I. Abstract 2013

1. Enrollment and Underwriting

(1) The average annual increase of beneficiaries was 0.7% over the past ten years.

At the end of 2013, there were 23 million beneficiaries, an increase of 182 thousand, or 0.8% from the previous year. There has been an average annual increase of 0.7% since 2003.

(2) The sex ratio of all beneficiaries was 98.7.

By the end of 2013, 11,657 thousand beneficiaries were male and 11,806 thousand beneficiaries were female; the sex ratio was 98.7. The sex ratio of the registered population at the end of 2013 was 100.0. The NHI program targets all nationals and foreign workers in Taiwan as beneficiaries, which is why the sex ratio of NHI beneficiaries is less than that of registered population.

(3) The number of beneficiaries in the ＜15 age group decreased by 57 thousand from the previous year.

There were 3,281 thousand (14.0%) beneficiaries in the ＜15 age group at the end of 2013; beneficiaries in the age group of 15-64 numbered 17,521 thousand (74.7%); beneficiaries above 65 numbered 2,660 thousand (11.3%). Compared with the previous year, beneficiaries in the ＜15 age group decreased by 57 thousand, of which dependents decreased by 54 thousand.

(4) The average insured payroll-related amount for Categories 1 to 3 totaled NT$34,715.

At the end of 2013, the average insured payroll-related amount totaled NT$34,715, an increase of only 1.8% from the previous year. The average annual increase was 2.2% over the past ten years. The average insured payroll-related amounts for Categories 1 to 3 were NT$39,846, NT$26,680 and NT$21,900.

(5) The average insured payroll-related amount for males was NT$37,962, which is higher than the NT$31,438 for females.

At the end of 2013, the average insured payroll-related amount for males was NT$37,962, which is higher than the NT$31,438 for females. Males showed higher average insured amounts than females in all age groups, of which, there were significant differences occurring in age 40-64, the difference in amount surpassed NT$8,000.

2. Financial Status

(1) Premiums receivable were NT$467 billion, with a collection rate of 98.2%.

Premiums receivable totaled NT$467 billion in 2013, while premium collected totaled NT$458 billion. The total collection rate was 98.2%.

(2) Delinquent charge receivables totaled NT$142 million, with a collection rate of 70.3%.

Delinquent charge receivables totaled NT$142 million in 2013, NT$100 million was collected, for a collection rate of 70.3%.

(3) Supplementary premiums totaled NT$40 billion.

Supplementary premiums totaled NT$40 billion in 2013. NT$20 billion came from group insurance applicants and NT$20 billion from the insured.

(4) In accrual basis, the surplus was NT$54 billion.

Observing the general situation of financial revenue and expenditure (accrual basis), the insurance revenue totaled NT$559 billion in 2013, an increase of 9.5% from the previous year. Insurance costs were NT$506 billion, an increase of 4.5% from the previous year. Surplus were NT$54 billion and all deposited into the reserve fund pursuant to law. Therefore the reserve fund accumulated balance in 2013 was NT$75 billion.

3. Contracting and Management of Medical Care Institutions

(1) The average annual increase of contracted medical care institutions was 2.2% over the past ten years.

The total number of contracted medical care institutions in 2013 was 26,823, an increase of 506 (1.9%) from the previous year, with an average annual increase of 2.2% over the past ten years.

(2) Rate of contracts signed with the contracted hospitals and clinics was 93.5%; the lowest was for Taipei City, at 82.3%.

As of end of 2013, 93.5% of hospitals and clinics have entered into contracts with the NHIA. Broken down by locale, the lowest was for Taipei City at 82.3%, while the highest was for Lienchiang County at 100%.

(3) Chiayi City had the largest number of contracted medical care institutions per 10,000 beneficiaries at 18.2, Taipei City had the smallest at 7.6.

At the end of 2013, the number of contracted medical care institutions per 10,000 beneficiaries (contracted medical care institutions / beneficiaries ×10,000) was 11.4. When broken down by locale, Chiayi City had the largest number at 18.2, while Taipei City had the smallest number at 7.6.

(4) The average annual increase of the total number of beds in contracted medical care institutions was 1.4% over the past ten years.

At the end of 2013, the total number of beds in contracted medical care institutions was 145,694, a decrease of 659 from the previous year. The average annual increase was 1.4% for the past 10 years, of which 120,672 were insured beds and 25,022 were non-insured beds.

(5) The percentage of insured beds in contracted medical care institutions was 82.8%.

At the end of 2013, the percentage of insured beds in contracted medical care institutions was 82.8%. Broken down by contracted category, the percentage of insured beds in academic medical centers was 73.6%, 78.5% for metropolitan hospitals, 89.1% 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 147.0, while the smallest number was in Hsinchu City at 41.8.

As of the end of 2013, the beds of contracted medical care institutions per 10,000 beneficiaries (beds in contracted medical care institutions/beneficiaries ×10,000) was 62.1, of which insured beds accounted for 51.4, and non-insured beds 10.7. When broken down by locale, Hualien County had the largest number of beds at 147.0, while the smallest number was in Hsinchu City at 41.8.

(7) 344 medical care institutions were found to have committed violations, of which the largest group of violators, 127, consisted of medical care institutions which were penalized by reduced reimbursement.

In 2013, 344 medical care institutions were found to have committed violations (1.3%), of which the largest group of violators consisted of medical care institutions which were penalized by reduced reimbursement (127 institutions), 101 were penalized by suspension of contract ranging from 1 month to 3 months, 97 were penalized by corrections, and 19 were penalized by contract termination, which accounted for the smallest group.

4. Medical Benefits

(1) Physician clinics showed the highest medical points for outpatient service, while academic medical centers showed the highest medical points for inpatient service.

The total medical points in 2013 amounted to 589 billion points, making an increase of 4.2% from the previous year. Among which, the total requested points were 553 billion points; co-payment 37 billion points. The total outpatient medical points amounted to 410 billion points, of which physician clinics accounted for the largest proportion, at 43.3%; the total inpatient medical points amounted to 179 billion points, of which academic medical centers accounted for the largest proportion, at 42.1%.

(2) In terms of the average medical points per case, males had a higher amount than females for all age groups above 15.

In 2013, the average medical points per outpatient case were 1,270 points for males, surpassing that for females by 1,085 points; the average medical points per inpatient case were 61,724 points for males, surpassing that for females by 52,616 points. In terms of the average medical points per case, males had a higher amount than females for all age groups above 15.

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

In 2013, the total approved medical benefit amounted to 541 billion points (NT$503 billion), 374 billion points (NT$349 billion) for outpatient and 166 billion points (NT$154 billion) for inpatient. Physician clinics had 148 billion points (NT$137 billion) of approved outpatient benefit, being the highest of all, as for the average benefits per approved case, academic medical centers had the highest amount of 2,602 points (NT$2,437); academic medical centers had 71 billion points (NT$66 billion) of approved inpatient benefit, being the highest of all, as for the average benefits per approved case, academic medical centers had the highest amount of 68,213 points (NT$63,734).

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

As at the end of 2013, the number of valid Major Illness/Injury Certificates issued was 986 thousand. Total medical points of major illness/injury in 2013 amounted to 163 billion points. The top three diseases were, respectively, cancer, uremia, and dependence on respirator. In terms of the average medical points per capita for major illness/injury, hemophilia ranked the highest for both outpatient and inpatient services.

(5) Uremia accounted for the largest proportion of medical points for major illness/ injury for outpatient services, while cancer was largest for inpatient services.

In 2013, uremia accounted for the largest proportion of outpatient medical points for major illness/injury and cancer the second largest; cancer accounted for the largest proportion of inpatient medical points for major illness/injury and dependence on respirator second.

(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 and dependence on respirator in inpatient services for females.

In terms of average medical points per capita, hemophilia ranked the highest for males both in outpatient and inpatient services in 2013, uremia ranked the second in outpatient services and dependence on respirator in inpatient services. Uremia ranked the highest and hemophilia second, for females, in outpatient services and dependence on respirator ranked the highest and burns second, in inpatient services.

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

The average copayments per case were NT$98 for outpatient services and NT$4,575 for inpatient services in 2013. Analyzed by contracted category, academic medical centers had the highest amount both in outpatient and inpatient services (NT$328 for outpatient and NT$5,818 for inpatient).

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

In 2013, the average copayments per outpatient case were NT$100 for males and NT$97 for females; the average copayments per inpatient case were NT$4,683 for males and NT$4,457 for females. Males showed higher amounts than females in all age groups. The most significant difference was seen in age group 45-64, at NT$571 per inpatient case.

(9) The approved rate for out-of-plan services was 31.6%.

The total advanced medical expense claims for out-of-plan services approved were NT$1,469 million in 2013, a decrease of 22.9% from the previous year. The total approved amount was NT$464 million, a decrease of 9.3% from the previous year. The approval rate was 31.6%. Among which, NT$333 million claims was for outpatient service, with an approved rate of 53.5%, NT$1,136 million for inpatient services, with an approved rate of 25.2%.

II. Main Indicators 2013

	Unit	2013	Annual Growth Rate (%)
Enrollment and Underwriting			
Group Insurance Applicants	No.	**775,369**	**3.3**
Beneficiaries	1000 Persons	**23,463**	**0.8**
Category 1		12,912	2.1
Category 2		3,786	-2.1
Category 3		2,631	-2.2
Category 4		187	22.9
Category 5		353	1.5
Category 6		3,595	0.6
Male		11,657	0.9
Female		11,806	0.7
Under 15		3,281	-1.7
age 15-64		17,521	0.8
65 and over		2,660	3.8
Average Insured Payroll-related Amount for Categories 1 – 3	NT$	**34,715**	**1.8**
Premium Receivable[1]	100 Million NT$	**4,663**	**-3.3**
Contribution from the Insured		1,755	-2.5
Contribution from Group Insurance Applicants		1,804	-1.0
Contribution from Government Subsidies		1,104	-8.1
Financial Status			
Insurance Revenues（Accrual Basis）	100 Million NT$	**5,595**	**9.5**
Insurance Cost（Accrual Basis）	100 Million NT$	**5,059**	**4.5**
Contracting and Management of Medical Care Institutions			
Contracted Medical Care Institutions	No.	**26,823**	**1.9**
Western Medicine		10,594	0.9
Chinese Medicine		3,288	2.6
Dentistry		6,442	1.5
Pharmacies		5,513	4.3

	Unit	2013	Annual Growth Rate (%)
Beds in Contracted Medical Care Institutions	Beds	**145,694**	**-0.5**
Acute Beds		128,140	-0.3
Chronic Beds		17,554	-1.4
Insured Beds in Contracted Medical Care Institutions	Beds	**120,672**	**-0.5**
Acute Beds		103,722	-0.4
Chronic Beds		16,950	-1.2
Medical Benefits			
Medical Points	100 Million Points	**5,893**	**4.2**
Outpatient Services		4,101	5.4
Requested Points		3,811	5.9
Co-payment		290	0.1
Inpatient Services		1,792	1.5
Requested Points		1,716	1.4
Co-payment		75	3.4
Medical Service Cases	1,000 Cases		
Outpatient Services		351,209	0.5
Inpatient Services		3,134	-1.4
Average Medical Points per Case	Points		
Outpatient Services		1,168	4.9
Inpatient Services		57,168	2.9
Approved Medical Benefit Payments	100 Million Points	**5,408**	**…**
Outpatient Services		3,744	…
Inpatient Services		1,664	…
Approved Medical Payments	100 Million NT$	**5,028**	**…**
Outpatient Services		3,488	…
Inpatient Services		1,540	…
Number of Valid Major Illness/Injury Certificates	Pieces	**986,287**	**2.6**
Medical Benefit Claims of Major Illness/Injury	100 Million Points	**1,625**	**4.3**

Notes：1.The premium receivables do 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 delinquent charge receivables.

III. Statistical Analysis

1. Enrollment and Underwriting

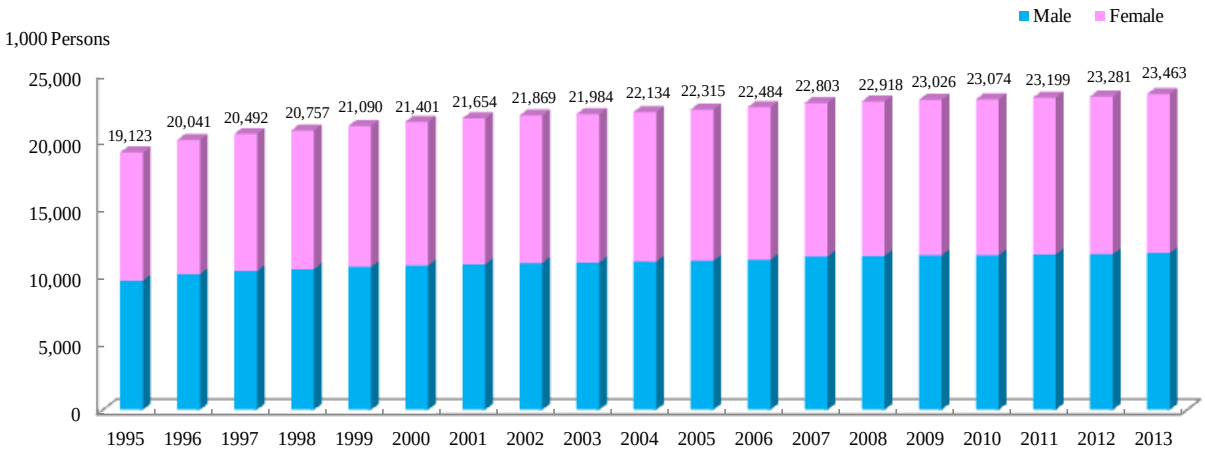
The NHI program is a mandatory, single-payer social health insurance system, founded on the principle that all people should have equal access to health care services. Under the NHI scheme, beneficiaries are divided into six categories and each differs in their insured payroll-related amount, premium contribution rate, and premium calculation method. Application(s) 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 0.7% over the past ten years.

At the end of 2013, there were 23 million beneficiaries, an increase of 182 thousand, or 0.8% from the previous year. There has been an average annual increase of 0.7% since 2003.

Figure 1　Numbers of Beneficiaries



When broken down by beneficiary category, Category 1 had the highest number of beneficiaries at 12,912 thousand, followed by Category 2 at 3,786 thousand, Category 6 at 3,595 thousand, Category 3 at 2,631 thousand, Category 5 at 353 thousand and Category 4 at 187 thousand.

