6.5. Percentage of the billed fee supplements to the billed official health insurance fees (A-14)

6.5.1. Documentation sheet

Description	Percentage of the billed fee supplements to the billed official health insurance fees.
Calculation	Numerator: • Amount of the billed fee supplements Denominator: • Amount of the official (convention) health insurance fees RIZIV – INAMI (= reimbursed amount + co-payment ("remgeld"/"ticket modérateur")) For classic hospitalisation and day hospitalisation
Rationale	Currently fee and room supplements can only be billed in single rooms. Exceptions are made for the following situations: • when the health status of the patient or the technical conditions of the examination or treatment requires a single room, or if special surveillance is required; • when the patient is put in a single room because there is no double or multi-room available; • when the patient is admitted absent of his/her will to the emergency department or intensive care unit; • when a child is admitted and the accompanying parent has not explicitly signed for a single room. • Historically, fee and room supplements have been forbidden in consecutive phases: • Since 2010 room supplements are forbidden in double and multiple bed rooms, in *classic* as well as *day* hospitalisation. • Since 2013 also fee supplements are forbidden in double and multiple bed rooms for *classic* hospitalisation. • Since mid 2015, also fee supplements are forbidden in double and multiple bed rooms for most of the surgical interventions in *day* hospitalisation. A large part of the Belgian population has a hospitalisation insurance. Often this insurance reimburses – either partly or fully - the fee supplements billed in single rooms. This makes that many patients choose for a single room. However, given that supplements are rising, the insurance fees for an insurance policy covering single bed rooms risk to become unpayable for many persons. For certain hospitals the billing of fee supplements is a way to attract and keep physicians. This makes that some hospitals systematically propose single rooms to their patients. This reaction however could lead to a two-tier healthcare with a social stratification of hospitals, resulting in hospitals for the "rich" and hospitals for the "poor". Although it is forbidden, it was in the press that some physicians refuse to treat patients when they are in double or multi-room. This makes that not all patients have equal access to equally qualitative care.
Data source	IMA-AIM

Technical definition	
International comparability	No comparability
Dimension	Accessibility, Sustainability

6.5.2. Results

Total mass of billed fee supplements

For classic hospitalisation, in 2017 the total mass of fee supplements for classic hospitalisation amounted to 20% of the total mass of billed official tariffs. In 2015, this percentage was 18% (see Figure 80).

For one day hospitalisation, total mass of fee supplements amounted to 15% in 2015 and dropped slightly to 13% in 2017. The drop can be explained by the abolition of fee supplements in double and multiple rooms for one day hospitalisation since mid-2015.

For classic and one day hospitalisation, total mass of fee supplements was 18% of the total mass of billed official tariffs in 2017. This percentage remained stable compared to 2015.

Frequency of billing fee supplements

As from 2013 fee supplements have been abolished in classic hospitalisation for double and multiple bed rooms, they are only billed in case of hospitalisation in single bed rooms. Data of 2017 show that fee supplements were billed in 11% of fee billings (and more specifically in 12% of fee billings in classic hospitalisation and 8% of fee billings in one day hospitalisation) (see Table 41).

Impact on patients

The abolition of fee supplements in one day hospitalisation in double and multi bed rooms mid-2015 has led to a reduction by 11% in the number of patients confronted with fee supplements (classic + one day hospitalisations) in the period 2014-2017 (see Table 42). This reduction however only took place in the number of patients confronted with “low” supplements (<€1 000). The number of patients confronted with “high” supplements (>€1 000) has notably increased. This means that a shift took place, less patients were confronted with fee supplements, but the size of fee supplements increased.

