



THE REFORM OF 100% SANTÉ

Communication to the
Senate Social Affairs Committee

July 2022

Executive summary

In the context of the Court of Accounts' mission of assistance provided for by Article 58-2 of the Organic Act on Budget Acts (LOLF), the Senate's Social Affairs Committee asked the Court of Accounts to produce a report on the reform of the 100% Santé health insurance scheme.

A reform aimed at reducing out-of-pocket expenses, to act on the renunciation of care

The 100% Santé health insurance scheme consists of full reimbursement by social security and supplementary health insurance for a number of hearing aids, eyeglasses and dental prostheses, combined with a price cap for the goods and services concerned. This reform was justified by the high out-of-pocket expenses incurred by households, which could limit their use of such care. However, these out-of-pocket expenses were much lower for optical care than for dental care and hearing aids, mainly due to the existence of offers without out-of-pocket expenses for optical care even before the reform.

With regard to dental and hearing prostheses, the 100% Santé scheme has eliminated out-of-pocket expenses for equipment already used by part of the population. In the optical sector, the choice was made to create an offer with no out-of-pocket expenses, at a price level much lower than that of the equipment that was and still is the most widely used.

However, policyholders with no supplemental coverage are not affected by full reimbursement, although they are more likely to forego care than others. The creation of the supplemental health insurance scheme¹, which took place in parallel with the reform of the 100% Santé scheme, is precisely intended to remedy this situation.

Uneven results by sector, positive for dental care and hearing aids, down for optical care

Although the results of the reform are difficult to measure, due to the lack of hindsight and the disruption of health care consumption caused by the Covid-19 crisis, initial analyses are nevertheless possible. Thus, it appears that the rollout of the reform has not achieved the same results in the three areas.

In the dental sector, the basket without out-of-pocket expenses represents a large majority of the prosthetic procedures performed (55%), which translates into an overall reduction in out-of-pocket expenses for households. It was accompanied by a significant increase in the number of patients in 2021 (5.16 million, compared to 4.4 million in 2020 and 4.75 million in 2019), which must nevertheless be interpreted in the light of the drop in the use of care in 2020, due to the health crisis, and the catching up that may have followed in 2021. Among them, the number of new patients appears to be limited (among the 3.5 million patients who will have had a prosthetic procedure in the first half of 2021, 92% had already used a dental surgeon between 2017 and 2020 and 70% had used a dental surgeon in 2020). Instead, there is an increase in the number of prostheses per patient.

¹ <https://www.ccomptes.fr/en/publications/complementary-health-insurance>

In audiology, the no out-of-pocket expenses basket represented 40% of hearing aids in late 2021 and was combined with a strong increase in the number of patients (0.7 million compared to 0.45 million in 2020), in a sector that has historically been dynamic, with, as in the dental sector, decreasing out-of-pocket expenses and a trend towards an increase in the number of devices sold per patient.

In contrast, in the optical sector, the no out-of-pocket expenses basket is still very rarely chosen, with the exception of beneficiaries of supplemental publicly funded health insurance, for whom limited options are offered. It represents only 5% of frames and 7% of lenses, in a sector where there have long been offers with no out-of-pocket expenses, even before the reform was introduced. The reform even results, contrary to its objective, in an increase in out-of-pocket expenses, as the introduction of a basket of care reimbursed at 100% is accompanied by a reduction in reimbursements by the health insurance scheme for equipment in the free basket and, for supplemental organisations, by a reduction in the cap for the reimbursement of frames, which are not compensated by a sufficient rate of equipment in the basket without out-of-pocket expenses.

Levers to be mobilised in order to increase rollout of the reform

Several difficulties are likely to slow down the use of care that the reform seeks to promote.

The implementation of the reform was initially disrupted by the health crisis. Public awareness of it has been affected. According to the Directorate for Research, Studies, Evaluation and Statistics (Drees), in 2021, only 53% of those questioned said they knew about it. In addition, the administration's audits of the practices of professionals have revealed certain behaviours aimed at devaluing the content of baskets with no out-of-pocket expenses. These audits will have to be strengthened in order to remove any ambiguity about the content of the reform.

The absence of full third-party payment, despite the obligation set out in the Social Security Financing Act for 2021², may also explain some of the difficulties faced by patients with cash flow problems. By design, the implementation of such a system, which brings together multiple points of contact, is bound to be complex. In addition, the question of the degree of confidentiality of the health data transmitted has been raised and has not yet been definitively resolved. Lawmakers did, of course, attempt to respond to this, by means of an amendment to the PLFSS 2022 giving the Ministry of Health the possibility of providing a stricter framework for the transmission of information between stakeholders in the context of third-party payment, but this amendment was rejected as a social rider by the Constitutional Council. Another legislative vehicle will therefore be needed.

Finally, in the absence of an evaluation questionnaire, it remains difficult to determine whether the 100% Santé baskets actually meet the needs of the population. Such a questionnaire is being considered for optical and hearing aids, but work has not yet been completed.

An uncertain cost, a reform difficult to manage

The estimated cost of the reform established by the Social Security Directorate was nearly €170 million per year, shared equally between the compulsory health insurance and the supplemental health insurance schemes. The funding was based on a partial offsetting of the costs resulting from both the increase in the use of hearing aids and the increase in the

² Act No. 2020-1576 of 14 December 2020.

reimbursement of dental and hearing aids by savings linked to the use of less expensive optical equipment. However, the forecast of the cost of the reform was based on optimistic assumptions regarding the use of the 100% Santé basket for optics. The lack of real sharing of available information between the ministry, the compulsory health insurance, supplemental health insurance, and professionals makes it difficult not only to estimate the cost of the reform in advance, but even more so to monitor it after the fact. This was further affected by the health crisis, which severely disrupted health care consumption.

In fact, the consumption of care observed in 2021 is different from the forecasts and health insurance expenditure is lower than expected, in particular due to the drop in the consumption of optical equipment as a result of the crisis and the lower than expected use of the 100% Santé basket in this sector.

Based on its own data, supplemental health insurance reports an additional cost, linked on the one hand to the dynamism of hearing aids and on the other hand to lower than expected savings in optics. Such a situation is likely to result, unless there is a deterioration in the guarantees offered (difficult to establish for lack of updated data), in an increase in policyholders' contributions, which will vary according to the contracts, the risk profiles and the financial position of each organisation.

The absence of a tool to regulate expenditure, such as a mechanism to regulate the price of hearing aids, is not likely to facilitate compliance with the initial expenditure trajectories and could therefore result in additional costs for the insured. A review will be worthwhile in 2024, outside the disruption of the health crisis.

Recommendations

1. Set up data sharing between the compulsory health insurance scheme and supplemental insurance companies, ensuring that the latter make reimbursement data available, and on this basis, monitor the expenditure incurred under the reform (*Ministry of Health and Prevention, CNAM, supplemental health insurance companies*).
2. Revise downwards the limit prices for the sale of hearing aids in the 100% Santé basket (*Ministry of Health and Prevention*).
3. In the context of future negotiations with the dental surgeons' unions, include a clause allowing action to be taken in the event of a slippage in the trajectory of dental prosthesis expenditure; strengthen controls on the implementation of the 100% health insurance scheme by dental surgeons (*Ministry of Health and Prevention, CNAM, Unocam*).