The European Health Insurance Card

Reference year 2015

Jozef Pacolet & Frederic De Wispelaere – HIVA-KU Leuven

June 2016

EUROPEAN COMMISSION

Directorate-General for Employment, Social Affairs and Inclusion
Unit D/2

European Commission
B-1049 Brussels

The European Health Insurance Card

Reference year 2015

Directorate-General for Employment, Social Affairs and Inclusion
Network Statistics FMSSFE (Contract No VC/2013/0301 'Network of Experts on intra-EU mobility – Lot 2: Statistics and compilation of national data')
2016

Network Statistics FMSSFE

This report has been prepared in the framework of Contract No VC/2013/0301 'Network of Experts on intra-EU mobility – social security coordination and free movement of workers / Lot 2: Statistics and compilation of national data'. This contract was awarded to Network Statistics FMSSFE, an independent research network composed of expert teams from HIVA (KU Leuven), Milieu Ltd, IRIS (UGent), Szeged University and Eftheia bvba. Network Statistics FMSSFE is coordinated by HIVA.

Authors:

Prof Dr Jozef Pacolet, Head of the 'Welfare State' research group, HIVA - Research Institute for Work and Society, University of Leuven (KU Leuven)

Frederic De Wispelaere, Senior research associate, HIVA - Research Institute for Work and Society, University of Leuven (KU Leuven)

Peer reviewers:

Prof Dr József Hajdú, Head of the Department of Labour Law and Social Security, Szeged University

Dr Gabriella Berki, Professor Assistant at the Department of Labour Law and Social Security, Szeged University

ISBN: 978-92-79-69746-3
doi: 10.2767/630740
Catalogue number: KE-01-17-637-EN-N

Table of Contents

LIST OF TABLES

LIST OF FIGURES

SUMMARY OF MAIN FINDINGS

- The European Health Insurance Card (EHIC) proves the entitlement to necessary healthcare in kind during a temporary stay in a Member State other than the competent Member State. This report presents data concerning the use of the EHIC from 1 January to 31 December 2015, practical and legal difficulties in using the EHIC and information about the amount of reimbursements related to the use of the EHIC. Data was collected through a questionnaire launched in the framework of the Administrative Commission for the Coordination of Social Security Systems.

- On average, half of the total number of insured persons living in a reporting competent Member State has a valid EHIC, but strong differences in coverage exist among Member States. This can be explained by the issuing procedure and the period of validity, which the competent Member States apply. For instance, in some Member States, such as Italy, the Czech Republic and Switzerland, the EHIC is issued automatically, whilst others issue it on request. Moreover, the period of validity varies significantly among Member States, ranging from six months in Poland to six years in Italy. Both the issuing procedure and the period of validity will also influence the number of Provisional Replacement Certificates (PRC) issued by the competent Member States. Either the insured person or the institution of the State of stay may request the PRC when exceptional circumstances prevent the issuing of an EHIC. In particular, Member States with a short period of validity of the EHIC issue more PRCs compared to the number of EHICs in circulation.

- Most of the reimbursement claims (more than nine in ten claims) are settled between the Member State of stay and the competent Member State, and not between the insured person and the competent Member State, indicating a widespread and routinised payment and reimbursement procedure and use of the EHIC. The share of the payments involved is even higher via this procedure, which indicates that the reimbursement claimed by the insured person directly in the competent Member States is related to smaller amounts. It also shows the added value of having an EHIC, namely insured persons do not need to pay upfront for the necessary healthcare, which limits the financial burden considerably.

- About 0.1% of total health expenditure in kind is related to necessary healthcare treatment during a temporary stay abroad. Moreover, the EU-13 Member States[1] show a relatively higher cross-border healthcare expenditure compared to the EU-15 Member States.

- Despite many efforts, many of the reported refusals of an EHIC by healthcare providers are still related to healthcare providers' lack of knowledge about the EHIC. A stronger involvement of tour operators, but also of the hotel sector, in the dissemination of information about cross-border healthcare rights has been introduced in some countries and could be promoted by more Member States.

- Insured persons sometimes encounter difficulties in finding healthcare providers which are part of the public healthcare scheme of the Member State of treatment. Moreover, it is also difficult for insured persons to know whether certain private healthcare providers are contracted or not under the public scheme, and as such whether they should accept the EHIC or not.

[1] EU-15: Austria (AT), Belgium (BE), Denmark (DK), Finland (FI), France (FR), Germany (DE), Greece (EL), Ireland (IE), Italy (IT), Luxembourg (LU), Netherlands (NL), Portugal (PT), Spain (ES), Sweden (SE), and the United Kingdom (UK). EU-13: Bulgaria (BG), Croatia (HR), Cyprus (CY), Czech Republic (CZ), Estonia (EE), Hungary (HU), Latvia (LV), Lithuania (LT), Malta (MT), Poland (PL), Romania (RO), Slovakia (SK), and Slovenia (SI). EFTA: Iceland (IS), Liechtenstein (LI), Norway (NO) and Switzerland (CH).

- Despite the Decisions of the Administrative Commission[2] and the European Commission's explanatory notes[3] on the matter, almost all Member States still report difficulties in connection with the interpretation of 'necessary healthcare'.

- The share of rejected invoices between Member States is 1% of the total number of claims of reimbursement received. However, many Member States observed an increase in the number of rejections, which could lead to an increase in the administrative burden for Member States as well as in the delay of payments.

[2] Decisions and Recommendations in force of the Administrative Commission for the Coordination of Social security systems (Regulations (EC) No 883/2004 and No 987/2009): http://ec.europa.eu/social/BlobServlet?docId=4987&langId=en

[3] European Commission's explanatory notes on the key concepts of modernised coordination: http://ec.europa.eu/social/BlobServlet?docId=6481&langId=en

1. INTRODUCTION

The European Health Insurance Card (EHIC) is proof that a person is an 'insured person' within the meaning of Regulation (EC) No 883/2004[4] and entitles the holder to be treated on the same terms as other persons insured within the public health system of the Member State of stay. At the same time it is for Member States to determine what tariffs, if any, to impose for healthcare treatment. EU law does not restrict Member States in that regard, other than the requirement that all persons covered by the Regulation are treated equally. This means that if nationals have to pay, the persons seeking treatment with the EHIC will have to pay too; and if nationals receive reimbursement, patients having shown an EHIC can be reimbursed as well. In cases where the national healthcare systems require payment for medical care which can later be reimbursed by the health insurers, the persons using an EHIC can claim reimbursement either in the country that they are visiting while they are still there, or when they go back to the country where they are insured.

This report presents data concerning the use of the European Health Insurance Card (EHIC) from 1 January to 31 December 2015 (i.e. reference year 2015), practical and legal difficulties in using the EHIC and information about the amount of reimbursements related to the use of the EHIC. Data was collected from Member States through a questionnaire launched in the framework of the Administrative Commission for the Coordination of Social security Systems (the Administrative Commission). Despite Member States' many efforts, most of the reported refusals of an EHIC by healthcare providers in previous years were still related to their lack of knowledge about the EHIC.[5] Moreover, many Member States reported cases of inappropriate use of the EHIC and refusals of invoices. It is important to monitor these topics on a yearly basis and if necessary to take action at national or European level. For instance, at European level the Commission has taken several initiatives to increase awareness of the correct application of the cross-border healthcare rules.[6] This should lead to a lower financial burden for patients where the reimbursement of healthcare costs is done directly between the Member State of stay and the competent Member State in countries where there is no need to pay upfront for necessary healthcare, and to a lower administrative burden for the competent institutions (i.e. because of a decline in the number of refused invoices).

The quantitative and qualitative data presented in this report should provide important information about the application of Regulation (EC) No 883/2004, and, in the future, also about some potential impact of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare. For instance, the evolution of the number of EHICs in circulation and of the number of claims of reimbursement could be an indication of the impact of Directive 2011/24/EU.[7]

[4] Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems.

[5] Pacolet, J. and De Wispelaere, F. (2014), The European Health Insurance Card – Reference year 2013, Network Statistics FMSSFE, European Commission, June 2014; Pacolet, J. and De Wispelaere, F. (2015), The European Health Insurance Card – Reference year 2014, Network Statistics FMSSFE, European Commission, June 2015. Link to the reports: http://ec.europa.eu/social/main.jsp?catId=1154&langId=en

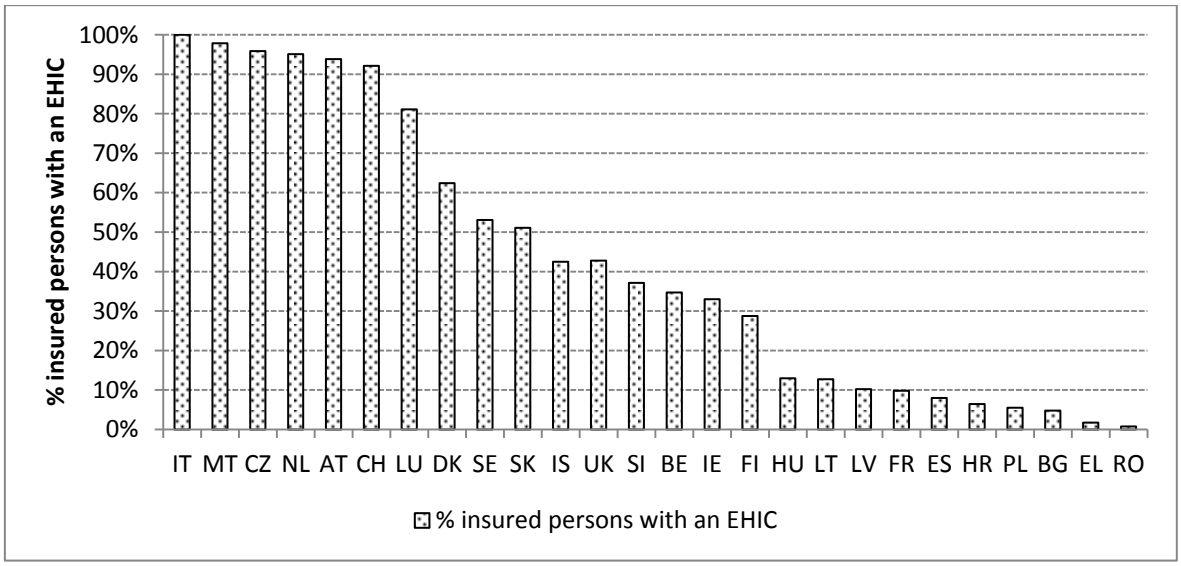
[6] For example, information concerning the EHIC is published on the website of DG EMPL http://ec.europa.eu/social/main.jsp?catId=509&langId=en. Also, some important decisions of the Administrative Commission have been published and points of concern have been discussed within this Commission. Finally, in 2013 the European Commission launched infringement proceedings against Spain due to the administrative practice of various Spanish hospitals – concentrated mainly in tourist areas – to refuse to accept the EHIC if the patient was in possession of travel insurance.

[7] A separate questionnaire is dedicated to collect data from the Member States concerning the operation of Directive 2011/24/EU. Taking into account that the transposition deadline of Directive 2001/24/EU was October 2013, and since some Member States were late in its transposition, it is too early to assess the impact which this Directive may have had for the reference year 2015. However, it is planned that the EHIC report for the reference year 2016 will assess the impact of the implementation of Directive 2001/24/EU on the evolution of the number of EHICs in circulation and of the number of reimbursement claims.

2. THE NUMBER OF FORMS ISSUED / IN CIRCULATION

The number of EHICs issued in 2015 and the number of EHICs in circulation give us a first impression of the issuing procedures applied by Member States and the validity period of the EHICs *(Table 1)*. When confronting the number of EHICs in circulation to the total number of insured/entitled persons, we see that approximately 40% of the total number of insured persons living in a reporting competent Member State have a valid EHIC.[8] This is likely to be an underestimation since in Germany the EHIC is generally shown on the back of the national health insurance card and it is available countrywide, however the precise number of EHICs in circulation in Germany is not available due to the high number of statutory health insurances in that country. In Italy (app. 100%), Malta (98%), the Czech Republic (96%), the Netherlands (95%)[9], Austria (94%) and Switzerland (92%) all or almost all insured persons received an EHIC *(Figure 1)*. The EHIC is issued automatically in some of these Member States. Lower coverage rates will be influenced by application procedures, the validity period, the mobility of insured persons and their awareness of their cross-border healthcare rights. We observe a rather low percentage of EHICs issued to insured persons by Lithuania (13%), Latvia (10%), France (10%), Spain (8%), Croatia (7%), Poland (6%), Bulgaria (5%), Greece (2%) and Romania (1%).

Figure 1 % insured persons with a valid EHIC, 2015



* No data available for DE, EE, CY, PT, LI and NO.
Source Administrative data EHIC Questionnaire 2016

Paragraph 5 of the Administrative Commission (AC) Decision No S1[10] of 12 June 2009 concerning the European Health Insurance Card states: "When exceptional circumstances[11] prevent the issuing of a European Health Insurance Card, a Provisional Replacement Certificate (PRC) with a limited validity period shall be issued by the competent institution. The PRC can be requested either by the insured person or the institution of the State of stay". In particular Member States with a low period of validity of the EHIC, such as Greece and Romania, issue more PRCs compared to the number of EHICs in circulation *(see last column of Table 1)*. However, this could also be an indicator for the lack of awareness of insured persons. The issuing of a PRC implies an additional administrative burden for competent institutions.

[8] Only calculated for Member States which reported the total number of EHICs in circulation and the number of insured persons for 2015.
[9] NL: Two healthcare insurers have not provided data for this questionnaire.
[10] Decision S1 of 12 June 2009 concerning the European Health Insurance Card, C 106, 24/04/2010, p. 23-25.
[11] *"Exceptional circumstances may be theft or loss of the European Health Insurance Card or departure at notice too short for a European Health Insurance Card to be issued"* (Recital 5 of Decision No S1 of 12 June 2009 concerning the European Health Insurance Card).

Table 1 The number of EHICs issued / in circulation / as a percentage of the insured population and the number of PRCs issued, 2015

MS	Number of EHICs issued	Number of PRCs issued *(A)*	Total number of EHIC in circulation *(B)*	Number of insured persons *(C)*	% insured persons with a EHIC *(B/C)*	Ratio PRCs issued compared to EHICs in circulation *(A/B)*
BE	3,225,449	181,592	3,882,230	11,177,731	34.7%	4.7%
BG	159,267	27,521	299,047	6,222,079	4.8%	9.2%
CZ	App. 1,500,000	1,043	App. 10,000,000	10,430,223	95.9%	0.0%
DK	688,707	94,030	3,494,847	App. 5,600,000**	62.4%	2.7%
DE	n.a.	n.a.	****	70,728,389	n.a.	n.a.
EE	94,992	11,706	n.a.	1,237,336	n.a.	n.a.
IE	439,158	114,445	1,569,867	n.a.	App. 33%	7.3%
EL	192,884	101,727	157,776	App. 9000000	1.8%	64.5%
ES	2,084,168	839,296	3,811,083	47,762,374	8.0%	22.0%
FR	5,571,880	2,456,047	5,571,880	57,000,000	9.8%	44.1%
HR	257,516	4,022	279,105	4,326,925	6.5%	1.4%
IT	15,979,091	52,868	60,216,084	60,216,084	100.0%	0.1%
CY	39,898	19	n.a.	606,620	n.a.	n.a.
LV	86,019	403	231,954	2,264,954	10.2%	0.2%
LT	148,306	30,191	376,887	2,959,784	12.7%	8.0%
LU	91,279	9,742	709,452	875,066	81.1%	1.4%
HU	419,625	35,394	1,285,069	9,899,383	13.0%	2.8%
MT	23,416	23	215,001	219,691	97.9%	0.0%
NL*****	3,196,179	47,373	App. 16,000,000	16,825,883	95.1%	0.3%
AT	4,514,331	App. 20,000	8,209,920	8,750,759	93.8%	0.2%
PL	2,624,803	17,679	1,849,664	33,594,006	5.5%	1.0%
PT	458,641	20,632	1,556,336	n.a.	n.a.	1.3%
RO	279,308	19,811	132,476***	17,191,563	0.8%	15.0%
SI	511,776	122,879	809,221	2,177,983	37.2%	15.2%
SK	576,766	77,830	2,625,358	5,163,561	50.8%	3.0%
FI	913,880	11,165	1,578,400	5,490,376	28.7%	0.7%
SE	1,198,614	5,161	4,162,822	7,841,769	53.1%	0.1%
UK	5,788,673	10,890	27,778,636	64,875,165	42.8%	0.0%
IS	54,115	5,036	141,354	332,529	42.5%	3.6%
LI	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
NO	665,311	7,055	App. 1,500,000	n.a.	n.a.	0.5%
CH	2,130,240	n.a.	App. 7,500,000	8,140,000	92.1%	n.a.
Total					40%	

* n.a.: not available.
** DK: residents of DK.
*** RO: issued in 2015 and still valid on 31 December 2015.
**** DE: in Germany the EHIC is generally shown on the back of the national health insurance card and it is available countrywide, however the precise number of EHICs in circulation in Germany is not available due to the high number of statutory health insurances in that country.
***** NL: Two healthcare insurers have not provided data for this questionnaire.
****** Total: only calculated for Member States which reported the total number of EHICs in circulation and the number of insured persons for 2015
Source Administrative data EHIC Questionnaire 2016

If many patients have and use their EHIC when they are accessing necessary healthcare during a temporary stay abroad, this should result in a high percentage of reimbursement claims settled directly between the Member State of stay and the competent Member State *(via the E125 form/SED S080)*. If the patients do not have an EHIC or its PRC, or if the national healthcare system of the country they are visiting is organised in a way where the patients need to pay for the full cost and subsequently seek reimbursement, the insured persons will pay upfront and claim afterwards the reimbursement. In the first case, having an EHIC available will mean that insured persons will have to deal with a lower financial burden (or no financial burden at all in countries where healthcare is provided free of charge) whenever receiving necessary healthcare abroad.

