

POLICY AND PRACTICE UPDATES

医保异地结算要破除地方抵制

《华夏时报》2013-08-02

<http://finance.sina.com.cn/roll/20130731/233116304711.shtml>

国务院办公厅在中国政府网发布《深化医药卫生体制改革 2013 年主要工作安排》的通知，对 2013 年医药卫生体制改革的各项工作进行了安排，其中最令人关注的异地就医医保报销问题，获得专门阐述。通知要求，由人社部、国家卫生计生委分别负责，总结实践经验，大力推进异地就医结算，逐步推开省内异地就医直接结算。选择在部分省份试点，探索建立跨省异地就医即时结算机制。

对于那些缺乏优质医疗资源的居民来说，异地医保报销就是一个非常重要的问题，因为几乎所有的大病都需要到其他城市治疗。媒体曾统计过，在北京市三级医院里，有 30%-40% 的患者来自外地，专科医院的这一比例接近 80%-90%，其中住院患者的比例还要高一些。异地医保报销问题同时还困扰着那些在外地就业的居民。自从 2006 年开始实行农民工大病医疗保险专项行动以来，农民工也出现了异地医保报销问题：当年全国就有 2600 多万农民工参加了大病医保，但是这些农民工的工作地却不确定，因此报销也成为问题。画地为牢的社会保障体系是最大的问题。发源于传统计划体制下的现代社会保障制度，本质上是忽视劳动力的自由流动，因此所有的社会保障体系都是属地管理——目前的社会保障系统筹层级太低，到目前为止有很多省份的统筹层级还是在地市级，尽管有些省份已经统筹到省一级，但是这与人口在全国范围内流动的现实却有着巨大反差。为此，要在根子上解决医保的异地结算难题，必须要提高统筹层级，才能抵消地方可能出现的抵制，这也是国务院此次文件所逐步推行的政策。

Reducing local resistance to remote health insurance settlement

The State Council of China posted a notice on the government website regarding the main areas of work needed in 2013 to deepen the Health System Reform. One of the main issues being discussed was health insurance reimbursement when the insured sought medical treatment outside his or her jurisdiction.

For many people living in areas without quality medical resources, they have to seek medical treatment in other cities or jurisdictions for all serious illnesses, and being able to file for health insurance outside your jurisdiction becomes very important. According to some news media survey, about 30% to 40% of patients in Beijing tertiary hospitals come from outside the city. This percentage increases to about 80% to 90% for specialized hospitals. People working outside their jurisdictions also have difficulties in medical care reimbursement.

China's current social safety net system is based on the traditional planned economic system that lacks enough flexibility for the free movement of labor. Currently, most provinces coordinate their social safety net at the local municipal level, in stark contrast to the national movement of labor force. In order to resolve the issues involved in remotely reimbursing health insurance claims, it is important to coordinate the reimbursing of the benefits at much higher levels.

医改办启动首批县级公立医院改革试点自评工作

《中国政府网》2013-08-06

http://www.gov.cn/gzdt/2013-08/06/content_2462067.htm

为全面总结县级公立医院综合改革试点的做法和进展，发现制约改革深化的主要因素，完善相关政策，制订拓展和深化改革的政策文件，国务院医改领导小组办公室近日印发通知，启动县级公立医院综合改革试点评估工作。

第一阶段评估工作为地方自评，8月20日前完成。要求各地全面总结县级公立医院综合改革试点的做法，评价各级政府和试点县级医院对政策措施的落实情况；评估改革试点取得的成效，总结值得推广的经验；发现和归纳当前改革试点遇到的困难和问题，提出拓展和深化改革的政策建议。

自评的内容为：全面总结各地县级公立医院综合改革试点的做法，评价各级政府和试点县级医院对政策措施的落实情况；评估改革试点取得的成效，总结值得推广的经验；发现和归纳当前改革试点遇到的困难和问题，提出拓展和深化改革的政策建议。

自评的要求为：（一）深刻认识开展县级公立医院综合改革试点评估工作的重要意义，做好地方自评的组织推进工作；（二）确保自评结果的客观真实性。接受自评的单位和人员要如实填报数据，反映真实情况，开展测算要严谨客观，严禁弄虚作假和篡改调查结果；（三）按时完成自评任务。

