Cross-border healthcare in the EU under social security coordination

Reference year 2018

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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, Portugal, 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

In the European Union, almost 30% of total spending on social security concerns sickness and healthcare benefits.[1] Given that the free movement of persons is one of the most important pillars of the EU and that its use has increased significantly in recent decades, it can be expected that healthcare in cash and in kind is one of the most important branches of social security in a cross-border context. 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 Commission[2]. 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[3]; under Directive 2011/24/EU[4]; or under their own national legislation. The figures reported in this report relate to cross-border healthcare provided under the Coordination Regulations. The report provides figures for 2018 on the number of persons who received cross-border healthcare and the budgetary impact of it by the application of the coordination rules.[5]

Cross-border healthcare within the EU[6] 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). [7] Three cross-border healthcare situations are identified and regulated in the Coordination Regulations. *(1)* There is unplanned necessary cross-border healthcare when necessary and unforeseen healthcare is received during a temporary stay outside of the competent Member State. *(2)* Planned cross-border healthcare may be received in a Member State other than the competent Member State when patients purposely seek out healthcare. Finally, *(3)* persons who reside in a Member State other than the competent Member State are also entitled to receive healthcare.

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.

This report on cross-border healthcare makes it very clear that people are mobile in Europe. For example, tourists will, in some cases, need unplanned necessary healthcare and will use their EHIC for this purpose; people will go abroad to receive planned care on the basis of a PD S2 and the Cross-Border Healthcare Directive; and finally, people living

[1] Eurostat data for reference year 2016 [spr_exp_sum]

[2] The Administrative Commission 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] 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').

[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 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.

[6] 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.

[7] Consequently, persons who have moved to another Member State and are socially insured there are not included.

in a Member State other than the one where they work or have worked will be able to use their PD S1 if they need healthcare. Consequently, the number of tourist arrivals is expected to show a strong correlation with the number of healthcare reimbursement claims issued. Furthermore, the number of PDs S1 issued to insured persons of working age will probably show a strong correlation with the number of incoming cross-border workers, and the number of refund claims that Member States receive on the basis of a PD S1. Finally, (Mediterranean) Member States that receive a high number of retired migrants will submit many claims for the reimbursement of cross-border healthcare on the basis of a PD S1.

One of the basic principles of the Coordination Regulations entails that the cost of healthcare provided by the Member State of stay/residence is fully reimbursed by the competent Member State, in accordance with the tariffs of the Member State of treatment and not of the competent Member State. This financing mechanism avoids a high financial burden being put on a patient receiving healthcare abroad and shifts the higher cost to the competent Member State. This is particularly important for patients coming from Member States with relatively low tariffs who obtain healthcare in a Member State with higher medical charges. Consequently, the provision facilitates the free movement of persons, strengthens the social rights of EU citizens, and is a visual reminder of the social character of the Coordination Regulations. This will become clear in this report.

However, it should be noted that reimbursement under the Coordination Regulations cannot be claimed for medical treatment provided by purely private healthcare providers outside the public healthcare system. In contrast, the Cross-Border Healthcare Directive provides the right to treatment by private healthcare providers.

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 EHIC 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 2018 *(annual flow)* as well as on the total number of PDs S1 issued/received which are still valid on 31 December 2018 *(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

SUMMARY OF MAIN FINDINGS

The right to free movement can be considered to be one of the most important fundamentals in the European Union. In order to visualise this right and give EU citizens the opportunity to move freely in the EU while still having access to necessary healthcare, the European Health Insurance Card (EHIC) was introduced. The EHIC acts as a proof of entitlement for insured persons and their family members who are temporarily staying in a Member State (i.e. 'the Member State of stay') other than the one in which they are insured (i.e. 'the competent Member State) and who are in need of unplanned healthcare. When unplanned healthcare is necessary while temporarily staying abroad (e.g. travel, work, study, etc.), the patient should present the EHIC to the public healthcare provider. This card then guarantees that the patient will be treated on equal grounds with insured patients in the Member State of treatment.

The 250 million European Health Insurance Cards circulating today illustrate that the current Coordination Regulations are of importance for all EU citizens when they move between Member States, be it for work or for private reasons. One could even argue that there are two well-known European symbols: the EURO and the EHIC. The first one being a visual symbol of the European Monetary Union, the latter of a "European Social Union".

The share of insured persons with an EHIC differs greatly between Member States. This can be explained by the different application and issuing procedures and the validity period, applied by the competent Member State. For instance, in some Member States the EHIC is issued automatically causing the coverage rate to reach (almost) 100%, whilst other Member States issue it on request. Moreover, the validity period, which ranges from a few months to 10 years, and the mobility of insured persons and their awareness of their cross-border healthcare rights influence the coverage rate as well.

The issuing procedure and the validity period, as well as the ways in which Member States raise awareness concerning the EHIC remain rather rigid over the years. The most important change regarding the issuing procedure of EHIC is the fact that in almost all Member States, it is now possible to request an EHIC online. Furthermore, in 2018, only Hungary increased the validity period of the EHIC, although it can be seen that over the years, a trend to increase the validity period can be observed. Finally, the ways in which Member States try to raise awareness of the EHIC, both concerning insured persons and healthcare providers, did not change significantly. Traditional approaches are used, such as press release, TV, radio, leaflets, etc., as well as more modern approaches such as social media. Furthermore, several Member States report an increase in information spreading just before the holiday season.

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. This can happen in two different ways: either the reimbursement claims are settled between the Member State of stay and the competent Member State, or the claims are settled between the competent Member State and the insured person. The reported data show that nine out of ten of the reimbursement claims for unplanned necessary treatment are settled through the first manner. This indicates a widespread and routinized payment and reimbursement procedure following the use of the EHIC.

From the perspective of the competent Member State, a high amount of necessary healthcare was reimbursed by Germany. In relative terms, the competent Member States reimbursed mainly necessary healthcare provided in Mediterranean countries such as Cyprus and Croatia. The average budgetary impact of cross-border expenditure related to unplanned healthcare treatment during a stay abroad remains

rather limited with 0.11% of total healthcare spending related to sickness benefits in kind.

Seeing that the EHIC is a widespread instrument to receive unplanned necessary healthcare, there are also certain difficulties that come along with it. In some cases, the EHIC is refused by healthcare providers, mostly due to insufficient knowledge about its workings. Furthermore, there is still confusion about the substance of the terms "unplanned" and "necessary" healthcare. Finally, it also occurs that invoices are rejected by the own competent institutions or the ones in other Member States.

Besides the Coordination Regulations, of which EHIC is a part, there is another set of rules which regulates cross-border healthcare in the EU, namely the Directive on patients' rights in cross-border healthcare (Directive 2011/24/EU). Only a few Member States were aware of cases where patients sought unplanned medical treatment abroad under the terms of this Directive, as it was mentioned that the reimbursement rate for unplanned treatment is often higher under the Basic Regulation than under the Directive. One case in which patients do seek unplanned medical treatment under the Directive occurs when it is more favourable for the patient in terms of the scope of services or access to the (private) service provider. Furthermore, Member States were asked whether they had any evidence that the Directive had any influence on the evolution of the number of EHICs requested by insured persons. However, none of the Member States reported that this was the case.

1 INTRODUCTION

One situation in which cross-border healthcare occurs is when a person is temporarily staying abroad (i.e. outside the competent Member State where the person is insured) and is in need of unplanned healthcare. In this case, the European Health Insurance Card (EHIC) comes into play. This card 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 according to the same tariffs. 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 for reference year 2018. 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 the 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

The number of EHICs and Provisional Replacement Certificate (PRC) can have important implications for the financial burden of unplanned cross-border healthcare. On the one hand, 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 section5))*. On the other hand, when the patients do not have an EHIC (or PRC), or when the national healthcare system of the Member State of stay requires payment of the full cost and subsequently a request for 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 or a PRC.

Therefore, *Table 1* gives an overview of the number of EHICs and PRCs issued in 2018, as well as the number of EHICs in circulation, meaning valid EHICs. Furthermore, the number of insured persons was requested in order to put the numbers into perspective. An estimated number of 250 million EHICs were in circulation in 2018. This means that more than half of the population in the EU has

such a card, mainly influenced by the issuing procedures in Germany and Italy.[8] This percentage varies, however, strongly among Member States.

A high number of EHICs was newly issued in 2018 by the competent institutions in the United Kingdom, France, Switzerland, the Netherlands, Poland and Belgium. Furthermore, the highest number of EHICs in circulation was reported by the United Kingdom, namely almost 27 million. France, the Netherlands and the Czech Republic reported over 10 million EHICs in circulation as well. A high number of EHICs can also be expected in Germany, as it is generally shown on the back of the national health insurance card, resulting in the EHIC being available almost everywhere in Germany (there are 73.1 million insured persons in Germany). Also in Italy there will be a lot of EHICs in circulation as the card will be granted automatically (there are some 60 million insured persons in Italy). It can be seen that the share of insured persons with an EHIC varies greatly between the different Member States, ranging from 4.4% in Greece to 100.0% in Switzerland. This is due to the different reasons, which will be discussed in more detail below (see also *Figure 1*).

Paragraph 5 of the Administrative Commission (AC) Decision No S1[9] of 12 June 2009 concerning the European Health Insurance Card states: *"When exceptional circumstances[10] prevent the issuing of a European Health Insurance Card, a Provisional Replacement Certificate (PRC) with a limited validity period shall be issued by the competent institution. The PRC can be requested either by the insured person or the institution of the State of stay"*. In absolute figures, France, Spain and Denmark issued the highest number of PRCs. However, when compared to the number of EHICs in circulation (see last column of *Table 1*), especially Greece stands out with a value of over 65%. Furthermore, Spain, Demark, Slovenia and France have a ratio of over 10% of PRCs issued to the number of EHICs in circulation.

[8] This percentage drops to some 30% if only the reporting Member States are taken into account (i.e. excluding Germany and Italy).
[9] Decision S1 of 12 June 2009 concerning the European Health Insurance Card, C 106, 24/04/2010.
[10] *"Exceptional circumstances may be theft or loss of the European Health Insurance Card or departure at notice too short for a European Health Insurance Card to be issued"* (Recital 5 of Decision No S1 of 12 June 2009 concerning the European Health Insurance Card).

Table 1 The number of EHICs and PRCs issued, 2018

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	3,281,159	32,467	4,200,945	11,150,265	37.7%	0.8%
BG	177,571	24,560	334,064	5,935,219	5.6%	7.4%
CZ	App. 1,500,000	22,200	App. 10,000,000	10,526,600	95.0%	0.2%
DK	508,525	565,027	4,619,000	App. 5,800,000	79.6%	12.2%
DE*	n.a.	n.a.	n.a.	73,134,353		
EE	147,897	10,948	n.a.	1,251,617		
IE	456,135	126,579	1,803,429	n.a.	App. 39%	7.0%
EL	244,137	166,121	242,947	5,481,234	4.4%	68.4%
ES	2,863,316	849,178	5,085,904	48,704,104	10.4%	16.7%
FR	4,919,770	1,673,603	15,211,812	61,869,770	24.6%	11.0%
HR	156,441	3,327	484,950	4,103,600	11.8%	0.7%
IT		10,611				
CY	47,640	18	n.a.	603,113		
LV	115,828	1,042	315,774	2,262,440	14.0%	0.3%
LT	232,024	4,889	559,294	2,906,018	19.2%	0.9%
LU	223,856	11,601	702,306	886,103	79.3%	1.7%
HU**	480,984	36,191	1,398,468	4,132,000	33.8%	2.6%
MT	63,129	38	226,801	App. 433,143	52.4%	0.0%
NL***	3,988,403	18,808	10,049,026	17,055,849	58.9%	0.2%
AT	1,289,276	20,036	8,400,844	8,934,962	94.0%	0.2%
PL	3,441,571	21,629	3,631,899	33,938,793	10.7%	0.6%
PT	551,911	19,677	1,764,243	n.a.		1.1%
RO						
SI	673,105	95,964	865,855	2,116,739	40.9%	11.1%
SK	696,414	66,450	3,018,891	5,158,853	58.5%	2.2%
FI	1,105,868	8,874	1,977,781	5,529,156	35.8%	0.4%
SE****	1,292,956	3,399	4,025,997			0.1%
UK	5,336,386	17,814	26,903,301			0.1%
IS	62,753	12,926	162,618	355,766	45.7%	7.9%
LI	2,083	App. 100	39,494	39,517	99.9%	0.3%
NO	897,418	7,655	2,500,000		46.9%	0.3%
CH	4,000,000	n.a.	8,300,000	8,300,000	100.0%	
Total			**250,218,000*****		56%*****	

* 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. The number of insured persons represents the total number on 1 December 2018.

** HU: DG Sante states that the number of insured persons applies to insured persons with full social security coverage. However, in total, some 9,181,900 persons are entitled to an EHIC and therefore the coverage ratio of EHIC is 15.2%.

*** NL: Many 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 2016 and 31 December 2018. This means that the number is most likely overestimated.

***** Assuming that every insured person in Germany and Italy has an EHIC.

Source Administrative data EHIC Questionnaire 2019

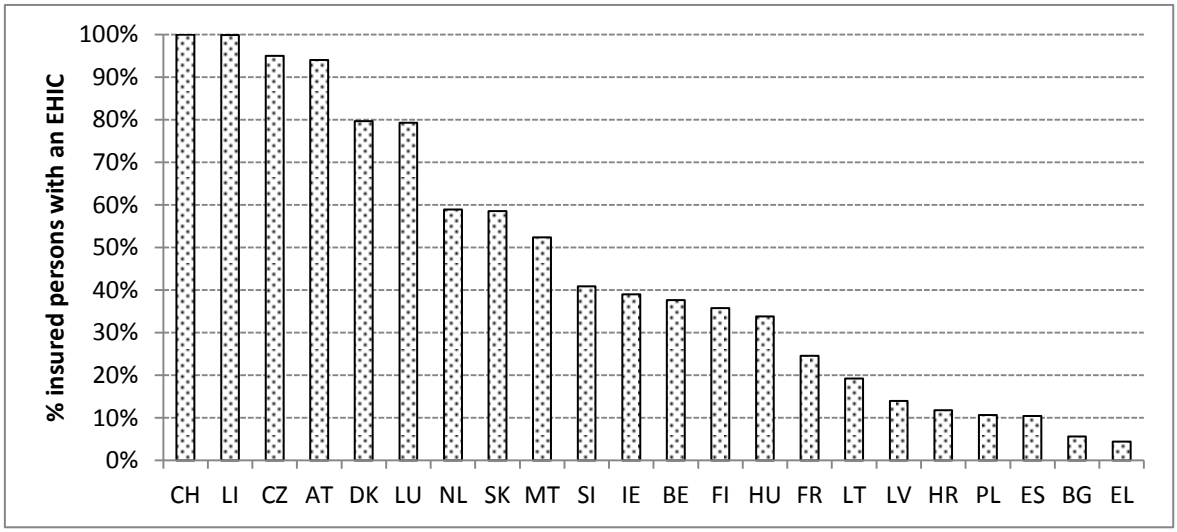
The percentage of insured persons with an EHIC is shown in *Table 1*, as well as in *Figure 1* for EU-28 Member States. As was already mentioned, the coverage rate differs considerably between the different Member States. In Switzerland (100.0%), Liechtenstein (99.9%), the Czech Republic (95.0%) and Austria (94.0%) all or almost all insured persons received an EHIC (*Table 1*).[11] 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 issued was observed in Latvia (14.0%), Croatia (11.8%), Poland (10.7%), Spain (10.4%), Bulgaria (5.6%) and Greece

[11] This is probably also the case for Germany and Italy.

(4.4%).[12] For instance in Bulgaria, the EHIC can only be applied for in person (see *Table 2* in paragraph 3), which could partly explain the relatively low coverage rate.

Figure 1 Percentage of insured persons with an EHIC, EU-28, 2018



Source Administrative data EHIC Questionnaire 2019

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

As was already mentioned above, the issuing procedure and the validity period can have a serious impact on the number of EHICs issued by the Member States. Therefore, it is interesting to take a look at the differences between the Member States in this regard. The EHIC Questionnaire does not explicitly ask the Member States to describe their issuing procedures but rather to report the changes that occurred in 2018 compared to previous years. However, the previous complete overview of the issuing procedure of the EHIC dates back to the 2013 report[13]. Therefore, it can be useful to provide an overview once more. *Table 2* takes a look at the issuing procedure of the EHIC and the PRC, as well as the average time to receive an EHIC.

The most notable difference when comparing *Table 2* to the overview of issuing procedures which was reported in the 2013 report, is the internet as a method to apply for an EHIC in almost every Member State. Furthermore, in the Netherlands, Slovenia and Sweden it is even possible to request an EHIC through text message. In the Netherlands, certain competent institutions issued a digital EHIC through an app for a smartphone. Although the Dutch Ministry of health pointed out to these competent institutions that this does not replace the hard copy of the EHIC, digitalising the EHIC may be a possibility in the future. Furthermore, Norway mentioned that the application procedure for EHIC changed slightly due to the GDPR[14]. As a result, the insured person must now electronically consent to their application for an EHIC being processed automatically.

The time it takes to issue an EHIC in 2018 varies significantly between Member States and at a national level between competent institutions. Moreover, the issuing time also

[12] Romania (1.6%) (see reference year 2017).
[13] See Coucheir, M. (2013), *EHIC report 2013*, trESS - Ghent University, 27 p.
[14] Regulation (EU) 2016/679 of the European Parliament and of the Council, the European Union's new General Data Protection Regulation ('GDPR'), regulates the processing by an individual, a company or an organisation of personal data relating to individuals in the EU. (see https://ec.europa.eu/info/law/law-topic/data-protection/reform/what-does-general-data-protection-regulation-gdpr-govern_en)

varies between the methods that are used. For instance, in Hungary, an EHIC can immediately be issued when it is requested at the desk, whereas it can take up to 30 days when requested by other means, like post or the internet.

The last column of *Table 2* shows the means by which a PRC is issued to insured persons who are currently on a temporary stay abroad. Over the years, this procedure has not changed remarkably, as in almost all Member States, this is still possible by email and/or fax. However, the United Kingdom did mention that issuing by fax does not happen anymore, and email has become the preferred way of issuing a PRC. The omission of the fax is a trend that can be expected to happen in other Member States as well in the future, seeing that this way of communication is not used anymore as it once was. However, it should be noted that an opposite tendency, namely adhering to 'older' communication channels, could also be seen. For instance, Norway reported that it does not issue a PRC through email, as it is not regarded as a secure platform, seeing that the PRC contains sensitive information.

Table 2 Issuing procedure of EHIC and PRC, 2018

MS	Ways to apply for an EHIC	Average time to receive the EHIC	Ways to obtain a PRC while staying abroad
BE	fax, telephone, internet, at the desk	immediately at the desk; 2-5 working days otherwise; up to 2 weeks in some cases	e-mail, fax, post
BG	desk	14-15 working days (urgent cases: up to 2 days)	internet, fax, post
CZ	desk, telephone, e-mail or post (issued automatically to every newly insured person)	max. 14 days	post, fax or e-mail
DK	telephone, internet	2-3 weeks	fax, post
DE	internet, telephone, desk, in writing (issued automatically upon issue national card)	4 weeks at the most, generally significantly less	fax, e-mail
EE	internet, email, post, desk	max 10 days (on average it takes 4-5 working days)	e-mail, telephone
IE	internet, post, desk	within 7 days	fax, e-mail
EL	desk (personally or via a representative), fax, e-mail or post	approximately one day	fax, e-mail
ES	desk, internet, telephone	approximately 10 days	fax, e-mail, post
FR	internet, e-mail, telephone, or desk	10 days	post, e-mail
HR	internet, desk, post	2 days	
IT	issued automatically (replacement card: desk, fax, internet, e-mail)	15 days	fax, e-mail
CY	desk (by telephone, fax and internet under special circumstances	immediately (at the desk)	fax, e-mail
LV	post, desk	immediately when applied for at the desk; otherwise 3 days	post (fax or e-mail on request)
LT	internet, fax, desk, via a representative	max 14 days (pursuant to regulations); immediately when applied for at the desk	fax, post
LU	internet, telephone, fax, post or desk	13 days	e-mail, fax, internet
HU	desk, post, or internet	immediately at the desk, otherwise within 30 days	fax, e-mail
MT	internet, post or desk	5 working days	e-mail, fax
NL	telephone, fax, e-mail, social media, (some insurers integrated EHIC in national card)	one week on average, varies from 2-10 days	by any available means of communication
AT	issued automatically (replacement card: desk, telephone or e-mail)	5 days	fax, e-mail, post
PL	desk, e-mail, fax, internet, desk	immediately if applied for at the desk; otherwise 3 working days	e-mail, fax or post
PT	e-mail, fax, internet, desk	4-5 days	post
RO	fax, post, e-mail	7 working days	fax, post, e-mail
SI	internet, text message, desk	4 working days	fax, e-mail
SK	post, fax, e-mail, internet, desk	5 to 14 days	post, fax, e-mail
FI	telephone, post, internet, desk	7 days	e-mail
SE	internet, text message, telephone, desk	Up to 10 working days	post, fax
UK	internet, telephone, post	5 working days for internet and telephone requests, 10 working days for postal requests	e-mail
IS	internet, telephone, e-mail	3 days	e-mail, internet, fax
LI	internet, telephone, post, fax, desk	3 to 4 weeks	fax, e-mail
NO	internet, telephone, post, desk	max 10 working days	fax, post
CH	issued automatically (telephone, fax, e-mail)	10 days to 4 weeks	fax, e-mail

Source Administrative data EHIC Questionnaire 2019 and Coucheir (2013)

Table 3 gives an overview of the validity period of the EHIC for all Member States. Only Lithuania reported a change in the validity period of the EHIC that occurred in 2018. Seeking to reduce the administrative burden, they extended the validity period of the EHIC for the economically active persons from 2 to 4 years. This is in line with the general trend of increasing the validity period, rather than decreasing it. In the last years, several Member States (HR, FR, EL, HU, NL, RO and PL) extended the validity period of the EHIC. There is always a trade-off that should be made, as short validity periods are accompanied by a large administrative burden, whereas longer validity periods could more easily involve fraudulent/abusive usage of the EHIC.

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. Some Member States have 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) and IS (5 years)).

Table 3 Validity period of the EHIC, 2018

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 (1-2 years) 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), max 1 year and varies from 3 to 12 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	4 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, 12 months (persons whose entitlement is based on social indigent)
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	18 months, 5 years (pensioners and children under 18), shorter periods [42 days, 90 days, 2 months or 6 months] 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 under the age of 18)
SK	10 years, foreign workers depending on the validity of the working contract
FI	2 years
SE	3 years
UK	5 years
IS	3 years, 5 years (pensioners)
LI	66 months, 12 months (asylum seekers, short-term residents)
NO	3 years (regular membership), 1 year (temporary membership)
CH	5 years

Source Update EHIC report 2018; Administrative data EHIC Questionnaire 2019

4 RAISING AWARENESS

In order for patients to use the EHIC and for healthcare providers to recognize the EHIC, it is important for both groups to be aware of the EHIC and its usage. Therefore, Member States were asked to report ongoing or newly introduced initiatives in 2018 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)*.[15] 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.[16] Compared to previous years however, there have been no significant changes in the overall ways of communication.

To inform insured persons about the EHIC, most Member States refer to websites. 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. Besides these traditional media channels, certain Member States (NL, NO and EE) mentioned the use of social media (e.g. Facebook) to reach a wider audience and inform insured persons. Several Member States (DK, LV, SI and SE) also reported an increase in information-spreading just before the holiday season.

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. For instance, information concerning the EHIC is published on the website of DG EMPL and there is an annual update about the EHIC (coverage, where to apply etc.) in all Member States on the same website.[17] The EU Commission also launched an online campaign with videos, which were published on the most common video sharing sites.

[15] See also a recent report published by the EC - DG Sante ("Study on cross-border health services: enhancing information provision to patients"):
https://ec.europa.eu/health/sites/health/files/cross_border_care/docs/2018_crossborder_frep_en.pdf
[16] For the list of national contact points see:
https://ec.europa.eu/health/sites/health/files/cross_border_care/docs/cbhc_ncp_en.pdf
[17] https://ec.europa.eu/social/main.jsp?catId=559

5 THE BUDGETARY IMPACT

5.1 Introduction

The Implementing Regulation outlines two different reimbursement procedures for unplanned necessary healthcare provided in the Member State of stay. The insured person could ask the reimbursement directly from the institution of the Member State of stay (in this case the Member State of stay will later claim the reimbursement from the competent Member State), or pay upfront the cost of the necessary healthcare received and ask for reimbursement by the competent Member State after returning home.

In the first case, if the insured person has actually borne the costs of the treatment and if the legislation applied by the 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 EHIC[18]. 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.

In the second case, the insured person asks for reimbursement to the competent Member State after returning home[19]. 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 rates. 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.[20]

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.[21] This implies that, for 2018, the E125 forms/SEDs 080 received/issued are (mainly) applicable to necessary healthcare provided in 2017. Furthermore, differences will exist between the amounts claimed and those paid/received by Member States.[22]

5.2 Reimbursement of claims in numbers and amounts

5.2.1 From the perspective of the competent Member State

When looking at the reimbursement from the perspective of the competent Member State, the questionnaire asked to state the number of E125 forms received (see first case above, the reimbursement is claimed by the Member State of stay), and E126

[18] Article 25(4) of the Implementing Regulation.
[19] Article 25(5) of the Implementing Regulation.
[20] Article 25(6) of the Implementing Regulation.
[21] In case the claim is recorded in October 2018 by the Member State of stay it should be introduced to the competent Member State up to 31 December 2019.
[22] 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 5 and 6* and *Annex II.*

forms sent (see second case above, the competent Member State asks information on the costs to be reimbursed to the insured person).

In 2018, almost 9 out of 10 claims of reimbursement were settled by an E125 form/SED S080 (*Table 5*). This means that in general, the reimbursement is claimed by the Member State of stay. Most claims of reimbursement of the costs of medical treatments provided by the Member State of temporary stay were received by Germany (547,076 E125 forms received), France (a total number of 350,046 forms received) and Italy (a total number of 291,895 forms received). Furthermore, the United Kingdom, Belgium and Spain each received more than 100,000 forms.

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 5)*. Especially the Czech Republic, Estonia, Greece, Spain, Italy, Cyprus, Latvia, Hungary, Malta, Austria, Portugal, Slovakia and the United Kingdom show a high percentage of claims settled via an E125 form (above 93% of total claims received).

For Slovenia (16.3%), Denmark (15.7%), Iceland (15.3%), Lithuania (9.9%) and Belgium (9.6%) we observe a high percentage of claims issued by insured persons and verified via an E126 form. Furthermore, Belgium (55.5%), France (45.4%), Poland (16.2%) and Finland (14.0%) have settled a relatively high number 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 Belgium, France and Poland via this other procedure is much lower (7.9%, 9.2% and 6.0% of the total amounts respectively). The share in amount paid only equals the higher share of forms in Finland, where 17.2% of the amount reimbursed was settled through this other procedure.

The amounts for reimbursement of medical treatment claimed via E125 forms are outlined in *Table 5.* Most of the claims of reimbursement of the costs of medical treatments provided by the Member State of temporary stay were paid by Germany (€ 219.6 million related to the number of E125 forms received). Moreover, the amount paid (or claimed in the case of PL and UK) surpassed € 100 million in Italy, France, Poland and the United Kingdom.

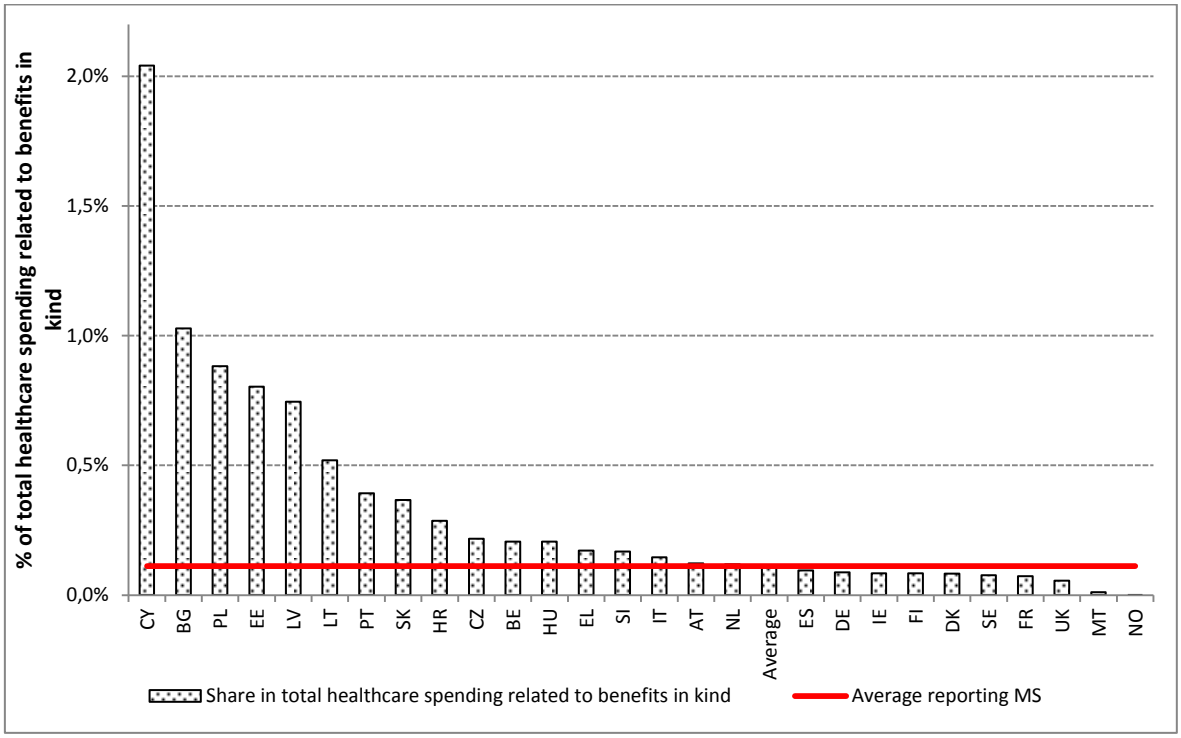
On average, 95% of the claims paid were settled via an E125 form. It appears that the share of the amount settled via E125 forms in the total expenditure is somewhat higher compared to their share as a proportion of the total number of forms received (namely 95% compared to 88%). This implies a higher amount per E125 form compared to the amount 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 Greece, France and Malta could provide this information. For all three Member States, the difference between the amounts claimed and paid was considerable. Greece reported a total amount claimed of € 9 million and a total amount paid of € 15 million. In France, the amount paid surpassed the amount claimed by more than € 6.6 million. For Malta, the difference between the amount claimed (€ 1.2 million) and the amount paid (€ 45,506) equalled € 1.1 million.

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 amounts flowed from Italy to France (€ 68,199,920), Germany to Austria (€ 60,390,031) and France to Belgium (€ 50,887,377). The competent Member States reimbursed mainly necessary healthcare provided in Germany (this is the case for BG, CZ, DK, EE, EL, HR, IT, CY, LV, LT, HU and AT), France (this is the case for BE, ES, IT, MT and PT) and Spain (this is the case for IE, FR, SE, UK and IS). Other notable figures are large flows of reimbursement claims (more than 25% relatively seen to the total amount of reimbursement for that Member State) from France (competent Member State) to Belgium (Member State of treatment), Slovakia to the Czech Republic, the Netherlands to Croatia, and Germany to Austria.

Under the Coordination Regulations, the budgetary impact of cross-border expenditure related to unplanned healthcare treatment during a stay abroad on average amounts to 0.11% of total healthcare spending related to benefits in kind *(Figure 2)*. This share remained stable compared to reference year 2017, when it amounted to 0.12% of the total healthcare budget. Only Cyprus, Bulgaria, Poland, Estonia, Latvia and Lithuania show a cross-border expenditure of more than 0.5% of total healthcare spending related to benefits in kind. Cyprus even has a high figure of 2% 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.

Figure 2 **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 (2016*), from the perspective of the competent Member State, 2018**



* 2016: most recent figures reported by Eurostat.
Source Administrative data EHIC Questionnaire 2019; Eurostat [spr_exp_fsi]

Member States were also 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[23] after returning home instead of following the procedure described in the Regulation. Hungary, Croatia, Iceland, Malta and Sweden were aware of such cases. Although, not many reasons to use the Directive were reported. Germany, Finland and Poland mentioned that patients might claim reimbursement under the Directive if it is more favourable for them in terms of the scope of services or access to the (private) service provider. Furthermore, it can be assumed that another reason for its use remains the same as in previous years, namely that it takes too long to receive an answer from the Member State of stay to the E126 form.

Finally, the collected data make it possible to have a look at some interesting statistics. The number of claims for unplanned necessary healthcare can be compared to the annual flow of tourists. As a result, it is possible to estimate the probability that

[23] Directive 2011/24/EU

a tourist will need care under the Coordination Regulation, which can be seen in *Table 4*. The first column shows the number of trips that were taken for personal reasons (i.e. 'leisure') in 2017 to the EU-28 Member States, excluding trips within the sending Member State. It is important to point out that the numbers do not equal the number of persons, but the number of trips, as a single person can make multiple trips. Furthermore, business trips are not included in the statistics. The second column reflects the total number of E125 forms received, E126 forms issued and claims not verified by the E126 form, from EU-28 Member States. These data also do not reflect the number of persons, as one claim does not necessarily stand for one person. Furthermore, it should be kept in mind that under the Coordination Regulations costs of healthcare cannot be claimed for medical treatment provided by private healthcare providers outside the public healthcare system.

Next, when comparing these figures, it is possible to estimate the probability for a tourist to need unplanned necessary healthcare. In general, it is estimated that 1.0% of tourists had unplanned care in 2018 under the Coordination Regulations. For some Member States, this percentage is remarkably higher. This percentage is rather high for Bulgaria (5.1%), Greece (3.9%) and Italy (2.9%).

Table 4 Probability for a tourist to need healthcare under the Coordination Regulations, 2018*, EU-28 Member States

MS	Total trips for personal reasons to EU-28 Member States (A)	Total claims received as a competent Member State (B)**	Probability of a tourist in need of healthcare under the Coordination Regulation (B/A)
BE	9,434,895	124,034	1.3%
BG	527,642	26,781	5.1%
CZ	5,373,177	46,081	0.9%
DK	5,199,379	27,546	0.5%
DE	61,753,495	529,495	0.9%
EE	710,718	7,896	1.1%
IE	5,455,055	29,833	0.5%
EL	409,935	16,159	3.9%
ES	9,092,597	101,587	1.1%
FR	17,983,786	329,352	1.8%
HR	957,828	14,238	1.5%
IT	7,831,018	227,249	2.9%
CY	962,770	4,804	0.5%
LV	830,922	5,405	0.7%
LT	1,071,342	9,416	0.9%
LU	1,400,726		
HU	5,238,247	19,065	0.4%
MT	402,269	1,954	0.5%
NL	14,999,427	70,857	0.5%
AT	8,249,027	89,584	1.1%
PL	9,241,982	98,359	1.1%
PT	1,159,399	32,746	2.8%
RO	974,843		
SI	2,248,495	23,317	1.0%
SK	2,793,279	34,920	1.3%
FI	6,384,628	29,466	0.5%
SE	12,933,921	58,753	0.5%
UK		162,807	
Total***	**191,245,233**	**1,958,897**	**1.0%**

* Most recent and complete figures reported by Eurostat involve reference year 2017.
** The number of claims do not include those received from EFTA Member States. Therefore, the figures do not equal those mentioned in *Table 5*.
*** The total only includes the Member States for which data was available for both variables, meaning that the partial data for LU, RO and UK were excluded.
Source Administrative data EHIC Questionnaire 2019; Eurostat [tour_dem_ttw]

Table 5 Reimbursement by the competent Member State, 2018

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*	44,306	47,650,399	12,253	5,586,005	70,630	4,542,296	127,189	57,778,700	34.8%	9.6%	55.5%	82.5%	9.7%	7.9%
BG	27,088	20,575,676					27,088	20,575,676						
CZ	45,050	20,225,316	1,654	85,808			46,704	20,311,124	96.5%	3.5%	0.0%	99.6%	0.4%	0.0%
DK	23,852	12,124,217	4,455	361,121			28,307	12,485,338	84.3%	15.7%	0.0%	97.1%	2.9%	0.0%
DE	547,076	219,630,849					547,076	219,630,849						
EE	7,678	7,637,246	409	88,724			8,087	7,725,970	94.9%	5.1%	0.0%	98.9%	1.1%	0.0%
IE	29,986	11,282,798					29,986	11,282,798						
EL	16,344	15,199,952	80	35,425			16,424	15,235,377	99.5%	0.5%	0.0%	99.8%	0.2%	0.0%
ES**	101,022	60,237,380	4,728	840,421			104,597	60,649,069	96.6%	4.5%	0.0%	99.3%	1.4%	0.0%
FR	184,506	121,184,596	6,704	1,459,511	158,836	12,383,113	350,046	135,027,221	52.7%	1.9%	45.4%	89.7%	1.1%	9.2%
HR	13,495	8,152,210	909				14,404	8,152,210	93.7%	6.3%	0.0%			
IT***	290,178	152,280,221	1,668	301,994	49	3,999	291,895	152,586,214	99.4%	0.6%	0.0%	99.8%	0.2%	0.0%
CY	4,934	10,947,941			26		4,960	10,947,941	99.5%	0.0%	0.5%			
LV	5,467	5,388,163	128	27,463	20	14,769	5,615	5,430,395	97.4%	2.3%	0.4%	99.2%	0.5%	0.3%
LT	8,792	7,661,360	969	133,894	18	468	9,779	7,795,722	89.9%	9.9%	0.2%	98.3%	1.7%	0.0%
LU	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.						
HU	18,479	10,784,135	1,037	162,195			19,516	10,946,330	94.7%	5.3%	0.0%	98.5%	1.5%	0.0%
MT	1,980	45,506	15	1,938	0	0	1,995	47,444	99.2%	0.8%	0.0%	95.9%	4.1%	0.0%
NL****	90,533	62,330,938					90,533	62,330,938						
AT	92,142	27,398,192	120	39,574	65	94,555	92,327	27,532,321	99.8%	0.1%	0.1%	99.5%	0.1%	0.3%
PL**	76,811	128,784,453	6,415	990,694	16,082	7,838,863	99,308	137,614,009	77.3%	6.5%	16.2%	93.6%	0.7%	5.7%
PT	37,603	41,555,169	361	74,950			37,964	41,630,119	99.0%	1.0%	0.0%	99.8%	0.2%	0.0%
RO														
SI	19,516	4,286,196	3,801	182,559	n.a.	n.a.	23,317	4,468,755	83.7%	16.3%	0.0%	95.9%	4.1%	0.0%
SK	33,396	15,242,326	1,255	418,696	715	50,849	35,366	15,711,871	94.4%	3.5%	2.0%	97.0%	2.7%	0.3%
FI***	25,300	8,850,000	82	23,416	4,132	1,840,262	29,514	10,713,678	85.7%	0.3%	14.0%	82.6%	0.2%	17.2%
SE	60,131	21,657,364					60,131	21,657,364						
UK***	156,573	101,116,319	10,732		0		167,305	101,116,319	93.6%	6.4%	0.0%			
IS	3,610	533,908	699	148,593	266	86,841	4,575	769,342	78.9%	15.3%	5.8%	69.4%	19.3%	11.3%
LI														
NO			434	115,132			434	115,132						
CH	59,213	n.a.					59,213	n.a.						
Total	**2,025,061**	**1,142,762,831**	**58,908**	**11,078,112**	**250,839**	**26,856,016**	**2,333,655**	**1,180,268,226**	**88.4%**	**5.2%**	**6.4%**	**94.5%**	**2.7%**	**2.7%**

* BE: The number of E126 forms reported (12,253) does not match the sum (12,357) and the reported amount paid of E126 forms (€ 5,586,005) does also not match the sum (€ 5,624,604). The same occurred for the claims not verified by E126 where the reported number of forms (70,630) does not equal the sum (71,260) and the reported amount paid (€ 4,542,396) does not equal the sum (€ 4,814,914). As a result, the total number of forms reported and the total amount paid reported do not match the sum of the different elements.

