

# CUSTOMER RIGHTS PROTECTION

UNDER THE UNIVERSAL COVERAGE SCHEME (UCS)  
IN THAILAND



## GUIDING PRINCIPLE OF

# RIGHTS PROTECTION IN THE UCS

Health rights protection of the population in the UCS is based on principles of human rights. This led to the creation of channels to file complaints about sub-standard service or denial of rights to access to affordable care. In addition, the UCS includes a provision for no-fault compensation to be paid in case of injury or loss due to performance in a participating health service facility.

In 2018, the Ministry of Finance announced a regulation to provide preliminary compensation to health personnel who suffered injury or loss due to service provision in a government health service facility. Violations include being infected by a patient, accidental injury, or accident caused by a referral. At present, the Comptroller-General's Department and the MOPH have taken over responsibility for these payments, which draw upon the NHS fund.

# EVOLUTION OF RIGHTS PROTECTION IN THE UCS

The rights protection mechanism in UCS gradually expanded and developed from simple to comprehensive methods. Initially, channels were opened where people could get more information about their health rights and services. Then there was also decentralization of some services. Over time, the system expanded and became more sophisticated, e.g., through computerization of the Call Center.

# 2002

## THE NHSO CREATED ITS OWN CALL CENTER (#1330)

# 2005

## ADDED ANTI- RETROVIRAL THERAPY (ART) TO THE UCS BENEFITS PACKAGE FOR HIV+ PERSONS

2005

2004

2003

2002

2001

### UCS project in pilot sites with expansion nationwide (with the exception of Bangkok)

MOPH establishes a Call Center (#1669) using a paper-based system to record complaints. The MOPH Call Center was open from 8:30 a.m. to 9:00 p.m. daily, with ten operators.

- **Expansion of the project to include Bangkok, thus making it truly national**
- **Enactment of the NHS Act**
- **Establishment of the NHSO**

The NHSO created its own Call Center (#1330) with ten operators

### Project to reduce the wait for cataract surgery

- This involved the computerization of the Call Center approach
- A special office at the NHSO was set up to receive complaints
- This service was decentralized to the provincial health office

### Increase of the rehabilitation fund for the disabled

- Developed a system of mediation for preliminary compensation payments as per Article 41
- Developed a computerized Call Center system (Customer Relationship Management Software) with 24-hour service

### Added anti-retroviral therapy (ART) to the UCS benefits package for HIV+ persons

# 2010

## EXPANDED THE RIGHTS OF UNDOCUMENTED PERSONS IMPLEMENTED AN ORPHAN DRUGS PROGRAM

2009

2008

2007

2006

- **Launch of the Community Health Fund for health prevention and promotion interventions**
- **Implemented compulsory licensing for expensive, life-saving drugs**

- Creation of a Coordination Center for UCS
- Creation of an NHSO consumer service center inside participating health service facilities
- Provided call center service for the toxicology center (discontinued on 31 March 2012)

- **Added traditional Thai medical services to UCS benefits package**
- **Implemented a program for high-cost diseases**
- **Heart surgery queue reduction program**

Started offering awards for excellence in the consumer service center inside participating health service facilities of the UCS

- **Added renal replacement therapy for end-stage chronic kidney failure to the benefits package**
- **Added a methadone maintenance program for opioid addiction patients to the benefits package**

Launched the "Love Care: Dare to Love, Dare to Get Checked" project for HIV and unwanted pregnancy telephone counselling (discontinued on Jan. 2, 2009)

- **Develop the high-cost medicine scheme (Category E2)**
- **Project to reduce queues in the treatment of kidney stones**
- **Added influenza vaccine to the benefits package**

Established the independent complaint receiving unit according to Article 50 (5) of the National Health Security Act 2002

# 2011

**DESPITE THE FLOOD  
DISASTER, THE NHSO  
CALL CENTER SERVICE  
WAS NEVER  
INTERRUPTED**

2013

2012

2011

2010

**Expanded the rights of undocumented persons  
Implemented an orphan drugs program**

**Started screening for complications of diabetes  
and hypertension**

Despite the flood disaster, the NHSO Call Center service was never interrupted

- **Added heart transplant and pediatric liver transplant to the benefits package**
- **The government launches the Emergency Claims Online Project (EMCO)**

Developed an alternative system for BCP in case of a natural disaster

- **NHSO established a National Clearing House**
- **NHSO was assigned to be the reimbursement agency for Local Government Officer Medical Benefits Scheme**
- **Expansion of flu vaccine coverage**
- **Added stem cell transplantation for leukemia and lymphoma in the benefits package**

