

QUALITY MANAGEMENT OF MEDICAL CARE IN THE FIELD OF HEALTH INSURANCE

Baieva Olena,

DSc, Full Professor
PHEE «Kyiv Medical University»

Kovalenko Olha,

PhD, Associate Professor
PHEE «Kyiv Medical University»

Kryvenko Yevhenii,

PhD, Associate Professor
PHEE «Kyiv Medical University»

Quality of medical care - providing medical care and carrying out other measures regarding the organization of the provision of medical care by health care institutions in accordance with standards in the field of health care.

According to the National Academy of Medicine, quality health care is care that is safe, effective, patient-centered, timely, efficient, and equitable. The World Health Organization also includes “integration” — meaning care and services that are coordinated across providers throughout prevention, treatment, and maintenance — as a critical characteristic of quality care [1].

The ability of physician groups and health care systems to deliver on these elements goes a long way in determining the likelihood of positive outcomes and satisfactory care experiences for patients.

Assessment of the quality of medical care - determination of compliance of the provided medical care with established standards in the field of health care.

The draft Law on the financing of health care and compulsory medical insurance in Ukraine No. 9163 of 04.10.2018 orients the quality management system in the field of compulsory medical insurance to the organization of state supervision and control[2].

State supervision of compliance with the requirements of legislation in the system of mandatory health insurance is carried out by the central bodies of executive power within their competence.

State supervision and control over compliance with the requirements of legislation in the field of mandatory health insurance is carried out by:

- issuance of licenses and accreditation of insurers;
- issuance of licenses and accreditation of health care institutions;
- control over the conclusion of mandatory health insurance contracts, timeliness, reliability, completeness of calculation and payment of insurance payments by policyholders;

- control over the targeted and effective use of insurance reserve funds and insurance payments, including by conducting inspections of the activities of insurers and health care institutions;
- implementation of banking supervision of institutions where the funds of the compulsory health insurance system are placed.

Insurers in the system of mandatory health insurance are not responsible for the obligations of the state.

The state in the system of compulsory health insurance is responsible for the obligations of insurers exclusively within the limits of the Reserve Fund of the Universal Mandatory Medical Insurance. The state guarantees the observance and protection of property and other rights and legal interests of subjects of compulsory health insurance, conditions of free competition in the implementation of compulsory health insurance.

State bodies are prohibited from interfering in the activities of subjects of compulsory health insurance. The actions of state authorities provided for by law are not considered to be interference in the activities of subjects [3].

Insurers intending to provide compulsory health insurance must obtain a license for this type of insurance.

A license to provide mandatory health insurance is issued by the Authorized Body that carries out state regulation in the field of financial services markets in accordance with the procedure defined by the Laws of Ukraine "On Insurance", "On Licensing Types of Economic Activities"[4-5].

In addition to the documents stipulated by the Law of Ukraine "On Insurance", in order to obtain a license, the insurer provides the documents specified in the Licensing Terms and Conditions for the Conduct of Mandatory Medical Insurance Activities, approved by the Cabinet of Ministers of Ukraine.

Accreditation of insurers is a means of ensuring compliance of insurers with the requirements of this law and other regulatory legal acts in the field of mandatory health insurance.

The insurer has the right to enter into mandatory health insurance contracts in the presence of accreditation.

Accreditation of insurers is carried out by the Authorized Body of Reserve Fund of the Universal Mandatory Medical Insurance on the basis of the regulation on accreditation approved by the Authorized Body.

Mandatory conditions for accreditation are: availability of a license to provide compulsory health insurance; the availability of a material and technical base that allows you to connect and work in the Information System of mandatory health insurance; the availability of qualified employees who have medical education and appropriate qualifications for making decisions regarding insurance payment; availability of an assistance service, the requirements for which, in particular regarding the number of employees and telephone lines, are established by the Authorized Body; the presence of representative offices that ensure the performance of insurance contracts throughout Ukraine; membership in the self-

regulatory organization of insurers providing universally mandatory health insurance.

