

# UCS REGISTRATION

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## OF SERVICE UNIT AND BENEFICIARY

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Comprehensive Rights Protection  
Process for Continuous and Efficient Access  
to Health Services by the Population



# UCS REGISTRATION

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Process for Continuous and Efficient Access  
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# GLOSSARY

## CHANGES IN THE BENEFITS COVERAGE FROM ANOTHER SCHEME TO THE UCS

If a person loses coverage under the CSMBS or SSS due to loss of employment or retirement, they will be eligible for the UCS system. That person can register in the UCS and select a contracting unit for primary care.

## CHANGING A SELECTED CONTRACTING UNIT FOR PRIMARY CARE

A UCS beneficiary can change their previously-selected contracting unit for primary care or assigned unit by proxy (by resolution of the National Health Security Board) and can register with a new contracting unit for primary care (CUP) but cannot exceed four changes per fiscal year.

## CHECK THE REGISTRATION IN THE UCS

A UCS beneficiary who has registered with a contracting unit for primary care can directly check their rights by themselves by calling the Hotline # 1330, visiting the NHSO website, or using the NHSO LINE application.

## CRITERIA FOR ASSESSING A SERVICE UNIT

This is a framework for examining the qualifications and suitability of healthcare facilities to be registered as service units in the UCS, consisting of the following criteria: capacity to provide quality health services to the public, management system, personnel, pharmaceuticals, medical equipment, instruments, and supplies.

## NATIONAL BENEFICIALLY REGISTRATION CENTER (NBRC)

The NBRC of the NHSO is the administrative unit for managing the registration of beneficiaries by integrating registration information of government agencies and other insurance schemes

## PERSONS LOSING COVERAGE UNDER THE CIVIL SERVANTS MEDICAL BENEFITS SCHEME (CSMBS) OR OTHER GOVERNMENT AGENCY SCHEME

Persons who had been working as a government civil servant or employee of a state enterprise, their spouse and children, lost coverage if the principal beneficiary was no longer employed by the government/state enterprise or retired receiving lump sum pension.

## PERSONS LOSING COVERAGE UNDER THE SOCIAL SECURITY SYSTEM (SSS)

This refers to persons who had been covered by the SSS by employment with a participating employer in the private sector but lost coverage when they were no longer employed.

## PROXY REGISTRATION AS PER THE RESOLUTION OF THE NATIONAL HEALTH SECURITY BOARD

The NHSO can register a contracting unit for primary care on behalf of a beneficiary temporarily as resolved by the National Health Security Board at its 8<sup>th</sup> meeting in 2011

## QUALIFYING SERVICE UNIT

This is a service unit that has passed inspection and evaluation according to the criteria of the NHSO, which meets the standards, and the NHSO announces the registration of said service unit, which can then start providing services to beneficiaries of the UCS.

## REGISTERING AS A UCS SERVICE UNIT

This is the process whereby the NHSO has healthcare facilities registered as a service unit under the UCS to provide comprehensive and efficient health services, according to NHSO standards. The types of registered service units are the primary care unit, contracting unit for primary care (CUP), referral unit, and joint service unit.

## REGISTERED USER & AUTHENTICATION SMART CARD

A “smart card” (i.e., Thai citizen ID card) of the eligible beneficiary is used for registering or verifying the eligible person.

## SERVICE UNIT WHICH PROVISIONALLY PASSES INSPECTION, BUT HAS CONDITIONS FOR REGISTRATION

This refers to a service unit that has applied to be a service unit of the UCS but, after inspection, has not passed the assessment in one or more areas. That service unit has to rectify those deficiencies and request a re-assessment before being registered. If upon re-assessment, the service unit passes inspection, then the NHSO will announce the registration of that service unit under the UCS.

## SERVICE UNIT WHICH DOES NOT PASS INSPECTION

If a service unit does not meet the inspection criteria of the NHSO after re-assessment or has a provisional approval with conditions but does not request a re-assessment, that service unit will no longer be considered for registration in the UCS.

## UNCOVERED ELIGIBLE

This refers to persons who are eligible to register in the Universal Coverage Scheme (UCS) of the National Health Security Office (NHSO) but have not yet registered or chosen a contracting unit for primary care and are not covered by an alternative government health insurance scheme.

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# 1

## WHY IS IT NECESSARY TO HAVE UCS BENEFICIARY REGISTRATION AND SERVICE UNIT REGISTRATION?

Registration in the UCS beneficiary system is important if one is to exercise their rights under the Universal Coverage Scheme (UCS). That is because registration is related to the selection of the contracting unit for primary care (CUP) and in calculating the budget allocation to the various service units in the system. This process is specified in the National Health Security Act of 2002.<sup>1</sup>

As stipulated in the National Health Security Act, Article 7, the registered service unit is considered a key frontline entity for public health services. The UCS registrants are to use services at their CUP, or primary care unit in the network, or a referral unit, unless in case of accident or emergency, in which case they can go to the service unit near the accident/emergency. For this reason, users are required to register and select a CUP, whereby the National Health Security Office (NHSO) has set the criterion that the assigned service unit be nearest the residence of the beneficiary, both for the convenience of accessing the service and to equitably distribute beneficiaries across service units. This distribution of service units includes consideration of the need for secondary and tertiary levels of services as well and creates an orderly system of referral. Registration is also needed in order to make the appropriate budget allocation to service units. The CUP will receive capitation payments and reimbursement according to the number of registrants and services rendered. Therefore, registration is a mechanism to protect the rights of all beneficiaries to have continuous and efficient access to health services.

In order to provide access to quality services at all levels, each participating service unit is registered, and that allows the NHSO to thoroughly control the standards of the service units (i.e., quality assurance).

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<sup>1</sup> Section 6 states that "The person who will exercise the rights under Section 5 submit an application for registration to the Office to select a service unit as a contracting unit for primary care" Section 7 states that the use of the service or "Those who have registered to use the right to receive public health services from their own contracting unit for primary care, or primary care unit in the network of relevant service units or from a service unit other than their own assigned service unit, or in the network of a related service unit, is allowed if there is a reasonable cause, emergency, accident or illness." Section 8 states that "Persons who are entitled under Section 5 but have not yet registered under Section 6 may receive service for the first time at any service unit. That person then registers to select a contracting unit for primary care according to Section 6, and notifies the Office within 30 days, provided that such service unit is entitled to the reimbursement for that service."

This also helps in planning the support for the service unit, for example in terms of budget allocation or capacity building.

