THE MANAGEMENT OF PROVIDER PAYMENTS

IN THE UNIVERSAL COVERAGE SCHEME (UCS) IN THAILAND

NHSO
National Health Security Office

KEY

PRINCIPLE OF REIMBURSEMENT SYSTEM

ACCURATE • COMPLETE • TIMELY

3

PAYMENT METHODS UNDER UCS

50% ARE UNDER CAPITATION

1 | PROSPECTIVE PAYMENT

50 % OF BUDGET

ALLOCATION BY DIFFERENTIAL CAPITATION

GENERAL OP
PP BASIC SERVICES

2 | RETROSPECTIVE PAYMENT

45 % OF BUDGET

REIMBURSEMENT CASH/IN KIND

CASH
- IP BY DRG
- SPECIAL PP BY FEE SCHEDULE
- ETC

IN KIND
VACCINE, ARV,
DIALYSIS SOLUTION,
STENT, ECT

3 | PROJECT BASE

5 % OF BUDGET

13 REGIONAL NHSO

PP AREA BASE

PP IN COMMUNITY
(MATCHING FUND WITH LGU)

Remarks

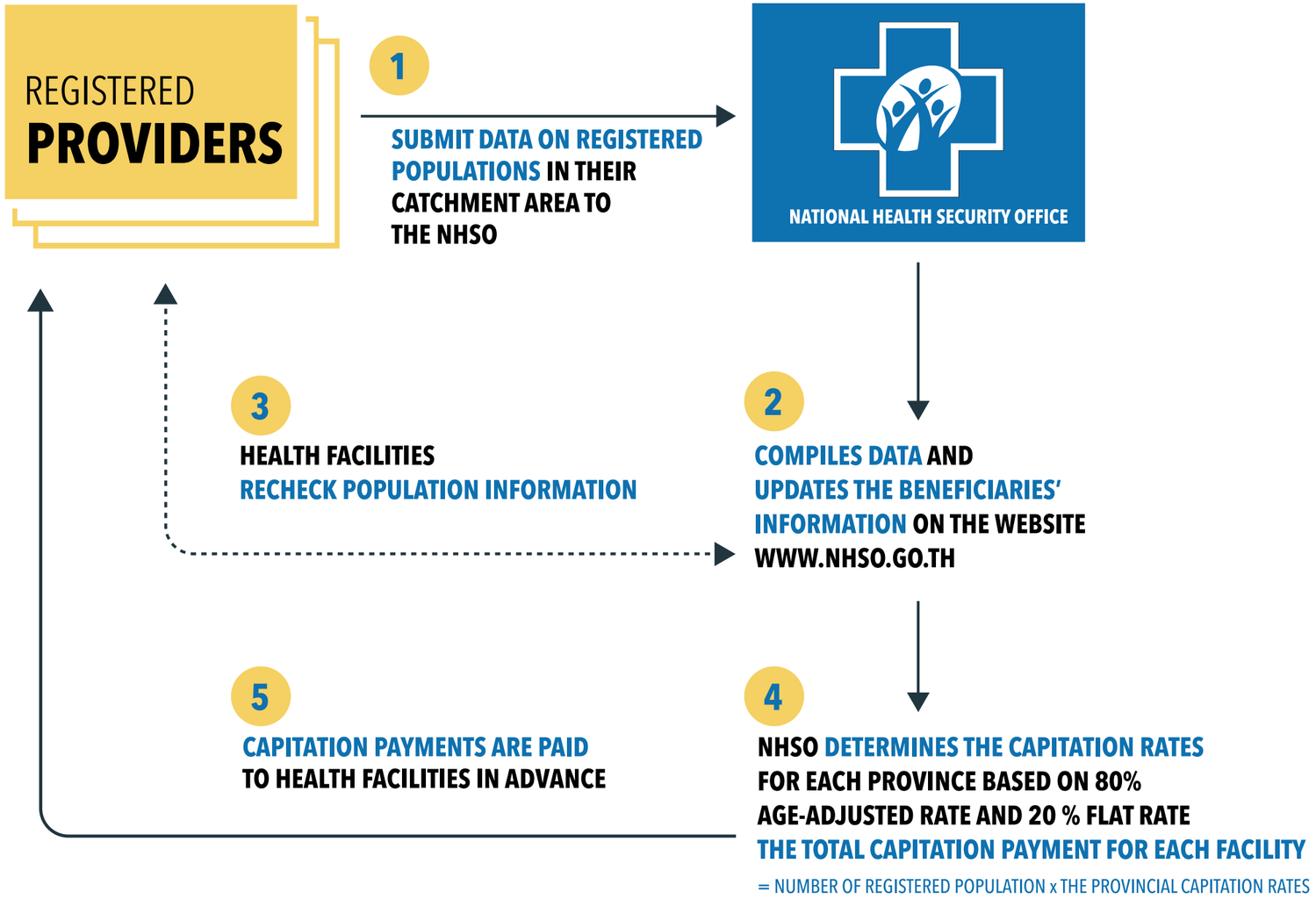
OP = OUTPATIENT SERVICES
IP = INPATIENT SERVICES
PP = HEALTH PROMOTION AND HEALTH PREVENTION SERVICES
DRGS = DIAGNOSIS RELATED GROUPS
ARV = ANTI-RETROVIRAL DRUG
NHSO = NATIONAL HEALTH SECURITY OFFICE
LGO = LOCAL GOVERNMENT ORGANIZATION

