



Faced with rising healthcare costs, reforms have been implemented at some hospitals in Morocco. They consisted in providing these care groups with financial autonomy.

Studies carried out thereafter have shown that despite the beneficial effects of these management reforms, the expected financial performance is not achieved, it is far from achievable and the budget of these institutions health is essentially based on state subsidies. In addition to the low own revenues of these courses and the high proportion of non-paying (exonerated folders, folders in the process of regularization), small amounts recovered from the various insurance plans (AMO insured, other MAFAR insured) contribute to the aggravation of the financing problem of SEGMA hospitals in Morocco.

The process of CH SEGMA-level recovery under the Ministry of Health autonomously managed services is affected by several dysfunctions that have a negative impact on the self-financing capacity of the public hospital as a major problem in leading to regression of their own revenue.

The objective of this research:

It aims to identify the level of recovery and the shortfall by seeking the causes of non-recovery and then suggest ways to improve this process and proposing possible and feasible solutions to optimize the recovery process through a conceptual framework deduced from a review of the literature.

The search strategy:

It is a descriptive and interpretive case study using a mixed quantitative and qualitative approach. More specifically, the research proposal chosen is the unique case study. The object of the study is the Regional Hospital Moulay Youssef Casablanca.

The obtained results:

The results showed that 20% of the priority causes raised by our collection generate 80% of the dysfunctions related to the recovery of the own receipts realized with the managing bodies namely:

- ☒ Lack of knowledge of the administrative procedures to follow.
- ☒ Low coordination between the CHR and the CNOPS regarding the verification of the situation of the insureds.
- ☒ Problem of Reliability of information / lack of information on service records and even billing errors of CNOPS policyholders.
- ☒ Intersection communication: Lack of coordination and communication between SAA and the services concerned.
- ☒ Lack of detailed operating record to issue and missing doctor's stamp and / or signature on the invoice and even lack of prescription from the attending physician.
- ☒ Some folders sent to pension funds are rejected due to incompleteness.
- ☒ Some reminders made for the recovery of rejected folders are not accepted for reasons of delay.
- ☒ Insufficient continuous training.

In light of these results : suggestions for improvement have been recommended and an action plan has been proposed as an improvement and monitoring tool to contribute to the development of the financial performance of the CHR SEGMA by improving the collection process with the managing bodies.

Key words: recovery, malfunctions, Financial performance, SEGMA public hospital.



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