In terms of changes from the previous year, Category 1 saw the biggest increased at 262 thousand people, followed by Category 4 with 35 thousand people, Category 6 with 22 thousand people, Category 5 with 5 thousand people, while Category 2 and 3 showed a decreasing trend, falling by 83 thousand and 60 thousand people, respectively.

Figure 2　Numbers of Beneficiaries by Beneficiary Category

End of 2013

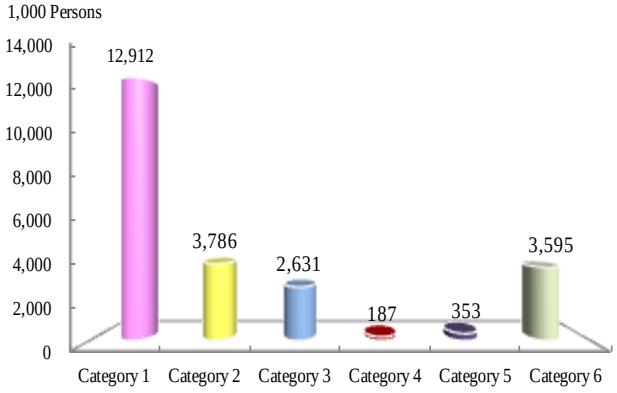
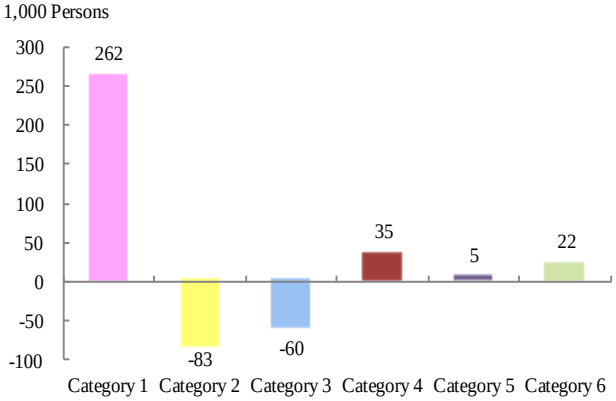


Figure 3　Changes in Beneficiaries by Beneficiary Category

End of 2013 vs. End of 2012



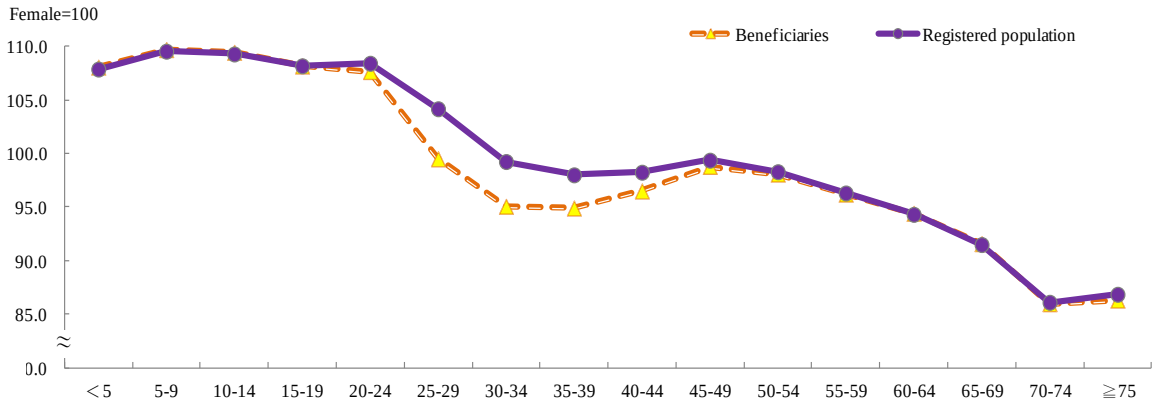
ii. The sex ratio of all beneficiaries was 98.7. The sex ratio in the ＜25 age groups was higher than 100, whereas the ratio for 25-and-over was lower than 100.

By the end of 2013, 11,657 thousand beneficiaries were male and 11,806 thousand beneficiaries were female; the sex ratio was 98.7. Broken down by age, there were more male beneficiaries than females in the <25 age group, and the sex ratio was over 100, whereas females outnumbered males for age 25-and-over, the sex ratios of all age groups were lower than 100.

The sex ratio of the registered population at the end of 2013 was 100.0. The NHI program targets all nationals and foreign workers in Taiwan as beneficiaries, which is why the sex ratio of NHI beneficiaries is less than that of registered population, while the 25-39 group shows a significant difference compared to all age groups.

Figure 4　Comparison of the Sex Ratio between Beneficiaries and the Registered Population

End of 2013



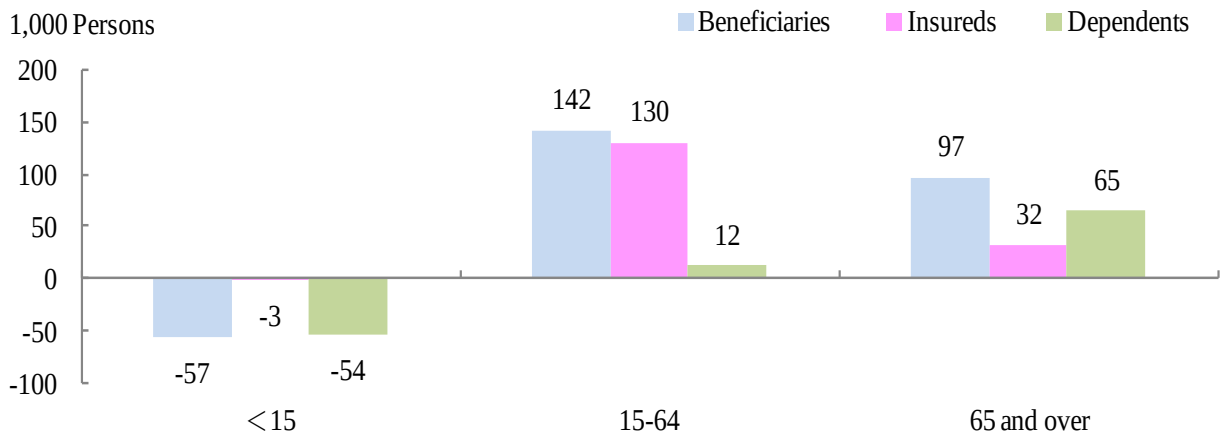
Note：Figures of registered population are from Department of Household Registration Affairs, MOI.

iii. The number of beneficiaries in the ＜15 age group decreased by 57 thousand from the previous year.

There were 3,281 thousand (14.0%) beneficiaries in the ＜15 age group at the end of 2013; beneficiaries in the age group of 15-64 numbered 17,521 thousand (74.7%); beneficiaries above 65 numbered 2,660 thousand (11.3%). Beneficiaries in the 15-64 age group increased by 142 thousand compared with the previous year, while senior beneficiaries above 65 also showed an increase, of 97 thousand. However, beneficiaries in the ＜15 age group decreased by 57 thousand, of which dependents decreased by 54 thousand.

Figure 5　Changes in Beneficiaries by Age

End of 2013 vs. End of 2012



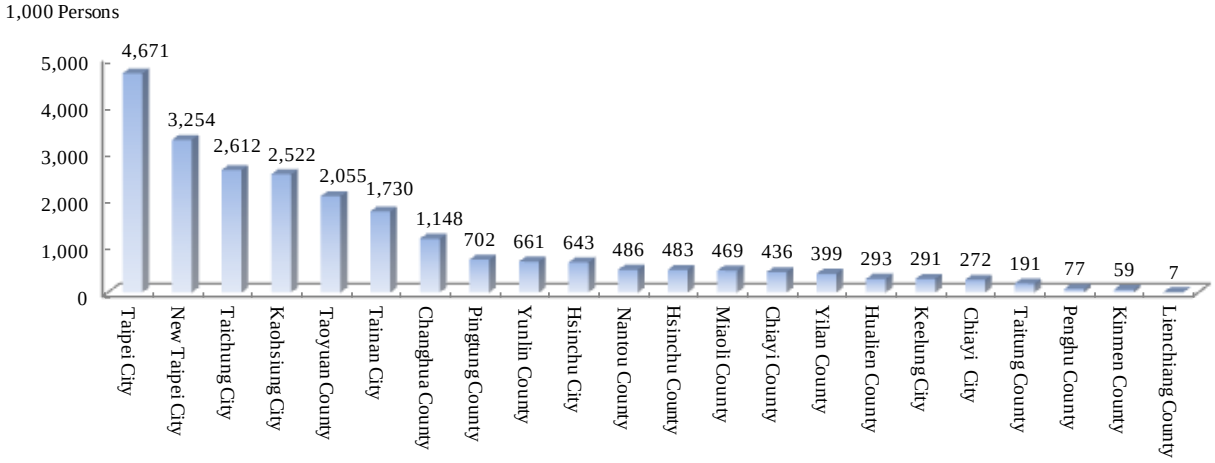
iv. Taoyuan County had the highest increase of beneficiaries at 79 thousand and showed the largest increased rate of 4.0%.

When broken down by city/county, Taipei City had the highest number of beneficiaries at 4,671 thousand, followed by New Taipei City, Taichung City and Kaohsiung City, all with over 2.5 million, while Lienchiang County had the smallest number at 7 thousand.

If compared with the previous year, Taoyuan County showed the largest increase at 79 thousand beneficiaries, followed by New Taipei City at 30 thousand and Taichung City at 28 thousand. Pingtung County had the largest decrease at 6 thousand. Among all Locales, Taoyuan County had the largest percentage increase, at 4.0%, while Keelung City had the largest decrease, at 1.5%.

Figure 6　Beneficiaries by Locale

End of 2013

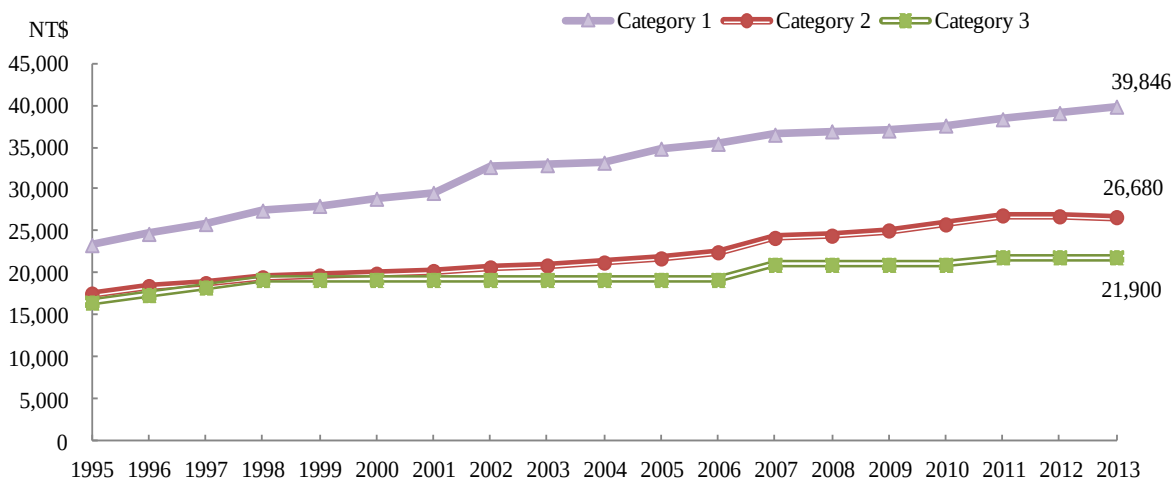


（2）The Insured Payroll-Related Amount

i. The average insured payroll-related amount for Categories 1 to 3 totaled NT$34,715；the average annual increase of the insured payroll-related amount was 2.2% over the past ten years.

At the end of 2013, the average insured payroll-related amount totaled NT$34,715, an increase of only 1.8% from the previous year. The average annual increase was 2.2% over the past ten years. The average insured payroll-related amounts for Categories 1 to 3 were NT$39,846, NT$26,680 and NT$21,900, respectively. The payroll-related premium base does not apply to the insured in categories 4, 5 and 6. The average premium was NT$1,376 for categories 4 and 5, and was NT$1,249 for Category 6.

Figure 7　The Average Insured Payroll-Related Amount for Categories 1-3

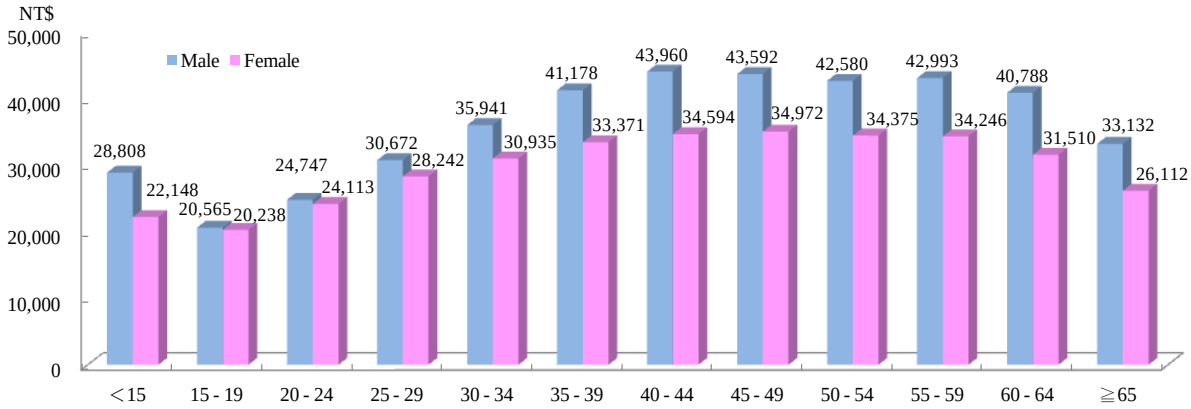


ii. The average insured payroll-related amount for males was NT$37,962, which is higher than the NT$31,438 for females.

At the end of 2013, the average insured payroll-related amount for males was NT$37,962, which is higher than the NT$31,438 for females. When broken down by age, the age group of 40-44 male had the highest average insured amount. For females, the age group of 45-49 had the highest average insured amount. The age group of 15-19 was the lowest for both males and females. Males showed higher average insured amounts than females in all age groups, of which, there were significant differences occurring in age 40-64, the difference in amount surpassed NT$8,000.

Figure 8 The Average Insured Payroll-Related Amount for Categories 1-3 by Gender and Age

End of 2013



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. Furthermore, premium rate was adjusted on April, 2010, 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.

