



Zavod za zdravstveno
zavarovanje Slovenije
Miklošičeva cesta 24
1507 Ljubljana



Focusing of financial medical auditing

Jana Mrak

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Conflict of interests disclosure

- No potential conflict of interests to declare.



Health care in Slovenia

- The health care and health insurance act in 1992:
 - Compulsory and voluntary health insurance,
 - The compulsory health insurance covers the majority of health related risks, not necessarily all of them, neither in full.
 - Every year the partners negotiate on the common scope of health care service programmes and funds necessary to pay them on the state level.

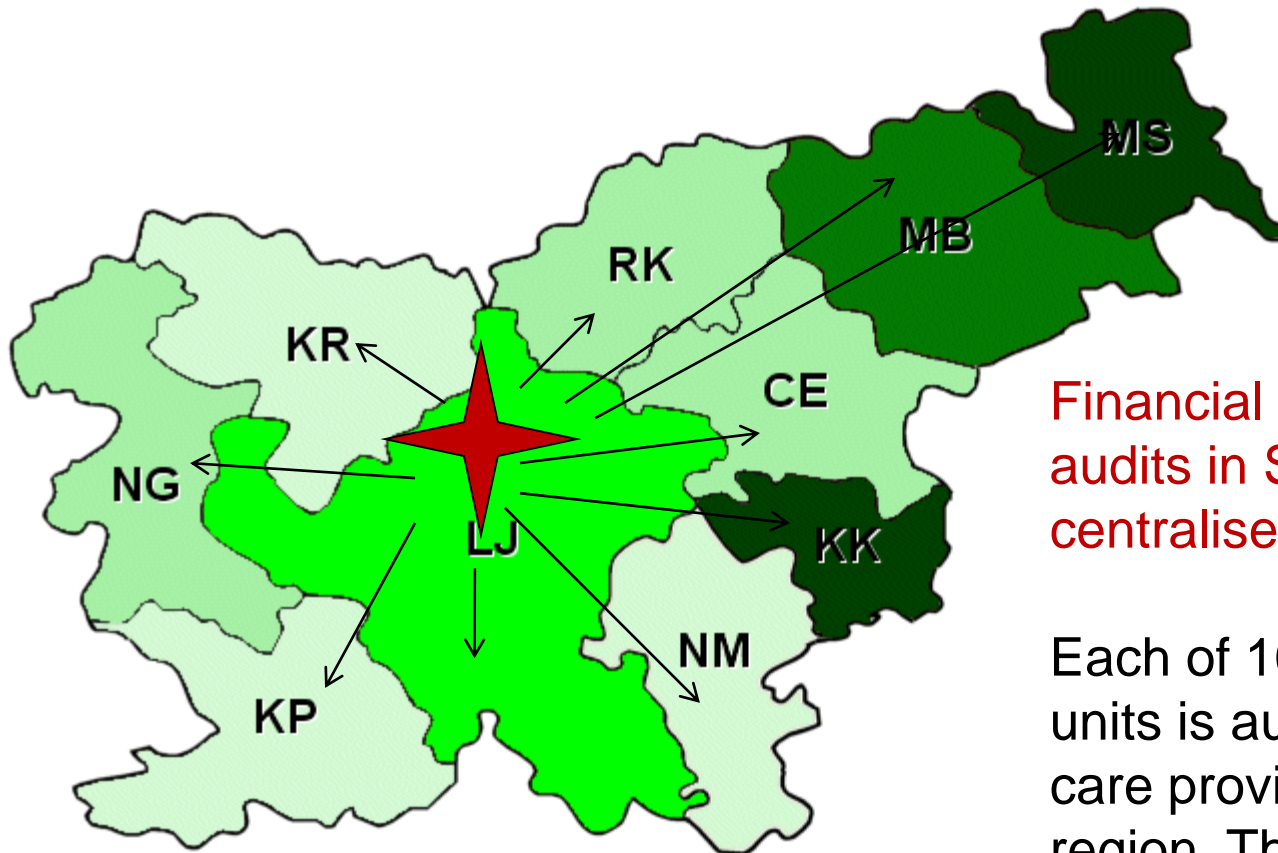


The Health Insurance Institute of Slovenia

- The sole provider of compulsory health insurance. Conducts business as a public institute.
- HIIIS represents the interests of insured persons in the partner negotiations i.e. the process of contracting with health service providers.
- The specialist dispensary service (secondary level): fee-for-service remuneration system (recording and accounting are based on services provided).



