



► Social Protection in Action: Building Social Protection Floors for All

2022

Thailand: A national health insurance beneficiary registry based on national identification numbers

Summary

Built on a partnership between the Ministry of Interior and social health protection schemes, the national health insurance beneficiary registry facilitates access to health care for all and ensures that health services better respond to the needs of patients.

Launched in 2001, the Universal Coverage Scheme (UCS) covers all residents not covered by other social health protection schemes, namely the private employees' Social Security Scheme (SSS) and the Civil Servants' Medical Benefit Scheme (CSMBS).

A national registry of beneficiaries has been built based on the population database maintained by the Ministry of Interior (MOI). It is shared by the three social health protection schemes. Identification of UCS beneficiaries is made by removing from this complete database those covered by SSS and CSMBS. The national identification (ID) number is used by health-care providers to verify eligibility, track delivered services, settle claims, and build a shared medical record for each patient.

Thailand's efforts to expand social health protection coverage and establish a national registry of beneficiaries are in line with key principles of the Social Protection Floors Recommendation, 2012 (No.202). In particular, they promote the universality of protection based on social solidarity, inclusion of person in the informal economy, and build on the establishment of transparent, accountable and sound financial management and administration.

Main lessons learned

- Thailand's UCS highlights the importance of national database systems for achieving universal health care. The unique national ID number is used to guarantee that all the population has access to health coverage and monitor utilization of health-care services and financial transactions.
- The use of the national ID numbers has led to improvements in the efficiency and transparency of the national social health protection system's management, as well as prevented misuse of public resources.

Social Protection Floors Recommendation, 2012 (No. 202)

SDG 1.3 aims to implement nationally appropriate social protection systems and measures for all, including floors, and by 2030, achieve substantial coverage of the poor and the vulnerable.

Social protection floors (SPFs) guarantee access to essential health care and basic income security for children, persons of working age and older persons.

187 countries have adopted the Social Protection Floors Recommendation, 2012 (No.202), to achieve universal social protection.

This brief presents a successful country experience of expanding social protection.

- Additional identification systems had to be developed to cover those residents who are not part of the national ID card system, such as minorities and migrant workers.
- The development and maintenance of the shared database system rely on clear cooperation outlined in a memorandum of understanding (MoU) signed by the MOI and the National Health Security Office (NHSO). The Registration of Residential Inhabitant Act, B.E. 2534 (1991), provides the MOI with authority to share data with other government agencies according to their specific missions.

The need for a shared database to achieve universal coverage

Despite the gradual extension of health protection coverage in Thailand since the 1970s, at the turn of the millennium it was clear that more needed to be done to improve access to health care and finally achieve universal coverage. In 2001, approximately 30 per cent of the Thai population (18 million people) had no health coverage and would bear the entire burden of health-care costs, although exemptions from the payment of fees were granted by hospitals on a case-by-case basis.

To reach these people, the UCS was launched in six provinces in April 2001, in an additional 15 provinces in June 2001, and nationwide in April 2002. The principle of the UCS is simple: it aimed at covering the 76 per cent of the population not covered by other social health protection schemes, which mainly are (a) the SSS for private sector employees and (b) the CSMBS for government employees and government retirees, as well as their spouses, dependants under 20 years old, and parents.

One of the preconditions of the UCS implementation was to be able to identify its beneficiaries and to guarantee all Thai residents have access to one of the existing social health protection schemes.

A registry identifying the beneficiaries thanks to a unique ID number and a health smart card

At the beginning of the UCS implementation the proportion of beneficiaries who were eligible to more than one scheme was high (around 10 per cent). On the contrary, many residents were not registered in any of the existing schemes. The need to identify UCS beneficiaries among Thai residents

led to the joint establishment by the three national health social protection schemes of a national health insurance beneficiary registry. The NHSO – an autonomous institution created to manage the UCS – was designated to compile and maintain this registry.

In order to compile a complete registry of all Thai citizens, NHSO uses the national civil registration database, established and maintained by the National Civil Registration Office, MOI. By law, this office is responsible for registering all births, deaths, marriages, divorces, and migrations. A unique 13-digit identification number is generated for each Thai citizen at the time that their births are registered in the national civil registration database. National ID cards are issued to citizens when they reach the age of 7 years old (see figure 1).

