

Research on the Basic Medical Insurance System in Rural Jinan City from the Perspective of the Grassroots

Yang Jingyi, Liu Lei, Ma Ying, Zhao Yonghao

Shandong University of Finance and Economics, Jinan, Shandong, China

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Abstract: With the integration of urban and rural areas, since 2015, Jinan's urban resident medical insurance and the new rural cooperative medical insurance system have been formally merged and have achieved certain results. However, there are still many problems in the implementation of medical insurance. It includes a lot of reimbursement materials, insufficient publicity at the grassroots level, low level of service of the implementation subject, some farmers' misunderstanding of policies, and limited scope of medical reimbursement. Therefore, this article also proposes countermeasures while raising the issue of medical preservation.

1. Introduction

Since the integration of urban and rural medical insurance in Jinan in 2015, in order to gain a better understanding of the implementation of the New Rural Cooperative Medical System, the author led a student to conduct a social survey and found that both the number of participants and the reimbursement ratio have increased significantly. Shi greatly avoided the dilemma caused by illness. However, as an insurable medical insurance, some problems have been exposed in recent years, affecting farmers' satisfaction with the NRCMS and causing some people to be satisfied with the NRCMS the reasons for the low degree are various. the mid-term focus is on the three aspects of policy implementation, the main body of implementation, and the farmers' expectations.

1.1 Inadequate Implementation of Policies

(1) Various materials required for reimbursement

Table 1 Materials Required For Reimbursement of Medical Insurance in Huaiyin District (March 5, 2019)

Serial number	Outpatient emergency death	Remote hospitalization	Non-scheduled emergency hospitalization in the city	Off-site fertility
materials needed	1. Outpatient original medical records 2. Original outpatient invoice 3. Expenses list 4. Original and photocopy of the insured person's ID 5. Copy of death certificate or funeral certificate issued by the hospital 6. Original and photocopy of ID of the immediate family member 7. Direct line Relatives (only for Construction, Industry and Commerce, Agriculture, Bank of China) bank account book or original and photocopy of the bank account, and ensure that the bank account status is normal	1. Original invoice 2. Medical records of hospitalization 3. List of expenses 4. Hospital level certificate (must be provided without mandatory requirements) 5. Original and photocopy of the ID card of the insured person 6. Insured person (only for construction, Commercial, Agricultural, Bank of China) bank account book or card original and photocopy, and ensure that the bank account status is normal	1.Original invoice 2.Medical records of hospitalization 3.List of expenses 4. Original and photocopy of the ID card of the insured person 5. Original passbook or card of the insured bank (only for construction, industrial and commercial, agricultural, Bank of China) and Two copies and make sure your bank account is in good condition	1. Inpatient medical records and original invoices are required. 2. A copy of the ID card of the insured person. If an agent is required, a copy of the ID card of the agent is required. 3. The insured person (only for construction, industry and commerce, agriculture, and Bank of China). Copy of bank passbook or card, and make sure the status of the bank account is normal

Note: 1. The original invoice, the in-patient medical history, the detailed list of expenses, and the hospital-level certificate must be stamped with the corresponding red stamp of the hospital 2. The insured person seeks medical treatment and hospitalization if he or she is injured.

(2) Grassroots propaganda

In many of the official websites of the government we surveyed, almost every year simply introduced the annual payment standards and some dry figures. In this way, it is easy to cause misunderstanding among the grassroots staff when transmitting the message. For example, in a village we surveyed, according to local residents' feedback when paying medical insurance costs at that time, grassroots cadres did not mention several levels of payment standards, charged directly according to one level, and did not give farmers the right to choose.

In addition, the grassroots township and village management agencies of the New Rural Cooperative Medical Service are not well-known. In our exchanges with villagers, we found that both in terms of charging time, charging methods, charging personnel, etc., have shown greater informality and non-professionalism. Most of the project managers are part-time staff, and they also undertake a lot of other work, which means that there is a lack of transparency in the administrative process of NCMS, which seriously affects the efficiency and transparency of NCMS implementation.

As a direct service member of the insured, the village cadres, their working ability is an important factor in the implementation of the new rural cooperative medical policy, especially the decision whether to participate in the cooperation and the early fundraising stage. The village cadres are responsible for policy promotion, publicity and interpretation, and fund collection. It is an important policy manager at the early stage. According to the true reflection of the education and age of village cadres at the current stage, it will be found that many village cadres have insufficient expertise in the NCMS, and it is difficult to be qualified to directly promote the image of the NCMS to promote ambassadors. In the investigation, it was found that many village cadres only directly notified the villagers of the current year's medical insurance payment amount (only one notice was notified, and many areas did not tell the villagers to choose two or three grades to participate in the insurance), and the payment was completed within the time limit. Of course, some people also report that many village cadres' home visits have forced villagers to pay medical insurance costs in a similar manner. Regardless of their original intention, at least this approach is inappropriate.

