

## Exploring Payment Refusals for Health Insurance-Covered Medical Costs: A Hospital Case Study in Vietnam

*Duyen Thi My Huynh<sup>1</sup>, Van Nong Lai<sup>2</sup>, Tam Thanh Le<sup>3</sup>, Hao Van Nguyen<sup>4</sup>, Thi Hai Yen Nguyen<sup>5</sup>, Quang Loc Duyen Vo<sup>6</sup>, Van De Tran<sup>7\*</sup>*

<sup>1</sup> Department of Pharmaceutical and Pharmaceutical Technology, Can Tho University of Medicine and Pharmacy, 179 Nguyen Van Cu, Can Tho, Vietnam.

<sup>2</sup> Department of Surgery, Can Tho University of Medicine and Pharmacy, 179 Nguyen Van Cu street, Can Tho city, Vietnam.

<sup>3</sup> General Planning Department, Can Tho University of Medicine and Pharmacy Hospital, Can Tho University of Medicine and Pharmacy, 179 Nguyen Van Cu street, Can Tho city, Vietnam.

<sup>4</sup> Finance and Accounting Department, Can Tho University of Medicine and Pharmacy Hospital, Can Tho University of Medicine and Pharmacy, 179 Nguyen Van Cu street, Can Tho city, Vietnam.

<sup>5</sup> Department of Drug Administration, Can Tho University of Medicine and Pharmacy, 179 Nguyen Van Cu, Can Tho, Vietnam.

<sup>6</sup> Department of Health Sciences, College of Natural Sciences, Can Tho University, Campus II, 3/2 Street, Can Tho, Vietnam.

<sup>7</sup> Department of Health Organization and Management, Can Tho University of Medicine and Pharmacy, Can Tho, Vietnam.

### ABSTRACT

Adjudication and rejection of payment for healthcare costs covered by health insurance pose challenges in maintaining healthcare operations and ensuring the rights of patients and healthcare staff at hospitals. Research on this issue is limited globally and in Vietnam. This study was conducted to understand the current status of refusal to pay medical examinations and treatment costs covered by health insurance at a hospital in Can Tho, Vietnam, and to explore the reasons for payment refusal. A cross-sectional descriptive study retrieved data on health insurance-covered medical expenses that were refused at a hospital in Can Tho, Vietnam, over three years from January 1, 2020, to December 31, 2022. This study found that from 2020 to 2022, the number of settlements was consistently lower than the proposed costs. The highest refused payment amount in 2022 was 334,232,049 Vietnamese dong (0.4%). Inpatient health insurance-covered medical expenses faced greater payment refusal than outpatient expenses. Medications, surgical procedures, and bed charges were the top three reasons for payment refusal from 2020 to 2022. The primary cause of payment refusal remains predominantly associated with medication costs. This poses challenges in cost management and necessitates measures to address the issue of payment refusal within the health insurance system.

**Keywords:** health insurance; drug cost; healthcare provider; hospital; Vietnam.

### INTRODUCTION

Health insurance (HI) is a form of insurance applied in the field of healthcare and is one of the 9 contents of social insurance stipulated in the International Labor Organization (ILO) Convention No. 102 of June 28, 1952, on minimum

standards for various social insurance benefits [1]. In Vietnam, HI is considered a mandatory form of insurance applied to specific subjects, as regulated by the 2008 Health Insurance Law to provide healthcare without profit motives, organized and implemented by the Vietnamese State [2]. HI is a significant social policy, a special type of insurance with profound humanitarian meaning, and a long-term strategy in community healthcare and health improvement, contributing significantly to achieving social justice in

---

*\*Corresponding author: Van De Tran*

[tvde@ctump.edu.vn](mailto:tvde@ctump.edu.vn)

Received: 26/03/2024 Accepted: 18/07/2024.

DOI: <https://doi.org/10.35516/jjps.v18i1.2512>

healthcare and protecting people's health [2,3]. As housing disparities drive health inequality, with high costs and poor conditions worsening risks for vulnerable groups, HI plays a crucial role in ensuring equitable access to healthcare [4]. To ensure equity in healthcare and benefits from HI for the entire population of Vietnam, the government has issued numerous policies over the years to expand the coverage of the HI participation rate, resulting in an increase rate from 90.0% (2019) to 92.04% (2022) [5–8]. However, ensuring high-quality services for HI participants remains a challenge. A previous study showed that patients with military insurance reported significantly higher satisfaction with pharmaceutical services, while no difference was observed among government, private, and uninsured groups [9]. This highlights the need to improve service delivery for equitable healthcare benefits.

In Vietnam, the sources contributing to HI and other legal revenue sources are collectively referred to as HI funds. The majority of this fund (90%) is used to cover the costs of medical examinations and treatments for HI participants, with a specific percentage allocated for the establishment of a reserve fund for HI medical examinations and management fees [2,10]. The HI medical examination and treatment fund are utilized for activities such as inpatient and outpatient care, functional recovery, regular pregnancy check-ups, childbirth, emergency patient transportation or transfer for continuous treatment, and payments for drugs, chemicals, medical supplies, and technical services according to the Ministry of Health's prescribed list. The payment of HI medical examination and treatment costs is carried out by the HI fund management organization through legal procedures regulated by the Vietnamese State [2,10]. To avoid misappropriation or misuse of HI funds, the Vietnamese Health Insurance Law stipulates the rejection of payment for medical examination and treatment costs that do not comply with the law or the terms of the health insurance contract [11].

The reasons for HI payment refusal include errors by healthcare providers in adhering to legal regulations related to healthcare activities and HI payment procedures.

The rejected costs often involve medication, medical supplies, and services beyond the prescribed list or not meeting the Ministry of Health's payment conditions. Administrative procedure errors related to patient administrative information and payment procedures also contribute to payment refusals. Furthermore, the professional factors of healthcare providers can lead to payment rejection [12].

