

Research on the Medical Insurance Payment System in the Social Security Education Industry Under Major Public Health Incidents-Taking COVID-19 as an Example

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ABSTRACT

This article takes the medical insurance payment system under major public health incidents in China as the research object, adopts research methods such as inductive summary and comparative analysis to analyze the implementation status of China's medical insurance payment system under the epidemic, and compares the relevant systems in different countries. The social security education industry has provided certain experience and put forward a series of related suggestions on the reform of the medical insurance payment system.

Keywords: *New crown pneumonia, medical insurance payment system, implementation status*

1. RESEARCH BACKGROUND

At present, the Chinese economy is developing towards a high-quality stage. The background of the new era requires China to build a new medical insurance system that responds to the needs of the people and adapts to economic and social development. This is the value orientation and fundamental foothold of China's medical insurance system construction [1]. In 2020, a new crown pneumonia epidemic broke out in China, which exposed many current problems in China's medical and health services during the nationwide fight against the epidemic. General Secretary Xi Jinping characterized the new crown pneumonia epidemic as a "major public health emergency." With the gradual coverage of the basic medical security system, the method of medical insurance payment has become the essence of the system reform. At present, it is widely practiced in China to pay by service item, that is, the payer will be compensated and reimbursed according to the actual expenses after the medical service. This payment method has an adverse effect on the control of medical expenses and has caused medical expenses in the past few decades. The rise is too fast, and in the outbreak of the new crown pneumonia epidemic, the reform of the medical insurance payment system has achieved remarkable results. At the same time, some problems have been exposed. The reform of the medical insurance payment system is imperative.

2. THE IMPLEMENTATION STATUS OF THE MEDICAL INSURANCE PAYMENT SYSTEM UNDER THE EPIDEMIC

The Central Committee of the Communist Party of China and the State Council issued the "Opinions on Deepening the Reform of the Medical Security System", which put forward many innovative and constructive suggestions on the establishment of effective and efficient medical insurance payment mechanisms. At the beginning of the medical insurance reform, China targeted the policy of "three-point policy and seven-point management". Among many management measures and policy tools, the medical insurance payment system is the main gate. The report of the 19th National Congress of the Communist Party of China drew a grand blueprint for the reform and development of China's medical insurance in the new era. The comprehensive establishment of a high-quality medical security system with Chinese characteristics is a strategic task and core goal. In recent years, China has encouraged all localities to explore and innovate payment methods suitable for local conditions. While insisting on ensuring the basics, the medical insurance fund has achieved a balance of revenue and expenditure as a whole. The development of the new crown epidemic has made the medical insurance payment

system present new characteristics, mainly as follows:

1. Clearly put forward the "two guarantees", that is, the cost of diagnosed patients does not need to be personally burdened and the patients in different places are treated first and then settled. Ensure that the hospital receiving treatment does not affect the treatment due to the payment policy.

2. Special handling for special circumstances to improve protection. In the face of the new type of disease and the specific conditions of diagnosis and treatment of new coronary pneumonia, the medical insurance department has shown rapid response. The National Medical Security Administration has put forward specific policies in terms of payment catalogs, drug purchases, and medical insurance settlements. For example, urgently expanding the payment scope of medical service items and opening up the Internet medical insurance reimbursement channels. These measures have effectively alleviated the people's medical pressure and drug demand during the epidemic [2].

3. Medical insurance cooperates with prevention and control work to improve the quality of handling services. The introduction of "five offices", such as "no-face-to-face", "timely", "convenient for the private", "postponed", and "reasonable" to optimize medical security handling services. These policies are based on the prevention and control of the spread of the disease, and play an active and effective role in the prevention and control of the new coronavirus [3].

4. Targetedly reduce the payment burden of enterprises and encourage enterprises to resume work in a standardized manner. In accordance with General Secretary Xi Jinping's important instructions of "prevention and control of the epidemic with one hand, and economic and social development with the other hand", the medical insurance system is coordinated from several aspects such as the scope and time limit of the phased reduction of taxes, the classification of policies according to the status of fund balances, and the protection of benefits. It plays a substantial role in stabilizing social expectations, supporting the resumption of work and production and stabilizing jobs.

