

Announcement on purpose of use of personal information retained by the YG Health Insurance Society

The YG Health Insurance Society (“Society” hereinafter) compiles personal information databases based on various personal information, including personal information appearing on various notices, application forms, and other documents received from insured persons and their family members (“members” hereinafter); personal information provided in the medical cost details (“*rezepts*” hereinafter) used by medical care institutions or other facilities to bill the Society for the cost of examinations administered at such facilities; and other personal information, such as numerical results from health examinations. The Society uses this information in health activities like those described below.

In general, the Society uses personal information to provide the services needed to maintain and promote member health and to provide insurance benefits for nonoccupational sickness or injury, death, or childbirth among its members, pursuant to the Health Insurance Act.

However, since a health insurance society handles large volumes of medical care information such as *rezepts*, health examination data, and other personal information and its activities rely on the strong trust of its members, guidelines issued by the Ministry of Health, Labour and Welfare recommend more specific restrictions on the purpose of use of this information.

The Society hereby announces that it uses personal information in the manner and for the purposes as described below:

1. Notices and other materials related to eligibility for insurance coverage are used in Society operations as outlined below.

- Master databases such as membership registers are prepared by entering data, primarily the information appearing on Notifications of Eligibility as Insured Persons and Notifications

of Health Insurance Dependent (Change) (for example, health insurance card symbols and numbers, names, kana names, dates of birth, gender, addresses, basic pension nos., and monthly remuneration) when a member attains Society membership. This information is stored on Society business processing computers for use in general health insurance activities.

- A health insurance card is issued after a review of the Notification of Eligibility as Insured Person and the Notification of Health Insurance Dependent (Change).
- Dependents are certified after a Notification of Health Insurance Dependent (Change) is submitted, based on documents used to determine income and other information, such as certificates of taxation and nontaxation and certificates of school attendance.
- A health insurance card is issued after a review of the Notification of Eligibility as Insured Person and the Notification of Health Insurance Dependent (Change).
- Any Notification of Loss of Eligibility as Insured Person received, together with the returned health insurance card, will be reviewed and disposed of after retention for a fixed period of time.
- Changes in or additions to data in the master database concerning matters related to eligibility will be made based on change (correction) notices.
- Based on links to benefits data, *rezept* data, health examination data, and other data, master databases are used for various purposes, including reviewing payments of benefits and other matters, issuing medical care cost information, identifying persons eligible for various health activities, and contacting members.
- Names, addresses, and other contact information in master databases obtained from notices or other documents may be used as necessary to contact members, even after they lose their eligibility as Society members.
- On receiving inquiries from medical care institutions or other insurers (including municipalities and pension offices) concerning loss of eligibility or other insurance-related matters, the Society will confirm the identity of the party making the inquiry, then respond to indicate whether the individual concerned remains eligible for insurance coverage, including the health insurance card symbol and number, name, date of birth, gender, date of eligibility,

date of loss of eligibility, or other data from the master databases.

- In cases in which an examination is suspected to have been administered after the person in question lost his or her eligibility, data such as the health insurance card symbol and number, name, date of birth, gender, date of eligibility, and date of loss of eligibility in the master databases will be checked against data from other insurers to make adjustments for duplicated benefits with other insurers and medical care institutions.
- Data from Notices of basis for calculating standard monthly remuneration and Notices of change to monthly remuneration are registered in the master databases and used to collect insurance premiums (including adjusted premiums and long-term care insurance premiums). In addition, employers are asked to provide salary/bonus ledgers and other materials if such materials need to be checked together with notices.
- Part of the tasks of preparing and entering data into master databases and the tasks of the issue of health insurance cards and preparation of notices for payment of insurance premiums are subcontracted to health insurance service system vendors.
- Data about persons applying for health examinations, including health insurance card symbols and numbers, names, dates of birth, genders, and addresses, is provided to contracted health examination facilities and partner examination facilities for use in sending health examination results.
- Based on subcontracting agreements for health activities, when insured persons use lodges or fitness centers or receive other services (for example, distribution of home medical supplies), data about users and other relevant persons, including the health insurance card symbols and numbers, names, genders, and dates of birth, is provided via subcontractors for applications to use the facilities and related purposes.
- Data including health insurance card symbols and numbers, names, and addresses from master databases is provided to a vendor to allow the distribution of the Society bulletin to each household.