The refusal of health insurance payments for medical examination and treatment costs is a topic of significant concern in healthcare facilities [12–14]. Presently, healthcare facilities in Vietnam face challenges in HI payment for medical examination and treatment costs, while social insurance agencies tighten the scrutiny and settlement of HI medical examination and treatment costs. Many hospitals reject HI payments, with amounts reaching tens of billion VND. Specifically, the amounts refused by HI nations were 23 billion VND (2014), 258 billion VND (2016), and 480 billion VND (2017) [15]. A 2016 study conducted at the District General Hospital of Hoai Duc, Hanoi, reported that the hospital had 516,607,886 VNDs rejected by social insurance, with laboratory tests, drugs, and diagnostic imaging fees being the top three expense categories, accounting for 51.04%, 20.12%, and 14.22% of the total refused costs, respectively [14]. The reasons for rejection were attributed to a lack of understanding of the payment mechanism. In 2017, the 7th Military Hospital had 975 million VNDs refused by social insurance, accounting for 1.28% of the total proposed payment. The top three expense categories with the highest rejection rates were medication, laboratory tests, and surgical procedures, accounting for 49.96%, 18.49%, and 15.24% of the total refused costs, respectively [13]. In 2018, the Central General Hospital of An Giang had 1,154,290,399 VNDs refused by social insurance due to improper prescription of drugs, inappropriate ordering of technical services, discrepancies in the cost of color phototyping for cardiac ultrasound, incorrect patient transfer, and incorrect bed payment [16].

Despite the significance of health insurance for the overall healthcare system and the health of the population, research on health insurance payment refusals is limited globally and in Vietnam. This study aimed to understand the current status of refusal to pay medical examinations and treatment costs covered by health insurance at a hospital in Can Tho, Vietnam, and to explore the reasons for payment refusal.

## **METHOD**

This cross-sectional descriptive study retrospectively analyzed data on health insurance-covered medical expenses that were refused payment at a hospital in Can Tho, Vietnam, over a three-year period from January 1, 2020, to December 31, 2022. Can Tho, a centrally governed city, serves as the hub of the Mekong Delta region, encompassing a natural area of 1,401.61 km<sup>2</sup> [17]. The healthcare system in Can Tho comprises 27 hospitals, 4 health centers, 80 medical stations, and over 1,208 private healthcare facilities. In 2020, the physician-to-population ratio was 16.83, and the pharmacist-to-population ratio was 4.32, both of which exceeded the national averages [18].

This research focuses on data related to health insurance payment refusals for medical expenses at a specific hospital in Can Tho, Vietnam. A whole-population sampling method was employed, and data were collected through forms from the hospital's healthcare management software. The dataset includes all relevant information regarding health insurance activities at the hospital, such as payment settlement records, health insurance-covered medical expense invoices, cost summary sheets, outpatient and inpatient health insurance examination results, and payment reports managed by the hospital's Planning Department.

Continuous quantitative data on the health insurance settlement for medical expenses at the hospital (VND) were collected, including health insurance funds, total

health insurance-covered expenses, proposed health insurance medical expenses, settled health insurance medical expenses, health insurance medical expenses refused, and refusals directly through examination. Continuous quantitative data on health insurance-covered medical examination and treatment costs (VNDs), including bed-day expenses, medication expenses, surgical procedure expenses, laboratory test expenses, medical examination expenses, medical supplies expenses, imaging and diagnostic expenses, and blood expenses, were collected. Continuous quantitative data on the reasons for the rejection of health insurance medical expenses (VND) were collected, including diagnostic imaging - functional exploration, surgery - operation, medication, bed fees, examination fees, medical supplies, and laboratory tests.

Data synthesis and processing were conducted using Microsoft Excel software. Descriptive statistics, including frequency and percentage, were employed to summarize the study's dataset. This study analyzed a total of 100,733 health insurance-covered medical expense records submitted by the hospital in 2020, 66,521 records in 2021, and 90,479 records in 2022.

## **RESULTS**

In the period 2020-2022, the proposed health insurance-covered medical expenses reached their highest value in 2022, accounting for 81.9% of the total health insurance medical expenses (Table 1). While this expense was higher than the allocated budget for health insurance-covered medical expenses in 2020, it was lower than those in 2021 and 2022. Through the assessment process, the settled amounts consistently remained lower than the proposed expenses over the years. The highest refused payment occurred in 2022, amounting to 334,232,049 VND, with the entire sum stemming from direct refusals during the assessment process.

**Table 1. Results of Health Insurance Settlement for Medical Expenses at the Hospital during the Period 2020-2022**

No.	Index	Value (VND)		
		2020	2021	2022
1	Health Insurance Fund	71,540,575,225	71,321,839,821	80,628,676,451
2	Total Health Insurance-Covered Expenses	89,576,871,220	79,669,335,634	92,967,558,420
3	Proposed Health Insurance Medical Expenses	71,938,945,210	66,453,740,777	76,186,025,874
4	Settled Health Insurance Medical Expenses	71,697,255,504	66,244,103,208	75,851,793,825
5	Health Insurance Medical Expenses Refused	241,689,706	209,637,569	334,232,049
5.1	Refused directly through examination	241,689,706	209,637,569	334,232,049

Over the years from 2020 to 2022, the value of health insurance medical expenses for inpatient care has consistently exceeded that of outpatient care (Table 2). The total outpatient medical expenses fluctuated, from 18.814 billion VND in 2020 to 13.471 billion VND in 2021 and increasing to 18.453 billion VND in 2022. Total inpatient

medical expenses also fluctuated, from 70.762 billion VND in 2020 to 66.198 billion VND in 2021 and increasing to 74.515 billion VND in 2022. For outpatient care, medication expenses contributed the most, while medical supply expenses accounted for the highest proportion of inpatient health insurance medical expenses.

**Table 2. Structure of health insurance-covered medical examination and treatment costs**

Table 2: Structure of health insurance-covered medical examination and treatment costs					
STT	Expense Categories	Outpatient		Inpatient	
		Value (VND)	Percentage (%)	Value (VND)	Percentage (%)
2020					
1	Bed-day Expenses	0	0.00	9,656,373,100	13.65
2	Medication Expenses	11,077,248,028	58.88	13,738,341,092	19.41
3	Surgical Procedures Expenses	455,443,600	2.42	17,187,152,440	24.29
4	Laboratory Test Expenses	1,587,214,000	8.44	5,320,057,100	7.52
5	Medical Examination Expenses	3,174,696,900	16.87	66,556,150	0.09
6	Medical Supplies Expenses	33,468,562	0.18	19,457,541,048	27.50
7	Imaging and Diagnostic Expenses	2,480,473,700	13.18	4,073,325,500	5.76
8	Blood Expenses	5,952,000	0.03	1,263,028,000	1.78
Total		18,814,496,790	100	70,762,374,429	100
2021					
1	Bed-day Expenses	0	0.00	9,076,654,550	13.71
2	Medication Expenses	8,221,788,708	61.03	15,670,536,891	23.67
3	Surgical Procedures Expenses	280,774,200	2.08	13,905,703,782	21.01
4	Laboratory Test Expenses	1,133,030,900	8.41	5,394,864,100	8.15
5	Medical Examination Expenses	2,000,316,900	14.85	49,021,600	0.07
6	Medical Supplies Expenses	7,334,765	0.05	16,160,533,638	24.41