The National Health Security Act stipulates that any person not covered by another health insurance scheme can receive coverage under the UCS. However, that person needs to first register in the system and select their CUP (which should be a participating provider nearest their home). The applicants can register by themselves directly at a registration office. For persons losing coverage under the Civil Servants Medical Benefits Scheme (CSMBS) or other government agency scheme or the Social Security Scheme (SSS) (e.g., those previously covered under the CSMBS or SSS and whose coverage has expired, children age 0 to 5 years, or those whose CUP no longer participates in the UCS) then the NHSO will process registration on behalf of the beneficiary and assign a provisional service unit as specified in the National Health Security Act of 2002. Those who have registered and selected a CUP can change the CUP no more than four times per fiscal year

## 2

### REGISTRATION OF THE SERVICE UNIT

There are many different types of participating service units in the UCS, such as the contracting unit for primary care (CUP), the primary care unit (PCU), a referral unit, and a joint service unit, among others. The services provided may differ among the types of service unit based on capacity. However, as a network, all these service units can provide comprehensive care at all levels to a beneficiary in need – not just at the primary care level. Thus, for any service unit wishing to participate in the UCS, that unit must meet the standard criteria for being classified as a given type of service provider.

# 2.1

## TYPE OF SERVICE UNIT PARTICIPATING IN THE UCS

### NETWORK OF HEALTH SERVICE UNITS

#### REFERRAL UNIT

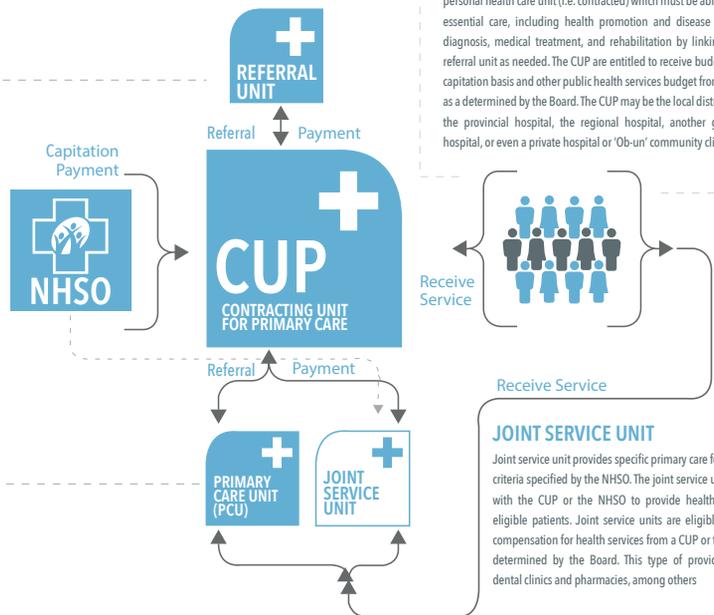
Referral unit is a service unit registered as a facility that can receive general or specific referrals. Referral units must be able to provide secondary, tertiary, or specialized health services. A person can use health services at the referral unit when receiving a referral or approval from the CUP or the NHSO or as determined by the Board. The referral units include the district, provincial and regional hospitals, as well as private hospitals and Centers of Excellence (e.g., those facilities specializing in cancer treatment, cardiovascular care, trauma centers, stroke care centers, neonatal care center, and neurosurgery center, among others).

#### PRIMARY CARE UNIT: PCU

This is a service unit that is registered as a PCU in the network of a CUP which can provide primary health services holistically, including health promotion, disease prevention, diagnosis, treatment, medical care, and rehabilitation. Those who have chosen a CUP can use health services at a PCU in the network. The PCU is entitled to receive reimbursement for expenses for health services from a CUP or the NHSO as determined by the Board. Service providers that are registered as a primary care unit include health centers, primary care units in a hospital, municipal health centers, and 'Ob-un' community clinics.

#### CONTRACTING UNIT FOR PRIMARY CARE : CUP

The CUP refers to a service facility or service group that is registered as a personal health care unit (i.e. contracted) which must be able to provide essential care, including health promotion and disease prevention, diagnosis, medical treatment, and rehabilitation by linking with the referral unit as needed. The CUP are entitled to receive budget on a per capitation basis and other public health services budget from the NHSO as a determined by the Board. The CUP may be the local district hospital, the provincial hospital, the regional hospital, another government hospital, or even a private hospital or 'Ob-un' community clinic.



#### JOINT SERVICE UNIT

Joint service unit provides specific primary care following the criteria specified by the NHSO. The joint service unit registers with the CUP or the NHSO to provide health services to eligible patients. Joint service units are eligible to receive compensation for health services from a CUP or the NHSO as determined by the Board. This type of provider includes dental clinics and pharmacies, among others.

# 2.2

## NUMBER OF REGISTERED SERVICE UNITS

Data for 2011-2019 indicate that, each year, there was an increase in the number of participating service units in the UCS, especially the CUP and PCU. The number of referral units fluctuated over the time period. During 2014-2016, there was a slight increase in number of service units, compared with 2012 while, in 2017 and 2019, there was a rather large increase in referral units in the UCS (Table 1).

**TABLE 1: SERVICE UNITS REGISTERED WITH THE UCS BY TYPE: FISCAL YEARS 2011-2019**

Type of Registered Service Unit	2011	2012	2013	2014	2015	2016	2017	2018	2019
CUP	1,235	1,180	1,187	1,212	1,293	1,301	1,325	1,331	1,360
Primary care unit	12,157	11,340	11,406	11,511	11,552	11,565	11,578	11,587	11,750
Referral unit		959		1,069	1,084	1,109	1,332	1,019	1,382
<b>Total</b>		<b>13,479</b>		<b>13,792</b>	<b>13,929</b>	<b>13,975</b>	<b>14,235</b>	<b>13,937</b>	<b>14,492</b>

Source: Report of the Universal Coverage Scheme for FY 2012 and 2014-2019

## 2.3 CRITERIA FOR ASSESSING A SERVICE UNIT TO PARTICIPATE IN THE UCS

A service provider which wants to participate in the UCS undergoes an assessment and must meet certain criteria. These criteria include capacity to provide a certain level of services, ability to provide convenient access to services for beneficiaries, offering a complete array of services according to type of service unit, scope and skill of personnel, having a proper management system, and having adequate facilities, equipment, and supplies. Table 2 summarizes the criteria by type of service unit.

