Guide to the Medical Expense Assistance System for Patients of Designated Intractable Diseases

Eligibility for Medical Expense Assistance

According to the Act on Medical Care for Patients with Intractable Diseases, the general rule for receiving medical expense assistance is that a patient must be diagnosed as having a designated intractable disease, with certain disease severity according to the prefixed criteria.

The established standards of diagnosis for targeted diseases, as well as the categorization of severity, are set for each individual disease.

Process from Application to Authorization for Medical expense Assistance

＊指定医	*Designated physician
申請者（対象患者）	Applicant (eligible patient)
申請	Application
医療受給者証交付	Issuance of medical care recipient certificate
都道府県（審査）	Prefecture (examination)
主な必要書類	Main necessary documents
1)　特定医療費の支給認定申請書、診断書	1)　Application form for the approval of specific medical expense payments; diagnosis form
2)　住民票、市町村民税（非）課税証明書などの課税状況を確認できる書類（こちらは世帯全員分が必要です）。	2)　Documents to ascertain tax status, such as a certificate of residence and a municipal tax (exemption) certificate (this is required for each member of the household)
3)　健康保険証の写しなど	3)　A copy, etc. of the health insurance card
医療受給者証の有効期間は？	What is the period of validity for the medical care recipient certificate?
原則として申請日から１年以内で都道府県が定める期間です。１年ごとに更新の申請が必要です。	As a general rule, the period will be decided by the prefectural government and will be a period of one year or less from the time of application. An application for renewal must be made each year.
※難病指定医を受診し、診断書の交付を受ける。難病指定医については、難病情報センターホームページで検索するか、お住まいの都道府県の窓口にお問い合わせください。	*The patient must see a doctor for a medical exam and receive a medical certificate. For information about designated physicians for intractable diseases, please visit the website for the Japan Intractable Diseases Center and run a search or ask at your local prefectural government's information desk.

*Click to enlarge the picture.

1. Application

After gathering the necessary documents, the application is submitted to the prefectural government. (The relevant information desk is different for each prefecture, so please ask your local prefectural government for information.)

2. Examination by the prefecture

A prefectural government will authorize payment when it acknowledges that: 1) the severity of the disease meets the conditions in the authorized standards, or 2) the disease does not meet the authorization standards but requires the patient to undergo continuing and high-cost medical care (high costs for mild diseases).

3. Receiving a medical care recipient certificate from the prefectural government

(1) It takes around three months from the time of application to receive a medical care recipient certificates. Costs incurred at designated medical facilities while waiting for the certificate to arrive can be reimbursed upon application.

(2) The examination may result in non-authorization. The prefectural government will contact you with a notice of non-authorization in the event that your application is not successful.

Necessary Documents for Application (Overview)

Necessary documents for payment authorization

Documents to submit	Reason for requirement
Application form for payment authorization of specific medical costs	N/A
Diagnosis document (the clinical examination results)	In order to ascertain that a designated intractable disease has been contracted and whether it is of a set severity
Certificate of residence (of the applicant, and if the applicant is using the same medical insurance as a member of their household, documents to identify that person as well) *May be omitted by using the Basic Resident	In order to decide the upper limit of patient-borne costs (the monthly cost)

Registry	
Documents to ascertain household income (such as municipal tax [exemption] certificate) *May be omitted in the future by using the Individual Number system	
Copy of insurance card (A document that shows you are covered by medical insurance, such as an insurance card, dependent card, or union card)	
Documents proving the use of a ventilator	
Documents proving that there is someone other than the applicant in the household who receives payments for specific medical expenses or medical expenses for specific pediatric chronic diseases	
Documents to ascertain medical expenses *Such as the necessary receipts for identifying the existence of “high cost and long term” treatments and “high costs for mild diseases”	In order to decide the upper limit of patient-borne costs (the monthly cost) and ascertain the conditions for payment authorization
Letter of consent (necessary for ascertaining the income divisions under the medical insurance)	In order to ask the insured about insurance information

*Documents and items must be submitted in color.

*Click to enlarge the picture.

Effective Period for Authorization and Applications for Changes within Period

Payment authorization is, as a general rule, effective for a year or less. This is the period deemed necessary based on the severity and treatment circumstances of the disease. However, in special circumstances it is possible to allow for a period no greater than 1 year and 3 months. Once the effective period has ended, an application for renewal must be submitted if further treatment is required.

A notification must be sent if there is any change to the contents of your application or the calculation for the upper limit of the patient-borne costs during the effective period. Applications for a change can also be made in the event that it becomes necessary to change 1) the designated medical facility, 2) the upper limit for patient-borne costs, or 3) the name of the designated intractable disease. Applications for a change can also be made for authorized payments.

Upper Limits for Patient-Borne Costs

Upper limits for patient-borne costs (the monthly cost) in relation to medical expense assistance

(Unit: Japanese yen)

Divided by income levels	Standard for dividing by income levels (number inside the parentheses represents an approximation of yearly income for a two-person household consisting of a married couple)		Patient bears 20%					
			Upper limit for patient-borne costs (outpatient + hospitalization)					
			General rule			Pre-authorized payee (three-year transitional measures)		
			Regular	High cost and long term*		Regular	Patients with serious diseases designated in specific disease treatment research project	
					Patients who use a ventilator or similar support			Patients who use a ventilator or similar support
Welfare	N/A		0	0	0	0	0	0
Low income I	Municipal tax exemption (household)	Patient's yearly salary Less than 800,000 yen	2,500	2,500	1,000	2,500	2,500	1,000
Low income II		Patient's yearly salary Over 800,000 yen	5,000	5,000		5,000		
Regular income I	Municipal tax Tax or over, 71,000 yen or less (approximately 1.6 million yen – 3.7 million yen		10,000	5,000		5,000	5,000	
Regular income II	Municipal tax 71,000 yen or more, 251,000 yen or less (approximately 3.7 million yen – 8.1 million yen)		20,000	10,000		10,000		
Upper income	Municipal tax 251,000 yen or more (approximately 8.1 million yen or more)		30,000	20,000		20,000		
Food expenses during hospitalization			All costs borne by patient			Half of the costs borne by the patient		

* Treatment that is "high cost and long term" refers to a situation in which monthly total medical expense exceed 50,000 yen for more than six times within a year (for example, if the medical insurance covers 80% of the costs and there are six months or more in which the patient-borne medical expense t is over 10,000 yen).

