I. Abstract 2015

1. Enrollment and Underwriting

(1) The average annual increase of beneficiaries was 0.6% over the past ten years.

At the end of 2015, there were 23,737 thousand beneficiaries, an increase of 116 thousand, or 0.5% from the previous year. There has been an average annual increase of 0.6% since 2005.

(2) The percentage of female beneficiaries was 50.4%, higher than the 49.6% for male beneficiaries.

At the end of 2015, 11,774 thousand (49.6%) beneficiaries were male and 11,964 thousand (50.4%) beneficiaries were female. In terms of age, there were more male beneficiaries than females in the ＜30 age group, whereas females outnumbered males in the 30 or more age group.

(3) The number of beneficiaries in the ＜15 age group decreased by 89 thousand from the previous year.

There were 3,126 thousand (13.2%) beneficiaries in the ＜15 age group at the end of 2015, 17,711 thousand (74.6%) in the 15-64 age group, and 2,900 thousand (12.2%) in the above 65 age group. Compared with the previous year, beneficiaries in the ＜15 age group decreased by 89 thousand, of which dependents decreased by 80 thousand.

(4) The average insured payroll-related amount for Categories 1 to 3 totaled to NT$35,918.

At the end of 2015, the average insured payroll-related amount totaled to NT$35,918, an increase of 1.5% from the previous year. The average annual increase was 2.0% over the past ten years. The average insured payroll-related amounts for Categories 1 to 3 were NT$40,878, NT$27,298 and NT$22,800, respectively.

(5) The average insured payroll-related amount for males was NT$39,201, which was higher than the NT$32,613 for females.

At the end of 2015, the average insured payroll-related amount for males was NT$39,201, which was higher than the average amount of NT$32,613 for females. Males showed higher average insured payroll-related amounts than females across all age groups, of which, there were significant differences occurring in the 40-64 age groups, with the differences in amount surpassing NT$8,000.

2. Financial Status

(1) Premiums receivable were NT$481 billion, with a collection rate of 98.2%.

Premiums receivable totaled NT$481 billion in 2015, while premiums collected totaled NT$472 billion. The total collection rate was 98.2%.

(2) Supplementary premiums totaled NT$47 billion.

Supplementary premiums totaled NT$47 billion in 2015. NT$23 billion came from group insurance applicants and NT$24 billion from the beneficiaries.

(3) Delinquency charges receivable totaled NT$215 million, with a collection rate of 69.3%.

Delinquency charges receivable totaled NT$215 million in 2015, NT$149 million was collected, for a collection rate of 69.3%.

(4) In accrual basis, the surplus was NT$103 billion.

In terms of accrual basis, insurance revenues totaled NT$645 billion in 2015, an increase of 12.5% from the previous year. Insurance costs were NT$542 billion, an increase of 3.9% from the previous year. Surplus was NT$103 billion and all deposited into the reserve fund pursuant to law. Therefore the reserve fund accumulated balance in 2015 was NT$229 billion.

3. Contracting and Management of Medical Care Institutions

(1) The average annual increase of contracted medical care institutions was 1.9% over the past ten years.

At the end of 2015, the total number of contracted medical care institutions was 27,728, an increase of 396 (1.4%) from the previous year. The average annual increase was 1.9% over the past ten years.

(2) Rate of contracts signed with the contracted hospitals and clinics was 93.1%; the lowest was for Taipei City, at 81.4%.

At the end of 2015, 93.1% of hospitals and clinics had entered into contracts with the NHIA. In terms of locale, Taipei City had the lowest rate of contracted hospitals and clinics at 81.4%, while Lienchiang County had the highest rate at 100%.

(3) Chiayi City had the largest number of contracted medical care institutions per 10,000 beneficiaries at 18.8, while Taipei City had the smallest at 7.7.

At the end of 2015, the number of contracted medical care institutions per 10,000 beneficiaries (contracted medical care institutions / beneficiaries × 10,000) was 11.7. In terms of locale, Chiayi City had the largest number at 18.8, while Taipei City had the smallest number at 7.7.

(4) The total number of beds in contracted medical care institutions increased by 0.6% on average per year over the past ten years.

At the end of 2015, the total number of beds in contracted medical care institutions

was 146,052, an increase of 591 from the previous year. The average annual increase was 0.6% over the past ten years, of which 120,815 were insured beds and 25,237 were partially insured beds.

(5) The percentage of insured beds in contracted medical care institutions was 82.7%.

At the end of 2015, the percentage of insured beds in contracted medical care institutions was 82.7%. In terms of contracted category, the percentage of insured beds in academic medical centers was 74.0%, 78.2% for metropolitan hospitals, 88.7% for local community hospitals and 100% for physician clinics.

(6) Hualien County had the largest number of beds in contracted medical care institutions per 10,000 beneficiaries at 143.7, while Hsinchu City had the smallest at 40.9.

At the end of 2015, the beds of contracted medical care institutions per 10,000 beneficiaries (beds in contracted medical care institutions / beneficiaries × 10,000) was 61.5, of which insured beds accounted for 50.9, and partially insured beds accounted for 10.6. In terms of locale, Hualien County had the largest number of beds per 10,000 beneficiaries at 143.7, while Hsinchu City had the smallest at 40.9.

(7) 383 cases were found to have committed violations in contracted medical care institutions; the most (134 cases) were penalized with reduced reimbursement.

In 2015, 383 cases were found to have committed violations in contracted medical care institutions, of which the largest group of violators consisted of medical care institutions that were penalized with reduced reimbursement (134 cases), 123 were penalized with contract suspension, 66 were penalized with contract termination, and 60 were penalized with corrections, which accounted for the smallest group of violators.

4. Medical Benefits

(1) Physician clinics had the most medical points for outpatient services, while academic medical centers had the most medical points for inpatient services.

The total medical points in 2015 amounted to 630 billion points, an increase of 2.5% from the previous year. Of which, the total requested points amounted to 592 billion and copayment points amounted to 38 billion. The total outpatient medical points amounted to 437 billion, and physician clinics had the largest proportion of medical points at 42.3%; the total inpatient medical points amounted to 194 billion, and academic medical centers had the largest proportion of medical points at 42.7%.

(2) In terms of average medical points per case, males had a higher amount than females in all age groups for both outpatient and inpatient services.

The average medical points per outpatient case were 1,340 for males, surpassing that of females, who had 1,138 points; the average medical points per inpatient case were 63,796 for males, surpassing that of females, who had 54,295 points. Based on age group, males had a higher amount than females in all age groups for both outpatient and inpatient services.

(3) Physician clinics accounted for the largest proportion of approved medical benefits for outpatient services, while academic medical centers accounted for the largest proportion for inpatient services.

In 2015, the total approved medical benefits amounted to 581 billion points (NT$536 billion), 400 billion points (NT$370 billion) for outpatient services and 181 billion points (NT$165 billion) for inpatient services. Physician clinics had the highest amount of approved outpatient benefits at 154 billion points (NT$140 billion), as for the average benefits per approved case, academic medical centers had the highest amount of 2,669 points (NT$2,499); academic medical centers had the highest amount of approved inpatient benefits at 78 billion points (NT$72 billion), as for the average benefits per approved case, academic medical centers had the highest amount of 71,303 points (NT$65,533).

(4) Cancer accounted for the highest proportion of medical points for major illnesses/injuries. In terms of average medical points per capita, hemophilia ranked the highest.

At the end of 2015, the number of valid major illnesses/injuries certificates issued was 967 thousand. Total medical points of major illnesses/injuries in 2015 amounted to 172 billion points. The top three conditions were, respectively, cancer, uremia, and dependence on respirator. In terms of average medical points per capita for major illnesses/injuries, hemophilia ranked the highest for both outpatient and inpatient services.

(5) Uremia accounted for the largest proportion of medical points for major illnesses/injuries for outpatient services, while cancer ranked the highest for inpatient services.

In 2015, uremia accounted for the largest proportion of outpatient medical points for major illnesses/injuries, followed by cancer; cancer accounted for the largest proportion of inpatient medical points for major illnesses/injuries, followed by dependence on respirator.

(6) In terms of average medical points per capita, hemophilia ranked the highest for males both in outpatient and inpatient services, while uremia ranked the highest in outpatient services for females, and dependence on respirator ranked the highest for inpatient services.

In terms of average medical points per capita, hemophilia ranked the highest for males both in outpatient and inpatient services in 2015, followed by rare disease for outpatient services and dependence on respirator for inpatient services. For females, uremia ranked the highest for outpatient services, followed by rare disease; dependence on respirator ranked the highest for inpatient services, followed by burns.

(7) In terms of average copayments per case, academic medical centers had the highest amount both in outpatient and inpatient services.

The average copayments per case were NT$100 for outpatient services and NT$4,733 for inpatient services in 2015. Academic medical centers had the highest amount both in outpatient and inpatient services (NT$326 for outpatient and NT$5,964 for inpatient).

(8) Males had higher average copayments per case than females for all age groups.

In 2015, the average copayments per outpatient case were NT$101 for males and NT$98 for females; the average copayments per inpatient case were NT$4,852 for males and NT$4,604 for females. Males showed higher amounts than females in all age groups. The most significant difference was seen in the 45-64 age group, at NT$575 per inpatient case.

(9) The approval rate for out-of-plan services was 31.2%.

In terms of reimbursement of advanced medical expenses for out-of-plan services, the total requested amount was NT$1,582 million in 2015, an increase of 2.6% from the previous year. The total approved amount was NT$494 million, a decrease of 0.3% from the previous year. The approval rate was 31.2%. Of which, NT$346 million was requested for outpatient services, with an approval rate of 51.4%, NT$45 million for emergency services, with an approval rate of 45.2%, and NT$1,192 million for inpatient services, with an approval rate of 24.9%.

II. Main Indicators 2015

	Unit	2015	Annual Growth Rate (%)
Enrollment and Underwriting			
Group Insurance Applicants	No.	**828,502**	**3.1**
Beneficiaries	1,000 Persons	**23,737**	**0.5**
Category 1		13,399	1.7
Category 2		3,759	-0.3
Category 3		2,442	-3.9
Category 4		182	-1.7
Category 5		334	-4.3
Category 6		3,621	0.7
Male		11,774	0.4
Female		11,964	0.6
Under 15		3,126	-2.8
age 15-64		17,711	0.4
65 and over		2,900	4.6
Average Insured Payroll-Related Amount for Categories 1 to 3	NT$	**35,918**	**1.5**
Financial Status			
Insurance Revenues（Accrual Basis）	100 Million NT$	**6,450**	**12.5**
Insurance Costs（Accrual Basis）	100 Million NT$	**5,421**	**3.9**
Contracting and Management of Medical Care Institutions			
Contracted Medical Care Institutions	No.	**27,728**	**1.4**
Western Medicine		10,729	0.2
Chinese Medicine		3,468	2.3
Dentistry		6,565	0.9
Pharmacies		5,950	3.7
Beds in Contracted Medical Care Institutions	Beds	**146,052**	**0.4**
Acute Beds		128,778	0.4
Chronic Beds		17,274	0.5

	Unit	2015	Annual Growth Rate (%)
Insured Beds in Contracted Medical Care Institutions	Beds	**120,815**	**0.4**
Acute Beds		104,162	0.4
Chronic Beds		16,653	0.7
Medical Benefits			
Medical Points	100 Million Points	**6,304**	**2.5**
Outpatient Services		4,368	2.2
Requested Points		4,071	2.3
Copayment		297	0.7
Inpatient Services		1,935	3.0
Requested Points		1,853	3.0
Copayment		82	3.3
Medical Service Cases	1,000 Cases		
Outpatient Services		355,589	-0.4
Inpatient Services		3,281	2.3
Average Medical Points per Case	Points		
Outpatient Services		1,229	2.7
Inpatient Services		58,989	0.7
Approved Medical Benefit Payments	100 Million Points	**5,812**	**2.2**
Outpatient Services		4,005	1.8
Inpatient Services		1,807	2.9
Approved Medical Payments	100 Million NT$	**5,357**	**3.1**
Outpatient Services		3,704	2.6
Inpatient Services		1,653	4.3
Number of Valid Major Illnesses/Injuries Certificates	Pieces	**967,239**	**-0.8**
Medical Benefit Claims of Major Illnesses/Injuries	100 Million Points	**1,720**	**2.5**

III. Statistical Analysis

1. Enrollment and Underwriting

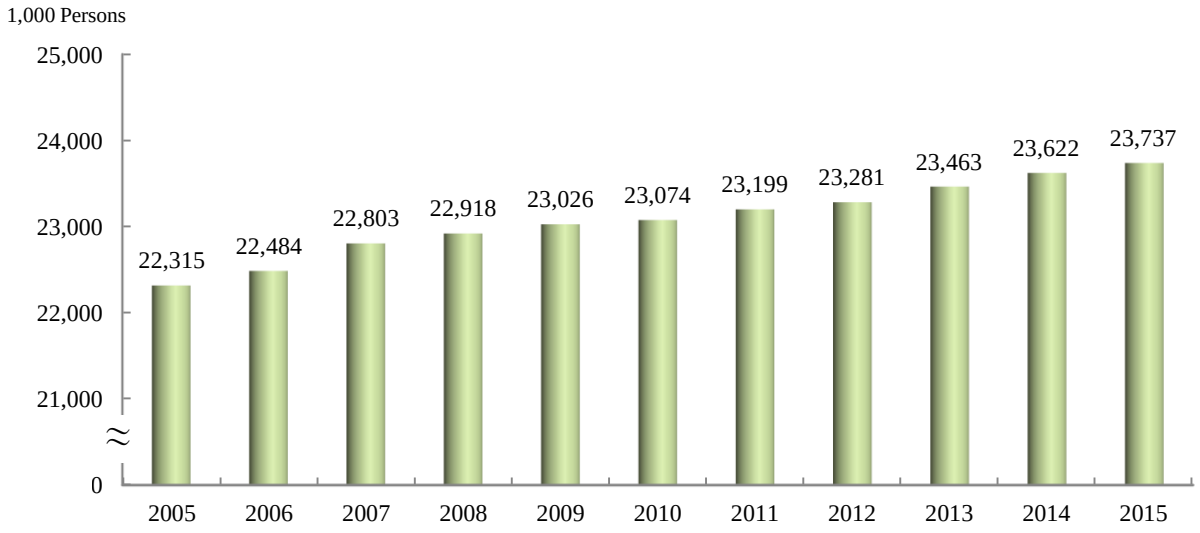
The National Health Insurance (NHI) program is a mandatory, single-payer social health insurance system, founded on the principle that all people should have equal access to health care services. Under the NHI scheme, beneficiaries are divided into six categories and each category differs in its insured payroll-related amount, premium contribution rate, and premium calculation method. Applications are to be made at the agency, school, enterprise, institution, employer, group, or designated departments to which the insured belongs.

(1) Beneficiaries

i. The average annual increase of beneficiaries was 0.6% over the past ten years.

At the end of 2015, there were 23,737 thousand beneficiaries, an increase of 116 thousand, or 0.5% from the previous year. There has been an average annual increase of 0.6% since 2005.

