



Changes in the policy of the National Health Insurance of Korea during the COVID-19 Pandemic

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INTRODUCTION

- ◆ In response to the coronavirus disease 2019 (COVID-19) pandemic, Korea has implemented various policies to manage the crisis in the healthcare system.
- ◆ The Korean government used the National Health Insurance (NHI) funding to pay most of the COVID-19 related medical expenses(38 items).

AIM

- ◆ This study aimed to analyze changes in NHI medical expenses during the COVID-19 pandemic period.
- ◆ Healthcare policy responses of COVID-19 and the implications of such decisions were also discussed.

METHODS

- ◆ This study searched publicly available official reports, documents, and statistics from the government, public agencies, and related institutions in Korea.
- ◆ The coverage items and costs of health services related to COVID-19 mainly used materials from the 2021-2023 committee meeting, and press releases.

CONCLUSIONS

- ◆ Korea has implemented various strategies and policies to manage the crisis in a timely manner.
- ◆ The government instantly assigned a control tower to centralize authority under governance and the infectious disease act was revised to pandemic preparedness.
- ◆ As the pandemic is prolonged, In response and recovery policies, monitoring and analyzing of the COVID-19 health services and its costs was required to keep a sustainable and resilient health care system.

ACKNOWLEDGEMENTS

- ◆ None

REFERENCES

- ◆ OECD. First lessons from government evaluations of COVID-19 responses: a synthesis <https://www.oecd.org/coronavirus/policy-responses/first-lessons-from-government-evaluations-of-covid-19-responses-a-synthesis-483507d6/>.

RESULTS

1. Cumulative COVID-19 cases and total expenditure of COVID-19 items in Korea (Fig. 1)

- ◆ (The cumulative COVID-19 cases) were **30,820,130 cases** (Jan.1. 2020~Mar. 31, 2023).
 - ☞ 1) 2020: 0.2% (before Pandemic crisis), 2) 2021: 1.8% (Delta variant), **Jan.~ Nov. 2022: 92.2%(Omicron variant & BA5)**
- ◆ The MOHW decided to use NHI funding to finance approximately **36 service items** (4 including medical treatments, medicines, vaccines, testing costs and hospital room fees)
 - ☞ free-of-charge, NHI covered co-payments/the government covered the remaining out-of-pocket payments
- ◆ **(The total expenditure)** for the newly introduced fees for COVID-19-related services was **KRW 8.14 trillion** (Jan. 2020 to Nov. 2022)
 - ☞ 1) 46%: Jan.2020~Feb.2022 (before Pandemic crisis & Delta variant), **2) 41% : Mar.~Jun.2022 (Omicron variant; due to he surge in confirmed cases)**, 3) 13%: Jul.~Nov.2022 (Omicron BA5)
 - ☞ Descending item order: 1) 22.5%: mild patient treatment (residential treatment centers and home treatment), 2) 21.6%: COVID-19 polymerase chain reaction (PCR) testing, 3) 18.1%: inpatient care (e.g., critically ill patients), 4) 12.1%: vaccination, 5) 11.4%: rapid antigen testing