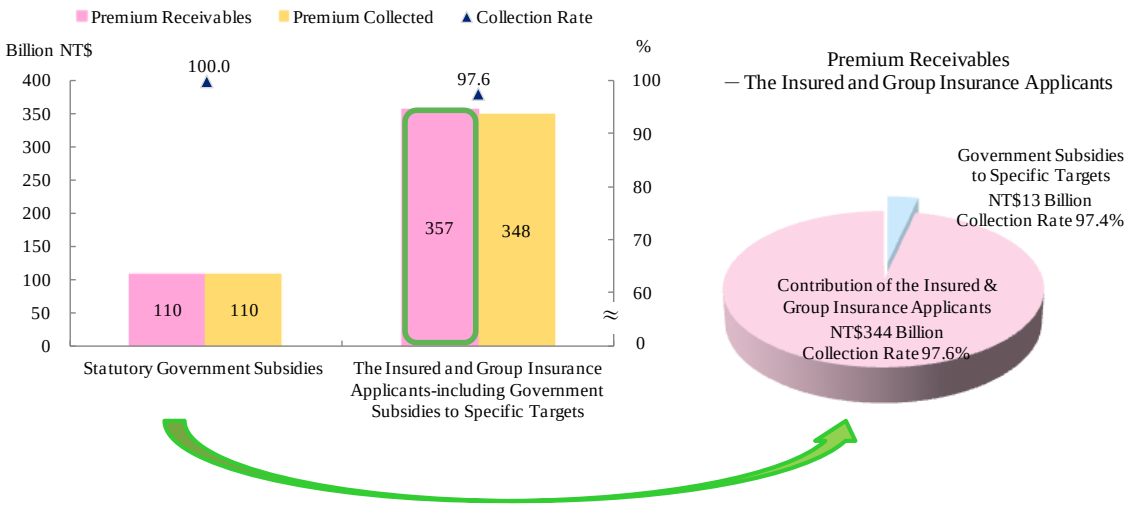
(1) Premium Collections

i. Premiums receivable were NT$467 billion, with a collection rate of 98.2%.

Premiums receivable totaled NT$467 billion in 2013, while premium collected totaled NT$458 billion. The total collection rate was 98.2%. Premiums receivable from the insured and group insurance applicants totaled NT$357 billion (NT$13 billion was from government subsidies to specific targets), NT$348 billion was collected (NT$12 billion was from government subsidies to specific targets), for a collection rate of 97.6%. Premiums receivable from the government (statutory government subsidies) totaled NT$110 billion, and NT$110 billion was collected, for a collection rate near 100.0%.

Figure 9 Premiums

2013

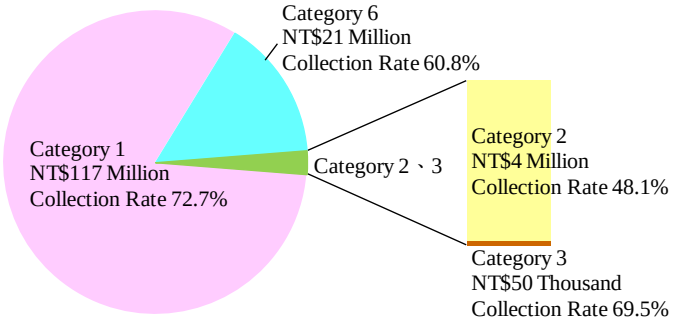


ii. Delinquent charge receivables totaled NT$142 million, with a collection rate of 70.3%.

Insured and group insurance applicants should pay delinquent charges in the case where they pay late premiums. Delinquent charge receivables totaled NT$142 million in 2013, NT$100 million was collected, for a collection rate of 70.3%. The delinquent charges of Category 1 totaled NT$117 million, being the largest and accounted for 82.5%. Category 6 totaled NT$21 million, being the second largest and accounted for 15.0%. Category 2 totaled NT$4 million, which accounted for 2.5%. Category 3 totaled NT$50 thousand, which accounted for 0.04%.

Figure 10 Delinquent Charge Receivables by Beneficiary Category

2013

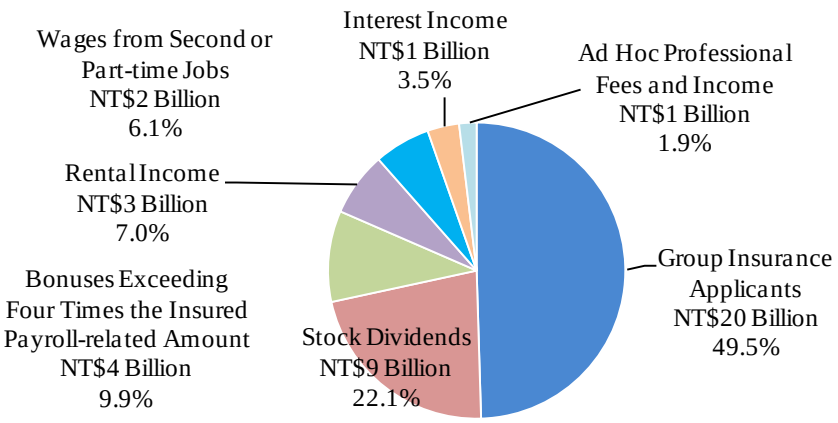


iii. Supplementary premiums totaled NT$40 billion.

Supplementary premiums totaled NT$40 billion in 2013. NT$20 billion came from group insurance applicants and NT$20 billion from the insured. The latter included NT$4 billion for bonuses exceeding four times the insured payroll-related amount, NT$2 billion for wages from second or part-time jobs, NT$1 billion for ad hoc professional fees and income, NT$ 9 billion for stock dividends, NT$1 billion for interest income and NT$3 billion for rental income.

Figure 11 Supplementary Premiums

2013

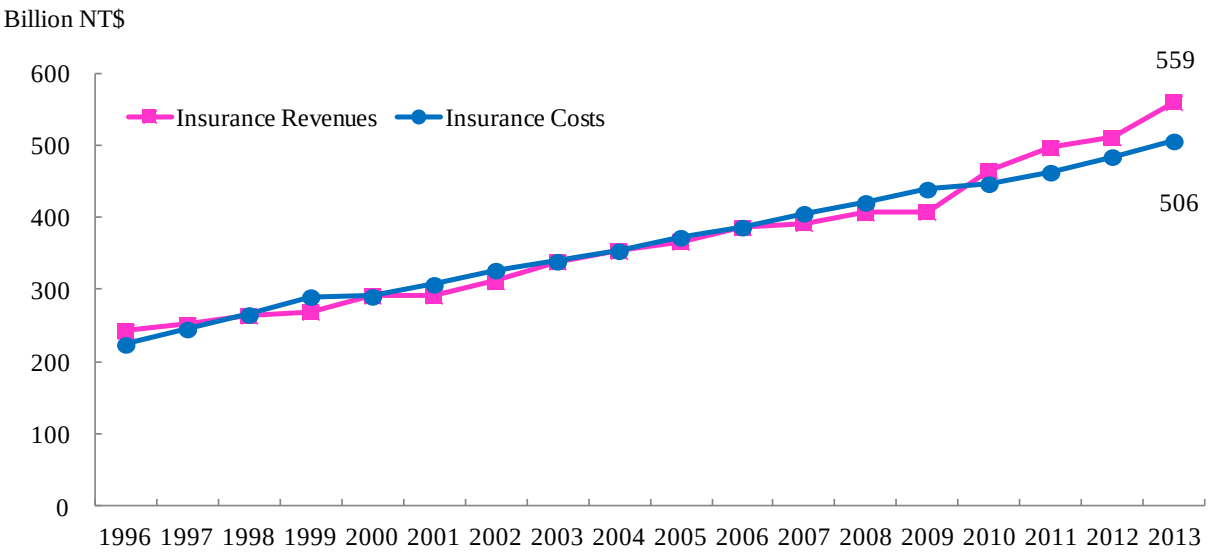


(2) Financial Revenue and Expenditure

i. In accrual basis, the surplus was NT$54 billion.

Observing the general situation of financial revenue and expenditure (accrual basis), the insurance revenue totaled NT$559 billion in 2013, an increase of 9.5% from the previous year. The average annual increase in the most recent decade was 5.1%. Of which premium revenues were NT$530 billion or 94.7%, being the largest proportion of insurance revenue. Insurance costs were NT$506 billion, an increase of 4.5% from the previous year. The average annual increase in the most recent decade was 4.1%. Of which medical expenses were NT$502 billion or 99.3%, being the largest proportion of insurance costs. Surplus were NT$54 billion and all deposited into the reserve fund pursuant to law. Therefore the reserve fund accumulated balance in 2013 was NT$75 billion.

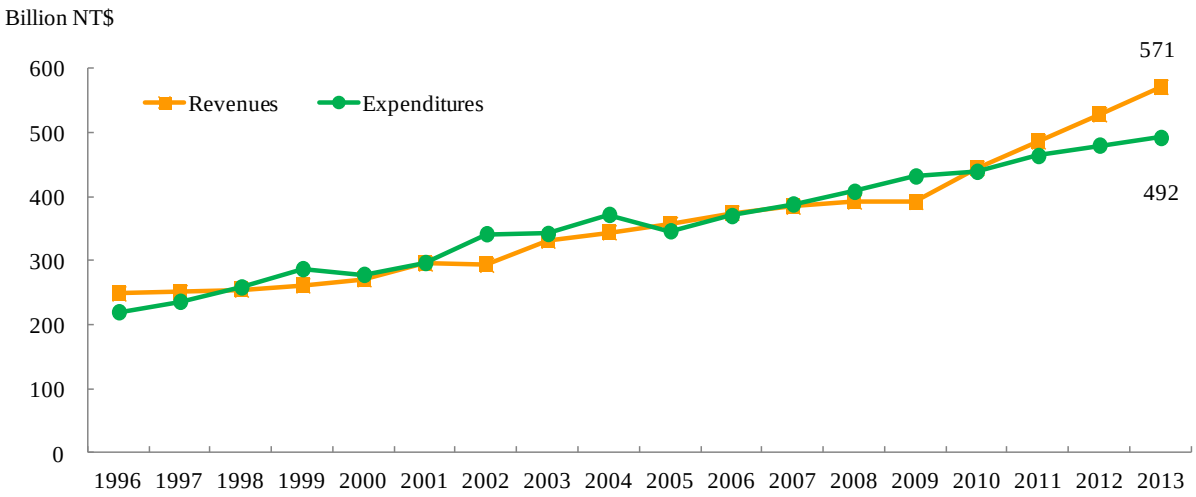
Figure 12　Financial Status－Accrual Basis



ii. In cash basis (cash flow), revenue was NT$571 billion; expenditure was NT$492 billion; repayment of loans totaled NT$58 billion.

Observing the general situation of cash flow, revenue was NT$571 billion in 2013, an increase of 8.1% from the previous year. The average annual increase in the most recent decade was 5.6%. Of which premium revenues were NT$543 billion or 95.1%, being the largest proportion of revenue. Expenditures were NT$492 billion, an increase of 2.5% from the previous year. The average annual increase in the most recent decade was 3.7%. Medical expense was the largest proportion of expenditures. Repayment of loans totaled NT$58 billion.

Figure 13 Financial Cash Flow Status



Notes:

1. Data in this chapter was last updated on April 30, 2014.
2. The “premium receivables” in this chapter refers to the premium amounts corrected based on the queries/requests by the insured or the group insurance applicants. 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 delinquent charge receivables are excluded.
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 delinquent charge collected.
4. "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

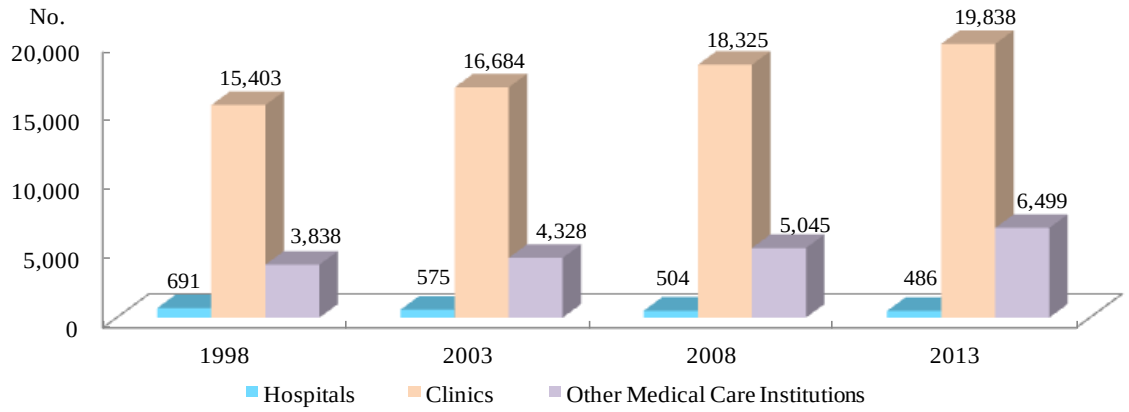
Contracted medical care institutions are categorized as contracted hospitals and clinics, pharmacies, medical laboratory institutions and other medical care institutions appointed by the competent authorities, which so far include midwifery clinics, home nursing care facilities, psychiatric rehabilitation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

(1) Contracted Medical Care Institutions

i. The average annual increase of contracted medical care institutions was 2.2% over the past ten years.

The total number of contracted medical care institutions in 2013 was 26,823, an increase of 506 (1.9%) from the previous year, with an average annual increase of 2.2% over the past ten years. The number of hospitals was 486, the number of clinics was 19,838, the number of other medical care institutions was 6,499.

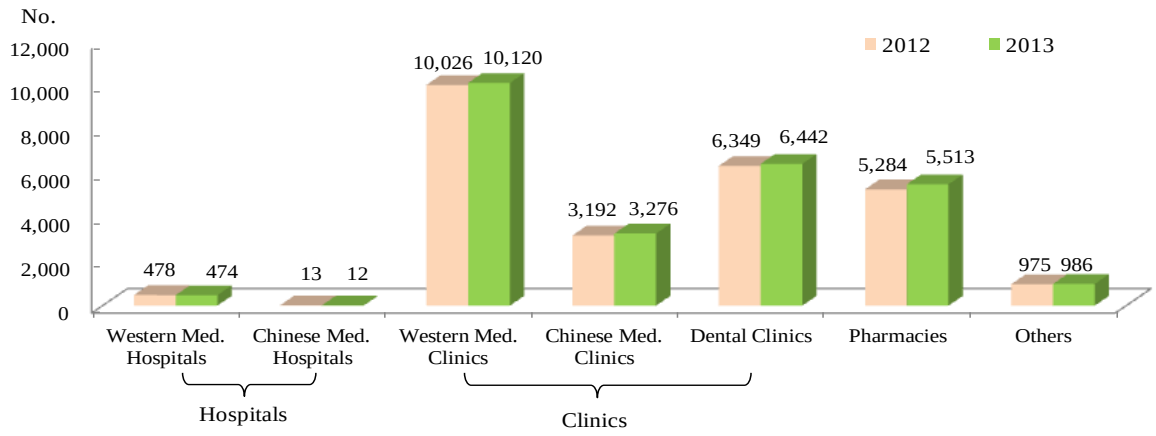
Figure 14 Contracted Medical Care Institutions



ii. The number of pharmacies and western medicine clinics increased by 229 and 94, respectively.