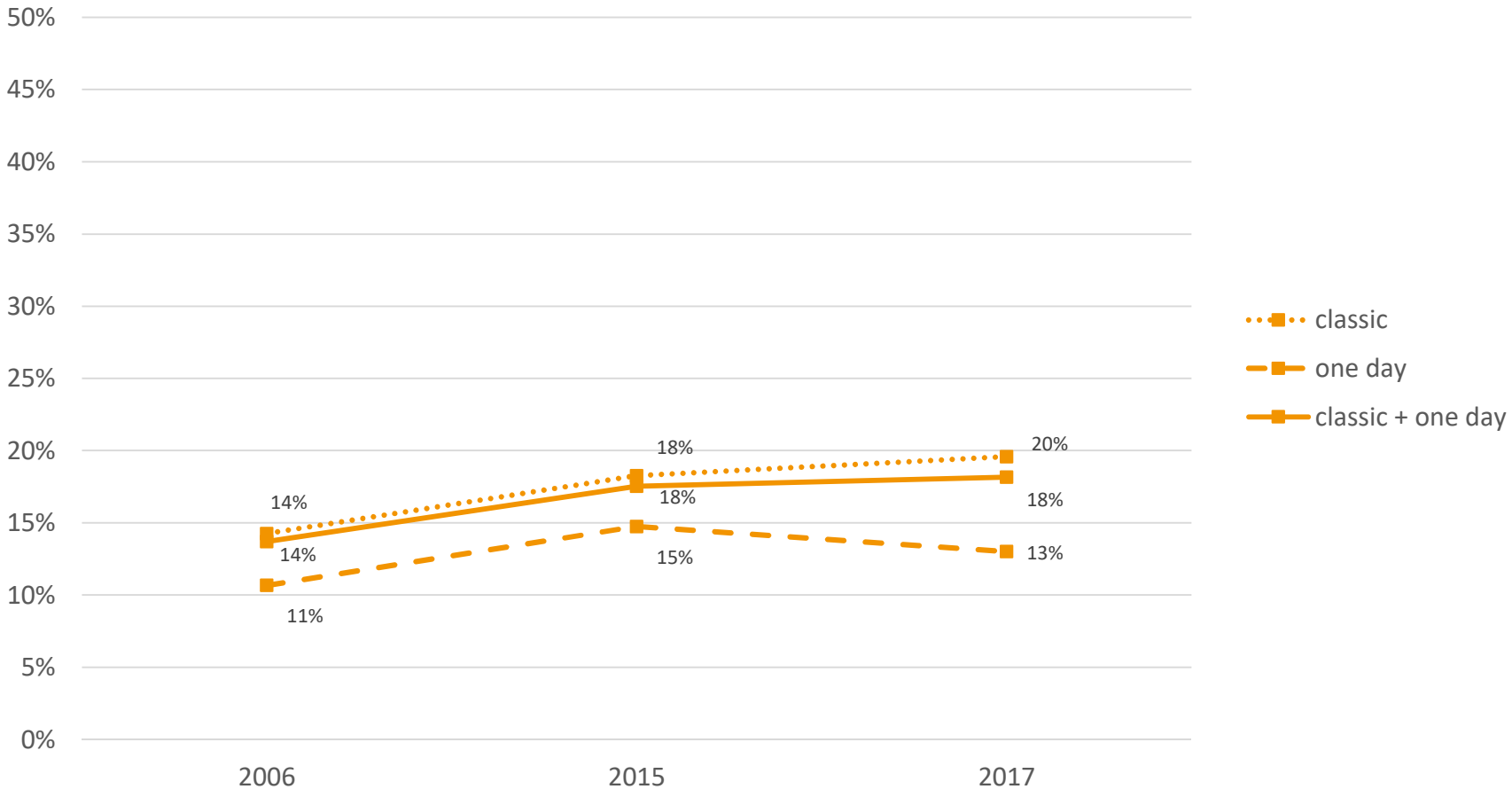
Regional variation

Figure 81 shows that the total mass of fee supplements to the total mass of billed official tariffs is highest in Brussels and lowest in Flanders. The proportion of stays for which fee supplements are billed varies slightly by region: 14% in Flanders, 13% in Wallonia and 17% in Brussels. However, in case fee supplements are billed, the height varies considerably between regions (see Figure 81). In Flanders, fee supplements are on average €800, in Wallonia €1 350 and in Brussels €1 700.

