Notice of the National Healthcare Security Administration on Issuing the 15th Five-Year Plan for Universal Healthcare Security[1]

Authority: **National Healthcare Security Administration.**

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Recipients: Healthcare Security Administrations of all provinces, autonomous regions and municipalities directly under the Central Government; Xinjiang Production and Construction Corps Healthcare Security Bureau:

The 15th Five-Year Plan for Universal Healthcare Security has been reviewed and approved by the Party Leadership Group Meeting of the National Healthcare Security Administration and is hereby issued to you. Please organize and implement it conscientiously in light of actual conditions.

National Healthcare Security Administration

July 27, 2026

(Publicly disclosed)

To further improve the multi-tiered healthcare security system and promote the high-quality development of the healthcare security sector, this Plan is formulated in accordance with the Outline of the Fifteenth Five-Year Plan for National Economic and Social Development of the People's Republic of China.

Chapter I General Provisions

Guided by Xi Jinping Thought on Socialism with Chinese Characteristics for a New Era, the Plan shall fully implement the guiding principles of the 20th National Congress of the Communist Party of China and the successive plenary sessions of the 20th Central Committee, faithfully carry out the arrangements of the Fourth Plenary Session, and comprehensively implement the decisions and plans of the Communist Party of China Central Committee and the State Council

[1] Translated by Health Law Asia – Pharmaceutical, Medical Device, and Cosmetics Law

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concerning healthcare security. It shall adhere to a people-centered approach, take the high-quality development of the healthcare security sector as its principal objective, regard reform and innovation as the primary driving force, uphold the principles of overall planning and systematic governance, and balance the pursuit of development with sustainability and act within the limits of available resources. The Plan aims to establish in all respects a multi-tiered healthcare security system that is universal in coverage, coordinated between urban and rural areas, equitable and unified, secure and well-regulated, and sustainable, thereby continuously enhancing the people's sense of fulfilment, happiness and security and contributing a new chapter of healthcare security to Chinese modernization and the realization of common prosperity for all.

By 2030, equitable healthcare security shall become more inclusive and balanced, and access to public services under the basic medical insurance system shall be further improved. A law-based healthcare security system shall be more fully developed, with a basic legal framework for healthcare security essentially established, the capacity for law-based administration continuously strengthened, administrative law enforcement conducted in a more rigorous, standardized and well-regulated manner. A secure and resilient healthcare security system shall be maintained through strengthened management of medical insurance funds, ensuring their safe and sustainable operation and further reinforcing overall healthcare security capacity. Digital and smart healthcare security services shall become more convenient and efficient, with refined management and precision services based on big data, artificial intelligence and other advanced technologies being widely applied. Coordinated healthcare security governance shall be further strengthened, with improved mechanisms for the coordinated development and governance of medical services, medical insurance and pharmaceuticals, resulting in greater efficiency in the use of medical insurance funds. Scientific development in the field of healthcare security shall be accelerated, standardization efforts shall be substantially advanced, validation mechanisms for healthcare security application scenarios shall be progressively improved, and a comprehensive scientific healthcare security framework covering the entire process, value chain and governance spectrum shall be basically established.

Key Indicators for Universal Healthcare Security Development during the 15th Five-Year Plan Period

Key Indicator	2025	2030
Basic Medical Insurance participation rate	95%	Remain stable[1]
Number of pooling areas covered by Long-Term Care Insurance	92	All pooling areas
Fund payment ratio for inpatient expenses within the Basic Medical Insurance catalogue	Employee BMI: approx. 80%; Urban/Rural Resident BMI: approx. 70%	Remain stable
Months payable from cumulative balance of Employee Basic Medical Insurance pooled fund[2]	28.7 months	Above the safety threshold
Months payable from cumulative balance of Urban/Rural Resident Basic Medical Insurance fund	9.5 months	Overall maintained at a safe level

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Share of public medical-institution procurement through provincial platforms	Pharmaceuticals: 90%; high-value medical consumables: 80%	Remain stable
Coverage of Basic Medical Insurance fund expenditure by immediate settlement	Approx. 70%	Above 80%
Direct payment of maternity allowances to individuals	Implemented in 90% of pooling areas	Fully implemented

[1] The Basic Medical Insurance participation rate is to remain at approximately 95% in each year of the 15th Five-Year Plan period.
[2] The safety threshold for the cumulative balance of the Employee Basic Medical Insurance pooled fund is 18 months, calculated in accordance with applicable national policies.