** ES: The total number of forms reported (104,597) does not match the sum of the different forms (105,750). The total amount reported (€ 60,649,069) does not equal the sum of the different amounts (€ 61,077,801).

*** PL, FI, UK could only report the amount claimed of E125 forms received. As a result, the figure 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 gives us an idea about the approximate number.

**** PL: The reported data is complete for around 99.7% as the process of transferring data from the forms to the IT systems was not yet completely finished.

***** IT: The amount paid for E125 received is the amount for reference year 2017. The total number of forms reported (291,895) does not equal the sum (292,391). The same goes for the total amount reported (€ 152,586,214) which is not equivalent to the sum of the amounts (€ 152,668,914).

****** NL: Information concerning E126 issued and Claims not verified by E126 is only recorded by a small minority of Insurance Companies. However, the numbers seem to be very small.

Source Administrative data EHIC Questionnaire 2019

5.2.2 From the perspective of the Member State of stay

The second possibility is looking at the reimbursement from the point of view of the Member State of stay. In this case it concerns the number of E125 forms issued (see first case in introduction paragraph 5.2; the Member State of stay claims reimbursement from the competent Member State) and the number of E126 forms received (the competent Member State requests information from the Member State of stay about the costs to be reimbursed to the insured person).

In 2018, some 2 million E125 forms/SEDs S080 were issued by the reporting Member States *(Table 6)*. These claims amounted to more than €1 billion. On average, 94% of the claims were settled via an E125 form. This confirms the 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 Spain (447,505 E125 forms) and Germany (358,496 forms, of which 346,339 E125 forms issued). Both Austria and Poland are close runners-up with more than 200,000 forms each. Spain and Germany also claimed the highest amount of reimbursement (ES: € 214,305,342; DE: € 209,673,688). France and Austria are close followers with more than 115 million euro each.

A number of Member States of stay received a relatively high number of E126 forms (compared to the total number of forms (E125 forms issued + E126 forms received)). This is the case for Norway (29.1%), France (21.6%), Finland (19.4%), Switzerland (19.2%) and the Netherlands (14.7%) (*Table 5*). However, the amount covered by the E126 forms compared to the amount covered by the E125 forms appears to be (much) lower. The only exception is Latvia, where 13.3% of the total amount can be attributed to E126 forms received.

Besides the amount received, the questionnaire also asked about the amount claimed. Although only Ireland and Greece were able to provide these numbers, it is still interesting to look at them. Ireland reported an amount claimed for E125 issued of € 4.3 million, whereas the amount received equalled € 3.9 million. A more impressive difference between the amount claimed (€ 33 million) and received (€ 4.9 million) can be seen for Greece, where it amounted to more than € 28 million.

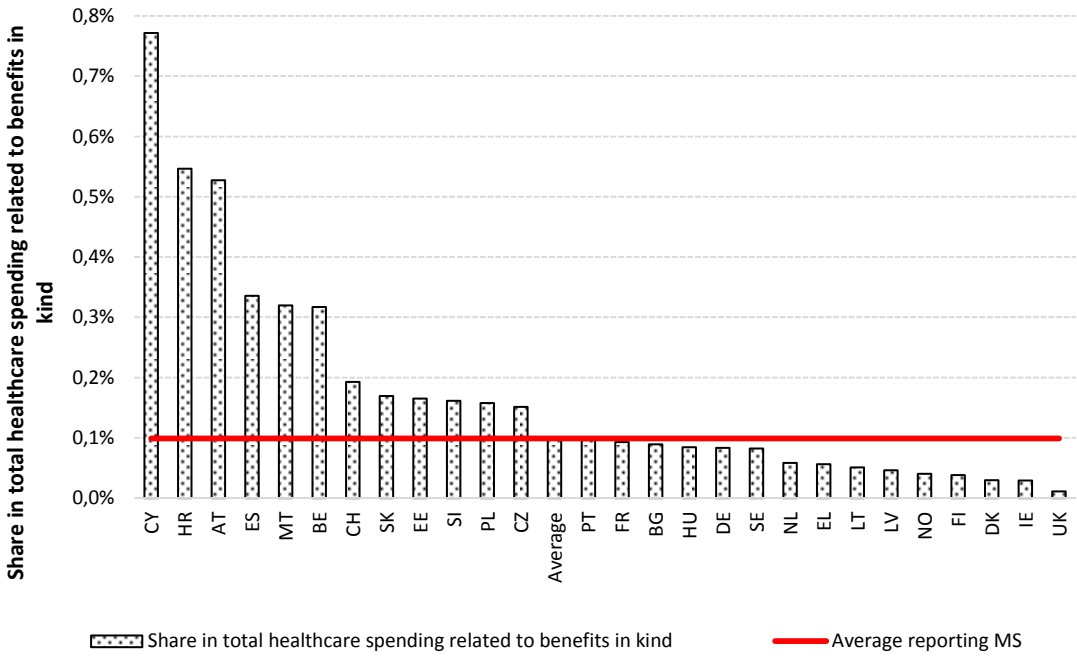
In *Annex II – Tables A3 and A4* the individual claims of reimbursement issued to the competent Member States are reported. In absolute terms, the highest amounts flowed from the United Kingdom (competent Member State) to Spain (Member State of treatment) (€ 65,426,736), from Germany to Austria (€ 59,732,827) and from France to Belgium (€ 51,992,798). Furthermore, there are considerable flows of more than € 25 million going from the United Kingdom to France, from Poland to Germany, from Germany to Spain, and from France to Spain.

The Member State of treatment mainly received reimbursement for necessary healthcare from Germany (this is the case for DK, HR, IT, HU, NL, AT, PL and LI), the United Kingdom (this is the case for BG, ES, CY, LT and IS), and France (this is the case for BE and PT). Furthermore, two notable flows of more than 50% of the total amount received by the Member State of treatment occur from Slovakia (competent Member State) to the Czech Republic (Member State of treatment), and from Finland to Estonia.

From the perspective of the Member State of treatment, it is also useful to know how high claims are in relative terms *(Figure 3)*. Only Cyprus, Croatia and Austria claimed an amount higher than 0.5% of total healthcare spending related to benefits in kind. Despite the high amount of reimbursement claimed by Spain and Germany, the budgetary impact on total spending remains rather limited, namely 0.34% and 0.08% respectively. On average, the budgetary impact amounts to 0.10%, which is a small

decrease compared to 2017, when the share in total healthcare spending equalled 0.13%.

Figure 3 **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 (2016*), from the perspective of the Member State of stay, 2018**



* 2016: most recent figures reported by Eurostat.
Source Administrative data EHIC Questionnaire 2019; Eurostat [spr_exp_fsi]

Table 6 Reimbursement to the Member State of stay or to the insured person, 2018

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	69,310	88,390,949	3,825	792,134	73,135	89,183,083	94.8%	5.2%	99.1%	0.9%
BG	6,867	1,785,396			6,867	1,785,396				
CZ	52,164	14,216,387	1,257		53,421	14,216,387	97.6%	2.4%		
DK	11,684	4,561,362	183		11,867	4,561,362	98.5%	1.5%		
DE	346,339	209,673,688	12,157		358,496	209,673,688	96.6%	3.4%		
EE	10,039	1,591,817	144		10,183	1,591,817	98.6%	1.4%		
IE	20,284	3,899,343			20,284	3,899,343				
EL	52,634	4,884,160	1,861	108,215	54,495	4,992,375	96.6%	3.4%	97.8%	2.2%
ES	447,505	214,305,342			447,505	214,305,342				
FR*	79,327	169,541,854	21,895	3,814,614	101,222	173,356,469	78.4%	21.6%	97.8%	2.2%
HR	134,778	15,581,043	3,536		138,314	15,581,043	97.4%	2.6%		
IT	155,144	4,132,580			155,144	4,132,580				
CY	5,579	4,140,438	224		5,803	4,140,438	96.1%	3.9%		
LV	2,418	293,608	178	45,129	2,596	338,738	93.1%	6.9%	86.7%	13.3%
LT	4,119	723,001	258	40,169	4,377	763,169	94.1%	5.9%	94.7%	5.3%
LU	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.				
HU	20,275	4,457,117	472	34,364	20,747	4,491,481	97.7%	2.3%	99.2%	0.8%
MT	6,107	1,465,453	4	792	6,111	1,466,245	99.9%	0.1%	99.9%	0.1%
NL	24,706	30,862,794	4,256	n.a.	28,962	30,862,794	85.3%	14.7%		
AT	236,139	119,524,723	2,864	13,670	239,003	119,538,393	98.8%	1.2%	100.0%	0.0%
PL*	228,906	24,504,400	987	78,508	229,893	24,582,908	99.6%	0.4%	99.7%	0.3%
PT**	59,668	9,873,985	2,574	316,965	62,242	10,190,950	95.9%	4.1%	96.9%	3.1%
RO										
SI	16,624	4,293,424	307	n.a.	16,931	4,293,424	98.2%	1.8%		
SK	67,481	7,236,290	414	34,972	67,895	7,271,263	99.4%	0.6%	99.5%	0.5%
FI*	6,796	4,906,878	1,637		8,433	4,906,878	80.6%	19.4%		
SE	31,433	23,304,283			31,433	23,304,283				
UK*	15,081	20,448,034	260		15,341	20,448,034	98.3%	1.7%		
IS	4,286	2,637,669	140	47,197	4,426	2,684,866	96.8%	3.2%	98.2%	1.8%
LI	271	188,143	5	694	276	188,837	98.2%	1.8%	99.6%	0.4%
NO***	1,557	7,874,704	639	197,957	2,196	8,072,662	70.9%	29.1%	97.5%	2.5%
CH****	52,110	77,595,651	12,420	n.a.	64,530	77,595,651	80.8%	19.2%		
Total	**2,169,631**	**1,076,894,518**	**72,497**	**5,525,382**	**2,242,128**	**1,082,419,900**	**93.7%**	**6.3%**	**97.6%**	**2.4%**

* FR, PL, FI and UK could only report the amount claimed of E125 issued. As a result, the figure 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.
**PT: The information presented concerns the first semester of 2018. The invoicing related to the second semester of 2018 will be issued in the second half of 2019.
*** NO is unable to separate the E125 forms by entitlement document on which they are based. However, almost all E125 forms issued are based on the use of EHIC with the exception of the E125 forms issued to the other Nordic countries. Therefore, the numbers above will be close to accurate.
**** CH: The number of E126 forms received that is reported above (12,420) concerns the number of invoices and not the number of forms.
Source Administrative data EHIC Questionnaire 2019

6 PRACTICAL AND LEGAL DIFFICULTIES IN USING THE EHIC

Although the EHIC is a valuable tool to receive unplanned necessary healthcare abroad, there are also certain difficulties attached to its use. First, the card is sometimes refused by healthcare providers, which can possibly undermine the public trust in the EHIC. Second, the notion of 'necessary healthcare' is an important issue, as the interpretation of remains critical to the use of EHIC. Third, it may occur that invoices are rejected, based on different reasons.

6.1 Refusal of the EHIC by healthcare providers

Member States were asked if they are aware of cases of refusals to accept EHICs by healthcare providers established in their country or another country. If so, the underlying reasons to refuse the EHIC by healthcare providers could be reported. In total, 10 Member States were aware of refusals of EHICs in their own country, whereas 19 were unaware of any refusals in their country. On the other hand, 21 reporting Member States were aware of the refusal in another Member State, while 7 were not aware of such refusals.

The detailed reply by Member States to this question is provided in *Annex III – Table A1*. Despite Member States' efforts to raise awareness among healthcare providers, many of the reported problems could be related to a lack of information. Furthermore, interpretation problems arise regarding the scope of 'necessary healthcare' and the (thin) line between unplanned necessary healthcare and planned healthcare. Some competent Member States reported that even with a valid EHIC some healthcare providers still request payment upfront or send invoices to the patient's home address. The fact that treatment is limited to public healthcare providers is challenging for insured persons at times, since they need to identify if the healthcare provider in the Member State of stay is public or private. Some healthcare providers may avoid reimbursement procedures due to administrative burdens.

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

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

Member States of stay try to solve these cases by explaining the rules or by investigating the reported cases. The competent Member States try to solve these cases by contacting the foreign liaison body, the foreign healthcare provider, the competent foreign institute. Insured persons may also request the assistance of SOLVIT.

6.2 The notion of necessary care

Even though the Administrative Commission Decisions[24] further explain the notion of necessary care, and the European Commission has issued explanatory notes[25] on the matter, most of the reporting Member States still signalled difficulties in connection with the interpretation of 'necessary healthcare' *(see Annex III – Table A2)*. More specifically, 17 out of the 26 reporting Member States mention that they have to deal with this problem. Healthcare providers of the Member States of stay may refuse to provide healthcare on the basis of an EHIC, or competent Member States may refuse reimbursement of the provided healthcare due to an incorrect interpretation of 'necessary healthcare'.

There appears to be a lack of consistent interpretation between Member States, and between healthcare providers. First, healthcare providers struggle to make a correct distinction between 'unplanned necessary healthcare' and 'planned healthcare'. Some Member States report difficulties even for treatments defined in Decision S3 of the Administrative Commission [26] and covered by the EHIC.

The following paragraph of AC Decision S3 appears to pose interpretation questions: "*Any vital medical treatment which is only accessible in a specialised medical unit and/or by specialised staff and/or equipment must in principle be subject to a prior agreement between the insured person and the unit providing the treatment in order to ensure that the treatment is available during the insured person's stay in a Member State other than the competent Member State or the one of residence*".[27] Such prior agreement is recommended between the patient and the healthcare provider they will visit abroad, to ensure that the highly specialised treatment will be available when they visit, for example a dialysis centre. However, this must be distinguished from the prior authorisation by the authorities of the Member State of insurance to access planned healthcare abroad.

In the first situation, costs should be covered via the EHIC as necessary care and there should be no need for a prior authorisation for planned treatment abroad (via an S2 form).

Second, some healthcare providers may wrongly narrow the concept of 'necessary healthcare' down to 'emergency care'. As a result, they would only accept the EHIC when it concerns life-saving healthcare in urgent situations.

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

6.3 Invoice rejection

Most of the rejections of an invoice issued or received by the E125 form/SED S080 are the result of an invalid EHIC at the moment of treatment or an incomplete E125 form *(see also Annex III – Table A3)*. It also appears that some competent institutions even refuse to settle the claim on the grounds that the date of issue of the EHIC was later than the start of treatment or than the end of the treatment period.

Main reasons reported to refuse an invoice were:

- expired EHIC;

[24] Decision S1 indicates that all necessary care is covered by the EHIC, and Decision S3 of 12 June 2009 defines specific groups of treatment which have to be considered as 'necessary care'.
[25] Explanatory notes on modernised social security coordination Regulation (EC) Nos 883/2004 and 987/2009 are available at http://ec.europa.eu/social/main.jsp?catId=867.
[26] Treatment provided in conjunction with chronic or existing illnesses as well as in conjunction with pregnancy and childbirth.
[27] Non-exhaustive list of the treatments which fulfil these criteria: kidney dialysis, oxygen therapy, special asthma treatment, echocardiography in case of chronic autoimmune diseases, chemotherapy.

- date of treatment before EHIC was issued;
- Incomplete E125 form:
    - wrong personal ID number;
    - missing EHIC ID number;
    - invalid EHIC ID number;
    - insufficient information concerning the EHIC.
- Duplication of claims.

A total number of 14 Member States were able to (partly) quantify the number of rejected invoices by their institutions or other institutions. Those cases could be compared with the total number of claims of reimbursement received or issued by an E125 form (see *Table 5* and *6*). The share of rejected invoices in other countries compared to the total claims of reimbursement received is on average 1.9% (*Table 7*). This share remained stable when comparing it with the rejections reported in 2017. However, this share varies remarkably between Member States. Especially for reimbursement claims issued by Hungary (6.2%), Germany (5.0%) and France (4.1%) the rejection rate is relatively high. For most reporting Member States, the share of rejections remained stable when comparing 2017 and 2018. Only in France, the share seems to have declined markedly.

When looking at the number of rejections by own institutions, Germany shows the highest amount with 16,400. In relative terms, Latvia (6.0%), Hungary (5.2%), Estonia (5.0%) and Germany (3.0%) rejected a high share of the reimbursement claims they received. In general, however, the rejection rate for the reporting Member States amounts to 2.1%. Compared to 2017, this average seems to be an increase. However, in 2016, this share equalled 2.6%. Especially in France, the share of rejections in total reimbursement claims received has dropped significantly, while in Latvia is has increased notably.

It should be noted that an increase in rejections could have some serious consequences. It could lead to an increase of the administrative burden for the Member States of stay if additional information has to be provided/requested in order to receive the reimbursement. It will also result in a delay of payment or even in a budgetary cost for the Member State of stay if claims are not accepted by the competent Member State.

Table 7 Number of rejection of invoices, 2018

MS	Rejections by institutions in other countries	Share of rejections in total reimbursement claims issued**	Rejections in 2017	Rejections by your institutions	Share of rejections in total reimbursement claims received***	Rejections in 2017
CZ	App. 550	1.1%	1.0%	App. 650	1.4%	1.2%
DE	17,400	5.0%	5.3%	16,400	3.0%	2.5%
EE				387	5.0%	
ES				82	0.1%	
FR	3,275	4.1%	7.2%	1,546	0.8%	3.9%
HR	885	0.7%	0.8%	237	1.8%	2.3%
CY	21	0.4%	0.5%	36	0.7%	0.0%
LV	8	0.3%	0.5%	329	6.0%	0.1%
LT			0.1%	20	0.2%	0.3%
HU	1,266	6.2%	4.1%	953	5.2%	3.6%
MT			0.0%	2	0.1%	0.3%
PL	332	0.1%		1,218	1.6%	
SI	229	1.4%	1.5%	337	1.7%	0.7%
SK	42	0.1%	0.3%			0.3%
Total*		**1.9%**	**1.9%**		**2.1%**	**1.4%**

* Unweighted average of the reporting Member States.
** For the nominator, see *Table 6*.
*** For the nominator, see *Table 5*.
Source Administrative data EHIC Questionnaire 2019 and 2018

ANNEX I INFORMATION FOR THE INSURED PERSONS AND HEALTHCARE PROVIDERS

Table A1 Information for the insured persons and healthcare providers, 2018

MS	Information for insured persons	Awareness-raising of the healthcare providers
BE		
BG	No	No
CZ	Lectures and presentations for HIFs, public institutions, media.	No
DK	We had no national information campaigns in 2018. However, every year before the holiday seasons 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 reports from the EU-Commission on the use of the EHIC and the Directive 2011/24/EU are published on our website and information about the EHIC and patient rights under the Directive is also available on the websites of the regional authorities in Denmark.	The patient advisors in some of the five regions in Denmark have provided information and arranged teaching sessions of the hospital staff in the public hospitals in their region in order to improve the staffs' knowledge of the EHIC and the rights of cross-border patients.
DE	The insured persons were also informed by means of press releases, member magazines, travel mailings, personal consultations, the Internet, the display of appropriate flyers, postings in companies and information when the EHIC or PRC was sent individually. As a rule, only the insured persons themselves were informed. The GKV-Spitzenverband, DVKA, informs the German health insurance funds regularly both with the help of publications (circulars, guidelines, etc.) and in the context of seminars about the procedure approximately around the EHIC. On the internet site of GKV Spitzenverband, DVKA, the insured can find under the header “Tourists”, the sheet “Vacation in…” In these instruction sheets, it is shown, among others, how health benefits can be taken up in the different Member States with the help of EHIC. The National Contact Point did not launch a public information campaign in 2018 on claims under Directive 2011/24/EU.	Service providers are always informed about their respective umbrella organisations. However, the GKV-Spitzenverband, DVKA, is in contact with the relevant contact persons of the central associations of service providers and provides them with all relevant information. In cooperation with the respective central associations of service providers, it has developed information sheets on medical care for patients insured abroad. These bulletins are regularly updated and contain comprehensive information on the procedure upon presentation of the EHIC or PRC. Service providers can access this information at www.dvka.de ("Service providers"). In addition, service providers also receive information from various German health insurance funds on how to use the EHIC. There was no new information campaign from the National Contact Point.
EE	There were no campaigns but as usual, we did inform the insured persons via newspaper articles, social media, TV.	There were no campaigns, but as usual, we did inform healthcare providers via information days.
IE	In 2018, the EU entitlement section of the HSE website was reviewed and redesigned in order to increase ease of use and navigation by citizens. This section of the website provides information to Irish insured persons on their health entitlement in other Member States; and to people from other States either visiting or changing residency to Ireland.	No new initiatives were introduced in 2018. However, we provide ongoing additional guidance to healthcare providers on the correct interpretation of entitlement under the EHIC; and on appropriate service delivery.
EL	Awareness of cross-border healthcare (including health care through EHIC) is being promoted at various levels, at regional and central level, and by various institutions: The Health Regions of the country hold publicity and media events for all regional cross-border cooperation programs in which they are involved. Relevant websites are organized and developed to disseminate information and raise awareness, Conferences are organized regularly involving cross-border healthcare and co-operation with the participation of various institutions. On a second level, EOPYY, as the largest Greek cross-border health care organization, also designated as a National Cross-Border Contact Point: Provides information and assistance to resolve EU health care problems both through the National Contact Point website and on personal requests, The NCP contributes to supporting materials related to cross-border healthcare (Social Security Regulations 883/2004 and 987/2009 and Directive 2011/24 / EU) in national and international meetings of various institutions. An English leaflet on access for the EU Member States visitors has been published referring to health care services during their stay in Greece, which was sent to all Member States, so that insured persons visiting the country could be fully and accurately informed.	EOPYY provides ongoing support to health professionals on principles and guidelines under both the Social Security Regulations and the Directive, through: The website of the National Cross-Border Contact Point - eu-healthcare.eopyy.gov.gr - in Greek and English, General guidelines to Greek healthcare providers, targeted information interventions and instructions following personalized requests.
ES	During 2018, info about EHIC has been available at MUFACE and ISFAS web sites.	Competence of the Ministry of Health.
FR	Yes they were. It's a national communication campaign provided in the personal account-ameli.fr of insured persons or by mail.	Digital EHIC could be delivered in 2018. In 2019 legal and practical instructions were done to the CPAM.
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.

MS	Information for insured persons	Awareness-raising of the healthcare providers
IT	No further information campaign in 2018; nevertheless, the institutional website shows useful information also regarding a link devoted to the directive. At regional level is in place a contact point for the implementation of Directive 2011/24/EU which is also available on the institutional portal. All competent institutions give information to patients/insured persons with different means, on the phone, by e-mail, and in the front-office way. In regard of Directive 2011/24/EU on the portal can be consulted a specific note illustrating conditions and procedure to access to reimbursement by the competent institution and the relevant information. It is also provided a juridical back office for the clerks of the cross border mobility to whom insured persons can rely on. Some institutions give to entitled persons from other Member State holding EHIC an informative leaflet and detailed information on how to access to healthcare services. Training days for clerks of the cross border mobility have been provided by some institutions according to the Directive 2011/24/EU as well.	Providers received an awareness training in many ways (billing procedure, acceptance of EHIC, training on EESSI aspects, tackle specific cross-border cases) both for Directive and Regulations.
CY	No	No
LV	We have regular informational campaign, 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 under the Ministry of Health (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	No
MT	EHIC public information campaigns, including various participation in television programmes and national news features and Public Service Customer Website: servizz.gov.mt.	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 national campaigns, but the Competent Institutions informed their clients in different ways, like websites, Facebook, newsletters and letters going with the issued EHIC. Some Examples: • https://www.amersfoortse.nl/zorgverzekering/ehic • https://www.ditzo.nl/zorgverzekering/zorgpas2 • www.ditzo.nl/zorgverzekering/buitenland (brochure)	No
AT	• Information folders such as "Performance & Service" and "Service from A to Z". • Information campaigns on print media • Information campaigns on radio broadcasts • Information on the homepage of the social insurance institutions	No. When new contractual partners are trained, they receive information on the application of the EHIC. Some institutions also provide information on current developments by means of circulars.
PL	There were no ongoing or new campaigns and initiatives in 2018.	There were no ongoing or new campaigns and initiatives in 2018.
PT	The information regarding the application of the Regulations and the Directive is disseminate through the Directive Portal, the National Health System Portal and the Patients Mobility Portal.	No.
RO		
SI	In 2018, like in previous years, the HIIS regularly informed the media about any new developments in EHIC legislation through press conferences or press releases. With each change, the information available on the ZZZS website, the ZZZS automatic answering machine and the RTV Slovenia teletext are accordingly supplemented. The HIIS particularly informs insured persons about the news and how to use health services abroad, before the beginning of the annual winter and summer tourist season. Pursuant to Directive 2011/24 / EU and the Health Care and Health Insurance Act, a National Contact Point (NKT) for cross-border healthcare was established in November 2013 to provide insured persons with information on the right to medical treatment abroad, the extent of reimbursement and the like. The tasks of the NKT are performed by the HIIS. NKT provides information on its website, by email, telephone and in person. In order to provide better and easier information for insured	The HIIS regularly informs healthcare providers of any changes and innovations in the use of EHICs and cross-border healthcare, through the media, and in particular through regular business contacts, newsletters and instructions. Healthcare providers are also able to access all information on HIIS websites and NKT sites.

MS	Information for insured persons	Awareness-raising of the healthcare providers
	persons, NKT upgrades the site and updates its content on an ongoing basis. To inform insured persons about the rights to planned treatment abroad, a leaflet entitled The right to planned treatment abroad was also issued.	
SK	No	No
FI	The use of the EHIC was traditionally promoted by Kela at the annual travel fair in Helsinki in January 2018. During the three day period of the fair 847 new EHICs were ordered.	No campaigns were ongoing 2018.
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	No	No
IS	No	No
LI	No	No
NO	Insured persons can find information concerning EHIC on our website www.Helsenorge.no. This website is also used to apply electronically for an EHIC. In 2018, we had a campaign on Facebook, in addition to an annual press release in national and local newspapers.	Healthcare providers have access to information concerning the above on our website www.helfo.no. This website has been tailored for healthcare providers.
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 2019

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, 2018

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	1,210	454	228	3,213	494	332	517	4,359	60,092	179	5,146	166	77	265		307	103	12,763	241	2,412	1,756			507	55	799	3,218	177			581
BG	446	0	166	108	971	65	15	132	213	1,016	4	687	76	7	37		28	10	4,748	124	144	12			38	53	53	965	25			36
CZ	443	482	0	485	10,514	91	632	269	1,295	1,578	270	2,663	138	128	104		208	32	124	3,036	15,232	379			18,016	9	798	3,640	50			979
DK	180	37	129	0	11,030	44	0	25	419	472	47	391	1	83	262		126	15	1,875	181	297	0			81	0	0	16	14			188
DE	9,585	14,402	6,788	6,045	0	2,327	3,000	10,580	22,202	32,715	7,201	70,057	1,730	2,052	3,372		9,590	264	17	39,465	50,949	5,577			5,700	150	9,296	16,917	415			13,751
EE	44	25	58	78	285	0	68	8	125	196	7	334	3	384	131		29	2	1,169	47	73	27			33	443	0	12	4			88
IE	105	90	261	3	0	37	0	30	5,458	4,376	429	3,950	1	90	192		73	42	656	363	1,373	281			144	2	0	0	9			635
EL	2,664	1,555	247	484	21,816	46	117	0	277	7,741	12	2,770	1,659	27	42		65	8	74	606	328	27			92	492	8,348	4,351	17			649
ES	14,767	1,174	1,891	6,167	60,778	591	12,600	619	0	108,312	393	54,795	76	546	894		1,076	130	369	4,154	4,456	12,109			635	2,349	13,487	52,380	1,781			10,030
FR	48,148	781	643	1,032	8,534	327	706	347	20,480	0	172	11,817	81	58	389		200	87	5,449	595	1,910	7,725			304	163	2,631	15,485	79			3,965
HR	1,215	102	3,789	151	76,454	73	287	31	418	2,853	0	8,477	1	52	98		1,058	63	16,342	17,294	3,790	92			1,845	17	2,616	3,006	30			2,715
IT	5,959	474	2,335	1,672	18,950	101	563	272	4,026	16,081	438	0	46	137	222		399	150	896	5,159	3,007	458			565	41	1,380	6,221	60			5,942
CY	149	623	28	29	141	13	37	387	16	244	0	37	0	35	20		26	5	744	9	51	6			38	35	74	2,626	5			2
LV	46	5	40	62	0	285	26	6	51	157	2	52	0	0	453		5	9	216	37	95	26			22	11	103	116	14			34
LT	64	7	32	166	838	191	316	12	207	273	12	304	13	150	0		2	8	296	29	843	50			31	6	467	1,501	42			37
LU	2,844	16	41	45	537	39	0	90	314	17,807	21	741	1	6	25		40	13	3,267	46	124	1,258			46	19	0	141	5			106
HU	458	70	391	271	8,539	40	262	46	364	4,077	93	1,553	28	18	26		0	55	52	3,257	463	63			1,082	21	641	44	25			639
MT	159	47	89	115	0	23	179	22	410	910	4	2,353	1	25	23		67	0	7	91	155	45			33	4	151	36	12			80
NL	13,995	611	438	598	20,051	272	594	434	3,524	3,367	137	4,209	112	131	463		368	555	110	656	1,857	717			467	135	786	7,525	79			1,002
AT	10,238	2,043	6,093	4,784	132,471	217	680	811	2,995	4,935	1,710	22,772	123	195	270		3,898	111	470	0	3,807	1,140			3,363	46	2,848	10,167	250			6,679
PL	4,976	1,508	5,683	4,415	96,449	110	7,996	264	3,503	7,457	101	12,980	274	116	749		284	168	225	5,931	1	317			690	22	10,912	25,935	1,043			1,380
PT	6,222	0	262	72	40,509	293	569	161	16,874	48,964	77	3,726	8	72	91		66	14	0	332	734	0			79	60	2,663	223	64			6,117
RO	277	14	15	32	0	3	23	16	233	1,177	3	1,692	13	2	0		237	0	167	83	34	7			13	2	56	142	3			12
SI	362	85	471	146	5,616	19	132	34	422	975	1,318	7,249	9	21	36		166	36	14,863	3,645	266	105			237	6	300	802	10			644
SK	168	129	14,466	208	3,869	24	645	70	511	559	95	1,661	28	37	59		359	28	4,787	2,972	1,045	111			0	5	344	3,919	78			682
FI	114	78	100	27	0	1,742	54	44	698	838	137	576	4	130	178		57	13	40	145	245	73			179	0	0	45	5			198
SE	193	332	422	103	7,930	418	0	436	1,022	1,240	379	2,378	32	586	812		329	33	586	724	2,247	383			302	0	0	3,374	8			1,170
UK	213	881	749	20	0	11	0	496	10,018	940	88	3,879	180	240	203		2	0	545	362	2,421	2			378	20	0	0	56			561
IS	39	6	107	21	920	15	44	30	243	619	33	252	1	121	127		39	19	14,750	118	180	97			33	0	0	968	0			201
LI	2	0	6	1	0	0	0	0	19	4	0	32	0	0	0		2	0	1,700	52	6	3			1	0	0	5	0			74
NO	179	10	25	89	0	20	9	7	91	278	5	75	0	48	85		10	0	1,376	26	198	0			15	0	0	35	15			36
CH	3,669	291	485	650	16,661	156	100	228	3,810	19,793	128	64,783	155	41	151		400	22	1,850	2,547	565	5,118			397	48	1,378	3,490	200			0
Total	**127,923**	**27,088**	**46,704**	**28,307**	**547,076**	**8,087**	**29,986**	**16,424**	**105,750**	**350,046**	**14,404**	**292,391**	**4,960**	**5,615**	**9,779**		**19,516**	**1,995**	**90,533**	**92,327**	**99,308**	**37,964**		**23,317**	**35,366**	**29,514**	**60,131**	**167,305**	**4,575**		**434**	**59,213**

* LU, RO and LI did not report any data.
** For SI and NO a breakdown by Member State of treatment was not possible.
*** For HR 909 forms could not be allocated to a Member State. For FI this was the case with 25,300 forms.
**** For BE the total number or forms reported (127,189) does not match the sum (127,923). For ES the total number of forms reported (104,597) does not equal the sum (105,750). For IT the total reported (291,895) does not match the sum (292,391). For these Member States, the sum is reported in this table, as it represents the distribution over the different Member States. As a result, the totals do not match the totals in *Table 5* in which the totals reported by the Member States were noted.
Source Administrative data EHIC Questionnaire 2019

Table A2 Amount paid (in €) by the competent Member State for necessary healthcare received abroad, total, 2018