Variation between hospitals

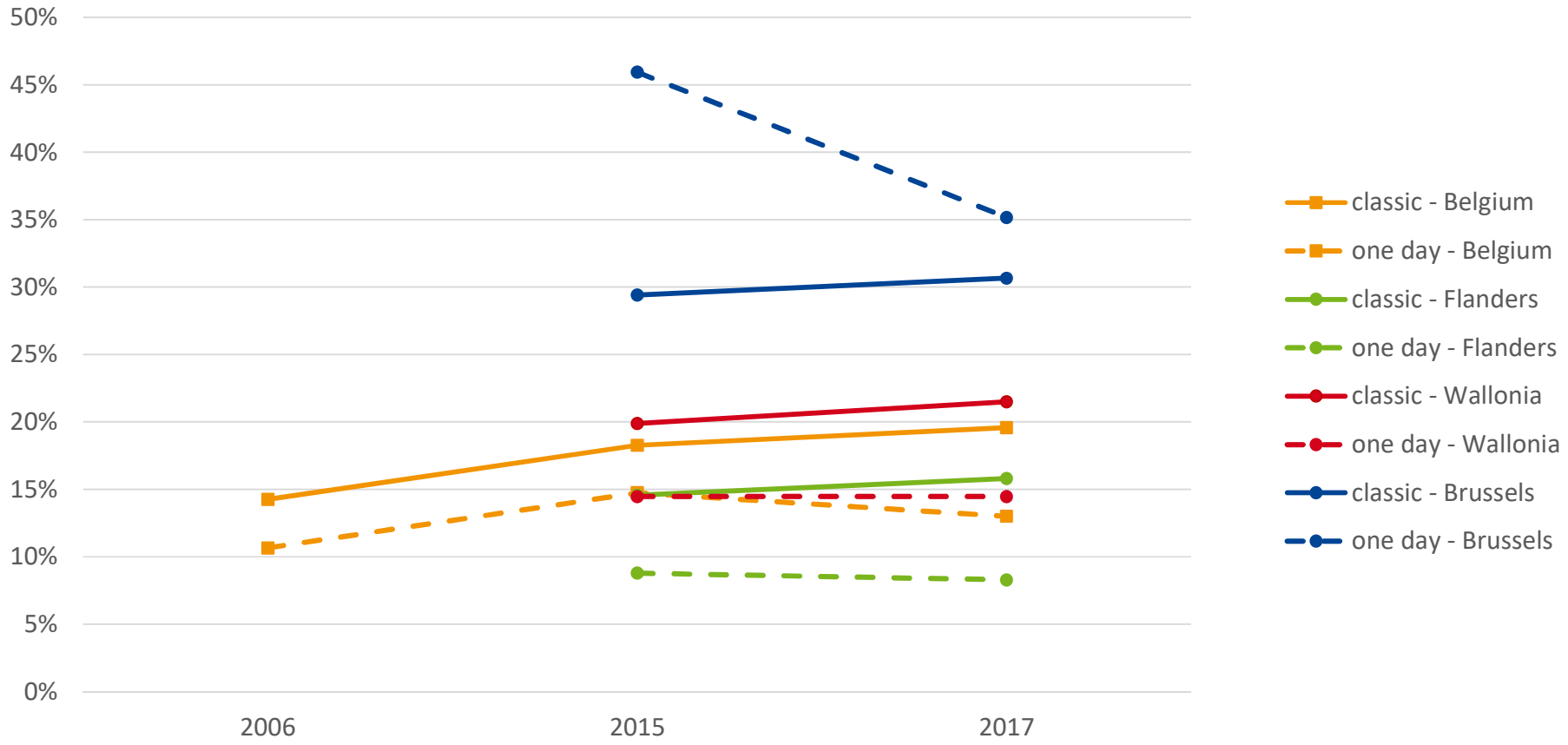
There is large variation between hospitals concerning the proportion of stays with fee supplements (see Figure 82). Looking at classic hospitalisation, in some hospitals only in 10% of stays fee supplements are billed, whereas in other hospitals in around 30% of stays fee supplements are billed. Looking at one day hospitalisation, the percentage also varies widely between 0 and 20%, and there are outliers.

Figure 80 – Percentage of the total mass of billed fee supplements to the total mass of official health insurance fees – evolution 2006-2015-2017 – Belgium



Source: IMA (data), KCE (graph)

Figure 81 – Percentage of the total mass of billed fee supplements to the total mass of official health insurance fees – evolution 2006-2015-2017 – per region



Source: IMA (data), KCE (graph)

Table 41 – Amount and frequency of fee supplements (2017)

	Billed official fees (million €)	Attested fee supplements (million €)	% of attested fee supplements to billed official fees	% of fee billings with supplements
Classic hospitalisation	2 431	476	20%	12%
One day hospitalisation	673	87	13%	8%
Total	3 104	563	18%	11%

