

Japan Health Care System

In 1961, the Japanese government established a universal coverage of health-care insurance for all Japanese, which has played an important role in providing and maintaining an equal opportunity for people to access the health-care system in Japan. The Japanese health-care insurance system is complex with about 5000 insurers classified into two broad categories: Employees' Health Insurance (EHI) covering 60% of the population, and National Health Insurance (NHI) for nonemployees, covering the remaining 40%. A patient holding either an EHI or NHI card issued by the government is entitled to access any hospital depending on the needs of the patient. The accounting and payment of treatment costs, including drug costs, is performed according to the fee-for-service (FFS) principle. Patients must contribute 30% of the total expense as a copayment at the point when a service is provided in a hospital while the rest is reimbursed to the hospital by the government. The medical expenditures are determined by the medical fee scores and a set of reimbursement rates, which are uniformly determined and biennially revised by the Ministry of Health, Labor and Welfare (MHLW).