

Regulation for Enforcement of the Act on Assurance of Medical Care for Elderly People (Tentative translation)

(Order of the Ministry of Health, Labour and Welfare No. 129 of October 22, 2007)

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Chapter I Plans for Regulating Medical Expenses

(Method of Calculating the Estimated Amount of Expenses Required for

Medical Services under the National Plan for Regulating Medical Expenses)

Article 1 The estimated amount of expenses required for medical care during the period of a national plan for the optimization of medical expenses (meaning the national plan for the optimization of medical expenses as prescribed in Article 8, paragraph (1) of the Act on Assurance of Medical Care for Elderly People (Act No. 80 of 1982; hereinafter referred to as the "Act"); the same applies hereinafter) is to be calculated based on the total estimated amount of expenses required for medical care during the period of all prefectural plans for the optimization of medical expenses (meaning the prefectural plan for the optimization of medical expenses as prescribed in Article 9, paragraph (1) of the Act; the same applies hereinafter).

(Calculation Method of the Estimated Amount of Expenses Required for

Medical Services under a Prefectural Plan for Regulating Medical Expenses)

Article 1-2 The estimated amount of expenses required for medical services during the period of a prefectural plan for the optimization of medical expenses is to be calculated in accordance with the basic policy for the optimization of medical expenses (meaning the basic policy for the optimization of medical expenses prescribed in Article 8, paragraph (1) of the Act).

(Matters Specified by Order of the Ministry of Health, Labour and Welfare

Referred to in Article 9, Paragraph (5) of the Act)

Article 1-3 The particulars specified by the Order of the Ministry of Health, Labour and Welfare Order referred to in Article 9, paragraph (5) of the Act are as follows:

- (i) information on the expenses required for medical care and the status of the number of medical examinations and the number of days of medical examinations by region, age group, disease, content of medical examination, gender, and type of medical institution;
- (ii) data concerning the implementation status of the Special health examinations prescribed in Article 18, paragraph (1) of the Act and the specific health guidance prescribed in the same paragraph;
- (iii) information on the status of changes in the number of beds concerning the provision of medical care by region, by type of bed, and by type of medical institution, and the number of medical institutions concerning the provision of medical care by region and by type of medical institution;
- (iv) other necessary matters.

(Publication of the Progress of Prefectural Plans for Regulating Medical Expenses)

- Article 1-4 (1) A prefecture, in publicizing the progress of a prefectural plan for regulating medical expenses pursuant to the provisions of Article 11, paragraph (1) of the Act and publicizing the results of a survey and analysis of the progress of a prefectural plan for regulating medical expenses pursuant to the provisions of paragraph (2) of the same Article, is to publicize the outline and content of the plan by using the Internet, distributing printed materials, or by other appropriate means.
- (2) A prefecture, when reporting the results of investigation and analysis on the state of progress of the prefectural plan for regulating medical expenses to the Minister of Health, Labour and Welfare pursuant to the provisions of Article 11, paragraph (3) of the Act, is to do so by the end of June of the fiscal year that includes the day on which the period of the plan ends.

(Publication of the Progress of the National Plan for Regulating Medical Expenses)

- Article 2 The provisions of paragraph (1) of the preceding Article apply mutatis mutandis to the publication of the status of progress of the national plan for regulating medical expenses conducted by the Minister of Health, Labour and Welfare pursuant to the provisions of Article 11, paragraph (5) of the Act and the publication of the results of the investigation and analysis of the status of progress of the national plan for regulating medical expenses conducted by the Minister of Health, Labour and Welfare pursuant to the provisions of paragraph (6) of the same Article.

(Evaluation on the Performance of the Prefectural Plan for Regulating Medical Expenses)

- Article 3 (1) In evaluating the performance of the prefectural plan for regulating medical expenses pursuant to the provisions of Article 12, paragraph (1) of the Act, the prefecture is to investigate and analyze the degree of achievement of the goals of the plan, the implementation status of the measures of the plan, and the effects on the expenses required for the measures.
- (2) A prefecture, pursuant to the provisions of Article 12, paragraph (2) of the Act, is to report the results of the evaluation on the performance of the prefectural plan for regulating medical expenses to the Minister of Health, Labour and Welfare by the last day of December of the fiscal year following the fiscal year in which the plan ends.
- (3) The provisions of Article 1-4, paragraph (1) apply mutatis mutandis to the publication of the results of an evaluation of the performance of the prefectural

plan for regulating medical expenses that is conducted by the prefecture based on the provisions of Article 12, paragraph (2) of the Act.

(Evaluation on the Performance of the National Plan for Regulating Medical Expenses)

Article 4 (1) In evaluating the performance of the National Plan for Regulating Medical Expenses based on the provisions of Article 12, paragraph (3) of the Act, the Minister of Health, Labour and Welfare is to conduct a survey and analysis of the degree of achievement of the goals set forth in the plan, the implementation status of the measures set forth in the plan, and the effects on the expenses required for the measures.

(2) In evaluating the performance of the prefectural plan for regulating medical expenses in each prefecture pursuant to the provisions of Article 12, paragraph (3) of the Act, the Minister of Health, Labour and Welfare is to conduct an analysis of the degree of achievement of the plan and the implementation status of the measures set forth in the plan.

(3) The provisions of Article 1-4, paragraph (1) apply mutatis mutandis to the publication of the results of the evaluation on the national plan for regulating medical expenses and the performance of the prefectural plan for regulating medical expenses in each prefecture, which is conducted by the Minister of Health, Labour and Welfare pursuant to the provisions of Article 12, paragraph (4) of the Act.

(Investigation and Analysis for Preparation, etc. of Plans for Regulating Medical Expenses)

Article 5 (1) The particulars specified by the Order of the Ministry of Health, Labour and Welfare Order referred to in Article 16, paragraph (1), item (i) of the Act are as follows.

(i) information on the expenses required for medical care and the status of the number of medical examinations and the number of days of medical examinations by region, age group, disease, content of medical examination, gender, and type of medical institution;

(ii) data concerning the implementation status of the Special health examinations prescribed in Article 18, paragraph (1) of the Act and the specific health guidance prescribed in the same paragraph;

(iii) data concerning the health checkups provided for in Article 4-2, item (iv) of the Regulation for Enforcement of the Health Promotion Act (Order of the Ministry of Health, Labour and Welfare No. 86 of 2003) and the health guidance provided for in item (v) of that Article (both of which are limited to those for aided persons provided for in Article 6, paragraph (1) of the Public Assistance Act (Act No. 144 of 1950));

- (iv) data concerning copies of records of medical examinations provided by businesses, etc. prescribed in Article 150, paragraph (4) of the Health Insurance Act (Act No. 70 of 1922), Article 111, paragraph (4) of the Mariners Insurance Act (Act No. 73 of 1939), Article 82, paragraph (4) of the National Health Insurance Act (Act No. 192 of 1958), Article 26, paragraph (5) of the Private School Teachers Mutual Aid Association Act (Act No. 245 of 1953; hereinafter referred to as the "Private School Mutual Aid Association Act"), Article 98, paragraph (4) of the National Public Officers mutual aid association Act (Act No. 128 of 1958), or Article 112, paragraph (5) of the local public employee mutual aid association Act (Act No. 152 of 1962);
 - (v) information on the deceased, such as the sex, month and year of birth, date of death, and cause of death of the deceased.
- (2) The particulars specified by Order of the Ministry of Health, Labour and Welfare referred to in Article 16, paragraph (1), item (ii) of the Act are as follows:
- (i) information on the status of changes in the number of beds concerning the provision of medical care by region, by type of bed, and by type of medical institution, and the number of medical institutions concerning the provision of medical care by region and by type of medical institution;
 - (ii) information on the status of changes in the number of home-nursing stations (meaning a place of business at which a designated home-nursing provider (meaning a designated home-nursing provider as prescribed in Article 88, paragraph (1) of the Health Insurance Act; the same applies hereinafter) provides home-nursing services (meaning home-nursing services as prescribed in the same paragraph); the same applies hereinafter) by region;
- (3) When requested by an Minister of Health, Labour and Welfare to provide medical insurance-related information (meaning the medical insurance-related information prescribed in Article 16, paragraph (1) of the Act; the same applies hereinafter) pursuant to the provisions of paragraph (2) of the same Article, insurers and Association of Medical Care Systems for the Elderly Aged 75 and older (meaning the Association of Medical Care Systems for the Elderly Aged 75 and older prescribed in Article 48 of the Act; the same applies hereinafter) must submit the relevant information by a method using an electronic data processing system (meaning an electronic data processing system connecting a computer (including an input and output device; the same applies hereinafter) used by insurers or Association of Medical Care Systems for the Elderly Aged 75 and older and a computer used by the Health Insurance Claims Review & Reimbursement Services under the Health Insurance Claims Review & Reimbursement Services Act (Act No. 129 of 1948) (hereinafter referred to as the "payment fund") or the National Health Insurance Federation prescribed in

Article 45, paragraph (5) of the National Health Insurance Act (hereinafter referred to as the "NHI federation") through a telecommunications line) or by a method submitting an optical disc or other electronic or magnetic record (meaning a record made in an electronic form, a magnetic form, or any other form not recognizable to human perception, which is used in data processing by a computer; the same applies in Article 112-2).

- (4) The persons specified by Order of the Ministry of Health, Labour and Welfare as referred to in Article 16, paragraph (3) of the Act are as follows:
- (i) minister of Defense;
 - (ii) an employer, etc., who has been requested to make a copy of records concerning medical examinations kept on file pursuant to the Industrial Safety and Health Act (Act No. 57 of 1972) or other laws and orders prescribed in Article 150, paragraph (3) of the Health Insurance Act, Article 111, paragraph (3) of the Mariners Insurance Act, Article 82, paragraph (3) of the National Health Insurance Act, Article 26, paragraph (4) of the Private School Mutual Aid Association Act, Article 98, paragraph (3) of the National Public Officers mutual aid association Act, or Article 112, paragraph (4) of the local public employee mutual aid association Act.
- (5) The provisions of paragraph (3) apply mutatis mutandis when a prefecture, municipality (including a special ward; the same applies hereinafter), and the persons set forth in the items of the preceding paragraph provide information necessary for the investigation and analysis prescribed in Article 16, paragraph (1) of the Act (excluding the information set forth in paragraph (1), item (v)) in response to a request from the Minister of Health, Labour and Welfare prescribed in Article 16, paragraph (3) of the Act.
- (6) In response to a request from the Minister of Health, Labour and Welfare prescribed in Article 16, paragraph (3) of the Act, when a municipality provides information necessary for the investigation and analysis prescribed in paragraph (1) of the same Article (limited to the information set forth in paragraph (1), item (v)), the municipality (in the case of a designated city in the Article 252-19, paragraph (1) of the Local Autonomy Act (Act No. 67 of 1947), a ward or administratively consolidated ward) is to provide the information to a health center established by the prefecture (in the case of a city or a special ward specified by Cabinet Order referred to in Article 5, paragraph (1) of the Community Health Act (Act No. 101 of 1947), a health center established by the city or the special ward), and the health center is to examine the information and provide it to the prefecture.
- (7) A prefecture that has received information based on the provisions of the preceding paragraph is to examine it and provide it to the Minister of Health, Labour and Welfare.

(Provision of Medical Insurance-Related Information to Prefectural Governors)

Article 5-2 When the Minister of Health, Labour and Welfare is requested by the prefectural governor to cooperate as prescribed in Article 9, paragraph (9) or Article 15, paragraph (1) of the Act in order to conduct surveys and analyses for the purpose of contributing to the preparation of the prefectural plan for regulating medical expenses, the implementation of measures based on the prefectural plan for regulating medical expenses, or the evaluation of the degree of achievement of the prefectural plan for regulating medical expenses, and finds it necessary to provide medical insurance-related information, the Minister may provide the prefectural governor with the medical insurance-related information.

(Persons Specified by the Order of the Ministry of Health, Labour and Welfare
Referred to in Article 16-2, Paragraph (1) of the Act)

Article 5-3 A person specified by Order of the Ministry of Health, Labour and Welfare as prescribed in Article 16-2, paragraph (1) of the Act is a specified insured, etc. (meaning a member prescribed in Article 7, paragraph (4) of the Act and a insured prescribed in Article 50 of the Act) pertaining to medical insurance-related information and a person equivalent thereto.

(Standards Specified by the Order of the Ministry of Health, Labour and
Welfare Referred to in Article 16-2, Paragraph (1) of the Act)

Article 5-4 The standards specified by the Order of the Ministry of Health, Labour and Welfare Order referred to in Article 16-2, paragraph (1) of the Act are as follows:

- (i) deleting all or part of the descriptions, etc. that can identify the persons prescribed in the preceding Article contained in the medical insurance-related information (including replacing the descriptions, etc. with other descriptions, etc. by a method that does not have the regularity to enable restoration of the all or part of the descriptions, etc.);
- (ii) deleting all individual identification codes (meaning the individual identification codes prescribed in Article 2, paragraph (2) of the Act on the Protection of Personal Information (Act No. 57 of 2003)) contained in medical insurance-related information (including replacing the individual identification codes with other descriptions or accounts by a method that does not have the regularity to enable restoration of the individual identification codes);
- (iii) deleting codes that connect medical insurance-related information and information obtained by taking measures for the medical insurance-related information (limited to codes that mutually connect information currently handled by a Minister of Health, Labour and Welfare) (including replacing

- the medical insurance-related information with a code that cannot connect the medical insurance-related information and information obtained by taking measures for the medical insurance-related information by a method that does not have the regularity to restore the code);
- (iv) deleting idiosyncratic descriptions or accounts (including replacing them with other descriptions or accounts by a method that does not have the regularity to enable restoration of the idiosyncratic descriptions or accounts);
 - (v) beyond the measures set forth in the preceding items, take appropriate measures based on the results of a consideration of the differences between the descriptions, etc. contained in the medical insurance-related information and the descriptions, etc. contained in other medical insurance-related information constituting a medical insurance-related information database (meaning a collection of information containing medical insurance-related information, which is systematically organized so that specific medical insurance-related information can be searched by using a computer) containing the medical insurance-related information and other characteristics of the medical insurance-related information database.

(Procedures for the Provision of Anonymized Medical Data)

Article 5-5 (1) A person set forth in each item of Article 16-2, paragraph (1) of the Act who intends to receive the provision of anonymized medical data (meaning the anonymized medical data prescribed in the same paragraph; the same applies hereinafter) pursuant to the provisions of the same paragraph (when there are two or more persons set forth in each item of the same paragraph who intend to receive the provision, those persons; hereinafter referred to as the "requester for provision") must make a request for the provision of the anonymized medical data by submitting to the Minister of Health, Labour and Welfare a document describing the following matters (hereinafter referred to as the "written request for provision") by attaching materials that the Minister of Health, Labour and Welfare finds necessary for processing affairs concerning the provision of the anonymized medical data:

- (i) if the donor is a public organization (meaning a national administrative organ (excluding the Ministry of Health, Labour and Welfare) or a local government; the same applies hereinafter), the following particulars:
 - (a) the name of the public organization;
 - (b) the name, location, and contact information of the department or organization in charge;
- (ii) if the person offering to donate is a corporation, etc. (meaning a corporation or other organization that has made provisions for a representative or administrator; the same applies hereinafter), the following information:
 - (a) the name, address, and corporation number (meaning the corporation

- number as prescribed in Article 2, paragraph (15) of the Act on the Use of Numbers to Identify a Specific Individual in Administrative Procedures (Act No. 27 of 2013)) of the corporation, etc.;
- (b) the name, job title, and contact information of the representative person or administrator of the corporation, etc.;
- (iii) if the person requesting provision is an individual, the following particulars:
 - (a) the name, date of birth, and address of the individual;
 - (b) the occupation, affiliation, job title, and contact information of the individual;
- (iv) when the Applicant for Provision is a person other than those set forth in the preceding three items, the person is deemed to be a public organization as set forth in item (i), and the matters set forth in the same item are provided;
- (v) if the notification is made by an agent, the following particulars:
 - (a) the name, date of birth, and address of the agent;
 - (b) the occupation, affiliation, job title, and contact information of the agent;
- (vi) the name, occupation, affiliation, job title, and contact address of the person handling the anonymized medical data related information;
- (vii) the target period, type, and extraction conditions of the anonymized medical data related information, and other matters necessary to specify the anonymized medical data related information;
- (viii) the place of use (limited to within Japan) and the place of storage (limited to within Japan) of the anonymized medical data related information, and the management method thereof;
- (ix) the purpose of use of the anonymized medical data related information;
- (x) a statement that the amount of the anonymized medical data related to medical insurance, etc. is the minimum necessary in light of the purpose of use prescribed in the preceding item, and information that serves as the basis for that judgment;
- (xi) a statement to the effect that the person handling the anonymized medical data related information does not fall under any of the persons set forth in Article 5-9, item (ii), (a), 1. through 3.;
- (xii) beyond what is set forth in the preceding items, particulars specified in (a) through (h) below as particulars necessary for confirming that the business conducted by the person offering to donate falls under the category of business that is found to have considerable public interest if it is conducted with the provision of the anonymized medical data related information:
 - (a) the matters set forth in 1. through 3. below, in accordance with the categories of the respective cases set forth therein:
 - 1. if the person requesting provision is a public organization: the fact that

the direct purpose of use of the anonymized medical data related to medical insurance, etc. is to contribute to an investigation concerning the planning and drafting of measures that contribute to the provision of appropriate health and medical services;

2. if the person requesting the provision is a university or any other research institution: the fact that the direct purpose of use of the anonymized medical data related to medical insurance, etc. is to contribute to research on the causes of diseases, methods of prevention, diagnosis, and treatment of diseases, and other research on the improvement and promotion of public health;
 3. if an applicant for provision is a person prescribed in the following Article: a statement to the effect that the direct purpose of use of the anonymized medical data related to medical insurance, etc. is to contribute to the operations prescribed in Article 5-7, paragraph (1);
- (b) the name, necessity, content, and implementation period of the business that is the direct purpose of use of the anonymized medical data related information;
 - (c) the method and period for using the anonymized medical data related to medical insurance, etc. and the content of the deliverables to be prepared by using the anonymized medical data related to medical insurance, etc.;
 - (d) the method of publicizing the deliverables of the business;
 - (e) the fact that there is no risk of harming the rights and interests of individuals and corporations, national security, etc.;
 - (f) the details to be taken as the measures prescribed in Article 5-9;
 - (g) the method and date of receiving the anonymized medical data related information;
 - (h) beyond what is set forth in (a) through (g), particulars that the Minister of Health, Labour and Welfare finds to be particularly necessary.
- (2) When making the offer prescribed in the preceding paragraph, an offeror of provision is to present or submit the following documents to the Minister of Health, Labour and Welfare:
- (i) a driver's license, a document as prescribed in Article 51-3, paragraph (1) of the Health Insurance Act, a document as prescribed in Article 28-2, paragraph (1) of the Mariners Insurance Act, a document as prescribed in Article 9, paragraph (2) of the National Health Insurance Act (including as applied mutatis mutandis pursuant to Article 22 of that Act), or a document as prescribed in Article 54, paragraph (3) of the Act, a document as prescribed in Article 22, paragraph (6) of the Act on Remuneration of Ministry of Defense Personnel (Act No. 266 of 1952), a document as prescribed in Article 53-2, paragraph (1) of the National Public Officers' mutual aid association Act (including as applied mutatis mutandis pursuant

- to Article 25 of the Private School Mutual Aid Act following the deemed replacement of terms of the provisions of that paragraph), or a document as prescribed in Article 55-2, paragraph (1) of the local public employee, etc. mutual aid association Act, an insurance card for long-term care insurance, a health insurance specially-insured day laborer insured card, an individual number card (meaning an individual number card as prescribed in Article 2, paragraph (7) of the Act on the Use of Numbers to Identify a Specific Individual in Administrative Procedures; the same applies hereinafter), a residence card as prescribed in Article 19-3 of the Immigration Control and Refugee Recognition Act (Cabinet Order No. 319 of 1951; hereinafter referred to as the "Immigration Control Act"), a special permanent resident certificate as prescribed in Article 7, paragraph (1) of the Special Act on the Immigration Control of, Inter Alia, Those Who Have Lost Japanese Nationality Pursuant to the Treaty of Peace with Japan (Act No. 71 of 1991) that is valid on the date of the request, or any other document sufficient to confirm that the person is the relevant person;
- (ii) if the notification is made by an agent, a document certifying the authority of representation.
- (3) When an applicant for provision intends to receive the anonymized medical data related information in a state where it can be used in combination with the information listed in the left-hand column of the following table (hereinafter referred to as "information subject to consolidation"), the applicant must make an offer for provision listed in the right-hand column of the same table respectively, in addition to the offer for provision prescribed in paragraph (1).

Anonymized medical data prescribed in Article 150-2, paragraph (1) of the Health Insurance Act (hereinafter referred to as "anonymized medical data")	Request for Provision as Prescribed in Article 155-4, paragraph (1) of the Regulation for Enforcement of the Health Insurance Act (Order of the Ministry of Home Affairs No. 36 of 1926)
Long-Term Care Insurance Act (Act No. 123 of 1997): Anonymized Long-Term Care Insurance Related Information as prescribed in Article 118-3, paragraph (1) (hereinafter referred to as "Anonymized Long-Term Care Insurance Related Information");	Order for Enforcement of the Long-Term Care Insurance Act (Order of the Ministry of Health and Welfare No. 36 of 1999): Offer to provide as prescribed in the Article 140-72-9, paragraph (1)

Anonymized Medical Data prescribed in Article 56-41, paragraph (1) of the Act on the Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases (Act No. 114 of 1998) (hereinafter referred to as "Anonymized Medical Data")	Offer of provision prescribed in Article 31-44, paragraph (1) of the Regulation for Enforcement of the Act on the Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases (Order of the Ministry of Health and Welfare No. 99 of 1998)
Anonymized medical data prescribed in Article 2, paragraph (6) of the Act on Anonymized Medical Data and Pseudonymized Medical Data That Are Meant to Contribute to Research and Development in the Medical Field (Act No. 28 of 2017) (hereinafter referred to as "anonymized medical data")	An offer to provide anonymized medical data to a certified producer of anonymized medical data (meaning a certified producer of anonymized medical data as prescribed in Article 10, paragraph (1) of the Act on Anonymized Medical Data and Pseudonymized Medical Data That Are Meant to Contribute to Research and Development in the Medical Field; the same applies in Article 118-3, paragraph (2), item (vii))

- (4) If the Minister of Health, Labour and Welfare finds that a written offer to provide, etc. submitted pursuant to the provisions of paragraph (1) is defective or insufficiently states the matters that should be stated therein, the Minister may request the offeror to provide an explanation or to correct the written offer to provide, etc.
- (5) If the Minister of Health, Labour and Welfare receives a request under paragraph (1) and finds it appropriate to accept the request, the Minister is to notify the requester to the effect that the anonymized medical data associated with the request will be provided.
- (6) When requesting the implementation of the provision of anonymized medical data related to the notification referred to in the preceding paragraph, an applicant for provision that has received the notification referred to in the same paragraph is to submit a request including necessary matters to the Minister of Health, Labour and Welfare by attaching documents that the Minister of Health, Labour and Welfare finds necessary.
- (7) Before seeking to change a particular stated in a written offer to provide that has been submitted pursuant to the provisions of paragraph (1), the offeror must first notify the Minister of Health, Labour and Welfare of the particular that it seeks to change.

(Persons Specified by the Order of the Ministry of Health, Labour and Welfare Referred to in Article 16-2, Paragraph (1), Item (iii) of the Act)

Article 5-6 The persons specified by Order of the Ministry of Health, Labour and

Welfare as set forth in Article 16-2, paragraph (1), item (iii) of the Act are private business operators or individuals who conduct the business specified in paragraph (1) of the following Article by allocating subsidies, etc. prescribed in Article 2, paragraph (1) of the Act on Regulation of Execution of Budget Pertaining to Subsidies (Act No. 179 of 1955), subsidies disbursed by local governments pursuant to the provisions of Article 232-2 of the Local Autonomy Act (including the cases where it is applied pursuant to the provisions of Article 283, paragraph (1) of the same Act), subsidies or funds granted by the Japan Society for the Promotion of Science as the business set forth in Article 15, item (i) of Act on the Japan Society for the Promotion of Science (Act No. 159 of 2002), or subsidies granted by the Japan Agency for Medical Research and Development as the business set forth in Article 16, item (iii) of the Act on the Japan Agency for Medical Research and Development, National Research and Development Agency (Act No. 49 of 2014) (referred to as "private business operators, etc." in Article 118-3, paragraph (2):

- (i) a person who has been sentenced to a fine or severer punishment for having violated the provisions of the Act, the Act prescribed in the left-hand column of the table in paragraph (3) of the preceding Article, the Statistics Act (Act No. 53 of 2007), the Act on the Protection of Personal Information, or an order based on any of these Acts, and for whom five years have not elapsed from the day on which the execution of the sentence was completed or the person ceased to be subject to the execution of the sentence;
- (ii) a member of an organized crime group as prescribed in Article 2, item (vi) of the Act on Prevention of Unjust Acts by Organized Crime Group Members (Act No. 77 of 1991) (hereinafter referred to as a "member of an organized crime group" in this item) or a person for whom five years have not elapsed from the day on which the person ceased to be a member of an organized crime group (hereinafter referred to as a "member of an organized crime group, etc.");
- (iii) a corporation, etc., any of whose officers falls under either of the preceding two items;
- (iv) a person whose business activities are controlled by a member of an organized crime group, etc., or a person who is likely to engage a member of an organized crime group, etc. in their business or to use a member of an organized crime group, etc. as an assistant in the business;
- (v) beyond the persons set forth in the preceding items, a person who is found by a person set forth in the right-hand column of the following table to be inappropriate to provide the anonymized medical data, etc. related information, etc. set forth in the left-hand column of the same table due to the person having used the anonymized medical data, etc. related information, etc. (meaning anonymized medical data, etc. related information and consolidated information; hereinafter the same applies in this item and

Article 5-9, item (ii)) to commit an inappropriate act, or for violating the provisions of related laws and regulations, etc.

Anonymized Medical Insurance-Related Information	Minister of Health, Labour and Welfare
Anonymized Medical Data	
Anonymized Long-Term Care Insurance Related Information	
Anonymized Infectious Diseases Related Information	
Anonymized Medical Data	Competent minister (meaning the competent minister prescribed in Article 63, paragraph (1) of the Act on Anonymized Medical Data and Pseudonymized Medical Data That Are Meant to Contribute to Research and Development in the Medical Field)

(Work Specified by Order of the Order of the Ministry of Health, Labour and Welfare as Referred to in Article 16-2, Paragraph (1), Item (iii) of the Act)
Article 5-7 (1) The services specified by Order of the Order of the Ministry of Health, Labour and Welfare referred to in Article 16-2, paragraph (1), item (iii) of the Act are the services set forth in the following items:

- (i) analysis that contributes to research and development in the medical field and is found to fall under all of the following requirements:
 - (a) the direct purpose of the general incorporated association is to use the anonymized medical data related to medical insurance, etc. for research and development in the medical field;
 - (b) the product of the analysis performed by using the anonymized medical data, etc. related information is to be disclosed;
 - (c) there is no risk of harming the rights and interests of individuals and corporations, national security, etc.
 - (d) that the measures prescribed in Article 5-9 have been taken;
- (ii) investigation concerning the planning and drafting of policies that contribute to the provision of appropriate health and medical services, which is found to satisfy all of the following requirements:
 - (a) its direct purpose is to provide anonymized medical data, etc. related information for use in planning and drafting policies that contribute to the provision of appropriate health and medical services;
 - (b) the deliverables of the investigation conducted by using the anonymized medical data, etc. related information are to be publicized;

- (c) the requirements set forth in (c) and (d) of the preceding item are satisfied;
 - (iii) research on the causes of diseases and methods of prevention, diagnosis, and treatment of diseases, which is found to fall under all of the following requirements:
 - (a) its direct purpose is to provide the anonymized medical data related to health insurance, etc. for use in research on the causes of diseases and methods of prevention, diagnosis, and treatment of diseases;
 - (b) the product of the research conducted by using the anonymized medical data related to medical insurance, etc. is publicized;
 - (c) the requirements set forth in item (i), sub-items (c) and (d) are satisfied;
 - (iv) research on the economy, efficiency, and effectiveness of healthcare that is found to fall under all of the following requirements:
 - (a) the direct purpose of the general incorporated association is to provide anonymized medical data, etc. related information for use in research on the economy, efficiency, and effectiveness of healthcare;
 - (b) the product of the research conducted by using the anonymized medical data related to medical insurance, etc. is publicized;
 - (c) the requirements set forth in item (i), sub-items (c) and (d) are satisfied;
 - (v) operations that contribute to the improvement of the public health and are equivalent to those set forth in the preceding items, which are found to satisfy all of the following requirements:
 - (a) the direct purpose of the act is to provide the anonymized medical data, etc. related information for use in operations that particularly contribute to the improvement of the health of the people;
 - (b) the content of the business conducted by using the anonymized medical data, etc. related information is to be disclosed.
 - (c) the requirements set forth in item (i), sub-items (c) and (d) are satisfied;
- (2) When an applicant for provision intends to receive the provision of anonymized medical data, etc. in a state where the anonymized medical data, etc. related information can be used in connection with the information listed in the left-hand column of the following table pursuant to the provisions of Article 16-2, paragraph (2) of the Act, the business must fall under any of the businesses listed in the right-hand column of the same table, in addition to falling under any of the businesses listed in the preceding paragraph.

Anonymized Medical Data	Work listed in each item of Article 155-6, paragraph (1) of the Ordinance for Enforcement of the Health Insurance
Anonymized Long-Term Care Insurance Related Information	Work listed in each item of Long-Term Care Insurance Act of the Regulation for Enforcement of Article 140-72-11, paragraph (1)

Anonymized Infectious Diseases Related Information	Work listed in each item of Article 31-46, paragraph (1) of the Regulation for Enforcement of the Act on the Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases
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(Information That Can Be Used in Connection with Anonymized Medical Data or Information That Can Be Provided in a State Where It Can Be Used in Connection with Anonymized Medical Data)

Article 5-8 What is specified by Order of the Ministry of Health, Labour and Welfare as referred to in Article 16-2, paragraph (2) of the Act is consolidated data.

(Measures Specified by the Order of the Ministry of Health, Labour and Welfare Referred to in Article 16-5 of the Act)

Article 5-9 The measures specified by the Order of the Ministry of Health, Labour and Welfare Order referred to in Article 16-5 of the Act are the following measures:

- (i) the following measures concerning systematic safety management:
 - (a) establishing a basic policy for the proper management of anonymized medical data related information;
 - (b) clarifying the authority, responsibility, and operations of the person handling the anonymized medical data related to medical insurance, etc.;
 - (c) maintaining a management record of anonymized medical data related to information;
 - (d) formulating and implementing rules for the proper management of anonymized medical data, etc., and evaluating and improving the operation of the rules;
 - (e) establishing a system for processing affairs in the event of leakage, loss, or damage of anonymized medical data related to medical insurance, etc.;
- (ii) the following measures concerning personnel safety management:
 - (a) to confirm that the person handling the anonymized medical data, etc. does not fall under any of the following:
 - 1. a person who falls under Article 5-6, item (i);
 - 2. a member of an organized crime group, etc.;
 - 3. a person who is found by a person set forth in the right-hand column of the table in Article 5-6, item (v) to be inappropriate to handle the anonymized medical data, etc. set forth in the left-hand column of the same table, due to the person having committed an inappropriate act by using the anonymized medical data, etc. or having violated the provisions of the relevant laws and regulations, etc.;

- (b) providing necessary education and training for persons handling anonymized medical data, etc.;
- (iii) the following measures concerning physical safety management:
 - (a) specifying the area where the anonymized medical data related information is handled;
 - (b) measures are taken to manage and restrict entry into an area specified as an area for handling anonymized medical data, etc.;
 - (c) measures are taken to prevent the theft, etc. of devices handling anonymized medical data related to medical insurance, etc.;
 - (d) in the case of deleting the anonymized medical data related to medical insurance, etc. or disposing of a device, etc. in which the anonymized medical data related to medical insurance, etc. is recorded, it is to do so by a means that makes it impossible to restore;
- (iv) the following measures concerning technical safety management:
 - (a) take appropriate measures in order to limit the persons who may process the anonymized medical data related to medical insurance, etc. on a computer, etc. that handles the anonymized medical data related to medical insurance, etc.;
 - (b) appropriate measures are to be taken to prevent acts of unauthorized access (meaning acts of unauthorized access as prescribed in Article 2, paragraph (4) of the Act on Prohibition of Unauthorized Access (Act No. 128 of 1999));
 - (c) appropriate measures are taken to prevent leakage, loss, or damage of the anonymized medical data related to medical insurance, etc.;
- (v) the following other measures concerning safety management:
 - (a) when entrusting the operations concerning the handling of anonymized medical data, etc., to make necessary confirmation with regard to necessary and appropriate measures for the security control of the anonymized medical data, etc. to be taken by the entrusted person;
 - (b) to exercise necessary and appropriate supervision over the person entrusted under (a);
 - (c) prohibiting a person other than a person who has made a request in advance to handle the anonymized medical data, etc. related information from handling the anonymized medical data, etc. related information.

(Handling of Anonymized Medical Data That Has Been Extracted and Processed in Advance)

Article 5-9-2 (1) The provisions of Article 5-5, paragraph (1), item (x) do not apply when an applicant for provision intends to receive the anonymized medical data related to medical insurance, etc. extracted and processed in advance by a Minister of Health, Labour and Welfare.