Table 2 gives an overview of the evolution of the number of EHICs issued/in circulation and the number of PRCs issued between 2009 and 2015. A change of the issuing procedures or of the period of validity could have a significant impact on these

numbers. For instance, it could result in a temporary increase of the number of forms issued.[12] Therefore, it is more accurate to look at the evolution of the number of EHICs in circulation. For most of the Member States one can observe a positive evolution of the number of EHICs in circulation. In particular for Latvia, the Netherlands and Denmark a strong increase of the number of EHICs in circulation between 2009 and 2015 can be observed. *Table 2* shows The evolution of the number of PRCs issued between 2009 and 2015. Lithuania and the Netherlands have issued a much higher number of PRCs in 2015 compared to 2014 (see Table 2). Also, Belgium[13] and Greece[14] show a much higher number of PRCs in 2015 compared to previous years due to specific circumstances.

[12] We observed a strong increase of the number of EHICS issued for 2014 in Denmark and Luxembourg. The increase in Denmark is considered to be a consequence of the termination of the coverage by the Danish public tourist health insurance during the first month of vacation in an EU/EEA country or Switzerland and the application of Article 19 of Regulation (EC) No 883/2004 as of 1 August 2014. As a result, a large number of persons applied for an EHIC. While in Luxembourg all EHICs were renewed in 2014 due to a change of the composition of the national personal identification number.

[13] A decision was taken by one health insurance fund to issue PRCs to insured persons who moved internally to another institutional body in order to enable them to have the name of the right institution on their document when going abroad.

[14] About 1,000,000 insured persons from OPAD (Sickness Insurance Fund for the civil servants) merged into IKA-ETAM which caused administrative difficulties in issuing the EHIC during the whole transitional period.

Table 2 Evolution of the number of EHICs issued and in circulation and the number of PRCs (2009= 100)

	EHICS issued							EHICS in circulation							PRCs						
MS	2009	2010	2011	2012	2013	2014	2015	2009	2010	2011	2012	2013	2014	2015	2009	2010	2011	2012	2013	2014	2015
BE	100	114	110	133	138	134	165	100	115	127	125	125	144	157	100	91	78	77	62	65	360
BG	100	235	92	122	132	145	154	100	246	113	184	293	226	243	100	191	192	122	122	108	106
CZ	100	96	2	2	2	79	29	100	103	103	103	103	103	103	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
DK	100	55	39	36	71	376	114	100	114	148	166	146	306	306	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
DE	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
EE	100	107	134	147	151	149	182	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	100	118	125	110	114	111	106
IE	100	114	181	166	150	161	192	100	90	81	84	92	74	105	100	111	165	172	189	206	218
EL	100	140	131	124	117	104	149	100	138	90	115	107	94	136	100	154	169	104	195	202	589
ES	100	110	109	96	101	106	117	100	109	191	199	187	192	214	100	475	493	409	417	445	459
FR	100	107	105	118	91	103	121	100	107	105	118	91	103		100	109	117	125	136	164	159
HR	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
IT	100	100	100	115	114	114	204	100	102	103	103	101	101	103	100	122	128	57	57	n.a.	30
CY	100	91	73	74	67	66	68	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	100	81	57	97	49	49	51
LV	100	95	109	133	140	140	161	100	197	298	333	385	417	444	100	122	117	120	127	112	108
LT	100	128	149	160	206	227	189	100	113	128	128	154	185	197	100	147	308	159	217	96	608
LU	100	70	54	62	62	327	39	100	104	110	116	121	167	155	100	132	128	120	126	86	85
HU	100	107	86	78	110	103	98	100	120	165	197	298	288	225	100	80	97	115	131	131	125
MT	100	82	72	100	92	56	38	100	106	112	113	115	142	155	100	273	113	140	120	67	153
NL	100	113	284	162	121	223	147	100	85	137	192	387	439	439	100	75	127	100	103	96	566
AT	100	653	142	135	145	155	631	100	101	100	101	102	102	102	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
PL	100	106	118	126	163	188	213	100	110	157	167	196	215	237	100	93	91	95	107	100	101
PT	100	106	103	108	107	111	121	100	104	95	111	112	126	133	100	96	91	97	86	79	82
RO	100	149	204	178	163	162	173	100	111	181	98	114	113	119	100	23	45	152	168	135	39
SI	100	106	117	120	123	89	89	100	113	124	124	125	139	155	100	109	116	107	100	85	83
SK	100	72	182	299	254	238	193	100	103	88	105	150	149	149	100	49	79	65	65	52	48
FI	100	44	129	210	265	271	308	100	124	184	214	240	263	284	100	103	179	115	122	113	110
SE	100	122	124	111	144	181	133	100	94	94	94	94	94	130	100	82	77	47	48	50	30
UK	100	105	165	118	77	119	128	100	75	68	71	77	79	82	100	124	48	104	55	97	112
EU28	100	115	110	104	96	130	147	100	97	98	101	106	109	87	100	131	142	134	143	158	168
IS	100	140	144	173	149	197	208	100	88	118	131	134	143	225	100	140	142	131	235	261	1,325
LI	100	12	12	109	13	15	n.a.	100	105	106	107	108	110	n.a.	100	126	158	253	282	197	n.a.
NO		100	101	140	156	133	130	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
CH	100	176	108	116	48	32	85	100	158	168	120	103	121	115	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.

* n.a.: not available. NL: two healthcare providers have not provided data for reference year 2015.

Source Administrative data EHIC Questionnaires 2010 – 2016

3. CHANGES IN THE ISSUING PROCEDURE

The EHIC Questionnaire did not explicitly ask the Member States to describe their issuing procedures but rather to report the changes occurred in 2015 compared to previous years. A more detailed overview of the issuing procedures applied by the different Member States can be found in the 2013 EHIC report.[15]

3.1. The period of validity and the issuing procedure of the EHIC

The period of validity of the EHIC is limited in all Member States. As already observed in 2015,[16] changes mostly imply an extension of the validity period. Poland is currently considering a possible extension of the validity period of the EHIC, and Romania announced in 2016 the extension of the period of validity from 6 months to 1 year.

In general, the period of validity varies significantly among Member States, within certain Member States, and between categories/situations (active population, posted workers, family members, children, students, pensioners etc) *(Table 3)*. It generally varies from six months in Poland to a maximum of six years in Italy. Some Member States have also defined a (much) longer validity period of EHICs issued to pensioners (e.g. BG (10 years), PL (5 years), SI (5 years), IS (5 years)). As mentioned before, the length of the validity period has an impact on the annual number of EHICs issued by the Member States.

The EHIC report of 2013[17] provides a more detailed overview of the issuing and withdrawal procedures. For 2015 only Denmark, the United Kingdom and Iceland have reported a change in their national issuing procedure. The Danish Parliament adopted a new legislation in 2015 according to which the competencies within the field of international health insurance is centralised in *Udbetaling Danmark* and thus no longer administered by local municipalities. The EHIC could be requested on-line. In certain cases the EHIC may be requested by telephone or by filling in a questionnaire. It is no longer possible to request the EHIC in person. Since November 2015 PRCs are sent automatically to the insured persons' digital mailbox whenever they request an EHIC. The validity of this PRC is one month – until the EHIC arrives. The reason for the new administration is the fact that many people request the EHIC shortly before going abroad and it overloads the telephone system when PRCs are needed within a short notice. The United Kingdom now requires an additional proof of entitlement and, where relevant, residency and customers are required to confirm a mandatory declaration, which includes an acknowledgement of possible penalties for misuse.

[15] Coucheir, M. (2013), *EHIC Report 2013*, trESS – Ghent University, 27 p.
[16] Last year France, Croatia, Greece, Hungary and the Netherlands reported a change by the introduction of a longer validity period of the EHIC.
[17] Included in Annex 5 of the EHIC report of 2014.

Table 3 The validity period of the EHIC, 2015

MS	Validity period of the EHIC
BE	1 to 2 years (i.e. until 31/12 of the next year)
BG	1 year (economically active persons), 5 years (children), 10 years (pensioners)
CZ	5 years
DK	(max) 5 years, shorter periods for specific cases
DE	several days/weeks to several years (same period of the national card)
EE	max 3 years (adults), max 5 years (children)
IE	4 years
EL	1 year (employed and self-employed), 1 to 3 years (pensioners), app. 6 months (students)
ES	2 years, 12 months (one competent institution)
FR	2 years
HR	3 years (all insured persons), 4 to 5 years (diplomatic personnel)
IT	6 years
CY	max 5 years
LV	3 years
LT	max 2 years (active population), up to 6 years (those insured by State means), max 1 year (students)
LU	3-60 months (proportionate to the length of the insurance record), min 1 year for defined groups registered with an S1
HU	max 3 years (insured persons), max. 4 years for posted civil servants
MT	5 years (subject to the applicant moving to another country throughout the validity period)
NL	1, 3 and 5 years Most competent institutions issue an EHIC for a period of 5 years.
AT	1 or 5 years, 10 years (pensioners)
PL	6 months, 5 years (pensioners), shorter periods in defined cases
PT	3 years
RO	1 year
SI	1 year, 5 years (pensioners and their family members, children)
SK	indefinite (possibility of a limited duration for foreign workers on fixed-term contracts)
FI	2 years
SE	3 years
UK	5 years, 1 year maximum for frontier workers – Gibraltar residents
IS	3 years, 5 years (pensioners)
LI	5 years
NO	3 years
CH	between 3 and 10 years (5 years on average)

Source Update EHIC report 2015 – Table 2 (Pacolet and De Wispelaere, 2015)

3.2. Raising awareness

Most Member States provide information on EHIC to insured persons, sometimes just before the start of the winter or summer season (e.g. BG, EE, PL and SI), by means of websites (BE, EL, ES, HR, IT, LT, PL, UK and SI), brochures/guides/leaflets/flyers (BE, DE, UK and ES), a mobile application (CZ), Facebook (CZ and NO) and telephone assistance (IT, PL and SI) *(see also Annex II – Table A1)*. Good practices, amongst others, are:

- On the website of DVKA (the German Liaison Office Health Insurance – International) insured persons can find a series of leaflets 'Urlaub in ...' [Holidays in ...]. These leaflets explain how to obtain healthcare in the Member State concerned using the EHIC;

- Information on the website of the Greek National Organisation for Healthcare Provision (EOPYY) is made available in English regarding the access to the Greek healthcare system;

- Information guides and brochures are sometimes produced in other languages as reported by Italy;

- Spain reported that information is disseminated and updated through leaflets prepared by tour operators. A stronger involvement of tour operators and the hotel sector will probably lead to a higher awareness of cross-border healthcare rights among tourists.

Frequently, information is published in magazines (BE and DE) and newspapers (EE and LV), distributed by press releases (EE, SI and NO) or communicated on TV (EE, LV, MT, PL and SI) and radio (EE and MT). To inform the population about the importance of the EHIC, a campaign was held in Estonia during the spring and summer of 2015. Also the National Health Service (NHS) in the United Kingdom and the Greek National Organisation for Healthcare Provision (EOPYY) launched an information campaign about the use of the EHIC. Finally, the Polish National Health Fund (NFZ) organised an art competition for children titled 'Healthy family travels with EHIC'.

Healthcare providers are informed by the competent institutions (and liaison bodies) via leaflets/brochures (DE), websites (DE, PL, PT, SI, NO and CH), training courses (EE, PL, IT and MT), personal advice and support (IE, PL, MT and LV), (in)formal instructions (BE, BG, DK, DE, EL and SI) and consultations/visits/meetings (LV) *(see also Annex II – Table A1)*. Especially in tourist areas, it is important that healthcare providers are well informed. The ongoing initiative in Croatia to improve healthcare providers' knowledge of the EHIC is therefore a good initiative. Following the entry into force of the provisions implementing Directive 2011/24/EU in the Polish legal system, the Polish National Health Fund NFZ carried out a project on 'Increasing the quality of healthcare system management through support of National Contact Point for cross-border healthcare' ('KPK NFZ'). Training courses on cross-border healthcare were organised under this project. The topics covered included the comparison of cross-border healthcare under the Directive and under the rules on coordination of social security systems. As part of the project, the NFZ employees prepared a publication titled 'Coordination and the Directive – the similarities and differences in cross-border healthcare'.

4. THE USE OF THE EHIC

4.1. Introduction

Regulation (EC) No 987/2009 describes two different procedures to meet the costs of the necessary healthcare provided in the Member State of stay. The insured person could ask the reimbursement directly from the institution of the Member State of stay[18] (in this case the Member State of stay will later claim the reimbursement from the competent Member State), or pay upfront the cost of the necessary healthcare received and ask for reimbursement by the competent Member State after returning home[19].

The reimbursement of the costs related to the necessary healthcare provided during a temporary stay could be settled via an E125 form (*'Individual record of actual expenditure'*)/SED S080 *('Claim for reimbursement')* or an E126 form *('Rates for refund of benefits in kind')*/SED S067 *('Request for reimbursement rates – stay')*.[20] The Member State of stay will claim reimbursement from the competent Member State using the E125 form/SED S080 on the basis of the real expenses of the healthcare provided abroad. The competent Member State will use an E126 form/SED S067 to establish the amount to be reimbursed to the insured person who paid the healthcare treatment upfront. The form will be sent to the Member State of stay in order to

[18] Article 25(4) of Regulation (EC) No 987/2009.
[19] Article 25(5) of Regulation (EC) No 987/2009.
[20] See also Annex III.

obtain more information on the reimbursement costs. The reimbursement to the insured person without determining reimbursement rates by means of an E126 form is provided in some cases based on other (national) provisions.

The period between treatment and reimbursement may differ significantly if the reimbursement is asked by the Member State of stay (using the E125 form/SED S080) or by the insured person. In any case, all claims related to an E125 form/SED S080 should be introduced within 12 months following the end of the calendar half-year during which those claims were recorded by the Member State of stay. This implies that for 2015 the E125 forms/SEDs 080 received/issued are (mainly) applicable to necessary healthcare provided in 2014.

4.2. Reimbursement claims in numbers and amounts

4.2.1. From the perspective of the competent Member State

In 2015, on average 72% of the claims were settled by an E125 form (only selecting those Member States which reported both the number of E125 forms received and the number of E126 forms issued) *(Figure 2)*. Most claims of reimbursement of the costs of medical treatments provided by the Member State of temporary stay were received by Germany (485,000 E125 forms received) *(Table 4 and Figure 3)*.

Almost all reporting competent Member States (which reported both the number of E125 forms received and the number of E126 forms issued) received the majority of the claims via an E125 form *(Table 4 and Figure 2)*. Especially Bulgaria, the Czech Republic, Ireland, Greece, Cyprus, Latvia, Hungary, Malta, the Netherlands, Austria, Portugal, Romania and Slovak Republic show a high percentage of claims settled via an E125 form (above 96% of total claims received). For Spain (58%), Iceland (55%), Slovenia (32%), Denmark (20%) and Belgium (14%) we observe a high percentage of claims issued by insured persons and verified via an E126 form. Moreover, Belgium (54%) and France (43%) have settled a high percentage of claims via an internal method other than those defined in Articles 25(4) and (5) of Regulation (EC) No 987/2009. Nonetheless, the total amount which is claimed/paid to/by Belgium (16% of total amount) and France (12% of total amount) via this other procedure is much lower compared to amounts claimed using the E125 or E126 forms.

The amounts for reimbursement of medical treatment claimed via E125 forms are outlined in *Table 4.* Most of the claims of reimbursement of the costs of medical treatments provided by the Member State of temporary stay were paid by Germany (€ 173.2 million related to the number of E125 forms received) *(Table 3 and Figure 3)*. On average, 91% of the claims paid were settled via an E125 form (only selecting those Member States which reported both the number of E125 forms received and the number of E126 forms issued) *(Figure 2)*. It appears that the share of the amount settled via an E125 form in the total expenditure is much higher compared to their share as a proportion of the total number of forms received. This implies a higher amount per E125 form compared to the amounts per E126 form or per claim not verified via an E126 form.

