

LAW ON HEALTH INSURANCE

CONSOLIDATED TEXT **1**

GENERAL PROVISIONS

Article 1

This Law shall regulate the health insurance of the citizens, the rights and obligations deriving from the health insurance, as well as the manner of implementing the health insurance.

Article 2

The health insurance shall be established as mandatory and voluntary.

Mandatory health insurance shall be established for all the citizens of the Republic of Macedonia for the purpose of providing health services and monetary compensations based on the principles of thoroughness, solidarity, equality and efficient usage of funds under conditions determined by this Law.

Voluntary health insurance shall be established for the purpose of providing health services which are not included in the mandatory health insurance.

Article 3

The mandatory health insurance shall be implemented by the Health Insurance Fund of the Republic of Macedonia (hereinafter: Fund).

Voluntary health insurance can be implemented by insurance companies founded according to the insurance regulations.

PART I

MANDATORY HEALTH INSURANCE

I. INSURED PERSONS

Article 4

Insured persons, in terms of this Law, shall be the insured and the members of their family.

1. The insured

Article 5

The following persons shall be mandatorily insured under this Law:

1) a worker employed in a legal entity, a self-employed person, a person employed in an institution, in another legal entity performing public service activity, state body and body of the units of local self-government and the City of Skopje;

1-a) an executive member of a board of directors of a trade company, a member of a management board of a trade company, that is, a manager in a trade company, provided that he/she is not insured on any other ground;

1-b) *deleted* ; 2

1-c) a person in short-time employment in accordance with the Law on Agencies for Temporary Employment;

2) a citizen of the Republic of Macedonia who on the territory of the Republic of Macedonia is employed in a foreign or international bodies, organizations and institutions, in foreign diplomatic and consular offices, in personal services of foreign diplomatic and consular offices or in personal service of foreigners, unless otherwise determined by international agreement;

3) a self-employed person;

4) a holder of agricultural holding of second and third category in accordance with the Law on Agriculture and Rural Development; 3

5) a religious official;

6) a temporary unemployed person while receiving monetary compensation from the insurance in case of unemployment;

7) a citizen of the Republic of Macedonia employed abroad, if during the period of employment abroad he is not mandatory insured at a foreign insurance holder according to the law of the country of employment, or according to the international agreement, and who had a permanent residence on the territory of the Republic of Macedonia immediately before establishing the employment abroad – for the members of the family who live in the Republic of Macedonia;

8) a beneficiary of pension and salary compensation according to the pension and disability insurance regulations;

9) a citizen of the Republic of Macedonia who receives pension or disability pension from a foreign insurance carrier from a state with which the Republic of Macedonia has not concluded/acceded to an Agreement for Social Insurance or the Republic of Macedonia has concluded/acceded to an Agreement for Social Insurance but the agreement does not regulate the possibility for exercising the right to health insurance, while he/she resides in the Republic;

10) a person beneficiary of constant financial aid; a person with a status of recognized refugee; a person under subsidiary protection; a person situated in a foster family; a person situated in a social protection institution (for institutional and off-institutional protection); a beneficiary of monetary compensation for aid and care of another person; a person who until the age of 18 had the status of child without parents and parental care, by the age of 26 at the most, and is a beneficiary of social financial aid; a person - victim of family violence for which measures for protection are taken in accordance with the Family Law and a person under organized independent living with support, unless they can be insured on any other basis;

11) a foreigner who on the territory of the Republic of Macedonia is employed or in the service of foreign natural persons or legal entities, international organizations and institutions, or foreign diplomatic and consular offices, unless otherwise determined by an international agreement;

12) a foreigner enrolled in education or professional training in the Republic, unless otherwise determined by an international agreement,

13) a person serving an imprisonment sentence, person in custody (unless insured on other basis) and juvenile person serving educational measure sending into penitentiary facility, i.e. institution and

14) a participant in the NLW (National Liberation War) and participants in the National liberation movement in the Aegean part of Macedonia, army invalid and members of the families of the fallen soldiers and deceased participants in NLW, as well as civilian invalids of the Second World War, the persons persecuted and confined for the ideologies of the sovereignty of Macedonia and its nationality, to whom such feature is determined by special regulations and the family members and parents of the persons citizens of the Republic of Macedonia, deceased in the wars during the disintegration of SFRY.

15) a citizen of the Republic of Macedonia not mandatory insured according to points 1 through 14 of this Article.

The citizens who are not included in the mandatory health insurance according to paragraph 1 of this Article can access the mandatory health insurance for the purpose of exercising the right to health services as referred to in Article 4 of this Law.

The citizens who receive pension or disability pension from a foreign insurance carrier, that is, the Republic of Macedonia and that foreign state have concluded/acceded to an agreement for social insurance that regulates the possibility for exercising the rights of health insurance and who have a residence on the territory of the Republic may join the mandatory health insurance for the purpose of exercising the right to health services referred to in Article 9 of this Law, based on the provisions of the international agreement.

2. Family members

Article 6

Based on the mandatory health insurance of the insured, mandatory health insurance shall also be provided for the members of his/her family, unless they are insured in accordance with Article 5 of this Law, except the persons with status of recognized refugee and person under subsidiary protection, referred to in Article 5 paragraph 1 point 10 of this Law.

The spouse and the children born in marriage or unwed partnership, foster-sons, adopted children and children accepted for support shall be considered as members of the family of the insured person in terms of this Law.

Article 7

The children of the insured person shall have health insurance:

- 1) until they reach the age of 18, and after that only if they are in full-time education, but until they reach the age of 26 at latest,
- 2) when they are enrolled in part-time education, if they are not able to attend classes regularly due to the nature of the illness and
- 3) if they are or they become incapable for independent life and work in terms of the regulations of the pension and disability insurance, i.e. for social protection, if the insured person supports them - during the whole time such disability lasts.

II. RIGHT TO HEALTHCARE SERVICES

Article 8

The right to basic healthcare services shall be provided by the mandatory health insurance to the insured persons, under conditions determined by this Law, in case of:

- 1) illness and injury off the job position and

2) injury at work and occupational disease.

1. Basic healthcare services

Article 9

Basic health services as referred to in Article 8 of this Law shall be:

a) in the primary health protection:

- 1) healthcare services for determining, monitoring and controlling the health condition;
- 2) undertaking professional medical measures and procedures for promotion of the health condition, prevention, elimination and early detection of the illnesses and other health deterioration;
- 3) providing urgent medical help, including the transport by ambulant vehicle when necessary;
- 4) medical treatment in doctor's office, i.e. in the home of the beneficiary;
- 5) health protection in case of pregnancy and childbirth;
- 6) implementing preventive, therapeutic and rehabilitation measures;
- 7) prevention, medical treatment and rehabilitation of the mouth and teeth illnesses and
- 8) medicinal products according to the list of medicinal products determined by the Fund by a general act approved by the Minister of Health;

b) in specialized and consultative health protection:

- 1) examinations and determination of the diseases, injuries and health condition;
- 2) implementation of specialized diagnostic, therapeutic and rehabilitation procedures and
- 3) prostheses, orthopedic and other instruments, auxiliary and sanitary devices and materials and dental-technical means according to indications determined by a general act of the Fund approved by the Minister of Health;

c) in hospital (short-term and long-term) health protection:

- 1) examination and determination of the health condition, medical treatment, rehabilitation, care, accommodation and food in hospital conditions;
- 2) medicinal products according to the list of medicinal products determined by the Fund with a general act approved by the Minister of Health, as well as auxiliary materials which serve for application of the medicinal products and sanitary and another material necessary for medical treatment and
- 3) accommodation and food for the accompanying person during necessary accompanying for a child up to 3 years old, while in hospital treatment, but at most up to 30 days and
- 4) laser vision correction according to conditions and criteria determined by a general act of the Fund which is granted consent by the minister of health, and

d) autopsy of deceased on the request of the health institutions.

The Fund shall ensure the basic healthcare services referred to in paragraph 1 of this Article to the insured persons in the health institutions established in the network of health institutions where a healthcare activity is performed in accordance with the regulations in the field of health protection, in the amount of the prices determined by a general act of the Fund, approved by the Minister of Health.

The insured person may acquire the right to prosthesis, orthopedic or other instruments, auxiliary and sanitary devices and materials and dental-technical means under the condition that the insurance has lasted incessantly at least six months before the need has occurred, except in the cases of injury at work and professional diseases.

The Fund shall, by general act, determine the manner of exercising the rights to healthcare services, as well as the manner of implementing the health protection, which shall be approved by the minister.

Basic healthcare services shall be considered also the medical products that are not at the list of medical products referred to in paragraph 1 under a) point 8 and under c) point 2) of this Article which are procured by the public health institutions upon a previous consent from the Ministry of Health and the Fund.

Article 9-a

The manner and methodology for establishment and adoption of the Positive List of Medicinal Products borne by the Fund shall be defined by a regulation adopted by the Government of the Republic of Macedonia, on proposal of the Ministry of Health, following previously obtained from the Fund.

The Positive List of Medicinal Products borne by the Fund shall be established by a 14 expert commissions established by the Government of the Republic of Macedonia, in accordance with the international ATC classification of medicinal products, as follows:

- 1) Commission for medicinal products with ATC mark A - medicinal products for the digestive system and metabolism;
- 2) Commission for medicinal products with ATC mark B - medicinal products for the blood and the blood vessels;
- 3) Commission for medicinal products with ATC mark C - medicinal products for the cardiovascular system;
- 4) Commission for medicinal products with ATC mark D - medicinal products for dermatology;
- 5) Commission for medicinal products with ATC mark G - medicinal products for general urology system and sex hormones;
- 6) Commission for medicinal products with ATC mark H - system hormones, with the exception of the sex hormones and insuline;
- 7) Commission for medicinal products with ATC mark J - anti-infections medicinal products for system use;
- 8) Commission for medicinal products with ATC mark L - anti-neoplastic medicinal products and immunodulating medicinal products;
- 9) Commission for medicinal products with ATC mark M - medicinal products for the musculoskeletal system;
- 10) Commission for medicinal products with ATC mark N - medicinal products for the nervous system;

11) Commission for medicinal products with ATC mark P - anti-parasit products, insecticides and repellants;

12) Commission for medicinal products with ATC mark R - medicinal products for the respiratory system;

13) Commission for medicinal products with ATC mark S - medicinal products for the sensory organs and

14) Commission for medicinal products with ATC mark V - other medicinal products.

The Commissions shall consist of 17 members, as follows:

- fourteen doctors - specialists in the field for which the Commission has been established,
- one representative proposed by the Minister of Health,
- one representative from the Fund and
- one clinical pharmacist or pharmacist with minimum three years working experience.

Equitable representation of the citizens of all the communities shall be ensured and observed in the establishment of the Commissions.

The mandate of the members of the Commissions referred to in paragraph 3 of this Article shall be one year without the right to re-election in the following year.

The members of the Commission shall decide by majority votes of two thirds from all the members, upon previously obtaining opinion formed with the majority votes of the professional collegium in the relevant university clinic within the Faculty of Medicine in Skopje, at the University "Ss. Cyril and Methodius" which covers the field of the therapeutic indication for the medicinal product decided upon by the Commission.

The professional collegium referred to in paragraph 6 of this Article shall be obliged to give its opinion in a period of 15 days. Otherwise, the Commission shall decide without the obtained opinion.

The Commission may obtain opinion from several university clinics regarding a single medicinal product.

The manner of work of the Commissions referred to in paragraph 2 of this Article shall be regulated by a Rules of Procedure referring to the work of the Commissions, adopted by the Minister of Health.

The funds for the work of the Commissions shall be provided by the Ministry of Health.

The compensation for the work of the Commission shall be paid only to those members of the Commission who participate in the work of the Commission after the held session.

2. Healthcare services not included in the mandatory health insurance

Article 10

The following health services, performed in healthcare institutions that are outside the network of healthcare institutions where healthcare activity is performed, shall not be included in the mandatory health insurance, as well as:

- 1) aesthetic operations not being medically indicated;

- 2) use of higher standard health services, exceeding the determined standards;
- 3) spa climatic treatment;
- 3-a) magnetic and laser therapy during physical therapy;
- 4) medical rehabilitation of degenerative diseases according to a general act determined by the Minister of Health, except for children up to 18 years old;
- 5) medicinal products not listed on the list of medicinal products referred to in Article 9 of this Law;
- 6) prostheses, orthopedic and other instruments, auxiliary and sanitary devices and materials and dental-technical means which are not included in the mandatory health insurance or are made of above standard material;
- 7) general care, accommodation and food in a gerontological institution,
 - 7-a) performed in primary health protection at a doctor not being a selected doctor for the insured persons;
- 8) specialized - consulting and hospital healthcare services without a referral from the selected doctor and healthcare services and rights arising from performed healthcare services in health institutions where the Fund has not provided the performance of such services, except the rights resulting from the area of labor relations;
 - 8-a) healthcare services used contrary to the defined time schedule in the Waiting List, defined by the healthcare institution and healthcare services completed as additional activity of the health workers;
- 9) termination of pregnancy, unless medically indicated;
- 10) medical treatment as a consequence from not binding to the doctor's instructions;
- 10-a) in-vitro after a third unsuccessful in-vitro attempt;
- 11) issuing all types of medical certificates;
- 12) procurement of new prosthetic and orthopedic devices and other instruments before the determined time period;
- 13) sobering and medical treatment from acute alcoholic condition, as well as for intentional poisoning, not caused by mental disorder;
- 14) medical treatment abroad, if the treatment is performed without an approval from the Fund;
- 15) *abolished*; 4
- 16) controls, examinations and referring to the competent body for assessment of the working ability, according to the regulations for pension and disability insurance, and according to the regulations for social and children protection when performed on a request of the insured person, employer or another body;
- 17) optional vaccination;
- 18) medical treatment, i.e. rehabilitation from illnesses of addiction over 30 days;
- 19) controls of deceased and autopsy on a request of competent bodies or citizens;

20) health controls of the employees who are sent to work abroad by the employers, as well as the controls and preventive measures of the health protection for traveling abroad;

21) medical treatment from the consequences of treatment by a nostrum or using nostrums and

22) other healthcare services which according to this Law are not covered by the assets of the Fund.

