

完善医保基金预算绩效评价

促进卫生事业高质量发展

Improve the Budget Performance Evaluation of Medical Insurance Funds

Promote the Quality Development of the Health Sector

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医保基金预算绩效评价的进展

The progress of the budget performance evaluation of medical insurance funds

- 中发[2018]34号文指出要建成全方位、全过程、全覆盖的预算绩效管理体系。除一般公共预算外，各级政府还要将政府性基金预算、国有资本经营预算、社会保险基金预算全部纳入绩效管理。
- Document [2018] No. 34 of the CPC Central Committee pointed out that an all-round, full-process and full-coverage budget performance evaluation system should be established. In addition to the general budgets, governments at all levels should also include governmental funds, state-owned capital operations and social insurance funds into the budget performance management framework.
- 部分省市已开展社会保险基金的绩效评价。
- Some provinces/cities have kicked off performance evaluation of social security funds.
- 如何通过医保基金绩效评价推动卫生事业高质量发展？
- How can we leverage the performance evaluation of medical insurance funds to promote the quality development of the health sector？

医保基金预算绩效评价的重点

The focus of the budget performance evaluation of medical insurance funds

- 2022年6月《社会保险基金预算绩效管理办法》出台
- In June 2022, the "Measures of Budget Performance Management of Social Insurance Funds" was issued.
 - 社会保险基金预算绩效指标涵盖决策、过程、产出、效益等方面
 - The budget performance indicators for social insurance funds cover the dimensions of decision-making, processes, outputs, benefits and others.
- 关注基金运行安全
- Gave priority to the safe operation of funds
 - 过程指标：预算编制的合理性，决算编制的规范性，基金的征缴管理和支出管理制度是否健全有效，基金的支出使用是否合规，以及基金征收、运行、支出过程中的风险防控机制建设情况等。
 - Processes-related indicators: reasonability of the budgeting process; compliance of final accounts preparation procedures, the management systems of collecting contributions and making spending decisions, the compliance of funds' investments and expenditures, and the risk prevention and control mechanism for funds' contribution collection, operation and expenditure.

医保基金预算绩效评价的重点

The focus of the budget performance evaluation of medical insurance funds

- 评估医保政策合理性和可持续性
- Evaluate the reasonability and sustainability of medical insurance policies
 - 医疗保险的不可能三角：经济、效率和公平
 - The impossible trinity in medical insurance: economy, efficiency and equity
 - 绩效评价的4E原则：经济性（Economy），效率性（Efficiency），效益性（Effectiveness），公平性（Equity）
 - The “4E” principles in performance evaluation: Economy, Efficiency, Effectiveness, Equity
 - 决策指标：收入与支出预算编制考虑经济发展水平，财政承受能力，人口结构，缴费情况，医疗价格等
 - Decision-making indicators: the preparation of revenue and expenditure budgets shall consider economic development, fiscal capabilities, demographic structure, contributions and medical service prices
 - 效益指标：社会效益，可持续性
 - Benefit indicators: social benefits, sustainability

医保基金预算绩效评价实践——关注医疗保险参数的合理性

The practices of budget performance evaluation of medical insurance funds-the reasonability of medical insurance parameters

- 城镇职工基本医疗保险
- Urban Employees Basic Medical Insurance (UEBMI)
 - 缴费基数（省级政府决定）
 - Contribution base (determined by provincial governments)
 - 缴费率，起付线，报销比例（与兄弟省市相比，与可支配收入相比）
 - Contribution rate, deductible, reimbursement ratio (compared with other provinces and cities; compared with disposable incomes)
- 城乡居民医疗保险
- Urban and Rural Residents Basic Medical Insurance (URRBMI)
 - 人均筹资，筹资分担情况，财政补助标准（与兄弟省市对比，与可支配收入对比，与个人缴费对比）
 - Per capita funding level, the sharing of funding responsibilities, standards of government subsidies (compared with other provinces and cities; compared with disposable incomes; compared with personal contributions)

医保基金预算绩效评价实践——关注医疗保险参数的合理性

The practices of budget performance evaluation of medical insurance funds-the reasonability of medical insurance parameters

辽宁省医疗保险参数（2021） Medical insurance parameters of Liaoning Province (2021)

