

**Activity Report  
of the Health Care Surveillance Authority  
for 2022**



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# 1. Summary

## 1.1 Introduction

Since 1 January 2004, the Authority has been supervising key elements of the health care system, with the aim of maintaining the financial stability, performance and solidarity of the system. This system is unique in Europe, as private capital plays an important role in it. The fundamental purpose of the establishment of the Authority was to safeguard the soundness of the system so that it is in line with the Hippocratic Oath and is used in accordance with the public interest.

We currently pour more than EUR 6 billion a year of compulsory health insurance contributions of Slovak citizens into a system that is administered by three health insurance companies, two of which are private, and which is non-transparent, inefficient and unfair to many health care providers and patients. Since 2021, the Authority has taken on the role of a “watchdog”, a vision to which it is striving to adapt its staffing capacity as well as legislative conditions. As the Authority of this importance did not have a chairman from 23 October 2019 to 28 April 2021, the 2021 Activity Report of the Authority summarized, in Chapter “Black Box of Two Decades”, the possible causes of the holes in the system (the absence of profit regulation and the omission of a prohibition on cross-ownership), as well as the history of the Authority. In brief, the Authority also drew attention to the asymmetric distribution of billions of euros between the 3 health insurers over a period of 10 years (for the years 2010 to 2020)<sup>1</sup>.

	<b>VšZP</b>	<b>ZP Dôvera</b>	<b>ZP Union</b>
After-tax profit for 2010 – 2020 (EUR)	<b>- 153 mil.</b>	<b>679 mil.</b>	<b>15 mil.</b>
Return on capital invested by shareholders*	<b>-7 % p.a.</b>	<b>193 % p.a.</b>	<b>3 % p.a.</b>

\* The normal return on capital in the EU financial sector during this period was between 5 and 10 % per annum.

These loopholes in Zajak's legislation<sup>2</sup>, including the absence of qualified action by public authorities, allowed the insurance company ZP Dôvera to report an after-tax profit of almost EUR 700 million from public health insurance between 2010 and 2020. The average return on the capital actually invested by private shareholders of ZP Dôvera reached almost 200 % per annum between 2010 and 2020. Last year, the Gorilla team of NAKA (National Crime Agency) also launched an investigation into this matter<sup>3</sup>.

The mechanism of valuation of the insurance portfolio which accelerated the payment of the aforementioned profits was also used by another entity in a direct dispute with the Authority, relying on the same expert opinion as ZP Dôvera. This entity is directly claiming damages from the Authority in the amount of EUR 280 million. The dispute has been represented since 2018 by the law firm SOUKENÍK - ŠTRPKA, s.r.o., which, on the basis of an independent forensic analysis, recommended to the Chair of the Authority to consider legal action due to the suspicion of the fulfilment of the factual elements of several criminal offences.

<sup>1</sup> [https://www.udzs-sk.sk/wp-content/uploads/2021/09/Regulacia\\_ziskZP\\_2021jul26\\_final\\_.pdf](https://www.udzs-sk.sk/wp-content/uploads/2021/09/Regulacia_ziskZP_2021jul26_final_.pdf)

<sup>2</sup> <https://www.trend.sk/spravy/wikileaks-penta-kupovala-poslancov>

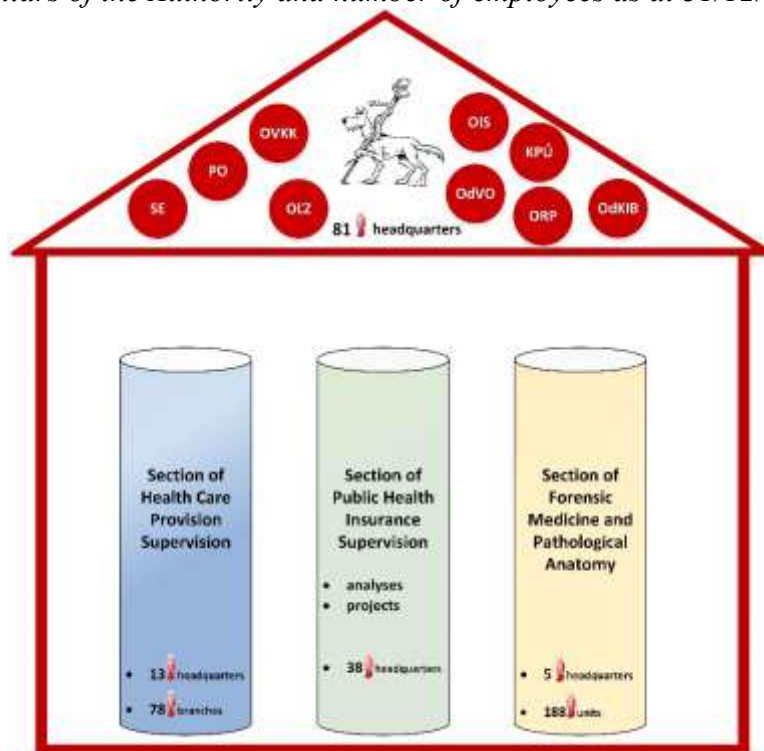
<sup>3</sup> <https://www.startitup.sk/video/sef-dovery-kultan-vysetrovanie-nakou-nas-nevyrusuje-za-vybratim-milionov-si-stojime/>

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

- Activity report of the Authority for the period of the previous year – until 30 April,
- Report on the State of Execution of Public Health Insurance – until 30 June

In line with the legislation and the vision of the watchdog, the Authority concentrates its core activities in a meaningful way in the three pillars that represent its core business (Graph 1).

*Graph 1 Three pillars of the Authority and number of employees as at 31/12/2022*



## 1.2 Successes of 2022

### 1.2.1 Restart through a New Organisational Structure and Support Departments

Last year, the **Human Resources Department** launched a new staff assessment process based on set objectives and key indicators, which followed Authority's overall strategy and were the subject of an end-of-year assessment and staff motivation.

An important activity in the area of personnel was the recruitment of experts for the Health Insurance Supervision Section, with the aim to meet the needs of the newly created departments in the areas of health insurance analysis and access to health care, health care purchasing supervision, as well as project management and information technology. In 2022, the Authority supported the development, professional growth and further education of its staff by participating in 188 training activities, seminars and conferences relevant to the staff's job description. The Authority also provided in-house training for its staff on Office 365 applications and on changes in the implementation of systems for the Authority's projects (new ERP system, new registry, updated attendance system).

In 2022, the Authority's reform efforts **in the field of IT** continued to make it a more modern and efficient institution. On 1 January 2022, a new department, the Project Management Department, was created through an organisational change. Its aim is to provide the project office function: to streamline project management in the context of the entire project portfolio, to centrally monitor the achievement of project objectives in line with the Authority's strategic objectives and to standardise project work in accordance with the Decree No. 85/2020 on project management. The efforts made by the Director of the newly created **Project Management Department** and the Director of the Information Systems Department to catch up with the years of neglected modernisation should be highlighted. The Authority was on the verge of collapse after years of no investment; the platform on which all the important health registers run dates back to 2007. Last year, thanks to good teamwork within the Authority, but mostly good cooperation across ministries, the Authority managed to stabilise itself from collapse, resolve vendor lock-in and save EUR 3.6 million excluding VAT against the expected value of contracts through successful public procurement. However, the success of completing inter-ministerial projects may be jeopardised by the unstable political situation and, since the end of last year, the non-functioning of some institutions which have been key to these projects, including the National Health Information Centre.

In 2022, the **Legal Department of the Authority** dealt with a number of submissions by ZP Dôvera. The Authority's decision on the annual redistribution of insurance contributions for the calendar year 2020 and all decisions on the monthly redistribution of advance payments on insurance contributions for the months January 2021 to February 2022 were challenged by a motion to reopen those proceedings. The reason for the motion was the increase in the share capital of VŠZP in 2020 by the State as the sole shareholder of VŠZP (on the basis of Government Resolution No. 641 of 7 October 2020 and Government Resolution No. 717 of 11 November 2020), since, in the opinion of ZP Dôvera, these funds, totalling EUR 198 million, should have been subject to redistribution if they had been used by VŠZP to pay for health care. ZP Dôvera's argumentation was joined by ZP Union. The Authority decided not to allow the reopening of the proceedings. ZP Dôvera has subsequently challenged all the decisions on the redistribution of advance payments of insurance contributions since March 2021. In the appeal proceedings, the Chair of the Authority decided to dismiss the motions. The share capital of VŠZP was increased also in 2022 on the basis of Government Resolution No. 209/2022, by which the Government of the Slovak Republic obliged the Ministry of Health of the Slovak Republic, as the executor of the shareholder rights in VŠZP, to adopt a decision increasing the share capital of VŠZP by EUR 160 million. ZP Dôvera challenged the decisions on the redistribution of advance payments on insurance contributions also on the grounds of this increase in the share capital.

On 7 July 2022, ZP Dôvera also delivered to the Authority a request for the hearing of a claim for compensation for non-pecuniary damage caused in the exercise of public authority (hereinafter referred to as “request”), which was allegedly caused to the health insurer by the alleged unjustified interference with its reputation due to the publication by the Authority of allegedly false and defamatory statements in the Activity Report of the Authority for the year 2021 and in the press release of 23 July 2022. The request, which included an opportunity to apologise or remove the impugned allegations, was discussed by the Authority with representatives of ZP Dôvera and its shareholders on 26 September 2022 (press release No. 4/13). This request was not granted by the Authority due to the unreasonableness of the claim asserted. The final opinion was sent by the Authority to Dentons Europe CS LLP, the legal representative of ZP Dôvera, on 28 October 2022 (Press Release No. 4/16).

The Authority's **Communications Department** also noted an increased number of requests for information in 2022 from ZP Dôvera and its shareholder's law firms (Allen & Overy Bratislava, s. r. o., Dentons Europe CS LLP).

The Authority received a total of 129 requests for information from various natural and legal persons pursuant to Act No. 211/2000 Coll., totalling 2,970 pages.

The Authority also responded to all media enquiries and proactively informed the public on key issues. A summary of the press releases issued is given in Chapter 2.6, the full texts of the press releases in Annex 4.

Information on the **Authority's budget** is briefly summarised in Chapter 2.4. Thanks to legislative changes in the area of examination of dead bodies by private entities and the smooth transfer of this activity to the Authority, financial stability has also been secured in this section. The Authority's expenditure for 2022 amounted to EUR 22,685,491, the largest item being expenditure on wages and salaries totalling EUR 12,425,990. This subject will be dealt with in detail by the **Authority's Economic Department in separate reports on the Authority's financial management**. The Authority's financial management reports are published annually on its website.

**The Authority's external audits were coordinated throughout the year mainly by the Department of Internal Control and Quality.** The Authority successfully fulfilled its vision of a watchdog, but at the same time it was under the scrutiny of several control institutions in 2022: the Supreme Audit Office of the Slovak Republic, the Ministry of the Interior of the Slovak Republic, the Ministry of Finance of the Slovak Republic, the Labour Inspectorate Bratislava, the Office for Personal Data Protection of the Slovak Republic. In all audits, the staff and management of the Authority provided maximum cooperation and provided information openly and transparently, which was appreciated, for example, by the Supreme Audit Office of the Slovak Republic. The results of the individual audits were used by the Authority to further improve its activities and internal processes. More detailed information is provided in Annex 5, *Table 21*.

## **1.2.2 Health Care Provision Supervision**

Both medical pillars, the Section of Health Care Supervision and the Section of Forensic Medicine and Pathological Anatomy, were professionally covered throughout 2022 by the Deputy Chair of the Authority, **MUDr. Mgr. Michal Palkovič, PhD., MHA, MPH**, who is a respected expert in wide medical circles.

In managing the pillar most familiar to the public, the Section of Health Care Supervision has successfully continued to consolidate branches in four key regions, streamlining both the supervisory process and the management itself. By introducing internal mechanisms, the Authority was able to reduce the time needed to resolve complaints compared to previous years, with a smaller percentage of the backlog of complaints at the end of the year being carried forward to 2023. While the number of cases carried forward to 2021 and 2022 was approximately the same, at the end of 2022 there were 6.90 % fewer cases pending than at the end of 2021 (Annex 2, *Table 5*). In 2022, the percentage of pending complaints in a given year has been historically reduced to its lowest level since 2014 (Annex 2, *Graph. 9*). As of 31 December 2022, the Authority had closed 2,012 complaints, of which the largest number (819) were unfounded complaints (Annex 2, *Graph 11*).



Educational activities were successfully launched, whether in the form of independent participation in events or by publishing case reports, which are popular among general practitioners and the professional public. The Authority publishes them electronically also on its website<sup>4</sup>.

The Authority has established cooperation with new expert consultants, especially from the field of ophthalmology, but also from the specialties internal medicine and emergency medicine, not only in Slovakia, but also in the Czech Republic.

The need to establish cooperation with expert consultants from the medical specialty of ophthalmology was mainly due to the increasing number of complaints in relation to the health care provider iClinic plus, s.r.o. and companies with links to this provider (hereinafter referred to as “iClinic”), intertwined in terms of personnel, financially, as well as materially and technically. These supervisions have become the most publicly followed activities of the Authority in 2022, see the press release (*Press release 4/22*) for more information. The Authority also informed the Minister of Health of the Slovak Republic about the seriousness of the situation, as well as the General Prosecutor's Office of the Slovak Republic, with which it concluded, on 5 December 2022, an agreement on cooperation in the protection of public resources and the development of mutual relations in ensuring effective and efficient protection of the health care provided.

From the public's point of view, an important step was the update of the Portal of Suggestions<sup>5</sup>. In 2022, the Authority handled 187 suggestions/complaints via the Portal of Suggestions.

Detailed information on the activities of the Section of Health Care Supervision in 2022 is provided in Chapter 3 and Annex 2 of this report.

### **1.2.3 Forensic Medicine and Pathological Anatomy**

The Section of Forensic Medicine and Pathological Anatomy has been a pillar of high professional standards since its establishment, also in international comparison.

The only major problem in the functioning was the system of examinations of dead bodies by private companies launched in 2017, which expenses have risen steadily and which dubious competition with private companies has created an unsustainable price spiral. By the spring of 2021, the system was threatening to collapse after the first wave of the COVID-19 pandemic; the collapse was averted only by fast legislation and the immense dedication of people within the Authority to secure a system of dead body examinations in-house. This has been fully successful throughout 2022. Doctors are receiving 60 % more for a dead body examination compared to reimbursements until 2018, and their interest in some regions exceeds the capacity of the rosters.

In 2022, 6,465 autopsies were performed at the Authority's FMaPA units. The total number of autopsies decreased by 873 compared to 2021. The decrease is mainly related to the decrease in the number of pathological-anatomical autopsies related to deaths from COVID-19.

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<sup>4</sup> <https://www.udzs-sk.sk/urad/dokumenty/kazuistiky/>

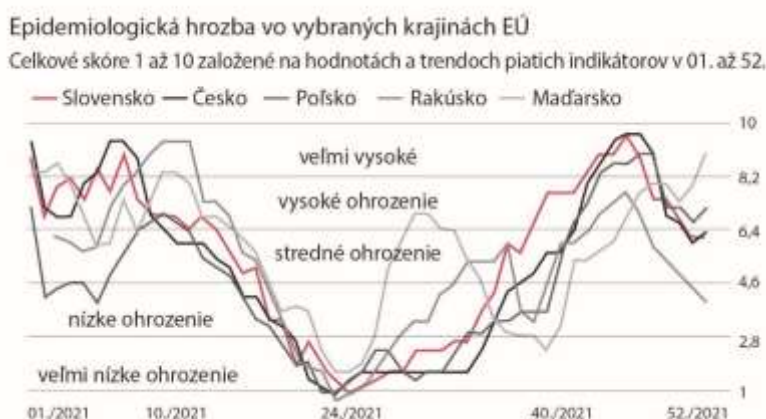
<sup>5</sup> <https://portalpodnetov.udzs-sk.sk/>

The Section of Forensic Medicine and Pathological Anatomy has also been heavily involved in publishing data on the ongoing number of deaths related to COVID-19 during the critical period of the pandemic. Until the end of the third wave (January 2022), when the number of COVID-19-related deaths dropped below 500 per month, the Authority tracked the number of vaccinated patients who died from COVID-19.

These statistics were compiled in accordance with the criteria in the TESS structure, where Slovakia has become a pioneer and has one of the best quality statistics in the EU. The Authority also contributed to the publication of COVID – lessons learned (“Poučenia z Covidu”), which was published in June 2022<sup>6</sup>.

The Health care section of this publication also contains a graph Epidemiological threat in selected EU countries (Graph 2), prepared by the Authority on the basis of data supplied by the European Centre for Disease Prevention and Control for the relevant region of Slovakia. It shows that the pandemic containment rate in Slovakia basically followed the trend in neighbouring countries.

*Graph 2 Epidemiological threat in selected EU countries\**



\* Epidemiologická hrozba vo vybraných krajinách EÚ - Epidemiological threat in selected EU countries  
Celkové skóre 1 až 10 založené na hodnotách a trendoch piatich indikátorov v 01. až 52. týždni - Total score 1 to 10 based on values and trends of five indicators in 01st to 51nd week.

Slovakia - Czech Republic - Poland - Austria - Hungary

veľmi vysoké - very high

vysoké ohrozenie - high threat

stredné ohrozenie - middle threat

nízke ohrozenie - low threat

veľmi nízke ohrozenie - very low threat

Currently, the aim is to further improve the whole system by computerising it (eExaminations /“ePrehliadky”/ project) and to manage some of the units more efficiently.

More information on the activities of this pillar is provided in Chapter 4 and Annex 3 of this report.

<sup>6</sup> <https://obchod.dennikn.sk/show/896/poucenia-z-covidu>

## 1.2.4 Health Insurance Supervision

This public health insurance pillar is built on the truncated foundations of the controversial 2004 Zjacob's reform. The situation escalated last year also due to the overall depletion of human resources during the pandemic. The Slovak Republic is, of course, not alone in experiencing a particularly challenging period for the health care sector in the wake of the pandemic; the weak resilience of systems globally has also been highlighted by analysts abroad<sup>7</sup>.

The two parts of the system through which the EUR 6 billion flow, namely the management of health insurance companies (A) and the prices for health care providers (B), are still distorted, causing considerable problems in the accessibility of health care as a whole. We discuss these briefly below, the details will be presented in a separate Report on the State of Execution of Public Health Insurance for 2022, which is due to be submitted to the Slovak government in June.

From the perspective of the public administration budget and the financial stability of the Slovak health care system, a special challenge of 2022 was to establish new departments of the Authority (Department of Health Insurance Analysis and Health Care Accessibility, Department of Health Care Purchasing Supervision), to initiate legislative changes and to cooperate across institutions in their finalisation (C).

The Authority also paid significant attention to the reinsurance campaign, in which irresponsible spending of millions of euros have become widespread as a result of the unfair reinsurance practices and lax approach of health insurance companies. The Authority has also filed criminal complaints in this matter and is cooperating with the General Prosecutor's Office (D).

### (A) Financial management of health insurers

Analyses in this area are mainly carried out by the Health Insurance Analysis and Health Care Accessibility Departments. The Authority's management participated in discussions with auditors on the economic results of all three health insurance companies, which are summarised in Table 1.

*Table 1 Selected data from financial statements of health insurers for 2021 and 2020*

thous. EUR	VšZP				ZP Dôvera				ZP Union			
	2021	2020	change	change (%)	2021	2020	change	change (%)	2021	2020	change	change (%)
Selected information on profit/loss:												
Written insurance contributions <sup>1</sup>	3,654,344	3,430,358	223,986	7%	1,580,593	1,424,505	156,088	11%	516,199	426,758	89,441	21%
Net HC costs <sup>2</sup>	-3,600,396	-3,421,845	-178,551	5%	-1,475,097	-1,306,785	-168,312	13%	-465,322	-384,153	-81,169	21%
Other PHI revenues and expenses	-50,309	-32,296	-18,013	56%	-18,005	-30,255	12,250	-40%	-9,401	-11,284	1,883	-17%
PHI result	3,639	-23,783	27,422	-115%	87,491	87,465	26	0%	41,476	31,321	10,155	32%
Profit(+)/loss(-)	-86,750	-114,180	-27,430	-24%	17,324	-26,856	44,180	-165%	3,534	-4,097	7,631	-186%
Profit(+)/loss(-) after adjustment*					17,324	36,305	-18,981	-52%				
Profit/loss as % of written insurance contributions	-2.4%	-3.3%			1.1%	2.5%			0.7%	-1.0%		
Selected information on financial position:	31/12/2021	31/12/2020	change	změna v %	31/12/2021	31/12/2020	change	change (%)	31/12/2021	31/12/2020	change	change (%)
Cash	118,635	223,703	-105,068	-47%	114,355	68,918	45,437	66%	101,456	77,106	24,350	32%
PHI receivables	448,462	452,421	-3,959	-1%	152,410	141,747	10,663	8%	77,783	57,086	20,697	36%
PHI liabilities	267,889	266,163	1,726	1%	76,131	76,896	-765	-1%	35,354	27,475	7,879	29%
Equity	35,149	152,473	-117,324	-77%	219,288	185,506	33,782	18%	46,325	25,646	20,679	81%
Equity after adjustment**					74,582	26,258	48,324	184%				
Minimum equity prescribed by law	16,600	16,600			16,600	16,600			16,600	16,600		

\* profit/loss adjusted by one-time depreciation of intangible assets due to better comparability of results

\*\* equity adjusted by the residual value of the insurance portfolio which should not have been accounted for according to the case law, approach of the Ministry of Finance of the Slovak Republic and within the meaning of the working meeting of 09/11/2011 with the Financial Administration

<sup>1</sup> gross total of written insurance contributions, prescribed redistribution of insurance contributions, expenses and change in the balance of provisions for redistribution of insurance contributions  
<sup>2</sup> expenses for the provided health care less change in the balance of provisions for insurance coverage

<sup>7</sup> The Economist: <https://www.economist.com/finance-and-economics/2023/01/15/why-health-care-services-are-in-chaos-everywhere>

Health insurers have provided the Authority also with preliminary unaudited financial statements for 2022. According to these, while there has been a slight increase in available cash, there has also been an increase in liabilities and health care costs. All health insurers have met the legal requirement for a minimum amount of equity. However, the shareholders' equity of ZP Dôvera and ZP Union decreased compared to 2021, in the case of ZP Dôvera due to an accounting loss, in the case of ZP Union due to the distribution of dividends in the amount of EUR 4.9 million.

The increase in equity of VŠZP was mainly a result of the increase in the share capital by its shareholder by EUR 160 million in 2022. Based on the above preliminary data, the Authority does not expect significant improvements in the key liquidity and capital adequacy ratios. In 2022, the health insurers cumulatively reported a preliminary loss of almost EUR 160 million; a significant increase in the loss of VŠZP will be the focus of the Authority's attention in 2023.

The increased health care costs and the subsequent loss are a result of a number of factors, in particular macroeconomic changes and the thereto related price increases, a higher volume of health care provided which was postponed in the previous year due to the pandemic, an inconsistent approach to the creation of technical provisions, as well as a non-transparent set-up of reimbursement mechanisms for the health care provided, which lead to unequal financing of health care providers, causing under- as well as over-valuation of specific services.

The non-transparent set-up of reimbursement mechanisms affects both the outpatient sector<sup>8</sup> and hospitals<sup>9</sup>, and is being analysed in particular by the Department of Health Care Purchasing Supervision. The main findings are set out in the section below, and the Authority will address the issue in more detail in the 2022 Report on the State of Execution of Public Health Insurance.

### **(B) Prices of health care providers and reimbursement mechanisms**

The Authority considers the biggest failure of health insurers to be ignoring the usual price when remunerating the outpatient sector, through which about 30 %<sup>10</sup> of public health insurance funds flow. Particularly prolific are the specialities which we have reported on throughout 2022. The Authority will be addressing this issue again this year.

However, the combination of the contractual discretion exercised in setting prices and the absence of a transparent regulatory mechanism (DRG) for the provision of inpatient health care may mean that the state fails to secure the provision of free health care. The Authority therefore welcomed that, pursuant to paragraph 1.9 of the Memorandum on 2022 Health System Improvement (hereinafter referred to as “Memorandum”) of 30 November 2022 between the Government of the Slovak Republic and the Doctor's Trade Union, the Government of the Slovak Republic undertook to take measures within its competence to ensure that the MoH SR provides, no later than 3 days after signing the Memorandum, the analysts of the Authority with access to all the necessary data and enables them to independently verify the base rates, convergence and relative weights set so far and projected for 2023, and to formally request their periodic audit, the mechanism of which will be agreed in a separate tripartite Memorandum between the MoF SR, the MoH SR and the Authority.

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<sup>8</sup> [https://www.udzs-sk.sk/wp-content/uploads/2023/01/TS\\_AmbulancieNoHelikopterMoney\\_30.1.2023.pdf](https://www.udzs-sk.sk/wp-content/uploads/2023/01/TS_AmbulancieNoHelikopterMoney_30.1.2023.pdf)

<sup>9</sup> <https://www.mfsr.sk/sk/financie/hodnota-za-peniaze/blogy-uhp/2022/nerovne-financovanie-nemocnic/>

<sup>10</sup> <https://www.mfsr.sk/sk/financie/verejne-financie/rozpocet-verejnej-spravy/>

part “Rozpočet verejnej správy na roky 2023 až 2025” (Public administration budget for 2023 – 2025), document “Hlavná kniha.pdf” (General Ledger.pdf), Table 90 Rozpočet podľa vecných oblastí (Budget by fields); the budgeted amounts for 2023 for general outpatient care, specialised outpatient care and joint examination and treatment units have been taken into account

The Authority reiterated its call for the MoH SR to allow the Authority, as the regulatory and supervisory body in the health care system, to independently verify the DRG system, as part of a task carried out in the public interest.

Under the leadership of MUDr. Angelika Szalayova, The Centre for Classification System (CCS), has processed and published the first Slovak relative weights for 2023, for testing and analytical purposes, but these calculations have not been independently verified as of the date of completion of this report, despite the commitment of the Slovak Government in the above-mentioned memorandum, and despite the fact that this represents approximately 38 % of the financial resources in the public health insurance system (more than EUR 2.6 billion for 2023)<sup>11</sup>. According to preliminary findings, the DRG system has serious shortcomings which the Authority is interested in discussing. Based on international experience, the successful deployment of the DRG system as a reimbursement mechanism requires a sophisticated evaluation of the impact of the new mechanisms as well as a detailed independent audit.

On the one hand, the Authority welcomes the declared efforts of the CCS and has been offering a helping hand for almost a year. It is natural that the CCS team, which sets the rules for financial flows of more than EUR 2.6 billion, should have the support of a strong independent regulator and benefit from the possibility to be audited and thus gain the credibility of an independent perspective for the project.

On the other hand, it is regrettable that the two state institutions have not been able to agree, even as at the date of this report (27 February 2023), on how to share fully anonymised data so that the Authority can start working.

It will be important to institutionalise the teams and ensure their stability and sustainability beyond electoral cycles. The Authority is inclined to propose the establishment of an independent authority for price regulation in the health care sector, similar to the Office for the Regulation of Network Industries for the energy sector in Slovakia, or the Institut für das Entgeltsystem im Krankenhaus (InEK) for the health care sector in Germany.

### **(C) Legislative changes**

Of the three key legislative changes needed to plug the biggest holes in the public health insurance pipeline, the history and impact of which are also summarised in the introductory part of this report (prohibition of cross-ownership, strengthening of the Authority's independence, profit capping and regulation of the financial management of health insurers), another hole has been plugged in 2022 thanks to the great commitment of the Authority's legal experts with the approval of an amendment to Act No. 581/2004 Coll, on which dozens of experts have worked since May (*Press release 4/10*).

As a whole, the amendment has been effective since 1 January 2023. In terms of its impact on the future budgets of the Slovak public administration, the most important point is the limitation of profits of health insurance companies.

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<sup>11</sup> <https://www.mfsr.sk/sk/financie/verejne-financie/rozpocet-verejnej-spravy/>

part “Rozpočet verejnej správy na roky 2023 až 2025” (Public administration budget for 2023 – 2025), document “Hlavná kniha.pdf” (General Ledger.pdf), Table 90 Rozpočet podľa vecných oblastí (Budget by fields); the budgeted amounts for 2023 for general inpatient care have been taken into account

This part of the amendment has also been carefully examined by top constitutional lawyers in order to eliminate the grounds for challenging the amendment in the Constitutional Court. According to the new rules, if a health insurance company generates a profit that is higher than the appropriate profit (1 % of insurance contributions), it is obliged to use the difference to create or replenish a health quality fund. The fund will be used to finance, for example, the reimbursement of special medicines, medical procedures or the implementation of preventive programmes.

On the other hand, the Authority is forced to express its disappointment, as the MPs, by the cited amendment to the Act on Health Insurance Companies (Act No. 581/2004 Coll.), have withdrawn the power to order a health insurance company to submit a recovery plan for approval if its equity has fallen below the minimum amount of share capital as a result of a loss. The Authority is concerned that the withdrawal of this competence poses a risk to the financial stability of public health insurance.

The Authority will now have to leave the adoption of similar measures to the goodwill of the health insurer and compliance with the standard provisions of the Commercial Code, which define when any commercial company is in crisis. The Authority will appeal to the statutory body of the insurer to monitor whether the insurer is overindebted or at risk of bankruptcy as a result of an unfavourable equity/liabilities ratio, but this does not, in the Authority's view, constitute a sufficient guarantee for the stability of the public health insurance system.

However, the Authority views most of the changes adopted positively. For example, at the proposal of the Authority, mandatory withdrawal requirements for applications to health insurance companies have been introduced.

The Authority considers it necessary to amend the current legal regulation on the issuance of permits for the operation of medical emergency services, which is contrary to the principles of state administration, and to return this agenda from an independent authority to the competence of the competent state administration body, which is the MoH SR.

From its establishment until 1 June 2019, the Authority was not an authorising body, this activity fell exclusively within the competence of state administration bodies - the MoH SR and self-governing regions (delegated exercise of state administration).

The Act No. 139/2019 Coll., which amended Act No. 578/2004 Coll. in the area of selection of medical emergency services, was adopted without consideration of systemic impacts and justification of the benefits of this fundamental conceptual change. The application practice has also not shown any benefit of this step. The role of the Authority is to supervise the proper provision of health care by medical emergency services operators, not to issue them authorisations on the basis of a selection procedure.

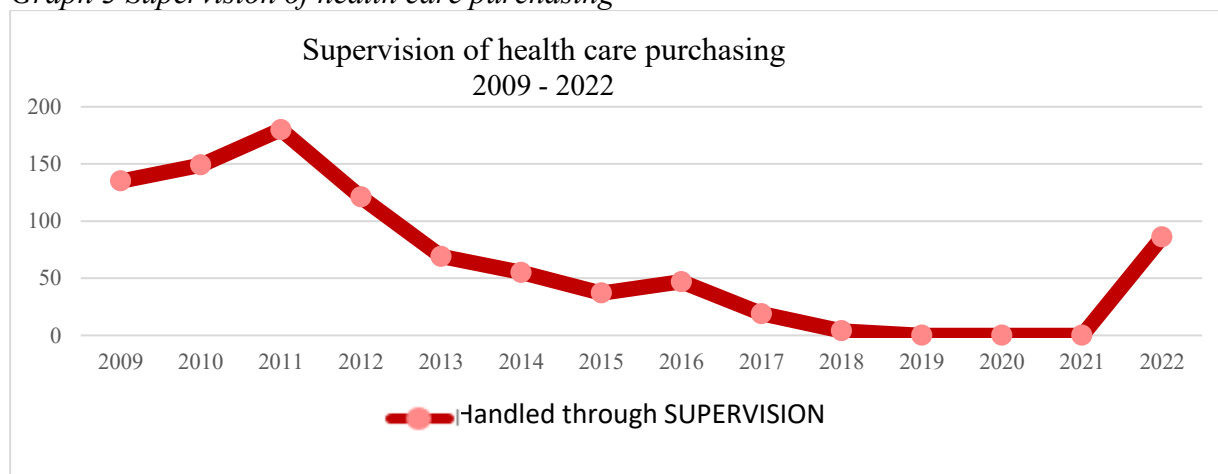
The prohibition of cross-ownership did not become the subject of legislative changes this year either, but the Authority positively perceives the manner and the result of the selection procedure of the new chairman of the Slovak Antimonopoly Office.



Its winner, Mgr. Juraj Beňa, LL.M., in response to a question from a representative of the Supreme Audit Office of the Slovak Republic as a member of the Commission on this topic, stated that the Antimonopoly Office has the power to assess concentrations at the vertical level with regard to their impact on competition and on the consumer, these concentrations have happened in the past, the question is to what extent they were assessed correctly, whether all vertical effects were assessed and whether it was assessed whether there is any exclusion of competition or effects that would prevent other players, e.g. pharmacies, from entering the market (*Press release 4/19*).

The Authority was able to establish two new departments and restart the supervision of health care purchasing (Graph 3). There has also been progress in the debate on the price regulation of services to be reimbursed by health insurers to health care providers, particularly in the outpatient sector. If there had been willingness to cooperate also on the part of the MoH SR, the progress could have been more significant also in the area of DRG.

*Graph 3 Supervision of health care purchasing*



#### **(D) Reinsurance campaign**

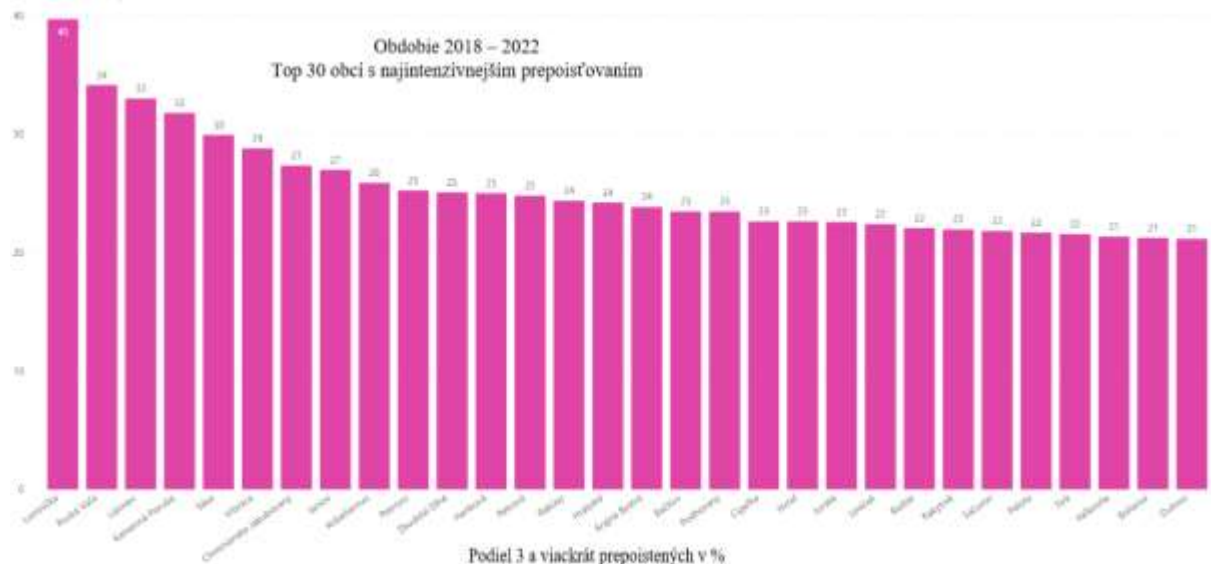
Within the Authority, there has also been significant renewed attention to the reinsurance campaign, where the approach of health insurers has led to a proliferation of unfair reinsurance practices in marginalised settlements, on which insurers are spending millions of euros rather than putting the focus on access to health care.

