



Cross-border healthcare in the EU under social security coordination

Reference year 2017

Frederic De Wispelaere, Lynn De Smedt and Jozef Pacolet – HIVA-KU Leuven

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GLOSSARY

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

Implementing Regulation: Regulation (EC) No 987/2009 of the European Parliament and of the Council of 16 September 2009 laying down the procedure for implementing Regulation (EC) No 883/2004 on the coordination of social security systems.

The Directive: 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.

Competent Member State: The Member State in which the institution with which the person concerned is insured or from which the person is entitled to benefits is situated.

Member State of affiliation under the Directive: The Member State competent to grant a prior authorisation under the Regulations.

Lump sum Member States: Member States claiming the reimbursement of the cost of benefits in kind on the basis of fixed amounts.

Annex 3 of Regulation (EC) No 987/2009: Member States claiming the reimbursement of the cost of benefits in kind on the basis of fixed amounts: Ireland, Spain, Cyprus, the Netherlands, Portugal, Finland, Sweden, the United Kingdom and Norway.

Annex IV of Regulation (EC) No 883/2004: More rights for pensioners returning to the competent Member State granted by Belgium, Bulgaria, the Czech Republic, Germany, Greece, Spain, France, Cyprus, Luxembourg, Hungary, the Netherlands, Austria, Poland, Slovenia, Sweden, Iceland and Liechtenstein.

The European Health Insurance Card (EHIC): The EHIC proves the entitlement to necessary healthcare in kind during a temporary stay in a Member State other than the competent Member State.

Portable Document (PD) S1: The PD S1 allows a person to register for healthcare if (s)he lives in an EU country, Iceland, Liechtenstein, Norway or Switzerland but (s)he is insured in a different one of these countries.

Portable Document (PD) S2: The 'Entitlement to scheduled treatment' certifies the entitlement to planned health treatment in a Member State other than the competent Member State of the insured person.

Introduction

The Network Statistics on Free Movement of Workers, Social Security Coordination and Fraud and Error (*Network Statistics FMSSFE*) has established a comprehensive statistical data collection for the European Commission (DG EMPL) to assess the functioning of the coordination of social security systems.¹ In this respect, administrative data covering all EU-28 Member States and EFTA countries on cross-border healthcare are collected within the framework of the Administrative Commission². This report provides figures for 2017 on the number of persons who received cross-border healthcare and the budgetary impact of it by the application of the coordination rules.³

The insured persons have different routes at their disposal to receive cross-border healthcare. They can be treated under the Basic Regulation and its Implementing Regulation; or under Directive 2011/24/EU⁴; or under their own national legislation. The figures reported in this report relate to cross-border healthcare provided under the Coordination Regulations.

Cross-border healthcare within the EU⁵ can be defined as a situation in which the insured person receives healthcare in a Member State other than the Member State of insurance (i.e. competent Member State). Three cross-border healthcare situations are identified and regulated in the Coordination Regulations. (1) There is unplanned cross-border healthcare when necessary and unforeseen healthcare is received during a temporary stay outside the competent Member State. (2) Planned cross-border healthcare may be received in a Member State other than the competent Member State. Finally, (3) persons who reside in a Member State other than the competent Member State are also entitled to receive healthcare.

¹ Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems (i.e. 'the Basic Regulation'). Regulation (EC) No 987/2009 of the European Parliament and of the Council of 16 September 2009 laying down the procedure for implementing Regulation (EC) No 883/2004 on the coordination of social security systems (i.e. 'the Implementing Regulation').

² The Administrative Commission for the coordination of social security systems comprises a representative of the government of each EU country and a representative of the Commission. It is responsible for dealing with administrative matters, questions of interpretation arising from the provisions of regulations on social security coordination, and for promoting and developing collaboration between EU countries. The composition, operation and tasks of the Administrative Commission are laid down in Articles 71 and 72 of the Basic Regulation.

³ The Network would like to thank all Member States and their competent institutions for providing these data. Without their support no data would be available at EU level and no analysis could be made. Moreover, we would like to thank the Commission (DG EMPL – Directorate D – Unit D2) for remarks, comments and exchanges on previous versions.

⁴ 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, 4.4.2011, p. 45).

⁵ The term "Member States" is used in this report to indicate the 28 countries belonging to the European Union, the European Economic Area (EEA) and Switzerland. EU-15 Member States: Belgium (BE), Greece (EL), Luxembourg (LU), Denmark (DK), Spain (ES), Netherlands (NL), Germany (DE), France (FR), Portugal (PT), Ireland (IE), Italy (IT), United Kingdom (UK), Austria (AT), Finland (FI) and Sweden (SE). EU-13 Member States: Croatia (HR), Romania (RO), Bulgaria (BG), Poland (PL), Czech Republic (CZ), Latvia (LV), Lithuania (LT), Slovenia (SI), Estonia (EE), Slovakia (SK), Hungary (HU), Cyprus (CY) and Malta (MT). In addition to the 28 EU Member States, EU social security coordination rules also apply to EFTA countries via the EEA Agreement in the case of Iceland (IS), Liechtenstein (LT) and Norway (NO) and via a bilateral agreement in the case of Switzerland (CH).

Unplanned healthcare: 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 of the insured person;

Planned healthcare: The Portable Document S2 (PD S2) certifies the entitlement to planned health treatment in a Member State other than the competent Member State of the insured person;

Persons residing in a Member State other than the competent Member State: The Portable Document S1 (PD S1) allows the insured person to register for healthcare in a Member State other than the competent Member State of the insured person. This is typically the case of pensioners residing abroad and of cross-border workers who work in one Member State but reside in another.

One of the basic principles of the Coordination Regulations is that the costs of healthcare provided by the Member State of residence or stay is fully reimbursed by the competent Member States in accordance with the tariffs of the Member State of treatment and not of the competent Member State. This principle facilitates the free movement of persons, empowers the social rights of EU citizens and visualises the social character of the Coordination Regulations.

The three cross-border healthcare situations identified and regulated in the Coordination Regulations are discussed in separate chapters:

The first chapter 'unplanned necessary cross-border healthcare' presents data concerning the use of the European Health Insurance Card as well as the amounts of reimbursement related to necessary healthcare in kind during a temporary stay in a Member State other than the competent Member State.

The second chapter 'planned cross-border healthcare' presents data concerning the use of planned cross-border healthcare on the basis of Portable Document S2 as well as the budgetary impact. The chapter shows developments regarding the application of the Coordination Regulations, and to some extent the impact of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare.

The third chapter 'the entitlement to and use of sickness benefits by persons residing in a Member State other than the competent Member State', presents data on the number of persons entitled to sickness benefits, who reside in a Member State other than the competent Member State, and are registered for healthcare in their Member State of residence by means of a Portable Document S1 or the equivalent E forms. It first presents overall figures on the number of PDs S1 issued and received between 1 January and 31 December 2017 (*annual flow*) as well as on the total number of PDs S1 issued/received which are still valid on 31 December 2017 (*stock*). Afterwards, more detailed data are provided for both insured persons of working age and pensioners. Finally, figures are presented on the reimbursement of sickness benefits provided to persons with a PD S1.

The fourth chapter presents data on the monitoring of healthcare reimbursement in Member States which have opted to claim reimbursement on the basis of fixed amounts. The main aim of this chapter is to assess the potential impact of Directive 2011/24/EU on this type of reimbursement.

The final chapter provides a general overview on the budgetary impact of cross-border healthcare, combining the findings of the first three chapters. It reports the total budgetary cost and identifies the most important type of cross-border healthcare for each Member State, both from a debtor's point of view and a creditor's point of view.

Chapter 1

Unplanned necessary cross- border healthcare

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SUMMARY OF MAIN FINDINGS

Insured persons and their family members who stay in a Member State other than the Member State in which they are insured (i.e. 'the competent Member State') are entitled to healthcare which become necessary on medical grounds during their temporary stay in the Member State of stay. In order to obtain necessary healthcare in the Member State of stay, the 'patient' should be able to present a proof of entitlement to the public healthcare provider. For this purpose, the EHIC proves the entitlement to necessary healthcare in kind during a temporary stay in a Member State other than the competent Member State.

Strong differences in percentage of insured persons with an EHIC 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 the EHIC is issued automatically, whilst others issue it on request. Moreover, the period of validity varies significantly among Member States and can range from a few months up to a period of 10 years.

Applying the coordination rules, healthcare provided in the Member State of stay will be reimbursed by the competent Member State in accordance with the rates of the Member State of stay. More than nine out of ten of such reimbursement claims for unplanned necessary treatment abroad 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 following the use of the EHIC. The competent Member States reimbursed mainly necessary healthcare provided in Germany, France and Spain. The average budgetary impact of cross-border expenditure related to unplanned healthcare treatment during a stay abroad on average amounts to 0.12% of total healthcare spending related to sickness benefits in kind.

With regard to the impact of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare, Member States did not provide evidence that the Directive has influenced the evolution on the number of EHICs requested. Furthermore, some Member States are aware of cases where the persons needed to pay upfront for unplanned treatment abroad, and chose to seek reimbursement under the terms of the Directive after returning home instead of following the procedure provided by the Basic Regulation. The main reason for this choice is the fact that it takes too long to receive an answer after submitting the E126 form ('Rates for refund of benefits in kind').

1. INTRODUCTION

The European Health Insurance Card (EHIC) is proof that a person is an 'insured person' within the meaning of the Basic Regulation and entitles the holder to be treated on the same terms as the persons insured in the statutory health care system of the Member State of stay. It is in the competence of Member States to determine what tariffs or co-payment, if any, apply 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 own insured persons have to pay, the persons seeking treatment with the EHIC will have to pay too; and if the former receive reimbursement, patients showing an EHIC can be reimbursed as well. In cases where the national healthcare systems require payment for medical care which are reimbursable by the health insurers, the persons using an EHIC can claim reimbursement either in the country of stay while they are still there, or back in the country where they are insured, i.e. the competent Member State.

This chapter presents data concerning the use of the EHIC and information about the amount of reimbursements related to unplanned necessary cross-border healthcare. No data is available for Greece and the United Kingdom.

The quantitative and qualitative data presented in this chapter will provide important information about the application of the Coordination Regulations. Moreover, it will provide valuable information 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 for reimbursement could be an indication of the impact of the Directive.

2. THE NUMBER OF EHICS ISSUED AND IN CIRCULATION

2.1 Issued and in circulation in 2017

If many insured persons have and make use of 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 a 'E125 form/SED S080' (see section 5)*). On the other hand, when the patients do not have an EHIC (including PRC), or when the national healthcare system of the country of stay requires payment of the full cost and subsequently seek reimbursement, the insured persons will pay upfront and claim reimbursement afterwards. In the first case, having an EHIC means 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. In the second case however, the financial burden will be more substantial. In this respect, it is important to know how many persons currently have an EHIC.

Table 1 reports the number of EHICs issued in 2017 and the number of EHICs in circulation. Most EHICs were newly issued in 2017 by the competent institutions in the Netherlands, France, Poland and Belgium. Furthermore, the highest numbers of EHICs in circulation are reported by Italy and to a lesser extent by the Netherlands and the Czech Republic. In Germany for example the EHIC is generally shown on the back of the national health insurance card. However the precise number of EHICs in circulation in Germany is not available.

Paragraph 5 of the Administrative Commission (AC) Decision No S1⁶ of 12 June 2009 concerning the European Health Insurance Card states: "*When exceptional*

⁶ Decision S1 of 12 June 2009 concerning the European Health Insurance Card, C 106, 24/04/2010.

circumstances⁷ 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". Spain and France issued a very high number of PRCs, both in absolute figures and when compared to the number of EHICs in circulation (see last column of Table 1).

Table 1 The number of EHICs and PRCs issued, 2017

MS	Number of EHICs issued	Number of PRCs issued (A)	Total number of EHICs in circulation (B)	Number of insured persons (C)	% insured persons with an EHIC (B/C)	Ratio EHIC in circulation compared to PRC issued (A/B)
BE	3,041,966	29,828	3,844,213	10,768,091	35.7%	0.8%
BG	177,412	22,634	318,540	7,354,857	4.3%	7.1%
CZ	App. 1,500,000	22,543	App. 10,000,000	10,490,274	95.3%	0.2%
DK	402,488	403,948	Max. 4,312,488	App. 5,700,000	75.7%	9.4%
DE*	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
EE	119,775	10,355	n.a.	1,240,927	n.a.	n.a.
IE	460,651	137,964	1,283,035	n.a.	App. 28%	10.8%
EL						
ES	2,538,156	859,707	4,637,530	48,320,884	9.6%	18.5%
FR	5,035,549	1,921,366	5,255,419	66,449,362	7.9%	36.6%
HR	114,228	3,337	501,614	4,130,237	12.1%	0.7%
IT	1,258,359	36,204	60,000,000	60,000,000	100.0%	0.1%
CY	41,955	16	n.a.	650,000	n.a.	n.a.
LV	101,256	461	270,620	2,262,826	12.0%	0.2%
LT	223,346	5,536	494,863	2,929,095	16.9%	1.1%
LU	171,844	8,717	680,232	862,855	78.8%	1.3%
HU	476,068	42,771	1,322,846	4,114,000****	32.2%	3.2%
MT	54,521	67	206,732	App. 460,297	44.9%	0.0%
NL**	5,755,441	1,864	11,141,105	App. 17,000,000	65.5%	0.0%
AT	1,253,441	19,271	8,342,408	8,891,926	93.8%	0.2%
PL	3,381,324	19,741	3,322,208	33,876,567	9.8%	0.6%
PT	499,980	21,262	1,639,601	n.a.	n.a.	1.3%
RO	271,960	12,145	258,738	16,157,167	1.6%	4.7%
SI	529,673	100,205	915,680	2,210,553	41.4%	10.9%
SK	775,432	82,131	3,649,544	5,152,176	70.8%	2.3%
FI	1,021,916	11,257	1,869,780	5,520,900	33.9%	0.6%
SE***	1,393,023	6,084	3,931,655	n.a.	n.a.	0.2%
UK						
IS	49,838	7,954	142,644	352,204	40.5%	5.6%
LI	3,128	77	38,866	38,866	100.0%	0.2%
NO	794,914	8,271	2,000,000	Max. 5,302,778	37.7%	0.4%
CH	4,000,000	n.a.	8,200,000	8,200,000	100.0%	n.a.

* DE: The precise number of EHICs in circulation in Germany is not available due to the high number of statutory health insurances in that country. Due to this high number, it is not possible to collect data from all of them. However, since the EHIC is usually shown on the back of the national health insurance card, it can be assumed that it is available almost nationwide.

** NL: A lot of health insurance companies do not register PRCs, so the number of PRCs issued is an underestimation.

*** SE: There are no exact statistics about the number of EHICs in circulation. The card is valid for 3 years but if a person loses their card in this period they can get a new card. The number of EHICs in circulation is the sum of cards issued between 1 January 2015 and 31 December 2017. This means that the number is most likely overestimated.

**** HU: DG Sante states that this figure applies to insured persons with full social security coverage. However, some 9,317,000 persons are entitled for EHIC and therefore the coverage ratio of EHIC is 14.2%.

Source Administrative data EHIC Questionnaire 2018

In Italy (100%), Liechtenstein (100%), Switzerland (100%), the Czech Republic (95%) and Austria (94%) all or almost all insured persons received an EHIC (Table 1). In some of these Member States, the EHIC is issued automatically. 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. A rather low percentage of EHICs is observed, issued by Lithuania (17%), Croatia (12%),

⁷ "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).

Latvia (12%), Poland (10%), Spain (10%), France (8%), Bulgaria (4%) and Romania (2%).

2.2 Evolution of EHICs in circulation between 2013 and 2017

In addition to analysing the number of EHICs issued and in circulation for the reference year 2017, it is interesting to look at the evolution of the number of EHICs over the years. *Table 2* presents the number of EHICs in circulation from 2013 until 2017. The last column also displays the percentage change between 2016 and 2017. For most Member States, the amount of EHICs in circulation has remained stable or is characterised by a steady increase over the years. However, there are some notable changes that occurred in 2017 compared to 2016. Both Poland (67%) and Slovakia (50%) had a large increase in EHICs in circulation. France however, had a sharp decrease of 42% of EHICs in circulation. None of the Member States found any evidence that Directive 2011/24/EU on patients' rights in cross-border healthcare has influenced the evolution of the number of EHICs requested.

Table 2 Evolution of EHICs in circulation, 2013-2017

MS	2013	2014	2015	2016	2017	Change compared to 2016
BE	3,083,658	3,556,792	3,882,230	3,386,986	3,844,213	13.5%
BG	361,616	278,546	299,047	323,238	318,540	-1.5%
CZ	App. 10,000,000	App. 10,000,000	App. 10,000,000	App. 10,000,000	App. 10 000 000	0.0%
DK	1,672,306	3,494,522	3,494,847	App. 3,990,000	Max. 4,312,488	8.1%
DE	n.a.	n.a.	n.a.	n.a.	n.a.	
EE	n.a.	n.a.	n.a.	n.a.	n.a.	
IE	1,367,301	1,101,373	1,569,867	1,602,694	1,283,035	-20.0%
EL	123,584	108,442	157,776	167,666	n.a.	
ES	3,319,472	3,417,348	3,811,083	4,096,326	4,637,530	13.2%
FR	4,190,116	4,737,581	5,571,880	9,084,040	5,255,419	-42.2%
HR	260,345	248,081	279,105	401,072	501,614	25.1%
IT	App. 58,901,313	App. 59,000,000	60,216,084	n.a.	60,000,000	
CY	n.a.	n.a.	n.a.	n.a.	n.a.	
LV	201,387	218,109	231,954	n.a.	270,620	
LT	294,779	355,361	376,887	442,992	494,863	11.7%
LU	552,451	764,530	709,452	681,191	680,232	-0.1%
HU	1,705,300	1,645,941	1,285,069	1,281,022	1,322,846	3.3%
MT	159,795	196,066	215,001	193,115	206,732	7.1%
NL	14,114,209	App. 16,000,000	App. 16,000,000	App. 13,000,000	11,141,105	-14.3%
AT	8,156,265	8,208,058	8,209,920	8,272,788	8,342,408	0.8%
PL	1,523,991	1,678,089	1,849,664	1,988,588	3,322,208	67.1%
PT	1,309,462	1,469,633	1,556,336	1,614,515	1,639,601	1.6%
RO	126,753	125,520	132,476	225,657	258,738	14.7%
SI	656,542	726,376	809,221	865,170	915,680	5.8%
SK	2,626,676	2,619,879	2,625,358	2,429,445	3,649,544	50.2%
FI	1,334,155	1,462,950	1,578,400	1,755,847	1,869,780	6.5%
SE	App. 3,000,000	App. 3,000,000	4,162,822	4,171,193	3,931,655	-5.74%
UK	25,886,427	26,801,935	27,778,636	26,723,920	n.a.	
IS	83,946	90,141	141,354	142,361	142,644	0.2%
LI	37,910	38,393	n.a.	38,982	38,866	-0.3%
NO	1,500,000	App. 1,500,000	App. 1,500,000	App. 1,500,000	2,000,000	33.3%
CH	6,700,000	7,850,000	App. 7,500,000	App. 8,200,000	8,200,000	0.0%

Source Administrative data EHIC Questionnaire 2018

3. THE PERIOD OF VALIDITY AND THE ISSUING PROCEDURE OF THE EHIC

The EHIC Questionnaire did not explicitly ask the Member States to describe their issuing procedures but rather to report the changes occurred in 2017 compared to previous years.⁸ No Member States reported any changes that occurred in 2017

⁸ A detailed overview of the issuing procedures applied by the different Member States can be found in the 2013 EHIC report.

regarding the validity period and issuing procedure of the EHIC. However, as was already reported in the EHIC report of last year, Poland has modified the period of validity very recently (i.e. first semester 2017) as the period is extended from 6 to 12 months for most categories of insured persons. Moreover, Lithuania reported that nothing changed in 2017, but they are thinking about extending the validity period of EHIC in 2018 in order to reduce the administrative burden. Latvia disclosed as well that modifications of the validity period are possible in 2018 because of changing legislation.

In general, the period of validity varies significantly among Member States, and between categories/situations (active population, posted workers, family members, children, students, pensioners etc.) (Table 3). The period of validity of the EHIC is limited in all Member States. Furthermore, recent changes by Member States mostly implied an extension of the validity period. Some Member States have also defined a (much) longer validity period of EHICs issued to pensioners (e.g. BG (10 years), LT (6 years), LU (12-60 months), AT (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.

Table 3 The validity period of the EHIC, 2017

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	10 years
DK	(max) 5 years, shorter periods for specific cases
DE	several months to several years (same period of the national card)
EE	max 3 years (adults), max 5 years (children under the age of 19)
IE	4 years
EL	1 year (employed and self-employed), 1 to 3 years (pensioners), app. 6 months (students)
ES	2 years, 1 year (one competent institution), 3 years (armed forces)
FR	2 years
HR	3 years (all insured persons), 1 year (unemployed), 1 year (students and pupils)
IT	6 years
CY	max 5 years
LV	3 years
LT	max 2 years (active population), 6 years (pensioners and children under 18), max 1 year (students), 2 months (unemployed)
LU	3-60 months (proportionate to the length of the insurance record), min 1 year for defined groups registered with an S1, 12-60 months (pensioners)
HU	3 years
MT	5 years
NL	1, 2, 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	1 year, 5 years (pensioners), shorter periods in defined cases
PT	3 years, 1 year (certain health subsystems)
RO	1 year
SI	1 year, 5 years (pensioners and their family members, children)
SK	10 years, foreign workers depending on the validity of the working contract
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 (regular membership), 1 year (temporary membership)
CH	5 years

Source Update EHIC report 2018

4. RAISING AWARENESS

Member States were asked to report ongoing or newly introduced initiatives in 2017 to improve citizens' and healthcare providers' knowledge of the rights of cross-border patients both under the terms of the EU rules on the coordination of social security systems and Directive 2011/24/EU on patients' rights in cross-border healthcare (*Annex I – Table A1*).⁹ Especially in tourist areas, it is important that tourists and healthcare providers are well informed. With regards to communication, some of the competent institutions refer to the 'National contact points for cross-border healthcare' and the linked websites.¹⁰ There have been no significant changes in communication compared to previous years.

To inform insured persons about EHIC, most Member States refer to websites where information can permanently be found. Additionally, brochures/guides/leaflets/flyers, a mobile application, and telephone assistance are used to raise awareness for insured persons. Frequently, information is published in magazines and newspapers, distributed by press releases or communicated on TV and radio. Moreover, several Member States reported the increase in information spreading just before winter and summer holidays.

Healthcare providers are informed by the competent institutions (and liaison bodies) via leaflets/brochures, websites, training courses, personal advice and support, (in)formal instructions and consultations/visits/meetings.

Finally, it is worth noting that at European level the Commission has taken several initiatives to increase awareness of the correct application of the cross-border healthcare rules.¹¹

5. THE BUDGETARY IMPACT

5.1. Introduction

The Implementing Regulation describes the reimbursement procedures of unplanned necessary healthcare provided in the Member State of stay.

If the insured person has actually borne the costs of the treatment and if the legislation applied by Member State of stay enables reimbursement of those costs to an insured person, the patient may ask reimbursement directly from the institution of the Member State of stay on the basis of the EHIC¹². In that case, the Member State of stay reimburses directly to that person the amount of the costs corresponding to those benefits within the limits of and under the conditions of the reimbursement rates laid down in its legislation. The Member State of stay will then claim reimbursement from the competent Member State using the E125 form (*'Individual record of actual expenditure'*)/SED S080 (*'Claim for reimbursement'*) on the basis of the real expenses of the healthcare provided abroad.

If the reimbursement of the costs of the treatment has not been requested directly from the institution of the Member State of stay, the patient can ask for

⁹ See also a recent report commissioned by DG Sante:

https://ec.europa.eu/health/sites/health/files/cross_border_care/docs/2018_crossborder_frep_en.pdf

¹⁰ For the list of national contact points see:

https://ec.europa.eu/health/sites/health/files/cross_border_care/docs/cbhc_ncp_en.pdf

¹¹ For instance, 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.

¹² Article 25(4) of the Implementing Regulation.

reimbursement from the competent Member State after returning home¹³. In this case, the competent Member State will use an E126 form (*'Rates for refund of benefits in kind'*)/SED S067 (*'Request for reimbursement rates – stay'*) to establish the amount to be reimbursed to the insured person. The form will be sent to the Member State of stay in order to obtain more information on the reimbursement costs. However, 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.¹⁴

In respect to the reported figures, it is important to note that the period between treatment and reimbursement may differ significantly if reimbursement is requested 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.¹⁵ This implies that for 2017 the E125 forms/SEDs 080 received/issued are (mainly) applicable to necessary healthcare provided in 2016. Furthermore, differences will exist between the amounts claimed and those paid/received by Member States.¹⁶

5.2. Reimbursement of claims in numbers and amounts

5.2.1. From the perspective of the competent Member State

In 2017, some 9 out of 10 claims of reimbursement were settled by an E125 form/SED S080. Most claims of reimbursement of the costs of medical treatments provided by the Member State of temporary stay were received by Germany (562,454 E125 forms received) and France (a total number of 335,338 claims received).

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*). Especially Bulgaria, Czech Republic, Spain, Croatia, Cyprus, Latvia, Hungary, Malta, Austria, Portugal, Slovenia and Romania show a high percentage of claims settled via an E125 form (above 94% of total claims received). For Denmark (17.5%) and Belgium (13.3%) we observe a high percentage of claims issued by insured persons and verified via an E126 form. Moreover, Belgium (56.2%), France (39.3%) and Finland (28.4%) have settled a relatively high amount of claims via a national method other than those provided by Articles 25(4) and (5) of the Implementing Regulation. Nonetheless, the share in the total amount which is paid by both France and Belgium via this other procedure is much lower (Belgium 12.6% of total amount and France 9.7%).

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 (€ 228.8 million related to the number of E125 forms received). On average, 94% of the claims paid were settled via an E125 form. It appears that the share of the amount settled via an E125 form in the total expenditure is somewhat 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.

In the questionnaire, Member States were also asked if they could provide numbers on the amount claimed in addition to the amount paid. Only Ireland and France were able to give this information. For both countries, the difference between the amount

¹³ Article 25(5) of the Implementing Regulation.

¹⁴ Article 25(6) of the Implementing Regulation.

¹⁵ In case the claim is recorded in October 2017 by the Member State of stay it should be introduced to the competent Member State up to 31 December 2018.

¹⁶ The EHIC-questionnaire asks the amount paid/received. However, some Member States could not provide this information and only reported the amount claimed. When the amount claimed is reported instead of the amount paid/received, it will be indicated in a footnote, in *Table 4*, 5, 6 and 7.

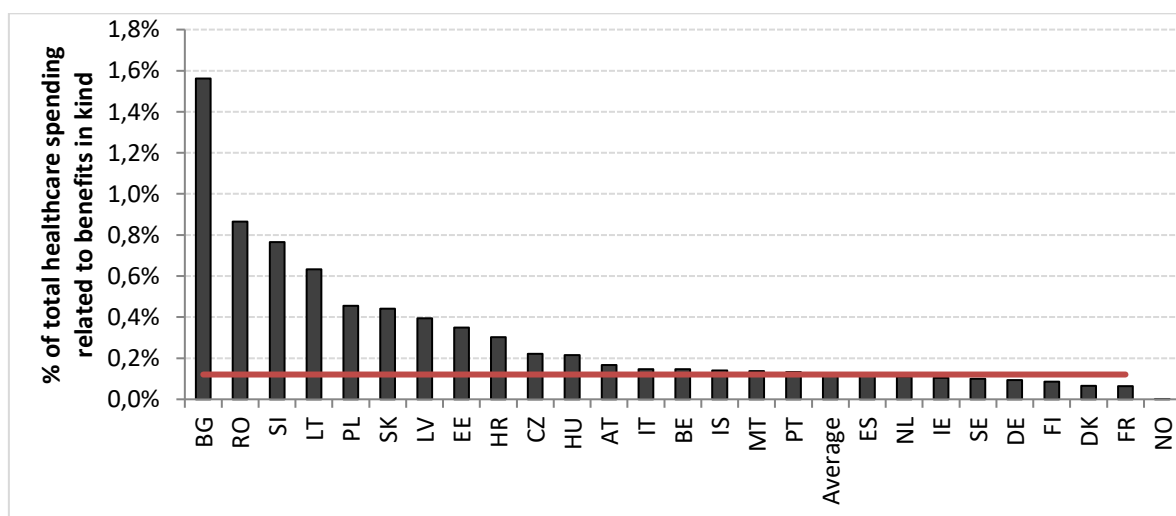
claimed and the amount paid was considerable, €2 million in the case of Ireland, and even €11 million for France.

In *Annex II – Tables A1 and A2* the individual claims of reimbursement received from the Member States of treatment are reported. In absolute terms, the highest amount flowed from Italy to France (€ 68,081,851), Germany to Austria (€ 57,173,636) and France to Belgium (€ 43,710,705). In relative terms, the competent Member States reimbursed mainly necessary healthcare provided in Germany (this is the case for BG, CZ, DK, EE, HR, IT, LV, LT, HU, MT, AT and RO), France (this is the case for BE, IE, ES, IT and PT) and Spain (this is the case for DK, IE and FI). Other notable figures are large flows from reimbursement claims (relatively seen to the total amount of reimbursement for that country) from France (competent Member State) to Belgium (Member State of treatment), Slovakia to the Czech Republic, Sweden to Switzerland and Estonia to Finland.

Under the Coordination Regulations, the budgetary impact of cross-border expenditure related to unplanned healthcare treatment during a stay abroad on average amounts to 0.12% of total healthcare spending related to benefits in kind (*Figure 1*). Only Bulgaria, Romania, Slovenia and Lithuania show a cross-border expenditure of more than 0.5% of total healthcare spending related to benefits in kind. Bulgaria even has a remarkable figure of 1.56% of cross-border expenditure compared to total health care expenditure. Moreover, the EU-13 Member States show a higher relative cross-border expenditure compared to the EU-15 Member States. This is not surprising as in Member States with a low healthcare expenditure per inhabitant the relative share of costs for unplanned cross-border healthcare in relation to the healthcare spending related to benefits in kind is higher as a result of the reimbursement provisions.

Finally, Member States were asked if they are aware of cases where the persons needed to pay upfront for unplanned treatment abroad, and chose to seek reimbursement under the terms of the Directive after returning home instead of following the procedure described in the Regulation. Slovakia (293), Croatia (191), Iceland (161), Spain (18), Romania (15), Italy (few), Estonia (2), Malta (1) and Sweden were aware of such cases and some could report the number of unplanned treatment (between brackets). Although they did not report the reasons for this unplanned treatment, it can be assumed that the main reason for this option remains the same as last year, namely that it takes too long to receive an answer to the E126 form.

Figure 1 Amount paid related to necessary healthcare treatment (E125 forms received + E126 forms issued + other) as share of total healthcare spending related to benefits in kind (2015*), from the perspective of the competent Member State, 2017



* 2015 : most recent figures reported by Eurostat.

** PL: The number of Total expenditure on healthcare related to benefits in kind, used to calculate the share reported is from 2014, as this was the most recent figure.

Source Administrative data EHIC Questionnaire 2018; EUROSTAT [spr_exp_fsi]

Table 4 Reimbursement by the competent Member State, 2017

MS	E125 received		E126 issued		Claims not verified by E126		Total		Number of forms			Amount		
	Number of forms	Amount paid (in €)	Number of forms	Amount paid (in €)	Number of claims	Amount paid (in €)	Number of forms/claims	Amount paid (in €)	E125	E126	Other	E125	E126	Other
BE*	47,213	32,644,222	20,471	7,319,439	86,688	5,753,722	154,372	45,717,383	30.6%	13.3%	56.2%	71.4%	16.0%	12.6%
BG	48,307	29,125,472	189	222,290	31	n.a.	48,527	29,347,762	99.5%	0.4%	0.1%	99.2%	0.8%	0.0%
CZ	41,715	19,526,710	1,206	90,839			42,921	19,617,549	97.2%	2.8%	0.0%	99.5%	0.5%	0.0%
DK	20,870	9,191,351	4,417	481,532			25,287	9,672,883	82.5%	17.5%	0.0%	95.0%	5.0%	0.0%
DE	562,454	228,765,682	n.a.	n.a.			562,454	228,765,682						
EE	6,344	2,885,953	409	76,825			6,753	2,962,778	93.9%	6.1%	0.0%	97.4%	2.6%	0.0%
IE	38,505	12,073,874	n.a.	n.a.			38,505	12,073,874						
EL														
ES	106,264	70,419,940	6,389	880,533			112,653	71,300,473	94.3%	5.7%	0.0%	98.8%	1.2%	0.0%
FR	195,710	103,365,056	8,002	2,149,305	131,626	11,398,706	335,338	116,913,067	58.4%	2.4%	39.3%	88.4%	1.8%	9.7%
HR	14,676	8,085,130	844	n.a.			15,520	8,085,130	94.6%	5.4%	0.0%			
IT	182,672	152,280,221	n.a.	n.a.			182,672	152,280,221						
CY	2,423	n.a.	29	n.a.			2,452		98.8%	1.2%	0.0%			
LV	4,981	2,705,759	134	51,901	14	11,547	5,129	2,769,207	97.1%	2.6%	0.3%	97.7%	1.9%	0.4%
LT	9,481	8,690,845	876	249,373	10	2,477	10,367	8,942,696	91.5%	8.4%	0.1%	97.2%	2.8%	0.0%
LU	n.a.	n.a.	n.a.	n.a.			n.a.							
HU	21,805	11,888,216	843	128,591			22,648	12,016,807	96.3%	3.7%	0.0%	98.9%	1.1%	0.0%
MT	1,513	576,462	7	16,149			1,520	592,611	99.5%	0.5%	0.0%	97.3%	2.7%	0.0%
NL**	78,465	56,953,247	6	15,552,08		392,426	78,471	57,361,225				99.3%	0.0%	0.7%
AT	114,511	36,093,411	112	30,838	92	228,534	114,715	36,352,783	99.8%	0.1%	0.1%	99.3%	0.1%	0.6%
PL***	80,697	49,515,980	6,399	1,012,156	16,982	8,617,267	104,078	59,145,403	77.5%	6.1%	16.3%	83.7%	1.7%	14.6%
PT	39,747	13,335,791	802	159,673			40,549	13,495,464	98.0%	2.0%	0.0%	98.8%	1.2%	0.0%
RO	47,085	49,358,133	252	157,673			47,337	49,515,806	99.5%	0.5%	0.0%	99.7%	0.3%	0.0%
SI	59,273	19,301,621	3,706	170,928	n.a.	n.a.	62,979	19,472,549	94.1%	5.9%	0.0%	99.1%	0.9%	0.0%
SK	40,936	17,224,481	2,129	359,251	1,209	91,480	44,274	17,675,212	92.5%	4.8%	2.7%	97.4%	2.0%	0.5%
FI***	17,800	6,798,000	102	30,541	7,098	4,025,266	25,000	10,853,807	71.2%	0.4%	28.4%	62.6%	0.3%	37.1%
SE	49,192	27,473,212	n.a.	n.a.			49,192	27,473,212						
UK														
IS	4240	1,308,052	384	79,411	161	52,193	4,785	1,439,657	88.6%	8.0%	3.4%	90.9%	5.5%	3.6%
LI****	2,035	974,702	n.a.	n.a.			2,035	974,702						
NO	n.a.	n.a.	865	210,596			865	210,596						
CH	72,777	n.a.	n.a.	n.a.			72,777							
Total	1,911,691	970,561,525	58,573	13,893,397	243,911	30,573,618	2,214,175	1,015,028,541	88.4%	4.7%	7.0%	93.6%	2.4%	4.0%

* BE: only E125 forms received electronically.

**NL: numbers on E126 forms are incomplete, as most health insurance companies do not register this information.

*** PL and FI could only report the amount claimed of E125 received. As a result, the number reported in the column Amount paid (E125 received) is not the amount paid, but the amount claimed. Although this will certainly be an overestimation of the amount paid, it can give us an idea about the approximate number.

**** LI: data is incomplete, as only one out of three insurers was able to provide data.

Source Administrative data EHC Questionnaire 2018

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

In 2017, some 2 million E125 forms/SEDs S080 were issued by the reporting Member States (*Table 5*). These claims amount to more than €1 billion. On average, 93% of the claims were settled via an E125 form. 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 (402,928 forms, of which 390,588 E125 forms issued) and Spain (399,624 forms, of which 393,134 E125 forms issued). Both Austria and Poland are close runner-ups with more than 200 thousand forms each. Germany and Spain, together with France also claimed the highest amount of reimbursement (DE: € 221,466,273, ES: € 189,362,735, FR: € 168,150,652). Italy and Austria are close followers with more than 115 million euro each.

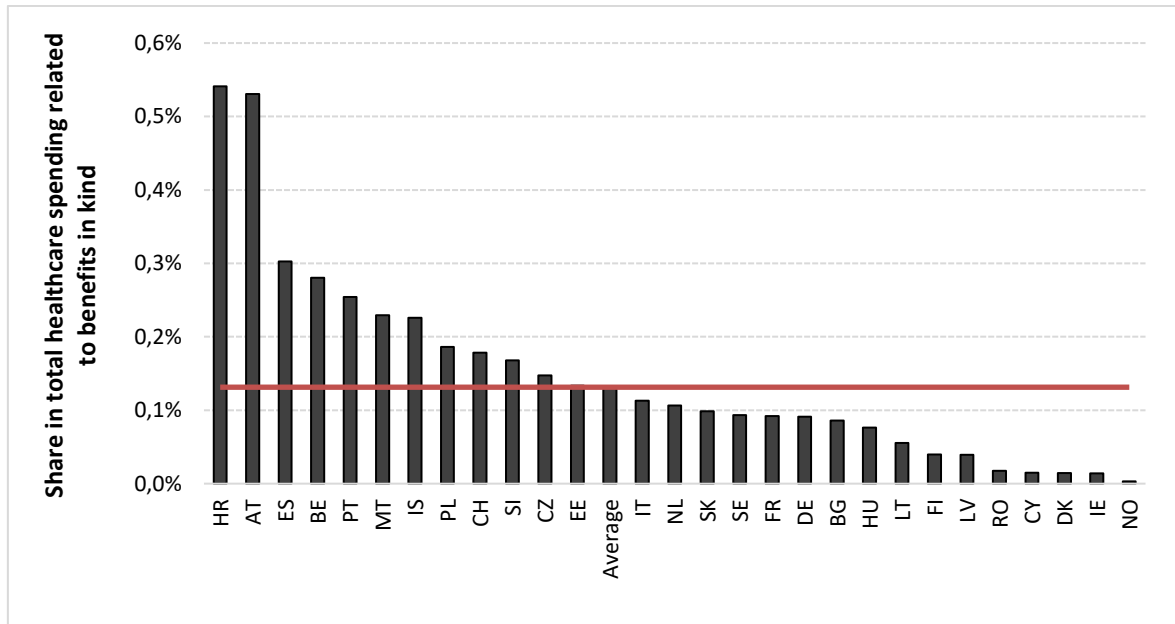
A number of Member States of temporary stay received a relatively high number of E126 forms (compared to the total number of forms (E125 forms issued + E126 forms received)) (NO (46.6%), BG (16.5%), FI (15.9%), RO (14.4%) and FR (11.3%) (*Table 7*)). However, the amount covered by the E126 forms compared to the amount covered by the E125 forms appears to be (much) lower, with the exception of Bulgaria, where the amount of E126 forms equals 32.1% of the total amount.

Besides the amount received, the questionnaire also asked about the amount claimed. Although only Norway and Ireland were able to provide these numbers, it is still interesting to look at it. Norway reported an amount claimed of almost €3 million, whereas the amount received was only € 466 thousand. However, it seems that the data on the amount received was incomplete and thus not entirely comparable. Ireland reported an amount claimed of € 4.2 million, which forms a considerable difference of €2.6 million with the actual amount received.

In *Annex II – Tables A3 and A4* the individual claims of reimbursement issued to the competent Member States are reported. In absolute terms, the highest amounts flowed from the UK to Spain (€ 60,743,882), from Germany to Austria (€ 59,846,931) and from France to Belgium (€ 46,757,736). In relative terms, the Member State of treatment received mainly money for necessary healthcare from Germany (this is the case for BG, HR, IT, HU, NL and AT), France (this is the case for BE, PT and LI) and the United Kingdom (this is the case for ES, and LT). Three other notable figures are the high amounts of money (relative to their total amounts per country) that Norway (Member State of treatment) received from Lithuania (competent Member State), Estonia from Finland, Slovakia from the Czech Republic and Romania from Italy.

From the perspective of the Member State of treatment it is also useful to know how high claims are in relative terms (*Figure 2*). Only Croatia and Austria claimed an amount higher than or equal to 0.5% of total healthcare spending related to benefits in kind. Despite the high amount of reimbursement claimed by France and Germany, the budgetary impact on total spending remains rather limited.

Figure 2 Amount received related to necessary healthcare treatment (E125 forms received + E126 forms issued + other) as share of total healthcare spending related to benefits in kind (2015*), from the perspective of the Member State of stay, 2017



* 2015 : most recent figures reported by Eurostat.

** PL: The number of Total expenditure on healthcare related to benefits in kind, used to calculate the share reported is from 2014, as this was the most recent figure.

Source Administrative data EHIC Questionnaire 2018; EUROSTAT [spr_exp_fsi]

Table 5 Reimbursement to the Member State of stay or to the insured person, 2017

MS	E125 issued		E126 received		Total		Number of forms		Amount	
	Number of forms	Amount received (in €)	Number of forms	Amount received (in €)	Number of forms	Amount received (in €)	E125	E126	E125	E126
BE	66,889	86,941,856	4,481	639,059	71,370	87,580,915	93.7%	6.3%	99.3%	0.7%
BG	4,748	1,097,197	941	518,607	5,689	1,615,803	83.5%	16.5%	67.9%	32.1%
CZ	52,577	13,050,021	1,259		53,836	13,050,021	97.7%	2.3%		
DK	4,239	2,143,563	189	6,033	4,428	2,149,596	95.7%	4.3%	99.7%	0.3%
DE	390,588	221,466,274	12,340	n.a.	402,928	221,466,274	96.9%	3.1%		
EE	5,315	1,131,312	121	n.a.	5,436	1,131,312	97.8%	2.2%		
IE	18,744	1,636,829	n.a.	n.a.	18,744	1,636,829				
EL										
ES	393,134	188,589,526	6,490	773,209	399,624	189,362,735	98.4%	1.6%	99.6%	0.4%
FR**	82,245	166,298,633	10,529	1,852,019	92,774	168,150,652	88.7%	11.3%	98.9%	1.1%
HR	120,167	14,449,124	3,391	n.a.	123,558	14,449,124	97.3%	2.7%		
IT	142,219	117,577,987	n.a.	n.a.	142,219	117,577,987				
CY	4,467	76,135	168	553	4,635	76,688	96.4%	3.6%	99.3%	0.7%
LV	2,028	225,498	170	48,362	2,198	273,860	92.3%	7.7%	82.3%	17.7%
LT	3,621	732,076	210	48,365	3,831	780,442	94.5%	5.5%	93.8%	6.2%
LU	n.a.	n.a.	3,300	n.a.	3,300					
HU	20,144	4,233,122	345	34,704	20,489	4,267,826	98.3%	1.7%	99.2%	0.8%
MT	5,111	989,189	20	4,793	5,131	993,982	99.6%	0.4%	99.5%	0.5%
NL	49,332	54,762,440	4,420	n.a.	53,752	54,762,440	91.8%	8.2%		
AT	238,237	115,905,327	2,933	17,422	241,170	115,922,749	98.8%	1.2%	100.0%	0.0%
PL**	231,439	24,144,540	736	76,745	232,175	24,221,285	99.7%	0.3%	99.7%	0.3%
PT	144,698	25,453,835	3,783	405,936	148,481	25,859,771	97.5%	2.5%	98.4%	1.6%
RO	2,099	985,308	352	34,857	2,451	1,020,164	85.6%	14.4%	96.6%	3.4%
SI	15,762	4,270,674	293	n.a.	16,055	4,270,674	98.2%	1.8%		
SK	32,726	3,914,611	512	34,780	33,238	3,949,391	98.5%	1.5%	99.1%	0.9%
FI**	7,614	5,024,910	1,436	n.a.	9,050	5,024,910	84.1%	15.9%		
SE	26,088	25,581,038			26,088	25,581,038				
UK										
IS	3,652	2,257,679	169	64,680	3,821	2,322,359	95.6%	4.4%	97.2%	2.8%
LI	1,349	1,025,792	36	20,242	1,385	1,046,034	97.4%	2.6%	98.1%	1.9%
NO*	618	466,573	539	118,553	1,157	585,127	53.4%	46.6%	79.7%	20.3%
CH	52,237	70,963,100	5,663		57,900	70,963,100	90.2%	9.8%		
Total	2,122,087	1,155,394,168	64,826	4,698,920	2,186,913	1,160,093,088	93.1%	6.9%	94.9%	5.1%

* NO reported an amount received of E125 issued of €466,573.01 and an amount claimed of € 2,984,807.18. Although the latter seems closer to reality (when comparing to previous years), the authors decided to report the reported numbers at the correct space;

** FR, PL and FI could only report the amount claimed of E125 issued. As a result, the number reported in the column Amount received (E125 issued) is not the amount received, but the amount claimed. Although this will certainly be an overestimation of the amount received, it can give us an idea about the approximate number.

