出國報告（出國類別：其他）

參加第 20 屆世界老年學及老年醫學國際研討會及參訪韓國全民健康保險公團 出國報告

服務機關：衛生福利部
姓名職稱：李玉春、林蕙卿
派赴國家：韓國
出國期間：102/6/22～102/6/29
報告日期：102/09/17

摘要

2013 年第 20 屆世界老年學及老年醫學國際研討會由韓國老人科學學術團體聯合會主辦，於韓國首爾召開為期 5 天之研討會。本次會議主題為「數位化高齡社會：健康照護及積極高齡化的新視角」(Digital @ging: A New Horizon for Health Care and Active Aging)，強調應以更寬廣的視野來探討不同地區的老化問題，認為注重健康、功能、心理、社會和精神福祉才能讓人們健康的老化，而重要的是，高齡化的問題會影響到每一個人，包括家庭、朋友、社區及工作的人，在這研討會中，藉由不同的方法、討論及學習，讓我們能反思現在的執行狀況和制度問題。

這次研討會匯集了研究人員、從業人員、服務提供者、政策和規劃的代表、教育工作者和其他高齡化的各種領域多元工作者，討論在高齡化問題領域的的最新研究成果。而研討會的範圍廣泛，主要包括四個主題：臨床醫學、生物科學、社會科學和行為科學、社會研究和政策規劃，以邀請的主題演講、專題討論會、論文及海報等方式呈現，並針對特殊的議題舉辦工作坊。

李總顧問亦參加本次研討會的主持及報告我國長期照護保險規劃的現況，其中有關多元評估量表及給付支付制度受到與會者關注。

另外參訪韓國全民健保公團，讓我們原本對於韓國長照保險的開辦與現況的疑義，獲得相當的解答，尤其是實務上將面臨的問題都有初步的了解，有助於我國長照保險規劃的參考。

目次

壹、目的

一、2013 國際老年學及老年醫學研討會(IAGG)

此研討會係由 IAGG（國際老年學及老年病學協會）和國際組委會召開的。IAGG 國際會議每四年進行一次，是世界上最大的國際會議，計有老年學及老年醫學學者，政策決策的決策者，從業人員，相關企業和研究人員等來自 86 個國家 4,289 人參與這個會議,一起分享最新發現和研究成果。

二、拜會韓國全民健保公團

我國長期照護保險規劃工作已逐步進入細部的規劃,而韓國是世界上最新近開辦長期照護保險之國家(於 2008 年開辦長期照護保險)，爰此藉由拜會韓國健保公團，學習該國開辦長照保險之經驗，供我國規劃長照保險借鏡。

貳、過程

一、行程安排

時間	工作紀要
2013 年 6 月 22 日	搭機往韓（起飛時間：13:25）
2013 年 6 月 23 日-27 日	參加「第 20 屆國際老年學與老年醫學學會 2013 IAGG」
2013 年 6 月 28 日	拜訪韓國全民健保公團(NHIC) 地點：韓國首爾麻浦區 NHIC 辦公室 時間：13:30-17:00 訪問內容：長期照護保險制度參訪與交流 聯絡人：Byeonghee Park Liaison Officer for ISSA East Asia Tel : +82 2 3270 9835 Email : antla64@korea.com
2013 年 6 月 29 日	搭機返台（抵達時間 17:50）

二、2013 IAGG 研討會主題及議程摘要

(一)本次會議主題為「數位老化：健康照護及積極高齡化的新視角」(Digital @geing: A New Horizon for Health Care and Active Ageing)

這次研討會匯集了研究人員，從業人員，服務提供者，政策和規劃的政府代表，教育工作者和其他高齡化的各個領域多元工作者，討論在高齡化問題領域的最新研究成果。而研討會的範圍廣泛，主要包括四個主要的主題：臨床醫學、生物科學、社會科學和行為科學、社會研究和規劃，以邀請的主題演講、專題討論會、論文及海報等方式呈現，並針對特殊的議題舉辦工作坊。

(二)主辦單位安排大會議程摘要如下：

1. ORAL COMMUNICATIONS

(1)主題演講 Keynotes Lectures

A. 6 月 24 日至 6 月 27 日，每天 2 場。

B. 主題包括：「Digital aging : why, what and how?」、「Pathways modulating aging? Approaches to extend healthspan」、「Active aging : A policy for all ages ?」、「Population ageing issues in developing countries」、「Drug trials for alzheimer' s disease : what have we learned, and where are we are going?」、「Changes in family structure and care of lder persons」、「Health care through gerontechnology」、「Alph-klotho in health and diseases」。

(2)邀請研討會 Presidential symposia：以 IAGG 策劃委員會選定的老年學及老年醫學方面的 38 個主

題，邀請著名學者作為研討會組織者，與3至4名演講者一起進行90分鐘的深度報告和討論。依臨床醫學、生物科學、社會科學和行為科學、社會研究和規劃分 4類主題，4天實際上共舉辦41場次。

(3)Submitted symposia 及Oral presentations：此為研究者主動提出之研究會及口頭論文發表，4天共有828篇。

(4)Special sessions：6月24日至6月26日共舉辦9場，包括Roundtable Discussion on Population Ageing and Economic Growth、IAGG/WHO Symposium on Age Friendly Cities: Metrics and Evaluation Issues、Elder Healthcare burden; isn't it Expectable?(Is there best way for medical cost saving?)、Samsung Life Insurance Special Programs、Gary Andrews Memorial Session、Implications of the "Disability Wave" in Global Aging、Social Enterprise Special Symposium "Promoting Social Enterprise Eco-System in Aging Society"、Korea-Japan Forum on Global Ageing and East Asia、Korea-China Forum on Global Ageing and East Asia。

2. Poster

海報亦是依4類主題展示，自6月25日至26日共展示2天，每篇展示1天，2天分別展示生物科學75+95篇、臨床醫學255+238篇、社會研究及規劃55+63篇、社會及行為科學370+361篇。

3. 本次會議議程，大會秘書處已置於大會網頁，供大眾

參閱及下載，議程之網址為：
http://www.iagg2013.org/Eng/programs-1.php。

三、2013 IAGG 會議記要

本次會議之演講及報告場次眾多，僅以與大會主題、長期照護保險規劃相關之場次整理重要內容如下：

(一)KL-24-001 Digital Aging:Why, What and How？

報告者：Sang Chul PARK(Well Aging Research Center, Samsung Advanced Institute of Technology,Korea)

所謂的 Digital Aging 是一種在科技創新世界中老化的新觀念，強調的是年長者與新科技環境的互動及適應，而這個過程是動態的，且是整合性的。

數位老化可以分為個人化的老化(individual aging)、生活方式的改變(life style change)和社會影響力(social influence)三個領域。

個人化的老化是屬於數位基因學領域的。從目前的發展來看，生物數位基因學的發展可以藉由基因數位化，將個人老化的過程進行分析並模擬。

生活方式的改變，在先進的資訊技術（IT)、網路技術（NT）及生物技術（BT）之技術創新的世界下，全新的生活方式模式已產生，將有更好的生活品質，同時兼具速率及效率。

在社會影響力方面，由於有無取得前述數位化技術將產生了「數位鴻溝（Digital Divide)」。這個鴻溝直接展現在年輕人和老年人群體之間，因而導致了新年齡歧視（neo-ageism)。由於數位基因學和無處不在的數

位化技術，這些創新的技術，可以預期將改善生命後期的生活品質，及維特人類尊嚴。但在現實中，“數位鴻溝”是無法消弭的，而且確實影響老年人的生活品質與尊嚴。因此，迫切需要在數位基因學、無處不在的數位技術和數位鴻溝中間制定平衡策略，以克服這個全球性的問題，新的老化問題。

(二)KL-25-001 Active Ageing: A Policy for all ages?

報告者：Alan WALKER (Social Policy & Social Gerontology, University of Sheffield, UK)

〔影片觀賞：主動的老化與等待老化之間的差異〕

活躍老化，具體而言，它是無處不在的定型化活動，以及喚醒年齡。而不是單一的政策處方。

經證實，通過生產，積極，健康的老化，確實可以讓「活躍老化」得以實現的。

對於活躍老化最常見的刻板印象，就是工作時間的縮短，其爭議點在於，新自由主義的政策焦點在於縮短工作時間，而不是在促使老年人工作的動力。這種做法，嚴重的局限了議題討論的可能性，以及排除對耄耋的照顧，也無法消弭老化政策中的性別偏見。

最後，概述替代性政策，其中要特別強調的是，在各種觀點的核心元素就題：活動。

科學已證實了活動和健康之間的關係。在整個的生命歷程，是在所有年齡都要發揮其功能，此才為積極老化的基本且先進的原則。

(三)PS25 410-R Comparative Long-term Care Systems in East Asia

主持人：Soonman KWON

報告者及內容重點：

1. Long-term care systems in east Asia

Tuohong ZHANG (China)

中國正面臨著人口的迅速老化，只需要 20 年左右，超過 65 歲的人口將從 7%提高到 14%，而法國則需要 100 年以上。快速老化伴隨著照顧負擔的增加，包括臨床就診，住院治療，自我保健和長期照護。根據衛生部的財務推估，1993 年至 2008 年每年增加 11.8%（調整後的消費物價指數，居民消費物價指數），甚至高於在相同時間的國內生產總值年增長率（10.1%）。

長期照護的需要代表功能喪失或殘疾的情況：2008 年，在全國家庭健康調查，60 歲以上的年長者有 16.9%功能喪失和 5.6%的殘疾。

中國沒有國家級的長期照護保險。只有一個城市已經開始試點，受益者有限。已分別由財政部提供長期照護服務民政部（MCA）和衛生部（MOH)。正式長期認可的醫療機構和合格的人力資源有很大的差距。在大多數養老院 MCA，運行質量服務是毋庸置疑的。長期照護人員的培訓僅僅是開始。

中國需要採取緊急行動應對，否則長期照護需要的財政負擔將無法負荷。

2. Long-term care in Japan;socio-politico-cultural debate towards reform

Hideki Hashimoto (Japan)

長期照護在日本傳統的家族制度，已被視為家庭

的私人行為，此仍然是很重要的概念。目前正式的長期照護系統始於 2000 年（介護保險），其提供正規照顧，與非正式家庭照顧是相輔相成的。家庭人口的改變及家庭功能的下降，成為推動正式長照制度的力量。

日本選擇了社會保險制度，沒有現金給付，以及僅依據功能評估給予相對優厚的給付。因為正式照顧的寬鬆給付，也導致了保險財務的持續性威脅。

當前制度改革的爭論，在於尋找新的財務來源、服務輸送、改善服務效率等，以及制定更完整的長期照護政策以建構高齡化社會。

3. Long-term care system and policy in Korea
Soonman Kwon

在韓國的社會經濟和醫療保健制度和政策，快速的人口老化具有的重大影響。

在回應人口老化，韓國在 2008 年推出了長期照護社會保險。它有助於減少財務可近性的障礙，但在福利計畫、成本控制、提供者的供過於求和服務協調等方面的挑戰依然存在。例如長期照護醫院的角色、那一個保險來支付費用（醫療保險支付 v.s.長照保險）、相關設施，都沒有明確的規範。

韓國需要更好地協調衛生和長期保健系統，以改善老人的健康和福祉，並使長期照護制度能持續發展。

4. Design and policy issues of the universal long-term care insurance scheme in Taiwan
Yue-chune Lee

簡報資料如附錄 2。

四、李玉春總顧問參與 IAGG

(一)擔任 6 月 25 日 OP25 107-S(Long Term Care II)的主持人

(二)參與 6 月 25 日 PS25 410-R Comparative Long-term Care Systems in East Asia，報告：Design and policy issues of the universal long-term care insurance scheme in Taiwan

五、6 月 28 日拜會韓國全民健保公團(NHIC)

韓國是世界上第 4 個實施長期照護保險的國家，因其開辦的時間是目前最新的（2008 年開辦），有開辦的實務經驗可供參考，因此透過中央健康保險署（原為中央健康保險局）的介紹，安排拜會韓國長期照護保險人，惟因當日該公團舉辦大型活動，因此，接待我們的機構為附屬於公團的國家健康保險政策研究單位（National Health Insurance Corporation Health Insurance Policy Research Institute)。

拜會過程由該單位的李研究員（Lee, Ho Yong）對韓國長照保險進行簡介（如附錄 3、4)，接著以座談的方式進行，其實主要是我方就韓國長照保險開辦的實務及實施現況進行提問（問與答如附錄 5)。

參、心得及建議

這次的 IAGG 非常的盛大,韓國主辦單位除了大會主題的相關研討會及演講外，也配合其國家文化及產業特色，安排了 site visit，以及行銷其國家的旅遊及銀髮族健康產業等，把