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	1,420,370	353,171	230,679	3,201,532	219,475	152,095	635,536	3,705,106	50,887,377	100,724	163,671	135,052	86,101	285,248		232,825	0	10,244,073	142,766	2,200,442	1,616,613			494,869	8,919	235,837	3,410,584	35,906			
BG	100,897	0	84,035	16,322	469,765	15,169	13,595	141,682	153,353	163,069	4,476	1,030	79,011	8,620	1,166		8,658	0	7,129,701	30,841	76,286	5,742			17,103	28,659	5,207	494,842	4,860			
CZ	98,014	228,744	0	49,895	2,341,556	20,067	164,094	80,081	251,278	205,725	56,135	94,613	21,923	23,914	24,857		39,825	0	77,955	240,893	17,988,392	48,621			4,660,607	766	175,957	881,155	72,093			
DK	50,067	14,167	125,595	0	3,430,114	9,124	0	515	105,772	99,873	5,887	99,171	236	34,043	274,113		21,398	0	237,676	21,112	1,528,114	0			16,813	0	0	0	1,690			
DE	4,860,351	10,830,299	5,448,150	4,952,265	0	2,520,802	1,062,215	7,141,130	13,194,641	4,263,750	4,184,585	38,178,396	6,863,626	2,065,977	2,669,652		5,158,312	81	43,220	15,368,614	27,416,495	5,334,456			3,388,699	65,101	3,828,638	8,814,019	69,487			
EE	5,117	55	2,632	21,952	52,059	0	22,050	4,510	6,026	7,424	1,034	13,466	516	113,342	39,927		8,282	0	317,088	2,921	8,331	5,837			2,815	42,761	0	0	152			
IE	13,211	6,597	60,895	0	0	13,336	0	8,282	732,917	547,406	112,371	612	100	12,079	54,770		26,087	0	443,358	44,792	696,989	47,333			16,022	104	0	0	11,555			
EL	485,851	1,026,799	215,050	1,627	6,116,082	4,361	81,982	0	211,953	692,053	28,268	1,485,407	2,625,387	49,298	9,375		71,143	0	12,675	417,904	295,686	12,312			52,459	177,479	306,605	2,261,639	7,710			
ES	4,170,598	751,527	901,145	2,308,986	32,136,858	341,502	4,047,949	242,276	0	40,336,171	113,911	1,941,606	12,605	327,742	387,072		452,927	336	234,603	1,537,778	1,614,712	6,013,316			166,730	1,360,129	6,766,938	31,014,653	259,562			
FR	25,862,831	2,726,353	1,202,288	704,397	15,149,544	459,850	2,704,087	819,004	17,396,984	0	518,541	68,199,920	618,952	485,249	676,765		248,522	40,964	11,830,673	1,099,366	4,980,299	19,192,611			317,645	46,529	2,285,436	19,882,589	8,744			
HR	130,110	22,082	335,917	63,480	8,130,560	12,854	18,321	7,268	27,363	340,956	0	650,036	28	1,802	9,180		118,642	0	17,643,399	1,046,260	2,137,550	5,444			204,823	2,110	83,034	406,618	260			
IT	1,410,283	276,715	1,765,308	1,012,100	10,550,943	235,773	125,632	1,467,095	3,019,065	5,436,449	587,953	0	56,349	110,572	298,749		375,159	535	321,697	2,887,944	2,183,329	389,414			460,726	8,802	395,170	5,053,526	2,299			
CY	81,144	251,743	17,026	3,591	84,717	1,892	27,053	911,565	11,314	45,603	0	80,036	0	68,134	6,167		3,514	0	124,286	9,002	43,487	5,138			24,345	19,074	37,839	2,018,237	10,154			
LV	2,563	2,128	1,957	9,809	0	57,226	3,892	137	5,686	15,307	217	2,875	0	0	50,758		340	0	80,758	2,643	8,503	1,421			783	683	8,855	12,958	1,623			
LT	6,354	125	1,736	19,386	137,943	49,409	35,209	254	23,969	20,490	1,008	18,955	435	73,936	0		1,721	0	391,640	3,809	360,084	4,632			1,227	1,904	49,790	299,611	5,776			
LU	1,571,076	29,101	36,444	51,622	711,689	34,683	0	27,747	639,320	2,384,277	11,688	4,948	0	16,218	95,407		44,986	0	1,268,109	36,270	165,206	3,435,642			57,477	9,158	0	106,803	13,752			
HU	42,894	12,938	71,576	26,724	1,368,026	2,583	22,628	15,245	47,098	1,102,354	34,632	185,116	2,623	1,655	3,527		0	0	8,857	336,265	23,135,197	6,422			188,994	3,026	92,508	554	1,034			
MT	14,974	28,577	41,575	0	0	1,214	47,161	486	48,978	72,258	1,421	100,588	47	2,705	4,880		10,628	0	937	19,631	19,292	5,101			4,119	10,330	18,890	0	186			
NL	9,762,419	841,921	416,457	205,883	21,816,166	123,510	770,166	931,074	2,456,505	1,586,504	244,185	231,289	32,959	143,449	621,001		432,764	290	22,287	396,837	1,837,272	858,256			630,168	16,320	709,304	8,748,055	6,458			
AT	5,085,798	939,303	4,241,074	2,235,461	60,390,031	306,532	352,965	1,371,674	1,295,713	1,386,349	1,103,953	9,455,989	76,924	207,332	125,897		2,593,719	150	611,150	0	2,379,856	723,908			3,487,418	15,680	1,878,764	5,831,189	73,919			
PL	116,509	587	483,476	377,478	10,052,109	11,959	983,224	101,634	243,800	563,049	12,061	1,244,993	15,373	51,116	162,849		35,491	0	48,437	392,165	1	34,389			104,334	2,156	906,993	2,750,750	53,157			
PT	728,921	16,377	36,483	0	3,752,818	9,094	117,889	29,231	2,540,764	10,650,748	7,366	378,977	1,816	74,592	11,394		8,467	0	0	48,545	77,631	0			10,300	20,567	384,505	0	3,811			
RO	29,744	8,729	5,152	5,886	0	83	5,561	12,805	58,579	225,810	1,317	367,487	2,339	324	0		83,676	0	1,489,909	30,177	28,582	3,924			4,327	181	5,243	55,241	762			
SI	130,764	17,768	84,326	45,189	1,831,824	1,189	6,251	1,448	67,770	121,175	409,995	2,170	531	31,540	12,721		75,582	0	2,287,577	735,323	43,975	10,727			29,571	975	33,868	225,445	653			
SK	23,100	3,847	2,579,224	15,996	618,636	5,083	191,584	13,559	75,584	59,801	17,506	97,370	4,649	13,208	14,746		119,659	1,420	827,966	412,250	253,991	6,136			0	221	17,564	662,369	12,645			
FI	12,213	12,914	32,297	437	0	1,875,120	72,249	56,331	477,369	68,666	117,606	144,146	858	67,628	100,437		25,087	0	8,698	63,707	146,994	35,641			40,550	0	0	0	7,969			
SE	31,674	263,277	197,823	3,092	5,601,377	724,395	0	381,634	874,197	636,272	173,305	23,222	16,545	569,845	941,636		295,607	3,668	78,622	99,624	21,769,141	209,412			224,434	0	0	2,407,590	1,200			
UK	14,654	705,287	743,324	1,613	0	262,695	0	193,090	9,453,057	155,248	61,079	185,653	251,925	569,751	232,716		0	0	180,159	253,338	3,178,447	1,511			278,000	3,163	2,461,970	0	10,015			
IS	6,646	936	122,699	1,672	662,763	16,555	6,778	1,647	193,367	81,541	4,947	116,360	61	31,438	68,801		25,125	0	227,107	63,403	11,951,818	28,447			5,749	0	0	927,094	0			
LI	47	0	691	259	0	0	2,592	0	4,901	315	0	0	0	0	0		1,721	0	1,196,971	23,273	3,550	1,634			314	0	0	1,918	0			
NO	22,511	15,329	68,969	592	0	145,837	40,465	14,592	353,078	24,172	25,146	338,216	0	57,412	418,199		18,774	0	434,268	48,810	10,340,862	0			197,743	0	0	0	836			
CH	3,218,580	121,081	634,630	118,946	31,023,738	244,600	205,113	623,847	2,973,560	12,847,034	210,893	28,862,596	127,072	131,370	193,712		407,685	0	4,507,082	1,716,058	743,495	3,586,081			622,704	18,883	968,450	4,848,881	91,074			
Total	**58,089,917**	**20,575,676**	**20,311,124**	**12,485,338**	**219,630,849**	**7,725,970**	**11,282,798**	**15,235,377**	**61,077,801**	**135,027,221**	**8,152,210**	**152,668,914**	**10,947,941**	**5,430,395**	**7,795,722**		**10,946,330**	**47,444**	**62,330,938**	**27,532,321**	**137,614,009**	**41,630,119**		**4,468,755**	**15,711,871**	**10,713,678**	**21,657,364**	**101,116,319**	**769,342**		**115,132**	

* LU, RO, LI and CH did not report any data.

** For SI and NO a breakdown by Member State of treatment was not possible. This was also the case for the amount paid of E125 received by Finland (€ 8,850,000).

*** For IT the amount paid for E125 forms received for reference year 2017 was used. The total amount reported [with the use of data concerning E125 forms from 2017] (€152,586,214) does not match the sum (€ 152,668,914).

**** PL, FI and UK 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.

***** For BE the total amount reported (€ 57,778,700) does not match the sum of the amount (€ 58,089,917). For ES the total amount reported (€ 60,649,069) does not match the sum of the amounts (€ 61,077,801). For these Member States, the sum is reported in this table, as it reflects the distribution over the different Member States which was reported. As a result, the totals do not match the totals in *Table 5* in which the totals reported by the Member States were noted.

Source Administrative data EHIC Questionnaire 2019

Table A3 Number of claims issued by the Member State of treatment for necessary healthcare, total, 2018

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	173	424	179	6,530	29	240	1,549	23,130	16,743	724	10,639	49	57	38		293	130	4,317	4,644	3,513	1,368			182	121	582	0	104	0	94	
BG	897	0	348	96	15,127	18	82	1,184	2,854	460	75	1,370	579	5	12		61	63	337	1,326	1,419	44			153	68	380	636	7	0	10	
CZ	353	208	0	128	1,255	48	145	244	2,021	612	3,732	2,408	27	40	32		431	87	262	5,853	6,053	119			15,326	98	463	758	107	5	31	
DK	227	60	499	0	7,465	77	0	506	5,451	1,367	777	1,681	23	62	164		307	133	339	4,820	4,207	46			203	0	0	0	14	1	82	
DE	3,779	1,381	10,463	8,478	0	434	3,032	35,714	63,837	9,149	76,442	65,104	155	404	853		7,400	659	9,736	140,415	97,161	6,816			36,212	1,647	8,964	2,350	884	68	657	
EE	63	33	74	43	955	0	36	34	559	122	71	96	15	284	80		22	14	84	150	54	27			24	1,308	431	0	20	0	20	
IE	255	23	652	0	2,492	47	0	58	13,674	1,144	289	873	37	27	227		229	217	405	795	8,190	456			870	76	0	0	49	0	9	
EL	414	198	278	25	10,693	9	30	0	635	351	30	907	775	6	12		42	21	275	808	217	55			105	44	503	498	40	0	7	
ES	2,883	144	1,129	386	15,931	113	5,215	139	0	7,758	403	2,759	14	94	196		255	304	1,251	1,760	1,973	3,191			385	621	1,075	0	254	19	99	
FR	33,258	165	1,183	13	23,182	126	3,954	1,625	78,998	0	2,074	17,342	48	114	158		551	552	1,275	3,596	4,817	39,117			489	509	1,993	0	470	5	122	
HR	226	6	291	51	7,609	8	429	25	460	230	0	604	0	2	12		99	10	156	1,877	111	79			97	113	420	88	27	0	10	
IT	5,351	565	1,921	372	44,557	175	3,318	1,429	54,700	14,724	6,518	0	41	117	246		867	2,655	1,672	15,501	6,359	1,553			1,107	484	2,608	4,049	267	15	80	
CY	24	36	82	0	1,064	0	1	963	62	22	1	44	0	0	13		18	0	41	35	61	4			24	4	36	145	1	0	71	
LV	93	7	151	85	2,112	356	85	27	570	106	47	157	36	0	151		13	28	128	207	117	35			67	119	643	240	107	0	49	
LT	295	1	107	213	3,388	101	188	50	940	420	87	308	31	452	0		19	20	301	260	388	85			37	151	1,003	561	120	0	95	
LU	6,697	12	101	68	12,505	16	0	52	1,494	1,772	155	1,309	1	8	14		65	9	498	2,313	498	2,973			66	1	0	102	10	3	2	
HU	365	11	296	158	10,022	20	155	73	1,226	358	969	628	28	6	11		0	70	243	4,235	303	86			585	54	368	0	48	2	11	
MT	29	10	28	15	198	2	42	5	130	43	14	149	5	11	8		29	0	47	58	52	2			13	8	35	0	21	0	0	
NL	5,277	270	1,161	657	20,235	74	296	908	15,486	5,575	1,875	5,801	22	52	109		720	219	0	14,033	15,104	1,204			557	388	1,966	1,432	215	7	173	
AT	216	345	2,406	190	35,201	42	348	537	3,927	673	13,323	5,821	25	44	28		3,042	102	408	0	5,868	243			3,101	203	830	267	144	49	35	
PL	2,747	47	1,994	393	54,162	58	1,390	342	4,537	1,942	3,589	4,478	57	115	143		327	161	1,418	3,979	0	413			1,067	230	2,589	2,141	229	5	260	
PT	2,662	25	346	0	4,456	30	281	26	12,087	4,107	92	455	7	27	63		53	45	386	763	303	0			71	58	373	0	104	6	1	
RO	1,286	77	178	128	11,481	8	130	329	6,175	1,183	66	10,464	136	5	9		2,878	15	135	2,560	155	85			66	53	495	806	6	5	25	
SI	473	13	152	41	3,764	8	30	83	458	229	12,140	714	4	4	9		98	25	189	2,066	79	52			73	38	146	54	11	0	14	
SK	530	42	22,333	105	6,124	14	194	80	838	355	2,217	853	47	30	20		1,278	49	358	4,035	842	62			0	79	491	308	55	0	12	
FI	191	25	220	8	2,999	7,762	149	181	4,663	301	327	363	22	168	72		137	91	325	865	530	140			61	0	0	0	3	0	22	
SE	396	39	720	17	8,115	346	0	2,601	13,683	1,636	2,474	1,520	162	116	212		567	266	484	2,923	5,796	500			215	0	0	0	25	0	114	
UK	3,294	2,789	4,448	14	23,636	10	0	4,961	115,960	24,577	3,071	10,526	3,426	184	1,151		38	0	2,981	10,263	53,587	285			5,012	0	3,776	0	859	5	40	
IS	46	1	77	1	685	7	11	24	1,537	85	33	56	6	8	27		24	18	56	257	1,340	18			94	0	0	67	0	0	11	
LI	3	0	4	0	125	0	1	8	54	3	12	63	0	0	0		6	0	6	379	7	8			7	2	3	4	0	0	0	
NO	189	95	516	3	4,074	169	68	301	7,081	635	872	487	20	86	269		220	46	362	720	9,363	3			686	0	0	0	4	1	0	
CH	616	66	839	0	18,354	76	434	437	10,278	4,162	2,279	7,165	5	68	38		658	102	487	7,507	1,426	3,173			940	319	1,260	575	221	80	40	
Total	**73,135**	**6,867**	**53,421**	**11,867**	**358,496**	**10,183**	**20,284**	**54,495**	**447,505**	**101,222**	**138,314**	**155,144**	**5,803**	**2,596**	**4,377**		**20,747**	**6,111**	**28,962**	**239,003**	**229,893**	**62,242**		**16,931**	**67,895**	**8,433**	**31,433**	**15,341**	**4,426**	**276**	**2,196**	**64,530**

* LU and RO did not provide any data.
** For SI and CH a breakdown by competent Member State was not possible. The same goes for 378 claims issued by FR, 3,536 claims issued by HR, 1,637 claims issued by FI and 260 claims issued by UK.
** PT: The information presented concerns the first semester of 2018. The invoicing related to the second semester of 2018 will be issued in the second half of 2019.
*** NO is unable to separate the E125 forms by entitlement document on which they are based. However, almost all E125 forms issued are based on the use of EHIC with the exception of the E125 forms issued to the other Nordic countries. Therefore, the numbers above will be close to accurate.
Source Administrative data EHIC Questionnaire 2019

Table A4 Amount received (in €) by the Member State of treatment for necessary healthcare, total, 2018

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	38,961	114,360	57,975	4,356,313	821	148,659	21,602	8,570,255	24,451,439	96,750	13,469	55,750	16,539	5,682		25,713	31,028	4,614,051	2,616,395	350,818	300,687			38,358	60,986	437,588	0	100,904	0	207,433	
BG	12,684	0	97,909	14,081	8,791,253	55	6,597	932,972	2,351,290	1,493,166	32,151	0	332,790	2,128	826		20,760	68,004	686,752	1,203,008	196,998	9,359			37,791	68,526	369,791	1,087,853	874	0	20,353	
CZ	211,148	48,837	0	37,219	5,304,369	1,556	32,583	239,608	879,908	1,201,114	335,936	0	17,005	5,084	1,744		63,780	37,505	325,405	4,313,747	544,754	17,206			3,277,531	32,465	190,311	783,800	43,035	829	102,150	
DK	133,145	15,239	81,616	0	4,049,906	21,894	0	8,448	2,377,363	1,764,275	82,567	737,127	3,629	10,412	22,950		46,984	36,623	415,211	2,184,779	429,241	3,692			19,054	0	0	0	2,656	293	9,733	
DE	3,273,205	250,539	2,272,883	2,686,123	0	81,965	459,587	18,652	34,637,934	15,306,860	8,951,498	1,483,903	85,100	40,904	139,040		1,232,467	152,666	10,618,887	59,732,827	10,558,524	1,137,931			713,572	1,046,091	4,140,770	2,088,684	460,372	61,781	1,624,509	
EE	88,824	9,382	15,183	9,425	487,104	0	13,314	4,281	214,737	383,310	7,928	67,292	2,452	58,945	17,542		4,646	753	73,057	229,717	8,615	2,846			2,372	1,155,461	705,688	0	15,530	0	151,217	
IE	301,788	13,126	180,846	0	936,713	24,450	0	81,982	5,050,012	1,606,186	32,864	0	17,086	4,902	52,384		60,752	52,578	431,066	299,713	853,540	66,940			144,312	65,107	0	0	10,586	0	40,486	
EL	523,779	107,317	35,558	515	4,632,700	5,238	8,282	0	226,451	605,742	2,953	1,354,961	605,540	137	224		4,135	6,833	278,003	354,709	37,395	12,589			8,854	29,974	1,304,070	564,509	2,484	0	18,464	
ES	2,466,529	43,918	181,390	530,406	7,222,773	11,127	952,560	5,902	0	9,866,912	27,525	55	11,375	8,873	17,670		23,973	39,396	890,089	648,912	135,592	434,964			40,352	464,659	839,262	0	158,654	5,696	452,048	
FR	51,992,798	13,228	224,261	0	10,797,224	4,366	520,254	0	29,248,932	0	259,614	0	24,578	7,855	14,201		94,708	136,773	1,376,551	2,031,079	516,018	6,429,662			108,396	311,938	634,914	0	8,110	7,971	21,792	
HR	160,051	237	51,726	2,131	4,269,401	0	40,377	81,870	119,756	524,014	0	0	0	242	1,008		32,468	2,898	57,158	1,208,301	11,782	6,076			17,493	98,208	158,729	61,297	1,253	0	65,970	
IT	5,152,056	214,182	287,970	89,356	19,007,825	20,325	404,071	3,938	21,166,315	23,921,644	815,114	0	11,260	2,460	24,292		144,845	658,328	1,215,414	5,664,715	656,534	296,358			160,337	259,671	2,464,625	3,995,101	201,362	8,055	175,261	
CY	13,996	39,296	10,580	0	314,670	168	4,012	537,992	11,120	69,388	28	0	0	443	435		2,330	0	25,849	36,848	3,912	392			3,557	858	34,036	175,709	0	0	177,740	
LV	152,686	7,408	58,489	34,070	2,167,538	245,143	12,030	49,236	166,136	72,357	26,467	0	84,938	0	60,621		2,034	7,388	476,031	87,569	41,744	4,459			17,978	127,701	259,592	573,692	31,250	0	60,714	
LT	398,660	325	23,061	263,565	2,691,072	42,065	52,933	9,338	469,319	699,030	8,939	222,912	15,124	61,043	0		3,828	9,602	445,018	139,466	66,599	12,667			4,269	105,599	925,812	799,742	68,293	0	444,520	
LU	4,685,193	4,046	17,089	10,939	5,522,232	1,282	0	0	778,076	3,525,251	46,677	0	33	434	372		5,958	384	1,118,880	610,453	62,161	395,326			29,323	121	0	76,702	1,024	242	404	
HU	288,942	1,877	65,360	22,981	5,633,741	2,573	59,736	132,104	410,942	508,664	136,620	0	5,164	652	466		0	10,568	219,840	3,013,974	50,435	16,868			285,999	23,583	289,154	0	27,560	2,013	98	
MT	5,947	0	1,950	0	49,586	0	0	0	126,195	194,647	1,448	0	3,258	158	246		9,376	0	66,498	22,403	8,968	143			1,512	4,810	3,690	0	0	0	0	
NL	6,230,217	76,261	320,662	359,153	18,561,717	12,705	352,978	322,115	7,194,105	12,456,440	234,308	0	13,691	8,857	31,584		129,002	63,508	0	10,612,841	1,584,768	355,699			116,321	375,320	1,212,039	2,150,477	80,070	954	1,560,616	
AT	144,624	42,935	667,239	19,365	17,245,044	4,752	79,127	949,686	1,847,158	1,168,997	1,514,493	0	8,247	3,112	3,222		495,875	15,854	334,442	0	610,917	47,408			651,150	172,905	356,445	328,335	90,545	21,572	141,894	
PL	3,227,100	19,517	784,644	334,764	36,995,677	1,200	412,184	3,018	2,649,986	6,032,365	301,697	0	69,334	17,483	26,367		56,381	16,819	1,873,378	2,660,130	0	101,127			383,595	212,115	1,241,176	4,271,562	52,475	3,550	2,034,819	
PT	2,232,050	55,411	47,153	0	2,177,301	7,323	35,468	0	6,006,938	9,829,102	7,723	0	5,138	1,699	3,364		5,537	5,101	294,634	277,936	30,948	0			4,677	34,974	822,194	0	19,302	5,770	0	
RO	2,577,616	19,730	153,040	41,336	12,480,807	52	42,136	127	5,555,340	6,476,939	12,359	0	121,130	1,604	852		1,518,888	5,448	366,111	3,508,646	38,355	23,770			28,263	17,588	547,158	2,364,838	2,565	9,971	65,916	
SI	228,867	3,447	15,171	18,592	1,807,121	278	4,956	3,441	180,977	201,376	1,305,733	0	772	102	190		7,722	3,901	105,251	1,373,597	3,098	4,585			10,235	29,402	163,044	40,673	500	0	1,615	
SK	548,505	8,869	7,143,167	24,169	3,963,667	2,760	19,653	74,500	313,848	545,728	219,187	17,369	12,721	694	771		235,086	4,365	243,558	3,576,480	86,550	6,060			0	21,558	150,284	564,772	5,331	0	211,753	
FI	135,279	6,365	30,565	0	1,248,294	1,061,032	67,520	210,774	2,324,079	511,458	48,202	0	32,194	15,137	11,561		32,212	18,615	161,616	347,499	42,478	21,113			12,530	0	0	0	243	0	186,106	
SE	387,877	9,755	148,224	0	3,755,817	0	0	555	6,357,478	2,186,087	283,278	0	69,111	12,037	20,371		100,079	40,628	392,678	1,648,243	723,641	75,190			35,166	0	0	0	16,685	0	43,830	
UK	2,914,875	710,087	873,222	0	11,447,996	1,546	0	19,614	65,426,736	38,261,550	404,370	0	2,505,018	46,962	231,629		3,834	0	2,913,518	5,987,065	5,598,917	17,130			855,223	0	5,571,282	0	1,203,753	2,172	9,133	
IS	26,989	0	3,719	0	265,663	0	11,309	25	857,728	182,473	2,333	0	75	1,540	4,963		2,261	12,935	26,164	197,040	140,039	1,777			9,788	0	0	104,294	0	0	640	
LI	1,275	0	251	5,197	58,336	85	346	0	26,691	24,230	955	0	0	0	0		649	0	3,563	219,561	157	470			434	3,829	222	644	0	0	0	
NO	173,133	25,098	112,439	0	1,729,054	29,799	98,814	371,111	4,232,054	1,177,175	107,206	235,494	12,110	5,356	61,201		28,070	5,586	242,553	471,822	1,028,517	62			73,546	0	0	0	7,239	341	0	
CH	493,245	0	196,659	0	11,702,774	7,257	59,857	909,486	4,527,483	8,103,979	274,122	0	15,819	2,946	7,393		97,128	22,159	571,568	4,258,918	160,894	388,392			179,276	183,430	482,405	415,349	72,214	57,627	243,450	
Total	89,183,083	1,785,396	14,216,387	4,561,362	209,673,688	1,591,817	3,899,343	4,992,375	214,305,342	173,356,469	15,581,043	4,132,580	4,140,438	338,738	763,169		4,491,481	1,466,245	30,862,794	119,538,393	24,582,908	10,190,950		4,293,424	7,271,263	4,906,878	23,304,283	20,448,034	2,684,866	188,837	8,072,662	77,595,651

* LU and RO did not provide any data.

** For SI and CH a breakdown by competent Member State was not possible. The same goes for an amount of € 4,572.38 claimed by France.

*** FR, PL, FI and UK 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 paid, it can give us an idea about the approximate number.

**** PT: The information presented concerns the first semester of 2018. The invoicing related to the second semester of 2018 will be issued in the second half of 2019.

***** NO is unable to separate the E125 forms by entitlement document on which they are based. However, almost all E125 forms issued are based on the use of EHIC with the exception of the E 125 forms issued to the other Nordic countries. Therefore, the numbers above will be close to accurate.

Source Administrative data EHIC Questionnaire 2019

ANNEX III PRACTICAL AND LEGAL DIFFICULTIES IN USING THE EHIC

Table A1 Refusal by healthcare provider, 2018

MS	Y/N	Refusal in your country	Y/N	Refusal in another country
BE				
BG	Y	Necessity of filling a lot of paper documents due to the impossibility to electronically report the patient	Y	Already reported earlier. When informed on such a problem we issue PRC of EHIC (if applicable) and try to convince the service provider to accept it following the rules of the coordination Regulations or suggest the patient to search for a solution through SOLVIT.
CZ	Y	Yes. The reasons are usually low knowledge of procedures, preference of cash payment, administrative burden etc. Refusals usually concern primary outpatient care, mainly in the locations with a small proportion of foreign patients. Assessment of medical.	Y	Yes. We have no information why EHICs are not accepted; however, we presume the reasons are usually the same as in our country. We usually try to solve the situation directly with the health care provider or a foreign liaison body.
DK	Y	We had some cases relating to the interpretation of "necessary healthcare". The Danish Patient Safety Authority or the regions, which are responsible for running the public hospitals and primary health services in Denmark, try to resolve such cases by contacting the healthcare providers.	Y	The Danish Patient Safety Authority and the regional patient offices are often contacted by Danish insured women who are asked to present an S2 form as guarantee for payment during a temporary stay in another EU/EEA-country or Switzerland even though they have a valid EHIC issued by Denmark. Usually these women need treatment in connection with pregnancy and childbirth during their stay abroad. In such cases the Danish Patient Safety Authority either contacts the healthcare provider or involves the national liaison body. Reference is made to the Decision No. S3 of the Administrative Commission defining benefits covered by the EHIC during a temporary stay in another Member State, including maternity care. It is further pointed out that an S2 form can only be demanded if the reason for the stay is specifically to seek medical treatment in another Member State, which is not the case when insured persons are travelling to another country in order to visit their family or to spend a part of their maternity leave abroad. In some cases healthcare providers have requested payment upfront for unplanned treatment even though the patient had a valid EHIC issued by Denmark.
DE	Y	It is well known that not all service providers in Switzerland and abroad accept the EHIC. Reasons that may play a role with regard to German service providers include the fact that the procedure may not be known or may be perceived as too complex. Although the EHIC is physically similar to the German health insurance card, it cannot be read in electronically. Instead, the EHIC data must be transferred manually and forwarded to the health insurance company, which the patient must first select. In the individual cases that have become known, specific information and advice was provided to the service providers by telephone or in writing (e.g. with references to publications, corresponding literature, dispatch of information material). The queries that the GKV-Spitzenverband, DVKA, receives on this subject show that both the service providers and the German health insurance funds often see a problem in the design of the respective foreign EHIC. If the design of the foreign EHIC deviates from the model of an EHIC depicted in resolution S2, this usually leads to uncertainties and acceptance problems. For example, there are particularities with regard to the EHICs issued in Switzerland and Slovakia. The insured persons of the Swiss health insurance institutions receive a card on which the European emblem (wreath of 12 stars) is missing. Slovakian health insurance institutions issue EHICs with the expiry date 31.12.9999 or 31.12.2999. EHICs issued in the Netherlands may contain a barcode in field 7. In addition, there are various cards in circulation throughout the EU, some of which look very similar to the EHIC, but which do not entitle the holder to medical treatment under EC regulations. These include, for example, EHICs from Italy and Austria, which only contain a valid entry in field 8 (card identification number). Both the valid EHICs and the invalid cards lead to uncertainty among service providers and generally do not contribute to the acceptance of the EHIC.	Y	See answer on the left
EE	Y	There have not been many problems that occurred and we have resolved them all case by case. In case the doctor has doubts, they turn to us and we explain the situation and rules.	Y	In several cases health care providers abroad have refused to accept EHICs from students, claiming that EHIC only gives entitlement to emergency care. In several cases health care providers abroad have refused to accept Estonian PRC, because the PRC does not i not contain EHIC card details (number, period). We have contacted those healthcare providers and tried to find solution.
IE	N	No	N	No
EL	N	So far there have been no reports or cases of refusal to accept the EHIC by healthcare providers established in our country which are affiliated with the public health system.	Y	EOPYY services have received number of citizen requests for reimbursement of benefits in kind provided to EU Member States, regarding EHIC Greek holders for emergency and medically necessary events (e.g. allergic reaction, accidents, colds) from contracted private doctors or public hospitals, who, although they held their card details, obliged patients to pay in full their payment, explaining that returning to Greece they will receive their money back from their insurance institution. Similar cases have been observed in regard with Greek patients, who are EHIC holders in force, who are treated in the hospitals of the Member States (public or contracted), and when they come out of the hospital do

MS	Y/N	Refusal in your country	Y/N	Refusal in another country
				not pay for the services provided, but in short-term they receive invoices by mail at the cost of their entire hospitalization , and not just the insured's participation (where and if applicable). Indeed, it has, also, been observed that with the passage of a short time, e.g. for two months, Greek insured persons also bear interest on late payments. In some other cases, health providers tell to Greek insured persons that they cannot read Greek. This concerns mainly the Provisional Replacement Certificates issued.
ES	N	No notice	Y	EHICs are frequently refused in France, when presented in health centres rather than hospital facilities. They are also refused in Austria, because EHICs issued by Spain do not have a chip.
FR	N	No	Y	Yes we have some difficult for student for example when there is no prolongation of EHIC (Romania…). It's not possible to quantify this.
HR	Y	Yes, we are aware of some cases of refusals to accept EHIC. It is more an exception to the rule. After conducting investigation in such cases, healthcare providers usually declare that either no EHIC was provided, or that the scope of provided healthcare was outside of necessary healthcare that can be provided on the basis of EHIC. Yes, we are aware of some cases of refusals to accept EHIC. It is more an exception to the rule. After conducting investigation in such cases, healthcare providers usually declare that either no EHIC was provided, or that the scope of provided healthcare was outside of necessary healthcare that can be provided on the basis of EHIC.	Y	We have documented some cases. The reasons for refusal are different: healthcare provider wants to be paid immediately; providers claim that payment procedure with Croatia is lengthy; providers state that EHIC is invalid without photo and a chip; providers claim that Certificate which replaces EHIC is not valid because it is in Croatian language etc.
IT	N	There is no hint of that. In other words refusals have not been experimented by our competent institutions. This is also due to the organization with counterparts (particularly of borders regions) of informative meetings for clerks and training sessions aiming to prevent the refusal risk. It should be added that our institutions do not refuse EHICs because when in doubt our health care providers (who of course are not clerks) avails of the expertise of clerks to verify if the EHIC showed can be accepted; if the EHIC is valid and respectful of the EHIC layout the EHIC is always accepted and benefit in kind given. This procedure prevents from refuslas by default from arising and this positive result is consequence of a good cooperation between the sickness and the administrative branches of our hospitals and institutions. In conclusion, "no EHIC refusals, no insured persons billed".	Y	Yes and this is a recursive problem. Often the Italian competent institutions receive complaints because in the other Member State insured persons are refused their EHIC; this occur in particular in France and Germany. In these cases the insured persons end up turning the complaint to the SOLVIT centre. There are hundreds of such cases; casualty situations (especially when air/ambulance transportation is involved) and citizens studying abroad are particularly affected by this problem. As a result, notwithstanding the EHIC is shown, our insured are billed the costs anyway. The problem is even worst, and this is really unfair, as the institutions/hospitals that treated our insured persons suggest them turn for reimbursement to their competent institutions. Which means a blatant refuse of EHIC. This occur mostly in France, Germany, Switzerland, Belgium, Spain. The reasons of such refusals are many. In the first place the organization problem of lacking cooperation between healthcare providers and clerks of the same hospital/institution. Another reason is that the concept of "medically necessary treatments" is widely misunderstood in many Member States, in particular in those where the insured of the host Country should pay in the first place and only can apply for reimbursement afterwards (e.g. France). In such Member States the EHIC is hardly accepted. Furthermore our EHIC holders are even required to pay the full cost, not only the individual share and last but not least they are denied to be reimbursed in the Member State of treatment under art. 25 (4) of Reg. EC 987/2009. Sometimes the refusal depends on circumstance that the temporary stay involves a period exceeding three months, in spite in the EU Regulation the temporary stay has not a time limit. In such cases the S1 issuance is claimed. But this request is unlawful because of the above. France claims in such situation the S 1. Finally as it emerged from what our insured said us, refusals are up to organizational problem on the part of institutions and or hospitals of the host Member State. In practice, this problem consists of a lack of coordination between the general practitioners, doctors, nurses and the institutions/hospitals accountants and clerks dealing with billing. Many times our insured told us that in spite at the moment of hospitalization they showed the EHIC to doctors nothing they say about the acceptance or not of it. Therefore they assume that EHIC is accepted. Furthermore also at the time of check-out from hospital the insured person does not receive any information regarding cost that he/she should bear. The Secretariat should take actions to find a solution to this huge problem that involves many insured in order to avoid that the EHIC is a bankruptcy experiment. The desirable solution would be that the Secretariat puts forward a recommendation to Member States that when an insured person from another Member State accesses hospital in a situation under art. 19 EC Reg. 883/2004 he/she must be informed if his/her EHIC is accepted or if and what he/she can be expected to pay. In case the EHIC is not accepted the institution/hospital of the host Member State should, at the time of hospital discharge, clearly let the insured person know about such circumstance. The recommendation could give this suggestion.
CY	N	We are not aware of case of refusals to accept EHICs by health care providers established in our country.	Y	We are aware of a few cases of refusals to accept EHICs by health care providers established in another country. The frequency of such refusals cannot be quantified. No action taken.
LV	N	No cases reported in 2018.	N	No cases reported in 2018.
LT	N	No, we are not	N	No, we are not
LU	Y	There are some justified refusals of the EHIC in case of planned treatment. No precise numbers are available.	N	No
HU	Y	In a few cases, the main reason of refusal to accept EHIC is that due to the medical staff, the treatment concerned is planned and/or could be delayed until return to the competent MS.	Y	The main reason of refusal to accept the EHIC in other MSs is that the person concerned has a residence in the MS concerned so the stay cannot be longer taken into consideration as a permanent one. The other reason of refusal is that the treatment concerned can be delayed until return back to Hungary.

MS	Y/N	Refusal in your country	Y/N	Refusal in another country
MT	N	No, we are not aware of such cases.	N	No, we are not aware of such cases.
NL	N	No. Sometimes we receive bills directly from insured persons, but we don't know if refusal of the EHIC is the reason for this.	Y	Yes, but we have no accurate informative on reasons or frequency. Our Competent Institutions solve this cases in different ways, mostly via the service of SOS International. (https://www.sosinternational.nl/) Some examples: - Private hospitals which do not accept the EHIC. - But also State hospitals that like to be paid an advance and do not want to make us of the EHIC-procedure. - Germany: Hospital in Lemgo did not accept an EHIC because it had no chip in it. - Spain: Hospital Navarra (Pamplona) did not accept EHIC after traffic accident.
AT	Y	Yes, there have been isolated cases. The settlement of private honourers is more attractive than the "complicated" subsequent settlement via the cash register. If a person concerned speaks in a cash register, a clarification can often be brought about by telephone.	Y	Insured persons repeatedly report problems with the acceptance of the EHIC. One of the reasons for this is the low administrative effort involved in treating the insured person as a private patient. Some attempts are made to read the card electronically or the procedure for handling the card is unknown.
PL	Y	There are instances where healthcare providers do not accept EHICs when a person is a Polish citizen (has a personal identification number - PESEL) but in fact is insured in another EU/EFTA member state, in which an EHIC has been issued. Healthcare providers try to verify the insurance status of such a person in the eWUŚ system, which is dedicated for persons insured in Polish healthcare system. Regional branches of NFZ inform contracted healthcare providers how to handle patients with EHICs from another member state.	Y	There are instances where healthcare providers from other EU/EFTA member states require S2 document from patients during their temporary stay in that country, or that EHIC is not being accepted due to the fact that it lacks a chip. Department of International Affairs, as a liaison body, is able to intervene in an institution of a given member state on request made by a person concerned.
PT	N	No.	Y	Refusal of EHIC to provide necessary treatment during a temporary stay, and request for S2. Germany - Necessary care during a temporary stay (surgeries or treatment which includes hospitalization) is often confused with planned treatment situations where the purpose for travel is related to the provision of health care. We contact the Member State to clarify the situation, and request to accept the EHIC. In same cases it is not possible to reverse the process, and we are obliged to issue the S2. In several situations the S2 is requested after the health care has been provided. The information related to these cases is not being collected for statistical purposes.
RO				
SI	N	The HIIS has not been informed of such cases so far either by foreign policyholders or by foreign insurance carriers.	Y	In 2018, the HIIS was informed by Slovenian insured persons of several cases of refusal of EHIC by health care providers in other countries and resolved with competent foreign insurance carriers.
SK	N	No		
FI	N	Concerning 2018 Kela is not aware of cases where the public health care in Finland would have refused to accept EHICs. If Kela would have got feedback about a possible refusal to accept EHICs when the health care in question would have been considered medically necessary, Kela would have been in touch with the public health care and informed them about the person's right to health care with the EHIC.	Y	Concerning 2018 Kela has very rarely been informed about cases of refusal to accept an EHIC granted by Finland by health care providers established in other countries. There has been cases where a person insured in Finland and staying temporarily in another EU- or EEA-country or Switzerland has informed that the country in question wants the person to provide the portable document S1, but in most of these cases the country of stay has considered the person to live permanently there. There has also bee cases where the customer despite he/she has presented a valid EHIC has also been asked to provide the EHIC replacement certificate. Quite often Kela receives feedback from customers concerning the language of the EHIC card. The customers ask why the Finnish EHIC cannot be granted in English, which is a language understood by most people in the different countries.
SE	N	No	Y	Yes, but we cannot provide any statistic. We have a few cases where our insured persons have not received necessary healthcare upon their EHIC. In most of the cases the healthcare provider claimed that the treatment was not necessary. In some cases Swedish EHICs were refused in Germany with the motivation that the cards did not have chips. In Spain some health care providers have tried to convince the patients to use their private travel insurance instead of EHIC.
UK	N	No	Y	Yes, this was mainly due to EU Exit however, we do not have any further data or information on this. PRCs were issued to those requiring treatment
IS	N	No	N	No
LI	N	No	N	No
NO	N	No	Y	We have registered one case; The hospital continued to send invoices after the individual and Helfo had been in contact with them several times , whereas they confirmed that everything was ok.
CH		Private health care providers are not obligated to accept the EHIC. But there is no quantification possible. In cases of out-patient doctor's treatment, the patient receives the invoice for direct payment. The EHIC only guarantees tariff protection. The patient pays the invoice and sends it either to his competent institution or to Gemeinsame Einrichtung KVG for reimbursement.		Private health care providers are not obligated to accept the EHIC. But there is no quantification possible. In cases of out-patient doctor's treatment, the patient receives the invoice for direct payment. The EHIC only guarantees tariff protection. The patient pays the invoice and sends it either to his competent institution or to Gemeinsame Einrichtung KVG for reimbursement.

