Preparation of internal procedures and instruments of the Polish health insurance system for the application of regulations resulting from the co-ordination of social security systems -VITAPOL.

1. Basic information
   1.1 CRIS number: 2004/016-829.01.06    Twinning No.: PL2004/IB/SO/03
   1.2 Title: Preparation of internal procedures and instruments of the Polish health insurance system for the application of regulations resulting from the co-ordination of social security systems -VITAPOL.
   1.3 Sector: Social Policy and Employment
   1.4 Location: Poland

2. Objectives
   2.1 Overall objectives
   2.1.1. To prepare health insurance institutions for performing tasks in the field of determining the right for health services, their rendering, and clearing the costs of the rendered services as part of the social security system’s co-ordination.
   2.1.2. To implement the principles of a free flow of persons in the field of material health services, and a free flow of services.

   2.2 Project purpose/immediate objective:
   2.2.1. To develop a concept of a health insurance document (Insurance Charter) for the Polish health insurance system, co-ordinated with the concept of the European health charter, and to carry out a pilot-scale implementation of the proposed solutions.

   2.2.2. a./ To develop the principles and conditions of receiving high-cost and highly specialistic services in the Polish health insurance system according to procedure E112 (Ordinance 1408/71 EEC), allowing for the conclusions from the decision of the European Court of Justice concerning the Smits-Peerbooms case.

   b./ To develop a concept of a system responsible for monitoring and managing the access to high-cost and highly specialistic health services (waiting lists) and to carry out a pilot-scale implementation of the proposed solutions.

   2.2.3.a./ Preparation of the principles of calculating the flat rate price lists based on the actual costs of the consumption of health goods and services by patient groups mentioned in articles 94 and 95 of the (EEC) Council Executive Ordinance No. 574/72 of March 21, 1972, defining how the (EEC) Ordinance No 1408/71 must be applied and how these price lists should be estimated for the year 2004.

   b./ To develop unit price lists, in particular, those related to expensive treatment procedures in emergency cases, based on the actual treatment costs in these cases, with respect for the principles of the EEC Ordinance 574/72.

   c./ To develop the principles of clearing refunded health services, based on the procedure resulting from ECJ decision on the Mueller-Faure-Van Riet case.

   d./ To develop the principles of monitoring and prognosing trans-border flows of Polish patients.

   2.3 Justification
   According to the Comprehensive Monitoring Report on Poland’s preparation for Membership: in the field of social protection, Poland should continue its efforts to implement the health care and pension reforms, which will further help to improve the level and efficiency of social protection. Taking into account of the previous programming documents, it is necessary to further reinforce the administrative
structure for the co-ordination of social security systems and implementation of the provisions of the UE law regulations

Adjustment of the common insurance system for the implementation of ECJ interpretation of the Mueller-Faure-Van Riet case.
The project will indicate the optimum and most appropriate methods for defining flat rate price lists and it will present simulations of the related financial flow.

3. Description

3.1 Background and justification:
The European Commission has proposed 1 June 2004 as the launch date of the common European health insurance card. The single, personalized card is designed to replace all current paper forms needed for health treatment which is necessary during a temporary stay in another Member State. The new card will make life easier for EU citizens, care providers (doctors, hospitals) and social security institutions. It will first replace the existing E111 form for short stays such as holidays and then, in a second phase, all the other forms used for temporary stays: employees posted to another country (E128), international road transport (E110), study (E128) and job seekers (E119). In a third phase, it will take the form of an electronic smart card, readable by computer. The card will, for example, allow patients who have to pay for their health care abroad to be reimbursed more quickly by their own social security system. However, the card will offer more advantages as EU rules gradually open up more possibilities for EU citizens to be treated while on a temporary stay in another Member State. One such possibility, already agreed at political level between the Member States, is the right to all necessary care in the host Member State, not only emergency care.

Perspective of opening, to some extend, public health system of Poland for patient mobility, requires more aware and well developed internal systems in the Polish health insurance institution. This regards both the issues of health card, which is still not existent in Poland in general, but also some financial and organizational solutions which let to assist the process we will face in following years.

