

資料 1 4

タスクフォースメンバー表

(タイ側作成資料)

Statement of Ministry of Public Health

At /2003

Subject : Registration System Development Taskforce nomination of Pilot Universal Coverage project at Phrae province. Under the banner of "The Project on the Assistance of Public Health Insurance Information System Development in the Kingdom of Thailand"

A connection Statement of Ministry of Public Health at 677/ 2546. Sub committee under the banner of project management have to direct planning of Registration System Development Taskforce nomination of Pilot Universal Coverage project at Phrae province. The organization consists of Ministry of Public Health (MoPH), National Health Security (NHSO) and Japan International Cooperation Agency (JICA). To efficiently accomplish foremost benefit, the statement is issued to nominate task forces as following:

1. Core Group Meeting Task force consists of

Thai side is Ministry of Public Health (MoPH) and National Health Security (NHSO).

Japanese side is Japanese experts and their party.

2. Other task forces.

2.1 Task force for information studying and analysis and Registration System Development planning.

2.1.1 Mr.Preeda Deesuwan	Chairperson
2.1.2 Mr.Kittinan Anakkamanee	Vice-chairman
2.1.3 Mr.Jaruwat Bussarakumruha	Committee
2.1.4 Ms.Hiranya Patuka	Committee
2.1.5 Ms.Suwanna Sameanate	Committee
2.1.6 Mr.Arwatcharin Nachin	Committee
2.1.7 Ms.Nattanee Buktharong	Committee
2.1.8 Ms.Alisa Sriakkarajan	Secretary & Committee
2.1.9 Mr.Dusit Kasem	Secretary Assistance & Committee

The Task Force is authorized:

1. To collect / examine / analyze data of report system, site survey, relevant documents to provide reports and proposals of Registration System Development within related work units.

2. To plan strategy, budget management and practical plan. To develop Universal Coverage registration system on Phrae Pilot Project to be related with other systems of relevant work units to accomplish foremost benefit.
3. To constantly develop performance methodology to be proper for current problems and requirements.
4. To provide work flow chart and performance recommendations.
5. To coordinate with other related work units.
6. To present the progress to the project sub-committee via Core Group.

2.2 Task force for Registration Manual development.

- | | |
|-----------------------------------|---------------------------------|
| 2.2.1 Mr.Sinchai Torwattanakitkul | Chairman |
| 2.2.2 Mr.Niwat Geekungwal | Vice-chairman |
| 2.2.3 Ms.Alisa Sriakkarajan | Committee |
| 2.2.4 Ms.Weeraporn Pongpitpitak | Committee |
| 2.2.5 Mr.Arwatcharin Nachin | Committee |
| 2.2.6 Ms.Saipan Puangpraklumklong | Secretary & Committee |
| 2.2.7 Ms.Kamolpat Monthanuch | Secretary Assistant & Committee |

The task force is authorized:

1. To study / collect / analyze information both domestic and international relevant work units registration System in order to apply for manual development.
2. Budget Planning for production of Registration Manual for practical both central and local registration officials
3. To propose draft manual, to be examined, to the experts, executives and practical officials in order to receive comments of the manual development.
4. To monitor, evaluate the manual usage and develop quality of the manual to be proper and usable.
5. To coordinate with other related work units.
6. To provide work flow chart and performance recommendations.
7. To present the progress the project sub-committee via Core Group.

2.3 Task force for planning of Registration System Development instruments providing, applying and maintenance.

- | | |
|-------------------------------------|---------------|
| 2.3.1 Mr.Titisak Boonthai | Chairman |
| 2.3.2 Mr.Poonchai Jitarnantawittaya | Vice-chairman |
| 2.3.3 Mr.Arwatcharin Nachin | Committee |
| 2.3.4 Mr.Watcharapong Watcharin | Committee |
| 2.3.5 Mr.Reanhdej panathisak | Committee |

2.3.6 Mr.Sayris Pibul Secretary & Committee

2.3.7 Ms.Rakkwan Tosuto Secretary assistant & Committee

The Task Force is authorized:

1. To specify feature of relevant instruments base on official rules and JICA 's regulation.
2. To plan budget allocation for instruments providing base on official rules and JICA 's regulation.
3. To plan budget allocation for the instrument maintenance, short course training and course training throughout the project. Including continuously care taking after the project ended.
4. To monitor, evaluate and provide report of the progress.
5. To provide work flow chart and performance recommendations.
6. To coordinate with other related work units.
7. To present the progress to the project sub-committee via Core Group.

2.4 Task force for evaluation of the Registration System Development.

2.4.1 Mr.Taweekiat Boonyapaisanjarean Chairperson

2.4.2 Mr.Prajakwit Labnak Vice-Chairperson

2.4.3 Ms.Wilai Chaimongkol Committee

2.4.4 Ms.Nitt Deesuwan Committee

2.4.5 Ms.Pantip Thamsaroj Committee

2.4.6 Ms.Jirawadee Thepkasatekul Committee

2.4.7 Ms.Pornpimol Sirimai Committee

2.4.8 Mr.Suporanee Rattanachartchai Committee

2.4.9 Ms.Rattanaporn Wisatesung Secretary & Committee

2.4.10 Ms.Kannika Suwannasakchai Secretary assistance & Committee

The Task Force is authorized:

1. To plan the continuous monitoring and evaluation base on PDM of JICA Monitoring and Evaluation.
2. To design and verify the instrument. And providing the manual and the evaluation methodology.
3. To train and inform the registration official and staff of practical procedure and local evaluation.
4. To monitor and evaluate the UC registration System Development of Phrae Pilot Project.
5. To develop the evaluation of Registration System and provide Manual / evaluation methodology to be proper for any problems and needs.