The authority received 213,395 applications for switching health insurance companies in 2022. 180,399 applications were preliminarily accepted, 32,996 were not accepted. The number of not accepted applications has dropped compared to the previous year.

In view of the suspicions of unfair reinsurance practices, which the Authority repeatedly draws attention to, the Authority has also evaluated the aggregated data for the last five years (*Press release 4/18*). The data show that 6,526 insured persons, representing 1.01 %, have been re-insured five times in the last five years. 18,764 people have been re-insured four times and 33,234 people have been re-insured three times, representing 5.13 % of the insured population. 79,525 people, or 12.28 %, changed their health insurance company twice during the period.

The analysed data further shows that the municipality of Lomnička in the Stará Ľubovňa district dominates the top 30 municipalities with the most intensive reinsurance for the years 2018 to 2022 (Graph 4).

*Graph 4 Top 30 municipalities with the most intensive reinsurance\**



\*obdobie 2018 – 2022 - Period 2018 – 2022

Top 30 obcí s najintenzívnejším prepoisťovaním - Top 30 municipalities with the most intensive reinsurance

Podiel 3 a viackrát prepoistených v % - Insurers reinsured 3 times and more (%)

The Authority estimates that health insurers spent millions of euros of public health insurance money on reinsurance agents' remuneration during this period alone. The Authority has already filed criminal complaints in connection with suspected fraudulent reinsurance and is actively cooperating with the General Prosecutor's Office.

More detailed information on the activities of the whole pillar of public health insurance, the supervisions carried out, more explanations on the points above and the analysis of the audited financial statements of health insurance companies within the meaning of Act No. 581/2004 Coll. will be published in a separate Report on the State of Execution of Public Health Insurance for 2022.

### 1.3 Key Findings and Recommendations

More than EUR 6 billion of compulsory health insurance contributions of Slovak citizens are poured every year into a system that remains unpredictable, non-transparent, inefficient and unfair. However, at the end of 2022, after almost 20 years, one big hole in the legislation has been plugged, namely capping the profits of health insurers; it will no longer be possible to pour hundreds of millions of euros directly from citizens' insurance contributions into the hands of private shareholders.



In order for this positive change to be felt by citizens, it is essential that the new Slovak Government proceeds with a conceptual reform of the health care sector, which, from the point of view of the Authority as the watchdog of finances and the quality of services in the health care sector, should be focused mainly on the modification of the concept of health insurance, the launch of transparent price regulation of the health care services provided through reimbursement mechanisms corresponding to the European standard, and greater accountability of the insurance companies in the redistribution of financial resources, up to the restart of the key departments of the MoH SR.

As regards the restart of the departments of the Authority itself, this has largely been achieved as planned. We believe that citizens have noticed the Authority's efforts to provide transparent information, whether on the progress of socially important supervision of the quality of health care, such as the iClinic last year, on the financial management of health insurers, or on legislative processes, where the Authority has managed to make significant progress despite the turbulent environment.

## **2. Basic Information about the Authority**

### **2.1 Establishment of the Authority**

The Authority was established through 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 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. The Authority supervises a number of key elements of the health care 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. Forensic and pathological-anatomical activities are carried out by the Authority in nine units: Bratislava - three units, Banská Bystrica, Košice, Martin, Nitra, 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.

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 2022:

MUDr. Martin Valent	Chair (since 20 May 2021)
MUDr. Martina Malá	Vice-Chair (re-appointed since 1 November 2022)
JUDr. Lucia Pastiriková	member (since 4 November 2021)
Mgr. Peter Pavlovič	member (since 4 November 2021)
JUDr. Ing. Jana Ježíková	member (since 1 November 2022)
MUDr. Peter Jacko, PhD.	member (since 1 November 2022)

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 2022, 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. Éva 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. The branches of the Authority, sections and supporting departments at the headquarters fall directly within the competence of the Chair:

Basic pillars of the Authority - Sections:

- Section of Health Insurance Supervision,
- Section of Health Care Provision Supervision,
- Section of Forensic Medicine and Pathological Anatomy

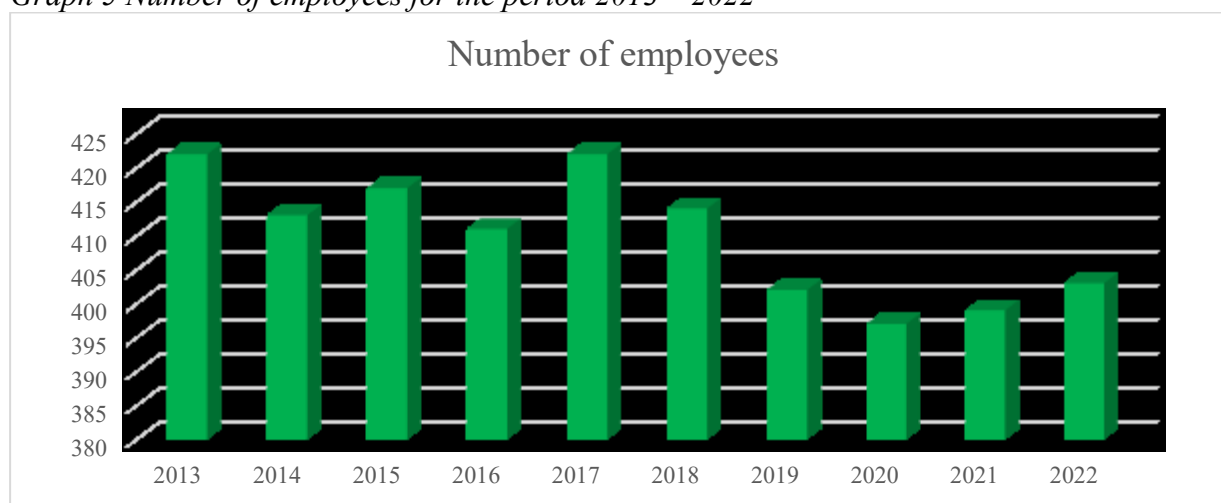
Supporting departments:

- Economy Section,
- Office of the Chair,
- Legal Department,
- Internal Control and Quality Department
- Human Resources Department,
- Information Systems Department,
- Public Procurement Department
- Cyber and Information Security Department

## 2.3 Personnel of the Authority

As of 31 December 2022, the total number of employees of the Authority was 403, of which 132 worked at the headquarters, 78 at the branches and 193 at the FMaPA units.

*Graph 5 Number of employees for the period 2013 – 2022*



The average age of employees was 49 years. With regard to the age structure of the Authority's staff, 77 staff members (19 %) are over 60 years of age, of whom 32 staff members are over 65 years of age (8 %). The age structure of the staff remains relatively high and continuity in the various posts needs to be ensured by appropriate measures. This year, the salary settings for selected posts with the Authority have been adjusted on the basis of salary ranges to ensure that skilled workforce can be recruited in a competitive labour market environment.

In 2022, 91 % of the Authority's staff had at least secondary education with a school-leaving exam, with more than half of the staff (61 %) having a university degree.

The requirement for education and experience for some of the Authority's positions stems directly from legislation (in particular Act No. 581/2004 Coll.). It is therefore essential that the Authority employs well-educated staff and professionals with appropriate qualifications and practical experience.

More detailed information on education is given in Annex 1 - *Table 3, Graph 8*.

In 2022, the Authority supported the development, professional growth and further education of staff by participating in 188 learning activities, training courses and conferences relevant to the staff's job role. In 2022, additional in-house training sessions were held on Office 365 applications, on the changes in the implementation of systems within the Authority's projects (new ERP system, new registry, updated attendance system). Employees participated in external training events in Slovakia and abroad. This year, management participated in training on staff assessment and target setting.

Educational and training activities are planned on the basis of the priority needs of each department. In 2022, funds were mainly invested in training in the Information Systems Department.

Last year, we launched a new staff assessment process based on set objectives and key performance indicators of staff, which were based on the Authority's overall strategy and were subject to end-of-year assessment and staff motivation.

An important activity in the personnel area was the recruitment of experts for the Health Insurance Supervision Section, for the needs of the newly created departments in the areas of health insurance analysis and access to health care, in the area of health care purchasing supervision, and in project management and information technology.

## **2.4 Authority's Budget and Financial Management Report**

### **2.4.1 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 in accordance with Act No. 431/2002 Coll. on Accounting, as amended. The accounting procedures and the chart of accounts are laid down by the MoF SR Regulation of 14 November 2007 No. MF/24342/2007-74, as amended.

In monitoring the implementation of the public administration budget, the Authority applies the budget classification pursuant to Section 4(4) of Act No. 523/2004 Coll. on the Budgetary Rules of the Public Administration and on Amendments and Supplements to Certain Acts, according to which the revenues and expenditures of the public administration budget are uniformly determined and classified. The revenues and expenditures are monitored by the Authority in accordance with MoF SR Measure No. MF/010175/2004-42, as amended, which establishes the type classification, organisational classification and economic classification of the budget classification.

Pursuant to Section 19 of Act No. 581/2001 Coll., the Authority submits to the Government of the Slovak Republic a report on the Authority's financial management for the first half of the calendar year within three months after the end of the calendar half-year and a draft budget of the Authority, which is subsequently approved by the National Council of the Slovak Republic (by 15 October).

The Authority's financial management report includes the Balance Sheet, the Profit and Loss Account, the Notes to the Financial Statements and the Financial Statement of Revenue, Expenditure and Financial Operations as at 31 December.

#### **2.4.2 Information on the Approved Budget for 2022**

The budget of the Authority for 2022 was approved by the National Council of the Slovak Republic by Resolution No. 743 of 30 November 2021. The main revenue of the Authority is the annual contribution to the activities of the Authority from health insurance companies pursuant to Section 30 of Act No. 581/2004 Coll., the amount of which is 0.45 % of the assessment base.

To cover the expenses of 2022, the resources from the activity contribution from health insurance companies received in December 2021 amounting to EUR 23,084,688 were budgeted and carried forward to 2022 as part of the balance of funds from previous years.

The contribution received in December 2022 for the activities of the Authority in 2023 amounted to EUR 23,567,908.

Other approved revenues of the Authority included the revenue received from administrative activities and the revenue from the activities of the FMaPA units. Thanks to the legislative changes in the area of dead body examinations by private companies and the smooth transfer of this activity to the competence of the Authority, financial stability has been secured also in this area.

The Authority's expenses for 2022 amounted to EUR 22,685,491, the largest item being expenditure on salaries and wages totalling EUR 12,425,990.

An assessment of the implementation of the 2022 budget according to the ESA 2010 methodology is presented in Table 2.

*Table 2 Implementation of the 2022 budget according to ESA 2010 methodology (EUR)*

Health Care Surveillance Authority		A 2021	I 2022	A 2022	Budget implementation 2022 (%)
Total revenues of HCSEA		66,072,590	70,165,061	69,887,195	99.6
	Revenues of the current year, thereof:	24,460,282	25,060,180	24,659,551	98.4
200	Non-tax revenue, thereof:	1,000,945	1,005,009	1,087,879	108.2
220	Administrative fees and other fees and payments	997,008	1,000,000	1,086,753	108.7
222	Fines, penalties and other sanctions	2,400	0	0	x
223	Income from the activities of the Authority	994,608	1,000,000	1,086,753	108.7
230	Capital income	0	0	0	x

240	Interest on domestic loans, thereof:	3,895	5,000	0	0.0
243	on financial management accounts	3,895	5,000	0	0.0
290	Other non-tax revenues	42	9	1,126	12 511,11
300	Grants and transfers, thereof:	23,459,337	24,055,171	23,571,672	98.0
312001	From the state budget	51,579	3,764	3,764	100.0
312003	From health insurance companies	23,084,688	24,051,407	23,567,908	98.0
331002	Standard foreign grants from an international organisation	323,070	0	0	x
400	Revenues from transactions with financial assets and liabilities	41,612,308	45,104,881	45,227,644	100.3
453	Funds from previous years	41,612,308	45,104,881	45,227,644	100.3
456	Other financial revenues – exchange rate differences	0	0	0	x
Total expenses of HCSA		20,844,946	24,423,509	22,685,491	92.9
600	Current expenses, thereof:	19,597,983	22,223,509	20,668,086	93.0
610	Wages and salaries	8,210,359	9,321,603	9,155,823	98.2
620	Insurance contributions and health insurance	2,957,962	3,421,027	3,270,167	95.6
630	Goods and services	8,126,265	9,340,878	8,104,685	86.8
640	Current transfers	303,397	140,000	137,411	98.2
700	Capital expenses	533,239	2,000,000	1,825,610	91.3
800	Expenses for transactions with financial assets and liabilities	713,725	200,000	191,795	95.9
819003	Exchange rate differences	713,725	200,000	191,795	95.9
Total surplus/deficit (+/-) of HCSA		45,227,643	45,741,552	47,201,704	103.2
Exclusion of financial operations		-40,898,583	-44,904,881	-45,035,849	100.3
Exclusion of financial operations – income side		-41,612,308	-45,104,881	-45,227,644	100.3
Exclusion of financial operations – expense side		713,725	200,000	191,795	95.9
Year-on-year change in receivables increase (+)/decrease (-)		-124,902	0	5,424	x
Year-on-year change in liabilities increase (-)/decrease (+)		112,874	0	-164,667	x
Surplus / deficit (+/-) (ESA 2010) of HCSA		4,317,033	836,671	2,006,612	239.8
ESA 2010 Revenues		24,335,380	25,060,180	24,664,975	98.4
ESA 2010 Expenses		20,018,347	24,223,509	22,658,363	93.5
ESA 2010 Balance		4,317,033	836,671	2,006,612	239.8

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

## 2.5 Information Systems Department and Project Management Department

In the area of information technologies, the Authority's reform efforts continued in 2022 to make the Authority a more modern, efficient and respected institution. As of 1 January 2022, a new department, the Project Management Department, was established through an organisational change.

### 2.5.1 Project Management

The task of the Project Management Department, which was created to provide the project office function, is to streamline project management in the context of the entire project portfolio, to centrally monitor the achievement of project objectives in line with the Authority's strategic objectives and to standardise project work in accordance with Decree No. 85/2020 on project management. The staff of the department consists of a Director of the Department, two project managers and one project management specialist. The position of a business analyst was not filled in 2022.

The year 2022 was marked by analytical work on two large projects funded through a non-repayable financial contribution from the Operational Programme for Integrated Infrastructure:

- Data Management HCSA – CRP (Central Register of Insured Persons), RZP (Register of Health Care Workers), RPZS (Register of Health Care Providers), RÚ (Register of Deaths of Individuals or Declared Dead)
- eExaminations (“ePrehliadky”) HCSA

Back in 2019, the Authority was successful with its application for a non-repayable financial contribution filed with MoIRDI SR for two **projects - Data Management HCSA - CRP, RZP, RPZS, RÚ and ePrehliadky HCSA**. Both these projects are funded by the Operational Programme for Integrated Infrastructure, Priority Axis: 7 Information Society, aimed at improving access to, use and quality of information and communication technologies.

**The project Data Management HCSA - CRP, RZP, RPZS, RÚ** aims to modernize selected health registers kept by the Authority and to replace the outdated manual data exchange between the institutions concerned by modern application services. The implementation of the project will ensure real-time synchronisation of data as well as increase its quality and credibility by using referable sources. The project will ensure up-to-date, better quality and more accessible data on insured persons, insurability, health care providers and health care workers, while contributing to the “once and enough” principle. The project will also increase the availability of data in the form of open and interlinked data, which will contribute to its better usability for analytical processing and decision-making in public administration.

**The project eExaminations (“ePrehliadky”) HCSA** is aimed at modernising the system of the examination of dead bodies. The system will be newly computerised, so the institutions involved will be able to exchange information electronically. The ePrehliadky HCSA project will significantly streamline the process not only on the part of the Authority itself, but for all parties involved: the Statistical Office of the Slovak Republic, the NHIC, the civil registry offices and the citizens. Until now, these institutions processed the information from the Letters of Examination of the Dead manually, with the citizen being directly involved in the process. The project will result in increased data quality, increased relevance of output and reduced errors in manual processing.

In 2022, the Authority joined the MoIRDI SR **data integration project**, which aims to make the base of public administration data, including open data, accessible through a data integration platform to meet the “once and enough” principle, while building infrastructure and making data available to public authorities.

During 2022, the current state was analysed and a proposal for the target state of the provision of data of the Authority through the central reference data management in the role of consumer and provider of data for collaborating entities (health insurance companies, NHIC, external entities and others) was prepared.

In 2022, implementation and testing work on the project **Integration Platform HCSA** was underway. After successful deployment and testing of the new solution, the Authority can declare that the new key building block of the architecture has been successfully implemented together with new services for the provision of data from the central registers - the Register of Legal Entities, the Register of Natural Persons and the Register of Addresses. The result is a more efficient and modern integration environment of the Authority's information system together with improved service and support compared to the previous, significantly technologically outdated platform. The results are a reduced risk of data loss, more efficient data exchange between the Authority's systems and an increased level of security of the processed data.

The second half of 2022 marked the beginning of analytical and implementation work on the **project of a new electronic information system for the management of the registry**, which is in accordance with Act No. 305/2013 Coll. on Electronic Support in the Performance of Competences of Public Authorities and on Amendments and Supplements to Certain Acts (e-Government Act), as amended. The aim is to modernise the current information system, which currently no longer meets the security requirements. The implementation of the information system will be completed in 2023.

Closely related to the new registry project is the **document management system project**, which is a new electronic repository for documents and images from paper documents.

At the end of 2022, a pre-tender initiation phase was finalised for three new agenda systems that will modernise the information systems in which the Authority operates.

The department is working closely with all the departments of the Authority, in particular the Information Systems Department and the Public Procurement Department, because project management can deliver on the objectives set only when synergies are applied.

The implementation of the projects listed below has resulted in savings of EUR 3.6 million, excluding VAT, for the Authority compared to the estimated value of the contracts (EVC).

#### Registry management

EVC: EUR 384,640 excl. VAT

Contract price: EUR 184,700 excl. VAT

Difference: EUR 199,940 excl. VAT

#### Data Management HCSA – CRP, RZP, RPZS, RÚ

EVC: EUR 3,659,595.54 excl. VAT

Contract price: EUR 1,180,000 excl. VAT

Difference: EUR 2,479,595.54 excl. VAT

#### eExaminations (“ePrehliadky”) HCSA

EVC: EUR 1,348,817 excl. VAT

Contract price: EUR 404,180 excl. VAT

Difference: EUR 944,637 excl. VAT



Back-up server room  
EVC: EUR 318,300 excl. VAT  
Contract price: EUR 308,000 excl. VAT  
Difference: EUR 10,300 excl. VAT

Total difference - savings: EUR 3,634,472.54 excl. VAT, i.e. approx. EUR 3.6 million excl. VAT compared to the estimated value of contracts.

To sum up, last year, thanks to good teamwork within the Authority, but also to mostly good cooperation across ministries, the Authority managed to stabilise itself from collapse, resolve vendor lock-in and save EUR 3.6 million excluding VAT against the estimated value of the contracts through successful public procurement. However, the successful completion of inter-ministerial projects may be jeopardised by the unstable political situation and the non-functionality of some key institutions for these projects, including the NHIC, since the end of the previous year.

### **2.5.2 Information Systems Department**

In 2022, the Information Systems Department implemented modernisation steps to improve the technical and technological equipment of staff and organisational departments by purchasing new portable computing devices, i.e. laptops with accessories including monitors, multifunctional network devices and laser printers. The Secured Printing Services project was successfully implemented, which increased the security of handling sensitive information and improved compliance with Act No. 69/2018 Coll. on Cyber Security and on Amendments and Supplements to Certain Acts. The project increased the security and efficiency of printing, scanning and copying by using chips to authenticate users.

In the area of central computer technology, new hardware and software equipment was purchased for the infrastructure part of the back-up server room set-up, as well as the expansion of existing equipment.

In the network infrastructure segment, an electronic communication services project was implemented to increase the capacity of the connection between the headquarters and the branches (VPN), as well as the primary connection to the Internet and to the back-up site (datacentre). The project also included the replacement of IP telephones by modern equipment, as well as new security devices at the network boundary to protect against cyber-attacks.

In 2022, a new Portal of Suggestions was put into operation. The Portal of Suggestions has brought benefits not only to citizens but also to the Authority's own staff. The Portal of Suggestions consists of nine areas that will make it easier for the public to navigate health issues; citizens will find a clear breakdown of the areas of complaints that the Authority is entitled to deal with and those which need to be addressed to other institutions. Citizens can lodge a complaint directly through the portal.

The Authority has successfully deployed Office 365 products, which ensure better teamwork, as well as document sharing and collaboration between organisational departments on individual documents.

Office 365 also includes Power BI, an analytical tool used by the Authority for data analysis and visualisation. During 2022, Intranet was built by the internal capacities of the Information Systems Department for internal purposes and information sharing.

## **Registers of the Authority**

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 Health Care 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 Health Care Workers.

### Central Register of Insured Persons (CRP)

In 2022, 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 2022, a total of 5,182,734 insured persons were registered in the CRP. Out of the total number of insured persons, 2,879,680 persons were insured with VšZP, 1,664,363 with ZP Dôvera and 638,691 with ZP Union.

### Register of Health Care Workers and Health Care Providers

In 2022, the Authority assigned 3,749 health care worker codes and terminated 1,234 codes in the individual health care worker categories. Code numbers of two health care workers were suspended.

In 2022, the Authority assigned 1,495 codes, suspended 434 codes, and terminated 1,148 codes to health care providers. The Authority continued to cooperate extensively with authorizing bodies.

### Register of Deaths of Individuals or Declared Dead

In 2022, the Authority launched a project for the electronic processing of death notifications, thus switching from manual to electronic processing of death notifications as of 1 April 2022. The records of death notifications are thus updated on a regular daily basis by importing data from the register of natural persons. The aim is to ensure that the data is updated in the shortest possible time and with minimum need for manual intervention by the competent person. In 2022, 77,493 deaths of natural persons were registered.

### Register of Birth Announcements

In 2022, 53,200 births of insured persons were registered. Of these, 60 records were cancelled or removed based on a change in the Register of Natural Persons. Data processing was 98.42 % automated.

### Register of Applications for Public Health Insurance

In 2022, the communication, processing and control of data between the Authority and health insurers was fully automated.

### Applications for Public Health Insurance

Pursuant to the provisions of Section 6 of the Act No. 580/2004 Coll., 176,536 applications for public health insurance were sent to the Authority by health insurance companies, of which 173,913 applications were accepted by the Authority and 2,622 applications were not accepted.

### Applications for the Change of the Health Insurance Company from 1 January 2023

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 2023, which they received during the reinsurance period from 1 October 2021 to 30 September 2022. Of the total number of applications for the change of the health insurance company received by health insurance companies, the Authority accepted 180,431 applications as at 25 January 2023.

## **2.6 Communication with media and public**

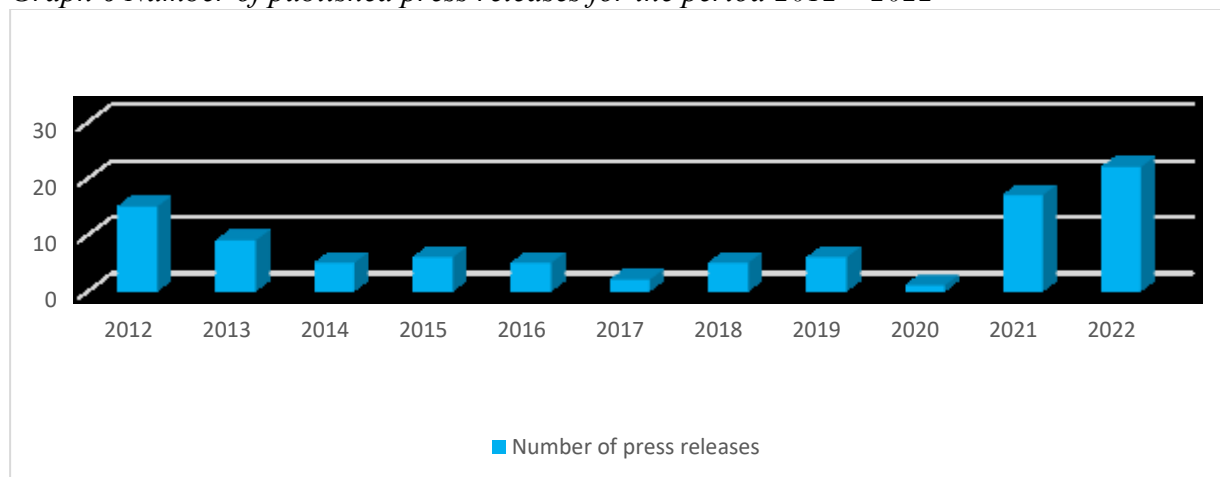
The Authority's communication in 2022 was in the public interest.

Under the leadership of its Chair, the Authority continued in 2022 to pursue its set media strategy, which aims first and foremost to inform the public in a transparent manner. Quarterly set media plans were changed according to the current developments in society and the outputs immediately reflected the events and information that needed to be made visible through the media in the public interest.

The Authority responded to all journalists' queries. The Authority endeavours to explain sufficiently to the media representatives the subject of their enquiries so that the published media outputs actually reflect a true and complete picture of reality.

While the Authority published 17 press releases in 2021, the number increased to 22 in 2022 (Graph 6). The Authority responded to journalists' questions and queries in 201 responses. In 2022, the Authority dealt with 129 requests made under Act No. 211/2000 Coll. on Free Access to Information.

Graph 6 Number of published press releases for the period 2012 – 2022



Summary of the topics communicated in 2022 press releases:

- 19 January 2022 Information on the preliminary number of deaths related to COVID-19 for December 2021 (*Press release 4/1*)
- 18 February 2022 Information on the preliminary number of deaths related to COVID-19 for January 2022 (*Press release 4/2*)
- 28 February 2022 Preliminary financial results of health insurers as at the end of 2021 (*Press release 4/3*)
- 8 April 2022 The activities of the HCSA aimed at regulation of financial management of health insurance companies are perceived positively by Slovaks (*Press release 4/4*)
- 6. May 2022 Second session of the Ethics Committee of the HCSA (*Press release 4/5*)
- 10 May 2022 Reaction of the Authority to the claims of the health insurance company Dôvera (*Press release 4/6*)
- 23 May 2022 Reaction to the politicization of the Health Care Surveillance Authority's professional opinion on the financial statements of a regulated entity (*Press release 4/7*)
- 27 June 2022 Citizens can submit complaints to the Health Care Surveillance Authority faster and easier (*Press release 4/8*)
- 12 August 2022 Slovakia has been for a long time the only EU country that does not use the DRG system and does not regulate prices when reimbursing inpatient health care and does not regulate prices (*Press release 4/9*)
- 17 August 2022 Statement to the draft amendment to the Act on Health Insurance Companies and Health Care Surveillance (Act No. 581/2004 Coll) (*Press release 4/10*)
- 30 August 2022 Valuation of specialist treatment is not adequately set (*Press release 4/11*)
- 14 September 2022 Reinsurance campaign peaks, insured persons should be careful (*Press release 4/12*)
- 26 September 2022 Representatives of the Authority, the health insurance company Dôvera and financial group Penta met today at the premises of the Authority. ZP Dôvera seeks compensation for non-pecuniary damage and an apology from the Authority (*Press release 4/13*)

- 31 October 2022 The Authority publishes data on deficiencies identified during supervisions in 2021 (*Press release 4/14*)
- 4 November 2022 The Authority cannot disclose communication with journalists under the Freedom of Information Act (*Press release 4/15*)
- 9 November 2022 The Authority acted in the public interest, it will not apologise to the health insurer Dôvera or its shareholders (*Press release 4/16*)
- 21 November 2022 Attacks on the independence of the Authority by media close to Penta group escalate (*Press release 4/17*)
- 22 November 2022 180 thousand people to change their health insurance provider from next year (*Press release 4/18*)
- 25 November 2022 Penta's position in the health care is growing stronger and triggers the need for qualified competition protection (*Press release 4/19*)
- 29 November 2022 The problem with health care is not creeping socialism, but ruthless capitalism (*Press release 4/20*)
- 9 December 2022 The motion of the ex-minister Rudolf Zajac in the Parliament was unsuccessful (*Press release 4/21*)
- 20 December 2022 The Authority has noted an alarming state of accumulating complaints against companies with links to iClinic group, has proactively reported these to the Minister of Health and has requested that the competent sections of the Ministry take action (*Press release 4/22*)

## 3. Health Care

### 3.1 Health Care Provision Supervision

Within its competence defined by the provisions of Section 18(1)(b) et seq. of Act No. 581/2004 Coll., the Authority supervised the provision of health care and the maintenance of medical records, the provision of nursing care in social assistance facilities, etc., by supervising the correct provision of health and nursing care. In the framework of supervision of the provision of medical and nursing care and the maintenance of medical records, the Authority acted in accordance with the provisions of Section 43 et seq. of Act No. 581/2004 Coll. by carrying out remote or on-site supervision. In addition to the Authority's employees, the persons authorised to carry out supervision were also invited on the basis of a written mandate. In the context of the Authority's competences arising from the provisions of Act No. 578/2004 Coll., the Authority supervised the obligations of medical emergency services providers, following the basic rules of control activities pursuant to Act No. 10/1996 Coll., and at the same time carried out controls sanctioning breaches of the obligations of medical emergency services providers imposed by the provisions of Act No. 579/2004 Coll.

As part of the consolidation of the Authority's branches, the activities of the Authority's branch in Martin were gradually curtailed from the middle of the year and its activities were subsequently terminated as of 31 August 2022. The activities of the branch in Martin within the scope of its competences in the Žilina self-governing region were taken over by the Authority's branch in Banská Bystrica. All employment relations with the employees working at the Martin branch office have been settled. Supervisory activities, as well as the activity of issuing codes and other activities, are fully covered by the Banská Bystrica branch of the Authority as of 1 September 2022. At the same time, during the second half of 2022, it was decided to close the Prešov and Nitra branches of the Authority as of 1 April 2023, and discussions were held with the staff at the end of the year on the possibilities of their further employment with the Authority.

During the first half of 2022, the activities of the persons entitled to exercise supervision were mainly influenced by the efforts to meet the legal deadline for the completion of supervision. During the reporting period, a revised process card regulating the supervision procedures was issued and subsequently entered into force, which was accompanied by an update of the relevant forms. Since January, the Authority has introduced the possibility to increase the remuneration of the invited person, i.e. the Authority's expert consultant, for an expert opinion. The main criteria for the possibility to increase the basic fee of the consultant are the delivery of the expert opinion within the deadline, the adequate reply to all of the questions raised and the clear assessment of the diagnostic and treatment procedures in the case under consideration. In the event of a delay in the delivery of the expert opinion and the exhaustion of the possibilities to urge the expert consultant on the part of the Authority's branch, the Director of the Health Care Supervision Section, the Deputy Chair of the Authority and, in exceptional cases, the Chair of the Authority shall intervene in the urging process within the framework of the escalation mechanism. The first half of 2022 was also marked by a persistent problem with the delivery of expert reports commissioned in the previous calendar year for the purpose of supervision in cases related to the death of a patient. In this context, the Authority was forced to submit a complaint to the Ministry of Justice of the Slovak Republic in relation to one expert with the request to verify his activities and possibly impose a sanction in administrative proceedings.

In the period under review, cooperation with new expert consultants was established, especially from the field of ophthalmology, but also from the specialties internal medicine and emergency medicine. In the course of the calendar year 2022, cooperation was established with a total of 38 new expert consultants working not only in Slovakia but also in the Czech Republic. The need to establish cooperation with expert consultants from the medical specialty of ophthalmology was mainly due to the increasing number of complaints in relation to the health care provider iClinic plus, s.r.o. and companies with links to this provider, intertwined in terms of personnel, financially as well as materially and technically. At the end of the first half of the year, the Authority registered a total of 28 complaints against iClinic. At the same time, the Authority also dealt with complaints against doctors spreading misinformation.

In the second half of the year, the number of complaints against the iClinic group (iClinic plus, s. r. o., MEDICAL INVESTMENTS CONSULTING GROUP, s. r. o., MEDICAL INVESTMENTS CONSULTING, a. s., CORNEA-SK, s. r. o.) increased to 17. Due to the high percentage of substantiated complaints and the seriousness of the findings, these inspections became the most important inspections for the Authority in 2022, for more information see the *Press release 4/224/22*. The Authority also informed the Minister of Health of the Slovak Republic about the seriousness of the situation. At the end of the year, also for these purposes, an agreement on cooperation was concluded between the General Prosecutor's Office and the Authority in the protection of public resources and the development of mutual relations in ensuring effective and efficient protection of the health care provided.

In 2022, the Authority's multi-disciplinary working group developed a legislative proposal regulating (not only) the exercise of supervision. The amendment to Act No. 581/2004 Coll. was approved by the National Council of the Slovak Republic on 22 December 2022, and its provisions regulating the exercise of supervision became effective on 1 January 2023.

In the second half of the year, the preparatory activities aimed at a detailed description of the design of a new information system in which suggestions, complaints and supervision activities will be dealt with and monitored.

In 2022, numerous statistical activities were carried out to monitor the number of complaints dealt with, the performance of supervision, the time limits for the completion of supervision, etc.

### 3.2 Complaints Structure Analysis

From 1 January 2022 to 31 December 2022, the Authority received **1,832** complaints in the field of health and nursing care provision. 619 complaints were carried over (pending) from previous years. As at 31 December 2022, the Authority had dealt with a total of **2,451** complaints.

Of the total 2,451 complaints, the Authority closed 2,012 complaints in 2022, representing 82.09 %. The remaining 439 complaints (17.91 %) are pending. The data is compiled in Annex 2, *Table 4*, and the complaints by departments of the Authority in *Table 6*.

By introducing internal mechanisms, the Authority was able to reduce the length of time taken to resolve complaints compared to the previous year, which resulted in a smaller percentage of the backlog of complaints being carried forward at the end of the year. While the carry-over of complaints to the following year was approximately the same in both 2021 and 2022, 6.90 % fewer complaints remained outstanding at the end of 2022 than at the end of 2021 (Annex 2, *Table 5*). In 2022, the percentage of pending complaints in that year has been historically reduced to its lowest level since 2014 (Annex 2, *Graph. 9*).