STT	Expense Categories	Outpatient		Inpatient	
		Value (VND)	Percentage (%)	Value (VND)	Percentage (%)
7	Imaging and Diagnostic Expenses	1,816,619,100	13.49	4,328,169,500	6.54
8	Blood Expenses	11,110,000	0.08	1,612,877,000	2.44
Total		<b>13,470,974,573</b>	<b>100</b>	<b>66,198,361,061</b>	<b>100</b>
<b>2022</b>					
1	Bed-day Expenses	0	0.00	10,285,916,250	13.80
2	Medication Expenses	10,478,990,560	56.79	15,184,837,418	20.38
3	Surgical Procedures Expenses	516,820,591	2.80	15,544,510,175	20.86
4	Laboratory Test Expenses	1,707,778,400	9.25	4,997,431,600	6.71
5	Medical Examination Expenses	2,788,169,250	15.11	59,704,000	0.08
6	Medical Supplies Expenses	2,567,168	0.01	21,663,133,607	29.07
7	Imaging and Diagnostic Expenses	2,952,374,200	16.00	4,935,050,200	6.62
8	Blood Expenses	6,006,000	0.03	1,844,269,000	2.48
Total		<b>18,452,706,170</b>	<b>100</b>	<b>74,514,852,250</b>	<b>100</b>

The highest rejection rate of medical expenses occurred in 2022 (Table 3). The rejection rate for inpatient health insurance medical expenses consistently exceeded that for outpatient health insurance medical expenses. The rejection

rate for inpatient medical expenses remained stable at a constant rate of 0.3% from 2020 to 2022. However, the rejection rate for outpatient medical expenses fluctuated, increasing from 0.6% in 2020 to 0.8% in 2022.

**Table 3. Rejection rate of health insurance medical expenses**

Category	Total Number of Claim Requests	Requested Medical Expenses (VND)	Rejected Medical Expenses (VND)	Rejection Rate (%)
<b>2020</b>				
Inpatient	11,401	55,291,388,601	147,324,445	0.3
Outpatient	89,332	16,647,556,610	94,365,261	0.6
Total	100,733	71,938,945,210	241,689,706	0.3
<b>2021</b>				
Inpatient	10,180	54,722,144,429	175,330,987	0.3
Outpatient	56,341	11,731,596,348	34,306,582	0.3
Total	66,521	66,453,740,777	209,637,569	0.3
<b>2022</b>				
Inpatient	12,000	60,100,793,179	202,626,371	0.3
Outpatient	78,479	16,085,232,696	131,605,678	0.8
Total	90,479	76,186,025,874	334,232,049	0.4

The total value of rejected medical expenses increased from 241.7 billion VND in 2020 to 334.2 billion VND in 2022. Diagnostic imaging and functional exploration significantly increased from 13.3 million VNDs in 2020 to 30.4 million VNDs in 2022. Similarly, the number of errors related to medical orders sharply increased from 1.2

million VND in 2020 to 14.5 million VND in 2022. During the period from 2020 to 2022, the rejected expenses related to medication consistently accounted for the highest proportion (Table 4). Specifically, the use of non-listed medications has decreased annually; however, it remains the leading cause of drug rejection.

**Table 4. Reasons for rejection of health insurance medical expenses**

Rejection Reasons	2020		2021		2022	
	Value (VND)	Percentage (%)	Value (VND)	Percentage (%)	Value (VND)	Percentage (%)
Diagnostic Imaging - Functional Exploration	13,297,000	5.50	16,503,000	7.87	30,357,594	9.08
Errors related to medical orders	1,165,600	0.48	1,907,400	0.91	14,525,994	4.35
Errors related to the card (administrative information, registration location, period, etc.)	8,231,400	3.41	7,410,100	3.53	9,560,300	2.86
Incorrect pricing	2,805,000	1.16	2,964,300	1.41	1,362,700	0.41
Services not listed in the performed procedures	1,095,000	0.45	4,221,200	2.01	4,908,600	1.47
Surgery - Operation	49,569,800	20.51	33,182,836	15.83	67,729,268	20.26
Medical records using surgical fees more than once in a day	14,595,100	6.04	8,604,200	4.10	7,105,200	2.13
Errors related to the card (administrative information, registration location, period, etc.)	20,608,000	8.53	15,408,000	7.35	14,200,000	4.25
Errors related to medical orders	8,745,700	3.62	5,201,400	2.48	22,919,768	6.86
Incorrect pricing	5,621,000	2.33	3,969,236	1.89	23,504,300	7.03
Medication	81,377,275	33.67	57,769,663	27.56	79,946,326	23.92
Errors related to the card (administrative information, registration location, period, etc.)	3,700,778	1.53	2,109,400	1.01	406,800	0.12
Medication paid at a certain rate	3,659,811	1.51	2,304,800	1.10	39,025,549	11.68
Medication outside the approved list of drugs	70,356,875	29.11	52,406,300	25.00	33,798,178	10.11
Errors related to drug prices (higher than the approved price)	3,659,811	1.51	949,163	0.45	6,715,799	2.01
Bed fees	43,810,500	18.13	46,188,600	22.03	52,106,250	15.59
Payment of fees with a medical order date after the discharge date	9,225,900	3.82	4,301,500	2.05	4,520,200	1.35
Payment of bed days not in accordance with regulations (1 day bed larger than 4 hours)	4,160,000	1.72	2,160,000	1.03	1,565,288	0.47
Payment of bed days not in accordance with regulations (1 day bed smaller than 4 hours)	3,573,400	1.48	4,100,611	1.96	7,560,500	2.26
Payment of bed days not in accordance with regulations (outside special cases)	13,423,200	5.55	8,602,100	4.10	23,000,062	6.88