6. To provide work flow chart and performance recommendations / problems solutions base on the evaluation.
7. To necessarily assign task/s as required.
8. To present the progress to the project sub-committee via Core Group.

Assigned at January 2004.

参考資料

1. 事業事前評価表（和・英）
2. データセンタープロジェクトについて

資料 15

データセンタープロジェクト

について

データセンタープロジェクト**(Project for data center for National Health security administrative system)****1. プロジェクトの背景・目的**

30 パーツ制度導入において、新たに 4000 万人近くがその制度下で業務を行うこととなり、また、保健省に加えて 1 万以上の政府・公共のサービス提供機関が関連して活動することとなった。それら全ての関係者・機関の諸活動が互いに効率的に連動するためには、迅速かつ効率な IT システムが必要であることから、保健省及び外部コンサルタントを中心にシステムの設計検討を行った結果、他の既存データベース・コンピュータシステムを統合した上で、以下の 8 つのシステムに分割し、それぞれシステムの構築を行うこととなった。¹

なお、システムの開発にあたっては、国民医療保障局 (NHSO) の監理のもと、PM Square Holding Company に外部委託し、施工監理コンサルタントとして、Thammasat University Research and Consultancy Institute (TU-RAC) に委託した。(2003 年 12 月～2005 年 3 月)²

データセンタープロジェクト下で開発される 8 システム

- 1) 住民 (被保険者) 及び病院登録システム
- 2) 住民 (被保険者) 資格確認システム
- 3) 給付及びデータ転送システム
- 4) 診療報酬請求システム
- 5) 情報管理システム (MIS: Management Information System)
- 6) 財政・会計システム
- 7) コールセンター及び苦情対応システム
- 8) データ処理システム

上記 8 システムの詳細については、添付資料 (1) 中の“Figure 5.1 Information System Structure of Universal Coverage Project”および“2. System of Application Program”参照

なお、上記 8 システムは、2005 年夏を目処に、プレー県を含む 8 県においてモデル導入される予定³とのこと。

¹ “Project of Development of IT System for Universal Coverage” (2004 年 1 月、プロジェクトにより英訳)参照。

² 別添4 “Data Center Project Nov 15, 2004”パワーポイント資料より反映。

³ 2005 年1月運営調査時間き取り調査より。

2. データセンタープロジェクトに係るタイ側実施体制⁴

(1) ステアリングコミティ：

- 1) 国民医療保障局 (NHSO) 2名
- 2) 情報技術省 1名
- 3) システム開発受託業者 (PM Square) 2名
- 4) コンサルタント (TU-RAC) 2名

(2) データセンタープロジェクト実行委員会

NHSO 管理職、コンサルタント、関係部局の管理者等

(3) データセンター機能チーム

各チームには、プロジェクトマネージャー、プロジェクトサポーターが各1～2名名配置されている。なお、プロジェクトマネージャー、プロジェクトサポーターには JICA 国別研修の帰国研修員が多数含まれている。

- 1) 住民登録データベース
- 2) 資格確認
- 3) 健康管理・記録参照
- 4) 診療報酬請求
- 5) 保険 IT 処理
- 6) 報告監理
- 7) 財政・会計
- 8) 苦情処理
- 9) ハードウェア・ネットワーク
- 10) 研修

3. JICA プロジェクト「公的医療保険情報制度構築支援」との関係⁵

公的医療保険情報制度構築支援プロジェクトで既に構築したパイロットシステム(プレー県に設置)は、上記8システムのうち、1) 住民(被保険者)及び病院登録システム及び、2) 住民(被保険者)資格確認システムとして、位置づけられ、他6システムと同様に全国展開される予定である。

また、JICA プロジェクトを通じて国民医療保障局に蓄積された、人材・技術面の知識・ノウハウ(キャパシティ)および、パイロットシステム構築にあたって作成された各種業務管理マニュアルは、今後タイ側が独自にデータセンタープロジェクトを進めていく際に活用される予定とのことである。

⁴別添4 “Data Center Project Nov 15, 2004”パワーポイント資料より反映。

⁵プロジェクト作成資料(TI/HM-226、3月21日付)、および「キャパシティ・ビルディング」短期専門家帰国報告(2005年5月)を参照に作成。

なお、データセンタープロジェクトは、JICA プロジェクトの成果・目標達成に密接に関わってくるタイ側プロジェクトであり、プロジェクトの運営に重要な情報であるところ、定期的な情報収集・アップデートが必要であると考えられる。

添付資料：

- (1) “Project of Development of IT System for Universal Coverage” (保健省作成) のうち Executive Summary および第5章 (データセンタープロジェクトに関する章) (原文はタイ語。2004年1月、プロジェクトにより英訳。)
- (2) Data Center Project Nov 15, 2004 (NHSO 作成)
(「システム開発業務処理」短期専門家に対する NHSO による説明資料。2005年3月、プロジェクトを通じて入手)

Executive Summary

This report is a part of "Project of Development of IT System for Universal Coverage" of MOPH, NHSO, which has hired Thammasart University Research Advisory Center" to find the conclusion of scope of IT System including Computer Network necessity provided System necessary to provide or to prepare in order to support the implementation of Universal Coverage Project or 30 Baht Project. The advisor has to prepare 3 reports i.e.

1. Conclusion Report of Current Job System (Inception Report)
2. Conclusion Report of System Requirement (Interim Report)
3. Complete Report (Final Report)

The advisor team has studied and provided the "Conclusion Report of Current Job System" or "Inception Report" to NHSO already on February 5, 2002. Therefore, IT Network system analysis and design have been implemented as shown in this Interim, Report. This first report is "Report of Current Job System of the Project concerning Health Insurance IT Network System which is divided into 4 Chapters as the following.

