

# Measures of Wuhan City for Basic Medical Insurance

(Promulgated by Order No.313 of Wuhan Municipal People's Government on November 7th, 2022)

## Chapter I General Provisions

**Article 1** In order to regulate the basic medical insurance system, safeguard citizens' legal rights and interests in participating in basic medical insurance, guarantee insured personnel's lawful enjoyment of basic medical insurance benefits, and promote the sustainable and healthy development of basic medical insurance initiatives, in accordance with the provisions of the *Social Insurance Law of the People's Republic of China* and other laws and regulations, and based on the actual conditions of Wuhan City, these measures are hereby formulated.

**Article 2** These Measures shall apply to the enrollment

and payment, fund management, benefit payments, operating services, and supervision and administration of basic medical insurance within the scope of the overall planning of Wuhan City.

The term “basic medical insurance”, for the purpose of these Measures, include basic medical insurance for employees (hereinafter referred to as employee medical insurance) and basic medical insurance for urban and rural residents (hereinafter referred to as resident medical insurance).

**Article 3** The basic medical insurance system in Wuhan City upholds the principles of universal coverage, ensuring basic protection, unified planning for urban and rural areas, classified protection, and balancing income with expenditures.

**Article 4** Wuhan City’s basic medical insurance implements unified planning at the municipal level, with unified systems, policies, pooled funds, and integrated administration and services.

**Article 5** The municipal and district people’s governments (including the Administrative Committees of Wuhan East Lake New Technology Development Zone, Wuhan Economic and Technological Development Zone, and the Municipal East Lake Ecological Tourism Scenic Area) shall strengthen the organization and leadership of basic medical insurance activities, incorporate the basic medical insurance initiatives into the national

economic and social development plans, ensure necessary financial input, strengthen supervision and administration of basic medical insurance funds to guarantee the safe and effective operation of the funds.

Sub-district offices(township people' s governments) shall properly carry out work related to basic medical insurance in accordance with their prescribed duties and responsibilities.

**Article 6** The administrative department of healthcare security is responsible for the management of basic medical insurance within the scope of overall planning of Wuhan City.

Healthcare security agencies are responsible for providing medical insurance services, properly carrying out work related to medical insurance registration, personal rights and interests records, medical insurance benefits payment, etc.

The departments of finance, human resources and social security, health, taxation, civil affairs and retired military personnel are responsible for the relevant basic medical insurance activities within their respective functions and duties.

**Article 7** In addition to the establishment of the basic medical insurance system, supplementary medical insurance and medical assistance systems as complementary measures in Wuhan City shall also be developed. The specific methods and regulations for this are formulated separately by the Municipal

People's Government.

## **Chapter II Participation and Payment**

**Article 8** Government agencies, enterprises, public institutions, social organizations, individual businesses with employees, and their employees, as well as other individuals as stipulated by the State who are required to participate in employee medical insurance, shall participate in employee medical insurance.

All urban and rural residents who are not covered by employee medical insurance or entitled to other specified benefits may participate in resident medical insurance.

Individual businesses without employees, part-time employees who are not participating in employee medical insurance through an employer, and other employed personnel (hereinafter collectively referred to as flexible employment personnel) are encouraged to participate in the employee medical insurance program.

Basic medical insurance shall not be insured repeatedly.

**Article 9** Employers must, within 30 days from the date of establishment, apply for employee medical insurance registration in accordance with the law.

If an employing entity merges, splits, goes bankrupt, is

revoked, establishes or terminates labor relations with employees, it shall apply for changes or cancellation of the employee medical insurance registration within 30 days.

Flexible employees participating in employee medical insurance shall apply to the administrative department of healthcare security for employee medical insurance registration.

**Article 10** Employee medical insurance premiums are jointly paid on a monthly basis by employers and employees. Employers must independently declare and timely pay the employee medical insurance premiums in full. They are not allowed to postpone or reduce payments, except for legally defined reasons such as force majeure. The individual contribution of employees is withheld and paid by the employer.

Flexible workers participating in employee medical insurance shall personally pay the employee medical insurance premiums to the medical insurance collection agencies in accordance with the regulations.

**Article 11** Individuals participating in resident medical insurance can register for enrollment in resident medical insurance at their household registration location or place of residence.

Full-time undergraduate and graduate students (referred to as university students) receiving general higher education in full-time ordinary colleges and universities (including private

colleges, independent colleges, branches, and higher vocational and technical colleges) as well as research institutes (collectively referred to as university and research institutes) shall participate in resident medical insurance, and the enrollment is organized collectively by the university and research institutes.

**Article 12** The medical insurance premium for residents consists of two parts: individual contributions and government subsidies. The amount of individual contributions and the standard of government subsidies shall not be lower than the national and provincial regulations.