In particular, in a context of limitation of access to some services domestically, the system and its people have to carefully rethink the scope and conditions of, so called, “benefit package.” A procedure based on E112 grants a right to the citizen of EU country, to demand treatment abroad when a procedure is eligible to him/her according to law, but not accessible in own country within time “undue delay”. The system have to be equipped in tools for making aware selection of health technologies, that are to be provided and a tool for current monitoring waiting-time to those procedures.

The system have to prepare renewable sets of “price-lists”, for all occasions of international reimbursement; both for retired persons moving to Poland, but also for tourists and those who of Polish citizens who use services abroad in a way that ECJ Mueller-Faure Van Riet verdict predicts. This requires clear legal view on the reimbursement issues, and in-deep economical analysis of the costs which have to taken into account when calculating the costs.

The project would be summarized by launching two pilot tests of developed solutions, which would confirm practical applicability of developed concepts.

3.2 Linked activities:
The project is a continuation of the PL 9915 Phare-Consensus III Project. The project assumes the necessity of acquiring necessary knowledge in the field of settlement processing by employees dealing with health benefits in kind.
The project will refer to and apply national legal and technical solutions in relation to:
- the health insurance charter,
the scope of guaranteed services within the system of common health insurance and will develop new solutions in the field of access to health services, especially regarding high-cost and highly specialistic services.

The project will support the National Health Fund’s preparatory work to define the flat rate price lists charged for unit health services and to clear the costs paid by the patients and eligible for refunds under the Mueller-Faure-Van Riet procedure.

3.3 Results:
- A concept of a health insurance document (Insurance Charter) in the Polish health insurance system, co-ordinated with the concept of the European Health Charter. This concept will comprise proposed legal regulations and technical specifications for the application of the insurance document in NHF’s IT systems. The proposed solutions will be subject to preliminary evaluation during the pilot-scale implementation covering a limited population of insured people.

- Proposed legal regulations and technical solutions defining the principles and conditions of receiving high-cost and highly specialistic services under the Polish health insurance system. Proposed procedures integrating the above with the procedure requiring the NHF President’s permission to receive treatment in countries covered by the co-ordination system.

- Proposed system for monitoring access to high-cost and highly specialistic services covered by the NHF insurance and the pilot-scale implementation of the system.

- Proposed unit price lists, in particular those involving expensive treatment procedures in emergency cases, and clearing the refundable health services based on the procedure resulting from the ECJ decision in the Mueller-Faure-Van Riet case.

- Proposed system for monitoring and prognosing trans-border flows of patients and including these expenses in the NHF budget.

- Proposed principles of calculating flat rate price lists, based on the actual costs of health goods and services, for patient groups mentioned in articles 94 and 95 of the (EEC) Council Executive Ordinance No. 574/72 of March 21, 1972, which defined the way in which the Ordinance (EEC) No. 1408/71 should be implemented. Proposed flat rate price lists for 2004.

3.4 Activities:
1. Contract 1—Twinning

Component 1
Activities in the range of Directives:
- Council Regulation (EEC) No 1408/71 of 14 June 1971 on the application of social security schemes to employed persons and their families moving within the Community,

The project will also take into account Decisions of the Administrative Commission regarding the issues of Health Benefits in Kind as well as appropriate rulings on the European Court of Justice.

Expert work areas:
- Description of the legal and technical environment of the health insurance charter in Poland, in the context of UE law regulations and its to-date applications in various EU countries (trans-border co-operation programmes).
- Description of the procedure and principles of adjusting the existing insurance identification systems based on the insurance charter (e.g., France, Germany) to the UE law regulations.
Delivering of draft laws regulating the issue of using the insurance charter in the Polish health insurance system, allowing for its functions in the social security co-ordination system.

Proposition of solutions (technical assumptions) for the insurance charter in the Polish health insurance system, allowing for its functions in the social security co-ordination system.

Proposition of technical assumptions for the equipment of institutions using the insurance charter.

Proposition of technical and functional assumptions for the IT system storing and transmitting data generated using the insurance charter.

Estimation cost of implementing the insurance charter meeting the UE law regulations requirements at a national scale.

