



## **Regulations on Reimbursement of Health Care Service Fees**

**Effective date: September 9, 2020**

**By the Rector and the Chancellor of Semmelweis University**

**Resolution E/8/2020 (VIII.12.)  
on the acceptance of the Regulation of Reimbursement Fees**

Based on the authorization in Part I.1 of the Organization and Operation Regulation of Semmelweis University, Section 3(8)a), the Rector and the Chancellor of Semmelweis University made the following decision:

1. The Rector and the Chancellor of Semmelweis University have accepted the Regulation on Reimbursement Fees attached hereto.
2. This Decision and the Regulation on Reimbursement Fees shall **enter into force on the day following its publication** on the sub-page of the Directorate General of Legal and Administrative Affairs (JIF).
3. Upon entry into force of this resolution, the provisions of Decree 49/2015. (V. 28.) Regulations on Reimbursement Fees adopted by the Senate shall be repealed.

Budapest, 12 August, 2020

**Dr. Béla Merkely**

Rector

**Iren Baumgartnerné Holló**

Deputy Chancellor

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## **1. GENERAL PROVISIONS**

### **1.1. Purpose of the Regulations**

- (1) The purpose of the Regulations is to determine the fees of patient care services not eligible for funding with the National Health Insurance Fund of Hungary (hereinafter: NEAK), as well as to determine which patients have payment obligations.
- (2) These Regulations prescribe the calculation and invoicing of the fees to be paid for care and services not covered by NEAK financing, and the monitoring process thereof.

- (3) The purpose of the Regulations is to determine the fees for expert activities carried out by Semmelweis University, with the proviso that the scope of these regulations and the procedures described therein shall be applied with derogations corresponding to the specialties of the expert activity.

## **1.2. Scope of the Regulations**

- (1) All employees of Semmelweis University in outpatient and inpatient care, regardless of their employment status, shall act in accordance with the provisions of these Regulations when providing health care services subject to fees.
- (2) The scope of these Regulations covers
  - a) all insured Hungarian nationals and foreign nationals who have concluded an insurance contract with the competent body of the NEAK when they present at Semmelweis University without a referral, or with a referral to a university clinical unit,
  - b) all insured Hungarian nationals and foreign nationals who have concluded an insurance contract with the competent body of the NEAK when they present at Semmelweis University with a referral to another health care provider,
  - c) all Hungarian and foreign nationals without valid social security who use the health services of Semmelweis University,
  - d) all Hungarian and foreign nationals, when they use health care or services that are not available in the framework of their compulsory health insurance benefit,
  - e) the method to determine reimbursement fees for expert activities carried out by Semmelweis University.
- (3) Derogations from the provisions of these Regulations may be made in justified cases, with the prior written approval of the President of the Clinical Centre and of the Director-General of Economic Affairs. Derogations from a written approval are possible if the derogation brings a verified economic benefit to the University and is in accordance with legislation, health ethical standards and university regulations. The list of fees that are applied in organizational units and these Regulations are published together.

## **1.3. Definitions**

<b>Attending physician:</b>	a doctor (or doctors) who determines an examination and therapeutic plan in view of the health condition of the patient, who performs interventions and who is responsible for the patient's treatment;
<b>Planned patient care:</b>	all care that does not constitute acute care
<b>Fee-paying patient care:</b>	all health care services (in whole or in part) which are not financed by the NEAK and which are specified in Section 3(e) by the Act on Health Care

**Patient receiving care subject to fees:** persons specified in Section 3(a) in the Act on Health Care.

## **2. DETAILED PROVISIONS**

### **2.1. Fee payment obligation**

- (1) Under the legislation on the determination of the fee and annex 1, Semmelweis University will charge a fee in cases where:
  - a) the insured patient receives care or treatment not included in the contract concluded with the insurer (a care or treatment not included in the list of financed services of NEAK; a benefit not eligible for compulsory health insurance defined in Act LXXXIII of 1997 on Compulsory Health Insurance Benefits (ETA), (XII.17.) NM Decree),
  - b) the insured patient requests a medically not justified service (care or treatment not based on medical indication; regulation of induced abortion not based on medical indication, according to the provisions of Act LXXIX of 1992 on the Protection of Fetal Life and Government Decree 32/1992. (XII.23.) NM Decree),
  - c) the insured patient receives a higher level of comfort care,
  - d) provide care and treatment to a person without insurance.
  
- (2) According to Ebtv. 9/B § a health service provider with a financing contract (Semmelweis University) within the framework of compulsory health insurance is not allowed to charge the insured any fee for the health care provided to the health insurance fund, except in the cases referred to in paragraphs 3 to 4.
  