Source Administrative data EHC Questionnaire 2018

ANNEX I INFORMATION FOR THE INSURED PERSONS AND HEALTHCARE PROVIDERS

Table A1 Information for the insured persons and healthcare providers, 2017

MS	Information for insured persons	Awareness-raising of the healthcare providers
BE		
BG	No	No
CZ	No	No
DK	We had no information campaigns in 2017. However, every year in June (before the summer holiday) information about the coverage on the EHIC during a temporary stay abroad is published on the website of the Danish Patient Safety Authority. Furthermore, the report from the EU-Commission on the use of the EHIC for the reference year 2016 was published on our website.	No initiatives in 2017
DE	The insured were further informed by means of press releases, member magazines, travel mailings, in the context of personal consultations, on the Internet, by displaying appropriate flyers, posting in companies as well as by notices with the individual transmission of the EHIC or the PRC. As a rule, only their own insured persons were informed. The GKV-Spitzenverband, DVKA regularly informs the German health insurances by means of publications (circulars, guidelines, etc.) as well as in the context of seminars about the procedure around the EHIC. The insured persons can be found on the websites of the GKV-Spitzenverbands; DVKA in the category "tourists" the leaflet series "Holiday in ...", The leaflets among others, shows how health insurance benefits can be claimed by the EHIC in each Member State. The National Contact Point did not launch any public information campaign on the claims under Directive 2011/24 / EU in 2017, as it does not have a budget to do so.	The service providers are always informed by their respective umbrella organizations. The GKV-Spitzenverband, DVKA, however, is in contact with the appropriate contact persons of the umbrella organizations of the service providers and provides them with all relevant information. In cooperation with the respective umbrella organizations of the service providers, it has developed leaflets on the medical care of patients insured abroad. These leaflets are regularly updated and provide comprehensive information on the procedure when submitting the EHIC or the PRC. The service providers can retrieve this information at www.dvka.de ("Service Provider").
EE	We have published articles in newspapers concerning EHIC, also ads and interviews on the radio and a booklet which among other info informs patients about their cross-border healthcare rights.	There is an ongoing social media campaign about EHIC.
IE	No	We provide additional guidance to healthcare providers on what is required to claim reimbursement from other States.
EL		
ES	SANIDAD: On the website of the Ministry of Health (https://www.msssi.gob.es/en/pnc/home.htm), information is provided to patients about Cross Border Health Care in the European Union. ISFAS: In 2017, a campaign was held to inform about the conditions of access to the EHIC, its limits and responsibility for its use through the ISFAS website and through information disseminated through the work centres and the ISFAS Delegations.	No
FR	An email to insured persons to ask for EHIC before going in EU member state	No
HR	There is ongoing detailed information on the web site of Croatian Health Insurance Fund about EHIC and the Directive 2011/24/EU.	Healthcare providers get detailed written instructions each year on EHIC and all other rights of cross-border patients, which are then also made available on specialized web page for healthcare providers.
IT	Informative meetings in the most popular university places in the EC member countries, in Switzerland and in the EEA countries. Information obtainable on the website of a competent institution. With reference to Directive 2011/24 / EU, the Provincial Health Services Agency of Trento has published a note on the institutional website informing the requirements and procedural procedures in detail, in 2017 the rates of hospital and specialist outpatient services were also published.	Clerks trainings were organized and information given on internet portals in some competent institutions. Furthermore, periodically information to the involved clerks are provided. A specific vade mecum (instructions) was prepared and disseminated to healthcare professionals for cross-border patients. There have been numerous communication meetings with the health care staff (doctors, nurses, room attendants, administrative staff) on the functioning of healthcare of our insured persons abroad and of insured persons not affiliated in the NHS.
CY	No	No

MS	Information for insured persons	Awareness-raising of the healthcare providers
LV	We have regular informational campaigns - especially as summer/vacation time is approaching - about EHIC (how to receive and use it).	Health Care providers are informed about EHIC on regular basis, and they contact us with their questions and problems.
LT	The information about EHIC is published on the web pages of the National health Insurance Fund (NHIF) and the National Contact Point for Cross-border healthcare. This information is updated on the regular basis. At the same time, the information is constantly spread by using different mass communication measures and methods.	The multilateral meetings of the NHIF or THIFs representatives and healthcare providers in order to share information and knowledge about the EHIC and the rights of cross-border patients under the terms of the Directive 2011/24/EU.
LU	No	No
HU	No steps taken	There has been a professional guideline published on our website which is available for all contracted healthcare providers.
MT	EHIC public information campaigns, including various participation in television programmes and national news features.	Training sessions were provided for the staff at different Medical Health Care Entities with the aim to provide information regarding the proper use of EHIC. On-line and telephone continuous support was also provided.
NL	There were no central public campaigns (by government), but the different Health insurance companies provide information via websites, brochures, newsletters and accompanying letters with an EHIC. Examples of websites and brochures: https://www.amersfoortse.nl/zorgverzekering/zorg-in-het-buitenland , https://www.ditzo.nl/zorgverzekering/buitenland , https://www.amersfoortse.nl/api/pod/getpdf?uri=/POD/r/Pdf/42294_2018.pdf , https://www.ditzo.nl/zorgverzekering/Documents/57381%20Brochure%20Ditzo%20Zorg%20in%20het%20buitenland%202018.pdf	In 2017 the Dutch Institute of the place of stay has sent a circular (letter) to all Hospitals about the situation when a person cannot show a EHIC. The Hospitals are asked not to accept an EHIC afterwards, but to always ask a PRC. The reason for this request is to prevent the situation that it appears that an EHIC is not valid at the moment the medical care was given.
AT	* Information folder such as "Service & Service" and "Service from A to Z" * Information campaigns about print media * Information campaigns about radio broadcasts * Information on the homepage of the social security institution	No. When new contract partners are enrolled, they receive information about the application of the EHIC. Some institutions also provide information about current developments by means of circular letters.
PL	The information concerning the EHIC is a constant element of the information activities of the NFZ. The information appears periodically in the media, in the form of articles, broadcasts, commercials. The activity is focused on periods before holidays. At this time some regional branches of the NFZ extend working hours if necessary. Information materials are also distributed in regional branches. Additionally, employees of the regional branches of the NFZ are involved in events on healthcare/insurance/social themes, during which they present information on cross border healthcare. The regional branches also organize, the so called Open days of National Health Fund. Some branches during such events introduce the possibility of obtaining an EHIC and at the same time provide information on the scope of benefits that are available on the basis of this document, the rules for providing benefits. One of the regional branches of the NFZ conducted in 2017 an information campaign concerning EHICs cards in means of urban transport. The knowledge is also transmitted via the website and in direct or telephone contacts with the insured persons. All people employed in competent divisions of the National Health Fund provide comprehensive information both on the health benefits in kind under the provisions of coordination of social security systems, and treatment under the provisions of the cross-border directive. Some regional branches of the NFZ have a 24-hour hotline where information is provided, including on the rules of receiving healthcare in the EU/EFTA countries.	The information on services provided on the basis of EHIC and other entitlement documents, as well as accounting rules for the benefits provided to EU patients is permanently accessible for health care providers on the website of the Polish liaison body. Similar information is accessible on the websites of the regional branches of the NFZ. Some regional branches provides healthcare providers also with the written materials, leaflets, brochures etc. Meetings with healthcare providers are also organized locally. The information dedicated to healthcare providers is accessible also on the website of the National Contact Point for Cross-border Healthcare. If there are any questions or concerns, both employees of regional branches and the central office of the NFZ provide clarification for health care providers on an ongoing basis.
PT	The information regarding the application of the Regulations and the Directive is disseminate through and in the Patients	No

MS	Information for insured persons	Awareness-raising of the healthcare providers
	Mobility Portal.	
RO	No, there were not. The information of insured persons was made by competent institutions and through the websites of NHIH/competent institutions.	No, we do not have. The information of insured persons was made by competent institutions and through the websites of NHIH/competent institutions.
SI	In the year 2017, as in previous years, the ZZS was regularly informing the media about every novelty in EHIC legislation, through press conferences and / or press conferences. press releases. In addition to any changes, information that is available on the ZZS web pages, on the automatic answering machine of the Health Insurance Institute and the teletext of RTV Slovenia, is additionally supplemented. The ZZS specifically informs insured persons about the novelties and the way of using health services abroad, before the start of the annual winter and summer tourist season. On the basis of Directive 2011/24 / EU and the Health Care and Health Insurance Act, a National Contact Point (NKT) for cross-border healthcare was also established in November 2013, providing information to the insured on information on the right to treatment abroad, the scope of reimbursement, etc. The tasks of the NKT are performed by the ZZS. NKT information is provided on its website, by e-mail, telephone and personally. In order to provide better and easier information for protected persons, the website upgrades and updates the content. In order to inform insured persons about the rights to planned treatment abroad, a leaflet entitled The right to planned treatment abroad was issued.	The ZZS regularly informs health service providers about all changes and innovations in the field of the use of EHIC and cross-border healthcare, through the media, and in particular through regular business contacts, circulars and instructions. Also, for healthcare providers, all information is available on the ZZS website and on the NKT website.
SK	Online discussion on websites, using on the mobile apps.	No specific initiatives towards health care provider introduced in 2017.
FI	The use of the EHIC was traditionally promoted by Kela at the annual travel fair in Helsinki in January 2017. During the three day period of the fair 1078 new EHICs were ordered.	No campaigns were ongoing in 2017.
SE	When entering the start page of our website (www.forsakringskassan.se) the customer directly can see a link to the service where you can request an EHIC. On the eve of winter, summer and autumn vacation periods, Försäkringskassan publishes a press release in order to raise awareness about EHIC. The press release is widely referred to in national media. No similar measures were undertaken regarding the rights under Directive 2011/24/EU.	No new initiatives.
UK		
IS	No	No
LI	No	No
NO	No	No
CH	No public information campaigns. Switzerland does not apply Directive 2011/24/EU	Information for health care providers about use and validity of EHIC (information sheet, meetings). Switzerland does not apply Directive 2011/24/EU

Source Administrative data EHIC Questionnaire 2018

ANNEX II REIMBURSEMENT CLAIMS BETWEEN MEMBER STATES

Table A1 Number of claims received by the competent Member State for the payment of necessary healthcare received abroad, total, 2017

		Competent Member State																													
		BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI
Member State of treatment	BE	0	1,910	283	190	3,020	435	846	4,298	51,657	145	10,431	68	77	198	375	82	14,037	471	2,507	2,922	1,206	595	57	712	94	23				
	BG	558	0	38	91	815	61	29	181	796	6	230	64	12	22	12	5	4,870	57	83	24	39	38	68	60	13	0				
	CZ	554	609	0	494	10,039	84	482	1,131	1,779	232	2,762	197	105	100	214	29	149	3,848	16,318	360	110	23,262	10	685	49	363				
	DK	214	84	121	0	12,559	29	0	686	420	49	353	4	76	152	82	7	1,603	288	475	0	74	113	0	0	7	1				
	DE	10,578	26,637	7,398	3,464	0	1,926	4,242	25,173	30,331	8,867	87	1,007	2,088	4,377	12,094	239	20	56,800	55,537	7,390	18,830	7,228	184	9,953	944	449				
	EE	25	10	26	51	0	0	53	80	105	4	217	3	147	63	17	1	1,065	41	35	25	2	14	561	319	4	0				
	IE	128	101	192	4	0	11	0	7,995	3,715	387	1,750	10	6	102	335	51	627	522	2,195	256	139	119	5	0	8	0				
	EL	3,265	1,951	170	186	21,152	19	41	72	4,256	2	0	7	14	27	146	4	73	306	217	28	135	34	989	1,969	12	1				
	ES	40,125	2,722	1,800	5,435	59,630	562	12,191	0	95,538	355	51,091	70	501	1,141	1,052	85	326	4,155	3,670	10,423	12,932	750	4,611	11,378	1,361	19				
	FR	54,416	1,649	657	1,512	8,335	314	2,905	20,232	0	155	24,747	86	120	330	336	93	5,332	1,000	1,856	8,790	1,534	456	157	2,739	94	3				
	HR	1,128	81	3,366	636	69,381	62	158	383	2,671	844	7,796	1	44	98	919	19	15,322	15,332	2,981	69	35	2,117	19	2,202	23	10				
	IT	9,881	1,060	2,248	1,620	60,190	104	362	1,332	9,963	351	0	18	145	167	434	118	247	6,914	2,685	365	3,682	1,017	47	1,186	57	41				
	CY	155	479	17	16	0	9	33	10	212	0	36	0	45	30	39	8	675	28	29	1	138	31	67	53	0	0				
	LV	52	19	39	66	0	176	27	64	171	4	119	1	0	389	6	0	185	29	88	12	5	75	7	119	7	0				
	LT	87	17	41	140	754	169	282	183	243	11	204	10	145	0	10	2	273	53	763	55	9	23	0	412	19	0				
	LU	4,457	124	37	56	521	49	0	103	15,403	12	662	1	2	27	55	8	3,001	97	132	1,510	66	56	12	0	2	0				
	HU	514	127	342	229	6,935	36	290	370	3,834	84	1,485	29	10	17	0	31	0	3,563	289	70	3,745	1,145	32	895	17	13				
	MT	206	65	55	114	0	10	135	290	848	16	2,145	3	30	33	89	0	3	104	149	42	16	35	10	206	2	0				
	NL	11,531	642	402	563	19,110	226	388	1,327	3,007	151	3,444	78	103	357	419	354	85	1,788	1,758	688	263	533	81	782	123	351				
	AT	4,924	6,569	5,384	5,529	147,589	249	816	3,165	5,016	1,845	24,728	154	195	361	3,941	75	394	16	3,872	1,031	2,852	3,899	80	3,756	272	317				
	PL	3,142	1,369	4,438	3,778	89,256	107	13,105	3,911	7,490	105	0	282	123	513	345	131	144	6,031		443	178	956	36	10,988	1,331	140				
	PT	2,946	93	271	70	25,995	50	806	7,755	70,841	57	0	14	57	106	194	17	0	761	1,154	0	163	134	74	780	26	5				
	RO	353	4	13	18	0	2	12	167	1,000	0	0	8	1	2	115	1	106	176	10	8	0	31	4	30	0	0				
	SI	410	64	365	110	5,591	14	137	337	262	1,170	7,125	3	26	20	160	59	13,398	3,285	222	92	39	256	0	268	15	5				
	SK	219	177	13,607	219	3,460	18	790	451	435	89	1,543	46	52	74	482	29	3,504	4,378	823	121	57	1	2	330	87	193				
	FI	132	91	255	12	0	1,387	77	600	1,095	140	528	3	149	328	68	20	20	213	381	85	37	222	0	0	5	4				
	SE	238	340	357	106	7,527	413	0	1,037	1,785	270	2,121	37	533	738	182	37	644	704	3,133	314	423	325	1	0	6	0				
	UK	228	516	432	15	0	8	0	20,028	702	77	0	169	181	315	0	0	543	640	1,755	1	334	305	9	0	48	0				
	IS	66	6	90	26	754	17	45	234	470	13	199	0	70	80	33	3	7,549	129	222	79	0	34	0	0	0	1				
	LI	3	0	3	3	0	0	1	8	10	0	24	0	0	0	3	0	1,563	74	5	7	0	4	0	2	0	0				
	NO	156	5	36	115	0	20	14	80	228	10	0	5	18	109	2	0	1,909	58	163	2	23	22	0	0	24	0				
	CH	3,681	1,006	438	419	9,841	186	238	4,581	21,055	69	38,845	74	54	91	489	12	804	2,854	571	5,336	271	444	77	1,337	135	96				
Total	154,372	48,527	42,921	25,287	562,454	6,753	38,505	112,653	335,338	15,520	182,672	2,452	5,129	10,367	22,648	1,520	78,471	114,715	104,078	40,549	47,337	62,979	44,274	25,000	49,192	4,785	2,035	865	72,777		

* Blank: no data reported.

** BE: only electronic E125 forms are taken into account.

*** SE: when calculating the sum of forms received, the result is 51,161. However, Sweden reported a total amount of 49,192. As we do not know where this difference of 1,969 forms comes from, we will report the number reported by Sweden.

Source Administrative data EHC Questionnaire 2018

Table A2 Amount paid (in €) by the competent Member State for necessary healthcare received abroad, total, 2017

Member State of treatment	Competent Member State																																
	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH	
BE	0	3,431,400	188,065	110,335	3,070,713	89,512	44,216	3,037,577	43,710,705	103,746	132,537	137,465	196,998	308,191	36,698	7,539,992	173,239	118,021	1,533,629	1,998,182	667,296	9,886	422,039	82,116	2,385								
BG	55,257	0	11,346	9,510	369,709	8,028	7,236	99,159	93,356	1,655	0	62	1,319	6,124	4,050	6,992,721	33,396	358	0	13,640	6,079	21,386	13,534	2,770	0								
CZ	82,099	189,084	0	85,085	2,368,354	3,403	98,719	206,950	194,366	62,160	94,168	3,570	15,111	23,069	2,316	43,880	548,874	7,762,434	37,229	86,852	5,810,422	3,164	127,422	18,053	42,864								
DK	56,743	1,375	54,438	0	4,430,866	78,591	0	80,294	153,272	7,311	97,889	1,521	169,522	18,945	205	200,478	80,773	404	0	47,053	24,894	0	0	1,765	33								
DE	4,946,630	14,197,529	6,071,236	2,981,982	0	961,594	1,384,445	14,843,052	11,979,231	4,296,162	38,096,593	908,923	2,946,825	5,165,568	165,296	119,211	19,759,873	995,873	338,616	13,209,884	3,898,423	61,461	4,712,929	315,639	219,912								
EE	1,241	0	1,843	10,028	0	0	2,401	9,463	12,871	162	12,992	16,020	9,076	1,035	165	249,269	16,648	129	0	65	922	57,500	147,992	38	0								
IE	10,928	23	38,516	0	0	287	0	380,488	26,332	68,851	0	25,777	34,838	86,003	17,287	315,102	51,918	3,279	0	41,491	63,837	913	0	4,060	0								
EL	618,710	971,320	87,474	4,325	14,255,802	37,400	64,892	81,640	611,053	15,974	1,483,749	78	35,236	179,372	9,603	18,106	349,252	4,528	20,423	310,259	39,419	284,890	1,308,400	1,771	2,059								
ES	10,100,742	2,052,648	782,944	2,443,850	31,413,886	137,842	3,692,332	0	14,529,743	113,502	1,931,985	156,430	797,971	436,123	10,949	375,388	1,591,949	28,245	1,632,052	8,591,637	202,923	3,308,553	5,583,666	351,959	7,408								
FR	12,657,089	2,895,019	1,317,026	1,085,307	14,506,880	117,873	4,272,648	25,691,345	0	219,824	68,081,851	240,633	965,228	531,868	45,688	11,214,555	759,937	73,216	5,465,318	5,960,427	1,347,189	39,745	2,670,268	67,525	1,187								
HR	94,029	1,905	322,704	59,276	7,964,814	333	15,225	31,952	145,849	0	644,068	1,330	9,341	143,481	1,402	14,990,239	1,505,632	7,289	135	4,276	181,231	2,971	203,360	109	5,362								
IT	2,553,502	2,007,196	1,534,091	647,324	29,185,032	43,148	544,809	2,759,200	954,077	455,830	0	168,743	322,789	449,045	91,300	290,223	3,520,219	22,360	291,272	10,284,579	436,235	12,750	874,993	14,213	46,447								
CY	34,697	308,150	11,459	3,668	0	5,738	21,622	1,234	39,695	0	80,036	15,028	9,334	31,102	2,291	91,921	44,156	25	10,642	291,395	13,742	70,410	34,589	0	0								
LV	2,215	0	3,964	10,017	0	29,337	1,063	821	9,531	242	2,875	0	72,780	537	0	152,323	10,041	450	0	2,797	1,640	1,389	12,641	0	0								
LT	10,029	0	1,552	15,953	96,368	15,676	24,256	29,157	16,656	555	18,919	20,686	0	1,765	47	248,116	19,642	336,442	0	1,133	1,749	0	26,523	1,578	0								
LU	1,020,480	122,552	24,322	15,036	702,303	14,502	0	418,940	5,104,700	27,673	0	710	35,325	120,076	570	2,532,042	42,262	7,517	10,004	123,605	32,254	2,075	0	163	0								
HU	55,232	6,978	54,482	22,237	1,159,216	2,776	27,985	45,044	981,671	11,374	184,483	4,271	8,440	0	1,081	0	699,089	434	0	1,647,679	203,366	7,261	47,576	3,850	1,678								
MT	15,050	27,116	9,008	23,747	0	361	25,371	39,154	70,131	2,528	99,740	2,453	4,487	18,189	0	7,963	20,688	3,804	8,274	2,129	4,928	7,473	39,090	0	0								
NL	7,258,593	544,602	562,382	242,988	20,977,402	122,672	475,499	2,324,951	328,632	256,537	220,775	184,534	435,080	383,605	116,354	17,655	1,409,933	84,271	2,861	547,664	402,531	10,667	1,040,590	55,581	129,762								
AT	2,202,940	1,141,731	3,470,204	1,419,609	57,173,636	26,320	345,136	152,966	1,417,677	1,454,016	9,439,069	81,034	165,611	2,751,020	18,367	592,617	3,193	47,749	15,309	3,908,137	2,656,291	55,786	324,368	68,739	213,896								
PL	250,288	546,718	433,680	229,910	10,251,862	10,508	488,856	445,022	575,375	11,309	1,244,583	16,224	152,151	39,750	6,573	47,419	666,517	0	28,894	87,573	163,471	3,581	677,712	274,456	3,569								
PT	279,665	13,946	38,080	895	4,950,115	8,597	297,934	654,079	21,526,307	10,011	377,305	4,797	15,472	21,949	2,038	835	105,452	1,913	0	53,413	14,359	24,509	153,856	7,900	313								
RO	33,249	4,521	1,810	2,358	0	19	3,874	44,483	203,019	0	366,578	422	311	40,884	1,068	361,564	93,514	0	23,689	0	14,915	1,007	22,496	0	0								
SI	66,048	0	73,971	11,136	1,794,175	2,953	8,113	36,980	60,514	409,862	0	747	1,049	41,147	11,434	1,012,677	1,232,183	1,044	43,622	66,453	92,658	0	85,551	2,625	273								
SK	43,756	32,887	2,358,724	29,612	533,382	1,096	167,613	85,261	99,642	40,297	96,206	1,184	29,521	222,828	22,663	672,251	691,094	42,949	20,406	23,539	32	230	42,072	9,113	70,970								
FI	16,931	56,660	111,339	412	0	893,564	21,146	281,404	255,222	57,549	143,977	48,311	310,517	56,199	7,678	8,700	137,003	2,487	0	31,845	32,057	0	0	1,776	789								
SE	71,344	266,645	190,991	7,876	4,727,302	195,521	0	893,202	30,824	208,732	0	584,560	1,035,697	156,289	9,027	72,191	216,633	37,011	81,338	653,370	244,590	308	0	720	0								
UK	21,247	200,117	656,495	2,590	0	1,699	0	13,314,112	75,690	73,604	184,577	90,885	468,915	0	0	146,334	324,358	8,623	0	993,480	466,531	7,685	0	15,609	0								
IS	19,520	222	69,518	5,883	693,351	7,689	1,324	145,831	391,801	2,414	116,360	1,875	33,904	10,211	954	2,867,390	72,128	2,529	24,964	0	69,928	0	0	0	374								
LI	257	0	302	4,617	0	0	0	37	2,873	0	0	444	0	701	0	776,108	26,687	0	27,982	0	4,552	0	592	0	0								
NO	27,666	4,663	317,918	3,801	0	130,482	22,172	462,726	192,788	60,610	337,110	48,933	558,989	226	0	4,362,251	63,407	9,297	348	124,004	61,204	0	0	4,686	0								
CH	3,111,208	322,757	817,664	183,517	18,140,513	15,257	14,986	3,823,416	13,119,459	112,639	28,791,797	1,557	100,859	771,504	7,778	1,041,701	2,083,093	26,739	3,878,457	411,244	515,544	60,208	8,900,954	132,844	225,419								
Total	45,717,383	29,347,762	19,617,549	9,672,883	228,765,682	2,962,778	12,073,874	71,300,473	116,913,067	8,085,130	152,280,221	2,769,207	8,942,696	12,016,807	592,611	57,361,225	36,352,783	59,145,403	13,495,464	49,515,806	19,472,549	17,675,212	10,853,807	27,473,212	1,439,657	974,702	210,596						

* Blank: no data reported.

PL and FI could only report the amount claimed of E125 received. Therefore the total amount paid is the sum of amount paid of E126 forms, the amount paid of claims not verified by E126 forms, and the amount **claimed of E125 forms. Although this will certainly be an overestimation of the amount paid, it can give us an idea about the approximate number.

*** RO: when calculating the sum of amounts, the result is €49,517,806.53. However, Romania reported a total of €49,515,806.40. As we do not know where this €2,000 difference comes from, we will report the number reported by Romania.

Source Administrative data EHC Questionnaire 2018

Table A3 Number of claims issued by the Member State of treatment for necessary healthcare, total, 2017

		Member State of treatment																															
		BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH
Competent Member State	BE	0	453	384	143	6,495	19	220		24,434	13,053	732	10,606	54	41	41		277	118	9,279	4,277	3,597	3,016	138		170	115	511	120	5	17		
	BG	828	0	366	75	18,183	10	42		2,630	557	52	1,053	479	19	13		42	50	507	1,500	1,177	42	9		104	69	338	6	0	5		
	CZ	312	116	0	120	7,595	40	208		1,799	617	3,326	2,298	15	39	41		356	78	439	5,000	5,018	238	26		13,461	248	375	90	5	19		
	DK	210	103	500	0	7,408	57	0		5,132	1,044	684	1,638	16	65	129		224	84	546	4,484	4,141	21	21		194	0	0	0	5	0		
	DE	3331	1,364	10,425	1,048	0	451	2,835		60,619	8,706	69,371	59,549	98	448	757		8,047	644	21,539	145,828	95,453	9,728	552		3,473	1,836	7,544	832	224	0		
	EE	60	61	330	29	1,025	0	10		554	86	52	99	8	180	72		14	12	124	169	50	51	0		18	1,208	392	16	0	12		
	IE	306	41	616	0	2,949	58	0		12,024	1,212	191	822	35	28	211		199	144	607	628	8,512	798	8		922	75	0	32	0	8		
	EL	525	321	0	0	12,146	6	17		602	387	27	685	651	3	7		42	12	459	745	244	85	12		116	62	490	17	0	4		
	ES	2752	213	1,048	276	19,289	87	4,924		0	6,475	366	2,360	11	68	151		237	283	1,929	1,994	2,235	7,548	92		347	560	969	242	20	49		
	FR	32155	195	1,142	299	23,266	87	3,195		67,467	0	1,911	17,000	26	76	141		506	516	1,920	3,401	4,721	100,359	63		436	628	1,644	406	65	53		
	HR	200	13	254	35	9,157	4	387		356	183	0	496	0	4	12		73	6	194	1,676	105	63	3		97	140	279	10	0	10		
	IT	5626	631	1,978	357	55,619	140	3,457		50,994	14,827	6,113	0	37	83	170		749	2,085	2,592	15,822	7,301	2,787	979		1,131	505	2,121	199	27	31		
	CY	25	65	82	2	927	4	10		70	32	0	20	0	1	10		14	1	39	40	94	9	4		29	3	37	0	0	4		
	LV	71	27	108	63	2,143	290	53		498	114	42	162	44	0	140		7	26	117	174	112	57	1		52	146	525	74	0	13		
	LT	263	47	98	145	3,248	103	111		789	315	88	230	29	354	0		23	25	417	293	461	120	1		73	268	709	89	0	65		
	LU	7217	8	118	69	12,568	25	0		1,325	1,845	160	1,408	0	10	12		47	19	681	2,090	517	9,180	23		53	7	0	9	5	0		
	HU	400	28	261	92	13,015	18	237		1,108	342	898	608	42	9	10		0	86	445	4,047	331	133	181		590	67	350	32	2	0		
	MT	24	8	25	5	171	1	38		86	35	11	118	8	0	2		20	0	38	64	36	11	1		25	12	37	3	0	0		
	NL	4590	173	1,122	623	18,471	73	273		13,753	5,397	1,603	4,896	18	46	85		635	198	0	13,389	14,116	3,551	33		518	325	1,570	186	7	106		
	AT	202	475	2,376	120	36,967	39	373		3,751	630	12,130	5,220	19	22	32		2,636	85	613	0	5,307	345	93		3,206	195	668	137	308	13		
	PL	2800	208	1,707	360	59,149	49	1,217		3,729	1,636	2,747	3,505	30	90	108		301	145	1,880	3,656	0	851	11		922	363	2,096	236	5	128		
	PT	2298	27	397	0	4,826	25	256		9,006	4,383	66	362	1	12	51		57	42	665	867	320	0	47		82	84	314	79	5	0		
	RO	1175	102	207	97	12,824	11	111		4,791	1,036	59	8,440	135	19	5		3,210	21	224	2,554	191	248	0		64	49	445	9	5	19		
	SI	397	29	153	33	4,384	4	41		497	164	11,693	662	5	2	3		85	12	219	2,079	92	99	23		58	46	75	21	0	4		
	SK	580	77	23,098	119	7,039	24	101		745	335	1,937	693	29	74	23		1,029	27	519	3,443	1,091	119	19		0	211	324	36	2	13		
	FI	146	31	284	11	3,368	3,202	226		4,510	272	264	361	10	143	54		185	70	522	873	581	339	4		86	0	0	0	0	0		
	SE	403	93	679	21	8,655	343	0		11,679	1,298	2,140	1,341	83	107	216		573	211	669	2,950	5,962	860	74		178	0	0	0	1	0		
	UK	3666	585	4,639	13	26,635	12	0		99,227	23,023	2,349	9,888	2,719	138	1,051		35	1	5,014	10,522	58,049	204	6		5,195	0	3,214	750	5	0		
IS	38	21	48	6	746	7	6		1,146	53	18	59	0	9	19		24	6	103	210	1,139	26	0		88	0	0	0	0	0			
LI	2	1	11	3	150	2	6		62	5	6	60	0	0	0		6	1	16	440	6	39	0		4	1	11	0	0	0			
NO	186	54	505	5	4,770	200	69		6,395	671	686	428	24	84	234		218	40	523	816	9,842	5	8		617	0	0	1	30	0			
CH	582	119	875	259	19,740	45	321		9,846	4,041	445	7,152	9	24	31		618	83	913	7,139	1,374	7,549	19		929	391	1,050	189	659	45			
Total	71,370	5,689	53,836	4,428	402,928	5,436	18,744		399,624	92,774	123,558	142,219	4,635	2,198	3,831	3,300	20,489	5,131	53,752	241,170	232,175	148,481	2,451	16,055	33,238	9,050	26,088	3,821	1,385	1,157	57,900		

* Blank: no data reported. - n.a.: no data available

Source Administrative data EHC Questionnaire 2018

Table A4 Amount received (in €) by the Member State of treatment for necessary healthcare, total, 2017

Competent Member State	Member State of treatment																															
	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT**	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH
BE	0	192,936	69,242	106,708	4,161,636	944	72,168	8,279,278	807,451	67,211	16,004,614	15,237	5,017	5,967	34,888	30,089	9,140,376	2,122,345	5,179	979,542	11,436	16,768	611,404	48,144	930	59,037						
BG	1,207,410	0	301,434	1,342	10,172,547	0	0	2,001,920	4,866	6,329	1,264,594	0	0	614	9,664	25,955	624,114	1,106,989	856	13,946	4,816	12,826	167,333	209	0	0						
CZ	257,551	41,448	0	41,891	5,560,209	5,049	100,506	748,602	2,000	313,122	1,561,936	0	1,918	1,495	66,992	11,783	472,624	3,350,795	18	32,748	7,946	1,923,518	484,528	56,766	829	0						
DK	218,764	29,463	89,746	0	4,884,384	9,404	0	2,489,823	29,141	67,492	945,576	3,668	10,345	17,347	23,917	29,974	742,812	1,768,489	1,578	844	4,294	29,655	0	0	2,148	0						
DE	3,231,265	407,819	2,379,120	377,232	0	56,014	163,963	31,517,983	110,495	8,518,012	42,699,885	2,658	32,331	96,701	1,277,731	142,742	21,858,670	59,846,931	13,709	47,332	226,639	474,406	4,999,445	430,926	151,512	0						
EE	57,334	10,996	49,425	78,405	393,129	0	287	266,305	2,693	5,568	42,859	1,614	33,081	19,551	694	576	82,260	129,790	0	8,597	0	1,096	186,738	7,578	0	0						
IE	221,789	13,394	177,334	108	1,152,372	0	0	4,406,563	3,371	17,550	544,809	477	3,929	43,559	33,525	36,010	448,614	229,962	2,460	298,365	3,736	103,978	0	481	0	0						
EL	491,448	147,478	0	0	4,824,463	9,853	3,015	143,703	660	4,541	5,756,029	1,702	618	2,069	3,328	11,679	486,284	306,821	0	97,720	6,455	80,912	5,089,302	1,136	0	0						
ES	2,486,785	124,817	100,318	95,397	7,616,081	9,248	340,315	0	118,401	39,412	2,737,137	0	1,524	8,153	29,091	29,202	1,260,592	948,145	1,522	856,312	36,322	45,298	865,467	135,014	5,736	27,309						
FR	46,757,736	4,179	259,209	132,155	10,207,404	9,502	0	24,606,312	0	275,727	1,076,515	0	2,473	14,959	61,263	70,328	2,110,325	1,677,797	4,002	19,367,974	17,825	74,219	0	374,372	370,249	0						
HR	96,888	3,564	53,410	5,135	4,909,444	849	48,793	108,772	1,617	0	738,056	0	28	555	10,583	1,048	215,590	1,052,561	79	6,858	293	3,034	119,653	642	0	0						
IT	5,403,923	141,892	320,091	97,644	20,726,716	12,992	0	17,181,298	114,812	775,058	0	0	2,875	147,595	119,721	394,778	2,115,134	5,788,680	709	378,708	498,125	72,469	0	110,485	15,181	0						
CY	33,502	62,513	10,086	0	214,449	0	650	30,279	0	0	27,542	0	33	217	962	47	17,039	18,876	0	174	2,233	1,903	28,675	0	0	0						
LV	135,077	6,663	24,713	1,464	1,692,858	39,923	24,802	232,185	985	2,920	181,135	0	0	56,935	1,669	3,605	52,591	152,547	0	5,551	416	1,136	653,421	1,832	0	0						
LT	284,781	10,257	12,447	166,804	2,196,236	8,068	34,184	326,133	4,120	8,855	344,625	8,093	86,149	0	4,854	4,662	647,634	144,473	2,057	15,778	297	8,699	977,309	33,168	0	380,227						
LU	5,277,292	8,425	19,135	22,026	6,083,978	3,107	0	413,967	45,596	15,219	0	0	542	421	6,026	4,223	811,384	512,224	212	49,646	62	4,816	0	42,135	304	0						
HU	282,984	2,691	112,095	42,010	7,745,672	416	21,645	455,723	2,883	154,177	994,317	0	662	1,765	0	9,683	534,852	3,483,240	529	33,136	68,697	95,149	362,002	11,415	2,013	0						
MT	20,356	5,839	3,742	299	30,184	165	17,287	11,509	835	1,323	172,260	2,291	102	47	510	0	47,866	27,903	0	2,038	1,068	13,985	13,393	634	0	0						
NL	7,657,657	73,688	258,702	325,816	17,426,791	16,244	69,761	7,050,085	7,052	224,106	2,997,409	0	5,038	18,460	83,012	52,247	0	9,742,625	455	2,891,478	15,405	66,370	968,847	133,283	954	0						
AT	172,463	82,328	611,974	45,693	20,074,576	4,698	23,932	1,673,060	4,598	1,442,476	0	1,523	579	3,029	444,726	17,285	407,681	0	1,339	119,703	35,650	368,289	473,891	83,333	131,670	0						
PL	2,993,148	58,442	553,243	440,394	37,093,888	10,144	492,475	1,686,086	48,593	258,288	3,163,470	4,978	6,895	21,990	67,792	19,940	2,523,117	3,032,197	0	138,763	10,103	119,909	4,390,792	49,179	3,550	0						
PT	2,453,317	1,542	62,647	0	2,583,969	88	0	4,041,802	42,448	4,477	347,996	0	0	1,820	3,821	3,309	752,918	315,033	0	0	23,574	18,431	78,451	0	5,693	0						
RO	2,509,693	24,768	160,269	47,548	12,310,062	34	41,491	3,538,888	18,756	8,508	19,288,792	0	2,797	86	1,537,024	11,487	678,586	2,640,102	0	64,962	0	22,247	702,418	0	9,971	0						
SI	247,765	2,874	13,019	262	2,127,232	2,320	23,202	162,026	3,885	1,282,486	476,639	66	117	50	16,430	2,749	174,157	1,210,264	35	951	3,133	4,608	29,591	10,460	0	0						
SK	566,605	9,048	5,978,674	16,413	4,304,142	922	62,896	181,752	5,161	199,120	459,080	54	1,708	660	171,303	2,481	453,907	3,314,510	93	12,462	4,483	0	235,692	78,245	549	0						
FI	149,883	891	21,835	513	1,368,999	764,912	29,594	2,611,832	6,154	43,963	162,351	2,829	12,004	14,203	20,850	10,337	255,504	318,053	0	236,023	4,681	2,062	0	0	0	0						
SE	435,659	34,756	167,748	2,267	4,080,750	107,016	0	5,743,957	43,443	252,866	1,035,037	20,264	14,980	28,397	81,194	47,823	688,017	1,552,389	17,250	167,569	24,509	24,017	0	0	569	0						
UK	3,116,469	96,548	915,438	0	13,699,474	0	0	60,743,882	359,635	319,248	0	76	32,839	219,291	2,285	96	5,550,755	5,543,814	20,951	10,124	369	15,555	2,026,193	569,758	2,172	0						
IS	23,171	7,756	19,140	1,159	190,443	0	539	452,870	1,839	1,116	12,770	0	931	2,084	931	399	46,022	60,124	373	7,900	0	8,988	0	0	0	0						
LI	9,182	657	734	46	121,562	337	41	17,632	0	1,255	0	0	0	0	108	121	13,614	391,832	0	267	0	1,720	6,133	0	0	0						
NO	172,420	8,132	91,206	1,986	2,395,383	36,985	21,376	4,186,509	25,377	78,079	434,912	11,159	13,787	49,024	46,670	6,426	622,606	638,186	2,757	315	4,177	220,604	20,818	65	6,028	0						
CH	608,598	0	213,847	98,879	11,117,242	22,081	43,909	4,051,998	35,154	60,620	4,593,165	0	557	3,396	106,263	12,900	926,794	4,495,054	582	13,986	6,422	112,724	643,614	143,099	335,976	0						
Total	87,580,915	1,615,803	13,050,021	2,149,596	221,466,274	1,131,312	1,636,829	189,362,735	168,150,652	14,449,124	117,577,987	76,688	273,860	780,442	4,267,826	993,982	54,762,440	115,922,751	24,221,285	25,859,771	1,020,164	4,270,674	3,949,391	5,024,910	25,581,038	2,322,359	1,046,034	585,127	70,963,100			

* Blank: no data reported. - n.a.: no data available

** NO reported an amount received of E125 issued of € 466,573.01 and an amount claimed of € 2,984,807.18. Although the latter seems closer to reality (when comparing to previous years), the authors decided to report the reported numbers. Therefore, the sum of the amount received will likely be an underestimation.

*** FR, PL and FI could only report the amount claimed of E125 issued. Therefore the total amount paid is the sum of amount paid of E126 forms, the amount paid of claims not verified by E126 forms, and the amount **claimed** of E125 forms. Although this will certainly be an overestimation of the amount received, it can give us an idea about the approximate number.

**** IT: When calculating the sum of all amount received, the authors get a number of €108,063,510.96. However, they reported a total of €117,577,986.76. As authors, we do not know where the € 9.5 million difference comes from, so we will report the number given by Italy.

***** RO: when calculating the sum of amounts, the result is € 1,023,164.38. However, Romania reported a total of € 1,020,164.42. As we do not know where this €3,000 difference comes from, we will report the number reported by Romania.

Source Administrative data EHC Questionnaire 2018

Chapter 2

Planned cross-border healthcare

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SUMMARY OF THE MAIN FINDINGS

Planned cross-border healthcare can be received by applying the procedures provided by EU rules (the Coordination Regulations, along with Directive 2011/24/EU on the application of patients' rights in cross-border healthcare) or other parallel procedures provided in national legislation or in (bilateral) agreements.

In 2017 about 9 out of 100,000 insured persons received a Portable Document S2 (PD S2). This form certifies the entitlement to planned health treatment in a Member State other than the competent Member State of the insured person, based on the procedures provided by the Coordination Regulations. Only Luxembourg shows a rather high volume of patient mobility to receive planned healthcare in another Member State (some 15 out of 1,000 insured persons received a PD S2). Moreover, planned cross-border healthcare provided on the basis of a PD S2 amounts to 0.02% of total healthcare spending related to benefits in kind.

The reported figures illustrate a very concentrated use and impact of planned cross-border healthcare within a limited number of EU-15 Member States (LU, DE, AT, BE, and FR) and Switzerland. Approximately 9 out of 10 prior authorisations are issued to receive a scheduled treatment in an EU-15 Member State or EFTA country. Furthermore, proximity seems to be an important explanatory variable as roughly 8 out of 10 PDs S2 are issued to receive a scheduled treatment in a neighbouring Member State.