KEY

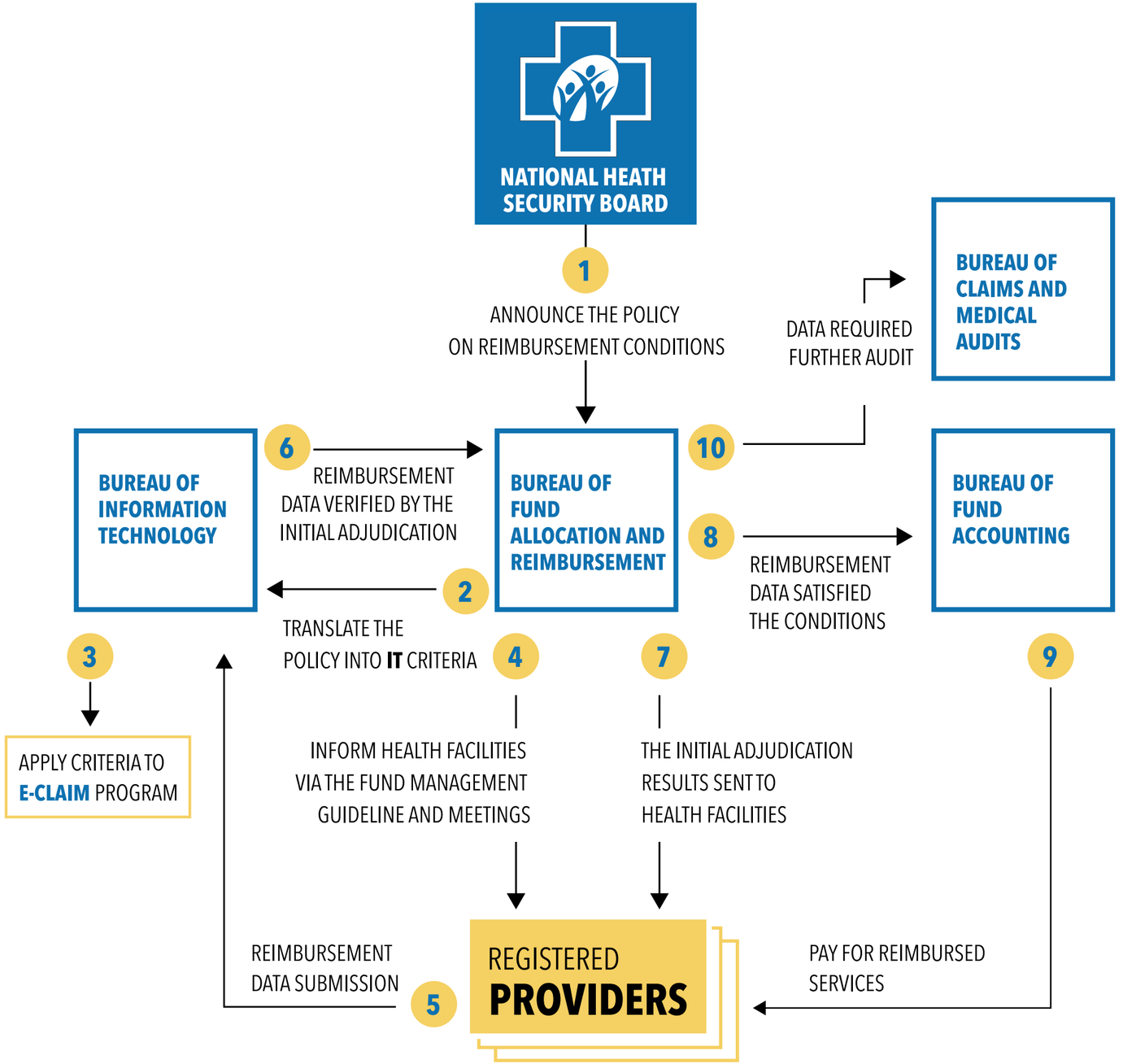
PAYMENT METHODS CATEGORIZED BY TYPES OF SERVICES

