

PERFORMANCE INDICATORS (PIS)

Of Statutory Social Insurance Schemes

Note:

- 1), This set of PIS is designed for monitoring the overall performance of a statutory social insurance scheme by its governing body and executive directors.
- 2), It has three sub-groups, namely PIS of long-term cash benefit schemes, short-term cash benefit schemes and health insurance schemes respectively.
- 3), Each sub-group consists of 4 categories: Coverage PIS, Benefit PIS, Finance PIS and Administration PIS.
- 4), All PIS, whatever category they belong to, are vertically divided into two classes, notably Core PIS and Other PIS.
- 5), The sub-group of PIS of long-term cash benefit schemes has a total of 81 indicators with 30 Core PIS, while PIS of short-term cash benefit and health insurance have a total of 73 with 25 Core PIS, and 88 with 32 Core PIS respectively.

1. PIS of Long-term Cash Benefit Scheme

1.1 Coverage PIS

General aim: to evaluate its current status and progress on the extension of coverage made in period t.

<u>Code</u>	<u>Core PIS</u>	<u>Other PIS</u>	<u>Definition</u>	<u>Calculation</u>
C1a1		Number of insured persons	The number of persons who were effectively insured under the social insurance scheme in question at the end of period t. (Note: the self-employed may be included.)	Σ insured persons (t)
C1a2		Change in number of insured persons	Increase / decrease in the number of persons insured at the end of period t as a percentage of the insured persons at the end of period t-1.	$[C1a1(t) - C1a1(t-1)] / C1a1(t-1) * 100\%$
C1a3		Number of legally covered persons	The number of persons who, as required by the law, should be insured under the scheme at the end of period t.	Σ legally covered persons (t)
C1a4	Coverage Rate (insured persons)		The number of insured persons as a percentage of the legally covered population at the end of period t.	$C1a1(t) / C1a3(t) * 100\%$

<u>Code</u>	<u>Core PIS</u>	<u>Other PIS</u>	<u>Definition</u>	<u>Calculation</u>
C2a1	Coverage Rate (self-employed or other specific groups)	Number of insured self-employed (or other specific groups)	The number of the self-employed who were effectively insured under the social insurance scheme in question at the end of period t.	Σ insured self-employed (t)
C2a2		Change in number of insured self-employed	Increase / decrease in the number of the self-employed insured at the end of period t as a percentage of the total insured self-employed at the end of period t-1.	$[C2a1(t) - C2a1(t-1)] / C2a1(t-1) * 100\%$
C2a3		Number of legally covered self-employed	The number of the self-employed who, as required by the law, should be insured under the scheme at the end of period t.	Σ legally covered self-employed (t)
C2a4			The number of effectively insured self-employed as a percentage of the legally covered self-employed at the end of period t.	$C2a1(t) / C2a3(t) * 100\%$
C3a1	Coverage Rate (beneficiaries)	Number of beneficiaries	The number of persons receiving benefits from the scheme in period t.	Σ beneficiaries (t)
C3a2		Change in number of beneficiaries	Increase / decrease in the number of beneficiaries in period t as a percentage of that in period t-1.	$[C3a1(t) - C3a1(t-1)] / C3a1(t-1) * 100\%$
C3a3		Number of potential beneficiaries	The number of persons subject to the given / covered contingency in period t. E.g. the number of persons over pensionable age in case of old-age insurance.	Σ potential beneficiaries (t)
C3a4			The number of actual beneficiaries as a percentage of the total population subject to the given/insured contingency in period t. E.g. percentage of population over pensionable age receiving a pension in the case of old-age insurance.	$C3a1(t) / C3a3(t) * 100\%$
C4a1		Number of contributing employers	The number of employers actually contributing to the scheme in period t.	Σ contributing employers (t)