2. Application forms for claims for cash benefits and other benefits are used in Society operations as outlined below.

- Data is entered into business processing computers to check claims and ensure appropriate benefit decisions.
- Data on benefits records is entered and retained for use in verifying later claims.
- Data including health insurance card symbols and numbers, names, and addresses from master databases is used to distribute books on childrearing and other materials.
- For those claiming a Childbirth and Childcare Lump-Sum Grant or Dependents' Childbirth and Childcare Lump-Sum Grant, data including health insurance card symbols and numbers, names, and dates of birth from master databases is checked against information from other insurers to make benefit decisions and to make adjustments with other insurers for duplicated benefits.
- On receiving inquiries from other insurers concerning whether a claim has been filed for the Childbirth and Childcare Lump-Sum Grant or Dependents' Childbirth and Childcare Lump-Sum Grant, the Society will confirm the identity of the party making the inquiry, then respond to indicate whether the claim was received or benefits paid.
- *Rezept* data is used to check claims from those claiming the Injury and Sickness Allowance. In certain cases, to make benefit decisions, the Society will visit the hospital or verify treatment status and other information with the physician.

3. With regard to *rezepts*, for claims submitted in CSV format from Health Insurance Claims Review & Reimbursement Services (HICRRS), the original *rezepts* or images are retained in a database. Data entry from paper *rezepts* is subcontracted to health insurance service system vendors. The main portions are scanned for storage in a database on Society business processing computers for use in health insurance operations.

- *Rezept* data is checked. In the event of questions concerning claims, HICRRS will be asked to undertake a follow-up review.
- If a follow-up review raises suspicions that an examination was administered after loss of eligibility, information such as the name of the Society, health insurance card symbol and number, name, date of birth, date of loss of eligibility, and date of examination will be sent to

the medical care institution for verification.

- Similarly, information concerning patients expected to receive payment of High-Cost Medical Care Benefits, including the name of the Society, health insurance card symbol and number, name, and date of birth, will be sent to medical care institutions to determine whether they are also receiving assistance from public funds or from local governments.
- *Rezept* data is used to analyze medical care costs to rationalize the Society's medical care costs and identify those eligible for follow-up guidance and education on preventing lifestyle-related conditions based on health examinations.
- Members examined by multiple medical care institutions in a single month are identified and provided guidance based on *rezept* data.
- Decisions concerning the payment of High-Cost Medical Care Benefits and additional benefits (Patient Cost-Sharing Reimbursements, Total High-Cost Medical Care Additional Sum, and medical care additional sum for dependents) are made based on *rezept* data.
- Decisions concerning payment of Injury and Sickness Allowance are made based on *rezept* data.
- Decisions concerning payment of medical care expenses and Secondary Dependent Medical Costs (for example, those for judotherapy) are made based on *rezept* data.
- Decisions concerning payment of Funeral Expenses and Dependents' Funeral Expenses are made based on *rezept* data.
- *Rezept* data will be printed out in response to requests for disclosure. Requests for disclosure from parties other than the individual whom the data describes will be handled in accordance with established procedures for disclosure requests. Such disclosure will be made only to persons authorized through such procedures.
- Medical care cost information is provided to members by a subcontractor health insurance service system vendor based on *rezept* data.
- If a member receives medical consultations and treatment due to the acts of a third party in traffic accidents or other such cases, a copy of the patient's *rezept* is provided to the casualty insurance company as proof of medical care costs.