Component 2.
Expert work areas:

- Defining the types of health services most frequently involved in trans-border patient flows, based on procedure E112, in the EU member states.
- Delivering an expert report on the legal ramifications of ECJ decision in the Smits-Peerbooms case in relation to the legal and actual situation in Poland’s common insurance system.
- Defining the expected types of health services that may potentially be most frequently involved in trans-border patient flows, based on procedure E112, in the case of Poland.
- Presenting the proposed principles of access to the above-mentioned services under the common health insurance system, in particular, the criteria of patients’ access and qualification for these services (seminar presenting reports and study results).
- Presenting the proposed principles of selecting (indication) the performance technology of the above-mentioned services under the common health insurance system.
- Presenting the proposed principles of determining the appropriate time of access to the above-mentioned services under the common health insurance system, in particular, the criteria of patients’ qualification for urgent service rendering.
- Delivering a proposed system to monitor the time of access to the above-mentioned services (evaluation of the pilot-scale implementation of the mentioned monitoring system)
- Delivering draft laws providing grounds for the operation of the system monitoring access time for the above-mentioned services.

Component 3.
Expert work areas:

- Developing assumptions for the calculation of flat rate costs in relation to persons benefiting from the social security co-ordination system, in line with the requirements of the EC Administrative Commission and protecting the interests of persons insured under the common health insurance system.
- Delivering calculations of the proposed flat rate charges in relation to persons benefiting from the social security co-ordination system in line with the above-mentioned assumptions and based on the available information.
- Developing the assumptions for the calculation of unit rate clearings, in particular, for the expensive emergency treatment procedures, in line with the requirements of the EC Administrative Commission, and protecting the interests of persons insured under the common health insurance system.
- Delivering calculations of the proposed unit rates clearings in relation to persons benefiting from the social security co-ordination system, in line with the above-mentioned assumptions and based on the available information.
- Delivering an expert report on the legal ramifications of the ECJ decision on the Mueller-Faure-Van Riet case, in relation to the legal and actual situation of Poland’s common insurance system.
- Developing the assumptions for clearing the refundable health services, based on the procedure resulting from the ECJ decision on the Mueller-Faure-Van Riet case.
- Delivering calculations of the proposed unit rates clearings in relation to persons benefiting from the social security co-ordination system in line with the above-mentioned assumptions and based on the available information.
Preparing internal procedures and instruments of the Polish health insurance system for the application of regulations resulting from the co-ordination of social security systems - VITAPOL.

- Delivering an expert report on the legal consequences of other ECJ decisions in relation to the legal and actual situation of Poland’s common insurance system.
- Delivering draft laws required for the implementation of the earlier proposed solutions.
- Developing a proposed system to monitor expenditures involved by the social security co-ordination system.
- Developing a formula for the calculation of the planned expenditures involved by the social security co-ordination system, at the phase of NHF budgeting.
- Description of the adopted methods for the calculation of flat rate price lists, adjusted for the current Polish legal context and potential of the IT systems (which generate the required data) and comparing them with the methods used in other EU countries,
- Indication of a source and scope of data indispensable in calculating the flat rate price lists, and methods for their processing in line with the proposed methodology,
- Presenting financial simulations of National Health Fund’s revenues on flat rate clearings in 2004, calculated based on the proposed methods and indicating the financial flows between the Republic of Poland and other EU countries.
- Carrying out financial simulations of National Health Fund’s costs resulting from flat rate clearings in 2004, based on the available information and indicating the financial flows between the Republic of Poland and other EU countries.

**The Resident Twinning Adviser** (for duration of the project) will be responsible for the overall supervision of the project as well as a permanent consultation and counselling.

*RTA’s profile:*

- experience in the field of health benefits in kind
- knowledge of the EU legislation
- preferably speaking Polish
- good command of English language
- good communication and management skills
- skills of concluding and maintaining inter-personal contacts.

The expert will be located at the National Health Fund, 186 Grójecka Street, Warsaw.

**Short-term experts** – responsible for developing of contracts components, active supporting during implementation of proposed subject

2. **Contract 2—technical assistance**

Pilot-scale implementation of the Insurance Charter materialising the concept of European Insurance Charter

The following tasks will be carried out as part of the pilot-scale implementation:

- equipping a population of 50,000 with the Health Insurance Charter according to previously defined principles;
- equipping selected, Insurance Charter using institutions, with tools required for this purpose;
- developing and launching an IT system to store and transmit information generated with the use of the Insurance Charter;
- evaluation of the implementation process, implementation costs, and results of the operation of the IT system storing and transmitting information generated with the use of the Insurance Charter;
- evaluation of the Insurance Charter’s functionality in using health services outside Poland.

