



Zavod za zdravstveno
zavarovanje Slovenije
Miklošičeva cesta 24
1507 Ljubljana



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Audits over the billing of medical healthcare services in the field of hospital care

Tina Medved
Marjana Gaber

I declare, that there was no conflict of interest
in the preparation of the presentation



In 2022, there were just over 2 million inhabitants in Slovenia.

Health Insurance Institute of Slovenia (ZZZS) is the only provider of compulsory health insurance in Slovenia.

We have 29 hospital service providers.

More than 370,000 cases of hospital treatment were accounted for – every fifth resident was hospitalized.

The payment of these services represented 43,8 % of the total budget of ZZZS.



WAYS OF BILLING HOSPITAL HEALTH CARE SERVICES



1. The majority of hospital activity is billed according to the DRG (Diagnosis Related Group) coding system. From January 1, 2023 we use Coding Standards - Australian Version 11 and the Slovenian Supplements, which presents some adaptation for Slovenian billing rules.
2. Psychiatric treatment and rehabilitation are billed as cases with a value determined in advance.
3. Non-acute treatment is paid per day.
4. Due to the cost of the material used, some services are paid additionally as "extras" (robotic assisted operations ...)
5. Treatment with expensive drugs is paid additionally.

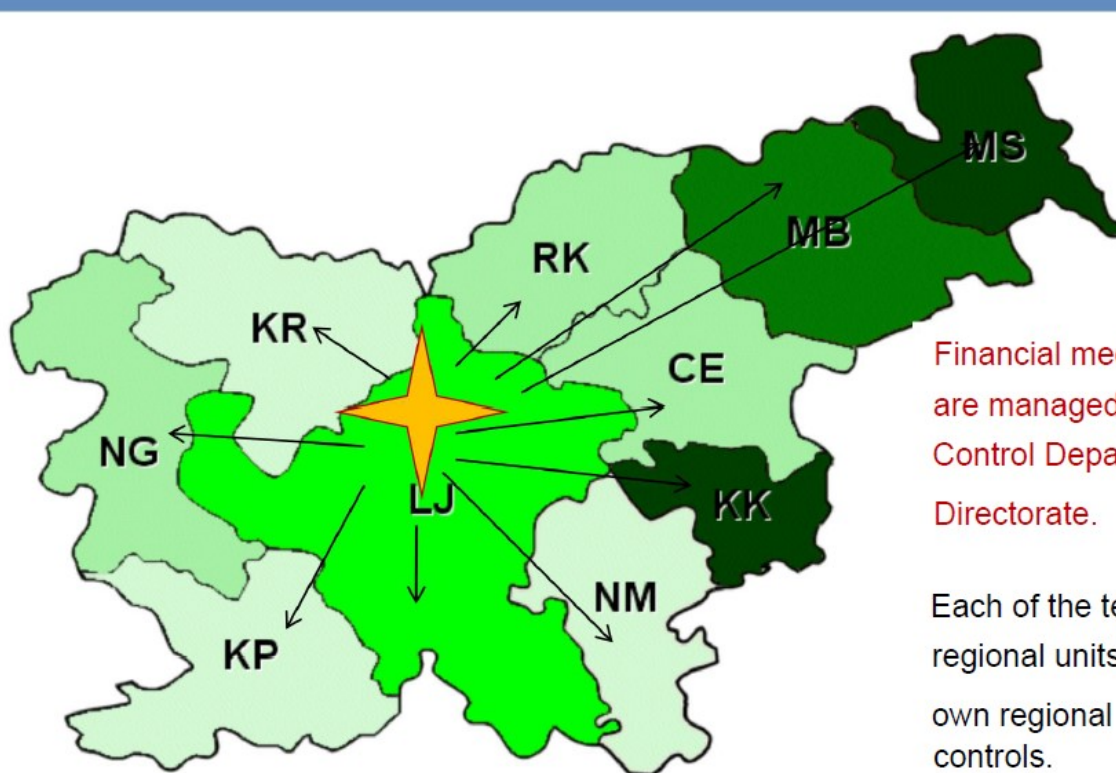


TYPES OF CONTROLS OF BILLING OF HOSPITAL SERVICES

1. Insurance audits:
auditors are not medical professionals, those audits are carried out without examination of medical records.
2. Insurance medical audits :
auditors are exclusively medical professionals – doctors, auditors review medical records, audits are carried out in hospitals.



Organization of the implementation of controls



Financial medical controls are managed by the Control Department at the Directorate.

Each of the ten regional units runs its own regional controls.



SELECTION OF CONTRACTORS FOR FINANCIAL MEDICAL AUDITS

1. regular periodical analyzes of the billing of medical services,
2. checking the billing of supplements to DRG cases (for robotic assisted operations procedures, for people with SARS-CoV-2 ...),
3. findings during preliminary controls,
4. specific initiatives.



DATA ON PERFORMED AUDITS

- 40 - 50 billed cases were examined in each financial medical audit,
- the average share of incorrect billing was approx. 20%,
- the most common irregularities:
 - disregard of coding standards (mainly 0002 – additional diagnoses),
 - they do not take into account the Slovenian additions to the coding standards,
 - non-compliance with non-acute care billing rules.