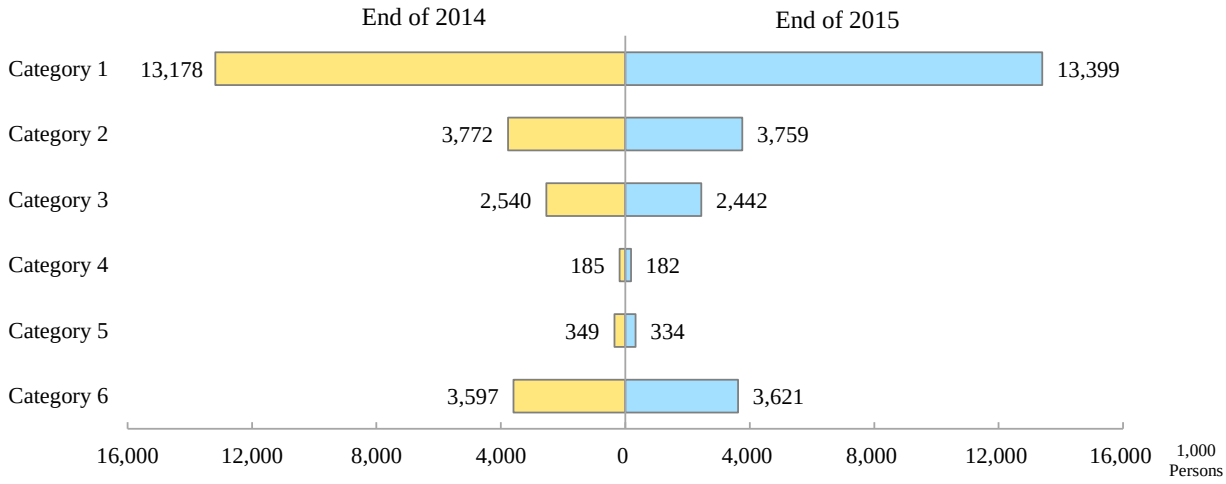
Figure 1 Numbers of Beneficiaries



When broken down by beneficiary category, Category 1 had the highest number of beneficiaries at 13,399 thousand, followed by Category 2 at 3,759 thousand, Category 6 at 3,621 thousand, Category 3 at 2,442 thousand, Category 5 at 334 thousand and Category 4 at 182 thousand.

In terms of change from the previous year, Category 1 experienced the largest increase at 221 thousand people, followed by Category 6 with 23 thousand people, while other categories showed a decreasing trend. Category 3 fell by 98 thousand people, followed by Category 5 with a decrease of 15 thousand people, Category 2 with 13 thousand people, and Category 4 with 3 thousand people.

Figure 2　Numbers of Beneficiaries by Beneficiary Category

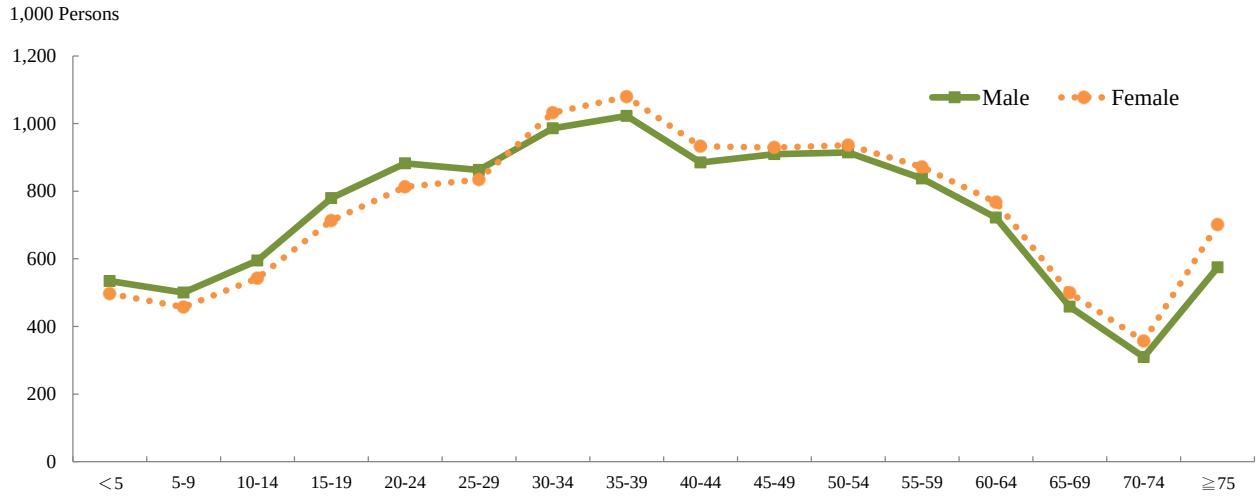


ii. The percentage of female beneficiaries was 50.4%, higher than the 49.6% for male beneficiaries.

At the end of 2015, 11,774 thousand (49.6%) beneficiaries were male and 11,964 thousand (50.4%) beneficiaries were female. In terms of age, there were more male beneficiaries than females in the <30 age group, whereas females outnumbered males in the 30 or more age group.

Figure 3　Beneficiaries by Gender and Age

End of 2015

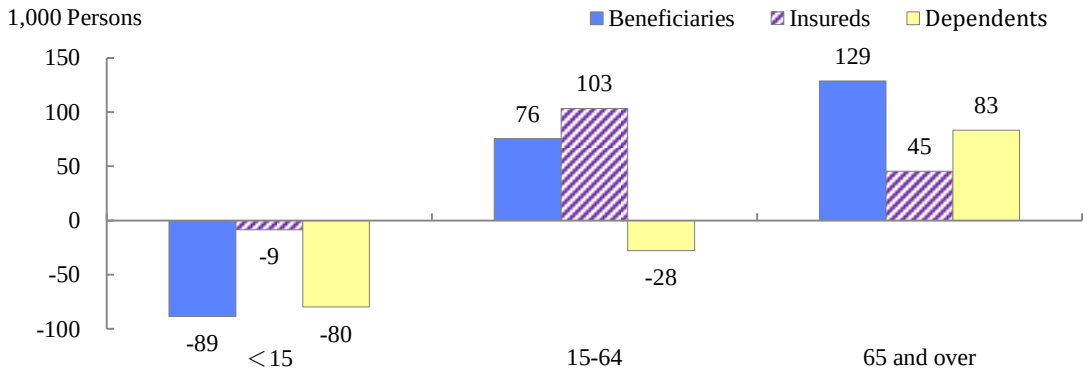


iii. The number of beneficiaries in the ＜15 age group decreased by 89 thousand from the previous year.

There were 3,126 thousand (13.2%) beneficiaries in the ＜15 age group at the end of 2015, 17,711 thousand (74.6%) in the 15-64 age group, and 2,900 thousand (12.2%) in the above 65 age group. Senior beneficiaries above 65 years of age increased by 129 thousand compared with the previous year, while beneficiaries in the 15-64 age group also increased by 76 thousand. However, beneficiaries in the ＜15 age group decreased by 89 thousand, of which dependents decreased by 80 thousand.

Figure 4　Changes in Beneficiaries by Age

End of 2015 vs. End of 2014



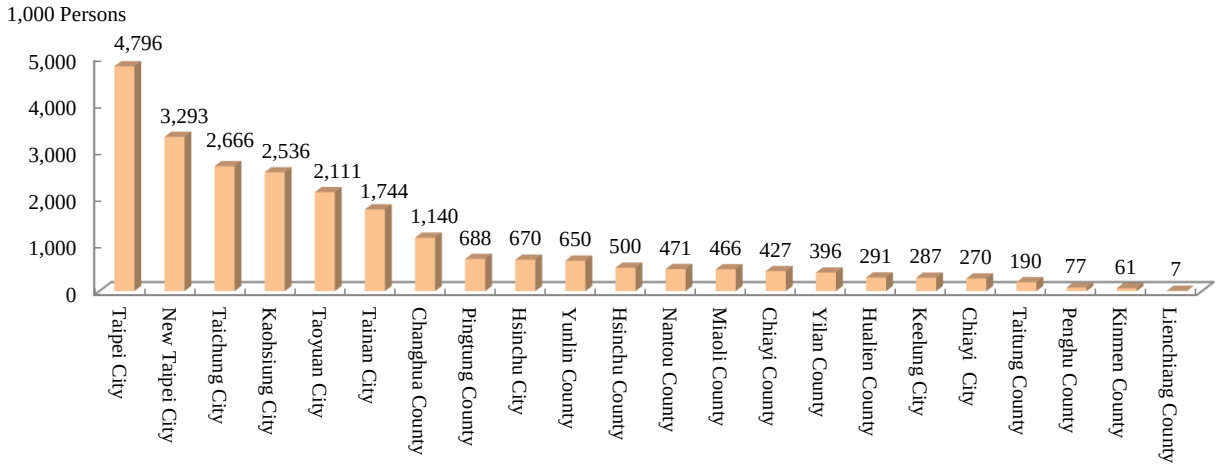
iv. Taipei City had the highest increase of beneficiaries at 71 thousand and Kinmen County showed the largest rate of increase at 2.1%.

When broken down by city/county using the mailing addresses of the group insurance applicants to which the beneficiaries belong, Taipei City had the highest number of beneficiaries at 4,796 thousand, followed by New Taipei City, Taichung City and Kaohsiung City, all with over 2.5 million, while Lienchiang County had the smallest amount at 7 thousand.

If compared with the previous year, Taipei City showed the largest increase with 71 thousand beneficiaries, followed by Taoyuan City with 26 thousand and Taichung City with 22 thousand. Nantou County had the largest decrease with 11 thousand. Among all locales, Kinmen County had the largest rate of increase, at 2.1%, while Nantou County had the largest rate of decrease, at 2.3%.

Figure 5　Beneficiaries by Locale

End of 2015



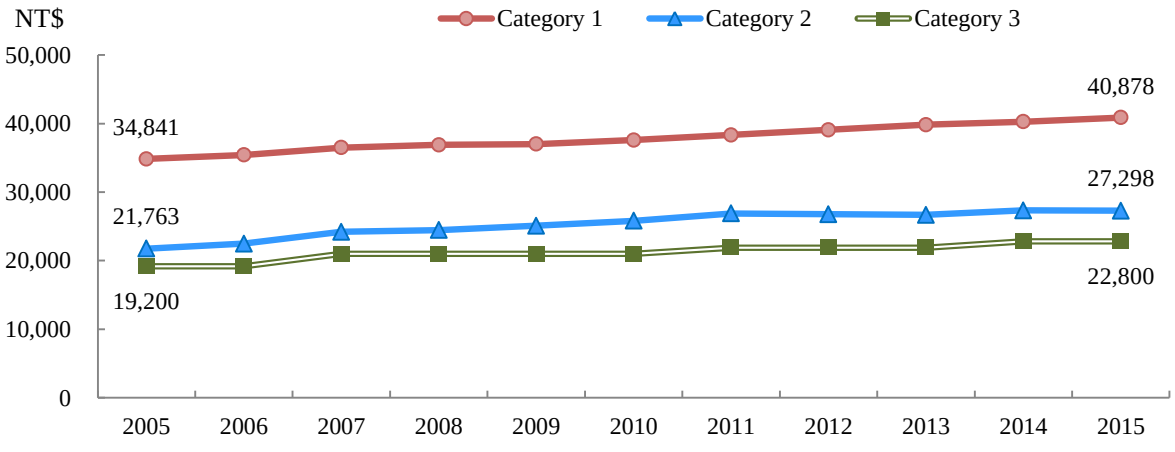
Note：The locales were determined by the mailing addresses of the group insurance applicants to which the beneficiaries belong.

(2) The Insured Payroll-Related Amount

i. The average insured payroll-related amount for Categories 1 to 3 totaled to NT$35,918; the average annual increase of the insured payroll-related amount was 2.0% over the past ten years.

At the end of 2015, the average insured payroll-related amount totaled to NT$35,918, an increase of 1.5% from the previous year. The average annual increase was 2.0% over the past ten years. The average insured payroll-related amounts for Categories 1 to 3 were NT$40,878, NT$27,298 and NT$22,800, respectively. The insured payroll-related amount does not apply to the insured in Categories 4, 5 and 6. The average premium was NT$1,726 for Categories 4 and 5, and was NT$1,249 for Category 6.

Figure 6　The Average Insured Payroll-Related Amount for Categories 1 to 3

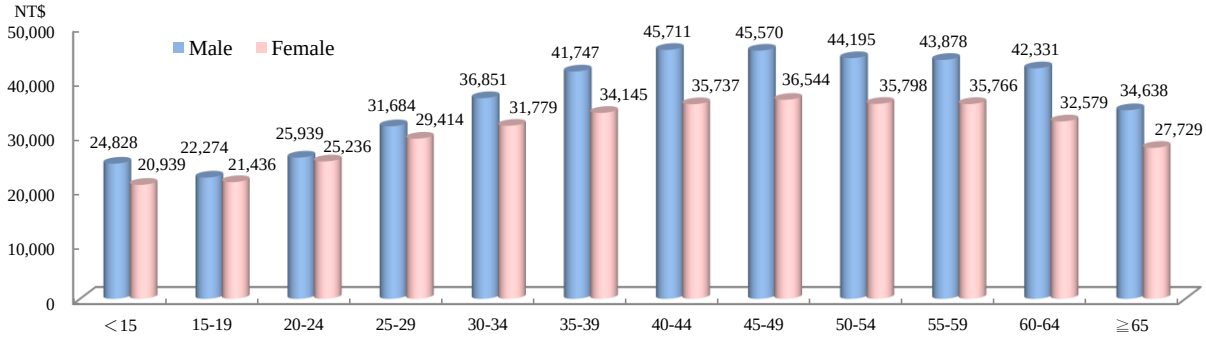


ii. The average insured payroll-related amount for males was NT$39,201, which was higher than the NT$32,613 for females.

At the end of 2015, the average insured payroll-related amount for males was NT$39,201, which was higher than the average amount of NT$32,613 for females. For males, the 40-44 age group had the highest average insured payroll-related amount and the 15-19 age group had the lowest amount. For females, the 45-49 age group had the highest average insured payroll-related amount and the ＜15 age group had the lowest amount. Males showed higher average insured payroll-related amounts than females across all age groups, of which, there were significant differences occurring in the 40-64 age groups, with the differences in amount surpassing NT$8,000.

Figure 7　The Average Insured Payroll-Related Amount for Categories 1 to 3 by Gender and Age

End of 2015



2. Financial Status

The main source of revenue for the National Health Insurance scheme is garnered from premium revenue, which is made collectively by the insured, the group insurance applicants, and the government. Since the previous system collected premiums solely on the basis of regular wages, the growth in premium income was inhibited in recent years. In addition, factors such as the aging of the overall population, introduction of new medical technologies, and increased care for major disease patients have led to substantial increases in medical expenditures. Premium revenue has long been inadequate to meet medical expenditures, and the NHIA is facing a serious financial pressure. To ease the financial deficit, the NHIA plans to tap new resources and cut expenses to prevent the deficits gap from widening. In order to solidify the NHI revenue base and promote a more equitable distribution of the program's financial burden, the second-generation NHI system was adopted in January 1, 2013. The new system adds to the existing base by collecting other forms of income, such as large bonuses, wages from part-time jobs, ad hoc professional fees, interest, dividend and rental income. Premiums are also collected on the difference between the total salaries the group insurance applicants (employers) actually pay their employees in a month and the total insured payroll-related amounts for the employees. Both are made to ensure the program's long-term sustainability.