Rejection Reasons	2020		2021		2022	
	Value (VND)	Percentage (%)	Value (VND)	Percentage (%)	Value (VND)	Percentage (%)
Errors related to the card (administrative information, registration location, period, etc.)	12,253,800	5.07	3,552,300	1.69	15,460,200	4.63
Examination Fees	15,050,700	6.23	13,480,950	6.43	38,914,809	11.64
Medical records using a medical examination service more than once	2,622,500	1.09	3,169,648	1.51	6,210,200	1.86
Examination fee for more than 1 specialty incorrectly requested	4,990,150	2.06	3,650,210	1.74	6,320,500	1.89
Payment of fees with a medical order date after the discharge date	3,200,000	1.32	780,230	0.37	3,012,600	0.90
Errors related to the card (administrative information, registration location, period, etc.)	4,238,050	1.75	5,880,862	2.81	23,371,509	6.99
Medical Supplies	16,817,675	6.96	18,964,320	9.05	27,674,802	8.28
Errors related to the card (administrative information, registration location, period, etc.)	5,313,910	2.20	2,560,200	1.22	5,890,233	1.76
Medical supplies have a higher price than the approved price	6,200,000	2.57	10,356,200	4.94	9,038,369	2.70
Medical supplies outside the approved list of supplies used at the hospital	5,001,695	2.07	6,047,920	2.88	12,746,200	3.81
Laboratory Tests	21,766,757	9.01	23,548,200	11.23	37,503,000	11.22
Payment of fees with a medical order date after the discharge date	3,215,000	1.33	4,520,100	2.16	6,542,100	1.96
The distance between two tests is not in accordance with the regulations at Circular 35/2016/TT-BYT	8,412,200	3.48	9,865,200	4.71	9,500,200	2.84
Unreasonable test prescription	3,650,200	1.51	2,100,050	1.00	4,780,230	1.43
Errors related to the card (administrative information, registration location, period, etc.)	6,489,357	2.68	7,062,850	3.37	16,680,470	4.99
Total	241,689,706	100	209,637,569	100	334,232,049	100

## DISCUSSION

During the period from 2020 to 2022, the proposed health insurance medical examination and treatment costs at hospitals accounted for the highest value in 2022, accounting for 81.9% of the total health insurance medical

examination and treatment costs. This can be explained by various factors, including the impact of the COVID-19 pandemic and changes in the disease pattern, leading to increased healthcare costs [19–22].

Throughout Vietnam, especially in the years 2020-

2021, the influence of the COVID-19 pandemic resulted in an average of more than 145 million health insurance medical examinations and treatment visits per year. In 2022, the number of health insurance medical examinations and treatment visits exceeded 150 million, with the associated costs exceeding 105 trillion VND [23]. On the other hand, based on Decree 07/2021/ND-CP, more families were classified in the poor household group [24]. According to Decree 146/2018/ND-CP, individuals in poor households are eligible for 100% state budget support for health insurance card expenses [25]. Therefore, starting in 2022, more individuals were issued health insurance cards free of charge, contributing to the continuous increase in health insurance medical examination and treatment costs.

Additionally, since January 1, 2021, individuals with health insurance cards seeking medical treatment outside their designated area have received 100% reimbursement from the health insurance fund for provincial hospitals nationwide (compared to the previous 60% reimbursement). Hence, individuals with health insurance cards, when seeking medical treatment outside their designated area, enjoy 100% reimbursement for inpatient treatment nationwide. Patients can receive inpatient treatment in any province across the country, with the health insurance fund covering 100% of the medical examination and treatment costs based on the benefits of the health insurance card. This also contributes to the increase in total medical examination and treatment costs in 2022 [2],[10].

The process of health insurance assessment is a specialized activity conducted by the social insurance agency or in coordination with healthcare facilities to verify the procedures of health insurance medical examinations and treatments. It involves scrutinizing and evaluating the prescription of treatments and the use of medications, chemicals, medical supplies, medical equipment, and technical healthcare services for patients, according to regulations [26]. This assessment is crucial

because it serves as the legal basis for the social insurance agency to settle medical examination and treatment expenses with healthcare facilities [2,26,27]. Our research indicates that, through health insurance assessment activities, the number of settlements has consistently been lower than the proposed costs from 2020 to 2022.

The highest rejected payment in 2022 was 334,232,049 VND, and all of it was a direct rejection from the assessment records. During the period of 2020-2022, the emergence and escalation of the COVID-19 pandemic, along with changes in health insurance policies and regulations, could also impact healthcare and assessment processes, affecting cost assessment and settlement procedures [28,29].

As reported in Quang Ngai Province (a province in Central Vietnam), unpaid costs due to exceeding the total payment during the period of 2019-2021 amounted to 117.959 billion VND. The Department of Health in Quang Ngai attributed this to the social insurance's application of an inappropriate total payment limit, which did not align with the actual amount the hospital had paid for the patient. The total settlement did not accurately reflect the actual demand for medical examinations and treatments at various units, resulting in settlements that are consistently lower than the actual health insurance medical examination and treatment costs [30].

According to reports from the Ministry of Health of Vietnam, health insurance assessment activities in Can Tho also face challenges. The acceptance or rejection of payment was sometimes deemed unreasonable because assessors rigidly enforced document regulations, and in practice, hospitals applied techniques and prescriptions that were suitable for patients. Moreover, the volume of assessment records was excessive (regulated at 30% in equivalent districts, approximately 7,000 records in Thoi Lai district, Can Tho), while there were only a limited number of assessors with medical expertise. Additionally, the assessment software was not fully developed, making it difficult to apply and process results with limited



effectiveness [31].

Over the years, from 2020 to 2022, the value of inpatient health insurance (HI) treatment costs has consistently been much greater than outpatient costs. In 2022, the value of inpatient treatment costs is four times greater than that of outpatient costs. This can be explained by changes in health insurance policies in Vietnam for inpatients. Specifically, starting in 2021, individuals with health insurance cards who seek inpatient treatment outside the designated facilities have expenses covered at a 100% reimbursement rate for provincial hospitals nationwide (compared to the previous 60% coverage by HI). This has led to an increase in the number of inpatient cases, and moreover, inpatients are predominantly those with multiple severe illnesses requiring prolonged treatment periods and incurring high costs for medical supplies and surgical procedures [2,10,32].

The global trend is toward strengthening outpatient treatment or providing healthcare services at lower levels, focusing on initial health care rather than prioritizing inpatient care [33,34]. This trend contrasts with the situation in Vietnam, where the proportion of patients receiving inpatient treatment is currently greater than 60%, while the proportion receiving outpatient treatment is only approximately 30%. Inpatients often come with family members for support, resulting in additional social costs [35].

The healthcare scenario in Vietnam is similar to that in China. From the perspective of healthcare services, there is an issue of excessive reliance on inpatient services. The reimbursement rate for outpatient care (20%) is much lower than that for inpatient care (90%), and some types of medication are only reimbursed when used for inpatient services. Consequently, patients in rural areas of China tend to prefer inpatient services, even if their conditions can be treated through outpatient visits [36].