Article 11

The mandatory health insurance does not include the healthcare services the employers are obliged to provide for their employees in accordance with the regulations for protection at work, such as:

1) controls for the purpose of determining the health condition and the working ability of the workers for performing specific activities and working assignments;

2) systematic, control and periodical check-ups of the workers regarding their sex, age and working conditions, the appearance of occupational diseases, injuries at work and the chronic illnesses;

3) previous and periodical controls of the workers who work in job positions, i.e. working assignments under special working conditions;

4) controls of the workers which are mandatory to be performed due to protection of the environment, protection of the consumers, i.e. the beneficiaries of other mandatory health controls;

5) taking measures for discovering and eliminating the reasons which can harmfully influence the health of the workers in the performance of the activities, i.e. the working assignments;

6) assessment of the influence of the working conditions on the performance of separate activities, i.e. working assignments (dust, noise, lighting, increased radioactivity, vibrations, evaporation of chemical substances and alike) for the purpose of protection from occupational diseases;

7) monitoring and promoting the hygienic working conditions, as well as the conditions for the food the employees consume;

8) research and undertaking measures in order to decrease the temporary working disability, i.e. invalidity and

9) other preventive measures for workers' protection.

The preventive healthcare services of the professional athletes which are provided by special law shall not be included in the assets of the Fund.

III. RIGHTS TO MONETARY COMPENSATIONS

Article 12

Within the framework of the mandatory health insurance the right to monetary compensations shall be provided, as follows:

1) right to salary compensation during temporary work disability due to an illness and injury and during the pregnancy, childbirth and maternity leave, and

2) right to travel allowance.

1. Salary compensation

Right to salary compensation during temporary work disability due to illness or injury

Article 13

The insured persons referred to in Article 5 paragraph 1 points 1, 2 and 3 of this Law can acquire the right to salary compensation during temporary work disability due to illness and injury, in case of:

- 1) an illness and injury off work;
- 2) an injury at work and occupational disease;
- 3) medical treatment and examination;
- 4) nursing a sick child up to three years old;
- 5) nursing a sick member of the closer family older than three years, but up to 30 days at most;
- 6) necessary accompanying a sick person sent to control or medical treatment outside the place of residence;
- 7) necessary accompanying a sick child up to three years old, while (s)he is in hospital treatment, but up to 30 days at most;
- 8) voluntary donation of blood, tissue or an organ and
- 9) isolation in order to prevent infection.

The salary compensation in the cases referred to in paragraph 1 of this Article shall be established from the first day of the work disability and shall last all the while until the work disability lasts, and it shall be paid for the days for which a salary is realized according to the labor relations regulations.

Right to salary compensation during pregnancy, childbirth and maternity leave

Article 14

The insured persons referred to in Article 5 paragraph 1 points 1, 2 and 3 of this Law can acquire the right to salary compensation during pregnancy, childbirth and maternity leave.

The compensation referred to in paragraph 1 of this Article shall be paid for the period determined by the labor relations regulations.

The funds for realizing the right referred to in paragraph 1 of this Article shall be provided from the Budget of the Republic of Macedonia through a competitive body.

Conditions for exercising the right to salary compensation

Article 15

The insured persons referred to in Article 13 and 14 of this Law may exercise the right to salary compensation if they fulfill the following conditions:

- 1) if the health insurance has lasted at least six months without interruptions before the case occurred, except in cases of injury at work and occupational disease, as well as if the insured referred

to in Article 5 paragraph 1 points 1, 2 and 3 of this Law, whose spouse has been posted to work abroad as part of the international and technical cooperation, educational and cultural and scientific cooperation, in the diplomatic and consular representative offices, to a professional development or education with consent and for the needs of the employer and therefore his/her employment is in abeyance returns at work at the employer where his/her employment is in abeyance within a period of 30 days as of the day of completion of the work of the spouse abroad;

2) the contribution for mandatory health insurance is paid on regular basis or with delay of 60 days at most; and

3) the assessment for temporary work disability is given by the selected doctor, i.e. the medical commission.

As an exception to paragraph 1 point 1 of this Article, the health insurance of the insured whose employment is in abeyance due to the exercise of the unpaid parenthood leave shall be paid through a program of the Ministry of Health and it shall be considered that there is no interruption in the exercise of the rights under the mandatory health insurance in the period during which his/her employment is in abeyance due to unpaid parenthood leave.

As an exception to paragraph 1 point 2 of this Article, the insured persons for which the Law on Employment and Insurance Against Unemployment foresees exemption from payment of contributions for mandatory social insurance, shall be entitled to a salary without paying the contribution for mandatory social insurance for the period for which they have been exempted from payment of the contributions for mandatory social insurance, that is:

- the insured persons at the age of up to 35,
- the insured persons at the age from 35 to 50,
- the insured persons at the age of over 50,
- the insured persons who are parents of three or more children, a single parent and a member of a single-parent family, beneficiaries of social welfare, children without parents and parental care, victims of family violence, a disabled person with established disability in accordance with the Law on Employment of Disabled Persons and a person with established decreased working capacity or professional incapacity of 50% to work in accordance with the Law on Pension and Disability Insurance, professional soldiers whose employment has terminated in accordance with the Law on the Service in the Army of the Republic of Macedonia, and parents of children with developmental impairment that are special supplement beneficiaries,
- the insured persons at the age of over 58, and
- the self-employed persons referred to in lines 1, 2, 3, 4 and 5 of this paragraph. **5**

As an exception to paragraph 1 points 1) and 2) of this Article, the insured person who is employed or is self-employed as a replacement for a worker who uses a maternity leave for the period during the maternity leave and for which exemption from payment of contributions for mandatory social insurance is determined in accordance with the Law on Employment and Insurance Against Unemployment, shall receive a salary without the health insurance to lasted at least six months continuously before occurrence of the case and without payment of the contribution for mandatory insurance for the period for which he/she is exempted from payment of the contributions for mandatory social insurance. **6**

The necessary documentation for the fulfillment of the requirements referred to in paragraph 1 of this Article shall be obtained by the authorized official person in the Fund who shall be obliged, within a period of three days as of the receipt of the request, to require the proofs from the competent public body.

The authorized official person in the competent public body shall be obliged to submit the required documentation referred to in paragraph (6) of this Article within a period of three days as of the day of receipt of the request.

The request form and the necessary documentation for the fulfillment of the requirements for exercising the right to salary compensation referred to in paragraph 1 of this Article shall be prescribed by the minister of health in accordance with the minister of information society and administration.

Basis for determining salary compensation

Article 16

Basis for calculating salary compensation is the average monthly amount of the paid net salary wherefore contributions for mandatory health insurance have been paid in the last twelve months before occurrence of the case due to which the right to the compensation is acquired.

If basis for the compensation referred to in paragraph 1 of this Article cannot be calculated for the insured person, basis for the contribution shall be determined from the salary realized for the days passed at work in the period prior to the occurrence of the case.

For the insured referred to in Article 5 paragraph 1 point 3 of this Law, basis for calculating salary compensation is the basis wherefore contribution for mandatory health insurance is paid.

Amount of the salary compensation

Article 17

The amount of the salary compensation during the temporary work disability shall be determined by the employer, i.e. the Fund with a general act, but it shall amount at least 70% of the basis for salary compensation.

As an exception to paragraph 1 of this Article the amount of the salary compensation during temporary work disability caused by an injury at work, occupational disease, during blood, tissue or organ donation, as well as during pregnancy, childbirth and maternity leave, shall be 100% of the basis of the salary compensation determined according to Article 16 of this Law.

The amount of the salary compensation calculated on the basis of Article 16 of this Law cannot exceed the amount of two average monthly salaries, three average monthly salaries in 2012 and four average monthly salaries after 2012 paid in the Republic of Macedonia in the previous year.

Payment of salary compensation

Article 18

The salary compensation for the first 30 days work disability shall be determined and paid by the employer from his personal funds and for more than 30days, it shall be paid by the Fund.

As an exception to paragraph 1 of this Article, the salary compensation shall be paid from the assets of the Fund from the first day of the temporary work disability in case of nursing a sick child up to three years old, voluntary donation of blood, tissue or organ, as well as pregnancy, childbirth and maternity leave.

As an exception to paragraph 1 of this Article, in case when the temporary prevention to work due to injury at work occurred as a consequence of the failure to ensure the measures defined by the regulations in the field of safety and health at work by the employer, the salary compensation for the whole period of the temporary prevention to work occurred as a consequence of the failure to ensure the measures defined by the regulations in the field of safety and health at work by the

employer shall be covered by the employer, in accordance with the regulations in the field of labor relations.

If a voluntary blood donor does not realize salary payment at the employer where (s)he is employed for leave due to voluntary blood donation, (s)he may request to exercise that right from the assets of the Fund.

Article 19

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Assessment of work disability

Article 20

An assessment for temporary work disability for the first 15 days shall be given by the selected doctor from the primary health protection, and for more than 16 days it shall be given by the first instance medical commission of the Fund on a proposal of the selected doctor.

The insured shall be obliged to submit to the employer, i.e. to the Fund the assessment for the temporary work disability issued by a doctor in the primary health protection, that is by the first instance doctors commission within the Fund on a proposal of the selected doctor within a period of eight days as of the expiry of each of the deadlines determined in paragraph 1 of this Article, on the contrary the insured shall be obliged to come to work.

The selected doctor from the primary health protection, i.e. the medical commissions shall determine the duration of the work disability depending on the type of illness, injury and need for nursing a sick member of the closer family.

If the insured is not satisfied from the assessment of the doctor, i.e. the medical commission referred to in paragraph 1 of this Article, (s)he can submit a complaint to the first instance medical, i.e. to the second instance medical commission.

The manner, procedures, diagnostic minimum, additional controls and detailed criteria depending on the type of illness, injury and need for nursing a sick member of the closer family and for the duration of the work disability referred to in paragraphs 1 and 2 of this Article shall be determined by the Fund with a general act approved by the Minister of Health.

The composition and manner of working of the commissions referred to in paragraphs 1 and 2 of this Article shall be determined with a general act of the Fund.

The employer may form medicinal commission that is authorized to re-examine the assessment of temporary work disability by a medical check-up of the insured and control of the documentation for the period when the salary compensation is paid by the employer. The costs incurred about the formation, work and additional necessary medical check-up shall be covered by the employer.

The Minister of Health shall form a commission for control of the work of the selected doctors in the first instance, that is the second instance doctors commission in the area of assessment of temporary work disability and the medical commission referred to in paragraph 7 of this Article, that is authorized to conduct and re-examine the assessment of temporary work disability by a medical check-up of the insured and control of the documentation.

The composition and manner of work of the commissions referred to in paragraphs 7 and 8 of this Article shall be prescribed by a general act by the Minister of Health.

Re-examining the assessment

Article 21

The employer, i.e. the Fund, depending on who pays the salary compensation, can submit a request for re-examining the assessment for temporary work disability to the first instance, i.e. second instance medical commission.

Referring to disability commission

Article 22

In the case of longer duration of the temporary work disability of up to 12 months, the medical commission referred to in Article 20, paragraph 1 of this Law shall refer the insured to the competent body for assessment of the working ability, in accordance with the regulations for pension and disability insurance.

Termination of compensation payment

Article 23

The insured cannot realize, i.e. his/her compensation payment shall be terminated during the temporary work disability if:

- 1) with no justification (s)he does not appear for scheduled medical or commission control and treatment or is not consciously bound to the instructions given by the doctor,
- 2) during the temporary work disability it is determined that (s)he works and earns income;
- 3) to the employer who has no other employees, and yet earns income during that period.

2. Travel allowance

Article 24

The insured persons shall have the right to travel allowance if they are sent to use healthcare services outside the boundaries of the Republic, in a manner determined by a general act of the Fund.

As an exception to paragraph 1 of this Article, the insured persons shall have the right to travel allowances if they are sent to use healthcare services in regard to dialysis and rehabilitation practice for the sight, hearing and speech, outside the place of permanent residence, and are yet implemented in an ambulance.

Article 24-a

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IV. PROCEDURE FOR EXERCISING THE RIGHTS DERIVING FROM THE MANDATORY HEALTH INSURANCE

Registration form for commencement – termination of the mandatory health insurance

Article 25

The rights deriving from the mandatory health insurance may be exercised only by a person being determined the capacity of an insured, i.e. insured person according to this Law.

A capacity of an insured and insured person shall be determined on the basis of a registration form for commencement of health insurance which is submitted by the obligor for calculation and payment of the compensation, i.e. the person requesting determination of the capacity of insured, i.e. insured person.

