

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, Regional Offices of the National Health Insurance Fund) and the service provider for health service.

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

Ledger data: the expenses accounted financially from 1 January to 31 December of the given year. The 6.1. table contains ledger data.

Tables 6.2. to 6.8.2. are containing date of service providers which concluded financing contract with NHIFA relating to the performance of the period from 1 January to 31 December.

Dental care

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

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 for basic care: vide "General Practitioners' care".