1.2 Insufficient Professional Literacy of the Implementing Subject

(1) Excessive behaviors such as minor illness, treatment with water and medicine

In this survey, one interviewee recounted that: the respondent's child had diarrhea. After going to the township hospital for a checkup, the doctor prescribed up to 1,000 yuan of medicine, but the patient's symptoms did not ease after taking the medicine. The interviewee took my child to the village clinic and spent two dollars to buy two diarrhea stoppers (scientific name belladonna yellow benzidine tablets) and healed. Even some hospitals were reported to induce hospitalization. Their use of participating farmers' mutual awareness and cultural level was not high, suggesting that participating farmers were not the cost of hospitalization will be wasted, causing many participating farmers to be hospitalized to compensate for minor illnesses due to small mistakes. There are also regulatory loopholes and weak farmers' awareness of rights protection, which slightly changes the purity of medicines, thereby extending treatment time. Make a profit from it.

(2) Off-site reimbursement for each other

During the investigation in Xiaoxinzhuan, Huaiyin District, many migrant workers reflected the problem of reimbursement in different places. At this stage, there is still a large gap between various regions in China. Whether it is information communication between medical institutions and medical insurance units or local filing information platforms they are relatively low and cannot achieve inter-organizational interconnection and information sharing in different places. In addition, the level of payment and reimbursement ratios in different places, and inconsistent reimbursement scopes, make participating farmers who seek medical treatment in different places liable to cause regional discrimination and be reimbursed by both parties. Institutions push each other, resulting in complicated reimbursement procedures, prolonged reimbursement time, and reduced satisfaction with medical insurance.

(3) Offset reimbursement for each other

During the investigation in Xiaoxinzhuan, Huaiyin District, many migrant workers reflected the problem of reimbursement from different places. At this stage, although the NCMS management system in various regions of China has been continuously improved and improved, there is still a large gap between regions. No matter the information communication between medical institutions and medical insurance units or the local filing information platform is low, it is impossible to achieve inter-organizational interconnection and information sharing in different places. In addition, the payment levels and reimbursement ratios in different places, and the scope of reimbursement are not uniform. Participating farmers who seek medical treatment in different places are liable to cause regional discrimination and are pushed by each other's reimbursement agencies, resulting in complex reimbursement procedures, prolonged reimbursement time, reduced enthusiasm of staff participating in different places, and reduced satisfaction with medical insurance.

Secondly, as a key hub, grassroots cadres also lack the corresponding professional qualities. It is not possible to explain to farmers the nature of the NCMS and how it is applicable. Even most grassroots cadres' understanding of the NCMS remains at the NCMS just now. In the applicable stage, it is difficult to keep up with the times in terms of policy promotion and farmers' rights protection.

1.3 Expectations of Participating Farmers Are Too High

(1) Complaining “guaranteed but not covered”

In the survey, many farmers expressed dissatisfaction with the payment and capping lines of medical insurance. They believed that since they paid medical insurance, they should enjoy full reimbursement in order to be fair. In addition, with the rise of health care groups such as cupping and scraping in recent years, Traditional Chinese medicine has once again occupied half of the country. It is understood that many patients have begun to use traditional Chinese medicine for some chronic diseases, but they are very dissatisfied with their non-reimbursement.

(2) Abandon “catch and be useless”

Participation in the NCMS is based on people, so that participants can enjoy reimbursement. Many participating farmers have said that they have hardly used it for more than ten years, just for the purpose of preventing payment, which is very wasteful and undoubtedly aggravated. Some low-income families are burdened. Based on this, some participants believe that if the NRCMS is charged on a per household basis, it will be even more powerful to ease farmers' expenditures or mobilize farmers' participation in cooperation. With the increase of charging standards, the thinking has also spread, and it has become an emerging perspective that affects medical insurance reputation.

(3) Lack of “fair guarantee”

The differences in regional new rural cooperative medical services have spread with the development of network technology, and farmers with lower cultural levels are more likely to keep an eye on the surface phenomenon and know nothing about the underlying principles. At this time, various injustices will become popular. It is unavoidable that grassroots people have doubts about the integrity of local cadres, thereby exacerbating the “civilian crisis.” People's high expectations for medical insurance can easily lead to their dissatisfaction with village cadres and village doctors, which will also lead to Weakness of cooperation.