SERVICES	PAYMENT	INCENTIVES
OP	**DIFFERENTIAL CAPITATION**	• FEE SCHEDULE (ADD-ON HIGH COST AND INSTRUMENT) • POINT SYSTEM UNDER GLOBAL BUDGET (ACUTE DISEASE OR EMERGENCY)
PP	**DIFFERENTIAL CAPITATION**	PAY FOR PERFORMANCE (QUALITY AND OUTCOME FRAMEWORK; QOF)
IP	**DIAGNOSIS RELATED GROUPS (DRGS) SYSTEM WITH GLOBAL BUDGET USING RELATIVE WEIGHT POINT**	• FEE SCHEDULE (ADD ON INSTRUMENT AND HEMODIALYSIS) • DISEASE MANAGEMENT INFORMATION SYSTEM (DMIS)

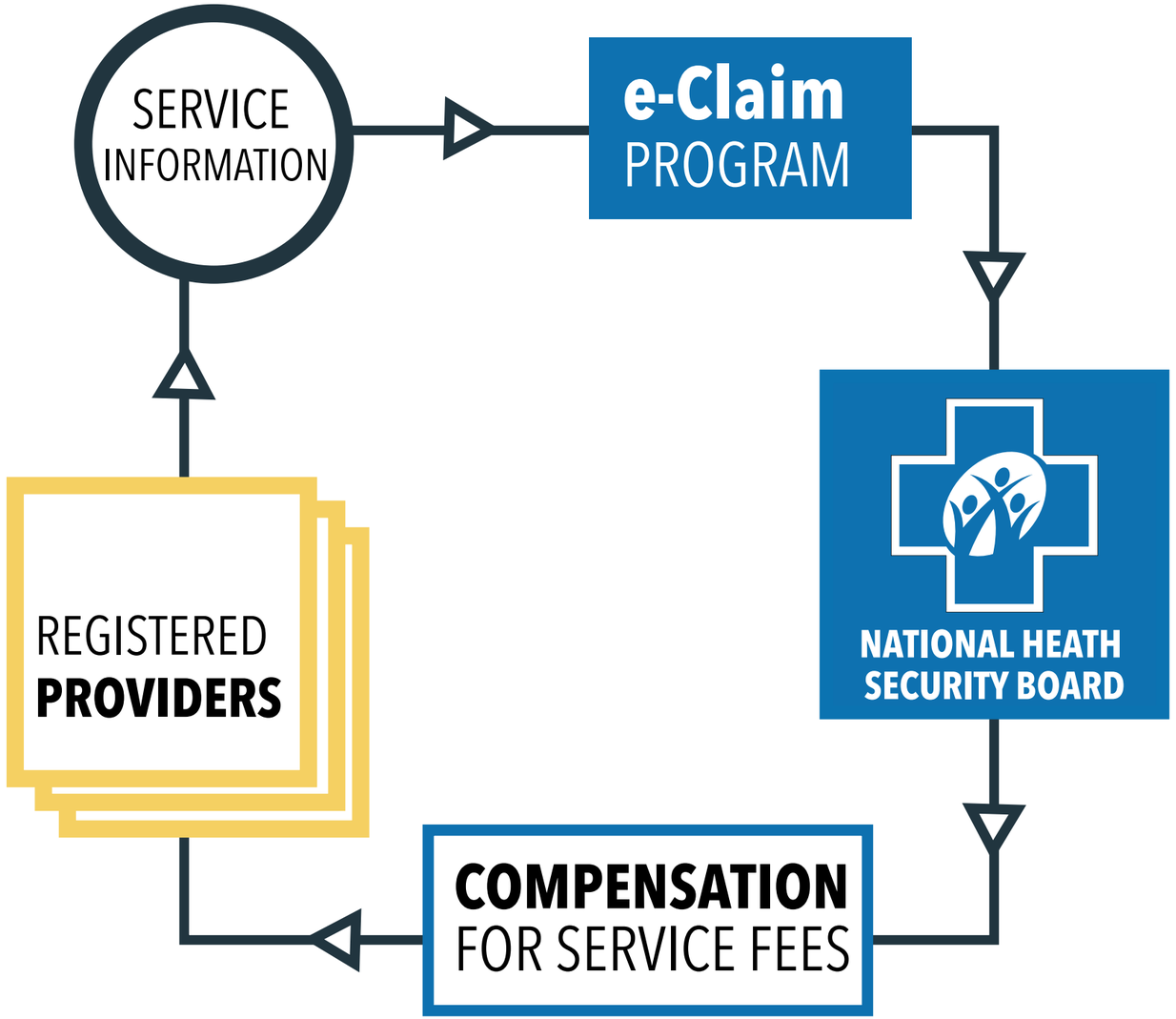
KEY STEPS IN PROSPECTIVE PAYMENTS



KEY STEPS IN RETROSPECTIVE PAYMENTS



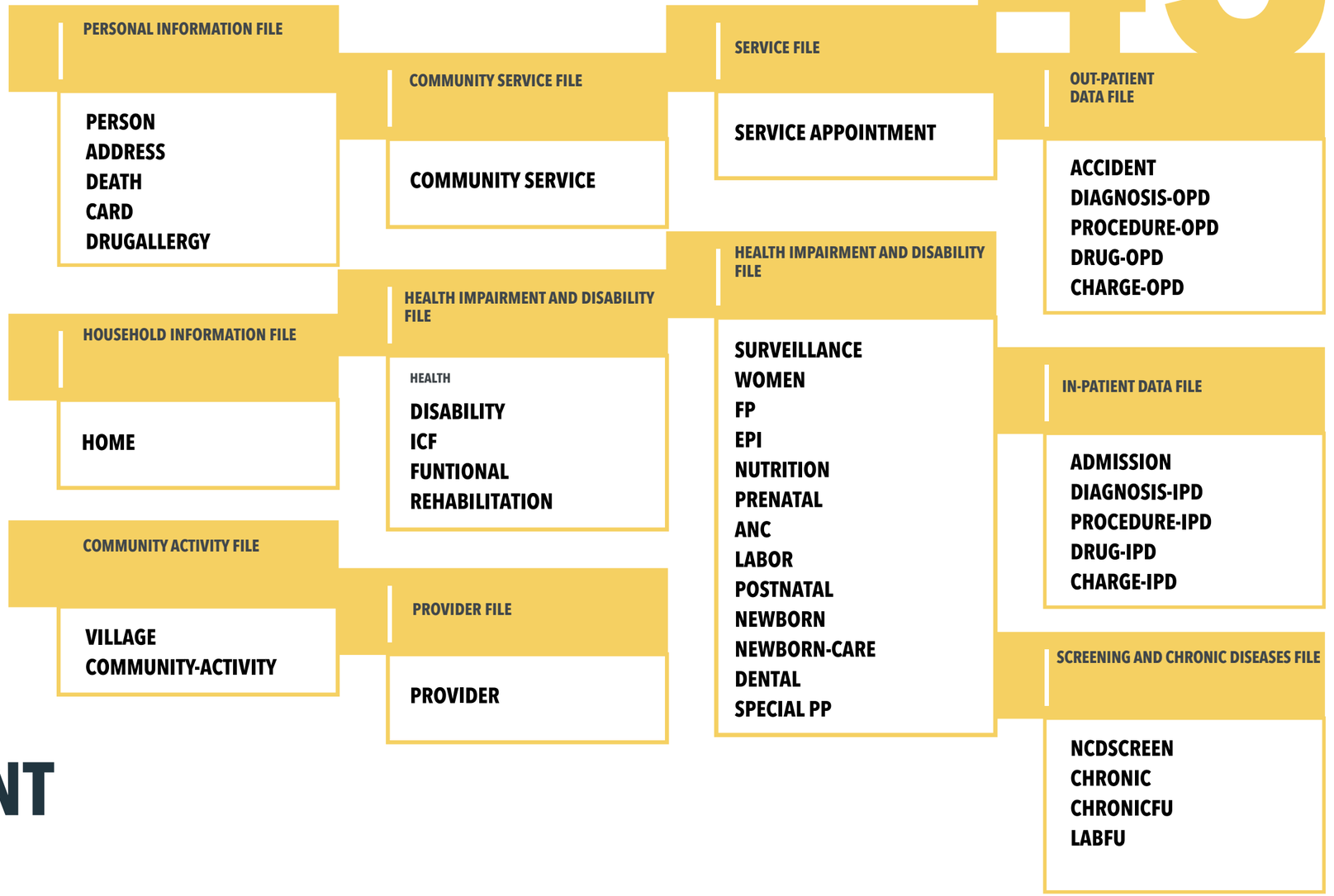
CORE STRUCTURE
OF THE REIMBURSEMENT SYSTEM



