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Activity Report of the Health Care Surveillance Authority for 2021

April 2022

**Activity Report
of the Health Care Surveillance Authority for 2021**

This report is dedicated to the memory of Ján Kuciak and Martina Kušnírová.

After a 10-year break, the Health Care Surveillance Authority publishes a printed version of the report on its activities, explaining in its summary also the unusual entry of PREFTO HOLDINGS LIMITED into the health insurance company Dôvera zdravotná poisťovňa, a. s., which was written about by Ján Kuciak, and which had an impact on the financial management of this health insurance company.

Table of contents

1. Summary	5
1.1 Black Box of Two Decades	6
1.1.1 Introduction	6
1.1.2 Inbound Flows and Biggest Pipeline Leaks (Financial Management of Insurers)....	7
1.1.3 Outbound Flows (Purchase of Health Care).....	9
1.1.4 Who Benefits from the Dominance of one Business Group in the Health Care	11
1.2. Successes and Setbacks of 2021	12
1.2.1 Transition to a New Organizational Structure	12
1.2.2 Medical Pillars and a Representative of Doctors	14
1.2.3 Health Insurance Supervision.....	14
1.3 Main Findings and Recommendations	15
2. Basic Information about the Authority	16
2.1 Establishment of the Authority	16
2.2 Authority's Bodies and Organizational Structure	16
2.3 Authority's Budget and Management Report	17
2.3.1 Financial Management	17
2.3.2 Information on the Approved Budget for 2021	17
2.4 Staffing and Human Resources Development	19
2.5 Public Health Insurance	20
2.6 Information Systems Department.....	20
2.7 Communication of the Authority in the public interest in 2021.....	21
2.7.1 Inadequate Profit of Private Companies Providing Examinations of Dead Bodies	22
2.7.2 Regulation of Inadequate Return on Private Capital of Health Insurers	22
2.7.3 Change of the Health Insurance Company and the thereto related Campaign.....	22
2.7.4 Information on the Number of Deaths related to COVID-19 and Establishment of the Ethics Committee	22
3. Health Care	23
3.1 Health Care Provision Supervision	23
3.1.1 Overview of Submissions.....	24
3.1.2 Exercise of state supervision and submissions dealt with in administrative proceedings by MES operators.....	24
3.1.3 Second-instance resolution of submissions	24
3.1.4 Submissions dealt with otherwise than by supervision	24
3.1.5 Sanctions	25
3.2 Follow-up Activities to Health Care Supervision	25
3.3 Preventive Activities of the Authority and Case Reports.....	26

3.4 Health Care Purchasing	27
3.5 Assessment and Plans for 2022	27
4. Forensic Medicine and Pathological Anatomy	29
4.1 Autopsy Performance	29
4.2 Performance of Laboratory Tests	29
4.3 Cooperation with Expert and Professional Organizations and Educational Institutions	29
4.4 Examinations of Dead Bodies	30
4.5 Assessment and 2022 Outlook	30
Annexes 1 – 6	32
Annex 1 – Basic Information on the Authority	32
Annex 2 – Public Health Insurance	32
Annex 3 – Registers	51
Annex 4 – Health Care Provision	57
Annex 5 – Forensic Medicine and Pathological Anatomy	69
Annex 6 – Press Releases	71
List of tables	82
List of graphs	84
Abbreviations and Acronyms	85

1. Summary

For almost 20 years, the Authority has been supervising the key components of the healthcare system, with the aim of maintaining financial stability, performance and solidarity of the system (figure below). Therefore, the intention is that it acts as a “watchdog” and arbiter, which should be reflected not only in its staffing, but also in its budgetary and legislative competences.

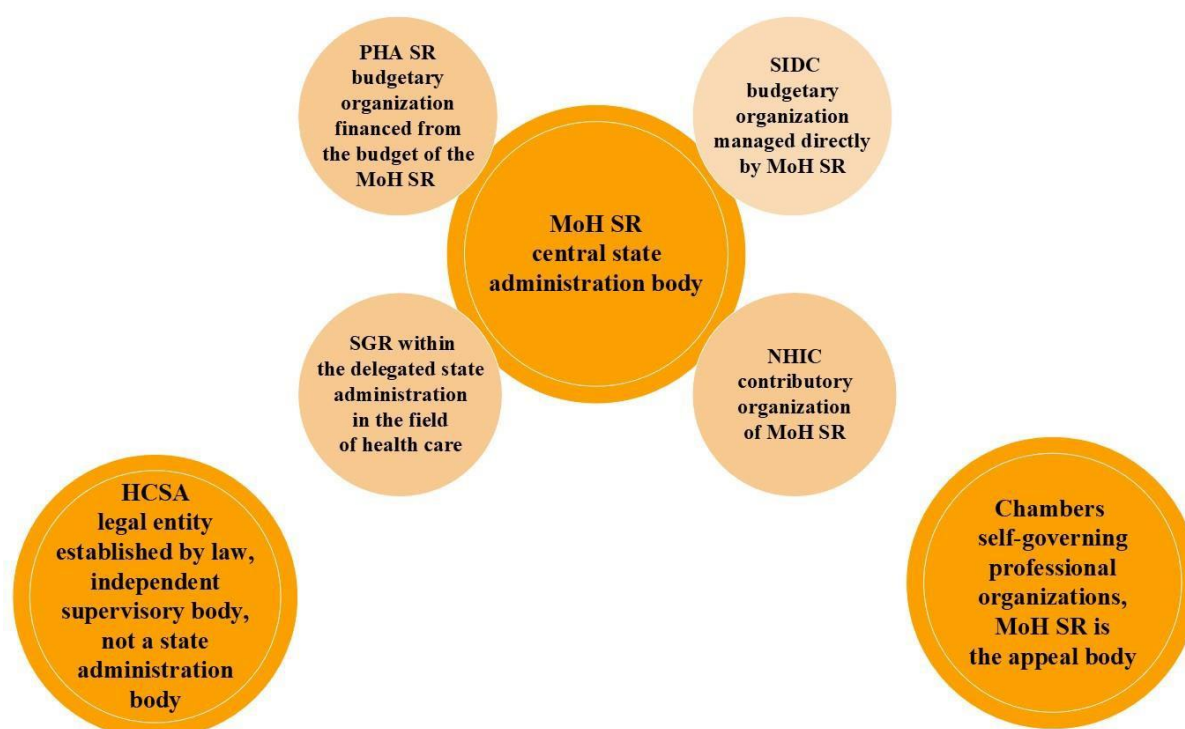
In this context, it is necessary to mention that an authority of this importance did not have a chair from 23 October 2019 until 29 April 2021.

In accordance with the provision of Section 19 of the Act No. 581/2004 Coll., the Authority submits two annual reports to the Government of the Slovak Republic:

- Activity Report of the Authority for the previous calendar year – annually by 30 April
- Report on the State of Implementation of Public Health Insurance – by 30 June (hereafter “Report on PHI”)

As the Authority did not have a chair for almost a year and a half, which has had an impact on its activities and results, the following chapters provide also a brief summary of the activities of the Authority since its establishment.

HEALTHCARE SECTOR INSTITUTIONS



1.1 Black Box of Two Decades

1.1.1 Introduction

The Authority was established in 2004 by the Act No. 581/2004 Coll. prepared by MoH SR under the leadership of Rudolf Zajac as an important part of the healthcare reform, which transformed the insurance companies from public entities to private joint-stock companies. In 2004, there were 7 of them. At that time, the amount of money flowing through the country's most important pipeline was about 2 billion euros a year; in 2021 it will be almost 6 billion.

The legislation was drafted by apparently the best experts at the time, but there was no analysis of European law and international standards. They simply argued that when a health insurance company made a profit under the Act No. 581/2004 Coll., it would be able to manage it like any other business entity, taking into account certain specifics (patients on waiting lists)¹. The draft law itself did not propose the obligation to post provisions for unprovided health care, capital adequacy or a level of sufficient liquidity for the insurance company's operation. The plan was to use an untested model for this pipeline and create competitive environment. The Dutch system was the one most frequently mentioned; it was the Authority that was to regulate the fairness of competition to the benefit of the consumer - the insured person. The risk that, after the reform, insurance companies would concentrate mainly on distribution of profits to shareholders instead of respecting the public interest was to be “eliminated by rules and their enforcement” by the new Authority². The risks of cross-ownership in the healthcare sector went unnoticed. What followed the establishment of the Authority was the exact opposite of what Minister Rudolf Zajac had declared.

On the basis of the governmental amendment to the Act No. 581/2004 Coll. approved by the National Council of the SR in 2007, the possibility to dismiss the chairman of the Authority for any reason was extended. This significantly limited the independence of the Authority, which is supposed to be a key factor necessary for a solid regulation and rules enforcement. Subsequently, instead of introducing proper rules for the financial management of insurance companies in line with the European standard, the National Council of the SR approved a ban on profit in 2007, on the basis of a governmental amendment to the Act No. 581/2004 Coll., in a way that fundamentally limited the rights of shareholders to dispose of assets and did not meet the “proportionality test” resulting from the case law of the Constitutional Court of the SR. It is clear from the media reports that questions should have been asked about the motivation for the adoption of this legislation by the SR.³ In 2009, when Richard Raši was the Minister of Health, the Authority allowed further mergers of insurers, which led to a reduction in their number to 3 and fundamentally distorted competition. The Authority gave its consent to the merger of Všeobecná zdravotná poisťovňa and Spoločná zdravotná poisťovňa, but also allowed the concentration of shareholder rights of Penta Investments through the purchase of APOLLO zdravotná poisťovňa, a. s., (ID No. 35 942 436) (hereinafter “Apollo”) from the company Agel through a controversial sale of business, which enabled the management of the already merged DÔVERA zdravotná poisťovňa, a. s., (ID No. 35 942 436) (hereinafter “ZP Dôvera”) to book the insurance portfolio value of almost half a billion euros and to report a one-off high profit of EUR 460 million. The approval to the merger of was given under great pressure, within a few days, just before the Christmas holidays, with the smaller insurer deliberately buying the larger one, which is why Apollo had to be renamed ZP Dôvera and vice versa.

¹ P. Pažitný: Commentary to the Act No. 581/2004 Coll., “Poradca” No.7, 2005, p. 80 - 81

² T. Gális, I. Mikloš: The world is not black-and-white (Už dávno nevidím svet čierno-bielo), N Press, 2021, p. 131 - 132

³ <https://dennikn.sk/blog/1659638/preco-nedoverujem-pente-v-zdravotnictve/>

In the same year, the Authority approved an application for prior approval to the acquisition of the share in the capital and voting rights of Apollo by the Cypriot company PREFTO HOLDINGS LIMITED (hereafter "PHL"). This series of steps enabled the entry of this company into ZP Dôvera for the years 2010 to 2015, despite the fact that, according to media reports, the ultimate beneficial owner of PHL was Juraj Široký and persons close to him⁴, who have not been active in the healthcare sector before or since. It was only after PHL's entry into ZP Dôvera that the Constitutional Court of the SR ruled, in its ruling of 26 January 2011, on the unconstitutionality of the ban on profits of health insurance companies. Subsequently, the Authority issued a favourable opinion on the first of the applications for approval of a loan, without which, given the lack of real liquidity of the insurance company, the distribution of the large amount of dividends to the new shareholder would not have been possible.

1.1.2 Inbound Flows and Biggest Pipeline Leaks (Financial Management of Insurers)

As a result of the steps described, ZP Dôvera made a gross profit from the provision of health care of over EUR 900 million for 2010 – 2020 and a net profit after tax of EUR 700 million. Despite several adjustments to the value of the portfolio, most recently of EUR 63 million in 2020, there are sound reasons to assume that the equity of this insurer was overstated by about EUR 150 million even as at 31 December 2020⁵. The Authority is awaiting the final result of the audit of the Financial Administration of the SR launched in June 2020. An extraordinary dividend of approx. EUR 200 million was paid out for the benefit of PHL's ultimate beneficial owners also from the profits of ZP Dôvera made between 2011 and 2015.

Although ZP Dôvera did not have sufficient liquidity to pay out the hundreds of millions in profits to PHL, the Authority approved, with the consent of the MoF SR, further bank loans for their distribution in 2011, 2013 and 2018, which probably allowed further erosion of capital and liquidity of the then second largest insurance company, ZP Dôvera. The dysfunctional and poorly regulated pipeline of the three health insurance companies with already several billion euros a year flowing in was rusting dramatically.

Concurrently with the decision to distribute an extraordinary dividend in 2010, HICEE B. V., a member of the Penta group and a shareholder of ZP Dôvera, decided to sue the state for damages of EUR 750 million for the damage suffered by the shareholders of health insurers as at 1 January 2008 "as a result of the failure to provide any compensation" for the ban on the distribution of *profits*⁶. However, the shareholder of ZP Dôvera lost this important lawsuit against the SR and the District Court Bratislava I dismissed the claim for damages in 2019. HICEE B. V. claimed an alleged breach of the Agreement on Encouragement and Reciprocal Protection of Investments between the Kingdom of the Netherlands and the Czech and Slovak Federal Republic due to the adoption of numerous changes to the laws on the health insurance system since 2007. The damages claimed by HICEE B. V. were calculated at more than EUR 1 billion. In the international investment dispute HICEE B. V. v. Slovak Republic, the arbitral tribunal issued a final award in 2011, concluding the dispute in favour of the SR⁷.

⁴ <https://www.aktuality.sk/clanok/335552/komu-patri-vila-na-bahamach-stopy-vedu-k-oligarchovi-siroke-mu/>

⁵ According to the case law, the position of the MoF SR and the working meeting of 09/11/2021 attended also by the Slovak Financial Administration, the insurance portfolio should not have been accounted for.

⁶ https://a-static.projektn.sk/2019/07/190710_Zaverycna-reč-žalobcu-k-základu-nároku_fin.pdf

⁷ <https://www.mfsr.sk/sk/media/tlacove-spravy/slovensko-vyhralo-prvy-spor-akcionarmi-zdravotnych-poistovni.html?forceBrowserDetector=blind>

In another dispute between the European Commission and the Slovak Republic as one party, and ZP Dôvera as the other party, the Court of Justice of the European Union considered the question whether the Slovak Republic had violated state aid rules when having taken various measures in favour of state health insurance companies. In its judgment of 11 June 2020 (C-262/18 P European Commission and Slovak Republic v Dôvera zdravotná poisťovňa, a.s. and C-271/18 P Slovakia v Dôvera zdravotná poisťovňa, a.s.), the Court of Justice of the European Union dismissed the action brought by the insurer ZP Dôvera and upheld the European Commission's decision of 2014, which did not find an infringement of the state aid rules by the Slovak Republic. In the judgment, the Court of Justice of the European Union also confirmed that the existence of a certain degree of competition as regards the quality and scope of services provided in the Slovak compulsory health insurance system (e.g. free supplementary services and freedom of choice of insurer) are not capable of calling into question the social and solidarity-based nature of the activities carried out by health insurers under state supervision. According to the same judgment, the ability of health insurers to generate, use and distribute profits must be strictly regulated in order to preserve the viability and continuity of compulsory health insurance.

However, the MoH SR, MoF SR and the NBS did not take any legislative initiative, despite the fact that at that time it was clear that the EU Solvency II Directive for the protection of consumers – insured persons – had been in force in the EU since 2016. The Directive should have been analysed in the public interest and with the aim of protecting the stability of public finances and, if necessary, Slovak legislation should have been adjusted so that the standards of the Solvency II Directive would also apply to Slovak private health insurance companies. There are only two countries in the EU, apart from Slovakia, that have allowed private capital to enter health insurance companies: Germany and the Netherlands. Both have implemented the Solvency II standards despite the fact that neither of these countries has an oligopolistic market environment in the health insurance sector. Based on the analysed facts, information from the Dutch Health Care Supervisory Authority, the European Insurance and Occupational Pensions Authority (EIOPA), as well as benchmarks available to the Authority, not a single health insurer in Slovakia meets the European standard for the financial management of insurers under the EU Solvency II Directive, which has been in force since 1 January 2016.

The fulfilment of the selected indicators according to the EU standard can be, in a simplified way, assessed through the following two key criteria:

- 1) According to the European standard, liquidity appears to be optimal if the cash reserve is sufficient for 2-3 months of operation; the threshold of 30 days is considered as a state of emergency;
- 2) Capital adequacy appears to be sufficient if the total capital is about 20% of the annual premium.

According to the Authority's estimates, VŠZP and ZP Dôvera normally have liquidity for only about 2-3 weeks of operation and on the basis of the audited financial statements as at 31 December 2020, the estimated missing capital is as follows: VŠZP – more than EUR 500 million, ZP Dôvera – almost EUR 300 million, ZP Union – more than EUR 70 million. More detailed information based on the audited financial statements as at 31 December 2021 will be published by the Authority in a separate Report on PHI for 2021, which the Authority will submit to the Government by 30 June 2022.

Table 1 Selected figures from the financial statements of health insurers for 2020 and 2019

thous. EUR	VšZP				ZP Dôvera				ZP Union			
Selected financial information:	2020	2019	change	change (%)	2020	2019	change	change (%)	2020	2019	change	change (%)
Written insurance contributions ¹	3,430,358	3,541,580	-111,222	-3 %	1,424,504	1,323,651	100,853	8 %	426,758	378,620	48,139	13 %
Net cost of health care ²	-3,421,845	-3,408,831	13,014	0 %	-1,306,785	-1,203,479	103,306	-9 %	-384,154	-330,005	54,149	-16 %
Other PHI costs and revenues	-32,296	-31,239	1,057	-3 %	-30,254	-20,569	9,685	-47 %	-11,283	-13,197	-1,914	15 %
PHI result	-23,783	101,510	-125,293	-123 %	87,465	99,603	-12,138	-12 %	31,322	35,417	-4,096	-12 %
Profit/loss (+ profit, - loss)	-114,180	7,293	-121,473	24 %	-26,856	14,464	-41,320	139 %	-4,097	9,770	-13,866	186 %
Profit/loss after adjustment (+ profit, - loss)*					36,305	17,979	18,326	102 %				
Profit/loss as % of insurance	-3.3 %	0.2 %			2.5 %	1.4 %			-1.0 %	2.6 %		
Selected information on financial position:	31.12.2020	31.12.2019	change	change (%)	31.12.2020	31.12.2019	change	change (%)	31.12.2020	31.12.2019	change	change (%)
Cash	223,703	74,267	149,437	201 %	68,918	77,262	-8,344	-11 %	77,106	62,025	15,081	24 %
Receivables from public health insurance	452,421	470,493	-18,072	-4 %	141,747	136,398	5,349	4 %	57,086	57,310	-224	0 %
Liabilities from public health insurance	266,163	181,128	85,035	47 %	76,896	78,222	-1,326	-2 %	27,475	25,204	2,271	9 %
Equity	152,473	68,019	84,454	124 %	185,506	212,361	-26,856	-13 %	25,646	29,743	-4,097	-14 %
Equity after adjustment**					26,258	-24,589	50,846	-207 %				
Min. share capital prescribed by law	16,600	16,600			16,600	16,600			16,600	16,600		

* profit/loss adjusted by one-off write-off of immovable property for better comparability of results

** equity adjusted by the residual value of the insurance portfolio which should not have been accounted for according to case law, the position of the MoF SR and the working meeting of 9 November 2021 attended also by the Financial Administration of the SR

¹ The sum of gross written insurance contributions, written insurance contributions redistribution, expenses and the change in the provision for insurance contributions redistribution

² Cost of the health care provided less change in the provision for health care

To sum up, all three insurance companies are hundreds of millions of euros short of capital and two of them do not have sufficient liquidity to operate properly. We consider the European standard of regulation of health insurance companies in Slovakia to be another key factor for the proper functioning of public finances and of the entire Slovak healthcare sector.

1.1.3 Outbound Flows (Purchase of Health Care)

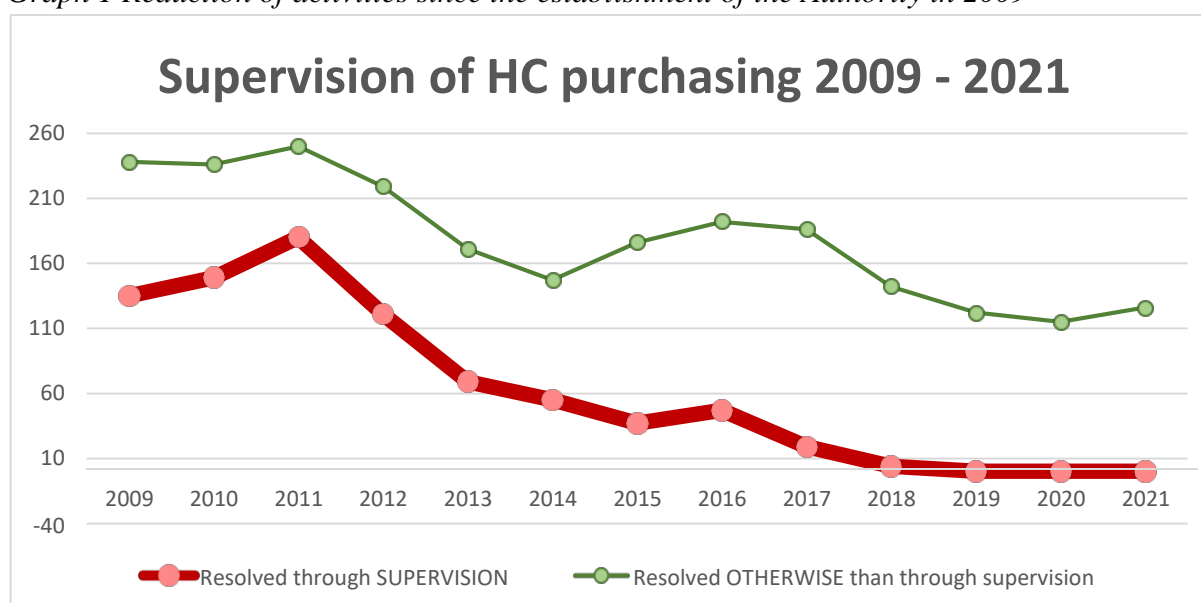
In the Netherlands and in Germany, which should be a model for us, there are no big leaks in the PHI pipeline; the flows that go in the PHI pipeline also flow out for the benefit of consumers - the insured persons. The private players in those markets only make money from supplementary health insurance, which is voluntary.

The cost-effectiveness of the health care provided is ensured by well-established rules, i.e. transparent and fair pricing of the healthcare services provided according to diagnoses, by classifying them into groups with similar medical course and economic costs. These should cover in full the personnel costs of all health professionals needed to treat the diagnosis, overheads, investment costs and a reasonable profit of the health care provider.

This pricing, known as DRG (Diagnosis Related Group), is used in all EU countries, irrespective of the PHI system, and ensures both effective supervision of health care providers and a balance in the insurer-provider relationship, be it hospitals (inpatient care) or outpatient clinics. Thanks to DRG, health care purchasing has clear rules in all EU countries, with one exception, which is again Slovakia.

In the early days of the Authority, the supervision of health care purchasing was an important activity. Initially, the Authority had a separate section for this purpose and made at least a formal effort to carry out inspections. However, in the absence of transparent pricing rules at that time and even now, which are the basis for regulating the purchase of health care, whether inpatient or outpatient, this activity has gradually been de facto stifled under the influence of various factors. As a consequence, last year the Authority only had one person focused on this area, with an emphasis on spa care and orthopaedic devices, leaving no mention of the section in the organizational structure. The gradual damping of activities in the area of supervision of health care purchasing is illustrated in Graph 1.

Graph 1 Reduction of activities since the establishment of the Authority in 2009



In this context, it should be mentioned that the former chairman of the Authority, Ján Gajdoš, at least tried to introduce the DRG classification system for hospitals and in 2011 signed a "Memorandum on cooperation in securing and introducing DRG" with the participation of the MoH SR, managing directors of all three health insurance companies and representatives of hospitals. It should have been based on the German model. The budget for the project was several million euros and it was to be launched at the beginning of 2013. His efforts did not find more substantial support; the chairmen who followed stifled also these activities. This situation has resulted in another unique situation in the EU: we are the only country that does not have a DRG system in place, so we do not regulate the flows that are left in the pipes after the leaks and flow out of them.

For comparison, the Czech Republic has been using the DRG system for inpatient health care since 2006. It was prepared on the basis of a PHARE project between 2003 and 2005⁸.

⁸ <https://www.mzcr.cz/historie-drg/>

Further, it should not be forgotten that a similar system is also necessary for outpatient care, which is reimbursed very asymmetrically in Slovakia and some key areas of specialized medicine (such as internal medicine, endocrinology, diabetology, pneumophtiseology, neurology) are extremely underfunded, which results also in the lack of interest of young doctors in working in specialised outpatient clinics that are not part of hospitals. This has an increasingly negative impact on the availability of health care in these areas of specialized medicine.

One of the advantages of the DRG system is the measurement of hospital production and quality as a basis for reimbursement by the health insurer or comparison of providers in terms of efficiency and quality. However, instead of the DRG system, illogical "scoring systems" or limits have been applied to outpatient care and prospective flat rates in hospitals. Hospital directors without economic education and experience are left to difficult negotiations with insurers. Given the economic power of some of them, this struggle is often unequal, resulting in indebted state hospitals, partly a loss of VŠZP and unfair remuneration of staff compared to other countries, as payments from insurers often do not even cover the salaries of healthcare workers. One of the consequences of the missing DRG system and the unfair reimbursement scheme for the health care provided is the exodus of Slovak nurses and doctors abroad.