- (3) A partial compensation fee is to be paid according to the relevant legislation in the following cases:
  - a) orthodontic appliances under the age of 18,
  - b) dental replacements of a statutory type in order to restore the ability to chew,
  - c) interventions to modify external sex characteristics, unless the aim is to establish non-obtrusive features of the genetically defined sex due to a malformation.
  
- (4) An additional fee is to be paid in accordance with the regulations of the ETA in the following cases:
  - a) other convenience services used on their own initiative within the framework of health care,
  - b) where the condition of the insured requires, accommodation and care, including the necessary medicines and meals, at the service provider financed for this task (Semmelweis University).

- (5) The cases specified in the law must be performed without prior proof of the insurance relationship: on the basis of Act CLIV of 1997 on Healthcare (Eütv. ):
  - a) among the epidemiological benefits (aa) compulsory vaccination (except vaccination required for traveling abroad),
    - ab) screening examination for epidemiological reasons, ac) mandatory medical examination, ad) epidemiological isolation, ae) transport of infectious patients,
  - b) rescuing a person in need of emergency care
  - c) in case of urgent need, the care and treatment provided by law
- (6) If the remuneration is paid by the patient's employer, Annex 2 will be applied.
- (7) The list of the relevant legislation is included in Annex 3.

## **2.2. Definition of payment obligation**

- (1) All Hungarian and foreign citizens without valid insurance are obliged to pay a reimbursement fee, according to points a)-g):
  - a) a Hungarian citizen who does not hold any of the insurance certificates (TAJ card or European Health Insurance Card),
  - b) a Hungarian citizen who does not have an insurance (invalid Health Insurance Card),
  - c) nationals from Member States of the European Union who do not possess a European Health Insurance Card or a Card Replacement Form,
  - d) a citizen from a Member State of the European Union who does not receive emergency care,
  - e) a foreign citizen from an international conventional (interstate) country who does not receive emergency care,
  - f) a foreign, non-EU citizen who is not covered by an international convention,
  - g) a foreign citizen who does not possess a permanent residence ID card in Hungary, or a residence permit issued for the purpose of residence.
- (2) The Supply Management Directorate (hereinafter referred to as "SMD") shall issue a notice on special issues related to care and treatment.

## **2.3. Procedure for determining the remuneration**

- (1) If a new or amended reimbursement fee is initiated by the patient care unit, a simplified calculation shall be submitted to the Business Administration Department of the Directorate-General for Economic Affairs by signing the head of the initiating unit and the chief financial countersigned.
- (2) After the audit and approval of the Management - Supervision Department of the Directorate-General for Economic Affairs, the Directorate-General for Economic Affairs shall forward the files to the EI for its opinion from a medical perspective.

- (3) After approval by a medical professional, EII shall submit the new or amended remuneration for the Chancellor's acceptance by the 5th day of each month. The Chancellor approves changes to the fees in the form of a written agreement.
- (4) The EI shall prepare the current list of fixed remuneration charges and shall initiate its publication at the Directorate-General for Legal Affairs and Administration (hereinafter referred to as 'JIF ') by the 10th day of the month concerned.
- (5) The JIF shall carry out the codification and legal verification of the amendment by the 20th day of the month to which it relates and, if appropriate, it shall arrange its publication.
- (6) The amended rates published by the 20th day of the month concerned shall be effective on the 1st of the following month.
- (7) The categories of reimbursement fees are listed in Annex 4, in the Community law, in the international contract and in Annex 5.

#### **2.4. Invoicing of a refundable treatment**

- (1) Subject to payment
  - a) all benefits outside the insured status, in cases specified in 2.1(1),
  - b) additional services over compulsory health insurance (b) higher comfort room (e.g. telephone, single bed room, etc.) bb) priority hotel service (e.g. living room, internet, etc.) bc) priority catering (e.g. al'a carte, etc.) bd) priority care services (e.g. extra massage, dentistry, rehabilitation, etc.)
- (2) The heads of the University's patient care departments, general departments, outpatient clinics, and caregivers are obliged to ensure that the patients are informed about the standard fee for the services available before the start of the treatment or care.
  - a) The treating doctor is obliged to inform the patient before performing the treatment or examination about the expected amount of the fee and the method of payment.
  - b) Unless otherwise provided for by law, the patient or the dependent person is liable for the payment of the patient care or treatment fee or reimbursement of costs.
- (3) If an insured or fee-paying patient receives a premium comfort level care or treatment, Semmelweis University will charge a fee.
- (4) In case of failure to bill for the special comfort level, disciplinary proceedings may be initiated against the Head of the Department and the Head of the Institute.
- (5) The clinic is not obliged to charge a fee for the use of premium comfort rooms in case of medical care for university employees.
- (6) The clinic is not obliged to charge a fee when using rooms with a premium comfort level if this is done for reasons of care, lack of space, or a high university interest.
- (7) The insured Hungarian and foreign citizens only have to be billed for the price difference between basic and advanced care, while those who are uninsured are obliged to pay the full price.
- (8) In case of rejecting the medication (injection, infusion) provided by Semmelweis University in addition to the supply related to the main diagnosis, the fee of the other drug must be paid in addition to the care fee, on the basis of a separate invoice. (9) In the case of foreign citizens of Hungarian nationality, upon request, the Director-General of the