Among contracted hospitals at the end of 2013, the numbers of Western medicine hospitals and Chinese medicine hospitals were 474 and 12 (a respective decrease of 4 and 1 from the previous year). Among contracted clinics, the number of Western medicine clinics had the largest number at 10,120, followed by dental clinics at 6,442, and Chinese medicine clinics at 3,276. If compared with the previous year, Western medicine clinics had the biggest increase at 94, followed by dental clinics at 93, and Chinese medicine clinics at 84. Among other medical care institutions, pharmacies were the most numerous at 5,513 and experienced the largest rise, an increase of 229 from the previous year. Other medical care institutions, which included medical laboratory institutions, home nursing cares, midwifery clinics, community psychiatric rehabilitation, physical & occupational therapy clinics, medical radiology centers and respiratory care agencies had 986 facilities, an increase of 11 from the previous year.

Figure 15　Contracted Medical Care Institutions 2013 vs. 2012



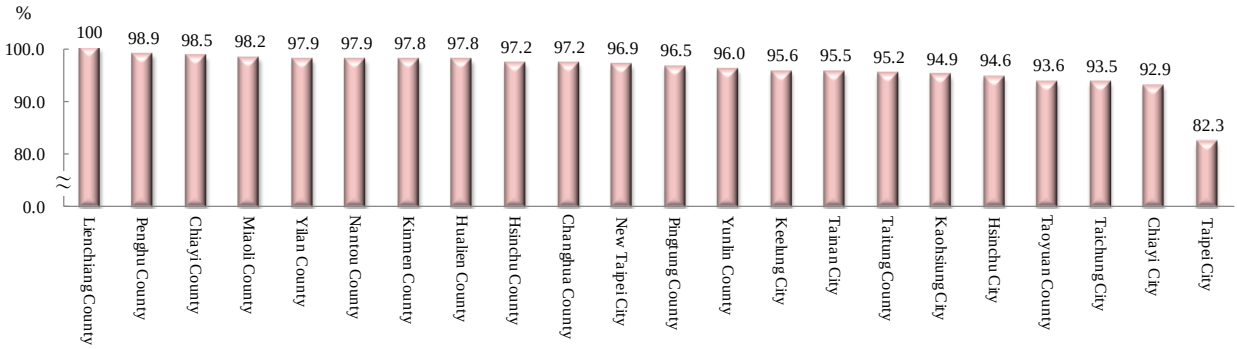
Note："Others" includes medical laboratory institutions, home nursing cares, midwifery clinics, community psychiatric rehabilitation, physical & occupational therapy clinics medical radiology centers and respiratory care agencies.

iii. Rate of contracts signed with the contracted hospitals and clinics was 93.5%; the lowest was for Taipei City, at 82.3%.

As of end of 2013, 93.5% of hospitals and clinics have entered into contracts with the NHIA. Broken down by locale, the lowest was for Taipei City at 82.3%, followed by Chiayi City at 92.9%; other city/county was over 93.5% for the total rate of contract signed, the highest of which was Lienchiang County at 100%.

Figure 16　Percentages of Hospitals and Clinics that have Entered into Contracts with the NHIA by Locale

End of 2013



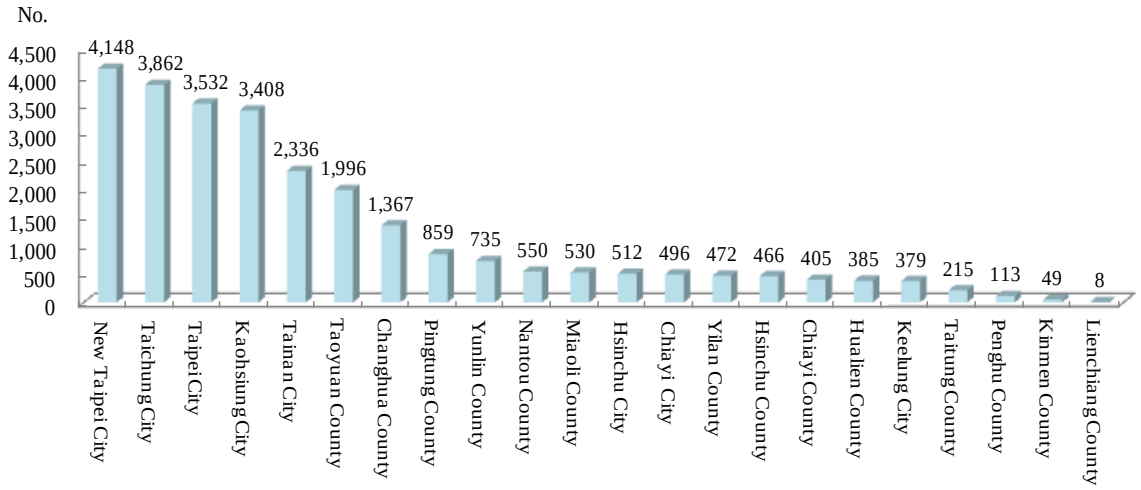
iv. The number of contracted medical care institutions in New Taipei City saw the highest increase, 108 from the previous year; Hualien County experienced decreases.

When broken down by locale, the number of contracted medical care institutions in New Taipei City had the largest number at 4,148, followed by Taichung City, Taipei City and Kaohsiung City, which all had over 3,000; Lienchiang County, at 8,

had the fewest. If compared with the previous year, Lienchiang County remained the same, while Hualien County decreased by 3, other city/county showed an increase, and New Taipei City showed the highest increase at 108.

Figure 17 The Number of Contracted Medical Care Institutions by Locale

End of 2013

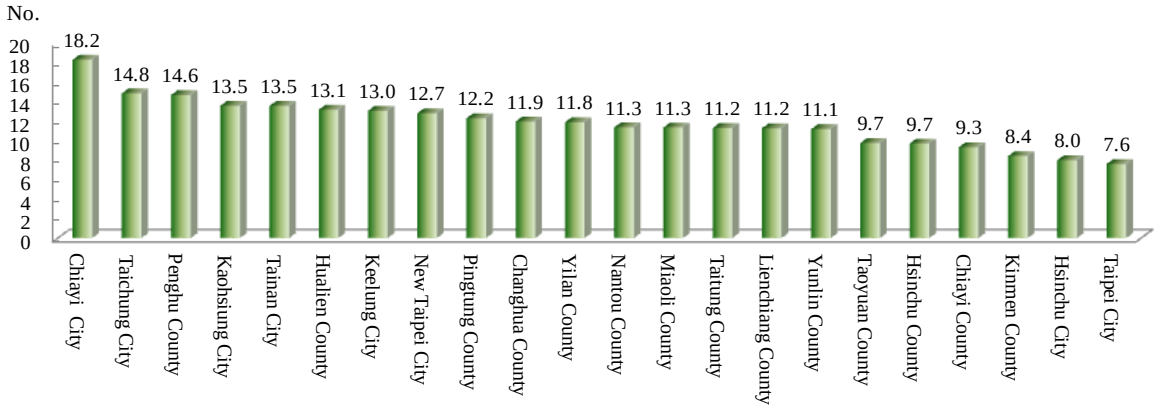


v. Chiayi City had the largest number of contracted medical care institutions per 10,000 beneficiaries at 18.2, Taipei City had the smallest at 7.6.

At the end of 2013, the number of contracted medical care institutions per 10,000 beneficiaries (contracted medical care institutions / beneficiaries ×10,000) was 11.4. When broken down by locale, Chiayi City had the largest number at 18.2, followed by Taichung City at 14.8, and Penghu County at 14.6. Taipei City had the smallest number at 7.6, followed by Hsinchu City at 8.0 and Kinmen County at 8.4, while Chiayi County, Hsinchu County and Taoyuan County were all under 10.

Figure 18 The Number of Contracted Medical Care Institutions per 10,000 Beneficiaries by Locale

End of 2013



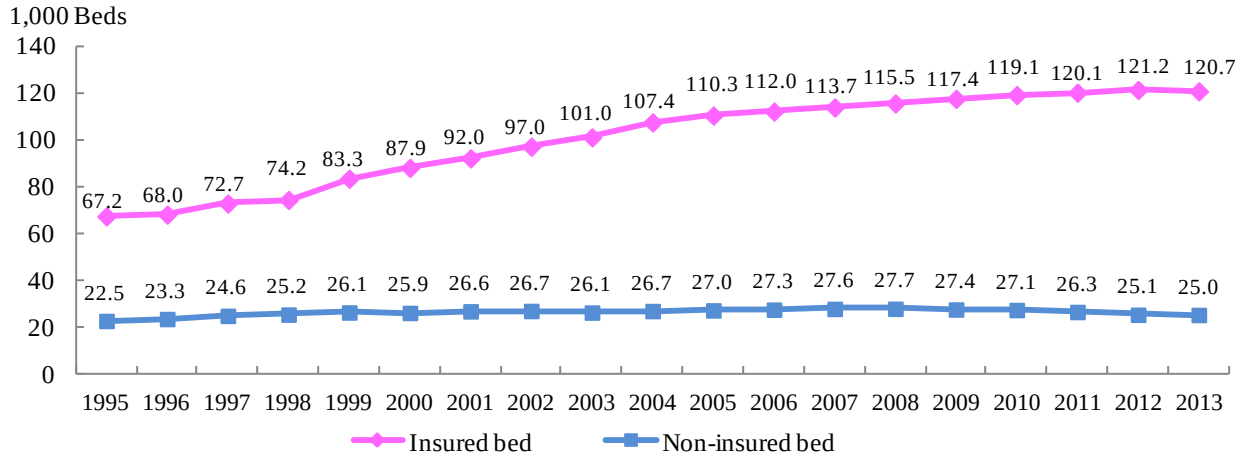
(2) Insured Beds

When setting up of wards in contracted hospitals, the following must be taken into consideration: 1. The standard requirements for setting up 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 a ward provided by a contracted hospital to an insurance beneficiary in receiving hospital care without charging the patient additional fees.

i. The average annual increase of the total number of beds in contracted medical care institutions was 1.4% over the past ten years.

At the end of 2013, the total number of beds in contracted medical care institutions was 145,694, a decrease of 659 from the previous year. The average annual increase was 1.4% for the past 10 years, of which 120,672 were insured beds and 25,022 were non-insured beds. If compared with the previous year, the number of insured beds decreased by 577, non-insured beds decreased by 82.

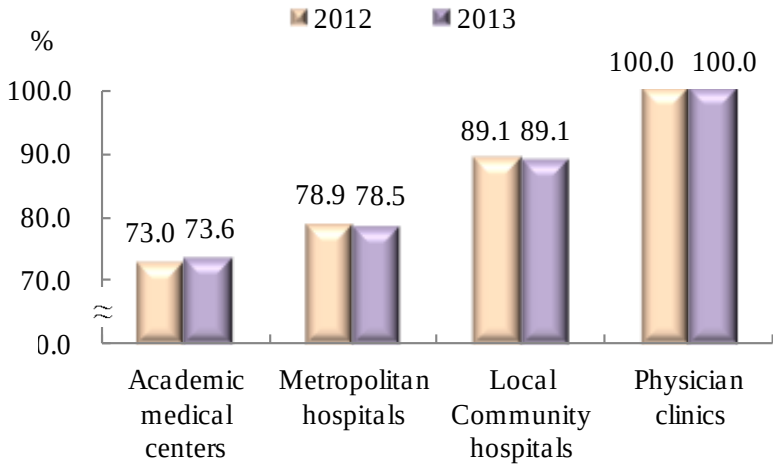
Figure 19 Number of Beds in Contracted Medical Care Institutions



ii. The percentage of insured beds in contracted medical care institutions was 82.8%.

At the end of 2013, the percentage of insured beds in contracted medical care institutions was 82.8%. Broken down by contracted category, the percentage of insured beds in academic medical centers was 73.6%, 78.5% for metropolitan hospitals, 89.1% for local community hospitals and 100% for physician clinics. If compared with the previous year, academic medical centers saw an increase of 0.6 percentage points, while metropolitan hospitals indicated a decrease of 0.5 percentage points.

Figure 20 Share of Insured Beds in Contracted Medical Care Institutions by Contracted Category



iii. The total number of acute and chronic beds in contracted medical care institutions decreased by 411 and 248 from the previous year, respectively.

Broken down by type of bed, there were 128,140 acute beds at the end of 2013; 103,722 of which were insured beds and 24,418 were non-insured. Chronic beds numbered 17,554, of which 16,950 were insured beds and 604 were non-insured beds.

If compared with the previous year, the number of acute beds decreased by 411, while the number of insured and non-insured beds decreased by 379 and 32, respectively. The number of chronic beds decreased by 248, while the number of insured and non-insured beds decreased by 198 and 50 beds, respectively.

At the end of 2013, insured acute beds accounted for 74.8% of the total (a decrease of 0.1 percentage points from the previous year); chronic insured beds accounted for 96.6% (an increase at 0.2 percentage points).

