

Health for 'alien' in Thailand: **examples of research, current situation,** **and the way forward**

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Overview of the health insurance management for non-Thais

Who is alien in Thailand?

- Immigration Act B.E.2522—an alien is an ordinary person who is either:

- a national of other countries

- Migrant workers

- Low skilled

- High skilled

~ 3-3.5 m

~ 0.3 m

- Tourists

inflow & outflow ~ 20 m/year

- Others: medical tourists, expats, border people, etc

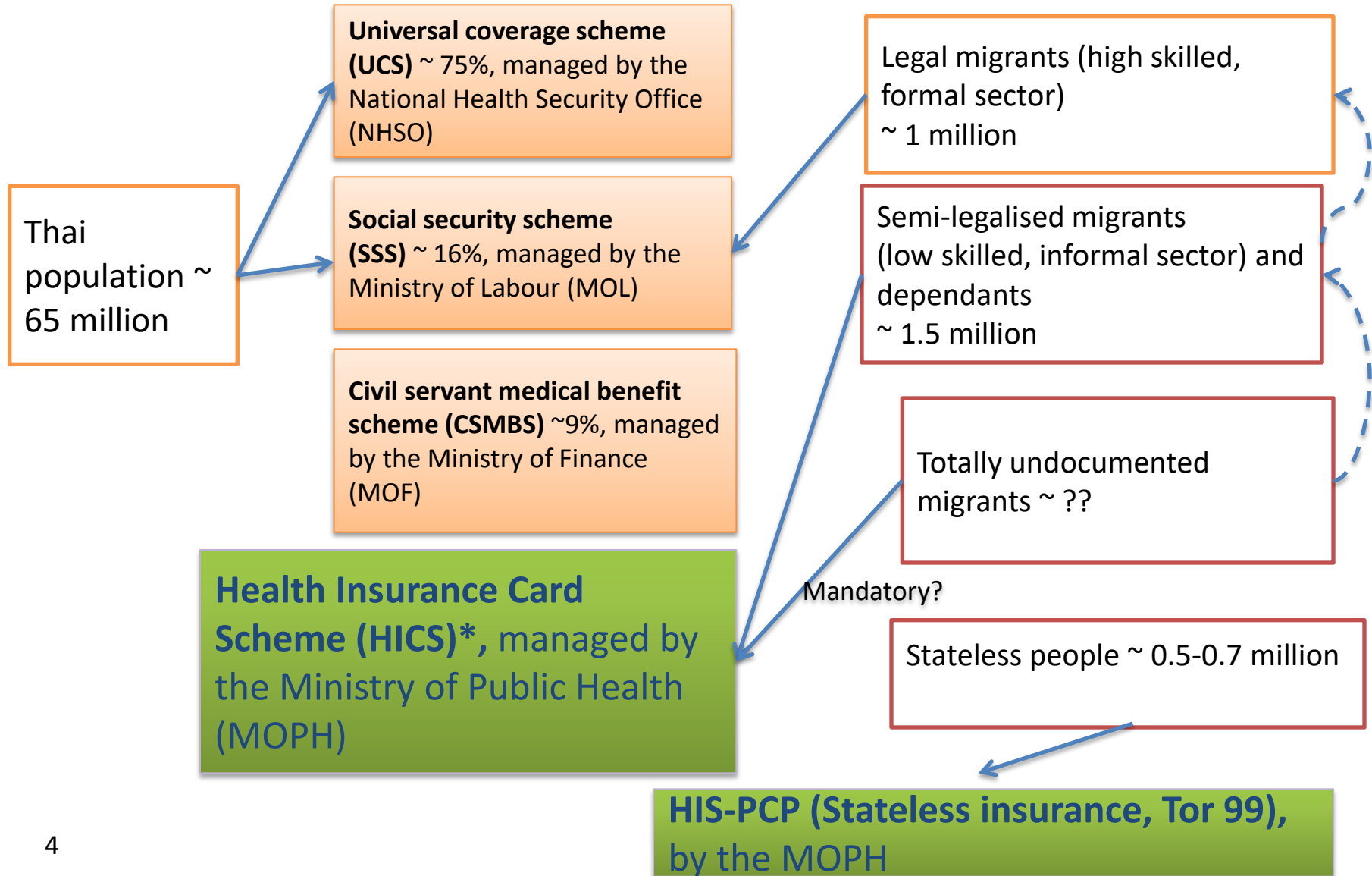
- non-national

- permanent residents

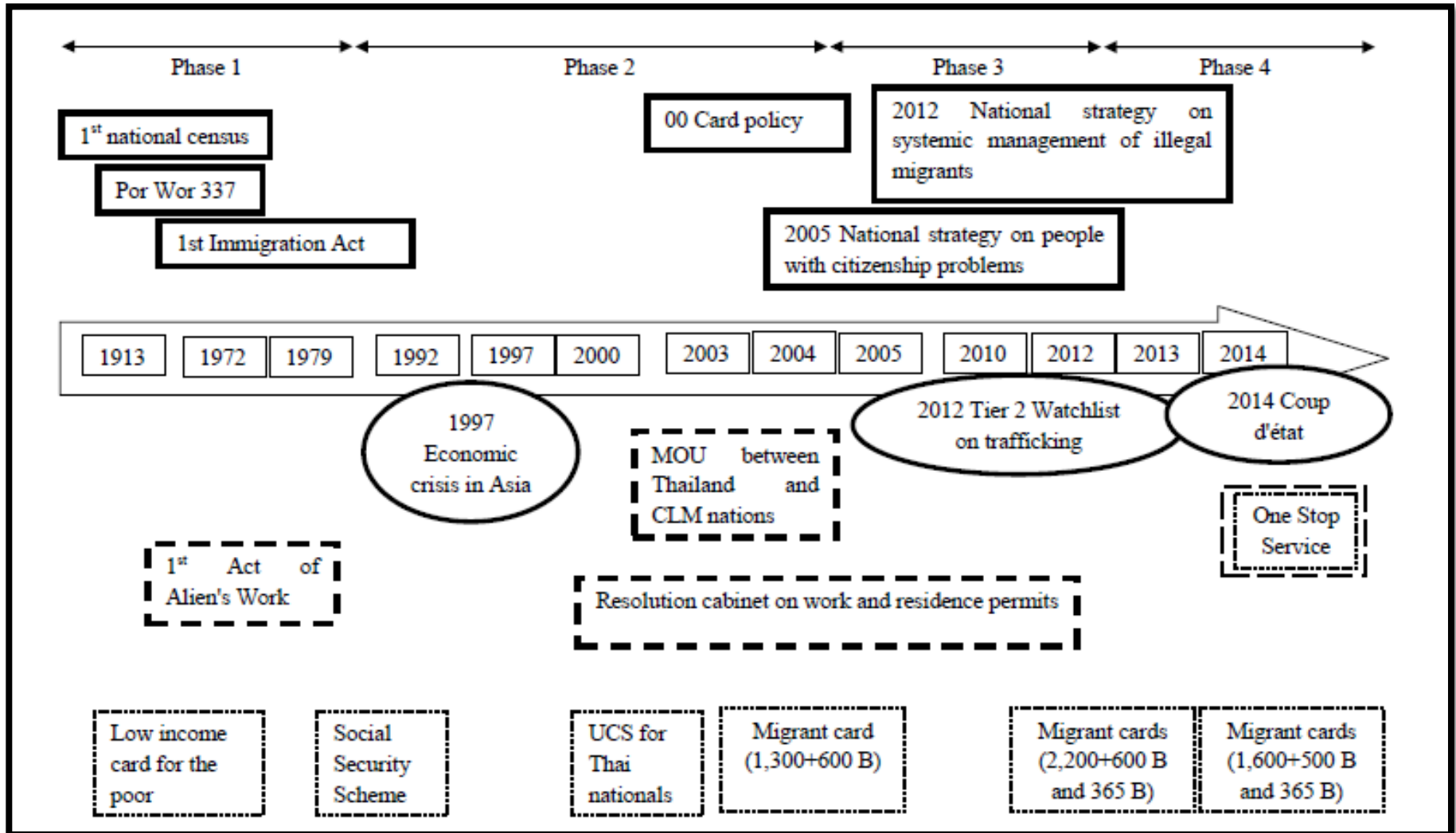
- non-permanent residents

~ 0.5-0.7 m

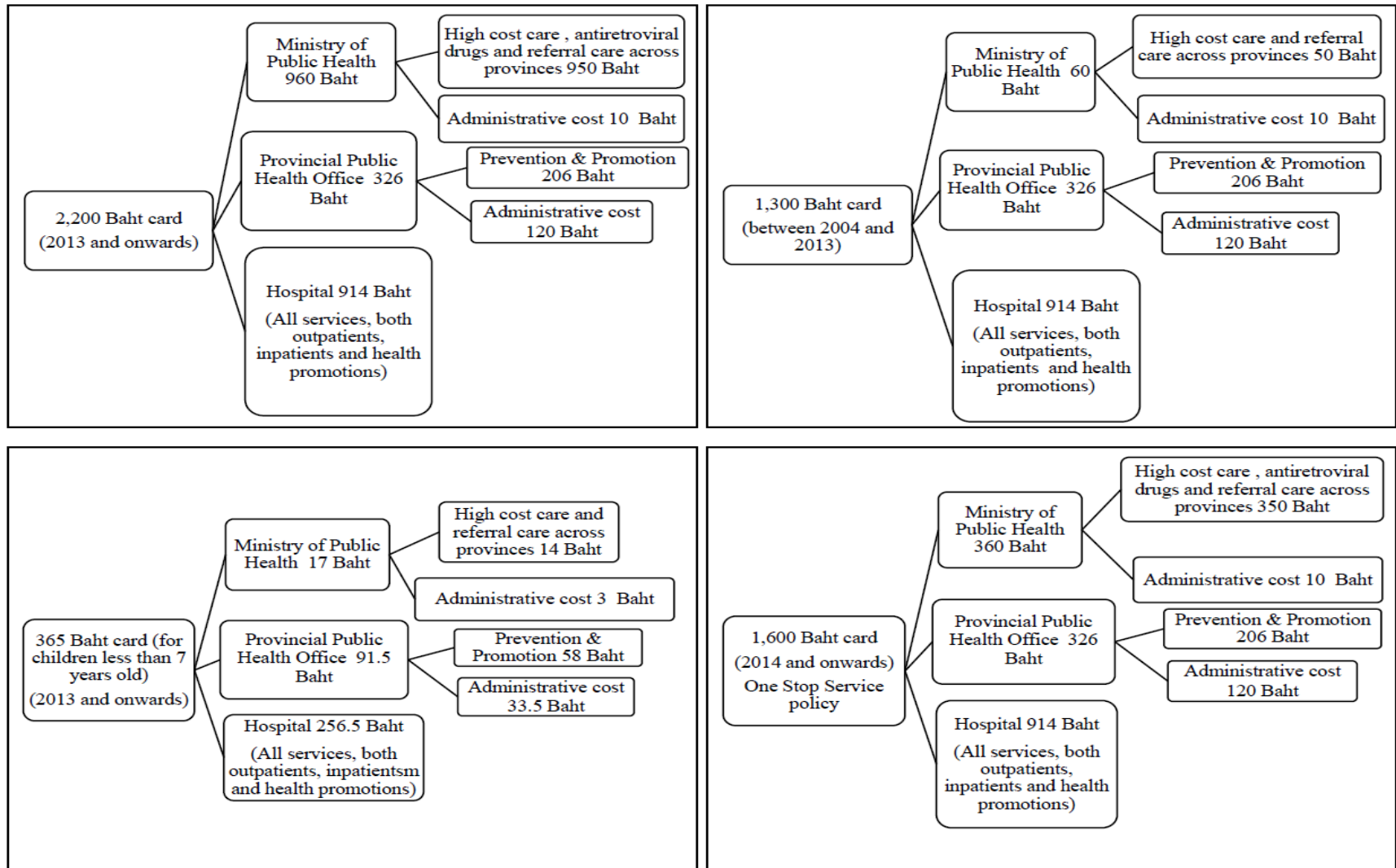
Insurance arrangement for Thais and non-Thais



