

Appendix 2: Main purposes of use assumed within the Health Insurance Society's standard operations

1. Purposes of use: Required for providing insurance benefits to insured persons and others

【Internal use within the Health Insurance Society, etc.】

- Checking the eligibility of insured persons, certifying dependents, and managing the issue of health insurance cards
- Providing insurance benefits and additional benefits
- Administration of social security and tax ID numbers under the Act on the Use of Numbers to Identify a Specific Individual in Administrative Procedures

【Provision of information to other operators】

- Automatic payments to salary accounts (by the employer) of High-Cost Medical Care Benefits, Patient Cost-Sharing Reimbursements, and other benefits
- Subcontracting to outside parties of tasks related to payment reviews of medical care costs incurred overseas
- Submitting claims to casualty insurance companies or other parties for damages arising from the actions of a third party
- Joint business operations to provide benefits for high-cost medical care by the National Federation of Health Insurance Societies
- Information sharing under the Act on the Use of Numbers to Identify a Specific Individual in Administrative Procedures
- Subcontracting to outside parties of data processing related to eligibility and other matters concerning insured persons

2. Purposes of use: Required for the collection of insurance premiums, etc.

【Internal use within the Health Insurance Society, etc.】

- Ascertaining standard monthly remuneration and standard bonuses
- Collecting health insurance premiums, long-term care insurance premiums, and adjustment premiums

3. Purposes of use: Required for health activities

【Internal use within the Health Insurance Society, etc.】

- Health examinations, health guidance, and health consultations for health maintenance and promotion
- Providing specified health diagnosis and specified health guidance

【Provision of information to other operators】

- Subcontracting to outside parties to manage health activities
- Management of provision of specified health diagnosis and specified health guidance, and

submitting reports to the government

- Subcontracting of services to industrial physicians in connection with health guidance and health consultations
- Subcontracting of health examinations to medical care institutions
- Subcontracting to outside parties to manage health improvement activities
- Providing results of health examinations to employers as part of collaborative health activities
- Notifying insured persons and others of medical care costs

4 .Purposes of use: Required for reviewing and paying medical costs

【Internal use within the Health Insurance Society, etc.】

- Checking and reviewing medical cost details (rezepts)

【Provision of information to other operators】

- Subcontracting to outside parties to conduct checks and reviews of rezept data
- Subcontracting to outside parties to conduct data entry for rezept data and image load processing

【Providing information to the healthcare bill check and payment organization】

- Providing member information for rezept-based fund transfer using the online eligibility verification system and other systems
- Inquiries for and provision of member information related to reexamination request for rezept-based fund transfer using the online eligibility verification system and other systems

5. Purposes of use: Required for stabilizing Health Insurance Society operations

【Internal use within the Health Insurance Society, etc.】

- Analysis of medical care costs and illnesses

【Provision of information to other operators】

- Subcontracting to outside parties to conduct data processing and other activities related to analysis and notification of medical care costs
- Participation in medical care cost analysis activities by the headquarters of the National Federation of Health Insurance Societies
- Services such as posting details of medical care costs and price differences for generic drugs to a website
- Data entry, image load processing, inspection of details, making inquiries, and other procedures related to applications for payment of judotherapy costs

6. Other

【Internal use within the Health Insurance Society, etc.】

- Use as basic data for maintaining and improving operations related to the management and administration of the Health Insurance Society

【Case involving provision of information to participating offices】

- Sharing event results and health log analysis in collaboration health promotion

【Provision of information to other operators】

- Use in consulting or submitting filings with insurers, medical care institutions, and other parties when seeking compensation from third parties

7. Specific personal information

Purposes of use in information sharing with other medical insurers or administrative agencies (“other agencies” hereinafter) as specified in Article 19, Item 7 of the Act on the Use of Numbers to Identify a Specific Individual in the Administrative Procedures

【Receiving information from other agencies for the execution of Health Insurance Society administrative processing】

- Information on benefits related to the administration of reviews for insurance benefits such as Injury and Sickness Allowance and High-Cost Medical Care Benefits
- Information on taxation and nontaxation status related to activities such as determination of copayment categories for elderly recipients
- Information on eligibility with other agencies related to the administration of acquisition of eligibility as an insured person
- Information on taxation and nontaxation status, certificates of residence, etc. related to the administration of dependent certification
- Information on public money receiving account for procedures of insurance benefits to insured persons and insurance premium refunds to voluntarily and continuously insured persons.

【Providing information by the Health Insurance Society for the execution of administrative processing by other agencies】

- Information on insurance benefits provided by the Society in relation to the administration of benefits from other agencies, including High-Cost Medical Care Benefits and benefits related to childbirth or funerals
- Information on acquisition of eligibility or dependent eligibility with the Society related to the administration of confirmation of eligibility by other agencies, including acquisition of eligibility or dependent certification

8. Use of the online eligibility verification system and other systems

【Providing information by the Health Insurance Society for the execution of administrative processing by other agencies】

- Registering information related to eligibility and specific health checkup data for insured persons, etc.

【Receiving information from other agencies for the execution of Health Insurance Society administrative processing】

- Specific health checkup data