

Expansion of National Health Insurance System from Apr. 2018

<Overview of the Reform of National Health Insurance System>

Based on the “Law to amend part of the National Health Insurance Act to build a sustainable medical insurance system (enacted in May 2015)”, prefectures will take in charge of financial management of National Health Insurance from the fiscal year 2018. This reform aims for the prefectural government to take over the major role in operating National Health Insurance in order to stabilize the system by the stable financial management and the efficient service provision, etc. The municipal offices will continue to handle all the procedures concerning National Health Insurance.

Related links:

[Chiba Prefecture Official Homepage: About the Reform of National Health Insurance System](#) (Japanese)

Roles of prefectures and municipalities after the reform

Aims of the reform		
1. Management in general	<ul style="list-style-type: none"> • Prefectures run National Health Insurance cooperating with municipalities. • Prefectures take in charge of financial management of National Health Insurance, taking over the major role in operating National Health Insurance in order to stabilize the system by the stable financial management and the efficient service provision, etc. • Prefectures indicate unified vision for National Health Insurance operation, promoting efficiency, standardization, and regionalization of the municipal administrative affairs. 	
	Prefecture's Roles	Municipality's Roles
2. Financial management	Bear the primary responsibility for financial management <ul style="list-style-type: none"> • Determine the National Health Insurance project cost for each municipality • Establish and manage Fiscal Stabilization Fund 	<ul style="list-style-type: none"> • Pay National Health Insurance project cost to the prefecture.
3. Qualification management	<ul style="list-style-type: none"> • Promote efficiency, standardization, and regionalization of the municipal administrative affairs in accordance with the operation policy. (*Also true in no.4 & 5) 	<ul style="list-style-type: none"> • Manage the qualifications. (i.e. Issuance of Insurance card)
4. Determination, imposition and collection of the insurance premium	<ul style="list-style-type: none"> • Calculate and announce the standard insurance rate for each municipality by calculation criterion unified within the prefecture. 	<ul style="list-style-type: none"> • Determine the insurance premium rate referring to the standard insurance rate calculated by Prefectures. • Imposition and collection in accordance with the individual situation.

5. Insurance benefits	<ul style="list-style-type: none"> • Pay the full insurance benefit cost to the municipality. • Inspect the insurance benefits paid by the municipality. 	<ul style="list-style-type: none"> • Determine the insurance benefit. • Reduction and exemption of the medical expenses according to the individual situation.
6. Health support	<ul style="list-style-type: none"> • Advice and support municipalities' health projects. 	<ul style="list-style-type: none"> • Provide proper health support services for the each insured. (Data Health Projects, etc.)

(Reference: Ministry of Health, Labor and Welfare document)

Prefectures

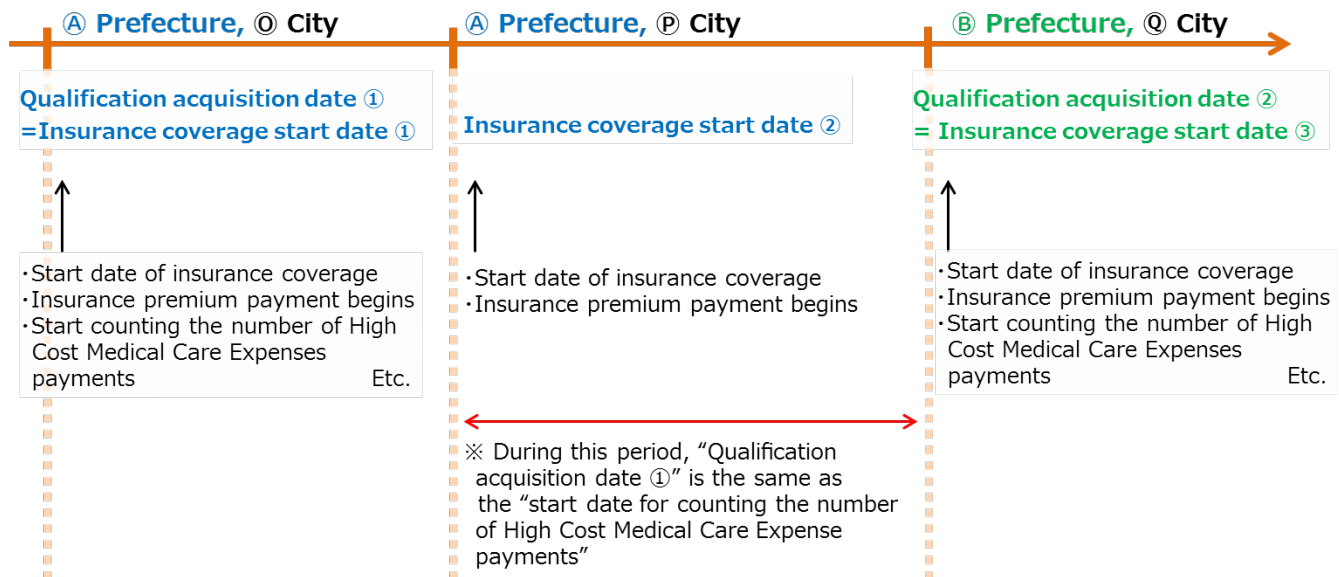
- Make a projection of medical benefit cost and determine the amount of National Health Insurance project costs for each municipality.
- Calculate and announce the standard insurance rate for each municipality by calculation method set by the prefecture.