Evolution of insurance arrangement for non-Thais



Financing mechanisms of the HICS (1)



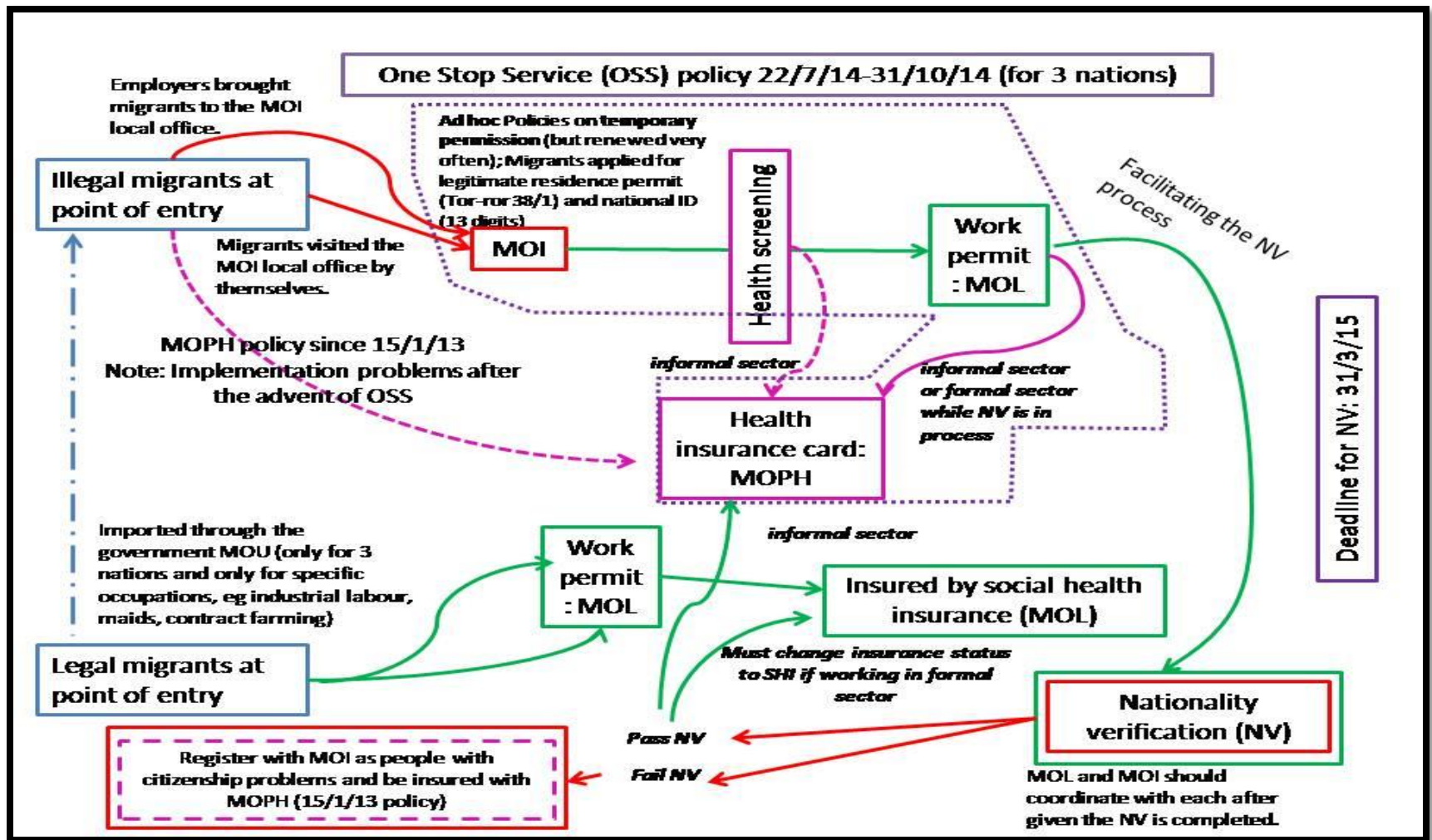
Characteristics of the HICS

Card	Premium	Length of coverage	Beneficiary	Beginning from	Benefit package	Legal basis
Health Insurance Card for 'migrant'	2,200 Baht + 500 Baht for health check	1 Year	All non-Thai populations, except for tourists, and Caucasian foreigners	15 January 2013	Outpatient, inpatient, and health promotion, disease prevention services (including HIV/AIDS treatment, and other high-cost care; excluding renal replacement therapy for chronic renal failure and treatment for psychosis and drug dependence)	Cabinet Resolution on 15 January 2013
Health Insurance Card for 'migrant child'	365 Baht	1 Year	Migrant child aged less than 7	15 January 2013		
Health Insurance Card for 'migrant worker'	1,600 Baht + 500 Baht for health check	1 Year	Migrants who registered with the One Stop Service by 31 October 2014	7 July 2014	Outpatient, inpatient, and health promotion, disease prevention services (including HIV/AIDS treatment, and other high-cost care; excluding renal replacement therapy for chronic renal failure and treatment for psychosis and drug dependence)	NCPO Order No 118/2557
	900 Baht + 500 Baht for health check	6 months				
	500 Baht + 500 Baht for health check	3 months				
Health Insurance Card for 'a child of migrant workers'	365 Baht	1 Year	Child of migrant workers, aged less than 7, registered with the One Stop Service by 31 October 2014	7 July 2014		

Characteristics of Tor 99

Characteristics	UCS	HIS-PCP
Population coverage	47 million	~450 000
Financing source	General tax	General tax
Governing body	NHSO, the autonomous agency regulated by the MOPH)	HIG and MOPH
Contracting mechanism	Capitation for outpatients (~2800 Baht per capita) and global budget plus DRGs for inpatients; additional fees for specific high priority services; no copayment by beneficiaries	Capitation for outpatients (varying by year, between 1000 and 2000 Baht per capita) and global budget plus DRG for inpatients; no copayment by beneficiaries