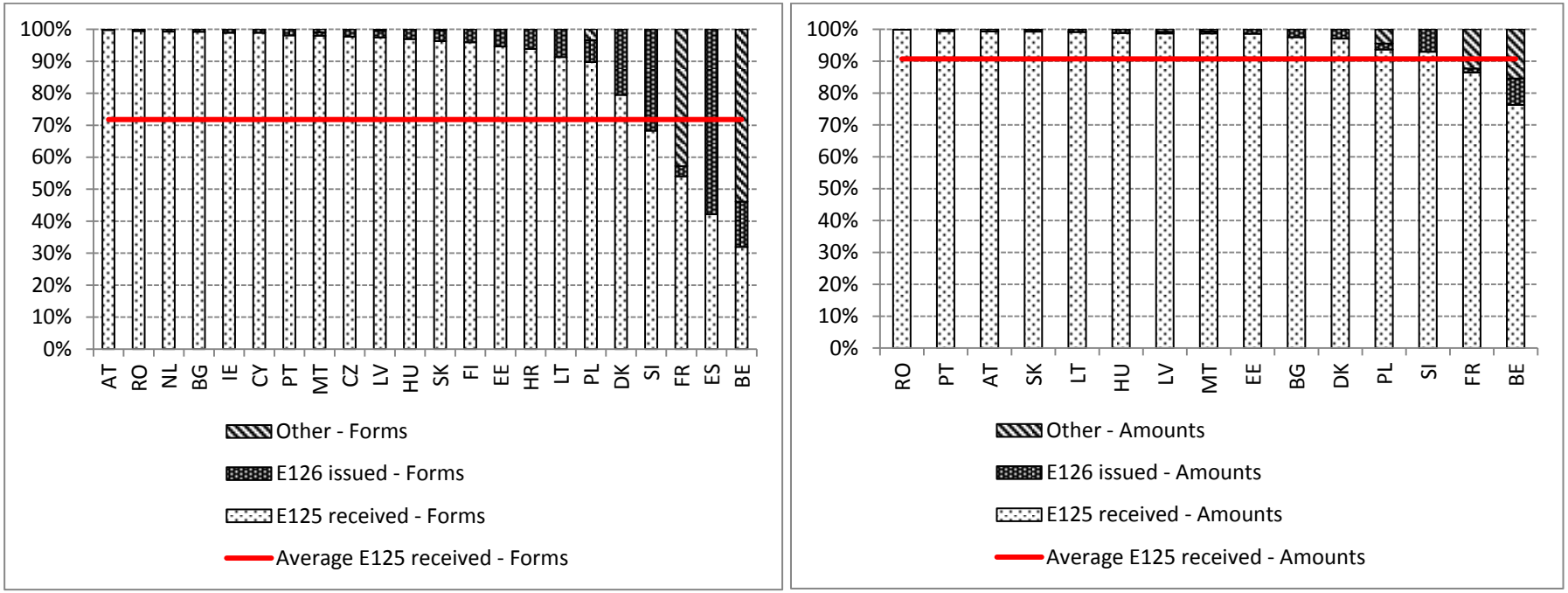
Under the social security coordination rules, the budgetary impact of cross-border expenditure related to unplanned healthcare treatment during a stay abroad on average amounts to 0.1% of total health expenditure in kind *(Figure 4)*. Only BG and Cyprus show a cross-border expenditure of more than 1% of total health expenditure. Moreover, the EU-13 Member States show a (much) higher relative cross-border expenditure compared to the EU-15 Member States.

Table 4 Reimbursement by the competent Member State, 2015

	E125 received		E126 issued		Claims not verified by E126		Total***		Number of forms			Amount		
MS	*Number of forms*	*Amount (in €)*	*Number of forms*	*Amount (in €)*	*Number of claims*	*Amount (in €)*	*Number of forms/claims*	*Amount (in €)*	*E125*	*E126*	*Other*	*E125*	*E126*	*Other*
BE	57,158	41,084,251	25,326	4,463,991	96,447	8,335,711	178,931	53,883,953	31.9%	14.2%	53.9%	76.2%	8.3%	15.5%
BG	43,227	27,930,451	338	718,558			43,565	28,649,009	99.2%	0.8%	0.0%	97.5%	2.5%	0.0%
CZ	38,416	16,472,135	918	n.a.			39,334	n.a.	97.7%	2.3%	0.0%	n.a.	n.a.	n.a.
DK	15,353	8,100,000	3,962	246,000			19,315	8,346,000	79.5%	20.5%	0.0%	97.1%	2.9%	0.0%
DE	485,000	173,200,000	n.a.	n.a.			n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
EE	7,063	3,672,966	402	53,073			7,465	3,726,039	94.6%	5.4%	0.0%	98.6%	1.4%	0.0%
IE	18,262	4,209,794	200	n.a.			18,462	n.a.	98.9%	1.1%	0.0%	n.a.	n.a.	n.a.
EL	45,000	n.a.	57	55,602			45,057	n.a.	99.9%	0.1%	0.0%	n.a.	n.a.	n.a.
ES	5,293	1,925,952	7,263	n.a.			12,556	n.a.	42.2%	57.8%	0.0%	n.a.	n.a.	n.a.
FR	146,006	97,119,555	8,630	1,352,481	115,630	13,881,263	270,266	112,353,299	54.0%	3.2%	42.8%	86.4%	1.2%	12.4%
HR	13,815	7,722,217	907	n.a.			14,722	n.a.	93.8%	6.2%	0.0%	n.a.	n.a.	n.a.
IT	n.a.	n.a.	n.a.	n.a.			n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
CY	3,491	7,630,899	39	n.a.			3,530	n.a.	98.9%	1.1%	0.0%	n.a.	n.a.	n.a.
LV	5,531	4,106,934	119	22,467	28	31,965	5,678	4,161,366	97.4%	2.1%	0.5%	98.7%	0.5%	0.8%
LT	7,547	8,014,139	721	69,400			8,268	8,083,539	91.3%	8.7%	0.0%	99.1%	0.9%	0.0%
LU	n.a.	n.a.	n.a.	n.a.			n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
HU	28,559	13,536,689	904	163,225			29,463	13,699,914	96.9%	3.1%	0.0%	98.8%	1.2%	0.0%
MT	866	501,167	10	3,393	8	3,391	884	507,951	98.0%	1.1%	0.9%	98.7%	0.7%	0.7%
NL	22,926	108,743,108	169	n.a.			23,095	n.a.	99.3%	0.7%	0.0%	n.a.	n.a.	n.a.
AT	79,656	15,052,054	22	5,514	157	98,312	79,835	15,155,880	99.8%	0.0%	0.2%	99.3%	0.0%	0.6%
PL	87,574	40,280,181	6,715	797,509	3,328	1,934,259	97,617	43,011,949	89.7%	6.9%	3.4%	93.6%	1.9%	4.5%
PT	30,636	21,413,749	607	119,099			31,243	21,532,848	98.1%	1.9%	0.0%	99.4%	0.6%	0.0%
RO	28,262	36,219,921	166	26,772			28,428	36,246,693	99.4%	0.6%	0.0%	99.9%	0.1%	0.0%
SI	9,867	3,990,972	4,589	303,505			14,456	4,294,477	68.3%	31.7%	0.0%	92.9%	7.1%	0.0%
SK	45,761	18,110,066	1,618	132,921	157	6,519	47,536	18,249,506	96.3%	3.4%	0.3%	99.2%	0.7%	0.0%
FI	14,390	n.a.	610	n.a.			15,000	n.a.	95.9%	4.1%	0.0%	n.a.	n.a.	n.a.
SE	47,361	23,635,634	n.a.	n.a.			n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
UK	n.a.	n.a.	16,496	2,088,969.			n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
IS	1,231	1,566,212	1,520	2,209,031			2,751	3,775,243	44,7%	55,3%	0,0%	41,5%	58,5%.	0,0%
LI	n.a.	n.a.	n.a.	n.a.			n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
NO	n.a.	n.a.	716	n.a.			n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
CH	52,572	31,953,764	n.a.	n.a.			n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Total	1,340,823	716,192,810	83,024	12,831,510					71.8%			90.7%		

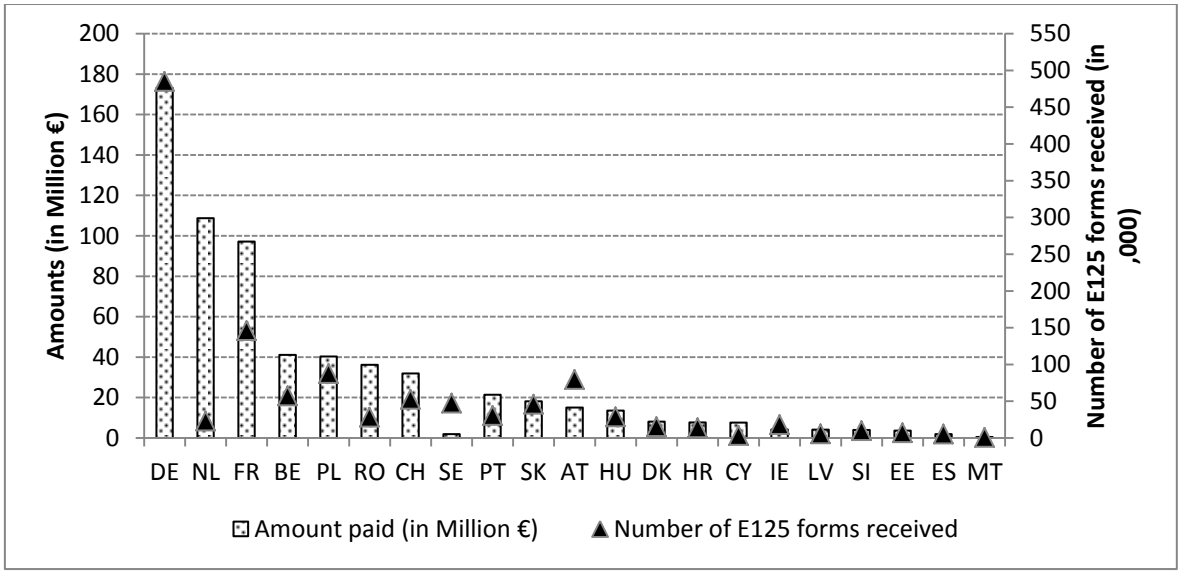
* BE: only E125 forms received electronically.
** DK: In a part of the 3,962 E126 forms issued the reimbursement was paid according to Danish national rules, implementing the directive 2011/24/EU on patients´ rights on cross-border healthcare.
*** Reporting both E125 forms and SED S080 received: IE, ES, HR, CY, LV, LT, MT, PL and RO.
**** Only selecting Member States which have reported both the number of E125 forms received and the number of E126 forms issued.
Source Administrative data EHIC Questionnaire 2015

Figure 2 Breakdown by type of procedure, competent Member State, 2015



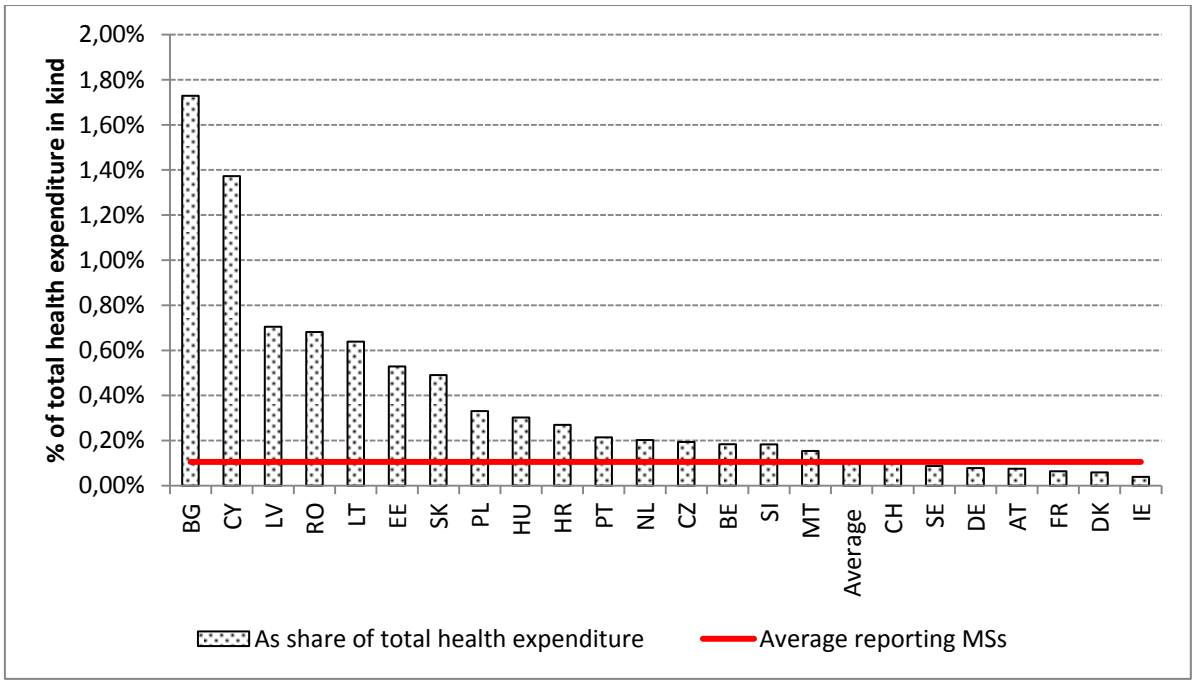
Source Administrative data EHIC Questionnaire 2016

Figure 3 **Number of E125 forms received (in ,000) and corresponding amounts (in million €), 2015**



* No data available for EL, IT, LU, FI, UK, LI and NO.
Source Administrative data EHIC Questionnaire 2016

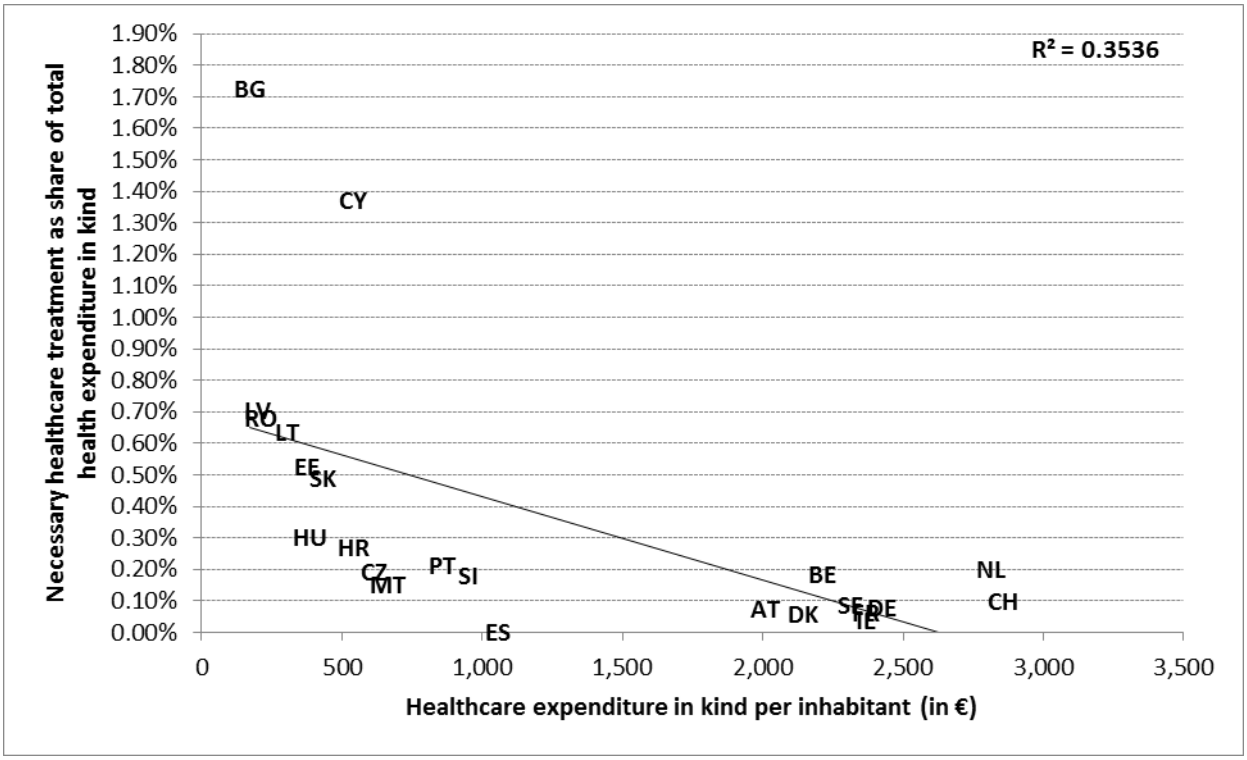
Figure 4 **Expenditure related to necessary healthcare treatment (E125 forms received + E126 forms issued + other) as share of total health expenditure in kind (2013), 2015**



* No data available for EL, ES, IT, LU, UK, FI, LI and NO.
Source Administrative data EHIC Questionnaire 2016; EUROSTAT [spr_exp_fsi]

In Member States with a low healthcare expenditure per inhabitant the relative share of costs for unforeseen cross-border healthcare in relation to the total health expenditure is higher *(Figure 5)*.

Figure 5 Correlation between relative necessary cross-border healthcare expenditure (2015) and healthcare expenditure in kind per inhabitant (2013)



* No data available for EL, ES, IT, LU, UK, FI, LI and NO.
** Strong negative correlation coefficient of -0.6.
Source Administrative data EHIC Questionnaire 2015; EUROSTAT [spr_exp_fsi]

4.2.2. From the perspective of the Member State of stay or the insured person

In 2015, some 2 million E125 forms were issued *(Table 5)*[21]. On average, 96% of the claims were settled via an E125 form (only selecting those Member States which reported both the number of E125 forms received and the number of E126 forms issued) *(Figure 6)*. This confirms an earlier conclusion that most of the claims are settled between Member States and not between insured persons and their competent Member State. Most claims of reimbursement of the costs of medical treatments provided by the Member State of temporary stay were issued by Germany (425,551 forms, of which 407,000 E125 forms issued) and Spain (365,008 forms, of which 358,024 E125 forms issued) *(Figure 7)*. Both Member States and France claimed also the highest amount of reimbursement (DE: about € 187 million, FR: about € 179 million and ES: about € 162 million).

A number of Member States of temporary stay received a relatively high number of E126 forms (compared to the total number of forms (E125 forms issued + E126 forms received)) (CH (30%), RO (23%), NO (23%), FI (20%), BG (17%), EL (15%) and Latvia (13%)) *(Table 5 and Figure 6)*. However, the amount covered by the E126 forms compared to the amount covered by the E125 forms appears to be (much) lower.

