

CHIS Bull'

CERN HEALTH INFO SANTÉ

Bulletin of the CERN health insurance scheme

No. 17 – April 2004

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This time last year we were ringing the alarm bells. In 2002 our spending on hospital treatment went up by more than 11%. For 2003 there has been a radical turnaround in the situation - our spending on this item dropped by 3.4%. This means that for 2003 the rise in hospital costs has been brought fully under control. CONGRATULATIONS!

How have we managed this?

Hospitalization represents by far the biggest item for our Health Insurance Scheme at 37.6% of overall expenditure. The CHIS Board realized that something had to be done to keep rising costs under control. With this aim in view, new reimbursement rules for hospitalization were proposed in 2002. These rules came into force on 1 January 2003, just over a year ago.

EDITO



One of the first things we see is that many of you have made an effort to adapt to the new rules when deciding which hospital to go to.

By choosing the private hospitals we have an agreement with, as well as public hospitals, you have helped to make the new rules effective and you will see why when you read the Scheme's annual statistics.

It all goes to show that, by acting responsibly as individuals, we can, collectively, check the rising trends in health costs.

The CHIS Board is well aware that it is not always easy to change doctors or hospitals - so I would like to express my special thanks to all of you who have made the effort to do so.

This edition of the CHISBull' has also changed its habits - it has put on some more weight - with eight pages of information. We aim to make it ever more practical and comprehensive. I hope it provides the information you need.

Sylvain Weisz, **Chairman of the CHIS Board**

>The figures for 2003

Every year we perform a check-up on our Scheme. Below you will find the statistics for CHIS in 2003 showing the trends in our spending on health care.

> HOSPITAL CARE SPENDING DOWN!

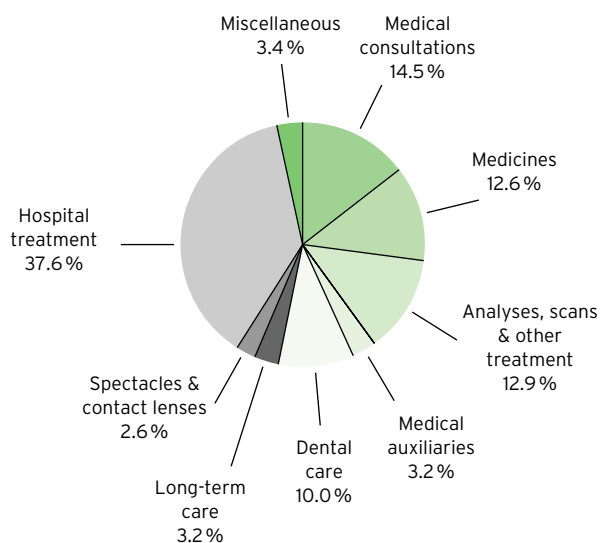
And the good news is... following the introduction of our new reimbursement rules (see CHISBull' 14), our 2003 expenditure on hospital care fell spectacularly and, as you know, this is by far the biggest item on our bill. We hardly need say how pleased we are with the first signs of this new trend: a fall of 3.4% in comparison with 2002 against an increase of 11% in 2002 compared with 2001. It all goes to show how rational, individual choices can have a direct impact on our Scheme's health. With no concessions as regards quality. It also demonstrates that increases are by no means inevitable. Let's hope that, by continuing to act together, the trend is confirmed in 2004.