Municipalities

- Determine an insurance rate referring to the standard insurance rate announced by Prefectures.
- Impose and collect insurance fee and pay to the prefecture.

National Health Insurance qualifications will be managed by the prefecture instead of a municipality.

Correlation between changes of address and insurance qualifications



(Reference: Ministry of Health, Labor and Welfare document)

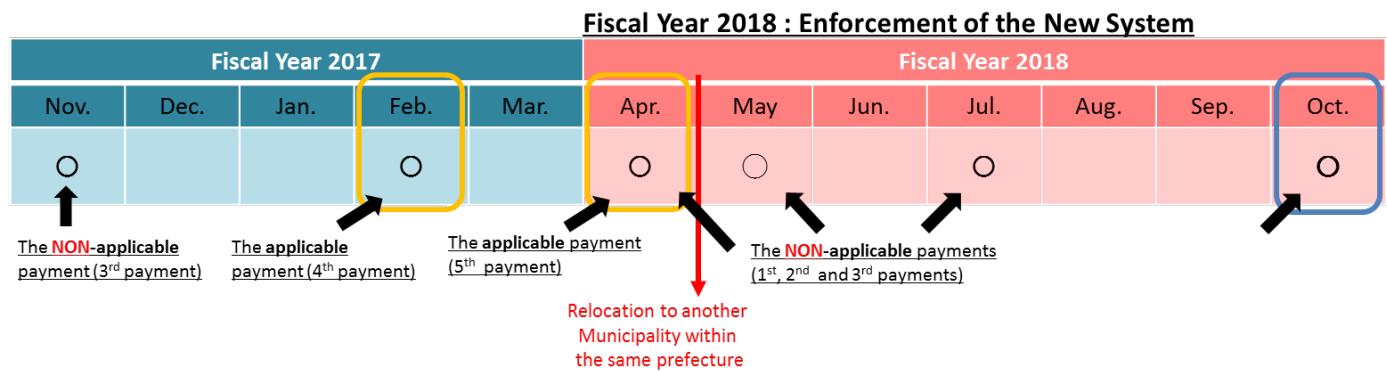
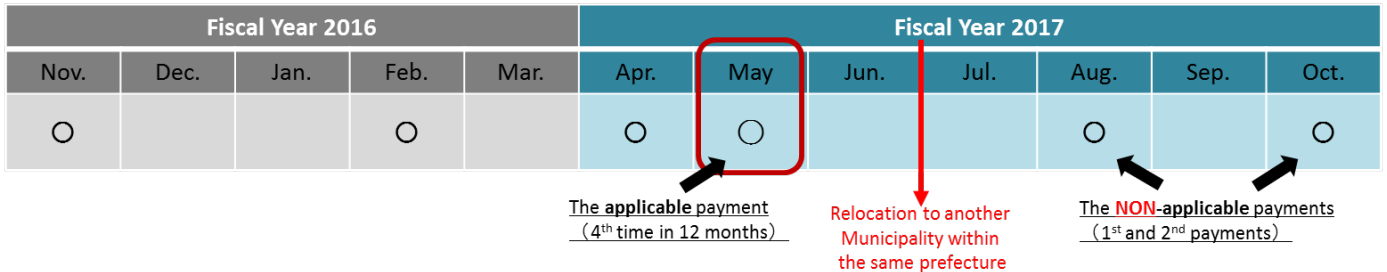
With the reform enabling prefectures to become the insurers of National Health Insurance, the qualification structure will be reorganized to be managed by the prefectural level.

Therefore from April 2018, relocation to another municipality within Chiba prefecture does not require procedures to modify/re-apply for National Health Insurance. (Insurance qualification procedures are necessary when moving outside of Chiba prefecture.)

“Start date of insurance qualification management by the city” will be considered as “Insurance coverage start date.”

The number of multiple High Cost Medical Expenses payments is passed over between the municipalities within the same prefecture.

**Determination for the “Frequent Use of High Cost Medical Expenses” after the System Reform
(The counting method for the number of payments that exceeds 3 times in 12 months.)**



(Reference: Ministry of Health, Labor and Welfare document)

From April 2018, when relocating to another municipality within the same prefecture and if the household is recognized to be same as before, the number of times High Cost Medical Care Expenses are paid will be passed on to the new municipality and counted up, reducing the financial burden.