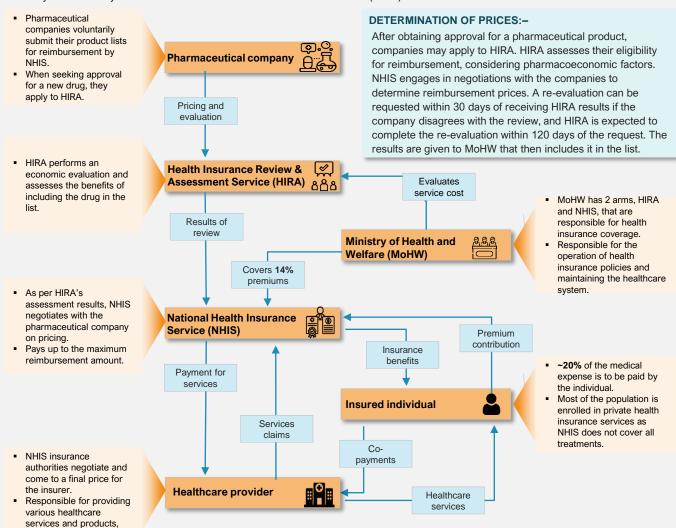
# HEALTHCARE REIMBURSEMENT OUTLOOK IN KOREA

# PRICING AND OUT-OF-POCKET SPENDING FOR HEALTHCARE SERVICES

South Korea's healthcare system leverages the efficiency of the private sector through an intermediary mechanism known as public insurance. The mandatory involvement of private healthcare providers in the national healthcare framework sets apart South Korea's system, given the limited presence of public healthcare providers in the country. The coverage of these private providers determine the healthcare expenditure by the population of Korea.

#### REIMBURSEMENT PROCESS IN SOUTH KOREA

Since the implementation of the mandatory health insurance system in the 1970s, insurance coverage in South Korea has been extended to both outpatient and inpatient care across all levels, ranging from physician clinics to tertiary care hospitals. Approximately 97% of the population is enrolled in the National Health Insurance Service (NHIS). Moreover, the pricing and reimbursement systems are heavily modulated by the Health Insurance Review & Assessment Service (HIRA) and NHIS.

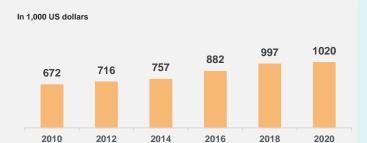


## REIMBURSEMENT PAYERS

which is paid for by NHIS.

- After the inclusion of a product in the covered services of NHIS, its MRP may reduce if the product volume significantly surpasses
  the company's initial forecast during the negotiations with NHIS.
- NHIS is responsible for premium collection on the 10<sup>th</sup> of the following month and reimbursement to providers. HIRA deals with product pricing review and claims from healthcare providers.
- NHIS relies predominantly on insurance premiums paid by enrollees and government subsidies (14%), with the remaining funding sourced from health promotion funds generated through the tobacco tax (6%).
- Not all services are covered by NHIS, necessitating patients to cover the entire cost. Consequently, 67.6% of the population has enrolled in at least one private health insurance plan. As a result, despite the government covering payments through NHIS, out-of-pocket (OOP) spending for healthcare in South Korea remains high.

#### OOP SPENDING ON HEALTHACRE



- As a percentage of total health expenditure, out-of-pocket (OOP) spending decreased from 34.11% in 2011 to 29.18% in 2020.
- South Korea exhibits the highest OOP expenses among OECD countries.
- In 2021, 12% population spent more than 10% of the total household expenditure on healthcare, while 2.9% spent more than 25%.

### DRAWBACKS OF HEALTHCARE REIMBUSEMENT SYSTEM IN SOUTH KOREA

Low reimbursement for the services provided	NHIS' reimbursement to providers is intended to include capital and operating costs, although providers contend that the reimbursement falls below the production cost, leading to financial losses. This situation may contribute to providers and healthcare workers receiving lower compensation for their services.
Private insurance	Numerous private insurance companies extend benefits to patients only when they need to be hospitalized as a part of their treatment. Services such as home care nursing and long-term care are omitted from insurance packages, posing a burden for patients. Consequently, many individuals feel compelled to opt for inpatient hospital services.
Lack of covered services	Pharmaceuticals related to oncology or rare diseases often face exclusion from reimbursement. Risk-sharing agreements are established with pharmaceutical companies producing these products, where companies may be required to reimburse a portion of the cost to NHIS. Consequently, this results in increased expenditures for the insurer concerning these drugs.

The reimbursement system for products and services covered by NHIS is advantageous for the Korean population. However, despite majority of the population being covered by the public health insurance system, OOP expenditure on healthcare as a percentage of total household expenses remains elevated.

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#### **HOW CAN ARANCA HELP?**

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**O1 Epidemiological Analysis:** Prevalence and diagnosis of diseases based on geography, gender, race and ethnicity, etc.

**Diagnosis and Treatment Paradigm:** Analysis of diagnosis and treatment algorithms adopted in clinical practices.

**Current and Future Landscape:** Current treatments and latest pipeline landscape assessment for a particular therapy area.

Humanistic, Economic Burden, and Unmet Need Analysis: Impact of a disease on the patient's mental and economic well-being.

**Health Technology Assessment:** Analysis of various HTA decisions published by various countries.





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