Source Administrative data EHIC Questionnaire 2019

Table A2 Interpretation of the "necessary healthcare" concept, 2018

MS	Y/N	Alignment of rights
BE		
BG	Y	Several times we received requests for the issue of S2 for patients who have already received urgent or medically necessary care.
CZ	Y	Yes. Some health care providers do not take into account the expected length of stay during the necessary health care. More expensive, highly specialized treatment or long term care is not seen as necessary healthcare quite often by some providers
DK		
DE	Y	The vast majority of health insurers are not aware of any difficulties in interpreting the concept of "medically necessary benefits in kind". However, some health insurers have experienced difficulties in interpreting the concept for some care providers. Since there is no precise definition or interpretation guideline for the term ""medically necessary services"", this term is interpreted differently by the service providers.
EE	N	
IE	N	
EL	Y	
ES	Y	Furthermore, it happens again and again that persons have entered Germany for the purpose of treatment without clarifying this in advance with their health insurance carrier in their home country and obtaining the appropriate permission. Such difficulties in interpreting the concept also lead to problems in accounting for the costs incurred.
FR		
HR	Y	Some healthcare providers in other EU countries interpret necessary healthcare as very limited scope of healthcare, only emergency, lifesaving healthcare. Also, problems can emerge when malignant illness is diagnosed abroad, and patient urgently needs chemotherapy etc. In such cases, we usually get request from the hospital to issue S2/E112, although it is not necessary because a person has EHIC.
IT	Y	The interpretation of the concept "medically necessary treatments" is not clear to some users.
CY	Y	
LV	N	
LT	N	
LU	N	
HU	N	
MT	N	
NL	Y	Not many examples, but (according to the institution of de place of stay) it is difficult to be 100% sure if healthcare is necessary, in relation to the duration of the stay. We have no data on the duration of the stay.
AT	Y	In some cases, there are still difficulties in distinguishing it from the planned treatment.
PL	Y	EHIC holders often interpret it as " life or health-saving benefits" or "urgent situations."
PT	Y	"Necessary care during a temporary stay (surgeries or treatment which includes hospitalization) is often confused with planned treatment situations where the purpose for travel is related to the provision of health care.
RO		We are obliged to issue the S2, so the patient can obtain the necessary health care, and not have to pay for it. In several situations the S2 is requested after the health care has been provided."
SI	N	
SK	Y	We do not notice any particular difficulties in interpreting the necessary health services on the part of Slovenian providers.
FI	Y	Interpretation of "necessary healthcare" is often limited to a range of urgent medical care, regardless of the intended duration of stay of the person in the Slovak Republic, respectively in another EU Member State.
SE	Y	There have been cases where a person insured in Finland and staying temporarily in another EU- or EEA-country or Switzerland has informed that the country in question wants the person to provide the portable document S1. In most of these cases the country of stay has considered the person to live permanently there. It seems though also that in some member states the "necessary health care" concept is interpreted differently than in Finland. Some countries do not seem to pay attention to the duration of the stay when they are assessing whether the care should be considered medically necessary or not. There are also still cases, where the customer has not with the EHIC received health care in conjunction with pregnancy and childbirth during a temporary stay in another EU- or EEA-country or Switzerland. These cases have though decreased notably compared to earlier.
UK		The interpretation of the notion "necessary healthcare" varies among countries and health care providers.
IS	N	
LI	N	
NO	Y	
CH	Y	We are aware of the difficulties for individuals travelling between different member states due to differences in benefits and level of health care given in each country. Individuals are frustrated and confused when they are in contact with our call centre. We also receive written complaints with regard to the above.

Source Administrative data EHIC Questionnaire 2019

Table A3 Invoice rejection of E125 forms issued and received, 2018

MS	Y/N	Refusal in your country	Y/N	Refusal in another country
BE				
BG	N	No	N	No
CZ	Y	app. 550. Mostly because the patient is not insured in the time of treatment. Many cases are connected with treatment based on form S1. Usually the change of insurance was realised.	Y	app. 650. Mostly because the patient is not insured in the time of treatment. Many cases are connected with treatment based od form S1. Usually the change of insurance was realised.
DK	Y	In 2018, institutions in other Member States have rejected invoices from Denmark with the reasons that "the patient is unknown to the competent institution/health insurance" or "the patient was not insured at the time of the treatment".	Y	Denmark has rejected invoices from other Member States as documents/proof of entitlement could not be provided.
DE	Y	In 2018, approximately 17,400 German cost accounts based on an EHIC with a total value of approximately EUR 11.1 million were objected to. The GKV-Spitzenverband, DVKA, observes that foreign liaison offices are increasingly carrying out mechanical plausibility checks. Foreign institutions often present formal reasons for complaints, such as incomplete data on the EHIC. The GKV-Spitzenverband, DVKA, on the other hand, does not carry out such mechanical preliminary tests. The cost calculations are passed on to the German health insurance funds with the recommendation not to make any objections in the case of incomplete information on the EHIC, provided that a membership is determined. As a result, German health insurance funds generally do not complain about any formal errors. After an update of the application software planned shortly, however, this functionality is intended. The main reasons for foreign institutions to reject German claims based on the EHIC are incorrectly recorded or incomplete insured person data (name/date of birth), unknown or missing personal identification/card numbers or the missing expiry date of the EHIC. In electronic data interchange, services based on an EHIC or PRC are billed as EHIC services. However, some PRCs do not contain information on the expiry date of the EHIC or on the personal identification number. Although this information is not always absolutely necessary in order to correctly assign or post the cost accounting, there are states that see a reason for complaint in the absence of this information. The GKV-Spitzenverband, DVKA, observes the considerable increase in these formal complaints with great concern in recent years, especially as it generally turns out in the further course of the complaint procedure that the claims are justified. As described in detail several times in previous years, complaints about cost accounting often arise in cases in which the EHIC is submitted for the purpose of subsequent performance assistance. The competent foreign institutions often reject the cost accounts with the argument that the date of issue of the EHIC is after the start of the claim for benefits or after the end of the benefit period or that the person was not yet insured at the time of treatment. The German delegation therefore supported the request to include a start date at the EHIC. However, as the repeated discussion of this topic in the Administrative Commission did not result in a qualified majority for the inclusion of a start date, we supported the pragmatic approach also practised by other States of accepting only the PRC when the proof of claim is submitted subsequently. The EHIC can therefore only be accepted if it is presented to the service provider on the day of treatment or the next working day. This is practised accordingly by German SHI-accredited physicians in the outpatient sector. In order to create legal certainty for all Member States, we suggest that Decision No S4 in Part A be amended accordingly and that the General Principles of Decision No S1 also be amended if necessary.	Y	In 2018, approximately 16,400 cost accounts worth approximately EUR 6.6 million were complained about to other Member States. For the reasons, see answer on the left.
EE	Y	There are different reasons why other countries have rejected the invoices. 1. For example, there have been requests to ask a copy, because the information on invoice have been incorrect (personal identification code, competent institution, code of the competent institution, number of EHIC) 2. For example, there have bene requests for S1 (E106, E121, E109) because other country has not sent back the form with B-side. Unfortunately, we can't give an exact number, for us those have been single cases.	Y	Our institutions have rejected 387 invoices in the period from 1 January to 31 December 2018. The main reason has been that we have received other countries citizens' invoices. There has been also view cases where insurance period is not covering the period of treatment.
IE	Y	In Ireland, when we receive a claim that does not have all data fields accurately completed we seek through our own systems to verify that the patient had entitlement from Ireland at the time the treatment was received.	Y	However, we note a greater tendency from some Member States to contest claims on very technical issues, particularly a growing trend from States stating that Treatment was Outside Validity Period when a valid end date card was used.
EL		Since acceptable information is recorded in the information system after the time limit laid down in the Regulations, no useful data on discards can be provided each year.		Since acceptable information is recorded in the information system after the time limit laid down in the Regulations, no useful data on discards can be provided each year.
ES		Data not available	Y	**ISFAS**: 13 forms E 125. The reason was that they referred to people who do not belong to ISFAS. **MUFACE:** Duplicated invoice (11 rejected invoices (form E125/SED S080)); The number of the EHIC/PRC consigned at the invoice is not corresponding with any EHIC/PRC valid issued by MUFACE 9 rejected invoices); The EHIC/PRC was not active in the date of healthcare assistance (49 rejected invoices).

MS	Y/N	Refusal in your country	Y/N	Refusal in another country
FR	Y	In 2018, foreign countries have rejected 3 275 E125 issued by France.	Y	In 2018, France has rejected 1 546 E125 issued by foreign countries.
HR	Y	885 rejected invoices. Reasons for rejection: The entitlement document is missing or unknown. The period of benefits in kind is not covered by the entitlement document. Double claims.	Y	273 rejected invoices. Reasons for rejection: The entitlement document is missing or unknown. The period of benefits in kind is not covered by the entitlement document. Double claims.
IT	Y	Yes it happens may times. Debtor Institutions tend to ask for copy of entitlements in spite they issued before. They call it cooperation but is only a way to hinder payments. Million of Euros are involved like it emerges from our Claims situation as of 31/12 of each year.	Y	Yes, and its quantification is verifiable in the Claims situation as of 31/12 of each year.
CY	Y	21 Invoices Rejected Reasons: Mainly because they were E127 cases and not E125. Or Their EHIC card had expired and their Institution would not cover them.	Y	36 Invoices Rejected Reasons: Mainly because they did not provide us with Identity card numbers and could not be detected in our data base as Cypriot residents.
LV	Y	We are able to list our reasoning for rejections of the forms E125 and the total number of annulled forms in the requested period of time. However, we are unable to provide the necessary statistics for the requested period of time as we only carry the information of rejected forms concerning the current situation. **Reasoning for rejection**: 1. The time period when a persons EHIC was active does not cover or does not completely cover the time period when health benefits were received. 2. The form E125 or S080 has incorrect information concerning the persons name and ID numbers. 3. The EHIC number does not match the person reflected in the certain form. 4. The EHIC number or the persons data belongs to a different issuing country. **Total amount of annulled forms in 2018**: 8	Y	We are able to list our reasoning's for rejections of the forms E125 and S080 and the total number of annulled forms in the requested period of time. However we are unable to provide the necessary statistics for the requested period of time as we only carry the information of rejected forms concerning the current situation. **Reasoning for rejection**: 1. The time period when a persons EHIC was active does not cover or does not completely cover the time period when health benefits were received. 2. The form E125 or S080 has incorrect information concerning the persons name and ID numbers. 3. The EHIC number does not match the person reflected in the certain form. 4. The EHIC number or the persons data belongs to a different issuing country. 5. The formal deadline for submitting these costs has expired. (Paragraph 1 of Article 67 of Regulation (EC) No 987/2009). **Total amount of annulled forms in 2018:** 329
LT	Y	During the period from 1st January to 31st December 2018 we have faced with some cases when invoices (SED S080) issued by our institutions have been rejected due to the following reasons: 1) incomplete file (the name and ID number of the competent institution were indicated incorrectly: 1 invoice, rejected by Spain); 2) there were not enough data provided in the invoice for person's identification (for example: the competent institution rejected invoice and asked to provide copies of the EHICs as it could not identify their insured according to the data provided in the invoice: person's name, surname, date of birth, EHIC's number and ID number of the competent institution: 1 invoice, rejected by Germany and 3 invoices, rejected by Greece); 3) person's EHIC was not valid during his treatment period (According to the data from the healthcare provider, the person concerned presented his EHIC to the healthcare provider after his treatment period. Therefore, keeping in mind that the start date of the EHIC's validity period is not indicated in the EHIC, the healthcare provider could not know that the EHIC was not valid at the beginning of the treatment provided to the person concerned: 1 invoice, rejected by Latvia).	Y	During the period from 1 st January to 31st December 2018 the National Health Insurance Fund under the Ministry of Health (NHIF) has rejected 20 invoices (forms E125 / SED S080) issued by institutions in other countries (Belgium, the Czech Republic, Denmark, Germany, Spain, France, Croatia, Italy, the Netherlands, Poland, Portugal and Norway). The main reasons for these rejections: 1) person was not insured in Lithuania during his treatment in the other EU Member State and healthcare services were claimed on the basis of the EHIC which was not valid during the treatment period (BE, NL and NO (1 invoice), DK (2 invoices), DE and IT (3 invoices) as the patients became insured by Compulsory health insurance and applied for EHIC latter than the treatment had started); 2) person was not insured in Lithuania (invoices had been sent to Lithuania instead of Latvia by mistake: HR (1 invoice) and PL (2 invoices); 3) incomplete file (missing essential data for person's identification: ES, FR, and PT (1 invoice), PL (2 invoices); 4) healthcare services were provided after person's death: CZ (1 invoice).
LU	N	No	Y	Inappropriate use of the EHIC in the country of residence. No precise numbers are available.
HU	Y	1,266 cases, € 757,527.26	Y	953 cases, € 643,753.67
MT	N	No, we are not aware of any such cases.	Y	The two (2) cases with NL (€ 165.41) and one (1) for (€ 80.38) related to the same person.
NL				
AT	Y	Yes, there are isolated doubts about the medical necessity of the treatment.	Y	This occurs partially. We do not know the number.
PL	Y	According to data in our settlements system (SOFU), with a state on the 28th of June of 2019, we have registered 322 forms E125PL, which were issued by NFZ in 2018 on the basis of EHIC that are questioned by other countries. The most common reasons for rejections are: lack of entitlement document and doubled invoice.	Y	According to data in our settlements system (SOFU), with a state of the 27th of June of 2019 we have registered 1218 E125 forms which were received by NFZ in 2018 on the basis of EHIC. Among 1218 rejected forms during the verification process, 818 forms were verified. Among them there are 192 cases determined as "lack of form from point 5.2" and 145 cases determined as "suspicion of duplication claims", but the most common reason is defined as "other" (407 cases). The set of rejected invoices (with different reasons) can change every day during the clarification process.
PT	Y	Yes, most of the rejections are related with the following facts: 1. Duplicate invoices (few); 2. Provision of care with EHIC when there´s a S1 issued by the competent MS - In these processes the insured person as a portable document S1 issued by his competent MS, but still uses the EHIC Card to be treated; Portugal calculate credits for residents by fixed amounts. For this reason the expenditure is a financial burden for us as MS of residence; 3. Difficulty to recognize the insured person - The competent MS have difficulty in identifying the insured person in their own information systems, and request a copy of the entitlement document which in 99% of the contestation cases the information issued is the invoice is complete and correct, and has the same data as in the entitlement document; PT receives a high amount of contestations related to this reason, and it´s a major administrative burden to process and provide the copy of the entitlement document, when the reason of the contestation is in fact in the competent member state.	Y	Yes, most of the rejections are related with the following facts: 1. Duplicate invoices; 2. The information concerning the competent institution is not correct, or the creditor MS introduces the identification of the liaison body instead of the competent institution.
RO				
SI	Y	The HIIS received 229 rejections of EHIC-based E 125 forms in 2018 by foreign institutions. Reasons for refusal: no document is used to bill the service, the service	Y	In 2018, the HIIS rejected 337 E 125 forms issued by foreign carriers based on EHIC. Reasons for rejection: no EHIC, EHIC is not an appropriate document for

MS	Y/N	Refusal in your country	Y/N	Refusal in another country
		has not been accounted for within the validity of the document, the service has been accounted for several times, the person with the above information is not in the records of persons. So far, the HIIS has successfully resolved such cases by sending the requested copy of the EHIC certificate or other required information.		cost accounting because it is a planned treatment, the service was not accounted for within the validity of the document, missing/incorrect identification information, the service was charged several times.
SK	Y	42 cases- EHIC was used for period not covered by insurance, identification of person or entitlements unavailable, EHIC was not issued, duplicate reporting /in the event of duplicate reporting, there was an error on the part of the healthcare provider/	Y	EHIC used despite its returning back to the issuing institution before the treatment in the other MS started.
FI	Y	The EHIC was granted after that the health care/treatment was given. This is the most common reason for rejections. The customer has not presented an EHIC card to the health care provider but provided the EHIC afterwards. The EHIC provided afterwards has not been valid at the time when the care was given but has been granted to the customer after the occasion when the care was given. The EHIC was not valid at the time when the health care/treatment was given (the person was not insured anymore in the country in question). In Kela's experience, individual claims have even been rejected by some institutions because the EHIC was not provided at the time when the medical care was given. In these cases some institutions, when rejecting the claim, have requested Kela to ask them to issue a PRC. After Kela has received the PRC, the other institutions have asked Kela to send them a claim with the PRC. Overlapping costs with an earlier E125 form. The costs of the treatment of a small child have been invoiced on the basis of the child's mother's EHIC but the institution in the Member State where the medical care/treatment was given has not accepted this.	Y	Overlapping costs with earlier E 125 forms. The EHIC has not been issued by Finland. There are two persons in the E 125 form and Finland doesn't know which one of them the costs concern (for example the name and the personal identification number don't match) The costs are invoiced on the basis of the EHIC even if the person has a valid E121/S1 issued by Finland (this concerns the Member States that invoice lump sums). The EHIC was not valid at the time that the health care/treatment was given and Finland has not issued a new EHIC since the person is not insured in Finland anymore. Kela/Finland did not receive a copy of the EHIC when requested.
SE	Y	Rejection of E 125 occurs on a regular basis but we do not have any statistic. A typical reason is that the holder of the EHIC no longer is insured in the country that has issued it, but the EHIC still is valid according to the information provided on it. In such a situation the country that provides health care should not be hold accountable for the healthcare costs.	Y	Försäkringskassan does not have any statistic but we have identified five typical case types. • The institution cannot identify the person and asks for a copy of the EHIC. • The person was not insured. In those case the institution often demands that Försäkringskassan investigates if the person was insured in Sweden when health care was provided. • The EHIC was not issued when healthcare was provided to the person. The person has requested an EHIC after he/she received healthcare, made a copy of it and sent it to the region where healthcare was provided. • The same cost was claimed twice. • Specification of costs/high costs
UK				
IS	N	No	N	No
LI	N	No	N	No
NO		No valid data.		No valid data.
CH	Y	Yes, several rejections. But there is no specification possible.	Y	Yes, several rejections. But there is no specification possible.

Source Administrative data EHIC Questionnaire 2019

Chapter 2
Planned cross-border healthcare

SUMMARY OF MAIN FINDINGS

Planned cross-border healthcare can be obtained in two different ways. Either under EU rules (the Coordination Regulations or the Directive 2011/24/EU on the application of patients' rights in cross-border healthcare) or other parallel procedures, which are provided in national legislation or in (bilateral) agreements. This chapter mainly concerns the first option, namely planned cross-border healthcare provided by EU rules, more specifically by the Coordination Regulations, but also pays attention to other parallel procedures.

In 2018, approximately 9 out of 100,000 insured persons received a Portable Document S2 (PD S2). This form certifies the entitlement to planned healthcare 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 14 out of 1,000 insured persons received a PD S2).

Overall, almost 8 out of 10 of the prior authorisations in 2018 have been authorised to receive planned cross-border healthcare in an EU-15 Member State. Furthermore, it is possible to identify the most prominent flows of PDs S2, which go from France (competent Member State) to Belgium (Member State of treatment), from Luxembourg to Germany, from Germany to Switzerland, from Luxembourg to Belgium, from Austria to Germany, and from Germany to Austria. This 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. Moreover, proximity seems to be an important explanatory variable as almost 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 2018 as well as on the qualitative input from Member States it appears that, in general, the 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 has had an impact on the number of PDs S2 issued. Notably, there is a more rigorous application of the Coordination Regulations. This is also reflected by the higher refusal rate between 2014 and 2018 compared to 2013, especially in Belgium.

In addition to the number of PDs S2 issued and received, it is essential to look at the budgetary impact of cross-border planned healthcare. In absolute figures, France, Belgium, Germany and Austria are the main debtors, whereas Germany, Switzerland, Belgium, Austria and France are the main creditors. Again, the concentrated use of planned cross-border healthcare becomes obvious through this enumeration. Nevertheless, in order to comprehend the true impact of planned cross-border healthcare, it should be compared to the total healthcare spending related to benefits in kind. Overall, this share amounts to only some 0.02%.

However, it should be kept in mind that that this share does not necessarily include all planned cross-border healthcare. Alongside the procedures provided by EU rules (the Coordination Regulations 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 influence the number of persons travelling abroad to receive planned cross-border healthcare to a high extent.

1 INTRODUCTION

One particular situation in which cross-border healthcare occurs is when a patient purposely seeks out healthcare abroad. In this case, namely planned cross-border healthcare, a Portable Document S2 (PD S2) should be requested. This *'Entitlement to scheduled treatment'* certifies the entitlement to planned healthcare treatment in a Member State other than the competent Member State of the insured person, based on the procedures provided by Coordination Regulations. As a result, the patient should be treated on equal grounds with the residents of the Member State of treatment.

In addition to providing information on the number of PDs S2 issued and received and its budgetary impact, this 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 in 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.

Besides 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.[28]

Finally, this chapter also provides information concerning parallel schemes allowing patients to seek healthcare abroad, seeing that planned cross-border healthcare cannot entirely be captured by only looking at the number of PDs S2 under the Basic Regulation. In some Member States, these parallel schemes even seem to be the primary way in which patients receive cross-border healthcare.

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 which requires overnight stay or highly cost intensive treatment in so far as it is necessary and proportionate to the objective to be achieved, and does 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.

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

Patients and healthcare providers might not know what the relevant provisions of the Coordination Regulations and the Directive are, or even the differences between these two legislations. In *Annex I* of this chapter the steps taken by the competent 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.[29] As requested by the Directive, an explanation of the differences between both schemes is available on these websites, in the national languages and in English. Furthermore, almost all Member States mention that information can be found online. In addition, some competent institutions state that advice is provided through other communication channels like email, phone, customer service, leaflets, or information sessions.

3 THE NUMBER OF PDS S2 ISSUED AND RECEIVED

3.1 The current flow of PDs S2 between Member States

The flow of PDs S2 between Member States can be seen in *Table 1* and *Table 2*, as they show the number of PDs S2 issued and received. These cross-country tables present some interesting findings.

Table 1 gives a detailed overview of the PDs S2 issued by the 29 reporting countries. In 2018, these Member States issued 33,288 PDs S2[30]. However, this is certainly an underestimation of the real number, as Germany, Romania and Sweden did not have any information available. Nevertheless, an estimate of the total number of PDs S2 could also be made by looking at the detailed figures provided as Member State of treatment *(see cross-country Table 2)*. *Table 2* shows that the 25 reporting Member States received 48,114 PDs S2 in 2018. Again, this is an underestimation as several Member States[31] did not provide any data and the number of reimbursement claims received or issued in 2018 for planned cross-border healthcare seem to be much higher. By combining the data from *Tables 1* and *2*, it appears that probably around 60,000 PDs S2 were issued in 2018.

It is clear that Luxembourg issued the highest number of PDs S2 with over 12,700. In addition, Austria and France[32] issued more than 3,500 PDs S2 each. These three Member States make up more than 60% of the total number of PDs S2 that were issued. Italy, the Netherlands, the United Kingdom and Ireland each issued more than 1,000 PDs S2. Member States that issued between 500 and 1,000 prior authorisations are Slovakia, Bulgaria and Greece. Croatia, Cyprus, Slovenia, Spain, Hungary, Belgium, Denmark, Latvia, the Czech Republic, Switzerland and Finland issued between 100 and 500 PDs S2. Finally, Poland, Lithuania, Iceland, Portugal, Malta, Liechtenstein, Estonia and Norway issued less than 100 prior authorisations each. However, it is important to keep in mind that Belgium, the Netherlands, Luxembourg (BENELUX), France and Germany are involved in a large number of cooperation agreements in border areas (Ostbelgien-Regelung[33], ZOAST[34] etc.) where, depending on the cooperation agreement, prior authorisation often becomes a simple administrative authorisation that is granted automatically. For instance, in 2018,

[29] For the list of national contact points see:
https://ec.europa.eu/health/sites/health/files/cross_border_care/docs/cbhc_ncp_en.pdf
[30] 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.
[31] DE, EL, ES, NL, PL, PT and RO did not provide any data.
[32] 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 21,000 PDs S2.
[33] The agreement facilitates patient mobility in the border area between Germany and Belgium. It replaces the IZOM agreement which came to an end on 01/07/2017.
[34] The agreement facilitates patient mobility between Belgium, France and Luxembourg.

Belgium issued a total number of 7,815 PDs S2 under the more flexible procedure, of which 1,992 under the Ostbelgien-Regelung.

Overall, almost 8 out of 10 of the prior authorisations in 2018 have been issued to receive planned cross-border healthcare in an EU-15 Member State. The majority of the reporting Member States also issue most of PDs S2 to this group of Member States. However, there are certain exceptions. Latvia, Slovakia, the United Kingdom and Iceland issued the majority of prior authorisations for healthcare provided in EU-13 Member States. Additionally, most of the PDs S2 issued by Lithuania and Liechtenstein were issued to receive healthcare in EFTA Member States. In some Member States, more than 50% of the prior authorisations are issued to receive scheduled treatment in a single other Member State. The most remarkable flows take place from Austria (competent Member State) to Germany (Member State of treatment), from Ireland to the United Kingdom, from Liechtenstein to Switzerland, and from Slovakia to the Czech Republic.

As mentioned before, 25 Member States in total provided figures on the number of PDs S2 received *(Table 2)*, reporting a total number of 48,114 PDs S2 received. More than 50% of these authorisations were received by Belgium (26,839). Furthermore, data in *Table 8* suggest that Germany received around 15,000 PDs S2. In addition, Switzerland[35] and Austria received a rather high number of PDs S2, namely 7,832 and 5,289 respectively. Luxembourg, France, the United Kingdom and the Czech Republic each also received more than 1,000 prior authorisations. Member States that received between 100 and 1,000 authorisations are Italy, Estonia and Hungary. Furthermore, several Member States received less than 100 PDs S2, namely Croatia, Slovakia, Denmark, Lithuania, Slovenia, Finland, Ireland, Bulgaria, Iceland, Liechtenstein and Malta. Finally, Cyprus, Latvia and Norway did not even receive a single PDs S2.

From the perspective of a receiving Member States, it also occurs that a Member State receives a majority of prior authorisations from one single Member State. Most notably, this is the case in Malta (from the Netherlands as competent Member State, although it only concerns one PD S2), Ireland (from the UK), and Luxembourg (from Belgium).

Besides the relative importance of flows per Member State, as already discussed above from a sending and receiving point of view, it is also possible to look at the most pronounced absolute figures. As a result, it is possible to identify the most important flows of planned cross-border healthcare by PD S2, based on *Table 1* and *2*. The six most prominent flows take place from France to Belgium (20,887 PDs S2), from Luxembourg to Germany (7,064), from Germany to Switzerland (4,851), from Luxembourg to Belgium (4,488), from Austria to Germany (3,945) and from Germany to Austria (3,941). This 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.

The total number of authorisations a Member State issues and receives can also be compared in order to find out whether it is a 'net-sending Member State' or a 'net-receiving Member State' (*Table 1* and *2*). Belgium[36], the Czech Republic, Estonia, Austria and Switzerland are 'net recipients', implying that a higher number of PDs S2 are received than issued. On the contrary, Bulgaria, Denmark, Ireland, France, Croatia, Italy, Cyprus, Latvia, Lithuania, Luxembourg, Hungary, Malta, Slovenia, Slovakia, Finland, the United Kingdom, Iceland, Liechtenstein and Norway are 'net

[35] Most of the authorisations received originate from Germany (4,851 out of the 7,832). 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.

[36] However, Belgium also issued 7,815 PDs S2 for more flexible parallel procedures. As a result, Belgium remains a net-recipient, but less pronounced.

senders' implying that a higher number of PDs S2 are issued than received. However, attention should be paid to the fact that the reporting Member States from the perspective of a sending Member State (*Table 1*) and a receiving Member State (*Table 2*) were not identical, which may cause distortions.

Table 1 Number of PDs S2 issued, breakdown by Member State of treatment, 2018

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	Total
BE		44	2	7		0	1	17	14	385	22	31	1	2	3	3,689	1	0		3	1	4		4	0	1		39	0	0	0	2	**4,273**
BG	0		1	0		0	0	0	2	2	0	0	0	0	0	0	0	0		0	0	0		0	0	0		12	0	0	0	0	**17**
CZ	0	0		0		0	0	0	3	431	34	3	0	0	0	6	7	0		4	1	0		24	766	1		67	0	0	0	0	**1,347**
DK	0	0	0			0	0	0	0	2	0	0	0	1	0	0	0	0		0	0	1		0	0	8		2	0	0	2	4	**20**
DE	57	342	80	33		10	30	84	102	671	123	631	315	45	9	7,064	50	4		3,945	57	7		107	82	17		60	0	0	0	49	**13,974**
EE	0	0	0	0			0	0	0	0	0	1	0	52	1	5	0	0		0	1	0		0	0	35		2	10	0	0	0	**107**
IE	0	0	0	0		0		0	1	0	0	0	0	0	0	0	0	0		0	0	0		0	0	0		23	0	0	0	0	**24**
EL	0	4	0	0		0	0		1	42	0	0	0	0	0	2	0	0		0	0	0		0	0	2		13	0	0	0	1	**65**
ES	2	2	0	1		0	0	0		1,636	0	17	0	0	0	9	0	0		5	0	7		0	0	10		138	8	1	0	6	**1,842**
FR	102	72	6	6		1	0	81	108		11	240	14	1	0	1,531	5	0		6	1	17		40	1	4		123	0	0	0	1	**2,371**
HR	0	0	0	0		0	0	0	0	1		0	0	0	0	1	0	0		0	0	0		10	0	2		3	0	0	0	1	**18**
IT	2	12	0	0		0	2	235	59	47	26		3	2	0	94	4	23		11	7	1		46	3	0		71	0	0	0	11	**659**
CY	0	0	0	0		0	0	0	0	5	0	0	0	0	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		4	0	0	0		0	0	0		0	0	0		3	0	0	0	0	**7**
LT	0	0	0	0		0	0	0	0	0	0	0	0	53		0	0	0		0	0	0		0	0	0		26	1	0	0	0	**80**
LU	10	4	0	0		0	0	0	0	194	0	0	0	0	0		0	0		0	0	0		0	0	0		0	0	0	0	0	**208**
HU	0	0	2	0		0	0	0	0	0	17	0	0	0	0	0		0		10	0	0		0	1	1		63	0	0	1	0	**95**
MT	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0			1	0	0		0	0	0		0	0	0	0	1	**2**
NL	32	1	3	5		0	11	4	19	5	3	26	0	2	1	98	0	0		2	3	0		5	1	0		20	1	0	0	2	**244**
AT	0	70	2	1		0	1	4	4	12	193	178	6	7	0	16	103	0			3	0		136	57	0		23	3	3	0	5	**827**
PL	0	0	0	0		0	0	0	3	5	0	1	0	0	13	2	0	0		1		0		0	3	1		670	12	0	0	3	**714**
PT	0	0	0	0		0	0	0	2	88	0	0	0	0	0	28	0	0		0	0			0	1	0		3	0	0	0	0	**122**
RO	0	1	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0		0	0	0		6	0	0	0	0	**7**
SI	0	2	0	0		0	0	0	0	0	14	0	0	0	0	1	0	0		0	0	0			3	0		1	0	0	0	0	**21**
SK	0	0	43	0		0	0	0	1	1	0	1	0	1	0	0	0	0		7	0	0		0		0		71	2	0	0	0	**127**
FI	0	0	0	0		2	0	0	1	0	0	2	0	3	1	3	0	0		1	0	0		0	0			15	0	0	0	0	**28**
SE	0	3	0	100		1	66	1	18	0	0	5	1	6	3	0	0	0		1	2	0		0	0	8		20	2	0	0	1	**238**
UK	14	26	4	42		5	1,050	73	35	19	1	48	85	8	0	5	3	5		7	5	4		8	3	6			2	0	0	2	**1,460**
IS	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**
LI	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0		1	0	0		0	0	0		0	0		0	0	**1**
NO	0	0	0	0		0	0	0	1	0	0	3	0	0	0	0	0	0		21	0	0		0	0	4		4	0	0		15	**48**
CH	7	26	1	7		0	49	106	15	321	16	1,151	5	6	19	200	72	0		174	0	2		25	40	3		9	2	25	0		**2,281**
Total	226	609	144	202		19	1,210	605	389	3,867	460	2,338	430	189	54	12,754	245	32	2,056	4,200	81	43		405	961	103		1,487	43	29	3	104	**33,288**
Row %	0.7%	1.8%	0.4%	0.6%		0.1%	3.6%	1.8%	1.2%	11.6%	1.4%	7.0%	1.3%	0.6%	0.2%	38.3%	0.7%	0.1%	6.2%	12.6%	0.2%	0.1%		1.2%	2.9%	0.3%		4.5%	0.1%	0.1%	0.0%	0.3%	**100.0%**
EU-15	219	580	97	195		19	1,161	499	364	3,101	379	1,178	425	77	17	12,539	166	32		3,981	79	41		346	148	56		550	16	4	2	84	**26,355**
EU-13	0	3	46	0		0	0	0	9	445	65	6	0	106	18	15	7	0		23	2	0		34	773	40		924	25	0	1	5	**2,547**
EFTA	7	26	1	7		0	49	106	16	321	16	1154	5	6	19	200	72	0		196	0	2		25	40	7		13	2	25	0	15	**2,330**

* DE, RO and SE did not report any data.
** NL: the numbers are not broken down by Member State of treatment. Moreover, the numbers were only reported by a part of the competent institutions.
*** BE: Moreover, in 2018 a total number of 7,815 PDs S2 were issued for more flexible parallel procedures, of which 1,992 PDs S2 related to the Ostbelgien-Regelung (which is the replacement of the IZOM agreement since 01/07/2017).
**** IT: the total reported (2,264) does not match the sum of the breakdown by Member State of treatment (2,338).
***** FR also issued two PDs S2 for other cross-border agreements.
Source PD S2 Questionnaire 2019

Table 2 Number of PDs S2 received, breakdown by competent Member State, 2018

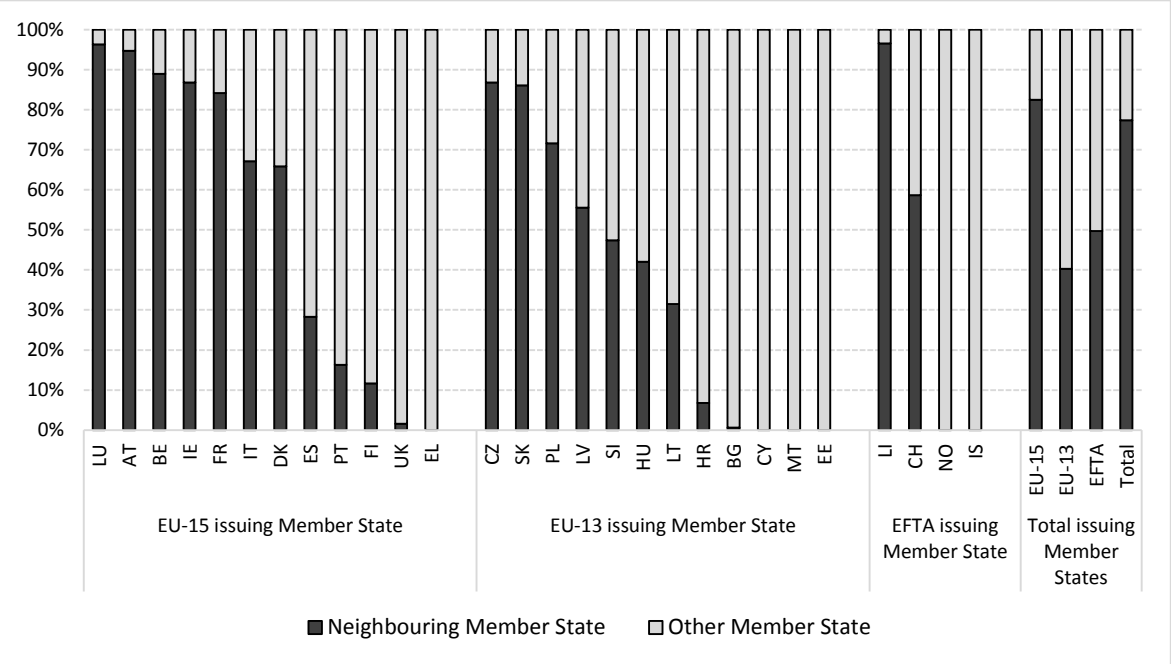
Competent Member State	Member State of treatment																																	
	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH	Total
BE		0	1	0		0	0			528	0	2	0	0	0	2,618	0	0		8				1	0	1	1	3	0	0	0	16	**3,179**
BG	43		0	0		0	0			17	0	10	0	0	0	4	1	0		92				0	0	0	2	5	0	0	0	20	**194**
CZ	2	0		0		1	0			1	0	0	0	0	0	0	2	0		2				0	4	0	0	1	0	0	0	1	**14**
DK	10	0	0			0	0			2	0	0	0	0	0	0	0	0		447				0	0	0	61	8	0	0	0	9	**537**
DE	76	1	38	9		0	0			30	61	31	0	0	0	99	21	0		3,941				14	0	1	4	2	0	2	0	4,851	**9,181**
EE	0	0	0	0			0			1	0	0	0	0	0	0	0	0		0				0	0	5	1	2	0	0	0	1	**10**
IE	1	0	0	0		0				1	0	6	0	0	0	0	0	0		3				0	0	0	38	1,202	0	0	0	16	**1,267**
EL	22	0	1	0		0	0			27	0	81	0	0	0	0	0	0		0				0	0	1	1	16	0	0	0	107	**256**
ES	14	1	6	1		0	0			22	0	6	0	0	0	0	0	0		1				0	1	1	13	15	1	0	0	18	**100**
FR	20,887	0	5	2		0	0				1	14	0	0	0	201	1	0		50				0	0	0	0	3	0	0	0	702	**21,866**
HR	41	0	29	0		1	0			5		26	0	0	0	0	18	0		189				17	0	0	0	5	0	0	0	21	**352**
IT	146	0	9	2		2	0			206	0		0	0	0	1	3	0		154				2	1	0	6	35	0	0	0	1,480	**2,047**
CY	1	0	0	0		0	0			1	0	1		0	0	0	0	0		9				0	0	0	0	17	0	0	0	4	**33**
LV	2	0	0	1		70	0			0	0	1	0		26	0	0	0		0				0	0	3	2	7	0	0	0	5	**117**
LT	3	0	0	1		2	0			0	0	0	0	0		0	0	0		6				0	0	0	0	0	0	0	0	17	**29**
LU	4,488	0	0	0		0	0			623	1	5	0	0	0		0	0		18				1	0	2	1	1	0	0	0	182	**5,322**
HU	7	0	1	0		0	0			10	0	2	0	0	0	0		0		83				0	0	0	0	0	0	0	0	73	**176**
MT	0	0	0	0		0	0			0	0	0	0	0	0	0	0			1				0	0	0	0	1	0	0	0	0	**2**
NL	1,005	0	3	1		0	0			8	0	0	0	0	0	1	5	1		23				0	0	0	1	11	0	0	0	39	**1,098**
AT	5	0	5	0		1	0			0	0	4	0	0	1	0	11	0						0	0	0	1	1	1	1	0	169	**200**
PL	1	0	0	0		1	0			1	0	2	0	0	0	0	1	0		17				0	0	0	9	2	1	0	0	1	**36**
PT	4	0	0	2		0	0			11	0	0	0	0	0	2	0	0		5				0	0	0	0	1	0	0	0	3	**28**
RO	46	0	3	1		0	0			34	0	80	0	0	0	0	40	0		62				0	0	0	0	3	0	0	0	7	**276**
SI	3	0	0	0		0	0			9	9	32	0	0	0	0	0	0		104					0	0	0	7	0	0	0	27	**191**
SK	0	0	926	0		1	0			0	0	3	0	0	0	0	6	0		39				3		0	0	1	0	0	0	29	**1,008**
FI	0	0	1	6		50	0			2	1	0	0	0	0	1	1	0		1				0	0		3	1	0	0	0	2	**69**
SE	6	0	0	5		0	0			0	0	3	0	0	1	0	1	0		3				0	0	17		7	0	0	0	1	**44**
UK	21	6	166	3		0	16			53	1	21	0	0	19	0	28	0		19				0	47	3	10		3	0	0	10	**426**
IS	2	0	1	2		0	0			0	0	0	0	0	0	0	0	0		4				0	0	0	0	0		0	0	3	**12**
LI	1	0	0	0		0	0			0	0	0	0	0	0	0	0	0		4				0	0	0	0	0	0		0	18	**23**
NO	0	0	0	3		0	0			0	0	0	0	0	0	0	2	0		2				0	0	0	0	0	0	0		0	**7**
CH	2	0	0	1		0	0			5	0	3	0	0	0	0	1			2				0	0	0	0	0	0	0	0		**14**
Total	26,839	8	1,195	40		129	16			1,597	74	333	0	0	47	2,927	142	1		5,289				38	53	34	154	1,357	6	3	0	7,832	**48,114**
Row %	55.8%	0.0%	2.5%	0.1%		0.3%	0.0%			3.3%	0.2%	0.7%	0.0%	0.0%	0.1%	6.1%	0.3%	0.0%		11.0%				0.1%	0.1%	0.1%	0.3%	2.8%	0.0%	0.0%	0.0%	16.3%	**100.0%**
EU-15	26,685	8	235	31		53	16			1,513	65	173	0	0	21	2,923	71	1		4,673				18	49	26	140	1,306	5	3	0	7,605	**45,620**
EU-13	149	0	959	3		76	0			79	9	157	0	0	26	4	68			604				20	4	8	14	51	1	0	0	206	**2,438**
EFTA	5	0	1	6		0	0			5	0	3	0	0	0	0	3	0		12				0	0	0	0	0	0	0	0	21	**56**

* DE, EL, ES, NL, PL, PT and RO did not provide any data.
** FR also received 530 PDs S2 from other cross-border agreements.
*** IT: the total reported (318) does not match the sum of the breakdown by competent Member State (333).
**** SE: the data reported concerns the number of persons, not the number of E125 forms.
Source PD S2 Questionnaire 2019

The decision of patients to seek authorisation for scheduled treatment abroad is influenced by different push and pull factors. On the one hand push factors come into play, 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. These factors could influence the decision to grant a PD S2. On the other hand, multiple pull factors could exist 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.)[37].