3. **Contract 3—technical assistance**

The pilot-scale implementation of the system monitoring the waiting list for high-cost and highly specialist services under the common health insurance system.

The following tasks will be carried out as part of the pilot-scale implementation:

- launching an IT system based on assumptions defined under the present project;
- implementing the system at selected health centres in Poland and at NHF branches;
- evaluation of the system’s work.

3.5 **Lessons learned:**
Preparation of internal procedures and instruments of the Polish health insurance system for the application of regulations resulting from the co-ordination of social security systems - VITAPOL.

Outputs of project titled: “Standard of health services purchased in the national health care system in Poland” (Ministry of Health, 2002);

4. **Institutional framework**

4.1. The following public administration institutions are covered by the Project:

The main beneficiary of the project is National Health Fund with its branches. National Health Fund is supervised by the Ministry of Health. Ministry of Health - creates and implements the state health policy in the field of accessibility of health benefits as well as determines the directions of activity of the healthcare system;

International Relations Office in the National Health Fund will be directly responsible for implementation of the project. NHF is a institution representing persons insured and providing them with health benefits defined in the Law on general health insurance. NHF collects and manages funds and conclude contracts with health services providers; co-operates with institutions functioning in the field of health care; holds a register of persons covered by health insurance as well as confirm the right of an insured person to the benefits.

4.2. Restrictions and anticipated changes

Projects and proposals produced under the Project will be evaluated by the National Health Found that will also make decisions on their implementation.

The main restriction represent the changes presently carried out in management of health care. Moreover organisational changes are planned in the case of National Health Fund – on the basis of the decision of the Constitutional Court.

4.3. Impact of twinning on institutional support framework

Construction of own organisational structure of health insurance, allowing for implementation of the co-ordination principles resulting from free movement of persons and able to perform tasks connected with settlement of dues in respect of health benefits.

5. **Detailed budget**

<table>
<thead>
<tr>
<th>Transition Facility</th>
<th>INV</th>
<th>Institutional Building IB</th>
<th>Total TF</th>
<th>National Co-financing *</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract 1 - Twinning</td>
<td>1,300,000</td>
<td>1,300,000</td>
<td>130,000</td>
<td>1,430,000</td>
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</tr>
<tr>
<td>Contract 2 - TA</td>
<td>500,000</td>
<td>500,000</td>
<td></td>
<td>500,000</td>
<td></td>
</tr>
<tr>
<td>Contract 3 - TA</td>
<td>200,000</td>
<td>200,000</td>
<td></td>
<td>200,000</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>2,000,000</strong></td>
<td><strong>2,000,000</strong></td>
<td><strong>130,000</strong></td>
<td><strong>2,130,000</strong></td>
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</tr>
</tbody>
</table>

6. **Implementation arrangements:**

6.1 Implementing Agency

PAO: Tadeusz Kozek, Under-secretary of State at the Office of the Committee for European Integration, Aleje Ujazdowskie 9, 00-918 Warszawa; phone 48 22 455 52 41, fax: 48 22 455 52 43

Central Financing and Contracts Unit (CFCU), Foundation “Co-operation Fund”, 4a Górnośląska Street, 00-444 Warsaw, Phone: +4822 622 84 64; FAX: +4822 622 95 69

6.2 Twinning

The project foresees the twinning agreement.

*Contact person in the NHF*: Mr. Mieczysław Błaszczyk, Manager International Relations Office The National Health Fund Ul. Grójecka 186 02-390 Warszawa

Mr Błaszczyk will be responsible for the co-ordination of the tasks related to twinning.
The Pre-Accession Adviser will be located at the National Health Fund, 186 Grójecka Street, Warsaw. The RTA will be allowed to use all NHF’s devices.

6.3 **Non-standard aspects n/a**

6.4 **Contracts**
Contract 1 – Twinning – 1,430,000 Euro (1,300,000 TF and 130,000 as a National Co-financing)
Contract 2 – Technical Assistance – 500,000 Euro TF – gross value
Contract 3 - Technical Assistance – 200,000 Euro TF – gross value

7. **Implementation schedule:**
   7.1 Start of tendering/call for proposals: II quarter 2005
   7.2 Start of project activity: II quarter 2005
   7.3 Project completion: IV quarter 2007

8. **Sustainability**
The NHF plans to allocate PLN 1,000,000 for the Project implementation throughout 3 years. After that time NHF is going to pay for implementation of project results, co-operating with policy makers and health services provider for the best using of these results.
The NHF has assigned 20 staff to perform various duties under the Project and will cover the cost of their employment. The NHF will allocate appropriate office space and equipment for the Project needs in quantities adequate with the needs.
Personnel working for the Project will receive standard work stations.

