



# HIRA's Contribution to Universal Health Coverage



**HIRA**

HEALTH INSURANCE REVIEW & ASSESSMENT SERVICE

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- ① Overview of UHC in Korea
- ② Introduction of HIRA
- ③ Detailed Role and Function
- ④ Achievements



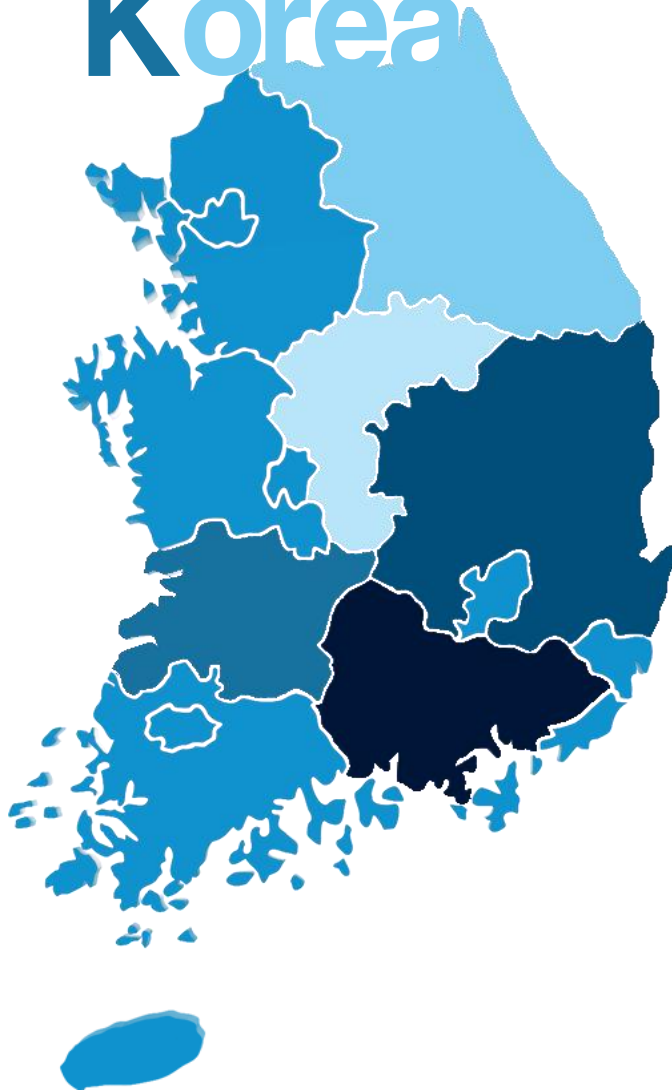
# 01



## Overview of UHC in Korea

Health Insurance Review & Assessment Service

## Korea



Population

**51 million**



Per capita GDP

**26,205 USD**



Pop. over 65

**13%**



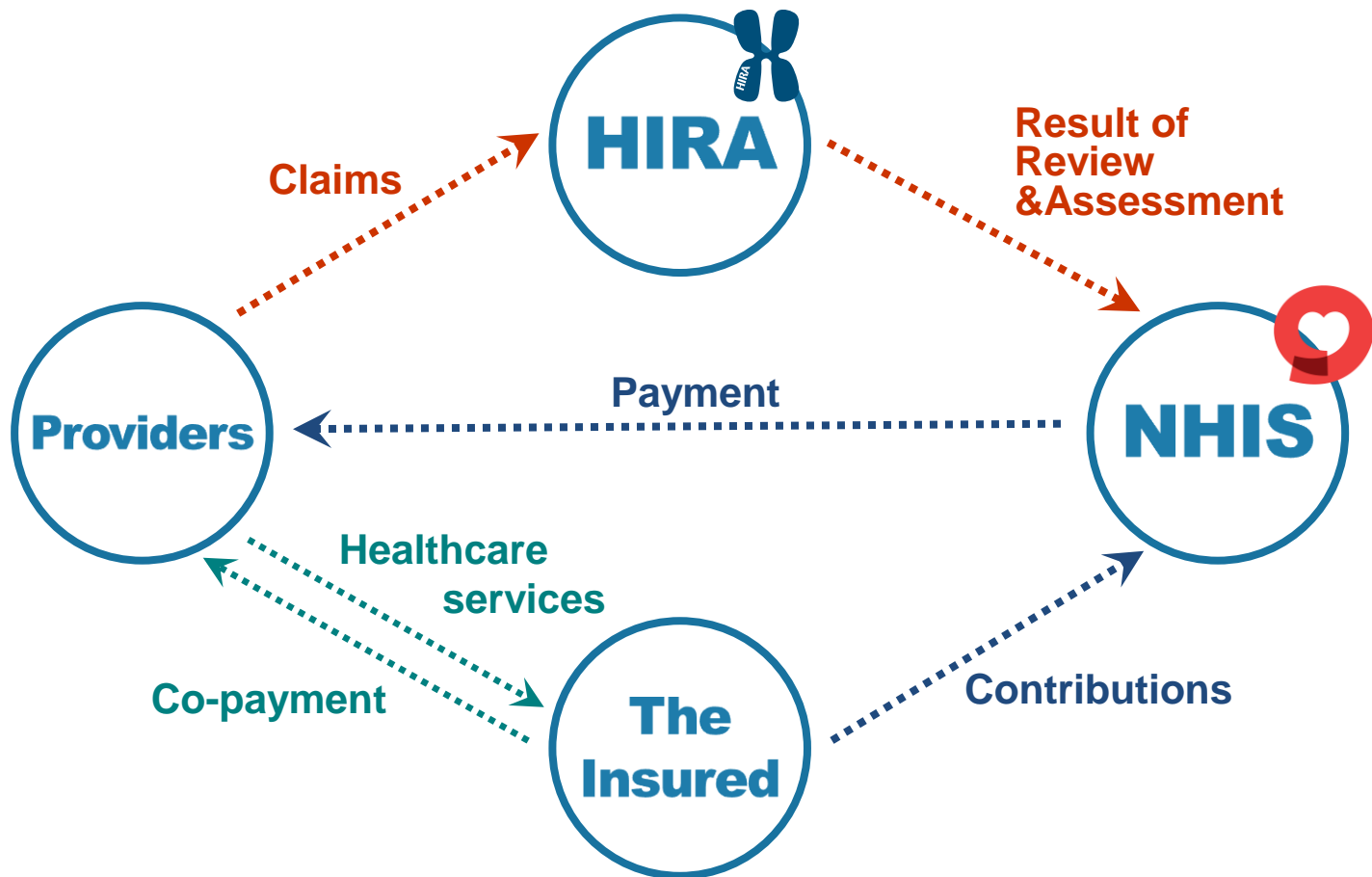
NHE in GDP

**7.2%** (OECD average:8.9%)

as of 2016 IMF statistics, OECD statistics

## MINISTRY OF HEALTH AND WELFARE

Legislation, NHI organization supervision



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Legislation, NHI organization supervision