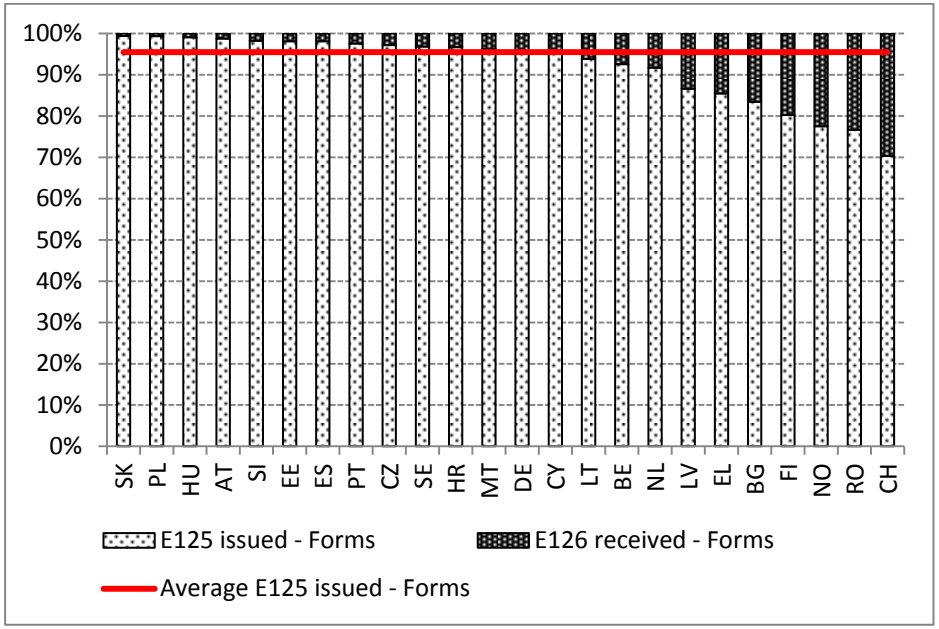
[21] No data available for IT, LU, IS and LI.

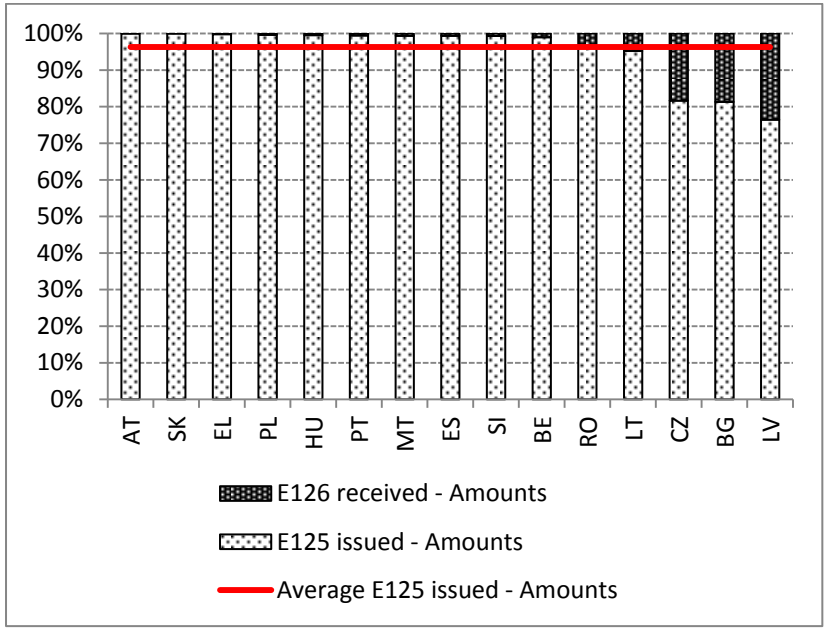
Table 5 Reimbursement to the Member State of stay or the insured person, 2015

	E125 issued		E126 received		Total		Number of forms		Amount	
MS	*Number of forms*	*Amount (in €)*	*Number of forms*	*Amount (in €)*	*Number of forms*	*Amount (in €)*	*E125*	*E126*	*E125*	*E126*
BE	64,310	80,839,945	5,174	860,448	69,484	81,700,393	92.6%	7.4%	98.9%	1.1%
BG	2,486	1,009,526	493	232,325	2,979	1,241,851	83.5%	16.5%	81.3%	18.7%
CZ	44,757	10,832,395	1,309	2,435,726	46,066	13,268,121	97.2%	2.8%	81.6%	18.4%
DK	10,670	4,300,000	176	n.a.	10,846	n.a.	98.4%	1.6%	n.a.	n.a.
DE	407,000	186,700,000	18,551	n.a.	425,551	n.a.	95.6%	4.4%	n.a.	n.a.
EE	7,727	2,002,800	149	n.a.	7,876	n.a.	98.1%	1.9%	n.a.	n.a.
IE	16,806	1,746,193	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
EL	33,957	23,862,665	5,781	49,851	39,738	23,912,516	85.5%	14.5%	99.8%	0.2%
ES	358,024	161,150,117	6,984	1,070,630	365,008	162,220,747	98.1%	1.9%	99.3%	0.7%
FR	86,018	178,867,602	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
HR	111,541	10,721,747	3,857	n.a.	115,398	n.a.	96.7%	3.3%	n.a.	n.a.
IT	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
CY	4,629	3,491,561	220	n.a.	4,849	n.a.	95.5%	4.5%	n.a.	n.a.
LV	1,162	151,947	180	46,893	1,342	198,840	86.6%	13.4%	76.4%	23.6%
LT	2,629	482,076	174	24,448	2,803	506,524	93.8%	6.2%	95.2%	4.8%
LU	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
HU	21,461	4,369,185	202	20,094	21,663	4,389,279	99.1%	0.9%	99.5%	0.5%
MT	4,522	504,926	176	3,230	4,698	508,156	96.3%	3.7%	99.4%	0.6%
NL	42,000	82,000,000	3,806	n.a.	45,806	n.a.	91.7%	8.3%	n.a.	n.a.
AT	212,983	117,535,106	2,685	16,781	215,668	117,551,887	98.8%	1.2%	100.0%	0.0%
PL	161,104	18,896,823	1,089	71,427	162,193	18,968,250	99.3%	0.7%	99.6%	0.4%
PT	168,880	36,051,148	4,215	210,171	173,095	36,261,319	97.6%	2.4%	99.4%	0.6%
RO	1,011	454,478	308	18,219	1,319	472,697	76.6%	23.4%	96.1%	3.9%
SI	14,450	4,030,953	261	27,950	14,711	4,058,903	98.2%	1.8%	99.3%	0.7%
SK	80,285	5,373,717	487	818	80,772	5,374,535	99.4%	0.6%	100.0%	0.0%
FI	6,766	4,444,359	1,669	n.a.	8,435	n.a.	80.2%	19.8%	n.a.	n.a.
SE	25,766	21,739,517	850	n.a.	26,616	n.a.	96.8%	3.2%	n.a.	n.a.
UK	6,632	12,599,885	376	n.a.	7,008	n.a.	94.6%	5.4%	n.a.	n.a.
IS	3,984	n.a.	161	67,963	4.145	n.a.	96.1%	3.9%	n.a.	n.a.
LI	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
NO	1,446	6,508,838	419	n.a.	1,865	n.a.	77.5%	22.5%	n.a.	n.a.
CH	48,025	83,252,420	20,291	n.a.	68,316	n.a.	70.3%	29.7%	n.a.	n.a.
Total	1,951,031	1,063,919,929	80,043	5,156,974			95.9%	4.1%	98.9%	1.2%

* BE: concerns 2nd semester of 2014 and 1st semester of 2015
** CZ and PT: Only SEDs S080 were issued. Since October 2015 LT has started issuing SEDs S080.
*** EL: Number of E126 received: 4,565 new and 1,216 reminders.
**** DE: The amount of the individual requests was not recorded. However, the number of requests in each of the following ranges was documented: less than € 100: 6,729 requests; between € 100 EUR and € 1000:10,130 requests, more than: 1,692 requests.
***** Only selecting Member States which have reported both the number of E125 forms issued and the number of E126 forms received.
Source Administrative data EHIC Questionnaire 2016

Figure 6 Breakdown by type of procedure, Member State of stay, 2015

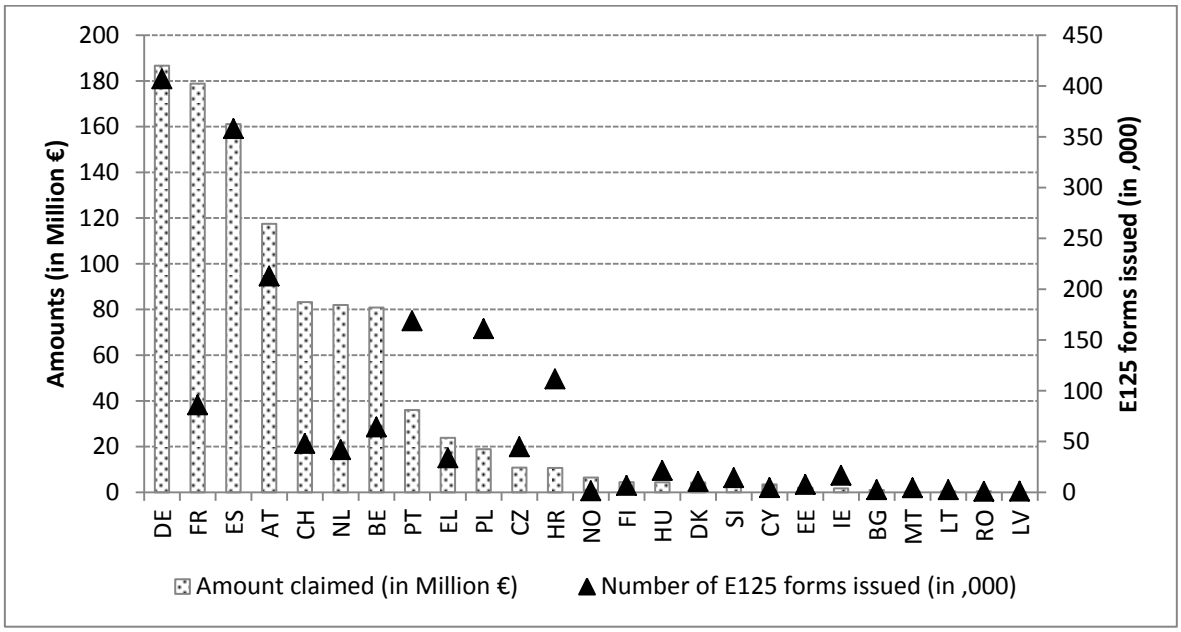




* No data available for FR, IT, LU, UK and LI.

Source Administrative data EHIC Questionnaire 2016

Figure 7 **The number of E125 forms issued (in ,000) and corresponding amounts (in million €), 2015**



* No data available for IT, LU and LI.
Source Administrative data EHIC Questionnaire 2015

5. PRACTICAL AND LEGAL DIFFICULTIES IN USING THE EHIC

5.1. Inappropriate (abusive or fraudulent) use of the EHIC

Many Member States[22] reported cases of inappropriate use of the EHIC by persons who were no longer insured *(Annex II – Table A2)*. The result of this inappropriate use may be problematic for both the Member State of stay which has to claim a reimbursement and the competent Member State which has to cover it.

Actions to avoid such cases of misuse are defined by the Decision of the Administrative Commission No S1 concerning the EHIC (i.e. cooperation between institutions in order to avoid misuse of the EHIC, the EHIC should contain an expiry date …). In addition, some Member States (BE and FI) reported some error cases. For instance, Belgium reported on a case where a person who changed sickness fund continued to use the EHIC issued by the original sickness fund.

Only a limited number of Member States were able to quantify the inappropriate use of the EHIC (e.g. CZ: 40 confirmed cases and 300 suspected cases, EE: 130 cases, HR: 7 cases, LV: often, LT: 173 cases, HU: more than 100 cases, LU: only a few cases, AT: 563 cases, FI: some occasional cases, CH: minor number of cases). Those cases could be compared with the number of EHICs issued. However, it is probably better to compare the number of fraudulent cases with the number of reimbursement claims received via an E125 form. The inappropriate use compared to the total reimbursement claims is rather limited. Bulgaria reported the reimbursement of € 750,000 or 3.2% of the total sum reimbursed to the Member States of stay on the basis of an EHIC, for EHIC holders who were not entitled to healthcare under

[22] BE, BG, CZ, DE, EE, ES, LV, LT, LU, HU, NL, AT, PL, PT, SK, FI, UK, IS, NO and CH.

Bulgarian legislation in the period of receiving benefits in kind. Also for Lithuania (2.3%), Estonia (1.8%), the Czech Republic (0.9%) and Austria (0.7%) the number of cases of inappropriate use of the EHIC compared to the total reimbursement claims received is known. Finally, the Member States who were able to quantify the number of cases show an increase of the number of cases of inappropriate use of the EHIC compared to last year (EE: from 42 to 130 cases, LT: from 112 to 173 cases, AT: from 423 cases to 563 cases).

Isolated cases of inappropriate use of counterfeited EHICs were reported by Spain and Finland. Other cases of inappropriate use where reported by Poland (another person using the EHIC) and Estonia (aim of the temporary stay was to receive healthcare). Finally, Belgium reported the (mis)use of the EHIC for the generalised purchase of medicines in the Netherlands. This case was already described more in detail in the EHIC report for the reference year 2013.

In previous years Ireland and the United Kingdom reported that they were aware of intermediaries charging for advice on the application of the EHIC. For the reference year 2015, Ireland reported that this issue seemed resolved as no cases were recorded. However, the United Kingdom provided a list of the known copycat websites. The NHS Business Service Authority is currently helping the National Trading Standards Board (NTSB) with the criminal prosecution of some websites purporting to provide government services, including EHIC.

5.2. Refusal of the EHIC by healthcare providers

Despite Member States' efforts to raise awareness among healthcare providers, many of the reported problems could be related to a lack of knowledge *(see also Annex II – Table A3)*. Also interpretation problems arise regarding the scope of 'necessary healthcare' and the (thin) line between necessary healthcare and planned healthcare. This proves the necessity of awareness-raising campaigns vis-à-vis healthcare providers.

Insured persons could also benefit from a higher awareness about the applicable rules. There may be a general (false) expectation that the EHIC provides healthcare free of charge across the EU, while the EHIC entitles holders to be treated under the same conditions and at the same cost as nationals in the country concerned. If nationals pay for a certain treatment, persons seeking treatment with the EHIC will have to pay too; and if nationals receive reimbursement for a certain treatment, patients having shown an EHIC are also entitled to reimbursement. Therefore insured persons who expected free of charge treatment may consider their EHIC was refused, even if under the conditions of the system in the country they were visiting the healthcare providers charged all patients with a fee, in line with national and EU rules.

Some competent Member States (BE, EE, EL, ES, HR, LV, NL, AT, PL and RO) reported that even with a valid EHIC some healthcare providers still request payment upfront or send invoices to the patient's home address. Also the material scope of the Regulation (limited to public healthcare) causes some challenges for insured persons to identify if the healthcare provider in the Member State of stay has a public or private character. Some healthcare providers sometimes avoid reimbursement procedures due to administrative burden.

Among the reasons for a refusal of the EHIC by healthcare providers, Member States reported the following:

- a lack of knowledge of procedures;

- to avoid administrative burden;
- considered as planned healthcare;
- the scope of 'necessary healthcare';
- fear about failure to pay, insufficient payment, or late payment;
- a private healthcare provider;
- preference of cash payments;
- unreadable EHIC;
- doubts about the validity of the EHIC or the PRC.

Member States of stay try to solve these cases by explaining the rules or by investigating the reported cases. The competent Member States try to solve these cases by contacting the foreign liaison body, the foreign healthcare provider or the competent foreign institute.

Only some Member States were not aware of refusals to accept EHICs by healthcare providers established in another Member State (IE and SI). Some Member States were confronted with only a few cases (e.g. DK, EE, HR, CY, LV, FI, SE, NO and CH) and other Member States (e.g. BE, EL, ES, IT, LT, AT and PL) received numerous reports of refusals or considered it as a continuous problem. In general, it seems that some of the reported problems are more concentrated in certain Member States and tourist areas.

But it could also be the result of the fact that patients find it challenging to identify healthcare providers subject to the public scheme under the national legislation of the Member State of treatment where it is possible to receive necessary care by using the EHIC (as reported by Germany, Estonia and Belgium).[23] Therefore, the number of healthcare providers subject to the national legislation of the Member State of treatment compared to the total number of healthcare providers (including non-contracted and private healthcare providers) could be a good indicator for the coverage rate. Moreover, it is sometimes difficult for patients to know whether the healthcare provider is contracted or not. This might be remedied by a uniform logo, as proposed by Austria. Another useful indicator to measure possible problems with the acceptance of the EHIC is the number of E126 forms as a proportion of the total number of claims. Especially competent Member States such as Belgium, Spain, Denmark and Slovenia show a high percentage of claims issued by insured persons and verified via an E126 form.[24] But this could also indicate a low number of persons having a valid EHIC. It would be useful to look at the differences in bilateral flows between Member States. However, this detailed information is not available for all reporting Member States. In general a major part of the claims are still settled directly among the Member State of stay and the competent Member State *(Tables 4 and 5)*.

5.3. Alignment of rights

Despite the Administrative Commission Decisions[25] and the European Commission's explanatory notes[26] on the matter, almost all reporting Member States[27] signalled difficulties in connection with the interpretation of 'necessary healthcare' *(see also*

[23] Belgium has reported following interesting link with regard to Spanish healthcare providers: http://www.msssi.gob.es/estadEstudios/estadisticas/sisInfSanSNS/ofertaRecursos.htm
[24] However, Belgium and Denmark only reported the number of E125 forms received electronically.
[25] Decision S1 indicates that all necessary care is covered by the EHIC, and Decision S3 of 12 June 2009 defines specific groups of treatment which have to be considered as 'necessary care'.
[26] Explanatory notes on modernised social security coordination Regulation (EC) Nos 883/2004 and 987/2009 are available at http://ec.europa.eu/social/main.jsp?catId=867.
[27] BE, CZ, DE, EE, ES, IT, CY, LV, LT, HU, MT, NL, AT, PL, RO, SK, FI, IS, NO and CH.

