

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 - August2020: 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.

Services and on-duty services of general practitioners

Source of data: monthly change report, report of itemized patient turnover, and report of occasionally care of the general practitioner's service, which are forwarded to the National Institute Health Insurance Funds Management.

General practitioners' service dispose over regional care: provide care to entitled those who registered at this service which determined and marked zone by local government. In emergency case give the care to entitled people who chosen other general practitioner, if they can't visit the doctor they have chosen.

Mixed type of general practitioners' service: providing care for adults as well as children.

Central on-duty services of general practitioners: defined on time or continuous primary emergency treatment of affected general practitioners territory population, cooperating with at defined territory provider Ambulance and Emergency Services.

Financial support as entrepreneurial 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. - 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. New equipment support being lunched in 2011 (Government Decree No. 216/2001. (X. 19.) on the financial support of general practitioners, family paediatricians and dentists providing basic cares).

Overhead support: Providers operating GP services with obligation to provide in-area care are entitled to 130.000,- HUF overhead support per services. [In section of 14 of Government Decree No. 43/1999. (III. 3.) on detailed regulations of health care services financed by the Health Insurance Fund.]