National Health Insurance Service

- Collect contribution
- Negotiate with providers for fee level
- Promote health and prevent disease



COLLECTING AND POOLING



Health Insurance Review & Assessment Service

- Make rules for benefit ➤ List, price, coverage
- Monitor ➤ Cost and quality
- Manage health system infrastructure

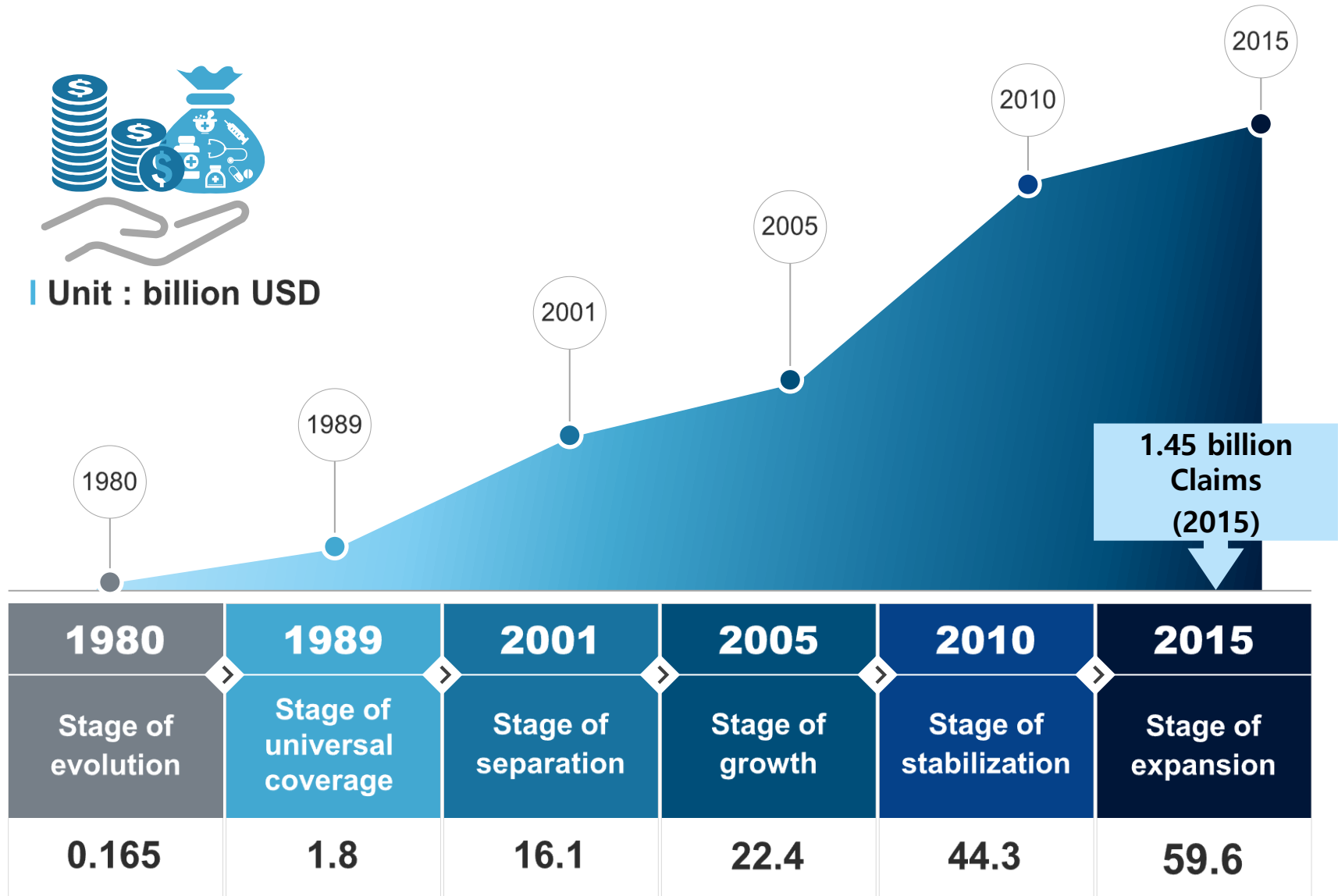


COMMISSIONING

# Increase of Annual Commissioning of NHI



Unit : billion USD





# 02



## Introduction of HIRA

Health Insurance Review & Assessment Service



## ○ 1979

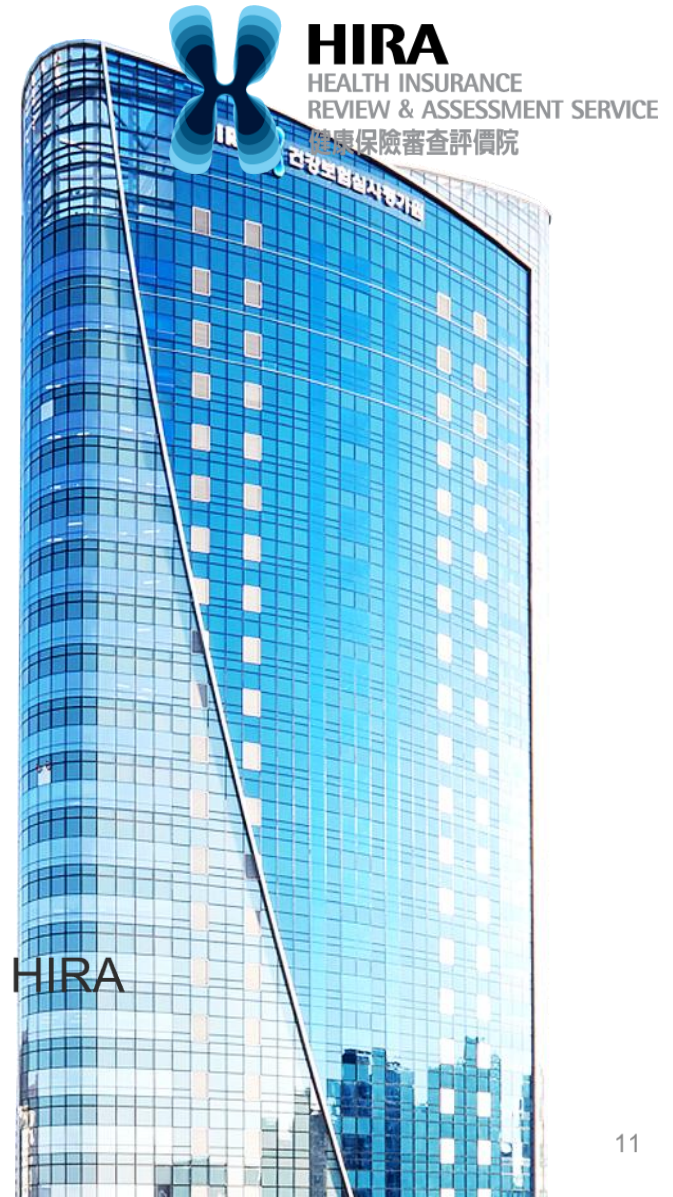
- Each insurance company had its own **claim process and review system**

## ○ 1988






- Multiple review systems were integrated into a **single agency**  
(National Federation of Medical Insurance)

## ○ 2000

- **HIRA was established as an independent organization** according to NHI act
- **Quality assessment and benefit determination** were added as new tasks of HIRA



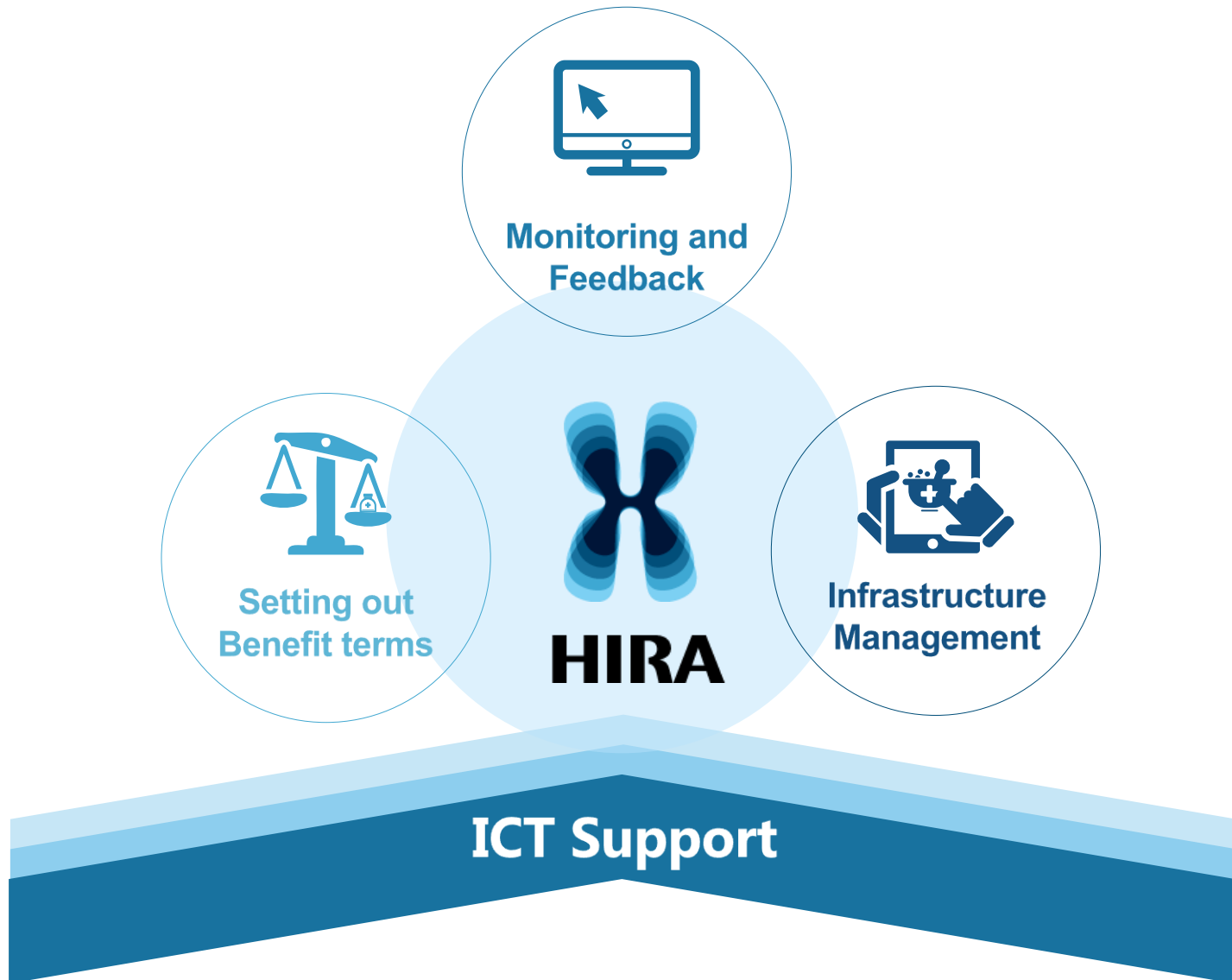


Headquarters 1 Departments 27 Branch Offices 9 Research institute 1				
Head quarters	 Research institute 1	 Departments (93 divisions) 27	 Workers 1,969	<ul style="list-style-type: none"><li>•Tertiary and general Hospitals claims review</li><li>•Quality assessment</li><li>•Guidelines development</li></ul>
Branch offices	 Branch offices (20 divisions) 9		 Workers 581	<ul style="list-style-type: none"><li>•Claims review for small hospitals, clinic and pharmacies</li></ul>

**2,550STAFFS ARE WORKING IN TOTAL (July, 2016)**

- 65% are health care professionals  
such as doctors, pharmacists, nurses, physical therapist, medical record administrator
- 76% are female

# Function of HIRA





## Setting out Benefit terms

- Listing
  - Pricing
  - Setting Standards
  - Other benefit policy support
- ※ Medical procedure, Medical supply, Drug



## Monitoring and Feedback

- Claims review
- Quality assessment
- On-site Investigation
- Drug Utilization Review (DUR)
- Medical fee verification service



## Infrastructure Management

- Korea Pharmaceutical Information System (KPIS)
- Healthcare Resources management
- Big data analysis
- Development of patient classification & coding system, etc.