國家形象發揮的淋漓盡致。

本次研討會報告場次很多，形式及題目亦多元化，要在其中找出合適參與的場次就花費很多時間，同時各講者的報告時間有限，都是在很短的時間把其研究的精華濃縮，所以對於不熟悉的議題是要花費較多的心力才能吸收。

我們主要參與的場次，除了大會主題演講外，還包括與各國長期照護有關的議題，例如保險制度的現況、照護人力、預防老化等。在這些議題中，對於長照保險相關的議題較為熟悉，聽不同的講者對同一件事的不同看法，可有不同的切入點，例如有一位學者專門對日本外籍看護者與本國看護進行比較，其報告的結果，認為兩者在照護品質並沒有差異，建議日本在長照人力不足的現況下，應該開放外籍看護的引進。其他在不同的長照人力議題都提及到人力不足的問題，其所衍生的解決方案也多次提及引進外國人力，顯然這已是長照體系發展要面對的，而我國長照人力不足的情況更為嚴峻，多達 19 萬多的外籍看護工成為長照的主力，國家對長照人力應該要有整體的發展政策，因為人口老化的腳步不會減緩，人力不足的問題益形嚴重。

韓國主辦單位，藉由大會的主題：數位老化 Digital Ageing 所展現的對於老化自主獨立生活的發展願景，與 WHO 的活躍老化 Active ageing 相互輝映，綜觀大會多層面的老人學及老人醫學各項議題，無不揭露老化這個議題的複雜性，因此，大會各類議題的探討，對於身處老年人口的日益快速增加的現今，有助於我們在思考國家的整體老年人（或老化）政策。

我國正在規劃長期照護保險，在會中我們將初步的規劃結果做簡要的報告，其中有關多元評估量表及給付支付制度的規劃在會上及會後皆獲得與會者興趣，並交換意見。

另外參訪韓國全民健保公團，讓我們原本對於韓國長照保險的開辦與現況的疑義，獲得相當的解答，尤其是實務上將面臨的問題都有初步的了解，有助於我國長照保險規劃的參考。

伍、附錄

附錄 1 照片集錦

2013 年 6 月 23 日 於 IAGG 大會會場

2013 IAGG 大會主題演講一景

2013 IAGG 李總顧問主持 OP25 107-S(Long Term Care II)

2013 IAGG 李總顧問報告：Design and policy issues of the universal long-term care insurance scheme in Taiwan

2013 年 6 月 28 日拜會韓國全民健保公團

附錄 2 DESIGN AND POLICY ISSUES OF THE UNIVERSAL LONGTERM CARE INSURANCE SCHEME IN TAIWAN by Yue-chune LEE

Design and Policy Issues of the Universal Long-Term Care Insurance (LTCI) Scheme in Taiwan

Department of Social Insurence
Ministry of Health and Welfare
Taiwan

1

Outline

- Background
- Basic Scheme of the LTCI
- LTC need assessment and benefit determination
- Major policy issues
- Conclusions

2

Background

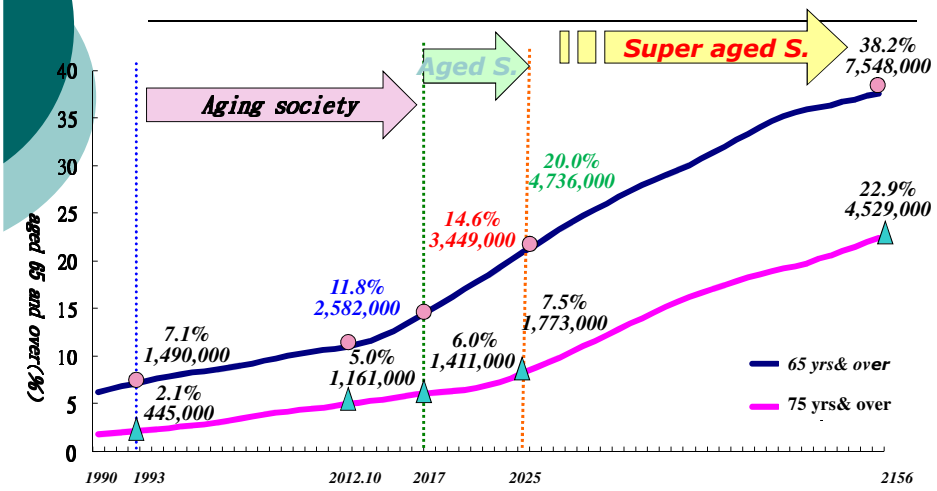
3

Background preclude the development of Long-term Care Insurance in TW

- Aging pop. and growing demand for LTC
- Declining availability of informal care
- Increased financial burdens (OECD:0.1-3.6% GDP)
- High caregiver burden and cost (DOH, 2013)
  - 26% have stressed strain(Robinson Caregiver Strain Index>=7)
  - 40% have economic burden
- Inequitable and insufficient availability of LTC services
  - Popular use of foreign labors (30%)
- Insufficient and may not be sustainable of the current tax-based "Ten-year LTC Plan

4

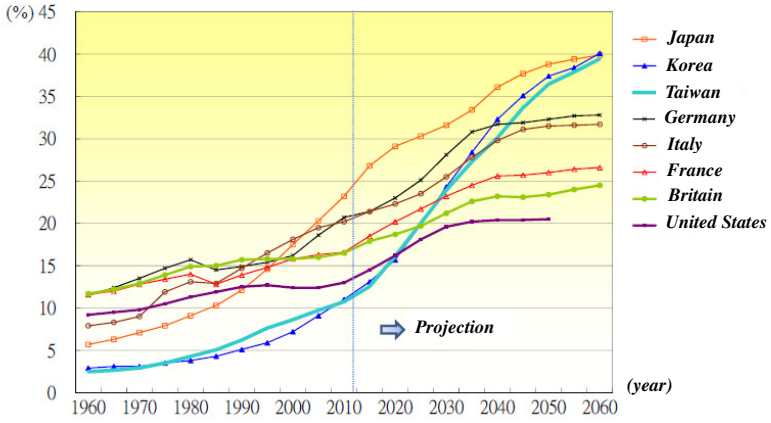
Aging population in Taiwan



Note1: Reference(data of population after 2011): Taiwan Population projection 2010-2060 (mid-projection), Council for Economic Planning and Developing
2:The average growth rate of elderly population is 0.21%(1993-2012), 0.58% (2012-2018), and 0.77% (2018-2025)

5

Percent of the elderly in selected countries



Source: Taiwan Population projection 2010-2060 (mid-projection), Council for Economic Planning and Developing ,2012.

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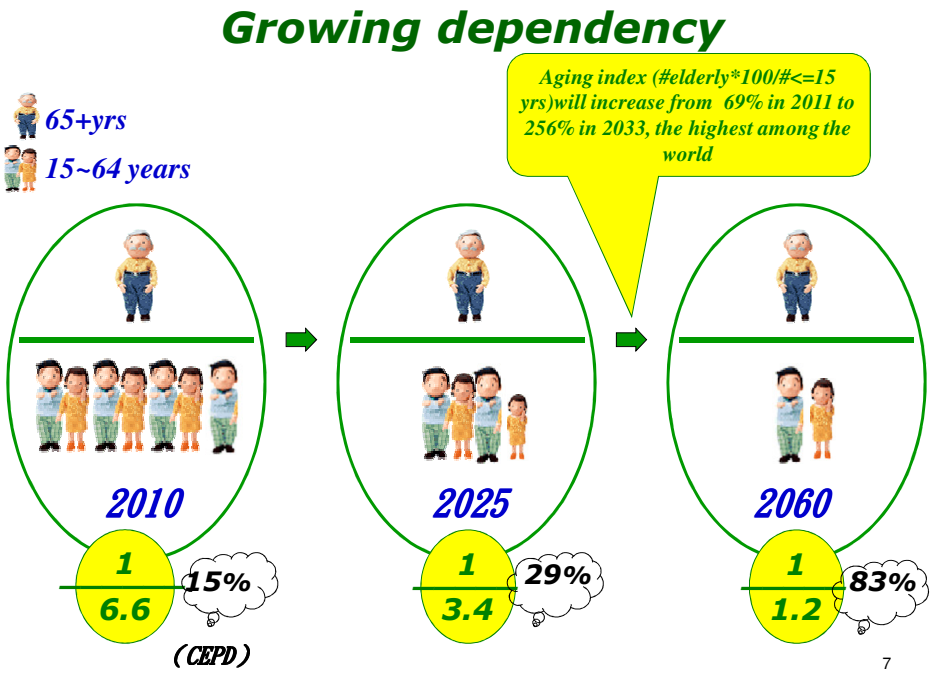
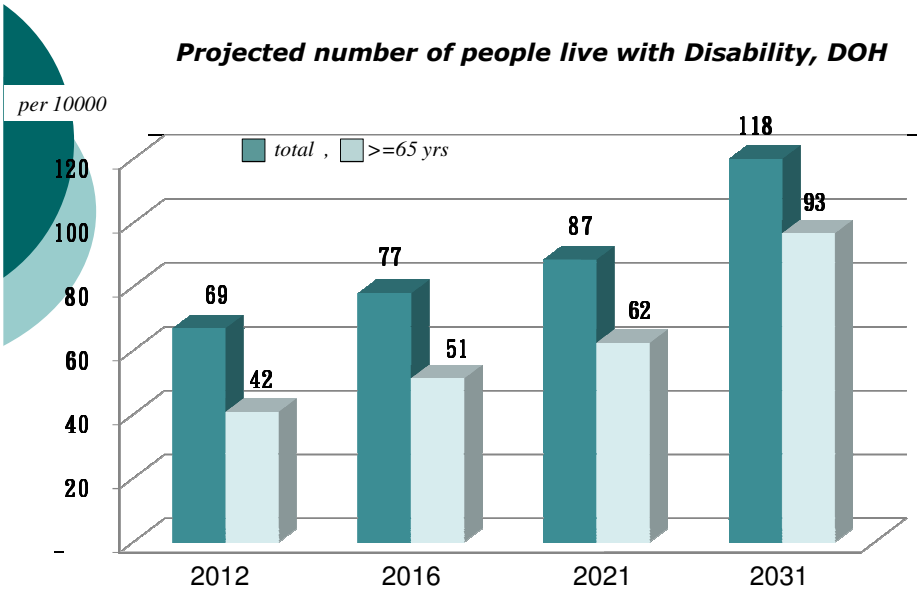
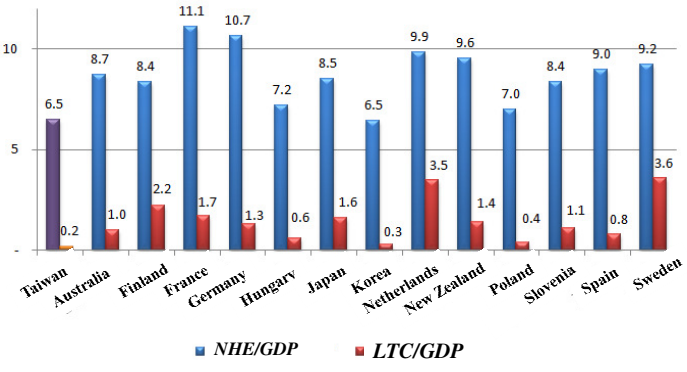




Reference: the projection is the disability rate from The National Long-Term Care Need Survey (phase I) to multiply the mid-projection number of people in 2012 from Taiwan Population projection 2010-2060, Council for Economic Planning and Developing

8

Cost of LTC and NHE as % of GDP

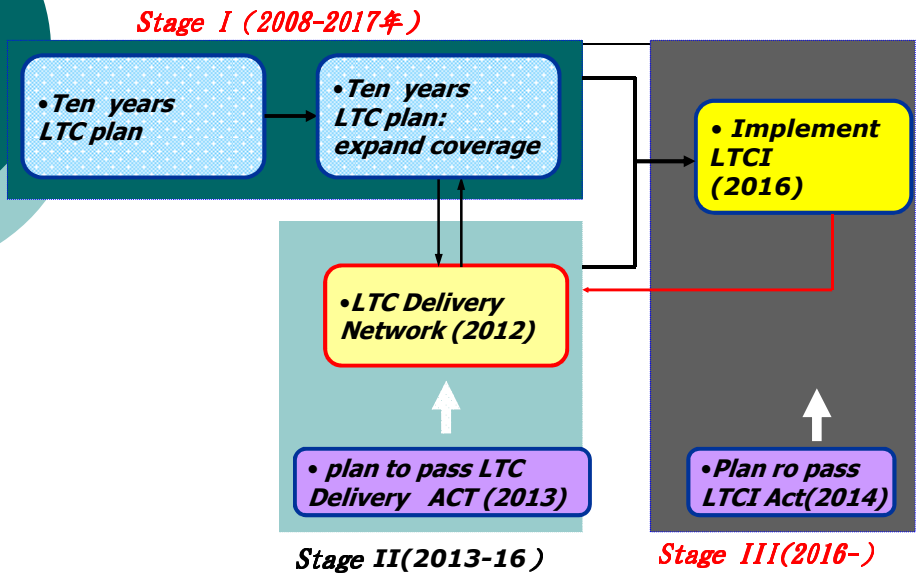


Source:OECD Health Data 2010

Cost of LTC in OECD countries is 0.1-3.6% of GDP (median 0.9%，1/10 of NHE)

