



ФОНД ЗА ЗДРАВСТВЕНО
ОСИГУРУВАЊЕ НА МАКЕДОНИЈА
www.fzo.org.mk

Адреса: Македонија бр.51000 Скопје
Тел.: 02 3289 000
Централа.: 02 3289 000
Факс: 02 3289 048
Е-пошта: info@fzo.org.mk



Date: November 24th, 2015

PRESS CONFERENCE

Facilitating the penal policy - new benefits for the operation of primary healthcare physicians and dentists

Primary healthcare is the patient's first contact with the healthcare system, and has a special meaning as the "gate" of the entire system. More specifically, at the primary healthcare physician, each insured should get quality monitoring of its overall health status, understanding of the risks and early detection of diseases with great importance for preventive and timely treatment.

HIFM is constantly monitoring the services and improving the functioning of the primary healthcare, with a long-term tendency to provide better quality services, that is to say, better preventive healthcare, and timely diagnosis for the purpose of ensuring better health for all insureds.

To this end, the insureds select a primary healthcare physician for the following activities: general medicine, general dentistry and gynecology.

In 2015, a total of 1.528 and 1.162 agreements were entered into with primary healthcare physicians and dentist respectively. The funding allocated by the Fund in 2015 for these three activities, general medicine, dentistry and gynecology, was 2 billion and 600 denars. The Fund has also entered into 5-year agreement 2014-2017 with the private healthcare institutions, which regulates the rights and obligations of both parties.

The Health Insurance of Macedonia, along with the Chamber of Dentists, the Medical Chamber of Macedonia, and the Association of Private Physicians of Macedonia, worked in the previous period on ensuring new benefits for the primary healthcare physicians and dentists, and as a result drafted the new 2016 annexes for the agreements. The amendments are a result of long-term analysis and dialogue with relevant stakeholders.

The new annexes to the agreements are aimed at supporting the Government's policy of relaxation of the penal policy, and reducing contractual penalties. At the same time, the Fund made these amendments in order to fully facilitate the daily operations of the primary healthcare physicians and dentists.

We achieved this taking into account that it is of vital importance to amend certain provisions in the agreement, and to incorporate education as a first measure, that is to say, reprimand as an initial corrective action, if a particular healthcare institution violates the agreement.



The purpose of relaxing the penal policy and introducing the reprimand as a first measure is of particular importance for strengthening the partnerships with the primary healthcare physicians. The reprimand will replace a large part of the penalties imposed by the Fund due to technical errors of the primary healthcare physicians, again wanting to strengthen our partnership with them.

The amendments are as follows:

- Eight contractual penalties at $\frac{1}{4}$ capitation are replaced with reprimands. Reprimand will apply only if the agreement has been breached for the first time, and if the breach happens again, then a contractual penalty will be imposed, in the following cases:
 - The primary healthcare physician has an ampoule missing or it has expired, for the mandatory ampoule therapy.
 - If the primary healthcare physician has failed to inform the Fund about a change of address and change in the team within 20 days.
 - If the healthcare institution has failed to observe the working hours.
 - If the primary healthcare physician has forgotten to record the date of application of the ampoule therapy or the patient has not signed the prescription.
 - If the primary healthcare physician does not keep the form for patient selection in the health card. It is sufficient for the Fund for the form to exist.
 - If the primary healthcare physician has wrongly calculated and charged a co-payment not exceeding 50.00 denars more than the permitted, since the amount is insignificant, it is sufficient to reimburse the patient, once the error has been noticed.
 - If the primary healthcare physician has made a technical error for a medicine recommended by a specialist/subspecialist, has made a facsimile error on the prescription (number of the specialist/subspecialist).
 - If it has prescribed more containers with the medicine than the maximum annual quantity, but the value does not exceed 500,00 denars per year. It happened in practice, in case of chronic patients, to issue sometimes one or two prescriptions more than necessary, which put the primary healthcare physician in a disadvantaged position between the need of the patient and the Fund's bylaw, which allows only the necessary chronic therapy. In this way, it will be easier for the patients, who for various reasons have lost their monthly therapy.
- We reduced three contractual penalties, and $\frac{1}{2}$ capitation of the fixed portion is replaced with $\frac{1}{4}$ capitation of the fixed portion.
 - A healthcare institution shall be fined only if it has incorrectly calculated and charged co-payment - 50,00 denars more than allowed amount. We deem that sometimes mistakes are made, but if the patient suffers damages above 50 denars, only then the healthcare institution will be fined at $\frac{1}{4}$ capitation.