The registration form for commencement of health insurance shall be submitted to the Fund within eight days from the day when the labor relation is established, i.e. from the day when the capacity is acquired on the basis of which (s)he shall be obliged to submit a registration form for commencement for mandatory health insurance.

As an exception, the determination of the capacity of the insured referred to in Article 5 paragraph 1 point 15 of this Law shall be made based on a decision that the Fund adopts *ex officio* , based on the data received from the Public Revenue Office.

For the purpose of determining the capacity of the insured persons referred to in Article 5 paragraph 1 point 4 of this Law, the Fund shall *ex officio* exchange data with the competent institutions and, based on these data, it shall make the registration in the health insurance, provided that the requirements in accordance with this Law are met.

The capacity of an insured, for the insured referred to in Article 5 paragraph 1 points 1, 2 and 3 of this Law, shall be determined by an electronically generated registration form for commencement of mandatory health insurance based on an electronically downloaded registration form for establishment of a labor relation by a competent institution.

If the Fund, after the submitted registration form for commencement, does not recognize the capacity of an insured or recognizes such capacity on another ground, it shall be obliged to adopt a decision thereof.

After the termination of the ground for mandatory health insurance, the obligors for calculation and payment of the compensation shall be obliged, within eight days, to submit a registration form for termination of the insurance.

As an exception to paragraph 6 of this Article, for the insured referred to in Article 5 paragraph 1 points 1, 2 and 3 of this Law, the termination of the ground for the mandatory health insurance shall be determined by an electronically generated registration form for termination of mandatory health insurance based on an electronically downloaded registration form for termination of a labor relation by a competent institution.

The manner of acquiring the capacity of insured and the reporting and signing out of the insured shall be determined by the Fund with a general act approved by the Minister of Health.

Determining the capacity of an insured

Article 26

If the obligor for submitting a registration form, referred to in Article 25 of this Law, does not submit a registration form for commencement of the insurance, the person for whom such registration form is not submitted can request the Fund to determine the capacity of an insured with a decision.

If the obligor for submitting a registration form, referred to in Article 25 of this Law, does not submit a registration form for mandatory health insurance, the Fund shall *ex officio* determine the capacity of an insured with a decision.

Proving the capacity of insured

Article 27

The rights from the mandatory health insurance within the scope of the rights determined with this Law shall be exercised by the insured persons based on the electronic card for health insurance and

a proof i.e. note in the electronic card for health insurance that the contribution for mandatory health insurance has been paid.

For the citizens speaking an official language other than the Macedonian language, upon their personal request the form and the data therein, shall be printed and entered in the language and alphabet used by the citizen.

The amount of the costs for issuance, exchange of lost or damaged electronic card, as well as re-activation of a blocked electronic card for health insurance shall be determined in the bases of the cost incurred for:

- smart card,
- personalization of the electronic card,
- digital certificate and infrastructure for its use and management,
- system for management of the electronic cars with included users licenses,
- system for administration,
- maintenance of the system for electronic health cards, and
- hardware part for all stated components.

The form and content of the electronic card for health insurance, the manner of issuing, using, keeping the records as well as the proof referred to in paragraph 1 of this Article shall be determined by the Fund with a general act, approved by the Minister of Health.

The Minister of Health shall by a general act on the basis of the criteria referred to in paragraph 3 of this Article define the amount of the costs for issuance, exchange of a lost or damaged electronic card and re-activation of a blocked electronic card, as well as the manner of their payment.

Article 27-a

The costs for issuance of an electronic card for health insurance, the costs for exchange or lost or damaged electronic card for health insurance, as well as the costs for re-activation of a blocked electronic card shall be covered by the insured, except for persons beneficiaries of social financial aid and the members of their families and persons beneficiaries of permanent financial aid.

Article 27-b

The funds referred to in Article 27-a of this Law shall be paid to the account of the Fund and shall be used for covering the costs for production, personalization, maintenance and management of the system for electronic healthcare card.

The funds referred to in paragraph 1 of this Article shall until 1 January, 2014 be paid in the Budget of the Republic of Macedonia.

Processing of personal data of the insured persons

Article 27-c

The personal data of the insured persons can be processed in accordance with the purposes determined in this Law and in accordance with the regulations governing personal data protection.

The personal data included in the processes of recording data shall be immediately deleted in the cases when it is determined that they are not correct or the reasons have ceased, i.e. the conditions why the personal data has been included in those processes.

The personal data of the insured persons contained in the records in the field of health insurance from their entry until their removal can be granted under conditions and in a manner determined in the regulations on health insurance and the regulations governing personal data protection.

Selection of a doctor

Article 28

The healthcare services in the primary health protection of the insured persons shall be provided at the selected doctor.

The insured person shall have the right and obligation to select a doctor in the primary health protection.

The selected doctor shall be obliged to provide healthcare services from the primary health protection to the insured person and to monitor his/her health.

Each selected doctor shall be obliged, in case of his/her absence or temporary work disability, to provide his/her patients with substitution from an appropriate doctor from the primary health protection.

The doctor can refuse the selection of the insured person if (s)he shows distrust or does not act according to his/her advice.

The manner of exercise of the right to select and change a doctor shall be determined by the Fund with a general act.

Referring

Article 29

The insured person may use healthcare services in specialized-consulting health protection with a referral from the selected doctor, and in hospital health protection, generally, with a referral from the doctor specialist, in accordance with the General Act of the Fund, approved by the Minister of Health.

As an exception to paragraph 1 of this Article, in cases of emergency, the insured may use health services without a referral, and in hospital health protection with referral from the selected doctor in the following cases:

- 1) diagnosed chronic illnesses;
- 2) upon the assessment of the selected doctor in regard to the urgency of the health condition of the insured person, with proper elaboration of the urgency and with assessment of the further course of the treatment, whereas the selected doctor shall properly record it in the medical file of the insured person and
- 3) when the referral is performed by the selected doctor in the field of general medicine for children until the age of 14 and the selected doctor in the field of gynecology,
- 4) for a scheduled control.

The healthcare services from a specialist-consultative and hospital healthcare protection shall be exercised by the insured in line with the Waiting List kept by the healthcare institution, in accordance with a law and a bylaw.

The healthcare services performed contrary to paragraphs 3 and 4 of this Article shall not be covered by the Fund.

The healthcare services within the specialist-consulting and hospital health protection shall be exercised by the insured persons in accordance with the time schedule established by the Waiting List adopted in the health institution.

Medical treatment abroad

Article 30

The insured person can use hospital treatment abroad with an approval of the Fund, only if it comes to an illness which cannot be treated in the Republic, and in the country where the insured is referred exist a possibility for successful treatment of that illness.

The insured person, under the conditions defined in paragraph 1 of this Article may be used abroad and in healthcare services for control check-ups that refer to already completed hospital treatment abroad, approved by the Fund, and that cannot be performed in the Republic of Macedonia.

The Fund may conclude agreements for hospital treatment abroad for the illnesses referred to in paragraph 1 of this Article, after previously implementing a procedure for selection of a foreign hospital for treatment.

The insured who is sent to temporary work abroad, in the countries with which the Republic of Macedonia has concluded or undertaken an Agreement on Social Insurance, can use health services abroad in scope and manner determined by the Agreement on Social Insurance.

The insured who is sent to temporary work abroad, in countries with which the Republic of Macedonia has not concluded or undertaken an Agreement on Social Insurance, can use health services abroad only for providing urgent medical help, if the contribution for mandatory health insurance is paid in accordance with the regulations for mandatory social insurance.

If the insured or the employer who has sent the insured to temporary work abroad, in countries with which the Republic of Macedonia has not concluded or undertaken an Agreement on Social Insurance, and who has ensured usage of the health protection abroad by him/herself, with a special insurance agreement, the assets of the Fund shall not bear the costs for the provided healthcare services.

The insured persons who live in a country with which the Republic of Macedonia has concluded or undertaken a social insurance agreement, they are allowed to used healthcare services in that country in the scope and manner determined by the social insurance agreement.

The insured persons who temporarily reside abroad can only use urgent medical help. **9**

The manner of using healthcare services according to the paragraphs 1, 2, 3, 4, 5 and 6 of this Article and the most favorable prices for healthcare services abroad shall be determined by the Fund with a general act approved by the Minister of Health.

Procedure for exercising the rights deriving from mandatory health insurance

Article 31

The provisions of the Law on General Administrative Procedure shall be applied in the procedure for exercising the rights and obligations determined by this Law, unless otherwise determined hereby.

The provisions for time barring of the Law on Obligations shall be applied for the purpose of exercising the rights determined by this Law.

The rights from the mandatory health insurance of first degree shall be exercised by the Fund, based on a duly submitted request in a written or electronic form. The submission of the request in an electronic form shall be made through the web portal of the Fund by using an electronic signature with a valid digital certificate from the electronic health card, attaching the necessary documentation. The request in a written form shall be submitted every day during the working hours of the Fund. The request in an electronic form may be submitted out of the working hours and also in non-working days, and the deadline for acting upon the request shall start running on the first following working day.

The Form of the request referred to in paragraph 2 of this Article and the necessary documentation attached to the request shall be determined by the Fund with a general act.

A decision of first instance regarding the rights from the mandatory health insurance shall be adopted by the Fund within 30 days as of the day of delivering the duly and complete request.

In the cases of the provisions of this Law and the by-laws adopted on the basis of this Law, the adoption of the decision referred to in paragraph 4 of this Article, shall be preceded by determination of the factual situation wherefore opinions from the medical commissions of the Fund are necessary, the Fund shall be obliged to adopt a decision within 45 days from the day of receipt of the duly and complete request.

The insured person shall have the right to appeal to the Minister of Health against the decision adopted in first instance, within 15 days from the day of receiving the decision.

The Minister of Health or a person authorized by him/her must adopt a decision upon an appeal within 60 days as of the day of receipt of the appeal at the latest.

An administrative dispute can be conducted against the final decision of the Minister of Health or the person authorized by him/her.

The procedures for exercise of the right referred to in Article 30 paragraph 1 of this Law shall be decided upon, in the first instance, by the director of the Fund on the basis of the opinions of the first instance, that is, the second instance medical commission for treatment abroad.

The first instance medical commission for treatment abroad shall be formed by the director of the Fund and shall be composed of members and their deputies.

The members of the first-instance medical commission for treatment abroad shall submit an opinion to the director of the Fund in a period of 14 days, and in urgent cases in a period of one working day as of the receipt of the complete request for exercise of the rights referred to in Article 30 paragraph 1 of this Law.

The positive opinion of the first-instance medical commission for treatment abroad shall be mandatorily examined by the second-instance medical commission for treatment abroad, within a period of seven days as of the receipt of the opinion, and the opinion of the second-instance medical commission for treatment abroad shall be final.

The second-instance medical commission for treatment abroad shall be formed by the Governing Board of the Fund and shall be composed of members and their deputies.

The composition, manner of work and compensation for the work of the first- and second-instance medical commission for treatment abroad shall be defined by the Governing Board of the Fund with general act approved by the Minister of Health.

The insured person shall have the right to appeal against the decision in the procedures for exercise of the right referred to in Article 30 paragraph 1 of this Article adopted in the first instance to the Governing Board of the Fund, within a period of 15 days as of the receipt of the decision.

The decision upon an appeal has to be adopted by the Governing Board of the Fund within a period of 30 days at the latest, based on an opinion from the second-instance medical commission for treatment abroad.

An administrative dispute may be conducted against the final decision of the Governing Board of the Fund.

Article 31-a

Deleted **10**

Article 31-b

Deleted **11**

V. PARTICIPATION OF THE INSURED PERSONS

Paying participation

Article 32

The insured persons shall participate with their own funds when using the healthcare services and medicinal products, but at most up to 20% of the average amount of the total costs of the healthcare service, i.e. the medicinal products.

For healthcare services for approved treatment abroad, the insured person shall participate with 20% of the total costs, but not more than Euro 200 in Denar counter-value.

The amount of the participation referred to in paragraph 1 of this Article in fixed amount, inversely proportional to the service prices, shall be determined by the Fund with a general act approved by the Minister of Health.

Article 33

The insured persons shall participate with up to 50% of the determined price of the prostheses, orthopedic and other devices and sanitary means, made of standard material, in accordance with Article 9, paragraph 1, point 3-b of this Law.

The amount of the participation referred to paragraph 1 of this Article shall be determined by the Fund with a general act approved by the Minister of Health.

Exemption from participation

Article 34

The following persons shall be exempted from the participation determined in Article 32 of this Law:

- the insured persons for medical controls at the selected doctor and urgent medical help upon call;
- the children with special needs, according to the social protection regulations;

- the beneficiaries of permanent financial aid, persons accommodated in social protection institutions and in another family, according to the social protection regulations, except for the medicinal products from the list of medicinal products issued on a prescription in the primary health protection and for a treatment abroad;
- the persons with mental disorders accommodated in psychiatric hospitals and mentally retarded persons without parent care;
- the insured persons who voluntarily donated blood, under the program referring to voluntary blood donation, adopted in accordance with the Law on Health Protection,
- the insured persons who voluntarily donated tissue or organ;
- the insured persons who during one calendar year have paid participation in specialized – consulting and hospital health protection, except for the medicinal products from the list of medicinal products issued on a prescription in the primary health protection and for the treatments abroad, in an amount higher than 70% of the average realized monthly net salary in the Republic in the previous year,
- the insured persons - users of the right to biomedical assisted insemination regarding the health services provided in the procedure for biomedical assisted insemination conducted by autologic insemination and analogeneic insemination for the first, second, third and fourth child, up to the third unsuccessful attempt to inseminate at the most.

