

**GOVERNMENT OF THE REPUBLIC OF MOLDOVA
NATIONAL HEALTH INSURANCE COMPANY**

ANNUAL REPORT ON THE EXECUTION OF THE MANDATORY HEALTH INSURANCE FUNDS

year 2019

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ACRONYMS

PHC - Primary health care
HC - Hospital care
SOHC - Specialized outpatient health care
PHEC - Prehospital emergency care
MHI - Mandatory health insurance
TA - Territorial agency
NHB - National Health Budget
NPB - National Public Budget
SB - State Budget
NHIC - National Health Insurance Company
HC - Health center
AFCS - Adolescent-friendly health center
ICD - International Common Denominations
DRG - Diagnosis related groups
MHIF - Mandatory health insurance funds
AF - Administration fund
BF - Basic fund
DF - Fund for the development and modernization of public service providers
IMF - International Monetary Fund
FP - Fund for preventive measures
HHC - Home health care
MSI – Medical-sanitary institution
PMSI – Public medical-sanitary institution
CM - Compensated Medication
MHLSP - Ministry of Health, Labor and Social Protection
NP - Number of people
FDO - Family doctor's office
WHO - World Health Organization
UN - United Nations
NCP - National Clinical Protocols
GDP - Gross domestic product
SP - Special programs
HPS - High performance services
ISREHS - Information System „Reporting and Evidence of Health Services“
DH - District hospital
EU - European Union
UM - Unit of measurement

MANAGEMENT STATEMENT

In recent decades, the global community registered major progress in health care field, reflected in increasing life expectancy, reducing maternal mortality and especially infant mortality. These achievements have become possible thanks to the efforts made by each country apart by improving the quality of health care provided and ensuring accessibility to quality health services.

The health sector has become one of the main drivers of the world economy, health being a long-term investment in human capital, and global health trends require both patient-centered, results-based care and cost control, without compromising the quality of medical services.

The health system of the Republic of Moldova is organized according to the principles of universal access to basic medical services, and by combining premiums in the form of salary contributions and budget transfers in a single accumulation fund, contributes to ensuring equity and solidarity within the system.

The financing of medical services through the mandatory health insurance mechanism contributes to the continuous improvement of the population's health by protecting against the financial risks associated with health services, equity in their use and distribution, the efficiency of healthcare regardless of existing resource constraints. The financial sustainability of the system is volatile in the current conditions, which inevitably influences the preponderant increase in the demand for medical services.

For the modernization of the health sector, but also for achieving the global goal - universal coverage with fair and quality medical services, the health system of the Republic of Moldova is gradually connected to the Sustainable Development Goals of the UN 2030 Agenda.

The National Health Insurance Company, with over 18 years of activity, contributes to achieving the global goal in the health system by providing access to quality services and wider access to safe and effective medication and vaccines.

Achievement of this goal requires that our institution become stronger, more efficient, able to meet emerging challenges and achieve the goals set. Thus, we tend to be an efficiently managed institution, with sufficient resources and results-oriented, with a strong emphasis on transparency, accountability and value for money.

LEGAL FRAMEWORK

Republic of Moldova-EU Association Agreement, signed by the Republic of Moldova and the European Union on June 27, 2014, by which Moldova undertook to develop **democratic institutions**, in accordance with the highest European standards.

United Nations Agenda 2030, adopted at the Summit on Sustainable Development on September 25, 2015 by 193 UN Member States, comprising 17 Sustainable Development Goals, including Goal 3 „Good Health and Well-Being”.

Law number 1585 of February 27, 1998 on the Mandatory health insurance aims at regulating the autonomous system guaranteed by the state of **financial protection** of the population in the field of health care.

Law number 1593 of December 26, 2002 on the amount, manner and terms of payment of mandatory health insurance premiums.

Law number 301 of November 30, 2018 on **mandatory health insurance funds for 2019**, which approved revenues in the amount of 7.7 billion MDL and expenses - 7.7 billion MDL.

Government Decision number 851 of August 20, 2018 on the approval of the **Medium Term Budget Framework (2019-2021)**, which served as a basis for the development of the draft Law on MHIF for 2019.

Government Decision number 594 of May 14, 2002 regulating the manner of setting up and **administering the funds of the mandatory health insurance**, as well as the manner of distribution and use of the financial means accumulated in these funds.

Government Decision number 1636 of December 18, 2002 on the approval of the **Standard contract for the provision of medical care** (for the provision of medical services) within the mandatory health insurance.

Government Decision number 1372 of December 23, 2005, which regulates the way of **compensating medicines** under the conditions of mandatory health insurance.

Government Decision number 1387 of December 10, 2007 on the approval of the **Unique** mandatory health insurance **program** which establishes the needs of the population of medical services, related to the capacities of the health system, within the means of the mandatory health insurance funds approved for that year.

Government Decision number 837 of July 06, 2016, with subsequent amendments, on the approval of the Regulation on **the remuneration of employees of public medical-sanitary institutions** included in the mandatory health insurance system.

Government Decision number 892 of September 12, 2018 on the approval of the **Sectoral anti-corruption plan** in the field of health and mandatory health insurance for the years 2018-2020.

ROLE OF THE NATIONAL HEALTH INSURANCE COMPANY

Mission, Vision, Values

Mission - guaranteeing the insured persons a financial protection and ensuring the access to quality medical services.

Vision - increasing citizens' degree of confidence in the medical services provided and in the mandatory health insurance system.

Our **values** are:

- *professional ethics and integrity* – we tend to perform the institutional attributions correctly, responsibly and efficiently;
- *cooperation* – we rely on the atmosphere of trust and reciprocity in internal cooperation and cooperation with development partners;
- *receptivity* – we opt for openness and prompt reaction to the needs of the population;
- *development* – we invest in creativity and are oriented towards the continuous development of professional skills, thus contributing to the implementation of health reforms.

Strategic Objectives and Goals

The objectives of the National Health Insurance Company aim at:

- organizing and carrying out the mandatory health insurance process in order to form sufficient financial funds, necessary to cover the costs of treatment and prevention of diseases included in the Unique program;
- quality control of medical services provided;
- implementation of the normative framework related to mandatory health insurance.

Table 1.

Strategic goals and their achievement in 2018-2019

Indicators	Year 2018		Year 2019	
	Planned	Achieved	Planned	Achieved
Satisfaction with the quality of health services, %	59	66,5	60	*
Satisfaction with the access to health services, %	38,4	64	39,4	*
Petitions examined by the NHIC	500	362	500	358
Satisfaction with the services provided by NHIC, %	87	88,1	88	*
Average time for petitions to be resolved	10 days	10 days	10 days	10 days
Share of forms submitted electronically from the total number of forms, %	35	94	40	98
Share of addresses on pocket payments out of the total number of addresses received, %	1,90	0,25	1,8	*
Share of persons to whom the provision of medical services was conditioned, %	22	37,7	22	*
Average waiting time for hip endoprosthesis	1 year 3 months	4 years	1 year	3 years 8 months

	2,5 months	1 year	2,5 months	1 year 8 months
Average waiting time for surgical treatment of cataracts				
Share of assessed institutions out of the total number of contracted institutions (MSI / pharmaceutical service providers), %	53,5/ 7,8	43,9/ 0	53,5/ 7,8	45,25/ 2,49
Contracting share based on payment for performance within PHC, %	20	15	20	15
Share of allowances for compensated medicines from the Basic fund, %	9	7,7	10	8,2
Average share of compensating medicines, %	75	86,2	75	90,6
The share of MHIF in GDP, %	4,2	3,5	4,3	3,6
MHIF expenditure growth, %	6,9	7,2	+6,9	11,6
Real growth of MHIF, %	2,3	4,2	+2,0	6,8
Degree of coverage with MHI, %	85,7	88,2	85,8	87,77
Number of individually insured persons	47 000	55 451	47 000	60 340
Premiums paid to an employed person (MDL)	4 427,3	4 581,6	5 340,5	5 310,8
Premiums paid to an individually insured person (MDL)	1 908,0	1 989,6	3 565,1	2 039,1
Premium paid to an insured person on behalf of the state (MDL)	1 534,0	1 537,9	1 872,1	1 607,4
Size of the insurance premium as a percentage, %	9	9	10	9
Share of administrative expenses, %	1,4	1,13	1,4	1,1
Share of positive press releases in the media, %	90	96	90	98
Number of appreciations on social networks	2 300	2 413	2500	3 392
Share of recommendations implemented after internal audit missions, %	90	50,9	95	57,6
Share of processes that do not correspond to those described and approved, %	20	37,5	10	28,6
Number of projects signed with international institutions	5	7	5	5

Source: Company Data

*The indicators cannot be reported because during 2019 no sociological study was conducted on the degree of satisfaction of the beneficiaries of the mandatory health insurance system in the Republic of Moldova.

Organization and Management

The Management of the National Health Insurance Company (hereinafter referred to as NHIC) is provided by the Board of Directors and Executive Directorate. The Board of Directors is the supreme self-administration body, the primary purpose of which is to support the interests of all insured in relations with the Executive Directorate and to ensure fairness and social equity in the process of carrying out mandatory health insurance.

The composition of the Board of Directors is approved by the Government and includes 15 members, including: a representative of Parliament, a representative of the Presidency, five representatives of the Government, two representatives of the National Confederation of Employers, two representatives of the National Confederation of Trade Unions, four representatives of professional organizations.

The Executive Directorate exercises the operational administration of the institution, the activity being directed by the General Director, who is the main authorizing officer for the financial means accumulated in the MHIF.

On the territory of the Republic of Moldova NHIC is represented by five territorial agencies. They have the status of a subsidiary and are subordinated to the NHIC, exercising their attributions according to the normative acts in force and carrying out their activity in order to achieve the common objectives.

RESOURCES

Human Resources

Human resources are a major organizational asset in achieving the overall goals and strategic institutional objectives. The efficient use of the workforce and the possibilities of assessing the employees, the optimal accomplishment of the recruitment processes, the development of adequate programs for the training of the personnel are essential for the development of an efficient activity within the company.

According to the Government Decision number 1432 of 07.11.2002 „On some measures for the implementation of mandatory health insurance” the maximum staff of NHIC represents 295 units. At the end of 2019, 278 employees were active in NHIC, during the year being employed 31 people, 6 less than in 2018. The evolution of the number of employees within NHIC during the years 2016-2019 is represented graphically in the following figure.

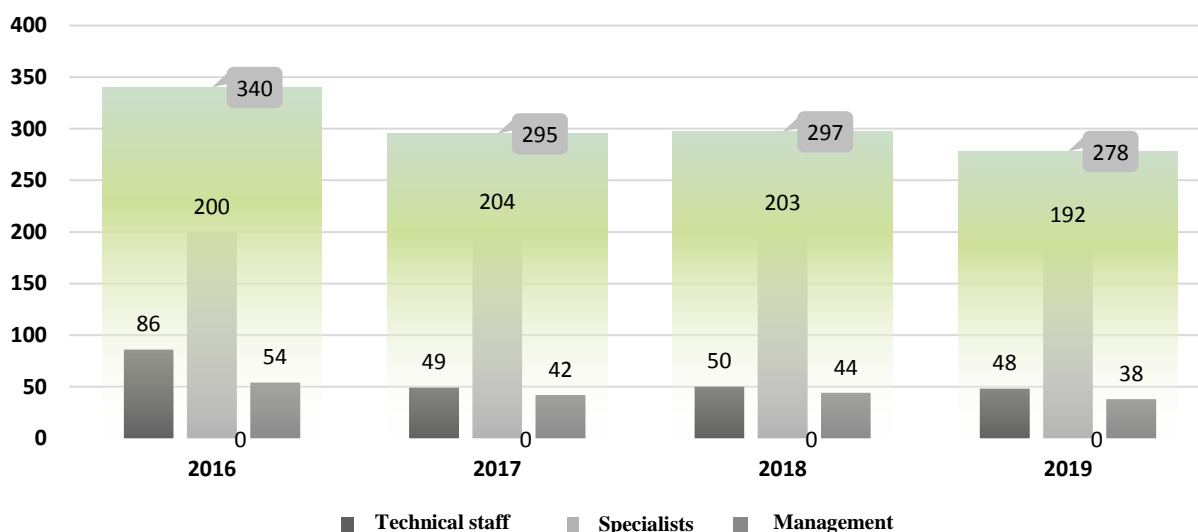


Figure 1. Graphic presentation of the number of employees in the period 2016-2019, persons
Source: Company Data

Analyzing the gender profile of employees, it can be found that in 2019 were employed 17 women and 14 men, resulting at the end of the year in a gender distribution of 184 women and 94 men, which indicates that this field of activity is more likely to be chosen by women than men.

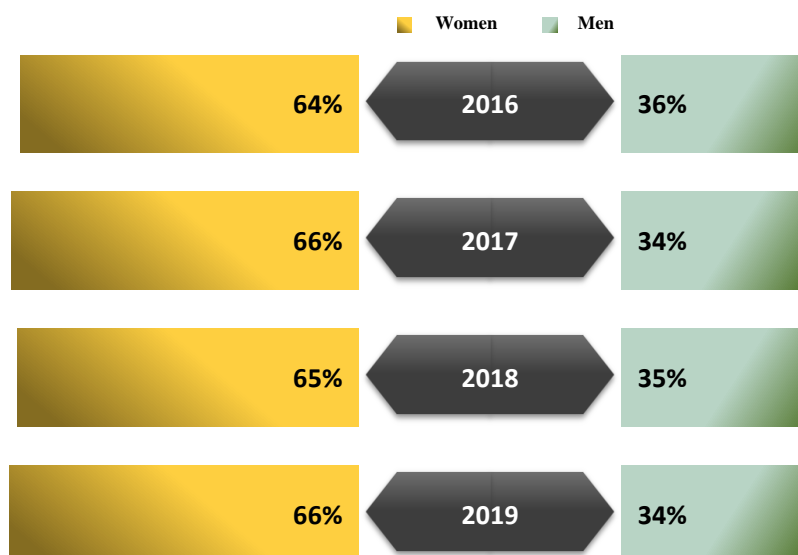


Figure 2. Distribution of NHIC employees by sex in the period 2016-2019, %
Source: Company Data

Considering the aspect of age, the largest share is represented by employees aged between 25-55 years, in number of 220 or a little over 79%.

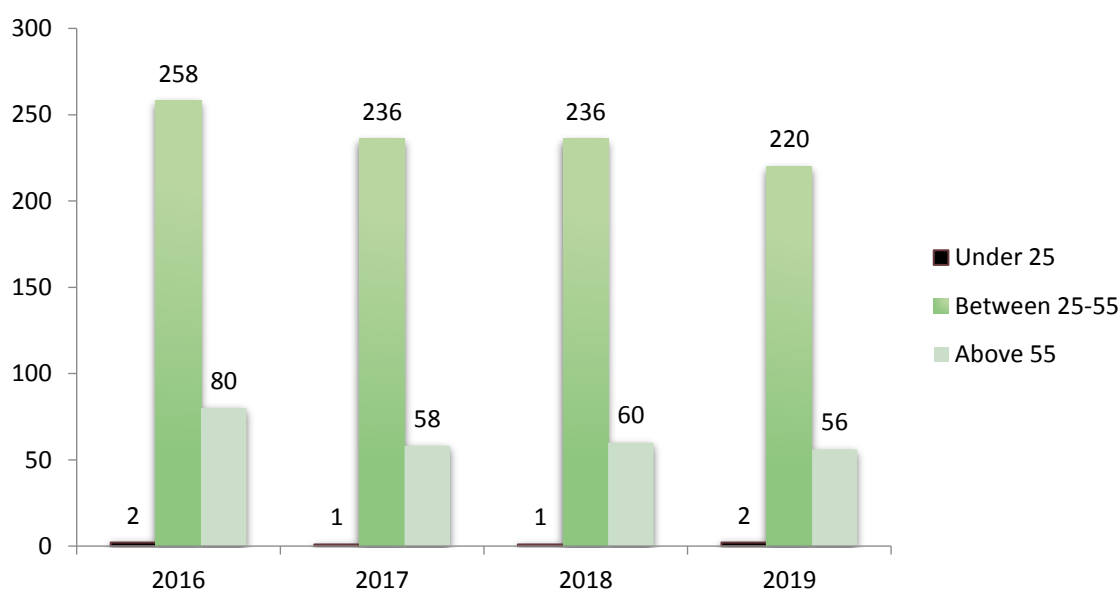


Figure 3. Personnel structure by age category in the period 2016-2019, persons
Source: Company Data

In terms of professional training, about 85% of NHIC employees have higher education in various fields of training such as: medicine, law, economics, as illustrated in the following figure.

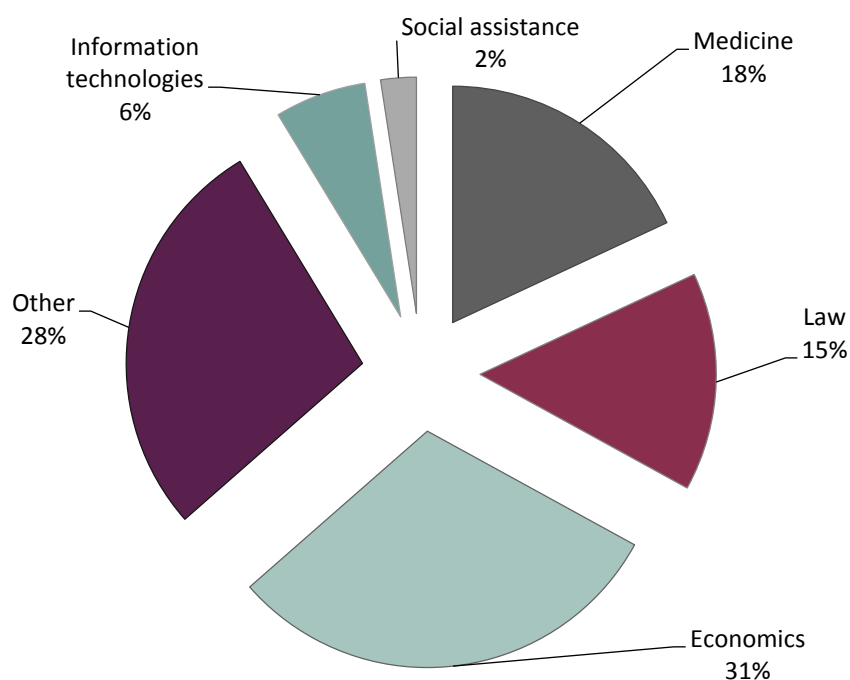


Figure 4. Professional training of NHIC employees, persons
Source: Company Data

With regard to professional experience within the NHIC, the largest share is held by people with more than 13 years of work experience - 79 employees, followed by employees with up to 3 years of work experience.

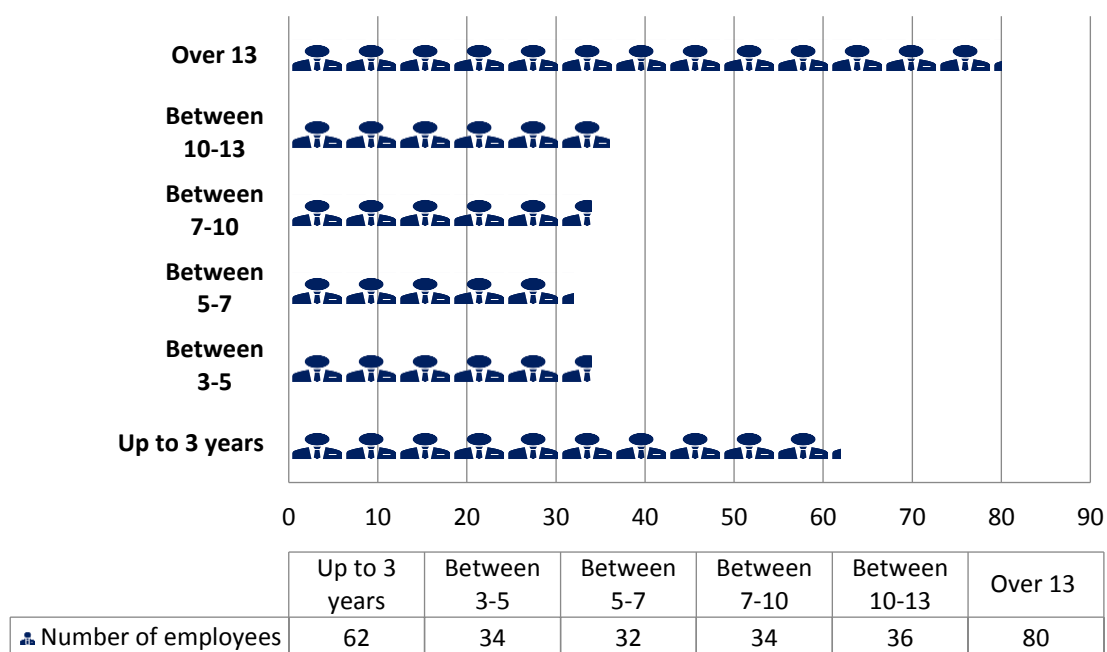


Figure 5. Structure of employees according to work experience in 2019
Source: Company Data

In order to ensure a favorable environment for professional advancement, during the year was adopted a motivational policy materialized by: promoting employees on the

principle of meritocracy; teambuilding activities; organizing internal and external training for employees on various topics of major professional interest, such as - Health financing for universal coverage with medical services; The challenge of access to medicines - The value of prices and reimbursement policies and others.

Information Technologies

The development of information systems and technologies is a strategic tool for achieving high performance in the field of mandatory health insurance, determined by the need for efficient use of financial resources, improving the quality of medical services and the requirements of citizens to health information.

In order to offer the possibility of scheduling the persons insured for medical services, as well as to automate in the medical institutions the processes regarding the provision of contracted high performance medical services, in 2019 it was implemented in pilot regime the Information System „Reporting and Evidence of Health Services” (ISREHS).

As a basis for piloting ISREHS were taken the high-performance medical services from Annex number 5 to the Unique program of mandatory health insurance, reflected in the figure below.

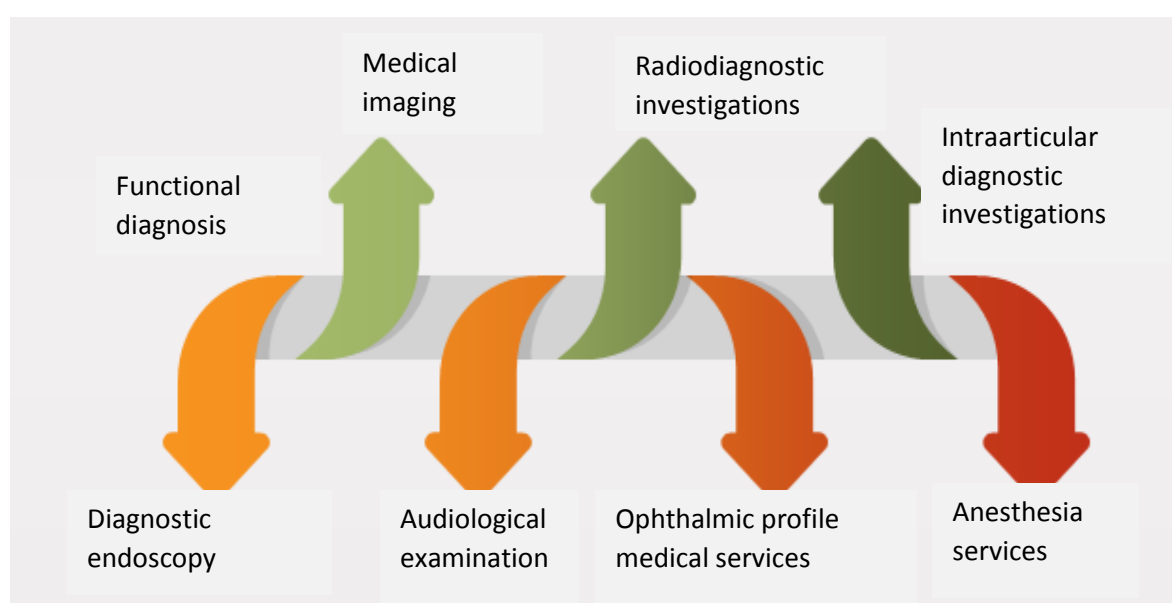


Figure 6. Piloted high performance medical services

Source: Company Data

All providers of high performance medical services within the mandatory health insurance have been designated with the right to prescribe, and the quality of provider has been assigned to those who were contracted in 2019 to provide high performance medical services.

In addition, during 2019, works were carried out on the development, jointly with MHLSP, of a new concept - ePrescription, which will be an important step in aligning with international trends and an important step in the transition to an electronic health

system. This system will monitor, in real time, the need and consumption of medicines in the Republic of Moldova, eliminating medication errors and possible fraud of the current prescription system.

Patrimonial Resources

In accordance with the Law on mandatory health insurance funds for 2019, were provided funds in the amount of 82 701.0 thousand MDL for the administration of the mandatory health insurance system, being executed 78 655.0 thousand MDL, which represents 95.1% in relation to the annual provisions.

The most significant of the expenditures were those of personnel, which accounted for a share of 84.9%, followed by expenditures for goods and services which accounted for 12.8%, expenditures for the purchase of stocks of current assets - 1.1 %, expenditures for the payment of social benefits and for the purchase of fixed assets - 0.6% each.

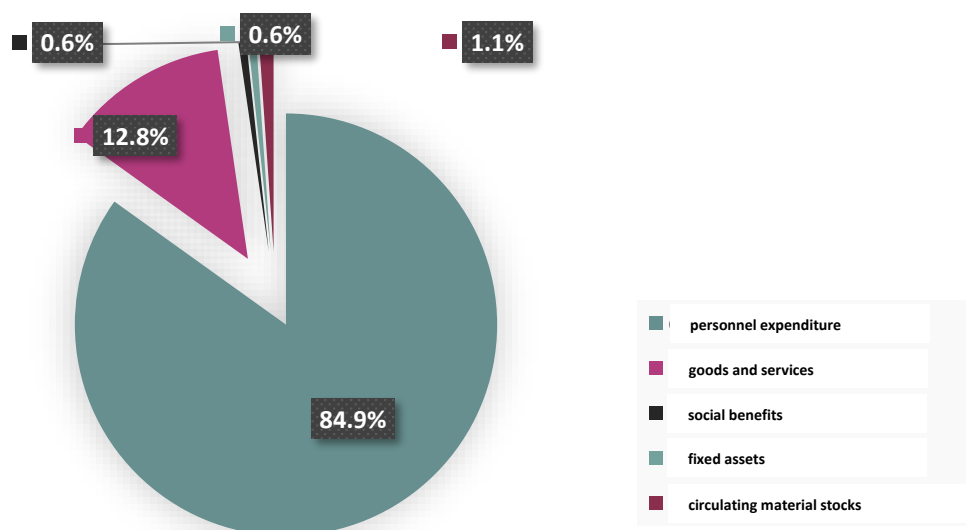


Figure 7. Structure of the administration expenses of the MHI system in 2019, %

Source: Company Data

The patrimony of NHIC, according to the situation from 31.01.2019, amounts to 51 320.7 thousand MDL, of which 33 285.7 thousand MDL or 64.9 percent, constitute tangible assets. These include buildings worth 30 253.3 thousand MDL with a total area of 3 183.4 m² located in the Chisinau, Ungheni and Soroca municipalities and the Causeni and Taraclia cities.

INTERNATIONAL COLLABORATION

The overall condition of health and the ability of a country to provide quality health services to its citizens is influenced by multiple factors, including health authorities, but also other government departments, donor organizations, civil society structures and the community itself.

Recently, NHIC is registering a positive dynamic in cooperation with external partners, especially with international organizations specializing in health. In order to strengthen the health system, there is attested a positive evolution in cooperation with external partners in the field of health, a trend argued numerically by the number of meetings and missions organized during the reference period.

During 2019, with the support of the *World Bank*, were organized missions, in which NHIC was actively involved in the analysis of reimbursement policies of compensated medicines and the revision of their list, the role of economic assessment in determining the budgetary impact in the pharmaceutical field. Was also assessed the mandatory health insurance system as an exceptional system compared to other public systems in the procurement of medical services, within the mission on health procurement.

The reform of the health system and its adjustment to the best international practices is achieved by implementing the projects „Moldova health transformation“ and „Universal coverage with medical services“.

World Health Organization is a strategic partner of the National Health Insurance Company in the development of the health system in the Republic of Moldova and, directly, that of mandatory health insurance. During 2019, there were 8 missions of international experts who shared global experiences and practices on the following topics: strategic procurement of medical services in the Republic of Moldova; strengthening the institutional capacities regarding the development of the MHI system and the revision of the Institutional Development Strategy of NHIC 2016-2020; medicine pricing and reimbursement policies; assessment of the Health Information System; reassessment of Relative Values within the DRG system.

In collaboration with the *International Monetary Fund* were organized 3 missions focused on the comprehensive analysis of the macroeconomic situation in the country, focusing on the component of health field expenditures: overview of the implementation of MHIF in 2019 and projected trends for the coming years. In collaboration with the IMF, it was possible to plan a balanced budget for the period 2021-2022, excluding the deficit, in which revenues and expenditures match each other. The risks of insufficient revenue accumulation in the MHIF are minimized on the basis of estimates made on the basis of the principle of prudence, in line with revenue dynamics recorded in the last five years and based on the forecast of macroeconomic indicators.

National Health Insurance Company in collaboration with the *Swiss Agency for Development and Cooperation* supports social, political and economic transformations in the Republic of Moldova. Currently, the Swiss Agency for Development and Cooperation is implementing the following projects: „Universal coverage with health services“, „Healthy living: reducing the burden of noncommunicable diseases“,

„MENSANA - Support for the reform of mental health services in Moldova“, „Healthy generation - youth-friendly health services“, all aimed at achieving the priorities set by government strategies in the health sector. As a result of these Projects, NHIC funds Youth-Friendly Health Centers, Mental and Community Health Centers. Following this cooperation were performed the economic analysis of the substitution of anti-hypertensive medicines with generic medicines and the economic analysis of the services related to hypertension in primary health care.

Another development partner of NHIC is the Estonian Mandatory Health Insurance Fund (hereinafter referred to as – *Haigekassa*). The collaboration between NHIC and *Haigekassa* started in 2011, and in 2019 resulted in the implementation of the fourth project „Support in the development and consolidation of the MHI system in the Republic of Moldova“ during which were organized two study visits in Chisinau, where were addressed good practices from Estonia which had a considerable impact on strengthening the institutional capacities for strategic and economic analysis.

Within the *JLV* international network „Universal coverage with medical services“, NHIC representatives had the opportunity to share the experience in a webinar on the per capita payment method and reforms implemented in PHC by the Republic of Moldova.

The pharmaceutical field has been strengthened through the *PPRI* network „Formation and reimbursement of medicines prices“. Within this network, NHIC representatives participated in the IVth International Conference with the topic „The challenge of access to medicines - the value of prices and reimbursement policies“.

POPULATION ACCESS TO INFORMATION

To ensure consistent information to beneficiaries of the MHI system, NHIC makes extensive use of all available communication channels, both electronic and written, as well as of direct communication. The latter is carried out at the headquarters of the central office and of the territorial agencies, including the representations, as well as through informative meetings with the beneficiaries within the Information Campaigns on the rights and obligations of the beneficiary of the MHI system.

Information Actions

During 2019 were carried out three information campaigns for the beneficiaries of the MHI system. Between January 1 and March 31, 2019 was implemented the information campaign on the rights and obligations of beneficiaries in the mandatory health insurance system launched at the end of 2018. The action focused on informing citizens and healthcare workers about the exclusion of paper-based insurance policy.

In this context was produced a video and audio spot in Romanian and Russian about the exclusion of the obligation to present the insurance policy on paper. The spots were broadcast free of charge, in the form of social advertising, by several TV and radio stations. Moreover, the spots were also broadcast daily on the monitors in the halls of

public medical-sanitary institutions and in the territorial agencies of NHIC. During the course of this campaign appeared 113 materials on this topic in the media and online.

The second information campaign carried out in 2019 focused on the medicines offered free of charge starting with February 1, 2019. For this purpose, was produced and broadcast a video guide on the algorithm of steps for accessing free medicines. Also were developed, printed and distributed to be pasted at the entrance to pharmacies 1 500 stickers with the slogan „Compensated medication is released here”.

In early February, were organized two training seminars for family doctors and specialists in the field, as well as for pharmaceutical service providers, in order to inform about the changes in the list of compensated medication and the details on the prescribing process and how to deliver free preparations in pharmacies, covered by mandatory health insurance funds.

Another information campaign was carried out by NHIC between June and December 2019, focused on free prophylactic examinations from which can benefit both insured and uninsured persons. For this purpose, were produced seven videos to inform the citizens about these exams, the periodicity of their performance, but also the categories of beneficiaries. The videos were distributed to the public via the NHIC's website and Facebook page, on news sites, including on screens located in NHIC's territorial agencies and in medical institutions.

The representatives of territorial agencies organized during the year 457 meetings, of which 149 - with the population, 101 - with family doctors and other medical workers, 70 - with representatives of district councils, mayoralities, trade unions, employers' associations. In total, about 19 550 people attended these meetings. During the meetings, NHIC TA employees also informed the citizens, healthcare workers about other rights and obligations in the MHI system, such as expanding the list of compensated medication, reductions applied to the payment of the insurance premium within the time limit set by law and other information issues.

At the same time, in the local electronic press, on the monitors in the halls of the public medical institutions and in the territorial agencies of NHIC were broadcast spots on the reductions applied in the first three months of the year when paying the mandatory health insurance premium.

In order to promote and achieve a proactive communication, in 2019 were developed, printed and distributed a total of 960 000 brochures, leaflets and material prospectuses which have been distributed by NHIC territorial agencies both through medical institutions, mayoralities and in public places. Also, there were prepared and posted on the National Health Insurance Company website 127 press releases. At the same time, the number of own posts on the company's Facebook page doubled in 2019 compared to 2018.

„GREEN LINE” Phone Service

Through the Info-NHIC Phone Service (NHIC Call Center), launched in 2014, the population is informed from the first source what are the rights within the MHI system,

the medical institution and the family doctor where they are registered, the status of the person within the system, the way of accessing the medical services included in the Unique program of the MHI, the reductions applied to the payment of the MHI premium on time and other topics of major interest for the beneficiaries. At the same time, the callers can submit suggestions and complaints to medical and pharmaceutical service providers covered by the MHI system.

In the last 3 years, there is a constant increase in the number of calls received and resolved by the Call center specialists, a trend that can be seen in the following figure.

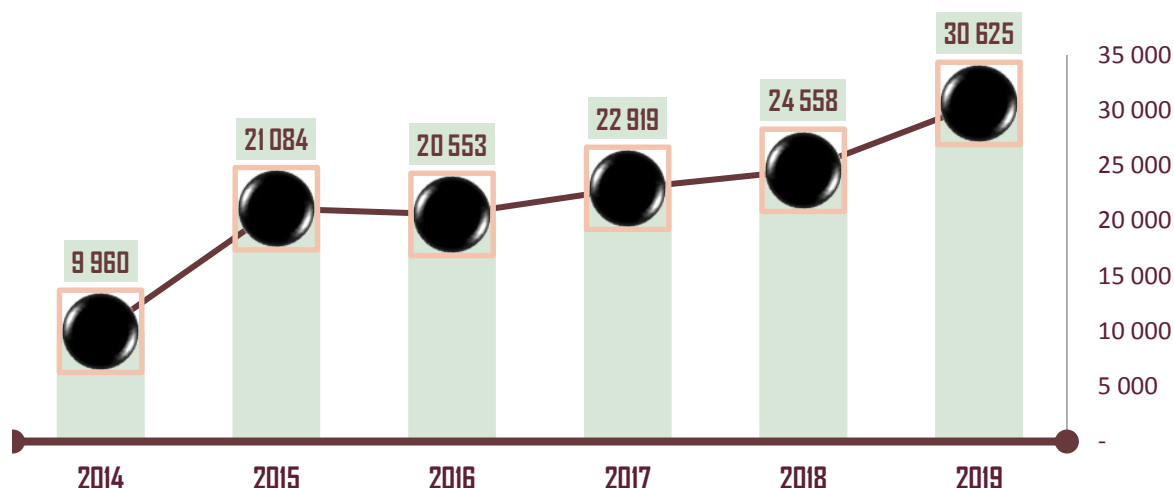


Figure 8. Dynamics of calls taken to the Info-NHIC Call Center, 2014-2019

Source: Company Data

In 2019, the number of calls increased by 6 067 compared to 2018, amounting to 30 625 calls. Of which, 24 469 were calls of an informative - consultative nature, and another 89 - of a complaint nature.

The Info-NHIC phone service was intensely requested during January-March, during the period of payment of the MHI premium in a fixed amount and less requested during the warm period of the year. In May was registered the highest number of calls – 3 230, and in August the lowest – 1 895.

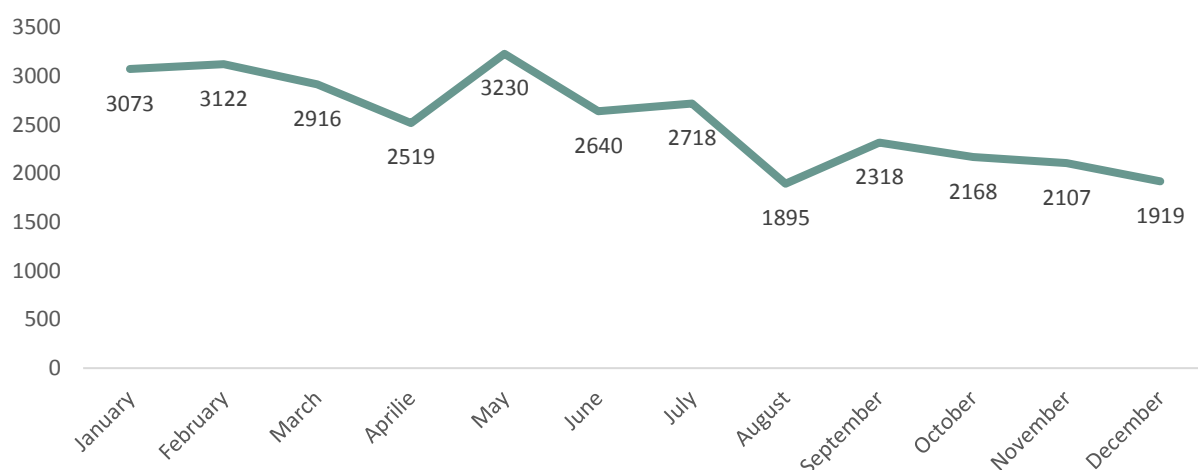


Figure 9. Dynamics of calls received at the NHIC Call Center, by months 2019

Source: Company Data

Of the total number of appeals, 72% were calls regarding the insurance framework of persons, 20% - calls related to medical services, 5% - registration with the family doctor and 3% prescription and release of reimbursed medicines.

Thus, it can be seen that the „Info NHIC“ Phone Service is positioned as an efficient information resource, which contributes significantly to maintaining the continuous access of beneficiaries to a source of truthful and fast information.