Medical Profession shall decide on the reduction of the remuneration. The remuneration shall be at least equal to the amount of the NEAK financing. The issue of the invoice is carried out by the department caring for the patient in accordance with the Money Management Regulations of Semmelweis University.

## **2.5. Acute care / emergency care**

- (1) Patients of a suspected urgent need must be assessed irrespective of the underlying legal situation and, in the case of urgent need, they must be provided with the care according to their state of health.
- (2) All patients, irrespective of entitlement to using healthcare services, shall be treated by all healthcare providers with maximum care, in adherence to professional and ethical rules and guidelines.
- (3) In case of emergency and first aid, the head of the responsible outpatient clinic or the chief physician, during the on-call time, the on-call manager decides on the admission and confirms the existence of urgent need by signing the patient admission form.
- (4) The chief physician shall immediately report the admission to the clinic director at the next working day's clinical consultation, who shall approve the admission in case of urgent need by signing the admission form.
- (5) The claim for care shall be established after the examination and treatment of the patient, in accordance with paragraph 2.2 (2).
- (6) As soon as the patient's condition permits, it is necessary to complete the appropriate declaration(s) (*see Annexes 6-10*). If this is not possible, the patient's relative is entitled to make a statement or the person entitled to represent the patient legally may make a statement. Annex 11 shall be handed over to the patient after his/her care.
- (7) Declarations completed and *signed* shall be attached to the patient documentation. A sample declaration with non-compliant content is invalid.
- (8) If the patient is unable to present a valid SOCIAL SECURITY CARD at the time of the care but claims to have it, he/she has 15 days to prove it.
- (9) If the patient's valid SOCIAL SECURITY CARD could not be presented within 15 days of his/her care but the patient still claims to have one, the clinic must ask the Government Office for proof within 1 working day (with a patient-signed statement).
- (10) If the patient claims that he/she cannot prove his/her insured status in an EEA Member State (entitlement to care) at the time of his/her care, the clinic must ask the Neak Department for International Relations and Legal Relations to provide proof of its certificate within 1 working day.
- (11) The care or treatment shall be reported in the category 4 of reimbursement as set out in Annex 4 and an invoice shall be issued if:
  - a) the patient does not possess a valid SOCIAL SECURITY CARD,
  - b) neither convention, international treaty nor Community rule provides for the cost of care (*cost of care is to be paid by the patient*)
  - c) the costs of care and treatment of the patient are covered by travel insurance,



- d) the cost of care of the patient is covered by other (health) insurance (*e.g. international insurance, health insurance, international bodies, organizations; the cost of care must be paid by the patient, but the given body or insurer subsequently reimburses it to the patient*)

## **2.6. Planned care and treatment**

- (1) Suppose the person obliged to pay the fee is unable to pay the patient care fee and does not have an official declaration of insurance or a form certifying his/her entitlement to care. In that case, the care or treatment may not be started, except for first aid, which is provided on the basis of urgent care.
- (2) A patient receiving planned healthcare treatment under a Community rule or convention or an international treaty (not necessarily foreign) is considered to be an out-of-area patient.
- (3) Planned reimbursable care can be provided by:
  - a) Semmelweis University under the conditions laid down by law,
  - b) Semmelweis University through a service provider or organization contracted with Semmelweis University,
  - c) Semmelweis Egészségügyi Kft.
- (4) Regulations for specialized outpatient care and inpatient hospitalization of patients receiving reimbursable care:
  - a) Except in cases of emergency and first aid, foreign nationals who do not have Hungarian Social Security (valid SOCIAL SECURITY CARD) may only be admitted to the clinical department with the prior permission of the clinic director (his/her deputy appointed in his/her absence).
  - b) Non-emergency (non-acute) care for out-of-area patients must not interfere with the care of patients in the area.
  - c) The planned treatment of a patient provided in an EU or EEA Member State may only be refused if the continued performance of the tasks subject to territorial care obligations is jeopardized by the reception of a patient provided in an EU or EEA Member State. In such a case, the reasons for the refusal shall be justified in writing.
  - d) In the case of planned care for a patient without Hungarian social security, it is mandatory to fill in the relevant declaration of Annex 9-10.
  - e) Declarations completed and *signed* shall be attached to the patient documentation. The declarations annexed to these regulations may only be amended centrally (with the approval of the university management). Declarations that have not been centrally modified shall not be used.
- (5) The benefit shall be reported in the category of reimbursement 4 according to Annex 4 and an invoice shall be issued in the cases below:
  - a) the patient does not have a valid SOCIAL SECURITY CARD (TAJ)
  - b) there is no convention, international treaty or Community rule to cover the cost of supply
  - c) the cost of care for the patient is covered by other (health) insurance (*e.g. international insurance, health insurance, international bodies, organizations; the*

