Original Article

A model for the management risks related to the implementation of insurance policies

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Abstract

Introduction: The aim of present study was to provide a model for evaluating the insurance policies of the Social Security Organization with a network governance approach.

Methods: Through a mixed method study in Tehran and Golestan provinces, in first stage 35 people were selected among the experts and university professors and in second stage, 217 managers of insurance and health were included in the study. To achieve the optimal model four factors of network design, network formation, network health management and health network participation were identified and based on administrative, judicial and political evaluation, 18 questions were considered for each indicator. The data were analyzed through SPSS and LISREL software by exploratory factor analysis and path analysis.

Results: Factor analysis showed the relationship between management risk indicators and dimensions of insurance risk, liquidity, credit, market, operational, national, reputation, legal, management, insurance and health and human resource factors. There was relationship between the indicators of level of implementation of policies and dimensions of human resources, investment, technology, market and information and communication technology.

Among the sub-criteria of policy implementation, areas of investment, market, technical and human resources were ranked first to forth, and the information and communication technology area was ranked last.

Conclusion: The results revealed that policy evaluation indicators, except for the judicial approach in the indicator of health network formation in network governance, are approved and could be introduced appropriate criterion for assessing network governance indicators defined to evaluate the insurance policies of the Social Security Organization.

Keywords: Insurance; Health; Organization and Administration; Public Nondiscrimination Policies; Risk.

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Introduction:

Insurance work deals with risk, risk-taking, risk reduction and risk calculation. The work of health management risks is the management of the organization's insurance unit, which seems to be a limited view. In other words, each manager is a risk manager and everyone takes risk at his or her work. Risk can be defined as the types of incidents or conditions that may

prevent an organization from achieving its goals (1).

The International Standards Organization defines risk as a combination of the probability of an event and its impacts. Therefore, identifying all potential risks in a process and probability of their occurrence is a key part of an organization's risk evaluation. Therefore, risks can be technically both an opportunity and a danger (2).

Development of the insurance market has been disrupted by inefficient and inadequate laws and unpredictable and non-transparent regulatory laws, and the expertise power of managers, employees, agents, actuaries, health insurance brokers, etc. has not been at the desired and expected level of market. For this reason, a significant level of government risk is not insured.

Health insurance companies properly assess the risks they cover and manage health through reinsurance and have the tools to determine premium rates. Although most companies have no problem in explaining the policies needed or creating a process for health management and control of policies, it makes it somewhat more difficult to give commitments and support the company (specifically management) to perform the implementation strategy (3).

Recognizing and understanding that insurance companies face various risks in their departments and processes and their health management is one of the most important indicators of companies' success in the area of business, insurance companies seek to adopt an integrated, dynamic and permanent vision for health management of risks in all areas of the organization. Hence, they are pursuing goals, policies and guidelines. In other words, public policy-making is subject to several incidents and many serious failures.

Contradictory and uncertain conditions, paths and outcomes, deregulation, over-regulation, corruptive policies, lack of planning, accountability, lack of transparency, lack of health risk management and innovation, dominance of special groups, individuals and organizations are involved in these incidents and failures. In fact, a complex network of different processes and incidents provides the conditions for the failure of public policies. These incidents result from unintended policies that lead to collapse, disorder, chaos, and sometimes, serious irreversible harms and damages (4).

Theoretical foundations and conceptual model of research

The business of insurance companies is to accept risk. To be successful, they need to know how much risk is desirable (in the form of exposure to general and individual risks) and how much risk has been accepted so far. Focusing on enterprise risk management, many insurance companies have spent significant time and financial resources to determine their health risk management policy in the form of risk appetite and risk tolerance capacity and risk acceptance requirements. Their goals are maintaining the entire company or its various departments in accordance with the risk policy (5).