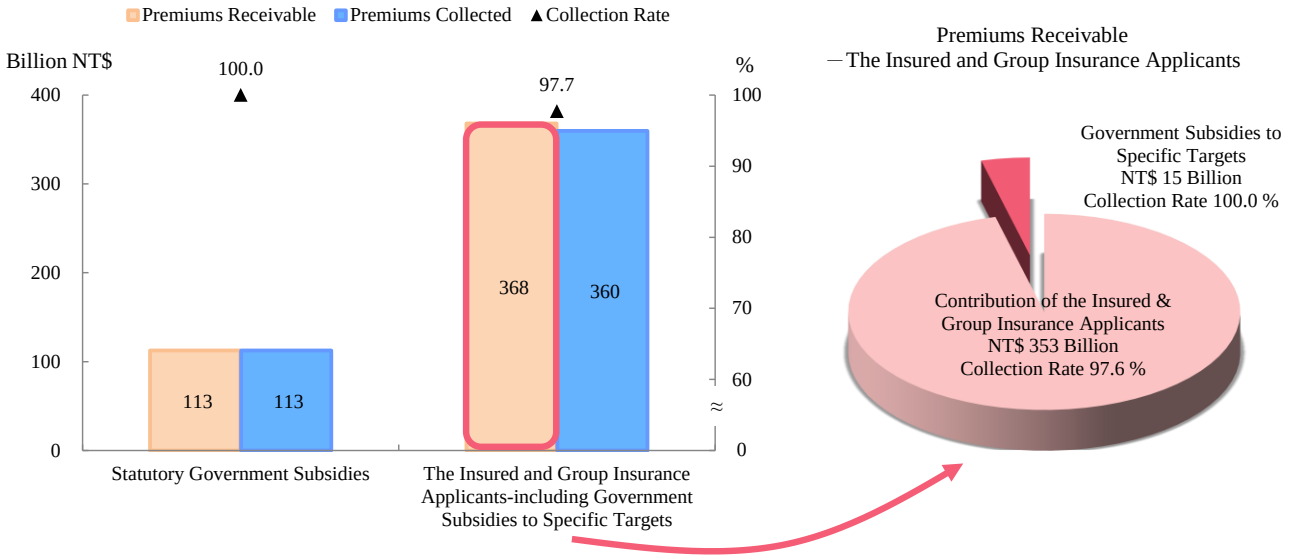
(1) Premium Collection

i. Premiums receivable were NT$481 billion, with a collection rate of 98.2%.

Premiums receivable totaled NT$481 billion in 2015, while premiums collected totaled NT$472 billion. The total collection rate was 98.2%. Premiums receivable from the insured and group insurance applicants totaled NT$368 billion (NT$15 billion was from government subsidies to specific targets), NT$360 billion was collected (NT$15 billion was from government subsidies to specific targets), for a collection rate of 97.7%. Premiums receivable from the government (statutory government subsidies) totaled NT$113 billion, and NT$113 billion was collected, for a collection rate 100.0%.

Figure 8　Premiums

2015

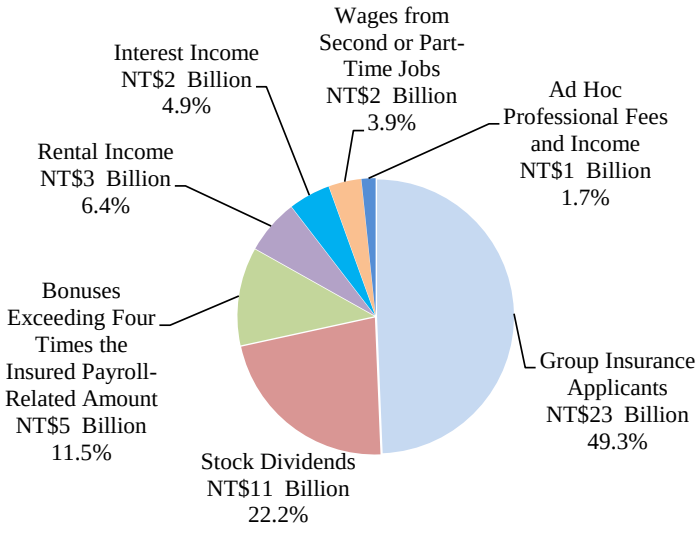


ii. Supplementary premiums totaled NT$47 billion.

Supplementary premiums totaled NT$47 billion in 2015. NT$23 billion came from group insurance applicants and NT$24 billion from the beneficiaries. The latter included NT$11 billion for stock dividends, NT$5 billion for bonuses exceeding four times the insured payroll-related amount, NT$3 billion for rental income, NT$2 billion for interest income, NT$2 billion for wages from second or part-time jobs and NT$1 billion for ad hoc professional fees and income.

Figure 9　Supplementary Premiums

2015

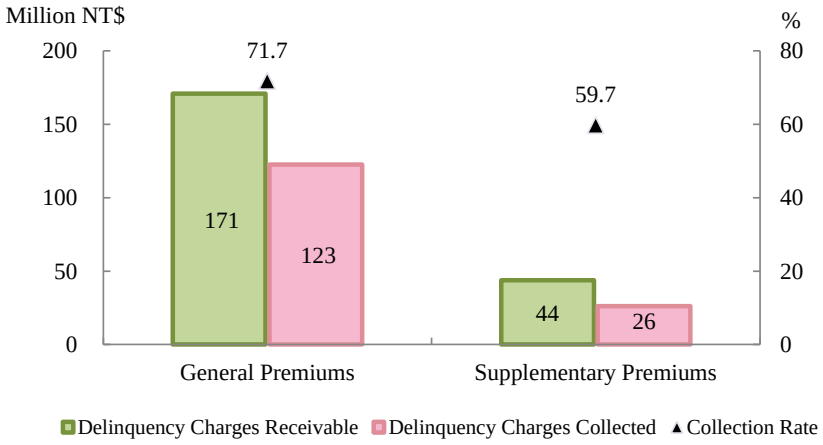


iii. Delinquency charges receivable totaled NT$215 million, with a collection rate of 69.3%.

Group insurance applicants, beneficiaries and premium withholder should pay delinquency charges in the case where they pay late premiums. Delinquency charges receivable totaled NT$215 million in 2015, NT$149 million was collected, for a collection rate of 69.3%. Of which, the delinquency charges receivable of general premiums totaled NT$171 million, NT$123 million was collected, for a collection rate of 71.7%. The delinquency charges receivable of supplementary premiums totaled NT$44 million, NT$26 million was collected, for a collection rate of 59.7%.

Figure 10 Delinquency Charges

2015

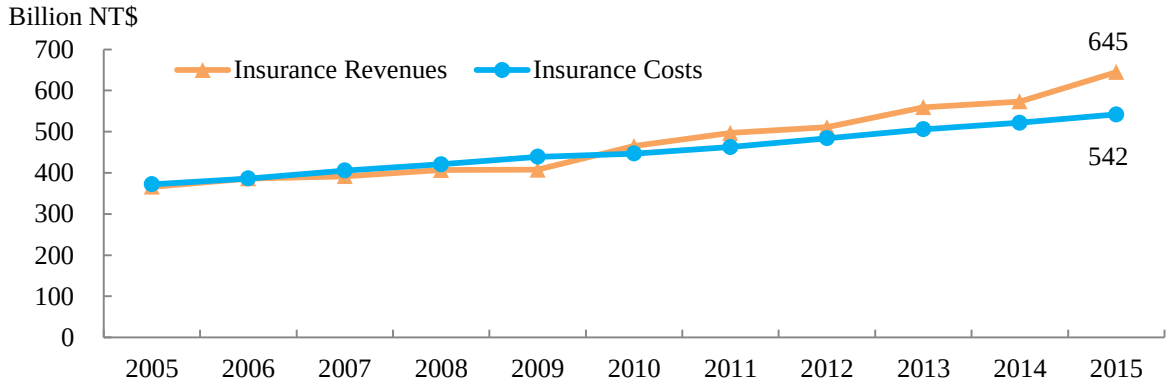


(2) Financial Revenue and Expenditure

i. In accrual basis, the surplus was NT$103 billion.

In terms of accrual basis, insurance revenues totaled NT$645 billion in 2015, an increase of 12.5% from the previous year. The average annual increase in the most recent decade was 5.8%. Of which premium revenues were NT$569 billion or 88.3%, being the largest proportion of insurance revenues. Insurance costs were NT$542 billion, an increase of 3.9% from the previous year. The average annual increase in the most recent decade was 3.8%. Of which medical benefits were NT$538 billion or 99.3%, being the largest proportion of insurance costs. Surplus was NT$103 billion and all deposited into the reserve fund pursuant to law. Therefore the reserve fund accumulated balance in 2015 was NT$229 billion.

Figure 11　Financial Status ─ Accrual Basis



Notes:

1. Data updated on May 5, 2016.
2. The “premiums receivable” in this chapter refers to the premium amount corrected based on the queries/requests by the insured or the group insurance applicants. It does not include supplementary premiums, the shortage of the 36 percent of the annual health insurance budget, the lowest amount which should be burdened by the government according to law, and delinquency charges receivable.
3. The “premiums collected” in this chapter does not include supplementary premiums, the shortage of the 36 percent of the annual health insurance budget, the lowest amount which should be burdened by the government according to law, and delinquency charges collected.
4. The “government subsidies to specific targets” in this chapter refers to the separately-budgeted government subsidies for premium payments, which were originally payable by the insured or the group insurance applicants pursuant to the NHI Act.
5. The “statutory government subsidies” in this chapter refers to the subsidy amount payable by the government pursuant to Article 27 of the NHI Act.

3. Contracting and Management of Medical Care Institutions

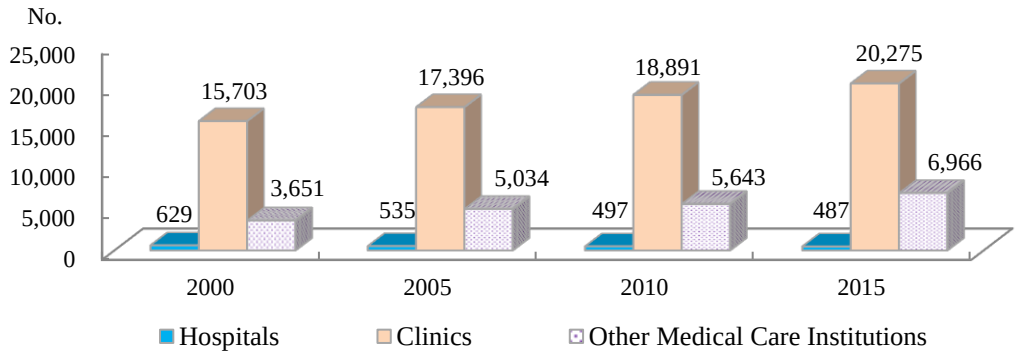
Contracted medical care institutions are categorized as contracted hospitals and clinics, pharmacies and other medical care institutions appointed by the competent authorities, which so far include midwifery institutions, home nursing cares, psychiatric rehabilitation institutions, physical therapy clinics, occupational therapy clinics, medical laboratories, medical radiology centers, and respiratory care agencies.

(1) Contracted Medical Care Institutions

i. The average annual increase of contracted medical care institutions was 1.9% over the past ten years.

At the end of 2015, the total number of contracted medical care institutions was 27,728, an increase of 396 (1.4%) from the previous year. The average annual increase was 1.9% over the past ten years. There were 487 hospitals, 20,275 clinics, and 6,966 other medical care institutions.

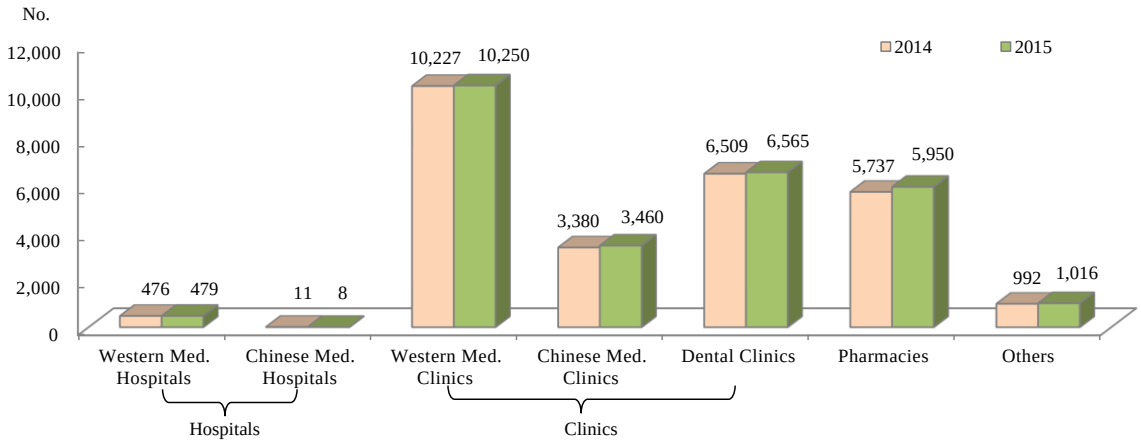
Figure 12 The Number of Contracted Medical Care Institutions



ii. The number of pharmacies and Chinese medicine clinics increased by 213 and 80, respectively.

Among contracted hospitals at the end of 2015, there were 479 Western medicine hospitals and 8 Chinese medicine hospitals (an increase of 3 and a decrease of 3, respectively, from the previous year). Among contracted clinics, Western medicine clinics had the largest number at 10,250, followed by dental clinics at 6,565, and then Chinese medicine clinics at 3,460. Compared with the previous year, Chinese medicine clinics had the largest increase at 80, followed by dental clinics at 56, and Western medicine clinics at 23. Among other medical care institutions, pharmacies were the most numerous at 5,950 and experienced the largest increase, increasing by 213 from the previous year. There were a total of 1,016 other medical care institutions, including medical laboratories, home nursing cares, midwifery institutions, psychiatric rehabilitation institutions, physical and occupational therapy clinics, medical radiology centers and respiratory care agencies. This total increased by 24 compared to the previous year.