<u>Code</u>	<u>Core PIS</u>	<u>Other PIS</u>	<u>Definition</u>	<u>Calculation</u>
C4a2		Change in number of contributing employers	Increase / decrease in the number of contributing employers in period t as a percentage of those in period t-1.	$[C4a1(t) - C4a1(t-1)] / C4a1(t-1) * 100\%$
C4a3		Number of legally covered employers	The number of employers who, as required by the law, should be insured under the scheme in period t.	Σ legally covered employers (t)
C4a4	Coverage Rate (employers)		The number of contributing employers as a percentage of the legally covered employers in period t.	$C4a1(t) / C4a3(t) * 100\%$
1.2 Benefit PIS				
General aim: to evaluate its benefit adequacy, benefit disparity and evolution occurred in period t.				
B1a1		Average benefit of all	The amount of monthly benefit paid to beneficiaries on average in period t.	$\Sigma \text{ benefits (t)} / \Sigma \text{ beneficiaries (t)} / \Sigma \text{ months of payments}$
B1a2		Change in average benefit of all	Increase / decrease in average monthly benefit paid in period t as a percentage of average monthly benefit paid in period t-1.	$[B1a1(t) - B1a1(t-1)] / B1a1(t-1) * 100\%$
B1b1	Adjustment rate (inflation)		The effective adjustment rate of benefits in payment is the difference between the annual rate of increase in consume prices and the average annual rate of adjustment in the value of benefits.	$B1a2(t) - \text{inflation rate (t)}$
B1b2	Adjustment rate (wage)		The effective adjustment rate of benefits in payment is the difference between the annual rate of increase in wages and the average annual rate of adjustment in the value of benefits.	$B1a2(t) - \text{wage increase rate (t)}$
B1c3	Ratio of average benefit of all to average salary (or average replacement rate)		The average monthly benefit in proportion to average salary earned by all persons covered under the scheme in period t.	$B1a1(t) : \text{Average salary (t)}$

<u>Code</u>	<u>Core PIS</u>	<u>Other PIS</u>	<u>Definition</u>	<u>Calculation</u>
B2a1		Average benefit of bottom-decile	The average monthly benefit paid to those receiving the lowest benefits and accounting for 10% of the total beneficiaries in period t.	Σ amounts of bottom-decile benefits (t) / Σ number of bottom-decile beneficiaries (t) / Σ months of payments
B2a2	Change in average benefit of bottom-decile		Increase / decrease in average benefit of bottom-decile in period t as a percentage of average benefit of bottom-decile in period t-1.	$[B2a1(t) - B2a1(t-1)] / B2a1(t-1) * 100\%$
B2a3	Ratio of average benefit of bottom-decile to average benefit of all		The average benefit of bottom-decile in proportion to the average benefit of all in period t.	$B2a1(t) : B1a1(t)$
B2a4		Ratio of average benefit of bottom-decile to minimum wage	The average benefit of bottom-decile in proportion to the minimum wage (or poverty line) in period t.	$B2a1(t) : \text{Minimum wage (t)}$
B3a1		Average benefit of top-decile	The average amount of benefit paid to those receiving the highest benefits and accounting for 10% of the total beneficiaries in period t.	Σ amount of top-decile benefits (t) / Σ number of top-decile beneficiaries (t) / Σ months of payments
B3a2		Change in average benefit of top-decile	Increase / decrease in average benefit of top-decile in period t as a percentage of average benefit of top-decile in period t-1.	$[B2a1(t) - B2a1(t-1)] / B2a1(t-1) * 100\%$
B3a3	Ratio of average benefit of bottom-decile to that of top-decile		The average monthly benefit of bottom-decile in proportion to that of top-decile in period t.	$B2a1(t) : B3a1(t)$
B4a1	Average replacement rate of new beneficiaries		The average amount of benefits paid to new beneficiaries in period t as a percentage of their to-be-replaced average income.	Average monthly benefit of new beneficiaries (t) / their to-be-replaced average monthly salary * 100%