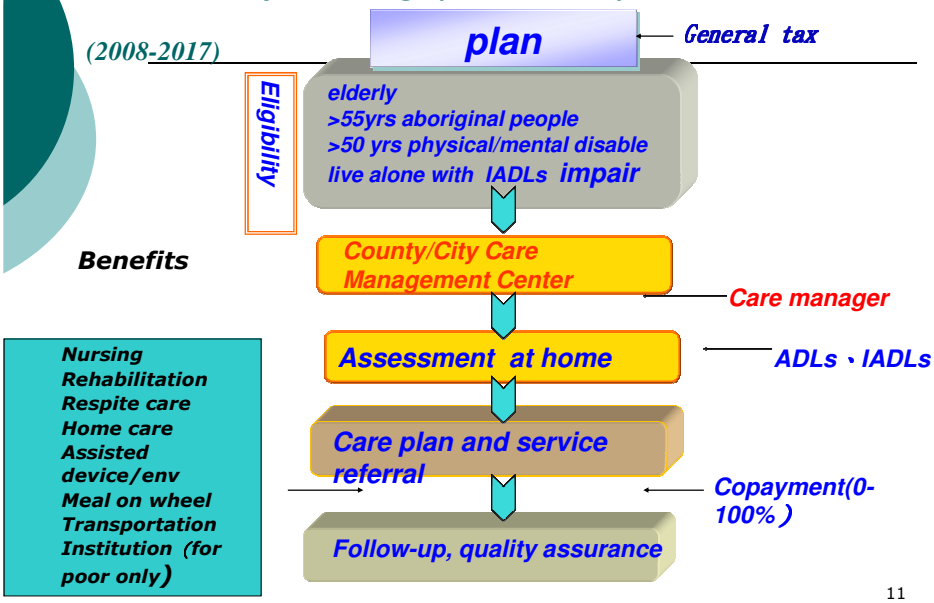
9

Establishment of LTC system in Taiwan -Three stages plan



10

Current LTC financing system -Ten-year LTC Plan



11

Policy agenda

Long-Term Care Insurance proposed by
President Ma's in his presidential election campaign in 2008

Council of Economic Planning and Development (CEPD) :
has proposed a Long-term Care Insurance Scheme (July,2009)

Department of Health
drafted the "Long-term Care Insurance Act" (2009)
"Long-term care Act" (2010)

12

Basic Scheme of LTCI

13

Long-term Care Insurance in Taiwan -goals and the system

- **Goals**
  - **Universal coverage (equity)**
  - **Provide basic, affordable & accountable LTC**
  - **Reduce Family burdens**
  - **Facilitate independent living ,maintain or prevent loss of functions**
- **System design**
  - Social insurance scheme
  - Single payer system (Bureau of NHI)

14

Basic scheme of LTCI -Coverage decision

- Universal coverage
  - Cover all citizens with physical/cognitive/ mental functional limitation
    - most equitable ,no discrimination against age or type of disability,
    - Low adm cost, premium rate, high feasibility
      - Those aged over 40 years accounted for 51% population
    - Three years waiting period for oversea citizens

15

Basic scheme of LTCI -Benefits

Community& home care	Institutional care	Caregiver support	Others
○Home services* ○Home nursing ○Community& home Rehabilitation ○Day care	All-day accommodation (for severe cases only)	○Respite care ○Training courses ○Care counseling	○Assistive devices ○Home-environment improvement ○Transportation ○New, approved service

Alternative: cash payment:** ***to facilitate choices, respect care-work, reduce cost, support care-givers, home services may be totally or partially provided by family members and receive cash payment, yet caregivers should render training and monitoring.

16

Social Long-term Care Insurance System: a comparison

	Netherland	Germany	Japan	Korea	Taiwan
Date(pass Law/launch)	1967/1968。	1994/ 1995	1997/ 2000	2007/ 2008	2014/2016 (expected date)
Enrollment	All age	All age	>=40yrs	All age	All age
Beneficiary	All age	All age	Elderly or w geriatric conditions	Elderly or w geriatric conditions	All age
Insurer	multiple	multiple	multiple	Single (NHIS)	Single (BNHI)
Benefit	In kind /cash	In kind /cash	In kind	In kind /cash	In kind /cash

Assessment and benefit determination: a comparison

Ten year LTC plan	LTCI design
ADL, IADL(live alone), CDR	Multi-dimensional LTC assessment Instrument(MDAI)
Benefits: three levels	LTC case-mix system(LTC-CMS)
Actual amounts of benefits determined by care managers	Use computer to determine category(level)
Uniform and low payment for home helper	cost analysis develop relative weights for different services

18

Basic Scheme of LTCI -Assessment tools

- Develop a multi-dimensional Assessment instrument (MDAI)
- Methods
  - Literature review, ICF, focus group, expert group, Delphi technique
- Application
  - National LTC need survey
  - Develop Long-term Care Case-mix system~ Taiwan Resources Utilization Groups (RUGs)
  - **As LTCI Need assessment tool ,to determine the level of benefit(payment) by computer**
  - LTC management: to determine staffing ratio compare diff in utilization, quality and cost

19

(6 D) Multi-dimensional Assessment Instrument (MDAI)

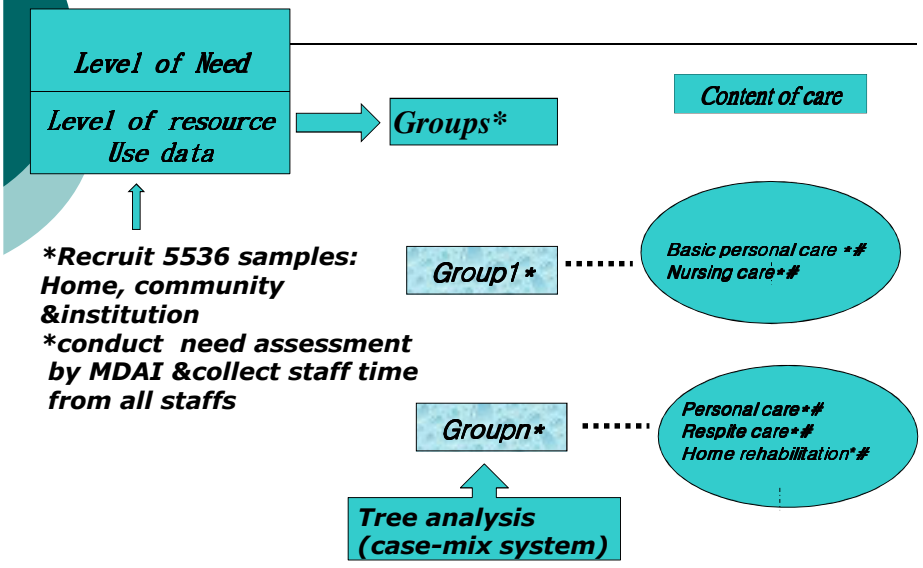
ADLs及IADLs	• ADLs：Feeding、Bathing、Grooming、Dressing、Bowels、Bladder、Toilet Use、Transfers、Mobility、Stairs • IADLs：Ability to Use Telephone、Shopping、Food Preparation、Housekeeping、Laundry、Mode of Transportation、Responsibility for Own Medications、Ability to Handle Finances
Communication	• Vision、Hearing、Conscious
Health Conditions and Special& complex care	• Health Status、Skin Conditions、Functional Limitation in Range of Motion、Active Diagnoses、Nutritional Status、Special Treatments and Procedures、Pain Assessment、Fall History and Balance、Assistive Technology
Cognitive, mental & behavior Problem	• Cognitive(SPMSQ) • Mood & Behavior Problems(Wandering、Verbal Behavior、Physical Behavior、Disturb Behavior、Repeat Behavior、Rejection of Care、Night & Day Reverse、Self-mutilation & Suicide、Delusional Disorder、Hallucinosis、Phobia、Anxiety、Depression)
Environment, social participation	• Living Arrangement、Living Environment • Social Participation
Caregiver burden	• Physical Burden、Psychological Burden、Social Burden、Financial Burden

20

The Reliability and Validity of multi-dimensional assessment instrument (MDAI)

	Reliability		Validity		
			The content validity index(CVI)		
	Cronbach's α	inter-rater reliability -ICC	Appropriateness	Relevance	Feasibility
ADLs and IADLs	.955	.999	0.95	0.98	0.98
	.935	.996	0.99	0.99	0.99
Communication	-	-	0.95	0.95	0.97
Special& complex care	-	-	0.98	0.98	0.97
Cognitive, mental & behavior Problem	.925	.999	0.95	0.95	1.00
	.931	.994	0.95	0.93	0.93
Environment, social participation	-	-	0.97	0.95	0.97
Caregiver burden	.977	.999	0.95	0.90	0.90

Development of LTC Case-mix System (LTC-CMS)



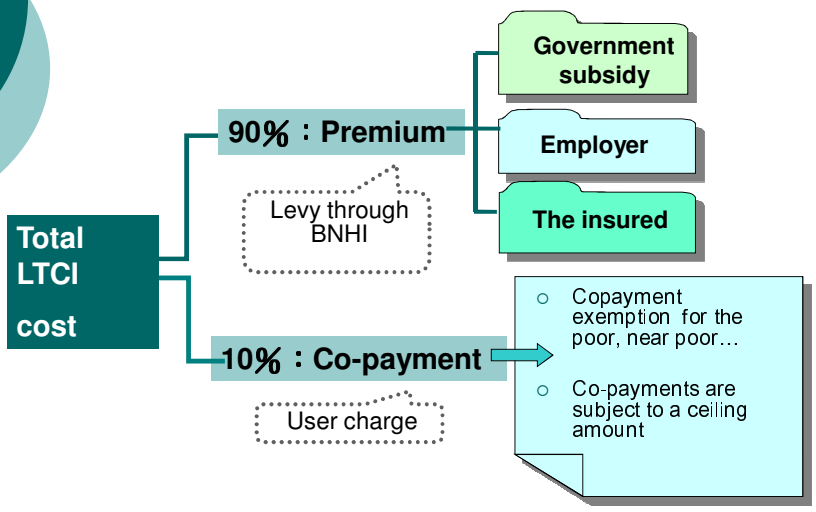
Cost estimation of LTCI

	Estimation	Costs (billions $NT)	% of GDP
2016	low	52.2	0.41%
	medium	72.8	0.51%
	high	108.9	0.84%
2021	low	70.6	0.44%
	medium	99.3	0.63%
	high	101.5	0.96%
2031	low	107.2	0.56%
	medium	151.0	0.79%
	high	230.0	1.20%

Estimation based on different assumption on use rate, level of benefit,% receive cash, level of payments

23

Basic scheme of LTCI -Source of financing



24

Financial accountability

- Apply Partial-funding system
- 10-year financial balance rate
- Reserve fund equivalent to 8 month premium
- Timely adjustment of premium rate
  - Regular: average 3 years based on formula
  - Special adjustment: plan approved by LTCI Committee represented by payers, providers and government.