# 03



## **Detail of HIRA's Roles & Functions**

Health Insurance Review & Assessment Service



## Setting out Benefit terms

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## Monitoring and Feedback

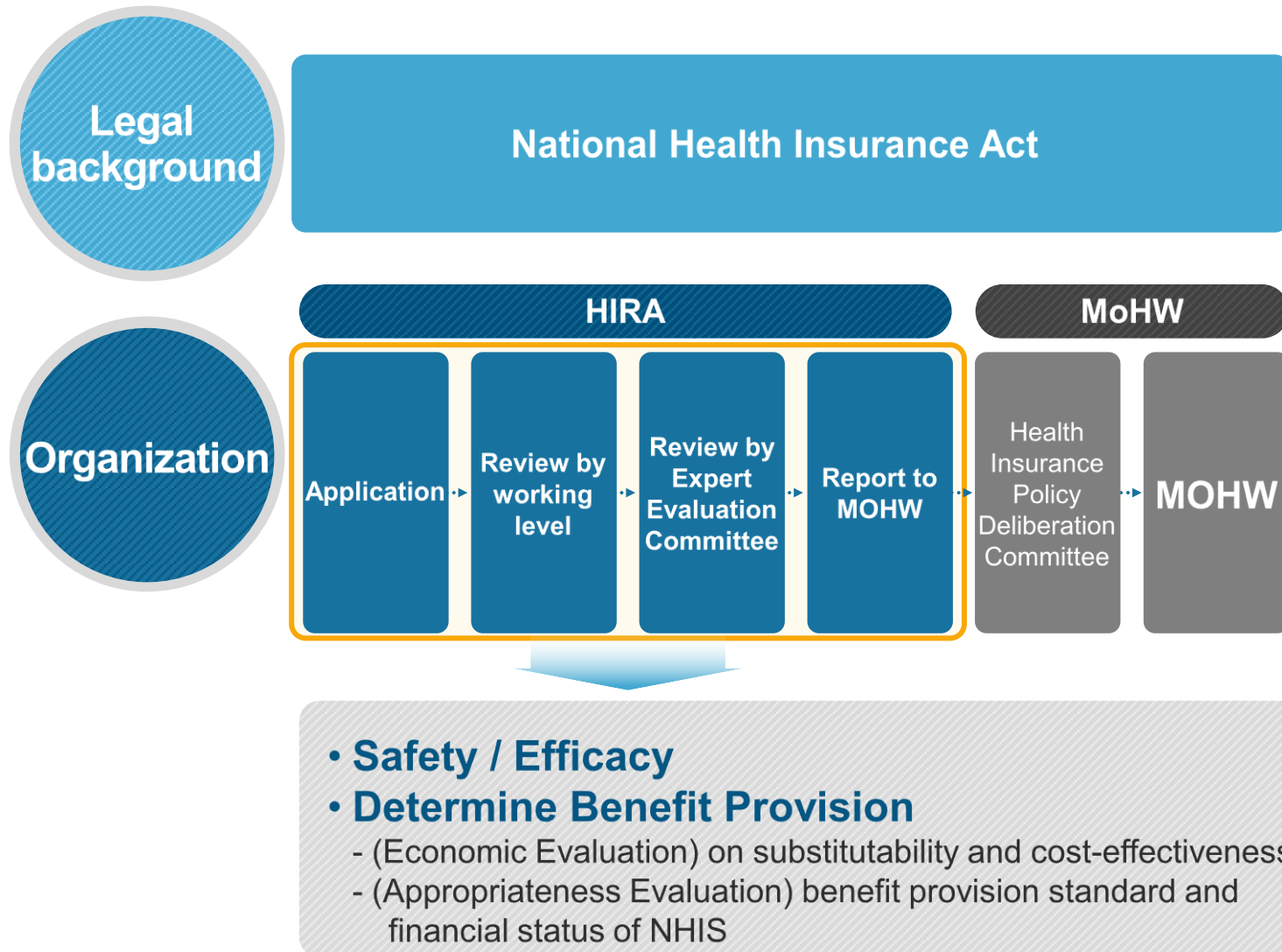
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## Infrastructure Management

- **Korea Pharmaceutical Information System (KPIS)**
- **Healthcare Resources management**
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# 1) Listing



## 2) Pricing - Medical Procedure



### Negative list system since Nov. 2000

$$\text{Medical Service Fee} = \text{RBRVS} \times \text{Unit Price} \times \text{Additional Charge}$$

Institution Type	Calculation					Final Medical Fee
	RBRVs of Deep Heat Therapy		Unit Price		Additional Charge	
General Hospitals	13.98(point)	×	71.0(KRW)	×	1.25	= KRW 1,240.725
Clinics	13.98(point)	×	76.6(KRW)	×	1.15	= KRW 1,231.4982

—  
**RBRVS**  
(Resource-Based  
Relative Value  
Scale)

- Physician's workload, including time and effort
- Level of resource use, including human resource, facilities, and equipment
- Relative value presented in the form of score for each treatment, considering the risk level

—  
**Unit Price**

- Decided by the agreement between NHIS & representatives of healthcare providers