Chapter II Improving the Multi-Tiered Healthcare Security System

1. Improving the Basic Medical Insurance System

The quality of universal participation in medical insurance shall be continuously improved. The Universal Insurance Coverage Initiative shall be implemented in depth so as to consolidate and expand coverage under the Basic Medical Insurance system. Registration, supervision and verification of contributions under the Employee Basic Medical Insurance scheme shall be strengthened. Continued efforts shall be made to increase the proportion of persons enrolled in Employee Basic Medical Insurance. The coordinated administration of matters relating to the enrolment of newborns shall continue to be advanced, so as to ensure enrolment upon birth and immediate eligibility for benefits. Exploration shall be undertaken regarding the provision of subsidies for infants and young children participating in Basic Medical Insurance. Policies governing the transfer and continuity of insurance coverage shall be further improved. A government-led mechanism for promoting participation, characterized by clearly defined responsibilities, departmental coordination and efficient implementation, shall be strengthened.

People's Well-being Initiative 1 — Consolidating and Improving Universal Insurance Coverage

1. Use the "one person, one record" national participation database to support precise coverage expansion.
2. Improve coordinated participation mechanisms across levels of government and departments, including implementation of residence-permit-based participation policies.
3. Encourage flexible workers and workers in new forms of employment to join Employee Basic Medical Insurance; improve contribution methods and clarify employer/platform responsibilities.
4. Improve nationally unified participation-information management and transfer mechanisms through the National Healthcare Security Information Platform, and explore a unified national registration entry point.

The sustainable financing mechanism shall be optimized and improved. Financing responsibilities among individuals, employers and governments shall be appropriately balanced, and diversified financing channels shall be promoted. The financing mechanism for Basic Medical Insurance for Urban and Rural Residents shall be improved to ensure that the allocation of financing responsibilities is commensurate with economic and social development, fiscal affordability and residents' per capita disposable income. Collective organizations, work units and other social and economic organizations shall be encouraged to provide support or subsidies for residents' insurance contributions. Diverse financing channels shall be explored. Efforts shall be made to promote standardized implementation by the provinces of contribution-base policies applicable to Employee Basic Medical Insurance.

A fair and appropriate benefits protection mechanism shall be improved. The principle that Basic Medical Insurance shall provide basic protection shall be upheld. The respective

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boundaries of Basic Medical Insurance, Major Disease Insurance and Medical Assistance shall be further clarified, and the functional positioning of these schemes within the overall healthcare security framework shall be clearly defined. The Healthcare Security Benefits List system shall be improved. Existing outpatient and inpatient benefit levels under Employee Basic Medical Insurance and Basic Medical Insurance for Urban and Rural Residents shall be consolidated. Reimbursement policies shall be oriented toward primary healthcare institutions. In light of local conditions, reasonable differentiation in reimbursement rates for inpatient treatment provided by healthcare institutions of different levels shall be maintained. Efforts shall be undertaken to promote the standardization and harmonization of protection policies for chronic diseases and special diseases treated on an outpatient basis within provinces.

Reform of operational mechanisms shall be advanced in depth. In accordance with the principles of policy standardization, pooled fund management, tiered administration, shared responsibility and budget assessment, the responsibilities of local governments at all levels shall be further clarified. Pooling areas shall be encouraged to improve financing, benefit administration and management capabilities, strengthen fund resilience against risks and enhance fund utilization efficiency. Basic provincial-level pooling shall be achieved by 2029.

2. Enhancing Protection under Major Disease Insurance and Medical Assistance

The Major Disease Insurance system shall be standardized. The Major Disease Insurance scheme for urban and rural residents shall be further standardized. The scope of payments under the scheme shall be regulated, and the proportion of funds allocated from the Basic Medical Insurance Fund for Urban and Rural Residents, deductible thresholds, tiered reimbursement rates and maximum payment ceilings shall be reasonably determined. Preferential payment policies applicable to eligible disadvantaged groups shall be fully implemented. The Major Disease Insurance scheme for employees and the supplementary scheme for catastrophic medical expenses borne by employees shall be standardized. The use and administration of Major Disease Insurance funds shall likewise be regulated.

The Medical Assistance system shall be improved. Policies providing classified support for insurance participation shall be implemented, and assistance standards reasonably determined. Information-sharing, monitoring and early-warning mechanisms concerning assistance recipients shall be established. Regular healthcare security assistance measures shall be improved. A long-term mechanism for preventing and mitigating poverty or a return to poverty caused by illness shall be strengthened. Monitoring and early-warning mechanisms for patients incurring exceptionally high medical expenses shall be improved. Multi-channel financing mechanisms for Medical Assistance funds shall be enhanced, and fiscal subsidies shall be reasonably allocated. The administration of medical services for disadvantaged groups shall be strengthened.

3. Improving the Maternity Insurance System

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Efforts shall be made to ensure that all eligible employees are enrolled in Maternity Insurance. The policy whereby unemployment insurance funds pay Employee Basic Medical Insurance contributions, including Maternity Insurance contributions, on behalf of individuals receiving unemployment insurance benefits shall be fully implemented. Greater efforts shall be devoted to encouraging flexible workers, migrant workers and workers engaged in new forms of employment who participate in Employee Basic Medical Insurance to enrol in Maternity Insurance.

