



UHI

UNIVERSAL HEALTH INSURANCE SYSTEM
IN TURKEY

UNIVERSAL HEALTH INSURANCE SYSTEM





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“...We cannot say that you are a civil servant!

Your health is under the guarantee of the state!

You are a worker, and your health is less secure!

You are a tradesman!

You are a farmer, and your and your child’s health are less important!

There cannot be a social and legal state with such an understanding...”

“... We want all of our children all over Anatolia, up to the age of 18, be able to apply to the hospitals and get medical attention they need without replying any questions such as “do you have a green or a red card?” or “do you have a card or not?”, “are you retired or do you have social insurance?” That’s it...”

“... Whether it is a private or a state hospital, everyone will be able to choose the hospital they prefer within the scope of universal health insurance ...”

“... In order to be able to accomplish a reform, you have to shoulder responsibility and take the risks. And it requires heart and courage to take risks...”

Recep Tayyip ERDOĞAN

Parliament Group Meeting

11th April 2006

“... While there were cuts from health services and social services in other countries and while many countries wanted to make health reform but could not succeed, we almost achieved a silent revolution in health. We will maintain this momentum in the same way...”

Recep Tayyip ERDOĞAN
Opening of Arnavutköy State Hospital
2th May 2011



Every revolution starts with a dream ...

*Best regards to Mr. Recep Tayyip ERDOĞAN,
who put the Universal Health Insurance revolution to the service of our Nation....*

Segk

MINISTER ADDRESS



Universal Health Insurance has undoubtedly been one of the most important part of the social security reform which has been carried out by our Ministry which is the leading institution in changing and transformation in Turkey. Under the leadership of our President, Mr. Recep Tayyip ERDOĞAN, having carried out this reform we have become a model country in social security and health financing. With this reform, a sustainable structure has been put forward, and almost all of our citizens have been able to have easy access to comprehensive and high-quality health services that set an example to the whole world.

With the great effort made in the last 18 years, while providing comprehensive and high-quality health services to the whole population, significant progress has been made in achieving an equitable balance between employees, employers and retirees with a sustainable system. A wide service network has been established to protect the health of our citizens and to provide the best treatment in case of illness. In the health field, it has demonstrated unique progress made by the Republic of Turkey has reached the highest levels of government together with the General Health Insurance.

Since its establishment, the Social Security Institution has been an institution that has used technology intensively, strengthened its institutional capacity, is in dialogue with its stakeholders and aims to continuously increase citizen satisfaction. Social Security Institution, which has reached a respectable position in the world with its understanding and vision, will continue on its way with a citizen-oriented service approach and will continue its working principle of high standards with the same determination in the coming years.

In line with these goals, I would like to thank all the personnel who contributed to this informative work for the promotion of the services within the scope of Universal Health Insurance offered by the Social Security Institution which aims to reach the whole society with all its means and wish them success in their work.

Prof.Dr. Vedat Bilgin
Minister of Labour and Social Security

Segk

PRESIDENT ADDRESS



Our country has been in a great change and transformation since the beginning of the 2000s. Providing a more just, equal, efficient and sustainable social security service to its citizens with the awareness of being a social state has been one of the most important pillars of the great transformation. Since 2006, an extraordinary improvement has been achieved in the access of our citizens to social security services by bringing the social security institutions under a single roof in our country.

With the Universal Health Insurance, which is an important pillar of the social security reform, almost all of our citizens have been provided with health insurance. In addition, with the desire to reach the highest level in terms of access to health services, the scope of healthcare services offered to our citizens has been continuously expanded.

Social Security Institution provides services to all people in Turkey with central and local service units. Additionally, it serves specifically to its universal health insurance holders with Health and Social Security Centres established all over the country. Furthermore, SGK, which tries to expand the service network constantly, offers services to its insurance holders throughout the world. SGK ensures that the foreign workers in Turkey and our citizens working abroad to have access to high quality services through bilateral social security agreements concluded with 31 countries. With the devoted efforts of our employees and improvements in our service quality, the level of citizen satisfaction has constantly increased. We continue our efforts to ensure that our citizens across the country have access to equal, equitable and comprehensive health care.

This booklet has been prepared in order to introduce the activities, within the scope of Universal Health Insurance, of our Institution, which is one of the leading institutions of change and transformation. Lastly, I would like to thank all my colleagues for their contributions to this booklet prepared by our Institution's Directorate for Strategy Development, Department of European Union and Foreign Relations.

Cevdet CEYLAN
President of Social Security Institution

Segk



FOREWORD

While entering the 21st century, many social welfare states like Turkey, launched reforms in the social security field to increase effectiveness of their system and to meet the new needs emerging. Entering into 2000s with serious problems in the field of social security, Turkey launched the social security reform and implemented many successful applications that are indicated as a good example all over the world. Universal Health Insurance, which is one of the most important pillars of the reform, emerges as a very important success story in this context. As a part of this success story in the last 20 years, many applications implemented with the Universal Health Insurance system have facilitated the life of the society, therefore, received many awards at international platforms.

At international meetings and organizations attended by our institution and visits of delegations coming to our country, there is an intense interest regarding the operation and unique practices of our Universal Health Insurance system. Especially in line with the rapid development of our country in the field of informatics, the strengthening of the IT infrastructure of our Institution and the fact that many services are carried out quickly and effectively in the electronic environment are at the centre of the interest in our Universal Health Insurance system.

With this booklet, after a brief history of Universal Health Insurance reform, which provides health insurance to the whole society and a brief description of the operation of the system, the scope of the system in terms of person and service are explained in detail. In the last part of our booklet it is aimed to explain the MEDULA System and other IT applications, which have an important share on putting Turkish Universal Health Insurance system on an exemplary level and make up an informative work for those who have interest in this field.

Finally, I sincerely thank the employees of the Department of European Union and Foreign Relations and all other colleagues, who have contributed to this study, which aims to meet an important need and have a unique quality, I hope this work will be useful to all readers.

Dr. Muhiddin ŞAHİN
Director of Strategy Development

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Section 1



CONCEPTUAL FRAMEWORK AND HISTORY

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SOCIAL SECURITY
FOR ALL



Universal Health Insurance (UHI) refers to the insurance which ensures, first of all, maintenance of health statues of individuals and the financing of costs that arise in case the individuals experience health risks. In addition, it is a system that procure all members of the society benefit from healthcare services equally, accessibly and effectively, regardless of the economic status and individual claim.

Universal Health Insurance is a compulsory system that **consists of** contributory and non-contributory based social insurances and also insurance status of person is permanent.

Before the UHI system was established, a significant part of the population in Turkey was deprived of social security in terms of benefiting from healthcare services. On the other hand, various social security bodies provided different types of health insurance benefits to their members and there was no coherence between these benefits. By the implementing of UHI, the norm and standard unity has been established for all groupss of the society and access to healthcare services has started to provide in an effective, accessible and high-quality manner.

The concept of UHI was first expressed in the 1960s and a draft law was prepared in



1967 but could not be submitted to the Council of Ministers. The law proposal was brought to the Parliament in 1969 but the Turkish Grand National Assembly did not accept it. In the Article 56 of the Constitution of the year 1982, under the heading of “Healthcare Services and Environmental Protection”, it is accepted as a duty to provide healthcare services by the State, and also it states that UHI could be established to fulfill this duty.

In the seventh development plan (1996-2000), it was aimed to structure health insurance as a separate insurance branch, but could not be implemented. With the Emergency Action Plan (2002) presented to the public by the Government during the Eighth Development Plan (2001-2005), the Health Transformation Program, which included radical changes in healthcare provision and health insurance, has begun to be implemented. Within the scope of the Health Transformation Program, which was initiated to increase access to health services, all types of public hospitals were gathered under the supervision of the Ministry of Health in order to improve the quality of service and establish a universal health insurance system.

During the implementation of the Ninth Development Plan (2007-2013), the Health Transformation Program continued and the Social Security Reform was put in place. With the reform, all social insurance institutions were merged in one organization, and the public health insurance system and the healthcare service provision were separated from each other and a universal health insurance system was established under the SGK. Based on the Article 56 of the 1982 Constitution, the Social Insurance and Universal Health Insurance Law No. 5510 dated 31.15.2006 came into force on 01.10.2008.

Chart 1.
Overview of the
Turkish Social Security
System



1.1 UHI System and Financing

By the UHI system, the provision and financing of healthcare services are separated and financing of UHI has been operating under the budget of the SGK. SGK provides financing of healthcare services as the only reimbursement body in public health insurance system.

The objectives of the system consist of four items.

- Universal coverage for all citizens
- Increasing the scope of financed healthcare services
- Maintaining equal, fair and accessible system
- Ensuring the effective and efficient use of resources

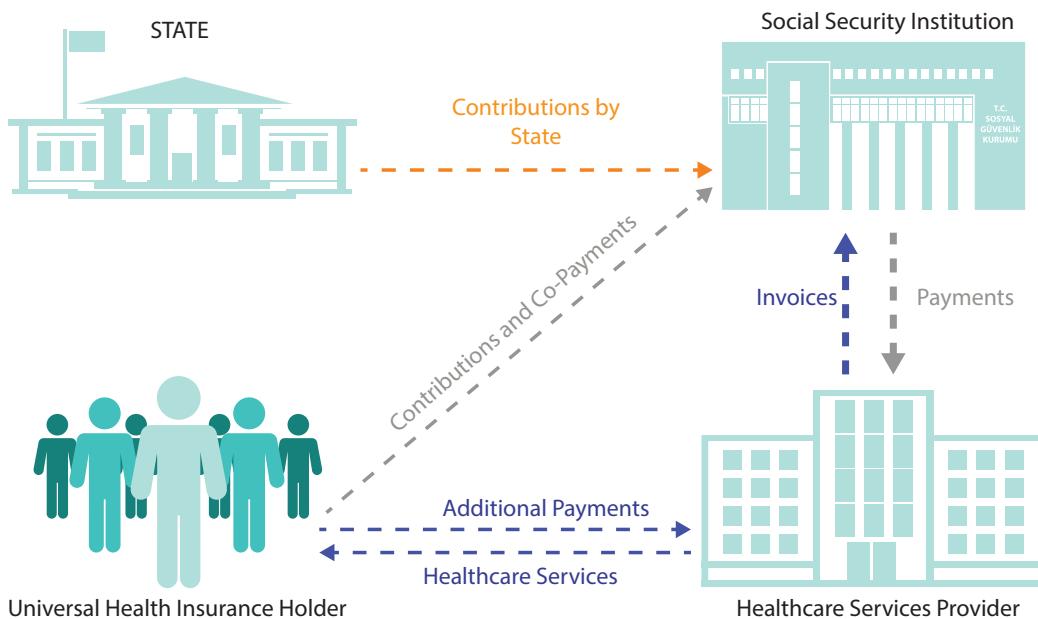


Chart 2.
Overview of Turkish
Universal Health
Insurance System

Some services are charged an “extra fee”. Details on the subject are explained in Section 2, under the heading “Additional Fee”

As can be seen in summary in Chart 2, the delivery of healthcare services in the system is carried out by healthcare providers who are contracted with the SGK. The SGK executes the finance of healthcare by means of revenues collected from individuals and the State. Healthcare Services are provided through public and private **healthcare service providers**, which consist of Hospitals, Pharmacies, Medical Market, Optical Institutions and Medical Business Centers.

Health expenditures constitute 27% of total SGK expenditures.

Institutions and organizations with which protocols / contracts have been signed to provide for the provision of healthcare services financed by the SGK.

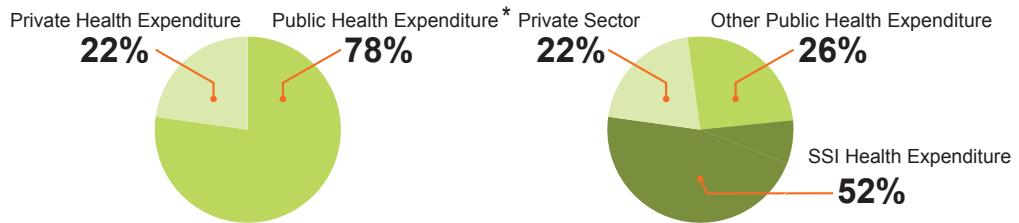
The content of the total social security expenditures for 2019 is as follows.

Chart 3.
Total Expenditures of SGK, 2019



According data belongs to 2019 (can be seen in Chart 3); % 27 of the total expenditure of SGK is UHI expenditure and %73 is social insurance expenditure.

Chart 4.
**Total Healthcare Expenditure in Turkey, 2019



As seen in Chart 4, according to TurkStat data, 78% of total healthcare expenditure in 2019 was public health expenditure and 52% was SGK healthcare expenditure.

* It is calculated on the basis of health expenditures of general and special budget organizations, SGK and local governments.

** It is derived from SGK and TurkStat data.

The revenue of UHI, which is a part of the SGK budget, comes mainly from a contribution-based system. The resources of the system consist of state subsidies and contributions that are received from the persons insured and also, are paid by the Treasury for those who have low income. State subsidy refers to the contribution of the treasury to the UHI budget by a quarter of the premiums collected from persons.

However, not all individuals in the scope are subject to the same level of contribution payment obligation. The contribution rate differs according to persons' economic conditions, residence status, and employment types. Details on different contribution rates of persons are given in Chapter 2.

Chart 5 demonstrates the share of revenues by types. The contributions paid by the persons are 68% of the total revenues and the rate of the payments made by the State is 29% of the total revenues.