行政区 Administrative regions	常住人口（万） Resident population (ten thousand)	城镇人均可支配收入（万） Urban per capita disposable incomes (ten thousand)	单位缴费率(%) Contribution by employers (%)	三级医院住院报销起付线 Reimbursement deductibles for hospitalization in tertiary hospitals (also as level III	三级医院分档报销情况 Tiered reimbursement of tertiary hospitals
沈阳市 Shenyang	911.8	5.06	8	800	在职报销93%，退休报销96% 93% for those on the jobs; 96% for the retired
大连市 Dalian	748.8	5.05	8	850/425	在职报销85%，退休报销92.5% 85% for those on the jobs; 92.5% for the retired
鞍山市 Anshan	328.2	4.1	7	500	在职报销80%，退休报销85% 80% for those on the jobs; 85% for the retired
抚顺市 Fushun	181.9	3.75	7	600	在职报销85%，退休报销90% 85% for those on the jobs; 90% for the retired
本溪市 Benxi	129.6	3.9	8	500	在职报销80%，退休报销85% 80% for those on the jobs; 85% for the retired
丹东市 Dandong	215.3	3.48	7	500	在职报销80%，退休报销90% 80% for those on the jobs; 90% for the retired
锦州市 Jinzhou	266.8	3.73	8	800	在职报销82%，退休报销91% 82% for those on the jobs; 91% for the retired
营口市 Yingkou	231.2	4.23	7	700	在职报销82%，退休报销87% 82% for those on the jobs; 87% for the retired
阜新市 Fuxin	161.9	3.28	7	500	在职报销80%，退休报销85% 80% for those on the jobs; 85% for the retired
辽阳市 Liaoyang	157.7	3.69	7	500	在职报销82%，退休报销85% 82% for those on the jobs; 85% for the retired
盘锦市 Panjin	139	4.54	7	1300	在职起付~30000：85%;30000~40000：90%；40000以上：95%，退休个人支付比例是在 在职职工的60% Deductibles of those on the jobs-30000:85%; 30000~40000: 90%; over 40000: 95%. The individual payment of the retired is 60% that of those on the jobs.
铁岭市 Tieling	232.9	3	7	700	在职起付~30000：85%;30000~40000：90%；40000以上：95%，退休个人支付比例是在 在职职工的60% Deductibles of the those on the jobs-30000:85%; 30000~40000: 90%; over 40000: 95%. The individual payment of the retired is 60% that of those on the jobs.
朝阳市 Chaoyang	284	3	8	700	在职报销88%，退休报销90% 88% for those on the jobs; 90% for the retired
葫芦岛市 Huludao	240.3	3.49	7	700	在职报销82%，退休报销85% 82% for those on the jobs; 85% for the retired

医保基金预算绩效评价实践——关注医疗保险参数的合理性

The practices of budget performance evaluation of medical insurance funds-the reasonability of medical insurance parameters

湖北省医疗保险参数（2021）Medical insurance parameters in Hubei Province (2021)					
行政区 Administrative regions	城镇人均可支配收入（元） Urban per capita disposable incomes (RMB)	单位缴费率 Contribution by the employer	三级医院住院报销起付线（元） Reimbursement deductibles for hospitalization in tertiary hospitals (RMB)	三级医院分档报销情况（在职） Tiered reimbursement of tertiary hospitals (those on the jobs)	三级医院分档报销情况（退休） Tiered reimbursement of tertiary hospitals (retired)
武汉市 Wuhan	55297	8%	800	86%	88.80%
黄石市 Huangshi	41589	8%	800	86%	88%
十堰市 Shiyan	35753	8.5%	1000	85%	87%
宜昌市 Yichang	41030	8%	1000	85%	88%
襄阳市 Xiangyang	41214	8%	900	82%	82%
鄂州市 Ezhou	38317	8.50%	800	89%	89%
荆门市 Jingmen	39159	8%	1000	85%	88%
孝感市 Xiaogan	38911	8.5%	500	88%	88%
荆州市 Jingzhou	38231	8%	1200	85%	\
黄冈市 Huanggang	34032	8.7%	700	90%	92%
咸宁市 Xianning	35990	8.5%	600	88%	91%
随州市 Suizhou	33890	8.5%	800	95%	95
恩施自治州 Enshi Autonomous Prefecture	34054	8%	1000（州级prefecture-level）；800（县市级country- and city-level）	85%（县市级country- and city-level）；80%（州级prefecture level）	87%（县市级country- and city-level）；82%（州级prefecture level）

医保基金预算绩效评价实践——关注医疗保险参数的合理性

The practices of budget performance evaluation of medical insurance funds-the reasonability of medical insurance parameters

四川省部分地级市医疗保险参数（2024）Medical insurance parameters of some prefecture-level cities in Sichuan Province (2024)