Annex II – Table A4). Healthcare providers of the Member States of stay may refuse to provide healthcare on the basis of an EHIC, or competent Member States may refuse reimbursement of the provided healthcare due to a too broad interpretation of 'necessary healthcare'.

There appears to be a lack of consistent interpretation between Member States, and between healthcare providers. First, healthcare providers struggle to make a correct distinction between 'necessary healthcare' and 'planned healthcare'. Some Member States report difficulties even for treatments defined in Decision S3 of the Administrative Commission [28] and covered by the EHIC.

The following paragraph of AC Decision S3 appears to result in interpretation problems: "*Any vital medical treatment which is only accessible in a specialised medical unit and/or by specialised staff and/or equipment must in principle be subject to a prior agreement between the insured person and the unit providing the treatment in order to ensure that the treatment is available during the insured person's stay in a Member State other than the competent Member State or the one of residence*".[29] Such prior agreement is recommended between the patient and the healthcare provider they will visit abroad, to ensure that the highly specialised treatment will be available when they visit, for example a dialysis centre. However, this does not refer to a prior authorisation by the authorities of the Member State where the person is insured to access such healthcare abroad. Therefore such costs should be covered via the EHIC and there should be no need for a prior authorisation for planned treatment abroad (via an S2 form). Some healthcare providers may narrow the concept of 'necessary healthcare' down to 'emergency care'.

Finally, the expected length of the stay should be taken into account, as there is no specific time limit for defining a temporary stay, and persons who stay abroad longer (for example students who do not move their habitual residence to the country of their studies) may need to access a wider range of treatment than someone who is abroad only for a week.

5.4. Invoice rejection

Most of the rejections of an invoice issued or received by the E125 form/SED S080 are the result of an invalid EHIC at the moment of treatment or an incomplete E125 form *(see also Annex II – Table A5)*. It also appears that some competent institutions even refuse to settle the claim on the grounds that the date of issue of the EHIC was later than the start of treatment or than the end of the treatment period.

Main reasons reported to refuse an invoice were:

- Invalid EHIC at the moment of treatment (= not insured in the competent Member State):
  - outdated EHIC;
  - date of treatment before EHIC was issued.
- Incomplete E125 form:
  - wrong personal ID number;
  - missing EHIC ID number;
  - invalid EHIC ID number;
  - insufficient information concerning the EHIC.
- Duplication of claims.

[28] Treatment provided in conjunction with chronic or existing illnesses as well as in conjunction with pregnancy and childbirth.

[29] Non-exhaustive list of the treatments which fulfil these criteria: kidney dialysis, oxygen therapy, special asthma treatment, echocardiography in case of chronic autoimmune diseases, chemotherapy.

For the current reference year, much more Member States were able to quantify the number of rejected invoices by their institutions or other institutions. Those cases could be compared with the total number of claims of reimbursement received or issued by an E125 form. The share of rejected invoices compared to the total claims of reimbursement received is on average 1% *(Table 6)*. However, this percentage varies markedly among the reporting Member States. For instance, about 5% of the claims issued by Germany were rejected and about 2% of the claims it received. Also Croatia (3.6% of total claims received) and Slovenia (2.7% of total claims received) have rejected a high number of claims. Some Member States also observed an increase in the number of rejections. It could lead to an increase of the administrative burden for Member States of stay if additional information (e.g. a copy of the EHIC, a PRC using the E107 form) has to be provided/asked in order to receive the reimbursement (this was reported by DE, BE and PT). It will also result in a delay of payment or even in a budgetary cost for the Member State of stay if claims are not accepted by the competent Member State.

Table 6 Number of rejection of invoices, 2015

MS	Rejections by institutions in other countries	Number of E125 forms / SED S080 issued	Share of rejections in total reimbursement claims issued	Rejections by your institutions	Number of E125 forms / SED S080 received	Share of rejections in total reimbursement claims received
BE	n.a.	64,310	n.a.	n.a.	57,158	n.a.
BG	n.a.	2,486	n.a.	n.a.	43,227	n.a.
CZ	670	44,757	1.5%	n.a.	38,416	n.a.
DK	n.a.	10,670	n.a.	20	15,353	0.1%
DE	21,000	407,000	5.2%	11,000	485,000	2.3%
EE	2	7,727	0.0%	13	7,063	0.2%
IE	n.a.	16,806	n.a.	n.a.	18,262	n.a.
EL	n.a.	33,957	n.a.	n.a.	45,000	n.a.
ES	n.a.	358,024	n.a.	n.a.	5,293	n.a.
FR	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
HR	481	111,541	0.4%	504	13,815	3.6%
IT	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
CY	28	4,629	0.6%	18	3,491	0.5%
LV	n.a.	1,162	n.a.	n.a.	5,531	n.a.
LT	n.a.	2,629	n.a.	n.a.	7,547	n.a.
LU	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
HU	n.a.	21,461	n.a.	n.a.	28,559	n.a.
MT	1	4,522	0.0%	n.a.	866	n.a.
NL	n.a.	42,000	n.a.	193	22,926	0.8%
AT	n.a.	212,983	n.a.	n.a.	79,656	n.a.
PL	n.a.	161,104	n.a.	n.a.	87,574	n.a.
PT	n.a.	168,880	n.a.	n.a.	30,636	n.a.
RO	n.a.	1,011	n.a.	n.a.	28,262	n.a.
SI	237	14,450	1.6%	262	9,867	2.7%
SK	n.a.	80,285	n.a.	3	45,761	0.0%
FI	n.a.	6,766	1 - 2%	n.a.	21,618	1 - 2%
SE	n.a.	25,766	n.a.	n.a.	47,361	n.a.
UK	125	6,632	1.9%	3,350	n.a.	n.a.
IS	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
LI	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
NO	n.a.	1,446	n.a.	1	n.a.	n.a.
CH	n.a.	48,025	n.a.	n.a.	52,572	n.a.
Total*			1.4%			1.3%

* Unweighted average of the reporting Member States.

Source Administrative data EHIC Questionnaire 2016

ANNEX I EHIC QUESTIONNAIRE 2015

Part I

Statistics concerning the use of the European Health Insurance Card (EHIC) from 1 January to 31 December 2015

1. Number of EHICs issued/in circulation

- How many EHICs did your institutions issue between 1 January and 31 December 2015?
- How many EHICs issued by your institutions were in circulation on 31 December 2015? (This means valid EHICs).

2. Number of provisional replacement certificates (PRC) issued

- How many PRCs were issued between 1 January and 31 December 2015?

3. Number of insured persons

- Please provide the number of insured persons per 31 December 2015. If the number of insured persons is lower than the number of EHICs in circulation please explain why.

4. Period of validity of the EHIC

- Did you modify the validity period of the EHIC in 2015 or do you have any intention to modify the validity period in 2016? If so, why?
- What is the validity period of the EHIC issued by your institutions? Please only specify changes compared to your reply concerning 2014.
- Is the validity period of the EHIC identical for all categories of insured persons? If not, for which reason and for which categories of insured persons is the validity period different? Please only specify changes compared to your reply concerning 2014.

5. Issuing and withdrawal procedures

5.1.Issuing of the EHIC

- Did you change the issuing process of the EHIC in 2015? If so, why?
- How (telephone, fax, internet, or other means) can the EHIC be requested? Please only specify changes compared to your reply concerning 2014.
- Does an insured person have to provide any specific information/documentation in order to obtain an EHIC? If so, what type of information/documentation? Please only specify changes compared to your reply concerning 2014.
- How long did it take, on average, for an EHIC to be issued in 2014? Was there some improvement in relation to 2014?

5.2.Issuing of Provisional Replacement Certificates (PRC)

- Did you change the issuing process of the PRC in 2015? If so, why?

- How (telephone, fax, internet, or other means) can the PRC be requested? Please only specify changes compared to your reply concerning 2014.
- How (fax, e-mail or other means) is the PRC issued to insured persons currently on a temporary stay abroad? Please only specify changes compared to your reply concerning 2014.
- In which situations is the PRC issued to insured persons before going abroad? Please only specify changes compared to your reply concerning 2014.

5.3. Withdrawal procedure of the EHIC

- Did you introduce special procedures in 2015 to withdraw the EHIC when the cardholder of the EHIC is no longer insured under your legislation? If so, what are they?

6. Awareness-raising

6.1. Information for the insured persons

- Were public information campaigns ongoing or newly introduced during 2015? If so, which ones?

6.2. Information for the healthcare provider

- Do you have any ongoing or newly introduced initiatives in 2015 to improve healthcare providers' knowledge of the EHIC? If so, which ones?

7. Use of the EHIC

7.1. Reimbursement of benefits in kind between institutions

- How many E 125 forms were issued following the use of the EHIC in your country between 1 January and 31 December 2015? Please also indicate, if available, the related amount (in €) claimed by the E 125 forms issued.
- If you started issuing SED S080 can you estimate the number of individual invoices you issued following the use of the EHIC in your country between 1 January and 31 December 2015? If so, how many individual invoices were issued? Please also indicate, if available, the related amount (in €) claimed by the SED S080 forms issued.
- How many E 125 forms did you receive following the use of the EHIC by persons insured under your sickness insurance scheme between 1 January and 31 December 2015? Please also indicate, if available, the related amount (in €) claimed by the E 125 forms received.
- If you started receiving SED S080 can you estimate the number of individual invoices you received following the use of the EHIC by persons insured under your sickness insurance scheme between 1 January and 31 December 2015? If so, how many individual invoices were received? Please also indicate, if available, the related amount (in €) claimed by the SED S080 forms received.
- What percentage does the use of the EHIC abroad represent in respect of the total health expenditure of your country, comprising of both national and cross-border expenditure?

7.2. Reimbursement of benefits in kind according to Article 25 B) (5) of Regulation (EC) No 987/2009

- How many requests (E 126/ SED S067) according to Article 25 B) (5) of Regulation (EC) No 987/2009 did you send during 2015? Please also indicate, if available, the amount (in €) covered by the E 126 forms issued.
- How many requests (E 126/ SED S067) according to Article 25 B) (5) of Regulation (EC) No 987/2009 did you receive during 2015? Please also indicate, if available, the amount (in €) to be reimbursed.
- How are the reimbursement rates applied by your institutions determined when replying to requests (E 126/ SED S067) according to Article 25 B) (5) of Regulation (EC) No 987/2009? Please only specify changes compared to your reply concerning year 2014.
- Do you have a centralised organisation for applying to requests (E 126/ SED S067) according to Article 25 B) (5) of Regulation (EC) No 987/2009? If not, how are your institutions organised for this purpose? Please only specify changes compared to your reply concerning year 2014.
- What type of information (receipts, prescriptions, vignettes etc.) do you need to be able to reply to a request (E 126/ SED S067) according to Article 25 B) (5) of Regulation (EC) No 987/2009? Please only specify changes compared to your reply concerning year 2014.

Part II

Practical and legal difficulties in using the European Health Insurance Card (EHIC)

1. Inappropriate use (abusive or fraudulent) of the EHIC

- Are you aware of cases of inappropriate use of a valid EHIC by a person who was no longer insured under your scheme? If so, can you quantify such cases?
- Are you aware of other cases of fraud (for example of the fake cards)? If so, can you describe and quantify these cases?
- Are you aware of intermediaries (websites or other) charging for advice on application for the EHIC? If so, did you take any action to discourage such activity?

2. Awareness of the healthcare providers

- Are you aware of cases of refusals to accept EHICs by healthcare providers established in your country? If so, what are the reasons given by healthcare providers to refuse the EHIC? Can you quantify the frequency of such refusals, and did you take any action to remedy the situation?
- Are you informed about cases of refusals to accept EHICs by healthcare providers established in another country? If so, do you have information on the reasons for these refusals? Can you quantify the frequency of such refusals, and did you take any action to remedy the situation?

3. Alignment of rights

- Are you aware of the difficulties relating to the interpretation of the "necessary healthcare" concept? If so, could you describe the difficulties encountered?

4. Invoice rejection

- Are you aware of any rejection of invoices (forms E 125/ SED S080) drawn up on the basis of an EHIC issued by your institutions? If so, could you quantify the number and indicate the reasons for rejection?

- Are you aware of any rejection by your institutions of invoices (forms E 125/ SED S080) drawn up on the basis of an EHIC issued by institutions in other countries? If so, could you quantify the number and indicate the reasons for rejection?

5. Other possible difficulties in using the EHIC

- Were you aware of other problems/incidents related to the use of the EHIC in your territory or in the territory of another state? If so, which?

6. Enquiry and complaint management

- Do you know the number of enquiries/complaints you receive concerning EHIC? If so, how many enquiries/complaints did you receive during 2015?
- How can citizens submit an enquiry/complaint concerning EHIC and what are your procedures for dealing with it? Please only specify changes compared to your reply concerning 2014.
- How can healthcare providers submit an enquiry/complaint concerning EHIC and what are your procedures for dealing with it? Please only specify changes compared to your reply concerning 2014.

ANNEX II ADDITIONAL TABLES

Table A1 Information for the insured persons and healthcare providers, 2015

MS	Information for the insured persons	Information for the healthcare providers
BE	Every year articles are written in the magazines of the sickness funds. Leaflets are made to inform the members. On the website of the sickness funds this information can also be found.	Informal contacts with the hospitals, information on the use of the EHIC is given.
BG	At the beginning of the summer season several TV stations broadcast information on the use of the EHIC.	Continuously inform the health insurance service providers.
CZ	The Centre for International Reimbursements ran a mobile application 'CMU na cesty' [CMU for travelling] providing information about the EHIC and coordination of social security systems in general. Furthermore, a Facebook page about the EHIC intended for Czech insured persons was launched.	
DK		Guidance to healthcare providers is given whenever it is needed.
DE	Insured persons are kept informed about the EHIC through press releases, members' magazines, travel information mail shots, personal interviews, online information, leaflets, posters displayed in workplaces, and notes sent out with the EHIC or PRC. In doing so, the health insurance funds usually inform their own members only. The DVKA informs the German health insurance funds regularly by means of both publications (circulars, guidelines, etc) and seminars on procedures concerning the EHIC. On the DVKA's website under the heading 'Touristen' [Tourists] insured persons can find the series of leaflets 'Urlaub in ...' [Holidays in ...]. The leaflets explain how to obtain healthcare in the Member State concerned using the EHIC. https://www.dvka.de/de/versicherte/touristen/touristen.html	Healthcare providers are systematically informed by their respective associations. However, the DVKA is in touch with its contacts in the healthcare providers' associations and supplies them with all the relevant information. It has worked together with the various healthcare providers' associations to produce information leaflets on medical treatment for patients who are insured abroad. These leaflets are updated regularly and contain extensive information on the procedure to be followed when the EHIC or PRC is presented. Healthcare providers can find this information online at www.dvka.de under 'Leistungserbringer' [healthcare providers].
EE	For the purpose of informing the population about the EHIC´s importance, a campaign was held during the spring and summer of 2015. There were advertisements on the radio and on the internet. Also, a press announcement was made introducing the EHIC, which was released in major newspapers among the health section. Part of informing was giving interviews on radio stations and on TV.	Training sessions were held among the contract partners about healthcare in the EU, the EHIC being one of the subjects.
IE		Healthcare providers are updated on information required to facilitate claiming reimbursement from other Member States.
EL	EOPYY launched an information campaign for the use of the EHIC on its website. Information is available in English regarding the access to the Greek healthcare system: http://www.eopyy.gov.gr/EuropeanHealthInsurance/Index?a_Page=Index2&a_Language=en-US.	EOPYY has issued a new circular with instructions regarding the healthcare procedures for EU insured persons, and another circular with instructions for applying for a reimbursement procedure.
ES	The general information campaign organised at the time of introduction of the EHIC was not renewed, although the information continues to be disseminated and updated through various communication media, e.g. on the Social Security Department's website, in leaflets prepared by the Institute and tour operators, and on the reverse side of informative sheets by the Spanish social security system such as the report on employees' working lives. With regard to military officials, a campaign was held in 2015 to inform members of the scheme about the conditions for access to the EHIC, its restrictions and the responsibilities involved in using it via the website of the ISFAS (Instituto Social de las Fuerzas Armadas), by means of information disseminated via the employment centres and in local offices of that body.	
FR	No	No

HR	On the Public website of the Croatian Health Insurance Fund there is ongoing detailed information about the usage of, the issuing of and entitlements on the basis of the EHIC.	There is an ongoing initiative to improve healthcare provider's knowledge of the EHIC. It includes notifications and instructions sent to them by post before the start of each tourist season.
IT	Normally the ASLs provide useful information on the regularly updated website of their institution to insured persons from other Member States who are in Italy and to insured persons of the ASLs who are in other Member States. In addition, information guides and pamphlets are often produced, sometimes in other languages as well, which clarify the requirements for exercising the right to assistance. ASL staff also provide information to insured persons verbally on request. Lastly, in simple cases information can also be provided by telephone on request.	As a rule, the ASLs produce guides for operators who work in front offices and at receptions. In addition to these initiatives, there are training courses for healthcare and administrative staff and training courses for doctors. In certain areas where there is a large influx of tourists, administrative assistants with the role of interpreter are trained in order to support doctors during the tourist season.
CY		
LV	Informative campaigns concerning only the EHIC were not organised during 2015. However, some informative activities on healthcare issues were conducted providing information about the use of EHIC (types of activities: an infographic about the EHIC published on the website of the Competent institution; participation in seminars concerning healthcare; publications in newspapers; TV news; usually such activities were initiated by other interested parties (journalists; other governmental institutions, associations, NGO, etc)). The Competent institution consults embassy officers in other Member States about the use of the EHIC.	Regular cooperation with healthcare providers concerning the use of the EHIC (consultations, informative letters; on a case-by-case basis following the request of a healthcare provider).
LT	Information about the EHIC is published on the web pages of the National Health Insurance Fund (NHIF) and National Contact Point for Cross-border Care. This information is updated on a regular basis. At the same time, the information is constantly spread by using different mass communication measures and methods.	The common meetings of the NHIF or THIF representatives and healthcare providers in order to share the information and knowledge about the EHIC.
LU		
HU		
MT	EHIC public information campaigns including talks at local councils, participation in both radio and television programmes continued throughout 2015.	Training sessions were provided to staff at the different healthcare entities with the aim to provide information regarding the proper use of the EHIC. Continuous online and telephone support was also provided.
NL	Health insurers inform the insured clients annually, in connection with the new policy document. The health insurers also offer the care card.	
AT	New versions of various information pamphlets were published, such as 'Healthcare Provision & Service' and 'Service from A to Z'. Information has also recently been presented in specialist journals and radio broadcasts.	Initiation training for new contract partners includes providing them with information on the use of the EHIC. In addition, many institutions issue information about the latest developments by means of circulars.