25

Cost containment

- Demand-side
  - Pre-authorization (need assessment)
  - Setting ceiling for LTCI benefits
  - Coinsurance
  - Out-of-pocket payment
    - Room and board in the institutional care
- Supply-side:
  - Prospective payment per month, visit
  - Utilization review, quality monitoring, on-site visit, price disclosure, pay-for-performance

26

Current policy issues

- Political will: fiscal feasibility of the state
- system selection: social insurance vs. taxation schemes
- Worry about shortage of LTC service & personnel-LTC develop. fund
- Attitude of employers to pay premium
- Allow cash payment option?
- Foreign labor policy
  - 78% would like to use formal care

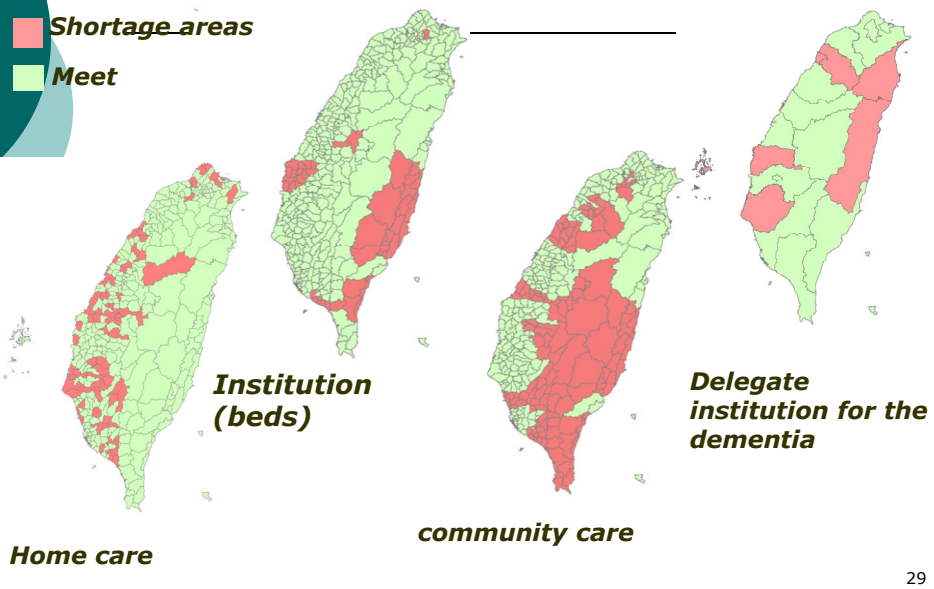
27

LTC services development goals in 2016, MOHW

	Community care	Home care	institution
22 Region	1. Evaluation center(EC) 2. Assisted device center		1. 700 Beds/10000 disabled 2. >=institution 3. 1 institution for physical/mental disabled 4. >=1 dementia care institute
63 Sub-region	1. Regional office of EV center 2. At least 1 day care **3. >=1 dementia day care center among 2 near sub-region** 4. >=1 assisted device services or mobile services		1. 1. 700Beds/10000 disabled 2. At least one institution enroll physical/mental disabled among 2 near sub-region
town		>1 org	
	Remote island and mountain areas: IDS		

1

National LTC Network goals & supply in 2010 (red: regions have not yet meet the goals)



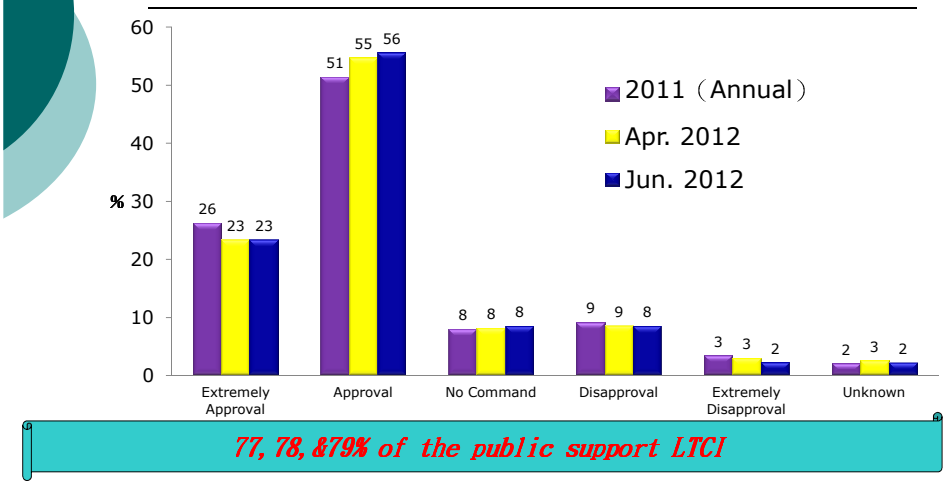
29

Conclusion

- LTCI is a highly supported policy, yet provoke hot debates among stakeholders
- The design of the LTCI benefits accommodated the opinion of diff stakeholders
- The success of the LTCI will rely on:
  - Establishment of regional LTC network
  - Financially accountable LTCI scheme
- The enact of LTCI depending on the political will of the government.
- Challenge: shortage of LTC workers

30

Public Attitude toward LTC Insurance



77, 78, &79% of the public support LTCI

Source：「LTCI Public Opinion Survey Report by DOH」，2011 (Annual)、Apr. 2012 (the First)、Jun. 2012 (the Second)

31

Thank you very much for your attention!

32

附錄 3 韓國健保公團簡報資料 1

Ⅰ. 노인장기요양보험 제도 소개

1. 목 적

○ 고령이나 노인성 질병 등의 사유로 일상생활을 혼자서 수행하기 어려운 노인 등에게 제공하는 신체활동 또는 가사활동 지원 등의 장기요양급여에 관한 사항을 규정하여 노후의 건강증진 및 생활안정을 도모하고 그 가족의 부담을 덜어줌으로써 국민의 삶의 질을 향상시키기 위함(노인장기요양보험법 제1조)

2. 적용 대상

구 분	적용 대상자 범위
노인장기요양보험 적용 대상자	전국민 【장기요양보험가입자 및 피부양자(건강보험과 동일) + 의료급여수급권자】
보험료를 부담하는 자	국민건강보험의 가입자로 하며, 직장가입자와 지역가입자에 대한 개별보험료는 건강보험제도의 보험료 부과체계를 그대로 활용하여 산정
장기요양인정 신청자	65세 이상 노인 또는 노인성 질병을 가진 65세 미만의 국민
장기요양급여 이용자	장기요양인정 신청인 중 6개월 이상 혼자서는 일상생활이 어려운 자로서 장기요양등급판정위원회에서 장기요양인정을 받은 자

3. 노인장기요양보험 이용 체계

1단계 (인정신청)	○ 65세 이상 노인 또는 65세 미만의 노인성 질병을 가진 자로서 혼자서 일상생활이 어려운 자가 공단에 장기요양인정 신청
2단계 (등급판정)	○ 장기요양등급판정위원회에서 심의 판정(1~3등급) – 공단직원이 조사한 인정조사 결과 및 의사소견서 등을 참고하여 심신상태 및 장기요양이 필요한 정도 등 등급판정기준에 따라 등급판정
3단계 (서비스 이용)	○ 장기요양 등급을 받은 자에게 장기요양 인정서 및 표준장기요양이용계획서 작성·송부 – 수급자는 표준장기요양이용계획서를 고려하여 희망에 따라 장기요양기관 선택하여 장기요양급여 계약을 체결하고 자택 또는 요양시설에 입소하여 장기요양 급여를 받을 수 있음
4단계 (비용 청구 및 지급)	○ 수급자에게 장기요양급여를 제공한 장기요양기관은 공단에 비용 청구 – 공단부담금(재가 및 시설 급여비용 중 본인일부부담금 제외한 금액) 지급
5단계 (이용지원)	○ 장기요양급여에 관한 일반사항, 이용절차 및 방법 등을 안내하고 장기요양기관 정보 제공 등 수급자를 위한 이용지원을 지속적으로 실시

가. 인정 신청

○ 대 상 : 65세 이상의 노인 또는 노인성 질병을 가진 65세 미만의 자

○ 신청 방법 : 국민건강보험공단(전국 노인장기요양보험운영센터) 방문, 인터넷, 우편, Fax

○ 구비서류

– 장기요양인정신청서, 의사소견서(진단서), 본인이나 대리인임을 확인할 수 있는 서류

나. 등급 판정

(1) 인정 조사

○ 소정의 교육을 이수한 국민건강보험공단 직원이 신청인을 방문

– 공단 직원은 노인장기요양 관련 전문가들에 의하여 연구된 조사표(**장기요양인정 조사표**)를 토대로 신청인의 신체기능, 인지기능, 행동변화, 간호처치, 재활영역, 환경적 상태, 서비스 욕구 등을 종합적으로 조사

Ⅰ. Introduction to the Long-Term Care Insurance

1. Purpose

○ The Long-term Care Insurance regulates items on long-term care benefit, which supports the physical activity or housework for the elderly who have difficulty taking care of themselves due to old age or geriatric diseases. It aims at promoting senior citizens' health and life stabilization as well as improving the quality of people's lives by mitigating the burden of care on family members. (Article 1 of the Act on Long-Term Care Insurance for Senior Citizens)

2. Eligible persons

Category	Scope of application
Those eligible for the Long-Term Care Insurance	All Korean citizens [The insured of Long Term Care Insurance and dependents (the same as the health insurance) + recipients of medical benefit]
Those paying the contributions	Among the insured of the National Health Insurance, the contributions of the employee insured and the self-employed insured is to be calculated under the contributions system of the National Health Insurance
Those applying for long-term care assessment	Elderly over 65 or those under 65 with geriatric diseases
Beneficiaries of long-term care benefit	Of those who have applied for the Long-Term Care Insurance and with difficulty taking care of daily life alone for more than six months, assessed as needing long-term care by the Long- Term Care Grading Committee

3. System of Long-Term Care Insurance use

Stage 1 (apply for assessment)	○ Those over 65 or under 65 with geriatric diseases and having difficulty taking care of daily life alone who has applied for long-term care assessment by the corporation
Stage 2 (Grading)	○ Evaluation by the Long-Term Care Needs Certification Committee (Grade 1~3) – Evaluation of grades according to grading standards, the extent of need for long-term care and the state of the applicant's physical and emotional health by referring to the results of the evaluation conducted by an employee of the corporation or doctor's referral slip.
Stage 3 (Using the service)	○ Prepare and send a standard plan for long-term care use and assessment certificate for long-term care to rated recipients of long-term care – The recipients are to consider the standard plan for long-term care use and select the institute providing long-term care as desired to sign a long-term care benefit contract and get benefit for long-term care in a facility or at home.
Stage 4 (charging care cost and paying)	○ The institute having provided long-term care for beneficiaries , charges the corporation for the cost. – Payment share of corporation (all of the cost of own home or facility care provider except for partial payment by the insured)
Stage 5 (Support use)	○ Provide information on the general terms, process of using, and methods of long-term care benefits as well as long-term care providing institutes with continued support of recipients' use

A. Applying for assessment

○ Those eligible: Those over 65 or under 65 with geriatric diseases

○ How to apply: visit, email, or send mail or fax to the National Health Insurance Corporation (Long-Term Care Insurance Management Centers nationwide)

○ Documents to prepare

– Application for long-term care assessment, doctor's referral slip (medical certificate), document to prove identity or proxy.

B. Grading

(1) Evaluation

○ An trained employee of the National Health Insurance Corporation visits the applicant

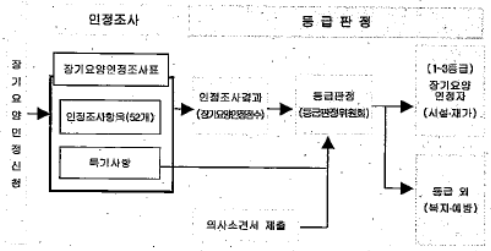
– The employee is to comprehensively evaluate the physical and intellectual functions, behavioral changes, nursing measures taken, areas in need of rehabilitation, environmental state, desire for service, etc. of applicants based on an evaluation table (long-term care assessment evaluation table) researched by experts of long-term care

(2) 등급 판정 및 결과 통보

○ 등급판정위원회 심의(등급 판정)

시·군·구 단위로 설치된 장기요양등급판정위원회(보건·복지·의료에 관한 학식과 경험이 있는 자로 구성)에서 인정조사결과, 신청서, 의사소견서, 그 밖에 심의에 필요한 자료를 토대로 6개월 이상의 기간 동안 일상생활을 혼자서 수행하기 어렵다고 인정하는 경우 심신상태 및 장기요양이 필요한 정도 등 등급판정기준에 따라 장기요양급여를 받을 자(수급자)로 판정

[장기요양인정 절차도]

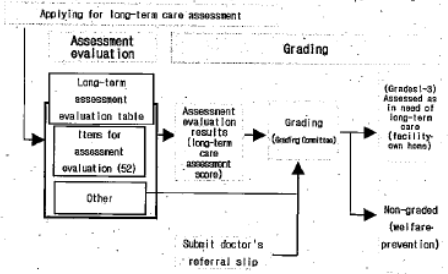


(2) Grading and reporting of results

○ Deliberation by the Long-Term Care Needs Certification Committee(grading)

The Long-Term Care Needs Certification Committee (composed of people with knowledge and experience in public health, welfare, and medical services) installed in cities (si), counties (gun) and districts (gu) decide the degree an applicant needs long-term care and the state of his or her mental and physical health after which it considers the applicant as a recipient of long-term care benefits according to the grading when it deems the applicant has difficulty taking care of daily life alone for over six months based on assessment evaluation results, application, doctor's referral slip and other documents necessary for deliberation

[Process of assessing long-term care recipients]



[장기요양 등급별 대표적 상태]

등 급	수 준
1등급	심신의 기능상태 장애로 일상생활에서 전적으로 다른 사람의 도움이 필요한 자로서 장기요양인정 점수가 95점 이상인 자
2등급	심신의 기능상태 장애로 일상생활에서 상당 부분 다른 사람의 도움이 필요한 자로서 장기요양인정 점수가 75점 이상 95점 미만인 자
3등급	심신의 기능상태 장애로 일상생활에서 부분적으로 다른 사람의 도움이 필요한 자로서 장기요양인정 점수가 53점 이상 75점 미만인 자

○ 장기요양인정 등 통보

- 등급판정위원회에서 장기요양등급 1~3등급자로 결정된 수급자에게 장기요양등급, 유효기간, 장기요양급여의 종류 등이 기재된 **'장기요양인정서'**와 **'표준장기요양이용계획서'**를 개별 통지

❖ **표준장기요양이용계획서**

- 수급자가 월 한도액 범위 내에서 급여를 원활히 이용할 수 있도록 수급자 개인별 기능상태 및 욕구를 반영하여 작성한 장기요양적정급여이용계획서

[Representative states of recipients of long-term care benefits by Grade]

Grade	Standard
Grade 1	A person with mental and physical disabilities completely dependent on the help of another person to take care of daily life and with a score of over 95 in the long-term care assessment evaluation
Grade 2	A person with mental and physical disabilities in partial need of the help of another person to take care of daily life with a score of between 75 and 95 in the long-term care assessment evaluation
Grade 3	A person with mental and physical disabilities in partial need of the help of another person to take care of daily life with a score of between 53 and 75 in the long-term care assessment evaluation

○ Assessment and reporting of long-term care recipients

-The Long-Term Care Needs Certification Committee is to individually send the "**Standard Plan for Long-Term Care benefits**" where the long-term care grade, expiration date and type of long-term care benefits are written to recipients evaluated as being of grades 1 to 3 of long-term care insurance.