# TABLE 2: CRITERIA TO BE A PARTICIPATING SERVICE UNITS IN THE UCS

SERVICE UNIT / CRITERIA FOR ACCEPTANCE	CONTRACTING UNIT FOR PRIMARY CARE (CUP)	PRIMARY CARE UNIT (PCU)	REFERRAL UNIT	JOINT SERVICE UNIT
<p><b>Criterion # 1</b> Capacity to provide accessible services</p>	<ul style="list-style-type: none"> <li>- There is a network of primary care units and referral units</li> <li>- There is a physician (GP) with a multidisciplinary team in at least one primary care unit.</li> <li>- A primary care unit to care for up to 10,000 beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>- Located in a convenient place, and average travel time from the residence of beneficiaries does not exceed 30 minutes</li> <li>- Has a capacity to serve a catchment population of 10,000 persons</li> <li>- Is open every day, with services hours of at least 56 hours per week</li> </ul>	<ul style="list-style-type: none"> <li>- There is a standard emergency room facility</li> <li>- There are at least 3 hospital beds</li> <li>- There is at least 1 operating room</li> <li>- There is an intensive care unit with at least 2 beds</li> <li>- Hospitals of 30 beds or less may not provide services themselves</li> </ul>	<ul style="list-style-type: none"> <li>- Is located in a place that is easily accessible for beneficiaries</li> </ul>
<p><b>Criterion # 2</b> Organization of services by type and scope of public health services</p>	<ul style="list-style-type: none"> <li>- Provide health promotion services, disease prevention, diagnosis, medical care, rehabilitation, long-term care, home visits</li> </ul>	<ul style="list-style-type: none"> <li>- Provides health promotion services in the service unit and community setting, including diagnosis and treatment, home visits, monitoring, and care for the elderly, disabled, and palliative care.</li> <li>- Provides outreach service in the area, not less than 12 hours per week</li> <li>- There are dental services, pharmacy, primary care, physical therapy, quality certified lab services</li> </ul>	<ul style="list-style-type: none"> <li>- Services are clearly defined by separate department</li> <li>- There is an efficient 24-hour accident or emergency support system.</li> <li>- There is a system to coordinate advice and treatment plans</li> </ul>	
<p><b>Criterion # 3</b> Personnel</p>	<ul style="list-style-type: none"> <li>- At least 1 family doctor, or in the ratio of at least one doctor per 10,000 catchment population</li> <li>- At least one registered nurse or practitioner nurse, or general practice or family medicine practitioner per 5,000 catchment population</li> <li>- 3 full-time health personnel, or one per 5,000 catchment population</li> <li>- There is a dentist, pharmacist, physical therapist, traditional Thai medicine doctor or other professional personnel consistent with local needs</li> </ul>	<ul style="list-style-type: none"> <li>- At least 1 family physician per 10,000 catchment population</li> <li>- 1 registered nurse (family practice or family medicine) per 5,000 catchment population</li> <li>- 3 health personnel per 5,000 catchment population</li> <li>- At least 1 dentist and pharmacist, physical therapist, traditional Thai medicine doctor or other necessary professional personnel</li> </ul>	<ul style="list-style-type: none"> <li>- There are personnel operating in every department, 24 hours a day.</li> <li>- There is at least 1 doctor (GP) per 15,000 catchment population</li> <li>- A 90-bed hospital must have 4 branches of clinicians: Internal Medicine, Surgery, Obstetrics, Pediatrics</li> <li>- Hospitals of 90 beds or more, requiring a specialized dentist / at least 1 general dentist</li> <li>- Hospitals not more than 60 beds, must have 1 general pharmacist and 1 medical technician each</li> <li>- There are professional groups and other personnel</li> </ul>	
<p><b>Criterion # 4</b> Management</p>	<ul style="list-style-type: none"> <li>- There is a committee to oversee quality and service standards. There is a complaints management system, adequate management of referral, support system, and system to monitor the quality development of primary care units and joint service units</li> <li>- There is a community development system with the participation of the public, community, and private sector</li> <li>- There are personnel to register beneficiaries and manage payments and reimbursements</li> </ul>	<ul style="list-style-type: none"> <li>- There are a manager, executive board and the representative of the Local Administration Organization for policy formulation</li> <li>- There are clear plans and a complaints management system.</li> <li>- There is a system of clear and consistent and timely communication with the contracting unit for primary care (CUP), and referral unit</li> <li>- There is a system for community health development with the participation of the public, community, and private sector</li> </ul>	<ul style="list-style-type: none"> <li>- There is a quality assurance system for the entire service unit</li> <li>- There is an information system which is accurate, complete, and up-to-date</li> </ul>	<ul style="list-style-type: none"> <li>- There is a full-time liaison to help beneficiaries navigate the UCS</li> <li>- There is a complaint management system</li> </ul>
<p><b>Criterion # 5</b> Equipment, medical supplies, drugs</p>		<ul style="list-style-type: none"> <li>- There is adequate quality equipment for primary care, pharmacy, physical therapy, and Thai traditional medicine</li> </ul>	<ul style="list-style-type: none"> <li>- There is an ambulance, related personnel, drug management system and medical supplies, clinical tools, with the capacity to meet the standards</li> </ul>	