MHI SYSTEM IN THE NATIONAL AND INTERNATIONAL MACROECONOMIC CONTEXT

The UN Agenda for Sustainable Development Goals 2030 and the Health Policy promoted by the WHO support actions aimed at significantly improving the health and well-being of the population, reducing health inequalities, strengthening public health and ensuring the sustainability of human-centered health systems, which are characterized by universality, equity and sustainability. In other words, works are made hard to support the exercise of effective governance of health systems, focused on strengthening the capacity to develop strategies to implement Universal Health Coverage by 2030, in order to ensure access for all people to quality health services, regardless of financial capacity.

Following the adoption of the Sustainable Development Goals by the international community, the global health context has undergone a considerable transformation. In order to achieve the ambitious goal of universal medical coverage, several countries are expanding the benefits of the health system, creating institutional arrangements and allocating public funds to expand the coverage of the population with medical services.

Health systems play a key role in making progress towards universal coverage of the population with medical services. This involves actions to strengthen the financing and management of the health system, as well as the organization of the healthcare workforce, the provision of services, the implementation of high-performance health information systems and the compensation of medicines, and other health-related

products, paying particular attention to consolidating resources and maximizing the efficiency of their use.

Most countries, including the Republic of Moldova, develop sustainable strategies or other equivalent documents to provide direction and coherence to efforts to improve the health and well-being of the population. They serve as tools to increase accountability in the health sector, insofar as they emphasize the principles and values of the health system and the measurability of strategic outcomes and targets.

The countries in all regions of the world with different income levels are implementing reforms to finance the health sector to expand the coverage of the population with health services. Experience accumulated has shown that real progress is possible in countries of all levels of development, while each country's path is different depending on the local context, and the settlement of priorities is essential for equitable and effective progress.

Turning to international practice, it can be deduced that most countries have implemented universal coverage with health services, with the inclusion of specialist medical consultations, paraclinical tests and hospitalizations. However, at present, there are still countries that have not fully implemented the universal coverage with health services, among which is the Republic of Moldova.

The current direction of development of the health system, including of the MHI system in the Republic of Moldova is correlated with Objective 3 of the 2030 Agenda, which aims to reduce health risks by providing extended access to quality health services.

A set of indicators for monitoring progress in this regard is summarized in the following generally accepted strategic targets: reducing premature mortality, increasing life expectancy, reducing health inequalities, increasing population welfare, ensuring universal coverage and the right to access the highest quality medical services. In this context, a particular difficulty for the Republic of Moldova is the phenomenon of population reduction, conditioned by low birth rates and continuous migration of the active population.

Although the health situation in the Republic of Moldova has improved substantially in the last decade, the differences between the national indices and averages for the European Region are still considerable. However, the marked acceleration in the improvement of several key indicators in recent years is particularly encouraging.

The health system of the Republic of Moldova is organized according to the principles of universal access to basic medical services, equity and solidarity in financing medical services both by the state and by citizens through the mechanisms of MHI.

Mandatory health insurance means that every person can benefit from quality medical services in order to prevent diseases, the actual treatment, but also rehabilitation and palliative care.

The means of the MHI funds, intended for the financial protection of the population in the field of health care, consist mainly of MHI premiums and budgetary transfers.

Thus, NHIC manages five funds: the Fund for the payment of current medical services, the Fund for preventive measures, the Fund for the development and

modernization of public service providers, the Reserve Fund and the Administration fund of the MHI system, with the basic objective of covering as much of the population as possible with medical services and offering a package of services as modern and extensive as possible.

NHIC is constantly looking for additional means to reduce the financial burden on the shoulders of citizens, and the main macroeconomic indicators related to the mandatory health insurance system, in dynamics, are set out in the table below.

Table 2.

Key indicators of the MHI system, years 2015-2019

	UM	2015	2016	2017	2018	2019
Insured persons	NP	2 571 960	2 575 586	2 608 426	2 642 969	2 626 691
Degree of insurance	%	85,6	85,8	86,9	88,2	87,8
Persons employed	NP	850 107	852 124	860 261	874 643	874 661
Individually insured persons	NP	48 307	40 113	53 684	55 451	60 340
Persons insured by the Government	NP	1 673 546	1 683 349	1 694 481	1 712 875	1 691 690
MHIF income	million MDL	5 062,9	5 764,2	6 256,6	6 877,4	7 636,3
Share of SB transfers in MHIF revenues	%	42,0	41,1	40,4	38,3	36,8
MHIF expenses	million MDL	5 152,5	5 673,4	6 260,8	6 714,1	7 489,6
Share of MHIF expenditures in GDP	%	3,5	3,5	3,5	3,5	3,6
Share of MHIF expenditures in NHB	%	79,8	87,2	86,1	86,1	86,7
Size of the percentage premium	%	9	9	9	9	9
Size of the fixed amount premium	MDL	4 056,0	4 056,0	4 056,0	4 056,0	4 056,0
Wage fund	billion MDL	30,7	35,0	39,4	44,5	52,4
Contracted medical and pharmaceutical institutions	institutions	690	692	698	691	681
Paid compensated prescriptions	prescriptions	3 678 614	4 593 565	5 506 631	5 260 392	5 601 001
Expenses for compensated	million MDL	279,7	425,0	523,9	508,0	598,9

medication						
Average amount, compensated medication per prescription	MDL	106,4	113,7	119,1	112,0	118,1
PHC expenses	million MDL	1 525,2	1 729,2	1 876,7	1 885,5	2 112,1
Visits to the family doctor	thousands of visits	10 126,7	10 270,8	10 438,3	10 366,9	10 368,5
SOHC expenses	million MDL	360,3	389,2	423,6	504, 5	712,2
Outpatient visits	thousands of visits	6 584,1	6 565,6	6 649,0	6 704,2	6 615,3
Community and home health care expenses	million MDL	7,9	8,7	9,2	57,0	61,9
Home care visits	visits	83 869	86 198	69 662	71 685	77 137
PHEC expenses	million MDL	428,1	456,6	544,0	561,6	613,7
EC (emergency care) requests	requests	1 098 144	953 753	877 568	855 394	851 978
HC expenses	million MDL	2 401,2	2 827,7	3 118,1	3 368,4	3 620,3
Validated acute treated cases, including day surgery	cases		485 556	486 144	499 080	487 048
Validated chronic cases treated	cases		49 555	58 543	63 529	58 636
HPS expenses	million MDL	176,9	158,9	191,3	209,4	213,5
HPS services	services	568 287	515 880	599 058	613 735	631 622

Source: Company Data

MAIN ACHIEVEMENTS

The year 2019 continued to be a challenge for the mandatory health insurance system, both in order to increase access to health services and to improve their quality, having as benchmarks demographic trends, society's expectations and the rapid development of information technologies. The summary of the main achievements is presented below:

Completely free medicines from February 1, 2019. Under the new additions, patients will no longer be required to partially pay for the purchased preparation, but may benefit from a completely free medicine. At the same time, in addition to the new compensation mechanism, children up to 18 years old receive free of charge all medicines from the list of compensated, for diseases characteristic of that age,

pharmacies presenting to the beneficiary the list of medicines offered free of charge under MHI, which includes 148 International Common Denominations.

Funding of two new MHIF programs. Anatomical correction of the spine and chest in children, for the realization of 10 cases being allocated the amount of 478.3 thousand MDL and Interventional Neuroradiology, in which 5 cases were covered, in the amount of 451.1 thousand MDL. The implementation of the new special programs ensures the access of different categories of beneficiaries to expensive health services.

Increase in the number of cataract operations covered financially by MHIF, which in 2019 exceeds 5 000 cases treated, which is over 1 300 operations more than the previous year. The average cost of a treated case, covered by MHI funds, is almost 10 thousand MDL, an amount that also includes expenses for consumables.

Increasing the number of prosthetic operations performed at the expense of MHIF means. During 2019 were registered more than 2 700 treated cases, within the large joint prosthesis program (hip, knee and shoulder prosthesis surgery), the volume increasing by approximately 1 400 operations compared to the previous year.

Increase of the official salary from January 1, 2019, based on the Government Decision number 1187 of November 28, 2018, for the medical and auxiliary personnel in the health system constituted on average 12.5%, including the increase of the position salary of doctors registered - 20%, of the median medical personnel - 10%, inferior medical personnel - 10%, and auxiliary personnel - 10%. In this sense, NHIC has allocated additional financial resources in the amount of about 450 000 thousand MDL.

Increase of the supplement for the night hours from October 2019, according to Government Decision number 433 of September 11, 2019, according to which the personnel working at night, between 10.00 p.m. and 06.00 a.m., benefits from an additional remuneration. The fixed amount paid is established depending on the complexity of the activity carried out, the category of the profile institution and the medical specialty. This fact conditioned an increase in costs from the amount initially planned and approved for 2019 by 87 891 MDL, or by approximately 43%.

New offices for family doctors in Todirești settlements, Anenii Noi district and Mihailovca, Cîmislia district were inaugurated during 2019. The new offices facilitate the beneficiaries' access to health services, offering primary health care in modern conditions.

Launch of the interactive map of medical and pharmaceutical service providers in order to increase transparency and access to information on medical institutions and pharmacies included in the MHI system. This application involves an interactive map of contracted medical and pharmaceutical service providers, which can be accessed on the NHIC page.

DEGREE OF COVERAGE AND BENEFICIARIES OF THE MHI SYSTEM

Degree of Coverage with MHI

The medical insurance of the persons is carried out within the MHI System, which represents an autonomous system guaranteed by the state of financial protection of the population in the field of health care, in which, from the insurance premiums, on solidarity principles, there are set up funds to cover expenses for dealing with conditions conditioned by the occurrence of insured events.

Degree of coverage with MHI in 2019 was 87.7%, registering a slight decrease of 0.5% compared to 2018 (88.2%), but also an increase of 0.8% compared to 2017 (86.9%). It should be mentioned, however, that the degree of coverage with MHI in 2019 increased by 1.9% compared to the initially planned level.

It is relevant the dynamic exposure of the coverage indicator in the following figure.

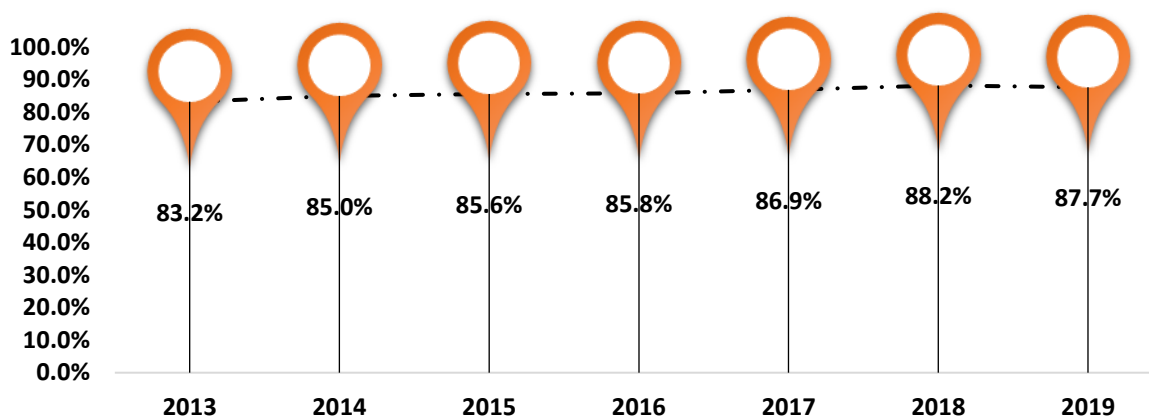


Figure 10. Degree of coverage with MHI, 2013-2019

Source: Company Data

The number of insured persons in the MHI system at the end of 2019 amounted to 2 626 691 persons, of which: insured persons employed – 874 661, persons insured by the Government – 1 691 690, persons insured individually – 60 340. The detailed information regarding the insured persons during the years 2017-2019 is presented in the following figure.

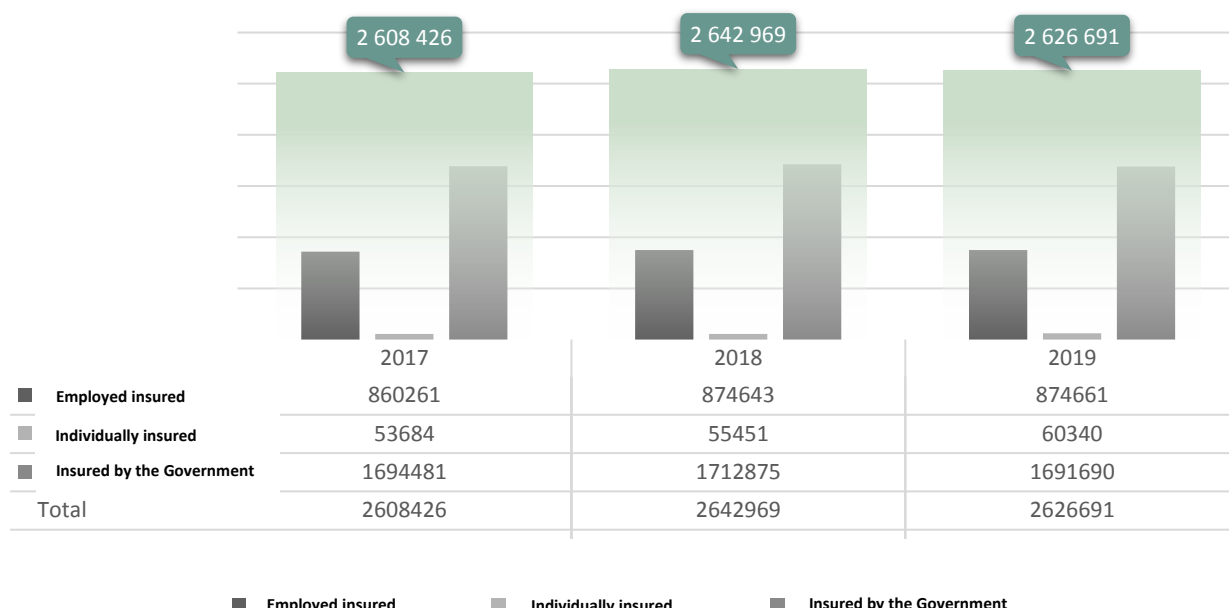


Figure 11. Dynamics of insured persons, 2017-2019

Source: Company Data

Compared to the previous year, the number of people employed and insured individually increased by 0.2%, and compared to 2017 - by 0.3%. At the same time, the number of persons insured by the Government decreased by 0.4% compared to the previous year and by 0.6% compared to 2017. Thus, during the last three years there is a slight trend of increasing the number of individually insured persons and of employed persons and at the same time, for reducing the number of people insured by the Government, the structural analysis is set out in the following figure.

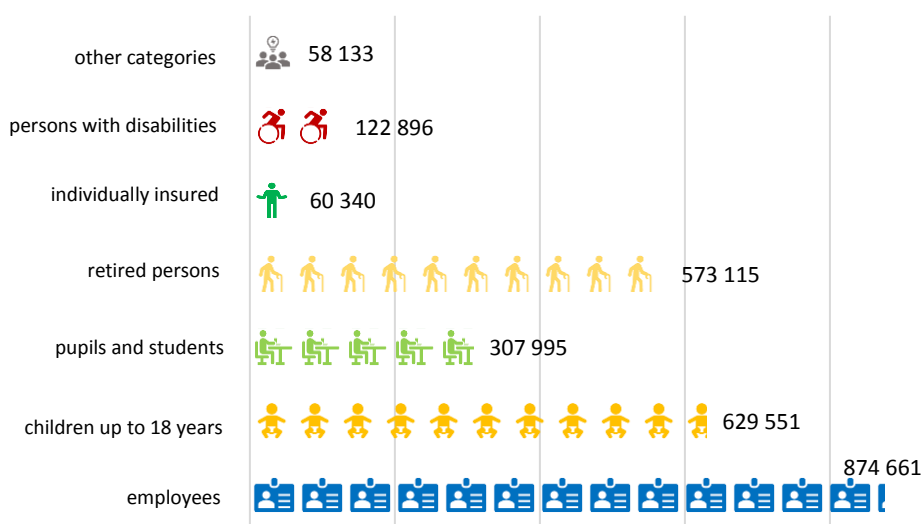


Figure 22. Structure of the insured persons within MHI, 2019

Source: Company Data

The analysis of the degree of insurance with MHI of the categories of persons insured by the Government shows that the largest share belongs to children up to 18

years of age (37.2%), retired persons (34%) and full-time students, including those studying abroad (18.2%), and the smallest share goes to beneficiaries of international protection included in an integration program, living organ donors and people caring for person with a severe disability who require permanent care and / or supervision from another person.

Insurance of Employees

The MHI premium for employers, employees and individuals who receive salaries and other remuneration is calculated in accordance with Article 6 from the Law number 1593/2002¹, depending on the percentage contribution to salary and other remuneration, up to the deduction (withholding) of taxes and other mandatory payments established by law, the categories of payers of MHI premiums as a percentage being provided in annex number 1 to the law noted above.

By the Law number 301/2018², the mandatory health insurance premium in the form of a percentage contribution for 2019 was set at 9%. That level of the insurance premium rate is maintained from 2015.

Thus, employers, units (regardless of type of ownership and legal form of organization), individuals, public notaries, bailiffs and lawyers, who pay individuals or for their benefit other remuneration, transfer to the NHIC account the insurance premium in the amount of 9% (4.5% for each category of payers) from the payment of salaries and other remuneration.

At the same time, it should be mentioned that, according to Article 17, paragraph (1), of the Law number 1593/2002, responsible for the evidence and control of the correctness of the calculation and the timely transfer to the NHIC account of the MHI premiums in the form of a percentage contribution is the State Tax Service.

Insuring People Individually

By the Law on mandatory health insurance funds for 2019, number 301 of 30.11.2018, the MHI premium in a fixed amount was established in the amount of 4 056 MDL, being maintained at the level of the year 2014.

In 2019, when paying the fixed amount premium until March 31, were applied discounts of 50% and 75%, as in previous years. For the first time, in 2019, the individuals carrying out independent activities in the field of retail trade, with the exception of trade in goods subject to excise duties, benefited from a reduction of 60% of the size of the fixed amount premium.

Thus, the number of people who were insured individually in 2019 was 60 340 people, with about 5 thousand people or 8.1% more than the previous year. At the same

¹ Law on the amount, manner and terms of payment of mandatory health insurance premiums number 1593-XV of December 26, 2002.

² Law on Mandatory health insurance funds for 2019, number 301 of 30.11.2018

time, the number of people insured individually in 2019 registered a significant increase compared to the planned level, by about 13 thousand people more or by more than 28%.

Thus, 36 384 people benefited from a 50% discount, another 17 648 people - a 75% discount and 266 people - a 60% discount. The number of persons who paid the MHI premium in full was 5 582 persons, and 460 persons, who during 2019 passed from one category of payers to another, paid the premium in proportion corresponding to the number of days in which they did not held the status of insured person, being assigned to the category of payers who have the obligation to insure themselves individually.

The practice of applying the reductions granted to the payment of the MHI premium in a fixed amount has proven its effectiveness over time, being a means of supporting and integrating low-income groups into the MHI system, these categories of people being financially protected in case of risk of illness.

Insurance of Persons by the Government

In accordance with the provisions of the Law number 1585/1998, the Government has the quality of insured for 11 categories of unemployed persons with the place of residence in the Republic of Moldova and who are on the record of the competent institutions of the Republic of Moldova. The number of persons insured by the Government in 2019 amounted to 1 691 690 persons compared to 1 712 875 persons insured by the Government in 2018 and constitutes 64.4% of the total number of persons integrated in the MHI system.

Beneficiaries of the MHI System and their Rights

Beneficiaries of the MHI system are both citizens of the Republic of Moldova and foreign citizens, stateless persons with permanent residence or domicile in the country, in accordance with the legislation in force. The quality of beneficiary guarantees the right to quality medical services and compensated medication in the necessary volume provided by the Unique program.

In order to benefit from medical assistance covered by MHI funds, each insured person in the MHI system, as the case may be, uninsured has the responsibility and the right to be registered on the list of a titular family doctor, who ensures access to the other levels of medical assistance.

In this sense, it is found that in 2019 the vast majority of the population about 96% was registered in public medical-sanitary institutions and about 4% were on the lists of family doctors from private institutions.

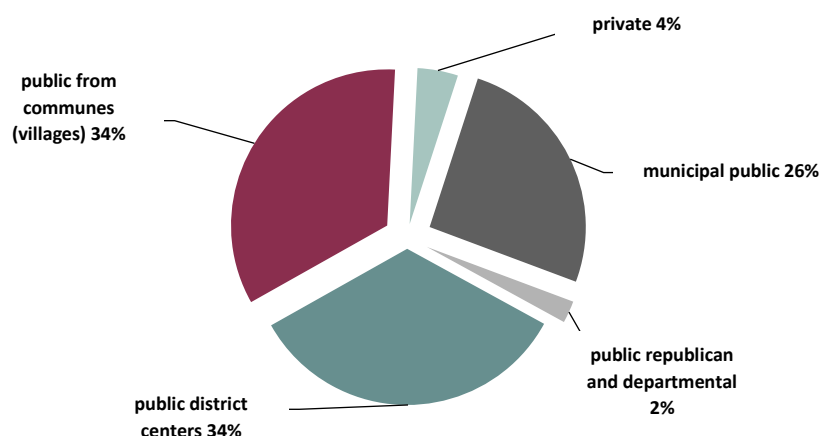


Figure 13. Distribution of the population registered with the family doctor by categories of institutions

Source: Company Data

The characteristics of the distribution of the population registered with the family doctor during 2019 show that the beneficiaries of the MHI system not only know their right to free choice of the family doctor and the PHC provider, but also use it. Benefiting from this right is a proof of the choice of persons for quality medical services. Therefore, competition between institutions providing primary health care has increased, thus stimulating the increase of the quality level of the services provided.

SYNTHESIS OF MHIF EXECUTION

Mandatory health insurance funds for 2019 were approved for revenues in the amount of **7 326 030,0 thousand MDL** and for the part of expenses in the amount of **7 526 030,0 thousand MDL**, with a deficit of **200 000,0 thousand MDL**³. Under the corrections made⁴, the amount of income and expenses was revised upwards and set at equal amounts by **7 709 848,3 thousand MDL**, the deficit being reduced to zero MDL.

The mentioned corrections were made in connection with the need to ensure the financing of dialysis services, over-contracted as a result of the execution of the provisions of Government Decision number 574/2013⁵, with the amendments in force since December 2018, as well as the coverage of additional expenses for food and public transport from / at home in the outpatient treatment of patients with tuberculosis and the cost of anti-neoplastic chemotherapeutic medicines for the treatment of cancer patients, paid in addition.

Making the corrections in question was provided for by the increase of revenues from the accumulation of MHI premiums in the form of a percentage contribution and

³ Law on Mandatory health insurance funds for 2019 number 301 of 30.11.2018

⁴ Law amending the Law on mandatory health insurance funds for 2019 number 301/2018 number 106 of 31.07.2019

⁵ Government decision on public-private partnership for dialysis services number 574 of 07.08.2013

in the form of a fixed amount and the unique tax perceived from the residents of the information technology parks, whose collection rate in the first semester of 2019 was increased, but also from the decrease of the amount of transfers from the state budget for the project „Moldova health transformation“.

The execution of MHIF in 2019 constituted at the revenue part 7 636 333.0 thousand MDL or 99.0% in relation to the annual provisions and at the expenditure part - 7 489 650.2 thousand MDL or at the level of 97.1% compared to the revised amount and ended with a surplus of 146 682.8 thousand MDL, illustrated in dynamics in the following figure.

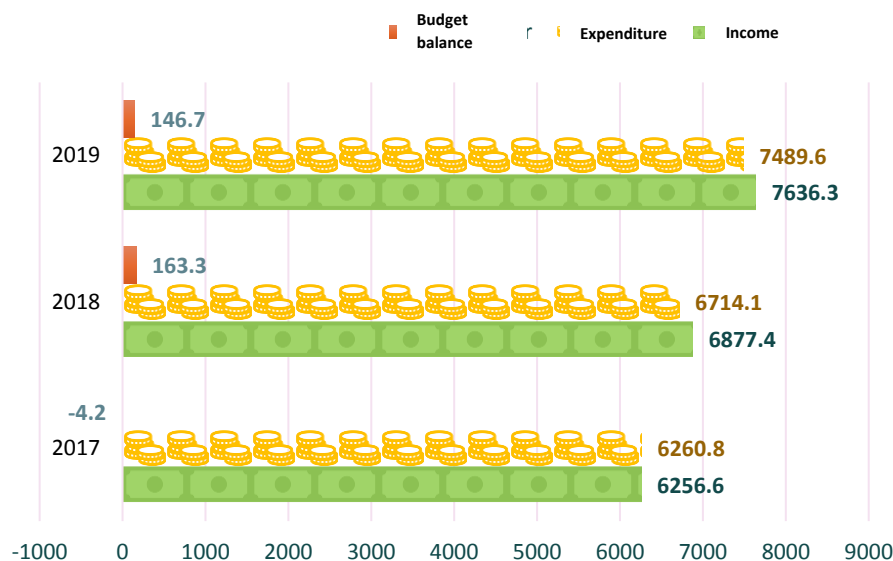


Figure 14. Dynamics of MHIF revenues and expenditures, 2017-2019, thousand MDL

Source: Company Data

The cumulative balance of money means in the NHIC accounts amounted to 549 696.5 thousand MDL at the end of the year, being used during the year to cover the budget deficit and the temporary cash gap.

The accumulation of revenues from mandatory health insurance premiums in the form of a percentage contribution was achieved in a lower amount by 2.0% (95 262.4 thousand MDL) compared to the annual provisions, which were revised by amending the Law on MHIF for 2019. The negative trend is mainly caused by the accumulation, in the second part of the reporting year, of premiums calculated as a percentage at a slower rate than the estimated level.

The non-execution by 2.9% or by 220 198.1 thousand MDL of the planned expenses was conditioned by the non-fulfillment to the full extent of the subprogrammes: „Specialized outpatient health care“, „Community and home health care“, „Hospital care“, „High performance medical services“, „National and special programs in the field of health care“, „Development and modernization of institutions in the field of health care“, „Management of the reserve fund of mandatory health insurance“ and „Administering the funds of the mandatory health insurance“.

Table 3.
Synthesis of MHIF Execution in 2019, thousand MDL

	Executed 2018	Revised plan 2019	Executed 2019	Executed compared to revised 2019 (%)	Executed 2019 compared to 2018 (%)
INCOME	6 877 407,5	7 709 848,3	7 636 333,0	99,0	111,0
The MHI premiums in the form of a percentage contribution	4 007 228,0	4 740 400,0	4 645 137,6	98,0	115,9
The MHI premiums in a fixed amount	110 327,3	118 600,0	123 040,1	103,7	111,5
Transfers from SB	2 728 025,2	2 813 648,3	2 813 648,3	100,0	103,1
Other incomes	31 827,0	37 200,0	54 507,0	146,5	171,3
EXPENDITURE	6 714 063,6	7 709 848,3	7 489 650,2	97,1	111,6
Fund for payment of current medical services (Basic fund)	6 586 353,1	7 517 147,3	7 333 708,9	97,6	111,3
Reserve fund	0,0	13 000,0	0,0	0,0	0,0
Fund for preventive measures	11 747,6	27 000,0	21 986,0	81,4	187,2
Development and modernization fund	38 120,5	70 000,0	55 300,3	79,0	145,1
Administration fund	77 842,4	82 701,0	78 655,0	95,1	101,0
BUDGET BALANCE	163 343,9	0,0	146 682,8		

Source: Company Data

With regard to the contracting of healthcare providers, it is noted that this tended to be based on the needs of the population of medical services, connected to the capabilities of the health system, within the approved MHIF means.

In accordance with the provisions of the legislation in force, for the provision of medical services within the MHI system, in 2019 were contracted 452 medical institutions, as follows:

Table 4.
Number of institutions contracted in 2019

MSI level	Number of contracted MSIs
Republican MSI	25
Departmental MSI	7
Municipal MSI	33
District MSI	299
Private MSI	88
TOTAL	452

Source: Company Data

The Mandatory health insurance system offers to insured persons equal and non-discriminatory opportunities in obtaining timely and quality medical care in accordance with the provisions of the Unique mandatory health insurance program.

At the same time, prehospital emergency care and primary care are granted to uninsured people, and in the case of socially conditioned diseases such as tuberculosis, oncological diseases, psychiatric, HIV / AIDS, infectious diseases, the uninsured also benefit from specialized outpatient health care and hospital care.

MHIF INCOME

MHIF revenues consist of mandatory health insurance premiums paid by payers, transfers from the state budget and other revenues, represented by fines and financial penalties, bank interest, deductions from the unique tax perceived from park residents for information technology. The dynamics of income evolution is presented in the following figure.

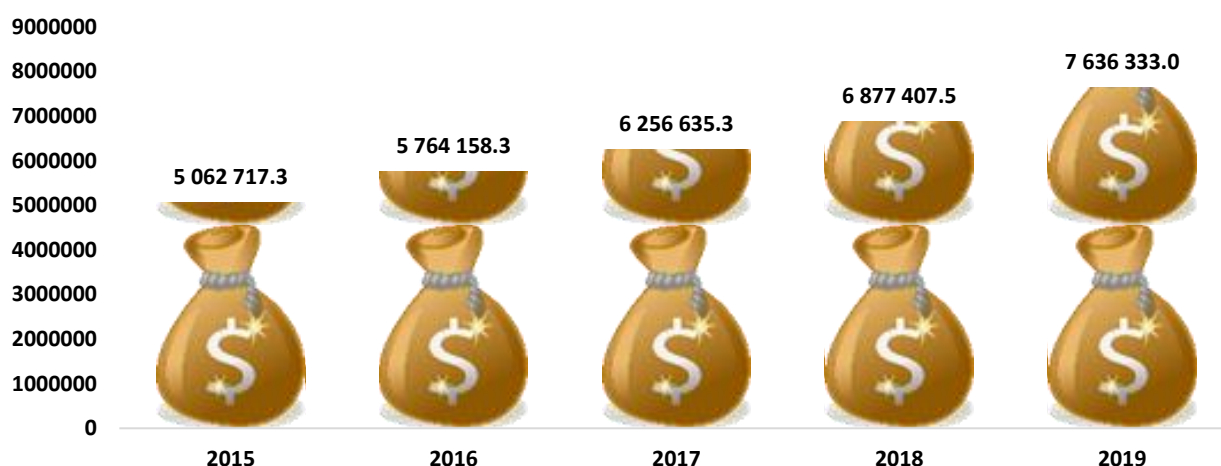


Figure 15. Dynamics of MHIF revenue evolution, 2015-2019, thousand MDL

Source: Company Data

In the reporting year, revenues were accumulated in the amount of 7 636,333.0 thousand MDL, which is 99.0% compared to the annual provisions. Compared to the previous year, the amount of income accumulated in MHIF increased by 758 925.5 thousand MDL or by 11.0%. In the structure of revenues, more than half is constituted by own revenues, which were accumulated in the total amount of 4 822 684.7 thousand MDL and represent 63.1% of MHIF revenues, transfers from the state budget, transferred in the amount of 2 813 648.3 thousand MDL, accounting for - 36.9%.

Table 5.
Execution of MHIF revenues, years 2018 – 2019, thousand MDL

	Executed 2018	Revised plan 2019	Executed 2019	Executed compared to revised 2019 (%)	Executed 2019 compared to 2018 (%)
INCOME, total	6 877 407,5	7 709 848,3	7 636 333,0	99,0	111,0
MHI PREMIUMS	4 117 555,3	4 859 000,0	4 768 177,7	98,1	115,8
The MHI premiums in the form of a percentage contribution	4 007 228,0	4 740 400,0	4 645 137,6	98,0	115,9
The MHI premiums in a fixed amount	110 327,3	118 600,0	123 040,1	103,7	111,5
TRANSFERS	2 728 025,2	2 813 648,3	2 813 648,3	100,0	103,1
Special purpose transfers from SB <i>inclusive</i> :	93 055,5	94 383,2	94 383,2	100,0	101,4
<i>Transfers from SB for national health care programs</i>	69 033,7	72 278,3	72 278,3	100,0	104,7
<i>Transfers from SB for „Moldova health transformation“</i>	24 021,8	22 104,9	22 104,9	100,0	92,0
General purpose transfers	2 634 969,7	2 719 265,1	2 719 265,1	100,0	103,2
OTHER INCOMES	31 827,0	37 200,0	54 507,0	146,5	171,3

Source: Company Data

During the last years, the tendency of constant increase of the share of own revenues and, respectively, of decrease of the share of current transfers with general destination collected from the state budget for the medical insurance of the categories of persons insured by the Government is more and more obvious. Thus, if in 2013 in the total revenues of MHIF predominated transfers from the state budget (51.3%), in the following years, the situation was reversed and, starting with 2014, accumulations of insurance premiums become paramount, registering in 2019 the share of 62.4%. The graphic illustration of the mentioned trend is presented in the figure below.

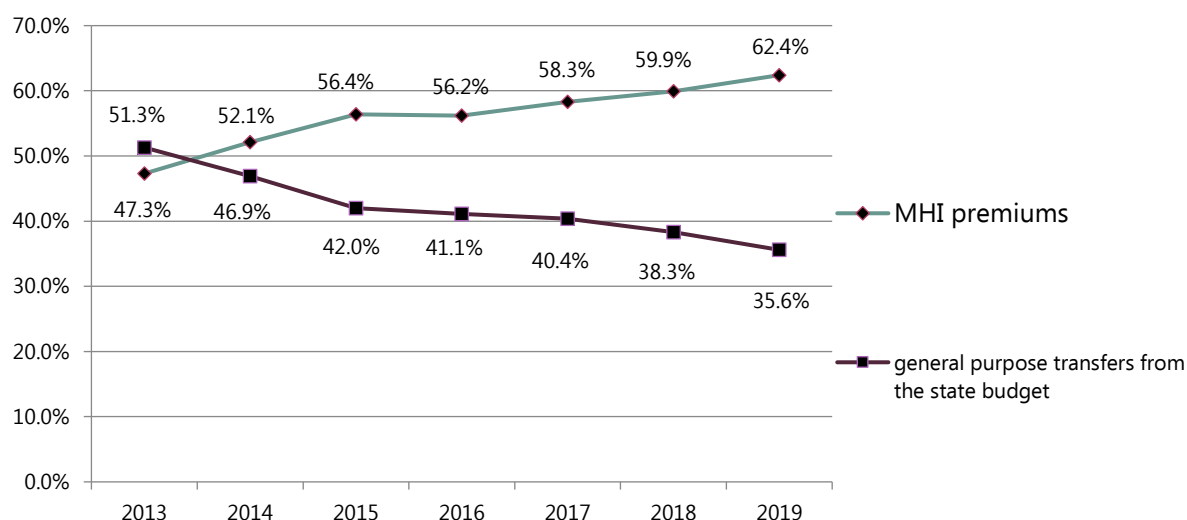


Figure 16. Evolution of the share of MHI premiums and general purpose budget transfers, 2013-2019
Source: Company Data

Mandatory Health Insurance Premiums in the Form of a Percentage Contribution to Salary and other Remuneration

MHI premium in the form of a percentage contribution to salary and other remuneration, is a monetary contribution that the insured is obliged to pay in MHI funds to take over the risk of illness.

According to the information presented by the State Tax Service, the revenues from the premiums as a percentage were calculated in the amount of 4 635 827.3 thousand MDL, including delay increases – 14 226.4 thousand MDL. At the same time, the accumulations of the premiums in question constituted 4 645 137.6 thousand MDL, which constitutes 98.0% in relation to the annual provisions and 60.8% of the total accumulations of MHI funds, thus representing the largest source of income of MHIF.

Compared to the previous year, the given incomes registered an increase of 637 909.6 thousand MDL or 15.9%, due to the increase of the wage fund at country level.

The arrears formed under this article of income, according to the situation as of 31.12.2019, amounted to 65 932.5 thousand MDL and compared to the one reflected on 31.12.2018 recorded a reduction of 4 317.2 thousand MDL or over 6%. It should be mentioned that, according to Article 17, paragraph (1), letter b) of the Law number 1593/2002, responsible for the record and control of the correctness of the calculation and timely transfer to the NHIC account of the MHI premiums in the form of a percentage contribution is the State Tax Service.

Mandatory Health Insurance Premiums in a Fixed Amount

MHI premium in the form of a fixed amount, according to Article 17 paragraph (4) of the Law 1585/1998⁶, is calculated by applying the insurance premium in the form of a

⁶ Law on Mandatory health insurance number 1585-XIII of 27.02.1998

percentage contribution to the average annual salary, forecast for that year on the basis of macroeconomic indicators.

For the reference year, in accordance with the Law on MHI Funds for 2019, by derogation from the above-mentioned provisions, the MHI premium calculated in a fixed amount in absolute value was set at 4 056 MDL, being maintained at the level of 2014.

Thus, Mandatory Health Insurance Premiums in a Fixed Amount were accumulated during the year in the amount of 123 040.1 thousand MDL, or at the level of 103.7% in relation to the annual provisions, constituting 1.6% of the total revenues accumulated in MHI funds in the reporting year. Compared to the previous year, the receipts of this type of income increased by 12 712.8 thousand MDL or by 11.5%.

In 2019 there was a significant increase in the payment of the MHI premium, by individuals who insured themselves individually through the government electronic payment service „MPay". It allows real-time viewing of the operations performed and granting the status of insured person in a short time. Compared to 2018, the number of people who paid the MHI premiums through MPay increased by 6 264 people and accounted for 30.3% of the total number of people who insured them individually. This fact shows a positive dynamic in terms of increasing the use of electronic public services by the population, reflected in the following figure.

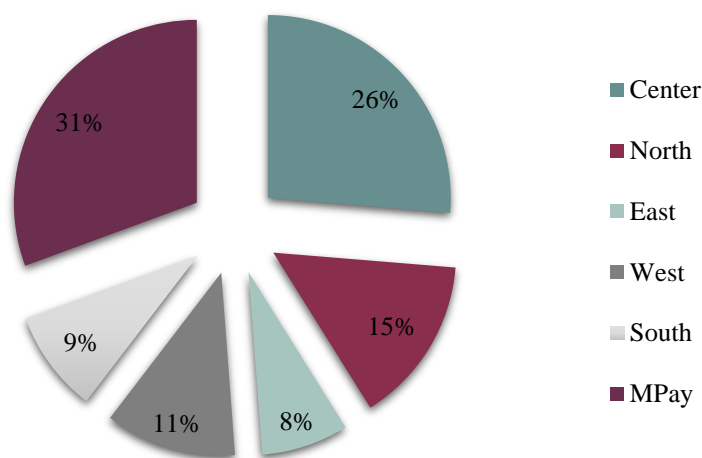


Figure 17. Structure of revenues generated by territorial agencies and MPay

Source: Company Data

Transfers from the State Budget

Transfers from the state budget were carried out in 2019 in the amount of 2 813 648.3 thousand MDL, the execution being at the level of the annual provisions. Of their total, general purpose transfers amounted to 2 719 265.1 thousand MDL and special purpose transfers amounting to 94 383.2 thousand MDL. Although the absolute amount of transfers transferred from the state budget was increasing by 85 623.1 thousand MDL

or by 3.1% compared to 2018, their share in the total revenues accumulated in the MHI funds, in the same period decreased by 2,8 percentage points.