Auditing of healthcare system



Financial medical audits in Slovenia are centralised.

Each of 10 regional units is auditing health care providers in its region. This audits are administrative.



Financial medical auditing

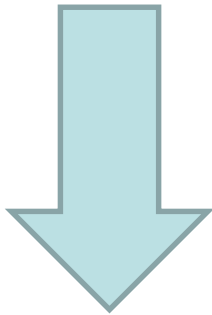


- Review of medical documentation & comparison with the accounted services.
- Not a professional supervision.
- Limited number of auditors.



Yearly scope of services

- 15 FTE auditors



- Analysis based auditing

- 391.000 hospitalisations

- Around 4,4 mio patients visits on secondary level

- More than 12,1 mio visits on primary care level (without dentists)

Case of dermatology outpatients clinics

- Over 17 mio prescriptions



Realization in dermatology outpatient clinics

Year	Service points			Patients visists		
	Plan	Realization	Index	Plan	Relization	Index
2013	247.345,56	289.942,76	117,22	49.368,42	39.786,00	80,59
2014	351.426,38	437.849,44	124,59	46.839,32	41.579,00	88,77
2015	361.515,36	418.301,60	115,71	45.492,96	41.044,00	90,22

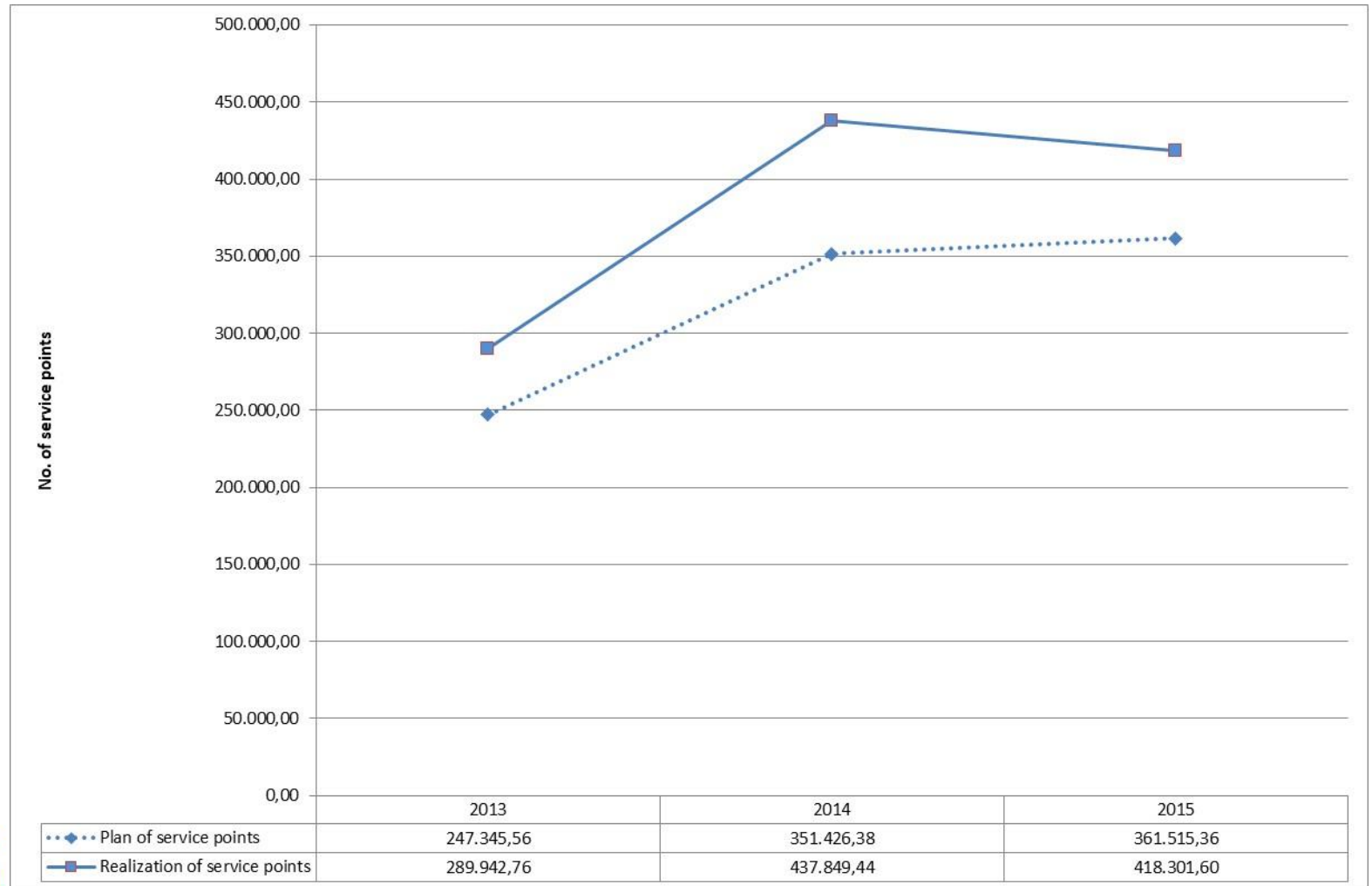


Realization in dermatology outpatient clinics

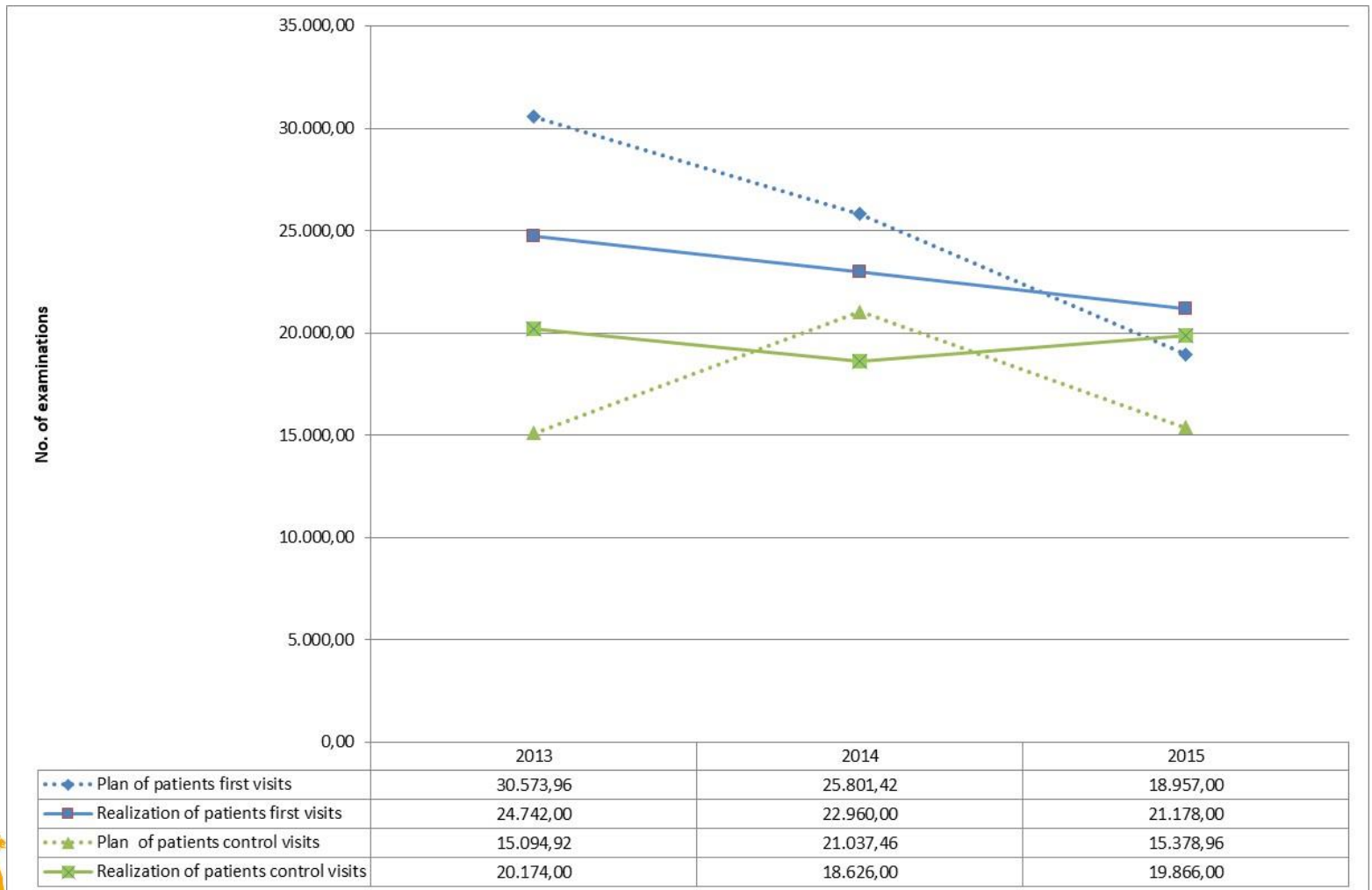
				Index		
	2013	2014	2015	2013	2014	2015
Average number of service points per patient visit	7,29	10,53	10,19		144,50	96,78



