

### National Health Insurance Financial Status

and Management System



Department of Finance, Hong Seo-jeong







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NHIS
National Health
Insurance Service

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Financial Status and Financial Management









#### Health Insurance Finance Status

As of 2024, the current balance is 1.7 trillion KRW (\$1.2 billion) with a reserve of 29.7 trillion KRW (\$21.2 billion)
 -Premium income increased by 3.0%, insurance benefit expenses increased by 7.2%

\* Exchange rate applied: 1 USD = 1,400 KRW (as of September 2025)

Category		Year 2024		Year 2023	
		100 million KRW	1 million USD (about)	100 million KRW	1 million USD (about)
	Total	990,870	70,776	949,113	67,794
	Premium Income	839,520	59,966	815,180	58,227
incomo	- Insurance premiums for the employee insured	741,352	52,954	715,904	51,136
income	- Self- Employed premiums	98,168	7,012	99,276	7,091
	Government subsidies	121,658	8,690	109,702	7,836
	Other Income	29,692	2,121	24,231	1,731
	Total	973,626	69,545	907,837	64,846
expendit ure	Insurance reimbursement expenses	952,529	68,038	887,961	63,426
	Other Business Expenses, etc.	21,097	1,507	19,876	1,420
halanco	Current period	17,244	1,232	41,276	2,948
balance	Accumulation	297,221	21,230	279,977	19,998



#### Health Insurance Financial Structure (Income)

• (Sources of Income) It consists of 85% of premium income, 12% of government subsidies, and 3% of other income.

Category	Kind	Details	
Premium Income (85%)	Self-Employed Premiums(10%)	Insurance premiums collected from Self-Employed subscribers	
	Insurance premiums for the employee insured (75%)	Insurance premiums collected from the employee insured	
Government subsidies (12%)	Member Subsidy(10%)	20% of expected premium income (14% of the national treasury + 6% of the Health Promotion Fund)	
	Tobacco levy(2%)		
Other Income(3%)	Interest income, etc.(3%)	Interest income, government subsidies for second-lowest income bracket, pharmaceutical company rebates etc.	



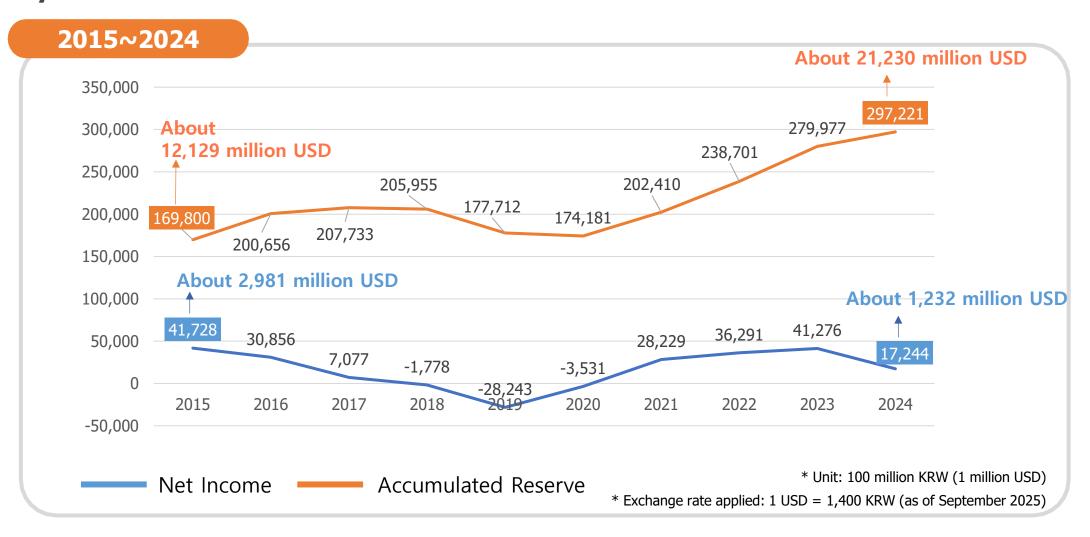
#### **■** Health Insurance Financial Structure (Expenditure)

• (Expenditure Status) Insurance benefit payments account for 98%, and other expenditures account for 2%.

