



The uses of agreements by mutual societies

Health planning integrated into a market logic

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Abstract: Care networks, created by complementary organizations, are agreements between private insurers and establishments in order to control the prices of certain medical devices (glasses, dental prostheses and hearing aids) and the practices of professionals in the agreed establishments. The article analyzes the use of agreements by mutual health organizations in order to understand why they enter into agreements with health care networks when they benefit from mutualist establishments, called mutualist care and support services (MCSS), in which prices and practices are already regulated by them. The article is based on a qualitative survey, taking the form of semi-structured interviews, with actors from mutual insurance and mutual managing MCSSs. Based on the theoretical framework of the economics of agreements, we consider that the agreements between mutual insurance companies and institutions are based on industrial coordination: the mutual insurance companies use them to control and forecast health expenditure. If the agreements are based on an industrial agreement, their use by the mutual insurers in the supplementary health insurance market is supported by a market-industrial compromise. Mutuals use agreements to extend their market power.

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