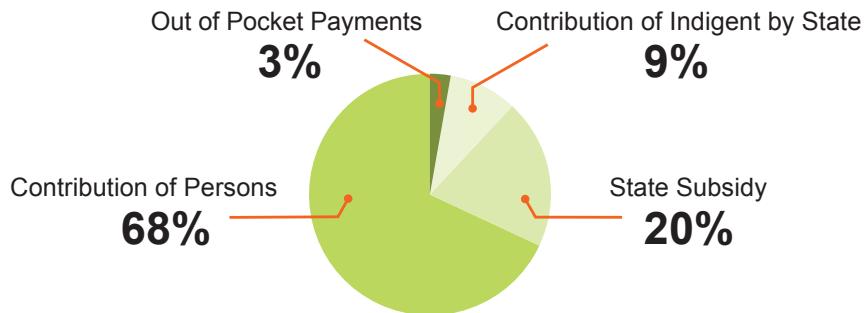
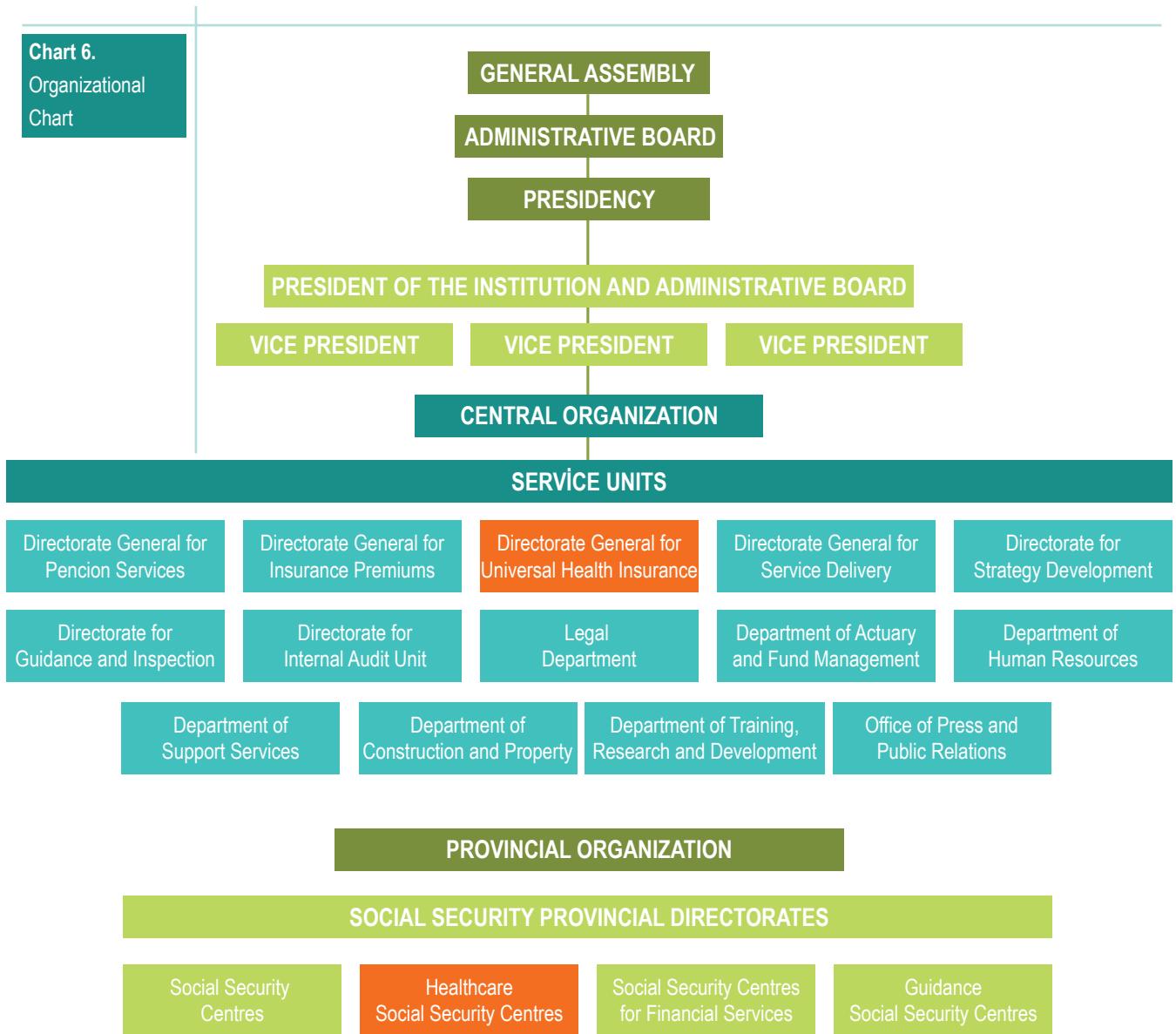


Chart 5.
Sources of UHI
System Revenue,
2019

1.2 Institutional Structure

UHI as a part of the social security system of Turkey is located in the organization of the Social Security Institution Administration. (As seen in Chart 5) The SGK provides UHI services at central and provincial levels. At central level, four Directorates General of SGK administers UHI services. Healthcare benefits are mainly provided by Directorate General for Universal Health Insurance and other services (registration, collection of contributions, finance management and software) are provided by Directorate for Strategy Development, Directorate General for Insurance Premiums and Directorate General for Service Delivery.

Chart 6.
Organizational
Chart



At the local level, there are Social Security Provincial Directorates for each county of Turkey and Social Security Centres in cities/districts as service offices of these Directorates in order to ensure more localized service delivery. Healthcare social security centers are specifically responsible for implementing healthcare benefits at the local level. (As seen in Chart 6 and Table 1)

Social Security Provincial Directorates	81
Total Number of Social Security Centres	558
■ Social Security Centre (Insurance)	412
■ Healthcare Social Security Centre	35
■ Social Security Centre for Financial Services	82
■ Guidance Social Security Centre	28

Table 1.
Number of Provincial
Units of SGK, May
2020

The duties of the Directorate General for UHI are listed below.

To perform the duties given in the issues in the social security legislation related to Universal health insurance.

To contribute to the preventive health studies of the relevant public administrations in order to protect the UHI holders from diseases.

To inform the UHI holders and employers about their rights and duties arising from the universal health insurance legislation by all means of communication.

To monitor and develop applications related to the task subject



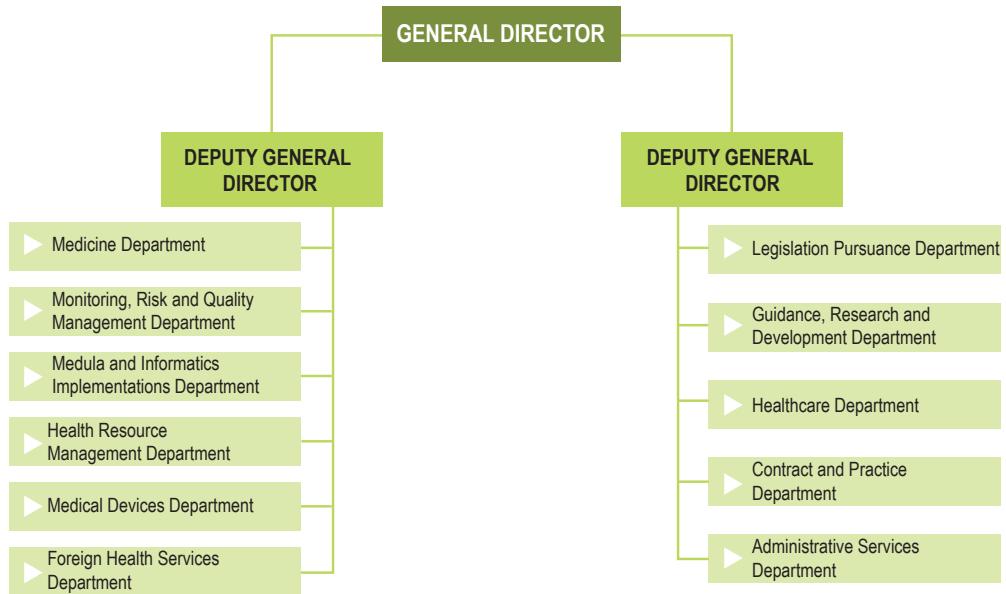
The Directorate General for UHI fulfills the duties of determining public prices of healthcare services provided by the SGK, updating the Health Implementation Communiqué (HIC), which includes terms regarding reimbursement of treatment services, medicines, and medical devices and materials, concluding contracts with

Healthcare Implementation Communiqué is a voluminous regulation includes every detail of the reimbursements such as determining healthcare services to be financed, conditions of diagnoses, treatment, and examination methods, lists of medications and medical devices, invoicing methods.

healthcare service providers for the provision of healthcare services and making payments to them in return for those services.

There are 11 departments under the Directorate General for UHI that specialize on different aspect of the UHI. Name of the departments and the organizational structure of the Directorate General for UHI can be seen in Chart 7.

Chart 7.
Organizational
Structure of
Directorate General
for UHI



1.3 Definitions

I Alternative Reimbursement Commission (ARC):

It refers to the commission, which considers and concludes drug applications to be included in the reimbursement list through alternative reimbursement pathway. ARC is a body consisting of six officials from different ministries and institutions mentioned in Law No 5510. The President of SGK is the chair of this commission.

II Healthcare Implementation Communiqué (HIC):

SGK regulates the reimbursement processes of the healthcare provision system by publishing Healthcare Implementation Communiqué in the Official Gazette. This Communiqué declares the procedures and principles of healthcare delivery. It is voluminous legislation and it includes every detail of the reimbursements, co-payments, out of pocket payments, diagnoses, treatment, and examination methods, lists of medications and medical devices, invoicing methods, types of healthcare service providers, guidelines for referrals and issuing medical certificate, relevant exemptions etc.

III Dependants:

On condition not being insured or not to be receiving any pension or benefit from SGK; spouses, children under the age of 18 (students of high school under 20, higher education students under 25), disabled children, parents determined as indigent by SGK are dependants of UHI holders.

However, there is exception to this rule. The following health insured persons' family members are not included in the definition of dependants; apprentices, trainees, scholarship holders, indigents determined by "Means Test", stateless persons and refugees, those who benefit free-of-charge from protection, care and rehabilitation services, foreign Students, trainee lawyers, candidate students of military and candidate students of the Gendarmerie and the Coast Guard Academy.

IV Drug Reimbursement Commission (DRC):

It refers to the commission established by the Institution to determine the drugs to be financed by the Institution and the payment procedures and principles related to them. The Commission consists of ten permanent members and is chaired by the Director of General for UHI. Three members are appointed by the President of SGK from heads of departments in Directorate General for UHI; one of three heads of Departments is required to be a Head of the Department of Pharmaceuticals and Pharmacy. Other members are appointed from relevant Ministries mentioned in Law No 5510.

V Healthcare Service Provider (HSP):

It refers to contracted institutions and organizations that provide the delivery of healthcare services financed by the SGK.

VI Healthcare Services Pricing Commission (HSPC):

HSPC is a commission that determines public prices and scope of healthcare services, medications, medical devices that financed by UHI and other relevant issues. The Commission is composed of nine members of which 2 members are from SSI and others are from relevant ministries and unions of university hospitals and private hospitals. The HSPC may transfer some of its powers to sub-commissions.

VII Institution:

The Presidency of Social Security Institution. (Sosyal Güvenlik Kurumu, (SGK))

VIII MEDULA (Medikal-Ulak) Application:

It is the name of the integrated system developed to collect healthcare data from HPSs to improve healthcare financing policies and monitor health expenditures of insured persons. The phrase of “Medula” is formed by the combination of “Medical” and “Messenger” words.

IX Ministry:

Ministry of Labour and Social Security

X Product Tracking System (PTS):

It is a system, which has been established by the Ministry of Health that provides an infrastructure for tracking all medical devices and cosmetic products manufactured or imported in Turkey.

XI Public Price:

Public prices are the prices set by the HSPC for the healthcare services that are included in the reimbursement lists annexed HIC.

Section 2



COVERAGE OF UHI

2.1 Personal Coverage

2.2 The Scope of Healthcare Services Financed

2.3 Healthcare Services Not Covered



HEALTH FOR ALL

99%

of the population has been covered by the UHI.



UHI is a compulsory system that covers almost all citizens of the Country. It also has wide coverage in terms of services offered to the insured persons.

Table 2.
Number of Persons Covered by UHI

Year	2020
Total Population	83.614.362
Active Insured Persons	23.344.547
Passive Insured Persons (Pensioners)	13.264.220
Dependants	35.556.141
Social Insurance Holders	72.593.383
Registered only as UHI Holders	9.767.789
Total Coverage of UHI (Proportion to the total population)	%98,5

2.1 Personal Coverage

■ Persons Covered

Following individuals having residence in Turkey are covered by UHI.

a) Active Insured Persons

- Employees (Including agricultural worker),
- Self-employed persons,
- Civil servants (including army and police),
- Apprentices, Trainees, Scholarship holders, TEA Trainees,

b) Voluntarily insured person

c) Among the individuals who are not active insurance holders and voluntarily insured persons;

- Indigent citizens whose household income per capita is less than one third of the gross national minimum wage,
- Children who are under the age of 18 and who are not dependant of an insured person covered by universal health insurance scheme,
- Stateless persons and refugees,
- Individuals receiving social assistance allowance in accordance with the Law no 2022 on Pensions for Turkish Citizens, who are aged Over 65, Needy, Vulnerable and Living alone,
- Individuals who receive honorary pension in accordance with the Law no 1005,
- Individuals who receive pension on Military Service Planning Pension Law no 3292,
- Individuals who receive pension on Compensation in Cash and Pension Law no 2330,
- Individuals who benefit free-of-charge from protection, care and rehabilitation services from the Ministry,
- Individuals who receive disabled veteran's pension and who receive pension under the Law no 3713 on Fighting against Terrorism,

- Individuals who receive pension according to Village Law no 442 (former temporary village guards),
 - Individuals and their dependants who receive pension according to Law no 2913 on Sportsmen awarded with World Olympic and European Championship,
- d) Foreign nationals who have residence permit and have completed one year of residence in Turkey and have not health insurance from any other country (Optional),**
- e) Individuals who benefit from unemployment benefit and from short-time working allowance and Esnaf-Ahi Fund (bankruptcy insurance) benefits pursuant to relevant laws,**
- f) Individuals who receive income or pension from SGK pursuant to Social Security Laws,**
- g) Citizens who are out of the above items and who do not have the right to benefit from health insurance at a foreign country be deemed as Universal Health Insurance holders through paying their contribution (As of 2021, 107,32 ₺) by themselves. These citizens are automatically registered with the universal health insurance system and if they prefer, they may take a means test. According to the result of the means test, their contributions are paid either by themselves or by the State (Compulsory).**

In addition, other individuals listed in the law that are deemed UHI holders are as follows;

- Foreign students who request to be universal health insurance holder within the first three months of the first term of their study,
- Individuals who are fulfilling their lawyer internship programme,
- Individuals who are granted protection by a court decision according to the Law of Protection of Family and Prevention of Violence against Women,
- Newly recruited staff of prisons, who receive preservice training according to Penal Institutions and Prison Staff Training Centres Law.