地级市 Prefecture-level cities	居民医疗保险个人 缴费标准 Personal contributions to resident medical insurance schemes	住院分医疗机构级别起付线 deductibles for hospitalization at different levels of medical institutions (RMB)	住院分医疗机构报销比例 proportions of reimbursement for hospitalization by different levels of medical institutions	住院报销限额caps of reimbursements for hospitalization	城乡居民医疗保险财 政补助方案fiscal subsidies for urban and rural residents' medical insurance
成都市 Chengdu	450 / 515	社区：100;一级：100;二级 200;三级： 500 Community:100; level I: 100; level II: 200; level III:500	社区： 95% ;一级： 86% ;二级 78.5% ;三级： 59.5% Community:95%;level I:86%; level II,78.5%;level III:59.5%	上一年城镇居民可支配收入的6倍 6 times prior year's urban per capita disposable incomes	680
绵阳市 Manyang		社区： 100;一级： 300;二级 500;三级： 600 380Community:100; level I: 300; level II: 500; level III:600	社区： 90% ;一级： 80% ;二级 73% ;三级： 68% Community:90%;level I:80%; level II,73%;level III:68%	无No	640
自贡市 Zigong		社区： 200;一级： 400;二级： 500;三级： 700 380Community:200; level I: 400; level II: 500; level III:700	社区： 87% ;一级： 85% ;二级 ： 65% ;三级： 55% Community:87%;level I:85%; level II:65%;level III:55%	无No	640
攀枝花市 Fanzihua	395		社区： 95% ;一级： 90% ;二级 ： 80% ;三级： 70% Community:95%;level I:90%; level II:80%;level III:70%	无No	640
泸州市 Luzhou	380		一级： 90% ;二级 ： 85;三级： 80% level I:90%; level II:85%;level III:80%	职工最高 24万 居民 最高15万 240 thousand for those on the jobs 150 thousand for residents	640
德阳市 Deyang	380 / 480	基层： 200;一级： 400;二级： 600;三级： 900 Primary:200; level I: 400; level II: 600; level III:900		无No	640
广元市 Guangyuan	380	一级及以下： 200;二级： 400;三级： 1000 level I and below: 200; level II: 400; level III:1000		无No	640
遂宁市 Suining	380	基层： 300;一级： 400;二级乙等： 500;二级甲等： 600;三级乙等 700;三级甲等： 800 Primary:300; level I: 400; level II grade B: 500; level II grade A:600; level III grade B:700; level III grand A:800	基层： 90%;一级： 80%;二级乙等： 70%;二级甲等： 65% 三级乙等： 60%;三级甲等： 55% Primary:90%; level I: 80%; level II grade B: 70%; level II grade A:65%; level III grade B:60%; level III grand A:55%	无No	640
内江市 Neijiang	380			无No	640
巴中市 Bazhong	380				640
眉山市 Meishan	380				640

门诊共济改革(2021.4.13) Outpatient mutual-aid reform (April 13, 2021)

变量variables	分类categories	样本量samples	最小值minimum	最大值maximum	平均值average
Panel A. 个人账户					
Individual accounts					
	当地平均退休金比例				
退休人员个人账户划入方法	Proportions of local average pensions	170	2%	3%	2.36%
Transfer to individual accounts of the retired	月定额（元）				
	Fixed monthly amount (RMB)	149	40	300	88.75
Panel B. 起付线Deductibles					
三级医院门诊报销起付线（总量）	在职Those on the jobs	258	0	1800	420.39
Reimbursement deductibles for outpatient services in tertiary hospitals (total)	退休Retired	258	0	1300	394.88
三级医院门诊报销起付线（单次）	在职Those on the jobs	60	40	100	70.85
Reimbursement deductibles for outpatient services in tertiary hospitals (per visit)	退休Retired	60	40	100	70.85
Panel C. 封顶线Caps					
年度支付限额（定额）	在职Those on the jobs	308	400	20000	2959.56
Annual payment caps (fixed amount)	退休Retired	308	400	20000	3202.26
年度支付限额（定比例-在岗年工资）	在职Those on the jobs	8	2%	3%	2.19%
Annual payment caps (fixed proportions of annual salaries)	退休Retired	8	2%	3%	2.22%
年度支付限额	在职+退休Those on the jobs+retired	4	无封顶线No caps		
Annual payment caps					
Panel D. 报销水平Reimbursement amount					
基层医疗机构报销比例	在职Those on the jobs	320	50%	90%	66%
Reimbursement ratio at the primary medical institutions	退休Retired	320	55%	95%	72%
三级医院门诊报销比例	在职Those on the jobs	318	40%	80%	53%
reimbursement ratio at tertiary hospitals	退休Retired	318	50%	85%	59%

地方实践——北京方案 Local practice: Beijing case

项目Program	改革前before reform	改革后after reform
个人账户（在职）划入标准 Transferred amount into individual accounts (Those on the jobs)	35岁以下缴费基数*2.8% Aged under 35: 2.8%*contribution base 35-44岁缴费基数*3% Aged 35-44: 3% * contribution base 45岁以上缴费基数*4% Aged over 45:4% * contribution base	缴费基数*2% 2% * contribution base
个人账户（退休）划入标准 Transferred amount into individual accounts (retired)	70岁以下上年本市平均工资4.3% Aged under 70: 4.3% of the prior year's city average incomes 70岁以下上年本市平均工资4.8% Aged over 70: 4.8% of the prior year's city average incomes	70岁以下100元/月 Aged under 70: 100RMB/month 70岁以上110元/月 Aged over 70:110 RMB/month
个人账户基金管理 Management of individual account funds	随时取现使用 Withdrawn and used at any time	记账管理，不可自由支取，定向用于定点医疗机构及零售药店发生的医疗费用 Bookkeeping, cannot be freely withdrawn, medical expenses are allowed to incur in designated medical institutions and retail pharmacies
个人账户使用范围 Beneficiaries of individual accounts	本人Only contributors	本人、配偶、父母、子女Contributors and their spouses, parents and children
门诊报销封顶线 Caps for outpatient reimbursement	20000元/年 20000RMB/year	取消Cancelled
门诊报销起付线 Deductibles for outpatient reimbursement	1800元/年（在职）1800RMB/year (Those on the jobs) 1300元/年（退休）1300RMB/year (retired)	
门诊报销比例（三级医院、在职） reimbursement ratio for outpatient services (tertiary hospitals, those on the jobs)	20000元以下70%. under 20000RMB: 70% 20000元以上自付 over 20000RMB: out-of-pocket	20000元以下70% under 20000RMB:70% 20000元以上60% over 20000RMB: 60%
门诊报销比例（三级医院、退休） reimbursement ratio for outpatient services(tertiary hospitals, retired)	20000元以下70岁以下85% under 20000RMB and aged under 70: 85% 70岁以上90% aged over 70: 90% 20000元以上自付 over 20000RMB: out-of-pocket	20000元以下70岁以下85% under 20000RMB and aged under 70: 85% 70岁以上90% aged over 70: 90% 20000元以上. 80% over 20000RMB: 80%