Benefit package	Comprehensive: outpatient, inpatient, accident and emergency, high cost care (including chemotherapy, anti-retroviral drugs for HIV/AIDS, renal replacement therapy, organ transplants, etc.) and health promotion	Comprehensive, similar to the UCS: outpatient, inpatient, accident and emergency, high cost care with minimal exclusions (such as organ transplants) and health promotion
Contracted health facilities	All public health facilities under the MOPH, majority of non-MOPH public facilities and some private hospitals and community clinics voluntarily contracting with the NHSO	Almost all public health facilities under the MOPH

Theoretical workflow of the registration system for undocumented non-Thais



Example of a study on the impact of the HICS on its beneficiaries in terms of service utilisation and out-of-pocket payment

	IP Utilisation	IRR	Std. Err.	P-value	[95% Conf.	Interval]
Insurance (v uninsured)						
• HICS		1.017	0.005	0.001	1.007	1.026
• UCS		1.087	0.005	<0.001	1.077	1.096
Ever had catastrophic illness (v never)						
		1.057	0.012	<0.001	1.034	1.080
Insurance##Catastrophic illness						
• HICS##Ever had catastrophic illness		1.193	0.028	<0.001	1.140	1.249
• UCS##Ever had catastrophic illness		1.336	0.021	<0.001	1.295	1.379
Age group (v ≤7 yr)						
• 8-15				0.001	0.914	0.945
• 16-30					0.952	0.977
• 31-60					1.009	1.042
• >60					1.092	1.145
Female (v male)						
					0.981	1.007
Proximity (v non-proximity)						
					1.092	1.119
Post-OSS (v pre-OSS)						
					0.969	0.995
Insurance##OSS						
• HICS##Post-OSS					0.980	1.022
• UCS##Post-OSS				0.268	0.968	1.009
Provincial hospital (v district hospital)						
		0.997	0.009	0.711	0.980	1.014

Positive coefficient for the insurance variable with statistical significance was observed. However, this effect was still much smaller than the interaction term between insurance status and catastrophic illness.

