

Getting informed about FRENCH HEALTH INSURANCE

All the information related to Health Insurance: missions, organization and functioning.

Social Security

Created sixty years ago, Health Insurance has become a major actor within healthcare system: flashback on our welfare system's origins and organization.

Over the years

Since 1945, Health Insurance has been built on 3 fundamental principle basis: equality for healthcare access, healthcare quality and solidarity.

Firstly in store for salaried people and their families, health insurance general scheme has progressively concerned other categories of people, on top of the first category (young people who have already done their military service or do not have to do it, divorced women who do not work, ex-prisoners, and so on.).

Thus, health insurance gives anybody the possibility to receive healthcare according his/her needs, whatever his/her age and income levels. Today, health insurance guarantees healthcare access for nearly 55 million people.

From 1945 to nowadays

The orders of 4 and 19 October 1945 promulgated by General de Gaulle's government created a Social Security organisation. These orders combined all the previous insurances and broke away from the old form of social recognition dating back to before the war. They provided for the principle of a "management of Social Security institutions by the parties it concerns".

With extended life expectancy, development of medical progress and improvement of pensions, Social Security soon found itself in financial difficulties. To overcome these difficulties, a 1967's order created a separation into three independent branches: health, family and old-age. Each branch was thus in charge of its own resources and expenses.

The 1996's reform laid down a new chain of responsibilities between actors in the social protection system: government, parliament, managers of the Social security systems, healthcare professionals and policyholders.

The reform Parliament adopted in August 2004 aims at safeguarding the health insurance scheme, and, at the same time, at protecting and strengthening its fundamental principles: equality for healthcare access, healthcare quality and solidarity.

Some key dates

1945: Creation of Social Security

- ◆ Founding of the general Social Security scheme.
- ◆ Affirmation of the compulsory nature of protection against the risks of old-age, illnesses, maternity, occupational accidents, family responsibility for trade and industry employees.
- ◆ Funding through collections from wages.
- ◆ Principle of expanding the scope of Social Security to include other population groups.
- ◆ Principle of social democracy: management by the parties it concerns, i.e. joint management of funds by social partners within an administrative council.

1967: for General scheme: Creation of three Social Security funds and of a Central Agency

- ◆ French National Health Insurance Fund for Salaried Employees (Caisse nationale de l'assurance maladie des travailleurs salariés / CNAMTS).
- ◆ French National Old-Age Insurance Fund for Salaried Employees (Caisse nationale d'assurance vieillesse des travailleurs salariés / CNAVTS).
- ◆ French National Fund for Family Allowances (Caisse nationale des allocations familiales / CNAF).
- ◆ Central Agency of Social Security Organisations (Agence centrale des organismes de sécurité sociale / ACOSS) ensuring joint-management of the scheme's resources.

2000: Creation of the Couverture maladie universelle (CMU), a Universal Health Insurance Coverage.

- ◆ Distribution of the personal health ID card (Carte Vitale in France) for 16 year-old and over people.

2004: Health Insurance Reform

- ◆ The particularly worrying financial situation of the Health Insurance system led the Government to suggest a structural reform of the system.
- ◆ The law of 13 August 2004 related to health insurance redefines the organisation of available healthcare, is focused on the medicalised control of healthcare expenditure, and finally makes changes as far as the CNAMTS' managerial bodies are concerned.

Several different health insurance schemes

Health Insurance has three main schemes: the general scheme, the agricultural one and the social scheme for independent professionals. Besides, there are other special schemes as well.

Health Insurance is divided into three main schemes

General scheme

Which covers employees in the industry, business and service sectors, as well as some categories of workers considered as employees.
Health insurance general scheme is the supportive health insurer of four out of five people in France. It finances 75% of health expenditure.

Agricultural scheme

Mutualité sociale agricole / MSA

Which covers farmers and farm employees.

Social scheme for independent professionals

Régime social des indépendants / RSI

Which covers craftspeople, retailers, manufacturers and independent professions.

The system also includes a number of other special schemes

For sailors and registered sailors, mines, SNCF, RATP, EDF-GDF, Banque de France, Assemblée nationale, Sénat, clerks and solicitor's employees, ministers of religion, and so on.

General scheme: Sickness branch

The French National Health Insurance Fund (Caisse nationale de l'assurance maladie des travailleurs salariés / CNAMTS) manages sickness risks, maternity, disability, death and, with a different management, industrial accidents and occupational diseases.

At a local level and at a departmental one:

- ◆ 101 Local Health Insurance Funds (Caisses primaires d'assurance maladie / CPAM) in Metropolitan France
- ◆ 4 general Social Security Funds (Caisses générales de sécurité sociale / CGSS) in overseas departments.

At a regional level:

- ◆ 14 Funds for Pensions and Occupational Risks (Caisses d'assurance retraite et de la santé au travail / CARSAT)*
- ◆ 2 Regional Health Insurance Funds (Caisses régionales d'assurance maladie / CRAM) are involved in prevention and industrial accident and occupational disease pricing.

Health Insurance Medical Control Service

As a medical actor in risk management, the Health Insurance Medical Control Service advises, helps and controls social insured and healthcare professionals.

The Health Insurance Medical Control Service has a department in each Local Health Insurance Fund (Caisse primaire d'assurance maladie / CPAM). It is made up advisory practitioners - doctors, chemists, dentists - and administrative staff.

Risk management medical party, the Health Insurance Medical Control Service:

- ◆ Advises social policyholders and healthcare professionals on medico-social regulations and on the correct use of treatment.
- ◆ Provides assistance to policyholders and healthcare professionals to improve the management of long-term diseases.
- ◆ Analyses and manages patients' applications for benefits and the activity of healthcare professionals and establishments.
- ◆ Manages the successful implementation of regulations and medical practices.
- ◆ Leads studies.

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