- Details of medical care costs and other data concerning members who have received medical care overseas are provided to subcontractor translation vendors to be translated into Japanese for review.

- Health awards are awarded based on *rezept* data.
- Copies of *rezepts* and application forms containing certain *rezept* information are sent to the High-Cost Medical Care Group of the National Federation of Health Insurance Societies (NFHIS) to apply for joint subsidizing operations concerning benefits for high-cost medical care and to receive assistance for medical care costs.
- In *rezept* inspection training programs administered by multiple health insurance societies, *rezepts* are used as teaching materials in the form of case studies after removing any information that could be used to identify an individual.

4. Health examinations are administered by subcontractor health examination service vendors.

- Members who received health examinations are notified of numerical results. Numerical result data obtained from the health examination service vendor is entered in the Society's business processing computers and used to identify those eligible for follow-up guidance and education on preventing lifestyle-related conditions following health examinations.
- The Society provides health examinations jointly with employers. In principle, the employer is also notified of insured persons' all numerical results of health examinations. This data is shared by the employer and the Society to facilitate the management of the health of insured persons.
- Health examination result data is retained in master databases for comparison to subsequent data and used as reference materials in health management activities and health guidance.

5. Other health activities

- The list of participants for various health promotion project events will be shared with the person in charge at the business office.
- We will add the business name and name to the photos and impressions submitted by participants in various events related to health promotion projects, and publish them on the health insurance association's website and newsletter.

- Materials such as photographs and written comments submitted by participants in events such as health promotion activities may be published in bulletins with the names of establishments and participants indicated.

6. HR data on management and employees, lists of Society Committee members, and lists of employer personnel responsible

- After use, documents related to the appointment and hiring of Society management and employees are stored under rigorous security measures.
- Documents related to the compensation of management and employees are stored under rigorous security measures and used to process withholding taxes and for other purposes.
- Documents related to performance evaluations and other HR matters are stored under rigorous security measures and used in personnel transfers and for other purposes.
- Lists of Society Committee members and directors will be used to communicate dates and times of Society Committee and Board of Directors meetings and related matters.
- Lists of employer personnel responsible will be used for purposes such as communicating information on briefings for employer personnel responsible, health management promotion committee meetings, and other individual matters.

7. Identifying personal information

The term *identifying personal information* refers to personal information that includes Individual Numbers (Social Security and Tax Numbers; including numbers, codes, or other symbols used in place of Individual Numbers, other than certificate of residence codes).

The Act on the Use of Numbers to Identify a Specific Individual in the Administrative Procedures (“Act” hereinafter) specifies the permitted scope of use of identifying personal information, including coordination of information between parties such as administrative agencies involved in administrative operations (e.g., obtaining information on taxation or nontaxation from municipal governments for use in certification of dependents by a health

insurance society). This information will not be used beyond the scope of use specified in the Act.

When using such information beyond the scope of use specified in the Act, appropriate measures will be taken, such as blacking out or removing Individual Numbers.

The Society handles various tasks, including storage control, disposal, and deletion of personal information, as outlined below.

(1) For the personal information indicated on various notices, application forms, *rezepts*, or other paper documents, upon completion of input processing, such documents are retained in a storeroom for the retention period (years) specified in Society document control rules. They are not removed from storage except when needed for checking or similar purposes.

Personal information stored in media other than paper is retained and controlled appropriately in accordance with operation management rules on storage in media other than paper.

(2) Paper documents containing personal data for which the specified retention period (years) has expired or containing personal information that is no longer needed because processing is complete are shredded to render the information unreadable. The disposal of large volumes of personal data is appropriately handled by special subcontractors.

In addition, when disposing of personal computers or magnetic media or on returning them at the end of a lease period, data destruction software is used to make all data stored on such devices or media unreadable and unrecoverable.

Personal information retained by the Society will not be used for any purpose other than the health insurance activities conducted by the Society.