During political demonstrations, the NHSO Call Center moved operations to an alternative site in Saraburi Province

# 2014

**LAUNCHED A SYSTEM TO  
FIND HOSPITAL BEDS  
FOR PATIENTS BEING  
TREATED IN PRIVATE  
HOSPITALS OUTSIDE  
THE UCS**

# 2016

**INITIATED A PROJECT  
FOR THE CARE OF  
CHRONIC PSYCHIATRIC  
PATIENTS IN THE  
COMMUNITY**

2017

2016

2015

2014

- **Development of Long Term Care Scheme**
- **Integrated cancer treatment into a single standard service**
- Discontinued the provincial NHSO branch offices
- Created a Committee for Quality Control and Standards at the regional level
- Due to political demonstrations, the NHSO Call Center was moved to Ayuthaya Province
- Launched a system to find hospital beds for patients being treated in private hospitals outside the UCS

- **Expansion of coverage for delivery, regardless of number of births**
- **Expanded the list of E2 drugs**
- **Expanded ART for all HIV cases, regardless of CD4 count**

- **Initiated a project for the care of chronic psychiatric patients in the community**
- **Long-term health care project for dependent elderly**

Increased complaint channels for Chat services from 8.30-16.30 (official work days)

- **Launch of the Universal Coverage for Emergency Patients program (UCEP)**
- **Expanded cervical cancer screening service**
- Started aCall Center service for healthcare providers' inquiries
- NHSO Call Center provides information on the UCEP Program, and coordinates referral of patients to hospitals under UCS
- Integrate data throughout the three Public Health Insurance Scheme (CSMBS, SSO, and UCS)

# 2018

ONE-DAY SURGERY PROGRAM

2018

- Screening for colon cancer
- Implemented Primary Care Cluster program
- Added HPV vaccine in the benefits package
- One-day surgery program
- Screening and treatment for hepatitis B virus

# 2019

DEVELOPED THE CALL CENTER SYSTEM TO ACCOMMODATE THE HEARING LOSS PERSONS

2019

- Expanded the list of E2 drugs
- Expanded the disease promotion and prevention list to eight diseases

Developed the Call Center system to accommodate the hearing loss persons, and integrate with the Thai Telecommunication Relay Service