—  
**Additional Charge  
for institutions**

- Tertiary hospitals 30%, general hospitals 25%, hospitals 20%, clinics 15%



## 2) Pricing - Drugs and Medical supplies



### ■ (Drugs) Positive list system since Dec. 2006

Only clinically and economically valuable drugs are listed





Type	Pricing
New drugs	<ul style="list-style-type: none"><li>• <b>Negotiation between NHIS &amp; manufacturers</b><ul style="list-style-type: none"><li>- Evaluation is done by HIRA, and negotiation is done by NHIS</li></ul></li></ul>
Generic drugs	<ul style="list-style-type: none"><li>• <b>Price calculation formula : 53.5% of original drug</b></li></ul>

### ■ (Medical devices) Negative list system since Nov. 2000

- When the applying material is on the upper limit price list
  - The calculation standard is different depending on the cost, efficacy or function.
- When the applying material is not included in the upper limit price list
  - Price will be calculated based on manufacturing cost(FOB for imported material), clinical efficacy and effectiveness, and economic value

### 3) No. of Benefit Criteria & Benefit List



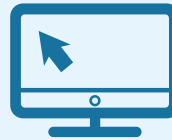
BENEFIT TYPE		NO OF CRITERIA	NO OF Benefit Package
	Medical Procedure	807	8,306
	Drug	545	23,053
	Medical Devices	323	21,683
	Total	1,675	53,042

Benefit Criteria Developed by HIRA (as of 2015)



## Setting out Benefit terms

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# 1) Claims review - Necessity



Ensuring  
appropriate  
Health care



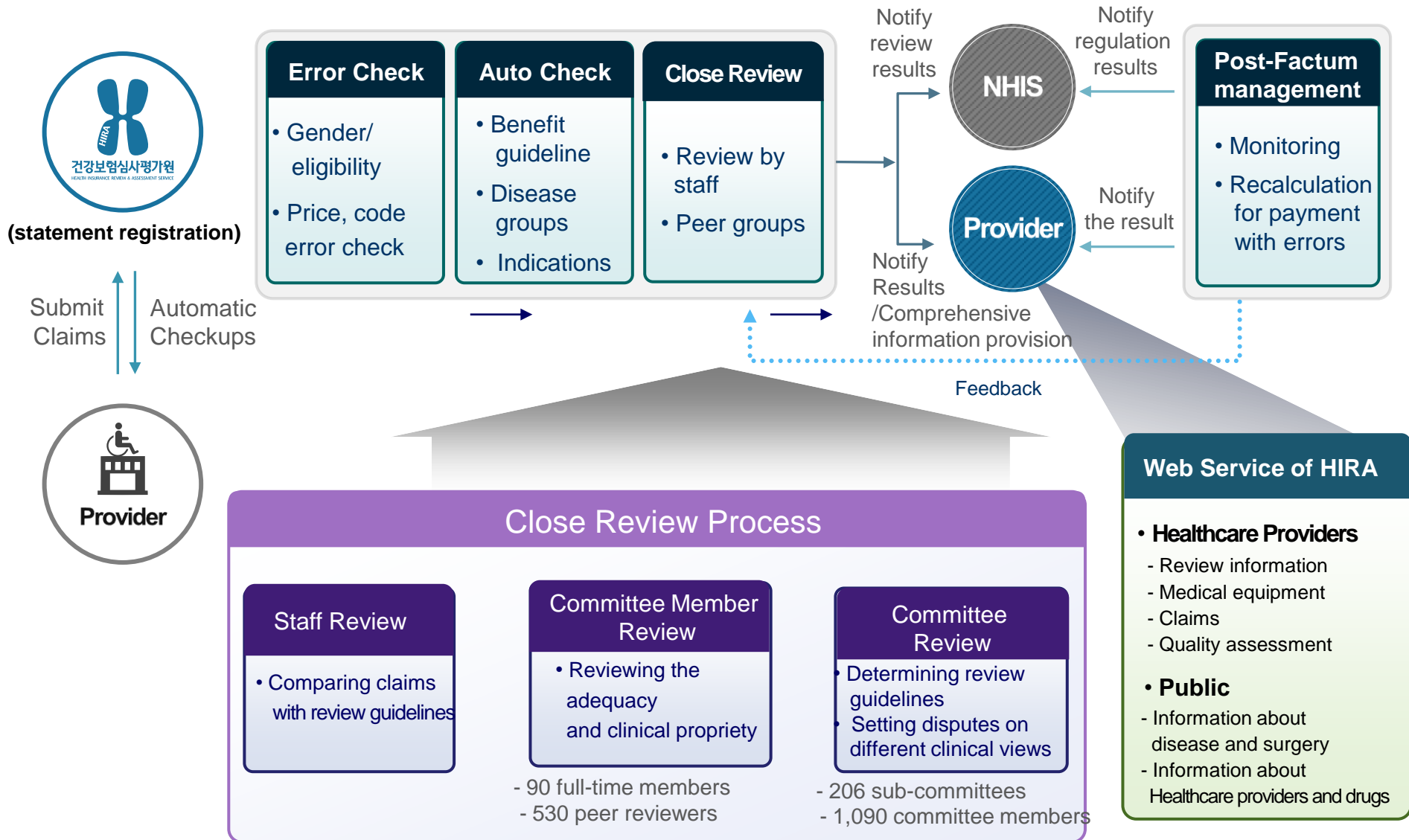
Review and check  
whether the costs &  
claim details have been  
duly submitted under  
the criteria



Preventing overuse or  
misuse of healthcare  
services

***Improving Public Health and Welfare***

# 1) Claims review - Flow



- 99.5 % of claims are electronically processed
- 87 % of claims are finalized after electronic checkup and automated review

## 2) Quality Assessment – Definition



### Definition



To evaluate overall covered services to make sure the appropriateness of **medical and pharmaceutical aspects** and **cost-effectiveness**