For outpatient care, medication costs have been the most significant contributor, accounting for more than 50% of the total expenses over the years. In contrast, for inpatient health insurance (HI) expenses, medical supplies constitute the

highest proportion, with medication costs also having a significant share. Our research on the reasons for payment rejection revealed that medication-related factors are the predominant reasons (from 2020 to 2022). Specifically, the use of non-listed drugs for HIs is common. In Vietnam, the drug list for HI has been slowly updated. Since 2018, the list of drugs within the scope of HI payments has not been comprehensively updated and supplemented with new drugs, as outlined in Circular 30/2018/TT-BYT [37,38]. The most recent update in Circular 20/2022/TT-BYT only supplemented the drug list for COVID-19 treatment without updating new drug categories [39]. This poses a challenge for hospitals because of the large number of patients seeking diagnosis and treatment and diverse illnesses requiring various medications. The drug list also plays a crucial role in influencing physicians' prescription decisions [40]. Additionally, since the COVID-19 pandemic, healthcare facilities have faced severe shortages of medications and medical supplies, affecting the healthcare activities of the population. To address this situation, in March 2023, the government continuously issued Decree No. 07/2023/NĐ-CP amending and supplementing provisions on the management of medical equipment and Resolution No. 30/NQ-CP on continuing to implement solutions to ensure drugs and medical equipment [41–43]. Regarding the drug list for HI, in 2023, the Ministry of Health of Vietnam drafted a plan that may be issued in the near future [44]. This contributes to addressing the reasons for payment rejections related to the use of drugs outside the prescribed list. In summary, the reimbursement of expenses for HI treatment requires coordination between healthcare facilities and social insurance agencies through the assessment of treatment costs. Identifying the reasons for payment rejection is crucial because it helps improve the treatment process and ensures compliance with HI regulations. The verification process should be transparent and fair to avoid disagreements and minimize cases of payment rejection. Furthermore, the Social Insurance Agency should share HI treatment data with management agencies such as the Ministry of Health to help

them develop better cost management policies, and hospitals can also check their data before submission to the Social Insurance Agency.

### **Limitations**

This study has several limitations. The research team only investigated the situation of health insurance payment refusals at a hospital in Can Tho, Vietnam. Therefore, the results may not be representative of the entire healthcare system in Vietnam. The study was conducted during the period from 2020 to 2022, when the COVID-19 pandemic was still prevalent and significantly impacted the healthcare system. Since 2023, the COVID-19 pandemic has been controlled. In the 2020-2022 period, numerous legal documents related to medical examination and treatment activities and payment for medical examination and treatment expenses were issued and replaced each other, which could be a factor leading to inaccuracies in the research. Moreover, the study did not delve deeply into specific drug categories to analyze the causes of payment refusals more comprehensively. This aspect could be explored in more detail in future studies.

### **CONCLUSION**

Based on the research results during the 2020-2022 period, it is evident that from 2020 to 2022, the settled amounts were consistently lower than the proposed expenses. The expenses for inpatient health insurance were more frequently denied than those for outpatient health insurance, and the main reason for payment refusal remains focused on costs related to medication,

particularly the use of drugs outside the approved list. This poses challenges in cost management, necessitating improvement measures and solutions to address the issue of payment refusals within the health insurance system.

Duyen Thi My Huynh and Van Nong Lai contributed equally to this work.

### **FUNDING**

No.

### **CONFLICTS OF INTEREST**

Not applicable

### **DATA AVAILABILITY**

The data that support the findings of this study are available from the corresponding author.

### **AUTHOR CONTRIBUTIONS**

Conceptualization: DTMH, VNL, VDT; Methodology: DTMH, TTL, VDT, QLDV; Investigation: DTMH, TTL, HVN; Resources: DTMH, VNL, TTL, THYN; Writing – original draft: DTMH, VNL, TTL, HVN, THYN, QLDV, VDT; Writing – review & editing: DTMH, VNL, TTL, HVN, THYN, QLDV, VDT.

### **ACKNOWLEDGEMENTS**

We acknowledge the contribution and support provided by staff from the Can Tho University of Medicine and Pharmacy.

## **REFERENCES**

1. International Labour Office (ILO). Social Health Protection: An ILO strategy towards universal access to health care. Geneva: ILO; 2007.
2. National Assembly of Vietnam. Health Insurance Law. Hanoi: National Assembly of Vietnam; 2008.
3. WHO. The World Health Report 2010 - Health system financing: the path to universal coverage. Geneva: WHO; 2010.