PL	In 2015 NFZ organised an art competition for children titled 'Healthy family travels with EHIC'. The competition was addressed to students in primary schools and junior high schools. It aimed at promoting health and the awareness of the benefits of taking the EHIC abroad among children and teenagers, as well as developing healthy lifestyle habits in the future. The information concerning the EHIC is a constant element of the NFZ's information activities. The information appears periodically in the media, in the form of articles, broadcasts, commercials. The activity is focused on periods before the holidays. At this time some regional branches of the NFZ extend working hours if necessary. Additionally, employees of the NFZ's regional branches are involved in events on healthcare/insurance/social themes, during which they present information on the coordination Regulations with regard to benefits in kind. The knowledge is also transmitted via the website and in direct or telephone contacts with the insured persons.	The information on services provided on the basis of the EHIC and other entitlement documents, as well as accounting rules for the benefits provided to EU patients is permanently accessible for healthcare providers on the website of the Polish liaison body. Similar information is accessible on the websites of the NFZ's regional branches. If there are any questions or concerns, both employees of regional branches and the central office of the NFZ provide clarification for healthcare providers on an ongoing basis. Following the entry into force of the provisions implementing Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare (OJ L 88/45, 4.4.201) to the Polish legal system, in 2015 the NFZ carried out a project 'Increasing the quality of healthcare system management through support of the National Contact Point for cross-border healthcare' ('KPK NFZ'). A series of training courses on cross-border healthcare was organised under this project. The issues covered during the courses included comparison of the healthcare under the Directive and under the coordination of social security systems. A part of the training was also devoted to the EHIC. A total of 35 training courses were carried out in Poland. 11 of the courses carried out in Warsaw were addressed to employees of the NFZ Central Office and all regional branches of the NFZ. The remaining 24 training courses were addressed to healthcare providers and employees of healthcare entities. As part of the project, the NFZ employees also prepared a publication titled 'Coordination and the directive – the similarities and differences in cross-border healthcare'. A part of the publication was devoted to the EHIC.
PT		Information regarding the use of the EHIC can be found at: http://www.acss.min-saude.pt/DepartamentoseUnidades/DepartamentoGestãoeFinanciamentoPrestSaúde/AcordosInternaceCuidadosSaúdeTransfront/AcessoàSaúdenoespaçodaUE/tabid/1185/language/pt-PT/Default.aspx.
RO		
SI	Also in 2015, the ZZZS, as in previous years, regularly informed the media of any changes in legislation of the EHIC, namely through press conferences or releases. Thus, when any changes take place, the information, available on the ZZZS's website, the ZZZS's answering machine and RTV Slovenia teletext, is also supplemented accordingly. The ZZZS separately informs the insured persons of the changes and the manner of using healthcare services abroad before the beginning of the annual winter and summer tourist season.	ZZZS regularly informs healthcare service providers of all changes and new arrangements in the field of EHIC use through the media and also separately within regular business contacts, circulars and instructions. All information for healthcare service providers is also available on the ZZZS's website.
SK	All information for the insured persons is listed on the websites of the health insurers and information about changes of the issuing procedure was published in the media.	
FI		
SE		
UK	In 2015 we produced a range of information materials including posters to be used on wards/at A&E and an EHIC leaflet for patients. https://www.gov.uk/government/publications/nhs-care-for-overseas-visitors-and-migrants-posters	The NHS Business Services Authority (BSA) continues to work with the Government Digital Service (GDS) on a cross-departmental working group addressing online phishing and scamming activities.
IS	No, but it is planned for 2016.	No, but is planned for 2016.
LI		
NO	There was a spring promotion, there were reminders on our website helsenorge.no, and we sent press releases to Norwegian newspapers in Norway and abroad. During the summer we had a promotion in GP offices and used Facebook to inform about the EHIC.	Presentations concerning the EHIC and other E-series entitlement forms were held for healthcare providers. Online information concerning the EHIC targeted at healthcare providers was updated and improved.
CH		Information for healthcare providers about the use and validity of the EHIC. An information sheet on the website of the liaison body 'Gemeinsame Einrichtung KVG'.

Source Administrative data EHIC Questionnaire 2016

Table A2 Reported inappropriate use of the EHIC and other cases of fraud, 2015

MS	Inappropriate use	Other cases of fraud
BE	It happens that a person who has changed from one sickness fund to another continues to use the EHIC delivered by the first institution. These cases are not considered as fraudulent use.	A lot of Belgian people continue to use the EHIC to buy medicines in the Netherlands. This problem was already described earlier.[30]
BG	During the reference year 2015 the NHIF reimbursed € 749 523, which represents 3,2% of the total sum reimbursed to other Member States for EHIC holders who were not entitled to health insurance services under Bulgarian legislation in the period of receiving benefits in kind.	NO
CZ	40 confirmed cases; additionally 300 suspected cases, not confirmed yet.	NO
DK	NO	NO
DE	Some health insurance funds are aware of individual cases, but they are unable to provide exact figures.	NO
EE	There were 130 cases in 2015 in which the legal department issued invoices to the persons who used the EHIC inappropriately.	NO
IE	NO	NO
EL	NO	NO
ES	The content of Notes 57/11 and 433/11 on obtaining the EHIC under false pretences, presented by the Spanish delegation at the 328th meeting of the Administrative Commission, remains valid. Cases are still being detected of persons affiliated with the Spanish social security system who, after obtaining an EHIC, left the system and consequently lost the right to healthcare in Spain. However, based on the value of the EHIC issued to them, which is valid for two years, these persons receive benefits in kind in other Member States. The EHIC is used inappropriately during its period of validity, after the insurance of its holder ended, albeit in isolated cases. This is despite the information note which we issued together with the EHIC, which warns that its use is subject to the holder continuing to meet the requirements for obtaining the card. We are also still detecting cases of persons whose membership of the Spanish Social Security System has been declared fraudulent, and who have used the EHIC issued to them on the basis of this fraudulent affiliation.	Cases where healthcare was provided on the basis of an EHIC allegedly issued by Italy, which then were found to be fake. The UK has also confirmed that one EHIC presented by a British citizen was fake. In both cases, we were not able to recover the costs of the healthcare provided.
FR	NO	NO
HR	7 such cases.	NO
IT		
CY	NO	NO
LV	Often (especially when dealing with administrative cases for reimbursement of medical expenses) it is possible to presume that persons are employed in the country where the healthcare services have been provided. In those cases, persons did not provide information to the Competent institution about the insurance in another Member State and used the EHIC issued by the Competent institution; in some cases persons even had two EHICs – one EHIC issued by the Competent institution and another issued by the Competent institution of another Member State.	The Competent institution has identified several cases where the EHIC was used while the aim of the temporary stay was to receive medical treatment (the necessity for healthcare has occurred in Latvia). The Competent institution has no information about the use of a fake EHIC.

[30] See Pacolet J. and De Wispelaere, F. 'The European Health Insurance Card – Reference year 2013', Network Statistics FMSSFE, European Commission, June 2014, 73 p.

LT	The Lithuanian liaison body (the National Health insurance Fund (NHIF)) was faced with 173 cases of inappropriate use of a valid EHIC by people who were no longer insured under the compulsory health insurance scheme in Lithuania but presented to the provider their valid EHICs. Afterwards, the NHIF referred to these persons in order to recover the expenditure.	NO
LU	Only a few cases.	
HU	YES	NO
MT		
NL	Claims are submitted for costs of persons who were no longer insured at all.	YES
AT	In a total of 563 cases an EHIC was presented in another Member State even though the holder did not have valid insurance.	NO
PL	Most of the problems identified as inappropriate use of a valid EHIC refer to persons who used an EHIC the validity period of which did not expire, whereas they were no longer entitled to medical care at the time. We also identified where the EHIC is used in order to enable an institution to settle the cost of medical benefits provided prior to the validity period of the card. Because there is no start date on the EHIC, the service provider does not know that the card was not valid in the period when the services were provided.	There are cases when EHICs are used in EU/EFTA countries by people for whom the cards were not issued. Although such incidents are rare, they occur because the healthcare providers do not always ask for other ID or verify if the personal data on the EHIC is the same as on the person's ID or passport.
PT	Only isolated or occasional incidents.	NO
RO		NO
SI		NO
SK	Persons no longer insured under the Slovak scheme who use the invalid EHIC. We only find out about these cases when we receive a request for reimbursement of the costs of the healthcare provided.	We identified 2 cases of suspected forgery of documents EHIC.
FI	There are some occasional cases. These cases do not in general concern fraudulent use, but rather mistakes or ignorance.	Only one case of fraud by using a fake card came to our knowledge.
SE		
UK	We are aware of various instances of EHICs being used by individuals who have either never been resident in the UK (and who are not insured by the UK through other means), or by individuals who were no longer entitled to apply for or use a UK EHIC.	We were only made aware of one case of a counterfeit UK card in 2015.
IS	Our EHICs have frequently been used after persons are no longer insured under the Icelandic health insurance scheme.	No
LI		
NO	23 suspected cases.	There are many cases in which patients present EHICs to healthcare providers that have been issued after the benefit in kind was given. Such cases are identified only after issuing E125 forms when the claims are rejected by the EU/EEA Member State where the EHIC was issued. The number of such cases is approximately 30 per year.
CH	In a minor number of cases.	NO

Source Administrative data EHIC Questionnaire 2016

Table A3 Refusal of the EHIC by healthcare providers, 2015

MS	Refusal in your country	Refusal in another country
BE	The EHIC is sometimes refused because it is obvious that it concerns planned treatment.	Many insured persons still complain about refusals to accept EHICs in Spain. This can partly be explained by the fact that some of these refusals are related to private healthcare which is not reimbursable according to the Spanish legislation. However, as already mentioned in the previous EHIC report, this is also due to the fact that some Spanish public hospitals commonly ask foreign patients if they have a travel assistance coverage. If so, EHICs are refused, higher rates are charged and Belgian insured persons have to pay the expenses directly.
BG	Necessity of filling out a lot of paper documents due to the impossibility to electronically report the patient.	YES
CZ	The reasons are usually little knowledge of procedures, preference for cash payment, concerns of administrative burden etc. Refusals usually concern primary outpatient care, mainly in the locations with a small proportion of foreign patients. Assessment of medical necessity of healthcare is problematic for some healthcare providers. The CMU contacted those healthcare providers and explained the correct procedures.	We do not have any information about why EHICs are not accepted; however, we presume the reasons are usually the same as in the Czech Republic. The Czech Republic usually tries to solve the situation directly with the healthcare provider or a foreign liaison body.
DK	A few cases. The Danish liaison body is currently engaged in a dialogue with the relevant institution on how to strengthen information on the EHIC among doctors in Denmark.	The Danish liaison body was asked for assistance in 6 cases in 2015 where Danish insured persons were asked to present an S2/E112 by their treatment places. All persons were staying in another EU/EEA country for a longer time and during this period needed to either give birth or undergo treatment for a chronic disease. We argued that an E112/ S2 can only be demanded if the stay is clearly motivated in the wish of having treatment in another Member State – but this was not so in these cases where the insured persons were staying for a longer time in another country in order to be together with their family and/or spend part of their maternity leave abroad. We referred to AC Decision No S3 according to which giving birth and regular treatments of chronic diseases in connection with a longer-term stay are covered by the EHIC.
DE	Factors which could be relevant to German healthcare providers include a lack of awareness of the procedure or the perception that it is too time-consuming. Although the EHIC is similar in appearance to the German health insurance card, it cannot be read electronically. Instead, the data on the EHIC must be entered manually and passed on to the health insurance fund of the patient's choice. In the cases which were known, the healthcare providers were given specific information and advice by telephone or in writing (this included e.g. referring them to relevant publications and literature and sending them information). The questions which the DVKA receives on this issue show that both healthcare providers and German health insurance funds often consider the design of foreign EHICs to be a problem. If the foreign EHIC has a different design from the EHIC specimen in Decision S2, this generally causes uncertainty and acceptance problems. For example, the EHICs issued in Switzerland and Slovakia have unusual features. Persons insured with Swiss health insurance institutions receive a card which does not have a European emblem (circle of 12 stars). Slovak health insurance institutions issue EHICs which display an expiry date of 31.12.9999 or 31.12.2999. EHICs issued in the Netherlands can have a barcode in box 7. There are also various cards in circulation throughout the EU which are in some cases very similar to the EHIC but do not entitle the holder to medical treatment under the Regulations. These include EHICs from Italy and Austria, which have a valid entry only in box 8 (identification number of the card), the World Health Insurance Card of the Dutch health insurance institution Promovedum-Avéro-Aevitae, the national health insurance card of the Czech health insurance fund VZP, etc.	

EE	There were a couple of cases in 2015, when general practitioners did not accept exchange students' EHICs. Since the students informed the Estonian Health Insurance Fund, we were able to solve the cases quickly. We sent out a letter to our contract partners, informing them that they have to take into account the persons' length of stay in Estonia.	Each year we receive fewer written enquiries and phone calls about claims concerning EHICs not being accepted. In a couple of cases the EHIC was not accepted in Germany and France. Spain is still a problematic Member State; clients are complaining that it is very hard to find medical institutions of the public healthcare system where it would be possible to receive emergency care according to the EHIC. There were no complaints when accepting the replacement certificate.
IE	NO	NO
EL		In many cases of necessary healthcare (e.g. allergic reaction, flu etc) involving Greek EHIC holders who visited public hospitals and affiliated private doctors in another Member State, these persons, although they showed their EHIC, were forced to pay the total amount. They were misinformed by the foreign healthcare providers that they would get their money back from the Greek social security institution. There were similar situations involving Greek EHIC holders who were hospitalised in public or affiliated hospitals and did not pay for the services, but who within a short time received by official mail the invoice with the total cost of their hospitalisation to be paid in total. Furthermore, within a short time (e.g. two months) Greek cardholders were charged with a default interest.
ES	Exceptionally, isolated cases arise where EHICs are refused in some hospitals, generally those that work in agreement with a public health service. In all such cases known, we have intervened with the competent health institution, which brought itself into line with the Regulations.	Complaints were still received from insured parties that service providers in some countries, e.g. Germany, refuse to accept the Provisional Replacement Certificate (PRC) because they do not consider it to have the same validity or effectiveness as the EHIC for establishing the entitlement to benefits in kind. There has been a considerable increase in the number of complaints concerning the refusal to accept the EHIC to cover surgical operations which are necessary on medical grounds. Problems continue to arise in countries where access to benefits is indirect. Insured persons report that both the service provider and the institution of the place of stay generally inform them that they are to apply directly to the Competent institution for a refund of their expenses, instead of applying the internal procedure for the refunding of expenses under the domestic legislation of the country in question. This situation occurs above all in France. This incorrect procedure by the service provider constitutes a failure to comply with the EU legislation in force, since the principle of equal treatment with their own insured persons was not applied even though the entitlement to such treatment was demonstrated by the EHIC.
FR	NO	NO
HR	There were some cases during the tourist season in 2015,for which we conducted investigations. Usually, healthcare providers declare that the insured persons were not in possession of an EHIC when they asked for medical assistance, or, they deemed the medical assistance to be outside of the scope of necessary healthcare. These refusals are not frequent but rather exceptions to the rule.	Our insured persons informed about such cases. Usually the doctors in other countries refuse the EHIC and request direct payment, with the instruction that the patient requests a refund from the CHIF once they return to Croatia. There were aprox. 70 such cases in 2015.
IT	NO	Norwegian insured persons report that refusals occur in particular where their stay is in Member States whose social security organisations are not universal form based. As reported in replies to previous questionnaires the main reason is that providers wish to be paid by the insured even if he/she holds a valid EHIC. They tend to request payment upfront or they send invoices to the home address of the insured person. We do not have any statistics, but we are aware that the majority of the insured do not even complain about these refusals.
CY	NO	We are aware of a few cases of refusals to accept EHICs by healthcare providers established in another country. The frequency of such refusals cannot be quantified.