- Children under the age of 20 in case of graduating from high school and persons under the age of 25 in case of graduating from university are covered for a maximum of two years after their graduation,
- Soldiers who fulfil their military obligations and military students (officer cadets and officer cadet candidates, candidate students of military and candidate students of the Gendarmerie and the Coast Guard Academy) Foreign soldiers who are receiving training and education in Turkey under the International Military Training Cooperation Agreement and their dependants, in case of that the host country is entrusted with covering healthcare expenses by the relevant agreement,
- Foreign soldiers, who are receiving training and education under the International Training Cooperation Agreement at Turkish General Command of Gendarmerie, the Turkish Coast Guard Command and the Gendarmerie and the Coast Guard Academy, and their dependants, in case of that the hostcountry is entrusted with covering healthcare expenses by the relevant agreement,
- Mother, father, spouse and children, who are not residing in Turkey, of Turkish citizens who are residing in turkey and mother, father, spouse and children of those who are considered to be Turkish origin by the Ministry of Interior pursuant to relevant laws,
- Individuals participating in vocational training, development and replacement training organized by the TEA according to the Law 4447 and individuals receiving wage allowance in cash according to the Law 4447, who are not UHI holder or not dependant according to the other articles of the Law, are deemed to be UHI holders provided that their contribution paid by TEA.

All citizens under the age of 18 are covered by the UHI without any condition.

■ Persons Not Covered

Persons who are not covered by the Universal Health Insurance are as follows;

- Individuals who have no residence in Turkey.
- Foreigners who proved that they are subjected to social security scheme in their country of origin.
- Foreigners who is insured voluntarily and whose residence period has not been exceed one year.
- Persons who are sent to Turkey for a work by or on behalf of an organization established in a foreign country and who can document that they are insured in the foreign country, and self-employed persons who are working in Turkey and reside abroad and are insured in a foreign country.
- Individuals of Turkish origin, who are employed in representation offices of Turkish State organizations in foreign countries and are granted with the permanent residence or citizenship of the country of representative office and insured in the country they reside in.
- Contracted staff of Turkish origin employed in the representation offices of Turkish State organisations in foreign countries who are obliged to be insured by their employers within the frame of social insurance in the country of concerned and pursuant to international social security agreements.
- Convicts and detainees.
- Foreigners having a residence permit in Turkey, who are not insured under a foreign country legislation and those of whose residence period does not exceed one year,
- Turkish pensioners, who are granted pension through crediting for foreign insurance periods and not residing in Turkey,

In addition;

Persons mentioned below are not covered by the UHI because of that their own institutions pay their healthcare costs themselves.

- Members of the cabinet appointed from out of the The Grand National Assembly of Turkey whose appointments are terminated and Deputies and their dependants.
- President and members of the higher judicial bodies including retirees and their dependants.
- Chief of General Staff and Force Commanders and those who are in the ranks of General / Admiral including retirees and their dependants.
- Participants of the funds established for banks, insurance and reinsurance companies, chambers of commerce, chambers of industry, stock exchanges or their associations and their dependants.

A brief info about the personal scope of UHI can be seen on the Chart 8.

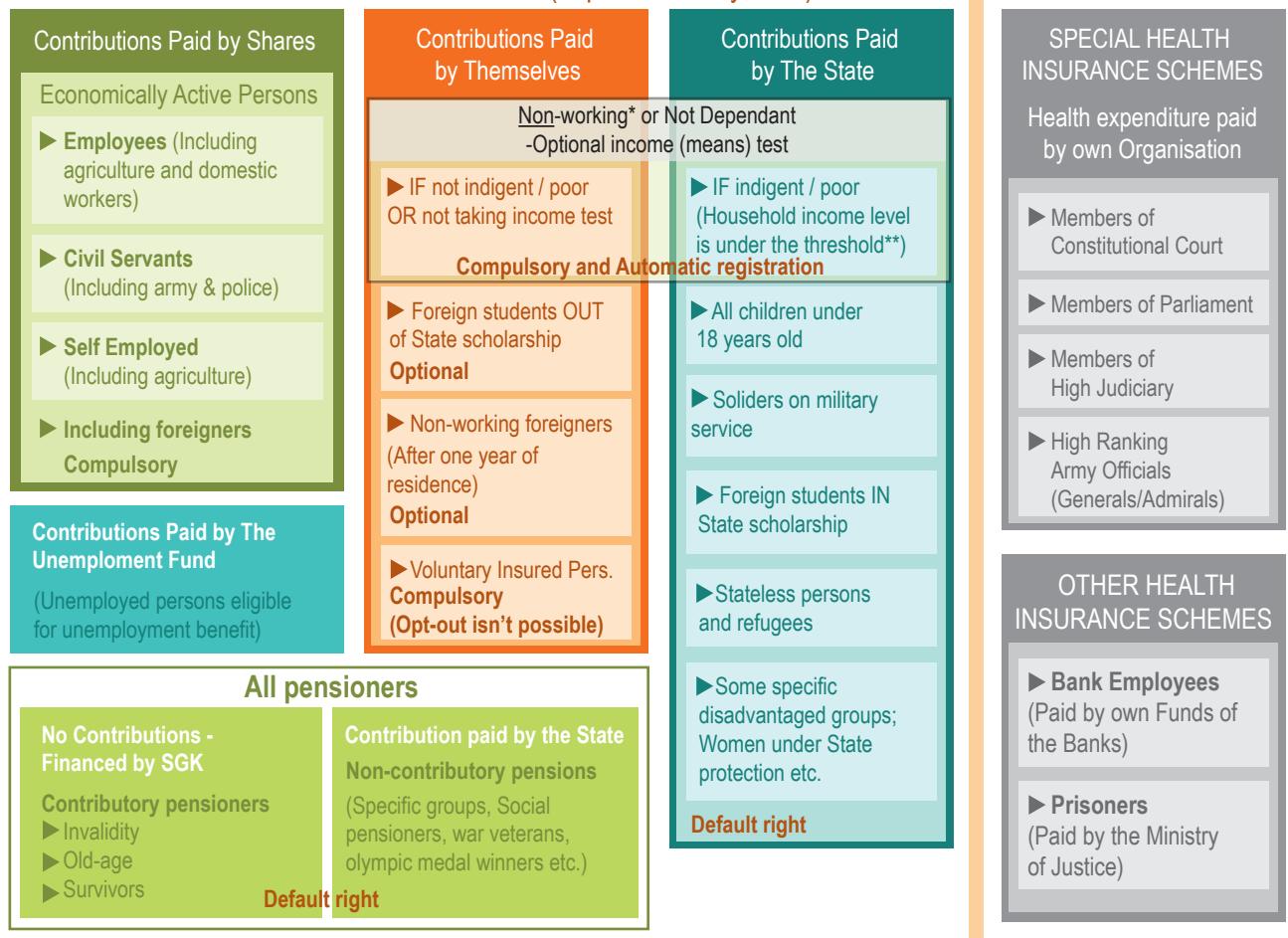


PUBLIC / SOCIAL HEALTH INSURANCE COVERAGE IN TURKEY

Şekil 8.

Personal Coverage of Universal Health Insurance

UNIVERSAL HEALTH INSURANCE (Implemented by SGK)



* Unemployed people who are not eligible for unemployment benefit, non-employed people and people who not working formally (informal workers) are covered within this group.

** Income Threshold: Income per capita in the household should be less than one third of the national gross minimum wage.

- Dependants of health insured persons are under the coverage.

- Nationals and Foreigners who have health insurance from OTHER COUNTRIES are NOT subject to Turkish health insurance regime.

■ Universal Health Insurance Registration

The beginning of the UHI coverage varies based on insured persons registration status according to the conditions mentioned in the Law. Employees, self-employed persons, civil servants and voluntary insured persons are considered as UHI holders from the date that the Institution registers them as social insurance holders and other persons who receive pension and benefits from the Institution are deemed UHI holders from the date that they are entitled to get any income or pension from the Institution. In addition, those people are registered as UHI holders without any notification.

Persons who have international protection application or status are considered as UHI holder from the accept date of request by the Ministry of Interior and are notified to the Institution by the Ministry of Interior within one month from this date.

Foreigners who have residence permit in Turkey and have completed one year of residence period in Turkey and prefer to apply for UHI are deemed to be universal health insurance holder as of the day after the request date.

Foreign students who study in Turkey without a state scholarship are deemed UHI holders from the day following the date they apply to the Institution. The notification of foreign students who are granted scholarships by the state is made by the Presidency for Turks Abroad and Related Communities.

In addition, the following insured are notified to the Institution by the relevant organisations within one month. These are; the trainee lawyers (by Turkey Bar Association); those who receive benefits and protection, care and rehabilitation services from Law no 2020, and women victims of violence (by the Ministry of Family and Social Services) ; those who receive unemployment allowance, short work allowance, Esnaf-Ahi Fund allowance or wage allowance (by TEA); those who are enrolled in pre-service training within Penal Execution and Detention Houses (by the Ministry of Justice), those who fulfilling their military services (by the relevant military commands). Those who are notified to the Institution in this way are deemed UHI holders from the date they fall within the relevant scopes.

■ UHI Contributions

With the Law No 5510, almost all citizens living in Turkey have come under the social security umbrella as UHI holders as of January 1, 2012. UHI system is a compulsory system. Accordingly, except for the ones who are considered as an exception pursuant to Law, all UHI holders must pay the UHI contribution at the determined rates.

Earnings Subject to Contribution and Contribution Rates

Calculation of earnings subject to contribution are specified in the social security law. The earnings subject to contribution of active insured (contract workers, self-employeds and civil servants) are determined according to the principles and procedures specified in the law. Voluntary insureds' earnings subject to contribution are declared by them, provided that it is between the lower and upper limits of the earnings subject to contribution.

As a rule, for others than those listed above, earnings subject to contribution are calculated on the basis of the national gross minimum wage. However, there are some exceptions to this situation. For foreigners who have residence permit in Turkey and have no insurance in foreign countries, earnings subject to contribution is considered as twice the gross minimum wage. For foreign students studying in Turkey, the amount of one-third of national gross minimum wage are considered calculating the amount of contribution. Also, for those who benefit from protection, care and rehabilitation services free of charge, and Turkish citizens under 18 years of age who do not have a mother or father, the earning subject to premium is calculated based on one-third of the national gross minimum wage. Lastly, for candidate apprentices, apprentices, and students who receive vocational training in enterprises and are deemed to have UHI, the earning subject to premium is half of the gross minimum wage.

UHI contribution rate for all economically active people is 12.5% of the earnings subject to contribution calculated pursuant to the Law. For the employed persons and civil servants 5% of this contribution is employee's/civil servants insurance holder's share and 7.5% is employer's share.

The individuals who work part time for 8 days or less in a month are obliged to complete their contribution days to 30. These persons can apply for the means test. According to the means test result, the contributions are paid either by themselves or by the State. The contribution rate for this group is 3% of the minimum wage.



UHI contribution rate for individuals whose income is determined to be less than one third of the national minimum wage according to the means test, voluntary insured persons and persons who receive unemployment benefit, short-time working allowance and job loss compensation is 12% of earnings subject to contribution. The contribution rate of individuals whose income is determined to be less than one third of the national minimum wage according to the means test and stateless people is %12, but the state pay the Institution one-third of total contribution of them.

Nationals who are not covered by any other social insurance scheme pursuant to law are subject to automatic registration for UHI without personal application. These persons can prefer to take means test or they can prefer to pay only %3 of the national minimum gross wage for contribution without taking means test.

The UHI contribution rate for apprentices, candidate apprentices and students receiving vocational training in enterprises is 5% of their earnings subject to contribution.

For students who are subject to compulsory internship during their education in vocational high school or higher education and for higher education students who work part-time at school and are not dependants, contribution rate is 5% of their earnings subject to contribution.

For trainees participating in the vocational courses organized by the **TEA** (Turkish Employment Agency), contribution rate is 12, 5% of their earnings subjects to contribution. For the individuals who are fulfilling their lawyer internship program, the contribution rate is 6% of the national gross monthly minimum wage. Contribution rates of UHI can be seen on the Table 3.

Table 3.
Contribution Rates

Groups / Persons		Contribution Rates (%)		Contribution Paid By	
Economically Active Persons	Employed persons	12,5	of the earnings subject to contribution	Themselves (for employed persons 7,5 is paid by employer, 5 by employee)	
	Civil servants	12,5			
	Self-employed persons	12,5			
Economically Not Active Persons	Voluntarily insured persons	12	of the national minimum gross monthly wage	TEA	
	Beneficiaries of unemployment benefit and short-time working allowance	12		The Union of Turkish Bar Associations	
	Persons who are fulfilling their lawyer internship	6		TEA, Themselves	
	Persons who receive cash transfer from TEA	3			
	Persons who are not working and identified not indigent by the means test	3			
	Non-employed foreigners (voluntarily)	24		The State	
	Foreign students (Without Turkish Government Scholarship)	4			
	Foreign students (With Turkish Government Scholarship)	4			
	Indigents according to the means test	4			
	Children under the age of 18	4		The State	
	Stateless persons and refugees	4			
	Specific groups who receive pensions from non-contributory pension schemes	12			
	pensioners of contributory invalidity, old age and survivor's pensions			No Contribution	Financed by the SGK
	Beneficiaries of permanent incapacity benefit and survivor's benefit in case of accident at work and occupational disease				

Those Who are Responsible for the Payment of Contributions.

Under the UHI scheme, the persons or organizations who are responsible for the payment of contributions vary depending on the insured persons. Those who are obliged to make the payment of the contributions to the Institution are as follows.

- For employees who work under a labour contract, contributions are paid by their employers deducting from their salary;
- For self-employed persons and considered under this scope, persons voluntarily insured, non-employed foreigners residing in Turkey and non-employed nationals, who are not covered by any social security scheme, deemed to be UHI holders, contributions are paid by themselves.
- For civil servants, contributions are paid by the relevant public administrations.
- For beneficiaries of unemployment benefit, bankruptcy insurance (for self-employed persons) and short-time working allowance under the unemployment insurance scheme and job-loss compensation and trainees participating in the profession learning, improving and changing courses organized by TEA, contributions are paid by TEA
- For apprentices, candidate apprentices and students receiving vocational training in enterprises and vocational high school students who are subject to compulsory internship, contributions are paid by Ministry of Education or their schools and for higher education students by their higher education institutions.
- For foreign students studying in Turkey without Turkish State scholarship, contributions are paid by themselves.
- For foreign students studying in Turkey with Turkish State scholarship, contributions are paid by the relevant public organizations.
- For the persons who are fulfilling their lawyer internship programme, contributions are paid by the Union of Turkish Bar Associations.