The subject of the complaints mainly concerned dissatisfaction with the treatment procedure (39.13 %) and deaths related to the health and nursing care provided (26.33 %). Complaints which, according to their content, could not be attributed to any of the other categories were attributed by the Authority to the category 'other'. The most frequent subjects of complaints (20 or more) are shown in *Graph 10* (Annex 2).

As of 31 December 2022, the Authority had closed 2,012 submissions, of which as many as 819 were assessed as unfounded. An assessment of all submissions handled through supervision as well as otherwise than through supervision in 2022 is shown in *Graph 11* (Annex 2). Complaints were deferred ad acta most often when the complainant did not complete the complaint or requested the Authority to discontinue supervision.

### **3.3 Complaints Handled through Supervision**

In September 2022, the Authority proceeded to the categorisation of the complaints handled through supervision. The category of supervision/complaint is determined by the head of the supervision team after gathering the relevant medical documentation and familiarising himself with the complaint and the opinion of the supervised entity/entities. Categorisation is an internal tool of the Authority to streamline the conduct of supervision in terms of time and to provide a visual overview of the complexity of the cases with regard to the likelihood of substantiation.

*\*all kinds of solutions (both complaints handled through supervision and otherwise than through supervision)*

Table 7 (Annex 2) shows the complaints pending as at 31 December 2022, after categorisation, and *Graph 12* (Annex 2) shows closed complaints handled through supervision as at 31 December 2022.

By introducing internal mechanisms, the Authority has succeeded in reducing the length of time taken to resolve complaints compared to the previous year, but most importantly the complaints handled through supervision (Annex 2, *Graph 13*).

In 2022, the Authority assessed 153 complaints as substantiated, 816 as unfounded and 17 were adjourned ad acta in the framework of remote or on-site supervision (Annex 2, *Table 8*). The overall overview of inpatient and outpatient supervision as at 31 December 2022 can be found in Annex 2, *Table 10*.

In the substantiated complaints handled through supervision completed as of 31 December 2022, the most frequent misconduct found was in the specialty of internal medicine (19.25 %) and nursing (11.18 %). All substantiated specialisations are shown in

*Graph 14* (Annex 2).

### **3.4 Exercise of State Supervision and Complaints Handled in Administrative Proceedings in relation to MES Operators**

In 2022, the Authority carried out 3 activities within the framework of state supervision and control, where, according to the provisions of Act No. 10/1996 Coll., it controlled the compliance of medical emergency services operators with the obligations arising from the provisions of Act



No. 578/2004 Coll. and Act No. 579/2004 Coll. on the Medical Emergency Services and on Amendments and Supplements to Certain Acts.

### 3.5 Second-instance Resolution of Complaints

As of 31 December 2022, the Authority's headquarters were investigating **84** complaints in the second-instance procedure (of which 8 were carried over from 2021), in cases where the complainants insisted that the Authority's branch had not investigated the complaint correctly (Annex 2, *Graph 15*). In these cases, the complainants requested reinvestigation.

### 3.6 Complaints Handled otherwise than through Supervision

Data on complaints which, according to their content, did not fall under the possibility of being handled within the framework of supervision under Act No. 581/2004, oversight under Act No. 578/2004 Coll., or inspection under Act No. 579/2004 Coll., and thus could not be handled within the competence of the Authority are contained in Annex 2, *Table 11*.

Most of the complaints referred by the Authority in 2022 to the competent authorities for direct handling were referred to the offices of self-governing regions (45.50 %). The category "other" included institutions that could not be classified under any of the above-mentioned institutions (Annex 2, *Graph 16*).

The number of complaints referred to outside the Authority for 2022 decreased significantly (by 18.59 % of the total number of complaints handled otherwise than through supervision) compared to 2021, due to the active use of the standardised response with a recommendation to use the Authority's Portal of Suggestions. In this way, the Authority handled 187 complaints in 2022.

### 3.7 Sanctions

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

In the period from 1 January 2022 to 31 December 2022, the Authority imposed the following sanctions and proposals for the imposition of sanctions on health care providers in the event of breaches of the statutory provisions:

- **proposals** for the imposition of fines to the MoH SR or self-governing regions: **15**,
- direct imposition of a **fine**: **85**,
- **measures** to remove the identified deficiencies and their causes: **122**.

**85** fines imposed on health care providers totalled **EUR 83, 350** (Annex 2, *Graph 17* and *Graph 18*). An overview of the financial penalties by branch is given in Annex 2, *12*.

## **Sanctions in administrative proceedings - obligations of medical emergency services providers**

In 2022, the branches of the Authority (first-instance administrative authorities) imposed a total of 13 fines for breaches of the provisions of Act No. 579/2004 Coll. on Medical Emergency Services (Annex 2, *Table 13*). None of these proceedings was handled by the second-instance administrative authorities, as all the first-instance decisions on imposing fines have become final.

In all cases, the offence was committed by failing to comply with the legal obligation to ensure that the medical emergency services dispatch immediately, and at the latest within two minutes of receiving an instruction from the coordination centre or the operations centre of the medical emergency services to intervene.

### **3.8 Follow-up Activities to Health Care Supervision**

#### **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 2022, the Appeal Committee met **19** times, hearing a total of **28** cases in which it proposed to the Chair of the Authority:

- in **23** cases to fully confirm the decision of the first-instance administrative authority,
- 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 **2** cases to discontinue the administrative proceedings on grounds of preclusion,
- in **1** case the appeal was lodged after deadline.

In 2022, the Appeal Commission of the Chair of the Authority No. VI considered appeals of insured persons against decisions of health insurance companies (on rejection of applications for reimbursement of the costs of planned health care provided abroad; applications for reimbursement of the costs of health care with the consent of the competent health insurance company; applications for the purpose of reimbursement of cross-border health care, which is subject to the prior consent of the competent health insurance company) heard a total of 8 cases (7 cases of VŠZP, 1 case of ZP Dôvera), of which the Commission proposed to the Chair of the Authority:

- in **4** cases to dismiss the appeal of the insured person and confirm the decision of the health insurance company,
- in **4** cases to annul the decision of the health insurer and refer the case back to it for a new hearing and decision.

### **3.9 Preventive and Educational Activities of the Authority**

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 health care/nursing care with a view to prevent them.

The Authority compiles into written form case reports of the most interesting cases it has dealt with during its investigations into the correctness of the health care provided. The publication includes cases relating to both correctly and incorrectly provided health care, 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.

## **Case reports**

In 2022, the Authority began publishing case reports on a more regular basis. In 2022, the following cases/articles were published in Medical Journal (“Zdravotnícke noviny”):

- Underdiagnosis of temperatures – No. 13, 31 March 2022,
- Monitoring is important, too – No. 17, 28 April 2022,
- Repeated examination - different result – No. 22, 2 June 2022,
- Failure to recognise acute abdomen – No. 26, 30 June 2022,
- Was just alcohol to blame? – No. 28, 28 July 2022,
- When a prisoner is a patient – No. 30, 25 August 2022.

## **3.10 Assessment and Plans for 2023**

During 2022, the Authority continued to use the “Portal of Suggestions”, which was created to streamline work and to identify complaints that are not resolvable by the Authority. The portal assisted in navigating between public authorities and other institutions to which the person concerned can turn to resolve his/her not just health problem. Last but not least, it is also possible to use the Authority's portal to lodge a complaint concerning an investigation into the correctness of the health care provided.

In the coming period, the Authority will continue to develop a new information system for the registration of complaints, which will meet all the requirements of the Authority necessary for the performance of its tasks in the area of the tasks entrusted to it by law, and will keep detailed records of the actions taken and implemented in handling of complaints, suggestions and inspections, and will subsequently keep track of the statutory and internal deadlines.

At the end of the year, Act No. 581/2004 Coll. was amended. The fundamental changes occurred in the time limit from the issuance of the mandate for the invited person until the delivery of the opinion or professional statement by the invited person, in the rejection of the complaint if the violation of the right or legally protected interest in the provision of health care should have occurred more than five years before the receipt of the complaint to the Authority, and in the provision of an extended response to the complainant. The Authority expects these changes to reduce the number of supervisions and at the same time to eliminate possible extensions of the time limits for the performance of supervisions, as the time limit for their completion will be linked to the time of the preparation of the professional opinion or expert opinion by the invited person.

## 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 2022, 6,465 autopsies were performed at FMaPA units. The total number of autopsies decreased by 873 compared to 2021. The decrease is mainly related to the reduction in the number of pathological-anatomical autopsies related to COVID-19 deaths. A breakdown of the number of autopsies by type is provided in Annex 3, *Table 14*.

The autopsy rate in 2022 was 10.85 %, an increase of 0.81 % compared to 2021 (10.04 %) (Annex 3, *Table 15*).

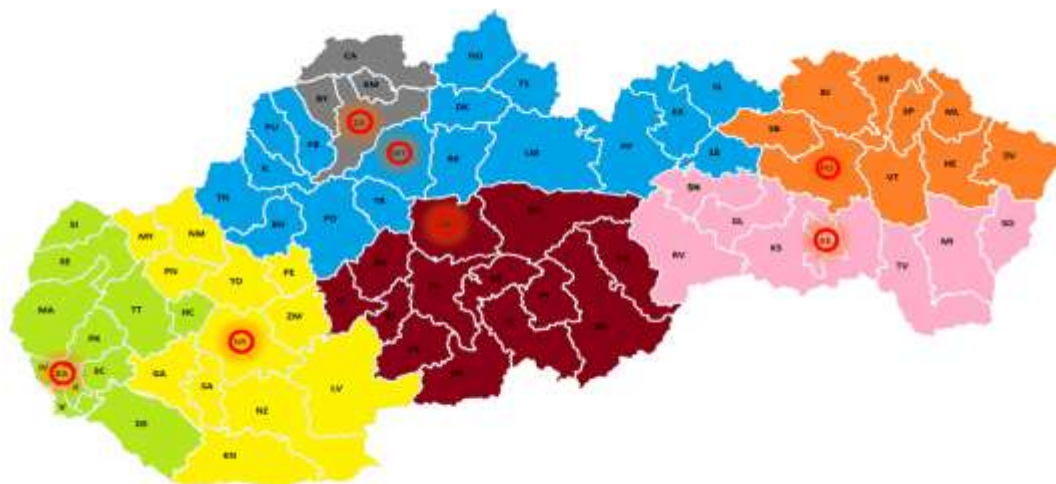
The performance of autopsies is currently provided by 9 FMaPA units: in Bratislava the unit of forensic medicine and the unit of pathological anatomy on Antolska Street and the unit of pathological anatomy on Sasinkova Street. The activity of the FMaPA unit in Poprad was terminated on 31 August 2022. An overview of the number of autopsies performed at the individual FMaPA workplaces of the Authority is given in Annex 3 - *Table 16* and *Graph 19*.

On average, there are 9.06 autopsies per doctor per month. A summary of each unit is summarised in Annex 3, *Table 17*.

#### 4.1.1 Consolidation of FMaPA Units

On the basis of the analysis of performance, staffing and development of the units, a decision was made to close the FMaPA unit in Poprad. The unit had been understaffed for a long time, and vacant positions had repeatedly failed to be filled. The catchment area of the adjacent districts was divided for the most part to the FMaPA unit in Martin, with one district falling within the catchment area of the FMaPA unit in Košice.

Graph 7 Regionalisation since 1 September 2022



Red circle - FMaPA unit

Regionalisation of districts to catchment units is marked in colours: green - Bratislava, yellow - Nitra, deep red - Banská Bystrica, blue - Martin, grey - Žilina, orange - Prešov, pink - Košice

#### 4.2 Performance of Laboratory Tests

Histology services sections of FMaPA units prepared a total of 65,211 bills and therefrom 66,753 histological specimens necessary for morphological diagnosis of diseases in the deceased.

A total of 43,870 toxicological tests were carried out at toxicology sections of FMaPA units, of which 17,419 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 26,451 tests on the dead (Annex 3, *Table 18*).

The highest number of toxicological tests was performed by the Forensic Medicine Unit Bratislava with 17,311 tests, the FMaPA unit Košice with 10,479 tests and FMaPA unit Banská Bystrica with 10,047 tests (Annex 3, *Table 19*).

An overview of the total number of tests carried out at the other FMaPA laboratory sections is given in Annex 3, *Table 20*.

In 2022, the Authority was 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 organises annual seminars in inpatient medical institutions according to the established regionalisation. In 2022, a total of 62 case reports of patients treated in an inpatient health facility were presented at 60 seminars.

### **4.4 Keeping a Register of Persons who have refused an Autopsy**

Pursuant to Section 48(4) of Act No. 581/2004 Coll., the Authority keeps a list of persons who have refused an autopsy during their lifetime.

The Authority has a total of 1,858 requests for refusal of an autopsy, of which 97 were registered in 2022.

### **4.5 Examinations of Dead Bodies**

In accordance with Act No. 581/2004 Coll., the Authority is responsible for ensuring the examination of dead bodies in the territory of the Slovak Republic. Historically, this activity was mainly carried out by general practitioners in the context of outpatient care or medical first-aid services.

From 2018 to 1 October 2021, especially after pressure from the professional societies of general practitioners, there was a professionalisation of the performance of the examination of dead bodies towards private companies, which provided this activity through their own doctors. The purpose of the change in the exercise of this activity in the public interest was to create a competitive environment which was intended to ensure both quality and financial sustainability.

However, the total costs have increased well above the value set by the Authority's budget for this activity in each procurement compared to the original estimates. In 2021, the Authority initiated a legislative change and proceeded to perform this service on a voluntary basis. As of 1 October 2021, the examinations of dead bodies were progressively placed organisationally under the branches of the Authority and in 2022 under the FMaPA units of the Authority.

No major shortcomings were noted by the Authority in the performance of the examinations of dead bodies from the inpatient health care facilities.

The Authority continued to organise trainings for doctors conducting examinations of dead bodies in inpatient health care facilities as well as for doctors conducting examinations on field in 2022. Upon successful completion, doctors were issued with certificates to carry out dead body examinations. The roster of doctors conducting field examinations is published continuously on the Authority's website for each calendar month. The interest in carrying out examinations in some regions exceeds the capacity to be included in the roster. The Authority continuously monitors and checks the progress of the examinations. In 2022, there were no major shortcomings in the conduct of inspections. The situation in the various regions and districts is largely stable, only in some regions there is a continuous effort to reduce the waiting time for the examining doctor to arrive at the examination site.

## 4.6 2023 Outlook

In 2023, the Authority will improve the professional quality of the performance of the post-mortem examination, with an emphasis on computerising the whole process by launching the eExaminations (“ePrehliadky”) project during the first half of the year. This project is in line with the implementation of the Operational Programme Information Society. The emphasis is on the electronic exchange of information between the institutions involved (the Authority, the civil registry offices, the Statistical Office of the Slovak Republic, the NHIC). The main aims of the project are to simplify and speed up the process of examination of a dead body, to reduce the amount of erroneous or incorrect data, a more thorough possibility of control and subsequent clear archiving.

Detailed recording of diagnostic conclusions from a dead body examination, their professional review and management will ensure more relevant data for the needs of e.g. defining national health policy priorities, but also for supranational institutions (WHO, ECDC, Eurostat, etc.).

In 2023, the FMaPA units will be subject to increased demands on the professionalism of their work, by setting new performance and professional requirements, which will aim to make the work of the FMaPA workplace staff significantly more efficient, as well as to increase the efficiency of their management. At the same time, the preparatory phase of updating the autopsy and toxicological examination recording and registration information system called eAutopsies (“ePitvy”) will be under way.

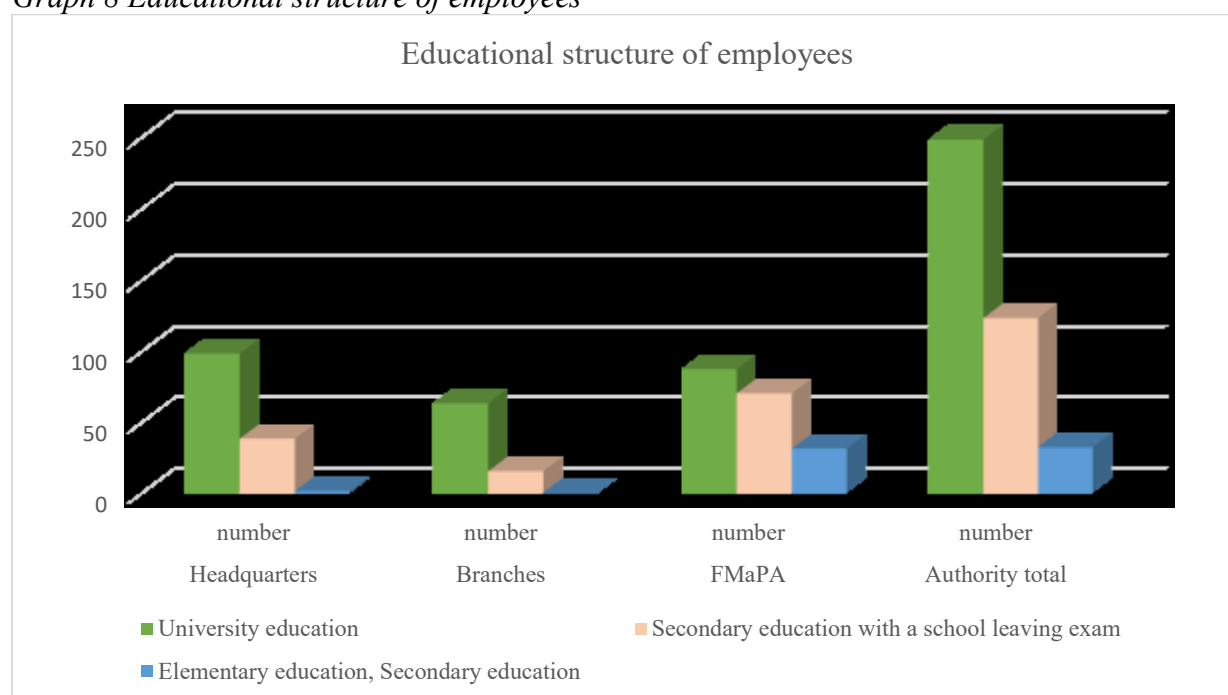
## Annexes 1 – 5

### Annex 1 Basic Information on the Authority

*Table 3 Educational structure of employees*

Education	Headquarters		Branches		FMaPA		Total	
	number	%	number	%	number	%	number	%
University education	98	71.6	63	80.8	87	46.3	248	61.2
Secondary education with a school leaving exam	38	27.7	15	19.2	70	37.2	123	29.8
Elementary education, secondary education	1	0.7		0.0	31	16.5	32	9
<b>Total</b>	<b>137</b>	<b>100.00</b>	<b>78</b>	<b>100.00</b>	<b>188</b>	<b>100.00</b>	<b>403</b>	<b>100.00</b>

*Graph 8 Educational structure of employees*





## Annex 2 Health Care Provision

*Table 4 Complaints handled by Authority as at 31/12/2022*

	Number	Share (%)
Complaints – transferred from previous periods	619	25.25
Complaints – 2022	1,832	74.75
<b>Complaints – total</b>	<b>2,451</b>	<b>100.00</b>
Closed – total	2,012	82.09
Pending – total	439	17.91

*Table 5 Comparison of the balance of complaints between 2021 and 2022*

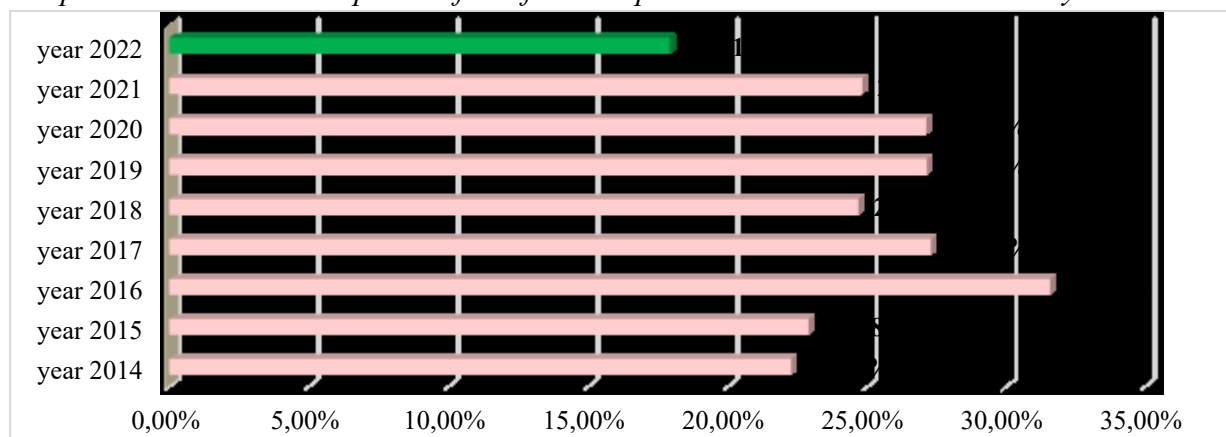
	2021	2022
Complaints – transferred from previous periods	24.45 %	25.25 %
Complaints received in 2022	75.55 %	74.75 %
Complaints – total	100.00 %	100.00 %
<b>Closed – total</b>	<b>75.19 %</b>	<b>82.09 %</b>
Pending – total	24.81 %	17.91 %

*Table 6 All complaints handled by divisions of the Authority as at 31/12/2022 \**

Division	Number	Share (%)
Headquarters	634	25.87
Bratislava	382	15.59
Banská Bystrica	297	12.12
Košice	285	11.63
Prešov	207	8.45
Trnava	192	7.83
Nitra	188	7.67
Trenčín	161	6.56
Martin	105	4.28
<b>Total</b>	<b>2,451</b>	<b>100.00</b>

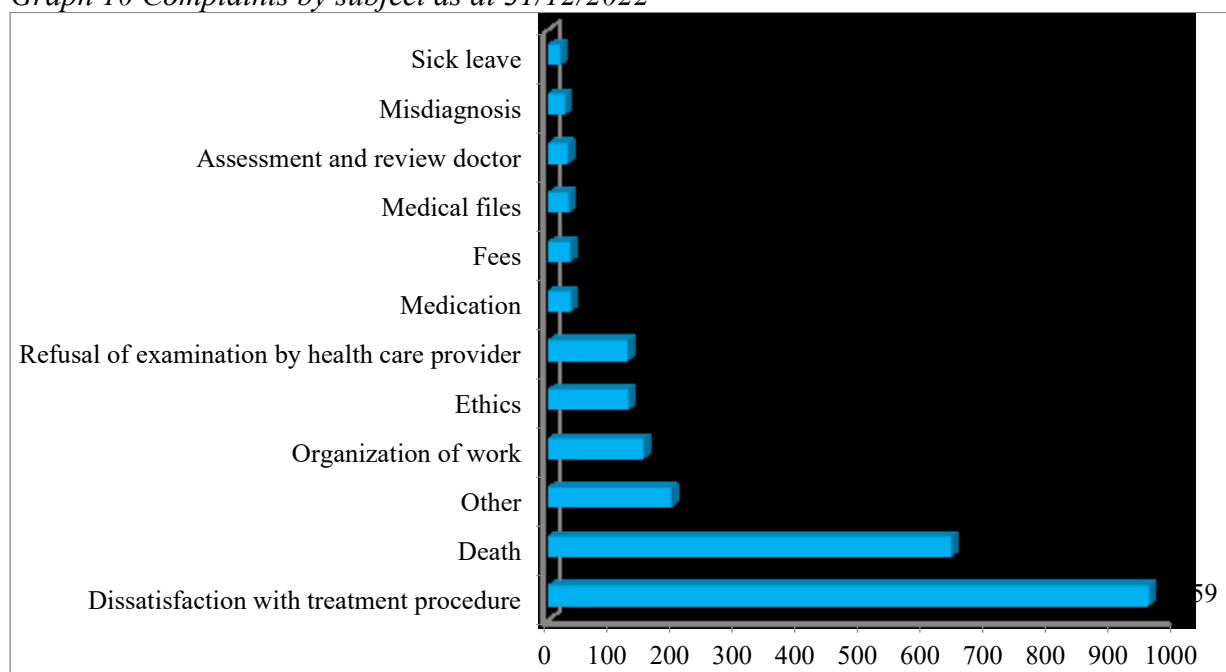
\* all kinds of solutions (both complaints handled through supervision and otherwise than through supervision - Legend (1))

*Graph. 9 Historical development of % of all complaints not closed in the relevant year\**



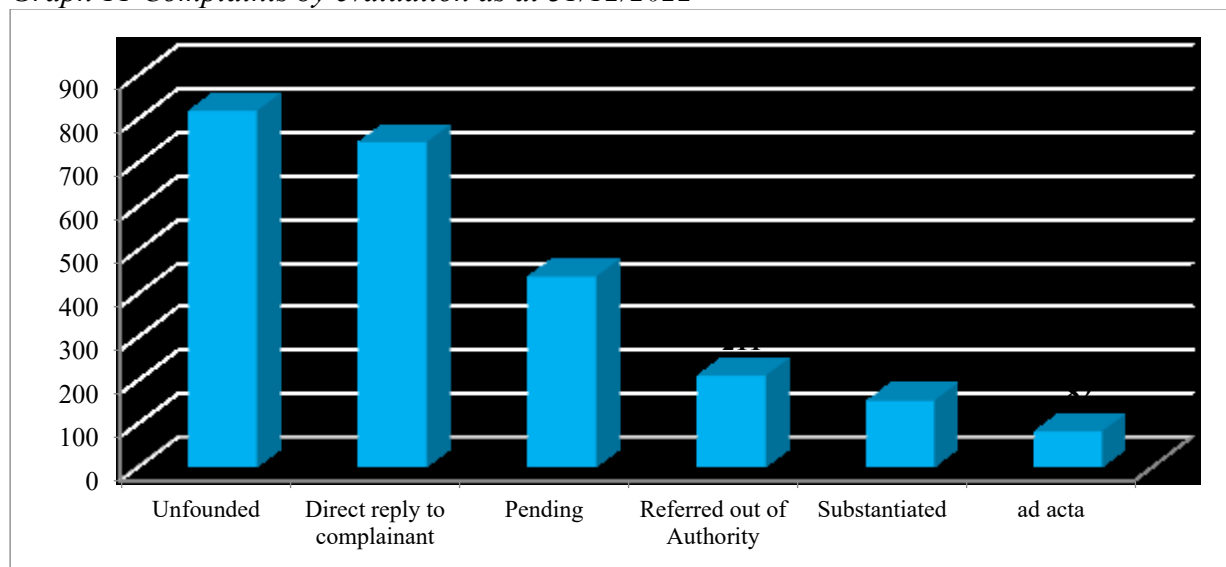
\* all kinds of solutions (both complaints handled through supervision and otherwise than through supervision)

*Graph 10 Complaints by subject as at 31/12/2022*



\* Other e.g.: request for information in general, how to file a complaint, information about the COVID-19 pandemic

Graph 11 Complaints by evaluation as at 31/12/2022\*

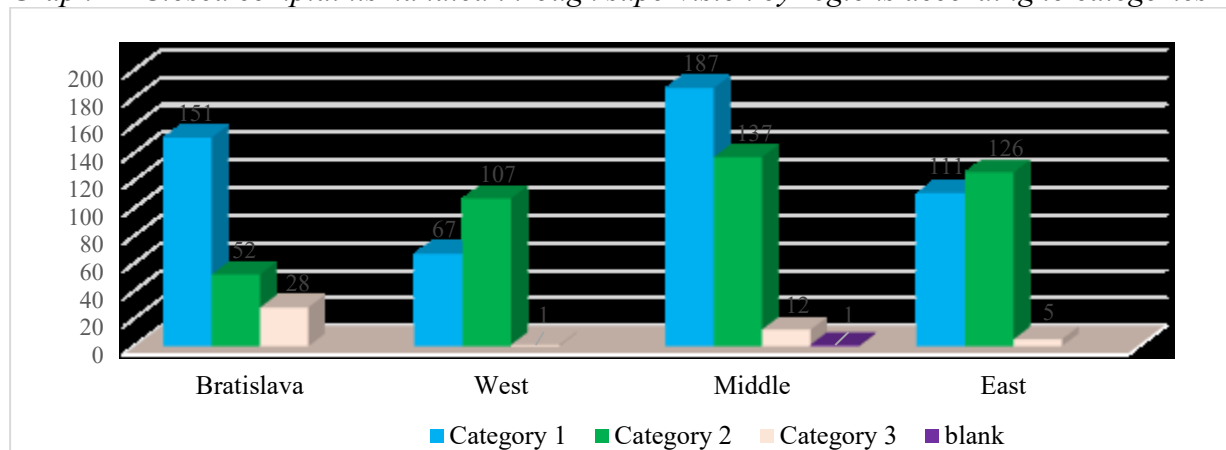


\*all kinds of solutions (both complaints handled through supervision and otherwise than through supervision)

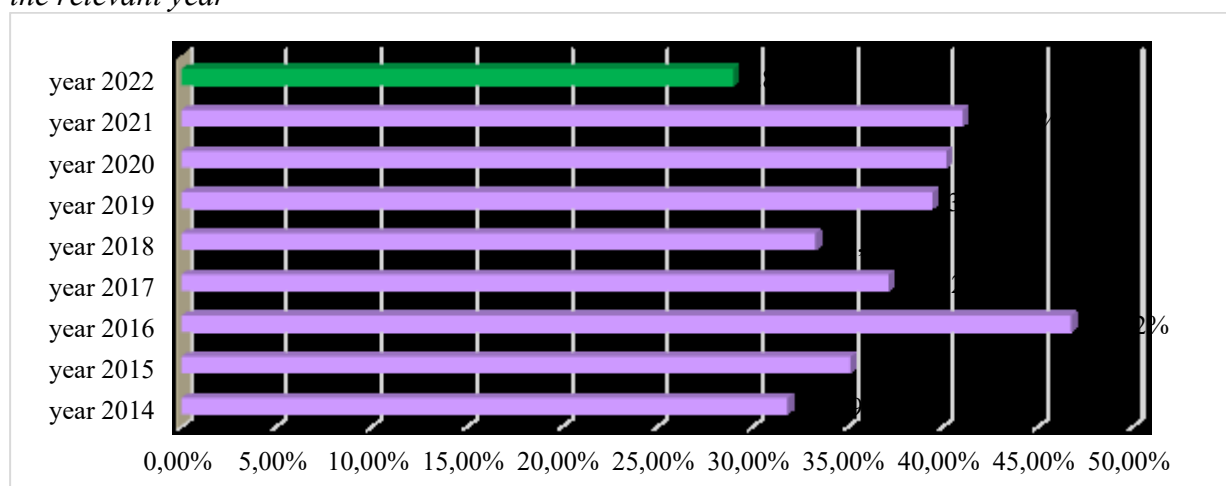
Table 7 Complaints handled through supervision by divisions of the Authority and according to categories – pending as at 31/12/2022

Division	Thereof			Total	Total for region
	Category 1	Category 2	Category 3		
Bratislava	39	49	7	95	95
Banská Bystrica	40	39	5	84	140
Nitra	16	40		56	
Košice	26	27		53	93
Prešov	5	35		40	71
Trenčín	5	33	1	39	
Trnava	24	7	1	32	
Headquarters	2	1		3	3
<b>Total</b>	<b>157</b>	<b>231</b>	<b>14</b>	<b>402</b>	<b>402</b>

Graph 12 Closed complaints handled through supervision by regions according to categories



Graph 13 Historical development of % of complaints handled through supervision not closed in the relevant year\*



\*only complaints handled through supervision

Table 8 Complaints handled through supervision as at 31/12/2022

	Remote supervision	On-site supervision	On-site and remote supervision	Number of supervisions	%
Substantiated	114	37	2	153	15.52
Unfounded	703*	103	10	816	82.76
Ad acta	15**	2		17	1.72
<b>Closed complaints handled through supervision</b>	<b>832</b>	<b>142</b>	<b>12</b>	<b>986</b>	<b>100.00</b>

\* thereof 4 partly referred out of Authority

\*\* thereof 1 referred out of Authority

Table 9 Complaints handled through supervision closed ad acta as at 31/12/2022

Reasoning	Number
Complainant requested to discontinue the supervision/did not agree with the supervision	11
HC was not provided, absence of medical files	3
Entity under supervision was not a HC provider during the period under supervision	1
Entity under supervision was not present at the address during the supervision, does not operate in the SR	1
Damage to health was caused by a machine, complaint was forwarded to the entity under supervision for further proceedings	1

Table 10 Supervisions in inpatient and outpatient health care as at 31/12/2022

Name of provider	Substantiated	Unfounded	Total	HC type*
Univerzitná nemocnica L. Pasteura Košice	0	36	36	ÚZS
UNB - Nemocnica sv. Cyrila a Metoda	5	28	33	ÚZS

UNB - Nemocnica Akademika L. Dérera	7	24	31	ÚZS
UNB - Nemocnica Ružinov	8	22	30	ÚZS
Fakultná nemocnica Nitra	0	23	23	ÚZS
Fakultná nemocnica s poliklinikou F. D. Roosevelta Banská Bystrica	2	20	22	ÚZS
Fakultná nemocnica s poliklinikou Žilina	4	17	21	ÚZS
Fakultná nemocnica Trnava	5	15	20	ÚZS
Nemocnica AGEL Zvolen, a. s.	2	18	20	ÚZS
Fakultná nemocnica Trenčín	2	14	16	ÚZS
Nemocnica pre obvinených a odsúdených a Ústav na výkon trestu odňatia slobody Trenčín	1	14	15	AZS
iClinic plus, s. r. o.	7	7	14	AZS
Všeobecná nemocnica s poliklinikou Lučenec, n. o.	0	14	14	ÚZS
Fakultná nemocnica AGEL Skalica, a. s.	1	12	13	ÚZS
NsP Považská Bystrica	1	12	13	ÚZS
Ústredná vojenská nemocnica SNP Ružomberok - FN	4	9	13	ÚZS
Kysucká nemocnica s poliklinikou Čadca	2	10	12	ÚZS
Národný ústav srdcových a cievnych chorôb, a. s.	0	12	12	ÚZS
Nemocnica AGEL Levice, s. r. o.	4	8	12	ÚZS
Záchranná zdravotná služba Bratislava	0	12	12	AZS
Národný ústav detských chorôb	1	10	11	ÚZS
Nemocnica AGEL Košice-Šaca, a. s.	0	11	11	ÚZS
Nemocnica Poprad, a. s.	0	11	11	ÚZS
FNsP J. A. Reimana Prešov	2	8	10	ÚZS
MEDICAL INVESTMENTS CONSULTING GROUP, s. r. o.	3	7	10	AZS
Národný onkologický ústav	0	10	10	ÚZS
Fakultná nemocnica s poliklinikou Nové Zámky	2	7	9	ÚZS
Nemocničná, a. s.	2	7	9	ÚZS
Svet zdravia, a. s., Všeobecná nemocnica Rimavská Sobota	0	9	9	ÚZS
UNB - Nemocnica Staré Mesto	2	7	9	ÚZS
ZZS Bratislava	3	6	9	AZS
Nemocnica s poliklinikou Dunajská Streda, a. s.	1	7	8	ÚZS
NsP Prievidza so sídlom v Bojniciach	1	7	8	ÚZS
Svet zdravia Nemocnica Topoľčany, a. s.	0	8	8	ÚZS
Univerzitná nemocnica Martin	0	8	8	ÚZS
Univerzitná nemocnica Martin	0	8	8	ÚZS
LSE-Life Star Emergency, s. r. o.	0	7	7	AZS
MEDICAL INVESTMENTS CONSULTING, a. s.	2	5	7	AZS
Nemocnica A. Leňa Humenné, a. s.	0	7	7	ÚZS
Nemocnica AGEL Levoča, a. s.	1	6	7	ÚZS
Nemocnica Alexandra Wintera Piešťany, n. o.	0	7	7	ÚZS
Nemocnica s poliklinikou sv. Lukáša Galanta, a. s.	1	6	7	ÚZS
Nemocnica s poliklinikou Štefana Kukuru Michalovce, a. s.	1	6	7	ÚZS
Svet Zdravia, a. s., Všeobecná nemocnica v Žiari nad Hronom	0	7	7	ÚZS
Nemocnica s poliklinikou Brezno, n. o.	0	6	6	ÚZS
Nemocnica s poliklinikou sv. Barbory Rožňava, a. s.	1	5	6	ÚZS