LV	The Competent institution did not receive written claims concerning refusals to accept EHICs. Mostly healthcare providers communicate with the Competent institution when they are not sure whether the presented document is an EHIC or when they want to find out in which cases the EHIC should be accepted.	The Competent institution was informed about such cases (the Competent institution did not receive written claims; usually information was received by phone or it became apparent when dealing with administrative cases for reimbursement of medical expenses). Reasons for refusal indicated by persons: the healthcare provider is not aware of the EHIC (does not know what kind of document the EHIC is); the healthcare provider cannot accept the EHIC because the EHIC does not contain a chip, so the healthcare provider cannot electronically read the data). Sometimes healthcare providers do not even explain the reasons for refusal of the EHIC.
LT	NO	The territorial health insurance funds received several reports about refusals to accept EHICs by healthcare providers established in FR, DE and PL.
LU		
HU	Healthcare providers claim not to receive the proper reimbursement/financing or they are unaware of how to report treatments sought with EHICs. Sometimes providers complain that, unlike for Hungarian insured patients, it is not possible to check the cardholders' entitlement online (GPs, specialists, pharmacies and hospitals are obliged to pay a 'fine' if they omit the entitlement check when treating Hungarian patients).	In most cases foreign healthcare providers are obviously unaware of the provisions of Decision S6, or they apply it in different ways. Generally, the distinction between 'immediately necessary' or urgent and 'medically necessary' treatment seems to be difficult under the Member States' respective national legislations. Sometimes the problem is the different interpretation of the notions 'temporary' and 'stay' (often residents use the EHIC as well, especially if they reside in the other Member State by virtue of Article 11 IR).
MT	NO	YES
NL	We received less than 10 such notifications.	Involving a private clinic/plannable care. Or the care provider simply wanted the person concerned to pay him or herself, in advance.
AT	There occasionally were such cases. The preferred option is to have the costs settled by charging private fees instead of going through the 'complicated' system of ex post settlement via the insurance fund. In cases where the person concerned contacts the insurance fund, it is often possible to clear up the matter on the phone.	Card holders repeatedly report problems with acceptance of the EHIC, mainly in the typical holiday destinations in the south. One of the reasons for this is that there is little administrative effort required when insured persons receive treatment as private patients. Sometimes an attempt is made to read the card electronically and/or the procedure in dealing with the card is not known.
PL	The NFZ did not observe any major problems related to refusals of access to services on the basis of the EHIC by healthcare providers. There were sporadic cases of refusals to accept the EHIC by healthcare providers, but the number of such cases is decreasing. This is the result of raising the awareness among healthcare providers and entitled persons regarding healthcare benefits under the coordination provisions, as well as obligations of healthcare providers pursuant to the implementation of EU legislation. Appropriate measures are taken in questionable cases or in reported cases of refusals of providing healthcare services on the basis of the EHIC. The most common reasons for refusing healthcare services on the basis of a valid EHIC card have not changed in years and include, among others: difficulties in interpreting 'necessary benefit', insufficient knowledge of healthcare provided for entitled persons from EU/EFTA countries, its financing and accounting rules (it mainly concerns new healthcare providers and those who had not been in contact with patients from other Member States).	Polish recipients frequently report cases when healthcare providers from other EU/EFTA Member States do not observe the entitlements resulting from the EHIC. This applies mainly to German healthcare providers, as well as a growing number of Dutch healthcare providers, which inform patients that first they have to pay the cost of treatment, and then apply for reimbursement from the Polish insurer. German healthcare providers frequently refuse to provide services on the basis of the valid EHIC presented by a patient. In most cases, patients do not know the reasons for refusal of the EHIC, as the provider often writes down the card data and then, after returning to the country the patient gets the bill. Instead of settling the costs of provided services with their competent institution under the coordination provisions, German healthcare providers do not recognise entitlements resulting from the EHIC, treating Polish patients as uninsured persons and charging commercial rates for services. Patients are also frequently charged for medical transport despite the fact that they presented the entitlement document. The main reason for refusing to accept the EHIC presented to patients include the fact that healthcare providers claim they are unable to read the EHIC data by a reading device (the lack of a chip on the EHIC), indicate that the service was not necessary healthcare, show concern that they will not recover the costs of services provided on the basis of the EHIC and point out that the EHIC was issued in a national language of the patient, other than the language of the healthcare provider.
PT	NO	We received a complaint concerning the Provisional Replacement Certificate of the EHIC in Luxemburg. The document was not accepted with the justification that this type of documents can be easily falsified.

RO	Reasons given: a lack of information regarding the EHIC; the requested healthcare was not included in the category of 'healthcare become necessary'; the cards were not readable. The competent institutions warned the healthcare providers, with whom they are in contractual relationship, to easily recognise and accept EHICs under a single model and uniform specifications across all EU/EEA Member States and Switzerland, regulated by Decision No S1 of 12 June 2009 concerning the European Health Insurance Card and Decision No S2 of 12 June 2009 concerning the technical specifications of the European Health Insurance Card.	There were insured persons who declared that they presented their EHIC to healthcare providers in the EU (France, Austria) but were advised to pay, and were told that they would recover the expenses from the health insurance institution (the competent institution) where they are registered as an insured person.
SI	NO	NO
SK	One reason for complaints is the concern about failure to pay, mainly in cases associated with pregnancy and childbirth.	The reasons are the complicated process of reimbursement and the administrative burden.
FI	In some rare individual cases. It was not clear whether the medical care/treatment fell under the concept of medically necessary healthcare during a temporary stay in Finland. Healthcare providers find the concept of medically necessary heath care to be not always clear and sometimes the lack of instructions or information led to the refusal of healthcare. Providing information regularly to healthcare personnel is important.	There are occasional notifications from clients of existing problems.
SE	NO	In a few cases our insured persons did not receive necessary healthcare upon presenting their EHIC. In most cases the healthcare provider claimed that the treatment was not necessary.
UK	NO	NO
IS	There have been a few cases where health care providers have refused to accept EHICs as they are unfamiliar with the rules regarding the EHICs. If the Icelandic Health Insurance is contacted in these cases, they can contact the health care provider and correct the misunderstanding.	From time to time insured persons contact the Icelandic Health Insurance and complain about refusals of health care providers abroad to accept the EHIC. Usually the reason is that the health care providers do not want to be bothered with the procedures regarding the EHIC. There have also been cases where the health care providers have doubted that their invoice will be paid.
LI		
NO	NO	We received some information about difficulties to use the EHIC in Croatia during the summer.
CH	Private healthcare providers are not obligated to accept the EHIC. However, no quantification is possible. In cases of out-patient doctor's treatment, the patient receives the invoice for direct payment. The EHIC only guarantees tariff protection. The patient pays the invoice and sends it either to his or her competent institution or to the 'Gemeinsame Einrichtung KVG' for reimbursement.	Some healthcare providers in other countries do not accept the EHIC and ask the patient for payment because the national health insurance system does not reimburse the costs for mutual benefit assistance or healthcare provider. No quantification possible. We are not authorised to take action to remedy the situation.

Source Administrative data EHIC Questionnaire 2016

Table A4 Difficulties relating to the interpretation of the 'necessary healthcare' concept, 2015

MS	YES/NO	Explanation
BE	YES	For healthcare like 'physiotherapy' and 'revalidation' after an accident, France and the Netherlands systematically ask a PD S2, even though the patient did not travel to the other country with the purpose to seek treatment.
BG	NO	
CZ	YES	Some healthcare providers do not take into account the expected length of stay during the necessary healthcare. More expensive, highly specialised treatment or long-term care is quite often not seen as necessary healthcare by some providers.
DK	YES	In a few cases healthcare providers assume that only acute treatment is covered by the EHIC.
DE	YES	Some health insurance funds found that some healthcare providers had problems interpreting the concept. In the absence of any precise definition or guidelines on how to interpret the concept of 'necessary healthcare', it is interpreted in different ways by different healthcare providers. In connection with the treatment of people with chronic conditions, there is still some uncertainty in certain cases as to whether the treatment of acute conditions is covered by the EHIC. This is also evident in connection with benefits during pregnancy and birth. There are also repeated cases of people travelling to Germany for treatment without clearing this first with their own health insurance provider and obtaining authorisation to do so. Difficulties of this kind with the interpretation of the concept also cause problems when invoicing the costs incurred. The DVKA considers that, as before, such problems can be solved only through cooperation in good faith with the institutions and/or liaison bodies in the other States.
EE	YES	For some healthcare providers it is difficult to understand the difference between necessary care and planned care and they tend to narrow the definition to emergency care. For example – vaccinations for new born babies according to the National Vaccine Program and coercion treatment for tuberculosis.
IE	NO	
EL		
ES	YES	Doubts concerning the concept 'necessary healthcare' continue to surface relatively frequently, although we note that these are becoming less frequent than in previous years. However, cases where healthcare providers in other Member States have difficulties interpreting the concept of 'necessary healthcare' as regulated by the EC Regulations are becoming increasingly frequent. Such providers require submission of the E-112-ES (S2) form to cover benefits in kind: healthcare which is not classified as a 'scheduled medical treatment', since the need for healthcare arose during a temporary stay in the other country. Implementation of Decision S3 also gives rise to problems. Cases were submitted to us in which we had to intervene in order to provide clarification for insured persons on a temporary stay in Switzerland, for example, concerning the requirement to produce a PD S2 in order to receive oxygen therapy during a temporary stay for holidays. We are aware of German institutions maintaining that it is not sufficient for insured persons staying temporarily in the country for medical examinations to present the EHIC: they are required to provide an S1 form, as if they were moving to the country. The grounds stated for this requirement are that the necessary healthcare cannot be guaranteed on presentation of the EHIC. We also had a case like this in Luxembourg. The parents chose to transfer residence to the country where their children were studying in order to obtain the E-109-ES, which guarantees full coverage for benefits in kind, avoiding any problems for their children. In Spain, difficulties relating to the interpretation of the 'necessary healthcare' concept also arise fairly often. This is especially true for insured persons from the EEA and Switzerland whose stay in Spain is lengthy and who require special treatment or request to be included on waiting lists for medical treatment or surgical operations relating to pre-existing pathologies or who wish to be included on the waiting list for an organ transplant. Difficulties also exist sometimes in Spain relating to the correct implementation of Decision S3, particularly in cases of requests for benefits in kind relating to certain chronic or pre-existing illnesses (e.g. patients being treated in their country of insurance for oncological pathologies). Healthcare providers in Spain are still detecting situations concerning the ongoing use of the EHIC/PRC by EU insured persons who it can be assumed are habitually resident in Spain, yet who claim to be on a temporary stay. Major difficulties and uncertainty exist regarding which is their real State of residence in order to obtain the form which best suits their situation: the E-121 (S1) or the E-112 (S2) to cover scheduled treatment.
FR	NO	
HR	NO	

IT		Specific information on this ground is not available with regard to last year, but according to experience of many years in the social security field one can suppose from testimonials by insured persons that providers of Member States have different views about this concept. In our replies to previous questionnaires Italy made it clear several times that, inter alia, in spite of evidence that the treatment concerned was 'necessary healthcare' under Article 19 of Regulation (EC) No 883/2004, providers tended to ask for an S2 or payment when such treatment was particularly expensive.
CY	YES	We are aware of some difficulties relating to the interpretation of the concept of 'medically necessary healthcare'.
LV	YES	The Competent institution is aware that doctors sometimes have difficulties to distinguish necessary healthcare from planned healthcare (sometimes there are different views on the similar situation). There is no clear legal distinction. But no written explanation has been requested.
LT		Territorial health insurance funds received several requests from healthcare providers whether the cost of some services (for example chemotherapy) could be covered on the basis of the EHIC.
LU	NO	
HU	YES	In most cases foreign healthcare providers are obviously unaware of the provisions of Decision S6, or they apply it in different ways. Generally, the distinction between 'immediately necessary' or urgent and 'medically necessary' treatment seems to be difficult under the Member States' respective national legislations. Sometimes the problem is the different interpretation of the notions 'temporary' and 'stay' (often residents also use the EHIC, especially if they reside in the other Member State by virtue of Article 11 IR).
MT	NO	
NL	YES	It can be difficult to determine the boundary between necessary care during a temporary stay and planned care. This is particularly so because the period of stay plays a role. For example, we have no insight in the period during which foreign insured persons stayed in the Netherlands. It would be too labour-intensive to investigate for each claim how long a person has been staying in the Netherlands. However, this information is important to assess the rightfulness of a claim.
AT	YES	There are sometimes still difficulties with determining the scope of the planned treatment.
PL	YES	Like in previous years, Poland was informed, both by patients and healthcare service providers, about the difficulties with interpretation of the 'necessary medical care' concept. The difficulties were mainly related to the classification of the services provided to entitled persons as planned treatment. Healthcare providers reported their concerns regarding the scope of services in situations when patients should be enrolled on the waiting list, or when patients had referrals filled in by other doctors, which required providing treatment within a long time frame. Costs of treatment settled on the basis of an EHIC include necessary healthcare provided during a patient's stay in another Member State; therefore the patient can be admitted for a 'planned treatment', not only for an urgent treatment, if the doctor decides that the services are necessary on medical grounds and cannot be postponed until the patient returns to the competent Member State.
PT	NO	
RO	YES	
SI	NO	No special difficulties have been detected in the interpretation of the required healthcare services by Slovenian providers.
SK	YES	Usually the terms necessary and urgent healthcare are confused.
FI	YES	As before, during 2015 the cases were often related to pregnancy or the treatment of a chronic disease during a temporary stay in another Member State. See also the answer to the previous question.
SE		
UK	NO	
IS	YES	This especially applies to students abroad. It varies between the Member State whether the EHIC is considered sufficient in the case of birth for example. Some member States request E112/S2 in this case and some request E106/S1.
LI		
NO	YES	There have been a few cases where we were contacted by healthcare providers concerning the interpretation of 'necessary healthcare'. However, we have not been informed that patients were denied necessary healthcare due to misinterpretation of the concept.
CH	YES	We have find out that in several countries the service provider requests the form S2 / E 112 although the treatment is necessary in accordance with Article 19 of Regulation (EC) No 883/2004 (especially as concerns maternity benefits during a temporary stay).

Source Administrative data EHIC Questionnaire 2016

Table A5 Rejection of invoices, 2015

	Rejections by institutions in other countries		Rejections by your institutions	
MS	***YES/NO***	***Explanation***	***YES/NO***	***Explanation***
BE	YES	Rejections are increasingly numerous and for a bigger variety of reasons. The reasons for rejection are the lack of rights, no EHIC having been issued for the period of treatment, double invoices, a presumption of planned treatment. Poland appears to cause many problems. Poland judged some necessary treatments as planned treatments, while this was not the case and applied a very strict interpretation of dates on official documents (e.g. E125 starts at 1/4/2015, while EHIC starts at 4/4/2015 – Poland refuses to refund the expenses for the period 1/4/2015 - 4/4/2015). Problems with Romania also occur frequently as no starting date is mentioned on the EHIC. Romania rejects certain claims if it assumes that the treatment was given before the EHIC was officially issued. (e.g. health insurance starts at 1/1/2015, EHIC is issued at 15/1/2015; patient receives medical treatment from 10/1/2015. Romania rejects all expenses from 10/1/2015 until 15/1/2015, even though the patient is insured. Romania demands that the Belgian sickness fund requests via E107 the REPL for the period 10/1/2015 – 14/1/2015, which they deliver. Afterwards, the claims are reimbursed). This way of working causes an extra burden on the Belgian institutions. The Netherlands, Germany and UK very regularly claim copies of the EHIC.		
BG	NO		NO	
CZ	YES	There were 670 rejections in the last year; mostly because the EHIC was not valid at the time of treatment, the person was no longer insured (once the copy of the EHIC is provided the claim is paid), or the person or institution cannot be identified.		
DK	YES	A limited number of invoices were rejected due to treatment outside the validation period of the EHIC. Some invoices were withdrawn.	YES	Approximately 20 rejections due to an invalid date on the EHIC or missing identification data.
DE	YES	Around 21 000 German claims based on EHICs were contested by institutions in foreign countries in 2015.	YES	Around 11 000 foreign invoices were contested by the German health insurance funds, where the EHIC was used as the proof of entitlement.
EE	YES	In 2015 there were 2 cases.	YES	In 2015 the Estonian Health Insurance Fund rejected 13 invoices (E125). The reason for rejection in all of the cases was that the person was not insured when receiving treatment and they presented the EHIC retroactively to the institution which treated them. In such cases we asked to forward the invoices directly to the person.
IE	NO		NO	
EL	n.a.		n.a.	
ES	NO		YES	Quite frequently, it is found that the creditor institution of the place of stay issues an invoice based on an EHIC which had been issued after the provision of the benefits in kind and which the patient was therefore unable to produce on the date on which he or she received these benefits in order to certify entitlement. This happens when the patient who has not certified his or her entitlement using an EHIC on the date on which he or she received healthcare probably receives the invoice from the service provider at his or her home address at a later date. The patient then asks for a new EHIC to meet the payment request. Patients frequently apply for an EHIC, rather than a PRC with retroactive effect to settle invoices received. Such persons may be

	Rejections by institutions in other countries		Rejections by your institutions	
MS	***YES/NO***	***Explanation***	***YES/NO***	***Explanation***
				entitled to the issue of an EHIC on the date on which it was applied for until it expires, but it is also possible that they did not have it on the date on which healthcare was received in the country of stay because they were not insured at the time. The fact that the EHIC shows no date of issue but only an expiry date causes many problems in the management and acceptance of the invoices issued, also complicating administrative management, which has a negative impact on the settlement of claims. In the case of Spain, it is verified electronically whether the date of the healthcare invoiced falls within the period of validity of the EHIC issued on which the invoice is based, with a view to simplifying as far as possible the measures to verify entitlement which must be taken by our competent institutions, which must give their approval for the payment of invoices received. The end objective is to improve the reimbursement procedure between institutions, thereby facilitating the settlement of claims. The database of the IT application used at national level registers the date on which the document was issued and also the starting date of the validity period, although this information is not indicated in the physical document and it is only possible to print the expiry date of the document issued. In some cases, when the patient was not insured on the dates on which the benefits in kind were received, the invoice received cannot be accepted and is refused. In our opinion, this type of situation would be resolved if the service provider asked either the patient or the competent institution to submit a PRC with retroactive effect for the specific validity period of the care received. This is the only way to guarantee that the person was insured on the date on which they requested healthcare to be invoiced at a later stage. However, we think that the only way to avoid this problem and resolve the vast majority of such incidents is for the EHIC to have an issuing date. This and other observations were set out in the comments made by Spain on the report by the Ad Hoc Group on Combating Fraud and Error – Note CASSTM 560/09. The problems described occur at various levels of incidence in the majority of countries, but are particularly prevalent in Romania.
FR				
HR		There were 481 such cases. The reasons are: identification elements are missing or unknown; the entitlement has ended; the period of benefits in kind is not covered by entitlement document		There were 504 such cases. The reasons are: identification elements are missing or unknown; the entitlement has ended; the period of benefits in kind is not covered by entitlement document.
IT	n.a.		n.a.	
CY	YES	28 invoices mainly due to expiration of the EHIC validity period or wrong information or typing errors inserted on the E125.	YES	18 invoices for which we could not find information about the card holders in our data base.
LV	YES	The following reasons have been identified: an incorrect designation of the competent Member State; an incorrect designation of the competent institution; insufficient information concerning EHIC data (EHIC number; identification of the EHIC holder); healthcare service was not received within the EHIC validity period.	YES	The following reasons have been identified: an incorrect designation of the competent Member State; an incorrect designation of the competent institution; insufficient information concerning EHIC data (EHIC number; identification of EHIC holder); healthcare service was not received within the EHIC validity period.
LT	NO		NO	
LU	NO		NO	
HU	n.a.		n.a.	

