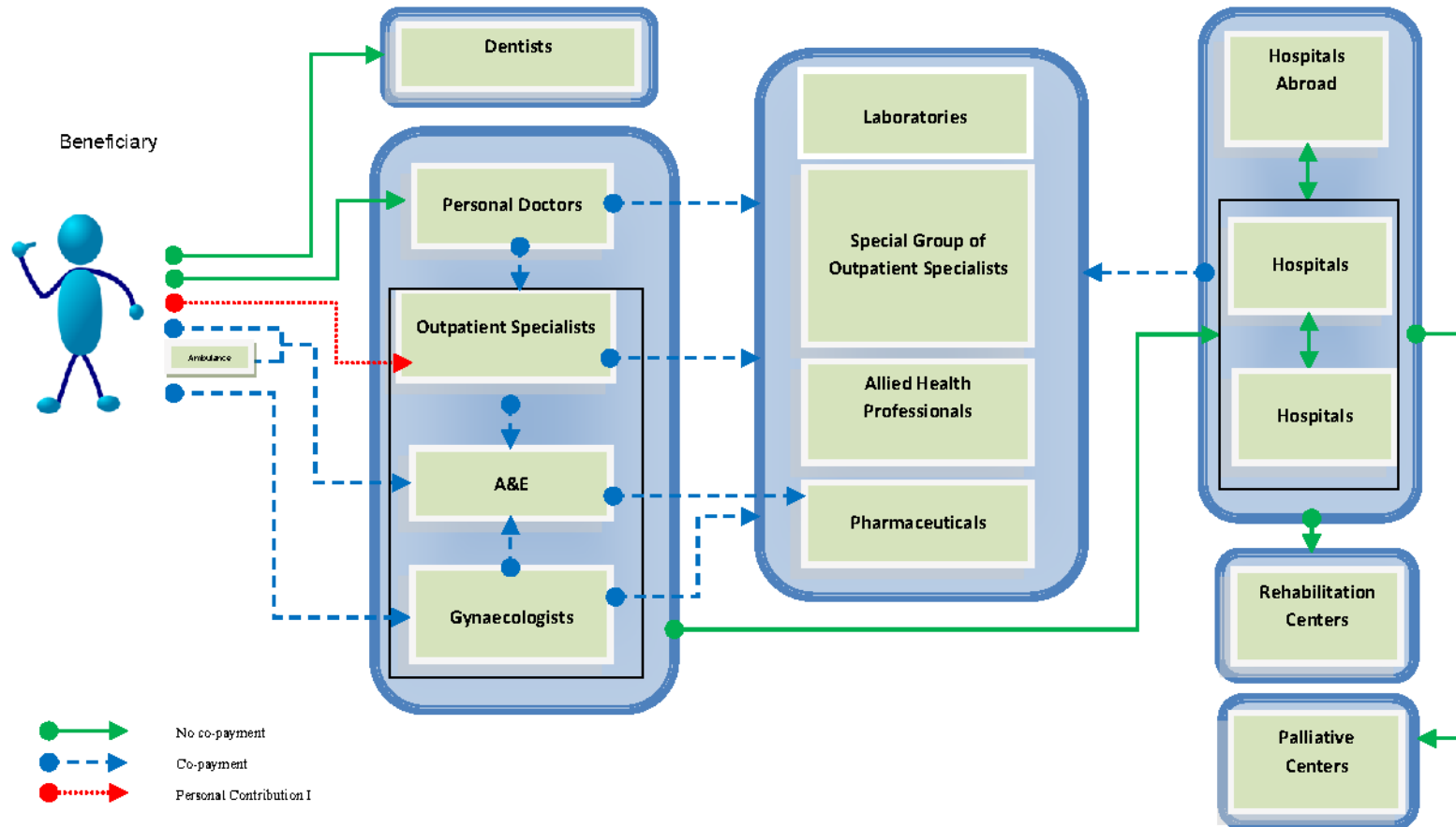
Maximum number of beneficiaries per PD

- PDs will be able to have a maximum of 2500 beneficiaries registered to their lists



How will the beneficiary receive healthcare services in GHS?