Source: NHSO

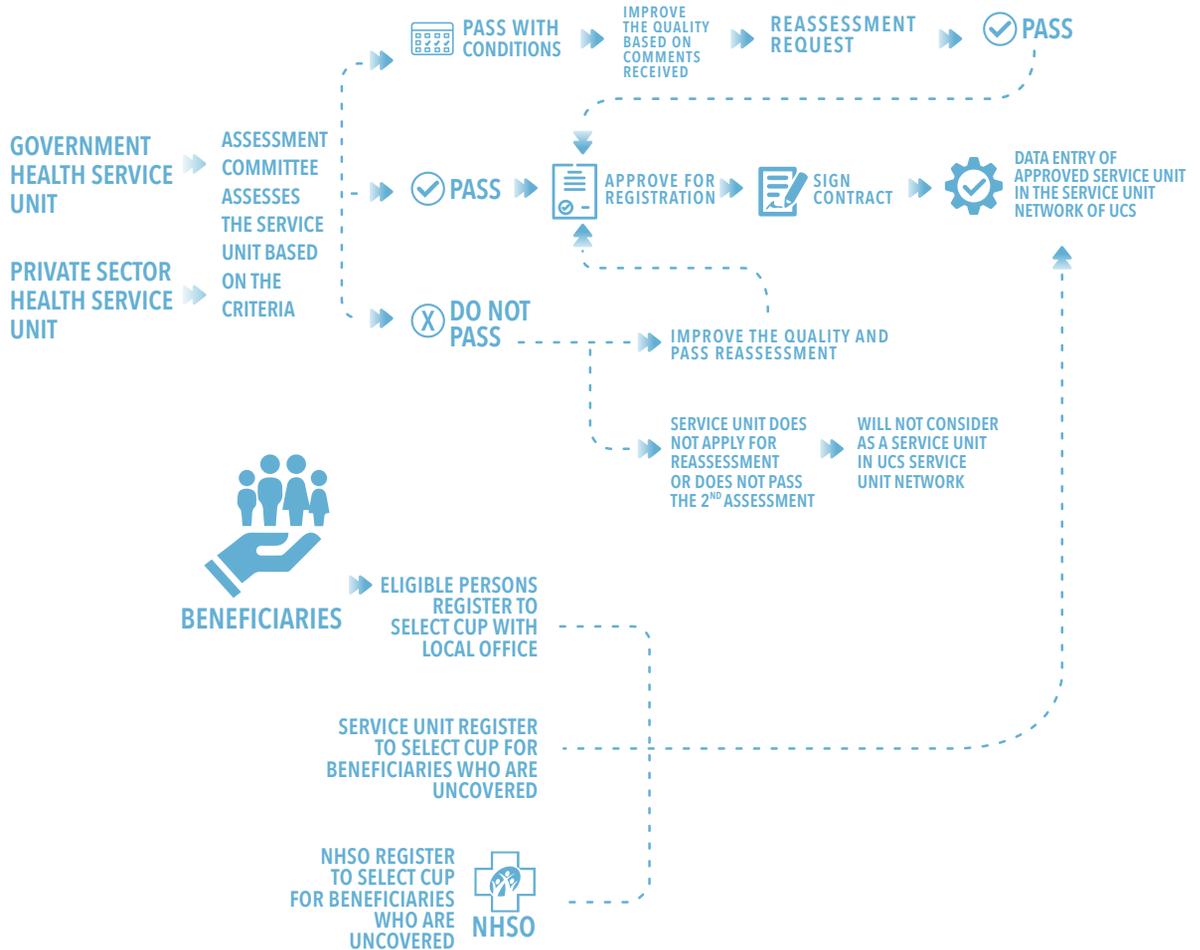
## 2.4

### PROCESS OF REGISTERING AS A UCS SERVICE UNIT

Service unit registration is the process of registering a service provider in the UCS. If it is a private facility, it is necessary to submit a request for registration with the NHSO. Public health facilities need not submit such a request. Then, a committee assesses the applicant according to the specified criteria. **Qualifying service units** that meet the NHSO assessment criteria are announced, followed by formal registration and preparation of agreements or legal contracts for the provision of health services, along with consideration of budget allocation for the CUP. The NHSO will then update and summarize the service information for dissemination. **Service units which passes inspection, but has conditions for registration** must improve the service unit according to the stipulations of the assessment committee and request a re-assessment. After passing the re-assessment, the service provider is then registered with UCS. **Service units which does not pass inspection** will be notified of the needed service improvements. However, if the service unit does not perform the improvements as scheduled or does not request a re-assessment, or is re-assessed but does not pass again, the NHSO will no longer consider registering that facility as a UCS service unit.

A service unit that has successfully improved its facilities to meet the standard criteria is now eligible to be selected as the CUP of a beneficiary. In addition, the service unit can be the service provider for otherwise eligible persons who have not yet registered with the UCS (e.g., newborns, those whose other coverage has expired, etc.). That way, the service unit can function as the provisional provider until a CUP is designated (Figure 1).

Figure 1: Process of registering service units and beneficiaries



The results of an assessment of an applicant service provider consist of "pass," "pass with conditions," and "fail." Previously registered service units which pass the assessment can continue to provide services. However, new applicants which pass the assessment need to wait for the NHSO to announce their registration in the system before providing services to beneficiaries under the UCS. In the case where a previously-registered service unit which does not pass the assessment and is unable to improve their facility, the NHSO announce the cancellation of the registration of the service unit and make that action known to the public. New applicants who do not pass assessment or cannot improve their facility in the required period of time, or do not request a re-assessment will no longer be considered for registration.<sup>4</sup>

In any case, the assessment of a service unit by the NHSO will consider the benefit to the local population of adding or maintaining that service unit as part of the UCS service network. If that locality has a dearth of service providers, the NHSO might make special exceptions and authorize the registration of a service unit if the benefit outweighs the cost. In those cases, the NHSO will continue to monitor the service unit closely and insure that they are able to improve their facility to meet the national standard over time.

# 3

## UCS BENEFICIARY REGISTRATION

### 3.1 SYSTEM OF REGISTRATION

The NHSO uses data from different sources to ensure coverage of the beneficiaries and reduce duplication of coverage from different insurance schemes. The main data source is from the Bureau of Registration Administration (BORA) of the Ministry of Interior which is the national registration system of births and deaths of all Thai citizens. The data from CSMBS and SSS have been combined to conform with the database format of BORA. Those who are not covered by another government insurance scheme can be covered by the UCS. Since 2009, the Ministry of Interior has streamlined the data system so that relevant agencies and offices can have real-time access to its database and verify the identity of persons in the system anywhere in the country (i.e., by using the 13-digit Thai national ID number). The NHSO has applied this system through a "Smartcard authentication" process, and that system became nationwide in 2012



Registering in the UCS can be done directly by the applicant or on behalf of an eligible person, using the following procedures



#### MANUAL SELECTION OR CHANGE OF SERVICE UNIT REGISTRATION:

Thai citizens who are eligible for coverage under the UCS can register to select or change their CUP by themselves, including those who have not yet registered or chosen a CUP, and those who have already registered and want to change their CUP due to a change of address.



## PROXY REGISTRATION AS PER RESOLUTION OF THE NATIONAL HEALTH SECURITY BOARD:

Rules, procedures and conditions for registering for the selection of service units in 2019.<sup>6</sup> There are eight subgroups of the population who are eligible to be registered in the UCS by proxy:



**1** Newborns and children up to 5 years of age



**2** Those who do not have or lost their coverage under the SSS (e.g., resignation, laid off)



**3** Workers who have retired from/left the Civil Service or state enterprise without receiving pension (and their family members)



**4** Persons who have registered but whose CUP has withdrawn from the UCS



**5** Cases where the service unit has treated the patient and has already been reimbursed for the service fee, but the eligible person has not yet registered



**6** Released convicts



**7** Students who have graduated or changed residence who have not yet changed their CUP before returning to their home residence



**8** Army recruits who have completed their compulsory military service

# 3.2

## THE NUMBER OF ELIGIBLE BUT UNCOVERED

“Uncovered” refers to Thai citizens who are eligible for health insurance coverage under the UCS (according to Article 5), but have not registered or selected a CUP (according to Article 6 in the 2002 National Health Security Act).



During 2006-2019, the number of persons registered in the UCS was an average of 47 million. The number of uncovered eligible persons by year has declined in recent years (Table 3).