Nemocnica s poliklinikou Trebišov, a. s.	0	6	6	ÚZS
NsP Nové Mesto nad Váhom, n. o.	1	5	6	ÚZS
Dolnooravská nemocnica s poliklinikou Ladislava Nádaši Jégého Dolný Kubín	2	3	5	ÚZS
Liptovská nemocnica s poliklinikou MUDr. Ivana Stodolu Liptovský Mikuláš	1	4	5	ÚZS
LSE - Life Star Emergency, s. r. o.	0	5	5	AZS
Nemocnica AGEL Komárno, s. r. o.	0	5	5	ÚZS
Nemocnica s poliklinikou Spišská Nová Ves, a. s.	0	5	5	ÚZS
RZP, a. s.	0	5	5	AZS
Všeobecná nemocnica s poliklinikou, n. o.	1	4	5	ÚZS
Euromedix, a. s.	1	3	4	AZS
Fakultná nemocnica J. A. Reimana Prešov	0	4	4	ÚZS
LSE - Life Star Emergency, s. r. o.	0	4	4	ÚZS
Nemocnica AGEL Krompachy, s. r. o.	1	3	4	ÚZS
Nemocnica na okraji mesta, n. o.	2	2	4	ÚZS
Nemocnica pre obvinených a odsúdených a ÚVTOS Trenčín	0	4	4	ÚZS
Nemocnica Snina, s. r. o.	1	3	4	ÚZS
NsP Myjava	1	3	4	ÚZS
NsP sv. Jakuba, n. o., Bardejov	0	4	4	ÚZS
Psychiatrická nemocnica prof. Matulaya Kremnica	0	4	4	ÚZS
UN - Nemocnica sv. Michala, a. s.	0	4	4	ÚZS
Vranovská nemocnica, a. s.	1	3	4	ÚZS
Východoslovenský onkologický ústav, a. s.	1	3	4	ÚZS
Východoslovenský ústav srdcových a cievnych chorôb, a. s.	1	3	4	ÚZS
CINRE, s. r. o.	0	3	3	ÚZS
CORNEA-SK, s. r. o.	2	1	3	AZS
Detská psychiatrická liečebňa, n. o., Hraň	3	0	3	ÚZS
GPN, s. r. o.	0	3	3	ÚZS
Hornooravská nemocnica s poliklinikou Trstená	0	3	3	ÚZS
KARDIOCENTRUM NITRA, s. r. o.	0	3	3	AZS
Liečebňa pre dlhodobo chorých Štiavnička	0	3	3	ÚZS
MUDr. Janka Uhlíková - AMBULANCIA PLD, s. r. o.	0	3	3	AZS
Nemocnica AGEL Handlová, s. r. o.	1	2	3	ÚZS
Nemocnica s poliklinikou, n. o., Kráľovský Chlmec	2	1	3	ÚZS
Nemocnica s poliklinikou Považská Bystrica	1	2	3	ÚZS
NOVAPHARM, s. r. o.	0	3	3	AZS
Onkologický ústav sv. Alžbety, s. r. o.	0	3	3	ÚZS
Psychiatrická liečebňa Samuela Bluma v Plešivci	0	3	3	ÚZS
Svet zdravia Nemocnica Topoľčany, a. s.	1	2	3	AZS
UNB - ŠPG Podunajské Biskupice	0	3	3	ÚZS
UNsP Milosrdní bratia, spol. s r. o.	0	3	3	ÚZS
VESELY Očná klinika, s. r. o.	0	3	3	AZS
Vitality, s. r. o.	0	3	3	AZS
Wesper, a. s.	0	3	3	AZS
Záchranná služba Košice	0	3	3	AZS

Arcidiecézna charita Košice	0	2	2	ZSS
AVEMEDI, s. r. o.	0	2	2	AZS
Detská fakultná nemocnica s poliklinikou Banská Bystrica	0	2	2	ÚZS
Domov dôchodcov Hrachovište, n. o.	2	0	2	ZSS
Fakultná nemocnica Nitra	0	2	2	AZS
Fakultná nemocnica s poliklinikou J. A. Reimana Prešov	0	2	2	ÚZS
FMC - dialyzačné služby, s. r. o.	0	2	2	AZS
GYNAEX, s. r. o.	0	2	2	AZS
GYNARS, s. r. o.	0	2	2	AZS
HAJDU, s. r. o.	1	1	2	AZS
Hospitale, s. r. o.	0	2	2	ÚZS
CHABAD, s. r. o.	0	2	2	AZS
IvaDental, s. r. o.	0	2	2	AZS
Liptov Consulting, s. r. o.	0	2	2	AZS
Medix-CO, s. r. o.	0	2	2	AZS
MIDOC, s. r. o.	0	2	2	AZS
MM AMBULANCIA, s. r. o.	0	2	2	AZS
MUDr. Emil Milev, s. r. o.	0	2	2	AZS
MUDr. Renáta Raclavská	0	2	2	AZS
Nemocnica AGEL Zlaté Moravce, a. s.	0	2	2	ÚZS
Nemocnica Dr. Vojtecha Alexandra v Kežmarku, n. o.	1	1	2	ÚZS
Nemocnica s poliklinikou sv. Lukáča Galanta, a. s.	0	2	2	ÚZS
Novapharm, s. r. o.	0	2	2	ÚZS
NsP sv. Barbory Rožňava, a. s.	0	2	2	ÚZS
Praktická Ambulancia, s. r. o.	0	2	2	AZS
Psychiatrická nemocnica P. Pinela	0	2	2	ÚZS
R – Clinic, s. r. o.	0	2	2	AZS
RAFAEL dom, n. o.	0	2	2	ÚZS
Stredoslovenský ústav srdcových a cievnych chorôb, a. s.	0	2	2	ÚZS
VITALITA, n. o., Lehnice	2	0	2	ÚZS
ZaMED, s. r. o.	0	2	2	AZS
ŽILPO, s. r. o.	0	2	2	AZS
1. HILARION, s. r. o.	0	1	1	AZS
1. Neurologická, a. s.	0	1	1	AZS
adlatus, s. r. o.	0	1	1	AZS
ADOS POPRAD, s. r. o.	0	1	1	ZSS
Ados Szibillová, s. r. o.	0	1	1	ZSS
AGEL Clinic, s. r. o.	0	1	1	AZS
AK comp., s. r. o.	0	1	1	AZS
ALLMEA, s. r. o.	0	1	1	AZS
Alzheimercentrum Piešťany, n. o.	0	1	1	ZSS
Ambulancia praktického lekára MUDr. Ľubomíra Garajová, s. r. o.	0	1	1	AZS
Ambulancia Praktikom, s. r. o.	0	1	1	AZS
AmbulapRACTICA, s. r. o.	0	1	1	AZS
A-MED, s. r. o.	0	1	1	AZS

AngioSen, s. r. o.	0	1	1	AZS
ANMI, s. r. o.	0	1	1	AZS
AP dent, s. r. o.	1	0	1	AZS
Ars Medentis, s. r. o.	0	1	1	AZS
Arwen, s. r. o.	0	1	1	AZS
ATE - Air Transport Europe, s. r. o.	0	1	1	AZS
AVLPCD, s. r. o.	0	1	1	AZS
BabyHope, s. r. o.	0	1	1	AZS
BaMaMed, s. r. o.	0	1	1	AZS
BÁNOVSKA, s. r. o.	0	1	1	AZS
Benedictus MRM, s. r. o.	0	1	1	AZS
BESME, s. r. o.	0	1	1	AZS
BUTAS MEDIC, s. r. o.	0	1	1	AZS
Centrum pre deti a rodiny Skalica	0	1	1	ÚZS
Centrum pre liečbu drogových závislostí	0	1	1	AZS
Centrum sociálnych služieb AD USUM, n. o.	1	0	1	ZSS
CINRE, s. r. o.	0	1	1	AZS
CMZ MATKA, s. r. o.	0	1	1	AZS
COLPEX, s. r. o.	0	1	1	AZS
Cumulus, s. r. o.	0	1	1	AZS
CYTOPHATOS, s. r. o.	1	0	1	AZS
DALIJANA, s. r. o.	0	1	1	AZS
DAMON, s. r. o. (MUDr. Ľubica Patakyová)	0	1	1	AZS
DAPTI, s. r. o.	0	1	1	AZS
DC MEDICAL, s. r. o.	0	1	1	AZS
DDFARM, s. r. o.	0	1	1	AZS
Dental group, s. r. o.	0	1	1	AZS
DENTAL studio, s. r. o.	1	0	1	AZS
Denteum, s. r. o.	0	1	1	AZS
DENTLY Babčan, s. r. o.	1	0	1	AZS
Derma Med, s. r. o.	0	1	1	AZS
Desplazarsa, s. r. o.	0	1	1	AZS
Deti a dorast, s. r. o.	1	0	1	AZS
Detská fakultná nemocnica Košice	0	1	1	ÚZS
DETSKÉ SANATÓRIUM, spol. s r. o.	0	1	1	AZS
DIMEJA-MED, spol. s r. o.	1	0	1	AZS
Dom seniorov Centrum oddychu, n. o.	0	1	1	ZSS
Dom seniorov Rudi, n. o.	0	1	1	ZSS
Dom tretieho veku	1	0	1	ZSS
Domov dôchodcov a domov sociálnych služieb, Veľký Krtíš	0	1	1	ZSS
Domov pre seniorov	1	0	1	ZSS
Domov sociálnych služieb a zariadenie pre seniorov Kaštieľ	0	1	1	ZSS
Dr. Revaj, s. r. o.	0	1	1	AZS
EL – Gynda, s. r. o.	1	0	1	AZS
ElveMed s. r. o.	0	1	1	AZS



EN DENT, s. r. o.	1	0	1	AZS
EndoCorp, s. r. o.	0	1	1	AZS
EPONA. gyn.	0	1	1	AZS
ESSUR Clinic, s. r. o.	0	1	1	AZS
Euromedix, s. r. o.	0	1	1	AZS
EUROREHAB, s. r. o.	1	0	1	AZS
EVER-OK, s. r. o.	0	1	1	AZS
F&F medicine, s. r. o.	0	1	1	AZS
Fakultná nemocnica s poliklinikou Nové Zámky	0	1	1	AZS
FUTURUM, s. r. o.	0	1	1	AZS
GABRIELA, n. o.	1	0	1	ZSS
Gami MED, s. r. o.	0	1	1	AZS
GASTRODERM, s. r. o.	0	1	1	AZS
G-DENT Sk, s. r. o.	0	1	1	AZS
GEAPED, s. r. o.	1	0	1	AZS
Geria, s. r. o.	0	1	1	ÚZS
GP – SAEM, s. r. o.	0	1	1	AZS
GP Medical, s. r. o.	0	1	1	AZS
GYN - PRAKTIK, s. r. o.	0	1	1	AZS
Gyn Medic, s. r. o.	0	1	1	AZS
GYN. CENTRUM, spol. s r. o.	0	1	1	AZS
GYNCARE, s. r. o.	0	1	1	AZS
GYNDANYS, s. r. o.	0	1	1	AZS
GYNEMMA, s. r. o.	0	1	1	AZS
GYN-FIV, a. s.	0	1	1	AZS
GynKE, s. r. o.	0	1	1	AZS
GYNTOP, s. r. o.	0	1	1	AZS
Harmonia-Domov sociálnych služieb a zariadenie pre seniorov	0	1	1	ZSS
HDP, s. r. o.	0	1	1	AZS
HeMart, s. r. o.	0	1	1	AZS
HILARION, s. r. o.	0	1	1	AZS
CHIROF, s. r. o.	0	1	1	AZS
Chirsén, s. r. o.	0	1	1	AZS
IBD centrum, s. r. o.	0	1	1	AZS
IDECH, s. r. o.	0	1	1	AZS
IeDent, s. r. o.	0	1	1	AZS
Impeditus Consulting, s. r. o.	0	1	1	AZS
Interná a diabetologická ambulancia - MUDr. Ľubica Slobodová, s. r. o.	0	1	1	AZS
InterPractic, s. r. o.	0	1	1	AZS
IS SOLE, s. r. o.	1	0	1	AZS
ISCARE, a. s.	0	1	1	AZS
J+J MEDICAL, s. r. o.	1	0	1	AZS
JAAT Style, s. r. o.	1	0	1	AZS
JANINA, s. r. o.	0	1	1	AZS
JATRIDER, s. r. o.	0	1	1	AZS

JATROS, s. r. o.	0	1	1	AZS
JESENIUS SAMARIA, s. r. o.	0	1	1	AZS
JH-UniMed, s. r. o.	0	1	1	AZS
Jobident, s. r. o.	0	1	1	AZS
JOZMIS, s. r. o.	0	1	1	AZS
JT Ortho, s. r. o.	0	1	1	AZS
KaCH, s. r. o.	0	1	1	AZS
KAMALA, s. r. o.	0	1	1	AZS
Kardioprakt, s. r. o.	0	1	1	AZS
Keher - Chirurgické centrum, s. r. o.	0	1	1	AZS
KOLMED, s. r. o.	0	1	1	AZS
KRASNODENT, s. r. o.	0	1	1	AZS
Kúpele Kováčová, s. r. o.	0	1	1	ÚZS
Kysucká nemocnica s poliklinikou Čadca	0	1	1	AZS
Lekárske a zdravotnícke služby, s. r. o.	0	1	1	AZS
Lek-TOP, s. r. o.	0	1	1	AZS
LE-MED, s. r. o.	0	1	1	AZS
Liečebňa sv. Františka, a. s.	0	1	1	ÚZS
LIGUS, s. r. o.	0	1	1	AZS
LIPEA, s. r. o.	0	1	1	AZS
Ľubovnianska nemocnica, n. o.	0	1	1	ÚZS
LUGERIN, s. r. o.	0	1	1	AZS
M&P MEDICAL, s. r. o.	0	1	1	AZS
MARTA-Stanica zborovej diakonie, n. o.	0	1	1	ÚZS
MATTA MD, s. r. o.	0	1	1	AZS
MD plus spol. s r. o.	0	1	1	AZS
MED - PRAKTIK, s. r. o.	0	1	1	AZS
Med Integra Spišská Nová Ves, a. s.	0	1	1	AZS
MED-DREAM PLUS, s. r. o.	0	1	1	AZS
MED-EZOP, s. r. o.	0	1	1	AZS
Medibella, s. r. o.	0	1	1	AZS
MEDICAN, s. r. o.	0	1	1	AZS
MEDICENTRUM SNINA, s. r. o.	0	1	1	AZS
MEDICINA HUMANA, s. r. o.	0	1	1	AZS
MEDICIS, s. r. o.	0	1	1	AZS
MEDICSEM, s. r. o.	0	1	1	AZS
MEDICYT, a. s.	1	0	1	AZS
MEDIDAN, s. r. o.	0	1	1	AZS
MEDIK - M, s. r. o.	0	1	1	AZS
MEDI-MO Slovakia, s. r. o.	1	0	1	AZS
Medisana, s. r. o.	0	1	1	AZS
MEDITAM, s. r. o.	0	1	1	AZS
MEDI-TOR, s. r. o.	0	1	1	AZS
Medivega, s. r. o.	0	1	1	AZS
MED-JK, s. r. o.	0	1	1	AZS
MED-PED, s. r. o.	0	1	1	AZS

Meduni, s. r. o.	0	1	1	AZS
Mestská časť Košice-Sever (zariadenie opatrovateľ. služby)	0	1	1	ZSS
microDENT clinic, s. r. o.	0	1	1	ÚZS
Michalovský dom seniorov	0	1	1	ZSS
Milval, s. r. o.	0	1	1	AZS
MINAS, s. r. o.	0	1	1	ÚZS
MIRAMED, s. r. o.	0	1	1	ÚZS
MORAS, s. r. o.	0	1	1	AZS
MUDr. Alena Magalová - stomatologická ambulancia	1	0	1	AZS
MUDr. Andrea Remišová, s. r. o.	0	1	1	ÚZS
MUDr. Andrea Remišová, s. r. o.	0	1	1	AZS
MUDr. Anton Uhnák	0	1	1	AZS
MUDr. Baranová Edita, s. r. o.	1	0	1	AZS
MUDr. Bohuslav Tholt	0	1	1	AZS
MUDr. Dagmar Bálintová	0	1	1	AZS
MUDr. Dagmar Ballayová, neurologická amb. Poprad, s. r. o.	0	1	1	AZS
MUDr. Daniela Martišová	0	1	1	AZS
MUDr. Desatová, s. r. o.	0	1	1	AZS
MUDr. Gulová Eva	0	1	1	AZS
MUDr. Ivona Ložeková	0	1	1	AZS
MUDr. Ján Lančarič	0	1	1	AZS
MUDr. Jana Marcová, s. r. o.	0	1	1	AZS
MUDr. Janka Faixová	0	1	1	AZS
MUDr. Jozef Čajka	0	1	1	AZS
MUDr. Jozef Kašuba, s. r. o.	0	1	1	AZS
MUDr. Jozef Zigmund	0	1	1	AZS
MUDr. Juraj Jánošík	0	1	1	AZS
MUDr. Juraj Šidler	1	0	1	AZS
MUDr. Karin Badíková, s. r. o.	0	1	1	AZS
MUDr. Katarína Vičanová, s. r. o.	0	1	1	AZS
MUDr. Králiková Mária	0	1	1	ÚZS
MUDr. Ladislav Andreánsky	0	1	1	AZS
MUDr. Ladislav Kaprinay	0	1	1	AZS
MUDr. Ľudmila Dučáková, s. r. o.	0	1	1	AZS
MUDr. Mária Hriňová	0	1	1	AZS
MUDr. Marián Maškulík	0	1	1	AZS
MUDr. Marián Šiška	0	1	1	AZS
MUDr. Martin Naď, s. r. o.	0	1	1	AZS
MUDr. Martina Šmídová	1	0	1	AZS
MUDr. Miroslav Krajčí, s. r. o.	0	1	1	AZS
MUDr. Pavol Schultz	0	1	1	AZS
MUDr. Peter Kukula	0	1	1	AZS
MUDr. Peter Lipták	0	1	1	AZS
MUDr. Peter Ondruš	0	1	1	AZS
MUDr. Peter Raček	0	1	1	AZS

MUDr. Peter Šuran	0	1	1	AZS
MUDr. Peter Zalán	0	1	1	AZS
MUDr. Renata Königová spol. s r. o.	1	0	1	AZS
MUDr. Slávka Tomašková, s. r. o.	0	1	1	AZS
MUDr. ŠTEVULIAKOVÁ, s. r. o.	0	1	1	AZS
MUDr. Vanda Pedanová, s. r. o.	0	1	1	AZS
MUDr. Vladimíra Skalická	0	1	1	AZS
MUDr. Zdena Herková	0	1	1	AZS
MUDr. Zoja Lysáková	0	1	1	AZS
MUDr. Žbirková Darina	1	0	1	AZS
MUDr. Elena Kršjaková, s. r. o.	0	1	1	AZS
MUDr. Ondrej Kollár	0	1	1	AZS
N E S A B, s. r. o.	0	1	1	AZS
Národný endokrinologický a diabetologický ústav Ľubochňa	0	1	1	ÚZS
NATALI GYN, s. r. o.	0	1	1	AZS
Nefro-dialyzačné centrum, s. r. o.	0	1	1	AZS
Nemocnica AGEL Bánovce, a. s.	0	1	1	ÚZS
Nemocnica s poliklinikou Myjava	1	0	1	ÚZS
Nemocnica Topoľčany, a. s.	0	1	1	ÚZS
Nemocnice Yes Visage Bratislava, s. r. o.	1	0	1	AZS
NeoVizia očná klinika Poprad	0	1	1	AZS
NORTHIA, s. r. o.	0	1	1	AZS
NsP Ilava, n. o.	0	1	1	ÚZS
NsP Spišská Nová Ves, a. s.	0	1	1	ÚZS
NÚSCH, a. s.	0	1	1	ÚZS
NZBD ASTRA, n. o.	0	1	1	ÚZS
Občianske združenie SLNEČNICA Slovensko	0	1	1	ÚZS
One day teeth, s. r. o.	0	1	1	AZS
ONKOMED ZA, s. r. o.	0	1	1	AZS
ORL ambulancia - Effeta, s. r. o.	0	1	1	AZS
ORL HUMENNÉ, s. r. o.	0	1	1	AZS
ORTODONCIA KLOSTERMANN, s. r. o.	0	1	1	AZS
ORTO-Via, spol. s r. o.	0	1	1	AZS
Ošetrovateľské centrum, s. r. o.	0	1	1	ZSS
OZDent, s. r. o.	0	1	1	AZS
PEDI – AT, s. r. o.	0	1	1	AZS
Pedo Dent, s. r. o.	0	1	1	AZS
Pelikán Invest, s. r. o.	0	1	1	AZS
PK med, s. r. o.	0	1	1	AZS
POKO POPRAD, s. r. o.	0	1	1	AZS
POLIKLINIKA - LDCH, s. r. o.	0	1	1	ÚZS
Poliklinika ProCare Žiar s. r. o.	0	1	1	AZS
Poliklinika Terasa, s. r. o.	0	1	1	AZS
POLYART, s. r. o.	0	1	1	AZS
Port Med Košice, s. r. o.	0	1	1	AZS
Praktický lekár, s. r. o.	0	1	1	AZS

PRAKTIKAL, s. r. o.	0	1	1	AZS
PRAKTLEK-MUDr. Varga T., s. r. o.	0	1	1	AZS
PREMEDIC, s. r. o.	0	1	1	AZS
PREVENTÍVA, s. r. o.	0	1	1	AZS
Priemyselné zdravotnícke centrum ProCare, a. s.	1	0	1	AZS
Primstar, s. r. o.	0	1	1	AZS
PRO BIOS, spol. s r. o., neštátna poliklinika	0	1	1	AZS
PRO VITAE, n. o.	1	0	1	ÚZS
Psychiatrická nemocnica Hronovce	0	1	1	ÚZS
Psychiatrická nemocnica Michalovce, n. o.	0	1	1	ÚZS
PsychoLine, s. r. o.	0	1	1	AZS
REAMED, s. r. o.	0	1	1	AZS
Resutík, s. r. o.	0	1	1	ÚZS
RIZNIČ, s. r. o.	0	1	1	AZS
Rowis, s. r. o.	0	1	1	AZS
RTG-MEDLINE, s. r. o.	1	0	1	AZS
RT-MED, s. r. o.	0	1	1	AZS
Ružinovská poliklinika, a. s.	0	1	1	AZS
Ružová Záhrada, n. o.	1	0	1	ZSS
SALIS, s. r. o.	0	1	1	AZS
Sanatórium Helios SK, s. r. o.	0	1	1	AZS
SANERA, s. r. o.	0	1	1	AZS
Sangre azul, s. r. o.	0	1	1	AZS
SAPIENTIA, s. r. o.	0	1	1	AZS
S-COM, spol. s r. o.	0	1	1	AZS
SEGYN, s. r. o.	0	1	1	AZS
Schill Dental Clinic, s. r. o.	1	0	1	AZS
SchronerMED, s. r. o.	0	1	1	AZS
SIRCO, s. r. o.	0	1	1	AZS
Služby obce Kláštor pod Znievom, s. r. o.	0	1	1	AZS
SODAD, s. r. o.	0	1	1	AZS
SOMATO, s. r. o.	0	1	1	AZS
SOMEDA, s. r. o.	0	1	1	AZS
SORAMA, s. r. o.	0	1	1	AZS
SportClinic, s. r. o.	0	1	1	AZS
STARZYK, s. r. o.	0	1	1	AZS
STOMAMED, s. r. o.	0	1	1	AZS
STOMAZA, s. r. o.	0	1	1	AZS
STOPROPLUS, s. r. o.	0	1	1	AZS
Svet zdravia, a. s. - Všeobecná nemocnica Rimavská Sobota	1	0	1	ÚZS
Špecializovaná nemocnica sv. Svorada Zobor, n. o.	0	1	1	ÚZS
T4 plus, s. r. o.	0	1	1	AZS
TeamPrevent Santé, s. r. o.	0	1	1	AZS
TEP-GEN, s. r. o.	0	1	1	AZS
TOM-GYN, s. r. o.	0	1	1	AZS
TRIGYN – L, s. r. o.	0	1	1	AZS

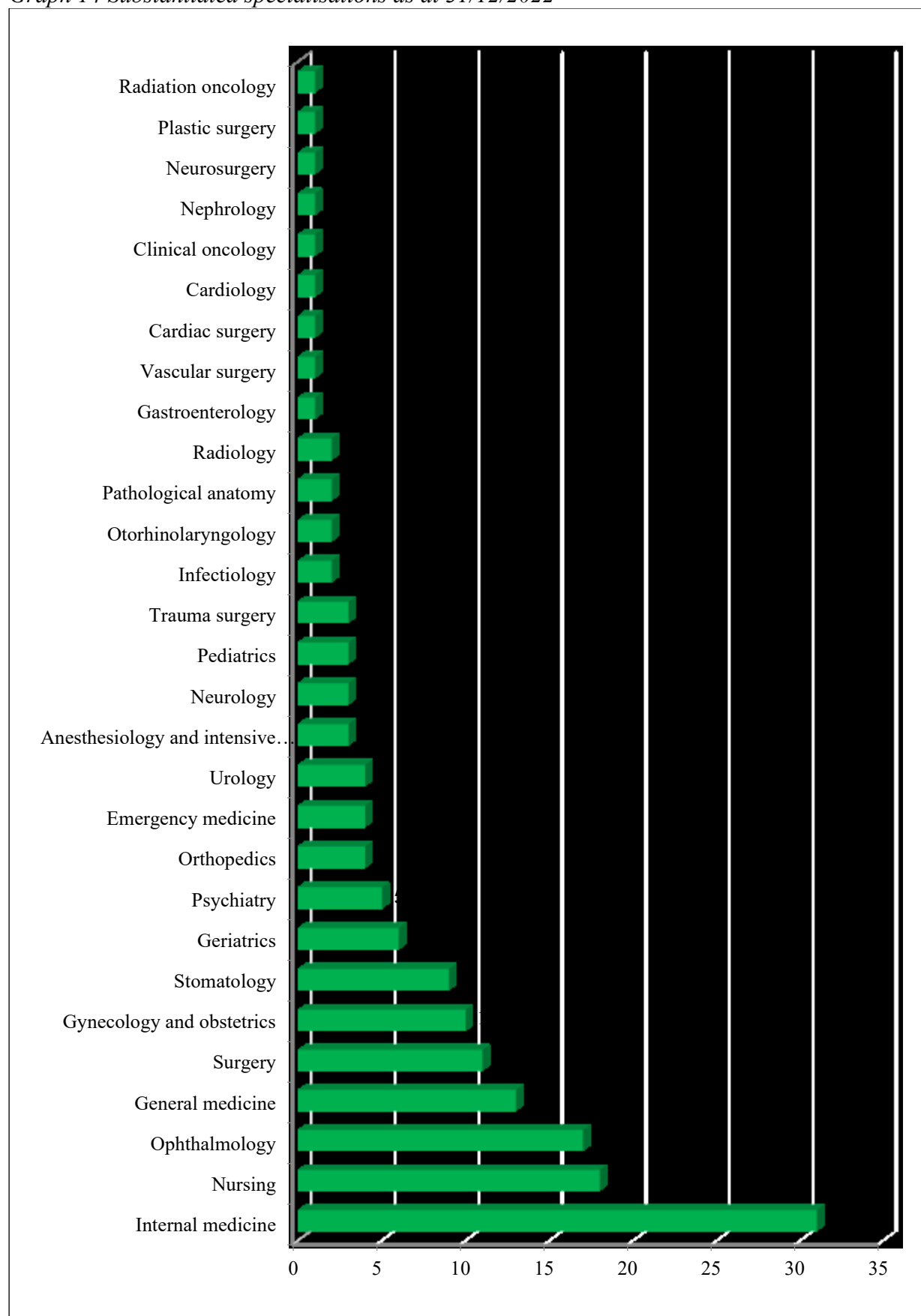
Trnavská arcidiecézna charita	0	1	1	ZSS
Unilabs Slovensko, s. r. o.	0	1	1	AZS
URO - KOM, s. r. o.	0	1	1	AZS
UROCENTRUM-BRATISLAVA, s. r. o.	1	0	1	AZS
UROplus, s. r. o.	0	1	1	AZS
UROSANA, s. r. o.	0	1	1	AZS
UROX, s. r. o.	1	0	1	AZS
Ústredná vojenská nemocnica SNP Ružomberok - FN	0	1	1	AZS
VEK NÁDEJE, Zariadenie sociálnych služieb NZ	0	1	1	ÚZS
VIA-LEK, s. r. o.	0	1	1	AZS
VikTrauma, s. r. o.	0	1	1	AZS
VISMED plus, s. r. o.	0	1	1	AZS
Vitruvia, s. r. o.	0	1	1	AZS
VL.AK, s. r. o.	0	1	1	AZS
VLADE, s. r. o.	0	1	1	AZS
VRES, s. r. o.	0	1	1	AZS
Záchranná služba Košice (RZP Spišské Vlachy)	0	1	1	AZS
Zariadenie pre seniorov a ZOS Adonis, n. o.	0	1	1	ZSS
Zariadenie pre seniorov Domov pri kríži	1	0	1	ZSS
Zariadenie pre seniorov Dubina, m. r. o.	0	1	1	ZSS
Zariadenie pre seniorov Prievidza	0	1	1	ZSS
ZDRAVOTNÍCKE ZARIADENIE MUDR. ŠVEHLÍK, s. r. o.	0	1	1	AZS
ZDRAVSED, s. r. o.	0	1	1	AZS
ZELENÝ SEN, s. r. o.	0	1	1	ÚZS
Zubná pohotovosť, s. r. o.	0	1	1	AZS
Zubné ambulancie Longauer, s. r. o.	0	1	1	AZS
Železničné zdravotníctvo Košice, s. r. o.	0	1	1	ÚZS
ŽMURK, s. r. o.	1	0	1	AZS

\*AZS – outpatient health care

ÚZS – inpatient health care

ZSS – social assistance facility

Graph 14 Substantiated specialisations as at 31/12/2022



Graph 15 Evaluation of second-instance filings as at 31/12/2022

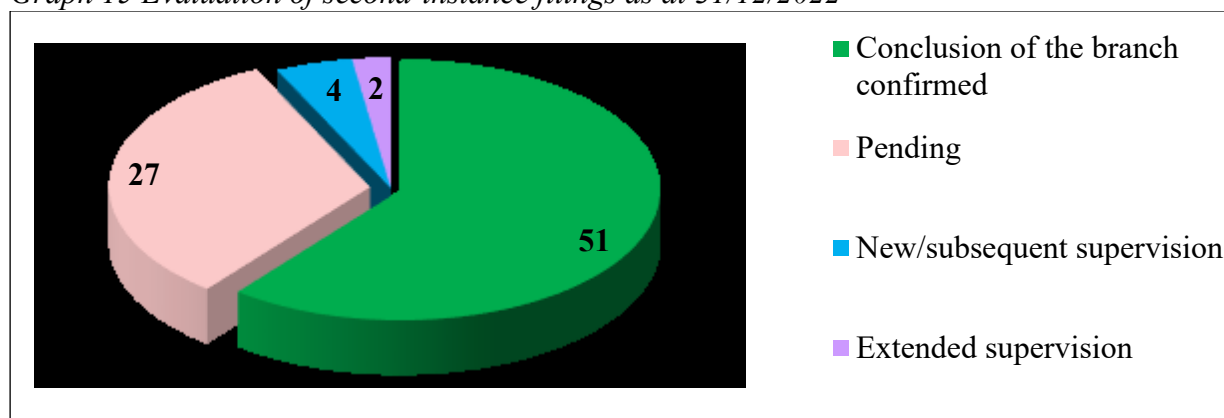
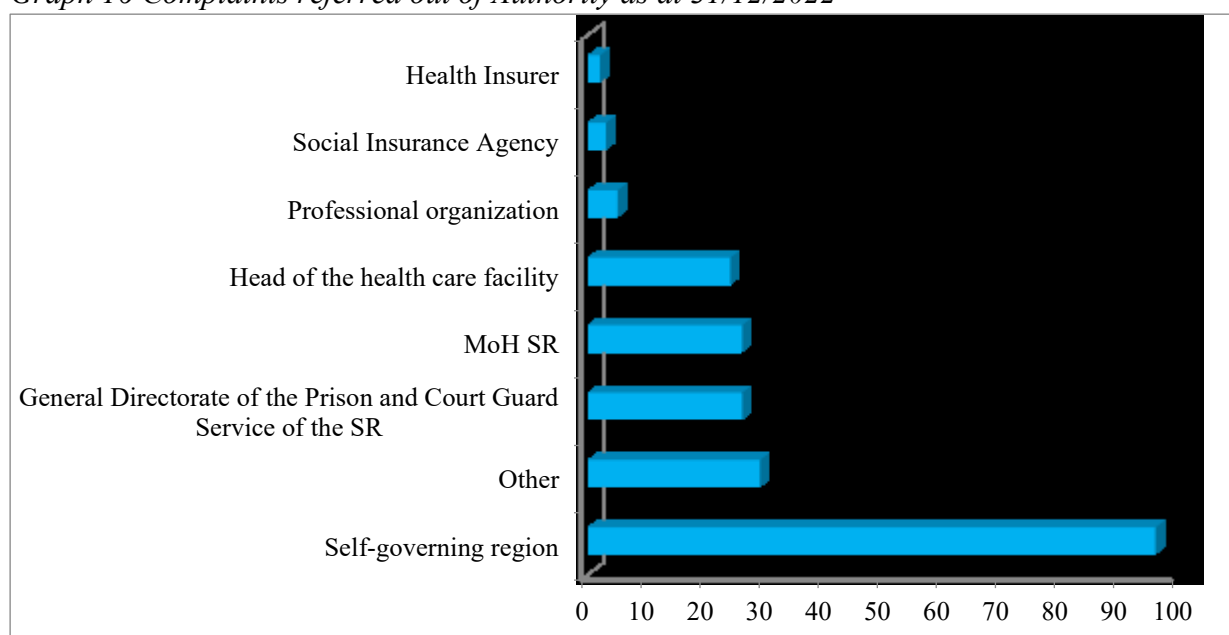