Figure 1. Characteristics of the Thai national ID number



- The ID number consists of 13 digits, each with a specific meaning.
- The last digit is a checksum used to prevent fraud.
- It is unique for each Thai person from cradle to grave.
- The MOI generates the ID number at the time of birth registration.
- The ID number is printed on the national ID card.

► Source: Elaborated by the author.

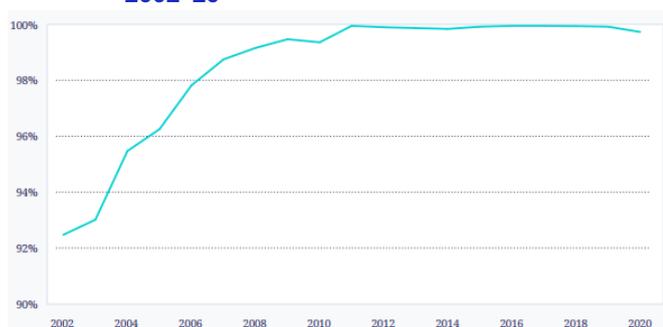
National ID numbers are used to register children at school, apply for driving licenses, and request many other documents. Since 2001, national ID numbers are also used to identify a citizen upon delivery of health-care services, track their utilization of services throughout the health-care system, settle claims, and ensure that health-care procedures are consistent across different health-care facilities.

The National Civil Registration Office and the managers of the three health insurance schemes dynamically update the population data on a daily basis by adding births, removing deceased citizens, and recording shifts in memberships across the three schemes. The list of UCS beneficiaries is produced based on the comprehensive MOI Database, excluding SSS and CSMBS beneficiaries.

In accordance with ILO Recommendation No. 202, the UCS is not designed only for Thai people, but for all residents of Thailand. Although the issuance of national ID cards is restricted to Thai people, the MOI still issues national ID numbers for non-Thai residents (the first digit of the ID number identifies that the person is non-Thai). Based on these unique ID numbers, health cards for foreigners are delivered by NHSO at the time of registration. Despite them not being “smart”, health cards for foreigners perform similar functions (that is identification of the beneficiary, unique ID that can be used to search information in the database, among other functions). Registered migrant workers are entitled to health services provided by the Ministry of Public Health and the Social Security Office. In addition to the national registry, an administrative database stores information tied to national ID numbers for all outpatient and inpatient care, as well as medical and service transactions. Discharge summaries, claims under diagnosis-related groups, and patients’ annual expenditures covered by health social protection schemes are all linked to the patients’ unique ID number. Thus, the system can provide for each resident information on the current affiliation status as well as historical transactions across the different social health protection schemes. Upon delivery of services, health-care professionals can access the patient’s profile, including their personal medical records. This guarantees that all patients are provided quality health care that responds to their needs.

Figure 2 shows the increase of the coverage of social health protection in Thailand.

Figure 2. Social health protection coverage in Thailand, 2002–20



► Source: National Health Security Office, 2020.

Next steps

Thailand plans to increase the efficiency of the national health-care system by decreasing fraud, human error, and overhead costs. The electronic administration of claims, which uses information from the shared database system, has made fraud virtually impossible and reduced administrative costs. Through increased collaboration between the National Civil Registration Office and the three social health protection schemes it is expected that the health insurance beneficiary registry will be updated on a more frequent basis, allowing for more information to be shared and delays in sharing information reduced. In 2019, the *Thailand Health Information Exchange project* was established under the Government Big Data Institute, which aims to facilitate the exchange and analysis of health service information.

The close collaboration between NHSO and MOI has led to improvements in Thailand’s births and deaths registration system. For example, one project (initiated in 2011) between NHSO, MOI, Ministry of Public Health, and UNICEF aims to directly and electronically send information on new-borns from the hospital delivery room to MOI’s database. This online birth registration system will progressively replace the previous one where parents register their new-borns at a district office within 15 days of delivery. The online birth registration system was implemented nationwide in 2013 and is now available in all public hospitals.

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