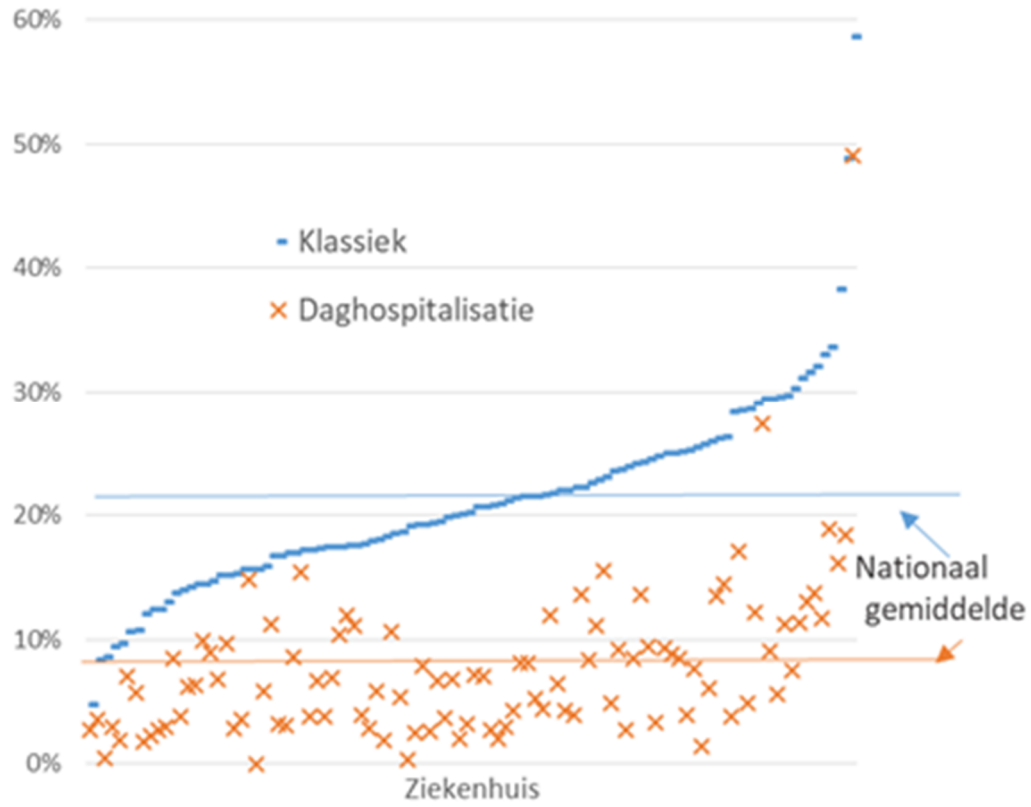
Source: IMA-AIM

Table 42 – Number of patients confronted with fee supplements (2014-2017)

	Number of patients (more than one stay possible per patient)		
	2014	2017	Evolution 2014-2017
All stays	2 072 245	2 146 435	3.6%
Without fee supplements	1 598 822	1 723 799	7.8%
With fee supplements, amongst which	473 423	422 636	-10.7%
0 to 1 000€	308 263	236 639	-23.2%
1 000€ to 3 000€	135 128	148 589	10.0%
3 000€ to 5 000€	19 864	23 535	18.5%
5 000€ to 10 000€	8 270	10 960	32.5%
10 000€ to 30 000€	1 874	2 880	53.7%
30 000€ and more	24	33	37.5%

Source: IMA-AIM

Figure 82 – Percentage of stays with fee supplements by hospital (2017)



Key points

- **Fee supplements have continued to grow since 2015. In 2017 they accounted for 18.1% of the offical billed fees, amounting in total to 563 million €. The growth especially took place in classic stays (+8% in the period 2015-2017). In one day, fee supplements shrinked over the same period with 5%. This can be explained by the abolition of fee supplements in double and multi bed rooms in one day setting since 28th of August 2015 (for classic stays fee supplements were already forbidden in these room types since 2013).**
- **Following the abolition of fee supplements in double and multi bed rooms in one day hospitalisation mid-2015, a shift took place. Fee supplements are billed in less hospital stays, but the height of supplements has increased.**
- **The debate on further abolition of supplements is inseparable from the larger debate on the reform of hospital and physician payment. Steps should be taken to guarantee equal access for patients to high-quality healthcare whilst ensuring sustainable payment for hospitals and physicians.**
- **Free choice of physician should be guaranteed, regardless of room type.**

References

1. Ackaert, K., Demyttenaere, B., De Wolf, F., Dolphens, M., Guillaume, J., Landtmeters, B., & Lona, M. Ereloonsupplementen geattesteerd tijdens ziekenhuisverblijven. Data 2017. InterMutualistisch Agentschap (IMA-AIM): Brussel; 2019.