地方实践——武汉方案 Local practices: Wuhan case

项目Program	改革前before reform	改革后after reform
个人账户（在职）划入标准 Transferred amount into individual accounts (Those on the jobs)	35岁以下缴费基数*3.1% Aged under 35: 3.1%*contribution base 35-44岁缴费基数*3.4% Aged 35-44: 3.4% * contribution base 45岁以上缴费基数*3.7% Aged over 45:3.7% * contribution base	缴费基数*2% 2% * contribution base
个人账户（退休）划入标准 Transferred amount into individual accounts (retired)	70岁以下上年本人养老金4.8% Aged under 70:4.8% of the contributor's pensions of the prior year 70岁以下上年本人养老金5.1% Aged over 70: 5.1% of the contributor's pensions of the prior year	本市平均养老金水平2.5%: 83元/月 2.5% of the city average pensions: 83RMB/month
个人账户基金管理 Management of individual account funds	记账管理，不可自由支取，定向用于定点医疗机构及零售药店发生的医疗费用 Bookkeeping, cannot be freely withdrawn, medical expenses incurred in designated medical institutions and retail pharmacies	
个人账户使用范围 Beneficiaries of individual accounts	本人Only contributors	本人、配偶、父母、子女Contributors and their spouses, parents and children
门诊报销封顶线 Caps for outpatient reimbursement		3500元/年（在职） 3500RMB/year (Those on the jobs) 4000元/年（退休） 4000RMB/year (retired)
门诊报销起付线 Deductibles for outpatient reimbursement		700元/年（在职） 700RMB/year (Those on the jobs) 500元/年（退休） 500RMB/year (retired)
门诊报销比例（三级医院、在职） reimbursement ratio for outpatients (tertiary hospitals, Those on the jobs)	个人账户支付payment by individual accounts 统筹账户不予报销no reimbursement from pooling accounts	50%
门诊报销比例（三级医院、退休） reimbursement ratio for outpatients (tertiary hospitals, retired)		60%

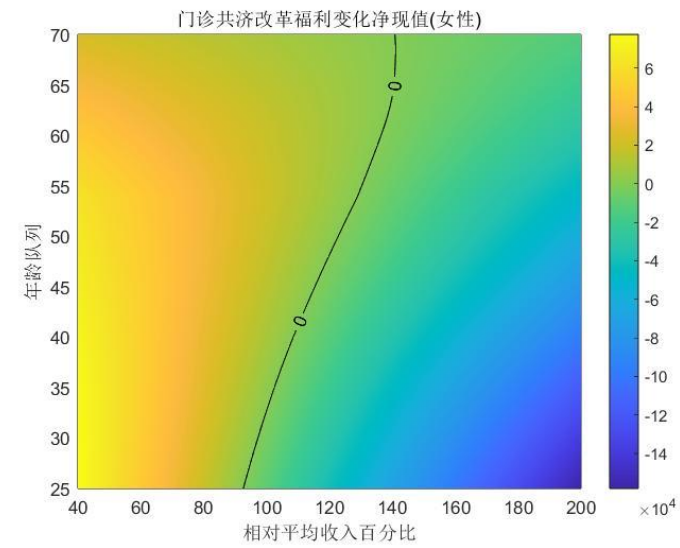
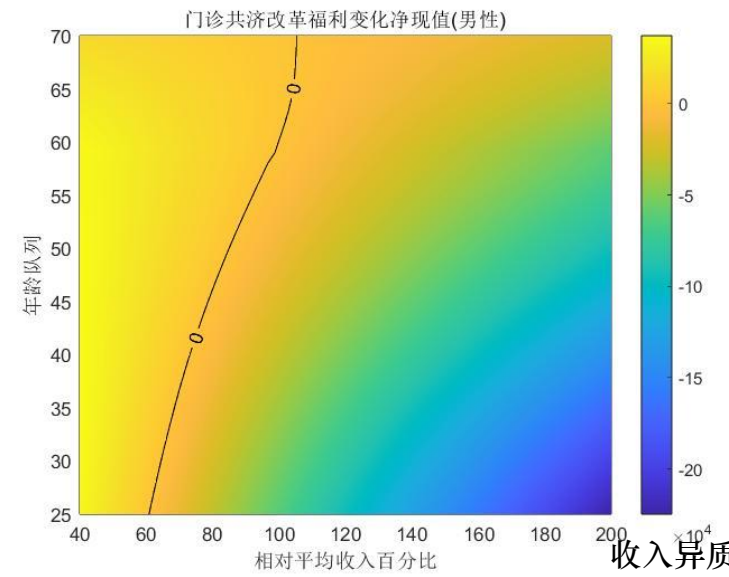
地方实践——大连方案 Local practice: Dalian case