Realization of service points in dermatology outpatient clinics



Realization of patients visits in dermatology outpatient clinics

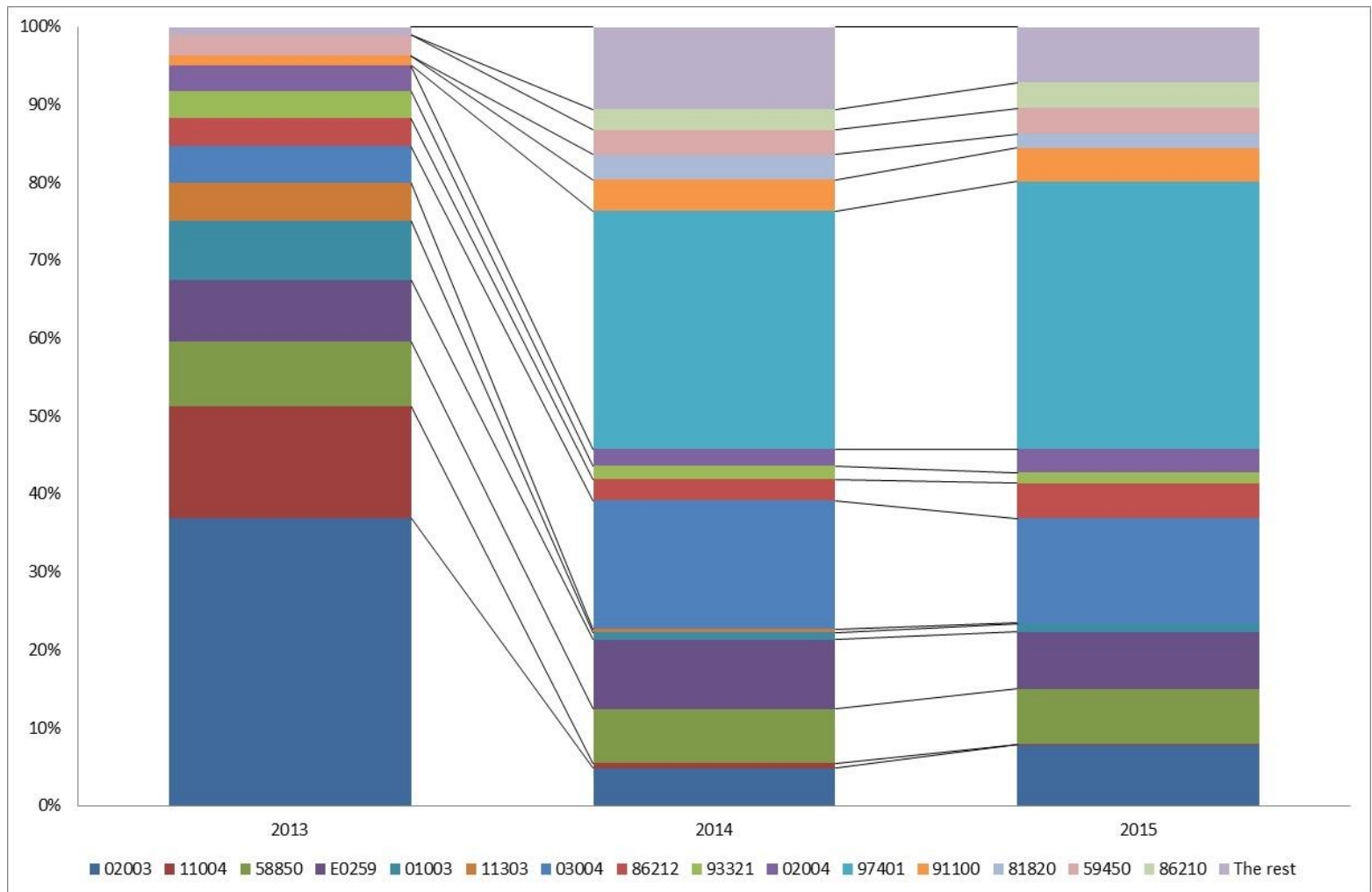


Number of different codes in dermatology outpatient clinics

				Index		
	2013	2014	2015	2013	2014	2015
Number of different codes	46	54	43		117,39	79,63
% service points collected with top 10 codes*	81,51%	84,50%	88,85%			
*service points of top 10 codes/all service points						



Structure of service points in dermatology outpatient clinics



Structure of service points in dermatology outpatient clinics

Short description of service	No. of points	Code	2013	2014	2015
Medium sized examination **	2,77	02003	37%	5%	8%
Initial care	2,42	11004	14%	1%	0%
Radical excision of skin lesion	79,44	58850	8%	7%	7%
Pathological, cyttological examinations	variable	E0259	8%	9%	7%
Partial examination **	2,08	01003	8%	1%	1%
Further care	1,38	11303	5%	0%	0%
Extensive examination **	3,46	03004	5%	17%	13%
Photochemotherapy (PUVA)	2,25	86212	4%	3%	5%
Compresion bandaging**	2,66	93321	4%	2%	1%
Medium sized child examination **	3,11	02004	3%	2%	3%
Individual instructions***	4	97401	0%	31%	34%
Prescribing the medicine***	0,63	91100	1%	4%	4%
Dermabrasion (partial) **	10,38	81820	0%	3%	2%
Cryotherapy***	3,8	59450	3%	3%	3%
Ultraviolet light therapy	2,25	86210	0%	3%	3%
Ther rest of codes together		The rest	1%	11%	7%
		Skupaj	100%	100%	100%
reddish: change > 10 %					
greenish: change of 3 to 7 %					



Structure of service points as guidance for FM audit

- Services with increased structural share:
 - Individual instructions (97401),
 - Extensive examination (03004),
 - Prescribing the medicine (91100)...
- Services with decreased structural share:
 - Initial care (11004),
 - Further care (11303),
 - Medium sized examination (02003)...

Improper accounting of services confirmed.



Lessons

- Monitoring the realization of services (service points) & patients visits is important to detect potential accounting irregularities.
- Structure analysis of accounted services is useful to focus financial medical auditing.