For the insured persons who realize monthly net income in the family lower than the average salary in the Republic in the previous year, as well as for certain age groups, the Fund shall with a general act approved by the Minister of Health, determine lower amount for exemption from payment of the participation than the amount determined in paragraph 1 line 4 of this Article.

The competent state body, obliged for calculation and payment of the contribution for mandatory health insurance, shall compensate the health institution the funds for exemption from the participation determined in paragraph 1 lines 2, 3 and 4 of this Article.

The funds for exemption from the participation determined in paragraph 1 line 6 of this Law shall be compensated to the health institution by the Ministry of Health from the program referring to voluntary tissue or organ donation adopted in accordance with the Law on Health Protection.

The funds for exemption from the participation determined in paragraph 1 line 8 of this Law shall be compensated to the health institution by the Health Insurance Fund of Macedonia.

Article 35

The children up to 18 years old and the insured persons who need prostheses for the limbs, hearing prostheses, ortho-optic instruments and a wheelchair and medical devices for the purpose of physiological relieves, shall be exempted from the participation determined by Article 33 of this Law.

Article 36

The funds from the participation of the insured person with personal funds in the price of the healthcare services, except for the medicinal products from the list of medicinal products covered by the Fund and issued on a prescription in the primary health protection, shall be paid in the health institution and shall be considered income of the health institution, while the Fund shall control the charged fees.

VI. PROVIDING FUNDS

Sources of funds

Article 37

The funds for mandatory health insurance shall be provided by:

1) contributions from:

- salaries and allowances to salaries of the employees,
- pensions and contributions from pension and disability insurance,
- self-employed persons;
- the funds for the unemployed persons and
- the funds of the other obligors to contribution;

2) a supplementary contribution in case of an injury at work and occupational disease;

3) participation of the insured;

3-a) 1% of the gross policy premium for mandatory insurance of owners, i.e. users of motor vehicles against liabilities for damages caused to third parties (including the gross policy premium for insurance of owners, i.e. users of motor vehicles against liability for damages caused to third parties, outside the territory of the Republic of Macedonia - green card);

4) the Central Budget;

5) interest rates and dividends;

6) gifts, legacies and

7) other incomes.

Obligation for paying the contribution

Article 38

Out of force **12**

Article 39

Out of force

Basis for calculating the contribution

Article 40

Out of force

Article 41

Out of force

Article 42

Out of force

Article 43

Out of force

Article 44

Out of force

Article 45

Out of force

Rates of the contributions

Article 46

Out of force

Calculating and paying the contribution

Article 47

The provisions on the mandatory social insurance regulations shall be applied to the obligors to payment of contribution, obligors to calculation and payment of the contribution, the basis for calculating the contribution, calculation and payment of the contribution, the manner of payment, the deadline for payment of the contribution and the rates of the contribution.

The calculation of the contribution from insured being themselves obligors for paying contribution for mandatory health insurance shall be performed by the Fund.

Article 48

Out of force

Control of calculation and payment of the contribution

Article 49

The Fund shall control the calculation and payment of the contribution for mandatory health insurance for all the contribution obligors.

The control referred to in paragraph 1 of this Article shall be performed by a person on the basis of an authorization given by the director of the Fund (hereinafter: authorized employee).

If during the control referred to in paragraph 1 of this Article it is determined that the contribution for mandatory health insurance is not correctly calculated and paid in accordance with this Law, or it is not paid at all, the Fund shall initiate a procedure for paying the basic debt including the legal interest rate.

The Fund shall be exempted from paying court taxes in the procedures conducted in the competent courts.

Article 50

Legal entities and natural persons – obligors for calculating and paying the contribution for mandatory health insurance shall be obliged to submit the data and to make available all the documents important for determining the amount of the calculated and paid contribution, as well as for exercising the right to allowance to salary.

Article 50-a

Deleted **13**

Article 50-b

Deleted

Article 50-c

Deleted

Article 50-d

Deleted

Article 51

Out of force

Article 52

The rights deriving from the mandatory health insurance of the insured persons with regard to the insured persons for whom the Fund determines that the contribution is not regularly paid or the payment is late for more than 60 days shall be denied, except the right to urgent medical help and the determined right to a salary.

The denied rights referred to in paragraph 1 of this Article shall be established again as of the day of paying all the due, but unpaid obligations.

As an exception to paragraph 1 of this Article, the insured persons for whom the Law on Employment and Insurance Against Unemployment foresees exemption from payment of contributions for mandatory social insurance, shall exercise the rights to mandatory health insurance without paying the contribution for the period for which they have been exempted from payment of the contributions for mandatory social insurance, that is:

- the insured persons at the age of up to 35,
- the insured persons at the age from 35 to 50,
- the insured persons at the age of over 50,
- the insured persons who are parents of three or more children, a single parent and a member of a single-parent family, beneficiaries of social welfare, children without parents and parental care, victims of family violence, a disabled person with established disability in accordance with the Law on Employment of Disabled Persons and a person with established decreased working capacity or professional incapacity of 50% to work in accordance with the Law on Pension and Disability Insurance, professional soldiers whose employment has terminated in accordance with the Law on the Service in the Army of the Republic of Macedonia, and parents of children with developmental impairment that are special supplement beneficiaries,
- the insured persons at the age of over 58, and

- the self-employed persons referred to in lines 1, 2, 3, 4 and 5 of this paragraph. **14**

As an exception to paragraph 1 of this Article, the insured who is employed or is self-employed as a replacement for a worker who uses a maternity leave for the period during the maternity leave and for which exemption from payment of contributions for mandatory social insurance is determined in accordance with the Law on Employment and Insurance Against Unemployment, shall exercise the rights deriving from the mandatory health insurance without paying the contribution for the period for which he/she is exempted from payment of the contributions for mandatory social insurance

The insured referred to in Article 5 paragraph 1 point 1-c of this Law shall exercise the rights deriving from health insurance during the short-time employment in accordance with the ground for mandatory social insurance before the beginning of the short-time employment.

Article 52-a

If the person referred to in Article 5 paragraph 1 point 15 of this Law, is caught by the Fund or other competitive body to be engaged in work or to perform activity against a law, it shall lose the right from the mandatory health insurance, except for the right to urgent medical help, until being insured according to one of the points 1 to 14 of paragraph 1 Article 5 of this Law.

VII. HEALTH INSURANCE FUND

Status of the Fund

Article 53

A Health Insurance Fund of Macedonia shall be founded for the purpose of implementing the rights and obligations from the mandatory health insurance.

The Fund shall perform activity of public interest and shall perform public authorizations determined by this Law.

The Fund shall have the capacity of a legal entity.

The Fund shall be independent in its work.

The head office of the Fund shall be in Skopje.

The Fund shall have a Statute.

The Fund shall have a single transaction account.

Scope of work

Article 54

The Fund shall perform the following activities:

- 1) implement the regulations and the development and promotion politics of the health protection in regard to the mandatory health insurance;
- 2) by general acts, regulate the issues being authorized for by this Law;
- 3) plan and collect funds from the mandatory health insurance;

4) provide exercise of the rights from mandatory health insurance of the insured persons, take care of the legal exercise of their rights and provide expert assistance when exercising their rights and interests,

5) pay the healthcare services for the insured persons to the health institutions which provide the healthcare services according to the number on insured persons (capitation) in the primary health insurance, according to the determined prices of the health services in the specialized-consulting health protection and health services in hospital health protection:

- grouped in diagnostically similar groups (DSG) methodology for acute care of hospitalized sick people in accordance with the determined referential prices of the diagnostically similar groups (DSG), and

- in accordance with the determined price for health services in hospital health protection for a daily hospital, chronically lying patients and medical rehabilitation and physiotherapy for lying patients.

6) pay the allowances to salaries and other financial compensations;

7) *deleted*; **15**

8) determine the reference prices for the healthcare services, medicinal products, orthopedic and other devices that the Fund shall compensate, upon the approval from the Minister of Health;

9) agree provision of healthcare services to the insured persons in the health institutions according to the norms and standards based on an adopted medical doctrine and medicine based on proofs for efficient and rational health protection;

10) develop its own information system with necessary data on mandatory health insurance;

10-a) issue an electronic card for health insurance and keep records on its issuance;

10-b) keeps other records in the field of health insurance;

11) implement the international agreements in the part of the mandatory health insurance;

12) perform inspection and control of the agreed scope and type of provided health services of the insured persons in the health institutions on the documentation in connection with the indicated health services and enforcement of the medicine based on proofs;

13) undertake measures for efficient, effective and economic usage of the funds from the mandatory health insurance;

14) decide on the rights deriving from the mandatory health insurance in first instance and

15) perform other activities related to the rights and obligations from the mandatory health insurance.

Governing board

Article 55

The Fund shall be governed by a Governing Board.

The Governing Board shall consist of seven members appointed and dismissed by the Government of the Republic of Macedonia for a period of four years, as following:

- one representative proposed by the Ministry of Health,

- one representative proposed by the Ministry of Finance,
- one representative proposed by the Trade Union of Macedonia, on a principle of annual rotation of the authorized representatives from the Union,
- one representative proposed by the economy chambers in the Republic of Macedonia, on a principle of annual rotation of the authorized representatives of the chambers,
- one representative proposed by the Medical Chamber of Macedonia, the Dental Chamber of Macedonia and the Pharmaceutical Chamber of Macedonia, on a principle of annual rotation of the authorized representatives of the chambers,
- one representative proposed by the Association of Pensioners and
- one representative of the insured proposed by the Association of Consumers.

The Governing Board shall have a president and a vice-president from among the appointed representatives by the Ministry of Health and the Ministry of Finance who alternately change after one year during the mandate.

Persons who hold a university degree and have working experience in financial operations or in the system and organization of the health protection and the health insurance shall be proposed for members of the Governing Board, considering the equitable representation of the citizens of all the communities thereof.

Scope of work of the Governing Board

Article 56

The Governing Board of the Fund shall perform the following activities:

- 1) participate in determining the development of the mandatory health insurance;
- 2) adopt a Statute of the Fund;
- 3) adopt the general acts anticipated in this Law published in the Official Gazette of the Republic of Macedonia;
- 4) adopt working program and plan,
- 5) adopt acts for organization and systematization of the Fund;
- 6) propose Budget and determine final annual account of the Fund;
- 7) *deleted*; **16**
- 8) adopt an annual report on the operation of the Fund;
- 9) take care of the exercise of the mandatory health insurance;
- 10) monitor the implementation of the international agreements and interstate treaties in the field of the health insurance;
- 11) discuss issues, reports, information and other materials in regard to the condition and problems from the mandatory health insurance and other activities in the competence of the fund;
- 12) announce an open competition for appointing a director of the Fund;

13) found commissions and other working bodies; and

14) decide on other matters determined by law and by the Statute of the Fund.

The Governing Board shall adopt the decisions by majority of votes from the total number of members.

Prior to the adoption of the general acts anticipated by this Law, the Governing Board may also request an opinion from the chambers in the field of health.

The act referred to in paragraph 1 point 5 of this Article shall be approved by the Minister of Health, as well as the Ministry of Information Society and Administration in the part that refer to the harmonization of the job description of administrative servants with the Law on Administrative Servants and the Catalogue of Jobs in the Public Sector.

Article 56-a

A member of the Governing Board shall be dismissed before the expiry of the appointed period in the following cases:

- on his/her own request,
- if (s)he is absent, with no justification, from the meetings of the Governing Board at least twice in a row,
- if the base on which (s)he is proposed has ceased,
- if it is additionally confirmed that (s)he has personal, through third party or on any other base interests which can influence his/her independence and impartiality and
- if (s)he works against law.

Director

Article 57

The managing body of the Fund (hereinafter: director) shall consist of two persons, equally responsible for the work of the Fund and the obligations undertaken in the legal transactions.

The director of the Fund shall be appointed and dismissed by the Government of the Republic of Macedonia on a proposal of the minister of health.

A public announcement for appointment of a director shall be published in at least three daily newspapers that are printed on the whole territory of the Republic of Macedonia one of which is a newspaper printed in a language spoken by at least 20% of the citizens who speak an official language other than the Macedonian.

A person who meets the following requirements may be appointed as a director:

- to be a citizen of the Republic of Macedonia,
- at the moment of appointment, not to be issued an effective injunction banning him/her from exercising a profession, business or office,
- to have at least 240 credits under ECTS or completed VII/1 degree - higher education in the field of management, economy, finances, business administration, public health management, medicine or law,

- to have at least five years of work experience in the field of finances or management or health protection and health insurancesystem and organization,
- to hold one of the following internationally recognized certificates for active knowledge of English Language which is not older than five years:
 - TOEFL IBT - at least 74 points,
 - IELTS - at least 6 points,
 - ILEC (Cambridge English: Legal) - at least B2 level,
 - FCE (Cambridge English: First) - passed,
 - BULATS - at least 60 points, and
- to have passed a psychological test and an integrity test.