**TABLE 3: NUMBER OF PERSONS REGISTERED IN THE UCS AND UNCOVERED ELIGIBLE PERSONS: 2006-2019**

 YEAR	 NUMBER REGISTERED IN UCS	 UCS-ELIGIBLE BUT UNCOVERED
2006	47,542,982	1,357,460
2007	46,672,613	779,263
2008	46,949,267	522,352
2009	47,558,456	332,541
2010	47,729,516	407,289
2011	48,116,789	31,906
2012	48,620,104	65,113
2013	48,612,007	81,983
2014	48,312,428	105,184
2015	48,336,321	50,148
2016	48,330,473	34,584
2017	48,109,957	33,100
2018	47,802,669	39,351
2019	47,522,681	55,922

Source: NHSO

Those who are eligible for the UCS but uncovered by any other government health insurance scheme can apply for UCS registration and select a CUP by themselves at an authorized NHSO registration office.

In provincial locations where there is a Tambon Health Promotion Hospital (THPH) or another government hospital nearby, if an eligible person submits their application for registration in the UCS before the 10<sup>th</sup> of the month, they will be registered in the system by the 15<sup>th</sup> of the following month. If they submit the application between the 10<sup>th</sup> and the 22<sup>nd</sup> of the month, they will be registered by the 28<sup>th</sup> of the following month. If an eligible, uncovered person is treated at a participating service unit, then that service provider has the duty to register the person and select a CUP for the beneficiary (see Figure 2).



Figure 2: Registration for uncovered eligible persons

Those Thai citizens who have lost their health insurance coverage under the SSS (i.e., resigned, laid off), the employer must inform the SSS, and the SSS will forward that information to the NHSO. Those uncovered Thais are eligible to be directly registered in the UCS and can choose a CUP on a provisional basis. For persons who have lost their coverage under the SSS but have not yet been registered in the UCS and receive treatment at a participating service unit, the service unit is responsible for verifying that the patient is uncovered, registering the person into the UCS, and selecting a CUP nearest the residence of the person. Those who have left their job but are still covered under the SSS due to the fact that the employer did not yet inform the SSS of the termination of employment, and have a need for health service, then those persons must contact the local office of the SSS to issue a statement that they are no longer covered under the SSS, and present that to the hospital or service unit, who will register them in the UCS so that health insurance coverage is uninterrupted. That service unit also is eligible to be reimbursed for services rendered to the patient during the transition from SSS to UCS (see Figure 3).



Figure 3: Registration for those who have lost SSS coverage

If a person has lost their coverage as an employee of the Civil Service or state enterprise (e.g., due to resignation, termination of employment, retirement without receiving pension), or a dependent child has reached 20 years old, or the spouse of the principal beneficiary is divorced, etc.), then the employer must inform the Comptroller-General Department to discontinue health insurance coverage and inform the NHSO. Next, the NHSO will register those persons in the UCS, and arrange for selection of a CUP on a provisional basis. In addition, the eligible persons can submit an application to register directly to an authorized registration office. Those who have lost coverage due to divorce from the principal beneficiary must present evidence of the divorce at the UCS registration office. Those persons who were formerly covered in the CSMBS and not yet registered in the UCS, but who require health service, then the service unit is responsible for confirming the eligibility of the person, registering the person into the UCS, and choosing a CUP (See Figure 4).



Figure 4: Registration for those who have lost CSMBS/State enterprise coverage

## 3.3

### CHANGING A SELECTED CONTRACTING UNIT FOR PRIMARY CARE (CUP)

Beneficiaries in the UCS can change their CUP up to four times in a Fiscal Year. To do that, the beneficiary has to present their Thai national ID card and an official document showing their new address to the authorized registration office. In provinces other than Bangkok, the registrar is located at the THPH or other government hospital. In Bangkok, a registrar is located in each of the 50 administrative district offices. At present, it is not possible for an in-patient to change their CUP while still admitted in a clinical facility. After submitting the request to change the CUP, the beneficiary can start receiving services at the new facility within one month.<sup>7</sup> Typically, persons who request a change of CUP are students who have been studying away from home and return, migrant workers who move to a new location for continued employment, and army recruits who have completed their service and return home, among other mobile populations.

## 3.4

### CHANGES IN THE BENEFITS COVERAGE FROM ANOTHER SCHEME TO THE UCS DURING THE YEAR

In some cases, an unemployed person who has been registered in the UCS may want to change to the SSS once they find a new job. That person can retain their coverage under the UCS until they (and their employer) have made three months of payments into the Social Security Fund. Conversely, a person who was covered under the SSS and then leaves that employer can continue to receive coverage under the SSS for up to six months, including compensation for medical costs, disability, death, or delivery of a newborn.<sup>8</sup> Once an employee leaves the job or is terminated, the employer has to inform the provincial branch office of the SSS to begin the process of ending coverage for that employee. The SSS then informs the NHSO so that the unemployed person can register in the UCS to prevent a gap in insurance coverage.

Data for 2018 and 2019 indicate that 1.8 million and 2 million UCS beneficiaries requested a change of CUP, respectively. In 2018, about 600,000 were new registrants (i.e., had not been registered in the UCS before) while that number declined slightly to 585,838 in 2019 (see Table 4).

**TABLE 4: NUMBER OF REGISTERED BENEFICIARIES IN THE UCS, CHANGING BENEFITS, OR CHANGING CUP IN 2018 AND 2019**

FISCAL YEAR	NUMBER REGISTERING	NEW	RENEW INSURANCE SCHEME*	CHANGING TYPE OF INSURANCE SCHEME*	CHANGING A SERVICE UNIT			CHANGE INSURANCE SCHEME
					CUP	REFERRAL UNIT	CHANGE LOCATION	
2018	3,165,902	608,479	383,702	286,803	519,115	283,414	990,251	1,108
2019	3,209,400	585,838	273,640	254,301	541,056	374,262	1,179,610	1,100

Note: \*Type of insurance schemes other than the main 3 insurance schemes (UCS, SSS, CSMBS)

Source: Bureau of Registration, NHSO

## 3.5

### CHECK THE REGISTRATION IN THE UCS

Beneficiaries can check the registration by one of five ways:



**1** Beneficiary goes to the registrar's office in one of the 50 administrative district offices (in Bangkok), or one of the 13 regional health offices around the country, or at the local THPH/district hospital



**2** Checking remotely by calling the #1330 hotline



**3** Using the online application of the NHSO



**4** Using the NHSO LINE application



**5** Visiting the NHSO website.



THE THAI NATIONAL ID CARD NUMBER OR FULL NAME MUST BE ENTERED TO VERIFY IDENTITY, DATE OF BIRTH, AND THE PROVINCE OF REGISTERED RESIDENCE.

# 3.6

## COVERAGE OF BENEFITS UNDER THE UCS FOR DIFFERENT GROUPS OF THE POPULATION

The NHSO constantly advocates for all eligible Thai citizens to register in the UCS, especially the specific populations such as monks, prisoners, the disabled, etc. That is to ensure that all eligible persons can exercise their right to access essential health care, and to promote equality of access to health care.