43

43 DATA FOLDERS
ICD-10
ICD-10TM
ICD-9CM
DRUG CATALOGS
THAI DRGS VERSION 5

DATA NEEDED FOR REIMBURSEMENT



ELECTRONIC PROGRAMS

USED FOR HEALTH SERVICE REIMBURSEMENT

PROGRAM	TYPES OF HEALTH SERVICES
e-CLAIM	• IN-PATIENT SERVICE (IP) • OUT-PATIENT REFER CASES (OP REFER) • HIGH-COST OUT-PATIENT SERVICES (OP HIGH COST) • ACCIDENT & EMERGENCY OUT-PATIENT SERVICES (OPAE) • SPECIFIC SERVICES (CENTRAL REIMBURSEMENT; CR)
DMIS AND OTHER SPECIFIC DISEASES	• HEMOPHILIA • CLEFT LIP & CLEFT PALATE • RENAL REPLACEMENT THERAPY (HD, CAPD, KT) • CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) • TB, HIV/AIDS • DOWN SYNDROME • THALASSEMIA
UCEP	• CASES OF PATIENTS WITH EMERGENCY CRISIS • CASES OF ACCIDENTS AND EMERGENCIES AS SPECIFIED IN ARTICLE 7 OF THE NATIONAL HEALTH SECURITY ACT

