

UCS REGISTRATION

OF SERVICE UNIT
AND BENEFICIARY



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

Registration in the UCS beneficiary system is vital if one is to exercise their rights under the Universal Coverage Scheme (UCS). As specified in the National Health Security Act of 2002, this registration is connected 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. 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 expected to use services at their CUP, or primary care unit, in the network or a referral unit unless, in case

of accident or emergency, they can go to the service unit near the site. 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. In order to provide access to quality services at all levels, each participating service unit is registered. That action allows the NHSO to thoroughly control the standards of the service units (i.e., quality assurance). This also helps in planning the support for the service unit, for example, in terms of budget allocation or capacity building.

2

REGISTRATION OF THE SERVICE UNITS

There are many different types of participating service units in the Universal Coverage Scheme (UCS), such as the contracting unit for primary care (CUP), the primary care unit (PCU), the referral unit, and the joint service unit, among others. The services provided, based on capacity, may differ among the types of service units. 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

TYPES OF SERVICE UNITS PARTICIPATING IN THE UCS

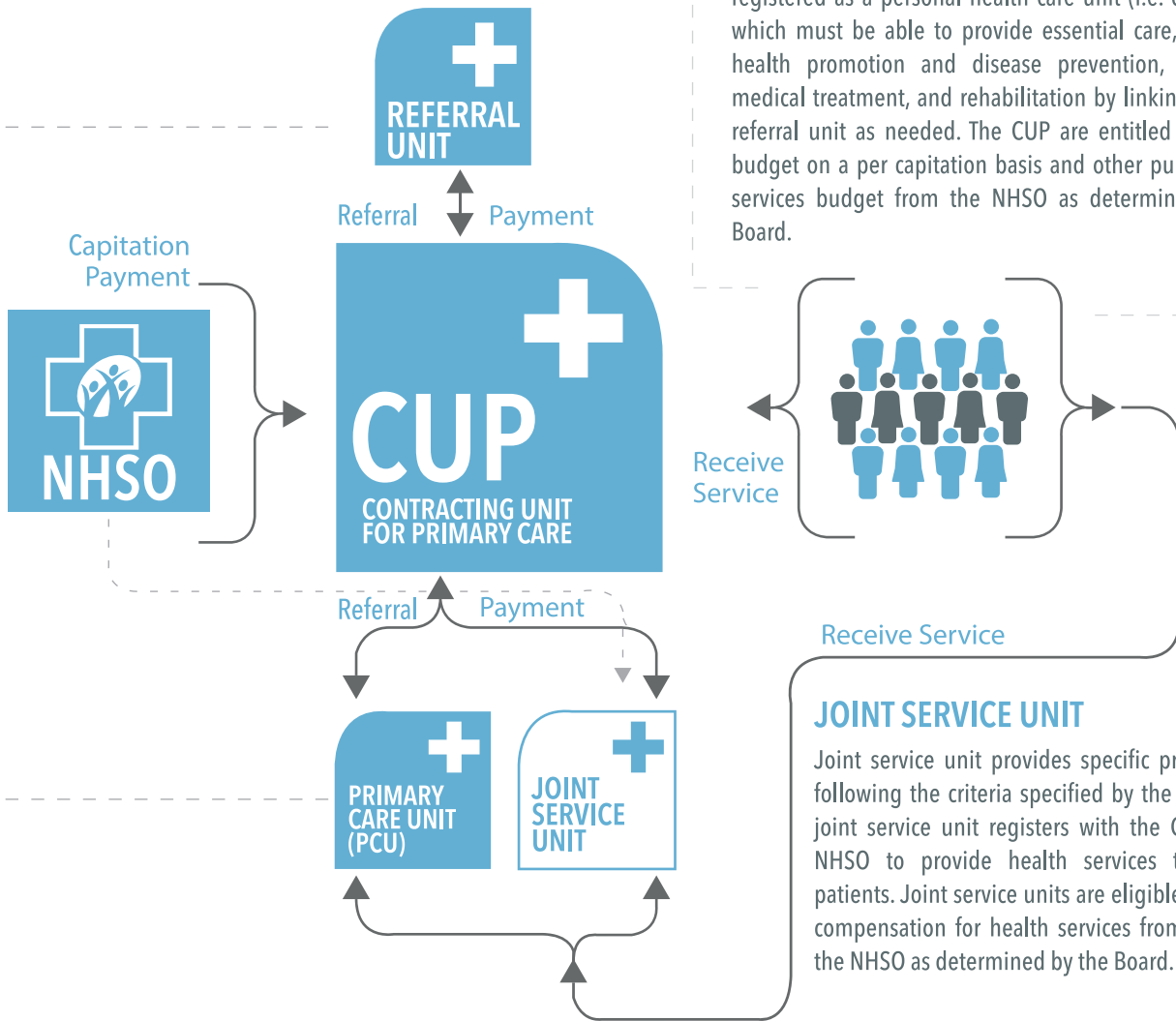
NETWORK OF HEALTH SERVICE UNITS

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.

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.



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 determined by the Board.

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.

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. (Table 1)

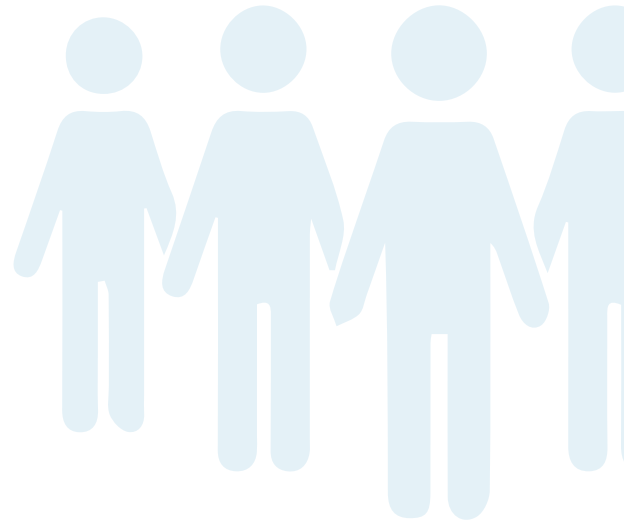


TABLE 1: SERVICE UNITS REGISTERED WITH THE UCS BY TYPE: FISCAL YEARS 2011-2019

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
Total		13,479		13,792	13,929	13,975	14,235	13,937	14,492