- For newly recruited staff of prisons, who receive preservice training according to Penal Institutions and Prison Staff Training Centres Law, contributions are paid by the Ministry of Justice.
- For individuals who are granted protection by a court decision according to Law on Protection of Family and Prevention of Violence against Women, contributions are paid by the Ministry of Family and Social Services.
- For soldiers who fulfil their military obligations and military students (officer cadets and officer cadet candidates, candidate students of military and candidate students of the Gendarmerie and the Coast Guard Academy), contributions are paid by the relevant public administrations.
- For stateless persons and refugees, contributions are paid by the Directorate General of Migration Management.
- For individuals who are not able to pay contribution according to the means test result and those who benefit free-of-charge from protection, care and rehabilitation services, children under the age of 18 and also those who receive cash benefits, their contributions are paid by Ministry of Family and Social Services.
- The pensioners of contributory invalidity, old-age and survivor's pensions and beneficiaries of permanent incapacity benefit and survivor's benefit in case of accident at work and occupational disease do not pay contribution, and the SGK directly covers their healthcare expenditures.

HEALTH FOR ALL



THE MEANS TEST

The means test is a process that determines whether citizens are able to pay UHI contribution according to their income. Contributions of individuals who have taken that test and determined to have low income are covered by the State.

According to Law, those who have no social security scheme are deemed to be a UHI holder, therefore, they are automatically registered as UHI holders. In addition, when a person goes out of UHI coverage e.g. by being out of any social insurance scheme and by being non-employed or by reaching the specified ages for ceasing to be a dependant person, that person is automatically registered under the UHI by SGK. Following automatic registration, the Institution requires individuals to take the “Means test”. Those who are not willing to take the income test and those who are found to have per capita household income more than one third of the national gross minimum wage according to the means test result are obliged to pay UHI contribution by himself/herself.

Those who want to take an income test should apply in writing and in person to the Social Assistance and Solidarity Foundation (SYD) located in the province / district where they live. Those who are not legally able to apply for reasons such as disability and old age could apply through their representative.

Means test results are sent to the SGK electronically by the related foundation. In the means test process, all household income is considered as to calculate income per person in the household. Household includes, provided that they live in the same house, the spouse, the unmarried children regardless of their age and the mother and father of the person who applied to the income test. However, children who do not live in the same house and unmarried children under the age of 25 living in another house for education are deemed to be included in the household.

According to the means test result, the contributions of individuals whose monthly per capita household income is less than one third of the national gross minimum monthly wage is paid by the State. As for those whose monthly household income per capita is above one third of the gross minimum wage, the contribution rate is 3% of the national gross minimum wage.

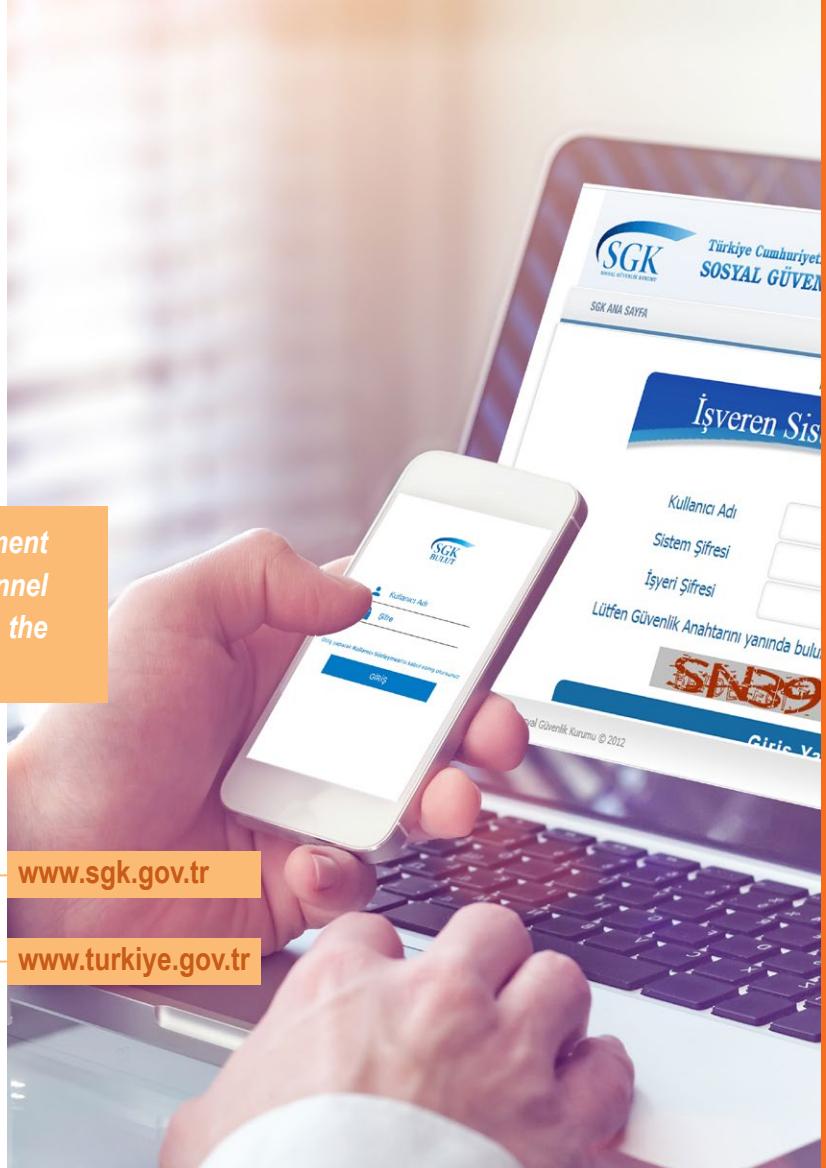
Level Of Income	Contribution
Less than a third of the national gross minimum wage	Paid by the State
More than a third of the national gross minimum wage	3% of the national gross minimum wage

Payment of Contributions

Payment of UHI contributions differs according to persons' registration status. Employers and public or private organisations who are responsible for payment of social insurance schemes' contributions pay UHI contributions on behalf of UHI holders. However, other than those whose contributions are not paid by the State have to pay UHI contributions by themselves. UHI contributions must be paid by the end of the following month.

SGK carries out all collection and payment transactions through the banking channel by removing the cash desks within the body of SGK.

UHI contributions can be paid via banks, internet banking, bank ATMs, and Turkish Post (PTT) branches. Registration and debt status of the general health insurance holders can be displayed on the website of the Institution through the **E-SGK** section and the E-GOVERNMENT application.



www.sgk.gov.tr

www.turkiye.gov.tr

2.2 The Scope of Healthcare Services Financed

■ Healthcare Services Covered

Healthcare services that people obtain from public, private or foundation HSP are covered by the SGK under the terms specified in the Law. The conditions and the general scope of the services for those who can receive services under the UHI are regulated by the Law No 5510. In areas authorized by law, regulations are made by the HIC in detail. The Law introduces general provisions on the scope of health services, financing, co-payments, and additional payments. HIC, on the other hand, specifies the principles and procedures of healthcare services, travel expenses, daily allowances and companion expenses that are financed by the Institution and the procedures and principles of invoicing related to the healthcare services to be paid by the Institution determined by the HSPC.

Healthcare services to be financed under UHI scheme, specified in the law are as follows:

Protective healthcare services

Protective healthcare services for individuals regardless of whether they are sick or not and preventive healthcare services for substance use disorders.



Healthcare Services Pricing Commission:

The commission authorized by the Law No. 5510 to determine the financing amount of the healthcare services financed by the SGK, including alternative reimbursement models and daily allowances, travel, bed and meal expenses.

Healthcare services provided for the diagnosis and treatment of diseases

Inpatient or outpatient examination by a physician, clinical examination required for the diagnosis upon request of physician, laboratory examinations and analyses and other diagnostic methods, medical operations and treatments to be applied based on the diagnosis, patient follow-up and rehabilitation services, healthcare services for organ, tissue and stem cell transplantation and treatment, emergency healthcare services as well as medical care and treatments to be applied by health professionals according to relevant laws based on the decision of physician.



Healthcare services provided due to maternity

Inpatient or outpatient examinations of physician,
 Deliveries (Natural and C-Section (Cesarean delivery)),
 Laboratory examinations and analyses and other diagnostic methods,
 Medical operations and treatments to be applied based on the diagnosis, patient follow-up, uterus discharge, medical sterilization and emergency healthcare services, medical care and treatments to be applied by health professionals according to relevant laws based on the decision of physician.



Healthcare services related to oral and dental health

Inpatient and outpatient oral and dental examination, clinical examination required for the diagnosis of mouth and teeth diseases upon request of dentist, laboratory examinations and analyses and other diagnostic methods, medical operations and treatments to be applied based on the diagnosis, tooth extraction, conservative tooth treatment and channel treatment, patient follow-up, denture applications, emergency healthcare services for oral and dental diseases, orthodontic dental treatment for those who are under age of 18.





Assisted Reproductive Technology (IVF-In- Vitro Fertilization)

Assisted Reproductive Technology (In-vitro fertilization) are financed by the Institution up to three trials for insured persons (insured woman or dependent wife of insured man) who are married but cannot have children, in cases where it is necessary to have a child for the treatment of hereditary diseases and when other treatment is not possible.



Prescribed medicines, medical and optical devices, vaccinations, orthosis and prosthesis, blood, vaccine, bone marrow.

Blood and blood products that may be required for the above-mentioned healthcare diagnosis and treatments, bone marrow, vaccine, medicine, orthosis, prosthesis, medical tools and equipment, medical device for personal use, medical consumables, provision, installation of medical devices and after the warranty period, maintenance, repair and renewal services of that medical devices.

In addition, while receiving treatment, even if the person loses his/her rights to get health care services, the healthcare services to be provided due to the ongoing treatment will continue until his/her recovery.

Table 4.
Benefit Package of
Universal Health
Insurance

Nu.	Type of Services
1.	Preventive healthcare services
2.	Emergency healthcare services
3.	Inpatient or outpatient examination and treatment
4.	Oral and dental examination and treatment
5.	Optician examination and treatment
6.	Healthcare services during pregnancy and maternity
7.	Healthcare services following a work accident or an occupational disease
8.	Laboratory tests, analysis and other diagnostic methods
9.	Prescribed medicines, medical and optical devices, vaccinations, orthosis and prosthesis, blood, vaccine, bone marrow.
10.	Assisted Reproductive Technology (IVF-In- vitro fertilization)
11.	Transplantation of organ and stem cell
12.	Rehabilitation services
13.	Orthodontic treatment for under the of 18
14.	Travel and companion expenses daily fees and in case the treatment outside of the city of residence
15.	Treatment abroad (In certain cases)

Reimbursement Methods of Healthcare Services and Provision

The healthcare services to be financed by the Institution are provided by service procurement contracts between the Institution and the Healthcare Service Providers (HSPs). The costs of healthcare services provided from uncontracted HSP in case of emergency are covered by the Institution.

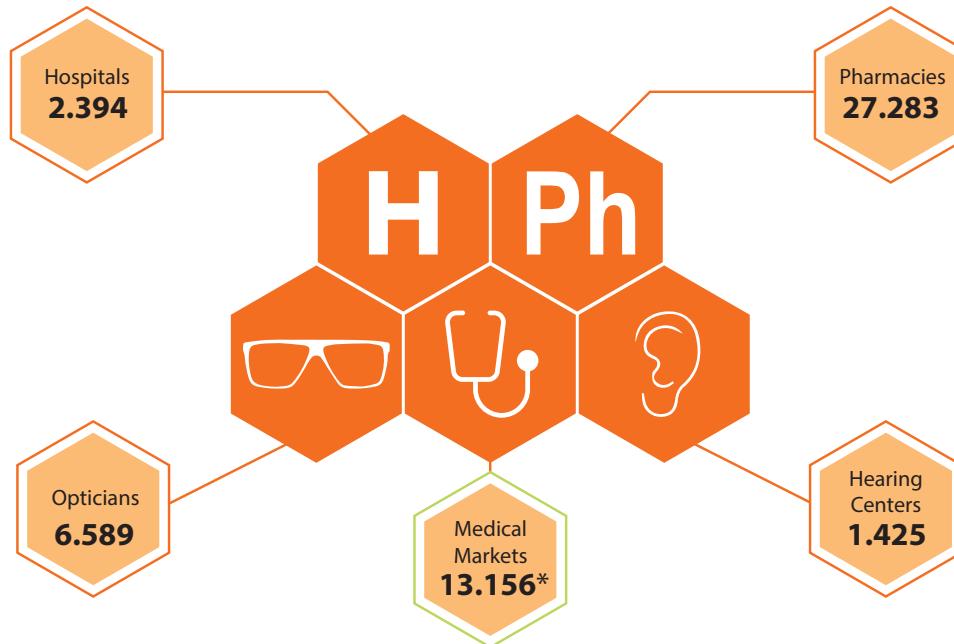


Chart 9.
Healthcare
Service Providers,
September 2021

In case of emergencies, the costs of healthcare services provided by non-contractual HSP's are covered by the Institution.

**The number 11,257 of "Medical Markets" contains 1,899 numbers of medical device suppliers and 11,784 numbers of Pharmacies, which are also registered as a Medical Markets.*

No fee could be claimed from the Institution for healthcare services provided by primary healthcare institutions other than primary healthcare institutions of the Ministry of Health and workplace doctor within the public administrations. Only the costs of medicines and visual aid materials prescribed by these physicians are covered by the Institution.

Contracted HSPs are obliged to provide the laboratory services or purchase them from another HSP in cases where it is considered necessary.

Diagnosis and treatment methods of healthcare services financed by the Institution are specified in HIC and its annex lists. Costs of diagnosis and treatment methods that are not included in the HIC and its annexes can be financed provided that they are accepted as reimburseable and their costs are determined by the HSPC.

The Institution could cover healthcare services and determine the payment procedures and principles by using alternative payment models in areas of need. In addition, Institution could create alternative reimbursement models in order to encourage the manufacturing of products that are not available in Turkey and/or cannot be produced domestically and to turn imported products into domestic product, to ensure their availability in the market.

The type and level of the HSP in which the service is provided and whether the service is provided for an outpatient or inpatient is considered when determining payment method of healthcare services. In primary healthcare service providers, a payment could be made only for outpatient services such as emergency healthcare services, dental treatments, based on the payments per service specified in HIC.

In secondary and tertiary healthcare providers, the method varies depending on whether the service is an outpatient and inpatient service. Healthcare services provided mainly in outpatient treatments are paid according to the classification of HSP based on the amount specified in HIC per outpatient application.

Some services such as emergency healthcare services, accident at work and occupational disease treatments, and oncological treatments are financed by the “fee for service” method. Home healthcare services are also paid according to the payment per service method.