Table 11 Complaints handled otherwise than through supervision as at 31/12/2022

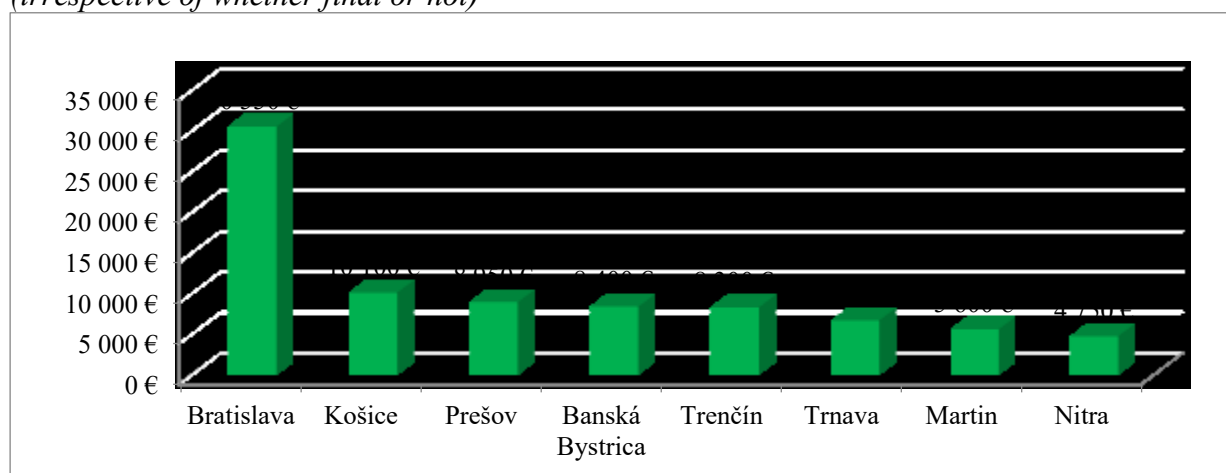
Division	Ad acta	Referred out of Authority	Direct reply to the complainant	Pending	Total
Headquarters	11	109	476	34	630
Košice	10	14	77		101
Trnava	9	13	41	1	64
Bratislava	13	22	20	1	56
Prešov	3	23	28		54
Banská Bystrica	8	11	27	1	47
Nitra	4	10	32		46
Trenčín	5	6	32		43
Martin	2	3	14		19
<b>Total</b>	<b>65</b>	<b>211</b>	<b>747</b>	<b>37</b>	<b>1,060</b>

Graph 16 Complaints referred out of Authority as at 31/12/2022





Graph 17 Amounts imposed by branches of the Authority in fines as at 31/12/2022 (irrespective of whether final or not)



Graph 18 Number of fines imposed by branches of the Authority as at 31/12/2022 (irrespective of whether final or not)

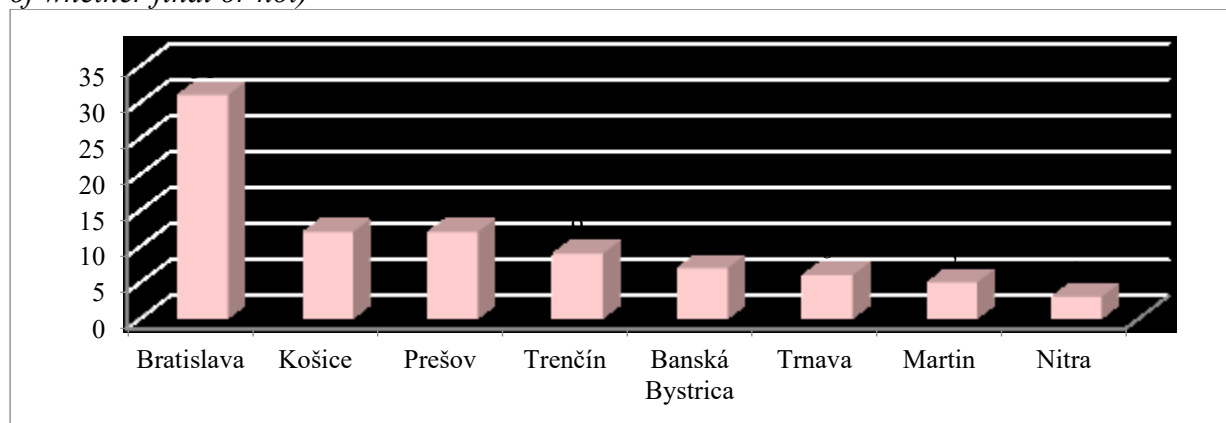


Table 12 Fines imposed by branches of the Authority by health care provider as at 31/12/2022

Branch	Health Care Provider	Provider type (NP/LE)	Amount (EUR)
Bratislava	UNB - Nemocnica akad. L. Dérera	LE	3,000
Bratislava	iClinic plus, s. r. o.	LE	2,500
Bratislava	UNB - Nemocnica Ružinov	LE	2,000
Bratislava	UNB - Nemocnica Ružinov	LE	2,000
Bratislava	UNB - Nemocnica akad. L. Dérera	LE	2,000
Bratislava	iClinic plus, s. r. o.	LE	2,000
Bratislava	UNB - Nemocnica sv. Cyrila a Metoda	LE	1,500
Bratislava	UNB - Nemocnica Ružinov	LE	1,500
Bratislava	MEDICAL INVESTMENTS CONSULTING, a. s.	LE	1,500
Bratislava	Nemocničná, a. s.	LE	1,000
Bratislava	Nemocničná, a. s.	LE	1,000

Bratislava	Univerzitná nemocnica s pol. Milosrdní bratia, spol. s r. o.	LE	1,000
Bratislava	iClinic plus, s. r. o.	LE	1,000
Bratislava	UNB - Nemocnica akad. L. Dédera	LE	750
Bratislava	UNB - Nemocnica sv. Cyrila a Metoda	LE	700
Bratislava	UNB - Nemocnica Ružinov	LE	700
Bratislava	UNB - Nemocnica Staré Mesto	LE	600
Bratislava	UNB - Nemocnica Ružinov	LE	550
Bratislava	Nemocničná, a. s.	LE	500
Bratislava	UNB - Nemocnica Ružinov	LE	500
Bratislava	UNB - Nemocnica Staré Mesto	LE	500
Bratislava	UNB - Nemocnica akad. L. Dédera	LE	500
Bratislava	UNB - Nemocnica akad. L. Dédera	LE	500
Bratislava	UNB - Nemocnica akad. L. Dédera	LE	500
Bratislava	UNB - Nemocnica akad. L. Dédera	LE	500
Bratislava	ŽMURK, s. r. o.	LE	500
Bratislava	Dom Seniorov Rudi, n. o.	LE	500
Bratislava	Priemyselné zdravotnícke centrum ProCare, a. s.	LE	500
Bratislava	MEDI-MO Slovakia, s. r. o.	LE	500
Bratislava	Nemocničná, a. s.	LE	250
Bratislava	UNB - Nemocnica akad. L. Dédera	LE	250
Bratislava	PhDr. Kornélia Dibarborová	LE	250
<b>Fines imposed by Bratislava branch as at 31/12/2022</b>			<b>31,550</b>
Trnava	Nemocnica s poliklinikou sv. Lukáša Galanta, a. s.	LE	3,000
Trnava	Fakultná nemocnica Trnava	LE	1,000
Trnava	Fakultná nemocnica Trnava	LE	1,000
Trnava	Nemocnica s poliklinikou Dunajská Streda, a. s.	LE	700
Trnava	IS SOLE, s. r. o.	LE	500
Trnava	Nemocnica s poliklinikou sv. Lukáša Galanta, a. s.	LE	500
<b>Fines imposed by Trnava branch as at 31/12/2022</b>			<b>6,700</b>
Trenčín	Fakultná nemocnica Trenčín	LE	2,500
Trenčín	Nemocnica s poliklinikou Myjava	LE	1,000
Trenčín	Fakultná nemocnica s poliklin. Nové Zámky	LE	1,000
Trenčín	Medicyt, s. r. o.	LE	800
Trenčín	Nemocnica s poliklinikou Myjava	LE	800
Trenčín	MUDr. Žbirková Darina	LE	600
Trenčín	MUDr. Martina Šmídová	LE	600
Trenčín	Nemocnica s poliklin. Prievidza so sídlom v Bojniciach	LE	500
Trenčín	Domov dôchodcov Hrachovište, n. o.	LE	500
<b>Fines imposed by Trenčín branch as at 31/12/2022</b>			<b>8,300</b>
Nitra	Nemocnica AGEL Levice, s. r. o.	LE	3,000
Nitra	Nemocnica AGEL Levice, s. r. o.	LE	1,500
Nitra	Hospitale, s. r. o.	LE	250

<b>Fines imposed by Nitra branch as at 31/12/2022</b>			<b>4,750</b>
Martin	Fakultná nemocnica Žilina	LE	2,000
Martin	Kysucká nemocnica s poliklinikou Čadca	LE	1,500
Martin	Hornooravská nemocnica s poliklinikou Trstená	LE	700
Martin	SP MEDICA, s. r. o.	LE	500
Martin	Dolnooravská nemocnica s poliklinikou Dolný Kubín	LE	900
<b>Fines imposed by Martin branch as at 31/12/2022</b>			<b>5,600</b>
Banská Bystrica	Kysucká nemocnica s poliklinikou Čadca	LE	2,000
Banská Bystrica	Fakultná nemocnica s poliklinikou Žilina	LE	2,000
Banská Bystrica	Nemocnica AGEL Zvolen, a. s.	LE	1,500
Banská Bystrica	iClinic plus, s. r. o.	LE	1,000
Banská Bystrica	Nemocnica AGEL Zvolen, a. s.	LE	900
Banská Bystrica	Nemocnica s poliklinikou, n. o. Revúca	LE	500
Banská Bystrica	PRO VITAE, n. o., Gelnica	LE	500
<b>Fines imposed by Banská Bystrica branch as at 31/12/2022</b>			<b>8,400</b>
Prešov	FNsP J. A. Reimana Prešov	LE	1,000
Prešov	NATURDENT PLUS, s. r. o.	LE	1,000
Prešov	NÚTPCHaHCH Vyšné Hágy	LE	1,000
Prešov	Vranovská nemocnica, a. s.	LE	1,000
Prešov	RTG-MEDLINE, s. r. o., Prešov, MUDr. Lešková	LE	800
Prešov	Vranovská nemocnica, a. s.	LE	800
Prešov	Nemocnica Dr. V. Alexandra v Kežmarku, n. o.	LE	800
Prešov	wesper, a. s.	LE	800
Prešov	Nemocnica Snina, s. r. o.	LE	600
Prešov	Nemocnica AGEL Levoča, a. s.	LE	500
Prešov	Záchranná služba Košice	LE	500
Prešov	GABRIELA, n. o.	LE	150
<b>Fines imposed by Prešov branch as at 31/12/2022</b>			<b>8,950</b>
Košice	Nemocnica sv. Barbory Rožňava, a. s.	LE	2,000
Košice	Východoslovenský onkologický ústav Košice, a. s.	LE	1,000
Košice	Záchranná služba Košice	LE	1,000
Košice	Nemocnica s poliklinikou Trebišov, a. s.	LE	1,000
Košice	JAAT Style, s. r. o.	LE	1,000
Košice	Nemocnica s poliklinikou, n. o., Kráľovský Chlmec	LE	1,000
Košice	Východoslovenský onkologický ústav Košice, a. s.	LE	800
Košice	Nemocnica s poliklin. Štefana Kukuřu Michalovce, a. s.	LE	500
Košice	Nemocnica s poliklinikou, n. o., Kráľovský Chlmec	LE	500
Košice	Východoslovenský onkologický ústav Košice, a. s.	LE	500
Košice	Nemocnica AGEL Krompachy, s. r. o.	LE	500
Košice	Nemocnica s poliklinikou, n. o., Kráľovský Chlmec	LE	300
<b>Fines imposed by Košice branch as at 31/12/2022</b>			<b>10,100</b>

Table 13 Fines imposed in administrative proceedings on MESPO as at 31/12/2022

Branch	Medical Emergency Services Provider/Operator	Amount (EUR)	Number of fines
Bratislava	Záchranná zdravotná služba Bratislava	1,550	10
Trnava	Záchranná zdravotná služba Bratislava	500	1
Prešov	Záchranná služba Košice, Rastislavova 43	500	1
Bratislava	LSE- Life Star Emergency, s. r. o.	100	1
<b>Total</b>		<b>2,650</b>	<b>13</b>

### Legend (1) to complaints according to evaluation

When **unfounded**, the complaint may be handled in the following ways:

- Remote supervision
- On-site supervision
- Remote and on-site supervision
- Oversight
- Inspection

When **pending**, the complaint may be handled in the following ways:

- Remote supervision
- On-site supervision
- Remote and on-site supervision
- Oversight
- Inspection
- Direct reply to the complainant
- Referred out of the Authority
- Ad acta

When evaluated as **direct reply to the complainant**, the complaint may be handled in the following ways:

- Direct reply to the complainant

When **referred out of the Authority**, the complaint may be handled in the following ways:

- Referred out of the Authority

When **substantiated**, the complaint may be handled in the following ways:

- Remote supervision
- On-site supervision
- Remote and on-site supervision
- Oversight
- Inspection

When evaluated as **ad acta**, the complaint may be handled in the following ways:

- Remote supervision
- On-site supervision
- Remote and on-site supervision
- Oversight
- Inspection
- Ad acta

### Annex 3 Forensic Medicine and Pathological Anatomy

Table 14 Number of autopsies by autopsy type

Autopsy	2021		2022	
	number	%	number	%
Pathological-anatomical	2,747	37.44	2,141	33.73
Forensic-medical	3,790	51.65	3,555	54.21
Forensic	801	10.91	769	12.06
<b>Total</b>	<b>7,338</b>	<b>100.00</b>	<b>6,465</b>	<b>100.00</b>

Table 15 Autopsy rate compared to the previous year

Year	2021	2022
Number of autopsies/SR	7,338	6,465
Number of deaths/SR	73,083*	59,583*
Autopsy rate	10.04 %	10.85 %

\* Source – Statistical Office of the SR – total number of deaths for 2022

Table 16 Number of autopsies in FMaPA units

BA SL Antolská	BA PA Antolská	BA PA Sasinkova	Banská Bystrica	Košice	Martin	Nitra	Prešov	Poprad	Žilina
691	420	489	1,127	1,112	886	700	550	204	286

Graph 19 Number of autopsies in FMaPA units performed in 2022

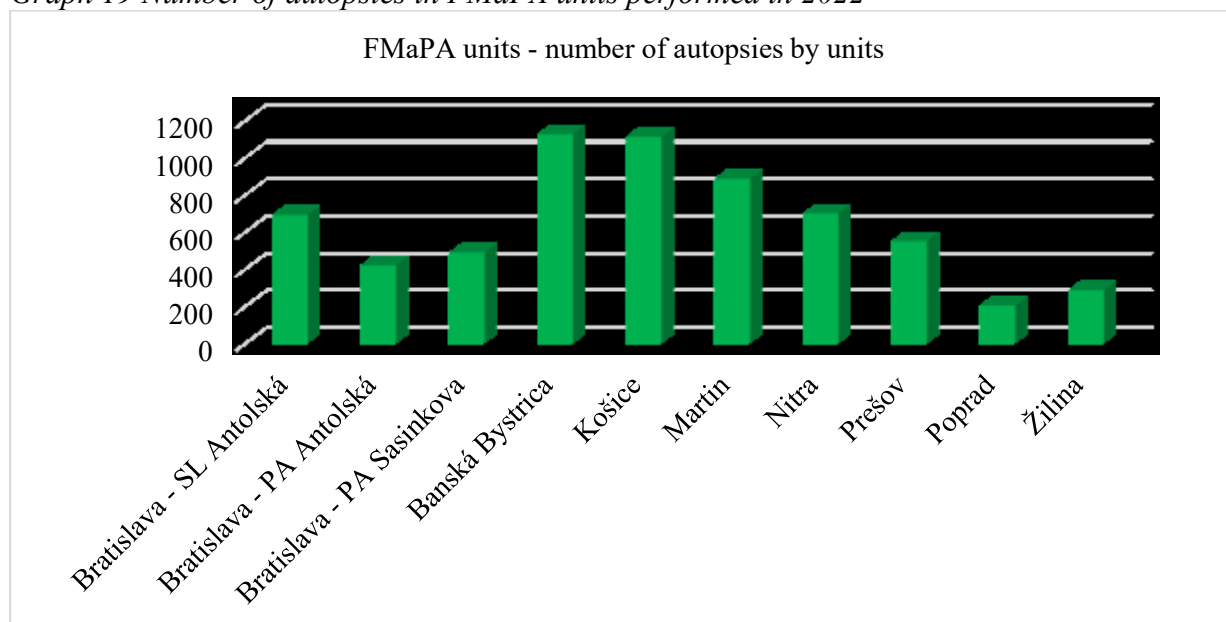


Table 17 Average number of autopsies per doctor and month by unit

BA SL Antolská	BA PA Antolská	BA PA Sasinkova	Banská Bystrica	Košice	Martin	Nitra	Prešov	Poprad	Žilina
7.77	5.45	8.43	10.57	9.10	7.61	9.09	11.83	12.86	7.92

Graph 20 Average number of autopsies per doctor and month by unit

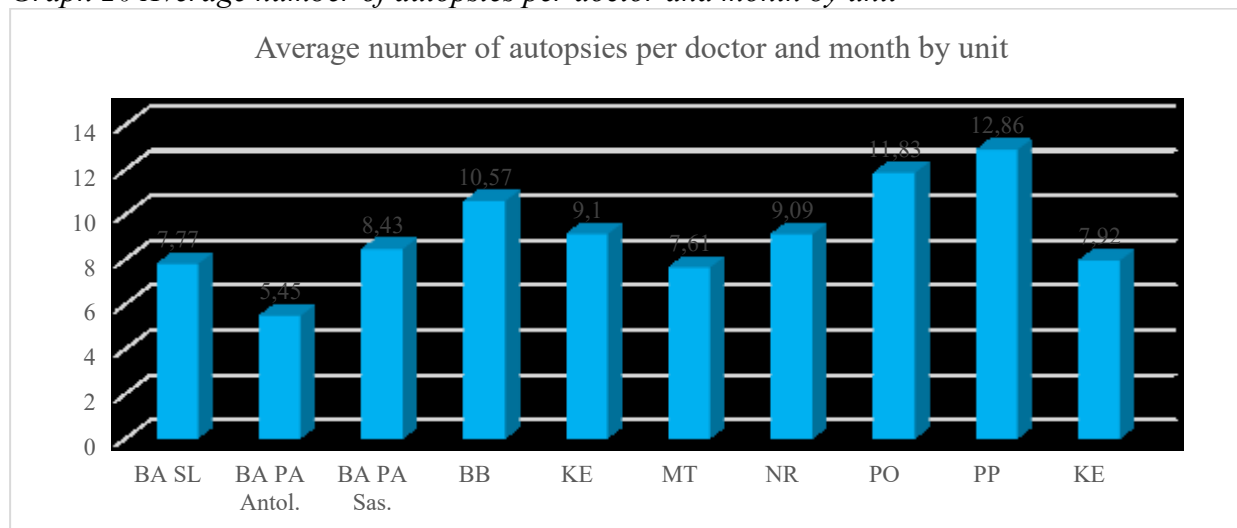


Table 18 Toxicological tests

Toxicological tests	Total	%
In the dead	26,451	60.29
In living persons	17,419	39.71
Total	43,870	100.00

Table 19 Toxicological tests by FMaPA units

FMaPA unit	In living persons	In the dead	Total	Total (%)
SL Bratislava	5,777	11,534	17,311	39.45
Košice	4,448	6,031	10,479	23.89
Banská Bystrica	4,461	5,586	10,047	22.90
Martin	2,465	2,486	4,951	11.29
Žilina	268	780	1,048	2.39
Poprad	-	34	34	0.08

Table 20 Number of laboratory tests

Laboratory test type	number
Special and histochemical tests	4,000
Macro-enzymatic reaction	91
Immunohistochemical tests	257
Serological tests in the dead	438
<b>TOTAL</b>	<b>4,786</b>

## **Annex 4 Press Releases**

### **Press release 4/1**

Bratislava, 19/01/2022

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

For December, 1,584 deaths from COVID-19 were recorded in Slovakia.

Thereof, 773 were women, the youngest was 20 years old and the oldest 100 years old, and 811 were men, the youngest was 6 years old and the oldest 100 years old.

43 victims were vaccinated with 1 dose. The average time since vaccination until death was 3.4 months. The average age of victims was 72 years.

213 people were fully vaccinated. The average time since vaccination until death in this group was 5.7 months. The average age of victims was 72 years. Of those fully vaccinated, 21 people who died had received a third dose of the vaccine. For deaths from COVID-19 in people vaccinated with the third dose of the vaccine, the average time since vaccination was 0.9 months. The average age of those who died was 79 years.

There were 1,307 unvaccinated victims of COVID-19, representing 82.51 %, and their average age was 73 years.

In addition, further 199 deaths with COVID-19 were recorded for December, where the contribution of SARS-CoV-2 infection to the death cannot be determined.

Of these, 47 people were vaccinated, of whom 4 people were vaccinated with one dose, and 38 people were fully vaccinated, of whom 5 people were vaccinated with a third dose. We do not analyse these cases further, as the patients suffered from serious illnesses from which they died. There were 152 unvaccinated victims with COVID-19 disease, i.e. 76.38 %, with average age of 75 years.

This is preliminary data as of 12/01/2022 recorded for the month of December by the Forensic Medicine and Pathological Anatomy Section of the Health Care Surveillance Authority, which processes all reports on the number of deaths from COVID-19 or with COVID-19 in the Slovak Republic.

Summary data on mortality in the Slovak Republic for December will be published by the Statistical Office of the Slovak Republic on 26/01/2022.

### **Press release 4/2**

Bratislava, 18/02/2022

Information on the preliminary number of deaths related to COVID-19 for January 2022

In January, 573 deaths from COVID-19 were recorded in Slovakia.

Thereof 299 were women, the youngest was 23 years old and the oldest 98 years old, and 274 were men, the youngest was 28 years old and the oldest 97 years old.

24 victims were vaccinated with 1 dose. The average time from vaccination until death was 3 months. The average age of those who died was 73 years.

114 people were fully vaccinated. The average time from vaccination until death in this group was 5.8 months. The average age of those who died in this category was 74 years. Of the fully vaccinated, 23 people who died had received a third dose of the vaccine. For deaths from COVID-19 in people vaccinated with the third dose of vaccine, the average time since vaccination was 1.95 months. The average age of those who died was 74 years.

There were 435 unvaccinated victims of COVID-19, which represents 75.91 %. Their average age was 73 years.

In addition, further 99 deaths with COVID-19 were recorded for January, where the contribution of SARS-CoV-2 infection to the death cannot be determined.

Of these, 34 people were vaccinated, thereof 3 people were vaccinated with one dose, and 31 people were fully vaccinated, of whom 4 people were vaccinated with a third dose.

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

There were 65 unvaccinated victims with COVID-19 disease, representing 65.66 %. Their average age was 75 years.

This is preliminary data as of 14/02/2022 recorded for the month of January by the Forensic Medicine and Pathological Anatomy Section of the Health Care Surveillance Authority, which processes all reports on the number of deaths from COVID-19 or with COVID-19 in the Slovak Republic.

Summary data on mortality in the Slovak Republic for January will be published by the Statistical Office of the Slovak Republic on 23/02/2022.

The Health Care Surveillance Authority will publish monthly information on the preliminary number of COVID-19 related deaths if the number of deaths from COVID-19 exceeds 500.

#### **Press release 4/3**

Bratislava, 28/02/2022

Preliminary financial results of health insurers as at the end of 2021

The Health Care Surveillance Authority monitors the financial situation of all three health insurance companies and compliance with Slovak legislation. This year, it also started to monitor the development of indicators in comparison with the European standard.

"Based on preliminary financial results for 2021, all three health insurance companies complied with Slovak legislation." Renáta Bláhová, Chair of the Authority, assesses the situation. "However, it is regrettable that since the establishment of the Authority in 2005, European legislation and the international standard have been ignored with respect to the financial management of this important sector."

Based on the analysed facts, information from the European Insurance and Occupational Pensions Authority (EIOPA), the Dutch Health Insurance Supervisory Authority and benchmarks, it was found that not a single health insurance company in Slovakia meets the European standard for the financial management of insurance companies and reflects the EU Solvency 2 Directive, which has been effective since 01/01/2016. Therefore, the Authority started to assess the provisions for unprovided health care (IBNR) according to international standards and to monitor the performance of the first selected indicators in a minimalistic way:

- 1) Liquidity appears to be optimal according to the European standard, if the cash reserve is sufficient for 2-3 months of operation, a threshold of 30 days is considered as a state of emergency.
- 2) Capital adequacy appears to be sufficient if the total capital of the insurer is approximately 20 % of annual insurance contributions.



thous. EUR	VŠZP				ZP Dôvera				ZP Union			
Selected information on profit/loss:	2021	2020	change	change (%)	2021	2020	change	change (%)	2021	2020	change	change (%)
Gross insurance contributions	3,313,630	3,156,282	157,348	5%	1,769,049	1,593,301	175,748	11%	659,023	550,292	108,732	20%
PHI expenses	-3,310,437	-3,180,065	-130,372	4%	-1,688,171	-1,505,835	-182,335	12%	-617,548	-518,970	-98,578	19%
PHI result	3,193	-23,783	26,976	113%	80,878	87,465	-6,587	-8%	41,475	31,322	10,154	32%
<b>Profit(+)/loss(-)</b>	<b>-87,286</b>	<b>-114,180</b>	<b>26,894</b>	<b>24%</b>	<b>10,547</b>	<b>-26,856</b>	<b>37,403</b>	<b>139%</b>	<b>3,534</b>	<b>-4,097</b>	<b>7,631</b>	<b>186%</b>
<b>Profit(+)/loss(-) after adjustment*</b>					<b>10,547</b>	<b>36,305</b>	<b>-25,758</b>	<b>-71%</b>				
<i>Profit/loss as % of insurance contributions</i>	<i>-2,6%</i>	<i>-3,6%</i>			<i>0,6%</i>	<i>2,3%</i>			<i>0,5%</i>	<i>-0,7%</i>		
Selected information on financial position:	31/12/2021	31/12/2020	change	change (%)	31/12/2021	31/12/2020	change	change (%)	31/12/2021	31/12/2020	change	change (%)
Cash	118,635	223,703	-105,068	-47%	114,355	68,918	45,437	66%	101,456	77,106	24,350	32%
PHI receivables	448,648	452,421	-3,773	1%	148,050	141,747	6,303	4%	77,783	57,086	20,697	36%
PHI liabilities	267,889	266,163	1,726	1%	47,214	76,896	-29,682	-39%	35,354	27,475	7,880	29%
Equity	34,613	152,473	-117,860	-77%	212,511	185,506	27,006	15%	46,325	25,646	20,679	81%
Equity after adjustment**					67,805	26,258	41,547	158%				
<i>Minimum equity prescribed by law</i>	<i>16,600</i>	<i>16,600</i>			<i>16,600</i>	<i>16,600</i>			<i>16,600</i>	<i>16,600</i>		

\* profit/loss adjusted by one-off depreciation of intangible property to make the results more comparable

\*\* equity adjusted by the residual value of the insurance portfolio, which, according to the preliminary conclusions of the MoF SR and the financial administration, should not have been accounted for

Based on preliminary financial statements under Slovak legislation, health insurers reported an aggregate loss of EUR 73 million in 2021, an improvement of EUR 72 million compared to 2020. Written insurance contributions and health care costs increased preliminarily by 8 %. However, based on a preliminary assessment of the fulfilment of indicators according to the European standard, none of the three health insurers has sufficient capital equipment, namely the insurer Všeobecná zdravotná poisťovňa is estimated to be short of more than EUR 600 million, ZP Dôvera of almost EUR 300 million and ZP Union of more than EUR 80 million.

The liquidity of the first two insurers is also insufficient, as they normally only have enough liquidity for a few weeks of operation. The missing provisions (IBNR) can be in billions of euros. More detailed information on the financial management of insurance companies in 2021 will be published by the Authority in the Report on the State of Execution of Public Health Insurance after the completion of the audit of the financial statements. The Authority expects all three insurers to include in the audited Notes to the 2021 Financial Statements a refined estimate of the above deviations from the European standard. All health insurance companies are public interest entities and the Authority will therefore also require the cooperation of the audit firms.

The black box of public health insurance in Slovakia of almost two decades will be published by the Authority in its Activity Report for 2021, which will be submitted to the government by the end of April.

#### Press release 4/4

Bratislava, 08/04/2022

The activities of the HCSA aimed at regulation of financial management of health insurance companies are perceived positively by Slovaks

- More than 60 % of survey participants agree with the Authority's activity to regulate health insurers' profits
- Almost three quarters of respondents said that the financial management of health insurance companies should be regulated

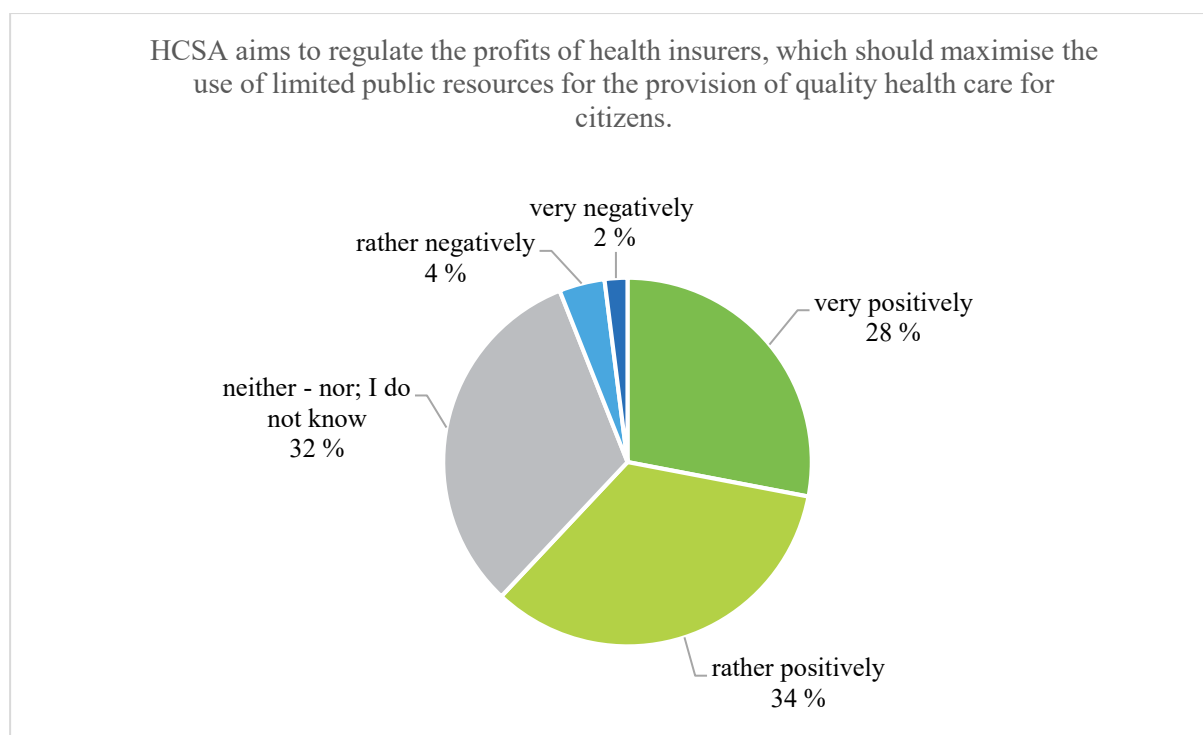
- Only a quarter of respondents think health insurers are entitled to profit from health insurance contributions

Since last summer, the Health Care Surveillance Authority has been calling for the need to regulate health insurers. Almost EUR 6 billion a year flow through the oligopoly of the three health insurance companies, which has been unregulated in Slovakia for two decades. Last July, a working group appointed by the Prime Minister agreed that regulating the financial management of health insurers is also necessary for the sustainability of public finances ([https://www.udzs-sk.sk/wp-content/uploads/2021/07/TS\\_zavery-pracovnej-komisie\\_regulacia-zisku-ZP\\_27-7-2021.pdf](https://www.udzs-sk.sk/wp-content/uploads/2021/07/TS_zavery-pracovnej-komisie_regulacia-zisku-ZP_27-7-2021.pdf)).

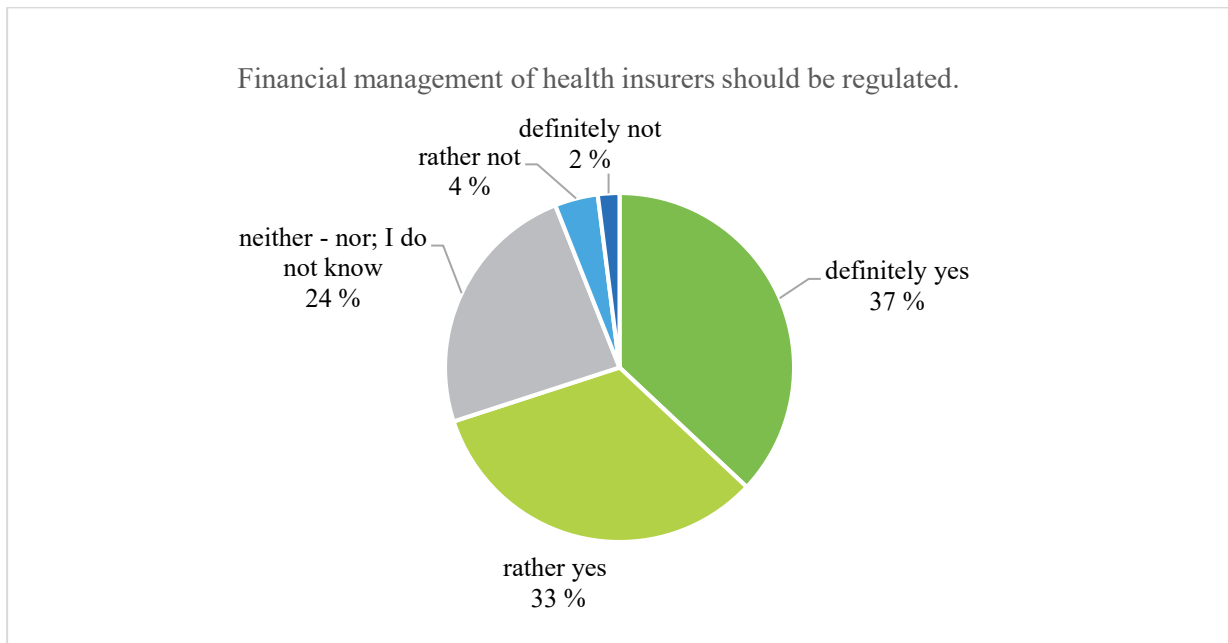
At the request of the Chair of the Health Committee, Jana Bittó Cigániková, the proposal was temporarily withdrawn despite being approved at the meeting of the Legislative Council of the Government on 21/09/2021 (<https://hsr.rokovania.sk/198002021-/>).

