

## 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.

### Home special nursing, Home hospice care

*Source of data:* the data of individual accounting sheets and monthly summarizing report of the home special nursing and home hospice care providers, that are forwarded to the National Institute Health Insurance Funds Management.

The tables of the yearbook don't contain the statistically negligible corrections.

**Visit:** curative activity performed at the home or the residing place of the patient for the order of the patient's attending physician and done by a person who has vocational qualification to carry out that task. The treatment with more services within one calendar day is regarded one visit.

**Patient:** the number of people given care to during the year, regardless of the number of times he/she becomes beneficiary by order during the year.

#### Special nursing degrees

**Complete nursing:** needed by the patient, who is not able to perform three or more basic activities of the everyday life (nutrition, washing, getting dressed, stool and urine voidance, independent change of position) without other person's support and needs special nursing;

**Partial nursing:** necessary for the patient, who is not able to do at least two basic activities of the everyday life without other person's support and needs special nursing due to his/her illness;

**Self-supporting patient:** who is able to perform the basic activities of the everyday life without other person's support but he/she needs to be taken special care of due to his/her illness/chronic illness, for example: stomatological treatment, throat cleansing, treatment of leg ulcer, care of wound created by operation, parenteral nutrition and drug treatment.

The **home hospice care** was introduced on 1 September 2004, its financing unit is a day, which includes being continuously at service beyond the care provided at home.