各省（区、市）接到通知后即开展自评工作，8月20日下班前将所有需要收集的材料（电子版）按要求提交至国务院医改办；8月25日下班前将自评报告（电子版）报送国务院医改办。

Office of Medical Care Reform Initiates the First Round of Self-Evaluation by County-Level Public Hospitals

The State Council Health Reform Leading Group Office recently announced the initiation of evaluation of county level public hospitals involved in the medical reform piloting program. This round of evaluation aims to comprehensively review the methods used and progress made for the pilot county-level hospital reform, discover major factors that impede deepening of the reform, improve reform-related policies, and develop policies for further broadening and deepening the reform.

The first segment of the evaluation will be local self-assessment to be completed by August 20. All local authorities need to comprehensively review methods used in the county-level public hospital reform and evaluate implementation of related policies by the piloting hospitals and all levels of government. It is important to understand the impact of reform at the piloting hospitals as well as problems and difficulties faced by the reform. From these evaluations, valuable lessons and suggestions will be summarized and disseminated to further the medical care reform.

广州启动县级医院改革试点

《第一财经日报》2013-08-06

<http://www.yicai.com/news/2013/08/2916505.html>

广州市政府常务会议审议通过了《广州市县级公立医院医药价格改革试点工作方案（试行）》（下称《方案》），确定在广州从化、增城两个县级市开展县级公立医院改革。《方案》明确，县级公立医院综合改革以破除“以药补医”机制为关键环节，以改革补偿机制为切入点。县级公立医院医药价格改革就是通过取消药品加成政策，将县级医院补偿由服务收费、药品加成收入和政府补助三个渠道改为服务收费和政府补助两个渠道。医院由此减少的合理收入，通过调整医疗技术服务价格和增加政府投入等途径予以补偿。

《方案》主要内容包括，试点医院药品（中药饮片、制剂除外）面向所有患者实行零差率销售；降低磁共振扫描（MRI）、X 计算机体层（CT）扫描价格，在现行政府指导价基础上降低 8%；合理提高体现医务人员技术劳务价值的诊查、护理、手术以及治疗等医疗服务项目价格。经过测算，纳入试点的 5 家县级公立医院，药品加成取消后减少的合理收入约为 7770 万元，这部分减少的收入 20%由广州市和从化、增城两级财政负担，其余 80%则通过医疗服务价格调整来消化。这项改革于 9 月 1 日正式开始实施。医药价格政策调整将与财政、医保、卫生等改革协调实施，《方案》明确，调整后的医疗技术服务项目将按规定纳入医保支付范围，确保改革后群众医疗费用负担有所减轻，而医务人员合理收入水平不降低。

去年 6 月，国务院办公厅印发《关于县级公立医院综合改革试点意见的通知》，明确以破除“以药补医”机制为关键环节，力争使县域内就诊率提高到 90%左右，基本实现大病不出县。目前，全国约有 300 个县级公立医院综合改革试点。

Guangzhou City Initiates Pilot Reform of County-Level Public Hospitals

Guangzhou City Council Executive Committee reviewed and approved “The Plan for City of Guangzhou County-Level Public Hospital Medical Care Reform Pilot” (referred to as “The Plan” from this point on), formally initiating reform in two counties (County Conghua and County Zengcheng).

The Plan aims to abolish the past policy of selling drugs at high prices to compensate for medical services through reforming the medical care payment system. Pilot hospitals will sell drugs to all patients at cost (except traditional Chinese medicine products), reduce costs of procedures such as MRI and CT scan, and increase costs of provided medical services by reasonable amounts. For the five county-level hospitals in the pilot program, it is estimated that their revenue will decrease by ¥7700 due to lowered drug prices. These hospitals will recoup their losses through local government coffers (20%) and adjusted prices for medical care services (80%). The adjusted costs for medical care services will be covered under the current medical insurance plans.

China’s State Council stated in last June that one of the reform aims is to allow most patients to receive adequate medical care within their counties. Currently, there are 300 county-level public hospitals piloting the reform.