However, the topic is back on the table as the regulation is part of the Memorandum of Cooperation between the Ministries of Health and Finance dated 30/03/2022. The MoH SR is to submit a concrete proposal to the government by the end of September. At the meeting on the matter, the Authority stressed the need for systemic regulation according to the European standard and explained the necessity to initiate steps that will lead to the implementation of the EU Solvency 2 directive. This applies to the insurance industry as a whole and is also respected by private equity-backed health insurers in the Netherlands and Germany ([https://www.udzs-sk.sk/wp-content/uploads/2022/03/TS\\_Predbezne-vysledky-hospodareniazdravotnych-poistovni-ku-koncu-roka-2021.pdf](https://www.udzs-sk.sk/wp-content/uploads/2022/03/TS_Predbezne-vysledky-hospodareniazdravotnych-poistovni-ku-koncu-roka-2021.pdf)).

The survey of the Authority confirmed that the efforts to regulate the profits of health insurance companies are supported also by the Slovak population. This activity is assessed very positively by 28 % of respondents and rather positively by 34 % of respondents. Only 6 % of respondents rate it negatively.



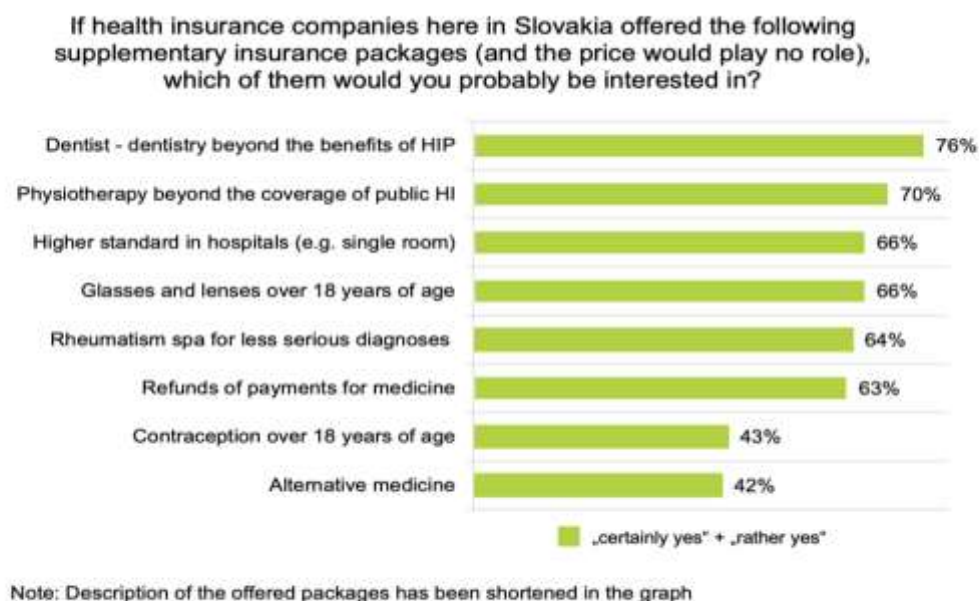
As many as 70 % of the survey participants agree with the statement "The financial management of health insurance companies should be regulated". 37 % of respondents said "definitely yes" and 33 % said "rather yes". Only 6 % of respondents gave a negative answer to this question.



More than two fifths of respondents think that health insurers should not be entitled to profit from health insurance contributions. Only a quarter of those surveyed think that insurers are entitled to this right.

However, Slovaks have different views on the issue of competition between health insurers. About half of the respondents say that competition between health insurance companies is beneficial. At the same time, half of them say that the existence of only one, state-owned health insurer would be better for the system.

The survey also showed that Slovaks are interested in supplementary health insurance, especially in the field of dentistry and physiotherapy. More than three quarters of the respondents would like to have supplementary insurance in dentistry beyond the benefits of health insurance companies. Only slightly fewer respondents, 70 %, would like to be insured in the field of physiotherapy, so they would pay extra in supplementary health insurance to cover rehabilitation or massage.



The survey was conducted between 21 and 27 February 2022 on a sample of 1,000 respondents, which was representative of the online adult population of the Slovak Republic.

#### Press release 4/5

Bratislava, 06/05/2022

The Ethics Committee of the HCSA recommends that the Chair of the Authority continues to investigate two doctors in particular who are spreading misinformation about COVID-19 or the vaccination against COVID-19

- The Ethics Committee, chaired by JUDr. Katarína Javorčíková, has met for the second time this year.
- The dominant theme was doctors who disseminated scientifically unsubstantiated information about the COVID-19 pandemic and its prevention, or indicated unapproved treatments, which may have endangered the health of patients.
- The next item on the committee's agenda was the increasing number of complaints against one private health care provider; the situation appears to be serious.

The Ethics Committee of the Health Care Surveillance Authority has met for the second time this year. The members of the committee dealt with several topics. The dominant theme was that of doctors who disseminated scientifically unsubstantiated information about the COVID-19 pandemic and its prevention, or indicated unapproved treatment, which could have endangered the health of patients. Although the pandemic appears to be on the wane for the time being, the Ethics Committee considers it necessary to continue to investigate such unacceptable practices by doctors. "It is crucial for patients that the medical profession is practised by professionals with a high degree of professional and moral integrity, in accordance with the Code of Ethics for Health Care Professionals," said JUDr. Katarína Javorčíková, chair of the committee and member of the Judicial Council of the Slovak Republic.

In three cases, the committee recommended to the Chair of the Authority to terminate the escalation mechanism, in two cases it advised to continue. The focus of attention still remains on the physicians MUDr. Peter Lipták and MUDr. Andrej Janco, for whom the Authority has initiated further proceedings in cooperation with other competent institutions, including the State Institute for Drug Control and self-governing regions.

MUDr. Mgr. Michal Palkovič, PhD., MHA, MPH, who has been the deputy chair of the Authority since 01/01/2022 and also a member of the committee, informed the members of the committee about another equally important topic. "We have noticed an increasing number of complaints against one private health care provider, which operates throughout the whole country. The situation appears to be serious, so we are carefully investigating all the complaints we receive. If the initial concerns are confirmed and the Authority finds misconduct in the provision of health care, we are ready to take consequences," noted the deputy chair of the Authority.

#### **Press release 4/6**

Bratislava, 10/05/2022

Reaction of the Health Care Surveillance Authority to the claims of the health insurance company Dôvera, which were made at a press conference on 09/05/2022

1. The Authority considers it necessary to reject the unfounded claims of ZP Dôvera. At the same time, it does not consider it appropriate for a regulated entity to announce its views on the ongoing proceedings to the public in this way, which also ensures that the integrity and reliability of the representatives of the health insurance company is key to ensuring the public interest. The role of the regulator is not to achieve the satisfaction of the regulated entity, but primarily the protection of the public interest in the exercise of the competences prescribed by law.

2. According to ZP Dôvera, the [residual value of the insurance portfolio as of 31/12/2021](#) is almost EUR 145 million. In the opinion of the Authority, which has exclusive competence for the supervision of health insurance companies, the equity of the health insurance company is overvalued; this opinion is based in particular on settled case law. A related uncertainty in the calculation of the impairment of the insurance portfolio was also expressed by the independent auditor of the insurance company.

3. The [Authority's 2021 Activity Report](#), on which the media draws, has been subjected to an approval process by the Authority's independent bodies, in accordance with the law, and has been available to the general public for the past two weeks on the Authority's website.

#### **Ad 1) Unfounded claims by ZP Dôvera**

The Health Care Surveillance Authority considers it necessary to reject the unfounded allegations of the health insurance company Dôvera that it is alleged to have engaged in illegal and bullying behaviour towards the insurance company and its representatives. The Authority is acting solely in accordance with the legislation in force and its powers under that legislation. At the same time, the Authority does not consider it appropriate for a regulated entity which manages public funds to communicate its views on ongoing proceedings between itself and the regulator to the public through press conferences in order to create public pressure on the activities of the independent regulator and its staff. If a regulated health insurer is of the opinion that its rights are being violated, it has the possibility to make use of the available remedies.

The Authority's position and powers vis-à-vis all health insurers derive from legislation under which the Authority supervises (among other things) health insurers and the execution of public health insurance. At the same time, in carrying out the tasks falling within the competence of the Authority, the Authority shall act impartially and independently of state authorities, local self-government authorities, other public authorities and other legal entities or natural persons. Such authorities and persons may not unduly interfere in the activities of the Authority.

The Authority considers it necessary to reject the allegations made by ZP Dôvera and its legal representative concerning the alleged abuse of the powers of a public official or the alleged compromise of tax secrecy.

The law also lays down specific criteria for the election or appointment of persons serving on health insurance bodies. This is natural since health insurance companies are trustees of public funds and carry out activities in the public interest.

Integrity and reliability of health insurers' statutory bodies is key to safeguarding the public interest; a higher standard than clean criminal record is required. Therefore, the law imposes very strict criteria on these persons, which are monitored by the Authority. If the Authority has reasonable doubts as to whether the statutory conditions are met, the Authority's prudent approach is justified. In such a case, the Authority acts solely impartially and in accordance with its statutory competences.

To view the Authority's actions, which are both within its statutory competences and its role, as chicanery is a misunderstanding of the Authority's conduct in the public interest. The role of the regulator is not to achieve the satisfaction of the regulated entity, but primarily to protect the public interest in the exercise of the powers conferred on it by law.

Ad 2) ZP Dôvera has not adjusted the overstated insurance portfolio as at 31/12/2021

The Authority's position and powers vis-à-vis health insurers are also based on the fact that health insurers are not ordinary entrepreneurs, but are established for the primary purpose of executing public health insurance. This is an activity that health insurance companies carry out in the public interest and manage public funds from public health insurance, which amounted to almost EUR 6 billion in 2021 alone. The Authority, as a regulator, therefore has a duty, in the interest of the public, to ensure compliance with the conditions laid down by law for the exercise of public health insurance.

Trusteeship of public funds also means that the insurance portfolio is not an asset of the public health insurer. This follows from a settled interpretation of the relevant law. The Supreme Court of the Slovak Republic has confirmed that: "The insurance portfolio cannot be the property of a health insurance company, nor can it be the consideration for any transfer of the insurance portfolio for a consideration, because the conduct of health insurance is an activity in the public interest, in which public funds are managed and not the health insurance companies' own property." Sub-legislative rules or measures cannot change these basic, long-standing and unchanging statutory premises and the conclusions of the case law of the Supreme Court of the Slovak Republic.

Despite the above, the residual value of the insurance portfolio according to the audited financial statements of ZP Dôvera as of 31 December 2021 is almost EUR 145 million. In the opinion of the Authority, which has the exclusive competence to supervise health insurance companies, the equity of the insurance company is thus overstated; this opinion is mainly based on established case law, whether of the Supreme Court of the Slovak Republic or of the Court of Justice of the EU.

The uncertainty associated with "the estimates and assumptions taken into account by management in calculating the impairment of the insurance portfolio intangible assets in total amount of EUR 165,518 thousand" has also been highlighted by the independent auditor in the parts Emphasis of Matter and Key Audit Matters of the [Independent Auditor's Report for the year ended 31 December 2021](#).

#### Ad 3) [Activity Report of the Authority for the year 2021](#)

The Authority's Supervisory Board unanimously recommended the report to the Management Board for approval on 22/03/2022. It was unanimously approved by the Management Board of the Authority on 24/03/2022. Subsequently, it was submitted to the Government of the Slovak Republic in accordance with the law and was [published in printed form](#) after more than 10 years.

#### **Press release 4/7**

Bratislava, 23/05/2022

Reaction to the politicization of the Health Care Surveillance Authority's professional opinion on the financial statements of a regulated entity

1. The Health Care Surveillance Authority welcomes the renewed focus on the financial statements of the health insurance company ZP Dôvera. According to ZP Dôvera, the residual value of the insurance portfolio [as at 31/12/2021 is almost EUR 145 million](#), which significantly overstates the assets of the insurance company. From the point of view of the public interest, it should be stressed that this is a purely professional opinion of the Authority, which it presents within the framework of its established competences with the aim of objectively informing the public.

Under the leadership of its Chair, the Authority has expanded its ranks over the last 12 months to include high quality independent legal and financial experts. It is a detriment to the public interest if a purely technical subject and publicly available facts about the accounting and valuation of insurance portfolio are politicised. In the case of health insurers, which are in a specific position and outside the standard regulatory framework for the supervision of the financial sector, the Authority has a role of an independent regulator. One of the Authority's key roles is to respond to the financial statements that health insurers are legally obliged to submit to the Authority, particularly if there are concerns about their fair and accurate presentation. As explained in more detail below, the uncertainty about the valuation of a significant part of the insurance company's assets has long been highlighted by an independent auditor, and the management of the insurance company reacted most recently by correcting the valuation last year.

2. From publicly available information, financial statements and case law, the Authority repeatedly points out the following facts and publicly available information that are not subject to tax secrecy and the Authority's professional opinion related thereto:



a. The original purchase price of the insurance portfolio of EUR 485 million, booked on the liabilities side as goodwill, was, with the approval of the management of ZP Dôvera, headed by the current Chairman of the Board of Directors, written off as one-off tax-free income in 2010, and subsequently paid out as profit to its shareholders through two Cypriot shell companies between 2011 and 2015. Ján Kuciak also wrote about this in detail when he analysed the Panama Papers. For further details see a video: <https://www.youtube.com/watch?v=UyIU4-KP5j4>

b. The original acquisition cost of the insurance portfolio in the amount of EUR 485 million is still part of the assets of the financial statements of ZP Dôvera. A write-down of 3 % is applied to it each year, which means that it has also reduced the corporate income tax base by EUR 15 million each year since 2010, despite the fact that the related income has not been taxed. The same chairman of the board of directors of ZP Dôvera has been responsible for the financial statements for more than 10 years. <https://www.registeruz.sk/cruz-public/domain/financialreport/show/8058433>

c. This unusual distribution of untaxed profits amounting to hundreds of millions of euros has been at the expense of the balance of the public administration budget. This was also pointed out at the time by the Council for Budget Responsibility, details of which can be found, for example, at this link on page 34: <https://lnk.sk/hii2>

d. The insurance portfolio cannot be the property of a private health insurance company, nor can it be the consideration for any transfer of the insurance portfolio for a consideration, because the provision of health insurance is a public interest activity in which public funds are managed. Apart from ZP Dôvera, none of the 7 insurance companies operating on the public health insurance market since 2009 has accounted for the insurance portfolio.

e. Even if we were to accept ZP Dôvera's professional opinion that the insurance portfolio can be accounted for, which the Authority disagrees with, it is obvious that the valuation of the insurance portfolio itself is overstated, which has been confirmed to the Authority from a number of independent sources, including the following:

- At the time of the merger of the insurance companies ZP Dôvera and Apollo, the value of one insured person in determining the share price at the shareholder level was at the level of EUR 20, as indicated by publicly available sources and case law. Thus, if ZP Dôvera was buying Apollo, which had 500 thousand insured persons, the approximate value of the transfer of the business at shareholder level could be in tens and not hundreds of millions of euros. A similar valuation was eventually arrived at by the shareholder itself in the financial statements at the level of the parent company.

- In addition to the standard depreciation of the insurance portfolio of 3 % per annum, the management of the insurance company itself has already corrected the original acquisition cost of EUR 485 million several times through an allowance of more than one third in total. Most recently in the amount of EUR 63 million in 2020, as shown in the table below:



Table: Accounting for the insurance portfolio of ZP Dôvera in 2021 and 2020

<i>thous. EUR</i>	2021	2020
Balance as at 1 January	159,248	236,950
Annual depreciation 3 %	14,542	14,542
Allowance	0	63,161
<b>Balance as at 31 December</b>	<b>144,706</b>	<b>159,248</b>

Source: ZP Dôvera

- This uncertainty related to the "estimates and assumptions taken into account by management in the calculation of the impairment of the insurance portfolio intangible assets in a cumulative value of EUR 165,518 thousand" was also highlighted by the independent auditor in parts Emphasis of Matter and Key Audit Matters of the [Independent Auditor's Report for the year ended 31/12/2021](#).

#### Press release 4/8

Bratislava, 27/06/2022

Citizens can submit complaints to the Health Care Surveillance Authority faster and easier

- New project has simplified and streamlined the process of submitting and handling complaints
- The complaint form is logically structured and easy to complete
- In the five months of existence of the Portal of Suggestions, the Authority has handled 131 filings

The Health Care Surveillance Authority has launched a new system for filing complaints. This has brought benefits not only for citizens but also for the employees of the Authority itself. The Portal of Suggestions consists of nine parts, which make it easier for the public to navigate health issues.



On the Portal of Suggestions, citizens can find a breakdown of the complaints that the Authority is authorised to deal with and those that need to be addressed to other institutions. Citizens can file a complaint with a request for supervision directly via the portal. Thanks to this project, the process has been made easier and clearer for complainants, as the Portal of Suggestions includes a functionality through which they can complete the complaint and request to review the correctness of the health care provided. The complaint form is logically structured and easy to complete.



As of the end of May this year, i.e. in the five months of existence of the Portal of Suggestions, the Authority handled 131 filings by reference. These complaints mainly concerned services related to the provision of health care, refusal of examinations, appointments with specialists, failure to keep appointments, organisation of work, ethics of the health profession, examination fees, failure to propose spa treatment or failure to prescribe sick leave. When an email complaint was received by the Authority, it was promptly referred to the Portal of Suggestions.

Last year, the Authority registered a total of 400 complaints that had to be referred to other institutions, most often to self-governing regions, the Ministry of Health, the General Directorate of the Prison and Court Guard Service, or directors of health care facilities, as they did not fall within the competence of the Authority.


This prolonged the time taken to deal with the complaints of the complainants. It is now easier for citizens to find out which institution they should contact with their complaint.

- portal
- of suggestions
- údzs



Slovensky English













Portal of suggestions
I want to file a complaint
Rights and claims of the insured
Contacts for institutions
Frequently asked questions


Contacts

Stránky Úrad pre dohľad nad zdravotnou starostlivosťou > Portál Podnetov > Introduction

Select the area your complaint concerns

Healthcare provided 	Payments in medical facilities 	Behavior of health professionals 
Organizational and material provision of medical facilities 	Healthcare services 	Medical documentation 
Assessment and review physicians 	COVID-19 	Other 

If you need assistance in English, please, send us a very brief description of your situation to [portal-podnetov@udz-sk.sk](mailto:portal-podnetov@udz-sk.sk). We will contact you as soon as possible with further steps to follow.

## Press release 4/9

Bratislava, 12/08/2022

Slovakia has been for a long time the only EU country that does not use the DRG system and does not regulate prices when reimbursing inpatient health care

- Health care pricing and purchasing is insufficiently regulated
- The system of flat-rate payments (regardless of the actual performance of hospitals) is counterproductive
- The systemic solution to the situation is to introduce fair pricing as soon as possible - i.e. to launch a DRG reimbursement mechanism

Even though the introduction of the DRG system was already planned for 2013, Slovakia is currently the only EU country that does not use the DRG system for reimbursement of inpatient health care. The area of pricing and purchasing of health care is insufficiently regulated.

Health insurers pay hospitals monthly lump sums, which are set on the basis of a system of 'contractual discretion' and without regard to the hospitals' actual costs. As a result, there is a

group of hospitals literally on the verge of collapse (these are mainly university and teaching hospitals - i.e. 'state' hospitals), as the payments from health insurance companies do not cover the costs of staff salaries and the consumption of medicines and supplies.

Moreover, the system of lump-sum payments (without taking into regard the actual performance of hospitals), which was applied by health insurers in previous years, is counterproductive. It does not motivate hospitals to try to provide as much health care as possible; on the contrary, the less health care hospitals provide (which will be reflected in reduced wage costs, costs of medicines and materials, energy), the better economic result they will report thanks to the lump-sum payments.

Who is affected by the above system?

- Patients, for whom the health care becomes inaccessible.
- Doctors, who work in unsuitable conditions.
- Selected hospitals, which, despite the poor reimbursement mechanism, care for patients, thereby increasing their costs (wage costs, costs of medicines and special medical supplies, energy, etc.) and thus, with fixed lump-sum reimbursements from health insurance companies, getting closer and closer to the collapse.

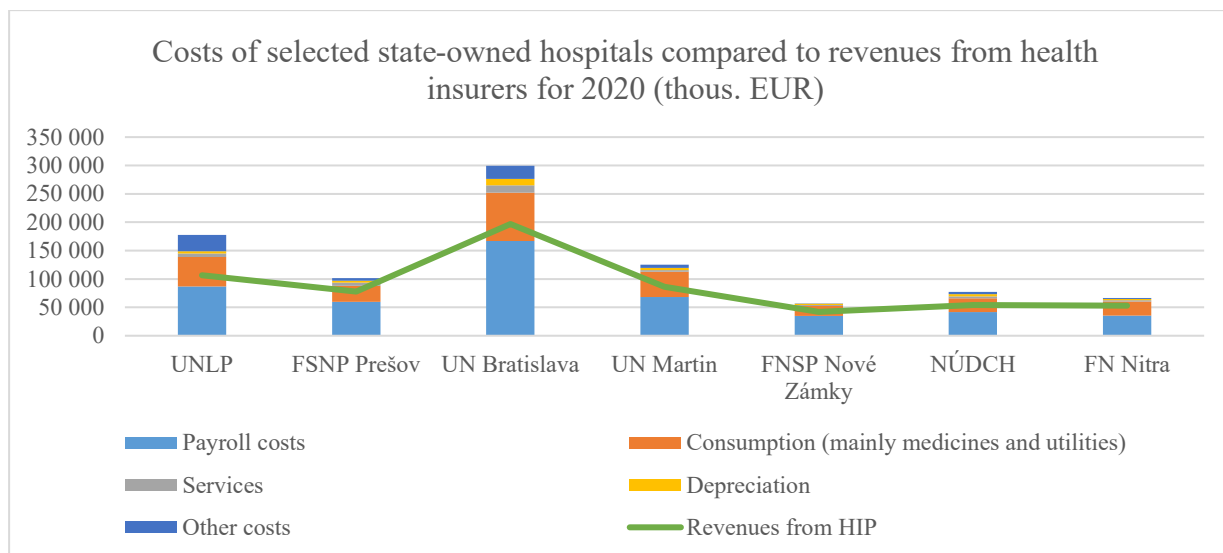
Under the weight of this situation, hospital directors are often left to difficult negotiations with insurance companies, where they try to negotiate an increase in the lump sum by at least wage indexation, inflation or an increase in energy prices (not to mention funds for the reconstruction and modernisation of decades-old hospitals).

The systemic solution to this situation is to introduce fair pricing as soon as possible - i.e. to launch a DRG reimbursement mechanism. In the interim period until the DRG reimbursement mechanism is launched, an interim reimbursement mechanism needs to be put in place to ensure that hospitals receive revenues at least on the level of their economically justified costs.

## Analysis

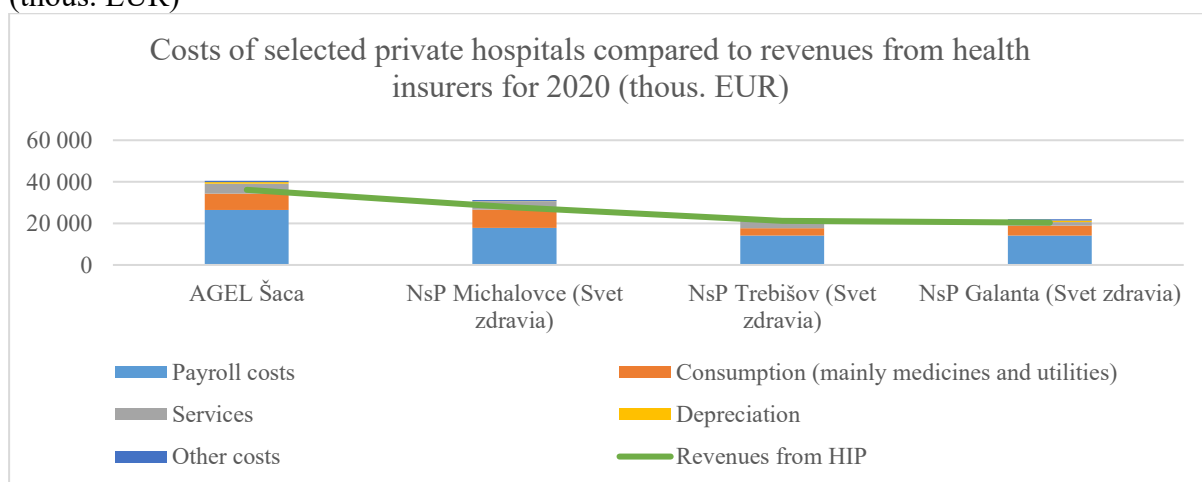
Nearly half of health care expenditure paid for by health insurers was paid out to hospitals in 2021 (46 %). Given that this is the most significant portion of health care spending, the Authority has analysed the financing of hospitals by health insurers. The analysis was carried out on a sample of 6 public hospitals and 4 private hospitals. The largest hospitals by revenue for 2020 were selected for the analysis. It was prepared on the basis of publicly available sources: the register of financial statements and annual reports available on the hospitals' websites.

Costs of selected state-owned and private hospitals compared with the payments for health care provided by health insurance companies for 2020 (thous. EUR)



Source: Register of financial statements and annual reports accessible on websites of hospitals

Costs of selected private hospitals compared to revenues received from health insurers for 2020 (thous. EUR)



Source: Register of financial statements and annual reports accessible on websites of hospitals

Payments from health insurers cover on average 78 % of hospitals' total costs. For state-owned hospitals, the average share of reimbursement from health insurers in total costs is 71 %, for private hospitals it is 92 %. As seen in the graphs above, revenues from health insurance companies do not even cover consumed purchases and labour costs in state-owned hospitals.

For private hospitals, the situation is better; revenues from health insurers cover consumed purchases, labour costs, and even some (in some cases all) of the cost of services. Hospitals generate additional revenues from the provision of health care not reimbursed by health insurance companies, pharmacy activities, education and research activities, rental and other activities, which are, however, only complementary to the main source of revenues, which are revenues from health insurance companies.

The above information is derived from the Report on the State of Execution of Public Health Insurance for 2021. To see the whole report go to: <https://www.udzs-sk.sk/wp-content/uploads/2022/06/Sprava-o-stave-vykonvania-VZP-za-2021.pdf>

The material is expected to be discussed by the government in September, the Authority will provide more information at a press conference afterwards.

#### **Press release 4/10**

Bratislava, 17/08/2022

Statement to the draft amendment to the Act on Health Insurance Companies and Health Care Surveillance (Act No. 581/2004 Coll.)

The Health Care Surveillance Authority has analysed the draft amendment to the Act on Health Insurance Companies, Health Care Supervision and on Amendments and Supplements to Certain Acts (No. 581/2004 Coll.). We consider most of the changes to be comprehensible and in the public interest. Due to the time constraints that arose during the legislative process, it was only possible to submit comments during the inter-ministerial comment procedure. There were 102 comments in total, of which 44 were crucial. From the point of view of its activities, the Authority considers that the following areas in particular need to be adjusted:

#### **Reinsurance campaign**

The Authority proposes that health insurance companies are not allowed, when recruiting insured persons, to cooperate with persons who are not employed by the health insurance company based on an employment contract under a special regulation. Problematic appear to be not only persons who carry out activities related to the recruitment of insured persons for several health insurance companies at the same time and persons who also work as financial agents or consultants, but also ordinary natural persons (pensioners, students, unemployed, mothers on maternity leave, etc.) with whom health insurance companies also cooperate in the process of recruiting insured persons on the basis of agreements outside regular employment.

The proposed legislative change will ensure that, when filing an application, the insured person interacts with a regular employee of the health insurance company, who is primarily presumed to have a certain degree of professional competence in the field of public health insurance. This should guarantee that unqualified, misleading or false information is not given to potential insured persons.

#### **Introduction of a fee for filing complaints**

In principle, the introduction of fees is a deposit aimed at increasing patient awareness and at reducing the burden of unjustified complaints on health care providers, which represent more than 80 % of all complaints. The amount of the deposit is such as to motivate the applicant to act rationally, meaningfully and efficiently.

The proposed fee for filing a complaint with request for supervision is EUR 66, while the fee will be refunded to the complainant if the complaint is substantiated. Thus, the fee is a deposit. If the complainant has demonstrably asked the health care provider to remedy the situation before submitting the complaint with request for supervision of health care provision, the fee shall be half the amount, i.e. EUR 33.

A complainant who is a person in material need or a holder of a card of a severely disabled person with an accompanying person is to be fully exempted from the fee.

The disparity between the capacity of the Authority and the number of complaints has other reasons besides financial and personnel ones. The legislation in force does not select complaints and gives complainants the right to request an investigation of a complaint even in situations in which this does not appear to be fair or justified, and tends to be even an abuse of the law. A certain rational selection is intended to prevent the misuse of public resources (in the administration of the Authority) and also the consequent unjustified burden on health care providers. The Authority's priority should be to carry out supervision with the aim of systematically improving the quality of health care provided. Its conclusions should result in the development of legislation (statutory and sub-statutory norms, professional guidelines of the Ministry of Health of the Slovak Republic), education of health care providers, adjustment of incorrect procedures of health care providers, changes in the organisation of work of health care providers, changes in the material, technical and personnel equipment of health care providers, changes in financing by health insurance companies. The aim is not to gain financial resources, but to ensure that public resources are used efficiently and meaningfully.

#### Publication of candidates for prior approvals

In order to ensure the most objective assessment of the fulfilment of the statutory conditions of trustworthiness of persons proposed for the position of a member of the Board of Directors and the Supervisory Board, a proxy, employees at managerial positions directly under the Board of Directors and a person responsible for the performance of internal control of a health insurance company, the Authority considers it necessary to provide for an obligation for the Authority to examine the fulfilment of the conditions of trustworthiness on the basis of information obtained from public administration information systems, from the Authority's own activities as well as from information sent to the Authority by the public. For this purpose, the Authority proposes to publish on its website data on persons in respect of whom the health insurance company has requested the Authority's prior consent, thereby enabling the public to provide the Authority with information which could give rise to doubts as to the trustworthiness of the person concerned.

#### Transfer of competence to issue authorisations to Medical Emergency Services

It is necessary to delete from competencies of the Authority the competence to issue permits for the operation of Medical Emergency Services and to announce a tender for the issue of a permit for the operation of Medical Emergency Services. This activity is in direct conflict with the Authority's control and supervisory activities in respect of these providers. The agenda of issuing permits for the operation of Medical Emergency Services is an agenda of the state administration, therefore it is necessary to transfer it to the competent state administration body, which is the Ministry of Health of the Slovak Republic.

#### Optimal economic result of a health insurance company

Basing the optimal economic result on written insurance contributions seems a legitimate alternative if, instead of an arbitrarily fixed percentage of profitability, it is based on comparable European public health insurance markets and a separate minimum capital adequacy requirement is introduced.

In the explanatory report, we also provide an illustrative example within the interpretation of the required adjustments, which is based on a hypothetical optimal economic result of 1.5 % of the written insurance contributions, while taking into account the requirement of the MoF SR that at least 96 % of this should be spent on health care:

Illustrative example:

Health insurer X has 1,500,000 insured persons

Coefficient (degressive as originally) 1.25 %  $(1,000,000 + 1,500,000) / 2,000,000$

Obligatory expenditure on health care 96.35 % of insurance contributions  $(95.1 + 1.25)$

Written insurance contributions of X amount to EUR 2,000,000,000

Expenditure on health care: 1,927,000,000 (96.35 % of 2 billion)

If the economic result is to be optimal: EUR 30,000,000 (1.5 % of 2 billion),

the insurer cannot spend more on operation than EUR 43,000,000 (i.e. 2.15 % of 2 billion).

The more a health insurer spends on operation, the less it can pay out to shareholders. In other words, if health insurers collect EUR 6 billion a year in health insurance contributions from citizens, and they were 3 insurers of the same size, they can use roughly EUR 220 million for their operation and for profits.

We covered the issue in detail in a number of consultations on the legislative process last year, summarised here: [https://www.udzs-sk.sk/wp-content/uploads/2021/08/TS\\_Regulaciazisku-ZP\\_3.8.2021-1.pdf](https://www.udzs-sk.sk/wp-content/uploads/2021/08/TS_Regulaciazisku-ZP_3.8.2021-1.pdf)

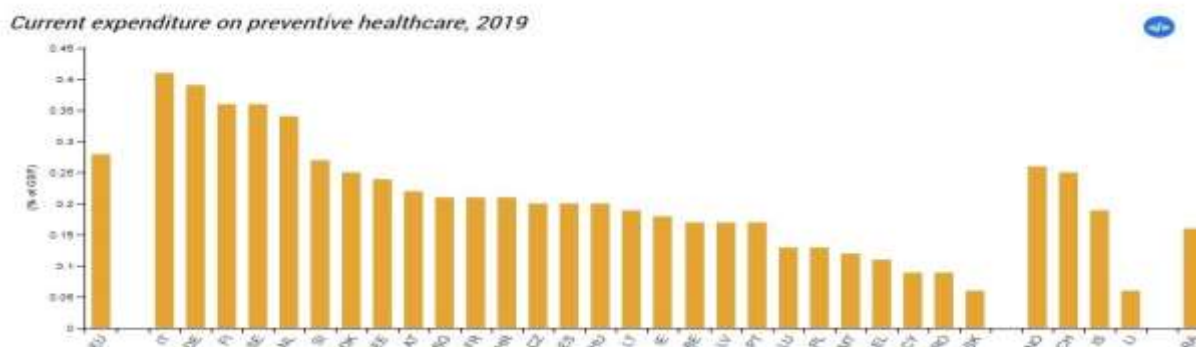
Criteria for the quality of health care provided

The Authority proposes to introduce the following quality criteria:

- (a) ensuring waiting times for planned inpatient health care for insured persons according to a special law (Act No. 540/2021 Coll.),
- (b) ensuring the availability of general outpatient health care for insured persons at least within the scope of the public minimum network of general outpatient health care providers established by the reform,
- (c) ensuring the availability of specialised outpatient health care for insured persons at least within the scope of the public minimum network of specialised outpatient health care providers,
- d) expenditure on preventive health care at least equal to 150 % of the previous year's spending on preventive health care or the EU average for preventive health care,
- e) adjustment of prices of selected services of the most financially undervalued specialities of specialised outpatient care in the Slovak Republic at least to a level to be determined in a separate legal regulation,
- f) liquidity of the health insurance company.