- Chapter 1 General Information
- Chapter 2 Current Organization
- Chapter 3 Current System of UC
- Chapter 4 Current IT Network in UC

This report is the second report that proposed the Advisor's Comments on various fields, which have been divided into 6 Chapters as the following.

- Chapter 1 System of Application Program
- Chapter 2 Database Management System and Operation System
- Chapter 3 Computer Network System
- Chapter 4 Training System
- Chapter 5 Period, Project's Implementation Plan and Budget
- Chapter 6 Additional Suggestions

Details of this report consist of suggestion of necessity of details system on Hardware System, Network System, Software System and Database System in order to support the UC job, particularly Network System and Software System which are the

important part that need to use resources i.e. personnel both in the operation level and expert, tools, equipment, place including training, which effect to the budget management. The Advisor has evaluate the value of the project as per above mentioned resources consumption as about 313,481,099.24(Three Hundred Thirteen Million Four Hundred Eighty One Thousand and Ninety Nine Baht and Twenty-Four Satang).

The advisor concerned on the successful result of applied system during design this "National Health Insurance Information Technology System Network Development Project. Therefore, the additional suggestions which are the important factor to the success of the project, beside of important factor of the system and the budget in the end of this report. The important factor is that the system must emphasis on capitation support expense management and medical care claim. Therefore the advisor has proposed on establishment of Central Clearing House at the Fund Holder in order to pay money speedily and has the mechanism on problem solving for Fund Provider of whole country.

Beside, the important factor concerning to continue implementation of this project is to establish the Project Management Committee, Purchasing Committee, Auditing Committee, and bidding implementation within 3 months after the advisor has delivered the completed report on April 30, 2002. In order to assign the total plan that must have the data system and working system ready before finishing the transition period.

Chapter 5

System of Application Program

UC project is emphasis mainly on people service. Therefore, MoPH must have the IT system in order to support this project task. In the same time, MoPH must get the cooperation from various sections, which already have data in order to build the sufficient new system. Because the checking system or other mechanisms on health already have current implementation system to support, which can be applied for. Therefore the total view of conclusion from the advisory committee is that it is necessary to develop IT system on UC or Universal Coverage Information System (UCIS) by dividing into 8 systems as shown in Figure 5.1 Structure of UCIS.

Based on the architecture concept, the structure of UCIS database must support the following jobs.

- 1) To support the management by using the application program of 8 systems.
- 2) Centralized Database Management by Health Insurance Office, which consists of large data groups i.e.
 - a. Data consist of ID number, Name, Surname, Sex, Birthday, Current Address, Type of Beneficiaries and Main and Sub Hospital.
 - b. Hospital Data
 - c. DRGs data and mean to use for Medical Claim Payment.
 - d. 12 Data Files in Health Insurance, which used to record medical treatment.
 - e. Others data.
- 3) To support the service of beneficiaries checking and the registration at hospital.
 - a. Online System (always connecting to network).
 - b. Batch Processing (not always connecting to network i.e. send data once a day).
 - c. Stand Alone without connecting to network (send data by using CD-ROM)
 - d. Through automatic telephone system (IVR)

- 4) To support the transfer patient system
 - a. Online System (always connecting to network)
- 5) To support data record of medical treatment record in case of High Cost Care and Emergency Accident 72 Hours.
 - a. To provide the hospital to able to export the data from Recording Program of various service in hospital into the Health Insurance Office System.
 - b. To support the Online and Batch Processing.
- 6) To support data processing of medical claim (Back Office).
- 7) To support Complain System and Call Center.
- 8) To support the system of conclusion report for management.