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

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

2.3 CRITERIA

SERVICE UNIT / CRITERIA FOR ACCEPTANCE	Criterion # 1 Capacity to provide accessible services	Criterion # 2 Organization of services by type and scope of public health services	Criterion # 3 Personnel
CONTRACTING UNIT FOR PRIMARY CARE (CUP)	<ul style="list-style-type: none"> - There is a network of primary care units and referral units - There is a physician (GP) with a multidisciplinary team in at least one primary care unit. - A primary care unit to care for up to 10,000 beneficiaries 	<p>Provide health promotion services, disease prevention, diagnosis, medical care, rehabilitation, long-term care, home visits</p>	<ul style="list-style-type: none"> - At least 1 family doctor, or in the ratio of at least one doctor per 10,000 catchment population - At least one registered nurse or practitioner nurse, or general practice or family medicine practitioner per 5,000 catchment population - 3 full-time health personnel, or one per 5,000 catchment population - There is a dentist, pharmacist, physical therapist, traditional Thai medicine doctor or other professional personnel consistent with local needs
PRIMARY CARE UNIT (PCU)	<ul style="list-style-type: none"> - Located in a convenient place, and average travel time from the residence of beneficiaries does not exceed 30 minutes - Has a capacity to serve a catchment population of 10,000 persons - Is open every day, with services hours of at least 56 hours per week 	<ul style="list-style-type: none"> - 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. - Provides outreach service in the area, not less than 12 hours per week - There are dental services, pharmacy, primary care, physical therapy, quality certified lab services 	<ul style="list-style-type: none"> - At least 1 family physician per 10,000 catchment population - 1 registered nurse (family practice or family medicine) per 5,000 catchment population - 3 health personnel per 5,000 catchment population - At least 1 dentist and pharmacist, physical therapist, traditional Thai medicine doctor or other necessary professional personnel
REFERRAL UNIT	<ul style="list-style-type: none"> - There is a standard emergency room facility - There are at least 3 hospital beds - There is at least 1 operating room - There is an intensive care unit with at least 2 beds - Hospitals of 30 beds or less may not provide services themselves 	<ul style="list-style-type: none"> - Services are clearly defined by separate department - There is an efficient 24-hour accident or emergency support system. - There is a system to coordinate advice and treatment plans 	<ul style="list-style-type: none"> - There are personnel operating in every department, 24 hours a day. - There is at least 1 doctor (GP) per 15,000 catchment population - A 90-bed hospital must have 4 branches of clinicians: Internal Medicine, Surgery, Obstetrics, Pediatrics - Hospitals of 90 beds or more, requiring a specialized dentist / at least 1 general dentist - Hospitals not more than 60 beds, must have 1 general pharmacist and 1 medical technician each - There are professional groups and other personnel
JOINT SERVICE UNIT	<ul style="list-style-type: none"> - Is located in a place that is easily accessible for beneficiaries 		

Criterion # 4 Management

Criterion # 5 Equipment, medical supplies, drugs

- 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
- There is a community development system with the participation of the public, community, and private sector
- There are personnel to register beneficiaries and manage payments and reimbursements

- There are a manager, executive board and the representative of the Local Administration Organization for policy formulation
- There are clear plans and a complaints management system.
- There is a system of clear and consistent and timely communication with the contracting unit for primary care (CUP), and referral unit
- There is a system for community health development with the participation of the public, community, and private sector

- There is a quality assurance system for the entire service unit
- There is an information system which is accurate, complete, and up-to-date

- There is a full-time liaison to help beneficiaries navigate the UCS
- There is a complaint management system

- There is adequate quality equipment for primary care, pharmacy, physical therapy, and Thai traditional medicine

- There is an ambulance, related personnel, drug management system and medical supplies, clinical tools, with the capacity to meet the standards