Enterprise health risk management is a dynamic integrated risk evaluation approach that organizations use to reduce their level of risk (6). Once the health management risks have been established, it allows the company to continuously assess the risks and identify the resources and steps needed to overcome or reduce the risk (7). Many companies have realized the need to implement an enterprise risk management process and introduce a strong risk management culture to improve the effectiveness of risk health management (8).

In a study conducted Ernst & Young Institute in 2001 and published by Hasan, it was found

that only 16 percent of the 50 surveyed organizations had a comprehensive risk management process. In a survey of 200 CEOs, Banham (2004) stated that 41% implemented enterprise management risks and 84% believed that enterprise management risk could reduce capital costs of company (9, 10).

Fadi et al. found that the implementation of enterprise risk management is positively associated with the presence of risk senior manager, independence of board, explicit support of financial senior manager and the executive senior manager of enterprise health risk management, presence of an auditor from four large auditing firms, size of the economic unit and the membership of the economic unit in the banking, educational or insurance industries (11).

Howlett et al. argued that risk health management in non-financial corporations has been identified in the absence of techniques that allow intrinsic risk health management (12). In contrast, health risk management in financial companies has developed rapidly in recent years, mainly because existing regulations encourage banks to strengthen risk management and control systems (13).

By permanently identifying of management risks in an organization, it is possible to protect individuals and other resources in the organization, including financial and equipment, against all kinds of risks. This study seeks to identify variables that can be used to determine and assess management risks, insurance policies and the weakness in implementation of insurance policies and the relationship between management risks and the rate of implementation of insurance policies. After examining the status of the variables and the relationship between them and examining the fit and validating of the initial model, the native model of management risks related to the implementation of insurance policies is presented.

The objective of this study was to explain the management risks associated with the level of implementation of insurance policies and to provide an optimal model and providing a model of management risks related to level of implementation of insurance and health policies (Figure 1).

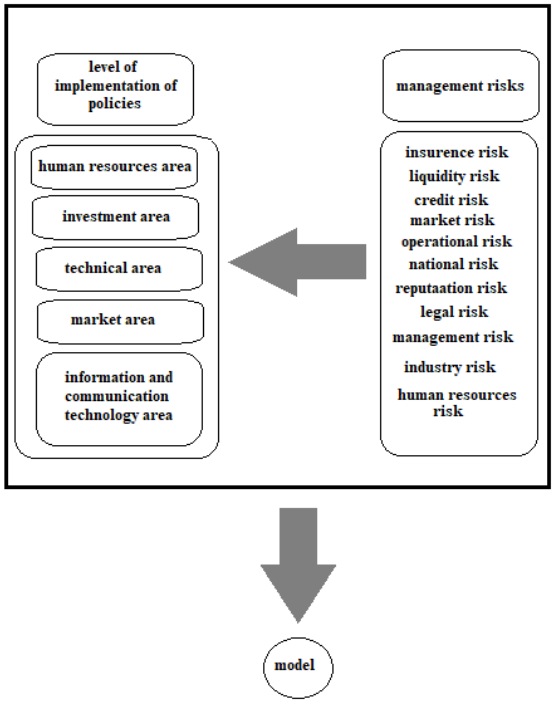

Figure 1. Conceptual model of research

Methods

This study was a mixed method study, sequential exploratory type and instrument development model, which was performed in two qualitative and quantitative stages. The spatial domain of the present study was related to insurance and health in Tehran and Golestan provinces. The temporal domain was winter of 2016 to summer of 2017. It will end with presentation of the final report of the research. The present research was a descriptive-survey and the data collection tool was a questionnaire. The statistical population and the research sample consisted of two groups:

Table 1. Status of Insurance and Health managers

Province Managers	Tehran	Golestan	Number of respondents
senior managers	70	20	33
Middle managers	125	35	75
executive managers	188	70	109
total	383	115	217

First group included experts and university professors selected and specialized in insurance and health who had characteristics such as availability, experience, appropriateness of the field of study, doctoral degree, teaching at the university, having history of research and compilation in this field. Their number was unlimited and their opinions were used in two parts.