(2) With regard to the application of the provisions of Article 5-5 and Article 5-7 in cases where an applicant for provision intends to receive anonymized medical data by a method using information systems that utilize cloud computing service-related technology (meaning the cloud computing service-related technology prescribed in Article 2, paragraph (4) of the Basic Act on the Advancement of Public and Private Sector Data Utilization (Act No. 103 of 2016)) developed by a Minister of Health, Labour and Welfare, the phrase "and the place of storage (limited to a place in Japan) and" in paragraph (1), item (viii) of the same Article is deemed to be replaced with "and", the phrase "Article 5-9" in item (xii), (f) of the same paragraph and Article 5-7, paragraph (1), item (i), (d) is deemed to be replaced with "Article 5-9 (excluding item (iii), (d))", and the provisions of item (iii), (d) of the preceding Article do not apply.

(Procedures for Fees)

- Article 5-10 (1) When providing anonymized medical data pursuant to the provisions of Article 16-2, paragraph (1) of the Act, the Minister of Health, Labour and Welfare is to notify users of anonymized medical data (meaning users of anonymized medical data as prescribed in Article 16-3 of the Act; the same applies hereinafter) of the amount of fees (meaning fees as prescribed in Article 17-2, paragraph (1) of the Act; the same applies hereinafter) that the users of anonymized medical data are to pay and the due date for payment.
- (2) If a user of anonymized medical data makes a request regarding the changes referred to in Article 5-5, paragraph (7) or is requested to confirm the content of the deliverables referred to in paragraph (1), item (xii), (d) of the same Article before disclosing them to the public, and if the amount of costs exceeds the amount of fees notified pursuant to the provisions of the preceding paragraph as costs that are expected to be normally required, the Minister of Health, Labour and Welfare is to notify the user of anonymized medical data of the amount of fees to be paid by the user of anonymized medical data and the due date for payment.
- (3) A user of anonymized medical data related to medical insurance, etc. that has received the notification referred to in the preceding two paragraphs must pay the fee by the due date for payment.

(Documents Specified by Order of the Ministry of Health, Labour and Welfare as Referred to in Article 1, Paragraph (3) of the Order)

Article 5-11 The document specified by Order of the Ministry of Health, Labour and Welfare as set forth in Article 1, paragraph (3) of the Order for Enforcement of the Act on Assurance of Medical Care for Elderly People (Cabinet Order No. 318 of 2007; hereinafter referred to as the "Order") is to be a statement of payment of fees containing the following matters:

- (i) the amount of the fee;
- (ii) the due date for payment of the fee;
- (iii) other necessary matters.

(Work Specified by Order of the Order of the Ministry of Health, Labour and Welfare as Referred to in Article 1-2, Paragraph (1), Item (ii) of the Cabinet Order)

Article 5-12 The services specified by Order of the Order of the Ministry of Health, Labour and Welfare referred to in Article 1-2, paragraph (1), item (ii) of the Order are services performed by using anonymized medical data and found by the Minister of Health, Labour and Welfare to particularly contribute to the provision of appropriate health and medical services.

(Public Corporations or Corporations in the Public Interest Provided by Order of the Ministry of Health, Labour and Welfare as Set forth in Article 1-2, Paragraph (1), Item (ii) of the Order)

Article 5-13 The public corporations or corporations in the public interest, etc. specified by Order of the Ministry of Health, Labour and Welfare as set forth in Article 1-2, paragraph (1), item (ii) of the Order are as follows.

- (i) national Institute of Biomedical Innovation, Health and Nutrition;
- (ii) national Cancer Center;
- (iii) national Cerebral and Cardiovascular Center Hospital;
- (iv) national Center of Neurology and Psychiatry;
- (v) national Center for Global Health and Medicine
- (vi) national Center for Child Health and Development;
- (vii) national Center for Geriatrics and Gerontology;
- (viii) japan Agency for Medical Research and Development;
- (ix) a national university corporation as prescribed in Article 2, paragraph (1) of the National University Corporation Act (Act No. 112 of 2003);
- (x) a public university corporation prescribed in Article 68, paragraph (1) of the local incorporated administrative agency and Harbor Act (Act No. 118 of 2003);
- (xi) an incorporated educational institution as prescribed in Article 3 of the Private Schools Act (Act No. 270 of 1949) (limited to an incorporated educational institution that establishes a university as prescribed in Article 1 of the School Education Act (Act No. 26 of 1947));
- (xii) national Hospital Organization;
- (xiii) pharmaceuticals and Medical Device Agency;
- (xiv) a local incorporated administrative agency as prescribed in Article 2, paragraph (1) of the local incorporated administrative agency and Harbor Act (other than one as set forth in item (x));

- (xv) japan Medical Association;
- (xvi) japan Dental Association;
- (xvii) japan Pharmaceutical Association;
- (xviii) in addition to the persons set forth in the preceding items, a person who is recognized by the Minister of Health, Labour and Welfare as a person who conducts research or services closely related to the improvement of public health.

(Procedures for Reduction and Exemption of Fees)

Article 5-14 When the Minister of Health, Labour and Welfare receives a document provided in Article 1-2, paragraph (6) of the Order from an anonymized medical data user, the Minister must decide whether or not to permit the reduction or exemption of fees under paragraph (2), (3), or (5) of the same Article, and notify the anonymized medical data user to that effect without delay.

Chapter II Old-Old Healthcare System

Section 1 General Provisions

(Affairs Specified by Order of the Order of the Ministry of Health, Labour and Welfare as Referred to in Article 2, Item (iv) of the Order)

Article 6 The administrative processes specified by Order of the Order of the Ministry of Health, Labour and Welfare as referred to in Article 2, item (iv) of the Order are as follows:

- (i) acceptance of the submission of a written application for reissuance of a written confirmation of qualification pursuant to the provisions of Article 17, paragraph (1) and delivery of the written confirmation of qualification to be reissued pursuant to the provisions of paragraph (3) of the same Article;
- (ii) acceptance of the return of a written confirmation of qualification pursuant to the provisions of Article 17, paragraph (4);
- (iii) acceptance of the submission of a written confirmation of qualification pursuant to the provisions of Article 18, paragraph (2) and delivery of a written confirmation of qualification that has been validated or renewed pursuant to the provisions of paragraph (1) of the same Article;
- (iv) delivery of a written notice under the provisions of Article 20, paragraph (1) (including as applied mutatis mutandis pursuant to paragraph (3) of that Article);
- (v) acceptance of the submission of a written application for re-notification under the provisions of Article 21, paragraph (1) and delivery of a written re-notification under the provisions of paragraph (2) of the same Article;
- (vi) acceptance of the submission of notifications under the provisions of

Articles 22 through 24;

- (vii) acceptance of the return of a written confirmation of qualification pursuant to the provisions of Article 54-2, paragraph (1) and delivery of the written confirmation of qualification pursuant to the provisions of paragraph (4) of the same Article;
- (viii) acceptance of submission of notifications under the provisions of Article 54-4;
- (ix) acceptance of submission of notifications under the provisions of Article 54-5.

(Affairs Specified by Order of the Order of the Ministry of Health, Labour and Welfare as Referred to in Article 2, Item (v) of the Order)

Article 7 The administrative processes specified by Order of the Ministry of Health, Labour and Welfare as referred to in Article 2, item (v) of the Order are as follows:

- (i) acceptance of the submission of written applications under the provisions of Article 32;
- (ii) acceptance of the submission of written applications under the provisions of Article 33, paragraph (2) and delivery of certificates of reduction of or release from co-payment, etc. prescribed in paragraph (3) of the same Article pertaining to the relevant application;
- (iii) acceptance of the submission of a written application under the provisions of Article 37, paragraph (2);
- (iv) acceptance of the submission of written applications pursuant to the provisions of Article 42, paragraph (2);
- (v) acceptance of the submission of notifications under Article 46 (including as applied mutatis mutandis pursuant to Article 53 and Article 71);
- (vi) acceptance of the submission of written applications under the provisions of Article 47, paragraph (1);
- (vii) acceptance of the submission of written applications under the provisions of Article 54, paragraph (1) and delivery of written notices under the provisions of Article 54-3;
- (viii) acceptance of the submission of a written application under the provisions of Article 60, paragraph (1);
- (ix) acceptance of the submission of written applications under the provisions of Article 62, paragraph (1) and delivery of certificate for receipt of medical care for specific diseases, etc. (meaning the certificate for receipt of medical care for specific diseases, etc. prescribed in paragraph (4) of that Article; the same applies in the following item) pertaining to the relevant application;
- (x) acceptance of the return of certificate for receipt of medical care for specific diseases, etc. under the provisions of Article 62, paragraph (5);

- (xi) submission of a written application for reissuance of a certificate for receipt of medical care for specific diseases (meaning the certificate for receipt of medical care for specific diseases prescribed in Article 62, paragraph (4); hereinafter the same applies in this item through item (xiii)) pursuant to the provisions of Article 17, paragraph (1) as applied *mutatis mutandis* pursuant to Article 62, paragraph (8), acceptance of the submission of a written application for reissuance of a written confirmation of eligibility (meaning the written confirmation of eligibility prescribed in Article 62, paragraph (4); hereinafter the same applies in this item through item (xiii)) pursuant to the provisions of Article 17, paragraph (1), and delivery of a certificate for receipt of medical care for specific diseases to be reissued pursuant to the provisions of Article 17, paragraph (3) as applied *mutatis mutandis* pursuant to Article 62, paragraph (8) and a written confirmation of eligibility to be reissued pursuant to the provisions of the same paragraph;
- (xii) acceptance of the return of the certificate for receipt of medical care for specific diseases under the provisions of Article 17, paragraph (4) as applied *mutatis mutandis* pursuant to Article 62, paragraph (8) and the return of the written confirmation of eligibility under the provisions of that paragraph;
- (xiii) the submission of a certificate for receipt of medical care for specific diseases under the provisions of Article 18, paragraph (2) as applied *mutatis mutandis* pursuant to Article 62, paragraph (8), the acceptance of the submission of a Written Confirmation of Eligibility under the provisions of that paragraph, and the delivery of a certificate for receipt of medical care for specific diseases that has been validated or renewed under the provisions of Article 18, paragraph (1) as applied *mutatis mutandis* pursuant to Article 62, paragraph (8) and a Written Confirmation of Eligibility that has been validated or renewed under the provisions of that paragraph;
- (xiii)-2 acceptance of the submission of written applications under the provisions of Article 66-2, paragraph (2) and delivery of the written confirmation of qualification (meaning the written confirmation of qualification prescribed in the same paragraph; the same applies in the following item through item (xiii) - 6) pertaining to the relevant application;
- (xiii)-3 acceptance of the return of a written confirmation of eligibility under the provisions of Article 66-2, paragraph (3);
- (xiii)-4 acceptance of the submission of a written application for reissuance of a written confirmation of qualification pursuant to the provisions of Article 17, paragraph (1) and delivery of the written confirmation of qualification to be reissued pursuant to the provisions of paragraph (3) of the same Article;
- (xiii)-5 acceptance of the return of a written confirmation of qualification pursuant to the provisions of Article 17, paragraph (4);
- (xiii)-6 acceptance of the submission of a written confirmation of qualification

- under the provisions of Article 18, paragraph (2) and delivery of a written confirmation of qualification that has been validated or renewed under the provisions of paragraph (1) of the same Article;
- (xiv) acceptance of the submission of written applications under the provisions of Article 67, paragraph (2) and delivery of the written confirmation of qualification (meaning the written confirmation of qualification prescribed in the same paragraph; the same applies in the following item through item (xviii)) pertaining to the relevant application;
 - (xv) acceptance of the return of a written confirmation of qualification pursuant to the provisions of Article 67, paragraph (3);
 - (xvi) acceptance of the submission of a written application for reissuance of a written confirmation of qualification pursuant to the provisions of Article 17, paragraph (1) and delivery of a written confirmation of qualification to be reissued pursuant to the provisions of paragraph (3) of the same Article;
 - (xvii) acceptance of the return of a written confirmation of qualification pursuant to the provisions of Article 17, paragraph (4);
 - (xviii) acceptance of submission of a written confirmation of qualification pursuant to the provisions of Article 18, paragraph (2) and delivery of a written confirmation of qualification that has been validated or renewed pursuant to the provisions of paragraph (1) of the same Article;
 - (xix) acceptance of the submission of written applications under the provisions of Article 70, paragraph (1);
 - (xix)-2 acceptance of the submission of written applications under the provisions of Article 71-9, paragraph (1);
 - (xix)-3 acceptance of the submission of written applications under the provisions of Article 71-10, paragraph (1);
 - (xix)-4 delivery of a certificate under the provisions of Article 71-10, paragraph (2);
 - (xx) acceptance of the submission of notifications under Article 73;
 - (xxi) delivery of written notices under the provisions of Article 75;
 - (xxii) delivery of a written notice under the provisions of Article 82.

Section 2 Insured

(Application for Certification of Disability)

Article 8 (1) A person who intends to obtain certification from the Association of Medical Care Systems for the Elderly Aged 75 and older pursuant to the provisions of Article 50, item (ii) of the Act (hereinafter referred to as "certification of disability") must apply to the Association of Medical Care Systems for the Elderly Aged 75 and older by submitting a written application for certification of disability together with a Pension Certificate of national

pension, a physically disabled person's card, and other documents that certify that the person is in a state of disability of a degree of severity specified in the Appended Table of the Order.

- (2) A person who has filed an application under the provisions of the preceding paragraph may withdraw the application for the future at any time.

(Persons Specified by the Order of the Ministry of Health, Labour and Welfare Referred to in Article 51, Item (ii) of the Act)

Article 9 The persons specified by the Order of the Ministry of Health, Labour and Welfare Order referred to in Article 51, item (ii) of the Act are the following persons:

- (i) a person who does not have Japanese nationality and is not a foreign resident prescribed in Article 30-45 of the Act for Basic Register of Residents (Act No. 81 of 1967) (excluding a person who has a status of residence prescribed in the Immigration Control Act and has already acquired a status of residence in the insured (meaning the insured prescribed in Article 50 of the Act; the same applies hereinafter) and a person specified separately by the Minister of Health, Labour and Welfare pursuant to the provisions of Article 1, item (i) of the Regulation for Enforcement of the National Health Insurance Act (Order of the Ministry of Health and Welfare No. 53 of 1958));
- (ii) a person who does not have Japanese nationality and who, among the activities specified by the Minister of Justice as those listed in the right-hand column of Appended Table I (5) of the Immigration Control Act pursuant to the provisions of Article 7, paragraph (1), item (ii) of the Immigration Control Act, is engaged in activities of being hospitalized in a hospital or a clinic and receiving medical treatment for an illness or injury, or activities of continuously receiving medical treatment for the illness or injury before and after the hospitalization, and activities of taking care of a person who engages in these activities in their daily life (excluding a person who falls under the preceding item);
- (iii) a person who does not have Japanese nationality, who stays in Japan for a period not exceeding one year and engages in sightseeing, recreation, or other similar activities among the activities specified by the Minister of Justice as those listed in the right-hand column of the Appended Form No. 1-5 of the Immigration Control Act pursuant to the provisions of Article 7, paragraph (1), item (ii) of the Immigration Control Act (excluding a person who falls under item (i));
- (iv) spouses who do not have Japanese nationality and who accompany the persons prescribed in the preceding item, who stay in Japan for a period not exceeding one year and engage in sightseeing, recreation, or other similar activities, among the activities specified by the Minister of Justice as those

- listed in the right-hand column of the Appended Form No. 1-5 of the Immigration Control Act pursuant to the provisions of Article 7, paragraph (1), item (ii) of the Immigration Control Act (excluding those who fall under item (i) and the preceding item);
- (v) a person who falls under Article 1, item (i) of the Regulation for Enforcement of the National Health Insurance Act prior to the revision by Article 3 of the Ministerial Order for Partial Revision, etc. of the Regulation for Enforcement of the Health Insurance Act (Order of the Ministry of Health, Labour and Welfare No. 117 of 2002);
- (vi) any other person for whom a special reason exists and who is specified by Prefectural or Municipal Ordinance.

(Notification of Acquisition of Qualification)

- Article 10 (1) A person who has become eligible to be a insured due to having reached the age of 75 must submit a written notification providing the following particulars to the Association of Medical Care Systems for the Elderly Aged 75 and older within 14 days:
- (i) the name, sex, date of birth, address, and Individual Number as prescribed in Article 2, paragraph (5) of the Act on the Use of Numbers to Identify a Specific Individual in Administrative Procedures (hereinafter referred to as the "Individual Number");
- (ii) the date of acquisition of qualification;
- (iii) if the person is the Householder, a statement to that effect; and if the person is not the Householder, the name, sex, date of birth, and Individual Number of the Householder and the person's relationship with the Householder;
- (iv) if there is a person in the household who has already acquired the status of a insured, a statement to that effect and the insured Number (meaning the Article 161-2, paragraph (1) Number as prescribed in the insured of the Act; the same applies hereinafter) of the person, and if there is no person in the household who has acquired the status of a insured, a statement to that effect;
- (v) if the person who has acquired the status of residence of "insured" does not have Japanese nationality and is residing with a status of residence set forth in the left-hand column of the Appended Table I (5) of the Immigration Control Act, a statement to that effect and the activities that may be carried out in Japan.
- (2) A person who has acquired the status of an insured because the person has come to have a domicile within the area of the Association of Medical Care Systems for the Elderly Aged 75 and older or the provisions of the main clause of Article 55, paragraph (1) or paragraph (2) of the Act (including as applied

mutatis mutandis pursuant to Article 55-2, paragraph (2) of the Act) or Article 55-2, paragraph (1) of the Act no longer apply, must submit a written notification including the following particulars to the Association of Medical Care Systems for the Elderly Aged 75 and older within 14 days:

- (i) name, sex, date of birth, current address, previous address, and Individual Number;
 - (ii) the date of and reason for the acquisition of qualification;
 - (iii) the particulars prescribed in items (iii) and (iv) of the preceding paragraph;
 - (iv) if the person who has acquired the status of "insured" does not have Japanese nationality and is residing with a status of residence set forth in the left-hand column of the Appended Table I (5) of the Immigration Control Act, a statement to that effect and the activities that may be carried out in Japan.
- (3) In cases of paragraph (1), item (v) or item (iv) of the preceding paragraph, the submission of a written notification pursuant to the provisions of the preceding two paragraphs must be made by presenting a certificate of designation pursuant to the Appended Form No. 7-4 of the Regulation for Enforcement of the Immigration Control and Refugee Recognition Act (Ministry of Justice Order No. 54 of 1981) prescribed in Article 7, paragraph (2) of the same Order.

Article 11 A person who obtained eligibility as an insured because the person no longer falls under any of the items of Article 51 of the Act must submit a written notification including the matters provided in each of the items of paragraph (1) of the preceding Article to the Association of Medical Care Systems for the Elderly Aged 75 and older within 14 days.

(Registration of insured Data by the Association of Medical Care Systems for the Elderly Aged 75 and older)

Article 11-2 If a Association of Medical Care Systems for the Elderly Aged 75 and older entrusts the affairs set forth in the items of the same paragraph pursuant to the provisions of Article 165-2, paragraph (1) of the Act, it is to provide the Reimbursement Services or the NHI Federations with information on the eligibility of the insured pertaining to the notification within five days from the day of receiving the notification pursuant to the provisions of Article 8, paragraph (1), Article 10, paragraph (1) or (2), or the preceding Article, by a method using an electronic data processing system or a method using other information and communications technology.

(Notification of Persons Hospitalized, Admitted, or Staying in a Hospital)

Article 12 (1) When an insured becomes subject to the provisions of the main

clause of Article 55, paragraph (1) or paragraph (2) of the Act (including cases where these provisions are applied mutatis mutandis pursuant to Article 55-2, paragraph (2) of the Act) or the provisions of Article 55-2, paragraph (1) of the Act, or when it has changed its address sequentially to the location of each of the hospitals, etc. (meaning hospitals, etc. prescribed in paragraph (1) of the same Article; hereinafter the same applies in this paragraph) by continuously carrying out hospitalization, etc. from hospitals, etc. (meaning hospitals, etc. prescribed in paragraph (1) of the same Article; hereinafter the same applies in this paragraph) where hospitalization, etc. (meaning hospitalization, etc. prescribed in paragraph (1) of the same Article; hereinafter the same applies in this paragraph) has been carried out at the time of becoming subject to the provisions of the same paragraph to other hospitals, etc. (hereinafter referred to as "change of the continued address" in this paragraph), it must submit a written notification including the following matters to the Association of Medical Care Systems for the Elderly Aged 75 and older within 14 days:

- (i) insured number;
 - (ii) name, current address, previous address, and Individual Number;
 - (iii) the date on which insured came to be subject to the provisions of the main clause of Article 55, paragraph (1) or paragraph (2) of the Act (including the cases where these provisions are applied mutatis mutandis pursuant to Article 55-2, paragraph (2) of the Act) or the provisions of Article 55-2, paragraph (1) of the Act, or the date on which the change of the continued address was made;
 - (iv) the name of the hospital, etc. in which the hospitalization, etc. is performed;
 - (v) if the person is the Householder, a statement to that effect; and if the person is not the Householder, the name, sex, date of birth, and Individual Number of the Householder and the person's relationship with the Householder.
- (2) When a insured becomes no longer subject to the provisions of the main clause of Article 55, paragraph (1) or paragraph (2) of the Act (including as applied mutatis mutandis pursuant to Article 55-2, paragraph (2) of the Act) or Article 55-2, paragraph (1) of the Act, the insured must submit a written notification stating the date and the matters provided in items (i), (ii), and (v) of the preceding paragraph to the Association of Medical Care Systems for the Elderly Aged 75 and older within 14 days; provided, however, that this does not apply to a person who has lost the eligibility as a pharmacy pursuant to the provisions of Article 53 of the Act.

Articles 13 through 15 Deleted

(Delivery of Written Confirmation of Eligibility)

Article 16 (1) insured (hereinafter referred to as "applicants" in this Article) who request the issuance of the document prescribed in Article 54, paragraph (3) of the Act for which measures to prevent or deter reproduction, etc. and other necessary measures have been taken (hereinafter referred to as the "written confirmation of eligibility") (limited to those based on Form No. 1, Form No. 2, or Form No. 3; hereinafter the same applies in this Article) must apply for the issuance by submitting a written application stating the following matters to the Association of Medical Care Systems for the Elderly Aged 75 and older:

- (i) the date of application;
 - (ii) the name, date of birth, and Individual Number of the applicant;
 - (iii) the reason for the application;
 - (iv) if there are any other matters specified by the Association of Medical Care Systems for the Elderly Aged 75 and older which the applicant is to request to be stated in the written confirmation of eligibility, a statement to that effect.
- (2) If an application for issuance under paragraph (1) is filed, the Association of Medical Care Systems for the Elderly Aged 75 and older must issue a written confirmation of eligibility stating the particulars set forth in the items of paragraph (4) to the applicant, by setting a validity period.
- (3) The validity period referred to in the preceding paragraph is to be specified by the Association of Medical Care Systems for the Elderly Aged 75 and older within a period not exceeding five years from the date of issuance.
- (4) The particulars specified by Order of the Ministry of Health, Labour and Welfare as prescribed in Article 54, paragraph (3) of the Act are as follows:
- (i) the name, sex, and date of birth of the insured;
 - (ii) the insured number, insurer number, and name of the Association of Medical Care Systems for the Elderly Aged 75 and older;
 - (iii) the date of acquisition of qualification and the date of issuance of the written confirmation of qualification;
 - (iv) the percentage of co-payment and the effective date;
 - (v) expiration date;
 - (vi) any other particulars specified by the Association of Medical Care Systems for the Elderly Aged 75 and older that the applicant requests to be stated.

(Reissuance and Return of Written Confirmation of Eligibility)

Article 17 (1) A person who has received a Confirmation of Eligibility may, when tearing, dirtying, or losing the Confirmation of Eligibility, apply for reissuance of the Confirmation of Eligibility by submitting a written application stating the matters set forth in item (i) to the Association of Medical Care Systems for the Elderly Aged 75 and older and presenting the documents set forth in item

- (ii) (limited to cases where the Individual Number is not stated in the written application):
 - (i) the following particulars:
 - (a) name, date of birth, and address;
 - (b) individual Number or insured Number;
 - (c) the reasons for the application for reissuance;
 - (ii) a document that contains the name and date of birth or address (hereinafter referred to as the "particulars for individual identification" in this item), which falls under any of the following:
 - (a) an individual number card or a document set forth in Article 1, item (i) of the Regulation for Enforcement of the Act on the Use of Numbers to Identify a Specific Individual in Administrative Procedures (Cabinet and Order of the Ministry of Internal Affairs and Communications No. 3 of 2014);
 - (b) beyond what is set forth in (a), a document issued by a public agency or any other document similar thereto, which is found to be appropriate by the Association of Medical Care Systems for the Elderly Aged 75 and older where the insured is domiciled as a document by which it is possible to confirm that the insured is the same person as the specific individuals identified by the personally identifiable information stated in the document, by means of the indication of photographs or any other measures taken with regard to the document;
 - (c) beyond what is set forth in (a) and (b), two or more documents from among an insurance card or Child Rearing Allowance Certificate of long-term care insurance, a document issued by a public agency, or other similar documents that are found to be appropriate by the Association of Medical Care Systems for the Elderly Aged 75 and older to which the insured is domiciled.
- (2) In the case of filing the application set forth in the preceding paragraph in the case of tearing or dirtying a written confirmation of qualification, the written confirmation of qualification must be attached to the written application set forth in the same paragraph.
- (3) If the Association of Medical Care Systems for the Elderly Aged 75 and older receives an application pursuant to the provisions of paragraph (1), it must re-issue a written confirmation of eligibility to the insured.
- (4) If the insured, after having the written confirmation of eligibility reissued, finds the lost written confirmation of eligibility, it must immediately return the found written confirmation of eligibility to the Association of Medical Care Systems for the Elderly Aged 75 and older.

(Validation or Renewal of Written Confirmation of Eligibility)

Article 18 (1) The Association of Medical Care Systems for the Elderly Aged 75 and older may probate or renew a written confirmation of eligibility by a specified date.

(2) Insured must, when requested to submit a written confirmation of eligibility for the validation or renewal set forth in the preceding paragraph, submit it to the Association of Medical Care Systems for the Elderly Aged 75 and older without delay; provided, however, that this does not apply to a person who has already submitted a written confirmation of eligibility to the Association of Medical Care Systems for the Elderly Aged 75 and older.

(3) Having received a written confirmation of eligibility pursuant to the provisions of the preceding paragraph, the Association of Medical Care Systems for the Elderly Aged 75 and older must, without delay, probate or renew it and deliver it to the insured; provided, however, that this does not apply if the Association of Medical Care Systems for the Elderly Aged 75 and older has requested the insured to return the written confirmation of eligibility pursuant to the provisions of Article 54-2, paragraph (1).

(4) If Validation or Renewal is carried out pursuant to the provisions of paragraph (1), a Written Confirmation of Eligibility that is not subject to the Validation or Renewal is void.

(Delivery of Documents Stating Facts Pertaining to Status as an insured)

Article 19 (1) A insured that intends to receive the issuance of a document stating the facts pertaining to the status pursuant to the provisions of Article 54, paragraph (5) of the Act must apply for the issuance by submitting a written application stating the matters set forth in the following items to the Association of Medical Care Systems for the Elderly Aged 75 and older:

(i) name and date of birth of insured;

(ii) insured Individual Number or insured Number.

(2) If a written application under the provisions of the preceding paragraph has been submitted and the Association of Medical Care Systems for the Elderly Aged 75 and older is able to confirm the eligibility of the insured, it must deliver a document stating the facts pertaining to the eligibility of the insured to the insured.

(3) If a written application under paragraph (1) has been submitted and the Association of Medical Care Systems for the Elderly Aged 75 and older is unable to confirm the eligibility of the relevant insured, it is to notify the relevant insured to that effect.

(Notification by Written Notice of Qualification Information)

Article 20 (1) A Association of Medical Care Systems for the Elderly Aged 75 and older must notify a insured (excluding those to which a written confirmation of

eligibility has been issued; hereinafter the same applies in this Article and the following Article) of the following particulars in writing (hereinafter referred to as a "written notice of eligibility") as the data pertaining to the eligibility of the insured:

- (i) name;
 - (ii) the insured number, insurer number, and name of the Association of Medical Care Systems for the Elderly Aged 75 and older;
 - (iii) the notification date of the written notice of qualification information;
 - (iv) the rate of co-payment and the effective date (excluding the case where special medical expenses are to be paid pursuant to the provisions of Article 82, paragraph (1) or the main clause of paragraph (2) of the same Article of the Act);
 - (v) expiration date;
 - (vi) in cases where special medical expenses are to be paid pursuant to the provisions of Article 82, paragraph (1) or the main clause of paragraph (2) of the same Article of the Act, a statement to that effect.
- (2) If the Association of Medical Care Systems for the Elderly Aged 75 and older gives the notice referred to in the preceding paragraph, it is to also give notice of the following particulars:
- (i) the particulars set forth in the items of the preceding paragraph are to be notified by the insured in order to confirm their qualifications, and it is impossible to obtain confirmation from a medical institution providing services covered by health insurance, etc. (meaning a medical institution providing services covered by health insurance (meaning a medical institution providing services covered by health insurance as prescribed in Article 63, paragraph (3), item (i) of the Health Insurance Act; the same applies hereinafter) or pharmacies providing services covered by health insurance (meaning pharmacies providing services covered by health insurance as prescribed in the same item; the same applies hereinafter); the same applies hereinafter) or a designated home-nursing provider that the relevant person is a insured only by presenting those particulars;
 - (ii) notwithstanding the provisions of the preceding item, if an electronic certification of eligibility (meaning the electronic certification of eligibility prescribed in Article 64, paragraph (3) of the Act; the same applies in Article 30-3, item (iii)) cannot be obtained due to a natural disaster or other special circumstances, the insured that has received the notification referred to in the preceding paragraph is able to obtain confirmation that it is an insured from a medical institution providing services covered by health insurance or a designated home-nursing provider by presenting the individual number card as well as the information on the status of the insured obtained through the written notice of certification information or the information disclosure

system prescribed in Article 6, paragraph (3) of the Act on the Use of Numbers to Identify a Specific Individual in Administrative Procedures.

- (3) The provisions of the preceding two paragraphs apply mutatis mutandis to cases where there is a change to any of the particulars listed in the items of paragraph (1) (excluding item (iii)) (excluding cases where a written confirmation of qualification has been issued).

(Re-notification by Written Notice of Qualification Information)

Article 21 (1) A insured, when tearing, dirtying, or losing a written notice of personal information, may apply for re-notification of the same by submitting to the Association of Medical Care Systems for the Elderly Aged 75 and older an application form stating the following matters and presenting the documents set forth in Article 17, paragraph (1), item (ii) (limited to cases where the Individual Number is not stated in the application form):

- (i) name, date of birth, and address;
- (ii) individual Number or insured Number;
- (iii) the reason for the application for re-notification.

- (2) The Association of Medical Care Systems for the Elderly Aged 75 and older must, when it has received an application under the provisions of the preceding paragraph, notify the insured again of the data pertaining to the eligibility of the insured pertaining to the application by a written notice of eligibility data.

(Notification of Change in the Name of insured)

Article 22 If there has been a change in the name of a insured (including a Householder who is not a insured), the insured must submit a written notification stating the following particulars to the Association of Medical Care Systems for the Elderly Aged 75 and older within 14 days.

- (i) insured number;
- (ii) individual Number;
- (iii) the name before and after the change.

(Notification of Change of Address)

Article 23 When an insured has changed its address within the area of a Association of Medical Care Systems for the Elderly Aged 75 and older, it must submit a written notification stating the following matters to the Association of Medical Care Systems for the Elderly Aged 75 and older within 14 days.

- (i) insured number;
- (ii) name;
- (iii) individual Number;
- (iv) the address before and after the change and the date of the change;
- (v) if the person becomes the Householder, a statement to that effect, and if the

person does not become the Householder, the name, sex, date of birth, and Individual Number of the Householder and the relationship with the Householder.

(Notification of Change of Individual Number of insured)

Article 23-2 If an insured (including a Householder who is not an insured) has changed their Individual Number, they must submit a written notification containing the following matters to the Association of Medical Care Systems for the Elderly Aged 75 and older within 14 days.

- (i) insured number;
- (ii) name;
- (iii) the Individual Numbers before and after the change and the date of the change.

(Notification of Change of Household)

Article 24 Except in the cases referred to in Articles 12 and 23, a insured which has changed the household to which it belongs or the Householder of the household to which it belongs must submit a written notification stating the following particulars to the Association of Medical Care Systems for the Elderly Aged 75 and older within 14 days.

- (i) insured number;
- (ii) name;
- (iii) individual Number;
- (iv) the date of the change;
- (v) if the person will become the Householder of the household after the change, a statement to that effect; and if the person will not become the Householder of the household after the change, the name, sex, date of birth, and Individual Number of the Householder after the change and the relationship with the Householder.

(Notification of Non-Applicability of Disability Status)

Article 25 A insured that has received a certification of disability (limited to a person under 75 years of age) must promptly submit a written notification including the following particulars to the Association of Medical Care Systems for the Elderly Aged 75 and older when the person no longer has a disability listed in the Appended Table of the Order.

- (i) insured number;
- (ii) name and Individual Number;
- (iii) the fact that the relevant person has ceased to fall under the state of disability listed in the Appended Table of the Order and the date of the cessation.

(Notification of Loss of Eligibility)

Article 26 When an insured has lost eligibility as an insured, it must submit a written notification stating the following matters to the Association of Medical Care Systems for the Elderly Aged 75 and older within 14 days.