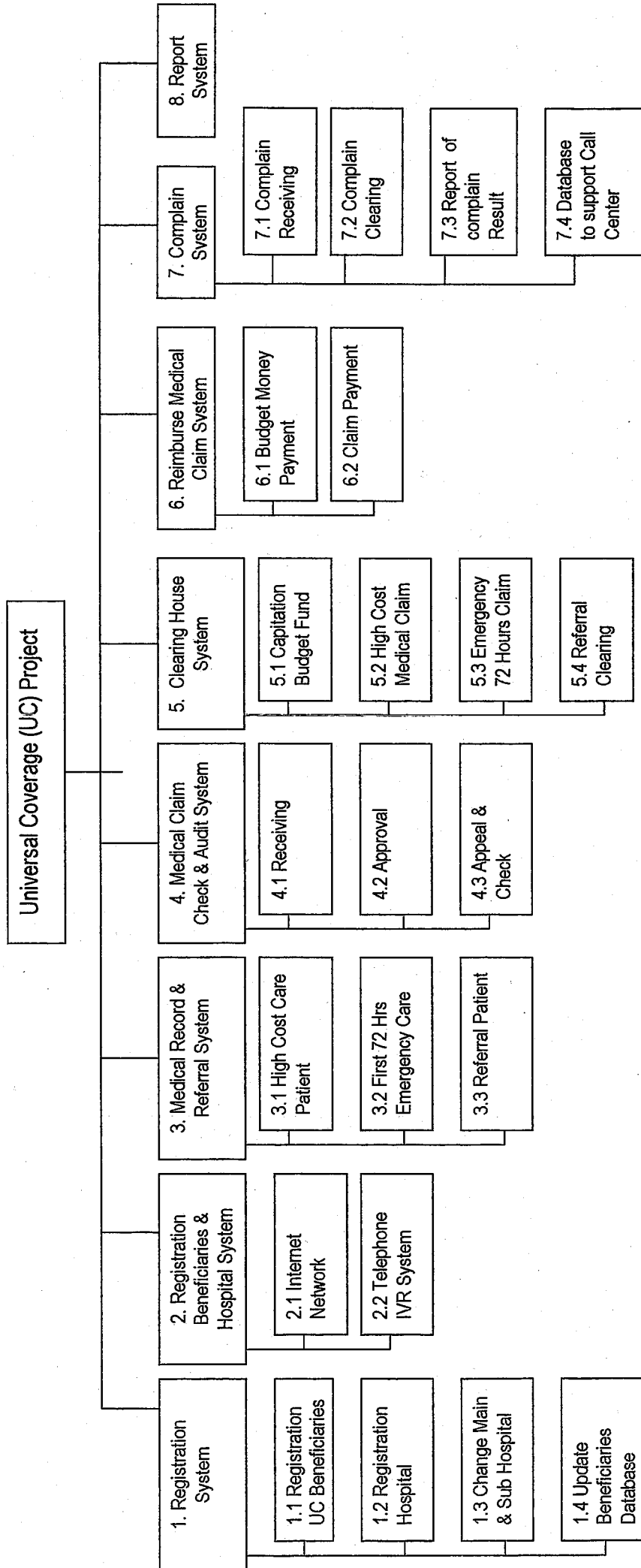


Figure 5.1 Information System Structure of Universal Coverage Project

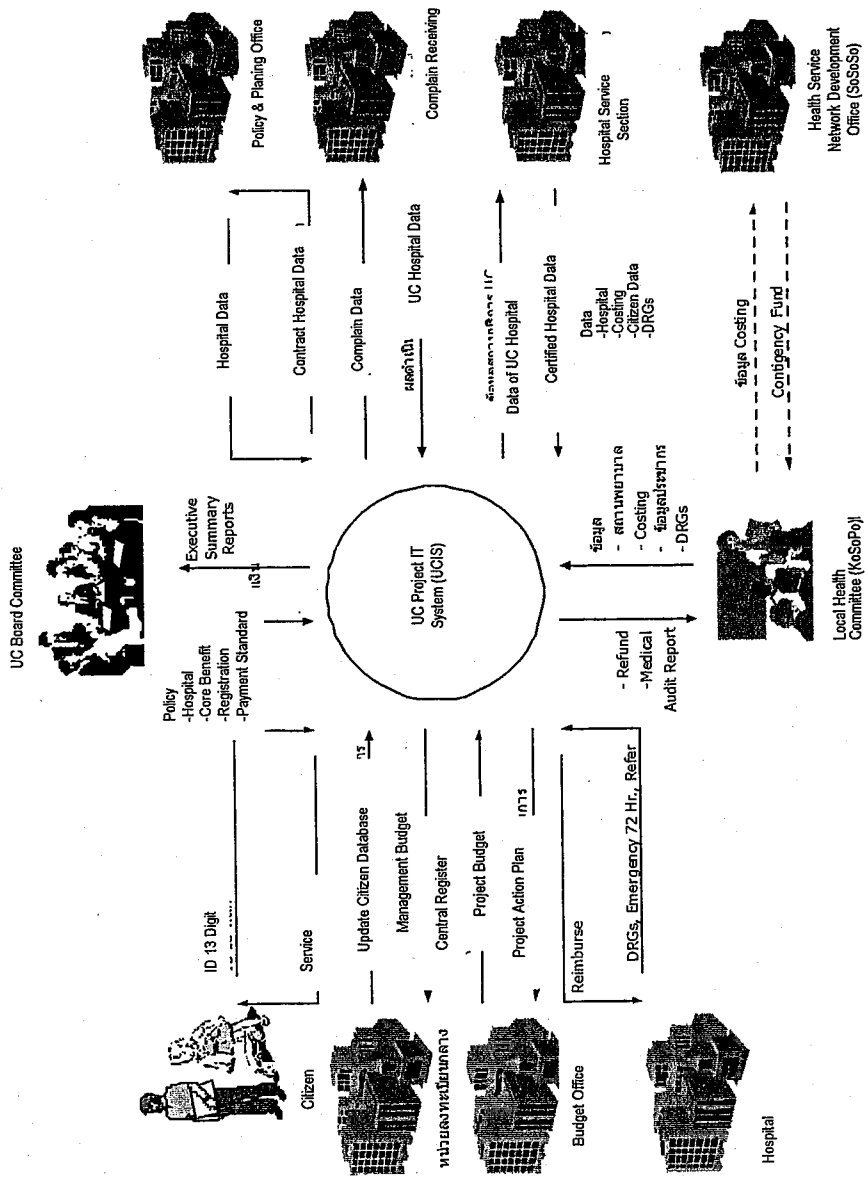


Figure 5.2 Context Diagram

1. Development of New System

In order to get the total view of IT of UC, the Conceptual Design consists of 8 related main sections as the following.

1.1 PHO

To survey population in the responsible area in the province in order to prepare the Registration of Beneficiaries List and to send data back to Hinso in order to check the duplication and to prepare the database of beneficiaries of country.

1.2 Local Health Committee (KoSoPo)¹

In the present, there are in some provinces only. PHO will act as KoSoPo, in case of no KoSoPo.

1.3 Board UC

Board UC is responsible to provide Policy information on Core Benefit Package² and to assign the standard of claim payment, network arrangement of Health Insurance System, types of section, and Service Network³, Type of Service⁴, Registration of Hospital Service Unit⁵ and rule assignment of selecting lists of medicine for service.⁶

¹ Guideline of setting local Health Committee, Guideline of UC in the transition period, Conclusion of working group on preparing UC System May 2001, Appendix 7 page 100.

