Good Practices in Social Security

Good practice in operation since: 2012

Programme for health benefits rights
A case of the Social Security Institution

Social Security Institution
Turkey

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Summary

The programme for health benefits rights is software which combines the databases of three different social security institutions that are the assigned responsibility of the Social Security Institution (SSI) of Turkey.

This programme displays the rights to health benefits by using only the citizen identification number and date. The aim of this programme is to give a good service to universal health insurance holders by using the electronic information on pensions, registration, citizenship identification and premiums and thus remove paper-based applications and burdensome visits to the Social Security Institution.

This programme will be used by health-care service providers all over the country; in other words the hospitals, pharmacies and opticians.

CRITERIA 1

What was the issue/problem/challenge addressed by your good practice?

Before the Social Insurance and Universal Health Insurance Law (Law number: 5510) entered into force in Turkey, there were three different programmes to activate the health benefits rights of people who live in Turkey. These three programmes were independent and information interchange was not coordinated.

The insurance holder’s information about pensions, registration, citizenship identification and premiums was not available in electronic form in the relevant database so that the necessary information about above-mentioned data had to mostly be entered manually based on written documents. Unfortunately this situation meant insurance holders had to apply personally to the Social Security Institution and this undoubtedly led to a waste of time, effort and money.

Additionally, manual procedures caused many false actions, economic losses to the Institution and delays or other difficulties connected with rights to health insurance.

CRITERIA 2

What were the main objectives and the expected outcomes?

Main objectives are to:

- Terminate burdensome visits of insurance holders to units of the Social Security Institution.
- Stop manual transactions and make them automatically.
- Combine the databases of three different social security institutions.
- Eliminate incorrect information about pensions, registration, citizenship identification and premiums and thus prevent damage to the SSI’s actuarial balance.
• Make savings in staff, paper and effort.

• Make changes/updates of the insurance statutes automatically.

Expected outcomes are:

• There was always a crowd of people in front of the SSI offices wishing to activate their right to health insurance and thus benefit from the health-care services. Hence, the indispensible expected outcome is to put an end to queues in front of the units.

• Access the above-mentioned information within the scope of one programme.

• Enhance the satisfaction of insurance holders.

• Verify the above-mentioned data in electronic form.

CRITERIA 3

What is the innovative approach/strategy followed to achieve the objectives?

There were three main databases to activate health benefits rights before the programme for health benefits rights (SPAS), and they were unincorporated.

The legislative rules have been included in the programme. This requires strong communication and good organization between different establishments that have never exchanged information previously in electronic form. During the software development, all legislation experts specified all the insurance statutes to install into the programme. In addition, in the case of two coincidental statutes, it has been designated in the programme which insurance statute must be privileged and is thus valid.

The programme has been formulated to be capable of using the electronic information on pensions, registration, citizenship identification and premiums of the universal health insurance holders, so it makes the changes/updates of the insurance statutes automatically.

• This project has ensured coordination between all the units of the Social Security Institution and a common database for health-care services for the first time.

• An e-mail group has been constituted specifically to correspond to the questions, software problems and proper usage. This group is provided to solve instantly the problems coming from all over the country.
CRITERIA 4

Have the resources and inputs been used in an optimal way to achieve the set objectives and the expected outcomes? Please specify what internal or external evaluations of the practice have taken place and what impact/results have been identified/achieved so far.

All the legislation rules of health benefits rights have been included in the programme.

During this process:

- Numerous meetings have been conducted with related units and experts.
- A legislation committee teamed up to ensure the conformity of the legislative rules about health benefits rights.
- A close collaboration has been made with software developers during the development of the programme.
- The programme has been tested for nearly a year to be sure that it works correctly.
- The programme was put into practice gradually throughout the country.
- The programme allowed substantial savings in staff, paper and effort.

CRITERIA 5

What lessons have been learned? To what extent would your good practice be appropriate for replication by other social security institutions?

- One of the most important lessons learned is that there must be a strong coordination and communication between units which have different duties and missions. And it is obvious that such a work needs a coordinator who organizes the strategy of effort, the frame of the study and the division of the work.

- We have learned that it is a very complicated work to bring the electronic data of three different social security institutions together under the same roof. Although it is a very hard process, the satisfaction of the insurance holders has been greatly increased. They don’t have to visit our units to activate the health benefits rights for themselves or their dependants, because it is done automatically. To give an example, when they pay their premiums, change their insurance status, marry or divorce, granted a pension etc. the programme saves the changes automatically.

- We think that our practice would be appropriate for institutions which have several establishments that provide social security independently.