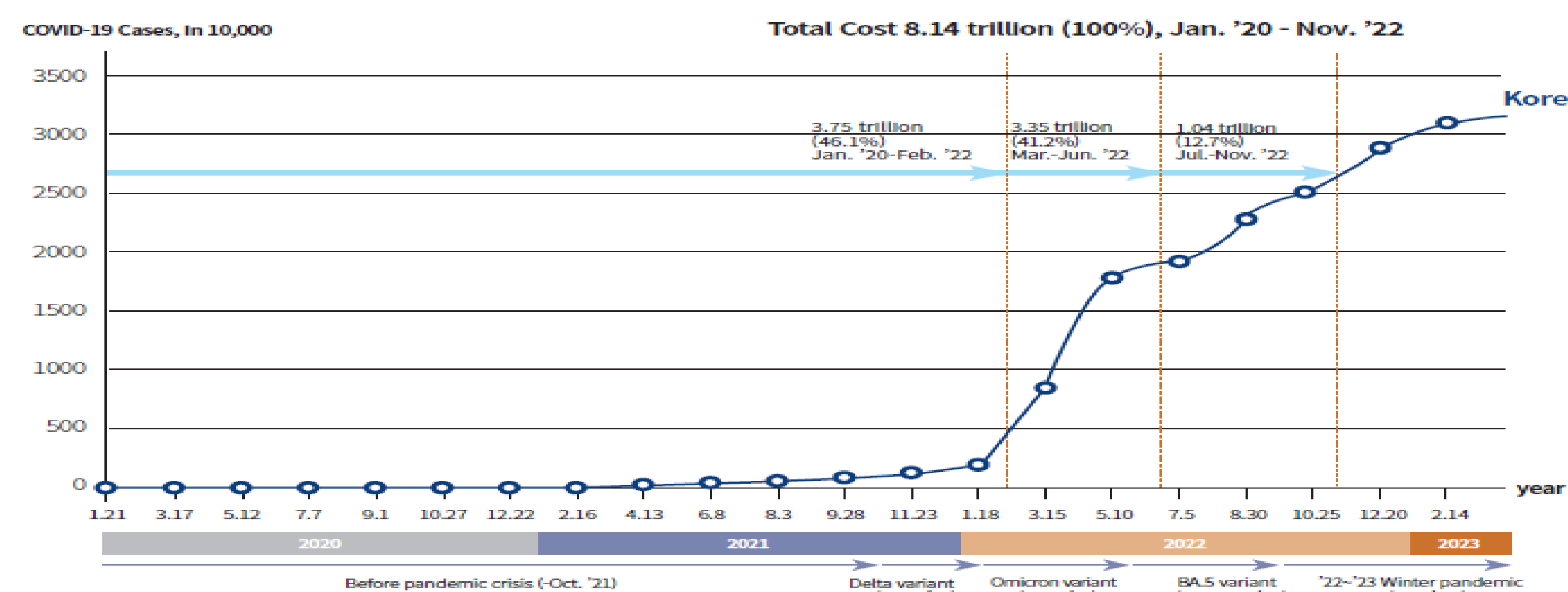


Figure 1. Cumulative coronavirus disease 2019 (COVID-19) cases and total expenditure of COVID-19 items in Korea. Source: <https://ncov.kdca.go.kr/>, MOHW (Ministry of Health and Welfare), 2022/2023.

2. Healthcare policy of coronavirus disease 2019 (COVID-19) in Korea (Fig. 2)

- ◆ The policy responses analyzed in three phases of the risk management cycle
 - 1) pandemic preparedness: capacity and administrative foundations**
 - ◆ The government instantly assigned a control tower(KDCA) to centralize authority under governance.
 - ◆ The infectious disease act was revised to fight the pandemic(MERS experience in 2015).
 - 2) crisis management : respond in an appropriate, timely, and coordinated manner**
 - ◆ The government implemented policies of social distancing, face masks use, and a testing–tracing–treatment(3T) strategy
 - ☞ the surge in confirmed cases due to the Omicron variant caused a shortage of hospital beds: the MOHW secured beds by cooperating with private hospital and implementing administer orders.
 - ◆ Also, patients with mild symptoms in the triage system have been treated at residential treatment centers and home treatment.
 - 3) pandemic response and recovery: control systems to prevent transmission and mitigate health impacts.**
 - ◆ Korea has proactively responded by strengthening various laws and governance and adjusting health insurance policies.
 - ◆ As the pandemic is prolonged, monitoring and analyzing system of the COVID-19 health services and its costs was required to keep a sustainable and resilient health care system.
 - ◆ To set healthcare capacity supply system by the risk phases.
 - ◆ Need to discuss the reimbursement process the temporary covered items such as the COVID-19 service.

Year	2020 (0.2%)	2021 (1.8%)	2022 (92.2%)	Mar. 2023 (5.8%)
Covid-19 variants	Before pandemic crisis (-Oct. '21) Delta (-Jan. '22) Omicron (-May. '22) BA.5 (Jul.-Sep.'22) Winter pandemic (-Oct. '22)			
Covid-19 quarantine	Strong: Quarantine	Relaxation of quarantine	Life quarantine	
Covid-19 strategy	3T strategy (Test, Trace, Treat)			
Vaccination	1st Vaccination Feb. 26. '20-Oct.31. '20 (70%)	2nd Vaccination	3rd/4th Vaccination 2 strains vaccination (Oct-)	2 strains vaccination
Treatment	Severe symptoms: Intensive care unit Quarantine		Mild symptoms: Self-care (Jan.28. '22), home (Feb.7. '22) quarantine	
National Health Insurance coverage	- NHI coverage 40 items (Test, vaccine, treatment etc.) - Telemedicine service: temporary coverage(Mar.2. '20-)		- Financial supplement for hospital compensation - Administrative order of hospital bed	
Social distancing	Initiation (Feb. 26. '20)		Relaxation (Jan. '22)	Cancel (Apr. '22)
Mask	Self care/obligation (Oct. '20)		Recommendation for outdoor (Sep.26. '22)	Recommendation for indoor (Jan.17. '23)

Figure 2. Healthcare policy of coronavirus disease 2019 (COVID-19) in Korea. Source: <https://ncov.kdca.go.kr/>, MOHW (Ministry of Health and Welfare), 2023.