² Core Benefit Package of UC, Guideline of UC in transition period, Conclusion of working group on preparing UC System Appendix 1 page 28.

³ Network Arrangement of Health Service System, Characteristic of Primary Health Care Unit, and Network of Primary Health Care Unit under UC, Guideline of UC in the transition period, Conclusion of Working Group on preparing UC System May 2001 Appendix 2, page 61.

⁴ Details of Service Types, which should be had in Primary Health Care Unit and other standards, Guideline of UC in transition period, Conclusion of working group on preparing UC System may 2001 Appendix 3 page 77.

⁵ Registration of Service Contract Hospital in UC system for the Hospital in current UC system, Guideline of UC in transition period, Conclusion of working group on preparing UC System may 2001 Appendix 4 page 85.

1.4 Register Center

is responsible to update the beneficiaries data by receiving data from data owners i.e. Civil Servant Medical benefits Scheme:CSMBS, State Enterprise, Social Security Scheme (SSS) and Low Income Welfare Support (SoPoRo) and other Health cards.

⁶ Rule of selecting medicine for health service, Guideline of UC in transition period, Conclusion of working group on preparing UC System may 2001 Appendix 9 page 118.

1.5 Complain Receiving Section⁷

is responsible to receive, to transfer and to follow up the citizen complain. In the present, PHO and Hinso are responsible for.

1.6 Hospital Supporting Section⁸

is responsible to provide the information on accreditation of health service center according to the Quality Improvement Plan of Health Service Center i.e. Hospital Accreditation, which have to implement coverage within 2004. In the present, Institute of Hospital Quality Development and Accreditation (PoRoPo) is responsible for.

1.7 Budgeting Office

To receive data from UC Plan in order to arrange the budget.

1.8 Policy and Planning Office

To receive data of the contract hospital from Hinso and Division of Medical Art in order to update the hospital code and send data back to Hinso.

1.9 Contract Hospital

To send data report of High Cost Care and Emergency Accident within 72 hours and transfer patient in order to get medical claim payment.

1.10 Bank of Agricultural and Cooperative (ToKoSo)

is responsible to receive data regarding local budget management and to provide the payment to the hospital.

⁷ Complain receiving, Guideline of UC in transition period, Conclusion of working group on preparing UC System may 2001 Appendix 8 page 113.

⁸ Quality Improvement of Service Standard (Quality Improvement Plan of Health Service Center, Guideline of UC in transition period, Conclusion of working group on preparing UC System may 2001 page 93 a).

ToKoSo has to pay the supporting fund and medical claim payment for High Cost Care to the hospital in the project. After receiving transferred Context diagram into Data Flow Diagram (Appendix F) in the Top Level, in order to show the Flow of data using in UC, from citizen application step to conclusion step. According the figure, IT system of UC project consist of 8 sub systems (see Figure 5.1) as the following details.

2. System of Application Program

2.1 Registration System

Beneficiaries from Citizen Database will be the people ask to get the service from main hospital and from sub hospital. This system must has the capacity on management of citizen database who are UC beneficiaries and others i.e. Beneficiaries for Medical Treatment Fee from Division of Central Accounting (Officer, Parents and children), Beneficiaries of SSS and Low Income Welfare in order to check the beneficiaries of total 63 millions.

The database of hospital is the database of registration hospitals, which join the UC. Because each hospital may not register too be as 3 types of service centers (Primary, and Secondary, or Tertiary). This System will be the system to collect the hospital data, which join the project. After checking the qualification, that the hospital can support what level of service, besides, the system will assign Reference Code for the hospital in order to check the registration of beneficiaries and medical claim payment.

2.1.1. Registration of UC Beneficiaries

The program has to support the main hospital on the Registration of UC Beneficiaries using the following.

- a. Online through Internet.
- b. Batch Processing using Hospital Program, then export data of registration according to the Hinso assigned form, and send back to the central in the end of day or as assigned day.

Registration Data of 2 methods will be registered into the central database system by the following functions.

- a. Increase the new Beneficiaries.
- b. To record data in order to issue temporary card.
- c. To update, revise data of UC beneficiaries.
- d. To cancel UC beneficiaries.
- e. To report the number and lists of new registration of UC beneficiaries in each province, by monthly.

- f. To report the number and lists of update, revise of UC beneficiaries in each province, by monthly.
- g. To report the number and lists of cancellation of UC beneficiaries in each province, by monthly.

- h. To report the registration data, that mistaken back to the hospital.
- i. To export Registration Data into XML according to Hinso assignment.
- j. Able to copy data which have been changed at the central to PHO by sending in the form of XML according to Hinso assignment.

2.1.2 Registration of Hospital

Hinso must assign the Standard Codes of Main Hospital and of Sub Hospital in order to use in the system. Therefore, registration of basic code of main hospital and sub hospital must have at least the following functions.

- a. To register new hospital
- b. To update, revise the hospital data.
- c. To cancel hospital
- d. To report showing and to export into the XML form according to Hinso assignment.

2.1.3 To change Main Hospital and Sub Hospital

In the transition period, UC Beneficiaries must be assigned the main hospital and sub hospital by Hinso based on actual site survey and address on Domicile of MOI.

To design or to change hospital of UC Beneficiaries, the program must support UC Beneficiaries on selection main hospital by at least the following functions.

- a. UC Beneficiaries can change main hospital when ever change Domicile.
- b. UC Beneficiaries can change main hospital twice per year in case of cross over district.
- c. To report the number and lists of UC Beneficiaries, which have changed hospital both move in and move out to the selected hospital every month.