**Buddhist monks:** The NHSO has set up a task force to advocate for passage of the National Sangha Health Charter by coordinating with regional NHSO branch offices to compile a list of the 13-digit ID card numbers of monks nationwide, and processing registration on behalf of monks to be covered by the UCS.<sup>9</sup> Monks on pilgrimage can receive treatment in a service unit outside their home district in accordance with Article 8 in the National Health Security Act.



**Prisoners:** In January 2019, the NHSO signed a collaborative agreement with the Department of Corrections and the MOPH to improve health insurance for incarcerated populations. This agreement involved registering the prison infirmary as a CUP in all 142 correctional facilities. The next step was to register all eligible inmates in the UCS (approximately 300,000 persons). That action insured that all inmates could receive essential primary care, health promotion, rehabilitation, screening, and diagnosis and treatment -- especially for diseases and conditions of higher prevalence in prison settings (e.g., TB, HIV, diabetes, hypertension, and mental disorders).<sup>10</sup>



**The disabled:** In 2016, a directive was issued pursuant to Article 44 that mandated that the disabled who were already covered under the SSS also be included as beneficiaries under the UCS. A survey indicated that there were about 12,000 disabled persons who were covered by Social Security but had never exercised their right to care under the UCS. These persons were asked which health insurance scheme they wanted to be in. The NHSO facilitated registration for those who chose coverage under the UCS, especially those with mobility limitations. In addition, the NHSO mandated that the disabled members of the UCS could seek care from any participating service unit.<sup>11</sup> Those disabled without a designated insurance sub-schemes Thor. 74 in the UCS were required to submit documentation certifying their disabled status, signed by a physician, or present their legal "disability" card which is issued as part of the Quality of Life Promotion Act (2007), to the registrar's office to receive rehabilitative care.<sup>12</sup>

<sup>9</sup> (Note: Persons eligible for rights protection under Article 5 who have not yet registered in accordance with Article 6 can seek first-episode care at any participating service unit. That service unit then proceeds to register the person with the system in accordance with Article 6.)

# 3.7

## ON-LINE SYSTEM DEVELOPMENT

At present, the NHSO is using a variety of means to expand coverage of the eligible population with the UCS program. This includes more efficient database management and retrieval, and reduction of the documentation burden in participating service units. The NHSO also has a policy to strictly protect the confidentiality of beneficiary information. As part of these efforts, the NHSO has developed an on-line registration system including the following:



### REGISTERED USER & AUTHENTICATION SMART CARD

which has two systems, one for the user and one for the service provider, to validate eligibility. The Authentication Smart Card enables service providers to securely access the registration information.



### ONLINE REGISTRATION

The NHSO is rapidly expanding its use of the Internet to improve information exchange, increase accuracy and timeliness of communication, and increase access of service units and beneficiaries to explanations of rights under the UCS. The on-line system also reduces the need to keep paper documentation of various communications and transactions.



### AUDITING AND VERIFYING DATA

The key agencies involved in this are the service unit, the regional NHSO offices, the registration office, and the IT office. The service unit has the role of recording or editing registration information in the sub-program "ERM" and "UCRegister E FORM". That information is sent to the NHSO for further verification. Following that, the information is forwarded to the registration office and/or the IT office to compile the database and organize the data. The data on registration and beneficiaries is updated every 15<sup>th</sup> and 28<sup>th</sup> of the month. Each participating service unit can extract data as part of the beneficiary verification process. For beneficiaries, they can call the #1330 hotline to check information about their eligibility under the UCS.

# 4

## DISPLAYING RIGHTS AND DATA SERVICES

The registrar of the NHSO relays information about rights and registration data to agencies and entities outside the UCS through a web-based service or web search. This includes the Central Beneficiary Database, and the external agencies can extract and use the data from that. These agencies include other service units, other registrar's offices, and the Department of Provincial Administration, among others. In turn, other government agencies can extract data from those databases stored by the Department of Provincial Administration.

The strength of the registration system of the NHSO is the National Beneficiary Registration Center (NBRC) which hosts an integrated database which receives, retrieves, and forwards data from the various Health Funds. The NBRC can audit the data and add beneficiary information as needed. This helps to standardize the information used by the service units, reduce duplication of registrants, and improve access of the population to the system and services on a continuous basis.

## THE NHSO IS THE CENTRAL AGENCY WHICH MANAGES THE NATIONAL BENEFICIARY REGISTRATION CENTER (NBRC)

The UCS is a system of health insurance coverage for all those Thais not covered by another government scheme. Thus, to register in the UCS, the registration office needs to verify the applicant's eligibility. Even though the NHSO already receives a large amount of data from a wide variety of government agencies, there remain problems of inaccuracy, incompleteness, and lag time. Those deficiencies can result in duplication of beneficiary information, impede access to services, and create problems in the disbursement/reimbursement system. In order to address all these shortcomings, the NBRC was set up to house an integrated database which is systematically managed by the NHSO in collaboration with other government agencies.

The NBRC was first launched in 2015, and recently had 128 government agencies reporting into the Center. Those agencies include 65 state enterprises, 17 Public Organizations as the result of the Special Act, 37 Public Organizations, two local administrative organizations, and seven other government agencies.

## **THERE ARE THREE OBJECTIVES OF INTEGRATING RIGHTS REGISTRATION INFORMATION**

- 1) To protect the rights of the people. If people know their rights, they will be able to receive more convenient services and can receive uninterrupted health services when rights change
- 2) To help the service unit verify eligibility of a prospective beneficiary before registering that person. Medical expenses in the e-claim system improve accuracy and accountability in the collection of service fees from the relevant Health Security Fund; and
- 3) To increase the efficiency of budget management, reduce duplication of payments between the Comptroller-General Department, Social Security Office, the NHSO, and other government agencies, by having a valid and up-to-date database.

Preparation of the data for the NBRC starts from government officials accessing the Smart Card data from the records program. Then, the information is entered into the authorized database. The imported data is processed, and the results are displayed in the central public database where the service unit can verify the eligibility of a prospective beneficiary and relevant rights of members of the UCS.