In the first part, their opinion was used to explain the risks in insurance and health using questionnaire, and in the second part, the validity and reliability of the final model were assessed. The statistical population in the first stage included 50 people.

The second group included senior, middle and executive managers of insurance and health in Tehran and Golestan provinces. These managers were working in Tehran and Golestan and their number was 498 people.

Accordingly, 35 people were selected among the population of experts and university professors who met the necessary criteria to select a suitable sample. Also, among the statistical population of the second group, which included senior, middle and executive managers of insurance and health in Tehran and Golestan provinces, 217 people were determined as the sample size using the Cochran's formula and Krejcie and Morgan table.

To achieve the optimal model based on the network governance approach, four factors of network design, network formation, network health management and health network participation were identified and based on administrative, judicial and political evaluation, 18 questions were considered for each indicator. The data were analyzed by SPSS and LISREL software through explanatory factor analysis and path analysis. Health management risks were prioritized in Expert Choice software.

Results

Table 1 shows the number of managers in each level based on the provinces. To test the research hypotheses, the normality of the variables was first examined. Therefore, this criterion was first examined for research variables.

Since the significance level of Kolmogorov-Smirnov test in the (Table 2) is more than 0.05 for the research variables, it is concluded that the distribution of the above variables was not significantly different from the normal distribution.

Table 2. Kolmogorov-Smirnov test for normality of research variables

Indicators	N	mean	SD	Statistic Z	sig
Health management risks	217	3.62	0.43	1.033	0.236
Implementation of insurance and health policy	217	3.51	0.53	1.281	0.075

Exploratory factor analysis test of research variables

Before performing factor analysis, it was necessary to perform sampling adequacy tests of Kaiser-Meyer-Olkin (KMO) and Bartlett to evaluate the strength of correlation matrix between the indicators and the appropriateness of factor analysis.

Table 3. Sampling adequacy and Bartlett tests

Sampling adequacy test		832.0
Bartlett sphericity test	Bartlett sphericity index	871.8148
	df	2850
	Significance level	001.0