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 40% of the PDs S2 issued by the EU-13 Member States are for treatment in a neighbouring Member State, compared to 83% of the PD S2 issued by the EU-15 Member States. Luxembourg, Austria, and Liechtenstein 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, 2018



Source PD S2 Questionnaire 2019

[37] Some of the above push factors can be measured by the so-called 'Euro Health Consumer Index (EHCI)'. This index is a comparison of European health care systems based on a set of indicators covering six disciplines (Patient rights and information; Accessibility/Waiting time for treatment; Outcomes; Range and reach of services ("Generosity"); Prevention and Pharmaceuticals).
See for the latest report: https://healthpowerhouse.com/media/EHCI-2018/EHCI-2018-report.pdf

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

Although the absolute figures on prior authorisations for planned cross-border healthcare are already meaningful, it is always interesting to put them into perspective. Therefore, they are compared to 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 2018 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 (14 out of 1,000 insured persons). In Germany, Austria and France, which have issued a high number of PDs S2, an average of 13, 47 and 6 in 100,000 persons have received a PD S2 respectively.

A similar exercise was conducted from the perspective of the Member State of treatment, which is shown in *Table 4*. Again, Luxembourg stands out, as well as Belgium, as they 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. More specifically, for every 100,000 persons insured in Luxembourg and Belgium, they received 330 and 241 patients respectively, on the basis of a PD S2.

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, 2018

MS	Number of insured persons (A)	Number of PD S2 issued (B)	Share of insured population (B/A)*	in 100,000 insured persons*
BE****	11,150,265	226	0.002%	2
BG	5,935,219	609	0.010%	10
CZ	10,526,600	144	0.001%	1
DK	5,800,000	202	0.003%	3
DE***	73,134,353	9,181	0.013%	13
EE	1,251,617	19	0.002%	2
IE		1,210		
EL	5,481,234	605	0.011%	11
ES	48,704,104	389	0.001%	1
FR	61,869,770	3,867	0.006%	6
HR	4,103,600	460	0.011%	11
IT*****	60,000,000	2,338	0.004%	4
CY	603,113	430	0.071%	71
LV	2,262,440	189	0.008%	8
LT	2,906,018	54	0.002%	2
LU	886,103	12,754	1.439%	1,439
HU	4,132,000	245	0.006%	6
MT	433,143	32	0.007%	7
NL	17,055,849	2,056	0.012%	12
AT	8,934,962	4,200	0.047%	47
PL	33,938,793	81	0.000%	0
PT		43		
RO*****	16,157,167			
SI	2,116,739	405	0.019%	19
SK	5,158,853	961	0.019%	19
FI	5,529,156	103	0.002%	2
SE				
UK*****	64,875,165	1,487	0.002%	2
IS	355,766	43	0.012%	12
LI	39,517	29	0.073%	73
NO	5,328,212	3	0.000%	0
CH	8,300,000	104	0.001%	1
Total**	**466,969,758**	**41,216**	**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 for which both the number of PDs S2 issued and the number of insured persons is available. This means that the data for IE, PT, RO and SE were omitted.
*** DE: the number of PDs S2 issued is estimated on the basis of *Table 2*.
**** BE: in case the 7,815 PDs S2 issued for the more flexible parallel procedures are taken into account, some 72 out of 100,000 insured persons in Belgium received planned cross-border healthcare in 2018.
***** IT and RO: the number of insured persons refers to reference year 2017. The number of insured persons for UK is the number for reference year 2016.
Source EHIC and PD S2 Questionnaire 2019

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, 2018

	Number of insured persons (A)	Number of PD S2 received (B)	Share of insured population (B/A)*	in 100,000 insured persons*
BE	11,150,265	26,839	0.241%	241
BG	5,935,219	8	0.000%	0
CZ	10,526,600	1,195	0.011%	11
DK	5,800,000	40	0.001%	1
DE***	73,134,353	13,974	0.019%	19
EE	1,251,617	129	0.010%	10
IE		16		
EL	5,481,234			
ES	48,704,104			
FR	61,869,770	1,597	0.003%	3
HR	4,103,600	74	0.002%	2
IT****	60,000,000	333	0.001%	1
CY	603,113	0	0.000%	0
LV	2,262,440	0	0.000%	0
LT	2,906,018	47	0.002%	2
LU	886,103	2,927	0.330%	330
HU	4,132,000	142	0.003%	3
MT	433,143	1	0.000%	0
NL	17,055,849			
AT	8,934,962	5,289	0.059%	59
PL	33,938,793			
PT				
RO****	16,157,167			
SI	2,116,739	38	0.002%	2
SK	5,158,853	53	0.001%	1
FI	5,529,156	34	0.001%	1
SE		154		
UK****	64,875,165	1,357	0.002%	2
IS	355,766	6	0.002%	2
LI	39,517	3	0.008%	8
NO	5,328,212	0	0.000%	0
CH	8,300,000	7,832	0.094%	94
Total**	**345,632,611**	**61,918**	**0.018%**	**18**

* 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 both variables are available. This means that data from IE, EL, ES, NL, PL, PT, RO and SE were omitted.
*** DE: the number of PDs S2 received is estimated on the basis of *Table 1*.
**** IT and RO: Number of insured persons is number for reference year 2017. UK: Number of insured persons is number for reference year 2016.
Source EHIC and PD S2 Questionnaire 2019

3.3 Evolution of the number of PDs S2 issued and received

The data for reference year 2018 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 on the longer term and based on more in-debt 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 was also 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.[38] Therefore, the average number of prior authorisations issued from 2014 to 2018 is compared to the numbers in 2013.

[38] However, some Member States were late in its transposition.

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 when looking at the change from 2017 to 2018 and the overall change over the reported years. These results suggest that Directive 2011/24/EU had no direct impact on the number of PDs S2. This is also confirmed by the qualitative input as the majority of Member States believe that there is no such impact. This is the opinion of Bulgaria, the Czech Republic, Denmark, Estonia, Greece, Croatia, Italy, Cyprus, Latvia, Lithuania, Luxembourg, Hungary, Malta, the Netherlands, Austria, Portugal, Slovakia, Finland, 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 (-3,623), the Netherlands (-3,112), Italy (-2,242) and Belgium (-775). Only Belgium and Poland believe that Directive 2011/24/EU has had an impact on the number of PDs S2 issued. According to Belgium, this could be explained due to the fact that prior authorisation is no longer to be issued for 1) outpatient care (unless e.g. the conditions of article 20 of Regulation (EC) 883/2004 are met) and 2) healthcare that is not provided for by the Belgian compulsory health insurance or if the reimbursement conditions are not met. Despite the decreasing number of PDs S2 issued, Belgian health care funds do not issue a large number of prior authorisations under the terms of Directive 2011/24/EU. However, a steady increase of the number of requests for reimbursements under the terms of Directive 2011/24/EU for which no prior authorisation is required was noticed. Poland's answer states that the Directive 2011/24/EU has promoted the possibility to receive medical treatment abroad. Finally, Liechtenstein noted that the number of prior authorisations issued seems to be declining over the years, but they are not aware of the reason for this downward trend.

Table 5 Evolution of the number of PDs S2 issued and received, 2012-2018

	Issued								Received						
	2012	2013	2014	2015	2016	2017	2018	Average 2014-2017 compared to 2013	2012	2013	2014	2015	2016	2017	2018
BE	1,280	1,190	602	419	549	280	226	-775	4,019	3,318	11,932	12,383	20,866	22,511	26,839
BG	129	235	303	331	546	632	609	249	2	5	9	5	5	3	8
CZ	281	100	98	101	139	150	144	26	973	934	645	1,082	1,110	1,272	1,195
DK			161	72	137	139	202				19	25	25	32	40
DE															
EE		52	27	38			19	-24			42	49			129
IE	847	683	622	636	884		1,210	155	8	4	7	12	0		16
EL	318	486	584	490	385	465	605	20			58	95	103	82	
ES			428	399	376	373	389						620		
FR					2,955	4,716	3,867						8,611	2,761	1,597
HR			450	485	466	460	460				103	107	75	62	74
IT	4,661	4,933	4,916	3,364		147	2,338	-2242				202		199	333
CY			282	383	382	320	430							0	0
LV	156	174	237	196		191	189	29	1	0	0	0		0	0
LT		74	81	35	35	42	54	-25		50	130	252	67	50	47
LU	17,765	17,538	15,991	15,282	12,889	12,658	12,754	-3623	1,120	1,095	1,198	1,194	1,627	1,916	2,927
HU	300	334	151	270	241	300	245	-93	16	48	233	528	295	155	142
MT		33	21	21	35	28	32	-6				1	1	0	1
NL	5,050	5,745	4,126	3,297		1,055	2,056	-3112	4,782			3,516	2,281	2,721	
AT			5,391	4,757	4,637	4,762	4,200				5,548	5,370	5,508	5,354	5,289
PL	118	88	79	108	100	111	81	8	241	408	413	451	255		
PT	29	28	26	49	74	60	43	22							
RO	1,131	1,049	890	775	610	711		-303	2	2	0	0	4	2	
SI			419	335	418	366	405				36	41	42	37	38
SK	730	769	803	770	767	914	961	74	353	292	64	102	138	98	53
FI	45	59	77	98	126	106	103	43	n.a.		16	21	20	18	34
SE	81		541	78	139				216		218		238	258	154
UK	1,126	1,216	1,350	1,410	1,347	1,352	1,487	173	1,491	1,080	1,092	1,023	1,126	1,241	1,357
IS					20	22	43				56	12	5	7	6
LI		261	220	10			29	-175			6	43			3
NO			92	100	2	1	3	40				7	9	10	0
CH				124	89	95	104	103				7,715	7,581	7,652	7,832

Source Administrative data PD S2 Questionnaire 2019, 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. From a debtor's perspective (the competent Member State) some 82,491 claims were received, amounting to over € 163 million[39]. From a creditor's perspective, or the Member State of treatment, approximately 70,530 claims were issued, amounting to over € 212 million[40]. However, it should be noted that the real numbers will be higher as certain Member States, such as Luxembourg, did not provide any data.

The left side of *Table 6* represent the figures from a debtor's point of view, meaning the competent Member State that received claims for reimbursement and has to pay a certain amount. In absolute figures, the main debtors are France, Belgium, Germany and Austria, both in terms of claims received and amount to be paid. Furthermore, Ireland and the Netherlands have paid a relatively high amount, equalling more than € 23 million and € 13 million respectively. Furthermore, it can be assumed that Luxembourg is an important debtor, as it issued the largest number of PD S2 (see *Table 1* and paragraph 3.1).

The evolution from 2017 to 2018 is also reported in *Table 6* below. The most remarkable evolution regarding the number of forms from a debtor's perspective can be seen for Denmark, which registered an increase of over 120%, going from 104 claims received in 2017 to 232 claims received in 2018. Furthermore, concerning the amount to be paid, Finland experienced a notable increase of more than 280%. Overall, for all reporting Member States, the number of forms and amount to be paid seems to decline from 2017 to 2018. However, from 2016 to 2017 a steady increase was notable, thus the recent decline should not be regarded as a general trend.

The amount to be paid as a debtor can be compared to the total healthcare spending related to benefits in kind in order to grasp the impact of cross-border planned healthcare. Overall, the share only amounts to 0.02%, which equals the share in 2017. The most noteworthy impact can be seen in Cyprus, where it amounts to more than 1.3%. Furthermore, the share exceeds 0.15% in Latvia, Croatia, Ireland and Slovakia. This will certainly also the case for Luxembourg (no figures reported).

On the right hand side of *Table 6* information concerning the creditor's perspective can be found. Thus, this is the Member State of treatment, which issued claims for reimbursement and receives the amount from the competent Member State. This information is useful to know as well, as planned cross-border healthcare might put a pressure on the availability of medical equipment and services. Both regarding the number of forms issued and the amount received, the most important creditors seem to be Germany, Switzerland, Belgium, Austria and France. Additionally, the United Kingdom received a relatively high amount as creditor of over € 15 million.

[39] The total row in *Table 6* only includes the data from Member States which had information available for both 2017 and 2018. The total for all reporting Member States can be found in Annex III. From a debtor's perspective, 82,545 claims were received, amounting to € 195,036,159. From a creditor's perspective, 70,805 claims were issued, amounting to € 214,660,664.
[40] See footnote 33.

In general, the number of forms and the amount seem to decline when comparing 2017 to 2018. This was also the case from 2016 to 2017. In contrast, regarding the amount received, the most impressive reverse evolutions are noticeable for Bulgaria, Greece, Slovenia and Denmark. All these Member States recorded an increase of over 110%. The amount received by Bulgaria even grew from € 957 to € 10,256, reaching an almost tenfold increase.

However, the impact of planned cross-border healthcare from a creditor's perspective remains very limited. The impact only surpassed 0.07% in Lithuania, the Czech Republic, Belgium, Switzerland and Austria.

In *Annex III,* the individual claims for 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 are identified between Member States of treatment and competent Member States, namely to a large extent from France to Belgium, Ireland to the United Kingdom, Austria to Germany, Germany to Switzerland, Luxembourg to Germany and Luxembourg to Belgium.

Table 6 Budgetary impact of cross-border planned health care, 2017-2018

	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*	
	2017	2018	Evolution 2017-2018	2017	2018	Evolution 2017-2018	2017	2018	2017	2018	Evolution 2017-2018	2017	2018	Evolution 2017-2018	2017	2018
BE	35,511	18,249	-48.6%	24,957,971	14,727,977	-41.0%	0.080%	0.052%	4,764	5,397	13.3%	21,417,032	21,057,057	-1.7%	0.069%	0.075%
BG									3	8	166.7%	957	10,256	972.3%	0.000%	0.001%
CZ	150	152	1.3%	469,028	837,163	78.5%	0.005%	0.009%	1,272	1,195	-6.1%	7,272,822	7,217,476	-0.8%	0.082%	0.077%
DK	104	232	123.1%	5,593,224	1,239,647	-77.8%	0.038%	0.008%	45	44	-2.2%	115,508	245,356	112.4%	0.001%	0.002%
DE	12,376	15,352	24.0%	20,439,696	24,887,587	21.8%	0.008%	0.010%	46,536	34,495	-25.9%	102,126,864	91,803,297	-10.1%	0.042%	0.036%
EE		54			926,853			0.096%		242			298,287			0.031%
IE					23,331,897			0.173%		15			1,810,941			0.013%
EL	522	770	47.5%	4,740,002	5,520,443	16.5%	0.056%	0.062%	550	358	-34.9%	88,858	674,767	659.4%	0.001%	0.008%
ES	388	352	-9.3%	5,228,446	3,912,838	-25.2%	0.008%	0.006%	1,503	1,489	-0.9%	1,498,514	1,791,275	19.5%	0.002%	0.003%
FR	32,682	32,167	-1.6%	49,860,395	48,500,052	-2.7%	0.027%	0.026%	5,150	4,231	-17.8%	22,386,773	19,153,252	-14.4%	0.012%	0.010%
HR	488	498	2.0%	6,944,497	5,303,728	-23.6%	0.260%	0.186%	69	64	-7.2%	57,206	104,211	82.2%	0.002%	0.004%
IT	16			42,853			0.000%									
CY	618	676	9.4%		7,117,740			1.327%	0			0			0.000%	
LV	262	283	8.0%	3,492,712	4,813,526	37.8%	0.498%	0.660%	0	1		0	2,283		0.000%	0.000%
LT	85	140	64.7%	376,237	298,306	-20.7%	0.027%	0.020%	111	92	-17.1%	1,698,859	1,333,674	-21.5%	0.120%	0.089%
LU																
HU	220	282	28.2%	3,161,890	2,813,992	-11.0%	0.056%	0.053%	422	227	-46.2%	440,545	283,395	-35.7%	0.008%	0.005%
MT	21	18	-14.3%	149,497	125,609	-16.0%	0.035%	0.027%	0	0		0	0		0.000%	0.000%
NL	2,440	2,448	0.3%	17,926,760	13,350,573	-25.5%	0.035%	0.025%								
AT	6,780	6,191	-8.7%	19,653,130	19,407,824	-1.2%	0.090%	0.086%	6,478	6,211	-4.1%	23,052,773	16,872,032	-26.8%	0.106%	0.074%
PL	173	118	-31.8%	1,042,450	591,140	-43.3%	0.008%	0.004%	675	507	-24.9%	509,899	328,166	-35.6%	0.004%	0.002%
PT	76	56	-26.3%	465,777	107,510	-76.9%	0.005%	0.001%		18			12,762			0.000%
RO	1,578			15,085,076			0.264%		0			0			0.000%	
SI	275	245	-10.9%	2,432,205	2,462,179	1.2%	0.096%	0.093%	27	39	44.4%	28,543	84,641	196.5%	0.001%	0.003%
SK	1,034	1,034	0.0%	7,324,529	7,181,693	-2.0%	0.183%	0.168%	244	232	-4.9%	132,088	123,209	-6.7%	0.003%	0.003%
FI	67	124	85.1%	174,452	676,809	288.0%	0.001%	0.005%	76	67	-11.8%	326,055	535,735	64.3%	0.003%	0.004%
SE									258	368	42.6%	2,275,243	3,854,946	69.4%	0.008%	0.014%
UK	1,462	1,088	-25.6%	4,436,552	4,290,936	-3.3%	0.000%	0.002%	1,021	1,673	63.9%	9,323,118	16,833,667	80.6%	0.004%	0.009%
IS	19	14	-26.3%	23,049	25,953	12.6%	0.002%	0.003%	7	2	-71.4%	18,400	8,347	-54.6%	0.002%	0.001%
LI																
NO									10	6	-40.0%	296325.1	91,864	-69.0%	0.001%	0.000%
CH	2,362	2,002	-15.2%	2,601,359	2,584,184	-0.7%	0.007%	0.006%	14,811	13,824	-6.7%	30,153,886	30,129,747	-0.1%	0.076%	0.075%
Total*	**98,115**	**82,491**	**-15.9%**	**181,493,859**	**163,365,030**	**-10.0%**	**0.018%**	**0.018%**	**84,032**	**70,530**	**-16.1%**	**223,220,267**	**212,538,655**	**-4.8%**	**0.023%**	**0.023%**

* The total evolution 2017-2018 is only calculated for Member States that had data available for both years. The share in total healthcare spending is calculated for all Member States that had data available for the relevant year. The Eurostat data concerns reference year 2016, except for Iceland for which the data for reference year 2015 was used.

Source Administrative data PD S2 Questionnaire 2019 and Eurostat [spr_exp_fsi]

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

In 2018, 3,888 requests for prior authorisation for treatment abroad (PD S2) were refused by the 25 Member States that could report such figures (*Table 7*). The highest number of forms were refused by France (1,643) and Luxembourg (928) which is clearly correlated to their high number of requests received compared to other Member States. Furthermore, Austria and Belgium each reported more than 300 refusals.

In order to calculate the authorisation/refusal rate, these absolute values are confronted with the number of PDs S2 issued. In 2018, approximately 11% 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) lower than in 2017. However, when looking at the evolution of the refusal rate between 2014 and 2018, a general increase is still visible. This might be an indication of a more rigorous application of the Coordination Regulations as a result of the implementation of the Directive 2011/24/EU. Especially in Belgium, the average refusal rate between 2014 and 2018 is much higher compared to 2013.

Table 76 Number of PDs S2 requests refused and accepted, 2013-2018

	Issued	Refused	Total	2018		% refused in				
				% accepted	*% refused*	*2013*	*2014*	*2015*	*2016*	*2017*
BE	226	319	545	41.5%	58.5%	23.5%	42.0%	46.6%	35.1%	49.3%
BG	609	25	634	96.1%	3.9%	7.5%	10.6%	9.8%	3.2%	2.2%
CZ	144	40	184	78.3%	21.7%	20.0%	33.8%	41.6%	32.2%	23.5%
DK	202	9	211	95.7%	4.3%	n.a.	0.0%	7.7%	13.3%	6.7%
DE		n.a.								
EE	19	0	19	100.0%	0.0%	10.3%	10.0%	9.5%	n.a.	
IE	1,210	44	1,254	96.5%	3.5%	3.7%	6.2%	7.4%	2.8%	
EL	605	1	606	99.8%	0.2%	6.5%	1.8%	3.9%	4.7%	3.3%
ES	389	n.a.				n.a.	n.a.	n.a.	n.a.	0.0%
FR	3,867	1,643	5,510	70.2%	29.8%	n.a.	44.5%	n.a.	24.0%	27.2%
HR	460	66	526	87.5%	12.5%	n.a.	18.0%	15.1%	14.0%	13.2%
IT	2,338	32	2,370	98.6%	1.4%	2.1%	2.1%	4.2%	n.a.	13.0%
CY	430	n.a.				n.a.	6.6%	n.a.	n.a.	0.0%
LV	189	17	206	91.7%	8.3%	7.0%	4.0%	6.2%	n.a.	6.8%
LT	54	0	54	100.0%	0.0%	0.0%	0.0%	23.9%	7.9%	4.5%
LU	12,754	928	13,682	93.2%	6.8%	3.4%	4.9%	4.9%	14.2%	10.8%
HU	245	27	272	90.1%	9.9%	n.a.	n.a.	22.6%	21.8%	11.0%
MT	32	2	34	94.1%	5.9%	0.0%	0.0%	0.0%	0.0%	0.0%
NL	2,056	n.a.				n.a.	n.a.	1.3%	n.a.	
AT	4,200	423	4,623	90.9%	9.1%	n.a.	3.7%	5.6%	7.2%	8.5%
PL	81	6	87	93.1%	6.9%	21.4%	19.4%	10.7%	9.9%	29.7%
PT	43	24	67	64.2%	35.8%	28.2%	27.8%	10.9%	14.9%	22.1%
RO						3.1%	4.5%	7.1%	6.7%	5.1%
SI	405	33	438	92.5%	7.5%		8.3%	4.8%	6.1%	5.4%
SK	961	38	999	96.2%	3.8%	7.0%	5.9%	7.6%	3.0%	3.4%
FI	103	102	205	50.2%	49.8%	57.9%	57.5%	49.7%	47.3%	43.3%
SE		n.a.				n.a.	35.5%	n.a.	n.a.	
UK	1,487	64	1,551	95.9%	4.1%	0.5%	3.9%	4.4%	4.3%	5.8%
IS	43	0	43	100.0%	0.0%	n.a.	n.a.	n.a.	n.a.	12.0%
LI	29	n.a.				0.0%	0.0%	0.0%	n.a.	
NO	3	14	17	17.6%	82.4%	n.a.	54.0%	47.9%	94.4%	96.4%
CH	104	31	135	77.0%	23.0%	n.a.	n.a.	20.5%	35.5%	38.3%
Total*	**30,384**	**3,888**	**34,272**	**88.7%**	**11.3%**	**n.a.**	**8.2%**	**7.0%**	**13.8%**	**13.7%**

* The total only includes data from Member States that could report both the number of claims issued and refused.

Source Administrative data PD S2 Questionnaire 2019, 2018, 2017, 2016, 2015 and 2014

In addition to the number of refused requests for prior authorisation, the reporting Member States were invited to indicate the reasons for refusal of the prior authorisation: *1)* 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; *2)* whether it was refused because it could be provided within a medically justifiable time limit in the competent Member State; *3)* or

due to other reasons. However, it should be noted that the totals reported in *Table 8* and *Table 9* do not match for certain Member States. On the one hand, it is possible that the total number of refusals (*Table 8*) is lower than the total number given with regards to the reason for refusal (*Table 9*) (this is the case for BE, FR, IT and NO). Belgium noted that this occurs because healthcare funds can mention different reasons for refusing a prior authorisation in one request. On the other hand, it is possible that the total mentioned in *Table 8* is higher than the total in *Table 9* (this is the case for AT), which can be explained by the lack of knowledge on the reason for a refusal. Therefore, *Table 8* should be regarded as the number of refusals and *Table 9* as the number of reasons for a refusal.

Table 8 Reasons for refusal to issue a PD S2, 2018 (as a percentage of the total number of refused requests)

	Number of reasons for 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	351	10.8%	38.2%	51.0%
BG	25	0.0%	100.0%	0.0%
CZ**	40	10.0%	80.0%	10.0%
DK	9	22.2%	66.7%	11.1%
DE				
EE	0			
IE	44	0.0%	95.5%	4.5%
EL	1	0.0%	100.0%	0.0%
ES				
FR	1,647	19.5%	44.7%	35.8%
HR	66	3.0%	95.5%	1.5%
IT	124	10.5%	85.5%	4.0%
CY				
LV	17	17.6%	23.5%	58.8%
LT	0			
LU				
HU	27	0.0%	100.0%	0.0%
MT	2	0.0%	0.0%	100.0%
NL***		most cases		
AT	276	6.9%	70.7%	22.5%
PL	6	33.3%	66.7%	0.0%
PT	24	0.0%	66.7%	33.3%
RO				
SI	33	81.8%	18.2%	0.0%
SK	38	15.8%	23.7%	60.5%
FI	102	12.7%	70.6%	16.7%
SE				
UK	64	17.2%	54.7%	28.1%
IS	0			
LI				
NO	15	0.0%	46.7%	53.3%
CH	31	35.5%	58.1%	6.5%
Unweighted average	**2,942**	**14.1%**	**62.2%**	**23.7%**

* The total number of refusals does not match the total number of refusals in *Table 8* as multiple reasons for refusal can be allocated to one refusal and some Member States were not able to provide the reasons for (some) refusals.
** CZ reported approximate percentages.
*** NL did not report any figures but mentioned that in most cases, a request is refused due to the first reason (The care in question is not included in the services provided for by the legislation of the Member State).
Source Administrative data PD S2 Questionnaire 2019

The fact that care may be delivered within a medically justifiable period in the competent Member State explains 62% of refusals (unweighted average) *(Table 8)*. This was the main reason for most of the Member States (BG, CZ, DK, IE, EL, FR, HR, IT, HU, AT, PL, PT, FI, UK and CH).

Furthermore, 24% of the reasons for refusal were due to 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. For Belgium, Latvia, Malta, Slovakia and Norway this was the

most important reason for refusing to issue a PD S2. Member States were also asked to explain the content of 'other reason' in more detail. By far the most mentioned reason was the fact that the file 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 the Netherlands[41] and Slovenia this was the most frequent cited reason to refuse requests.

However, regarding refusals to issue a PD S2, the decision by the issuing Member State can be contested. The percentage of contested decision for 2018 and its evolution over the years is shown in *Table 9*.

Table 9 Percentage of contested decisions to refuse to issue a PD S2, 2018

	2018			% of contested decisions in				
	Number of contested decisions (A)	Number of refusals (B)	% of contested decisions of the refusal (A/B)	2013	2014	2015	2016	2017
BE	n.a.	319		n.a.	1.8%	n.a.	n.a.	n.a.
BG	7	25	28.0%	15.8%	33.3%	25.0%	33.3%	14.3%
CZ	6	40	15.0%	24.0%	20.0%	8.3%	18.2%	19.6%
DK	0	9	0.0%	n.a.	0.0%	0.0%	14.3%	40.0%
DE								
EE	0	0			0.0%	0.0%		
IE	10	44	22.7%	15.4%	29.3%	17.6%	28.0%	
EL		1		25.0%	45.5%	0.0%	52.6%	18.8%
ES								
FR**	18	1,643	1.1%				11.3%	
HR	13	66	19.7%			16.3%	22.4%	25.7%
IT***						14.1%		40.9%
CY	n.a.			n.a.	15.0%	n.a.		
LV	0	17	0.0%	15.4%	10.0%	0.0%		7.1%
LT	0	0	0.0%	n.a.	0.0%	0.0%		0.0%
LU	114	928	12.3%	9.1%	App. 12%	5.7%	1.9%	8.4%
HU	6	27	22.2%	42.3%	17.0%*	6.3%*	6.0%	8.1%
MT	0	2	0.0%					
NL						11.9%		
AT	4	423	0.9%			1.4%	1.7%	0.9%
PL	1	6	16.7%	n.a.	26.3%	15.4%	18.2%	19.1%
PT	2	24	8.3%	0.0%	0.0%	0.0%	15.4%	5.9%
RO				0.0%	2.4%	3.4%	6.8%	2.6%
SI***					28.9%	41.2%	18.5%	28.6%
SK	2	38	5.3%	20.7%	2.0%	34.9%	54.2%	0.0%
FI	6	102	5.9%	15.8%	17.3%	12.4%	10.6%	6.2%
SE					3.0%	n.a.		
UK	17	64	26.6%			4.6%	14.0%	18.8%
IS	0	0	0.0%			n.a.		0.0%
LI						n.a.		
NO	1	14	7.1%		27.8%	6.5%		7.4%
CH	2	31	6.5%			9.4%	6.5%	8.5%
Weighted average	209	3,503	6.0%		10.7%	8.4%	6.4%	8.7%
Unweighted average			9.9%					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.
** FR reported that the data provided surrounding the number of contested decisions are unrepresentative.
*** IT and SI did provide information, but this cannot be possible, as the number of contested decisions was higher than the number of refusals. IT reported 32 refusals and 449 contested decisions, which would lead to a rate or 1,403%. SI reported 33 refusals and 79 contested decisions, which would lead to a rate of 239%. Consequently, this data was omitted from the table.
Source Administrative data PD S2 Questionnaire 2019

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

The 21 Member States which were able to provide figures on the number of contested decisions received 209 contestations following the refusal to issue a PD S2 *(Table 9)*. More than 50% of these contestations originate from Luxembourg (114 contestations). Evidently, this is correlated with its high amount of refusals (928), originating from its high amount of requests. However, the highest number of refusals can be attributed to France (1,643) and this Member State only received a contestation for 1% of the refusals[42].

On average, 6% of the decisions to refuse a request were contested. The unweighted average amounts to 10%. Over the years, a general decrease in contested decisions can be observed, going from 11% in 2014 to 6% in 2018. The highest percentages of contested decisions to refuse authorisation can be seen in Bulgaria (28%), the United Kingdom (27%), Ireland (23%) and Hungary (22%).

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. This is discussed in *Table 10*.

Table 10 Care (not) included in the services provided for by the national legislation, 2018

	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	96.6%	3.4%
BG		
CZ	21.5%	78.5%
DK	99.5%	0.5%
DE		
EE	0.0%	100.0%
IE	100.0%	0.0%
EL	100.0%	0.0%
ES	100.0%	0.0%
FR	99.7%	0.3%
HR	0.2%	99.8%
IT	61.7%	38.3%
CY	100.0%	0.0%
LV	100.0%	0.0%
LT	100.0%	0.0%
LU		
HU	98.7%	1.3%
MT	100.0%	0.0%
NL		
AT	70.0%	30.0%
PL	100.0%	0.0%
PT	0.0%	100.0%
RO		
SI	100.0%	0.0%
SK	100.0%	0.0%
FI	83.2%	16.8%
SE		
UK	98.5%	1.5%
IS	100.0%	0.0%
LI	100.0%	0.0%
NO	100.0%	0.0%
CH		

Source Administrative data PD S2 Questionnaire 2019

In general, most of the reporting Member States issued PDs S2 exclusively for care that is included in the services provided for by their legislation (IE, EL, ES, CY, LV, LT,

[42] However, France also reported that the data regarding the number of contested decisions is unrepresentative. Thus, the percentage of contested decisions might be higher in reality.

MT, PL, SI, SK, IS, LI, NO) *(Table 10)*. In Belgium, Denmark, France, Hungary and the United Kingdom, more than 95% of PDs S2 issued were also for care included in the services provided by their legislation. Furthermore, the majority of PDs S2 issued by Italy, Austria and Finland concerned care which is included in the services provided by their legislation.

In four Member States, the opposite tendency can be seen. In Estonia and Portugal, PDs S2 were exclusively issued for care that is not included in the services provided by its legislation[43]. Furthermore, in the Czech Republic and Croatia a large share of PDs S2 were issued for care not included in the services provided by their legislation (78.5% and 99.8% respectively). These high percentages can be explained by the fact that in all four Member States (EE, PT, CZ and HR), national legislation also covers care not included in the services provided (see *Annex IV)*.

6 PARALLEL SCHEMES

Alongside the procedures determined by the EU rules (the Coordination Regulations or the Directive), several Member States reported the existence of parallel procedures (BE, BG, CZ, DK, EE, EL, HR, HU, MT, AT, PL, PT, FI, SE, UK, IS, LI and CH) *(Annex IV)*.[44] These parallel procedures are mostly the result of provisions in national legislation (e.g. reported by CZ, DK, EE, EL, HR, HU, MT, AT, PL, PT, UK and LI) or in (bilateral) agreements (for instance Ostbelgien Regelung, ZOAST, agreement between Sweden, Norway and Finland for persons living in border areas.