> MEDICATION: STILL RUNNING A TEMPERATURE

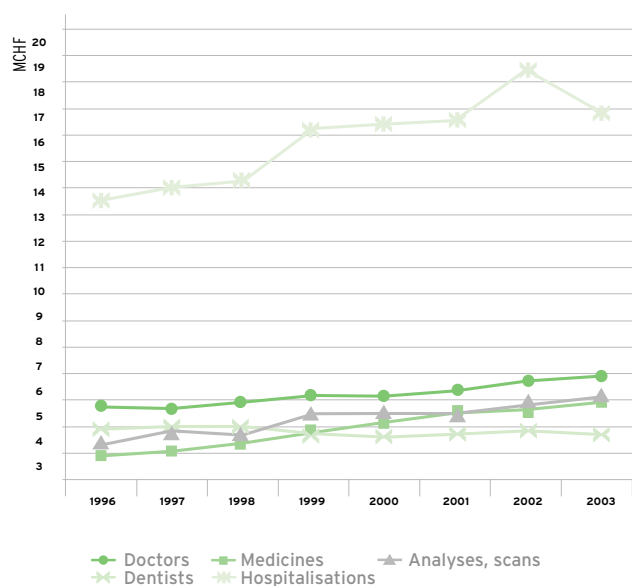
The news is much less encouraging when we look at spending on medication. This item accounts for more than 12% of our total bill. After the fall in 2002, we regret to have to report a rise of 6.3% in 2003. Yet we can all contribute relatively easily to controlling this item. One way is to buy the medicine we need in France where, generally speaking, it is cheaper. Another is to use generics whenever possible. This type of medicine is gradually taking a major share of the market in France, while Switzerland is quickly catching up in this respect. The CHIS Board is currently looking at ways of curbing these costs over the long term and we will come back to them in a future CHISBull'.

Hospital

> BREAKDOWN OF TOTAL EXPENDITURE IN 2003



> TRENDS IN THE MAIN ITEMS OF EXPENDITURE





> LONG-TERM CARE

Benefits paid out in 2003:

(long-term care allowances and paramedical care)

• Low level dependence	249 KCHF
• Medium level dependence	504 KCHF
• High level dependence	706 KCHF
Total	1 459 KCHF

Reserve at 31.12.03: **16.5 MCHF**

Number of cases:

At 31 December 2003, 63 long-term cases were registered:

- 21 cases of low level dependence
- 23 cases of medium level dependence
- 19 cases of high level dependence

The CHIS medico-social panel
evaluated 37 cases in 2003.

spending down

> AMOUNTS REIMBURSED AND AVERAGE AMOUNTS PER CATEGORY OF MEMBER

	2002		2003			
Amounts reimbursed (in CHF) before the annual deductible is taken off	total	average amount per member	total	average amount per member		
Compulsory members and their dependents	19 201 502	40.6%	2 786	17 970 742	37.8%	2 522
Pensioners and their dependents	26 274 514	55.6%	6 884	27 911 666	58.8%	6 895
Other categories and their dependents	1 761 276	3.7%	3 602	1 624 176	3.4%	2 969
	47 237 292	100%	4 219	47 506 584	100%	4 053

> NUMBER OF MEMBERS PER CATEGORY

	2002		2003	
Compulsory members and their dependents	6 891	61.5%	7 125	60.8%
Pensioners and their dependents	3 817	34.1%	4 048	34.5%
Other categories and their dependents	489	4.4%	547	4.7%
	11 197	100%	11 720	100%

N.B. Approximately 55'000 reimbursement claims were made in 2003. Though quite high, this number has remained relatively stable.

> Tariff agreements

Depending on whether a hospital is public or private, the terms of CHIS tariff agreements vary. These in turn affect the reimbursements you receive after a stay in hospital.

> PRIVATE HOSPITALS

The existence of a tariff agreement between CHIS and a **private hospital** in the Geneva area is crucial as far as the reimbursement of the costs of your stay in hospital is concerned.

If you stay in a room with two beds or more in a private hospital, you are reimbursed at 90%.

Sometimes, the 10% you have to finance yourself proves very difficult to find, especially if you have had to undergo complicated surgery.

So the CHIS rules include provisions to reduce the financial burden that your share of the costs represents. **There is a ceiling of CHF 2000 per calendar year, per person**, on your share - except for the extra cost of a private room. **However**, this ceiling applies **only** if you stay in an **approved private hospital**.

Switzerland: in the cantons of Geneva and Vaud, **approved private hospitals** are those private hospitals with a tariff agreement with the CERN Health Insurance Scheme.