4. Dawood OT, Abdul MI. Social Determinants of Health in Pharmacy Practice. *Jordan Journal of Pharmaceutical Sciences*. 2024; 17: 629–37.  
<https://doi.org/10.35516/jjps.v17i3.2364>.
5. Government of Vietnam. Implementation Plan for the Roadmap towards Universal Health Insurance, Phases 2012-2015 and 2020 (Quyết định 538/QĐ-TTg phê duyệt “Đề án thực hiện lộ trình tiến tới BHYT toàn dân giai đoạn 2012 - 2015 và 2020”). Hanoi: Government of Vietnam; 2013.
6. Government of Vietnam. Adjustment of the Implementation Targets for Health Insurance, 2016-2020 Period (Quyết định 1167/QĐ-TTg về việc điều chỉnh giao chỉ tiêu thực hiện BHYT, giai đoạn 2016 – 2020). Hanoi: Government of Vietnam; 2016.
7. Vietnam Ministry of Health (MoH). Report on the Summary of Health Work in 2019 and Key Tasks, Solutions for 2020 (Báo cáo tổng kết công tác y tế năm 2019 và nhiệm vụ, giải pháp chủ yếu năm 2020). Hanoi: MoH; 2019.
8. Vietnam Ministry of Health portal (MoH). Health Insurance Coverage Reaches 92.04%: Social Security Policies, Humanitarian Significance Increasingly Emphasized (Bao phủ BHYT đạt 92,04%: Chính sách an sinh nhân văn, ý nghĩa ngày càng được nhân lên) 2023. [https://moh.gov.vn/tin-lien-quan/-/asset\\_publisher/vjYyM7O9aWnX/content/bao-phu-bhyt-at-92-04-chinh-sach-an-sinh-nhan-van-y-nghia-ngay-cang-uoc-nhan-len](https://moh.gov.vn/tin-lien-quan/-/asset_publisher/vjYyM7O9aWnX/content/bao-phu-bhyt-at-92-04-chinh-sach-an-sinh-nhan-van-y-nghia-ngay-cang-uoc-nhan-len) (accessed January 23, 2024).
9. Amara N, Naser AY, Taybeh EO. Patient Satisfaction with Pharmaceutical Services in Jordan: A Cross-Sectional Study. *Jordan Journal of Pharmaceutical Sciences*. 2023; 16: 1–10.  
<https://doi.org/10.35516/jjps.v16i1.1030>.
10. National Assembly of Vietnam. Laws amending and supplementing certain provisions of the Health Insurance Law (Luật sửa đổi, bổ sung một số điều của Luật Bảo hiểm y tế). Hanoi: National Assembly of Vietnam; 2014.
11. Nguyen MN. Analysis of Outpatient Treatment Costs and Health Insurance Payments at Hanoi Heart Hospital in 2014 (Phân tích chi phí điều trị và việc thanh toán BHYT ngoại trú tại bệnh viện Tim Hà Nội năm 2014). Master’s thesis in Pharmacy. Hanoi University of Pharmacy, 2016.
12. Vu TA. Analysis of the Situation of Refusal to Pay Examination and Treatment Costs Covered by Health Insurance at the Medical Center of Thanh Mien District, Hai Duong Province in 2019 (Phân tích thực trạng từ chối thanh toán chi phí khám, chữa bệnh do bảo hiểm y tế chi trả tại trung tâm y tế huyện Thanh Miện tỉnh Hải Dương năm 2019). Master’s thesis in Pharmacy. Hanoi University of Pharmacy, 2021.
13. Đàng TS. Analysis of the Current Situation of Refusal to Pay Treatment Costs Covered by Health Insurance at Military Hospital 7 (Phân tích thực trạng từ chối thanh toán chi phí điều trị do BHYT chi trả tại bệnh viện Quân Y 7). Thesis for level I specialist pharmacist. Hanoi University of Pharmacy, 2019.
14. Do TH. Analysis of the Current Situation of Refusal to Pay Treatment Costs Covered by Health Insurance at the District General Hospital of Hoai Duc - Hanoi City (Phân tích thực trạng từ chối thanh toán chi phí điều trị do BHYT chi trả tại BVĐK huyện Hoài Đức-TP Hà Nội). Master’s thesis in Pharmacy. Hanoi University of Pharmacy, 2018.
15. Tien Phong Online. Health Insurance Examination: Rejection of Payments Amounting to Hundreds of Billion Dong (Khám bảo hiểm y tế: Từ chối thanh toán hàng trăm tỷ đồng) 2018. <https://tienphong.vn/kham-bao-hiem-y-te-tu-choi-thanh-toan-hang-tram-ty-dong-post1071860.tpo> (accessed January 23, 2024).
16. The people’s committee of An Giang province. Inspection Conclusion on the Management and Utilization of Health Insurance Funds (Kết luận thanh tra về việc quản lý, sử dụng quỹ bảo hiểm y tế giai đoạn 01/01/2014 đến 31/12/2018). An Giang: The people’s committee of An Giang province; 2020.
17. Can Tho Electronic Portal. Can Tho city (Thành phố Cần Thơ) n.d.

- [https://www.cantho.gov.vn/wps/portal/!ut/p/z1/rVLLbsIwEPwVX3KMvCHOgyNIFJWVFNgmJb5UjnFjA7EDNaj9-zqcQKJJUfHB1q5mdne8gyleYKrZQZXMKqPZxsU5jd9TeBgFE9J7TMezOxjMIJneP00DyAh-awWEMab\\_4b8Ef-PD2RnAcN4bhgDjFLr4r5hiyrWtrcQ5Z9pK4wHbWcU34tMDXUoIRLva7teScelbuT-mKg\\_sbm84KpVBa2kUkkxLI2weVEvTIK25WuI8FAn\\_SBLiEYlAXST2-wSEX0Skz-N-BMs4uSjjVFCXjEkXwC1SrbZbOnBqjbbiy-LfLeW2DzCDGwwgiS6RVRo5GiqUsB4UwrU\\_KKHdB9LWCRontgIaqx0BbV66ADjbUu7WmPzaIojx85W-6ChIri5YV1mWVWn47dMi2hzq0TyFMKrLH\\_cxUUE!/dz/d5/L2dBISEvZ0FBIS9nQSEh/](https://www.cantho.gov.vn/wps/portal/!ut/p/z1/rVLLbsIwEPwVX3KMvCHOgyNIFJWVFNgmJb5UjnFjA7EDNaj9-zqcQKJJUfHB1q5mdne8gyleYKrZQZXMKqPZxsU5jd9TeBgFE9J7TMezOxjMIJneP00DyAh-awWEMab_4b8Ef-PD2RnAcN4bhgDjFLr4r5hiyrWtrcQ5Z9pK4wHbWcU34tMDXUoIRLva7teScelbuT-mKg_sbm84KpVBa2kUkkxLI2weVEvTIK25WuI8FAn_SBLiEYlAXST2-wSEX0Skz-N-BMs4uSjjVFCXjEkXwC1SrbZbOnBqjbbiy-LfLeW2DzCDGwwgiS6RVRo5GiqUsB4UwrU_KKHdB9LWCRontgIaqx0BbV66ADjbUu7WmPzaIojx85W-6ChIri5YV1mWVWn47dMi2hzq0TyFMKrLH_cxUUE!/dz/d5/L2dBISEvZ0FBIS9nQSEh/) (accessed January 23, 2024).
18. Can Tho City Party Committee. Building Smart Healthcare, with a Focus on Community Health, for the 2021-2030 Period (Đề án 08-ĐA/TU về xây dựng y tế thông minh, trọng tâm là y tế cộng đồng giai đoạn 2021-2030). Can Tho: Can Tho City Party Committee; 2021.
  19. Vakil V, Trappe W. Projecting the Pandemic Trajectory through Modeling the Transmission Dynamics of COVID-19. *Int J Environ Res Public Health*. 2022; 19: 4541. <https://doi.org/10.3390/ijerph19084541>.
  20. Rajabi M, Rezaee M, Omranikhoo H, Khosravi A, Keshmiri S, Ghaedi H, et al. Cost of Illness of COVID-19 and Its Consequences on Health and Economic System. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*. 2022; 59: 004695802211443. <https://doi.org/10.1177/00469580221144398>.
  21. Graves JA, Baig K, Buntin M. The Financial Effects and Consequences of COVID-19. *JAMA*. 2021; 326: 1909–10. <https://doi.org/10.1001/jama.2021.18863>.
  22. Al-Taani G, Muflih S, Alsharedeh R, Karasneh R, Al-Azzam S. Impact of COVID 19 Pandemic on the Mental Health of Diabetic Patients in Jordan: An Online Survey. *Jordan Journal of Pharmaceutical Sciences*. 2024; 17: 717–29. <https://doi.org/10.35516/jjps.v17i4.2234>.
  23. Communist Party of Vietnam Online Newspaper. Efforts to Ensure Medical Examination and Treatment Rights for Individuals with Health Insurance Cards (Nỗ lực đảm bảo quyền lợi khám chữa bệnh cho người có thẻ BHYT) 2023. <https://dangcongsan.vn/bao-hiem-xa-hoi-bao-hiem-y-te-vi-an-sinh-xa-hoi/no-luc-dam-bao-quyen-loi-kham-chua-benh-cho-nguoi-co-the-bhyt-656200.html> (accessed January 23, 2024).
  24. Government of Vietnam. Multidimensional Poverty Standards for the 2021-2025 Period (Nghị định 07/2021/NĐ-CP chuẩn nghèo đa chiều giai đoạn 2021-2025). Hanoi: Government of Vietnam; 2021.
  25. Government of Vietnam. Guidance on the Health Insurance Law (Nghị định 146/2018/NĐ-CP Quy định chi tiết và hướng dẫn biện pháp thi hành một số điều của luật bảo hiểm y tế). Hanoi: Government of Vietnam; 2018.
  26. VietNam Social Security. Issuance of the Health Insurance Appraisal Procedure (Quyết định 3618/QĐ-BHXH về việc ban hành quy trình giám định bảo hiểm y tế). Ha Noi: VietNam Social Security; 2022.
  27. VietNam Social Security. Summary Report on the Project to Improve the Health Insurance Appraisal Process (Báo cáo tóm tắt đề án hoàn thiện quy trình giám định bảo hiểm y tế). Hanoi: VietNam Social Security; 2022.
  28. VietNam Social Security. The entire social insurance sector in Vietnam remains steadfast, overcoming challenges to seize opportunities in the last five months of the year (Toàn ngành BHXH Việt Nam kiên định, vượt khó nắm bắt cơ hội 5 tháng cuối năm). 2021. <https://baohiemxahoi.gov.vn/tintuc/Pages/linh-vuc-bao-hiem-y-te.aspx?CateID=0&ItemID=17116> (accessed January 23, 2024).