# 3.8

## THE SUCCESS IN USING THE 13-DIGIT ID IN THE REGISTRATION SYSTEM

In 1909, Thailand started to formally register the population. The first law required Thai citizens to register their households, and births and deaths of household members. The Bureau of Registration Administration (BORA) is responsible for the population registration system, and the 13-digit national ID number is issued by the Office of Registration Administration. Based on this information, a database has been created and linked to other government agencies for various purposes, such as issuing passports, providing health services, processing transactions in the SSS, facilitating electoral voting systems, etc. In 1995, the first “Smart Card” was launched by providing national ID cards to Thai people living and working abroad. Currently, a smart ID card is a requirement for all Thai citizens, either residing domestically or abroad. The card can be used to verify an individual’s identity in, for example, their work life, their daily life, and health service utilization. The information in the ID card is useful in providing a valid and secure identity. It enables fast and efficient service, and can protect the cardholder’s data access rights and privacy

The registration system for beneficiaries in the UCS started in 2002 when the NHSO, together with BORA, made the registration process more comprehensive by the following

- 1) Adding birth information to the national beneficiary database
- 2) Updating death data (approximately 400,000 people per year) in the health care rights database
- 3) Updating membership information<sup>14</sup> in the various health insurance funds, such as retired government employees without receiving pension, the unemployed, etc. The improved registration system helps to protect the rights of the people, and beneficiaries can switch among insurance schemes without interrupting coverage. That also helps reduce duplication of UCS registration.

Since 2008, Thailand has had a policy to use the ‘Smart ID cards’ as a requirement for various services. Transactions with banks and certain types of contact with government officials requires presentation of the Thai national ID card to verify identity. The increased use of the smart ID cards helped eliminate the need for paper-based health insurance cards. The ID card has a memory chip and, thus, the vital information on the card carrier can be up-dated periodically. The smart ID cards are first issued to an individual at age seven years. Those age under seven years can use the 13-digit code from the birth registration shown in the household registration booklet. Any relevant government agency can verify the 13-digit number, even at the sub-district level. This system is beneficial, not only to protect the rights of the people, but also to enhance the efficiency of digital records in the hospital database system, making it possible to track real-time data.

# 4

## ENTERING DATA INTO THE BENEFICIARY DATABASE AND REGISTRATION

**Data on the beneficiary at registration:** Using the UCS database system, it is possible to calculate the capitation values for each CUP. There are two components for the budget: The funds for out-patient care, which are based on the number of beneficiaries registered with a given CUP; and funds for prevention. The calculation of the lump sum amounts involves consideration of the age structure of the population of beneficiaries in the catchment area of the CUP. If the population has a higher-than-average proportion of elderly (over age 60) or children (under age 15), then the capitation value is higher than average. That is because those two groups generally incur higher frequency of care episodes than the working-age population. In addition, the data in the beneficiary database are used to define distribution of participating service units to ensure optimal coverage of the population. These data can also be used in the process of auditing and follow-up for patients since every service encounter of a beneficiary is recorded in the on-line database, and the NHSO can monitor status of beneficiary-service unit interaction at any time.

**Registration data of the service unit:** This information is used to group the service units by level as a basis for quality control. The participating service units in the UCS are diverse and offer a range of care and clinical services of different levels of complexity and skill. Thus, the performance quality standards differ significantly among groups of service units at the different levels. For example, a specialist referral service provider must be prepared in terms of capability in treating cases in the special area for which they have been registered. The specialist referral units have a narrower but higher level of performance expectations than a general referral unit. Also, the CUP needs to have data on the other facilities in the service network so that they know where to refer a given patient when necessary. That information also tells the CUP where to process reimbursement for services rendered. This inter-connected system of providers and referrals ensures that the UCS beneficiaries will receive efficient and comprehensive care and treatment.

# 5

## HOW DOES THE UCS SYSTEM FACILITATE REGISTRATION OF A SERVICE UNIT AND BENEFICIARY?

5.1 The registration system uses the 13-digit code in conjunction with the database of beneficiaries



The use of a personal ID code helps to reduce or eliminate duplication in exercising benefits of a patient and enables a more precise calculation of the budget that should be allocated to a given service unit. During the initial period of implementation of the UCS, there was some duplication in the issuing of beneficiary cards (i.e., some beneficiaries received more than one card and code). The reason for the duplication was the lack of an up-to-date database of active members of the beneficiary population.

However, over time, the NHSO was able to link all the relevant agencies into a common database system, i.e., comprising the CSMBS and SSS, and link that database with the civil registration of the Department of Provincial Administration. That way, the information could be more up-to-date and cross-checked for duplication. Ultimately, with the Internet and ubiquitous on-line access throughout Thailand, the NHSO was able to upload the entire database on line for real-time recording of additions and subtractions of beneficiaries and participating service units, among many other uses of the data.

5.2 The system of registration of service units and beneficiaries in the UCS enables a more cost-effective distribution of potential populations across an appropriate array of service providers



The registration of service units in the UCS tells the NHSO exactly how many providers of what type are located in a given part of the country. The registration data also informs the NHSO of how many beneficiaries are assigned to a given CUP. The goal of the system is to create the optimal distribution of service units to provide convenient access to the beneficiary population for all their essential health and treatment needs. That said, there are limits to the number beneficiaries which can register with a given CUP, and the NHSO has to estimate the potential care needs for beneficiaries which are beyond the capacity of the CUP to provide. Ideally, each beneficiary will not have to travel in excess of a certain minimum amount of time and distance to receive the care they need. At the time of this study, there was one CUP for a catchment population of about 5,000 – 6,000 population.

## 5.2 The integration of the registration data on medical benefits insures that all beneficiaries' rights are protected



The system of UCS beneficiary registration and registration of service units was totally computerized and on-line at the time of this study. Furthermore, there were seamless database linkages with the other government health insurance schemes. This enables the NHSO to gain a more accurate picture of the eligible, uncovered population (i.e., the uninsured who could and should be registered with the UCS). That has helped the country to achieve nearly 100% coverage of the eligible population by 2018.<sup>13</sup> This also means that whenever a Thai citizen goes to a participating service unit, that unit can know immediately what health insurance coverage that person has, and care and treatment can proceed without delay.<sup>14</sup>

# 6

## PROBLEMS, OBSTACLES AND CHALLENGES IN THE REGISTRATION OF SERVICE UNITS AND REGISTRATION OF BENEFICIARIES

### 6.1 The listed rights in the middle of the up-date cycle in the system is not always aligned with the status of the beneficiary in the UCS



Problems in the system may occur when a registration office and or regional office did not enter or validate the data on registration of a new beneficiary in time according to the database approval schedule. That oversight could result in the delayed registration of a new beneficiary who needs service. To address this shortcoming, BORA developed an automated system which deals with data in batches (instead of individually) in order to speed up the database approval process. The NHSO has developed a system (called the ERM computerized program) to enable the potential beneficiary to register by themselves using the UCRegister E-form. There is also a warning mechanism to remind service units and regional offices about the need to maintain the schedule for database up-dates, or flag erroneous data that is entered. The ERM enables the potential beneficiary to choose or change the service unit by using the UCRegister E-form. The user can fill out the form by themselves and use their 13-digit Thai ID card number when appearing at the service unit of choice.