The general purpose transfers between the state budget and the MHI funds were made in a total amount of 2 719 265.1 thousand MDL, being destined mainly (99.97%) to the categories of persons insured by the Government (1 691.7 thousand persons) and were transferred in the amount of 2 718 552.6 thousand MDL, with 84 295.4 thousand MDL or 3.2% more than in 2018. This type of income holds the second position among the sources of income of MHIF, after MHI premiums in the form of a percentage contribution and represents 35.6% of the total income accumulated in MHIF in 2019.

In the category of *special purpose transfers*, were transferred funds in the total amount of 94 383.2 thousand funds, including 72 278.3 thousand MDL for the procurement of anti-diabetic medication within the national health care programs and 22 4.9 thousand MDL for the implementation of the project „Moldova health transformation“.

Other Incomes

In the chapter „Other incomes“, was accumulated a total amount of 54 507.0 thousand MDL, which is 146.5% compared to the annual provisions and 22 680.0 thousand MDL more (71.3%) compared to the previous year.

Among the most significant revenues in this regard are:

- breakdowns of 15.4% of the amount of unique tax amount collected from the residents of information technology parks - 41 379.5 thousand MDL;
- interest received on money means balances on bank accounts of the MHI funds - 6 543.6 thousand MDL;
- fines and contravention sanctions - 837.4 thousand MDL;
- other incomes collected in the MHI funds, including from medical-sanitary institutions for financial violations regarding the use of money means for purposes other than the provisions of the Unique Program, with derogation from the normative acts, non-justified prescriptions of compensated medication and non-justified issuance of referral sheets for hospitalizations - 5 746.5 thousand MDL.

The surplus execution of the accumulations in the chapter „Other incomes“ is due to the increased collections of the unique tax received from residents of information technology parks (about 35% above the provision), accounting for 75.9% of the funds accumulated in the reference chapter.

MHIF EXPENSES

As a result of economic growth in recent years, both governments and individuals are spending more on health (in absolute terms). Those public expenditures are key to achieving the goals of sustainable health development, by persistently funding common goals and targeting services to the most vulnerable segments of society.

A health system that relies on high levels of government funding, as well as a high share of public sources in general health spending, usually provides better and more equitable access to services and better financial protection.

In the general international context, total health expenditure is growing faster than gross domestic product, growing faster in low- and middle-income countries (almost 6% on average) than in high-income countries (4%), according to data released by WHO. The dynamics of MHIF expenditures are presented in the following figure:

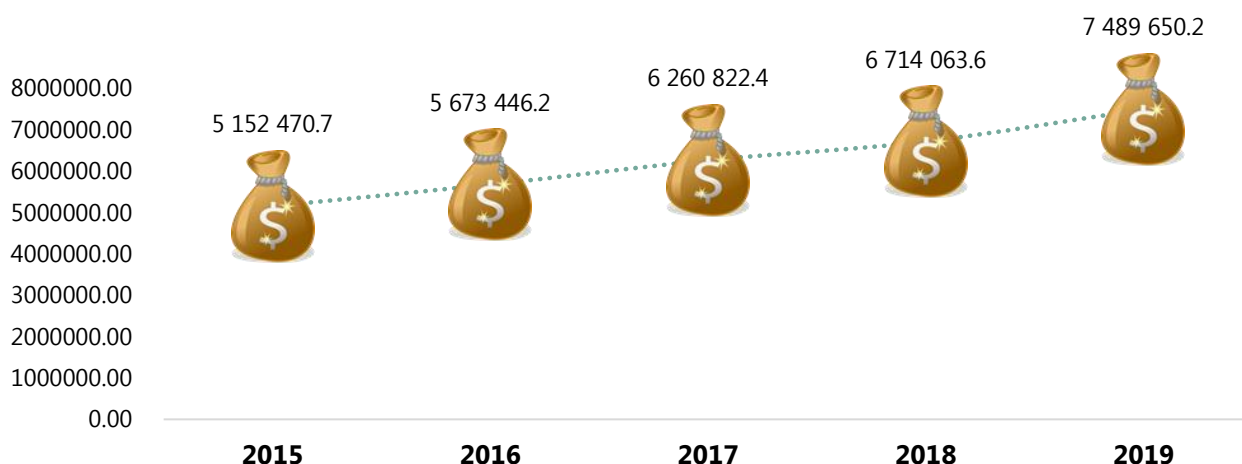


Figure 18. Dynamic evolution of MHIF Expenditures, 2015-2019, thousand MDL

Source: Company Data

In 2019, the expenditure part of MHIF was executed in the amount of 7 489 650.2 thousand MDL, by 220 198.1 thousand MDL (2.9%) less than the annual provisions and by 775 586.6 thousand MDL (11,6%) more compared to the previous year. Detailed information on the structure of expenditures executed on behalf of MHIF funds in 2019 is presented in the following table.

Table 6.
Execution of MHIF expenditures, 2018-2019, thousand MDL

	Executed 2018	Revised plan 2019	Executed 2019	Executed compared to revised 2019 (%)	Executed 2019 compared to 2018 (%)
EXPENDITURE, total	6 714 063,6	7 709 848,3	7 489 650,2	97,1	111,6
Fund for payment of current medical services (Basic fund)	6 586 353,1	7 517 147,3	7 333 708,9	97,6	111,3
Reserve fund	0,0	13 000,0	0,0	0,0	0,0
Fund for preventive measures	11 747,6	27 000,0	21 986,0	81,4	187,2
Development and modernization fund	38 120,5	70 000,0	55 300,3	79,0	145,1
Administration fund	77 842,4	82 701,0	78 655,0	95,1	101,0

Source: Company Data

According to the normative framework in force, in the fund for the payment of current medical services (Basic fund) are directed annually not less than 94% of the MHIF revenues⁷. Thus, during the reporting period, the expenses of the basic fund, intended for the payment of medical and pharmaceutical services, granted in accordance with the concluded contracts, amounted to 7 333 708.9 thousand MDL or 97.9% of the total MHIF expenses, increasing by 747 355.8 thousand MDL or 11.3% compared to the previous year. The expenses of the basic fund were followed by the expenses of the administration fund (78 655.0 thousand MDL) and the development fund (55 300.3 thousand MDL).

As in previous years, in 2019 was also maintained the trend of allocating financial resources, mainly for the „Hospital care” Subprogramme and the „Primary health care” Subprogramme.

A dynamic information on the structure of expenditures executed on behalf of MHIF funds in 2019 by programs and subprogrammes is presented in the following table.

Table 7.
Execution of expenditures on programs and subprogrammes, 2018 – 2019,
thousand MDL

	Executed 2018	Revised plan 2019	Executed 2019	Executed compared to revised 2019 (%)	Executed 2019 compared to 2018 (%)
EXPENDITURE, total inclusive:	6 714 063,6	7 709 848,3	7 489 650,2	97,1	111,6
Public Health and Medical Services Program	6 714 063,6	7 709 848,3	7 489 650,2	97,1	111,6
„MHIF Administration” Subprogramme	77 842,4	82 701,0	78 655,0	95,1	101,0
„Primary health care” Subprogramme	1 885 471,7	2 112 151,6	2 112 151,6	100,0	112,0
<i>including compensated medication, total</i>	508037,4	595 950,0	595 950,0	100,0	117,3
<i>of which for the realization of the national health protection programs on account of the transfers from SB</i>	69 033,7	72 278,3	72 278,3	100,0	104,7
„Specialized outpatient health care” Subprogramme	504 571,4	745 095,2	712 163,9	95,6	141,1
„Community and home health care” Subprogramme	56 994,2	65 031,4	61 860,6	95,1	108,5
„Prehospital emergency care” Subprogramme	561 593,8	613 759,1	613 759,1	100,0	109,3
„Hospital care” Subprogramme	3 368 373,8	3 760 222,0	3 620 298,2	96,3	107,5
„High performance medical services” Subprogramme	209 348,2	220 888,0	213 475,5	96,6	102,0
„Management of the MHI reserve fund” Subprogramme	0,0	13 000,0	0,0	0,0	0,0

⁷ Point 9 from the Decision of the Government of the Republic of Moldova number 594 of 14.05.2002

„National and special programs in the field of health care” Subprogramme	11 747,6	27 000,0	21 986,0	81,4	187,2
„Development and modernization of institutions in the field of health care” Subprogramme	38 120,5	70 000,0	55 300,3	79,0	145,1

Source: Company Data

For 2019, similar to previous years, were established performance indicators for each subprogramme (of result, product and efficiency), the achievement of which was monitored throughout the reporting year.

The analysis of the execution of the performance indicators on each expenditure subprogramme, as well as their correlation with the assumed objectives allowed the identification of the existing tendencies on the priority areas, as well as the estimation of the existing reserves and the delimitation of the necessary resources for capitalization in the following periods.

The level of achievement of the performance indicators on expenditure subprogrammes is presented in detail in **Annex number 1** with the mention that certain indicators need to be periodically adjusted and revised, in order to update and adapt them to economic and social realities.

EXPENDITURE FROM THE BASIC FUND

As in previous years, the predominant part of the means allocated from the Basic fund was directed to the provision of services under the „Hospital care” Subprogramme - 3 620 298.2 thousand MDL or 49.4% of total expenditure, followed by the „Primary health care” Subprogramme - 2 112 151.6 thousand MDL (28.8%), „Specialized outpatient health care” Subprogramme - 712 163.9 thousand MDL (9.7%), „Prehospital emergency care” Subprogramme - 613 759.1 thousand MDL (8.4%), „High performance medical services” Subprogramme - 213 475.5 thousand MDL (2.9%) and „Community and home care” Subprogramme - 61 860.6 thousand MDL (0.8%).

Compared to the previous year, there is an increase in the volume of allowances for subprogrammes related to all categories of medical services financed from the Basic fund, from 102.0% for the „High Performance Medical Services” Subprogramme to 141.1% for the „Specialized Outpatient Health Care” Subprogramme. The illustration of the structure of the basic fund according to the types of medical care is presented in the following diagram.

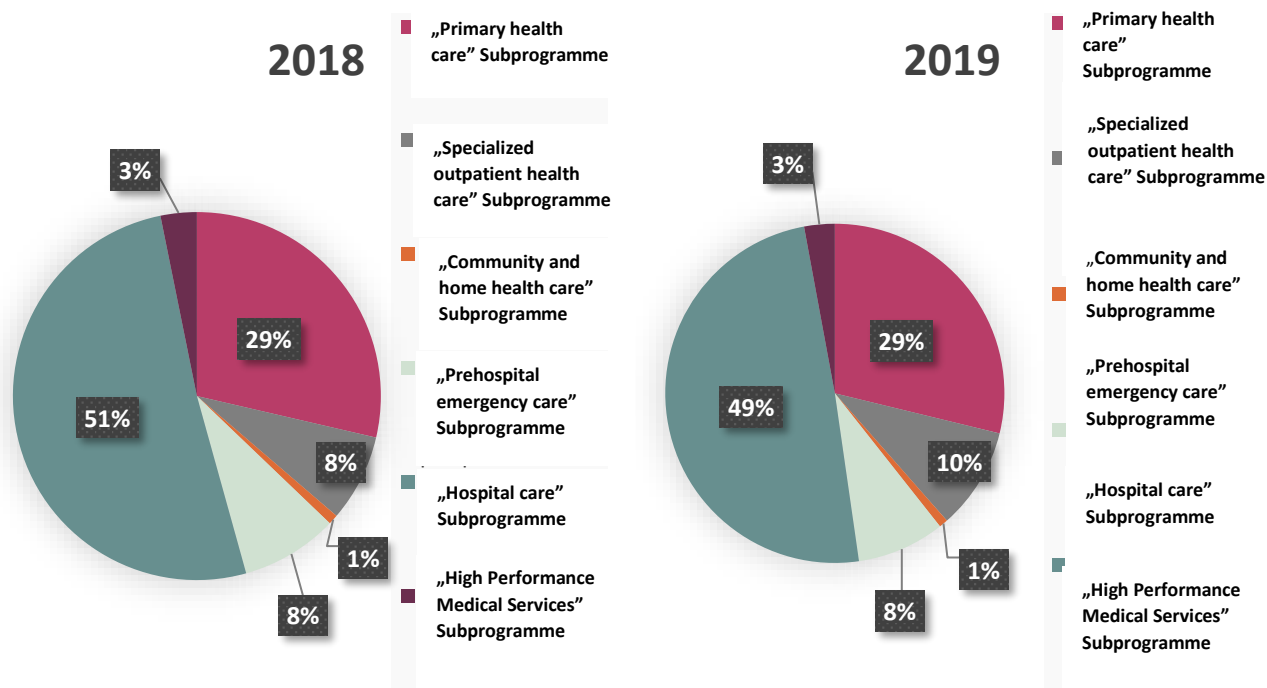


Figure 19. Comparative structure of the basic fund by types of medical-sanitary care, 2018-2019

Source: Company Data

In the context of the structural analysis, is maintained the share of each type of care in the total basic fund, with a slight decrease in basic fund expenditures for hospital care, while a slight increase in outpatient health care by about 2%. This trend can be categorized as a positive one, connecting to the good international practices, emphasizing the takeover within SOHC of some medical services, previously provided by MSI within HC.

Primary Health Care

Primary health which is a priority established and promoted both by decision makers in the Republic of Moldova and by development partners. However, there are a number of challenges regarding the measurability criterion, from the ambiguity of its definition to shortcomings in the quality and availability of data.

Primary health care (hereinafter referred to as - PHC) was provided by family doctors in case of diseases and conditions provided in the Unique program of MHI and in accordance with the provisions of the Criteria for contracting health care providers under the mandatory health insurance system for the year 2019.

For granting PHC, in the reporting year were provided financial resources and executed in a volume of 2 112 151.6 thousand MDL, by 12% more than in 2018. PHC expenditures per capita constituted in the reporting year about 624 MDL or 219 MDL more than in 2018.

PHC was contracted in 2019 based on the total number of persons (insured and uninsured) registered in the „Register of persons recorded in the medical-sanitary

institution providing primary health care under the MHI system”, according to the „*per capita*” principle, the tariff being differentiated on 3 age groups:

- a) from 0 to 4 years 11 months 29 days;
- b) from 5 to 49 years 11 months 29 days;
- c) from 50 years and over.

For the provision of primary health care, were contracted 300 medical-sanitary institutions, including: 2 republican, 19 municipal, 235 district, 5 departmental and 39 private.

With reference to the volume of services provided during the year in PHC by family doctors, it is found that they provided medical assistance to insured persons during 9 859.5 thousand visits, with 16.0 thousand more visits compared to year 2018 (9 843.5 thousand of visits).

Also, the family doctors provided services to the uninsured persons within 509.0 thousand of visits, with 14.4 thousands of visits less compared to 2018 (523.4 thousands of visits), given in dynamics, being shown in the figure below.

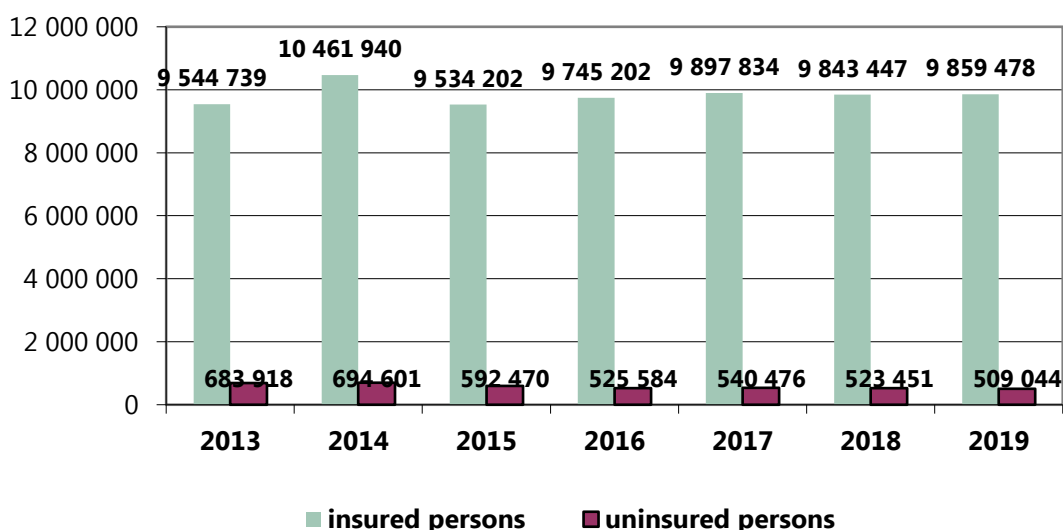


Figure 20. Number of visits to the family doctor during the years 2015-2019

Source: Company Data

The cost of a visit to the family doctor in 2019 amounted to 146.2 MDL, exceeding the cost of the previous year by 13.3 MDL.

At the same time, in order to meet the performance indicators related to the prevention, early detection and surveillance of cardiovascular diseases, diabetes and cancer; active detection of the population at risk of tuberculosis; supervision of pregnant women, supervision of pregnant women; vaccination of children aged 1 year was allocated the amount of 161 048.0 thousand MDL. The achievement of indicators by types is presented in the following table.

Table 8.
Achieving performance indicators in PHC, years 2018 - 2019

Indicator name	2018				2019			
	Carried out (Number of people)	Planned (Number of people)	Fulfillment rate, %	Amount allocated (thousand MDL)	Carried out (Number of people)	Planned (Number of people)	Fulfillment rate, %	Amount allocated (thousand MDL)
Prevention, detection and surveillance of cardiovascular diseases	243 597	602 247	40.5%	66 418,8	238 728	597 779	39.9%	53 403,3
Prevention, detection and surveillance of Diabetes	53 173	104 584	50.8%	24 539,0	55 701	111 489	50.0%	18 885,7
Prevention, detection of cancer	2 922	5 811	50.3%	38 693,0	3 322	6 619	50.2%	31 491,1
Active detection of the population at risk of TB (tuberculosis)	213 357	258 906	82.4%	25 484,6	231 787	267 995	86.5%	19 781,1
Surveillance of pregnant women	26 710	30 167	88.5%	32 583,7	26 021	29 245	89,0%	26 227,1
Vaccination of children aged 1 year	28 420	31 054	91.5%	17 060,7	27 075	30 404	89.1%	11 259,7

Source: Company Data

Although the purpose of the allowances is to improve major public health problems by providing preventive services, early diagnostic services and monitoring services of appropriate treatment and complications, mainly for chronic diseases, the degree of achievement of performance indicators, from a quantitative point of view, ranged from 39.9% to 89.1%. Compared to the previous year, the rate of fulfillment of performance indicators related to the active detection of the population at risk of TB and the supervision of pregnant women increased. At the same time, the rate of fulfillment of performance indicators related to the prevention, detection and surveillance of cardiovascular diseases and the prevention, early detection and surveillance of diabetes is decreasing.

This situation denotes on the one hand the moderate interest of the population in the prevention of diseases that can affect their health and on the other hand it remains

difficult to communicate between patient and doctor. Also, similar to previous years, a common problem is the insufficiency of family doctors, especially in rural areas.

At the same time, it is worth mentioning that the application of the mechanism of adjusting the value of a point at the end of the year, in accordance with the Regulation approved by the MHLSP and NHIC, ensured the full capitalization of the financial means allocated to pay the bonus for performance indicators.

Specialized Outpatient Health Care

Specialized outpatient health care (hereinafter referred to as – SOHC) was granted to the population during the year, in order to establish the diagnosis and treatment tactics, at the referral of the family doctor, other specialists and at direct addressing of the insured persons in case of emergency.

For the provision of specialized outpatient medical care in 2019, NHIC contracted 125 medical-sanitary institutions, including: 19 republican institutions, 21 municipal institutions, 65 district institutions, 4 departmental institutions and 16 private ones.

The financial means provided for SOHC amounted to 745 095.2 thousand MDL in the reporting year, being executed in the amount of 712 163.9 thousand MDL or at the level of 95.6%, dynamically illustrated allocations in relation to the number of visits in the following figure.

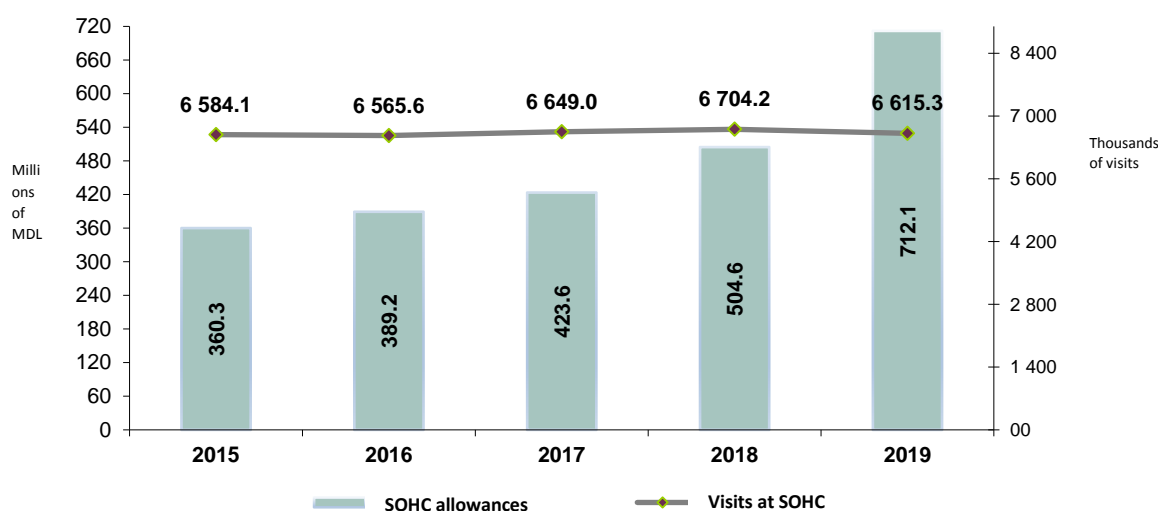


Figure 21. Dynamics of Allocations and visits made within SOHC, years 2015-2019

Source: Company Data

At the same time, the given expenses increased compared to the previous year by about 207 592.5 thousand MDL or by 41.1%. This increase is determined by the fact that in 2019, for the first time, hemodialysis services were contracted within SOHC. In previous years, the given services were provided to the population in hospital care.

The average expenses for SOHC per insured person, registered with the family doctor, constituted in 2019 - 317.2 MDL.

With reference to the medical services provided within SOHC, it is found that during the reporting period the population was provided with medical services within 6 615.3 thousands of consultative visits, with 88.9 thousands of consultative visits less compared to the year 2018 (6 704.2 visits), including in dental care 662.5 thousands of visits, with over 6 thousand fewer visits compared to 2018 (668.9 thousands of visits). The average cost of a visit to the specialist doctor in 2019 was 107.7 MDL and increased compared to 2018 by 32.4 MDL. This increase was determined by the decrease compared to the previous year in the number of visits in relation to the increase in resources allocated for this type of health care.

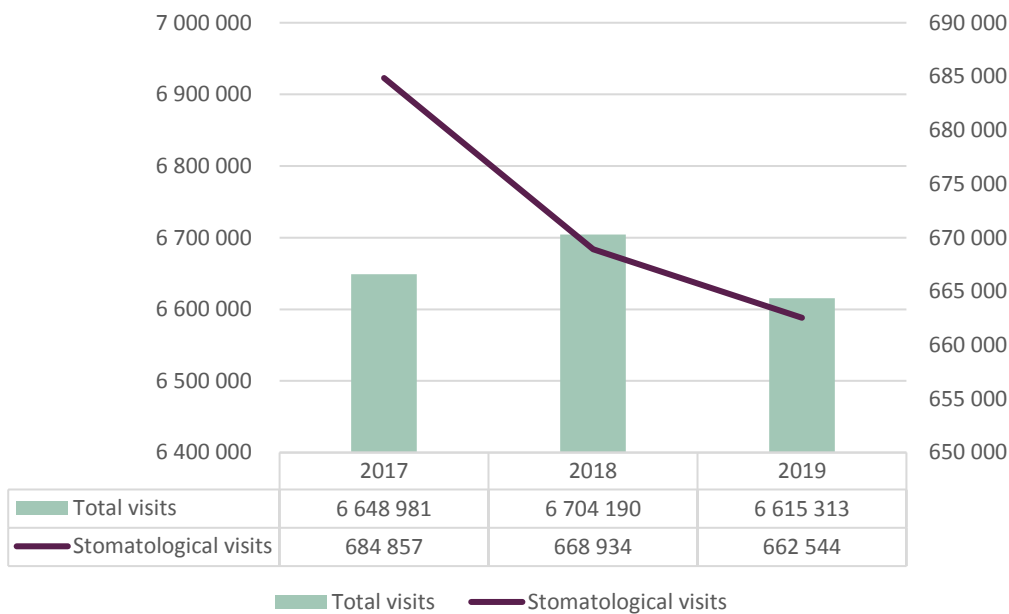


Figure 22. Consultative visits made, years 2015-2019
Source: Company Data

Based on the nature of SOHC referrals and the frequency of their granting, we conclude that during 2019 the most requested services were those provided by specialists such as obstetricians-gynecologists, orthopedists-traumatologists, neurologists, ophthalmologists and surgeons, as illustrated in the following figure.

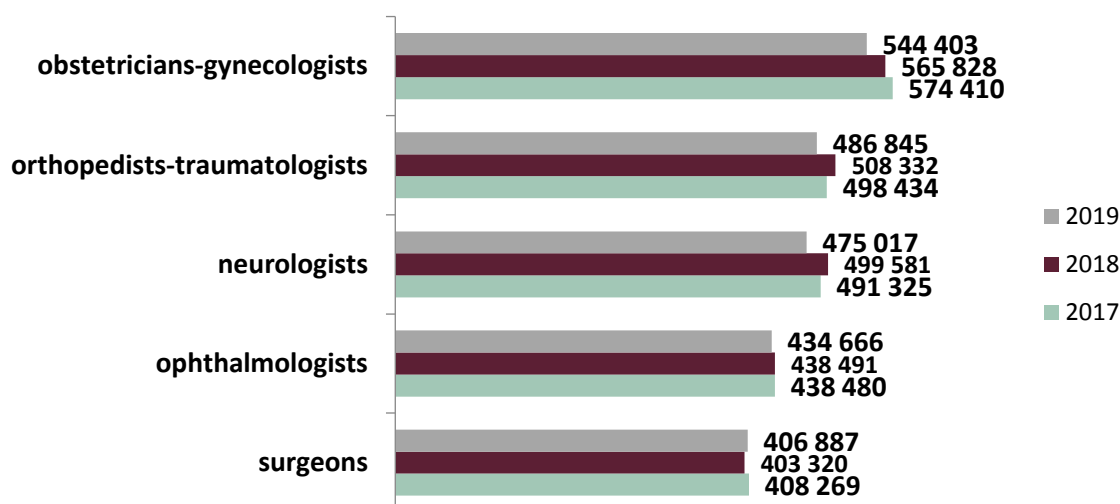


Figure 23. Number of visits to specialist doctors at national level, years 2017-2019

Source: Company Data

Another category of expenses covered from the SOHC account was the expenses for food and public transport from / to the place of residence for people with tuberculosis totaling in the reporting year to 16 206.6 thousand MDL, by 258.7 thousand MDL less compared to the year 2018 (16 465.3 thousand MDL).

Also, from the MHIF means were contracted 90 457 dialysis sessions in the amount of 231 850.0 thousand MDL, in fact being performed 90 295 dialysis sessions in the amount of 213 526.8 thousand MDL.

For the development and provision of early intervention services in children (from birth to 3 years) with special needs or developmental disorders and increased risk were contracted 5 medical-sanitary institutions, being allocated 2 817.2 thousand MDL with 200.0 thousand MDL more compared to 2018 (2 617.2 thousand MDL). During the reporting year, this type of services was provided in 35.7 thousand of visits, which is 5.1 thousand more visits than in 2018 (30.6 thousands of visits).

Oncology radiotherapy services were contracted in 2019 in the amount of 2 925.1 thousand MDL or 513.3 thousand MDL more compared to 2018 (2 411.8 thousand MDL). Radiotherapy services in oncology were provided within 9 896 sessions, with 1 946 sessions more compared to 2018 (7 950 sessions). In terms of incidence, the trend of increasing the number of chemotherapy sessions is alarming, as it shows an increase in the number of patients with oncological diseases at the national level.

Community and Home Health Care

Home health care services, which can be provided to insured persons, are provided by authorized providers and contracted by the NHIC in case of chronic diseases in an advanced stage (consequences of stroke, terminal illness, femoral neck fractures, etc.) and / or after complex surgeries, according to the recommendations of the family doctor and the specialist doctor.

In order to ensure the population's access to community and home medical services, were contracted 149 medical-sanitary institutions (134 publics and 15 private medical-sanitary institutions).

The contractual amount intended for the provision of community and home health services, in 2019 reached the figure of 11 062.6 thousand MDL, by 756.6 thousand MDL more compared to 2018 (10 306.0 thousand MDL).

During 2019, within the community and home health care services, were made 54 348 visits, the related expenses amounting to 7 459.3 thousand MDL.

At the same time, were provided 22 789 palliative health care visits at home by the mobile team, with 4 389 more visits compared to 2018, the reference expenses amounting to 4 133.9 thousand MDL.

For the provision of mental health services, as a component part of community and home health care services, were contracted 40 medical-sanitary institutions, being allocated the amount of 27 205.3 thousand MDL. Respectively, during the reporting year were made about 280 thousand of visits, with over 14 361 more visits compared to 2018 (265 068 visits).

Within the community, palliative and home health care, were also contracted 41 adolescent-friendly health centers (AFHCs), the related expenses amounting to 23 595.5 thousand MDL, with 1 226.7 thousand MDL more compared to 2018 (22 368.8 thousand MDL). Although the activity of these centers helps to reduce the incidence of sexually transmitted infections / HIV, the level of unwanted pregnancy and abortion, drug use, alcohol abuse, psycho-emotional disorders among young people, the number of visits carried out during 2019 (87 000 visits) are decreasing by 7 066 thousands of visits compared to 2018 (94 066 visits), which indicates the need to strengthen and promote the activity of these centers.

Table 99.
Number of visits to Youth-Friendly Health Centers and Mental Health Community Centers over the years 2017-2019

	2017	2018	2019
Mental Health Community Centers	261 015	265 068	279 631
Youth-Friendly Health Centers	102 046	94 066	87 000

Source: Company Data

Prehospital Emergency Care

Prehospital emergency care (hereinafter referred to as - PHEC) is granted to the population, regardless of the status of the person (insured or uninsured), throughout the country, non-stop.

The financial resources allocated by the Law on MHIF for 2019 for this type of medical care amounted to 613 759.1 thousand MDL, being executed at 100% level. Compared to the previous year, the given expenses increased by 52 165.3 thousand MDL or by 9.3%.

With reference to the volume of medical services provided to the population within PHEC, it is revealed that during 2019, the PHEC service took over 851.9 thousand requests, with 3.4 thousand fewer requests than in 2018 (855.4 thousand requests). The decrease in the number of requests is explained both by increasing the number of visits of the population to the family doctor, but also by increasing the number of visits to departments and emergency units in hospital medical-sanitary institutions, the dynamics of requests, allowances and their report is illustrated in the following figure.

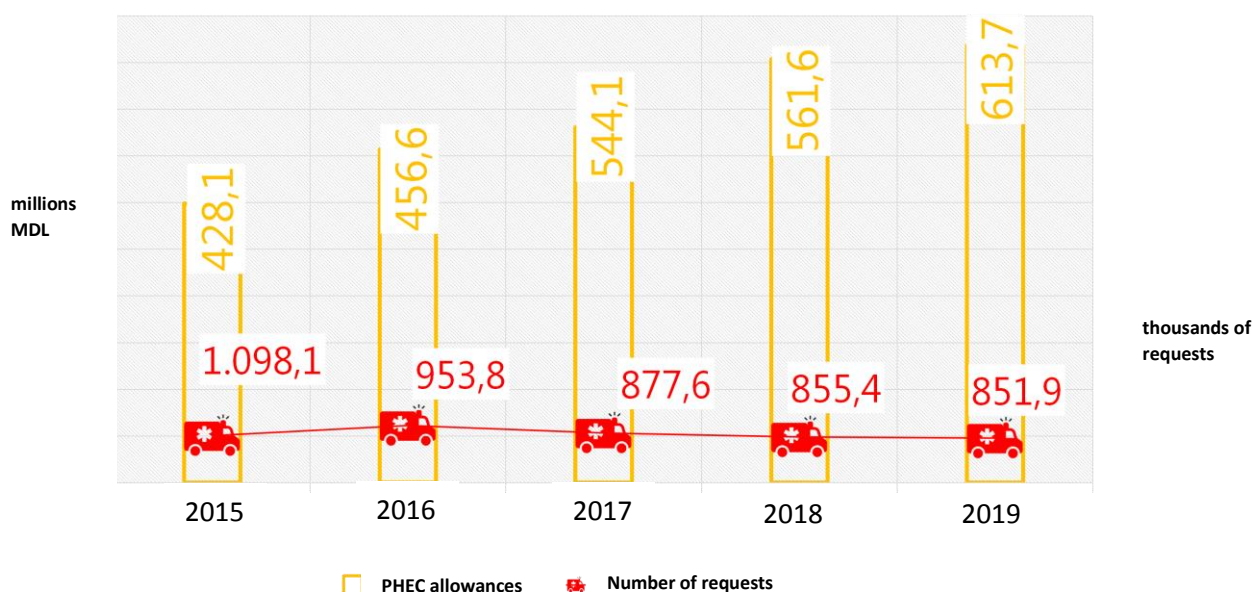


Figure 24. Dynamics of requests and allowances for PHEC, years 2015-2019

Source: Company Data

At the same time, the number of requests received and taken over by PHEC from uninsured persons is increasing from 14% (117.6 thousand requests) in 2018 to about 16% or 123.2 thousand requests in 2019.

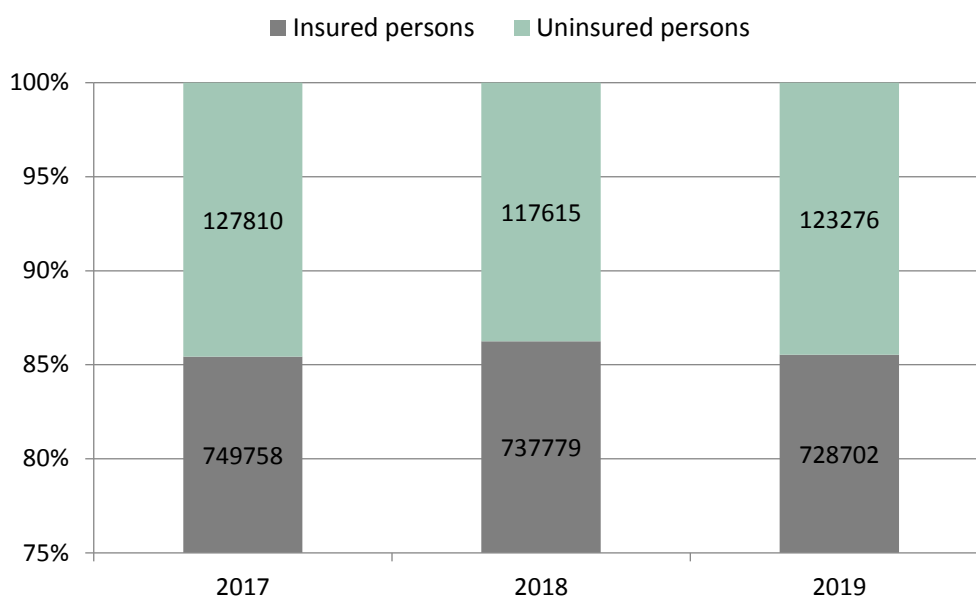


Figure 25. The structure of the beneficiaries of pre-hospital health care

Source: Company Data

Hospital Care

Hospital care is granted to persons requiring hospitalization provided that are excluded all the possibilities for granting outpatient medical care or the patient's condition of health requires hospital supervision.

For the provision of hospital care (hereinafter referred to as - HC), in 2019 were contracted 77 medical-sanitary institutions, including: 16 republican, 9 municipal, 35 district, 6 departmental and 11 private. The financial resources allocated for this type of care were considerable and amounted to 3 760 222.0 thousand MDL, being executed at the level of 96.3% or in the amount of 3 620 298.2 thousand MDL. Compared to 2018, the given expenses increased by 7.5% or by 251 924.4 thousand MDL.

The number of cases treated and discharged within the HC during the reporting period amounted to 608.2 thousand, increasing by 5.6 thousand compared to 2018. Of the total number of people treated and discharged, only 134.1 thousand or 22% were hospitalized based on the referral from the family doctor.

Table 10.
Cases treated and discharged, including on the basis of referral from the family doctor, 2017-2019

Status of treated cases	2017		2018		2019	
	Treated cases	Share, %	Treated cases	Share, %	Treated cases	Share, %
Total treated discharged and reported cases	603 389	100%	602 628	100	608 189	100%
The total number of treated and discharged cases, hospitalized based on the referral from the family doctor	128 417	21,3%	137 012	22,7%	134 103	22,0%

Source: Company Data

By type of inpatient hospitalization, 367.8 thousand cases (60.5%) were emergency hospitalizations and 240.4 thousand cases (39.5%) - scheduled hospitalizations.

Depending on the gender, from the hospital services benefited 342.1 thousand (56.2%) women and 266.2 thousand (43.8%) men. The predominant share of hospitalizations belongs to females and is argued by the prevalence of births and prenatal hospitalizations in MSI for the treatment of obstetric diseases and other specific diseases.

At the same time, the largest share of hospitalization belonged to patients aged 18-64 years (49.2%), followed by those aged over 65 years (26.5%) and those aged 0-18 years (24.3%).

Of the total reported and treated cases, 90.4% met all the validation conditions, respectively, they were accepted for payment, the remaining 9.6% were not accepted, the causes of invalidation being the erroneous coding of the treated case, out-of-pocket paid cases, non-compliance with the medical protocol, etc.

Although births and newborns remained in the top of diseases and conditions (about 34 thousand cases), they decreased by over 4.8 thousand cases compared to 2018 (38.7 thousand cases). At the same time, compared to 2018, bronchopneumonia and bronchitis (over 21 thousand cases) increased by a thousand cases, pneumonia (over 10 thousand cases) more by about 3.9 thousand cases, liver cirrhosis remaining practically at the level of the previous year (about 7 thousand cases). Morbidity due to the increase in the number of respiratory diseases was generated by several factors such as: climate change, low immunity of the population, antibiotic resistance, etc. The average cost of a case dealt with in the general program in 2019 was 5 088 MDL.

The cases treated during 2019 were divided into acute treated cases and chronic treated cases.

