

# I. Abstract 2011

## 1. Enrollment and Underwriting

- (1) Group Insurance Applicants: At the end of 2011, there were a total of 730,720 group insurance applicants, an increase of 24,121 from the previous year, or an equivalent of 3.4%. The average annual increase rate in the past ten years was 2.6% of which greatest in the Eastern branch with 4.3% and smallest in the Taipei Branch with 2.1%.
- (2) Beneficiaries: At the end of 2011, there were 23 million beneficiaries, an increase of 124,177, or 0.5% from the previous year. Sex ratio of beneficiaries was 98.8. It was 99.6 ten years ago. The average annual increase rate in the past ten years was 0.7% of which greatest in the Northern Branch, at 1.7% and smallest in the Eastern Branch at 0.4%.
- (3) Insured Payroll-related Amounts: At the end of 2011, the average insured payroll-related amount came to NT\$33,505, an increase of NT\$961 from the previous year. the average increase of the insured payroll-related amount from 2001–2011 was 2.7%. The payroll-related amount of NT\$21,900 accounted for the greatest number (22.4%) of insured. Average insured payroll-related amount was the highest for Item 5 of Category 1, at NT\$70,709, followed by Item 1 of Category 1, at NT\$57,758.
- (4) Premium Receivables: In 2011, premium receivables amounted to NT\$469 billion, an increase of NT\$31 billion, or 7.2%, from the previous year, NT\$177 billion from beneficiaries (37.6%), NT\$174 billion from group insurance applicants (37.2%) and NT\$118 billion from government subsidies (25.2%); the average annual increase rates in the past ten years were 4.3% for beneficiaries, 6.4% for group insurance applicants and 3.8 % for government subsidies.

## 2. Financial Status

- (1) Premiums Collected: Premiums collected in 2011 amounted to NT\$452 billion, an increase of NT\$34 billion or 8.2% from the previous year. The collection rate was 96.3%; 98.0% for the insured and group insurance applicants and 91.0% for government statutory subsidies (100% for the central government subsidies, 69.8% for the County and City government Under Taiwan Province subsidies and 100% for the other city/county government subsidies). Compared to 2001, premiums collected increased by NT\$165 billion with an average annual increase of 4.6%.
- (2) Financial Revenues and Expenditures: Under the accrual basis, revenues amounted to NT\$497 billion, an increase of NT\$32 billion from the previous year. Insurance costs amounted to NT\$463 billion, an increase of NT\$16 billion from the previous year, yielding a deficit of NT\$34 billion. Deficits have been occurring since 1998, and the

gap is widening. As of the end of 2010, the accumulated balance was -NT\$40 billion, which should be covered by the reserve fund. In order to prevent the deficit gap from widening further, the premium rate was adjusted to 5.17% in April, 2010. As of the end of 2011, the accumulated balance reduced to -NT\$6 billion.

- (3) Delinquent Charges: Delinquent charge receivables amounted to NT\$179 million in 2011, showing a decrease of 6.9% from the previous year. NT\$110 million was collected, showing a decrease of 4.5%. The collection rate was 61.7%.

### **3. Contracting and Management of Medical Care Institutions**

- (1) Contracted Medical Care Institutions: As of the end of 2011, the total number of contracted medical care institutions was 25,747, an increase of 716, or 2.9%, from the previous year; hospitals decreased by 3, clinics increased by 378, pharmacies by 331 and other medical care institutions by 10.
- (2) Rate of Contract Signed: As of the end of 2011, rate of contract signed between hospitals/clinics and the BNHI was 92.6%. Taipei City posted the lowest rate at 82.3%.
- (3) Hospital Beds: At the end of 2011, the total number of beds in contracted medical care institutions was 146,337, an increase of 190 or 0.1% from the previous year. Of which, 120,077 was for insured beds, showing an increase of 1,023 or 0.9% from the previous year. The percentages of insured beds in various levels of hospitals were 69.5% for academic medical centers, 79.0% for metropolitan hospitals, 89.0% for local community hospitals and 99.9% for physician clinics and dental clinics.
- (4) Violations: In 2011, 420 medical care institutions were found to have committed violations, a decrease of 121, or 22.4% from the previous year. 204 medical care institutions were penalized by reduced reimbursement, 81 by corrections, 111 by suspension of contract ranging from 1 month to 3 months and 24 by contract termination.