《社会保障体制改革的方案设计》报告发布

《第一财经日报》2013-06-18

<http://news.sina.com.cn/c/2013-06-18/033127425305.shtml>

近日，中国金融四十人论坛发布内部重大课题《深化经济体制改革重点领域一揽子方案》子课题《社会保障体制改革的方案设计》报告。报告以养老保障体制和医疗保障体制为主要讨论对象，对下一步改革思路提出了若干建议和方案。

报告还创新性地提出评价社会保障体制好坏的五个标准：一是能否维持财务的可持续性；二是能否保持对居民的正向激励；三是能否促进社会公平；四是能否促进人口自由流动和就业增长；五是能否通过建立社会安全网扩大消费。根据这“五个标准”，报告对不同方案作出了评估。此外，在医疗保障体制改革方面，报告根据现存问题，提出了要在医疗卫生体制改革三大互相冲突的目标：可及性、费用控制与医疗服务质量之间寻找综合平衡的原则。

在具体方案上，课题组成员出现了“一个主张，两种思路”的分歧。相同主张是逐步做实个人账户，真正发挥其对人们的激励作用。同时，在对历史债务以及未来资金缺口详细测算的基础上制定长远规划，以国有股份和收益、财政补助等充实和增强养老保障储备基金，确保当期养老金发放并为未来出现支付缺口做好准备。

报告提出：建立财务可持续的基本医疗保障制度，大力发展商业性医疗保险，形成布局科学的公共卫生服务体系 and 医疗服务体系，放开医疗市场准入，实现多元办医格局，以完善激励为导向加快公立医疗机构改革，推动医疗科技进步，使医疗卫生服务可及性、服务质量、服务效率和群众满意度显著提高，实现“2020 年人人享有基本医疗卫生服务”的总目标。

Release of the Report on “Design of Social Security System”

Recently, China Finance Forty People Forum released a report on the important topic of “Designing a Reformed Social Security System”, a subtopic for the ongoing debate to produce a “Package Plan for Deepening Economic Reform in Focus Areas”. This report focused on security for the elderly

and medical insurance for patients, proposed several plans and provided suggestions for the next round of reforms.

The report also introduced five areas for evaluating an existing social security system: whether it is sustainably funded; whether it continuously provide positive incentives to citizens; whether it increases equality; whether it encourages free movement of labor force and increase job growth; and whether it stimulates domestic spending by establishing a social safety net. Based on these 5 standards, the report assessed various reform plans.

The reported pointed to the importance of liberating personal accounts and through them provide positive incentives to citizens. Long term plans need to be drawn for the elderly security based on detailed estimation of past debts and possible future funding shortfalls. Various funding streams need to be considered to strengthen the slush fund for the elderly security to ensure timely distribution of funds and shore up possible budget gaps.

The report points out several areas that are needed to achieve the overarching goal of “Everyone Enjoys Basic Medical Care Service by 2020”: a sustainably funded basic medical care insurance system, well-established commercial medical insurances, an efficient network of public health centers and medical care service centers, a more open medical care market, and diversified hospital funding mechanisms.

人社部:提高居民医保待遇 推进大病保险试点

《中国经济网》 2013-08-02

http://big5.ce.cn/gate/big5/finance1.ce.cn/rolling/201308/02/t20130802_1077817.shtml

人力资源和社会保障部召开新闻发布会，人力资源社会保障部政策研究司司长、新闻发言人尹成基表示，下一步社会保障工作将落实居民医疗保险提高待遇政策，全面推进城乡居民大病保险试点。

社会保障工作下一步安排如下：

一是进一步完善各项社会保险制度。修订失业保险条例，推进失业动态监测；制定实施劳动能力鉴定管理办法；完善新农保和城居保政策，推进合并实施和强化激励；制订生育保险办法；深化医疗保险付费方式改革，全面实行总额控制，加强医疗服务监管，完善异地就医医疗保险管理服务办法。

二是进一步扩大社会保障覆盖面。开展全民登记参保试点，积极引导城乡居民长期参保续保；重点做好农民工、非公经济组织从业人员及私营企业职工等群体参加职工社会保险的工作；结合安全生产大检查，大力推进工伤保险参保全覆盖。