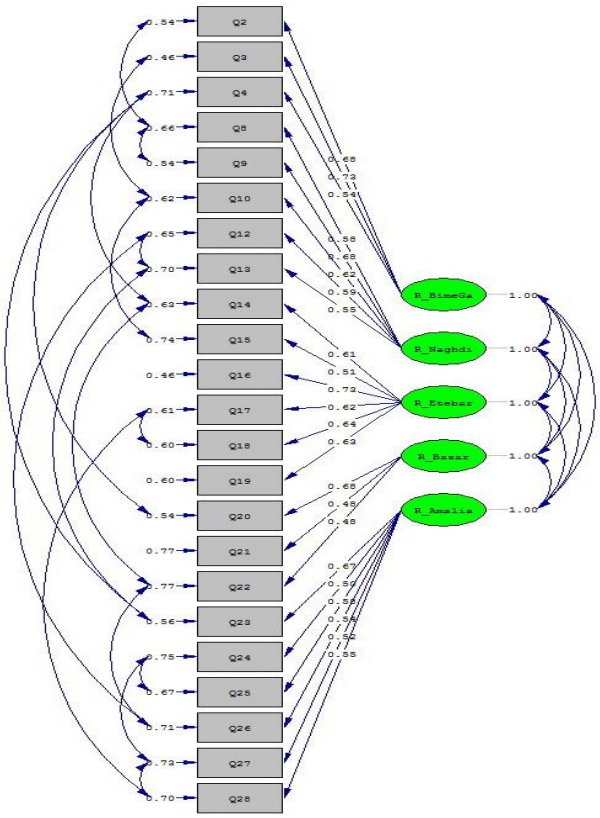

Figure 2. Confirmatory factor analysis of management risk variable

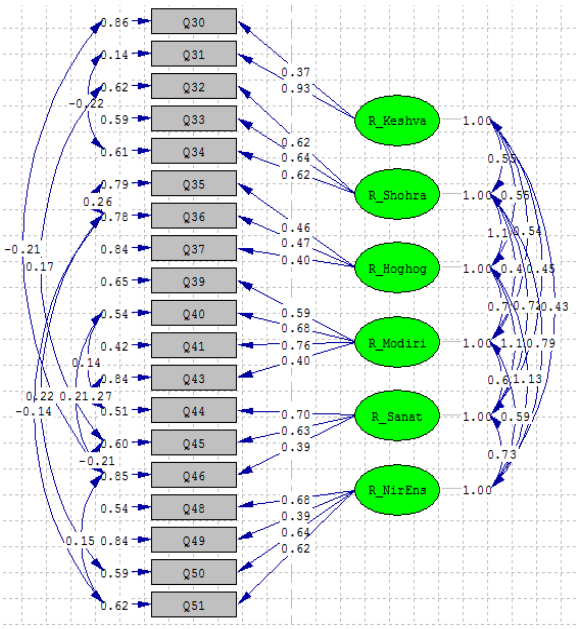

Figure 3. Factor analysis of management risk in LISREL software

Sampling adequacy was equal to 0.832. The sample size was suitable for using structural equations (Table 3). In general, high values (close to one) indicate that factor analysis is applicable to the data. If this value was less than 0.5, the results of factor analysis will probably not be useful for the data (Figure 2 and 3)

Factor analysis showed the relationship between management risk indicators (rectangular) and dimensions of insurance risk, liquidity, credit, market, operational, national, reputation, legal, management, insurance and health and human resource factors (oval).

The coefficient for the relationship between the indicators and the dimensions should be higher than 0.4. The calculated values indicated that the indicators of this variable were in an acceptable level and could be a suitable criterion for measuring dimensions of management risks.

It should be noted that to improve the fit of model, questions 1, 5, 6, 7, 11, 29, 38, 42 and 47 were removed from the model. It was

Table 4. Model measurement fit indices

Index	Acceptable range	First model	Result	Second model	Result
X^2/df	X2/df ≤ 3	2.2	Acceptable	2.13	Acceptable
RMSEA	RMSEA<0.09	0.074	Acceptable	0.072	Acceptable
GFI	GFI>0.9	0.85	Relatively acceptable	0.88	Relatively acceptable
CFI	CFI>0.90	0.87	Relatively acceptable	0.89	Relatively acceptable
IFI	IFI>0.90	0.87	Relatively acceptable	0.89	Relatively acceptable

df: Degree of Freedom

observed that in insurance risk variable, the highest factor load belonged to Question 3 with a value of 0.73, in liquidity risk variable, the highest factor load belonged to Question 9 with a value of 0.68, in credit risk variable, the highest factor load belonged to Question 16 with a value of 0.73, in market risk variable, the highest factor load belonged to Question 20 with a value of 0.68, in operational risk variable, the highest factor load belonged to Question 23 with value of 0.67. Also, in the national risk variable, the highest factor load belonged to Question 31 with a value of 0.93, in the reputation risk variable, the highest factor load belonged to Question 33 with a value of 0.64, in the legal risk variable, the highest factor load belonged to Question 36 with a value 0.47, in the management risk variable, the highest factor load belonged to Question 41 with a value of 0.76, in insurance and health risk variable, the highest factor load belonged to Question 44 with a value of 0.7, and finally, in human resources risk, the highest factor load belonged to Question 48 with a value of 0.68.

The (Table 4) shows that the confirmatory factor analysis of the questionnaire constructs had a good fit and the questionnaire constructs showed the relevant variables well.

Confirmatory factor analysis of the variable of level of implementation of policies After performing the exploratory factor analysis, confirmatory factor analysis was examined (Figure 4).