Female employees covered by insurance shall fully enjoy maternity allowance benefits during statutory maternity leave in accordance with state requirements. The standardized and orderly application of assisted reproductive technologies shall be promoted. Protection for prenatal examination expenses shall be reasonably enhanced, and local authorities shall be guided in establishing basic service packages covering fundamental pregnancy examinations, which may be reimbursed by reference to the benefit standards applicable to chronic and special outpatient diseases.

Payment policies for inpatient childbirth expenses shall be improved with a view to basically eliminating out-of-pocket expenses for insured persons for childbirth-related hospitalization costs falling within the scope of Maternity Insurance coverage. Appropriate labour analgesia services shall be included within the scope of protection. Reform of healthcare security payment methods shall be extended to maternity medical expenses. Direct settlement of maternity-related medical expenses and direct payment of maternity allowances to insured persons in accordance with prescribed procedures shall be realized.

4. Vigorously Promoting the Development of Commercial Health Insurance

Active support shall be provided to enable commercial health insurance to play a greater role within the multi-tiered healthcare security system and improve overall protection and service levels. Commercial health insurance shall be encouraged to complement Basic Medical Insurance, provide differentiated protection and better satisfy diversified healthcare security needs. Subject to effective risk control and sustainable operations, greater support shall be provided for the inclusion of new medical technologies, new healthcare services, innovative pharmaceuticals and new medical devices within commercial health insurance coverage. In accordance with applicable laws and regulations, data sharing and coordinated settlement mechanisms between Basic Medical Insurance and commercial health insurance shall be promoted so as to support rapid claims settlement and direct reimbursement arrangements under commercial insurance products.

5. Supporting the Orderly Development of Employee Medical Mutual-Aid and Other Healthcare Security Schemes

Closer coordination between employee medical mutual-aid schemes and Employee Basic Medical Insurance shall be promoted. Data sharing through the Healthcare Security Information Platform shall be advanced, and synchronized settlement mechanisms shall be explored. The

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functionalities of the Healthcare Security Information Platform shall be further improved so as to stimulate the participation of charitable and other social organizations in Medical Assistance activities. A diversified Medical Assistance system shall be improved so as to create synergy among different forms of assistance and further reduce the burden of medical expenses borne by disadvantaged groups and patients suffering from major diseases. Enterprise supplementary medical insurance schemes shall be progressively standardized.

Chapter III Implementing Long-Term Care Insurance

6. Establishing a Comprehensive Long-Term Care Insurance System

The design of the Long-Term Care Insurance system shall be coordinated across urban and rural areas, with unified fund accounting and pooled utilization of funds. Municipal-level pooling shall serve as the starting point, while provinces meeting the necessary conditions may explore the establishment of provincial-level pooling. A diversified financing mechanism based on mutual assistance and shared responsibility shall be established and improved, with financing responsibilities reasonably apportioned among employers, individuals, governments and society, and with dynamic adjustments to financing arrangements. A fair and appropriate benefits protection mechanism shall be established, under which covered beneficiaries, service items and benefit standards shall be reasonably determined. Incentive and restraint mechanisms for participation shall be explored, and coverage shall be gradually expanded. Efforts shall be made to develop a multi-tiered long-term care protection system, promote commercial long-term care insurance, and explore the role of social forces in the provision of long-term care protection.

7. Improving Long-Term Care Insurance Service Policies

A nationally unified standard for the assessment of disability levels shall be established and improved, and mutual recognition of assessment results throughout the country shall be promoted. Training for disability assessment personnel shall be strengthened. The role of family physicians in disability assessments shall be explored. A unified catalogue of Long-Term Care Insurance service items shall be dynamically improved, and payment methods adapted to different service models shall be established. The administration of designated Long-Term Care Insurance service providers shall be standardized. Eligible aged-care institutions, primary healthcare institutions and other qualified entities shall be encouraged to provide long-term care services. A policy framework supporting the cultivation of long-term care professionals shall be improved so as to promote the professionalization and standardization of the long-term care workforce. Supervision of Long-Term Care Insurance funds shall be strengthened.

8. Enhancing Long-Term Care Service Capacity and Technical Standards

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A Long-Term Care Insurance administration and service system shall be established. Evaluation, incentive and accountability mechanisms applicable to all categories of service and management participants shall be improved. Agreement management and intelligent review of designated institutions shall be strengthened. Documentation management throughout the entire long-term care service process shall be standardized. The allocation of public administration and service resources for Long-Term Care Insurance shall be optimized. The care support system for persons with disabilities shall be improved in order to strengthen long-term care service capacity. The rational distribution of long-term care resources shall be promoted, innovation in long-term care-related fields shall be encouraged, and the application of intelligent technologies and devices, including robotic exoskeletons, in long-term care services shall be advanced.