When appointing a director of the Fund, one of the persons who are to be appointed a director has to hold university degree in the field of management, economic studies, finance or public administration.

The director of the Fund shall be appointed by means of open competition, for a period of four years, with a possibility of one more election.

The open competition referred to in paragraph 4 of this Article shall be published in at least two daily newspapers, one of which is published in the newspapers in Macedonian language and one of which is published in the newspapers in the language spoken by at least 20% of the citizens who speak official language other than Macedonian.

The duration of the open competition, which cannot be shorter than 30 days, shall be determined in the announcement of the open competition.

The director of the Fund, after the conducted open competition referred to in paragraph 4 of this Article, on a proposal of the Minister of Health, shall be appointed by the Government of the Republic of Macedonia.

Upon the appointing of the director of the Fund, a managerial contract shall be concluded between the persons appointed director and the Government of the Republic of Macedonia.

Article 58

The director of the Fund shall:

- manage the work of the Fund;
- represent and present the Fund;
- propose general acts;
- take care of the implementation of the decisions of the Governing Board, of the regulations and general acts of the Fund; and
- perform other activities determined with the regulations, statute and the general acts of the Fund.

Article 58-a

The acts and financial documents in competence of the director shall be signed by both persons.

If the act or the financial document referred to in paragraph 1 of this Article is signed only by one person, the same is considered not to be signed.

If the act or the financial document is not signed by both persons within five days, the Governing Board of the Fund shall adopt a final decision upon the same in the following three days.

Article 59

The Government of the Republic of Macedonia, on a proposal of the Minister of Health shall dismiss the director of the Fund before the period of appointing in the following cases:

- on his/her own request;
- if some of the reasons occur, due to which according to the labor relation regulations, the labor relation shall cease by force of law;
- if (s)he does not act according to the law, statute and general acts of the Fund or without any justification does not implement the decisions of the Governing Board or acts against them;
- if by his/her unscrupulous and incorrect work causes significant damage to the Fund or if (s)he neglects, or does not perform his/her obligations and thus more serious disruptions occur or may occur in the activity of the Fund;
- if (s)he obstructs or in another manner disables the exercise of the rights and obligations from the health insurance and
- if (s)he decides on re-allocation or unrestricted expenditures of funds from the Budget of the Fund without a decision of the Governing Board and
- if (s)he works against the law.

In the cases referred to in paragraph 1 line 3 to 7 of this Article, the Government of the Republic of Macedonia, on a proposal of the Minister of Health shall dismiss both persons appointed director.

If the director is dismissed according to paragraph 1 of this Article, the Government of the Republic of Macedonia, on a proposal of the Minister of Health, shall appoint an acting director, until the appointing of director after announcing an open competition, but no longer than six months.

Expert office of the Fund

Article 60

The Fund shall establish a single expert office for the purpose of performing the expert, administrative and other activities.

The expert office of the Fund shall be organized for the purpose of providing free, rational and successful performance of the activities of the Fund, as well as an accessible exercise of the rights deriving from the mandatory health insurance of all the insured persons on the territory of the Republic.

The expert office of the Fund shall be organized in a central office and regional offices.

The employees of the Fund who carry out administrative activities shall have the status of administrative servants.

The employees of the Fund who carry out auxiliary and technical activities shall have the status of auxiliary-technical personnel.

The Law on Public Sector Employees and the general regulations on labor relations shall apply to the auxiliary-technical personnel of the Fund.

Article 60-a

The employees in the expert office of the Fund shall be classified in the following categories and levels:

- category B - managerial administrative servants
 - level B1 managerial servant at first level (director of a sector, adviser of a director, head of the Regional Office Skopje as a big-sized regional office of I group),
 - level B2 managerial servant at second level (head of a cabinet, head of a middle-sized regional office of II group, head of department - head office and head of department - information systems, information system security officer and system engineer in a regional office),
 - level B3 managerial servant at third level (head of a small-sized regional office of III group, head of unit - head office, coordinator of financial controllers, and computer engineer of I group), and
 - level B4 managerial servant at fourth level (coordinator of doctors' commission, republic controller-inspector, independent expert associate - head office, internal auditor - head office, computer engineer of II group, head of department in a regional office),
- category C - expert administrative servants
 - level C1 expert administrative servant at first level (expert associate - head office, republic controller and junior internal auditor),
 - level C2 expert administrative servant at second level (controller in a regional office, expert associate in a regional office),
 - level C3 expert administrative servant at third level (expert associate at third level in the head office and business secretary - head office), and
 - level C4 expert administrative servant at fourth level (associate in a head office and associate in a regional office), and
- category D - auxiliary-expert servants
 - level D1 auxiliary-expert servant at first level (officer - head office, officer),
 - level D2 auxiliary-expert servant at second level (officer at second level - head office and file clerk - head office),
 - level D3 auxiliary-expert servant at third level (officer in a regional office, file clerk in a regional office), and
 - level D4 auxiliary-expert servant at fourth level (officer at fourth level).

The classification of the jobs in sub-levels within the same level referred to in paragraph 1 of this Article, and especially the division of the regional offices in small-, middle- and big-sized regional offices, and the division of the computer engineers in groups, shall be determined by a bylaw adopted by the Governing Board of the Health Insurance Fund of Macedonia.

The special requirements (professional qualifications and work experience) for the job levels per position given in paragraph 1 of this Article shall be prescribed by the Rulebook for Organization and Systematization of Jobs of the Health Insurance Fund of Macedonia.

Article 60-b

The salaries of the employees in the expert office in the Fund referred to in Article 60-a paragraph 1 of this Law shall be calculated according to the following points per categories, that is:

- category B from 800 to 1500 points,
- category C from 630 to 880 points, and
- category D from 400 to 750 points.

Article 60-c

The amount of the points for the employees in the Fund in accordance with Article 60-b of this Law and the acts on organization and systematization of jobs in the Fund shall be determined by the Governing Board of the Fund.

The value of the points for the employees in the Fund shall be determined every year by a decision of the Governing Board of the Fund adopted within a period of 10 days as of the day of the adoption of the Budget of the Republic of Macedonia, an integral part of which is the Budget of the Fund, and within the planned budget and based on the total number of employees assigned to the appropriate levels for the current year.

The value of the point referred to in paragraph 2 of this Article cannot be higher than the value of the point for calculation of the salaries of the civil servants determined by the Government of the Republic of Macedonia, in accordance with the Law on Administrative Servants.

Article 60-d 17

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Article 60-e 18

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Article 60-f 19

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Article 60-g 20

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Article 60-h 21

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Article 60-i 22

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Article 60-j 23

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Article 60-k 24

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Article 60-l 25

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Article 60-m 26

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Article 60-n 27

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Article 60-o 28

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Article 60-p 29

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Article 60-q 30

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Article 60-r 31

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Article 60-s 32

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Article 60-t 33

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Article 60-u 34

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Article 60-v 35

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Article 60-w 36

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Article 60-x 37

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Statute

Article 61

The statute of the Fund shall particularly regulate:

- organization and manner of operation of the Fund;
- rights, obligations and responsibilities of the bodies of the Fund;
- presenting and representing the Fund;
- public aspect of the operation of the Fund and its bodies;
- procedure for electing and dismissing the director of the Fund and
- other issues important for the operation of the Fund.

The Government of the Republic of Macedonia shall give consent to the Statute of the Fund.

Working funds

Article 62

The working funds of the Fund shall be provided from the contribution for mandatory health insurance and other sources of funds referred to in Article 37 of this Law.

The assets referred to in paragraph 1 of this Article shall be paid on the account of the Fund.

The Fund can neither indebt itself with loan in business banks, nor accept debts of the health institutions in the business banks.

Purpose of the funds

Article 63

The Fund, on the basis of the principles of efficient, effective and economic use of the funds, shall cover the costs for:

- 1) healthcare services included in the basic package of healthcare services that the health institutions provide to the insured persons;
- 2) medicinal products, assisting medical materials which serve for applying the medicinal products and sanitary material necessary for medical treatment, determined by a general act;
- 3) prostheses, orthopedic and other means, assisting and sanitary devices and materials and dental means, determined by a general act;

- 4) monetary compensations;
- 5) investments for creating and improving the conditions for providing healthcare services to the insured persons;
- 6) performing the function of the Fund;
- 7) part of the measures and activities for implementing the preventive and other programs for medical treatment of certain illnesses, as well as for handicapped persons, in accordance with the Law on Health Protection and
- 8) other needs for implementing the mandatory health insurance.

Reference prices

Article 63-a

A reference price shall be the maximum amount which the Fund compensates and which amount ensures provision of medicinal products, orthopedic and other instruments.

Determining the reference prices

Article 63-b

The manner and the methodology for determining the reference price shall be regulated by the Fund with a general act approved by the Minister of Health.

Reference countries

Article 63-c

The reference countries which are considered for determining the reference prices for medicinal products, orthopedic and other instruments, by a comparative analysis according to this Law are the Republic of Slovenia, the Republic of Croatia, the Republic of Bulgaria and the Republic of Serbia.

Consumption control

Article 63-d

The determination of the total amount of funds for medicinal products, orthopedic and other instruments which are covered by the assets of the Fund, shall be monitored through an integrated monitoring system of the consumption up to the total amount of provided funds in the Budget of the Fund.

Article 64

Deleted 38

Supervision of the operation of the Fund

Article 65

The Ministry of Health shall perform supervision of the lawfulness of the operation of the Fund.

The Minister of Health can terminate a general act of the Fund from being enforced, if it is not in accordance with the Law or with the Constitution, until adopting a decision of the Constitutional Court of the Republic of Macedonia.

If the Minister of Health, within 30 days from the day of adopting the decision on terminating the act does not initiate a procedure in the Constitutional Court, the decision on termination of the enforcement shall cease to be valid.

Supervision of the application of the laws and regulations adopted on the basis of the Law on Health Insurance in regard to the exercise of the rights of the insured and insured persons shall be performed by the health inspection.

Article 65-a

If in the course of the inspection supervision the inspectors conducting the supervision of the implementation of the provisions of this Law establish that for the first time there has been an irregularity referred to in Articles 84, 84-a, 85 and 86 of this Law, he/she shall be obliged to prepare minutes to define the irregularity and indicate that the established irregularity should be eliminated in a period of eight days and shall at the same time hand over an invitation for education to the person or legal entity where such irregularity has been established during the inspection supervision.

The form and content of the invitation for education, as well as the manner of delivery of the education shall be prescribed by the minister heading the state administration body competent for performance of the activities in the field of health.

The education shall be organized and delivered by the State Sanitary and Health Inspectorate, in a period not longer than eight days as of the day of conducting the inspection supervision.

The education may be delivered for several identical, or of the same kind, established irregularities, for one or more entities.

The education shall be considered delivered if the person or the entity to be educated does not show at the scheduled time for education.

If the person or entity to be educated shows at the scheduled time for education and completes the education, it shall be considered educated in regard to the established irregularity.

If in the course of conducting the control supervision, the state inspector determines that the established irregularities referred to in paragraph 1 of this Article have been eliminated, he/she shall adopt a conclusion to stop the procedure for inspection supervision.

If in the course of conducting the control supervision, the state inspector determines that the established irregularities referred to in paragraph 1 of this Article have not been eliminated, he/she shall file a motion for initiation of a misdemeanor procedure with a competent court.

The state inspectors who have conducted inspection supervision, shall keep records of the delivered education in a manner prescribed by the Minister of Health.

Article 65-b

The Ministry of Health - State Sanitary and Health Inspectorate shall prepare quarterly reports regarding the performed controls and shall publish them on the web site of the Ministry of Health and of the State Sanitary and Health Inspectorate, in a unified quarterly chart.

Article 66

Audit of the material and financial operation of the Fund shall be performed in accordance with the Law on State Audit.

Report on the work

Article 67

The Fund shall be obliged at least once a year to submit a report on its work and analysis of the economic and financial operation of the Fund to the Ministry of Health, the Government and the Assembly of the Republic of Macedonia.

The annual report and an analysis of economic and financial operation of the Fund shall be submitted within 60 days from the expiry of the deadline for submitting the annual account of the Fund.

VIII. RELATIONS OF THE FUND WITH THE HEALTH INSTITUTIONS

Planning and financing the healthcare services

Article 68

The health institutions shall be obliged to plan the assets necessary for providing certain scope of health services.

The health institutions shall be obliged to use the assets necessary for providing certain scope of healthcare services rationally, economically, efficiently and with a purpose defined in accordance with the annual determined plans for incomes and expenditures.

The health institutions shall be obliged to submit to the Fund the necessary data for the exercising the right to damage compensation.

The health institutions shall be obliged to submit financial and other data to the Fund in a manner and within deadlines determined by a general act of the Fund.

The Fund within the framework of the planned funds, for every year shall determine a plan and program for the healthcare services which are financed by the assets of the mandatory health insurance.

The plan and the program referred to in paragraph 5 of this Article shall be submitted to the Ministry of Health and the Ministry of Finance at latest up to 30th December the current year for the year following.

Supplying healthcare services

Article 68-a

The Fund shall supply healthcare services in the interest of the insured persons.

Depending on the needs of healthcare services and the determined assets for that purpose in the budget of the Fund, the Fund shall supply healthcare services for which it shall conclude and terminate agreements with the health institutions.