Example of Two-part model for IP OOP per visit

Variable	Coef.	Std. Err.	P-value	[95% Conf Interval]	
HICS (v uninsured)	-2470.710	45.185	<0.001	-2559.271	-2382.150
Having catastrophic illness (v not having)	425.963	126.616	0.001	177.800	674.126
Post-2013 (v pre-2013)	-136.234	48.277	0.005	-230.855	-41.613
Female (v male)	60.860	58.909	0.302	-54.600	176.320
Age group (v ≤7 yr)					
• 8-15	124.222	77.126	0.107	-26.941	275.385
• 16-30	400.856	57.477	<0.001	288.203	513.508
• 31-60	224.493	70.437	0.001	86.439	362.546
• >60	94.868	244.645	0.698	-384.628	574.364
Proximity (v non-proximity)	-55.321	110.728	0.617	-272.344	161.702

Both parts

Summary of the HICS effects on its insurees (relative to the uninsured)

- IP Utilisation
 - Without addressing endogeneity effect: ↑ 1.7% admissions/person/year
 - After addressing endogeneity effect: ↑ 13.5% admissions/person/year
- OP Utilisation:
 - Without addressing endogeneity effect: ↑ 9.9% visits/person/year
 - After addressing endogeneity effect: ↑ 93.5% visits/person/year
- IP OOP: ↓ 2,471 Baht (US\$ 75) /person/visit
- OP OOP: ↓ 293 (US\$ 9) /person/visit
- The overall utilisation rate of the HICS beneficiaries was much smaller than the Thai UCS.
- Disease status was a stronger influence than insurance status, and its interaction with the HICS was much larger than the HICS effect *per se*.

What about the non-registered
undocumented non-Thais?

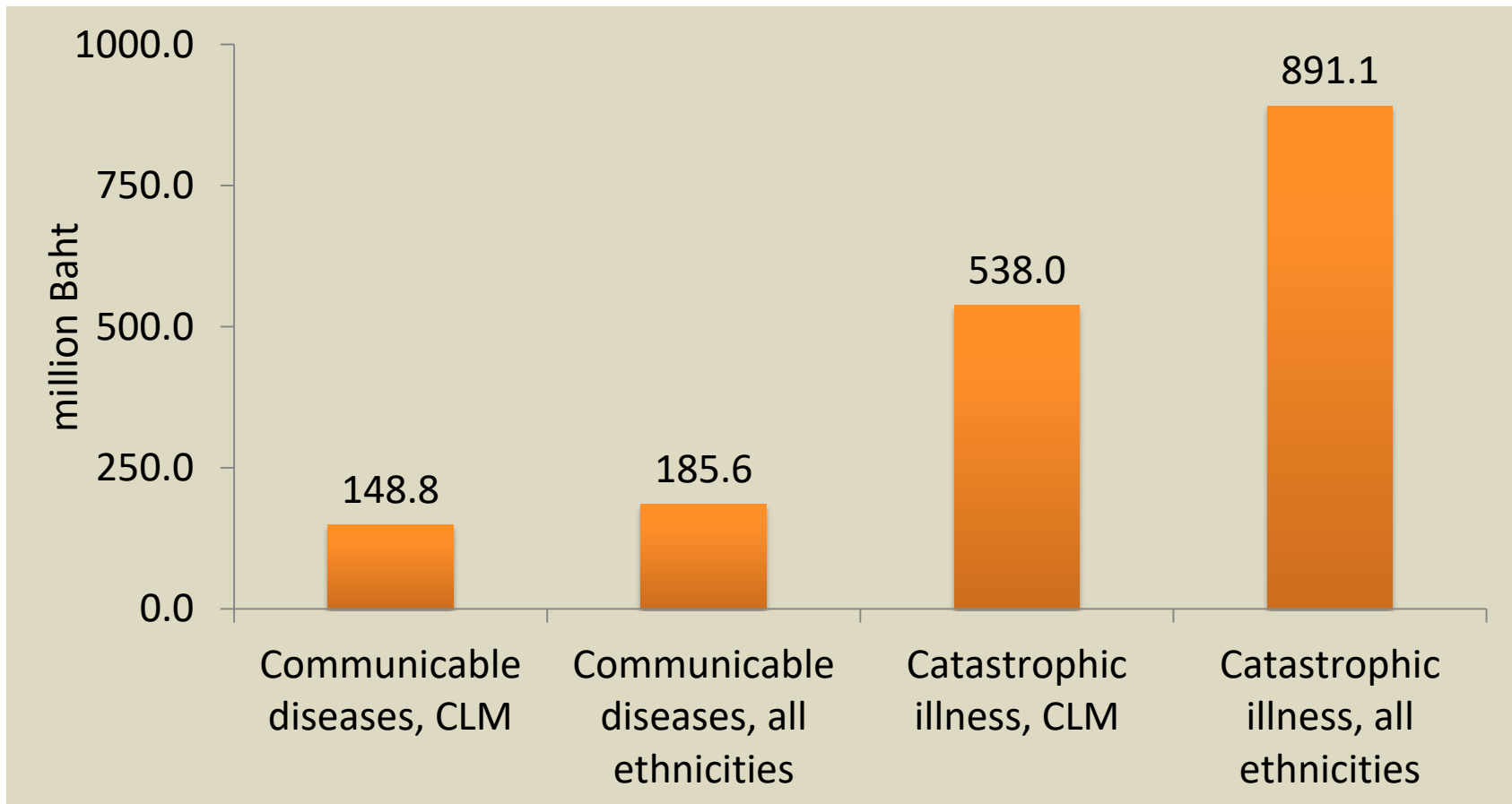
Insurance arrangement for undocumented non-nationals in European countries (1)

