



Zavod za zdravstveno
zavarovanje Slovenije

www.zzzs.si



COST ANALYSIS

Stakeholder responses to the results of the national cost analysis

Martina Zorko Kodelja, Karmen Grom Kenk

Zavod za zdravstveno zavarovanje Slovenije
(Health Insurance Institute of Slovenia)

martina.zorko-kodelja@zzzs.si, karmen.grom-kenk@zzzs.si

PCSI, September 2025

DRG system in Slovenia



19 public hospitals, 9 private hospitals

342,000 cases in 2024

€1.3 billion (from health insurance) = 40% of the total cost for health services

2004: Introduction of the Australian DRG system (v. 4.2), including Australian weights

National Cost Analysis (NCA) of the DRGs



Purpose: To calculate Slovenian weights based on Slovenian costs

There are 11 participating hospitals: 2 university clinical centres, Oncology institute, Pulmonary hospital, Orthopaedic hospital, 4 general hospitals, 2 maternity hospitals

240,000 cases from 2023 included

Active participation of hospital representatives in the working group

The Health Insurance Fund provided additional funds to the participating hospitals (€6.7 million over 3 years) to provide conditions for recording costs in hospitals (SW, organization, staff)

What was done?



2021

- The start of the NCA

2022

- Together with the hospitals' working group, guidelines for recording patient level data have been prepared
- Electronic data exchange established

2023

- Hospitals provide us with patient data on a monthly basis throughout the year
- Data control and debugging

2024

- Hospitals report balance costs for 2023
- Distribution of costs according to an internationally established methodology
- Calculation of new Slovenian weights

2025

- Promotion of results (presentations to all stakeholders)
- Preparation of legal bases for the introduction of new Slovenian weights

2026

- Start of use of new Slovenian weights
- Cycle repetition: data collection – data control – distribution of costs - calculation of weights

NCA Result



New Slovenian weights based on the costs of Slovenian hospitals

- one-day weight
- multi-day weight
- upper LOS boundary
- additional weight per day for long-term cases (above the upper LOS boundary)

5

Stakeholder response



The project board (which includes representatives of the Ministry of Health, hospital management, etc.) does not support differentiated weights and requires the calculation of uniform weights. One-day weights are said to promote longer LOS, which is contrary to the basic purpose of the DRG system.

They demand a proposal with uniform weights and a proposal for a transitional period.



NCA Result – 2nd Attempt



Calculation of new Slovenian weights (uniform)

Weights for cardiology and orthopaedic operations decreased noticeably

Simulation of hospital revenues (how much payments the hospitals would receive if services performed in 2024 were paid for with new Slovenian weights)

Private hospitals performing heart surgeries and orthopaedic hospital are the most (negatively) affected

Prepared proposal for partial financing of lower revenues due to lower weights during a transitional period of 2 years

7

Stakeholder response



Distrust in calculations (ZZZS is the payer of health services – bias?)

Allegations of poor data quality

Hospitals require detailed calculations and data

Pressure from hospitals on the Ministry of Health and the Director General of ZZZS

The Ministry of Health requires additional explanations and data

The Director-General of the ZZZS requests additional analyses (ratios between DRGs, prices of materials) and benchmarking with Ireland, Germany

Cardiac surgery providers (who did not participate in the NCA) provided additional information on the cost of materials and labour

Orthopaedic Hospital provided additional data on the cost of materials and labour

8

Compromise



The wish of the ZZZS: to introduce new Slovenian weights, as this will force hospitals to optimize their operations and to improve data recording, which is necessary for the periodic implementation of the NCA and the updating of weights

Based on additional data on material costs, some weights (circulatory system surgeries, coronary interventions, knee joint replacement, hip replacement revision, hip replacement) were lifted – a non-systemic approach!

We continue to pay hospitals €2.2 million to record and provide patient level cost data – the condition: that the data is complete and timely!

Funding: Hospitals that lose money with the new weights will be paid 75% of the loss in 2026 and 25% of the loss in 2027. We pay everything to hospitals that gain from the new weights. An additional EUR 61 million has been earmarked for this purpose.

Start of use of the new Slovenian weights on 1.1.2026.

9