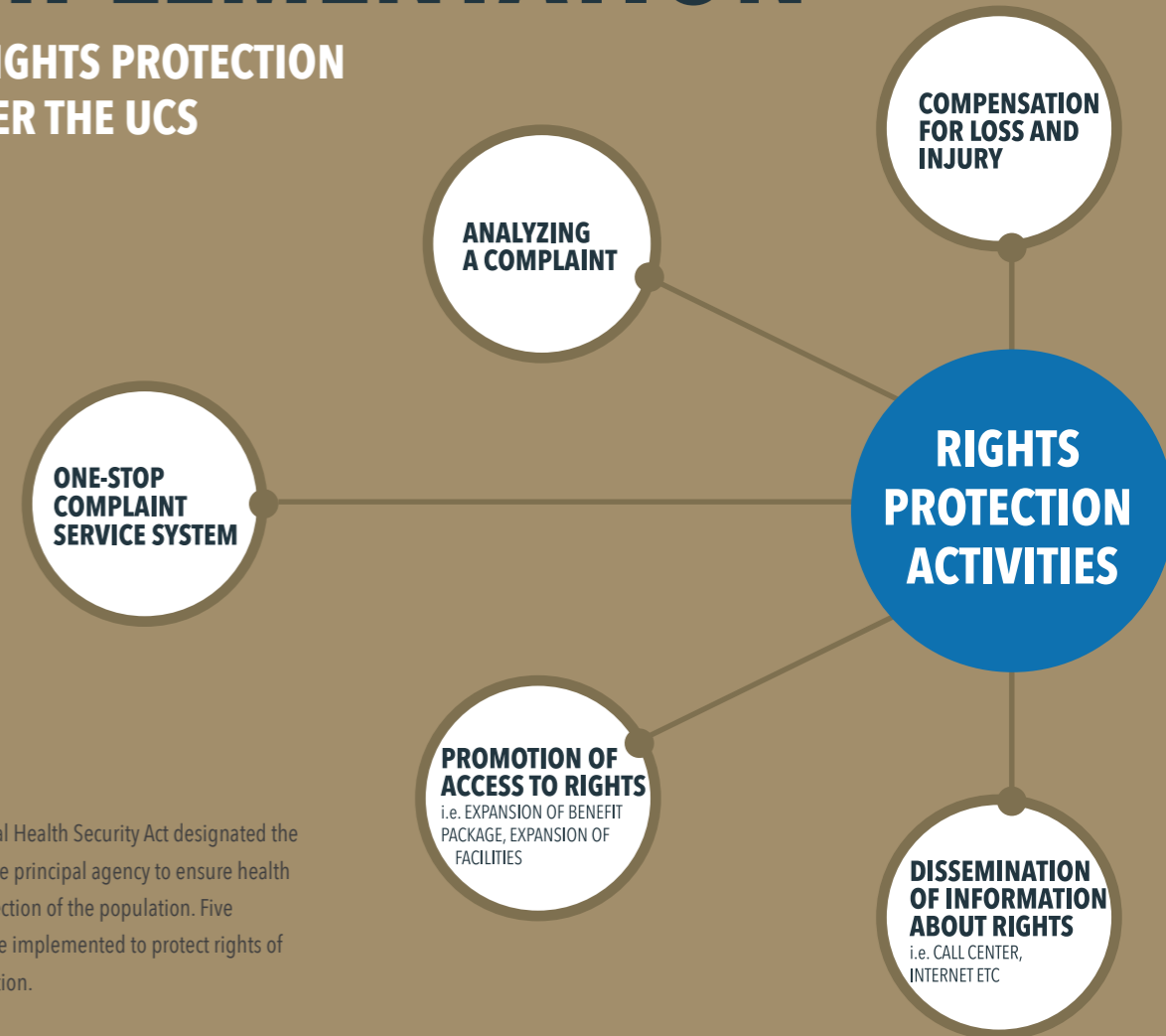
Development of the NHS fund



Development of rights protection for the population

# IMPLEMENTATION

## OF RIGHTS PROTECTION UNDER THE UCS



The National Health Security Act designated the NHSO as the principal agency to ensure health rights protection of the population. Five activities are implemented to protect rights of the population.