Chapter IV Deepening Reform of Pharmaceutical and Healthcare Services

9. Coordinating and Standardizing the Administration of the Medical Insurance Catalogue

Policies governing payment administration under the Medical Insurance Drug Catalogue shall be improved, and an appropriate dynamic adjustment mechanism shall be established and refined. Administration of Medical Insurance payments for medical service items and medical consumables shall be strengthened. The generic-name management system for medical consumables under Medical Insurance shall be improved. Provincial-level standardization and harmonization of Medical Insurance catalogues for medical service items and medical consumables shall be achieved. A National Basic Medical Insurance Catalogue for Medical Service Items and Medical Consumables shall be formulated.

10. Deepening Reform of Medical Insurance Payment Methods

The reform of diversified and composite Medical Insurance payment methods, with disease-based payment as the principal approach, shall be continuously advanced, and regional global budget management shall be strengthened. Disease grouping schemes and payment standards shall be dynamically adjusted, and mechanisms governing core elements and supporting management measures shall be improved. Direct settlement of inpatient medical expenses incurred outside the insured locality shall be incorporated into the scope of disease-based payment to facilitate coordination among payment arrangements. Policies governing the retention and utilization of savings generated through disease-based payment shall be improved, and the integrated development of Diagnosis-Related Group (DRG) payment and Diagnosis-Intervention Packet (DIP) payment systems shall be promoted. Exploration shall be undertaken regarding the adoption of bed-day payment and other payment methods for conditions requiring long-term hospitalization and characterized by relatively stable average daily costs, including mental disorders and medical rehabilitation services. Pilot reforms of outpatient payment methods shall be advanced. Global budget payment policies applicable to

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eligible compact county-level medical communities shall be implemented, with appropriate preferential treatment in the allocation of total budgets for compact county-level medical communities led by traditional Chinese medicine institutions. Medical Insurance payment methods reflecting the characteristics of traditional Chinese medicine shall be progressively improved.

11. Deepening Reform of Medical Service Pricing

Macro-level administration of medical service pricing shall be strengthened. A normalized and responsive dynamic adjustment mechanism for medical service prices shall be put into operation. A comprehensive classification-based price formation mechanism for medical services shall be established. Administration of medical service pricing items shall be strengthened, and nationwide standardization and harmonization of medical service pricing items shall be substantially achieved. Management of newly established pricing items shall be reinforced. Exploration shall be undertaken regarding the establishment of a pre-approval mechanism for medical service pricing items, under which pricing items may be introduced or optimized in a timely manner according to clinical needs and service outputs. Policies governing premium medical services and international medical services shall be explored and improved so as to promote a diversified supply of medical services.

12. Improving Price Formation Mechanisms for Pharmaceuticals and Medical Consumables

A self-assessment system for newly marketed pharmaceuticals shall be implemented. Different forms of policy support and guidance shall be provided for highly innovative drugs, improved new drugs and generic pharmaceuticals, as appropriate. Price formation mechanisms for centralized volume-based procurement of pharmaceuticals and medical consumables shall be improved. Exploration shall be undertaken regarding the rational linkage between listed online prices and prices negotiated by medical institutions. A consolidated price catalogue for listed pharmaceuticals and medical consumables shall be established and utilized, and monitoring and early-warning systems for pharmaceutical and consumable prices shall be strengthened. Rules governing the online listing of pharmaceuticals shall be rigorously implemented, and rules governing the online listing of medical consumables shall be standardized. Governance of pharmaceutical and medical consumable prices shall be deepened. Implementation of integrity evaluation systems relating to pharmaceutical pricing and procurement shall be strengthened so as to promote compliant and good-faith business operations. Institutional capacity for the governance of pharmaceutical and medical consumable prices shall be enhanced.

People's Well-being Initiative 2 — Convenient Pharmaceutical Purchasing Services

1. Improve price-comparison tools to support one-click online price searches, real-time comparison, pharmacy navigation, stock display, abnormal-price alerts and price-trend analysis.
2. Continue optimizing the Medical Insurance Pharmaceutical Cloud Platform, integrating information on production, circulation, distribution and use to support intelligent medicine search, purchase, dispensing and delivery.

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13. Supporting High-Quality Development through Pharmaceutical Innovation

The strategic purchasing role of Medical Insurance shall be leveraged to support high-quality pharmaceutical innovation. Information sharing and coordination among medical services, Medical Insurance and pharmaceuticals shall be strengthened. Development and utilization of Medical Insurance data resources shall be promoted, and the provision of necessary Medical Insurance data services for pharmaceutical research and development shall be explored. While adhering to the principle of providing basic protection, innovative pharmaceuticals meeting the prescribed requirements shall be included in the Medical Insurance Drug Catalogue in accordance with established procedures. The catalogue of innovative pharmaceuticals covered by commercial health insurance shall be improved. Existing channels for the inclusion of new pricing items, including compatible existing items, conditional additions and green channels for major innovations, shall be effectively utilized to accelerate the clinical application of high-level medical innovations, technologies and products.