Category	Туре	Details	
	In-kind benefits (93%)	Payments for treatment of diseases	
Insurance Benefit Payments (98%)	Cash Benefit Expenses (3%)	Disability aids, Care Costs, Maternity Medical Expenses, etc	
	Health Check-Up Costs (2%)	Cancer screenings, General Check-Ups, infant and child check-ups, etc.	
Other Expenditures (2%)	Labor Costs, Expenses, etc. (2%)	General Institutional Operating Expenses	



#### Yearly Financial Status



## Finance Management



#### Annual Financial Operating Principles

(Expenditure-based budgeting) The expenditure scale is determined first,
 followed by the calculation of the income required to finance it

#### **Expenditure Setting**

The Financial Management Committee determines the increase rate of reimbursement for medical benefits,

NHIS enters into contracts with medical care institutions

#### **Income Determination**

The Health Insurance Policy Deliberation
Committee sets the insurance premium rate,
The government determines
the level of government subsidies

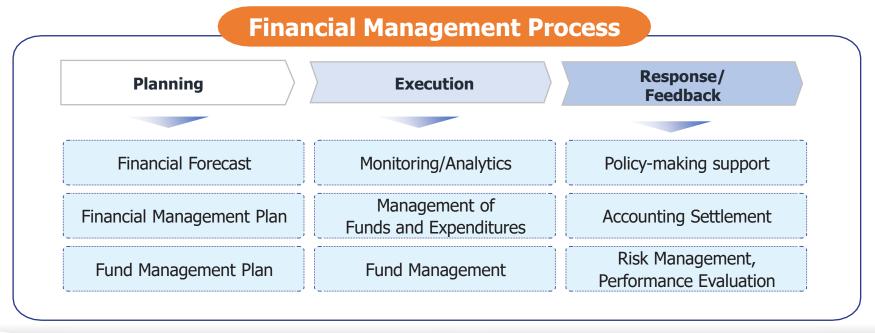
- Increasing difficulty in managing stagnant income and rapidly rising expenditures due to ultra-low birth rates and accelerated population aging
  - (Income-based budgeting) A shift is being considered toward managing expenditure targets based on projected income

## Finance Management



#### **■ Financial Management Process**

 Ensuring the sustainability of the system through stable financial operations by using a system-based financial management framework.



#### **Result Feedback**

Daily, monthly, and yearly monitoring to detect abnormal signs and perform detailed cause analysis.















#### **Financial Analysis System**

A system that collects and integrates diverse financial flow data to enable rational decision-making through timely financial assessments, comprehensive analysis, and forecasting

purpose

Establishment of integrated management and monitoring system of health insurance financial data



### <Establish a monitoring/ analysis/prediction base>

Create a financial data mart. Develop forecasting models and automate data collection.

### <Expand linkage scope and enhance functionality>

Advance key functions like financial risk indicators and financial stabilization..

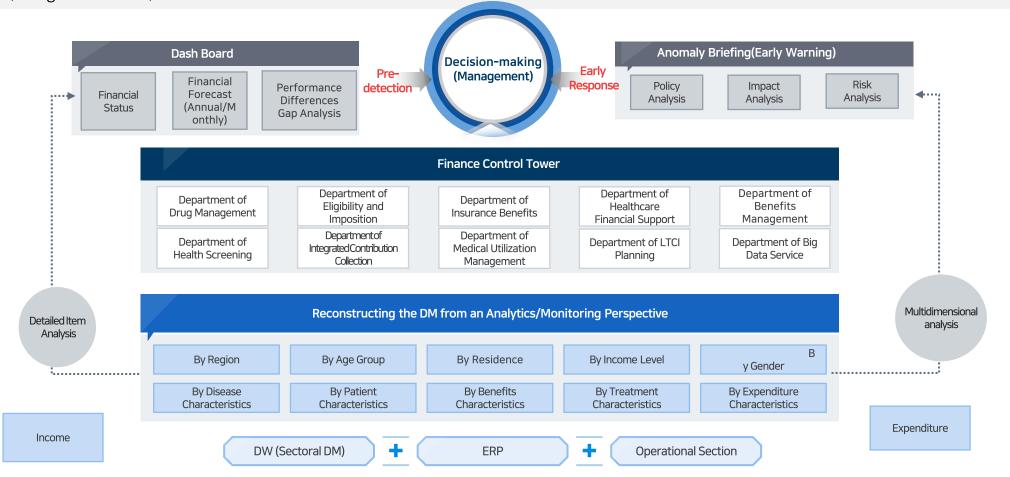
#### <Function Expansion>

-Develop essential medical analysis screens for new expenditures. -Enhance financial forecast simulations.