2.1.4 To update data of UC Beneficiaries

In the transition period, data of UC Beneficiaries still receive the data from site survey which PHO has collected and send data in the CD-ROM or send by FTP Program back to the central. Therefore, the data processing at the central must have the functions to support the import data and process data to separate various beneficiaries in each section, which related under the contract. The Processing must have at least the following functions.

- a. To update database of UC Beneficiaries based on PHO survey every month.
- b. To update Citizen Database, Birth-Death from Office of Registration Management (SoNoBoTo) every month.
- c. To update database of Civil Servant Medical benefits Scheme:CSMBS, State Enterprise, and co-beneficiaries from data center of Prime Minister Office every month.
- d. To update database of SSS every 15 days or 1 month.
- e. To update citizen database of low income welfare (SoPoRo) and other Health Card every month.
- f. Able to separate beneficiaries and to check the duplicated beneficiaries.
- g. Update data can be exported in the XML form according to Hinso assignment.

2.2 Checking System of UC Beneficiaries and Hospital

To check the UC Beneficiaries and Main Hospital, the system must support the main hospital and sub hospital about 10,000 places over Thailand able to check the UC Beneficiaries and main hospital which has been registered.

Hinso will assign the scope of reaching data to check and to show the UC Beneficiaries and main hospital by using ID number 13 digits or using name and family name to search data of UC Beneficiaries and main hospital as the following.

2.2.1 Through Internet Network System

2.2.2 Through Interactive Voice Response (IVR)

2.3 System of Medical Service Record and transfer patient

In the System of Medical Service Record and transfer patient, application program, which have provided for hospital to use, must have at least the following functions.

2.3.1 Record of High Cost Care

2.3.2 Record of Emergency and Accident Care within 72 Hours

2.3.3 Record of Referral

In the present, some hospitals use the DRG MX Program, which Hinso has distributed in order to record the Medical Claim Payment or in order to import data of Medical Claim Payment of structure data 12 files from other programs into the system. Then use the DRG Grouper to calculate the Medical Claim Payment of the beginning from central cost in order to evaluate that which hospital should get the Medical Claim Payment in what amount.

Data from Hospital will be sent to PHO in order to process the budget in individual province with Exclusive type and send data of Medical Claim Payment to Claim Division in order to evaluate the actual payment to the hospital based on the central price.

Therefore, to design and to develop new application program on record the Medical treatment and referral or update old program into new version, it is necessary to design the structure data, which have to be the same standard and assigned data sending method clearly. The purpose is to reduce the working step of hospital and to increase the efficiency on processing the medical claim payment speedily at least must concern on the following.

- a. Structure Data 12 Files including other data files which must be designed additional into the structure of standard database on sending medical claim payment. In case of hospital can develop Medical Record by their own, then to export data according to the assigned structure and send data back to the Medical Claim Payment Division according to the following assigned methods.
- b. To develop new application program or update old version into new version in order to be used in the hospital that can't develop own application program by setting in Stand Alone PC or in LAN system.
- c. To develop new application program which is able to serve the Online job through the Internet i.e. Referral System.
- d. The method of sending data must be assigned as the following.
 - a. In case of Online through Internet, sending Medical Claim Payment (data in XML according to the Hinso assigned) through receiving data or using FTP Program.
 - b. In case of can't online through Internet, send Disk or CD-ROM.

Each case of High Cost Care, Accident and Referral must be sent to the central in order to process the medical claim payment with the central assigned price. In order to process minus in-out-left over and to conclude the final amount which Hinso has to pay to the treatment hospital including to inform the extra amount (Referral) to ask for extra payment from registration hospital to pay to treatment hospital.

2.4 Checking System of Medical Claim Payment

Medical Claim Payment data, which has got from the Medical Treatment Record and Referral System, will be checked and be approved the medical treatment fee by the Claim Division, therefore the system must have at least as the following.

2.4.1 To receive the Medical Claim Payment

- a. To receive the Medical Claim Payment of High Cost Care
- b. To receive the Medical Claim Payment of Emergency Accident 72 Hours.

2.4.2 To approve the Medical Claim Payment

- a. To record the result of checking the Medical Claim Payment of High Cost Care.
- b. b. To record the result of the Medical Claim Payment of Emergency Accident 72 Hours.
- c. To approve the Medical Claim Payment of High Cost Care.
- d. To approve the Medical Claim Payment of Emergency Accident 72 Hours.

2.4.3 Claim and Check the Medical Claim Payment

- a. To claim and check the Medical Claim Payment of High Cost Care.
- b. To claim and check the Medical Claim Payment of Emergency Accident 72 Hours.

2.5 Clearing House of Hinso

Central Clearing House is responsible to process result in Batch processing. After updating the database of beneficiaries and recording the Medical Claim Payment in each month, the system must conclude the income and outcome of each hospital at least on the following items.

2.5.1 Clearing the support fund of Capitation.

- 2.5.2. Clearing the Medical Claim Payment of High Cost Care.
- 2.5.3 Clearing the Medical Claim Payment of Emergency Accident 72 Hours.
- 2.5.4 Checking Referral System.

2.6 Management of Medical Claim Payment

is the system to receive data from Hinso IT clearing house system in order to cut and transfer the budget to the Local Health Committee in each province, therefore the system must receive the jobs at least as the following.

2.6.1 To record the Capitation Payment

2.6.2 To record the Medical Claim Payment

2.6.3 To Export data to transfer money through banking account in the form of XML according to Hinso assigned.

2.7 Complain System (Call Center)

There are several complain methods in Health Insurance System. The receiving data will be recorded into database, will be checked, will be provided to related sections, will be record the result of solving and will be response back to complained person or to public. Therefore the system must support complain at least as the following below.