14. Promoting the Establishment of a Unified National Market for Pharmaceutical Procurement

A pharmaceutical centralized procurement platform capable of comprehensively recording logistics and traceability information relating to pharmaceuticals and medical consumables shall be established and improved, and the service capacity of centralized procurement platforms shall be continuously enhanced. Greater consistency and coordination in online listing rules shall be achieved, market access services shall be optimized, and national joint review and processing of online listing applications shall be promoted. Public medical institutions shall be required to fulfil their responsibilities regarding platform-based procurement of pharmaceuticals and high-value medical consumables, and online procurement rates shall be increased. Centralized procurement of pharmaceuticals and medical consumables shall be advanced on a standardized, institutionalized and normalized basis, procurement rules shall be optimized, and efforts shall be made to improve quality and expand coverage. Coordination among local centralized procurement programmes shall be strengthened, and nationally coordinated implementation of products already subject to local procurement programmes shall be promoted.

Efficient and streamlined mechanisms for follow-on procurement upon the expiry of centralized procurement agreements shall be explored. For pharmaceuticals included in the Medical Insurance Catalogue and procured through centralized procurement under the same generic name, Medical Insurance payment standards shall be determined on the basis of the successful bid price. Research shall be undertaken regarding direct settlement arrangements between Medical Insurance authorities and pharmaceutical enterprises for centrally procured pharmaceuticals. The availability of centrally procured pharmaceuticals at primary healthcare institutions, private medical institutions and retail pharmacies shall be promoted. Nationwide public access to information concerning the availability of Medical Insurance pharmaceuticals shall be progressively achieved.

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15. Promoting the Coordinated Development and Governance of Medical Services, Medical Insurance and Pharmaceuticals

The balanced distribution and downward extension of high-quality medical resources shall be promoted. Coordination among key reforms, including public hospital reform, Medical Insurance payment reform and centralized procurement of pharmaceuticals and medical consumables, shall be strengthened. Information sharing shall be enhanced among pharmaceutical and medical consumable market authorization processes, the results of pharmaceutical consistency evaluations, centralized procurement programmes and catalogue adjustment procedures. Mutual recognition of medical examination and testing results and the sharing of diagnostic imaging data shall be supported. Support shall be provided to strengthen service capacity and professional disciplines in geriatrics, paediatrics, mental health, rehabilitation, nursing care and related fields. Support shall be provided for the strengthening of primary healthcare infrastructure, improvement of Medical Insurance policies applicable to compact county-level medical communities, enhancement of primary consultation and two-way referral systems, and advancement of the tiered diagnosis and treatment system.

People's Well-being Initiative 3 — Medical Insurance Support for Primary Healthcare

1. Include eligible primary healthcare institutions in designated-provider management, with at least 98% of administrative villages having village clinics included in designated management.
2. Optimize price management and appropriately adjust price differentials for highly homogeneous medical services across institution levels.
3. Improve differentiated reimbursement policies among healthcare institutions of different levels.
4. Support compact county-level medical communities through eligible global-budget payment arrangements.
5. Define primary-level disease categories and promote equal payment for the same disease across institution levels within pooling areas.

Chapter V Improving the Fund Management and Supervision System

16. Strengthening Fund Budgeting and Operational Management

The principle of determining expenditures on the basis of revenues and maintaining a balance between revenues and expenditures shall be upheld. Budgets shall be prepared in a scientific manner, and the binding force of budgetary constraints shall be strengthened. Medium- and long-term actuarial models shall be explored, aggregate expenditure management shall be reinforced, and ex ante assessments and ex post evaluations of policy adjustments shall be conducted. Budget management mechanisms commensurate with the level of fund pooling shall be established and improved, and performance-based budget management of funds shall be further advanced. Financial management systems for Medical Insurance Funds shall be improved, financial supervision shall be strengthened, and the misappropriation or diversion of funds shall be prevented. Databases and indicator systems for monitoring fund operations shall be established and improved, and data shall be shared with financial authorities. Closed-loop management mechanisms for operational monitoring, risk early warning and timely risk response shall be established and improved jointly by healthcare security authorities and financial authorities. Evaluation mechanisms for the operation of Medical Insurance Funds shall be refined, and greater use shall be made of evaluation results. Mechanisms for joint data

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review and quality assessment in respect of healthcare security statistics and operational activities shall be established. Statistical monitoring indicator systems for the operation of healthcare security schemes shall be improved. National healthcare security statistical monitoring points shall be established

Major Project 1 — Medical Insurance Fund Operation Monitoring and Early Warning

1. Improve routine monitoring of fund operation, including payment ratios, visits, hospitalization rates, medical expenses, average costs and numbers of designated institutions; strengthen data sharing among healthcare security, finance and tax authorities.
2. Develop fund revenue-and-expenditure models and risk early-warning systems with graded and categorized thresholds, supported by actuarial data analysis.
3. Improve risk-response mechanisms and management measures for pooling areas at different risk levels.