<u>Code</u>	<u>Core PIS</u>	<u>Other PIS</u>	<u>Definition</u>	<u>Calculation</u>
B4a2		Change in average replacement rate of new beneficiaries	Increase /decrease in the average income replacement rate of new beneficiaries occurred in period t as a percentage of the average income replacement rate of new beneficiaries occurred in period t-1.	$[B4a1(t) - B4a1(t-1)] / B4a1(t-1) * 100\%$
B4a3	Ratio of average benefit of new beneficiaries to that of all		The average amount of benefits paid to new beneficiaries in period t in proportion to that of all.	Average monthly benefit of new beneficiaries (t) : B1a1(t)
1.3 Finance PIS				
General aim: to assess its financial structure, health and evolution occurred in period t.				
F1a1		Annual Revenue	The total amount of revenues that the scheme generated in period t.	$\Sigma \text{ incomes (t)}$
F1a2		Change in Annual Revenue	Increase / decrease in annual revenue generated in period t as a percentage of the annual revenue generated in period t-1	$[(F1a1(t) - F1a1(t-1)) / F1a1(t-1) * 100\%$
F1b1	Contribution share		The amount of contributions collected in period t as a percentage of annual revenue.	$\Sigma \text{ contributions (t) } / F1a1(t) * 100\%$
F1b2	Subsidy share		The amount of subsidies received from the Government in period t as a percentage of annual revenue.	$[\Sigma \text{ subsidies (t) } / F1a1(t)] * 100\%$
F1b3	Investment income share		The amount of income generated from investment in period t as a percentage of annual revenue.	$\Sigma \text{ investment incomes (t) } / F1a1(t) * 100\%$
F2a1		Annual Expenditure	The total amount of expenditures that the scheme spent in period t.	$\Sigma \text{ expenditures (t)}$
F2a2		Change in Annual Expenditure	Increase / decrease in annual expenditure spent in period t as a percentage of annual expenditure spent in period t-1.	$[F2a1(t) - F2a1(t-1)] / F2a1(t-1) * 100\%$

<u>Code</u>	<u>Core PIS</u>	<u>Other PIS</u>	<u>Definition</u>	<u>Calculation</u>
F2b1		Benefit share	The amount of costs on benefits paid out in period t as a percentage of annual expenditure.	$\Sigma \text{ benefit expenditures (t) / F2a1(t) * 100\%}$
F2c1		Administration cost ratio (expenditure)	The amount of costs on scheme management spent in period t as a percentage of annual expenditure.	$\Sigma \text{ administration costs (t) / F2a1(t) * 100\%}$
F2c2		Administration cost ratio (revenue)	The amount of costs on scheme management spent in period t as a percentage of annual revenue.	$\Sigma \text{ administration costs (t) / F1a1(t) * 100\%}$
F2c3	Administration cost ratio (expenditure + revenue)		The amount of costs on scheme management spent in period t as a percentage of the combined amount of annual expenditure and revenue.	$\Sigma \text{ administration costs (t) / \{F2a1(t) + F1a1(t)\} * 100\%}$
F3a1	Annual balance		The total amount of surpluses or deficits arising from debiting annual expenditure against annual revenue in period t.	$F1a1(t) - F2a1(t)$
F3a2		Change in Annual Balance	Increase / decrease in annual balance occurred in period t as a percentage of annual balance in period t-1.	$[F3a1(t) - F3a1(t-1)] / F3a1(t-1) * 100\%$
F3b1	Accumulated balance		The overall surpluses / deficits at the end of period t that the scheme accumulated from period t-n to period t.	$\Sigma F3a1(t, t-1, t-2, \dots, t-n)$
F3b2	Ratio of accumulated balance to annual expenditure		Accumulated surplus / deficit in proportion to the annual expenditure spent in period t.	$F3b1(t) : F2a1(t)$
F3c1	Demographic ratio		The number of beneficiaries against the number of worker-contributors.	$C2a1(t) / C1a2(t) * 100\%$
F4a1		Total investment	The total amount of funds the scheme invested in the financial and real estate markets at the end of period t.	$\Sigma \text{ investment (t)}$

<u>Code</u>	<u>Core PIS</u>	<u>Other PIS</u>	<u>Definition</u>	<u>Calculation</u>
F4a2	Ratio of investment to GDP	Ratio of total investment to accumulated surplus	The total amount that the scheme invested in the financial and real estate markets at the end of period t in proportion to accumulated balance.	$F4a1(t) : F3b1(t)$
F4a3			The total amount that the scheme invested in the financial and real estate markets at the end of period t as a percentage of GDP.	$F4a1(t) / GDP(t) * 100\%$
F4b1		Distributive structure	The amount that the scheme invested in each major instrument, such as share, bond, foreign currency exchange, property, overseas market and cash, etc. at the end of period t as a percentage of total investment and the ratios among them.	% of F4a1 in share (t) : % in bond (t): % in foreign currency exchange (t) : % in property (t): % in overseas markets (t)
F4b2		Domestic share	The amount that the scheme invested in the domestic markets as a percentage of total investment at the end of period t.	$[F4a1(t) - \text{overseas investment (t)}] / F4a1(t) * 100\%$
F4b3		Ratio of investment in domestic stock markets to the overall value of the latter	The market value of the amount that the scheme invested in the domestic stock markets in proportion to the total value of domestic stock markets at the end of period t.	$\Sigma \text{ values of the investment of the scheme in the domestic stock markets (t)} : \Sigma \text{ values of the domestic stock markets}$
F4c1		Ratio of various nominal rates of return	The nominal rate of return (RR) on share that the scheme gained in period t in proportion to its RRs on other products.	RR on share (t): RR on bond (t): RR on foreign currency exchange (t): RR on property (t): RR on overseas markets (t)
F4c2		Average nominal rate of return	The amount of incomes that the scheme earned from investment in period t as a percentage of its capital.	$\Sigma \text{ investment incomes (t)} / F4a1(t) * 100\%$
F4c3		Average real rate of return	The result of deducting the average rate of inflation from average nominal rate of return on investment in period t.	F4b3 - Average rate of inflation