Based on the evolution of the number of PDs S2 between 2013 and 2017 as well as on the qualitative input from Member States it appears that in general Directive 2011/24/EU did not have a direct impact on the number of PDs S2 issued by Member States. Only in a limited number of Member States, mainly in Luxembourg, The Netherlands, Italy and Belgium, the average number of prior authorisations issued through PD S2 has declined considerably compared to 2013. Only Belgium and Poland believe that Directive 2011/24/EU had an impact on the number of PDs S2 issued. Notably, there is a more rigorous application of the EU rules on the coordination of social security systems. This is also reflected by the higher refusal rate between 2014 and 2017 in these Member States compared to 2013.

The number of PDs S2 issued is not necessarily equal to the total number of patients who received planned healthcare abroad. Alongside the procedures provided by EU rules (the EU rules on the coordination of social security systems and Directive 2011/24/EU), several Member States reported the existence of parallel procedures for planned healthcare abroad. In some Member States, particularly in Belgium, patient flows abroad are larger under such parallel schemes. Moreover, bilateral agreements in border areas seem to considerably influence the number of persons travelling abroad to receive planned cross-border healthcare.

1. INTRODUCTION

This chapter presents data concerning the use of planned cross-border healthcare on the basis of the so-called S2 Portable Document (PD S2). This '*Entitlement to scheduled treatment*' certifies the entitlement to planned health treatment in a Member State other than the competent Member State of the insured person, based on the procedures provided by EU rules on the coordination of social security systems.

Furthermore, the chapter shows developments regarding the application of Regulation (EC) No 883/2004, and to some extent the impact of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare. The evolution of the number of PDs S2 before and after the transposition of Directive 2011/24/EU, notably before and after 25 October 2013, even though the majority of the Member States were late transposing the Directive, could be considered as an interesting indicator to measure the Directive's impact. These observations should, however, be confronted with the expertise of the competent institutions by asking their opinion on the influence of Directive 2011/24/EU on the number of PDs S2 issued.

In addition to the questionnaire on PD S2 for data collection in the framework of the Administrative Commission for the Coordination of Social Security Systems, the European Commission (Directorate-General for Health and Food Safety) collects data on the operation of Directive 2011/24/EU through a separate questionnaire. A report published by the DG for Health and Food Safety in 2018 showed low patient flows for healthcare abroad under Directive 2011/24/EU to date.¹⁷

2. INFORMING PATIENTS AND HEALTHCARE PROVIDERS ABOUT EU RULES ON PLANNED CROSS-BORDER HEALTHCARE

Some important differences exist between the provisions under Regulation (EC) No 883/2004 and Directive 2011/24/EU.

Under Regulation (EC) No 883/2004 ('the Basic Regulation'):

- *Prior authorisation*: is a requirement for receiving planned healthcare in another Member State (through PD S2);
- *Reimbursement*: costs of planned healthcare are – in principle – reimbursed under the conditions and reimbursement rates of the Member State of treatment.

Under Directive 2011/24/EU ('the Directive'):

- *Prior authorisation*: is an exception from the main rule. However, the competent Member State may provide for a system of prior authorisation only for certain kinds of cross-border healthcare and only e.g. treatment requires overnight stay or highly cost intensive treatment in so far as it is necessary and proportionate to the objective to be achieved, and not constitute a means of discrimination or an obstacle to the free movement of patients.
- *Reimbursement*: costs of planned healthcare are – in principle – reimbursed according to the conditions and reimbursement rates that would have been assumed for that healthcare on the territory of the competent Member State. In theory, the competent Member State may nevertheless decide to reimburse the full cost of healthcare.

Patients and healthcare providers might not know what the relevant provisions of the Coordination Regulations and the Directive are, and neither the differences between these two legislations. In *Annex I* of this chapter the steps taken by the competent

¹⁷ See https://ec.europa.eu/health/sites/health/files/cross_border_care/docs/2016_msdata_en.pdf

institutions to inform patients and healthcare providers on planned cross-border healthcare are listed. Most of the competent institutions refer to the 'National contact points for cross-border healthcare' established by the Directive 2011/24/EU and the linked websites.¹⁸ As it is requested by the Directive explanation of the differences between both schemes is available on these websites, in the national languages and in English. In addition, some competent institutions state that personal advice is provided by phone or email.

3. THE NUMBER OF PDS S2 ISSUED AND RECEIVED

3.1 The current flow of PDs S2 between Member States

The *cross-country Table 1* gives a detailed overview of the PDs S2 issued by the 27 reporting countries. In 2017, these reporting countries issued a total number of 30,456 PDs S2.¹⁹ This is a strong underestimation of the total number of PDs S2 issued throughout all Member States given that Germany, Estonia, Ireland, Sweden, and Liechtenstein did not provide data. Furthermore, an estimate of the total number of PDs S2 could be made by looking at the detailed figures provided as Member State of treatment (*see cross-country Table 2*). In total 25 Member States provided figures on the number of PDs S2 received. A total number of 46,441 PDs S2 are received by these reporting Member States. This figure might even be an underestimation when looking at the number of reimbursement claims received or issued in 2017 for planned cross-border healthcare (*Table 6*).

Most of the reported PDs S2 were issued by Luxembourg (12,658 PDs S2 issued). On the basis of the data from a receiving perspective by issuing Member State, Germany provided some 11,650 prior authorisations. Furthermore, both Austria and France²⁰ issued more than 4,500 PDs S2. The Netherlands and the United Kingdom issued between 1,000 and 1,500 PDs S2 each. Slovakia, Romania and Bulgaria provided less than 1,000 but more than 500 prior authorisations. Greece, Croatia, Spain, Slovenia, Cyprus, Hungary, Belgium, Latvia, the Czech Republic, Italy, Denmark, Poland and Finland issued less than 500 but more than 100 prior authorisations. Finally, Switzerland, Portugal, Lithuania, Malta, Iceland and Norway issued less than 100 prior authorisations. Moreover, Belgium, the Netherlands, Germany, Luxembourg and France are also involved in a large number of cooperation agreements in border areas (IZOM²¹, ZOAST²² etc.) where, depending on the cooperation agreement, prior authorisation often becomes a simple administrative authorisation that is granted automatically. For instance, in 2017 Belgium issued a total number of 13,678 PDs S2 under the more flexible procedure, of which 8,383 PDs S2 related to the IZOM-agreement (this agreement came to an end mid-2017. However some persons can still ask for planned healthcare based on the 'Ostbelgien Regelung').

Table 1 shows that approximately 9 in 10 of the total number of prior authorisations have been issued to receive planned cross-border healthcare in an EU-15 Member State. However, there are exceptions. Slovakia issued most of their prior authorisations to receive a scheduled treatment in the Czech Republic. Moreover, in contrast to most of the EU-15 Member States, the United Kingdom (patients seeking scheduled treatment mostly in Poland) and Italy (patients seeking scheduled

¹⁸ For the list of national contact points see:

https://ec.europa.eu/health/sites/health/files/cross_border_care/docs/cbhc_ncp_en.pdf

¹⁹ The number of PDs S2 issued is not necessarily equal to the total number of 'unique' patients entitled to received planned healthcare abroad under Regulation (EC) No 883/2004 and (EC) No 987/2009, as it is possible that the same patient has made several requests for planned treatment abroad during the same reference year.

²⁰ However, this is an underestimation of the number of PDs S2 issued by France. On the basis of Table 2, it is estimated that France has issued more than 18,000 PDs S2.

²¹ The agreement facilitates patient mobility in the country triangle of Germany, The Netherlands and Belgium (Meuse-Rhine Euregion). The agreement came to an end mid-2017.

²² The agreement facilitates patient mobility between Belgium, France and Luxembourg.

treatment mainly in Switzerland) issued a relatively low percentage of prior authorisations where patients were seeking planned healthcare in another EU-15 Member State. Based on the breakdown by competent Member States (*Table 2*), a relatively high percentage of the PDs S2 issued by Germany has been received by Switzerland. It implies that the share of the EU-15 in total number of received PDs S2 is overestimated.

As mentioned before, 25 Member States in total provided figures on the number of PDs S2 received (*Table 2*), reporting a total number of 46,441 PDs S2 received. Most of the prior authorisations are received by Belgium (22,511). Some 17,000 of these were issued by France, mostly under the ZOAST-agreement. The figures shown in *Table 1* suggest that Germany received some 14,000 PDs S2. Switzerland received a high number of PDs S2 as well (7,652 in total), mainly issued by Germany.²³ Furthermore, Austria (5,354 PDs S2) reported a high number of PDs S2 received, again mainly issued by Germany. France (2,761 PDs S2), The Netherlands (2,721 PD S2), Luxembourg (1,916 PDs S2), the Czech Republic (1,272) and the United Kingdom (1,241 PDs S2) also received more than 1,000 prior authorisations. Bulgaria, Cyprus, Latvia Malta, Romania and Iceland received less than 10 PDs S2.

On the basis of *Tables 1 and 2* five main flows of planned cross-border healthcare by a PD S2 could be identified, namely from France to Belgium (17,733 PDs S2), from Luxembourg to Germany (7,156 PDs S2), from Germany to Austria (4,610 PDs S2), from Germany to Switzerland (4,477 PDs S2), and finally from Luxembourg to Belgium (3,374 PDs S2). It also illustrates a very concentrated use of planned cross-border healthcare within a limited number of EU-15 Member States mostly based on bilateral agreements on cross-border collaboration (LU, DE, AT, BE, NL and FR) and Switzerland.

Belgium²⁴, the Czech Republic, Italy, Lithuania, The Netherlands, Austria, Norway and Switzerland are 'net recipients', implying that a higher number of PDs S2 are received than issued. Bulgaria, Denmark, Greece, France, Croatia, Cyprus, Latvia, Luxembourg, Hungary, Malta, Romania, Slovenia, Slovakia, Finland, the United Kingdom and Iceland are 'net senders' implying that a higher number of PDs S2 are issued than received.

²³ The vast majority of the planned healthcare cases are concentrated in a few Swiss service providers which are specialised in some medical fields and are internationally established. Since many of these providers are located near the Swiss border, the approval given by the competent institutions is facilitated because of the fact that insured persons with serious health problems may be treated faster in Switzerland than in the Member State of residence.

²⁴ However, Belgium also issued 13,678 PDs S2 for more flexible parallel procedures.

Table 1 Number of PDs S2 issued, breakdown by Member State of treatment, 2017

Member State of treatment	Competent Member State																												Total			
	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK		IS	LI	NO
BE		54	2	1				31	10	645	7	5	0	3	1	3,212	8	0	653	2	1	0	10	6	2	2	27	1	0	0	4,683	
BG	0		0	0				0	1	5	0	0	0	0	0	1	0	0	129	0	0	0	0	0	0	0	6	0	0	0	142	
CZ	0	0		0				0	1	411	30	0	0	0	3	10	9	0	1	8	1	0	1	19	740	1	60	1	0	0	1,296	
DK	0	0	0					0	0	1	0	0	0	0	0	4	1	0	0	0	0	0	0	0	0	2	0	0	0	0	11	19
DE	75	360	65	48				93	118	1,111	140	13	247	64	9	7,156	53	2	174	4,496	76	8	315	93	57	12	86	10	0	42	14,923	
EE	0	0	1	1				0	0	0	1	0	0	70	2	0	0	0	0	0	0	0	0	0	1	38	2	0	0	0	116	
IE	0	0	0	0				0	5	0	0	0	0	0	0	5	0	0	0	0	0	0	0	0	0	1	38	0	0	0	49	
EL	0	0	0	0				2	48	1	0	0	0	0	0	10	0	0	0	0	0	0	1	0	0	0	10	0	0	0	73	
ES	0	3	5	3				1		1,536	0	0	0	1	0	59	0	0	14	4	1	17	1	0	0	14	146	1	0	8	1,814	
FR	116	45	5	3				72	107		18	17	19	0	0	1,589	11	0	22	5	2	16	87	34	1	1	105	0	0	3	2,278	
HR	0	0	0	0				0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	4	0	2	2	0	0	0	5	13
IT	6	27	4	0				159	37	47	34		3	1	1	117	2	26	10	21	1	1	178	46	3	1	54	0	0	7	786	
CY	0	0	0	0				0	1	3	0	0		0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
LV	0	0	0	0				0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	3	0	0	0	4	
LT	0	0	0	0				0	0	0	0	0	0	0	0	2	0	0	1	0	0	0	0	0	0	1	25	0	0	0	65	
LU	11	7	0	0				0	0	280	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	1	0	0	0	299	
HU	0	0	6	0				0	0	0	11	0	0	0	0	11		0	0	5	0	0	20	0	2	59	1	0	0	0	117	
MT	0	0	0	0				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	
NL	37	1	23	11				5	6	10	6	1	0	2	2	70	0	0		4	3	0	5	3	0	2	15	3	0	1	210	
AT	2	64	2	0				0	5	17	181	7	4	1	0	18	105	0	16		4	1	81	133	83	0	12	1	0	5	742	
PL	0	0	1	0				0	9	12	0	0	0	0	8	23	0	0	7	1		0	1	0	1	3	569	2	0	3	640	
PT	0	0	0	0				0	5	76	0	0	0	0	0	99	0	0	1	0	0		0	0	0	7	0	0	0	1	189	
RO	0	0	0	0				0	2	7	0	0	0	0	0	8	0	0	1	0	0	0		0	0	0	4	0	0	0	22	
SI	0	0	0	0				0	0	0	17	0	0	0	0	1	0	0	0	2	0	0	0		1	0	0	0	0	0	21	
SK	0	0	36	0				0	0	0	0	1	0	0	0	0	0	0	0	7	0	0	0	0	0	85	0	0	0	1	130	
FI	0	0	0	23				3	3	0	0	0	0	1	0	10	0	0	0	0	6	0	0	0	0	4	0	0	0	1	51	
SE	0	7	0	37				4	17	9	0	14	0	1	3	1	3	0	2	0	4	0	0	0	0	15	12	1	1	0	131	
UK	21	17	0	10				97	24	35	6	1	47	4	0	16	0	0	7	11	10	6	5	6	1	5		0	0	0	329	
IS	0	0	0	0				0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	1		0	0	4	
LI	0	0	0	0				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NO	0	0	0	0				0	4	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	3	0	0	0	15	
CH	12	47	0	2				0	16	463	8	88	0	6	13	231	108	0	17	194	2	11	6	22	22	4	15	1	0		1,288	
Unknown								0						1																		1
Total	280	632	150	139				465	373	4,716	460	147	320	191	42	12,658	300	28	1,055	4,762	111	60	711	366	914	106	1,352	22	1	95	30,456	
Row %	0.9%	2.1%	0.5%	0.5%				1.5%	1.2%	15.5%	1.5%	0.5%	1.1%	0.6%	0.1%	41.6%	1.0%	0.1%	3.5%	15.6%	0.4%	0.2%	2.3%	1.2%	3.0%	0.3%	4.4%	0.1%	0.0%	0.3%	100.0%	
EU-15	268	585	106	136				465	339	3815	393	58	320	78	16	12366	183	28	899	4543	108	49	683	321	147	55	517	17	2	80	26,576	
EU-13	0	0	44	1				0	14	438	59	1	0	106	13	58	9	0	139	23	1	0	22	23	745	47	816	4	0	9	2,572	
EFTA	12	47	0	2				0	20	463	8	88	0	6	13	234	108	0	17	196	2	11	6	22	22	4	19	1	0	6	1,307	

* Blank: no data reported.

** BE: Moreover, in 2017 a total number of 13,678 PDs S2 were issued for more flexible parallel procedures, of which 8,383 PDs S2 related to the IZOM agreement.

*** DK: The number of issued S2 forms includes issued authorisations for scheduled treatment abroad according to both the Basic Regulation and the Danish legislation. Besides the number of PDs S2 listed under question 1 The Danish Patient Safety Authority has also issued two PDs S2 for planned treatment in Denmark of Danish pensioners, who are insured in another Member State at the expense of Denmark.

**** FR: Incomplete data.

***** NL: data is incomplete, as not every insurance company registers this information.

Source PD S2 Questionnaire 2018

Chapter 2 Planned cross-border healthcare

Table 2 Number of PDs S2 received, breakdown by competent Member State, 2017

		Member State of treatment																											Total					
		BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE		UK	IS	LI	NO	CH
Competent Member State	BE		0	1	1				0	1,301	0	34	0	0	0	1,599	1	0	535	1		0	0	0	0	0	0	0	3	0	0	19	3,495	
	BG	50		0	0				0	16	0	1	0	0	0	7	2	0	4	58							0	8	1	0	0	30	177	
	CZ	0	0		0				0	4	0	6	0	0	0	0	3	0	13	6						32	0	0	2	0	0	2	68	
	DK	11	0	0					0	6	0	2	0	0	0	0	0	0	3	0						0	0	110	8	0	0	2	142	
	DE	106	1	35	7			82		43	56	28	0	0	4	92	29	0	2,069	4,610					0	11	1	0	7	0	3	4,477	11,661	
	EE	0	0	3	0			0		0	0	0	0	0	0	0	0	0	1	0					0	0	0	3	0	0	0	10		
	IE	0	0	0	0			0		0	0	0	0	0	0	0	0	0	1	1					0	0	0	27	1,104	0	0	34	1,167	
	EL	30	0	0	0			0		37	0	4	0	0	0	0	0	0	4	0					0	0	0	3	44	0	0	122		
	ES	4	0	1	0			0		31	0	1	0	0	0	0	1	0	8	2					1	0	0	0	23	6	0	2	15	95
	FR	17,733	0	5	3			0			0	31	0	0	0	0	214	2	0	6	1					0	0	0	1	3	0	0	773	18,772
	HR	18	0	46	0			0		2		16	0	0	0	0	7	0	7	232					0	25	0	0	4	0	0	9	366	
	IT	129	0	7	1			0		152	0		0	0	0	0	0	0	15	116					1	0	5	0	15	22	0	0	1,704	2,167
	CY	0	0	0	0			0		6	0	1		0	0	0	0	0	0	8					0	0	0	0	10	0	0	25		
	LV	3	0	0	0			0		0	0	0	0	0		31	0	0	0	0	0				0	0	0	1	0	5	0	0	4	44
	LT	1	0	4	0			0		0	0	0	0	0	0	0	0	0	1	1					0	0	0	0	2	0	0	0	13	22
	LU	3,374	0	0	0			0		1,044	0	2	0	0	0	0	0	0	31	13					0	0	0	1	2	1	2	0	157	4,627
	HU	6	0	5	1			0		2	0	0	0	0	0	0	0	0	0	72					0	0	0	0	0	0	0	95	181	
	MT	0	0	0	0			0		0	0	0	0	0	0	0	0	0	0	0					0	0	0	0	0	0	0	0	0	0
	NL	1,007	0	2	3			0		12	0	25	0	0	0	1	5	0		9					0	0	0	0	0	3	2	0	29	1,098
	AT	3	0	8	0			0		2	1	15	0	0	0	0	14	0	3	0					0	0	0	1	0	4	0	0	169	220
	PL	1	0	1	0			0		4	0	6	0	0	0	0	3	0	2	4					0	0	0	0	36	5	0	0	1	63
	PT	0	0	0	1			0		5	0	0	0	0	0	2	0	0	1	1					0	0	0	0	0	0	0	11	21	
	RO	8	0	0	0			0		34	0	5	0	0	0	0	60	0	5	72					0	0	0	0	2	3	0	0	8	197
	SI	1	0	24	0			0		8	4	4	0	0	0	0	0	0	1	81					0	0	0	0	1	0	0	24	148	
	SK	2	0	934	0			0		1	0	1	0	0	0	0	7	0	0	37					0	1	0	0	1	0	0	20	1,004	
	FI	0	0	1	4			0		0	0	0	0	0	0	0	1	0	1	0					0	0	0	9	0	0	2	4	22	
	SE	2	0	0	4			0		3	0	3	0	0	1	1	1	0	0	1					0	0	0	8	1	3	2	5	35	
	UK	21	2	193	5			0		41	1	12	0	0	13	0	19	0	6	8					0	0	59	4	18	0	0	12	414	
IS	0	0	2	1			0		0	0	0	0	0	0	0	0	0	0	1					0	0	1	0	0	0	0	2	7		
LI	0	0	0	0			0		0	0	0	0	0	0	0	0	0	0	0					0	0	0	0	0	0	0	33	33		
NO	0	0	0	0			0		0	0	0	0	0	0	0	0	0	2	0					0	0	0	0	2	0	0	0	4		
CH	1	0	0	1			0		7	0	2	0	0	1	0	0	0	2	19					0	0	0	0	0	0	0	1	34		
Total	22,511	3	1,272	32			82		2,761	62	199	0	0	50	1,916	155	0	2,721	5,354					2	37	98	18	258	1,241	7	10	7,652	46,441	
Row %	48.5%	0.0%	2.7%	0.1%			0.2%		5.9%	0.1%	0.4%	0.0%	0.0%	0.1%	4.1%	0.3%	0.0%	5.9%	11.5%					0.0%	0.1%	0.2%	0.0%	0.6%	2.7%	0.0%	0.0%	16.5%	100.0%	
EU-15	22,420	3	253	29			82		2,677	58	157	0	0	18	1,909	73	0	2,683	4,763					2	11	65	14	208	1,206	7	9	7,411	44,058	
EU-13	90	0	1,017	1			0		77	4	40	0	0	31	7	82	0	34	571					0	26	32	4	48	35	0	0	2,305		
EFTA	1	0	2	2			0		7	0	2	0	0	1	0	0	0	4	20					0	0	1	0	2	0	0	1	35	78	

* Blank: no data reported.

** BE: one (1) union of health care funds did not submit any data regarding the number of PDs S2 received.

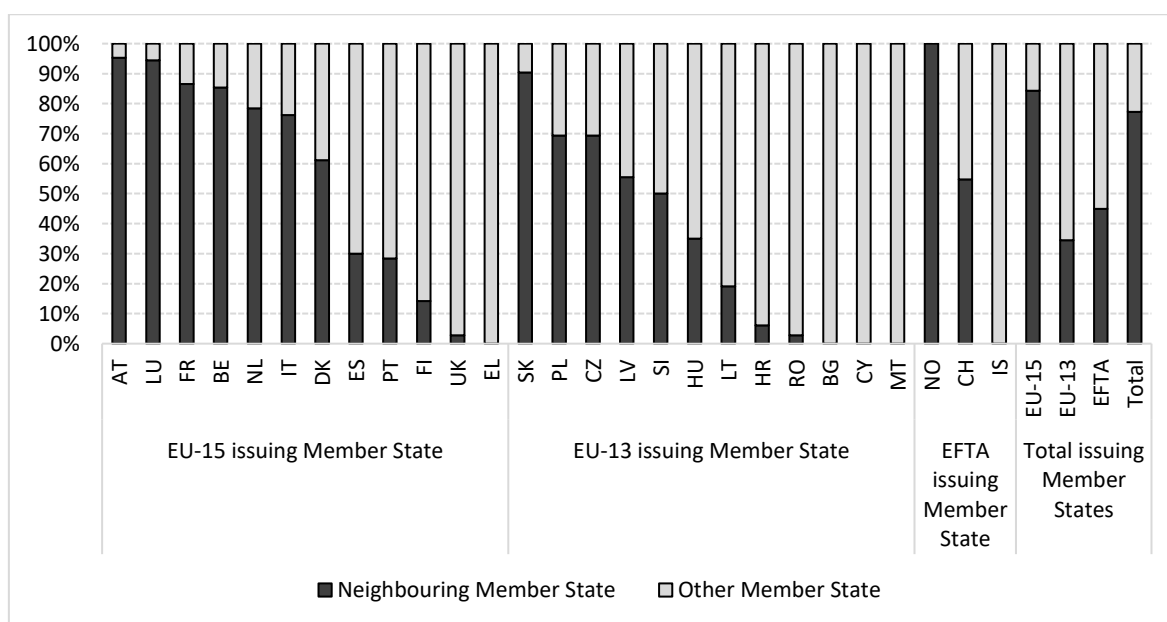
*** FR: most of these PDs S2 are issued under the ZOAST agreements.

Source PD S2 Questionnaire 2018

Different push and pull factors may have an impact on the decision of patients to seek authorisation for scheduled treatment abroad. On the one hand, push factors, for instance when the treatment cannot be provided within a medically justifiable time limit, or the lack of treatment facilities or expertise in the competent Member State for treatments which are covered by its legislation, may influence the decision to grant a PD S2. On the other hand, multiple pull factors are thinkable to receive a scheduled treatment in one particular Member State (e.g. proximity, familiarity, language knowledge, availability, medical expertise/quality, affordability in terms of reimbursement rates and out-of-pocket expenses etc.).

The assessment of potential push and pull factors falls outside the scope of this chapter. Nonetheless, based on the current quantitative input, the importance of proximity could be verified. *Figure 1* illustrates the percentage of PDs S2 issued by and received from a neighbouring Member State. Roughly 77% of the PDs S2 are issued to receive a scheduled treatment in a neighbouring Member State. At the same time, only 35% of the PDs S2 issued by the EU-13 Member State are for treatment in a neighbouring Member State, compared to 84% of the PD S2 issued by the EU-15 Member States. Luxembourg, Austria, Slovakia and Norway have issued more than 90% of the PDs S2 to receive a scheduled treatment in a neighbouring Member State.

Figure 1 Number of PDs S2 issued, percentage breakdown by neighbouring Member State or not, 2017



Source PD S2 Questionnaire 2018

3.2. Planned cross-border healthcare as share of the total insured population

The absolute figures on prior authorisations for planned cross-border healthcare can be compared with the total number of insured persons in the reporting Member States concerned in order to calculate the relative frequency of patients exercising their rights for accessing cross-border planned healthcare (*Table 3*). In 2017 approximately 9 out of 100,000 insured persons received a PD S2. A rather high patient mobility to receive planned healthcare abroad can be observed for persons insured in

Luxembourg (15 out of 1,000 insured persons). In Germany, which has issued a high number of PDs S2, an average of 14 in 100,000 persons have received a PD S2.

From the perspective of the Member States of treatment, mainly Belgium and Luxembourg received a high number of patients who are entitled to receive planned healthcare on the basis of a PD S2 compared to the number of persons insured in both Member States (*Table 4*).

Table 3 The percentage of insured persons entitled to receive planned cross-border healthcare on the basis of a prior authorisation, by issuing Member State, 2017

MS	Number of insured persons (A)	Number of PD S2 issued (B)	Share of insured population (B/A)*	in 100,000 insured persons*
BE	10,768,091	280	0.003%	3
BG	7,354,857	632	0.009%	9
CZ	10,490,274	150	0.001%	1
DK	5,700,000	139	0.002%	2
DE	70,728,389	11,654	0.014%	14
EE				
IE				
EL	6,813,926	465	0.007%	7
ES	48,320,884	373	0.001%	1
FR	66,449,362	4,716	0.007%	7
HR	4,130,237	460	0.011%	11
IT	60,000,000	147	0.000%	0
CY	650,000	320	0.049%	49
LV	2,262,826	191	0.008%	8
LT	2,929,095	42	0.001%	1
LU	862,855	12,658	1.467%	1467
HU	4,114,000	300	0.007%	7
MT	460,297	28	0.006%	6
NL	17,000,000	1,055	0.006%	6
AT	8,891,926	4,762	0.054%	54
PL	33,876,567	111	0.000%	0
PT		60		
RO	16,157,167	711	0.004%	4
SI	2,210,553	366	0.017%	17
SK	5,152,176	914	0.018%	18
FI	5,520,900	106	0.002%	2
SE				
UK	64,875,165	1,352	0.002%	2
IS	352,204	22	0.006%	6
LI				
NO	5,302,778	1	0.000%	0
CH	8,200,000	95	0.001%	1
Total	469,574,529	40,041	0.009%	9

* Figures are calculated by dividing the number of PDs S2 issued by the number of insured persons.

** Total: selection of the Member States of which the number of insured persons is available.

*** DE: estimated on the basis of *Table 2*. Number of insured persons is number for reference year 2016.

**** BE: in case the 13,678 PDs S2 issued for the more flexible parallel procedures are taken into account, some 13 out of 10,000 insured persons in Belgium received planned cross-border healthcare in 2017.

***** EL and UK: number of insured persons is the number for reference year 2016.

Source EHIC and PD S2 Questionnaire 2018

Table 4 The percentage of insured persons entitled to receive planned cross-border healthcare on the basis of a prior authorisation, by Member State of treatment, 2017

	Number of insured persons (A)	Number of PD S2 received (B)	Share of insured population (B/A)*	in 100,000 insured persons*
BE	10,768,091	22,511	0.209%	209
BG	7,354,857	3	0.000%	0
CZ	10,490,274	1,272	0.012%	12
DK	5,700,000	32	0.001%	1
DE	70,728,389	14,837	0.020%	20
EE				
IE				
EL	6,813,926	82	0.001%	1
ES				
FR	66,449,362	2761	0.004%	4
HR	4,130,237	62	0.002%	2
IT	60,000,000	199	0.000%	0
CY	650,000	0	0.000%	0
LV	2,262,826	0	0.000%	0
LT	2,929,095	50	0.002%	2
LU	862,855	1916	0.222%	222
HU	4,114,000	155	0.004%	4
MT	460,297	0	0.000%	0
NL	17,000,000	2721	0.016%	16
AT	8,891,926	5354	0.060%	60
PL				
PT				
RO	16,157,167	2	0.000%	0
SI	2,210,553	37	0.002%	2
SK	5,152,176	98	0.002%	2
FI	5,520,900	18	0.000%	0
SE				
UK	64,875,165	1,241	0.002%	2
IS	352,204	7	0.002%	2
LI				
NO	5,302,778	10	0.000%	0
CH	8,200,000	7652	0.093%	93
Total	387,377,078	60,531	0.016%	16

* Figures are calculated by dividing the number of PDs S2 received by the number of insured persons.

** Total: selection of the Member States of which the number of insured persons is available.

*** DE: estimated on the basis of *Table 2*. Number of insured persons is number for reference year 2016.

**** EL: Number of insured persons is number for reference year 2016.

Source EHIC and PD S2 Questionnaire 2018

3.3. Evolution of the number of PDs S2 issued and received

The data for reference year 2017 can be compared with previous years to look into developments in terms of number of persons accessing planned healthcare abroad. The evolution of these numbers could be considered as a first tentative indicator to measure the impact of Directive 2011/24/EU on the number of PDs S2 issued. However, the assessment of such potential impact is only possible in the longer term and based on more in-depth input from Member States. Therefore, the opinion of Member States about the influence of Directive 2011/24/EU on the number of PDs S2 issued has been requested (*see Annex II*). When analysing both the evolution of the number of PDs S2 issued and the qualitative input from Member States, a first assessment of the potential impact of Directive 2011/24/EU on the number of PDs S2 issued can be made.

Directive 2011/24/EU was due to be transposed by the Member States by 25 October 2013.²⁵ Therefore the average number of prior authorisations issued in 2014 to 2017 is compared to the numbers in 2013.

Table 5 shows that the number of prior authorisations issued by the competent Member States on the basis of the provisions in the Basic Regulation remained rather stable. These results suggest that Directive 2011/24/EU had no direct impact on the number of PDs S2. This is confirmed by the qualitative input as most Member States believe that there is no such impact. This is the opinion of Bulgaria, the Czech Republic, Denmark, Greece, Croatia, Italy, Cyprus, Latvia, Lithuania, Luxembourg, Hungary, Malta, The Netherlands, Austria, Portugal, Romania, Slovakia, Finland, Sweden, the United Kingdom, Iceland and Norway. The reply from Greece states several reasons why there is probably no impact of Directive 2011/24/EU, namely a high out-of-pocket cost for the patient, upfront payment by the patient, language barriers, and the possible disregard of travel and accommodation expenses for patients without officially certified disabilities.

Only in a limited number of competent Member States the average number of prior authorisations by a PD S2 has declined considerably compared to 2013. This is particularly the case for Luxembourg, The Netherlands, Italy and Belgium. Only Belgium and Poland believe that Directive 2011/24/EU had an impact on the number of PDs S2 issued. According to Belgium this could be explained by a stricter application of the Coordination Regulations. Notably, authorisation must be provided when the following two conditions are met: 1) the planned treatment is listed under benefits provided for under the legislation of the competent State; and 2) the treatment cannot be provided to the person concerned on the territory of the competent State within a time limit which is medically justifiable, taking into account his/her current state of health and the probable course of his/her illness. The answer of Poland states that Directive 2011/24/EU has promoted the possibility to receive medical treatment abroad.

²⁵ However, some Member States were late in its transposition.

Table 5 Percentage change of the number of PDs S2 issued and received, 2012-2017

	Issued							Received					
	2012	2013	2014	2015	2016	2017	Average 2014-2017 compared to 2013	2012	2013	2014	2015	2016	2017
BE	1,280	1,190	602	419	549	280	-728	4,019	3,318	11,932	12,383	20,866	22,511
BG	129	235	303	331	546	632	218	2	5	9	5	5	3
CZ	281	100	98	101	139	150	22	973	934	645	1,082	1,110	1,272
DK			161	72	137	139	127			19	25	25	32
DE													
EE		52	27	38			-20			42	49		
IE	847	683	622	636	884		31	8	4	7	12	0	
EL	318	486	584	490	385	465	-5			58	95	103	82
ES			428	399	376	373	394					620	
FR					2,955	4,716	2,700					8,611	2,761
HR			450	485	466	460	465			103	107	75	62
IT	4,661	4,933	4,916	3,364		147	-2,124				202		199
CY			282	383	382	320	342						0
LV	156	174	237	196		191	34	1	0	0	0		0
LT		74	81	35	35	42	-26		50	130	252	67	50
LU	17,765	17,538	15,991	15,282	12,889	12,658	-3,333	1,120	1,095	1,198	1,194	1,627	1,916
HU	300	334	151	270	241	300	-94	16	48	233	528	295	155
MT		33	21	21	35	28	-7				1	1	0
NL	5,050	5,745	4,126	3,297		1,055	-2,919	4,782			3,516	2,281	2,721
AT			5,391	4,757	4,637	4,762	4,887			5,548	5,370	5,508	5,354
PL	118	88	79	108	100	111	12	241	408	413	451	255	
PT	29	28	26	49	74	60	24						
RO	1,131	1,049	890	775	610	711	-303	2	2	0	0	4	2
SI			419	335	418	366	385			36	41	42	37
SK	730	769	803	770	767	914	45	353	292	64	102	138	98
FI	45	59	77	98	126	106	43	n.a.		16	21	20	18
SE	81		541	78	139		253	216		218		238	258
UK	1,126	1,216	1,350	1,410	1,347	1,352	149	1,491	1,080	1,092	1,023	1,126	1,241
IS					20	22	21			56	12	5	7
LI		261	220	10			-146			6	43		
NO			92	100	2	1	49				7	9	10
CH				124	89	95	103				7,715	7,581	7,652

Source Administrative data PD S2 Questionnaire 2018, 2017, 2016, 2015, 2014 and 2013

4. BUDGETARY IMPACT OF CROSS-BORDER PLANNED HEALTHCARE

Table 6 provides an overview of the number of claims of reimbursement received and issued as well as the amount involved. In 2017 some 99,700 claims were received from a debtor's perspective and 84,000 claims were issued from a creditor's perspective. However, the real number of claims is higher as no data was provided by some Member States, such as Luxembourg. In absolute terms, the main debtors are Belgium, Germany²⁶, France, and Austria. Also Luxembourg, which has not provided such figures, will be a main debtor taking into account the high number of PDs S2 issued. In relative terms, planned cross-border healthcare amounts to only 0.02% of total healthcare spending related to benefits in kind on average. From the perspective of the competent Member State the share of planned cross-border healthcare in total healthcare spending related to benefits in kind will probably only be higher than 1% in Luxembourg.

²⁶ The reported figures by Germany are an underestimation as no figures for all Member States of treatment are available.

Also from the perspective of the Member State of treatment it is useful to know how high reimbursement claims are, as planned cross-border healthcare might put a pressure on the availability of medical equipment and services. By none of the reporting Member States an amount higher than 0.2% of total healthcare spending related to benefits in kind was claimed. Only for Austria and Lithuania this percentage amounts to more than 0.1%. The total amount of more than € 100 million claimed by Germany is 0.04% of total German healthcare spending related to benefits in kind.

In *Annex III* the individual claims of reimbursement received and issued between Member States are reported. The flow of the number of claims could be confronted with the flow of PDs S2 between Member States despite the fact that both are not fully comparable. Some main flows of claims of reimbursement could be identified between Member States of treatment and competent Member States, namely to a large extent from Germany to Belgium (as result of the IZOM-agreement), from Germany to Luxembourg and from Germany to Austria.

Table 6 Budgetary impact of cross-border planned health care, 2016-2017

	Debtor								Creditor							
	Forms			Amount (in €)			Share in total healthcare spending related to benefits in kind		Forms			Amount (in €)			Share in total healthcare spending related to benefits in kind	
	2016	2017	Evolution 2016-2017	2016	2017	Evolution 2016-2017	2016	2017	2016	2017	Evolution 2016-2017	2016	2017	Evolution 2016-2017	2016	2017
BE	29,109	35,511	22.0%	31,209,038	24,957,971	-20.0%	0.104%	0.080%	5,098	4,764	-6.6%	21,262,548	21,417,032	0.7%	0.071%	0.069%
BG	7,873			6,821,588			0.355%		4	3	-25.0%	1,392	957	-31.3%	0.000%	0.000%
CZ	111	150	35.1%	387,062	469,028	21.2%	0.005%	0.005%	1,110	1,272	14.6%	5,191,458	7,272,822	40.1%	0.061%	0.082%
DK	107	104	-2.8%	920,334	5,593,224	507.7%	0.006%	0.038%	37	45	21.6%	181,257	115,508	-36.3%	0.001%	0.001%
DE	10,594	12,376	16.8%	23,544,866	20,439,696	-13.2%	0.010%	0.008%	48,207	46,536	-3.5%	106,550,027	102,126,864	-4.2%	0.046%	0.042%
EE	75			1,005,702			0.128%		134			196,545			0.025%	
IE	737			9,510,119			0.083%									
EL	644	522	-18.9%	6,639,001	4,740,002	-28.6%	0.078%	0.056%	34	550	1517.6%	4,770	88,858	1762.8%	0.000%	0.001%
ES	973	388	-60.1%	1,027,293	5,228,446	409.0%	0.002%	0.008%	455	1,503	230.3%	7,556,085	1,498,514	-80.2%	0.013%	0.002%
FR	6,366	32,682	413.4%	21,750,699	49,860,395	129.2%	0.012%	0.027%	8,611	5,150	-40.2%	36,884,044	22,386,773	-39.3%	0.021%	0.012%
HR	510	488	-4.3%	6,612,245	6,944,497	5.0%	0.246%	0.260%	86	69	-19.8%	95,375	57,206	-40.0%	0.004%	0.002%
IT		16			42,853			0.000%								
CY	497	618	24.3%	5,319,519			1.112%			0			0			0.000%
LV		262			3,492,712			0.498%		0			0			0.000%
LT	183	85	-53.6%	1,141,238	376,237	-67.0%	0.086%	0.027%	172	111	-35.5%	1,174,684	1,698,859	44.6%	0.088%	0.120%
LU																
HU	331	220	-33.5%	6,023,246	3,161,890	-47.5%	0.131%	0.056%	850	422	-50.4%	1,070,530	440,545	-58.8%	0.023%	0.008%
MT	4	21	425.0%	760,059	149,497	-80.3%	0.190%	0.035%		0			0			0.000%
NL	2,572	2,440	-5.1%	15,809,932	17,926,760	13.4%	0.029%	0.035%	3,639			7,459,776			0.014%	
AT	6,258	6,780	8.3%	18,319,495	19,653,130	7.3%	0.087%	0.090%	6,346	6,478	2.1%	21,519,361	23,052,773	7.1%	0.102%	0.106%
PL	158	173	9.5%	1,645,740	1,042,450	-36.7%	0.013%	0.008%	619	675	9.0%	519,826	509,899	-1.9%	0.004%	0.004%
PT	81	76	-6.2%	32,069	465,777	1352.4%	0.000%	0.005%								
RO	1,780	1,578	-11.3%	11,645,034	15,085,076	29.5%	0.212%	0.264%		0			0			0.000%
SI	204	275	34.8%	2,308,331	2,432,205	5.4%	0.098%	0.096%	32	27	-15.6%	48,825	28,543	-41.5%	0.002%	0.001%
SK	913	1,034	13.3%	5,712,939	7,324,529	28.2%	0.147%	0.183%	294	244	-17.0%	120,811	132,088	9.3%	0.003%	0.003%
FI	55	67	21.8%	339,688	174,452	-48.6%	0.003%	0.001%	51	76	49.0%	383,260	326,055	-14.9%	0.003%	0.003%
SE									152	258	69.7%	1,925,872	2,275,243	18.1%	0.007%	0.008%
UK	54	1,462	2,607.4%	28,272	4,436,552	15,592.4%		0.002%	840	1,021	21.5%	8,217,112	9,323,118	13.5%	0.005%	0.004%
IS		19			23,049			0.002%	5	7	40.0%	11,726	18,400	56.9%	0.001%	0.002%
LI																
NO										10			296,325			0.001%
CH	1,942	2,362	21.6%	2,186,368	2,601,359	19.0%	0.007%	0.007%	14,731	14,811	0.5%	34,048,212	30,153,886	-11.4%	0.102%	0.076%
Total*	72,131	99,709	56.7%	180,699,877	196,621,788	18.2%	0.021%	0.018%	91,507	84,032	-4.2%	254,423,494	223,220,267	-9.7%	0.030%	0.023%

* The total evolution 2016-2017 is only calculated for Member States which had data available for both years. The share in total healthcare spending is calculated for all Member States which had data available for the relevant year.

Source Administrative data PD S2 Questionnaire 2018 and EUROSTAT [spr_exp_fsi]

5. EVALUATION OF THE REQUEST FOR PRIOR AUTHORISATION AND REASONS FOR REFUSAL

About 4,600 requests for prior authorisation for treatment abroad (PD S2) were refused by the 26 Member States who could report such figures for 2017 (Table 7). France (1,760 refusals) and Luxembourg (1,536 refusals) refused the highest number of requests (*in absolute values*) which is clearly correlated to their high number of requests received compared to other Member States. In order to calculate the authorisation/refusal rate, these absolute values are confronted with the number of PDs S2 issued. In 2017, roughly 14% of the requests for a PD S2 were refused. This overall rate is strongly influenced by the refusal rate in Luxembourg. The overall refusal rate is (slightly) higher compared to the last reporting years which might be an indicator for a more rigorous application of the Coordination Regulations as a result of the implementation of the Directive 2011/24/EU. For instance, the average refusal rate between 2014 and 2017 in Belgium, the Czech Republic and Lithuania is (much) higher compared to 2013.