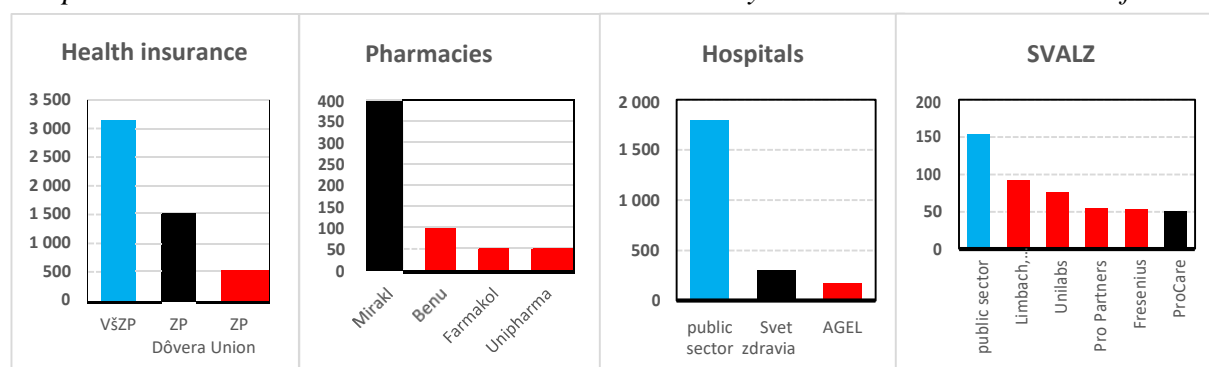
As of 1 January 2021, the DRG issue was transferred directly to the MoH SR. The completion of this project is also crucial for the success of the Recovery Plan approved last year and for the optimal use of EU funds. If the pricing is not set correctly, which, in addition to investment costs, should also include fair remuneration for healthcare workers, it will not be possible to stop the decline in the quality of the health care provided, despite more than EUR 1 billion that Slovakia is to receive from the Recovery Plan.

The flows from public sources to the healthcare sector have increased almost 3-fold in the almost two decades since the establishment of private health insurers in Slovakia. We know how much has flowed out of the healthcare system, and further funds have been cut off by inefficient management of hospitals or the state-owned insurer. Whether what was left over and flowed out for the benefit of health care providers was fair has not been measured in the SR so far. This year, a newly established unit of the Authority is starting to focus on this issue. However, it needs both legislative and data support to do so, another key factor for system changes in the Slovak health care.

1.1.4 Who Benefits from the Dominance of one Business Group in the Health Care

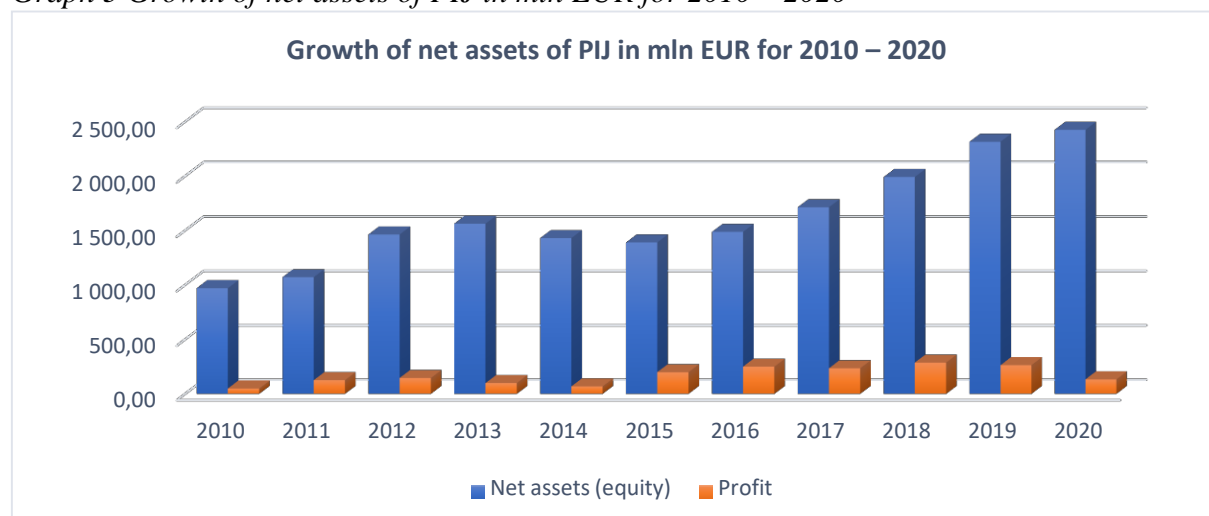
The Authority also considers the cross-ownership in the healthcare sector, mentioned in the introduction, to be a key factor requiring regulation of any industry exposed to concentration. The omission of the cross-ownership ban in 2003 has resulted in a unique dominance of one private entity, unparalleled in the European healthcare system. The investment fund Penta Investments Jersey ("PIJ"), has, through its group of companies, major influence on the private sector of the Slovak health care, both horizontally and vertically, briefly summarised with data on the size of revenues for the last year: the largest network of pharmacies Dr. Max (EUR 363 million) - represented by MIRAKL, a. s., the largest network of private hospitals Svet Zdravia (EUR 305 million), a significant network of polyclinics ProCare (EUR 51 million - part of SVALZ), and last but not least, the insurer ZP Dôvera (EUR 1,425 million - the amount of the written insurance contributions after redistribution). stands on all taps across these channels. The comparison with competitors can also be seen in the graph below, which is arranged according to the beneficial owner.

Graph 2 PIJ dominance in the Slovak healthcare sector by sales revenues in mln EUR for 2020



While before PIJ's robust entry into the Slovak healthcare sector in 2010, the net assets (equity) in the hands of five individuals amounted to EUR 1 billion, in 2020 the amount grew to EUR 2.5 billion. It can be assumed that the leaky pipeline of the Slovak healthcare system may have contributed to more than half of this increase.

Graph 3 Growth of net assets of PIJ in mln EUR for 2010 – 2020



Source: <http://www.pentainvestments.com/en/about/annual-reports.aspx>

The original plans of several ministers and experts on private capital in the Slovak healthcare system were to make it as close as possible to the Dutch or German model. In both the Dutch and German PHI systems, there is considerably more market competition compared to Slovakia, national legislation has implemented international standards and respects European law. The institutions in these countries operate on the basis of the European Solvency II Directive and private insurers do not even think of questioning the social and solidarity nature of the activities they carry out under state supervision in the field of PHI.

1.2. Successes and Setbacks of 2021

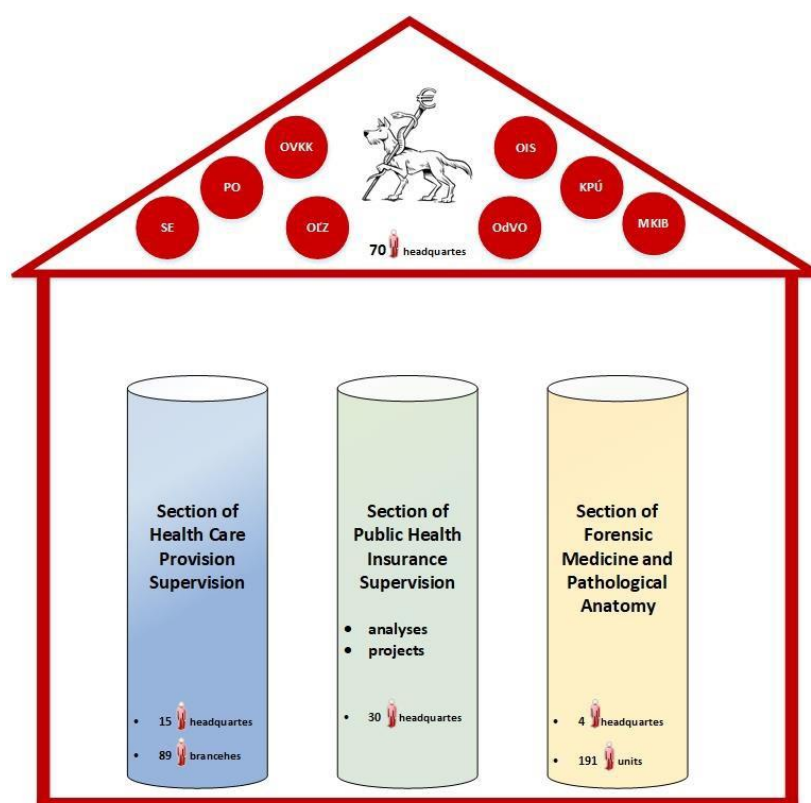
1.2.1 Transition to a New Organizational Structure

After two decades of turbulences and a subsequent two-and-a-half-year-long hibernation without a chairman, some of the Authority's key activities were not functioning, communication with the public was missing, human resources development froze, and the work of the Authority's three main pillars was threatened:

- Health Care Provision Supervision
- Forensic Medicine and Pathological Anatomy
- Public Health Insurance Supervision (detailed information will be provided in the Report on PHI)

The most important task of last year was to stabilise as many of the Authority's activities as possible. This has been achieved beyond expectations, mainly thanks to the fact that, despite two turbulent decades, there are enough honest professionals working for the Authority who are willing to serve this country and the public interest. Another success was redefining the organizational structure as illustrated in the graph below:

Graph 4 Three pillars of the Authority



Although it was necessary to remove a number of senior staff from their posts, all the important activities of the Authority have been successfully revived or at least stabilised. The crucial functions of the Authority, which include the Human Resources Department, the Legal Department, Public Communications and, crucial for the modernisation of processes, the Information Systems Department, have already started to fully operate in the second half of 2021. For more details see sections [2.4](#), [2.6](#), [2.7](#).

The efforts of the OIS head to catch up on years of neglected modernization should be highlighted; the Authority was on the verge of collapse after years of no investment; the platform on which all important health registers run dates back to 2007.

At the beginning of this year, three major IT projects are up for contract, and thanks to good teamwork with the new management of public procurement and MoIRDI SR, savings of several million euros are anticipated compared to the planned expenditure.

1.2.2 Medical Pillars and a Representative of Doctors

Section of Health Care Provision Supervision: Personnel changes were made in the management of the most publicly known pillar during 2021, i.e. selection procedures for branch office directors were organized, branch office management was streamlined and the supervision process was made more efficient. To strengthen this pillar, the Authority has successfully started to expand the ranks of consultants from different medical disciplines. Details of the pillar's activities in 2021 are set out in [Section 3](#) and [Annex 4](#) of this report.

The Section of Forensic Medicine and Pathological Anatomy has been the pillar with the best professional reputation since the establishment of the Authority. The only major crack in its functioning was the system of private organizers of dead body examinations launched in 2017 by the then Minister of Health, Tomáš Drucker, the expenses for which have been continuously increasing and dubious competition by private companies has been creating an unsustainable price spiral. In the spring of 2021, after the first wave of the COVID-19 pandemic, the system was threatened with collapse, averted only thanks to the extremely fast legislation pushed through by the current Minister of Health, Vladimír Lengvarský, and the immense dedication of the employees of the Authority to launch an internal system of examinations. This has been fully successful since October 2021. The new system is based on the principle of voluntariness on the part of health care providers. Doctors receive 60% more for a dead body examination compared to reimbursements until 2018, and their interest in some regions exceeds the scheduled capacity. This year, the aim is to further improve the whole system by computerising it (“ePrehliadky” /eExaminations/) project) and managing some units more efficiently. More information on the work of this pillar is given in [Section 4](#) and [Annex 5](#) of this report.

Since 1 January 2022, both medical pillars - the Section of Health Care Provision Supervision and the Section of Forensic Medicine and Pathological Anatomy – have been professionally managed by the new Vice-Chairman of the Authority, MUDr. Mgr. Michal Palkovič, PhD., MHA, MPH. He is a respected expert in wide medical circles and has been working for the Authority with short breaks since 1 January 2005, thus guaranteeing the institutional memory of this important public body.

1.2.3 Health Insurance Supervision

The functioning of the most important pillar of the Authority – Section of the Health Insurance Supervision – for which the Authority was formally established, was strangely the most subdued section in the past in terms of personnel, budget, but also legislative competences. The biggest challenge of 2022 will be its restart.

Already in June last year, quality management of the section was appointed. The first task of the new head of the section was to redraft the 2020 Public Health Insurance Report; he has successfully dealt with its "biggest holes". In the second half of the year, the undersized section team carried out inspections based on current legislation that severely curtails its competences. The Authority's new management launched a test project and submitted to the Government, based on the analysis specified in point 1.1, three areas of the most pressing legislative measures:

- the first step in regulating the financial management of health insurance companies,
- ban on cross-ownership,
- strengthening the independence of the Authority.

Despite a promising start, hundreds of hours of consultations and the work of top experts, only the third point has been pushed through.

It is important to point out that in recent years, only 6% of the Authority's total budget was allocated to health insurance supervision, and of the Authority's almost 400 employees, less than 10 persons were employed in the Department of the Health Insurance Providers Supervision as at 1 May 2021. The Authority's budget for this purpose represents less than one hundredth of what is allocated to health insurance companies from the health insurance contributions. The idea that, with such a budget, the Authority will enforce rules that have not been set well in 20 years, fix leaky pipeline and even face predators in the sector is an illusion.

A basic summary of the health insurance supervision carried out is provided in v [Annex 2](#) of this report. Detailed information on the activities of the entire section will be published in the Report on the state of implementation of public health insurance for 2021, including analyses and information on the audited financial statements of health insurance companies within the meaning of Act No. 581/2004 Coll.

1.3 Main Findings and Recommendations

Each year, almost 6 billion euros of compulsory health insurance contributions paid by Slovak citizens are dumped into a rusty and leaky pipeline, the state of which is alarming. What the former Minister Rudolf Zajac declared when he set up the Authority has remained for almost two decades in the realm of political marketing. The Authority was supposed to supervise the public health insurance system. However, its staffing, legislative framework and budget allow it to do so only to a limited extent. In 2021, the Authority's management tried to propose legislative changes, but of the three proposals only one passed, namely strengthening the Authority's independence.

Due to the failure of the competent institutions (MoH SR, MoF SR and NBS) to act, all three insurance companies are undercapitalised, according to the EU standard applicable to the insurance segment, and two of them do not have sufficient liquidity. One of the main tasks of the Authority for this year will be to discuss the immediate implementation of the international standard, including IFRS and the Solvency II Directive, with the competent institutions.

However, we also consider the analysis of the ban on cross-ownership and the implementation of the DRG system in accordance with the European standard, so that insurers reimburse the total costs of hospitals, starting with fairly set salaries for all healthcare workers, and the introduction of the entire pricing process for the outpatient sector to be equally key factors for the renewal of the entire system.

The public health insurance system must not continue to rust. Based on a salary calculation formula, it will be necessary to increase the salaries of healthcare workers again this year. However, this is only putting out a small fire and does not address the long-term sustainability of the system. We need to replace the entire pipeline systemically, another solution than the European standard for the flows in and out of it is not acceptable in our circumstances.

2. Basic Information about the Authority

2.1 Establishment of the Authority

The Authority was established through the Act No. 581/2004 Coll. as a legal entity entrusted with the supervision of the provision of health and nursing care and public health insurance in the field of public administration. The Authority supervises a number of key components of the healthcare system, with the aim of maintaining the financial stability, performance and solidarity of the system. The Authority is the supervisory and regulatory body of the public administration and carries out its activities in the public health insurance system.

The Authority has its headquarters in Bratislava, where it has a branch, too. Further branches are located in Banská Bystrica, Košice, Martin, Nitra, Prešov, Trenčín and Trnava. Forensic and pathological-anatomical activities are carried out by the Authority in ten units: Bratislava - three units, Banská Bystrica, Košice, Martin, Nitra, Poprad, Prešov, Žilina.

2.2 Authority's Bodies and Organizational Structure

The statutory and executive body of the Authority is the chair. The chair is appointed and dismissed by the President of the SR based on the proposal of the Government, which is to be approved by the National Council of the SR. The term of office of the chair is five years. The office of the chair of the Authority is limited to a maximum of two consecutive terms of office.

Since 29 April 2021, the Chair of the Authority has been Ing. Renáta Bláhová, MBA, FCCA, LL.M.

Management Board of the Authority – members as at 31 December 2021:

MUDr. Martin Valent	Chair (since 20 May 2021)
MUDr. Martina Malá	Vice-Chair (since 1 October 2017)
MUDr. Vladimír Javorka, PhD.	member (since 11 October 2017)
JUDr. Lucia Pastiriková	member (since 4 November 2021)
Mgr. Peter Pavlovič	member (since 4 November 2021)

Members of the Management Board are appointed and dismissed by the Government of the SR based on the proposal of the Minister of Health of the SR.

Supervisory Board of the Authority is the supervisory body of the Authority.

As at 31 December 2021, the Supervisory Board consisted of:

doc. MUDr. Jozef Korček, PhD.	Chair (since 14 June 2018)
PhDr. Iveta Pospíšilová	Vice-Chair (since 10 December 2021)
JUDr. Ľéva Hortai	member (since 14 June 2018)
Doc. MUDr. Juraj Váňa, PhD.	member (since 25 June 2019)

Members of the Supervisory Board are appointed and dismissed by the National Council of the SR based on the proposal of the Government of the SR.

The Authority is structured into headquarters, branches and FMaPA units. Until 31 December 2021, the branches of the Authority, sections and headquarter units (incl. the below) fall directly within the competence of the chair:

- Economy Section
- Human Resources Department
- Information Systems Department

- Communication Department
- Legal Department
- Internal Control Department
- Public Procurement Department

The following sections form the main pillars of the Authority's activities:

- Section of Health Insurance Supervision
- Section of Health Care Supervision and branches
- Section of Forensic Medicine and Pathological Anatomy and units

The activities of the headquarter units are summarised in further sections.

2.3 Authority's Budget and Management Report

2.3.1 Financial Management

As in previous years, the Authority managed the public health insurance funds in accordance with the approved budget, which is part of the public administration budget. The Authority keeps accounts under the Act No. 431/2002 Coll. on Accounting, as amended. The accounting procedures and the chart of accounts are laid down by the regulation of the MoF SR No. MF/24342/2007-74 of 14 November 2007, as amended.

In monitoring the implementation of the public administration budget, the Authority applies the budget classification pursuant to Section 4(4) of the Act No. 523/2004 Coll. on Budgetary Rules of the Public Administration and on changes and amendments to certain laws, according to which the income and expenditure of the public administration budget are uniformly determined and classified. The income and expenditures are monitored by the Authority in accordance with the regulation of the MoF SR No. MF/010175/2004-42, as amended.

The Management Report includes the Balance Sheet, the Profit and Loss Account, the Notes to the ordinary Financial Statements and the Financial Statement of Revenue, Expenditure and Financial Operations as at 31 December 2021.

Under Section 19 of the Act No. 581/2001 Coll., the Authority submits to the Government a Management Report for the first half of the calendar year within 3 months after the end of the calendar half-year and a draft budget to be approved by the National Council (by 15 October).

2.3.2 Information on the Approved Budget for 2021

The Authority's budget for 2021 was approved by the National Council of the SR by Resolution No. 485 of 2 December 2020. The main revenue of the Authority is the annual contribution for the activities of the Authority from health insurance companies pursuant to Section 30 of the Act No. 581/2004 Coll., which amounts to 0.45 % of the assessment base.

In 2021, the budgeted funds from health insurance companies to cover expenditure received in December 2020 amounted to EUR 22,164,561. They were transferred to 2021 as part of the balance of funds from previous years.

The contribution received in December 2021 for the operation of the Authority in 2022 was approved in the amount of EUR 23,231,294.

2. Basic Information about the Authority

Further approved income of the Authority was the income received from administrative activities and the income from the activities of FMaPA units.

The Authority's expenditure for 2021 was estimated at EUR 23,646,294.

An assessment of the implementation of the budget for 2021 according to the ESA 2010 methodology is presented in Table 2.

Table 2 Implementation of the 2021 budget according to ESA 2010 methodology
(EUR)

Health Care Surveillance Authority		A 2020	I 2021	A 2021	Implementation I 2021 (%)
	Revenues of the current year, thereof:	22,984,659	23,986,294	24,460,282	102.0
200	Non-tax revenue, thereof:	815,283	755,000	1,000,945	132.6
220	Administrative fees and other fees and payments	811,025	750,000	997,008	132.9
222	Fines, penalties and other sanctions	28,911	0	2,400	-
223	Income from the activities of the Authority	782,114	750,000	994,608	132.,
230	Capital income	0	0	0	-
240	Interest on domestic loans, thereof:	3,465	5,000	3,895	77.9
243	on financial management accounts	3,465	5,000	3,895	77.9
290	Other non-tax revenues	792	0	42	-
300	Grants and transfers, thereof:	22,169 375	23,231,294	23,459,337	101.0
312001	From the state budget for legal representation	4,814	0	51,579	-
312003	From health insurance companies	22,164,561	23,231,294	23,084,688	99.4
331002	Foreign grants – EESSI	0	0	323,070	-
400	Revenues from transactions with financial assets and liabilities	38,330,090	37,534,212	41,612,308	110.9
453	Funds from previous years	38,330,090	37,534,212	41,612,308	110.9
456	Other financial revenues – exchange rate differences	0	0	0	-
Total revenues		61,314,748	61,520,506	66,072,590	107.4
600	Current expenses, thereof:	18,496,985	21,496,294	19,597,983	91.2
610	Wages and salaries	8,010,492	8,842,050	8,210,359	92.9
620	Insurance contributions and health insurance	2,877,706	3,245,760	2,957,962	91.1
630	Goods and services	7,584,078	9,298,484	8,126,265	87.4
640	Current transfers	24,708	110,000	303,397	275.8
700	Capital expenditure	872,203	2,000,000	533,239	26.7
800	Expenses for transactions with financial assets and liabilities	333,253	150,000	713,725	475.8
819003	Exchange rate differences	333,253	150,000	713,725	475.8
Total expenses		19,702,441	23,646,294	20,844,946	88.2
Total surplus / deficit (+/-)		41,612,308	37,874,212	45,227,643	119.4
Exclusion of financial operations		-37,996,837	-37,384,212	-40,898,583	-
Exclusion of financial operations – income side		-38,330,090	-37,534,212	-41,612,308	-
Exclusion of financial operations – expense side		333,253	150,000	713,725	-
Year-on-year change in receivables increase (+)/decrease (-)		-396,140	0	-124,902	-
Year-on-year change on liabilities increase (-)/decrease (+)		-350,834	0	112,874	-
Surplus / deficit (+/-) (ESA 2010)		2,868,496	490,000	4,317,033	881.0
Revenues ESA 2010		22,588,519	23,986,294	24,335,380	101.5
Expenses ESA 2010		19,720,023	23,496,294	20,018,347	85.2
Balance ESA 2010		2,868,496	490,000	4,317,033	881.0

Pursuant to the Act No. 581/2004 Coll., the Authority's Management Report for the previous calendar year is published on the Authority's website.

2.4 Staffing and Human Resources Development

As at 31 December 2021, the total number of employees of the Authority was 399, thereof 119 were at the headquarters, 89 at the branches and 191 at the FMaPA units.

Graph 5 Development of staff numbers for 2010 – 2021



During 2021, 40 employees joined the Authority, and the total decrease of employees was 38. The average age of employees was 49 years. Of the total number of staff, 76 employees (19 %) are over 60 years of age, of whom 28 employees are over 65 years of age (7 %). The age structure of employees is relatively high and it is therefore necessary to ensure continuity in various positions by taking appropriate measures.

In 2021, 91% of the Authority's employees had at least a secondary education with a high school diploma, and more than half of the employees (61.2%) had a university degree. There are 72 employees with a third-level university degree or attestation. The requirement for education and experience for some of the positions with the Authority follows directly from legislation (in particular the Act No. 581/2004 Coll.). It is therefore essential that the Authority employs professionals with appropriate qualifications and practical experience. More detailed data on the educational structure of the employees are given in Annex 1, [Graph 6](#).

In 2021, the Authority supported the development, professional growth and improvement of qualifications of staff by participating in 42 training activities, training courses and conferences relevant to the profession of particular employees. Additional trainings in cyber and information security were provided in 2021. Training events were held in Slovakia as well as abroad.

One of the important activities in the area of human resources was the organization of a selection procedure for the positions of branch directors and cooperation in the implementation of measures which contributed to more efficient management of the branches after the reorganization. In view of the upcoming changes in the context of the change of the organizational structure as from 1 January 2022, the Authority has been successful in recruiting qualified experts for project management, analysis and information technology needs, e.g. also in the field of cyber and information security.

In order to make the salaries for selected posts even more attractive, the Authority has prepared benchmarks to ensure the possibility of recruiting quality employees in a competitive labour market environment. In addition, the Authority modernises the working environment (Teams, Sharepoint and other work tools), enables working from home with the consent of the supervisor, guarantees 1 extra week's leave, a 37.5-hour working week, as well as a quality training process.

2.5 Public Health Insurance

On the basis of a permit issued by the Authority, public health insurance was provided by three health insurance companies in 2021:

- Všeobecná zdravotná poisťovňa, a. s., registered office Panónska cesta 2, Bratislava – Petržalka, 851 04
- DÔVERA zdravotná poisťovňa, a. s., registered office Einsteinova 25, Bratislava 851 01
- Union zdravotná poisťovňa, a. s., registered office Karadžičova 10, Bratislava 814 53

In 2021, the Authority did not receive any applications for a licence to provide public health insurance.

For a basic summary of the health insurance supervision carried out, see [Annex 2](#).

Detailed information on the activities of the whole section will be published in a separate Report on the state of implementation of public health insurance for 2021, including analyses and information on the audited financial statements of health insurance companies within the meaning of the Act No. 581/2004 Coll.

2.6 Information Systems Department

Within the meaning of Section 20(1)(e) of the Act No. 581/2004 Coll., the Authority keeps the Central Register of Insured Persons (CRP), the Register of Health Insurance Companies, the Register of Insurance Payers, the Register of Health Care Providers (RPZS), the Register of Healthcare Workers (RZP), the Register of Persons entitled to exercise Supervision, the Register of Applications for Public Health Insurance, the Register of Deaths of Individuals or Declared Dead (RÚ), the Register of Persons who have refused an Autopsy and the Register of Social Assistance Institutions Providing Nursing Care within the meaning of Section 6(1)(h) of the Act No 581/2004 Coll.

Back in 2019, the Authority successfully applied for a non-repayable financial contribution (NFC) at the MoIRD SR. In 2021, the work on the project HCSA Data Management - CRP, RZP, RPZS, RÚ started.

The Authority plans to modernise and streamline the above-mentioned registers, which were created in 2007 and today meet neither the needs and expectations of a modern IS, nor the applicable security and technological procedures and standards. The implementation of the Authority's new register platform will have a positive effect, particularly in relation to the improvement of data processing in the healthcare sector that the current era requires. Ensuring the high availability of the Authority's registers will improve the quality of the services for the recipients of the outputs that the Authority provides under the law. At the same time, the risk of data loss will be significantly reduced and the level of security will increase. The implementation works are scheduled to start in the second quarter of 2022.