## 6.2 Up-to-date data for changing status of eligible beneficiaries for coverage under the CSMBS and SSS need to be improved



Every year, a certain number of government civil servants cease to be eligible for coverage under the CSMBS (e.g., due to divorce from the principal beneficiary) but do not inform their employer. That means that those persons are retained in the database of eligible beneficiaries even though they should be removed from the system. Once the system catches up with these disqualified members, then it becomes problematic to retroactively correct the disbursements and reimbursements that may have been processed. In principle, when a divorce occurs, the employer of the principal beneficiary needs to be informed of that event by receiving a copy of the divorce certificate, who then forwards the information to the Comptroller-General Department to make corrections in the database. The Department then informs the NHSO so that they can register the newly-uninsured person into the UCS.

In the SSS, if a beneficiary becomes ineligible (e.g., through termination of employment), there are many cases where the employer fails to report that event to the Social Security Office. Thus, that ex-employee is incorrectly covered by the SSS. One solution is for the ex-employee to submit a form to the Social Security provincial branch office to indicate their loss of coverage and register in the UCS instead.

Obviously, these types of oversights cause the national registration database to have inaccuracies, but these are more in terms of omissions rather than duplication. Still, it is in the interest of the individual who has lost health insurance coverage under the CMSBS or SSS to make sure that their change in status is processed; otherwise they will not be able to register in the UCS in a timely way.

## 6.3 Opportunities for exploitation in the registration system



The NHSO has received complaints about proxy registration in the UCS that was deemed to be questionable or inappropriate. In some cases, for example, the service unit might arbitrarily register an excess number of people in order to obtain a larger capitation lump-sum payment, but without the intention of actually providing health care to those individuals. There are also cases of a service unit hiring a person to collect registration documents from students in the local school without informing the parents. Others may fabricate a certification of residence of a beneficiary to increase the catchment population, while some arrange for a transfer of rights of a beneficiary without informing the registration office.<sup>15</sup>

Guidelines for the prevention of registration exploitation such as these include control, good governance, and validation of supporting documents with applications. There has to be continuous public information dissemination about the correct steps to process and retain proper registration status in the UCS. Beneficiaries need to understand that if they change their CUP, then they cannot return to the original service unit for care. Also, if there is to be registration of a beneficiary age 15 years or younger, then the parents/guardian must be informed and must sign the application for registration on behalf of the child or youth. If a beneficiary moves to a new location but the household registration form is not updated, then the applicant needs to present a copy of the ID card of the head of household in their new residence.

## SUMMARY

The beneficiary and service unit registration system is central to the success and smooth functioning of the UCS. The system is instrumental in guiding the assignment of the CUP, and steering needed care or treatment to the appropriate service provider in the network, as per Articles 6, 7 and 8 in the 2002 National Health Security Act. In addition, the comprehensive, integrated database of the UCS minimizes duplication since it can immediately identify if a potential beneficiary is covered under a separate government health insurance scheme. At the same time, that overview enables the UCS to efficiently register persons who have lost coverage from such schemes as the CSMBS or the SSS. Thus, the registration system helps the NHSO maximize benefits coverage for the entire eligible population. The continued registration of participating service units helps to ensure that each beneficiary receives the standard care and treatment they need on an equitable and accessible basis. This is true at all levels in the system, from primary care to health promotion, disease prevention, and specialized care. The registration system enables the NHSO to control quality and standards of service throughout the country and across a diverse array of public and private service units. The system also informs the NHSO what kinds of support are needed by the participating service units, either in terms of budget or capacity development.

Thus far, it can be asserted that the NHSO has been successful in registering the vast majority of the eligible Thai population into the UCS. The 13-digit national ID card number is a key mechanism in identifying the registered beneficiaries and those who are eligible to join the UCS but remain uncovered. The UCS database is closely linked with the data systems of the Ministry of Interior, among other government agencies. One example is the birth registration system of BORA which triggers the UCS registration system to register a new beneficiary when a birth is reported. This unification of information represents the seamless link between participating hospitals, the district or municipal civil registration office, and the UCS to ensure that every birth is recorded into the system as a default.

In addition, the UCS registration system makes continuous adjustments as deaths of beneficiaries are reported to the municipal or district registrar's office. That insures that the UCS database is current, and accurately reflects the size of the catchment population of a given service unit. In recent years, the creation of the on-line registration system and database has significantly increased the ability of the NHSO to reduce duplication of registration. Since 2015, the NBRC has integrated the registration data from 128 government agencies, including the Comptroller-General Department, the Social Security Office, and the Reinstatement Fund for Persons with Pending Status, among others. These databases are electronically linked, and that promotes accuracy, completeness, and timeliness of the information. In 2019, many other agencies joined the NBRC system, including state enterprises, Public Companies, Special-Act Agencies, the Bangkok Metropolitan Administration, and the Pattaya City Administration, among others. The increasing coverage and linkages in the NBRC system insures that the country can continue to monitor and maintain full health insurance coverage of the eligible population into the future.

In terms of registering service units, the challenge is to accommodate the diversity of types of providers at the different levels of care, from primary to secondary and tertiary care. It is crucial for the UCS to control quality and standards of services from the outset and re-certify capacity every year. That said, there remain some limitations in the registration of service units with the UCS. One problem, as noted earlier, is the need for each participating service provider to enter the latest beneficiary information in time for the monthly cycle of up-dating the database. In addition, some regional offices of the NHSO do not verify the data from the service unit in time for the cycle of up-dating the database. Those delays can result in new beneficiaries not appearing as eligible for coverage under the UCS (even though they are) because the database is not entirely current. There is also a need for better coordination between related agencies. For example, when an individual loses coverage under the SSS, but the employer fails to inform the provincial branch office of the SSS, or that office does not enter the information into the central database, then that individual will not be able to register in the UCS (since the integrated database will indicate that they are still covered by the SSS). If a married couple that is covered under the CSMBS divorces, then the person who is the ex-spouse of the principal beneficiary loses coverage immediately. If the report of the divorce is not made to the proper office, then that person will not be eligible for UCS registration (since the integrated database will indicate that they are still covered by the CSMBS). Thus, the task for the NHSO is to continue to remind the people that it is imperative to inform the system as soon as there is any change in their eligibility for health insurance coverage. This also requires public education so that potential beneficiaries can make sure that their change in status is reported and documented. In addition, the NHSO has to maintain vigilance of some service providers who inappropriately add persons as beneficiaries whom they do not intend to serve (i.e., in order to artificially inflate their capitation budget). This is a particular problem with participating private clinics. The result is that the population does not receive the services as intended. To solve this, there needs to be a tightening up of the system of control of registration of beneficiaries, and a requirement that uniform standards of practice are adhered to by all service units.

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