Table 7 Number of PDs S2 requests refused and accepted, 2017

	Issued	Refused	Total	2017		% refused in			
				% accepted	% refused	2013	2014	2015	2016
BE	280	272	552	50.7%	49.3%	23.5%	42.0%	46.6%	35.1%
BG	632	14	646	97.8%	2.2%	7.5%	10.6%	9.8%	3.2%
CZ	150	46	196	76.5%	23.5%	20.0%	33.8%	41.6%	32.2%
DK	139	10	149	93.3%	6.7%	n.a.	0.0%	7.7%	13.3%
DE									
EE						10.3%	10.0%	9.5%	n.a.
IE						3.7%	6.2%	7.4%	2.8%
EL	465	16	481	96.7%	3.3%	6.5%	1.8%	3.9%	4.7%
ES	373	0	373	100.0%	0.0%	n.a.	n.a.	n.a.	n.a.
FR	4,716	1,760	6,476	72.8%	27.2%	n.a.	44.5%	n.a.	24.0%
HR	460	70	530	86.8%	13.2%	n.a.	18.0%	15.1%	14.0%
IT	147	22	169	87.0%	13.0%	2.1%	2.1%	4.2%	n.a.
CY	320	0	320	100.0%	0.0%	n.a.	6.6%	n.a.	n.a.
LV	191	14	205	93.2%	6.8%	7.0%	4.0%	6.2%	n.a.
LT	42	2	44	95.5%	4.5%	0.0%	0.0%	23.9%	7.9%
LU	12,658	1,536	14,194	89.2%	10.8%	3.4%	4.9%	4.9%	14.2%
HU	300	37	337	89.0%	11.0%	n.a.	n.a.	22.6%	21.8%
MT	28	0	28	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NL						n.a.	n.a.	1.3%	n.a.
AT	4,762	440	5,202	91.5%	8.5%	n.a.	3.7%	5.6%	7.2%
PL	111	47	158	70.3%	29.7%	21.4%	19.4%	10.7%	9.9%
PT	60	17	77	77.9%	22.1%	28.2%	27.8%	10.9%	14.9%
RO	711	38	749	94.9%	5.1%	3.1%	4.5%	7.1%	6.7%
SI	366	21	387	94.6%	5.4%		8.3%	4.8%	6.1%
SK	914	32	946	96.6%	3.4%	7.0%	5.9%	7.6%	3.0%
FI	106	81	187	56.7%	43.3%	57.9%	57.5%	49.7%	47.3%
SE						n.a.	35.5%	n.a.	n.a.
UK	1,352	84	1,436	94.2%	5.8%	0.5%	3.9%	4.4%	4.3%
IS	22	3	25	88.0%	12.0%	n.a.	n.a.	n.a.	n.a.
LI						0.0%	0.0%	0.0%	n.a.
NO	1	27	28	3.6%	96.4%	n.a.	54.0%	47.9%	94.4%
CH	95	59	154	61.7%	38.3%	n.a.	n.a.	20.5%	35.5%
Total	29,401	4,648	34,049	86.3%	13.7%	n.a.	8.2%	7.0%	13.8%

Source Administrative data PD S2 Questionnaire 2018, 2017, 2016, 2015, 2014 and 2013

In addition to the number of refused requests for prior authorisation, the reporting Member States were also invited to indicate the reasons for refusal of the prior authorisation: whether the request was refused due to the fact that the treatment sought by the patient was not included in the services provided under the legislation of the competent Member State, whether it was refused because it could be provided

within a medically justifiable time limit in the competent Member State, or due to other reasons.

Table 8 Reasons for refusal to issue a PD S2, 2017 (as a percentage of the total number of refused requests)

	Number of refusals	The care in question is not included in the services provided for by the legislation of the MS	The care in question may be delivered within a medically acceptable period in the competent MS	Other circumstances
BE	272	13.6%	42.3%	44.1%
BG	14	0.0%	100.0%	0.0%
CZ	46	10.0%	80.0%	10.0%
DK	10	60.0%	30.0%	10.0%
DE				
EE				
IE				
EL	16	0.0%	100.0%	0.0%
ES	0	0.0%	0.0%	0.0%
FR	1760	14.1%	49.3%	36.6%
HR	70	0.0%	94.3%	5.7%
IT	22	0.0%	88.0%	12.0%
CY	0			
LV	14	21.4%	28.6%	50.0%
LT	2	0.0%	0.0%	100.0%
LU	1,536	5.0%	10.0%	85.0%
HU	37	0.0%	18.9%	81.1%
MT	0			
NL				
AT	440	6.0%	76.6%	17.4%
PL	47	29.8%	53.2%	17.0%
PT	17	0.0%	41.2%	58.8%
RO	38	44.7%	13.2%	42.1%
SI	21	76.2%	23.8%	0.0%
SK	32	0.0%	21.9%	78.1%
FI	81	2.5%	64.2%	33.3%
SE				
UK	85	17.6%	35.3%	47.1%
IS	3	0.0%	100.0%	0.0%
LI				
NO	27	14.8%	81.5%	3.7%
CH	59	32.2%	61.0%	6.8%
Unweighted average	4,649	13.5%	53.3%	33.2%

* The total number of refusals does not match the total number of refusals in *Table 7* as some Member States were not able to provide the reasons for (some) refusals.

Source Administrative data PD S2 Questionnaire 2018

The fact that care may be delivered within a medically justifiable period in the competent Member State explains 53% of refusals (unweighted average) (*Table 8*). This was the main reason for most of the Member States (Bulgaria, the Czech Republic, Greece, France, Croatia, Italy, Austria, Poland, Finland, Iceland, Norway and Switzerland).

On average (unweighted) 33% of refusals were caused by circumstances other than the fact that treatment was not included in the services provided for by the legislation of the competent Member State or that it could be provided within a medically justifiable period in that country. Belgium, Latvia, Lithuania, Luxembourg, Hungary, Portugal, Slovakia and the United Kingdom indicated 'other reasons' to refuse most of the applications. The most cited reason by these reporting Member States was that

the request was not sufficiently documented (incomplete file, missing documents, missing information about the requested treatment). Other reasons are that the requested treatment itself was not accepted because it is not proven to be beneficial for the patient, or that the care in question was already provided without prior authorisation.

Finally, on average (unweighted), 14% of the requests were refused by the reporting competent Member States because the care in question was not included in the services provided for by their legislation. For Denmark, Slovenia, Romania and The Netherlands²⁷ this was the most frequent reason to refuse requests.

Table 9 Care (not) included in the services provided for by the national legislation, 2017

	Care included in the services provided by the legislation of your MS	Care not included in the services provided by the legislation of your MS
BE	95.2%	4.8%
BG	100.0%	0.0%
CZ	33.1%	66.9%
DK*	100.0%	0.0%
DE		
EE		
IE		
EL		
ES		
FR	97.5%	2.5%
HR	0.4%	99.6%
IT	59.7%	40.3%
CY	100.0%	0.0%
LV	100.0%	0.0%
LT	100.0%	0.0%
LU		
HU	98.0%	2.0%
MT	100.0%	0.0%
NL		
AT	73.5%	26.5%
PL	100.0%	0.0%
PT**		
RO	99.9%	0.1%
SI	100.0%	0.0%
SK	100.0%	0.0%
FI	96.2%	3.8%
SE		
UK	77.6%	22.4%
IS	100.0%	0.0%
LI		
NO	100.0%	0.0%
CH		

* The PDs S2, which were issued in 2017, were for treatment that is included in the services provided for by the legislation in Denmark, but where the required treatment was not available in Denmark or the Member State of residence or the treatment could not be given within a time limit which is medically justifiable.

** PT: Among the 60 PDs S2 issued, 44 were issued by the health subsystem for civil servants which is not a provider. We have no data available to confirm if the care was included or not in the services provided by the National Health Service, to which civil servants also have access.

Source Administrative data PD S2 Questionnaire 2018

²⁷ The Netherlands could not quantify the number of refusals, but they reported this was the most common reason.

Despite the fact that authorisation is only provided when, among others, the planned treatment is listed under benefits provided for under the legislation of the competent Member State, some Member States also issue a PD S2 for care not included in the services provided by the legislation of the competent Member State.

Nonetheless, most of the reporting Member States issued PDs S2 exclusively for care that is included in the services provided for by their legislation (Bulgaria, Denmark, Cyprus, Latvia, Lithuania, Malta, The Netherlands²⁸, Poland, Romania, Slovenia, Slovakia, Iceland and Norway) (Table 9). In Belgium, France, Hungary and Finland more than 95% of PDs S2 issued were also for care included in the services provided by their legislation. In Croatia, PDs S2 were issued almost exclusively for care that is not included in the services provided for by its legislation. Moreover, in the Czech Republic, more than 66% of PDs S2 issued, were for care not included in the services provided by its legislation. However, this is due to the fact that national legislation in these two Member States also cover care not included in the services provided (see Annex IV).

Table 10 Percentage of contested decisions to refuse to issue a PD S2, 2017

	2017			% contested in			
	Number of contested decisions (A)	Number of refusals (B)	% of contested decisions of the refusal (A/B)	2013	2014	2015	2016
BE			n.a.	n.a.	1.8%	n.a.	n.a.
BG	2	14	14.3%	15.8%	33.3%	25.0%	33.3%
CZ	9	46	19.6%	24.0%	20.0%	8.3%	18.2%
DK	4	10	40.0%	n.a.	0.0%	0.0%	14.3%
DE							
EE					0.0%	0.0%	
IE				15.4%	29.3%	17.6%	28.0%
EL	3	16	18.8%	25.0%	45.5%	0.0%	52.6%
ES							
FR							11.3%
HR	18	70	25.7%			16.3%	22.4%
IT	9	22	40.9%			14.1%	
CY				n.a.	15.0%	n.a.	
LV	1	14	7.1%	15.4%	10.0%	0.0%	
LT	0	2	0.0%	n.a.	0.0%	0.0%	
LU	129	1,536	8.4%	9.1%	App. 12%	5.7%	1.9%
HU	3	37	8.1%	42.3%	17.0%*	6.3%*	6.0%
MT							
NL	0					11.9%	
AT	4	440	0.9%			1.4%	1.7%
PL	9	47	19.1%	n.a.	26.3%	15.4%	18.2%
PT	1	17	5.9%	0.0%	0.0%	0.0%	15.4%
RO	1	38	2.6%	0.0%	2.4%	3.4%	6.8%
SI	6	21	28.6%		28.9%	41.2%	18.5%
SK	0	32	0.0%	20.7%	2.0%	34.9%	54.2%
FI	5	81	6.2%	15.8%	17.3%	12.4%	10.6%
SE					3.0%	n.a.	
UK	16	85	18.8%			4.6%	14.0%
IS	0	3	0.0%			n.a.	
LI						n.a.	
NO	2	27	7.4%		27.8%	6.5%	
CH	5	59	8.5%			9.4%	6.5%
Weighted average	227	2,617	8.7%		10.7%	8.4%	6.4%
Unweighted average			13.4%				

* HU: reference year 2014 and 2015, these data involve all refusals of planned treatments abroad and not only refusals of requests for issuing S2 form.

Source Administrative data PD S2 Questionnaire 2018

²⁸ The Netherlands could not quantify the amount, but they reported that most PDs S2 were issued for care that is included in the services provided for by the legislation of the Member State.

The 22 Member State which have been able to provide figures on the number of contested decisions received 227 contestations following the refusal to issue a PD S2 (*Table 10*). In absolute terms, Luxemburg has the highest contestations (129) which is evidently correlated with its high amount of requests received. On average 9% of the decisions to refuse a request were contested. The unweighted average amounts to 13%. Especially Denmark (40%) and Italy (41%) show a high percentage of contested decisions to refuse authorisation. The first one also shows a strong increase of contested decisions to refuse to issue over time.

6. PARALLEL SCHEMES

Alongside the procedures determined by the EU rules (the Coordination Regulations, along with the Directive), several Member States reported the existence of parallel procedures (BE, BG, CZ, DK, EL, HR, HU, MT, AT, PL, PT, FI, SE, UK and CH) (*Annex IV*). These parallel procedures are mostly the result of provisions in national legislation (e.g. reported by CZ, DK, EL, HR, HU, AT, PL, PT, SE and UK) or in (bilateral) agreements (for instance IZOM, Ostbelgien Regelung, ZOAST, agreement between Sweden, Norway and Finland for persons living in border areas).

The volume of these parallel schemes (in terms of number of treatments provided abroad) is, however, only available for a number of countries. For Belgium, patient flows abroad are much larger under such parallel schemes. A total of 13,678 PDs S2 were issued to the more flexible procedures, of which already 8,383 within the IZOM-agreement (agreement between Germany, The Netherlands and Belgium). This explains the high number of reimbursement claims from Germany to Belgium. Furthermore, Hungary states that in 2017, 701 Hungarian patients received planned treatment abroad (not only in EEA and Switzerland). Lastly, Portugal reported that its medical assistance abroad covered 303 patients and 436 authorizations for the treatment or the performance of complementary diagnostic tests not available in Portugal. Thus, it is clear that these parallel schemes are of high importance, considering that Belgium, Hungary and Portugal only issued 280, 300 and 60 PDs S2 respectively in 2017.

ANNEX I INFORMING PATIENT AND HEALTHCARE PROVIDERS ON PLANNED HEALTHCARE ABROAD

Table A1.1 Steps taken to inform patients and healthcare providers on planned healthcare abroad under the Basic Regulation and the Directive, 2017

MS	Description
BE	The National Contact Point for Cross-Border Healthcare provides general information on the access to and reimbursement of cross-border health care, both planned and unplanned, and this both under the terms of the Regulations (EC) 883/2004 and 987/2009 and the Directive 2011/24/EU. However, if an insured person (patient) wishes to receive a personal advice on his/her individual case, they have to contact their health insurance fund (competent institution). We did not introduce new measures to disseminate information to raise awareness amongst patients and healthcare providers.
BG	We inform the interested stakeholders about the differences and stress on the comparative advantages for planned healthcare abroad under the terms of Regulation (EC) No 883/2004 as compared with the terms of the Directive. We haven't introduced new measures to disseminate the information to raise awareness amongst patients.
CZ	No new measures were introduced.
DK	Both the regional patient advisors and the Danish Patient Safety Authority, International Health Insurance, which is the Danish liaison body and the national coordinating contact point, provide guidance per e-mail and phone to patients, healthcare providers etc. about the opportunities for planned healthcare abroad under the terms of the Regulation No. 883/2004 and the Directive 2011/24/EU. Detailed information about the opportunity for healthcare abroad is also published on the websites of the Danish Patient Safety Authority and the five regions in Denmark.
DE	
EE	
IE	
EL	We introduced a new, improved and updated website of the National Contact Point for Cross-border Healthcare, eu-healthcare.eopyy.gov.gr. Upon personal communication, we make a point of emphasizing the priority of the Social Security Regulations over the Directive once the conditions for authorization under the Regulations are met. We network with corresponding NCPs to facilitate patients and optimize information provision. We actively collaborate with researchers, health providers, health consultants, policy officers etc. in order to provide information on our policy as well as benefit from capacity building through a better understanding of the different perspectives of the EU MS.(Answer provided by EOPYY).
ES	
FR	New instructions to CPAM.
HR	Each insured person is informed about his/her entitlements in detail, when they seek planned healthcare abroad, including the difference between Regulation and the Directive. Also, there is sufficient information about the possibilities on the web site of Croatian Health Insurance Fund. However, it is extremely important to stress that the main reason why Croatian insured persons prefer using their entitlements according to the Regulation, and not to the Directive, lies in finances. Namely, if planned treatment is used according to the Directive, patient is required to pay for the treatment by him/herself and then seek reimbursement, but according to Croatian tariffs. If the treatment is provided on the basis of Regulation, document S2 is issued and patient does not cover the costs.
IT	Applicants were informed between differences of two legal instruments, underling the main protection given by EC Regulations 883/2004 and 987/2009 that are more advantageous for them, unless the patient freely opts for Directive 2011/24/UE. These information are usually uploaded on institution's sites including information on tariffs and condition to access hospital benefits in kind under the two legal instruments.
CY	No special measures are introduced for the information of patients and healthcare providers. The patients are informed by contacting the services of the Ministry of health.
LV	The National Health Service explains to patients that: 1) if patient receives planned healthcare abroad under the terms of Regulation (EC) No 883/2004, then the National Health Service pays for planned healthcare in accordance to other country's terms and tariffs; 2) if patient receives planned healthcare abroad under the terms of Directive 2011/24/EU then the National Health Service pays for planned healthcare according to the terms and tariffs of Latvia.
LT	The information about the opportunities for planned healthcare abroad is published on the web pages of the National Health Insurance Fund (NHIF) and the National Contact Point for cross-border healthcare. This information is updated on the regular basis. At the same time, the information is constantly spread by using different mass communication measures and methods.
LU	No new measures were introduced.
HU	There has been published a very detailed information leaflet on the NEAK homepage for the patients and another professional guideline to the contracted healthcare providers.
MT	A detailed explanation is given to all interested citizens on matters pertaining to the Regulation and the Directive. Basic differences between the two routes are explained. Citizens are also advised on the procedures that require prior-authorisation and how to go about organising this together with the reimbursement procedure. An explanatory note on S2 Medical Route is available on Website www.ehic.gov.mt . There is ongoing collaboration with patients and lay public representative groups to disseminate information on Cross-Border Healthcare.
NL	The insured persons are informed by Health Insurance Companies of the terms of the insurance, website, brochures, letters and/or on application. No new measures were introduced.
AT	* Personal consultation of patients in case of need * Provision of guidebooks and information brochures
PL	All the information on planned medical treatment abroad is available on the website http://www.nfz.gov.pl/dla-pacjenta/nasze-

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MS	Description
	zdrowie-w-ue/. Moreover employees of NFZ inform about the differences.
PT	The information about the differences between planned healthcare abroad under the Regulation (EC) No 883/2004 and the Directive 2011/24/EU are explained in the Portal of the Ministry of Health concerning the Directive (http://diretiva.min-saude.pt/home-page-2/)
RO	The persons presenting to NHIH/competent institutions of Romania to get information about the possibility of receiving medical treatment abroad are continuously and constantly advised by the persons with specific attributions within these institutions, explaining the conditions in which the amounts, they would pay abroad for certain medical services, can be recovered. They also can find out about the opportunity to obtain S2 form and which are the differences between material costs involved in these two procedures. Specific information is posted on the competent institutions/NHIH's websites. There were made press releases. The specific information was also acknowledged to the healthcare providers who have contracts with the competent institutions, during their regular meetings.
SI	National Contact Point on cross-border healthcare daily provides information about the differences between the opportunities for planned healthcare abroad under the terms of Regulation (EC) No 883/2004 and Directive 2011/24/EU. Information about the differences is also published as an answer to the question under most frequently asked questions on NCP's website.
SK	We have been using standard procedures of advising the clients facilitating their decision-making process on the scheduled treatment abroad, including website information, call centres assistance, and specific information based on individual requests of the insured.
FI	Kela (The Social Insurance Institution) provides information on seeking healthcare abroad with or without prior authorisation. Information is provided for patients and healthcare providers in Kela's website (www.kela.fi) and customer service in Kela's Centre for International Affairs. The Contact Point for Cross-Border Healthcare has an online service choosehealthcare.fi (hoitopaikanvalinta.fi) that provides information on the freedom of choice in cross-border healthcare. The online service provides information for patients and healthcare providers. The service is provided in cooperation with the Ministry of Social Affairs and Health, the National Institute for Health and Welfare and the Social Insurance Institution (Kela).
SE	During 2017, compared with 2016, we did not introduce any new measures to disseminate information to raise awareness amongst patients and healthcare providers. Generally speaking, our most eminent goal for our patients is to simplify the process of applying for planned healthcare abroad. Therefore, we offer patients application forms that present three options how their applications regarding planned healthcare abroad can be investigated. 1. The most beneficial alternative for the patient. Försäkringskassan investigates both the application under the terms of Regulation (EC) No 883/2004 and Directive 2011/24/EU and decides which alternative is most beneficial for the patient. 2. Försäkringskassan investigates the application under the terms of Regulation (EC) No 883/2004. 3. Försäkringskassan investigates the application under the terms of Directive 2011/24/EU. The majority of our customers chooses the first alternative. Of course, Försäkringskassan also does provide more detailed information on our homepage about the difference between planned healthcare abroad in accordance with Regulation (EC) No 883/2004 and planned healthcare abroad in accordance with Directive 2011/24/EU.
UK	In England, comprehensive information is available for both patients (NHS Choices) and healthcare commissioners / providers (NHS commissioner guidance). THE NHS England NCP (Customer Contact Centre) and European team are also national contact points for patients, commissioners etc. for all types of queries and awareness raising. In Northern Ireland, the Health and Social Care Board in Northern Ireland operates National Contact Point for EU Directive. The Board has a comprehensive website with detailed information, a telephone helpline and two dedicated whole time equivalent administrators to advise and guide patients on their rights, systems and processes for approval of applications. In Scotland, the NHS Inform website (Scotland's Health Information service) has detailed information on the S2 process. This was reviewed and updated in October 2017. The website also has information on the Directive and sets out that these are both options for considering healthcare abroad. In Wales, Welsh Health Boards reported that the All Wales Procedure for Welsh Patients accessing treatment in countries in the European Economic Area (2015) has been developed along with a patient information leaflet, which reference both planned healthcare abroad and the S2 route. The procedure and leaflet are also available on Welsh Health Board websites. Whilst some Welsh Health Boards noted that no new measures for the dissemination of this information have been introduced, Hywel Dda University Health Board reported that they are currently developing a website for all overseas patients including planned medical care under the Regulation (EC) No 883/2004 and Directive 2011/24/EU.
IS	Information and advice is provided to patients and healthcare providers about the differences upon request.
LI	
NO	Information concerning the two opportunities directed towards patients is provided online, where the two opportunities each have their own information page. The information concerning planned healthcare on the basis of the Regulation is found under the title "Treatment in EU/EEA due to excessive waiting time in Norway" and clearly stresses the requirements established by art. 20 of Reg. 883/04. In addition, the page includes information on application procedure and processing time. The information concerning planned healthcare on the basis of the Directive is found under the title "Hospital treatment and other tertiary care in other EU/EEA countries. It includes detailed information on application procedures, what is covered, risks, travel expenses and information concerning the national contact point. For information directed towards healthcare providers, we publish online information on "EEA citizens coming to Norway for planned healthcare" and also how they can assist their patients in seeking planned treatment abroad.
CH	Switzerland does not apply Directive 2011/24/EU.

Source Administrative Data PD S2 Questionnaire 2018

ANNEX II OPINION ON THE INFLUENCE OF DIRECTIVE 2011/24/EU ON THE NUMBER OF PDS S2 ISSUED

Table A2.1 Opinion on the influence of Directive 2011/24/EU on the number of PDs S2 issued, 2017

MS	Description
BE	<p>Further to the transposition of Directive 2011/24/EU, the legal framework regarding planned health care, including the issuing of a prior authorisation has been clarified. As a result a prior authorisation (document S2) is no longer issued for:</p> <ul style="list-style-type: none"> • outpatient care unless e.g. the conditions of article 20 of Regulation (EC) 883/2004 are met; • health care that is not provided for by the Belgian compulsory health care insurance or if the reimbursement conditions are not met. <p>The numbers appear to confirm that Directive 2011/24/EU had an influence on the number of PDs S2 issued by the Belgian health care funds : we notice a sharp decline in the reference year 2017, i.e. 280 PDs S2 issued compared to 549 (reference year 2016), 419 (reference year 2015), or 1,190 (reference year 2013).</p> <p>Belgian health care funds do not issue a large number of prior authorisations under the terms of Directive 2011/24/EU (reference year 2017 : 22), but we do notice an steady increase of the number of requests for reimbursements under the terms of Directive 2011/24/EU for which no prior authorisation is required.</p>
BG	No. There is no interrelation between the number of the requested and issued S2 and the application of Directive 2011/24/EU.
CZ	No.
DK	<p>We do not have any evidence that the Directive has influenced the number of PDs S2 issued in 2017.</p> <p>When a patient applies for a prior authorisation for treatment by the regional authorities in Denmark, the region must evaluate the application after both set of rules, if an authorisation cannot be issued according to the Regulation or if the requested treatment is provided by a private healthcare provider.</p>
DE	
EE	
IE	
EL	<p>Greek patients primarily opt in favour of exercising their right for cross-border healthcare under the Social Security Regulations (EC) 883.2004 & 987/2009. There are low figures concerning prior authorization claims under the Directive 2011/24/EU for a number of reasons: a) the reimbursement of the patient will be according to domestic pricing if the healthcare is included in the benefits basket. That practically means, that the patient will potentially have to incur out-of-pocket costs since generally there are high healthcare costs abroad and low reimbursement rates in Greece, b) upfront payment by the patient, c) language barriers, d) under the Directive 2011/24/EU, travel and accommodation expenses may be considered only for patients with officially certified disabilities on a case by case basis and are not generally granted. (Answer provided by EOPYY)</p>
ES	
FR	
HR	No, there is no such evidence.
IT	No impact meaningful from the Directive implementation on S2 issuance confronted to previous years.
CY	No we do not have evidence that Directive 2011/24/EU on patients' rights in cross-border healthcare has influenced the evolution of the number of PDs S2
LV	There is no evidence.
LT	No, we don't have.
LU	<p>The interaction between authorizations under the Directive and authorizations under the coordination regulation has complicated the work of the clerks but this has no direct influence on the number of PDs S2 established. Luxembourg has during 2017 adapted the national procedures concerning the authorization scheme and during several months, established less PDs S2 and instead invited the insured people to use the free movement under the Directive. Thus for 2017, the number of PDs S2 is reduced compared to previous years, but the number of discussions and contestations, mainly on the moment of the reimbursement has increased. Since autumn 2017, Luxembourg again adapted the national procedures and establishes more PDs S2.</p>
HU	There have been no requests for PD S2 under the scope of the Directive in the reference year.
MT	The said directive has not influenced the number of S2 queries or applications and issuance thereof, to our knowledge.
NL	We have no evidence for this.
AT	Directive 2011/24 / EU had no impact or influence on the PD S2 procedure.
PL	The above Directive have promoted in Poland possibility to receive medical treatment abroad. Patients ask about it more frequently and thus more motions are issued. There can be seen that from the moment of implementation of the above Directive more motions and decisions have been created.
PT	No.
RO	No, we do not have.
SI	We do not have any evidence, so we cannot give an answer on the impact of the Directive 2011/204/EU on the issuance of S2. We can just predict that implementation of Directive has lower the number of issued S2.
SK	No
FI	There has not been any specific legislative or administrative change in Finland that has influenced the evolution of the number of patients applying S2. Nor is there any evidence that the Directive 2011/24/EU on patients' rights in cross-border healthcare has influenced the evolution of the number of PD's S2.
SE	No, there is no such evidence

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MS	Description
UK	In Northern Ireland, the Directive 2011/24/EU has created more general awareness regarding patients' rights. Overall there are more general patient enquiries regarding criteria and approval processes for both S2 and cross border directive 2011/24/EU. There is no evidence that the Directive has influenced the evolution of the number of PDs S2 issued by the Health and Social Care Board in Northern Ireland. In Wales, Welsh Health Boards all reported not receiving any requests for planned care with S2 forms in 2017 and noted that patients are referred to the All Wales Procedure for Welsh Patients accessing treatment in countries in the European Economic Area (2015) in order to understand the relevant differences.
IS	No
LI	
NO	We have no such evidences. In previous years we issued very few S2 with the exceptions of S2 for childbirth in cases where the criteria for entitlement as established by the Regulations were not fulfilled. When hospital stay on the basis of the Directive entered into force in Norway we have stopped issuing S2 for such cases of childbirth, opting to use the reimbursement procedures that resulted from the introduction of the Directive. With this, we have seen a reduction in the number of S2 issued each year, but the number of S2 issued each year where the criteria actually were fulfilled has been stable.
CH	Switzerland does not apply Directive 2011/24/EU.

Source Administrative Data PD S2 Questionnaire 2018

ANNEX III REIMBURSEMENT CLAIMS BETWEEN MEMBER STATES

Table A3.1 Number of claims received by the competent Member State for the payment of planned healthcare received abroad by persons with a PD S2, 2017

		Competent Member State (Debtor)																											Total					
		BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE		UK	IS	LI	NO	CH
Member State of treatment (Creditor)	BE			2	10	144			31	12	25,472	8	1	3	4	0		1	0	3	4	6	0	68	11	1	2		51	0		3	25,837	
	BG	0		0	0	3			0	0	0	0	0	0	0	0		0	0	1,459	0	0	0	0	0	0	0	0	0	0	0	0	0	1,462
	CZ	1			0	42			3	0	5	42	0	0	0	4		6	0	0	24	0	0	1	33	889	0		192	1		0	1,243	
	DK	1		0		21			0	1	8	0	0	0	0	0		1	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	34
	DE	32,284		65	10				123	239	1,270	210	1	493	136	14		54	17	0	6,346	88	22	534	78	66	25	235	6		1,681	43,997		
	EE	0		1	0	0			0	0	0	0	0	0	25	0		0	0	2	0	0	0	0	0	0	24	3	0		0	55		
	IE	0		0	0	0			0	0	0	0	0	0	0	0		0	0	0	1	0	0	0	0	0	0	16	0		0	17		
	EL	0		0	0	60			0	0	0	0	0	0	0	0		0	0	0	1	0	0	0	0	0	0	1	1		0	63		
	ES	66		5	16	243			0		406	2	0	0	4	0		0	0	8	4	0	15	21	0	4	0	126	0		7	927		
	FR	882		5	17	79			65	38		12	10	76	0	0		4	0	47	8	9	22	151	21	1	9	122	0		11	1,589		
	HR	0		0	0	62			0	0	0		0	0	0	0		0	0	751	35	0	0	0	3	0	0	3	0		0	854		
	IT	5		4	0	62			151	11	7	27		25	1	0		1	3	0	16	0	4	191	57	6	0	13	0		16	600		
	CY	0		0	0	0			0	0	0	0	0	0	0	0		0	0	9	0	0	0	0	0	0	0	0	0		0	9		
	LV	0		0	0	0			0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0		0	0		
	LT	0		0	0	6			0	0	0	0	0	0	68			0	0	0	0	0	0	0	0	0	0	34	0		1	109		
	LU	720		0	0	110			0	0	696	0	0	0	0	0		0	0	5	0	0	0	0	0	0	0	1	0		0	1,532		
	HU	0		6	0	58			0	5	5	12	0	0	0	0		0	0	0	22	1	0	185	0	30	0	20	0		3	347		
	MT	0		0	0	0			0	0	0	0	0	0	0	0		0	0	0	1	0	2	0	0	0	0	0	0		0	3		
	NL	1,500		23	7	1,470			0	7	24	10	0	0	6	0		1	1		1	2	0	20	2	1	0	0	0		2	3,077		
	AT	0		2	0	5,609			71	0	71	149	0	0	0	0		71	0	6	0	10	0	390	12	0	1	12	2		20	6,426		
	PL	0		1	0	156			0	25	2	0	0	0	0	16		0	0	0	5		0	0	0	0	0	447	1		0	653		
	PT	0		0	0	8			0	3	13	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0		1	25		
	RO	0		0	0	0			0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0		0	0		
	SI	0		0	0	9			0	0	0	16	0	0	0	0		0	0	4	3	0	0	0		1	0	0	0		0	33		
	SK	0		36	0	26			3	0	0	0	0	0	0	0		0	0	0	2	0	0	0	0	0	0	111	0		1	179		
	FI	0		0	0	0			0	0	0	0	0	0	3	0		0	0	0	5	0	0	0	0	0	0	10	0		0	18		
	SE	0		0	40	0			3	21	0	0	0	0	0	2		0	0	0	0	36	0	0	0	0	0	15	0		1	118		
UK	0		0	0	0			72	0	0	0	0	0	21	10	1		0	0	0	21	16	3	1	0	2	1	0		0	148			
IS	0		0	0	0			0	0	0	0	0	0	0	0		0	0	96	0	0	0	0	0	0	0	0	0		0	96			
LI	0		0	0	0			0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0		614	614			
NO	0		0	0	0			0	0	0	0	0	0	0	0		0	0	45	0	0	0	1	0	0	2	0	0		1	49			
CH	52		0	4	4,208			0	26	4,703	0	4	0	5	48		81	0	5	281	4	8	15	58	32	3	50	8			9,595			
Total	35,511		150	104	12,376			522	388	32,682	488	16	618	262	85		220	21	2,440	6,780	173	76	1,578	275	1,034	67	1,462	19	2,362	99,709				

* Blank: no data reported. - n.a.: no data available

** BE: only electronic E125 forms are taken into account

*** DE: the number of E.125 includes the number E.125 under the IZOM-arrangement and Ostbelgien regelung

Source PD S2 Questionnaire 2018

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Table A3.2 Amount to be paid by the competent Member State for planned healthcare received abroad by persons with a PD S2, 2017, in €

	Competent Member State (Debtor)																											Total				
	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE		UK	IS	LI	NO
BE				28,464	278,065			146,041	48,851	30,423,505	18,378	2,071		6,060	0		1,638	0	1,601	7,211	49,126	0	1,720,933	32,394	1,643	3,386	183,977	0		6,750	32,968,828	
BG	0		0	1,247				0	0	0	0	0	0	0	0	0	0	0	9,797,174	0	0	0	0	0	0	0	0	0	0	0	0	9,798,421
CZ	968			0	35,706			27,520	0	11,021	588,988	0	0	0	8,518		3,959	0	0	1,294	0	0	66	424,425	5,268,926	0	146,267	819	0	0	6,518,477	
DK	3,348		0		52,237			0	504	67,490	0	0	0	0	0		17,610	0	0	15	0	0	0	0	616	0	0	0	0	0	141,819	
DE	18,219,344	310,959	64,195					1,347,845	960,562	5,123,844	2,781,454	4,687		1,598,231	242,720		465,828	104,187	0	18,100,080	572,949	238,828	6,171,980	649,440	1,473,977	97,807	493,188	6,692	1,692,369	60,721,167		
EE	0	1,084	0	0	0	0	0	0	0	0	0	0	0	60,628	0	0	0	0	7,802	0	0	0	0	0	0	14,187	1,546	0	0	0	85,247	
IE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	41	0	0	0	0	0	0	0	2,275,875	0	0	2,275,916	
EL	0	0	0	13,670	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	125	0	0	0	0	0	0	2,090	627	0	0	16,512	
ES	43,326	3,049	0	219,303	0	0	0	0	159,826	2,663	0	0	1,204	0	0	0	0	0	5,110	4,330	0	2,827	52,983	0	461	0	483,346	0	1,009	0	979,435	
FR	2,022,049	21,402	43,989	364,416	0	0	846,733	287,263	0	219,824	31,157	0	0	0	0	88,945	0	410,460	6,678	50,364	161,431	1,705,733	185,580	3,734	25,865	321,439	0	154,390	0	6,951,451		
HR	0	0	0	42,588	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6,971,419	5,079	0	0	0	5,852	0	0	2,001	0	0	0	7,026,939	
IT	10,183	28,258	7,003	121,310	0	914,064	29,961	85,899	195,647	0	7,267	0	24,023	44,164	0	25,711	0	26,692	2,076,860	678,569	18,989	0	27,616	0	0	27,616	0	21,892	0	4,344,108		
CY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	95	0	0	0	0	0	0	0	0	0	0	0	0	95	
LV	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
LT	0	0	0	2,651	0	0	0	0	0	0	0	0	0	1,682,318	0	0	0	0	0	0	0	0	0	0	0	0	11,899	0	1,028	0	1,697,896	
LU	716,070	0	0	133,594	0	0	5,702,599	0	0	0	0	0	0	0	0	0	16,058	0	0	0	0	0	0	0	0	0	4,393	0	0	0	6,572,714	
HU	0	9,294	0	114,101	0	57,080	1,338	54,178	0	0	0	0	0	0	0	0	0	0	734	5,660	0	260,531	0	9,036	0	7,109	0	572	0	519,633		
MT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	35	0	792	0	0	0	0	0	0	0	0	0	827	
NL	3,001,069	17,520	7,115	1,000,005	0	13,125	926,593	44,974	0	6,216	0	1,750	1,146	0	1,750	1,146	263	2,227	0	468,060	41,968	440	0	0	0	0	607	0	0	0	5,533,077	
AT	0	30,287	0	7,919,300	988,107	0	155,756	3,023,677	0	0	0	0	0	1,800,512	0	387	0	30,854	0	2,432,790	26,304	0	208	0	0	31,119	13,338	64,423	0	16,517,062		
PL	0	1,179	0	228,502	0	57,292	1,532	0	0	0	0	0	0	20,927	0	0	0	669	0	0	0	0	0	0	0	0	244,248	503	0	0	554,852	
PT	0	0	0	2,411	0	847	6,132	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24	9,414	
RO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
SI	0	0	0	8,349	0	0	0	0	0	14,714	0	0	0	0	0	0	0	7,485	78	0	0	0	0	1,503	0	0	0	0	0	0	32,130	
SK	0	37,265	0	4,293	3,856	0	0	0	0	0	0	0	0	0	0	0	0	0	22	0	0	0	0	0	0	0	27,866	0	1,701	0	75,002	
FI	0	0	1,469	0	0	0	0	0	0	0	0	0	66,052	0	0	0	0	0	414	0	0	0	0	0	0	0	20,884	0	0	0	88,819	
SE	0	0	5,430,241	0	19,096	3,561,949	0	0	0	0	0	0	0	7,762	0	0	0	0	0	72,478	0	0	0	0	0	0	86,138	0	654	0	9,178,317	
UK	0	0	0	0	446,742	0	0	0	0	0	0	0	53,788	3,058	0	0	0	0	488,966	257,230	1,587	34,150	0	367	4,337	0	0	0	0	1,290,225		
IS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	65,232	0	0	0	0	0	0	0	0	0	0	0	65,232	
LI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	244,093	244,093		
NO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	606,876	0	0	0	49,860	0	13,305	0	0	0	0	411,847	1,081,888		
CH	941,615	0	10,749	9,897,948	0	211,012	7,194,860	0	4,938	10,948	93,253	757,625	0	37,062	1,011,399	1,548	33,620	111,129	387,673	544,838	15,356	65,552	1,070	0	0	65,552	1,070	0	0	21,332,194		
Total	24,957,971	469,028	5,593,224	20,439,696	4,740,002	5,228,446	49,860,395	6,944,497	42,853	3,492,712	376,237	3,161,890	149,497	17,926,760	19,653,129	1,042,450	465,777	15,085,076	2,432,205	7,324,529	174,452	4,436,552	23,049	2,601,359	196,621,788							

* Blank: no data reported. – n.a.: no data available.

** DE: the amount to be paid includes amounts to be paid under the IZOM-arrangement and Ostbelgien regelung

*** DK: The E-125 forms for the claims from Italy and Finland was received before 2017, but the related amounts were paid in 2017.

**** FI: The information given is based on the claims Finland paid 2017 (the claims were received 2017 or earlier) because as yet all of the claims received 2017 are not dealt with. In year 2017 Finland reimbursed 17,538.43 euros directly to the persons for the treatment based on S2 (987/2009 article 26.6-7).

Source PD S2 Questionnaire 2018

Table A3.3 Number of claims issued by the Member State of treatment for the reimbursement of costs for persons with a PD S2 having received planned healthcare, 2017

		Member State of treatment (Creditor)																										Total				
		BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE		UK	IS	LI	NO
Competent Member State (Debtor)	BE		0	1	1	26,379		0	66	1,876	0	0	0	0	0	0	0	0	7	0	0	0	0	0	0	0	0	7	0	0	77	28,414
	BG	61		0	0	552		0	75	82	0	0	0	5	0				131	0	0	0	0	0	0	8	11	0	0	116	1,041	
	CZ	1	0		0	71		0	5	5	0	0	0	7	0				6	1		0	0	36	0	0	0	0	0	2	134	
	DK	24	0	0		52		0	16	17	0	0	0	0	0				2	0		0	0	0	0	0	110	0	0	0	3	224
	DE	119	1	35	4			550	243	79	62	0	6		63	0			5,334	158		0	9	26	7	0	16	0	3	5,756	12,471	
	EE	1	0	3	0	24		0	5	1	0	0	0	0	0	0			0	1		0	0	0	8	0	7	0	0	0	50	
	IE	1	0	0	0	45		0	21	2	0	0	0	0	0				1	0		0	0	0	0	27	777	0	0	36	910	
	EL	34	0	0	0	128		0	3	75	0	0	0	0	0				0	0		0	0	4	0	3	29	0	0	0	276	
	ES	12	0	1	0	266		0		74	0	0	1		6	0			6	23		0	0	0	3	23	22	0	2	36	475	
	FR	431	0	5	5	1,289		0	406		0	0	0	5	0				67	2		0	0	0	0	1	0	0	0	4,757	6,968	
	HR	9	0	46	0	194		0	3	12		0	0	19	0				163	0		0	16	0	0	0	0	0	0	1	463	
	IT	233	0	7	0	1,209		0	33	1,334	0	0	0	2	0				227	0		0	0	5	0	15	66	0	0	3,158	6,289	
	CY	0	0	0	0	496		0	0	49	0	0	0	0	0				14	0		0	0	0	0	0	21	0	0	0	580	
	LV	4	0	0	0	125		0	4	0	0	0	0	68	1	0			0	0		0	0	0	4	0	9	0	0	6	221	
	LT	1	0	4	0	14		0	1	2	0	0	0		0	0			0	28		0	0	0	0	2	1	0	0	72	125	
	LU	2,274	0	0	0	6,447		0	4	1,189	0	0	0	0	0				13	0		0	1	0	0	2	0	2	0	238	10,170	
	HU	50	0	5	3	57		0	0	7	0	0	0	0	0				79	0		0	0	0	0	0	0	0	0	90	291	
	MT	0	0	0	0	17		0	0	0	0	0	0	0	0				0	0		0	0	0	0	0	0	0	0	0	17	
	NL	1,428	0	2	6	918		0	140	47	0	0	0	9	0				18	4		0	0	0	0	0	10	2	0	45	2,629	
	AT	6	0	8	0	5,515		0	1	4	1	0	0	53	0					1		0	0	0	1	0	19	0	0	185	5,794	
	PL	0	0	1	14	95		0	2	12	0	0	0	6	0				13			0	0	0	0	36	16	0	0	4	199	
	PT	1	0	0	0	24		0	42	28	0	0	0	0	0				2	2		0	0	0	0	0	3	0	0	10	112	
	RO	22	0	0	7	303		0	36	87	0	0	0	181	0				147	1		0	0	0	2	3	0	0	10	799		
	SI	10	0	24	0	83		0	0	19	3	0	0	0	0				120	0		0	0	0	0	1	1	0	0	48	308	
	SK	3	0	934	1	60		0	4	1	0	0	0	23	0				73	0		0	1	0	0	2	0	0	0	35	1,137	
	FI	0	0	1	0	24		0	5	8	0	0	0	0	0				0	0		0	0	0	0	9	0	0	2	12	61	
	SE	5	0	0	4	21		0	31	3	0	0	1	4	0				2	1		0	0	0	42	0	0	1	3	2	9	129
	UK	32	2	193	0	184		0	326	132	3	0	34	33	0				13	451		0	0	172	10	18	0	0	0	58	1,661	
IS	0	0	2	0	18		0	4	0	0	0	0	0	0				2	2		0	0	0	0	0	0	0	0	9	37		
LI	0	0	0	0	1		0	0	0	0	0	0	0	0				17	0		0	0	0	0	0	0	0	0	38	56		
NO	0	0	0	0	7		0	20	0	0	0	0	3	0				0	0		0	0	0	1	2	0	0	0	0	33		
CH	2	0	0	0	1,918		0	7	5	0	0	1	2	0				21	0		0	0	1	0	0	0	0	1	1,958			
Total	4,764	3	1,272	45	46,536		550	1,503	5,150	69	0	111	422	0				6,478	675		0	27	244	76	258	1,021	7	10	14,811	84,032		

* Blank: no data reported.