	Rejections by institutions in other countries		Rejections by your institutions	
MS	***YES/NO***	***Explanation***	***YES/NO***	***Explanation***
MT	YES	One E125 claim issued on the basis of an EHIC which was in turn rejected by Romania, the claim of which amounted to € 9 946.41.	NO	
NL	YES	One health insurer indicated that the person concerned is unknown to them.	YES	A total of 193 disputes were received involving the validity of an EHIC. A total of 193 disputes were received involving the validity of an EHIC. The reasons for the disputes were: the person concerned did not have rights as of … , the provisions were given outside the period of validity of the EHIC, the person concerned died as of … , the case involved having preferential rights, applied for a provisional EHIC because the foreign health insurer would only issue the EHIC after costs had been incurred.
AT	YES	Sometimes the medical need for the treatment is questioned.	YES	This sometimes happens.
PL	n.a.		n.a.	
PT	YES	We received many contestations due to difficulties of identification of the insured person making it necessary to send a copy of the EHIC for the invoice to be validated. This is a significant administrative burden for us and since the information on the invoice is the same as the one on the EHIC, we do not understand why we are asked to send a copy of the EHIC so that the invoice can be validated. The number of contestations for this reason is high, which is a problem to answer in a timely manner. We also would like to mention situations of rejection by institutions of other Member States of invoices drawn up on the basis of an EHIC issued by institutions in those Member States. In fact, several SEDs S080 were rejected in cases where the citizen presented in Portugal an EHIC issued by another Member State but Portugal was competent as Member State of residence and an E121/S1 was issued. This is because our National Health Service is based on residence and the registration system is not yet prepared to identify residents with E121/S1 issued by another Member State. In several situations the E121/S1 was not submitted for registration with the Portuguese competent institution or was not submitted on time. However, we cannot quantify these situations.	YES	We do not reject, but we present the situation for contestation, if the invoice is not correct, or if the information does not allow the identification of the insured person.
RO	NO		NO	
SI	YES	In 2015 the ZZZS received 237 rejected forms E 125 based on the EHIC from foreign institutions. The reasons for rejection: no documents on the basis of which the service is charged; the service was not charged within the validity period; the service was charged several times; the person related to the data provided is not listed in the records of persons. So far the ZZZS solved such cases successfully by sending the required copy of the EHIC or certificate or other required information.	YES	In 2015 the ZZZS rejected 262 forms E 125 issued by foreign institutions drawn up on the basis of an EHIC. The reasons for rejection: no EHIC; EHIC is not an appropriate document for charging expenses, since it is a scheduled treatment; the service was not charged within the validity period; missing/false identification information; the service was charged several times.
SK	YES	Sometimes invoices are rejected because they want a copy of the EHIC, or in the cases where the EHIC is subsequently submitted – a problem is the absence of a start date of the validity of the EHIC.	YES	3 cases.

	Rejections by institutions in other countries		Rejections by your institutions	
MS	***YES/NO***	***Explanation***	***YES/NO***	***Explanation***
FI	YES	The amount of rejections is very small, just 1-2% of all rejections. The reasons for the rejections by Finland of invoices drawn up on the basis of EHICs issued by institutions in other Member States are the following: the EHIC was not valid at the time the healthcare/treatment was given (the person was no longer insured in the country in question). In Kela's experience, individual claims have even been rejected by some institutions because the EHIC was not provided at the time when the medical care was given. In these cases some institutions, when rejecting the claim, requested Kela to ask them to issue a PRC. After Kela received the PRC, the other institutions asked Kela to send them a claim with the PRC; the EHIC was granted after the healthcare/treatment was given; the costs of the treatment of a small child were invoiced on the basis of the child's mother's EHIC but the institution in the Member State where the medical care/treatment was given did not accept this; overlapping costs with an earlier E125 form; the EHIC was issued by another Member State than the one that Finland was invoicing.	YES	The amount of rejections is small, just 1-2% of all rejections. The reason for the rejections of invoices drawn up on the basis of EHICs issued by Finland are the following: overlapping costs with earlier E125 forms; the EHIC was not issued by Finland; there are two persons in the E125 form and Finland does not know which one the costs concern; the costs are invoiced on the basis of the EHIC even if the person has a valid E121FI issued by Finland (this concerns the Member States that invoice lump sums); the EHIC was not valid at the time the healthcare/treatment was given and Finland did not issue a new EHIC since the person is no longer insured in Finland; Kela did not receive a copy of the EHIC when requested; the invoice was addressed to Kela, but the competent institution was another institution.
SE				
UK		125 rejections		3,350 rejections
IS		Very few cases		Very few cases
LI				
NO	NO		YES	1 invoice was rejected as it was known that the individual concerned was insured by the creditor Member State. All other rejections of invoices following the use of EHICs issued by Norway were in cases where the individuals concerned also had a valid E121 in the creditor Member State.
CH	YES	Several rejections.	YES	Several rejections.

Source Administrative data EHIC Questionnaire 2016

ANNEX III E125 AND E126 FORM / SED S080

ADMINISTRATIVE COMMISSION ON SOCIAL SECURITY FOR MIGRANT WORKERS

E 125 ☐ (1)

INDIVIDUAL RECORD OF ACTUAL EXPENDITURE

Regulation (EEC) No 1408/71: Article 36(1) and (2); Article 63(1); Article 87(1)
Regulation (EEC) No 574/72: Article 93(1), (2), (4) and (5); Article 105(1)

A separate form should be completed for each recipient of the care.

Please complete this form in block letters, writing on the dotted lines only. The form consists of three pages.

1. Invoice No ..... ☐ First half year ☐ Second half year of the financial year 20 .....

2. Competent institution to which the form is addressed

2.1 Name: .....
2.2 Identification number of the institution: .....
2.3 Address: .....

3. Recipient of the care

3.1 Surname(s) (2): .....
3.2 Surname(s) at birth (if different): .....
3.3 Forename(s): ..... Date of birth: .....

3.4 Personal identification number (3):
(a) allocated by the competent institution
.....
(b) allocated by the creditor institution
.....

3.5 The insured person is
☐ an employed person
☐ a self-employed person
☐ a frontier worker (employed)
☐ a frontier worker (self employed)
☐ an unemployed worker

4. The person mentioned above has received benefits on the basis of the following document:

4.1 ☐ European Health Insurance Card number: ..... Expiry date: .....
☐ certificate provisionally replacing the European Health Insurance Card number: .....
dated: ..... Valid from ..... to .....
☐ E..... form dated ..... valid from ..... to .....

4.2 The person mentioned above underwent the medical examination requested on .....

①

E 125

5.	Expenditure incurred		Amount (4)
5.1	For benefits in kind provided	from ..... to	.....
	in consequence of (5)	☐ disease ☐ not professional accident ☐ professional accident or disease	
5.2	Medical treatment	.....	.....
5.3	Dental treatment	.....	.....
5.4	Medicaments	.....	.....
5.5	Hospitalisation	from ..... to	.....
		from ..... to	.....
5.6	Other benefits (6)	.....	.....
		.....	.....
5.7	Total benefits in kind		.....
5.8	Medical examinations (7)	.....	
	.....		.....
5.9	For cash benefits provided	from ..... to	.....
5.10	Total expenditure		
	.....		==========

6.	Creditor institution		
6.1	Name:		
6.2	Identification number of the institution:		
6.3	Address:		
	.....		
6.4	Stamp (8)	6.5	Date: .....
		6.6	Signature:
			.....

7.	Reserved for the institution in the competent country

ADMINISTRATIVE COMMISSION
ON SOCIAL SECURITY FOR
MIGRANT WORKERS

E 126 [ ] (1)

RATES FOR REFUND OF BENEFITS IN KIND

Regulation (EEC) No 1408/71: Article 22(1)(a)(i); Article 22(3); Article 22(a); Article 31(a) and Article 34(a);
Regulation (EEC) No 574/72: Article 34

The competent institution should complete part A of the form and send, either directly or through the liaison body, two copies to the institution which would have had to provide the benefits to the person concerned in the country of stay. The institution in the place of stay, after completing part B of the form, should return one copy to the competent institution.

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages.

A. Request

1. Institution to which this form is addressed (2)

1.1 Name. .....

1.2 Identification number of the institution. .....

1.3 Address. .....

.....

.....

2. ☐ Entitled person

2.1 Surname(s) (3). .....

2.2 Surname(s) at birth (if different). .....

2.3 Forename(s). ..... Date of birth. .....

.....

.....

2.4 Personal identification number.

.....

2.5 The person is/was.

☐ an employed person
☐ a self-employed person
☐ a frontier worker (employed)
☐ a frontier worker (self-employed)
☐ an unemployed worker

3. Family member of the entitled person if he or she received the care.

3.1 Surname(s) (3). .....

3.2 Forename(s). ..... Date of birth. .....

3.3 Personal identification number.

.....

4. The above mentioned person

4.1 during a stay in ..... (country)

4.2 at ..... (town)

4.3 himself paid for the benefits which he required. .....

5. Please indicate on the receipts attached, for each benefit separately, the amount to be refunded to the person concerned according to the rates administered by the institution of the place of stay. Only in the case of Luxembourg, indicate the amount he/she has to contribute to the cost of treatment.

6. Attached ..... receipts.

①

E 126

7. Competent institution

7.1 Name. .....

7.2 Identification number of the institution. .....

7.3 Address. .....

.....

7.4 Stamp

7.5 Date. .....

7.6 Signature.

.....

B. Reply

8. Attached ..... receipts indicating the requested rates

9. ☐ Amount to be reimbursed ..... ☐ No reimbursement

10. Remarks. .....

.....

.....

.....

11. Institution of the place of stay

11.1 Name. .....

11.2 Identification number of the institution. .....

11.3 Address. .....

.....

11.4 Stamp

11.5 Date. .....

11.6 Signature.

.....

SED S080

Administrative Commission
for the Coordination
of Social Security Systems

Claim for reimbursement (CLA)

Articles 62, 66(1), 67 of Regulation (EC) No 987/2009

Number of attachments	[integer].....
Date sent	[DD/MM/YYYY].....

Sending institution:	
Country code*	[EU/EFTA list ISO3166-1-alpha-2 code].....
Institution code*	[25].....
Institution name*	[155].....
Street	[155].....
Town	[65].....
Postal code	[25].....
Region	[65].....
Country	[EU/EFTA list ISO3166-1-alpha-2 code].....
Phone	[65].....
Fax	[65].....
Email	[255].....
Receiving institution:	
Country code*	[EU/EFTA list ISO3166-1-alpha-2 code].....
Institution code*	[25].....
Institution name*	[155].....
Street	[155].....
Town	[65].....
Postal code	[25].....
Region	[65].....
Country	[EU/EFTA list ISO3166-1-alpha-2 code].....
Phone	[65].....
Fax	[65].....
Email	[255].....

1. Case numbers	
1.1 Case number of the sending institution[1]	[65]……
1.2 Case number of the receiving institution[2]	[65]……

2. Global note - claim*	
2.1 ID Creditor*	
2.1.1 Country code*	[EU/EFTA list ISO3166-1-alpha-2 code].....
2.1.2 Institution code[3]*	[25]……
2.1.3 Institution name[4]*	[155]……
2.2 ID Debtor*	
2.2.1 Country code*	[EU/EFTA list ISO3166-1-alpha-2 code].....
2.2.2 Institution code[3]*	[25]……
2.2.3 Institution name[4]*	[155]……
2.3 Half Year Number when recorded in the accounts at Creditor Institution[5]*	❑ First half year ❑ Second half year
2.4 Financial Year when recorded in the accounts at Creditor Institution*	[integer]……
2.5 Total CLA Reference[6]*	[65]……
2.6 Total number of individual claims*	[integer]……
2.7 Total claim amount in currency of Creditor*	
2.7.1 Amount*	[decimal]……
2.7.2 Currency[7]*	[From world Currency list].....
2.8 Date of submission*	[DD/MM/YYYY]……
2.9 IBAN[8]*	[65]……
2.10 BIC[9]*	[25]……

3. Individual claim* ↻
3.1 Person*
3.1.1 Person[10]*

3.1.1.1 Personal Identification Number in the sending institution	[65]……
3.1.1.2 Family name(s)*	[155]……
3.1.1.3 Forename(s)*	[155]……
3.1.1.4 Birth date*	[DD/MM/YYYY]……
3.1.1.5 Sex	❑ Female ❑ Male ❑ Unknown
3.1.1.6 Family name(s) at birth	[155]……
3.1.1.7 Forename(s) at birth	[155]……
3.1.1.8 If you have the Personal Identification Number of the person in the receiving institution, please fill in the following: ❑Identification of the person with Personal Identification Number	
3.1.1.8.1 Personal Identification Number in the receiving institution[11]	[65]……
3.1.1.9 If you do not have the Personal Identification Number of the person in the receiving institution, please fill in the following: ❑Identification of the person, without Personal Identification Number	
3.1.1.9.1 Place of birth[12]	
3.1.1.9.1.1 Town of birth*	[155]……
3.1.1.9.1.2 Region of birth	[155]……
3.1.1.9.1.3 Country of birth	[World list ISO3166-1-alpha-2 code].....
3.1.1.9.2 Father's family name at birth[13]	[155]……
3.1.1.9.3 Forename of father	[155]……
3.1.1.9.4 Mother's family name at birth[14]	[155]……
3.1.1.9.5 Forename of mother	[155]……
3.1.2 Additional information on the person	
3.1.2.1 Nationality[15]	[World list ISO3166-1-alpha-2 code].....
3.2 ID competent institution*	
3.2.1 Country code*	[EU/EFTA list ISO3166-1-alpha-2 code].....
3.2.2 Institution code[3]*	[25]……
3.2.3 Institution name[4]*	[155]……

3.3 ID institution in place of residence or stay*	
3.3.1 Country code*	[EU/EFTA list ISO3166-1-alpha-2 code].....
3.3.2 Institution code[3]*	[25]……
3.3.3 Institution name[4]*	[155]……
3.4 Entitlement	
3.4.1 Entitlement document*	[From list of entitlement documents].....
3.4.2 EHIC Number[16]*	[integer]……
3.5 Validity period[17]*	
3.5.1 Start date	[DD/MM/YYYY]……
3.5.2 End date	[DD/MM/YYYY]……
3.6 Benefit provided[18]*	
3.6.1 Start date*	[DD/MM/YYYY]……
3.6.2 End date*	[DD/MM/YYYY]……
3.7 Medical care amount	[decimal]……
3.8 Dental care amount[19]	[decimal]……
3.9 Medicine amount[20]	[decimal]……
3.10 Beginning date of hospitalisation[21]	[DD/MM/YYYY]……
3.11 Ending date of hospitalisation[22]	[DD/MM/YYYY]……
3.12 Hospitalisation amount[23]	[decimal]……
3.13 Long-term care benefit amount[24]	[decimal]……
3.14 Other benefits[25]	[155]……
3.15 Other benefits amount[26]	[decimal]……
3.16 Total amount of benefit in kind[27]*	[decimal]……
3.17 Date when claim recorded in the accounts of institution in place of residence or stay*	[DD/MM/YYYY]……
3.18 CLA number of institution in place of residence or stay[28]*	[65]……
3.19 Total CLA reference of institution in place of residence or stay[29]*	[65]……

3.20 Nature of benefits[30]*	❑ Sickness ❑ Maternity, paternity ❑ Accident non professional ❑ Long term care ❑ Accident at work - occupational disease
3.21 Currency code of institution in place of residence or stay*	[From world Currency list].....
3.22 CLA number Creditor Liaison Body [31]*	[65]……
3.23 Total CLA reference Creditor Liaison Body[32]*	[65]……

Signature of the sending institution	
Date	[DD/MM/YYYY].....
Signature	Stamp

KE-01-17-637-EN-N

Publications Office