Health Insurance Benefit Package in Iran

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- Two main Health Insurance Organizations, belonging to the Ministry of Welfare and Social Security, and MOH
- responsible for covering the majority of the Iranian population:
  - IHIO and SSO – together covering more than 75% of the population and accounting for around 50% of public spending on health.
  - IHIO was established in 1995 under the Public Medical Service Insurance Act; and
  - SSO was established in 1975 under the Social Security Law.
- In addition, two other smaller insurance schemes:
  - Imam Khomeini Relief Foundation (IKRF) and
  - Armed Forces Medical Service Insurance Organization (AFMIO), which are responsible for covering special social cases and the army, respectively.
Similarities between the schemes
### Milestones in HIBP

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<th>Period</th>
<th>Milestones</th>
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<td>Before 1995 (1374)</td>
<td>1. There is no clear boundary between public and private sectors&lt;br&gt;2. Different coverage policies by insurance organisations</td>
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<td>2004 to 2007 (1383-1386)</td>
<td>1. Transfer of the Supreme Council for health insurance from Ministry of health to Ministry of welfare&lt;br&gt;2. Entering the service / drug to HIBP based on the frequency and political force&lt;br&gt;3. Commitment of supplementary insurers for exceptional services outside the HIBP</td>
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<td>2007 to 2014 (1386-1393)</td>
<td>1. Developing a unique HIBP in the country for the first time (Blue Book)&lt;br&gt;2. To cover broadest list of insurance organizations&lt;br&gt;3. The long process of deciding to cover new services</td>
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<td>Beyond 2014 – (1393)</td>
<td>1. Introducing main health policies by the Supreme Leader&lt;br&gt;2. Ministry of Health responsible to revise HIBP&lt;br&gt;3. Implementation of HEALTH TRASFORMATION PLAN&lt;br&gt;4. The new list of HIBP in the form of RVU</td>
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Current health services provided and funded in health centers especially in hospitals:

- HIBP
- Complementary benefit package
- Health Transformation plan benefit package
- Package of supportive services for special cases
- Other services
HIBP: Medical services, general and specialized (inpatient and outpatient) and medicines which are covered by health insurance system.

Complementary benefit package: Inspite of emphasize by the law, this kind of insurance organizations mainly cover part of services cost (supplementary insurance).
The current status of health coverage

- **HTP benefit package**: This plan includes the services that are defined in the health services benefit package but are not covered by basic insurance system with the aim of reducing OOP of hospitalized patients.

- **Package of supportive services**: defined for patients with specific conditions such as cancer, MS, hemophilia, thalassemia, to cover their catastrophic costs

- **Other services**: beauty services and new technologies, many of these services may not be cost effective. These services can be covered by supplemental insurance or by own patients.
The process of entering services to Health Insurance Benefit Package

- Receiving request to the Ministry of Health or Welfare
- Sending request to the Secretariat of the High Council of Health Insurance
- Preparation of service standards and calculation of unit cost and some times HTA for medicines and consumables at the MOH and sending to the Secretariat
- Waiting list of Secretariat for determining tariffs and coverage
- Expert meeting at the Secretariat
- Estimation of financial burden of coverage for insurance orgs.
- Getting approval from the main meeting of High Council of Health Insurance
- Releasing final list of covered services or goods by the Supreme Council, or cabinet.
Challenges and limitations

- Challenges related to the adequacy of the resources to cover the HIBP.
- The lack of clear criteria for developing the first list of HIBP in 1995;
- Ignoring change in causes of morbidities and mortalities in HIBP;
- Non systematic approach to scientific evidence, such as HTA in decision making;
- High influence of bargaining in decision making in the Council
- Lack of cultural, social and complete economic considerations in decision making
- The HIBP have not been revised for a decade, not updated
Challenges and limitations

- Political and lobbying pressure on HIBP policies;
- Policy bias by permission to physicians and suppliers to directly request coverage for services;
- Conflict of interest in the HIBP policies;
- Different Structures and sources of funding;
- Lack of long-term view and forecasting in coverage policies;
- No obligation for using HTA and guidelines in service delivery and drug administration for almost all of the package.
Defining a targeted package adapted to the population health needs and current patterns of diseases and age groups;

Removing non-effective and non-efficient services from the HIBP (revising plan is ready)

Defining a systematic and lawful process for using evidence including Health Technology Assessment and budget impact of the new services in the formulation and revision of HIBP.

Assessing financial burden of implementation of new HIBP;
Policy options

- Developing a scientific method and feasible process for continuous revising of HIBP.
- Putting limitation for physicians and companies to send direct request for coverage of services in HIBP;
- Removing OTC medicines from the list for saving resources;
- Developing clinical guidelines at least for high cost and very common services;
Thank you for your attention