❖ **Standard Plan for Long-Term Care benefits**

- A plan for long-term care benefits where the individual state of functions and desire of each recipient is reflected so that he or she may easily get insurance benefits within their monthly limit

다. 장기요양 급여 종류(노인장기요양보험법 제23조)

(1) 재가 급여

○ 방문요양, 방문목욕, 방문간호, 주·야간보호, 단기보호, 기타재가급여(복지용구)가 있음

[장기요양 재가 급여 종류]

종 류	내 용
방문요양	수급자의 가정 등을 방문하여 신체활동 및 가사활동 등을 지원하는 장기요양급여
방문목욕	목욕설비를 갖춘 장비를 이용하여 수급자의 가정 등을 방문하여 목욕을 제공하는 장기요양급여
방문간호	간호사 등이 의사, 한의사 또는 치과의사의 지시서에 따라 수급자의 가정 등을 방문하여 간호, 진료의 보조, 요양에 관한 상담 또는 구강위생 등을 제공하는 장기요양급여
주·야간보호	수급자를 하루 중 일정한 시간 동안 장기요양기관에 보호하여 신체활동 지원 및 심신기능의 유지·향상을 위한 교육·훈련 등을 제공하는 장기요양급여
단기보호	수급자를 보건복지부령으로 정하는 범위 안에서 일정 기간 동안 장기요양기관에 보호하여 신체활동 지원 및 심신기능의 유지·향상을 위한 교육·훈련 등을 제공하는 장기요양급여
기타재가급여 (복지용구)	수급자의 일상생활·신체활동 지원에 필요한 용구를 제공하거나 가정을 방문하여 계활에 관한 지원 등을 제공하는 장기요양급여로서 대통령령으로 정하는 것

(2) 시설 급여

○ 장기요양기관이 운영하는 「노인복지법」 제34조에 따른 노인의료복지시설(노인전문병원은 제외한다) 등에 장기간 동안 입소하여 신체활동 지원 및 심신기능의 유지·향상을 위한 교육·훈련 등을 제공하는 장기요양급여

(3) 특별 현금 급여

○ 가족요양비 : 수급자가 가족 등으로부터 방문요양에 상당한 장기요양급여를 받을 때 현금으로 비용을 지급하는 급여로서, 장기요양등급에 관계없이 월 150,000원 지급

※ 그 외 특례요양비와 요양병원간병비가 「노인장기요양보험법」에 명시되어 있으나 현재 시행되고 있지 않음

라. 장기요양급여 비용 지급(노인장기요양보험법 제40조)

○ 수급자 일부 부담(본인일부부담금)

- 재가급여 : 당해 장기요양급여비용의 100분의 15
- 시설급여 : 당해 장기요양급여비용의 100분의 20

… 「국민기초생활 보장법」에 따른 수급권자는 해당 사항 없음

○ 수급자 전체 부담

- 「노인장기요양보험법」의 규정에 따른 급여의 범위 및 대상에 포함되지 아니하는 장기요양급여(식사재료비, 상급침실이용에 대한 추가비용, 이미용비 등)
- 수급자가 「노인장기요양보험법」 제17조제1항제2호에 따른 장기요양인정서에 기재된 장기요양급여의 종류 및 내용과 다르게 선택하여 장기요양급여를 받은 경우 그 차액
- 「노인장기요양보험법」 제28조에 따른 장기요양급여의 월 한도액을 초과하는 장기요양급여

○ 수급자 부담 경감(본인일부부담금의 100분의 50 감경)

- 「의료급여법」 제3조제1항제2호부터 제9호까지의 규정에 따른 수급권자
- 소득·재산 등이 보건복지부장관이 정하여 고시하는 일정 금액 이하인 자 (다만, 도서·벽지·농어촌 등의 지역에 거주하는 자에 대하여 따로 금액을 정할 수 있음)
- 천재지변 등 보건복지부령으로 정하는 사유로 인하여 생계가 곤란한 자

C. Types of Long-term Care Benefits

(Article 23 of the Act on Long-Term Care Insurance for Senior Citizens)

(1) In-Home benefits

○ Visit care, visit bathing, visit nursing, day and night care, short-term care, other in home benefits (welfare equipment)

[Type of Long-term Care In-Home Benefits]

Type	Content
Home-Visit care	Long-term care benefit of supporting the physical activities and housework of recipients by visiting their home
Home-Visit bathing	Long-term care benefit of visiting recipients at home and helping them bath using bathing facilities
Home-Visit nursing	Long-term care benefit of nursing, assisting treatment, or providing consultation on care or dental hygiene services based on the referral slip of a Western or Korean medicine doctor, or dentist.
Day and Night care	Long-term care benefit of providing recipients with care in a facility for a number of hours a day to support their physical activity and provide training and education in order to help them maintain and improve their mental and physical functions
Short-term Care	Long-term care benefit of providing recipients with care in a facility for a certain period within the scope decided by the Ministry of Health and Welfare to support their physical activity and provide training and education in order to help them maintain and improve their mental and physical functions
Other in home benefits (welfare equipment)	Long-term care benefit of providing recipients with tools they need to support their physical activity or daily life or visiting them at home in order to support their rehabilitation as decided by presidential decree

(2) Facility Benefits

○ Long-term care benefit of providing recipients with training and education to help maintain and improve their physical and mental health for a long period in a welfare medical facility (except for hospitals specializing in the treatment of senior citizens) for the elderly managed by long-term care providing institutes according to Article 34 of "Act on Welfare for Senior Citizens"

4.(3) Special cash benefit

○ Family care expenses: As benefit paid in cash to recipients receiving much long-term care benefit of visit care from their family, 150,000 won is paid a month regardless of their long-term care grade

※ Although the "Act on Long-Term Care Insurance for Senior Citizens" states special care expenses and caring hospital nursing expenses other than the above, they are currently not implemented.

D. Payment for long-term care benefits

(Article 40 of the Act on Long-Term Care Insurance for Senior Citizens)

○ Partial share of recipients (Individual Co-Payment)

- In-Home Benefits: 15 percent of the cost of long-term care
- Facility Benefits: 20 percent of the cost of long-term care

… No article in the "Act on Guaranteeing People's Basic Life" is applicable to eclpients

○ Full share of recipients

- Long-term care expenses not included in the scope or eligibility of benefit according to regulations of the "Act on Long-Term Care Insurance for Senior Citizens" (food ingredients, additional expenses for using a bedroom of higher grade, beauty care, etc.)
- The difference when a different long-term care benefit was received by selecting a type and content of long-term care benefit different to that written on the long-term care assessment certificate according to Item 2, Clause 1, Article 17 of the "Act on Long-Term Care Insurance for Senior Citizens"
- Long-term care surpassing the monthly limit of its benefit according to Article 28 of the "Act on Long-term Care Insurance for Senior Citizens"

○ Reduced share of recipients (50 percent reduction to individual co-payment)

- Recipients as defined by Items 2 to 9, Clause 1, Article 3 of the "Act on Medical Benefit"
- Those with income and assets under a certain amount set and notified by the Minister of Health and Welfare (only, a different amount may be set for those residing in islands, remote areas and farming areas)
- When it has become difficult to sustain livelihood for reasons set by a decree of the Ministry of Health and Welfare such as natural disasters

4. 노인장기요양보험 주요 재원

가. 장기요양보험료

(1) 건강보험료액의 6.55%(장기요양보험료율)에 해당하는 금액
※ 보험료율 : 장기요양위원회의 심의를 거쳐 대통령령으로 정함

(2) 장기요양보험료는 건강보험료와 통합하여 징수

★ 장기요양보험료 = 건강보험료 × 장기요양보험료율(6.55%)
※ 지역가입자의 경우 100% 본인이 부담(세대 단위)
※ 직장가입자의 경우 가입자와 사용자가 각각 50%씩 부담
- 공무원·교직원인 직장가입자와 소속 국가·지방자치단체·사립학교 각각 50%씩 부담
(사립학교의 경우 당해 학교가 30%, 국가가 20% 분담)

나. 국가 및 지자체 부담(노인장기요양보험법 제58조)

(1) 국가는 매년 예산의 범위 안에서 당해 연도 장기요양보험료 예상수입액의 100분의 20에 상당하는 금액을 공단에 지원

(2) 국가와 지방자치단체는 대통령령으로 정하는 바에 따라 의료급여수급권자의 장기요양급여비용, 의사소견서 발급비용, 방문간호지시서 발급비용 중 공단이 부담하여야 할 비용(제40조제1항 단서 및 제3항제1호에 따라 면제 및 감경됨으로 인하여 공단이 부담하게 되는 비용을 포함한다) 및 관리운영비의 전액을 부담

다. 본인일부부담금(급여를 받는 자가 일부 부담하는 비용)

(1) 재가급여 : 당해 장기요양급여비용의 100분의 15

(2) 시설급여 : 당해 장기요양급여비용의 100분의 20

※ 국민기초생활보장법에 따른 수급권자는 본인부담 면제이며, 기타의료급여수급권자 등 50% 감경

4. The financial resources of the Long-Term Care Insurance

A. Long-Term Care Insurance contributions

(1) Amount applicable to 6.55 percent of the health insurance contributions (long-term care insurance rate)
※ contributions rate : regulated on presidential decree through the Long-Term Care Committee

(2) **Long-term care insurance's contributions charged with the Health Insurance premium**

★ Long-term care insurance contributions =
Health Insurance contributions × long-term care insurance contributions rate (6.55%)
※ In the case of the self-employed insured, they are responsible for 100% of the contributions
※ In the case of the employee insured, both the employers and employees are equally paying their contributions.
- The employee insured such as civil servants and public school teachers as well as state, local governments and private schools are to co-pay 50 percent each
(In the case of private schools, the school pays 30 percent and the state 20 percent)

B. State and local government share

(Article 58 of the Act on Long-Term Care Insurance for Senior Citizens)

(1) Within the scope of its annual budget, the state is to provide 20 percent of the expected annual revenue from long-term care insurance premium to the corporation

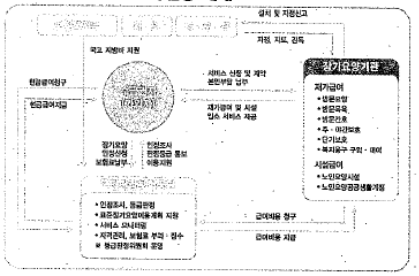
(2) The state and local governments are responsible for the payment of all management cost and the corporation is to pay its share of the cost (including the share of the cost the corporation is to pay from exemption and reduction according to proviso of Clause 1 of Article 40 and Item 1, Clause 3) of issuing visit nursing orders, doctor' referral slips and long-term care benefit for recipients of medical benefit according to regulations set by presidential decree.

