

## 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.

## Outpatient specialty care

**Source of data:** the data of outpatient consultations and special outpatients' department and from 2000 the monthly performance data on microbiological analysis carried out by the consulting places providing occupational health care service as well as Policy Administration Services of Public Health of the County (Capital City Budapest) Government Offices (up to 2011 regional institutions of National Public Health Medical Officer's Service) as the part of outpatient specialty care and forwarded to the National Health Insurance Fund Administration. From 2002 the figures include the performance data of specialty care of care centers and practice laboratories, from november 2011 data contains all data of care centers.

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

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].

**Care in care center:** From 1 november 2011 treatments and services provided in care centers are reported and financed in the same finance system as services of outpatient specialty care.

**Outpatients' specialty department:** outpatient specialty care managed by hospital, special hospital where a service unit provides special outpatient care working within the organization of hospital, special hospital but is separated from that in definite consultant hours.

**Number of cases:** one case is the appearance of the patient at the consultation within a calendar day regardless of the number of services provided for him/her.

In case of laboratories or other health care services that analyse samples one case is the examination of one sample.

**Number of interventions:** number of services provided for the patient during one appearance.

**Supporting the program for reducing waiting lists:** beyond the regular annual programs, institutions maintaining waiting lists can provide health care to the patients being on the waiting list for the longest period charged to extra sources. [In section 28/C and 29/B of Government Decree No. 43/1999 (III. 3.) on detailed regulations of health care services financed by the Health Insurance Fund].