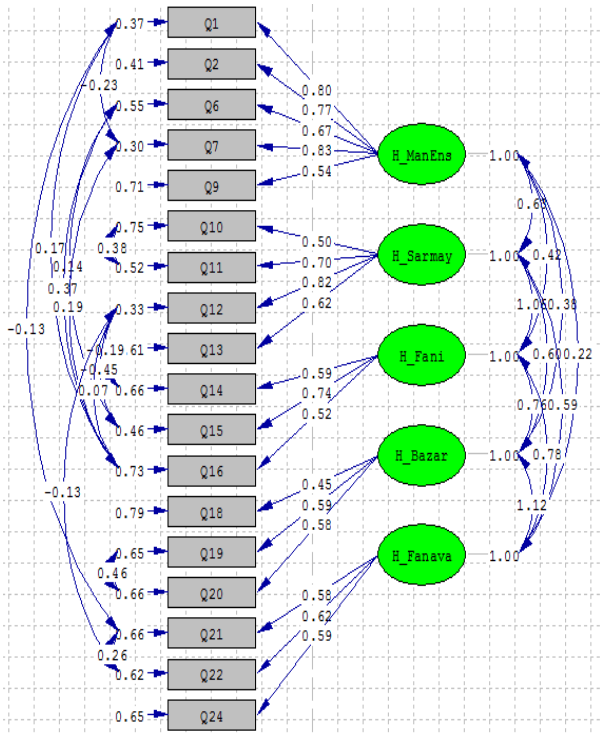

Figure 4. Factor analysis of the variable of level of implementation of policies in LISREL software

Factor analysis showed the relationship between the indicators of level of implementation of policies (rectangular) and dimensions of human resources, investment, technology, market and information and communication technology (oval).

The coefficient for the relationship between the indicators and the dimensions should be higher than 0.4. According to the calculated values, it was observed that the indicators of this variable were at acceptable level and could be an appropriate criterion for

Table 5. Model measurement fit indices

Index	Acceptable range	Value	Result
X^2/df	X2/df≤4	3.39	Acceptable
RMSEA	RMSEA<0.1	0.11	Relatively acceptable
GFI	GFI>0.9	0.84	Relatively acceptable
CFI	CFI>0.90	0.87	Relatively acceptable
IFI	IFI>0.90	0.87	Relatively acceptable

df: Degree of Freedom

measuring the dimensions of level of implementation of policies.

It should be noted that questions 3, 4, 5, 8, 17, 23 and 25 were removed due to the low factor load. It was also observed that for the dimension of human resources in this variable, the highest factor load belonged to Question 7 with a value of 0.83, for the dimension of investment, highest factor load belonged to Question 12 with a value of 0.82, for the dimension of technical area, the highest factor load belonged to Question 15 with a value of 0.74, for the dimension of market area, the highest factor load belonged to Question 19 with a value of 0.54 and finally for information and communication technology dimension, the highest factor load belonged to Question 22 with a value of 0.62.

Table 5 shows that the confirmatory factor analysis of the questionnaire constructs had a good fit and the questionnaire constructs showed the relevant variables well.

Modeling research model equations

There was a relationship between management risks and the level of implementation of insurance and health policies (Standardized value=0.55, T-value=7.43, P<0.01).

The standard estimated values of factor loads calculated using the maximum likelihood method are shown in (Figure 5). These values, called λ, were used to standardize the scores of latent variables in structural equation modeling analysis, and these values were comparable. Also, standard estimation error values indicate the rate of error in estimating factor loads, while smaller values (close to zero) indicated more accurate estimates and smaller confidence interval.