For inpatient treatments, healthcare services are financed by the “case-based payment method” and “fee for service” method. It is demonstrated in the HIC annex lists which treatment services will be paid by which method. In the case-based method of payment, healthcare services provided in facilities

are considered as a package, therefore, the bed price, examination and consultations, operations and interventions, anesthesia drugs, medications during the hospitalization period, medical supplies, laboratory services are included in this package. On the other hand, in the fee for service method, each service is paid separately at the amounts determined by the Institution.

In the HIC, special payment criteria have also been established for some specific treatment services. Payment conditions of services such as dental treatments, eye diseases services, organ tissue and stem cell transplantation, personal protective healthcare services, dialysis treatments, physical therapy and rehabilitation services, genetic tests, intensive care services have been determined in detail.

Reimbursement of Medicines

Most of the medicines, that are very important items for the insurance holders, are covered by the UHI scheme. Medicines prescribed by physicians working in contracted HSP are paid in accordance with the procedures and principles in HIC.

The reimbursement of medicines in Turkey operates on the basis of a list of medicines for which costs are covered by the SGK. The Lists of Medicines (Annex 4/A, Annex 4/B and Annex 4/C of HIC) to be reimbursed are published by the Institution and are constantly updated in line with the developments in healthcare services and patient needs.



In addition to the general payment provisions regarding medicines, the payment terms for special medicines are regulated in the HIC in detail (on the basis of active ingredient or disease).

Medicines that are used in outpatient treatment and prescribed by a physician are obtained from pharmacies contracted with the Institution. E-prescriptions issued electronically through the SGK Physician Password could be viewed by pharmacies via MEDULA-Eczane system. Invoicing processes are also completed electronically through the same services.

MEDULA refers to integrated systems have been created to perform the payment of the invoice information electronically gather and services between HSP's and the Institution, without interfering to the internal processes of HSP's.

“The Protocol on Providing the Persons Insured by the SGK with Medicines through Pharmacies which are Members of the Turkish Pharmacists Association” is signed between the SGK and Turkish Pharmacists Association, establishing the rights and obligations of the SGK and pharmacies.

Medicines used in inpatient treatments are obliged to be provided by HSPs. If HSPs do not have the medicine which is needed, patients can only buy that medicine from contracted pharmacies provided that the hospital notes on the prescription that this medicine is not available in the hospital. In this situation, The Institution pays the public price of medicine to the insurance holder and deducts this amount from the payment to be made to the HSP.

Medicines that are covered by the Institution are divided into three types as medicines supplied domestically, supplied from abroad and provided by alternative reimbursement methods. The procedures of how the medicines are included in the reimbursement lists vary depending on the types of Medicines.

In principle, for a medicine to be placed on the reimbursement lists of the SGK, it must be authorised by the Turkish Medicines and Medical Devices Agency under the Ministry of Health. Following market authorisation and pricing process, the medicine is placed on the market. Application to be included in the SGK reimbursement lists is a separate process, which is made upon the request of pharmaceutical companies. The criteria to be included in the reimbursement list can be found in Reimbursement Regulation of the Social Security Institution, Alternative Reimbursement Regulation of the Social Security Institution and the HIC. Pharmaceutical companies requesting inclusion of their pharmaceutical products in the reimbursement list must also submit public discounts defined in the

As of September in 2021

the number
of medicines
covered is

8.722

the number of medicines
which are used for cancer
treatment is

806

HIC and they could also offer extra discounts. After submitting the necessary documents to the SGK, the application file is examined and evaluated by the relevant Commion (Drug Reimbursement Commission or Alternative Reimbursement Commission). The Commissions may accept, reject or defer the application in line with the evidence submitted.

In cases where a medicine which is essential for the treatment of a patient is not authorised in Turkey or not available in the market even if it is authorised, this medicine could be purchased directly from abroad on individual basis upon the prescription of a physician. The medicine could be purchased through the Turkish Pharmacists Association or directly by the SGK itself. Also, the patient could purchase the medicine personally. In this case, the public price set for the medicine is paid to the patient directly.

Reimbursement of Medical Devices

Just as healthcare services provided by the Institution, the scope of medical devices used in these services have been considerably broad. Orthosis, prosthesis, medical equipment and supplies, medical materials for personal use, medical consumables, simple sanitary consumables and healing medical supplies are considered to be within the scope of medical devices.

Medical devices to be paid by the Institution and their costs are determined by HSPC. Medical devices, which are decided to be covered by the Institution, are specified individually in HIC annexes according to their branches and qualifications.

The products identified in the HIC and its annexes must be registered in MEDULA by the manufacturer or supplier companies by matching the HIC codes after completing the registration of the **PTS**.

The costs of the medical devices used in the procedures that are not financed by the Institution and that do not meet the conditions are determined by the HIC are not covered by the Institution.

The methods of medical device payments vary depending on whether they are used in an outpatient or inpatient treatment. Medical devices used in inpatient treatments have to be provided by HSP in concern.

In inpatient treatments, medical devices to be paid according to 'case-based payment method', except certain medical devices listed in (HIC) and its annex lists, are not separately invoiced to the Institution.

The medical devices used in outpatient treatments are obtained from the contracted HSPs (medical markets or pharmacies) by patients. Afterwards, if they deliver the invoices to the Institution, they could receive payment up to the amount of prices specified in the annex lists of HIC.

The costs of medical devices other than the devices used as fixtures in HSP and their repair and maintenance costs, spare parts, accessories and reusable consumables are covered by the Institution. However, reusable consumables and medical materials used in laboratory services are not covered.

PTS (Product Tracking System) refers to an electronical system that is established to register all medical devices in Turkey by the Ministry of Health.

Apart from the general provisions mentioned above, HIC also sets payment terms for some special medical devices. Necessary conditions have been determined in detail for the payment of medical materials such as wound care products, glucometer, allografts, synthetic grafts and xenografts, mechanical ventilation devices, standing upright positioning and executive devices and reimbursements of optics.

Reimbursement of Optics

Spectacle lens and frame prices and the cost of qualified medical supplies are covered up to the amounts listed in the HIC annex. Those who apply to optician institutions within 10 working days after the prescription or reports issued by ophthalmologists can purchase glasses and frames.

Spectacle lens are invoiced to the Institution by contracted optician establishments along with the spectacle frames.

The renewal period of the lenses and frames is 3 years.

However, in some cases, the lens could be renewed before this duration expires if deemed necessary by ophthalmologists.

In the cases specified in the HIC, the costs of telescopic glasses and contact lenses are also financed by the Institution.



■ Other Services

Healthcare Services Abroad

It is obligatory that the healthcare services are provided by domestic HSPs, however, healthcare services could also be provided abroad in following cases which are stated in the Law No 5510.

Those who are sent abroad on temporary or permanent duty;

If the employees and civil servants are sent abroad for temporary duty, only the healthcare services they receive within the scope of the emergency are covered by the Institution.

On the other hand, if the employees and civil servants are sent abroad on a permanent duty, the health care services received abroad by these persons and their dependants living abroad are covered by Institution regardless of whether the healthcare services are urgent or not.

The health care services received by the soldiers (Privates serving their military service) and military students who are assigned to permanent or temporary duty abroad are financed by the Institution.

Healthcare expenses occurred abroad are primarily paid by employers. Reimbursement of these health expenses could be requested from the local consulate together with the document stating that employee concerned is working abroad or could be requested from the Institution based on the relevant documents. The costs of the healthcare services provided abroad could not exceed the amount that could be paid domestically.

If there is an HSP contracted with the Institution in the country in which treatment is provided, treatment expenses are paid according to the terms of the contract. In addition, the Institution can provide healthcare services abroad by having health insurance in the relevant country.

Cases in which treatment in Turkey is not available;

Treatments and examinations that are not available in Turkey could also be provided abroad under the conditions specified in Law No 5510. All of the healthcare costs are paid for individuals whose treatment is not available in Turkey and transferred to a foreign country. In addition to travel expenses

The healthcare services received in the Turkish Republic of Northern Cyprus (TRNC) by Turkish citizens and their dependants are also covered by the Institution in any cases.

of those people, the daily allowance and companion expenses are also paid separately. In order for individuals to be sent abroad for treatment, a health board report must be taken from the hospitals designated by the Institution. In addition, the report must be confirmed by authorized hospitals and approved by the Ministry of Health. The reports must be renewed if no action is taken to go abroad within 3 months.

The Institution may decide that the person concerned can stay in this country until transplantation provided that it is documented by the foreign HSP that the staying abroad is mandatory. (The Institution must take a written opinion of the Ministry of Health.).

Costs of treatments made abroad are paid by the Institution through transferring to the bank account of the HSP abroad. If individuals pay the costs, payments of this costs are reimbursed by the Institution to the individuals provided that justification documents are submitted. Upon request, an advance could be paid to the individuals or to the healthcare provider.

The person to be treated abroad, if any, is transferred to the contracted HSP abroad and all health care expenses are covered. In the absence of a contracted HSP abroad, the Institution also pays expenses related to the treatments made in the HSP to which the patient is referred. However, if the person does not go to the contracted HSP abroad, the Institution pays only the amount that could be paid to the contracted providers, and in case the amount of treatment exceeds the amount payable to the contracted HSP, the difference is financed by the persons themselves.

Being abroad, except for the reasons mentioned above,

In cases that the people who are abroad except for the reasons above-mentioned need to receive any healthcare service, depending on the host country, it differs whether the person entitled to reimbursement of the healthcare expenses. If the host country has a bilateral social security agreement,

which includes healthcare rights with Turkey, the conditions specified in the relevant agreement are applicable. Whereas, if there is no bilateral agreement between host country and Turkey, healthcare expenses are not covered by the SGK.

Travel Expenses, Daily Allowances, and Companion Expenses

In case of the transfer of an insured person or dependant to other cities out of the settlement for treatment by a medical referral, transportation cost for round trip fare and daily allowances for the patient and up to one companion, if outpatient treatment; for one day, if inpatient treatment; for two travel days as going and coming back are paid by the Institution. During the inpatient treatment of an insured person or dependant, if the patient companionship is deemed necessary by the physicians, the accommodation and food expenses of the companion up to one person are borne by the Institution.

The HSPC determines amount of daily allowance, transportation, accommodation and food expenses that paid in case of patient transfers within or out of country.

Travel expenses, daily allowance and other healthcare expenses in case of determination, control and periodical healthcare examination for permanent incapacity and disabilities are borne by the Institution in the same way.

Permanent Incapacity: It is the situation that the earning power in the profession has decreased by at least 10% as a result of work accident or occupational disease.



■ Utilization of Healthcare Services and Application to Healthcare Service Providers

Conditions of Benefiting

For the cases and persons listed below, healthcare services are provided by the Institution without any condition.

Individuals under the age of 18	Traffic accidents	
Individuals who are medically in need of someone else's care	Emergency healthcare services	
Accident at work and occupational disease	Notifiable infectious diseases	
Personal protective healthcare services	Preventive healthcare services for substance use disorders	
Natural disasters and war situations	Outpatient or inpatient medical care and treatments due to maternity	Strikes and lockouts

However, the following conditions must be fulfilled in order to benefit from healthcare services and other related rights, except for the cases and situations mentioned above.

- Persons covered by the UHI, must have 30 days of total UHI contribution payment days within one year before the date of application to the HSP,(except for persons whose contributions are covered by the State, persons who receive pension or income from the Institution, persons fulfilling their military obligations and Turkish military students and guest military students(including their dependants))
- Self-employed persons and non-employed foreigners who are covered by the UHI should also not have more than 60 days of contribution debt.
- Voluntary insured persons, and persons registered as UHI holders automatically (due to not being subject to any other social security branches) should not have any contribution debt in addition to first condition.
- Foreign students who are out of State scholarship and studying at university are required to pay all of their UHI contributions for a semester within one month from the beginning of the university term.

However, for those excluded from the scope of dependant persons due to being a UHI holder himself/herself, it is not required to have 30 days of contribution within the last one year in order to benefit from healthcare services.

Employees, self-employed persons and civil servants continue to benefit from UHI for 10 days from the end of their social insurance. If these people have 90 days of social insurance within the last one year, they benefit from healthcare services for additional 90 days.

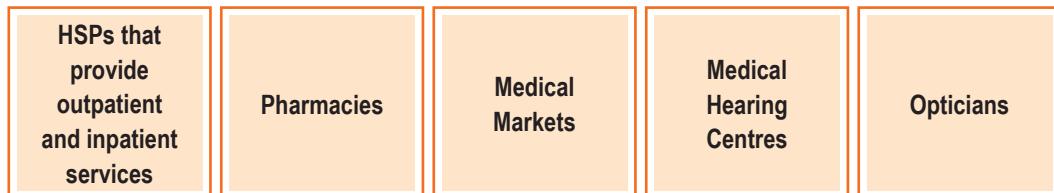
Provided that they are not above 18 years of age and not dependant and not insured under any insurance status, high school graduates could benefit from UHI for two years after their graduation, and likewise higher education graduates could benefit from health insurance benefit for two years following the graduation provided that they are not above 25 years of age and not dependant and not insured under any insurance status.

Privates, reserve officer candidates, military students, whose universal health insurance is ended, are able to benefit from universal health insurance for 30 days from the date of discharge.

Application to HSPs

Individuals are able to apply directly or by referral to all public and private HSPs who have contract with the Institution. Contracted HSP are obliged to accept the applications of persons covered by UHI without any discrimination.

In order to provide healthcare services to the persons covered, the Institution concludes contracts with;



In case the individuals apply to uncontracted HSPs due to emergencies, the healthcare services costs are also covered by the Institution.

When insured persons visits HSPs, they are obliged to apply personally with their national ID cards to prove their identity. In private HSPs, identification is verified through the “Biometric Authentication System”.

After identification and verification procedures, in order to start receiving healthcare services, first, it is necessary to determine whether or not people have the right to benefit from healthcare benefits through the Institution’s IT systems (MEDULA-Hastane, MEDULA-optics, MEDULA-Eczane, SPAS provision system). During verification, the Institution’s IT system checks electronically conditions mentioned above. If the person’s condition is suitable to receive health care, approval is given by the system and then healthcare services are offered to person.

For the persons covered by the social security agreements with Germany, Austria, Belgium, France and the Netherlands, an electronic provision could be made via the MEDULA system. However, within the scope of social security agreements with other foreign countries, the health services of the persons benefiting from the Institution’s health benefits are provided based on the “Health Aid Certificate According to the Social Security Agreement” issued and approved by the Institution. In addition, medical reports requested by foreign countries are issued manually.