The chronic treated cases amounted to 58 636 thousand and were provided on the profiles: geriatrics, rehabilitation and palliative care. The cases performed on the rehabilitation profile in the republican medical-sanitary institutions related to the pediatric, neurological, cardiological, orthopedic rehabilitation. The number of acute treated cases amounted to 487 048, being short-term cases provided under the general program and under the special programs. The average cost for a validated acute treated case, including day surgery was 5 295 MDL, 295 MDL more compared to 2018, and the average cost of a day of hospitalization amounted to 862 MDL, 70 MDL more than the previous period.

Table 11.
Treated cases provided under special programs, years 2017-2019

Program denomination	2017	2018	2019
Special program „Operating treatment for cataracts”	3 707	4 036	5 317
Special program „Prosthesis of large joints”	1 021	1 265	2 727
Special program „Interventional cardiology”	4 405	4 445	5 072
Special program „Vascular prostheses”	395	406	521
Special program „Endovascular surgery”	550	746	708
Special program „Cardiac surgery”	1 211	1 244	1373
Special program „Neurosurgery of spinal fractures”	249	302	358

Special program „Congenital interventional cardiology“	30	47	62
Special program „Electrophysiological study and ablations“	112	149	153
Special program „Interventional treatment in acute ischemic stroke“	-	3	11
Special program „Interventional Neuroradiology“	-	-	5
Special program „Anatomical correction of the spine and chest“	-	-	10

Source: Company Data

The data in the table show a constant and absolutely justified trend of increasing the number of cases provided under the special programs.

Thus, in 2019, were performed 6 507 heart surgeries, including: 5 072 minimally invasive surgeries for adults, in order to treat myocardial infarction within the Special Program „Interventional Cardiology“ (in 2018 – 5 072 surgeries), 1 373 of operations within the „Cardiac Surgery“ Program (in 2018 – 1 244 operations) and 62 minimally invasive operations in children with congenital heart malformations, the „Congenital Interventional Cardiology“ Program (in 2018 - 47 operations).

The average cost of a case treated under the „Cardiac Surgery“ program is 43 323 MDL, in the case of minimally invasive intervention in adults 29 215 MDL, and in the case of minimally invasive intervention in children 78 293 MDL.

Moreover, in 2019 under the „Electrophysiological study and ablations“ program, NHIC funded 153 treated cases, registering a minimal increase in cases compared to 2018 (149 cases). The average cost of a treated case is 32 518 MDL.

The MHIF also covered the cost of providing expensive surgery under other special programs contracted by the NHIC, such as the „Vascular Prosthesis“, „Endovascular Surgery“, „Neurosurgery of Spinal Fractures“ and „Interventional Treatment in Acute Ischemic Stroke“ programs., in which were compensated 1 598 treated cases. Their number is increasing by 14 cases, compared to 2018 (1 457 operations).

In 2019, for the first time, were contracted 2 new special programs „Anatomical correction of the spine and chest in children“ and the special program „Interventional Neuroradiology“. They covered financially 15 cases treated in the total amount of 1 063.2 thousand MDL, including 622.1 thousand MDL being the expenses for expensive consumables.

About the evolution of prices for the most expensive cases treated within the special programs, there is a decrease in the case of three special programs and an increase in the case of 2 special programs, reflected in the following table.

Table 12.

The most expensive cases treated under special programs, years 2017-2019

Denomination of special program	2017	2018	2019
Cardiac surgery	41 337	42 555	43 323
Congenital interventional cardiology	73 488	78 639	78 293
Prosthesis of large joints	41 807	43 285	44 980
Electrophysiological study and ablations	44 281	36 160	32 518
Interventional treatment in acute ischemic stroke	0	149 759	143 303
Anatomical correction of the spine and rib cage in children	0	0	47 824
Interventional neuroradiology	0	0	116 983

Source: Company Data

In order to ensure access to expensive treatment under special programs and reduce waiting time, the Ministry of Health, Labor and Social Protection has developed and presented to NHIC the priorities for procuring the services booked for 2019, which were taken into account in the contracting process.

Based on the number of people included on the waiting lists, approved by the Order of the Ministry of Health, Labor and Social Protection number 710 of 07.06.2018, it was found that meeting the needs for medical services under the special programs, while maintaining the same volume of health care and funding will be possible under the program „Prosthesis of large joints” within up to 4 years, under the programs „Surgical treatment for cataracts” and „Cardiac Surgery” for up to 1 year.

Expenditures related to organ, tissue and cell transplantation treatment are, as in previous years, covered by MHIF means.

Thus, in 2019, contracts were concluded with 2 public medical institutions for the provision of transplant operations, amounting to 8 909.7 thousand MDL. Was performed a total of 96 transplant operations during the year (including: 7 liver transplants, 8 kidney transplants and 81 corneal transplants).

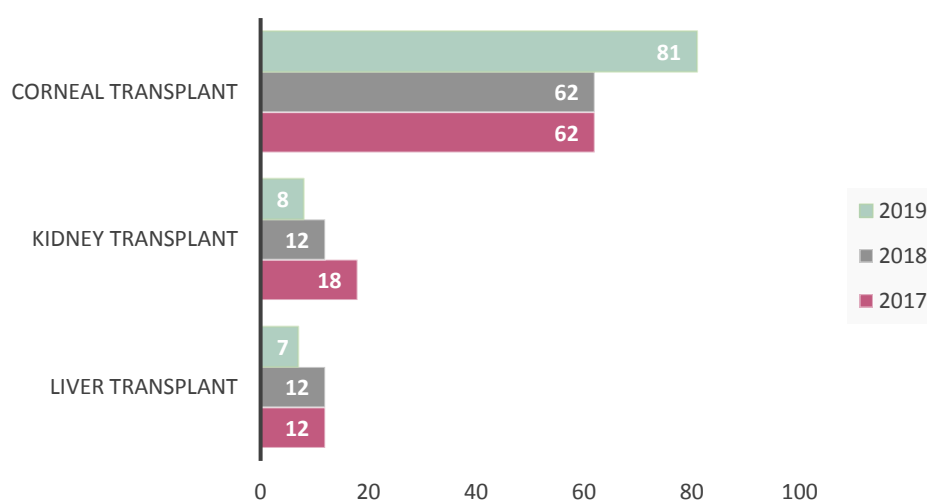


Figure 26. Structure and number of transplant operations, 2019

Source: *Company Data*

Although the total number of transplant operations, in total, was increasing compared to 2018 (87 transplants), only the number of corneal transplants increased by 19, while that of liver and kidney transplants, in the absence of donors, decreased by 5 cases. The cost of a transplant operation varies from 27.9 thousand MDL for corneal transplant to 789.6 thousand MDL for liver transplant, kidney transplant amounting to 180.4 thousand MDL.

In order to ensure the population's access to medically assisted reproduction services, in 2019, were contracted 3 private medical-sanitary institutions to provide 60 in vitro fertilization procedures in the amount of 1 903.7 thousand MDL, performed in 59 cases, with 2 more cases, compared to 2018 (57 procedures). The cost of an in vitro fertilization procedure being 31.7 thousand MDL.

For the provision of radiotherapy services in oncology included in the hospital care was allocated the amount of 8 748.9 thousand MDL, being contracted a single provider of medical services. During the year, were performed 29.8 thousand radiotherapy sessions in the amount of 8 510.5 thousand MDL, which is 4.2 thousand fewer sessions compared to 2018 (34.0 thousand sessions). This fact is explained by the increase in the allowances in the radiotherapy service in oncology provided within the specialized outpatient medical care.

Likewise, during 2019, were performed 5 527 hemodialysis sessions in the amount of 11 026.4 thousand MDL within the hospital medical assistance, mainly this type of medical services being provided within the SOHC.

High Performance Medical Services

In order to provide high-performance medical services from the Basic fund, was allocated the amount of 220 888.0 thousand MDL in 2019, being contracted 49 medical-sanitary institutions (9 republican, 6 municipal, 2 departmental, 6 district and 26 private), reflected in the following figure.

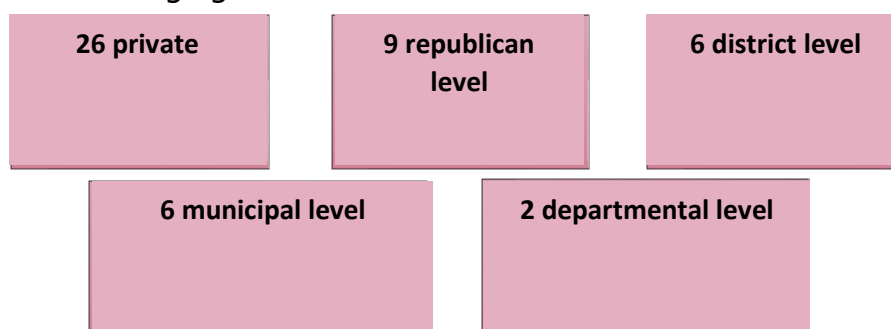


Figure 27. Distribution of HPS provider institutions

Source: Company Data

The contracting of high-performance medical services was performed according to the „fee-for-service” principle. The capitalized amount constituted 213 475.5 thousand MDL, with 4 127.3 thousand MDL more compared to 2018, being carried out about 632 thousand investigations, increasing by 18.2 thousand compared to the year of comparison (over 613.7 thousand).

Thus, there is a continuous increase in the number of high-performance investigations provided, which in turn are directly correlated with the amount of allowances granted.

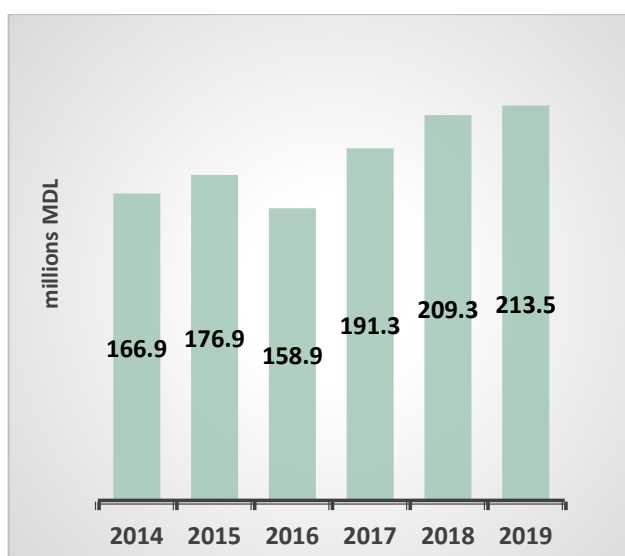


Figure 28. Dynamics of allowances for HPS, years 2014 – 2019

Source: Company Data

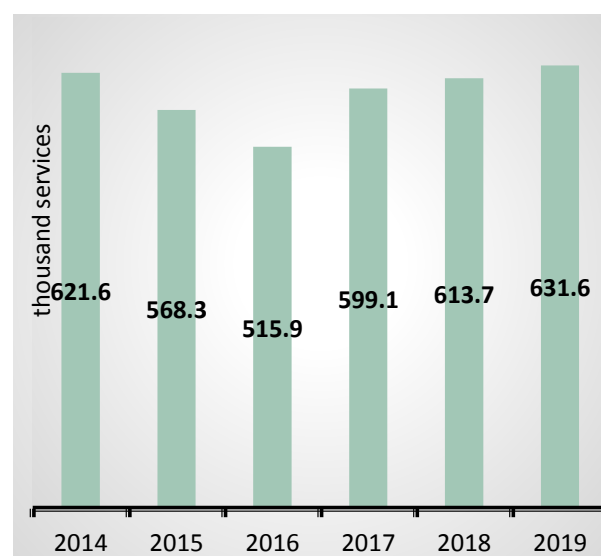


Figure 29. Dynamics of the number of services provided, years 2014 – 2019

Source: Company Data

With reference to the structure of high-performance medical services, there is an increase in the number of medical services provided, in total, based on highly specialized technologies, most services being from the group Genetic investigations (RNA, DNA, pathogens in biological material), although compared to 2018 they decreased by over seven thousand investigations or by about 11.2%.

Table 13.
Number of expensive high-performance medical services provided based on highly specialized technologies, years 2016 - 2019

Service group denomination	2016	2017	2018	2019
Magnetic resonance imaging	18 202	17 848	16 504	16 419
Computed tomography	32 890	34 724	40 646	44 583
Scintigraphies	7 549	7 425	7 398	7 637
Angiographies	3 375	2 952	3 062	3 113
Genetic investigations (RNA, DNA, pathogens in biological material)	42 622	74 260	62 959	55 916
Aortography	883	634	377	330
Coronary angiography with ventriculography	368	366	459	530
Echocardiography and monitoring methods	9605	20385	21816	24 768
Mammography of the mammary gland	2 558	6 641	6 260	6 814
Diagnostic endoscopy	863	10365	13688	13 935

Source: Company Data

Also, for the implementation of the Program for initiating the antiviral treatment of chronic viral hepatitis and B, C, D liver cirrhosis in order to ensure the access of the insured persons to high performance medical services, were contracted 5 medical institutions, from the MHIF, being allocated the amount of 20 838.2 thousand MDL for the provision of 22 810 services.

Compensated Medication

Ensuring the widest possible coverage of safe and quality compensated medication needs for as many insured persons as possible is one of NHIC's priority tasks.

Thus, the actual expenses of MHIF for compensated medicines in 2019 amounted to 598 994.1 thousand MDL, increasing by 17.96% compared to the previous year. Respectively, during the reporting year, over 832 thousand people (sole beneficiaries) benefited from compensated medication, which represents an increase of 16 thousand compared to 2018.

The increase in the volume of allowances for compensated medicines is explained both by the implementation, starting with February 1, 2019, of the project „*medicines offered free of charge*“ (part of the category of partially compensated medicines), and by expanding the number of beneficiaries of compensated medication.

Thus, in order to increase the population's access to compensated medication and to reduce the financial burden, patients had the opportunity to benefit free of charge from at least one trade name within an International Common Denominations, included in the category of partially compensated medicines.

The release of compensated medicines in 2019 was performed by 229 pharmaceutical service providers (with their subsidiaries) based on 5 601 thousand prescriptions, with 340.6 thousand more prescriptions than in 2018.

With regard to the structure of expenditures, the means in the amount of 274 331.2 thousand MDL, which represent 45.8% of the total expenditures for compensated medication in MHIF, covered the costs of fully compensated medicines, and 324 662.9 thousand MDL or 54.2 % of expenditure - of partially compensated medicines, of which 185 480.5 thousand MDL represent medicines that were released from pharmacies without payment from patients.

Table 14.
MHIF expenditure structure for compensated medication

Type of compensation	thousand MDL
<i>Fully compensated medicines</i>	274 331,2
<i>Partially compensated medicines, of which</i>	324 662,2
Medicines without patient co-payment	185 480,5
Medicines with patient co-payment	139 182,4

Source: Company Data

During 2019, over 832 thousand people benefited from compensated medication, which represents an increase of 16 thousand compared to 2018, as illustrated in the following figure.

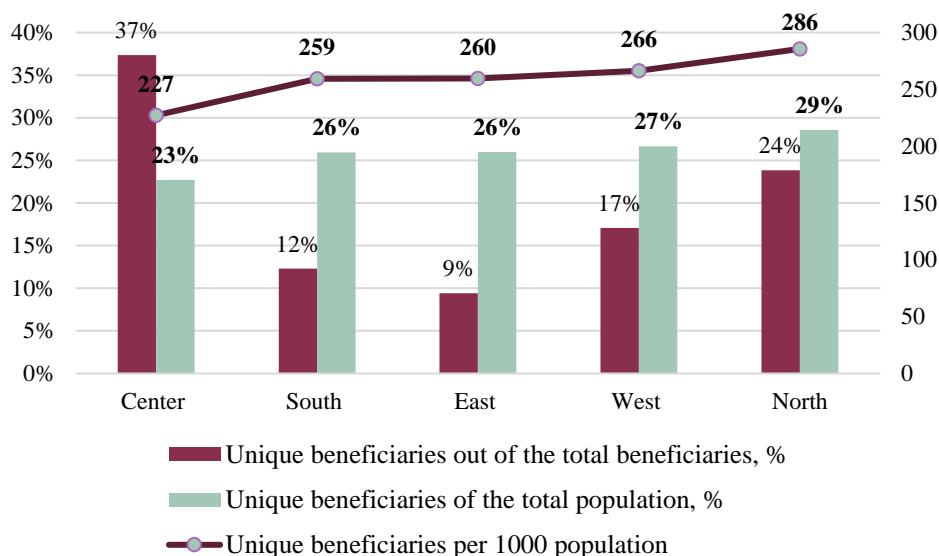


Figure 30. Number of compensated medication beneficiaries in geographical distribution, %
Source: Company Data

The largest share of compensated medication beneficiaries in the total number of beneficiaries belonged to the Center area of the country (37%), at the same time, only 23% of patients in that area, registered with the family doctor, were provided with compensated medication. Across the country, about 25% of patients received compensated medication out of the total number of patients registered with family doctors.

Regarding the expenses for a beneficiary, it is found that they increased from 622.5 MDL in 2018 to 719.54 MDL in 2019, a fact reflected in the following figure.

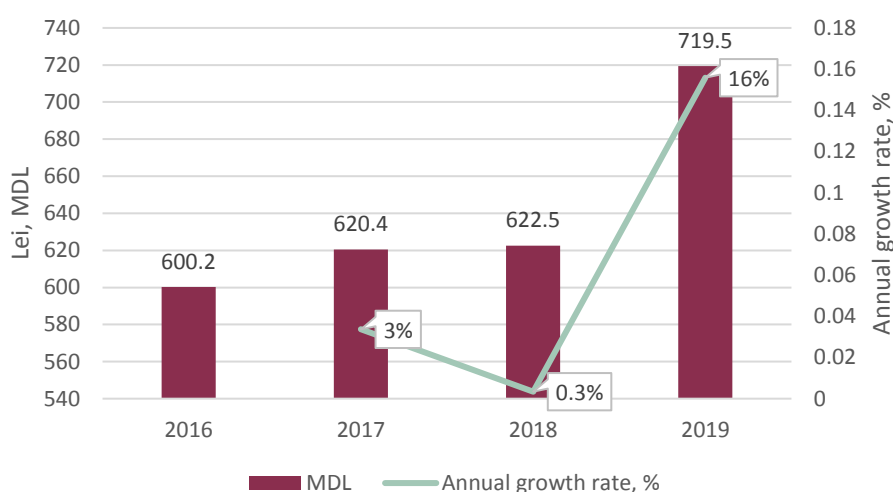


Figure 31. Evolution of expenditure on compensated medicines, years 2016 – 2019
Source: Company Data

At the same time, in 2019 there is an increase in the average compensation rate per prescription. Thus, were compensated from MHIF 106.94 MDL or 90.6% of the average price of 118.1 MDL of the prescribed medication per prescription. Therefore, the average

share of compensation per prescription increased by 4.4 percentage points compared to the previous year (in 2018 - 86.2%), reflected in the following figure, which is an undeniable benefit for patients, in the context of expenses incurred for medical services.

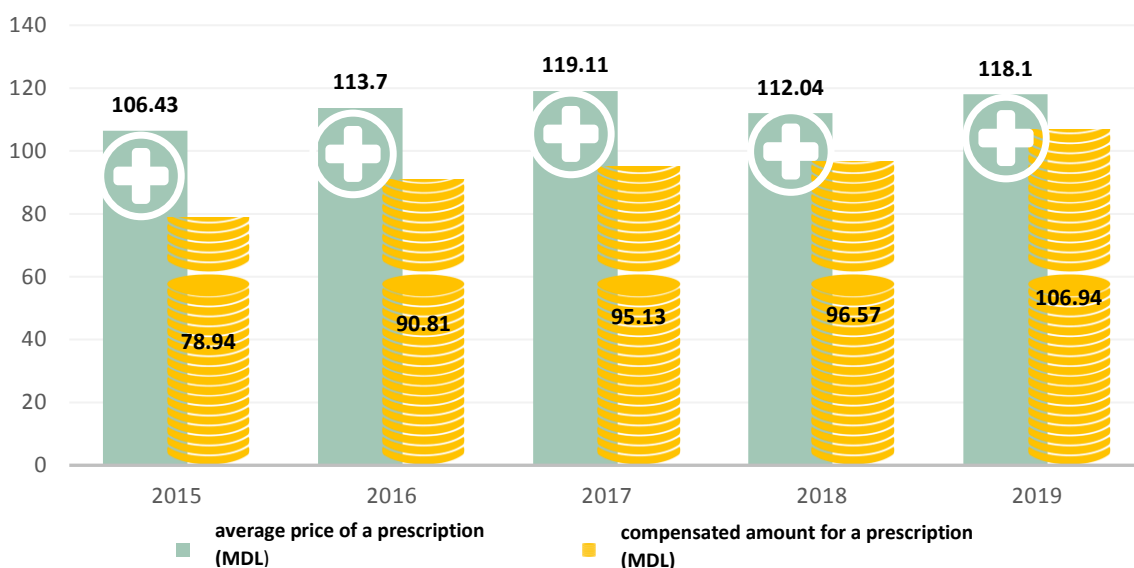


Figure 32. Evolution of the average retail price of a prescription and the average amount compensated for a prescription, years 2016 – 2019

Source: Company Data

In the structure of expenses for compensated medication covered by MHIF, the largest share belonged to medication used to treat chronic diseases - 85.1%, especially cardiovascular diseases (46.1%) and diabetes (19.7%). Thus, over 453 thousand people benefited from cardiovascular preparations, which represents 21.5 thousand people more than the previous year, and 108.7 thousand people were provided with preparations indicated in the treatment of diabetes.

The medicines used in the treatment of diabetes account for 19.7% of the total expenses for compensated medicines. During the reporting year, 108 737 people were provided with antidiabetic drugs in the total amount of 118 038.7 thousand MDL, of which Insulinum Humanum 52 533.9 thousand MDL and oral antidiabetic drugs 65 504.8 thousand MDL. The financing of the respective preparations was made from the account of the transfers from the state budget, destined for the realization of the national health care programs - 72 278.3 thousand MDL, and the difference of 45 760.4 thousand MDL from the account of MHI funds.

It should be mentioned that from compensated medication for the treatment of diabetes benefits both insured and uninsured people. Anticonvulsants and those indicated for the treatment of mental illness are similarly prescribed and released.

At the same time, it should be noted that the share of medicines used in the treatment of patients in day care is 14.9% of the annual volume of MHIF expenses, of which 77.6% - medicines that were given to children aged 0 and 18 years, medicines,

being largely indicated in the treatment of acute viral respiratory infections, antitussives, antipyretics, antibiotics. Those medicines are fully reimbursed from the MHIF.

It is important to mention that out of the total spectrum of compensated medication for day patients (adults and children), the share of antibiotics is about 40% for 2019.

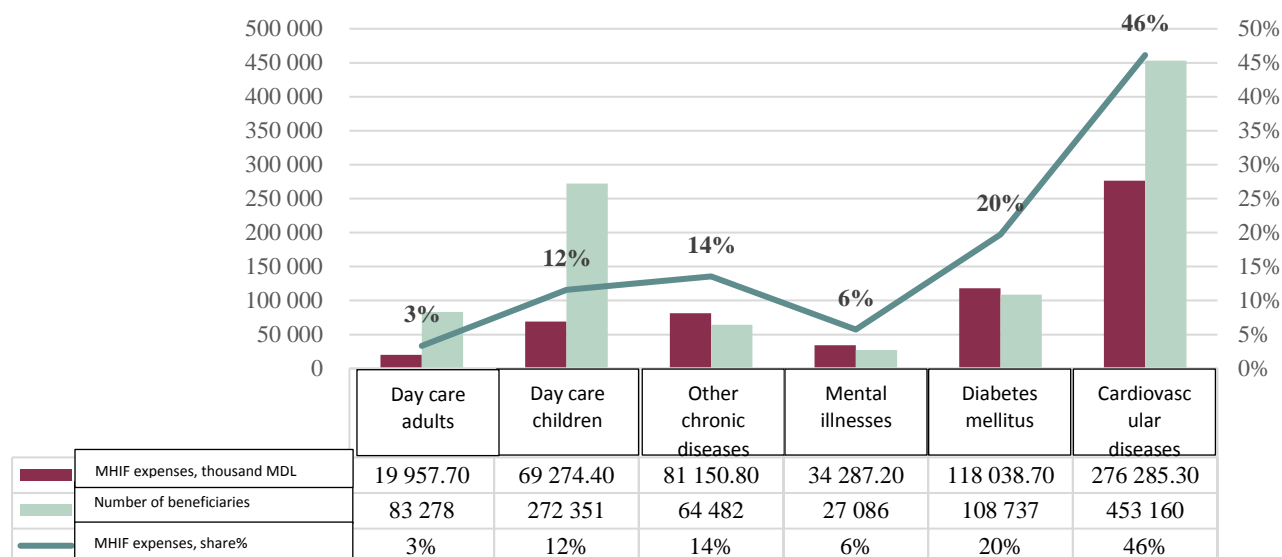


Figure 33. Structure of MHIF expenditures for compensated medication by disease groups, years 2018-2019

Source: Company Data

Expensive Medication

In addition to covering the costs of compensated medication under the PHC, the MHIF also covers the costs of medicines, medical devices and expensive consumables used in the process of providing appropriate healthcare under the HC and SOHC.

Thus, in 2019, the following medicines were financed from the MHI funds, within the „Hospital care“ Subprogramme:

- ✓ Chemotherapeutic / anti-neoplastic for the treatment of patients with oncological diseases in the amount of 26 905.2 thousand MDL;
- ✓ Surfactantum for the etiological treatment of respiratory distress in premature children in the amount of 3 644.9 thousand MDL;
- ✓ Alteplasm for the acute treatment of acute strokes (Stroke) in the amount of 1 077.9 thousand MDL.

Also, were also paid from the SOHC account chemotherapeutic / anti-neoplastic medicines for the treatment of patients with oncological diseases, in the amount of 6 549.7 thousand MDL.

Moreover, within the SOHC was financially covered the cost of medical devices, as follows:

- ✓ prostheses for head and neck, in the amount of 27. 2 thousand MDL;
- ✓ collecting bags for stoma or urostoma for stomatized patients, in the amount of 109.4 thousand MDL;

- ✓ medical devices for determining blood glucose in children, in the amount of 750.2 thousand MDL.

In addition, from MHIF were financed the acquisitions of medical devices for measuring blood glucose in adults in the amount of 23 256.9 thousand MDL.

Expensive Consumables

In 2019, from MHIF were financed expensive consumables paid in addition to the payment per „treated case“ within 6 special programs from the DRG system, in a total amount of 7 782.8 thousand MDL for 205 treated cases.

The largest share (52%) of the expenditures on the payment of expensive consumables belonged to the special program „Electrophysiological study and ablations“, in which were financed 153 cases, with the cost of additional consumables paid in the total amount of 4 015.9 thousand MDL. A detailed description is reflected in the following figure.

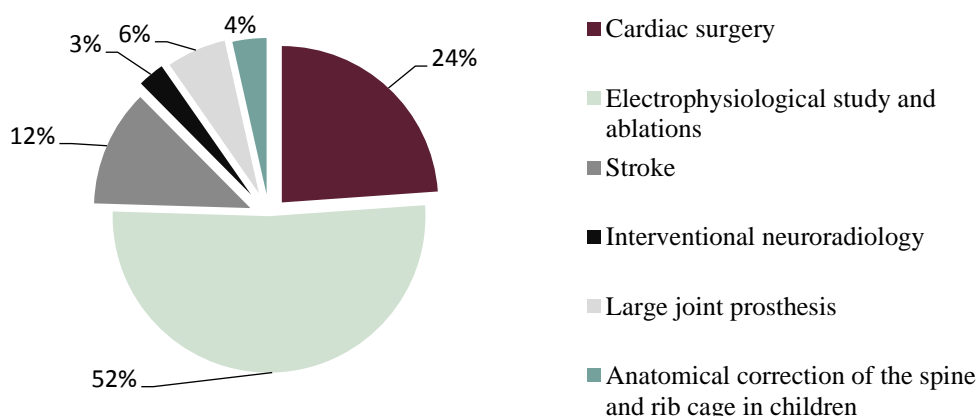


Figure 34. Distribution of expensive consumables per special programs

Source: Company Data

At the same time, starting with 2019, the expenses related to the financing of new special programs are covered, such as „Anatomical correction of the spine and rib cage (chest) in children“ and „Interventional neurosurgery“.

Thus, during the reporting year, were performed 5 cases on the special program „Interventional neurosurgery“, the cost of expensive consumables paid in addition to the payment per treated case amounting to 214.2 thousand MDL and 10 cases per special program „Anatomical correction of the spine and rib cage in children“, with the cost of expensive consumables paid in addition to the payment per case treated in the total amount of 274.1 thousand MDL.

Expenditures for the Remuneration of the Personnel from the Medical-Sanitary Institutions

The implementation of a motivational remuneration policy for personnel in medical-sanitary institutions, including young specialists and resident doctors allows their

appropriate stimulation based on skills, complexity of tasks, volume and quality of work performed, level of training and professional competence, and achievement of indicators of individual professional performance.

Expenditures for work remuneration in 2019⁸ amounted to 3 569 761.8 thousand MDL, exceeding the amount of 2018 by 427 268.8 thousand MDL or by 13.6%. In the structure, the most significant were the remuneration expenses related to the median medical personnel (20.5 thousand units of occupied positions) - 1 413 917.0 thousand MDL (39.6%), followed by the remuneration expenses for the doctors' category (10 thousand units of occupied positions) - 1 105 903.6 thousand MDL (31%), the most insignificant expenses belonging to the management personnel (805 units of occupied positions) - 141 757.4 thousand MDL (4.0%). Thus, in 2019 the average salary for an occupied position increased by 15.7% or from 5 062.9 MDL in 2018, to 5858.6 MDL in 2019, including for management personnel increased by 4.1 %, for doctors - by 21.9%, for median medical personnel - by 13.7%, for inferior medical personnel - by 15.3%, and for auxiliary staff - by 13.5%.

An important component in the structure of remuneration expenses is the supplement for achieving the indicators of individual professional performance at work, which is granted to the medical and auxiliary personnel within MSI in the form of additional payment, with incentive character, in the amount of 15% and more of the monthly salary function. During the reporting period, the share of the supplement for the achievement of individual professional performance indicators in the total official salary was 14.9%, which is practically at the level of the established ceiling of 15%, including for management personnel the share was 34.8 %, for doctors - 15%, for median medical personnel - 13.6%, for inferior medical personnel - 9.2% and for auxiliary personnel - 17.6%.

The evolution of remuneration expenditure in dynamics is set out below.

⁸ The information relates to MSI staff with the exception of resident doctors, whose remuneration expenses are analyzed in the next subchapter.

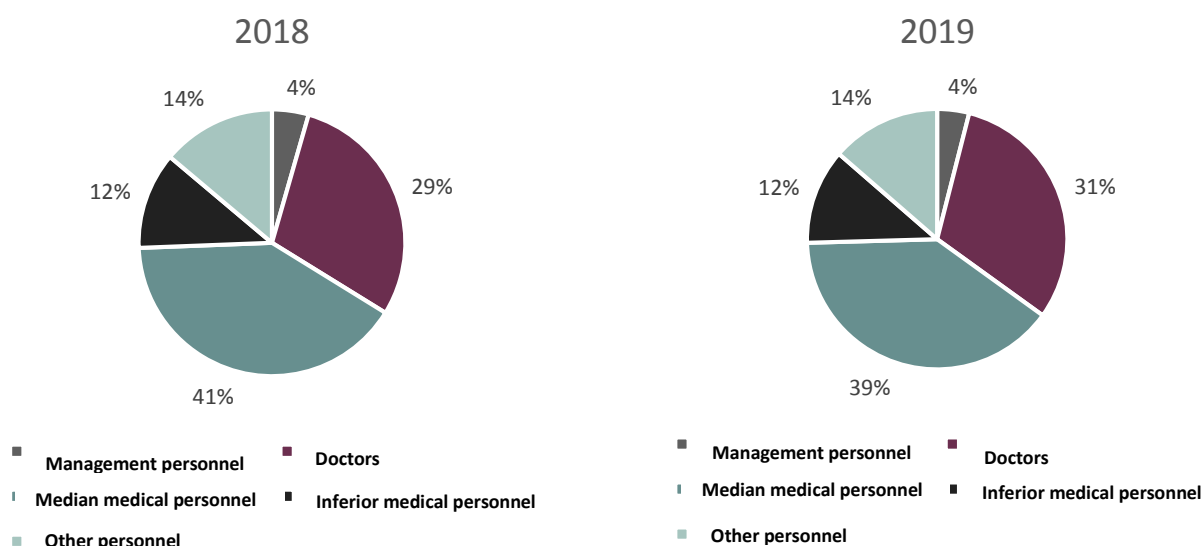


Figure 35. Structure of remuneration expenses, 2018-2019

Source: Company Data

Expenditures for work remuneration, in terms of type of medical-sanitary care, vary in the reporting year from 1 857 809.1 thousand MDL in HC (27 thousand units of positions held) to 34 931.5 thousand MDL in HHC (527 units of positions held), and the average salary for a position from 7 358.0 MDL in PHEC to 4 706.4 MDL in HPS. Compared to 2018, the most significant expenses for personnel remuneration in SOHC increased by 21%, followed by HHC - by 19.8%, EC (emergency care) - by 15.8%, HC - by 15.4%, PHC - by 7.3% and HPS - by 6.1%, the average salary increasing from 19.6% in SOHC to 2.2% in HPS. The structure of the average salary by categories of personnel is reflected in the following figure, and a detailed transposition by categories of employees can be found in the **Annex number 2**.

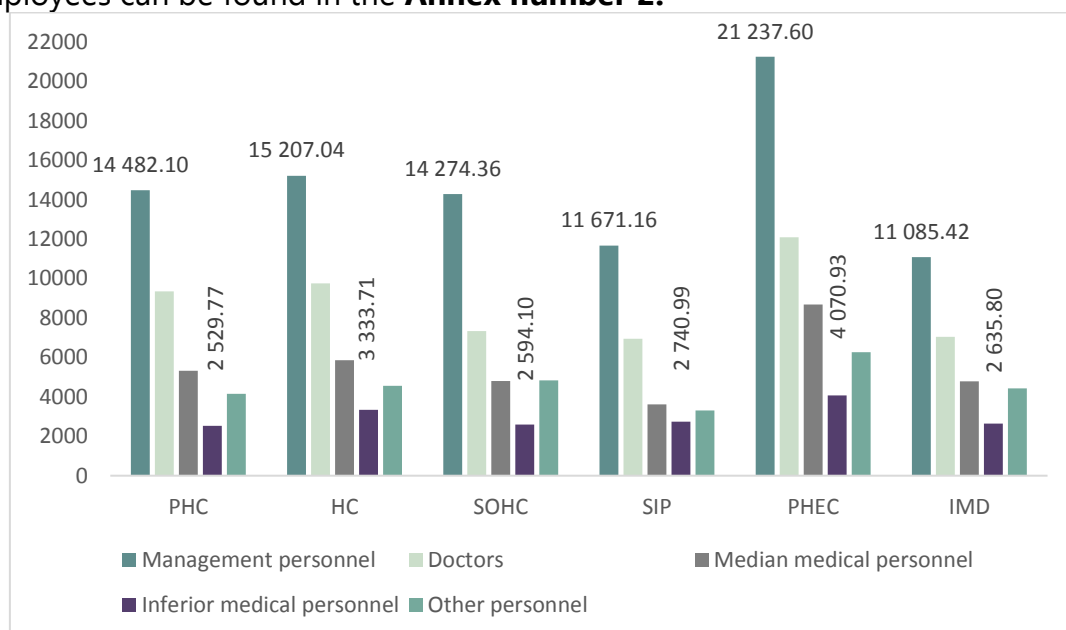


Figure 36. The structure of the average salary by categories of personnel by types of assistance, 2019

Source: Company Data

Remuneration expenses covered by MHIF, distributed by type of MSI, amount to 1 387 444.8 thousand MDL in district MSI (299 MSI), followed by Republican MSI expenses (25 MSI) - 1,318,429.1 thousand MDL, the smallest remuneration expenses being recorded in departmental MSI (7 MSI) - 31 315.0 thousand MDL. The average salary for an occupied position varies from 7 245.6 MDL in private MSI (1.4 thousand occupied positions) to 4 201.8 MDL in departmental MSI (621 occupied positions). Compared to the previous year, the most significant increase was registered with respect to the average salary of the personnel employed in departmental MSIs - by 39.6%, at the other extreme being found the average salary of employees within private and district MSIs with over 12.0%. The structure of the average salary by personnel categories by type of MSI is reflected in the following figure, and a detailed description is presented in **Annex number 3**.

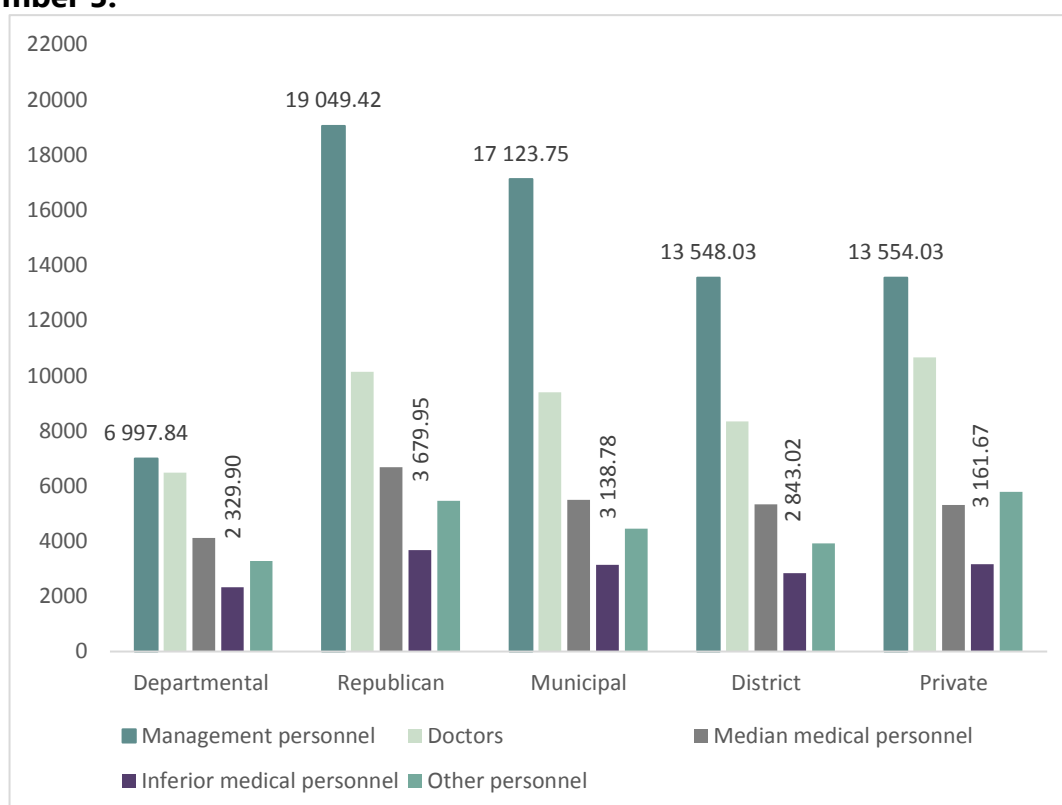


Figure 37. The structure of the average salary by personnel categories by type of MSI, 2019

Source: Company Data

Remuneration of Residents

In order to ensure a motivational climate for young health professionals in the field, whose role becomes indisputable in establishing the pillars of a sustainable development of the medical system, NHIC brings its direct contribution through the financing of residents.