ANALYZING A COMPLAINT

COMPENSATION FOR LOSS AND INJURY

ONE-STOP COMPLAINT SERVICE SYSTEM

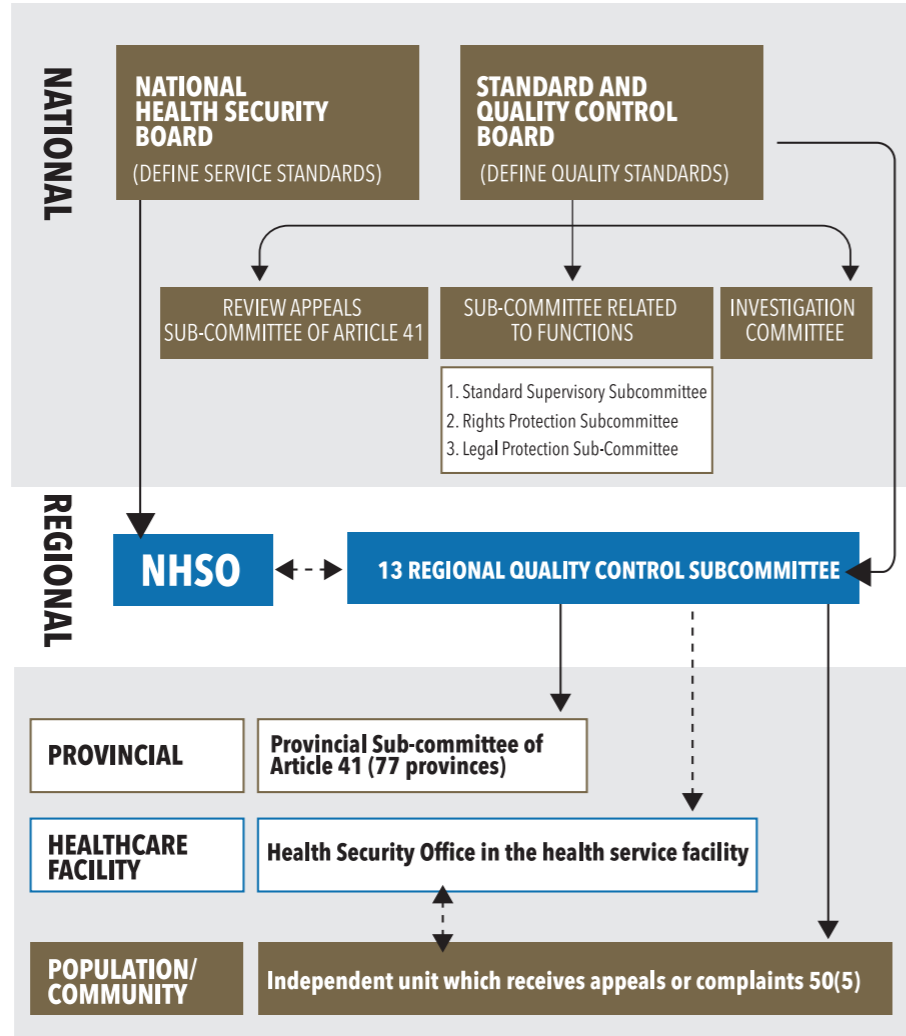
RIGHTS PROTECTION ACTIVITIES

PROMOTION OF ACCESS TO RIGHTS  
i.e. EXPANSION OF BENEFIT PACKAGE, EXPANSION OF FACILITIES

DISSEMINATION OF INFORMATION ABOUT RIGHTS  
i.e. CALL CENTER, INTERNET ETC

# STRUCTURE

## OF RIGHTS PROTECTION OF THE NHSO



Source: NHSO

# ARTICLES

## UNDER NHS ACT RELATED TO RIGHTS PROTECTION

KEY ISSUE	RELATED ARTICLE	DETAILS
<b>RIGHT TO PUBLIC HEALTH SERVICES</b>	Articles 5, 6, 7, 8	These articles specify that people have the right to receive standard health services and to apply for registering with another service facility, and provide citizens with the right to receive health services from their primary provider, except in the case of an accident or emergency illness, in which case the nearest facility may be used
<b>CONTROL AND OVERSIGHT OF SERVICES</b>	Article 26	NHSO has the authority and responsibility to oversee and control services in accordance with standards specified by the Board. The NHSO is to facilitate the filing and processing of complaints about the health services in the participating facilities.
	Article 50	The Standards and Quality Control Board directs participating facilities to have a mechanism to receive complaints, and define the criteria and steps in receiving and processing a complaint
	Articles 57, 58, 59, 60, 61, 62	These articles specify the process for reviewing a complaint and potential disciplinary action
<b>SERVICE FACILITY RESPONSIBILITY</b>	Article 45	This article describes the responsibility of the service facility to be respectful of patient rights, and to collect information related to services for NHSO staff inspection of quality
<b>PAYMENT OF PRELIMINARY COMPENSATION</b>	Article 41	The Committee takes no more than one percent of the amount payment for services to be deposited in a fund for paying preliminary compensation to patients who claim to have suffered injury or loss as a result of performance in a participating service facility, regardless of whether the perpetrator has been identified or not.

# 3 MAIN MECHANISMS

## FOR RIGHTS PROTECTION IN THE UCS

### THE CALL CENTER OF THE NHSO

An overriding principle of the NHSO is to provide convenience for the population in accessing information and to provide feedback to the NHSO. The Call Center operates 24 hours a day, seven days a week.

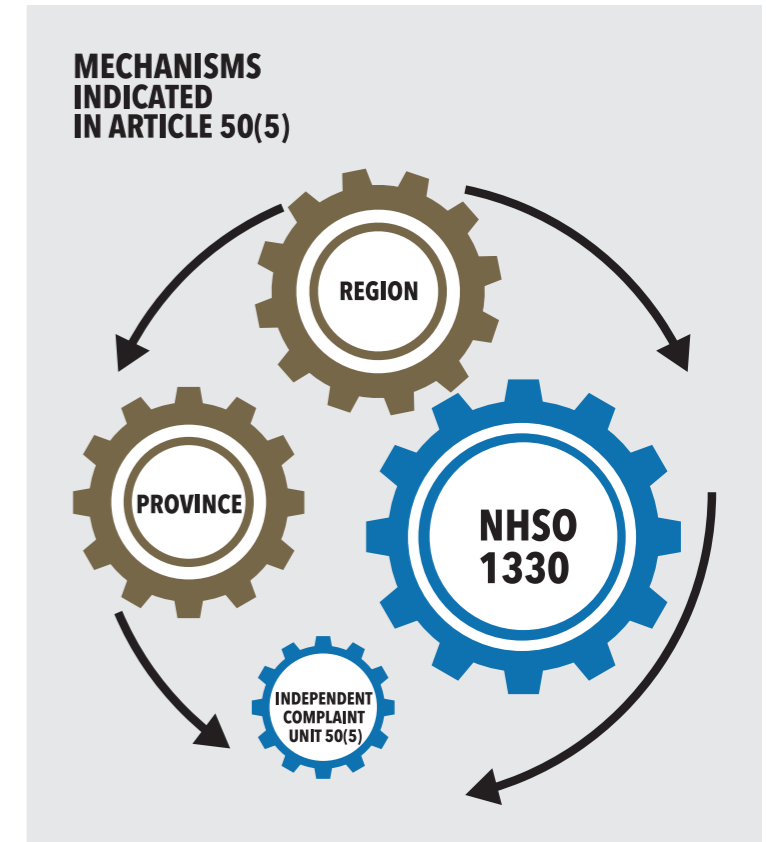
### CIVIL SOCIETY/ PEOPLE'S NETWORK

In 2009, the NHSO established the independent, free-standing complaint receiving unit outside the health service facility. The complaint receiving units receive complaints and help defuse conflict in cases of loss or injury due to the performance of a participating health facility.

