行政院衛生署委託研究計畫

計畫編號: DOH86-HD-001

全民健康保險爭議審議制度與案件發生之初步探討

執行單位: 中華民國公共衛生學會

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執行期: 民國八十五年九月一日至八十六年九月三十日

摘 要

全民健康保險自 84 年 3 月起實施，此保險制度以社會集體之力量，保障每一位國民均獲得適切之醫療照護。如此鉅大之變革，影響被保險人、投保單位與醫療院所之權利、義務、行政作業與醫療行為甚鉅，故爭議事項必不可免。然而，究竟全民健康保險爭議審議案件的特性如何？影響爭議審議案件發生的因素為何？惟國內尚缺乏此類研究，因此本研究主要目的在於瞭解爭議審議案件之特性，進而探討影響爭議審議案件發生之因素。

依據全民健康保險法第五條規定，為了審議被保險人、投保單位以及醫事服務機構對保險人核定之案件爭議事項，應設立全民健康保險爭議審議委員會(以下簡稱爭審會)。自 84 年 5 月成立至今(86 年 9 月底)，爭審會共受理 147,699 件爭議案件(包括 644 筆權益案件以及 147,035 筆醫療案件)，截至 86 年 9 月 26 日止共計完成 530 筆權益案件與 59,559 筆醫療案件之實體審查。針對上述資料，本研究以橫斷面分析次級資料之研究方法，利用 SAS 6.11 for Window95 套裝軟體，分析 318 筆完成審定且歸檔之權益案件，以及 100,064 筆完成受理程序之醫療案件，其中包括 15,016 件已審定且歸檔案件。共計 100,382 筆爭議案件。

研究結果發現：

一、權益案件

1. 爭議事項類別中以被保險人申請核退自墊醫療費用的申請案最多，其中又以緊急分娩居眾。
2. 審定結果以實體審議駁回佔大多數，而實體審議駁回中又以醫事服務機構的爭議案件居冠。
3. 與審定結果有關之因素包括：保險給付事項類別、申請人形態、投保單位別、被保險人性別、被保險人年齡以及健保分局別。

二、 醫療案件

1. 在發生率部份，住院案件高於門診案件、公立醫療院所高於私立醫療院所、區域醫院高於其他層級醫療院所、以及東區分局高於其他健保分局。其中東區分局發生率較高可能是因為東區分局之特約醫療機構以公立醫院為主。
2. 爭議案件審議速度延遲，僅 44.7%之案件於法定之五個月內完成審議。
3. 醫療案件特性包括：爭議事項類別、權屬別、詳細別、案件分類、病患年齡、性別、科別、申請金額以及分局別，皆會影響爭議案件有無獲得行政救濟或補償之審定結果。
4. 爭議案件中有 50.2%獲得行政救濟。

根據分析結果，本研究在全民健康保險政策、制度以及實施辦法上，建議對民眾申自墊醫療費用之作業方式、核退費用標準等應作適當修訂，以保障被保險人之權益。其次在醫療品質、費用審查方面，建議擬定具體之審查標準，以備醫事服務機構於實行醫療行為時有所依循。最後，有關於審定速度延遲部份，爭審會已實施爭議案件快速審查辦法，惟成效如何待進一步分析探討。

關鍵字: 全民健康保險、爭議審議制度、全民健康保險爭議審議委員會

ABSTRACT

Since the government had mandated the implemenmeation of the National Health Insurance (NHI) in March 1995, the long-standing purpose of this policy has been to enhance adequate and affordable health care for all citizens in the ROC. As the NHI has transformed the hearth care system on a very large scale , disputes over reimbursement, medical expenditure and malpractice have proliferate since. However , few research has examined the question of how and what kinds of disputes have occurred and what factors have attributed to such an incidence of the disputes.

Demanded by the NHI policy, the National Health Insurance Dispute Mediation Committee is founded to solve the disputes. Up to May 1995, the DRC has accepted a total of 147,699 dispute cases (including a total of 644 disputes over lawful issues, and of 147,035 disputes over medical issues). About a total of 530(82%) disputes over lawful issues, and of 59,559(41%) disputes over medical issues have completed the reviewing processes and been filed by the DRC by September 1997. Based on these data, the study examined a total of 318 disputes over lawful issues and of 100,382 disputes over medical issues that are in the reviewing process, including a total of 15,016 cases that have been completed and filed . Excluding missing information, it results a total of 100,382 dispute cases for analysis.

The findings of the study are as follows:

On the disputes over lawful issues, the results indicate that ,

1) the majority of the dispute cases are initiated by the insured patients who claim the reimbursement of their prepared medical expense . Of them , the urgent childbirth deliveries are the most frequent cases .
2) the majority of the disputes reviewed are declined by the DRC. Of them , the disputes regarding the matters of the medical institutions are declined the most frequent cases.
3) The factors that affect the results of the reviewing process by the DRC include the types of insurance items, the categories of insured patients, the characteristics of the insuring institutions , the location of NHI administrative bureaus, and the demographic characteristics of insured patients including gender, age.

On the disputes over medical issues , the finding are,

1) With regard to the rate of incidence, the disputes occur more with inpatients than with outpatient patients; more with public hospitals than with private hospitals; more with secondary hospitals than with other categories of hospitals , and more with the NHI braes located in eastern part of Taiwan than those located in other parts of Taiwan;
2) Most of the reviewing processes by DRC is behind the time frame legally requested .Only 44.7% of disputes are filed within 5 month demanded by the laws;
3) The factors that affect the possibilities that the disputes will be compensated through administrative measures include the types of disputes , the characteristics of medical institutions, the characteristics if insured patients, the amount of reimbursement and the location of NHI administrative bureaus ;
4) About 50.2% of the total dispute cases examined are compensated through administrative measures.

In conclusion , it is suggested that, first , to protect the legal rights of insured patients , the administrative procedures for claiming reimbursement should be largely improved. Secondly, proper guidelines for medical expenditure should be established to ensure adequate medical practices . Finally, with regard to the delay of reviewing process by DRC, an administrative measure has been imposed to speed up the processes . However , further studies are needed to evaluate the effectiveness of the program.

Key words: National Health Insurance
Disputes Review System
National Health Insurance Disputes Mediation Committee