In this context, during 2019, about 903 resident doctors were paid from the MHIF account, for which were distributed financial means amounting to 70 629 thousand MDL, according to the following table.

Table 15.
Remuneration of residents and their number, 2019

Support Type	Average annual number	Share, %	Amount allocated, MDL	Share, %
PHC	102	11.35%	7,250,411.27	10.25%
HC	771	85.4%	61,304,214.00	86.8%
SOHC	6	0.65%	380,967.54	0.55%
HPS	24	2.60%	1,693,634.22	2.4%
Total	903	100%	70,629,227.03	100%

Source: Company Data

Their distribution by types of health care reveals a predominant number of residents within HC, where no less than 771 specialists were employed, or 85.4% of the total, and for which were distributed resources amounting to 61,304 thousand MDL or approximately 87% share of the total allocated financial resources. At the opposite end is the number of residents working within SOHC, which represents less than 1% of the total, averaging 6 residents per year. A description of the structure by type of healthcare in which salaried residents are employed can be examined in the following figure.

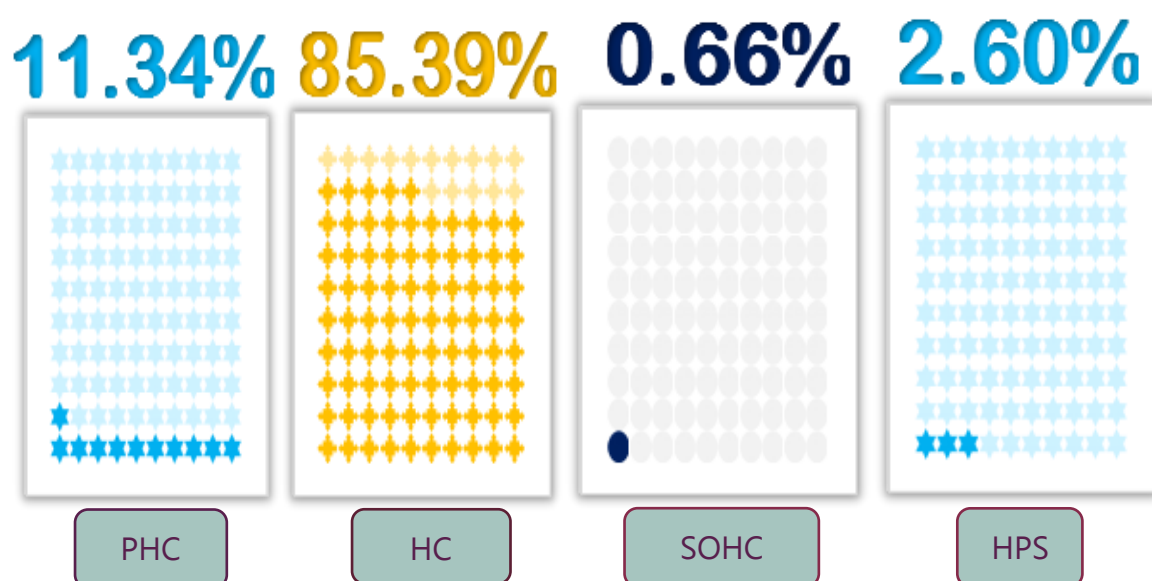


Figure 38. Structure of expenditure for remuneration of residents by type of assistance

Source: Company Data

EXPENDITURE FROM THE FUND OF PREVENTIVE MEASURES

The expenditures made from the funds of the prophylaxis measures meant for the prevention of disease risks, constituted in 2019 - 21 986.0 thousand MDL, the execution constituting 81.4% in relation to the annual provisions.

At the same time, they exceeded the value of the means capitalized in 2018 by 10 238.4 thousand MDL or by 87.2%. At the same time, the share of the expenditure of the prophylaxis measures fund in the total MHIF expenditures increased from 0.17% in 2018,

to 0.29% in 2019, and the annual expenditures per capita increased in the same period by 3.04 from 3.45 MDL in 2018, to 6.49 MDL in 2019.

Of the total expenditures executed in 2019, the major share - 61.7%, belongs to the expenditures for the implementation of measures to reduce the risks of becoming sick, including immunizations and other methods of primary and secondary prophylaxis, being purchased vaccines in the total amount of 13 570.9 thousand MDL. More than 103 thousand people benefited from vaccines purchased from the funds of the prophylaxis measures, including the influenza vaccine for professional contingents with an increased risk of illness - over 99 thousand people.

In the department of prophylactic examinations, in order to detect early diseases, were used financial means in the amount of 7 330.1 thousand MDL to carry out the national screening project „A doctor for you”, which included measures to detect the pre-cancerous processes of breast cancer and lung cancer, as well as providing dental services to children up to 18 years of age in rural settlements.

Thus, in the mammary glands screening projects were examined over 14 thousand women and over 34 thousand people from risk groups and with increased vigilance on tuberculosis and with the probability of developing lung cancer in 9 districts, being executed in this context, over 3 thousand digital radiographs.

Within the same project, were provided dental services for children from rural settlements, being examined over 8 thousand children, up to 18 years old, in 29 rural settlements in 6 districts.

In the compartment of financing events and activities aimed at promoting a healthy lifestyle, were executed expenses in the amount of 1.2 thousand MDL, being developed, edited and distributed informative materials related to the prevention of chemical poisoning, to be placed in pharmacies and public places.

At the same time, in order to continue the information, as well as to change the attitude towards one's own health, through health education measures, especially within the instructive-educational institutions, were distributed 99.0 thousand informational materials „Healthy Family Guide”.

Other activities of prophylaxis and prevention of disease risks aimed at the implementation of four projects for the prevention of HIV and sexually transmitted infections in the target groups amounting to 1 083.8 thousand MDL, of which benefited over 2 thousand people.

With reference to the non-execution of the means of the prophylaxis measures in full, it should be mentioned that it is conditioned by the fact that the public procurement procedure, related to the campaign to promote healthy living, according to the Law on Public Procurement, did not take place in the expected terms. At the same time, due to the lack of personnel (technicians-radiologists), digital radiological examinations were not performed in the expected volume during the lung screening.

It should be noted, however, that the evolution of fund expenditures for preventive measures over the last three years has shown a positive dynamic, increasing from year to year.

Table 16.

Share of Fund for preventive measures in MHIF expenditures

	2017	2018	2019
FMP	6,000.0	11,747.6	21,986.0
MHIF expenses (thousand MDL)	6,260,822.4	6,714,063.6	7,489,650.2
Share, %	0.10%	0.17%	0.29%

Source: Company Data

Given the importance of measures to reduce the risk of becoming sick, including immunizations and other methods of primary and secondary prophylaxis, early detection of disease, manifestations and activities to promote a healthy lifestyle, other prophylaxis and prevention activities, more chosen in the current conditions of increased risk of disease, the means of the fund of prophylactic measures are used for the adoption of healthy behaviors by the population by implementing effective and coordinated measures to promote health in different sectors at national and local level.

EXPENDITURE FROM THE FUND OF DEVELOPMENT AND MODERNIZATION

The financial means from the Fund for the development and modernization of public service providers (hereinafter referred to as - development fund), are intended to increase the quality of medical services, efficiency and effectiveness of institutions and were allocated on the basis of tenders for investment projects, submitted by public medical-sanitary institutions included in the MHI system.

The financing priorities from the Fund for the development and modernization of public service providers established by the Coordinating Council for the development and implementation of the mechanisms for planning the means from the development fund for 2019 were the following:

- strengthening hospital health care;
- strengthening primary health care;
- strengthening pre-hospital urgent health care;

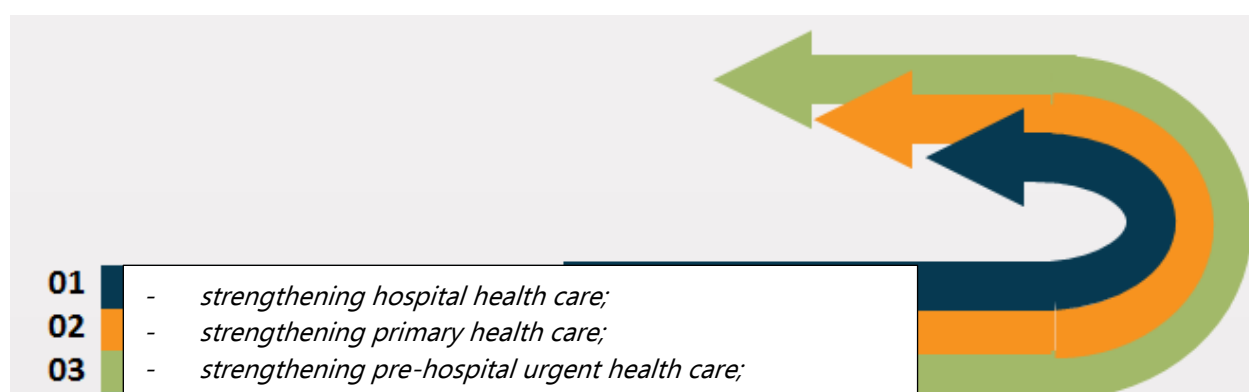


Figure 39. Financing priorities from the development and modernization fund

Source: Company Data

In accordance with the law on MHIF for 2019, number 301 of November 30, 2018, for the financing of investment projects from the development fund were approved financial means in the amount of 70 000.0 thousand MDL and executed in the amount of 55 300.3 thousand MDL, with 14 699.7 thousand MDL less than the approved amount, the execution of the development fund reaching a level of 79%. At the same time, in the reporting year, financial means related to the development fund were capitalized by 45.1% more compared to the means executed on the given fund in 2018.

The annual expenditures from the development fund per capita constituted in the reporting year 16.2 MDL, and exceeded by 5.0 MDL the respective indicator from the previous year.

According to the purposes of use, the means of the development fund were directed for the modernization of buildings and infrastructure (repair works of buildings) - 12 515.2 thousand MDL, for the purchase of fixed assets - 39 710.2 thousand MDL and for construction works - 3 074.9 thousand MDL. The share of development fund expenditures by areas of use is shown in the diagram below.

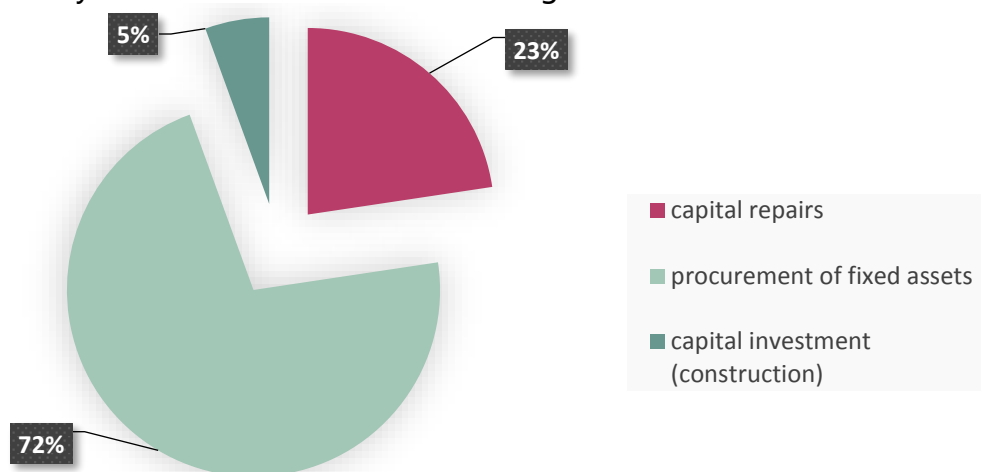


Figure 40. Structure of expenditures from the development fund

Source: *Company Data*

Most of the expenditures, amounting to 39 710.2 thousand MDL (72% of the total expenditures from the development fund) were directed for the procurement of fixed assets, of which: 27 527.5 thousand MDL were allocated to the National Center for Prehospital Emergency Care for its equipping with „Tetra“ telecommunications equipment; 2 411.4 thousand MDL for equipping the operating room of the Institute of Neurology and Neurosurgery „Diomid Gherman“ with ventilation system and 9 771.3 thousand MDL for equipping medical institutions with high-performance medical equipment and medical devices.

The incomplete capitalization of the planned development fund means was mainly determined by the delay of the public procurement procedures. Thus, because of this, in 2019, three medical institutions did not initiate the implementation of the projects, and four failed to make full use of the contracted financial means. Another cause of the

complete non-execution of financial means is the difference between the amounts of the financing contracts and the amounts of the procurement contracts.

Thus, in 2019, were financed 22 investment projects, of which:

- 7 projects - repair works (6 buildings repaired in rural areas (Straseni Health Center, Sireti Health Center, Chirianca Family doctor's office, Voinova Family doctor's office, Tataresti Family doctor's office, Straseni district; Zarnesti Health Center, Cahul district) and a building repaired in the urban environment (repair of the surgery rooms for hip and knee prostheses of the Republican Clinical Hospital „Timofei Mosneaga”));
- 3 projects - construction works in rural areas (completion of construction works initiated in previous years, of the buildings of the Mihailovca Family Doctors' Office, Cimislia district and Tantareni Health Center, Anenii Noi district and construction of the warehouse and archive at the Chiperceni Health Center, Orhei district);
- 10 projects - equipping PMSI with medical devices and high-performance medical equipment:
 - 1) Causeni DH „Ana and Alexandru” (endowment of laparoscope);
 - 2) Republican Clinical Hospital „Timofei Mosneaga” (endowment with automatic injector of radioactive substances, as a component part of the PET module of the SPECT / CT AnyScan installation);
 - 3) Nisporeni District Dental Center (endowment with high-performance medical diagnostic equipment);
 - 4) Glodeni DH (endowment with digestive video-endoscopy system);
 - 5) Nisporeni DH (endowment with modern medical equipment of a new surgery room);
 - 6) Calarasi DH (endowment with medical equipment of the Emergency Receipt Unit Emergency Reception Unit);
 - 7) State Polyclinic (endowment of the consultative-diagnostic section and the dental medical office with high-performance equipment);
 - 8) Institute of Mother and Child (endowment with mobile radiodiagnostic system with „C” arm);
 - 9) Zubresti HC, Straseni (endowment with laboratory equipment and physiotherapy cabinet);
 - 10) Tantareni HC, Anenii Noi (endowment of the FDO Todiresti with medical equipment).

The dynamic evolution of the expenditures from the development fund during the last 3 years registers a positive trend, increasing from year to year, which can be seen in the information presented in the following table.

Table 17.
Expenses from the development fund by years 2017-2019

Indicator name	2017		2018		2019		
	Executed	The ratio (in%) executed to the planned	Executed	The ratio (in%) executed to the planned	Planned	Executed	The ratio (in%) executed to the planned one

Expenses from the development fund (thousand MDL)	18 584,7	75,5	38 120,5	95,3	70 000,0	55 300,3	79,0
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Source: Company Data

The data presented in the table show a significant increase, about **3 times**, of the amount of development fund expenditures in 2019 compared to 2017. The trend of continuous increase in development fund allocations demonstrates the increased attention given to strengthening the capacities of medical-sanitary institutions, their endowment with modern and high-performance apparatus and equipment, in order to ensure the widest possible access of the population to quality medical services.

EXPENDITURE FROM THE RESERVE FUND

The financial means accumulated in the MHI reserve fund, the purpose of which is the implementation of the Subprogramme „Management of the MHI reserve fund“, are used in accordance with the provisions of the Regulation on the establishment and administration of MHIF, approved by the Government Decision number 594 of May 14, 2002, for which were provided in 2019 financial means amounting to 13 million MDL.

At the same time, the use of these means was not necessary, thanks to the fact that during the year there were not registered illnesses and urgent illnesses, the annual rate of which exceeded the average, and the volume of income accumulated in Basic fund was sufficient to cover the expenses related to the payment of current medical services.

EXPENDITURE FROM THE ADMINISTRATION FUND

According to the norm established by legislation⁹, for the expenses of the administration fund of the MHI system, is foreseen the distribution of up to 2.0% of the revenues collected in the unique account of the Company. At the same time, over several years, including the last five years, the share of these expenses did not exceed the level of 1.4% of accumulated revenues (the maximum level was reached in 2015).

⁹ Point 9 from the Decision of the Government of the Republic of Moldova number 594 of 14.05.2002

In the reporting year, the share of expenditures from the Administration fund of the MHI system constituted 1.03% of the amount of revenues collected in the MHI funds, decreasing by 0.10% compared to the level registered in 2018 (1.13%) and by 1.37% compared to the level recorded in 2015 (1.40%). The graphical illustration of the evolution of the share of expenses in the Administration fund over the last five years is presented in the following diagram.

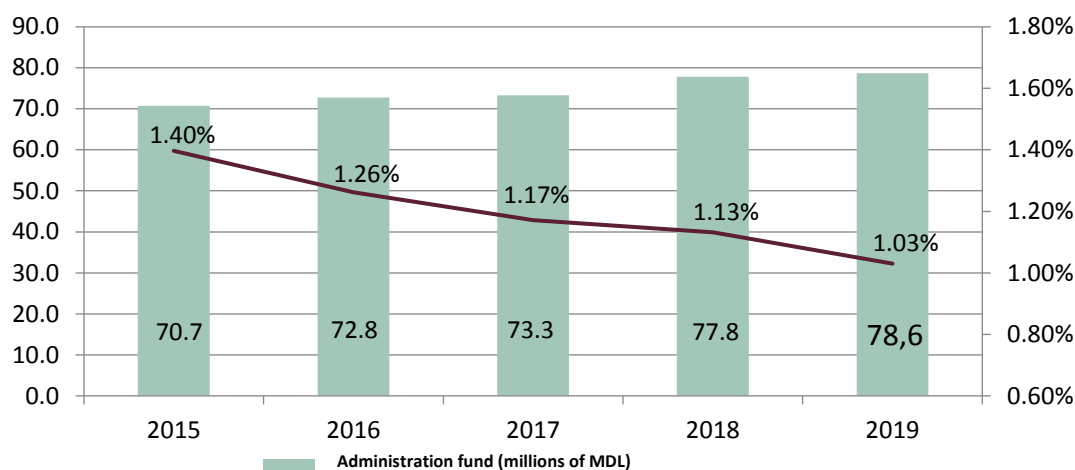


Figure 41. The evolution of the share of expenses from the Administration fund of the MHI system in the total revenues collected, the years 2015 – 2019

Source: Company Data

The expenses of the administration fund of the insurance system were executed in the amount of 78 655.0 thousand MDL, with 4 046.0 thousand MDL less than the annual provisions. The non-execution being influenced, mainly, by the non-fulfillment in the planned volume of the expenses for the purchase of goods and services amounting to 3,966.3 thousand MDL, caused by the intervention of exogenous factors. Compared to 2018, the expenses from the Administration fund, in absolute size, increased by 812.6 thousand MDL or by 1.0%. The detailed description of the execution of the management fund on the items of expenditure is presented in the table below.

Table 18.
Expenditure structure of the Administration fund years 2018 – 2019, thousand MDL

	Executed 2018	Specified plan 2019	Executed 2019	Executed compared to the specified 2019 (%)	Executed 2019 compared to 2018 (%)
	77 842,4	82 701,0	78 655,0	95,1	101,0
Expenses, inclusive:	76 011,3	81 333,4	77 325,6	95,1	101,7
Personnel expenditure	60 483,1	66 832,0	66 802,1	100,0	110,4
Goods and services	14 321,8	13 991,4	10 025,1	71,7	70,0
Social benefits	1 206,4	510,0	498,4	97,7	41,3
Other expenses	0,0	0,0	0,0	0,0	0,0
Non-financial assets	1 831,1	1 367,6	1 329,4	97,2	72,6

inclusive:

Fixed assets	756,5	500,0	464,7	92,9	61,4
Stocks of circulating assets	1 074,6	867,6	864,7	99,7	80,5

Source: Company Data

The major share in the total expenses of the administration fund of the MHI system belongs to the personnel expenses - 84.9%, followed by the expenses for the purchase of goods and services - 12.8%, for the purchase of the stocks of circulating assets - 1.1%, the expenses for payment of social benefits and for the purchase of fixed assets - 0.6% each.

The mentioned expenses for the purchase of goods and services include: expenses for carrying out the implementation of information campaigns on the population about the insurance system, for publishing services (printing of compensated prescription forms and information materials for communication campaigns on rights and obligations under the MHI system), overheads, expenses for maintenance and development of the information system.

For the purchase of non-financial assets, which constituted 1.7% of the Administration fund of MHIF, there were spent 1 329.4 thousand MDL, including for fixed assets - 464.7 thousand MDL and for current materials - 864.7 thousand MDL.

SYNTHESIS OF EXPENDITURE MANAGEMENT OF CONTRACTED MEDICAL INSTITUTIONS IN TERMS OF COST-EFFICIENCY CONFORMITY

No matter how generous the funding of the medical institutions in the MHIF is, it will not ensure the performance of their activity and will not stimulate the quality of the medical services provided, if the resources allocated by them will not be managed accordingly and efficiently. Thus, in order to prudently manage the available resources, MSI must take into account:

- ✓ covering, as a matter of priority and unconditionally, the expenses necessary for the payment of employees' salaries, including performance indicators, state social insurance contributions, compulsory insurance premiums;
- ✓ procurement of medicines and consumables necessary for the provision of emergency medical services;
- ✓ coverage of directing services, fuel, etc.

In 2019, compared to 2018, the total actual expenses of MSI increased by 9.5% or in absolute amount by 578 864.9 thousand MDL. Also, in 2019 compared to 2018:

- has increased the percentage share in the article of personnel expenses from the total actual expenses from 65% in 2018 to 66% in 2019, being covered the increase of employees' salary in the context of the implementation of the changes operated to GD (Government Decision) number 837/2016;
- in the article - feeding patients, the share of the total actual expenditure was maintained at the same level of 2%;

- was maintained at the same level the share of medicines and medical devices in the total actual expenditure - 12%;
- has reduced the percentage share from 21% in 2018 to 20% in 2019 in the article - other expenses, in the context of the re-derationing of financial means for the insurance of personnel expenses.

The comparative analysis of the economic-financial activity of MSI for the years 2018-2019 reflects an optimization of the budgets from the MHIF account and is presented in the following table:

Table 19.
MSI approved budgets, broken down by type of contracted healthcare, 2018-2019,
thousand MDL

Sources of funding by type of healthcare	2018	2019	% increase compared to 2018
Prehospital emergency care	655 737,1	641 677,6	- 14 059,5
Primary health care	1 477 539,3	1 619 508,5	+ 141 969,2
Specialized outpatient health care	500 098,4	759 257,5	+ 259 159,1
Hospital care	3 501 498,4	3 880 115,9	+ 378 617,5
High performance medical services	216 457,4	228 986,7	+ 12 529,3
Community and home health care	59 170,5	71 104,5	+ 11 934,0
TOTAL	6 410 501,1	7 200 650,7	+ 790 149,6

Source: Company Data

MSI budgets allocated to expenditure programs have shown an increasing trend. Thus, in 2019 the total contracted amount has increased compared to 2018 by about 12.3%. The differentiation of the increase in 2019 compared to the previous year is due to the significant increase of financial sources for some types of medical care (primary health care, specialized in outpatient, hospital, etc.).

The annual expenses were covered both from the contractual amount, from the cash balances from the beginning of the reporting period, from the interest on MSI cash balances on bank accounts and other resources.

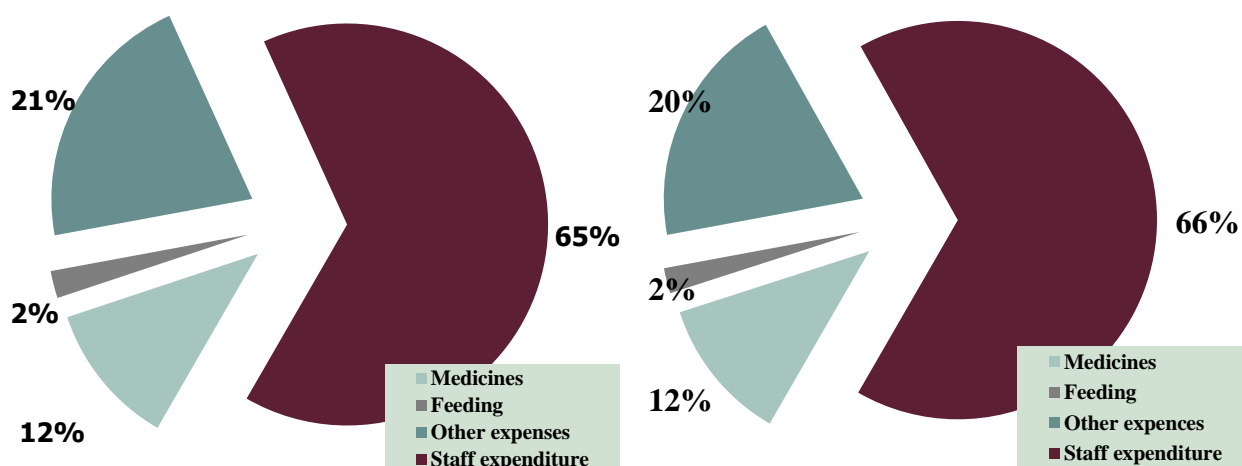


Figure 42. The share of actual expenditures of MSI, years 2018-2019 on the main expenditure items, (%)

Source: Company Data

As in previous years, most of MSI's expenditure was used to remunerate work and stimulate personnel, with other expenditure being proportionately targeted for feeding, medicine and maintenance. The share of personnel expenditures in total expenditure ranged from 33% in private MSI to 68.75% on average for public MSI.

The net higher share of personnel expenditures in public MSI is caused by the approval of personnel staffing without taking into account the complexity of the activity and the real needs of providing human resources to the institutions. The employment rate of the personnel was practically maintained at the level of 2018 and constituted about 90%. The structure of the MSI personnel by categories for 2019 is presented in the following figure.

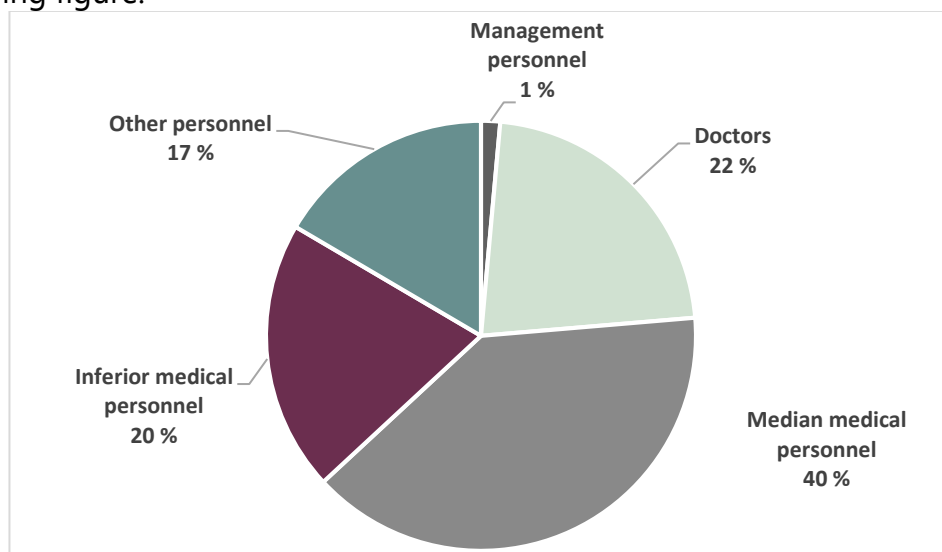


Figure 43. Structure of personnel categories within MSI, 2019

Source. Company Data

During the last years (2018-2019) the balances of money means remaining in the public MSI accounts were in a relative decrease, reaching by the end of 2019 the value of 327 179.3 thousand MDL, compared to 343 685.9 thousand MDL at the end of the year 2018.

ASSESSMENT AND MONITORING

In order to monitor the volume and quality of medical services provided and to manage the money means from the MHI funds, during 2019 were performed 211 assessments on 169 providers of medical and pharmaceutical services, including planned assessments, unannounced assessments, assessments on revalidation of cases in the DRG system, assessments in the context of the examination of petitions.

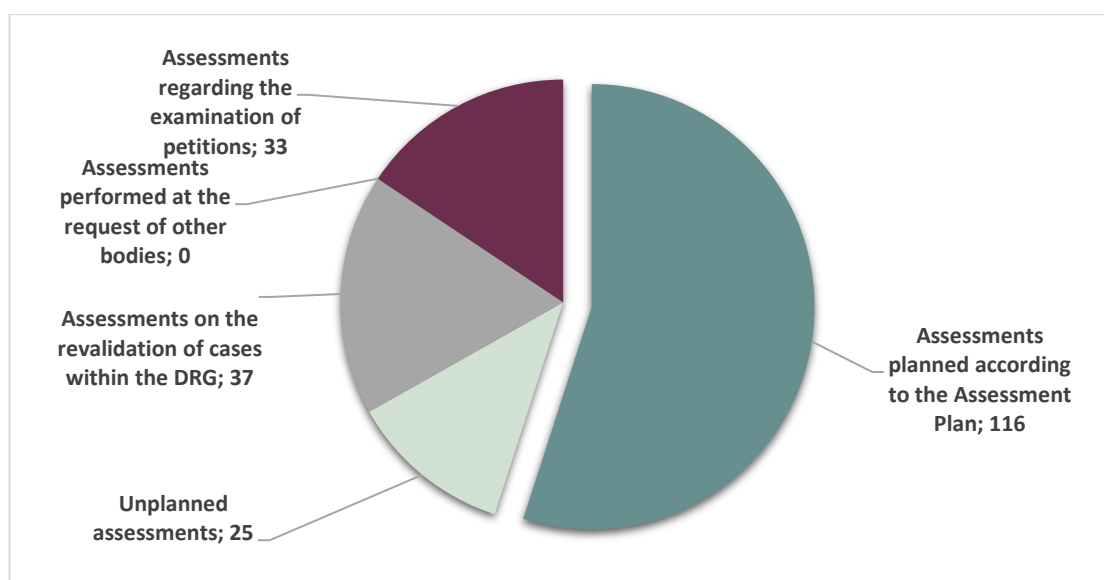


Figure 44. Structure of the assessments performed, 2019

Source: Company Data

As a result of the assessments, were found unjustifiably reported services and medical services provided below the required level of volume and quality, in a total amount of **16 381.1 thousand MDL**, which were invalidated and not financed, respectively. At the same time, was retained the amount of **1 720.1 thousand MDL** from the financing, following the incomplete capitalization of the means from MHIF, intended for mandatory paraclinical investigations at the PHC and SOHC level.

The dynamic analysis of the invalidated amounts shows their increase compared to the previous year by about 80%, the most considerable invalidated amounts being registered in HC, PHC and HPS, according to the following table.

Table 20.
The dynamics of the amounts of services not validated in 2019 compared to 2018, thousand MDL

Types of medical services	Amounts not validated in 2018		Amounts not validated in 2019	
	Amount (thousand MDL)	Share (%)	Amount (thousand MDL)	Share (%)
Primary health care	5169,05	56,9%	8216,1	50,15%
Specialized outpatient health care	765,05	8,4%	498,4	3,05%
Hospital care	2665,7	29,3%	6628,55	40,45%
Home health care	-	-	4,95	0,05%
High performance medical services	489,15	5,4%	1033,1	6,3%
TOTAL	9088,95	100%	16381,1	100%

Source: Company Data

Hospital care

As a result of the assessment of the hospital care providers who during 2019 were invalidated medical services in the amount of 6 628.5 thousand MDL. The most common invalidated cases were related to: hospitalizations scheduled for treatment by surgical intervention (invasive) without performing the intervention; treatment abandonment; unmotivated transfer for treatment to another MSI, unargued hospitalizations,

including repeated ones, of patients who could be treated in outpatient conditions, reporting errors, etc.

Also, as a result of the codification audit, were found cases of non-compliance by the hospital institutions with the Coding Standards, which generated the unfounded increase of the Case-Mix Index (CMI), respectively of the allocated financial resources. The revision of the CMI for the audited cases in the sense of decreasing it by about 25.4% generated a positive financial impact in the amount of 6 311.1 thousand MDL.

Primary health care

The predominant part of the amounts for services not validated in PHC is the supplements for performance indicators (97.0%), which were not made in accordance with the requirements of the normative acts in force, were reported for NHIC payment. At the same time, there were found cases in which the process of prescribing reimbursed medicines was performed with derogations from the normative acts in force.

Also, some health care providers, in non-compliance with the requirements for hospitalization, issued referral sheets for scheduled hospitalization to patients, who could be treated in outpatient conditions, for which they were penalized.

Assessment of High-performance service providers

Following the assessment of HPS providers, were invalidated services amounting to 1033.1 thousand MDL. The irregularities found, which were the basis for the invalidation of the high-performance services, were the unjustified reporting for payment to NHIC of HPS, or the unjustified presentation of expensive investigations, which were not actually carried out, or were carried out in another volume.

Assessment of Pharmaceutical Institutions

As a result of the assessment of the pharmaceutical institutions, were found unargumented financial resources in the amount of 55.0 thousand MDL for which were submitted refund requirements in MHIF, with the application of fines in the amount of 6.9 thousand MDL.

The main irregularities found in the process of release of compensated medicines were: the release of medicine with a derogation from the doctor's prescriptions, being increased or decreased the quantities of medicines released, compared to the prescribed quantity; replacement of the prescribed medicine with another medicine; lack of signature of the patient to whom the medicine was issued; release of medicine to the patient based on incorrectly prescribed prescriptions.

As part of the assessments on the legality and efficiency of MSI's use of MHIF financial means, carried out during the reported period, were established financial violations regarding the use of financial means from MHIF for purposes other than those provided in the Unique Program and the bilateral contract concluded with NHIC, as well as the use of MHIF means with derogation from the normative acts in force. The

amount of means with violations found during the reported period amounted to 4 470.4 thousand MDL, being calculated penalties in the total amount of 1 158.6 thousand MDL.

At the same time, was found the inefficient use of MHIF means, following the unjustified and irregular prescription of compensated medicines, including in the absence of priority diseases included in the treatment schemes for episodic treatment with medication, performed in the procedure room and at home, with compensated medication, such as and the unjustified issuance of referral sheets for scheduled hospitalizations or high performance medical services from mandatory health insurance funds in the total amount of 530.2 thousand MDL.

During the reporting period, were transferred financial means in the total amount of 4 561.4 thousand MDL to the unique account of NHIC, including means with violations in the amount of 4 185.5 thousand MDL and penalties in the amount of 375.9 thousand MDL.

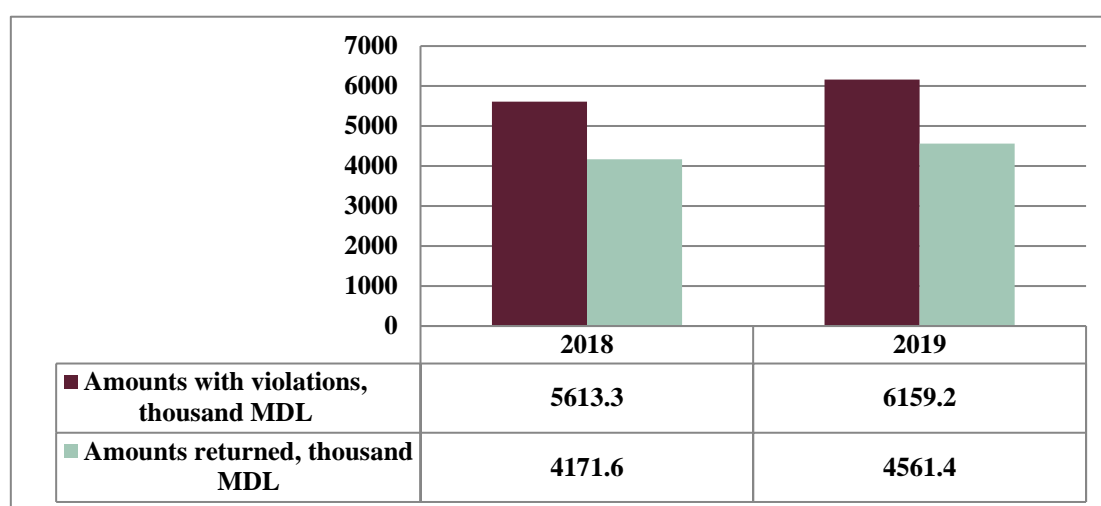


Figure 45. Decommissioned and returned financial means, 2018-2019, thousand MDL

Source: Company Data

As a result of the assessment of the volume and quality of medical services provided in the contracted medical institutions, it was established that some deficiencies in the process of providing medical care persist from year to year, namely:

- insufficient familiarization of the medical personnel with the normative acts in force related to the activity within the MHI system;
- limiting the access to the medical services included in the Unique program by not concluding or not executing the contracts with other MSIs in case of lack of own services or imposing the performance of these services against payment.
- provision of medical services below the required level of volume and quality.
- non-compliance with NCP provisions and medical standards in diagnostic and treatment schemes.
- use of MHIF means, contrary to the approved destinations in the estimates of income and expenditure, and for other purposes, not related to the implementation of the Unique Program.

Assessments in the Context of the Examination of Petitions

In 2019, were performed assessments based on 41 petitions received from the beneficiaries of the MHI system, mainly regarding limited access to medical services and their inadequate quality, insufficient insurance with compensated medication, medical deontology.

The issues raised in the petitions were examined with the displacement to the medical-sanitary institutions and with the direct involvement of the decision-makers. In most cases, were confirmed the facts alleged in the petitions.

As a result of the assessment carried out, were issued Claims regarding the results of the assessments, according to which, legal requirements were submitted to the decision-makers to remove the violations found.

Table 21.
Structure of petitions by type of health care, %

Year	2018	2019
Prehospital emergency care (PHEC)	2,7%	2,2%
Primary health care (PHC)	20,3%	55,3%
Specialized outpatient health care (SOHC)	15,2%	7,9%
Hospital care (HC)	61,8%	34,6%

Source: Company Data

FINANCIAL STATEMENTS

National Health Insurance Company prepares its financial statements in accordance with the provisions of the Law on Accounting and Financial Reporting number 287 of 15.12.2017, National Accounting Standards approved by the Order of the Ministry of Finance number 118 of 06.03.2013, General Plan of Accounts approved by the Order of the Ministry of Finance number 119 of 06.08.2013, Accounting policies, requirements established by the Ministry of Finance and other normative acts in force, **Annex number 4**.

The accounting elements are recorded under the accrual basis of accounting according to the double entry accounting system with the presentation of the complete financial statements. NHIC, as the sole administrator of the mandatory health insurance funds, records the operations regarding the revenues and expenses related to the execution of the MHIF, as well as establishes the results of the budget execution.