Agreements with the health institutions

Article 69

The Fund shall with a general act, determine criteria for concluding agreements with the health institutions, for supplying the basic healthcare services referred to in this Law, the manner of concluding the agreements and for the manner of paying the healthcare services according to:

- the number of insured persons in the primary health protection;
- the prices of completed healthcare services in specialist and consultative health protection;
- the prices of healthcare services grouped in DSG in hospital health protection for acute care of hospitalized sick people;
- the agreed prices for healthcare services which are not performed in the public health institutions within the hospital health protection;
- the determined prices of the healthcare services in hospital health protection for daily hospital, chronically lying patients and medical rehabilitation and physiotherapy for lying patients;
- the programs for certain types of health protection, i.e. services;
- the determined funds in the Budget of the Fund according to their purposes and
- other criteria.

The manner of payment for health institutions in distant rural places with only one doctor in the primary health protection (general medicine, school medicine, pediatrics and labor medicine), in addition to the criteria anticipated in paragraph 1 line 1 of this Article, shall be performed on the basis of criteria due to distance to the closest inhabited place where specialist-consulting health protection is provided, the distance from the inhabited place where the closest health institution of the primary health protection is, the number of population and the field which is difficult to access.

The detailed criteria for the distance to the closest inhabited place where specialist-consulting health protection is provided, the distance from the inhabited place where the closest health institution is, the number of the population and for the field which is difficult to access shall be determined by a general act of the Fund, approved by the Minister of Health.

As an exception to paragraph 1 of this Article, the Fund shall provide assets for the complete operation of the public health institutions performing preventive and certain activities within the primary, specialist-consulting and hospital health protection, in accordance with the provisions of the Law on Health Protection.

The public health institutions referred to in paragraph 4 of this Article shall be determined by the Government of the Republic of Macedonia on annual basis, upon a proposal of the Fund, and prior to the conclusion of the agreements.

The Minister of Health shall give consent to the general act referred to in paragraph 1 of this Article.

Article 69-a

The Fund shall submit monthly reports on realization of the assets from the Budget of the Fund and the performed transfers to the health institutions, to the Ministry of Health and the Ministry of Finance, at latest up to the end of the current month for the previous month.

The health institutions shall be obliged to submit monthly reports to the Ministry of Health and to the Fund regarding the work and on the realization of the assets transferred from the Budget of the Fund, at latest up to the 15th in the current month for the previous month.

The manner of performing the transfers to the health institutions and the content of the Forms of the monthly reports shall be determined by the Fund with a general act approved by the Minister of Health.

Article 69-b

The doctor employed in the healthcare institution shall be obliged to have a facsimile and to use it when providing healthcare services.

The Fund shall issue a prior approval for making and using a facsimile by the doctor.

The doctor shall use the facsimile only in the healthcare institution where he/she is employed and also in the public healthcare institution with which the healthcare institution where he/she is employed has concluded an agreement.

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As an exception to paragraphs 1, 2 and 3 of this Article, for the purpose of educating the healthcare workers, introducing new methods in the work, or raising the level of quality of health services, the Minister of Health may issue an approval for making and using a temporary facsimile in the public healthcare institution by a doctor pension beneficiary who has been elected in academic title regular or part-time professor, that is, a doctor engaged in a public healthcare institution by an agreement in accordance with the Law on Medical Studies and Continuous Professional Development of Doctors in Medicine or the Law on Health Protection.

The temporary facsimile may be used in a public healthcare institution in a period of three years as of the issuance of the approval for making and using the temporary facsimile, without the possibility of re-issuance of the approval.

The approval referred to in paragraph 4 of this Article cannot be issued for the municipality, that is, for the City of Skopje as a special unit of the local self-government, where the doctor referred to in paragraph 4 of this Article has worked in the last five years prior to the issuance of the approval.

It shall be stated in the approval referred to in paragraph 4 of this Article that it is issued to a doctor pension beneficiary who has been elected in academic title regular or part-time professor, that is, a doctor engaged in a public healthcare institution by an agreement in accordance with the Law on Medical Studies and Continuous Professional Development of Doctors in Medicine or the Law on Health Protection, as well as the municipality, that is, the City of Skopje as a special unit of the local self-government where the temporary facsimile is valid.

System for financing the public health institutions for the purpose of exercising the rights from the health insurance

Article 69-c

The Governing Board of the Fund shall determine maximum amounts for financing the public healthcare institutions in order to exercise the rights of the health insurance.

The public healthcare institution shall define the necessary funds for performance of its activity in an annual plan of incomes and expenditures per source of revenue, that is the funds anticipated by the Budget of the Fund, for its own incomes which include the funds for the health protection programs and for the donations of the public healthcare institution.

The annual plan for incomes and expenditures of the public healthcare institution shall be adopted by the Managing Board of the public healthcare institution.

Article 69-d

The annual plan for incomes and expenditures shall be submitted by the public healthcare institution to the Fund at the latest by 15 March in the current year for the following year.

The Governing Board of the Fund shall approve the annual plans for incomes and expenditures of the public healthcare institutions at the latest by 31 December in the current year, in which period it shall adopt the total annual plan for incomes and expenditures referring to financing the public

healthcare institutions for exercise of the rights to health insurance per source of funds and per public healthcare institutions, all approved by the Minister.

The Governing Board shall define amendments to the maximum amounts for financing the public healthcare institutions for exercise of the rights to health insurance in case of amendments to the Budget of the Fund and/or amendments to the agreed type and scope of healthcare services.

The public healthcare institutions shall amend the annual financial plans for the assets of the Fund in accordance with the maximum amounts for financing the public healthcare institutions referred to in paragraph 3 of this Article and shall submit them for approval to the Fund.

The Fund shall approve amendments to the annual plan for incomes and expenditures of the public healthcare institutions for the funds from their own incomes and donations upon a request of the public healthcare institutions.

The manner of preparation, adoption and amendment of the annual plan for incomes and expenditures for financing the public healthcare institutions for exercising the rights from the health insurance shall be regulated by a general act of the Fund, approved by the Minister.

The annual plan for incomes and expenditures of the public healthcare institutions shall be executed via the treasury of the Fund and the treasury health account.

Treasury and treasury health account

Article 69-e

The Treasury shall be formed in the Fund as an organizational unit for the purpose of managing the treasury health account.

Through the treasury health account as a system of accounts managed by the treasury of the Fund, the collecting of all incomes and the payment of all expenditures of the public healthcare institutions for exercising the rights from the health insurance shall be kept.

In the treasury a nominal health ledger as an official record of the data and the transactions in connection with the annual plans for incomes and expenditures, the financial plans, received income and paid expenditures of the public healthcare institutions shall be kept.

Article 69-f

The Treasury of the Fund shall perform the following activities:

- administer the treasury health account,
- keep a treasury health main book,
- keep register of public healthcare institutions and their accounts within the treasury health account,
- keep record for collecting the revenues to the treasury health account,
- keep record of the expenditures made from the treasury health account,
- prepare classification of the accounts within the health main book,
- open and close accounts within the health main book,

- enforce the orders on the basis of the decisions for coercive collection debiting the treasury health account, and
- perform other activities determined with Law.

The manner of treasury operation and control shall be regulated by an act of the Fund, approved by the Minister of Health.

Article 69-g

Within the treasury health account of the Fund, as separate accounts in the health main book the accounts of the public health healthcare institutions shall be kept for the funds of the Fund, for the funds of its own incomes including the funds of the programs for health protection and funds from donations.

The treasury health account of the Fund shall be opened in the National Bank of the Republic of Macedonia.

The public health institutions cannot open accounts and deposit funds with payment operations bearers.

The balance sheet of the health main book and the status of the treasury health account shall be adjusted on a regular base.

Foreign currency accounts shall be opened in the National Bank of the Republic of Macedonia for the funds in foreign currencies from the donors and for the other foreign currency funds of the public healthcare institutions.

The manner and running of the foreign currency account shall be regulated by the Fund with a general act, upon a consent of the Minister of Health.

Article 69-h

For the enforcement of payments, the public health institutions shall submit payment application to the regional offices of the Fund.

The regional offices of the Fund, after the performed controls of the application referred to in paragraph 1 of this Article, shall submit it to the treasury of the Fund, for approval.

The enforced payment shall be recorded in the health main book.

Article 70

With regard to the provision of healthcare services, the Fund as a buyer of healthcare services shall conclude and cancel agreements with healthcare institutions in accordance with the license for carrying out healthcare activity in the network of healthcare institutions.

Representatives of the Ministry of Health shall also participate in the negotiating procedure for conclusion of an agreement with the healthcare institution in the field of hospital health protection.

The agreements referred to in paragraph 1 of this Article shall regulate the type, scope, quality and deadlines for rendering health protection, i.e. healthcare services in accordance with the evidence-based medicine, the manner of calculating and paying the healthcare services, the reasons and the conditions under which the agreement may be cancelled, and the agreed penalty.

The agreements referred to in paragraph 1 of this Article shall be concluded in a written form, but they may be concluded in electronic form as well using the electronic signature with a valid digital certificate from the health insurance electronic card.

The agreements referred to in paragraph 1 of this Article shall be concluded for a period of one year or more, for the whole period of validity of the license for carrying out the healthcare activity in the network of healthcare institutions in accordance with the regulations on health protection.

The healthcare institution shall be obliged to provide healthcare services within the framework of the agreement referred to in paragraph 3 of this Article and to display on a visible place which services it provides under the agreement which are covered by the Fund.

The healthcare services of the insured persons rendered contrary to paragraph 1 of this Article shall not be covered by the Fund.

Control

Article 71

The Fund shall control the health institutions and the legal entities performing construction, issuing and servicing of orthopedic and other devices that have concluded an agreement regarding the application of general acts of the Fund, fulfillment of the obligations arising from the agreement with the Fund, the agreed type and the scope of the health services, the medical documentation related to the pointed health services, the use of medicine based on proofs and the application of the criteria regarding the temporary working disability.

In addition to the controls referred to in paragraph 1 of this Article in the public healthcare institutions, the Fund shall control the use of the funds for provision of healthcare services in accordance with Article 68 paragraph 2 of this Law.

The control shall be performed by authorized persons from the Fund.

The authorized persons referred to in paragraph 2 of this Article while performing the control in the health institutions and the legal entities performing construction, issuing and servicing of orthopedic and other devices shall identify themselves with an identity card issued by the Director of the Fund.

The health institutions and the legal entities performing construction, issuing and servicing of orthopedic and other devices shall be obliged to ensure the carrying out the control of the authorize persons of the Fund, and make the documentation related to the performed health services of the insured person available for inspection.

The manner and the procedure connected to the control and the form and the content of the identity card shall be determined by the Fund with a general act, approved by the Minister of Health.

Solving disputes

Article 72

The disputes which shall appear between the health institutions and the Fund shall be solved by selected, i.e. competent court, according to the regulations on litigation procedure.

PART II

VOLUNTARY HEALTH INSURANCE

Article 73

Out of force **40**

Article 74

Out of force **41**

Article 75

Out of force **42**

PART III

DAMAGE COMPENSATION

Article 76

The insured person who is paid from the assets of the Fund shall be obliged to reimburse the received amount and to compensate the damage if:

- based on false data he has been aware of or has been obliged to be aware of, or in any other unlawful manner has gained incomes he has not been entitled to or has gained incomes in amount exceeding the amount he has been entitled to,
- has gained incomes due to not reporting changes affecting the loss or the scope of the right, and he has been or was obliged to be aware thereof and
- has gained financial incomes exceeding the amount determined with a decision from the Fund.

Article 77

The Fund shall have the right to seek compensation to damage, being caused by the organizations or the employers, if the damage occurs as a result of not providing data, or giving false data regarding the facts on which the acquisition or determination of the scope of the rights deriving from the mandatory health insurance depends.

The Fund shall have the right to seek damage compensation from the beneficiary of the mandatory health insurance who, according to this Law, shall be obliged to personally provide data in regard to the realization of his/her rights and obligations in the cases anticipated in paragraph 1 of this Article.

The Fund shall have the right to request damage compensation from the health institution that has with no justification issued medical documentation for exercise of certain right that is not entitled to the insured person.

Article 78

The Fund shall have the right to seek compensation to the caused damage from a person who has caused illness, injury or death to a beneficiary of rights deriving from the mandatory health insurance.

The organization, i.e. the employer shall be responsible for the damage which in the cases referred to in paragraph 1 of this Article is caused by a worker at work or in regard to the work of third parties, in accordance with the labor regulations i.e. obligation relations.

For the cases referred to in paragraph 2 of this Article, the Fund shall have the right to seek damage compensation directly from the worker, if the damage is caused intentionally.

Article 78-a

The Fund shall have the right to request compensation for the caused damage by the health institution where the Fund has not provided the performance of healthcare service, for treatment of

the consequences that have arisen upon the use of the healthcare services in the referred health institution.

Article 79

The Fund shall have the right to seek damage compensation from the organization, i.e. from the employer if the illness, the injury and the death of the beneficiary of the rights deriving from the mandatory health insurance occur due to not undertaking measures for protection at work or other measures for protection of the citizens.

The Fund shall have the right to seek damage compensation from the organization, i.e. the employer when the damage has occurred because the worker started to work without previously performed health examination.

Article 80

The Fund shall have the right to seek damage compensation in the cases referred to in Article 78 of this Law, directly from the insurance company for properties and persons where this person is insured of the responsibility for damage by third parties, according to the regulations for mandatory insurance of properties and persons.