Another project with which the Authority was successful in its application for NFC is the ePrehliadky (eExaminations) project of the HCSA. The main aim of the project is to computerise the examinations of the deceased and to simplify the process of sharing information between public administration institutions. By digitising the Letters of Examination of the Dead, the data will reach, in a secure way, all institutions that need the information, without the need to manually re-write the data and without compromising its quality. The implementation work is scheduled to start in the second quarter of 2022.

Both of these projects are funded by the Operational Programme for Integrated Infrastructure, Priority Axis: 7 Information Society, aimed at improving access to information and communication technologies as well as at improving their use and quality.

The Authority is also actively working on a technology project that will deliver a new Integration Platform - a key building block of the Authority's information systems architecture. The aim of the project is to modernise and streamline the integration environment of the Authority's information systems. In particular, the new platform will improve its operation and service. The quality of service for the recipients of the Authority's outputs will improve, too. Moreover, the risk of data loss will be minimised and the level of security of the processed data will be increased. The integration platform should become reality in the course of 2022.

The Authority ensures compliance with legislation defining cyber security and information technology standards in the public administration. In 2021, the Authority renewed the hardware resources necessary for the operation of the Authority's information systems. In November 2021, the Authority was audited for cyber and information security in accordance with the legislation in force.

2.7 Communication of the Authority in the public interest in 2021

After the appointment of the new management, the Authority is striving for better communication with media representatives and transparent information to the public. It responds to all journalists' questions and publishes all relevant facts about the Authority's activities and objectives. The Authority published a total of 17 press releases in 2021, a number comparable to the sum of press releases published in the last five years (one press release was published in 2020, six in 2019, five in 2018, two in 2017, and five in 2016). The most important topics communicated at press conferences and in press releases for 2021 are summarised below:

2.7.1 Inadequate Profit of Private Companies Providing Examinations of Dead Bodies

In June, the Authority proposed to the Government a legislative change aimed at eliminating the generation of inadequate profit by private companies providing examinations of dead bodies ([Press release 6/3](#)).

Since 1 October 2021, the system of examinations of dead bodies has been provided by the Authority. The new system of examinations of dead bodies is based on the principle of voluntariness for health care providers and is functioning ([Press release 6/4](#)).

2.7.2 Regulation of Inadequate Return on Private Capital of Health Insurers

At the end of July 2021, the working group for regulation of profit of health insurance companies met for the first time and agreed that regulation of profits of health insurance companies is necessary ([Press release 6/5](#)). With regard to the regulation of the profits of health insurance companies, the Authority continued to point out the urgency of the proposed regulation, which stems from the inadequate return on private capital invested and differs from international standards ([Press release 6/6](#)).

In September, the Authority repeatedly emphasized that regulating the cash flows of health insurers is the solution to ensure market stability and predictability. The Authority has prepared the final wording of the law for consideration by the Slovak Government ([Press release 6/7](#)).

2.7.3 Change of the Health Insurance Company and the thereto related Campaign

In September 2021, the Authority appealed to insured persons to take a considered approach to switching the health insurance company ([Press release 6/8](#)).

In November 2021, the Authority reported on the number of insured persons who changed their health insurance company as from 2022. The results of the switch were a result of the intensified competition in the fight for insured persons ([Press release 6/9](#)).

2.7.4 Information on the Number of Deaths related to COVID-19 and Establishment of the Ethics Committee

The Authority has begun publishing information on the number of deaths related to COVID-19 on a monthly basis ([Press release 6/10](#), [Press release 6/11](#)).

The Authority has begun screening physicians who spread misinformation about the COVID-19 pandemic or the COVID-19 vaccine, thereby endangering the health of patients ([Press release 6/12](#)). With the effect since 1 January 2022, the Authority also established an Ethics Committee for these purposes.

The Authority is of the opinion that informing the public transparently through the media is in the public interest, and contributes to the visibility and positive promotion of the Authority. The Authority seeks to remind the media and, indirectly, the public of its important position in the healthcare system.

3. Health Care

3.1 Health Care Provision Supervision

Within its competence defined by the provisions of Section 18(1)(b) et seq. of the Act No. 581/2004 Coll., the Authority has supervised the provision of health care and the maintenance of medical records by health care providers, as well as the provision of nursing care in social services facilities and social assistance facilities by supervising the correct provision of nursing care. In the framework of the supervision of the provision of health and nursing care ("HC/NC"), the Authority proceeded in accordance with the provisions of Section 43 et seq. of the Act No. 581/2004 Coll. through remote or on-site supervision. In addition to the Authority's employees, the persons authorised to carry out on-site supervision were also persons invited on the basis of a written mandate.

In connection with the Authority's competences arising from the provisions of Act No. 578/2004 Coll., the Authority supervised the obligations of emergency medical service providers, following the basic rules of control activities pursuant to the Act No. 10/1996 Coll., and at the same time conducted administrative proceedings in connection with detected breaches of the obligations of emergency medical service providers arising from the Act No. 579/2004 Coll.

During the calendar year 2021, the activities of the Authority were affected by a significant change in legislation, in particular by the amendment to the Act No. 581/2004 Coll., which entered into force on 1 May 2021. The amendment modified the procedure for the supervision of health care provision, introduced the obligation to carry out on-site supervision in cases related to the death of a patient, for which the Authority was also obliged to contact a forensic expert in order to provide an expert opinion on the case. There was a change in the way in which complaints were allocated to particular branches. Complaints received by the Authority after 1 May 2021 have been investigated by a branch of the Authority outside the territorial area of the place of operation of the supervised health care provider or the headquarters of the emergency medical service (so-called local non-jurisdiction). The amendment also introduced a 9-month basic period for the completion of supervision. This time limit may be extended by the chair of the Authority in justified cases by a maximum of 3 months.

At the same time, the position of the person filing the complaint or the patient in the context of supervision has been strengthened. The possibility of imposing a fine on a subject whose actions impede supervision has been introduced in relation to the "obstruction of supervision". In the period from 1 May 2021 to 15 July 2021, the Authority was also entitled to supervise the material and technical equipment and staffing of supervised health care providers in the framework of health care supervision. However, this obligation was abolished by the subsequent amendment to the Act. No 581/2004 Coll. and the supervisory competence remained exclusively regulated in relation to the activities of the licensing authorities. As of 15 July 2021, the obligation to invite a forensic expert to investigate the death of a patient has been changed to an option, while the so-called local non-competence of branches has been deleted from the Act.

In the second half of 2021, a number of projects (see [Part 3.5](#) for more information) were launched the aim of which was to develop management tools to track and streamline the performance of supervision and the handling of other submissions, as well as to set up a prioritisation process.

3.1.1 Overview of Submissions

From 1 January 2021 to 31 December 2021, the Authority received 1,903 submissions regarding the provision of HC/NC. 616 submissions were transferred (pending) from previous years. As at 31 December 2021, the Authority dealt with a total of 2,519 submissions (Annex 4, [Table 35](#) for an overview of the number of submissions dealt with by department). Of the total of 2,519 submissions, the Authority closed 1,894 submissions during 2021, representing 75.19 %. The remaining 625 submissions (24.81 %) are pending (Annex 4, [Table 33](#)).

The subject of the submissions was mainly related to dissatisfaction with the treatment procedure (37.28%) and deaths related to the HC/NC provided (28.34%). Submissions which could not be attributed to any of the other categories according to their content were classified by the Authority as „other“. The most frequent subjects of submissions are shown in [Graph 7](#) (Annex 4). A breakdown of the evaluation of all submissions dealt with in 2021 is shown in Annex 4, [Graph 8](#). Submissions were put ad acta mostly when the complainant did not complete the submission or requested the Authority to discontinue supervision.

In 2021, the Authority evaluated 135 submissions as substantiated, 714 submissions as unsubstantiated and 18 submissions were adjourned ad acta in the framework of remote or on-site supervision (Annex 4, [Table 36](#)).

For an overall overview of inpatient health care supervision as at 31 December 2021, see Annex 4, [Table 38](#).

As for the substantiated submissions dealt with by supervision closed as at 31 December 2021, the most frequent findings were in the internal medicine (17.33%) and nursing (14.00%).

3.1.2 Exercise of state supervision and submissions dealt with in administrative proceedings by MES operators

By exercising state supervision according to the provisions of the Act No. 10/1996 Coll., the Authority examined the compliance of Medical Emergency Services providers with the obligations arising from the provisions of the Act No. 578/2004 Coll., and in 2021 it carried out 11 supervisions, which are shown in Annex No. 4, [Graph 10](#).

3.1.3 Second-instance resolution of submissions

As at 31 December 2021, 58 submissions were under investigation by the Authority's headquarters in the so-called second-instance procedure (14 of which were carried over from 2020). These were cases where the complainants considered that the Authority's branch had not investigated the submission correctly and asked for them to be reinvestigated. An evaluation of the second-instance submissions as at 31 December 2021 is provided in Annex 4, [Graph 11](#).

3.1.4 Submissions dealt with otherwise than by supervision

Data on submissions which, according to their content, did not fall under the possibility of being dealt with within the framework of supervision under the provisions of the Act No. 581/2004 Coll., supervision under the Act No. 578/2004 Coll. or inspection under the provisions of the Act No. 579/2004 Coll., and thus could not be dealt with within the competence of the Authority, are presented in Annex 4, [Table 39](#).

Submissions which the Authority was not competent to deal with (400 submissions) were forwarded to the competent authorities, of which the largest number (43.50 %) were forwarded to the offices of the self-governing regions (Annex 4, [Graph 12](#)). The category “other” includes institutions that could not be classified in any of the categories.

3.1.5 Sanctions

Within its statutory competences, the Authority imposes fines for violation of the provisions of the Act No. 576/2004 Coll. concerning the health and nursing care provided and fines for violation of the obligations of emergency medical services operators resulting from the provisions of the Act No. 578/2004 Coll. and the provisions of the Act No. 579/2004 Coll.

Sanctions for incorrectly provided health care

In the period 1 January 2021 – 31 December 2021, the Authority imposed the following sanctions and proposals for sanctions on health care providers when infringements of statutory provisions were detected:

- proposals for fines forwarded to the MoH SR or offices of self-governing regions: 26,
- direct imposing of a fine: 136 first-instance decisions on imposing a fine,
- measures to remedy identified deficiencies and their causes: 62.

The fines imposed by the Authority's branches as first-instance administrative bodies as at 31 December 2021 are shown in financial terms in Annex 4, [Graph 13](#). The number of fines imposed by first-instance administrative bodies (branches of the Authority) is shown in Annex 4, [Graph 14](#). The above statistical summaries are expressed irrespective of the criterion of the entry into force of first-instance decisions on imposing fines.

Sanctions in administrative proceedings - obligations of EMS providers

In the period 1 January 2021 - 31 December 2021, the branches of the Authority (first-instance administrative authorities) imposed a total of 3 fines for breaches of the provisions of the Act No. 579/2004 Coll. on health care providers or operators of emergency medical services (Annex 4, [Table 41](#)). None of these proceedings was dealt with by the second-instance administrative authority, as all the first-instance decisions imposing fines have become final.

3.2 Follow-up Activities to Health Care Supervision

In 2021, the Authority did not file any criminal complaint in relation to incorrectly provided HC/NC, especially in view of the fact that it was aware from the complaints that a criminal complaint had been filed by the complainant himself.

The Authority obtained information on pending investigations, and thus on criminal complaints filed, also from the requests for assistance or reports from law enforcement authorities (Annex 4, [Graph 15](#)).

Appeal Committee

The Appeal Committee No. V as an advisory body of the chair of the Authority scrutinises in detail the documentation of the administrative proceedings submitted to the second-instance administrative authority and proposes the conclusions of the second-instance administrative proceedings to the chair of the Authority.

In 2021, the Appeal Committee met 17 times, hearing a total of 41 cases in which it proposed to the chair of the Authority:

- in 32 cases – to confirm the decision of the first-instance administrative authority,
- in 4 cases – to cancel the decision of the first-instance administrative authority and to refer the case back for a new decision,
- in 2 cases – to discontinue the proceedings pursuant to Section 30(h) of the Act No. 71/1967 Coll. of the Administrative Procedure (the reason for the proceedings initiated by the administrative authority has ceased to exist),
- in 1 case – to discontinue the administrative proceedings on grounds of preclusion,
- in 1 case – to supplement the evidence,
- in 1 case the appeal was lodged after deadline.

Statements for courts

After a detailed examination of the files, the Authority provides professional and legal opinions (branches in cooperation with the Authority's headquarters) on appeals against decisions of the Authority to regional courts, against decisions of regional courts to the Supreme Court of the SR, and on appeals of health care providers against decisions of regional courts to the Supreme Court of the SR, on actions for compensation for non-material harm, on cassation complaints by health care providers against decisions of regional courts and on actions to review the legality of decisions in proceedings for permits to operate a MES to the regional court.

In the period 1 January 2021 – 31 December 2021, the Authority processed a 7 statements:

- 6 cases – statements on actions for review of decisions before regional courts,
- 1 case – cassation complaint against a resolution of the Košice Regional Court.

3.3 Preventive Activities of the Authority and Case Reports

One of the main objectives of the Authority is to act preventively and educationally. The Authority highlights, through clinically interesting cases from the supervision carried out, the problems arising in the provision of HC/NC with a view to prevent them.

On the basis of a Memorandum of Cooperation signed in 2009, annual lectures and case reports for physicians, SMCH members and health care providers were held annually in cooperation with SMCH. However, due to the COVID-19 pandemic, this event has been temporarily suspended. The case reports for the years 2019 and 2020 were published in 2021 and are accessible on the Authority's website⁹.

The Authority compiles into written form case reports of the most interesting cases it has dealt with in its investigations into the correctness of the health care provided. The publication includes cases relating to both correctly and incorrectly provided healthcare, with the aim of highlighting unusual cases and practices that may occur in practice, as well as some mistakes and shortcomings from which lessons can be learned. In addition to the Authority's staff, the Authority's expert consultants, who are leading experts in their respective fields of specialisation, have been involved in the conduct of the supervisions.

⁹ <http://www.udzs-sk.sk/web/sk/kazuistiky>

3.4 Health Care Purchasing

The long-standing absence of transparent rules has gradually led to the dysfunction of this originally important part of the Authority's activities. As at 31 December 2021, only one person was dedicated to this agenda, mainly dealing with spa care and orthopaedic devices.

The Authority prepares a new department, which will, after adequate legislative and data adjustments, set transparent rules for pricing, being another key factor for systemic change in the Slovak healthcare system.

The Health Care Supervision Section also includes the Advisory Commission of the Chair of the Authority No. VI, which deals with appeals by insured persons against decisions of health insurers (rejection of claims for reimbursement of the costs of planned health care abroad; claims for reimbursement of the costs of medical care with the consent of the competent health insurer; claims for the purpose of reimbursement of cross-border health care subject to the prior consent of the competent health insurer). In 2021, it dealt with a total of 9 cases (all cases were dealt with by VŠZP in the first-instance administrative proceedings). In 6 cases, the Commission proposed to reject the insured person's appeal and confirm the decision of the health insurer, in 3 cases to cancel the decision of the health insurer and to refer the case back to the health insurer for a new hearing and decision.

3.5 Assessment and Plans for 2022

During the first half of 2021, the Authority's activities were affected by significant legislative changes. In order to streamline the work, the possibility to directly file a complaint regarding the health care provided, to address correctly the complaints for which the Authority is not competent, as well as to monitor the workload of the Authority's departments that supervise the health care provided, the preparation of the Authority's "portal of complaints" was launched in 2021, the purpose of which is to help dissatisfied patients in the orientation among the public authorities and other institutions to which they can turn to solve their not only health-related problems. At the same time, the Authority has been introducing an internal system for tracking complaints dealt with in particular by supervision, through the "Traffic Lights" of Supervisions.

A big challenge for the future is to educate potential complainants and make them aware of the competences not only of the Authority, but also of other institutions that operate within the entire healthcare segment. In order to achieve this objective, the Authority will refer the public to the "portal of complaints"¹⁰, which greatly facilitates orientation and speeds up the correct direction of the complainant to the institution which is entitled to deal with his/her problem. In doing so, the Authority also seeks to eliminate future complaints that have so far had to be administratively processed and forwarded to other bodies.

In the area of health care provision, the Authority cooperated with the MoH SR, professional organizations, offices of self-governing regions and other institutions during 2021, and it intends to continue this activity and deepen the relationships.

At the end of the calendar year 2021, the Authority began screening physicians spreading misinformation related to COVID-19, and the Ethics Committee was established to deal with submissions that show reasonable suspicion of a negative ethical dimension in the provision of health care.

¹⁰ <https://portalpodnetov.udzs-sk.sk/>

In the period to come, the Authority will, as before, comprehensively collect data from the supervisions carried out and, in the event of serious misconduct where there are reasonable grounds to suspect that a criminal offence has been committed, will proceed with the filing of criminal charges, as it has done in the past.

An important task for the coming period is the consistent and smooth transition of the monitoring of the public minimum network in the field of general outpatient care from the MoH SR to the Authority, which will start to take place in the first half of 2022.

In the coming period, the role of the vice-chair of the Authority will be to manage, with medical expertise and methodological guidance, the activities of the health care supervision and to contribute to the streamlining of the whole process.

4. Forensic Medicine and Pathological Anatomy

In the field of forensic medicine and pathological anatomy, the Authority provides methodological guidance and comprehensive operation of FMaPA units in the performance of autopsies, laboratory tests in histopathology, serology and toxicology, and in the field of examination of the deceased.

4.1 Autopsy Performance

In 2021, 7,338 autopsies were performed at FMaPA units. The total number of autopsies decreased by 257 (7,595 autopsies) compared to 2020. A breakdown of the number of autopsies by type is provided in Annex 5, [Table 42](#).

In 2021, the autopsy rate was 10.04%, a reduction of 2.81% compared to 2020 (12.85%), with an increase of 13,994 deaths (Annex 5, [Table 43](#)).

Pursuant to Section 48(4) of the Act No. 581/2004 Coll., the Authority keeps a list of persons who have refused an autopsy. The Authority has a total of 1,755 applications for refusal of an autopsy, of which 91 applications were registered in 2021, representing 1.2 % of the total number of 7,338 autopsies carried out in 2021.

4.2 Performance of Laboratory Tests

Histology services sections of FMaPA units prepared a total of 86,714 bills and 101,440 histological specimens necessary for morphological diagnosis of diseases in the deceased.

A total of 43,676 toxicological tests were carried out at toxicology sections of FMaPA units, of which 16,284 tests were carried out on living patients (mainly tests for the presence and concentration of alcohol in blood and evidence of the presence or concentration of psychoactive substances and toxicologically significant groups of drugs, mycological examinations, other forensic and medical evidence) and 27,392 tests on the dead (Annex 5, [Table 44](#)).

The highest number of toxicological tests was performed by the FM unit Bratislava with 15,316 tests, the FMaPA unit Banská Bystrica with 11,207 tests and the FMaPA unit Košice with 10,877 tests (Annex 5, [Table 45](#)).

An overview of the total number of tests carried out at the other FMaPA laboratory sections is given in Annex 5, [Table 46](#).

The Authority is preparing a strategy to computerise the performance of tests of dead bodies and autopsies. The aim of this innovative approach of the Authority is to simplify and streamline the system of performance of dead body examinations for the examining physician himself as well as for all other stakeholders.

4.3 Cooperation with Expert and Professional Organizations and Educational Institutions

In the field of forensic medicine and pathological anatomy, the Authority organizes professional seminars in inpatient medical institutions according to the established division into districts. In 2021, a total of 15 case reports of patients treated in an inpatient healthcare facility were presented at 4 seminars.

4.4 Examinations of Dead Bodies

Pursuant to the Act No. 581/2004 Coll., the Authority ensures the examination of dead bodies in Slovakia.

Historically, this activity was mainly carried out by general practitioners in the context of outpatient care or medical first aid services. In 2018, particularly following pressure from the professional societies of general practitioners, there was a professionalisation of the performance of dead body examinations towards private companies, which provided this activity through their own doctors. The rationale behind the change in the performance of this activity in the public interest was to create a competitive environment that would ensure quality and, at the same time, financial sustainability. The total cost of each procurement procedure was significantly above the value set by the Authority's budget for this activity, which amounted to EUR 1,250,620. An unsustainable price spiral was looming in the future. In 2021, only five private companies operating in the same regions were competing with each other in an illusory way; in the Prešov region, only one bidder remained after the first wave of the pandemic, and the system was threatened with collapse.

The new management of the Authority has therefore proceeded to a legislative change and to the implementation of this public service on a voluntary basis. From 2 July 2021 until 1 October 2021, the dead body examinations were gradually shifted from private companies, the so-called organizers, to the branches of the Authority and later FMaPA units.

The elimination of the profits accumulating in the private companies in the last quarter of 2021 put the brakes on the price spiral and saved considerable funds. At the same time, the examining physician's remuneration was increased by up to 60% compared to the remuneration in 2018 (Annex 5, [Table 47](#)).

4.5 Assessment and 2022 Outlook

In its third wave in 2021, the COVID-19 pandemic tested and demonstrated the positive features of the reformed examination system in the SR, especially its flexibility manifested by the rapid application of organizational changes. No major shortcomings were identified by the Authority in the performance of examinations of dead bodies from inpatient health care establishments.

In 2022, the Authority will improve the professional quality of dead body examinations, with an emphasis on the computerisation of the entire process within the framework of the ePrehliadky (eExaminations) project. This project is in line with the implementation of the Operational Programme for the Informatisation of Society (OPIS). The emphasis is on the electronic exchange of information between the institutions involved, which currently manually process information from the Letters of Examination of the Dead (Authority, register offices, ŠÚ SR, NHIC).

The main aim of the project is to simplify and speed up the process of examination of a dead body, to reduce the amount of erroneous or incorrect data, to automate the exchange of data between institutions, more thorough checks and subsequent transparent and permanent archiving with fast searches. Another expected benefit is the assessment of the records of the dead body examination within 24 hours of its performance and its subsequent approval or return for reworking/amendment by the head physician of the FMaPA unit of the Authority.

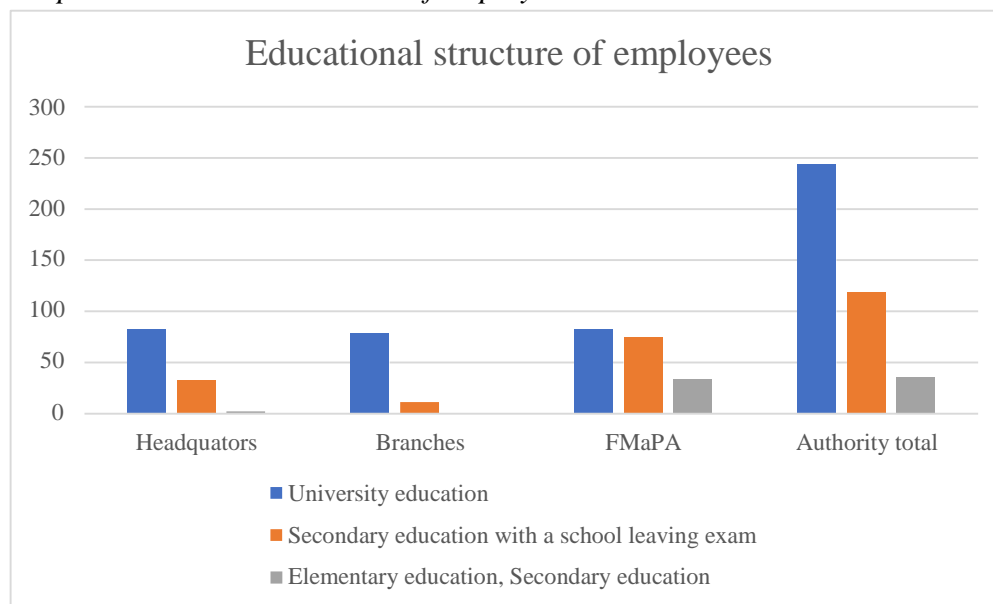
In the event of malpractice, an autopsy may, for example, be ordered by the head physician of the FMaPA unit and corrective action may be taken against the examining physician. This will avoid confusion in the actual conduct of the examination, which may contribute to the clarification of the death and support e.g. the activities of law enforcement authorities. Detailed records of diagnostic findings from the dead body examination, their professional review and management will provide more relevant data for the needs of e.g. defining national health policy priorities, but also for supranational institutions (WHO, ECDC, Eurostat, etc.).

In 2022, the performance of SLaPA units will be subject to increased demands on the professionalism of their work, by setting new performance and professional requirements, which will aim at making the work of the FMaPA unit staff itself significantly more efficient, as well as at increasing the efficiency of their financial management.

Annexes 1 – 6

Annex 1 – Basic Information on the Authority

Graph 6 Educational structure of employees



Annex 2 – Public Health Insurance

DECISIONS ON OBJECTIONS FILED BY INSURANCE PAYERS AND INSURED PERSONS AGAINST STATEMENTS OF ARREARS

According to the Act No. 581/2004 Coll., since 1 March 2019, the Authority has been competent to decide on objections of an insured person or an insurance payer against the statement of arrears pursuant to Section 77a of the Act No. 581/2004 Coll., if the objections have not been accepted by the health insurance company pursuant to Section 17a(6) of the Act No. 580/2004 Coll. Decisions of the Authority cannot be appealed against and become final on the date of delivery.

In 2021, 322 objections to statements of arrears were submitted to the Authority by health insurance companies, as they were not fully accepted by the latter. The receivables amounted to a total of EUR 369,076.62. Of the total number of objections submitted, 258 objections concerned arrears resulting from the annual reconciliation of insurance contributions and 64 objections concerned outstanding advance payments of public health insurance contributions.

In 2021, the Authority issued 187 second-instance decisions on the basis of the Appeal Committee's proposal, of which 143 confirmed the arrears statement, 28 amended the arrears statement and 12 cancelled the arrears statement. In 1 case, the Authority ordered to renew the proceedings and issued a new second-instance decision. Further, in 4 cases, it stayed the proceedings. An overview of the number of proceedings regarding the decision on objections to statements of arrears conducted by the Authority in 2021 is given in Table 3.

Table 3 Overview of the number of proceedings on objections conducted by the Authority for 2021

Number of objections lodged against statements of arrears	322
Amount of the receivable (EUR)	369,076.62
of which: principal amount (insurance contributions owed)	369,076.62
Number of decisions issued	187
of which: confirmed statements of arrears	143
of which: changed statements of arrears	28
of which: cancelled statements of arrears	12
of which: discontinued proceedings	3
Renewed proceedings and a new decision	1
Stayed proceedings	4
Proceedings not closed in 2021	131

In 2021, the Authority, as a second-instance administrative body for deciding on objections of insurance payers and insured persons, recorded a total of 5 objection proceedings against statements of arrears from 2019 and a total of 90 objection proceedings against statements of arrears from 2020.