PATIENT FLOW IN GHS



Beneficiary access in GHS

Direct access

Personal Doctor
Dentists for preventive dental care
Ambulance
Gynecologists (women >15 years old)*
Accident & Emergency Department *

Access with referral

Outpatient Specialists*
Laboratories*
Pharmacies*
Nurses, Midwives and Allied Health Professionals*
Hospitals for inpatient services
Palliative and Rehabilitation centers

PERSONAL CONTRIBUTION I

HIO reimburses direct access to an Outpatient Specialist, excluding visits to Outpatient Specialists with a specialty in gynecology/ obstetrics and soldiers who have an exam certificate from a military doctor which refers to an Outpatient Specialist, provided that the beneficiary pays Personal Contribution I which is equal to 25 euros per visit.

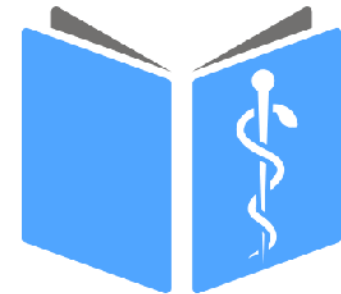
* Co-payment applies

Referrals

Referrals define the healthcare provider category to which the beneficiary is referred

The beneficiaries visit the healthcare provider of their choice

The referrals include information regarding the patient's state of health



Referral from a Personal Doctor to Outpatient Specialists

Regular referral – valid for 3 visits in 3 months

Long-term referral *– valid for 6 visits for 12 months

*A long term referral will be issued when the Outpatient Specialist recognizes that the beneficiary needs continuous specialist follow-up. The long term referral is issued by the Personal Doctor after recommendation of the treating Outpatient Specialist.

Outpatient care by Outpatient Specialists

Free choice of Outpatient Specialist* in the Public and Private sector

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> ALLERGOLOGY | <input checked="" type="checkbox"/> NEUROLOGY | <input checked="" type="checkbox"/> PATHOLOGICAL ONCOLOGY |
| <input checked="" type="checkbox"/> ANAESTHESIOLOGY | <input checked="" type="checkbox"/> NEYROSURGERY | <input checked="" type="checkbox"/> PATHOLOGY (INTERNAL MEDICINE) |
| <input checked="" type="checkbox"/> CARDIOLOGY | <input checked="" type="checkbox"/> NUCLEAR MEDICINE | <input checked="" type="checkbox"/> PHYSICAL MEDICINE AND REHABILITATION |
| <input checked="" type="checkbox"/> CYTOLOGY | <input checked="" type="checkbox"/> OBSTETRICS - GYNAECOLOGY | <input checked="" type="checkbox"/> PLASTIC SURGERY |
| <input checked="" type="checkbox"/> DERMATOLOGY - VENEROLOGY | <input checked="" type="checkbox"/> OPHTHALMOLOGY | <input checked="" type="checkbox"/> PNEUMONOLOGY |
| <input checked="" type="checkbox"/> DIAGNOSTIC RADIOLOGY | <input checked="" type="checkbox"/> ORTHOPAEDICS | <input checked="" type="checkbox"/> PSYCHIATRY |
| <input checked="" type="checkbox"/> ENDOCRINOLOGY | <input checked="" type="checkbox"/> OTOLARYNGOLOGY - ENT | <input checked="" type="checkbox"/> RADIATION ONCOLOGY |
| <input checked="" type="checkbox"/> GASTROENTEROLOGY | <input checked="" type="checkbox"/> PAEDIATRIC CARDIOLOGY | <input checked="" type="checkbox"/> REUMATOLOGY |
| <input checked="" type="checkbox"/> GENERAL SURGERY | <input checked="" type="checkbox"/> PAEDIATRIC NEUROLOGY | <input checked="" type="checkbox"/> THORACIC SURGERY |
| <input checked="" type="checkbox"/> HEMATOLOGY | <input checked="" type="checkbox"/> PAEDIATRIC PSYCHIATRY | <input checked="" type="checkbox"/> UROLOGY |
| <input checked="" type="checkbox"/> MAXILLOFACIAL SURGERY | <input checked="" type="checkbox"/> PAEDIATRIC SURGERY | <input checked="" type="checkbox"/> VASCULAR SURGERY |
| <input checked="" type="checkbox"/> NEPHROLOGY | <input checked="" type="checkbox"/> PATHOLOGICAL ANATOMY | |

* Excluding doctors who will register as Personal Doctors



Pharmaceuticals which will be covered by GHS

Prescribed pharmaceuticals and vaccines

An expanded catalogue of pharmaceuticals which are available in the public and private sector

New and innovative treatments

HIO will reimburse the cheapest pharmaceutical based on its active ingredient or/ and its therapeutic class.

