

國家医疗保障局 樊卫东 FAN Weidong National Healthcare Security Administration



制度目标和功能定位 Targets and Positioning

▶社会保障体系补短板的重要制度安排

An important institutional arrangement for the social security system to make up for its shortcomings

政府主导设立并组织实施、遵循社会保险基本法则

Its establishment and implementation are led by the government

following basic rules of social insurance

解决基本生活护理和与基本生活密切相关的医疗护理需求

It addresses basic life care and healthcare needs closely related to basic life

▶建立保险、救助、慈善相衔接的多层次保障制度 Establishing a multi-tier social security system integrating insurance, assistance and charity

长期护理保险承担主体保障责任

Long-term care insurance provides major guarantee

社会救助实施托底保障

Social assistance provides bottom guarantee

各类护理补贴制度、工会、商业保险、慈善机构等协同保障

Care subsidies,trade unions, commercial insruance, charities provide guarantee in a coordinative way



── 阶段性成效Outcomes so far

▶截至2021年底,两批试点涵盖49个城市 参保人数1.45亿人,累计待遇享受165万人

By the end of 2021, the two pilot projects have covered 49 cities, with 145 million people insured and a total of 1.65 million people enjoying benefits 上年人均筹资180元。基金累计支出503亿元

年人均待遇支出1.6万元(约为个人年平均养老金收入的28%)

The annual financing per capita is 180 yuan. The accumulated fund expenditure is 50.3 billion yuan, with the annual benefits per capita of 16,000 yuan (about 28% of the average annual pension income per capita) 分新增各类护理服务机构近5000家

就业岗位30余万个(比2018年底的8.2万,增长了266%)

引入社会资本420亿元。

Nearly 5,000 newly established caring service providers with more than 300,000 jobs created (increased by 266% compared to 82,000 in the end of 2018). 42 billion yuan social capital was introduced.





覆盖范围和保障对象 Coverage and the insured

- ▶覆盖城乡全体居民 Covering all rural and urban residents 普惠性、基础性、兜底性的基本民生保障 Universal, fundamental and baseline security for basic livelihood
- ▶ 先试点再推开 From pilot to full implementation 由城向乡、由职工向居民延伸的实施路径 From urban to rural areas, from employees to residents

▶重点保障重度失能 Priority: severe incapacity

先从重度失能老年人基本需求起步 逐步将中度失能老年人纳入保障范围 兼顾其他年龄段失能人员需求

Start with the basic needs of the severely incapacitated elderly, gradually include the moderately incapacitated elderly into protection scope, and take into account the needs of incapacitated people of other ages

▶就业人员和非就业人员实施分类保障 Classified insurance for employed and unemployed



资金筹集 Financing

▶多元筹资机制 Diverse financing mechanisms

个人、单位、政府、社会等多渠道资金来源

职工缴费:单位+个人,居民缴费:个人+政府补助

鼓励社会、慈善等捐赠

Multiple channels including individuals, employers, government, society, etc.

Contributions from employees: employer+employee;

Contributions from residents: individual+government subsidies

Contributions from the society and charities are encouraged

▶ 合理分担责任 Proper share of responsibilities

职工:单位和个人各50%分担, 医保个人账户可代缴个人缴费

居民:原则上个人和政府按同比例分担

Employees: shared between employers and individuals by 1:1. Individual contributions could be paid from individual accounts of the healthcare insurances

Residents: shared between individuals and government by 1:1 in principle



▶建立基准费率 Setting benchmark rate

建立筹资动态调整机制, 平衡需求供给, 与收入挂钩

Establish a dynamic financing mechanism, balancing needs and supply, linked with income

全国统一规范筹资基准,均衡区域、人群缴费负担

Set a national financing benchmark, balancing contribution burdens among regions and groups

▶特殊政策安排 Special policies

职工医保个人账户可为家庭成员参保缴费

Employees can pay for the insurance of family members by their individual accounts of the healthcare insurance

建立对困难人员的参保缴费补助机制

Establish a subsidy mechanism for people with difficulties to join the insurance

目前年人均缴费180元, 最高上海(714元)与最低的安徽安庆(40元)相差近18倍 At present, the annual per capita contribution is 180 yuan, with a difference of nearly 18 times between the highest location, Shanghai (714 yuan) and the lowest, Anqing in Anhui Province (40 yuan).