Of the second-instance proceedings recorded, the Authority issued 90 second-instance decisions in 2021 on the basis of a proposal of the Appeal Committee, of which 70 confirmed the statement of arrears, 13 changed the statement of arrears, 3 cancelled the statement of arrears and 2 discontinued the proceedings. In 1 case, it decided to order new proceedings and at the same time amended the arrears statement. The number of decisions issued in 2021 out of the total number of registered proceedings from 2019 and 2020 is shown in Table 4.

Table 4 Decisions issued in 2021 out of the total number of registered proceedings from 2019 and 2020

Decisions issued in 2021 out of the total number of registered proceedings from 2019 and 2020	90
thereof: confirmed statements of arrears	70
thereof: changed statements of arrears	13
thereof: cancelled statements of arrears	3
thereof: discontinued proceedings	2
thereof: issued decision on new proceedings	1
thereof: stayed proceedings	1
Proceedings from 2019 and 2020 not closed in 2021	5

ISSUING DECISIONS ON CLAIMS FOR INSURANCE CONTRIBUTIONS ON THE BASIS OF PROPOSALS OF HEALTH INSURANCE COMPANIES

In 2021, the Authority decided on appeals lodged against assessment notices issued by a branch of the Authority on the basis of proposals of health insurance companies pursuant to Act No. 581/2004 Coll. in force until 28 February 2019.

In 2021, the Authority, as a second-instance administrative body, registered a total of 333 proceedings on appeals against assessment notices filed within the statutory time limit, on

extraordinary appeals filed after the assessment notices became final, or on the basis of court decisions that cancelled the decisions of the Authority and returned the case for new proceedings. Of the second-instance proceedings registered in 2021, the Authority issued 280 second-instance decisions on the basis of a proposal of the Appeal Committee, of which it confirmed the first-instance decision in 238 cases, amended the first-instance decision in 28 cases, cancelled the first-instance decision in 3 cases, discontinued the proceedings in 5 cases and in 6 cases it issued a notice that it could not permit new proceedings or amend or annul the decision outside the appeal procedure.

In 48 proceedings, the Authority records a stay of proceedings and 5 proceedings were not closed in 2021. The number of second-instance decisions and notices issued out of the total number of second-instance proceedings recorded in 2021 is shown in Table 5.

Table 5 Second-instance decisions and notices issued out of the total number of registered second-instance proceedings in 2021

Second-instance decisions and notices issued out of the total number of registered second-instance proceedings in 2021	280
thereof: first-instance decisions confirmed	238
thereof: first-instance decisions changed	28
thereof: first-instance decisions cancelled	3
thereof: proceedings discontinued	5
thereof: decision that it could not permit new proceedings or change or cancel the decision outside the appeal procedure	6

IMPOSING FINES

Pursuant to Section 18(1) of the Act No 581/2004 Coll., the competence of the Authority includes imposing fines on insured persons and payers of insurance contributions, health care providers, health insurance companies and providers of emergency medical services.

In 2021, the total amount of fines imposed by the headquarters and the branches of the Authority amounted to EUR 166,433, while in 2021 the Authority recorded payments of EUR 170,611.09 from fines that were finally imposed and payments of EUR 110,933 from proceedings that were finally closed in 2021. In 2021, the Authority imposed a total of 126 fines on healthcare providers in the amount of EUR 111,250, of which 74 fines amounting to EUR 78,880 were imposed on inpatient healthcare facilities. In 2021, the Authority imposed a total of 3 fines amounting to EUR 633 on emergency medical service providers. In 2021, the Authority imposed a total of 3 fines on health insurance companies in the amount of EUR 7,100. An overview of the fines imposed by area and amount is given in Table 6.

Table 6 Overview of fines imposed by area and amount

Area	Amount of fines imposed in 2021 (EUR)	Amount of total payments out of finally imposed fines in 2021 (EUR)	Total amount of payments (EUR)
Health insurance company	7,100.00	7,100.00	8,100.00
Insured persons and payers of insurance contributions	47,450.00	5,550.00	46,728.09
Health care providers	111,250.00	97,650.00	115,150.00

MES Providers	633.00	633.00	633.00
Total	166,433.00	110,933.00	170,611.09

IMPOSING FINES ON INSURED PERSONS AND INSURANCE PAYERS

In 2021, the Authority imposed fines on insured persons and payers of insurance contributions for the failure to comply with reporting obligations towards health insurance companies from proceedings initiated in 2021. The most common violations by insured persons and payers of insurance contributions in 2021 are shown in Table 7 and Table 8.

Table 7 Breaches of obligations by insured persons

Type of obligation prescribed by law	Number of breaches
Failure to report change or origination of insurance payer	71,892
Failure to file application for public health insurance within the statutory time limit	24,741
Failure to report the insurance payer following a change of the health insurance company, by 8 January of the calendar year at the latest, or if there has been a change of the insurance payer stated in the application form	18,120

Table 8 Breaches of obligations by insurance payers

Type of obligation prescribed by law	Number of breaches
Failure to pay health insurance contributions on time and in the correct amount	2,259,232
Failure to report changes concerning employees and the number of employees	191,145
Failure to report contributions to the relevant health insurance provider	182,432

In 2021, the Authority initiated 594 proceedings to impose fines on payers of insurance contributions. In 2021, 158 decisions from the proceedings initiated in 2021 became final. The fines imposed amounted to a total of EUR 47,450. Table 9 gives an overview of the fines imposed and Table 10 gives an overview of the amount of fines paid.

Table 9 Overview of fines imposed in 2021

Number of initiated proceedings	594
Number of decisions issued	448
thereof: number of decisions to discontinue proceedings	189
Number of final decisions on imposing fines	158

Table 10 Overview of the amount of the fines paid in 2021

Total amount of fines imposed	EUR 47,450
Amount of paid fines out of finally closed proceedings in 2021	EUR 5,550.00
Total amount of fines paid	EUR 46,728.09
Amount of paid fines out of finally closed proceedings in previous years	EUR 39,428.09

Pursuant to the Act No. 374/2014 Coll., the Authority acts as a trustee of the State property in ensuring the imposition and collection of receivables from fines that have become final and are unpaid.

In 2021, the Authority did not register any request for concluding an instalment agreement, request for deferment of payment of the fine or request for remission of payment of the fine.

As part of enforcement proceedings from previous years, 7 fines totalling EUR 2,330.90 were recovered (of which 5 fines totalling EUR 2,150.00 were paid in full in 2021 and 2 outstanding amounts totalling EUR 180.90 were paid in 2021 from fines imposed in previous periods), and 5 fines were only partially recovered, totalling EUR 1,398.60.

Pursuant to Section 14 of the Act No. 374/2014 Coll., the Authority assigned to Slovenská konsolidačná, a. s., 99 receivables of the State in the total amount of EUR 61,676.14. The Authority issued a total of 7 decisions on permanent waiver of the recovery of the State's receivables due to the unsuccessful recovery of the receivables or due to the unfeasibility of the recovery of receivables. The decisions on the permanent waiver of recovery of receivables of the State concerned a total of 333 receivables of the State in a total amount of EUR 247,839.02.

RECOVERY OF INSURANCE CONTRIBUTIONS

Pursuant to Section 18(1)(g) of the Act No 581/2004 Coll., the Authority is the liaison body for the provision of health care paid from the public health insurance in relation to the liaison bodies of the Member States of the European Union, Norway, Liechtenstein, Iceland and Switzerland for the purpose of communication between the respective health insurance companies.

On the basis of the 108 requests for recovery received under Article 78 et seq. of the Regulation (EC) No. 987/2009 of the European Parliament and of the Council laying down the procedure for the implementation of Regulation No. 883/2004, the Authority filed 37 requests for enforcement in 2021. Of the requests received, 44 were referred to the Social Insurance Agency for direct processing and 10 were returned for completion. Of the above number of enforcement proceedings in 2021, the bailiff terminated the enforcement proceedings due to the recovery of the receivable in 5 cases, and successfully recovered the claimed receivable in 3 cases (motions for enforcement filed in 2018, 2019, 2020). In 2021, the bailiff or the enforcement court stopped the execution in 5 cases due to the debtor's insolvency and due to the declaration of bankruptcy on the debtor's property (motions for enforcement filed in 2019, 2020), and 1 enforcement was dismissed (motion for enforcement filed in 2021).

The execution was stopped pursuant to Section 2(1)(a) of the Act No. 233/2019 Coll. in 16 cases (motions for enforcement filed in 2013, 2015, 2016).

Following a request for recovery under Article 77 of Regulation (EC) No. 987/2009 of the European Parliament and of the Council laying down the procedure for the implementation of Regulation No. 883/2004, the Authority received 29 requests for the delivery of decisions, notices of initiation of administrative proceedings or letters of demand for costs in 2021. In 24 cases, the Authority delivered the requested documents to the debtors. In one case, the Authority asked for the request to be completed.

Following a request for recovery under Article 76 of Regulation (EC) No. 987/2009 of the European Parliament and of the Council laying down the procedure for the implementation of Regulation No. 883/2004, the Authority received, in 2021, 111 requests to provide information on the debtor's address, on the debtor's assets, or further required information. In 109 cases, the Authority dealt with these requests. The Authority also received 3 requests (H001) for information on the progress of the debtor's succession proceedings. These requests were dealt with by the Authority.

SUPERVISION OF HEALTH INSURANCE COMPANIES AND PUBLIC HEALTH INSURANCE

In 2021, the Authority carried out supervisions in accordance with the Act No. 581/2004 Coll. Supervisions were carried out on the basis of the supervisions plan for 2021, on the basis of the Authority's own activities and on the basis of submissions from individuals and other entities which the Authority qualified as an initiative for a supervision.

A total of 536 supervisions were carried out in 2021, an increase of 68 supervisions compared to the previous year. Of the total number of supervisions, 24 on-site supervisions were carried out in health insurance companies, which is the same number as in 2020, and 512 remote supervisions, which is an increase of 68 supervisions compared to 2020 (in 2020, there were 444 supervisions). An overview of the supervisions by health insurer is given in Table 11.

Table 11 Number of supervisions carried out in 2021

	VšZP		ZP Dôvera		ZP Union		Total	
	2020	2021	2020	2021	2020	2021	2020	2021
On-site supervisions	9	8	8	8	7	8	24	24
Remote supervisions	62	74	118	129	264	309	444	512
Total supervisions	71	82	126	137	271	317	468	536

In 2021, 221 supervisions were closed which were pending as at 31 December 2020 within the meaning of Section 47(4) of the Act No. 581/2004 Coll., i.e. by discussing written objections of the entity against the protocol or by the expiry of the time limit set pursuant to Section 45(2)(c) of the Act No. 581/2004 Coll. (3 supervisions in VšZP, 35 supervisions in ZP Dôvera and 183 supervisions in ZP Union). These supervisions were not closed mainly due to the increased number of complaints from insured persons to investigate an unauthorised change of the health insurance company as of 1 January 2021, which were received by the Authority at the end of 2020.

Just like in the previous year, most supervisions were carried out in ZP Union – 317 (271 in 2020), and the lowest number of supervisions in VšZP – 82 (71 in 2020). In ZP Dôvera, 137 supervisions were carried out (126 in 2020).

The reason for the increased number of supervisions in ZP Union was the fact that most of the complaints from insured persons were directed against this health insurer. The insured persons requested, among other things, an investigation into the conduct and procedure of the health insurer in the area of unauthorised change of the health insurer from 1 January 2022.

Out of a total of 536 supervisions as at 31/12/2021, 111 supervisions (20.7%) were pending, thereof 3 on-site supervisions and 108 remote supervisions (VšZP 16 supervisions, ZP Dôvera 31 supervisions and ZP Union 64 supervisions). An overview of pending supervisions as at 31/12/2021 and a comparison with 2020 by health insurance companies is given in Table 12.

Table 12 Overview of pending supervisions as at 31/12/2021

	VšZP		ZP Dôvera		ZP Union		Total	
	2020	2021	2020	2021	2020	2021	2020	2021
On-site supervisions	0	1	0	1	0	1	0	3
Remote supervisions	3	15	35	30	183	63	221	108
Total supervisions	3	16	35	31	183	64	221	111

ON-SITE SUPERVISION

In 2021, a total of 24 on-site supervisions were carried out, thereof 21 were based on the supervision plan and 3 on the Authority's own activities. As at 31/12/2021, 3 on-site supervisions were not closed within the meaning of Section 47(4) of the Act No. 581/2004 Coll., the subject of which was "Conclusion of contracts/addenda to contracts in the ADOS segment, prices and scope of contracted services and reimbursement of nursing care provided by selected providers in individual regions of the Slovak Republic". An overview of the number and subject matter of on-site supervisions by individual health insurers is given in Table 13.

Table 13 Number and subject matter of on-site supervisions carried out

Subject matter	VšZP	ZP Dôvera	ZP Union	Total
Supervisions carried out on the basis of supervisions plan				
Verification of the correctness of the health insurer's procedure when classifying an insured person into a pharmaceutical-cost group for the purposes of monthly redistribution of advance payments for insurance contributions	1	1	1	3
Verification of the correctness of the data reported by the health insurance company for the purposes of monthly redistribution of advance payments for insurance contributions pursuant to Section 28a(2) of the Act No. 580/2004 Coll.; correctness of the classification of the insured person in groups according to sex, age and payer	1	1	1	3
Verification of the correctness of the data reported by the health insurance company to the central register of insured persons for the purpose of annual redistribution of insurance contributions pursuant to Section 28(3) of the Act No. 580/2004 Coll.	1	1	1	3
Verification of the fulfilment of the health insurance company's obligation to maintain and update the list of debtors pursuant to Section 25a of the Act No. 580/2004 Coll. (checking the inclusion in the list of debtors, the correctness of the stated amount of arrears, checking the resolution of debtors' objections, the correctness of the registration of the scope of the claim for reimbursement of health care).	1	1	1	3

Verification of fulfilment of the obligation of the health insurance company to keep accounts of insured persons in the extent defined by law (Section 16(2) of the Act No. 581/2004 Coll.) and to send an extract from the insured person's account at the request of the insured person	1	1	1	3
Financial management of the health insurance company with a focus on the correctness of the calculation of the annual total of the health insurance company, the share in the annual total, the determination of the amount of expenses for operating activities, compliance with the prescribed amount of expenses for operating activities in 2019, with a particular focus on expenses for recruitment of insured persons and marketing	1	1	1	3
Conclusion of contracts/addenda to contracts in the ADOS segment, prices and scope of contracted services and reimbursement of nursing care provided by selected providers in individual Slovak regions	1	1	1	3
Total:	7	7	7	21
Supervisions as part of the Authority's own activities				
Verification of the correctness of the data reported by the health insurer for the annual redistribution of contributions for 2019	1	1	1	3
Total supervisions	8	8	8	24

REMOTE SUPERVISIONS

In 2021, a total of 512 remote supervisions were carried out, an increase of 68 compared to 2020. Of this number, 115 remote supervisions were carried out as part of own activities, 397 supervisions were based on submissions from insured persons/insurance payers and other entities, including 221 supervisions carried over from 2020 and closed.

The remote supervisions evaluated information and documents submitted by health insurers in the course of fulfilling their reporting obligations to the Authority in reports, statements, documents obtained from health insurers on the basis of the Authority's request related to various areas of health insurers' activity, especially in the area of financial management and monitoring the development of selected economic indicators, ensuring solvency, conclusion of contracts and contractual and pricing conditions with health care providers, reimbursement of health care to non-contractual health care providers, annual settlement of insurance contributions, impact of COVID-19 on health insurers' revenues, shortfall of health insurers' resources due to lower payments for state-insured persons, complaints from individuals and other entities, etc.

In 2021, the highest number of remote supervisions was carried out in ZP Union (309) and the lowest number in VěZP (74). 129 remote supervisions were carried out in ZP Dôvera. The same applied in 2020, when the highest number of remote supervisions was also carried out in ZP Union (264) and the lowest in VěZP (62). In 2020, 118 remote supervisions were carried out in ZP Dôvera. An overview of the number and focus of remote supervisions by health insurers is given in Table 14.

Table 14 Number and subject matter of remote supervisions carried out

Subject matter of the supervisions	VěZP	ZP Dôvera	ZP Union	Total
Supervisions as part of the Authority's own activities				
Updating data on health insurers and their branches	1	4	1	6
Evaluation of the development of selected economic indicators of health insurance companies and their comparison with the previous calendar year for the period 12/2020-11/2021	12	12	12	36
Verification of the fulfilment of the obligation of the health insurance company to ensure solvency and demonstrate it to the Authority (Section 15(1)(g) of the Act No. 581/2004 Coll.) for the period 12/2020-11/2021	12	12	12	36
Contractual conditions and prices of health insurers' services in contracts/supplements with health care providers in 2021	3	3	3	9
Organizational and technical organization of the annual settlement of contributions for 2019 and the collection and evaluation of data on the annual settlement for 2020 and monitoring the status of the annual settlement (Section 6(1)(t) of the Act No. 581/2004 Coll. in conjunction with Section 19 of the Act No. 580/2004 Coll.)	5	5	5	15
Shortfall in health insurers' resources due to the reduction in payment for state-insured persons	1	1	1	3
Other	5	3	2	10
Total:	39	40	36	115
Supervisions based on complaints from natural and legal persons	35	89	273	397
Total supervisions:	74	129	309	512
Remote supervisions pending as at 31/12/2021	15	30	63	108

Out of a total of 512 remote supervisions, 108 remote supervisions were pending as at 31 December 2021, a decrease of 119 compared to 2020. Of the total number of pending supervisions, 15 were in VěZP, 30 in ZP Dôvera and 63 in ZP Union.

EVALUATION OF SUBMISSIONS IN THE FIELD OF PUBLIC HEALTH INSURANCE

In 2021, the Authority received a total of 476 submissions relating to public health insurance and the activities of health insurance companies. Of these, 2 submissions were referred to another authority for processing due to the competence and 2 submissions were closed *ad acta* due to the fact that the person filing the submission did not respond to the Authority's request and did not complete the submission with the required data.

In total, the Authority dealt with 693 submissions in 2021, 221 of which were carried over from 2020 and were pending as at 31 December 2020. This is an increase of 310 submissions compared to 2020. Of these 693 submissions, 296 were dealt with by direct response, and 397 were as a reason for supervision and were dealt with by remote supervision at the health insurer.

In their submissions, insured persons/insurance payers or other entities requested an investigation into the correctness of the procedure and conduct of the health insurer in various areas. They also pointed out, in general, shortcomings in the activities of health insurers and in the public health insurance system, inadequate behaviour of employees in dealing with the affairs of insured persons, requested opinions and statements concerning health insurance, reimbursement of health care, beginning/termination of health insurance in Slovakia, etc.

In 2021, the submissions concerned mainly unauthorized change of the health insurer, in which insured persons stated that the change of the health insurer had been made without their knowledge, that misleading or false information had been provided by the persons who had signed the application form with them, that they had signed the application form in haste, without thinking through the consequences, and there were also cases of suspected misuse of insured persons' personal data and forged signatures.

The number of these submissions increased by 52 compared to 2020. Also when compared to previous years, the highest number of submissions was in this area (213 in 2020, 35 in 2019, 32 in 2018, 138 in 2017 and 43 in 2016).

The highest number of submissions that were dealt with by remote supervision was registered against ZP Union (273) and the lowest against VŠZP (35). 89 submissions were registered against ZP Dôvera. An overview of the number and subject matter of submissions dealt with by remote supervision by health insurer is given in Table 15.

Table 15 Number and subject matter of the submissions dealt with by supervision

Subject matter of supervision	VŠZP	ZP Dôvera	ZP Union	Total
Unauthorized change of the health insurance company	14	60	265	339
Withdrawal of the application		2		2
Debt recovery by court enforcement	7	4	0	11
Unjustified inclusion in the list of debtors	5	0	1	6
Annual reconciliation of public health insurance contributions	1	3	1	5
Beginning/termination of public health insurance in Slovakia	4	1	0	5

Review of the records of the insurance relationship and origination of a claim for insurance contributions	1	2	1	4
Other (delivery of arrears statements, recovery of payment for health care provided, refund of insurance contributions paid without legal justification, failure to conclude an instalment plan, insurance payer registration, allocation of payments)	3	17	5	25
Total:	35	89	273	397

As at 31 December 2021, out of a total of 693 submissions, 108 submissions dealt with by remote supervision were still pending.

Of the total of 397 submissions dealt with by remote supervision, 289 were closed by 31/12/2021, of which 57 submissions, i.e. 19.7%, were substantiated. Compared to 2020, the number of substantiated submissions decreased by 22.8 p.p. The highest number of substantiated submissions was recorded in ZP Union (23.8 %), followed by ZP Dôvera (8.5 %) and VŠZP (10 %). An overview of the number of dealt with and closed submissions and the substantiation of solved submissions by health insurers is given in Table 16.

Table 16 Overview of the number of supervision cases dealt with, closed and substantiated

	VŠZP	ZP Dôvera	ZP Union	Total
Total number of submissions dealt with by supervision	35	89	273	397
Number of submissions dealt with by on-site supervision	0	0	0	0
Number of submissions dealt with by remote supervision	35	89	273	397
Number of closed submissions dealt with by supervision	20	59	210	289
Number of pending submissions dealt with by supervision	15	30	63	108
Number of substantiated submissions	2	5	50	57
% of substantiated submissions	10	8.5	23.8	19.7

IMPOSING SANCTIONS ON HEALTH INSURERS

In 2021, 3 sanctions were imposed on health insurers based on the deficiencies identified during the supervision and considering the severity, the degree of culpability, the nature of the identified deficiencies, the impact on the insured person/insurance payer and the public health insurance system. The sanctions consisted of fines for violation of the Act No. 581/2004 Coll. and/or the Act No. 580/2004 Coll., while 2 fines were imposed on ZP Dôvera and 1 fine on ZP Union.

In 2021, fines totalling EUR 7,100 were imposed on health insurers. The fines were paid within the collection period.

An overview of administrative proceedings on fines and of the fines imposed and paid by health insurers is given in Table 17.

Table 17 Overview of fines imposed and paid

Health insurance company	Reason for sanction	Sanction type	Amount of fine imposed (EUR)	Amount of fine paid (EUR) – payment date	Status
ZP Dôvera	Failure to submit objections against statement of arrears within statutory deadline and unjustified inclusion of an insured person in the list of debtors	fine	500	500 30/03/2021	Proceedings finally closed
	failure to submit documents during the supervision	fine	3,500	3,500 20/04/2021	Proceedings finally closed
ZP Union	Submission of incorrent and inconclusive data for annual redistribution 2019	fine	3,100	3,100 17/12/2021	Proceedings finally closed
Total fines			7,100	7,100	

REDISTRIBUTION OF INSURANCE CONTRIBUTIONS

Pursuant to Section 27 and Section 27a of the Act No. 580/2004 Coll., the Authority carries out monthly and annual redistribution of public health insurance contributions. In 2021, the redistribution of contributions was carried out on the basis of demographic characteristics - age and sex of the insured person, economic activity of the insured person (insured person for whom the state is or is not insurance payer), morbidity predictor - long-term consumption of medicine (over 12 months), on the basis of which the insured person is attributed to the pharmaceutical-cost groups (PCG) and parameters - multi-year cost group and excess amount. The multi-year cost group is determined by the healthcare costs incurred per insured person over the previous three years. Insured persons are divided into 8 cost groups according to their healthcare costs, while the eighth group is the most costly. The excess amount compensates the financial expenses for insured persons whose health care costs significantly exceed the average cost.

In 2021, the Authority issued 12 monthly redistribution decisions in the administrative procedure, covering the periods November, December 2020 and the period January 2021 - October 2021, and one annual redistribution decision for the year 2020.

The basis for the annual redistribution of insurance contributions for 2020 was 95% of the amount of the compulsory insurance contributions for the individual calendar months of the reference period, which was adjusted by the amount of the result of the annual reconciliation of insurance contributions for the reference period of the calendar year pursuant to Section 19(1) of the Act No. 580/2004 Coll. and the amount of the result of the annual reconciliation of insurance contributions paid by the State pursuant to Section 19(19) of the Act No. 580/2004 Coll. in the amount of EUR 5,001,022,577.

The result of the annual redistribution of insurance contributions for 2020 was a claim of VšZP amounting to EUR 11,565,191. It was paid by ZP Dôvera in the amount of EUR 8,961,975 (77.49 %) and ZP Union in the amount of EUR 2,603,216 (22.51 %).

An overview of the data from the annual redistribution of insurance contributions by health insurance companies is given in Table 18.

Table 18 Overview of data from the annual redistribution of insurance contributions

Health insurer	Indicator	2019	2020	Difference 2020 - 2019	Difference (%)
VšZP	Total of compulsory insurance contributions (sec.27a(2)(a) Act 580/2004)	3,272,650,533	3,115,027,393	-157,623,140	-4.82
	Annual redistribution base (sec. 27a(3) Act 580/2004) (95 %)	3,109,018,006	2,959,276,023	-149,741,983	-4.82
	Adjusted result of redistribution (+/-) (sec. 27a (7) Act 580/2004)	-16,866,455	11,565,191	28,431,646	168.57
ZP Dôvera	Total of compulsory insurance contributions (sec.27a(2)(a) Act 580/2004)	1,523,242,520	1,596,346,410	73,103,890	4.80
	Annual redistribution base (sec. 27a(3) Act 580/2004) (95 %)	1,447,080,394	1,516,529,090	69,448,696	4.80
	Adjusted result of redistribution (+/-) (sec. 27a (7) Act No. 580/2004)	9,614,650	-8,961,975	-18,576,625	-193.21
ZP Union	Total of compulsory insurance contributions (sec.27a(2)(a) Act 580/2004)	457,687,822	552,860,488	95,172,666	20.79

Annual redistribution base (sec. 27a(3) Act 580/2004) (95 %)	434,803,431	525,217,464	90,414,033	20.79
Adjusted result of redistribution (+/-) (sec. 27a (7) Act 580/2004)	7,251,805	-2,603,216	-9,855,021	-135.90

ISSUING PRIOR APPROVALS BY THE AUTHORITY

Pursuant to Section 18(1)(a)(2) in conjunction with Section 41 of the Act No. 581/2004 Coll., the Authority issues prior approvals for the performance of actions for which prior approval is required pursuant to Section 13(1) of the Act No. 581/2004 Coll.