Figure 13　The Number of Contracted Medical Care Institutions 2015 vs. 2014



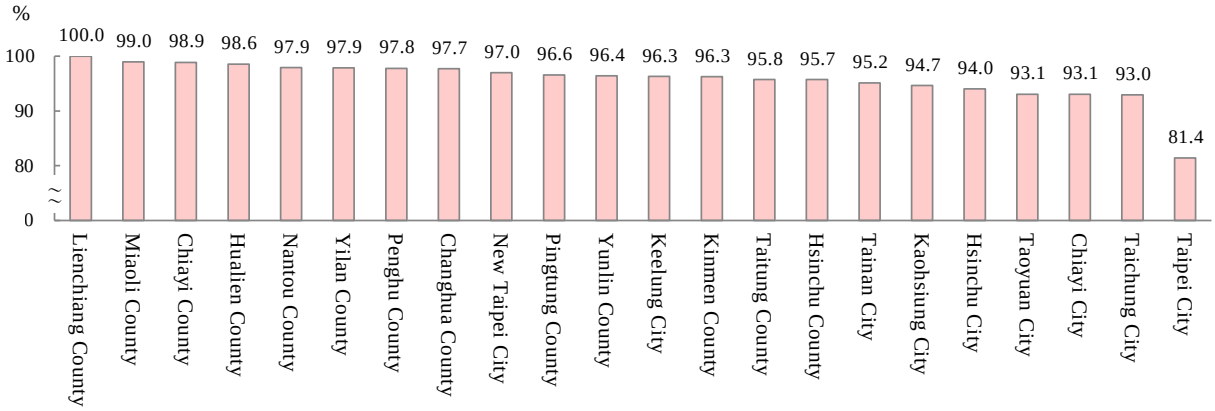
Note："Others" includes medical laboratories, home nursing cares, midwifery institutions, psychiatric rehabilitation institutions, physical and occupational therapy clinics, medical radiology centers and respiratory care agencies.

iii. Rate of contracts signed with the contracted hospitals and clinics was 93.1%; the lowest was for Taipei City, at 81.4%.

At the end of 2015, 93.1% of hospitals and clinics had entered into contracts with the NHIA. In terms of locale, Taipei City had the lowest rate of contracted hospitals and clinics at 81.4%, followed by Taichung City at 93.0%, Chiayi City and Taoyuan City at 93.1%; the rate for other cities/counties was over 93.1%, the highest of which was Lienchiang County at 100.0%.

Figure 14　The Percentage of Hospitals and Clinics that Entered into Contracts with the NHIA by Locale

End of 2015



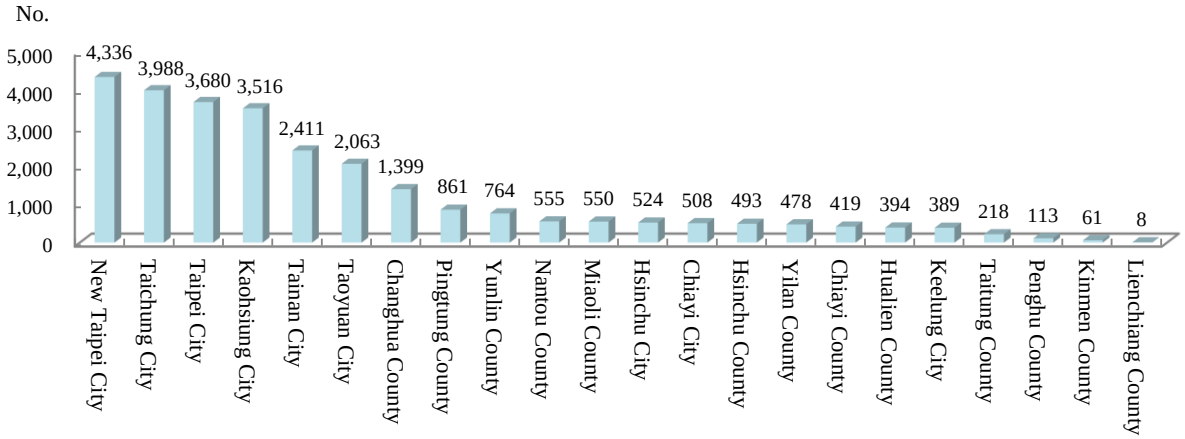
iv. The number of contracted medical care institutions in New Taipei City experienced the highest increase, increasing 82 compared to the previous year; Pingtung County and Yilan County experienced decreases.

In terms of locale, New Taipei City had the largest number of contracted medical care institutions at 4,336, followed by Taichung City, Taipei City and Kaohsiung City,

which all had over 3,500; Lienchiang County had the fewest number at 8. Compared with the previous year, institutions in Penghu County and Lienchiang County remained the same, while institutions in Pingtung County and Yilan County decreased by 12 and 1, respectively. Institutions in other cities/counties increased, and New Taipei City experienced the highest increase at 82.

Figure 15　The Number of Contracted Medical Care Institutions by Locale

End of 2015

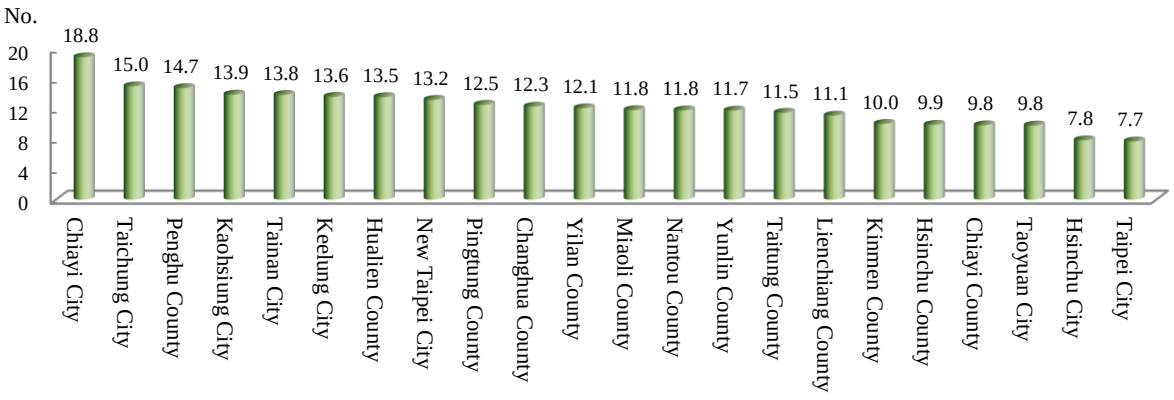


v. Chiayi City had the largest number of contracted medical care institutions per 10,000 beneficiaries at 18.8, while Taipei City had the smallest at 7.7.

At the end of 2015, the number of contracted medical care institutions per 10,000 beneficiaries (contracted medical care institutions / beneficiaries × 10,000) was 11.7. In terms of locale, Chiayi City had the largest number at 18.8, followed by Taichung City at 15.0, and Penghu County at 14.7. Taipei City had the smallest number at 7.7, followed by Hsinchu City at 7.8, while Taoyuan City, Chiayi County and Hsinchu County all had less than 10.

Figure 16　The Number of Contracted Medical Care Institutions per 10,000 Beneficiaries by Locale

End of 2015



Note：The locales of beneficiaries were determined by the mailing addresses of the group insurance applicants to which the beneficiaries belong.

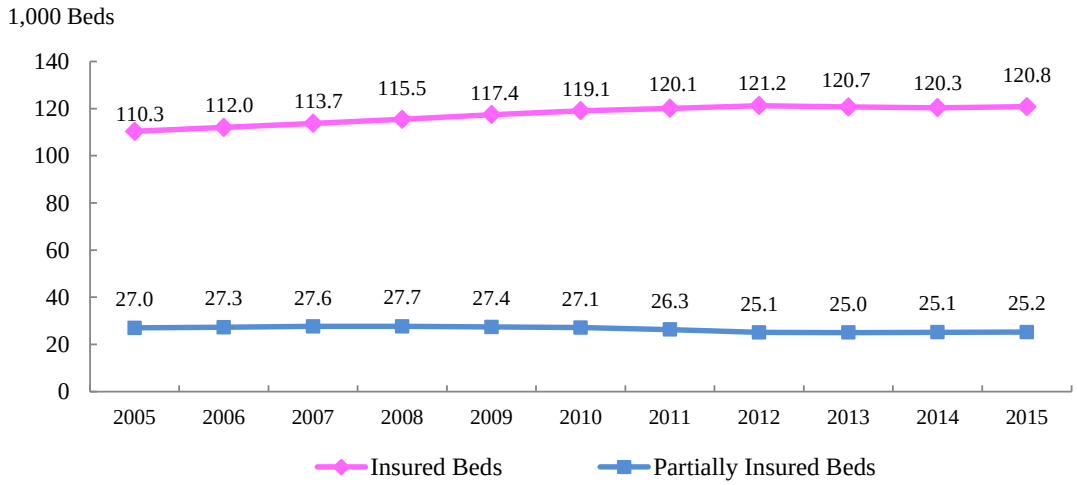
(2) Insured Beds

When setting up wards in contracted hospitals, the following must be taken into consideration: 1. the standard requirements for setting up insurance wards by medical care institutions, and 2. the ratio of the number of beds in insurance wards. Hospital wards are divided into acute and chronic wards. An insurance ward refers to the ward provided by a contracted hospital and the insurance beneficiary doesn't need to pay additional ward fees while receiving hospital care.

i. The total number of beds in contracted medical care institutions increased by 0.6% on average per year over the past ten years.

At the end of 2015, the total number of beds in contracted medical care institutions was 146,052, an increase of 591 from the previous year. The average annual increase was 0.6% over the past ten years, of which 120,815 were insured beds and 25,237 were partially insured beds. Compared with the previous year, the number of insured and partially insured beds increased by 480 and 111, respectively.

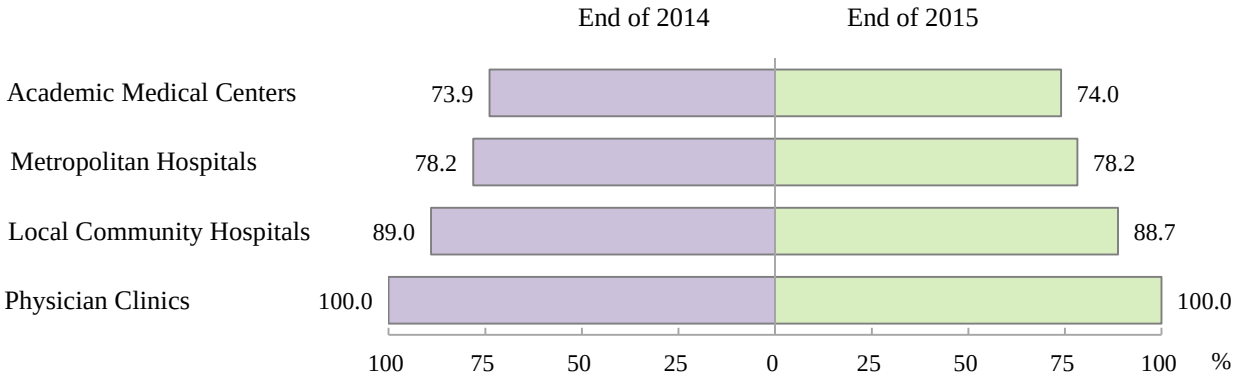
Figure 17 The Number of Beds in Contracted Medical Care Institutions



ii. The percentage of insured beds in contracted medical care institutions was 82.7%.

At the end of 2015, the percentage of insured beds in contracted medical care institutions was 82.7%. In terms of contracted category, the percentage of insured beds in academic medical centers was 74.0%, 78.2% for metropolitan hospitals, 88.7% for local community hospitals and 100.0% for physician clinics. Compared with the previous year, academic medical centers experienced an increase of 0.1 percentage points, while local community hospitals experienced a decrease of 0.3 percentage points.

Figure 18 The Percentage of Insured Beds in Contracted Medical Care Institutions by Contracted Category



iii. The number of acute and chronic beds in contracted medical care institutions increased by 501 and 90 from the previous year, respectively.

In terms of the type of bed, there were 128,778 acute beds at the end of 2015; 104,162 of which were insured beds and 24,616 were partially insured beds. Chronic beds numbered 17,274, of which 16,653 were insured beds and 621 were partially insured beds.

Compared with the previous year, the number of acute beds increased by 501, while the number of insured and partially insured beds increased by 364 and 137, respectively. The number of chronic beds increased by 90, while the number of insured and partially insured beds increased by 116 and decreased by 26, respectively.

At the end of 2015, insured acute beds accounted for 74.6% of acute beds (a decrease of 0.1 percentage points from the previous year); insured chronic beds accounted for 96.4% of chronic beds (an increase of 0.2 percentage points from the previous year).

Figure 19 The Number of Beds in Contracted Medical Care Institutions by Type of Bed

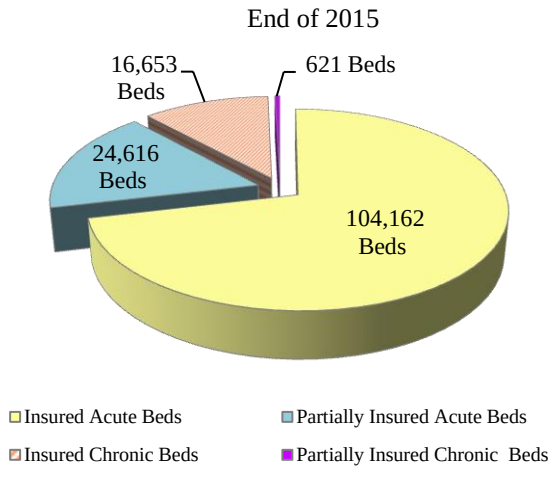
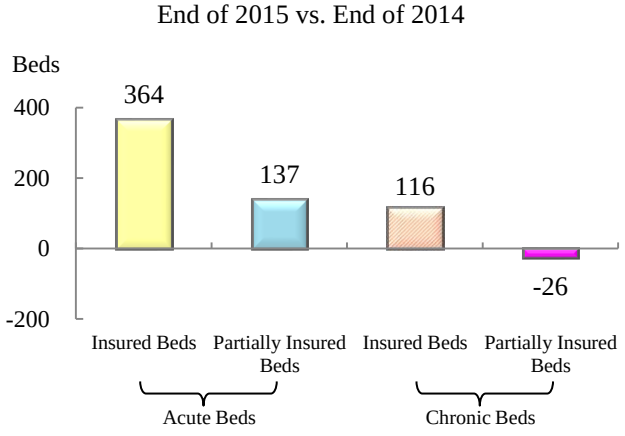


Figure 20 Changes in Number of Beds in Contracted Medical Care Institutions by Type of Bed



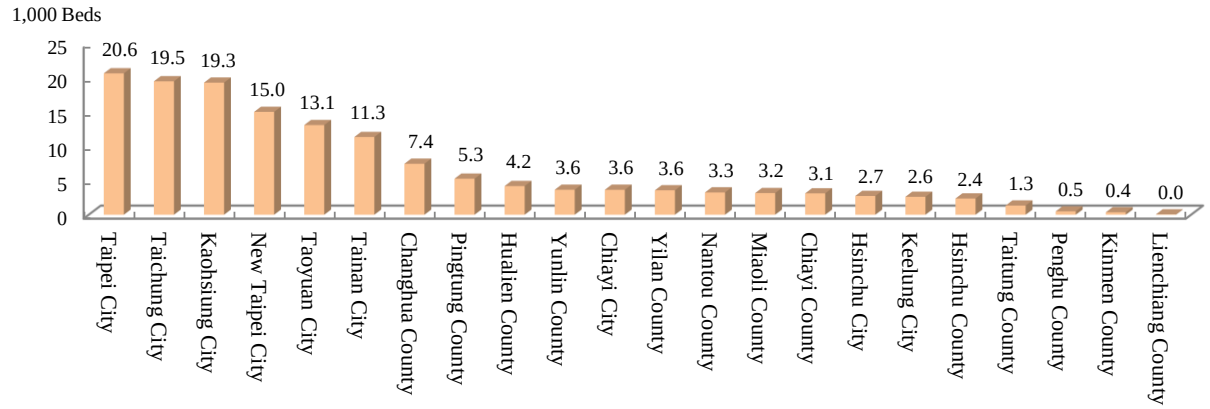
iv. Taipei City had the most beds in contracted medical care institutions at 20,640, while Lienchiang County had the fewest beds at 49.