Article 81

The Fund shall have the right to seek damage compensation in the cases anticipated by this Law, regardless if the damage was caused by paying duties which as a right should be covered from the mandatory health insurance funds.

The damage wherefore the Fund shall have the right to seek compensation in the cases anticipated in this Law shall include the costs for health protection, the allowance to salary and other financial compensations being paid from the assets of the Fund.

Article 82

The provisions of the Law on Obligations shall be applied when determining the rights to damage compensation in the cases anticipated in this Law.

Article 83

When the Fund determines that a damage of the assets it manages has been caused, it shall call up the organization, the employer, the insurance company for properties and persons and other persons who according to this Law are obliged to compensate the damage, within determined time period.

If the damage is not compensated within the determined time period, the Fund can file a lawsuit to the competent court.

PART IV

MISDEMEANOR SANCTIONS

Article 84

A fine in the amount of Euro 5.000 in Denar counter-value shall be imposed for misdemeanor to the health institution if:

- 1) it fails to ensure freedom of selection of a doctor (Article 28);

2) in case of longer duration of the temporary work disability it does not refer the insured to the competent body for assessment of the working ability according to the provisions for pension and disability insurance (Article 22);

3) contrary to the provisions of this Law or to a general act of the Fund it shortens or limits the rights entitled to the insured;

4) it expands the right to health protection, it enables exercise of right to a person to whom such a right does not belong according to this Law, or it belongs in smaller scope;

5) it fails to submit monthly reports for the work with the realization of the assets transferred from the Budget of the Fund, within the determined time period;

6) in case of necessary need it repurposes assets without previous consent of the Governing Board of the Fund;

7) in case of epidemics or another state of emergency it does not notify the Fund and the Ministry of Health and it does not explain the reasons for repurposing the funds and

8) contrary to the provisions of this Law or to a general act of the Fund it charges service, material costs and medicinal products, i.e. participation when it is not anticipated, it charges higher participation than the determined or it does not charge participation when it is anticipated.

Fine in the amount of 30% of the determined fine for the health institution shall be also imposed on the responsible person in the health institution for the misdemeanors referred to in paragraph 1 of this Article.

The healthcare worker in the health institution who has committed the misdemeanor shall be imposed a fine in the amount of Euro 500 to 750 in Denar counter-value for the misdemeanor referred to in paragraph 1 of this Article.

Article 84-a

A fine in the amount of Euro 5.000 in Denar counter-value shall be imposed for misdemeanor to the health institution and the legal entity performing construction, issuing and servicing of orthopedic and other devices, if it:

- does not permit the carrying out of the control by the authorized person from the Fund,
- does not allow inspection into the medical documentation related to the performed health services,
- gives unfounded assessment regarded the temporary working disability,
- agrees health services, but does not provide or partially provide them to the insured persons,
- stipulates the insured persons by themselves to buy medical products and other medical supplies, and
- does not provide the necessary information to the Fund for initiating the procedure for damage compensation, in accordance with this Law.

Fine in the amount of 30% of the determined fine for the health institution, that is, the legal entity shall be also imposed on the responsible person in the health institution, that is, in the legal entity for the misdemeanors referred to in paragraph 1 of this Article.

The healthcare worker in the health institution who has committed the misdemeanor shall be imposed a fine in the amount of Euro 500 to 750 in Denar counter-value for the misdemeanor referred to in paragraph 1 of this Article.

Article 84-b

If the authorized person referred to in Article 71 paragraph 2 of this Law determines that a misdemeanor referred to in Article 84-a of this Law has been committed, she/he shall submit a motion for initiation of a misdemeanor procedure in accordance with the regulations in the field of misdemeanors.

With regard to the misdemeanors determined in Article 84-a of this Law, the authorized person referred to in paragraph 1 of this Article shall be obliged to issue a misdemeanor payment order to the perpetrator of the misdemeanor, in accordance with the Law on Misdemeanors.

The authorized person referred to in paragraph 1 of this Article shall be obliged to keep records of the issued misdemeanor payment orders and of the outcome of the initiated procedures.

The following data shall be gathered, processed and kept in the records referred to in paragraph 3 of this Article: name and surname, that is, name of the perpetrator, permanent, that is, temporary residence, head office, type of misdemeanor, number of the misdemeanor payment order which is issued, and outcome of the procedure.

The personal data referred to in paragraph 4 of this Article shall be kept for five years as of the day of entry in the records.

The Fund shall determine in detail the form and the contents of the misdemeanor payment order by a general act for which consent shall be given by the minister of health.

Article 84-c

Fine in the amount of Euro 25 to 50 in Denar counter value shall be imposed on the authorized official person in the Fund if he/she does not require the proofs *ex officio* within the deadline set in Article 15 paragraph 6 of this Law.

Fine in the amount of Euro 25 to 50 in Denar counter value shall be imposed on the authorized official person in the competent public body who has been required the proofs if he/she does not submit the required proofs within the deadline set in Article 15 paragraph 7 of this Law.

Fine in the amount of Euro 25 to 50 in Denar counter value shall be imposed on the authorized official person in the Fund if he/she does not adopt a decision on a request within the deadline set in Article 31 paragraphs 5 and 6 of this Law.

Fine in the amount of Euro 25 to 50 in Denar counter value shall be imposed on the authorized official person in the Ministry of Health if he/she does not adopt a decision on a request within the deadline set in Article 31 paragraph 8 of this Law.

Fine in the amount of Euro 25 to 50 in Denar counter value shall be imposed on each of the members of the second instance doctors commission for medical treatments abroad if they do not submit an opinion to the director of the Fund within the deadline set in Article 31 paragraph 12 of this Law.

Fine in the amount of Euro 25 to 50 in Denar counter value shall be imposed on each of the members of the second instance doctors commission for medical treatments abroad if he/she does not re-examine the opinion of the first instance doctors commission within the deadline set in Article 31 paragraph 13 of this Law.

Fine in the amount of Euro 500 to 1.500 in Denar counter-value shall be imposed for misdemeanor on a doctor, employed in a healthcare institution, if:

1) he/she does not have a facsimile and does not use it in the provision of the healthcare services (Article 69-b paragraph 1);

2) uses facsimile without previous approval (Article 69-b paragraph 2) and

3) uses facsimile outside the healthcare institution where he/she is employed, that is outside the public healthcare institution with which the public healthcare institution where he/she is employed has concluded an agreement for cooperation (Article 69-b paragraph 3).

Fine in the amount of Euro 10.000 to 15.000 in Denar counter-value shall be imposed for misdemeanor to the members of the first and second instance doctors commission for medical treatments abroad, if within the deadlines defined by this Law they do not prepare an opinion upon a request for exercising the right referred to in Article 30 paragraph 1 of this Law.

Article 85

The employer shall be imposed a fine in the amount of Euro 5.000 in Denar counter-value for a misdemeanor, if (s)he establishes voluntary health insurance for the rights anticipated in the mandatory health insurance.

Fine in the amount of 30% of the determined fine for the employer shall be also imposed on the responsible person in the employer for the misdemeanor referred to in paragraph 1 of this Article.

Article 86

The employer shall be imposed a fine in the amount of Euro 5.000 in Denar counter-value for a misdemeanor if:

1) within determined time period (s)he fails to submit a registration form for confirming, i.e. terminating the capacity of an insured person (Article 25);

3) (s)he fails to enable the Fund to perform inspection of the calculation and payment of the contribution (Article 50). **43**

Fine in the amount of 30% of the determined fine for the employer shall be also imposed on the responsible person in the employer for the misdemeanors referred to in paragraph 1 of this Article.

Article 86-a **44**

The amount of the fine for the legal entity shall be determined in accordance with the Law on Misdemeanors.

Article 86-b **45**

With regard to the misdemeanors determined by this Law, the misdemeanor procedure shall be conducted and the misdemeanor sanction shall be imposed by the competent court.

PART IV-a

PENAL PROVISIONS

Article 86-a

The employer and the person who in the capacity of a responsible person at the employer, due to acquiring greater property benefit or value, while paying the salary, the allowance to salary, pension or another financial income do not pay or pay contribution for mandatory health insurance in lower amount, shall be sentenced for a crime to imprisonment of one to five years.

Article 86-b

A doctor and member of the first, that is second instance doctors commission of the Fund that will enable an insured to exercise the right from the health insurance due to an illness or working disability, to which according to a law or another regulation he/she is not entitled, shall be fined or sentenced to imprisonment sentence of six months to three years.

The fine referred to in paragraph 1 of this Article shall be imposed on a doctor and member of the first, that is second instance commission of the Fund that will enable an insured to exercise the right to health insurance due to an illness or working disability he/she is entitled to in accordance with law or another regulation.

PART V

TRANSITIONAL AND FINAL PROVISIONS

Article 87

The Health Insurance Fund of Macedonia shall commence operating as of the day when the members of the Governing Board and the acting director of the Fund are appointed.

The members of the Governing Board of the Fund shall be appointed by the Assembly of the Republic of Macedonia within 6 months from the day when this Law enters into force.

The Government of the Republic of Macedonia within six months from the day when this Law enters into force shall appoint an acting director of the Fund.

Article 88

As of the day the Fund starts operating, the Health Insurance Fund as part of the Ministry of Health ceases operating, which until that day should have been performing the activities according to this Law.

As of the day when the Fund starts operating, it shall take over the rights, obligations, finances, working funds and the workers of the Health Insurance Fund as part of the Ministry of Health.

Article 89

The Governing Board of the Fund shall adopt a Statute, general act for organization and systematization of the job positions and other acts for operating of the Fund, at latest within six months from the day of constitution of the Governing Board of the Fund.

Article 90

The insured persons who on the day this Law enters into force exercise the rights deriving from the mandatory health insurance acquired according to the regulations and general acts being on force until the referred day, shall continue to exercise those rights according to the provisions of that law, unless this Law is more favorable to them.

Article 91

The procedures for exercising the rights deriving from the mandatory health insurance being ongoing on the day when this Law enters into force shall continue according to the provisions of the Law on Health Protection, unless this Law is more favorable to them.

Article 92

The Fund shall adopt the general acts anticipated in this Law within six months at latest, as of the day this Law enters into force.

Until the general acts referred to in paragraph 1 of this Article are adopted, the present regulations shall be applied, unless they are against the provisions of this Law.

Article 93

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Article 94

As of the day this Law enters into force, the provisions of Article 1: "the relations and the rights deriving from the health insurance, the procedure for using the health protection", and Articles 3, 4, 5, 11 through 31, 33, 34 through 45, 58 through 75, 76-b, 76-c, 77, 78, 82 through 89, 182 paragraph 1 point 1, 183 paragraph 1 point 1, 184, 185 and 189 of the Law on Health Protection ("Official Gazette of the Republic of Macedonia" number 38/1991, 46/1993 and 55/1995) shall cease to be valid.

The provisions referred to in Article 76 and 76-a of the Law on Health Protection shall cease to be valid after six months from the day this Law enters into force.

Article 95

The provisions referred to in Articles 32 and 34 shall enter into force after the expiry of six months from the day this Law enters into force.

Article 95-a

The persons shall be freed from prosecution, the criminal procedures shall be stopped, they shall be fully freed from serving the sentence, deletion of the sentence shall be determined, and the legal consequence from the sentence shall be revoked for the persons who are reasonably suspected of committing a crime under Article 380 - use of a document with false contents of the Criminal Code ("Official Gazette of the Republic of Macedonia" nos. 37/96, 80/99, 4/2002, 43/2003, 19/2004, 81/2005, 60/2006, 73/2006, 7/2008, 139/2008, 114/2009, 51/11, 135/11, 185/11, 142/12, 166/12, 55/13, 82/13, 14/14, 27/14, 28/14, 41/14, 115/14, 132/14, 160/14 and 199/14) in a manner that they have submitted a statement with false contents for the generated incomes in the previous year in accordance with the regulations on mandatory social insurance in the procedure for registration in the health insurance in the Health Insurance Fund of Macedonia.

If criminal charges are not filed against the persons referred to in paragraph 1 of this Article, they shall not be filed.

The procedure for application of the provision of paragraph 1 of this Article for the persons against whom a criminal procedure is pending shall be initiated *ex officio* by the competent public prosecutor, that is, the competent first instance court or the person to whom paragraph 1 of this Article refers, that is, the person who may file an appeal on behalf of the insured.

The procedure for application of the provision of paragraph 1 of this Article for whom the procedure is completed by an effective ruling shall be initiated *ex officio* by the correctional institution where the convicted person is serving the sentence, and for the persons who have started the serving of the sentence, the procedure shall be initiated *ex officio* by the court which has adopted the first instance ruling or the competent public prosecutor or the convicted person.

The decision on application of the provision of paragraph 1 of this Article shall be adopted by the competent body in accordance with the Law on Criminal Procedure, that is, the Law on Enforcement of Sanctions within a period of eight days as of the day of entry into force of this Law.

An appeal may be filed against the decisions of paragraph 5 of this Article by the public prosecutor, the persons to whom the provision referred to in paragraph 1 of this Article refers to, and the persons who may file an appeal on their behalf.

The immediate higher court shall decide on the appeal against the decision of the first instance court and the Ministry of Justice shall decide on the appeal against the decision of the correctional institution.

The provisions of the Law on Criminal Procedure and the Law on Enforcement of Sanctions shall also apply to the procedure for implementation of this Article, unless otherwise determined by this Article.