项目Program	改革前before reform	改革后after reform
个人账户（在职）划入标准 Transferred amount into individual accounts (Those on the jobs)	45岁以下缴费基数*2.8% Aged under 45: 2.8%*contribution base 45岁以上缴费基数*3.5% Aged over 45: 3.5%*contribution base	缴费基数*2% 2% * contribution base
个人账户（退休）划入标准 Transferred amount into individual accounts (retired)	本人上年度养老金6.5% 6.5% of the contributor's annual pensions of the prior year	本市平均养老金水平2%：80元/月 2% of the city average pensions: 80RMB/month
个人账户基金管理 Management of individual account funds	记账管理，不可自由支取，定向用于定点医疗机构及零售药店发生的医疗费用 Bookkeeping, cannot be freely withdrawn, targeted for medical expenses incurred by designated medical institutions and retail pharmacies	
个人账户使用范围 Beneficiaries of individual accounts	本人Only contributors	本人、配偶、父母、子女Contributors and their spouses, parents and children
门诊报销封顶线 Caps for outpatient reimbursement		12000元/年 12000RMB/year
门诊报销起付线 Deductibles for outpatient reimbursement	个人账户支付payment by individual accounts 统筹账户不予报销no reimbursement from pooling accounts	1000元/年 1000RMB/year
门诊报销比例（三级医院、在职） Reimbursement ratio for outpatients (tertiary hospitals, Those on the jobs)		50%
门诊报销比例（三级医院、退休） Reimbursement ratio for outpatients (tertiary hospitals, retired)		55%

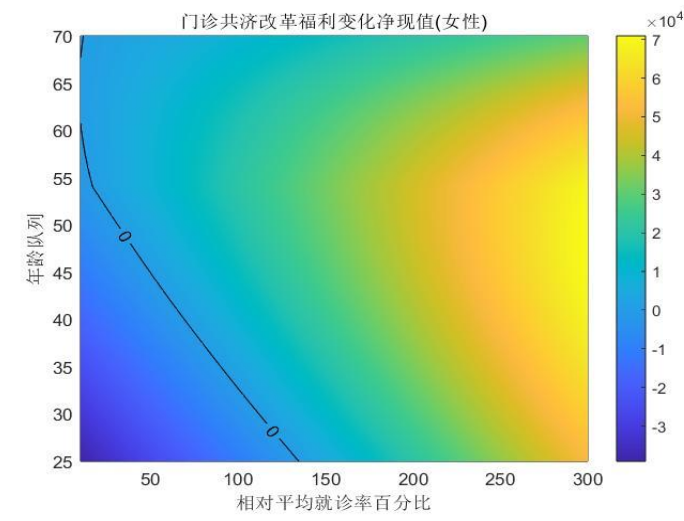
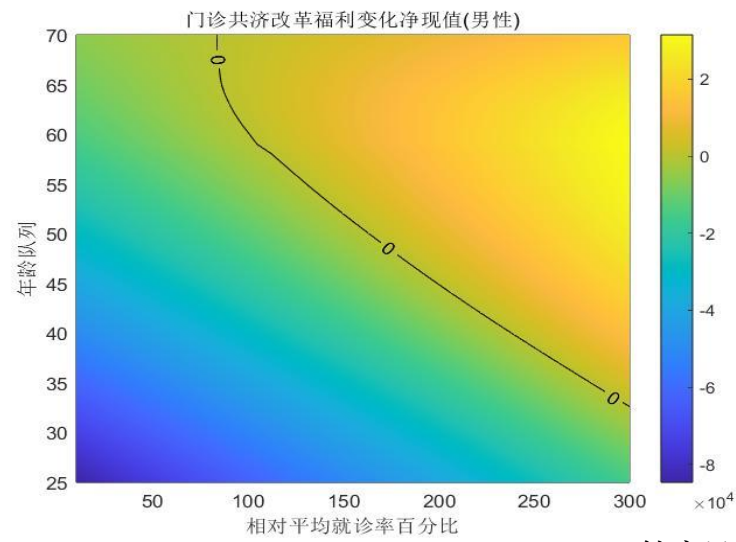
- 科学衡量社会效益和对社会福利的影响
- **Scientifically measure medical insurance schemes' social benefits and impact on social welfare**
- 可持续是重中之重
- **Sustainability is of utmost importance**
 - 基金运营可持续：医保基金的当期结余，累计结余和可支付月数情况
 - **Sustainable operation: Current balance, accumulated balance and the number of months payable by the medical insurance funds**
 - 财政保障能力可持续：财政投入占财政收入比重的变化
 - **Sustainable fiscal support: Changes in the proportion of fiscal investment in medical insurance to the total fiscal revenues**
 - 满足社会需求可持续：个人缴费压力的变化
 - **Sustainable satisfaction of social demands: Changes in the pressure from paying individual contributions**
 - 基金收支可持续：未来收支预测
 - **Sustainable balance between fund revenues and fund expenditures: Forecast of future revenues and expenditures**