(i) insured number;

(ii) name and Individual Number;

(iii) the date of loss of qualification and the reason therefor;

(iv) in the case of loss of eligibility due to a change in address, the address after the change.

(Matters to Be Stated in a Notification)

Article 27 (1) The name and address of a notifying person and the date of notification must be entered in a written notification under Articles 10 through 12, Article 22 through the preceding Article, Article 54-4, and Article 54-5.

(2) In the case where a insured pertaining to a notification prescribed in the preceding paragraph (excluding notifications under Articles 10 and 11) has received a written confirmation of eligibility, the prefectural governor must attach the written confirmation of eligibility pertaining to the notification to the notification.

(Omission of Notification)

Article 28 A Association of Medical Care Systems for the Elderly Aged 75 and older may, when it is possible to confirm the matters to be notified based on the provisions of Articles 10 through 12, Articles 22 through 24, Article 26, and Article 54-5 by using a public register, etc., have the notification omitted.

Section 3 Old-Old Age medical care benefit

Subsection 1 General Rules

(NHI Federations as Specified by Order of the Ministry of Health, Labour and Welfare)

Article 29 The NHI federations specified by Prefectural or Municipal Order of the Ministry of Health, Labour and Welfare referred to in Article 58, paragraph (3) of the Act are the NHI federations to which officials with expert knowledge concerning affairs of collection or receipt of compensation for damage prescribed in the same paragraph are assigned.

Subsection 2 Benefits for Medical Treatment and Payment of Dietary Treatment Expenses for Inpatients

Division 1 Benefits for Medical Treatment, and Payment of Dietary

Treatment Expenses for Inpatients, Living Support Expenses for Inpatients, Medical Expenses Combined with Treatment Outside Insurance Coverage, and Medical Expenses

(Submission of Prescriptions)

Article 30 When a insured intends to receive medicines at pharmacies providing services covered by health insurance pursuant to the provisions of Article 64, paragraph (3) of the Act (including as applied mutatis mutandis pursuant to Article 76, paragraph (6) and Article 82, paragraph (6) of the Act), it must submit to the pharmacies a prescription issued by a physician providing health insurance treatment prescribed in Article 64 of the Health Insurance Act who is in charge of medical treatment at medical institutions providing services covered by health insurance (hereinafter referred to as a "physician providing health insurance treatment").

(Method Specified by Order of Order of the Ministry of Health, Labour and Welfare as a Method of Inquiry for Information Pertaining to Eligibility as an insured under Article 64, Paragraph (3) of the Act)

Article 30-2 The method specified by Order of the Ministry of Justice as the method of inquiring into information related to the status of the insured (including information necessary for claiming expenses related to the payment of insurance proceeds; the same applies hereinafter) referred to in Article 64, paragraph (3) of the Act is the method of transmitting an electronic certificate for user certification (meaning the electronic certificate for user certification prescribed in Article 22, paragraph (1) of the Act on the Certification Business of the Japan Agency for Local Authority Information Systems in Relation to Electronic Signatures, etc. (Act No. 153 of 2002)) Order of the Ministry of Health, Labour and Welfare.

(Method Specified by Order of the Ministry of Health, Labour and Welfare as Obtaining the Confirmation as an insured under Article 64, Paragraph (3) of the Act)

Article 30-3 The means specified by Prefectural or Municipal Order of the Ministry of Health, Labour and Welfare as the means of obtaining confirmation as an insured as set forth in Article 64, paragraph (3) of the Act (including as applied mutatis mutandis pursuant to Article 74, paragraph (10), Article 75, paragraph (7), Article 76, paragraph (6), and Article 82, paragraph (6) of the Act) are the means listed in the following items:

- (i) the method of submitting a written confirmation of qualification;
- (ii) a method of submitting a prescription (limited to the case where the patient intends to receive medical treatment from a pharmacy providing services

- covered by health insurance).
- (iii) a method in which a medical institution providing services covered by health insurance, etc. or a designated home-nursing provider makes an inquiry to a Association of Medical Care Systems for the Elderly Aged 75 and older in advance by a method using an electronic data processing system or a method using other information and communications technology, using data acquired in the past pertaining to the eligibility as an insured of a person who seeks to receive medical treatment or designated home-nursing (meaning designated home-nursing as prescribed in Article 78, paragraph (1) of the Act; the same applies hereinafter), receives a response from the Association of Medical Care Systems for the Elderly Aged 75 and older, and confirms the most recent data (limited to the case where the person seeks to receive medical treatment (limited to management of medical treatment at home and care and other nursing incidental to the medical treatment, or in-home pharmacological management and guidance) from the medical institution providing services covered by health insurance, etc. or receives designated home-nursing from the designated home-nursing provider, and has received continuous medical treatment or designated home-nursing since receiving confirmation by electronic certification confirmation from the medical institution providing services covered by health insurance, etc. or the designated home-nursing provider);
- (iv) other methods specified by the Minister of Health, Labour and Welfare.

(Amount of Income Prescribed in Article 7, Paragraph (5), Item (I) of the Order)

Article 31 The amount of revenue prescribed in Article 7, paragraph (5), item (i) of the Order, as specified by the Minister of Health, Labour and Welfare, is the sum of the amount to be treated as revenue in the calculation of the amount of various types of income prescribed in Article 36, paragraph (1) of the Income Tax Act (Act No. 33 of 1965) (excluding the amount of retirement income (meaning the amount of retirement income prescribed in Article 30, paragraph (2) of the same Act)) and the amount to be included in the total amount of revenue received, in the year preceding the year including the day on which a person prescribed in item (i) or item (ii) of the same paragraph receives benefits for medical treatment (or the year preceding the year including the day on which the person receives the benefits for medical treatment, if the month including the day on which the person receives the benefits for medical treatment is January to July).

(Application for Application of the Provisions of Article 7, Paragraph (5), Item (I) or (ii) of the Order)

Article 32 A insured that seeks the application of the provisions of Article 7, paragraph (5), item (i) or (ii) of the Order must submit a written application stating the following matters to the Association of Medical Care Systems for the Elderly Aged 75 and older; provided, however, that this does not apply when the Association of Medical Care Systems for the Elderly Aged 75 and older can confirm that the insured is subject to the provisions of item (i) or (ii) of the same paragraph.

(i) insured number;

(ii) individual Number;

(iii) the amount of income calculated pursuant to the provisions of the preceding Article with regard to the person prescribed in Article 7, paragraph (5), item (i) or item (ii) of the Order.

(Special Circumstances Specified by Order of the Ministry of Health, Labour and Welfare Referred to in Article 69, Paragraph (1) of the Act)

Article 33 (1) The special circumstances specified by Order of the Ministry of Health, Labour and Welfare Order referred to in Article 69, paragraph (1) of the Act are circumstances in which it is found difficult for insured to make co-payment due to substantial damage to the residence, household goods, or other property due to an earthquake, flood, wind, fire, or other similar disasters; the death, serious mental or physical disability, or long-term hospitalization of the householder of the household to which the insured belongs; or other similar circumstances.

(2) A insured that seeks to receive a reduction in its co-payment, exemption from payment, or deferment of collection must submit a written application for reduction or release of co-payment, etc. to the Association of Medical Care Systems for the Elderly Aged 75 and older. In this case, the Association of Medical Care Systems for the Elderly Aged 75 and older may request that the written application be accompanied by a document that makes it clear that it falls under the grounds prescribed in the preceding paragraph, if necessary.

(3) If the Association of Medical Care Systems for the Elderly Aged 75 and older finds that the application referred to in the preceding paragraph falls under the case prescribed in paragraph (1), it must issue a certificate of reduction in or release from co-payment.

(4) A person to whom a certificate of reduction in or release from co-payment has been issued pursuant to the provisions of the preceding paragraph must submit the certificate to a medical institution providing services covered by health insurance, etc. if the person intends to receive benefits for medical treatment, evaluation treatment prescribed in Article 64, paragraph (2), item (iii) of the Act (hereinafter referred to as "evaluation treatment"), patient-requested treatment prescribed in item (iv) of the same paragraph (hereinafter referred

to as "patient-requested treatment"), or selective treatment prescribed in item (v) of the same paragraph (hereinafter referred to as "selective treatment") at the medical institution providing services covered by health insurance, etc.

(Payment of Dietary Treatment Expenses for Inpatients)

Article 34 If an insured receives dietary treatment pertaining to dietary treatment expenses for inpatients from a medical institution providing services covered by health insurance, the dietary treatment expenses for inpatients to be paid to the insured pursuant to the provisions of Article 74, paragraph (5) of the Act are to be paid to the medical institution providing services covered by health insurance.

(Persons Eligible for a Reduction of Standard Co-payment for Dietary Treatment)

Article 35 The person specified by the Order of the Ministry of Health, Labour and Welfare Order referred to in Article 74, paragraph (2) of the Act is a person who falls under any of the following items:

- (i) a person to whom the provisions of Article 16, paragraph (1), item (i), (e) or item (ii), (e) of the Order apply;
- (ii) a person to whom the provisions of Article 16, paragraph (1), item (i), (f), item (ii), (f), or item (iv) of the Order apply;
- (iii) a person set forth in Article 58, item (v) of the Regulation for Enforcement of the Health Insurance Act.

(Reduction of Standard Co-payment for Dietary Treatment)

Article 36 When a person listed in item (i) or (ii) of the preceding Article seeks to receive medical treatment pertaining to dietary treatment expenses for inpatients prescribed in Article 74, paragraph (1) of the Act or medical treatment pertaining to medical expenses combined with treatment outside insurance coverage prescribed in Article 76, paragraph (1) of the Act (limited to dietary treatment prescribed in Article 64, paragraph (2), item (i) of the Act (hereinafter referred to as "dietary treatment")), the person must receive confirmation that the person has received authorization under Article 67, paragraph (4) at a medical institution providing services covered by health insurance. In this case, if the person receives confirmation that the person is a insured by a method prescribed in Article 30-3 (excluding item (iii)) and seeks to receive the dietary treatment (excluding the case where the person may receive electronic confirmation (meaning to inquire to a Association of Medical Care Systems for the Elderly Aged 75 and older about information on the eligibility of a insured and to confirm the same based on the information received from the Association of Medical Care Systems for the Elderly Aged 75

and older by a method using an electronic data processing system or any other method using information and communications technology; the same applies hereinafter) that the person has received authorization under Article 67, paragraph (1) (referred to as "authorization" in Article 41) at the medical institution providing services covered by health insurance), the person must submit a written confirmation of eligibility issued pursuant to the provisions of Article 67, paragraph (2) to the medical institution providing services covered by health insurance.

(Special Provisions on Reduction of Standard Co-payment for Dietary Treatment)

Article 37 (1) In the case where a insured has paid the unreduced amount of standard co-payment for dietary treatment prescribed in Article 74, paragraph (2) of the Act (hereinafter referred to as the "standard co-payment for dietary treatment") at a medical institution providing services covered by health insurance without receiving confirmation that it has received the certification referred to in Article 67, paragraph (4), and when the Association of Medical Care Systems for the Elderly Aged 75 and older finds it unavoidable that the confirmation has not been received, it may pay to the insured an amount equivalent to the amount obtained by deducting the standard co-payment for dietary treatment that should have been paid if the standard co-payment for dietary treatment had been reduced from the standard co-payment for dietary treatment paid for the dietary treatment as dietary treatment expenses for inpatients or medical expenses combined with treatment outside insurance coverage.

- (2) A insured that intends to receive payment under the provisions of the preceding paragraph must submit a written application stating the following matters to the Association of Medical Care Systems for the Elderly Aged 75 and older. In this case, a person who has received the issuance of a written confirmation of eligibility pursuant to the provisions of Article 67, paragraph (2) must apply by attaching the written confirmation of eligibility.
- (i) insured number;
 - (ii) name and Individual Number;
 - (iii) the name and location of the medical institution providing services covered by health insurance where the dietary treatment was received;
 - (iv) the standard co-payment for dietary treatment paid for the dietary treatment;
 - (v) the period of hospitalization in the insured where the dietary treatment was received;
 - (vi) the reason for not obtaining confirmation that the approval set forth in Article 67, paragraph (4) has been obtained;

- (vii) if the illness or injury was caused by an act of a third party, that fact and the name and domicile or residence of the third party (if the name, domicile or residence is unknown, a statement to that effect).
- (3) The written application referred to in the preceding paragraph must be accompanied by documents proving the facts concerning the certification of the standard co-payment for dietary treatment and the reduction of the standard co-payment for dietary treatment set forth in item (iv) of the same paragraph.

(Receipts for Dietary Treatment Expenses for Inpatients)

Article 38 A medical institution providing services covered by health insurance must state in a receipt to be issued pursuant to the provisions of Article 74, paragraph (7) of the Act, among the amount of expenses paid by the insured for medical treatment pertaining to dietary treatment expenses for inpatients, the amount of standard co-payment for dietary treatment and the amount of other expenses, separately.

(Payment of Living Support Expenses for Inpatients)

Article 39 If an insured receives medical treatment pertaining to living support expenses for inpatients from a medical institution providing services covered by health insurance, the living support expenses for inpatients to be paid to the insured pursuant to the provisions of Article 74, paragraph (5) of the Act, as applied mutatis mutandis pursuant to Article 75, paragraph (7) of the Act, are to be paid to the medical institution providing services covered by health insurance.

(Persons Eligible for a Reduction of Standard Co-payment for Living Support)

Article 40 The person specified by the Order of the Ministry of Health, Labour and Welfare Order referred to in Article 75, paragraph (2) of the Act is a person who falls under any of the following items:

- (i) a person to whom the provisions of Article 16, paragraph (1), item (i), (e) or item (ii), (e) of the Order apply (excluding the person set forth in item (vi));
- (ii) a person to whom the provisions of Article 16, paragraph (1), item (i), (f) or item (ii), (f) of the Order apply (excluding a person set forth in item (vi));
- (iii) a person to whom the provisions of Article 16, paragraph (1), item (iv) of the Order apply;
- (iv) a person set forth in Article 62-3, item (iv) of the Regulation for Enforcement of the Health Insurance Act;
- (v) a person set forth in Article 62-3, item (v) of the Regulation for Enforcement of the Health Insurance Act;
- (vi) a person for whom the Householder and all Household Members of the household to which the person belongs are Person Requiring Public

Assistance persons (meaning Person Requiring Public Assistance persons as prescribed in Article 6, paragraph (2) of the Public Assistance Act) in the month in which the person received medical treatment, and who would not require public assistance under the provisions of the same Act if the amount of standard co-payment for living support were to be reduced for a person to whom the provisions of item (iii) apply;

(Reduction of Standard Co-payment for Living Support)

Article 41 When any of the persons listed in items (i) through (iii) of the preceding Article intends to receive medical treatment pertaining to living support expenses for inpatients prescribed in Article 75, paragraph (1) of the Act or medical treatment pertaining to medical expenses combined with treatment outside insurance coverage prescribed in Article 76, paragraph (1) of the Act (limited to living support prescribed in Article 64, paragraph (2), item (ii) of the Act (hereinafter referred to as "living support")), the person must receive confirmation that the person has received authorization under Article 67, paragraph (4) at a medical institution providing services covered by health insurance. In this case, if the person receives confirmation that the person is a insured by a method prescribed in Article 30-3 (excluding item (iii)) and intends to receive the living support (excluding the case where it is possible to receive electronic confirmation that the person has received authorization at the medical institution providing services covered by health insurance), the person must submit a written confirmation of eligibility delivered pursuant to the provisions of Article 67, paragraph (2) to the medical institution providing services covered by health insurance.

(Special Provisions on Reduction of Standard Co-payment for Living Support)

Article 42 (1) In the case where an insured has paid the unreduced amount of standard co-payment for living support prescribed in Article 75, paragraph (2) of the Act (hereinafter referred to as the "standard co-payment for living support") at a medical institution providing services covered by health insurance without receiving confirmation that it has received the certification referred to in Article 67, paragraph (4), and when the Association of Medical Care Systems for the Elderly Aged 75 and older finds it unavoidable that the confirmation has not been received, it may pay to the insured an amount equivalent to the amount obtained by deducting the standard co-payment for living support that should have been paid if the standard co-payment for living support had been reduced from the standard co-payment for living support paid for the living support, as living support expenses for inpatients or medical expenses combined with treatment outside insurance coverage.

(2) A insured that intends to receive payment under the provisions of the

preceding paragraph must submit a written application stating the following matters to the Association of Medical Care Systems for the Elderly Aged 75 and older. In this case, a person who has received the issuance of a written confirmation of eligibility pursuant to the provisions of Article 67, paragraph (2) must apply by attaching the written confirmation of eligibility.

- (i) insured number;
 - (ii) name and Individual Number;
 - (iii) the name and location of the medical institution providing services covered by health insurance where the person received living support;
 - (iv) the amount of standard co-payment for living support paid for the living support;
 - (v) the period of hospitalization in the insured where the Living Support was received.
 - (vi) the reason for not obtaining confirmation that the approval set forth in Article 67, paragraph (4) has been obtained;
 - (vii) if the illness or injury was caused by an act of a third party, that fact and the name and domicile or residence of the third party (if the name, domicile or residence is unknown, a statement to that effect).
- (3) The written application referred to in the preceding paragraph must be accompanied by documents certifying the facts concerning the certification of the amount of standard co-payment for living support and the reduction of the amount of standard co-payment for living support set forth in item (iv) of the same paragraph.

(Receipts for Living Support Expenses for Inpatients)

Article 43 A medical institution providing services covered by health insurance must enter in the receipt to be issued pursuant to the provisions of Article 74, paragraph (7) of the Act, as applied mutatis mutandis pursuant to Article 75, paragraph (7) of the Act, the amount of standard co-payment for living support and the amount of other support among the amount of expenses paid by the insured for medical treatment pertaining to living support expenses for inpatients.

(Payment of Medical Expenses Combined with Treatment Outside Insurance Coverage)

Article 44 If an insured receives medical treatment covered by medical expenses combined with treatment outside insurance coverage from a medical institution providing services covered by health insurance, etc., the medical expenses combined with treatment outside insurance coverage to be paid to the insured pursuant to the provisions of Article 74, paragraph (5) of the Act as applied mutatis mutandis pursuant to Article 76, paragraph (6) of the Act is to be paid

to the medical institution providing services covered by health insurance, etc.

(Receipts for Medical Expenses Combined with Treatment Outside Insurance Coverage)

Article 45 A medical institution providing services covered by health insurance, etc. must, in the receipt to be issued pursuant to the provisions of Article 74, paragraph (7) of the Act as applied mutatis mutandis pursuant to Article 76, paragraph (6) of the Act, state separately the amount prescribed in item (i) and the amount of other expenses when the medical treatment pertaining to medical expenses combined with treatment outside insurance coverage does not include dietary treatment and living support among the amount of expenses paid by the insured, and state separately the amount prescribed in item (i), the amount prescribed in item (ii) and the amount of other expenses when the medical treatment includes dietary treatment, and state separately the amount prescribed in item (i), the amount prescribed in item (iii) and the amount of other expenses when the medical treatment includes living support:

- (i) the amount calculated by deducting, from the amount of expenses calculated for the medical treatment (excluding dietary treatment and living support; hereinafter the same applies in this item) (when the amount exceeds the amount of expenses actually incurred in the medical treatment, the amount of expenses actually incurred), the amount equivalent to the amount payable as medical expenses combined with treatment outside insurance coverage with respect to the expenses incurred in the medical treatment;
- (ii) the standard co-payment amount for dietary treatment pertaining to the dietary treatment;
- (iii) the standard co-payment amount for living support pertaining to the living support.

(Notification of Damages Caused by Acts of a Third Party)

Article 46 If grounds pertaining to benefits for medical treatment or grounds pertaining to payment of dietary treatment expenses for inpatients, living support expenses for inpatients, or medical expenses combined with treatment outside insurance coverage are caused by an act of a third party, a insured must submit a written notification stating the following particulars to the Association of Medical Care Systems for the Elderly Aged 75 and older without delay:

- (i) the facts pertaining to the notification;
- (ii) the name and domicile or residence of the third party (if the name, domicile, or residence is unknown, a statement to that effect);
- (iii) the status of the damage.

(Application for Payment of Medical Expenses)

Article 47 (1) An insured that intends to receive payment of medical expenses pursuant to the provisions of Article 77, paragraph (1) of the Act must submit a written application stating the following matters to the Association of Medical Care Systems for the Elderly Aged 75 and older.

- (i) insured number;
 - (ii) name or Individual Number;
 - (iii) the name of the injury or illness and its cause, the date of the illness or injury, and the progress of the injury or illness;
 - (iv) the name and location or name and address of the hospital, clinic, pharmacy, or any other person that received the medical care, provision of drugs, or treatment;
 - (v) the names of physicians, dentists, or pharmacists engaged in medical care or prescription;
 - (vi) the details and period of the medical care, provision of drugs, or treatment, and if the medical care, provision of drugs, or treatment includes dietary treatment, living support, evaluation treatment, patient-requested treatment, or selective treatment, a statement to that effect;
 - (vii) the amount of expenses required for the medical treatment;
 - (viii) the reason why the person was unable to receive benefits for medical treatment, or payment of dietary treatment expenses for inpatients, living support expenses for inpatients, or medical expenses combined with treatment outside insurance coverage;
 - (ix) if the illness or injury was caused by an act of a third party, that fact and the name and domicile or residence of the third party (if the name, domicile or residence is unknown, a statement to that effect).
- (2) The written application referred to in the preceding paragraph must be accompanied by documents certifying the amount of expenses set forth in item (vii) of that paragraph.
- (3) When the documents set forth in the preceding paragraph have been prepared in a foreign language, a Japanese translation thereof must be attached thereto.
- (4) When a person intends to receive payment of medical expenses for medical care, medicine, or treatment received in an overseas country (referred to as "overseas medical treatment" in item (ii)), the person must attach the following documents to the written application prescribed in paragraph (1):
- (i) a copy of a passport, airline ticket, or any other document by which the fact of overseas travel can be confirmed;
 - (ii) a written consent from the insured where the person received the overseas treatment, in relation to which the Association of Medical Care Systems for the Elderly Aged 75 and older makes inquiries on the details of the overseas treatment to the person in charge of the overseas treatment.

Division 2 Payment of Medical Expenses for Home-Nursing

(Standards Specified by Order of the Ministry of Health, Labour and Welfare
Referred to in Article 78, Paragraph (1) of the Act)

Article 48 The standards specified by Order of the Order of the Ministry of Health, Labour and Welfare as set forth in Article 78, paragraph (1) of the Act are that the medical condition is stable or in a condition equivalent thereto, and that medical care and assistance for necessary medical care provided by nurses or other persons prescribed in the following Article at home are required.

(Persons Specified by Order of the Ministry of Health, Labour and Welfare
Referred to in Article 78, Paragraph (1) of the Act)

Article 49 The persons specified by the Order of the Ministry of Health, Labour and Welfare referred to in Article 78, paragraph (1) of the Act are public health nurses, nursing assistants, physical therapists, occupational therapists, and speech-language-hearing therapists.

(Cases Where Payment of Medical Expenses for Home-Nursing is Found to be
Necessary)

Article 50 A Association of Medical Care Systems for the Elderly Aged 75 and older pays medical expenses for home-nursing if a insured is found to be a person who is bedridden or in an equivalent condition (limited to a person who conforms to the standards set forth in Article 48); provided, however, that this does not apply when the relevant person is actually receiving designated home-nursing from another home-nursing station.

(Payment of Medical Expenses for Home-Nursing)

Article 51 If an insured receives designated home-nursing from a designated home-nursing provider, the medical expenses for home-nursing payable to the insured pursuant to the provisions of Article 74, paragraph (5) of the Act, as applied mutatis mutandis pursuant to Article 78, paragraph (8) of the Act, is to be paid to the designated home-nursing provider.

(Receipts for Medical Expenses for Home-Nursing)

Article 52 A designated home-nursing provider must, in the receipt to be issued pursuant to the provisions of Article 74, paragraph (7) of the Act, as applied mutatis mutandis pursuant to Article 78, paragraph (8) of the Act, enter the basic user fee prescribed in Article 13, paragraph (1) of the Standards for Personnel and Management of Designated Home-Nursing Business (Order of

the Ministry of Health and Welfare No. 80 of 2000) and other user fees prescribed in paragraph (2) of the same Article, itemized by the respective expenses.

(Application Mutatis Mutandis)

Article 53 The provisions of Article 46 apply mutatis mutandis to cases where the grounds for payment of medical expenses for home-nursing are caused by an act of a third party.

Division 3 Payment of Special Medical Expenses

(Benefits Related to Medical Services Specified by Order of the Ministry of Health, Labour and Welfare as Referred to in Article 82, Paragraph (1) of the Act)

Article 53-2 Benefits related to medical services specified by Order of the Order of the Ministry of Health, Labour and Welfare referred to in Article 82, paragraph (1) of the Act are as follows:

- (i) payment of medical expenses referred to in Article 16, paragraph (1), item (i) or paragraph (2), item (i) of the Immunization Act (Act No. 68 of 1948) (including as applied pursuant to the provisions of Article 28, paragraphs (5) through (7) of the Act on Special Measures for Novel Influenza (Act No. 31 of 2012); the same applies in Article 61, item (i));
- (ii) payment of the medical expenses for services and supports for persons with disabilities set forth in Article 58, paragraph (1) of the Act on Providing Comprehensive Support for the Daily Life and Life in Society of Persons with Disabilities (Act No. 123 of 2005), the medical care treatment expenses set forth in Article 70, paragraph (1) of the same Act, or the appropriate medical care treatment expenses set forth in Article 71, paragraph (1) of the same Act;
- (iii) benefits related to medical services for which expenses are borne pursuant to the provisions of Article 30, paragraph (1) of the Act on Mental Health and Welfare for Persons with Mental Disorders or Disabilities (Act No. 123 of 1950);
- (iv) benefits related to medical services for which expenses are borne pursuant to the provisions of Article 58-17, paragraph (1) of the Narcotics and Psychotropics Control Act (Act No. 14 of 1953);
- (v) payment of medical expenses referred to in Article 16, paragraph (1), item (i) or Article 20, paragraph (1), item (i) of the Act on the Pharmaceuticals and Medical Device Agency, Independent Administrative Agency (Act No. 192 of 2002);
- (vi) act on the Prevention of Infectious Diseases and Medical Care for Patients

with Infectious Diseases: benefits for medical services for which expenses are borne pursuant to the provisions of Article 37, paragraph (1) (including as applied mutatis mutandis pursuant to a Cabinet Order based on the provisions of Article 44-9, paragraph (1) of the same Act; the same applies hereinafter), Article 37-2, paragraph (1), or Article 44-3-2, paragraph (1) (including as applied mutatis mutandis pursuant to a Cabinet Order based on the provisions of Article 44-9, paragraph (1) of the same Act; the same applies hereinafter), or the payment of expenses required for the medical services;

- (vii) payment of medical expenses referred to in Article 4, paragraph (1) of the Act on Asbestos Health Damage Relief (Act No. 4 of 2006);
- (viii) payment of medical expenses referred to in Article 4, item (i) of the Act on Special Measures Concerning Relief for Health Damage Caused by Novel Influenza Vaccination (Act No. 98 of 2009);
- (ix) payment of periodic inspection expenses referred to in Article 12, paragraph (1) of the Act on Special Measures concerning the Payment of Benefits for Specified Hepatitis B Virus-Infected Persons (Act No. 126 of 2011) or intra-household infection prevention medical expenses referred to in Article 14, paragraph (1) of the same Act;
- (x) payment of specific medical expenses referred to in Article 5, paragraph (1) of the Act on Medical Care for Patients with Intractable Diseases (Act No. 50 of 2014);
- (xi) payment of medical expenses set forth in Article 3 or Article 4 of the Cabinet Order on Special Measures for the Application of Acts Related to the Ministry of Health and Welfare in Line with the Reversion of Okinawa (Cabinet Order No. 108 of 1972);
- (xii) payment of high-cost medical expenses under the provisions of Article 14, paragraph (6) of the Order;
- (xiii) benefits related to medical services specified by the Minister of Health, Labour and Welfare pursuant to the provisions of Article 27-4-2, item (xv) of the Regulation for Enforcement of the National Health Insurance Act.

(Period Specified by Order of the Ministry of Health, Labour and Welfare
Referred to in Article 82, Paragraph (1) of the Act)

Article 53-3 The period specified by Order of the Order of the Ministry of Health, Labour and Welfare referred to in Article 82, paragraph (1) of the Act is one year.

(Efforts to Contribute to the Payment of Insurance Premiums Specified by
Order of the Ministry of Health, Labour and Welfare as Referred to in Article
82, Paragraph (1) of the Act)

Article 53-4 (1) Initiatives that contribute to the payment of insurance premiums specified by Order of the Ministry of Health, Labour and Welfare as referred to in Article 82, paragraph (1) of the Act are the following initiatives:

- (i) sending a notice stating the matters set forth in the items of the following paragraph to a person delinquent in payment of insurance premiums (meaning a person delinquent in payment of insurance premiums as prescribed in Article 82, paragraph (1) of the Act; the same applies hereinafter);
 - (ii) to demand payment of delinquent insurance premiums by means of telephone calls, visits, etc.;
 - (iii) to provide opportunities for consultation pertaining to the payment of delinquent insurance premiums by telephone, at the counter, etc.;
 - (iv) any other activities similar to those set forth in the preceding three items.
- (2) The notice prescribed in item (i) of the preceding paragraph is to state the following matters:
- (i) the amount of delinquency and the payment due date related to the amount of delinquency;
 - (ii) a statement to the effect that, in the case of a natural disaster or other special circumstances due to which the insurance premiums are delinquent, the grounds for being unable to pay the insurance premiums must be notified to the Association of Medical Care Systems for the Elderly Aged 75 and older, and the due date;
 - (iii) a statement to the effect that special medical expenses may be paid pursuant to the provisions of Article 82, paragraph (1) or the main clause of paragraph (2) of the Act in cases where the insurance premiums continue to be delinquent in spite of the fact that there are no disaster or other special circumstances concerning the delinquency of the insurance premiums;
 - (iv) the fact that an opportunity for consultation pertaining to the payment of the insurance premiums will be provided and the content of the consultation.

(Application for Payment of Special Medical Expenses)

Article 54 (1) An insured that intends to receive payment of special medical expenses pursuant to the provisions of Article 82, paragraph (1) or the main clause of paragraph (2) of the same Article of the Act must submit a written application stating the following matters to the Association of Medical Care Systems for the Elderly Aged 75 and older:

- (i) insurer's number and insured's number;
- (ii) name and Individual Number;
- (iii) the name and location of the Medical Institution Providing Services Covered by Health Insurance, etc. or home-nursing station that handled the

- medical treatment;
 - (iv) the name of the injury or illness and the period of;
 - (v) the amount of expenses calculated for medical treatment;
 - (vi) if the illness or injury was caused by an act of a third party, that fact and the name and domicile or residence of the third party (if the name, domicile or residence is unknown, a statement to that effect).
- (2) The written application prescribed in the preceding paragraph must be accompanied by a document certifying the amount of expenses calculated for the medical treatment prescribed in item (v) of the same paragraph.

(Return of Written Confirmation of Qualification Pertaining to Delinquency of Insurance Premiums)

- Article 54-2 (1) If an Association of Medical Care Systems for the Elderly Aged 75 and older gives a notice under Article 82, paragraph (3) of the Act to a person delinquent in insurance premiums, it is to request the person delinquent in insurance premiums to return the written confirmation of eligibility (limited to that which has been delivered pursuant to the provisions of Article 16, paragraph (2); the same applies in the following paragraph and paragraph (3)).
- (2) Before requesting the relevant person delinquent in payment of insurance premiums to return the written confirmation of eligibility pursuant to the provisions of the preceding paragraph, the Association of Medical Care Systems for the Elderly Aged 75 and older must notify the relevant person delinquent in payment of insurance premiums in writing of the following particulars:
- (i) an indication that the relevant person is requesting the return of the written confirmation of eligibility pursuant to the provisions of the preceding paragraph;
 - (ii) the party to which the written confirmation of qualification is to be returned and the due date for return.
- (3) If the written confirmation of eligibility pertaining to a person delinquent in insurance premiums who is required to return the written confirmation of eligibility pursuant to the provisions of paragraph (1) becomes invalid pursuant to the provisions of Article 18, paragraph (4), the Association of Medical Care Systems for the Elderly Aged 75 and older may deem that the written confirmation of eligibility has been returned.
- (4) If the written confirmation of eligibility has been returned pursuant to the provisions of paragraph (1), the Association of Medical Care Systems for the Elderly Aged 75 and older is to issue a written confirmation of eligibility using Form No. 4, Form No. 4-2, or Form No. 4-3, stating the following matters.
- (i) the name, sex, and date of birth of the insured;

- (ii) the insured number, insurer number, and name of the Association of Medical Care Systems for the Elderly Aged 75 and older;
- (iii) the date of acquisition of qualification and the date of issuance of the written confirmation of qualification;
- (iv) expiration date;
- (v) a statement to the effect that special medical expenses are paid pursuant to the provisions of Article 82, paragraph (1) or the main clause of paragraph (2) of the same Article of the Act;
- (vi) other particulars specified by the Association of Medical Care Systems for the Elderly Aged 75 and older.

(Notice under the Provisions of Article 82, Paragraph (3) of the Act)

Article 54-3 The notice under the provisions of Article 82, paragraph (3) of the Act is to state the following matters:

- (i) a statement to the effect that special medical expenses are to be paid pursuant to the provisions of Article 82, paragraph (1) or the main clause of paragraph (2) of the same Article of the Act and the scheduled date of commencement thereof;
- (ii) the place of application for payment of special medical expenses.

