

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 (NIHIFM) 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. chapter contains ledger data.

Chapter 6.2. to 6.11. are containing date of service providers which concluded financing contract with NIHIFM relating to the performance of the period from 1 January to 31 December.

Average-funding introduced due to the COVID-19 pandemic

In 2020, as a result of COVID-19 pandemic, the number of patients and procedures was significantly reduced at providers, for which the performance-based funding system no longer provided adequate coverage. In order to ensure the stable, continuous operation of the health care providers and to maintain the functionality of the institutions and to cover their fix costs average-funding has been introduced on the majority of publicly financed healthcare services. Average-funding is based on the calculated average of three-month financing fee paid to the healthcare provider in the pre-emergency period.

Periods affected by average-funding in 2020:

Mars - August 2020: In determining of the average-funding of healthcare providers, payments on appropriation from Estimates legal title, Operating expenditure, Reduction of waiting lists, Extra financing, High-value medicaments financing and Specialty care financed by special rules were not taken into account. In these cases, funding continued to follow the general pattern based on performance, in all other forms of care average-funding was decisive.

October - December 2020: As a result of COVID-19 pandemic average-funding has been restored in the field of inpatient and outpatient specialty care, general practitioners' service, dental care, patient transportation, home special nursing and home hospice care. Financing all other forms of care including the payments on appropriation from Reduction of waiting lists, Extra financing, High-value medicaments financing, Specialty care financed by special rules legal titles were financed in accordance with the normal financing rules.

The tables in Chapters 6.2. to 6.11. show the amount of funding actually paid as for the funding amount for 2020.

Regarding the fact that a significant period of 2020's funding was attained by average-funding, performance-based funding indicators (the amount of funding per case, per intervention, etc.) were not calculated.

Computed Tomography (CT) and Magnetic Resonance Imaging (MRI)

Source of data: the performance data of service providers carrying out CT and MRI examinations that are forwarded to the National Health Insurance Funds Administration.

The annual data include the corrections made until the end of the year, modifying the respective month.

The tables of chapter include the data of payment category 1 (care provided on the basis of Hungarian insurance) exclusively.

The accounting rules of CT and MRI examinations went through basic changes from 1 April 2004; the multipliers based on the age of machines and the duration of examination have been abolished. The maximum performance of service providers has been determined according to the number of examinations possible to carry out. As a result of the modification the accountable quantity of contrast media, the accounting order of substitution has been regulated accurately as well as the rule-book and the values of some examination in scores has been modified significantly. From 1 October 2005 the financing rules of outpatient specialty care are applied to the accounting of CT, MRI examinations. The rules of financing with performance limit (framework) are defined in section 27 of Government Order 43/1999 (III. 3.) on detailed regulations of health care services financed by the Health Insurance Fund. Following the introduction of financing with performance limit (framework) the rule-book and the value of certain examinations in scores has been modified significantly.