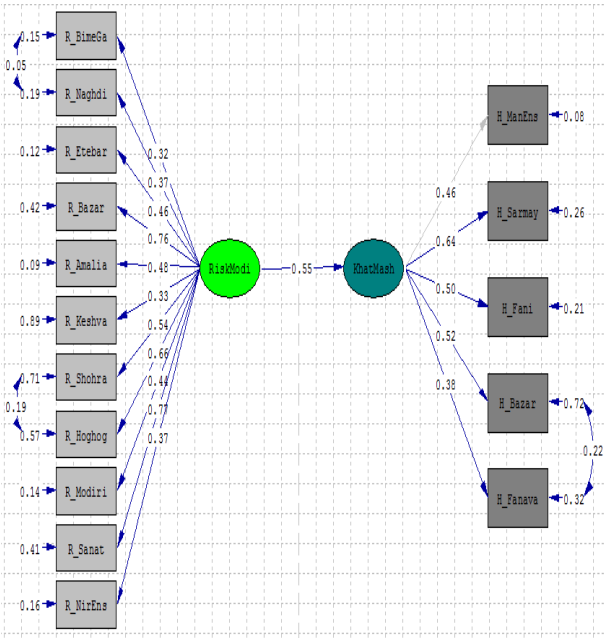

Figure 5. Final research model

Significant level values, which were the result of dividing the factor load estimate by the standard error, indicated a significant factor load estimate (significant difference between the factor load and zero). Significance level values between -1.96 and 1.96 indicate that there was no significant effect between the latent variables. Significance level values between 1.96 and 3 indicate a significant effect with more than 95% confidence between the latent variables.

Significance level values equal to and greater than 3 indicated a significant effect with more than 99% confidence among the relevant latent variables. Therefore, as can be seen in the significance level column, the effect of

Table 6. Fit indices of final model

Index	Acceptable range	Value	Result
X^2/df	X2/df≤ 3	1.88	Model is confirmed
RMSEA	RMSEA<0.09	0.064	Model is confirmed
GFI	GFI>0.9	0.90	Model is confirmed
CFI	CFI>0.90	0.94	Model is confirmed
IFI	IFI>0.90	0.94	Model is confirmed

df: Degree of Freedom

variables on each other was confirmed with more than 99% confidence. Finally, the explained variance column represents the level of explained variance of the relationships between the latent variables. Higher values up to 1 indicate a greater appropriateness of the relationships between research variables.

Fit of research model

The fit of the model means that the observed variance-covariance matrix or the variance-covariance matrix predicted by the model must have values close to each other or so-called fit. As our values closer were to each other in the two matrices, the model fit would be higher. In structural equation modeling, model estimates could be trusted when the model has sufficient fit (Table 6).

After estimating the model parameters, the question that arises was to what extent is the model fit to relevant data? The answer to this question required examining the fit of the model. LISREL calculates a goodness-of-fit index (the ratio of the sum of the squares explained by the model to the total sum of the squares of the matrix estimated in the population). This index was similar to the correlation coefficient.

Both of these criteria vary from zero to one; although they may theoretically be negative (this should not be the case, as it indicated that the model does not fit the data definitively). If the fit index and the adjusted goodness of fit index were closer to 1, the fit of the model with the observed data would be higher. The Root Mean Square Error of Approximation (RMSEA) is defined as the size of the difference for each degree of freedom. The value of RMSEA was less than 0.05 for models that have good fit. Values higher than 0.08 indicate a reasonable error for approximation in the population. Models with RMSEA of 0.1 or more have a poor fit.

CFI= (comparative Fit Index)
RMSEA = (Root Mean Square Error of Approximation)
IFI = (Incremental Fit Index)
GFI = (Goodness of fit Index)
AGFI = (Adjusted Goodness of fit Index)

Table 7. Prioritization of sub-criteria of health management risk

Row	Components	Weight	Priority
1	Management risks in the area of insurance risk	0.024	9
2	Management risks in the area of liquidity risk	0.033	8
3	Management risks in the area of credit risk	0.197	2
4	Management risks in the area of market risk	0.094	4
5	Management risks in the area of operational risk	0.267	1
6	Managing risks in the area of national risk	0.017	11
7	Management risks in the area of reputation risk	0.017	10
8	Management risks in the area of legal risk	0.044	7
9	Management risks in the area of management risk	0.075	5
10	Management risks in the area of industry risk	0.179	3
11	Management risks in the area of human resources risk	0.055	6

Table 8. Prioritization of indicators of insurance and health policy implementation

Row	Components	Weigth	Priority
1	Human resources area	0.097	4
2	Investment area	0.419	1
3	Technical area	0.16	3
4	Market area	0.263	2
5	Information and communication technology area	0.062	5

All fit indices showed that this model had a good fit. Therefore, we concluded that the research model has a high ability to measure the main variables of research. Due to the standard nature of the model, LISREL findings are reliable.