2.4

PROCESS OF REGISTERING SERVICE UNITS AND BENEFICIARIES

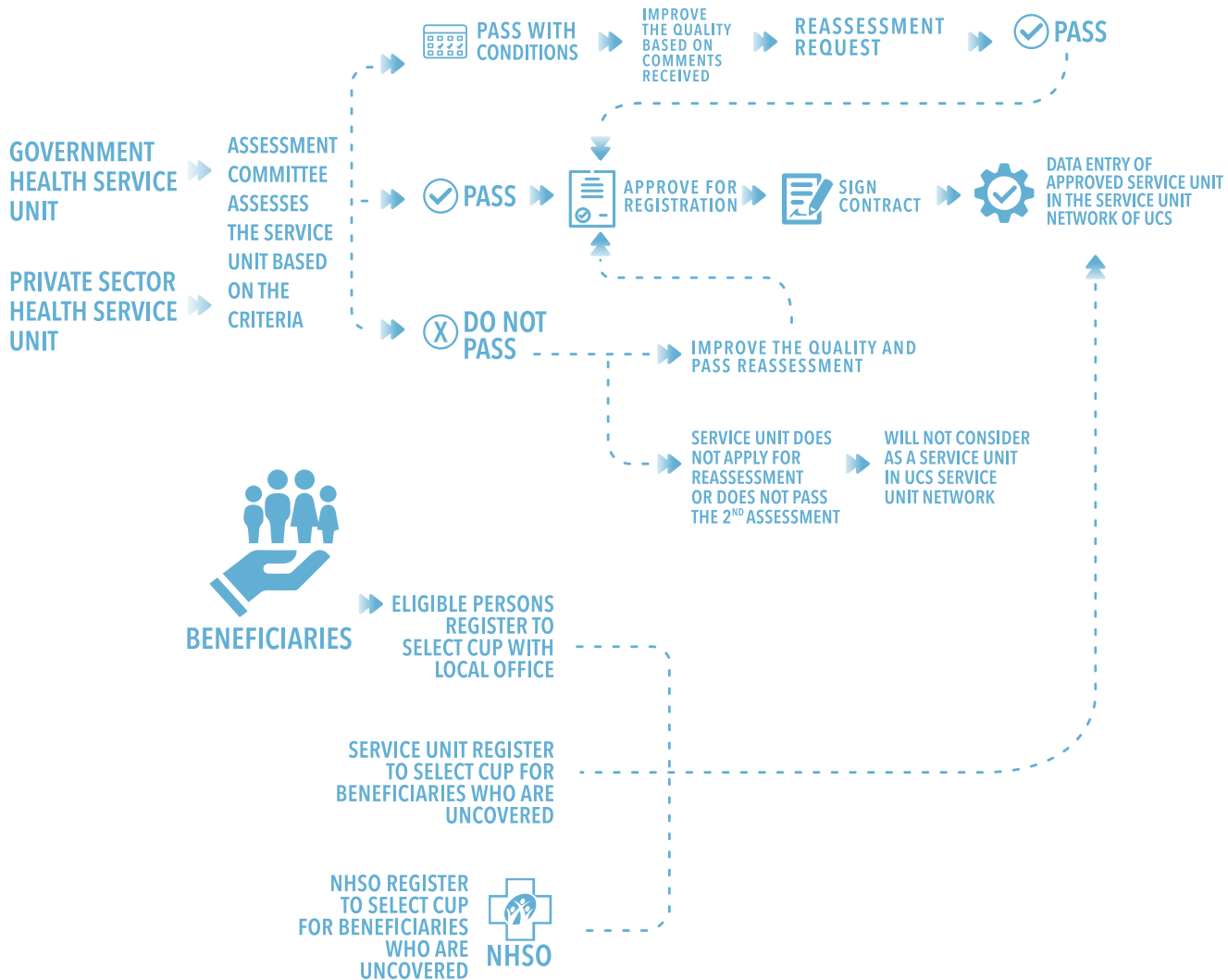


Figure 1: Process of registering service units and beneficiaries

3

UUCS

BENEFICIARY

REGISTRATION



3.1

DATA SYSTEM AND REGISTRATION SYSTEM



The NHSO uses data from different sources to ensure coverage of the beneficiaries, and to 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 birth, deaths of all Thai citizens. The data from the Civil Servant Medical Benefit Scheme (CSMBS) and the Social Security Scheme (SSS) have been combined to compare with the data from BORA. Those who have not been covered by other insurance schemes will be covered by UCS. Since 2009, the Ministry of Interior has streamlined the data system so that relevant agencies and offices can have real-time access to the 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 since its nationwide inception in 2012.



REGISTERING

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



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.



NHSO REGISTER ON BEHALF OF ELIGIBLE PERSONS FOR EIGHT SUBGROUPS OF THE POPULATION



1 Newborns and children up to 5 years of age



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



3 Workers who have retired from or left the Civil Service/state enterprises and their family members



4 Persons who have enrolled 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 prisoners



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



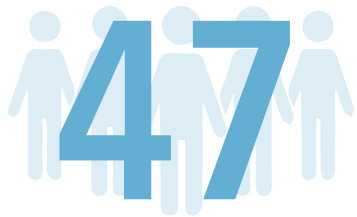
8 Military recruits who have completed their compulsory military service

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).