In 2021, the Authority received 9 requests for prior approval for 13 persons proposed by health insurance companies for positions for which the Authority's prior approval is required. All prior approval procedures were closed by 31/12/2021.

VšZP filed four requests for prior approval for 6 persons, of which 1 person proposed as a member of the Supervisory Board for employees was not granted the prior approval due to the failure to meet the statutory conditions for the issuance of a prior approval for the election of a member of the Supervisory Board for employees. The other persons were granted the prior approval.

ZP Dôvera delivered to the Authority two requests for a prior approval for 3 persons, which the Authority granted and issued a prior approval for the election of 2 persons proposed as members of the Board of Directors of the health insurance company and for the appointment to the position of the person responsible for the performance of internal control.

ZP Union submitted to the Authority three requests for prior approval for 4 persons, of which 1 person proposed as a member of the Supervisory Board for employees was not granted the prior approval due to the failure to meet the conditions for prior approval as defined by law. The other persons were granted the prior approval.

An overview of the Authority's prior approval procedures by health insurance company is given in Table 19.

Table 19 Overview of prior approval procedures

Applicant	Action for which prior approval was requested	Decision
VšZP	election of a Supervisory Board member	Prior approval granted for both candidates proposed – proceedings finally closed
	election of a Supervisory Board member for employees	Prior approval granted for one proposed candidate and not granted for one proposed candidate – proceedings finally closed

	appointment of a person responsible for internal control	Prior approval granted – proceedings finally closed
	election of a Supervisory Board member for employees	Prior approval granted – proceedings finally closed
ZP Dôvera	appointment of a person responsible for internal control	Prior approval granted – proceedings finally closed
	election of a Board of Directors member	Prior approval granted for both candidates proposed – proceedings finally closed
ZP Union	election of a Supervisory Board member for employees	Prior approval granted for one proposed candidate and not granted for one proposed candidate – proceedings finally closed
	election of a Board of Directors member	Prior approval granted – proceedings finally closed
	appointment of a senior employee reporting directly to the Board of Directors	Prior approval granted – proceedings finally closed

Evaluation

In the area of supervision activities, a number of findings and information have been identified that require changes or adjustments to certain provisions of the Act in the field of public health insurance, whether due to ambiguity of the legal regulation, lack of application practice, or the existing legal regulation appears to be already outdated, etc.

The findings and information were incorporated into proposals for legislative change, concerning some provisions related to the exercise of supervision, change of health insurer, acceptance of application forms for establishment/change of health insurer, promotion activities of health insurers and recruitment of insured persons, withdrawal of application, etc.

LIAISON BODY ACTIVITIES

Pursuant to Section 18(1)(g) of the Act No. 581/2004 Coll., the Authority acted as a liaison body for the provision of health care paid under public health insurance in relation to the liaison bodies of the EU Member States, Norway, Liechtenstein, Iceland and Switzerland (hereinafter "liaison bodies"). The activities of the liaison body included in particular the following:

ACTIVITY OF REPRESENTATIVES IN THE BOARD OF AUDITORS AND THE CONCILIATION COMMITTEE

In 2021, the Authority prepared and submitted to the Board of Auditors a Report on the status of receivables and liabilities of the SR as at 31 December 2020. Representatives of the Authority attended online meetings of the Board of Auditors on 4-5 May 2021 and 23-24 November 2021.

Decisions H11 and S11, approved by the Administrative Commission for the Coordination of Social Security Systems, were published in the Official Journal of the EU on 7 May 2021 and 18 June 2021. The Board of Auditors approved the update of the explanatory notes to Decision S11. The update concerned the new Article 19 of Decision S11 and the final settlement of claims in relation to the deadlines for the submission of disputed claims to the Conciliation Committee. If deadlines are not met, the claims will become obsolete and the debtor will not be obliged to pay them. Further, the Board of Auditors approved the revised draft decision H4 establishing the composition and working methods of the Board of Auditors with reservations from the Polish and Italian delegations. The draft decision will be forwarded to the Administrative Commission for approval. The revision concerned the process for approving the decisions of the Board of Auditors in relation to requests submitted to the Conciliation Committee.

A representative of the Authority attended all the Conciliation Committee meetings (5 meetings) and was the coordinator in the CZ-AT case and a team member in the other cases processed by the Conciliation Committee and submitted to the Board of Auditors for approval.

DRAWING UP OPINIONS ON THE PROGRAMME OF THE ADMINISTRATIVE COMMISSION FOR THE COORDINATION OF SOCIAL SECURITY SYSTEMS AND PROVIDING ASSISTANCE TO THE COMPETENT AUTHORITIES OF THE SR

In 2021, the Authority attended 4 meetings of the Administrative Commission. In addition to participation in the meetings, the Authority provided assistance to the MoH SR and the MoLSAaF SR with the preparation of documents on the topics discussed at the meetings of the Commission, in particular on the draft joint note of the Slovak Republic and the Czech Republic on the applicable legislation in the case of receipt of sickness benefits during the protection period, on the proposal to extend the time limits for the pandemic regime in the mutual relations between the Member States until 30/06/2022, on the proposal for a mutual cooperation agreement between the SR and the European Labour Agency, proposal for the regulation of mutual relations in the field of social security with the UK after the transition period under the UK's withdrawal agreement from the EU, on the reports on claims and costs of benefits in kind when staying and residing in another EU Member State, on the report on planned benefits in kind and the report on monitoring the costs of benefits in kind, on the report on the coordination of social security systems, and on the report on recoveries. Works on the computerisation of the European Health Insurance Card and the development of the EESSI project continue in the SR.

COOPERATION WITH EU LIAISON BODIES AND HEALTH INSURERS IN THE SR

In 2021, the Authority operated also as the liaison body for benefits in kind within the SR and carried out the agenda given by the EU coordination regulations, which also includes consultation activities both towards health insurers and EU liaison bodies. In 2021, the Authority organized working meetings with representatives of health insurers on the problems of application practice and proper application of the coordination legislation and covered coordination and methodological activities in the field of health insurance relations.

In September last year, the Authority held a methodological meeting with health insurers on topics the current health insurance sector is facing, such as the specifics of insurance relationships where the state is the payer of insurance, pregnancy-based compulsory sickness insurance, recognition of residence from submitted documents, application forms for public health insurance, specifics of the insurance relationship of sole traders in a supranational dimension, and others.

At the meetings organized by the Authority during the year, EESSI issues were intensively addressed, not only in relation to health insurers, but also in relation to the MoLSAaF SR and the Social Insurance Agency, as institutions involved in the coordination of social security systems in the field of applicable legislation and occupational accidents.

In order to regulate the common administrative procedures for the reimbursement of benefits in kind by health insurers, the Authority modified in 2021 the amendment to the Methodological Guideline on reimbursements pursuant to Regulation (EC) No. 883/04 and Regulation (EC) No. 987/09 with regard to the progress and testing of the national application under development, including the definition of N SEDs in the xsd-structure to health insurance companies.

In November 2021, the Authority participated in a bilateral on-line meeting with the liaison body of the CZ, the Ministry of Labour and Social Affairs of the CZ, the MoLSAaF SR and the Social Insurance Agency with the aim of unifying the positions and working procedures of the institutions of both EU Member States in the matter of the applicable legislation in the case of receiving sickness benefits during the protection period. As the working meeting did not result in an agreement on a uniform procedure of the competent institutions, both Member States addressed the Administrative Commission for the Coordination of Social Security Systems by means of a joint note with a request for interpretation of the relevant provisions of the EC Coordination Regulation No 883/2004. The presentation of the joint note of the two countries, while awaiting a decision on the subject, took place at the 369th meeting of the Administrative Commission in December 2021.

The Authority also dealt with compensatory allowances for persons insured in other Member States residing in the SR. Although this issue does not fall within the direct competence of the Authority, the Authority will be involved at the request of the liaison body from AT.

The Authority urged the payment of the outstanding claims against Romania in an effort to prevent these claims from being brought before the Conciliation Committee.

SETTLEMENT OF THE COSTS OF BENEFITS IN KIND DRAWN UNDER REGULATION 883/04 AND REGULATION 987/09

An overview of the international cost settlement situation for in-kind benefits for 2021 is provided in Table 20 and Table 21.

Table 20 Slovak forms

Form type	Number of forms processed	Total amount (EUR)	Largest debtors of the SR
E125SK	281,709	45,842,281.52	CZ, AT, DE
E127SK	15	5 615.25	CZ, NL
TOTAL	281,724	45,847,896.77	

Table 21 European forms

Form type	Number of forms processed	Total amount (EUR)	Largest creditors of the SR
E125EU	64,092	39,429,264.51	CZ, AT, DE
E127EU	227	883,483.04	UK, EC, IE, FR, SE
TOTAL	64,319	40,312,747.55	

Compared to 2020, the number of forms from Slovak institutions for fixed amounts has increased 5-fold and the amount claimed has increased 2-fold. Compared to 2020, the number of forms received from EU liaison bodies for fixed amounts decreased by 41.94 % and the amount of liabilities towards the EU decreased by 30.53 %.

The overall number of forms from Slovak institutions decreased by 1.67 % compared to 2020, but the volume of receivables from the EU increased by 11.37 %. The average value of a liability was EUR 141.16 in the reporting period. Of the total amount, 99.99 % was for claims of the SR according to actual expenditure and less than 0.01 % for claims according to fixed amounts. The year-on-year decrease in the number of forms received from the EU liaison bodies was 12.86 %, the payables to the EU increased by 11.23 %. The average value of a liability was EUR 626.76. Of the total value, 97.80 % was for EU receivables based on actual expenditure and 2.20 % for EU receivables based on fixed amounts.

In 2022, the settlement of in-kind benefit costs will be impacted by the expansion of EESSI's electronic exchange in production, which will modify reimbursement processes according to standardized life situations. The processing of claims filed in the original non-EESSI mode will also be addressed in this mode. The computerisation of the reimbursement flows means the implementation of a national application for the resolution of the relevant business cases and the set-up of the software of the Authority, the health insurers as well as the internal processing.

COOPERATION WITH THE SOCIAL INSURANCE AGENCY

In 2021, the Authority continued its cooperation with the Social Insurance Agency in the field of occupational accidents and diseases and the provision of information and opinions by the Social Insurance Agency on legislation applicable to health insurers through the Authority's data repository. In the occupational accidents agenda, the Authority processed 529 documents, which included notices of doubt about an occupational accident and notices of final assessment of an occupational accident addressed to liaison bodies in the EU. In the applicable legislation agenda, the Authority processed 2,856 documents on legislation applicable for health insurers. In the agenda of applicable legislation, there is a trend towards the computerisation of national data exchange in connection with the implementation of the EESSI project in the SR. Requests from abroad for the determination of applicable legislation are distributed via the Authority to the relevant health insurer, which communicates further with the Social Insurance Agency via a repository of the Authority.

OTHER ACTIVITIES

Within administrative cooperation in the agenda of other forms (Table 22) of the E100 series, portable documents and SEDs for competent institutions, insured persons, healthcare providers in the SR and the EU, the Authority mediated or provided 2,426 forms.

Compared to the pre-pandemic period, this indicator remained low, although it recorded an increase of a quarter compared to the previous year. The indicator shows a low value compared to previous years due to a direct correlation with the intensive use of direct electronic exchange by Slovak health insurers in the area of claim documents and reimbursement rates and also due to a noticeable decrease in the submission of reimbursement forms - requests for determination of reimbursement rates for insured persons in the European area in relation to the travel-limiting pandemic COVID-19. Claims for reimbursement rates for EU insured persons are transferred both through the Authority and directly between the health insurance companies of the countries concerned.

Table 22 Structure of other forms

Form	Purpose of the form	%
E126SK	Request for determination of reimbursement rates for a Slovak insured person who paid cash benefits in kind in the EU	1.6
E107EU	Request for a claim form for a Slovak insured person who received benefits in kind in the EU without a proof of entitlement	23.8
SEDs DA048-049 SK	Notification of doubt as to the nature of the occupational accident or disease; Notification of the final decision on the occupational accident and disease	15.4
E107SK	Request for a claim form for an EU insured person who received benefits in kind in the SR without submitting a form based on the requirements of health care providers in the SR	12.8
E126EU, SEDs S067EU, S068SK	Request for determination of reimbursement rates for EU insured persons who paid benefits in kind in cash in the SR	5.0

ACTIVITIES OF THE CONTACT POINT FOR BILATERAL TREATIES

Pursuant to Section 18(1)(g) of the Act No. 581/2004 Coll., the Authority applied the Agreement between the Republic of Serbia and the Slovak Republic on social security, the Agreement between the Republic of Macedonia and the Slovak Republic on social security, and the Agreement between the Republic of Montenegro and Slovakia on social insurance (hereinafter referred to as "the Treaties"), which are based on the reimbursement of the costs of benefits in kind between the institutions of the Contracting States. In connection with the application of the Treaties, in 2021, the Authority filed 29 individual claims against the Serbian contact point in the amount of EUR 27,611.50, which represents a decrease in the number of individual claims by 81.04 %. The amount of the claims decreased by 43.49 %. The Authority did not register any new claims against Montenegro in 2021. In 2021, the Authority recorded new claims against the Republic of North Macedonia, with 3 individual claims for the amount of EUR 11,396.50.

At the same time, the Authority processed 103 individual claims from the Serbian contact point from health insurance companies in the amount of EUR 15,857.97, representing a 42.77 % decrease in the number of individual claims and a 15.65 % decrease in the claimed amount compared to 2020. In 2021, the Authority did not process any claims from the North Macedonian contact point or from the contact point of Montenegro.

In the area of application of international treaties where the costs of health care provision are reimbursed by the State, the Authority paid two claims to VŠZP, a. s. in the amount of EUR 10,160.84 for citizens of Bosnia and Herzegovina.

NATIONAL CONTACT POINT FOR CROSS-BORDER HEALTH CARE

Pursuant to Section 18(1)(k) of the Act No. 581/2004 Coll., the Authority provided the activities of the NCP for cross-border health care in 2021. The NCP activity was mainly devoted to enquiries for information on cross-border health care for persons insured in the Slovak Republic, the EU and foreign NCPs. The NCP handled 36 written requests for information on cross-border health care, of which 34 were transmitted via the NCP portal. In terms of content, the requests from insured persons were mainly related to cross-border healthcare claims and subsequent reimbursement. The NCP also provided information to NCPs in other EU countries on selected health care, treatment options in the Slovak Republic, financing of treatment from public health insurance in the Slovak Republic and healthcare providers in the Slovak Republic.

There was no in-person meeting of NCP representatives in 2021. Individual Member States were approached by the European Commission to answer a questionnaire on the European Commission's evaluation report on the 10th anniversary of the adoption of Directive 2011/24/EU of the European Parliament and of the Council on the application of patients' rights in cross-border health care. The "Single Digital Gateway" project is progressing as an EU information portal, which will also include information on patients' rights and obligations when receiving cross-border health care.

Annex 3 – Registers

REGISTERS

Within the meaning of Section 20 (1) (e) of the Act No. 581/2004 Coll., the Authority maintains the Central Register of Insured Persons, the Register of Health Insurance Companies, the Register of Insurance Payers, the Register of Health Care Providers, the Register of Healthcare Workers, the Register of Persons Authorised to Perform Supervision, the Register of Applications for Public Health Insurance, the Register of Deaths of Individuals or Declared Dead, the Register of Persons who have refused to undergo an Autopsy, the Register of Social Assistance Facilities providing Nursing Care, and Social Welfare and Social Guardianship Facilities for Children within the meaning of the provision. In accordance with the legislation in force, the Authority provides data to NHIC from the Central Register of Insured Persons, from the Register of Health Insurance Companies, from the Register of Health Care Providers and from the Register of Healthcare Workers.

CENTRAL REGISTER OF INSURED PERSONS

In 2021, the Authority and health insurers communicated to complete and maintain the CRP using secure mailboxes or by exchanging data through health informatics standards. As at 31 December 2021, a total of 5,167,379 insured persons were registered in the CRP. Out of the total number of insured persons, 2,880,591 persons were insured with VŠZP, 1,666,529 with ZP Dôvera and 620,259 with ZP Union.

REGISTER OF HEALTHCARE WORKERS AND HEALTH CARE PROVIDERS

In 2021, the Authority assigned 3,392 valid healthcare worker codes and terminated 1,141 codes in the individual healthcare worker categories. One healthcare worker requested the suspension of the code number.

Table 23 Numbers of codes assigned/terminated to healthcare workers

PROFESSION	Number of assigned codes	Number of terminated codes
dental hygienist	9	
pharmacist	4	
pharmaceutical technician	2	
physiotherapist	54	
another profession of another healthcare worker	3	
another healthcare worker - laboratory diagnostician	9	5
another healthcare worker - therapeutic educator	1	
another healthcare worker - speech therapist	11	4
another healthcare worker - psychologist	104	15
physician	2,231	1,010
massage therapist	3	
optometrist	2	
midwife		1
nurse	420	19
medical device technician	1	
public health worker	1	
healthcare assistant	30	
medical laboratory technician	14	
paramedic	4	
dentist	486	87
dental technician	3	

In 2021, the Authority assigned 3,693 valid codes to health care providers, 348 codes were suspended, and 1,231 codes were terminated.

The Authority continued to cooperate extensively with authorizing bodies.

Table 24 Numbers of codes assigned/terminated to health care providers

Type of facility	Assigned codes	Terminated codes
home nursing care agency (ADOS)	15	9
transport health service	15	12
specialised outpatient health care	3,135	841
general outpatient health care	101	135
dental-medical emergency	2	2

nursing care home	4	1
hospice	1	2
another facility, body or organization	20	4
spa	3	2
treatment centre	1	
eye optics	53	7
branch of a public pharmacy	10	3
polyclinic	20	38
reference laboratory	1	
stationary facility	8	6
specialised hospital	18	5
tissue establishment	1	
public pharmacy	80	55
general hospital	59	46
dispensary of audio-prosthetic medical devices	2	4
dispensary of orthopaedic-prosthetic medical devices	2	4
dispensary of medical devices	10	
facility for the provision of one-day health care	38	15
facility of a health care provider licensed to practice as an independent health care practitioner	19	1
common examination and treatment facility (SVALZ)	58	22
dental technology	17	17

REGISTER OF DEATHS OF INDIVIDUALS OR DECLARED DEAD

The register of deaths records the deaths of insured persons on the basis of the death notifications which the offices responsible for keeping the civil registry are obliged to send to the Authority. Regular checks continued to be carried out in the register of deaths to ensure that the data from the death notifications was entered correctly in the register. In 2021, 75,591 deaths of insured persons were registered.

In 2021, the Authority launched a pilot project for the electronic processing of death notifications from the Register of Natural Persons (RNP). The aim is to ensure that data is updated in the shortest possible time and with minimal need for manual intervention by the person in charge. Table 25 shows a comparison between the death notifications registered in the register kept by the Authority and the RNP with the date of death in 2021.

Table 25 Comparison of death notification processing from the register of deaths and RNP with date of death in 2021

Source register	Compared register	Number of paired records	Number of unpaired records	% pairing failure	mismatch of the date of death	total pairing failure %
Register of deaths	RNP	73,309	568	0.77	68	2.21
RNP	Register of deaths	73,309	1,085	1.48		

REGISTER OF BIRTH ANNOUNCEMENTS

In 2021, 57,940 births of insured persons were registered. Of these, 107 records were cancelled or removed based on a change in the RNP. Data processing was 98.9 % automated.

Table 26 Comparison of processing

	Processing				
Year	Manual	(%)	Automated	(%)	Total
2018	36,431	52.31	33,208	47.69	69,639
2019	269	0.47	56,438	99.53	56,707
2020	699	1.23	56,347	98.77	57,043
2021	650	1.12	57,290	98.88	57,940
Total	38,049		203,283		241,329

Table 27 Hygiene of the data entering the processing

Year	Cancellation of the modified record	removing a record from the export
2018	52	3
2019	96	141
2020	224	99
2021	98	9
Total	470	252

REGISTER OF APPLICATIONS FOR PUBLIC HEALTH INSURANCE

In 2021, the communication, processing and control of data between the Authority and health insurers was fully automated.

ORIGINATION AND CHANGE OF THE INSURANCE RELATIONSHIP

APPLICATIONS FOR PUBLIC HEALTH INSURANCE

Pursuant to the provisions of Section 6 of the Act No. 580/2004 Coll., 153,685 applications for public health insurance were sent to the Authority by health insurance companies, of which 152,002 applications were accepted by the Authority and 1,683 applications were not accepted. Reasons for the non-acceptance of applications for public health insurance - the insured person had an active insurance relationship with another health insurance company during the calendar year, incorrectly entered birth number or incorrect meaningless ID number, the person already had an accepted insurance relationship with another health insurance company at the time of processing the received application, re-insurance in the relevant year.

Table 28 Overview of the number of accepted and not accepted applications for health insurance by health insurance company

Health insurance company	Number of applications filed in 2021	Number of applications accepted		Number of applications not accepted	
ZP Dôvera	55,588	55,160	99.23 %	428	0.77 %
VšZP	66,198	65,612	99.11 %	586	0.89 %
ZP Union	31899	31230	97.90 %	669	2.1 %
Total	153,685	152,002	98.90 %	1,683	1.1 %

APPLICATIONS FOR THE CHANGE OF THE HEALTH INSURANCE COMPANY FROM 1 JANUARY 2022

Pursuant to the provision of Section 6 of the Act No. 580/2004 Coll., health insurance companies notified the Authority of 189,014 applications for the change of the health insurance company as of 1 January 2022, which they received during the reinsurance period from 1 October 2020 to 30 September 2021. Of the total number of applications received by health insurance companies for the change of the health insurance company, the Authority accepted 151,879 applications as at 20 November 2021.

The Authority has additionally accepted 23 applications for the change of the health insurer until 15 January 2022.

Table 29 Final number of applications for change by health insurance company

Health insurance company	Number of applications filed	Number of incoming insured persons - applications accepted		Number of leaving insured persons - applications accepted		Final status
ZP Dôvera	61,856	50,537	33.27 %	65,813	43.33 %	-15,276
ZP Union	58,101	46,548	30.65 %	40,004	26.34 %	6,544
VšZP	69,057	54,794	36.08 %	46,062	30.33 %	8,732
Total	189,014	151,879	100.00 %	151,879	100.00 %	

Reasons for non-acceptance of 37,135 applications for the change of the health insurance company - the insured person had duplicate applications (26,422), used the legal possibility to withdraw the application for the change of the health insurance company (10,151), the insured person's name and surname data on the application did not correspond with the data kept in the CRP (47), the insured person was not registered in the CRP (87), the insured person had no active insurance relationship (306), the application was submitted to the health insurance company with which the insured person had an active insurance relationship (2), the death of the insured person was recorded in the CRP (120).

PROVIDING DATA FROM EXTERNAL REGISTERS

In 2021, the Authority completed testing the integration of the Register of Legal Entities (RLE), the Register of Natural Persons (RNP) and the Register of Addresses (RA) to the Information System of the Central Management of Public Administration Reference Data (IS CMRS). To bridge the transition period until the full integration of the individual modules to the reference registers, an internal portal is available to verify the data of natural and legal persons.

Table 30 Overview of RNP searches

Year	Number of searches
2019	305
2020	1,197
2021	3,547
total	5,049

Table 31 Overview of RLE searches

Year	Number of searches
2021	30
2022	8
total	38

In 2021, under the OPII project, the Authority continued the process of preparing the modernisation of the Central Register of Insured Persons, Register of Deaths, Register of Healthcare Workers and Register of Health Care Providers. The main objective is the online processing of data in the above mentioned registers between the Authority and health insurance companies, and between the Authority and other state and public administration institutions that receive or contribute data to the Authority's registers, and the improvement of data quality in the individual registers, meeting the requirements for IS security in terms of the applicable legislation.

THE AUTHORITY AS A NATIONAL COMMUNICATION GATEWAY IN THE HEALTH CARE SECTOR WITHIN THE EU – EESSI

The Authority's EESSI activities in 2021 focused on the operation and implementation of EESSI reimbursement processes for the healthcare sector. Based on the project's financial and technical documents, the funds from the grant were fully reimbursed to the Authority by the EU.

All the technical changes in the project announced by the EESSI Technical Committee have been deployed in production. The main topic of discussion at the Technical Commission meetings was the issue of handing over the RINA system to the management or ownership of the EU Member States.

Due to the complexity involved in the transfer of rights, management and maintenance of the RINA system for EESSI, the Authority decided not to continue using the RINA system and implemented the transition to its own technical platform, independent of external influences by other Member States. Deployment of the remaining processes in production is planned in two phases, on 4 April 2022 and on 30 June 2022.

The total number of transmitted structured electronic documents as at 31/12/2021 for the healthcare sector was 211,759. The numbers of SEDs transmitted in each direction for each institution are shown in Table 32.