Source PD S2 Questionnaire 2018

Table A3.4 Amount to be received by the Member State of treatment as reimbursement of costs for persons with a PD S2 having received planned healthcare, 2017, in €

		Member State of treatment (Creditor)																												Total				
		BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH	Total
Competent Member State (Debtor)	BE		0	979	0	16,530,149			0	43,326	4,016,098	0	0	0	0	0	0	0	0	0	2,929	0	0	0	0	0	0	26,075	0	0	0	698,529	21,318,086	
	BG	288,447		0	0	4,126,701			0	18,235	1,181,659	0	0	0	0	0	8,478	0	0	0	1,329,217	0	0	0	0	0	0	70,904	33,052	0	0	0	202,305	7,258,997
	CZ	223	0		0	338,828			0	2,888	21,214	0	0	0	0	0	9,173	0	0	0	58,038	1,139	0	0	0	36,505	0	0	0	0	0	833	468,839	
	DK	102,269	0	0		509,715			0	16,769	115,341	0	0	0	0	0	0	0	0	0	1,595	0	0	0	0	0	0	871,622	0	0	0	0	60,671	1,677,983
	DE	209,491	362	13,650	24,484				88,858	219,303	364,416	45,640	0	0	0	2,651	114,313	0	0	0	7,904,484	225,393	0	8,349	4,293	25,203	0	45,270	0	13,327	10,878,800	20,188,286		
	EE	2,863	0	6,909	0	216,639			0	1,973	72	0	0	0	0	0	0	0	0	0	0	8	0	0	0	0	81,097	0	8,999	0	0	0	318,559	
	IE	957	0	0	0	406,838			0	3,007	23,090	0	0	0	0	0	0	0	0	0	13,161	0	0	0	0	0	0	667,482	7,405,747	0	0	173,448	8,693,729	
	EL	142,779	0	0	0	1,372,470				353	917,817	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3,879	0	19,095	222,668	0	0	0	2,679,062	
	ES	55,129	0	132	0	1,126,673			0		502,790	0	0	0	11	203	0	0	0	8,892	12,155	0	0	0	0	639	358,368	139,918	0	48,898	121,808	2,375,616		
	FR	2,480,063	0	8,786	6,464	5,274,758			0	159,826		0	0	0	0	0	1,186	0	0	157,646	1,427	0	0	0	0	0	4,817	0	0	0	0	7,687,480	15,782,453	
	HR	14,859	0	541,630	0	1,965,407			0	2,814	128,296	0	0	0	0	0	54,636	0	0	2,923,045	0	0	14,714	0	0	0	0	0	0	0	0	3,609	5,649,011	
	IT	532,216	0	9,599	103	5,277,313			0	19,828	4,954,093	0	0	0	0	0	485	0	0	2,412,375	0	0	0	0	0	4,095	0	64,697	524,266	0	0	4,978,720	18,777,790	
	CY	0	0	0	0	7,107,596			0		1,344,941	0	0	0	0	0	0	0	0	125,301	0	0	0	0	0	0	0	0	82,973	0	0	0	8,660,811	
	LV	21,165	0	0	0	1,603,764			0	1,204	0	0	0	0	0	1,682,318	17	0	0	0	0	0	0	0	0	0	114,996	0	53,850	0	0	12,361	3,489,675	
	LT	1,900	0	8,520	0	242,720			0	125	12,930	0	0	0	0	0	0	0	0	0	0	20,403	0	0	0	0	0	7,405	2,907	0	0	108,396	405,305	
	LU	9,838,235	0	0	0	14,127,055			0	11,120	5,637,037	0	0	0	0	0	0	0	0	23,179	0	0	0	0	3,976	0	0	15,761	0	3,145	0	1,353,320	31,012,828	
	HU	22,066	0	2,704	99	436,946			0	0	113,774	0	0	0	0	0	0	0	0	1,934,531	0	0	0	0	0	0	0	0	0	0	0	775,117	3,285,236	
	MT	0	0	0	0	104,187			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	104,187	
	NL	7,378,594	0	34	0	6,847,891			0	81,800	155,684	0	0	0	0	0	7,909	0	0	67,999	422	0	0	0	0	0	0	70,887	3,667	0	223,951	14,838,838		
	AT	4,376	0	60,954	0	22,712,628			0	57	7,599	3,679	0	0	0	0	18,470	0	0	0	46	0	0	0	0	279	0	335,398	0	0	1,512,350	24,655,837		
	PL	0	0	2,463	0	613,317			0	9,377	54,913	0	0	0	0	0	5,744	0	0	32,199	0	0	0	0	0	0	0	55,668	257,229	0	0	1,481	1,032,392	
	PT	133	0	0	0	250,412			0	26,789	186,904	0	0	0	0	0	0	0	0	39	3,052	0	0	0	0	0	0	1,797	0	0	35,459	504,584		
	RO	129,342	0	0	0	6,019,713			0	50,306	1,983,991	0	0	0	0	0	205,508	0	0	2,054,088	1,767	0	0	0	0	0	6,552	109,169	0	0	69,137	10,629,573		
	SI	68,283	0	296,216	0	765,820			0	0	178,464	5,861	0	0	0	0	0	0	0	1,856,437	0	0	0	0	0	0	0	179	0	0	307,271	3,478,532		
	SK	11,470	0	6,172,980	0	1,496,076			0	461	3,734	0	0	0	0	0	2,525	0	0	1,969,165	0	0	1,503	0	0	0	0	351	0	0	548,849	10,207,114		
	FI	0	0	3,004	0	45,057			0	628	43,739	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	40,229	0	0	162,630	30,046	325,333	
	SE	8,378	0	0	84,359	82,431			0	52,452	30,911	0	0	0	952	793	0	0	5,068	4,853	0	0	0	0	0	82,897	0	2,383	11,588	29,189	93,445	489,699		
	UK	88,275	595	143,390	0	441,298			0	760,929	332,865	2,025	0	0	11,899	9,342	0	0	28,930	238,716	0	0	0	0	0	81,615	20,884	85,313	0	0	77,039	2,323,116		
	IS	0	0	870	0	16,448			0	2,822	0	0	0	0	0	0	0	0	0	21,119	518	0	0	0	0	0	0	0	0	0	1,124	42,901		
	LI	0	0	0	0	176			0	0	0	0	0	0	0	0	0	0	0	21,903	0	0	0	0	0	0	0	0	0	0	198,337	220,415		
NO	0	0	0	0	4,139			0	11,114	0	0	0	0	0	0	1,176	0	0	0	0	0	0	0	0	0	61	7,330	0	0	0	0	23,819		
CH	15,518	0	0	0	2,063,697			0	1,009	74,401	0	0	0	0	0	1,028	589	0	101,435	0	0	0	0	0	1,701	0	0	0	0	42,280	2,301,658			
Total	21,417,032	957	7,272,822	115,508	102,126,864			88,858	1,498,514	22,386,773	57,206	0	0	1,698,859	440,545	0	23,052,775	509,899	0	28,543	132,088	326,055	2,275,243	9,323,118	18,400	296,325	30,153,886	223,220,267						

* Blank: no data reported.

Source PD S2 Questionnaire 2018

ANNEX IV THE EXISTENCE OF PARALLEL SCHEMES

Table A4.1 The existence of parallel schemes, 2017

MS	Description
BE	<p>The Belgian legislation foresees the possibility to issue a PD S2 on the basis of several parallel procedures, such as for persons whose principal residence is in a border region to be reimbursed for the costs of healthcare received in the neighbouring country (3,304 PDs S2).</p> <p>Furthermore, a total of 148 PDs S2 were also issued for functional rehabilitation services in Germany for insured persons who live in the German-speaking community.</p> <p>Belgium is also party to a large number of cooperation agreements which make it easier to obtain prior authorisation in border areas. In such cases authorisation is granted on the basis of a more flexible procedure. Depending on the cooperation agreement, prior authorisation (the PD S2) often becomes a simple administrative authorisation that is granted automatically:</p> <ul style="list-style-type: none"> - IZOM: 8.383 authorisations (1st semester 2017), - Ostbelgien Regelung : 1,583 authorisations (2nd semester 2017), - ZOAST arrangements: 12 authorisations. <p>Belgium also issued 130 PDs S2 for pregnant woman further to the consensus reached at the 254th meeting of the Administrative Commission regarding a broad interpretation of Article 22(1)(c)(i) of Regulation (EEC) No 1408/71 (now Article 20 of Regulation (EC) No 883/2004) for the benefit of pregnant women who, for personal reasons, wish to give birth in another Member State.</p> <p>Belgium also issued 4 PDs S2 for reasons of "force majeure" where the insured person was not able or did not comply with the follow (the deadlines of) the procedure to apply for a prior authorisation.</p> <p>With regard to healthcare that is not included in the services provided for by the Belgian legislation, Belgian competent institutions issued 14 PDs S2 to cover the expenses of the "standard of care" of Belgian insured persons allowing to participate in clinical trials in another Member State .</p> <p>However, in Belgian legislation there is</p> <ul style="list-style-type: none"> - a (general) procedure which makes it possible for Belgian patients to seek for health care services abroad that are not provided for by Belgian legislation, and - a (specific) procedure which makes it possible for Belgian patients to receive hadron therapy abroad. <p>In both procedures patients can receive, if certain conditions are met, a prior authorisation. With regard to hadron therapy, a total number of 23 patients were authorised to seek health care in a another Member State and were entitled to reimbursement in accordance with the authorisation.</p> <p>In 2017, a total of 13,678 PDs S2 were issued further to the more flexible and/or parallel procedures.</p>
BG	<p>The number of PDs S2 issued from Bulgarian NHIF is not fully representative due to the fact that there is another competent institution in the face of the Ministry of Health - that issue S2 for treatment covered by the Ministry's budget (for transplantation of organs, tissues and cells).</p>
CZ	<p>There is a special national rule according to which the health insurance fund can agree with paying the costs of a treatment abroad that is normally not covered. There are specific conditions for such agreement. If such agreement is granted, all the costs are paid by the health insurance fund. This tool is however mostly used for national situations or third country situations. It is applied to EU countries only if the treatment is not covered in the other country where the treatment is provided, or if the provider is not public. According to our qualified estimation there are less than 10 cases/year.</p>
DK	<p>National legislation in Denmark complements the Danish patients' rights under the Regulation (EC) No. 883/2004. According to the Danish legislation the regional authorities can refer patients in need of highly specialized treatment to treatment abroad if the treatment in question is not available in Denmark. The referral is subject to approval of the Danish Health Authority. The regional authorities may also refer patients to receive research-related treatment abroad if relevant treatment is not available in Denmark.</p> <p>Patients suffering from a life-threatening disease can be referred to experimental treatment abroad if public hospitals in Denmark are unable to offer further treatment. The referral is also subject to approval of the Danish Health Authority. The hospital authorities can also offer patients treatment abroad for instance if the waiting time in Denmark is too long even though the treatment can be provided in Denmark.</p> <p>When a patient is referred for treatment at a public hospital in another EU/EEA country or Switzerland according to the Danish legislation the regional authorities and the Danish Health Authority will also issue an S2 form.</p>
DE	
EE	
IE	
EL	<p>According to national legislation, EOPYY may undertake the costs for urgent treatments (exempt from waiting lists) not available in Greece, and offered by European private clinics or public/university hospital private wings. The same as with the S2 scheme authorisation procedure is followed, and a Health Board referral is taken into account. Patients privately admitted for treatment, are accountable to a 10% (5% for children up to 16 years of age) charge on the total treatment costs. The same principle as above, is valid for approved treatments outside Europe (patient charge is not applicable). EOPYY may, also cover the full costs for the insured who receive urgent vitally necessary treatment in European non-member states of the EU, and outside Europe. (Answer provided by EOPYY)</p>
ES	
FR	
HR	<p>Yes, it is possible that the number of S2 forms is not representative of the number of patients covered for health care abroad for Croatia. There is indeed a parallel authorisation procedure in place. According to Act on Compulsory Health Insurance (Art. 26.3), every insured person is entitled to treatment abroad (both in EU and non EU countries) for cases where such treatment can't be provided for by contracted health care provider in Croatia, but can successfully be performed abroad. The procedure of authorisation is elaborated in detail in Art. 25.-33. of Ordinance on entitlements, conditions and usage of cross-border healthcare. There is no stipulation that the treatment abroad has to be provided for within contracted health care facilities abroad, or that it has to be within the healthcare system of the State of treatment. Therefore, there are cases where S2 form cannot be used, namely, if the treatment is to be provided by private healthcare facility, or if the treatment in question is outside of scope of the healthcare system of the treatment MS. In case the</p>

Chapter 2 Planned cross-border healthcare

MS	Description
	authorisation for such a procedure has been granted, the Croatian health insurance fund pays the healthcare facility which provides the treatment directly, and issues a letter of affidavit.
IT	There is not any awareness of such cases.
CY	Private parallel schemes may be used by patients to obtain healthcare abroad. However, no data are available.
LV	
LT	Any parallel schemes to the S2 system do not exist in Lithuania.
LU	no parallel scheme apart from Directive 2011/24 EU
HU	The number of PDs S2 is definitely not representative of numbers for planned treatment abroad. There are treatments in the EEA and Switzerland where the health care provider is a private provider; therefore they do not accept S2 form or there is no S2 form used for genetic testing. If a care cannot be delivered in Hungary and there is a real chance for improving the quality of life of the patient, NHIF gives authorization for planned treatments in third countries. For genetic and biochemical analysis' or bone marrow donor search NHIF does not issue S2 forms because these centres request direct payment. In these cases NHIF issues a guarantee letter for payment.
MT	Yes, the number of S2s may not be representative of the number of patients covered for healthcare abroad for a certain Member State, on account of the existence of parallel procedures excluding Directive No.: 2011/24/EU allowing patients to seek healthcare abroad. The system works through an agreement whereby insured persons in Malta are sent to receive treatment in the NHS hospitals as Government sponsored patients. Patients must have received all possible treatment and had underwent all possible related investigations locally.
NL	
AT	The number of issued PDs S2 is not representative because, in addition, national law entitles the beneficiary to reimbursement of benefits in kind used abroad.
PL	Poland has its own regulations, on the basis of which gives consent to planned treatment abroad. The regulations are parallel to the regulations implemented on the basis of the Directive and EU regulations on coordination. The regulations are used more often than the regulations implemented on the basis of the Directive and EU regulations on coordination.
PT	The Portuguese National Health System has in force legislation that recognizes the right of patients to have access to specialized healthcare abroad which, for lack of technical or human means, cannot be provided within the Portuguese Health System. The process of medical assistance abroad is organized by the public hospital of the National Health Service where the patient is being treated and is subject to prior authorization of the Director-General of Health. If the Director-General of Health authorizes the patient to travel abroad, the National Health System will assume the full payment of all medical expenses, accommodation, travel, meals and medication. In 2017, the medical assistance abroad covered 303 patients and 436 authorizations for the treatment or the performance of complementary diagnostic tests not available in Portugal.
RO	There are no similar procedures to the prior authorisation of scheduled treatment (excluding the existing procedure as a result of the implementation of Directive 2011/24/EU).
SI	
SK	No parallel scheme to PD S2 exists in SK
FI	In Finland, patients can choose to seek health care abroad under the terms of directive 2011/24/EU (without prior authorisation) or they can apply for prior authorisation (PD S2) for the treatment under the Regulation (EC) No 883/2004. Public healthcare organisations can also arrange the treatment as an outsourcing service from abroad. However, that is something that patients cannot themselves choose when they seek treatment from public healthcare.
SE	Yes. Patients that are insured in Sweden for social security benefits according to chapter 4 and 5 Socialförsäkringsbalken, can have access to certain types of health care in Norway and Finland when they either permanently live or temporarily stay in a municipality close to Norway or Finland (law Gränssjukvårdsförordningen (1962:390)). Unfortunately we cannot provide any numbers.
UK	In Northern Ireland, the Health and Social Care Board has a well-established prior approval process for funding specialist, tertiary health and care services outside N.Ireland. This is known as the Extra Contractual Referral (ECR) process. This can be for assessment and/or treatment which a patient's consultant considers necessary but which is not available through HSCB facilities. This may be either because the treatment needed is of a specialist nature which is not available in N.Ireland or because there is a clinical reason why the local service is not appropriate. Each case referred to the HSCB for funding approval is considered on its own merits. The prior approval process ensures that: referrals have been made by a consultant working in a local Trust; that they will retain clinical responsibility for the case when the patient returns to N.Ireland, that in referring their patient, the potential of accessing local services has been considered; and that they have given due consideration to an appropriate provider and the quality of their care and the knowledge, skills and experience of the clinician to whom the patient is referred. The HSCB expects extra contractual referral requests to be made to NHS providers in the UK but will consider requests to non-UK providers where there is clear clinical rationale for doing so. In Wales, Welsh Health Boards reported that they primarily receive requests via the Directive 2011/24/EU. No S2 requests have been received and EHIC (E125) requests are not processed locally by Welsh Health Boards but by UK Government. Welsh Health Boards referred to the All Wales Procedure for Welsh Patients accessing treatment in countries in the European Economic Area (2015) which is written in accordance with Directive 2011/24/EU. Welsh Health Boards do not believe that it would be classified as a parallel procedure.
IS	
LI	
NO	
CH	As part of the cross-border policies of border cantons and health insurer with foreign health service providers costs of treatments can be reimbursed. This option is taken up restrictedly.

Source Administrative data PD S2 Questionnaire 2018

ANNEX V S2 PORTABLE DOCUMENT

S2

Coordination of Social Security Systems

Entitlement to scheduled treatment
EU Regulations 883/04 and 987/09 (*)

INFORMATION FOR THE HOLDER

This is your certificate of entitlement to certain medical treatment abroad. If you present it to the health care institution in the State where the treatment will be provided, you will receive medical treatment under the same conditions as persons insured in that State.

You may be entitled to a supplementary reimbursement according to national reimbursement rates.

Your health care institution will advise you on this. For a list of health care institutions, see

<http://ec.europa.eu/social-security-directory/>

1. PERSONAL DETAILS OF THE HOLDER

1.1	Personal Identification Number in the competent Member State	
1.2	Surname	
1.3	Forenames	
1.4	Surname at birth (**)	
1.5	Date of birth	
1.6	Current address	
1.6.1	Street, N°	1.6.3 Post code
1.6.2	Town	1.6.4 Country code ▼

2. KIND AND LOCATION OF TREATMENT

2.1	Treatment	
2.2	Location of the treatment	
2.3	Expected period of treatment	
2.3.1	Start date	2.3.2 End date

(*) Regulations (EC) No 883/2004, articles 20, 27 and 36, and 987/2009, article 26 and 33.

(**) Information given to the institution by the holder when this is not known by the institution.

S2



Entitlement to scheduled treatment

3. INSTITUTION COMPLETING THE FORM

3.1 Name		
3.2 Street, N°		
3.3 Town		
3.4 Post code	3.5 Country code	
3.6 Institution ID		
3.7 Office fax N°		
3.8 Office phone N°		
3.9 E-mail		
3.10 Date		
3.11 Signature		

STAMP

Chapter 3
The entitlement to and use of
sickness benefits by persons
residing in a Member State
other than the competent
Member State

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SUMMARY OF THE MAIN FINDINGS

Insured persons and their family members residing in a Member State other than the Member State in which they are insured (i.e. the competent Member State) are entitled to sickness benefits in kind provided for under the legislation of the Member State of residence. The healthcare provided in the Member State of residence will be reimbursed by the Member State of insurance in accordance with the rates of the Member State of residence. Furthermore, this group is entitled to cash benefits, if any, provided by the competent Member State (i.e. export of sickness benefits in cash).

Their right to sickness benefits in kind in the Member State of residence is certified by Portable Document S1 (PD S1), a certificate of entitlement to healthcare if the person does not live in the country where he/she is insured. The PD S1 also includes the question whether the person receives long-term care benefits in cash. This form is issued by the competent Member State and allows the person to register for healthcare in the Member State of residence when insured in a different one. The form is issued mainly to cross-border workers (and their family members) and mobile pensioners (and their family members).

Approximately 1.7 million persons reside in a Member State other than the competent Member State, and are registered for healthcare in their Member State of residence by means of a PD S1. This implies that on average 0.35% of the insured persons reside in a Member State other than the competent Member State. Almost one quarter of the persons insured in Luxembourg reside in another Member State. Moreover, only for Austria, Belgium, the Netherlands and Liechtenstein more than 1% of their insured persons reside in another Member State. Furthermore, some 0.5% of the persons insured in Germany reside in another Member State. From the perspective of receiving Member States, only persons with a valid PD S1 who reside in Belgium and Cyprus represent more than 2% of the total number of persons insured in these receiving Member States. The number of persons with a valid PD S1 who reside in Spain represents only 0.4% of the total number of persons insured in Spain.

Some 70% of the PDs S1 were issued to persons of working age and their family members residing in a Member State other than the competent Member State. Furthermore, some 30% of the PDs S1 were issued to pensioners (+ pension claimants) and their family members. This distribution varies strongly among Member States. Most Member States issued the highest number of PDs S1 to persons of working age. For instance, the Czech Republic, France, Luxembourg, Malta, Austria, Liechtenstein and Switzerland issued more than nine out of ten PDs S1 to persons of working age and their family members. This is in contrast to the United Kingdom which issued nine out of ten PDs S1 to pensioners and their family members.

About 80% of the total number of PDs S1 for persons of working age and their family members were issued by Luxembourg, Germany, the Netherlands, Austria and Belgium. This reflects the high number of incoming cross-border workers employed in these Member States. Moreover, some 80% of the persons of working age with a PD S1 reside in a neighbouring Member State. Furthermore, most of the persons of working age with a valid PD S1 reside in France, Belgium, Germany and Poland.

The United Kingdom issued almost one out of three of the total number of PDs S1 for pensioners and their family members residing abroad. Furthermore, 32% of the total number of PDs S1 for pensioners and their family members are received by Spain.

Finally, average healthcare spending related to the reimbursement of sickness benefits in kind for persons residing in a Member State other than the competent Member State is limited to some 0.3% of total healthcare spending related to benefits in kind.

1. INTRODUCTION

Insured persons and their family members residing in a Member State other than the Member State in which they are insured (i.e. competent Member State) are entitled to healthcare (i.e. sickness benefits in kind) provided for under the legislation of the Member State of residence.²⁹ Applying the Coordination Regulations, healthcare provided in the Member State of residence will be reimbursed by the competent Member State in accordance with the rates of the Member State of residence.³⁰ Furthermore, insured persons and their family members residing in a Member State other than the competent Member State will be entitled to cash benefits, if any, provided by the competent Member State (i.e. the export of sickness benefits in cash).³¹

Their right to sickness benefits in kind in the Member State of residence is certified by Portable Document S1 (PD S1) 'Registering for healthcare cover' (*see also Annex II*). This form is issued by the competent Member State at the request of the insured person or of the Member State of residence and allows to register for healthcare in the Member State of residence when insured in a different one.³²

The form is issued mainly for cross-border workers³³ (and their family members). Most of them are frontier workers, seasonal workers or perhaps even posted workers³⁴. However, a PD S1 can also be issued to pensioners (and their family members) who reside in a Member State other than the competent Member State. However, only in cases where the pensioner has never worked in the Member State of residence (i.e. is not entitled to a pension) a PD S1 will be issued. Therefore, for three groups of pensioners a PD S1 will be required:

- pensioners who move their residence to another Member State when retired and do not receive a pension from their new Member State of residence;
- retired frontier workers who never worked in their Member State of residence;
- retired EU mobile workers³⁵ who return to their Member State of origin but never worked in this Member State.

This means that pensioners who have worked in their Member State of residence do not need such form, as the Member State of residence will also be the competent Member State. Thus, the group of pensioners with a PD S1 is only a part of the total group of cross-border pensioners.³⁶ Moreover, healthcare spending for pensioners and their family members with a valid PD S1 does not only include the reimbursement of healthcare provided abroad, as these persons are also entitled to healthcare benefits

²⁹ Article 17 of the Basic Regulation.

³⁰ Article 35 (1) of the Basic Regulation.

³¹ Article 21 (1) of the Basic Regulation.

³² Article 24 (1) of the Basic Regulation.

³³ Cross-border workers are persons who work in one EU Member State but live in another.

³⁴ A posted worker is an employee who is sent by his employer to carry out a service in another EU Member State on a temporary basis. A distinction has to be made between, on the one hand, postings which do not exceed 90 days and, on the other hand postings exceeding 90 days. If the posted workers has to move his/her habitual residence to the Member State to which (s)he is posted (after 90 days) (s)he should register with a PD S1 instead of using the EHIC to receive medical care in this Member State.

³⁵ 'EU mobile worker' means a person who moves his/her residence to a country of which he or she is not a citizen.

³⁶ It shows that it would be useful to confront the PDs S1 data with other statistics (for instance, those collected for the report on cross-border old-age, survivors' and invalidity pensions). Moreover, a specific thematic topic was included in the 2017 Annual Report on Labour Mobility (Fries-Tersch, E., Tugran, T. and Bradley, H., 2017) covers the mobility of retired persons.

in kind during their stay in the competent Member State if this Member State is listed in Annex IV of the Basic Regulation^{37, 38}

On several occasions this chapter refers to the official administrative documents in use for the coordination of social security systems. Three sets are in use: the original set of 'E-forms', a limited number of new documents issued to the insured persons involved called Portable Documents (including the European Health Insurance Card) and finally the Structured Electronic Documents (SEDs), which in the future will be used for the electronic exchange of information between the administrations involved. PD S1 covers several categories of insured persons who reside in a Member State other than the competent Member State (insured person, pensioner, pension claimant, family member of insured person, family member of pensioner). This is in contrast with the several E forms in place: form E106 (different categories of insured persons), form E109 (family member of insured person), form E120 (pension claimants and members of their family) and form E121 (pensioner and family member of pensioner). By counting these forms, insight can be gained into the number of persons residing in a Member State other than the competent Member State. However, this is an underestimation as also alternative procedures exist.

Such alternative procedures are explained below. For instance, between the Nordic countries (Denmark, Finland, Sweden, Norway and Iceland) PDs S1 are not exchanged. In France, the CPAM (*primary sickness insurance fund*) of Hainaut has several Franco-Belgian agreements on health: the Transcards and SI/Réa (intensive care and resuscitation) agreements and the ZOAST (cross-border care access zones) agreements. Luxembourg and Belgium have had a bilateral agreement in place which covers frontier workers since June 1995. Form BL1 instead of PD S1/ form E106 is used. Luxembourg and France have a particular procedure concerning interim workers insured in Luxembourg and residing in France.³⁹ Swiss or Spanish nationals who are receiving a pension under Swiss legislation and move to Spain can opt either to be affiliated with a Swiss sickness insurance scheme – which will issue an E-121-CH form or a PD S1 for healthcare cover in Spain – or to be exempt from affiliation in Switzerland. If they take the latter option, the pensioner may conclude a special agreement on healthcare with the Social Security General Fund for themselves and their family members. Finally, Denmark has a waiver agreement with a number of countries, including Ireland, Portugal and the UK.

This chapter presents data on the number of persons entitled to sickness benefits, who reside in a Member State other than the competent Member State, and are registered for healthcare in their Member State of residence by means of a PD S1 or the equivalent E forms. It first presents overall figures on the number of PDs S1 issued and received between 1 January and 31 December 2017 (*annual flow*) as well as on the total number of PDs S1 issued/received which are still valid on 31 December 2017 (*stock*). Afterwards, more detailed data are provided for both insured persons of working age and pensioners. Finally, figures are presented on the reimbursement of sickness benefits provided to persons with a PD S1.

³⁷ Article 27 (2) of the Basic Regulation.

³⁸ Member States listed in Annex IV of the Basic Regulation are: Belgium, Bulgaria, the Czech Republic, Germany, Greece, Spain, France, Cyprus, Luxembourg, Hungary, the Netherlands, Austria, Poland, Slovenia and Sweden (see Chapter 4).

³⁹ Because of the high number of interim workers and the existence of many different limited insurance periods for every single interim worker the workload would be too heavy to establish PD S1 systematically. Therefore, a PD S1 is only established for periods where benefits in kind are provided to the interim worker or his/her family member in France.

Denmark, Germany, Ireland, Latvia, Portugal, Sweden, Liechtenstein and Norway did not provide data on the number of insured persons residing in a Member State other than the competent Member State. Nonetheless, the fact that most reporting Member States have also provided a breakdown by status from both a sending and receiving perspective and for both the annual flow and stock of the number of documents results in a comprehensive dataset. Moreover, a high number of Member States were able to provide figures on cross-border spending on the basis of a PD S1.

The technique of data imputation was applied, which is a procedure used to estimate and replace missing or inconsistent data in order to provide a complete data set. Data from an issuing perspective by receiving Member State was completed with data from a receiving perspective by issuing Member State and *vice versa*, as both perspectives were asked for. For instance, data for Germany as the sending Member State was imputed on the basis of the number of forms received by the receiving Member States from Germany. This technique was very useful to estimate the total number of insured persons residing in a Member State other than the competent Member State and to gain insight into the share of all Member States.

2. THE NUMBER OF S1 PORTABLE DOCUMENTS ISSUED AND RECEIVED

2.1. General overview

Figures on the number of PDs S1 issued and received between 1 January and 31 December 2017 (i.e. persons who reside since 2017 in a Member State other than the competent Member State) as well as figures on the total number of PDs S1 issued/received that are still in circulation on 31 December 2017 and thus regardless of the year when they were issued. The number of PDs S1 in circulation represents the total group of persons who reside in a Member State other than the competent Member State.

2.1.1. Absolute figures

Approximately 1.7 million persons reside in a Member State other than the competent Member State, and are registered for healthcare in their Member State of residence by means of a PD S1 or the equivalent E forms (*Table 1 and Annex I – Tables A2.1 and A2.2*). The main issuing Member States are Germany (353,653 PDs S1), Belgium (249,004 PDs S1), Luxembourg (213,146 PDs S1), the Netherlands (197,524 PDs S1), the United Kingdom (156,090 PDs S1) and finally Austria (145,527 PDs S1). Some eight out of ten PDs S1 were issued by these six issuing Member States. Most of the persons with a valid PD S1 reside in France (487,006 PDs S1) or some 3 out of 10 persons who are residing in Member State other than the competent Member State. Furthermore, Belgium (264,047 PDs S1), Germany (238,062 PDs S1), Spain (169,455 PDs S1) and finally Poland (157,067 PDs S1) also received a high number of PDs S1.

Table 1 Number of PDs S1 issued and received, *flow and stock*, 2017

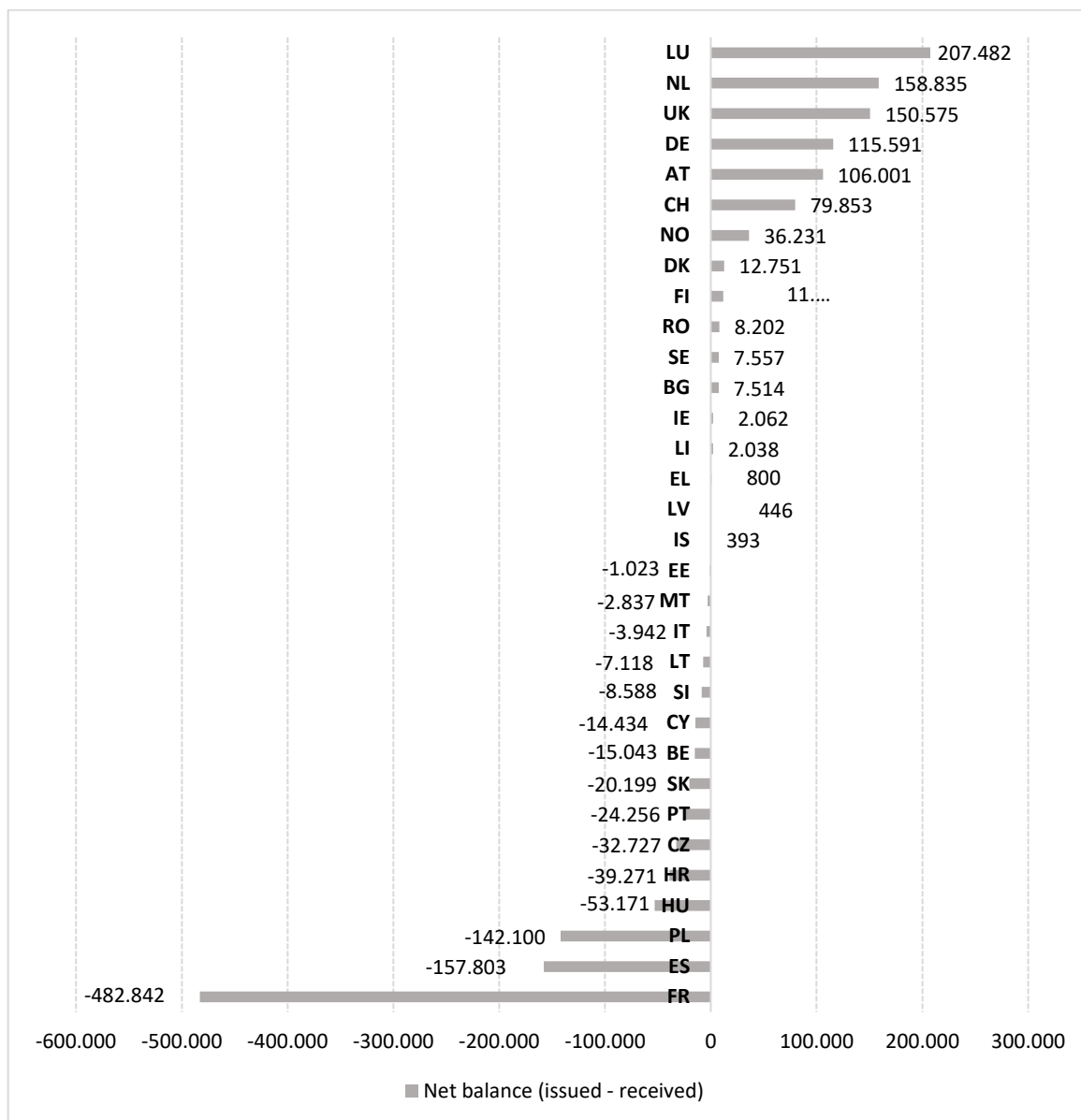
	Issued				Received			
	Flow: In 2017		Stock: Total and still valid		Flow: In 2017		Stock: Total and still valid	
	Number	% of column total	Number	% of column total	Number	% of column total	Number	% of column total
BE	23,308	2.9%	249,004	14.9%	38,707	7.3%	264,047	14.9%
BG	2,959	0.4%	12,857	0.8%	1,643	0.3%	5,343	0.3%
CZ	22,233	2.7%	64,724	3.9%	38,679	7.3%	97,451	5.5%
DK	8,586	1.1%	13,408	0.8%	246	0.0%	657	0.0%
DE	110,594	13.6%	353,653	21.1%	120,170	22.7%	238,062	13.4%
EE	821	0.1%	1,569	0.1%	745	0.1%	2,592	0.1%
IE	1,757	0.2%	3,319	0.2%	492	0.1%	1,257	0.1%
EL	660	0.1%	845	0.1%	1,890	0.4%	45	0.0%
ES	4,412	0.5%	11,652	0.7%	20,420	3.9%	169,455	9.6%
FR	2,919	0.4%	4,164	0.2%	61,006	11.5%	487,006	27.5%
HR	908	0.1%	2,070	0.1%	6,837	1.3%	41,341	2.3%
IT	106	0.0%	3,408	0.2%	3,131	0.6%	7,350	0.4%
CY	450	0.1%	435	0.0%	1,222	0.2%	14,869	0.8%
LV	573	0.1%	1,530	0.1%	257	0.0%	1,084	0.1%
LT	712	0.1%	1,062	0.1%	6,290	1.2%	8,180	0.5%
LU	235,527	29.0%	213,146	12.7%	2,344	0.4%	5,664	0.3%
HU	3,440	0.4%	10,666	0.6%	27,781	5.2%	63,837	3.6%
MT	2,576	0.3%	1,219	0.1%	403	0.1%	4,056	0.2%
NL	181,491	22.3%	197,524	11.8%	11,385	2.2%	38,689	2.2%
AT	55,533	6.8%	145,527	8.7%	10,735	2.0%	39,526	2.2%
PL	4,722	0.6%	14,967	0.9%	86,417	16.3%	157,067	8.9%
PT	2,210	0.3%	8,794	0.5%	3,668	0.7%	33,050	1.9%
RO	7,676	0.9%	23,488	1.4%	12,743	2.4%	15,286	0.9%
SI	1,388	0.2%	9,213	0.5%	7,960	1.5%	17,801	1.0%
SK	10,960	1.3%	18,270	1.1%	46,058	8.7%	38,469	2.2%
FI	4,129	0.5%	12,582	0.8%	322	0.1%	713	0.0%
SE	1,999	0.2%	9,673	0.6%	706	0.1%	2,116	0.1%
UK	12,133	1.5%	156,090	9.3%	1,414	0.3%	5,515	0.3%
IS	352	0.0%	456	0.0%	9	0.0%	63	0.0%
LI	981	0.1%	2,168	0.1%	44	0.0%	130	0.0%
NO	20,234	2.5%	36,423	2.2%	124	0.0%	192	0.0%
CH	86,036	10.6%	91,517	5.5%	15,584	2.9%	11,664	0.7%
Total	812,385	100.0%	1,675,423	100.0%	529,432	100.0%	1,772,576	100.0%

* Imputed data for DK, DE, IE, LV, PT, SE, LI and NO.

Source PD S1 Questionnaire 2018

Figure 1 gives an overview of the net balance of PDs S1 per reporting Member State by showing the number of persons residing in a Member State on the basis of a PD S1 issued by the reporting Member State **minus** the number of persons residing in the reporting Member State on the basis of a PD S1 issued by another Member State. Some 17 Member States are net senders (i.e. number of PDs S1 issued is higher than the number of PDs S1 received), in particular Luxembourg, the Netherlands, the United Kingdom, Germany, Austria and Switzerland. The other Member States are net recipients, in particular France, Spain and Poland.

Figure 1 *Net balance* between the total number of PDs S1 issued and received, stock (still in circulation), 2018



* Imputed data for DK, DE, IE, LV, PT, SE, LI and NO.

Source PD S1 Questionnaire 2018

2.1.2. As a share in the total number of insured persons

The above absolute figures could be compared to the total number of insured persons to know the percentage of persons residing in a Member State other than the competent Member State (Table 2). Almost one quarter of the persons insured in Luxembourg reside in another Member State. All other Member States show a much lower percentage. Only for Belgium, Austria, the Netherlands and Liechtenstein, more than 1% of their insured persons reside in another Member State. On average 0.35% of the insured persons reside in a Member State other than the competent Member State. For Germany, which is the main issuing Member State in absolute terms, only 0.5% of their insured persons reside in another Member State.

From the perspective of receiving Member States, only in Belgium and Cyprus the number of persons with a valid PD S1 represent more than 2% of the total number of insured persons in these receiving Member States. In Spain, which is one of the main receiving Member State in absolute terms, the number of persons with a valid PD S1 represent 0.4% of the total number of persons insured by Spain.

Table 2 **Total number of PDs S1 *issued and received*, as share of total number of insured persons, stock (still in circulation), 2017**

MS	Number of insured persons (A)	Number of PDs S1 issued and still valid (B)	As share of total number of insured persons (B/A)	Number of PDs S1 received and still valid (C)	As share of total number of insured persons (C/A)
BE	10,768,091	249,004	2.3%	264,047	2.5%
BG	7,354,857	12,857	0.2%	5,343	0.1%
CZ	10,490,274	64,724	0.6%	97,451	0.9%
DK	5,700,000	13,408	0.2%	657	0.0%
DE	70,728,389	353,653	0.5%	238,062	0.3%
EE	1,240,927	1,569	0.1%	2,592	0.2%
IE	4,582,268	3,319	0.1%	1,257	0.0%
EL	6,813,926	845	0.0%	45	0.0%
ES	48,320,884	11,652	0.0%	169,455	0.4%
FR	66,449,362	4,164	0.0%	487,006	0.7%
HR	4,130,237	2,070	0.1%	41,341	1.0%
IT	60,000,000	3,408	0.0%	7,350	0.0%
CY	650,000	435	0.1%	14,869	2.3%
LV	2,262,826	1,530	0.1%	1,084	0.0%
LT	2,929,095	1,062	0.0%	8,180	0.3%
LU	862,855	213,146	24.7%	5,664	0.7%
HU	4,114,000	10,666	0.3%	63,837	1.6%
MT	460,297	1,219	0.3%	4,056	0.9%
NL	17,000,000	197,524	1.2%	38,689	0.2%
AT	8,891,926	145,527	1.6%	39,526	0.4%
PL	33,876,567	14,967	0.0%	157,067	0.5%
PT		8,794		33,050	
RO	16,157,167	23,488	0.1%	15,286	0.1%
SI	2,210,553	9,213	0.4%	17,801	0.8%
SK	5,152,176	18,270	0.4%	38,469	0.7%
FI	5,520,900	12,582	0.2%	713	0.0%
SE	7,841,769	9,673	0.1%	2,116	0.0%
UK	64,875,165	156,090	0.2%	5,515	0.0%
IS	352,204	456	0.1%	63	0.0%
LI	38,866	2,168	5.6%	130	0.3%
NO	5,302,778	36,423	0.7%	192	0.0%
CH	8,200,000	91,517	1.1%	11,664	0.1%
Total			0.35%		

* Imputed data for DK, DE, IE, LV, EL, PT, SE, UK, LI and NO.

Source PD S1 Questionnaire and EHIC Questionnaire 2018

2.1.3. Evolution between 2015 and 2017

In addition to analysing the number of PDs S1 issued and in circulation for the reference year 2017, it is interesting to look at the evolution of the reported figures. *Table 3* presents the number of PDs S1 in circulation between 2015 and 2017. However, as is the case for Belgium (and probably also for France), the evolution might also be explained by the number of competent institutions at national level able to provide such figures.

In general, both from the perspective of the competent Member State and the Member State of residence, most Member States issued or received a higher number of PDs S1 compared to 2016.

Table 3 Evolution of the number of PDs S1 in circulation, *issued and received*, 2015 - 2017

	Issued				Received			
	2015	2016	2017	% change 2017 - 2016	2015	2016	2017	% change 2017 - 2016
BE	184,961	159,872	249,004	55.8%	228,858	249,392	264,047	5.9%
BG	7,375	7,174	12,857	79.2%	3,167	3,464	5,343	54.2%
CZ	41,570	52,550	64,724	23.2%	63,599	82,495	97,451	18.1%
DK								
DE	307,149	288,907	353,653	22.4%	189,730	206,131	238,062	15.5%
EE	1,504	1,374	1,569	14.2%	1,806	1,955	2,592	32.6%
IE	2,808	2,792	3,319	18.9%	700	791	1,257	58.9%
EL	3,658	3,337	845	-74.7%	41,537	54,041	45	-99.9%
ES	8,532	8,297	11,652	40.4%	166,265	167,387	169,455	1.2%
FR	5,559	6,281	4,164	-33.7%	266,970	72,971	487,006	567.4%
HR	2,070	2,251	2,070	-8.0%	26,903	27,311	41,341	51.4%
IT	6,167	23,888	3,408	-85.7%	7,677	19,548	7,350	-62.4%
CY	471	814	435	-46.6%	13,029	15,111	14,869	-1.6%
LV	1,109	1,387	1,530	10.3%	1,138	607	1,084	78.6%
LT	702	951	1,062	11.7%	4,593	5,050	8,180	62.0%
LU	197,042	203,998	213,146	4.5%	5,296	5,463	5,664	3.7%
HU	8,003	10,010	10,666	6.6%	52,342	59,963	63,837	6.5%
MT	322	550	1,219	121.6%	3,829	3,936	4,056	3.0%
NL	196,534	205,163	197,524	-3.7%	36,170	37,812	38,689	2.3%
AT	132,849	140,027	145,527	3.9%	37,622	40,048	39,526	-1.3%
PL	12,599	14,006	14,967	6.9%	120,643	139,108	157,067	12.9%
PT	4,098	4,015	8,794	119.0%	49,710	11,759	33,050	181.1%
RO	19,043	20,667	23,488	13.6%	9,498	12,924	15,286	18.3%
SI	9,256	9,238	9,213	-0.3%	15,163	15,138	17,801	17.6%
SK	14,898	12,627	18,270	44.7%	41,648	40,117	38,469	-4.1%
FI	4,992	5,515	12,582	128.1%	1,006	758	713	-5.9%
SE								
UK	159,353	157,937	156,090	-1.2%	3,375	5,111	5,515	7.9%
IS	270	401	456	13.7%	74	64	63	-1.6%
LI								
NO					222	138	192	39.1%
CH	59,096	70,563	91,517	29.7%	11,808	12,167	11,664	-4.1%

* Imputed data for DK, DE, IE, LV, PT, SE and LI.