29. Department of Health of Bac Lieu Province. Conference to Seek Solutions for Addressing Difficulties and Challenges in the Social Insurance and Health Insurance Sectors (Hội nghị tìm kiếm giải pháp xử lý khó khăn, vướng mắc trong lĩnh vực bảo hiểm xã hội, bảo hiểm y tế) 2020. <https://sy.t.baclieu.gov.vn/vi/-/h%E1%BB%99i-ngh%E1%BB%8B-t%C3%ACm-ki%E1%BA%BFm-gi%E1%BA%A3i-ph%C3%A1p-x%E1%BB%AD-l%C3%BD-kh%C3%B3-kh%C4%83n-v%C6%B0%E1%BB%9Bng-m%E1%BA%AFc-trong-l%C4%A9nh-v%E1%BB%B1c-b%E1%BA%A3o-hi%E1%BB%83m-x%C3%A3-h%E1%BB%99i-b%E1%BA%A3o-hi%E1%BB%83m-y-t%E1%BA%BF> . (accessed January 23, 2024).
30. The people's committee of Quang Ngai province. Report on Challenges in the Payment of Medical Examination and Treatment Costs under Health Insurance during the 2018-2020 Period (Báo cáo vướng mắc thanh toán chi phí khám, chữa bệnh bảo hiểm y tế giai đoạn 2018 – 2020). Quang Ngai: The people's committee of Quang Ngai province; 2023.
31. Vietnam Ministry of Health (MoH). Summary Report on the Evaluation of the Implementation of Health Insurance Law during the 2015-2020 Period (Báo cáo tổng kết đánh giá thực hiện luật bảo hiểm y tế giai đoạn 2015-2020). Hanoi: MoH; 2020.
32. Social Insurance of Dak Lak Province. Increase in Inpatient Cases with the Approval of Provincial Health Insurance Referral for Diagnosis and Treatment (Bệnh nhân nội trú gia tăng khi thông tuyến khám chữa bệnh BHYT tuyến tỉnh). 2022. <https://daklak.baohiemxahoi.gov.vn/Pages/thong-bao-moi.aspx?CateID=0&ItemID=8822> (accessed January 23, 2024).
33. Elek P, Molnár T, Váradi B. The closer the better: does better access to outpatient care prevent hospitalization? *The European Journal of Health Economics*. 2019; 20: 801–17. <https://doi.org/10.1007/s10198-019-01043-4>.
34. University of North Carolina Wilmington. The Impact of the Shift to Outpatient Care 2021. <https://onlinedegree.uncw.edu/articles/nursing/implications-of-the-outpatient-shift.aspx> (accessed January 23, 2024).
35. Department of Health of Ho Chi Minh city. Health insurance costs could “increase by billions of Vietnamese dong with approval” (Chi phí bảo hiểm y tế có thể ‘tăng hàng nghìn tỷ đồng khi thông tuyến’) 2020. <https://medinet.gov.vn/tin-tuc-su-kien/chi-phi-bao-hiem-y-te-co-the-tang-hang-nghin-ty-dong-khi-thong-tuyen-so-y-te-hcm-cmobile1780-37495.aspx> (accessed January 23, 2024).
36. He R, Miao Y, Zhang L, Yang J, Li Z, Li B. Effects of expanding outpatient benefit package on the rationality of medical service utilisation of patients with hypertension: a quasi-experimental trial in rural China. *BMJ Open*. 2019; 9: e025254. <https://doi.org/10.1136/bmjopen-2018-025254>.
37. Lao Dong Online. Outdated Health Insurance Drug List, Slow Updates, Patients Bearing the Consequences (Danh mục thuốc bảo hiểm y tế lạc hậu, chậm cập nhật, người bệnh chịu thiệt) 2023. <https://laodong.vn/y-te/danh-muc-thuoc-bao-hiem-y-te-lac-hau-cham-cap-nhat-nguoi-benh-chiu-thiet-1239864.lao> (accessed January 23, 2024).
38. Vietnam Ministry of Health (MoH). Payment for pharmaceutical and biological products for participants in health insurance (Thông tư 30/2018/TT-BYT thanh toán thuốc hóa dược sinh phẩm của người tham gia bảo hiểm y tế). Hanoi: MoH; 2018.
39. Vietnam Ministry of Health (MoH). Latest List of Pharmaceuticals Eligible for Health Insurance Reimbursement (Thông tư 20/2022/TT-BYT danh mục thanh toán thuốc hóa dược được hưởng bảo hiểm y tế mới nhất). Hanoi: MoH; 2022.