Prioritization of management risk indicators

In the present study, 11 sub-criteria were identified to prioritize the indicators of health management risks and 5 criteria were identified to prioritize the indicators of policy implementation, which are presented in Table 7 and 8.

Health management risks were prioritized in Expert Choice software. The results showed that operational risks in the area of operational risk had the greatest impact among the sub-criteria of health management risks and finally the factor of health management risks in the area of national risk was in the last priority.

Prioritizing the implementation of insurance and health policies also showed that the area of investment was the most important area. Therefore, among the sub-criteria of policy implementation, it had the highest impact and was ranked first. Also, market area, technical without wastage in the process of doing things? Have the policies achieved the predetermined goals with the necessary efficiency?

Administrative evaluation requires the collection of accurate information on the efficiency and performance of the program area and human resources area were ranked second to forth, and finally the information and communication technology area was ranked last.

Discussion

The present study focused on determining the validity and suitability of health and insurance programs and policies to know the role of programs in solving general problems and their orientation. Regardless of the level of evaluation, it includes a specific set of activities. Some researchers have classified health and insurance policy evaluation into three categories: administrative evaluation, judicial evaluation, and political evaluation. These three types differ in the method and factors of evaluation and their effect.

A) Administrative evaluation: It evaluates the performance of management and budgeting systems by financial, legal and political supervisors affiliated with government ministries and specialized and executive organizations, etc. It usually focuses on the ways of providing services to customers and clients. What is most important is the efficiency of the service, that is, are material and human resources used appropriately and

and their compliance with predetermined standards to achieve the desired performance. Administrative evaluation has the following classifications:

1- Effort evaluation: In the effort evaluation, the number of inputs in the program is measured to determine to what extent

governments have made efforts to achieve their goals. However, this type of evaluation is the basis for the next evaluation (such as efficiency).

2- Performance evaluation: Performance evaluation involves measuring program outputs. The number of university graduates, the number of public health units built, and the number of staff trained are examples of outputs.

3- Efficiency evaluation: Evaluation of effort and performance is the basis and cornerstone of this type of evaluation. In evaluating the efficiency, the amount of costs of a program is measured and, in this regard, the ability of executive organizations to reduce resource loss or increase efficiency with a fixed resource level is tested.

4- Process evaluation: In this type of evaluation, methods, processes and elements related to implementation of programs are examined. The goal of this type of evaluation is to modify, improve and simplify the executive processes in achieving the goals of the program and policy and Item 5 is related to performance quality evaluation.

B) Judicial evaluation: This type of evaluation does not pay attention to budget and efficiency, but pays attention to the legal aspects through which government programs are implemented. This evaluation is done by the judiciary forces and organizations. One of its most important goals of this evaluation is to review the performance and actions of the government in relation to compliance with the constitution and other laws governing society.

In this type of evaluation, the judiciary organizations are expected to examine the performance of programs and policies related to citizens' rights to protect the right of people. It is in fact analysis and review of programs and policies regarding the observance of the principles of natural rights and justice.

C) Political evaluation: In this type of evaluation, government policies and programs can be evaluated by all people with any political interest. Political evaluation, unlike administrative and judicial evaluation, is not technically very complex. For example, when employers are unwilling to pay for insurance timely or are unwilling to pay for insurance at all, they have in fact given lower score for organization's programs in their political evaluation. They justify the negative findings on ineffectiveness of programs with some reasons.