MILLION
2006-2019

There was an average number of **47 million** persons registered in the UCS during 2006-2019. The number of uncovered eligible persons by year has declined over the more recent time period (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 health insurance scheme can apply for UCS registration and select a CUP by themselves at an authorized NHSO registration office.



Figure 2: Registration for uncovered eligible persons

Uncovered eligible persons also include those who have changed the coverage from other health insurance scheme due to change in their status

1

Employee under SSS
who have resigned or laid off



Figure 3: Registration for those who have lost SSS coverage

2

Civil Servant or state enterprise employee have resigned, termination of employment or retirement receiving pension on a lump sum basis or dependent child reached the aged of 20, or the spouse of the principal beneficiary is divorced, etc.



LOST OF COVERAGE CSMBS STATE ENTERPRISE



OFFICE INFORMS
COMPTROLLER
GENERAL
DEPARTMENT



COMPTROLLER GENERAL
DEPARTMENT SEND
DATA TO NHSO ON
1ST AND 16TH



NHSO REGISTERS AND
SELECTS PROVISIONAL
SERVICE UNIT ON BEHALF OF
BENEFICIARY



NHSO UPDATE
DATA ON 2ND
AND 17TH



VISIT SERVICE
UNIT FOR
TREATMENT



SERVICE UNIT REGISTERS
AND SELECTS PROVISIONAL
SERVICE UNIT ON BEHALF OF
BENEFICIARY

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

3.3

CHANGING THE CUP

Beneficiaries in the UCS can change their CUP up to four times in a Fiscal Year. In-patient beneficiaries cannot change the CUP while still admitted to a hospital.



DOCUMENT REQUIRED

National ID card and a document showing the current residence



WHERE TO SUBMIT A REQUEST

Other provinces: THPH or other government hospital;
Bangkok: the 50 administrative district offices



WHEN IT IS EFFECTIVE

Within one month after submitting a request

WHO MOSTLY CHANGE CUP



- Students who have been studying away from home or return home after graduation
- Workers who move to work in other location
- Military recruits who have completed their service and return home

3.4

CHANGE IN THE INSURANCE SCHEME AND CUP DURING THE YEAR

The average number of total registrations for each year is around 3 million. The majority of these registrations are for changing service units, which was about 56 percent in 2018 and 65 percent in 2019 (see Table 4).

TABLE 4: NUMBER OF REGISTRATION 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

CHECKING THE REGISTRATION

Beneficiaries can check the registration
in the UCS 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



NHSO

3

Using the online
application of the NHSO



LINE

4

Using the NHSO
LINE application



NHSO

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 continually advocates for all eligible Thai citizens to register in the UCS. Some specific groups might need special attention to make sure that they will get the rights to health care.



BUDDHIST MONKS

The NHSO has coordinated with regional NHSO branch offices to compile a list of the 13-digit ID card numbers of monks nationwide and register on behalf of the monks. For monks on pilgrimage who are not aware of their rights, they will be considered as “eligible but uncovered” and can visit any hospital for treatment, and the hospital will register for them. (see section 3.2)



PRISONERS

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



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. In addition, the NHSO mandated that the disabled members of the UCS could seek care from any participating service unit to facilitate the disabled person’s access to services.

3.7

ONLINE SYSTEM DEVELOPMENT

The NHSO has developed an online registration system, including the following

1

REGISTERED USER & AUTHENTICATION SMART CARD



There are two systems to validate eligibility :
(1) for the user and
(2) for the service provider.

2



ONLINE REGISTRATION

The NHSO is expanding its use of the Internet to improve information exchange among different insurance schemes and increase the accuracy and timeliness of registration data.