C. Individual Co-Payment (beneficiaries' partial share)

(1) In-home benefits: 15 percent of the cost of long-term care benefits

(2) Facility benefits: 20 percent of the cost of long-term care benefits
※ Recipients of benefit according to the Act on Guaranteeing People's Basic Life are exempted and 50 percent reduction are provided for other medical benefit recipients

5. 노인장기요양보험 관리·운영 체계



가. 보건복지부

(1) 장기요양보험사업 관장

(2) 장기요양기본계획을 수립·조정

나. 국민건강보험공단 : 보험자

(1) 장기요양보험가입자 및 그 피부양자와 의료급여수급권자의 자격관리

(2) 장기요양보험료의 부과·징수와 재정 운영

(3) 신청인에 대한 조사

(4) 등급판정위원회의 운영 및 장기요양등급판정

(5) 장기요양인정서의 작성 및 표준장기요양이용계획서의 제공

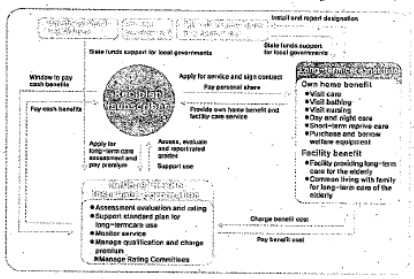
(6) 장기요양급여의 관리 및 평가

(7) 수급자에 대한 정보제공·안내·상담 등 장기요양급여 관련 이용지원에 관한 사항

(8) 재가 및 시설 급여비용의 심사 및 지급과 특별현금급여의 지급

(9) 장기요양급여 제공내용확인

5. Long-Term Care Insurance management system



A. Ministry of Health and Welfare

(1) Director of long-term care insurance

(2) Draw up and adjust basic plan for long-term care

B. National Health Insurance Corporation: subscriber

(1) Manage qualifications of subscribers of long-term care insurance and their dependents as well as recipients of medical benefits

(2) Charge and collect long-term care insurance premium as well as manage the funds

(3) Investigate applicants

(4) Manage the Grading Committees and decide long-term care grades

(5) Write the assessment certificate of long-term care and provide standard plan for long-term care use

(6) Manage and evaluate long-term care benefits

(7) Provide information, guidance and consultation to recipients and support the use of long-term care benefits

(8) Evaluate own home and facility benefit cost and pay special cash benefits

(9) Check information provided on long-term care benefits

(10) 장기요양사업에 관한 조사·연구 및 홍보
(11) 노인성질환예방사업
(12) 이 법에 따른 부당이득금의 부과·징수 등
(13) 장기요양급여의 제공기준을 개발하고 장기요양급여비용의 적정성을 검토하기 위한 장기요양기관의 설치 및 운영
(14) 그 밖에 장기요양사업과 관련하여 보건복지부 장관이 위탁한 업무

다. 장기요양기관 : 서비스 제공

(1) 「노인복지법」 및 「노인장기요양보험법」에 의거 설립 및 지정
(2) 장기요양수급자와 계약을 체결하고 장기요양서비스를 제공
(3) 수급자에게 제공한 장기요양급여에 대한 비용은 공단에 청구

라. 지방자치단체

(1) 장기요양기본계획에 따른 세부시행계획 수립·시행
(2) 노인성질환예방사업
(3) 장기요양기관 설치 및 지정 권한

(10) Investigate, research and publicize the long-term care project
(11) Run project to prevent geriatric diseases
(12) Charge and collect unfair benefits according to law
(13) Develop standards for the provision of long-term care benefits and install and manage long-term care providing institutes in order to review the appropriateness of long-term care benefit cost
(14) Other work related to the long-term care project consigned by the Minister of Health and Welfare

C. Long-term Care Institution : provision of services

(1) Established and designated according to the "Act on Welfare for Senior Citizens" and the "Act on Long-Term Care Insurance for Senior Citizens"
(2) Sign contracts with recipients of long-term care benefits and provide long-term care services
(3) Charge the corporation for the cost of providing long-term care benefits provided to recipients

D. Local Governments

(1) Draw up and execute detailed plan for the execution of the basic plan for long-term care
(2) Run project to prevent geriatric diseases
(3) Install and designate long-term care providing institutes

附錄 4 韓國健保公團簡報資料 2

II. 노인장기요양보험통계 개요

1. 적용인구 현황

■ **의료보장 인구 5,117 만 명, 65 세이상 인구 592 만 명(2012 년 연도말 기준)**

◎ 의료보장 적용인구 5,117 만명

-건강보험 적용인구 4,966 만명 … 직장 3,411 만명 + 지역 1,556 만명

-의료급여 13 만명, 기초수급 138 만명

◎ 65 세 이상 의료보장 적용인구 592 만명

-건강보험 547 만명, 의료급여 5 만명, 기초수급 41 만명

※ 각 수치는 반올림 값이므로 '계'와 일치하지 않을 수 있음

※ 기초수급 : 의료급여 대상자 중 국민기초 1, 2 종, 사회복지시설 입소자

※ 의료급여 : 기초수급자를 제외한 의료급여 대상자

(단위 : 천명)

구 분		2005	2006	2007	2008	2009	2010	2011	2012
의료보장		49,154	49,238	49,672	50,001	50,291	50,581	50,909	51,169
건강	소계	47,392	47,410	47,820	48,160	48,614	48,907	49,299	49,662
	직장	27,233	28,445	29,424	30,417	31,413	32,384	33,257	34,106

보험	지역	20,159	18,965	18,395	17,743	17,201	16,523	16,043	15,556
의료급여		250	304	319	325	124	133	148	131
기초수급		1,512	1,525	1,534	1,517	1,553	1,542	1,461	1,376
65세이상	의료보장	4,372	4,543	4,873	5,086	5,286	5,449	5,645	5,922
	건강보험	3,919	4,073	4,387	4,600	4,826	4,979	5,184	5,468
	의료급여	61	73	77	80	47	48	50	47
	기초수급	392	396	409	407	413	422	410	407

그림-1 연도별 일반(건강보험대상자) 적용인구 추이

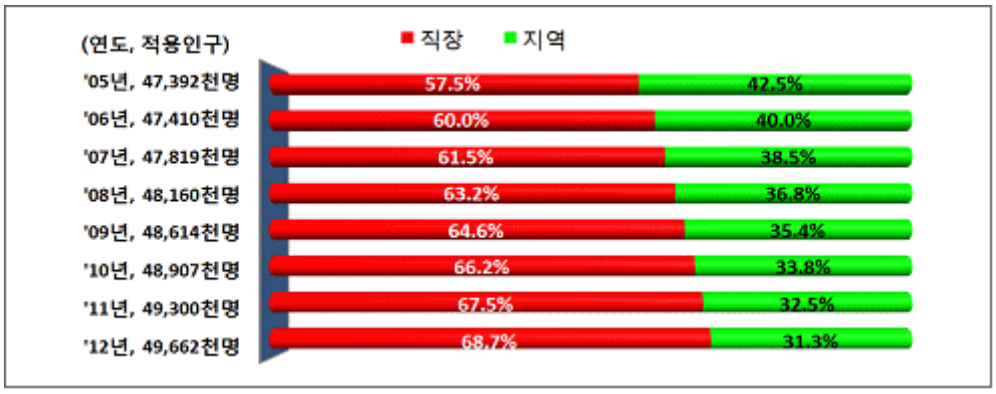


그림-2 연도별 의료급여 및 기초수급 적용인구 추이

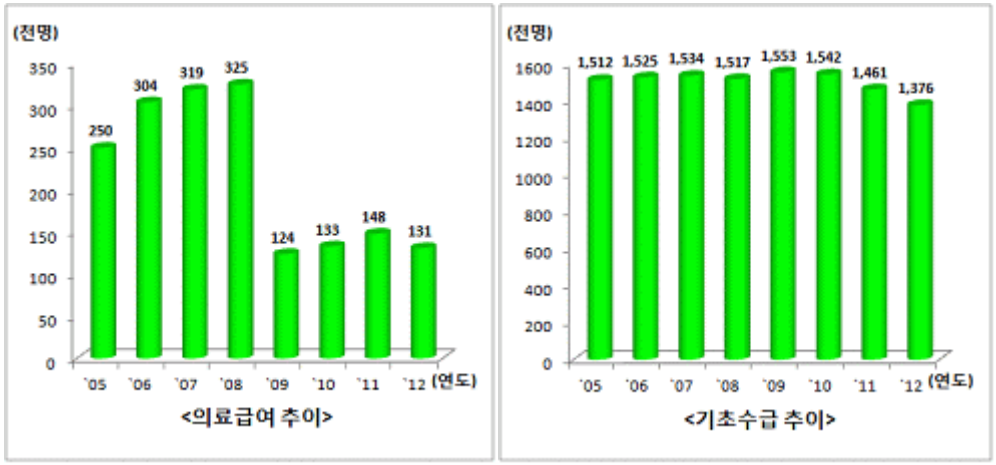
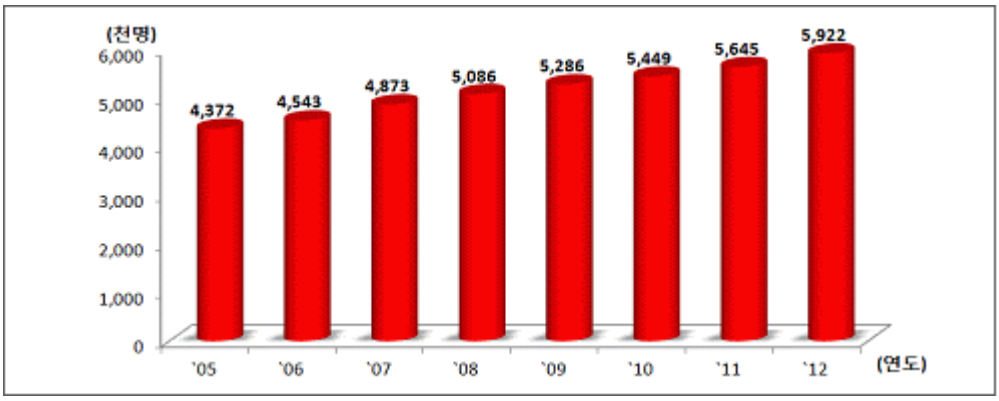


그림-3 연도별 65세 이상 의료보장 적용인구 추이



2. 신청 · 인정 현황

■ **2012 년 12 월말 기준, 장기요양보험 누적 신청자 수 643,409 명**

◎ 2012 년 인정자는 341,788 명(노인인구의 5.8%)이며, 인정율 68.9%

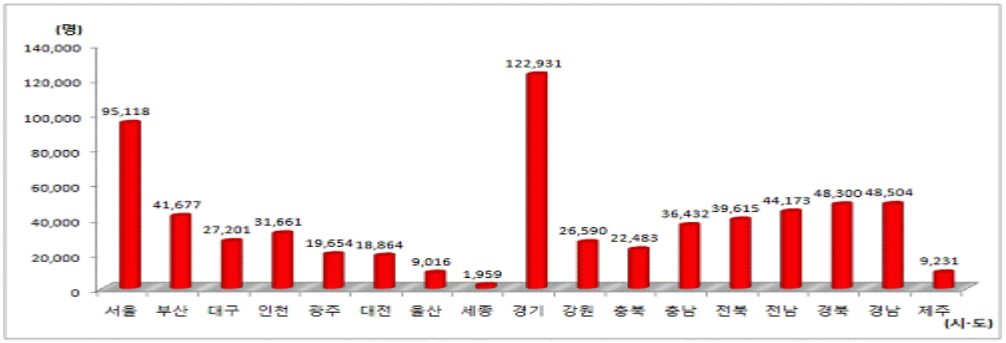
◎ 2012 년 인정자는 2011 년 대비 5.4%, 2010 년 대비 8.2% 증가

(단위: 명)

	2008	2009	2010	2011	2012
노인인구 (65 세이상)	5,086,195	5,286,383	5,448,984	5,644,758	5,921,977
신청자	355,526	522,293	622,346	617,081	643,409
판정자 (등급내+등급외)	265,371	390,530	465,777	478,446	495,445
인정자 (판정 대비 인정률)	214,480 (80.8%)	286,907 (73.5%)	315,994 (67.8%)	324,412 (67.8%)	341,788 (68.9%)
노인인구 대비 인정률	4.2%	5.4%	5.8%	5.7%	5.8%

주) 연도말기준[사망자 : ('08)20,506 명, ('09)73,942 명, ('10)136,993 명, ('11)266,819 명 ('12)364,801 명 제외]