#### System Operation Status

Providing financial information visualization contents through integrated analysis of big data related to finances such as health insurance, long-term care, and medical benefits





■ 시스템 구성도

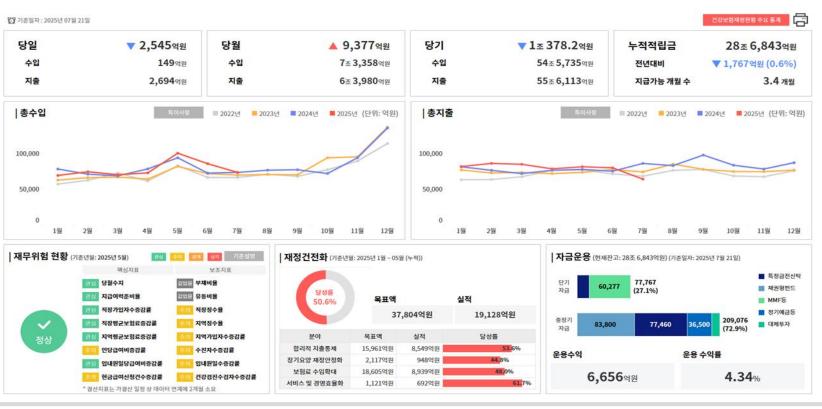




Main screen(Comprehensive Financial Status)

#### **Comprehensive Financial Status**

Comprehensive financial indicators including daily, monthly, and annual fiscal balances, total income and expenditures, financial risk levels, financial stability, and fund management are provided to offer a clear and at-a-glance understanding of the overall financial position







#### Task Overview

- Financial projections are developed by taking into account healthcare trends, demographic and social changes, and policy adjustments
  - ⇒ These projections are used to set reimbursement, determine insurance premium rates, and formulate mid- to long-term financial management plans

#### **Financial Forecast**

Collection of Promotion Plans and Opinions from Departments

Collection of promotion plans for the projections, opinions from departments, and basic data

January ~ February

Deriving Financial Forecast (Draft)

Deriving the financial forecast(draft) by reflecting policies and recent performances

March

**Confirmation of Financial Forecast** 

Collection of opinions from stakeholders and financial projection committees

April

Utilization of Forecast Data

Utilization of basic data for major policy decisions, mid- to long-term financial management plans, and budget establishment

May ~ September



### **Financial Projection**

Expenditure Projection		
Insurance Benefit Costs	<ul> <li>Natural increase in benefit costs</li> <li>By type of care institution</li> <li>By age group</li> <li>(under 65, over 65)</li> <li>Increase in benefit amount</li> <li>Reflection of Government Policies</li> <li>Expansion of coverage, etc.</li> </ul>	
Management And Operation Cost	<ul> <li>Personnel costs</li> <li>Business expenses</li> <li>Review evaluation costs</li> <li>Employee severance pay reserves</li> </ul>	

Income Projection			
	•Premium Income		
Premium Income	<ul> <li>Number of subscribers, average monthly remuneration, premium rate, collection rate, etc.</li> </ul>		
211001110	•Interest Income		
Other	- Reflection of target rate of return		
Income	•Other Income		
	- Reflection of annual income target		
	Government Subsidies		
	- 14% of the estimated insurance revenue for the current year		
Government Subsidies	<ul><li>Tobacco Surtax</li></ul>		
Subsidies	<ul> <li>6% of the estimated insurance revenue for the current year</li> </ul>		



#### Financial Analysis System

Enhancing financial forecast analysis capabilities through the visualization of financial projection information.







#### Financial Analysis System

Supports decision-making by providing scenario-based projections with policy variables reflected.









Mid- to Long-Term Financial Management Plan







### Mid- to Long-Term Financial Management Plan



#### Mid- to Long-Term Financial Management Plan

- Submission Overview
  - According to Article 39-2 of the Act on the Operation of Public Institutions, a 5-year financial management plan is submitted annually to the government and National Assembly.

