

Preface

Taiwan's National Health Insurance program was implemented in March 1995. Since then, the economic development of its healthcare industry has soared. Military servicemen were formally integrated into the National Health Insurance system in February 2001, fulfilling the program's initial goal of universal participation and equal-opportunity medical care. Based on the interpretation of the Grand Justice Conference, National Health Insurance falls under the category of social insurance, and the national insurance program is implemented in the spirit of mutual social assistance. It provides several measures to protect the unemployed, the poor, and victims of disasters. Moreover, by safeguarding the right of the underprivileged to have access to medical care, the program maintains social order and provides security during times of economic uncertainty.

To effectively monitor reasonable increases in medical expenditures and prevent the deterioration of the financial situation of the health insurance programs, various measures, such as maintaining a reasonable patient load in ambulatory care, the Global Budget Payment System, the New Copayment System, and the Adjusted Drug Reimbursement, have been put in operation. In addition, major adjustments have been made to the Reimbursement Standards for hospitalization, emergency treatment of severe diseases, and certain surgeries; such adjustments have subsequently balanced out medical behavior and development, while increased transparency of information about medical quality serves to better protect the rights of patients. To consolidate the basis for collection of premium payments, in September 2002, adjustments were made to the national health insurance rates, temporarily protecting national health insurance from insolvency. This year, in order to increase premium income, guidance regarding insurance status has been continuously offered to nationals, and the declaration of payroll-related premium has been verified. Active efforts have also been rendered for acquiring the tobacco surtax for the reserve fund. In addition, lottery feedback funds, among other sources of income, have been acquired to help disadvantaged groups. More attention has also been paid to social factors that may affect income and expenditures of the health insurance program, such as aging of the population, new advancements in technology, and population growth.

The NHI program targets all nationals and foreign workers in Taiwan as beneficiaries. Under the principles of self-reliance, mutual assistance, and risk pooling, NHI premiums are shared by individuals, group insurance applicants, and the government. Four objectives are stressed in the program's implementation: (1) universal enrollment and equal-opportunity medical care; (2) balanced finances and long-term operational viability; (3) bringing about a coherent consensus from society that guarantees the right to medical treatment; (4) better quality medical care and better health for all citizens. The NHI renders medical benefits to the insured and their dependents in times of illness, injury, and childbirth to ensure that all people enjoy proper medical care when they need it. The global budget payment system program was implemented for dental care, Chinese medicine, western medicine clinics, and hospitals in July 1998, July 2000, July 2001, and July 2002, respectively.

As a key component of the ROC's social security system, NHI is a program that deeply concerns the general public. To promote widespread public understanding of the NHI program, the BNHI compiles and publishes a yearly 'National Health Insurance Annual Statistical Report' for the reference of interested parties in all sectors (the first Report was issued in 1995, the year of NHI's inception). The 2011 Report is divided into two parts, namely, (1) abstract and statistical analysis and (2) statistical tables. The abstract and statistical analysis includes the main ideas of NHI statistics and the related analysis for 2011; the statistical tables are comprised of two parts, namely, the time series statistics and Current Year Statistics 2011. To enable the general public to better understand the NHI system, the statistical analyses of "Medical Benefits" have been rewritten. Current Year Statistics for 2011 were published electronically to conserve energy and reduce carbon emissions.