3

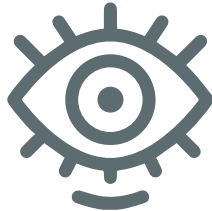
AUDITING AND VERIFYING DATA



Each participating service unit can extract data as part of the beneficiary verification process. Beneficiaries can call the #1330 hotline to clarify 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 through a web-based service or web search to agencies and entities outside the UCS. This includes the Central Beneficiary Database, where external agencies can extract and use the data. 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.

NHSO is the National Beneficiary Registration Center (NBRC), which is an integrated database that receives, retrieves, and forwards data of beneficiaries from the various insurance schemes. This helps to reduce duplication of registrants, and an increase in efficiency in reimbursement systems.

3.8

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

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. The registration system for beneficiaries in the UCS started in 2002 when the NHSO, together with BORA, made the registration process to be 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 beneficiaries information in the various health insurance funds, such as retired pensioners, the unemployed, etc.

Since 2008, Thailand has had the policy to use the 'smart ID card' that has a memory chip and, consequently, the vital information on the card carrier can be periodically updated. The smart ID card is first issued to an individual at seven years of age. Those aged under seven years can use the 13-digit code from the birth registration shown in the household registration booklet. 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, and beneficiaries can switch among insurance schemes without interrupting coverage.

4

**ENTERING DATA INTO
THE BENEFICIARY
DATABASE**

**& REGISTRATION
OF THE SERVICE UNIT**

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 enrolled with a given CUP; and the 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 is used to define the distribution of participating service units to ensure optimal coverage of the population. This data can also be used in the process of auditing and follow-up for service patients since every service encounter of a beneficiary is recorded in the online database, and the NHSO can monitor the 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. Accordingly, the performance quality standards differ significantly among groups of service units at 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 a 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 a reimbursement for services rendered. This interconnected 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 national ID code in conjunction with the database of beneficiaries, to help reduce or eliminate duplication, and to enable a more precise calculation of the budget.

5.2



The system of registration of service units and beneficiaries in the UCS enables more cost-effective distribution of potential patient populations and an appropriate array of service providers. The registration of service units in the UCS tells the NHSO exactly how many providers, and 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. There was one CUP for a catchment population of about 5,000 – 6,000 population.

5.3



The integration of the registration data on the three main insurance schemes ensures that all beneficiaries' rights are protected and can identify eligible uncovered beneficiaries. With this integration system, the coverage of insured persons achieved nearly 100% coverage of the eligible population by 2018.



6

PROBLEMS, OBSTACLES,
AND CHALLENGES IN

THE REGISTRATION

OF SERVICE UNITS
& BENEFICIARIES

6.1



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

The problem with the system occurred when a registration office and or regional office did not enter or validating the data on registration of a new beneficiary in time according to the database approval schedule. That oversight could result in the delay of a new beneficiary who needs to service. To address this shortcoming, BORA developed an automated system that 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.

6.2



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

Beneficiaries under CSMBS who have changed their status due to divorce from the principal beneficiary, but do not inform their employer, will be retained in the database of CSMBS beneficiaries. In the SSS, there are many cases where the employer fails to report if a beneficiary becomes ineligible (e.g., through termination of employment) to the Social Security Office. 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.

The system is now left to the individual to inform the registration office; otherwise, the individual will not be able to enroll in the UCS in a timely way.

6.3



OPPORTUNITIES FOR EXPLOITATION IN THE REGISTRATION SYSTEM

The possible exploitations in the registration include

- 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.
- A service unit hires a person to collect registration documents from students in the local school without informing the parents.
- A service unit fabricates a certification of residence of a beneficiary to increase the catchment population.
- A service unit arranges for a transfer of rights of a beneficiary without informing the registration office.

Guidelines for the prevention of registration exploitation include control, good governance, and validation of supporting documents with applications. The dissemination of public information about the correct steps to process and retain proper registration status in the UCS need to be implemented.

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 under NBRC minimizes duplication, identify uncovered eligible beneficiaries, and maximize benefit coverage for the entire eligible population. The registration system also 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.



NHSO

National Health Security Office