### **Board Decision, Report to Finance Committee**

Submission of the draft plan and report to the government

Late June

### Coordination with Ministry of Economy and Finance (MOEF)

Reflection of policy decisions, etc.

July ~ August

#### Finalization of Financial Management Plan

Submission to the National Assembly (register)

Early September

#### **Public Announcement**

**ALIO External Disclosure** 

**End of October** 

#### Financial Objectives

- Considering the characteristics of the industrial complex and its financial structure, 4 goals are selected and operated.

### <Reserve Accumulation> Retain 1.5 months' worth of reserves

Funds required for crisis response, such as wage payments

\* approximately 1.5 months' worth

### <Debt Ratio> Maintain below 100%

A ratio of 150% or below: Rated Good — maintaining financial stability with zero debt

\* Public institutions 150% or less are good

### <Liquidity Ratio> Maintain above 150%

Achieving an optimal balance between liquidity and profitability

\* Recommended Contribution Ratio 150%

### <Support Rate vs Copay> Below 110%

Balancing the budget, including an additional 10% in expenditures for expanded coverage

\* Calculation = Major Expenditure/Major Income

### Mid- to Long-Term Financial Management Plan



#### 2025–2029 Financial Forecast (Example)

- **Solution** Assumption Variables
  - Premium rate increase: Frozen (2025), 1.49% annually (2026–2029)
  - Government subsidy: As budgeted (2025), 14.4% of projected total premium income each year (2026–2029)
  - Reimbursement increase: 1.96% (2025), 1.93% (2026), 1.98% (2027-2029)
  - Reflects the additional funding needs of healthcare policy initiatives such as emergency medical system support and tertiary hospital reform

\* Unit: 100 million KRW (1 million USD)

\* Exchange rate applied: 1 USD = 1,400 KRW (as of September 2025)

Catego	ry	2025	2026	2027	2028	2029
Asset	KRW	528,191	522,804	507,538	483,657	458,251
	USD	37,728	37,343	36,253	34,547	32,732
Liphilition	KRW	200,143	210,494	216,436	218,517	224,315
Liabilities	USD	14,296	15,035	15,460	15,608	16,023















#### Financial Risk

Definition of financial risk: A state in which insurance benefits cannot be paid normally.

#### Financial Risk Management System

 By monitoring the Key Risk Indicators (KRI) on a monthly basis, the system preemptively identifies potential risk occurrences and abnormal signals to support the stable operation of finances.

#### **Financial Risk Management System**

Selection of Key Risk Indicators

Select indicators to assess financial risk.

Setting Benchmark
Management Limits
(Annually)

Establish benchmarks for measuring the risk levels of each indicator.

Monitoring Financial Risks (Monthly)

Monitor actual results against indicators and identify risk situations.

Responding to Financial Risk Occurrences (Immediately)

Issuance of financial risk alert and operation of financial crisis task force



#### **■** Financial Risk Indicators(KRI)

Risk	Key Indicators	Supplementary Indicator
Overall	Reserve Rate for Payments	Debt Ratio
	Monthly Balance	Liquidity Ratio
	Growth rate of number of the employee insured	Premium collection rate for the employee insured
Income	Growth rate of average premium of the employee insured	Premium collection rate for the self-employed
	Growth Rate of Average Self-Employed Insurance Premium	Growth Rate of Self-Employed Subscribers
	Growth Rate in per capita benefit cost	Growth Rate of Patient Number
Expenditure	Growth Rate of Inpatient Daily Benefit Expenses	Growth rate of Number of Inpatient Days
	Growth Rate of Cash Benefit Requests	Growth Rate of the number of health screening



#### Financial Risk

To assess financial risk levels, four management categories are established based on reference values
 : Attention → Alert → Caution → Serious



