

# I. Abstract 2010

## 1. Enrollment and Underwriting

- (1) Group Insurance Applicants: At the end of 2010, there were a total of 706,599 group insurance applicants, an increase of 21,922 from the previous year, or an equivalent of 3.2%. The average annual increase rate was greatest in the Eastern branch with 4.1% and smallest in the Taipei Branch with 1.9%.
- (2) Beneficiaries: At the end of 2010, there were 23 million beneficiaries, an increase of 48,714, or 0.2%, over the previous year. Sex ratio of beneficiaries was 99.0. It was 100.2 ten years ago. The average annual increase rate in the past ten years was greatest in the Northern Branch, at 1.7%, and smallest in the Eastern Branch at 0.3%.
- (3) Insured Payroll-related Amounts: At the end of 2010, the average insured payroll-related amount came to NT\$32,544, an increase of NT\$697 from the previous year. The payroll-related amount of NT\$21,000 accounted for the greatest number (23.1%) of insured. Average insured payroll-related amount was the highest for Item 5 of Category 1, at NT\$70,404, followed by Item 1 of Category 1, at NT\$55,684.
- (4) Premium Receivables: In 2010, premium receivables amounted to NT\$437.4 billion, an increase of NT\$52.2 billion, or 13.6%, from the previous year, NT\$166.4 billion from beneficiaries (38.0%), NT\$159.5 billion from group insurance applicants (36.5%) and NT\$111.5 billion from government subsidies (25.5%); the average annual increase rates in the past ten years were 4.0% for beneficiaries, 5.3% for group insurance applicants, and 3.3 % for government subsidies.

## 2. Financial Status

- (1) Premiums Collected: Premiums collected in 2010 amounted to NT\$415.0 billion, an increase of NT\$46.5 billion or 12.6% from the previous year. The collection rate was 94.5%; 97.7% for the insured and group insurance applicants and 85.1% for government statutory subsidies (100% for the central government subsidies, 10.5% for the County and City government Under Taiwan Province subsidies and 100% for the other city/county government subsidies). Compared to 2000, premiums collected increased by NT\$132 billion with an average annual increase of 3.9%.
- (2) Financial Revenues and Expenditures: Under the accrual basis, revenues amounted to NT\$465.2 billion, an increase of NT\$57.7 billion from the previous year. Insurance costs amounted to NT\$446.7 billion, an increase of NT\$7.5 billion from the previous year, yielding a deficit of NT\$18.5 billion. Deficits have been occurring since 1998, and the gap is widening. As of the end of 2009, the accumulated balance was -NT\$58.2 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 2010, the accumulated balance reduced to -NT\$39.7 billion

- (3) Delinquent Charges: Delinquent charge receivables amounted to NT\$192 million in 2010, showing a decrease of 13.7% from the previous year. NT\$116 million was collected, showing a decrease of 15.0%. The collection rate was 60.1%.

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

- (1) Contracted Medical Care Institutions: As of the end of 2010, the total number of contracted medical care institutions was 25,031, an increase of 608, or 2.5%, from the previous year; hospitals decreased by 6, clinics increased by 317, pharmacies by 260, and other medical care institutions by 37.
- (2) Rate of Contract Signed: As of the end of 2010, rate of contract signed between hospitals/clinics and the BNHI was 92.1%. Taipei City posted the lowest rate at 83.0%, followed by Taichung City at 88.8%.
- (3) Hospital Beds: At the end of 2010, the total number of beds in contracted medical care institutions was 146,187, an increase of 1,393 or 1.0% from the previous year. Of which, 119,054 was for insured beds, showing an increase of 1,617 or 1.4% from the previous year. The percentages of insured beds in various levels of hospitals were 66.7% for academic medical centers, 79.3% for metropolitan hospitals, 88.5% for local community hospitals, and 99.9% for physician clinics and dental clinics.
- (4) Violations: In 2010, 541 medical care institutions were found to have committed violations, an increase of 5, or 0.9%, from the previous year. 215 medical care institutions were penalized by reduced reimbursement, 159 by corrections, 114 by suspension of contract ranging from 1 month to 3 months, and 53 by contract termination.

### **4. Medical Benefits**

- (1) Claims: There were 361 million outpatient medical service cases filed in 2010, an increase of 4 million, or 1.1%, from the previous year; the outpatient medical benefit claims were 336.0 billion RVU, an increase of 10 billion RVU, or 3.1%, from the previous year; the average points per case were 932 RVU.

Inpatient medical service case filed in 2010 were 3 million cases, an increase of 60 thousand cases, or 2.0%, from the previous year; the inpatient medical benefit claims were 164.4 billion RVU, an increase of 2.8 billion RVU, or 1.7%, from the previous year; the average points per case were 51,267 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 329.8 billion RVU in 2010, an increase of 10.7 billion RVU, or 3.4%, from the previous year. The average points approved per case were 914 RVU. The approved inpatient medical benefit payments were 159 billion RVU, an increase of 3.5 billion RVU, or 2.2%, from the previous year. The average points approved per case were 49,563 RVU.

- (3) **Approved Benefits (NT\$):** The approved outpatient medical benefit payments were 310.7 billion RVU in 2010, an increase of NT\$11.2 billion, or 3.7%, from the previous year; average cost per case was NT\$862. Approved inpatient medical benefit payments amounted to NT\$148.1 billion, an increase of NT\$4 billion, or 2.8%, from the previous year; average cost per case was NT\$46,168.
- (4) **Medical Expenses (copayment included):** Outpatient medical expenses were 48% for males and 52% for females; average points per case for males were 1,090 RVU and 943 RVU for females. Inpatient medical expenses were 55% for males and 45% for females; average points per case for males were 56,367 RVU and 48,149 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 increased with age. Outpatient expenses were 602 RVU for age 0 – 14, 824 RVU for age 15 – 44, 1,177 RVU for age 45 – 64, and 1,376 RVU for 65 and over. Inpatient medical expenses were 25,003 RVU for age 0~14, 38,111 RVU for age 15–44, 54,834 RVU for age 45–64, and 71,375 RVU for age 65 and over.

- (5) **Major Illness / Injury Certificates Issued:** As of the end of 2010, there were 30 kinds of major illnesses/injuries; the number of valid major illness/injury certificates issued was 871,457, an increase of 40,424 from the previous year, or 4.9%. Cancer patients held the highest number, at 397,403, followed by chronic psychotic disorder patients, at 207,667, and patients with generalized autoimmune syndrome requiring lifelong treatment, at 74,344.
- (6) **Major Illnesses/Injury Claims:** The outpatient medical benefit claims of major illnesses/ injury amounted to 74.5 billion RVU in 2010, an increase of 4.9 billion RVU from the previous year, or 7.1%. The highest amount came from patients with end-stage renal disease at 36.5 billion RVU (49.0%). The inpatient medical benefit claims of major illnesses/ injury in 2010 were 68.2 billion RVU, a decrease of 50 million RVU over the previous year, or 0.1%. The highest amount came from patients with cancer at 29.3 billion RVU (42.9%). In terms of average points filed per capita, congenital hemophiliacs ranked first for both outpatient and inpatient services, with 2.5 million RVU for the former and 1.6 million RVU for the latter.

(7) Reimbursements of Advance Medical Expenses: A total of NT\$1,553 million was filed for reimbursements of advance medical expenses for out-of-plan services in 2010, an increase of 13.9% from the previous year. Among which, NT\$499 million was approved, a decrease of 0.6% over the previous year. Approval rates were 32.1% for overall medical services, 58.3% for outpatient services, and 26.5% for inpatient services.