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

End of 2013

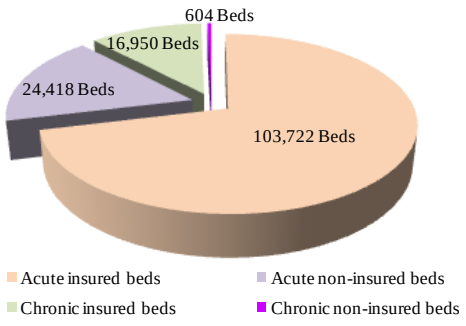
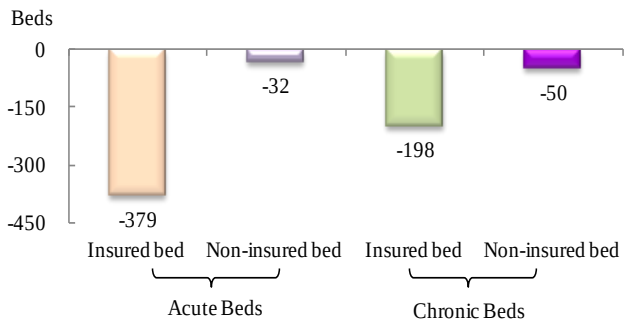


Figure 22 Changes in Number of Beds in Contracted Medical Care Institutions by Type of Bed

End of 2013 vs. End of 2012



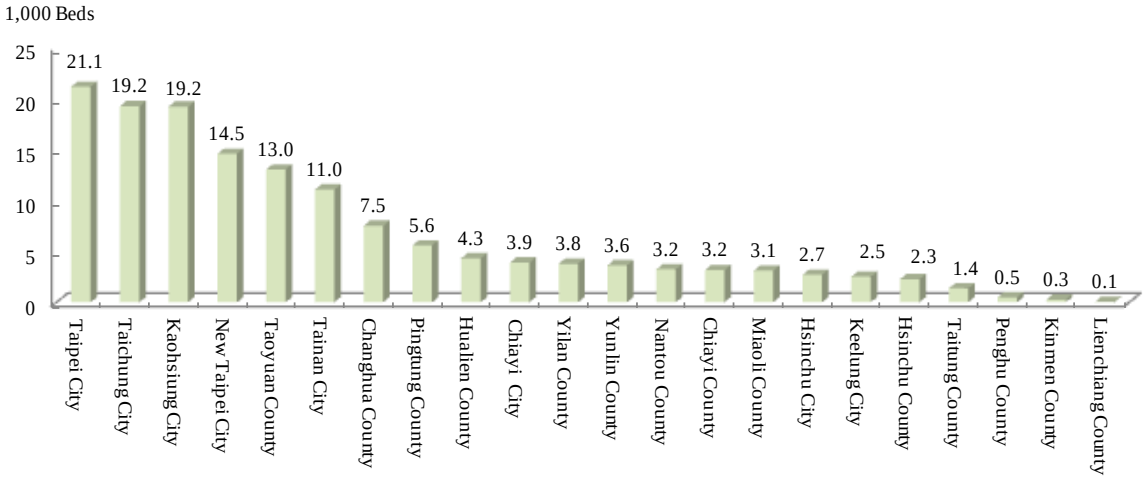
iv. Taipei City had the most beds in contracted medical care institutions at 21,090, while the fewest beds was in Lienchiang County at 52.

In terms of locale, Taipei City had the most beds in contracted medical care institutions at 21,090, followed by Taichung City at 19,182 beds and Kaohsiung City at 19,153 beds; New Taipei City, Taoyuan County and Tainan City all had over 10,000 beds; Lienchiang County had the fewest beds at 52, followed by Kinmen County and Penghu County at 255 and 491 beds respectively, which were all fewer than 500 beds.

If compared with the previous year, numbers in Lienchiang County and Kinmen County remained the same, while other city/county saw fluctuations: Tainan City saw the largest increase in number of beds at 134, followed by Hsinchu City at 94 and Chiayi County at 79; Miaoli County had the largest decrease at 279, followed by Kaohsiung City at 183 beds, and Pingtung County at 172 beds.

Figure 23 The Number of Beds in Contracted Medical Care Institutions by Locale

End of 2013



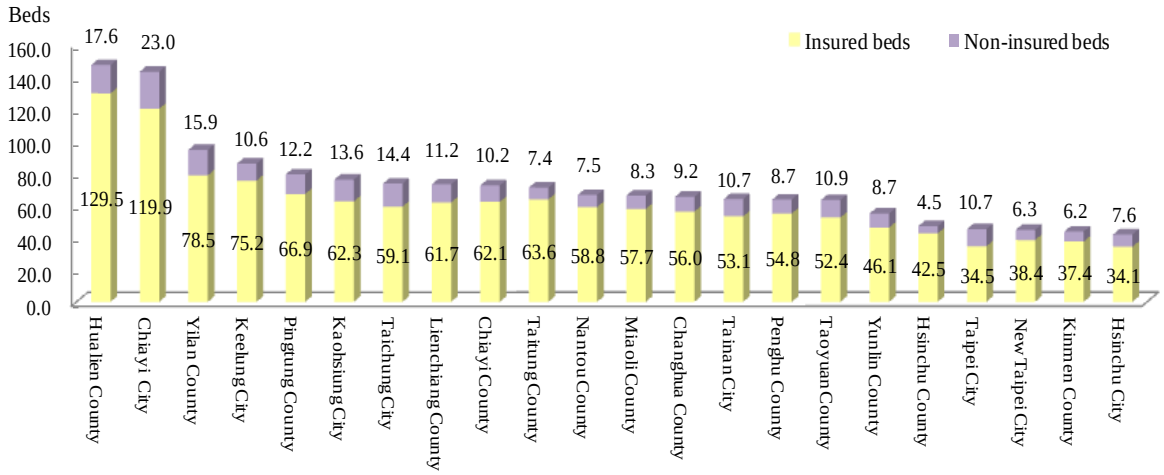
v. Hualien County had the largest number of beds in contracted medical care institutions per 10,000 beneficiaries at 147.0, while the smallest number was in Hsinchu City at 41.8.

As of the end of 2013, the beds of contracted medical care institutions per 10,000 beneficiaries (beds in contracted medical care institutions/beneficiaries ×10,000) was 62.1, of which insured beds accounted for 51.4, and non-insured beds 10.7.

When broken down by locale, Hualien County had the largest number of beds per 10,000 beneficiaries at 147.0, followed by Chiayi City at 142.9. Hsinchu City accounted for the smallest number of beds at 41.8, followed by Kinmen County at 43.6. Hualien County and Chiayi City both had the largest number of insured beds in contracted medical care institutions per 10,000 beneficiaries at 129.5 and 119.9 beds, respectively. Hsinchu City accounted for the smallest number of beds at 34.1, followed by Taipei City at 34.5.

Figure 24 The Beds of Contracted Medical Care Institutions per 10,000 Beneficiaries by Locale

End of 2013



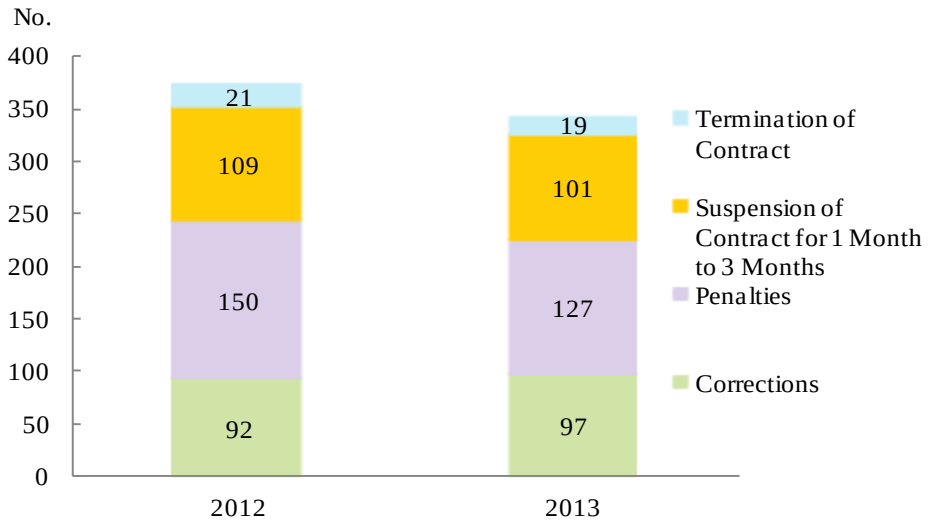
(3) Management of Contracted Medical Care Institutions

Since its establishment, the NHIA has been putting more emphasis on the supervision of contracted medical care institutions to maintain the quality of medical services provided. In addition, the Administration also follows the "Regulations Governing Contracting and Management of National Health Insurance Medical Care Institutions" to reinforce violation reviews as well as management of abnormal activity. The reviews focus on severe violations such as committing fraud to falsely claim insurance benefits. When appropriate, the NHIA assists the related judicial authorities in the investigation of serious offenses committed by contracted medical care institutions.

i. 344 medical care institutions were found to have committed violations, of which the largest group of violators, 127, consisted of medical care institutions which were penalized by reduced reimbursement.

In 2013, 344 medical care institutions were found to have committed violations (1.3%), a decrease of 28 institutions (7.5%) from the previous year. Of which the largest group of violators consisted of medical care institutions which were penalized by reduced reimbursement (127 institutions), 101 were penalized by suspension of contract ranging from 1 month to 3 months, 97 were penalized by corrections, and 19 were penalized by contract termination, which accounted for the smallest group.

Figure 25 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 introduced the "Case Payment" and "Pay for Performance" systems as well. Furthermore, to improve the effectiveness of healthcare services and provide complete holistic care, the NHIA effected the Tw-DRGs (Taiwan Diagnosis Related Groups) payment system in January, 2010, and the pilot project of the "Capitation" payment system in July, 2011.

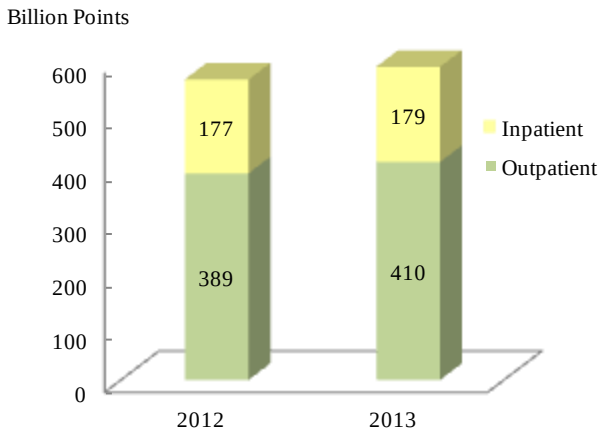
According to the "Regulations Governing Declaration and Payment of Medical Expenses and Examination of Medical Care Services for National Health Insurance", medical expense applications, cases serviced by a medical care institution under the NHI, should be submitted by the 20th of the month following the service. Applications in electronic format may be divided in two stages, one from the 1st to the 15th of the month and the other 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 filing of inpatient cases, if the insured has not checked out of the hospital at the end of the month, the expenses should be filed altogether after the insured 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 finish 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 in 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 National Health Insurance Dispute Mediation Committee for a second review pursuant to "National Health Insurance Dispute Mediation Regulations".

（1）Medical Benefit Claims

The total medical points in 2013 amounted to 589 billion points, making an increase of 4.2% from the previous year. Among which, the total requested points were 553 billion points, copayment 37 billion points. The total outpatient medical points amounted to 410 billion points, an increase of 5.4% from the previous year. Among which, the requested points were 381 billion points, copayment 29 billion points. The total inpatient medical points amounted to 179 billion points, an increase of 1.5% from the previous year. Among which, the requested points were 172 billion points, copayment 8 billion points.

Figure 26 Medical Points



A total of 351 million outpatient cases were filed in 2013, showing an increase of 0.5% from the previous year. A total of 3 million inpatient cases were filed, showing a decrease of 1.4% from the previous year.

The average medical points per case were 1,168 points for outpatient, 57,168 points for inpatient. The average length of stay was 9.9 days.

i. Physician clinics showed the highest medical points for outpatient service, while academic medical centers showed the highest medical points for inpatient service.

Broken down by contracted category, the highest medical points for outpatient services in 2013 was seen in physician clinics at 178 billion points (43.3%), followed by metropolitan hospitals at 94 billion points, academic medical centers at 94 billion points and local community hospitals at 44 billion points (together accounting for 56.7%); the highest medical points for inpatient service was seen in academic medical centers at 75 billion points (42.1%), followed by metropolitan hospitals at 72 billion points (40.2%), local community hospitals at 30 billion points (16.7%) and physician clinics at 2 billion points (1.0%).

The average medical points per outpatient case were, in descending order, 3,075 points for academic medical centers, 2,308 points for metropolitan hospitals, 1,594 points for local community hospitals, 705 points for physician clinics. The average medical points per inpatient case were, in descending order, 72,853 points for academic medical centers, 50,512 points for metropolitan hospitals, 48,762 points for local community hospitals and 29,803 points for physician clinics.

Figure 27　Outpatient Medical Points by Contracted Category

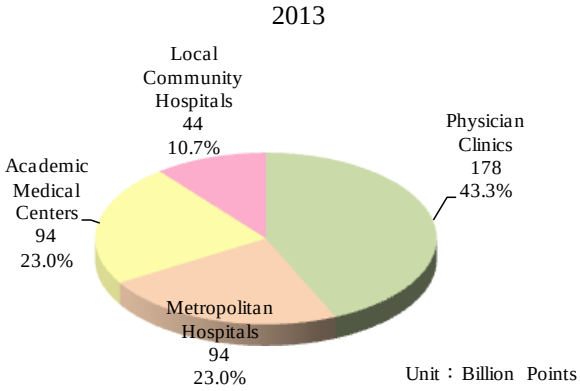
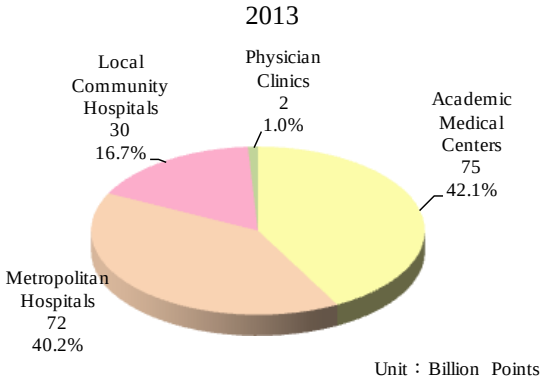


Figure 28　Inpatient Medical Points by Contracted Category

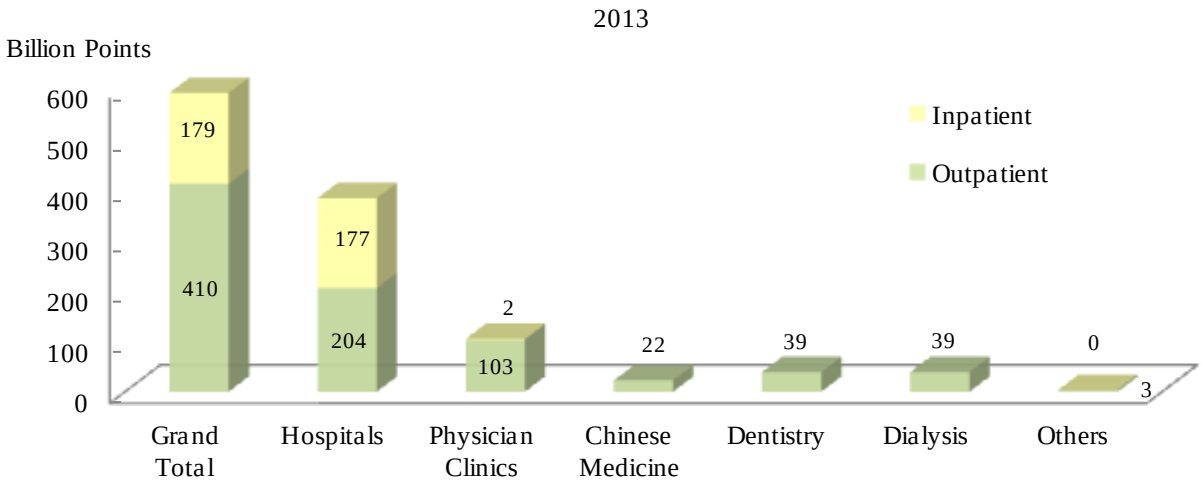


ii. Broken down by the global budget payment system, hospitals represented the largest proportion of all at 64.8%.