그림-4 2012년 시도별 장기요양보험 신청자 현황



■ 2012 년 연도말, 장기요양보험 인정자 수 341,788 명

◎ 일반 249,963 명, 경감 30,113 명, 의료급여 4,302 명, 기초수급 57,410 명

- 남자 96,297 명으로 전체의 28.2%, 여자 245,491 명 71.8%

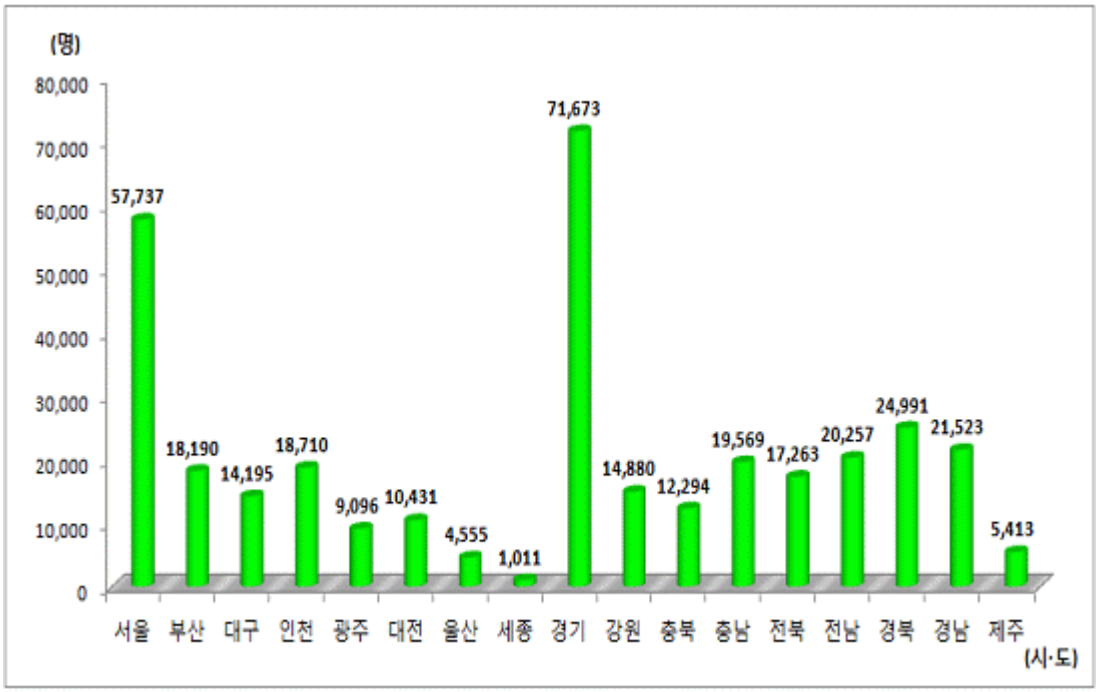
◎ 1 등급 38,262 명, 2 등급 70,619 명, 3 등급 232,907 명

(단위: 명)

구분	2012				2008	2009	2010	2011
	계	1 등급	2 등급	3 등급				
인정자계	**341,788**	**38,262**	**70,619**	**232,907**	**214,480**	**286,907**	**315,994**	**324,412**
일반	249,963	28,179	52,706	169,078	156,776	205,971	230,322	236,523
경감	30,113	3,162	6,195	20,756	544	20,774	23,517	26,958
의료급여	4,302	479	865	2,958	6,247	3,682	4,052	4,281
기초수급	57,410	6,442	10,853	40,115	50,913	56,480	58,103	56,650

주) 연도말 현재 인정자격 유지자 기준(사망건제외)

그림-5 2012년 시도별 장기요양보험 인정자 현황



3. 장기요양 급여실적

■2012년 연도말 기준, 연간 총 요양비 3조 1,256억 원(지급기준)

◎ 급여비(2010년도 24,023 억원→2011년도 25,882 억원→2012년도 27,177 억원

- 2012년 실인원 1인당 월평균 요양비는 956,986 원 평균 급여비는 832,132 원

- 실인원 1인당 월평균 요양비 2011년 대비 1.3% 증가

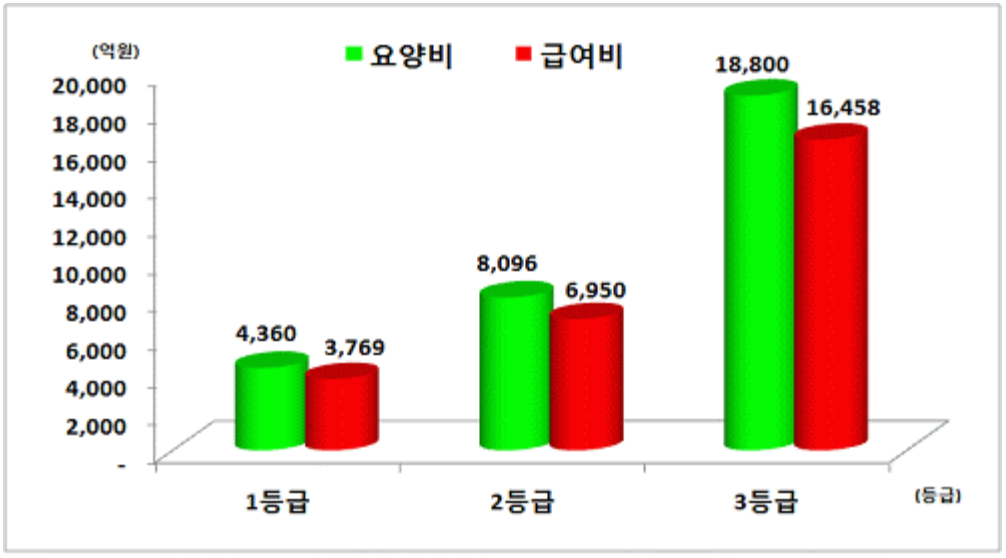
구분	2008	2009	2010	2011	2012
요양비(억원)	4,808	19,718	27,456	29,691	31,256
급여비(억원)	4,268	17,369	24,023	25,882	27,177

급여율(%)	88.8	88.1	87.5	87.1	87.0
실인원 1 인당 월평균 요양비(원)	884,452	952,163	958,652	944,916	956,986
실인원 1 인당 월평균 급여비(원)	782,173	838,912	838,915	823,727	832,132

※ 급여율 = 급여비/요양비

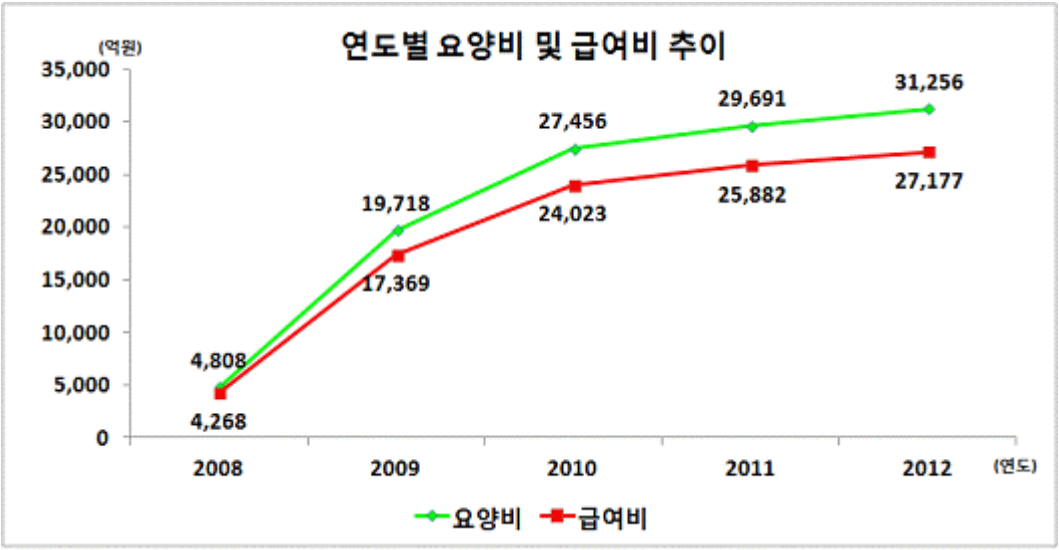
※ 실인원 1 인당 요양비(급여비) = (월간 요양비(급여비)/월간 실인원 수)의 평균

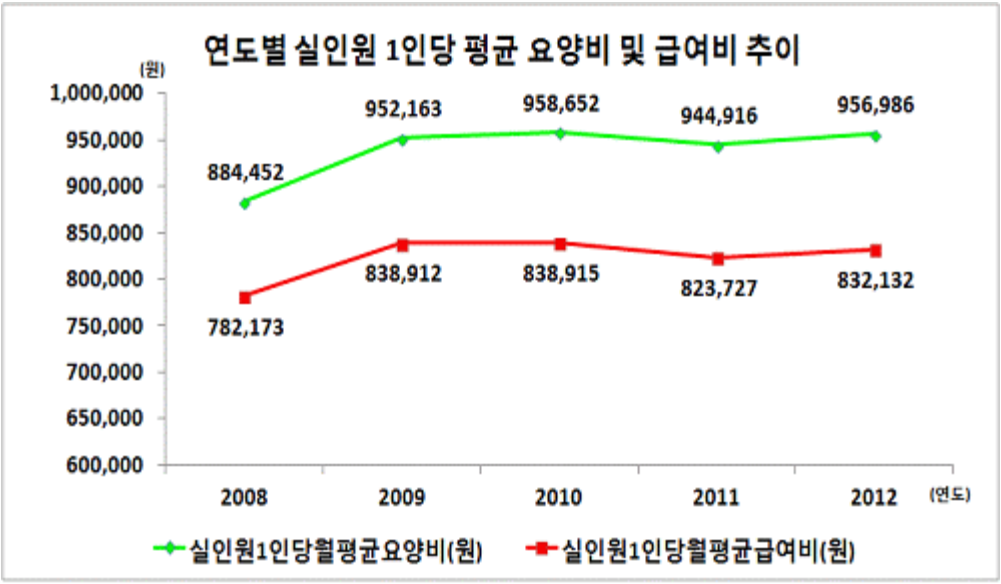
그림-6 2012년 등급별 총 요양비 및 급여비 추이



주)2012 년연도말 지급기준급여실적

[참 고] 연 도 별 장 기 요 양 보 험 급 여 실 적 추 이





■ **2012 년 공단이 지급한 장기요양 급여비 총액은 2 조 7,177 억 원 (연도말 지급기준)**

◎ 급여비 2011 년 대비 5.0% 증가

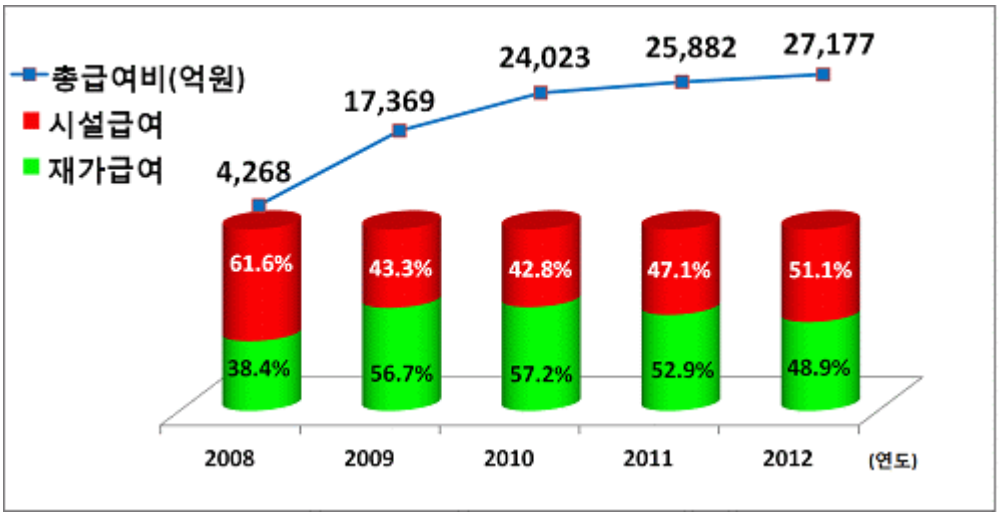
◎ 유형별 급여비 현황

- 재가급여 2011년 대비 2.9% 감소, 시설급여 2011년 대비 13.9% 증가

(단위: 억 원, %)

