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COVID-19 pandemic.

Methods: We reviewed legislative documents regulating financing and payment for medical care at the federal and regional levels in Russia to identify strategies to address the shortage of financial resources in response to COVID-19 pandemic. We searched the specialized databases and Internet sites of federal and regional healthcare authorities and MMI funds. Results: The amendments to the Federal Law and the Governmental Decrees were approved in April 2020 and suggested to reduce the elective medical care, to increase the waiting time for elective procedures and to stop all regular preventive check-ups. Private hospitals were allowed to enter the MMI system to address the shortage of intensive care beds. The regional MMI funds were obliged to define tariffs for outpatient tests for SARS-CoV-2 and for inpatient COVID-19 treatment. The MMI Federal Fund proposed the DRGs-based provider-payment methods for laboratory confirmed COVID-19 pneumonia but not for probable cases or cases without lungs' injury. Most regions did not formally change the national health plans but introduced tariffs for outpatient testing and inpatient COVID-19 treatment, mainly both for pneumonia cases and cases without pneumonia. Increased healthcare staff salaries were covered from the federal budget. There was no available data about the MMI expenses associated with COVID-19 at the time of analysis yet. Conclusions: The main strategy proposed to address the extra costs of added cases caused by SARS-CoV-2 in Russian MMI system was the reallocation of resources from elective care to COVID-19 diagnostic and treatment. The results should be analyzed when data becomes available.

OBJECTIVES

To evaluate the response of the Russian mandatory medical insurance (MMI) system to COVID-19 pandemic.

RESULTS

1. The Regional MMI Funds were obliged to define tariffs for outpatient tests for SARS-CoV-2 and for inpatient COVID-19 treatment. The MMI Federal Fund proposed the DRGs-based provider-payment methods for laboratory confirmed COVID-19 pneumonia but not for probable cases or cases without lungs' injury. Most regions did not formally change the national health plans but introduced tariffs for outpatient testing and inpatient COVID-19 treatment, mainly both for pneumonia cases and cases without pneumonia. Increased healthcare staff salaries were covered from the federal budget. There was no available data about the MMI expenses associated with COVID-19 at the time of analysis yet. Conclusions: The main strategy proposed to address the extra costs of added cases caused by SARS-CoV-2 in Russian MMI system was the reallocation of resources from elective care to COVID-19 diagnostic and treatment. The results should be analyzed when data becomes available.