门诊共济改革的影响测算——福利分配

Measure the impact of outpatient mutual-aid reform-- welfare distribution



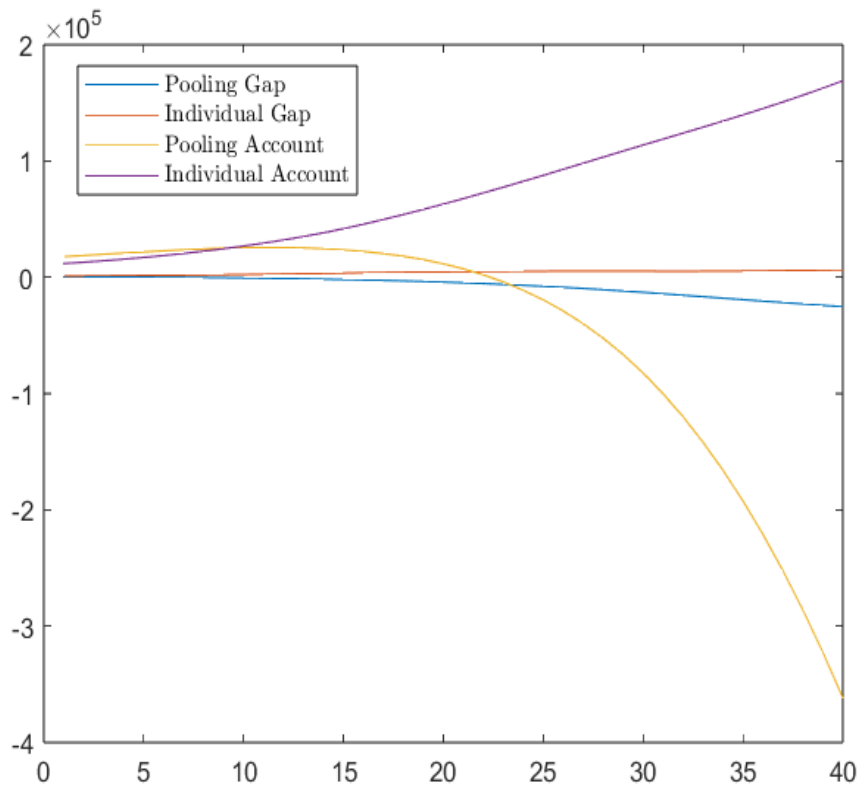
收入异质性下福利变化净现值
Net Present Value of Welfare Changes under Income Heterogeneity



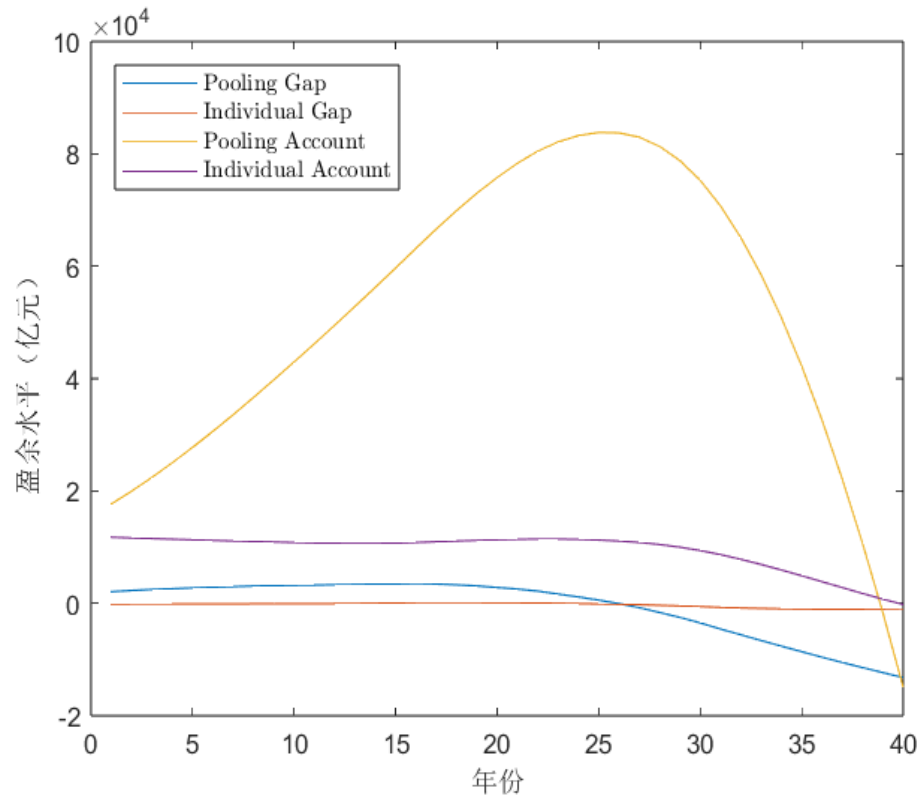
健康异质性下福利变化净现值
Net present value of welfare changes under health heterogeneity

门诊共济改革的影响测算——统筹账户的可持续性

Measure the impact of outpatient mutual-aid reform--the sustainability of pooling accounts



不进行门诊共济改革个人账户与统筹账户收支预测
The balance forecast of individual and pooling accounts
without outpatient mutual-aid reform