Broken down by the global budget payment system, hospitals had the highest medical points in 2013 at 382 billion points (204 billion points for outpatient and 177 billion points for inpatient services) or 64.8%, followed by physician clinics at 104 billion points (103 billion points for outpatient and 2 billion points for inpatient services) or 17.7%, the Chinese medicine at 22 billion points, dentistry at 39 billion points and dialysis at 39 billion points.

The average medical points per case were 2,197 points for outpatient and 57,686 points for inpatient service in hospitals, 557 points for outpatient and 29,805 points for inpatient service in physician clinics, 556 points in Chinese medicine, 1,206 points in dentistry and 46,135 points in dialysis.

Figure 29　Medical Points by Global Budget Payment System



iii. In terms of the average medical points per case, males had a higher amount than females in all age groups above 15.

Analyzed by gender, outpatient medical points amounted 200 billion points (48.7%) for males and 210 billion points (51.3%) for females in 2013. The average medical points per case were 1,270 points for males, surpassing that for females by 1,085 points. Broken farther down by age group, females had higher outpatient medical points than males in all groups above 15. In terms of average medical points per case, males had a higher amount than females in all age groups.

Figure 30 Outpatient Medical Points by Gender and Age

2013

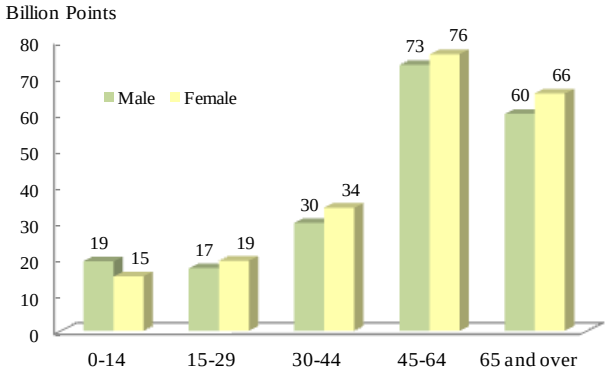
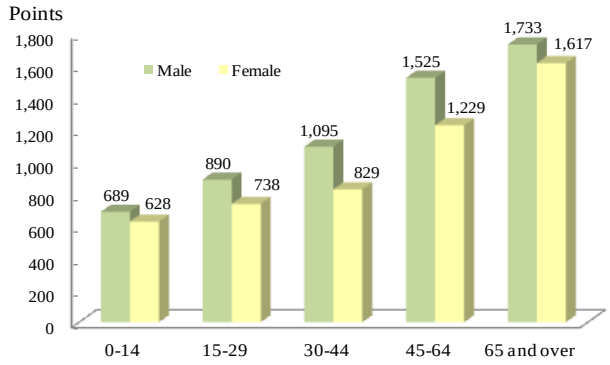


Figure 31 Average Medical Points per Outpatient Case by Gender and Age

2013



Analyzed by gender, inpatient medical points were 97 billion points (54.0%) for males and 82 billion points (46.0%) for females in 2013. The average medical points per case were 61,724 points for males, surpassing that for females by 52,616 points. Broken farther down by age group, females had higher outpatient medical points than males in groups 15-44 years of age, and males had a higher amount than females in other groups. In terms of average medical points per case, males had a higher amount than females in all groups above 15.

Figure 32 Inpatient Medical Points by Gender and Age

2013

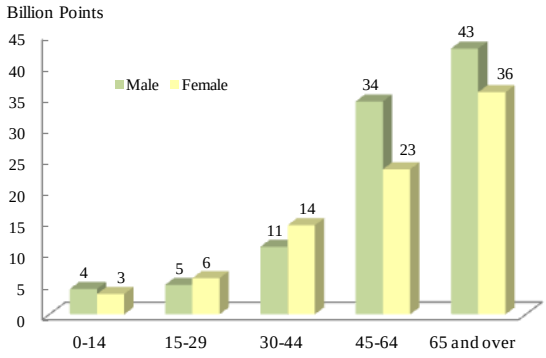
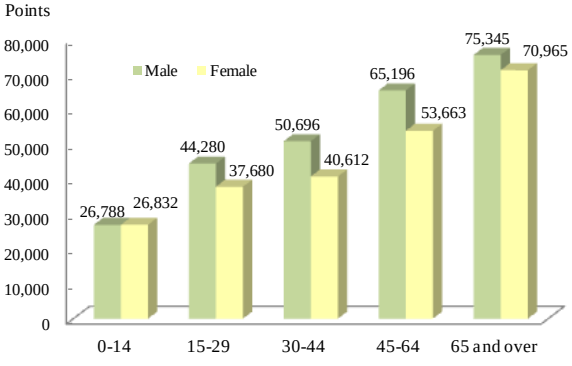


Figure 33 Average Medical Points per Inpatient Case by Gender and Age

2013

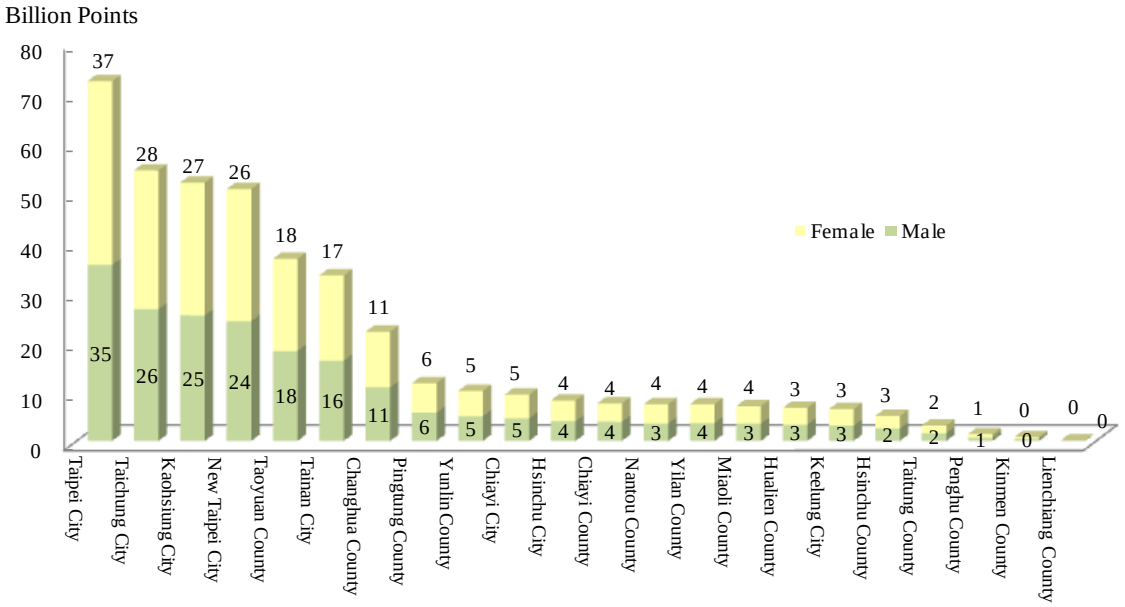


iv. The total medical points claimed by the five municipalities and the special municipality, Taoyuan County, accounted for more than 70%.

In terms of locale, the total outpatient medical points for Taipei City amounted for 72 billion points (17.5%) in 2013, being the highest of all, followed by Taichung City at 54 billion points (13.2%), Kaohsiung City at 52 billion points (12.6%) and New Taipei City at 50 billion points (12.3%). The total medical points claimed by the five municipalities and the special municipality, Taoyuan County, accounted for more than 70% of all the medical points claimed. Analyzed by gender, females claimed a higher amount of outpatient medical points than males. Chiayi, Taitung, Penghu, Kinmen and Lienchiang counties were the only five locales where males claimed higher medical points than females. In terms of the average medical points per case, males had a higher amount than females. Lienchiang county was the only locale where females had a higher amount than males.

Figure 34 Outpatient Medical Points by Gender and Locale

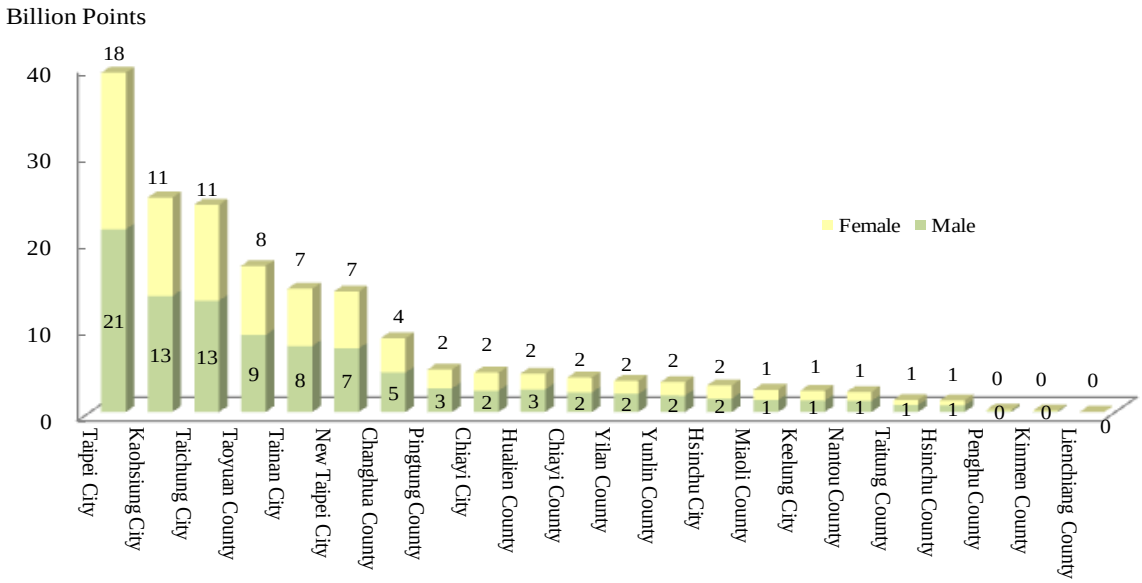
2013



In terms of locale, the total inpatient medical points for Taipei City amounted for 39 billion points (21.8%) in 2013, being the highest of all, followed by Kaohsiung City at 25 billion points (13.8%), Taichung City at 24 billion points (13.3%) and Taoyuan County at 17 billion points (9.4%). The total medical points claimed by the five municipalities and the special municipality, Taoyuan County, accounted for more than 70% of all the medical points claimed. Analyzed by gender, males claimed a higher amount of outpatient medical points than females. Hsinchu City was the only locale where females claimed higher medical points than males. In terms of the average medical points per case, males had a higher amount than females. Lienchiang county was the only locale where females had a higher amount than males.

Figure 35 Inpatient Medical Points by Gender and Locale

2013



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

In terms of the actual detailed expenses, the total outpatient expenses in 2013 amounted to 410 billion points, 200 billion points for males and 210 billion points for females. Consultation, treatment and medical supplies accounted for the largest proportion of the expenses for both genders, with drug fees second largest.

Broken down by age group, diagnosis fees accounted for the largest proportion of the expenses in 0-14 age group. Consultation, treatment and medical supplies accounted for the largest proportion for all age groups except 0-14. Diagnosis fees accounted for the second largest in age groups 15-29 and 30-44, while drug fees were largest in age groups 45-64 and 65+.

Figure 36 Detailed Outpatient Medical Expenses by Gender

2013

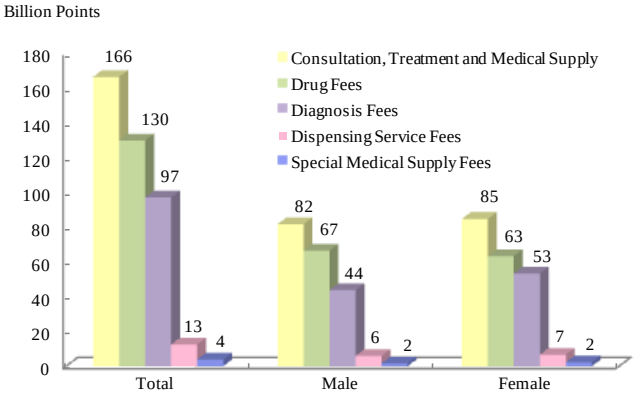
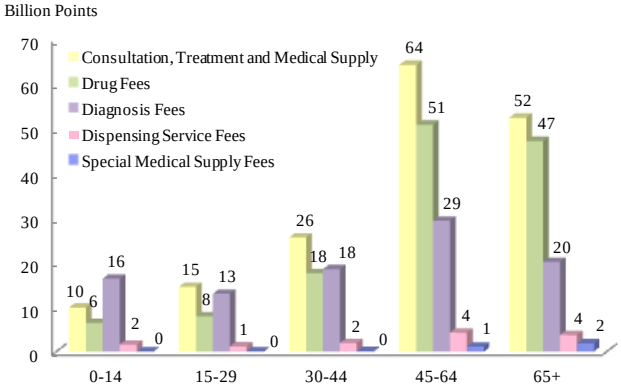


Figure 37 Detailed Outpatient Medical Expenses by Age

2013



The total inpatient expenses in 2013 amounted to 176 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 96 billion points for males. Ward fees accounted for the largest proportion of the expenses; drug fees, second; and therapeutic procedure fees, third. Inpatient expenses totaled 80 billion points for females. Ward fees accounted for the largest proportion of the expenses; surgical fees, second; and drug fees, third.