17. Continuously Strengthening Fund Supervision

National-level and provincial-level inspection activities, together with cross-regional inspections at the municipal level, shall be coordinated. Annual inspections and special inspections shall be advanced in an integrated manner so as to achieve, within five years, full coverage of all pooling areas, all categories of supervisory entities and all designated institutions. Special rectification campaigns targeting issues relating to the use of funds shall be advanced systematically by sector and in phases. Greater use shall be made of the outcomes of inspections and special rectification initiatives, and lists of key issues and inspection guidelines shall be dynamically adjusted. Efforts shall be intensified to investigate and rectify unlawful or irregular use of Medical Insurance Funds by designated medical and pharmaceutical institutions. Greater emphasis shall be placed on the verification and investigation of leads obtained through public reporting channels and big-data screening. Unlawful and non-compliant conduct shall be addressed in accordance with law through comprehensive application of administrative penalties, agreement-based management measures and other regulatory tools. Coordination with relevant authorities in respect of case referrals and joint disciplinary measures shall be strengthened. Typical cases shall be publicly disclosed to enhance deterrence.

18. Continuously Improving the Comprehensive Supervision Framework

A comprehensive supervision framework covering pre-service reminders at the level of medical and pharmaceutical institutions, in-process review by administrative and service agencies, and post-event supervision by administrative authorities shall be advanced in an integrated manner. Full coverage of pre-service compliance reminders for designated medical and pharmaceutical institutions shall be substantially achieved. Rules contained in the “Two Databases” shall continue to be issued and updated so as to support healthcare security authorities at all levels and designated institutions. The application of frontier technologies, including artificial intelligence, shall be explored, and the development and application of big-data supervision models shall be strengthened, with the gradual establishment of a matrix of big-data supervision models covering the use of Medical Insurance Funds. Disease-specific supervision mechanisms compatible with DRG and DIP payment methodologies shall be explored. Full-scale

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collection and comprehensive application of pharmaceutical traceability codes within the healthcare security sector shall be promoted. Joint investigations and coordinated enforcement actions with public security, drug regulatory and other authorities shall be deepened so as to establish a closed-loop regulatory system for combating the illegal resale of Medical Insurance-funded pharmaceuticals.

Major Project 2 — Big-Data Supervision Models for Medical Insurance

1. Inpatient supervision: identify suspected false, abnormal or split hospitalizations.
2. Outpatient supervision: identify excessive prescribing, fictitious outpatient services and abnormal chronic/special-disease outpatient expenses.
3. Pharmacy supervision: identify fraudulent credential use, cash-out schemes and induced excessive spending.
4. Pharmaceutical and consumables supervision: explore warnings for abuse or abnormal use of high-value products.
5. Insured-person supervision: develop healthcare/purchasing profiles to identify identity misuse and suspicious short-term cross-institution activity.
6. Traceability-code supervision: strengthen models based on pharmaceutical traceability codes and expand multi-scenario application.
7. Imaging-cloud supervision: explore identification of false examinations and unreasonable duplicate examinations.
8. DRG/DIP supervision: identify upcoding, inflated scoring and split hospitalizations based on comprehensive clinical data.
9. Cross-regional medical-treatment supervision: explore screening of abnormal cross-regional treatment patterns.

19. Continuously Improving Long-Term Mechanisms for Fund Supervision

Implementation of the Regulations on the Supervision and Administration of the Use of Healthcare Security Funds and their implementing rules shall be continuously advanced. Standards governing administrative discretion shall be refined, and law enforcement shall be conducted in a rigorous, standardized, impartial and professional manner. Supervisory responsibilities of healthcare security administrative authorities, review and inspection responsibilities of healthcare security administrative service agencies, self-management responsibilities of designated medical and pharmaceutical institutions, responsibilities of competent industry authorities, and territorial supervisory responsibilities shall be further strengthened. Regular supervisory mechanisms shall be improved. The system for the administration of Medical Insurance payment qualifications shall be fully implemented. Credit management mechanisms applicable to designated medical and pharmaceutical institutions and insured persons shall be explored. Reporting channels shall be expanded, and procedures for handling reports and allegations shall be standardized. Targeted compliance education and warning initiatives shall be carried out according to different categories of regulated entities.

20. Strengthening the Administration of Designated Medical and Pharmaceutical Institutions

Adhering to the principles of defining overall scale, adjusting existing resources, optimizing incremental resources and improving quality, the allocation of designated medical and pharmaceutical institutions within each region shall be reasonably determined in light of public demand, the carrying capacity of Medical Insurance Funds and regional healthcare resource planning. Admission standards for designated medical and pharmaceutical institutions shall be strictly enforced. Performance evaluation mechanisms for designated institutions shall be established and improved, and dynamic adjustments shall be carried out on a scientific basis.