Fixed Assets

Tangible and intangible assets are recognized at original cost. The useful life is established for each inventory item in accordance with the Catalog of tangible assets and intangible assets, approved by the Government Decision of the Republic of Moldova number 338 of 21.03.2003. Tangible assets are items with a value of more than

6 000 MDL, held for administrative use and is expected to be used for several years. Depreciation of tangible and intangible assets is calculated using the straight-line method. In 2019, in accordance with the normative provisions, were calculated and reflected means related to fixed assets in the amount of 51 314.0 thousand MDL.

Current Assets

Initially recognized stocks are assessed at the original cost that includes the purchase value and the costs directly attributed to the entry. All incoming stocks are received and recorded at the warehouse. Inventory accounting is kept in quantitative and value terms. Outgoing stocks are valued using the weighted average cost method after each outflow, with the exception of standardized forms for prescribing medicines (prescription forms), which are issued to medical-sanitary institutions and are valued using the FIFO method.

The items of small value and short duration include goods with a unit value of less than 6 000 MDL, regardless of the length of service and are reflected in the accounting records at their entry value. The items of small value and short duration, whose unit value does not exceed 1/6 of the established ceiling are settled directly to current expenses at the time of putting into operation. Quantitative evidence is maintained until the time of write-off. Depreciation of small and short-lived items the unit value of which exceeds 1/6 of the established ceiling shall be calculated at a rate of 50% at the time of their entry into service and 50% at the time of their release from service.

Spare parts and maintenance equipment, with a value of less than 15% of the value of the asset, are recorded in inventories and recognized in current expenses as they are used.

Receivables are recognized on the basis of accrual accounting, so as at 31.12.2019 were recorded receivables in the amount of 79 840.4 thousand MDL, of which:

- 2 414.5 thousand MDL represents the advances payments granted from the Basic fund to the contracted medical service providers;
- 138.0 thousand MDL are the advance payments granted from the fund for preventive measures, for the implementation of projects for the prevention of disease risks and the promotion of a healthy lifestyle;
- 150.4 thousand MDL are the advance payments from the Administration fund for the provision of services;
- 23.7 thousand MDL represent the receivables of the personnel;
- 4.4 thousand MDL represent the receivables from the budget;
- 68 736.6 thousand MDL represent the taxpayers' arrears regarding the MHI premiums in percentage share registered on 31.12.2019;
- 8 372.8 thousand MDL represent the receivables regarding the calculated interest to be collected.

At the same time, according to the legal framework¹⁰, the record and control of the correctness of the calculation and timely transfer to the NHIC account of the MHI

¹⁰ Article 17 of the Law number 1593-XV of 26.12.2002 on the size, manner and terms of payment of mandatory health insurance premiums.

premiums as a percentage contribution to salary and other remuneration, as well as the collection of penalties and sanctions is carried out by the State Tax Service, in accordance with the assigned rights. In this context, NHIC reflected the revenues calculated related to the contributions from the MHI premiums as a percentage based on the data presented by the State Tax Service on receipts and arrears recorded on 31.12.2019.

The incomes related to the MHI premiums in fixed amount were calculated in the amount of 249 828.1 thousand MDL, in correspondence with the number of persons who paid the MHI premiums in fixed amount – 60 340 persons. Also, in the accounting records was reflected the amount of the discounts granted to these persons upon payment of the MHI premium within the term provided by the legislation, which is 128 119.3 thousand MDL.

The accumulation of money means in the MHI funds is made in a unique account opened at the Ministry of Finance - State Treasury. Subsequently, the accumulated funds are distributed in accordance with the provisions of the Regulation on the establishment and administration of the funds of the MHI (Government Decision number 594 of 14.05.2002) and in accordance with the ceilings established in the Law on mandatory health insurance funds for 2019.

The cash balance as of 31.12.2019 constitutes 549 696.5 thousand MDL of which:

- 489 510,3 thousand MDL - Basic fund;
- 6 266,4 thousand MDL - Fund for preventive measures;
- 32 299,1 thousand MDL – Reserve fund;
- 5 041,5 thousand MDL - Administration fund;
- 16 579,2 thousand MDL – Development fund.

The amount of 331 563.8 thousand MDL reflected in other current assets includes the financial means transferred in the amount of 331 421.3 thousand MDL in the special accounts (Escrow) opened at the Ministry of Finance - State Treasury for the services provided in 2019 according to the provisions recognized and other current assets in the amount of 142.5 thousand MDL.

Deferred Income and Current Liabilities

The revenues represent the increase of equity registered during the reporting period, in the form of asset inflows or increase in their value or decrease in debts. NHIC revenues consist of:

- mandatory health insurance premiums in the form of a percentage contribution to salary and other remuneration, paid by each category of payers;
- mandatory health insurance premiums in a fixed amount, paid by individuals residing or domiciled in the Republic of Moldova;
- current transfers received with special destination between the state budget and mandatory health insurance funds (including transfers from the state budget for the implementation of the project „Moldova health transformation”, transfers from the state budget for the implementation of national health care programs for patient

insurance with preparations for the treatment of diabetes, transfers from the state budget to compensate for lost income);

- current transfers received for general purpose between the state budget and mandatory health insurance funds (including transfers to insure the categories of unemployed persons provided in the legal framework¹¹);
- other incomes collected in the form of interest, fines, penalties;

Expenditures are decreases in equity recorded during the reporting period in the form of outflows or reductions in the value of assets or increases in liabilities. Thus, NHIC expenses¹² consist of:

- expenses necessary for the implementation of the Unique mandatory health insurance program, which includes: expenses for the provision of prehospital emergency care services, primary health care, specialized outpatient health care, hospital care and other health care services (*Basic fund*);
- additional incurred expenses related to urgent illnesses and diseases, the annual rate of which exceeds the average taken on the basis of the calculation of the Unique Program for that year, as well as the compensation of the difference between the actual expenses related to the payment of current medical services and contributions accrued to the Basic fund. (*Reserve fund*);
- expenses mainly related to the implementation of measures to reduce the risk of becoming sick, including immunizations and other methods of primary and secondary prophylaxis, conducting prophylactic examinations (screening) in order to detect early diseases, financing events and activities aimed at promoting a healthy lifestyle, the purchase, based on the Government decision, of medical devices, equipment, medicines and consumables for the implementation of measures to reduce the risk of illness and treatment in case of public health emergencies (*Prophylaxis fund*);
- expenses related to the purchase of high-performance medical equipment and means of transport, implementation of new heating technologies, medical waste processing and water supply, modernization and optimization of buildings and infrastructure (*Fund for the development and modernization of public health service providers*);
- expenses related to the administration of the mandatory health insurance system, namely the remuneration of NHIC employed personnel and territorial agencies, coverage of displacement expenses; maintenance of the information system and organizational infrastructure, performing the quality control of the medical services and of the respective expertise, household and office expenses, etc. (*Administration fund of the mandatory health insurance system*).

Current deferred income in the accounting records are recognized separately according to destination: general or special. General deferred current income consists of: the MHI premiums as a percentage and as a fixed amount; the MHI premiums paid

¹¹ Article 4, paragraph (4) of the Law number 1585-XIII of 27.02.1998 on Mandatory health insurance

¹² Annex number 1.2 of the Law on Mandatory Health Insurance Funds

from the state budget for the persons insured by the Government and the persons from the left bank of the Dniester River; other general-purpose receipts.

In the reporting year, were reflected special purpose subsidies consisting of:

- Transfers from the state budget for national programs (antidiabetic preparations) in the amount of 72 278.3 thousand MDL;
- Transfers from the state budget for the implementation of the Moldova Health Transformation Project in the amount of 22 104.9 thousand MDL.

In 2019, according to the regulatory reporting framework, in the accounting records were reflected deferred income from the depreciation of fixed assets in the amount of 2 443.4 thousand MDL, deferred income related to the balance of material inventories in the amount of 3 807.4 thousand MDL, tire inventories in the amount of 101.9 thousand MDL and stocks of OMVSD in the amount of 944.2 thousand MDL. At the same time, in the accounting records were reflected the deferred income related to advances in the amount of 2 658.7 thousand MDL and related interest rates – 8 372.8 thousand MDL.

Short-term liabilities are recorded in the accounts at the amounts to be paid, including VAT, so as at 31.12.2019 the total amount of current liabilities is 315 566.6 thousand MDL, of which:

- 248 693.2 thousand MDL is the debt to contracted health care providers registered with the Basic fund, paid in January 2020;
- 56 898.3 thousand MDL represent the debt to the contracted pharmaceutical institutions registered at the Basic fund being paid in January 2020;
- 9 544.0 thousand MDL debt to the public contracted medical-sanitary institutions registered with the development fund being paid during 2020;
- 165.8 thousand MDL are the current debts related to the implementation of projects on the prevention of disease risks and promotion of healthy living registered with the prophylaxis fund;
- 265.3 thousand MDL represent the current debts related to the provision of services by the economic agents registered with the Administration fund, including 21.5 thousand MDL constitute the debts regarding the social and medical insurances that were paid in January 2020.

Provisions

The total amount of provisions as at 31.12.2019 amounted to 8 039.4 thousand MDL, and consists of:

- 2 453.9 thousand MDL based on the commitments assumed by concluding the financing contract number 04-21/09 of 14.03.2019 related to the project „Equipping the emergency prehospital care service with telecommunications equipment”;
- 3 289.1 thousand MDL for medical devices intended to achieve the provisions of the National Program for the prevention and control of diabetes for the years 2017-2021 and the Action Plan on its implementation, approved by Government Decision number 1030 of 30.11.2017 financially covered by specialized outpatient health care from the basic fund;

- 2 296.4 thousand MDL to the Administration fund, of which 1 520.8 thousand MDL for the compensation of unused leaves as of 31.12.2019, the amount of 767.6 thousand MDL for the services provided by economic agents in 2019 and the amount of 8.0 thousand MDL according to the court decisions.

RISK MANAGEMENT

Risk management involves the identification and assessment of risks, the identification and establishment of the risk response in order to reduce the possibility of risks, as well as the reduction of the consequences produced as a result of the materialization of risks.

Achieving coherent risk management involves:

- prior analysis of all risk exposures,
- identification of risk sources, being fundamental and decisive in the correct assessment of NHIC risks;
- identification of risks, which may affect the effectiveness and efficiency of activities related to specific objectives, without ignoring the rules and regulations;
- confidence in financial information and management;
- fraud prevention and detection;
- defining the tolerance level / acceptable level of risk exposure;
- assessing the probability that the risk will materialize, determining the impact and exposure to risk;
- establishing the risk response time.

Risk management is an important tool by which is implemented an efficient and effective internal management control system at the level of the public entity. The risk management process requires the involvement of all factors, both those with management positions and those with executive responsibilities within the NHIC. A large part of the identified risks is caused by the lack of non-compliance with the procedures, and the circumstances that favor their occurrence are the result of a faulty control of the activities. An effective risk management requires that the entire risk management process shall be a permanent one and ensures the link of the public entity to the process of change and adaptation.

The risk management process within the NHIC aims to create an appropriate framework for effective risk management. Approaching a proactive management style and an efficient and effective organizational framework leads to achieving the objectives set in the process of contracting and executing the contracts concluded with health care providers and avoiding the risks to which the NHIC activity is exposed, such as:

- insufficient documentation of activities in the process leads to the impossibility of efficiently organizing operational activities which prevents the achievement of the objectives set;
- financial reporting differs from medical reporting for some health services and there is no well-defined correlation between indicators;
- provision of medical services by the medical-sanitary institutions contracted

- above the contracted level;
- execution and reporting of MICs, which on some special programs exceed the contracted value, especially in the IVth quarter of the year;
- contracting medical institutions that exceed the value of the actual complexity index executed;
- prescribing and issuing compensated medicines with the admission of errors and creating the premises for embezzlement of MHI funds.

The actions to be taken in order to reduce the risks need to be focused on the:

- identification and permanent assessment of the risks within the contracting process and execution of the contractual provisions related to the medical services;
- performing the systematic analysis regarding the dynamics of the indicators underlying the contracting and execution of medical services;
- monitoring the level of execution of contracts concluded with medical service providers in order to identify the risks in the process of contracting and execution of contractual provisions concluded with medical service providers;
- ensuring communication with medical service providers, etc.

The continued application of risk prevention measures will provide reasonable assurance that public funds allocated to achieve the strategic and operational objectives of the NHIC will be used in a manner of transparency, economicity, efficiency, effectiveness, legality, ethics and integrity.

DEVELOPMENT PROSPECTS

Health begins with prenatal care, immunization, proper nutrition, sports, mental illness prevention, employment, financial independence, support in the fight against bad habits.

Everyone has the right to quality health care, and in order to build a sustainable health care system, people should become more responsible for their own health. This can be achieved through the use of new digital technologies, access to a wider range of services in primary and outpatient healthcare, and public access to information. All this having a considerable impact on reducing the disease rate of the population.

Prevention, also known as preventive medicine or prophylaxis, consists of measures taken to prevent diseases in contrast to their treatment. When we talk about prevention, it is understood that the more attentive the population is to personal health, the more likely it is to lead a longer and healthier life.

According to the World Health Organization, 80% of chronic diseases can be prevented, the main factors of illness being an unbalanced diet, physical inactivity and smoking. This is why changing your lifestyle can significantly improve your health and longevity.

The last few years have undoubtedly been marked by significant challenges facing health systems both nationally and internationally.

However, and despite the challenging context, the Republic of Moldova has taken significant measures to improve the health system. Although has been made some progress, it has not been enough to reduce the discrepancies between the results of Western European countries and the Republic of Moldova.

One of the most important constraints facing the national medical system is the provision of sufficient financial resources. As the population ages and the demand for medical services increases, the financial sustainability of the system is jeopardized. Statistical data from recent years indicate an increase in the morbidity rate, simultaneously with the decrease of the total number of the population. In addition, demographic results also signal an increase in the number of people insured by the state, such as retired persons. Without the application of reform measures on the financing mechanism, given the recent economic trends, the MHI system risks running a considerable deficit.

Also, in order to increase the quality of medical services, it is necessary the reform of the hospital network. This would mean the regionalization of hospital services with optimal location of all types of hospitals (central, regional, local) on the criteria of the capacity to meet the objectives of these institutions. This would ensure a high and uniform standard of hospital services throughout the country, in particular for the treatment of acute conditions and critical situations (strokes, complications of ischemic disease, trauma and associated trauma).

The regional labor market for medical workers has become increasingly accessible to medical personnel in the Republic of Moldova. Thus, the domestic medical system is facing an unprecedented shortage of human resources. This phenomenon has affected, in particular, the primary health segment which, which affects the principle of ensuring access to essential medical services.

Ensuring adequate human resources is needed to meet the demand, especially in rural areas, which is currently a challenge of alert and with an effective impact on all links in the system. Overall rating, the foundations of the country's health system are secure, but further strengthening is important, as meeting health challenges will require enormous human capital.

The beginning of some changes is always difficult, but if we follow a bold, ambitious long-term plan then the results will be exactly what citizens expect and we will be able to ensure a healthier, happier future for all of us.

ANNEXES

Annex number 1 Achieving Subprogramme Performance

Subprogramme 80 02 „Administration of mandatory health insurance funds”

Purpose	Mandatory health insurance funds are effectively managed to guarantee the access of the insured population to the health services provided by the Unique health insurance program.
Objectives	<ul style="list-style-type: none"> • Increasing the level of satisfaction of the beneficiaries of the MHI system of NHIC services by 1% in 2020 compared to 2017. • Increasing the coverage degree with MHI by 2% in 2020 compared to 2017.
Achieving performance indicators	<p>Of result:</p> <ul style="list-style-type: none"> • Degree of coverage with MHI in 2019 constituted 87.8%, being 1.8% higher compared to the planned level (86%). • Considering that the appreciation of the level of satisfaction of the beneficiaries of the MHI system by NHIC services is not performed annually, the respective indicator of 88.1%, assessed in the study „Degree of satisfaction of beneficiaries of MHI system in Moldova”, conducted in 2018 by the Independent Service of Sociology and Information „Opinion”, with the financial support of the World Health Organization, has the same reflection for appreciating the level of satisfaction of beneficiaries of the MHI system, including in 2019 (planned level 88%). • The share of the budget executed by NHIC in relation to the annual provisions constituted 95.1%, compared to 99% planned or 3.9 percentage points less. <p>Of output:</p> <ul style="list-style-type: none"> • During 2019, were concluded contracts with 453 medical service providers, with 18 more in relation to the planned indicator (435 providers). • During the reporting period, were organized 3 information campaigns, 2 more than the planned number. This was possible thanks to the advantageous price offer for the production of videos and spots, intended for the information campaign, as well as the fact that the media coverage and dissemination of spots was carried out free of charge. • The number of assessments performed at MSI is 211, of which unplanned - 27 (examination of petitions, re-assessment of DRG cases, others), which is 31 more than the planned number (180 assessments). <p>Of efficiency:</p> <ul style="list-style-type: none"> • The average expenses of MHIF per capita, registered with the family doctor constituted 2 211.7 MDL, by 11.3 MDL less than planned (2

	<p>223.0 MDL), but, at the same time, by 228.2 MDL more compared to the previous year (1 983.5 MDL). The non-execution established at the level for the given indicator is explained by the non-execution in full volume of the expenses from the Administration fund of the MHI system with which it is correlated.</p> <ul style="list-style-type: none"> • The average cost of an information campaign carried out in 2019 was 192.0 thousand MDL (estimated average cost planned for 2019 - 650.0 thousand MDL). The low average cost of an information campaign compared to the one foreseen is due to the efficient capitalization of the allocated financial resources, which allowed the realization of 2 additional information campaigns at the expense of the available means, instead of the initially planned number.
Conclusion	<p>The degree of achievement of the objectives is satisfactory, the trends maintaining a positive and long-lasting aspect. At the same time, there have been identified reserves, which are to be capitalized and implemented within the execution of the measures established in the Government Action Plan for the years 2020-2023.</p>

Subprogramme 80 05 „Primary health care“

Purpose	Access to quality primary medical services for all citizens.
Objectives	Ensuring access to quality medical services for all citizens within PHC.
Achieving performance indicators	<p>Of result:</p> <ol style="list-style-type: none"> 1. The share of the contracted amount based on the performance indicators from the total contracted amount was 11.9%, or a decrease of 3.1% compared to the planned level (15%). For the initial contracting for 2019 were used the „per capita“ tariffs, approved for 2018, which led to the non-full contracting of the intended amount. Also, for the settlement of the performance indicators in PHC was used the value of the point from 2018, which conditioned the non-execution of the initially established amount. Following the monitoring of the execution of the contractual volumes during 9 months 2019, it was found that the performance indicators were not executed, which required the re-contracting procedure of medical institutions, with the increase of the „per capita“ tariff and the decrease of the value of the performance indicators. 2. The share of family doctors on the lists of whom are registered up to 2 000 people was 74.6%, 6.4% less than approved (81%). This decrease is explained by the insufficiency in the territory of family doctors, in relation to the established norms. 3. The share of prophylactic visits to the family doctor was 35.1%, 1.3% more compared to 33.8% planned. <p>Of output:</p> <ol style="list-style-type: none"> 1. The total number of visits to the family doctor during the

	<p>reporting period was 10 368 522 or 96.0% of the planned number of visits (10 800 000).</p> <p>2. The number of prophylactic visits to the family doctor in 2019 was 3 635 957, which represents 99.6% of the planned number (3 650 000).</p> <p>3. The number of family doctors on the lists of whom are recorded up to 2 000 people amounted to 1 365 in the reporting period, which is 185 or 11.9% less than planned (1 550), fact caused by the insufficiency in the territory of the family doctors in relation to the established norms.</p> <p>Of efficiency:</p> <p>1. The expenses of MHI funds for PHC (without compensated medication) per capita registered with the family doctor, amounted to 447.7 MDL, compared to 448 planned.</p> <p>2. The average cost of a visit (without compensated medication) was 146.2 MDL, which is 6.2 MDL more than planned (140 MDL).</p>
Conclusion	<p>Deviations of the current values of the performance indicators from the planned ones are, in fact, acceptable, taking into account the persistent insufficiency in the territory of family doctors, in relation to the established norms, the main factor that determines the complete non-fulfillment of some performance indicators.</p>

Subprogramme 80 06 „Specialized outpatient health care“

Purpose	Access to quality outpatient specialized medical services for insured persons.
Objectives	<ul style="list-style-type: none"> • Ensuring access to at least 20 specialized outpatient services provided by MSI located in districts. • Increasing the number of outpatient visits per insured person.
Achieving performance indicators	<p>Of result:</p> <p>1. The share of MSI offering no less than 20 outpatient specialties were 41.5% or 9.5% below the planned level (51%), due to the insufficiency of specialist doctors.</p> <p>2. The share of MSI in which increased the number of outpatient visits per insured person was 44.6% or 0.6% more than planned (44%).</p> <p>Of output:</p> <p>1. MSIs offering no less than 20 outpatient specialties are 17, compared to 18 planned or one less.</p> <p>2. The number of outpatient visits is 6 615 313 and is 35 313 more than the planned number of visits (6 580 000).</p> <p>Of efficiency:</p> <p>1. The average expenses of MHI funds for specialized outpatient health care per insured person, registered with the family doctor,</p>

	<p>amounted to 317.2 MDL, compared to 250 planned annually, this increase was legislated by amending the Law on MHIF for 2019.</p> <p>2. The average cost of a visit to the specialist doctor was 107.7 MDL, being 22.4 MDL higher than the planned cost (85.3 MDL), fact justified by the amendment of the Law on MHIF for 2019 number 301/2018.</p>
Conclusion	<p>Has been achieved the objective of increasing the number of outpatient visits per insured person at the end of 2019. Monitoring the activity of the specialized outpatient health providers whom when being contracted, there is observed a continuous increase in the number of consultative visits to specialists, as well as the amount allocated from the MHIF. At the same time, we mention that the average cost of a visit to the specialist doctor increased from 85.3 MDL in 2018 to 107.7 MDL in 2019 or by 22.4 MDL more. Based on the reported data, it was found that not all indicators were met, due to the insufficiency of specialized doctors.</p>

Subprogramme 80 08 „Community and home health care”

Purpose	Access to community and home health care provided by MSI for insured persons who need them.
Objectives	Increasing the number of home health services care provided to insured persons.
Achieving performance indicators	<p>Of result:</p> <p>1. The share of MSI in which was registered the increase in the number of home medical services for insured persons was 25.5%, compared to the planned (50%).</p> <p>Of output:</p> <p>1. The number of MSIs in which there was an increase in the number of home medical services provided to insured persons was 37 or 35 less than planned (72).</p> <p>2. NHIC has concluded contracts with 145 community and home health care providers, 2 more than planned (143).</p> <p>3. The number of home health care visits (excluding visits to youth-friendly health centers and community mental health) during the reporting period was 73 345 or 11 555 less than planned (84 900). At the same time, compared to 2018, the number of home care visits (71 685) increased by 2.3%.</p> <p>Of efficiency:</p> <p>1. The average cost of a home health care visit which (without visits to youth-friendly health centers and mental health communities) was 150.79 MDL, 14.21 MDL less than planned (165 MDL).</p>
Conclusion	The total non-achievement of the objectives is explained by the complete non-execution of the means intended for the expenses for

	the provision of home health care services by MSI. This is a consequence of the non-contracting of the full amount foreseen for the subprogramme in question, based on the insufficiency of revenues, due to the non-accumulation in the planned amount of own revenues, as well as the delayed transfer of transfers from the state budget.
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Subprogramme 80 09 „Prehospital Emergency Care“

Purpose	Increasing the quality of services provided in prehospital emergency care for all categories of population who need it.
Objectives	Ensuring the increase of the amount per capita at least at the level of the consumer price index in order to improve the quality of the medical services provided.
Achieving performance indicators	<p>Of result: The percentage of the amount destined for EMC (emergency medical care) compared to the previous year, according to the amount approved by the Law on MHI Funds for 2019, is 109.3%, with 0.7% below the established level (110%).</p> <p>Of output: 1. The total amount intended for EMC for 2019 is 613 759.1 thousand MDL, being fully capitalized. 2. The total number of the population registered with the family doctor according to NHIC data was 3 386 434, with 1 530 more people than expected (3 384 904).</p> <p>Of efficiency: 1. The average cost per person registered with the family doctor was 181.2 MDL compared to the planned (181.3 MDL).</p>
Conclusion	The degree of achievement of the objectives is satisfactory.

Subprogramme 80 10 „Hospital care“

Purpose	Access to quality hospital medical services for insured persons.
Objectives	<ul style="list-style-type: none"> Reaching the level of 450 000 acute hospitalizations (treated cases) per year by 2020. Decreasing the average length of hospitalization of acute treated cases until 2020 by 9% compared to 2015.
Achieving performance indicators	<p>Of result: 1. The share of validated acute treated cases out of the total number of cases provided was 80.1%, 9.9% below the planned level (90.0%). 2. The percentage decrease in the average length of hospitalization compared to 2015 was 20.8% compared to the planned 6.5%.</p> <p>Of output: 1. The number of validated provided acute treatment cases, including day surgery, amounted to 487 048, and is 31 048 cases</p>

	<p>more than the planned number (456 000).</p> <p>2. The number of validated chronic treated cases was 58 636 or 6 636 cases more than the planned number of cases (52 000).</p> <p>3. The total number of validated (acute) provided hospitalization days, including day surgery, was 2 991 612, which is 291 588 days less than planned (3 283 200).</p> <p>4. The average length of hospitalization of validated acute treated cases, including day surgery, was 6.1 days, decreasing by 1.1 days compared to planned (7.2 days).</p> <p>5. According to the reports in 2019, validated acute cases were performed, including day surgery, in the amount of 2 578 700 thousand MDL, or 407 744.0 thousand MDL less than the planned annual amount (2 986 444.0 thousand MDL), the trend being appreciated positively.</p> <p>Of efficiency:</p> <p>1. The average cost for a validated acute treated case, including day surgery was 5 295 MDL, being reduced by 1 254.2 MDL compared to planned (6 549 MDL).</p> <p>2. The average cost of a validated provided (acute) day of hospitalization, including day surgery, amounted to 862 MDL or was reduced by 47.6 MDL compared to planned (909.6 MDL).</p>
Conclusion	<p>The degree of implementation of the objectives is satisfactory. In 2019, the average length of hospitalization of acute treated cases decreased and the total number of chronic treated cases increased. The non-achievement of the objectives is explained by the incomplete fulfillment of the contractual obligations by the hospital care providers, as well as the incomplete contracting of the amount foreseen for the subprogramme in question, the basis being the insufficiency of revenues, as a result of the non-accumulation in the planned amount of own revenues, as well as the transfer with restraint of transfers from the state budget.</p>

Subprogramme 80 11 „High performance medical services“

Purpose	Access to medical care with a high level of specialization for insured persons.
Objectives	Revision of the list of high performance services until 2020, keeping only the highly specialized ones.
Achieving performance indicators	<p>Of result:</p> <p>1. In 2019, the list of high performance services was revised and submitted for approval.</p> <p>Of output:</p> <p>1. The number of positions in the list of high-performance services has been maintained at 607.</p>

	<p>2. The number of high-performance services provided was 630 931 or 25 931 more than planned (605 000).</p> <p>Of efficiency:</p> <p>1. The average cost of a provided high performance service was 338.35 MDL or 26.75 MDL less than planned (365.1 MDL).</p>
Conclusion	<p>The number of provided high performance medical services was increasing compared to the planned parameters and compared to 2018. At the same time, was revised and submitted for approval the list of high performance medical services.</p>

Subprogramme 80 17 „Management of the mandatory health insurance reserve fund“

Purpose	<p>Improved public health by covering additional expenses related to urgent illnesses and diseases or compensating for the difference between the actual expenses related to the payment of current medical services and the contributions accumulated in the Basic fund.</p>
Objectives	<p>Achieving the level of 100% compensation for the difference between the actual expenses related to the payment of current medical services and the contributions accumulated in the Basic fund of the MHI.</p>
Achieving performance indicators	<p>Of result:</p> <p>1. The need to cover the additional expenses related to the provision of current medical services from the resources of the reserve fund did not reach.</p> <p>Of output:</p> <p>1. Expenditure from the reserve fund in 2019 were not made, the planned level being 13 000.0 thousand MDL.</p> <p>Of efficiency:</p> <p>1. The share of the execution of the plan, if necessary, was provided in the amount of 100%, but expenditure from the reserve fund was not made.</p>
Conclusion	<p>The use of the funds from the reserve fund in accordance with the conditions provided by the legislation in force was not necessary, as the financial means from the Basic fund fully covered all the cases of diseases and urgent illnesses.</p>

Subprogramme 80 18 „National and special programs in the field of health care“

Purpose	<p>Fortified public health and increasing the quality of life of patients in need of specific medical care.</p>
Objectives	<p>Improving and streamlining the population's access to specific medical services.</p>

<p>Achieving performance indicators</p>	<p><i>Of result:</i></p> <p>1. The share of people in risk groups, beneficiaries of optional vaccines (anti-rabies vaccine, anti-rabies immunoglobulin, anti-influenza vaccine) in 2019 was 99.3%.</p> <p>Thus, in order to provide medical assistance to patients with bites, curative-prophylactic treatment, annual vaccination of sanitary-veterinary personnel was vaccinated 3 741 people with anti-rabies vaccine and another 26 people with anti-rabies immunoglobulin.</p> <p>At the same time, in order to prevent seasonal influenza in occupational contingents and with increased risk of disease, 97 633 people were vaccinated with a dose of anti-influenza vaccine, with two doses (children from 6 months - 9 years) – 1 652 children. Another 715 children are to be vaccinated with the second dose in early 2020.</p> <p>2. The share of expenditure executed from the fund for preventive measures compared to those approved was 81.4% (planned 100%). The non-fulfillment of the indicator was determined by the delay of the public procurement procedure, related to the realization of the campaign for the promotion of a healthy lifestyle, according to the Law on Public Procurement.</p> <p><i>Of output:</i></p> <p>1. 16 public health policy documents were funded from the fund for preventive measures, which corresponds to the number planned for funding.</p> <p>2. The number of people in risk groups who received optional vaccines was 103 867 or 86.6% of the total number of people planned (120 000). At the same time, the optional vaccines were purchased in strict accordance with the needs submitted for the budget year 2019 by MHLSP and the National Public Health Agency.</p> <p>3. For the purpose of continuous information, as well as in order to change the attitude towards one's own health, through health education measures, especially within the instructive-educational institutions, 99.0 thousand information materials (Healthy Family Guide) were distributed to the NHIC Territorial Agencies, for the purpose of their subsequent distribution to youth-friendly centers, educational institutions (primary, secondary, higher), PMSI (planned - 121.5 thousand information materials).</p> <p>4. Following the distribution of information materials, there were also trainings on maintaining and promoting the healthy lifestyle of medical and non-medical personnel, children in schools in preschool education, school, gymnasium education, being trained all 2 700 selected people based on the number of the population that could be informed about the topic of information materials.</p>
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	<p>Of efficiency:</p> <p>1. The annual expenses from the fund for preventive measures per capita constituted 6.49 MDL, by 1.51 MDL less than the planned 8.0 MDL, conditioned by the non-execution in full volume of the expenses from the fund for preventive measures with which it is correlated. At the same time, compared to 2018, the annual expenditures per capita increased by 3.04 MDL.</p>
Conclusion	<p>Although the execution of the subprogramme was below the level of the annual provisions, in 2019 the volume of financial means used in the process of prophylactic measures (prevention of communicable and non-communicable diseases) was about twice as high, compared to 2018.</p>

Subprogramme 80 19 „Development and modernization of institutions in the field of health care”

Purpose	The fortified technical-material base of the medical-sanitary institutions.
Objectives	<ul style="list-style-type: none"> Increasing the share of PMSI providing medical services benefiting from funds from the Fund for the development and modernization of public service providers by at least 5% annually until 2020. Increasing the number of PMSI equipped with devices, by at least 5% annually until 2020.
Achieving performance indicators	<p>Of result:</p> <p>1. The share of expenditures from the Fund for the development and modernization of executed health public service providers compared to those approved constituted 79.0%.</p> <p>2. The share of PMSI receiving means from the development fund from the total number of PMSI was 5.2% or 2.2 percentage points above the planned level (3%).</p> <p>3. The share of PMSI receiving means from the development fund for endowment with devices from the total winning PMSI for endowment was 84.6%, by 29.6% more than planned (55%).</p> <p>Of output:</p> <p>1. 7 institutions were rebuilt through repair works, 2 more than the planned number.</p> <p>2. 11 institutions were endowed with devices, the planned number being 6 institutions.</p> <p>Of efficiency:</p> <p>1. The annual expenditures from the development fund per capita constituted 16.2 MDL or 4.5 MDL less than planned (20.7 MDL), which is explained by the non-full execution of the means of the respective fund.</p>

<p>Conclusion</p>	<p>The means provided in the development fund were capitalized at the level of 79.0%. Incomplete capitalization is justified by the difference between the amounts of the financing contracts and the amounts of the procurement contracts. Due to the delay of the procurement procedures, three PMSI did not initiate the implementation of the projects, and four PMSI failed to fully capitalize on the financial means contracted in 2019.</p> <p>In the context of the above, it is worth mentioning that the MHI system is a mobile system, in a continuous process of development and improvement, constantly adapting to the needs of society and socio-economic realities, being prepared to meet the existing challenges.</p> <p>The full capitalization of the joint efforts of the decision-makers directed towards the implementation of the reforms in the field of health and, correspondingly, of the medical insurances is possible only through the efficient use of the allocated financial resources and of the investments directed towards the development of human and technical-material resources.</p>
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Annex number 2

Informație

privind fondul de retribuire a muncii din FAOM, anii 2017-2019

pe tipuri de asistență medico-sanitară

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2017					2018				2019			
Categorii de personal	Fondul de retribuire a muncii, total	Numărul mediu de funcții ocupate	Salariul mediu pentru o funcție ocupată	Pondere, %	Fondul de retribuire a muncii, total	Numărul mediu de funcții ocupate	Salariul mediu pentru o funcție ocupată	Pondere, %	Fondul de retribuire a muncii, total	Numărul mediu de funcții ocupate	Salariul mediu pentru o funcție ocupată	Pondere, %
Asistența medicală primară												
Personal, total	833.589.126,79	13.606,76	5.105,24	100,0%	848.130.188,49	13.190,79	5.358,10	100,0%	910.415.651,40	13.054,46	5.811,65	100,0%
<i>Personal de conducere</i>	68.211.764,71	406,09	13.997,67	8,2%	71.043.802,81	404,55	14.634,33	8,4%	70.973.856,31	408,40	14.482,10	7,8%
<i>Medici</i>	248.825.133,87	2.658,87	7.798,59	29,8%	251.818.143,97	2.475,61	8.476,64	29,7%	277.154.559,43	2.471,41	9.345,35	30,4%
<i>Personal medical mediu</i>	382.172.288,67	6.705,27	4.749,65	45,8%	386.053.553,87	6.560,24	4.903,96	45,5%	409.860.436,01	6.426,96	5.314,34	45,0%
<i>Personal medical inferior</i>	47.621.618,76	1.786,68	2.221,14	5,7%	48.839.973,22	1.744,79	2.332,66	5,8%	53.425.185,26	1.759,88	2.529,77	5,9%
<i>Alt personal</i>	86.758.320,78	2.049,85	3.527,02	10,4%	90.374.714,62	2.005,60	3.755,10	10,7%	99.001.614,39	1.987,81	4.150,36	10,9%
Asistența medicală specializată de ambulator												
Personal, total	241.345.738,72	4.559,61	4.410,94	100,0%	258.947.215,49	4.660,28	4.630,40	100,0%	313.429.587,70	4.713,03	5.541,90	100,0%
<i>Personal de conducere</i>	5.819.770,08	50,36	9.630,28	2,4%	6.618.401,70	54,23	10.170,27	2,6%	9.712.273,84	56,70	14.274,36	3,1%
<i>Medici</i>	115.225.386,73	1.730,79	5.547,82	47,7%	123.332.328,51	1.763,37	5.828,45	47,6%	152.213.024,36	1.729,72	7.333,22	48,6%
<i>Personal medical mediu</i>	84.653.808,08	1.754,62	4.020,52	35,1%	89.366.902,89	1.770,91	4.205,32	34,5%	103.158.276,13	1.791,09	4.799,60	32,9%
<i>Personal medical inferior</i>	17.065.153,34	633,48	2.244,90	7,1%	18.316.691,93	635,85	2.400,55	7,1%	20.311.806,57	652,50	2.594,10	6,5%
<i>Alt personal</i>	18.581.620,49	390,36	3.966,77	7,7%	21.312.890,46	435,92	4.074,31	8,2%	28.034.206,80	483,02	4.836,62	8,9%

Îngrijiri medicale la domiciliu

Personal, total	3.512.815,16	53,50	5.471,67	100,0%	29.159.342,44	493,76	4.921,31	100,0%	34.931.480,34	527,30	5.520,49	100,0%
<i>Personal de conducere</i>	317.371,45	7,25	3.647,95	9,0%	440.089,53	5,25	6.985,55	1,5%	731.637,85	5,50	11.085,42	2,1%
<i>Medici</i>	609.772,60	7,50	6.775,25	17,4%	14.319.306,42	203,26	5.870,69	49,1%	18.151.470,50	214,75	7.043,64	52,0%
<i>Personal medical mediu</i>	2.457.636,55	31,75	6.450,49	70,0%	9.527.117,09	161,00	4.931,22	32,7%	9.838.783,09	171,25	4.787,73	28,2%
<i>Personal medical inferior</i>				0,0%	1.375.544,75	44,50	2.575,93	4,7%	1.486.589,01	47,00	2.635,80	4,3%
<i>Alt personal</i>	128.034,56	7,00	1.524,22	3,6%	3.497.284,65	79,75	3.654,42	12,0%	4.722.999,89	88,80	4.432,24	13,5%

Asistența medicală urgentă prespitalicească

Personal, total	319.620.961,59	4.484,75	5.939,03	100,0%	340.448.798,04	4.576,25	6.199,56	100,0%	394.199.061,99	4.464,50	7.358,03	100,0%
<i>Personal de conducere</i>	3.785.399,89	15,00	21.030,00	1,2%	3.791.744,00	15,00	21.065,24	1,1%	4.013.905,95	15,75	21.237,60	1,0%
<i>Medici</i>	68.860.784,11	619,50	9.262,95	21,5%	63.596.146,48	565,75	9.367,53	18,7%	73.446.278,00	506,50	12.083,95	18,6%
<i>Personal medical mediu</i>	133.094.504,49	1.590,00	6.975,60	41,6%	140.565.359,78	1.602,25	7.310,83	41,3%	155.851.455,85	1.496,00	8.681,57	39,5%
<i>Personal medical inferior</i>	24.792.343,54	721,50	2.863,52	7,8%	32.515.644,07	823,25	3.291,39	9,6%	42.463.848,08	869,25	4.070,93	10,8%
<i>Alt personal</i>	89.087.929,56	1.538,75	4.824,69	27,9%	99.979.903,71	1.570,00	5.306,79	29,4%	118.423.574,11	1.577,00	6.257,85	30,0%

