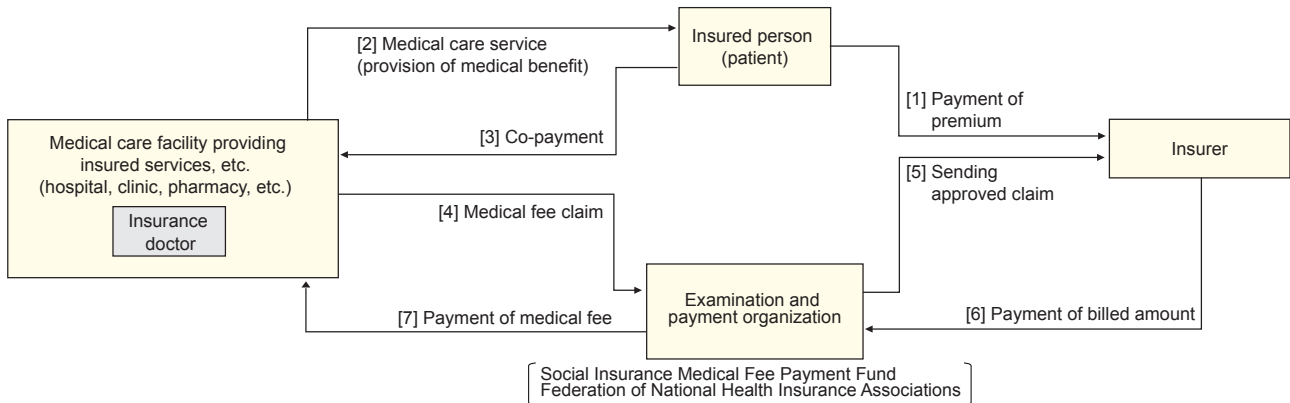


# Insured Medical Treatment System

## Overview

### Conceptual Chart of Insured Medical Treatment



Medical fees are classified into three types: medical, dental, and dispensing fees.

The medical fee is calculated by adding stipulated numbers of points for the individual medical activities provided (so-called "fee-for-service system"). The unit price for one point is ¥10. For a typhilitis hospitalization case, for example, the first visit fee, the hospitalization fee multiplied by the length of stay (days), the typhilitis surgery fee, the test fee and the drug fee are added to one another and medical care facility providing insured services will receive the total amount less the patient's co-payment from the examination and payment organization.

## Detailed Data 1

### Example of Medical Fee Points \* Points listed below are of after the medical free revision in April 2008

Basic medical service fee	First visit	Hospitals/clinics	270 points			
	Revisit	Revisit fee (clinics/hospitals with less than 200 beds)	69 points			
		Outpatient treatment fee (hospitals with 200 or more beds)	70 points			
	inpatient medical care	Basic fee	<ul style="list-style-type: none"> <li>○ 9 different inpatient basic fees are specified according to hospital ward types (General ward inpatient basic fee, long-term care ward inpatient basic fee, psychopathic ward inpatient basic fee, tuberculosis ward inpatient basic fee, and clinic with bed inpatient basic fee, etc.)</li> <li>○ Inpatient medical fee of each hospital ward type is determined by nursing staffing standards and average hospitalization period, etc. (Example) General ward inpatient medical care: 10 to 1 inpatient basic fee (per day)</li> </ul>	1,300 points		
			<ul style="list-style-type: none"> <li>○ Initial addition according to the period of hospitalization (Example) General ward inpatient medical care                             <ul style="list-style-type: none"> <li>• First 14 days</li> <li>• 15th to 30th day</li> </ul> </li> </ul>	450 points/day 192 points/day		
		inpatient basic fee, etc. addition	<ul style="list-style-type: none"> <li>○ 55 different additional payment items are specified according to functions of medical institutions (Example) comprehensive inpatient management (per day)</li> </ul>	120 points		
Specific inpatient medical fee	<ul style="list-style-type: none"> <li>○ 19 types of inpatient medical fees that should be paid in capitation are specified. (Example) Emergency and critical inpatient medical care (per day)                             <table style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr> <td style="padding: 0 5px;">(first 3 days)</td> <td style="padding: 0 5px;">9,700 points</td> </tr> <tr> <td style="padding: 0 5px;">(4th to 7th day)</td> <td style="padding: 0 5px;">8,775 points</td> </tr> </table> </li> </ul>	(first 3 days)	9,700 points	(4th to 7th day)	8,775 points	9,700 points 8,775 points
(first 3 days)	9,700 points					
(4th to 7th day)	8,775 points					
Specially listed medical service fee	Medical management, etc.	(Example) Specified disease management	225 points			
	In-home medical care	(Example) Home-visit	720 points			
	Tests	(Example) Qualitative and semi-quantitative test for general substance in urine Note: Separate additional fees apply for chemicals, etc. for tests	26 points			
	Diagnostic imaging	(Example) Image diagnosis (simple and chest) Note: Separate additional fees apply for films and contrast medium, etc.	85 points			
	Medication	(Example) Drugs	9 points			
		Dispensing (outpatient) (internal drugs, special medicine) Prescribing (for no more than six types of internal drugs) Prescription (for no more than six types of internal drugs) Basic dispensing (for patients other than those hospitalized (once a month))	42 points 68 points 8 points			
	Injection	(Example) Injection (intradermal, subcutaneous, intramuscular injection) Injectables	18 points Separately provided in the NHI Drug Price List			
	Rehabilitation	(Example) cardiovascular disease rehabilitation (I)	200 points			
	Specialized mental therapy	(Example) Standard-type psychoanalysis therapy	390 points			
	Treatment	(Example) Wound treatment (less than 100 square centimeters) Note: Separate additional fees apply for drugs, materials, etc.	45 points			
	Surgery	(Example) Appendectomy (without appendiceal abscess) Note: Separate additional fees apply for drugs, materials, etc.	6,210 points			
Anesthesia	(Example) Spinal anesthesia	850 points				
Radiation therapy	(Example) Extracorporeal radiation (X-ray superficial treatment (first time))	110 points				
Hospital meal	Hospital meal (per meal)	¥640				
	Standard co-payment (general patients)	¥260				