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

Figure 38 Top 5 Detailed Inpatient Medical Expenses by Gender

2013

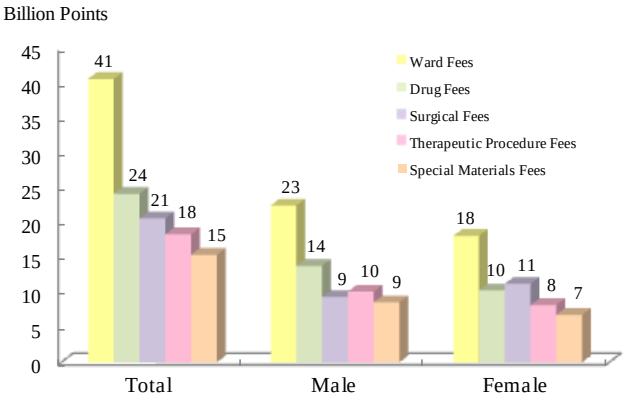
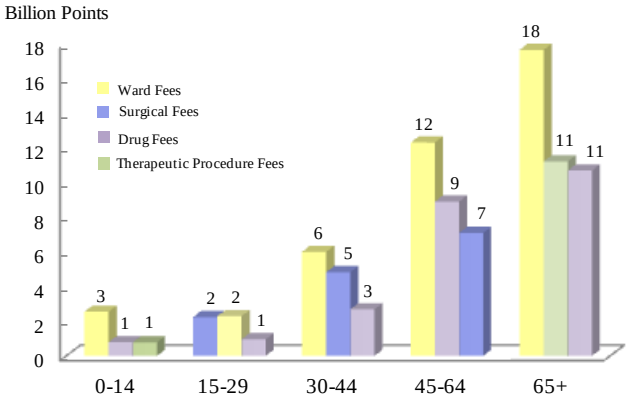


Figure 39 Top 3 Detailed Inpatient Medical Expenses by Age

2013



(2) Approved Medical Benefit

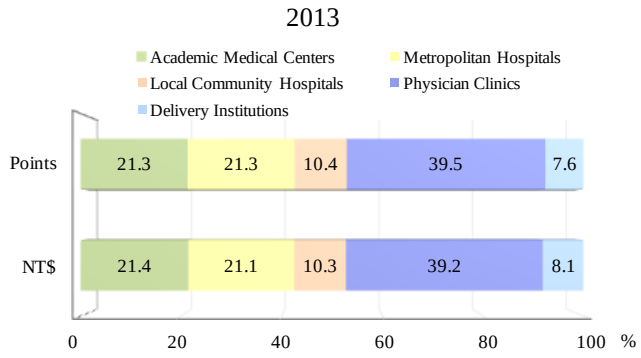
i. Physician clinics accounted for the largest proportion of the approved medical benefit for outpatient services, while academic medical centers accounted for the largest in inpatient services.

In 2013, the total approved medical benefit amounted to 541 billion points (NT$503 billion), 374 billion points (NT$349 billion) for outpatient and 166 billion points (NT$154 billion) for inpatient.

Broken down by contracted category, physician clinics had 148 billion points (NT$137 billion) of approved outpatient benefit in 2013, being the highest of all, followed by academic medical centers at 80 billion points (NT$75 billion) and metropolitan hospitals at 80 billion points (NT$74 billion). As for the average benefits per approved case, academic medical centers had the highest amount of 2,602 points (NT$2,437), followed by metropolitan hospitals at 1,947 points (NT$1,800) and local community hospitals at 1,411 points (NT$1,305).

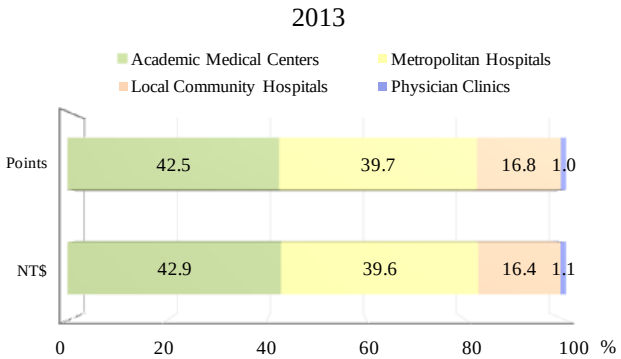
Academic medical centers had 71 billion points (NT$66 billion) of approved inpatient benefit in 2013, being the highest of all, followed by metropolitan hospitals at 66 billion points (NT$61 billion) and local community hospitals at 28 billion points (NT$25 billion). As for the average benefits per approved case, academic medical centers had the highest amount of 68,213 points (NT$63,734), followed by metropolitan hospitals at 46,358 points (NT$42,778) and local community hospitals at 45,546 points (NT$41,240).

Figure 40 Approved Outpatient Medical Benefit by Contracted Category



The approved outpatient medical benefit was 374 billion points or NT$349 billion.

Figure 41 Approved Inpatient Medical Benefit by Contracted Category



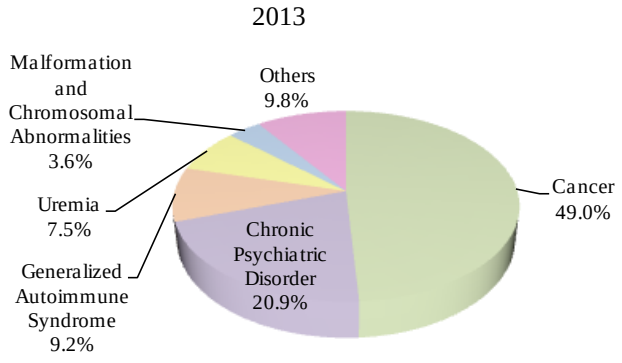
The approved inpatient medical benefit was 166 billion points or NT$154 billion.

(3) Medical Utilization for Major Illness/Injuries

i. The number of valid Major Illness/Injury Certificates issued in 2013 was 986 thousand. Cancer accounted for the largest proportion of all.

As at the end of 2013, the number of valid Major Illness/Injury Certificates issued was 986 thousand, showing an increase of 25 thousand (2.6%) from the end of the previous year. 483 thousand (49.0%) cancer certificates were issued, being the highest of all, followed by chronic psychiatric disorder at 206 thousand (20.9%), generalized autoimmune syndrome requiring lifelong treatments at 91 thousand (9.2%) and uremia at 74 thousand (7.5%).

Figure 42 Numbers of Valid Major Illness/ Injury 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 illness/injury in 2013 amounted to 163 billion points. The top three diseases were, respectively, cancer, uremia, and dependence on respirator. Outpatient services amounted to 91 billion points; the top three diseases were uremia, cancer, and chronic psychiatric disorder. Inpatient services amounted to 72 billion points; cancer, dependence on respirator, and chronic psychiatric disorder ranked top three in diseases.

Table 1 Top 10 Major Illness/Injury in 2013

Outpatient				Inpatient		
Rank	Category of Major Illness/Injury	Medical Points (million points)	%	Category of Major Illness/Injury	Medical Points (million points)	%
-	Total	90,620	100.0	Total	71,903	100.0
1	Uremia	40,622	44.8	Cancer	32,372	45.0
2	Cancer	30,332	33.5	Dependence on respirator	15,700	21.8
3	Chronic psychiatric disorder	4,887	5.4	Chronic psychiatric disorder	8,331	11.6
4	Generalized autoimmune syndrome	3,673	4.1	Uremia	5,479	7.6
5	Hemophilia	3,139	3.5	Acute cerebrovascular disease	3,091	4.3
6	Rare diseases	2,075	2.3	Major trauma	1,407	2.0
7	Organ transplants	1,941	2.1	Cirrhosis of liver	1,189	1.7
8	Dependence on respirator	895	1.0	Generalized autoimmune syndrome	968	1.3
9	Congenital metabolic disease	501	0.6	Malformation and chromosomal abnormalities	911	1.3
10	Malformation and chromosomal abnormalities	431	0.5	Organ transplants	714	1.0

In terms of the average medical points per capita for major illness/ injury in 2013, hemophilia ranked the highest at 3,121 thousand points for outpatient services, followed by uremia at 521 thousand points, rare diseases at 392 thousand points, hemolytic disease at 217 thousand points, and organ transplants at 211 thousand points; hemophilia ranked the highest at 1,347 thousand points for inpatient services, followed by dependence on respirator at 752 thousand points, burns at 650 thousand points, severe malnutrition at 502 thousand points, and rare diseases at 426 thousand points.

Table 2 Top 10 Average Medical Points per Capita on Major Illness/Injury in 2013

Outpatient				Inpatient		
Rank	Category of Major Illness/Injury	Average Medical Points per Capita (points)	Multiples	Category of Major Illness/Injury	Average Medical Points per Capita (points)	Multiples
-	Average	106,323	1.0	Average	235,830	1.0
1	Hemophilia	3,120,754	29.4	Hemophilia	1,346,700	5.7
2	Uremia	520,704	4.9	Dependence on respirator	752,469	3.2
3	Rare diseases	392,257	3.7	Burns	649,517	2.8
4	Hemolytic disease	217,359	2.0	Severe malnutrition	502,473	2.1
5	Organ transplants	210,583	2.0	Rare diseases	425,880	1.8
6	Multiple sclerosis	209,845	2.0	Hemolytic disease	347,631	1.5
7	Dependence on respirator	161,901	1.5	Congenital immunodeficiency	340,419	1.4
8	Severe malnutrition	153,692	1.4	Creutzfeldt Jakob disease	327,213	1.4
9	Congenital immunodeficiency	133,052	1.3	Organ transplants	267,058	1.1
10	Complications of premature infants	96,136	0.9	Complications of premature infants	246,531	1.0

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

In 2013, the total outpatient medical points for major illness/injury filed by males amounted to 46 billion points (51.3%), and those from females amounted to 44 billion points (48.7%). Uremia accounted for the largest proportion of all and cancer the second largest, for both genders. For males, hemophilia ranked the third largest, chronic psychiatric disorder fourth, and organ transplants fifth. For females, generalized autoimmune syndrome ranked the third largest, chronic psychiatric disorder fourth and rare diseases fifth.

Table 3 Top 10 Outpatient Major Illness/Injury in 2013 by Gender

	Male			Female		
Rank	Category of Major Illness/Injury	Medical Points (million points)	%	Category of Major Illness/Injury	Medical Points (million points)	%
-	Total	46,473	100.0	Total	44,148	100.0
1	Uremia	19,999	43.0	Uremia	20,623	46.7
2	Cancer	15,590	33.5	Cancer	14,742	33.4
3	Hemophilia	3,102	6.7	Generalized autoimmune syndrome	2,999	6.8
4	Chronic psychiatric disorder	2,450	5.3	Chronic psychiatric disorder	2,437	5.5
5	Organ transplants	1,277	2.7	Rare disease	876	2.0
6	Rare disease	1,199	2.6	Organ transplants	664	1.5
7	Generalized autoimmune syndrome	673	1.4	Dependence on respirator	451	1.0
8	Dependence on respirator	444	1.0	Malformation and chromosomal abnormalities	236	0.5
9	Congenital metabolic disease	283	0.6	Congenital metabolic disease	218	0.5
10	Cirrhosis of liver	264	0.6	Hemolytic disease	177	0.4

In terms of the outpatient average medical points per capita for major illness/injury in 2013, hemophilia ranked the highest for males, followed by uremia and rare diseases; uremia ranked the highest for females, followed by hemophilia and rare diseases.

Table 4 Top 10 Outpatient Average Medical Points per Capita on Major Illness/Injury in 2013 by Gender

	Male			Female		
Rank	Category of Major Illness/Injury	Average Medical Points per Capita (points)	Multiples	Category of Major Illness/Injury	Average Medical Points per Capita (points)	Multiples
-	Average	118,657	1.0	Average	95,836	1.0
1	Hemophilia	3,454,394	29.1	Uremia	527,328	5.5
2	Uremia	514,045	4.3	Hemophilia	346,606	3.6
3	Rare diseases	437,642	3.7	Rare diseases	343,510	3.6
4	Multiple sclerosis	264,085	2.2	Hemolytic disease	195,889	2.0
5	Hemolytic disease	245,227	2.1	Multiple sclerosis	195,205	2.0
6	Organ transplants	227,153	1.9	Organ transplants	184,672	1.9
7	Severe malnutrition	157,694	1.3	Dependence on respirator	179,223	1.9
8	Dependence on respirator	147,443	1.2	Severe malnutrition	147,064	1.5
9	Congenital immunodeficiency	138,363	1.2	Congenital immunodeficiency	120,591	1.3
10	Complications of premature infants	135,383	1.1	Leprosy	105,119	1.1

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

In 2013, the total inpatient medical points on major illness/injury filed by males amounted to 41 billion points (57.2%), and those from females amounted to 31 billion points (42.8%). For both genders, cancer accounted for the largest proportion of all, dependence on respirator second, chronic psychiatric disorder third, uremia fourth and acute cerebrovascular disease fifth.

Table 5 Top 10 Inpatient Major Illness/Injury in 2013 by Gender

	Male			Female		
Rank	Category of Major Illness/Injury	Medical Points (million points)	%	Category of Major Illness/Injury	Medical Points (million points)	%
-	Total	41,152	100.0	Total	30,751	100.0
1	Cancer	18,944	46.0	Cancer	13,427	43.7
2	Dependence on respirator	8,833	21.5	Dependence on respirator	6,868	22.3
3	Chronic psychiatric disorder	4,627	11.2	Chronic psychiatric disorder	3,704	12.0
4	Uremia	2,730	6.6	Uremia	2,750	8.9
5	Acute cerebrovascular disease	1,796	4.4	Acute cerebrovascular disease	1,296	4.2
6	Major trauma	1,015	2.5	Generalized autoimmune syndrome	739	2.4
7	Cirrhosis of liver	860	2.1	Malformation and chromosomal abnormalities	415	1.4
8	Organ transplants	501	1.2	Major trauma	392	1.3
9	Malformation and chromosomal abnormalities	496	1.2	Cirrhosis of liver	329	1.1
10	Generalized autoimmune syndrome	229	0.6	Organ transplants	213	0.7

In terms of the inpatient average medical points per capita for major illness/ injury in 2013, hemophilia ranked the highest for males, followed by dependence on respirator and burns, dependence on respirator ranked the highest for females, followed by burns and leprosy.