Asistența medicală spitalicească

Personal, total	1.507.694.701,07	27.304,80	4.601,43	100,0%	1.610.201.115,29	27.795,93	4.827,45	100,0%	1.857.809.138,67	26.973,48	5.739,62	100,0%
<i>Personal de conducere</i>	46.535.087,51	277,40	13.979,54	3,1%	51.676.134,13	299,87	14.360,70	3,2%	50.356.588,60	275,95	15.207,04	2,7%
<i>Medici</i>	411.757.649,23	4.729,03	7.255,85	27,3%	448.053.400,79	4.883,27	7.646,07	27,8%	560.899.258,97	4.793,48	9.751,08	30,2%
<i>Personal medical mediu</i>	603.260.503,26	10.444,22	4.813,35	40,0%	635.787.316,57	10.588,40	5.003,80	39,5%	720.348.375,50	10.256,02	5.853,05	38,8%
<i>Personal medical inferior</i>	251.295.940,91	7.589,35	2.759,30	16,7%	265.595.812,95	7.720,57	2.866,76	16,5%	301.605.584,82	7.539,28	3.333,71	16,2%
<i>Alt personal</i>	194.845.520,16	4.264,80	3.807,24	12,9%	209.088.450,85	4.303,82	4.048,51	13,0%	224.599.330,78	4.108,75	4.555,31	12,1%

Servicii de înaltă performanță

Personal, total	46.099.371,75	1.002,70	3.831,27	100,0%	55.606.433,92	1.007,07	4.601,34	100,0%	58.976.896,40	1.044,27	4.706,39	100,0%
<i>Personal de conducere</i>	<i>5.393.413,51</i>	<i>44,08</i>	<i>10.196,26</i>	<i>11,7%</i>	<i>6.020.872,45</i>	<i>46,06</i>	<i>10.893,17</i>	<i>10,8%</i>	<i>5.969.095,58</i>	<i>42,62</i>	<i>11.671,16</i>	<i>10,1%</i>
<i>Medici</i>	<i>17.320.704,20</i>	<i>283,82</i>	<i>5.085,59</i>	<i>37,6%</i>	<i>21.447.906,93</i>	<i>279,01</i>	<i>6.405,96</i>	<i>38,6%</i>	<i>24.038.987,20</i>	<i>288,35</i>	<i>6.947,28</i>	<i>40,8%</i>
<i>Personal medical mediu</i>	<i>11.550.407,22</i>	<i>320,28</i>	<i>3.005,29</i>	<i>25,1%</i>	<i>14.129.369,35</i>	<i>325,46</i>	<i>3.617,79</i>	<i>25,4%</i>	<i>14.859.683,28</i>	<i>342,34</i>	<i>3.617,18</i>	<i>25,2%</i>
<i>Personal medical inferior</i>	<i>2.164.604,15</i>	<i>82,05</i>	<i>2.198,46</i>	<i>4,7%</i>	<i>2.717.712,39</i>	<i>78,25</i>	<i>2.894,26</i>	<i>4,9%</i>	<i>2.847.783,21</i>	<i>86,58</i>	<i>2.740,99</i>	<i>4,8%</i>
<i>Alt personal</i>	<i>9.670.242,67</i>	<i>272,47</i>	<i>2.957,59</i>	<i>21,0%</i>	<i>11.290.572,80</i>	<i>278,29</i>	<i>3.380,94</i>	<i>20,3%</i>	<i>11.261.347,13</i>	<i>284,38</i>	<i>3.299,97</i>	<i>19,1%</i>

Notă: Informația nu conține datele aferente cheltuielilor pentru retribuirea muncii medicilor rezidenți

Annex number 3

Informație

privind fondul de retribuire a muncii din FAOAM, anii 2017-2019

pe tipuri de instituții medico-sanitare

lei

2017					2018				2019			
Categorii de personal	Fondul de retribuire a muncii, total	Numărul mediu de funcții ocupate	Salariul mediu pentru o funcție ocupată	Pondere, %	Fondul de retribuire a muncii, total	Numărul mediu de funcții ocupate	Salariul mediu pentru o funcție ocupată	Pondere, %	Fondul de retribuire a muncii, total	Numărul mediu de funcții ocupate	Salariul mediu pentru o funcție ocupată	Pondere, %

IMS Republicane

Personal, total	1.046.235.664,59	17.045,42	5.114,94	100,0%	1.141.276.397,80	17.614,64	5.399,28	100,0%	1.318.429.129,64	17.218,39	6.380,92	100,0%
<i>Personal de conducere</i>	22.102.753,26	105,75	17.417,46	2,1%	22.704.215,18	111,00	17.045,21	2,0%	24.630.905,19	107,75	19.049,42	1,9%
<i>Medici</i>	283.500.078,41	3.120,42	7.571,11	27,1%	304.477.402,64	3.151,28	8.051,69	26,7%	372.104.712,98	3.057,87	10.140,63	28,2%
<i>Personal medical mediu</i>	406.488.133,00	6.212,00	5.453,00	38,9%	436.457.468,06	6.349,33	5.728,39	38,2%	489.643.955,87	6.112,69	6.675,24	37,1%
<i>Personal medical inferior</i>	137.272.684,43	3.912,25	2.923,99	13,1%	154.609.571,59	4.116,75	3.129,69	13,5%	182.080.785,93	4.123,26	3.679,95	13,8%
<i>Alt personal</i>	196.872.015,49	3.695,00	4.440,05	18,8%	223.027.740,33	3.886,28	4.782,37	19,5%	249.968.769,67	3.816,82	5.457,61	19,0%

IMS Municipale

Personal, total	594.181.712,25	10.098,00	4.903,46	100,0%	624.301.269,75	10.096,33	5.152,87	100,0%	710.929.945,06	9.940,25	5.960,03	100,0%
<i>Personal de conducere</i>	20.806.022,58	105,50	16.434,46	3,5%	23.342.923,09	108,50	17.928,51	3,7%	22.038.272,43	107,25	17.123,75	3,1%
<i>Medici</i>	215.234.677,39	2.432,50	7.373,58	36,2%	231.599.518,67	2.466,33	7.825,37	37,1%	279.095.512,08	2.475,25	9.396,21	39,3%
<i>Personal medical mediu</i>	228.587.107,45	4.011,25	4.748,88	38,5%	237.674.412,70	4.050,00	4.890,42	38,1%	262.325.896,26	3.977,25	5.496,38	36,9%
<i>Personal medical inferior</i>	69.310.895,07	2.149,75	2.686,78	11,7%	70.816.275,92	2.150,25	2.744,50	11,3%	79.408.069,40	2.108,25	3.138,78	11,2%
<i>Alt personal</i>	60.243.009,76	1.399,00	3.588,46	10,1%	60.868.139,37	1.321,25	3.839,05	9,7%	68.062.194,89	1.272,25	4.458,13	9,6%

IMS Raionale

Personal, total	1.194.465.581,26	21.990,49	4.526,45	100,0%	1.241.185.377,42	21.786,39	4.747,56	100,0%	1.387.444.788,83	21.598,30	5.353,22	100,0%
<i>Personal de conducere</i>	74.788.655,16	482,50	12.916,87	6,3%	78.478.917,80	484,21	13.506,35	6,3%	79.581.114,19	489,50	13.548,03	5,7%
<i>Medici</i>	321.345.977,48	3.976,15	6.734,87	26,9%	334.983.662,15	3.943,90	7.078,10	27,0%	392.467.868,64	3.923,05	8.336,79	28,3%
<i>Personal medical mediu</i>	547.683.376,96	9.995,47	4.566,10	45,9%	563.237.535,08	9.846,75	4.766,70	45,4%	620.156.044,73	9.689,76	5.333,43	44,7%
<i>Personal medical inferior</i>	127.319.067,69	4.445,80	2.386,50	10,7%	134.292.244,23	4.446,98	2.516,54	10,8%	151.449.805,93	4.439,23	2.843,02	10,9%
<i>Alt personal</i>	123.328.503,97	3.090,57	3.325,40	10,3%	130.193.018,16	3.064,55	3.540,30	10,5%	143.789.955,34	3.056,76	3.920,00	10,4%

IMS Departamentale

Personal, total	32.460.253,69	826,08	3.274,53	100,0%	31.995.329,67	886,11	3.008,97	100,0%	31.315.047,41	621,06	4.201,83	100,0%
<i>Personal de conducere</i>	1.288.488,23	14,50	7.405,10	4,0%	730.338,56	13,65	4.458,72	2,3%	881.727,79	10,50	6.997,84	2,8%
<i>Medici</i>	9.772.729,41	195,94	4.156,34	30,1%	10.012.751,15	217,80	3.831,02	31,3%	12.226.197,55	157,23	6.480,00	39,0%
<i>Personal medical mediu</i>	12.173.131,87	291,14	3.484,33	37,5%	12.098.990,57	308,04	3.273,11	37,8%	10.639.804,70	215,60	4.112,48	34,0%
<i>Personal medical inferior</i>	5.406.479,90	215,50	2.090,67	16,7%	5.278.361,97	217,56	2.021,80	16,5%	4.379.195,88	156,63	2.329,90	14,0%
<i>Alt personal</i>	3.819.424,28	109,00	2.920,05	11,8%	3.874.887,42	129,06	2.501,99	12,1%	3.188.121,49	81,10	3.275,92	10,2%

IMS Private

Personal, total	84.519.503,29	1.052,14	6.694,25	100,0%	103.734.719,03	1.340,60	6.448,26	100,0%	121.642.905,57	1.399,04	7.245,60	100,0%
<i>Personal de conducere</i>	11.076.887,92	91,93	10.041,05	13,1%	14.334.649,99	107,60	11.101,80	13,8%	14.625.338,53	89,92	13.554,03	12,0%
<i>Medici</i>	32.745.968,05	304,51	8.961,38	38,7%	41.493.898,49	390,95	8.844,60	40,0%	50.009.287,22	390,81	10.663,51	41,1%
<i>Personal medical mediu</i>	22.257.398,99	336,28	5.515,59	26,3%	25.961.213,14	454,14	4.763,81	25,0%	31.151.308,30	488,36	5.315,63	25,6%
<i>Personal medical inferior</i>	3.630.533,61	89,76	3.370,59	4,3%	4.364.925,60	115,67	3.144,67	4,2%	4.822.939,81	127,12	3.161,67	4,0%
<i>Alt personal</i>	14.808.714,72	229,66	5.373,42	17,5%	17.580.031,81	272,24	5.381,29	16,9%	21.034.031,71	302,83	5.788,18	17,3%

Annex number 4

SITUATIILE FINANCIARE

Anexe la SNC
 "Prezentarea situatiilor financiare"
 Aprobat de Ministerul Finantelor
 al Republicii Moldova

2019 pentru perioada 01.01.2019 - 31.12.2019 de lichidare

BIROUL NAȚIONAL DE STATISTICĂ

Entitate: COMPANIA NATIONALA DE ASIGURARI IN MEDICINA
 Sediul: SECTORUL CENTRAL STR. Vlaicu Pircalab nr.46
 Raionul(municipiul): 102, DDF CENTRU
 Satul(comuna):
 Strada: SECTORUL CENTRAL STR. Vlaicu Pircalab nr.46
 Cod postal: 2012
 Cod CUATM: 0130, SEC. CENTRU
 Activitatea principala: K6630, Activitati de administrare a fondurilor
 Forma proprietate: 12, Proprietatea de stat
 Forma organizatorico-juridica: 880, Institutii publice
 Cod CUIO: 37702139
 Codul fiscal: 1007601007778
 WEB: secretariat@cnam.gov.md
 Numele si coordonatele al contabilului-sef: Negritu Sergiu
 Telefon: +37360301909
 Numărul mediu scriptic al personalului în perioada precedentă: 296 persoane.

Unitatea de masura: leu

Notă informativă privind veniturile și cheltuielile clasificate după natură

Anexa 8

Indicatori	Cod rd.	Perioada de gestiune	
		precedenta	curenta
1	2	3	4
Venituri din vinzari	010	<u>6544277009</u>	<u>7434863712</u>
Alte venituri din activitatea operationala	020	<u>75604618</u>	<u>80503768</u>
Venituri din alte activitati	030	<u>3183054</u>	<u>1344796</u>
Total venituri (rd.010 + rd.020 + rd.030)	040	<u>6623064681</u>	<u>7516712276</u>
Variatia stocurilor	050		
Costul vinzarilor mărfurilor vândute	060	<u>6544277009</u>	<u>7434863712</u>
Cheltuieli privind stocurile	070		
Cheltuieli cu personalul privind remunerarea muncii	080	<u>47077270</u>	<u>52413474</u>
Contributii de asigurari sociale de stat obligatorii si prime de asigurare obligatorie de asistenta medicala	090	<u>12390245</u>	<u>14405708</u>
Cheltuieli cu amortizarea si deprecierea activelor imobilizate	100	<u>3495689</u>	<u>3307636</u>
Alte cheltuieli	110	<u>12641414</u>	<u>10376950</u>
Cheltuieli din alte activitati	120	<u>3183054</u>	<u>1344796</u>
Total cheltuieli (rd.050 + rd.060 + rd.070 + rd.080 + rd.090 + rd.100 + rd.110 + rd.120)	130	<u>6623064681</u>	<u>7516712276</u>
Profit (pierdere) pina la impozitare (rd.040 - rd.130)	140	<u>0</u>	<u>0</u>
Cheltuieli privind impozitul pe venit	150		
Profit (pierdere) net al perioadei de gestiune (rd.140 - rd.150)	160	<u>0</u>	<u>0</u>

BILANȚUL

la

Anexa 1

Nr. cpt.	A C T I V	Cod rd.	Sold la	
			Inceputul perioadei de gestiune	Sfirsitul perioadei de gestiune
1	2	3	4	5
1.	Active imobilizate			
	Imobilizari necorporale	010	<u>7444435</u>	<u>18028236</u>
	Imobilizari corporale in curs de executie	020		
	Terenuri	030		
	Mijloace fixe	040	<u>35278670</u>	<u>33285714</u>
	Resurse minerale	050		
	Active biologice imobilizate	060		
	Investitii financiare pe termen lung in parti neafiliate	070		
	Investitii financiare pe termen lung in parti afiliate	080		
	Investitii imobiliare	090		
	Creante pe termen lung	100		
	Avansuri acordate pe termen lung	110		
	Alte active imobilizate	120		
	Total active imobilizate (rd.010 + rd.020 + rd.030 + rd.040 + rd.050 + rd.060 + rd.070 + rd.080 + rd.090 + rd.100 + rd.110 + rd.120)	130	<u>42723105</u>	<u>51313950</u>
2.	Active circulante			
	Materiale	140	<u>1554863</u>	<u>3807361</u>
	Active biologice circulante	150		
	Obiecte de mica valoare si scurta durata	160	<u>972423</u>	<u>944188</u>
	Productia in curs de executie si produse	170		
	Marfuri	180		
	Creante comerciale	190		
	Creante ale partilor afiliate	200		
	Avansuri acordate curente	210	<u>7443716</u>	<u>2630566</u>
	Creante ale bugetului	220		<u>4448</u>
	Creante ale personalului	230	<u>411</u>	<u>23706</u>
	Alte creante curente	240	<u>84579912</u>	<u>77181638</u>
	Numerar in casierie si la conturi curente	250	<u>403013690</u>	<u>549696549</u>
	Alte elemente de numerar	260		
	Investitii financiare curente in parti neafiliate	270		
	Investitii financiare curente in parti afiliate	280		
	Alte active circulante	290	<u>205459637</u>	<u>331563774</u>
	Total active circulante (rd.140 + rd.150 + rd.160 + rd.170 + rd.180 + rd.190 + rd.200 + rd.210 + rd.220 + rd.230 + rd.240 + rd.250 + rd.260 + rd.270 + rd.280 + rd.290)	300	<u>703024652</u>	<u>965852230</u>
	Total active (rd.130 + rd.300)	310	<u>745747757</u>	<u>1017166180</u>
3.	Capital propriu			
	Capital social si suplimentar	320		
	Rezerve	330		
	Corectii ale rezultatelor anilor precedenti	340	x	
	Profit nerepartizat (pierdere neacoperita) al anilor precedenti	350		
	Profit net (pierdere neta) al perioadei de gestiune	360	x	<u>0</u>
	Profit utilizat al perioadei de gestiune	370	x	
	Alte elemente de capital propriu	380		

Nr. cpt.	ACTIV	Cod rd.	Sold la	
			Inceputul perioadei de gestiune	Sfirsitul perioadei de gestiune
1	2	3	4	5
	Total capital propriu (rd.320 + rd.330 + rd.340 + rd.350 + rd.360 - rd.370 + rd.380)	390		<u>0</u>
4.	Datorii pe termen lung			
	Credite bancare pe termen lung	400		
	Imprumuturi pe termen lung	410		
	Datorii pe termen lung privind leasingul financiar	420		
	Alte datorii pe termen lung	430	<u>250715666</u>	<u>619779354</u>
	Total datorii pe termen lung (rd.400 + rd.410 + rd.420 + rd.430)	440	<u>250715666</u>	<u>619779354</u>
5.	Datorii curente			
	Credite bancare pe termen scurt	450		
	Imprumuturi pe termen scurt	460		
	Datorii comerciale	470	<u>84730041</u>	<u>315545199</u>
	Datorii fata de partile afiliate	480		
	Avansuri primite curente	490		
	Datorii fata de personal	500	<u>466</u>	
	Datorii privind asigurarile sociale si medicale	510		<u>21498</u>
	Datorii fata de buget	520		
	Venituri anticipate curente	530	<u>67833116</u>	<u>73780758</u>
	Datorii fata de proprietari	540		
	Finantari si incasari cu destinatie speciala curente	550	<u>200000907</u>	
	Provizioane curente	560	<u>142467561</u>	<u>8039371</u>
	Alte datorii curente	570		
	Total datorii curente (rd.450 + rd.460 + rd.470 + rd.480 + rd.490 + rd.500 + rd.510 + rd.520 + rd.530 + rd.540 + rd.550 + rd.560 + rd.570)	580	<u>495032091</u>	<u>397386826</u>
	Total pasive (rd.390 + rd.440 + rd.580)	590	<u>745747757</u>	<u>1017166180</u>

SITUATIA DE PROFIT SI PIERDERE

de la pina la

Anexa 2

Indicatori	Cod rd.	Perioada de gestiune	
		precedenta	curenta
1	2	3	4
Venituri din vinzari	010	<u>6544277009</u>	<u>7434863712</u>
Costul vinzarilor	020	<u>6544277009</u>	<u>7434863712</u>
Profit brut (pierdere bruta) (rd.010 - rd.020)	030	<u>0</u>	<u>0</u>
Alte venituri din activitatea operationala	040	<u>75604618</u>	<u>80503768</u>
Cheltuieli de distribuie	050		
Cheltuieli administrative	060	<u>74658645</u>	<u>79830723</u>
Alte cheltuieli din activitatea operationala	070	<u>945973</u>	<u>673045</u>
Rezultatul din activitatea operationala: profit (pierdere) (rd.030 + rd.040 - rd.050 - rd.060 - rd.070)	080	<u>0</u>	<u>0</u>
Rezultatul din alte activitati: profit (pierdere)	090		
Profit (pierdere) pina la impozitare (rd.080 + rd.090)	100	<u>0</u>	<u>0</u>
Cheltuieli privind impozitul pe venit	110		
Profit net (pierdere neta) al perioadei de gestiune (rd.100 - rd.110)	120	<u>0</u>	<u>0</u>

SITUATIA MODIFICARILOR CAPITALULUI PROPRIU

de la pina la

Anexa 3

Nr. d/o	Indicatori	Cod rd	Sold la inceputul perioadei de gestiune	Majorari	Diminuari	Sold la sfirsitul perioadei de gestiune
1	2	3	4	5	6	7
1	Capital social si suplimentar					
	Capital social	010				
	Capital suplimentar	020				
	Capital nevarsat	030	()	()	()	()
	Capital neinregistrat	040				
	Capital retras	050	()	()	()	()
	Total capital social si suplimentar (rd.010 + rd.020 + rd.030 + rd.040 + rd.050)	060				
2	Rezerve					
	Capital de rezerva	070				
	Rezerve statutare	080				
	Alte rezerve	090				
	Total reserve (rd.070 + rd.080 + rd.090)	100				
3	Profit nerepartizat (pierdere neacoperita)					
	Corectii ale rezultatelor anilor precedenti	110	X			
	Profit nerepartizat (pierdere neacoperita) al anilor precedenti	120				
	Profit net (pierdere neta) al perioadei de gestiune	130	X			
	Profit utilizat al perioadei de gestiune	140	X			
	Rezultatul din tranzitia la noile reglementari contabile	150				
	Total profit nerepartizat (pierdere neacoperita) (rd.110 + rd.120 + rd.130 - rd.140 + rd.150)	160				
4	Alte elemente de capital propriu, din care	170				
	Diferente din reevaluare	171				
	Subventii entitatilor cu proprietate publica	172				
	Total capital propriu (rd.060 + rd.100 + rd.160 + rd.170)	180				

SITUATIA FLUXURILOR DE NUMERAR

de la pina la

Anexa 4

Indicatori	Cod rd	Perioada de gestiune	
		precedenta	curenta
1	2	3	4
Fluxuri de numerar din activitatea operationala			
Incasari din vinzari	010		
Plati pentru stocuri si servicii procurate	020	<u>6652435159</u>	<u>7417164303</u>
Plati catre angajati si organe de asigurare sociala si medicala	030	<u>54372358</u>	<u>66802132</u>
Dobinzi platite	040		
Plata impozitului pe venit	050		
Alte incasari	060	<u>6874505579</u>	<u>7629789400</u>
Alte plati	070	<u>6736730</u>	<u>5233269</u>

Indicatori	Cod rd	Perioada de gestiune	
		precedenta	curenta
1	2	3	4
Fluxul net de numerar din activitatea operationala (rd.010 - rd.020 - rd.030 - rd.040 - rd.050 + rd.060 - rd.070)	080	<u>160961332</u>	<u>140589696</u>
Fluxuri de numerar din activitatea de investitii			
Incasari din vanzarea activelor imobilizate	090		
Plati aferente intrarilor de active imobilizate	100	<u>2460748</u>	<u>450456</u>
Dobinzi incasate	110	<u>4843291</u>	<u>6543619</u>
Dividende incasate	120		
Alte incasari (plati)	130		
Fluxul net de numerar din activitatea de investitii (rd.090 - rd.100 + rd.110 + rd.120 ± rd.130)	140	<u>2382543</u>	<u>6093163</u>
Fluxuri de numerar din activitatea financiara			
Incasari sub forma de credite si imprumuturi	150		
Plati aferente rambursarii creditelor si imprumuturilor	160		
Dividende platite	170		
Incasari din operatiuni de capital	180		
Alte incasari (plati)	190		
Fluxul net de numerar din activitatea financiara (rd.150 - rd.160 - rd.170 + rd.180 ± rd.190)	200		
Fluxul net de numerar total (± rd.080 ± rd.140 ± rd.200)	210	<u>163343875</u>	<u>146682859</u>
Diferente de curs valutar favorabile (nefavorabile)	220		
Sold de numerar la inceputul perioadei de gestiune	230	<u>239669815</u>	<u>403013690</u>
Sold de numerar la sfirsitul perioadei de gestiune (± rd.210 ± rd.220 + rd.230)	240	<u>403013690</u>	<u>549696549</u>

Date generale

Anexa 6

- Certificat de inregistrare a entitatii, eliberat de Camera Inregistrarii de Stat.
Numar de inregistrare 1007601007778 Data inregistrarii 10.09.2001 Seria SF Numar 274183
- Capital social inregistrat de Camera Inregistrarii de Stat:
data , sumalei, inclusiv:
1) cota statului lei,
2) cota detinatorilor a cel putin 20% Increase lei.
Modificari ulterioare:
a) , suma lei, inclusiv cota statului lei,
b) , suma lei, inclusiv cota statului lei.
- Entitatile, activitatea carora necesita licenta, indica:
Licenta in vigoare:

Nr. Ord.	Numar	Data eliberarii	Termen de valabilitate	Tipul de activitate	Organul care a eliberat licenta
1					

- Numarul mediu scriptic al personalului in perioada de gestiune 252 persoane, inclusiv pe categorii:
1) personal administrativ 209 persoane,
2) muncitori 43 persoane.
- Numarul personalului la 31 decembrie 2019 278 persoane.
- Remunerarea personalului entitatii in perioada de gestiune 52413474 lei.
- Remunerarea membrilor organelor de administrare, de conducere si supraveghere si alte angajamente aparute sau asumate in legatura cu pensiile membrilor actuali sau ale fostilor membri ai acestor organe, pe categorii lei.
- Avansurile si creditele acordate membrilor organelor specificate la pct.7 lei, inclusiv rambursate lei.
- Valoarea activelor imobilizate si circulante, inregistrate in calitate de gaj
1) valoarea de gaj lei,
2) valoarea contabila lei.
- Numarul actiunilor ordinare la finele perioadei de gestiune unitati.
- Profit net (pierdere neta) a perioadei de gestiune pentru o actiune ordinara:

- 1) profit lei,
2) pierdere lei.
12. Dividende calculate pentru o actiune ordinara pentru perioada de gestiune:
1) platite lei,
2) planificate pentru plata lei.
13. Valuta straina disponibila, recalculata in moneda nationala a Republicii Moldova - total lei, inclusiv (lei, denumirea si codul valutei):

Nr. Ord.	lei	denumirea	codul valutei
1			

14. Numerar legat - total lei.
In rindurile, in care se inscriu sumele de gaj, in toate coloanele prin fractie se reflecta:
a) la numarator - valoarea de gaj;
b) la numitor - valoarea contabila

Anexa 9

NOTA INFORMATIVA privind relatiile cu nerezidentii

Tabelul 1

Creante, investitii financiare si datorii pe termen lung aferente fondatorilor nerezidenti

Indicatori	Cod rd./ cod tara	Sold la inceputul perioadei de gestiune	Modificari in perioada de gestiune			Sold la sfirsitul perioadei de gestiune
			Intrari / majorari	Iesiri / diminuari	Diferente de curs valutar	
1	2	3	4	5	6	7
Creante si investitii financiare pe termen lung - total	010					
Creante comerciale, <i>inclusiv pe tari:</i>	020					

1	2	3	4	5	6	7
Avansuri acordate, <i>inclusiv pe tari:</i>	030					

1	2	3	4	5	6	7
Imprumuturi acordate si creante privind leasingul financiar, <i>inclusiv pe tari:</i>	040					

1	2	3	4	5	6	7
Alte creante si investitii financiare, <i>inclusiv pe tari:</i>	050					

1	2	3	4	5	6	7
Datorii pe termen lung - total	060					
Datorii comerciale, <i>inclusiv pe tari:</i>	070					

1	2	3	4	5	6	7
Avansuri primite, <i>inclusiv pe tari:</i>	080					

1	2	3	4	5	6	7
Credite bancare, imprumuturi si datorii privind leasingul financiar, <i>inclusiv pe tari:</i>	090					

1	2	3	4	5	6	7
---	---	---	---	---	---	---

1	2	3	4	5	6	7
Alte datorii, inclusiv pe tari:	100					

Rd.010= rd.020 + rd.030 + rd.040 + rd.050
Rd.060= rd.070 + rd.080 + rd.090 + rd.100
Col.7 = col.3+col.4-col.5±col.6

Anexa 9

NOTA INFORMATIVA privind relatiile cu nerezidentii

Tabelul 2

Creante, investitii financiare si datorii pe termen lung aferente nerezidentilor, cu exceptia fondatorilor

Indicatori	Cod rd./ cod tara	Sold la inceputul perioadei de gestiune	Modificari in perioada de gestiune			Sold la sfirsitul perioadei de gestiune
			Intrari / majorari	Iesiri / diminuari	Diferente de curs valutar	
1	2	3	4	5	6	7
Creante si investitii financiare pe termen lung - total	010					
Creante comerciale, inclusiv pe tari:	020					

1	2	3	4	5	6	7
Avansuri acordate, inclusiv pe tari:	030					

1	2	3	4	5	6	7
Imprumuturi acordate si creante privind leasingul financiar, inclusiv pe tari:	040					

1	2	3	4	5	6	7
Depozite, inclusiv pe tari:	050					

1	2	3	4	5	6	7
Alte creante si investitii financiare, inclusiv pe tari:	060					

1	2	3	4	5	6	7
Datorii pe termen lung - total	070					
Datorii comerciale, inclusiv pe tari:	080					

1	2	3	4	5	6	7
Avansuri primite, inclusiv pe tari:	090					

1	2	3	4	5	6	7
Credite bancare, imprumuturi si datorii privind leasingul financiar, inclusiv pe tari:	100					

1	2	3	4	5	6	7
Alte datorii, inclusiv pe tari:	110					

Rd.010= rd.020 + rd.030 + rd.040 + rd.050 + rd.60
Rd.070= rd.080 + rd.090 + rd.100 + +rd.110

Col.7 = col.3+col.4-col.5±col.6

Anexa 9

NOTA INFORMATIVA
privind relatiile cu nerezidentii

Tabelul 3

Creante, investitii financiare si datorii curente aferente fondatorilor nerezidenti

Indicatori	Cod rd./ cod tara	Sold la inceputul perioadei de gestiune		Modificari in perioada de gestiune				Sold la sfirsitul perioadei de gestiune	
		La care termenul de plata nu a sosit sau este expirat pina la un an	Termenul expirat mai mult de un an	Total	Transferari din active si datorii pe termen lung in active si datorii curente	Iesiri / diminuari	Diferente de curs valutar	La care termenul de plata nu a sosit sau este expirat pina la un an	Termenul expirat mai mult de un an
1	2	3	4	5	6	7	8	9	10
Creante si investitii financiare curente - total	010								
Creante comerciale, <i>inclusiv pe tari:</i>	020								
1	2	3	4	5	6	7	8	9	10
Avansuri acordate, <i>inclusiv pe tari:</i>	030								
1	2	3	4	5	6	7	8	9	10
Imprumuturi acordate si creante privind leasingul financiar, <i>inclusiv pe tari:</i>	040								
1	2	3	4	5	6	7	8	9	10
Alte creante si investitii financiare, <i>inclusiv pe tari:</i>	050								
1	2	3	4	5	6	7	8	9	10
Datorii curente - total	060								
Datorii comerciale, <i>inclusiv pe tari:</i>	070								
1	2	3	4	5	6	7	8	9	10
Avansuri primite, <i>inclusiv pe tari:</i>	080								
1	2	3	4	5	6	7	8	9	10
Credite bancare, imprumuturi si datorii privind leasingul financiar, <i>inclusiv pe tari:</i>	090								
1	2	3	4	5	6	7	8	9	10
Datorii privind dividendele calculate, <i>inclusiv pe tari:</i>	100								
1	2	3	4	5	6	7	8	9	10
Alte datorii, <i>inclusiv pe tari:</i>	110								

Rd.010= rd.020 + rd.030 + rd.040 + rd.050
Rd.060= rd.070 + rd.080 + rd.090 + rd.100 + rd.110
Col.(9+10) = col.(3+4) + col.5 - col.7 ± col.8

Anexa 9

NOTA INFORMATIVA privind relatiile cu nerezidentii

Tabelul 4

Creante, investitii financiare si datorii curente aferente nerezidentilor, cu exceptia fondatorilor

Indicatori	Cod rd./ cod tara	Sold la inceputul perioadei de gestiune		Modificari in perioada de gestiune				Sold la sfirsitul perioadei de gestiune	
		La care termenul de plata nu a sosit sau este expirat pina la un an	Termenul expirat mai mult de un an	Total	Transferari din active si datorii pe termen lung in active si datorii curente	lesiri / diminuari	Diferente de curs valutar	La care termenul de plata nu a sosit sau este expirat pina la un an	Termenul expirat mai mult de un an
1	2	3	4	5	6	7	8	9	10
Creante si investitii financiare curente - total	010								
Creante comerciale, inclusiv pe tari:	020								
1	2	3	4	5	6	7	8	9	10
Avansuri acordate, inclusiv pe tari:	030								
1	2	3	4	5	6	7	8	9	10
Imprumuturi acordate si creante privind leasingul financiar, inclusiv pe tari:	040								
1	2	3	4	5	6	7	8	9	10
Depozite, inclusiv pe tari:	050								
1	2	3	4	5	6	7	8	9	10
Alte creante si investitii financiare, inclusiv pe tari:	060								
1	2	3	4	5	6	7	8	9	10
Datorii curente - total	070								
Datorii comerciale, inclusiv pe tari:	080								
1	2	3	4	5	6	7	8	9	10
Avansuri primite, inclusiv pe tari:	090								
1	2	3	4	5	6	7	8	9	10
Credite bancare, imprumuturi si datorii privind leasingul financiar, inclusiv pe tari:	100								
1	2	3	4	5	6	7	8	9	10

1	2	3	4	5	6	7	8	9	10
Alte datorii, inclusiv pe tari:	110								

Rd.010= rd.020 + rd.030 + rd.040 + rd.050 + rd.060

Rd.070= rd.080 + rd.090 + rd.100 + rd.110

Col.(9+10) = col.(3+4) + col.5 - col.7 ± col.8

Anexa 9

NOTA INFORMATIVA privind relatiile cu nerezidentii

Tabelul 5

Investitii financiare in strainatate si participarea nerezidentilor in capitalul social

Indicatori	Cod rd./ cod tara	Sold la inceputul perioadei de gestiune	Intrari/ majorari	Iesiri/ diminuari	Sold la sfirsitul perioadei de gestiune
1	2	3	4	5	6
Investitii financiare	010				
Cote de participatie si actiuni de pina la 10% inclusiv, in capitalul social al entitatilor nerezidente, inclusiv pe tari:	020				
1	2	3	4	5	6
Cote de participatie si actiuni de peste 10% in capitalul social al entitatilor nerezidente, inclusiv pe tari:	030				
1	2	3	4	5	6
Capital social	040				
Cote de participatie si actiuni de pina la 10% inclusiv, inclusiv pe tari:	050				
1	2	3	4	5	6
Cote de participatie si actiuni de peste 10%,inclusiv pe tari:	060				

Rd.010= rd.020 + rd.030

Rd.040= rd.050 + rd.060

Col.6 = col.3+col.4-col.5

Anexa 9

NOTA INFORMATIVA privind relatiile cu nerezidentii

Tabelul 6

Venituri si cheltuieli aferente tranzactiilor cu nerezidentii

Indicatori	Cod rd./ cod tara	Perioada de gestiune precedenta	curenta
1	2	3	4
Venituri - total	010		
Venituri aferente bunurilor procurate si vindute peste hotare fara trecerea frontierei de stat a Republicii Moldova, inclusiv pe tari:	020		
1	2	3	4

1	2	3	4
Venituri din dobinzi aferente activitatii operationale si altor activitati, <i>inclusiv pe tari:</i>	030		

1	2	3	4
Venituri din dividende si participatii in alte entitati, <i>inclusiv pe tari:</i>	040		

1	2	3	4
Venituri din decontarea datoriilor cu termenul de prescriptie expirat, <i>inclusiv pe tari:</i>	050		

1	2	3	4
Alte venituri, <i>inclusiv pe tari:</i>	060		

1	2	3	4
Cheltuieli - total		070	
Cheltuieli aferente bunurilor procurate si vandute peste hotare fara trecerea frontierei de stat a Republicii Moldova, <i>inclusiv pe tari:</i>		080	

1	2	3	4
Cheltuieli privind dobinzile, <i>inclusiv pe tari:</i>	090		

1	2	3	4
Cheltuieli si provizioane aferente creantelor comerciale si altor creante compromise, <i>inclusiv pe tari:</i>		100	

1	2	3	4
Alte cheltuieli, <i>inclusiv pe tari:</i>	110		

Rd.010= rd.020 + rd.030 + rd.040 + rd.050 + rd.060
Rd.070= rd.080 + rd.090 + rd.100 + rd.110

NOTA INFORMATIVA privind relatiile cu nerezidentii

Anexa 9

Bunuri ale nerezidentilor inregistrate in conturi extrabilantiere

Tabelul 7

Indicatori	Cod rd./ cod tara	Sold la inceputul perioadei de gestiune	Intrari/ majorari	Iesiri/ diminuari	Sold la sfirsitul perioadei de gestiune
1	2	3	4	5	6
Bunuri primite in baza contractelor de comision, <i>inclusiv pe tari:</i>	010				

1	2	3	4	5	6
Bunuri primite spre prelucrare, <i>inclusiv pe tari:</i>	020				

1	2	3	4	5	6
Bunuri obținute din materialele prelucrate, <i>inclusiv pe tari:</i>	030				

Col.6 = col.3+col.4-col.5

Informațiile privind activele imobilizate

Anexa 7

Indicatori	Nr. rind	Existența la începutul perioadei (la costul de intrare)	Amortizarea acumulată la începutul perioadei	Deprecierea acumulată la începutul perioadei	Intrarea în cursul perioadei (la costul de intrare)	Ieșirea în cursul perioadei (la costul de intrare)	Existența la sfârșitul perioadei (la costul de intrare)	Amortizarea acumulată la sfârșitul perioadei	Deprecierea acumulată la sfârșitul perioadei
A	1	2	3	4	5	6	7	8	9
1. Imobilizări necorporale în curs de execuție	100	<u>4688000</u>					<u>4688000</u>		
2. Imobilizări necorporale în utilizare, total inclusiv:	200	<u>14090655</u>	<u>11334220</u>		<u>11448000</u>	<u>80528</u>	<u>25458127</u>	<u>12117891</u>	
2.1 brevete și mărci	210								
2.2. licențe de activitate	220	<u>748570</u>	<u>133122</u>			<u>80528</u>	<u>668042</u>	<u>315190</u>	
2.3. programe informatice	230	<u>13342085</u>	<u>11201098</u>		<u>11448000</u>		<u>24790085</u>	<u>11802701</u>	
3. Imobilizări corporale în curs de execuție	300				<u>450456</u>	<u>450456</u>			
4. Terenuri	400		x					x	
5. Mijloace fixe, total din care:	500	<u>52323716</u>	<u>17045046</u>		<u>450456</u>		<u>52774172</u>	<u>19488458</u>	
5.1. clădiri	510	<u>35903032</u>	<u>4626610</u>				<u>35903032</u>	<u>5649700</u>	
5.2. construcții speciale	520	<u>441996</u>	<u>56723</u>				<u>441996</u>	<u>73704</u>	
5.3. mașini, utilaje, instalații de transmisie	530	<u>8150871</u>	<u>7097114</u>		<u>370548</u>		<u>8521419</u>	<u>7827148</u>	
inclusiv: tehnică de calcul	531	<u>5849746</u>	<u>3518760</u>		<u>190962</u>		<u>6040708</u>	<u>4230169</u>	
5.4. mijloace de transport	540	<u>4691855</u>	<u>2892668</u>				<u>4691855</u>	<u>3370626</u>	
5.5. instrumente și inventar	550								
5.6. costuri ulterioare aferente obiectelor neînregistrate în bilanț	560								
5.7. mijloace fixe primite în leasing financiar	570								
5.8. mijloace fixe primite în gestiune economică	580								
5.9. alte mijloace fixe	590	<u>3135962</u>	<u>2371931</u>		<u>79908</u>		<u>3215870</u>	<u>2567280</u>	
6. Resurse minerale	600								
7. Investiții imobiliare, total	700								