These agreements are intended to form the basis of a genuine partnership between our Scheme and the hospital concerned. In exchange for significant tariff benefits for quality care, the Scheme commits itself to enhanced reimbursements to members of the Scheme by fixing a ceiling on their personal share of the costs.

France: in the departments of Ain and Haute Savoie, hospitals are those with a tariff agreement with the French social security system (i.e. nearly all) are automatically considered to be approved.

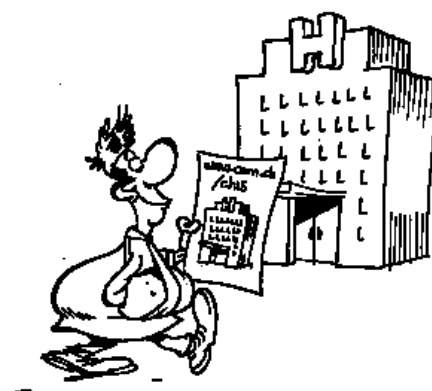
The list of approved private hospitals is available on the CHIS website where it is regularly updated at the usual address: www.cern.ch/chis. The list can also be consulted at UNIQA's office at CERN.

> PUBLIC HOSPITALS

Public hospitals are automatically considered partners of the Scheme, irrespective of whether they are in the Geneva region, in France or elsewhere. Costs are 100% reimbursed for a stay in a room with two beds or more, so higher than in a private hospital.

In addition to this, we have our own tariff agreements with the Geneva University Hospitals (HUG) and Lausanne (CHUV), the two biggest public hospitals in terms of CHIS reimbursements. These agreements establish tariffs for our members in the private and semi-private wards of these hospitals. We would also like to inform you that our partnership with HUG has been extended with effect from 1 January 2004, following the signing of a new agreement. Under the new agreement, each item of treatment will be billed rather than based on flat rates.

... agreements make



> TWO EXAMPLES

Below we present two private hospitals approved by our Scheme together with the services they offer and our advantages. **If you stay in either of these hospitals, a ceiling of CHF 2000 per year, per person, on your personal share of costs is guaranteed.**

Despite this, we would like to emphasize once again that one of the CERN Scheme's principles is that we are free to choose our care providers. So, even if you go to a hospital that is not approved, you will be reimbursed as a matter of course. The difference is simply that there is no limit on your personal share of the cost.

Bearing all this in mind, the choice of hospital remains yours and yours alone.

> CLINIQUE GENERALE-BEAULIEU

There can be no doubt about this clinic's leading role in health care.

The Clinique Générale-Beaulieu is the second biggest private hospital in the Canton of Geneva and the biggest on the left bank. It caters for all categories of care.

The clinic offers some twenty different surgical, medical and obstetrics specializations for both inpatients and outpatients e.g. ophthalmology, orthopedics, traumatology, neurosurgery, radiology, oncology and maternity.

The hospital places strong emphasis on patient-centred quality care. To that end it has established a systematic approach to managing and improving quality. Further, it has obtained ISO 9001 certification which is rare for a hospital and has been admitted to the "Swiss Leading Hospital" grouping.

Our agreement with the Clinique Générale-Beaulieu includes the following:

- > A standing reduction on the clinic's normal hospital tariffs
- > A particularly favourable flat rate for maternity care
- > A range of flat rate tariffs for outpatients, allowing members of our Scheme easy access to outpatient care at the clinic. This should be seen in the present context in Geneva where questions are being asked about outpatient care, following the implementation of the TARMED tariff system (see page 6 of this CHISBull').

These advantages encouraged us to continue and strengthen our partnership with this hospital and we consequently extended our tariff agreement with effect from 1 January 2004.