### Need

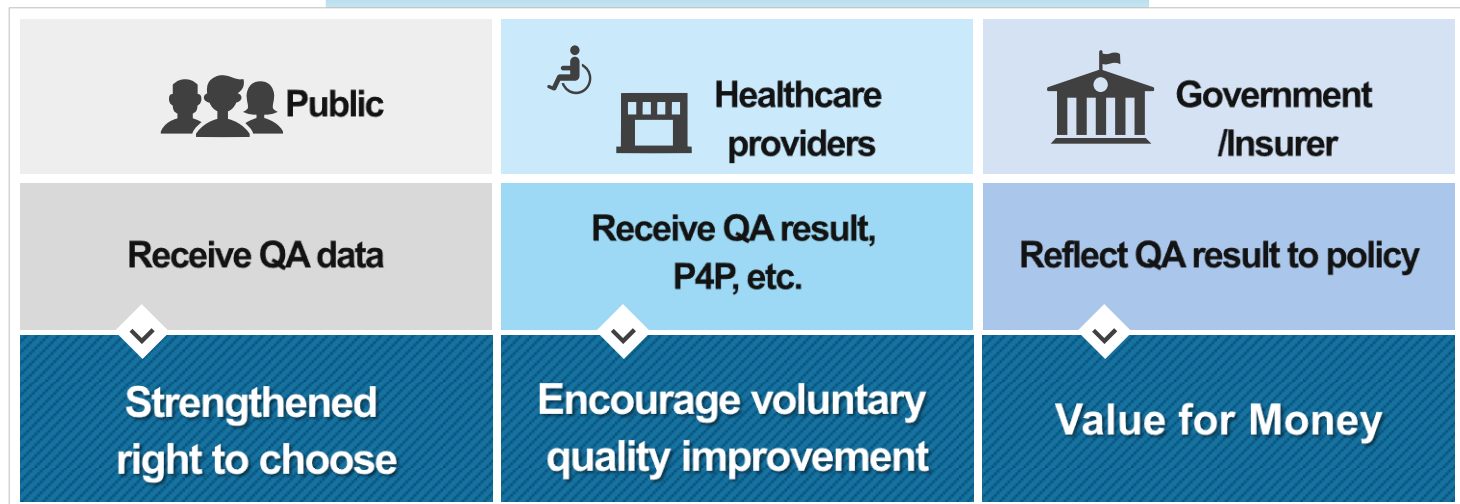


- To prevent service over-use
- To prevent service under-use
- To prevent mis-use
- To reduce service quality gap