In terms of locale, Taipei City had the most beds in contracted medical care institutions at 20,640, followed by Taichung City at 19,480, and Kaohsiung City at 19,281. New Taipei City, Taoyuan City and Tainan City all had over 10,000 beds. Lienchiang County had the fewest beds at 49, followed by Kinmen County at 352, and Penghu County at 491; all of them had fewer than 500 beds.

Compared with the previous year, the number of beds in Penghu County remained the same, while other cities/counties experienced fluctuations: Kaohsiung City had the largest increase at 187, followed by New Taipei City at 176, and Tainan City at 165. Hualien County experienced the largest decrease at 143, followed by Taipei City at 112, and Pingtung County at 88.

Figure 21 The Number of Beds in Contracted Medical Care Institutions by Locale

End of 2015



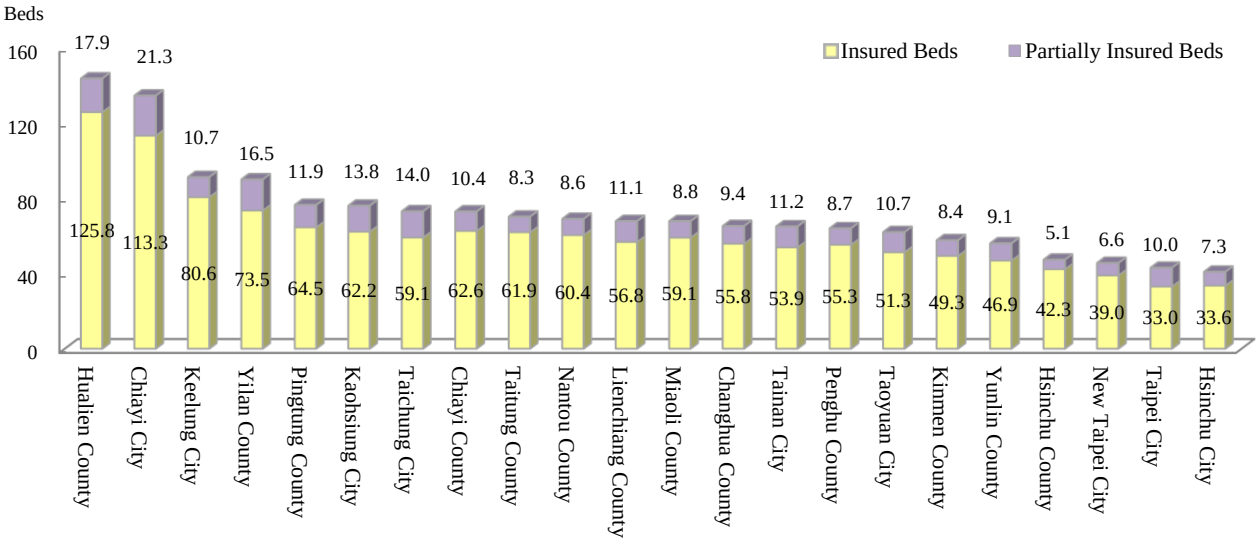
v. Hualien County had the largest number of beds in contracted medical care institutions per 10,000 beneficiaries at 143.7, while Hsinchu City had the smallest at 40.9.

At the end of 2015, the beds of contracted medical care institutions per 10,000 beneficiaries (beds in contracted medical care institutions / beneficiaries × 10,000) was 61.5, of which insured beds accounted for 50.9, and partially insured beds accounted for 10.6.

In terms of locale, Hualien County had the largest number of beds per 10,000 beneficiaries at 143.7, followed by Chiayi City at 134.6. Hsinchu City had the smallest at 40.9, followed by Taipei City at 43.0. Hualien County had the largest number of insured beds in contracted medical care institutions per 10,000 beneficiaries at 125.8, followed by Chiayi City at 113.3. Taipei City had the smallest at 33.0, followed by Hsinchu City at 33.6.

Figure 22 The Beds of Contracted Medical Care Institutions per 10,000 Beneficiaries by Locale

End of 2015



Note：The locales of beneficiaries were determined by the mailing addresses of the group insurance applicants to which the beneficiaries belong.

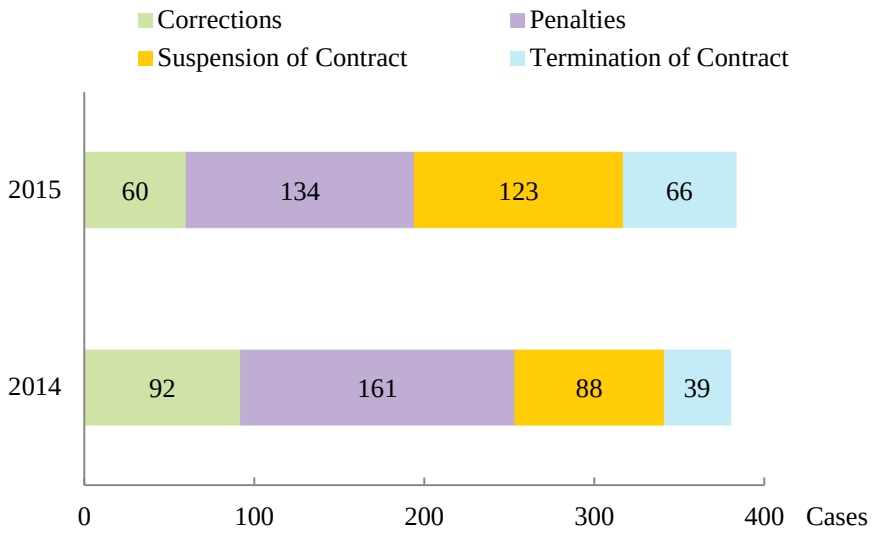
(3) Management of Contracted Medical Care Institutions

Since its establishment, the NHIA has been supervising contracted medical care institutions to maintain the quality of the medical service for beneficiaries. In addition, the NHIA also strengthens violation reviews and manages abnormal activities according to the "Regulations Governing Contracting and Management of National Health Insurance Medical Care Institutions". The reviews focus on severe violations such as fraud that falsely claims insurance benefits. When appropriate, the NHIA assists the related judicial authorities in the investigation of serious offenses committed by contracted medical care institutions.

i. 383 cases were found to have committed violations in contracted medical care institutions; the most (134 cases) were penalized with reduced reimbursement.

In 2015, 383 cases were found to have committed violations in contracted medical care institutions, an increase of 3 cases (0.8%) from the previous year. Of which the largest group of violators consisted of medical care institutions that were penalized with reduced reimbursement (134 cases), 123 were penalized with contract suspension, 66 were penalized with contract termination, and 60 were penalized with corrections, which accounted for the smallest group of violators.

Figure 23 Penalties against Contracted Medical Care Institutions



4. Medical Benefits

The National Health Insurance System has comprehensively implemented a global budget payment system on medical expenses since July 2002. The medical benefits under the global budget payment system are paid primarily on the basis of service volume. To elevate the quality of healthcare services and promote better health, the NHIA gradually additionally introduced the "Case Payment" and "Pay for Performance" systems. Furthermore, to improve the effectiveness of healthcare services and provide complete holistic care, the NHIA implemented the Tw-DRGs (Taiwan Diagnosis Related Groups) payment system in January 2010 and the pilot project of the "Capitation" payment system in July 2011.

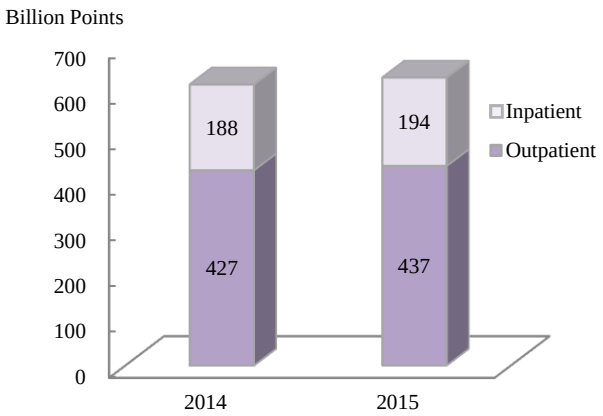
According to the "Regulations Governing Declaration and Payment of Medical Expenses and Examination of Medical Care Services for National Health Insurance", monthly medical expense applications of cases serviced by a medical care institution under the NHI, should be submitted by the 20th of the month following the service. Electronic applications are divided in two periods: from the 1st to the 15th of the month and from the 16th to the end of the month. Relevant documents (summary reports) should be submitted by the 5th and the 20th of the following month when applying online or via electronic media. For the filing of inpatient cases, if the beneficiary has not checked out of the hospital at the end of the month, the expenses should be filed altogether after the beneficiary has checked out. For chronically hospitalized patients, filing may be done every two months. Monthly filing is also allowed if deemed necessary.

Medical care institutions under the NHI should complete filing within the specified period, leaving no incomplete applications or errors therein. The insurer should process the provisional payments within the specified time limit after having received the documents and should deliver the reviewed results within 60 days. If the results cannot be delivered on time, a provisional payment of the full amount should be made. Any disagreement with the review results of the medical services raised by the medical care institutions under the NHI may be disputed within 60 days from the arrival of the notice from the insurer. The insurer should review the disputed cases within 60 days of receiving such complaints. If a medical care institution disagrees with the disputed results, it may apply to the National Health Insurance Dispute Mediation Committee for a second review pursuant to the "National Health Insurance Dispute Mediation Regulations".

(1) Medical Benefit Claims

The total medical points in 2015 amounted to 630 billion points, an increase of 2.5% from the previous year. Of which, the total requested points amounted to 592 billion and copayment points amounted to 38 billion. The total outpatient medical points amounted to 437 billion, an increase of 2.2% from the previous year. Of which, requested points amounted to 407 billion, and copayment points amounted to 30 billion. The total inpatient medical points amounted to 194 billion, an increase of 3.0% from the previous year. Of which, the requested points amounted to 185 billion and copayment points amounted to 8 billion.

Figure 24 Medical Points



A total of 356 million outpatient cases were filed in 2015, a decrease of 0.4% from the previous year. A total of 3 million inpatient cases were filed, an increase of 2.3% from the previous year.

The average medical points per case amounted to 1,229 for outpatient services and 58,989 for inpatient services. The average length of stay was 9.6 days.

i. Physician clinics had the most medical points for outpatient services, while academic medical centers had the most medical points for inpatient services.

In terms of contracted category, physician clinics had the most medical points for outpatient services in 2015 at 185 billion points (42.3%), followed by metropolitan hospitals at 102 billion, academic medical centers at 102 billion and local community hospitals at 48 billion (together accounting for 57.7%). Academic medical centers had the most medical points for inpatient services at 83 billion points (42.7%), followed by metropolitan hospitals at 78 billion (40.4%), local community hospitals at 31 billion (16.0%) and physician clinics at 2 billion (1.0%).

The average medical points per outpatient case were, in descending order, 3,146 for academic medical centers, 2,386 for metropolitan hospitals, 1,681 for local community hospitals, and 734 for physician clinics. The average medical points per inpatient case were, in descending order, 75,619 for academic medical centers, 52,176 for metropolitan hospitals, 49,222 for local community hospitals, and 30,002 for physician clinics.

Figure 25　Outpatient Medical Points by Contracted Category

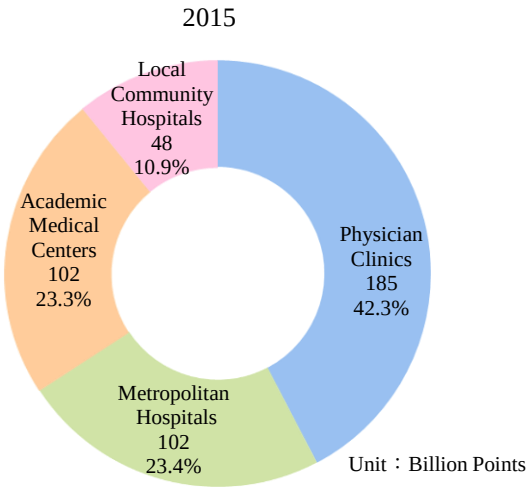
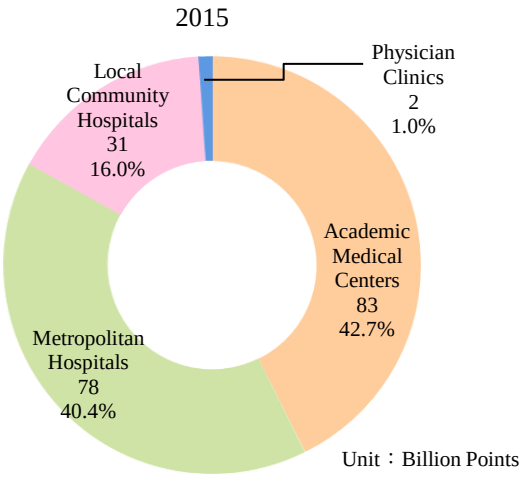


Figure 26　Inpatient Medical Points by Contracted Category

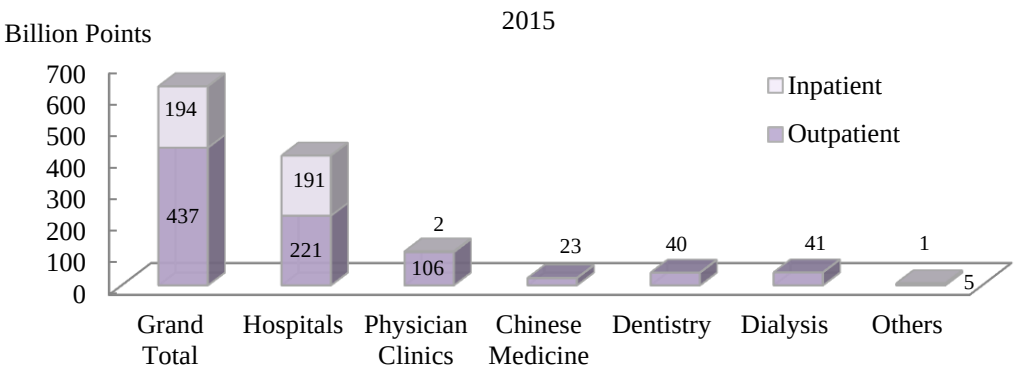


ii. In terms of the global budget payment system, hospitals represented the largest proportion of all at 65.3%.

