

## Abstract

### **The maximum invoice statutory scheme within the framework of the national public health care system**

*The Belgian Court examined the implementation of the maximum invoice by the National Auxiliary Fund for sickness and invalidity insurance (CAAMI) and found that in about 90% of the cases, the maximum invoice entitlement files for the year 2002 were followed up reasonably well. It, however, noted shortcomings in 10% of the remaining files as well as in the enforcement of the regulations.*

The maximum invoice statutory scheme (abbreviated in MAF) in the health care system is aimed at introducing a guaranteed cap on the amount all households and lone persons have to pay for health care interventions in a given year. The scheme distinguishes three types of MAF, the social MAF (applicable to households with at least one member belonging to a social category such as 'disabled', 'unemployed,...'), the income MAF (for households with low or modest income) and the fiscal MAF (for households who do not belong to any of the two categories above).

The aim of the audit was to check the compliance with the MAF regulatory provisions and to chart the problems encountered by the National Institute of sickness and invalidity insurance (INAMI/RIZIV) and the CAAMI to implement the social MAF and the income MAF. In this respect, the Court examined whether the organisational and procedural measures needed were taken to implement the regulation in due process and in due course. It also checked whether MAF had been paid correctly and quickly.

The audit revealed that as far as the implementation of MAF 2002 was concerned, the follow-up treatment was about 90% for files resulting in an actual refund. This outcome can be rated as fairly good considering the MAF regulatory provisions came into force no more than one year and a half earlier and the completion of a catch-up operation was needed for patients' personal contributions for calendar year 2001. Nevertheless, refund for the remaining 10% who had a legitimate entitlement to refund from the CAAMI was insufficient. The main reasons were as follows: the complexity of the data exchange as well as the fact that the CAAMI interrupts its monthly payments of benefits for a given year of MAF award when patients' personal contribution amounts needed to implement the fiscal MAF for that year of MAF award are sent to the taxing and tax collection department.

As to the social MAF, the major finding was that no procedure had yet been put in place between the Social Security government department and the mutual associations to ensure an accurate award of the social MAF to households with one or several family members recognized as being handicapped. Several shortcomings were also noticed in the income MAF. Problems related to the enforcement of regulations were discovered in terms of information collection on household income as well as regarding the selection of the reference year for the income and the enforcement of the procedure. Moreover, as far as the data exchange to allow the enforcement of the fiscal MAF is concerned, it was ascertained that in a limited number of cases, the CAAMI files showed that there was a limited but real risk of double payment of, on the one hand, the social and income MAF, and, on the other hand, the fiscal MAF.

The minister for Social affairs and Public Health answered extensively to the Court's findings. He agreed on most of the Court's recommendations and pledged to amend the regulations where necessary in the future.