Table 32 Number of SEDs transmitted

Institution	Number of messages as at 31/12/2021	
	Messages received	Messages sent
VšZP	54,168	61,909
ZP Dôvera	35,937	37,115
ZP Union	9,800	9,697
HCSA	1,603	1,530
TOTAL	10,1508	11,0251

Annex 4 – Health Care Provision

Graph 7 Most frequent submissions by subject as at 31/12/2021 (10 or more)

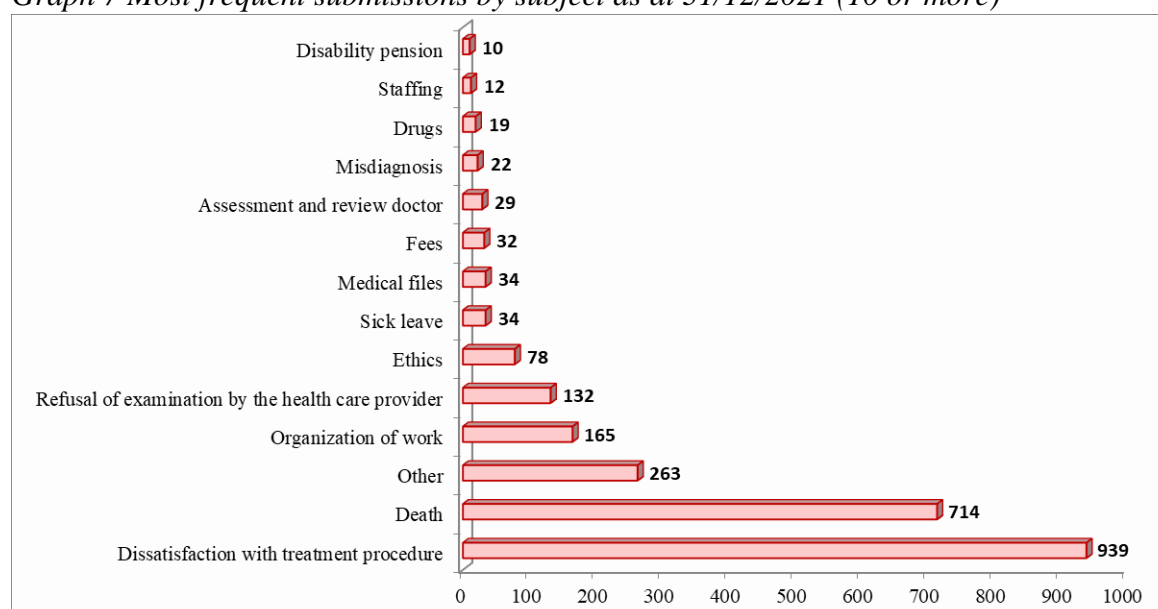


Table 33 Submissions dealt with by the Section of HC Supervision and by branches of the Authority as at 31/12/2021

	Number	%
Submissions carried over from previous periods	616	24.45
Submissions received in 2021	1,903	75.55
Submissions - total	2,519	100.00
Submissions closed in 2021	1,894	75.19
Pending as at 31/12/2021	625	24.81

Table 34 Submissions dealt with by the Authority by subject matter as at 31/12/2021

Subject	Number	%
Dissatisfaction with treatment procedure	939	37.28
Death	714	28.34
Other	263	10.44
Organization of work	165	6.55
Refusal of examination by the Emergency Health Service	132	5.24
Ethics	78	3.1
Sick leave	34	1.35
Medical files	34	1.35
Fees	32	1.27
Assessment and review physician	29	1.16
Misdiagnosis	22	0.88
Drugs	19	0.76
Staffing	12	0.48
Disability pension	10	0.4
Damage to health	8	0.32
Preventive checks	6	0.24
Spa treatment	5	0.2
Availability of health care and public minimum network	4	0.16
Medical devices and dietetics	4	0.16
Compensation for damage	2	0.08
Postponement of surgery	2	0.08
Transport medical service	1	0.04
Quality assessment	1	0.04
Material and technical support	1	0.04
Departure/ take-off time	1	0.04
Contracts health insurer – insured person	1	37.28
Total	2,519	100.00

Graph 8 Submissions by evaluation as at 31/12/2021

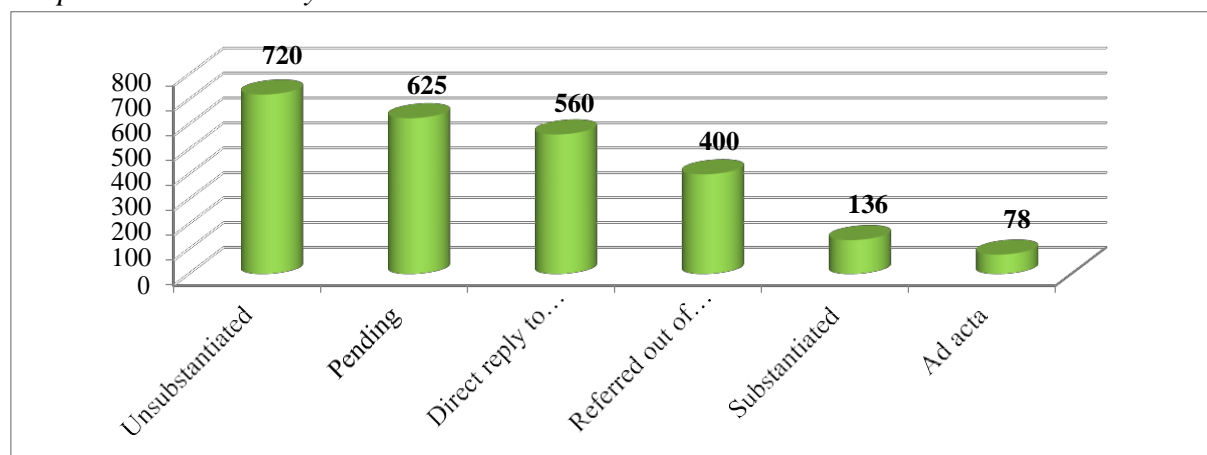


Table 35 All submissions dealt with by Authority divisions as at 31/12/2021

Authority division	Number	%
Headquarters	633	25.13
Bratislava	414	16.44
Košice	287	11.39
Banská Bystrica	245	9.73
Prešov	220	8.73
Trnava	206	8.18
Trenčín	199	7.90
Martin	168	6.67
Nitra	147	5.83
Total	2,519	100.00

Table 36 Submissions dealt with through supervision closed in 2021

	Remote supervision	On-site supervision	On-site and remote supervision	Number of supervisions	%
Substantiated	104	30	1	135	15.57
Unsubstantiated	624	90		714	82.35
Ad acta	17	1		18	2.08
Closed submissions dealt with through supervision	745	121	1	867	100.00

Table 37 Submissions dealt with through supervision closed ad acta in 2021

Reasoning	Number
Submitter requested to discontinue the supervision (of which 1 new supervision was originally unsubstantiated)	13
Failure to provide HC, absence of medical files	2
Entity under supervision did not provide cooperation/medical files	1
Duplicate complaint, supervision by another branch of the Authority	1
The case has already been supervised by the Authority	1

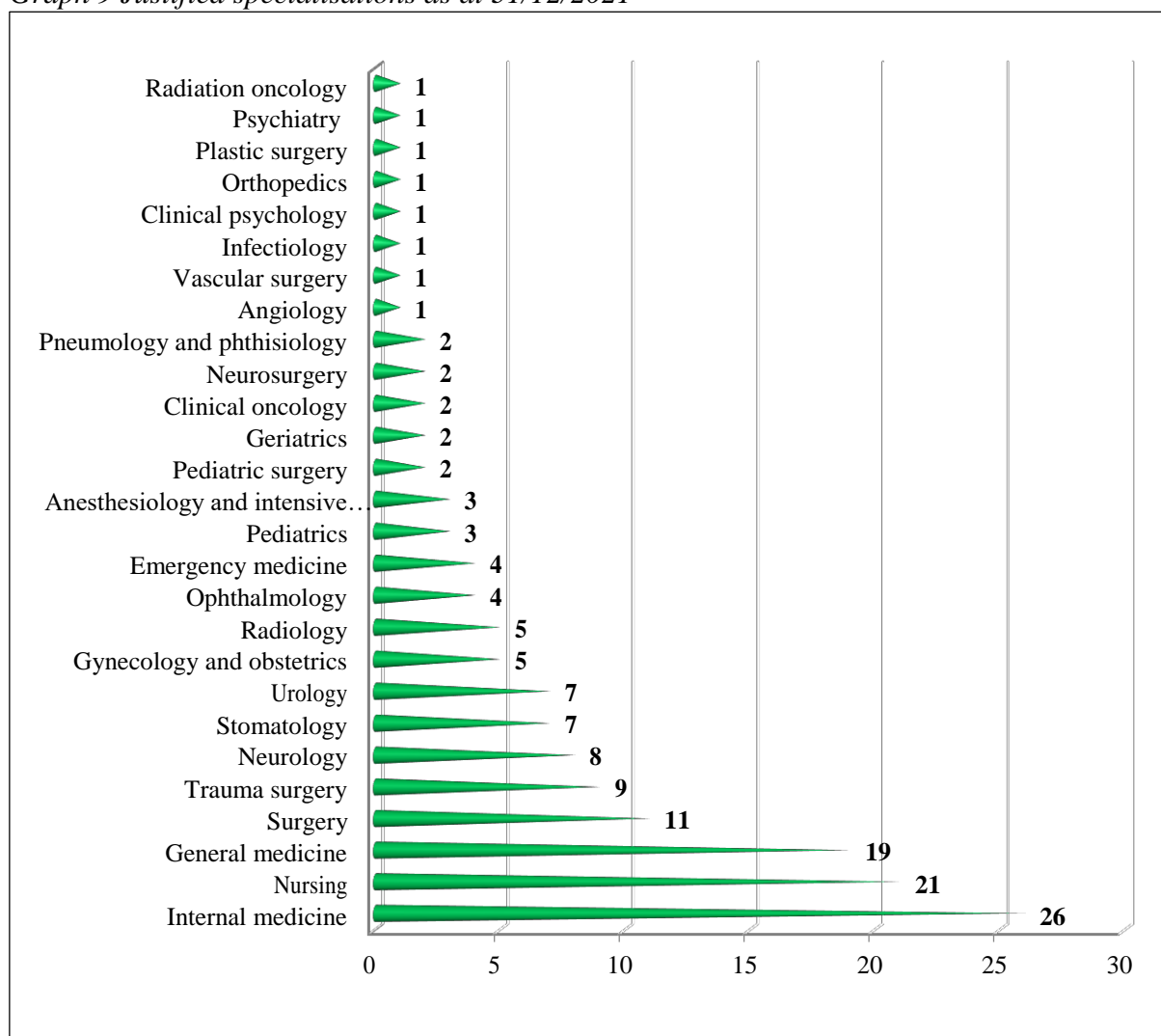
Table 38 Supervisions in in-patient care as at 31/12/2021

Hospital	Substantiated	Unsubstantiated	Total
Univerzitná nemocnica L. Pasteura Košice	4	36	40
UNB - Nemocnica Ružinov	6	26	32
UNB - Nemocnica Akademia L. Dédera	8	19	27
UNB - Nemocnica sv. Cyrila a Metoda	4	19	23
Fakultná nemocnica Trnava	2	15	17
Fakultná nemocnica s poliklinikou Žilina	4	12	16
Nemocnica s poliklinikou Štefana Kukuru Michalovce, a. s.	4	12	16
Nemocnica Poprad, a. s.	4	11	15
Univerzitná nemocnica Martin	0	15	15
Nemocničná, a. s.	4	10	14
UNB - Nemocnica Staré Mesto	0	14	14
Fakultná nemocnica Nitra	1	12	13
Národný ústav detských chorôb Bratislava	1	12	13
Fakultná nemocnica AGEL Skalica, a. s.	3	9	12
Nemocnica s poliklinikou Dunajská Streda, a. s.	5	6	11
Národný onkologický ústav	1	9	10
Nemocnica s poliklinikou Trebišov, a. s.	3	7	10
Ústredná vojenská nemocnica SNP Ružomberok - fakultná nemocnica	1	9	10
Národný ústav srdcových a cievnych chorôb, a. s.	1	8	9
Nemocnica AGEL Levice, s. r. o.	1	8	9
Nemocnica s poliklinikou sv. Barbory Rožňava, a. s.	0	9	9
Nemocnica s poliklinikou sv. Lukáša Galanta, a. s.	1	8	9
Fakultná nemocnica s poliklinikou F. D. Roosevelta Banská Bystrica	0	8	8
Fakultná nemocnica s poliklinikou J. A. Reimana Prešov	2	6	8
Liptovská nemocnica s poliklinikou MUDr. Ivana Stodolu Liptovský Mikuláš	0	8	8
Nemocnica s poliklinikou Spišská Nová Ves, a. s.	0	8	8
Kysucká nemocnica s poliklinikou Čadca	1	6	7
Fakultná nemocnica Trenčín	0	6	6
Nemocnica A. Leňa Humenné, a. s.	1	5	6
Nemocnica AGEL Zvolen, a. s.	1	5	6
Nemocnica s poliklinikou Považská Bystrica	0	6	6
Východoslovenský ústav srdcových a cievnych chorôb, a. s.	0	6	6
Nemocnica AGEL Košice-Šaca, a. s.	0	5	5
Nemocnica AGEL Levoča, a. s.	1	4	5
Nemocnica Alexandra Wintera, n. o.	1	4	5

Nemocnica s poliklinikou Prievidza so sídlom v Bojniciach	1	4	5
Všeobecná nemocnica s poliklinikou Lučenec, n. o.	0	5	5
CSS Pod Karpatami Pezinok	4	0	4
Detská fakultná nemocnica Košice	1	3	4
Fakultná nemocnica s poliklinikou Nové Zámky	0	4	4
Nemocnica AGEL Komárno, s. r. o.	1	3	4
Nemocnica Dr. Vojtecha Alexandra v Kežmarku, n. o.	1	3	4
Nemocnica sv. Michala, a. s.	0	4	4
Onkologický ústav sv. Alžbety, s. r. o.	0	4	4
Svet zdravia Nemocnica Topoľčany, a. s.	0	4	4
Vranovská nemocnica, a. s.	0	4	4
Fakultná nemocnica Nitra	0	3	3
Hornooravská nemocnica s poliklinikou Trstená	1	2	3
Nemocnica AGEL Krompachy, s. r. o.	1	2	3
Nemocnica s poliklinikou, n. o., Kráľovský Chlmec	2	1	3
Nemocnica s poliklinikou, n. o., Revúca	1	2	3
Nemocnica Snina, s. r. o.	0	3	3
Psychiatrická nemocnica Michalovce, n. o.	0	3	3
Stredoslovenský ústav srdcových a cievnych chorôb, a. s.	0	3	3
Svet zdravia, a. s., Všeobecná nemocnica Rimavská Sobota	0	3	3
Univerzitná nemocnica s poliklinikou Milosrdní bratia, s. r. o.	1	2	3
Bratislavská arcidiecézna Charita	0	2	2
Casa Slovensko, n. o.	0	2	2
Clinica orthopedica, s. r. o.	0	2	2
DSS Pažitková	0	2	2
DSS Primula, n. o.	2	0	2
DSS Societas, n. o.	1	1	2
Ľubovnianska nemocnica, n. o.	0	2	2
Nemocnica arm. generála L. Svobodu Svidník, a. s.	0	2	2
Nemocnica na okraji mesta, n. o.	0	2	2
Nemocnica pre obvinených a odsúdených a Ústav na výkon trestu odňatia slobody Trenčín	0	2	2
Nemocnica s poliklinikou Brezno, n. o.	0	2	2
Nemocnica s poliklinikou sv. Jakuba, n. o., Bardejov	0	2	2
Nemocnica s poliklinikou Brezno, n. o.	0	2	2
Psychiatrická liečebňa Samuela Bluma v Plešivci	0	2	2
Psychiatrická nemocnica P. Pinela	0	2	2
Svet zdravia, a. s., Všeobecná nemocnica v Žiari nad Hronom	1	1	2

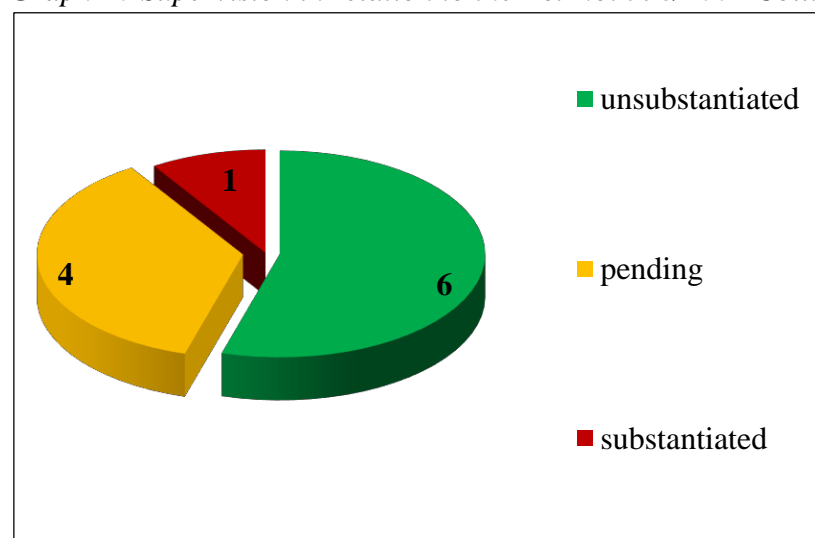
Všeobecná nemocnica Rimavská Sobota	0	2	2
Východoslovenský onkologický ústav, a. s.	1	1	2
Centrum sociálnych služieb Kamence	0	1	1
Detská fakultná nemocnica s poliklinikou Banská Bystrica	0	1	1
Detská psychiatrická liečebňa, n. o., Hraň	0	1	1
Dolnooravská nemocnica s poliklinikou MUDr. L. N. Jégeho Dolný Kubín	0	1	1
DSS Ad usum, n. o.	1	0	1
DSS Rudi, n. o.	1	0	1
GEMERCLINIC, n. o.	1	0	1
GPN, s. r. o.	0	1	1
Hestia, n. o.	1	0	1
Kardiocentrum Nitra, s. r. o.	0	1	1
Liečebňa pre dlhodobo chorých Štiavnička	0	1	1
Liečebňa sv. Františka	0	1	1
Národný endokrinologický a diabetologický ústav, n. o.	0	1	1
Nemocnica AGEL Handlová, s. r. o.	0	1	1
Nemocnica s poliklinikou Ilava, n. o.	0	1	1
Nemocnica s poliklinikou Myjava	0	1	1
Nemocnica s poliklinikou sv. Jakuba, n. o., Bardejov	0	1	1
PRO VITAE, n. o.	0	1	1
Psychiatrická nemocnica prof. Matulaya Kremnica	0	1	1
Solidaritas, n. o.	1	0	1
Spoločnosť Zlatý vek, o. z.	0	1	1
Špecializovaná geriatrická nemocnica Podunajské Biskupice	0	1	1
Univerzitná nemocnica - Nemocnica svätého Michala, a. s. - pracovisko Košice	0	1	1
Vysokošpecializovaný odborný ústav geriatrický sv. Lukáša v Košiciach, n. o.	1	0	1

Graph 9 Justified specialisations as at 31/12/2021

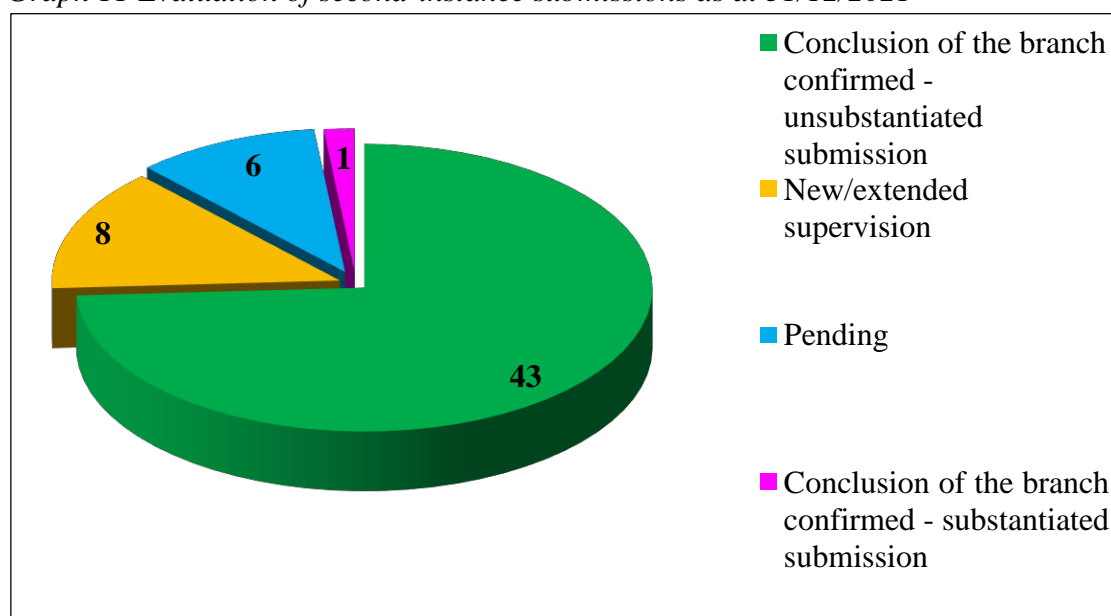


*one submission may contain more supervised specialisations

Graph 10 Supervision in relation to the Act No. 578/2004 Coll. as at 31/12/2021



Graph 11 Evaluation of second-instance submissions as at 31/12/2021

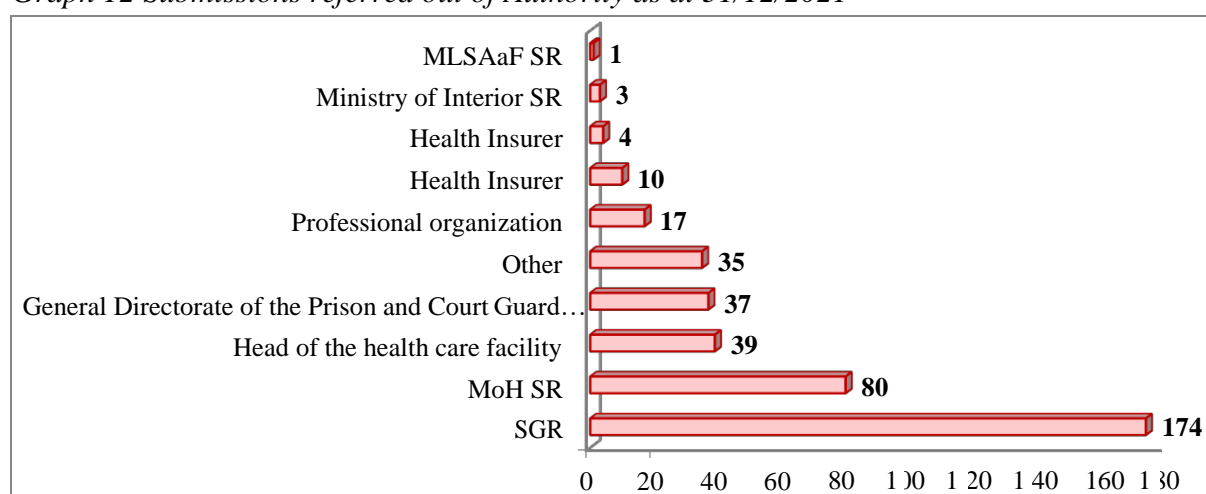


*thereof 1 new supervision, the submitter requested discontinuation

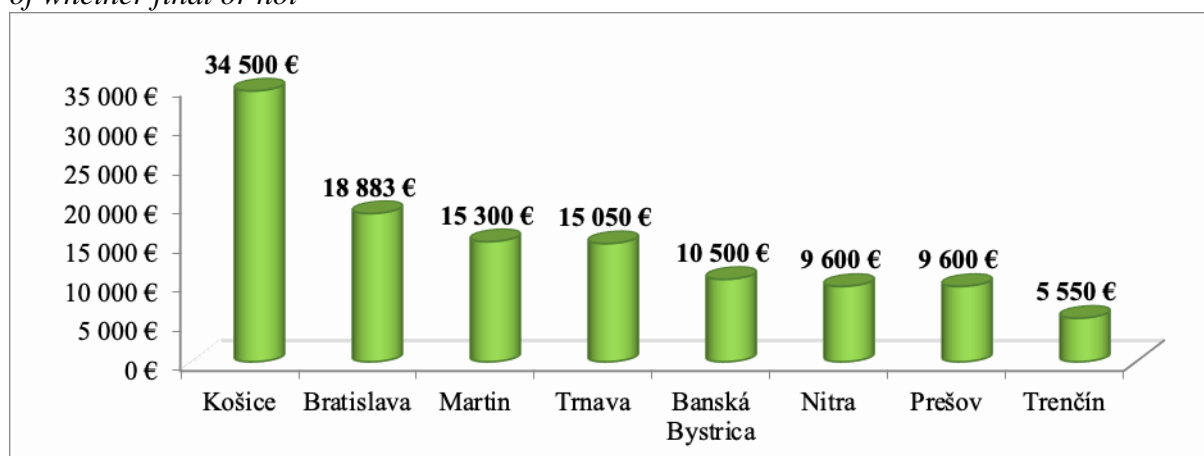
Table 39 Submissions dealt with otherwise than through supervision as at 31/12/2021

Division	Ad acta	Referred out of Authority	Direct reply to submitter	Pending	Total
Headquarters	3	258	358	14	633
Trenčín	5	17	55	0	77
Bratislava	18	39	19	0	76
Košice	13	12	36	0	61
Prešov	6	28	21	1	56
Trnava	4	13	29	2	48
Banská Bystrica	6	16	12	1	35
Nitra	2	15	16	1	34
Martin	3	2	14	0	19
Total	60	400	560	19	1,039

Graph 12 Submissions referred out of Authority as at 31/12/2021



Graph 13 Amount of fines imposed by branches of the Authority as at 31/12/2021 irrespective of whether final or not



Graph 14 Number of fines imposed by branches of the Authority as at 31/12/2021 irrespective of whether final or not

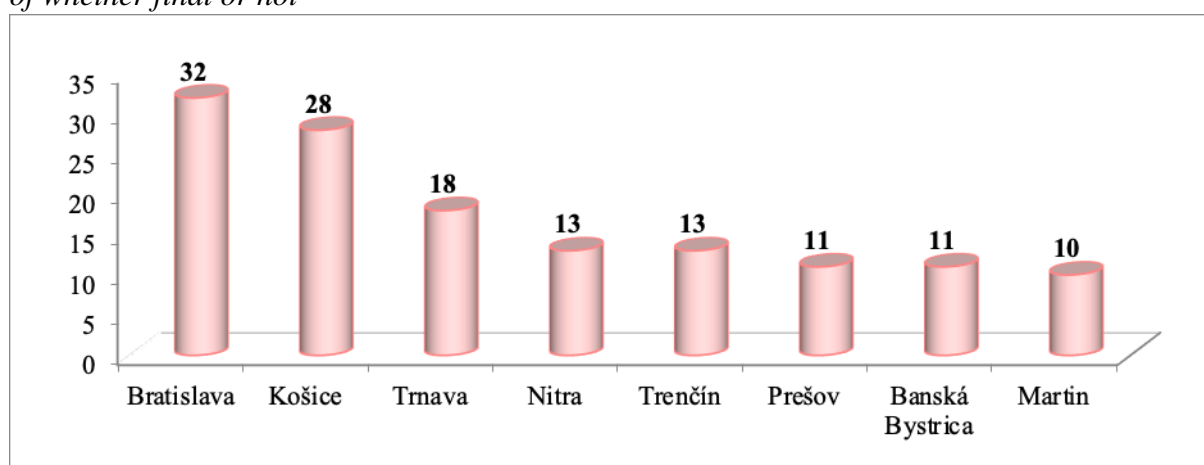


Table 40 Fines imposed by branches of the Authority by health care provider as at 31/12/2021 irrespective of whether final or not