三是统筹研究制定兼顾各类群体的社会保险正常调整机制；落实居民医疗保险提高待遇政策，全面推进城乡居民大病保险试点。

四是加强基金监管。大力推进非现场监督体系建设，研究建立社保基金安全评估指标体系；深入研究养老保险基金保值增值问题；做好企业年金推进和监管工作。

五是强化社会保障管理服务。进一步整合经办管理资源，推进经办管理标准化建设，提高运行效率。打造“网上社保”服务平台；社会保障卡争取发放到5亿张。

Improve Medical Insurance for Residents: Advance Piloting Insurance for Serious Illnesses

At a recent news conference, the Ministry of Human Resources and Social Security announced their plan to advance the piloting of insurance for serious illnesses.

There are several main components of the plan.

1. Improve the social security system: revise unemployment insurance plan and advance unemployment monitoring; formulate plan to appraise labor forces; improve medical insurance plans for rural and urban residents; formulate maternal and child medical insurance; deepen medical care reimbursement reform; improve medical care and reimbursement for residents who seek medical care outside their jurisdiction.
2. Broaden the coverage of social security: pilot enrolling all residents for insurance plans; ensure participation by urban labor force of rural origins, labor force of informal economic enterprises, employees of private businesses; increase coverage of occupation safety insurance.
3. Coordinate an adjustment mechanism to cover all population groups and extend the coverage of serious illness insurance to all rural and urban residents.
4. Strengthen the supervision of funds: establish an off-site monitoring system to evaluate the safety of the funds; in-depth study of sustainably fund security for the elderly; promote businesses to establish annuity programs.
5. Strengthen management of social security services: consolidate human and material resources for managing social security system; increase operation efficiency; establish an online service platform for social security services; aim to distribute 500,000,000 social security cards.

武汉：未就业应届毕业生 也可参加职工医保

《长江晚报》2013-08-06

<http://www.changjiangtimes.com/2013/08/451968.html>

武汉市人社局近日发文，为鼓励高校毕业生在武汉创新创业，在武汉毕业的应届大学生，毕业后可直接在汉参加城镇职工医保，并不设6个月医保待遇等待期。以往大学毕业生毕业后如未找到工作，就不能参加职工医保。而居民医保的报销比例低于职工医保，如在“空窗期”生病，将缺乏有效的保障。

有关通知规定，武汉市行政区域内，各类全日制普通高等学校（含民办高校、独立学院、分校、高等职业技术学院）及高校科研院所中，接受普通高等学历教育的全日制本专科学生、全日制研究生（以下统称大学生），都可按规定参加本市城镇居民基本医疗保险，其毕业后医保待遇资格截止期为毕业当年的8月31日。

应届大学毕业生如找到工作，可随用人单位参加城镇职工基本医疗保险；应届大学毕业生灵活就业或暂未就业的，也可自愿在个人窗口参加职工医保，或在规定时间内办理次年的居民医保参保手续。

应届大学毕业生在个人窗口参加职工医保，须提供本人身份证和毕业证原件。对于在毕业当年的12月31日前参保的应届大学毕业生，不设6个月的医保待遇享受等待期，即从其参保缴费的次月开始享受职工医保待遇。

In the City of Wuhan, Newly Graduated College Students Participates in Workers' Medical Insurance Even Before Landing a Job

In order to encourage college graduates to stay in the city and put their entrepreneurship to work, Wuhan City Human Resources and Social Security Bureau announced that students newly graduated from post-secondary schools can immediately join the Urban Workers' Insurance Plan without a six-month probation period. In the past, new graduates without a job can't join the insurance plan, and could lack adequate protection if they succumb to illnesses.

Under the new plan, students attending any Wuhan area full-time post-secondary education institutions can participate in the Urban Residents Insurance Plan; this plan ends on August 31 the

year when the student graduates. If a new graduate finds a job, he or she can join the Urban Workers' Insurance Plan through his or her employer. If a new graduate doesn't have an employer, he or she can either join the Urban Workers' Insurance Plan or renew their Urban Residents Insurance Plan before the deadline.