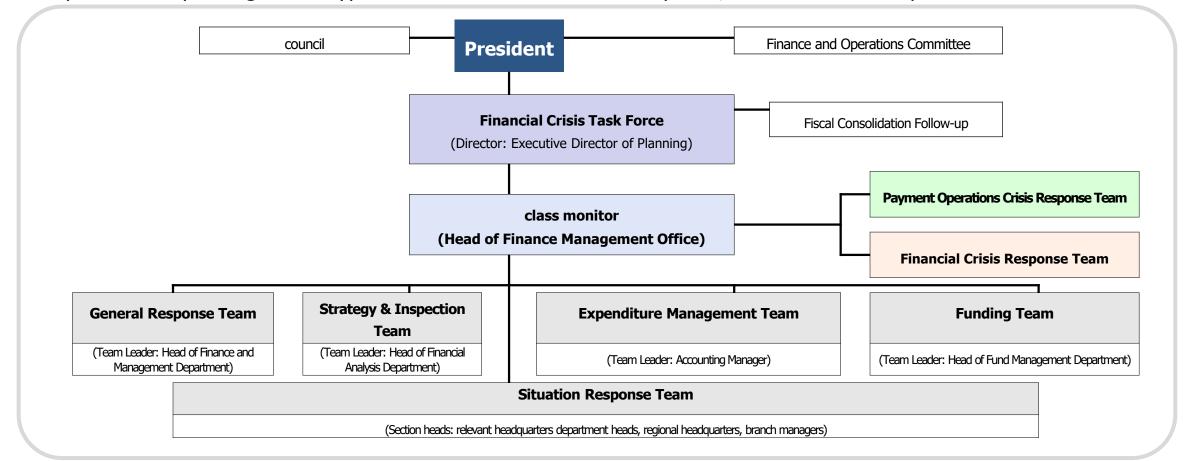
- (Performance measurement) Monthly performance is quantified and evaluated by indicator, then mapped to the corresponding management category to determine the organization's financial risk level (Attention, Alert, Caution, Serious)
- (In-depth analysis) Conducts detailed analysis of indicators that exceed the attention threshold to identify underlying causes of financial risk

#### Response to Financial Risk Occurrence

- (Recognition of Financial Risk Situation) If the core risk indicators remain at the "Caution" level or higher for three
  consecutive months, the situation is recognized as a financial risk.
- (Formation and Operation of the Financial Risk Task Force) After determining the level of financial risk, a financial risk alert is issued, a financial risk response strategy is established, and response measures are managed by relevant departments and the entire organization.



- Composition of the Financial Risk Task Force Organization
  - Composition: General Manager (Executive Director of Planning), Director (Head of Financial Management Office)
  - Operation: Depending on the type of risk and the level of risk response, task forces and response teams are activated.





Financial Analysis System Screen

#### **Financial Risk Indicators**

Since 2023, the system has been strengthened to enable preemptive monitoring by expanding the number of financial risk indicators from 8 to 16 ⇒ A visual representation of financial risk stages supports timely identification and response to emerging risks





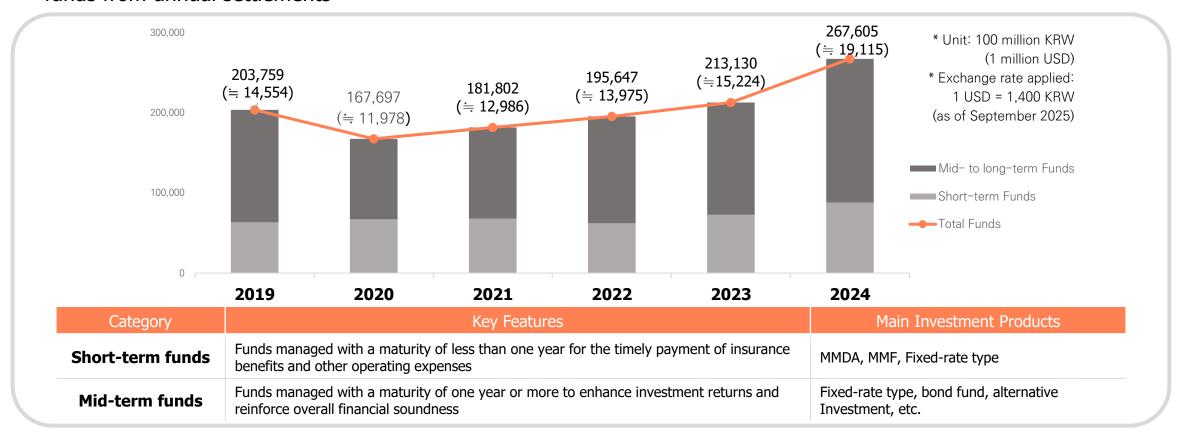






#### Status of Health Insurance Reserve Accumulation and Management

 To prepare for potential declines in premium income caused by sudden economic downturns and for increased insurance benefit expenditures arising from healthcare policy changes, reserve funds are accumulated and managed using surplus funds from annual settlements