### **4. Medical Benefits**

- (1) Claims: There were 375 million outpatient medical service cases filed in 2011, an increase of 1.4 million, or 4.0% from the previous year. The outpatient medical benefit claims were 356 billion RVU, an increase of 20 billion RVU or 6.0% from the previous year. The average points per case were 950 RVU.

Inpatient medical service case filed in 2011 were 3 million cases, an increase of 70 thousand cases or 2.2% from the previous year. The inpatient medical benefit claims were 170 billion RVU, an increase of 5 billion RVU or 3.3% from the previous year. The average points per case were 51,809 RVU. The average length of stay in

hospitals per case was 10.2 days.

- (2) **Approved Benefits (RVU):** The approved outpatient medical benefit payments amounted to 351 billion RVU in 2011, an increase of 21 billion RVU or 6.5% from the previous year. The average points approved per case were 936 RVU. The approved inpatient medical benefit payments were 165 billion RVU, an increase of 6 billion RVU or 3.9% from the previous year. The average points approved per case were 50,376 RVU.
- (3) **Approved Benefits (NT\$):** The approved outpatient medical benefit payments were 322 billion RVU in 2011, an increase of NT\$11 billion or 3.7% from the previous year; average cost per case was NT\$859. Approved inpatient medical benefit payments amounted to NT\$149 billion, an increase of NT\$1 billion or 0.9% from the previous year. The average cost per case was NT\$45,598.
- (4) **Medical Expenses (copayment included):** Outpatient medical expenses were 48% for males and 52% for females. The average points per case for males were 1,116 RVU and 955 RVU for females. Inpatient medical expenses were 55% for males and 45% for females. The average points per case for males were 57,497 RVU and 48,290 RVU for females. For age 65 and over, outpatient medical expenses accounted for 29%, while inpatient medical expenses accounted for 44%.  
  
Both outpatient and inpatient average medical expenses per case (copayment included) increased with age. Outpatient expenses were 614 RVU for age 0 – 14, 752 RVU for age 15 – 29, 869 RVU for age 30 – 44, 1,199 RVU for age 45 – 64, and 1,412 RVU for 65 and over. Inpatient medical expenses were 24,533 RVU for age 0 – 14, 36,092 RVU for age 15 – 29, 40,175 RVU for age 30 – 44, 55,866 RVU for age 45–64, and 71,878 RVU for age 65 and over.
- (5) **Major Illness / Injury Certificates Issued:** As of the end of 2011, there were 30 kinds of major illnesses/injuries. The number of valid major illness/injury certificates issued was 918,720, an increase of 47,263 from the previous year, or 5.4%. Cancer patients held the highest number, at 432,344, followed by chronic psychiatric disorder patients, at 208,432, and patients with generalized autoimmune syndrome requiring lifelong treatment, at 79,672.
- (6) **Major Illnesses/Injury Claims:** The outpatient medical benefit claims of major illnesses/ injury amounted to 80 billion RVU in 2011, an increase of 6 billion RVU from the previous year, or 7.3%. The highest amount came from end-stage renal disease Uremia at 38 billion RVU (48.0%). The inpatient medical benefit claims of major illnesses/ injury in 2011 were 60 billion RVU, an increase of 2 billion RVU from the previous year or 3.3%. The highest amount came from cancer at 31 billion RVU

(43%). In terms of average points filed per capita, congenital hemophiliacs ranked first for both outpatient and inpatient services, with 3 million RVU for the former and 2 million RVU for the latter.

(7) Reimbursements of Advance Medical Expenses: A total of NT\$1,659 million was filed for reimbursements of advance medical expenses for out-of-plan services in 2011, an increase of 6.9% from the previous year. Among which, NT\$511 million was approved, an increase of 2.6% from the previous year. Approval rates were 30.8% for overall medical services, 58.7% for outpatient services, and 25.3% for inpatient services.