

Methodological remarks, concepts, definitions

The scope of health services is included in the Act LXXXIII of 1997 on the benefits of the compulsory health insurance and the Government Order 217/1997 (XII.1.) regulating the implementation of this act.

This chapter presents the data of those concluded financing contract.

Financing contract: is concluded between the financing institute (NHIFA, RHIF) and the service provider for health service.

To define the indicators regarding financed services (per services, station), we count their average number per month.

Dental care

Source of data: performance data of the dental care services that are forwarded to the Regional Health Insurance Funds.

Until 2004 the annual data include the corrections (subsequent account because of lack of data or mistake in the report, data correction, supplement of unprocessed data because of technical, reasons, correction after audit) made until the fourth month following the current year, modifying the respective month. In 2005 it includes correction made until the end of the year.

Number of cases: one case is the appearance of one patient within a calendar day regardless of the number of services provided for him/her.

Number of interventions: number of services provided for the patient during one appearance.

Financial support as entrepreneurial flat rate for basic care: Government Decree No. 229/2001. (XII. 5.) on the financial support of general practitioners, family paediatricians and dentists providing basic cares, which made it possible for the providers to claim financial assistance at buying equipment and real estates for the use of providing services, was repealed on 1 January 2006. –Government Decree No. 329/2005. (XII. 29.) – however the rules of the Government Decree above should be still applied for valid and updated contract made before 2006.