Branch	Health Care Provider	Provider type (NP/LE)	Amount (EUR)
Bratislava	Univerzitná nemocnica Bratislava	LE	2,000
Bratislava	Univerzitná nemocnica Bratislava	LE	1,000
Bratislava	Univerzitná nemocnica Bratislava	LE	1,000
Bratislava	Univerzitná nemocnica Bratislava	LE	1,000
Bratislava	Centrum sociálnych služieb Pod Karpatmi	LE	1,000
Bratislava	Centrum sociálnych služieb Pod Karpatmi	LE	1,000
Bratislava	Centrum sociálnych služieb Pod Karpatmi	LE	1,000
Bratislava	iClinic plus, s. r. o.	LE	1,000
Bratislava	Univerzitná nemocnica Bratislava	LE	1,000
Bratislava	Univerzitná nemocnica Bratislava	LE	1,000
Bratislava	Univerzitná nemocnica Bratislava	LE	500
Bratislava	Smile SV, s. r. o.	LE	500

Bratislava	D. T. Urocentrum, s. r. o.	LE	500
Bratislava	Nemocničná, a. s.	LE	500
Bratislava	CREDO-MED, s. r. o.	LE	500
Bratislava	Centrum sociálnych služieb Pod Karpatmi	LE	500
Bratislava	Hipcentrum, s. r. o.	LE	500
Bratislava	Hipcentrum, s. r. o.	LE	500
Bratislava	Univerzitná nemocnica Bratislava	LE	500
Bratislava	LSE-Life Star Emergency, s. r. o.	LE	333
Bratislava	Nemocničná, a. s.	LE	300
Bratislava	i. i. Dent, s. r. o.	LE	300
Bratislava	Univerzitná nemocnica Bratislava	LE	300
Bratislava	Hipcentrum s.r.o.	LE	300
Bratislava	Univerzitná nemocnica Bratislava	LE	250
Bratislava	PEZADENT, s. r. o.	LE	250
Bratislava	G-DENT Sk, s. r. o.	LE	250
Bratislava	Národný onkologický ústav	LE	250
Bratislava	Centrum sociálnych služieb Pod Karpatmi	LE	250
Bratislava	Univerzitná nemocnica Bratislava	LE	250
Bratislava	Univerzitná nemocnica Bratislava	LE	250
Bratislava	Záchranná zdravotná služba Bratislava	LE	100
Fines imposed by Bratislava branch as at 31/12/2021			18,883
Trnava	Nemocnica s poliklinikou Dunajská Streda, a. s.	LE	2,500
Trnava	Fakultná nemocnica Trnava	LE	2,000
Trnava	Nemocnica s poliklinikou Dunajská Streda, a. s.	LE	2,000
Trnava	Nemocnica Alexandra Wintera, n. o.	LE	1,800
Trnava	M.M.-Angio spol. s r. o.	LE	1,100
Trnava	Nemocnica s poliklinikou Dunajská Streda, a. s.	LE	800
Trnava	Nemocnica s poliklinikou Dunajská Streda, a. s.	LE	800
Trnava	Nemocnica s poliklinikou sv. Lukáša Galanta, a. s.	LE	700
Trnava	VikTrauma, s. r. o.	LE	700
Trnava	Fakultná nemocnica s poliklinikou Skalica, a. s.	LE	500
Trnava	Mestská poliklinika Hlohovec, s. r. o.	LE	500
Trnava	Nemocnica s poliklinikou sv. Lukáša Galanta, a. s.	LE	350
Trnava	Khawajová, s. r. o.	LE	300
Trnava	MUDr. Mária Kováčsová	LE	300
Trnava	Nemocnica s poliklinikou sv. Lukáša Galanta, a. s.	LE	300
Trnava	D - ORT HO, s. r. o.	LE	200
Trnava	Zariadenie pre seniorov Mokrá Háj	LE	100
Trnava	Fakultná nemocnica s poliklinikou Skalica, a. s.	LE	100
Fines imposed by Trnava branch as at 31/12/2021			15,050
Trenčín	Očné centrum Sokolík, s. r. o.	LE	1,500
Trenčín	Nemocnica s poliklinikou Nové Mesto nad Váhom, n. o.	LE	750
Trenčín	BELMEDIKA, s. r. o.	LE	500
Trenčín	MUDr. Peter Markovič	NP	500
Trenčín	MUDr. Alena Petrová	NP	500
Trenčín	VEROMON, s. r. o.	LE	300
Trenčín	Aura SA, s. r. o.	LE	300

Trenčín	RZP, a. s.	LE	250
Trenčín	MUDr. Vlasta Chudíková	NP	250
Trenčín	Očné centrum Sokolík, s. r. o.	LE	200
Trenčín	Nemocnica s poliklinikou Považská Bystrica	LE	200
Trenčín	Nemocnica s poliklinikou Prievidza, seat Bojnice	LE	200
Trenčín	Nemocnica s poliklinikou Prievidza, seat Bojnice	LE	100
Fines imposed by Trenčín branch as at 31/12/2021			5,550
Nitra	Fakultná nemocnica Nitra	LE	1,500
Nitra	Nemocnica AGEL Levice, s. r. o.	LE	1,200
Nitra	Fakultná nemocnica Nitra	LE	1,000
Nitra	Psychiatrická nemocnica Hronovce	LE	1,000
Nitra	Fakultná nemocnica s poliklinikou Nové Zámky	LE	1,000
Nitra	RODMED, s. r. o.	LE	1,000
Nitra	Fakultná nemocnica Nitra	LE	1,000
Nitra	Nemocnica AGEL Komárno, s. r. o.	LE	500
Nitra	Fakultná nemocnica Nitra	LE	500
Nitra	MISOMED, s. r. o.	LE	300
Nitra	Fakultná nemocnica Nitra	LE	200
Nitra	Duslo, a. s.	LE	200
Nitra	Restarik Slovakia, s. r. o.	LE	200
Fines imposed by Nitra branch as at 31/12/2021			9,600
Martin	Fakultná nemocnica s poliklinikou Žilina	LE	4,000
Martin	Fakultná nemocnica s poliklinikou Žilina	LE	2,500
Martin	Fakultná nemocnica s poliklinikou Žilina	LE	2,000
Martin	Fakultná nemocnica s poliklinikou Žilina	LE	1,500
Martin	Fakultná nemocnica s poliklinikou Žilina	LE	1,500
Martin	Fakultná nemocnica s poliklinikou Žilina	LE	1,000
Martin	Ústredná vojenská nemocnica SNP Ružomberok	LE	950
Martin	Ústredná vojenská nemocnica SNP Ružomberok	LE	950
Martin	Kysucká nemocnica s poliklinikou Čadca	LE	500
Martin	CIRURGAMB, s. r. o.	LE	400
Fines imposed by Martin branch as at 31/12/2021			15,300
Banská Bystrica	Gemerclinic, n. o., Hnúšťa	LE	3,000
Banská Bystrica	FNsP FDR Banská Bystrica	LE	1,500
Banská Bystrica	Sveta zdravia a. s., Bratislava, Všeobecná nemocnica Žiar n/H	LE	1,200
Banská Bystrica	Stredoslovenský ústav srdcových a cievnych chorôb, a. s., Banská Bystrica	LE	1,000
Banská Bystrica	3A DENTAL DESIGN, s. r. o., Banská Bystrica	LE	1,000
Banská Bystrica	Svet zdravia, a. s., Bratislava/Všeobecná nemocnica Rimavská Sobota	LE	800
Banská Bystrica	Nemocnica AGEL Zvolen, a. s., Zvolen	LE	700
Banská Bystrica	MUDr. Cvejkuš-MUDr. Cvejkušová, s. r. o., Zvolen	LE	500

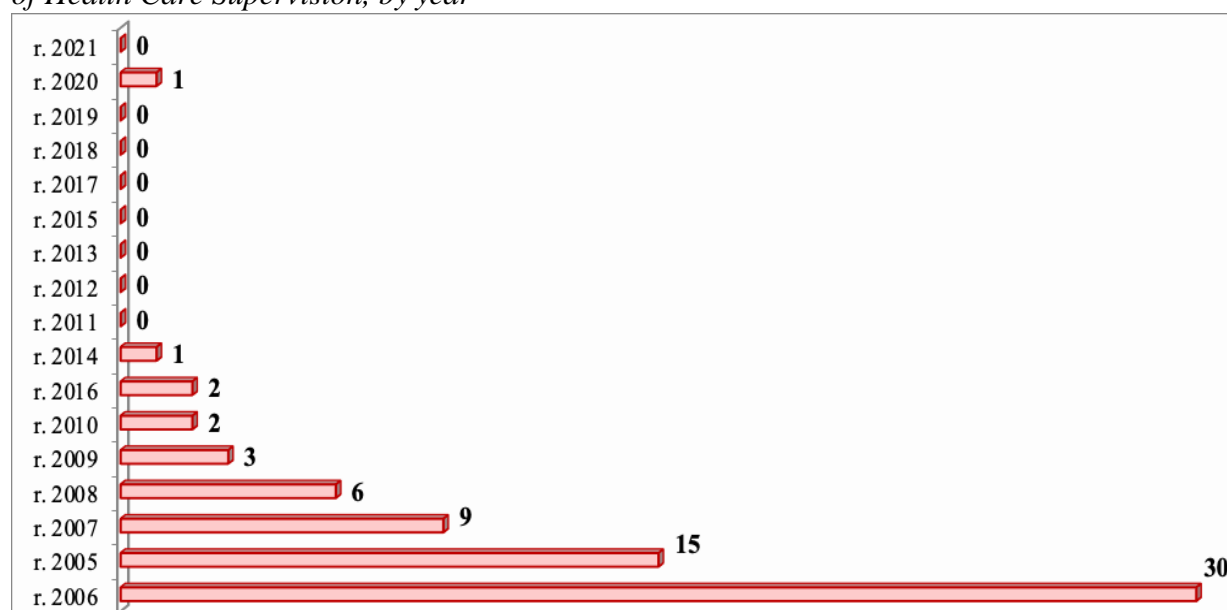
Banská Bystrica	Nemocnica AGEL Zvolen, a. s., Zvolen	LE	500
Banská Bystrica	MUDr. Judita Illéšová	NP	200
Banská Bystrica	MUDr. Ivana Šintajová	NP	100
Fines imposed by Banská Bystrica branch as at 31/12/2021			10,500
Prešov	JANINA, s. r. o., Prešov	LE	3,000
Prešov	FNsP J. A. Reimana Prešov	LE	1,000
Prešov	Nemocnica AGEL Levoča, a. s.	LE	1,000
Prešov	wesper, a. s., Garbiarska 16, Košice	LE	800
Prešov	Nemocnica Dr. V. Alexandra v Kežmarku, n. o.	LE	800
Prešov	Nemocnica Poprad, a. s.	LE	600
Prešov	Nemocnica Poprad, a. s.	LE	600
Prešov	JANINA, s. r. o.	LE	500
Prešov	DOJORI, s. r. o., Humenné	LE	500
Prešov	GYNON, s. r. o., Bardejov	LE	400
Prešov	Záchranná služba Košice	LE	400
Fines imposed by Prešov branch as at 31/12/2021			9,600
Košice	Nemocnica s poliklinikou Trebišov, a. s.	LE	3,000
Košice	Nemocnica s poliklinikou Štefana Kukuru Michalovce, a. s.	LE	3,000
Košice	Nemocnica s poliklinikou sv. Barbory Rožňava, a. s.	LE	2,500
Košice	Nemocnica s poliklinikou Štefana Kukuru Michalovce, a. s.	LE	2,500
Košice	Univerzitná nemocnica L. Pasteura Košice	LE	2,000
Košice	GYNMARE, s. r. o., Michalovce	LE	2,000
Košice	Detská fakultná nemocnica Košice	LE	2,000
Košice	Univerzitná nemocnica L. Pasteura Košice	LE	2,000
Košice	MEDIPRAKTIK Michalovce, s. r. o.	LE	1,500
Košice	Nemocnica s poliklinikou sv. Barbory Rožňava, a. s.	LE	1,500
Košice	Gymamb, s. r. o., Odorín	LE	1,000
Košice	Univerzitná nemocnica L. Pasteura Košice	LE	1,000
Košice	Nemocnica s poliklinikou, n. o. Kráľovský Chlmec	LE	1,000
Košice	Nemocnica s poliklinikou Štefana Kukuru Michalovce, a. s.	LE	1,000
Košice	Nemocnica s poliklinikou Trebišov, a. s.	LE	1,000
Košice	Nemocnica s poliklinikou Trebišov, a. s.	LE	1,000
Košice	ALMEDAN, s. r. o., Spišská Nová Ves	LE	900
Košice	Univerzitná nemocnica L. Pasteura Košice	LE	800
Košice	Poliklinika Terasa, s. r. o., Košice	LE	700
Košice	Nemocnica s poliklinikou Štefana Kukuru Michalovce, a. s.	LE	700
Košice	Nemocnica AGEL Krompachy, s. r. o.	LE	700
Košice	Nemocnica AGEL Košice-Šaca, a. s.	LE	700
Košice	Nemocnica AGEL Krompachy, s. r. o.	LE	500

Košice	Nemocnica AGEL Krompachy, s. r. o.	LE	500
Košice	FONIN, s. r. o., Spišská Nová Ves	LE	300
Košice	Vysokošpecializovaný odborný ústav geriatrický sv. Lukáša v Košiciach, n. o.	LE	300
Košice	MUDr. Rajzánková Marcela, Sobrance	NP	300
Košice	Záchranná služba Košice	LE	100
Fines imposed by Košice branch as at 31/12/2021			34,500
Total fines as at 31/12/2021			118,983

Table 41 Fines imposed in administrative proceedings on MESPO as at 31/12/2021

Branch	Medical Emergency Service Provider/Operator	Amount (EUR)	Number of fines
Bratislava	LSE – Life Star Emergency, s. r. o.	433	2
Košice	LSE – Life Star Emergency, s. r. o.	200	1
Total		633	3

Graph 15 Criminal complaints filed on the basis of the activities of the branches and the Section of Health Care Supervision, by year



Annex 5 – Forensic Medicine and Pathological Anatomy

Table 42 Number of autopsies by autopsy type

Autopsy	2020		2021	
	number	%	number	%
Pathological-anatomical	3,167	41.70	2,747	37.44
Forensic-medical	3,697	48.68	3,790	51.65
Forensic	731	9.62	801	10.91
Total	7,595	100.00	7,338	100.00

Table 43 Autopsy rate compared to the previous year

Year	2020	2021
Number of autopsies/SR	7,595	7,338
Number of deaths/SR	59,089 ¹⁾	73,083 ¹⁾
Autopsy rate	12.85 %	10.04 %

¹⁾ Source – Statistical Office of the SR – total number of deaths

Table 44 Toxicological tests

Toxicological tests	number	%
In living persons	27,392	62.72
In the dead	16,284	37.28
Total	43,676	100.00

Table 45 Toxicological tests by FMaPA units

FMaPA unit	In living persons	In the dead	Total	Total (%)
FM Bratislava	4,283	11,033	15,316	35.07
Banská Bystrica	4,879	6,328	11,207	25.66
Košice	4,040	6,837	10,877	24.90
Martin	2,804	2,350	5,154	11.80
Žilina	278	795	1,073	2.46
Poprad	-	49	49	0.11

Table 46 Number of laboratory tests

Laboratory test type	number
Special and histochemical tests	5,326
Macro-enzymatic reaction	110
Immunohistochemical tests	295
Serological tests in the dead	385
TOTAL	6,116

Table 47 Expenses for dead body examinations for 10-12/2020 and 2021

	10/2020 (EUR)	10/2021 (EUR)	Difference (EUR)
Transport costs - doctors	13,790.40	4,141.41	-9,648.99
Reimbursements for examinations performed by doctors (NP)	218,614.97	158,758.00	-59,856.97
Reimbursements for examinations to doctors	19,610.00	14,638.00 €	-4,972.00
	252,015.37	177,537.41 €	-74,477.96
	11/2020 (EUR)	11/2021 (EUR)	Difference (EUR)
Transport costs - doctors	5,667.60	2,571.66	-3,095.94
Reimbursements for examinations performed by doctors (NP)	324,976.70	41,070.00	-283,906.70
Reimbursements for examinations to doctors	8,900.00	209,203.00	200,303.00
	339,544.30	252,844.66	-86,699.64
	12/2020 (EUR)	12/2021 (EUR)	Difference (EUR)

Transport costs - doctors	0.00	2,046.72	2,046.72
Reimbursements for examinations performed by doctors (NP)	387,374.15	197,721.00	-189,653.15
Reimbursements for examinations to doctors	26,452.00	118,414.00	91,962.00
	413,826.15	318,181.72	-95,644.43
	10-12/2020 (EUR)	10-12/2021 (EUR)	Difference (EUR)
	1,005,385.82	748,564	-256,822.03

Annex 6 – Press Releases

Press release 6/1

Bratislava, 6 May 2021

New Chair of the Health Care Surveillance Authority

Since 29 April 2021, the Health Care Surveillance Authority has had a new Chair, Ing. Renáta Bláhová, MBA, FCCA, LL.M., appointed by the Government of the Slovak Republic at a meeting of 28 April 2021.

Short CV of the Chair of the Authority:

Ing. Renáta Bláhová, MBA, FCCA, LL.M., graduated from the Slovak University of Technology in Bratislava. She received her MBA degree from Southeastern Louisiana University in the USA in 1994, her FCCA degree (internationally certified accountant) from the UK in 1997 and her LL.M. degree from the Vienna University of Economics and Business in 2003. She is a licensed auditor and tax advisor.

She is the founding partner of BMB Partners, President of the Slovak branch of the International Fiscal Association, and from 2004 until 2018 she was Managing Partner of LeitnerLeitner in Slovakia.

She worked as an advisor to the Minister of Finance of the Slovak Republic and is a manager with experience in international tax law, financial management and auditing.

She is also involved in publishing activities, both for the professional public as well as writing blogs and articles for the general public.

She has served pro bono as a member of the Board of Directors of RED NOSES Clowndoctors International in Slovakia and as a member of the Supervisory Board of the Open Society Foundation in Slovakia.

Press release 6/2

Bratislava, 2 June 2021

New Head of the Section of Health Insurance Supervision

Since 1 June 2021, Mgr. Peter Pavlovič was appointed the new Head of the Section of Health Insurance Supervision by the new Chair of the Health Care Surveillance Authority Ing. Renata Bláhová, MBA, FCCA, LL.M.

Mgr. Peter Pavlovič has a Master's degree in Financial Management from the Comenius University in Bratislava.

Last year he was among the top three candidates in the selection procedure for the President of the Financial Administration of the Slovak Republic. From his previous work at PWC, he has extensive experience as an auditor of health insurance companies and subsequently in managing the finances, accounts and thereto related processes of multinational companies.

His main task will be to bring more transparency and balance to the supervision of health insurance companies and to focus on the work of health insurance company auditors, which has gone unnoticed for many years. Together with a team of advisors led by Ing. Ján Králik, he will also be involved in innovating the approach to the analytical work of the Authority.

Press release 6/3

Bratislava, 15 June 2021

The Health Care Surveillance Authority proposes changes to the law on dead body examinations

- Since 2017, costs of dead body examinations have increased by as much as 321 %
- The Authority proposes a way for examinations to continue in a professional and timely manner, but with significant savings for Slovak taxpayers
- Under the new system, doctors would receive 60 % more compared to reimbursements for dead body examinations paid until 2018

The Health Care Surveillance Authority provides both professional and organizational services for the performance of examinations of dead bodies throughout Slovakia.

Historically, this activity has been carried out outside of inpatient health care mainly by general outpatient care physicians and physicians serving in the medical first aid service. On 1 January 2018, an amendment to the Act No. 581/2004 Coll. entered into force, which dramatically changed the way in which examinations of dead bodies are carried out outside of inpatient health care. This activity in the public interest is ensured by way of a public tender and is carried out by the so-called organizers of dead body examinations. These may be both legal entities and natural persons who carry out this activity on a professional basis through their own contracted doctors. It is therefore a form of commercial 'outsourcing' of this activity. The Authority's budget for this activity amounts to EUR 1,250,620 per year.

Since 2017, the Authority has repeatedly drawn attention to the "price spiral" caused by the annual public "tendering" of this activity. This is because it is not a commonly available service and therefore the market mechanism for the procurement of this activity has not generated the expected competition. An example is the company SKL 48, s.r.o., which was the only company to enter the competition as the organizer for the Prešov region in 2021, with an offer of EUR 138 for the examination of a dead body (in 2017, this activity cost a maximum of EUR 45, including transport). Therefore, the Authority had to cancel the tender and urgently prepare fundamental changes in the legislation.

Financial data of SKL 48, s. r. o. according to finstat.sk:
Profit of SKL 48, s. r. o.

Zisk

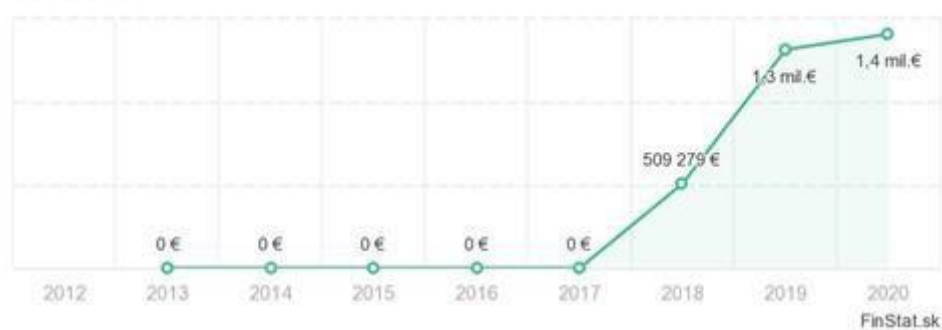
SKL 48 s. r. o.



Sales revenues of SKL 48, s. r. o.

Tržby

SKL 48 s. r. o.



In 2017, the Authority paid doctors for the examination of a dead body outside the inpatient health care the uniform amount of EUR 25 + reimbursed the examining doctor for transport up to a maximum of EUR 20. In the case of an inpatient health care provider, the Authority reimburses the examination of a dead body with EUR 10. In 2017, the total cost of remuneration for examining doctors in both inpatient and non-institutional health care was EUR 767 thousand. In 2019 and 2020, the total cost of dead body examinations increased to the amount of EUR 2,413 thousand and EUR 2,464 thousand, respectively. Thus, compared to the period before the change of law and 2020, the expenditure on the provision of this activity has increased 3.2 times, i.e. by 321%. At the same time, the number of deaths increased by only about a third compared to the pre-pandemic period. The increase unfortunately continues in 2021 and, without a change in legislation, is likely to be uncontrollable in the years to come. The Authority has therefore proposed to the Government a legislative change aimed at eliminating the generation of unreasonable profits by private companies providing dead body examinations. The Authority proposes to provide the performance of dead body examinations on a voluntary basis. In the event of lack of interest in this activity, the obligation to carry out dead body examinations will be maintained on the basis of the Authority's roster. The Authority will continue to ensure the professionalism of the performance of the examinations with a limited number of doctors, and expects to save up to EUR 800 thousand annually in this way, while at the same time increasing the amount of the payment for the examination for the examining doctors who carry out the examinations preferably on a voluntary basis and on the basis of a roster, to EUR 40 per examination plus transport costs, which is 60% more than the payment for the examination until the beginning of 2018.

Press release 6/4

Bratislava, 25 October 2021

The system of examinations of dead bodies managed by the Authority is working, the interest of doctors sometimes exceeds the scheduled capacity

- From 1 October, the Health Care Surveillance Authority is in charge of examinations of dead bodies
- The new system managed by the Authority is working, with doctors receiving 60 % more compared to reimbursements for examining a dead body until 2018
- At the same time, the Health Care Surveillance Authority is preparing a new system called ePrehliadky (eExaminations)
- After more than 40 years, this system should digitise the examination of dead bodies and ensure that data is shared between authorities

Since 2017, the costs of dead body examinations have grown continuously. Indeed, the annual public “tendering” of this activity by private companies has created a “price spiral”. Moreover, from the point of view of the Health Care Surveillance Authority (HCSA), there have been more serious shortcomings in the examinations carried out through private companies.

However, these have been eliminated by the new system provided by the Authority since 1 October this year. Renáta Bláhová, the chair of the Authority, explains that the new system for examining dead bodies is based on the principle of voluntary participation by health care providers.

"This service is provided directly by doctors in individual regions on the basis of rosters. After more than three weeks of operation of the new system, we can state that its transformation has gone smoothly. The initial criticism of the new system from doctors' representatives has proved to be unfounded. The examinations work and the doctors provide the service without delay."

"The new system of conducting examinations will save us an estimated 800 thousand euros annually. This money can then be invested in other areas of the healthcare sector where it is most needed," said Slovak Health Minister Vladimír Lengvarský.

Michal Palkovič, Head of the Section of Forensic Medicine and Pathological Anatomy, adds that HCSA has a sufficient number of examining physicians throughout Slovakia to cover the next two months.

"In Bratislava, Nitra and Trnava regions, the interest of doctors in this service even exceeds the scheduled capacity. It is also true that doctors in the new system will receive 60 % more compared to the reimbursements for the examination of a dead body paid until 2018. Doctors continue to carry out the examinations in a professional and timely manner, but the service is now provided with significant savings for Slovak taxpayers."

In addition, the system of examinations will also be streamlined in the future by the Authority's new project called ePrehliadky (eExaminations). To explain, the examination system has remained administratively unchanged for more than 40 years, and even today, the Letters of Examination of the Dead are still mostly written out manually by the examining doctors.

After the new system is in place, the institutions involved will be able to exchange information electronically. The ePrehliadky project will thus facilitate the work not only of the Authority itself, but also of the Statistical Office of the Slovak Republic, the National Health Information Centre and the registry offices. Until now, these institutions have been processing information from Letters of Examination of the Dead manually.

