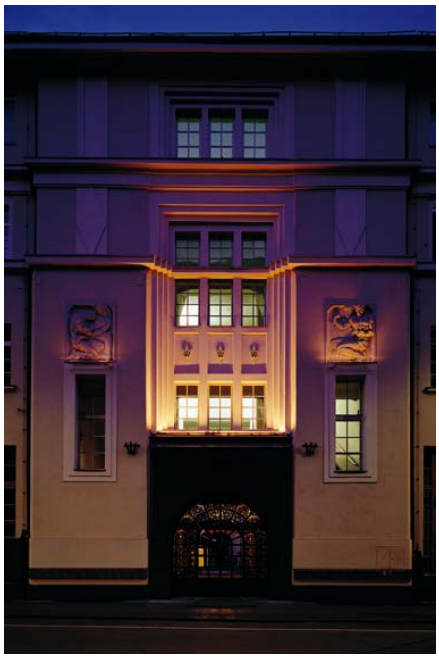
Health Insurance Institute of Slovenia



Health Insurance Institute of Slovenia (ZZZS) introduces itself

The Health Insurance Institute of Slovenia (the Institute) was founded on March 1, 1992, according to the Law on health care and health insurance. The Institute conducts its business as a public institute, bound by statute to provide compulsory health insurance.

In the field of compulsory health insurance, the Institute's principal task is to provide effective collection (mobilisation) and distribution (allocation) of public funds, in order to ensure the insured persons quality rights arising from the said funds. The benefits basket arising from compulsory health insurance, furnished by the funds collected by means of compulsory insurance contributions, comprise the rights to health care services and rights to several financial benefits.

The Institute comprises 10 regional units and 46 branch offices distributed around the territory of Slovenia. One functional unit (the Information Centre) and the Directorate complete the Institute structure. At the end of 2000, the Institute staff numbered regular 919 employees.

The Institute is governed by an Assembly, whose members are the elected representatives of employers (including the representatives of the Government of the Republic of Slovenia) and employees. The executive body of the Assembly is the Institute Board of Directors.

In 2000, the total Institute expenditure in the realisation of the compulsory health insurance was approximately 270 billion Tolars. This amount refers to the expenditure of (public) funds, collected on the basis of contributions paid by employers and employees, and by several other categories of contribution obligors.

Valuation of the Programme of the Health Care Service Activities (Partnerial Negotiations)

Each year, the representatives of the health care service providers (chambers, associations), of the Ministry of Health Care and of the Institute of Health Insurance of Slovenia (ZZZS) take part in negotiations and agree upon the common scope of the programmes of health care services and the funds necessary to cover the programme, at the national level.

As the result of the negotiation process, a written agreement is signed, which then represents a legal basis for the concluding of contracts with public health care institutions and private service providers.

Observing the general economic potential, the Agreement determines the overall extent of the health care service programme, priority areas, necessary capacities and elements (prices) to be applied in valuation of the services.

Each year, based on the adopted Agreement, ZZZS publishes a public competition open to all health care service providers eligible (concessionaires) to perform their services within the network of the public health care service network. In 2000, the Institute concluded contracts with 1249 health care service providers. Of these, 200 were public institutes and 1049 private practitioners, including pharmacies.

Thus, in 2000, of the total compulsory health insurance budget, the Institute designated a sum of approximately 190 billion tolar for health care services, 34 billion tolar for medication and technical aids, and 24 billion tolar for various financial benefits.

Classes of Rights under Compulsory Health Insurance

Compulsory health insurance covers the insured persons, to the extent defined by statute:

- the right to health care services;
- and the right to financial compensation.

The right to health care services comprises the services at the primary health care level, including dentistry, health care services in certain types of social care institutions, specialist out-patient services, hospital and tertiary level services.

In addition to medical services, the right to health care services also encompasses the right to health resort treatment, rehabilitation treatment, transport by ambulance and other vehicles, medicaments, technical aids and several other rights.

Under compulsory health insurance, the insured persons are entitled to financial compensations, as follows:

- compensation of lost salary during temporary absence from work;
- funeral and death allowances;
- reimbursement of travelling expenses related to implementation of health care services.

The Institute′s Expert and Supervisory Activities

Expert Bodies

The Law on Health Care and Health Insurance provides the jurisdiction of the medical boards, which operate the Institute′s expert bodies. The first level medical boards have been established within every Insitute regional unit, while the second level medical boards, only in Ljubljana and Maribor.

The medical boards issue expert opinions concerning temporary inability to work exceeding 30 days, referrals to health resorts and referrals for treatment abroad, and they also process requests for the replacement of technical aids prior to the expiry of their service life, and requests for complex technical aids.

Supervision of the Health Insurance Programmes

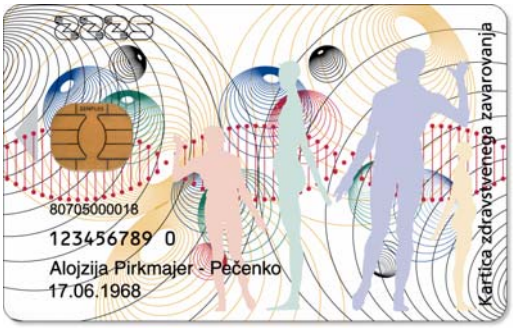
In the overall health insurance system, supervision represents a fundamental component, not only for securing the adequacy, transparency and effectiveness of the system, but also as regards the quality realisation of individual health insurance programmes. The Institute′s supervision activities keep growing in the extent and level of professionalism from one year to the next.
The institute devotes most of its efforts in this field to the so-called external financial and administrative supervision of the realisation of the health care service programmes under the contracts with public health care organisations and private health care service providers.

Public Health Care Network

The insured persons can implement their rights deriving from compulsory health insurance at institutions or surgeries that operate within the framework of the public health care service. The framework of the public health care service consists of public health care and other institutions, and private practice doctors and other health care practitioners, incorporated into the network on equal terms on the basis of concessions. In addition to private practitioners, participating in the public health care network under contract to ZZZS, health care services are also provided by the so called "purely private practitioners". All the services by such

practitioners, with the exception of emergency medical aid, are to be paid directly by the patients.

National health insurance card system



The health insurance card system, introduced by Institute, is further augmenting the presence of information technology in the Slovene health care and is establishing an efficient (virtual) network between the various subjects of the health care and health insurance sphere. The proposed system adheres to all the recommendations by the European Union, which ensures the conformance to relevant standards, renders possible the harmonisation with the systems of health care and health insurance throughout Europe, and subsequently, paves the way for future use of the card also outside the Slovene borders.

The Directorate of ZZZS

Address:
Miklošičeva 24
1507 Ljubljana
Slovenia
phone: +386 1/3077-200
fax: +386 1/2312-182
http://www.zzzs.si

The ZZZS directorate (headquarters) deals, primarily, with organisation, management, development and coordination. The staff numbers 62. In accordance with the nature of the business, the employees are in most part highly educated, specialising in the fields of economy, law, medicine, science and other disciplines, and they manage and coordinate the Institute's operation.

The ZZZS management:

Franc Košir - Director General