

## 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.

## Inpatient care

*Source of data:* - NSSP (National Statistical Data Survey Programme) No. 2155, Report: "Statement of hospital beds and patient turnover" data of patient turnover,  
- monthly reports on the performance of inpatient care.

### Data of patient turnover:

**Number of hospital beds in operation at the end of the year:** the number of hospital beds that can be used during the care, which are available and eligible to get occupied by patients permanently. It excludes the number of hospital beds permanently out of use (for more than 6 months) on 31 December.

**Average number of hospital beds in operation:** the weighted mean of hospital beds in operation reflecting the transferred to another ward in the same hospital and who have died.

**Number of patients discharged from hospital wards:** total number of patients have been discharged or have been referred to another ward in the same hospital or deceased.

**Number of one day care cases:** number of patients whose nursing time didn't reach 24 hours and received one of the interventions defined in the Appendix 9 of Ministry of Welfare Order 9/1993 (IV. 2.) on certain issues of social hospital bed s minus the number of days of recess.

Dental care profession has only one day care, which dispose of 0 hospital beds in NIHIFM contract registry.

**Number of achievable nursing days:** calendar days of the period concerned multiplied with the number of authorized hospital beds minus the days lost due to breaks.

**Number of performed nursing days:** in case of active care all nursing days of patients left in the current year (if he/she was admitted in the previous year and left in the current period including the part of nursing, that was provided in the previous year). In case of chronic patients the nursing days of the current period of persons left during the year or staying in the hospital at the end of the year.

One nursing day is the whole day care (24 hours) provided for an inpatient. The day of admission and leaving together considered one nursing day. One nursing day is the nursing time of all inpatients, if it doesn't reach 24 hours (patient admitted, but deceased within 24 hours, live-born transferred within 24 hours after the birth, cases considered one day nursing case,

emergency treatment etc.)

**Average length of stay:** in case of active care the number of performed nursing days divided by the number of patients discharged from wards, in case of chronic care the number of nursing days of the whole care for patients left in the current year divided by the number of persons discharged from wards in the period. If the care is chronic, this figure differs from the ratio of performed nursing days and the number of discharged patients.

**Occupancy rate of beds:** the number of performed nursing days divided by the number of performable nursing days and multiplied by 100.

**Mortality rate:** the number of deceased divided by the number of discharged patients and multiplied by 100.

#### **Data of financing:**

**Classification standpoints of financing:** these standpoints of inpatient care are in Appendix 7 of Government Order 43/1999 (III.3.) on detailed regulations of health care services financed by the Health Insurance Fund.

##### *- Active care*

From the viewpoint of financing a care is active, if it aims to restore the state of health as soon as possible. The length and the end of active care can usually be planned and in most cases are short;

##### *- Chronic care*

From the viewpoint of financing a care is chronic, if it aims to stabilize, maintain or restore the state of health. The length and end of care can usually not be planned and it typically lasts long.

##### *- Matrix hospital care*

The care happens in inpatient special care institute in clinical and operative unit on the basis of the permission of National Public Health Medical Officer's Service. The hospital is not divided into department structure, but it performs the care according to the actual need.

The accounting of performance of January 2004 fell into a new performance volume limited (framework) financing scheme of outpatient specialty care [In section 27 of Government Decree No. 43/1999 (III. 3.) on detailed regulations of health care services financed by the Health Insurance Fund].

**Homogenous groups of diseases (HGDs):** the inpatient facility receives payment - in case of cares provided in its active care wards - on the basis of weight numbers assigned to each homogenous group of diseased included in Appendix 1 of Ministry of Welfare Order 9/1993 (IV. 2.) on certain issues of social insurance financing of special health care. The methodology of classification of HGDs is published in the bulletin of the Minister of Health.

The factors of classification in term of defining HGDs of performed cases should be used with regard to the sequence set by the section 1 of Ministry of Welfare Order 9/1993 (IV. 2.).

**Amount of waiting-lists reduction's support:** vide "Outpatient specialty care".

#### **Specially financed inpatient specialty care**

**Source of data:** monthly performance data of services possessed of financing contract.

The annual data include the correction (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 end of the year, modifying the respective month.

The list of **disposable instruments and implantations falling under itemized accounts** is included in the Appendix 1 of Ministry of Welfare Order 9/1993 (IV. 2.) on certain issues of social insurance financing of special health care.

The list of **medicaments falling under itemized accounts** is included in the Appendix 1/A of Ministry of Welfare Order 9/1993 (IV. 2.) on certain issues of social insurance financing of special health care.

In 2012 the circle of medicaments falling under itemized account are significantly increasing.

**Instruments tender:** Pursuant to subsection 4 of section 43 of Government Decree No. 43/1999 (III. 3.) the NHIFA provides certain cardiologic, cardio surgery tools, all middle and inner ears implant listed in appendix 1 of Ministry of Welfare Decree No. 9/1993 (IV. 2.) by service providers to the patients.

The enumeration of **surgical measures, interventions of great value, not yet spread nationwide** is included in the Appendix 8 of Ministry of Welfare Order 9/1993 (IV. 2.).

The transplantations of great value (liver, heart, pancreas and lung) were financed by the Ministry of Health until 31 December, 2003, from 2004 the Health Insurance Fund financing them.

**Transplantation:** transferring living cells, tissue or organs from the donor to the recipient, in order to the transplanted substance to continue its function in the recipient's organization.