■ Co-payment and Additional Payments

Co-payment

Co-payment means the fixed amount or percentage of the healthcare cost that must be paid by UHI holders or dependants in case of receiving healthcare services in general. The application of taking part in payments of healthcare services is a method used in many countries to prevent unnecessary use of healthcare and to control costs.

Co-payments strictly not allowed to be reimbursed through private health insurance. Co-payment is charged for the following healthcare services and medical items:

Physician and dentist examination for outpatient treatment excluding the treatments given by the public primary healthcare service providers and family physicians,

Medicines for outpatient treatment

External prosthesis and orthosis including optical devices,

Assisted reproductive technology methods (In-vitro fertilization).

Co-payment Amounts of Medical Examinations

Co-payments differ according to the type and level of healthcare service providers such as private, public, secondary care, tertiary care or higher education institutions related hospitals. Co-payment is not charged from the physician and dentist examination for outpatient care performed in primary health care providers such as physicians and workplace physicians. Co-payments to be applied for the physician and dentist examination at healthcare providers are given below.

Table 5.
Co-payment Amounts
for Healthcare Service
Providers, 2021

Healthcare Service Providers	Amount
State secondary healthcare service providers	6 TL
Training and research hospitals of the Ministry of Health	7 TL
The tertiary healthcare providers of university hospitals	8 TL
Private healthcare providers regardless of their level status	15 TL

Co-payments for outpatient examination, which will be taken from individuals and their dependants who receive income or pension from the institution, is deducted from their income or pensions.

Co-payments for outpatient examination, which will be taken from individuals and their dependants who do not receive income or pension from the institution, are collected by the pharmacy at their first application to the pharmacy with a prescription

Co-payments for outpatient examination, performed at private health service providers, to be taken from individuals and their dependants who do not receive income or pension from the Institution, are collected by private health service providers.

Co-payment Rates for Medicines

Co-payments for medicines provided for outpatient treatment is applied in two ways. The first is to collect a certain percentage of the medications price covered, and the second is to collect a fixed amount per box for the prescribed medicines.

Co-payment rates of medication, in case of outpatient treatment are as follows:

- a) 10% of the medication cost for pensioners and their dependants,
- b) 20% of the medication cost for other insured persons and their dependants.

Additionally, there is prescription co-payment applied in case of outpatient treatment and it is 3 TL up to 3 TL medicines/boxes prescribed and plus 1 TL for each of the additional medicines/boxes.

The medicines used in chronic diseases such as hypertension and diabetes listed in the Annex 4/D of HIC are exempted from co-payments provided that they are documented with a health report and a prescription.

Co-payments of Medicines

- For the pensioners and their dependants, co-payment is deducted from their pensions or benefits that they receive from Institution.
- For other people, co-payment is collected by the contracted pharmacies with the Institution, for medicines purchased from abroad; co-payment is collected from individuals by the organization/institution that provides the medicines.
- If it is purchased by the individuals themselves, the Institution deducts co-payment from the reimbursement to be made to individuals.

HEALTH FOR ALL

Co-payment Rates for Medical Devices

Co-payment is charged from external prosthesis and orthosis including optical devices and dental prosthesis listed in HIC and other prosthesis and orthosis, which is not specified as vital in health report. Co-payment rates are as follow:

- a) 10% of the cost of the prosthesis and orthosis for pensioners and their dependants,
- b) 20% of the cost of the prosthesis and orthosis for other insured persons and their dependants.

However, in no case, co-payment for external prosthesis and orthosis cannot exceed 75% of gross minimum wage for any of each prosthesis or orthosis.

Co-payment Rates for Assisted Reproductive Methods (In-vitro fertilization)

Co-payment rates for the treatments of assisted reproductive methods (In-vitro fertilization) for all insured persons are established as 30% for first trial, 25% for second trial and 20% for third trial. Co-payment amount are collected by the healthcare provider where the treatment is provided.

Co-payment Exemptions

There are exemptions exist from co-payment obligations for some healthcare services and specific persons. The following healthcare services are exempted from co-payment:

- Personal protective healthcare service,
- Healthcare services provided in case of work accident and occupational disease,
- Healthcare services provided in case of military exercises and manoeuvres,
- Healthcare services provided due to disaster and war cases,
- Healthcare services provided in case of emergency (including diagnosis and treatments for cases related pandemic),
- Physician and dentist outpatient treatments at the State primary healthcare service providers and family physicians,

- Provided that it is documented with the health board report; chronic diseases determined by the Institution and orthosis, prosthesis, healing tools and materials of vital importance and organs, tissues and stem cell transplantation,
- Control treatments of the same medical speciality in the same healthcare providers within 10 days after the first outpatient treatment given by public secondary and tertiary healthcare providers and all private healthcare providers,
- Control examinations for assessment of the degree of disability of the persons who receive pension or benefit,
- The costs of medical equipment, which is reaccepted by the SGK as return.

The following persons are exempted from co-payment:

- Honorary pensioners and their spouses as per the provisions of the Law Number 1005 on Putting Individuals Awarded with Medal for Service in the Turkish War of Independence on Honorary Pension from Military Service Planning,
- Pensioners and their dependants according to the Law Number 2330 on Compensation in Cash and Pension,
- Disabled veteran pensioners and their dependants and persons who receive pension under the Law on Fight Against Terrorism No: 3713,
- Ongoing treatments for persons who are victims of terrorist attack listed under the Law on Fight Against Terrorism No: 3713
- Persons who receive pension according to the provisions of the Law on Military Service Planning Pension No. 3292,
- Persons and children under age of 18, who benefit, free-of-charge, from protection, care and rehabilitation services and according to the Law on Social Services No. 2828,
- Persons who receive duty invalidity pension that is granted due to a public mission,
- Cadets who receive education in military academies, high schools for non-commissioned officers, Police Academies or Staff Colleges or continue on the account of the Armed Forces or the General Directorate of Security while attending on his/her own account in faculties or academies,

- Candidates who have been studying in faculties and schools on behalf of the Gendarmerie General Command and the Coast Guard Command and the Coast Guard Academy, and those who continue to study on behalf of the Gendarmerie General Command and the Coast Guard Command, as well as officers and non-commissioned officers subject to basic military training,
- Until the end of their treatment and their invalidity is certain, persons who are victims of terrorist attack listed under the Law on Fight Against Terrorism No: 3713
- Soldiers serving compulsory military service and candidate cadets (students) of the military schools.
- Foreign soldiers, who are receiving training and education under the International Training Cooperation Agreement in Turkey, and their dependants, if the host country is entrusted with covering healthcare expenses by the relevant agreement.
- Foreign soldiers, who are receiving training and education under the International Training Cooperation Agreement at Turkish General Command of Gendarmerie, the Turkish Coast Guard Command and the Gendarmerie and the Coast Guard Academy, and their dependants, if the host country is entrusted with covering healthcare expenses by the relevant agreement.

Additional Payment

The institution concludes contracts with private HSPs and HSPs of foundation universities besides public healthcare providers to ensure that insured persons receive excellent healthcare services. In this way, individuals can also apply to these health facilities according to their own preferences. These contracted healthcare service providers could request additional payments from the applicants for the healthcare services they provide, over the fees paid by the Institution for these services. (There are some limitations and rules regarding the demand for additional fees, and healthcare providers cannot charge additional fees as they wish.)

Public health-care service providers, excluding hotel services and extraordinary healthcare services, cannot request additional charges from universal health insurance holders and their dependants for the healthcare services that they request.



Additional payments may be charged from individuals on the basis of the overall healthcare transaction amounts that could be invoiced to the Institution fees determined by the health service providers.

However, in addition to the treatment fees, additional payments cannot be charged for medical supplies, medicines, blood components and outpatient treatments that could be invoiced to the Institution separately.

The maximum rate of additional payments that healthcare providers could charge is determined by the President of Turkish Republic, and the rate of additional payments that they could receive, provided that this ceiling rate does not exceed, is determined by the Institution. In the current practice, the additional payment ceiling rate is set at 200%, and healthcare providers are not allowed to charge an additional payments above this rate. Therefore, private healthcare providers could charge insured persons for the standard services they provide, up to twice as much as the standard prices established by Healthcare Services Pricing Commission (HSPC).

Fees for healthcare services not reimbursed by the Institution are not considered as additional payments. Contracted public healthcare providers are not allowed to charge additional payments.

The reimbursement amount for optical devices are determined and published by the Institution. As per the law, there is no ceiling determined on the prices of optical devices. Therefore, if the patient prefers to purchase a more expensive optical device, he/ she pays the difference between the optician retail price and the reimbursable price, as extra payment in addition to the regular co-payment explained above. The excess amount of payments of optical devices is not considered as “additional payment” and is not subject to a ceiling.

Besides, with regards to interchangeable medicines, Turkey employs an equivalent group system. Accordingly, a reimbursement price is set at 10% above the medicine with lowest public price in an equivalent group. Considering a pharmacy level medicine substitution is allowed in Turkey, a patient could choose a medicine other than the one prescribed amongst the equivalent medicines. In case the public price of a medicine chosen by the patient is above the reimbursement price set for that group, the patient pays the excess amount out of pocket.

Persons and Services excluded from Additional Payments

There are some exemptions of requesting additional payments for healthcare services provided by the foundation universities, private hospitals and private medicine and branch centers contracted with the Institution.

No additional payments may be charged from the persons listed below.

- a Honorary pensioners and their spouses,
- b Pensioners and their dependants according to the Law Number 2330 on Compensation in Cash and Pension,
- c Disabled veteran pensioners and their dependants and persons who receive pension under the Law on Fight against Terrorism No: 3713,
- d Until the end of their treatment and their invalidity is certain, persons who are victims of terrorist attack listed under the Law on Fight against Terrorism No: 3713
- e Persons performing military service, officer cadets
- f Foreign soldiers, who are receiving training and education under the International Training Cooperation Agreement in Turkey, and their dependants, if the host country is entrusted with covering healthcare expenses by the relevant agreement.
- g Foreign soldiers, who are receiving training and education under the International Training Cooperation Agreement at Turkish General Command of Gendarmerie, the Turkish Coast Guard Command and the Gendarmerie and the Coast Guard Academy, and their dependants, if the host country is entrusted with covering healthcare expenses by the relevant agreement.

For the following healthcare services, additional payment is not paid;

- a Health care services provided due to emergency cases (including diagnosis and treatments for cases related pandemic),

- b Intensive care services,
- c Burn treatment services,
- d Cancer treatment (radiotherapy, chemotherapy, radio isotope treatments),
- e Healthcare services provided to newborns,
- f Healthcare services regarding to organ, tissue and stem cell transplants,
- g Healthcare services for surgical procedures for congenital anomalies,
- h Hemodialysis treatments,
- i Cardiac surgical procedures, (Except for procedures specified in exceptional health services)
- j Auditory implant procedures,
- j The treatments included in the “List of Treatments not to be charged additional payment” annexed to the HIC and other services provided for these treatments.

Additional Payments For Exceptional Healthcare Services

HSPs contracted with the Institution, including public HSPs, may charge additional payments for exceptional healthcare services, not exceeding three times the costs paid by the Institution. The exceptional health care services are listed in the HIC. In addition, some procedures performed with the robotic surgery method, water birth, delivery with epidural anesthesia, some dental prosthesis procedures, robotic rehabilitation system applications are among the exceptional health services.

In addition, there is an additional payment for hotel services provided by HSPs. Contracted HSPs, including public healthcare providers, may charge additional payments for hotel services that meet demands above standards. The hotel services, where additional payments may be requested, has been defined by the Institution.

Accordingly, provided that there are at least one bathroom, TV and telephone in each room, contracted HSPs may charge additional payments for the hotel services one and a half times the

“Standard bed tariff” for 2-bed room and three times the “Standard bed tariff” for the single-bed rooms.

However, it is not possible to request additional payments by HSPs for hotel services in the scope of exceptional healthcare services, which will not be subject to additional payments determined by the Institution and stated in the HIC.

There is no restriction on who pays the additional payments envisaged by the Law No 5510. These payments could be made by any means such as employer or private health insurances.

In accordance with the provisions of the contract, penal sanctions are imposed on HSPs, which are detected to have received additional payments from the hotel services for which are not allowed to charged additional payments according to legislation of Institution.

2.3 Healthcare Services Not Covered

Healthcare services not financed by the Institution are as follows;

- Any kind of healthcare service for aesthetic purposes and orthodontic dental treatments for aesthetic purposes, excluding the healthcare services which are necessary for the integrity of body and are caused due to work accident or occupational diseases, accidents, sicknesses or congenital reasons,
- Traditional, complementary and alternative treatments and healthcare services not permitted or licensed by the Ministry of Health and healthcare services not accepted to be a healthcare service in medical terms by the Ministry of Health,
- Chronic diseases of foreign nationals and their dependants, which were existed before the date that they are covered to be insured under the UHI,
- Healthcare services which are excluded from the scope of healthcare services financed by the SGK according to the method, type, amount and duration of use.

Section 3



IT INFRASTRUCTURE OF UHI SYSTEM

- 3.1 General Information and Administrative Structure of IT
- 3.2 MEDULA-Hastane (For Hospitals)
- 3.3 MEDULA-Eczane (For Pharmacies)
- 3.4 MEDULA-Optik (For Opticians)
- 3.5 MEDULA-Şahıs Ödemeleri (For Personal Payments)
- 3.6 MEDULA-Medikal Market
(For Medical Device Suppliers)
- 3.7 MEDULA-Medikal İşitme Merkezi
(For Hearing Centres)
- 3.8 Other Innovative Applications



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3.1 General Information and Administrative Structure of IT

It is the duty of the Directorate General for Service Delivery to carry out all kinds of IT services of the central and provincial organizations of the Institution. Within the Directorate General, there is Health Software Department, which evaluates the demands of the central organization units related to health practices, designs projects in coordination with the relevant units, makes and implements the softwares. MEDULA and Informatics Applications Department under the Directorate General for Universal Health Insurance ensures coordination with the Directorate General for Service Delivery in terms of adapting the electronic control criteria of the programs, software requests and arrangements to the MEDULA System.