(Note) Unit price for 1 point is ¥10

## Outline of FY2010 Medical Fee Revision

Overall revision rate +0.19% (Approx. ¥70 billion)

⇒ An upward revision for the first time in 10 years

Medical fees (main portion) +1.55% (Approx. ¥570 billion)

Medical +1.74%  
(Approx. ¥480 billion)

Inpatient	+3.03%
	(Approx. ¥440 billion)
Outpatient	+0.31%
	(Approx. ¥40 billion)

Approx. ¥400 billion was allocated to acute inpatient medical care

Dental +2.09% (Approx. ¥60 billion)

Dispensing +0.52% (Approx. ¥30 billion)

Drug prices, etc. ▲1.36% (Approx. ¥500 billion)

“Basic Guidelines” of the Social Security Council

1. Priority issues

- Reconstruction of emergency, obstetrics, pediatric, and surgical medical care, etc.
- Measures to mitigate burdens of hospital doctors

2. Four viewpoints

Assessment of areas in need of improvement, etc.

3. Abolition of the medical fee system focused on late-stage elderly

### Response to key issues

- Assessment of emergency and critical care centers and the secondary emergency medical facilities
- Improved management of high-risk pregnancy and evaluation of intensive care for high-risk neonates
- Raised surgery fees and assessment of child surgery
- Improved assessment of medical clerical work support system addition and assessment of multi-occupational team medical care

### Four Viewpoints (assessment of areas in need of improvement, realization of medical care that is easier to understand by patients, etc.)

- Promotion of cancer care, dementia care, infectious disease measures, and hepatitis measures and free issuance of receipts, etc.

### Medical fee of the late-stage medical care for the elderly

- Abolition of the medical fee system focused on the age being 75 or older

## Improved Evaluation of Emergency Medical Care

### Enhanced emergency medical care

- Evaluation of emergency and critical care centers with enhanced support system  
Emergency and critical inpatient medical care: support Level A: 500 points → 1,000 points
- Evaluation of inpatient medical care at secondary emergency medical facilities  
Emergency medical care management: 600 points → 800 points  
Emergency medical care management for infants: 150 points → 200 points
- Evaluation of inpatient medical care with full attendance  
High care unit inpatient medical care management: 3,700 points → 4,500 points

### Evaluation of emergency outpatient medical care in coordination with regional medical service

- Evaluation of emergency outpatient medical care in coordination with hospital/clinic pediatricians  
Night time/holiday medical care for children with regional coordination 1  
(without 24 hour support): 350 points → 400 points  
Night time/holiday medical care for children with regional coordination 2  
(with 24 hour support): 500 points → 550 points
- Evaluation of emergency outpatient medical care in coordination with hospital/clinic doctors  
(New) Night time/holiday medical care with regional coordination: 100 point