Source PD S1 Questionnaire and EHC Questionnaire 2018

2.2. By status

Some 70% of the PDs S1 were issued to persons of working age and their family members residing in a Member State other than the competent Member State. Furthermore, some 30% of the PDs S1 were issued to pensioners (+ pension claimants) and their family members. This distribution varies strongly among Member States. Most Member States issued the highest number of PDs S1 to persons of working age. The Czech Republic, France, Luxembourg, Malta, Austria, Liechtenstein and Switzerland issued more than nine out of ten PDs S1 to persons of working age and their family Member States (*Table 4*). This is in contrast to the United Kingdom which issued nine out of ten PDs S1 to pensioners and their family members.

Among the receiving Member State, Latvia, Lithuania and Slovakia received more than nine out of ten PDs S1 issued for persons of working age insured in another Member State (*Table 5*). This is in contrast to Spain and Cyprus, which received more than nine out of ten PDs S1 for pensioners and their family members insured in another Member State. The absolute figures by status are discussed in the two next sections. The sum by status is not equal to the total number of PDs S1 issued as some Member

States did provide data by status. Moreover, the number of PDs S1 issued and still valid is not equal to the number of PDs S1 received and still valid.

Table 4 Total number of PDs S1 issued, by status, stock (still in circulation), 2017

	Insured person		Pensioner		Pension claimant		Family member of insured person		Family member of pensioner		Total Number
	Number	Row %	Number	Row %	Number	Row %	Number	Row %	Number	Row %	
BE	118,148	47.4%	60,439	24.3%	0	0.0%	50,108	20.1%	20,309	8.2%	249,004
BG	2,739	21.3%	7,916	61.6%	0	0.0%	2,128	16.6%	74	0.6%	12,857
CZ	24,935	90.7%	974	3.5%	8	0.0%	1,560	5.7%	20	0.1%	64,724
DK	7,033	52.5%	3,764	28.1%	3	0.0%	1,714	12.8%	679	5.1%	13,408
DE	181,418	61.1%	61,690	20.8%	708	0.2%	47,649	16.0%	5,562	1.9%	353,653
EE	678	43.2%	442	28.2%	0	0.0%	428	27.3%	21	1.3%	1,569
IE	880	28.2%	953	30.6%	0	0.0%	964	30.9%	322	10.3%	3,319
EL	273	32.3%	152	18.0%	1	0.1%	391	46.3%	28	3.3%	845
ES	5,416	46.5%	5,430	46.6%	0	0.0%	195	1.7%	611	5.2%	11,652
FR	3,628	87.1%	117	2.8%	2	0.0%	405	9.7%	12	0.3%	4,164
HR	501	24.2%	1,317	63.6%	0	0.0%	188	9.1%	64	3.1%	2,070
IT	1,472	43.2%	1,333	39.1%	4	0.1%	301	8.8%	299	8.8%	3,408
CY	112	25.7%	180	41.4%	0	0.0%	107	24.6%	36	8.3%	435
LV	704	46.5%	553	36.5%	0	0.0%	248	16.4%	9	0.6%	1,530
LT	144	13.6%	777	73.2%	4	0.4%	134	12.6%	3	0.3%	1,062
LU	195,078	91.5%	14,711	6.9%	0	0.0%	1,167	0.5%	2,190	1.0%	213,146
HU	7,381	69.2%	1,499	14.1%	0	0.0%	1,771	16.6%	15	0.1%	10,666
MT	1,153	94.6%	30	2.5%	0	0.0%	33	2.7%	3	0.2%	1,219
NL	107,293	54.3%	56,162	28.4%	0	0.0%	27,730	14.0%	6,339	3.2%	197,524
AT	128,500	88.3%	8,262	5.7%	55	0.0%	7,445	5.1%	1,265	0.9%	145,527
PL	5,773	38.6%	8,519	56.9%	1	0.0%	463	3.1%	211	1.4%	14,967
PT	1,758	28.5%	3,759	60.9%	12	0.1%	481	7.8%	165	2.7%	8,794
RO	5,137	21.9%	15,608	66.5%	0	0.0%	2,650	11.3%	93	0.4%	23,488
SI	1,845	20.0%	5,798	62.9%	0	0.0%	521	5.7%	1,049	11.4%	9,213
SK	12,747	69.8%	3,472	19.0%	4	0.0%	2,013	11.0%	34	0.2%	18,270
FI	7,844	62.3%	3,672	29.2%	0	0.0%	897	7.1%	169	1.3%	12,582
SE	2,317	24.0%	5,458	56.4%	6	0.1%	980	10.1%	749	7.7%	9,673
UK	6,999	4.5%	124,534	79.8%	16	0.0%	5,562	3.6%	18,979	12.2%	156,090
IS	95	20.8%	45	9.9%	86	18.9%	197	43.2%	33	7.2%	456
LI	436	83.5%	40	7.7%	0	0.0%	44	8.4%	2	0.4%	2,168
NO	29,322	80.5%	3,401	9.3%	4	0.0%	2,115	5.8%	879	2.4%	36,423
CH	64,238	70.2%	7,146	7.8%	0	0.0%	19,096	20.9%	1,037	1.1%	91,517
Total	925,997	58.8%	408,153	25.9%	914	0.1%	179,684	11.4%	61,261	3.9%	1,675,423

* *Insured person of working age*: includes as well persons above working age who are still employed, *Pensioner*: includes as well persons of working age who are retired.

** Imputed data for CZ (only breakdown), DK, DE, IE, LV, PT, SE, LI and NO. As a result, the sum of the number of PDs S1 by status is not equal to the total for these Member States. This makes that the total number of PDs S1 is 1,576,009 if the sum of the number of PDs S1 by status is taken.

Source PD S1 Questionnaire 2018

Table 5 Total number of PDs S1 received, by status, stock (still in circulation), 2017

	Insured person		Pensioner		Pension claimant		Family member of insured person		Family member of pensioner		Total Number
	Number	Row %	Number	Row %	Number	Row %	Number	Row %	Number	Row %	
BE	167,923	63.6%	45,461	17.2%	108	0.0%	45,958	17.4%	4,597	1.7%	264,047
BG	2,523	47.2%	2,201	41.2%	6	0.1%	211	3.9%	402	7.5%	5,343
CZ	16,674	76.2%	3,660	16.7%	5	0.0%	1,386	6.3%	150	0.7%	97,451
DK	243	38.9%	203	32.6%	1	0.2%	158	25.4%	18	3.0%	657
DE	147,780	67.3%	42,570	19.4%	11	0.0%	24,314	11.1%	4,981	2.3%	238,062
EE	1,885	72.7%	574	22.1%	1	0.0%	126	4.9%	6	0.2%	2,592
IE	228	18.2%	857	68.2%	1	0.1%	78	6.2%	58	4.6%	1,257
EL	11	24.4%	10	22.2%	1	2.2%	14	31.1%	9	20.0%	45
ES	9,899	5.8%	140,255	82.8%	297	0.2%	409	0.2%	18,595	11.0%	169,455
FR	229,542	47.1%	82,841	17.0%	227	0.0%	156,500	32.1%	17,896	3.7%	487,006
HR	3,643	8.8%	27,170	65.7%	92	0.2%	7,325	17.7%	3,111	7.5%	41,341
IT	1,501	20.4%	5,136	69.9%	24	0.3%	489	6.7%	200	2.7%	7,350
CY	15	0.1%	13,003	87.5%	0	0.0%	25	0.2%	1,826	12.3%	14,869
LV	963	88.8%	76	7.0%	0	0.0%	34	3.1%	7	0.6%	1,084
LT	7,423	90.7%	450	5.5%	0	0.0%	270	3.3%	37	0.5%	8,180
LU	2,279	40.2%	3,002	53.0%	0	0.0%	91	1.6%	292	5.2%	5,664
HU	46,431	72.7%	11,074	17.3%	16	0.0%	5,591	8.8%	725	1.1%	63,837
MT	100	2.5%	3,155	77.8%	0	0.0%	30	0.7%	771	19.0%	4,056
NL	26,041	67.3%	3,590	9.3%	0	0.0%	8,619	22.3%	439	1.1%	38,689
AT	22,462	56.8%	14,551	36.8%	78	0.2%	1,695	4.3%	740	1.9%	39,526
PL	134,379	85.6%	5,108	3.3%	17	0.0%	16,957	10.8%	606	0.4%	157,067
PT	1,733	12.2%	10,082	71.2%	2	0.0%	862	6.1%	1,489	10.5%	33,050
RO	12,302	80.5%	2,018	13.2%	0	0.0%	787	5.1%	179	1.2%	15,286
SI	13,561	76.2%	3,539	19.9%	11	0.1%	588	3.3%	102	0.6%	17,801
SK	35,375	92.0%	628	1.6%	5	0.0%	2,453	6.4%	8	0.0%	38,469
FI	185	25.9%	415	58.2%	0	0.0%	96	13.5%	17	2.4%	713
SE	526	24.8%	1,179	55.7%	1	0.0%	237	11.2%	126	6.0%	2,116
UK	678	12.3%	4,353	78.9%	3	0.1%	81	1.5%	400	7.3%	5,515
IS	19	30.2%	23	36.5%	8	12.7%	10	15.9%	3	4.8%	63
LI	102	78.5%	23	17.7%	0	0.0%	0	0.0%	5	3.8%	130
NO	0	0.0%	182	94.8%	0	0.0%	1	0.5%	9	4.7%	192
CH	5,983	51.3%	5,520	47.3%	6	0.1%	155	1.3%	0	0.0%	11,664
Total	892,409	53.8%	432,908	26.1%	921	0.1%	275,551	16.6%	57,804	3.5%	1,772,576

* *Insured person of working age*: includes as well persons above working age who are still employed, *Pensioner*: includes as well persons of working age who are retired.

** Imputed data for CZ (only breakdown), DE, IE, LV, PT, SE and LI. As a result, the sum of the number of PDs S1 by status is not equal to the total for these Member States. This makes that the total number of PDs S1 is 1,659,593 if the sum of the number of PDs S1 by status is taken.

Source PD S1 Questionnaire 2018

2.3. Insured persons of working age and their family members living in a Member State other than the competent Member State

Approximately 1.1 million persons of working age⁴⁰ and their family members, of which 0.9 million persons of working age⁴¹ and 0.2 million family members, reside in a

⁴⁰ *Insured person of working age*: includes as well persons above working age who are still employed.

⁴¹ This number should be considered as an estimate for the total number of cross-border workers. However, this figure is much lower than the figure extracted from the Labour Force Survey. In 2015, in the EU and EFTA there were about 1.7 million people who worked in a different EU or EFTA country from the one in which they resided. About 1.3 million worked in another EU country (Fries-Tersch, E., Tugran, T. and Bradley, H. (2017), *2017 Annual Report on Labour Mobility*, Network Statistics FMSSFE).

Member State other than the competent Member State, and are registered for healthcare in their Member State of residence by means of a PD S1 or the equivalent E forms (*left-hand column of Table 6*).⁴² The main issuing Member States are Germany, Luxembourg, Belgium, Austria and the Netherlands. Some 80% of the PDs S1 for persons of working age and their family members were issued by these five issuing Member States. This is the result of the high number of incoming cross-border workers employed in those Member States. Most persons of working age and their family members with a valid PD S1 reside in France, Belgium, Germany and Poland. There is a strong concentration as already some eight out of ten PDs S1 issued to persons of working age and their family members were received by those four Member States.

Table 6 Total number of PDs S1 *issued and received, insured persons of working age and their family members, stock (still in circulation), 2017*

	Issued				Received			
	<i>Insured person</i>	<i>Family members</i>	<i>Total</i>	<i>Column %</i>	<i>Insured person</i>	<i>Family members</i>	<i>Total</i>	<i>Column %</i>
BE	118,148	50,108	168,256	15.1%	167,923	45,958	213,881	18.2%
BG	2,739	2,128	4,867	0.4%	2,523	211	2,734	0.2%
CZ	24,935	1,560	26,495	2.4%	16,674	1,386	18,060	1.5%
DK	7,033	1,714	8,747	0.8%	243	158	401	0.0%
DE	181,418	47,649	229,067	20.7%	147,780	24,314	172,094	14.7%
EE	678	428	1,106	0.1%	1,885	126	2,011	0.2%
IE	880	964	1,844	0.2%	228	78	307	0.0%
EL	273	391	664	0.1%	11	14	25	0.0%
ES	5,416	195	5,611	0.5%	9,899	409	10,308	0.9%
FR	3,628	405	4,033	0.4%	229,542	156,500	386,042	33.1%
HR	501	188	689	0.1%	3,643	7,325	10,968	0.9%
IT	1,472	301	1,773	0.2%	1,501	489	1,991	0.2%
CY	379	107	486	0.0%	379	107	486	0.0%
LV	704	248	952	0.1%	963	34	997	0.1%
LT	144	134	278	0.0%	7,423	270	7,693	0.7%
LU	195,078	1,167	196,245	17.7%	2,279	91	2,370	0.2%
HU	7,381	1,771	9,152	0.8%	46,431	5,591	52,022	4.5%
MT	1,153	33	1,186	0.1%	100	30	130	0.0%
NL	107,293	27,730	135,023	12.2%	26,041	8,619	34,660	3.0%
AT	128,500	7,445	135,945	12.3%	22,462	1,695	24,157	2.1%
PL	5,773	463	6,236	0.6%	134,379	16,957	151,336	13.0%
PT	1,758	481	2,239	0.2%	1,733	862	2,595	0.2%
RO	5,137	2,650	7,787	0.7%	12,302	787	13,089	1.1%
SI	1,845	521	2,366	0.2%	13,561	588	14,149	1.2%
SK	12,747	2,013	14,760	1.3%	35,375	2,453	37,828	3.2%
FI	7,844	897	8,741	0.8%	185	96	281	0.0%
SE	2,317	980	3,297	0.3%	526	237	762	0.1%
UK	6,999	5,562	12,561	1.1%	678	81	759	0.1%
IS	95	197	292	0.0%	19	10	29	0.0%
LI	436	44	480	0.0%	102	0	102	0.0%
NO	29,322	2,115	31,437	2.8%	0	1	1	0.0%
CH	64,238	19,096	83,334	7.5%	5,983	155	6,138	0.5%
Total	925,997	179,684	1,105,682	100.0%	892,409	275,551	1,167,960	100.0%

* Imputed data for CZ, DE, IE, LV, PT, SE, LI and NO.

Source PD S1 Questionnaire 2018

Some 80% of the persons of working age with a PD S1 reside in a neighbouring Member State of the issuing Member State (*Table 7*). Luxembourg, Switzerland, the

⁴² However, the number of insured persons of working age and their family members amounts to some 0.79 million persons on the basis of the number of PDs S1 received (*right-hand column of Table 5*).

Czech Republic, Belgium, France, Austria, Hungary issued more 90% of the PDs S1 to persons of working age residing in a neighbouring Member State.

Table 7 Main receiving and issuing Member State of reporting Member State, *insured persons of working age*, stock (still in circulation), 2017

	Percentage of PDs S1 issued to neighbouring MSs	Main receiving MS of MS A (to ...)
BE	94%	FR
BG	10%	BE
CZ	95%	PL
DK		PL
DE	89%	PL
EE	6%	BE
IE	0%	BE
EL	3%	BE
ES	71%	FR
FR	94%	DE
HR	41%	DE
IT	19%	DE
CY	0%	SI
LV	57%	LT
LT	20%	DE
LU	97%	FR
HU	90%	SK
MT	0%	DE
NL	69%	BE
AT	91%	SK
PL	46%	DE
PT	50%	ES
RO	33%	HU
SI	62%	HR
SK	74%	HU
FI	52%	EE
SE		PL
UK	0%	FR
IS	0%	BE
LI	49%	AT
NO		PL
CH	96%	FR
Total	84%	

* Imputed data for CZ, DE, IE, LV, PT, SE, LI and NO.

Source PD S1 Questionnaire 2018

As already observed, the flow of PDs S1 issued to persons of working age is concentrated within a limited number of issuing and sending Member States. *Table 8* illustrates the main flows of persons of working age with a PD S1. Some one out of ten persons of working age with a valid PD S1 are insured in Luxembourg and reside in France. Also the other main flows of insured persons are among neighbouring countries, notably from Belgium to France; from Germany to Poland; from Luxembourg to Belgium; from Luxembourg to Germany; from the Netherlands to Belgium and finally from Germany to France.

Table 8 Main flows between the competent Member State and the Member State of residence, *insured persons of working age*, stock (still in circulation), 2017

Issuing MS <i>From ...</i>	Receiving MS <i>To ...</i>	Number of PDs S1 reported by...			
		<i>Issuing MS</i>	<i>% total number issued</i>	<i>Receiving MS</i>	<i>% total number received</i>
Luxembourg	France	94,840	10%	98,197	11%
Belgium	France	77,354	8%	43,242	5%
Germany	Poland	n.a.	n.a.	68,371	8%
Luxembourg	Belgium	46,935	5%	58,375	7%
Luxembourg	Germany	47,396	5%	n.a.	n.a.
The Netherlands	Belgium	36,914	4%	66,767	7%
Germany	France	n.a.	n.a.	46,008	5%

Source PD S1 Questionnaire 2018

2.4. Pensioners and their family members living in a Member State other than the competent Member State

Some 470,000 pensioners⁴³ and their family members reside in a Member State other than the competent Member State, and are registered for healthcare in their Member State of residence by means of a PD S1 or the equivalent E forms (*Table 9*).

The main issuing Member State is the United Kingdom, which issued almost one out of three of the total number of PDs S1 for pensioners and their family members residing abroad. Other main issuing Member States are Belgium and Germany and the Netherlands. Furthermore, 159,000 pensioners and their family members with a valid PD S1 reside in Spain. This stands for 33% of the total number of PDs S1 received for pensioners and their family members. Moreover, some 63,000 pensioners are insured in the United Kingdom and reside in Spain (*Table 11*). This single flow represents already 15% of the total number of PDs S1 issued to pensioners.

The profile of this group of pensioners with a PD S1 is diverse. Some are retired cross-border workers who never worked in their Member State of residence. Others are retired EU mobile workers who return to their Member State of origin without having worked there. Finally, a group of pensioners migrates to another Member State without having any past affiliation with this Member State (in terms of country of birth or country of citizenship). The size of these groups are not known. Some tentative conclusions could nonetheless be made.

Only 33% of the PDs S1 issued for pensioners apply to persons residing in a neighbouring Member State of the competent Member State (*Table 10*). This is a first indication that the group of cross-border workers who never worked in their Member State of residence is probably relatively small. Certainly since 83% of the persons of working age with a PD S1 reside in a neighbouring Member State of the issuing Member State (*Table 7*). The biggest group is probably the group of pensioners who decide to retire abroad, mostly in a Mediterranean Member State. For instance, Denmark, Ireland, Italy, Finland, Sweden, the United Kingdom, Iceland and Norway issued most of the PDs S1 to pensioners who live in Spain.

⁴³ *Pensioner*: includes as well persons of working age who are retired.

Table 9 Total number of PDs S1 *issued and received, pensioners (+ pension claimant) and their family members, stock (still in circulation), 2017*

	Issued				Received			
	<i>Pensioner</i>	<i>Family members</i>	<i>Total</i>	<i>Column %</i>	<i>Pensioner</i>	<i>Family members</i>	<i>Total</i>	<i>Column %</i>
BE	60,439	20,309	80,748	17.4%	45,569	4,597	50,166	10.3%
BG	7,916	74	7,990	1.7%	2,207	402	2,609	0.5%
CZ	982	20	1,002	0.2%	3,665	150	3,815	0.8%
DK	3,767	679	4,446	0.9%	204	18	223	0.0%
DE	62,398	5,562	67,960	14.4%	42,581	4,981	47,561	9.7%
EE	442	21	463	0.1%	575	6	581	0.1%
IE	953	322	1,275	0.3%	858	58	916	0.2%
EL	153	28	181	0.0%	11	9	20	0.0%
ES	5,430	611	6,041	1.3%	140,552	18,595	159,147	32.4%
FR	119	12	131	0.0%	83,068	17,896	100,964	20.5%
HR	1,317	64	1,381	0.3%	27,262	3,111	30,373	6.2%
IT	1,337	299	1,635	0.3%	5,160	200	5,359	1.1%
CY	180	36	216	0.0%	13,003	1,826	14,829	3.0%
LV	553	9	562	0.1%	76	7	83	0.0%
LT	781	3	784	0.2%	450	37	487	0.1%
LU	14,711	2,190	16,901	3.6%	3,002	292	3,294	0.7%
HU	1,499	15	1,514	0.3%	11,090	725	11,815	2.4%
MT	30	3	33	0.0%	3,155	771	3,926	0.8%
NL	56,162	6,339	62,501	13.3%	3,590	439	4,029	0.8%
AT	8,317	1,265	9,582	2.0%	14,629	740	15,369	3.1%
PL	8,520	211	8,731	1.9%	5,125	606	5,731	1.2%
PT	3,771	165	3,936	0.8%	10,084	1,489	11,573	2.4%
RO	15,608	93	15,701	3.3%	2,018	179	2,197	0.4%
SI	5,798	1,049	6,847	1.5%	3,550	102	3,652	0.7%
SK	3,476	34	3,510	0.7%	633	8	641	0.1%
FI	3,672	169	3,841	0.8%	415	17	432	0.1%
SE	5,464	749	6,213	1.3%	1,180	126	1,305	0.3%
UK	124,550	18,979	143,529	30.5%	4,356	400	4,756	1.0%
IS	131	33	164	0.0%	31	3	34	0.0%
LI	40	2	42	0.0%	23	5	28	0.0%
NO	3,405	879	4,284	0.9%	182	9	191	0.0%
CH	7,146	1,037	8,183	1.7%	5,526	0	5,526	1.1%
Total	409,067	61,261	470,327	100.0%	433,829	57,804	491,633	100.0%

* Imputed data for CZ, DE, IE, LV, PT, SE, LI and NO.

Source PD S1 Questionnaire 2018

Table 10 Main receiving and issuing Member State of reporting Member State, *pensioners*, stock (still in circulation), 2017

	Percentage of PDs S1 issued to neighbouring MSs	Main receiving MS of MS A (to ...)
BE	59%	FR
BG	2%	DE
CZ	76%	SK
DK	0%	ES
DE	34%	HR
EE	38%	FI
IE	0%	ES
EL	2%	DE
ES	71%	FR
FR	74%	PT
HR	74%	SI
IT	21%	ES
CY	0%	EL
LV	65%	LT
LT	8%	DE
LU	87%	FR
HU	45%	DE
MT	0%	UK
NL	45%	BE
AT	65%	DE
PL	65%	DE
PT	31%	FR
RO	22%	HU
SI	99%	HR
SK	88%	CZ
FI	10%	ES
SE	0%	ES
UK	0%	ES
IS	0%	ES
LI	25%	FR
NO	0%	ES
CH	68%	DE
Total	32%	

* Imputed data for CZ, DE, IE, EL, LV, PT, SE, UK, LI and NO.

Source PD S1 Questionnaire 2018

Table 11 Main flows between the competent Member State and the Member State of residence, *pensioners*, stock (still in circulation), 2017

Issuing MS	Receiving MS	Number of PDs S1 reported by			
		Issuing MS	% total number issued	Receiving MS	% total number received
<i>From</i>	<i>To</i>				
United Kingdom	Spain	60,720	15%	63,053	15%
United Kingdom	France	36,293	9%	34,869	8%
Belgium	France	27,319	7%	17,658	4%
France	Spain	n.a.	n.a.	22,193	5%
Netherlands	Belgium	13,539	3%	19,160	4%

Source PD S1 Questionnaire 2018

3. CROSS-BORDER HEALTHCARE SPENDING ON THE BASIS OF PD S1 OR THE EQUIVALENT E FORMS

A distinction is made between sickness benefits in kind (*section 3.1*) and in cash (*section 3.2*).

3.1. Sickness benefits in kind

The reimbursement of cross-border healthcare is settled between Member States on the basis of actual expenditure (actual costs) (forms E125/ SED S080) or on the basis of fixed amounts (average costs) (forms E127 / SED S095). In principle, the general method of reimbursement is the refund on the basis of actual expenditure. Only by way of exemption, those Member States whose legal or administrative structures are such that the use of reimbursement on the basis of actual expenditure is not appropriate, can reimburse benefits in kind on the basis of fixed amounts in relation to certain categories of persons.⁴⁴ These categories are: family members who do not reside in the same Member State as an insured person and pensioners and members of their family. The Member States that apply fixed amount reimbursements with regard to these categories of persons ("lump-sum Member States") are those listed in Annex 3 of the Implementing Regulation: Ireland, Spain, Cyprus, the Netherlands, Portugal, Finland, Sweden, the United Kingdom and Norway. For instance, figures show that a high number of pensioners insured by the United Kingdom reside in Spain. As a consequence Spain will claim a high fixed amount and the United Kingdom will refund a high fixed amount.

It should be noted that the year of treatment does not necessarily correspond to the year when the claim is made or when the reimbursement is settled among debtor and creditor countries. In the report, figures on the number of claims received and issued by E125/SED S080 or by E127/SED S095 in 2017 are reported regardless of the fact that some of these claims will be contested afterwards, and some claims refer to treatment provided in previous years. Furthermore, the total refund paid and received in 2017 is reported. Again, these amounts do not necessarily correspond to treatment provided in 2017.

3.1.1. Absolute figures

Cross-border healthcare spending reflects to a high extent the number of PDs S1 issued and received. France, Belgium and Germany, where most of the persons with a PD S1 reside, were reimbursed the highest amount (*Table 12*). France received € 647 million, Belgium € 488 million and finally Germany received € 447 million. Furthermore, Poland issued a high number of claims in 2017 (714 thousand), which reflects the higher number of PDs S1 which it received. Nonetheless, a small amount was received by Poland in 2017. No reimbursement figures have been reported by Spain as creditor. Nonetheless, figures on the number of claims issued by Spain clearly show the impact of the application of Annex 3 of the Implementing Regulation⁴⁵ as it has issued only 11,681 E126 forms and 174,917 E127 forms (or 94% of the total number of claims issued by Spain), mostly received by the United Kingdom (more than 82 thousand).

⁴⁴ Article 35 (2) of the Basic Regulation.

⁴⁵ Spain claims the reimbursement of the cost of benefits in kind on the basis of fixed amounts for family members who do not reside in the same Member State as an insured person and pensioners and members of their family.

Table 12 Cross-border sickness benefits *in kind* for persons living in a Member State other than the competent Member State, *creditor*, 2017

	Actual expenditure		Fixed amounts		Total	
	Number of claims issued (E125)	Refunds received (in €)	Number of claims issued (E127)	Refunds received (in €)	Number of claims issued	Refunds received (in €)
BE	50,895	488,129,005			50,895	488,129,005
BG	1,557	365,615		292	1,557	365,907
CZ	159,765	30,747,674			159,765	30,747,674
DK	188	415,653			188	415,653
DE	763,827	447,285,920			763,827	447,285,920
EE	8,274	1,083,906			8,274	1,083,906
IE						
EL	9,138	264,103		26,730	9,138	290,833
ES	11,681		174,917		186,598	
FR*	854,153	646,758,725			854,153	646,758,725
HR	110,235	39,220,665			110,235	39,220,665
IT	154				154	
CY			14,881	129,579	14,881	129,579
LV	27	109		4,769	27	4,877
LT	8,978	435,590			8,978	435,590
LU						
HU	133,374	430,493			133,374	430,493
MT	455	121,007			455	121,007
NL						
AT	313,628	48,985,313			313,628	48,985,313
PL	713,468	19,891,175	69	29,765	713,537	37,272,519
PT						
RO	804	46,493	20	4,912	824	51,405
SI	36,781	13,665,435			36,781	13,665,435
SK	174,186	33,075,124	229	190	174,415	33,075,124
FI*	166	71,598	975	752,116	1,141	823,714
SE	266	136,535	1,755	3,941,516	2,021	4,078,051
UK			3,888		3,888	
IS						
LI						
NO			179	650,373	179	650,373
CH	112,127				112,127	
Total	3,464,127	1,771,130,137	196,913	5,540,242	3,661,040	1,794,021,768

*FR and FI: Data on refunds received is not available; the amounts reported are the amounts claimed.

* PL: Total differs from total reported in Annex.

Source PD S1 Questionnaire 2018

From a debtor's perspective, the Netherlands refunded € 326 million, Germany refunded € 318 million and France refunded € 202 million (*Table 13*). No reimbursement figures are reported by Luxembourg, which is one of the main issuing Member States of a PD S1. Furthermore, France has received a high number of E127 forms, mostly claimed by Portugal and Spain (see Annex I, tables A2.5 and A2.6).

The amount of reimbursement is also influenced by the type of persons with a valid PD S1. Healthcare spending per person is higher for pensioners than for persons of working age. However, no distinction between both with regard to the amount of reimbursement is available.

Table 13 Cross-border sickness benefits *in kind* for persons living in a Member State other than the competent Member State, *debtor*, 2017

	Actual expenditure		Fixed amounts		Total	
	Number of claims received (E125)	Refunds paid (in €)	Number of claims received (E127)	Refunds paid (in €)	Number of claims received	Refunds paid (in €)
BE	118,306	82,810,726			118,306	82,810,726
BG	11,541	6,178,274	1,148	149,862	12,689	6,328,137
CZ	106,657	17,609,775	237	235,393	106,894	17,845,167
DK	44,788	10,676,652	2,675	6,658,894	47,463	17,335,547
DE	966,851	264,722,076	19,803	53,508,093	986,654	318,230,169
EE	1,867	804,880	251	63,578	2,118	868,459
IE						
EL	10,965	9,711,088	34	5,196,219	10,999	14,907,307
ES	67,396		149		67,545	
FR	108,118	96,101,999	57,500	105,951,651	165,618	202,053,650
HR	4,736	2,077,555	6	11,436	4,742	2,088,990
IT						
CY			2	6,676	2	6,676
LV	4,132	1,708,448	320	95,739	4,452	1,804,186
LT	3,468	2,733,234	121	273,789	3,589	3,007,023
LU						
HU	23,935				23,935	
MT	591	124,343	5		596	124,343
NL	405,336	279,818,565	199,242	46,014,885	604,578	325,833,450
AT	534,730	116,174,310	351	542,868	535,081	116,717,178
PL	49,647	38,554,168	2,445	1,162,081	52,092	39,716,249
PT						
RO	59,279	38,785,236	1,827	4,498,402	61,106	43,283,638
SI	31,889	8,531,228	14	34,167	31,903	8,565,395
SK	19,067	7,689,858	18	91,441	19,085	7,781,299
FI*	10,200	3,898,000	2,573	6,496,652	12,773	10,394,652
SE			4,337	1,180,191	4,337	1,180,191
UK			111,566		111,566	
IS						
LI						
NO			4,065	8,984,155	4,065	8,984,155
CH	164,162		920		165,082	
Total	2,747,661	988,710,414	409,609	241,156,172	3,157,270	1,229,866,587

*FI: Finland can only provide an estimation of the number of E125 forms received for treatment received by PD S1 (E106, E109, E120, E121) as well an estimate of the related amount claimed. The amounts reported are not the refunds paid, but the refunds claimed.

Source PD S1 Questionnaire 2018

3.1.2. As share in total healthcare spending related to benefits in kind

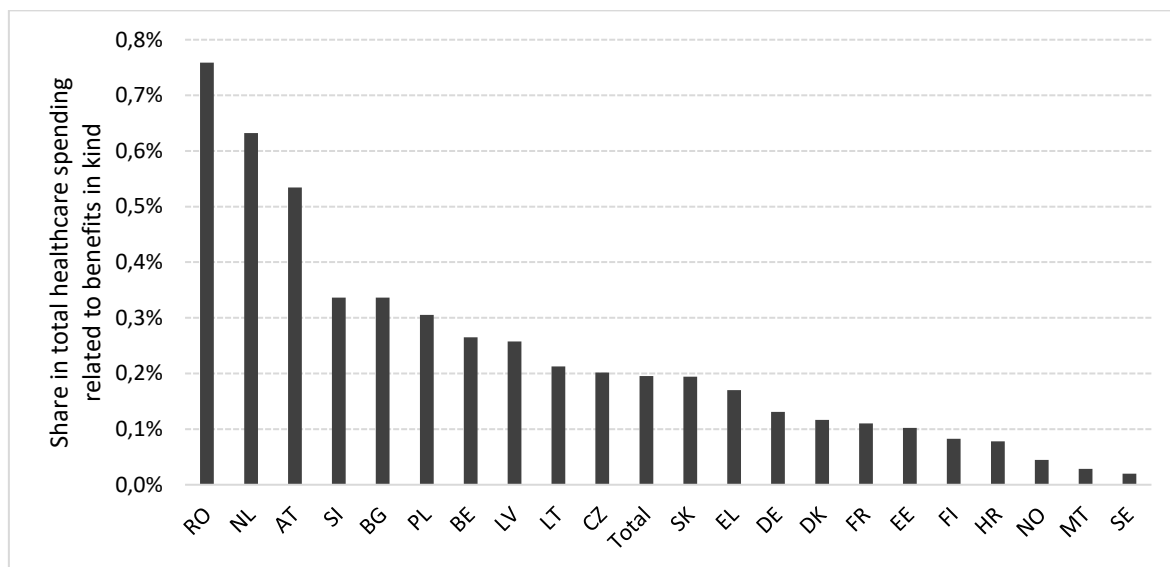
Average cross-border healthcare spending for persons residing in a Member State other than the competent Member State is limited to some 0.2% and 0.3% of total healthcare spending related to benefits in kind (*Figures 2 and 3*).

None of the reporting Member States had to pay more than 1% of their healthcare spending in kind to persons living abroad (*Figure 2*). However, no figures are reported by Luxembourg. Between 0.5% and 0.75% of total healthcare spending related to benefits in kind paid by Romania, the Netherlands and Austria refers to cross-border healthcare spending for persons with a PD S1. The impact of cross-border healthcare spending on total spending is also influenced by the average cost of healthcare provided in the competent Member State and the main Member States of residence. For instance, despite the relatively low number of PDs S1 issued by Romania, Slovenia and Bulgaria, these countries show a relatively high budgetary impact compared to other Member States.

Also from the perspective of the Member States of treatment it is useful to know how high claims are, as cross-border healthcare might put a pressure on the availability of

medical equipment and services. Only by Belgium and Croatia an amount higher than 1% of total healthcare spending related to benefits in kind was claimed (Figure 3).

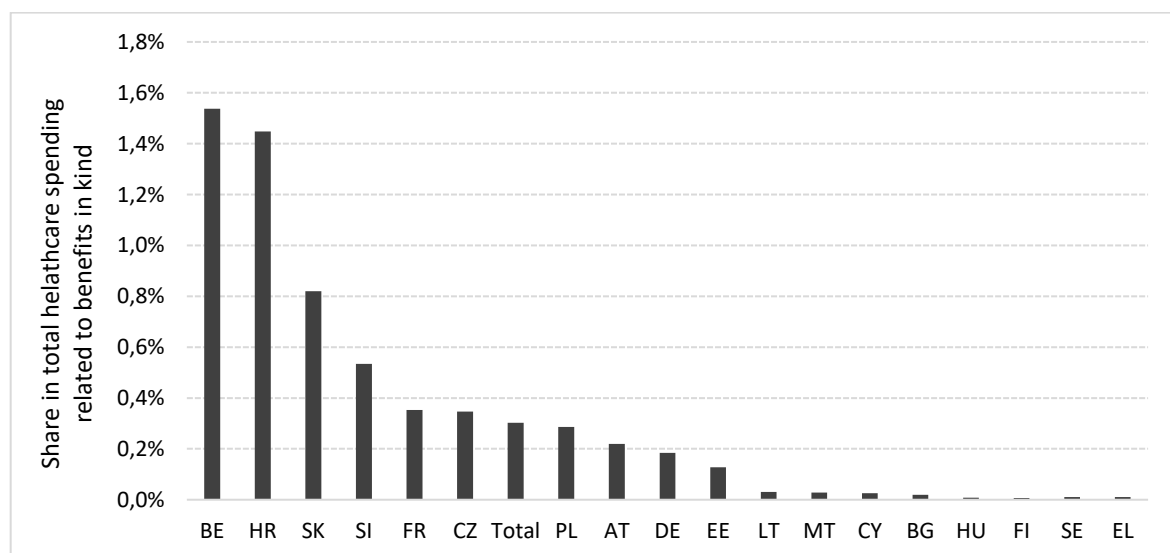
Figure 2 Healthcare spending related to the reimbursed of sickness benefits *in kind* for persons living in a Member State other than the competent Member State compared to total healthcare spending related to benefits in kind*, *debtor*, 2017



*The total healthcare spending related to benefits in kind are figures from 2015, except for Poland, where the number from 2014 was used, as this were the most recent figures available from Eurostat.

Source PD S1 Questionnaire and EUROSTAT [spr_exp_fsi]

Figure 3 Healthcare spending related to the reimbursed of sickness benefits *in kind* for persons living in a Member State other than the competent Member State compared to total healthcare spending related to benefits in kind*, *creditor*, 2017



*The total healthcare spending related to benefits in kind are figures from 2015, except for Poland, where the number from 2014 was used, as this were the most recent figures available from Eurostat.

Source PD S1 Questionnaire and EUROSTAT [spr_exp_fsi]

3.2. Sickness benefits in cash

None of the Member States have reported long-term care benefits in cash although these benefits should be mentioned in PD S1. Only five Member States (Luxembourg, Malta, Austria, Switzerland and Greece) have reported figures on healthcare spending related to the export of sickness benefits in cash for persons living in a Member State other than the competent Member State (*Table 14*). Luxembourg paid an amount of € 137.2 million to persons who work in Luxembourg and reside in another Member State and who became sick for a short period in 2017. This amount stands for 23% of total payments for paid sick leave. Austria has exported € 16 million *Krankengeld* to persons residing in another Member State and € 7.6 million *Wochengeld*. Both stand for 2.5% and 1.7% of total spending, respectively. Finally, the export of sickness benefits in cash by both Malta and Switzerland amounts to € 2 thousand and € 6.5 million, respectively. This implies a share of 0.1% in total healthcare spending in cash by Switzerland.

Table 14 Healthcare spending related to the export of sickness benefits in cash for persons living in a Member State other than the competent Member State, 2017

	Name	Number of cases	Amount paid (in €) (A)	Total healthcare spending in cash (in million €)** (B)	% of total healthcare spending in cash (A/B)
LU	X	15,035	137,282,486	595	23.05%
MT	X	3	2,142	94	0.00%
AT	Sickness benefit (<i>Krankengeld</i>)	11,268	15,955,812	626	2.55%
	Confinement benefit (<i>Wochengeld</i>)	1,309	7,611,289	439	1.73%
	Rehabilitation benefit (<i>Rehabilitationsgeld</i>)	245	1,577,833	n.a.	n.a.
	Reintegration benefit (<i>Wiedereingliederungsgeld</i>)	3	9,620	n.a.	n.a.
	Support services (<i>Unterstützungsleistung</i>)	2,608	4,522,366	n.a.	n.a.
CH	X	1,581	6,508,294	5,445	0.12%
EL	Attendance allowance	1	4,400		

* X = Name of the cash benefit has not been reported.

** The total healthcare spending in cash are numbers from 2015, as this was the most recent figure available from Eurostat.