구 분	2008		2009		2010		2011		2012	
	급여비	비율	급여비	비율	급여비	비율	급여비	비율	급여비	비율
장기요양 급여비 계	4,268	-	17,369	-	24,023	-	25,882	-	27,177	-
재가급여	1,640	100.0	9,856	100.0	13,740	100.0	13,704	100.0	13,303	100.0
-방문요양	1,086	66.2	7,334	74.4	11,296	82.2	11,415	83.3	10,724	80.6
-방문목욕	94	5.8	406	4.1	691	5.0	712	5.2	707	5.3
-방문간호	15	0.9	62	0.6	62	0.4	58	0.4	70	0.5
-주야간보호	176	10.7	618	6.3	731	5.3	837	6.1	958	7.2
-단기보호	153	9.4	843	8.6	323	2.3	67	0.5	89	0.7
-복지용구	116	7.1	592	6.0	637	4.6	614	4.5	756	5.7
시설급여	2,628	100.0	7,513	100.0	10,283	100.0	12,178	100.0	13,874	100.0
-노인요양시설(현행법)	455	17.3	2,118	28.2	3,883	37.8	5,646	46.4	7,571	54.6
-노인요양시설(구법)	747	28.4	1,569	20.9	1,373	13.4	1,139	9.3	913	6.6
-노인전문요양시설(구법)	1,364	51.9	3,403	45.3	3,383	32.9	3,111	25.5	2,864	20.6
-노인요양공동생활가정	62	2.4	424	5.6	875	8.5	1,268	10.4	1,571	11.3
-노인요양시설(단기보호전환)	-	-	-	-	768	7.5	1,014	8.3	955	6.9

그림-7 연도별 급여종류별 급여비 지급율 추이



4. 장기요양기관 현황

■ **2012년 연도말 기준, 장기요양기관 수 15,056개소**

◎ 재가 요양기관 10,730개소, 시설 요양기관 4,326개소

◎ 장기요양기관 수 2011년 대비 재가기관 1.2% 감소, 시설기관 6.5% 증가

구 분	2008		2009		2010		2011		2012	
	재가	시설	재가	시설	재가	시설	재가	시설	재가	시설
계	**6,618**	**1,700**	**11,931**	**2,629**	**11,228**	**3,751**	**10,857**	**4,061**	**10,730**	**4,326**
서 울	944	123	1,738	265	1,809	418	1,828	439	1,809	476
부 산	511	71	914	106	829	158	748	143	728	145
대 구	364	41	644	68	601	135	569	177	576	203

인천	277	71	591	131	545	206	552	229	561	247
광주	267	46	430	58	462	91	434	95	416	96
대전	225	40	459	61	439	88	405	94	395	104
울산	122	29	211	30	162	42	161	42	161	40
세종	-	-	-	-	-	-	-	-	27	12
경기	1,247	464	2,459	788	2,321	1,084	2,253	1,172	2,210	1,254
강원	250	107	393	153	328	186	338	208	345	222
충북	195	107	320	155	315	213	312	224	300	237
충남	314	92	543	139	567	209	546	238	515	238
전북	419	142	704	162	619	190	573	203	571	214
전남	500	127	766	175	635	245	593	259	567	271
경북	477	111	833	159	715	244	689	277	718	298
경남	417	101	803	144	758	194	728	213	709	215
제주	89	28	123	35	123	48	128	48	122	54

그림-8 2012년 시도별 장기요양기관 현황

주) 각 연도말 기준, 지정운영되고 있는 기관수

5. 보험료 현황

■ 2012년 장기요양 보험료 부과액은 2조 3,697억 원

◎ 직장 1조 9,114억원, 지역 4,582억원

◎ 전체 세대 당 보험료(개인부담기준) 5,476원 … 기초수급, 의료급여 제외

구 분	2011	2012				
		전체	1분기	2분기	3분기	4분기
보험료(억원)	21,423	23,697	5,407	6,701	5,807	5,782
- 직장	16,994	19,114	4,245	5,557	4,688	4,625
- 지역	4,429	4,582	1,162	1,144	1,119	1,157

세대당월평균보험료(원)	5,132	5,476	5,132	6,088	5,356	5,328
- 직장	5,383	5,792	5,253	6,758	5,647	5,513
- 지역	4,712	4,916	4,926	4,910	4,835	4,992
1인당월평균보험료(원)	2,192	2,381	2,218	2,644	2,331	2,329
- 직장	2,146	2,352	2,117	2,743	2,297	2,253
- 지역	2,288	2,442	2,429	2,433	2,406	2,500

주) 1 인당(세대 당) 월 평균 보험료는 개인부담(사업장부담분 제외)보험료 기준

■2012 년 장기요양 보험료 징수율 98.5%

◎ 직장 징수율 99.3%, 지역 징수율 94.8%

구 분	2011	2012				
		전체	1 분기	2 분기	3 분기	4 분기
부과액(억원)	21,423	23,697	5,407	6,701	5,807	5,782
- 직장	16,994	19,114	4,245	5,557	4,688	4,625
- 지역	4,429	4,582	1,162	1,144	1,119	1,157
징수액(억원)	21,069	23,330	5,329	6,601	5,712	5,688
- 직장	16,887	18,986	4,222	5,506	4,654	4,604

- 지역	4,183	4,344	1,107	1,095	1,058	1,084
징수율(%)	98.3	98.5	98.6	98.5	98.4	98.4
- 직장	99.4	99.3	99.5	99.1	99.3	99.6
- 지역	94.4	94.8	95.3	95.7	94.5	93.7

6. 재정 현황

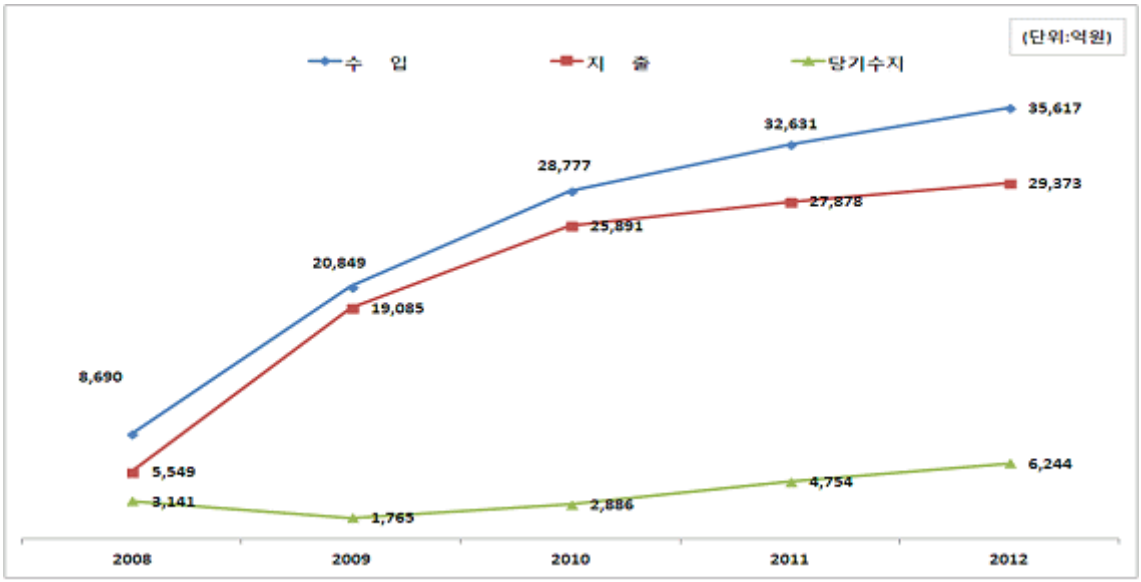
■ 연도말 기준 장기요양 재정현황(결산기준)

(단위: 백만원)

구분		2008	2009	2010	2011	2012
수입	계(A)	868,975	2,084,929	2,877,740	3,263,144	3,561,673
	보험료(A1)	477,011	1,199,551	1,831,555	2,142,332	2,369,669
	국고지원금(A2)	120,747	204,351	332,318	388,311	415,243
	의료급여 부담금(A3)	266,137	660,082	670,449	677,322	701,778
	- 국가부담금	8,661	41,597	20,919	29,852	29,250
	- 지방자치단체부담금	257,476	618,486	649,531	647,469	672,528
	기타	5,079	20,944	43,418	55,180	74,983

지출	계(B)	554,901	1,908,463	2,589,135	2,787,757	2,937,322
	보험급여비(B1)	431,414	1,746,732	2,415,263	2,602,664	2,732,833
	- 재가급여비	164,572	985,020	1,374,034	1,374,494	1,329,687
	- 시설급여비	262,858	754,498	1,033,623	1,221,075	1,396,220
	- 가족요양비	564	1,656	1,316	1,049	984
	- 의사소견서 발급비용	3,339	5,358	6,076	5,858	5,748
	- 방문간호지시서 발급비용	81	200	214	188	193
	관리운영비	107,897	135,720	144,137	155,571	166,256
	기타	15,589	26,010	29,735	29,522	38,233
당기차액		314,074	176,467	288,605	475,387	624,351
누적수지		314,074	490,541	779,146	1,254,533	1,878,884

그림-9 연도별 장기요양 수입과 지출 현황



附錄 5 拜會韓國全民健保公團紀要

拜會時間：2013 年 6 月 28 日下午 3 點至 6 點

背景說明

本次拜會之韓國全民健保公團，負責韓國的健康保險及長照保險，並設有政策研究中心（即為本次拜會之單位），其中共有 10 名研究員負責長照保險的業務。

與我們主談者為李研究員，與談前由其簡報韓國長照保險制度及長照保險現況統計（簡報如附錄 3、附錄 4）。

與會紀要

台：長保給付個案要求須失能持續超過 6 個月，在實務上如何認定？

韓：目前操作上不一定須失能達 6 個月，若患者在出院後有長照需要即可申請，6 個月只是概念上的意義。

台：長照機構及長照醫院(LTC Hosp.)的入住資格是否有差異？

韓：長照醫院係由健保給付。兩者的差異在於前者須經過長照需要評估才能入住，後者則依健保制度，不須事前評估。

台：在長照醫院的患者，其住院期間的生活照顧是由誰提供？

韓：由患者或家屬自行負責，韓國政府尚未決定如何處理這個問題。

台：原本是長保的服務使用者，住院期間是否可繼續使用長照之給付？

韓：停止給付。

台：是否每個申請給付的個案，在評估後都須送到給付判定委員會判定？

韓：每個申請給付的個案，每個項目都要由委員會判定。

台：是否有使用電腦協助判定？

韓：與日本作法差不多，將需要評估結果輸入電腦，再送至委

員會進行判定。

台：韓國長照需要 3 個等級的判定標準為何？

韓：由 52 個題項進行評估，將評估結果輸入電腦，再運算出分數，因為每一個項目的權重不一樣，係花多時間開發出來，無法簡要述之。

台：長照保險需要評估係由保險人自行評估，或委託第 3 者進行？

韓：評估人員是公團的職員。

台：長照給付申請者，何種情況須有醫師轉介單？

韓：每一個案申請都須要有醫師轉介單。

台：公團目前共有多少人員辦理需要評估？

韓：公團總部下設 6 個廣域總部，再設 223 支部，整個負責長照保險業務的人員共有 3,000 至 4,000 人，至於評估人員確實的人數則不清楚。

台：健康保險之保險人（公團）辦理長照保險有無增加部門？或仍維持原來的部門？

韓：在開辦長照保險前曾委託研究機構進行可行性研究，並建議須增加那些單位及人員，初期公團因開辦長照保險增加了 2000 多人，例如社會工作者、護理人員等。

台：韓國民眾有無提出自行照顧並要求現金給付的方式？

韓：這是一個理念的問題，不同的國家對於這個問題是不一樣的。韓國人不認為照顧自己的家人是一種工作，因為不是工作，所以就不能領取現金。

台：目前韓國長照保險仍有少許的狀況是可以申請現金，那若發生是女兒照顧母親，則由誰來領錢？

韓：沒有特別規範。

台：長照保險領取現金有無相關的規定？

韓：領取現金給付的條件為，(1)離島偏遠地區等服務資源缺乏地區之保險對象。(2)政府認定由於天災地變或其他類似因素而造成難以利用長照服務機構所提供之服務者。(3)患有精神疾病且會危害他人者，應由家人自行照護。至於相關措施目前尚無。

台：韓國長照保險所發生的管理費佔總保費比例為多少？

韓：目前無統計數字。

台：韓國長照保險與日本介護保險不一樣，是採全民繳保費，但只給付老人長照服務，此種情況下，是否會有人拒繳保費？

韓：很少人不繳，韓國長照保險的保費是隨健保收取，而健保費收繳率達 98.5%。

台：長照服務提供者的管理是在長照保險規範，或是在別的管理法規規範？

韓：不同型態的服務提供者有不同的規範，可以參見「2013 National Health Insurance Act/Act Long-Term Care Insurance for Senior Citizens」。

台：韓國長照保險自 2008 年實施，其支付標準是否會定期檢討？檢討機制為何？

韓：每年會開會討論是否要調整，到目前為止並不定期調整。

台：韓國有無外籍看護？

韓：在醫院有外籍醫護人員，但是因為 home helper 要經過國家考試，故目前尚未有外籍看護。