(Notification of Special Circumstances)

Article 54-4 (1) An insured must, when there are special circumstances specified in Article 12-2 of the Order when there is a request from an Association of Medical Care Systems for the Elderly Aged 75 and older, immediately submit a written notification including the following matters to the Association of Medical Care Systems for the Elderly Aged 75 and older.

- (i) insured number;
 - (ii) name and Individual Number;
 - (iii) the reason why the person is unable to pay insurance premiums.
- (2) In the case where an insured has received delivery of the document prescribed in Article 54-2, paragraph (4), if there are special circumstances specified in Article 12-3 of the Order (excluding the fact that the amount of delinquent insurance premiums of an insured has significantly decreased), the insurer must immediately submit a written notification containing the matters set forth in the items of the preceding paragraph to the Association of Medical Care Systems for the Elderly Aged 75 and older.
- (3) An Association of Medical Care Systems for the Elderly Aged 75 and older may request that a document clarifying that there are special circumstances be attached to the written notification prescribed in the preceding two paragraphs, as needed.

(Notification of Payment of Medical Expenses for General Diseases Caused by Atomic Bombs)

Article 54-5 (1) If insured is eligible for the payment of medical expenses for general diseases under the Atomic Bomb Survivors' Assistance Act (Act No. 117 of 1994) or other medical benefits specified in the items of Article 53-2 (hereinafter referred to as "payment, etc. of medical expenses for general diseases caused by atomic bombs" in this Article), and if the Association of Medical Care Systems for the Elderly Aged 75 and older has requested the submission of a written notification stating the following matters, the prefectural government must promptly submit the written notification to the Association of Medical Care Systems for the Elderly Aged 75 and older.

- (i) insured number;
 - (ii) name and Individual Number;
 - (iii) the name of the payment, etc. of medical expenses for atomic bomb-related general diseases to which the relevant insured is entitled.
- (2) In the case where the provisions of Article 82, paragraph (1) or the main clause of paragraph (2) of the Act are applied, when insured becomes a person eligible to receive payment, etc. of medical expenses for atomic bomb-related general diseases, it must promptly submit a written notification describing the matters set forth in each item of the preceding paragraph to the Association of Medical Care Systems for the Elderly Aged 75 and older.
- (3) The written notification set forth in the preceding two paragraphs must be accompanied by documents proving that the insured pertaining to the relevant notification is a person eligible to receive payment, etc. of general medical expenses for atomic bomb-related diseases.

(Notice under the Provisions of Article 82, Paragraph (5) of the Act)

Article 54-6 The notice pursuant to the provisions of Article 82, paragraph (5) of the Act is to state the fact that benefits for medical treatment, etc. will be provided pursuant to the provisions of paragraph (4) of the same Article and the scheduled date of commencement thereof.

(Notification of Medical Treatment Pertaining to Special Medical Expenses)

Article 55 (1) When a medical institution providing services covered by health insurance has handled medical treatment pertaining to special medical expenses, it must submit a written notification providing the following particulars to the Association of Medical Care Systems for the Elderly Aged 75 and older of the insured where the medical treatment was received.

- (i) insurer's number and insured's number;
- (ii) the name and location of the medical institution providing services covered by health insurance, etc.;

- (iii) the name, sex, and date of birth of the insured where the person received medical treatment;
 - (iv) the name of the injury or illness, the start date of medical care, the number of actual days of medical care, the outcome, and the.
 - (v) the amount of expenses calculated for medical treatment;
- (2) The form of the notification prescribed in the preceding paragraph is to be in accordance with the form of a Statement of Medical Service Fees or a dispensing fee statement specified in the Order on Benefits for Medical Treatment and Claims for Expenses Related to publicly funded health care (Order of the Ministry of Health and Welfare No. 36 of 1976).
- (3) The written notification prescribed in paragraph (1) is to be sent for each month by the 10th of the following month.
- (4) A Association of Medical Care Systems for the Elderly Aged 75 and older is to examine the notification prescribed in paragraph (1) in light of the standards concerning treatment and handling of benefits for medical treatment set forth in Article 71, paragraph (1) of the Act with regard to medical treatment pertaining to special medical expenses prescribed in Article 65 of the Act as applied mutatis mutandis pursuant to Article 82, paragraph (6) of the Act, the method of calculation of the amount prescribed in Article 76, paragraph (2) of the Act as applied mutatis mutandis pursuant to Article 82, paragraph (6) of the Act, and the provisions of Article 70, paragraph (2) of the Act as applied mutatis mutandis pursuant to Article 82, paragraph (6) of the Act, and notify the medical institution providing services covered by health insurance, etc. in writing of the amount of expenses calculated for the medical treatment and other results of the examination.

Article 56 (1) When handling medical treatment pertaining to special medical expenses, a designated home-nursing provider must submit a written notification stating the following matters to the Association of Medical Care Systems for the Elderly Aged 75 and older of the insured where the designated home-nursing provider received the medical treatment.

- (i) insurer's number and insured's number;
- (ii) the name and location of the home-nursing station;
- (iii) the name, sex, and date of birth of the insured where the person received medical treatment;
- (iv) the mental and physical condition of the insured and the name of the major injury or illness;
- (v) the date and time of commencement and termination of the visit, and the actual number of visits;
- (vi) the status of the termination of the visit;
- (vii) time of death

- (viii) the date of instruction, and the name of the medical institution to which the attending physician belongs and the name of the attending physician;
 - (ix) details of medical treatment;
 - (x) the amount of expenses calculated for medical treatment.
- (2) The form of the written notification referred to in the preceding paragraph is to be in accordance with the form for a detailed statement of medical expenses for home-nursing specified by the Order Concerning Claims for Medical Expenses for Home-Nursing and Expenses Related to publicly funded health care (Order of the Ministry of Health and Welfare No. 5 of 1992).
- (3) The written notification prescribed in paragraph (1) is to be sent for each month by the 10th of the following month.
- (4) A Association of Medical Care Systems for the Elderly Aged 75 and older is to conduct an examination of the notification prescribed in paragraph (1) in light of the standards for operations of a designated home-nursing provider prescribed in Article 79, paragraph (2) of the Act, as applied *mutatis mutandis* pursuant to Article 82, paragraph (6) of the Act, and the method of calculation of the amount prescribed in Article 76, paragraph (2) of the Act, as applied *mutatis mutandis* pursuant to Article 82, paragraph (6) of the Act, and notify the designated home-nursing provider in writing of the amount of expenses calculated for the medical treatment and the results of the examination.

(Provisions Applied *Mutatis Mutandis*)

Article 57 (1) The provisions of Article 45 apply *mutatis mutandis* to the receipt that must be issued pursuant to the provisions of Article 74, paragraph (7) of the Act as applied *mutatis mutandis* pursuant to Article 82, paragraph (6) of the Act. In this case, the term "pertaining to medical expenses combined with treatment outside insurance coverage" in Article 45 (including the title) is deemed to be replaced with "pertaining to special medical expenses", the term "Article 76, paragraph (6)" is deemed to be replaced with "Article 82, paragraph (6)", the term "the amount obtained by deducting the amount equivalent to the amount paid as medical expenses combined with treatment outside insurance coverage with regard to the expenses required for the medical treatment from the amount" is deemed to be replaced with "the amount of expenses)", the term "standard co-payment for dietary treatment pertaining to the dietary treatment" is deemed to be replaced with "the amount calculated for the dietary treatment (when the amount exceeds the amount of expenses actually incurred in the dietary treatment, the amount of expenses actually incurred)", and the term "standard co-payment for living support pertaining to the living support" is deemed to be replaced with "the amount calculated for the living support (when the amount exceeds the amount of expenses actually incurred in the living support, the amount of expenses actually incurred)".

(2) The provisions of Article 52 apply mutatis mutandis to the receipt that must be issued pursuant to the provisions of Article 74, paragraph (7) of the Act, as applied mutatis mutandis pursuant to Article 78, paragraph (8) of the Act, as applied mutatis mutandis pursuant to Article 82, paragraph (6) of the Act. In this case, the term "pertaining to medical expenses for home-nursing" in the title of Article 52 is deemed to be replaced with "pertaining to special medical expenses", and the term "the basic user fee prescribed in Article 13, paragraph (1) of the Standards for Personnel and Management of Business of Designated Home-Nursing (Order of the Ministry of Health and Welfare No. 80 of 2000) and paragraph (2) of the same Article" in the same Article is deemed to be replaced with "the amount of expenses calculated for the medical treatment and Article 13, paragraph (2) of the Standards for Personnel and Management of Business of Designated Home-".

Division 4 Payment of Transport Expenses

(Amount of Transport Expenses)

Article 58 The amount calculated pursuant to the provisions of Prefectural or Municipal Order of the Ministry of Health, Labour and Welfare referred to in Article 83, paragraph (1) of the Act is the amount calculated based on the cost of transportation by the most economical ordinary route and method; provided, however, that the amount may not exceed the actual cost required for the transportation.

(When It Is Found Necessary to Pay Transport Expenses)

Article 59 The Association of Medical Care Systems for the Elderly Aged 75 and older pays transport expenses to a insured if the port management body is found to fall under all of the following items:

- (i) the sentenced person received appropriate medical treatment based on the Act due to the transfer;
- (ii) it was extremely difficult to relocate due to the illness or injury that was the cause of the transfer;
- (iii) an emergency or other unavoidable circumstances.

(Application for Payment of Transport Expenses)

Article 60 (1) A insured that intends to receive payment of transport expenses pursuant to the provisions of Article 83, paragraph (1) of the Act must submit a written application stating the following matters to the Association of Medical Care Systems for the Elderly Aged 75 and older.

- (i) insured number;
- (ii) name and Individual Number;

- (iii) the name of the injury or illness, its cause, and the date of the onset or injury;
 - (iv) the transfer route, transfer method, and transfer date;
 - (v) if there was an attendant, the name and address of the attendant;
 - (vi) the amount of expenses required for the transfer;
 - (vii) if the cause of the illness or injury was an act of a third party, that fact and the name and domicile or residence of the third party (if the name, domicile, or residence is unknown, that fact).
- (2) The written application prescribed in the preceding paragraph must be accompanied by a written opinion of a medical practitioner or dental practitioner providing the following particulars and a document certifying the amount of expenses required for the transfer prescribed in item (vi) of the same paragraph:
- (i) the reason why the transfer was found necessary (when an attendant was requested, the reason why the attendant was found necessary);
 - (ii) the transfer route, transfer method, and transfer date.
- (3) The date of diagnosis and the physician's or dentist's name certifying the written opinion prescribed in the preceding paragraph must be entered in the written opinion.
- (4) The provisions of Article 47, paragraph (3) apply mutatis mutandis to the written opinion set forth in paragraph (2).

Subsection 3 Payment of High-Cost Medical Expenses and Sizable medical and nursing expenses

(Benefits Related to Medical Services Specified by Order of the Ministry of Health, Labour and Welfare as Referred to in Article 14, Paragraph (1), Item (ii) of the Order)

Article 61 Benefits related to medical services specified by a Order of the Ministry of Health, Labour and Welfare as set forth in Article 14, paragraph (1), item (ii) of the Order are as follows:

- (i) payment of medical expenses referred to in Article 16, paragraph (1), item (i) or paragraph (2), item (i) of the Immunization Act;
- (ii) act on Providing Comprehensive Support for the Daily Life and Life in Society of Persons with Disabilities: payment of the medical expenses for services and supports for persons with disabilities set forth in Article 58, paragraph (1), the medical care treatment expenses set forth in Article 70, paragraph (1) of the same Act, or the appropriate medical care treatment expenses set forth in Article 71, paragraph (1) of the same Act;
- (iii) act on Mental Health and Welfare for Persons with Mental Disorders or Disabilities: benefits related to medical services for which expenses are borne

- pursuant to the provisions of Article 30, paragraph (1);
- (iv) benefits related to medical services for which expenses are borne pursuant to the provisions of Article 58-17, paragraph (1) of the Narcotics and Psychotropics Control Act;
- (v) payment of medical expenses referred to in Article 16, paragraph (1), item (i) or Article 20, paragraph (1), item (i) of the Act on the Pharmaceuticals and Medical Device Agency, Independent Administrative Agency;
- (vi) act on the Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases: benefits related to medical care for which expenses are borne pursuant to the provisions of Article 37, paragraph (1), Article 37-2, paragraph (1), or Article 44-3-2, paragraph (1), or payment of expenses required for the medical care;
- (vii) payment of medical expenses referred to in Article 4, paragraph (1) of the Act on Asbestos Health Damage Relief;
- (vii)-2 payment of medical expenses referred to in Article 4, item (i) of the Act on Special Measures Concerning Relief of Health Damage Caused by Novel Influenza Vaccination;
- (vii)-3 payment of the periodic inspection expenses referred to in Article 12, paragraph (1) of the Act on Special Measures Concerning the Payment of Benefits for Specified Persons Infected with Hepatitis B Virus or the medical expenses for intra-household infection prevention referred to in Article 14, paragraph (1) of the same Act;
- (vii)-4 payment of specific medical expenses referred to in Article 5, paragraph (1) of the Act on Medical Care for Patients with Intractable Diseases;
- (viii) payment of medical expenses set forth in Article 3 or 4 of the Cabinet Order on Special Measures, etc. for the Application of Acts and Regulations Related to the Ministry of Health and Welfare in Line with the Reversion of;
- (ix) benefits related to medical services specified by the Minister of Health, Labour and Welfare pursuant to the provisions of Article 27-12, item (xi) of the Regulation for Enforcement of the National Health Insurance Act;

(Certification of a Association of Medical Care Systems for the Elderly Aged 75 and older Pertaining to Medical Treatment Covered by Specified Disease Benefits)

Article 61-2 (1) An insured that intends to obtain certification of a Association of Medical Care Systems for the Elderly Aged 75 and older under the provisions of Article 14, paragraph (5) of the Order (hereinafter referred to as "certification" in this Article) must make a request to the Association of Medical Care Systems for the Elderly Aged 75 and older with regard to the following particulars, via an implementing organization for benefits related to medical care specified by the Minister of Health, Labour and Welfare as

prescribed in Article 41, paragraph (7) of the Order for Enforcement of the Health Insurance Act (Imperial Order No. 243 of 1926) (hereinafter referred to as an "implementing organization" in this Article).

- (i) insured number;
 - (ii) the name and Individual Number of the insured for which accreditation is sought;
 - (iii) the name of the medical care benefits specified by the Minister of Health, Labour and Welfare as prescribed in Article 41, paragraph (7) of the Order for Enforcement of the Health Insurance Act which the insured which intends to obtain the approval is to receive.
- (2) A insured that intends to obtain certification must submit documents proving that it falls under any of the categories of persons set forth in the items of Article 15, paragraph (1) of the Order when making the proposal set forth in the preceding paragraph; provided, however, that the Association of Medical Care Systems for the Elderly Aged 75 and older may have the relevant documents omitted when the fact can be confirmed by the public register, etc. or a copy thereof.
- (3) When the Association of Medical Care Systems for the Elderly Aged 75 and older has given the certification based on the request set forth in paragraph (1), it must notify the certified insured of the category of the person listed in the items of Article 15, paragraph (1) of the Order (hereinafter referred to as the "income category" in this Article) to which the person corresponds, via the implementing organization.
- (4) If a certified insured has come to fall under any of the following items, the certified insured must notify the Association of Medical Care Systems for the Elderly Aged 75 and older to that effect via the implementing organization without delay; provided, however, that this does not apply if the Association of Medical Care Systems for the Elderly Aged 75 and older has confirmed that the certified pharmacy has come to fall under item (i) based on the public register, etc. or a copy thereof and has given notice under paragraph (6) to the person:
- (i) if there has been a change to the income category to which the certified insured belongs;
 - (ii) when the person has ceased to receive benefits related to medical care specified by the Minister of Health, Labour and Welfare as prescribed in Article 41, paragraph (7) of the Order for Enforcement of the Health Insurance Act.
- (5) The provisions of paragraph (2) apply mutatis mutandis to the report referred to in the preceding paragraph that has come to fall under item (i) of that paragraph.
- (6) If there has been a change to the income category to which an approved insured corresponds, the Association of Medical Care Systems for the Elderly

Aged 75 and older must notify the person of the changed income category via the implementing organization without delay.

- (7) When an insured that has received certification intends to receive medical treatment covered by specified disease benefits (meaning the medical treatment covered by specified disease benefits prescribed in Article 14, paragraph (5) of the Order; the same applies in the following paragraph), it must notify the hospitals, etc. prescribed in paragraph (4) of the same Article of the income category notified pursuant to the provisions of paragraph (3) or the preceding paragraph.
- (8) If a certified insured (excluding those set forth in Article 15, paragraph (1), item (i) or (ii) of the Order and those certified by the Association of Medical Care Systems for the Elderly Aged 75 and older pursuant to the provisions of Article 66-2, paragraph (1) or Article 67, paragraph (1)) receives medical treatment covered by specified disease benefits and receives medical treatment (meaning the medical treatment prescribed in Article 14, paragraph (1), item (i) of the Order; the same applies in Article 66, Article 66-2, paragraph (4), and Article 67, paragraph (4)) from the same medical institutions, etc. (meaning the medical institutions, etc. prescribed in Article 16, paragraph (1) of the Order; the same applies in Article 66-2, paragraphs (4) and (5), and Article 67, paragraphs (4) and (5)) in the same month, with regard to the application of the provisions of Article 16, paragraph (1) of the Order, the person is deemed to have received the certification of the Association of Medical Care Systems for the Elderly Aged 75 and older pursuant to the provisions of Article 66-2, paragraph (1) or Article 67, paragraph (1).

(Application for Certification of Specified Diseases)

Article 62 (1) An insured that intends to receive certification from the Association of Medical Care Systems for the Elderly Aged 75 and older under Article 14, paragraph (6) of the Order (hereinafter referred to as "certification of a specified disease" in this Article) must submit a written application stating the following matters to the Association of Medical Care Systems for the Elderly Aged 75 and older.

- (i) insured number;
 - (ii) the name and Individual Number of the person who intends to receive certification of a specified disease;
 - (iii) the name of the disease prescribed in Article 14, paragraph (6) of the Order which the person who intends to receive certification of a specified disease has contracted.
- (2) The written application prescribed in the preceding paragraph must be accompanied by a written opinion from a physician or dentist regarding the disease set forth in item (iii) of the same paragraph and other documents

- certifying that the applicant is suffering from the relevant disease.
- (3) The date of diagnosis and the physician's or dentist's name certifying the written opinion prescribed in the preceding paragraph must be entered in the written opinion.
- (4) If the Association of Medical Care Systems for the Elderly Aged 75 and older has granted certification of a specified disease based on the application referred to in paragraph (1), it must issue a certificate for receipt of medical care for specific diseases based on Form No. 5 or a written confirmation of eligibility stating the data pertaining to the certification of a specified disease (hereinafter referred to as "certificate for receipt of medical care for specific diseases, etc." in this Article) to the insured.
- (5) A insured that has been issued a certificate for receipt of medical care for specific diseases, etc. must return the certificate for receipt of medical care for specific diseases, etc. to the Association of Medical Care Systems for the Elderly Aged 75 and older without delay if it has come to fall under any of the following items:
- (i) if the person has lost eligibility as a insured Site;
 - (ii) when it no longer falls under any of the items of Article 14, paragraph (6) of the Order.
- (6) When a insured that has received certification of a specified disease intends to receive medical treatment prescribed in Article 14, paragraph (6) of the Order from a medical institution providing services covered by health insurance, etc., it must receive confirmation that it has received certification of a specified disease at the medical institution providing services covered by health insurance, etc. In this case, when a person that has received the certification of a specified disease intends to receive medical treatment after receiving confirmation that the person is a insured by a method prescribed in Article 30-3 (excluding item (iii)), the person must submit a written confirmation of eligibility as set forth in paragraph (4) to the medical institution providing services covered by health insurance, etc., or submit a certificate for receipt of medical care for specific diseases along with a written confirmation of eligibility (excluding a written confirmation of eligibility as set forth in paragraph (4)) or a prescription to the medical institution providing services covered by health insurance, etc.; provided, however, that this does not apply when there is a compelling reason.
- (7) In the case referred to in the proviso to the preceding paragraph, the insured must, when the grounds have ceased to exist, submit the certificate for receipt of medical care for specific diseases, etc. to the medical institution providing services covered by health insurance, etc. without delay.
- (8) The provisions of Article 17 and Article 18 (excluding the proviso to paragraph (3)) apply mutatis mutandis to certificate for receipt of medical care

for specific diseases.

- (9) A notification prescribed in Article 22, Article 23, Article 25, and Article 26 pertaining to a insured that has received certification of a specified disease must be accompanied by a certificate for receipt of medical care for specific diseases, etc. pertaining to the insured pertaining to the notification.

(Amount Calculated as Specified by Order of Order of the Ministry of Health, Labour and Welfare Referred to in Article 14-2, Paragraph (1), Items (iii) and (iv) of the Order)

Article 62-2 (1) The amount calculated pursuant to the provisions of the Order of the Ministry of Health, Labour and Welfare set forth in Article 14-2, paragraph (1), item (iii) of the Order is the amount listed in the right-hand column of the following table pertaining to the outpatient treatment received by the insured on the base date (meaning the insured on the base date prescribed in item (i) of the same paragraph; the same applies hereinafter) during the accounting period (meaning the accounting period prescribed in the same item; hereinafter the same applies in this paragraph), in accordance with the classification of the period listed in the left-hand column of the same table during which the insured on the base date falls.

The period during which the person was a insured covered by health insurance (excluding a specially-insured day laborer insured prescribed in Article 3, paragraph (2) of the Health Insurance Act, a member of a mutual aid association based on the National Public Officers' local public employee Act and the mutual aid association Act on mutual aid association, and a subscriber to a Private School Teachers mutual aid plan under the provisions of the Private School Mutual Aid Act; the same applies in Article 71-4)	The total sum prescribed in Article 41-2, paragraph (1), item (i) of the Order for Enforcement of the Health Insurance Act
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A period during which the worker was a specially-permitted day laborer insured (meaning a specially-permitted day laborer insured prescribed in Article 41-2, paragraph (9) of the Order for Enforcement of the Health Insurance Act; the same applies hereinafter)	The total sum prescribed in Article 41-2, paragraph (1), item (i) of the Order for Enforcement of the Health Insurance Act as applied mutatis mutandis pursuant to Article 44, paragraph (2) of the same Order
Period during which the insured person was a insured covered by Seamen's Insurance (excluding a member of a mutual aid association based on the National Public Officers' mutual aid association Act and the local public employee, etc. mutual aid association Act; the same applies hereinafter)	The total sum prescribed in Article 8-2, paragraph (1), item (i) of the Order for Enforcement of the Mariners Insurance Act (Cabinet Order No. 240 of 1953)
Period during which a person was a member of mutual aid association pursuant to the provisions of the National Public Officers mutual aid association Act	The total sum prescribed in Article 11-3-4, paragraph (1), item (i) of the Order for Enforcement of the National Public Officers' mutual aid association Act (Cabinet Order No. 207 of 1958)
Period during which a person was a partner of a mutual aid association based on the provisions of the local public employee mutual aid association Act	The total sum prescribed in Article 23-3-3, paragraph (1), item (i) of the Order for Enforcement of the local public employee and Harbor mutual aid association Act (Cabinet Order No. 352 of 1962)
The period during which the person was a member of the Private School Teachers mutual aid system under the provisions of the Private School Mutual Aid Act	The total sum prescribed in Article 11-3-4, paragraph (1), item (i) of the Order for Enforcement of the National Public Officers' mutual aid association Act as applied mutatis mutandis pursuant to Article 6 of the Order for Enforcement of the Private School Teachers Mutual Aid Act (Cabinet Order No. 425 of 1953)

During the period when a person was a Householder, etc. under a national health insurance program as prescribed in Article 14-2, paragraph (6) of the Order (hereinafter referred to as a "Householder, etc. under a National Health Insurance Program") (if, as of the Base Date prescribed in paragraph (1) of the same Article (hereinafter referred to as the "Base Date"), the person is not a insured under a national health insurance program (excluding the case where, as of the Base Date, all insured under a national health insurance program belonging to the same household as the person fall under the cases set forth in Article 29-4-4, paragraph (1) of the Order for Enforcement of the National Health Insurance Act (Order No. 362 of 1958)), excluding the period during which the person was continuously a	The total sum prescribed in Article 29-2-2, paragraph (1), item (i) of the Order for Enforcement of the National Health Insurance Act
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(2) The amount calculated pursuant to the provisions of the Order of the Ministry of Health, Labour and Welfare set forth in Article 14-2, paragraph (1), item (iv) of the Order is the amount listed in the right-hand column of the table of the preceding paragraph pertaining to the outpatient treatment received by the base date insured (meaning the base date household insured prescribed in the same item) (excluding the base date insured) during the accounting period (meaning the accounting period prescribed in the same item) in accordance with the category of the period listed in the left-hand column of the same table during which the base date insured falls.

(Amount Calculated as Specified by Order of Order of the Ministry of Health, Labour and Welfare Referred to in Article 14-2, Paragraph (3) of the Order)
Article 62-3 The amount calculated pursuant to the provisions of the Prefectural or Municipal Order of the Ministry of Health, Labour and Welfare referred to in Article 14-2, paragraph (3) of the Order is the amount set forth in the right-hand column of the following table according to the category of the person set

forth in the left-hand column of the same table to which the person who was a insured corresponds as of the base date.

Insured covered by health insurance	The amounts listed in the items of Article 41-2, paragraph (1) of the Order for Enforcement of the Health Insurance Act
Specially-Permitted Day Laborer insured	The amounts listed in the items of Article 41-2, paragraph (1) of the Order for Enforcement of the Health Insurance Act as applied mutatis mutandis pursuant to Article 44, paragraph (2) of the same Order
Insured for Mariners' Insurance	The amounts listed in the items of Article 8-2, paragraph (1) of the Order for Enforcement of the Mariners Insurance Act
A member of a mutual aid association based on the provisions of the National Public Officers mutual aid association Act	The amounts listed in the items of Article 11-3-4, paragraph (1) of the Order for Enforcement of the National Public Officers mutual aid association Act
A member of a mutual aid association based on the provisions of the local public employee mutual aid association Act	The amounts set forth in the items of Article 23-3-3, paragraph (1) of the Order for Enforcement of the local public employee and Harbour mutual aid association Act
A member of a Private School Teachers mutual aid program under the provisions of the Private School Mutual Aid Act	The amounts listed in the items of Article 11-3-4, paragraph (1) of the Order for Enforcement of the National Public Officers' mutual aid association Act as applied mutatis mutandis pursuant to Article 6 of the Order for Enforcement of the Private School Teachers Mutual Aid
Householder, etc. under National Health Insurance (limited to a person who is a insured under National Health Insurance, and excluding a person who falls under the case set forth in Article 29-4-4, paragraph (1) of the Order for Enforcement of the National Health Insurance Act)	The amounts listed in the items of Article 29-2-2, paragraph (1) of the Order for Enforcement of the National Health Insurance Act

(Amount Calculated as Specified by Order of Order of the Ministry of Health, Labour and Welfare Referred to in Article 14-2, Paragraph (3) of the Order as

Applied Mutatis Mutandis Pursuant to Paragraph (4) of that Article)

Article 62-4 The amount calculated as specified by Prefectural or Municipal Order of the Ministry of Health, Labour and Welfare referred to in Article 14-2, paragraph (3) of the Order as applied mutatis mutandis pursuant to paragraph (4) of that Article is the amount set forth in the right-hand column of the following table according to the category of the person set forth in the left-hand column of that table under which the person who was a insured falls as of the base date.

Dependents of a insured covered by health insurance	The amounts listed in the items of Article 41-2, paragraph (1) of the Order for Enforcement of the Health Insurance Act as applied mutatis mutandis pursuant to paragraph (2) of the same Article
Dependents of a Specially-Permitted Day Laborer insured	The amounts listed in the items of Article 41-2, paragraph (1) of the Order for Enforcement of the Health Insurance Act as applied mutatis mutandis pursuant to paragraph (2) of the same Article, as applied mutatis mutandis pursuant to Article 44, paragraph (2) of the same Order
Dependents of a insured covered by Seamen's Insurance	The amounts listed in the items of Article 8-2, paragraph (1) of the Order for Enforcement of the Mariners Insurance Act as applied mutatis mutandis pursuant to paragraph (2) of the same Article
Dependent of a member of a mutual aid association pursuant to the provisions of the National Public Officers mutual aid association Act	The amounts listed in the items of Article 11-3-4, paragraph (1) of the Order for Enforcement of the National Public Officers mutual aid association Act as applied mutatis mutandis pursuant to paragraph (2) of the same Article
A dependent of a member of a mutual aid association based on the provisions of the local public employee mutual aid association Act	The amounts listed in the items of Article 23-3-3, paragraph (1) of the Order for Enforcement of the local public employee and Harbour mutual aid association Act as applied mutatis mutandis pursuant to paragraph (2) of the same Article

A dependent of a subscriber to the Private School Teachers mutual aid program under the Private School Mutual Aid Act	The amounts listed in the items of Article 11-3-4, paragraph (1) of the Order for Enforcement of the National Public Officers mutual aid association Act as applied mutatis mutandis pursuant to paragraph (2) of the same Article, as applied mutatis mutandis pursuant to Article 6 of the Order for Enforcement of the Private School Teachers Mutual
Household Members of Householder, etc. of National Health Insurance (meaning Household Members prescribed in Article 29-2-2, paragraph (1), item (iii) of the Order for Enforcement of the National Health Insurance Act)	The amounts listed in the items of Article 29-2-2, paragraph (1) of the Order for Enforcement of the National Health Insurance Act as applied mutatis mutandis pursuant to paragraph (2) of the same Article

(Cases Specified by Order of Order of the Ministry of Health, Labour and Welfare Referred to in Article 16, Paragraph (7) of the Order and Days Specified by Order of Order of the Ministry of Health, Labour and Welfare)

Article 62-5 The cases specified by Order of the Order of the Ministry of Health, Labour and Welfare as set forth in Article 16, paragraph (7) of the Order are the cases where a person who was a insured has lost the eligibility as a Person Covered by Medical Insurance (meaning the Person Covered by Medical Insurance prescribed in Article 16, paragraph (7) of the Order; the same applies in Article 71-8) during the accounting period (meaning the accounting period prescribed in Article 14-2, paragraph (1) of the Order; the same applies hereinafter) and does not become a Person Covered by Medical Insurance during the accounting period on or after the day on which the person lost the eligibility as a Person Covered by Medical Insurance, and the day specified by Order of the Order of the Ministry of Health, Labour and Welfare as set forth in that paragraph is the day preceding that day.

(Amount of Expenses Required for Medical Treatment or Medical Treatment Covered by Specified Disease Benefits Set Forth in Article 15, Paragraph (1), Item (ii), (iii) or (iv), Paragraph (2), Item (ii), (iii) or (iv), or Paragraph (5), Item (I), (b), (c) or (d), or Item (ii), (b), (c) or (d) of the Order)

Article 63 The amount of expenses calculated pursuant to the provisions of the Order of the Ministry of Health, Labour and Welfare set forth in Article 15, paragraph (1), item (ii), item (iii) or item (iv), paragraph (2), item (ii), item (iii) or item (iv), or paragraph (5), item (i), (b), (c) or (d), or item (ii), (b), (c) or (d) of the Order is the amount specified in the following items or the total sum of those amounts, according to the classification of the amounts set forth in the

following items pertaining to medical treatment or medical treatment covered by specified disease benefits pertaining to the sum of the amounts set forth in the items of Article 14, paragraph (1) of the Order:

- (i) the amount set forth in Article 14, paragraph (1), item (i), (a) and (b) of the Order: the amount of costs calculated pursuant to the provisions of Article 70, paragraph (1) or (2) of the Act;
- (ii) the amount listed in Article 14, paragraph (1), item (i), (c) and (d) of the Order: the amount of expenses calculated for the medical treatment with regard to payment of medical expenses combined with treatment outside insurance coverage (when the amount exceeds the amount of expenses actually incurred in the medical treatment, the amount of expenses actually incurred in the medical treatment);
- (iii) the amount listed in Article 14, paragraph (1), item (i), sub-items (e) and (f) of the Order: the amount of expenses calculated pursuant to the provisions of Article 77, paragraph (3) of the Act (when the amount exceeds the amount of expenses actually incurred in the medical treatment, the amount of expenses actually incurred);
- (iv) the amount listed in Article 14, paragraph (1), item (i), (g) and (h) of the Order: the amount of expenses calculated for medical treatment with respect to the payment of medical expenses for home-nursing;
- (v) the amount listed in Article 14, paragraph (1), item (i), (I) and (j) of the Order: the amount of expenses calculated for the medical treatment with regard to the payment of special medical expenses (when the amount exceeds the amount of expenses actually incurred in the medical treatment, the amount of expenses actually incurred).

(Person Requiring Public Assistance Specified by Order of the Order of the Ministry of Health, Labour and Welfare Referred to in Article 15, Paragraph (1), Item (v) of the Order)

Article 64 A person specified by a Order of the Ministry of Health, Labour and Welfare as set forth in Article 15, paragraph (1), item (v) of the Order is to be a person who receives payment of high-cost medical expenses pursuant to the provisions of Article 14, paragraph (1) of the Order and who, as a person subject to the provisions of Article 35, item (i), will come to no longer require public assistance under the Public Assistance Act if the amount of the standard co-payment for dietary treatment is reduced, or a person who, as a person subject to the provisions of Article 40, item (i), will come to no longer require public assistance under the same Act if the amount of the standard co-payment for living support is reduced.

