Welcome to the Civil Servant Medical Benefit Scheme (CSMBS).
Health Insurance in Thailand

Background of the CSMBS

CSMBS

Problems & Solutions/Policy interventions

Question - Answer
Health Insurance in Thailand

- Civil Servant Medical Benefit Scheme (CSMBS)
- Universal Coverage Scheme (UC)
- Social Security Scheme (SSS)
- State Enterprises
- Local administration
- Independent Agencies
Background CSMBS

• Administered by the Comptroller General’s Department (CGD)

• Source of Fund: General tax revenue (Central fund)

• Cover about 4.41 million eligible persons
Eligible persons

- Civil servants (1.28 m.)
- Permanent employees (0.13 m.)
- Pensioners (0.48 m.)
- Dependents (2.52 m.)
## Principle (Benefit package)

<table>
<thead>
<tr>
<th>Can be reimbursed</th>
<th>Cannot be reimbursed</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Cost of curative, rehabilitation and preventive cares; for example,</td>
<td>• Beauty treatment</td>
</tr>
<tr>
<td>• Medicines</td>
<td>• Temporary contraception and planned parenthood</td>
</tr>
<tr>
<td>• Instrument and artificial organ</td>
<td>• Individual compensation e.g. doctor fee</td>
</tr>
<tr>
<td>• Medical services such as nursing</td>
<td>• Expenses that are not related to treatment; e.g. telephone cost</td>
</tr>
<tr>
<td>• Laboratory investigation and operation</td>
<td></td>
</tr>
</tbody>
</table>
Reimbursement in Public Hospitals

In-patient (IP)

- Reimbursement method:
  - DRGs system
  - Except some items (Announced by MoF)
    - Fee schedule: Room and board, Artificial organs
    - Fee - For - Service: High cost medicines
- Disbursement system:
  - Use the electronic direct payment system
Adoption of DRGs

Expenses that are not related to health services

Cannot reimbursed

Room and board, Instruments and organs, some high cost medicines (mostly are cancer medicines)

Fee schedule/
As hospital charged

Medical services

Reimbursed by DRGs
Reimbursement in Public Hospitals

Out-patient (OP)

- Reimbursement method:
  - Fee – For – Service
  - Fee Schedule (some items)

- Disbursement system:
  - Pay cash and be reimbursed at their offices
  - Register to use an electronic direct payment system (between CGD and hospitals)
# Reimbursement in Private Hospitals

## In-patient

- Elective Surgeries (47 diseases & 77 procedures, 31 hospitals)
  - DRGs system, via electronic system (similar to the case of public hospitals)
  - Except some items (Announced by MoF) and doctor fees
- Emergency (any hospitals)
  - NHSO (clearing house of 3 schemes) reimburses with DRGs except some items in the MoF list
Reimbursement in Private Hospitals

Out-patient

- Referring patients
  - Hemodialysis (209 hospitals)
    - 2,000 Baht/visit + some cost; e.g. medicines
    - Disburse via electronic system
  - Radiotherapy (5 hospitals)
    - Fee schedule
    - Disburse via electronic system
- Emergency (any hospitals)
  - NHSO reimburses hospitals with fee schedule
Major problem

- High OP cost
- Moral hazard & Fraud
- Leakage of the CSMBS
- Age structure of beneficiaries
- Irrational use of drugs
Solutions/Policy interventions

- The cabinet has approved the appointment of 2 committees
  - The first committee was proposed by the Ministry of Finance in order to suggest policies that related to financing, benefits and management of the CSMBS to the MoF.
- Policies recommended:
  - Promote a use of ED and generic drugs
  - Improve and extend PA system to some high cost medicines
  - Announce reimbursement prices/reimbursable indications of medicines
  - Develop an information system
  - Study Prospective payment of OP, chronic disease management, and cost of medical services
Solutions/Policy interventions

- The second committee was proposed by the Ministry of Public Health in order to suggest policies that related to management of the UC, SSS and CSMBS, including auditing and monitoring system of medicines, medical supplies and health care services reimbursement to the cabinet.

- Working areas:
  - Create the usage guidelines of drug groups and medical services
  - Negotiate price of some high cost medicines and medical supplies
  - Promote a use of ED and generic drugs
  - Develop standard code of medicines
  - Develop auditing system of medical services and reimbursement
  - Improve payment mechanism on DRGs basis
  - Develop health care services information
Solutions/Policy interventions

- Creating more cooperation among the UC, SSS and CSMBS
- Focusing on high cost chronic diseases management such as chronic renal failure, HIV/AIDS, and cancer
• Q & A

• Further information
  • Website:  [www.cgd.go.th](http://www.cgd.go.th)
  • E-mail address:  [csmbsc@gd.go.th](mailto:csmbsc@gd.go.th)