### Objective



**Improve medical service quality and optimize cost level**



## 2) Quality Assessment – Items in 2016

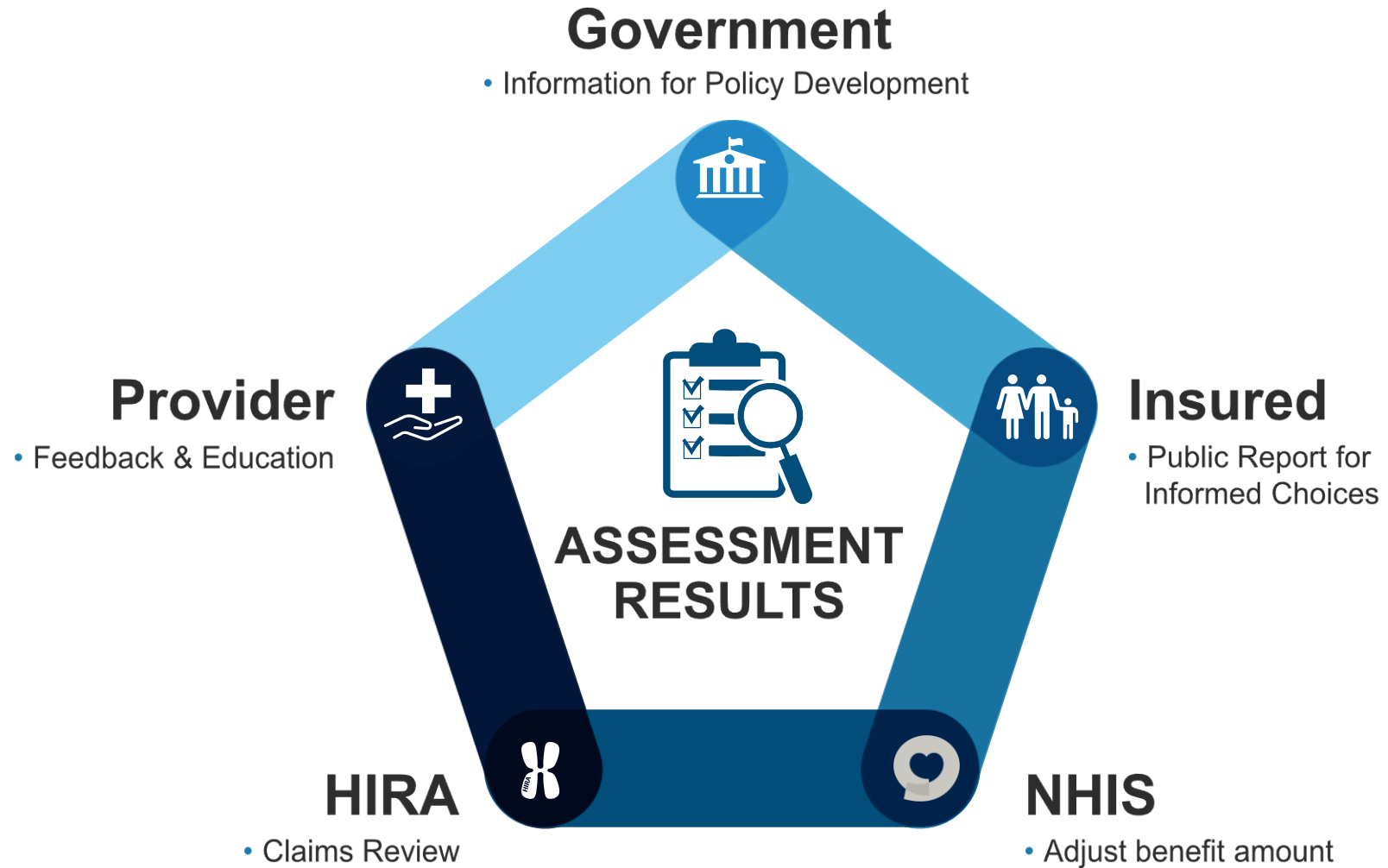


Area		Quality Assessment Items
Inpatient	Acute Diseases	<ul style="list-style-type: none"> <li>• Acute myocardial infarction (AMI)</li> <li>• Acute Stroke</li> <li>• Coronary artery bypass graft (CABG)</li> <li>• Ischemic Heart Disease</li> </ul>
	Cancer Diseases	<ul style="list-style-type: none"> <li>• Colorectal cancer</li> <li>• Breast cancer</li> <li>• Mortality of surgery for cancer</li> </ul>
	Major Surgery	<ul style="list-style-type: none"> <li>• Prophylactic antibiotics for surgery</li> <li>• Caesarian section</li> <li>• Surgical volume</li> </ul>
Outpatient	Chronic Diseases	<ul style="list-style-type: none"> <li>• Hypertension</li> <li>• Diabetes, Asthma</li> </ul>
	Pharmacy Benefits	<ul style="list-style-type: none"> <li>• Prescribing rate of injection</li> <li>• Prescribing rate of antibiotic</li> <li>• The number of drug per prescription</li> <li>• Prescribing rate of expensive drugs</li> <li>• Medication cost per day of administration</li> <li>• Duplicate prescription rate for NSAIDs (osteo-arthritis)</li> <li>• Prescribing rate of antibiotic (Acute otitis-media)</li> </ul>
Total Institutional Level		<ul style="list-style-type: none"> <li>• Long-term care hospital</li> <li>• Psychiatric disease (Medicaid)</li> <li>• Hemo-dialysis</li> </ul>

| Adopting 37 categories in total

\* From 2016, 'Patient's experience' was added as a new assessment item

## 2) Quality Assessment – Result Utilization







## Setting out Benefit terms

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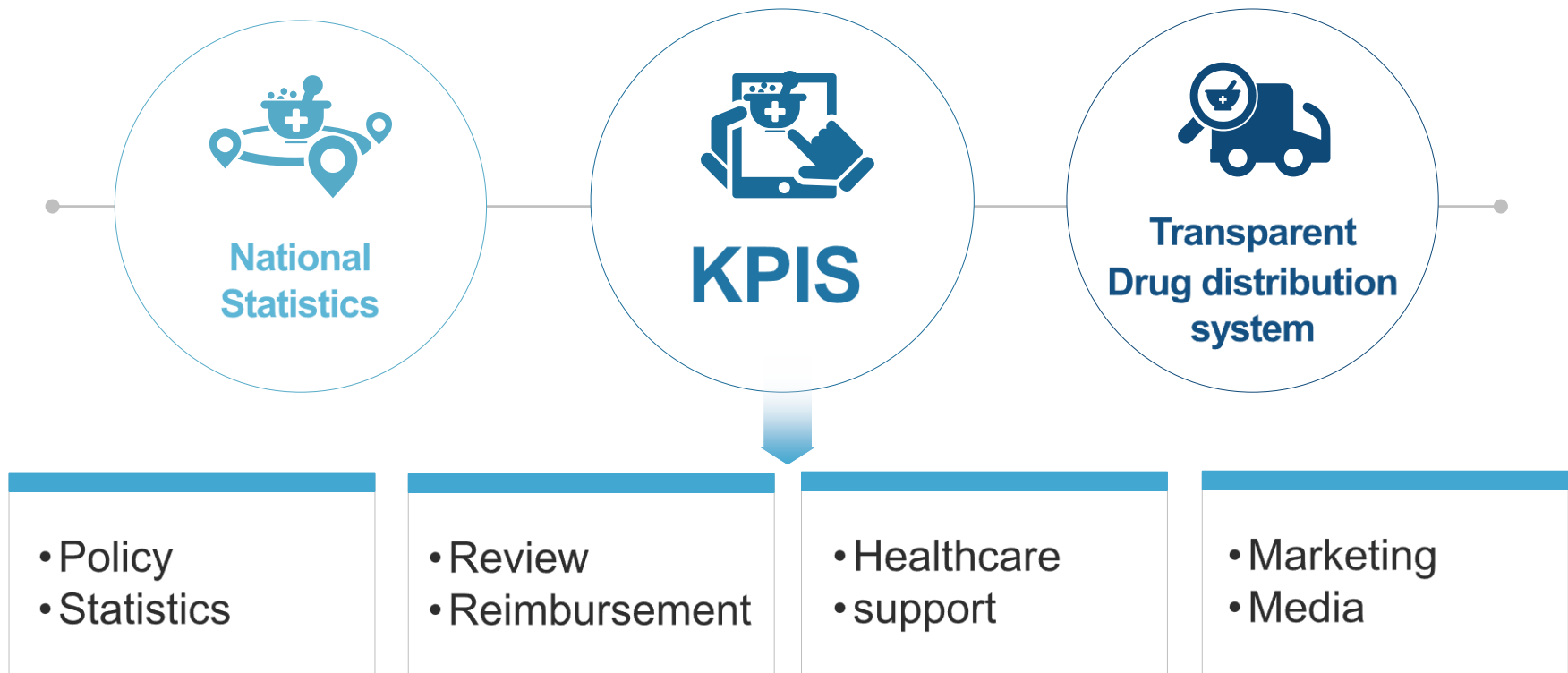
## Infrastructure Management

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- Big data analysis
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# 1) KPIS



**KPIS(Korea Pharmaceutical Information Service)** was established in order to collect, research and provide drug distribution data which encompasses production, import, and consumption of drugs



## 2) Healthcare Resources Management



➤ Bed / Room numbers and types

➤ License number, type, date of hire and resignation of doctors, nurses, pharmacists

➤ Name, lot number, price, certification information

FACILITY

HUMAN RESOURCE

EQUIPMENT

Healthcare organization



**88,163 providers**

(Medical institution, pharmacy, Public health center, etc.)