2021年基金当期收入构成比 Current income composition of the fund in 2021

	职工 Employee	居民 Resident
单 位 Employer	11%	
个 人 Individual	16%	22%
医 保 Healthcare	70% insurance	64%
财 政 Public fina	2% nce	13%
其 他 Other	1%	1%

服务利用和基金支出流向构成比 Composition of service delivery and fund expenditure

	服务利用 Service delivery	基金支付 Fund expenditure	e
医疗机构 Healthcare		11. 5%	
养老机构 Nursing ho		12. 8%	
居 家 Home care	82. 5% e services	75. 7%	
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全国试点地区平均职工年人均筹资238.8元,居民年人均筹资66.4元 In the pilot areas, the average annual per capita financing for employees is 238.8 yuan, and that for residents is 66.4 yuan

码 待遇享受 Benefits

> 待遇享受条件 Eligibility

须经规范诊疗、失能状态持续6个月以上使用国家失能等级评定标准开展评估体现促进回归社会的价值导向Incapacitated for 6 month or above, with formal diagnosis and treatment Assessed by national standards for rating incapacity Promoting the value orientation of return to society

▶ 规范基金支付 Regulating fund expenditure

基金支付以购买服务为主,不发放现金补贴 服务提供方要具备相应的服务资质或资格 逐步将辅助器具和失能护理相关产品纳入保险范围

included into the insurance coverage

The fund expenditure is mainly for services purchasing but not cash subsidies Service providers should be qualified or certified Assistive devices and incapacity care related products will be gradually



▶基本保障范围 Basic coverage

以项目清单方式明确基本服务提供范围 探索基本服务项目和可选服务项目,均衡多元化需求 Scope of basic services are identified by way of list Explore basic service items and optional service items to balance diversified needs

▶建立基准待遇 Baseline benefits

基金支付总体水平控制在70%左右 建立多缴多得的待遇激励机制 Keep the fund expenditure at 70% Set up an incentive mechanism of "pay more get more"

▶规范失能评估 Regulated incapacity rating

国家制定统一的失能等级评定标准 研究制定与失能等级评估标准相配套的护理需求认定标准 制定完善护理服务质量评价标准以及评估管理办法等 Formulate a national incapacity rating standard Explore and formulate standards for nursing needs identification matching the incapacity rating standard Formulate and improve nursing service quality evaluation standards and regulations for evaluation management, etc.

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支付政策 Payment policy

▶鼓励居家服务 Encourage home care services

差别化支付政策,引导对居家、社区护理服务利用 发挥支付优势减少"医院养老""医院康复"依赖 Implement differentiated payment policies to encourage home

Implement differentiated payment policies to encourage home care and community nursing services

Give play to the advantages of payment and reduce the dependence on care and rehabilitation services in hospitals.

▶创新付费方式 Innovate payment methods

完善与服务模式相适应的支付手段 以需求为导向,采取相对集约方式将服务链条化、组合式 Improve payment methods to match service modes To form service chains and combinations in a demand-oriented and intensive way

▶资源配置作用 Allocate resources

引导发展小型、嵌入式社区养老机构、引导服务向农村延伸支持社会资本进入护理服务市场 Encourage the development of small and community-based nursing homes, and extend services to rural areas Support the introdution of social capital into care service market



配套支撑政策 Formulate supporting policies

注重整体推进 Progress in an all-round way

▶监管运行机制,完善智能监控规则和体系
Regulation on operational mechanisms, to improve smart monitoring rules and systems

▶质量评价体系,建立评估指标体系和方法 Quality evaluation system, to set up assessment indicator system and methodology

▶市场运作模式,推动实现管和办的协同统一,激发市场主体活力 Market-oriented model, to form synergy between management and operation, and stimulate the vitality of market players





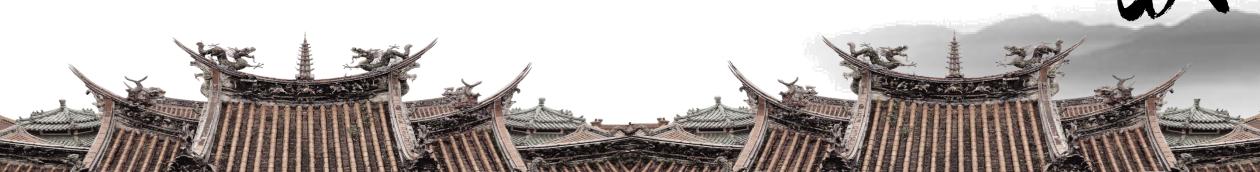
配套支撑政策 Formulate supporting policies

注重整体推进 Progress in an all-round way

▶创新服务方式,推动智能化信息化解决方案,统一信息平台网络 Innovative services, to promote smart and digital solutions and integration of information platform networks

▶规范经办标准,健全长期护理保险经办管理办法和业务规程 Standardized operation procedures, to improve regulations and operational procedures of the administration for long-term care insurance





积极稳慎推进 Progress in an active and prudent way

▶战略目标不动摇 Unwavering strategic objectives

人口老龄化带来的社会刚需,重塑服务保障体系的现实需要民生保障补短板的必然要求,促进经济社会发展的新动能

The immediate needs of an ageing population and the need to reshape the service and security system

The inevitable requirement to make up for the shortcomings in people's livelihood security, to promote the new driving force for economic and social development



积极稳慎推进 Progress in an active and prudent way

▶全面建制稳慎推进 Steady and prudent development

区域差异大、经济不平衡的客观实际

稳定的资金来源、健全的服务供给、完善的运行机制等尚未成熟定型保持足够耐心,从容建设,求稳不求快

The fact of large regional gaps and economic imbalances

Stable sources of funding, sound service provision and operating mechanisms are not yet mature and well-established

Be patient and seek steady rather than speedy development