(Person Requiring Public Assistance Specified by Order of the Order of the

Ministry of Health, Labour and Welfare Referred to in Article 15, Paragraph (1), Item (vi) of the Order)

Article 65 A person specified by a Order of the Ministry of Health, Labour and Welfare as set forth in Article 15, paragraph (1), item (vi) of the Order is to be a person who receives payment of high-cost medical expenses pursuant to the provisions of Article 14, paragraph (1) of the Order and who, as a person subject to the provisions of Article 35, item (ii), will come to no longer require public assistance under the Public Assistance Act if the amount of the standard co-payment for dietary treatment is reduced, or a person who, as a person subject to the provisions of Article 40, item (ii) or item (iii), will come to no longer require public assistance under the same Act if the amount of the standard co-payment for living support is reduced.

(Calculation of the Amount of Expenses Required for Medical Treatment Set Forth in Article 16, Paragraph (1), Item (I), (b), (c) or (d) or Item (ii), (b), (c) or (d) of the Order)

Article 66 The provisions of Article 63 apply mutatis mutandis to the amount of expenses required for medical treatment calculated as specified by Order of the Order of the Ministry of Health, Labour and Welfare referred to in Article 16, paragraph (1), item (i), (b), (c), or (d) or item (ii), (b), (c), or (d) of the Order.

(Approval of Application of Limit Amount)

Article 66-2 (1) When a insured falls under any of the persons listed in Article 15, paragraph (1), item (iii) or (iv), or paragraph (2), item (iii) or (iv) of the Order, the Association of Medical Care Systems for the Elderly Aged 75 and older must grant certification of a Association of Medical Care Systems for the Elderly Aged 75 and older under Article 16, paragraph (1), item (i), (c) or (d), or item (ii), (c) or (d) of the Order (hereinafter referred to as "certification" in this Article) by setting a validity period.

(2) If a Association of Medical Care Systems for the Elderly Aged 75 and older receives the submission of a written application from an accredited insured that intends to receive the issuance of a written confirmation of eligibility that includes the certification, it must issue a written confirmation of eligibility that includes the certification.

(3) A insured that has been issued a written confirmation of eligibility pursuant to the provisions of the preceding paragraph must return the written confirmation of eligibility to the Association of Medical Care Systems for the Elderly Aged 75 and older without delay if it has come to fall under any of the following items.

(i) if the person has lost eligibility as a insured Site;

(ii) when the person set forth in Article 16, paragraph (1), item (i), (c) of the

Order has ceased to fall under the person set forth in Article 15, paragraph (1), item (iii) of the Order, when the person set forth in Article 16, paragraph (1), item (i), (d) of the Order has ceased to fall under the person set forth in Article 15, paragraph (1), item (iv) of the Order, when the person set forth in Article 16, paragraph (1), item (ii), (c) of the Order has ceased to fall under the person set forth in Article 15, paragraph (2), item (iii) of the Order, or when the person set forth in Article 16, paragraph (1), item (ii), (d) of the Order has ceased to fall under the person set forth in Article 15, paragraph (2)

- (4) When a certified insured intends to receive medical treatment at medical institutions, etc., it must obtain confirmation that it has been certified at the medical institutions, etc. In this case, when a certified person has obtained confirmation that they are a insured by a method prescribed in Article 30-3 (excluding item (iii)) and intends to receive the medical treatment (excluding cases where it is possible to obtain electronic confirmation that they have been certified at the medical institutions, etc.), the certified person must submit a written confirmation of eligibility issued pursuant to the provisions of paragraph (2) to the medical institutions, etc.; provided, however, that this does not apply when there are unavoidable reasons.
- (5) In the case referred to in the proviso to the preceding paragraph, the insured must submit the written confirmation of eligibility that has been issued pursuant to the provisions of paragraph (2) to the relevant medical institutions, etc. without delay, when the grounds have ceased to exist.
- (6) A written confirmation of competency issued pursuant to the provisions of paragraph (2) pertaining to the insured pertaining to the notification must be attached to the written notification prescribed in Articles 22 through 26 pertaining to the certified insured.

(Approval of the Application of Limit Amounts and Reduction of Standard Dues)

- Article 67 (1) If a insured falls under any of the persons set forth in Article 15, paragraph (1), item (v) or (vi), paragraph (2), item (v) or (vi), or paragraph (3), item (ii) of the Order, or falls under Article 14, paragraph (7) of the Order, the Association of Medical Care Systems for the Elderly Aged 75 and older must grant certification of a Association of Medical Care Systems for the Elderly Aged 75 and older under Article 16, paragraph (1), item (i), (e) or (f), item (ii), (e) or (f), item (iii), (b), or item (iv) of the Order (hereinafter referred to as "certification" in this Article) by setting a validity period.
- (2) If a Association of Medical Care Systems for the Elderly Aged 75 and older receives the submission of a written application from an accredited insured that intends to receive the issuance of a written confirmation of eligibility that

includes the certification, it must issue a written confirmation of eligibility that includes the certification.

- (3) A insured that has been issued a written confirmation of eligibility pursuant to the provisions of the preceding paragraph must return the written confirmation of eligibility to the Association of Medical Care Systems for the Elderly Aged 75 and older without delay if it has come to fall under any of the following items.
- (i) if the person has lost eligibility as a insured Site;
 - (ii) when a person set forth in Article 16, paragraph (1), item (i), (e) of the Order has ceased to fall under a person set forth in Article 15, paragraph (1), item (v) of the Order, when a person set forth in Article 16, paragraph (1), item (i), (f) of the Order has ceased to fall under a person set forth in Article 15, paragraph (1), item (vi) of the Order, when a person set forth in Article 16, paragraph (1), item (ii), (e) of the Order has ceased to fall under a person set forth in Article 15, paragraph (2), item (v) of the Order, when a person set forth in Article 16, paragraph (1), item (ii), (f) of the Order has ceased to fall under a person set forth in Article 15, paragraph (2), item (vi) of the Order, when a person set forth in Article 16, paragraph (1), item (iii), (b) of the Order has ceased to fall under a person set forth in Article 15, paragraph (3), item (ii) of the Order, or when a.
- (4) When a certified insured intends to receive medical treatment at medical institutions, etc., it must obtain confirmation that it has been certified at the medical institutions, etc. In this case, when a certified person has obtained confirmation that they are a insured by a method prescribed in Article 30-3 (excluding item (iii)) and intends to receive the medical treatment (excluding cases where it is possible to obtain electronic confirmation that they have been certified at the medical institutions, etc.), the certified person must submit a written confirmation of eligibility issued pursuant to the provisions of paragraph (2) to the medical institutions, etc.; provided, however, that this does not apply when there are unavoidable reasons.
- (5) In the case referred to in the proviso to the preceding paragraph, the insured must submit the written confirmation of eligibility that has been issued pursuant to the provisions of paragraph (2) to the relevant medical institutions, etc. without delay, when the grounds have ceased to exist.
- (6) A written confirmation of competency issued pursuant to the provisions of paragraph (2) pertaining to the insured pertaining to the notification must be attached to the written notification prescribed in Articles 22 through 26 pertaining to the certified insured.

(Benefits Related to Medical Services Specified by Order of the Ministry of Health, Labour and Welfare as Referred to in Article 16, Paragraph (3) of the

Order)

Article 68 Benefits for medical services specified by Order of the Order of the Ministry of Health, Labour and Welfare referred to in Article 16, paragraph (3) of the Order are as follows:

- (i) act on Providing Comprehensive Support for the Daily Life and Life in Society of Persons with Disabilities: payment of medical expenses for services and supports for persons with disabilities set forth in Article 58, paragraph (1), medical care treatment expenses set forth in Article 70, paragraph (1) of the same Act, or appropriate medical care treatment expenses set forth in Article 71, paragraph (1) of the same Act;
- (ii) act on Mental Health and Welfare for Persons with Mental Disorders or Disabilities: benefits related to medical services for which expenses are borne pursuant to the provisions of Article 30, paragraph (1);
- (iii) benefits related to medical services for which expenses are borne pursuant to the provisions of Article 58-17, paragraph (1) of the Narcotics and Psychotropics Control Act;
- (iv) act on the Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases: benefits related to medical care for which expenses are borne pursuant to the provisions of Article 37, paragraph (1), Article 37-2, paragraph (1), or Article 44-3-2, paragraph (1), or the payment of expenses required for the medical care;
- (v) payment of medical expenses referred to in Article 4, paragraph (1) of the Act on Asbestos Health Damage Relief;
- (v)-2 payment of periodic inspection expenses referred to in Article 12, paragraph (1) of the Act on Special Measures Concerning Payment of Benefits for Specified Hepatitis B Virus-Infected Persons;
- (v)-3 payment of specific medical expenses referred to in Article 5, paragraph (1) of the Act on Medical Care for Patients with Intractable Diseases;
- (vi) benefits related to medical services specified by the Minister of Health, Labour and Welfare pursuant to the provisions of Article 27-15, paragraph (1), item (viii) of the Regulation for Enforcement of the National Health Insurance Act.

Article 69 Deleted

(Application for Payment of Monthly High-Cost Medical Expenses)

Article 70 (1) An insured that intends to receive payment of high-cost medical expenses pursuant to the provisions of Article 84 of the Act (limited to high-cost medical expenses to be paid pursuant to the provisions of Article 14 of the Order; hereinafter the same applies in this Article) must submit a written application stating the following matters to the Association of Medical Care

Systems for the Elderly Aged 75 and older.

- (i) insured number;
 - (ii) individual Number;
 - (iii) when the medical treatment pertaining to the amount to be combined pursuant to the provisions of Article 14, paragraph (1), paragraph (2) or paragraph (3) of the Order is the specific medical treatment subject to benefits prescribed in paragraph (1), item (ii) of the same Article, a statement to that effect and the amount.
- (2) With regard to the amount set forth in item (iii) of the preceding paragraph, a document evidencing that fact must be attached to the written application referred to in that paragraph.
- (3) When medical treatment pertaining to high-cost medical expenses falls under any of Article 14, paragraph (7) of the Order or Article 15, paragraph (1), item (v) or (vi), a insured must attach a document proving the fact to the written application prescribed in paragraph (1).

(Application for Payment of Annual High-Cost Medical Expenses)

Article 70-2 (1) An insured on the reference date that intends to receive payment of high-cost medical expenses (limited to high-cost medical expenses paid pursuant to the provisions of Article 14-2, paragraph (1) of the Order; hereinafter the same applies in this Article) pursuant to the provisions of Article 84 of the Act (hereinafter referred to as "applicants" in this Article) must submit a written application stating the following matters to the Association of Medical Care Systems for the Elderly Aged 75 and older.

- (i) insured number;
 - (ii) the name and Individual Number of the applicant;
 - (iii) the time of commencement and expiration of the accounting period;
 - (iv) the year and month in which the applicant received outpatient treatment pertaining to high-cost medical treatment during the period when the applicant was an insured for late-stage elderly medical care provided by the Association of Medical Care Systems for the Elderly Aged 75 and older during the accounting period;
 - (v) the name and membership period of the medical insurers (meaning insurers other than the relevant Association of Medical Care Systems for the Elderly Aged 75 and older and insurers prescribed in Article 7, paragraph (2) of the Act; the same applies hereinafter) to which the insured for Households with Base Dates was a member during the accounting period; Association of Medical Care Systems for the Elderly Aged 75 and older
- (2) The following documents must be attached to the written application prescribed in the preceding paragraph; provided, however, that the certificate set forth in item (i) may be omitted in cases where the amount to be stated is

zero and the written application prescribed in the preceding paragraph states to that effect, or in cases where an Association of Medical Care Systems for the Elderly Aged 75 and older receives information on the amounts set forth in Article 14-2, paragraph (1), items (ii) through (iv) of the Order from a medical insurer set forth in item (v) of the same paragraph, and the insurer may have the document certifying the income category set forth in item (ii) omitted when the income category can be confirmed by a public register, etc. or a copy thereof:

- (i) a certificate concerning the amount set forth in Article 14-2, paragraph (1), items (ii) through (iv) of the Order;
 - (ii) a document certifying the income category of the applicant as of the base date.
- (3) A Association of Medical Care Systems for the Elderly Aged 75 and older that has received the submission of a written application under paragraph (1) must notify the person who issued the identification card referred to in item (i) of the preceding paragraph or the person who provided the data prescribed in the proviso to that paragraph of the following particulars without delay:
- (i) the Grand Total insured on the Base Date prescribed in Article 14-2, paragraph (1) of the Order which is applied to the applicants;
 - (ii) other particulars necessary for the payment of high-cost medical expenses.

(Application for Payment of Annual High-Cost Medical Expenses and Issuance of Certificate)

Article 70-3 (1) An insured that intends to receive payment of high-cost medical expenses (limited to high-cost medical expenses to be paid pursuant to the provisions of Article 14-2, paragraphs (2) through (4) of the Order; hereinafter the same applies in this Article) pursuant to the provisions of Article 84 of the Act (hereinafter referred to as "applicants" in this Article) must submit a written application stating the following matters to the Association of Medical Care Systems for the Elderly Aged 75 and older; provided, however, that this does not apply when the amount set forth in paragraph (3), item (iv) is zero.

- (i) insured number;
 - (ii) the name and Individual Number of the applicant;
 - (iii) the time of commencement and expiration of the accounting period;
 - (iv) the name of the medical insurer that joined as of the base date;
 - (v) the year and month in which the applicant received outpatient treatment pertaining to high-cost medical care during the period when the applicant was an insured of the relevant Association of Medical Care Systems for the Elderly Aged 75 and older during the accounting period.
- (2) The written application referred to in the preceding paragraph must be accompanied by a document evidencing the applicant's income category as of

the base date.

(3) If the Association of Medical Care Systems for the Elderly Aged 75 and older receives the submission of a written application under paragraph (1), it must issue a certification stating the following particulars to the insured; provided, however, that this does not apply to cases falling under the case prescribed in paragraph (6).

(i) insured number;

(ii) the name of the applicant;

(iii) the period during which the applicant was an insured of the relevant Association of Medical Care Systems for the Elderly Aged 75 and older during the accounting period;

(iv) the total sum prescribed in Article 14-2, paragraph (1), item (i) of the Order pertaining to the outpatient treatment that the applicants received as an insured of the Association of Medical Care Systems for the Elderly Aged 75 and older (excluding the case where the provisions of Article 67, paragraph (1), item (iii) of the Act apply) during the accounting period (limited to the period when the applicants were an insured of the Association of Medical Care Systems for the Elderly Aged 75 and older);

(v) the name and location of the business Association of Medical Care Systems for the Elderly Aged 75 and older;

(vi) other necessary matters.

(4) If a medical insurer as set forth in paragraph (1), item (iv) does not give notice of the necessary particulars for the payment of high-cost medical expenses within two years from the day following the base date for the application, and the Association of Medical Care Systems for the Elderly Aged 75 and older that has received a written application submitted pursuant to the provisions of paragraph (1) confirms the application with the applicants, etc., the medical institution may deem that the written application has not been submitted.

(5) If a Association of Medical Care Systems for the Elderly Aged 75 and older receives an application for the issuance of the identification card referred to in paragraph (3) that is necessary for calculating the amount of high-cost medical expenses, etc. for a person subject to settlement (meaning a person who has died partway through the accounting period or any other person equivalent thereto; hereinafter the same applies in this paragraph) from a person who was formerly an insured of the Association of Medical Care Systems for the Elderly Aged 75 and older (excluding the person subject to settlement), the medical institution must issue the identification card to that person.

(6) The written application referred to in paragraph (1) may be submitted via a medical insurer set forth in item (iv) of the same paragraph. In this case, the Association of Medical Care Systems for the Elderly Aged 75 and older that

receives the submission of the written application via the medical insurer must provide the medical insurer with information concerning the matters set forth in paragraph (3), item (i) and items (iii) through (vi).

(Application Mutatis Mutandis)

Article 71 The provisions of Article 46 apply mutatis mutandis when the grounds for payment of high-cost medical expenses (limited to high-cost medical expenses to be paid pursuant to the provisions of Article 14 of the Order) are caused by an act of a third party.

(Amount Calculated as Specified by Order of Order of the Ministry of Health, Labour and Welfare Referred to in Article 16-2, Paragraph (1), Item (iii) of the Order)

Article 71-2 The amount calculated pursuant to the provisions of the Order of the Ministry of Health, Labour and Welfare set forth in Article 16-2, paragraph (1), item (iii) of the Order is to be the amount listed in Column 2 of the following table pertaining to the medical treatment received by the insured of a Household with a Base Date during the relevant period or the medical treatment received by a Dependent Person, etc. of the insured of a Household with a Base Date while the Dependent Person, etc. was the Dependent Person, etc. of the Dependent Person, according to the category of the period listed in Column 1 of the same table to which the Region of a Household with a Base Date corresponds during the accounting period

	Column 1	Column 2
(i)	Period during which the insured was covered by health insurance	The total sum prescribed in Article 43-2, paragraph (1), item (i) of the Order for Enforcement of the Health Insurance Act
(ii)	Period during which the insured was a Specially-Permitted Day Laborer	The total sum prescribed in Article 43-2, paragraph (1), item (i) of the Order for Enforcement of the Health Insurance Act as applied mutatis mutandis pursuant to Article 44, paragraph (6) of the same Order
(iii)	The period during which the insured was covered by mariners' insurance	The total sum prescribed in Article 11, paragraph (1), item (i) of the Order for Enforcement of the Mariners Insurance Act

(vi)	Period during which a person served as a member of mutual aid association under the provisions of the National Public Officers mutual aid association Act (excluding Self-Defense Officials, etc. prescribed in Article 17-3, paragraph (1) of the Order for Enforcement of the Act on Remuneration, etc. of the Ministry of Defense (Cabinet Order No. 368 of 1952) (hereinafter referred to as "Self-Defense Officials, etc.))	The total sum prescribed in Article 11-3-6-2, paragraph (1), item (i) of the Order for Enforcement of the National Public Officers mutual aid association Act
(v)	Period of Service as a Self-Defense Forces Personnel	The total sum prescribed in Article 17-6-4, paragraph (1), item (i) of the Order for Enforcement of the Act on Remuneration of Ministry of Defense Personnel
(vi)	Period during which a person was a partner of a mutual aid association based on the provisions of the local public employee mutual aid association Act	Local public employee, etc.: the total sum prescribed in Article 23-3-6, paragraph (1), item (i) of the Order for Enforcement of the mutual aid association Act;
(vii)	The period during which the person was a member of the Private School Teachers mutual aid system under the provisions of the Private School Mutual Aid Act	The total sum prescribed in Article 11-3-6-2, paragraph (1), item (i) of the Order for Enforcement of the National Public Officers' mutual aid association Act as applied mutatis mutandis pursuant to Article 6 of the Order for Enforcement of the Private School Teachers Mutual Aid Act

(viii)	The period during which the person was the Householder, etc. of a national health insurance plan (in cases where the person is not a insured covered by a national health insurance plan as of the Base Date (excluding cases where all insured covered by a national health insurance plan that belong to the same household as the person as of the Base Date fall under the cases set forth in Article 29-4-4, paragraph (1) of the Order for Enforcement of the National Health Insurance Act), excluding the period during which the person was the Householder, etc. of a national health insurance plan continuously until the Base Date in the accounting period);	The total sum prescribed in Article 29-4-2, paragraph (1), item (i) of the Order for Enforcement of the National Health Insurance Act
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(Date Specified by Order of the Ministry of Health, Labour and Welfare as Referred to in Article 16-2, Paragraph (2) of the Order)

Article 71-3 The day specified by Order of the Ministry of Health, Labour and Welfare as referred to in Article 16-2, paragraph (2) of the Order is the first day of the month in which the base date falls or any other equivalent day.

(Amount Equivalent to the Amount Set Forth in the Items of Paragraph (1) Calculated Pursuant to the Provisions of Order of the Ministry of Health, Labour and Welfare Referred to in Article 16-2, Paragraph (4) of the Order)

Article 71-4 The amount equivalent to the amount set forth in the items of Article 16-2, paragraph (1) of the Order as calculated pursuant to the provisions of the Prefectural or Municipal Order of the Ministry of Health, Labour and Welfare referred to in paragraph (4) of that Article is the amount set forth in column 2 of the following table according to the category of the person set forth in column 1 of that table to which the person who was a insured corresponds as of the base date.

	Column 1	Column 2
(i)	Insured covered by health insurance or their dependents	The amounts set forth in the items of Article 43-2, paragraph (1) of the Order for Enforcement of the Health Insurance Act (including as applied mutatis mutandis pursuant to paragraph (3) of that Article);

(ii)	Specially-Permitted Day Laborer insured or a dependent thereof	The amounts listed in the items of Article 43-2, paragraph (1) of the Order for Enforcement of the Health Insurance Act as applied mutatis mutandis pursuant to Article 44, paragraph (5) of the same Order (including the cases where applied mutatis mutandis pursuant to Article 43-2, paragraph (3) of the same Order as applied mutatis mutandis pursuant to Article 44, paragraph (5) of the same Order)
(iii)	Insured covered by mariners' insurance or their dependents	The amounts set forth in the items of Article 11, paragraph (1) of the Order for Enforcement of the Mariners Insurance Act (including as applied mutatis mutandis pursuant to paragraph (3) of that Article);
(iv)	A member of a mutual aid association pursuant to the provisions of the National Public Officers mutual aid association Act (excluding Self-Defense Officials, etc.) or a dependent thereof (including a dependent of Self-Defense Officials, etc.)	The amounts listed in the items of Article 11-3-6-2, paragraph (1) of the Order for Enforcement of the National Public Officers mutual aid association Act (including the cases where it is applied mutatis mutandis pursuant to paragraph (3) of the same Article)
(v)	Self-Defense Officials	The amounts listed in the items of Article 17-6-4, paragraph (1) of the Order for Enforcement of the Act on Remuneration of Ministry of Defense Personnel
(vi)	A member of a mutual aid association pursuant to the provisions of the local public employee mutual aid association Act or a dependent of such member	The amounts listed in the items of Article 23-3-6, paragraph (1) of the Order for Enforcement of the local public employee and Harbour mutual aid association Act (including the cases where applied mutatis mutandis pursuant to paragraph (3) of the same Article)

(vii)	A member of the Private School Teachers mutual aid system under the provisions of the Private School Mutual Aid Association Act or their dependent	The amounts listed in the items of Article 11-3-6-2, paragraph (1) of the Order for Enforcement of the National Public Officers mutual aid association Act as applied mutatis mutandis pursuant to Article 6 of the Order for Enforcement of the Private School Teachers Mutual Aid Act (including the cases where it is applied mutatis mutandis pursuant to Article 11-3-6-2, paragraph (3) of the Order for Enforcement of the National Public Officers mutual aid association Act as applied mutatis mutandis pursuant to Article 6 of the Order for Enforcement of the Private School Teachers Mutual Aid
(viii)	Insured covered by national health insurance (excluding a person who falls under the case set forth in Article 29-4-4, paragraph (1) of the Order for Enforcement of the National Health Insurance Act)	The amounts set forth in the items of Article 29-4-2, paragraph (1) of the Order for Enforcement of the National Health Insurance Act (including as applied mutatis mutandis pursuant to paragraph (3) of that Article);

(Amount Calculated as Specified by Order of Order of the Ministry of Health, Labour and Welfare Referred to in Article 16-2, Paragraph (6) of the Order)

Article 71-5 The amount calculated pursuant to the provisions of Prefectural or Municipal Order of the Ministry of Health, Labour and Welfare referred to in Article 16-2, paragraph (6) of the Order is the amount calculated pursuant to the provisions of the following Article as applied by replacing the amounts set forth in the second column of the row in the table of the preceding Article set forth in the left-hand column of the following table with the amounts set forth in the right-hand column of the following table, respectively.

Paragraph (1)	The amount calculated pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare set forth in Article 43-2, paragraph (2) of the Order for Enforcement of the Health Insurance Act
Paragraph (2)	The amount calculated pursuant to the provisions of the Order of the Ministry of Health, Labour and Welfare set forth in Article 43-2, paragraph (2) of the Order for Enforcement of the Health Insurance Act as applied mutatis mutandis pursuant to Article 44, paragraph (5) of the same Order

Paragraph (3)	The amount calculated as provided for by Order of the Ministry of Health, Labour and Welfare set forth in Article 11, paragraph (2) of the Order for Enforcement of the Mariners Insurance Act
Paragraphs (4) and (5)	Amount calculated pursuant to the provisions of mutual aid association set forth in Article 11-3-6-2, paragraph (2) of the Order for Enforcement of the National Public Officers Ministry of Finance Order Act
Paragraph (6)	Local public employee, etc.: the amount calculated pursuant to the provisions of Prefectural or Municipal Order of the Ministry of Internal Affairs and Communications referred to in Article 23-3-6, paragraph (2) of the Order for Enforcement of the mutual aid association Act;
Paragraph (7)	The amount calculated pursuant to the provisions of the mutual aid association set forth in Article 11-3-6-2, paragraph (2) of the Order for Enforcement of the National Public Officers' Order of the Ministry of Education, Culture, Sports, Science and Technology Act as applied mutatis mutandis pursuant to Article 6 of the Order for Enforcement of the Private School Teachers Mutual Aid Act
Paragraph (8)	The amount calculated pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare set forth in Article 29-4-2, paragraph (2) of the Order for Enforcement of the National Health Insurance Act

(Date Specified by Order of the Ministry of Health, Labour and Welfare

Referred to in Article 16-3, Paragraph (1), Item (vi) of the Order)

Article 71-6 The days specified by Order of the Ministry of Health, Labour and Welfare referred to in Article 16-3, paragraph (1), item (vi) of the Order are the days specified in Article 71-3.

(Replacement of Terms Concerning the Base Amount for Calculating Total

Long-Term Care and the Base Amount for Calculating Total Long-Term Care for)

Article 71-7 In the case where the provisions listed in the middle column or the right column of the table of Article 16-3, paragraph (3) of the Order are applied mutatis mutandis pursuant to the provisions of the same paragraph, the terms listed in the middle column of the following table which are used in the provisions listed in the left column of the same table are deemed to be replaced with the terms listed in the right column of the same table.

Article 43-3, paragraphs (1) and (2) of the Order for Enforcement of the Health Insurance Act	Persons listed in the following items	A person prescribed in Article 16-2, paragraph (4) of the Order for Enforcement of the Act on Assurance of Medical Care for Elderly People who is a insured as of the Reference Date: the person set forth in the following items; or a dependent of a insured as of the Reference Date: the insured set forth in the following items:
Article 43-3, paragraphs (1) and (2) of the Order for Enforcement of the Health Insurance Act which are applied mutatis mutandis pursuant to Article 44, paragraph (5) of the same Order	Persons listed in the following items	In the case of a person prescribed in Article 16-2, paragraph (4) of the Order for Enforcement of the Act on Assurance of Medical Care for Elderly People who is a specially-insured day laborer insured (meaning a specially-insured day laborer insured prescribed in Article 41-2, paragraph (9); hereinafter the same applies in this paragraph) as of the base date, the person set forth in the following items, and in the case of a dependent of a specially-insured day laborer insured as of the base date, the specially-insured day laborer insured set forth in the following items:
	Paragraph (1) of the following Article	Article 44, paragraph (7)
Article 12, paragraphs (1) and (2) of the Order for Enforcement of the Mariners Insurance Act	Persons listed in the following items	A person prescribed in Article 16-2, paragraph (4) of the Order for Enforcement of the Act on Assurance of Medical Care for Elderly People who is a insured as of the base date is a dependent of the person listed in the following items, and a person who is a dependent of a insured as of the base date is a dependent of the insured listed in the following items:
Article 11-3-6-3, paragraphs (1) and (2) of the Order for Enforcement of the National Public Officers' mutual aid association Act	Persons listed in the following items	In the case of a person prescribed in Article 16-2, paragraph (4) of the Order for Enforcement of the Act on Assurance of Medical Care for Elderly People who is a member as of the base date, the person set forth in the following items, and in the case of a dependent of the member as of the base date, the member set forth in the following items:

Article 17-6-5, paragraph (1) of the Order for Enforcement of the Act on Remuneration of Ministry of Defense Personnel	Persons listed in the following items	A person set forth in the following items who is a person prescribed in Article 16-2, paragraph (4) of the Order for Enforcement of the Act on Assurance of Medical Care for Elderly People and who is a Self-Defense Forces personnel, etc. as of the base date:
Article 23-3-7, paragraphs (1) and (2) of the Order for Enforcement of the local public employee and Harbour mutual aid association Act	Persons listed in the following items	In the case of a person prescribed in Article 16-2, paragraph (4) of the Order for Enforcement of the Act on Assurance of Medical Care for Elderly People who is a member as of the base date, the person set forth in the following items, and in the case of a dependent of the member as of the base date, the member set forth in the following items:
Article 11-3-6-3, paragraphs (1) and (2) of the Order for Enforcement of the National Public Officers' mutual aid association Act as applied mutatis mutandis pursuant to Article 6 of the Order for Enforcement of the Private School Teachers Mutual Aid Act	Persons listed in the following items	A person prescribed in Article 16-2, paragraph (4) of the Order for Enforcement of the Act on Assurance of Medical Care for Elderly People who is a Participant as of the Reference Date: the person set forth in the following items; or a person who is a dependent of the Participant as of the Reference Date: the Participant set forth in the following items:
Article 29-4-3, paragraphs (1) and (3) of the Order for Enforcement of the National Health Insurance Act	With the Household of National Health Insurance	A person prescribed in Article 16-2, paragraph (4) of the Order for Enforcement of the Act on Assurance of Medical Care for Elderly People who is an insured on the Reference Date

	Householder of National Health Insurance and	Head of Household, etc. under National Health Insurance of the household to which a person prescribed in Article 16-2, paragraph (4) of the Order for Enforcement of the Act on Assurance of Medical Care for Elderly People who is an insured as of the Base Date belongs, and
	Insured	A person prescribed in Article 16-2, paragraph (4) of the Order for Enforcement of the Act on Assurance of Medical Care for Elderly People who is an insured as of the base date

(Cases Specified by Order of Order of the Ministry of Health, Labour and Welfare as Referred to in Article 16-4, Paragraph (1) of the Order and the Date Specified by Order of Order of the Ministry of Health, Labour and Welfare)

Article 71-8 A case specified by Order of the Ministry of Health, Labour and Welfare as set forth in Article 16-4, paragraph (1) of the Order is a case where a person who used to be an insured for the medical care for the elderly provided by the Association of Medical Care Systems for the Elderly Aged 75 and older lost eligibility as an Person Covered by Medical Insurance during the accounting period and does not become an Person Covered by Medical Insurance during the accounting period after the day on which the person lost eligibility as an Person Covered by Medical Insurance, and the day specified by Order of the Ministry of Health, Labour and Welfare as set forth in Article 16-4, paragraph (1) of the Order is the day preceding the day.

(Application for Payment of Sizable medical and nursing expenses)

Article 71-9 (1) insured on the reference date prescribed in Article 16-2, paragraph (1), item (i) of the Order (hereinafter referred to as "applicants" in this Article) who intend to receive payment of an Sizable medical and nursing expenses pursuant to the provisions of Article 85 of the Act must submit a written application stating the following matters to the Association of Medical Care Systems for the Elderly Aged 75 and older.

- (i) insured number;
- (ii) the name and Individual Number of the applicant;
- (iii) the time of commencement and expiration of the accounting period;
- (iv) the year and month in which the applicant received medical treatment pertaining to the Sizable medical and nursing expenses during the period when the applicant was a insured for late-stage elderly medical care provided by the Association of Medical Care Systems for the Elderly Aged 75 and older during the accounting period;
- (v) the name and enrollment period of the medical insurers and long-term care

insurers (meaning a Municipality that provides Long-Term Care Insurance pursuant to the provisions of Article 3 of Long-Term Care Insurance Act; the same applies in the following paragraph) to which the insured for Households with Base Date belonged during the accounting period.

- (2) The written application prescribed in the preceding paragraph must be attached with certificates of the amounts set forth in Article 16-2, paragraph (1), items (ii) through (v) of the Order respectively; provided, however, that if the amount to be stated in the certificates is zero and the written application prescribed in the preceding paragraph states to that effect, or if the Association of Medical Care Systems for the Elderly Aged 75 and older receives the provision of information on the amounts set forth in Article 16-2, paragraph (1), items (ii) through (v) of the Order from medical insurers and long-term care insurers set forth in item (v) of the same paragraph, the attachment may be omitted.
- (3) When an applicant falls under any of Article 16-2, paragraph (2), or Article 16-3, paragraph (1), item (v) or (vi) of the Order, the applicant must attach a document certifying to that effect to the written application prescribed in paragraph (1).
- (4) A Association of Medical Care Systems for the Elderly Aged 75 and older that has received a written application submitted pursuant to the provisions of paragraph (1) must notify, without delay, the person who issued the identification card referred to in the main clause of paragraph (2) or the person who provided the data prescribed in the proviso of the same paragraph of the base amount for calculating the total amount of long-term care, the total household amount of co-payment for the total amount of long-term care, etc., and other matters necessary for payment of Sizable medical and nursing expenses, etc. (meaning Sizable medical and nursing expenses pursuant to the provisions of Article 85 of the Act or the Medical Insurance Acts, or High-Cost Long-Term Care and Medical Service Allowance or High-Cost Long-Term Prevention Care and Medical Service Allowance pursuant to the provisions of Long-Term Care Insurance Act; the same applies in paragraph (4) of the following Article) prescribed in Article 16-2, paragraph (1) of the Order that are applied to the person who submitted the written application.

(Application for Payment of Sizable medical and nursing expenses and Issuance of Certificates)

Article 71-10 (1) insured (meaning persons prescribed in Article 16-2, paragraphs (3) and (4) of the Order; hereinafter referred to as "applicants" in this Article) who intend to receive payment of Sizable medical and nursing expenses pursuant to the provisions of Article 85 of the Act must submit a written application stating the following matters to the Association of Medical

Care Systems for the Elderly Aged 75 and older; provided, however, that this does not apply when the amount set forth in item (iv) of the following paragraph is zero.