Healthcare personnel



**580,000 persons** (Physician, nurses, pharmacist, etc.)

Facility



**860,000 beds** (Inpatient ward, Intensive Care Unit, etc.)

Equipment

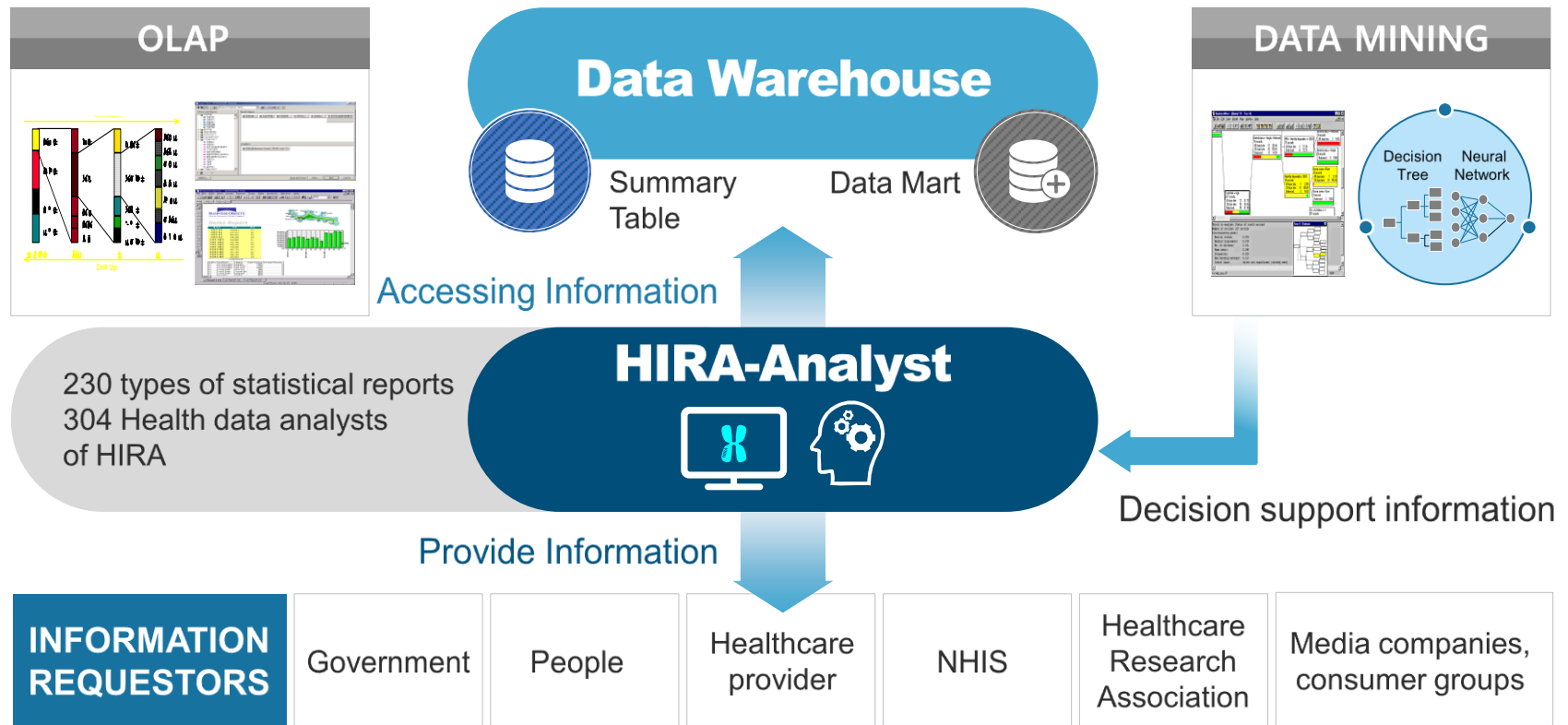


**770,040 items** (MRI, CT, PET, Mommo, etc.)

# 3) Data Warehouse (DW) system



Reviewed claims are stored in Data Warehouse  
HIRA-Analyst can access DW anywhere in HIRA to produce designed statistics  
for policy development



- Currently the accumulated data volume are 360 Terabyte (As of 2015)
- OLAP : On-Line Analytical Processing



04



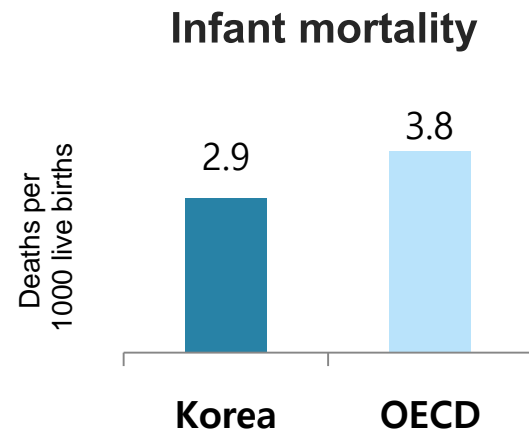
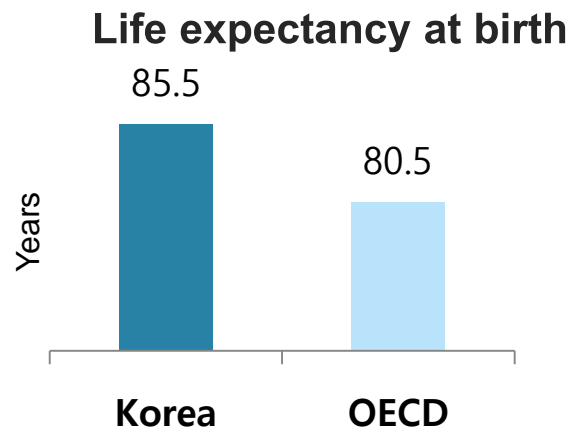
# Achievements

Health Insurance Review & Assessment Service

## Low healthcare spending Efficient Cost Monitoring & Quality management system

- ✓ Low national health expenditure to GDP  
(Korea: 7.2% / OECD: 9%)
- ✓ Relatively low per capita healthcare expenditure  
(Korea: USD 2,275 / OECD: USD 3,453)

## Improved Health Outcomes



# Strengths of HIRA in International Cooperation



**Advanced  
ICT System**



**Big Data**



**Experience in  
Policy Trials**



**Institutional  
Memories**

# Total Number of Visitors Per Continent (2011-2015)



Total  
**[ 1,058 ]**



International Organization(UN, WHO etc) : 45

**105**

Europe

**497**

Asia

**102**

Africa

**192**

Middle East

**14**

North America

**101**

South America

**2**

Oceania



We are committed to **cooperating**  
with you in **achieving UHC!**



# THANK YOU