Since the outbreak of the epidemic, a series of measures taken by relevant state departments have reflected the accuracy, pragmatism and systemic nature of the medical insurance policy. In this epidemic prevention and control work, China has formulated efficient and accurate policies and measures, which are inseparable from the establishment of the National Medical Security Administration.

3. COMPARISON OF MEDICAL INSURANCE PAYMENT SYSTEMS IN DIFFERENT COUNTRIES IN THE FACE OF MAJOR PUBLIC HEALTH INCIDENTS

3.1. U.S. medical insurance payment system

The basic medical insurance system in the United States adopts the principle of basic pension insurance. Participants pay for life, and they can enjoy the benefits of medical insurance payment when they reach the age of 65. Due to the high degree of marketization and privatization of medical insurance in the United States, commercial medical insurance generally has higher benefits and a larger reimbursement ratio. However, because medical insurance reimbursement standards are formulated by various insurance companies in the United States, there are large payment loopholes in reimbursement, and fraudulent insurance of commercial health insurance in the United States is frequent. The low-quality medical insurance purchased by civilians is also undertaken by insurance companies. In order to maximize economic benefits, such medical insurance is often of low quality. Even if there is a reimbursement standard, insurance companies often refuse reimbursement for various reasons. Medical services for civilians are often No basic protection [4].

3.2 .Germany's health insurance payment system

German medical insurance mainly includes public-legislative medical insurance and private medical insurance. The broadest coverage is the public health insurance, and its beneficiaries include 90% of the Germans. The German medical insurance system stipulates that as long as you live in Germany, regardless of whether you have German nationality, you have the obligation to participate in medical insurance. In terms of cost payment, in public insurance, employees only need to pay a small portion of the cost, and the employer and the pension insurance company share the bulk of the premium. The premiums to be paid are determined by personal income and are not completely unified. The beneficiaries of private medical insurance are a small number of high-income company employees. Private medical insurance costs are higher than public medical insurance, and the insurance fee is generally determined by the age of the insured [5].

3.3. Comparison of different countries

In the face of new coronary pneumonia, the payment of medical insurance in the United States has exposed major problems: tens of millions of people in the United States did not participate in basic medical insurance before the outbreak, causing vulnerable groups with new

coronary pneumonia to delay medical treatment or even give up treatment. Those who have fully insured will also face a thorny problem, that is, most insurance health plans have set a high deductible, and medical expenses above this limit can be reimbursed. The following must be paid. American medical insurance has serious price discrimination based on different grades of medical insurance. At the same time, American commercial health insurance does not have a unified reimbursement payment standard, causing patients to face high out-of-pocket expenses.

As a large welfare country, Germany has a relatively mature medical insurance payment system. China has a similar coverage of basic medical insurance. Germany's medical insurance system is more advantageous in terms of the setting of medical insurance payment standards. In the face of the new crown pneumonia, the treatment costs incurred by residents in Germany can be almost fully reimbursed for medical insurance stipulated by the German public legislation. The compulsory public medical insurance in Germany has effectively achieved a high level of balance between medical insurance services, income, and health, and has achieved mutual assistance in major public health incidents.

In the reform of China's medical insurance system in recent years, the reimbursement of medical service expenses has gradually been standardized and standardized in accordance with tiered diagnosis and treatment and drug pricing. In the treatment of patients with new coronary pneumonia, the treatment costs outside the scope of the medical insurance payment are all covered by financial subsidies. China mobilizes the national finance to cover the treatment of new coronary pneumonia.

4. THE PROBLEMS AND THINKING OF THE CURRENT MEDICAL INSURANCE PAYMENT SYSTEM DURING MAJOR PUBLIC HEALTH INCIDENTS

On the one hand, the medical insurance system for urban employees and urban and rural residents under the supervision of the National Medical Insurance Administration of China is very important for emergency treatment of patients and suspected patients after major public health emergencies. China's medical insurance system was gradually established after decades of continuous practice and exploration, and it has covered more than one billion insured persons. Once any person in the system enters the hospital, he can contact the hospital through his or her personal medical insurance account. Perform fee settlement. Therefore, based on the medical insurance system that China has established, emergency treatment of epidemic patients and suspected patients is the inevitable and only choice.