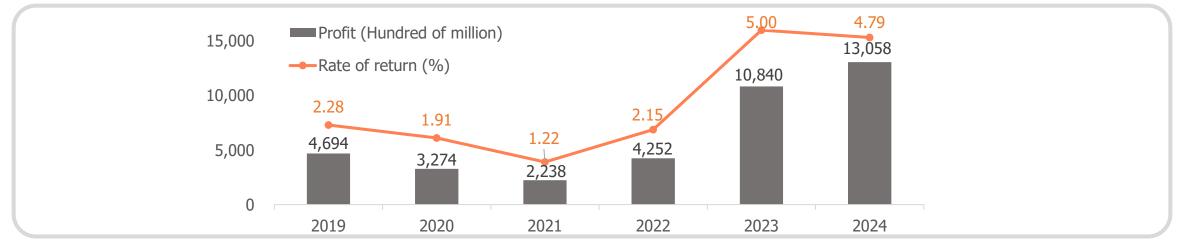


#### The Principles of Fund Management

<b>Public Interest</b>	The reserve fund is managed with the primary goal of maintaining financial stability while also considering its role in supporting public health improvement and strengthening social security
Stability	Reserves are managed prudently to ensure the stable payment of insurance benefits and other related expenses
Liquidity	Secure sufficient liquidity to ensure stable payments of insurance benefits and other financial obligations.
Profitability	Pursue profitability to maintain the real value of funds beyond liquidity and operational reserves.

#### Health Insurance Fund Management Performance

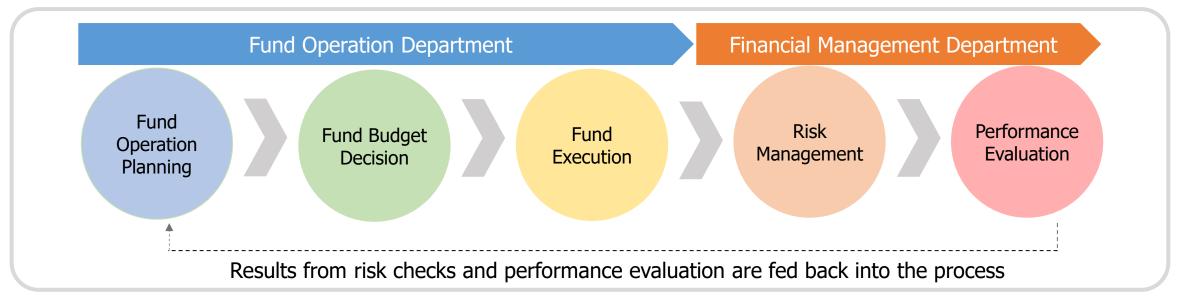
• In 2024, the health insurance fund achieved a record-high profit of 1.3 trillion KRW, generating an effect equivalent to a 1.4% increase in the health insurance premium rate





#### Fund Operation Organizational Structure

 (Organizational structure) Dedicated teams are established for each fund management area (Fund Operation and Risk Management & Performance Evaluation) to enhance efficiency and accountability through a system of checks, balances, and collaboration



- (Committee) Deliberation and decision-making on major issues related to asset management by operating specialized committees in each area to ensure expertise and independence
  - Separate committees are established for fund operation, risk management, and performance evaluation, with no overlap in committee members across different committees.



