

Title:

National Health Insurance Operational Notice for Designating Medical Care Institutions for High Usage Insurance Beneficiaries (May 21, 2013)

- I. This Notice is established to implement the regulations specified in Article 53, Paragraph 2 of the National Health Insurance Act.
- II. Criteria for recognizing the Insured who require medical care at designated institutions:
 - (I) If the Insured visits hospitals for more than a certain number of times in the current year, he/she shall be included in the list of counseling targets of the hospital designation by the National Health Insurance Insurer (hereinafter referred to as the Insurer) for the next year. The number of times does not include emergency treatment, dentistry, and preventive health care implemented by the Insurer. Also, patients suffering from major illnesses and injuries shall be excluded from the list.
 - (II) If no significant improvement is achieved after the aforementioned priority counseling target has received counseling from the Insurer after a certain period of time, the Insurer may contact the contracted medical care institution to provide information including the medical records or medical certificates of the Insured for professional evaluation. Those who seek medical care in an anomalous matter as deemed by professional evaluation and have undergone the Insurer's evaluation shall be recognized as requiring medical care at a designated institution.
 - (III) The aforementioned principle does not apply to individual cases in which the Insured seeks medical care only at a designated institution as deemed necessary by the Insurer.
- III. The operating procedure for designating medical care institutions:
 - (I) If, after supervision, the Insured still does not attain the Insurer's assessment criteria, and the Insurer has deemed it necessary to designate contracted medical care institution(s) for medical services during a specified period of the next year, the Insurer must first inquire as to the willingness of the Insured to select contracted medical care institution(s) and fill out the notice of intent (find the sample in the attachment; up to four contracted medical care institutions may be selected). In addition, if the Insured does not select a medical institution, the Insurer will designate a contracted medical care institution based on

the condition of the Insured, and then notify the Insured and the designated institution by notice.

- (II) The Insurer shall enter the Insured's name, national ID number, and the name, code and abbreviation of designated medical institution into the database, and note "designated medical care" when the Insured updates his/her NHI card. When the Insured seeks medical services and takes a number at a contracted medical care institution, the error code 9129 (or the message "cardholder seeking medical services at a non-designated medical institution") will appear. The contracted medical care institution must then connect to the website designated by the Insurer to confirm whether it is the medical institution designated by the Insured (inquiry path: <https://10.253.253.243> / login with certificate / service category / designated medical care inquiry / enter the national ID number of the Insured). If yes, the registration as the Insured may be accepted (medical category shall be the code specified by the Insurer); if no, the medical expenses for the Insured shall be determined in accordance with Article 4 of this Notice.
- IV. NHI benefits shall not cover the medical expenses of beneficiaries who seek treatments in medical care institutions not designated by the Insurer. However, this does not apply to emergent situations that result in treatments at emergency rooms. The definition and scope of emergency shall be determined based on 2.1.1 "Definition and scope of applicability of emergency" of Part II "Western Medicine", Chapter 1 "Basic Treatment" of the NHI Fee Schedule and Reference List for Medical Services.
 - V. After the Insured has received medical care at the institution designated by the Insurer, if the Insurer has deemed that the reason for designating medical care institution no longer exists, the Insurer shall cancel the note of designed medical care on the Insurer's NHI card to lift the restriction of designated medical care.

NHI High Usage Insurance Beneficiary Letter of Intent for Medical Care Institution Designation

I, _____, am a beneficiary of National Health Insurance. In accordance with Article 53, Paragraph 2 of the National Health Insurance Act, after receiving counseling from the Insurer, I agree to seek ambulatory care only at _____ (institution name) and other contracted medical care institutions. However, the aforementioned restriction does not apply to emergencies or situations that require hospitalization. (In addition, if I do not choose a contracted medical care institution, the Insurer will designate one based on my circumstances.) If I seek medical care at an institution that is not the designated institution mentioned above in a case of non-emergency or without the Insurer's permission, the full amount of relevant medical expenses shall be borne by myself in accordance with the provisions of the National Health Insurance Act.

To
The National Health Insurance Insurer

Agreement signed by: (Signature or seal)

National ID number:

Address:

Telephone:

Note 1: For beneficiaries under 20 years of age receiving medical services at contracted medical care institutions under supervision, their legal representatives shall sign the Letter of Intent on their behalf.

Note 2: The case is based on the regulations specified in Article 53, Paragraph 2 of the National Health Insurance Act. Except for emergencies, NHI benefits shall not be provided to beneficiaries who make inappropriate repetitive medical visits or other improper uses of medical resources, or undergo treatments in medical care institutions not designated by the Insurer.

Note 3: The definition and scope of emergency shall be determined based on 2.1.1 "Definition and scope of applicability of emergency" of Part II "Western Medicine", Chapter 1 "Basic Treatment" in the NHI Fee Schedule and Reference List for Medical Services as specified in Article 41, Paragraph 1 of the National Health Insurance Act. acute diarrhea, vomiting or dehydration; acute abdominal pain, chest pain, headache, back pain (lower back, waist pain), arthralgia, or toothache; illnesses that require urgent treatments to identify the causes; hematemesis, hematochezia, nosebleed, hemoptysis, hemolysis, hematuria, colporrhagia or acute traumatic haemorrhage; acute intoxication or acute allergic reactions; paroxysmal instability of body temperature, dyspnea, wheezing, or cyanosis in the mouth, lips or fingertips; unconsciousness, coma, paralysis or movement disorders; obstructions in the eyes, ears, respiratory tract, gastrointestinal tract, urogenital tract due to retention of foreign bodies or internal pathological changes; mental illness endangering others' or the subject's own safety, or symptoms of mental illness that require urgent treatments; acute injuries caused by major accidents; statutory or reported epidemic diseases that require immediate treatments; and instability of vital signs or other possibly life-threatening symptoms.

____/____/____ (yyyy/mm/dd)