In terms of the global budget payment system, hospitals had the most medical points in 2015 at 412 billion (221 billion for outpatient services and 191 billion for inpatient services) or 65.3%, followed by physician clinics at 108 billion (106 billion for outpatient services and 2 billion for inpatient services) or 17.1%, Chinese medicine at 23 billion, dentistry at 40 billion, and dialysis at 41 billion.

The average medical points per case were 2,298 for outpatient services and 59,379 for inpatient services at hospitals, 577 for outpatient services and 30,006 for inpatient services at physician clinics, 572 for Chinese medicine, 1,230 for dentistry, and 46,287 for dialysis.

Figure 27　Medical Points by Global Budget Payment System



iii. Females had higher outpatient medical points than males, while males had higher inpatient medical points than females.

In terms of gender, outpatient medical points amounted to 213 billion (48.8%) for males and 224 billion (51.2%) for females in 2015. When analyzed by age group, the 45-64 age group had the most points for both males and females, and the 15-29 and under 15 age groups had the fewest for males and females, respectively. Inpatient medical points amounted to 103 billion (53.4%) for males and 90 billion (46.6%) for females. The 65 and over age group had the most points for both males and females, and the under 15 age group had the fewest.

Figure 28 Outpatient Medical Points by Gender and Age

2015

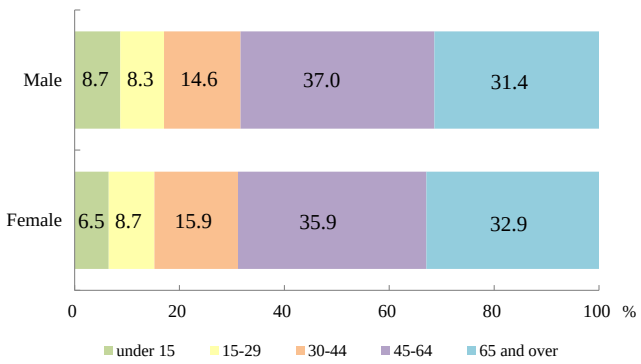
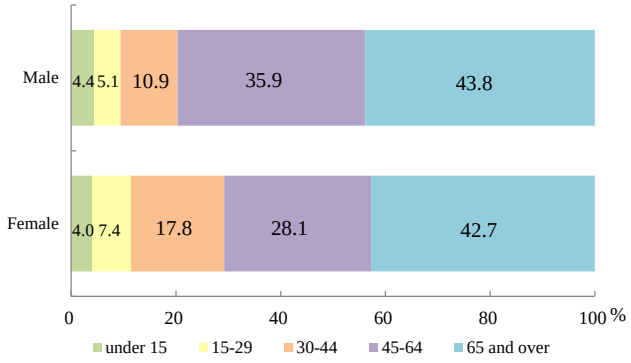


Figure 29 Inpatient Medical Points by Gender and Age

2015



iv. In terms of average medical points per case, males had a higher amount than females in all age groups for both outpatient and inpatient services.

The average medical points per outpatient case were 1,340 for males, surpassing that of females, who had 1,138 points. The average medical points per inpatient case were 63,796 for males, surpassing that of females, who had 54,295 points. Based on age group, males had a higher amount than females in all age groups for both outpatient and inpatient services.

Figure 30 Average Medical Points per Outpatient Case by Gender and Age

2015

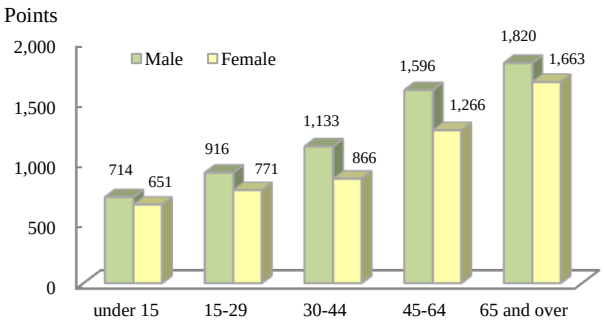
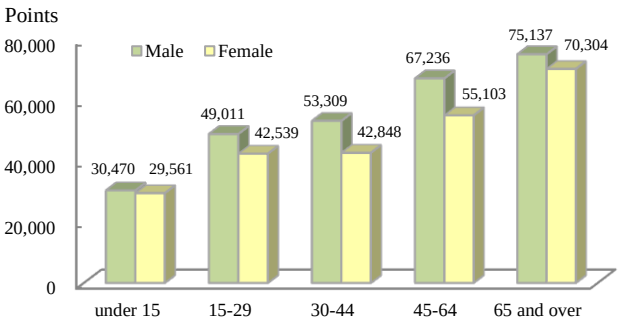


Figure 31 Average Medical Points per Inpatient Case by Gender and Age

2015

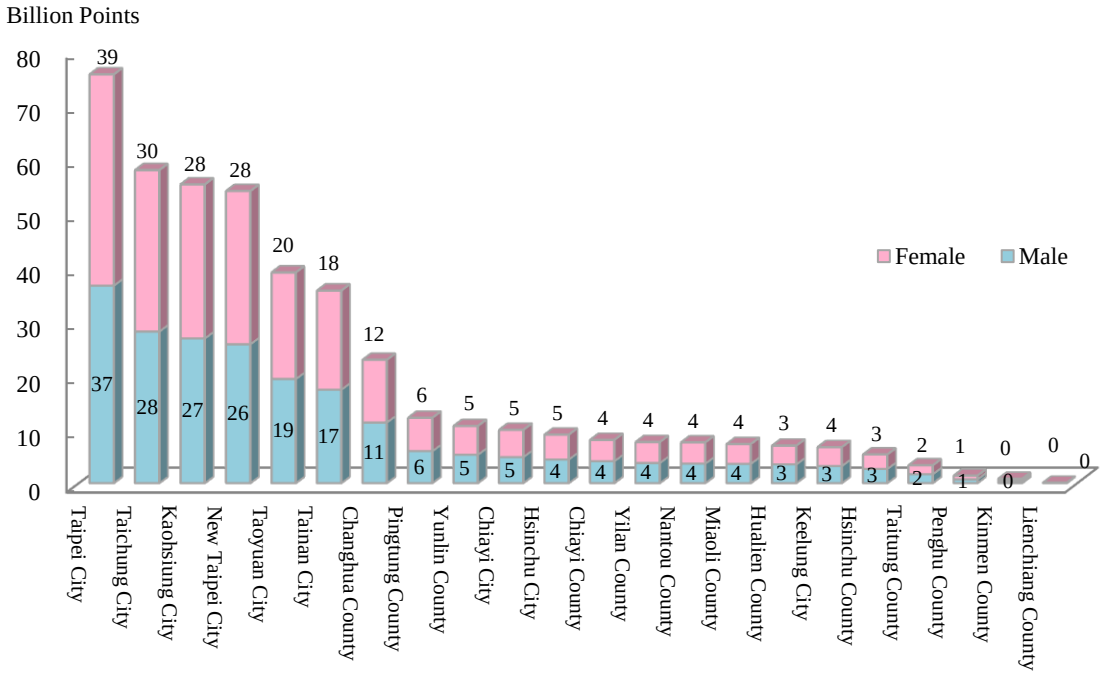


v. The total medical points claimed by the six municipalities accounted for more than 70%.

In terms of locale, the seat of the contracted medical care institutions, the total outpatient medical points for Taipei City amounted to 75 billion in 2015, the most of any locale, followed by Taichung City at 58 billion, Kaohsiung City at 55 billion, New Taipei City at 54 billion, Taoyuan City at 39 billion, and Tainan City at 36 billion. The total medical points claimed by the six municipalities accounted for 72.6% of all the medical points claimed. Analyzed by gender, Chiayi, Hualien, Taitung, Penghu, Kinmen and Lienchiang counties were the only six locales where males had higher medical points than females. Females had a higher amount of outpatient medical points than males in other locales. In terms of average medical points per case, males had a higher amount than females in all locales.

Figure 32 Outpatient Medical Points by Gender and Locale

2015

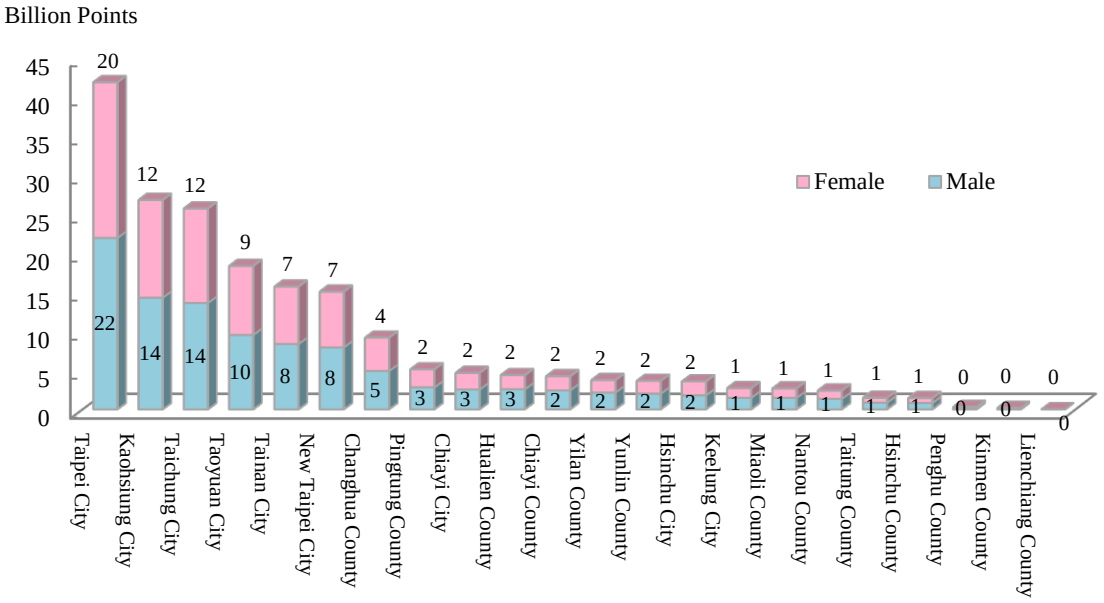


Note: Locale means the seat of the contracted medical care institutions.

The total inpatient medical points for Taipei City amounted to 42 billion in 2015, the most of any locale, followed by Kaohsiung City at 27 billion, Taichung City at 26 billion, Taoyuan City at 18 billion, Tainan City at 16 billion, and New Taipei city at 15 billion. The total medical points claimed by the six municipalities accounted for 74.2% of all the medical points claimed. Analyzed by gender, males had a higher amount of inpatient medical points than females. In terms of average medical points per case, Lienchiang County was the only locale where females had a higher amount than males. Males had a higher amount than females in other locales.

Figure 33 Inpatient Medical Points by Gender and Locale

2015



Note: Locale means the seat of the contracted medical care institutions.

vi. Consultation, treatment and medical supplies accounted for the largest proportion of the expenses in outpatient services, while ward fees accounted for the largest proportion for inpatient services.

In terms of the actual detailed expenses, the total outpatient expenses in 2015 amounted to 437 billion points, 213 billion points for males and 224 billion points for females. Consultation, treatment and medical supplies accounted for the largest proportion of expenses for both genders, with drug fees second largest.

Based on age group, diagnosis fees accounted for the largest proportion of the expenses in the under 15 age group. Consultation, treatment and medical supplies accounted for the largest proportion of expenses for all age groups except the under 15 age group. Of which, diagnosis fees accounted for the second largest in age groups 15-44, and drug fees accounted for the second largest in age groups 45 and over.

Figure 34 Detailed Outpatient Medical Expenses by Gender

2015

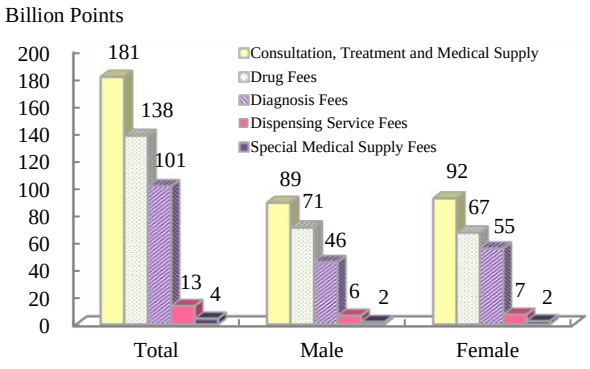
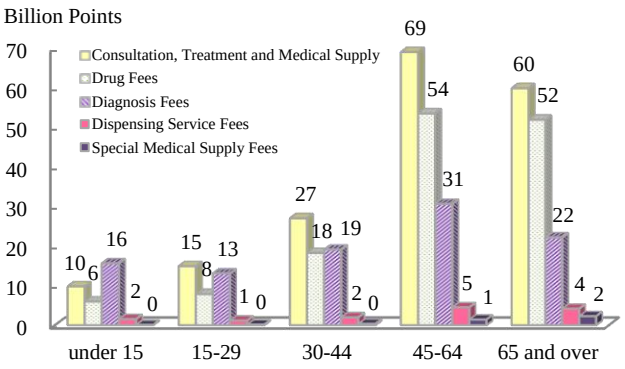


Figure 35 Detailed Outpatient Medical Expenses by Age

2015



The total inpatient expenses in 2015 amounted to 188 billion points. Ward fees accounted for the largest proportion of the expenses, while drug fees were second largest, and surgical fees were third. Inpatient expenses totaled 102 billion points for males. Ward fees accounted for the largest proportion of expenses, followed by drug fees and then surgical fees. Inpatient expenses totaled 86 billion points for females. Ward fees accounted for the largest proportion of expenses, followed by surgical fees and then drug fees.

Based on age group, surgical fees accounted for the largest proportion of expenses in the 15-29 age group, while ward fees accounted for the largest in all other age groups.