Although parallel schemes seem to be of high importance for many reporting Member States, the volume of these parallel schemes (in terms of number of treatments provided abroad) were only reported by a number of Member States. In Belgium, patient flows abroad are much larger under such parallel schemes. A total of 7,815 PDs S2 were issued to the more flexible procedures. Regarding the Ostbelgien Regelung, 1,992 authorisations were issued. This is an agreement between Belgium and Germany, and the successor of the IZOM-agreement. Furthermore, Estonia reported that they issued 110 authorisations under a parallel scheme to finance planned treatment abroad. Finally, Portugal authorized 320 healthcare procedures abroad under the national legislation. Overall, it is clear that these parallel schemes are of high importance, considering that Belgium, Estonia and Portugal only issued 226, 19 and 43 PDs S2 respectively in 2018 (see *Table 1*), (compared to 7,815, 110 and 320 authorizations under the parallel schemes respectively).

[43] The Regulation does not prevent granting it in these situations as it only states when the authorization shall be granted.
[44] For more detailed information about the flows in the Benelux, see the report "Patients without borders – Cross-border patient flows in the Benelux": http://www.benelux.int/files/2514/7730/9449/Rapport_DEF_EN.pdf

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, 2018

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 have not introduced new measures to disseminate the information to raise awareness amongst patients.
CZ	No new measures.
DK	The patient advisors in the five regional NCPs and the Danish Patient Safety Authority, EU Health Insurance, which is the Danish liaison body and the national Coordinating Contact Point, provide guidance per e-mail and phone to both in-coming and out-going patients and healthcare providers etc. about the opportunities for planned healthcare under the terms of the Regulation No. 883/2004 and the Directive 2011/24/EU. Information about the opportunity for healthcare abroad is also published on the websites of the Danish Patient Safety Authority and the regional NCPs in Denmark. And the patient advisors in one of the five regions in Denmark have arranged information sessions at the public hospitals in the region to raise awareness amongst the hospital staff.
DE	
EE	We have information about these opportunities and differences related to them available on our website and we provide information via phone and through our customer service. We also provide additional information via Information Day´s taking place at different hospitals.
IE	Through the HSE Website.
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.
ES	https://www.mscbs.gob.es/pnc/portada/home.htm
FR	
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	Information is provided to the insured persons in many ways. At the counter, by phone. Insured persons that come in person to competent institution asking for detailed information on Regulation and Directive receive comprehensive and clear information. Furthermore, competent institutions has a dedicated web page for cross-border healthcare. But firstly to the insured persons are highlighted pros and cons of the Regulation and Directive both in regard of access to treatments and of costs involved and possible reimbursement level and procedures in order they knowingly decide to use the Directive or the Regulation. It should be added that if the Regulation is more convenient confronted to Directive our competent institutions underline this to the insured, leaving to him/her the final decision anyway.
CY	No
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 under the Ministry of Health (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 is a detailed explanation on the NEAK homepage. The concerned link can be found below: http://neak.gov.hu/felso_menu/lakossagnak/ellatas_kulfoldon/tervezett_kulfoldi_gyogykezeles/tervezett_kulfoldi_gyogykezeles.html
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 health care.
NL	Patients are informed about planned healthcare by Competent Institutions via websites, policy papers, leaflets and on demand. Not always about the differences between Regulation and Directive. Patients are informed about the different ways to get reimbursement.
AT	- Personal consultation of the patients in case of need. - Provision of advice 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-zdrowie-w-ue/. Moreover, employees of NFZ inform about the differences between the opportunities for planned healthcare abroad under the terms of Regulation (EC) No 883/2004 and Directive 2011/24/EU by phone, mail or in writing.
PT	[ACSS] The information concerning the differences between the terms of the Regulation (EC) No 883/2004 and the Directive 2011/24/EU are presented in the Portal of the Directive (http://diretiva.min-saude.pt/home-page-2/). [DGS] Patients and health professionals are aware of the differences between the opportunities for planned healthcare abroad under the terms of

MS	Description
	Regulation (EC) No 883/2004 and Directive 2011/24/EU. All beneficiaries have opted for the application of Regulation 883/2004 since the beneficiary does not have to assume any cost, whereas under the terms of Directive 2011/24/EU the beneficiary must directly bear the costs of treatment until the reimbursement.
RO	
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 other 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 2018, compared with 2017, 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 choses 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 - NHS England public website). The NHS England NCP (Customer Contact Centre) is also the Tier one contact point for patients for general enquiries and the European Cross Border Healthcare team the Tier 2 contact point for more specific / technical queries, for both patients and commissioners. For Scotland, information on both are detailed on the NHS Inform website. No new measures have been introduced. For Wales, There is a reference to both planned healthcare abroad and the S2 route in the All Wales Procedure policy and patient leaflet, which is available on Welsh Local Health Board websites. Welsh Local Health Boards will also advise patients of contact details for accessing EHIC information. Welsh Local Health Boards report that no new measures for the dissemination of information have been introduced in 2018. In response to correspondence queries, Welsh Government will provide information on the different healthcare routes for planned healthcare and signpost enquirers to the applicable Welsh Local Health Board. Welsh Government will also signpost applicable enquiries to the UK Government EHIC website for further information. For Northern Ireland, the Health and Social Care Board 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, criteria, systems and processes for approval of applications.
IS	IHI has information on our website regarding different opportunities for planned healthcare abroad. We have not introduced any new measures last year.
LI	In Liechtenstein, according to national law, there is already the possibility of obtaining health services abroad. Thus, the insured are already very well informed and need advice only in individual cases.
NO	In Norway, prior authorisation is not required. This means that patients can receive healthcare abroad even though healthcare can be provided in Norway within a reasonable time limit. We have information about planned healthcare abroad on the health portal www.helsenorge.no. We have, amongst others, the following pages related to Directive 2011/24/EU: •https://helsenorge.no/health-rights-abroad/hospital-treatment-and-other-specialist-health-services-in-eea-countries •https://helsenorge.no/health-rights-abroad/persons-entitled-to-planned-treatment-in-the-eu-eea •https://helsenorge.no/behandling-i-utlandet/oversikt-over-helsehjelp (in Norwegian) Information about planned healthcare abroad under the terms of Regulation (EC) No 883/2004: •https://helsenorge.no/behandling-i-utlandet/behandling-innenfor-eu-eos-omradet-ved-lang-ventetid-i-norge (in Norwegian) We also have information regarding National Contact Point: •https://helsenorge.no/foreigners-in-norway/norwegian-national-contact-point-for-healthcare •https://helsenorge.no/behandling-i-utlandet/nasjonale-kontaktpunkter-i-eos (in Norwegian - about National Contact Points in the EEU) We continuously work to improve our information online. People seeking guidance can also contact our call centre for help; telephone number: +47 2332 7000.
CH	Switzerland does not apply Directive 2011/24/EU.

Source Administrative Data PD S2 Questionnaire 2019

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, 2018

MS	Description
BE	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: • 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. 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 steady decline in the number of PDs S2 from 1.190 (2013), 419 (2015), 549 (2016), 280 (2017) to 226 (2018). Belgian health care funds do not issue a large number of prior authorisations under the terms of Directive 2011/24/EU (reference year 2018 : 19), 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.
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 detailed information. Number of S2 issued is minimal and quite constant.
DK	We do not have any evidence that Directive 2011/24/EU has influenced the number of PDs S2 issued in 2018. When a Danish insured person applies for a prior authorisation for treatment in another Member State, the regional authorities will evaluate the application after both set of rules, unless the requested treatment is only provided by a private healthcare provider.
DE	
EE	Patients are more aware of cross-border treatment options but there is no certain pattern demonstrating increased numbers. The number of applications varies, some years more than others. As we have a parallel system for funding treatment abroad (under the Health Insurance Act, § 27 1, Health service benefit upon provision of health service in foreign state), S2 is issued on rather rare occasions and to certain countries only.
IE	n/a
EL	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.
ES	Information not available.
FR	
HR	No
IT	No
CY	No
LV	There is no evidence.
LT	No, we do not have as Lithuania do not apply prior authorization system for cross-border healthcare
LU	No
HU	There is no increase in the number of patients, at all. In the year of 2018, there has been no patient within the framework of the Director but only based on the Regulations.
MT	The said directive has not influenced the number of S2 queries or applications and issuance thereof, to our knowledge.
NL	No
AT	Directive 2011/24/EU had no impact or no influence on the PD S2 procedure.
PL	The above Directive have promoted in Poland possibility to receive medical treatment abroad. Asking about patients' rights in cross-border healthcare on the basis of Directive 2011/24/EU patients get information about medical treatment abroad in general, also on the basis of Regulation (EC) No 883/2004, 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	[DGS] There is no evidence that Directive 2011/24/EU on patients' rights in cross-border healthcare has influenced the evolution of the number of PDs S2 issued by Portuguese institutions in a relevant way. The number of PDs S2 issued remained stable during 2018, maintaining the trend of the years before the transposition of Directive 2011/24/EU.
RO	
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.
UK	No
IS	No. In most cases insured pay and seek reimbursement after treatment.
LI	The number of E-112 forms to be issued is currently declining. We do not know the reason.
NO	We have no such evidence. In previous years we issued very few S2 with the exception 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 stopped issuing S2 for cases involving 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 were actually fulfilled has been stable.
CH	Switzerland does not apply Directive 2011/24/EU.

Source Administrative Data PD S2 Questionnaire 2019

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, 2018

Member State of treatment (Creditor)	Competent Member State (Debtor)																																
	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			3	24	120	1		32	10	26,234	9			4	1		5	0	1,450	5	0			10	3	4		36				2	27,953
BG			0		1					0				4			0	0	0	0	0				0			0					5
CZ	1				35				4	6	33						1	0	0	3	1				823	1		153	1			1	1,063
DK			1		7				14	7	2			2	2		0	0	4	0	0				0	1		0					40
DE	13,517		74	34		29		117	156	1,201	165		593	100	11		40	4	617	5,933	41	2		86	78	18		143	6			1,368	24,333
EE			3		0					0	1			98	2		0	0	0	0	0				0	58		26					188
IE			0							0							0	0	0	0	0				0			19					19
EL			0		730					0							0	0	0	0	0				0			1					731
ES	7		3	15	214					421				1	2		0	0	152	2	0	34		1	0			213				10	1,075
FR	1,581		6	4	72	1		94	73		14		28				2	0	27	3	1	14		26	2	7		45				9	2,009
HR			0		50					1							0	0	0	0	0			6	0			0					57
IT			1	2	16	3		236	11	9	34		6	2	1		1	14	4	8	3			59	3			29	1			8	451
CY			0		0					0							0	0	0	0	0				0			0					0
LV			0							0							0	0	0	0	0				0			0					0
LT			0		2					0				50			0	0	0	0	0				0			45					97
LU	2,243		0		103				2	449							0	0	2	0	0				0			0					2,799
HU	3		4		44				3	3	15			1				0	5	6	0				0			43					127
MT			0							0							0		0	0	0				0			0					0
NL	826		10	8	1,959				9	16	4				1		0	0		1	0			4	0			11					2,849
AT			10		4,988			63		46	179		10	1			162	0	16		18			11	90			19	1			40	5,654
PL			0		130				4	14					8		0	0	3	0					0			143					302
PT			0		4				11	0							0	0	0	0	0				0			0				1	16
RO			0							0							0	0	0	0	0				0			0					0
SI			0		17					0	13						0	0	0	0	0				1			0					31
SK			31		17					0							0	0	0	1	0							120	2			1	172
FI			0			10		2		0							0	0	0	0	0				0			7					19
SE			0	141	6			2	14	1				1	3		1	0	2	0	38				0	11		15					235
UK			3			10		83		0	6		34	8			0	0	3	2	11	1			6	2							169
IS			0		0					0							0	0	36	0	0				0			0					36
LI			0							0							0	0	0	0	0				0			0				561	561
NO			0							0							0	0	0	0	0				0	6		2				1	9
CH	71		3	4	6,837			141	41	3,759	23		5	11	109		70	0	127	227	5	5		42	28	16		18	3				11,545
Total	18,249		152	232	15,352	54		770	352	32,167	498		676	283	140		282	18	2,448	6,191	118	56		245	1,034	124		1,088	14			2,002	82,545

* BG, IE, IT, LU, RO, SE, LI and NO did not have any data available. However, SE did mention they should have this information available next year.
** BE: only electronic E125 forms are taken into account. The number of E125 forms include the number of E125 forms for healthcare received on the basis of a PD S2 issued under the different special arrangements. This is particularly relevant for DE, FR and LU.
*** LT: the E125 forms received from ES were rejected (LT has never issued PD S2/E 112 to the person concerned).
**** AT: the total number of forms reported (6,188) does not match the sum of the breakdown by Member State of treatment (6,191).
Source PD S2 Questionnaire 2019

Table A3.2 Amount to be paid by the competent Member State for planned healthcare received abroad by persons with a PD S2, 2018, in €

Member State of treatment (Creditor)	Competent Member state (Debtor)																															
	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			7,251	102,269	209,913	2,863	1,259	141,754	55,029	32,338,559	14,859			6,060	1,900		22,066	0	6,760,073	4,163	0			68,283	4,238	8,352		132,083				15,518	39,896,493
BG			0		365		0		0	0							0	0	0	0	0				0			0				365
CZ	18				32,238		0		20,649	2,973	183,296						718	0	0	52	2,422				5,055,140	3,064		113,827	39			21	5,414,456
DK			67		32,320		0		35,662	1,278	4,204				719		0	0	102,076	0	0				0	14,606		0					190,932
DE	6,316,453		425,852	304,296		245,993	160,559	1,328,319	637,122	5,184,955	2,081,438		6,441,797	2,034,333	54,949		534,813	42,622	6,245,393	18,052,432	260,852	1,206		890,460	925,318	72,255		260,178	4,936			1,941,839	54,448,372
EE			2,346		0		0		0	0	1,071			144,212	3,667		0	0	0	0	0				0	57,632		620					209,548
IE			0						0	0							0	0	0	0	0				0			2,540,370					2,540,370
EL			0		442,199		0		0	0							0	0	0	0	0				0			2,090					444,289
ES	4,351		1,725	2,469	255,314		0			139,605				1,053	288		0	0	1,510	8,188	0	10,866		126	0			704,267				6,708	1,136,471
FR	3,018,931		45,921	39,691	450,588	10,747	0	1,465,387	537,022		90,333		506,659				106,138	0	180,811	11,985	4,018	54,604		273,127	4,505	62,751		128,000				50,459	7,041,675
HR			0		21,324		0		0	78							0	0	0	0	0			4,234	0			0					25,635
IT			9,688	27,858	27,440	42,746	0	1,495,342	97,113	77,161	244,655		19,046	18,373	2,376		1,686	82,987	12,561	32,605	53,056			683,250	13,265			64,227	3,027			83,575	3,092,037
CY			0		0		0		0	0							0	0	0	0	0				0			0					0
LV			0				0		0	0							0	0	0	0	0				0			0					0
LT			0		150		0		0	0				2,304,264			0	0	0	0	0				0			19,140					2,323,555
LU	3,144,720		0		181,685		0		5,564	4,437,611							0	0	110	0	0				0			0					7,769,690
HU	460		6,033		22,737		0		17,578	2,617	1,071							0	1,393	6,655	0				0			12,509					71,054
MT			0				0		0	0							0		0	0	0				0			0					0
NL	1,857,269		12,134	130,062	1,264,921		0		17,486	708,059	7,412			14,839	41,308		0	0		239	0			4,212	0			87,642					4,145,585
AT			12,134		6,053,098		0	123,380	0	93,552	2,435,446		4,900				1,520,913	0	606		170,534			22,522	838,312			29,607	7,916			142,800	11,455,720
PL			0		105,935		0		10,729	37,455				1,250	8,594		0	0	428	0					0			70,324					234,716
PT			0		5,383		0		1,388	0							0	0	0	0	0				0			0				93	6,865
RO			0				0		0	0							0	0	0	0	0				0			0					0
SI			0		69,992		0		0	0	5,722						0	0	0	0	0				1,591			0					77,305
SK			32,666		2,528		0		0	0							0	0	0	747	0							0	2,476			770	39,188
FI			0			92,296	0	4,520	0	0				48,944			0	0	0	279	0				0			12,512					158,552
SE			0	602,337	1,765		423,681	7,616	2,295,769	460				14,488	15,941		67,353	0	1,763	0	63,515				0	129,363		79,713					3,703,764
UK			280,495			532,209	22,607,500	581,935	0	0	9,207		67,457	136,020			0	0	24,555	2,999	34,637	1,336			84,236	10,060							24,372,646
IS			0		0		0		0	0							0	0	3,232	0	0				0			0					3,232
LI			0				0		0	0							0	0	0	0	0				0			0				267,498	267,498
NO			0				0		0	0							0	0	0	0	0				0	180,889		9,630				74,903	265,421
CH	385,774		852	30,665	15,707,691		138,897	372,189	181,725	5,475,690	225,014		77,881	89,689	168,564		560,304	0	16,064	1,287,480	2,106	39,498		515,965	255,087	137,838		24,196	7,559				25,700,730
Total	14,727,977		837,163	1,239,647	24,887,587	926,853	23,331,897	5,520,443	3,912,838	48,500,052	5,303,728		7,117,740	4,813,526	298,306		2,813,992	125,609	13,350,573	19,407,824	591,140	107,510		2,462,179	7,181,693	676,809		4,290,936	25,953			2,584,184	195,036,159

* BG, IT, LU, RO, SE, LI and NO did not have any data available. However, SE did mention they should have this information available next year.

** BE: only electronic E125 are taken into account, not the paper ones. The amount to be paid includes the amount to be paid for healthcare received on the basis of a PD S2 issued under the different special arrangements. This is particularly relevant for DE, FR and LU.

*** EL: the total amount reported (€ 5,559,442.68) does not match the sum of the breakdown by Member State of treatment (€ 5,520,442.68).

Source PD S2 Questionnaire 2019

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, 2018

Competent Member State (Debtor)	Member State of treatment (Creditor)																															
	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	1	1	15,168			2	76	1,583							3	0		8	0					2	2	2				60	16,908
BG	47		0	4	426			1	62	67							0	0		64	0						6	20				180	877
CZ	1	0		1	80	1			3	6							4	0		7	0				31			3				1	138
DK	12	0	0		37				15	12					1		0	0		5	0						161	0				7	250
DE	115	1	38	7				335	214	72	50			1	2		39	0		4,933	139			17	17	1	5	9				5,701	11,696
EE		0	0	1	29				6	1							0	0		0	2					10		10				0	59
IE	1	0	0		44				16	0							0	0		1	1						78	1,318				29	1,488
EL	34	0	1		124				1	96							0	0		6	0					2	2	146				168	580
ES	24	1	6	3	167					73							1	0		5	5	6			2	1	24	12			2	42	374
FR	505	0	5		1,356			3	421		1						5	0		46	15	3					2	0				3,752	6,114
HR	24	0	29	2	164	1				14							16	0		150	0			17				6				28	451
IT	215	0	9		1,112	2		2	28	1,087							1	0		233	2			1	2		13	51				2,822	5,580
CY		0	0		573					30							0	0		8	0							34				5	650
LV	2	0	0		97	72			1	0					50		0	0		0	0					3	2	8				20	255
LT	4	0	0	2	10	2			2	0							0	0		1	8						3	0				96	128
LU	2,890	0	0	1	6,102				5	901	2						0	0		9	0	3		1				1				310	10,225
HU	1	0	1		40					9								0		160	0						1	0				77	289
MT		0	0		4					0							1			0	0							0				0	5
NL	1,421	0	3	4	770			4	152	27							5	0		32	3	1					2	10				131	2,565
AT	6	0	5	1	5,650	1			2	3	1				1		11	0			1				2			3				192	5,879
PL	1	0	0	6	44	1			6	2							1	0		14							48	14				7	144
PT	3	0	0		14				48	15							0	0		15	0							1				2	98
RO	30	0	3		360				25	96							72	0		207	0							5				10	808
SI	3	0	0		89				1	23	8						0	0		183	0							3				66	376
SK	3	0	926	3	106	1			1	2							9	0		87	0			3				1				55	1,197
FI		0	1	3	16	161			4	1	1						2	0		1	1						3	2				2	198
SE	3	0	0	2	43				28	9					1		1	0		3	2	1				47		14	1		2	3	160
UK	46	6	166		180		15	11	352	94	1				37		55	0		24	324				172	1	16				2	28	1,530
IS	2	0	1	1	11				4	0							0	0		1	4				5			0				8	37
LI	2	0	0		1					0							0	0		1	0							0				22	26
NO		0	0	2	0				6	0							1	0		0	0							0				0	9
CH	2	0	0		1,678				10	8							0	0		7	0	4			1			0	1				1,711
Total	5,397	8	1,195	44	34,495	242	15	358	1,489	4,231	64			1	92		227	0		6,211	507	18		39	232	67	368	1,673	2		6	13,824	70,805

* IT, CY, LU, NL, RO and LI did not have any information available.
** AT: the total reported (6,209) does not match the breakdown by competent Member State (6,211).
Source PD S2 Questionnaire 2019

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, 2018, in €

Competent Member State (Debtor) \ Member State of treatment (Creditor)	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	18	1,805	7,697,638			8,128	41,406	3,026,779							483	0		12,099	0					14,657	2,522	509,923				613,602	11,929,060
BG	124,357		0	1,176	5,079,389			25,962	22,055	868,234							0	0		168,730	0						46,263	156,214				362,177	6,854,557
CZ	35	0		66	472,226	1,339			3,162	45,822							6,110	0		20,772	0				32,743			274,249				38	856,562
DK	86,550	0	0		279,859				2,469	101,724					27		0	0		5,167	0						629,315	0			155,420	1,260,531
DE	156,892	62	33,418	32,323				602,941	255,314	450,588	23,476			2,283	150		18,182	0		5,856,200	104,471			69,992	2,528	103	1,432	27,867				11,654,145	19,292,369
EE		0	0	28,560	245,993				665	10,747							0	0		0	773					92,296		534,109				0	913,142
IE	8,809	0	0		856,439				1,999	0							0	0		9,402	723						2,499,847	12,071,977				72,278	15,521,475
EL	43,417	0	8		1,475,950				66	1,469,439							0	0		2,311	0					43,520	7,662	847,147				450,749	4,340,269
ES	137,682	7,229	58,443	2,831	709,052					744,074							33	0		37,307	1,737	934			5	199	340,201	780,059			48,846	179,459	3,048,090
FR	2,043,667	0	1,306		5,379,400			14,156	139,605		78						9,243	0		90,700	36,632	2,088					849	0				6,358,990	14,076,712
HR	25,500	0	160,369	4,209	2,023,481	1,071			0	90,333							49,911	0		2,598,369	0			9,573				9,240				247,266	5,219,322
IT	422,827	0	11,845		5,114,148	1,525		1,087	18,961	4,500,750							6	0		2,340,589	9,811			305	2,290		80,154	499,823				3,249,534	16,253,657
CY		0	0		6,680,921				0	506,902							0	0		15,556	0							67,355				80,675	7,351,409
LV	11,171	0	0		1,443,662	100,318			429	0					1,315,707		0	0		0	0					296,157	11,489	76,603				26,318	3,281,854
LT	9,739	0	0	704	53,175	3,667			288	0							0	0		3,589	8,435						15,759	0				179,628	274,985
LU	10,735,047	0	0	90	14,314,086				913	4,657,283	1,300						0	0		61,014	0	7,828		80				264				1,763,619	31,541,522
HU	56	0	713		534,813				0	170,185								0		1,579,015	0						64,563	0				654,498	3,003,845
MT		0	0		42,622				0	0							7			0	0							0				0	42,629
NL	6,437,994	0	2,382	25,248	6,099,257			3,716	78,579	405,212							9,243	0		41,373	973	1,683					20,084	90,834				542,824	13,759,401
AT	29,974	0	59,393	248	19,722,167	2,306			9,436	23,474	834				12		22,282	0			8				2,564			4,521				1,680,233	21,557,452
PL	19,306	0	0	897	253,643	1,339			1,382	9,482							23	0		172,525							64,881	277,002				2,339	802,818
PT	17,831	0	0		1,021,658				15,686	54,771							0	0		214,065	0							1,499				6,468	1,331,978
RO	577,992	0	18,500		6,637,462				60,347	1,412,634							137,057	0		1,165,466	0							235,597				154,898	10,399,952
SI	16,376	0	0		978,888				126	231,601	78,365						0	0		1,625,610	0							23,328				1,084,622	4,038,915
SK	2,682	0	6,755,799	3,215	1,211,104	1,606			151	6,887							12,260	0		719,923	0			4,691				491				473,922	9,192,731
FI		0	660	30,144	62,172	185,116			561	6,926	149						879	0		1,541	4,078						4,268	4,058				32,963	333,515
SE	53,875	0	0	13,109	378,061				16,530	61,238					701		11	0		25,474	4,060	24				88,300		341,508	905		33,408	689	1,017,892
UK	89,858	2,965	114,604		717,086		1,810,941	18,779	1,113,087	250,800	10				17,077		17,455	0		32,557	156,340				68,956	503	65,657				9,610	20,513	4,506,796
IS	2,641	0	18	967	5,396				513	0							0	0		1,345	126				13,352			0				20,176	44,532
LI	1,778	0	0		1,725				0	0							0	0		914	0							0				61,704	66,121
NO		0	0	99,763	0				837	0							210	0		0	0							0				0	100,811
CH	1,003	0	0		2,311,824				6,708	47,369							0	0		70,419	0	206			770			0	7,442				2,445,742
Total	21,057,057	10,256	7,217,476	245,356	91,803,297	298,287	1,810,941	674,767	1,791,275	19,153,252	104,211			2,283	1,333,674		283,395	0		16,872,032	328,166	12,762		84,641	123,209	535,735	3,854,946	16,833,667	8,347		91,864	30,129,747	214,660,644

* IT, CY, LU, NL, RO and LI did not have any information available.

Source PD S2 Questionnaire 2019

ANNEX IV THE EXISTENCE OF PARALLEL SCHEMES

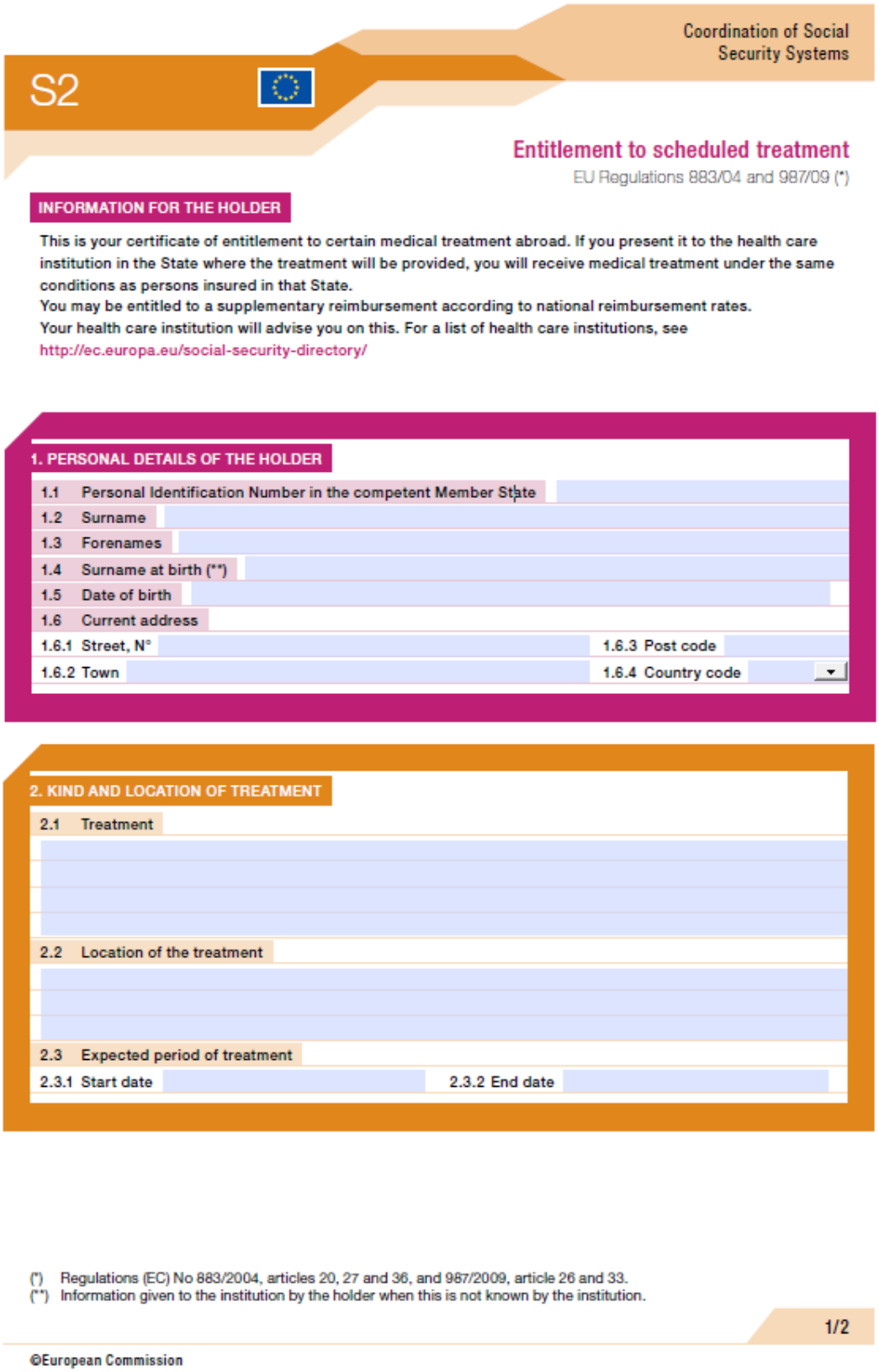
Table A4.1 The existence of parallel schemes, 2018

MS	Description
BE	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 (**5.478 PDs S2**). Furthermore, a total of **165 PDs S2** were also issued for functional rehabilitation services in Germany for insured persons who live in the German-speaking community. 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: - Ostbelgien-Regelung (that replaced IZOM since 01/07/2017) : **1.992** authorisations, - ZOAST arrangements: **3** authorisations. Belgium also issued **169 PDs S**2 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. 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. With regard to health care that is not included in the services provided for by the Belgian legislation, Belgian competent institutions issued **8 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 (cf. question 8). However, in Belgian legislation there is - 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. In both procedures patients can receive, if certain conditions are met, a prior authorisation. With regard to hadron therapy, a total number of **31 patients** were authorised to seek health care in a another Member State and were entitled to reimbursement in accordance with the authorisation, and at least **4 PDs S2** for necessary treatment not covered by the specific procedure for hadron therapy. In 2018, a total of **7.815 PDs S2** were issued further to the more flexible and/or parallel procedures.
BG	During the reporting year 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).
CZ	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.
DK	National legislation in Denmark complements the Danish patients´ rights under 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. Patients suffering from a life-threatening disease can be referred for 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. 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 can issue an S2 form.
DE	
EE	We have a parallel scheme in Estonia to finance planned treatment abroad. According to the Health Insurance Act, §27 Health service benefit upon provision of health service in foreign state the Estonian Health Insurance Fund may grant the authorisation if: 1) the health service applied for or an alternative health service cannot be provided to the insured person in Estonia; 2) provision of the health service applied for is indicated for the insured person; 3) the medical efficacy of the health service applied for has been proved; 4) the average probability of the aim of the health service applied for being achieved is at least 50 per cent. A council decision of Estonian doctors is needed, as the Estonian Health Insurance Fund makes its decision on the basis of the document. If the prior authorization is granted the Letter of Guarantee will be issued to inform the service provider that we will cover the costs of the requested service. Another possibility is to sign a contract between the fund and the insured person to finance the treatment if the service provider does not accept S2 or The Letter of Guarantee (for example Russia). In 2018 we issued 103 letters of guarantee. In addition, we had 7 pre-signed contracts to support treatment abroad, 15 application cancellations and 8 refusals due to the fact that application was filed for something what was available in Estonia.
IE	
EL	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.
ES	Information not available.
FR	
HR	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.

MS	Description
	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 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	
CY	No
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 PD S2s issued is not representative because, in addition, there is a right under national law to reimbursement for benefits in kind received abroad.
PL	Poland has its own regulations, on the basis of which gives consent to planned treatment abroad. It concerns treatment which is not performed in Poland, if it is appropriate for patient in his health condition and included in the services provided for by the legislation of Poland. It can be performed also at private healthcare provider. 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	[DGS] Portuguese national legislation provides for access to cross-border healthcare by beneficiaries of the Portuguese health system. This legislation (Decree-Law no. 177/92, of August 13) establishes that in situations where the health system does not have the technical capacity to provide the care the patient needs, the health system must refer the patient to a European treatment center or outside the European Union, in order to benefit from the best health care in the light of better medical and scientific evidence. In 2018, 320 health care procedures abroad were authorized under this legislation.
RO	
SI	We do not keep such records.
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	Welsh Local Health Board's primarily receive requests via the Directive 2011/24/EU. No S2 requests have been received in 2018. EHIC (E125) requests are not processed by Welsh Local Health Boards but by UK Government. For 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. 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. The S2 route will be used where appropriate however some other EEA health care providers may be private.
IS	Yes. Many pay for service and then seek reimbursement after treatment.
LI	In national law there is a free choice of the service provider.
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 2019

ANNEX V PORTABLE DOCUMENT S2



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.

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S2

Coordination of Social Security Systems

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

SUMMARY OF 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. 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 1.9 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 Belgium, Austria, Liechtenstein and the Netherlands, more than 1% of their insured persons reside in another Member State. Furthermore, some 0.6% 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 Cyprus and Belgium 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 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, 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 more than nine out of ten PDs S1 to pensioners and their family members.

About 86% of the total number of PDs S1 for persons of working age and their family members were issued by Germany, Luxembourg, Belgium, the Netherlands, Austria and Switzerland. This reflects the high number of incoming cross-border workers (frontier workers, seasonal workers, posted workers) employed in these Member States. 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 27% of the total number of PDs S1 granted to pensioners and their family members residing abroad. Furthermore, more than half of the number of PDs S1 for pensioners and their family members were received by France and 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.[45] 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.[46] 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).[47]

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.[48] The form is issued, firstly, to cross-border workers[49] (and their family members). Most of them are frontier workers, seasonal workers and even posted workers[50]. 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 workers[51] 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.[52] 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 in kind during their stay in the competent Member State if this Member State is listed in Annex IV of the Basic Regulation[53].[54]

[45] Article 17 of the Basic Regulation.
[46] Article 35 (1) of the Basic Regulation.
[47] Article 21 (1) of the Basic Regulation.
[48] Article 24 (1) of the Basic Regulation.
[49] Cross-border workers are persons who work in one EU Member State but live in another.
[50] 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 it this Member State.
[51] 'EU mobile worker' means a person who moves his/her residence to a country of which he or she is not a citizen.
[52] 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.
[53] Article 27 (2) of the Basic Regulation.

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 EHIC) and finally the Structured Electronic Documents (SEDs), which start to being 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 in a separate section of the chapter. For instance, between the Nordic countries (Denmark, Finland, Sweden, Norway and Iceland) PDs S1 are not exchanged.

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 2018 *(annual flow)* as well as on the total number of PDs S1 issued/received which are still valid on 31 December 2018 (regardless of the year in which they were issued) *(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.

Some Member States did not provide data on the number of insured persons residing in a Member State other than the competent Member State. The Member States concerned are always reported below the tables and figures. The technique of data imputation was applied to these Member States. This 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. The report indicates when this is an estimate (via the symbol (e)).

[54] 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).

2 THE NUMBER OF PDS S1 ISSUED AND RECEIVED

2.1 General overview

This section presents figures on the number of PDs S1 issued and received between 1 January and 31 December 2018 (i.e. persons who resided since 2018 in a Member State other than the competent Member State and asked for a certificate that establishes a right to full healthcare coverage in the Member State of residence) *(annual flow)* as well as figures on the total number of PDs S1 issued/received that are still in circulation on 31 December 2018 and thus regardless of the year when these certificates were issued *(stock)*. The number of PDs S1 (and equivalent E forms) 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 1.9 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 (417,635 PDs S1), Belgium (271,831 PDs S1), the Netherlands (256,308 PDs S1), Luxembourg (222,514 PDs S1), Austria (171,729 PDs S1), the United Kingdom (152,622) and Switzerland (103,471 PDs S1). More than eight out of ten PDs S1 were issued by these six issuing Member States. However, the profile of the persons to whom a PD S1 has been issued can differ considerably. This will become clear when a breakdown is made according to the status of the person *(section 2.2)*. For instance, Luxembourg issued a large number of PDs S1 to insured persons of working age residing in a neighbouring country and working in Luxembourg while the United Kingdom issued mainly PDs S1 to pensioners who move to a Mediterranean country.

Most of the persons with a valid PD S1 reside in France (517,705 PDs S1) or some 27% of the persons who are residing in Member State other than the competent Member State. Furthermore, Belgium (281,341 PDs S1), Germany (242,994 PDs S1), Poland (174,776 PDs S1) and finally Spain (173,582 PDs S1) also received a high number of PDs S1. Again, the profile of the persons with a PD S1 will be very different.

Overall, the number of PDs S1 issued in 2018 is significantly lower than the number of PDs S1 still in circulation on 31 December 2018. This is not necessarily the case for all Member States. Not least for Member States with a high number of 'temporary workers' residing in another Member State (see also *section 2.3*). The chapter will mainly analyse the stock figures.