It should also be noted that some 470 doctors are approved by the Clinique Générale-Beaulieu, allowing them to work there, including many doctors who normally practice in other private clinics or hospitals in the Geneva area. The list of doctors approved by the Clinique Générale-Beaulieu can be found on the clinic's website under "Médecins agréés". Your doctor may be among them. Why not ask him? Clinique Générale Beaulieu: www.beaulieu.ch

> CLINIQUE DE GENOLIER

Mid-way between Geneva and Lausanne, the Clinique de Genolier is a well-known hospital and provides top class medical service in restful surroundings. The clinic offers high quality care in a range of specialities such as surgery, internal medicine, medical orthopedics (sport medicine) and gynecology. It is particularly well known for heart surgery and cardio-vascular rehabilitation, as well as for oncology and radio-oncology in the treatment of cancer. This all contributes to it being a top quality private hospital with a reputation as one of the best in Switzerland.

all the difference

In addition to reasonable tariffs for items of treatment, our agreement with the clinic includes very advantageous flat rates for surgery and cardio-vascular rehabilitation. Since the cost of this type of surgery is very high, we all benefit from limits on our personal share of the costs involved.

Clinique de Genolier: www.cdq.ch

> Confidential declaration of family situation: changes ahead

Some changes in the rules relating to the supplementary contribution for health insurance cover for spouses are under way. In parallel, a new procedure will be introduced for the confidential declaration of family situation.

The changes aim to simplify administration of a system which has become too cumbersome.

You will remember that spouses of staff members, fellows or beneficiaries of the Pension Fund

- > who are not themselves working at CERN as staff members, fellows, students or apprentices
- > who receive annual income from a professional activity or an annual retirement pension (including a CERN pension) exceeding CHF 30'000 gross per annum and
- > **who have no other health insurance cover** must pay a supplementary contribution, deducted directly from the salary or pension of the principal member of CHIS.

However, the present rule is sometimes difficult to apply:

- > It is difficult to estimate the spouse's annual income
- > Retroactive action has to be taken in many cases

- > The obligation to register any change in insurance cover or in the spouse's income within 30 days is not always complied with.

It is therefore proposed:

1. to take the spouses's gross monthly income as the basis of the contribution, rather than the gross annual income and
2. to set up a computerized declaration to make accessibility and processing easier. It is also planned to monitor your declarations automatically by the system - in this context you will be asked once a year if our information is up-to-date.

Information on staff and fellows will be computerized first. The new system is being developed by the CERN services concerned and it is hoped that it will be operational in the next few months.

We will keep you informed...

> TARMED: what has changed

The Swiss media have discussed the introduction of TARMED in detail. So you probably know that a major overhaul of Swiss doctors' fees and their billing has been operational since 1 January 2004. You may have been wondering about the effect of TARMED on your bills. Your doctor may even have asked you about your health insurance cover. So we will try to shed some light on the main aspects of the new tariff mechanism and its effect on your medical expenses.

> YOUR DOCTOR'S BILL

The new medical tariff aims to establish tariffs for medical services based on their intrinsic value. This means greater value is placed on doctors' know-how and contacts with their patients as against technical or surgical treatment, while remaining cost-neutral. The main changes are the following:

- > Points are charged according to the average time deemed necessary for a particular service
- > The emergency surcharge has been increased (the rate varies between CHF 60 and CHF 180 according to the time of day)
- > You may be surprised to be billed for new items which have been "invisible" until now. This may be for work done even when the patient is not present, such as renewal of prescriptions, extending sick notes, consulting a patient's file, interpreting test results, talking cases over with colleagues... The list is not exhaustive.

The value of one point was the subject of lengthy negotiations and, except in a few cases, has been fixed at CHF 0.98 in Geneva, in line with the decision of the cantonal authorities.

> WHAT ABOUT MEMBERS OF CHIS?

We still accept bills that are made out on the basis of the previous framework agreements or on the basis of general practice. We also, of course, accept TARMED. And we hope that doctors and hospitals will soon bill members of international organizations in the same way as they charge members of Swiss health insurance schemes.

Outpatient surgery: under our agreement with the Clinique Générale-Beaulieu you can receive outpatient treatment from 1 January 2004. It is worth mentioning this to your doctor if you are likely to undergo this sort of treatment in the near future, since it may save you the cost of a stay in hospital.