*Click to enlarge the picture.

Using the Upper Limit Patient-Borne Cost Management Form to Manage Patient-Borne Costs

Upper limit patient-borne cost management form for February 2017					
Name of examinee	xxxx		Examinee numbers	0012345	
Upper limit of monthly patient-borne costs: 10,000 yen					
Date	Name of designated medical facility	Total cost of medical expenses (for 100%)	Patient-borne costs	Total patient-borne costs (monthly cost)	Collection seal
February 1st	○○○ Hospital	30,000 yen	6,000 yen	6,000 yen	Seal
February 1st	XX Pharmacy	6,000 yen	1,200 yen	7,200 yen	Seal
February 20th	○○○ Hospital	25,000 yen	2,800 yen	10,000 yen	Seal
February 20th	XX Pharmacy	4,000 yen			
The monthly upper limit of patient-borne costs has been met as described above.					
Date	Name of designated medical facility				Confirmation seal
February 20th	○○○ Hospital				Seal

*The format for patient-borne cost management forms is designated by each prefecture. The above example of how to fill in the form is based on a sample format.

*Click to enlarge the picture.

The upper limit of the patient-borne cost is calculated by totaling the fixed ratio borne by the patient across multiple designated medical facilities where diagnosis has been undertaken. As a result, it is managed together with the Upper Limit Patient-Borne Cost Management Form, which is issued together with the medical care recipient certificate.

(1) At each designated medical facility, 20% (or 10%) of the costs, within the upper limit of patient-borne costs, will be collected after each diagnosis.

(2) The designated medical facility will record the amount collected in the management form after each diagnosis at a designated medical facility.

(3) In the event that the total patient-borne costs reach the upper limit of patient-borne costs, the designated medical facility will ascertain this at that time and on that month will not collect fees that would exceed the upper limit of patient-borne costs.

Designated Physicians for Intractable Diseases

Under the system for designated intractable diseases, only designated physicians chosen by the prefecture are able to provide the medical certificates necessary to apply for specific medical expense payment authorization.

There are two types of designated physicians: “designated physicians for intractable diseases”, who are able to prepare the medical certificates necessary for new applications and renewal applications, and “designated supporting physicians,” who are only able to prepare the documents necessary for renewal applications.

*More information about designated physicians in each prefecture can be found at the website for the Japan Intractable Diseases Information Center by following the link below.

http://www.nanbyou.or.jp/entry/5309

Designated Medical Facilities

Designated medical facilities are hospitals, clinics, pharmacies and home care stations that have been designated by the prefectural government.

As a general rule, payment of medical expenses for designated intractable diseases is limited to treatment received at designated medical facilities.

*More information about designated medical facilities in each prefecture can be found at the website for the Japan Intractable Diseases Information Center by following the link below.

http://www.nanbyou.or.jp/entry/5308

High Costs for Mild Diseases

Patients with mild diseases that do not meet the classification for serious diseases are also eligible for medical expense assistance if they need to undertake continued and high-cost treatment.

A “need for continued and high-cost treatment” refers to a situation in which there are three months or more in which the total medical expenses exceed 33,330 yen in the 12 months prior* to the application for payment authorization.

For example, if the medical insurance covers 70% of the costs, then the above applies to a situation in which there are three or more months in the year in which the patient bears 10,000 yen in costs.

*This refers to the period up until the day of application from the either (1) the month that was 12 months prior to application, or (2) the month in which the designated intractable disease occurred as acknowledged by a designated physician, whichever was most recent. Additionally, the standard patient-borne costs for the recuperation of food (life) expenses during hospitalization are not included in the 33,330 yen.

Authorizations for “High Cost and Long Term” Treatments

For patients who undertake continued, high-cost, and long-term treatment, the upper limit of the borne costs is set to be reduced on the basis of regular income and upper income. This applies to patients who have had already had six months (12 months prior to the month of application) in which the total medical costs for the designated intractable diseases for each month has exceeded a value of 50,000 yen. medic.

For example, this would apply to a situation in which the medical insurance covers 80% of the costs and there are six months during the year in which the patient-borne medical costs exceed 10,000 yen.

Upper Limit for Patients with Ventilators is 1,000 Yen

For patients with ventilators or other equipment necessary for life support who require special consideration, the upper limit of patient-borne costs will be 1,000 yen, regardless of income level.

The condition for eligibility is that, in addition to having a designated intractable disease that has received authorization for medical expense support, the following requirements are met: 1) the patient requires continued and constant life support, and 2) the patient's daily life and movement are severely restricted and the following procedures are expected (decisions on whether the requirements are met are made on an individual basis).

1. Patients with a nerve intractable disease who use a ventilator installed through a tracheotomy incision or through a face mask.

2. Patients such as those with terminal heart failure who use an external artificial heart support.