The beneficiary will be able to obtain a more expensive drug (e.g. the original or other equivalent drug) by paying the difference between the two prices, Personal Contribution II.



Which pharmaceuticals will not be covered by GHS?

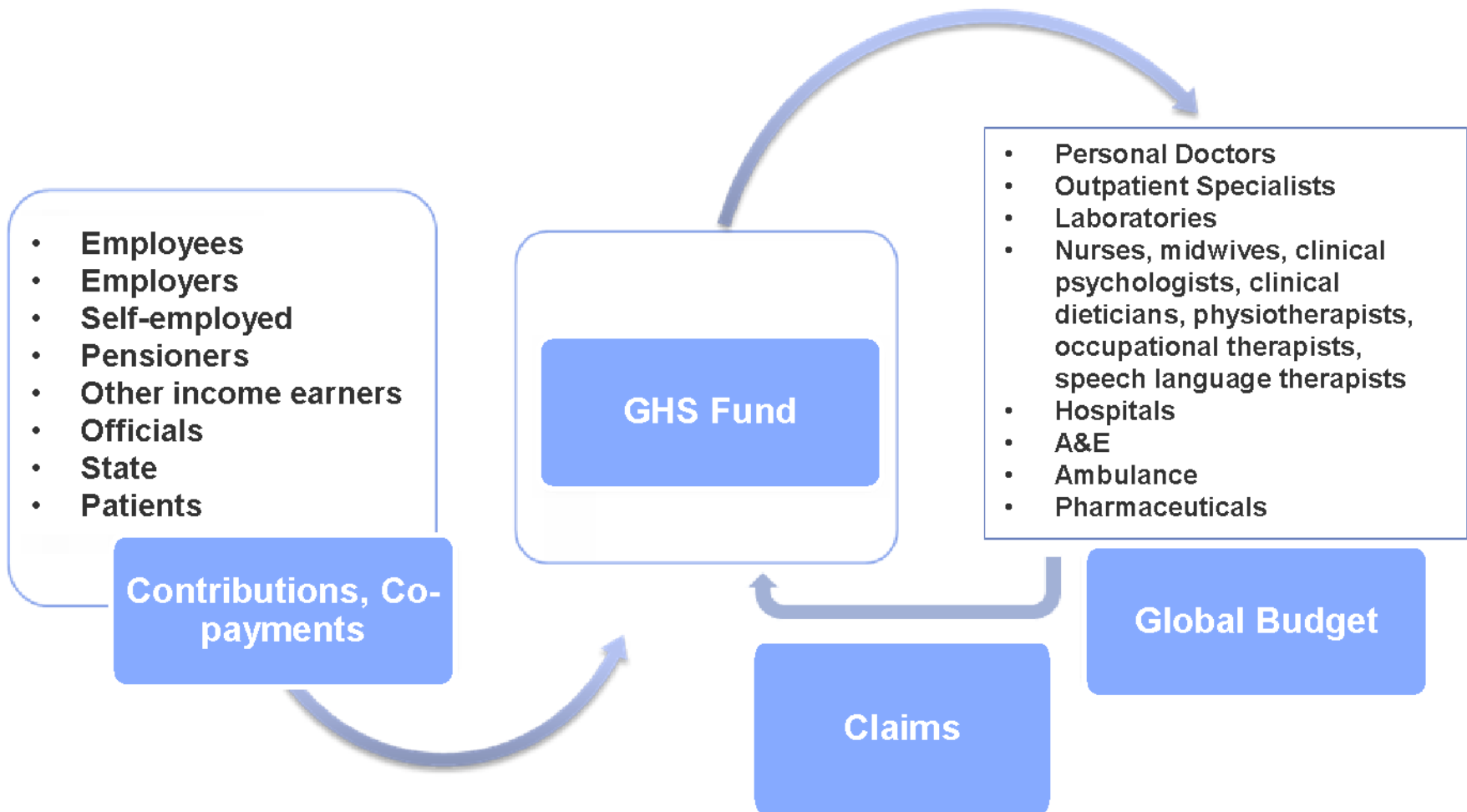
X Non prescription drugs

X Lifestyle



ECONOMIC ASPECTS AND FINANCING OF THE GHS

Financing the GHS