### NHSO CUSTOMER SERVICE CENTER IN THE HEALTH FACILITY

Customer service centers in the health facilities were established to ensure clear communication of the health insurance system and benefits, and help to avoid or defuse conflict and provide timely mediation when there are complaints. Many of these customer service centers have been up-graded to One-Stop Service Centers to try to meet all the needs of patients comprehensively.

### RIGHTS PROTECTION MECHANISMS IN UNIVERSAL COVERAGE SCHEME



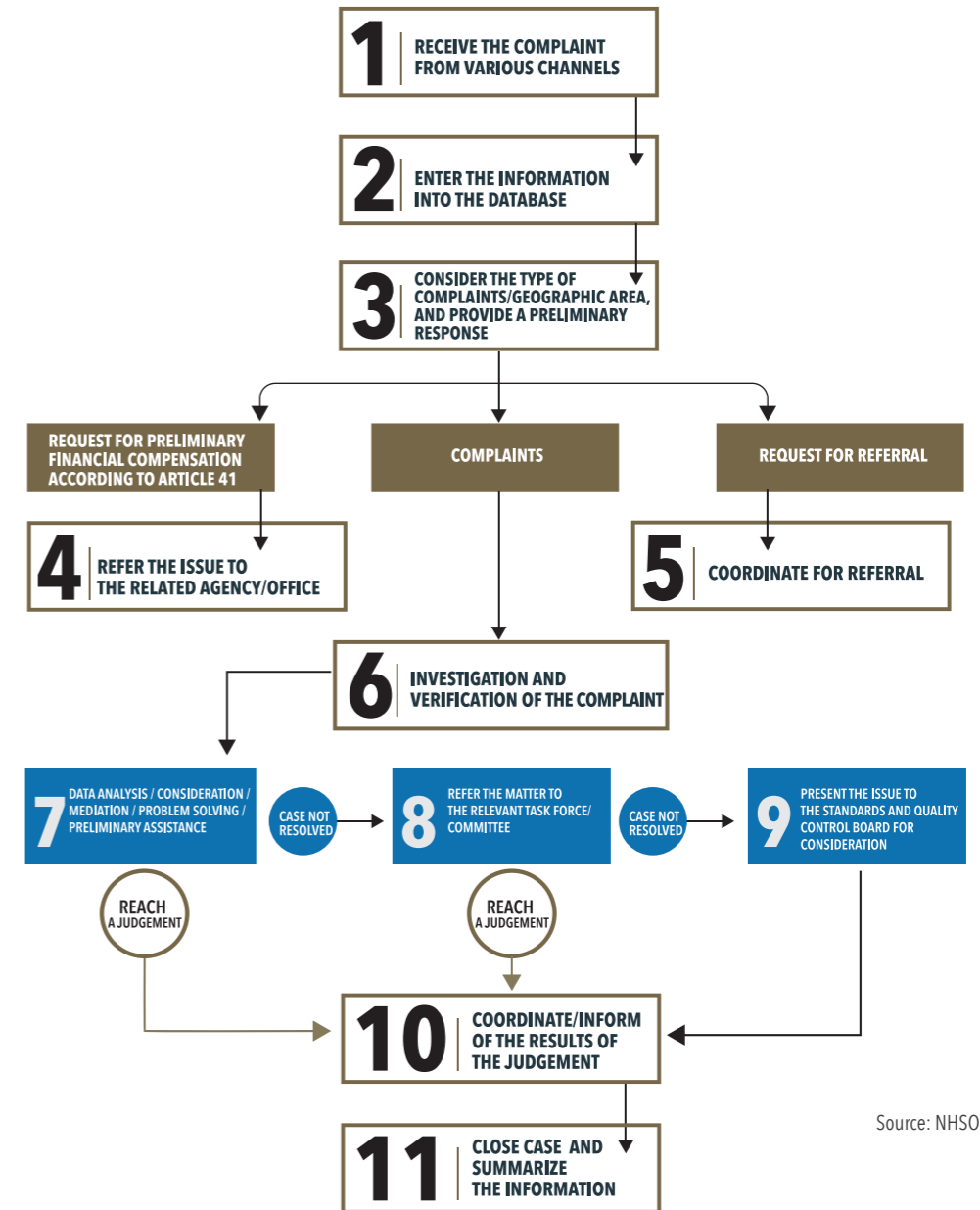
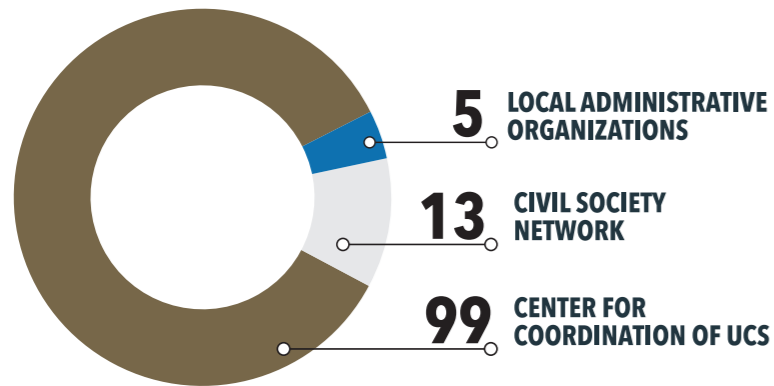
### MECHANISMS NOT INDICATED IN THE NATIONAL HEALTH SECURITY ACT