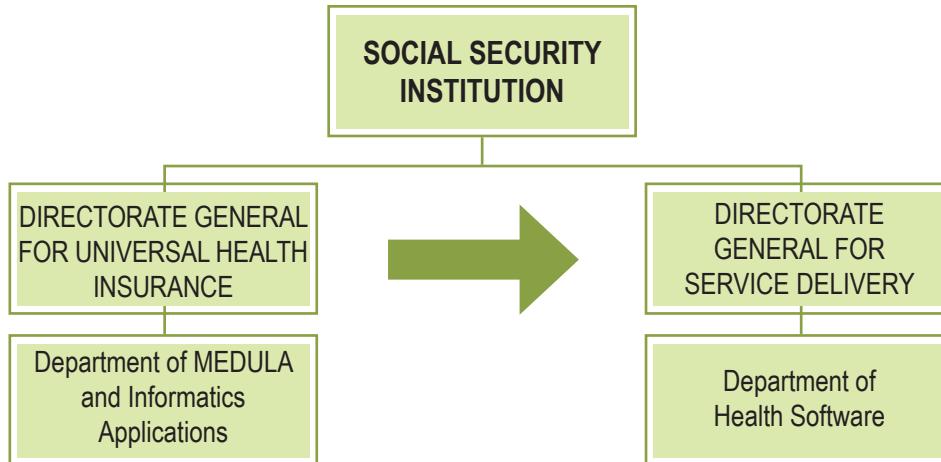


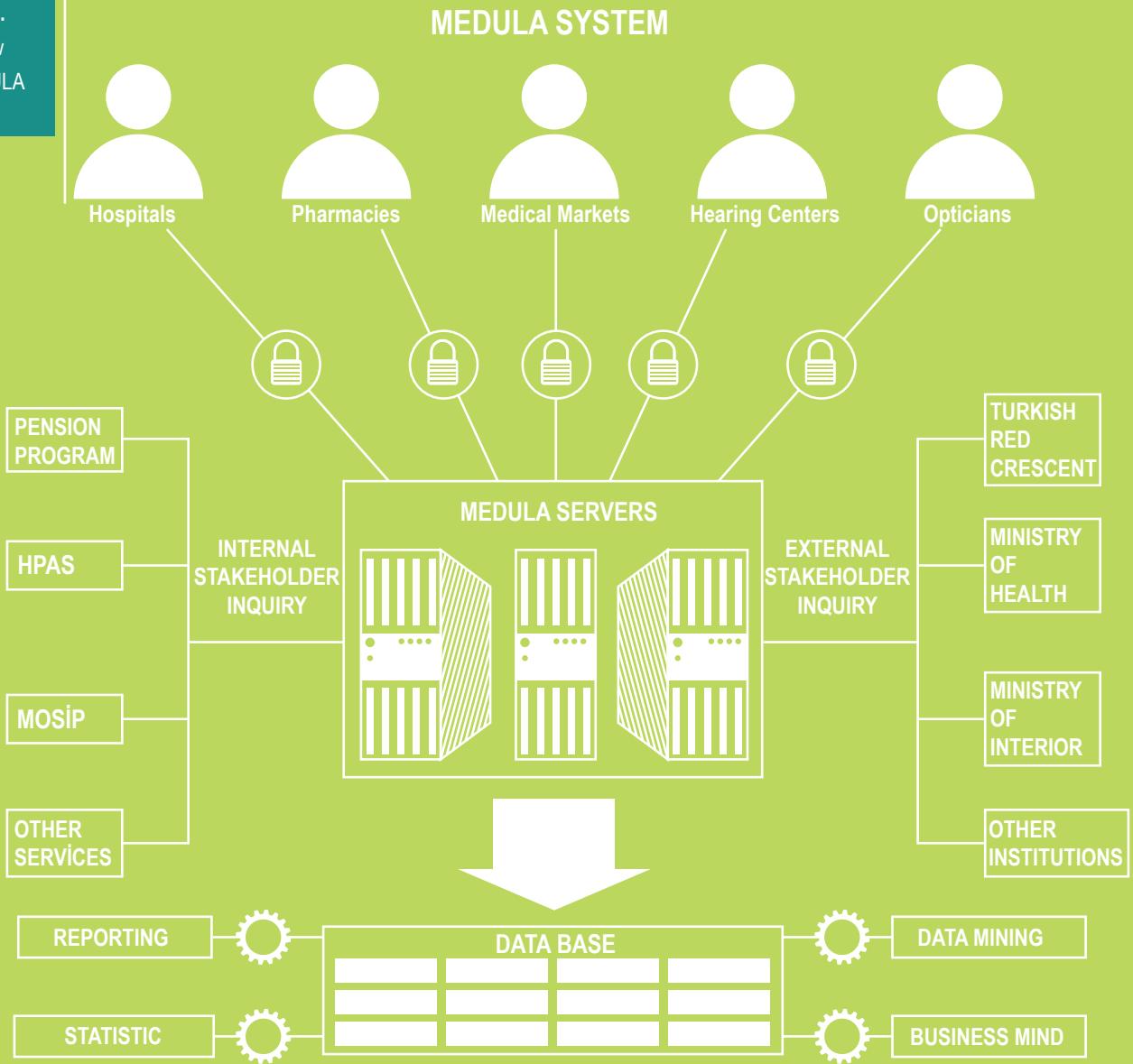
Chart 10.
Units Which are
Responsible for IT
Infrastructure of UHI

MEDULA is an integrated system developed between SGK and HSPs, without interfering with the internal processes of healthcare facilities in order to collect the data of UHI holders from the HSPs in order to develop the health finance policies and to pursue health expenditures of the citizens throughout the country.

The system allows HSPs to query services provided to UHI holders and their dependants, record health-related data, and send invoice details electronically. With this system;

- Provision procedures are facilitated.
- Health expenditures could be controlled.
- Health expenditure estimates could be made for the future.
- Risk assessments could be made.
- Changes in expenditure items could be followed.
- Comprehensive statistical information could be obtained.
- Necessary controls in HIC procedures could be made electronically.
- Payments to HSPs could be made quickly and accurately.

Chart 11.
Overview
of MEDULA
System



System consists of web services in which three basic processes operate and web application that collects information of period termination and sampling and the system produces template index. In addition, there are different web services that help the users on different subjects.

The “MEDULA Web Services User Guide” is published by the Institution and the software to be made by the HSPs for the integration of MEDULA is carried out according to the instructions in the guide.

MEDULA system consists of six components such as MEDULA-Hastane (for hospitals), MEDULA-Eczane (for pharmacies), MEDULA-Optik (for opticians), MEDULA-Şahıs Ödemeleri (for personal payments), MEDULA-Medikal Market (for medical device suppliers) and MEDULA-Medikal İşitme Merkezi (for Hearing Centers).

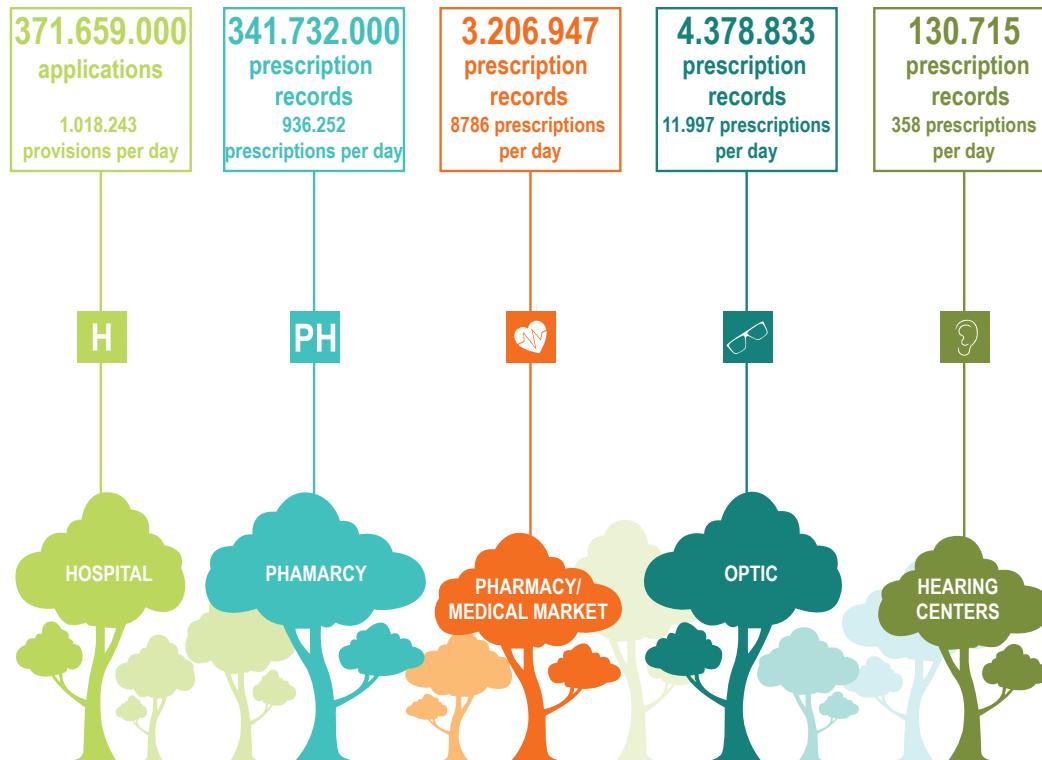


Chart 12.
The Components of
MEDULA System,
May 2020

3.2 MEDULA-Hastane (For Hospitals)

H It is an integrated system developed between SGK and HSPs, without interfering with the internal processes of HSP. The invoice information of healthcare services is accumulated electronically, after necessary controls payments of services are made.

MEDULA-Hastane has been made compulsory as of 15.06.2007 for private hospitals and has been made compulsory for Public and University hospitals as of 01.09.2007. It is used by 2424 HPSs as of May 2021. The system consists of three main stages;

Patient Acceptance:

It is the stage of online control of whether the patient have the right to receive healthcare service or not by entering information such as national identification number, date, branch, provision type (emergency, forensic case etc.). A unique “Patient Application Number” and a tracking number associated with this number are produced for the patient. Provided services by the HPS are tracked with this tracking number.

Service Record:

It is the stage that all healthcare services (diagnosis, treatment, surgical procedure, medical device, medication and analysis / examination, etc.) given to patients are recorded through the patient application number and tracking number produced for the patient during the patient admission process. After all healthcare services are checked within the scope of the rules, the applications are approved or rejected.

Invoice Record:

In this stage, all transactions that are made and recorded during the treatment, are invoiced. All non-invoiced processes associated with the patient application number are sent with the invoicing. Thus, all procedures performed during treatment are invoiced in the same period and all stages of treatment are demonstrated. In this process, the evaluation of all the transactions and the trackings are carried out online. An invoice record is created for the treatment of the patient and the total invoice price is sent to the facilities. Invoices and attached documents, which are delivered to the Institution by the HSPs, are examined according to the methods determined by the Institution and reimbursement are made to the HSPs electronically.

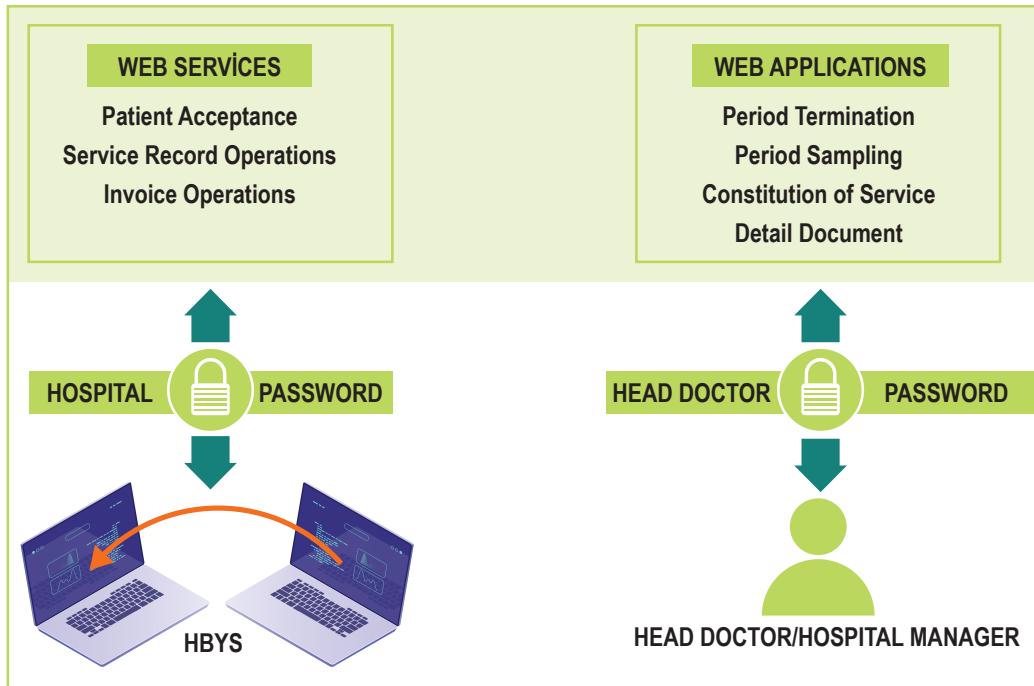


Chart 13.
Working of MEDULA
Hastane (For
Hospitals)

*HBYS: Internal System of Hospital Informatic Management

3.3 MEDULA-Eczane (For Pharmacies)

E It is a system which is established in order to use the financial resources of the Institution in health expenditures rationally, provide savings, follow up on a personal basis, determine expenditure items, establish a standard structure in health treatments, accelerate the process with online transactions, prevent personal errors and frauds, obtain statistical information and provide effective control.

With this system, all information about the medicines used by UHI holders and their dependants while benefiting from healthcare services are collected online by using corporate web services and programs. The medicines are reimbursed after they are entered the system and checked in accordance with the legislation.

Prescriptions belonging to the period covering the first and last days of each month are invoiced over the system by pharmacies.

Thorough the system, it is ensured that UHI holders could obtain uninterrupted service from all pharmacies throughout the country. The system has been implemented since 01.03.2010 and is used by 27.260 pharmacies as of May 2021.

3.4 MEDULA-Optik (For Opticians)



Optics Application is an information technology, which ensures that the informations regarding the medical devices obtained by UHI holders from the optician establishments, contracted with the Institution, are checked online in accordance with the HIC, are recorded and invoiced electronically.

Optician establishments issues a single invoice covering all persons who benefit from healthcare services, both in print in the name of the Institution on their own systems and electronically from MEDULA-Optik system.

The system has been implemented since 01.06.2008 and is used by 6.841 optic establishments as of May 2021.

3.5 MEDULA-Şahıs Ödemeleri (For Personal Payments)



The application was developed in order to reimburse UHI holders for travel expenses and daily allowances, payments of celiac and metabolic diseases, costs of dental referral and medical devices, through a single procedure. It has been implemented since 04.02.2010.