9. **Conditionalities and sequencing**
Sequence of activities:
   - The activities of the three above-mentioned Components implemented under Contract 1 (Twinning) are independent and they do not have to follow in any defined order.
   - Implementation of the individual Actions in the above-mentioned Component 1 (Contract 1, Twinning) needs a defined sequence which must be observed as provided by section 3.4 Actions.
   - Contracts 2 and 3 may be carried out on condition that theoretical assumptions are developed for the operation of these systems, that is, completion of the respective Actions under Contract 1 (Twinning).
## Annex 1: LOGFRAME PLANNING MATRIX

### Project
**Preparation of internal procedures and instruments of the Polish health insurance system for the application of regulations resulting from the co-ordination of social security systems - VITAPOL.**

<table>
<thead>
<tr>
<th>Overall objective</th>
<th>Objectively Verifiable Indicators</th>
<th>Sources of Verification</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To prepare health insurance institutions for performing tasks in the field of determining the right for health services, their rendering, and clearing the costs of the rendered services as part of the social security system’s co-ordination.</td>
<td>Quantity of complaints regarding to NFZ administrative proceeding in connection with handling of the social security systems’ coordination</td>
<td>Claims Section in the Department of Insured Affairs</td>
<td>Obligatory conditions: using of developed solutions in the range of laws concerning insurance charter Possible difficulties: lack of decisions or means allowing to issue insurance charter in proposed form. Possible difficulties: lack of political decision or means allowing for the introduction of project results</td>
</tr>
<tr>
<td>2. To implement the principles of a free flow of persons in the field of material health services, and a free flow of services.</td>
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### Project purpose (Immediate Objectives)

<table>
<thead>
<tr>
<th>Objectively Verifiable Indicators</th>
<th>Sources of Verification</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To develop a concept of a health insurance document (Insurance Charter) for the Polish health insurance system, co-ordinated with the concept of the European health charter, and to carry out a pilot-scale implementation of the proposed solutions.</td>
<td>Proposal of Insurance Charter’s concept</td>
<td>Report of the beneficiary on using results of the project Provider and beneficiary Websites of the beneficiary</td>
</tr>
<tr>
<td>2. a./ To develop the principles and conditions of receiving high-cost and highly specialist services in the Polish health insurance system according to procedure E112 (Ordinance 1408/71 EEC), allowing for the conclusions from the decision of the European Court of Justice concerning the Smits-Peerbooms case. b./ To develop a concept of a system responsible for monitoring and managing the access to high-cost and highly specialist health services (waiting lists) and to carry out a pilot-scale implementation of the proposed solutions.</td>
<td>Proposal of the flat rate calculation Possibilities of using proposed solutions in the practice of the NHF’s activity Proposal of unit price lists Possibilities of using proposed solutions in the practice of the NHF’s activity</td>
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<tr>
<td>3. a./ Preparation of the principles of calculating the flat rate price lists based on the actual costs of the consumption of health goods and services by patient groups mentioned in articles 94 and 95 of the (EEC) Council Executive Ordinance No. 574/72 of March 21, 1972, defining how the (EEC) Ordinance No 1408/71 must be applied and how these price lists should be estimated for the year 2004. b./ To develop unit price lists, in particular, those related to expensive treatment procedures in emergency cases, based on the actual treatment costs in these cases, with respect for the principles of the EEC Ordinance 574/72. c./ To develop the principles of clearing refunded health services, based on the procedure resulting from ECJ decision on the Mueller-Faure-Van Riet case. d./ To develop the principles of monitoring and prognosing trans-border flows of Polish patients.</td>
<td>Proposal of the conceptual document developing principles of costs’ settlement on the basis of ECJ decision Possibilities of using proposed solutions in the practice of the NHF’s activity Proposal of principles of monitoring and prognosing trans-border flows</td>
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</tbody>
</table>
A concept of a health insurance document (Insurance Charter) in the Polish health insurance system, co-ordinated with the concept of the European Health Charter. This concept will comprise proposed legal regulations and technical specifications for the application of the insurance document in NHF’s IT systems. The proposed solutions will be subject to preliminary evaluation during the pilot-scale implementation covering a limited population of insured people.