<u>Code</u>	<u>Core PIS</u>	<u>Other PIS</u>	<u>Definition</u>	<u>Calculation</u>
F4c4	Ratio of scheme's return rate to average market rate		The average rate of return on investment that the scheme realized in period t in proportion to the average market rate/s.	F4c3(t) : Average market rate (t)
1.4 Administration PIS				
General aim: to assess its administrative capacity, services' quality and evolution occurred in period t.				
A1a1	Share of processed claims		The number of benefit claims that have been processed in period t as a percentage of the submitted total.	$\Sigma \text{ processed claims (t)} / \Sigma \text{ submitted claims (t)} * 100\%$
A1a2	Processing days per claim		The average length of time (in days) between the receipt of the claim and the first payment of benefit during period t.	$\Sigma \text{ days used for claim processing (t)} / \Sigma \text{ processed claims (t)}$
A2a3		Change in days per claim processed	Increase / decrease in average days for claim processing in period t as a percentage of average days in period t-1.	$[A3a2(t) - A3a2(t-1)] / A3a2(t-1) * 100\%$
A2a1	Inspecting rate (employers)		The number of employers inspected by the scheme in period t as a percentage of the total of legally covered employers.	$\Sigma \text{ employers inspected (t)} / C4a3(t) * 100\%$
A2a2		Unregistered employers detected	The number of employers, who should but had not registered with the scheme, were discovered in period t.	$\Sigma \text{ unregistered employers detected (t)}$
A2a3		Unregistered persons detected	The number of persons, who should but had not registered with the scheme, were discovered in period t.	$\Sigma \text{ unregistered persons detected (t)}$

<u>Code</u>	<u>Core PIS</u>	<u>Other PIS</u>	<u>Definition</u>	<u>Calculation</u>
A2b1	Contribution collecting rate (or Contribution arrear rate)		The amount of contributions collected in period t as a percentage of the total due. On the other side of coin stands the contribution arrear rate, which is calculated by dividing the amount of contributions in arrears occurred during period t by the amount of contribution due during the same period, or simply by subtracting the contribution collecting rate from 100%.	$\Sigma \text{ collected contributions (t)} / \Sigma \text{ due contributions (t)} * 100\%$
A2b2		Accumulated contributions in arrears	The present value of contributions in arrears accumulated until the end of period t. The present value is obtained by the rates of return on investment or the interest rate.	$[\text{Contributions in arrears (n)} * \{1 + R(n)\} * \{1 + R(n-1)\} * \dots * \{1 + R(1)\}] + [\text{Contributions in arrears (n-1)} * \{1 + R(n-1)\} * \{1 + R(n-2)\} * \dots * \{1 + R(1)\}] + \dots + [\text{Contributions in arrears (t)}]$
A2b3		Accumulated arrear as a percentage of contribution due	The accumulated contribution in arrears as a percentage of the contribution due in period t.	$A2a2(t) / \Sigma \text{ due contributions (t)} * 100\%$
A2b4		Detected / recovered contributions	The amount of unpaid contributions that the scheme detected / recovered in period t.	$\Sigma \text{ detected / recovered contributions (t)}$
A2b5		Detected / recovered contributions as a % of contribution income	The amount of contributions that the scheme detected / recovered in period t as a percentage of the total contribution income collected.	$A2b1(t) / \Sigma \text{ collected contributions (t)} * 100\%$
A2c1		Detected / recovered benefits	The amount of defrauded benefits that the scheme detected / recovered in period t.	$\Sigma \text{ detected / recovered benefits (t)}$
A2c2		Detected / recovered benefits as a % of benefit expenditure	The amount of defrauded benefits that the scheme detected / recovered in period t as a percentage of its total benefit expenditure.	$A2b3(t) / \Sigma \text{ benefit expenditure (t)} * 100\%$