1) The effects of programs are long-term, so it is not possible to evaluate and measure them in the current situation.

2) The effects of the programs are scattered and spread in different areas of the community, so there is no unique criterion or index to measure it.

3) The effects of the program are precise and delicate and cannot be evaluated by raw statistics and criteria.

4) Empirical research is not feasible in practice, because lack of providing services for some people to study the effect of policy is an unfair and unethical act.

5) The fact that there is no difference between people who receive services and people who do not receive them suggests that the program is not strong enough and indicates that more resources should be spent on the program.

6) Failure in determining any positive effects of the program is due to inadequacy or bias in the evaluation and cannot be attributed to the program.

Explaining the management risks related to the implementation of insurance and health policies and providing an optimal model

Patel et al. examined implementation of policies in natural resource health

management organizations using a network modeling method. Their results showed how different aspects of decision-making were created by interaction of bureaucracy with the spatial constraints of institutional networks to influence policy. Modeling and visualizing the network method presented here was an alternative method in the political science toolkit that could help generate hypotheses and questions about new ways of managing natural resources (14).

Mugwagwa, assessed the implementation and influence of policies in health care research and innovation systems in Mozambique, Senegal and Tanzania. Reviewing documents and reports, observation and interview, they extracted 16 different key items from the national research for the health system. The results showed that there are different policies and strategies for health research and innovation in the three mentioned countries. However, implementation of these policies and strategies was primarily due to poverty. Policy incoherence, lack of implementation and accountability mechanism, and lack of funding for implementing the policies were also some other results of the above-mentioned study. It was also reported that even the increased involvement of stakeholders and political leaders mentioned by the interviewees could not guarantee the implementation of policies (15).

Mousavi & Ghanbari, identified the Potential drug-drug interactions among hospitalized patients in a developing country. This study was a descriptive study conducted using a mixed quantitative and qualitative method and developmental-applied in terms of aim. Field method was used for collecting data. The results of reviewing the literature of research and exploratory study showed that 32 factors were identified as barriers, which according to experts, nineteen factors were placed in five groups of support, human, management, structural and goals and strategies of insurance and health factors. To prioritize the factors, the executive experts were consulted and finally sixteen factors were accepted and ranked (16).

Conclusion

Despite the complex and multifaceted nature of them, evaluation begins at the time of decision-making. First, the decision itself or health and insurance policies are evaluated. Then, before implementation, the conditions of implementation and the success rate of the decision in those conditions are measured. Then, during the implementation of the operations, the size of the work and the required activity and its compliance with the demands and expectations are evaluated. In the next stage, after the completion of the work and the operations, the obtained results are compared with predetermined goals. The evaluation of insurance and health policies was not seriously considered until recently and less attention was paid to it in the health policymaking process. However, researchers and policy makers have recently paid high interest in this stage of insurance and health policy-making process. Evaluation is an important step in the policy-making process, and health managers have increasingly paid attention to policy evaluation to justify current cost-benefit plans and recommend necessary changes. Policy makers and other stakeholders evaluate the implementation and effects of policy to support, oppose, or demand a change. The administrative evaluation system (auditing) collects and records the complete information of the transactions made by the employees and makes it possible for us to review these transactions to inspect and examine the samples of fraud and abuse. The audit showed that the financial statements show a financial position well. General Inspection Office plays an important role in protecting insurance and health policies against waste, fraud and abuse through auditing, evaluation and independent inspections. General

Inspection Office provides timely, practical, and reliable information and advice to congress and community officials.

Author's contribution

SGD and SS developed the study concept and design. SGD acquired the data. SGD and SS analyzed and interpreted the data, and wrote the first draft of the manuscript. All authors contributed to the academic content, manuscript editing and read and approved the final manuscript.

Informed consent

Questionnaires were filled with the participants' satisfaction and written consent was obtained from the participants in this study.

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Conflict of interest

The authors declare that they have no conflict of interests.

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