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Classified and tiered administration of designated medical and pharmaceutical institutions shall be implemented, and innovative approaches to agreement-based management shall be adopted.

Chapter VI Improving the Healthcare Security Public Service System

21. Improving Healthcare Security Administration and Management Services

A healthcare security administration system commensurate with a multi-tiered healthcare security system shall be established. The service capacity of Basic Medical Insurance administration shall be consolidated and enhanced, and innovation in the administration of Major Disease Insurance shall be advanced. Administrative management systems and mechanisms adapted to provincial-level pooling shall be established and improved. Public healthcare security service networks at all levels shall be improved. Townships, subdistricts and other grassroots authorities shall be guided in implementing healthcare security service responsibilities included in their lists of statutory functions, while the role of grassroots grid-based service mechanisms shall be fully utilized. Efforts to strengthen primary-level healthcare security governance shall be advanced, and a grassroots healthcare security service network covering all townships, subdistricts, villages and communities nationwide shall be established. The installation of terminal service equipment at grassroots healthcare security service stations shall be encouraged so as to extend convenient healthcare security services to the grassroots level.

Mechanisms governing advance payments, settlement and fund reconciliation under Medical Insurance Funds shall be improved. Fund reconciliation shall be progressively adjusted so as to be completed before the end of March each year, while the proportion of reconciliation payments within total annual fund disbursements shall gradually be reduced to approximately 3 percent. The scope of immediate settlement shall be comprehensively expanded, and direct settlement and synchronized settlement mechanisms shall be advanced in a coordinated manner. Administration of Medical Insurance payment qualifications for relevant personnel of designated medical and pharmaceutical institutions shall be strengthened. Capabilities relating to administrative review and verification shall be continuously enhanced, and routine, special-purpose and targeted inspections shall be reinforced.

22. Promoting More Diverse and Convenient Public Service Delivery

A dynamic management mechanism for the catalogue of healthcare security administrative service matters shall be established and improved, and further efforts shall be made to facilitate the efficient handling of integrated public services in the healthcare security sector. Cross-regional cooperation mechanisms for healthcare security administration shall be established and improved so as to enable a greater number of high-frequency services to be processed across jurisdictions and at nearby service locations. Administration of direct settlement for

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medical treatment obtained outside the insured locality shall be further standardized, and the scope of insurance schemes covered by direct settlement shall be progressively expanded. Administrative services relating to Maternity Insurance shall be optimized.

People's Well-being Initiative 4 — Standardizing Direct Settlement for Cross-Regional Medical Treatment

1. Further standardize filing and direct-settlement administration, strengthen differentiated reimbursement policies and improve management of cross-provincial designated institutions and irregular-expense recovery.
2. Consolidate direct-settlement services, expand covered insurance categories, pilot cross-regional direct settlement of maternity-related expenses where conditions permit, and fully implement cross-provincial mutual use of Employee Basic Medical Insurance individual accounts.
3. Strengthen information-system support, improve the national settlement platform and error-handling mechanisms, and promote intelligent policy Q&A.

Application of the Medical Insurance Wallet shall be promoted, and mutual utilization of individual accounts under Employee Basic Medical Insurance shall be fully realized. Online and offline service channels shall be improved, and broader application of facial-recognition payment, single-code payment, mobile payment and credit-based payment technologies shall be promoted. More accessible and user-friendly healthcare security services shall be provided for elderly persons, children, persons with disabilities and individuals facing financial hardship.

23. Enhancing the Effectiveness of Digital and Intelligent Public Service Management

The healthcare security information system shall be continuously improved so as to strengthen support for public healthcare security services. A National Healthcare Security Intelligent Customer Service Platform shall be established and placed into operation. Development of an intelligent review system covering the entire administration process and all areas of healthcare security services shall be strengthened. The application of blockchain, big data, cloud computing, artificial intelligence and other technologies shall be deepened, and the establishment of a Personal Medical Insurance Cloud platform shall be explored.

People's Well-being Initiative 5 — Personal Medical Insurance Cloud

1. With individual authorization, provide personal services integrating medical-insurance health records, financial records and credit records, and strengthen interoperability with residents' electronic health records.
2. Upgrade intelligent services, including customer service, medical guidance, protection-plan optimization and coordinated settlement; provide real-time notifications and status inquiries across key healthcare steps through Medical Insurance Codes and social security cards.

In accordance with applicable laws and regulations, healthcare security information concerning insured persons shall be aggregated and integrated to create comprehensive information systems organized around individuals, goods, funds and regulatory rules. The level of integrated and intelligent healthcare security administration nationwide shall thereby be enhanced, supporting medical services and the pharmaceutical industry while fostering new productive forces in the healthcare sector. Construction of healthcare security information infrastructure and cybersecurity protection systems shall be strengthened. Operational maintenance and management shall be enhanced, cybersecurity capabilities shall be improved, and a professional and stable operational support workforce shall be developed.