<u>Code</u>	<u>Core PIS</u>	<u>Other PIS</u>	<u>Definition</u>	<u>Calculation</u>
A3a1	Complaint rate	Number of complaints / appeals filed	The number of complaints / appeals that the scheme received in period t.	Σ registered complaints / appeals (t)
A3a2		Change in number of filed complaints / appeals	Increase / decrease in number of complaints and appeals that the scheme registered in period t as a percentage of the number registered in period t-1.	$[A4a1(t) - A4a1(t-1)] / A4a1(t-1) * 100\%$
A3a3			The number of complaints / appeals made in period t as a percentage of the combined total of insured persons and beneficiaries.	$A4a1(t) / \Sigma$ insured persons and beneficiaries * 100%
A3b1	Share of settled complaints	Number of complaints / appeals settled	The number of complaints and appeals that were settled down in period t.	Σ settled complaints / appeals (t)
A3b2			The number of complaints and appeals that was settled in period t as a percentage of the filed total in the same period.	$A4b1(t) / A4a1(t) * 100\%$
A3b3		Days per settlement	The number of days that was used on average for settling the complaints / appeals in period t.	Σ days spent on settlement (t) / Σ settled cases (t)
A3b4		Change in days per settlement	Increase / decrease in days per settlement in period t as a percentage of the days in period t-1.	$A4b3(t) - A4b3(t-1) / A4b3(t-1) * 100\%$
A4a1	Ratio of staff to clients		The number of staff in the institution administering the scheme in period t in proportion to the number of active insured persons and/or beneficiaries.	Σ staff members (t) : Σ clients
A4a2		Share of university-educated staff	The number of staff members who held university or higher-level degrees in period t as a percentage of the total the scheme employed.	Σ staffs with university or higher degrees (t) / Σ staffs (t) * 100%

<u>Code</u>	<u>Core PIS</u>	<u>Other PIS</u>	<u>Definition</u>	<u>Calculation</u>
A4a3		Share of trained staff	The number of staff members who have received on-the-job training from period t-n to period t as a percentage of the total the scheme employed in period t.	$\Sigma \text{ trained staffs} / \Sigma \text{ staffs (t)} * 100\%$
A4a4		Ratio of staff salary to that in public sector	The amount of average remuneration of the staff administering the scheme in period t in proportion to that paid in the public sector.	Average remuneration of scheme's staff (t) : Average remuneration in the public sector (t)

2. PIS of Short-term Cash Benefit Scheme

2.1 Coverage PIS

Note: as same as 1.1.

2.2 Benefit PIS

Note: 4 more indicators added to that under 1.2.

B5a1		Average duration for benefit payment	The number of monthly payment per beneficiary that the scheme paid out on average in period t.	$\Sigma \text{ months of benefit paid (t)} / \Sigma \text{ beneficiaries (t)}$
B5a2		Change in average duration for benefit payment	Increase /decrease in average duration for benefit payment in period t as a percentage of average duration in period t-1.	$[B5a1(t) - B5a1(t-1)] / B5a1(t-1) * 100\%$
B5a3		Ratio of average duration for benefit payment to the maximum prescribed	The number of monthly payments per beneficiary that the scheme paid out in period t in proportion to the maximum length that the law prescribes.	B5a1(t) : Maximum number of months payable

<u>Code</u>	<u>Core PIS</u>	<u>Other PIS</u>	<u>Definition</u>	<u>Calculation</u>
B6a1		Share of expired UI recipients	The number of UI recipients who have exhausted their entitlement to UI cash benefit without success in finding a job in period t as a percentage of the total UI beneficiaries.	$\Sigma \text{ Expired UI recipients (t)} / \Sigma \text{ UI beneficiaries (t)} * 100\%$

2.3 Finance PIS

Note: as same as 1.3 except that no investment indicators are included.