Instruction for implementation of this Article shall be adopted by the minister of justice within a period of eight days as of the day of entry into force of this Law.

Article 95-b

The imposed effective sentences or damage compensations for committed crimes under Article 380 - use of a document with false contents of the Criminal Code ("Official Gazette of the Republic of Macedonia" nos. 37/96, 80/99, 4/2002, 43/2003, 19/2004, 81/2005, 60/2006, 73/2006, 7/2008, 139/2008, 114/2009, 51/11, 135/11, 185/11, 142/12, 166/12, 55/13, 82/13, 14/14, 27/14, 28/14, 41/14, 115/14, 132/14, 160/14 and 199/14) against insured persons that have submitted a statement with false contents for the generated incomes in the previous year in accordance with the regulations on mandatory social insurance in the procedure for registration in the health insurance in the Health Insurance Fund of Macedonia shall be stopped from enforcement as of the day of entry into force of this Law.

The civil procedures for committed crimes under Article 380 - use of a document with false contents of the Criminal Code that are initiated against insured persons who have submitted a statement with false contents for the generated incomes in the previous year in accordance with the regulations on mandatory social insurance in the procedure for registration in the health insurance in the Health Insurance Fund of Macedonia before the entry into force of this Law and are not completed by an effective ruling shall be stopped.

No damage compensations shall be claimed from the beneficiaries of mandatory health insurance that are reasonably suspected of committing a crime under Article 380 - use of a document with false contents of the Criminal Code ("Official Gazette of the Republic of Macedonia" nos. 37/96, 80/99, 4/2002, 43/2003, 19/2004, 81/2005, 60/2006, 73/2006, 7/2008, 139/2008, 114/2009, 51/11, 135/11, 185/11, 142/12, 166/12, 55/13, 82/13, 14/14, 27/14, 28/14, 41/14, 115/14, 132/14, 160/14 and 199/14) in a manner that they have submitted a statement with false contents for the generated incomes in the previous year in accordance with the regulations on mandatory social insurance in the procedure for registration in the health insurance in the Health Insurance Fund of Macedonia.

Article 96

This Law shall enter into force on the eighth day as of the day of its publishing in the "Official Gazette of the Republic of Macedonia".

PROVISIONS OF OTHER LAWS:

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 50/2001):

Article 5

This Law shall enter into force on the day of its publishing in the "Official Gazette of the Republic of Macedonia", and shall be applied as of July 1st, 2001.

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 11/2002):

Article 2

This Law shall enter into force on the day of its publishing in the "Official Gazette of the Republic of Macedonia", and shall be applied as of January 1st, 2003.

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 84/2005):

Article 27

The provision of Article 2 point 10-a of this Law does not refer to in-vitro performed until the day this Law enters into force.

Article 28

The Fund shall adopt the general acts anticipated by this Law at latest within three months as of the day this Law enters into force.

Article 29

The members of the Governing Board, according to the conditions determined by this Law, shall be appointed by the Government of the Republic of Macedonia within six months as of the day this Law enters into force.

Article 30

Until the appointing of a director according to the conditions of this Law the present director of the Fund shall continue performing the function director, but for a period not longer than his mandate.

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 18/2007):

Article 9

The Fund shall be obliged at latest within three months from the day this Law enters into force to harmonize the Statute with the provisions of this Law.

Article 10

Until a director is appointed according to the conditions determined by this Law the present director and vice-director of the Fund shall continue performing the activities of director and vice-director, but not longer than the expiry of the mandate.

Article 11

The Fund, as of the day this Law enters into force, can perform public procurements for the needs of the health institutions concluded before the day this Law enters into force, and it can conclude contracts for performing group procurement in accordance with the Law on Public Procurement, until July 1st, 2007.

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 36/2007):

Article 15

The provisions of Article 5 paragraph 1, 6, 7 and 8 of this Law shall be applied as of July 1st, 2007, by calculating basis of 50% of the average monthly net salary per employee in the Republic published for the current month, and as of July 1st, 2008 by calculating the basis of 65% of the average monthly net salary per employee in the Republic published for the current month.

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 82/2008):

Article 18

As of the day this Law enters into force, the initiated procedures until September 1st, 2008, for charging the basic debt including the lawful interest rate for incorrectly calculated and paid or not paid contribution for mandatory health insurance, as well as for the procedures that shall be initiated after September 1st, 2008, and refer to incurred debts of the obligors based on incorrectly calculated and paid or not paid contribution for mandatory social insurance until September 1st, 2008, shall be completed according to the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no.25/2000, 34/2000, 96/2000, 50/2001, 11/2002, 31/2003, 84/2005, 37/2006, 18/2007 and 36/2007).

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 82/2008):

Article 19

The provisions of Article 9, 10 paragraphs 1 and 2, Article 11 paragraphs 1 and 2 and Article 12 of this Law shall be applied as of September 1st, 2008.

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 6/2009 and 50/2010):

Article 19

The provisions of Article 3 paragraph 2 and Article 6 of this Law shall apply as of 1 January, 2012.

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 6/2009):

Article 20

This Law shall enter into force on the day of its publishing in the "Official Gazette of the Republic of Macedonia" and Articles 1, 2, 3 paragraph 1, 4, 5, 8, 9, 11, 12, 13, 14, 15 and 18 of this Law shall be applied as of January 1st, 2009.

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 67/2009):

Article 4

The Fund shall be obliged within three months as of the day this Law enters into force to harmonize the general acts with the provisions of this Law.

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 67/2009):

Article 5

This Law shall enter into force on the eight day of its publishing in the "Official Gazette of the Republic of Macedonia", and Articles 1, 2 and 3 of this Law shall be applied as of June 1st, 2009.

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 50/2010) and Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 16/2013):

Article 19

The health identity cards issued prior to the day this Law enters into force shall be valid until they are changed with the card for health insurance. 47

Article 20

The general acts referred to in Articles 69-d, 69-g and 69-h, shall be adopted by the Fund within six months as of the day this Law enters into force.

Article 21

During the procedures referred to in Article 18 of the Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no.82/2008), the Fund can conclude court agreements with the obligors for the paid contributions which shall allow the obliger to pay the main debt with calculated interest till the day the agreement has been concluded, in a manner determined by a decision of the Governing Board of the Fund.

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 50/2010)

Article 23

The amount of the salary compensation determined in accordance with Article 5 of this Law shall start to apply for 2012 as of 1st January 2012, and for the period after 2012 shall start to apply as of 1st January 2013.

Article 25

This Law shall enter into force on the eight day of its publication in the "Official Gazette of the Republic of Macedonia", and the Article 15 shall start to apply within eight months as of the day this Law enters into force.

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 156/2010)

Article 5

The costs for the first issuance of the electronic card for health insurance which shall be covered from the funds of the Ministry of Health up until the expiry of the time period determined in Article 19 of the Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no.50/10).

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 53/2011):

Article 26

The bylaws referred to in Articles 3 paragraph 1 and 19 paragraph 3 of this Law, shall be adopted by the Fund in a period of three months as of the day this Law enters into force.

Article 27

The bylaws referred to in Article 16 of this Law shall be adopted in a period of 15 days as of the day this Law enters into force.

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 53/2011):

Article 28

The provision referred to in Articles 1 and 2 paragraphs 2 and 7 shall apply as of September 1st, 2011, and the provision referred to in Article 5 paragraphs 1, 2 and 3 shall apply as of January 1st, 2012, the provisions of Article 9 shall apply as of July 1st, 2011, the provisions referred to in Articles 2 paragraph 1 and 4 paragraph 1 of this Law shall apply after the determination of the network of health institutions, in accordance with the Law on Health Protection, and the provisions of Articles 8 and 23 paragraph 3 of this Law shall apply as of January 1st, 2013.

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 26/2012):

Article 31

The procedures for exercising the rights from the mandatory health insurance determined in Article 5 and 12 of this Law that are ongoing on the day this Law enters into force shall be continued in accordance with the provisions of this Law.

The provision of Article 13 of this Law shall apply as of 1 January, 2013.

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 26/2012):

Article 32

The bylaws referred to in Article 6, 7, 22 and 24 of this Law shall be adopted in a period of 15 days as of the day of entry into force of this Law.

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no.16/2013):

Article 2 48

The Fund shall *ex officio* change the capacity of an insured - individual farmer into insured - holder of agricultural holding.

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" nos. 16/2013, 187/2013, 97/2014, 188/2014 and 217/2015):

Article 5

This Law shall enter into force on the eight day as of the day of its publication in the "Official Gazette of the Republic of Macedonia" and the provisions of Articles 1 and 2 of this Law shall start to apply as of 1 January 2017.

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 91/2013):

Article 4

The debt of the Pension and Disability Insurance Fund of the Republic of Macedonia against the Health Insurance Fund of the Republic of Macedonia based on Article 22 paragraph 3 of the Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 84/2005) shall be written off.

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 187/2013):

Article 6

The provision of Article 3 of this Law which adds four new paragraphs 4, 5, 6 and 7 to Article 69-b shall apply by 31 December 2019.

Article 7

This Law shall enter into force on the eight day as of the day of its publication in the "Official Gazette of the Republic of Macedonia" and the provisions of Articles 1 and 4 of this Law shall start to apply as of 1 January 2014.

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 43/2014):

Article 6

The director of the Fund who has been appointed before the beginning of application of this Law, shall continue to exercise the office until the expiry of the term of office for which he/she has been appointed.

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 43/2014):

Article 7

The provisions of Articles 1, 3 and 4 of this Law shall start to apply as of the beginning of application of the Law on Public Sector Employees ("Official Gazette of the Republic of Macedonia" no. 27/2014) and the Law on Administrative Servants ("Official Gazette of the Republic of Macedonia" no. 27/2014).

The provisions of Article 2 of this Law shall start to apply one year as of the day of entry into force of this Law, except the provisions that refer to the requirement for knowledge of a foreign language which shall start to apply two years as of the day of entry into force of this Law.

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 44/2014):

Article 6

The bylaw the adoption of which is determined by this Law shall be adopted within a period of three months as of the day of entry into force of this Law.

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 44/2014):

Article 7

This Law shall enter into force on the eight day as of the day of its publication in the "Official Gazette of the Republic of Macedonia", and Article 1 of this Law which adds a new paragraph 5 in Article 15 and Article 5 of this Law which adds a new paragraph 3 in Article 52 shall start to apply two years as of the day of entry into force of this Law.

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 97/2014):

Article 2

This Law shall enter into force on the day of its publication in the "Official Gazette of the Republic of Macedonia".

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 113/2014):

Article 2

This Law shall enter into force on the day of its publication in the "Official Gazette of the Republic of Macedonia", and shall start to apply as of 1 January 2015.

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 188/2014):

Article 5

This Law shall enter into force on the eight day as of the day of its publication in the "Official Gazette of the Republic of Macedonia", and the provisions of Article 1 paragraph 1 and Article 2 of this Law shall start to apply as of 1 January 2015.

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 20/2015):

Article 2

This Law shall enter into force on the day of its publication in the "Official Gazette of the Republic of Macedonia".

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 61/2015 and 120/2016):

Article 3

This Law shall enter into force on the eight day as of the day of its publication in the "Official Gazette of the Republic of Macedonia" and shall apply to the period for which exemption from payment of contributions for mandatory social insurance is established in accordance with the Law on Employment and Insurance Against Unemployment ("Official Gazette of the Republic of Macedonia" no. 56/2015) and the Law on Employment and Insurance Against Unemployment ("Official Gazette of the Republic of Macedonia" no. 119/2016).

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 61/2015):

Article 3

The procedures for exercise of the rights deriving from the mandatory health insurance determined in Articles 1 and 2 of this Law initiated until the day of entry into force of this Law, shall end in accordance with the provisions of this Law.

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 129/2015):

Article 3

This Law shall enter into force on the day of its publication in the "Official Gazette of the Republic of Macedonia" and shall apply as of 1 August 2015.

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 150/2015):

Article 7

The bylaw determined by this Law shall be adopted within a period of 30 days as of the day of entry into force of this Law.

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 150/2015):

Article 8

This Law shall enter into force on the day of its publication in the "Official Gazette of the Republic of Macedonia".

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 154/2015):

Article 3

This Law shall enter into force on the day of its publication in the "Official Gazette of the Republic of Macedonia".

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 217/2015):

Article 2

This Law shall enter into force on the day of its publication in the "Official Gazette of the Republic of Macedonia".

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 27/2016):

Article 2

This Law shall enter into force on the day of its publication in the "Official Gazette of the Republic of Macedonia".

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 37/2016):

Article 5

The procedures initiated before the day of beginning of application of this Law shall end in accordance with the law they have been initiated.

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 37/2016):

Article 6

The provisions of Articles 1, 2 and 4 of this Law shall start to apply as of the beginning of application of the Law on the General Administrative Procedure in accordance with Article 141 of the Law on the General Administrative Procedure ("Official Gazette of the Republic of Macedonia" no. 124/15).

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 120/2016):

Article 3

This Law shall enter into force on the day of its publication in the "Official Gazette of the Republic of Macedonia".

Law Amending the Law on Health Insurance ("Official Gazette of the Republic of Macedonia" no. 142/2016):

Article 5

This Law shall enter into force on the day of its publication in the "Official Gazette of the Republic of Macedonia".