2.7.1 Complain Receiving

Must have the program for the staff to record complained data in order to save in database for complain receiving as the following methods.

- a. Letter
- b. Telephone (Call Center System)
- c. Fax
- d. E-Mail
- e. Through Program on Internet Network System

2.7.2 Complain Processing

- a. Complain Grouping
- b. Complain Checking
- c. Sending complain to responsible sections
- d. Follow up the result of complain solving.

2.7.3 Report of Complain Result to complained person

- a. Letter
- b. Telephone

- c. Fax
- d. E-Mail
- e. Program on Internet system

2.7.4 Call Center System

- a. Automated Attendant System
- b. Audio Text System
- c. Voice Mail System
- d. Skill Base Transfer in ACD group
- e. Having the Program to pool the data (which has assigned) in the system as the information to answer question by telephone.
- f. Having the Program to create FAQ in order to answer the question through telephone or distribute through Internet.
- g. To report and to analyze the service.

2.8 Management Report System

UC Policy is the good concept policy, but it is quite new to Thai Health. And there is the problem on switching policy to action. Because the policy has change the financial and treasury of hospitals of the whole country from having income from patient (Out of pocket) and getting the budget according to central and local project to be Health Insurance System, which has limitation of budget, using prepaid and Capitation budget based on the registration citizen at the Primary Health Care Unit including official salary. Besides, income which used to be earned from citizen actual pay will be much deduced, therefore it is necessary to prepare the MIS system regarding to the following.

2.8.1 Costing System

2.8.2 Support Payment System

2.8.3 Processing result of following to the health service quality in each level in order to improve and develop further better standard.

In order to provide management level to understand the situation of project on human resource management on efficient management including following the financial

status of hospital, which is facing the money problem and to support in time. Hospital can use the service continuously.

MIS System is the large system, which has a lot of processing data., the requirement of users, frequency change system in the first period including the expectation from management level users. Therefore in the first period of introduction of IT system on project management, MIS system must be developed to use to report each system in the conclusion report to the management level and to be used as the decision making supporting report as the following.

- 1) Conclusion Report of UC Beneficiaries by registered main hospital.
- 2) Conclusion Report of UC Beneficiaries by Age, Sex and by registered main hospital.
- 3) Conclusion Report of Number of Main Hospital and Sub Hospital by PHO.
- 4) Conclusion Report of Monthly Capitation by PHO.
- 5) Conclusion Report of Medical Claim Payment on High Cost Care by Main Hospital.
- 6) Conclusion Report of Medical Claim Payment on Emergency Accident 72 Hours by monthly by Main Hospital.
- 7) Conclusion Report of Medical Claim Payment on Referral by monthly by Main Hospital.
- 8) Conclusion Report of Annual Report of Item 4-7
- 9) Conclusion Report of Complains

Data Center Project

Nov 15, 22004

สำนักงานหลักประกันสุขภาพแห่งชาติ (สปสช.)
NATIONAL HEALTH SECURITY OFFICE (NHSO)



Background

- スポンサー: MOPH (保健省)
- 委託業者: PM square holding company
 1. P square company
 2. Micronetic Public company limited
 3. MFEC Public company limited
- コンサルタント: **Thammasat University Research and Consultancy Institute (TU-RAC)**
- 期間: **Dec 22, 2003 – Nov 16, 2004**
Expanded to Mar 31, 2005
- 目標: 現行システムをNHSOのデータセンターへ開発・統合すること

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仕様書：機能一覧

- ハードウェア及びネットワーク
- 研修
- 8システム (ソフトウェア)
 1. 住民 (被保険者) 及び病院登録システム
 2. 住民 (被保険者) 資格確認システム
 3. 給付及びデータ転送システム
 4. 診療報酬請求システム
 5. 情報管理システム (MIS)
 6. 財政・会計システム
 7. コールセンター及び苦情対応システム
 8. データ処理システム (EIS)

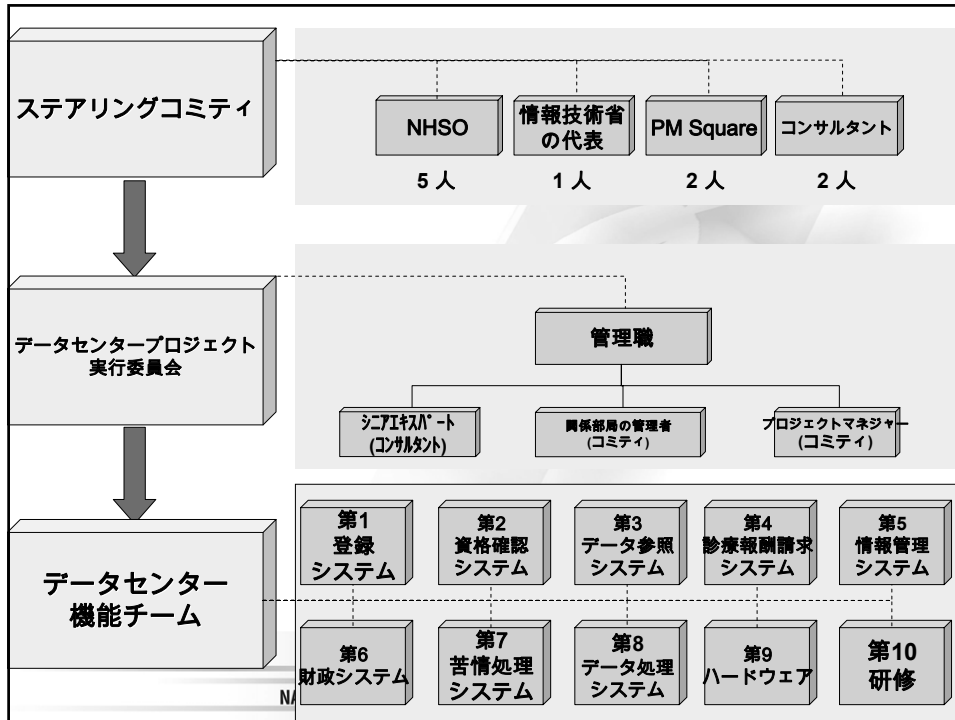
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委員会構成