*cost of care will be paid by the patient but reimbursed to the patient by the body or insurer)*

- d) the cost of care for the patient is not covered by any convention or insurance (*the cost of care is paid by the patient*).

## **2.7. Action to be taken in the case of non-reimbursement of the emergency care**

- (1) The patient is obliged to reimburse the fee of his/her emergency care (according to the fees of the Compensation Fee Policy, reported in the category of 4 reimbursements, in the case of a patient with personal identification data), if
  - a) he/she does not have a valid SOCIAL SECURITY NUMBER and has not presented its SOCIAL SECURITY CARD within 15 days of the date of treatment, the validity of which is not confirmed by the government offices,
  - b) is not EEA insured and such insured entitlement is not confirmed by the NEAK,
  - c) his or her emergency care is not provided by convention, international treaty (so its costs are not covered),
  - d) the costs of emergency care are not covered by any other insurance.
- (2) Care for an unknown patient, i.e. no identity data or (valid) SOCIAL SECURITY CARD, must be reported to the NEAK under the IT code "900 000 007" (quasi-Social Security Number).
- (3) The University's Claim Management Policy determines the claim management rules for the payment.

## **2.8. Auditing reimbursable invoicing**

### ***2.8.1. Auditing invoicing and billing discipline***

- (1) The EII and the Directorate-General for Economic Affairs are entitled to audit.
- (2) The powers of the auditor (code coordinator, employee delegated by the EII and DG ECONOMY) extend
  - a) auditing the invoice's content, in particular: aa) the legitimacy of the invoice (whether the patient was actually liable to pay a fee) ab) whether the billed value is in accordance with the documented charges
  - b) auditing billing discipline to review discharged patient care documentation, in particular:
    - ba) in the case of a non-paying patient by checking whether the care was indeed only of a normal standard (superior comfort, hotel rooms, food service, etc.)

bb) in the case of a paying patient, checking the coverage of the amount paid bc) whether the payments have been made on the basis of the invoices, whether they match the invoices

(bd) to be compare: (1) whether an invoice has been issued for each benefit reported in compensation category 4, (2) data on unpaid payments of the items invoiced

- (3) Audits shall be carried out in accordance with the audit plan of the EI and the Directorate-General for Economic Affairs at least once a year.
- (4) Patient documentation expenditure fees and fees for examinations for staff members are in Annex 14.

## How to calculate the reimbursement fee?

Obligated to pay compensation: not insured Hungarian citizens and foreign nationals and recipients of surplus benefits outside the scope of insurance services

### THE COMPONENTS OF THE AMOUNT OF THE HEALTH SERVICE FEE:

#### **1. Outpatient care**

- 1.1. physical examinations, consultations
- 1.2. diagnostic tests
- 1.3. other benefits and treatments

#### **2. Inpatient care**

- 2.1. patient care
- 2.2. care and treatment
- 2.3. surgical interventions

#### **3. Care in nursing department**

- 3.1. care and treatment
- 3.2. social costs and costs of further care (no longer eligible for NEAK funding)

#### **4. Other costs incurred during the treatment**

- 4.1. medication
- 4.2. material
- 4.3. disposable devices (implants, prostheses)

#### **5. Hotel costs of accompanying family/ parent**

The fee of the care and treatment mentioned above and the costs incurred shall be calculated in accordance with the University Self-Cost Calculation Rules.