In order to pass the accreditation, the Insurer submits the following documentation: statement in the form established by the Authorized Body; a certified copy of the license to carry out compulsory health insurance activities; information on the professional qualifications of the insurer's employees according to the form established by the Authorized Body; a declaration on the availability of a material and technical base that allows you to connect and work in the Information System of mandatory health insurance; a copy of the decision of the self-regulatory organization of insurers providing mandatory health insurance to include the insurer among its members.

During accreditation, representatives of the Authorized Body have the right to visit the insurer in order to check the information provided by the insurer.

The decision on accreditation or refusal to carry out accreditation is adopted by the Authorized Body no later than 10 working days from the date of receipt of the application.

The grounds for refusal of accreditation are the submission of an incomplete or unreliable package of documents. The decision to refuse accreditation is notified to the insurer in writing, indicating all the reasons for such refusal. An insurer that has been denied accreditation has the right to apply again after eliminating all deficiencies.

The insurer bears the responsibility provided for by law for providing inaccurate information to the authorized body.

Accreditation of health care facilities in the system of mandatory health insurance is a mechanism for determining the ability of health care facilities to provide medical services and receive compensation for their cost at the expense of insurance payments under contracts of mandatory health insurance [3].

Mandatory conditions for accreditation are:

- having a license for medical practice;
- the availability of a material and technical base that allows you to connect and work in the Information System of mandatory health insurance.

State and communal health care institutions are obliged to bring their material and technical base into compliance with the requirements of current legislation and other legal acts regulating the implementation of mandatory health insurance.

In order to pass the accreditation to the Authorized Body of Reserve Fund of the Universal Mandatory Medical Insurance, the health care institution submits the following documentation:

- 1) an application in the form established by the Authorized Body;
- 2) a certified copy of the medical practice license;
- 3) a declaration on the availability of a material and technical base that allows you to connect and work in the Information System of mandatory health insurance.

When carrying out accreditation, representatives of the authorized body of Reserve Fund of the Universal Mandatory Medical Insurance have the right to visit the health care institution for the purpose of checking the provided information.

The decision on accreditation or refusal to carry out accreditation is adopted by the Authorized Body no later than 10 working days from the date of receipt of the application.

The grounds for refusal of accreditation are the submission of an incomplete or unreliable package of documents. The decision to refuse accreditation is notified to the health care institution in writing, indicating all the reasons for such refusal. A healthcare facility that has been denied accreditation has the right to apply again after eliminating all deficiencies.

For providing inaccurate information to the authorized body of Reserve Fund of the Universal Mandatory Medical Insurance, the health care institution bears the responsibility stipulated by the legislation.

References:

1. What is quality health care and why it matters [Electronic resource]. - Access mode: <https://permanente.org/medical-excellence/what-is-quality-healthcare-and-why-it-matters/>
2. Draft Law on financing health care and mandatory medical insurance in Ukraine No. 9163 dated 04.10.2018 [Electronic resource]. - Access mode: http://w1.c1.rada.gov.ua/pls/zweb2/webproc4_1?pf3511=64744
3. Baieva O.V., Cheban V.I. Basics of insurance medicine. - Chernivtsi, Publishing House of Bukovyna Medical University, - 2019.-274 p.
4. Law of Ukraine On Insurance (Vedomosti Verkhovna Rada of Ukraine (VVR), 1996, No. 18, Article 78) [Electronic resource]. – Access mode: <https://zakon.rada.gov.ua/laws/show/85/96-%D0%B2%D1%80#Text>
5. Law of Ukraine "On Licensing Types of Economic Activities" dated 03/02/2015 No. 222-VIII // (Vedomosti Verkhovna Rada (VVR), 2015, No. 23, Article 158) [Electronic resource]. – Access mode: <https://zakon.rada.gov.ua/laws/show/222-19/page>