(i) insured number;

(ii) the name and Individual Number of the applicant;

(iii) the time of commencement and expiration of the accounting period;

(iv) the name of the medical insurer that joined as of the base date;

(v) the year and month in which the applicant received medical treatment pertaining to the Sizable medical and nursing expenses during the period when the applicant was a insured for late-stage elderly medical care provided by the Association of Medical Care Systems for the Elderly Aged 75 and older during the accounting period.

(2) If a Association of Medical Care Systems for the Elderly Aged 75 and older receives the submission of a written application under the provisions of the preceding paragraph, it must issue a certification stating the following particulars to insured; provided, however, that this does not apply to cases falling under the provisions of paragraph (5).

(i) insured number;

(ii) the name of the applicant;

(iii) the period during which the applicant was a insured for Old-Old Healthcare provided by the Association of Medical Care Systems for the Elderly Aged 75 and older during the accounting period;

(iv) the total sum prescribed in Article 16-2, paragraph (1), item (i) of the Order pertaining to the medical treatment received by the applicants during the period when they were an insured listed in the preceding item.

(v) the name and location of the business Association of Medical Care Systems for the Elderly Aged 75 and older;

(vi) other necessary matters.

(3) If a medical insurer set forth in paragraph (1), item (iv) does not notify the Association of Medical Care Systems for the Elderly Aged 75 and older that has received a written application under paragraph (1) of the matters necessary for the payment of a Sizable medical and nursing expenses within two years from the day following the base date for the application, and the medical institution has confirmed the application with the applicants, the medical institution may deem that the written application has not been submitted.

(4) If a Association of Medical Care Systems for the Elderly Aged 75 and older receives an application for issuance of the identification card set forth in paragraph (2) necessary for calculating the amount of Sizable medical and nursing expenses, etc. pertaining to a person subject to settlement (meaning a person who has died during the accounting period or any other person equivalent thereto; hereinafter the same applies in this paragraph) from a

person who used to be a insured for the medical care for elderly persons provided by the Association of Medical Care Systems for the Elderly Aged 75 and older (excluding the person subject to settlement), the medical institution must issue the identification card to the person.

- (5) The written application referred to in paragraph (1) may be submitted via a medical insurer set forth in item (iv) of the same paragraph. In this case, the Association of Medical Care Systems for the Elderly Aged 75 and older that receives the submission of the written application via the medical insurer must provide the medical insurer with information concerning the matters set forth in paragraph (2), item (i) and items (iii) through (vi).

Subsection 4 Restrictions on Late-Stage medical care benefit for the Elderly

(Period Specified by Order of the Order of the Ministry of Health, Labour and Welfare Referred to in Article 92, Paragraph (1) of the Act)

Article 72 The period specified by Order of the Ministry of Health, Labour and Welfare Order referred to in Article 92, paragraph (1) of the Act is one year and six months.

(Notification of Special Circumstances)

Article 73 If an Association of Medical Care Systems for the Elderly Aged 75 and older temporarily suspends the payment of all or part of the medical care benefit for Old-Old Persons, and there are special circumstances specified in Article 12-2 of the Order as applied mutatis mutandis pursuant to Article 17 of the Order, an insured must immediately submit a written notification containing the following matters to the Association of Medical Care Systems for the Elderly Aged 75 and older.

(i) insured number;

(ii) name and Individual Number;

(iii) the reason why the person is unable to pay insurance premiums.

(Suspension of Payment of a medical care benefit for Old-Old Persons)

Article 74 The amount of the late-stage elderly medical care benefit temporarily suspended by the Association of Medical Care Systems for the Elderly Aged 75 and older pursuant to the provisions of Article 92, paragraph (1) or paragraph (2) of the Act is not to be extremely large compared to the amount of delinquency.

(Deduction of the Amount of Delinquent Insurance Premiums from the Amount of medical care benefit for Old-Old Persons pertaining to Temporary

(Suspension)

Article 75 In accordance with the provisions of Article 92, paragraph (3) of the Act, the Association of Medical Care Systems for the Elderly Aged 75 and older must notify the medical care benefit in writing of the following matters in advance, when deducting the amount of delinquency from the amount of the insured for late-stage elderly pertaining to a temporary suspension:

- (i) a statement to the effect that the delinquent amount is deducted from the amount of the late-stage elderly medical care benefit pertaining to the temporary suspension pursuant to the provisions of Article 92, paragraph (3) of the Act;
- (ii) the amount of the medical care benefit for Old-Old Age pertaining to a temporary suspension;
- (iii) the amount of delinquency to be deducted and the payment due date related to the amount of delinquency.

Subsection 5 Miscellaneous Provisions

(Oral Application)

Article 76 (1) If a Association of Medical Care Systems for the Elderly Aged 75 and older finds that there are special circumstances under which it is unable to prepare a written application or notification with regard to an application or notification under the provisions of the preceding Section and this Section, it may take necessary measures in lieu of accepting the written application or notification, after having its official hear the oral statement of the person who made the application or notification.

- (2) The official who hears the statement set forth in the preceding paragraph must prepare a record of hearing based on the matters to be stated in accordance with the prescribed application form or written notification form, read it to the person who made the statement, and enter the person's name in the record.

(Matters to Be Stated in Written Applications)

Article 77 A written application or notification to be prepared in relation to an application or notification under the provisions of this Section must state the name and address of the applicant or notifier and the date of the application or notification.

(Omission of Attached Documents)

Article 78 (1) When facts to be clarified by documents to be attached to or presented in a written application or notification to be prepared in relation to an application or notification under the provisions of the preceding Section and

this Section can be confirmed based on a public register, etc., a Association of Medical Care Systems for the Elderly Aged 75 and older may have the attachment or presentation of the documents omitted.

- (2) Even in the case where a written opinion or a certificate must be attached to a written application or a written notification pursuant to the provisions of the preceding Section and this Section, if an appropriate entry has been made in the written application or the written notification, it is not necessary to attach the written opinion or the certificate.

(Review of Medical Bills)

Article 79 A medical fee bill must be reviewed by the last day of the month that includes the day on which the medical fee bill was submitted.

(Further Device)

Article 80 Any person who has complaints about the examination under the preceding Article may request a device to be re-created.

(Payment of Medical Fees)

Article 81 An Association of Medical Care Systems for the Elderly Aged 75 and older is to pay medical fees pertaining to a review to a medical institution providing services covered by health insurance, etc. or a designated home-nursing provider by the end of the month following the month that includes the day on which the review is completed.

(Notice of Dispositions Concerning a medical care benefit for Old-Old Persons)

Article 82 If a Association of Medical Care Systems for the Elderly Aged 75 and older has made a disposition regarding an medical care benefit for the elderly aged 75 or older, it must promptly notify the applicants or notifiers of the details in writing. In this case, if the disposition is disadvantageous to the applicants or notifiers, the reason therefor must be appended.

(Notification of Medical Expenses)

Article 82-2 When a Association of Medical Care Systems for the Elderly Aged 75 and older notifies a insured of the amount of medical expenses paid by the insured, it is standard to notify the following matters:

- (i) the name of the insured;
- (ii) the year and month in which the person received medical treatment;
- (iii) the name of the hospital, clinic, pharmacy or any other person where the person received the medical treatment;
- (iv) the amount of medical expenses paid by the insured;
- (v) the name of the business Association of Medical Care Systems for the

Elderly Aged 75 and older.

Section 4 Insurance Premiums

(Correction Method Specified by Order of the Ministry of Health, Labour and Welfare as Referred to in the Proviso to Article 18, Paragraph (1), Item (ii) of the Order)

- Article 83 (1) The adjustment of the amount of gross income, etc. after basic personal exemption set forth in the proviso to Article 18, paragraph (1), item (ii) of the Order (meaning the amount of gross income, etc. after basic personal exemption prescribed in the same item; the same applies hereinafter) is to be made by reducing the amount of gross income, etc. after basic personal exemption with regard to a insured for which the sum of the amount obtained by multiplying the amount of gross income, etc. after insured prior to adjustment by the equilibrium income tax rate and the amount of the per capita portion of the insurance premiums prescribed in item (i) of the same paragraph (hereinafter referred to as the "amount of insurance premiums before adjustment") exceeds the maximum amount of assessment (meaning the amount set forth in item (vi) of the same paragraph; the same applies in the following paragraph). basic personal exemption.
- (2) The equilibrium income tax rate set forth in the preceding paragraph is the rate obtained by making the calculation so that the total amount of income tax (meaning the total amount of income tax prescribed in Article 18, paragraph (3), item (iii) of the Order; the same applies hereinafter) pertaining to basic personal exemption out of the total amount of the assessment of insurance premiums for insured before the adjustment, which is obtained by calculating the amount obtained by multiplying the amount of gross income, etc. after insured before the adjustment by the equilibrium income tax rate as the Income Tax (meaning the Income Tax prescribed in Article 18, paragraph (1), item (ii) of the Order; the same applies hereinafter) (in the case where the amount of assessment exceeds the maximum amount of assessment, the amount of assessment calculated by setting the amount of assessment of insurance premiums for the insured as the maximum amount of assessment), is equal to the total amount of income tax out of the total amount of assessment prescribed in Article 18, paragraph (3), item (i) of the Order.

(Calculation Method of Income Tax Imposed on a insured in a Specified Region)

- Article 84 The Association of Medical Care Systems for the Elderly Aged 75 and older is to, when calculating the estimated total amount of the total amount of Income Tax to be imposed on Article 116, paragraph (2), item (i) in a Specified Area (meaning the insured in a Specified Area prescribed in the part other

than the items of Article 18, paragraph (1) of the Order; the same applies hereinafter) in each fiscal year during the Specified Period (meaning the Specified Period prescribed in the insured of the Act; the same applies hereinafter) referred to in Article 18, paragraph (1), item (ii), (a) of the Order, take into consideration the estimated total amount of Income Tax to be imposed on insured in a Specified Area in each fiscal year during the Specified Period calculated in accordance with the criteria set forth in Article 18, paragraph (2) of the Order, etc.

(Method of Calculating the Estimated Sum of the Total Amount of Gross Income after basic personal exemption)

Article 85 A Association of Medical Care Systems for the Elderly Aged 75 and older is to, when calculating the estimated total of the total amount of gross income, etc. after basic personal exemption for each fiscal year during the specified period set forth in Article 18, paragraph (1), item (ii), (b) of the Order, take into consideration the total amount of gross income, etc. after basic personal exemption for the Association of Medical Care Systems for the Elderly Aged 75 and older in each of the past fiscal years.

(Calculation Method for Per Capita Amount of insured)

Article 86 (1) The Association of Medical Care Systems for the Elderly Aged 75 and older is to, when calculating the estimated total of the total amount of the per capita portion of insured to be imposed on insured in a specified area for each fiscal year during the specified period set forth in Article 18, paragraph (1), item (iv) of the Order, take into consideration the estimated total amount of the per capita portion of insured to be imposed on insured in a specified area for each fiscal year during the specified period, which is calculated in accordance with the standards set forth in paragraph (2) of the same Article.

(2) The Association of Medical Care Systems for the Elderly Aged 75 and older is to, when calculating the prospective sum of the total number of insured in each fiscal year during the specified period set forth in Article 18, paragraph (1), item (iv) of the Order, take into consideration the number of insured in the Association of Medical Care Systems for the Elderly Aged 75 and older in each previous fiscal year, etc.

(Calculation Method of the Income Tax Rate for Specified Areas)

Article 87 The income tax rate for a Specified Area prescribed in Article 18, paragraph (2), item (iii) of the Order (referred to as the "Income Tax Rate for a Specified Area" in Article 5 of the Supplementary Provisions) is the rate specified by the Association of Medical Care Systems for the Elderly Aged 75 and older by taking into consideration the amount of expenses required for

benefits for medical treatment, etc. prescribed in Article 93, paragraph (1) of the Act in the past (referred to as the "Amount of Expenses Required for Benefits for Medical Treatment, etc." in the following Article) in the Specified Area (meaning an area that falls under the standards specified by the Minister of Health, Labour and Welfare of the the proviso to Article 104, paragraph (2) of the Act; the same applies in the following Article).

(Calculation Method of Per Capita Amount of insured Referred to in Article 18, Paragraph (2), Item (iv) of the Order)

Article 88 The per capita amount of a insured as prescribed in Article 18, paragraph (2), item (iv) of the Order is the amount specified by a Association of Medical Care Systems for the Elderly Aged 75 and older in consideration of the amount of expenses required for benefits, etc. for past medical treatment in the specified region.

(Calculation Method of Estimated Insurance Premiums Receipt Rate)

Article 89 In calculating the estimated rate of collection of insurance premiums (meaning the estimated rate of collection of insurance premiums prescribed in Article 18, paragraph (3), item (ii) of the Order; the same applies hereinafter), an Association of Medical Care Systems for the Elderly Aged 75 and older is to estimate the rate of collection of insurance premiums that are expected to be collected by the method of special collection (meaning the special collection prescribed in Article 107, paragraph (1) of the Act; the same applies hereinafter) by deeming that all of the amount of insurance premiums it has imposed will be collected, and is to estimate the rate of collection of insurance premiums that are expected to be collected by the method of general collection (meaning the general collection prescribed in the same paragraph; the same applies hereinafter) by taking into consideration the past record, etc. of the rate of collection pertaining to general collection in the municipality that has joined the Association of Medical Care Systems for the Elderly Aged 75 and older.

(Method of Calculating the Estimated Value of the Income Coefficient)

Article 90 A Association of Medical Care Systems for the Elderly Aged 75 and older is to, when calculating the prospective income coefficient prescribed in Article 18, paragraph (3), item (iii) of the Order (referred to as the "prospective income coefficient" in Article 8 of the Supplemental Provisions), take into consideration the income coefficient, etc. of the Association of Medical Care Systems for the Elderly Aged 75 and older for each of the past fiscal years.

(Date of Notice by Pension Insurers to Municipalities)

- Article 91 (1) Long-Term Care Insurance Act applied mutatis mutandis in Article 110 of the Act (hereinafter referred to as "Long-Term Care Insurance Act applied mutatis mutandis") The date specified by Order of the Ministry of Health, Labour and Welfare in Article 134, paragraph (1) is May 31 of the year that includes the first day of the relevant fiscal year.
- (2) The date specified by Order of the Order of the Ministry of Health, Labour and Welfare in Article 134, paragraph (2), Long-Term Care Insurance Act, as applied mutatis mutandis, is August 10 of the year that includes the first day of the relevant fiscal year.
- (3) The date to be specified by Order of the Order of the Ministry of Health, Labour and Welfare of Article 134, paragraph (3), Long-Term Care Insurance Act to be applied mutatis mutandis, is October 10 of the year in which the first day of the relevant fiscal year falls.
- (4) The date to be specified by Order of the Ministry of Health, Labour and Welfare Order of Article 134, paragraph (4), Long-Term Care Insurance Act, as applied mutatis mutandis, is December 10 of the year that includes the first day of the relevant fiscal year.
- (5) The date specified by Order of the Ministry of Health, Labour and Welfare Order of Article 134, paragraph (5), Long-Term Care Insurance Act applied mutatis mutandis, is February 10 of the year following the year that includes the first day of the relevant fiscal year.
- (6) The date to be specified by Order of the Order of the Ministry of Health, Labour and Welfare of Article 134, paragraph (6), Long-Term Care Insurance Act to be applied mutatis mutandis, is April 10 of the year following the year that includes the first day of the relevant fiscal year.

(Method of Calculating the Estimated Amount of Pension)

Article 92 (1) The prospective amount of pension prescribed in Article 134, paragraphs (2) through (6), Long-Term Care Insurance Act as Applied Mutatis Mutandis, is the amount specified in the following items in accordance with the categories set forth in the respective items:

- (i) long-Term Care Insurance Act applied mutatis mutandis: the estimated amount of pension prescribed in Article 134, paragraph (2): the amount obtained by dividing the total amount of old age, etc. pension benefit (meaning the old age, etc. Article 107, paragraph (2) prescribed in the pension benefit of the Act; the same applies hereinafter) to be received during the period from August 1 of the relevant year to May 31 of the following year by 10 and then multiplying the result by 12;
- (ii) long-Term Care Insurance Act Applied Mutatis Mutandis: the estimated amount of pension prescribed in Article 134, paragraph (3): the amount obtained by dividing the total amount of the Old Age pension benefit to be

- received during the period from October 1 of the relevant year to May 31 of the following year by 8 and then multiplying the result by 12;
- (iii) the estimated amount of pension prescribed in Article 134, paragraph (4), Long-Term Care Insurance Act as applied mutatis mutandis: the amount obtained by dividing by six the total amount of the old age, etc. pension benefit to be received during the period from December 1 of the relevant year to May 31 of the following year, and then multiplying the result by twelve;
 - (iv) long-Term Care Insurance Act to be Applied Mutatis Mutandis: the estimated amount of pension prescribed in Article 134, paragraph (5): the amount obtained by dividing by four the total amount of the old age, etc. pension benefit to be received during the period from February 1 to May 31 of the year following the relevant year, and then multiplying the result by twelve;
 - (v) long-Term Care Insurance Act to be Applied Mutatis Mutandis: the estimated amount of pension prescribed in Article 134, paragraph (6): the amount obtained by dividing by two the total amount of the old age, etc. pension benefit to be received during the period from April 1 to May 31 of the year following the relevant year, and then multiplying the result by twelve.
- (2) If the estimated amount of pension set forth in the items of the preceding paragraph includes a fraction of less than one yen, the amount obtained by rounding the fraction to the nearest whole number is to be the estimated amount of pension.

(Matters to Be Notified to Municipalities by Pension Insurers)

Article 93 The particulars specified by Order of the Ministry of Health, Labour and Welfare Order of the Article 134, paragraphs (1) through (6) of Long-Term Care Insurance Act, as applied mutatis mutandis, are as follows:

- (i) the sex and date of birth of the person to whom the notice under the provisions of Article 134, paragraphs (1) through (6), Long-Term Care Insurance Act as applied mutatis mutandis (hereinafter referred to as the "person subject to notice") pertains;
- (ii) the type and amount of the Old Age, etc., pension benefit which the Person Subject to a Notice is paid, and the name of the Pension Insurer (meaning the Pension Insurer prescribed in the Article 107, paragraph (1) of the Act) which makes the payment.

(Special Circumstances Specified by Order of the Order of the Ministry of Health, Labour and Welfare of Article 134, paragraph (1), item (ii), Long-Term Care Insurance Act, as Applied Mutatis Mutandis)

Article 94 The special circumstances specified by Order of the Order of the Ministry of Health, Labour and Welfare of Article 134, paragraph (1), item (ii),

Long-Term Care Insurance Act, as applied mutatis mutandis, are the case where the person has come to no longer receive payment of the old age, etc. pension benefit due to the existence of the following grounds, or the total amount of the old age, etc. pension benefit to be paid during the period from June 1 of the relevant year to May 31 of the following year is expected to be less than the amount specified in Article 22 of the Order:

- (i) payment of the relevant old age, etc., mutual aid association has been suspended pursuant to the provisions of Article 20 of the National Pension Act (Act No. 141 of 1959), Article 20 of the National Pension Act prior to the amendment by Article 1 of the National Pension Amendment Act of 1985 which is applied pursuant to the provisions of Article 11 or Article 32 of the Supplementary Provisions of the National Pension Amendment Act of 1985 (Act No. 34 of 1985; hereinafter referred to as the "National Pension Amendment Act of 1985"), Article 38 of the Employees' Pension Insurance Act (Act No. 115 of 1954), Article 38 of the Employees' Pension Insurance Act prior to the amendment by Article 3 of the National Pension Amendment Act of 1985 which is applied pursuant to the provisions of Article 56 or Article 78 of the Supplementary Provisions of the National Pension Amendment Act of 1985, Article 74 of the National Public Officers' mutual aid association Act, Article 11 of the Supplementary Provisions of the Act Partially Amending the National Public Officers' mutual aid association Act, etc. (Act No. 105 of 1985; hereinafter referred to as the "National Mutual Aid Act Amendment Act of 1985") (including the cases that are to be governed by that Article pursuant to the provisions of Article 48-2 of the Private School Mutual Aid Act), Article 76 of the local public employee, etc., mutual aid association Act, Article 10 of the Supplementary Provisions of the Act Partially Amending the local public employee, etc., pension benefit Act, etc. (Act No. 108 of 1985; hereinafter referred to as the "Land Mutual Aid Act Amendment Act of 1985"), Article 23-7 of the Mariners Insurance Act prior to the amendment by the provisions of Article 5 of the National Pension Amendment Act of 2001, Article 23-2 of the Agriculture Forestry Mutual Aid Amendment Act of 2000 which is prescribed in Article 2, paragraph (1), item (i) of the Supplementary Provisions of the Act for Abolishing the mutual aid association Act of Officials of Agriculture, Forestry and Fishery Organizations for Integration of the Welfare Pension Insurance System and the Welfare Pension Insurance System (Act No. 101 of 2001; hereinafter referred to as the 2001 2001 2001 1985 mutual aid association
- (ii) based on the provisions of Article 72 or 73 of the National Pension Act, Article 72 or 73 of the National Pension Act prior to the amendment by Article 1 of the National Pension Amendment Act of 1985 as applied pursuant to Article 32 of the Supplementary Provisions of the National

- Pension Amendment Act of 1985, Article 77 or 78 of the Employee's Pension Insurance Act, Article 77 or 78 of the Employee's Pension Insurance Act prior to the amendment by Article 3 of the National Pension Amendment Act of 1985 as applied pursuant to Article 78 of the Supplementary Provisions of the National Pension Amendment Act of 1985, Article 75 or 95 through 97 of the National Public Officers' mutual aid association Act, Article 75 or 95 through 97 of the National Public Officers' mutual aid association Act prior to the amendment by Article 1 of the National Mutual Aid Act Amendment Act of 1985 as applied pursuant to Article 3 of the Supplementary Provisions of the National Mutual Aid Act Amendment Act of 1985 (including the cases that are to be governed by the same rules pursuant to the provisions of Article 48-2 of the Private School Mutual Aid Act), Article 77, or Articles 109 through 111 of the local public employee, etc. mutual aid association Act, Article 77, or Articles 109 through 111 of the local public employee, etc. mutual aid association Act prior to the amendment by Article 1 of the Mutual Aid Act of 1985 as applied pursuant to Article 3 of the Supplementary Provisions of the Mutual Aid Act of 1985, or Article 56 or 57 of the Mariners' Insurance Act prior to the amendment by Article 5 of the National Pension Amendment Act of 1985, payment of the relevant old age, etc. pension benefit is suspended, temporarily suspended, or;
- (iii) there is a pension that is deemed to be a partial payment pursuant to the provisions of Article 21 of the National Pension Act; Article 21 of the National Pension Act prior to its amendment by Article 1 of the National Pension, etc. Amendment Act of 1985 as applied pursuant to Article 32 of the Supplementary Provisions of the National Pension, etc. Amendment Act of 1985; Article 39 of the Employee's Pension Insurance Act; Article 39 of the Employee's Pension Insurance Act prior to its amendment by Article 3 of the National Pension, etc. Amendment Act of 1985 as applied pursuant to Article 78 of the Supplementary Provisions of the National Pension, etc. Amendment Act of 1985; Article 74-3 of the National Public Officers' mutual aid association Act as applied mutatis mutandis pursuant to Article 10, paragraph (2) of the Supplementary Provisions of the National Public Officers' Mutual Aid Act of 1985 (including as governed by the same rules pursuant to the provisions of Article 48-2 of the Private School Mutual Aid Act); Article 76-3 of the local public employee, etc. mutual aid association Act as applied mutatis mutandis pursuant to Article 9, paragraph (2) of the Supplementary Provisions of the Land Mutual Aid Act of 1985; Article 24-3 of the Mariners Insurance Act prior to its amendment by Article 5 of the National Pension, etc. Amendment Act of 1985; 2000 2001 2001;
- (iv) that any other grounds similar to those set forth in the preceding items exist.

(Special Collection of a Part of Insurance Premiums)

Article 95 The cases specified by Order of the Ministry of Health, Labour and Welfare Ordinance of Article 135, paragraph (1), Long-Term Care Insurance Act, as applied *mutatis mutandis*, are as follows:

- (i) when provisional collection (meaning special collection based on the provisions of the insured of Long-Term Care Insurance Act as applied *mutatis mutandis*; the same applies hereinafter) has not been carried out for the relevant Article 135, paragraph (5) subject to special collection (meaning the insured subject to special collection prescribed in the Long-Term Care Insurance Act Article 140, paragraph (1) or paragraph (2) as applied *mutatis mutandis*; the same applies hereinafter) in the relevant fiscal year;
- (ii) when the prospective amount of the total amount of insurance premiums to be collected by the method of provisional collection pertaining to the insured subject to special collection in the fiscal year is found to be less than the amount equivalent to one half of the prospective amount of insurance premiums to be imposed on the person in the fiscal year, and the municipality finds it appropriate to collect the shortfall amount by the method of general collection;
- (iii) if the amount of insurance premiums for the relevant fiscal year pertaining to the insured subject to special collection has been increased during the relevant fiscal year after the notification under the provisions of the Long-Term Care Insurance Act Article 136, paragraph (1) as applied *mutatis mutandis* (including as applied *mutatis mutandis* pursuant to Articles 28 through 32 of the Order) was made, and the municipality finds it appropriate to continue to collect a part of the insurance premiums by the method of special collection with regard to the insured subject to special collection;
- (iv) when the amount of insurance premiums to be imposed on the insured subject to special collection includes the amount of insurance premiums to be imposed in a fiscal year preceding the relevant fiscal year.

(Amount Specified by Order of the Ministry of Health, Labour and Welfare Referred to in Article 23, Item (I) of the Order)

Article 96 The amount specified by Order of the Ministry of Health, Labour and Welfare Order referred to in Article 23, item (i) of the Order is the amount obtained by dividing the amount of the old age, etc. Article 134, paragraphs (1) through (6) pertaining to the notice of the Long-Term Care Insurance Act pension benefit Applied *mutatis mutandis* by six (if the calculated amount includes a fraction less than one yen, it is to be the amount obtained by rounding down the fraction) by two.

(Amount Specified by Order of the Ministry of Health, Labour and Welfare as Referred to in Article 23, Item (I), (a) of the Order)

Article 97 The amount specified by the Order of the Ministry of Health, Labour and Welfare referred to in Article 23, item (i), (a) of the Order is the amount specified in the following items according to the category of insured set forth in the respective items:

- (i) a Long-Term Care Insurance Act for which insurance premiums are expected to be collected by the method of special collection pursuant to the provisions of Article 134, paragraph (1), Long-Term Care Insurance Act as applied mutatis mutandis, if a notice is given pursuant to the provisions of Article 135, paragraph (1), insured as applied mutatis mutandis: the amount of insurance premiums divided by the number of payments calculated pursuant to the provisions of Article 136, paragraph (2), Long-Term Care Insurance Act as applied mutatis mutandis, pertaining to an Old Age, etc. pension benefit, which is to be paid for the first time on or after October 1 of the year that includes the first day of the relevant fiscal year;
- (ii) a Long-Term Care Insurance Act for which insurance premiums are expected to be collected by the method of special collection pursuant to the provisions of Article 134, paragraph (2), Long-Term Care Insurance Act as applied mutatis mutandis, in the case where a notice is given pursuant to the provisions of Article 135, paragraph (2), insured as applied mutatis mutandis: the amount of insurance premiums divided by the number of payments calculated pursuant to the provisions of Article 136, paragraph (2), Long-Term Care Insurance Act as applied mutatis mutandis pursuant to Article 28, paragraph (1) of the Order pertaining to an Old Age, etc. pension benefit, which is to be paid for the first time on or after December 1 of the year that includes the first day of the relevant fiscal year;
- (iii) a Long-Term Care Insurance Act for which insurance premiums are expected to be collected by the method of special collection pursuant to the provisions of Article 134, paragraph (3), Long-Term Care Insurance Act as applied mutatis mutandis, in the case where a notice is given pursuant to the provisions of Article 135, paragraph (2), Long-Term Care Insurance Act as applied mutatis mutandis: the amount of insurance premiums divided by the number of payments calculated pursuant to the provisions of Article 136, paragraph (2), Hokkaido as applied mutatis mutandis pursuant to Article 29, paragraph (1) of the Order pertaining to an Old Age, etc. pension benefit, which is to be paid for the first time on or after February 1 of the year following the year that includes the first day of the relevant fiscal year.
insured
- (iv) in the case where a notice is given pursuant to the provisions of Article 134, paragraph (2), or paragraph (3), Long-Term Care Insurance Act as applied

- mutatis mutandis (excluding the case where, pursuant to the provisions of Article 135, paragraph (2), Long-Term Care Insurance Act as applied mutatis mutandis, part of the insurance premiums for the fiscal year to be imposed on the insured pertaining to the notice are collected by the method of special collection) or in the case where a notice is given pursuant to the provisions of Article 134, paragraph (4), Long-Term Care Insurance Act as applied mutatis mutandis, a insured from which the insurance premiums are expected to be collected by the method of special collection pursuant to the provisions of Article 135, paragraph (3), Long-Term Care Insurance Act as applied mutatis mutandis: the estimated amount of insurance premiums divided by the number of payments, calculated pursuant to the provisions of Article 135, paragraph (4), Long-Term Care Insurance Act as applied mutatis mutandis, pertaining to an Old Age, etc. pension benefit, which is to be paid for the first time on or after April 1 of the year following the year that includes the first day of the relevant fiscal year (in the case where there are special circumstances where it is deemed inappropriate to pay the amount, the amount specified by a Municipality by taking into consideration the;
- (v) a Long-Term Care Insurance Act for which insurance premiums are expected to be collected by the method of special collection pursuant to the provisions of Article 134, paragraph (5), Long-Term Care Insurance Act as Applied Mutatis Mutandis, if a notice under the provisions of Article 135, paragraph (3), Long-Term Care Insurance Act as Applied Mutatis Mutandis has been given: the estimated amount of insurance premiums divided by the number of payments that is calculated pursuant to the provisions of Article 135, paragraph (4), Fukuoka Prefecture as Applied Mutatis Mutandis, for an Old Age, etc. pension benefit, which is to be paid for the first time on or after June 1 of the year following the year that includes the first day of the relevant fiscal year (or the amount specified by the Municipality in consideration of income status and other circumstances, if there are special circumstances that are found to be inappropriate for the amount to be so calculated). insured;
 - (vi) a Long-Term Care Insurance Act for which insurance premiums are expected to be collected by the method of special collection pursuant to the provisions of Article 134, paragraph (6), Long-Term Care Insurance Act as Applied Mutatis Mutandis, in the case where a notice under the provisions of Article 135, paragraph (3), Long-Term Care Insurance Act as Applied Mutatis Mutandis has been given: the estimated amount of insurance premiums divided by the number of payments, calculated pursuant to the provisions of Article 135, paragraph (4), Fukuoka Prefecture as Applied Mutatis Mutandis, pertaining to an Old Age, etc., pension benefit to be paid for the first time on or after August 1 of the year following the year that

includes the first day of the relevant fiscal year (or the amount specified by a Municipality by taking into consideration the status of income and other circumstances, in the case where there are special circumstances where it is found to be inappropriate to pay the amount). insured.