## Improved Evaluation of Obstetric and Pediatric Medical Care

### Enhanced/expanded high-risk delivery management

- Evaluation of high-risk delivery management  
High-risk delivery management: 2,000 points → 3,000 points (per day) + expanded application
- Evaluation of emergency acceptance of pregnant/parturient women to hospitals  
Emergency acceptance of pregnant/parturient women: 5,000 points → 7,000 points (first day) + expanded application

### Evaluation of Neonatal Intensive Care

- Evaluation of intensive care for high-risk newborns  
Special administration for neonatal intensive care unit (NICU): 8,500 points → 10,000 points
- Evaluation of growing care units for directly accepting high-risk newborns from NICU  
(New) Administration for growing care unit: 5,400 points

### Enhanced Pediatric Inpatient Medical Care

- Evaluation of medical institutions involved in regional emergency pediatric inpatient medical care  
(New) Pediatric inpatient medical care management 2 (new classification): 4,000 points  
(Addition of pediatric inpatient medical care management fees is also accepted at special functioning hospitals)

## Reduced Burden on Hospital Doctors

### Reduced clerical work burden on hospital doctors

- Improved evaluation of medical clerical work assistance system  
Medical clerical work assistance (first day in hospital)

25 to 1	50 to 1	75 to 1	100 to 1	➔	15 to 1	20 to 1	25 to 1	50 to 1	75 to 1	100 to 1
355 points	185 points	130 points	105 points		810 points	610 points	490 points	255 points	180 points	138 points

\* Addition is made according to the ratio of the number of persons placed to the number of general beds

### Evaluation of inpatient medical care with enhance personnel system

- Evaluation of placement of nursing assistants in 7 to 1 wards and 10 to 1 wards  
(New) Acute stage nursing assistant system 1 (50 to 1 placement): 120 points (up to 14 days)  
(New) Acute stage nursing assistant system 2 (75 to 1 placement): 80 points (up to 14 days)

### Evaluation of services provided by multi-occupational team

- Evaluation of nutrition improvement services provided by nutrition support teams  
(New) Nutrition support team: 200 points (once a week)
- Evaluation of ventilator weaning services provided by respiratory care teams  
(New) Respiratory care team: 150 points (once a week)

## Evaluation of Appropriate Surgical Fees

### Raised surgical fees utilizing the draft proposal by the Social Insurance Committee of Surgery Society (Gaihozen)

- Raising the current points of surgical fees, mainly for those of high degree of difficulty requiring larger number of staffs conducted at hospitals, roughly by 30% to 50% through raising the points of about half of 1,800 items, including cerebral artery aneurysm clipping and aneurysmectomy, etc.



### Raised evaluation of child surgery

- In addition to surgeries for children younger than 3, those for children aged 3 or older but younger than 6 are subjected to infants addition.

### Introduction of insurance for new medical technologies

- Insurance for new medical technologies is introduced with consideration given to the results of discussion at the Expert Committee on Advanced Medical Care and the Medical Technology Assessment Subcommittee.  
Insurance is newly introduced for approximately 80 items, including laparoscopic liver surgery, surgery of bile duct cancer in liver, and bypass cerebral aneurysm surgery, etc.

## Promotion of Issuing Medical Receipts

### Promotion of Issuing Medical Receipts

- Hospitals/clinics/pharmacies that are obliged to exercise electronic receipt request
  - ⇒ Issue medical receipts free of charge, in principle, unless there is a reasonable ground not to do so
  - Reasonable ground [1]: Using receipt computers that are incapable of issuing medical receipts
  - [2]: Automatic payment machines are in need of upgrade

Note) A notice shall be posted in hospitals, etc. that medical receipts are issued and those who do not wish to have them issued should notify to the effect.

- Hospitals/clinics/pharmacies that are not obliged to exercise electronic receipt request
  - ⇒ A notice on issuing medical receipts shall be posted
  - Contents of notice → Availability of medical receipts issued, procedures, free or fees charged, price of the fee, etc.