### GENERAL DEFINITION OF THE CALCULATION OF THE HEALTH SERVICE FEE:

#### **1. Outpatient care**

- 1.1. Calculation of the fee in general:

German point × German point is the value in HUF defined by the current legislation × 2,5

1.2. Neurology Clinic and Psychiatric and Psychotherapy Clinic outpatient care calculation of the fee:

German point × German point is the value in HUF defined by the current legislation × 4

1.3. Exception: fixed remuneration care

**2. Inpatient care** (active, chronic, rehabilitation, treatment):

2.1. active inpatient care calculation of the fee in general:

HBCs weighting × HBCs weighting is the HUF value defined by the current legislation × 2

2.2. Neurology Clinic inpatient care calculation of the fee:

HBCs weighting × HBCs weighting is the HUF value defined by the current legislation × 3

2.3. Transplantation and Surgery Clinic and Városmajori Cardiovascular Clinic inpatient care calculation of the fee

HBCs weighting × HBCs weighting is the HUF value defined by the current legislation × 2,5

2.4. Calculation of the fee for chronic inpatient care in general:

day of nursing × chronic daily rate multiplier × current value of chronic daily rate defined by current legislation × 2 *pulmonology: 1.2 orthopedics: 1.2 psychiatry: 1,8*

2.5. Exception: fixed remuneration care

**3. Nursing care:** three times the daily allowance of NEAK/day

**4. High-value implants, prostheses, single-use surgical sewing machines, stapling devices, hemostatic devices, cell savers, or nets**, regardless of the category of compensation, if the treatment requires the use/implantation of individually financed devices, then the **current gross value of the device, which can be verified by an invoice**

**5. Hotel fee for the accompanying parent or relative**

5.1. The daily fee of standard hotel service 5.000 HUF/day

5.2. The daily fee for priority hotel service 10.000 HUF/day

The costs are optional.

## **6. Laboratory test fees**

6.1. Calculation of the fee of tests carried out by the Department of Laboratory Medicine

*(see list of fixed fees published in detail)*

For a patient with a Social Security Number, German point x current fixed value of German point x 2

In the case of a patient without a Social Security Number, German point x 3,- HUF

6.2. Calculation of the fee for pathological examinations:

I. Department of Pathology and Experimental Cancer Research and II. No.1 Department of Pathology

German point x German point on current value of HUF as defined by law

## **7. Calculation of the total fee**

1. The fee of the tests and consultations specified in point 6 + the cost of care specified in point 2 or 3 + the fee specified in point 4, if care or treatment has been used + the fee specified in point 5 if care or treatment has been used.

**Financing Commitment**

I, the undersigned <name of the company holder>, on behalf of the "company" (registered office, tax number:) declare that the company I am a signatory of, undertakes to reimburse the medical expenses of <name of the patient> (place of birth;, date of birth:) to Semmelweis University as the entitled. Health care is medically necessary and cannot be postponed until return to the resident state. I acknowledge that the cost of health care will be invoiced in accordance with the current Fee Policy of Semmelweis University.

Date

Authorized Signature

**List of legislative measures**

- act CLIV of 1997 on Health (Eütv.)
- act LXXXIII of 1997 on Compulsory Healthcare Insurance Benefits
- (ETA)
- 217/1997 on the implementation of the ETA. (XII. 1.) Government Decree
- •Act LXXX of 1997 on persons entitled to social security benefits and private pensions, as well as the funding for these services
- on the detailed regulation of the financing of health care services from the Health Insurance Fund, No 43/1999 (III. 3.) Decree
- 284/1997. (XII.23.) Government Decree on the remuneration fees of certain health services available for remuneration
- 46/1997 on services provided only for aesthetic or recreational purposes not for healing purposes (XII. 17.) NM decree on the benefits that cannot be charged to compulsory health insurance
- 25/1998 on the care and support of foreigners subject to Act CXXXIX of 1997 on the right to asylum. (II. 18.) Government Decree
- 59/2007. (XII. 29.) EüM Decree on the Health Care and Support in Hungary of Hungarians living across the borders.
- Decree 48/1997 (XII. 17.) NM on dental care under compulsory health insurance
- 87/2004. (X.4.) ESZCSM decree on certain rules of health care for people residing in the territory of the Republic of Hungary who are not entitled to health services within the framework of social security
- regulation (EEC) No 1408/71, Regulation (EC) No 883/2004, Regulation (EC) No 987/2009 on health care for persons coming from countries that have concluded a Convention on health care with the Republic of Hungary and from the EEA Member States
- 17/1984. (III. 27.) MT Decree, 14/1975. (V. 14.) MT Decree, 47/1978. (X. 4.) MT Decree, 15/1981. (V. 23.) MT Decree, 29/1974. (VII. 10.) MT Decree, 33/1979.