2.4 Administration PIS

Note: as same as 1.4.

3. PIS of Health Insurance Scheme

3.1 Coverage PIS

Note: as same as 1.1.

3.2 Benefit PIS

Note: they are redesigned.

B1a1	Doctor visits per beneficiary		The number of visits to doctors and dentists that beneficiaries made on average in period t.	$\Sigma \text{ doctor visits by beneficiaries (t)} / \Sigma \text{ beneficiaries (t)}$
B1a2		Change in doctor visits per beneficiary	Increase / decrease in the number of doctor visits per beneficiary made in period t as a percentage of the average number in period t-1.	$[B1a1(t) - B1a1(t-1)] / B1a1(t-1) * 100\%$
B1b1		Doctor visits per insured	The number of doctor visits that the insured made on average in period t.	$\Sigma \text{ doctor visits by the insured (t)} / \Sigma \text{ insured persons (t)}$

<u>Code</u>	<u>Core PIS</u>	<u>Other PIS</u>	<u>Definition</u>	<u>Calculation</u>
B1b2		Doctor visits per resident	The number of doctor visits that the inhabitants of the region / country concerned, whether insured or not, made on average in period t.	Σ doctor visits by residents (t) / Σ residents (t)
B1b3	Ratio of doctor visits per insured to that per resident		The number of doctor visits per insured in proportion to that per resident in period t.	B1b1(t) : B1b2(t)
B1c1		Doctor visits per insured in bottom-decile income group	The number of doctor visits that insured persons in the bottom-decile income group made on average in period t.	Σ doctor visits by bottom-decile income group (t) / Σ insured persons of this group (t)
B1c2	Ratio of doctor visits per insured in bottom-decile income category to that per insured		The number of doctor visits per insured person in the bottom-decile income group in proportion to that per insured in period t.	B1c1(t) : B1b1(t)
B2a1	Admissions per beneficiary		The number of admissions to hospital that beneficiaries with a minimum of one night of hospital stay had on average in period t.	Σ hospital admissions (t) / Σ beneficiaries with hospital stay (t)
B2a2		Changes in admissions per beneficiary	Increase / decrease in the number of admissions per beneficiary with hospital stay in period t as a percentage of the average number in period t-1.	$[B2a1(t) - B2a1(t-1)] / B2a1(t-1) * 100\%$
B2b1		Admissions per insured	The number of hospital admissions that the insured person had on average in period t.	Σ hospital admissions (t) / Σ insured persons (t)
B2b2		Admission per resident	The number of admissions that inhabitants in the region concerned had on average in period t.	Σ admissions to residents (t) / Σ residents (t)
B2b3	Ratio of admissions per insured to that per resident		The number of admissions per insured person in proportion to that per resident in period t.	Σ admissions per insured (t) / Σ admissions per resident (t)

<u>Code</u>	<u>Core PIS</u>	<u>Other PIS</u>	<u>Definition</u>	<u>Calculation</u>
B2c1		Admissions per insured in bottom-decile income group	The number of admissions that the insured person in the bottom-decile income group had on average in period t.	Σ hospital admissions (t) / Σ insured persons in bottom-decile income group (t)
B2c2	Ratio of admissions per insured in bottom-decile income group to that per insured		The number of admission per insured person in bottom-decile income group in proportion to that per insure in period t.	B2c1 (t) : B2b1 (t)
B3a1		Hospital nights per beneficiary	The hospital nights that beneficiaries, who stayed at least one night in a medical institute, spent on average in period t.	Σ hospital nights (t) / Σ beneficiaries with hospital stay (t)
B3a2		Hospital nights per inpatient	The hospital nights that in-patients, whether insured or not, spent on average in period t.	Σ hospital nights (t) / Σ inpatients (t)
B3a3	Ratio of hospital nights per beneficiary to that per inpatient		The hospital nights per beneficiary in proportion to that per patient spent in period t.	B3a1(t) : B3a2(t)
B3b1		Hospital nights per insured	The hospital nights that the insured spent on average in period t.	Σ hospital nights (t) / Σ insured persons (t)
B3b2		Hospital nights per insured in bottom-decile income group	The hospital nights that the insured person in the bottom-decile income group spent on average in period t.	Σ hospital nights (t) / Σ insured persons in this group (t)
B3b3	Ratio of hospital nights per insured in bottom-decile income group to that per insured		The average hospital nights per insured person in the bottom-decile income group in proportion to that per insure in period t.	B3b2 (t) : B3b1 (t)
B4a1	Average real reimbursement rate (beneficiaries)		The amount of reimbursements as a percentage of total medical costs, whether reimbursable or not, spent by the beneficiaries in period t.	Σ reimbursements (t) / Σ medical costs (t) * 100%