The GHS contributor categories and the contribution percentages

CONTRIBUTOR CATEGORIES	March 2019*	March 2020**
Employees	1.70%	2.65%
Pensioners	1.70%	2.65%
Other income (rent, interest, dividends)	1.70%	2.65%
Government Officials	1.70%	2.65%
Self-employed	2.55%	4.00%
Employers	1.85%	2.90%
Government	1.65%	4.70%

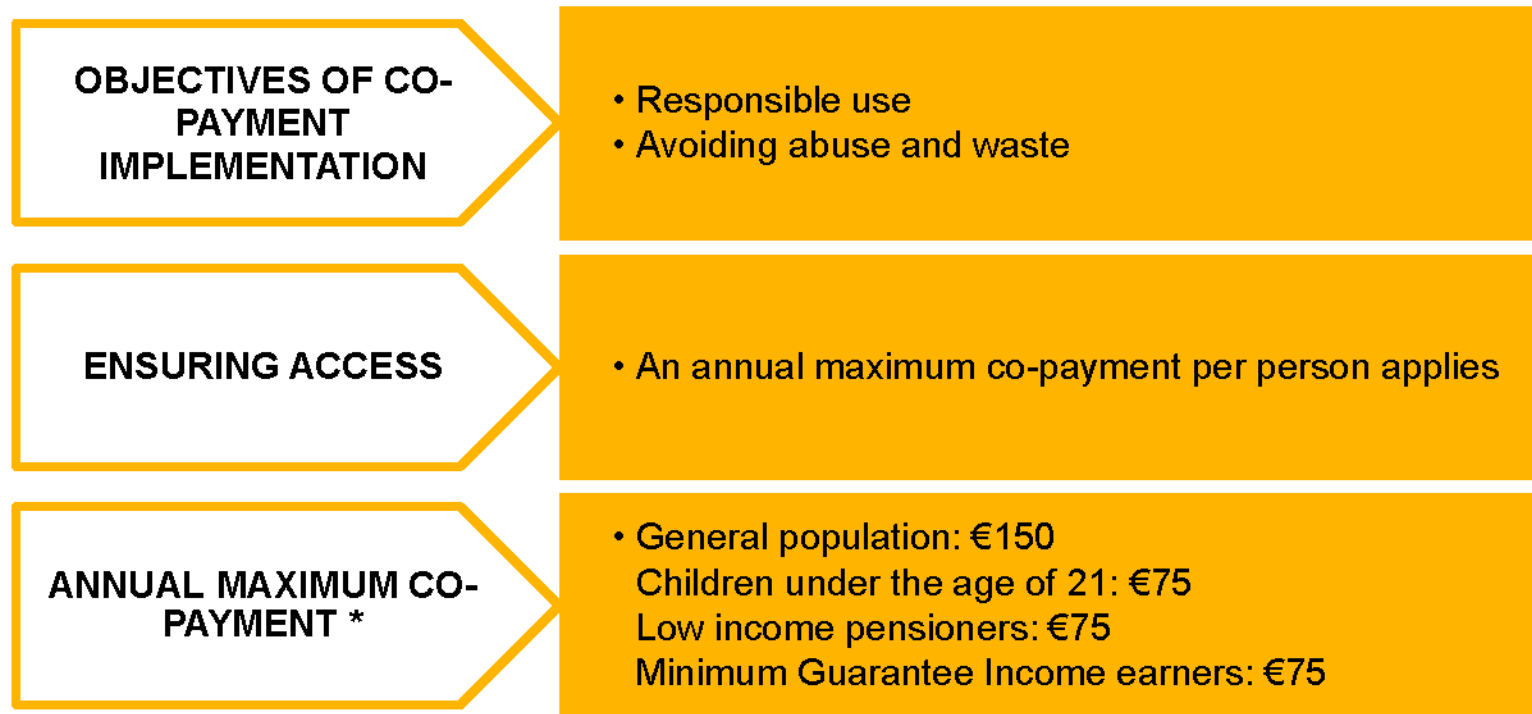
There is a maximum annual income of €180,000 on which contributions are payable.