- (X. 14.) MT Decree, Regulation-Law 16 of 1969, Regulation-Law 20 of 1959, Regulation-Law 16 of 1963, Regulation-Law 26 of 1968.  
regulation-law
- Act II of 2009, Act CCXXXIV of 2013, Act LXXXII of 2008.
- 96/2003. (VII. 15.) Government Decree on the general conditions of exercising the health service and the operating licensing procedure
- directive 2011/24/EU of the European Parliament and of the Council on the application of patients' rights in cross-border healthcare
- Act LXXIX of 1992 on the Protection of Fetal Life
- 32/1992. (XII.23.) NM decree on the protection of fetal life 1992. LXXIX.  
on the implementation of the Act
- Act V of 2013 on the Civil Code

Categories of fees and charges(CFC)

CFC	definition	addendum
1	Free- of - charge care under Hungarian insurance	=Financed by NEAK
2	care of <b>refugees</b> without Hungarian insurance	=Financed by NEAK
3	<b>emergency care</b> under an intergovernmental agreement	=Financed by NEAK
4	<b>chargeable care</b> of other persons without Hungarian insurance, or recipients of services, which are not accountable by the health insurance based on other provision in force.	fee patient-care based on Fees and Charges Regulations
5	the care of a <b>patient</b> who has been <b>granted temporary protection</b> but who does not have Hungarian insurance	= Financed by NEAK
6	In-patient care	= Financed by NEAK
9	the care of Hungarians living abroad, which is subsidized from the central budget	= Financed by NEAK
A	a foreign citizen needing international protection	= Financed by NEAK

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D	<b>applicant</b> for refugee, temporary protection status	
E	care under international agreement based on settlement of accounts, care under a Community regulation	= Financed by NEAK (the foreign party pays)
F	The care of a patient with Hungarian insurance , who is eligible to care specified in the Healthcare Insurance Act (Ebtv) Article18 (6) 1 which also involves intervention carried out solely in the framework of medical research ,	Care provided in the framework of clinical examinations based on the Regulations on Fees and Charges
G	the care of a patient with Hungarian health insurance, who is eligible to the treatment of complications resulting from an intervention carried out solely in the framework of medical research , specified in the Healthcare Insurance Act (Ebtv) Article18 (6) 1	Care of complications of clinical examinations based on the Regulations on Fees and Charges
H	the care of a <b>third-country citizen</b> pursuant to Article 140 of Government Decree 114/2007 (V. 24.) on the implementation of Act II of 2007 on the entry and residence of third-country nationals	= Financed by NEAK
K	care of foreign donor	= Financed by NEAK

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M	reimbursement for chargeable care provided in equity by Hungarian insurance	= Financed by NEAK
R	partially chargeable care provided under Hungarian insurance, the amount of partial payment fee is indicated	
S	<b>emergency care</b> for patients residing in the territory of Hungary, pursuant to Article 4 (10) and (11), <b>which is not recoverable from other sources</b>	= Financed by NEAK
T	the care of <b>EU patient</b> provided by a Hungarian service provider in the framework of cross-border healthcare	= Financed by NEAK (the foreign party pays)
V	the care of insured Hungarians <b>provided abroad</b> on the basis of regulations on the coordination and implementation of social security systems in the EU	
Y	Care <b>abroad</b> of an insured Hungarian national in the framework of cross-border health care	
W	care provided abroad by a Hungarian provider, based on Hungarian insurance and regulated by Article 5 (3) of Government Decree 340/2013 (IX. 25.) on medical treatments abroad.	
0	specialized care of top-class athletes	= Financed by NEAK

## Healthcare services provided under Community Law, International Treaty and Health Insurance

patient	healthcare service	fee category	supplement, document certifying the legal relationship
<i>Insured</i> in an EEA Member State	emergency (acute)	E	Certified by a European Health Insurance Card ( <b>EU Card</b> ) or a form replacing it, within the period of validity of the card /form.
<i>Insured</i> in an EEA Member State	full scale	E	Certified by the <b>E112, S2 form</b> , within the validity period of the form.  within the framework of cross-border healthcare; certified by the <b>E112, S2 form</b> , within the period of validity of the form.
	planned	E	
	planned	T	
<i>Pensioner</i> of an EEA Member State	full scale	E	Certified by the <b>E120, E121, S1 form</b>
<i>Citizens</i> of Angola, Kuwait, Mongolia, Cuba, Jordan, Iraq, Democratic People's Republic of Korea	emergency (acute)	3	As per 17/1984 (III. 27.) MT Decree, 14/1975 (V. 14.) MT Decree, 47/1978 (X. 4.) MT Decree, 15/1981 (V. 23.) MT Decree, Legislative Decree no. 16 of 1969, 29/1974 (VII. 10.) MT Decree, 33/1979 (X. 14.) MT decree; certified by <b>passport</b>