3.6 MEDULA-Medikal Market (For Medical Device Suppliers)



This application is an information technology which ensures that the medical devices used in outpatient treatment which are obtained by UHI holders from the medical markets are checked online in accordance with the HIC, are recorded and invoiced electronically.

It has been implemented since 01.01.2017 and is used by 1.899 medical markets and 11.257 pharmacies as of September 2021.”

3.7 MEDULA-Medikal İşitme Merkezi (For Hearing Centres)



This application is an information technology which ensures that the hearing aid devices obtained by UHI holders from the hearing centers are checked online in accordance with the HIC are recorded and invoiced electronically.

It has been implemented since 01.01.2018 and is used by 1.425 hearing centers as of September 2021.

Since the UHI has been started to be implemented, many electronic applications have been put into practice besides MEDULA systems in order to ensure that UHI holders could receive faster, more effective healthcare services. Thanks to these applications, UHI holders could get the healthcare services very quickly anywhere in Turkey. These most used application are as follows.

3.8 Other Innovative Applications

■ E-Government Applications

Throughout the usage numbers of e-government applications of all institutions, applications developed by SGK rank

1st
with 20.3 % in
2020

SGK is one of Turkey's most prominent institutions in e-government applications. Institution is implementing 156 e-government applications in order to provide effective, easily and accessible services to persons insured. UHI holders could access to 23 health applications through turkiye.gov.tr. Some of these applications are listed below.

Query of Dental
Prosthesis Right

Query of
Medicine Report
Information

Query of Medical
Market

Query of
Spectacle Lens
and Frame Prices

Query of MEDULA
Optic Prescription

Query of Personal
Payments

Query of
Treatment
Information

Applications of
Medicine from
Abroad

Thanks to these applications, many transactions could be handled electronically without going to local and central units of SGK.

■ Healthcare Provision Activation System (HPAS)

With the Healthcare Provision Activation System, different provision softwares working within the Institution were merged under one single system. The system enables to check whether the patient is entitled to healthcare service or not. It works by entering only the national identification number and the provision date.

HPAS has started to be implemented since July 2011 and MEDULA-HPAS integration has been achieved and the application entered into service in 81 provinces of Turkey.

■ Biometric Identity Verification System

The system is used in order to provide healthcare services according to qualified standards, citizen-oriented and safely, to prevent mistaken identities and misuses. The system works by scanning and recording under-skin vein map of a palm or a finger of the patient in a protected secure way.

Biometric identity verification system is only used in private HSPs and it demonstrates that people receive their healthcare services in person. By this means, fraud in healthcare services is prevented.



■ E-Prescription Application

Prescriptions are prepared online instead of on physical papers and pharmacies check them through MEDULA system. As of 01.01.2013, application of e-prescription started in all HSPs in entire country. With the application, losses and leakages in health reimbursements are prevented. While the pharmacists have to enter approximately 26 kinds of information into the MEDULA-Eczane Provision System at the stage of manual prescription, e-prescription makes it easy to register and save time because most of these informations come to the system automatically.

Approximately 40 million electronic prescriptions are sent to the Institution over the system per month.

■ E-Report Application

It is an application that allows HSPs to submit reports of long-term medications, which are processed electronically with a physician password, to be recorded in MEDULA with electronic signature. It

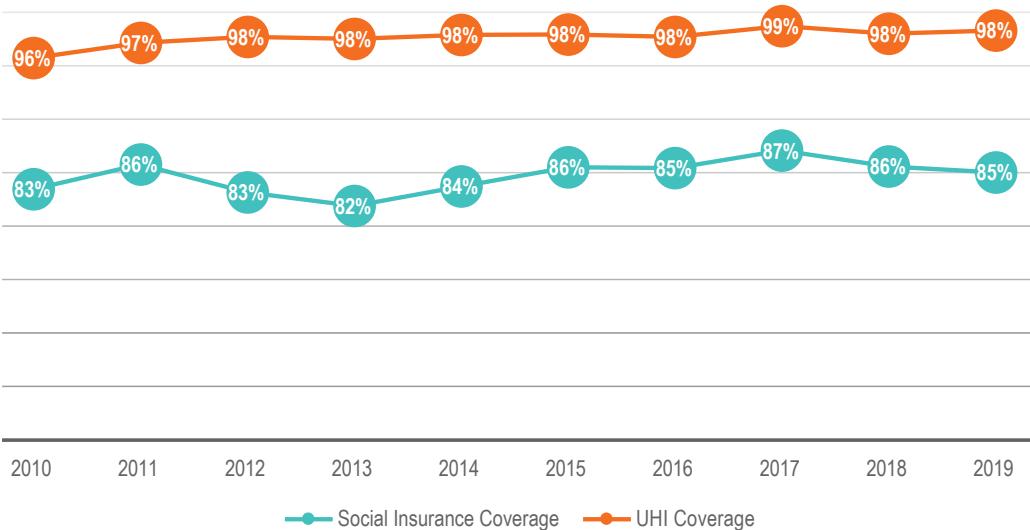
has started to be implemented since 03.04.2019. On the other hand, the reports in the MEDULA-Medikal Market and MEDULA-Medikal İştirme Merkezi has started to be written in an electronic environment with encryption. By means of this, application, losses, and leakages in healthcare reimbursements are prevented.

SMS Application

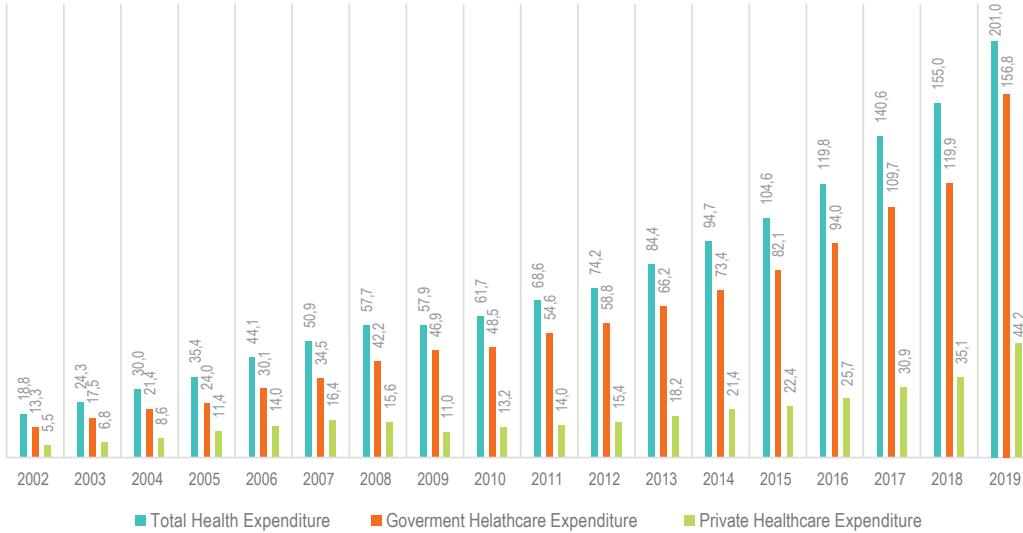
SMS application is an information system that is developed to perform the Institution's services without delay, to enable UHI holders to check informations about services which they obtained, to ensure the functioning, reliability and accuracy of the social security system at the highest level, to facilitate and accelerate the notification (warning, information) of the service results of the Institution. Service results are sent to the mobile phones of the UHI holders as a text message if the code of the relevant subject and required national identification number are sent to the SMS line 5502.

SUMMARY STATISTICS

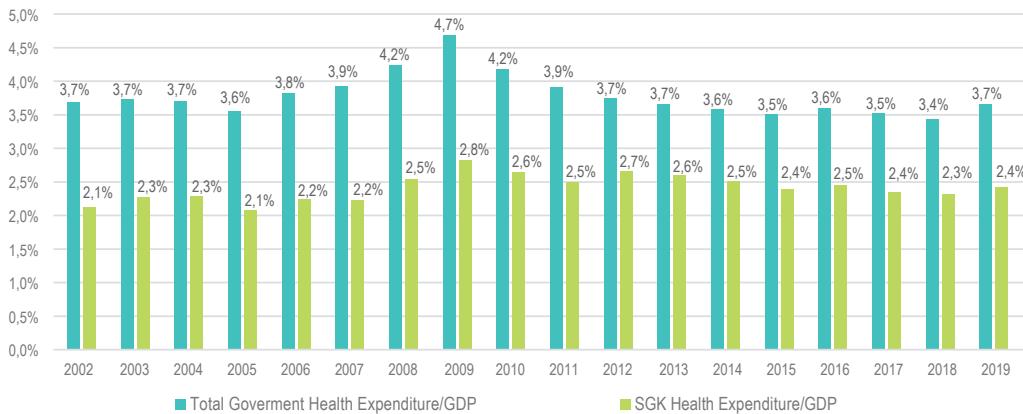
Social Insurance and UHI Coverage Rate by Years (as a Percentage of Total Population)



Health Expenditures by Years (Bilion TL)

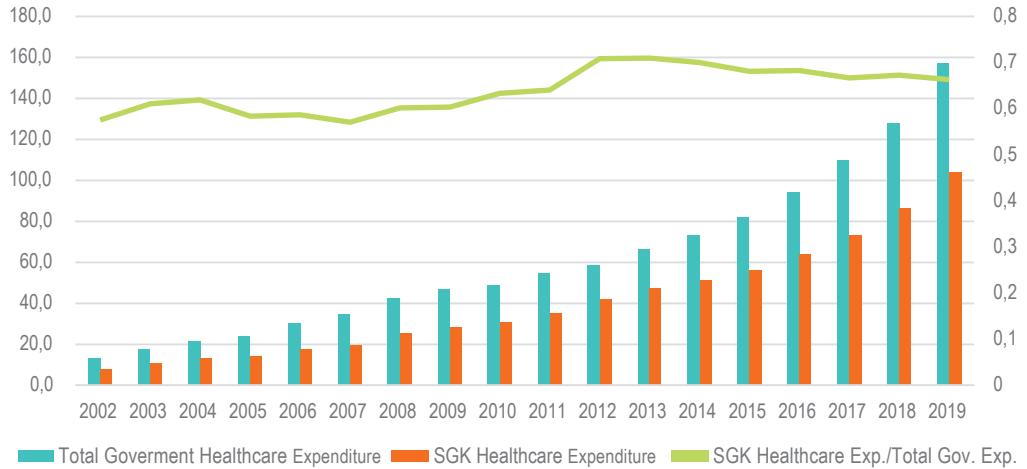


Percentage of Total Government and SGK Health Expenditures to GDP



Government and SGK Health Expenditures by Years (2002-2019)
(Billion TL)

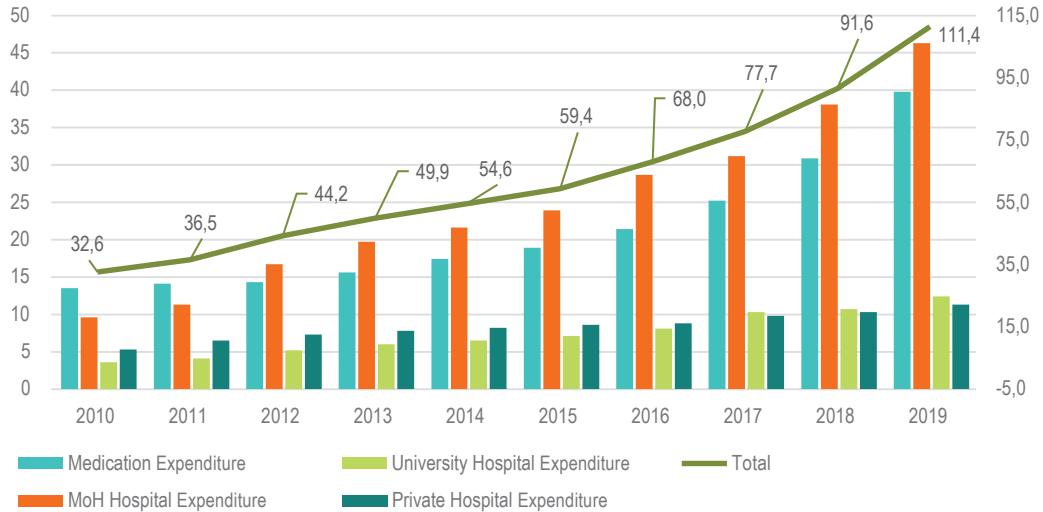
**The difference between SGK health expenditures in Total Government Expenditures and health expenditures used in SGK statistics is brought about because private health expenditures included in general statistics exclude some out-of-pocket payments included in SGK revenues. However, total health statistics by TurkStat (Turkish Statistical Institute) is produced by compiling all of other health expenditures.*



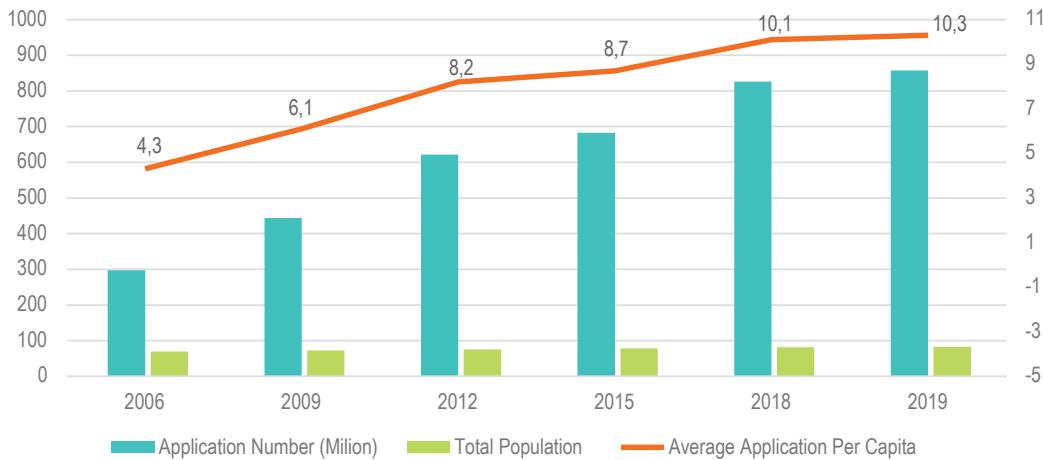
SGK Total Expenditures and Health Expenditures (2002-2019, Thousand TL)



SGK Health Expenditures (2010-2019-Billion TL)



Per Person Number of Applications to Healthcare Providers



health For All
social insurance

Segk



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