Source PD S1 Questionnaire and EUROSTAT [spr_exp_fsi]

ANNEX I ADDITIONAL TABLES

Table A2.1 Number of PDs S1 issued to insured persons of working age, breakdown by receiving Member State, stock, 2017

	Issuing Member State																												Total				
	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK		IS	LI	NO	CH
BE	0	750	440	480	17,859	221	301	99	356	491	8	126	46	199	11	46,935	168	28	36,914	73	654	299	861	211	233	215	563	352	21	17	837	224	109,992
BG	82	0	151	3	300	95	0	7	4	0	4	12	83	38	18	43	3	5	374	559	80	0	167	40	282	128	3	2	0	2	168	33	2,686
CZ	410	41	0	0	0	4	0	2	54	5	19	14	1	0	2	770	38	1	450	11,007	492	0	51	31	2,966	103	0	62	0	0	0	140	16,663
DK	48	23	0	0	0	3	0	0	8	0	4	4	29	0	1	14	12	1	30	3	31	0	28	6	7	0	0	6	2	0	0	11	271
DE	8,862	430	0	0	0	43	0	37	601	1,394	135	524	0	0	29	47,396	319	742	36,904	21,749	1,828	0	486	97	197	319	0	532	19	0	0	25,131	147,774
EE	8	4	5	12	70	0	4	0	1	1	0	0	7	28	4	2	3	2	113	0	21	0	6	0	2	4,110	37	13	0	0	301	5	4,759
IE	28	13	0	0	0	2	0	0	15	3	5	4	0	0	0	15	0	2	42	0	31	0	23	0	3	27	0	0	0	0	0	15	228
EL	66	186	0	0	5	8	0	0	19	1	4	11	0	0	0	32	1	4	112	102	32	0	57	2	27	323	0	0	1	0	0	58	1,051
ES	797	84	22	103	1,170	4	145	28	0	305	3	190	48	3	9	182	25	9	667	40	97	881	211	19	38	173	29	4,202	6	0	314	225	10,029
FR	77,354	158	121	190	46,008	20	102	16	3,425	0	5	155	2	4	6	94,840	47	65	656	56	324	334	180	35	48	145	120	1,009	5	14	142	35,740	261,326
HR	15	9	10	9	817	0	4	0	1	0	0	60	4	1	3	40	26	32	32	1,687	22	0	18	488	431	18	0	18	0	0	22	32	3,799
IT	501	143	10	11	562	8	0	45	87	813	20	0	5	0	6	325	14	19	196	440	249	4	278	340	76	122	18	33	0	8	0	667	5,000
CY	6	25	0	0	0	0	1	0	3	1	0	1	0	0	0	2	0	0	4	2	13	0	13	0	6	7	0	7	0	0	0	10	101
LV	18	0	0	0	0	19	0	0	0	0	0	0	0	0	3	13	5	5	559	5	20	0	0	0	7	303	0	1	0	0	0	5	963
LT	40	6	12	189	1,016	78	55	0	2	0	1	1	0	376	0	16	5	5	554	1	122	3	4	1	14	399	198	46	0	0	4,788	0	7,932
LU	2,217	26	42	60	418	2	12	6	8	84	5	11	3	2	3	0	11	2	48	4	39	43	46	1	6	12	11	9	3	0	8	24	3,166
HU	260	84	123	102	9,981	4	33	0	15	5	71	28	2	4	6	117	0	20	1,019	32,767	104	1	1,504	176	4,598	95	47	25	2	17	107	235	51,552
MT	13	1	0	4	7	0	2	0	1	0	0	1	9	0	0	6	1	0	10	0	4	0	0	0	2	3	0	4	0	0	4	23	95
NL	22,276	66	56	88	10,279	16	84	11	90	16	13	25	0	9	6	1,235	30	30	0	39	123	17	134	21	38	323	29	292	12	55	123	100	35,636
AT	211	160	311	45	17,049	8	9	0	52	5	43	49	0	23	1	86	186	87	105	0	154	16	414	145	1,269	61	40	47	2	214	63	262	21,117
PL	2,760	62	13,412	5,491	68,371	38	88	4	43	29	3	40	5	13	26	1,471	16	11	23,167	4,328	0	8	152	83	561	542	1,092	214	5	18	21,474	333	143,860
PT	200	35	0	0	0	2	0	4	419	35	1	35	27	0	0	276	0	7	384	2	18	0	152	5	37	26	0	3	2	0	0	90	1,760
RO	786	101	152	56	2,331	32	0	4	10	39	4	57	1	0	0	569	270	33	3,042	4,483	717	6	0	16	1,657	218	31	3	0	2	30	238	14,888
SI	17	28	22	1	317	1	0	0	4	2	134	26	100	0	0	5	23	1	40	13,918	24	0	2	0	155	4	1	5	0	1	2	47	14,880
SK	267	76	9,947	93	2,569	0	26	0	11	25	8	19	0	1	3	381	6,143	3	1,287	36,819	232	3	35	89	0	102	31	34	0	87	810	348	59,449
FI	22	19	5	0	29	25	2	0	27	2	3	1	4	1	0	14	5	0	15	4	16	1	19	1	12	0	2	7	0	0	4	17	257
SE	118	32	0	0	0	15	0	0	6	6	5	10	0	0	2	17	13	0	93	4	101	0	53	3	13	0	0	10	4	0	0	20	525
UK	401	85	19	45	76	14	0	10	51	31	1	17	3	1	4	137	4	17	303	20	118	2	133	16	24	0	9	0	6	0	69	182	1,798
IS	0	0	0	3	3	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	6	0	1	0	0	0	1	1	0	0	3	1	21
LI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	102	0	0	0	0	0	0	0	0	0	0	0	0	102
NO	42	19	0	0	0	5	0	0	1	0	0	1	0	0	0	6	4	0	22	1	34	0	31	2	10	0	0	5	2	0	0	22	207
CH	323	73	75	48	2,181	11	12	0	102	335	2	49	0	1	0	133	9	22	150	285	67	140	78	17	28	66	55	57	3	1	53	0	4,376
Total	118,148	2,739	24,935	7,033	181,418	678	880	273	5,416	3,628	501	1,472	379	704	144	195,078	7,381	1,153	107,293	128,500	5,773	1,758	5,137	1,845	12,747	7,844	2,317	6,999	95	436	29,322	64,238	926,264

* Imputed data for CZ, DE, IE, LV, PT, SE, LI and NO

Source PD S1 Questionnaire

Table A2.2 Number of PDs S1 *issued to pensioners*, breakdown by receiving Member State, *stock*, 2017

	Issuing Member State																												Total				
	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK		IS	LI	NO	CH
BE	0	269	13	94	2,984	1	28	10	356	8	9	57	6	4	7	3,116	15	0	13,539	24	160	315	315	0	24	20	184	430	0	2	64	75	22,129
BG	91	0	33	36	338	10	4	3	4	0	0	20	4	3	9	6	5	0	138	35	21	5	8	0	10	9	34	742	0	0	22	30	1,620
CZ	45	131	0	0	0	0	0	0	54	0	8	15	2	0	4	11	9	0	217	122	185	0	45	6	2,567	6	0	166	1	0	0	66	3,660
DK	13	11	0	0	0	2	0	0	8	0	0	2	0	0	3	16	1	0	76	1	23	0	8	0	0	0	37	1	0	0	1	203	
DE	4,121	2,830	0	0	0	119	0	95	604	4	193	268	3	0	272	4,055	550	3	11,997	3,525	5,323	0	3,258	37	145	131	0	2,779	12	0	0	2,246	42,570
EE	4	0	0	9	27	0	0	0	1	0	0	0	0	25	18	2	0	0	9	1	2	0	0	1	0	379	78	26	1	0	14	4	601
IE	60	43	0	0	0	9	0	0	15	0	5	1	0	0	93	5	11	2	304	3	217	0	48	1	18	6	0	0	0	0	16	857	
EL	2,043	174	0	0	6	2	0	0	19	0	0	18	155	0	1	9	3	0	892	91	38	0	36	0	4	36	0	2,387	0	0	0	269	6,183
ES	12,799	1,522	51	1,984	14,579	33	570	1	0	23	4	327	1	32	76	238	53	3	11,667	316	244	1,066	2,447	8	25	2,184	2,591	60,720	20	17	2,590	559	116,750
FR	27,319	626	39	998	4,359	9	238	7	3,431	0	3	151	3	34	18	5,611	31	0	7,651	117	314	1,587	1,069	1	14	204	1,351	36,293	2	3	290	2,057	93,830
HR	76	5	12	33	18,698	0	1	1	1	0	0	50	0	2	0	6	4	0	434	1,918	5	0	5	5,637	1	7	60	69	0	2	16	77	27,120
IT	6,067	610	24	56	1,506	4	0	4	87	19	37	0	0	6	11	370	38	5	1,406	209	315	63	3,286	23	21	60	37	2,460	1	0	27	338	17,090
CY	51	109	5	13	67	0	16	12	3	0	0	3	0	1	2	1	1	2	120	17	5	0	40	0	0	11	120	10,111	0	0	46	28	10,784
LV	3	0	0	0	0	3	0	0	0	0	0	0	0	0	14	2	0	0	13	2	3	0	0	0	0	2	0	32	0	0	0	2	76
LT	4	0	3	6	96	18	1	0	2	0	0	0	0	0	201	0	3	0	25	1	13	0	0	0	0	2	7	35	0	0	8	3	428
LU	1,574	55	2	116	204	1	0	4	8	3	1	10	0	1	1	0	2	1	175	5	14	350	35	0	0	18	21	51	1	0	2	28	2,683
HU	346	17	23	33	2,918	3	10	0	15	0	35	27	0	4	1	11	0	0	954	547	31	1	3,447	8	195	26	227	365	0	3	30	434	9,711
MT	57	11	0	18	60	0	29	0	1	1	0	4	0	3	0	1	0	0	177	13	4	1	0	0	2	9	136	2,477	0	0	9	17	3,030
NL	2,459	53	4	19	1,499	1	4	3	90	0	1	12	0	0	7	32	9	0	0	22	52	11	24	0	4	19	15	251	0	0	28	26	4,645
AT	235	841	104	69	8,648	3	7	3	52	1	66	58	2	10	9	39	371	0	638	0	345	8	1,198	67	276	29	140	556	1	10	27	192	14,005
PL	373	30	173	90	1,925	0	44	1	43	1	3	34	3	8	47	25	10	1	595	127	0	0	13	0	25	17	215	435	1	0	103	66	4,408
PT	1,491	12	0	0	0	1	0	0	422	26	0	73	0	0	0	1,070	1	0	2,729	30	6	0	13	0	0	463	0	3,439	0	0	0	306	10,082
RO	101	6	8	7	522	0	0	0	10	2	0	107	0	0	0	10	257	0	137	44	3	5	0	0	2	2	18	33	0	0	7	26	1,307
SI	40	3	2	2	1,478	0	0	0	4	0	941	13	0	1	1	2	1	0	53	793	4	0	4	0	2	1	45	63	0	2	1	105	3,561
SK	19	17	444	1	38	0	0	0	11	0	1	9	0	0	0	4	40	0	45	89	20	0	18	0	0	1	3	40	0	0	1	29	830
FI	13	14	0	0	108	167	1	0	27	0	0	2	0	9	3	2	5	0	39	6	10	3	8	0	0	0	46	0	1	0	28	492	
SE	40	108	0	0	0	31	0	4	7	0	10	6	0	0	11	17	0	0	435	20	180	0	122	4	7	0	0	140	0	0	0	26	1,179
UK	389	365	25	126	354	23	0	1	51	0	0	12	1	205	164	24	56	13	1,050	44	937	270	136	4	122	0	117	0	0	0	110	87	4,686
IS	0	1	0	0	2	1	0	0	0	0	0	0	0	0	2	4	0	0	6	1	4	0	2	0	0	0	6	0	0	0	0	0	29
LI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1	20	0	0	0	0	0	0	0	0	0	0	0	0	23
NO	20	4	0	0	76	0	0	0	1	0	0	0	0	0	1	0	1	0	99	3	12	0	1	0	1	0	45	2	0	0	5	271	
CH	586	49	9	54	1,198	1	0	3	103	29	0	54	0	4	2	24	7	0	541	116	29	74	22	1	7	30	59	300	2	0	6	0	3,310
Total	60,439	7,916	974	3,764	61,690	442	953	152	5,430	117	1,317	1,333	180	553	777	14,711	1,499	30	56,162	8,262	8,519	3,759	15,608	5,798	3,472	3,672	5,458	124,534	45	40	3,401	7,146	408,153

* Imputed data for CZ, DE, IE, EL, LV, PT, SE, UK, LI and NO
Source PD S1 Questionnaire

Table A2.3 Number of claims received by the competent Member State for the payment of healthcare received abroad by persons with a PD S1, 2017

	Debtor																											Total				
	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI*	SE		UK	IS	LI	NO
BE	0	428	512	719	10,659	376		1,194	3,855	34,390	25			301	35	0	227	54	137,513	592	1,688		1,289	414	289	0	0	0	0	0	885	195,445
BG	130	0	35	40	476	33		92	171	45	6			5	32	0	5	0	5,140	236	40		17	12	3	0	0	0	0	39	6,557	
CZ	260	236	0	176	93,986	12		82	820	555	88			10	15	0	131	0	103	35,133	2,098		301	95	14,927	0	0	0	0	1,320	150,348	
DK	2	0	4	0	532	0		0	411	3	0			1	2	0	0	0	1,069	176	69		6	2	0	0	0	0	6	2,283		
DE	0	5,560	4,828	13,482	0	870		6,640	22,635	31,337	1,404			2,600	2,025	0	3,345	50	348	165,787	36,355		16,587	551	298	0	0	0	0	120,047	434,749	
EE	0	8	9	152	0	0		25	0	52	0			309	237	0	0	0	1,971	3	80		3	0	3	0	0	0	31	2,883		
IE	0	8	16	0	81	10		1	125	12	0			35	40	0	0	0	103	6	225		0	0	13	6	0	0	19	11	711	
EL	0	34	5	19	67,811	2		0	0	344	0			0	0	0	5	0	302	236	8		32	0	0	0	0	0	266	69,064		
ES	231	1,067	90	2,724	18,867	36		115	0	26,403	6			48	59	0	8	5	86	1,854	667		1,843	8	3	2,476	3,087	82,043	4,005	593	146,326	
FR	68,558	362	220	3,043	129,746	73		393	9,437	0	21			43	93	0	123	28	54,237	1,014	1,886		3,094	53	7	0	0	0	36,061	308,492		
HR	0	42	42	36	61,601	2		0	2	780	0			3	17	0	60	8	196,149	23,779	50		22	29,073	8	0	0	0	0	0	311,674	
IT	0	434	128	214	30,331	18		451	2,175	5,392	118			20	24	0	59	6	227	6,085	769		5,836	263	37	0	0	0	537	53,124		
CY	0	47	6	0	77	0		5	4	31	0			2	1	0	0	1	4,578	26	17		11	0	0	10	0	26,492	41	40	31,389	
LV	0	19	0	0	0	0		0	0	0	0			0	10	0	0	0	0	4	4		0	0	0	0	0	0	0	33		
LT	0	17	29	220	1,365	98		0	0	26	0			656	0	0	0	0	215	4	130		2	10	0	0	0	0	4	2,776		
LU	2,166	91	58	1,241	997	7		1	1	3,287	20			8	43	0	24	3	2,720	110	117		155	0	0	0	0	0	29	11,078		
HU	1,087	121	287	250	24,230	0		9	282	1,216	260			22	8	0	0	2	0	73,052	282		19,414	409	1,879	0	0	0	2,188	124,998		
MT	0	0	1	5	0	0		0	2	24	0			1	0	0	0	0	0	18	1		0	0	0	0	0	0	0	52		
NL	38,705	17	221	519	47,040	159		2	1,838	739	26			32	13	0	79	321	361	1,753	615		203	84	0	0	17	288	36	93,068		
AT	280	3,520	1,876	243	152,321	70		731	3,095	3,175	834			48	71	0	2,687	21	342	0	4,008		11,385	353	73	0	0	0	887	186,020		
PL	0	113	46,933	23,188	304,928	37		517	5,729	5,435	26			49	807	0	135	89	40	30,251	0		215	296	1,527	0	0	1,708	422,023			
PT	1	4	6	0	3	0		4	10,980	31,685	0			0	1	0	0	0	0	14	3		0	1	0	81	1,074	2,606	95	46,558		
RO	0	0	7	8	0	2		3	1	74	0			0	0	0	186	0	93	776	52		0	0	3	0	0	0	90	1,295		
SI	117	60	31	6	4,249	0		21	325	98	1,883			0	2	0	80	4	59,427	22,634	38		22	0	9	0	0	0	0	89,006		
SK	220	92	51,186	344	18,052	0		13	438	235	13			8	16	0	16,711	2	6,571	166,125	596		126	208	0	0	0	0	0	260,956		
FI	0	16	4	0	157	216		0	7	32	3			35	7	0	2	2	117	68	33		13	0	0	0	0	0	85	797		
SE	0	8	22	0	16	1		16	973	32	9			6	1	0	2	0	3,504	138	202		34	5	1	0	0	137	13	5,120		
UK	0	24	8	0	873	0		0	98	5	0			204	13	0	0	0	122	921	1,343		0	0	4	0	159	0	103	3,877		
IS	0	0	3	0	5	0		0	3	1	0			1	0	0	0	0	115,447	0	1		0	0	0	0	0	0	0	115,461		
LI	0	0	0	0	0	0		0	0	98	0			0	0	0	0	0	3,152	438	0		0	0	0	0	0	0	0	3,688		
NO	0	0	0	0	69	0		0	10	6	0			0	0	0	0	0	6,897	64	17		0	0	0	0	0	0	8	7,071		
CH	6,549	361	327	834	18,182	96		684	4,128	20,106	0			5	17	0	66	0	3,744	3,788	698		496	66	1	0	0	0	0	60,148		
Total	118,306	12,689	106,894	47,463	986,654	2,118		10,999	67,545	165,618	4,742			4,452	3,589	0	23,935	596	604,578	535,081	52,092		61,106	31,903	19,085	12,773	4,337	111,566	4,065	165,082	3,157,270	

*FI: Finland can only provide an estimation of the number of E125 forms received for treatment received by PD S1 (E106, E109, E120, E121).

Source PD S1 Questionnaire

Chapter 3 The entitlement to and use of sickness benefits in kind by persons residing in a Member State other than the competent Member State

Table A2.4 Amount to be paid by the competent Member State for healthcare received abroad by persons with a PD S1, 2017, in €

	Debtor																											Total							
	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI*	SE		UK	IS	LI	NO	CH		
BE	0	773,477	248,465	535,862	8,495,043	63,446		1,104,822	0	54,315,171	17,499	0	0	82,819	19,736			7,680	146,510,181	218,182	1,320,017	0	1,263,979	98,853	326,328	0	0	0	0	0	0	0	215,401,563		
BG	21,725	0	8,236	6,884	67,582	2,519			29,594	0	3,246	0	0	198	4,377			0	2,632,918	30,321	23,631	0	2,685	217	812	0	0	0	0	0	0	0	2,834,945		
CZ	93,914	73,589	0	43,979	14,304,302	488			108,852	0	143,090	26,432	0	7,357	3,044			0	15,935	3,899,769	871,205	0	201,161	0	5,747,674	0	0	0	0	0	0	0	25,540,791		
DK	897	0	162	0	749,626	0			0	0	191	0	0	0	0			0	464,262	30,526	160,595	0	632	0	0	0	0	0	0	0	0	0	1,406,891		
DE	0	2,941,426	2,953,673	7,149,174	0	619,793		9,751,634	0	19,463,439	572,367	0	0	1,381,404	2,431,028			18,789	92,260	72,077,741	33,130,109	0	15,712,027	301,451	570,810	0	0	0	0	0	0	0	169,167,126		
EE	0	0	188	0	0	0		1,181	0	8,814	0	0	0	0	44,842			0	592,884	380	24,415	0	235	0	0	0	0	0	0	0	0	0	672,940		
IE	0	0	70,211	0	386,344	13,476		0	0	53,159	0	0	0	0	84,131			0	176,445	0	74,413	0	0	0	26,445	24,505	0	0	0	43,807	0	0	952,935		
EL	0	27,438	443	0	3,336,359	958		0	0	311,619	0	0	0	0	0			0	142,006	117,720	1,168	0	2,816	0	0	0	0	0	11,883	0	0	0	3,952,410		
ES	82,435	83,773	202,624	6,676,601	49,154,859	51,211		399,541	0	72,121,014	11,436	6,676	67,293	135,346				66	143,156	793,096	436,918	0	4,088,473	20,429	33,211	6,364,053	651,523	0	0	8,907,565	0	0	150,431,298		
FR	58,853,199	641,862	129,721	1,706,791	90,275,672	83,014		1,242,521	0	0	3,716	0	156,671	72,788				11,062	25,997,389	929,963	12,360	0	4,931,065	16,337	110,470	0	0	0	0	0	0	0	185,174,599		
HR	0	1,028	9,179	4,594	14,583,713	0		0	0	314,839	0	0	0	1,940				98	94,948,646	3,829,949	2,468	0	2,606	7,690,920	3,061	0	0	0	0	0	0	0	121,393,043		
IT	0	826,686	68,992	81,953	20,205,676	7,406		171,551	0	3,340,422	37,590	0	16,666	18,479				14,491	260,457	3,150,835	444,312	0	6,928,496	100,677	21,719	0	0	0	0	0	0	0	35,696,409		
CY	0	1,430	6,949	10,484	62,612	0		383,521	0	17,129	0	0	0	1,177				0	461,434	13,405	2,506	0	7,901	923	276	7,855	100,648	0	0	32,783	0	0	1,111,035		
LV	0	0	0	0	0	0		0	0	0	0	0	0	105				0	0	0	55	0	0	0	0	0	0	0	0	0	0	0	159		
LT	0	0	2,908	14,551	200,797	0		35	0	2,520	0	0	18,197	0				0	978,830	4,618	12,213	0	29	0	563	0	0	0	0	0	0	0	1,235,261		
LU	9,438,839	91,575	22,145	263,400	1,917,520	5,139		621,349	0	9,791,417	40,994	0	9,771	29,792				275	591,799	142,836	194,339	0	408,512	0	5,347	0	0	0	0	0	0	0	23,575,048		
HU	244,912	6,623	36,448	63,803	3,009,611	0		3,667	0	195,811	35,663	0	3,760	366				200	0	3,595,883	41,860	0	3,689,767	0	499,379	0	0	0	0	0	0	0	0	11,427,754	
MT	0	35	119	2,080	0	0		0	0	1,295	0	0	0	0				0	0	249	35	0	0	0	0	0	0	0	0	0	0	0	0	3,812	
NL	11,801,821	78,847	47,787	146,526	14,116,043	0		220,986	0	326,244	0	0	523	14,129				66,918	18,088	334,649	381,478	0	46,689	45,397	35,473	0	0	0	0	0	0	0	0	27,681,598	
AT	127,417	593,517	812,231	40,380	65,314,870	6,214		615,633	0	1,041,335	300,980	0	23,130	64,122				2,360	2,520,362	0	1,816,216	0	5,699,914	167,828	133,023	0	0	0	0	0	0	0	0	79,279,532	
PL	0	45,373	2,087,295	530,168	14,143,336	3,243		10,378	0	471,261	166	0	4,256	18,305				1,734	12,659	1,144,439	0	0	14,451	0	198,619	0	0	0	0	0	0	0	0	18,685,681	
PT	856	0	6,198	0	456	0		13,430	0	33,666,933	0	0	0	505				0	10,009	4	0	0	569	0	100,239	0	0	0	0	0	0	0	0	33,799,198	
RO	0	0	85	318	0	0		33	0	7,953	0	0	0	0				0	299,356	64,112	1,001	0	0	0	2,449	0	0	0	0	0	0	0	0	375,306	
SI	113,506	0	4,142	1,080	3,420,938	0		10,842	0	117,334	1,040,849	0	694	5,663				290	1,531,041	5,881,341	4,173	0	2,752	0	3,090	0	0	0	0	0	0	0	0	12,137,734	
SK	26,625	17,092	10,934,565	56,918	1,958,813	0		1,790	0	24,552	1,300	0	319	634				60	2,891,642	16,404,627	69,550	0	36,438	78,421	0	0	0	0	0	0	0	0	0	32,503,347	
FI	0	235	6,068	0	544,191	5,129		36,755	0	64,788	0	0	23,527	22,018				320	6,759	28,775	9,328	0	21,528	0	1,381	0	0	0	0	0	0	0	0	770,800	
SE	0	6,244	17,703	0	1,703	810		35,108	0	18,888	0	0	3,429	0				0	343,175	7,215	30,087	0	77,915	10,484	0	0	0	0	0	0	0	0	0	552,760	
UK	0	2,257	31,353	0	3,060,047	0		0	0	18,924	0	0	4,173	30,612				0	92,445	97,123	441,011	0	2,650	4,123	0	416,137	0	0	0	0	0	0	0	4,200,855	
IS	0	0	182	0	2,047	0		0	0	68	0	0	0	0				0	34,085,804	206	0	0	0	0	0	0	0	0	0	0	0	0	0	0	34,088,307
LI	0	0	0	0	0	0		0	0	28,442	0	0	0	0				0	129,818	168,054	0	0	0	0	0	0	0	0	0	0	0	0	0	0	326,313
NO	0	0	0	0	467,506	0		0	0	32,119	0	0	0	0				0	2,502,069	20,655	33,048	0	0	0	0	0	0	0	0	0	0	0	0	0	3,055,397
CH	2,004,580	115,628	137,094	0	8,450,505	5,614		144,085	0	6,151,631	0	0	0	3,884				0	7,391,631	3,720,501	177,734	0	143,566	30,240	57,047	0	0	0	0	0	0	0	0	28,533,740	
Total	82,810,726	6,328,137	17,845,167	17,335,547	318,230,169	868,459		14,907,307	0	202,053,650	2,088,990	6,676	1,804,186	3,007,023				124,343	325,833,450	116,717,179	39,716,249	43,283,639	8,565,395	7,781,299	10,394,652	1,180,191			8,984,155			1,229,866,588			

*FI: The amounts reported are not the refunds paid, but estimations of the refunds claimed.

Source PD S1 Questionnaire

Table A2.5 Number of claims issued by the Member State of treatment for the reimbursement of costs for persons with a PD S1 having received healthcare, 2017

	Creditor																											Total			
	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE		UK	IS	LI
BE	0	104	279	4	16,230	32		272	11,172	171,121	437	22	25	0	60	0	791	39		2,751	13,443		46	82	0	8	27	163	4	3,658	220,770
BG	754	0	257	4	7,732	1		729	1,108	1,005	26	0	50	0	4	0	47	3		5,303	198		0	6	73	32	16	300	0	396	18,044
CZ	706	23	0	5	4,439	9		0	63	220	42	4	3	0	28	0	276	4		4,358	47,018		2	31	13,601	4	30	239	0	314	71,419
DK	678	14	180	0	27,318	152		0	2,723	3,043	74	2	15	0	309	0	230	4		5,647	28,565		8	6	1	0	0	0	0	821	69,790
DE	122	148	98,690	13	0	404		7,046	18,626	129,732	62,146	6	72	5	1,008	0	26,891	112		201,015	348,918		128	4,249	16,138	190	846	512	67	23,571	940,655
EE	200	22	153	0	874	0		2	40	199	2	0	0	0	98	0	21	0		94	50		1	0	0	615	13	0	0	92	2,476
IE	334	1	145	0	1,271	3		0	992	903	10	0	15	0	82	0	0	15		401	5,009		0	0	183	3	0	0	0	88	9,455
EL	545	118	0	0	10,887	36		0	127	622	6	0	281	0	1	0	34	2		1,306	606		2	26	13	14	28	14	0	735	15,403
ES	545	96	184	0	6,070	0		0	0	12,087	2	0	2	0	14	0	104	0		2,077	1,435		40	12	49	11	6	98	1	2,310	25,143
FR	5,492	58	442	4	32,910	52		144	26,784	0	770	78	31	0	26	0	1,216	34		4,759	5,807		18	190	74	28	67	262	6	20,944	100,196
HR	21	1	100	1	1,425	0		0	8	21	0	0	0	0	0	0	260	0		3,133	20		0	1,883	13	3	16	1	0	0	6,906
IT	2,915	227	759	0	24,728	128		10	5,665	9,815	1,683	0	122	0	36	0	0	85		14,902	6,774		183	5,203	928	38	33	110	1	36,938	111,283
CY	75	38	78	0	71	0		11	2	25	0	0	0	0	0	0	13	0		109	201		0	0	0	1	0	1	0	77	702
LV	332	3	10	1	2,540	309		0	48	43	3	0	1	0	656	0	22	1		103	51		0	0	8	20	8	204	0	4	4,367
LT	24	32	15	3	2,025	237		0	68	93	17	0	1	10	0	0	6	0		144	1,059		0	2	0	7	12	125	0	18	3,898
LU	19,394	1	2,171	3	129,697	22		0	325	343,187	26	0	0	0	4	0	107	0		2,012	9,198		30	3	6	0	0	20	0	835	507,041
HU	315	3	146	0	3,496	2		1	65	138	45	6	2	0	7	0	0	0		5,527	155		55	86	17,697	6	26	0	0	73	27,851
MT	25	0	0	0	51	0		0	4	57	8	0	0	0	0	0	7	0		39	117		0	4	0	2	1	0	0	0	315
NL	11,603	36	1,607	107	185,830	302		48	12,912	21,240	892	2	113	0	361	0	3,505	57		9,747	64,017		131	122	1,666	37	411	0	88	6,807	321,641
AT	74	250	33,168	0	99,323	3		8	372	442	14,252	2	15	0	4	0	72,157	7		0	26,475		94	24,139	119,802	16	11	55	1	2,006	392,676
PL	1,114	85	2,115	34	34,483	80		3	299	1,909	50	2	2	8	133	0	272	3		6,397			35	37	595	27	175	915	7	794	49,574
PT	450	0	32	0	2,532	0		0	2,606	4,103	0	0	0	0	4	0	7	0		455	41		1	0	37	5	8	339	0	2,625	13,245
RO	1,164	13	204	3	15,811	3		23	2,819	2,459	29	14	24	0	15	0	16,831	0		9,929	301		0	27	147	27	108	90	0	392	50,433
SI	378	3	100	2	593	0		0	8	56	29,073	0	1	0	10	0	334	0		6,058	294		0	0	162	2	5	5	0	62	37,146
SK	425	10	15,089	1	1,411	3		0	28	79	188	0	1	0	12	0	6,750	0		5,800	2,875		8	97	0	2	19	227	0	229	33,254
FI	351	1	113	0	1,256	4,958		1	2,442	543	14	0	11	0	103	0	57	13		982	820		4	2	103	0	0	0	0	418	12,192
SE	610	35	252	0	4,635	800		121	3,089	3,255	119	2	131	0	211	0	882	64		3,034	8,398		12	98	32	0	0	150	0	1,073	27,003
UK	1,393	154	1,377	0	21,616	0		688	89,563	118,692	228	6	13,887	3	203	0	0	0		10,335	30,513		6	176	643	0	141	0	0	6,488	296,112
IS	77	0	12	0	175	0		0	94	19	0	0	0	0	0	0	0	4		157	386		0	0	0	0	0	0	0	51	975
LI	39	0	421	0	1,753	0		0	25	35	5	0	0	0	0	0	60	0		881	136		0	0	97	0	0	0	0	3	3,455
NO	359	15	368	0	3,903	707		2	3,929	978	49	0	40	1	5,585	0	328	4		797	108,856		1	2	703	0	0	0	0	305	126,932
CH	381	66	1,298	3	118,741	31		29	592	28,032	39	8	36	0	4	0	2,166	4		5,376	1,801		19	298	1,644	43	14	58	4	0	160,687
Total	50,895	1,557	159,765	188	763,827	8,274		9,138	186,598	854,153	110,235	154	14,881	27	8,978	0	133,374	455		313,628	713,537		824	36,781	174,415	1,141	2,021	3,888	179	112,127	3,661,040

Source PD S1 Questionnaire

Chapter 3 The entitlement to and use of sickness benefits in kind by persons residing in a Member State other than the competent Member State

Table A2.6 Amount to be received by the Member State of treatment as reimbursement of costs for persons with a PD S1 having received healthcare, 2017, in €

	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR*	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI*	SE	UK	IS	LI	NO	CH	Total
BE	0	19,894	73,250	15,252	12,500,389	6,331		0		134,639,412	284,924		13,405	0	2,993	93,159	16,570			190,789	964,857	1,518	113,506	26,625	16,515	1,233				19,477	149,000,099		
BG	3,428,890	0	68,441	0	8,975,491	0		13,232		2,056,794	0		0	0	0	174				328,403	27,623	0	0	41,040	9,108	364				0	14,949,561		
CZ	639,138	7,737	0	260	2,784,223	178		2,927		128,303	292,179		0	0	2,815	0	127			484,391	720,887	74	9,844	9,241,957	5,871	11,145				0	14,332,055		
DK	672,495	3,654	49,272	0	14,243,462	9,748		4,051		3,751,224	67,254		10,484	0	14,542	40,335	2,045			1,986,966	521,817	760	1,080	56,910	0	0				0	21,436,099		
DE	14,968,310	37,780	15,399,789	2,990	0	45,058		0		90,275,672	21,210,186		3,864	370	18,307	170,176	20,468			30,138,921	9,577,877	9,225	3,635,313	1,711,691	364,477	3,033,961			285,125		190,909,558		
EE	82,194	3,343	39,589	0	1,203,739	0		958		187,193	0		0	0	18,866	564	0			12,164	3,018	19	0	0	6,210	428				0	1,558,285		
IE	440,907	214	50,658	0	521,376	0		0		896,694	15,175		0	0	0	1,181				96,830	96,676	0	0	50,184	3,609	0				0	2,173,503		
EL	7,847,488	53,640	0	0	7,050,486	0		0		927,590	5,615		0	0	0	11,053				504,738	30,250	33	12,665	4,182	36,755	31,163				0	16,515,656		
ES	2,970,403	54,605	73,761	647	4,845,996	0		0		8,143,696	30,977		0	0	6,325	8,213	0			421,986	47,693	1,944	1,433	20,360	2,977	31,812				0	16,662,828		
FR	126,830,559	0	116,673	66,430	20,703,188	1,920		0		0	171,839		0	0	0	1,728				595,809	136,783	1,532	113,157	60,337	63,186	31,409				0	148,894,551		
HR	111,579	296	23,761	30	1,123,374	0		0		11,968	0		0	0	0	0				473,317	165	0	1,040,811	1,300	1,980	1,367				0	2,789,949		
IT	0	49,054	326,585	303	17,339,643	0		0		16,110,113	1,464,793		0	0	0	0	41,450			3,701,313	153,534	12,528	0	24,469	7,619	3,107				0	39,234,511		
CY	31,277	37,632	11,759	0	49,166	0		0		51,748	0		0	0	0	0				22,843	3,109	0	315	372	0	0				0	208,222		
LV	253,793	108	3,936	0	2,436,687	0		0		63,010	1,322		0	0	0	104				15,390	3,624	0	694	319	23,527	3,037				0	2,805,552		
LT	214,294	4,633	34,962	80	2,558,803	44,842		0		147,666	10,763		1,177	105	0	256	0			21,900	40,940	0	5,663	634	30,383	6,675				0	3,123,776		
LU	76,297,997	1,577	331,569	4,207	67,123,606	1,439		0		171,014,209	17,436		0	0	1,381	8,519	0			279,746	212,117	918	299	274,286	0	0				0	315,569,305		
HU	426,224	152	62,386	0	2,998,079	0		182		316,498	78,261		0	0	0	0				724,728	4,425	2,631	11,321	1,118,403	1,543	21,360				0	5,766,192		
MT	36,698	0	0	0	20,320	0		0		25,980	914		0	0	0	200	0			2,347	109	0	436	111	320	0				0	87,435		
NL	219,380,573	13,703	692,257	166,466	96,947,495	142,517		248,570		25,969,251	820,841		0	0	42	0	8,458			1,456,134	1,519,290	7,251	92,445	320,876	126,232	108,853			287,161		348,308,414		
AT	530,022	30,058	4,929,968	0	51,528,264	380		0		585,334	5,225,960		0	0	468	0				363	901,574	4,308	8,328,010	19,325,807	14,726	0			2,576		91,407,818		
PL	4,214,955	29,348	766,019	158,965	32,601,286	24,415		0		2,208,889	0		0	0	0	20,418	83			1,299,825	0	1,001	4,188	69,547	8,750	3,810			28,017		41,439,515		
PT	1,533,041	0	4,412	0	2,205,364	0		15,925		8,783,798	0		0	0	0	0				130	17,670	18	0	251	18	1,789				0	12,562,416		
RO	4,977,436	2,571	106,930	23	15,401,034	235		0		4,521,698	6,981		0	0	32	0				1,653,509	2,225	0	2,752	36,631	26,763	60,855				0	26,799,676		
SI	248,763	33	15,993	0	466,894	0		0		22,664	8,741,900		0	0	0	0				1,582,270	9,398	0	0	78,421	2,515	9,997				0	11,178,848		
SK	977,540	1,060	6,535,181	0	1,139,561	0		0		84,137	177,899		0	0	0	24,629	0			696,613	161,359	2,385	3,348	0	1,540	6,939				0	9,812,193		
FI	251,242	0	31,552	0	878,044	530,878		1,742		613,841	0		0	0	0	0	1,877			18,964	19,484	125	240	3,476	0	0				0	2,351,466		
SE	861,498	12,457	107,112	0	4,558,042	206,134		0		4,594,416	407,713		100,648	0	0	52,399	13,006			187,464	341,700	300	101,716	11,669	0	0				0	11,556,275		
UK	17,841,039	381	451,626	0	19,208,484	0		0		157,425,144	0		0	4,399	0	0				469,316	152	2,343	0	0	0	693,247				0	196,096,131		
IS	80,442	0	2,513	0	115,451	0		0		7,250	0		0	0	0	0				4,916	6,512	0	0	0	0	0				0	217,437		
LI	9,856	0	39,416	0	730,835	0		50		15,102	6,188		0	0	0	11,593	0			625,248	0	0	0	35,900	0	0				0	1,474,187		
NO	533,133	1,975	101,563	0	2,960,548	69,832		3,197		1,361,027	181,546		0	4	369,851	0	1,375			138,782	4,327,915	112	2,282	410,247	0	0				0	10,463,389		
CH	1,437,219	0	296,739	0	52,066,590	0		0		11,818,406	0		0	0	0	0	594			849,560	68,152	2,382	183,917	149,309	69,092	15,500			28,017		66,985,476		
Total	488,129,005	365,907	30,747,674	415,653	447,285,920	1,083,906		290,833		646,758,725	39,220,665		129,579	4,877	435,590	430,493	121,007			48,985,312	19,920,939	51,405	13,665,435	33,075,314	823,714	4,078,051			650,373		1,776,670,378		

*FR and FI: Data on refunds received is not available; the amounts reported are the amounts claimed.

** PL: Data is incomplete.

Source PD S1 Questionnaire

ANNEX II PORTABLE DOCUMENT S1

Coordination of Social Security Systems

S1

Registering for health care cover

EU Regulations 883/04 and 987/09 (*)

INFORMATION FOR THE HOLDER

This is your and your family members' certificate of entitlement to sickness, maternity, and equivalent paternity benefits in kind (i.e. health care, medical treatment etc.) in your State of residence. Family members are only covered if they fulfil the conditions laid down in the legislation of the State of residence. The certificate must be handed over as soon as possible to the health care institution in the place of residence (**). For a list of health care institutions, see <http://ec.europa.eu/social-security-directory/>

1. PERSONAL DETAILS OF THE HOLDER

1.1	Personal Identification Number in the competent Member State	
1.2	Surname	
1.3	Forename	
1.4	Surname at birth (**)	
1.5	Date of birth	
1.6	Address in the State of residence	
1.6.1	Street, N°	1.6.3 Post code
1.6.2	Town	1.6.4 Country code ▼
1.7	Status	
<input type="checkbox"/>	1.7.1 Insured person	<input type="checkbox"/> 1.7.2 Family member of insured person
<input type="checkbox"/>	1.7.3 Pensioner	<input type="checkbox"/> 1.7.4 Family member of pensioner
<input type="checkbox"/>	1.7.5 Pension claimant	

2. LONG-TERM CARE BENEFITS IN CASH

2.1 The holder receives long-term care benefits in cash

(*) Regulations (EC) No 883/2004, articles 17, 22, 24, 25, 26 and 34, and 987/2009 articles 24 and 28.

(**) For Spain, Sweden and Portugal, the certificate must be handed over to, respectively, the head provincial offices of social security National Institute (INSS), the social insurance institution and the social security institution of the place of residence.

(***) Information given to the institution by the holder when this is not known by the institution.

Coordination of Social Security Systems

S1

Registering for health care cover

3. PERSONAL DETAILS OF THE INSURED PERSON
(to be filled if the holder has a right to health care because of another person's insurance)

3.1	Personal Identification Number in the competent Member State	<input type="text"/>
3.2	Surname	<input type="text"/>
3.3	Forenames	<input type="text"/>
3.4	Surname at birth (*)	<input type="text"/>
3.5	Date of birth	<input type="text"/>
3.6	Address of the insured person if different from that in 1.6	
3.6.1	Street, N°	<input type="text"/>
	3.6.3	Post code
3.6.2	Town	<input type="text"/>
	3.6.4	Country code <input type="text"/>

4. INSURANCE COVERAGE FROM/TO:

4.1	Starting date	<input type="text"/>	4.2	Ending date	<input type="text"/>
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5. INSTITUTION COMPLETING THE FORM

5.1	Name	<input type="text"/>
5.2	Street, N°	<input type="text"/>
5.3	Town	<input type="text"/>
5.4	Post code	<input type="text"/>
	5.5	Country code <input type="text"/>
5.6	Institution ID	
5.7	Office fax N°	
5.8	Office phone N°	
5.9	E-mail	
5.10	Date	
5.11	Signature	

STAMP

(*) Information given to the institution by the holder when this is not known by the institution.

Chapter 4

Monitoring of healthcare reimbursement

Member States which have opted to claim reimbursement on the basis of fixed amounts

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SUMMARY OF MAIN FINDINGS

This chapter presents data on the monitoring of healthcare reimbursement in Member States which have opted to claim reimbursement on the basis of fixed amounts.

The main aim of the monitoring through this yearly questionnaire is to assess the potential impact of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare (the Directive) on this type of reimbursement. However, only a limited number of Member States were able to provide data. In any case more data are required to make a comprehensive assessment of any potential impact.

The reimbursement of cross-border healthcare is settled between Member States on the basis of actual expenditure (actual costs) or on the basis of fixed amounts (average costs). In principle, the general method of reimbursement is the refund on the basis of actual expenditure. Only by a way of exemption, those Member States whose legal or administrative structures are such that the use of reimbursement on the basis of actual expenditure is not appropriate, can claim reimbursement of benefits in kind on the basis of fixed amounts in relation to certain categories of persons. These categories are: family members who do not reside in the same Member State as the insured person and to pensioners and members of their family. The Member States claiming fixed amount reimbursements with regard to these categories of persons ("lump-sum Member States") are those listed in Annex 3 of the implementing Regulation: Ireland, Spain, Cyprus, the Netherlands, Portugal, Finland, Sweden, the United Kingdom, and in addition Norway. Some 204,000 persons concerned reside in a lump-sum Member State, of which 158,000 in Spain. Moreover, most of these persons are pensioners.

The Member States not listed in Annex IV of the basic Regulation⁴⁶, which do not give more rights for pensioners returning to the competent Member State, will however be required to cover the cost of healthcare under the conditions provided by the Directive, which they are not required to provide under the Regulations in some specific cases. This chapter examines such cases as well, and shows that the amounts to be paid under the Directive by the Member States not listed in Annex IV of the basic Regulation are relatively low compared to the fixed amounts reimbursed by these Member States to the lump-sum Member States.

Member States listed in Annex 3 of the implementing Regulation may have to reimburse under the Directive some groups of their residents who received unplanned healthcare in a third Member State, while under the Regulations this will be financed by the competent Member State. Therefore, the Member State of residence might bear costs for healthcare for which it is not being reimbursed via the fixed amounts. Mainly pensioners and their family residing in a lump-sum Member State which is not the competent Member State received unplanned healthcare in a third Member State.

Finally, Member States listed in Annex 3 of the implementing Regulation may have to reimburse - according to the Directive - costs of planned healthcare provided during a temporary stay in a third Member State to some categories of residents for whom another Member State is competent. However, no information is currently available on planned healthcare provided during a temporary stay in a third Member State to some categories of the residents for whom another Member State is competent.

⁴⁶ Croatia, Denmark, Estonia, Finland, Ireland, Italy, Latvia, Lithuania, Malta, Portugal, Romania, Slovakia, the United Kingdom, Norway and Switzerland.

1. INTRODUCTION

The reimbursement of cross-border healthcare is settled between Member States on the basis of actual expenditure (actual costs) or on the basis of fixed amounts (average costs). In principle, the general method of reimbursement is the refund on the basis of actual expenditure. Only by a way of exemption, those Member States whose legal or administrative structures are such that the use of reimbursement on the basis of actual expenditure is not appropriate, can claim reimbursement of benefits in kind on the basis of fixed amounts in relation to certain categories of persons. These categories are: family members who do not reside in the same Member State as the insured person and pensioners and members of their family. The Member States that apply fixed amounts reimbursements with regard to these categories of persons ("lump-sum Member States") are those listed in Annex 3 of the Implementing Regulation: Ireland, Spain, Cyprus, the Netherlands, Portugal, Finland, Sweden, the United Kingdom and in addition Norway.

The questionnaire on the monitoring of healthcare reimbursement in Member States which have opted to claim reimbursement on the basis of fixed amounts was launched within the framework of the Administrative Commission for the Coordination of Social Security Systems in order to identify the impact of Directive 2011/24/EU of on the application of patients' rights in cross-border healthcare (the Directive) on those Member States which have opted for the reimbursement on the basis of fixed amounts (lump-sum Member States).