CUSTOMER SERVICE CENTER

PEOPLE HEALTHY SECURITY CENTER

# THE COMPLAINT PROCESSING SYSTEM

THE DISTRIBUTION OF THE INDEPENDENT COMPLAINT RECEIVING UNITS 50 (5)



Source: NHSO



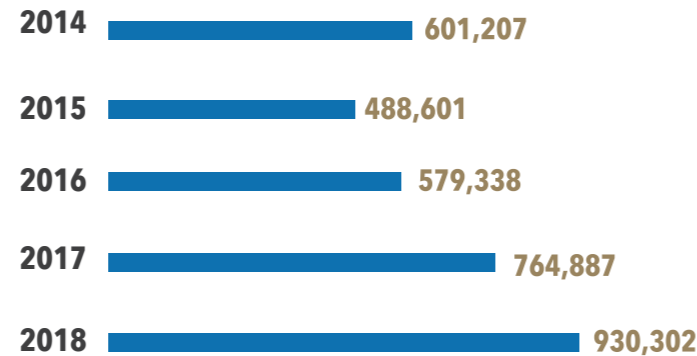
# RESULTS

## OF IMPLEMENTATION OF RIGHTS PROTECTION

### THE CALL CENTER OF THE NHSO

Overall, the calls to the Call Center have increased over time.

NUMBER OF CALLS TO THE CALL CENTER FY 2014- 2018



Source: NHSO

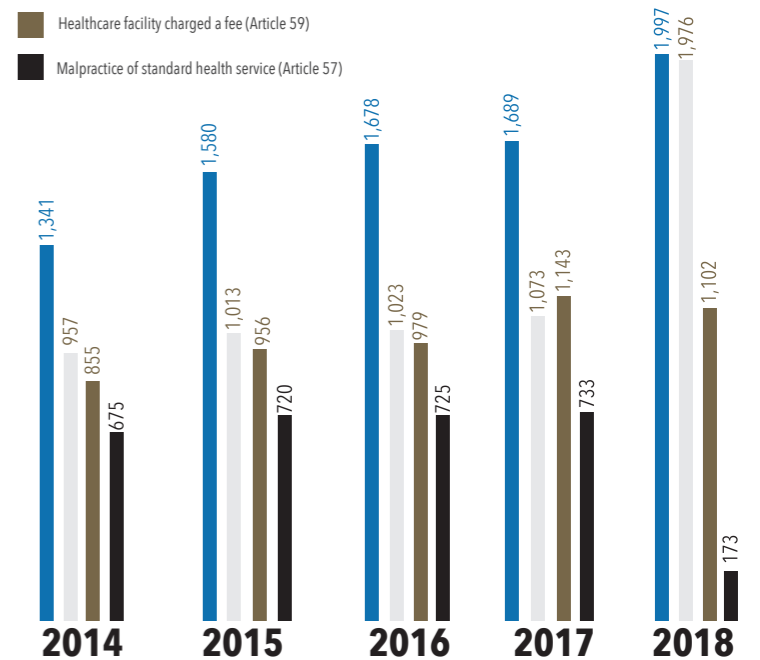
The main reason for a call is to request for information from a service customer (91%) and from a healthcare provider (6%).