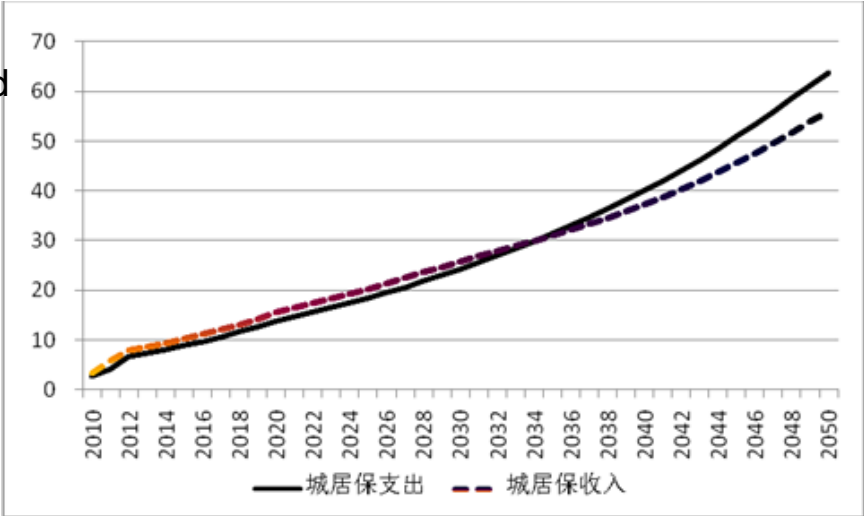
当前门诊共济改革方案个人账户与统筹账户收支预测
The balance forecast of individual and pooling accounts
under the current outpatient mutual-aid reform

医疗保险收支预测

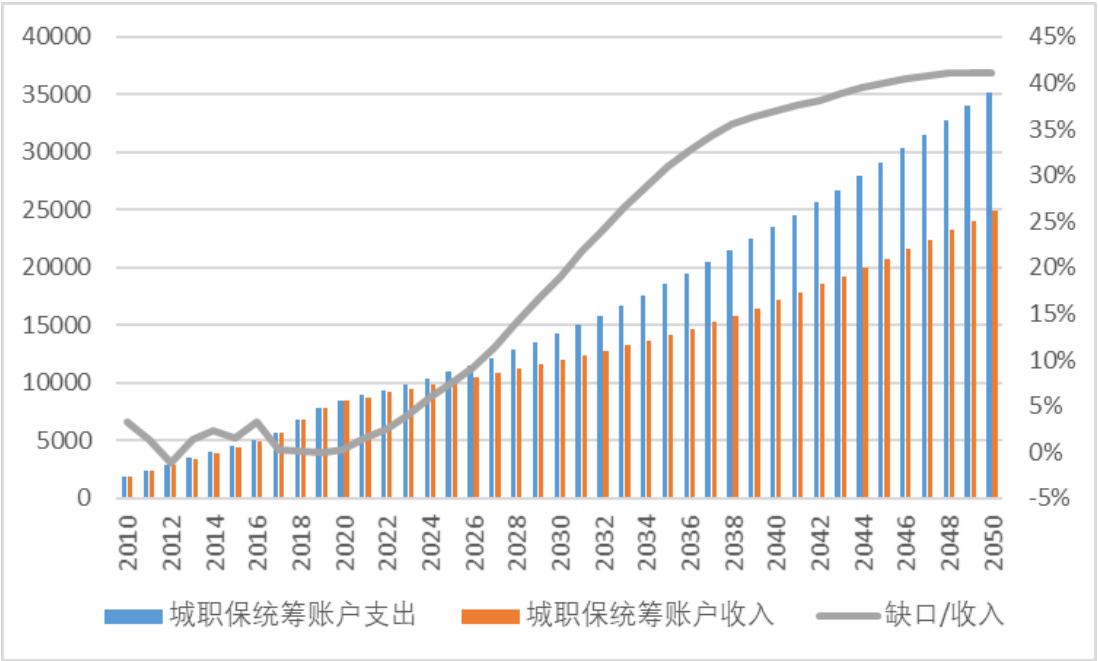
Forecast of medical insurance revenues and expenditures

- 2016年，城职保当期**收不抵支**统筹区超过30%，累计收不抵支统筹区28个
- 以收定支
- 泛福利化问题
- In 2016, in the UEBMI program, more than 30% of the pooling areas reported deficits (**revenue less than expenditure**) of the current period The pooling areas having reported accumulated deficits total 28
- Determine expenditures based on revenues
- The issue of excessive welfare

Urban Resident Basic Medical Insurance program: expenditure VS revenue (dotted line)