Figure 36 Top 5 Detailed Inpatient Medical Expenses by Gender

2015

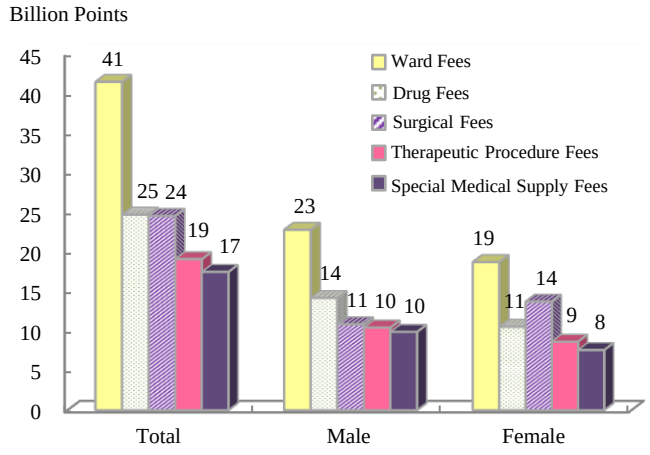
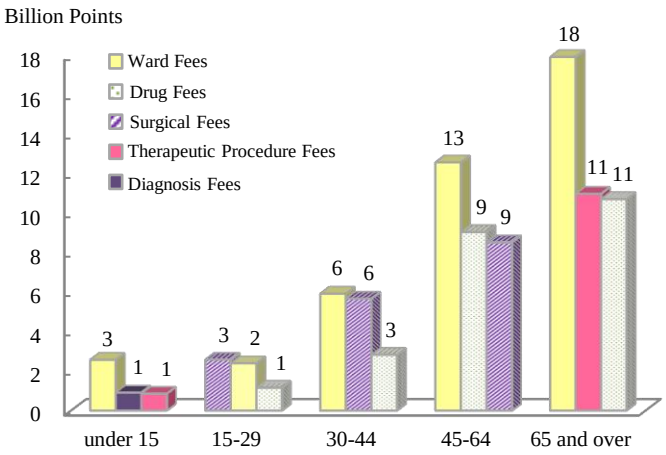


Figure 37 Top 3 Detailed Inpatient Medical Expenses by Age

2015



(2) Approved Medical Benefits

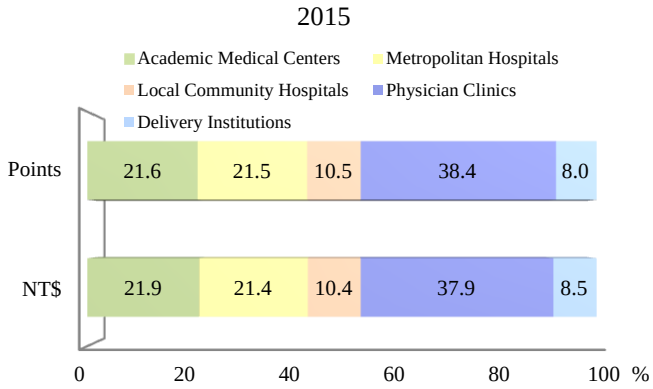
i. Physician clinics accounted for the largest proportion of approved medical benefits for outpatient services, while academic medical centers accounted for the largest proportion for inpatient services.

In 2015, the total approved medical benefits amounted to 581 billion points (NT$536 billion), 400 billion points (NT$370 billion) for outpatient services and 181 billion points (NT$165 billion) for inpatient services.

Based on contracted category, physician clinics had the highest amount of approved outpatients benefits in 2015 at 154 billion points (NT$140 billion), followed by academic medical centers at 87 billion points (NT$81 billion) and metropolitan hospitals at 86 billion points (NT$79 billion). As for the average benefits per approved case, academic medical centers had the highest amount of 2,669 points (NT$2,499), followed by metropolitan hospitals at 2,006 points (NT$1,844) and local community hospitals at 1,487 points (NT$1,362).

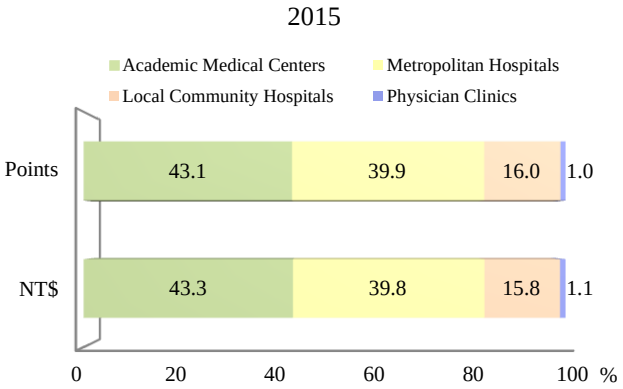
Academic medical centers had the highest amount of approved inpatient benefits in 2015 at 78 billion points (NT$72 billion), followed by metropolitan hospitals at 72 billion points (NT$66 billion) and local community hospitals at 29 billion points (NT$26 billion). As for the average benefits per approved case, academic medical centers had the highest amount of 71,303 points (NT$65,533), followed by metropolitan hospitals at 48,169 points (NT$43,880) and local community hospitals at 45,959 points (NT$41,554).

Figure 38 Approved Outpatient Medical Benefits by Contracted Category



The approved outpatient medical benefits were 400 billion points or NT$370 billion.

Figure 39 Approved Inpatient Medical Benefits by Contracted Category



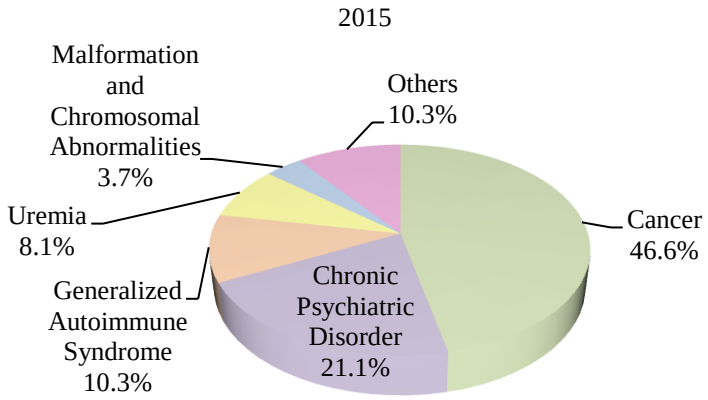
The approved inpatient medical benefits were 181 billion points or NT$165 billion.

(3) Medical Utilization for Major Illnesses/Injuries

i. The number of valid major illnesses/injuries certificates issued in 2015 was 967 thousand, of which cancer accounted for the largest proportion.

At the end of 2015, the number of valid major illnesses/injuries certificates issued was 967 thousand, a decrease of 7 thousand (0.8%) from the previous year. The highest of all certificates issued was cancer certificates at 450 thousand (46.6%), followed by chronic psychiatric disorder at 204 thousand (21.1%), generalized autoimmune syndrome requiring lifelong treatment at 100 thousand (10.3%) and uremia at 78 thousand (8.1%).

Figure 40 The Number of Valid Major Illnesses/Injuries Certificates Issued



ii. Cancer accounted for the highest proportion of medical points. In terms of average medical points per capita, hemophilia ranked the highest.

Total medical points of major illnesses/injuries in 2015 amounted to 172 billion points. The top three conditions were, respectively, cancer, uremia, and dependence on respirator. Outpatient services amounted to 97 billion points; the top three conditions were uremia, cancer, and chronic psychiatric disorder. Inpatient services amounted to 75 billion points; cancer, dependence on respirator, and chronic psychiatric disorder ranked top three in conditions.

Table 1 Top 10 Major Illnesses/Injuries in 2015

Outpatient				Inpatient		
Rank	Category of Major Illnesses/Injuries	Medical Points (in millions)	%	Category of Major Illnesses/Injuries	Medical Points (in millions)	%
-	Total	96,973	100.0	Total	75,055	100.0
1	Uremia	43,431	44.8	Cancer	34,195	45.6
2	Cancer	32,375	33.4	Dependence on respirator	15,477	20.6
3	Chronic psychiatric disorder	4,784	4.9	Chronic psychiatric disorder	8,380	11.2
4	Generalized autoimmune syndrome	4,146	4.3	Uremia	5,958	7.9
5	Rare disease	3,102	3.2	Acute cerebrovascular disease	3,385	4.5
6	Hemophilia	3,045	3.1	Major trauma	1,536	2.0
7	Organ transplants	2,132	2.2	Cirrhosis of liver	1,117	1.5
8	Dependence on respirator	998	1.0	Generalized autoimmune syndrome	1,016	1.4
9	Congenital metabolic disease	457	0.5	Malformation and chromosomal abnormalities	1,002	1.3
10	Malformation and chromosomal abnormalities	446	0.5	Organ transplants	889	1.2

In terms of average medical points per capita for major illnesses/injuries in 2015, hemophilia ranked the highest at 2,846 thousand points for outpatient services, followed by uremia at 524 thousand points, rare disease at 478 thousand points, hemolytic disease at 224 thousand points, and multiple sclerosis at 211 thousand points; hemophilia ranked the highest at 2,579 thousand points for inpatient services, followed by dependence on respirator at 760 thousand points, burns at 643 thousand points, severe malnutrition at 631 thousand points, and rare disease at 500 thousand points.

Table 2 Top 10 Average Medical Points per Capita on Major Illnesses/Injuries in 2015

Outpatient				Inpatient		
Rank	Category of Major Illnesses/Injuries	Average Medical Points per Capita (total points)	Multiples	Category of Major Illnesses/Injuries	Average Medical Points per Capita (total points)	Multiples
-	Average	111,265	1.0	Average	238,030	1.0
1	Hemophilia	2,845,808	25.6	Hemophilia	2,578,649	10.8
2	Uremia	523,538	4.7	Dependence on respirator	760,149	3.2
3	Rare disease	478,164	4.3	Burns	642,709	2.7
4	Hemolytic disease	223,822	2.0	Severe malnutrition	631,006	2.7
5	Multiple sclerosis	210,555	1.9	Rare disease	499,727	2.1
6	Organ transplants	201,026	1.8	Hemolytic disease	382,490	1.6
7	Severe malnutrition	182,906	1.6	Congenital immunodeficiency	363,040	1.5
8	Dependence on respirator	163,224	1.5	Complications of premature infants	326,267	1.4
9	Complications of premature infants	154,728	1.4	Motor neuron disease	291,377	1.2
10	Congenital immunodeficiency	126,544	1.1	Organ transplants	289,710	1.2

iii. Uremia accounted for the largest proportion of medical points for major illnesses/injuries for both genders for outpatient services. In terms of average medical points per capita, hemophilia ranked the highest for males and uremia ranked the highest for females.

In 2015, the total outpatient medical points for major illnesses/injuries filed by males amounted to 50 billion points (51.7%), and those filed by females amounted to 47 billion points (48.3%). Uremia accounted for the largest proportion of all for both genders and was followed by cancer. For males, hemophilia ranked the third largest, followed by chronic psychiatric disorder and then rare disease. For females, generalized autoimmune syndrome ranked the third largest, followed by chronic psychiatric disorder and then rare disease.

Table 3 Top 10 Outpatient Major Illnesses/Injuries in 2015 by Gender

	Male			Female		
Rank	Category of Major Illnesses/Injuries	Medical Points (in millions)	%	Category of Major Illnesses/Injuries	Medical Points (in millions)	%
-	Total	50,145	100.0	Total	46,828	100.0
1	Uremia	21,864	43.6	Uremia	21,567	46.1
2	Cancer	16,692	33.3	Cancer	15,683	33.5
3	Hemophilia	3,009	6.0	Generalized autoimmune syndrome	3,341	7.1
4	Chronic psychiatric disorder	2,405	4.8	Chronic psychiatric disorder	2,379	5.1
5	Rare disease	1,800	3.6	Rare disease	1,302	2.8
6	Organ transplants	1,428	2.8	Organ transplants	704	1.5
7	Generalized autoimmune syndrome	805	1.6	Dependence on respirator	489	1.0
8	Dependence on respirator	510	1.0	Malformation and chromosomal abnormalities	245	0.5
9	Cirrhosis of liver	229	0.5	Congenital metabolic disease	240	0.5
10	Congenital metabolic disease	216	0.4	Multiple sclerosis	173	0.4

In terms of outpatient average medical points per capita for major illnesses/injuries in 2015, hemophilia ranked the highest for males, followed by rare disease and uremia; uremia ranked the highest for females, followed by rare disease and hemophilia.

Table 4 Top 10 Outpatient Average Medical Points per Capita on Major Illnesses/Injuries in 2015 by Gender

	Male			Female		
Rank	Category of Major Illnesses/Injuries	Average Medical Points per Capita (total points)	Multiples	Category of Major Illnesses/Injuries	Average Medical Points per Capita (total points)	Multiples
-	Average	124,858	1.0	Average	99,649	1.0
1	Hemophilia	3,180,285	25.5	Uremia	528,673	5.3
2	Rare disease	533,521	4.3	Rare disease	418,165	4.2
3	Uremia	518,570	4.2	Hemophilia	294,074	3.0
4	Multiple sclerosis	270,120	2.2	Hemolytic disease	199,123	2.0
5	Hemolytic disease	258,643	2.1	Multiple sclerosis	194,328	2.0
6	Complications of premature infants	253,155	2.0	Severe malnutrition	191,945	1.9
7	Organ transplants	218,775	1.8	Dependence on respirator	175,228	1.8
8	Severe malnutrition	177,919	1.4	Organ transplants	172,603	1.7
9	Dependence on respirator	153,157	1.2	Leprosy	124,589	1.3
10	Congenital immunodeficiency	133,668	1.1	Congenital immunodeficiency	112,806	1.1

iv. Cancer accounted for the largest proportion of medical points for major illnesses/injuries for both genders for inpatient services. In terms of average medical points per capita, hemophilia ranked the highest for males and dependence on respirator ranked highest for females.

In 2015, the total inpatient medical points on major illnesses/injuries filed by males amounted to 43 billion points (57.4%), and those filed by females amounted to 32 billion points (42.6%). For both genders, cancer accounted for the largest proportion of medical points, followed by dependence on respirator, chronic psychiatric disorder, uremia and acute cerebrovascular disease respectively.

Table 5 Top 10 Inpatient Major Illnesses/Injuries in 2015 by Gender

	Male			Female		
Rank	Category of Major Illnesses/Injuries	Medical Points (in millions)	%	Category of Major Illnesses/Injuries	Medical Points (in millions)	%
-	Total	43,085	100.0	Total	31,970	100.0
1	Cancer	19,877	46.1	Cancer	14,318	44.8
2	Dependence on respirator	8,769	20.4	Dependence on respirator	6,709	21.0
3	Chronic psychiatric disorder	4,661	10.8	Chronic psychiatric disorder	3,719	11.6
4	Uremia	3,099	7.2	Uremia	2,859	8.9
5	Acute cerebrovascular disease	2,004	4.7	Acute cerebrovascular disease	1,381	4.3
6	Major trauma	1,097	2.5	Generalized autoimmune syndrome	776	2.4
7	Cirrhosis of liver	794	1.8	Malformation and chromosomal abnormalities	480	1.5
8	Organ transplants	617	1.4	Major trauma	438	1.4
9	Malformation and chromosomal abnormalities	522	1.2	Cirrhosis of liver	323	1.0
10	Hemophilia	389	0.9	Organ transplants	271	0.8

In terms of inpatient average medical points per capita for major illnesses/injuries in 2015, hemophilia ranked the highest for males, followed by dependence on respirator and severe malnutrition. Dependence on respirator ranked the highest for females, followed by burns and severe malnutrition.