Resident medical insurance premiums are collected on an annual basis. Resident medical insurance participants should make a one-time payment for the next year's resident medical insurance premium during the annual centralized payment period. The specific timing of the centralized payment period shall be determined based on the announcement made by the medical insurance agency for that year. University students participating in resident medical insurance have their payments organized and collected collectively by the university and research institutes. If payment is not made in a timely manner, it can be made as required.

**Article 13** The payment standards and subsidy standards for basic medical insurance premiums shall be formulated by

the municipal administrative department of healthcare security jointly with relevant departments according to the level of economic and social development and the operation of basic medical insurance funds, and shall be promulgated and implemented after being submitted to the Municipal People's Government for approval.

For those who are entitled to individual contribution subsidies for basic medical insurance as stipulated by the State, province and Wuhan City, the relevant provisions shall apply. Personnel meeting multiple government subsidy conditions shall enjoy the subsidies according to the principle of taking the highest without repetition.

**Article 14** Basic medical insurance premiums shall be collected and paid uniformly in Wuhan City. The medical insurance premium collection agencies shall collect basic medical insurance premiums in full and on time according to law, and provide the payment status to the healthcare security agency in a timely manner.

### **Chapter III Fund Management**

**Article 15** The basic medical insurance fund includes the employee medical insurance fund and the resident medical insurance fund.

The employee medical insurance fund consists of a pooling fund and individual accounts. The medical insurance premiums paid by employers are entirely allocated to the pooling fund, while the criteria for contributions to individual accounts are determined according to relevant regulations.

The resident medical insurance fund is established as a pooling fund according to regulations, without individual accounts.

**Article 16** The basic medical insurance fund shall be managed as a special financial account and shall be used for intended purposes, and shall not be misappropriated. The employee medical insurance fund and the resident medical insurance fund shall maintain separate accounts; the unified national fund financial system, accounting system, and fund budget and final accounts management system shall be implemented.

**Article 17** The healthcare security agency shall set up individual accounts for employees participating in employee medical insurance, and specific administrative measures shall be separately formulated by the municipal administrative department of healthcare security jointly with the municipal financial department.

## **Chapter IV Basic Medical Insurance Benefits**

**Article 18** Employees start receiving employee medical



insurance benefits from the month following their payment of employee medical insurance premiums.

Flexible employees who participate in employee medical insurance will start receiving employee medical insurance benefits from the month following six months of prescribed premium payments. In the event of interrupted payment of employee medical insurance premiums, individuals may make up the missed payments according to regulations. The specific procedures for reimbursement of medical expenses during the interruption and makeup periods shall be formulated separately by the municipal administrative department responsible for healthcare security.

Employees who are covered by employee medical insurance and have paid premiums for the required number of years until they reach the statutory retirement age are not required to continue paying basic medical insurance premiums after retirement. They will be entitled to receive basic medical insurance benefits as stipulated by the national regulations. If the required number of years of premium payment has not been reached, they have the option to continue paying premiums until they meet the national requirements.

**Article 19** For residents participating in resident medical insurance who pay premiums during the centralized payment period, the coverage period is from January to December of the

year following the premium payment. For newborns and participants who do not pay premiums during the centralized payment period, the coverage period is separately stipulated by the municipal administrative department of healthcare security together with other relevant municipal departments.

**Article 20** Basic medical insurance participants are entitled to reimbursement for ordinary outpatient visits, outpatient treatment for chronic diseases, special illnesses, and hospitalization expenses in accordance with the regulations of Wuhan City.

The medical expenses incurred by the insured person in the designated medical institutions within the scope of overall planning in Wuhan City that conform to the provisions of basic medical insurance shall be paid by the individual; the expenses below the deductible of the pooling fund or the portion exceeding the maximum payment shall be paid by the individual; the portion above the deductible of the pooling fund and below the maximum payment shall be shared between the pooling fund and individuals according to the prescribed ratios and the grade of the medical institution.

The specific administrative measures for the overall planning system of general outpatient service and the overall planning system of outpatient chronic and special diseases shall be formulated by the municipal administrative department of

healthcare security jointly with relevant departments , and shall be promulgated and implemented after being submitted to the Municipal People’ s Government for approval.

The deductible , maximum payment limit and cost-sharing ratio between the pooling fund and individuals shall be formulated by the municipal administrative department of healthcare security jointly with the municipal financial department , and shall be promulgated and implemented after being submitted to the Municipal People’ s Government for approval.

**Article 21** If an insured member needs to use Class B drugs in the basic medical insurance catalog or Class B medical services in the medical service catalog due to illness , they shall first bear a certain percentage of the cost individually , and the remainder shall be handled in accordance with relevant provisions on general outpatient care , outpatient care for chronic and special illnesses , and hospitalization. The specific percentage of costs to be borne by individuals shall be separately stipulated by the municipal administrative department of healthcare security.