* Contribution percentages which will apply from 1st March 2019 for outpatient services

** Contribution percentages which will apply from 1st March 2020 for the full GHS implementation



Co-payments



* As included in the relevant draft Regulations

No co-payment applies for:

- Personal Doctor visits
- Ambulance use
- Inpatient care



Co-payment amounts*

Healthcare Provider Services	Co-payment amount
Per pharmaceutical	€1
Per medical device or medical device	€1
Per laboratory test or group of laboratory tests**	€1
Per outpatient specialist visit excluding visits to radiologists and pathological anatomy/ cytology	€6
Per imaging examination performed by a radiologist	€10
Per nurse and midwife visit	€6
Per Accident and Emergency visit	€10
Per Allied Health Professional visit	€10
* As included in the relevant Regulations **The maximum charge per laboratory test category is €10	



Which are the government departments responsible for the collection of GHS contributions:

Treasury

- Salaries of employees which are employed by the Republic
- Pensions provided by the Government, excluding Social pension
- Salaries of officials of the Republic

Social Insurance Services

- Salaries of employees, excluding employees who are employed by the Republic
- Insured earnings of self-employed
- Pensions provided by the Social Insurance Fund and Social pension

Tax Department

- Earnings over the insured earnings of self-employed
- Pensions, excluding pensions for which the Accountant General and the Social Insurance Services Director are responsible
- Pensions from abroad
- Earnings of officials excluding officials of the Republic
- Earnings (e.g. rent, interest, dividends)



5
GHS IT SYSTEM

Comprehensive IT System

Systems

Healthcare providers

Healthcare provider management

Healthcare provider portal

PD list management

Electronic patient history

Customer relationship management

Referral management

Pharmaceutical prescription

Laboratory test ordering

Financial management and Strategy

Fund Management

Global Budget Management

Reports

Business Support

Document management system

Accounting

Beneficiaries

Beneficiary management

Beneficiary portal

Claims

Claim management

Catalogue management

Reimbursement

Business Processes

IT Services

Claim Processing

Contact Center

Business continuity

Information Security



Comprehensive IT System



Healthcare Provider and Beneficiary support

- Compilation of electronic medical record
- Electronic prescription, electronic issuance of referrals and faster patient service
- Management of activity catalogues
- Submission of claims for reimbursement

Expenditure control

- Recording, monitoring and controlling the utilisation of healthcare services
- Data analysis and implementation of corrective measures
- Avoid wastage
- Detection and prevention of fraud

Transparency and protection

- Comprehensive database with processing and analysis capability
- Monitoring efficiency, productivity and quality
- Protection of personal data





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SUMMARY

Quality healthcare services

Upgrading of healthcare services:

- Integration of the public and private sector will lead to healthy competition between the healthcare providers and reduction of waiting lists
- Strengthening and organizing primary care with the implementation of the Personal Doctor as a gatekeeper
- Gradual implementation of clinical guidelines and detection/ prevention programs
- Implementation of minimum requirements to be met by healthcare providers
- Implementation of performance indicators which will promote the improvement of the quality of the healthcare services
- Facilitate patient service through the IT System
- Gradual compilation of electronic medical record for each beneficiary

What are the benefits for the beneficiary/ patient?



- Financial protection,
- Equal access,
- Free choice of doctor,
- Quality healthcare services,
- Reduction of waiting lists,
- Prevention and detection of disease
- Comprehensive package of healthcare services,
- Supervision Commissioner,
- Compilation of electronic medical record.

The right to health



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