

Definitions

1. Original assessment

The assessment of claims of long-term care benefit expenditure submitted from establishments providing long-term care services. Assessed points are deducted if a claim exceeds the planned number of units.

In general, monthly assessments are carried out by Prefectural National Health Insurance Organizations in the month following the month of provision of the service.

2. Number of recipients

The number of persons with insurance claims in a given assessed month. Where the same insured person receives two or more types of service in the same month, it is counted separately for each service, however, it is counted one person in subtotals and overall totals.

The annual cumulative number of recipients is the sum of the number of recipients for each assessed month.

3. Annual number of recipients

The number of recipients of preventive long-term care services or long-term care services in each month of service provided from April 2010 to March 2011 after aggregation of names. Where the insured reference number changes during said period, the new number is counted as a separate recipient.

4. Annual number of continuous recipients

A person receiving preventive long-term care services or long-term care services continuously for each month over the one year period from April 2010 to March 2011.

5. Fees

The sum total of insurance benefits, public contribution and recipient contribution (including amounts of public contribution borne by individual).

6. Number of units

The number of units of long-term care service fees. The cost of one unit differs by region.

Please click [here](#) for the details (Japanese only)