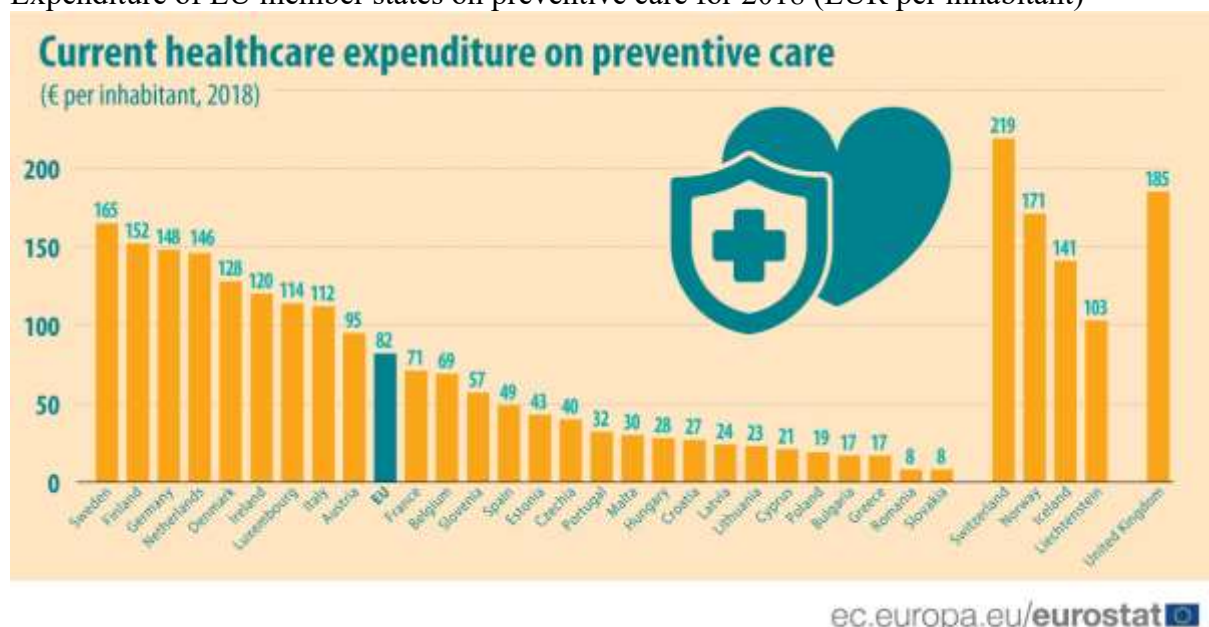
The Authority proposes to add as a quality criterion an increase of expenditure on preventive care at least to the level of the EU average, taking into account the fact that, according to Eurostat statistics, the Slovak Republic spends the least compared to other EU countries, either relatively in relation to GDP or per capita. We have been surpassed also by Romania.

## Expenditure on preventive care for 2019 (% GDP)



Source: [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Preventive\\_health\\_care\\_expenditure\\_statistics](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Preventive_health_care_expenditure_statistics)

## Expenditure of EU member states on preventive care for 2018 (EUR per inhabitant)



Source: <https://ec.europa.eu/eurostat/web/products-eurostat-news/-/ddn-20210118-1>

## Press release 4/11

Bratislava, 30/08/2022

Valuation of specialist treatment is not adequately set

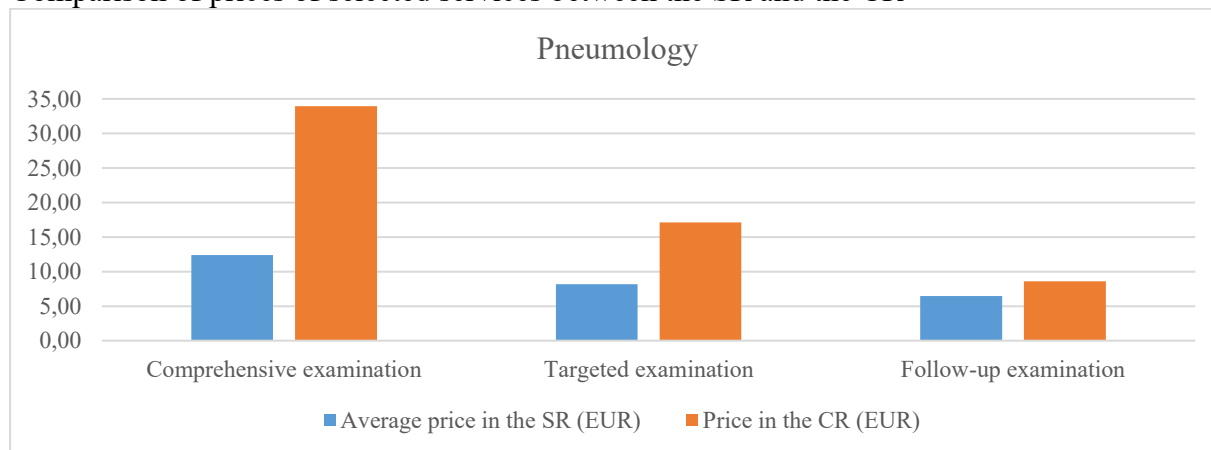
- There are significant differences in reimbursement for treatment between specialties
- The prices of some services are not even sufficient to adequately pay the doctors and run the practice
- In order to stabilise the situation in the outpatient sector, the Health Care Surveillance Authority proposes numerous measures

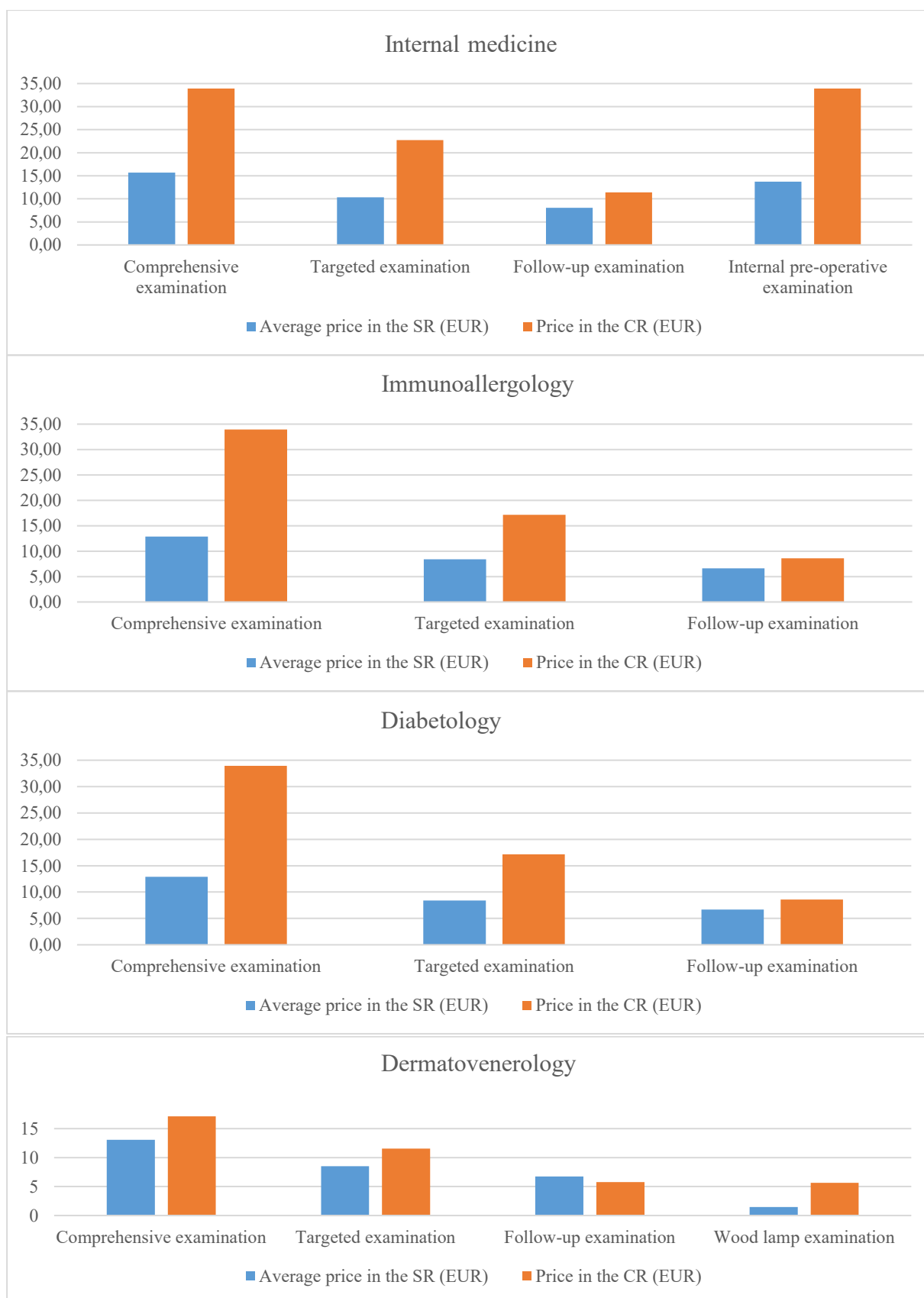


Valuation of the treatment performed by specialists is not adequately set. However, this valuation is the basis for reimbursement by health insurance companies to providers of specialised outpatient care. The legislation has left the determination of the amount of reimbursement for individual services to health insurance companies. What is the result?

- The prices of some services are not even sufficient to adequately pay the doctors and run the practice.
  - As an example we can mention a complex examination in the fields of pneumology, immunoallergology, dermatovenerology and diabetology, which takes in some cases more than 30 minutes, but for which the doctor receives only about EUR 13 from the health insurance company.
  - This amount should cover the doctor's salary, the nurse's salary, the social and health insurance and other expenses related to the operation of the practice. This is not possible when receiving EUR 13 per examination.
  - The practice operator has to adjust the salary of the medical staff accordingly or find other sources of funding for the operation of the practice. As a result, the salaries of doctors and nurses in some specialised outpatient practices are lower than the statutory salary entitlement of doctors in inpatient facilities.
- Dramatic differences in prices for some services compared to other countries - e.g. the Czech Republic (Graphs – Comparison of prices of selected services between the SR and the CR)
- Complicated reporting of services to the health insurance company - a uniform list of services is not applied, there are cases when one service is reported to each insurance company under a different code, the point values of individual services are different according to individual health insurance companies, particular creditable items are also applied differently, etc. - the doctor, instead of devoting maximum time to the treatment of the patient, has to pay attention to the correct coding of services and deductible items according to the health insurance company in which the patient is insured.
- There are no rules for the recognition and reimbursement of services, so providers often do not know for what reason the reviewing physician did not recognise the service code (note: only ZP Dôvera has published comprehensive rules for the recognition of services).

Comparison of prices of selected services between the SR and the CR





Source: *Data for the Czech Republic: Website of the Ministry of Health of the Czech Republic, <https://szv.mzcr.cz/>; Data for the Slovak Republic: published contracts between health care providers and health insurance companies (contracts published as at 6 May 2022)*

Note: Purchasing power parity has not been taken into account when comparing prices.

The above information is derived from the Report on the State of Execution of Public Health Insurance for 2021. To see the whole report go to: <https://www.udzs-sk.sk/wp-content/uploads/2022/06/Sprava-o-stave-vykonvania-VZP-za-2021.pdf>

The material is expected to be discussed by the government in September, the Authority will provide more information at a press conference afterwards.

#### **Press release 4/12**

Bratislava, 14/09/2022

Reinsurance campaign peaks, insured persons should be careful

- Insured persons should take a considered approach to changing their health insurer.
- The Authority advises insured persons to carefully study the terms and conditions published by the respective health insurance company for the purpose of reimbursement of benefits.
- Witnessing the fierce competition for insured persons and in order to protect insured persons, the Authority has taken action and proposed a legislative change to reinsurance.

Applications for a change of the health insurance company can be filed by 30 September of the calendar year at the latest. In this case, the person becomes an insured person of the new health insurer as of 1 January of the following calendar year. As the reinsurance campaign is currently at its peak, the Health Care Surveillance Authority repeatedly urges insured persons to be careful. Insured persons should take a considered approach to changing their health insurer and carefully consider the benefit of changing the health insurers.

If insured persons are considering switching to another health insurance company and are attracted by the benefits offered by the new health insurance company, the Authority recommends that insured persons carefully study the terms and conditions published by the health insurance company in question for the purpose of reimbursement of benefits.

In the previous period, the Authority has received a number of complaints from insured persons pointing to the fact that, even though they have fulfilled all the conditions laid down by the health insurer, which the insured persons were able to ensure by their own actions, the benefit has not been paid to them.

One of the most common reasons for refusal of reimbursement of the benefit by the health insurance company is that the health care provider did not report the treatment to the health insurance company. Another common reason for denial of benefit reimbursement is also the failure of the insured to comply with established deadlines and procedures. Therefore, the Authority recommends that insured persons thoroughly familiarise themselves with the terms and conditions or criteria published by the new health insurer for the payment of benefits before changing health insurers. Although benefits are often presented very attractively in health insurance company promotions, it is always necessary to study all the terms and conditions carefully.

In the previous reinsurance period, i.e. last year, the Authority has registered a number of complaints concerning possible unauthorised reinsurance filed by insured persons.

In their complaints, insured persons stated that the change of health insurer had been made without their knowledge, that misleading or false information had been provided by the persons who had written the application form with them, or that they had been informed that a survey on the benefits offered or a satisfaction survey with the health insurer had been written, but not that they had applied for reinsurance. The application form was signed in haste, without thinking through the consequences, the insured persons provided their personal data, but argued that they had not signed the application form, that the signature on the application form was forged, etc.

Due to the fierce competition among health insurance companies for insured persons, the Authority, in order to protect the insured persons, has taken steps and proposed a legislative change in reinsurance, which should prevent unfair practices in the recruitment of insured persons. The main objectives are to minimize the negative impact of reinsurance on insured persons and also to eliminate the possibility of health insurance companies taking applications from insured persons on the street, in shopping malls, stations, at public events, etc. The new legislation should ensure that the insured person interacts with a health insurer employee when submitting an application. These employees are expected to have a certain degree of competence in the field of public health insurance.

This should guarantee that unqualified, misleading or false information is not given to potential insured persons.

Last but not least, it is important to draw attention to the fact that each of us is responsible for what we sign. Therefore, it is important to always read well all the papers that are finally presented to the insured person for signature. Not all insured persons have professional experience in the field of health insurance, therefore the Authority appeals to insured persons to be prudent when considering changing health insurance companies and not to make decisions in a time crunch or under pressure.

If the insured person is not aware that he/she has filed the application, he/she is likely to be fraudulently or wrongfully reinsured. As a first step, he or she should contact the health insurer to which he or she has been re-insured and, if he or she is not satisfied with the handling of his or her application, he or she may lodge a complaint with the Authority or contact law enforcement authorities if he or she believes that his or her personal data have been misused.

An insured person who has applied for a change of health insurer is entitled to withdraw the application without giving a reason by 30 September of the calendar year concerned. The withdrawal must be made in writing by the insured person to the health insurance provider to which he or she wished to be reinsured from the following calendar year.

#### **Press release 4/13**

Bratislava, 26/09/2022

Representatives of the Authority, the health insurance company Dôvera and financial group Penta met today at the premises of the Authority. ZP Dôvera seeks compensation for non-pecuniary damage and an apology from the Authority

On 07/07/2022, the Health Care Surveillance Authority received a Request for preliminary discussion of a claim for compensation for non-pecuniary damage caused in the exercise of public authority (hereinafter referred to as the "Request") from ZP Dôvera.

It also includes a request for an apology. The damage of EUR 32,300 was allegedly caused to ZP Dôvera by the alleged unjustified interference with its reputation by the fact that the Authority published, in ZP Dôvera's opinion, false and defamatory allegations in:

- the Authority's Activity Report for 2021 published in April 2022 ('the Activity Report'); and
- the Press Release dated 23 May 2022 (the "Press Release").

From the Authority's point of view, the key topic is the issue of valuation and accounting of the insurance portfolio, whose acquisition cost of EUR 485 million and residual value of EUR 145 million is also part of the balance sheet of the financial statements of ZP Dôvera, including equity, as at 31 December 2021. This valuation of the insurance portfolio, which took place when the health insurance companies Apollo and Dôvera were merged, enabled Dôvera to recognise an after-tax profit of almost EUR 700 million from public health insurance between 2010 and 2020, and to pay an extraordinary dividend of approximately EUR 200 million from this profit to the Cypriot shell company Prefto between 2011 and 2015.

A significant uncertainty related to "estimates and assumptions taken into account by management in the calculation of the impairment of the insurance portfolio" in the total amount of almost EUR 166 million was also highlighted, according to the standards, by the independent auditor of ZP Dôvera in its report for 2021. The other two health insurance companies do not have such uncertainty in their financial statements.

For the Authority, today's meeting was attended by the Chair of the Authority, Ing. Renáta Bláhová, FCCA, LL.M., the Director of the Legal Department JUDr. Lucia Pastiriková and the legal representative of the Authority in the matter of the Request JUDr. Radovan Pala from the law firm TaylorWessing. For ZP Dôvera and its shareholder, the meeting was attended by the Chairman of the Board of Directors of ZP Dôvera Ing. Martin Kultán, legal representative JUDr. Peter Kubina from the law firm Dentons, partner of Penta Investments MUDr. Václav Jirků and legal representative JUDr. Valéria Haščáková. The meeting was also attended by JUDr. Peter Štrpka, PhD. and Mgr. Lukáš Štefánik, LL.M. from the law firm Soukeník - Štrpka, which is the legal representative of the Authority in another dispute, where the plaintiff used a similar mechanism of valuation of the insurance portfolio, relying on the same expert opinion as ZP Dôvera, claiming compensation for damages in the amount of EUR 280 million.

The Chair of the Authority presented to the representatives of ZP Dôvera the opinion of the Authority on selected issues related to the objected statements in the Request.

The Authority has doubts as to whether the procedure followed by ZP Dôvera in connection with the valuation of the insurance portfolio was correct. For this reason, the Authority has also referred to this in the Activity Report and in the Press Release. On behalf of the Authority, the Chair of the Authority has again appealed to the management of Dôvera to reconsider its approach to the accounting for the insurance portfolio, as the Authority perceives uncertainty in the fair and accurate presentation of the financial statements as at 31 December 2021. The meeting has not yet concluded the preliminary discussion of the claim asserted by the Request under the State Accountability Act. This will only occur with the Authority's written statement within the statutory timeframe.

The Authority states again that it will continue to exercise responsibly all its powers under the specific legislation. Such powers include the supervision of the financial condition of health insurance companies as supervised entities.

It should be stressed that the Authority has the role of an independent regulator in the case of health insurers, which are in a specific position and outside the standard regulatory framework for the supervision of the financial sector. One of the key roles of the Authority is to react to the financial statements, which every health insurer is legally obliged to publish, in order to protect the rights of insured persons, especially if there is uncertainty about their fair and accurate presentation.

The Authority's position and powers vis-à-vis health insurers also derive from the fact that health insurers are not ordinary entrepreneurs, but are established for the primary purpose of carrying out public health insurance. This is an activity which health insurance undertakings carry out in the public interest and in which they manage public funds from public health insurance. The Authority, as a regulator, therefore has a duty in the public interest to ensure compliance with the conditions laid down by law for the exercise of public health insurance. In this context, the Authority shall make the necessary efforts to contribute through its activities to ensuring an adequate level of financial stability of public health insurance.

#### **Press release 4/14**

Bratislava, 31/10/2022

The Health Care Surveillance Authority publishes data on identified deficiencies and measures that can help educate the general public about the quality of the health care provided

In 2021, the Health Care Surveillance Authority received 895 complaints that were handled through supervision of health care provision. A total of 574 complaints remained unresolved from 2020, were carried over to 2021 and handled through supervision.

Of the complaints submitted in 2021, 325 were closed by the Authority. The average duration of supervision of health care provision in 2021 was less than 5 months, while the complaints are subject to the statutory 9-month time limit. The statutory time limit applies to complaints received after 01/05/2021.

For the calendar year 2021, the Authority imposed a total of 134 penalties for improperly provided health care. The fines imposed totalled EUR 118,550. Of these, the total amount of fines imposed on natural persons was EUR 1,850 and on legal entities EUR 116,700. For the year 2021, the Authority invited 142 experts to carry out supervisions.

The amendment to Act No. 581/2004 Coll. on Health Insurance Companies, Health Care Supervision and on Amendments and Supplements to Certain Acts, as amended, effective since 01/05/2021, added an obligation for the Authority to publish on its website, for each calendar year, data on all complaints and requests for the performance of health care supervision, on the findings presented in the preliminary protocol and the final protocol, but without specifying the personal data of the person whose rights or legally protected interests may have been violated.

Specific breaches of the provisions of generally binding legislation are published, with specific breaches in the maintenance of medical records where the exercise of health care supervision relates to the improper maintenance of medical records.

Last but not least, the Authority informs about the measures imposed to remedy the identified shortcomings, the measures taken and their evaluation, as well as the fines imposed.

The format and structure of the above-mentioned data have been determined and published by the Ministry of Health of the Slovak Republic on its website.

All the above-mentioned data are published on the Authority's website: <https://www.udzssk.sk/dohlad-nad-zdravotnou-a-osetrovatelskou-starostlivostou/informacie-preposkytovatelov-zdravotnej-starostlivosti/statisticke-udaje-za-podania-riesene-vykonomdohladu-za-rok-2021/>

The Authority also regularly publishes the fines imposed by the Authority's branches by health care provider. The most recent data published as of 31/12/2021 is available in the Authority's 2021 Activity Report starting on page 66.

The published data may also contribute to the education of the general public.

For the same reason, the Authority also regularly publishes case reports that discuss both properly and improperly provided health care. These are a selection of clinically interesting cases from supervisions carried out at the Authority's branches across Slovakia. Selected medical cases handled by the Authority and compiled into case reports for 2021 are also available on the Authority's website.

The Authority's ambition in publishing the results of its activities is also to act as a preventive measure in order to avoid the same mistakes in the provision of health care in the future.

#### **Press release 4/15**

Bratislava, 14/11/2022

The Authority cannot disclose communication with journalists under the Freedom of Information Act

The Health Care Surveillance Authority is part of the institutions of a democratic state. Its immanent part is the free work of journalists under the protection of the Constitution of the Slovak Republic and within the limits of other international treaties and laws, such as the Media Services Act, the Publications Act or the Freedom of Information Act.

Unfortunately, Slovakia is also one of the countries in which there have been cases of verbal and physical attacks on journalists and, in one case, even the murder of a journalist and his fiancée. In these cases, there has even been widespread media coverage on systematic illegal surveillance and lustration of journalists. These facts also have serious implications for the work of public authorities that provide information on their activities to the public.

The Authority has recently received a request for disclosure of information in which the applicant has requested access, in great detail, to communication between journalists and the Authority. The applicant requested access to the personal data of journalists who had been in contact with the Authority, the exact time when the Authority was contacted, copies of emails or other messages sent by the journalists, etc.

The Authority endeavours to comply with all requests for access to information and acts in accordance with its legal obligations under the Freedom of Information Act. On the other hand, also according to the case law of the Supreme Court of the Slovak Republic, the right to information must be balanced with the principle of good public administration.

Requesting information on journalists' personal data and on correspondence with which journalists contact the Authority does not fall within the scope of information in the disclosure of which the public may have a legitimate interest and the disclosure of which may be consistent with the purpose of the public scrutiny of the Authority.

Also in the context of the protection of the free exercise of journalistic activity outlined above, the Authority is aware of the risk of creating a precedent that could seriously jeopardise the exercise of the right to freedom of expression of the media, the guarantee of the independence of the media, as well as the safety of journalists themselves. If public institutions, as obliged persons, were obliged to disclose journalists' questions or other details of communication with journalists, information on the subject of interest to journalists, or even the identity of the journalists themselves, the conditions for the free exercise of the journalistic profession would be undermined and, in an extreme case, journalists could even be endangered. Such a course of action on the part of the obliged person would have an impermissible chilling effect on the freedom of expression of journalists and would therefore be contrary to the public interest in a democratic society and would also contravene the relevant guarantees of constitutional rights.

Although the Authority has the requested information, in its view the disclosure of this information does not fall within the scope of information required to be disclosed under the Freedom of Information Act and therefore the Authority will not disclose journalists' communication with the Authority to third parties. The Authority believes that this approach strikes a reasonable balance between the right to information and the protection of journalists' freedom of expression.

#### **Press release 4/16**

Bratislava, 09/11/2022

The Authority acted in the public interest, it will not apologise to the health insurer Dôvera or its shareholders

The Health Care Surveillance Authority will not apologise to the health insurer Zdravotná poisťovňa Dôvera, a. s., (hereinafter referred to as "ZP Dôvera" or the "insurance company") for the allegations made in the Authority's 2021 Activity Report and subsequently in the press release dated 23 May 2022.

Nor will it comply with ZP Dôvera's request to remove the 13 contested allegations from the documents in question, nor will it pay the insurer the non-pecuniary damage claimed in the amount of EUR 32,300.

After a thorough examination of the request of the insurance company, as well as after a personal meeting attended by the shareholders on 26 September, the Authority concludes that it does not consider the claims made by ZP Dôvera justified. On 28 October, the Authority sent a statement to the request for preliminary discussion of the claim for compensation for non-pecuniary damage caused in the exercise of public authority to the legal representative of ZP Dôvera, Dentons Europe CS LLP.

"Our aim was not and is not to threaten or damage the reputation of the insurance company. We are convinced that in providing information to the public in the report on our activities and in the press release we have acted correctly, lawfully and strictly within the limits of our legal competences," said the Chair of the Authority, Renáta Bláhová.



In its statement, the Authority stresses that its activity report and the subsequent press release contain only the Authority's professional opinions, which are based on a true and verifiable basis.

When the Authority deals with questions of ownership and the way in which health insurance companies account for their insurance portfolio, it does so within the scope of its statutory powers and in the public interest, in order to prevent conduct that would jeopardise the solvency of health insurance companies and the provision of health care to citizens.

The Authority takes it as a fact that ZP Dôvera is the only insurance company that accounts for the acquired insurance portfolio as an intangible asset, which is closely related to the Authority's concern about the overstatement of the insurance company's assets. However, this concern is of a purely economic nature.

The Authority bases its allegations on documents showing that in 2008, the purchase price of the 51 % share in the health insurance company Apollo sold between independent entities E.I.C., a.s. and AGEL, a.s. was set at SKK 200 million (approximately EUR 6.6 million). Against this background, it is natural that the subsequent valuation of the acquired part of the insurance portfolio as an intangible asset of the health insurer up to the amount of EUR 485 million raises questions.

The Authority considers the clarification of these questions to be important also in view of the current value of the equity of the health insurer, which plays a key role in imposing of both the recovery plan and the receivership under the legislation still in force.

However, these questions also play an important role in terms of their impact on the public administration budget of the Slovak Republic. The aforementioned valuation of the insurance portfolio enabled ZP Dôvera to report a profit after tax of almost EUR 700 million from public health insurance in the years 2010 to 2020 and to pay an extraordinary dividend of approximately EUR 200 million to the Cypriot shell company Prefto in the years 2011 to 2015. The related loan repayments to pay out these dividends to the shareholders of private health insurers were also noted by the Council for Budget Responsibility (RRZ), that concluded, in the Assessment Report on the Draft Public Administration Budget for 2021-2023, that they had a negative impact on public finances.

It also points out that profit repayments covered by the public budget depend on the decisions of private shareholders and are not subject to pre-determined rules (e.g. pre-determined loan repayments can be changed, retained earnings can be paid out as dividends). In quantifying the risks, RRZ took into account the average payout between 2012 and 2019 (the annual average amounted to EUR 61 million) and the amount available (the balance of retained earnings and the expected performance in a given year). Based on the retained earnings of private health insurers amounting to almost EUR 190 million, RRZ estimated a possible negative budgetary impact of EUR 30 million in 2021 and then EUR 50 million annually in 2022 and 2023.

"We will once again call for the introduction of the European standard in the public health insurance system in Slovakia after almost 20 years, through which 6 billion euros a year flow and which is not regulated, despite the fact that it is controlled by an oligopoly of three health insurance companies. We believe that in no other European Union country can profit payments to the private shareholders of health insurance companies be covered at the expense of the public administration budget," concludes the Chair of the Authority.

## **Press release 4/17**

Bratislava, 21/11/2022

Attacks on the independence of the Health Care Surveillance Authority by media close to Penta group escalate

Renáta Bláhová, the Chair of the Health Care Surveillance Authority, registers an increased interest of the media close to the financial group Penta in the complaint of the former Minister of Health Rudolf Zajac, which will soon be dealt with by the Parliamentary Committee for Incompatibility of Functions.

The articles in question also remind the public of the tax advisory that Renáta Bláhová, as a tax advisor, provided to the former President Andrej Kiska at a time when the political leaders of Smer were trying to defame and discredit him in the matter of the alleged tax fraud of the KTAG company. It is generally known that Andrej Kiska owns this company together with his brother Jaroslav.

The Chair of the Authority considers it necessary to repeat, as she also stated in an interview for TREND in 2019 (<https://www.trend.sk/financie/danova-poradkyna-pripad-kiskovej-firmy-moze-dostat-europsky-sud>), that booking the costs connected with the presidential campaign as expenses of the company KTAG and the subsequent claim for refund of the excessive VAT deduction were questionable and that the tax administration did not break any law in refusing the refund. However, it is common in tax and commercial practice for a business and the tax authorities to have different views on the tax deductibility of costs of a company. KTAG accepted the position of the financial administration, waived the refund and did not pursue it through courts. Thus, no damage was caused to the State. From a fiscal point of view, in a case so insignificant in terms of value for the taxpayer who cooperated voluntarily, it has not yet happened that a criminal prosecution has been initiated. A contrary attitude by the administration is not only ineffective, but may be seen by business as a dangerous precedent.

And this was exactly the subject of a conversation between Renata Bláhová, as a tax advisor of President Andrej Kiska, and František Imrecze, the then president of the Financial Administration and now co-accused of corruption, in the presidential palace.

If the media close to the financial group Penta find it necessary to put the motion of ex-minister Rudolf Zajac in the context of the tax case of President Andrej Kiska, the Chair of the Authority asks them to truthfully state all the circumstances, including the fact that the former Prime Minister and Minister of the Interior are accused of establishing and conspiring a criminal group and endangering tax secrecy on the basis of the testimony of František Imrecze. According to the law enforcement authorities, the facts established suggest that it was through the KTAG tax case that they attacked President Andrej Kiska in an unprecedented and unlawful manner. The Chair of the Authority points out that although the media close to Penta create a negative narrative about her by providing incomplete information, this does not change the fact that the complaint of former Health Minister Rudolf Zajac is unjustified. Allegations that she broke the law by "still doing business" (<https://plus7dni.pluska.sk/kauzy/hegerovou-kiskovou-exporadkynou-bude-zaobrat-vybor-pre-nezlucitelnost-funkcii>) show signs of another attempt to interfere in the work of the Authority in favour of interest groups seeking to control Slovak public health care and squeeze a profit out of it.

We would also like to point out that the media close to the financial group Penta intensively activated against the person of the Chair of the Authority immediately after the Authority announced that it would not apologise to the health insurance company Dôvera or to Penta's shareholders: [https://www.udzs-sk.sk/wpcontent/uploads/2022/11/TS\\_UDZS-sa-neospravedlni\\_9.11.2022.pdf](https://www.udzs-sk.sk/wpcontent/uploads/2022/11/TS_UDZS-sa-neospravedlni_9.11.2022.pdf). The Chair of the Authority does not conduct any business and has no knowledge of any conflict of interest as a public official. She has sent a detailed explanation to the motion filed by ex-minister Rudolf Zajac to the parliamentary committee for incompatibility of functions, which is due to meet this week.

#### Press release 4/18

Bratislava, 22/11/2022

180 thousand people to change their health insurance provider from next year

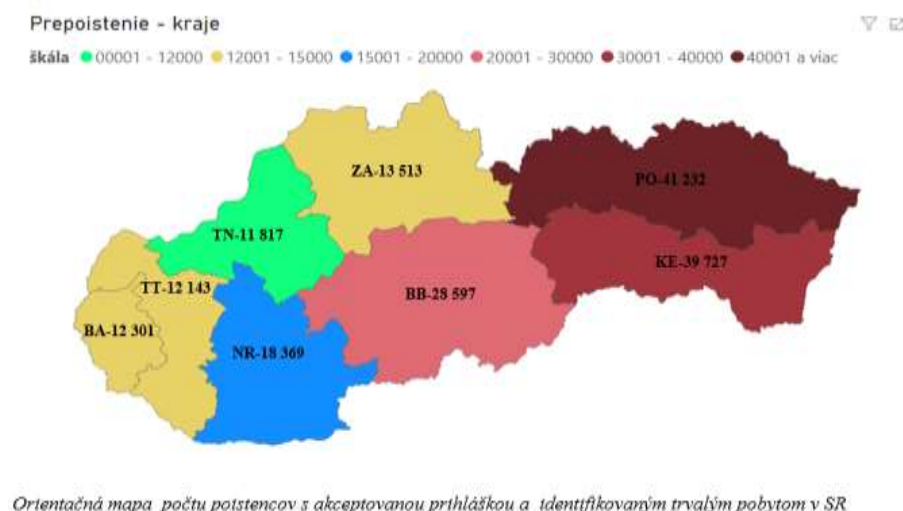
The Health Care Surveillance Authority (hereinafter referred to as "Authority") has registered 213,395 applications for the change of the health insurance provider this year. 180,399 applications were preliminarily accepted, 32,996 were not accepted. Compared to the previous year, the number of not accepted applications decreased.