<u>Code</u>	<u>Core PIS</u>	<u>Other PIS</u>	<u>Definition</u>	<u>Calculation</u>
B4a2		Change in average real reimbursement rate (beneficiaries)	Increase / decrease in the average real reimbursement rate in period t as a percentage of the average rate in period t-1.	$[B4a1(t) - B4a1(t-1)] / B4a1(t-1) * 100\%$
B4b1		Average real reimbursement rate (top-decile spending group)	The amount of reimbursement as a percentage of total medical costs, whether insurable or not, spent by those whose spending is the highest in terms of per capita per annum and who accounted for 10% of the total beneficiaries in period t.	$\Sigma \text{ reimbursed costs (t)} / \Sigma \text{ total costs (t)} * 100\%$
B4b2		Benefit share of top-decile spending group	The amount of reimbursements paid back to the top-decile spending group as a percentage of the annual benefit expenditure of the scheme in period t.	$\Sigma \text{ benefits paid to beneficiaries in top-decile spending group (t)} / \Sigma \text{ total expense on benefits (t)} * 100\%$
B4c1	Ratio of average out-of-pocket payment to average salary income (beneficiaries)		The amount of medical costs, including user fees, co-payments, non-reimbursable costs, etc. that beneficiaries paid by themselves on average as a percentage of their average income in period t.	$\text{Average out-of-pocket payment (t)} / \text{Average income (t)} * 100\%$
B4c2	Ratio of average out-of-pocket payment to average salary income (beneficiaries in bottom-decile income category)		The amount of medical costs that beneficiaries in bottom-decile income group paid by themselves on average as a percentage of their average income in period t.	$\text{Average out-of-pocket payments (t)} / \text{Average incomes (t)} * 100\%$
B5a1	Cost of hospitalizations per beneficiary		The cost of hospitalizations that beneficiaries with at least one night stay in a medical institute spent on average in period t.	$\Sigma \text{ costs of hospitalization (t)} / \Sigma \text{ beneficiaries with hospital stay (t)}$
B5a2		Change in cost of hospitalizations per beneficiary	Increase / decrease in cost of hospitalizations per beneficiary in period t as a percentage of the average cost in period t-1.	$[B5a1(t) - B4a1(t-1)] / B5a1(t-1) * 100\%$
B5a3		Cost of hospitalization per patient	The cost of hospitalizations that patients in the region concerned, whether insured or not, with at least one night stay in a medical institute spent on average in period t.	$\Sigma \text{ costs of hospitalizations (t)} / \Sigma \text{ patients (t)}$

<u>Code</u>	<u>Core PIS</u>	<u>Other PIS</u>	<u>Definition</u>	<u>Calculation</u>
B5a4	Ratio of cost of hospitalizations per beneficiary to that per patient		The cost of hospitalizations per beneficiary in proportion to that per patient occurred in period t.	B5a1(t) : B5a3(t)
B5b1	Medical cost per beneficiary		The medical cost, whether outpatient or inpatient-related, that beneficiaries spent on average in period t.	Σ medical costs (t) / Σ beneficiaries (t)
B5b2		Change in medical cost per beneficiary	Increase / decrease in the medical cost per beneficiary spent in period t as a percentage of medical cost per beneficiary spent in period t-1.	$[B5b1(t) - B5b1(t-1)] / B5b1(t-1) * 100\%$
B5b3		Medical cost per patient	The medical costs, whether outpatient or inpatient-related, that all patients, whether insured or not, spent in period t.	Σ medical costs (t) / Σ patients (t)
B5b4	Ratio of medical cost per beneficiary to that per patient		Medical cost per beneficiary in proportion to that per patient in period t.	B5b1 (t) : B5b3 (t)

3.3 Finance PIS

Note: as same as 1.3 except that no investment indicators are included.

3.4 Administration PIS

Note: as same as 1.4.