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<i>Citizens of a Soviet successor state</i>	emergency (acute)	3	Pursuant to Legislative Decree No. 16 of 1963; except for the States of the European Union (Estonia, Latvia, Lithuania); certified by <b>passport</b>	
Vietnamese citizen on official mission / study trip	emergency (acute)	3	Pursuant to Legislative Decree No. 26 of 1968, only in the case of a citizen on official mission / study trip, certified by a <b>passport + student ID</b>	
<i>Insured in Bosnia and Herzegovina</i>	emergency (acute)	E	Certified by <b>form BH/HU111</b>	Based on Act II of 2009
	planned		Certified by <b>form BH/HU112</b>	
<i>Insured in Serbia</i>	emergency (acute)	E	Certified by <b>form SRB/HUN111</b>	Pursuant to Act CCXXXIV of 2013
	planned		Certified by <b>form SRB/HUN112</b>	
<i>Insured in Montenegro</i>	emergency (acute)	E	Certified by <b>form CG/HU111</b>	Pursuant to Act LXXXII of 2008
	planned		Certified by <b>form CG/HU112</b>	
<i>Citizen of Macedonia</i>	emergency (acute)	3	Pursuant to Legislative Decree No. 20 of 1959; certified by a <b>passport</b>	
<i>Citizen of Kosovo</i>	emergency (acute)	3	Pursuant to Legislative Decree No. 20 of 1959; certified by a <b>passport</b>	
passenger/ other insured person ( <i>if no other insurance applies</i> )	emergency (acute)	4	certified by <b>insurance certification</b> ; The healthcare service fee above the limit specified in the insurance certification shall be borne by the patient!	

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employee of an international body or organization with its own insurance system	full cover	4	Healthcare services are not carried out through TAJ (National Health Insurance), e.g. for UN employees, EU Community officials, unless they have entered into a separate agreement because that is when TAJ becomes valid.
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In the case of category 'E', 'T' and '3', the fee is paid by NEAK (later to be settled with the foreign party). The foreign party will pay the healthcare fee to the NEAK and NEAK to the University only in cases complying with the Regulations so it is essential that patients receive the same care as stated in the Regulations (*see Annex 13*). NEAK will have the cost of healthcare services received without entitlement reimbursed (by the patient and the healthcare facility).

In terms of healthcare, the following countries belong to the EEA: EU Member States, Norway, Liechtenstein, Iceland, Switzerland.

Acute patient care and audit trail of the related administrative process

	Process steps	Preparation steps	Liability levels					Result of the process (document)
			Assignment Administrator	Controller	Controlling technique	Approval	Mode of approval	
1.	health care service	n/a	Clinic Director	CII <sup>1</sup>	control of electronic and paper healthcare documentation	n/a	n/a	documentation
2.	calculating new fees / modifying old fees	preparation and submission of cost calculations to the Directorate General of Economic Management	Economic Coordinator of the Clinic	Directorate General of Economic Management, CII	control of paper documentation	Chancellor's Approval	endorsement of paper documentation	new/modified fees
3.	approved new/modified fees	forwarding the approved new/modified fees to the Directorate	Directorate of Legal Affairs	CII	control of electronic and paper documentation	n/a	n/a	publication of the new/modified fees in the Regulations



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		of Legal Affairs						
4.	completion of the relevant statement(s) in the annex of this regulation, attached to healthcare documentation	n/a	Clinic Director	CII <sup>3</sup>	control of paper healthcare documentation	n/a	n/a	statement(s)
5.	attachment of proof of payment of the service to the healthcare documentation / indication of the document data in the healthcare documentation	n/a	Economic Manager of the Clinic	Directorate General of Economic Management	control of paper healthcare documentation	n/a	n/a	statement, legal proof of health insurance, report to NEAK (electronic record report)
6.	recording the reimbursement category	n/a	Code Coordinator of the Clinic	CII <sup>4</sup>	control of electronic documentation	n/a	n/a	report to NEAK (electronic record report)
7.	billing	n/a	Economic Manager of the Clinic	Directorate General of Economic Management	electronic control	n/a	n/a	invoice

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8	in case of non-payment, sending a registered demand for payment	n/a	Economic Manager of the Clinic	Directorate General of Economic Management	control of paper documentation	n/a	n/a	registered demand for payment
7.	reporting non-payment after demand for payment to the Directorate of Finance	n/a	Economic Manager of the Clinic	Directorate General of Economic Management	control of electronic documentation	n/a	n/a	written report
8.	starting debt collection, reporting it to the debt collection company	n/a	Directorate of Finance, Department of Claim Management	Directorate General of Economic Management	control of electronic documentation	n/a	n/a	written report
9.	in case of unsuccessful debt collection, requesting confirmation from the Directorate of Finance	n/a	Economic Manager of the Clinic	Directorate General of Economic Management	control of electronic documentation	n/a	n/a	written report
10.	in case of unsuccessful debt collection, requesting confirmation from the debt collection company	n/a	Directorate of Finance, Department of Claim Management	Directorate General of Economic Management	control of electronic documentation	n/a	n/a	written report