40. Tran V De, Cao NTT, Le MH, Pham DT, Nguyen KT, Dorofeeva VV, et al. Medical staff perspective on factors influencing their prescribing decisions: a cross-sectional study in Mekong Delta, Vietnam. *Journal of Pharmaceutical Health Services Research*. 2021; 12: 122–32. <https://doi.org/10.1093/jphsr/rmaa011>.
41. Government of Vietnam. Decree on the Management of Medical Equipment (Nghị định 07/2023/NĐ-CP sửa đổi, bổ sung một số điều của nghị định số 98/2021/NĐ-CP ngày 08 tháng 11 năm 2021 của chính phủ về quản lý trang thiết bị y tế). Hanoi: Government of Vietnam; 2023.
42. Government of Vietnam. Resolution on continuing the implementation of measures to ensure medicines and medical equipment (Nghị quyết 30/NQ-CP về việc tiếp tục thực hiện các giải pháp bảo đảm thuốc, trang thiết bị y tế). Hanoi: Government of Vietnam; 2023.
43. Government News of Vietnam. Explanation of the Reasons Why Healthcare Facilities Are Unable to Procure Medications (Lý giải nguyên nhân cơ sở y tế không mua được thuốc) 2023. <https://baochinhphu.vn/ly-giai-nguyen-nhan-co-so-y-te-khong-mua-duoc-thuoc-102231215182532901.htm> (accessed January 23, 2024).
44. Vietnam Ministry of health portal. Criteria for Supplementing New Drugs to the List of Medicines Reimbursed by Health Insurance (Tiêu chí bổ sung thuốc mới vào danh mục thuốc được BHYT chi trả) 2023. [https://moh.gov.vn/tin-tong-hop/-/asset\\_publisher/k206Q9qkZOqn/content/tieu-chi-bo-sung-thuoc-moi-vao-danh-muc-thuoc-uoc-bhyt-chi-tra](https://moh.gov.vn/tin-tong-hop/-/asset_publisher/k206Q9qkZOqn/content/tieu-chi-bo-sung-thuoc-moi-vao-danh-muc-thuoc-uoc-bhyt-chi-tra) (accessed January 23, 2024).

## استكشاف رفض دفع تكاليف الرعاية الصحية المغطاة بالتأمين الصحي: دراسة حالة لمستشفى في فيتنام

دويين ثي ماي هوينه<sup>1</sup>، فان نونغ لاي<sup>2</sup>، تام ثانه لي<sup>3</sup>، هاو فان نغوين<sup>4</sup>، ثي هاي ين نغوين<sup>5</sup>،  
كوانغ لوك دوين فو<sup>6</sup>، فان دي تران<sup>7</sup>

- <sup>1</sup> قسم صناعة الأدوية والصيدلة، جامعة كان ثو للطب والصيدلة، 179 شارع نغوين فان كو، كان ثو، فيتنام.
- <sup>2</sup> قسم الجراحة، جامعة كان ثو للطب والصيدلة، 179 شارع نغوين فان كو، مدينة كان ثو، فيتنام.
- <sup>3</sup> قسم التخطيط العام، مستشفى جامعة كان ثو للطب والصيدلة، جامعة كان ثو للطب والصيدلة، 179 شارع نغوين فان كو، مدينة كان ثو، فيتنام.
- <sup>4</sup> قسم المالية والمحاسبة، مستشفى جامعة كان ثو للطب والصيدلة، جامعة كان ثو للطب والصيدلة، 179 شارع نغوين فان كو، مدينة كان ثو، فيتنام.
- <sup>5</sup> قسم إدارة الأدوية، كلية الصيدلة، جامعة كان ثو للطب والصيدلة، 179 شارع نغوين فان كو، كان ثو، فيتنام.
- <sup>6</sup> قسم الكيمياء، كلية العلوم الطبيعية، جامعة كان ثو، الحرم الثاني، شارع 3/2، كان ثو، فيتنام.
- <sup>7</sup> قسم تنظيم وإدارة الصحة وقسم إدارة الأدوية، جامعة كان ثو للطب والصيدلة، كان ثو، فيتنام.

### ملخص

يشكل الفصل في المطالبات ورفض دفع تكاليف الرعاية الصحية المغطاة بالتأمين الصحي تحديات في الحفاظ على تشغيل المستشفيات وضمان حقوق المرضى والطاقم الطبي. لا تزال الأبحاث حول هذه القضية محدودة على الصعيدين العالمي وفي فيتنام. تهدف هذه الدراسة إلى فهم الوضع الحالي لرفض دفع تكاليف الفحوصات الطبية والعلاجات المغطاة بالتأمين الصحي في أحد مستشفيات كان ثو، فيتنام، واستكشاف أسباب رفض الدفع. استخرجت دراسة وصفية مقطعية البيانات المتعلقة بالنفقات الطبية المغطاة بالتأمين الصحي والتي تم رفضها في مستشفى في كان ثو، فيتنام، على مدى ثلاث سنوات من 1 يناير 2020 إلى 31 ديسمبر 2022. أظهرت الدراسة أنه بين عامي 2020 و2022، كان عدد المدفوعات المسواة أقل باستمرار من التكاليف المقترحة. وبلغ أعلى مبلغ مرفوض في عام 2022 حوالي 334,232,049 دونغ فيتنامي (0.4%). واجهت نفقات التأمين الصحي للمرضى الداخليين معدل رفض دفع أعلى مقارنة بنفقات المرضى الخارجيين. كانت الأدوية، والإجراءات الجراحية، ورسوم الإقامة في المستشفى هي الأسباب الثلاثة الرئيسية لرفض الدفع بين عامي 2020 و2022. يظل السبب الرئيسي لرفض الدفع مرتبطاً بتكاليف الأدوية، مما يشكل تحديات في إدارة التكاليف ويستدعي اتخاذ تدابير لمعالجة هذه المشكلة داخل نظام التأمين الصحي.

**الكلمات الدالة:** التأمين الصحي، تكلفة الأدوية، مقدم الرعاية الصحية، المستشفى، فيتنام.

<sup>\*</sup> المؤلف المراسل: فان دي تران

[tvde@ctump.edu.vn](mailto:tvde@ctump.edu.vn)

تاريخ استلام البحث 2024/03/26 وتاريخ قبوله للنشر 2024/07/18.