Table 6 Top 10 Inpatient Average Medical Points per Capita on Major Illness/Injury in 2013 by Gender

	Male			Female		
Rank	Category of Major Illness/Injury	Average Medical Points per Capita (points)	Multiples	Category of Major Illness/Injury	Average Medical Points per Capita (points)	Multiples
-	Average	249,250	1.0	Average	219,981	1.0
1	Hemophilia	1,466,533	5.9	Dependence on respirator	767,859	3.5
2	Dependence on respirator	740,923	3.0	Burns	658,563	3.0
3	Burns	643,828	2.6	Leprosy	419,613	1.9
4	Severe malnutrition	555,480	2.2	Severe malnutrition	411,367	1.9
5	Rare diseases	441,997	1.8	Rare diseases	407,612	1.9
6	Creutzfeldt Jakob disease	433,106	1.7	Congenital immunodeficiency	332,529	1.5
7	Hemolytic disease	409,028	1.6	Hemolytic disease	293,774	1.3
8	Congenital immunodeficiency	347,381	1.4	Major trauma	231,541	1.1
9	Organ transplants	309,698	1.2	Motor neuron disease	226,948	1.0
10	Complications of premature infants	253,500	1.0	Complications of premature infants	222,837	1.0

v. Hemophilia accounted for the largest proportion of outpatient claims for age groups under 30, while uremia ranked the first for age groups 30+.

The outpatient claims of major illness/injury in 2013 were, respectively, 2 billion points (2.4%) for the age group 0-14, 4 billion points (4.1%) for the age group 15-29, 11 billion points (11.8%) for the age group 30-44, 41 billion points (44.8%) for the age group 45-64 and 33 billion points (36.9%) for the age group 65+.

In terms of disease, hemophilia accounted for the largest proportion of outpatient claims of major illness/injury and rare disease ranked the second for age groups 0-29. For age groups 30+, uremia ranked first and cancer second.

Table 7 Top 5 Outpatient Major Illness/Injury in 2013 by Age Group

	0-14	15-29	30-44	45-64	65+
Medical Points	2,195 Million Points	3,696 Million Points	10,719 Million Points	40,557 Million Points	33,454 Million Points
Rank					
1	Hemophilia 26.8%	Hemophilia 27.1%	Uremia 29.3%	Uremia 45.1%	Uremia 56.0%
2	Rare disease 24.8%	Rare disease 15.9%	Cancer 27.6%	Cancer 37.3%	Cancer 35.0%
3	Malformation and chromosomal abnormalities 10.6%	Cancer 11.9%	Chronic psychiatric disorder 15.4%	Chronic psychiatric disorder 5.2%	Generalized autoimmune syndrome 2.9%
4	Poliomyelitis 7.4%	Uremia 11.3%	Hemophilia 9.3%	Generalized autoimmune syndrome 4.6%	Chronic psychiatric disorder 1.8%
5	Dependence on respirator 6.2%	Chronic psychiatric disorder 10.9%	Generalized autoimmune syndrome 5.5%	Organ transplants 3.0%	Dependence on respirator 1.3%

vi. Chronic psychiatric disorder accounted for the largest proportion of inpatient claims for age groups 15-44, while cancer ranked the first for other age groups.

The inpatient claims of major illness/injury in 2013 were, respectively, 3 billion points (4.0%) for the age group 0-14, 3 billion points (3.8%) for the age group 15-29, 8 billion points (11.7%) for the age group 30-44, 28 billion points (38.3%) for the age group 45-64, and 30 billion points (42.2%) for the age group 65+.

In terms of disease, chronic psychiatric disorder accounted for the largest proportion of inpatient claims of major illness/injury for age groups 15-44. Cancer ranked the second. Cancer accounted for the largest proportion for other age groups, of which, chronic psychiatric disorder ranked second for age group 45-64, while dependence on respirator ranked the second for age groups 0-14 and 65+.

Table 8 Top 5 Inpatient Major Illness/Injury in 2013 by Age Group

	0-14	15-29	30-44	45-64	65+
Medical Points	2,856 Million Points	2,763 Million Points	8,415 Million Points	27,507 Million Points	30,362 Million Points
Rank					
1	Cancer 24.3%	Chronic psychiatric disorder 30.3%	Chronic psychiatric disorder 37.0%	Cancer 56.3%	Cancer 40.5%
2	Dependence on respirator 19.3%	Cancer 28.6%	Cancer 36.9%	Chronic psychiatric disorder 13.2%	Dependence on respirator 37.1%
3	Malformation and chromosomal abnormalities 17.4%	Dependence on respirator 9.8%	Dependence on respirator 7.6%	Dependence on respirator 10.8%	Uremia 10.4%
4	Major trauma 9.1%	Major trauma 9.3%	Uremia 3.0%	Uremia 6.9%	Acute cerebrovascular disease 5.4%
5	Rare disease 5.6%	Malformation and chromosomal abnormalities 5.4%	Cirrhosis of liver 2.6%	Acute cerebrovascular disease 3.8%	Chronic psychiatric disorder 2.3%

(4) Co-payments for Medical Expenses

Co-payments for medical expenses totaled NT$37 billion in 2013, a 0.7% increase from the previous year. Among which, outpatient co-payments amounted to NT$29 billion and inpatient co-payments NT$8 billion.

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

The average co-payments per case were NT$98 for outpatient services and NT$4,575 for inpatient services in 2013. Analyzed by contracted category, academic medical centers had the highest amount both in outpatient and inpatient services (NT$328 for outpatient and NT$5,818 for inpatient). Metropolitan hospitals ranked second (NT$234 for outpatient and NT$4,252 for inpatient).

Figure 43 Average Co-payments per Outpatient Case by Contracted Category

2013

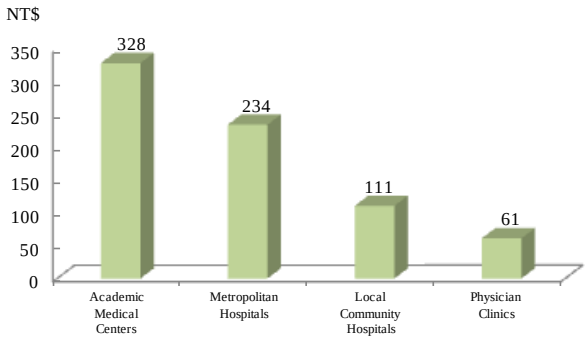
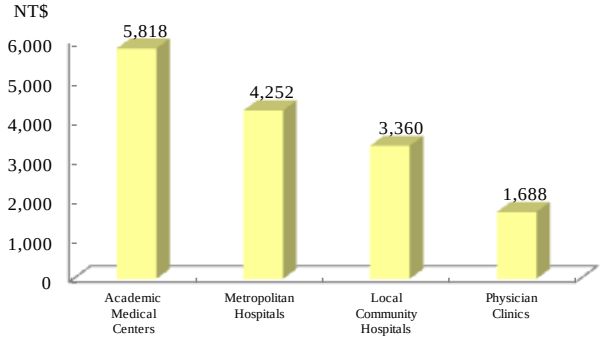


Figure 44 Average Co-payments per Inpatient Case by Contracted Category

2013



ii. Males had higher average co-payments per case than females for all age groups.

In terms of gender, the average co-payments per outpatient case were NT$100 for males and NT$97 for females in 2013; the average co-payments per inpatient case were NT$4,683 for males and NT$4,457 for females. Broken down by age group, the average co-payments per case increased with age. The average co-payments per case for the age group 65+ represented 1.7 times that of the age group 0-14 for outpatient services, and 3.7 times that for inpatient services. Males showed higher amounts than females in all age groups. The most significant difference was seen in age group 45-64, at NT$571 per inpatient case.

Figure 45 Average Co-payments per Outpatient Case by Gender and Age

2013

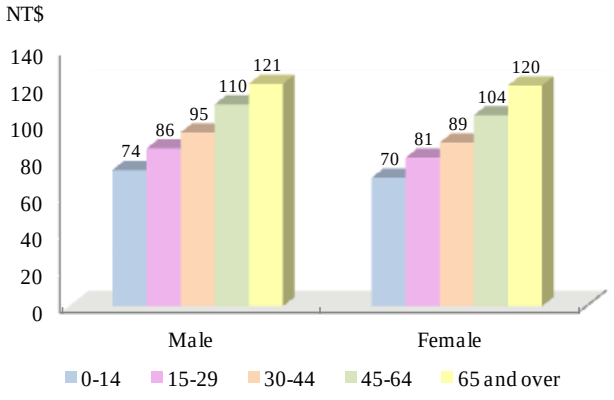
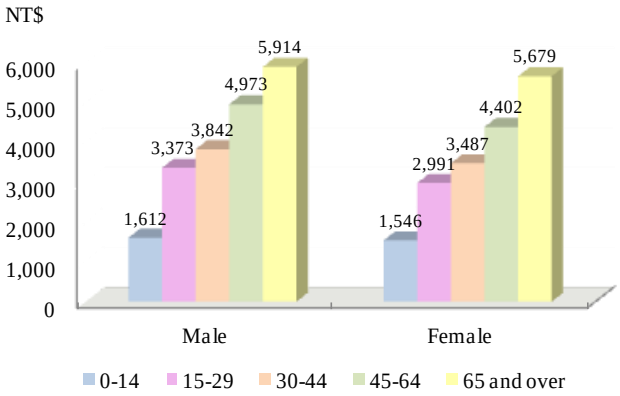


Figure 46 Average Co-payments per Inpatient Case by Gender and Age

2013



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

i. The claims for out-of-plan services approved were NT$1,469 million, with an approved rate of 31.6%.

The total advanced medical expense claims for out-of-plan services approved were NT$1,469 million in 2013, a decrease of 22.9% from the previous year. The total approved amount was NT$464 million, a decrease of 9.3% from the previous year. The approval rate was 31.6%. Among which, NT$333 million was claimed for outpatient service, with an approved rate of 53.5%, NT$1,136 million for inpatient services, with an approved rate of 25.2%.

Figure 47 Applied Amount for Out-of-Plan Services

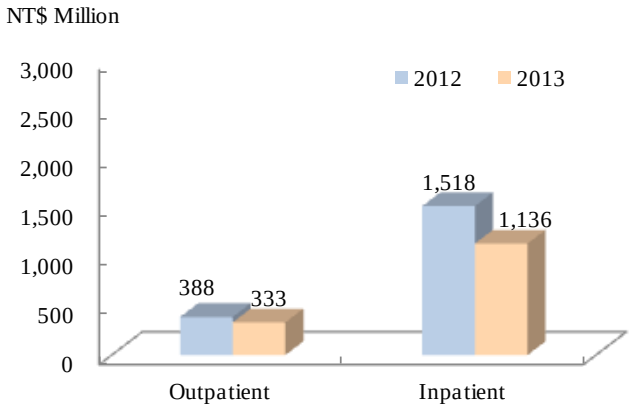
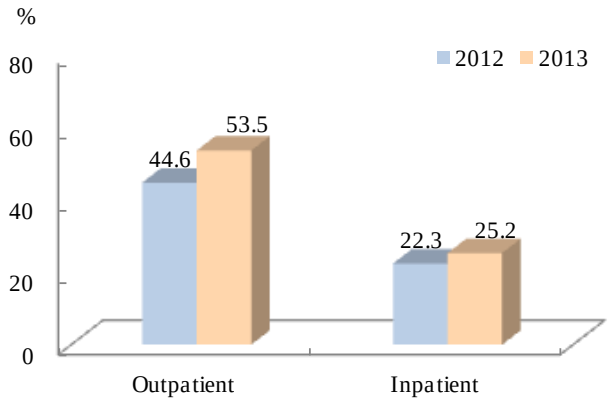


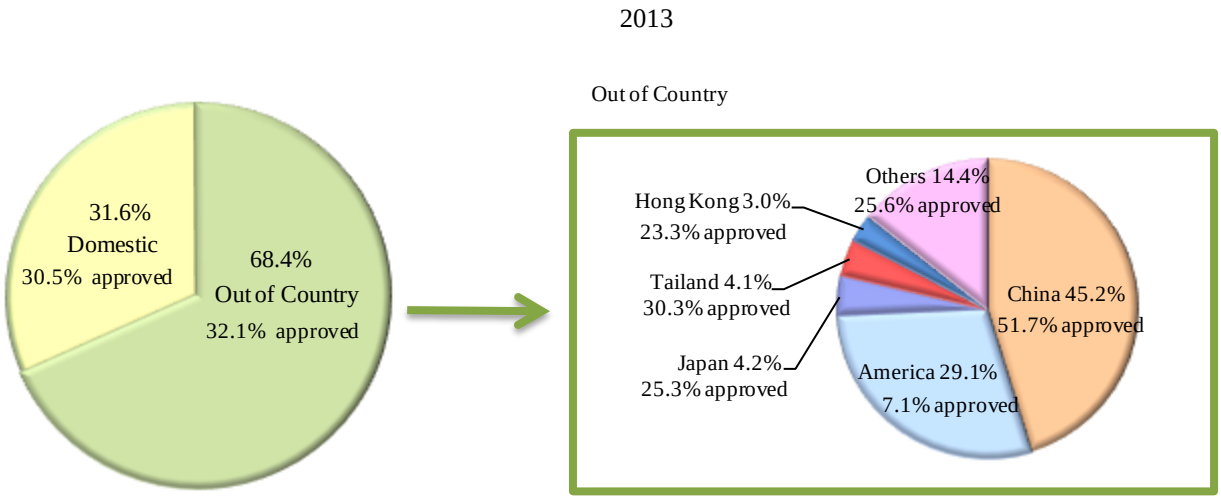
Figure 48 Approval Rate for Out-of-Plan Services



ii. China accounted for the highest proportion of all overseas claims with the highest approval rate.

Broken down by area, domestic claims accounted for NT$464 million with an approval rate of 30.5%. Out of country claims amounted to NT$1,005 million with an approval rate of 32.1%. Advanced medical expenses for services rendered in China amounted to NT$454 million and represents 45.2% of all overseas claims, being the highest of all. The approval rate was 51.7%. The claims for services rendered in the United States amounted to NT$292 million and contributed to 29.1% of the total overseas claims, being the second highest. The approval rate was 7.1%.

Figure 49 Reimbursements of Advance Medical Expenses for Out-of-Plan Services



Notes:

1. Data updated on June 10, 2014.
2. Medical benefit claims exclude commission cases.
3. Medical expenses imply both requested points and co-payments.
4. The detailed medical expenses indicate actual medical expenses incurred for each item, including co-payments.
5. Patients' co-payment 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 should be calculated according to the "Point Value of Global Budget Payment System" in this chapter. For other items, 1 point was equal to NT$1 in principle.