

NZa Role and Duties

What the Dutch Healthcare Authority (NZa) does in brief

Complex playing field

Our healthcare system is a highly complex collaboration between healthcare providers, health insurers, consumers, politics and a diverse circle of stakeholders and authorities. Together, we organize and deliver healthcare. The Dutch Healthcare Authority (NZa) is at the centre of that sphere, with a specific role in the healthcare landscape.

“We work in the interests of society towards good and affordable healthcare”

The NZa works in the interests of society towards good and affordable healthcare. Everything we do is primarily in the interests of the 17 million people in the Netherlands. The insured, patients and clients. They should be able to rely on good and affordable healthcare if and when they need it.

We regulate when required

Patients are entitled to a clear healthcare invoice. Health insurers and healthcare offices stipulate in contracts with healthcare providers what treatment is provided, of what quality and at what rate. The NZa supports this by determining treatment descriptions.

For certain treatments, maximum rates apply. This means that the rates may be lower, but not higher than that maximum. The NZa sets these maximum rates by periodic cost surveys.

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Free (or deregulated) rates are applicable in a number of sectors: throughout paramedic healthcare, most specialist medical care, and part of the care delivered by general practitioners. For these so-called free sectors the NZa does not carry out cost surveys and does not fix a maximum rate. The Minister of Health, Welfare and Sport and the Lower Chamber of Parliament determine which healthcare sectors are subject to free rates.

We supervise healthcare providers and health insurers.

We check whether healthcare providers, health insurers, healthcare offices and the Central Administration Office (CAK) comply with the regulations. For example, it is important that health insurers accept everyone for basic insurance. Age, income, lifestyle or state of health must not be a consideration. Additionally, the policy information needs to be clear and accessible.

Healthcare providers and health insurers must also ensure that the healthcare invoice is correct. They are also obliged to provide the public beforehand with correct information about their healthcare. Information about which treatments are insured, for example, but also how much the treatment is going to cost patients.

Instead of checking in retrospect, the NZa is increasingly opting for new supervisory strategies and activities. For example, our facilitating role in the development of horizontal monitoring in specialist medical care and in mental healthcare.

Through responsive and preventative monitoring, we want to prevent problems. We want to do this by analysing data, qualitative and quantitative, and making healthcare-wide risk analyses. Or by informing the public about the option of organising counter pressure on health insurers. For example, when it comes to duty of care.

We conduct research and advise the Ministry of Health, Welfare and Sport

Good data are essential for our work. It is essential to make appropriate regulations for healthcare and to supervise it. We make developments in healthcare visible with our monitors, market scans and information maps. With good data, we can check more closely for risks to the affordability or accessibility of care. Using careful analyses, we advise the Ministry of Health, Welfare and Sport: solicited and unsolicited.

We talk to healthcare providers and health insurers

We regularly consult with various parties to ensure that people receive the healthcare to which they are entitled. In addition, we carry out work visits, which give us a better picture of healthcare in practice. Or we take part in a congress or other event. In other ways, too, such as round tables, citizens' panels or by means of other hotlines in the healthcare sector, we actively pick up signals that give direction to our work.

Core values

The NZa is professional, independent and trustworthy. We look for result-oriented collaboration within the sector. With healthcare providers, health insurers and healthcare offices.

Future

Our roadmap towards 2030 will be focusing on healthcare in which the patient plays the central role. We believe that this can be achieved by organising healthcare as close to the patient as possible, through networks in neighbourhoods and with a focus on outcomes. We stimulate prevention, technology and multidisciplinary collaboration across the board. We want to give an impulse to the principle of the right care in the right place. Regional experiments are important in this respect.

So we're going to promote and support them.

Legal basis

The NZa falls under the responsibility of the Minister of Health, Welfare and Sport. The NZa is an independent administrative body and is therefore somewhat detached from the ministry. We have duties and powers under the Healthcare Market Regulation Act, the Health Care Insurance Act and the Long-Term Health Care Act. We work closely with the Health Care and Youth Inspectorate and the Netherlands Health Care Institute.

The NZa does not have any legal duties with regard to the implementation of the Youth Act and the Social Support Act. Municipalities regulate these. In the interests of integral and value-driven healthcare, the NZa advocates coherence between regulation and supervision around these five aspects of healthcare legislation.

Contact and hotline

You can contact our Information and Contact Centre on +31 (0)88 770 8 770 during business days between 9:00 am and 5:00 pm. We can also be reached by email: info@nza.nl.

Do you have any doubts about whether your healthcare provider's invoice is correct? Do you think that your health insurer is not reimbursing you the amount to which you are entitled? You can report such matters to us, as they are directly related to our role. The NZa does not mediate in conflicts between individual patients and healthcare providers about invoices. We also do not intervene in individual disputes between an insured person and a health insurer or healthcare office. However, we do use your reports to improve our work as much as possible.