Modernization, efficiency and cooperation

Public institutions are currently facing increasingly bigger challenges.

Within the public institutions, the social security institutions (unemployment, pension, disease, holiday allowance, etc.) form a specific sector evolving towards more responsibility.

They agree to offer:
- qualitative services
- an electronic accessibility via websites, email and telephone via internet
- more transparency about their procedures
- more professionalization.

We fully participate in that pursuit of modernization.

Since 2002, we have already concluded 4 management agreements with the federal government. In those agreements, we made commitments to improve our services by means of a greater management autonomy.

Striving for advantages through cooperation (creating ‘synergies’) is an important challenge in our most recent management agreement. By doing so, we can fulfill our role more efficiently and effectively. Cooperation is key on the level of the public social security institutions (e.g. HR, facility, ICT), but also on an international level (e.g. in the case of price control of medicines and by exchanging experts’ appraisal).

We also invest in our most important operating tool, notably our staff (statutory and contractual staff members and managers), among other things by means of trainings, modern informatics, better communication and attention to welfare at work.

Dealing with the means we have at our disposal in a responsible way and contributing to a qualitative environment are challenges characteristic of our tasks. Therefore, we are developing an environment management system reducing our ecological footprint.

How to contact us?

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Please also visit our website: www.riziv.be (Dutch version) or www.inami.be (French version).
Who are we?

We are the National institute for health and disability insurance (NIHDI).

As a federal public institution, we play an important role in the social security. We have various tasks concerning:
- health care (the ‘health care insurance’)
- incapacity for work due to disease or accident, maternity, paternity and adoption (the ‘benefits insurance’)
- medical accidents.

We are supervised by the Minister of Social Affairs.

What do we do?

We organize and manage the health care insurance

Which, among other things, means that we establish the rules for the reimbursement of medical services (e.g. a consultation of a family doctor, an operation, etc.). We also determine the tariffs of these services. The health insurance funds reimburse the services.

We organize and manage the benefits insurance

We determine the conditions to obtain the benefits (in case of incapacity for work due to disease, accident, maternity, paternity, adoption) and we calculate the benefit amounts. The health insurance funds pay the benefits.

We also manage the disability files and offer financial support to disabled persons who want to work again and therefore follow a specific programme.

We inform the health care providers about the rules of the health care and benefits insurance

We want to inform the health care providers (doctors, physiotherapists, bandagers, hospitals, rest homes, etc.) proactively, so that they can provide qualitative care, comply with the rules and avoid administrative mistakes.

We supervise the correct application of the rules

The health care providers and health insurance funds have to apply the rules of the health care and benefits insurance correctly. We monitor them to guarantee the quality and durability of our insurance system. We also assess their practical behaviour, individually as well as per medical discipline. We do that by means of general data analyses and specific controls. We also combat social fraud, among other things by checking whether socially insured persons receiving benefits do not practise any professional activity without having the permission to do so.

We manage the Fund for medical accidents

We investigate if victims of a medical accident (e.g. an accident during a medical procedure) are entitled to receive a compensation. We give advice, we reimburse and we mediate. Furthermore, we also have a prevention, registration and reporting task.

We only investigate damage cases caused since April 2, 2010 (date of publication in the Belgian Law Gazette of the law establishing the Fund for medical accidents).

Who are we for?

Basically, you have no direct contact with us. On the one hand, you have contact with the person providing you with medical care and on the other hand also with your health insurance fund, that reimburses care or — in case you are entitled to receive a benefit — pays your benefit. The payments of the health insurance funds are only possible thanks to a budget over which we have, globally speaking, the power of decision and management.

Nevertheless, our work concerns almost the whole Belgian population:
- The health care insurance covers 99% of the Belgian population.
- Everyone who is part of the active population is entitled to receive a benefit if he or she cannot work due to disease, accident, maternity, paternity or adoption.

Therefore, to you, we are mainly a player behind the scenes, yet one who cooperates tightly with the players on stage.

Who are our partners?

Our tasks are based on the consultation principle. This means that we negotiate with our partners on the different aspects concerning our tasks.

Our partners are:
- the health insurance funds
- the representatives of the health care providers
- the representatives of the trade unions and employers.

Furthermore, there is a government participation in some of our consultative bodies.

Consultations with the patients’ organisations are also very important to us, because the patients take a central place in what we do and what we think.