Level of rights	Tax-financed insurance	Premium (or payroll taxed)-financed insurance
No rights	Finland, Ireland, Malta, Sweden	Bulgaria, Czech Republic, Latvia, Luxembourg, Romania
Minimum rights	Cyprus, Denmark, UK	Austria, Belgium, Estonia, Germany, Greece, Hungary, Lithuania, Poland, Slovak Republic, Slovenia
Rights	Italy, Spain, Portugal	France, Netherlands

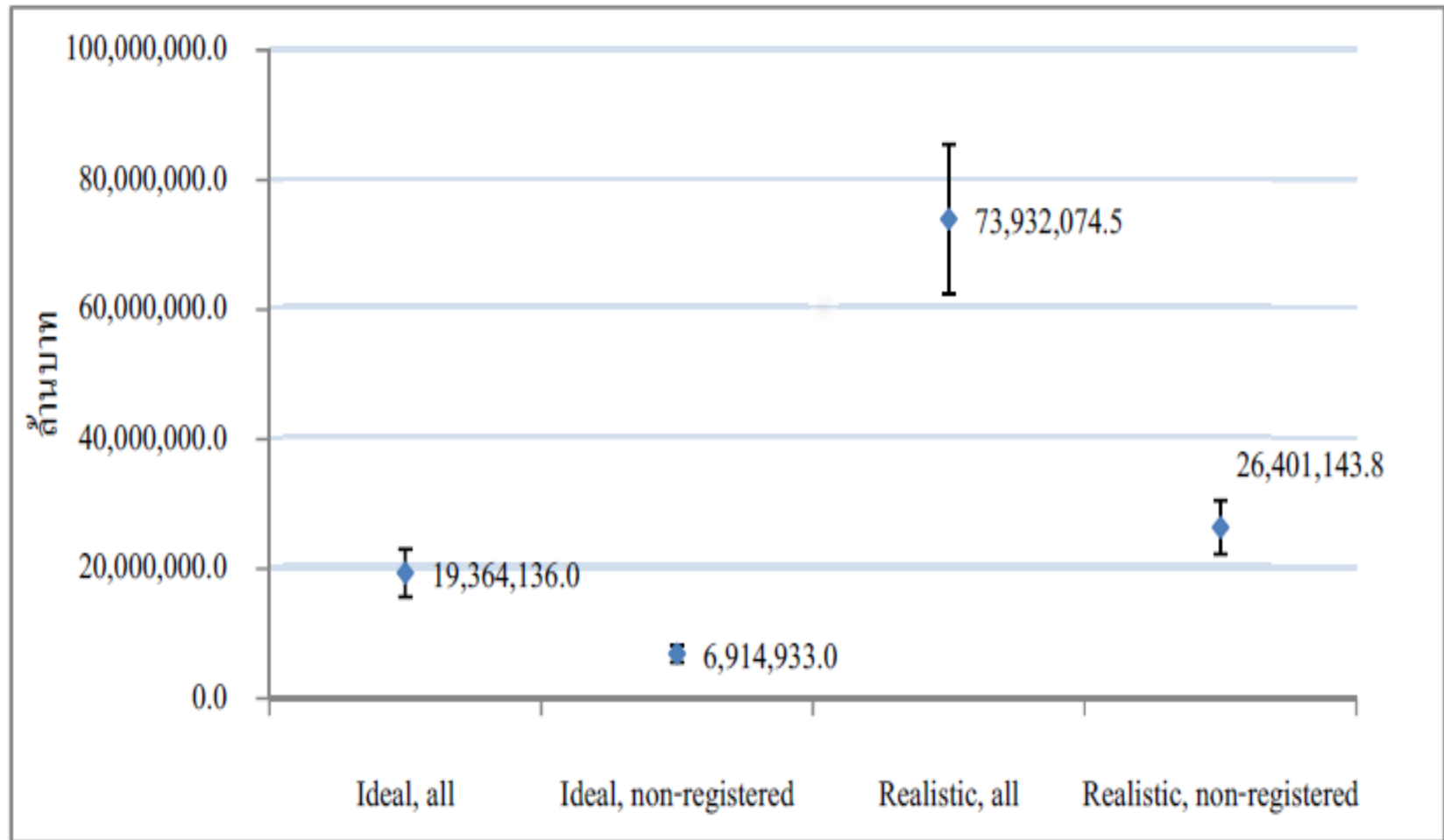
Insurance arrangement for undocumented non-nationals in European countries (2)

- The insurance arrangement for non-nationals can be divided into four tiers
 - Tier 1: Rights for fully legalised migrants are quite similar to rights for nationals.
 - Tier 2: Rights for registered undocumented migrants depend on the 'openness' of policies in a certain period of time.
 - Tier 3: Rights for vulnerable populations
 - Tier 4: Special funding for subsidising unpaid debts from providing services for uninsured patients to the facilities
- Some worth-noting observations
 - Tier 1 and Tier 2 are usually managed by the same authority.
 - 1951 UN Refugee Convention
 - Women, children, and patients with 'public health threat diseases' are included in Tier 3.
- **Do we want to go that far?**

Budget impact estimation for subsidising treatment expense for uninsured non-Thais in certain conditions



Budget impact estimation for subsidising essential vaccination for non-Thai children in certain conditions



หมายเหตุ: เส้นในแนวตั้ง คือ 95% confidence interval

Summary and ongoing challenges

- Financing system for non-Thai populations depends on the openness of non-Thai policies in Thailand and to what maxim we uphold: economics, human rights, humanity, etc.
- Issues to be further explored...
 - Benefit package design
 - Rationale or not if we include some benefits, eg mental diseases, drug dependence, ...
 - Financing adjustment v
 - Undefined populations
 - Eligibility
 - Risk pooling issue
 - Support on providers if totally undocumented
 - Harmonizing across schemes
 - Cross-border insurance
 - Whole process of migration

Some more references

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- Suphanchaimat R, Kantamaturapoj K, Pudpong N, Putthasri W, Mills A. Health insurance for people with citizenship problems in Thailand: a case study of policy implementation. Health Policy and Planning. 2016;31(2):229-238.
- Etc.

THANK YOU

Comments and suggestions