### Support for medical fees

- Evaluation of clinics issuing medical receipts free of charge, etc.
  - (New) Medical receipt issuance system, etc.: 1 point (addition to follow-up visits)

## Evaluation of Acute Stage Inpatient Medical Care

### Evaluation of early inpatient medical care

- ▶ Raised basic fees of general ward inpatient medical care for early inpatient medical care  
Within the first 14 days: 428 points → 450 points (per day)

### Evaluation of degree of requiring care of acute stage patients at medical institutions

- ▶ Evaluation of continued measurement and assessment of severity and degree of requiring care of patients at medical institutions that are reporting basic fees of general ward inpatient medical care, etc. (basic fees of 10 to 1 inpatient medical care basic fees)

**(New)** Assessment of degree of requiring care of patients in general wards: 5 points (per day)

#### Assessment of severity/degree of requiring care of patients in general wards



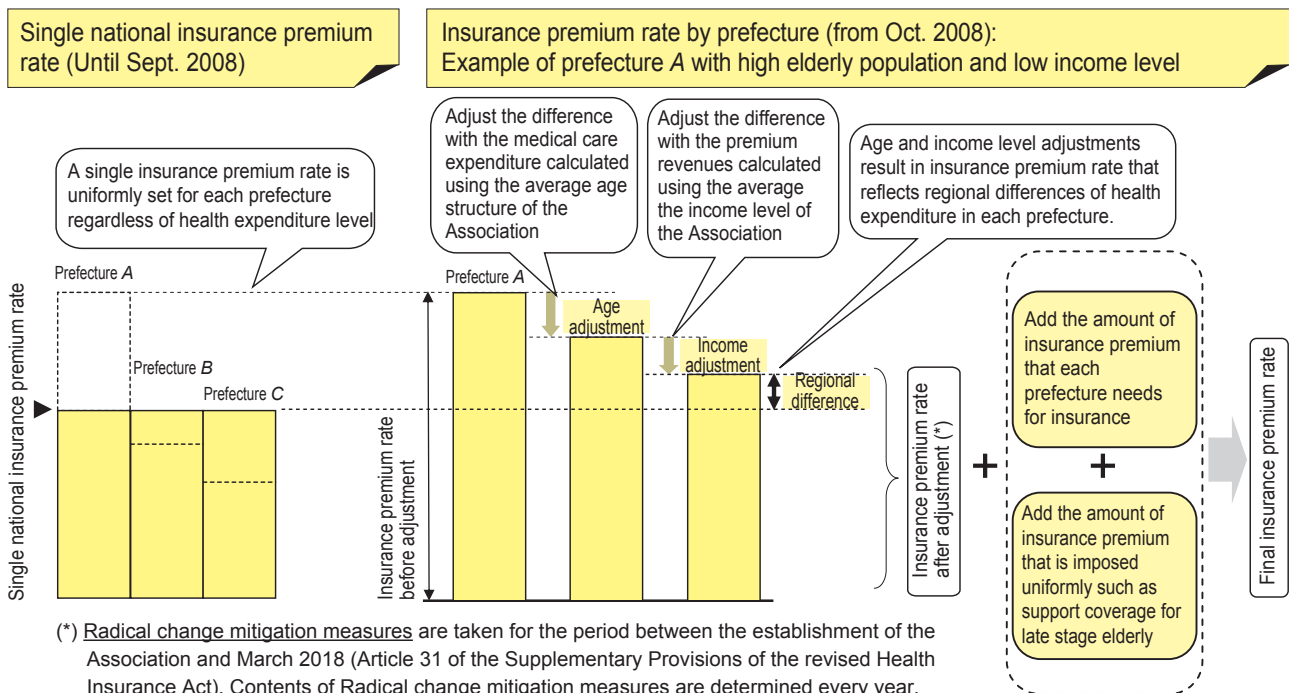
A. Monitoring and treatment, etc.
1. Wound healing
2. Blood pressure monitoring
3. Hourly urine monitoring
4. Respiratory care
5. Three or more simultaneous infusion lines
6. Eelectrocardiogram monitoring
7. Syringe driver usage
8. Blood transfusion or blood products usage
9. Specialized medical care/treatment

B. Patient condition, etc.
1. Changing position on bed
2. Getting up
3. Maintaining sitting position
4. Transferring
5. Oral cleaning
6. Food intake
7. Changing clothes

### Detailed Data 3 Insurance Premium Rates of Japan Health Insurance Association-managed Health Insurance by Prefecture

Prefectures with larger elderly population have larger health expenditure and higher insurance premium rate. In addition, prefectures with lower income level have higher insurance premium rate for the same medical fee. For this reason, the following adjustment of age structure and income level among prefectures is made.

\* In the case where insurance premium rate dramatically rises due to the application of insurance premium rate for each prefecture, radical change mitigation measures are taken.



(\*) Radical change mitigation measures are taken for the period between the establishment of the Association and March 2018 (Article 31 of the Supplementary Provisions of the revised Health Insurance Act). Contents of Radical change mitigation measures are determined every year.

(\*) Appropriate adjusts are also made for special conditions such as disasters, etc.