TIMELINE
FOR DATA SUBMISSION

1 If the claim is submitted no more than

30 DAYS LATE,

then **95%** of the reimbursed costs will be paid

2 If the claim is submitted no more than

60 DAYS LATE,

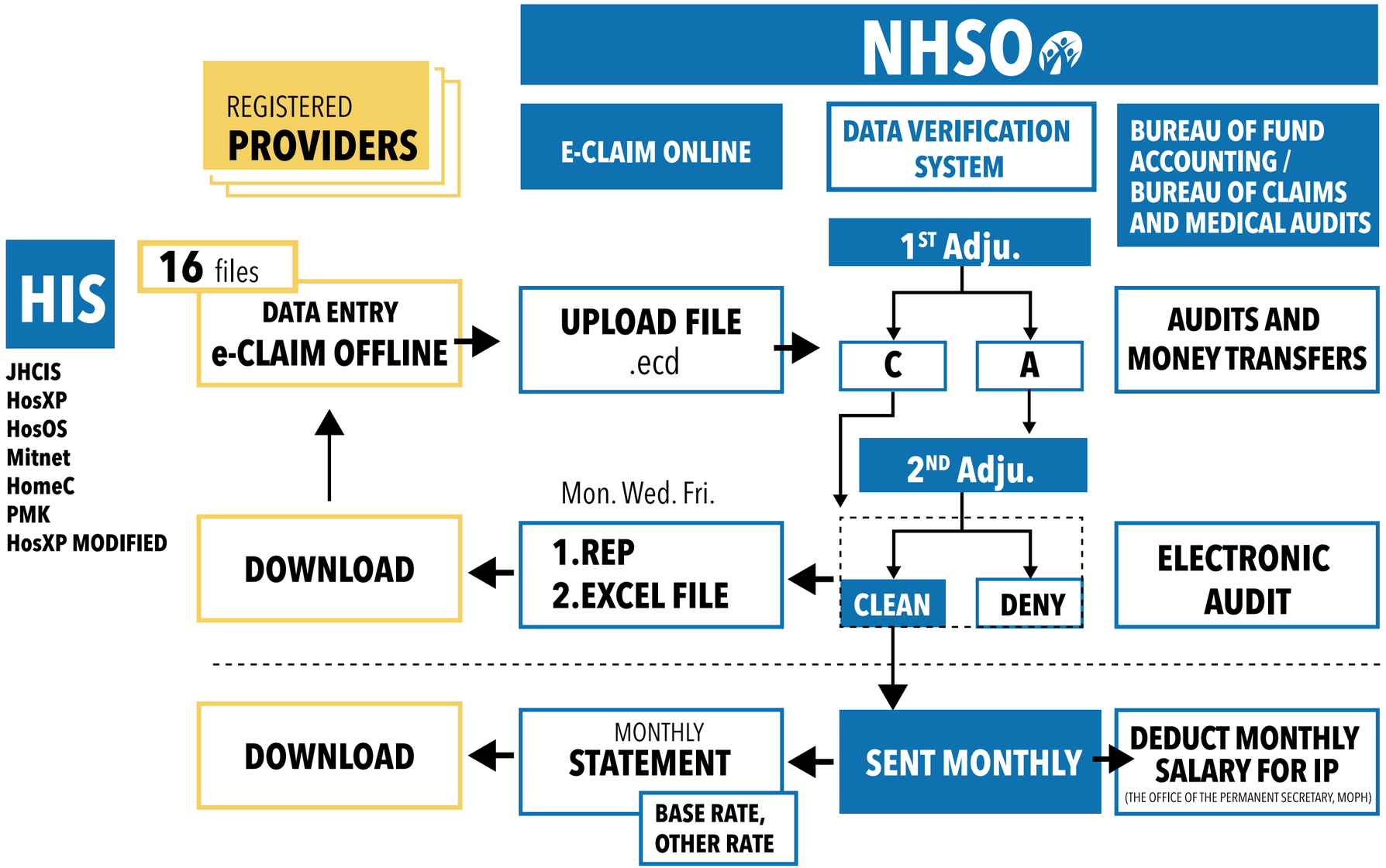
then **90%** of the reimbursed costs will be paid