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11.	sending the confirmation of unsuccessful debt collection to the affected Clinic	n/a	Directorate of Finance, Department of Claim Management	Directorate General of Economic Management	control of electronic (and paper) documentation	n/a	n/a	written report
12.	in case of unsuccessful debt collection, classifying the case as “Category S” as prescribed by law, sending the required documentation to the NEAK	n/a	Economic Manager of the Clinic	Directorate General of Economic Management	control of electronic and paper healthcare documentation	n/a	n/a	report to NEAK (electronic record report) and paper documentation

n/a: not applicable

Planned patient care and audit trail of the related administrative process

	Process steps	Preparation steps	Liability levels					Result of the process (document)
			Assignment Administrator	Controller	Controlling technique	Approval	Mode of approval	
1.	health care service	n/a	Clinic Director	CI <sup>5</sup>	control of electronic and paper healthcare documentation	n/a	n/a	healthcare documentation
2.	completion of the relevant statement(s) in the annex of this regulation, attached to healthcare documentation	n/a	Clinic Director	CII <sup>6</sup>	control of paper healthcare documentation	n/a	n/a	statement(s)
3.	calculating new fees / modifying old fees	preparation and submission of cost calculations to the Directorate General of Economic Management	Economic Coordinator of the Clinic	Directorate General of Economic Management, CII		Chancellor's Approval	endorsement of paper documentation	new/modified fees

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4	approved new/modified fees	forwarding the approved new/modified fees to the Directorate of Legal Affairs	Directorate of Legal Affairs	CII	control of electronic and paper documentation	n/a	n/a	publication of the new/modified fees in the Regulations
5.	attachment of proof of payment of the service to the healthcare documentation / indication of the document data in the healthcare documentation	n/a	Economic Manager of the Clinic	Directorate General of Economic Management	control of paper healthcare documentation	n/a	n/a	statement, legal proof of health insurance, report to NEAK (electronic record report)
6.	recording the reimbursement category	n/a	Code Coordinator of the Clinic	CII <sup>7</sup>	control of electronic documentation	n/a	n/a	report to NEAK (electronic record report)
7.	billing	n/a	Economic Manager of the Clinic	Directorate of Finance	electronic control	n/a	n/a	invoice
8.	in case of non-payment, sending a registered demand for payment	n/a	Economic Manager of the Clinic	Directorate General of Economic Management	control of paper documentation	n/a	n/a	registered demand for payment

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7.	reporting non-payment after demand for payment to the Directorate of Finance	n/a	Economic Manager of the Clinic	Directorate General of Economic Management	control of electronic documentation	n/a	n/a	written report
8.	starting debt collection, reporting it to the debt collection company	n/a	Directorate of Finance, Department of Claim Management	Directorate General of Economic Management	control of electronic documentation	n/a	n/a	written report
9	approval of new expert fees	preparation of cost calculations	Organizational Unit preparing the assignment	Director of the Directorate of Educational Networking Management	control of electronic documentation	Chancellor's Approval	endorsement of paper documentation	new fees

n/a: not applicable

## Charges for the issue of patient documentation and fees for staff member examinations

### Charges for the issue of patient documentation to the holder

1. Patient records shall be released in accordance with the Data Protection Policy of Semmelweis University. Fees for the release of a copy of patient records:

- a) Proof of date of birth: 6,000 HUF + VAT
- b) The copy of paper documentation per page (A/4 and A/3): 100 HUF
  - on request a color copy per page: 150 HUF
  - full medical documentation up to 50 pages 5 000 HUF, above 50 pages, it is 100 HUF per page.
- c) Electronic copy - CD/DVD (CT, MRI, Ultrasound image): 700 HUF per item.

2. When the patient is referred by a specialist of the clinic to another institution, the copy by CD is free of charge. The release of the CD must be indicated on the patient's medical record or in the discharge summary.

3. Ad hoc fees for statutory examinations for Semmelweis University staff

Fees for screening in occupations and activities prioritized for epidemiology interest, as well as screening for certain occupations justified by occupational risk assessment

- a) One-off X-ray screening by Medical Imaging Centre 1000 HUF per person
  - b) General laboratory test performed by the Central Laboratory: 1850 HUF per person
- The costs of these examinations are charged to the budget of the departments employing the staff.