Table 1 Number of PDs S1 issued and received, *flow and stock*, 2018

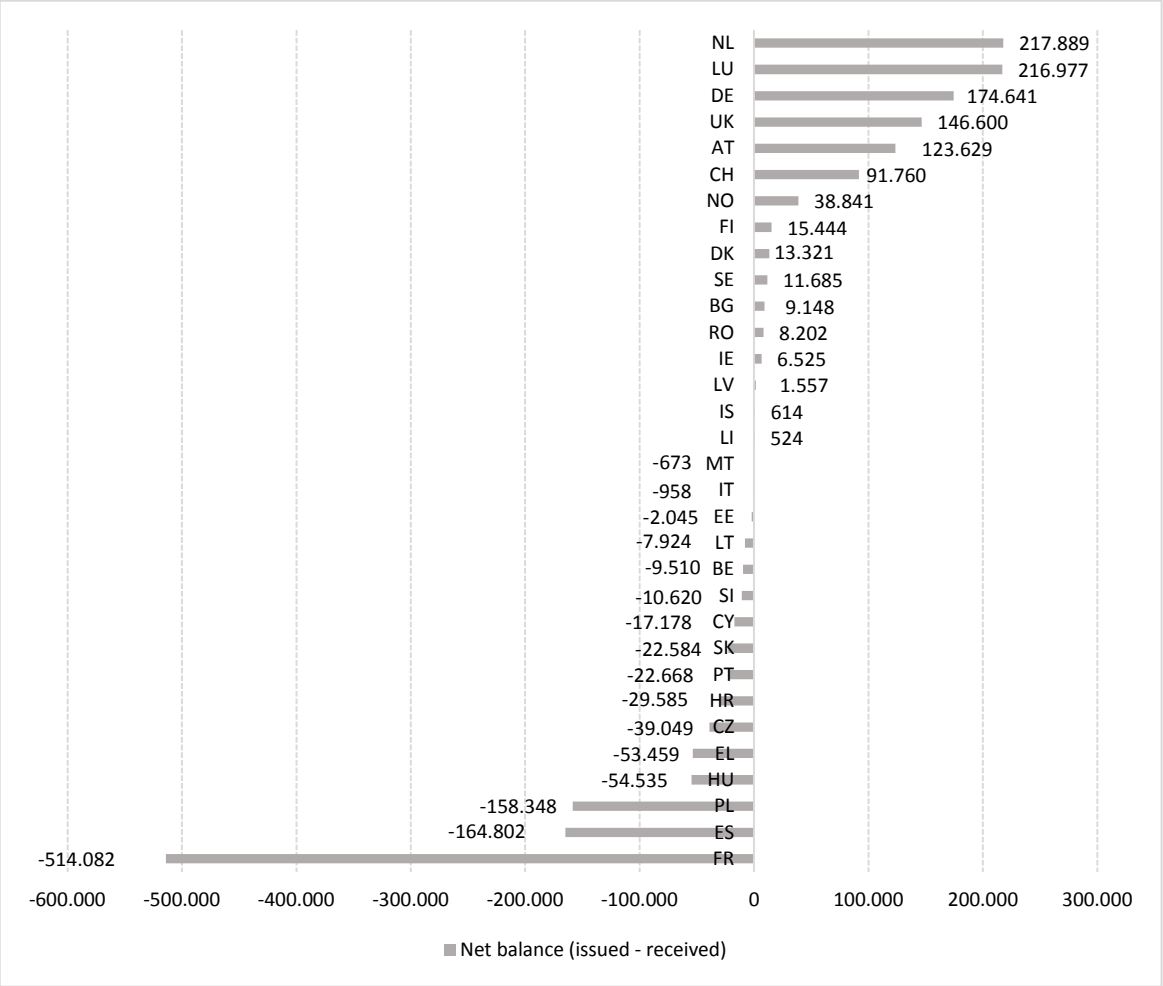
	Issued				Received			
	Flow: In 2018		**Stock:** Total and still valid		**Flow**: In 2018		**Stock:** Total and still valid	
	Number	*% of column total*	*Number*	*% of column total*	*Number*	*% of column total*	*Number*	*% of column total*
BE	18,778(e)	2.0%	271,831(e)	14.2%	23,055(e)	4.5%	281,341(e)	14.5%
BG	3,432	0.4%	14,381	0.8%	1,472	0.3%	5,233	0.3%
CZ	22,608	2.5%	78,453	4.1%	42,202	8.2%	117,502	6.0%
DK	9,269	1.0%	14,215(e)	0.7%	449(e)	0.1%	894(e)	0.0%
DE	123,911(e)	13.4%	417,635(e)	21.8%	113,915(e)	22.2%	242,994(e)	12.5%
EE	770	0.1%	476	0.0%	1,242	0.2%	2,521	0.1%
IE	1,458	0.2%	7,905	0.4%	351	0.1%	1,380	0.1%
EL	2,723	0.3%	7,656	0.4%	3,756	0.7%	61,115	3.1%
ES	4,333	0.5%	8,780	0.5%	22,189	4.3%	173,582	8.9%
FR	5,920	0.6%	3,623	0.2%	60,382	11.8%	517,705	26.6%
HR	504	0.1%	1,929	0.1%	7,870	1.5%	31,514	1.6%
IT	10,630	1.2%	16,973	0.9%	3,721	0.7%	17,931	0.9%
CY	585	0.1%	1,326	0.1%	1,343	0.3%	18,504	1.0%
LV	558	0.1%	2,308	0.1%	471	0.1%	751	0.0%
LT	630	0.1%	1,144	0.1%	5,824	1.1%	9,068	0.5%
LU	184,672	20.0%	222,514	11.6%	1,850	0.4%	5,537	0.3%
HU	3,409	0.4%	11,456	0.6%	27,202	5.3%	65,991	3.4%
MT	4,018	0.4%	3,838	0.2%	430	0.1%	4,511	0.2%
NL	287,776	31.2%	256,308	13.4%	10,357	2.0%	38,419	2.0%
AT	65,557	7.1%	171,729	9.0%	30,167	5.9%	48,100	2.5%
PL	4,436	0.5%	16,428	0.9%	88,020	17.1%	174,776	9.0%
PT	3,099	0.3%	4,602	0.2%	1,224	0.2%	27,270	1.4%
RO	7,676	0.8%	23,488	1.2%	12,743	2.5%	15,286	0.8%
SI	1,737	0.2%	9,397	0.5%	9,163	1.8%	20,017	1.0%
SK	7,857	0.9%	17,578	0.9%	26,084	5.1%	40,162	2.1%
FI	9,836	1.1%	16,168	0.8%	298	0.1%	724	0.0%
SE	2,444(e)	0.3%	14,076(e)	0.7%	852(e)	0.2%	2,391(e)	0.1%
UK	23,199	2.5%	152,622	8.0%	1,223	0.2%	6,022	0.3%
IS	516	0.1%	683	0.0%	38	0.0%	69	0.0%
LI	952	0.1%	653	0.0%	21	0.0%	129(e)	0.0%
NO	19,711	2.1%	39,036(e)	2.0%	39	0.0%	195	0.0%
CH	89,022	9.7%	103,471	5.4%	15,563	3.0%	11,711	0.6%
Total	922,026	100.0%	1,912,682	100.0%	513,516	100.0%	1,943,345	100.0%

* Issued – flow: imputed data for DE and SE; issued – stock: imputed data for DK, DE, SE and NO; received – flow: imputed data for DK, DE and SE; received – stock: imputed data for DK, DE, SE and LI.

Source PD S1 Questionnaire 2019

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. Half of the Member States are net senders (i.e. number of PDs S1 issued is higher than the number of PDs S1 received), in particular, the Netherlands, Luxembourg, Germany, the United Kingdom, Austria and Switzerland. The main net receiving Member States are France and, to a lesser extent, Spain and Poland.

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



* Issued – stock: imputed data for DK, DE, SE and NO; received – stock: imputed data for DK, DE, SE and LI.
Source PD S1 Questionnaire 2019

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)*. On average 0.35% of the insured persons reside in a Member State other than the competent Member State. 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 (2.4%), Austria (1.9%), Liechtenstein (1.7%) and the Netherlands (1.5%), more than 1% of their insured persons reside in another Member State. For Germany, which is the main issuing Member State in absolute terms, 0.6% of the insured persons reside in another Member State.

From the perspective of receiving Member States, only in Cyprus (3.1%) and Belgium (2.5%) 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. Within Member States, this percentage will vary considerably between regions. For instance,

in the coastal regions of the Mediterranean countries, the proportion of people with a PD S1 in total population is likely to be (much) higher than the national average.

Table 2 Total number of PDs S1 *issued and received*, *as share of total number of insured persons*, stock (still in circulation), 2018

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	11,150,265	271,831(e)	2.4%	281,341(e)	2.5%
BG	5,935,219	14,381	0.2%	5,233	0.1%
CZ	10,526,600	78,453	0.7%	117,502	1.1%
DK	5,800,000	14,215(e)	0.2%	894(e)	0.0%
DE	73,134,353	417,635(e)	0.6%	242,994(e)	0.3%
EE	1,251,617	476	0.0%	2,521	0.2%
IE	4,582,268	7,905	0.2%	1,380	0.0%
EL	5,481,234	7,656	0.1%	61,115	1.1%
ES	48,704,104	8,780	0.0%	173,582	0.4%
FR	61,869,770	3,623	0.0%	517,705	0.8%
HR	4,103,600	1,929	0.0%	31,514	0.8%
IT	60,000,000	16,973	0.0%	17,931	0.0%
CY	603,113	1,326	0.2%	18,504	3.1%
LV	2,262,440	2,308	0.1%	751	0.0%
LT	2,906,018	1,144	0.0%	9,068	0.3%
LU	886,103	222,514	25.1%	5,537	0.6%
HU	4,132,000	11,456	0.3%	65,991	1.6%
MT	433,143	3,838	0.9%	4,511	1.0%
NL	17,055,849	256,308	1.5%	38,419	0.2%
AT	8,934,962	171,729	1.9%	48,100	0.5%
PL	33,938,793	16,428	0.0%	174,776	0.5%
PT		4,602		27,270	
RO	16,157,167	23,488	0.1%	15,286	0.1%
SI	2,116,739	9,397	0.4%	20,017	0.9%
SK	5,158,853	17,578	0.3%	40,162	0.8%
FI	5,529,156	16,168	0.3%	724	0.0%
SE	7,841,769	14,076(e)	0.2%	2,391(e)	0.0%
UK	64,875,165	152,622	0.2%	6,022	0.0%
IS	355,766	683	0.2%	69	0.0%
LI	39,517	653	1.7%	129(e)	0.3%
NO	5,302,778	39,036(e)	0.7%	195	0.0%
CH	83,000,000	103,471	0.1%	11,711	0.0%
Total	554,068,361	1,912,682	0.35%	1,943,345	0.35%

* Issued – stock: imputed data for DK, DE, SE and NO; received – stock: imputed data for DK, DE, SE and LI.
Source PD S1 Questionnaire and EHIC 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 *(Table 3)*.[55] 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. Luxembourg, Malta, Austria, Liechtenstein and Switzerland issued more than nine out of ten PDs S1 to persons of working age and their family Member

[55] However, this percentage is somewhat lower in *Table 4* (± 64%).

States *(Table 3)*. This is in contrast to the United Kingdom which issued more than nine out of ten PDs S1 to pensioners and their family members.

Among the receiving Member State, Lithuania, Poland and Slovakia received more than nine out of ten PDs S1 issued for persons of working age insured in another Member State *(Table 4)*. This is in contrast to Spain, Cyprus and Malta 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 3 Total number of PDs S1 *issued*, *by status*, stock (still in circulation), 2018

	Insured person		Pensioner		Pension claimant		Family member of insured person		Family member of pensioner		Total
	Number	*Row %*	*Number*	*Row %*	*Number*	*Row %*	*Number*	*Row %*	*Number*	*Row %*	*Number*
BE[(e)]	138,275	50.9%	66,705	24.5%	0	0.0%	54,590	20.1%	12,261	4.5%	271,831
BG	1,862	12.9%	8,060	56.0%	2,705	18.8%	1,654	11.5%	100	0.7%	14,381
CZ[(e)]	26,876	80.0%	3,401	10.1%	10	0.0%	3,251	9.7%	52	0.2%	78,453
DK[(e)]	7,701	54.2%	3,094	21.8%	12	0.1%	2,470	17.4%	689	4.8%	14,215
DE[(e)]	187,242	53.9%	103,297	29.8%	688	0.2%	45,729	13.2%	10,217	2.9%	417,635
EE	512	49.5%	330	31.9%	0	0.0%	175	16.9%	17	1.6%	476
IE	3,725	47.1%	1,311	16.6%	0	0.0%	2,529	32.0%	340	4.3%	7,905
EL	1,085	14.2%	4,516	59.0%	8	0.1%	1,038	13.6%	1,009	13.2%	7,656
ES	5,424	61.8%	2,468	28.1%	0	0.0%	248	2.8%	640	7.3%	8,780
FR	3,126	86.3%	368	10.2%	0	0.0%	111	3.1%	18	0.5%	3,623
HR	397	20.6%	1,372	71.1%	0	0.0%	96	5.0%	64	3.3%	1,929
IT	6,545	38.6%	7,011	41.3%	204	1.2%	2,288	13.5%	925	5.4%	16,973
CY	491	37.0%	408	30.8%	0	0.0%	350	26.4%	77	5.8%	1,326
LV	985	42.7%	1,128	48.9%	0	0.0%	188	8.1%	7	0.3%	2,308
LT	157	13.7%	869	76.0%	11	1.0%	102	8.9%	5	0.4%	1,144
LU	203,646	91.5%	15,558	7.0%	0	0.0%	1,120	0.5%	2,190	1.0%	222,514
HU	7,890	68.9%	1,742	15.2%	0	0.0%	1,814	15.8%	10	0.1%	11,456
MT	3,771	98.3%	43	1.1%	0	0.0%	17	0.4%	7	0.2%	3,838
NL	165,902	64.7%	56,847	22.2%	0	0.0%	27,240	10.6%	6,319	2.5%	256,308
AT	113,673	66.2%	7,846	4.6%	0	0.0%	48,182	28.1%	2,028	1.2%	171,729
PL	6,083	37.0%	9,662	58.8%	1	0.0%	468	2.8%	214	1.3%	16,428
PT	1,207	26.2%	3,258	70.8%	0	0.0%	64	1.4%	73	1.6%	4,602
RO	5,137	21.9%	15,608	66.5%	0	0.0%	2,650	11.3%	93	0.4%	23,488
SI	2,319	24.7%	5,639	60.0%	978	10.4%	461	4.9%	0	0.0%	9,397
SK	11,760	66.9%	3,545	20.2%	5	0.0%	2,230	12.7%	38	0.2%	17,578
FI	11,251	69.6%	3,754	23.2%	0	0.0%	1,029	6.4%	134	0.8%	16,168
SE[(e)]	2,586	26.1%	6,909	56.7%	11	0.1%	2,215	10.1%	1,042	6.2%	14,076
UK	2,381	1.6%	127,937	83.8%	17	0.0%	2,801	1.8%	19,486	12.8%	152,622
IS	165	24.2%	78	11.4%	144	21.1%	235	34.4%	61	8.9%	683
LI	641	98.2%	11	1.7%	0	0.0%	1	0.2%	0	0.0%	653
NO[(e)]	31,622	82.6%	3,673	9.6%	5	0.0%	2,165	5.7%	812	2.1%	39,036
CH	72,873	70.4%	8,081	7.8%	0	0.0%	21,418	20.7%	1,099	1.1%	103,471
Total	1,027,310	57.2%	474,529	26.4%	4,799	0.3%	228,929	12.7%	60,027	3.3%	1,912,682

* *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.
** Issued – stock: imputed data for DK, DE, SE, NO, CZ (only breakdown) and EE (only breakdown). 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 1,795,594 if the sum of the number of PDs S1 by status is taken.

Source PD S1 Questionnaire 2019

Table 4 Total number of PDs S1 *received*, *by status*, stock (still in circulation), 2018

	Insured person		Pensioner		Pension claimant		Family member of insured person		Family member of pensioner		Total
	Number	*Row %*	*Number*	*Row %*	*Number*	*Row %*	*Number*	*Row %*	*Number*	*Row %*	*Number*
BE(e)	179,542	63.8%	46,392	16.5%	0	0.0%	50,324	17.9%	5,083	1.8%	281,341
BG	2,221	42.4%	2,382	45.5%	3	0.1%	249	4.8%	378	7.2%	5,233
CZ	15,854	62.6%	3,789	15.0%	76	0.3%	5,470	21.6%	151	0.6%	117,502
DK(e)	334	39.5%	233	27.5%	8	0.9%	257	30.4%	14	1.7%	894
DE(e)	151,458	62.9%	48,642	20.2%	744	0.3%	35,635	14.8%	4,433	1.8%	242,994
EE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2,521
IE	165	12.0%	1,056	76.5%	0	0.0%	66	4.8%	93	6.7%	1,380
EL	1,292	2.1%	40,580	66.4%	0	0.0%	10,241	16.8%	9,002	14.7%	61,115
ES	9,895	5.7%	143,981	82.9%	318	0.2%	390	0.2%	18,998	10.9%	173,582
FR	244,418	47.2%	161,673	31.2%	430	0.1%	91,542	17.7%	19,642	3.8%	517,705
HR	5,758	18.3%	19,718	62.6%	21	0.1%	3,576	11.3%	2,441	7.7%	31,514
IT	2,478	13.8%	13,590	75.8%	108	0.6%	1,117	6.2%	638	3.6%	17,931
CY	181	1.0%	13,805	74.6%	0	0.0%	144	0.8%	4,374	23.6%	18,504
LV	478	63.6%	196	26.1%	0	0.0%	68	9.1%	9	1.2%	751
LT	8,277	91.3%	467	5.1%	0	0.0%	284	3.1%	40	0.4%	9,068
LU	2,176	39.3%	3,011	54.4%	0	0.0%	71	1.3%	279	5.0%	5,537
HU	47,568	72.1%	12,058	18.3%	21	0.0%	5,552	8.4%	792	1.2%	65,991
MT	137	3.0%	3,233	71.7%	0	0.0%	79	1.8%	1,062	23.5%	4,511
NL	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	38,419
AT	17,434	36.2%	14,668	30.5%	88	0.2%	14,042	29.2%	1,868	3.9%	48,100
PL	152,372	87.2%	5,416	3.1%	26	0.0%	16,307	9.3%	655	0.4%	174,776
PT(e)	2,861	16.2%	12,228	69.2%	52	0.3%	900	5.1%	1,636	9.3%	27,270
RO	12,302	80.5%	2,018	13.2%	0	0.0%	787	5.1%	179	1.2%	15,286
SI	15,677	78.3%	3,690	18.4%	11	0.1%	548	2.7%	91	0.5%	20,017
SK	29,844	74.3%	3,141	7.8%	10	0.0%	7,110	17.7%	57	0.1%	40,162
FI	187	25.8%	424	58.6%	0	0.0%	92	12.7%	21	2.9%	724
SE(e)	598	25.0%	1,299	54.3%	23	1.0%	231	9.7%	141	5.9%	2,391
UK	715	11.9%	4,752	78.9%	2	0.0%	112	1.9%	441	7.3%	6,022
IS	24	34.8%	26	37.7%	0	0.0%	16	23.2%	3	4.3%	69
LI(e)	80	62.0%	21	16.3%	0	0.0%	21	16.3%	7	5.4%	129
NO	0	0.0%	186	95.4%	0	0.0%	0	0.0%	9	4.6%	195
CH	5,803	49.6%	5,725	48.9%	8	0.1%	175	1.5%	0	0.0%	11,711
Total	910,129	50.6%	568,400	31.6%	1,949	0.1%	245,406	13.6%	72,537	4.0%	1,943,345

* *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.
** Received – stock: imputed data for DK, DE, SE, LI, PT (breakdown) and CZ (breakdown).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 1,798,421 if the sum of the number of PDs S1 by status is taken.
Source PD S1 Questionnaire 2019

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

Approximately 1.2 million persons of working age[56] and their family members, of which some 1 million persons of working age and some 0.2 million 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 *(left-hand column of Table 5)*. The main issuing Member States are Germany (232,971 PDs S1), Luxembourg (204,766 PDs S1), Belgium (192,865 PDs

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

S1), the Netherlands (193,142 PDs S1), Austria (161,855 PDs S1) and Switzerland (94,291). Some 86% 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 (frontier workers, seasonal workers, posted workers etc.) employed in those Member States. Most persons of working age and their family members with a valid PD S1 reside in France (335,960 PDs S1), Belgium (229,866 PDs S1), Germany (187,093 PDs S1) and Poland (168,679 PDs S1). 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 5 **Total number of PDs S1 *issued and received*, *insured persons of working age and their family members*, stock (still in circulation), 2018**

	Issued				Received			
	Insured person	*Family members*	*Total*	*Column %*	*Insured person*	*Family members*	*Total*	*Column %*
BE(e)	138,275	54,590	192,865	15.4%	179,542	50,324	229,866	19.9%
BG	1,862	1,654	3,516	0.3%	2,221	249	2,470	0.2%
CZ(e)	26,876	3,251	30,127	2.4%	15,854	5,470	21,324	1.8%
DK(e)	7,701	2,470	10,171	0.8%	334	257	591	0.1%
DE(e)	187,242	45,729	232,971	18.5%	151,458	35,635	187,093	16.2%
EE(e)	512	175	687	0.1%	0	0	0	0.0%
IE	3,725	2,529	6,254	0.5%	165	66	231	0.0%
EL	1,085	1,038	2,123	0.2%	1,292	10,241	11,533	1.0%
ES	5,424	248	5,672	0.5%	9,895	390	10,285	0.9%
FR	3,126	111	3,237	0.3%	244,418	91,542	335,960	29.1%
HR	397	96	493	0.0%	5,758	3,576	9,334	0.8%
IT	6,545	2,288	8,833	0.7%	2,478	1,117	3,595	0.3%
CY	379	350	729	0.1%	181	144	325	0.0%
LV	985	188	1,173	0.1%	478	68	546	0.0%
LT	157	102	259	0.0%	8,277	284	8,561	0.7%
LU	203,646	1,120	204,766	16.3%	2,176	71	2,247	0.2%
HU	7,890	1,814	9,704	0.8%	47,568	5,552	53,120	4.6%
MT	3,771	17	3,788	0.3%	137	79	216	0.0%
NL	165,902	27,240	193,142	15.4%	0	0	0	0.0%
AT	113,673	48,182	161,855	12.9%	17,434	14,042	31,476	2.7%
PL	6,083	468	6,551	0.5%	152,372	16,307	168,679	14.6%
PT(e)	1,207	64	1,271	0.1%	2,861	900	3,761	0.3%
RO	5,137	2,650	7,787	0.6%	12,302	787	13,089	1.1%
SI	2,319	461	2,780	0.2%	15,677	548	16,225	1.4%
SK	11,760	2,230	13,990	1.1%	29,844	7,110	36,954	3.2%
FI	11,251	1,029	12,280	1.0%	187	92	279	0.0%
SE(e)	2,586	2,215	4,801	0.4%	598	231	829	0.1%
UK	2,381	2,801	5,182	0.4%	715	112	827	0.1%
IS	165	235	400	0.0%	24	16	40	0.0%
LI(e)	641	1	642	0.1%	80	21	101	0.0%
NO(e)	31,622	2,165	33,787	2.7%	0	0	0	0.0%
CH	72,873	21,418	94,291	7.5%	5,803	175	5,978	0.5%
Total	1,027,310	228,929	1,256,239	100.0%	910,129	245,406	1,155,535	100.0%

* Issued – stock: imputed data for CZ, DK, DE, EE, SE and NO; received – stock: imputed data for CZ, DK, DE, PT, SE and LI.

Source PD S1 Questionnaire 2019

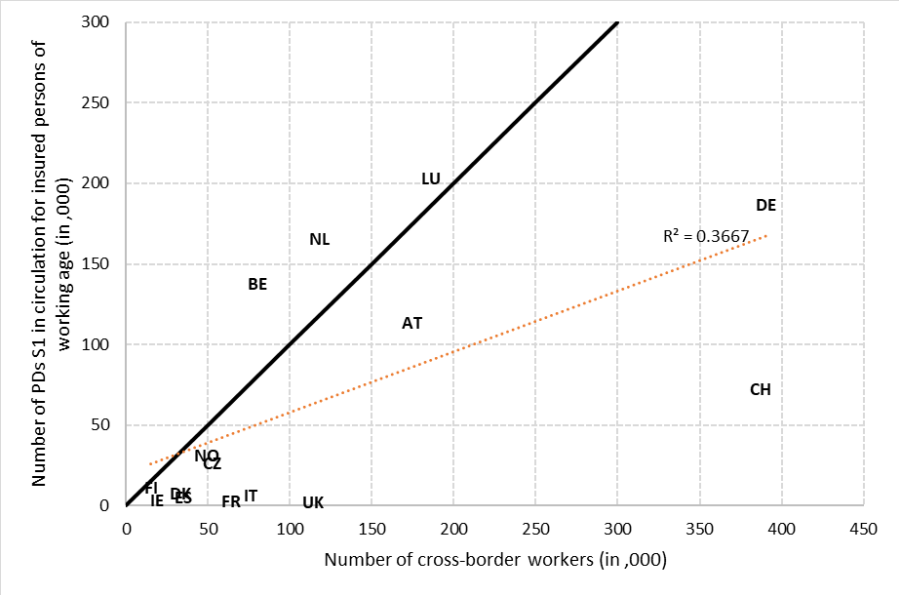
It is also useful to refer to the number of PDs S1 issued in 2018. These figures can be useful for mapping 'temporary labour mobility'.[57] Member States with a large number of temporary workers will have issued more PDs S1 in 2018 than there were PDs S1 in

[57] See also UNECE (2018), *Measuring International Labour Mobility*, United Nations.

circulation on 31 December 2018. This situation occurs mainly in the UK, the Netherlands, Portugal and France. For instance, in 2018 the Netherlands granted almost 163,000 PDs S1 to persons residing in Poland, whereas on 31 December 2018 only about 56,000 PDs S1 were still in circulation for persons residing in Poland.

We also considered the PDs S1 provided to persons of working age as a relevant variable to estimate the number of cross-border workers in the EU/EFTA. However, these figures sometimes turn out to be very different from those collected through the European Labour Force Survey (EU-LFS) on the number of cross-border workers *(Figure 2)*. This is certainly the case for Switzerland. Switzerland has however agreed with its neighbouring Member States (FR, DE, AT, IT) that frontier workers residing in these countries may under certain conditions opt for health coverage in their country of residence and be exempted from the Swiss health insurance.[58]

Figure 2 Relationship between number of PDs S1 issued and still in circulation for insured persons of working age AND number of incoming cross-border workers, 2018



* Issued – stock: imputed data for CZ, DK, DE, EE, SE and NO.
Source PD S1 Questionnaire 2019 and Eurostat

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 6* 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 mainly 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.

[58] Annex II of the Agreement on the Free Movement of Persons, Section A, letter i (referring to Annex XI of Regulation (EC) No 883/2004], point 3.b).

Table 6 Main flows between the competent Member State and the Member State of residence, *insured persons of working age*, stock (still in circulation), 2018

Issuing MS	Receiving MS	Number of PDs S1 reported by…			
From …	*To …*	*Issuing MS*	*% total number issued*	*Receiving MS*	*% total number received*
Luxembourg	**France**	100,108	10%	104,096	11%
Belgium	**France**	88,281	9%	43,699	5%
Germany	**Poland**	n.a.	n.a.	80,700	9%
Luxembourg	**Belgium**	48,365	5%	62,541	7%
Luxembourg	**Germany**	49,012	5%	n.a.	n.a.
The Netherlands	**Belgium**	37,980	4%	68,190	7%
Germany	**France**	n.a.	n.a.	46,385	5%
The Netherlands	**Poland**	55,924	5%	13,551	1%

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

It can be said that some 600,000 pensioners[59] 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 7)*.[60] A figure that is higher compared to previous years.

The main issuing Member State is the United Kingdom (147,440 PDs S1), which issued some 27% of the total number of PDs S1 for pensioners and their family members residing abroad. Other main issuing Member States are Germany (114,202 PDs S1), Belgium (78,966 PDs S1) and the Netherlands (63,166 PDs S1). The low number of PDs S1 issued by France to pensioners and their family members is rather remarkable.

Some 181,700 pensioners and family member with a PD S1 are residing in France. This mainly concerns retired frontier workers who have worked in Luxembourg *(Table 8)*. Furthermore some 163,000 pensioners and their family members with a valid PD S1 reside in Spain. Some 64,000 pensioners are insured in the United Kingdom and reside in Spain *(Table 8)*. This single flow represents already 13% of the total number of PDs S1 issued to pensioners. Above figures show that 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).

Finally, about the reliability of the figures: what is striking are the sharp differences in the figures reported for the bilateral flows. For example, according to Luxembourg, there are still 5,840 pensioners with a valid PD S1 granted by Luxembourg and residing in France *(Table 8)*. However, according to France, these are not 5,840 pensioners but 78,272 pensioners. This discrepancy in numbers also occurs between other Member States. The reasons for these discrepancies should therefore be clarified as soon as possible.

[59] *Pensioner:* includes as well persons of working age who are retired.
[60] This figure is approximately the average of the number of S1 forms in circulation for pensioners and their family members from a sending (539,355 PDs S1) and receiving (642,886 PDs S1) perspective.

Table 7 **Total number of PDs S1 *issued and received*, *pensioners (+ pension claimant) and their family members*, stock (still in circulation), 2018**

	Issued				Received			
	Pensioner	*Family members*	*Total*	*Column %*	*Pensioner*	*Family members*	*Total*	*Column %*
BE	66,705	12,261	78,966	14.6%	46,392	5,083	51,475	8.0%
BG	10,765	100	10,865	2.0%	2,385	378	2,763	0.4%
CZ(e)	3,411	52	3,463	0.6%	3,865	151	4,016	0.6%
DK(e)	3,106	689	3,795	0.7%	241	14	255	0.0%
DE(e)	103,985	10,217	114,202	21.2%	49,386	4,433	53,819	8.4%
EE(e)	330	17	347	0.1%	0	0	0	0.0%
IE	1,311	340	1,651	0.3%	1,056	93	1,149	0.2%
EL	4,524	1,009	5,533	1.0%	40,580	9,002	49,582	7.7%
ES	2,468	640	3,108	0.6%	144,299	18,998	163,297	25.4%
FR	368	18	386	0.1%	162,103	19,642	181,745	28.3%
HR	1,372	64	1,436	0.3%	19,739	2,441	22,180	3.5%
IT	7,215	925	8,140	1.5%	13,698	638	14,336	2.2%
CY	408	77	485	0.1%	13,805	4,374	18,179	2.8%
LV	1,128	7	1,135	0.2%	196	9	205	0.0%
LT	880	5	885	0.2%	467	40	507	0.1%
LU	15,558	2,190	17,748	3.3%	3,011	279	3,290	0.5%
HU	1,742	10	1,752	0.3%	12,079	792	12,871	2.0%
MT	43	7	50	0.0%	3,233	1,062	4,295	0.7%
NL	56,847	6,319	63,166	11.7%	0	0	0	0.0%
AT	7,846	2,028	9,874	1.8%	14,756	1,868	16,624	2.6%
PL	9,663	214	9,877	1.8%	5,442	655	6,097	0.9%
PT(e)	3,258	73	3,331	0.6%	12,280	1,636	13,916	2.2%
RO	15,608	93	15,701	2.9%	2,018	179	2,197	0.3%
SI	6,617	0	6,617	1.2%	3,701	91	3,792	0.6%
SK	3,550	38	3,588	0.7%	3,151	57	3,208	0.5%
FI	3,754	134	3,888	0.7%	424	21	445	0.1%
SE(e)	6,920	1,042	7,962	1.5%	1,322	141	1,463	0.2%
UK	127,954	19,486	147,440	27.3%	4,754	441	5,195	0.8%
IS	222	61	283	0.1%	26	3	29	0.0%
LI(e)	11	0	11	0.0%	21	7	28	0.0%
NO(e)	3,678	812	4,490	0.8%	186	9	195	0.0%
CH	8,081	1,099	9,180	1.7%	5,733	0	5,733	0.9%
Total	479,328	60,027	539,355	100.0%	570,349	72,537	642,886	100.0%

* Issued – stock: imputed data for CZ, DK, DE, EE, SE and NO; received – stock: imputed data for CE, DK, DE, PT, SE and LI.

Source PD S1 Questionnaire 2019

Table 8 **Main flows between the competent Member State and the Member State of residence, *pensioners*, stock (still in circulation), 2018**

Issuing MS	Receiving MS	Number of PDs S1 reported by			
From	*To*	*Issuing MS*	*% total number issued*	*Receiving MS*	*% total number received*
United Kingdom	**Spain**	62,424	13%	65,504	12%
United Kingdom	**France**	36,931	8%	5,165	1%
Belgium	**France**	22,945	5%	35,091	6%
France	**Spain**	n.a.	n.a.	22,281	4%
Netherlands	**Belgium**	13,521	3%	19,352	3%
Luxembourg	**France**	5,840	1%	78,272	14%
Luxembourg	**Belgium**	3,297	1%	35,091	6%

Source PD S1 Questionnaire 2019

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.[61] 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, Portugal, Sweden, the United Kingdom and, in addition, 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 2018 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 2018 is reported. Again, these amounts do not necessarily correspond to treatment provided in 2018.

3.1.1 Absolute figures

Cross-border healthcare spending reflects to a high extent the number of PDs S1 issued and received (to pensioners). France, Germany, Belgium and Spain where most of the persons with a PD S1 reside, were reimbursed the highest amount *(Table 9)*. France received € 657.6 million, Germany received € 516 million and Spain € 492.5 million. Figures on the number of claims issued by Spain clearly show the impact of the application of Annex 3 of the Implementing Regulation.[62] For instance, it received an amount of € 243.9 million on the basis of fixed amount reimbursements. Furthermore, Poland issued a high number of claims in 2018 (666 thousand), which reflects the higher number of PDs S1 which it received. Nonetheless, a small amount was received by Poland in 2018.

[61] Article 35 (2) of the Basic Regulation.
[62] 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.

In 2018, a total amount of some € 2 billion was received by the reporting Member States of residence for healthcare provided to persons with a valid PD S1. This was based on approximately 4.16 million claims they sent to the competent Member States. However, these figures are much lower if we look at the figures reported by the competent Member States *(Table 10)*.

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. No distinction between both with regard to the amount of reimbursement is available. Nonetheless, we can calculate/estimate this for the 'lump-sum Member States'. For example, the amount received per claim by Cyprus, Finland and Sweden via 'actual expenditure' (i.e. for persons of working age) is much lower than via 'fixed amounts' (i.e. for pensioners).

Table 9 Cross-border sickness benefits *in kind* for persons living in a Member State other than the competent Member State, *creditor*, 2018

	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	279,369	127,199,488			279,369	127,199,488
BG	3,219	882,785	1	30	3,220	882,815
CZ	181,945	36,218,876			181,945	36,218,876
DK	505	453,474			505	453,474
DE	845,936	516,114,231			845,936	516,114,231
EE	11,031	793,011			11,031	793,011
IE			1,488	1,366,598	1,488	1,366,598
EL	79,867	290,036		440,658	79,867	730,694
ES	10,929		174,701	492,502,415	185,630	492,502,415
FR	772,151	657,589,309			772,151	657,589,309
HR	114,676	34,647,933			114,676	34,647,933
IT						
CY	5,579	246,863	14,708	12,852,986	20,287	13,099,849
LV	116	3,350			116	3,350
LT	11,033	1,264,636			11,033	1,264,636
LU						
HU	133,448	589,104			133,448	589,104
MT	553	99,293			553	99,293
NL	125,947		5,052		130,999	
AT	336,728	50,431,206			336,728	50,431,206
PL	666,000	23,328,607	60	18,998	666,060	23,347,605
PT						
RO	804	46,493	20	4,912	824	51,405
SI	40,560	14,478,132			40,560	14,478,132
SK	218,257	34,547,261	11	3,457	218,268	34,550,718
FI	2,090	239,101	981	3,190,004	3,071	3,429,105
SE	223	80,478	1,733	5,874,474	1,956	5,954,952
UK	1		6,516		6,517	
IS	8	4,788			8	4,788
LI						
NO			222	783,342	222	783,342
CH	116,119				116,119	
Total	3,957,094	1,499,548,455	205,493	517,037,873	4,162,587	2,016,586,328

Source PD S1 Questionnaire 2019

From a debtor's perspective, Germany refunded € 373.2 million, France refunded € 207.9 million and Belgium € 201.5 million *(Table 10)*. 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)*.