(Amount Specified by Order of the Ministry of Health, Labour and Welfare as Referred to in Article 23, Item (I), (b) of the Order)

Article 98 The amount specified by Order of the Ministry of Health, Labour and Welfare referred to in Article 23, item (i), (b) of the Order is the amount specified in the following items according to the category of insured set forth in the respective items:

- (i) insured listed in item (i) of the preceding Article: the amount of insurance premiums divided by the number of payments calculated pursuant to the provisions of Article 136, paragraph (2), Long-Term Care Insurance Act pertaining to an Old Age pension benefit, which is to be paid for the first time on or after October 1 of the year which includes the first day of the relevant fiscal year;
- (ii) insured listed in item (ii) of the preceding Article: the amount of insurance premiums divided by the number of payments prescribed in Article 136, paragraph (1), Long-Term Care Insurance Act pertaining to an Old Age pension benefit, which is to be paid for the first time on or after December 1 of the year containing the first day of the relevant fiscal year, or the amount of insurance premiums divided by the number of payments calculated pursuant to the provisions of Article 136, paragraph (2) of the Order for Enforcement of Long-Term Care Insurance Act (Cabinet Order No. 412 of 1998) as applied mutatis mutandis pursuant to Article 45-2, paragraph (1) of the same Act;
- (iii) insured listed in item (iii) of the preceding Article: the amount of insurance premiums divided by the number of payments prescribed in Article 136, paragraph (1), Long-Term Care Insurance Act (including the case where it is applied mutatis mutandis pursuant to Article 45-2, paragraph (1) of the Order for Enforcement of Long-Term Care Insurance Act) pertaining to an Old Age pension benefit, which is to be paid for the first time on or after February 1 of the year following the year containing the first day of the relevant fiscal year, or the amount of insurance premiums divided by the number of payments calculated pursuant to the provisions of Article 136, paragraph (2) of the same Act as applied mutatis mutandis pursuant to Article 45-3, paragraph (1) of the same Order;
- (iv) the insured listed in item (iv) of the preceding Article: the amount equivalent to the amount of insurance premiums divided by the number of payments prescribed in the Long-Term Care Insurance Act pension benefit

- (including the cases where it is applied *mutatis mutandis* pursuant to Article 45-2, paragraph (1) and Article 45-3, paragraph (1) of the Order for Enforcement of Long-Term Care Insurance Act) pertaining to the old age, etc. Article 140, paragraph (1) to be paid for the first time on or after April 1 of the year following the year containing the first day of the relevant fiscal year, or the estimated amount of insurance premiums divided by the number of payments calculated pursuant to the provisions of the Article 135, paragraph (4) of the same Act (in the case where there are special circumstances where it is deemed inappropriate to use the amount, the amount specified by the municipality in consideration of the income status and other circumstances);
- (v) the insured listed in item (v) of the preceding Article: the amount equivalent to the amount of insurance premiums divided by the number of payments prescribed in the Article 140, paragraph (2) of Long-Term Care Insurance Act (including the cases where it is applied *mutatis mutandis* pursuant to Article 45-2, paragraph (1) and Article 45-3, paragraph (1) of the Order for Enforcement of Long-Term Care Insurance Act) pertaining to the Old Age pension benefit to be paid for the first time on or after June 1 of the year following the year containing the first day of the relevant fiscal year, the estimated amount of insurance premiums divided by the number of payments prescribed in the Article 135, paragraph (3) of the same Act (in the case where the provisions of the Article 111, paragraph (1) are applied, the amount specified by the Municipality by taking into consideration the income status and other circumstances), or the estimated amount of insurance premiums divided by the number of payments calculated pursuant to the provisions of the Article 135, paragraph (4) of the same Act (in the case where there are special circumstances where it is deemed inappropriate to use the amount, the amount specified by the Municipality by taking into consideration the income status and other circumstances);
- (vi) the insured set forth in item (vi) of the preceding Article: the amount equivalent to the amount of insurance premiums divided by the number of payments prescribed in the Long-Term Care Insurance Act pension benefit (including the cases where it is applied *mutatis mutandis* pursuant to Article 45-2, paragraph (1) and Article 45-3, paragraph (1) of the Order for Enforcement of the Article 140, paragraph (2)) (in the case where the provisions of the Article 110, paragraph (2) are applied, the amount specified by the Municipality in consideration of the income status and other circumstances), the estimated amount of insurance premiums divided by the number of payments prescribed in the Article 135, paragraph (3) of the same Act (in the case where the provisions of the Article 111, paragraph (1) or Article 112, paragraph (1) are applied, the amount specified by the Municipality in consideration of the income status and other circumstances),

or the estimated amount of insurance premiums divided by the number of payments calculated pursuant to the provisions of the Article 135, paragraph (4) of the same Act (in the case where there are special circumstances where it is deemed inappropriate to use that amount, the amount specified by the Municipality in consideration of the income status and other circumstances), pertaining to the Old Age Long-Term Care Insurance Act to be paid for the first time on or after August 1 of the year following the year containing the first day of the.

(Notification of Special Collection by Municipalities)

Article 99 Long-Term Care Insurance Act to be applied *mutatis mutandis* The particulars specified by Order of the Order of the Ministry of Health, Labour and Welfare of Article 136, paragraph (1) (including as applied *mutatis mutandis* pursuant to Articles 28 through 32 of the Order) are as follows:

- (i) the name, sex, date of birth, and address of the insured subject to special collection;
- (ii) the type and amount of the pension benefit subject to special collection (meaning the Article 135, paragraph (6) subject to special collection prescribed in the Long-Term Care Insurance Act pension benefit Applied *Mutatis Mutandis*; the same applies hereinafter) and the name of the person under obligation of special collection (meaning the person under obligation of special collection prescribed in paragraph (5) of the same Article; the same applies hereinafter).

(Method of Calculation of Insurance Premiums Amount Divided by the Number of Payments)

Article 100 With regard to the amount of insurance premiums divided by the number of payments prescribed in Article 136, paragraph (1), Long-Term Care Insurance Act as applied *mutatis mutandis* (including the cases where it is applied *mutatis mutandis* pursuant to Article 28, paragraph (1) and Article 29, paragraph (1) of the Order) (hereinafter referred to as the "amount of insurance premiums divided by the number of payments"), if the amount of insurance premiums divided by the number of payments calculated pursuant to the provisions of Article 136, paragraph (2), Long-Term Care Insurance Act as applied *mutatis mutandis* (including the cases where it is applied *mutatis mutandis* pursuant to Article 28, paragraph (1) and Article 29, paragraph (1) of the Order) includes a fraction less than one hundred yen or the total amount is less than one hundred yen, the fraction or the total amount is to be added to the amount of insurance premiums divided by the number of payments pertaining to the pension benefit subject to special collection to be paid for the first time on or after October 1 of the year including the first day of the

relevant fiscal year.

(Method of Calculating the Estimated Amount of Insurance Premiums Divided by the Number of Payments)

Article 101 (1) The amount calculated pursuant to the provisions of the Prefectural or Municipal Order of the Ministry of Health, Labour and Welfare of Article 135, paragraph (4), Long-Term Care Insurance Act, as Applied Mutatis Mutandis, is the amount specified in the following items for the categories set forth respectively in those items:

- (i) if a notice under the provisions of Article 134, paragraph (2), or paragraph (3), Long-Term Care Insurance Act as applied mutatis mutandis (excluding the case where a part of the insurance premiums for the relevant fiscal year imposed on the Long-Term Care Insurance Act pertaining to the notice pursuant to the provisions of Article 135, paragraph (2), insured as applied mutatis mutandis is collected by the method of special collection) or a notice under the provisions of Article 134, paragraph (4), Long-Term Care Insurance Act as applied mutatis mutandis is given, and special collection is to be made pursuant to the provisions of Article 135, paragraph (3), Long-Term Care Insurance Act as applied mutatis mutandis: the amount obtained by multiplying by six the amount obtained by dividing the amount of insurance premiums for the relevant fiscal year by twelve (provided, however, that in the case of a municipality where twelve is found to be inappropriate, it is the number specified by the municipality within the range of one or more and 12 or less);
- (ii) if a notice is given pursuant to the provisions of Article 134, paragraph (5), Long-Term Care Insurance Act as applied mutatis mutandis, and special collection is to be carried out pursuant to the provisions of Article 135, paragraph (3), Long-Term Care Insurance Act as applied mutatis mutandis: the amount obtained by multiplying by four the amount obtained by dividing the amount of insurance premiums for the relevant fiscal year by twelve (provided, however, that in the case of a municipality where twelve is found to be inappropriate, the relevant amount is the number specified by the municipality within the range of one or more and 12 or less);
- (iii) if a notification has been made pursuant to the provisions of Article 134, paragraph (6), Long-Term Care Insurance Act as applied mutatis mutandis, and special collection is to be implemented pursuant to the provisions of Article 135, paragraph (3), Long-Term Care Insurance Act as applied mutatis mutandis: the amount obtained by multiplying by two the amount obtained by dividing the amount of insurance premiums for the relevant fiscal year by twelve (provided, however, that in the case of a municipality where it is found to be inappropriate to use twelve, it is the number specified by the

municipality within the range of one or more and 12 or less).

- (2) If there is a fraction of less than one yen in the amounts calculated in the items of the preceding paragraph, the amount obtained by rounding off the fraction is the calculated amount.

(Method of Payment of Insurance Premiums Divided by the Number of Payments)

Article 102 A Person Under Obligation of Special Collection, when paying to a Municipality the amount of insurance premiums divided by the number of payments or the estimated amount of insurance premiums divided by the number of payments (meaning the estimated amount of insurance premiums divided by the number of payments as provided for in Article 137, paragraph (1), Long-Term Care Insurance Act as Applied Mutatis Mutandis; the same applies hereinafter) pursuant to the provisions of Long-Term Care Insurance Act Article 135, paragraph (3) as Applied Mutatis Mutandis (including as applied mutatis mutandis pursuant to Articles 28 through 32 of the Order), is to make a payment to the bank or other financial institutions designated by the Municipality in advance and notified to the Person Under Obligation of Special Collection.

(Grounds for a Person Under Obligation of Special Collection to Cease Payment of an Insurance Premium Amount Subject to Special Collection)

Article 103 The case specified by Order of the Article 137, paragraph (4) of the Long-Term Care Insurance Act Order of the Ministry of Health, Labour and Welfare as applied mutatis mutandis (including the case where it is applied mutatis mutandis pursuant to Article 28, paragraph (3) and Article 29, paragraph (3) of the Order) is the case where the amount of insurance premiums subject to special collection paid due to the grounds set forth in the items of Article 94 becomes less than the sum of the amount of insurance premiums divided by the number of payments pertaining to the payment and the amount of insurance premiums divided by the number of payments prescribed in the Article 136, paragraph (1) of Long-Term Care Insurance Act. pension benefit.

Article 104 (1) The notice prescribed in Article 137, paragraph (5), Long-Term Care Insurance Act as Applied Mutatis Mutandis (including the cases where it is applied mutatis mutandis pursuant to Article 28, paragraph (3) and Article 29, paragraph (3) of the Order) is to be given promptly.

- (2) Long-Term Care Insurance Act to be applied mutatis mutandis A person specified by Prefectural or Municipal Order of the Ministry of Health, Labour and Welfare of a Article 137, paragraph (5) (including the cases where it is

applied mutatis mutandis pursuant to Article 28, paragraph (3) and Article 29, paragraph (3) of the Order) is a insured subject to special collection pertaining to the cases prescribed in the preceding Article.

(Notice from a Person Under Obligation of Special Collection to a insured
Subject to Special Collection)

- Article 105 (1) The notification pursuant to the provisions of the Long-Term Care Insurance Act Article 137, paragraph (6) Applied Mutatis Mutandis is to be made by the first payment date of the pension benefit subject to special collection after October 1 of the year including the first day of the relevant fiscal year.
- (2) The notice pursuant to the provisions of the Long-Term Care Insurance Act Article 137, paragraph (6) Applied Mutatis Mutandis as applied mutatis mutandis pursuant to Article 28, paragraph (1) of the Order is to be made by the day on which the first pension benefit subject to special collection is paid from December 1 of the year including the first day of the relevant fiscal year.
- (3) The notice pursuant to the provisions of Long-Term Care Insurance Act Article 137, paragraph (6) Applied Mutatis Mutandis as applied mutatis mutandis pursuant to Article 29, paragraph (1) of the Order is to be made by the day on which the first pension benefit subject to special collection is paid after February 1 of the year following the year that includes the first day of the relevant fiscal year.
- (4) The notification pursuant to the provisions of the Long-Term Care Insurance Act Article 137, paragraph (6) Applied Mutatis Mutandis as applied mutatis mutandis pursuant to Article 30, paragraph (1) of the Order is to be made by the day on which the first pension benefit subject to special collection is paid after April 1 of the year following the year that includes the first day of the relevant fiscal year.
- (5) The notification pursuant to the provisions of the Long-Term Care Insurance Act Article 137, paragraph (6) Applied Mutatis Mutandis as applied mutatis mutandis pursuant to Article 31, paragraph (1) of the Order is to be made by the first payment date of the pension benefit subject to special collection after June 1 of the year including the first day of the relevant fiscal year.
- (6) The notification pursuant to the provisions of the Long-Term Care Insurance Act Article 137, paragraph (6) Applied Mutatis Mutandis as applied mutatis mutandis pursuant to Article 32, paragraph (1) of the Order is to be made by the first payment date of the pension benefit subject to special collection after August 1 of the year including the first day of the relevant fiscal year.

(Reasons for Notification to a Person Under Obligation of Special Collection by
a Municipality)

Article 106 As applied mutatis mutandis, the cases specified by Order of the Order of the Ministry of Health, Labour and Welfare of Long-Term Care Insurance Act Article 138, paragraph (1) (including as applied mutatis mutandis pursuant to Articles 28 through 32 of the Order) are as follows:

- (i) when the insured subject to special collection is no longer domiciled within the area of the municipality;
- (ii) if the amount of insurance premiums for the relevant fiscal year pertaining to the insured subject to special collection has been reduced in the relevant fiscal year after the notification under the provisions of the Long-Term Care Insurance Act Article 136, paragraph (1) Applied mutatis mutandis (including as applied mutatis mutandis pursuant to Article 28, paragraph (1) and Article 29, paragraph (1) of the Order) was made;
- (iii) cases where the amount of insurance premiums for the relevant fiscal year pertaining to the insured subject to special collection has been increased during the relevant fiscal year after the notification under the provisions of the Long-Term Care Insurance Act Article 136, paragraph (1) as applied mutatis mutandis (including cases where it is applied mutatis mutandis pursuant to Article 28, paragraph (1) and Article 29, paragraph (1) of the Order) was made, and when a municipality finds it appropriate to collect all of the amount obtained by deducting the amount already collected by the method of special collection from the amount of insurance premiums subject to special collection as prescribed in the insured Article 136, paragraph (2) of Long-Term Care Insurance Act as applied mutatis mutandis with regard to the relevant region subject to special collection by the method of general collection;
- (iv) the provisions of the preceding two items apply mutatis mutandis to the case where Article 136, paragraph (1), Long-Term Care Insurance Act as applied mutatis mutandis pursuant to Articles 30 through 32 of the Order is applied mutatis mutandis. In this case, the terms "for the relevant fiscal year" and "during the relevant fiscal year" in the preceding two items are deemed to be replaced with "for the fiscal year following the relevant fiscal year" and "during the fiscal year following the relevant fiscal year" respectively;
- (v) if the insured subject to special collection is subject to the provisions of Article 55, paragraph (1) or (2) of the Act (including cases where these provisions are applied mutatis mutandis pursuant to Article 55-2, paragraph (2) of the Act) or Article 55-2, paragraph (1) of the Act, and is not subject to the provisions of Article 13, paragraphs (1) and (2) of the Long-Term Care Insurance Act (including cases where applied by replacing terms pursuant to the provisions of Article 11, paragraph (3) of the Act for Enforcement of the Long-Term Care Insurance Act (Act No. 124 of 1997));

- (vi) when a Municipality finds it inappropriate to collect insurance premiums by the method of special collection for the insured subject to special collection due to the occurrence of disasters or other special circumstances.

Article 107 The notice pursuant to the provisions of Article 138, paragraph (1), Long-Term Care Insurance Act (including as applied mutatis mutandis pursuant to Articles 28 through 32 of the Order) is to be given for the following matters:

- (i) the name, sex, date of birth, and address of the insured subject to special collection related to the notification;
- (ii) the fact that special collection will not be carried out for the insured subject to special collection and the reason therefor;
- (iii) the type of pension benefit subject to special collection and the name of the person under obligation of special collection.

(Method of Calculating the Amount Not Refunded to the insured out of the Excess Amount Paid Due to the Death of a insured Subject to Special Collection)

- Article 108 (1) A Municipality, when refunding the amount of insurance premiums pertaining to overpayment or erroneous payment caused by the death of an insured pursuant to the provisions of the Article 139, paragraph (2) of Long-Term Care Insurance Act as Applied Mutatis Mutandis (including the cases where it is applied mutatis mutandis pursuant to Articles 30 through 32 of the Order) to the person, is to deduct the amount of insurance premiums divided by the number of payments or the estimated amount of insurance premiums divided by the number of payments that was collected by the method of special collection and delivered to the Municipality in or after the month two months after the month including the day of the death of the person, if any.
- (2) A Municipality is to refund the amount deducted pursuant to the provisions of the preceding paragraph to the Person Under Obligation of Special Collection who has paid the amount.

Article 109 When a Municipality, pursuant to the provisions of the Article 139, paragraph (3) of Long-Term Care Insurance Act as Applied Mutatis Mutandis (including as applied mutatis mutandis pursuant to Articles 30 through 32 of the Order), intends to appropriate the amount paid in excess or in error (meaning the amount paid in excess or in error as prescribed in the Article 139, paragraph (2) of Long-Term Care Insurance Act as Applied Mutatis Mutandis; the same applies hereinafter) for the unpaid insurance premiums of the insured or other money to be collected pursuant to the provisions of the Act (hereinafter referred to as the "Unpaid Insurance Premiums, etc."), it is to

notify the insured pertaining to the amount paid in excess or in error of the following matters in advance:

- (i) long-Term Care Insurance Act applied mutatis mutandis: a statement to the effect that the appropriation is to be made pursuant to the provisions of Article 139, paragraph (3);
- (ii) the amount of unpaid insurance premiums, etc. to be appropriated and the amount of payment in excess or in error after the appropriation;
- (iii) other particulars found to be necessary.

(Method of Collection of Provisional Amount to be Collected)

Article 110 (1) The amount equivalent to the amount of insurance premiums divided by the number of payments prescribed in the Article 140, paragraphs (1) and (2) of Long-Term Care Insurance Act Applied Mutatis Mutandis (including the cases where it is applied mutatis mutandis pursuant to Article 28, paragraph (1) and Article 29, paragraph (1) of the Order) is the amount of insurance premiums divided by the number of payments pertaining to the payment of pension benefit subject to special collection made at the end of the fiscal year preceding the relevant fiscal year.

(2) In the case of collecting insurance premiums by the method of special collection pursuant to the provisions of the same paragraph during the period from August 1 to September 30 of the year prescribed in the Long-Term Care Insurance Act Article 140, paragraph (2) as applied mutatis mutandis with regard to the insured prescribed in the Long-Term Care Insurance Act Article 140, paragraph (2) as applied mutatis mutandis (including the case where it is applied mutatis mutandis pursuant to Article 28, paragraph (1) and Article 29, paragraph (1) of the Order), when there are special circumstances where it is found inappropriate to set the amount to be collected as the amount equivalent to the amount of insurance premiums divided by the number of payments prescribed in the same paragraph (hereinafter referred to as the "general provisional amount to be collected") or the amount specified by the municipality prescribed in the same paragraph (hereinafter referred to as the "amount determined by the municipality"), the municipality may, in lieu of the general provisional amount to be collected or the amount determined by the municipality, set the amount specified by the municipality in consideration of the income status and other circumstances (hereinafter referred to as the "changed provisional amount to be collected in August") as the amount of insurance premiums pertaining to the payment prescribed in the same paragraph.

(3) In the case referred to in the preceding paragraph, the municipality must notify the person under obligation of special collection of the following matters by June 20 of the year that includes the first day of the relevant fiscal year. In

this case, the procedure pertaining to the notification to the person under obligation of special collection (excluding the part concerning the due date) is governed by the provisions of Article 136, paragraphs (3) through (6), Long-Term Care Insurance Act as applied mutatis mutandis (including the case where it is applied mutatis mutandis pursuant to Article 28, paragraph (1) and Article 29, paragraph (1) of the Order).

(i) the name, sex, date of birth, and address of the insured subject to special collection;

(ii) a statement to the effect that the amount pertaining to provisional collection will be changed and the changed provisional amount to be collected in August.

(iii) the type of pension benefit subject to special collection and the name of the person under obligation of special collection.

- (4) The provisions from Article 99, Articles 102 through 105, Article 106, items (ii) and (iii), and Article 107 to the preceding Article apply mutatis mutandis to provisional collection. In this case, in Article 103, the phrase "the amount of insurance premiums divided by the number of payments pertaining to the payment" is deemed to be replaced with "the amount of insurance premiums pertaining to the payment prescribed in Article 140, paragraph (1) or paragraph (2), Long-Term Care Insurance Act as applied mutatis mutandis (including the cases where it is applied mutatis mutandis pursuant to Article 28, paragraph (1) and Article 29, paragraph (1) of the Order) pertaining to the payment", the phrase "the amount of insurance premiums divided by the number of payments prescribed in Article 136, paragraph (1), Long-Term Care Insurance Act" is deemed to be replaced with "the amount of insurance premiums pertaining to the payment prescribed in Article 140, paragraph (1) or paragraph (2), Long-Term Care Insurance Act (including the cases where it is applied mutatis mutandis pursuant to Article 45-2, paragraph (1) and Article 45-3, paragraph (1) of the Order for Enforcement of Long-Term Care Insurance Act)", in Article 105, paragraph (1), the phrase "the first day on or after October 1 of the year including the first day of the relevant fiscal year on which the pension benefit subject to special collection is to be paid" is deemed to be replaced with "if the amount decided by the municipality prescribed in Article 110, paragraph (2) or the amount of changed provisional collection in August prescribed in the same paragraph is deemed to be the amount of insurance premiums pertaining to the payment prescribed in Article 140, paragraph (2), Long-Term Care Insurance Act as applied mutatis mutandis (including the cases where it is applied mutatis mutandis pursuant to Article 28, paragraph (1) and Article 29, paragraph (1) of the Order), the day on which payment of pension benefit subject to special collection pertaining to the collection of the amount is to be made", in Article 106, items (ii) and (iii), the phrase "for the

(Method of Collection of the Estimated Amount of Insurance Premiums Divided by the Number of Payments)

Article 111 (1) In the case where a notification is made pursuant to the provisions of Article 134, paragraph (2), or paragraph (3), Long-Term Care Insurance Act as applied mutatis mutandis (excluding the case where, pursuant to the provisions of Article 135, paragraph (2), Long-Term Care Insurance Act as applied mutatis mutandis, a part of the insurance premiums for the fiscal year to be imposed on the insured pertaining to the notification is collected by the method of special collection) or where a notification is made pursuant to the provisions of Article 134, paragraph (4), Long-Term Care Insurance Act as applied mutatis mutandis, when special collection is to be made pursuant to the provisions of Article 135, paragraph (3), Long-Term Care Insurance Act as applied mutatis mutandis, if there are special circumstances under which it is found inappropriate to set the amount to be collected as the prospective amount of insurance premiums divided by the number of payments, during the period from June 1 to September 30 of the year following the year in which the notification is made with regard to the insured prescribed in the same paragraph, the municipality may set, as the amount of insurance premiums pertaining to the payment prescribed in the same paragraph, the amount specified by the municipality in consideration of the income status and other circumstances (hereinafter referred to as the "prospective amount of insurance premiums divided by the number of payments to be changed in June"), in lieu of the prospective amount of insurance premiums divided by the number of payments.

(2) In the case referred to in the preceding paragraph, the municipality must notify the person under obligation of special collection of the following matters by April 20 of the year following the year in which the notification was made. In this case, the procedure pertaining to the notification to the person under obligation of special collection (excluding the part concerning the due date) is governed by the provisions of Article 136, paragraphs (3) through (6), Long-Term Care Insurance Act, as applied mutatis mutandis.

(i) the name, sex, date of birth, and address of the insured subject to special collection;

(ii) a statement to the effect that the amount pertaining to provisional collection will be changed and the estimated amount of insurance premiums divided by the number of payments that will be changed to six months.

(iii) the type of pension benefit subject to special collection and the name of the person under obligation of special collection.

(3) The provisions of Article 99, Articles 102 through 105, Article 106, items (ii) and (iii), and Articles 107 through 109 apply mutatis mutandis to the special

collection set forth in the preceding two paragraphs. In this case, in Article 103, the phrase "the amount of insurance premiums divided by the number of payments pertaining to the payment" is deemed to be replaced with "the estimated amount of insurance premiums divided by the number of payments pertaining to the payment", the phrase "the amount of insurance premiums divided by the number of payments prescribed in Article 136, paragraph (1), Long-Term Care Insurance Act" is deemed to be replaced with "the estimated amount of insurance premiums divided by the number of payments prescribed in Article 135, paragraph (3), Long-Term Care Insurance Act", in Article 105, paragraph (1), the phrase "the first day on or after October 1 of the year including the first day of the relevant fiscal year on which the pension benefit subject to special collection is to be paid" is deemed to be replaced with "the day on which payment of the pension benefit subject to special collection pertaining to the collection of the amount is to be made when the estimated amount of insurance premiums divided by the number of payments that is to be changed to June as prescribed in Article 111, paragraph (1) is deemed to be the amount of insurance premiums pertaining to the payment prescribed in Article 135, paragraph (3), Long-Term Care Insurance Act as applied *mutatis mutandis*", in Article 106, items (ii) and (iii), the phrase "for the relevant fiscal year" is deemed to be replaced with "for the fiscal year following the relevant fiscal year", and the phrase "during the relevant fiscal

Article 112 (1) In the case where a notification is made pursuant to the provisions of Article 134, paragraph (2), or paragraph (3), Long-Term Care Insurance Act as applied *mutatis mutandis* (excluding the case where, pursuant to the provisions of Article 135, paragraph (2), Long-Term Care Insurance Act as applied *mutatis mutandis*, a part of the insurance premiums for the fiscal year imposed on the insured pertaining to the notification is collected by the method of special collection) or where a notification is made pursuant to the provisions of Article 134, paragraph (4), or paragraph (5), Long-Term Care Insurance Act as applied *mutatis mutandis*, when special collection is to be made pursuant to the provisions of Article 135, paragraph (3), Long-Term Care Insurance Act as applied *mutatis mutandis*, if there are special circumstances under which it is found inappropriate to use the amount to be collected as the prospective amount of insurance premiums divided by the number of payments, during the period from August 1 to September 30 of the year following the year in which the notification is made with regard to the insured prescribed in the same paragraph, the municipality may use the amount specified by the municipality in consideration of the income status and other circumstances (hereinafter referred to as the "prospective amount of insurance premiums divided by the number of payments to be changed in

August") as the amount of insurance premiums pertaining to the payment prescribed in the same paragraph, in lieu of the prospective amount of insurance premiums divided by the number of payments.

(2) In the case referred to in the preceding paragraph, the municipality must notify the person under obligation of special collection of the following matters by June 20 of the year following the year in which the notification was made. In this case, the procedure pertaining to the notification to the person under obligation of special collection (excluding the part concerning the due date) is governed by the provisions of Article 136, paragraphs (3) through (6), Long-Term Care Insurance Act, as applied *mutatis mutandis*.

(i) the name, sex, date of birth, and address of the insured subject to special collection;

(ii) a statement to the effect that the amount pertaining to provisional collection will be changed and the estimated amount of insurance premiums divided by the number of payments to be changed in August.

(iii) the type of pension benefit subject to special collection and the name of the person under obligation of special collection.

(3) The provisions of Article 99, Articles 102 through 105, Article 106, items (ii) and (iii), and Articles 107 through 109 apply *mutatis mutandis* to the special collection set forth in the preceding two paragraphs. In this case, in Article 103, the phrase "the amount of insurance premiums divided by the number of payments pertaining to the payment" is deemed to be replaced with "the estimated amount of insurance premiums divided by the number of payments pertaining to the payment", the phrase "the amount of insurance premiums divided by the number of payments prescribed in Article 136, paragraph (1), Long-Term Care Insurance Act" is deemed to be replaced with "the estimated amount of insurance premiums divided by the number of payments prescribed in Article 135, paragraph (3), Long-Term Care Insurance Act", in Article 105, paragraph (1), the phrase "the first day on or after October 1 of the year including the first day of the relevant fiscal year on which the pension benefit subject to special collection is to be paid" is deemed to be replaced with "if the estimated amount of insurance premiums divided by the number of payments changing to August prescribed in Article 112, paragraph (1) is deemed to be the amount of insurance premiums pertaining to the payment prescribed in Article 135, paragraph (3), Long-Term Care Insurance Act as applied *mutatis mutandis*, the day on which the pension benefit subject to special collection pertaining to the collection of the amount is to be paid", in Article 106, items (ii) and (iii), the phrase "for the relevant fiscal year" is deemed to be replaced with "for the fiscal year following the relevant fiscal year", and the phrase "during the relevant fiscal year" is deemed to be.

Section 5 Healthcare Services for the Elderly

(Provision of Records Concerning Benefits for Medical Treatment)

Article 112-2 A Association of Medical Care Systems for the Elderly Aged 75 and older may, upon the request of a insured and to the extent necessary for maintaining and promoting the health of the insured, provide the insured with records that the Association of Medical Care Systems for the Elderly Aged 75 and older holds concerning benefits for medical treatment, etc. that the insured received by submitting electronic or magnetic records.

(Data Specified by Order of the Order of the Ministry of Health, Labour and Welfare of the Article 125-2, paragraph (1), Article 125-3, paragraphs (2) and (3), and Article 125-4, paragraphs (1) and (2) of the Act)

Article 112-3 The data specified by Order of the Order of the Ministry of Health, Labour and Welfare of the Article 125-2, paragraph (1), Article 125-3, paragraphs (2) and (3), and Article 125-4, paragraphs (1) and (2) of the Act is data obtained through a survey on the physical, mental, and social characteristics of the insured, which is necessary for the implementation of the health services for the elderly provided for in the Article 125, paragraph (1) of the Act, the services according to the mental and physical characteristics of the elderly provided for in Article 82, paragraph (5) of the National Health Insurance Act, or the community support projects provided for in the Article 115-45, paragraphs (1) through (3) of the Long-Term Care Insurance Act.

(Copies of Records or Provision of Information by Insurers, Municipalities, and Association of Medical Care Systems for the Elderly Aged 75 and older)

Article 112-4 Insurers and other municipalities and Association of Medical Care Systems for the Elderly Aged 75 and older that have been requested to provide copies of records or data pursuant to the provisions of Article 125-3, paragraphs (1) through (3) of the Act are to provide copies of records or data pursuant to the provisions of paragraph (4) of the same Article by any of the following methods:

- (i) a method of providing information, etc. concerning medical care and nursing care pertaining to the insured (meaning information concerning medical treatment pertaining to the insured, records concerning health checkups and health guidance, records concerning Special health examinations and specified health guidance prescribed in Article 18, paragraph (1) of the Act, information concerning medical treatment pursuant to the provisions of the National Health Insurance Act, and information concerning health and medical services and welfare services pursuant to the provisions of the Long-Term Care Insurance Act) by using a database (meaning a collection of

- information that is systematically organized so as to be searchable by using a computer) composed by the NHI National Health Insurance Federation;
- (ii) a method of providing information by using an electronic data processing system (meaning an electronic data processing system used by insurers and Association of Medical Care Systems for the Elderly Aged 75 and older to respond to an electronic certification confirmation (meaning an electronic certification confirmation as prescribed in the Act or the Medical Insurance Acts; hereinafter the same applies in this item)) or any other information and communications technology (meaning information and communications technology used by insurers and Association of Medical Care Systems for the Elderly Aged 75 and older to respond to an electronic certification confirmation);
- (iii) beyond what is set forth in the preceding two items, an appropriate method.

Section 6 Examination Committee for Medical Fees for Old-Old Healthcare

(Mutatis Mutandis Application of the Regulation for Enforcement of the National Health)

Article 113 The provisions of Chapter V of the Regulation for Enforcement of the National Health Insurance Act apply mutatis mutandis to the Examination Committee for Old-Old Medical Treatment Fees provided for in Article 126, paragraph (1) of the Act. In this case, the term "Article 30" in Article 41 of the same Regulation is deemed to be replaced with "Article 80 of the Regulation for Enforcement of the Act on Assurance of Medical Care for Elderly People".

Section 7 Special Examination Committee for Medical Fees for Old-Old Healthcare

(Special Examination Committee)

- Article 114 (1) A designated corporation prescribed in Article 70, paragraph (5) of the Act (referred to as a "designated corporation" in the following paragraph and Article 118-3, paragraph (1), item (vi)) must establish a Special Examination Committee for Medical Fees for Medical Services for Older Senior Citizens in order to examine medical bills specified by the Minister of Health, Labour and Welfare pursuant to the provisions of paragraph (5) of the same Article.
- (2) Notwithstanding the provisions of the preceding paragraph, a Designated Corporation that establishes a Special Examination Committee as prescribed in Article 42-2 of the Regulation for Enforcement of the National Health Insurance Act conducts an examination of medical bills pertaining to Old-Old

Healthcare at the Special Examination Committee.

Chapter III Medical Services for the Elderly of the National Health Insurance Federation

(Special Provisions for Voting Rights of NHI Federations)

Article 115 (1) With regard to persons who have voting rights under the provisions of Article 29 of the National Health Insurance Act as applied mutatis mutandis pursuant to Article 86 of the same Act concerning services provided pursuant to the provisions of Article 155 of the Act, the NHI Federations may exclude those who represent the national health insurance society prescribed in Article 3, paragraph (2) of the same Act (referred to as the "society" in the following paragraph) from among the members of the general assembly or the board of representatives, pursuant to the provisions of the constitution.

(2) With regard to the affairs that a Association of Medical Care Systems for the Elderly Aged 75 and older entrusts to a NHI federation pursuant to the provisions of Article 70, paragraph (4) of the Act (including as applied mutatis mutandis pursuant to Article 74, paragraph (10), Article 75, paragraph (7), Article 76, paragraph (6), and Article 78, paragraph (8) of the Act), pursuant to the provisions of the constitution, the NHI federation may replace a member of the general meeting or the board of representatives with a person who represents the Association of Medical Care Systems for the Elderly Aged 75 and older, in lieu of a person who represents member insurers (excluding cooperatives), as a person who has voting rights under the provisions of Article 29 of the National Health Insurance Act as applied mutatis mutandis pursuant to Article 86 of the same Act concerning services provided pursuant to the provisions of Article 155 of the Act.

Chapter IV Miscellaneous Provisions

(Notification by Persons Who Were Dependents)

Article 116 (1) Insurers are to promptly notify the Association of Medical Care Systems for the Elderly Aged 75 and older of the following particulars with regard to an insured that was a dependent prescribed in Article 99, paragraph (2) of the Act (hereinafter referred to as an "insured that was a dependent") on and after the day on which the person became an insured that was a dependent:

(i) name, sex, and date of birth;

(ii) the day on which the person ceased to be a dependent.

(2) The notice referred to in the preceding paragraph is to be given via the

Payment Fund.

(Reporting on the Status of Operations)

Article 117 The report under the provisions of the Article 135, paragraphs (1) and (2) of the Act is to be made by submitting a monthly report stating the status of the project by the 20th of the following month.