### CALLS TO THE CALL CENTER BY TYPE OF SERVICE ISSUE FOR FY 2018



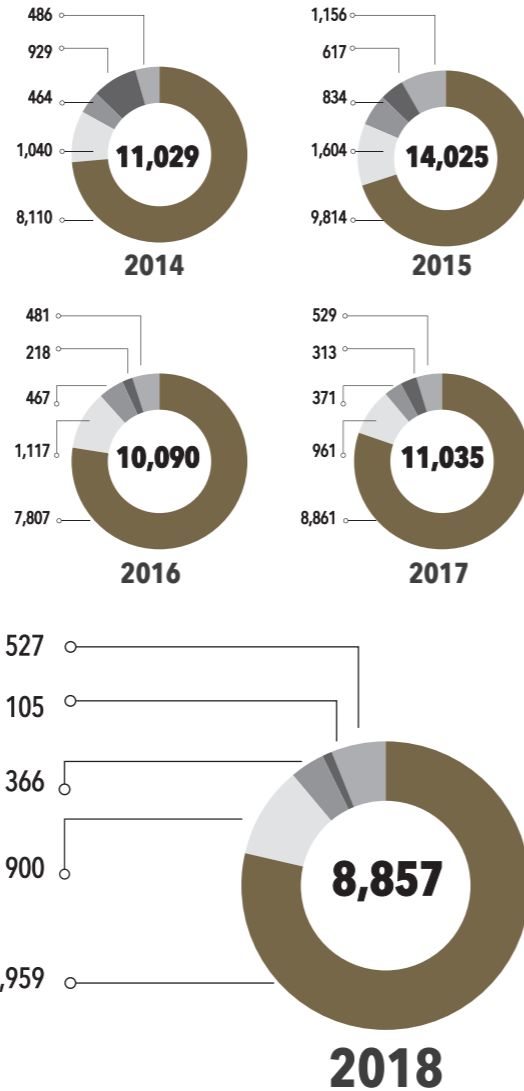
**MOST COMPLAINTS WERE BY PERSONS WHO FELT THEY DID NOT RECEIVE SERVICES THEY WERE ENTITLED TO OR DID NOT EXPERIENCE CONVENIENT ACCESS. COMPLAINTS ABOUT MALPRACTICE OF HEALTH SERVICE DECLINED OVERTIME.**

■ Not receiving services that the patient was entitled to by law (Article 59)  
 ■ Not receiving convenient service (Article 59)  
 ■ Healthcare facility charged a fee (Article 59)  
 ■ Malpractice of standard health service (Article 57)



NUMBER OF COMPLAINTS BY TYPE FOR FY 2014-18

**MOST OF THE CALLS WITH GENERAL COMPLAINTS WERE ABOUT DENIAL OF RIGHTS, INCONSISTENCY BETWEEN SERVICE AND NATIONAL ID CARD, AND REGISTRATION WITH A SERVICE FACILITY.**



### NUMBER OF COMPLAINTS BY TYPE FOR FY 2014-18

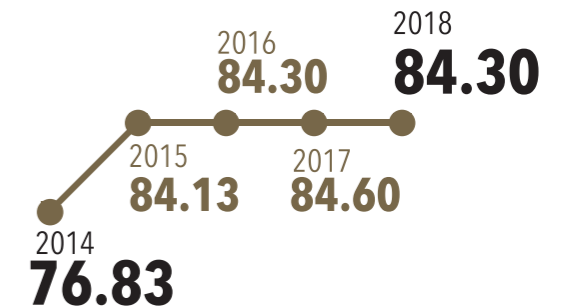
- Rights and registration of the service facility
- Request for assistance
- Counseling/advice
- Complaint to other health insurance scheme
- Other issue

Source: NHSO

## IN 2018, THREE-FOURTHS (76%) OF THE COMPLAINTS REPORTED TO THE CALL CENTER WERE RESOLVED WITHIN 25 DAYS OF FILING.

Caller satisfaction (i.e., "good" service) with the Call Center was a relatively constant 87% during 2014-18. The assessment of patient satisfaction found that the level of satisfaction with claims processing was about 84% during 2015 - 18.