On the other hand, the medical insurance system for urban employees and urban and rural residents in China was not designed for major outbreaks such as SARS in 2003 and this new crown virus pneumonia, but for urban employees and urban and rural residents to provide medical services under normal circumstances. The social insurance system of China is divided into three levels: the first level is the basic medical insurance, which is formed by the insurance premiums paid by the participants and units plus financial subsidies; the second level is specifically allocated from the basic medical insurance fund A certain proportion (usually 2%~5%) forms an independent "critical illness medical insurance fund"; the third level is "medical assistance". The "basic medical insurance" and "critical illness medical insurance" in the current medical insurance system is not sufficient to cope with the need for medical treatment costs caused by major public health emergencies such as the new crown pneumonia epidemic [6]. This is a sharp contradiction, and the idea of solving this contradiction is relatively clear. According to China's current medical insurance system, its specific content should be improved to form a set of medical treatment costs in the face of emergency treatment of major public health emergencies. The emergency mechanism of payment enables hospitals and medical workers to focus on treating patients in accordance with preset procedures and mechanisms.

5. SUGGESTIONS ON THE REFORM OF CHINA'S MEDICAL INSURANCE PAYMENT SYSTEM UNDER MAJOR PUBLIC HEALTH EMERGENCIES

5.1. Continue to integrate fragmentation and explore a unified and standardized national medical insurance payment system

At present, China has basically achieved the goal of universal participation, but the fragmentation of the medical insurance system is still severe, and there is still a clear gap in the medical insurance benefits enjoyed by different urban and rural areas, employees and residents. At the beginning of the outbreak of the new crown pneumonia, there were some suspected patients who did not receive proper treatment due to economic reasons, or received a heavy financial burden due to treatment. The realistic background requires China to explore a unified medical insurance system based on citizenship, eliminate different occupations and household registration locations, so that all insured persons can enjoy undifferentiated basic medical services, and effectively improve the fairness of the medical insurance system.

5.2. Establish a special fund for major public health incidents and build an emergency medical service system

China's current medical insurance system has established a medical aid fund, and the medical aid fund for the new crown pneumonia epidemic has played a major role. However, if the medical assistance fund is used for the purpose of emergency response to the epidemic, a special account needs to be established, which is different from the medical assistance account originally designed for urban and rural subsistence allowances and rural five-guarantees. It is from the lottery public welfare fund and donations from all walks of life. Raise and strengthen its emergency management mechanism.

5.3. Promote the reform of differentiated medical insurance payment mechanism and guide medical resources to sink to the grassroots

China's hierarchical diagnosis and treatment reform has achieved remarkable results in recent years, and the hierarchical diagnosis and treatment system should continue to be deepened. Comprehensively consider the local economic development level, financing capacity, and medical resource allocation, scientifically calculate the residents' medical service needs, and obtain a set of payment strategies with the best effect (deductible line standard, compensation level, reimbursement range), and Regularly assess the dynamics of residents' medical visits to adjust payment strategies. Reasonably guide the sinking of medical resources to the grassroots level, implement hierarchical diagnosis and treatment, and achieve the goal of strengthening the grassroots level.

5.4. Continue to improve the settlement system for medical treatment in different places and increase the scope of medical services

During the epidemic, China took special measures such as first treatment and settlement. This helps to open up the boundaries between local medical insurance. Promoting remote settlement and optimizing the remote medical settlement and medical insurance system requires further breaking down the information barriers of the overall planning area, and steadily connecting all the coordination areas to the national remote medical insurance settlement system to achieve networked operation. Eventually build a unified national medical insurance information processing integration platform.

6. CONCLUSION

China's medical insurance payment system has gained sufficient experience in the ongoing pilot reforms, and has been enriched and developed throughout the

country. This enables China's health system to deal with various difficult problems normally and steadily in the face of new coronary pneumonia. However, the reform of the medical insurance system is far from stopping. In this major public health incident, China should learn from the experience accumulated in the practice of the medical insurance payment system in various places, and look for enlightenment, sum up experience, and establish standardization through the comparison of different national medical insurance systems. The medical insurance payment system under the major public health of China will solve the medical insurance payment problem in China as much as possible, and provide patients with more solid and beneficial protection.

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