2. Suggestions for Improving the Basic Medical Insurance System in Rural Jinan

2.1 Solve the Difficulties of Policy Implementation

(1) Effectively strengthen grassroots management and publicity

Increase training for grassroots cadres and related government medical insurance agencies to ensure farmers' right to know, and effectively improve grassroots cadres' policy mastery and moral literacy, so that they can truthfully, accurately and comprehensively explain the New Rural Cooperative Policy to farmers. Let farmers understand the changes and benefits of medical insurance policies. We must strive to build a professional, professional, and responsible for medical

insurance policies to reduce the proportion of part-time employees in other units. In addition, strengthen the business training of rural grassroots cadres, truly understand the latest policies and resolutely avoid the situation where village cadres come to force villagers to pay NCMS fees.

(2) Improve the ethics of medical service institutions and the professionalism of practitioners

First of all, we must improve the treatment of employees at medical institutions at all levels, especially township doctors and rural barefoot doctors, in order to mobilize their enthusiasm for work and strive to provide high-quality medical and health services. Second, we must effectively strengthen the construction of medical ethics and work together from multiple channels. Supervisory departments strengthen supervision and formulate strict industry norms. At the same time, the circulation and use of medicines must be strictly controlled, and efforts must be made to “separate medicines” to reduce the possibility of doctors linking medicines with their own interests. Second, consider joining farmers' evaluation Doctor evaluation and assessment system.

(3) Correctly treat high expectations of participating farmers

First of all, farmers should strengthen their understanding of medical insurance policies, and truly understand the “insurance” nature of medical insurance, that is, it is difficult to cover all diseases and drugs at present, and “insurance without insurance” is reasonable. Second, farmers should also change Thought, recognizing that medical insurance with insurance nature is to take today's money to prevent future risks and accidents, and participation is necessary. Third, the existence of regional differences in NCMS is closely related to the level of economic development in each region. The difference in levels determines differences in payment standards, reimbursement ratios, thresholds, capping lines, and scope of reimbursement.

2.2 Continuously Improving the New Rural Cooperative Medical System

(1) Further improve the NRCMS treatment payment system

The improvement of the treatment payment system is the core interest of the participating people, and the key to the NCMS treatment payment system is the improvement of the treatment level. In line with the gradual increase of the NCMS funding level, the NCMS treatment payment should also be continuously improved according to the reality. The current benefit payment system should be improved from the following aspects:

First, design system regulations that continuously increase the reimbursement rate as farmers' payment years increase, to reflect the principle that basic medical insurance can pay and encourage payment.

Second, a policy is encouraging farmers to pay one-time regular medical insurance costs. If farmers pay basic medical insurance costs for more than three years at a time, their reimbursement intensity will increase by about 5% based on the original reimbursement ratio. It can increase the total reimbursement of working capital, and at the same time reduce the burden of financial allocations for national social security medical insurance.

(2) Further improve the NCMS management system

The improvement of the NRCMS management level is a decisive factor in reducing the operating cost of the NRCMS, and at the same time it determines the improvement of the quality of the NRCMS system. Combined with the outstanding issues of the current NRCMS management system, the current NRCMS management should focus on the following aspects System improvement:

First, strengthen the capacity building of the NRCMS management office, stipulate the positive and negative qualifications of the members of the NRCMS management office, and improve the quality of the NRCMS management personnel. Third, establish a national NRCMS unified information platform Improve the efficiency of NCMS management [3]

Second, we will continue to improve the unified NCMS information service platform. In addition, we will strengthen cooperation with local migrant population regulatory authorities to open green channels for medical reimbursement for migrants, improve the management efficiency of the NCMS, and implement farmers' the smooth connection of medical insurance rights.

(3) Establish and improve the supervision system of the new rural cooperative medical system

There is a law in the West saying: “Power leads to corruption, and absolute power absolutely leads to corruption.” Any system involving the distribution of benefits and power must have a perfect monitoring system to supervise the exercise of power. The management and distribution of NCMS insurance funds it is also necessary to have the full supervision of all parties. The Social Insurance Law of the People's Republic of China clearly specifies the four types of supervision bodies for the use of social insurance funds: the Standing Committee of the National People's Congress, the social security administrative department, the government financial department and the audit department, and the social Insurance Oversight Board.

The four types of supervision subjects stipulated in the Social Insurance Law are mainly internal supervision and administrative supervision. The supervision of the medical insurance fund must not lack external supervision. In order to allow the broad masses of farmers to participate more confidently, social public opinion supervision and supervision the role of mass supervision. Only by establishing a sound supervision system can the new rural cooperative medical system be supported and supported by the masses of farmers, can it maintain long-term vitality, serve the vast number of farmers, and become a good policy that benefits the country and the people.

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