Proposed legal regulations and technical solutions defining the principles and conditions of receiving high-cost and highly specialist services under the Polish health insurance system. Proposed procedures integrating the above with the procedure requiring the NHF President’s permission to receive treatment in countries covered by the co-ordination system. Proposed unit price lists, in particular those involving expensive treatment procedures in emergency cases, and clearing the refundable health services based on the procedure resulting from the ECJ decision in the Mueller-Faure-Van Riet case. Proposed system for monitoring and prognosing trans-border flows of patients and including these expenses in the NHF budget. Proposed principles of calculating flat rate price lists, based on the actual costs of health goods and services, for patient groups mentioned in articles 94 and 95 of the (EEC) Council Executive Ordinance No. 574/72 of March 21, 1972, which defined the way in which the Ordinance (EEC) No. 1408/71 should be implemented. Proposed flat rate price lists for 2004.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Means</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract 1</td>
<td>Twinning Covenant</td>
<td>Obligatory conditions: active and essential co-operation between provider and beneficiary Possible difficulties: insufficient human recourses, not clearly defined or assigned responsibilities between co-operating staff.</td>
</tr>
<tr>
<td>Actions under Component 1.</td>
<td></td>
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<tr>
<td>• Description of the legal and technical environment of the health insurance charter in Poland, in the context of Directive (...) and its to-date applications in various EU countries (trans-border co-operation programmes).</td>
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<tr>
<td>• Description of the procedure and principles of adjusting the existing insurance identification systems based on the insurance charter (e.g., France, Germany) to the conditions set forth in the Directive...</td>
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<tr>
<td>• Delivering of draft laws regulating the issue of using the insurance charter in the Polish health insurance system, allowing for its functions in the social security co-ordination system.</td>
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<tr>
<td>• Proposition of solutions (technical assumptions) for the insurance charter in the Polish health insurance system, allowing for its functions in the social security co-ordination system.</td>
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<td>• Proposition of technical assumptions for the equipment of institutions using the insurance charter.</td>
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<td>• Proposition of technical and functional assumptions for the IT system storing and transmitting data generated using the insurance charter.</td>
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<tr>
<td>• Estimation cost of implementing the insurance charter meeting the Directive’s requirements at a national scale.</td>
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<tr>
<td>Possibilities of using proposed solutions in the practice of the NHF’s activity</td>
<td>Monitoring Reports of the beneficiary on using results of the project</td>
<td>Obligatory conditions: using of developed solutions in the range of laws concerning health insurance Possible difficulties: lack of political decision or means allowing for the introduction of project results</td>
</tr>
<tr>
<td>Insurance Charter ready to implement on a large scale</td>
<td>Provider and beneficiary</td>
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<td>Project of legal regulations and technical solutions</td>
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<tr>
<td>Flat rate lists ready to use</td>
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<tr>
<td>Unit price lists ready to use</td>
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<tr>
<td>System for monitoring and prognosing trans-border flows ready to implement</td>
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<tr>
<td>Number of people waiting for benefits</td>
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<td>Calculation project</td>
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</tbody>
</table>
Actions under Component 2.

- Defining the types of health services most frequently involved in trans-border patient flows, based on procedure E112, in the EU member states.
- Delivering an expert report on the legal ramifications of ECJ decision in the Smits-Peerbooms case in relation to the legal and actual situation in Poland’s common insurance system.
- Defining the expected types of health services that may potentially be most frequently involved in trans-border patient flows, based on procedure E112, in the case of Poland.
- Presenting the proposed principles of access to the above-mentioned services under the common health insurance system, in particular, the criteria of patients’ access and qualification for these services.
- Presenting the proposed principles of selecting (indication) the performance technology of the above-mentioned services under the common health insurance system.
- Presenting the proposed principles of determining the appropriate time of access to the above-mentioned services under the common health insurance system, in particular, the criteria of patients’ qualification for urgent service rendering.
- Delivering a proposed system to monitor the time of access to the above-mentioned services.
- Delivering draft laws providing grounds for the operation of the system monitoring access time for the above-mentioned services.
- Evaluation of the pilot-scale implementation of the monitoring system for the above-mentioned services.