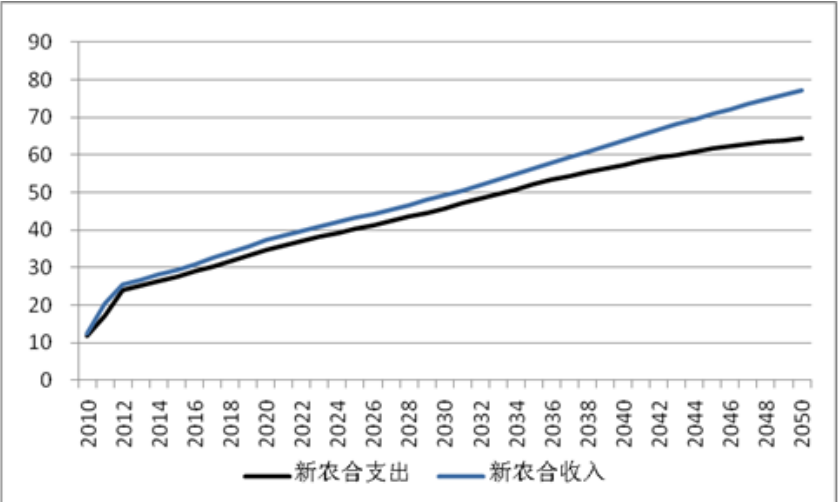


(单位：百亿) Unit:10 billion



Blue: expenditure of pooling accounts of Urban Employee Basic Medical Insurance; ; orange: revenue of pooling accounts of Urban Employee Basic Medical Insurance; grey: gap/revenue

(单位：亿) Unit:100 million yuan



New Rural Cooperative Medical Scheme (NCMS) : expenditure VS revenue(light blue)

医保基金预算绩效评价实践——充分利用大数据和最新的评估手段

The practice of budget performance evaluation of medical insurance funds-leverage big data and the latest evaluation methods

- 医疗保险改革的效果需要用产出指标来检验
- The effects of medical insurance reform should be verified through output indicators
- 产出指标
- Output indicators
 - 参保率，住院率，报销比例，基金受挤占率
 - Insurance participation rate, hospital admission rate, reimbursement ratio, proportion of misappropriated funds
 - 集中带量采购情况，医疗服务价格合理性，DRG执行情况
 - Centralized bulk procurement, reasonability of medical service pricing, DRG implementation
 - 次均就诊费用，次均住院费用
 - Outpatient expense per visit, inpatient expense per admission
- 利用公共卫生大数据的特点，采用最新的评估手段
- Leverage the features of public health big data and adopt the latest evaluation methods

医保基金预算绩效评价实践——充分利用大数据和最新的评估手段

The practice of budget performance evaluation of medical insurance funds-leverage big data and the latest evaluation methods

采用某地级市100余万条的患者住院结算的数据

We adopt more than one million inpatient expense settlement data in a prefecture-level city

试点疾病和非试点疾病医疗费用变化情况（单位：元）

Changes in medical expenses for “pilot diseases” and “non-pilot diseases” (unit: RMB)

	试点疾病pilot diseases		非试点疾病non-pilot diseases	
	改革前 Before reform	改革后 After reform	改革前 Before reform	改革后 After reform
试点医院pilot hospitals	11,696.26	11,483.15	9,899.81	10,228.56
非试点医院non-pilot hospitals	8,702.88	9,025.98	9,023.91	8,739.10

按病种付费改革对试点疾病和非试点疾病医疗费用的影响

The impact of DRG payment reform on the medical expenses of pilot and non-pilot diseases

	Ln(医疗费用)-试点疾病 Ln(medical expense)-pilot diseases			Ln(医疗费用)-非试点疾病 Ln(medical expense)-non-pilot diseases		
改革后*试点医院 After reform*pilot hospitals	-0.056***	-0.022*	-0.035***	0.011**	0.044***	0.006
	(-4.294)	(-1.689)	(-2.899)	-2.216	-8.488	-1.289
改革后after reform	0.067***			-0.014***		
	-6.45			(-3.614)		
试点医院pilot hospitals	0.164***			0.069***		
	-15.99			-17.899		
改扩建后*改扩建医院 After expansion and renovation* expanded and renovated hospitals	0.033*	0.156***	0.164***	0.156***	0.078***	0.086***
	-1.825	-4.849	-5.473	-28.915	-7.284	-9.252

医保基金预算绩效评价实践——充分利用大数据和最新的评估手段

The practice of budget performance evaluation of medical insurance funds-leverage big data and the latest evaluation methods

按病种付费改革对医疗机构就诊人次和重症患者比例的影响				
The impact of DRG payment reform on the number of served patient visits and on the proportion of critically ill patients at the medical institutions				
	Ln(年度患者人次 annual patient visits)		重症患者比例(proportion of critically ill patients)	
改革后*试点医院	0.107	0.131	-0.04	-0.023
After reform*pilot hospitals	-0.594	-0.995	(-1.153)	(-0.865)
改革后after reform	-0.03		0.021	
	(-0.279)		-1.008	
试点医院pilot hospitals	0.472***		0.02	
	-3.032		-0.671	
改扩建后*改扩建医院	-0.18	0.154	0.02	0.017
After expansion and renovation* expanded and renovated hospitals	(-1.021)	-0.791	-0.586	-0.443

按病种付费改革对医疗费用报销比例的影响		
The impact of DRG payment reform on the reimbursement proportion of medical expenses		
	医疗费用报销比例	
	Reimbursement proportion of medical expenses	
	试点疾病pilot diseases	非试点疾病non-pilot disease
改革后*试点医院	-0.004**	-0.001
After reform*pilot hospitals	(-2.379)	(-0.946)
改扩建后*改扩建医院	0.004	-0.000
After expansion and renovation* expanded and renovated hospitals	(0.998)	(-0.190)



谢谢

Thank you!