Share of preliminarily accepted and not accepted applications as at 01/01/2023					
Insurance Provider	Accepted		Not accepted		Total
Dôvera ZP, a. s.	71,514	86.13 %	11,514	13.87 %	83,028
VšZP, a. s.	61,288	87.30 %	8,914	12.70 %	70,202
Union ZP, a. s.	47,597	79.11 %	12,568	20.89 %	60,165
<b>Total</b>	<b>180,399</b>	<b>84.54 %</b>	<b>32,996</b>	<b>15.46 %</b>	<b>213,395</b>

Total reinsurance overview 2023				
Change of insurance provider from 01/01/2023 (movement overview of insured persons)	Total number of insured persons (CRP as at 31/10/2022*)	(%) share in the total of insured persons (CRP)	Increase/decrease of insured persons	(%) share in the total of insured persons (CRP*)
<i>Applications for</i>				
Dôvera ZP, a. s.	1,663,748	32.35 %	13,250	0.80 %
VšZP, a. s.	2,882,131	55.21 %	-19,951	- 0.69 %
Union ZP, a. s.	638,073	12.44 %	6,701	1.05 %
<b>Total:</b>	<b>5,183,952</b>	<b>100 %</b>		

\*Data as at 20/11/2022 – the processing date in the Central Register of Insured Persons (CRP)

Indicative map displaying the number of insured persons with an accepted application and identified permanent residence in Slovakia



\*Prepoistenie – kraje - Reinsurance – regions

Škála...40001 a viac – Scale...40001 and more

Orientačná mapa počtu poistencov s akceptovanou prihláškou a identifikovaným trvalým pobytom v SR - Indicative map displaying the number of insured persons with an accepted application and identified permanent residence in Slovakia

Health insurance providers notify the Authority of the confirmation of the application for a change of a health insurer pursuant to the Act No. 580/2004 Coll. by 5 December of the relevant calendar year. Therefore, the reinsurance results are preliminary.

Summary overview for the previous five years

This year, in light of the suspected unfair reinsurance practices the Authority raised last year, we have analysed the reinsurance figures both individually for the years 2018 through 2022 and in aggregate for the past five years. Detailed data is published in the interactive section of the Authority's website: [Health insurer change – Health Care Surveillance Authority \(ud-sk.sk\)](https://ud-sk.sk/)

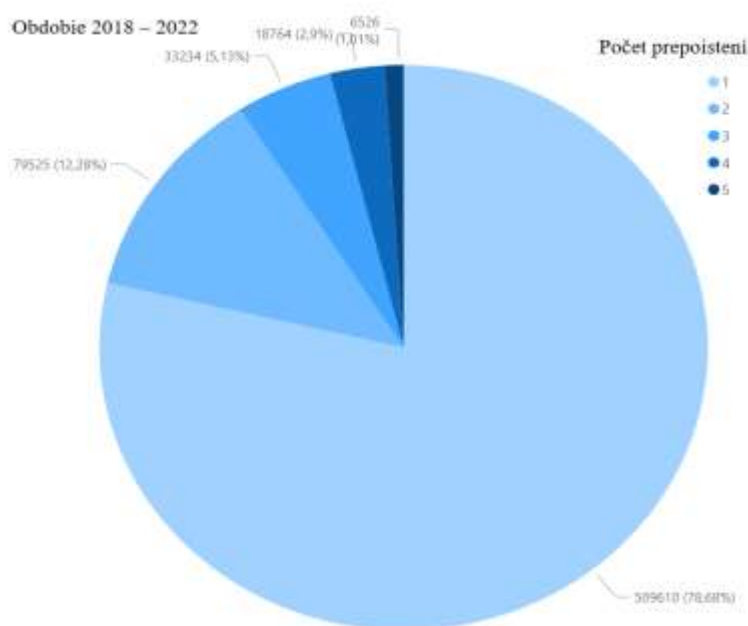
The data shows that 6,526 insured persons have been reinsured five times in the last five years, representing 1.01 %. 18,764 people have been reinsured four times and 33,234 people have been reinsured three times, representing 5.13 % of the insured persons. 79,525 people, or 12.28 %, have changed their health insurance provider twice during the period (see the graph on the next page).

Further, it follows from the analysis that the village of Lomnička in the Stará Ľubovňa district dominates the top 30 municipalities with the highest reinsurance rates for the years 2018 to 2022. 40 % of the inhabitants of the village have been reinsured three or more times. Lomnička is followed by the village Ruská Voľa in the Vranov nad Topľou district with 34 % of the population and the third place is occupied by the village Lipovec in the Rimavská Sobota district.

A graphical overview of the most contradictory part of the reinsurance campaign by municipality can be found below. It shows that in the poorest municipalities of Slovakia, almost 60 thousand insured persons have been reinsured three or more times in five years (see the graph on the next page).

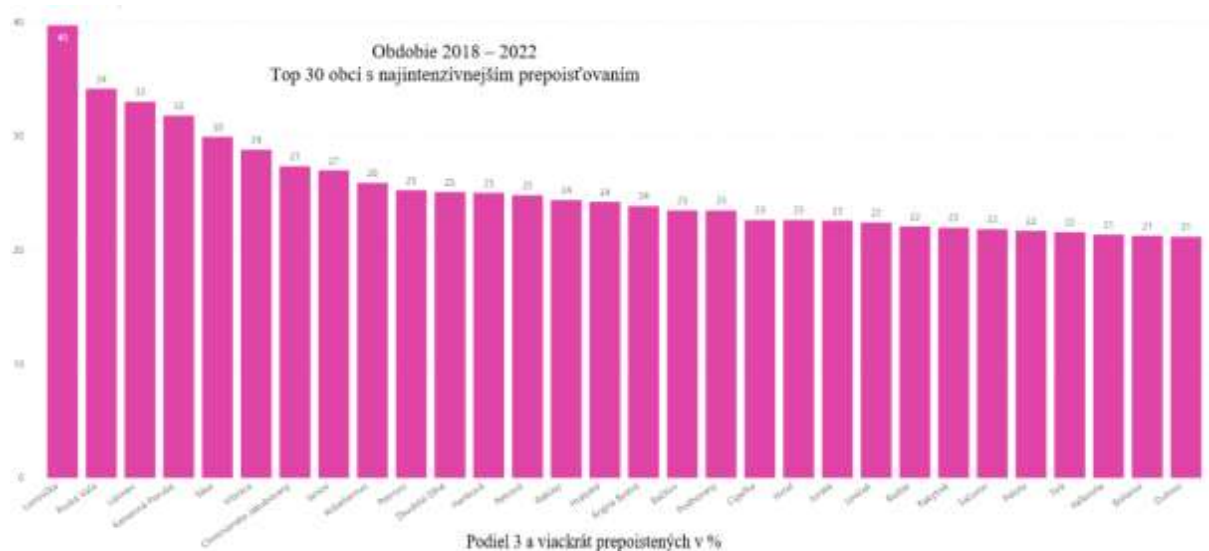
Based on further data published in the blog of Útvar hodnoty za peniaze Ministerstva financií SR (Value for Money Unit of the Ministry of Finance of the Slovak Republic) (<https://dennikn.sk/blog/3074009/konkurencia-zisk-a-zdravie-najchudobnejších/>), the Authority estimates that health insurance providers spent tens of millions of euros from the public health insurance on the remuneration of reinsurance agents during this period alone; the Authority has already filed a criminal complaint in connection with the fraudulent reinsurance and will inform the General Prosecutor's Office about new correlations.

Graph 1



Obdobie 2018 – 2022 - Period 2018 – 2022  
Počet prepoistení - Number of reinsurance cases

Graph 2



obdobie 2018 – 2022 - Period 2018 – 2022  
Top 30 obcí s najintenzívnejším prepoisťovaním - Top 30 municipalities with highest reinsurance rates  
Podiel 3 a viackrát prepoistených v % - Percentage of persons reinsured three and more times

## **Press release 4/19**

Bratislava, 25/11/2022

Penta's position in the health care is growing stronger and triggers the need for qualified competition protection.

The Slovak health care system is a system in which both public and private entities cooperate. Fair competition is therefore important for its proper functioning.

According to the Constitution of the Slovak Republic, everyone has the right to health protection and, on the basis of health insurance, also the right to free health care and medical aids.

The fulfilment and protection of the public interest defined in this way requires also effective protection of competition, which is the responsibility of the Antimonopoly Office of the Slovak Republic (hereinafter referred to as "Antimonopoly Office").

As a regulator of relations in the health care sector, the Health Care Surveillance Authority (hereinafter referred to as "Authority") therefore has an eminent interest in its good functioning and has decided to contribute to the current selection procedure for its chairman by raising several issues that have emerged from the current situation.

In the Summary section of its 2021 Activity Report, the Authority focuses also on the position of the financial group Penta in the Slovak health care, which is characterised by its presence across all relevant areas of the health care sector - from public health insurance through health care providers to the network of pharmacies (hereafter referred to as "cross-ownership", see the text of section 1.1.4 below).

We believe that the issues we have raised are currently of interest also to the general public and we also believe that the members of the selection committee for the new chairman of the Antimonopoly Office will become aware of their importance.

1. What is your personal opinion on the non-existence of legislation that would regulate the ban on cross-ownership similar to other EU countries or regulated segments other than health care? In your opinion, does the regulation of the ban on cross-ownership have stronger pros or contras?

2. What is your legal opinion on the concentration of acquisitions of specific health care entities?

- Dr. Max Pharmacies are currently owned by over 200 limited liability companies, which have the same owner and managing directors. We draw your attention to the legislation in Austria, according to which no pharmacist can hold more than one licence or manage more than one pharmacy. In this context, we present the latest information about the purchase of 47 pharmacies of Apotheke Slovakia into the portfolio of Penta Investments, which will strengthen the already strong position of its Dr. Max Pharmacy chain. This acquisition has yet to be approved by the Antimonopoly Office from the perspective of competition protection.

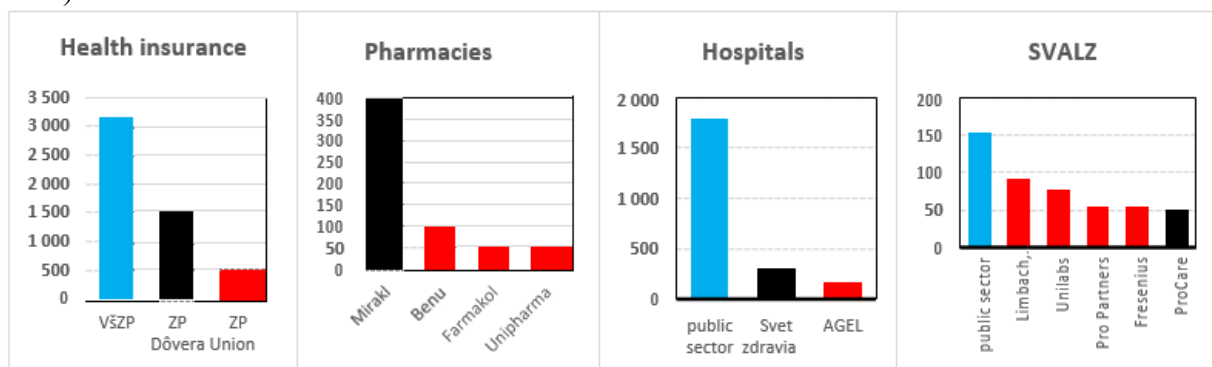
- In the decision by which the Antimonopoly Office confirmed the takeover of MEDICAL GROUP SK, a. s., (distributor of medicines and medical devices) by the PENTA<sup>12</sup> group, the Antimonopoly Office did not actually examine what impact the concentration (the acquisition in question) may have on the position of the PENTA group in the health care sector. Yet, in the case in question it was clear that PENTA is cross-active at every vertical level in the sector where medicines and medical aids are purchased, except for the distribution of medicines (i.e. from health care providers to pharmacies - see the graph below).

3. To what extent, in your opinion, the Antimonopoly Office of the Slovak Republic can or is obliged to assess the vertical effects of a concentration under the current legislation, whether national or European?

#### 2021 Activity Report of the Authority, Part 1.1.4:

The Authority also considers the cross-ownership in the health care 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 health care 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.

Graph 2 Dominance of PIJ in the Slovak health care sector by sales revenues for 2020 (in mil. EUR)

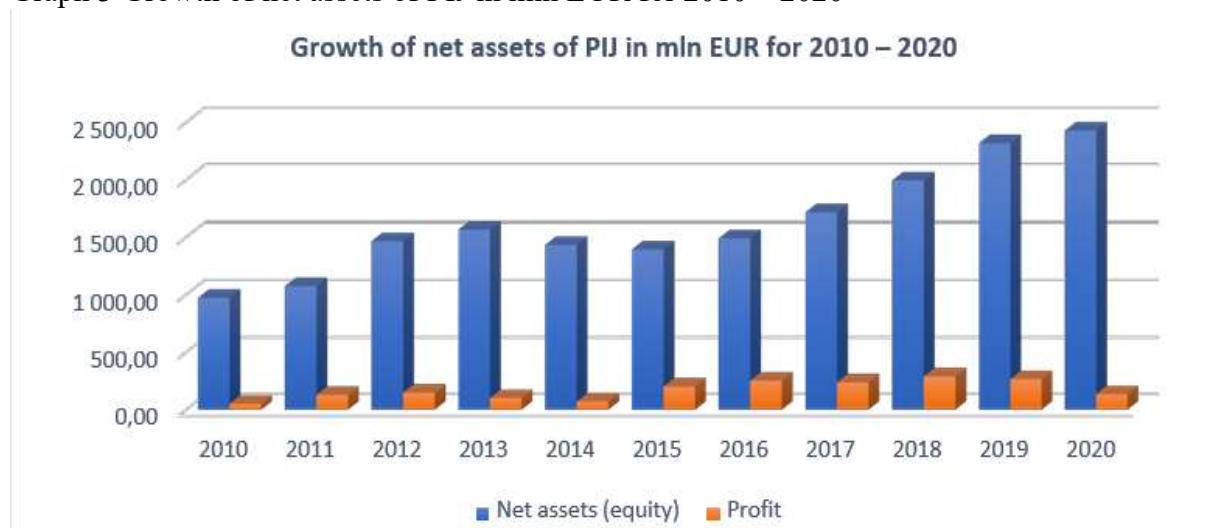


While before PIJ's robust entry into the Slovak health care sector in 2010, the net assets (equity) in the hands of five individuals amounted to EUR 1 billion, in 2020 the amount grew to EUR 2.5 billion. It can be assumed that the leaky pipeline of the Slovak health care system may have contributed to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

<sup>12</sup> No. 2022/KOV/SKO/3/08 Bratislava, 10 February 2022. Decision on the takeover of Medical Group SK.



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 health care system were to make it as close as possible to the Dutch or German model. In both the Dutch and German public health insurance 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 public health insurance.

For the complete report see: [https://www.udzs-sk.sk/wp-content/uploads/2022/04/SPRAVA-O-CINNOSTI-UDZS-za-2021-FINAL\\_web.pdf](https://www.udzs-sk.sk/wp-content/uploads/2022/04/SPRAVA-O-CINNOSTI-UDZS-za-2021-FINAL_web.pdf)

#### Press release 4/20

Bratislava, 29/11/2022

The problem with health care is not creeping socialism, but ruthless capitalism

The Health Care Surveillance Authority objects to the attacks of the health insurance company Dôvera and the investment company Penta, which were repeated at today's press conference of its representatives.

In fulfilling its legal obligations, the Authority proceeds equally towards health insurance companies, but it cannot be blamed for the fact that it was only the investment company Penta, which, through various accounting operations, extracted hundreds of millions of euros from public health insurance, and did not even pay tax to the state. These hundreds of millions of euros could have been used to provide health care to citizens, but instead they ended in the accounts of private individuals.

If state authorities, including the Health Care Surveillance Authority, are currently trying to prevent such practices, it is not creeping socialism, as Martin Kultán, the CEO of the insurance company Dôvera, called it today, but building dykes against ruthless capitalism, which does not care about the interests of the insured persons, small shareholders, private doctors or pharmacists.



We are forced to repeat that only the investment company Penta is building a health care conglomerate in Slovakia, consisting of a health insurance company, a network of pharmacies, polyclinics, laboratories, suppliers and hospitals. It is therefore the duty of the state, including the Antimonopoly Office of the Slovak Republic, to examine these relationships from the point of view of protecting competition and the quality of the health care provided.

What the representatives of Penta and the insurance company Dôvera call an attack on their business by the state, is, from the point of view of the Authority, the fulfilment of its legal obligations with regard to the public interest, which it objectively informs about in its reports (<https://www.udzs-sk.sk/urad/media/tlacove-spravy/>). The Slovak health care system, financed by public health insurance, must remain solidary and accessible to every insured person. We expect that the upcoming reforms, some of which are also included in the Recovery and Resilience Plan of the Slovak Republic, will also lead to its higher quality.

The public will surely welcome it if the investment company Penta joins this reform effort instead of provoking conflicts with the state and filing lawsuits. It is time to join forces, not to think merely about personal profits, but to focus on insured persons.

#### **Press release 4/21**

Bratislava, 09/12/2022

The motion of the ex-minister Rudolf Zajac in the Parliament was unsuccessful

Former Minister of Health Rudolf Zajac did not succeed to convince the Parliamentary Committee on Incompatibility of Functions at its meeting and the Committee therefore did not comply with his motion, according to which the Chair of the Health Care Surveillance Authority Ing. Renáta Bláhová, MBA, FCCA, LL.M., who is also an auditor and tax advisor, allegedly violated the constitutional law on conflict of interest. There were 11 members of Parliament present at the Committee meeting, of whom 9 voted to dismiss the case, 2 abstained from voting, and none voted against. The proceedings were therefore legally discontinued.

The Chair of the Authority explained to the Committee that she had already carefully considered the potential conflict prior to her appointment and, with the assistance of legal counsel, had concluded that she would not be committing any breach of generally applicable law by exercising the function of an authorized signatory in the companies in which she was a shareholder. Being an authorized signatory is not considered to be a member of the management, control or supervisory bodies of a legal entity. Moreover, the activity of a tax advisor or auditor falls within the exemption from the restriction on the exercise of the activities of a public official, since it is an independent profession, equally as the practice of law. This exemption also allows a public official to hold the office of a managing director of a company, similarly to the Members of Parliament and public officials who are lawyers. However, given the importance of the office of the Chair, at the time of her appointment, she decided to take a conservative approach and not to make use of this exemption. Last but not least, there is not even a theoretical conflict, since the companies in which she has an interest do not operate in the health care sector.

"Presenting the findings of the Constitutional Court of the Slovak Republic, the judgment of the Supreme Court of the Slovak Republic and expert commentaries on the Constitutional Law on Conflict of Interest, I have proved that the suspicions and arguments of Mr. Rudolf Zajac are entirely unjustified and, given the political context, also intentionally misleading," said Renáta Bláhová.

Recently, the Chair of the Authority has also faced increased interest from the media close to the Penta financial group. Besides the motion of Mr. Zajac, they are even interested in whether she has taken a leave of absence to attend specific professional conferences.

In her written comments on Mr Zajac's motion of 03/08/2022, the Chair of the Authority pointed out, at the end of her extensive expert analysis, that, in addition to the interest of the media close to the Penta financial group, the Authority had been facing, since July 2022, a bizarre request from a large law firm for an apology or a reworking of the Authority's reports because the health insurance provider ZP Dôvera and its shareholder Penta did not like them.

"The Authority has repeatedly stressed in its statements that its reports contain only the Authority's professional opinions, which are based on a true basis and can be verified. If the Authority deals with the issues of ownership and the controversial valuation of the insurance portfolio of ZP Dôvera, which have also been raised by the auditor of the insurer and which it considers important, it does so within the scope of its legal competences and in the public interest, in order to avoid a situation that would jeopardise the solvency of health insurers and the provision of health care to citizens."

However, these issues also play an important role in terms of the impact on the public administration budget of the Slovak Republic. The aforementioned valuation of the insurance portfolio at EUR 485 million, together with the loopholes in the health care reform of Mr. Zajac, allowed ZP Dôvera to report an after-tax profit of almost EUR 700 million from public health insurance between 2010 and 2020, and to pay an extraordinary dividend of approximately EUR 200 million to the Cypriot shell company Prefto between 2011 and 2015. The average return on the capital actually invested by private shareholders of ZP Dôvera reached almost 200 % per annum during this period.

In this context, mention should be made of the suspicions that accompanied Mr. Zajac's health reform in 2004. Among other things, it allowed the transformation of existing health insurance companies into joint-stock companies, opened the way for them to make unregulated profits from public health insurance and 'forgot' to prohibit cross-ownership, two strikingly unique features that have no place in the EU. According to witnesses and US diplomatic mail leaked by Wikileaks, the controversial health care reform was accompanied by corrupt influence of MPs in favour of bills submitted to the Slovak Parliament by the then Minister of Health Rudolf Zajac. A former Member of Parliament allegedly stated the following to investigators: "Gorilla was also true in the part of buying MPs, which everyone knew, and a bribe was offered by the financial group Penta for MPs to support Mr. Zajac's reform"<sup>13</sup>.

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<sup>13</sup> Source: <https://dennikn.sk/589502/policia-su-indicie-ze-penta-korumpovala-no-svedkyna-sa-bala-o-rodinu/>

"Also in light of this information brought by the media, I have doubts about Mr. Zajac's real motivation in filing a wholly unfounded motion and publicizing it in the media. The question arises as to whether he is really interested in protecting the public interest or in protecting the interests of the financial group Penta. That is why I appreciate that the members of the Committee have assessed my legal arguments objectively and impartially," concluded Renáta Bláhová, Chair of the Authority.

#### **Press release 4/22**

Bratislava, 20/12/2022

The Authority has noted an alarming state of accumulating complaints against companies with links to iClinic group (group of eye clinics), has proactively reported these to the Minister of Health and has requested that the competent sections of the Ministry take action.

So far, the Health Care Surveillance Authority has closed 24 cases out of 43 citizen complaints against the iClinic group. In 14 of these cases, a breach of the obligation to either correctly provide health care or keep medical records was identified. The substantiation rate for this group of complaints is currently over 58 %. However, the Authority's activity reports show that in 2019-2021, the substantiation rate of complaints was generally in the range of 15-17 %.

The iClinic group consists of:

- iClinic plus, s. r. o.,
- MEDICAL INVESTMENTS CONSULTING GROUP, s. r. o.,
- MEDICAL INVESTMENTS CONSULTING, a. s.,
- CORNEA-SK, s. r. o., (for structure see Graph 1).

While three complaints were received by the Authority in the course of the calendar year 2019 and two in 2020, the number of complaints received in the calendar year 2021 increased significantly to 14. This year (as of 01/12/2022), the number of complaints received has increased to 24. The total number of complaints about this group is therefore 43.

By comparison, other health care providers in the medical specialty of ophthalmology are investigated by the Authority to a much lesser extent and significantly fewer complaints are registered against them, on average 1-2 complaints per year (Table 1).

Publicly available sources show, among other things, that the revenues of the members of the iClinic group amount to tens of millions of euros and a significant part thereof consists of revenues from public health insurance. For the years 2020, 2021 and the first half of 2022, more than EUR 3.8 million were paid from public health insurance to those companies. The Authority is currently conducting supervisions of health insurance companies and is verifying the justification of the payments from public health insurance. The Authority will report on the results once the supervisions are completed.

The medical documentation of substantiated supervisions suggests several problem areas. In some of the substantiated supervisions, there are no surgical protocols, the patient's informed consent is only a general text that does not sufficiently specify information about the need for the procedure, the potential risks of the surgery, the method of financing from health insurance and from sources outside health insurance, and so on. The Authority has identified several cases of complicated service provision and financing schemes.

The Authority has evidence that the treatment was conditioned in writing by the health care provider on the advance payment for the lenses, which was paid to one of the entities in the group. According to the medical records, one entity provided the health care and reported the treatment or lenses to the health insurer, and another entity billed the insured person for the payment.

In the light of the above information, the Authority considers it absolutely necessary to address the situation with regard to the above entities, in particular with a view to the safety of patient treatment and the prevention of possible unjustified use of public health insurance resources.

The above-mentioned issue has also been raised by several journalists who have contacted the Authority on several occasions with specific journalist questions concerning the eye clinic.

The significant findings and results of substantiated supervisions of the correct provision of health care by the provider iClinic plus, s. r. o., (including Medical Investments Consulting Group, Medical Investments Consulting and Cornea-SK) were presented also to the Ethics Committee of the Authority.

In view of this information and the high proportion of justification compared to other health care providers in the field of ophthalmology, the Authority has also decided to launch an escalation mechanism in order to protect the current and potential patients of this provider. The Authority has the possibility to suspend individual health professionals for a maximum period of 12 months.

However, as the Authority does not have the competence to suspend legal entities within the iClinic group, it informed the Minister of Health of its serious findings and requested that the competent sections of the Ministry take action.

Graph 1

Structure of health care providers in the “iClinic“ group

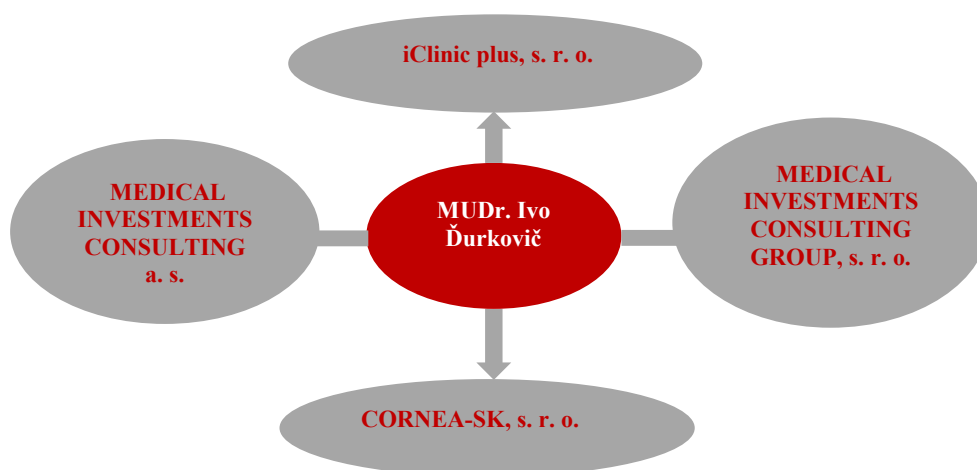


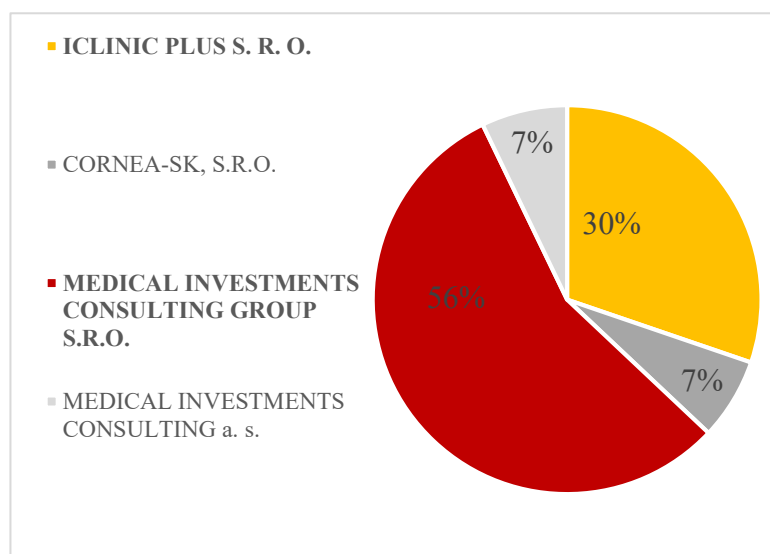
Table 1

Overview of the number of supervisions of other health care providers in the medical specialty of ophthalmology as at the end of September 2022.

<b>Health Care Provider*</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>Total</b>
iClinic plus, s. r. o.	2	10	12	24
MEDICAL INVESTMENTS CONDULTING GROUP, s. r. o.		6	6	12
MEDICAL INVESTMENTS CONSULTING, a. s.		5	3	8
Univerzitná nemocnica Bratislava	2	1	3	6
OČNÉ CENTRUM SOKOLÍK, s. r. o.	3	1		4
CORNEA-SK, s. r. o.		1	2	3
Nemocnica s poliklinikou Trebišov, a. s.	2	1		3
VESELY Očná Klinika, s. r. o.		1	2	3
Fakultná nemocnica s poliklinikou FDR BB	2			2
FNsP Žilina	1		1	2
UN - Nemocnica sv. Michala, a. s.	1	1		2
Univerzitná nemocnica L. Pasteura Košice	2			2
ŽMURK, s. r. o.	1		1	2
3 F, s. r. o.	1			1
Dunalens, s. r. o.	1			1
EXCIMER, s. r. o.	1			1
FN Nitra			1	1
MEDCO, s. r. o.		1		1
Medilux, s. r. o.	1			1
MUDr. Elena Kršjaková, s. r. o.			1	1
Nemocnica AGEL Levoča, a. s.			1	1
Nemocnica s poliklinikou Lučenec, n. o.	1			1
Neovízia, s. r. o.		2		2
NÚDCH Bratislava	1			1
OFTADENT, s. r. o.	1			1
Ophthalmo, s. r. o.		1		1
Oros Optik, s. r. o.	1			1
SOFYC CLINIC, s. r. o.		1		1
Ústredná vojenská nemocnica SNP Ružomberok			1	1
UVEA KLINIKA, s. r. o.	1			1
	<b>25</b>	<b>32</b>	<b>34</b>	<b>91</b>

Graph 2

Share of reimbursements from public health insurance for each company for the period 2019 - 2022 (1-6/2022)



Over EUR 3.8 million were paid from public health insurance for the periods stated above.

## Annex 5 External Inspections

Table 21 External inspections of the Authority in 2022

Name of inspecting authority	Duration of inspection	Field, aim, focus of inspection	Final report	Measures proposed	Implementation of measures and conclusion
Supreme Audit Office of the Slovak Republic	01/02/- 30/06/2022	Implementation of DRG system in Slovakia	Protocol on the result of the inspection contained 8 findings	Due to a legislative change, the agenda was transferred from HCSA to the MoH SR with effect since 01/01/2021. Accordingly, the competent relevant department of the Authority ceased to exist and all internal policies that regulated the activities of the agenda were abolished. It was therefore not necessary to take corrective measures. Nevertheless, HCSA adopted 1 generally applicable corrective measure: in order to apply even more vigorously the provisions of Section 223(4) of the Labour Code that agreements on work performed outside the employment relationship cannot be concluded for activities that are subject to protection under the Copyright Act, the HCSA will transfer the above-mentioned wording into its internal policy by 30/11/2022.	The measure was fulfilled within deadline, the internal policy was updated as at 01/12/2022, of which the Supreme Audit Office was informed on 30/11/2022. HCSA and the Supreme Audit Office agreed on the common goal: Ensuring and maintaining the financial stability, performance and solidarity of the health care system. HCSA therefore supports and repeatedly calls for the DRG reimbursement mechanism to be launched as soon as possible.
Ministry of Interior of the Slovak Republic, Slovak National Archive	18- 19/10/2022	Adherence to the Act No. 395/2002 Coll. on Archives, Registers, Decrees of the Ministry of Interior No. 628/2002, No. 410/2015 and No. 49/2019, adherence to internal norms for registry administration	Protocol on inspection – Identified discrepancies were not material (6 discrepancies identified).	The Authority adopted 6 immediate measures with the aim to clarify work with documents. There are ongoing controls of their fulfilment.	Within the required deadline (31/01/2023), HCSA sent MoI SR the information (on 05/12/2022) that all adopted measures were fulfilled.
Ministry of Finance of the Slovak Republic	22/09/2022	Verification and assessment of financial management under section 5 of the Act No. 357/2015, with a focus on administration and collection of state receivables	Report of the audit identified some formal deficiencies upon setting and implementation of basic financial review when collecting state receivables, without financially computable impacts.	HCSA reported on the measures taken within the required deadline (15/02/2023): specification of control and liquidation letters and update of the internal policy for administration and collection of receivables. It also reported that the issue had been addressed by HCSA in the framework of its own control activities and that the measures adopted copy the internal measures already set up earlier.	HCSA will inform the MoF SR on the fulfilment of taken measures until 30/03/2023.

Labour Inspectorate Bratislava	03/02/- 31/10/2022	Focus on the inspection of illegal work and illegal employment and working conditions of employees.	Protocol contained a finding regarding the breaks for relaxation and refreshments /food.	HCSA took measures to alter the working time records including technological changes and update of the internal policy on employee attendance within the required deadline (30/05/2022).	All measures were met within the deadline set (30/06/2022). For this purpose, a follow-up inspection was performed in the period 25-31/10/2022 by the Labour Inspectorate, which confirmed that the identified shortcomings were removed and measures were taken.
Office for Personal Data Protection	22/07/2022- pending	Focus on adequate technical and organization measures upon processing of personal data by the controller.	n/a	n/a	n/a



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## Abbreviations and Acronyms

ADOS	Home nursing care agency (Agentúra domácej ošetrovateľskej starostlivosti)
AMO SR	Antimonopoly Office of the Slovak Republic
Apollo	insurance company APOLLO zdravotná poisťovňa, a. s.
Authority/HCSA	Health Care Surveillance Authority
CBR	Council for Budget Responsibility
Chair	Chair of the Authority
COVID-19	Infectious disease caused by the coronavirus SARS-CoV-2
CRP	Central Register of Insured Persons
CZ/CR	Czech Republic
DRG	Diagnosis related groups
ECDC	European Centre for Disease Preventions and Control
EIOPA	European Insurance and Occupational Pensions Authority
ERP	Enterprise resource planning
Eurostat	Statistical Office of the European Union
EU	European Union
HC	Health care
HC/NC	Health care and nursing care
HCSA	Health Care Surveillance Authority
FM	Forensic Medicine
FMaPA	Forensic Medicine and Pathological Anatomy
KPÚ	Office of the Chair of the Authority
LE	legal entity
MES	Medical Emergency Services
MESPO	Medical Emergency Services provider or operator
MoIRDI SR	Ministry of Investments, Regional Development and Informatization of the Slovak Republic
MoF SR	Ministry of Finance of the Slovak Republic
MoLSAaF SR	Ministry of Labour, Social Affairs and Family of the Slovak Republic
MoH SR	Ministry of Health of the Slovak Republic
NHIC	National Health Information Centre
NP	natural person
OdKIB	Cyber and Information Security Department
OdVO	Public Procurement Department
OIS	Information Systems Department
OLZ	Human Resources Department
OPIS	Operational Programme Information Society
ORP	Project Management Department
OVKK	Department of Internal Control and Quality
PHI	Public health insurance
PN	sick leave
PO	Legal Department
PZS	Health care provider
SE	Section of Economy
SR	Slovak Republic
SVaLZ	Joint examination and treatment units (Spoločné vyšetrovacie a liečebné zložky)
SIDC	State Institute for Drug Control
ŠÚ SR	Statistical Office of the Slovak Republic

UNB University Hospital Bratislava  
 VšZP health insurance company Všeobecná zdravotná poisťovňa, a. s.  
 SGR Self-governing regions  
 PHI Public health insurance  
 WHO World Health Organization  
 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 Amendments and Supplements to Certain Acts, as amended  
 Act No. 580/2004 Coll. (Act on Health Insurance) – Act No. 580/2004 Coll. on Health Insurance and on Amendments and Supplements to Act No. 95/2002 Coll. on the Insurance Industry and on Amendments and Supplements to Certain Acts, as amended  
 Act No. 579/2004 Coll. – Act on Medical Emergency Services and on Amendments and Supplements to Certain Acts  
 Act No. 578/2004 Coll. – Act No. 578/2004 Coll. on Health Care Providers, Health Care Workers, Professional Organizations in the Health Care Sector and on Amendments and Supplements to Certain Acts, 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