#### Financial Analysis System















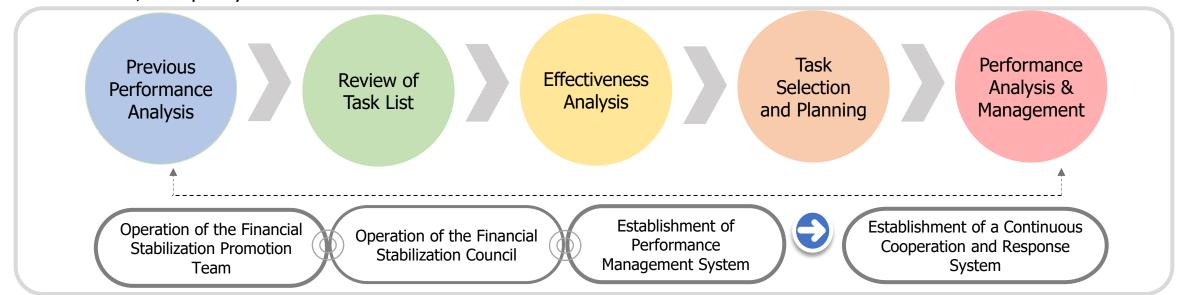


#### Background and Purpose

- Due to low birth rates, an aging population, and changes in disease structures, income growth is slowing, while expenditures are rapidly increasing, raising concerns about the sustainability of insurance finances.
- Strengthening proactive and preventive financial management efforts to establish a foundation for stable financial operations, thereby ensuring the financial sustainability of the health and long-term care insurance system.

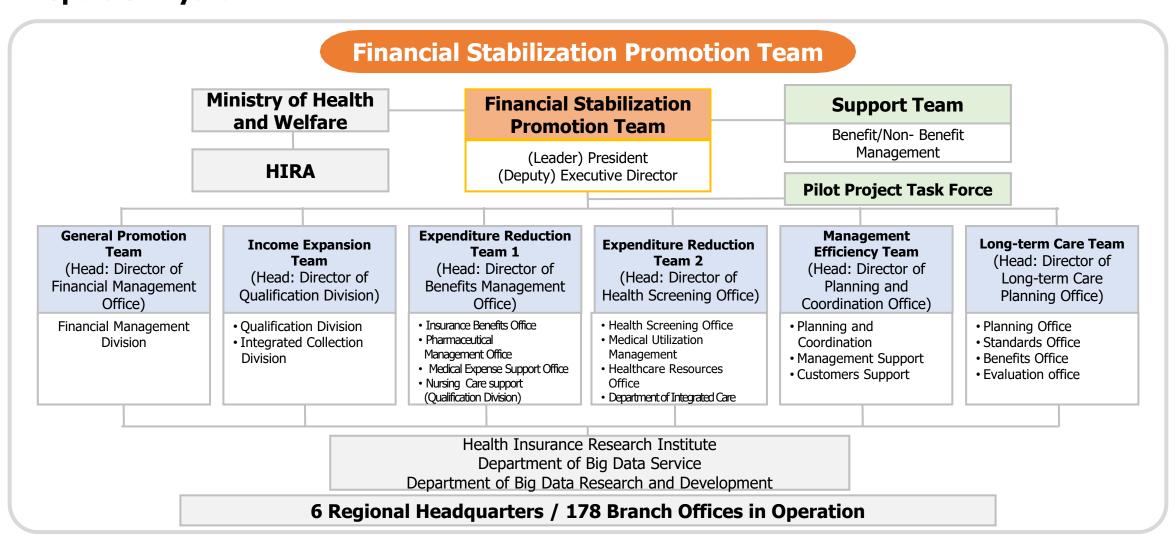
#### Operational Method

 A rolling plan is developed and implemented annually to ensure timely and flexible responses to shifting social, economic, and policy environments





#### Propulsion System

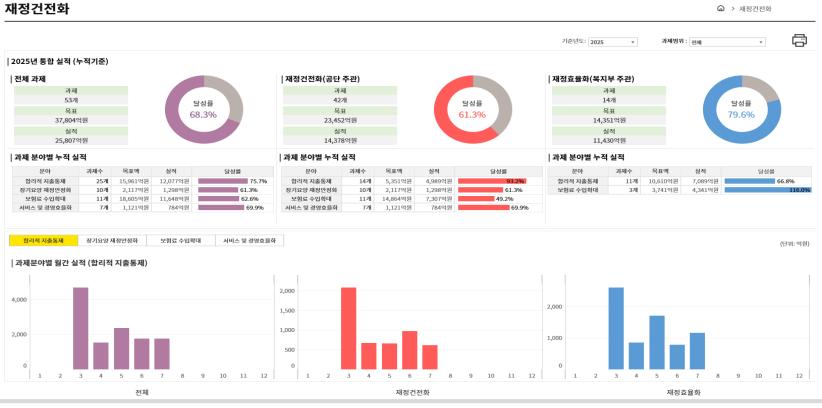




Key Screen of the Financial Analysis System

#### **Financial Stabilization**

Each task's goals and achievements are registered in advance and monitored in real-time to track progress. The dashboard allows sharing of performance analysis results to enhance project management.





# Thank You