Table 6 Top 10 Inpatient Average Medical Points per Capita on Major Illnesses/Injuries in 2015 by Gender

	Male			Female		
Rank	Category of Major Illnesses/Injuries	Average Medical Points per Capita (total points)	Multiples	Category of Major Illnesses/Injuries	Average Medical Points per Capita (total points)	Multiples
-	Average	255,459	1.0	Average	217,988	1.0
1	Hemophilia	2,740,404	10.7	Dependence on respirator	777,641	3.6
2	Dependence on respirator	747,289	2.9	Burns	571,888	2.6
3	Severe malnutrition	711,784	2.8	Severe malnutrition	522,532	2.4
4	Burns	709,898	2.8	Rare disease	430,154	2.0
5	Rare disease	558,257	2.2	Congenital immunodeficiency	408,919	1.9
6	Creutzfeldt Jakob disease	422,533	1.7	Hemolytic disease	377,107	1.7
7	Hemolytic disease	388,014	1.5	Motor neuron disease	315,966	1.4
8	Complications of premature infants	338,623	1.3	Complications of premature infants	303,099	1.4
9	Organ transplants	329,082	1.3	Leprosy	288,208	1.3
10	Congenital immunodeficiency	324,652	1.3	Hemophilia	281,739	1.3

v. Uremia accounted for the largest proportion of outpatient claims for major illnesses/ injuries for the 30 and over age groups.

The outpatient claims of major illnesses/injuries in 2015 were, respectively, 2 billion points (1.9%) for the under 15 age group, 4 billion points (3.9%) for the 15-29 age group, 11 billion points (11.3%) for the 30-44 age group, 43 billion points (44.0%) for the 45-64 age group and 38 billion points (38.8%) for the 65 and over age group.

In terms of disease, rare disease accounted for the largest proportion of outpatient claims of major illnesses/injuries and hemophilia ranked second for the under 15 age group. Hemophilia ranked first and rare disease ranked second for the 15-29 age group. For the 30 and over age groups, uremia ranked first and cancer ranked second.

Table 7 Top 5 Outpatient Major Illnesses/Injuries in 2015 by Age Group

	under 15	15-29	30-44	45-64	65 and over
Medical Points	2 Billion Points	4 Billion Points	11 Billion Points	43 Billion Points	38 Billion Points
Rank					
1	Rare disease 31.5%	Hemophilia 25.0%	Uremia 28.7%	Uremia 44.2%	Uremia 55.8%
2	Hemophilia 25.9%	Rare disease 20.2%	Cancer 26.7%	Cancer 37.2%	Cancer 34.7%
3	Malformation and chromosomal abnormalities 12.4%	Cancer 11.5%	Chronic psychiatric disorder 13.9%	Chronic psychiatric disorder 5.2%	Generalized autoimmune syndrome 3.2%
4	Poliomyelitis 6.9%	Uremia 10.5%	Hemophilia 9.2%	Generalized autoimmune syndrome 4.8%	Chronic psychiatric disorder 1.6%
5	Dependence on respirator 4.9%	Chronic psychiatric disorder 9.3%	Rare disease 6.0%	Organ transplants 3.1%	Dependence on respirator 1.3%

vi. Cancer accounted for the largest proportion of inpatient claims for major illnesses/injuries for the 15 and over age groups.

The inpatient claims of major illnesses/injuries in 2015 were, respectively, 2 billion points (2.4%) for the under 15 age group, 3 billion points (3.9%) for the 15-29 age group, 8 billion points (11.0%) for the 30-44 age group, 30 billion points (39.7%) for the 45-64 age group and 32 billion points (43.1%) for the 65 and over age group.

In terms of disease, malformation and chromosomal abnormalities accounted for the largest proportion of inpatient claims of major illnesses/injuries and cancer ranked second for the under 15 age group. Cancer ranked first for the 15 and over age groups, while chronic psychiatric disorder ranked second for the 15-64 age groups and dependence on respirator ranked second for the 65 and over age group.

Table 8 Top 5 Inpatient Major Illnesses/Injuries in 2015 by Age Group

	under 15	15-29	30-44	45-64	65 and over
Medical Points	2 Billion Points	3 Billion Points	8 Billion Points	30 Billion Points	32 Billion Points
Rank					
1	Malformation and chromosomal abnormalities 31.1%	Cancer 28.2%	Cancer 38.4%	Cancer 55.2%	Cancer 41.2%
2	Cancer 25.6%	Chronic psychiatric disorder 19.7%	Chronic psychiatric disorder 31.6%	Chronic psychiatric disorder 14.4%	Dependence on respirator 34.5%
3	Dependence on respirator 13.9%	Dependence on respirator 12.3%	Dependence on respirator 8.1%	Dependence on respirator 10.2%	Uremia 11.0%
4	Rare disease 12.7%	Major trauma 11.1%	Uremia 3.6%	Uremia 6.8%	Acute cerebrovascular disease 5.8%
5	Poliomyelitis 4.1%	Malformation and chromosomal abnormalities 5.7%	Acute cerebrovascular disease 2.9%	Acute cerebrovascular disease 4.0%	Chronic psychiatric disorder 2.8%

(4) Copayments for Medical Expenses

Copayments for medical expenses totaled NT$38 billion in 2015, an increase of 1.2% from the previous year. Of which, outpatient copayments amounted to NT$30 billion and inpatient copayments amounted to NT$8 billion.

i. In terms of average copayments per case, academic medical centers had the highest amount both in outpatient and inpatient services.

The average copayments per case were NT$100 for outpatient services and NT$4,733 for inpatient services in 2015. Analyzed by contracted category, academic medical centers had the highest amount both in outpatient and inpatient services (NT$326 for outpatient and NT$5,964 for inpatient). Metropolitan hospitals ranked second (NT$231 for outpatient and NT$4,398 for inpatient).

Figure 41 Average Copayments per Outpatient Case by Contracted Category

2015

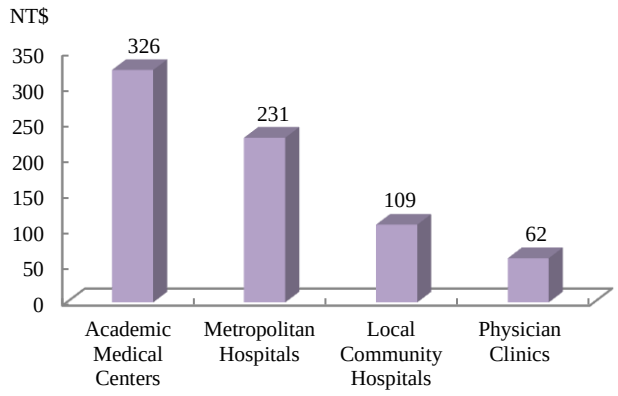
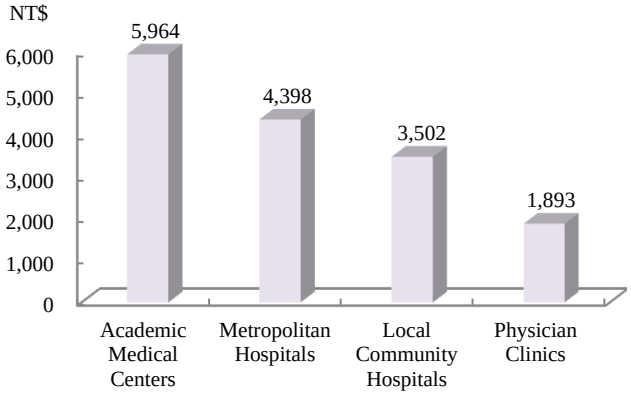


Figure 42 Average Copayments per Inpatient Case by Contracted Category

2015



ii. Males had higher average copayments per case than females for all age groups.

In terms of gender, the average copayments per outpatient case were NT$101 for males and NT$98 for females in 2015; the average copayments per inpatient case were NT$4,852 for males and NT$4,604 for females. Based on age group, the average copayments per case increased with age. The average copayments per case for the 65 and over age group represented 1.6 times that of the under 15 age group for outpatient services, and 3.5 times that of the under 15 age group for inpatient services. Males showed higher amounts than females in all age groups. The most significant difference was seen in the 45-64 age group, at NT$575 per inpatient case.

Figure 43 Average Copayments per Outpatient Case by Gender and Age

2015

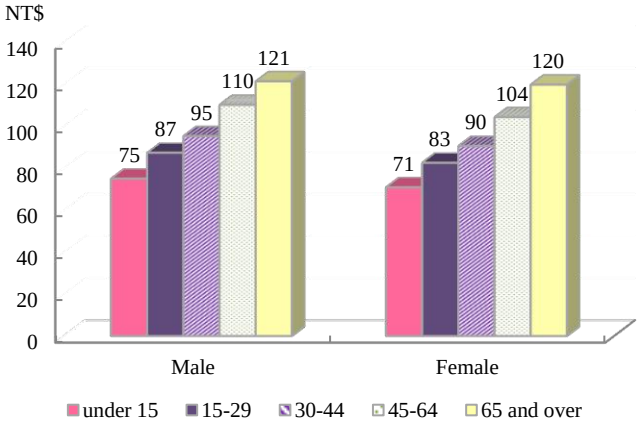
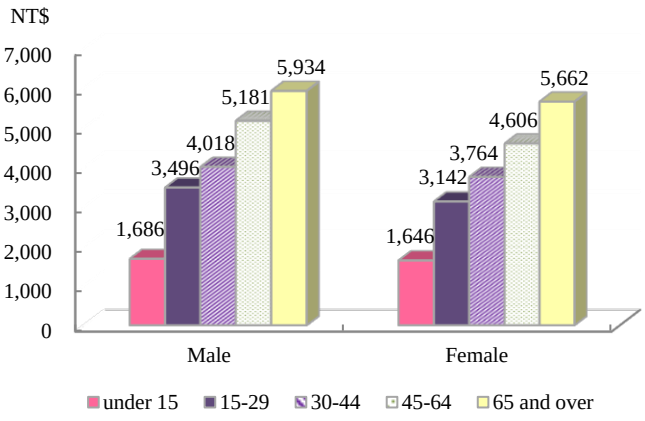


Figure 44 Average Copayments per Inpatient Case by Gender and Age

2015



(5) Reimbursement of Advanced Medical Expenses for Out-of-Plan Services

i. The total approved amount for out-of-plan services was NT$494 million, with an approval rate of 31.2%.

In terms of reimbursement of advanced medical expenses for out-of-plan services, the total requested amount was NT$1,582 million in 2015, an increase of 2.6% from the previous year. The total approved amount was NT$494 million, a decrease of 0.3% from the previous year. The approval rate was 31.2%. Of which, NT$346 million was requested for outpatient services, with an approval rate of 51.4%, NT$45 million for emergency services, with an approval rate of 45.2%, and NT$1,192 million for inpatient services, with an approval rate of 24.9%.

Figure 45　Requested Amount for Out-of-Plan Services

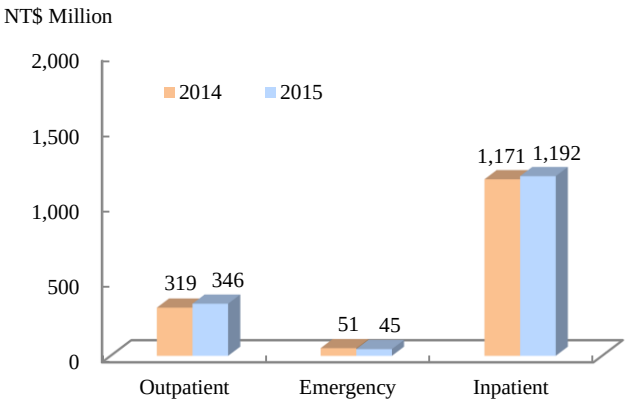
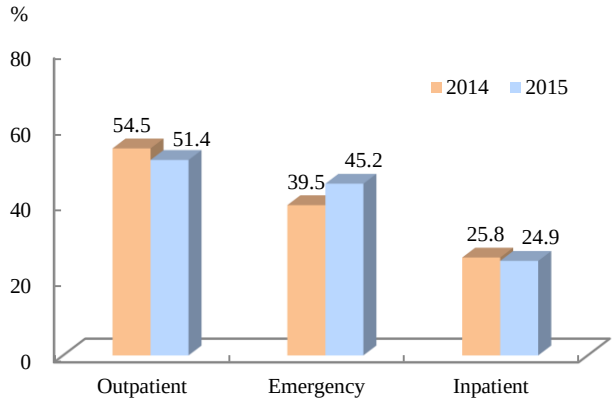


Figure 46　Approval Rate for Out-of-Plan Services

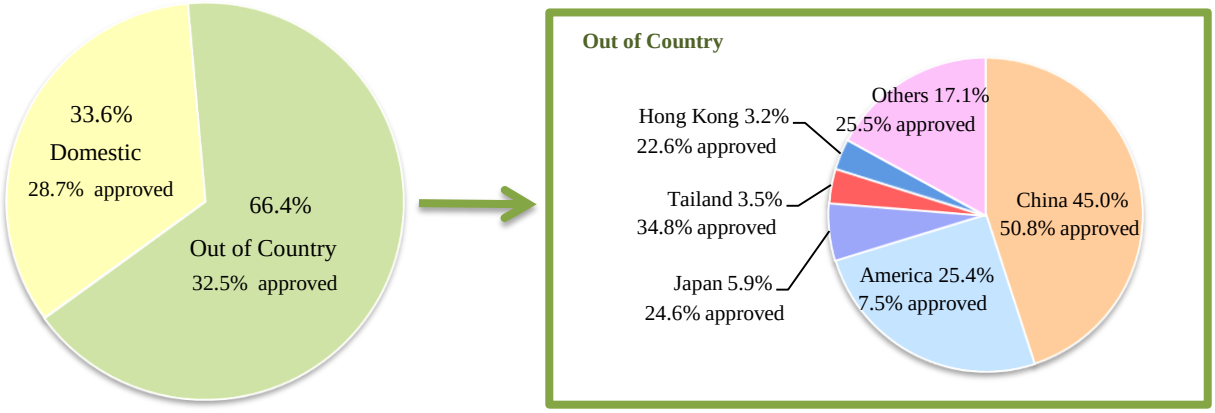


ii. China accounted for the highest proportion of overseas claims and had the highest approval rate.

Based on area, domestic claims accounted for NT$531 million and had an approval rate of 28.7%. Out of country claims amounted to NT$1,051 million and had an approval rate of 32.5%. Advanced medical expenses for services rendered in China amounted to NT$473 million and represented the highest proportion of overseas claims at 45.0%; the approval rate was 50.8%. Claims for services rendered in the United States amounted to NT$266 million and represented the second highest proportion of overseas claims at 25.4%; the approval rate was 7.5%.

Figure 47　Requested Amount and Approval Rate for Out-of-Plan Services

2015



Notes:

1. Data updated on June 10, 2016.
2. Medical benefit claims exclude commission cases.
3. Medical points imply both requested points and copayments.
4. The detailed medical expenses indicate actual medical expenses incurred for each item, including copayments.
5. Patients' copayment does not include registration fees.
6. Prior to the implementation of the global budget payment system, 1 point was equal to NT$1. After the global budget payment system was implemented, 1 point for any item under general services was calculated according to the "Point Values of Global Budget Payment System" in this chapter. For other items, 1 point was equal to NT$1 in principle.