**Article 22** For insured individuals who have completed the registration for relocation , permanent residence in another location , or long-term residence in another location through the healthcare security agency , medical expenses incurred at designated medical institutions in their placement location ,

permanent residence location, or long-term residence location shall be handled in accordance with the regulations stipulated in Article 20 and Article 21 of these Measures.

For medical expenses incurred by insured members at medical institutions outside the pooling scope of Wuhan City due to other circumstances, individuals shall first pay 10% of the expenses, and the remainder shall be handled in accordance with Articles 20 and 21 of these Measures.

**Article 23** The basic medical insurance fund shall not be used to pay the following medical expenses:

(1) Expenses that should be paid from the work-related injury insurance fund;

(2) Expenses that should be borne by a third party;

(3) Expenses that should be Covered by public health funding;

(4) Medical expenses incurred overseas;

(5) Expenses for sports, fitness, health preservation, and health checkups; and

(6) Other expenses stipulated by the State as not payable from the basic medical insurance fund.

Medical expenses incurred due to major pandemics, disasters or serious accidents shall be paid by funds arranged by the people's governments at the corresponding levels unless otherwise stipulated by the State.

## **Chapter V Settlement Services**

**Article 24** Incurred medical expenses at designated medical institutions by insured individuals should be settled as follows: the portion to be borne by the individual is settled between the individual and the designated medical institution; the portion to be paid by the pooling fund is settled between the healthcare security agency and the designated medical institution.

For insured individuals who transfer from designated medical institutions within Wuhan City to non-designated medical institutions or incur medical expenses for hospitalization after emergency treatment at non-designated medical institutions, the individual shall initially bear the costs, and after treatment is completed, they shall promptly submit relevant documents to the healthcare security agency for verification and settlement. Medical expenses incurred by university students are consolidated by the university and research institutes and submitted to the healthcare security agency for verification and settlement.

**Article 25** Insured individuals who require medical treatment outside the scope of the overall planning of Wuhan City due to illness can, after completing the procedures for out-of-town medical treatment filing, directly settle their medical

expenses at designated medical institutions in the location where they filed for out-of-town treatment, provided that out-of-town settlement services have been activated there. Medical expenses incurred without proper filing and seeking treatment independently should be initially paid for by the individual. After the treatment is completed, the individual shall promptly submit the relevant documents to the healthcare security agency for review and reimbursement.

**Article 26** Wuhan City implements a designated managementsystem for medical institutions and retail pharmacies. The management measures for designated medical institutions and designated retail pharmacies are formulated by the municipal administrative department of healthcare security.

Medical institutions and retail pharmacies can submit applications for designation to healthcare security agencies. Designated medical institutions and retail pharmacies that pass the evaluation shall enter into a healthcare security service agreement with the healthcare security agencies.

**Article 27** Designated medical institutions shall strictly adhere to the healthcare security service agreement, provide reasonable diagnosis and treatment and charge reasonable fees, and prioritize the use of medical insurance-listed drugs, medical consumables, and healthcare services items listed in the catalog, control the out-of-pocket expenses for patients and

improves the efficiency of fund utilization. Designated medical institutions shall not provide medical insurance settlements for non-designated medical institutions.

Designated retail pharmacies shall provide such services as consultation, medication safety, sales of medical insurance drugs, and settlement of medical insurance expenses to insured individuals.

The drug directory, diagnosis and treatment items, medical service facilities and payment standards of basic medical insurance shall be implemented in accordance with the relevant provisions of the State and the province.

## **Chapter VI Supervision and Administration**

**Article 28** The departments of healthcare security, health, market regulation, finance, auditing and public security shall divide their responsibilities and cooperate with each other, establish mechanisms for communication and coordination and case transfer, and jointly take proper steps in the supervision and administration of fund use.

The administrative department of healthcare security shall strengthen the supervision over the medical service behaviors and medical expenses included in the scope of fund payment, regulate the handling of healthcare security transactions, and

take legal actions to address any illegal use of funds.

**Article 29** If administrative departments of healthcare security, medical insurance handling agencies and other departments with supervisory responsibilities abuse their power, neglect their duties or engage in malpractice in the administration and supervision of basic medical insurance, direct supervisors and other directly responsible personnel shall be punished according to law. If a crime is constituted, criminal liability shall be investigated according to law.

## **Chapter VII Supplementary Provisions**

**Article 30** These Measures shall come into force as of January 1st, 2023. The *Measures of Wuhan City for Basic Medical Insurance for Urban Employees* promulgated by Order No. 126 of the Municipal People's Government on October 31st, 2001 and amended by Order No. 164 of the Municipal People's Government on September 1st, 2005, shall be repealed simultaneously.