- Healthcare institution shall be fined if it prescribes medication above the maximum allowed quantity, exceeding 500 denars per year. In practice, this means that the primary healthcare physicians will not be fined if they have prescribed more than the allowed quantity of boxes with the medicine, when the value does not exceed 500 denars per year.
- If the healthcare institution has failed to take any action to complete the team, mostly referring to employment of a new nurse after the current one has departed, within 35 days, then the healthcare institution shall be fined. Please note that this applies only for intentional failure to take actions for completing the team.

➤ Two contractual penalties have been erased:

- One is referral to a higher level of healthcare protection. This was done because From 2012 onwards, primary healthcare physicians have mastered the manner of referring patients to specialists and clinics, and also the referral procedure is part of the national scheduling service "My appointment", and therefore we believe that penalties are no longer needed in this cases.
- The second one is a deletion of an agreement provision for which we have been long criticized by the primary healthcare physicians, and refers to the Fund's right to impose a penalty for something not envisaged. We deem that after 18 years of having agreements with healthcare institutions, no physician should be fined for something we have not envisaged.

In terms of patient care, in agreement with the Chamber of Dentists, the Medical Chamber of Macedonia, and ZPLRM, the Fund has introduced a new contractual penalty which is preventive measure and protection against abuse of patient fees.

- The Fund must maintain maximum control in terms of payments, and accordingly since 1.1.2016, any physician who will illegally charge the patient, will have to refund the patient and will be fined in the amount of three monthly capitation for the fixed portion (210% at capitation level). This applies to health services which are paid by the Fund to the primary healthcare physicians through capitation every month, and this is why patients should not suffer any damages.

Joint collaboration with the primary healthcare physicians is essential and it is a good principle to have all partners satisfied with the collaboration. In this regard we have ensured an extra set of incentives that are related to the following segments:

- We have increased the limit for prescribing medicines and antibiotics from 400 to 480 denars per point, in practice, this will mean more flexible issuing of prescriptions for the chronically ill patients. From our analysis, we have realized that about 200 primary healthcare physicians have problem with the quantity of prescriptions issued, since they have a large number of chronic patients and children in the case of paediatricians, requiring a larger quantity of medicines. Since 1.1.2016, taking into account the increased limit, there is no longer need to reduce capitation for exceeding. So far, on average, each



primary healthcare physician was able to prescribe medicines worth 70.000 denars for its patients, and since 1.1.2016 this limit is 84.000 denars.

- The aim of the Fund is to always provide for the insureds quality and inexpensive prescription medicines, and therefore primary healthcare physicians are incentivised with a separate measure to set aside time and point out to their patients which medicines for their illnesses require no extra fees. For this purpose, if 40% of dispensed prescriptions are medicines at no extra charge, the Fund will not control the aim for rationally prescribing of medicines and antibiotics. If the patients are getting medicines at no extra charge, the Fund is confident that the primary healthcare physicians have set aside enough time for their patients and have explained to them the unwanted side effects of using medicines and antibiotics.
- We have reduced the administration concerning the notification in case of termination of employment of a primary healthcare physician, so instead of having the primary healthcare physician inform the regional service and the central office of the Fund, since 1.1.2016 with a notification from a single place, the Fund will undertake all additional activities ex officio, such as controlling the practice (physician's office) for the conducted preventive measures and activities, outstanding payments, and settling of accounts.
- We have introduced in the new annex to the agreement a large improvement concerning the option of the primary healthcare physician to use maternity leave or long-term sick leave of up to 270 days, without having to worry about the state of the practice, patients and nurses. Namely, since 1.1.2016, if the primary healthcare physician cannot hire a replacement at the practice, then its regular daily replacement may takeover its nurse, thus serving all patients and be paid accordingly. This amendment is ethical and humane, because so far, the replacement of the primary healthcare physician was obliged, aside from its own patients, to see patients of the absent physician, without being paid for it by the Fund.

The preparation of this 2016 annex to agreement was developed together with the Association of Private Physicians of Macedonia, the Chamber of Dentists, and the Medical Chamber of Macedonia, who have expressed their great satisfaction with the developments and facilities provided for in the new annex to the agreement, and have accepted them without any objection. Representatives of the trade associations have recognized this annex as goodwill by the Fund ready to meet the needs of the medical profession and the healthcare workers.

The annexes to the agreements will be signed by the Fund and the healthcare institutions by electronic means, using a digital signature, which is a relief for the healthcare institutions by saving them time, money and human resources since now they are doing this from their offices.



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The Health Insurance Fund of Macedonia will continue being an equal partner of the healthcare institutions and will work with them on strengthening prevention and early detection of diseases among the insureds, as well as on providing better quality and more accessible healthcare for all insureds, and quality working conditions for the healthcare workers.