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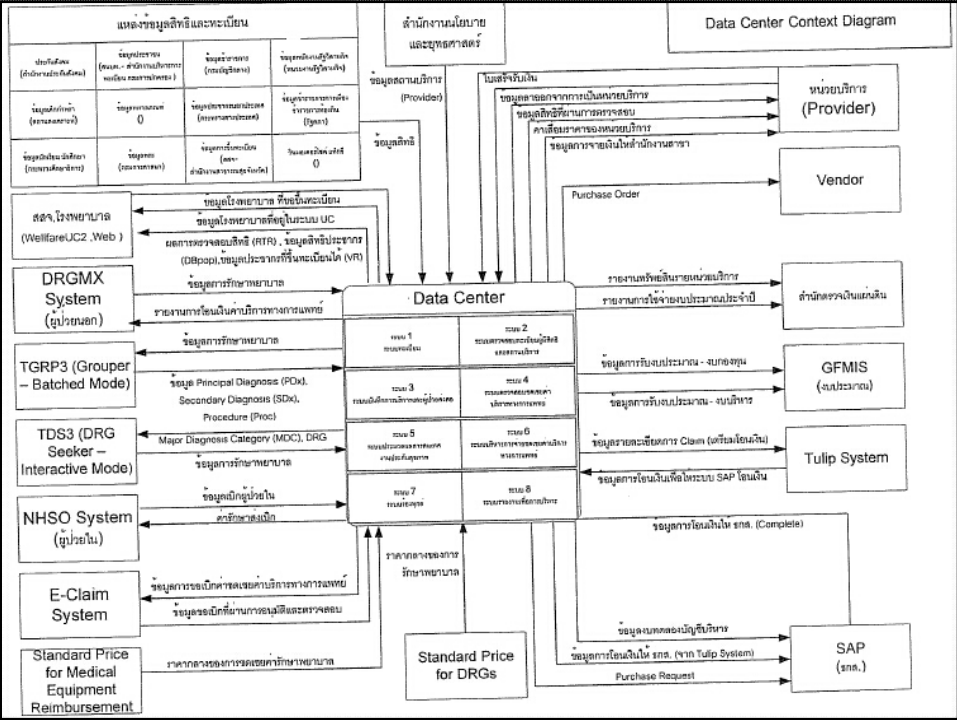




Teamwork : Project Manager name list	
1.住民登録データベースシステム	Pharmacist
2.資格確認システム	Natnapis Suchonewanich
3.健康管理・記録参照システム	Dr. Pradit Wongkanarate
4.診療報酬請求システム	
5.保険IT処理システム	Dr.Yolsilp Suchonewanich
6.報告管理システム	
7.財政・会計システム	Dr. Chunchai Sarnchamni
8.苦情処理システム	
9. ハードウェア・ネットワーク	Dr. Prachakswich Lebnak
10研修システム	Mr. Sayris Pibul

Context Diagram

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研修内容

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Training

分類:

- 1. แพคเกจซอฟต์แวร์に対する研修
- 2. แอปพลิเคชันซอฟต์แวร์に対する研修

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Training

- 合計 21 コース:
 1. 管理者グループ 1 コース (コース番号21)
 2. IT スタッフ 16 コース (コース番号 1-15 and 20)
 3. 運用者 4 コース (コース番号 16-19)

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Training courses

1. インストール手法
2. プロジェクトマネジメント (CMM及びアウトソーシング)
3. システム分析及び合理的な担当割
4. ソラリス管理 1
5. ソラリス管理 2
6. 委託
7. Oracle9i : Program with PL/SQL
8. Oracle9i : DBA Fundamental I
9. Oracle9i : DBA Fundamental II

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Training courses (cont.)

- 10. Oracle9i : Database Performance
- 11. Oracle9i : Form Developer
- 12. Oracle9i : Report Build Internet Reports
- 13. Oracle9i : Java Programming
- 14. Cisco CCNA
- 15. Cisco CCDA

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Training courses (cont.)

- 16. Microsoft Word
 - 17. Microsoft Excel
 - 18. Microsoft PowerPoint
 - 19. Microsoft Access
 - 20. Computer Network Architecture
 - 21. Computer for Executive (Internet & E-mail)
- } Operational Staff

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問題点

- 大規模プロジェクトであり、多数の担当者が存在する
- 仕様内容が不明確
(it was developed prior to the NHSO)
- 開発期間が長期 → 多数の小規模開発が行われている
- 政策に関係している
- NHSOが介入できない委託業者内の管理体制に問題がある（企業合併開発のため）
- プロジェクト立ち上げ当初、コンサルタントと業者との関係が希薄

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Solutions

- エンドユーザーの参加
- 各チームとエンドユーザーとの定期会議の開催
- プロジェクトの新たな視点を特定する
- Specified SQC, and SQA of the project
- 進捗会議の開催
- CMM手法チームの立ち上げ

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