Persoanele responsabile de semnarea rapoartelor financiare ale entității*

* conform art.36 din Legea contabilității

Formularul nr.1 CNAM

Aprobat
prin Ordinul ministrului finanțelor
nr.02 din 5 ianuarie 2018

Raport
privind executarea indicatorilor generali și surselor de finanțare
ale fondurilor asigurării obligatorii de asistență medicală
la situația din 31 decembrie 2019
(conform anexei nr.1 la Legea fondurilor asigurării obligatorii de asistență medicală pe anul 2019)

Periodicitatea: anual

mii lei

Denumirea	Cod Eco	Plan		Executat	Executat față de precizat	
		Aprobat pe an	Precizat pe an		devieri (+/-)	în %
<i>A</i>	<i>I</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5=4-3</i>	<i>6=4/3</i>
I. Venituri, total	1	7 326 030,0	7 709 848,3	7 636 333,0	-73 515,3	99,0%
<i>inclusiv transferuri de la bugetul de stat</i>		2 831 330,0	2 813 648,3	2 813 648,3	0,0	100,0%
II. Cheltuieli, total	2+3	7 526 030,0	7 709 848,3	7 489 650,2	-220 198,1	97,1%
III. Sold bugetar	1-(2+3)	-200 000,0	0,0	146 682,8	146 682,8	
IV. Surse de finanțare, total	4+5+9	200 000,0				
Sold de mijloace bănești la începutul perioadei	910	239 669,8	403 013,7	403 013,7	0,0	
Sold de mijloace bănești la sfârșitul perioadei	930	39 669,8	403 013,7	549 696,5	146 682,8	

Director general al Companiei Naționale de Asigurări în Medicină

Angela BELOBROV

Șef Direcție economie și finanțe

Sergiu Negritu

Formularul nr.1.1 CNAM

Aprobat
prin Ordinul ministrului finanțelor
nr.02 din 5 ianuarie 2018

Raport
privind executarea veniturilor fondurilor asigurării
obligatorii de asistență medicală la situația din 31 decembrie 2019
(conform anexei nr.1.1 la Legea fondurilor asigurării obligatorii de asistență medicală pe anul 2019)

Periodicitatea: anual

mii lei

Denumirea	Cod Eco	Plan		Executat	Executat față de precizat	
		Aprobat pe an	Precizat pe an		devieri (+/-)	în %
A	1	2	3	4	5=4-3	6=4/3
Venituri, total	1	7 326 030,0	7 709 848,3	7 636 333,0	-73 515,3	99,0%
Contribuții și prime de asigurare obligatorie	12	4 467 000,0	4 859 000,0	4 768 177,7	-90 822,3	98,1%
Prime de asigurare obligatorie de asistență medicală	122	4 467 000,0	4 859 000,0	4 768 177,7	-90 822,3	98,1%
Prime de asigurare obligatorie de asistență medicală în formă de contribuție procentuală la salariu și la alte recompense, achitate de fiecare categorie de plătitori	1221	4 360 400,0	4 740 400,0	4 645 137,6	-95 262,4	98,0%
Prime de asigurare obligatorie de asistență medicală în sumă fixă, achitate de persoane fizice cu reședința sau domiciliul în Republica Moldova	1222	106 600,0	118 600,0	123 040,1	4 440,1	103,7%
Alte venituri	14	27 700,0	37 200,0	54 507,0	17 307,0	146,5%
Transferuri primite în cadrul bugetului public național	19	2 831 330,0	2 813 648,3	2 813 648,3	0,0	100,0%
Transferuri primite în cadrul bugetului consolidat central	192	2 831 330,0	2 813 648,3	2 813 648,3	0,0	100,0%
Transferuri între bugetul de stat și fondurile asigurării obligatorii de asistență medicală	1922	2 831 330,0	2 813 648,3	2 813 648,3	0,0	100,0%
Transferuri curente primite cu destinație specială între bugetul de stat și fondurile asigurării obligatorii de asistență medicală	19221	112 064,9	94 383,2	94 383,2	0,0	100,0%
Transferuri curente primite cu destinație generală între bugetul de stat și fondurile asigurării obligatorii de asistență medicală	19223	2 719 265,1	2 719 265,1	2 719 265,1	0,0	100,0%

Director general al Companiei Naționale de Asigurări în Medicină

Angela BELOBROV

Șef Direcție economie și finanțe

Sergiu Negritu

Raport
privind executarea fondurilor asigurării obligatorii
de asistență medicală pe cheltuieli la situația din 31 decembrie 2019
 (conform anexei nr.1.2 la Legea fondurilor asigurării obligatorii de asistență medicală pe anul 2019)

Periodicitatea: anual

mii lei

Denumirea	Plan		Executat	Executat față de precizat	
	Aprobat pe an	Precizat pe an		devieri (+/-)	în %
A	1	2	3	4=3-2	5=3/2
Cheltuieli, total	7 526 030,0	7 709 848,3	7 489 650,2	-220 198,1	97,1%
<i>inclusiv:</i>					
1. Fondul pentru achitarea serviciilor medicale curente (fondul de bază)	7 333 329,0	7 517 147,3	7 333 708,9	-183 438,4	97,6%
2. Fondul de rezervă al asigurării obligatorii de asistență medicală	13 000,0	13 000,0	0,0	-13 000,0	0,0%
3. Fondul măsurilor de profilaxie (de prevenire a riscurilor de îmbolnăvire)	27 000,0	27 000,0	21 986,0	-5 014,0	81,4%
4. Fondul de dezvoltare și modernizare a prestatorilor publici de servicii medicale	70 000,0	70 000,0	55 300,3	-14 699,7	79,0%
5. Fondul de administrare a sistemului de asigurare obligatorie de asistență medicală	82 701,0	82 701,0	78 655,0	-4 046,0	95,1%

Director general al Companiei Naționale de Asigurări în Medicină

Angela BELOBROV

Șef Direcție economie și finanțe

Sergiu Negritu

Formularul nr.2 CNAM

Aprobat
prin Ordinul ministrului finanțelor
nr.02 din 5 ianuarie 2018

Raport
privind executarea programelor de cheltuieli ale fondurilor
asigurării obligatorii de asistență medicală la situația din 31 decembrie 2019
(conform anexei nr.2 la Legea fondurilor asigurării obligatorii de asistență medicală pe anul 2019)

Periodicitatea: anual

mii lei

Denumirea	Cod P2	Plan		Executat	Executat față de precizat	
		Aprobat pe an	Precizat pe an		devieri (+/-)	în %
A	I	2	3	4	5=4-3	6=4/3
Cheltuieli, total		7 526 030,0	7 709 848,3	7 489 650,2	-220 198,1	97,1%
<i>inclusiv:</i>						
Programul "Sănătatea publică și servicii medicale"	8000	7 526 030,0	7 709 848,3	7 489 650,2	-220 198,1	97,1%
Subprogramul "Administrare a fondurilor asigurării obligatorii de asistență medicală"	8002	82 701,0	82 701,0	78 655,0	-4 046,0	95,1%
Subprogramul "Asistență medicală primară",						
<i>inclusiv medicamente compensate</i>	8005	2 112 151,6	2 112 151,6	2 112 151,6	0,0	100,0%
<i>din care pentru realizarea programelor naționale de ocrotire a</i>		595 950,0	595 950,0	595 950,0	0,0	100,0%
<i>sănătății din contul transferurilor din bugetul de stat</i>		72 278,3	72 278,3	72 278,3	0,0	100,0%
Subprogramul "Asistență medicală specializată de ambulator"	8006	561 276,9	745 095,2	712 163,9	-32 931,3	95,6%
Subprogramul "Îngrijiri medicale comunitare și la domiciliu"	8008	65 031,4	65 031,4	61 860,6	-3 170,8	95,1%
Subprogramul "Asistență medicală urgentă prespitalicească"	8009	613 759,1	613 759,1	613 759,1	0,0	100,0%
Subprogramul "Asistență medicală spitalicească"	8010	3 760 222,0	3 760 222,0	3 620 298,2	-139 923,8	96,3%
Subprogramul "Servicii medicale de înaltă performanță"	8011	220 888,0	220 888,0	213 475,5	-7 412,5	96,6%
Subprogramul "Management al fondului de rezervă al asigurării obligatorii de asistență medicală"	8017	13 000,0	13 000,0	0,0	-13 000,0	0,0%
Subprogramul "Programe naționale și speciale în domeniul ocrotirii sănătății"	8018	27 000,0	27 000,0	21 986,0	-5 014,0	81,4%
Subprogramul "Dezvoltarea și modernizarea instituțiilor din domeniul ocrotirii sănătății"	8019	70 000,0	70 000,0	55 300,3	-14 699,7	79,0%

Director general al Companiei Naționale de Asigurări în Medicină

Șef Direcție economie și finanțe

Angela BELOBROV

Sergiu Negritu

Raport
privind executarea fondurilor asigurării obligatorii de asistență medicală
la situația din 31 decembrie 2019

Periodicitatea: semestrul I, 9 luni, anual

mii lei

Denumirea	Eco	Plan		Executat anul curent	Executat față de precizat pe an		Executat anul precedent	Executat anul curent față de anul precedent	
		Aprobat pe an	Precizat pe an		devieri (+/-)	în %		devieri (+/-)	în %
1	2	3	4	5	6	7	8	9	10
I. VENITURI	1	7.326.030,0	7.709.848,3	7.636.333,0	-73.515,3	99,0%	6.877.407,5	758.925,5	111,0%
CONTRIBUȚII ȘI PRIME DE ASIGURĂRI OBLIGATORII	12	4.467.000,0	4.859.000,0	4.768.177,7	-90.822,3	98,1%	4.117.555,3	650.622,4	115,8%
PRIME DE ASIGURARE OBLIGATORIE DE ASISTENȚĂ MEDICALĂ	122	4.467.000,0	4.859.000,0	4.768.177,7	-90.822,3	98,1%	4.117.555,3	650.622,4	115,8%
Prime de asigurare obligatorie de asistență medicală în formă de contribuție procentuală la salariu și la alte recompense, achitate de angajatori și angajați	1221	4.360.400,0	4.740.400,0	4.645.137,6	-95.262,4	98,0%	4.007.228,0	637.909,6	115,9%
Prime de asigurare obligatorie de asistență medicală în sumă fixă, achitate de persoane fizice cu reședința sau domiciliul în Republica Moldova	1222	106.600,0	118.600,0	123.040,1	4.440,1	103,7%	110.327,3	12.712,8	111,5%
ALTE VENITURI	14	27.700,0	37.200,0	54.507,0	17.307,0	146,5%	31.827,0	22.680,0	171,3%
VENITURI DIN PROPRIETATE	141	2.721,0	2.721,0	6.543,6	3.822,6	240,5%	4.843,3	1.700,3	135,1%
Dobânzi încasate	1411	2.721,0	2.721,0	6.543,6	3.822,6	240,5%	4.843,3	1.700,3	135,1%
AMENZI ȘI SANCTIUNI	143	1.174,8	1.174,8	837,4	-337,4	71,3%	2.017,3	-1.179,9	41,5%
Amenzi și sancțiuni contravenționale	1431	135,3	135,3	187,5	52,2	138,6%	215,2	-27,7	87,1%
Amenzi aplicate de organele de control	1433	1.039,5	1.039,5	649,9	-389,6	62,5%	1.802,1	-1.152,2	36,1%
ALTE VENITURI ȘI VENITURI NEIDENTIFICATE	145	23.804,2	33.304,2	47.126,0	13.821,8	141,5%	24.966,4	22.159,6	188,8%
Alte venituri	1451	23.804,2	33.304,2	47.126,0	13.821,8	141,5%	24.966,4	22.159,6	188,8%
TRANSFERURI PRIMITE ÎN CADRUL BUGETULUI PUBLIC NAȚIONAL*	19	2.831.330,0	2.813.648,3	2.813.648,3	0,0	100,0%	2.728.025,2	85.623,1	103,1%
TRANSFERURI PRIMITE ÎN CADRUL BUGETULUI CONSOLIDAT CENTRAL	192	2.831.330,0	2.813.648,3	2.813.648,3	0,0	100,0%	2.728.025,2	85.623,1	103,1%
Transferuri curente primite între bugetul de stat și fondurile asigurării obligatorii de asistență medicală	1922	2.831.330,0	2.813.648,3	2.813.648,3	0,0	100,0%	2.728.025,2	85.623,1	103,1%
Transferuri de la bugetul de stat pentru realizarea programelor naționale de ocrotire a sănătății		72.278,3	72.278,3	72.278,3	0,0	100,0%	69.033,7	3.244,6	104,7%
Transferuri de la bugetul de stat pentru realizarea proiectului "Modernizarea sectorului sănătății"		39.786,6	22.104,9	22.104,9	0,0	100,0%	24.021,8	-1.916,9	92,0%
Transferuri de la bugetul de stat pentru asigurarea medicală a categoriilor de persoane asigurate de Guvern		2.718.526,6	2.718.526,6	2.718.526,6	0,0	100,0%	2.634.231,2	84.295,4	103,2%
Transferuri de la bugetul de stat pentru compensarea veniturilor ratate, conform art.3 din Legea nr.39-XVI din 2 martie 2006		738,5	738,5	738,5	0,0	100,0%	738,5	0,0	100,0%

1	2	3	4	5	6	7	8	9	10
II. CHELTUIELI ȘI ACTIVE NEFINANCIARE	2+3	7.526.030,0	7.709.848,3	7.489.650,2	-220.198,1	97,1%	6.714.063,6	775.586,6	111,6%
III. CHELTUIELI	2	7.452.595,4	7.638.480,7	7.433.020,5	-205.460,2	97,3%	6.674.112,0	758.908,5	111,4%
CHELTUIELI DE PERSONAL	21	64.138,2	66.832,0	66.802,1	-29,9	100,0%	60.483,1	6.319,0	110,4%
REMUNERAREA MUNCII	211	51.215,4	52.417,3	52.413,5	-3,8	100,0%	47.875,6	4.537,9	109,5%
Remunerarea muncii angajaților conform statelor	2111	51.215,4	52.417,3	52.413,5	-3,8	100,0%	47.875,6	4.537,9	109,5%
Alte plăți bănești ale angajaților	2113		0,0	0,0	0,0		0,0	0,0	
CONTRIBUȚII ȘI PRIME DE ASIGURĂRI OBLIGATORII	212	12.922,8	14.414,7	14.388,6	-26,1	99,8%	12.607,5	1.781,1	114,1%
Contribuții de asigurări sociale de stat obligatorii	2121	10.740,8	12.055,9	12.030,0	-25,9	99,8%	10.453,5	1.576,5	115,1%
Prime de asigurare obligatorie de asistență medicală	2122	2.182,0	2.358,8	2.358,6	-0,2	100,0%	2.154,0	204,6	109,5%
BUNURI ȘI SERVICII	22	7.387.947,2	7.571.138,7	7.365.720,0	-205.418,7	97,3%	6.612.422,5	753.297,5	111,4%
SERVICII	222	7.387.947,2	7.571.138,7	7.365.720,0	-205.418,7	97,3%	6.612.422,5	753.297,5	111,4%
Servicii energetice și comunale	2221	1.338,1	1.241,0	1.087,9	-153,1	87,7%	1.275,6	-187,7	85,3%
Servicii informaționale și de telecomunicații	2222	7.086,9	6.967,9	3.278,7	-3.689,2	47,1%	5.975,7	-2.697,0	54,9%
Servicii de locațiune	2223	687,7	687,7	621,1	-66,6	90,3%	642,4	-21,3	96,7%
Servicii de transport	2224	64,0	96,9	96,8	-0,1	99,9%	42,4	54,4	228,3%
Servicii de reparații curente	2225	954,0	0,0	0,0	0,0		2.221,0	-2.221,0	0,0%
Formarea profesională	2226	50,0	103,0	102,5	-0,5	99,5%	48,6	53,9	210,9%
Deplasări de serviciu	2227	100,0	103,2	103,2	0,0	100,0%	89,3	13,9	115,6%
Servicii medicale	2228	7.373.329,0	7.557.147,3	7.355.694,9	-201.452,4	97,3%	6.598.100,7	757.594,2	111,5%
Alte servicii	2229	4.337,5	4.791,7	4.734,9	-56,8	98,8%	4.026,8	708,1	117,6%
PRESTAȚII SOCIALE	27	510,0	510,0	498,4	-11,6	97,7%	1.206,4	-708,0	41,3%
PRESTAȚII SOCIALE ALE ANGAJATORILOR	273	510,0	510,0	498,4	-11,6	97,7%	1.206,4	-708,0	41,3%
Indemnizații la încetarea acțiunii contractului de muncă	2732	0,0	56,3	56,3	0,0	100,0%	744,1	-687,8	7,6%
Indemnizații pentru incapacitatea temporară de muncă achitate din mijloacele financiare ale angajatorului	2735	510,0	453,7	442,1	-11,6	97,4%	462,3	-20,2	95,6%
ALTE CHELTUIELI	28	0,0	0,0	0,0	0,0		0,0	0,0	
ALTE CHELTUIELI CURENTE	281	0,0	0,0	0,0	0,0		0,0	0,0	
Cotizații	2811	0,0	0,0	0,0	0,0		0,0	0,0	
Despăgubiri civile	2813	0,0	0,0	0,0	0,0		0,0	0,0	
Alte cheltuieli în baza de contracte cu persoane fizice	2816	0,0	0,0	0,0	0,0		0,0	0,0	
Alte cheltuieli curente	2819	0,0	0,0	0,0	0,0		0,0	0,0	
IV. ACTIVE NEFINANCIARE	3	73.434,6	71.367,6	56.629,7	-14.737,9	79,3%	39.951,6	16.678,1	141,7%
MIJLOACE FIXE	31	72.600,0	70.500,0	55.765,0	-14.735,0	79,1%	38.877,0	16.888,0	143,4%
CLĂDIRI	311	37.500,0	20.500,0	12.515,2	-7.984,8	61,0%	10.833,2	1.682,0	115,5%
Majorarea valorii clădirilor	3111	37.500,0	20.500,0	12.515,2	-7.984,8	61,0%	10.833,2	1.682,0	115,5%
MAȘINI ȘI UTILAJE	314	25.000,0	46.400,0	40.107,4	-6.292,6	86,4%	21.577,4	18.530,0	185,9%
Majorarea valorii mașinilor și utilajelor	3141	25.000,0	46.400,0	40.107,4	-6.292,6	86,4%	21.577,4	18.530,0	185,9%
MIJLOACE DE TRANSPORT	315	0,0	0,0	0,0	0,0		566,6	-566,6	0,0%
Majorarea valorii mijloacelor de transport	3151	0,0	0,0	0,0	0,0		566,6	-566,6	0,0%

1	2	3	4	5	6	7	8	9	10
Unelte și scule, inventar de producere și gospodăresc	316	100,0	100,0	67,5	-32,5	67,5%	189,9	-122,4	35,5%
Majorarea valorii uneltelor și sculelor, inventarului de producere și gospodăresc	3161	100,0	100,0	67,5	-32,5	67,5%	189,9	-122,4	35,5%
ACTIVE NEMATERIALE	317	0,0	0,0	0,0	0,0		0,0	0,0	
Majorarea valorii activelor nemateriale	3171	0,0	0,0	0,0	0,0		0,0	0,0	
INVESTIȚII CAPITALE ÎN ACTIVE ÎN CURS DE EXECUȚIE	319	10.000,0	3.500,0	3.074,9	-425,1	87,9%	5.709,9	-2.635,0	53,9%
Investiții capitale în active în curs de execuție	3192	10.000,0	3.500,0	3.074,9	-425,1	87,9%	5.709,9	-2.635,0	53,9%
STOCURI DE MATERIALE CIRCULANTE	33	834,6	867,6	864,7	-2,9	99,7%	1.074,6	-209,9	80,5%
COMBUSTIBIL, CARBURANȚI ȘI LUBRIFIANȚI	331	529,7	424,8	423,3	-1,5	99,6%	517,7	-94,4	81,8%
Majorarea valorii combustibilului, carburanților și lubrifiantilor	3311	529,7	424,8	423,3	-1,5	99,6%	517,7	-94,4	81,8%
PIESE DE SCHIMB	332	28,0	49,9	49,9	0,0	100,0%	66,7	-16,8	74,8%
Majorarea valorii pieselor de schimb	3321	28,0	49,9	49,9	0,0	100,0%	66,7	-16,8	74,8%
Produse alimentare	333	0,0	0,0	0,0	0,0		0,0	0,0	
Majorarea valorii produselor alimentare	3331	0,0	0,0	0,0	0,0		0,0	0,0	
MATERIALE PENTRU SCOPURI DIDACTICE, ȘTIINȚIFICE ȘI ALTE SCOPURI	335	0,0	0,0	0,0	0,0		0,0	0,0	
Majorarea valorii materialelor pentru scopuri didactice, științifice și alte scopuri	3351	0,0	0,0	0,0	0,0		0,0	0,0	
MATERIALE DE UZ GOSPODĂRESC ȘI RECHIZITE DE BIROU	336	233,0	375,2	373,9	-1,3	99,7%	395,0	-21,1	94,7%
Majorarea valorii materialelor de uz gospodăresc și rechizitelor de birou	3361	233,0	375,2	373,9	-1,3	99,7%	395,0	-21,1	94,7%
ALTE MATERIALE	339	43,9	17,7	17,6	-0,1	99,4%	95,2	-77,6	18,5%
Majorarea valorii altor materiale	3391	43,9	17,7	17,6	-0,1	99,4%	95,2	-77,6	18,5%
MĂRFURI	35	0,0	0,0	0,0	0,0		0,0	0,0	
MĂRFURI	351	0,0	0,0	0,0	0,0		0,0	0,0	
Majorarea valorii mărfurilor	3511	0,0	0,0	0,0	0,0		0,0	0,0	
V. SOLD BUGETAR	1-(2+3)	-200.000,0	0,0	146.682,8	146.682,8		163.343,9	-16.661,1	
VI. SURSE DE FINANȚARE, total	4+5+9	200.000,0	0,0						
VII. ACTIVE FINANCIARE	4	0,0	0,0	0,0	0,0		0,0	0,0	
CREANȚE INTERNE	41	0,0	0,0	0,0	0,0		0,0	0,0	
Alte creanțe interne ale bugetului	418	0,0	0,0	0,0	0,0		0,0	0,0	
Alte creanțe interne ale bugetului	4181	0,0	0,0	0,0	0,0		0,0	0,0	
CREDITE INTERNE ÎNTRE BUGETE	44	0,0	0,0	0,0	0,0		0,0	0,0	

1	2	3	4	5	6	7	8	9	10
CREDITE ÎN CADRUL BUGETULUI CONSOLIDAT CENTRAL	442	0,0	0,0	0,0	0,0		0,0	0,0	
Credite între bugetul de stat și si fondurile asigurării obligatorii de asistență medicală	4422	0,0	0,0	0,0	0,0		0,0	0,0	
VIII. DATORII	5	0,0	0,0	0,0	0,0		0,0	0,0	
ÎMPRUMUTURI INTERNE	54	0,0	0,0	0,0	0,0		0,0	0,0	
ÎMPRUMUTURI ÎN CADRUL BUGETULUI CONSOLIDAT CENTRAL	542	0,0	0,0	0,0	0,0		0,0	0,0	
Împrumuturi între bugetul de stat și fondurile asigurării obligatorii de asistență medicală	5422	0,0	0,0	0,0	0,0		0,0	0,0	
ÎMPRUMUTURI INTERNE DE LA INSTITUȚIILE NEFINANCIARE ȘI FINANCIARE	55	0,0	0,0	0,0	0,0		0,0	0,0	
ÎMPRUMUTURI INTERNE DE LA INSTITUȚIILE FINANCIARE	552	0,0	0,0	0,0	0,0		0,0	0,0	
Împrumuturi de la instituțiile financiare	5521	0,0	0,0	0,0	0,0		0,0	0,0	
IX.MODIFICAREA SOLDULUI DE MIJLOACE BĂNEȘTI	9	-200.000,0	0,0	146.682,8	146.682,8		163.343,9	-16.661,1	
SOLD DE MIJLOACE BĂNEȘTI LA ÎNCEPUTUL PERIOADEI	91	239.669,8	403.013,7	403.013,7	0,0		239.669,8	163.343,9	
SOLD DE MIJLOACE BĂNEȘTI LA SFÂRȘITUL PERIOADEI	93	39.669,8	403.013,7	549.696,5	146.682,8		403.013,7	146.682,8	
<i>Sub aspectul fondurilor și subprogramelor</i>									
II. CHELTUIELI ȘI ACTIVE NEFINANCIARE		7.526.030,0	7.709.848,3	7.489.650,2	-220.198,1	97,1%	6.714.063,6	775.586,6	111,6%
I. Fondul pentru achitarea serviciilor medicale curente (fondul de bază)		7.333.329,0	7.517.147,3	7.333.708,9	-183.438,4	97,6%	6.586.353,1	747.355,8	111,3%
Subprogramul "Asistență medicală primară"	8005	2.112.151,6	2.112.151,6	2.112.151,6	0,0	100,0%	1.885.471,7	226.679,9	112,0%
<i>inclusiv medicamente compensate, total</i>		595.950,0	595.950,0	595.950,0	0,0	100,0%	508.037,4	87.912,6	117,3%
<i>dintre care pentru realizarea programelor naționale de ocrotire a sănătății din contul transferurilor din bugetul de stat</i>		72.278,3	72.278,3	72.278,3	0,0	100,0%	69.033,7	3.244,6	104,7%
Subprogramul "Asistență medicală specializată de ambulator"	8006	561.276,9	745.095,2	712.163,9	-32.931,3	95,6%	504.571,4	207.592,5	141,1%
Subprogramul "Îngrijiri medicale comunitare și la domiciliu"	8008	65.031,4	65.031,4	61.860,6	-3.170,8	95,1%	56.994,2	4.866,4	108,5%
Subprogramul "Asistență medicală urgentă prespitalicească"	8009	613.759,1	613.759,1	613.759,1	0,0	100,0%	561.593,8	52.165,3	109,3%
Subprogramul "Asistență medicală spitalicească"	8010	3.760.222,0	3.760.222,0	3.620.298,2	-139.923,8	96,3%	3.368.373,8	251.924,4	107,5%

1	2	3	4	5	6	7	8	9	10
Subprogramul "Servicii medicale de înaltă performanță"	8011	220.888,0	220.888,0	213.475,5	-7.412,5	96,6%	209.348,2	4.127,3	102,0%
2. Fondul de rezervă al asigurării obligatorii de asistență medicală		13.000,0	13.000,0	0,0	-13.000,0	0,0%	0,0	0,0	
Subprogramul "Management al fondului de rezervă al asigurării obligatorii de asistență medicală"	8017	13.000,0	13.000,0	0,0	-13.000,0	0,0%	0,0	0,0	
3. Fondul măsurilor de profilaxie (de prevenire a riscurilor de îmbolnăvire)		27.000,0	27.000,0	21.986,0	-5.014,0	81,4%	11.747,6	10.238,4	187,2%
Subprogramul "Programe naționale și speciale în domeniul ocrotirii sănătății"	8018	27.000,0	27.000,0	21.986,0	-5.014,0	81,4%	11.747,6	10.238,4	187,2%
4. Fondul de dezvoltare și modernizare a prestatorilor publici de servicii medicale		70.000,0	70.000,0	55.300,3	-14.699,7	79,0%	38.120,5	17.179,8	145,1%
Subprogramul "Dezvoltarea și modernizarea instituțiilor din domeniul ocrotirii sănătății"	8019	70.000,0	70.000,0	55.300,3	-14.699,7	79,0%	38.120,5	17.179,8	145,1%
5. Fondul de administrare al sistemului de asigurare obligatorie de asistență medicală		82.701,0	82.701,0	78.655,0	-4.046,0	95,1%	77.842,4	812,6	101,0%
Subprogramul "Administrare a fondurilor asigurării obligatorii de asistență medicală"	8002	82.701,0	82.701,0	78.655,0	-4.046,0	95,1%	77.842,4	812,6	101,0%

Notă:

* Pentru fiecare poziție de transferuri primite între bugetul de stat și fondurile asigurării obligatorii de asistență medicală se va indica și tipul transferului

Director general al Companiei Naționale de Asigurări în Medicină

Șef Direcție economie și finanțe



Valentina BULIGA

Sergiu Negritu

Raport
privind executarea fondurilor asigurării obligatorii de asistență medicală la partea de
31 decembrie 2019

Periodicitatea: semestrul I, 9 luni, anual

mii lei

Denumirea	ECO	Plan		Executat	Cheltuieli efective	Total		Inclusiv creanțe cu termen expirat	Inclusiv datorii cu termen de achitare expirat
		Aprobat pe an	Precizat pe an			Creanțe	Datorii		
<i>I</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>
II. CHELTUIELI ȘI ACTIVE NEFINANCIARE	2+3	7.526.030,0	7.709.848,3	7.489.650,2	7.516.712,3	2.730,9	315.566,6	0,0	0,0
III. CHELTUIELI	2	7.452.595,4	7.638.480,7	7.433.020,5	7.457.765,9	2.730,9	305.983,7	0,0	0,0
CHELTUIELI DE PERSONAL	21	64.138,2	66.832,0	66.802,1	66.819,2	20,4	21,5	0,0	0,0
REMUNERAREA MUNCII	211	51.215,4	52.417,3	52.413,5	52.413,5	20,4	4,4	0,0	0,0
Remunerarea muncii angajaților conform statelor	2111	51.215,4	52.417,3	52.413,5	52.413,5	20,4	4,4	0,0	0,0
Alte plăți bănești ale angajaților	2113								
CONTRIBUȚII ȘI PRIME DE ASIGURĂRI OBLIGATORII	212	12.922,8	14.414,7	14.388,6	14.405,7	0,0	17,1	0,0	0,0
Contribuții de asigurări sociale de stat obligatorii	2121	10.740,8	12.055,9	12.030,0	12.047,1	0,0	17,1	0,0	0,0
Prime de asigurare obligatorie de asistență medicală	2122	2.182,0	2.358,8	2.358,6	2.358,6	0,0	0,0	0,0	0,0
BUNURI SI SERVICII	22	7.387.947,2	7.571.138,7	7.365.720,0	7.390.448,4	2.710,5	305.962,2	0,0	0,0
SERVICII	222	7.387.947,2	7.571.138,7	7.365.720,0	7.390.448,4	2.710,5	305.962,2	0,0	0,0
Servicii energetice și comunale	2221	1.338,1	1.241,0	1.087,9	1.197,7	0,0	102,5	0,0	0,0
Servicii informaționale și de telecomunicații	2222	7.086,9	6.967,9	3.278,7	3.362,5	78,2	19,6	0,0	0,0
Servicii de locațiune	2223	687,7	687,7	621,1	663,3	0,0	43,8	0,0	0,0

1	2	3	4	5	6	8	9	10	11
Servicii de transport	2224	64,0	96,9	96,8	8,8	0,0	0,0	0,0	0,0
Servicii de reparații curente	2225	954,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Formarea profesională	2226	50,0	103,0	102,5	84,0	0,0	0,0	0,0	0,0
Deplasări de serviciu	2227	100,0	103,2	103,2	88,4	7,7	0,0	0,0	0,0
Servicii medicale	2228	7.373.329,0	7.557.147,3	7.355.694,9	7.379.681,0	2.552,4	305.757,3	0,0	0,0
Alte servicii	2229	4.337,5	4.791,7	4.734,9	5.362,7	72,2	39,0	0,0	0,0
PRESTAȚII SOCIALE	27	510,0	510,0	498,4	498,3	0,0	0,0	0,0	0,0
PRESTAȚII SOCIALE ALE ANGAJATORILOR	273	510,0	510,0	498,4	498,3	0,0	0,0	0,0	0,0
Indemnizații la încetarea acțiunii contractului de muncă	2732	0,0	56,3	56,3	56,2	0,0	0,0	0,0	0,0
Indemnizații pentru incapacitatea temporară de muncă achitate din mijloacele financiare ale angajatorului	2735	510,0	453,7	442,1	442,1	0,0	0,0	0,0	0,0
ALTE CHELTUIELI	28	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
ALTE CHELTUIELI CURENTE	281	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Cotizații	2811	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Despăgubiri civile	2813	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Alte cheltuieli în baza de contracte cu persoane fizice	2816	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Alte cheltuieli curente	2819	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
IV. ACTIVE NEFINANCIARE	3	73.434,6	71.367,6	56.629,7	58.946,4	0,0	9.582,9	0,0	0,0
MIJLOACE FIXE	31	72.600,0	70.500,0	55.765,0	57.626,1	0,0	9.544,0	0,0	0,0
CLĂDIRI	311	37.500,0	20.500,0	12.515,2	13.538,3	0,0	5.946,7	0,0	0,0
Majorarea valorii clădirilor	3111	37.500,0	20.500,0	12.515,2	13.538,3	0,0	5.946,7	0,0	0,0
MAȘINI ȘI UTILAJE	314	25.000,0	46.400,0	40.107,4	39.592,6	0,0	3.316,9	0,0	0,0
Majorarea valorii mașinilor și utilajelor	3141	25.000,0	46.400,0	40.107,4	39.592,6	0,0	3.316,9	0,0	0,0
MIJLOACE DE TRANSPORT	315	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Majorarea valorii mijloacelor de transport	3151	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0

1	2	3	4	5	6	8	9	10	11
Unelte și scule, inventar de producere și gospodăresc	316	100,0	100,0	67,5	1.420,3	0,0	0,0	0,0	0,0
Majorarea valorii uneltelor și sculelor, inventarului de producere și gospodăresc	3161	100,0	100,0	67,5	1.420,3	0,0	0,0	0,0	0,0
ACTIVE NEMATERIALE	317	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Majorarea valorii activelor nemateriale	3171	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
INVESTIȚII CAPITALE ÎN ACTIVE ÎN CURS DE EXECUȚIE	319	10.000,0	3.500,0	3.074,9	3.074,9	0,0	280,4	0,0	0,0
Investiții capitale în active în curs de execuție	3192	10.000,0	3.500,0	3.074,9	3.074,9	0,0	280,4	0,0	0,0
STOCURI DE MATERIALE CIRCULANTE	33	834,6	867,6	864,7	1.320,3	0,0	38,9	0,0	0,0
COMBUSTIBIL, CARBURANȚI ȘI LUBRIFIANȚI	331	529,7	424,8	423,3	416,3	0,0	38,9	0,0	0,0
Majorarea valorii combustibilului, carburanților și lubrifiantilor	3311	529,7	424,8	423,3	416,3	0,0	38,9	0,0	0,0
PIESE DE SCHIMB	332	28,0	49,9	49,9	27,7	0,0	0,0	0,0	0,0
Majorarea valorii pieselor de schimb	3321	28,0	49,9	49,9	27,7	0,0	0,0	0,0	0,0
Produse alimentare	333	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Majorarea valorii produselor alimentare	3331	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
MATERIALE PENTRU SCOPURI DIDACTICE, ȘTIINȚIFICE ȘI ALTE SCOPURI	335	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Majorarea valorii materialelor pentru scopuri didactice, științifice și alte scopuri	3351	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
MATERIALE DE UZ GOSPODĂRESC ȘI RECHIZITE DE BIROU	336	233,0	375,2	373,9	876,3	0,0	0,0	0,0	0,0
Majorarea valorii materialelor de uz gospodăresc și rechizitelor de birou	3361	233,0	375,2	373,9	876,3	0,0	0,0	0,0	0,0
ALTE MATERIALE	339	43,9	17,7	17,6	0,0	0,0	0,0	0,0	0,0
Majorarea valorii altor materiale	3391	43,9	17,7	17,6	0,0	0,0	0,0	0,0	0,0
MĂRFURI	35	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0

1	2	3	4	5	6	8	9	10	11
MĂRFURI	351	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Majorarea valorii mărfurilor	3511	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
1. Fondul pentru achitarea serviciilor medicale curente (fondul de bază)		7.333.329,0	7.517.147,3	7.333.708,9	7.357.307,4	2.414,5	305.591,5	0,0	0,0
Subprogramul "Asistența medicală primară" <i>inclusiv medicamente compensate, din care</i> <i>dintre care pentru realizarea programelor</i> <i>naționale de ocrotire a sănătății din contul</i> <i>transferurilor din bugetul de stat</i>	8005	2.112.151,6 595.950,0 72.278,3	2.112.151,6 595.950,0 72.278,3	2.107.575,0 595.950,0 72.278,3	2.114.416,1 598.994,1 72.278,3	289,2	119.521,2 56.898,3	0,0	0,0
Subprogramul "Asistența medicală specializată de ambulatoriu"	8006	561.276,9	745.095,2	712.163,9	718.668,2	1.919,5	28.138,5	0,0	0,0
Subprogramul "Îngrijiri medicale comunitare și la domiciliu"	8008	65.031,4	65.031,4	61.860,6	61.790,8	11,1	1.560,8	0,0	0,0
Subprogramul "Asistența medicală urgentă prespitalicească"	8009	613.759,1	613.759,1	613.759,1	613.759,1	0,0	10.229,6	0,0	0,0
Subprogramul "Asistența medicală spitalicească"	8010	3.760.222,0	3.760.222,0	3.624.874,8	3.638.209,9	29,9	138.307,4	0,0	0,0
Subprogramul "Servicii medicale de înaltă performanță"	8011	220.888,0	220.888,0	213.475,5	210.463,3	164,8	7.834,0	0,0	0,0
2. Fondul de rezervă al asigurării obligatorii de asistență medicală		13.000,0	13.000,0	0,0	0,0	0,0	0,0	0,0	0,0
Subprogramul "Management al fondului de rezervă al asigurării obligatorii de asistență medicală"	8017	13.000,0	13.000,0	0,0	0,0	0,0	0,0	0,0	0,0
3. Fondul măsurilor de profilaxie (de prevenire a riscurilor de îmbolnăvire)		27.000,0	27.000,0	21.986,0	22.373,6	137,9	165,8	0,0	0,0
Subprogramul "Programe naționale și speciale în domeniul ocrotirii sănătății"	8018	27.000,0	27.000,0	21.986,0	22.373,6	137,9	165,8	0,0	0,0
4. Fondul de dezvoltare și modernizare a prestatorilor publici de servicii medicale		70.000,0	70.000,0	55.300,3	55.182,7	0,0	9.544,0	0,0	0,0

1	2	3	4	5	6	8	9	10	11
Subprogramul "Dezvoltarea și modernizarea instituțiilor din domeniul ocrotirii sănătății"	8019	70.000,0	70.000,0	55.300,3	55.182,7	0,0	9.544,0	0,0	0,0
5. Fondul de administrare al sistemului de asigurare obligatorie de asistență medicală		82.701,0	82.701,0	78.655,0	81.848,6	178,5	265,3	0,0	0,0
Subprogramul "Administrare a fondurilor asigurării obligatorii de asistență medicală"	8002	82.701,0	82.701,0	78.655,0	81.848,6	178,5	265,3	0,0	0,0

Director general al Companiei Naționale de Asigurări în Medicină



Valentina BULIGA

Șeful Direcției economie și finanțe



Sergiu Negritu