Subject to the protection of data security and personal privacy, responsibilities relating to the development and utilization of public data resources shall be implemented. Development and

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utilization of healthcare security data resources shall be deepened, and the authorized operation of healthcare security data shall be explored.

Chapter VII Strengthening the Foundations for Development

24. Strengthening Support through the Rule of Law and Standardization

The legal framework for healthcare security shall be improved, and efforts shall be advanced to enact a Healthcare Security Law while carrying out the formulation, amendment and revision of relevant regulations and departmental rules. Mechanisms for law-based decision-making shall be strengthened, procedures for major administrative decision-making shall be standardized, and the standardization of administrative law enforcement shall be rigorously enhanced. A repository of administrative reconsideration and litigation cases in the field of healthcare security shall be established.

A scientific, rational, well-structured and coordinated national standards system for healthcare security shall be developed. A three-year implementation plan for the formulation, amendment and revision of national healthcare security standards shall be established and implemented. Efforts shall be intensified to formulate foundational, general-purpose and public service standards. Coordination of the formulation and revision of local standards shall be strengthened, and greater efforts shall be devoted to the dissemination and implementation of standards. An expert team for healthcare security standardization shall be established and improved. Assessments of standards implementation and application shall be conducted.

25. Strengthening Workforce Development

Education and training for officials and personnel within the healthcare security system shall be further strengthened. The development of the Party-building initiative themed “The People in My Heart” shall be deepened. Practical training shall be enhanced, the exemplary role of model individuals and advanced practices shall be fully leveraged, and officials shall be encouraged to demonstrate responsibility, initiative and commitment in the new era.

Coordinated efforts shall be made to advance the development of healthcare security professionals, academic disciplines and specialized fields. Healthcare security authorities shall be encouraged to cooperate with higher education institutions, research institutes and other relevant organizations. The development of healthcare security think tanks shall be strengthened, and mechanisms for the evaluation of professionals in the healthcare security field shall be explored so as to provide talent support for the high-quality development of healthcare security. Efforts shall be made to promote the professionalization of healthcare security administration personnel and related occupational groups. Designated medical institutions shall be supported in strengthening the development of their healthcare security functions and departments.

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26. Promoting Communication, Exchanges and International Cooperation

The various communication platforms and outreach resources available to the healthcare security system shall be coordinated and utilized effectively. The role of different communication actors shall be fully leveraged. Public engagement activities, including institutional open days and story-collection initiatives, shall be organized. Focusing on areas of greatest public concern, a variety of communication methods shall be employed to effectively communicate the story of China's healthcare security system.

Major Project 3 — International Cooperation in Healthcare Security Services

Develop international pharmaceutical and medical-consumables trading platforms; promote the China–ASEAN regional pharmaceutical trading (centralized procurement) platform model; develop international medical-device and regional pharmaceutical trading platforms serving Central Asia, Arab countries and Central and Eastern Europe; and leverage the policy advantages of the Hainan Free Trade Port Bo'ao Lecheng International Medical Tourism Pilot Zone to facilitate access to global pharmaceuticals and medical devices for inbound patients in China.

International communication efforts shall be strengthened. Multilateral and bilateral cooperation mechanisms shall be established and improved, international exchange forums shall be organized, and China's healthcare security culture, institutions, practices and experience shall be proactively shared. International exchanges and cooperation in the healthcare security field shall be advanced on a comprehensive basis. Cooperation and exchanges with Belt and Road partner countries, international organizations and other relevant entities shall be strengthened, and China's experience in healthcare security shall be shared more broadly.

The China Pharmaceutical Price Registration System shall be further utilized to provide innovative pharmaceutical enterprises with international pharmaceutical price registration and inquiry services. Cross-border healthcare security cooperation mechanisms shall be established and improved.

Chapter VIII Advancing Plan Implementation

The overall leadership of the Communist Party of China shall be upheld, and a mechanism for Plan implementation featuring clearly defined responsibilities, smooth coordination and efficient collaboration shall be established. A sound mechanism for coordinated implementation based on the division of responsibilities shall be established and improved, with responsible entities, implementation timelines and implementation pathways clearly defined. Focusing on the established objectives, targets and key tasks, detailed arrangements and task allocation measures shall be formulated.

Process management shall be strengthened, evaluations shall be organized and conducted, and greater use shall be made of evaluation outcomes. The Plan shall fully perform its coordinating and guiding role, while inter-agency coordination and financial support shall be reinforced. Government information disclosure shall be carried out in accordance with applicable requirements, and public oversight shall be accepted. The achievements attained in

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implementing the Plan shall be promptly published, and authoritative policy interpretations shall be provided.

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