Both the Implementing Regulation and the Directive define specific reporting obligations with regard to these lump-sum Member States:

- *According to Article 64(5) of Regulation (EC) No 987/2009 a review should be performed to evaluate the reductions defined in Article 64(3) of Regulation (EC) No 987/2009;*
- *According to Article 20(3) of the Directive Member States and the Commission shall have recourse to the Administrative Commission in order to address the financial consequences of the application of the Directive on the Member States which have opted for reimbursement on the basis of fixed amounts, in cases covered by Articles 20(4) and 27(5) of that Regulation.*

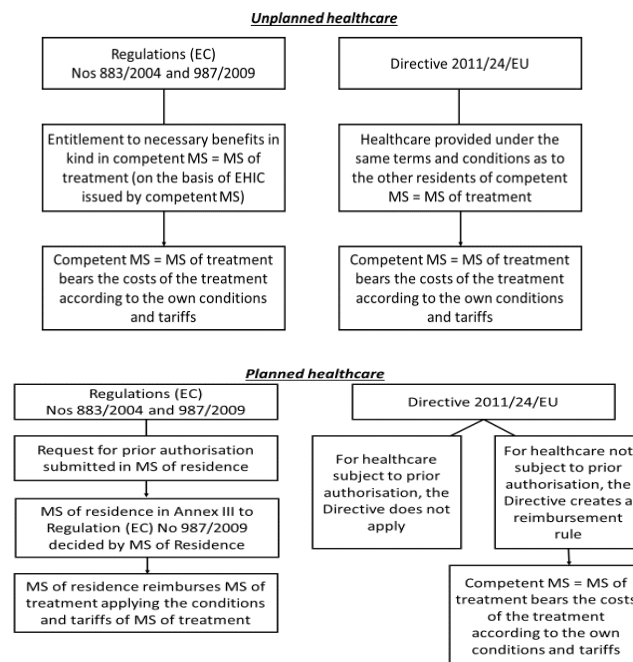
Three other questionnaires collecting data on cross-border healthcare (*i.e. the questionnaire on planned healthcare (PD S2), the one on unplanned healthcare (EHIC) and finally the one on persons entitled to healthcare residing in a Member State other than the competent Member State (PD S1)*) do not provide the detailed information required for the assessment of the impact of the Directive on lump-sum Member States. Nonetheless, some data collected by the 'PD S1 Questionnaire' may still be useful in order to complement the data collected on the monitoring of healthcare reimbursement.

1.1. An overview of the potential effects

The report from the Commission compliant with the obligations provided for under Article 20(3) of the Directive, and the note AC 070/14⁴⁷ highlighted the following scenarios under which the implementation of the Directive may have an effect on the fixed amounts as defined in Article 64 of the Implementing Regulation:⁴⁸

- "On the one hand, under the Directive, Member States not listed in Annex IV of Regulation (EC) No 883/2004 are required to provide healthcare which they are not required to provide under the Regulations. They may therefore consider that they are responsible for a greater proportion of total healthcare costs for the insured persons concerned than they previously were, and that this should be taken into account by increasing the reductions defined in Article 64(3) of Regulation (EC) No 987/2009." (See also Figure 1)

Figure 1 Unplanned and planned healthcare for pensioners and their family members received in the competent Member State when residence is outside the competent Member State and whose competent Member State is not listed in Annex IV of Regulation (EC) No 883/2004



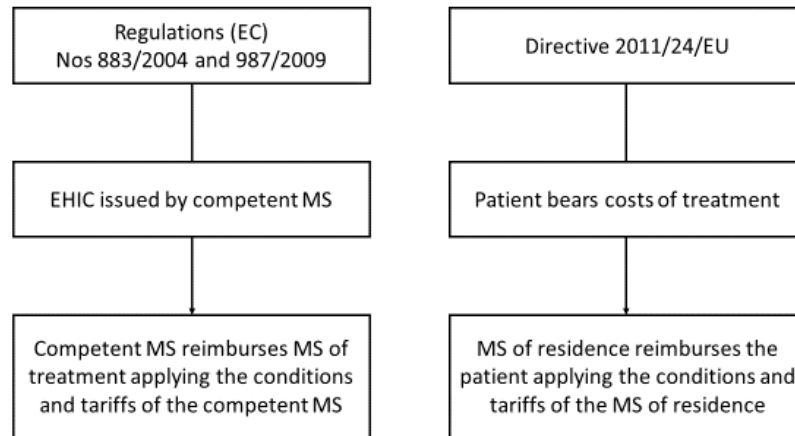
Source AC 246/12

- "On the other hand, under the Directive, Member States listed in Annex 3 of Regulation (EC) No 987/2009 may have to reimburse some groups of their residents for whom another Member State is competent for unplanned healthcare received in a third Member State, while under the Regulations it is financed by the competent Member State when it became necessary on medical ground during the stay. Therefore the Member State of residence might consider that it is now bearing costs for healthcare for which it is not being reimbursed via the fixed amounts, and that this should be taken into account by reducing the reductions defined in Article 64(3) of Regulation (EC) No 987/2009." (See also Figure 2)

⁴⁷ Subject: Possible impact of Directive 2011/24/EU on the interpretation of AC Decision S5 and on the size of the reductions defined in Article 64(3) of Regulation (EC) No 987/2009.

⁴⁸ See <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52014DC0044&from=EN>.

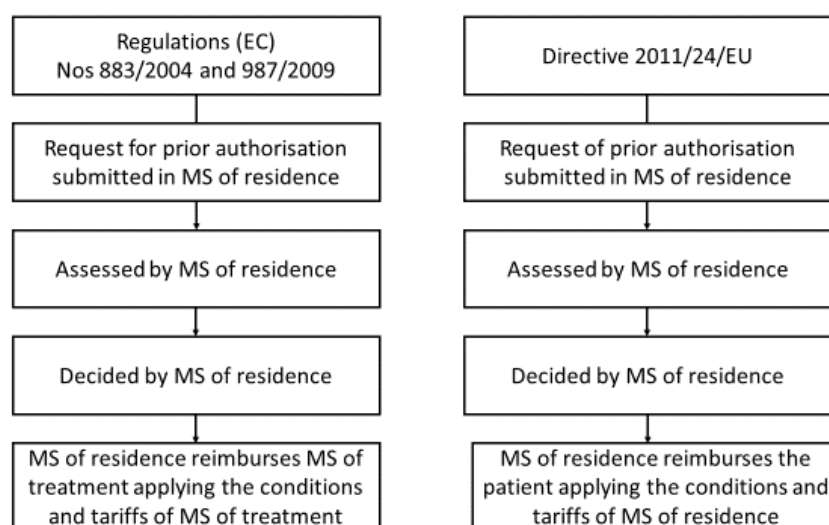
Figure 2 Unplanned healthcare for family members of frontier workers and pensioners and their family members received in a third Member State and residing in a Member State listed in Annex 3 to the Implementing Regulation



Source AC 246/12

- "In addition to those effects identified in the report envisaged by Article 20(3) of Directive 2011/24/EU as described above, Member States listed in Annex 3 of Regulation (EC) 987/2009 may have to reimburse under the terms of Directive costs of planned healthcare provided during a temporary stay in a third Member State to some categories of the residents for whom another Member State is competent. In such circumstances, the Member State of residence might consider that it is unable to include these costs when calculating average costs, given the current interpretation of Decision S5⁴⁹." (See also Figure 3)

Figure 3 Planned healthcare for family members of frontier workers and pensioners and their family members received in a third Member State and residing in a Member State listed in Annex 3 to the Implementing Regulation



Source AC 246/12

⁴⁹ [http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32010D0424\(15\)&from=EN](http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32010D0424(15)&from=EN).

1.2. Respondent Member States to the questionnaire

The questionnaire is divided in three parts. The first part had to be answered by the lump-sum Member States listed in Annex 3 of the Implementing Regulation. Ireland, Spain, the Netherlands, Finland, Sweden and Norway (or 6 out of the 9 countries concerned) provided data on the number of persons involved for reference year 2017 (*Question 1*). Only the Netherlands provided data on the number of PDs S2 (i.e. certificate of entitlement to scheduled treatment abroad) issued to pensioners or their family members in order to receive planned healthcare in the Member State where they are insured or in a third Member State (*Question 2*). No country provided input on the reimbursement of planned (*Question 3*) and unplanned healthcare (*Question 4*) received in a third Member State or in the competent Member State.

The second part of the questionnaire had to be answered by all Member States except those listed in Annex IV of the basic Regulation (Croatia, Denmark, Estonia, Finland, Ireland, Italy, Latvia, Lithuania, Malta, Portugal, Romania, Slovakia, the United Kingdom, Norway and Switzerland). Estonia, Malta, Portugal, Romania and Iceland, (4 out of 15 countries concerned), provided data for 2017 (*Question 5*).

The third and final part of the questionnaire had to be answered by all Member States. However, only Bulgaria, Greece, Luxembourg, Hungary, Austria, Poland, Slovenia and Iceland (6 out of 32 countries concerned) provided data for 2017 (*Question 6*).

While the deadline for the transposition of the Directive was 25 October 2013, many Member States completed their transposition during the reference year 2014. Nonetheless, four years after the transposition of the Directive many Member States still fail to provide data. In any case more data are required to make a proper assessment of any potential impact on lump-sum Member States and those Member States not listed in Annex IV of the Basic Regulation.

2. THE NUMBER OF PERSONS INVOLVED LIVING IN A LUMP-SUM MEMBER STATE

The Member States listed in Annex 3 of the Implementing Regulation will be reimbursed by the competent Member States on the basis of fixed amounts for the benefits in kind supplied to:⁵⁰

- family members who do not reside in the same Member State as the insured person, as provided for in Article 17 of the basic Regulation;
- pensioners and members of their family, as provided for in Article 24(1) and Articles 25 and 26 of the basic Regulation.

Table 1 provides the reported data by the lump-sum Member States on the number of persons involved. However, not all lump-sum Member States have replied to this question. Similar data are collected by the so-called 'PD S1 Questionnaire' (see also Chapter 3). These figures are reported in *Table 2*. Some 188,000 persons involved reside in a lump-sum Member State, of which 160,000 in Spain.

Out of the two specific groups of persons concerned as outlined above, the number of pensioners and their family members is in general much higher than the number of family members not residing in the same Member State as the insured person. Only Ireland (*Table 1*) and the Netherlands (*Table 2*) reported a lower number of pensioners and members of their family than the number of family members not residing in the same Member State as the insured person. It also confirms the conclusion made in the report from the Commission compliant with the obligations provided for under Article 20(3) of the Directive, namely that "both in terms of the number of involved and the amount of healthcare use, pensioners will be by some way the most significant group."

It is likely that mainly lump-sum Member States, where there is a high number of residents falling in these categories, will observe a potential effect of the Directive. The available data show that Spain has the highest number of incoming mobile pensioners insured in another Member State (*Tables 1 and 2*). Therefore this country and the Member States having issued the PD S1 for the persons residing there (mainly the United Kingdom⁵¹) might be the first to observe an effect of the Directive.

⁵⁰ Article 63(2) of Regulation (EC) No 987/2009.

⁵¹ Some 61,000 pensioners are insured in the United Kingdom and reside in Spain.

Table 1 Quantification of the number of persons involved living in the Member States which apply fixed amount reimbursements with regard to these categories of persons, 2013-2017

	Number of family members who do not reside in the competent MS of the insured person (number of E109 forms received)					Total number of pensioners and members of the family (number of E121 forms received)				
	2017	2016	2015	2014	2013	2017	2016	2015	2014	2013
IE	30	1,216	368			875	649	162		
ES	409	429	443	453	1,338	159,040	157,374	156,570	156,060	166,294
CY		27					14,936			
NL	233		265	194	215	4,468		3,797	3,695	3,594
PT										
FI	< 10	2	1	0		432	480	1,358	1,332	1,240
SE	25	48				1,730	1,654			
UK				17					2,220	
NO	1	2	2	3	2	187	129	247	208	215

* FI and NO: the numbers reported by FI also include persons from the Nordic countries. This is however not the case for NO.

** Please note that ES has amended its figures for 2014.

Source Questionnaire on the monitoring of healthcare reimbursement 2018, Question 1

Table 2 Number of persons with a PD S1 living in the Member States which apply fixed amount reimbursements with regard to these categories of persons, 2017

	Number of family members who do not reside in the competent MS of the insured person	Total number of pensioners and members of the family			Total
		Pensioners	Family members	Subtotal	
IE					
ES	409	140,552	18,595	159,147	159,556
CY	25	13,003	1,826	14,829	14,854
NL	8,619	3,590	439	4,029	12,648
PT				0	0
FI	96	415	17	432	528
SE					
UK					
NO	1	182	9	191	192
Total	9,150	157,742	20,886	178,628	187,778

Source PD S1 Questionnaire 2018

3. FIRST SCENARIO: HEALTHCARE PROVIDED UNDER THE DIRECTIVE BY MEMBER STATES NOT LISTED IN ANNEX IV OF REGULATION (EC) NO 883/2004

Member States not listed in Annex IV of the basic Regulation⁵², which do not give more rights for pensioners returning to the competent Member State, will however be required to cover healthcare costs under the conditions provided by the Directive which they are not required to cover under the Regulations in certain specific cases. They may therefore consider that they are responsible for a greater proportion of total healthcare costs for the insured persons concerned than they previously were.

The reduction in lump sums provided by Art. 64 of the Implementing Regulation compensates the cost of unplanned healthcare received by pensioners and their family members in a third Member State and reimbursed by the competent Member State on the basis of the EHIC. Member States listed in Annex IV of the basic Regulation are entitled to a 20% reduction as they give pensioners and their family members additional rights of access to healthcare returning to the competent Member State, while the Member States not listed in that Annex are entitled to a 15% reduction.

Four Member States not listed in Annex IV of the basic Regulation reported the number of pensioners and their family members who received healthcare in one of these competent Member States under the Directive in the reference year 2017 (*Table 3*).

In 2017, Estonia provided healthcare to 166 pensioners and family members residing in a lump-sum Member State, most of which residing in Finland. Latvia, Lithuania and Slovakia provided healthcare to a pensioners and family members mainly residing in the UK. Latvia reported an amount of reimbursed of € 95,738 to pensioners and their family members who were residing in a lump-sum Member State and who received healthcare in their competent Member State under the Directive. Also Estonia (€ 49,579), Lithuania (€ 38,675) and Slovakia (€ 1,761) had to reimburse very low amounts.

No figures are available on the number of pensioners and their family members resident in Spain to whom the UK has issued a PD S1 and who received healthcare in the UK under the Directive.⁵³ This would be an interesting figure taking into consideration the high number of pensioners and family member insured in the UK and residing in Spain.

⁵² Croatia, Denmark, Estonia, Finland, Ireland, Italy, Latvia, Lithuania, Malta, Portugal, Romania, Slovakia, the United Kingdom, Norway and Switzerland.

⁵³ The UK could not provide data. However, they replied that "they have implemented legislation that mirrors the Annex IV right while they wait to be formally listed on Annex IV of Regulation (EC) No 883/2004, therefore, Article 7(2)(b) is not relevant. Other UK territories have not implemented legislation that mirrors Annex IV so Article 7(2)(b) of Directive 2011/24/EU does apply."

Table 3 Number of pensioners and their family members resident in a lump-sum Member State to whom the competent Member State has issued a PD S1 and who received healthcare in this competent Member State under the Directive, breakdown by MS of residence, **2017**

	Number of persons				Amount reimbursed (in €)			
	<i>EE</i>	<i>LV</i>	<i>LT</i>	<i>SK</i>	<i>EE</i>	<i>LV</i>	<i>LT</i>	<i>SK</i>
IE	5	35	27		355		6,755	
ES	11	38	8	6	1,761	65,258	1,687	1,761
CY		2	1				4,813	
NL			1				336	
PT								
FI	137	35	2		45,339	23,526	339	
SE	4	6	1	4	355	2,781	399	
UK	9	204	32	96	1,769	4,173	24,347	
NO								
Total	166	320	72	106	49,579	95,738	38,675	1,761

* The amount reimbursed does not necessarily correspond to the number of persons

Source Questionnaire on the monitoring of healthcare reimbursement 2018, Question 5

From the perspective of the sending countries, only Cyprus have issued 6 PDs S2 in 2017 to pensioners or their family members residing in this lump-sum Member States in order to receive planned healthcare in the competent Member State which has issued the PD S1 or a third Member State. However, no distinction has been made between the competent Member States and third Member States.

4. SECOND SCENARIO: REIMBURSEMENT UNDER THE TERMS OF THE DIRECTIVE OF UNPLANNED HEALTHCARE PROVIDED IN A THIRD MEMBER STATE BY MEMBER STATES LISTED IN ANNEX 3 OF REGULATION (EC) NO 987/2009 WHEN ANOTHER MEMBER STATE IS COMPETENT

Member States listed in Annex 3 of the Implementing Regulation may, under the Directive, have to reimburse some groups of their residents who received unplanned healthcare in a third Member State, while under the Regulations this will be financed by the competent Member State. Therefore, the Member State of residence might bear costs for healthcare for which it is not being reimbursed via the fixed amounts. The questionnaire asked both the lump-sum Member States and the competent Member States to provide figures on this. However, no figures were provided by the lump-sum Member States.

From the perspective of the competent Member State, for reference year 2017, Bulgaria, Luxembourg, Malta, Poland, Austria and Slovenia provided figures.

Mainly pensioners and their family residing in a lump-sum Member State which is not the competent Member State received unplanned healthcare in a third Member State under the Regulations (*Table 4*), which is to be expected given the much higher number of PDs S1 received for this group of persons by the lump-sum Member States compared to the forms received for family members not residing in the same Member State as the insured person (*see Table 2*). Especially, a high number of persons insured in Bulgaria and resident in Spain received unplanned healthcare in a third Member State (1,543 pensioners).

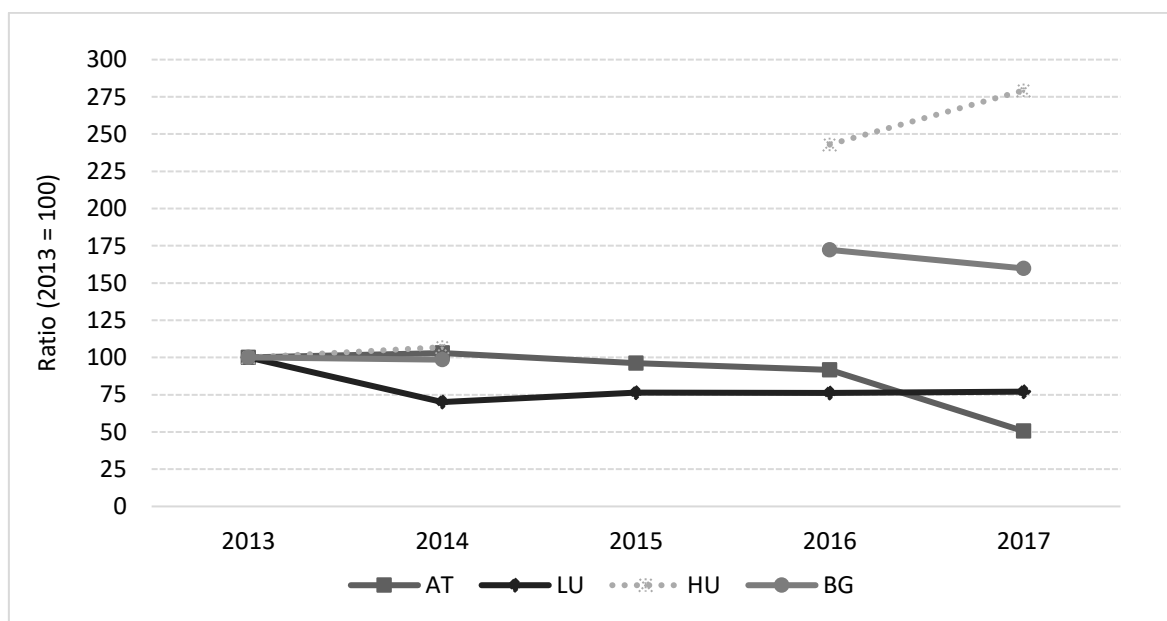
The evolution of the number of persons residing in a lump-sum Member State which is not the competent Member State and who received unplanned healthcare in a third Member State under the Regulations is shown by Figure. However, data covering several years is available only for a limited number of Member States. For Hungary a yearly increase of the number of persons who received unplanned healthcare in a third Member State can be observed. Luxembourg shows since 2014 a rather stable evolution of the number of persons who received unplanned healthcare in a third Member State. Finally, both Bulgaria and Austria show decreasing numbers compared to 2016.

Table 4 Number of persons involved residing in a lump-sum Member State - which is not the competent Member State which has issued the PD S1 - who received unplanned healthcare in a third Member State under the Regulations, from the perspective of the competent Member States, breakdown by MS of residence, 2017

MS of residence	Number of family members residing in a lump-sum MS, other than where the insured persons resides, which is not the competent MS							Number of pensioners and their family residing in a lump-sum MS which is not the competent MS							Total	
	AT	BG	LU	MT	PL	SI	Subtotal	AT	BG	HU	LU	MT	PL	SI		Subtotal
IE	0	0	0	0	0	0	0	0	44	11	6	0	0	0	61	61
ES	5	23	42	0	0	0	70	220	1,543	55	283	5	0	4	2,110	2,180
CY	0	0	0	0	0	0	0	0	100	1	1	1	0	0	103	103
NL	5	0	27	0	0	0	32	5	53	9	42	0	0	0	109	141
PT	3	0	292	0	0	0	295	8	10	0	1,197	0	0	2	1,217	1,512
FI	0	0	0	0	0	0	0	1	20	6	2	0	0	0	29	29
SE	4	0	1	0	0	2	7	6	15	18	11	1	0	1	52	59
UK	2	3	9	0	0	0	14	12	381	61	31	0	0	2	487	501
NO	0	0	0	0	0	0	0	0	4	1	0	0	0	0	5	5
Total	19	26	371	0	0	2	418	252	2,170	162	1,573	7	0	9	4,173	4,591

Source Questionnaire on the monitoring of healthcare reimbursement 2018, Question 6

Figure 4 Evolution of the number of persons involved residing in a lump-sum Member State - which is not the competent Member State which has issued the PD S1 - who received unplanned healthcare in a third Member State under the Regulations, from the perspective of the competent Member States, 2013-2017 (2013 = 100)



Source Questionnaire on the monitoring of healthcare reimbursement 2018, Question 6

5. THIRD SCENARIO: REIMBURSEMENT UNDER THE TERMS OF THE DIRECTIVE OF PLANNED HEALTHCARE PROVIDED IN A THIRD MEMBER STATE BY MEMBER STATES LISTED IN ANNEX 3 OF REGULATION (EC) NO 987/2009 WHEN ANOTHER MEMBER STATE IS COMPETENT

Member States listed in Annex 3 of the Implementing Regulation may, under the terms of the Directive, have to reimburse costs of planned healthcare provided during a temporary stay in a third Member State to some categories of the residents for whom another Member State is competent under the terms of the social security coordination rules. Only the Netherlands has issued 2 PDs S2 in 2017 to pensioners or their family members residing in this lump-sum Member States in order to receive planned healthcare in the competent Member State which has issued the PD S1.

Overall view on budgetary impact of cross-border healthcare under social security coordination

This final chapter will sum up the statistics on the reimbursement of cross-border healthcare of the first three chapters, thus presenting an overall view on the budgetary impact of cross-border healthcare under the Coordination Regulations. This will be done both from a debtor's perspective and a creditor's perspective.

Three types of healthcare received abroad are described in this report. First, there is unplanned cross-border healthcare when necessary and unforeseen healthcare is received during a temporary stay outside the competent Member State (see Chapter 1). Second, planned cross-border healthcare may be received in a Member State other than the competent Member State (see Chapter 2). Finally, persons who reside in a Member State other than the competent Member State are also entitled to receive healthcare (see Chapter 3). In all three cases the healthcare provided will be reimbursed by the competent Member State in accordance to the tariffs of the Member State of treatment.

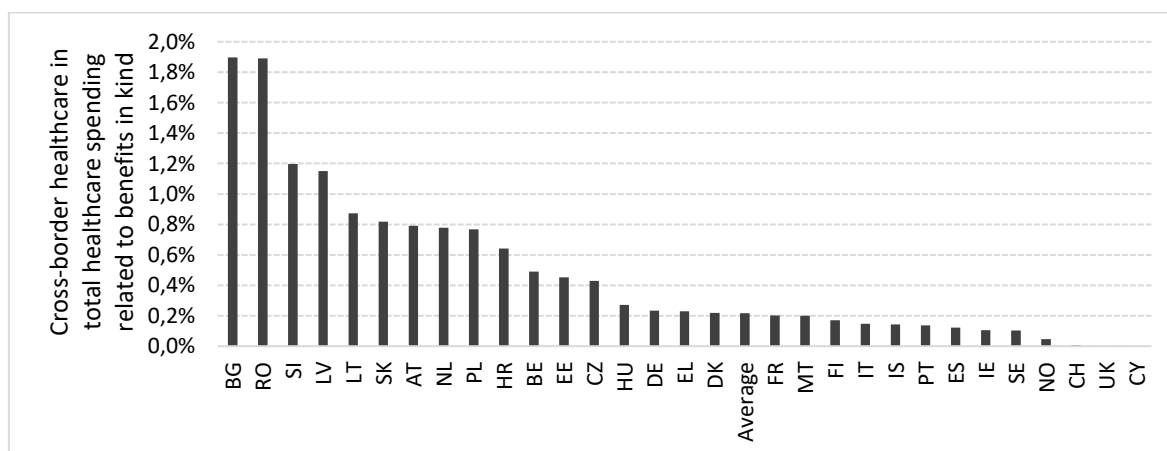
Overall budgetary impact

The budgetary impact of cross-border healthcare by applying the Coordination Regulations on total healthcare spending related to benefits in kind is rather marginal as it amounts to some 0.4% of total healthcare spending related to benefits in kind. The budgetary impact varies among the different types of cross-border healthcare as well as among Member States. Healthcare provided to persons residing in a Member State other than the competent Member State (i.e. cross-border workers or pensioners) amounts to 0.3% of total healthcare spending related to benefits in kind. Unplanned necessary healthcare amounts to 0.13% and planned healthcare to 0.02% of total healthcare spending related to benefits in kind.

From a debtor's perspective

The budgetary impact varies strongly among Member States (Figure 1). For 20 Member States the share of cross-border healthcare expenditure is less than 0.5% of total healthcare spending related to benefits in kind. The budgetary impact is between 0.5% and 1% for 6 Member States. Finally, only Bulgaria, Romania, Slovenia and Latvia show a cross-border healthcare expenditure of more than 1% of their total healthcare spending related to benefits in kind.

Figure 1 Budgetary impact of cross-border healthcare, by competent Member State, 2017



* All Member States who could provide data on at least one type of cross-border healthcare are included in this graph; this may, however, give a distorted image of reality.

Source Administrative data 2018 EHIC Questionnaire, PD S2 Questionnaire, PD S1 Questionnaire, EUROSTAT ESSPROS sickness/health care function [spr_exp_fsi] (figure 2015 for all Member States except PL, for which figure of 2014 is used).

Especially the competent EU-13 Member States show a higher relative cross-border expenditure compared to the competent EU-15 Member States. The current provisions under the Regulations (i.e. full reimbursement by the competent Member State of the costs of medical treatments provided by the Member State of treatment in accordance with the tariffs of the Member State of treatment and not of the competent Member State) result in a higher financial burden of cross-border healthcare on total health expenditure in the competent Member States which show a low healthcare expenditure per inhabitant. This compensation mechanism avoids a high financial burden for the patient receiving healthcare abroad. This is especially the case if care is provided by a Member State with a much higher expenditure in kind per inhabitant than the competent Member State.

Table 1 provides a more detailed overview of healthcare spending by type of cross-border healthcare.

Most claims for reimbursement of unplanned medical treatment provided by the Member State of temporary stay were received by Germany (€ 228.8 million). In relative terms, Bulgaria reimbursed more than 1% of their total healthcare spending in 2017 to Member States that provided unplanned necessary healthcare.

With regard to planned cross-border healthcare, the main debtors in 2017 were France, Belgium, Germany and Austria. However, also Luxembourg, which has not provided such figures, will be a main debtor. In relative terms the share of planned cross-border healthcare in total healthcare spending is never higher than 1%, although this can be expected to be the case for Luxembourg.

Finally, Germany paid € 318 million, The Netherlands paid € 326 million, France paid € 202 million and Austria paid € 117 million for healthcare provided to persons who reside in a Member State other than the competent Member State. None of the reporting Member States had to pay more than 1% of their healthcare spending in kind to persons living abroad. However, no figures were reported by Luxembourg. Between 0.5% and 1% of total healthcare spending related to benefits in kind paid by Romania, Austria and the Netherlands refers to cross-border healthcare spending for persons who reside abroad.

Table 2 Budgetary impact of cross-border healthcare, by type, by competent Member State, 2017

	Unplanned cross-border healthcare		Planned cross-border healthcare		Residing in a Member State other than the competent Member State		Total**	
	Amount (in €)	%*	Amount (in €)	%*	Amount (in €)	%*	Amount (in €)	%*
BE	45,717,383	0.15%	24,957,971	0.08%	82,810,726	0.26%	153,486,081	0.49%
BG	29,347,762	1.56%			6,328,137	0.34%		
CZ	19,617,549	0.22%	469,028	0.01%	17,845,167	0.20%	37,931,744	0.43%
DK	9,672,883	0.07%	5,593,224	0.04%	17,335,547	0.12%	32,601,654	0.22%
DE	228,765,682	0.09%	20,439,696	0.01%	318,230,169	0.13%	567,435,546	0.23%
EE	2,962,778	0.35%			868,459	0.10%		
IE	12,073,874	0.10%						
EL			4,740,002	0.06%	14,907,307	0.17%		
ES	71,300,473	0.11%	5,228,446	0.01%				
FR	116,913,067	0.06%	49,860,395	0.03%	202,053,650	0.11%	368,827,112	0.20%
HR	8,085,130	0.30%	6,944,497	0.26%	2,088,990	0.08%	17,118,617	0.64%
IT	152,280,221	0.15%	42,853	0.00%				
CY					6,676	0.00%		
LV	2,769,207	0.40%	3,492,712	0.50%	1,804,186	0.26%	8,066,106	1.15%
LT	8,942,696	0.63%	376,237	0.03%	3,007,023	0.21%	12,325,955	0.87%
LU								
HU	12,016,807	0.21%	3,161,890	0.06%				
MT	592,611	0.14%	149,497	0.03%	124,343	0.03%	866,452	0.20%
NL	57,361,225	0.11%	17,926,760	0.03%	325,833,450	0.63%	401,121,435	0.78%
AT	36,352,783	0.17%	19,653,130	0.09%	116,717,178	0.53%	172,723,091	0.79%
PL	59,145,403	0.45%	1,042,450	0.01%	39,716,249	0.31%	99,904,102	0.77%
PT	13,495,464	0.13%	465,777	0.00%				
RO	49,515,806	0.87%	15,085,076	0.26%	43,283,639	0.76%	107,884,522	1.89%
SI	19,472,549	0.77%	2,432,205	0.10%	8,565,395	0.34%	30,470,148	1.20%
SK	17,675,212	0.44%	7,324,529	0.18%	7,781,299	0.19%	32,781,040	0.82%
FI	10,853,807	0.09%	174,452	0.00%	10,394,652	0.08%	21,422,912	0.17%
SE	27,473,212	0.10%			1,131,474	0.00%		
UK			4,436,552	0.00%				
IS	1,439,657	0.14%	23,049	0.00%				
LI	974,702							
NO	210,596	0.00%			8,984,155	0.04%		
CH			2,601,359	0.01%				
Total		0.12%		0.02%		0.2%		0.35%

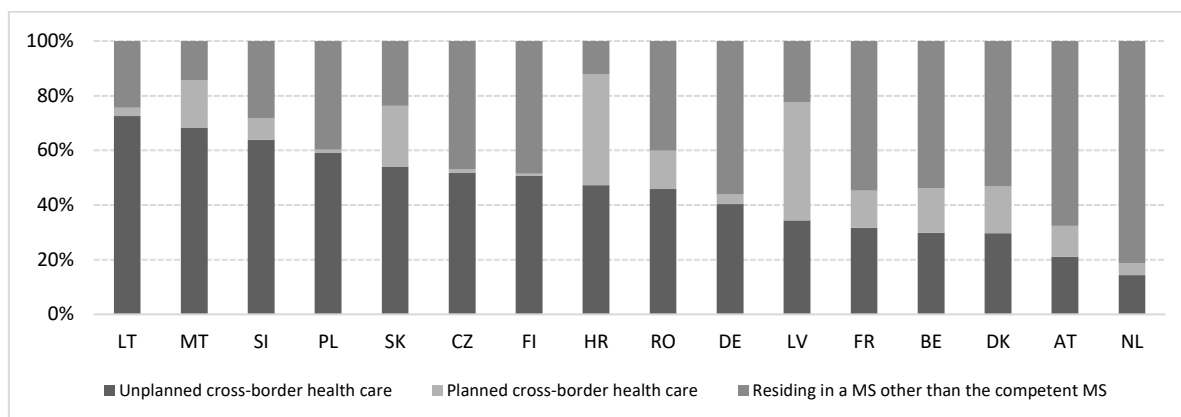
* As share of total healthcare spending related to benefits in kind.

** The total amount and percentage of cross-border health care is only reported for Member States for which all data on the three types of cross-border health care was available.

Source Administrative data 2018 EHC Questionnaire, PD S2 Questionnaire, PD S1 Questionnaire, EUROSTAT ESSPROS sickness/health care function [spr_exp_fsi] (figure 2015 for all Member States except PL, for which figure of 2014 is used).

Figure 2 shows each type of cross-border healthcare as a share in the total cross-border health care, for Member States who were able to provide data on all three types of cross-border health care. Germany, France, Belgium, Denmark, Austria and The Netherlands mainly reimbursed healthcare provided to insured persons who reside abroad. By contrast, Lithuania, Malta, Slovenia, Poland, Slovakia, the Czech Republic, Finland, Croatia and Romania mainly reimbursed unplanned necessary healthcare. Finally, planned cross-border healthcare was the highest cost for Latvia.

Figure 2 Type of cross-border healthcare as share in total, by competent Member State, 2017

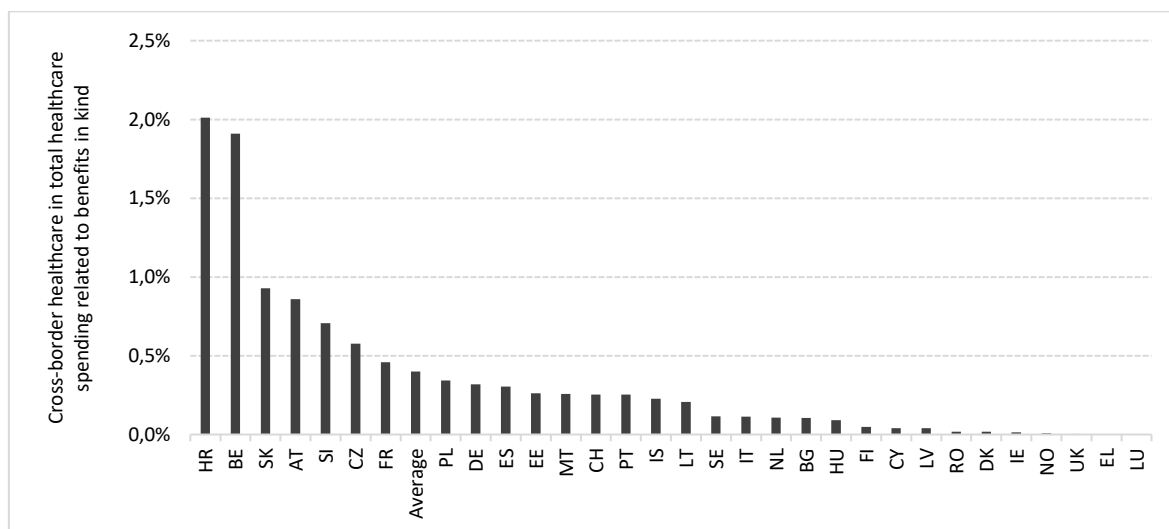


Source Administrative data 2018 EHIC Questionnaire, PD S1 Questionnaire, PD S2 Questionnaire

From a creditor's perspective

Also from the perspective of the Member States of treatment it is useful to know how high reimbursement claims are, as cross-border healthcare might put a pressure on the availability of medical equipment and services. Only Croatia and Belgium claimed a reimbursement of more than 1% of their total healthcare spending related to benefits in kind (Figure 3).

Figure 3 Budgetary impact of cross-border healthcare, by Member State of treatment, 2017



* All Member States who could provide data on at least one type of cross-border healthcare are included in this graph; this may, however, give a distorted image of reality.

Source Administrative data 2018 EHIC Questionnaire, PD S2 Questionnaire, PD S1 Questionnaire, EUROSTAT ESSPROS sickness/health care function [spr_exp_fsj] (figure 2015 for all Member States except PL, for which figure of 2014 is used).

Table 2 gives an overview of healthcare spending by type of cross-border healthcare.

Germany, France and Spain claimed the highest amount of reimbursement for unplanned medical treatment provided as Member State of temporary stay. Despite the high amount of reimbursement claimed by these Member States, their budgetary impact on total healthcare spending remains rather limited. Croatia and Austria claimed an amount higher than 0.3% of total healthcare spending related to benefits for unplanned necessary healthcare.

A total amount of more than € 100 million was claimed by Germany related to planned cross-border healthcare. Furthermore, by almost all reporting Member States an amount lower than 0.1% of total healthcare spending related to benefits in kind was claimed for planned cross-border healthcare, with the exception of Austria and Lithuania.

France, Belgium and Germany were reimbursed the highest amount for healthcare provided to persons who are insured in another Member State. France received € 647 million, Belgium received € 488 million and Germany received € 447 million. By Belgium and Croatia an amount higher than 1% of total healthcare spending related to benefits in kind was claimed related to the reimbursement of healthcare provided to persons who are insured in another Member State.

Table 2 Budgetary impact of cross-border healthcare, by type, by Member State of treatment, 2017

	Unplanned cross-border healthcare		Planned cross-border healthcare		Residing in a Member State other than the competent Member State		Total	
	Amount (in €)	%*	Amount (in €)	%*	Amount (in €)	%*	Amount (in €)	%*
BE	87,580,915	0.28%	21,417,032	0.07%	488,129,005	1.56%	597,126,952	1.91%
BG	1,615,803	0.09%	957	0.00%	365,907	0.02%	1,982,667	0.11%
CZ	13,050,021	0.15%	7,272,822	0.08%	30,747,674	0.35%	51,070,517	0.58%
DK	2,149,596	0.01%	115,508	0.00%	415,653	0.00%	2,680,757	0.02%
DE	221,466,274	0.09%	102,126,864	0.04%	447,285,920	0.18%	770,879,058	0.32%
EE	1,131,312	0.13%			1,083,906	0.13%		
IE	1,636,829	0.01%						
EL			88,858	0.00%	290,833	0.00%		
ES	189,362,735	0.30%	1,498,514	0.00%				
FR	168,150,652	0.09%	22,386,773	0.01%	646,758,725	0.35%	837,296,150	0.46%
HR	14,449,124	0.54%	57,206	0.00%	39,220,665	1.45%	53,726,995	2.01%
IT	117,577,987	0.11%						
CY	76,688	0.01%			129,579	0.03%		
LV	273,860	0.04%			4,877	0.00%		
LT	780,442	0.06%	1,698,859	0.12%	435,590	0.03%	2,914,890	0.21%
LU								
HU	4,267,826	0.08%	440,545	0.01%	430,493	0.01%	5,138,864	0.09%
MT	993,982	0.23%			121,007	0.03%	1,114,989	0.26%
NL	54,762,440	0.11%						
AT	115,922,749	0.53%	23,052,773	0.11%	48,985,313	0.22%	187,960,835	0.86%
PL	24,221,285	0.19%	509,899	0.00%	19,920,939	0.15%	44,652,124	0.34%
PT	25,859,771	0.25%						
RO	1,020,164	0.02%	0	0.00%	51,405	0.00%	1,071,570	0.02%
SI	4,270,674	0.17%	28,543	0.00%	13,665,435	0.53%	17,964,652	0.71%
SK	3,949,391	0.10%	132,088	0.00%	33,075,314	0.82%	37,156,793	0.93%
FI	5,024,910	0.04%	326,055	0.00%	823,714	0.01%	6,174,679	0.05%
SE	25,581,038	0.09%	2,275,243	0.01%	4,078,051	0.01%	31,934,332	0.12%
UK			9,323,118	0.00%				
IS	2,322,359	0.23%	18,400	0.00%				
LI								
NO	585,127	0.00%	296,325	0.00%	650,373	0.00%	1,531,824	0.01%
CH	70,963,100	0.18%	30,153,886	0.08%				
Total		0.13%		0.02%		0.29%		0.44%

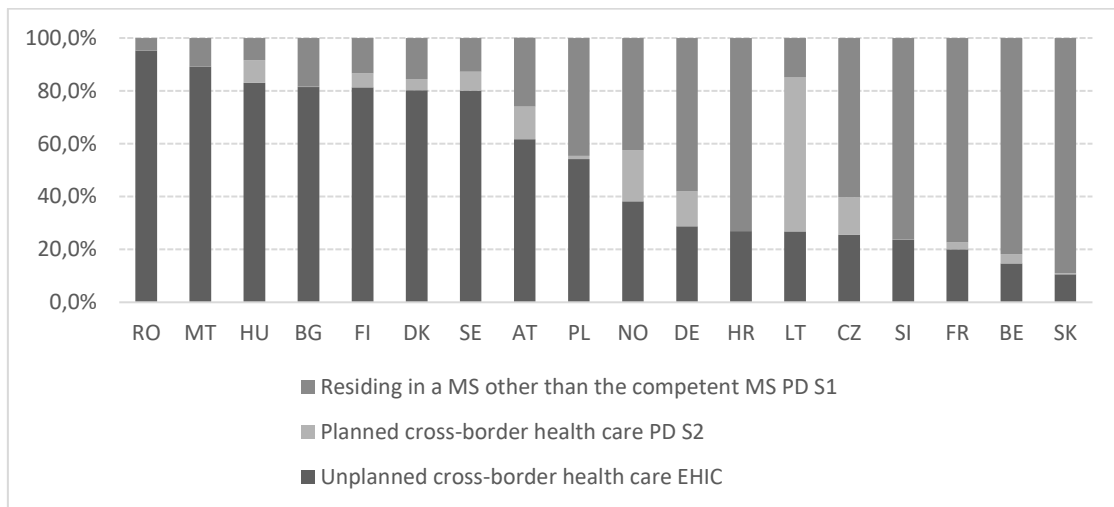
* As share of total healthcare spending related to benefits in kind.

** The total amount and percentage of cross-border health care is only reported for Member States for which all data on the three types of cross-border health care was available.

Source Administrative data 2018 EHIC Questionnaire, PD S1 Questionnaire, EUROSTAT ESSPROS sickness/health care function [spr_exp_fsi] (figure 2015 for all Member States except PL, for which figure of 2014 is used).

Norway, Germany, Croatia, the Czech Republic, Slovenia, France, Belgium and Slovakia mainly provided cross-border healthcare to persons who are insured in another Member State (Figure 4). By contrast, Romania, Malta, Hungary, Bulgaria, Finland, Denmark, Sweden, Austria and Poland mainly provided unplanned necessary healthcare. Finally, Lithuania mainly provided planned cross-border healthcare in 2017.

Figure 4 Type of cross-border healthcare as share in total, by Member State of treatment, 2017



Source Administrative data

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