Not all members of the medical profession have started to accept or use TARMED. Like any system, TARMED is likely to evolve and it is highly probable that it will be amended in the light of the experience gained by the health care professionals and insurance companies. We will keep you informed of any big changes affecting us as members of CHIS.

> Keep your heart healthy: prevent cardio-vascular problems

Following up on our special prevention issue (CHIS Bull' n° 16) and our "Heart Days" campaign on 14 and 15 October 2003, here are some tips to **prevent cardio-vascular risk factors**.

A number of serious complications, such as myocardial infarction, can be avoided if we actively address the factors that put us at risk. Check-ups by your family doctor are often very helpful. The CERN Medical Service is also working on prevention of these risk factors.

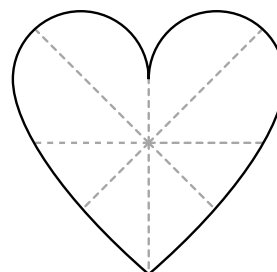


- > **A family history of heart disease** can be significant, particularly if it has affected members of your close family below the age of 50.
- > **Tobacco** is the primary risk factor and the price to be paid is an increasing burden on both your health and your wallet. Though women and men's habits are converging, the trend is for people to give up smoking increasingly early. Any member of CERN personnel can make an appointment for special personal help, free of charge, at the Medical Service.
- > **Hypertension** is a factor at above 140/90 millimetres of mercury (or "14/9", in units of cm Hg), when measured on different occasions, including when the doctor is not present, since doctors can sometimes cause it to rise artificially.
- > **Hyperlipidemia**, or excess fat in the blood. This condition is often linked to a diet that is too rich in animal fats (butter, eggs, cheese, sausage, red meat). In a future issue we will come back to the question of what constitutes a healthy diet in terms of quality, quantity or how often we should eat.
- > **Excess weight** is easy to calculate by means of the body mass index or BMI. Your BMI is your weight in kg divided by the square of your height in metres. We speak of overweight when the BMI exceeds 25 and obesity from 30 upwards. Worryingly, obesity is spreading to epidemic proportions among adolescents in our countries caused by wrong eating habits.
- > **Sedentariness** is rising constantly in our society. It can be counterattacked simply by walking a few hours per week (use the stairs) or swimming or other physical activity.



- > **Hyperglycemia**, or excess of sugar in the blood (in excess of 7 mmol/l or 1,26 g/l), is linked to factors such as those mentioned above. Even gentle but regular physical exercise helps counter the emergence of type 2 diabetes by improving the efficient use of the insulin produced by our bodies. We will talk about this again in a future issue since a massive rise can be seen in this pathology in parts of the world where food is plentiful.
- > **Stress**, though quite a vague term, can give rise to a number of symptoms such as tachycardia, dyspnea, anxiety, insomnia, addictive behaviour and so on, related to exceeding our tolerance thresholds particularly in our work environment. You are free to consult the Medical Service in full confidence about stress.

Fill in the heart below to show your current risk factors, by shading one part per factor.



And then - act!

Dr Véronique FASSNACHT and Dr Eric REYMOND, CERN Medical Service

IN BRIEF

> CHIS BOARD 2004

The CHIS Board (CERN Health Insurance Supervisory Board) is a sub-group of the Standing Concertation Committee. Some members are appointed by the Management, others by the Staff Association and the Group of Former CERN Staff. The membership for 2004 is as follows:

Chairman:

Sylvain Weisz

Members appointed by the Management:

Michel Baboulaz, Günther Geschonke,
Gilles Lindecker, Ettore Rosso

Members appointed by the Staff Association and Group of Former CERN Staff:

Jean-Paul Diss, Joël Lahaye, Pierre Lazeyras, Michel Vitasse
Alternate: Robert Muzelier

Ex officio members:

André J. Naudi, Michel Goossens

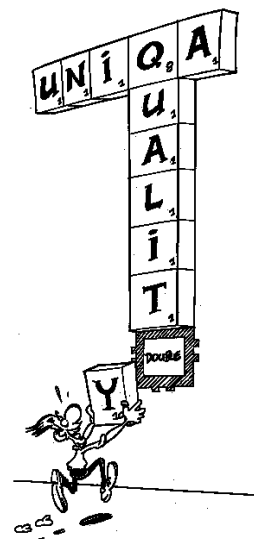
Invited on a permanent basis:

Anne-Sylvie Catherin, Véronique Fassnacht, Auguste Nganga
Malonga, Eric Reymond, Carmelo Saitta

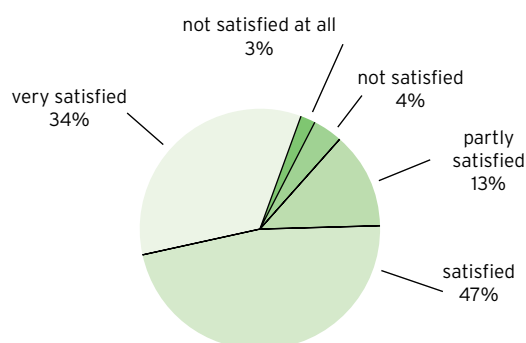
Secretary: Marcel Aymon

> UNIQA'S QUALITY SURVEY: RESULTS NOW AVAILABLE

UNIQA conducted a quality survey last summer and it has revealed that our members express a high degree of satisfaction with the services provided by our Manager. If you would like full information on the results of the survey, you can make your request at contact@uniqa.ch. Those of us who do not have access to a computer may write to UNIQA Assurances SA, 94 rue des Eaux Vives, 1206 Geneva.



> SATISFACTION RATING OF UNIQA'S CERN OFFICE



> SITE INSIGHTS

CHIS: the first port of call www.cern.ch

Where is the list of care providers CHIS has an agreement with? Where do I find the reimbursement form to print out? Where is the list of benefits for 2004 or the amounts applicable for the supplementary contribution?

For all these questions, consult www.cern.ch/chis

Reminder! CERN staff must now print out the reimbursement form (PDF) directly from the CHIS website. The stock of forms available at the UNIQA office is reserved for pensioners with no means of accessing our site.

AND CHIS.INFO?

chis.info@cern.ch is the CHIS Board's e-mail address - the Board is the CHIS supervisory body. Use this address for all questions relating to:

- > CHIS general policy
- > Experiences you have had - good or bad - with care providers
- > Comments or suggestions about the CHIS website.

For **personal matters** such as information on your reimbursements, or on care providers, you should contact UNIQA:

Either e-mail: uniqa.assurances@cern.ch
or telephone: 022 767 27 30 (CERN office)
or 022 718 63 00 (Eaux-Vives office)

Alternatively, you can visit one of the two UNIQA offices:
at CERN, in the Main Building next to the Post Office or, in town,
at 94 rue des Eaux-Vives (take bus 2 or 6 to the Vollandes stop).

> UNIQA'S EXPERTS ARE THERE TO HELP YOU!

UNIQA has a telephone number you can call for help when travelling

IN CASE OF EMERGENCY 24H/24:

TEL. ++43 (512) 224 22

(This number is also printed on the back of your membership card)

We recommend you to contact this number if you go into hospital outside Europe. It is **vital** to do so if you go into hospital in the **United States** so that your papers can be handled by **United Health Care**, UNIQA's partner. This allows you to avoid paying a deposit and the cost of your stay in a US hospital will be significantly lower.

To show you that this really does work properly, we print a report from one of our members recently received by UNIQA:

"While I was on holiday in Turkey. I needed hospital treatment from 10-17 October in Antalya, so I contacted the 24/24 service. It worked very well indeed. I would like to thank those I contacted for their kindness, support and efficiency. The hospital was also impressed by its experience with UNIQA. It provided all the treatment I needed and I managed to fly home on schedule. The medical follow-up in Geneva has confirmed that I received the right treatment and its high quality. Thank you!"

Imprint: Editor-in-chief, Sylvain Weisz, Chairman of CHISB.
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