Twining Covenant

| Obligatory conditions: active and essential co-operation between provider and beneficiary. Possible difficulties: insufficient human resources, not clearly defined or assigned responsibilities between co-operating staff. |
| Actions under Component 3. | Twining Covenant | Obligatory conditions: active and essential co-operation between provider and beneficiary  
Possible difficulties: insufficient human resources, not clearly defined or assigned responsibilities between co-operating staff |
<table>
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<tr>
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<tbody>
<tr>
<td>• Developing assumptions for the calculation of flat rate costs in relation to persons benefiting from the social security co-ordination system, in line with the requirements of the EC Administrative Commission and protecting the interests of persons insured under the common health insurance system.</td>
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<tr>
<td>• Delivering calculations of the proposed flat rate charges in relation to persons benefiting from the social security co-ordination system in line with the above-mentioned assumptions and based on the available information.</td>
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<tr>
<td>• Developing the assumptions for the calculation of unit rate clearings, in particular, for the expensive emergency treatment procedures, in line with the requirements of the EC Administrative Commission, and protecting the interests of persons insured under the common health insurance system.</td>
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<tr>
<td>• Delivering an expert report on the legal ramifications of the ECJ decision on the Mueller-Faure-Van Riet case, in relation to the legal and actual situation of Poland’s common insurance system.</td>
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<td>• Developing the assumptions for clearing the refundable health services, based on the procedure resulting from the ECJ decision on the Mueller-Faure-Van Riet case.</td>
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<td>• Delivering calculations of the proposed unit rates clearings in relation to persons benefiting from the social security co-ordination system in line with the above-mentioned assumptions and based on the available information.</td>
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<td>• Delivering an expert report on the legal consequences of other ECJ decisions in relation to the legal and actual situation of Poland’s common insurance system.</td>
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<td>• Delivering draft laws required for the implementation of the earlier proposed solutions.</td>
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<td>• Developing a proposed system to monitor expenditures involved by the social security co-ordination system.</td>
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**Twining Covenant**

**Obligatory conditions:** active and essential co-operation between provider and beneficiary

**Possible difficulties:** insufficient human resources, not clearly defined or assigned responsibilities between co-operating staff
• Developing a formula for the calculation of the planned expenditures involved by the social security co-ordination system, at the phase of NHF budgeting.
• Description of the adopted methods for the calculation of flat rate price lists, adjusted for the current Polish legal context and potential of the IT systems (which generate the required data) and comparing them with the methods used in other EU countries,
• Indication of a source and scope of data indispensable in calculating the flat rate price lists, and methods for their processing in line with the proposed methodology,
• Presenting financial simulations of National Health Fund’s revenues on flat rate clearings in 2004, calculated based on the proposed methods and indicating the financial flows between the Republic of Poland and other EU countries.
• Carrying out financial simulations of National Health Fund’s costs resulting from flat rate clearings in 2004, based on the available information and indicating the financial flows between the Republic of Poland and other EU countries).

Contract 2—technical assistance
Pilot-scale implementation of the Insurance Charter
• equipping a population of 50,000 with the Health Insurance Charter according to previously defined principles;
• equipping selected, Insurance Charter using institutions, with tools required for this purpose;
• developing and launching an IT system to store and transmit information generated with the use of the Insurance Charter;
• launching and implementing an IT system to store and transmit information generated with the use of the Insurance Charter;
• evaluation of the implementation process, implementation costs, and results of the operation of the IT system storing and transmitting information generated with the use of the Insurance Charter;
• evaluation of the Insurance Charter’s functionality in using health services outside Poland.

Contract 3—technical assistance
The pilot-scale implementation of the system monitoring waiting lists
• launching an IT system based on assumptions defined under the present project;
• implementing the system at selected health centres in Poland and NHF branches;
• evaluation of the system’s work.

Obligatory conditions: selection of the appropriate services provider, appropriate co-ordination, implementation and supervision of the project from the beneficiary’s side
Possible difficulties: insufficient human recourses, not clearly defined or assigned responsibilities between co-operating staff, lack of motivation from the health services providers’ site

Preconditions
Necessity of legal and institutional stability
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