In addition to simplifying the process of information sharing in the state administration, the ePrehliadky project will also speed up the examination itself.

"The relatives will no longer have to wait on the spot for the relevant documents to be completed. It will also eliminate a lot of erroneous or incorrect data and allow for a more thorough check. There will also be a clear and permanent archiving of the data. The aim is to have this system up and running by October next year," concluded Renáta Bláhová, the chair of the HCSA.

History of the transition to the new system:

https://www.udzs-sk.sk/wp-content/uploads/2021/06/TS_urad-navrhuje-zmenu-zakona-k-prehliadkam-mrtvych-tiel.pdf

https://www.udzs-sk.sk/wp-content/uploads/2021/06/TS_-Reakcia-UDZS-na-argumenty-odporcov-zmeny-prehliadok-mrtvych-tiel.pdf

https://www.udzs-sk.sk/wp-content/uploads/2021/06/TS_Prezidentka-ZAP-je-pri-komentovani-legislativnych-zmien-tykajucich-sa-prehliadok-mrtvych-tiel-v-konflikte-zaujmov.pdf

Press release 6/5

Bratislava, 27 July 2021

Information on the meeting of the working group on profit regulation of health insurance companies

The working group composed of the Minister of Health Vladimír Lengvarský (represented by State Secretary Jana Ježíková), members of the Health Committee of the National Assembly of the Slovak Republic Jana Bittó Cigániková, Zuzana Šebová, Marek Krajčí and Tomáš Lehotský, representatives of the Ministry of Finance of the Slovak Republic Marcel Klimek (State Secretary) and Andrea Holíková, representatives of the Health Care Surveillance Authority Renáta Bláhová and Peter Pavlovič and representatives of the Legal Department agreed at their first meeting on 26 July 2021 that the regulation of profits of health insurance companies is necessary.

The legislation will take into account the best interests of the patient, and the new provision will require that revenues from health insurance, prior to redistribution, be used for health care expenditures within the range determined in accordance with the submitted benchmarks. For illustrative purposes, we attach a graphical summary. Negotiations will continue.

Calculation of the impact of the proposed profit regulation

Profitability as profit to revenues from public health insurance



*) Dáta sú z verejne zverejnených účtovných závierok poisťovní.

*) Data based on the published financial statements of health insurance companies

Press release 6/6

Bratislava, 03 August 2021

Profit regulation of health insurance companies

Representatives of the coalition have agreed that regulation of health insurers' profits is necessary. The legislative proposal is based on the current operating cost cap (4.9 %) and stipulates that 95-97 % of the collected public health insurance contributions should be returned to health care, depending on the number of insured persons, but can be reduced by a reasonable profit.

The MoH SR proposes to set the limits of the reasonable profit range, which have been absent so far, by an implementing regulation, which will also take into account the benchmarks prepared and published by the HCSCA at the working group meeting on 26 July 2021 under the following link

https://www.udzs-sk.sk/wp-content/uploads/2021/09/Regulacia_ziskZP_2021jul26_final_.pdf

The implementing regulation, which will also be discussed by the working group during the inter-ministerial comment procedure, may also take into account quality criteria linked to the needs of the patient, according to the proposal by MP Cigániková.

The urgency of the proposed regulation stems from the inadequate return on private capital invested, which has been achieved in Slovakia so far. In the period 2008-2020, ZP Dôvera made a total profit of EUR 679 million, representing 4.71 % of the insurance contributions received, while spending on average 2.84 % on operations and only 92.45 % on health care. In the period 2008-2020, ZP Union made a profit of EUR 15 million, representing 0.34 % of insurance contributions received, spent 5.22 % on operations and 94.44 % on health care. In the period 2008-2020, VŠZP made a total loss of EUR 153 million, representing 0.41 % of insurance contributions received, while spending on average 2.83 % on operations and 97.58 % on health care. By comparison, the parent company of ZP Union in the Netherlands (Achmea) made a loss on the provision of public health insurance of EUR 268 million (-0.43% of PHI revenue) for 2016-2020, i.e. it spent more on health care than it received in insurance contributions.

We highlight that we have informally proposed 0.2% as a lower limit of the profit range; the specific boundaries, including the criteria, are still under expert discussion; of course, we will leave the final decision to the Government. In any case, we believe that this is an important impetus for the healthcare reform that is under way.

Press release 6/7

Bratislava, 1 October 2021

Cap on the profits of health insurers is essential also for the sustainability of public finances

- Regulating the profits of health insurers is a solution to ensure market stability and predictability. It has the potential to attract new investments in the sector and bring added value to insured persons
- The Health Care Surveillance Authority is ready for a substantive discussion with Richard Sulík

Slovakia has never been so close to setting a quality and transparent regulation of the profits of health insurance companies as at last week's meeting of the Economic and Social Council and subsequently the Coalition Council, where the members had no reservations to it.

Despite the fact that the proposal is unproblematic from the point of view of constitutional law and necessary for the sustainability of public finances, it was temporarily withdrawn from the negotiations of the Slovak Government at the request of Richard Sulík.

Richard Sulík promised to discuss the proposal with Minister Vladimír Lengvarský as well as with Renata Bláhová, the chair of the Health Care Surveillance Authority.

The Health Care Surveillance Authority therefore hopes that a substantive discussion with Richard Sulík will take place as soon as possible so that the proposal can gain support across the whole political spectrum.

This involves almost EUR 6 billion a year, which should be managed more efficiently in the healthcare system, which would benefit the patient in particular. The oligopoly of the three health insurance companies, which has existed in Slovakia for a long time without regulation of their profits, is unparalleled in the European Union.

The subject of discussion should also include the creation of a health quality fund, proposed by health insurance companies, or the proposal of the MP Cigániková to introduce quality criteria, the fulfilment of which could affect the amount of the allowable profit of insurance companies. The quality criteria should also assess, among other things, the coverage of the outpatient network of general practitioners in districts across Slovakia, which is to be monitored by the Authority if the whole health reform is approved.

We would like to emphasise that the new draft legislation guarantees all health insurance companies a smooth running of operations, taking into account the need to regulate profits and maximise the use of limited public resources to provide quality health care for citizens.

Press release 6/8

Bratislava, 16 September 2021

Change of the health insurance company

Currently, health insurers are at the peak of the battle for new clients/insured persons. The last date to apply for the change of the health insurer from 1 January 2022 is 30 September 2021. In this context, and based on its experience in dealing with applications to change health insurers in the previous period, the Health Care Surveillance Authority (hereinafter referred to as "the Authority") appeals to insured persons to take a considered approach to changing health insurers, taking into account, in particular, their state of health and the resulting real need for healthcare services.

The Authority recommends checking the benefits offered by the chosen health insurer on the website of the health insurer concerned, in particular the conditions under which the health insurer will reimburse them to the insured person, and reviewing them in terms of their type, benefit and need for the insured person. An important factor is also whether his/her general practitioner or specialist outpatient care doctors by whom the insured person is being treated are in a contractual relationship with the selected health insurer.

The Authority further recommends that insured persons are cautious when providing their identification data and documents to unknown persons as part of the insurance campaign carried out in various places, e.g. shopping centres, public, cultural and sporting events, or through sales representatives offering various other services (e.g. services of a gas provider, etc.). It is important that insured persons are properly familiarised with the contents of various documents

when signing them, such as a questionnaire on the services of a health insurance company, as they may be subsequently misused not only for insurance purposes but also otherwise.

The Authority also reminds insured persons that an application for a change of the health insurer from 1 January 2022, which has already been submitted by the insured person, may be withdrawn without giving any reason until 30 September 2021.

Press release 6/9

Bratislava, 22 November 2021

152 thousand people will change their health insurance company from next year, results indicate intensified competition

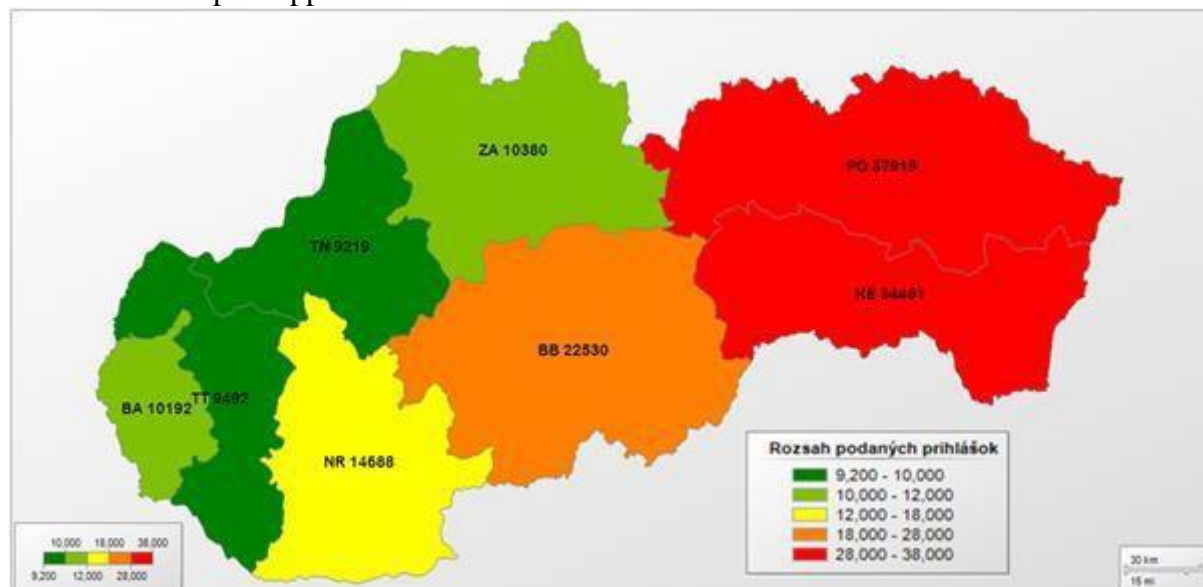
The Health Care Surveillance Authority (hereinafter referred to as "the Authority") has registered 189,014 applications to change health insurance companies this year. **151,879 applications were preliminarily accepted, 37,135 were not accepted.** This is an increase of more than 500% in unaccepted applications compared to the previous year, which includes both duplicate and withdrawn applications. This increase reflects the intensification of the fight for insured persons.

Share of preliminary accepted and not accepted applications as at 01/01/2022					
Health insurance company	Accepted		Not accepted		Total
Dôvera ZP, a. s.	50,537	81.70 %	11,319	18.30 %	61,856
VšZP, a. s.	54,794	79.35 %	14,263	20.65 %	69,057
Union ZP, a. s.	46,548	80.12 %	11,553	19.88 %	58,101
Total	151,879	80.35 %	37,135	19.65 %	189,014

Overall overview of insurance changes 2022				
Change of the health insurance company from 01/01/2022 (movement of insured persons)	Total number of insured persons from CRP as at 31/10/2021	% share of the health insurance company in total number of insured persons	Increase / decrease of insured persons	% share of the health insurance company in total number of insured persons
Applications				
Dôvera ZP, a. s.	1,665,682	32.22 %	- 15,276	- 0.92 %
VšZP, a. s.	2,887,033	55.84 %	8,732	0.30 %
Union ZP, a. s.	617,633	11.95 %	6,544	1.06 %
Total:	5,170,348	100 %		

The results of this year's insurance changes indicate a more aggressive marketing campaign. As can be seen from the graph on the next page, the fiercest fight for insured persons occurred in the east of Slovakia this year.

Number of accepted applications



legend: Applications filed

The health insurer notifies the Authority of the confirmation of the application for a change of the health insurer pursuant to the Act No. 580/2004 Coll. by 5 December of the relevant calendar year. Therefore, these are preliminary results of the insurance changes, which will be final after 5 December 2021.

Press release 6/10

Bratislava, 24 November 2021

Information on the number of deaths related to COVID-19 for October 2021

In October, 429 deaths from COVID-19 were recorded in Slovakia.

Thereof, 218 were women, the youngest was 29 years old and the oldest 102 years old, and 211 men, the youngest was 32 years old and the oldest 96 years old.

54 people were vaccinated with both doses. The average time since vaccination in this group was 6.3 months. The oldest victim was 102 years old, the youngest 51, and the average age of those who died in this category was 76 years.

Seven persons received the first dose of the vaccine. For victims vaccinated with the first dose of vaccine, the average time since vaccination was 8.1 months. The average age of those who died was 78 years, the oldest victim was 90 years old, and the youngest 65.

There were 368 unvaccinated victims of COVID-19, representing 85.78%, and their average age was 74 years.

In addition, further 71 deaths were recorded for October, where we are unable to determine the contribution of COVID-19 infection to the deaths.

Of these, 10 people were vaccinated, 7 people with both doses and 3 people with one dose.

We do not analyse these cases further as the patients suffered from very severe illnesses from which they died.

There were 61 unvaccinated victims, representing 85.92%, and their average age was 72 years.

This is interim data as at 31 October 2021.

Press release 6/11

Bratislava, 16 December 2021

Information on the current number of deaths related to COVID-19 for November 2021

In November, 1,443 deaths from COVID-19 were recorded in Slovakia.

Thereof, 647 were women, the youngest was 4 years old and the oldest 102 years old, and 796 men, the youngest was 21 years old and the oldest 98 years old.

Twenty-five persons received the first dose of the vaccine. For victims vaccinated with the first dose of the vaccine, the average time since vaccination was 4.4 months. The average age of those who died was 79 years.

219 people were fully vaccinated. The average time since vaccination in this group was 6.4 months. The average age of those who died in this category was 79 years. Of the fully vaccinated, 8 people had received a third dose of the vaccine. For deaths among those vaccinated with the third dose of the vaccine, the average time since vaccination was half a month. The average age of those who died was 76 years.

There were 1,199 unvaccinated victims of COVID-19, representing 83.09%, and their average age was 74 years.

Press release 6/12

Bratislava, 20/12/2021

The Health Care Surveillance Authority has begun investigating doctors who spread misinformation about the COVID-19 pandemic or vaccination against it, thus endangering the health of patients.

- The Authority analyses complaints against five doctors and has also set up an Ethics Committee
- The Authority has initiated cooperation with the new management of the Slovak Medical Chamber, within which it will renew educational projects, and will also focus on supervision
- The driving force of the compliance with the Code of Ethics for Healthcare Workers should be more consistent application of the competences of professional organizations

A doctor, who is a professional authority in the eyes of the public, holds the most important key to treatment in his hands, which is the patient's trust. The patient relies on the doctor to do him good, to understand complex biological processes and to be able to assess their causes and consequences applying the latest scientific knowledge. From the point of view of Slovak legislation, the exercise of the medical profession is laid down by the Act No. 578/2004 Coll., according to which a healthcare worker is obliged to act professionally, in accordance with the Code of Ethics, and must also respect scientifically proven facts. Today, these include the fact that [almost 86% of the victims of COVID-19 in October](#) and [83% in November](#) were not vaccinated, and that more than 16,000 people in Slovakia have died from COVID-19. On the other hand, there are [only 7 cases causally linked to vaccination](#), which, with more than 5 million doses applied, represents from administrative, although not human perspective, a negligible risk.

However, with full respect for the right to freedom of expression, it is unacceptable, in the light of the above facts, for a doctor to question the existence of COVID-19, to describe the vaccine as a fraud, or to recommend, instead of the vaccine, drugs that are not registered for the treatment of this disease. Such conduct justifies the Authority's questioning whether particular doctors are acting appropriately in the care for patients. At a meeting with the new leadership of the Slovak Medical Chamber (SMCH) last week, the Authority therefore initiated mutual cooperation. It will resume educational projects, but the emphasis will be on supervision, which can lead to disciplinary proceedings, suspension of the licence to operate a medical facility, as well as imposition of a ban on practising the medical profession.

"I firmly believe that the main driving force of compliance with the Code of Ethics for Healthcare Workers will be a more consistent application of the competences of professional organizations," said the chairwoman of the Authority, Renáta Bláhová. In order to gather experience, the Authority has also initiated discussions with the [Austrian Medical Chamber \(ÖAK\)](#), which has, since the outbreak of the pandemic, initiated disciplinary proceedings against [roughly 50 doctors from its own ranks](#) who are challenging COVID-19.

"In several cases, the ÖAK has already suspended the practice of the profession, in one case the doctor who issued the disputed certificate of exemption from wearing the face mask lost his licence. The ÖAK is also sending warning signals regarding contractual relations with the health insurance company," added Renáta Bláhová.

- prof. MUDr. Štefan Hrušovský, CSc.
- MUDr. Andrej Janco
- MUDr. Ján Lakota, CSc.
- MUDr. Peter Lipták
- MUDr. Michal Piják

SMCH has informed the Authority that the first disciplinary proceedings had already been completed in the case of MUDr. Lipták, which had resulted in a fine of EUR 500. However, the Authority does not consider such a sanction to be sufficient, as it did not even force MUDr. Lipták to change the content of his practice's website, [where he continues to publicly recommend treatments contrary to the results of scientific knowledge](#). The Authority was therefore pleased to learn that the SMCH, within the limits of its limited legal possibilities, was planning to proceed with a more severe sanction, thus following up on the [declaration made at its last congress, where the doctors elected new leadership](#).

In the public interest, the Authority invites also other entities to cooperate, such as medical faculties, health care providers or health insurance companies, and will also initiate cooperation with the Ministry of Justice and the Attorney General's Office.

Last but not least, the Authority hereby also asks representatives of all media to reconsider giving space to the above and other doctors whose misinformation may unhappily influence public opinion and, in the case of social networks, to ensure that related posts endangering public health are deleted.

Byworking together, we can help to protect and show support for all the medical workers who are fighting for our lives in a pandemic.

List of tables

Table 1 Selected figures from the financial statements of health insurers for 2020 and 2019 ..	9
Table 2 Implementation of the 2021 budget according to ESA 2010 methodology	18
Table 3 Overview of the number of proceedings on objections conducted by the Authority for 2021	33
Table 4 Decisions issued in 2021 out of the total number of registered proceedings from 2019 and 2020	33
Table 5 Second-instance decisions and notices issued out of the total number of registered second-instance proceedings in 2021	34
Table 6 Overview of fines imposed by area and amount	34
Table 7 Breaches of obligations by insured persons	35
Table 8 Breaches of obligations by insurance payers.....	35
Table 9 Overview of fines imposed in 2021	35
Table 10 Overview of the amount of the fines paid in 2021	35
Table 11 Number of supervisions carried out in 2021	37
Table 12 Overview of pending supervisions as at 31/12/2021	38
Table 13 Number and subject matter of on-site supervisions carried out	38
Table 14 Number and subject matter of remote supervisions carried out.....	40
Table 15 Number and subject matter of the submissions dealt with by supervision.....	41
Table 16 Overview of the number of supervision cases dealt with, closed and substantiated.	42
Table 17 Overview of fines imposed and paid.....	43
Table 18 Overview of data from the annual redistribution of insurance contributions.....	44
Table 19 Overview of prior approval procedures.....	45
Table 20 Slovak forms.....	48
Table 21 European forms	49
Table 22 Structure of other forms	50
Table 23 Numbers of codes assigned/terminated to healthcare workers	52
Table 24 Numbers of codes assigned/terminated to health care providers	52
Table 25 Comparison of death notification processing from the register of deaths and RNP with date of death in 2021	54
Table 26 Comparison of processing.....	54
Table 27 Hygiene of the data entering the processing	54
Table 28 Overview of the number of accepted and not accepted applications for health insurance by health insurance company	55
Table 29 Final number of applications for change by health insurance company	55
Table 30 Overview of RNP searches	56

Table 31 Overview of RLE searches.....	56
Table 32 Number of SEDs transmitted	57
Table 33 Submissions dealt with by the Section of HC Supervision and by branches of the Authority as at 31/12/2021	58
Table 34 Submissions dealt with by the Authority by subject matter as at 31/12/2021.....	58
Table 35 All submissions dealt with by Authority divisions as at 31/12/2021	59
Table 36 Submissions dealt with through supervision closed in 2021.....	59
Table 37 Submissions dealt with through supervision closed ad acta in 2021	59
Table 38 Supervisions in in-patient care as at 31/12/2021.....	60
Table 39 Submissions dealt with otherwise than through supervision as at 31/12/2021	64
Table 40 Fines imposed by branches of the Authority by health care provider as at 31/12/2021 irrespective of whether final or not	65
Table 41 Fines imposed in administrative proceedings on MESPO as at 31/12/2021.....	69
Table 42 Number of autopsies by autopsy type.....	69
Table 43 Autopsy rate compared to the previous year	70
Table 44 Toxicological tests.....	70
Table 45 Toxicological tests by FMaPA units	70
Table 46 Number of laboratory tests	70
Table 47 Expenses for dead body examinations for 10-12/2020 and 2021.....	70

List of graphs

Graph 1 Reduction of activities since the establishment of the Authority in 2009	10
Graph 2 PIJ dominance in the Slovak healthcare sector by sales revenues in mln EUR for 2020	12
Graph 3 Growth of net assets of PIJ in mln EUR for 2010 – 2020	12
Graph 4 Three pillars of the Authority	13
Graph 5 Development of staff numbers for 2010 – 2021	19
Graph 6 Educational structure of employees.....	32
Graph 7 Most frequent submissions by subject as at 31/12/2021 (10 or more).....	57
Graph 8 Submissions by evaluation as at 31/12/2021	59
Graph 9 Justified specialisations as at 31/12/2021	63
Graph 10 Supervision in relation to the Act No. 578/2004 Coll. as at 31/12/2021.....	63
Graph 11 Evaluation of second-instance submissions as at 31/12/2021	64
Graph 12 Submissions referred out of Authority as at 31/12/2021	64
Graph 13 Amount of fines imposed by branches of the Authority as at 31/12/2021 irrespective of whether final or not	65
Graph 14 Number of fines imposed by branches of the Authority as at 31/12/2021 irrespective of whether final or not	65
Graph 15 Criminal complaints filed on the basis of the activities of the branches and the Section of Health Care Supervision, by year.....	69

Abbreviations and Acronyms

AC	Administrative Commission for the Coordination of Social Security Systems
ADOS	Home nursing care agency (Agentúra domácej ošetrovateľskej starostlivosti)
Apollo	insurance company APOLLO zdravotná poisťovňa, a. s.
AT	Republic of Austria
Authority/HCSA	Health Care Surveillance Authority
Chair	Chairperson of the Authority
COVID-19	Infectious disease caused by the coronavirus SARS-CoV-2
CRP	Central Register of Insured Persons
CZ	Czech Republic
DE	Federal Republic of Germany
DRG	Diagnosis related groups
DSS	Home of Social Services
EC	European Community
ECDC	European Centre for Disease Preventions and Control
EESSI	Electronic Exchange of Social Security Information
EIOPA	European Insurance and Occupational Pensions Authority
EP	European Parliament
EU	European Union
Eurostat	Statistical Office of the European Union
FM	Forensic Medicine
FMaPA	Forensic Medicine and Pathological Anatomy
HC	Health care
HC/NC	Health care and nursing care
IFRS	International Financial Reporting Standards
IS	Information system
IS CMRS	Information System of the Central Management of Public Administration Reference Data
KPÚ	Office of the Chair of the Authority
MES	Emergency Medical Service
MESPO	Medical Emergency Service provider or operator
MoF SR	Ministry of Finance of the Slovak Republic
MoH SR	Ministry of Health of the Slovak Republic
MoIRDI SR	Ministry of Investments, Regional Development and Informatization of the Slovak Republic
MoLSAaF SR	Ministry of Labour, Social Affairs and Family of the Slovak Republic
NBS	National Bank of Slovakia
NCP	National Contact Point
NFC	Non-repayable financial contribution
NHIC	National Health Information Centre
NP	Natural person/individual
OdVO	Public Procurement Department
OIS	Information Systems Department
OLZ	Human Resources Department
OVKK	Department of Internal Control and Quality
PHA SR	Public Health Authority of the Slovak Republic
PHI	Public health insurance
PIJ	Penta Investments Jersey

PN	sick leave
PO	Legal Department
PZS	Health care provider
RA	Register of Addresses
RLE	Register of Legal Entities
RNP	Register of Natural Persons
RPZS	Register of Health Care Providers
RZP	Register of Healthcare Workers
SE	Section of Economy
SED	Structured electronic document
SGR	Self-governing regions
SIDC	State Institute for Drug Control
SMCH	Slovak Medical Chamber
SR	Slovak Republic
SVaLZ	Joint examination and treatment units (Spoločné vyšetrovacie a liečebné zložky)
ŠÚ SR	Statistical Office of the Slovak Republic
UK	United Kingdom of Great Britain and Northern Ireland
UNB	University Hospital Bratislava
ÚPVII	Office of the Deputy Prime Ministers of the Slovak Republic for Investments and Informatization
VšZP	health insurance company Všeobecná zdravotná poisťovňa, a. s.
WHO	World Health Organization
ZD	medical files
ZP	Health insurance company (Zdravotná poisťovňa)
ZP Dôvera	health insurance company DÔVERA zdravotná poisťovňa, a. s.
ZP Union	health insurance company Union zdravotná poisťovňa, a. s.
Act No. 581/2004 Coll. (Act on Surveillance) – Act No. 581/2004 Coll. on Health Insurance Companies, Health Care Surveillance and on changes and amendments to some laws as amended	
Act No. 580/2004 Coll. (Act on Health Insurance) – Act No. 580/2004 Coll. on Health Insurance and on changes and amendments to the Act No. 95/2002 Coll. on the Insurance Industry and on changes and amendments to some laws as amended	
Act No. 579/2004 Coll. – Act on Emergency Medical Services and on changes and amendments to some laws	
Act No. 578/2004 Coll. – Act No. 578/2004 Coll. on Health Care Providers, Healthcare Workers, Professional Organizations in the Healthcare Sector and on changes and amendments to some laws as amended	
Act No. 374/2014 Coll. – Act No. 374/2014 Coll. on Receivables of the State and on changes and amendments to some laws as amended	
Act No. 71/1967 Coll. – Act No. 71/1967 Coll. on Administrative Procedure (Administrative Procedure Code)	
Act No. 10/1996 Coll. – Act No. 10/1996 Coll. of the National Council of the Slovak Republic on Checks in State Administration	
Act No. 431/2002 Coll. on Accounting	
Regulation 883/04 and Regulation 987/09 – Regulations (EC) No. 883/2004 and No. 987/2009	

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