3 If the claim is submitted no more than

330 DAYS LATE,

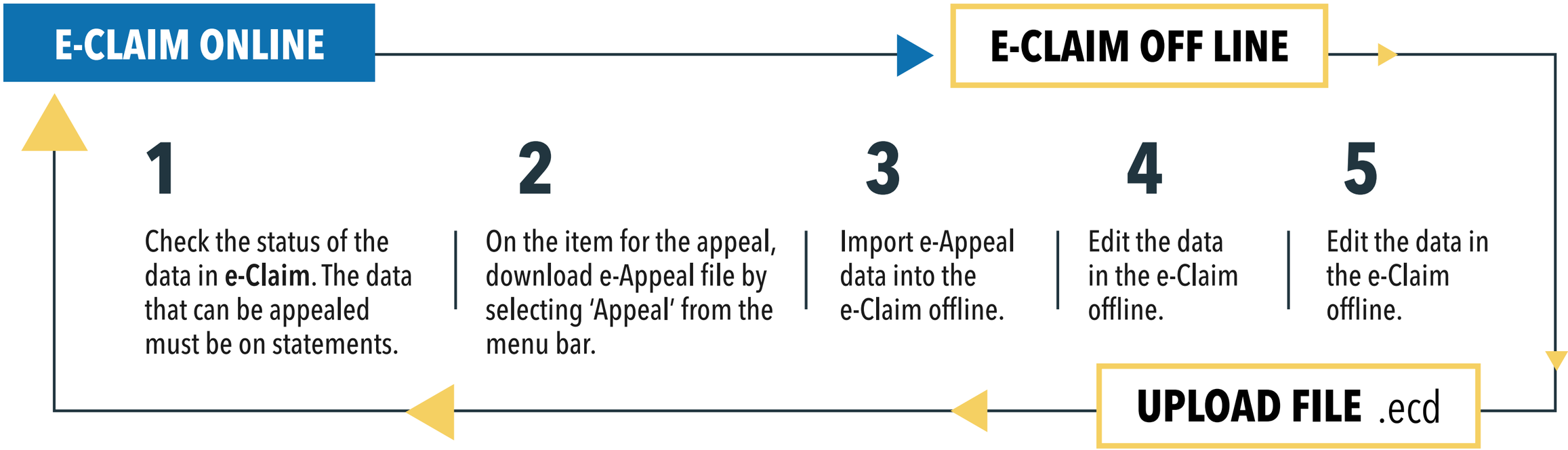
then **80%** of the reimbursed costs will be paid

REIMBURSEMENT STEPS IN THE E-CLAIM PROGRAM



HEALTH FACILITIES CAN APPEAL
WITHIN 1 YEAR
AFTER THE STATEMENT ISSUED

e-Appeal

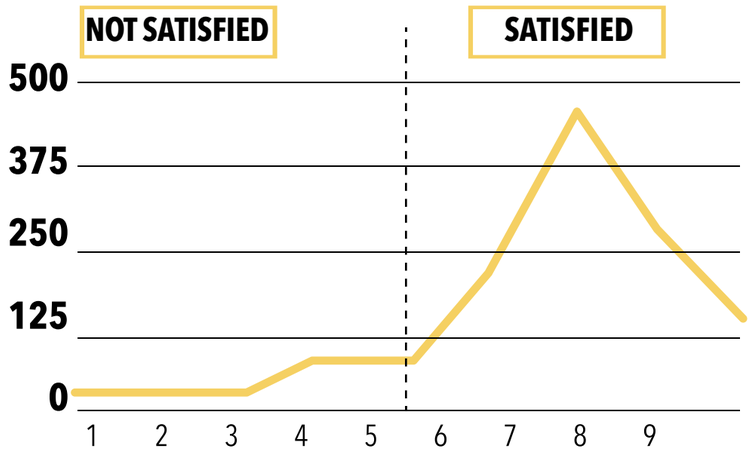


THE PERFORMANCE
OF THE NHSO
ON PROVIDER PAYMENT MANAGEMENT

ACCURATE • COMPLETE • TIMELY

CORRECTNESS AND COMPLETENESS

RESULTS FROM THE SATISFACTION SURVEY WITH THE E-CLAIM PROGRAM IN FISCAL YEAR 2017



SATISFIED

89.2%

TIMELINESS

IN 2018 NHSO ACHIEVED ITS ON-TIME PAYMENT TARGET

ON-TIME

98.4%

ENABLING FACTORS & REMAINING CHALLENGES

OF PROVIDER PAYMENT MANAGEMENT

ENABLING FACTORS

DEDICATED AND COMPETENT NHSO STAFF

STRONG NETWORKING WITH PARTNERS

USE TECHNOLOGY TO SUPPORT THE SYSTEM

REMAINING CHALLENGES

TO SUSTAIN THE CAPACITY AND CONTINUITY OF IMPLEMENTATION

BENEFITS PACKAGE CANNOT BE UPDATED FAST ENOUGH TO THE CHANGING TECHNOLOGY

UNIFIED HIS AT ALL HEALTH FACILITIES ARE NEEDED

Power Point Presentation ภาษาอังกฤษ

เรื่อง การบริหารการจ่ายค่าบริการสุขภาพในระบบหลักประกันสุขภาพแห่งชาติ