### PERCENTAGE OF CALL CENTER USERS WHO WERE SATISFIED WITH THE RESPONSE TO THEIR COMPLAINT



Source: NHSO

RECOGNITION  
AS A MODEL WHICH  
SHOULD BE EMULATED  
BY OTHER MEMBER  
COUNTRIES OF ASEAN,

## ASEAN COMMITTEE OF CUSTOMER PROTECTION

---

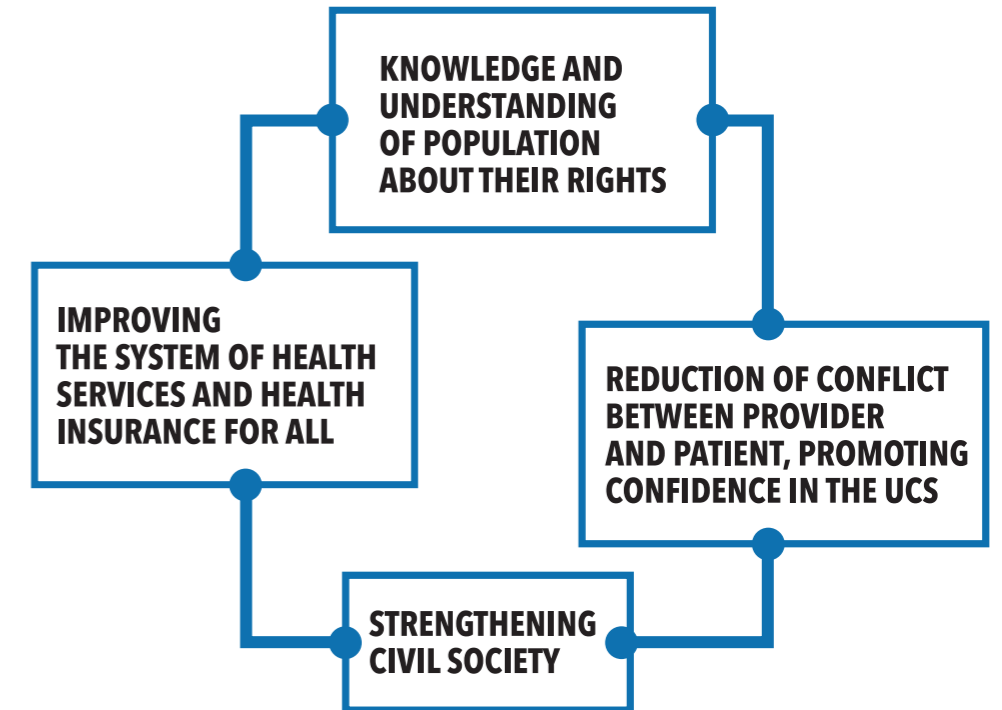
### AWARDS RECEIVED

Honorary award for the organization with outstanding performance in the promotion of protection and human rights protection in 2013 from the National Human Rights Commission.

Recognition in 2014 of NHSO as a model consumer protection agency which is able to resolve complaints, awarded by the independent Committee for Consumer Protection.

Recognition as a model which should be emulated by other member countries of ASEAN, by the ASEAN Committee of Customer Protection.

# BENEFIT OF RIGHTS PROTECTION IN THE UCS



# FACTORS

## BEHIND SUCCESS

---

### THE LAW CLEARLY SPECIFIES THE RESPONSIBILITY AND GUIDELINES FOR IMPLEMENTATION

The National Health Security Act of 2002 clearly specifies the role and guidelines for implementing a system of rights protection of the population. For any aspect of rights protection not specified in the 2002 Act, the NHSO has produced handbooks and guidelines to ensure there is full understanding of the process of implementation. This helps promote a unified service throughout the country and at the different levels of the health service system.

---

---

### PUBLIC SERVICE MIND-SET OF THE PROVIDERS

A key unwritten factor behind the success of UCS in Thailand is the public service mind-set of the personnel and partners in the system. The NHSO has excellent staff who are knowledgeable and dedicated to their mission of rights protection for the system's beneficiaries.

### THE SYSTEM OF RIGHTS PROTECTION FOR CONVENIENT ACCESS AND CONFIDENCE IN THE SERVICES

The NHSO gives premier importance to the system of rights protection for the population and strives to create and maintain a variety of channels so that filing a complaint is easy, patient-friendly, and leads to a timely and appropriate resolution.

---

---

### CONTINUOUS IMPROVEMENT OF THE SYSTEM

The rights protection mechanisms of the NHSO began with the creation of the NHSO, and the NHSO continues to develop and improve the system up to the present. The NHSO continues to strive to make the rights protection system simple and straightforward, and tries to process complaints with the utmost efficiency and appropriate resolution to mold the UCS into one that meets all the needs of the population and is sustained indefinitely into the future.

---

### NETWORKING

Another factor behind the success of the rights protection system of the NHSO is the collaboration with the network of CSOs, technical agencies and policy bureaus at the national level, regional health level, provincial level and the periphery. This collaboration helps reduce gaps in coverage, promotes open and comprehensive communication, and builds trust and confidence in the national health insurance system, health and clinical facilities and the providers and patients throughout.



National Health Security Office