(Form of Identification Card)

Article 118 The form of identification that officials are required to carry is the form specified in the following items in accordance with the categories set forth in those items:

- (i) a certificate to be carried pursuant to the provisions of Article 16-7, paragraph (2) of the Act as applied mutatis mutandis pursuant to Article 61, paragraph (3) of the Act: Form No. 6;
- (ii) a certificate to be carried pursuant to the provisions of Article 16-7, paragraph (2) of the Act which are applied mutatis mutandis pursuant to Article 72, paragraph (2) of the Act (including as applied mutatis mutandis pursuant to Article 74, paragraph (10), Article 75, paragraph (7), Article 76, paragraph (6), and Article 82, paragraph (6) of the Act): Form No. 7;
- (iii) a certificate to be carried pursuant to the provisions of Article 16-7, paragraph (2) of the Act as applied mutatis mutandis pursuant to Article 81, paragraph (2) of the Act: Form No. 8;
- (iv) the identification card to be carried pursuant to the provisions of Article 16-7, paragraph (2) of the Act as applied mutatis mutandis pursuant to the Article 134, paragraph (3) of the Act: Form No. 9;
- (v) identification to be carried pursuant to the provisions of Article 16-7, paragraph (2) of the Act, as applied mutatis mutandis pursuant to the Article 137, paragraph (3) of the Act: Form No. 10;
- (vi) certificates to be carried pursuant to the provisions of Article 16-7, paragraph (2) of the Act, as applied mutatis mutandis pursuant to the Article 152, paragraph (2) of the Act: Form No. 11;
- (vii) certificates to be carried pursuant to the provisions of Article 16-7, paragraph (2) of the Act, as applied mutatis mutandis pursuant to the Article 161-3, paragraph (2) of the Act: Form No. 12;

(Investigation and Analysis Conducted by Insurer Council)

Article 118-2 The particulars specified by Order of the Order of the Ministry of Health, Labour and Welfare of the Article 157-2, paragraph (2), item (iii) of the Act are to be information on the expenses required for medical care and the number of medical examinations and the number of days of medical examinations by area, age group, disease, content of medical examination,

gender, and type of medical institutions; information on the status of implementation of Special health examinations prescribed in Article 18, paragraph (1) of the Act and specified health guidance prescribed in the same paragraph; and information on the status of medical care provision concerning changes in the number of beds by area, type of beds, and type of medical institutions, and the number of medical institutions by area and type of medical institutions.

(Persons Specified by Order of the Ministry of Health, Labour and Welfare of Article 161-2, paragraph (1) of the Act)

Article 118-3 (1) The persons specified by Order of the Ministry of Health, Labour and Welfare Order in the Article 161-2, paragraph (1) of the Act are the persons set forth in any of the following items:

- (i) minister of Health, Labour and Welfare;
- (ii) the Director-General of a Regional Bureau of Health and Welfare and;
- (iii) association of Medical Care Systems for the Elderly Aged 75 and older;
- (iv) the Payment Fund;
- (v) the National Health Insurance Federation;
- (vi) a designated corporation;
- (vii) medical institution providing services covered by health;
- (viii) a hospital, clinic, pharmacy or any other person other than a medical institution providing services covered by health insurance, etc. which provides medical care, provision of drugs or treatment prescribed in Article 77, paragraph (1) of the Act;
- (ix) a designated home-nursing provider;
- (x) prefectural governor;
- (xi) the mayor of a municipality (including the mayor of a special ward);
- (xii) pension insurers.

(2) The cases specified by Order of the Ministry of Health, Labour and Welfare Order of the Article 161-2, paragraph (2) of the Act are the cases that fall under any of the following items:

- (i) cases where an insurer as prescribed in Article 7, paragraph (2) of the Act conducts business under the medical insurance laws as prescribed in paragraph (1) of the same Article or affairs related thereto;
- (ii) when a person entrusted by a Association of Medical Care Systems for the Elderly Aged 75 and older or a Municipality carries out affairs related to the entrusted services of Old-Old Healthcare;
- (iii) a case where a person who has obtained the consent of the insured or a person who has been entrusted by the insured makes a claim or performs other acts pertaining to the Old-Old Age medical care benefit against the Association of Medical Care Systems for the Elderly Aged 75 and older or

- Municipality (including a person entrusted by the Association of Medical Care Systems for the Elderly Aged 75 and older or Municipality) that has obtained the consent or that has been entrusted, respectively;
- (iv) when a National Cancer Center carries out the affairs entrusted by the Minister of Health, Labour and Welfare pursuant to the provisions of Article 23, paragraph (1) of the Act on Promotion of Cancer Registration (Act No. 111 of 2013);
 - (v) when a person who has been entrusted with affairs by the prefectural governor pursuant to the provisions of Article 24, paragraph (1) of the Act on Promotion of Cancer Registration carries out the affairs;
 - (vi) when the Pharmaceuticals and Medical Device Agency performs the operations set forth in Article 15, paragraph (1), item (v), (c) of the Act on the Pharmaceuticals and Medical Device Agency or the operations set forth in (f) of that item (limited to operations incidental to the operations set forth in (c) of that item);
 - (vii) a certified producer of anonymized medical data or a certified producer of pseudonymized medical data as prescribed in Article 34, paragraph (1) of the Act on Anonymized Medical Data and Pseudonymized Medical Data That Are Meant to Contribute to Research and Development in the Medical Field undertakes the business of producing anonymized medical data prescribed in Article 2, paragraph (6) of that Act or the business of producing pseudonymized medical data prescribed in paragraph (7) of that Article, respectively;
 - (viii) a case in which a business handling medical information as prescribed in Article 2, paragraph (5) of the Act on Anonymized Medical Data and Pseudonymized Medical Data That Are Meant to Contribute to Research and Development in the Medical Field acquires the medical information prescribed in Article 2, paragraph (1) of that Act for an identifiable person that has been notified of a particular set forth in one of the items of Article 52, paragraph (1) or one of the items of Article 57, paragraph (1) of that Act;
 - (ix) beyond the cases set forth in items (iv) through (viii), cases where the acts specified in the following sub-items (a) through (c) are carried out for the categories of persons set forth respectively therein:
 - (a) an administrative organ of the national government (excluding those set forth in items (i) and (ii) of the preceding paragraph): investigation concerning the planning and drafting of policies that contribute to the provision of appropriate health and medical services;
 - (b) a university, research institution, or any other institution or organization for the purpose of academic research: research on the causes of diseases and methods of prevention, diagnosis, and treatment of diseases, and other research on the improvement and promotion of public health;

- (c) a private business operator, etc. that does not fall under any of Article 5-6, items (i) through (iv): analysis that contributes to research and development in the medical field (excluding analysis carried out for the purpose of using it in the advertisement or promotion of specific goods or services);
- (x) when the organization implementing the medical examination prescribed in Article 20 of the Act, the specific health guidance prescribed in Article 24 of the Act, the medical examination prescribed in Article 66, paragraph (1) of the Industrial Safety and Health Act, or any other medical examination implements the Special health examinations;
- (xi) a case where a public consultant on social and labor insurance (including a corporation of public consultants on social and labor insurance) carries out the services set forth in the items of Article 2, paragraph (1) of the Act on Public Consultants on Social and Labor Insurance (Act No. 89 of 1968);
- (xii) a case in which a Environmental Restoration and Conservation Agency, Independent Administrative Institutions pays medical expenses pursuant to the provisions of Article 11 of the Act on Asbestos Health Damage Relief;
- (xiii) a case where a person who has been entrusted with all or part of the affairs related to an investigation prescribed in Article 77, paragraph (2) of the Health Insurance Act by the Minister of Health, Labour and Welfare pursuant to the provisions of Article 150-9 of the same Act (limited to a person prescribed in Article 155-9 of the Regulation for Enforcement of the Health Insurance Act) carries out the affairs.

(Delegation of Authority)

Article 119 (1) The following authorities of the Minister of Health, Labour and Welfare are delegated to the Director-General of a Regional Bureau of Health and Welfare pursuant to the provisions of Article 163, paragraph (1) of the Act; provided, however, that this does not preclude the Minister of Health, Labour and Welfare from personally exercising the authority:

- (i) authority under the provisions of Article 10 of the Act;
- (ii) the authority under the provisions of Article 61, paragraph (2) of the Act (excluding the authority related to the special provisions specified by the provisions of Article 70, paragraph (2) of the Act (including as applied mutatis mutandis pursuant to Article 74, paragraph (10), Article 75, paragraph (7), Article 76, paragraph (6), and Article 82, paragraph (6) of the Act; the same applies in the following item and item (iv)));
- (iii) the authority under the provisions of Article 66, paragraph (1) (including as applied mutatis mutandis pursuant to Article 74, paragraph (10), Article 75, paragraph (7), Article 76, paragraph (6), and Article 82, paragraph (6) of the Act) and paragraph (2) (including as applied mutatis mutandis pursuant

- to Article 72, paragraph (2), Article 74, paragraph (10), Article 75, paragraph (7), Article 76, paragraph (6), and Article 82, paragraph (6) of the Act) of the Act (excluding the authority related to the special provisions specified pursuant to the provisions of Article 70, paragraph (2) of the Act);
- (iv) the authority under the provisions of Article 72, paragraph (1) of the Act (including as applied mutatis mutandis pursuant to Article 74, paragraph (10), Article 75, paragraph (7), Article 76, paragraph (6), and Article 82, paragraph (6) of the Act) (excluding the authority related to the special provisions specified pursuant to the provisions of Article 70, paragraph (2) of the Act);
- (v) the authority under the provisions of Article 80 of the Act (including as applied mutatis mutandis pursuant to Article 82, paragraph (6) of the Act);
- (vi) the authority under the provisions of Article 81, paragraph (1) of the Act (including as applied mutatis mutandis pursuant to Article 82, paragraph (6) of the Act);
- (vii) authority under the provisions of the Article 134, paragraph (1) of the Act.
- (2) The authority of the Director-General of a Regional Bureau of Health and Welfare provided for in each item of the preceding paragraph is delegated to the Director-General of a Regional Branch Bureau of Health and Welfare pursuant to the provisions of Article 163, paragraph (2) of the Act; provided, however, that this does not preclude the Director-General of a Regional Bureau of Health and Welfare from personally exercising the authority referred to in item (ii) of that paragraph.

(Affairs Specified by Order of the Ministry of Health, Labour and Welfare of Article 165-2, paragraph (1), item (i) of the Act)

Article 120 The administrative functions specified by Order of the Order of the Ministry of Health, Labour and Welfare in the Article 165-2, paragraph (1), item (i) of the Act are as follows:

- (i) implementation of the medical care benefit for Older Senior Citizens prescribed in Article 56 of the Act;
- (ii) collection of insurance premiums pursuant to the provisions of Article 104, paragraph (1) of the Act;
- (iii) implementation of health services for the elderly under the provisions of the Article 125, paragraph (1) of the Act;
- (iv) the administrative processes set forth in the items of Article 46 of the Order Specifying the Administrative Processes Specified by Order of the Competent Ministry in the Appendix Table of the Act on the Use of Numbers to Identify a Specific Person in Administrative Procedures (Cabinet Office and Order of the Ministry of Internal Affairs and Communications No. 5 of 2014).

(Affairs Specified by Order of the Ministry of Health, Labour and Welfare of Article 165-2, paragraph (1), item (ii) of the Act)

Article 121 The administrative functions specified by Order of the Order of the Ministry of Health, Labour and Welfare in the Article 165-2, paragraph (1), item (ii) of the Act are as follows.

- (i) implementation of the medical care benefit for Older Senior Citizens prescribed in Article 56 of the Act;
- (ii) collection of insurance premiums pursuant to the provisions of Article 104, paragraph (1) of the Act;
- (iii) implementation of health services for the elderly under the provisions of the Article 125, paragraph (1) of the Act;
- (iv) the administrative processes set forth in the items of Order of the Ministry of Internal Affairs and Communications of the Order on the Provision of Specific Personal Information Used Based on Article 19, item (viii) of the Act on the Use of Numbers to Identify a Specific Individual in Administrative Procedures (Digital Agency Article 117 No. 9 of 2024).

(Properties Specified by Order of the Ministry of Health, Labour and Welfare of Article 165-2, paragraph (2) of the Act)

Article 122 Those specified by Order of the Order of the Ministry of Health, Labour and Welfare in the Article 165-2, paragraph (2) of the Act are public assistance administrators as prescribed in Article 19, paragraph (4) of the Public Assistance Act and the State that provides benefits or payments under the provisions of Article 22, paragraph (1) of the Act on Remuneration of Ministry of Defense Officials.

Supplementary Provisions

(Effective Date)

Article 1 This Ministerial Order comes into effect as of April 1, 2008; provided, however, that the provisions of Articles 9 through 21 of the Supplementary Provisions come into effect as of the date of promulgation.

(Repeal of the Regulation for Enforcement of the Health and Medical Services Act)

Article 2 The Regulation for Enforcement of the Health and Medical Services Act for the Elderly (Order of the Ministry of Health and Welfare No. 2 of 1983) is repealed.

(transitional measure Concerning the Method of Calculating the Estimated

Sum of the Total Amount of Gross Income after basic personal exemption)

Article 3 In the case of applying the provisions of Article 85 to the calculation of the estimated total sum of the total amount of gross income, etc. after basic personal exemption for each fiscal year during the specified period of fiscal year 2008 and fiscal year 2009, the phrase "the total amount, etc. of gross income, etc. after basic personal exemption for each of the past fiscal years in" in the same Article is deemed to be replaced with "the total amount, etc. of gross income, etc. after basic personal exemption pertaining to persons eligible for medical care benefits for the elderly as prescribed in Article 17, paragraph (2), item (iv) of the Health and Medical Services Act for the Elderly (Act No. 80 of 1982) prior to the revision pursuant to the provisions of Article 7 of the Act for Partial Revision of the Health Insurance Act, etc. (Act No. 83 of 2006) in the past in the municipality that is a member of".

(insured Concerning the Calculation Method for the Per Capita Amount of transitional measure)

Article 4 In the case of applying the provisions of Article 86, paragraph (2) for the purpose of calculating the estimated amount of the sum of the per capita amounts of insured for each fiscal year during the specified period of fiscal year 2008 and fiscal year 2009, the phrase "the number, etc. of insured in each past fiscal year in" in the same paragraph is deemed to be replaced with "the number, etc. of persons eligible for medical care benefits for the elderly as prescribed in Article 17, paragraph (2), item (iv) of the Health and Medical Services Act for the Elderly (Act No. 80 of 1982) prior to the revision by the provisions of Article 7 of the Act for Partial Revision of the Health Insurance Act, etc. (Act No. 83 of 2006) in the past in the municipality that is a member of".

(transitional measure Concerning the Calculation Method of the Income Tax Rate for Specified Areas)

Article 5 In the case of applying the provisions of Article 87 to the calculation of the income tax rate for a Specified Area pertaining to the Specified Period of fiscal year 2008 and fiscal year 2009, the phrase "the amount of expenses required for benefits for medical treatment, etc. prescribed in Article 93, paragraph (1) of the Act (referred to as the" Amount of Expenses for Benefits for Medical Treatment, etc. "in the following Article), etc." in Article 87 is deemed to be replaced with "medical expenses, etc. for the elderly prescribed in Article 46-22 of the Health and Medical Services Act for the Elderly (Act No. 80 of 1982) prior to the revision by the provisions of Article 7 of the Act for Partial Revision of the Health Insurance Act, etc. (Act No. 83 of 2006)".

(insured Concerning the Method of Calculation of Per Capita Amount of transitional measure Set forth in Article 18, Paragraph (2), Item (iv) of the Order)

Article 6 In the case of applying the provisions of Article 88 to the calculation of the per capita amount of insured prescribed in Article 18, paragraph (2), item (iv) of the Order for the specified period of fiscal year 2008 and fiscal year 2009, the phrase "the amount of expenses, etc. required for benefits for medical treatment, etc." in the same Article is deemed to be replaced with "medical expenses, etc. for the elderly prescribed in Article 46-22 of the Health and Medical Services Act for the Elderly (Act No. 80 of 1982) prior to the revision by the provisions of Article 7 of the Act for Partial Revision of the Health Insurance Act, etc. (Act No. 83 of 2006)".

(transitional measure Concerning the Calculation Method of the Assumed Insurance Premiums Receipt Rate)

Article 7 In the case of applying the provisions of Article 89 to the calculation of the estimated insurance premiums collection rate pertaining to the specified period of fiscal year 2008 and fiscal year 2009, the term "the collection rate, etc. pertaining to general collection" in the same Article is deemed to be replaced with "the collection rate, etc. pertaining to the national health insurance premiums or national health insurance premiums of a household headed by a person who is 75 years of age or older".

(transitional measure for Calculating the Estimated Value of the Income Coefficient)

Article 8 In the case of applying the provisions of Article 90 to the calculation of the prospective value of the income coefficient pertaining to the specified period of fiscal year 2008 and fiscal year 2009, the phrase "the value, etc. of the income coefficient for each of the past fiscal years in" in the same Article is deemed to be replaced with "the value, etc. of the income coefficient calculated based on the amount of gross income, etc. after basic personal exemption pertaining to the recipient of medical care for the elderly prescribed in Article 17, paragraph (2), item (iv) of the Health and Medical Services Act for the Elderly (Act No. 80 of 1982) prior to the revision by the provisions of Article 7 of the Act for Partial Revision of the Health Insurance Act, etc. (Act No. 83 of 2006) in the past in the municipality that is a member of".

(Date Specified by Order of the Ministry of Health, Labour and Welfare as Referred to in Article 12, Paragraph (1) of the Supplementary Provisions of the Order)

Article 9 The date specified by Order of the Ministry of Health, Labour and

Welfare as referred to in Article 12, paragraph (1) of the Supplementary Provisions of the Order is December 10, 2007.

(Matters Specified by Order of the Ministry of Health, Labour and Welfare as Referred to in Article 12, Paragraph (1) of the Supplementary Provisions of the Order)

Article 10 The provisions of Article 93 apply mutatis mutandis to the matters specified by Order of Order of the Ministry of Health, Labour and Welfare referred to in Article 12, paragraph (1) of the Supplementary Provisions of the Order.

(Method of Calculating the Estimated Amount of Pension under Article 12, Paragraph (1), Item (I) of the Supplementary Provisions of the Order)

Article 11 The prospective amount of pension referred to in Article 12, paragraph (1), item (i) of the Supplemental Provisions of the Order is the amount obtained by dividing the total amount of old age, etc., pension benefit to be received during the period from December 1, 2007 to May 31, 2008, by six, and multiplying the result by twelve (if the result includes a fraction less than one yen, the fraction is rounded off).

(Special Circumstances Specified by Order of the Ministry of Health, Labour and Welfare Referred to in Article 12, Paragraph (1), Item (ii) of the Supplemental Provisions of the Order)

Article 12 The provisions of Article 94 apply mutatis mutandis to the special circumstances specified by Order of Order of the Ministry of Health, Labour and Welfare referred to in Article 12, paragraph (1), item (ii) of the Supplementary Provisions of the Order. In this case, the term "from June 1 of the relevant year to May 31 of the following year" in Article 94 is deemed to be replaced with "from April 1, 2008 to March 31, 2009".

(Amount Specified by Order of the Ministry of Health, Labour and Welfare Referred to in Article 12, Paragraph (4), Item (I) of the Supplemental Provisions of the Order)

Article 13 The amount specified by the Prefectural or Municipal Order of the Ministry of Health, Labour and Welfare referred to in Article 12, paragraph (4), item (i) of the Supplemental Provisions of the Order is the amount obtained by dividing the amount of the old age, etc., pension benefit pertaining to the notification referred to in paragraph (1) of the same Article by six (if the calculated amount includes a fraction less than one yen, the fraction is rounded down to the nearest whole number) and then dividing the result by two.

(Amount Specified by Order of the Ministry of Health, Labour and Welfare as Referred to in Article 12, Paragraph (4), Item (I), (a) of the Supplemental Provisions of the Order)

Article 14 The amount specified by Order of the Ministry of Health, Labour and Welfare referred to in Article 12, paragraph (4), item (i), (a) of the Supplementary Provisions of the Order is the estimated amount of insurance premiums pertaining to an Old Age pension benefit to be paid for the first time on or after April 1, 2008, divided by the number of payments and calculated pursuant to the provisions of paragraph (5) of the same Article.

(Amount Specified by Order of the Ministry of Health, Labour and Welfare as Referred to in Article 12, Paragraph (4), Item (I), (b) of the Supplemental Provisions of the Order)

Article 15 The amount specified by Order of the Ministry of Health, Labour and Welfare referred to in Article 12, paragraph (4), item (i), (b) of the Supplementary Provisions of the Order is the amount equivalent to the amount of insurance premiums divided by the number of payments prescribed in Article 140, paragraph (1), Long-Term Care Insurance Act (including the cases where it is applied mutatis mutandis pursuant to Article 45-2, paragraph (1) and Article 45-3, paragraph (1) of the Order for Enforcement of Long-Term Care Insurance Act) pertaining to an Old Age pension benefit to be paid for the first time on or after April 1, 2008, or the estimated amount of insurance premiums divided by the number of payments calculated pursuant to the provisions of Article 135, paragraph (4) of the same Act (in the case where there are special circumstances where it is found inappropriate to use the amount, the amount specified by a municipality by taking into consideration the income status and other circumstances).

(Amount Specified by Order of the Ministry of Health, Labour and Welfare Referred to in Article 12, Paragraph (5) of the Supplemental Provisions of the Order)

Article 16 The amount specified by Order of the Ministry of Health, Labour and Welfare as referred to in Article 12, paragraph (5) of the Supplementary Provisions of the Order is the amount obtained by dividing by three the amount equivalent to half of the estimated amount of insurance premiums for fiscal 2008 calculated in accordance with the standards referred to in Article 18 of the Order and Article 12, paragraphs (1) and (2) of the Supplementary Provisions (if the amount includes a fraction less than one hundred yen or if the total amount of the amount is less than one hundred yen, the fraction or the total amount is rounded down).

(Application Mutatis Mutandis to Special Collection of Insurance Premiums from April 1 to September 30, 2008)

Article 17 The provisions of Article 99, Articles 102 through 104 and Articles 107 through 109 apply mutatis mutandis to special collection as applied mutatis mutandis pursuant to Article 12, paragraph (6) of the Supplementary Provisions of the Order.

Article 18 A Person Under Obligation of Special Collection is to give a notice under the provisions of Article 137, paragraph (6), Long-Term Care Insurance Act as applied mutatis mutandis pursuant to Article 12, paragraph (6) of the Supplementary Provisions of the Order by the day on which the first pension benefit subject to special collection is paid on or after April 1, 2008.

Article 19 The case specified by Order of the Ministry of Health, Labour and Welfare Order of Article 138, paragraph (1), Long-Term Care Insurance Act, as applied mutatis mutandis pursuant to Article 12, paragraph (6) of the Supplementary Provisions of the Order, is a case where a Municipality finds it inappropriate to collect insurance premiums by the method of special collection for the insured subject to special collection due to the occurrence of disasters or other special circumstances.

(Change in the Special Collection Amount of Insurance Premiums in Fiscal Year 2008)

Article 20 (1) A Municipality, when a notification is made pursuant to the provisions of Article 12, paragraph (1) of the Supplemental Provisions of the Order, and when special collection is to be made pursuant to the provisions of paragraph (3) of the same Article, if there are special circumstances during the period from June 1 to September 30, 2008 with regard to a insured as prescribed in the same paragraph where it is found inappropriate to set the amount to be collected as the estimated amount of insurance premiums divided by the number of payments as prescribed in the same paragraph, may set, in lieu of the estimated amount of insurance premiums divided by the number of payments, the amount specified by a Municipality in consideration of income status and other circumstances (hereinafter referred to as the "estimated amount of insurance premiums divided by the number of payments to be changed in June 2008") as the amount of insurance premiums pertaining to the payment as prescribed in the same paragraph.

(2) In the case referred to in the preceding paragraph, the municipality must notify the person under obligation of special collection of the following matters by April 20, 2008. In this case, the procedure pertaining to the notification to the person under obligation of special collection (excluding the part concerning

the due date) is governed by the provisions of Article 136, paragraphs (3) through (6), Long-Term Care Insurance Act as applied *mutatis mutandis* pursuant to Article 12, paragraph (6) of the Supplemental Provisions of the Order.

- (i) the name, sex, date of birth, and address of the insured subject to special collection;
 - (ii) a statement to the effect that the amount pertaining to provisional collection will be changed and the estimated amount of insurance premiums divided by the number of payments that will be changed in June 2008.
 - (iii) the type of pension benefit subject to special collection and the name of the person under obligation of special collection.
- (3) The provisions of Article 99, Articles 102 through 105, Article 106, items (ii) and (iii), and Articles 107 through 109 apply *mutatis mutandis* to the special collection set forth in the preceding two paragraphs. In this case, the term "the amount of insurance premiums divided by the number of payments pertaining to the payment" in Article 103 is deemed to be replaced with "the estimated amount of insurance premiums divided by the number of payments pertaining to the payment", the term "the amount of insurance premiums divided by the number of payments prescribed in Article 136, paragraph (1), Long-Term Care Insurance Act" in Article 105, paragraph (1) is deemed to be replaced with "the estimated amount of insurance premiums divided by the number of payments prescribed in Article 135, paragraph (3), Long-Term Care Insurance Act", the term "the first day on or after October 1 of the year including the first day of the relevant fiscal year" in Article 106, items (ii) and (iii) is deemed to be replaced with "if the estimated amount of insurance premiums divided by the number of payments changing to June 2008 prescribed in Article 20, paragraph (1) of the Supplemental Provisions is deemed to be the amount of insurance premiums pertaining to the payment prescribed in Article 12, paragraph (3) of the Supplemental Provisions of the Order, the day on which the payment of the pension benefit subject to special collection pertaining to the collection of the amount is made", the term "for the fiscal year" in Tokyo is deemed to be replaced with "for the fiscal year following the fiscal year", and the term "during the fiscal year" in Tokyo is deemed to be pension benefit

Article 21 (1) In cases where a notification pursuant to the provisions of Article 12, paragraph (1) of the Supplemental Provisions of the Order is made, when a Municipality carries out special collection pursuant to the provisions of paragraph (3) of the same Article, if there are special circumstances during the period from August 1, 2008 to September 30, 2008 for a insured prescribed in the same paragraph where it finds it inappropriate to set the amount to be collected as the estimated amount of insurance premiums divided by the

number of payments or the estimated amount of insurance premiums divided by the number of payments to be changed in June 2008, the Municipality may set the amount specified by the Municipality in consideration of the income status and other circumstances (hereinafter referred to as the "estimated amount of insurance premiums divided by the number of payments to be changed in August 2008") as the amount of insurance premiums pertaining to the payment prescribed in the same paragraph, in lieu of the estimated amount of insurance premiums divided by the number of payments or the estimated amount of insurance premiums divided by the number of payments to be changed in June 2009.

(2) In the case referred to in the preceding paragraph, a municipality must notify a person under obligation of special collection of the following matters by June 20, 2008. In this case, the procedure pertaining to the notification to the person under obligation of special collection (excluding the part concerning the due date) is governed by the provisions of Article 136, paragraphs (3) through (6), Long-Term Care Insurance Act as applied *mutatis mutandis* pursuant to Article 12, paragraph (6) of the Supplemental Provisions of the Order.

(i) the name, sex, date of birth, and address of the insured subject to special collection;

(ii) a statement to the effect that the amount pertaining to provisional collection will be changed and the estimated amount of insurance premiums divided by the number of payments to be changed in August.

(iii) the type of pension benefit subject to special collection and the name of the person under obligation of special collection.

(3) The provisions of Article 99, Articles 102 through 105, Article 106, items (ii) and (iii), and Articles 107 through 109 apply *mutatis mutandis* to the special collection set forth in the preceding two paragraphs. In this case, the term "the amount of insurance premiums divided by the number of payments pertaining to the payment" in Article 103 is deemed to be replaced with "the estimated amount of insurance premiums divided by the number of payments pertaining to the payment", the term "the amount of insurance premiums divided by the number of payments prescribed in Article 136, paragraph (1), Long-Term Care Insurance Act" in Article 105, paragraph (1) is deemed to be replaced with "the estimated amount of insurance premiums divided by the number of payments prescribed in Article 135, paragraph (3), Long-Term Care Insurance Act", the term "the first payment date of the pension benefit subject to special collection on or after October 1 of the year including the first day of the relevant fiscal year" in Article 106, items (ii) and (iii) is deemed to be replaced with "the date of payment of the pension benefit subject to special collection pertaining to the collection of the amount when the estimated amount of insurance premiums divided by the number of payments changing to August 2008 prescribed in

Article 21, paragraph (1) of the Supplemental Provisions is deemed to be the amount of insurance premiums pertaining to the payment prescribed in Article 12, paragraph (3) of the Supplemental Provisions of the Order", the term "for the fiscal year" in Tokyo is deemed to be replaced with "for the fiscal year following the fiscal year", and the term "during the fiscal year" in Tokyo is deemed to.

(Calculation Method of the Specified Municipal Income Tax Rate)

Article 22 The specified municipal income tax rate prescribed in Article 13, item (iii) of the Supplementary Provisions of the Order is the rate specified by the Association of Medical Care Systems for the Elderly Aged 75 and older with regard to the specified municipality (meaning a municipality that falls under the standards specified by the Minister of Health, Labour and Welfare prescribed in Article 14, paragraph (1) of the Supplementary Provisions of the Act; the same applies hereinafter) by taking into consideration the benefit expense ratio calculated pursuant to the provisions of Article 13, item (iv) of the Supplementary Provisions of the Order and the transitional adjustment rate calculated pursuant to the provisions of item (v) of the same Article.

(Calculation Method of the Benefit Expense Ratio)

Article 23 The benefit expense ratio prescribed in Article 13, item (iv) of the Supplementary Provisions of the Order is the rate obtained by dividing the amount set forth in item (i) by the amount set forth in item (ii):

- (i) with regard to the Specified Municipality, the amount obtained by dividing the total amount of medical expenses for the elderly prescribed in Article 46-22 of the Health and Medical Services Act for the Elderly (Act No. 80 of 1982; hereinafter referred to as the "Long-Term Care Health Act prior to the revision by Article 7 of the Act Partially Amending the Health Insurance Act (Act No. 83 of 2006) during the period from fiscal year 2003 to fiscal year 2005 (referred to as "Medical Expenses for the Elderly "in the following item) by the total number of persons eligible for medical care benefits for the elderly prescribed in Article 17, paragraph (2), item (iv) of the Long-Term Care Health Act prior to the revision by April 2008 (referred to as "Persons Eligible for Medical Care Benefits for the Elderly "2008;
- (ii) the amount obtained by dividing the total sum of the total amount of medical expenses for the elderly in a municipality which has joined the Association of Medical Care Systems for the Elderly Aged 75 and older for the period from fiscal year 2003 to fiscal year 2005 by the total sum of the total number of persons eligible to receive medical care benefits for the elderly.

(Calculation Method for Per Capita Amount of insured Referred to in Article 13, Item (vi) of the Supplemental Provisions of the Order)

Article 24 The per capita amount of insured as prescribed in Article 13, item (vi) of the Order is the amount specified by the Association of Medical Care Systems for the Elderly Aged 75 and older by taking into consideration the benefit expense ratio calculated pursuant to the provisions of item (iv) of the same Article and the transitional adjustment rate calculated pursuant to the provisions of item (v) of the same Article with regard to the specified municipality.

(transitional measure Concerning Special Collection of Insurance Premiums in Fiscal Year 2008)

Article 25 In the case of applying the provisions of Article 95 to the special collection of insurance premiums in fiscal year 2008, the term "provisional collection (Long-Term Care Insurance Act Article 140, paragraph (1) or paragraph (2) Applied Mutatis Mutandis)" in item (i) of the same Article is deemed to be replaced with "provisional collection (Article 12, paragraph (3) of the Supplementary Provisions of the Order) in fiscal year 2008", and the term "provisional collection" in item (ii) of the same Article is deemed to be replaced with "provisional collection in fiscal year 2008".

(Support for Applying for the Issuance of an Individual Number Card)

Article 26 Until otherwise provided for by law, the Association of Medical Care Systems for the Elderly Aged 75 and older or a municipality may provide a insured with the necessary support concerning the insured's application for the issuance of an Individual Number Card (meaning the application prescribed in Article 16-2, paragraph (1) of the Act on the Use of Numbers to Identify a Specific Individual in Administrative Procedures) in order to facilitate the electronic certification of status prescribed in Article 64, paragraph (3) of the Act.

(Amount of Expenses Required for Outpatient Treatment Set Forth in Article 16, Paragraph (1) of the Cabinet Order as Applied Following the Deemed Replacement of Terms pursuant to the Provisions of Article 3, Paragraph (1) or Paragraph (2) of the Supplementary Provisions of the Cabinet Order on the Development of Related Cabinet Orders Accompanying the Partial Enforcement of the Act for Partial Revision of the Health Insurance Act, etc. to Establish a Whole-Generation Social Security System)

Article 27 The amount of expenses calculated pursuant to the provisions of a Order of the Ministry of Health, Labour and Welfare as set forth in Article 16, paragraph (1) of the Cabinet Order applied by replacing the terms pursuant to

the provisions of Article 3, paragraph (1) or paragraph (2) of the same Article of the Supplementary Provisions of the Cabinet Order on the Development of Related Cabinet Orders Accompanying the Partial Enforcement of the Act for Partial Revision of the Health Insurance Act, etc. to Establish a Whole-Generation Social Security System (Cabinet Order No. 14 of 2022) is the amount specified in each of the items of Article 63 pertaining to outpatient treatment pertaining to the sum of the amounts listed in the items of Article 14, paragraph (1) of the Cabinet Order or the sum of those amounts, in accordance with the category of the amounts listed in the respective items.