Table 10 Cross-border sickness benefits *in kind* for persons living in a Member State other than the competent Member State, *debtor*, 2018

	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	270,288	173,700,683	153,550	27,817,240	423,838	201,517,923
BG	13,171	9,812,055	759	1,921,803	13,930	11,733,858
CZ	110,792	18,387,256			110,792	18,387,256
DK	66,827	30,651,685	2,633	6,770,749	69,460	37,422,434
DE	994,984	308,408,075	22,060	64,795,790	1,017,044	373,203,865
EE	2,641	2,049,078	845	3,751,657	3,486	5,800,735
IE	8,592	3,520,657	860	4,052,593	9,452	7,573,250
EL	11,739	3,869,595	65	11,572,137	11,804	15,441,732
ES	78,658	290,170	1,014	1,242,810	79,672	1,532,980
FR	109,523	86,273,467	119,938	121,631,862	229,461	207,905,329
HR	5,514	3,564,306	13	39,560	5,527	3,603,866
IT						
CY	4,934				4,934	
LV	4,054	3,310,517	327	267,590	4,381	3,578,107
LT	4,046	3,436,037	137	439,688	4,183	3,875,725
LU						
HU	21,394				21,394	
MT	919	262,616	4	8,828	923	271,444
NL						
AT	467,261	132,806,198	405	605,264	467,666	133,411,462
PL	53,203	30,728,478	2,676	1,694,879	55,879	32,423,358
PT						
RO	59,279	38,785,236	1,827	4,498,402	61,106	43,283,639
SI	31,593	8,812,733	11	-	31,604	8,812,733
SK	32,013	11,150,495	46	225,136	32,059	11,375,630
FI*	7,600	2,670,000	2,544	6,781,765	10,144	9,451,765
SE			3,346	8,349,561	3,346	8,349,561
UK	123,080		20,020		143,100	
IS	542	375,472	-		542	375,472
LI						
NO			117	243,126	117	243,126
CH	161,833		1,078		162,911	
Total	2,644,480	872,864,810	334,275	266,710,439	2,978,755	1,139,575,250

Source PD S1 Questionnaire 2019

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

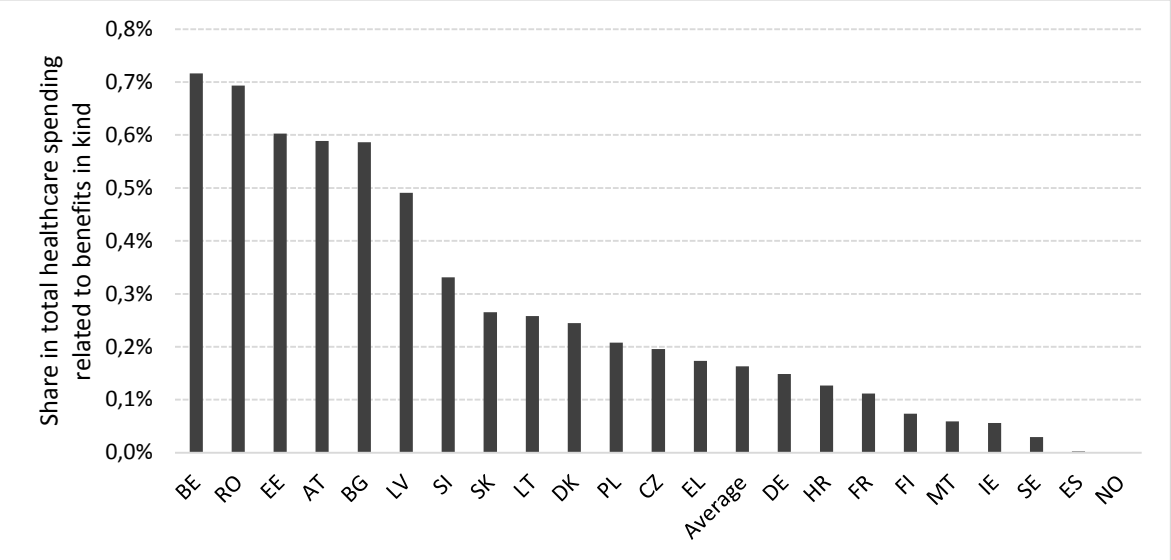
Average cross-border healthcare spending for persons residing in a Member State other than the competent Member State amounts to some 0.3% of total healthcare spending related to benefits in kind *(Figures 3 and 4)*.[63]

None of the reporting Member States had to pay more than 1% of their healthcare spending in kind to persons living abroad *(Figure 3)*. However, no figures are reported by Luxembourg. More than 0.5% of total healthcare spending related to benefits in kind paid by Belgium, Romania, Estonia, Austria and Bulgaria 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 and Bulgaria, both Member States show a relatively high budgetary impact compared to other Member States.

[63] This is the percentage calculated on the basis of the creditors' data. The percentage obtained on the basis of the debtors' data is lower.

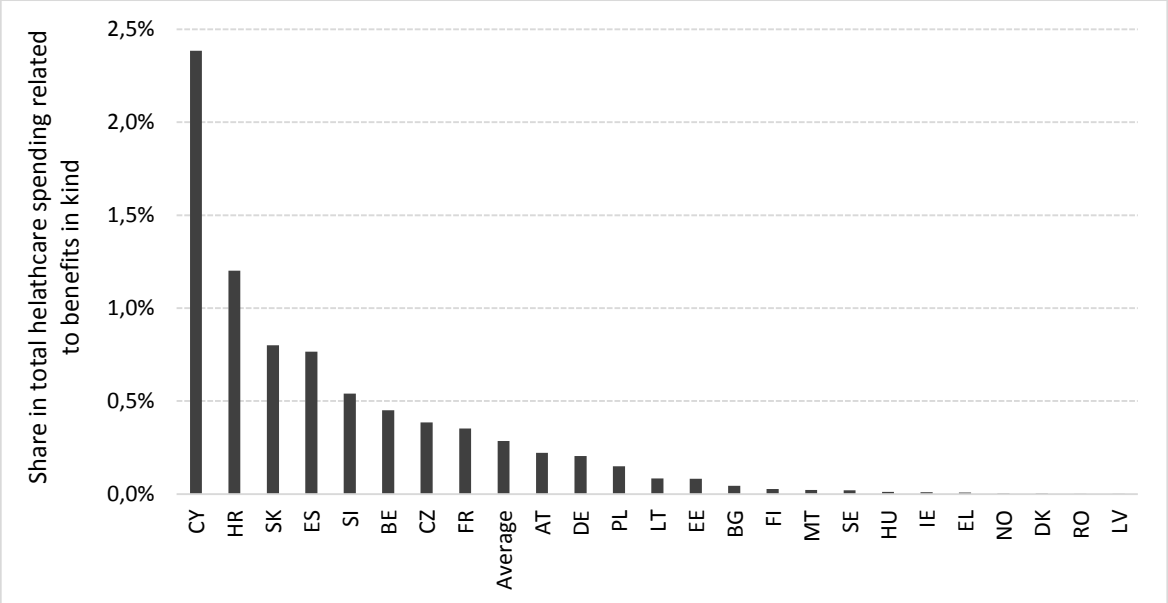
Also from the perspective of the Member States of treatment it is useful to know how high claims are, as cross-border healthcare might put a pressure on the availability of medical equipment and services. Only Cyprus and to a lesser extent Croatia show an amount higher than 1% of total healthcare spending related to benefits in kind was claimed *(Figure 4)*.

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*, *debtor*, 2018**



*The total healthcare spending related to benefits in kind are figures from 2016
Source PD S1 Questionnaire 2019 and Eurostat [spr_exp_fsi]

Figure 4 **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*, 2018**



*The total healthcare spending related to benefits in kind are figures from 2016
Source PD S1 Questionnaire 2019 and Eurostat [spr_exp_fsi]

3.2 Sickness benefits *in cash*

Only six Member States (Luxembourg, Hungary, Malta, Austria, Liechtenstein and Switzerland) 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 *(Tables 11 and 12)*.

Luxembourg paid an amount of € 148.9 million to persons who work in Luxembourg and reside in another Member State and who became sick for a short period in 2018. Most of them reside in France, Belgium and Germany. The reported amount represents approximately 25% of the total amount of 'sick leave benefits' paid in Luxembourg.

Furthermore, Austria exported € 19.8 million *Krankengeld* to persons residing in another Member State and € 10.1 million *Wochengeld*. Most of these persons reside in Slovakia, Hungary and Germany.

Finally, the export of sickness benefits in cash by Switzerland amounts to some € 6.8 million, mainly to persons residing in France.

The above figures show that the majority of cross-border healthcare expenditure in cash can be related to cross-border workers.

Table 11 Export of sickness benefits *in cash* for persons living in a Member State other than the competent Member State, 2018

	LU	HU	MT	AT					LI	CH
Name				*Krankengeld*	*Wochengeld*	*Rehabilitationsgeld*	*Wiedereingliederungsgeld*	*Unterstützungsleistung*		
BE	3,606	10	0	2	0	0	0	1	23	0
BG	0	0	1	10	0	1	0	8		0
CZ	37	1	0	875	173	5	0	32	363	0
DK	0	0	0	0	0	0	0	0	1	0
DE	3,761	46	1	1,486	465	90	59	13	449	4
EE	0	0	0	0	0	0	0	0	1	0
IE	0	0	1	0	0	0	0	0		0
EL	1	0	0	9	0	0	0	0	1	0
ES	3	0	0	2	2	0	0	0	19	0
FR	8,163	0	0	3	0	1	0	0	3	1,023
HR	1	0	0	100	1	4	0	25	10	144
IT	10	0	0	7	18	0	0	2	41	495
CY	0	0	0	0	0	0	0	0		0
LV	0	0	1	0	0	0	0	0		0
LT	0	0	0	0	0	0	0	0		0
LU		0	0	0	0	0	0	0		0
HU	2	0	0	1,364	605	19	0	65	13	0
MT	0	0	0	0	0	0	0	0		0
NL	106	0	0	2	2	0	0	0	351	0
AT	1	7	0						317	1
PL	170	7	0	446	12	3	0	22	140	0
PT	28	0	0	3	0	0	0	0	5	0
RO	15	36	0	19	2	0	0	38		0
SI	0	11	0	869	302	23	1	8	5	0
SK	23	1,926	0	6,078	244	11	0	2,418	193	0
FI	0	0	0	1	1	0	0	0		0
SE	0	4	0	0	2	0	0	0	4	0
UK	2	0	0	0	0	0	0	0		1
IS	0	0	0	0	0	0	0	0		0
LI	0	0	0	0	10	0	0	0		
NO	0	0	0	0	0	0	0	0		0
CH	2	0	0	9	19	0	2	0	96	
Total	15,931	2,048	4	11,285	1,858	157	62	2,632	2,035	1,668

Source PD S1 Questionnaire 2019

Table 12 Healthcare spending related to the export of sickness benefits *in cash* for persons living in a Member State other than the competent Member State, 2018

	LU	HU	MT	AT					LI	CH
Name				*Krankengeld*	*Wochengeld*	*Rehabilitationsgeld*	*Wiedereingliederungsgeld*	*Unterstützungsleistung*		
BE	34,892,465	713	0	3,840	0	0	0	1,077	2,358	0
BG	0	0	598	9,612	0	2,697	0	15,653		0
CZ	169,286	85	0	1,877,793	924,053	72,610	0	62,546	42,864	0
DK	0	0	0	0	0	0	0	0	33	0
DE	36,116,308	9,714	531	4,996,412	2,677,813	935,770	223,052	31,395	219,912	85,954
EE	0	0	0	0	0	0	0	0	374	0
IE	0	0	1,540	0	0	0	0	0		0
EL	37,375	0	0	39,366	0	0	0	0	2,059	0
ES	28,444	0	0	9,350	21,356	0	0	0	7,408	0
FR	74,785,892	0	0	12,446	0	38,581	0	0	1,187	4,787,780
HR	2,721	0	0	402,222	1,529	20,247	0	56,358	5,362	561,483
IT	185,827	0	0	14,190	68,487	0	0	6,375	46,447	1,389,424
CY	0	0	0	0	0	0	0	0		0
LV	0	0	704	0	0	0	0	0		0
LT	0	0	0	0	0	0	0	0		0
LU		0	0	0	0	0	0	0		0
HU	8,862	0	0	3,260,080	3,006,051	168,466	0	135,131	1,648	0
MT	0	0	0	0	0	0	0	0		0
NL	979,621	0	0	7,183	20,971	0	0	0	129,762	0
AT	68,605	8,572	0						213,896	2,086
PL	1,126,300	2,760	0	1,451,867	38,469	87,182	0	48,126	3,570	0
PT	190,570	0	0	9,506	0	0	0	0	313	0
RO	7,176	15,435	0	12,836	2,631	0	0	74,346		0
SI	0	3,771	0	2,209,965	1,769,289	283,358	3,911	15,144	273	0
SK	108,000	757,191	0	5,470,468	1,410,797	88,296	0	4,946,519	70,970	0
FI	0	0	0	268	3,085	0	0	0		0
SE	0	827	0	0	12,619	0	0	0	789	0
UK	59,912	0	0	0	0	0	0	0		80
IS	0	0	0	0	0	0	0	0		0
LI	0	0	0	0	68,577	0	0	0		
NO	0	0	0	0	0	0	0	0		0
CH	96,822	0	0	15,327	103,795	0	9,765	0	225,419	
Total	148,864,188	799,068	3,373	19,802,731	10,129,522	1,697,207	236,728	5,392,670	974,646	6,826,807

Source PD S1 Questionnaire 2019

4 ALTERNATIVE PROCEDURES

Alternative procedures to the S1 route exist for persons residing in a Member State other than the competent Member State. For instance, between the Nordic countries (Denmark, Finland, Sweden, Norway and Iceland) PDs S1 are not exchanged when persons move between these countries.[64] Denmark has also a waiver agreement with a number of countries, including Ireland, Portugal and the UK.

A bilateral agreement exists between Ireland and the United Kingdom (UK) whereby E forms are not exchanged. However, it is necessary to establish that the UK is the competent State by way of verifying a source of income. In the case of an employed/self-employed person (E106/E109), a payslip is evidence of a person's income and is required to establish the link with the social security system in the UK. In the case of pensioners (E121), evidence that a person is in receipt of a pension from the Department of Work and Pensions is required to confirm the link with the social security system.

[64] For more detailed figures for the Nordic countries see the report "Statistics on Patient Mobility in the Nordic Countries": https://norden.diva-portal.org/smash/get/diva2:1148529/FULLTEXT01.pdf

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.

Finally, 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.

ANNEX I ADDITIONAL TABLES

Table A2.1 Number of PDs S1 *issued to insured persons of working age*, breakdown by receiving Member State, *stock*, 2018

	Issuing 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	Total
BE	0	592	586	466	18,588	152	627	135	351	276	6	589	98	149	11	48,365	173	62	37,980	66	670	14	861	213	217	255	562	280	25	11	863	261	113,504
BG	147	0	188	4	354	44	0	22	6	25	3	15	1	30	23	50	4	69	3,161	632	73	1	167	35	244	305	6	1	0	9	34	37	5,690
CZ	430	45	0	0	0	0	34	11	34	20	18	53	17	6	3	784	43	3	782	9,473	482	3	51	42	3,144	95	0	38	18	103	0	122	15,854
DK	57	10	0	0	0	0	0	31	7	3	3	20	1	13	1	8	14	0	36	4	26	1	28	5	8	0	0	10	2	0	0	46	334
DE	10,292	314	0	0	0	0	1,339	295	584	258	77	849	12	66	36	49,012	248	2,214	38,353	17,391	1,844	15	486	96	232	392	0	422	17	217	0	26,397	151,458
EE	11	1	0	0	0	0	6	300	1	0	0	6	0	51	5	3	4	4	124	0	18	0	6	0	3	5,945	0	10	0	0	0	7	6,505
IE	36	6	10	8	24	0	0	0	13	6	0	13	1	0	0	14	0	8	68	0	28	0	23	0	3	31	0	0	0	0	4	18	314
EL	72	112	2	117	473	4	0	0	19	2	0	25	131	1	0	26	0	12	335	39	32	0	57	2	11	289	9	0	1	0	10	60	1,841
ES	865	44	23	126	1,169	3	258	11	0	220	1	242	3	42	4	182	25	108	1,417	18	113	1,080	211	23	41	256	29	313	10	6	279	208	7,330
FR	88,281	83	131	199	46,385	99	371	35	3,448	0	4	520	14	10	6	100,108	49	61	567	40	285	51	180	38	39	193	117	698	8	0	145	42,597	284,762
HR	56	15	17	6	1,427	0	1	0	1	7	0	396	10	0	6	34	26	98	130	1,930	26	0	18	989	432	30	1	12	0	0	57	71	5,796
IT	547	84	44	31	414	10	141	58	103	1,077	9	0	1	6	5	356	22	31	338	394	257	2	278	391	70	175	18	21	3	13	7	661	5,567
CY	5	12	6	5	11	0	2	15	3	0	0	5	0	0	0	5	0	4	7	2	12	0	13	0	3	8	1	6	0	0	0	11	136
LV	22	0	5	42	151	46	0	0	0	0	0	0	0	0	5	21	5	27	2,011	3	16	0	0	0	8	594	5	5	0	10	31	4	3,011
LT	43	5	13	223	1,427	60	115	0	5	1	1	22	2	490	0	10	3	20	1,908	3	94	0	4	1	10	548	228	32	2	0	5,048	3	10,321
LU	2,632	17	40	67	420	2	3	13	11	49	5	17	1	1	4	0	11	0	41	3	40	3	46	2	5	13	13	5	3	1	16	29	3,513
HU	286	25	116	102	10,470	3	77	3	17	539	66	28	5	6	3	98	0	78	2,705	30,117	130	1	1,504	143	3,585	146	44	16	1	8	100	271	50,693
MT	16	0	0	5	12	0	1	1	1	0	0	6	0	0	0	6	2	0	12	0	3	0	0	0	0	4	2	3	0	0	4	21	99
NL	29,176	45	0	0	0	0	172	34	87	13	9	192	9	15	5	1,227	36	230	0	35	127	11	134	17	37	338	0	244	14	63	0	108	32,378
AT	222	149	217	25	13,923	6	8	17	53	20	46	380	13	18	2	84	204	242	126	0	158	2	414	160	1,769	71	26	43	2	82	51	276	18,809
PL	2,679	36	14,774	6076	80,700	49	288	5	49	29	4	91	30	2	31	1,434	32	70	55,924	3,744	0	0	152	53	455	895	1,405	140	23	36	24,155	416	193,777
PT	247	6	0	0	0	0	1	33	450	239	2	131	3	0	0	301	0	21	1,086	3	27	0	152	5	1	36	0	2	2	1	0	112	2,861
RO	770	61	152	56	2,331	5	0	8	9	97	2	76	113	0	0	767	341	262	16,159	5,029	984	0	0	9	1,214	442	31	1	0	22	30	294	29,265
SI	31	19	18	1	325	1	0	0	5	10	118	2,112	13	1	0	3	22	3	62	11,258	21	0	2	0	162	4	2	3	0	0	2	83	14,281
SK	355	64	10,454	39	6,215	0	162	10	18	106	9	137	2	4	1	446	6,586	25	1,886	33,102	255	0	35	70	0	119	25	9	13	58	619	465	61,289
FI	27	8	4	3	33	11	3	3	6	1	0	14	1	11	0	9	7	1	20	3	20	1	19	0	6	0	2	5	1	0	3	23	245
SE	128	20	0	0	0	0	0	14	6	4	7	33	2	23	0	16	15	6	116	6	101	5	53	1	11	0	0	6	4	1	0	20	598
UK	435	51	13	46	100	1	0	20	51	31	0	93	4	4	6	135	5	44	387	7	123	1	133	0	16	0	6	0	7	0	66	228	2,013
IS	0	0	0	3	3	0	0	0	0	1	0	3	0	0	0	4	1	0	0	0	4	0	1	0	0	0	2	1	0	0	6	1	30
LI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	77	1	0	0	0	1	0	0	0	0	0	0	0	80
NO	52	4	0	0	0	0	0	0	1	3	0	6	0	34	0	7	6	0	17	0	34	0	31	2	9	0	0	5	3	0	0	23	237
CH	355	34	63	51	2287	16	116	11	85	89	7	471	4	2	0	131	6	68	143	294	79	16	78	22	24	67	52	50	6	0	92	0	4,719
Total	138,275	1,862	26,876	7,701	187242	512	3,725	1,085	5,424	3,126	397	6,545	491	985	157	203,646	7,890	3,771	165,902	113,673	6,083	1,207	5,137	2,319	11,760	11,251	2,586	2,381	165	641	31,622	72,873	1,027,310

* Imputed data for CZ, DK, DE, EE, SE and NO.

Source PD S1 Questionnaire 2019

Table A2.2 Number of PDs S1 *issued to pensioners*, breakdown by receiving Member State, *stock*, 2018

	Issuing 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	Total
BE	0	287	16	99	3,072	6	22	212	114	62	8	193	11	8	3	3,297	22	0	13,521	22	193	61	315	0	22	22	208	446	0	0	66	88	22,396
BG	116	0	33	38	389	7	6	270	68	3	0	124	6	3	8	7	5	1	170	28	27	3	8	1	10	12	40	830	0	0	17	34	2,264
CZ	61	97	0	0	0	0	1	77	17	11	12	63	3	3	4	10	10	0	209	125	205	1	45	6	2,574	6	0	178	1	0	0	70	3,789
DK	20	9	0	0	0	0	0	5	4	0	0	6	0	3	3	14	3	0	73	1	27	21	8	0	0	0	0	34	1	0	0	1	233
DE	5,706	3,507	0	0	0	0	256	1,341	497	51	241	717	8	297	307	4,390	615	3	12,135	3,371	6,042	217	3,258	44	156	152	0	2,870	14	3	0	2,444	48,642
EE	4	0	0	0	0	0	1	1,333	4	0	0	3	0	34	17	1	0	0	12	3	4	0	0	1	0	420	0	31	1	0	0	2	1,871
IE	69	63	8	4	143	11	0	3	13	3	2	10	0	101	118	5	15	0	310	3	284	1	48	1	19	5	3	0	0	0	7	25	1,274
EL	2,711	103	32	262	25,287	3	2	0	15	0	2	77	343	2	1	8	3	0	916	82	45	1	36	0	2	55	2,606	2,498	0	0	161	273	35,526
ES	16,428	1,243	58	1,874	14,482	32	606	20	0	46	5	1,976	4	42	79	245	73	2	11,840	304	309	369	2,447	8	24	2,132	2,641	62,424	49	4	2,429	632	122,827
FR	22,945	661	123	176	24,093	113	250	107	765	0	3	831	4	39	22	5,840	37	6	7,658	109	353	2,050	1,069	3	9	217	121	36,931	1	0	153	2,276	106,965
HR	87	6	10	28	12,681	0	1	0	1	0	0	201	0	3	0	13	5	0	434	1,715	6	0	5	5,438	2	7	68	76	0	0	11	170	20,968
IT	8,273	435	38	58	4,665	8	4	61	151	26	50	0	0	25	14	379	48	28	1,413	210	353	20	3,286	33	23	71	72	2,555	0	1	37	452	22,789
CY	73	88	3	16	81	0	16	373	2	0	0	43	0	2	2	2	1	0	118	15	5	0	40	0	1	11	118	10,320	0	0	41	25	11,396
LV	3	0	2	13	69	5	0	0	0	0	0	6	0	0	20	2	0	0	13	3	3	0	0	0	0	3	15	35	0	0	3	3	198
LT	7	0	3	6	95	20	1	1	6	0	0	5	0	219	0	3	0	0	25	3	16	0	0	0	0	6	7	40	0	0	11	3	477
LU	1,914	49	2	102	205	1	0	19	11	2	1	55	1	2	1	0	2	1	174	6	21	222	35	0	0	19	17	55	2	0	3	13	2,935
HU	458	8	24	34	3,175	3	16	5	18	3	37	71	1	4	1	10	0	0	1,068	590	36	1	3,447	10	213	24	243	390	0	0	28	468	10,386
MT	70	12	1	22	66	0	31	4	4	0	0	51	0	2	0	1	0	0	170	13	5	0	0	1	2	10	128	2,521	0	0	9	21	3,144
NL	3,209	55	0	0	0	0	4	21	24	4	2	65	0	0	7	38	8	0	0	22	59	31	24	0	4	18	0	262	0	0	0	29	3,886
AT	307	792	99	64	8,686	4	10	70	45	6	77	413	3	14	13	43	421	0	655	0	390	1	1,198	84	313	36	137	571	2	3	25	239	14,721
PL	461	26	168	96	2,096	0	63	2	68	77	3	151	5	10	48	34	13	1	626	126	0	2	13	0	25	17	238	473	1	0	100	53	4,996
PT	2,046	7	0	0	0	0	0	428	324	43	0	696	0	0	0	1,114	2	0	2,885	32	9	29	13	0	0	465	0	3,706	2	0	0	427	12,228
RO	134	4	8	7	522	0	1	37	164	4	0	497	3	0	0	14	308	0	150	44	3	3	0	0	2	2	18	41	0	0	7	36	2,009
SI	248	5	2	3	1,554	0	0	2	1	0	914	218	1	2	1	2	1	0	56	719	5	0	4	0	2	2	45	66	0	0	1	112	3,966
SK	25	22	2730	5	169	0	19	4	9	4	1	25	0	1	0	6	48	0	49	106	24	0	18	0	0	1	12	44	0	0	2	25	3,349
FI	14	13	0	0	115	94	1	15	1	0	0	7	1	8	2	2	5	1	46	5	12	2	8	0	0	0	0	48	0	0	0	32	432
SE	55	104	0	0	0	0	0	45	6	3	13	19	2	29	12	11	20	0	448	18	195	9	122	4	7	2	0	145	0	0	0	30	1,299
UK	497	419	30	138	379	21	0	42	78	3	1	85	11	267	182	32	65	0	1,056	51	978	182	136	4	119	1	118	0	1	0	110	92	5,098
IS	1	1	1	0	2	1	0	0	1	0	0	1	0	1	1	8	0	0	4	0	5	1	2	0	0	0	0	5	0	0	2	0	37
LI	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	1	1	0	1	15	0	0	0	0	0	0	0	0	0	0	0	0	21
NO	21	5	0	0	71	0	0	0	0	0	0	2	0	3	1	0	1	0	99	4	15	2	1	0	1	0	0	52	1	0	0	6	285
CH	742	39	10	49	1,200	1	0	19	57	17	0	397	1	4	2	26	10	0	513	101	33	29	22	1	15	38	54	290	2	0	450	0	4,122
Total	66,705	8,060	3401	3,094	103,297	330	1,311	4,516	2,468	368	1,372	7,011	408	1,128	869	15,558	1,742	43	56,847	7,846	9,662	3,258	15,608	5,639	3,545	3,754	6,909	127,937	78	11	3,673	8,081	474,529

* Imputed data for CZ, DK, DE, EE, SE and NO.

Source PD S1 Questionnaire 2019

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, 2018

	Debtor																														
	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	487	721	679	11,082	413	467	1,417	3,766	34,302	19	0	166	341	51	0	350	81	0	275	1,757	0	1,289	417	511	0	0	3,380	0	0	0	849	62,820
BG	175	0	182	47	558	41	9	140	71	108	2	0	73	4	37	0	7	0	0	794	137	0	17	12	60	0	0	1,344	82	0	0	175	4,075
CZ	289	149	0	199	113,900	17	218	114	1,279	471	122	0	137	13	16	0	145	1	0	37,864	1,988	0	301	97	15,473	0	0	1,120	17	0	0	1,729	175,659
DK	5	71	4	0	457	0	0	0	698	3	1	0	1	1	0	0	2	0	0	7,616	60	0	6	0	0	0	0	0	0	0	0	0	8,925
DE	17,316	6,598	4,733	29,769	0	1,328	837	6,558	20,453	26,638	1,659	0	1,725	2,318	2,199	0	3,397	64	0	123,629	39,039	0	16,587	542	1,313	0	0	17,190	145	0	0	107,468	431,505
EE	39	0	14	172	398	0	0	1	3	72	0	0	3	404	174	0	0	0	0	49	80	0	3	0	3	0	0	0	0	0	0	0	1,415
IE	303	0	0	0	115	0	0	3	7,681	86	0	0	1	65	21	0	0	0	0	2	314	0	0	0	5	3	0	0	0	0	5	34	8,638
EL	2,663	32	30	347	47,138	13	21	0	285	1,323	6	0	1,654	9	3	0	7	2	0	565	179	0	32	1	0	0	0	1,216	0	0	0	865	56,391
ES	124,543	723	2	2,652	18,286	77	846	95	0	52,533	4	0	76	44	86	0	8	5	0	1,858	607	0	1,843	0	29	2,435	3,171	6,844	8	0	19	611	217,405
FR	139,937	456	244	2,982	111,233	75	456	437	16,182	0	27	0	79	21	78	0	79	21	0	446	1,659	0	3,094	42	55	0	0	60,978	11	0	0	42,448	381,040
HR	414	7	34	29	63,943	1	12	0	0	822	0	0	1	2	13	0	86	15	0	27,607	45	0	22	28,846	327	0	0	243	0	0	0	296	122,765
IT	2,763	250	129	333	11,232	11	312	417	2,486	9,571	132	0	44	21	126	0	68	12	0	4,273	1,327	0	5,836	310	64	0	0	4,674	19	0	0	824	45,234
CY	0	0	0	15	87	0	17	4	4	45	0	0	0	0	2	0	0	1	0	17	17	0	11	0	2	8	0	12,130	0	0	0	70	12,430
LV	0	0	0	0	0	0	0	0	0	0	0	0	0	0	39	0	0	0	0	0	1	0	0	0	0	0	0	22	0	0	0	0	62
LT	72	9	43	514	1,397	112	0	0	0	22	0	0	13	674	0	0	0	0	0	3	158	0	2	14	13	0	0	260	0	0	0	5	3,311
LU	1,746	122	65	290	1,025	4	0	324	242	2,303	25	0	0	2	29	0	24	7	0	29	76	0	155	0	3	0	0	89	0	0	0	89	6,649
HU	950	32	302	231	31,560	17	68	26	445	1,274	295	0	28	31	16	0	0	18	0	66,611	339	0	19,414	344	7,038	0	0	0	0	0	0	2,325	131,364
MT	0	9	5	10	0	0	22	1	1	19	0	0	1	1	0	0	0	0	0	10	7	0	0	0	0	0	0	0	4	0	0	10	100
NL	105,555	33	216	526	49,919	128	416	40	2,019	772	23	0	107	31	16	0	160	514	0	165	731	0	203	89	70	10	19	5,326	29	0	39	85	167,241
AT	2,208	4,617	1,856	199	144,706	51	97	848	2,893	2,936	1,286	0	122	86	79	0	2,841	36	0	0	3,791	0	11,385	362	3,886	0	0	5,575	47	0	0	609	190,516
PL	12,883	73	49,761	29,196	351,050	52	5,420	450	3,498	5,560	12	0	274	39	1,134	0	105	132	0	35,362	0	0	215	277	2,653	0	0	13,333	137	0	54	1,809	513,479
PT	6,236	0	0	0	79	2	28	1	12,218	68,228	0	0	8	0	0	0	0	0	0	21	25	0	0	2	0	88	0	3,288	0	0	0	175	90,399
RO	0	0	22	18	0	1	0	1	0	101	1	0	13	0	1	0	810	0	0	532	201	0	0	0	140	0	0	44	0	0	0	96	1,981
SI	0	3	22	14	4,488	0	0	25	169	265	1,857	0	9	0	3	0	22	1	0	30,440	46	0	22	0	153	0	0	165	3	0	0	308	38,015
SK	306	45	52,128	469	21,894	0	143	10	392	288	19	0	28	4	9	0	13,185	7	0	125,711	701	0	126	189	0	0	0	534	3	0	0	1,756	217,947
FI	72	4	1	0	142	977	4	41	7	67	1	0	4	7	7	0	15	5	0	107	64	0	13	0	2	0	0	0	0	0	0	163	1,703
SE	244	12	5	0	1,559	41	0	22	572	36	14	0	32	7	32	0	13	1	0	10	592	0	34	4	13	0	0	148	0	0	0	37	3,428
UK	1,513	5	0	0	0	0	0	32	108	247	0	0	179	218	0	0	0	0	0	42	1,083	0	0	5	3	0	156	0	0	0	0	67	3,658
IS	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	5
LI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	249	0	0	0	0	0	0	0	0	0	0	0	0	249
NO	0	0	0	0	70	0	0	0	4	9	0	0	0	0	0	0	0	0	0	0	22	0	0	0	0	0	0	0	0	0	0	8	113
CH	3,606	193	273	769	30,725	125	59	797	4,196	21,360	22	0	155	38	12	0	70	0	0	3,379	833	0	496	51	243	0	0	5,194	37	0	0	0	72,633
Total	423,838	13,930	110,792	69,460	1,017,044	3,486	9,452	11,804	79,672	229,461	5,527	0	4,934	4,381	4,183	0	21,394	923	0	467,666	55,879	0	61,106	31,604	32,059	10,144	3,346	143,100	542	0	117	162,911	2,978,755

Source PD S1 Questionnaire 2019

Table A2.4 Amount to be paid by the competent Member State for healthcare received abroad by persons with a PD S1, 2018, in €

	Debtor																														
	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	571,564	324,046	537,141	8,678,333	203,366	305,499	257,723	1,264	62,029,211	20,286	0	0	107,923	44,851	0	0	26,448	0	265,124	546,469	0	1,263,979	203,202	361,344	0	0	0	0	0	0	0	75,747,774
BG	58,940	0	25,900	4,108	70,539	5,418	49	35,330	0	3,299	16	0	0	572	13,307	0	0	0	0	68,001	11,853	0	2,685	207	5,417	0	0	0	54,909	0	0	0	360,552
CZ	70,040	70,475	0	29,825	18,439,112	1,992	18,919	74,772	0	100,791	21,773	0	0	20,770	82,863	0	0	7	0	5,166,648	665,831	0	201,161	17,093	6,557,989	0	0	0	1,344	0	0	0	31,541,405
DK	1,738	27,404	4,072	0	650,772	0	0	0	756	181	0	0	0	118	4,672	0	0	0	0	4,199,805	51,121	0	632	0	0	0	0	0	0	0	0	0	4,941,270
DE	12,144,606	4,961,701	3,348,249	25,489,596	0	1,425,712	789,056	12,029,297	166,656	6,863,112	788,036	0	0	2,657,239	2,846,861	0	0	15,291	0	77,224,740	23,766,632	0	15,712,027	226,307	1,196,859	0	0	0	168,449	0	0	0	191,820,426
EE	1,382	0	715	0	49,870	0	343	1,371	28	0	0	0	0	84,426	32,000	0	0	0	0	100	0	0	235	0	62	0	0	0	0	0	0	0	170,532
IE	0	0	0	0	495,722	42,971	0	0	95,503	10,313	0	0	0	30,154	108,545	0	0	0	0	0	82	0	0	0	29,651	17,222	0	0	0	0	64,172	0	894,333
EL	4,417,833	21,024	76,767	9,198	42,809,936	100	3,598	0	0	207	0	0	0	0	624	0	0	57,739	0	64,486	1,712	0	2,816	0	0	0	14,877	0	0	0	0	0	47,480,917
ES	27,913,111	1,817,625	218	6,683,107	50,608,342	80,483	4,029,917	47,314	0	121,128,121	11,554	0	0	161,076	182,214	0	0	8,591	0	1,007,927	493,885	0	4,088,473	0	63,494	6,614,817	8,185,930	0	54,134	0	46,270	0	233,226,601
FR	120,722,513	1,591,632	351,939	2,028,409	89,059,161	213,136	1,375,183	1,342,787	67,846	0	12,932	0	0	39,971	111,683	0	0	7,649	0	1,113,164	3,180,703	0	4,931,065	16,037	46,566	0	0	0	13,824	0	0	0	226,226,199
HR	77,742	1,442	9,608	82,069	15,618,137	2,563	3,214	0	0	324,168	0	0	0	212	739	0	0	3,434	0	2,813,102	7,402	0	2,606	7,952,357	24,079	0	0	0	0	0	0	0	26,922,875
IT	2,745,841	146,250	47,940	170,071	8,008,533	14,952	46,244	102,966	4,289	4,571,986	83,172	0	0	8,754	78,817	0	0	3,592	0	2,265,447	412,298	0	6,928,496	109,068	25,759	0	0	0	18,064	0	0	0	25,792,540
CY	0	0	0	10,080	60,447	0	27,710	50,955	4,390	14,601	0	0	0	1,437	1,387	0	0	677	0	8,671	3,947	0	7,901	0	350	7,509	98,638	0	0	0	36,002	0	334,705
LV	0	0	0	0	0	0	0	0	0	0	0	0	0	0	524	0	0	0	0	0	83	0	0	0	0	0	0	0	0	0	0	0	607
LT	5,358	171	3,771	23,884	200,924	34,088	12,734	0	0	2,603	0	0	0	351,392	0	0	0	0	0	3,832	28,470	0	29	3,413	438	0	0	0	0	0	0	0	671,108
LU	6,478,271	214,906	25,727	597,113	2,407,583	5,492	0	76,787	218	2,966,477	1,741	0	0	6,776	16,098	0	0	1,779	0	36,308	157	0	408,512	0	520	0	0	0	0	0	0	0	13,244,465
HU	223,395	5,833	62,881	39,353	4,083,269	606	29,491	3,606	0	89,405	38,534	0	0	3,558	7,865	0	0	866	0	6,402,463	55,478	0	3,689,767	45,192	860,218	0	0	0	0	0	0	0	15,641,780
MT	0	5,579	16	0	0	0	5,922	0	23	778	0	0	0	104	0	0	0	0	0	1,378	0	0	0	0	0	0	0	0	352	0	0	0	14,152
NL	23,403,848	45,726	55,070	160,850	21,314,038	24,669	88,762	136,698	112,121	736,097	1,342	0	0	1,478	44,479	0	0	138,192	0	132,970	348,176	0	46,689	48,929	40,882	38,333	50,117	0	2,569	0	96,682	0	47,068,717
AT	1,290,742	2,122,625	719,165	93,655	67,216,654	23,426	8,242	848,831	437	647,152	302,699	0	0	16,673	71,946	0	0	3,620	0	0	1,503,500	0	5,699,914	21,076	1,740,494	0	0	0	19,492	0	0	0	82,350,342
PL	802,242	29	2,403,581	1,369,649	17,442,739	2,882	678,078	44,578	1,339	343,147	1,655	0	0	4,553	90,399	0	0	2,931	0	1,657,407	0	0	14,451	14,996	157,577	0	0	0	8,292	0	0	0	25,040,524
PT	0	31	0	0	86,510	0	34,385	0	666,880	110,992	0	0	0	0	0	0	0	0	0	7,711	0	0	0	0	0	103,883	0	0	0	0	0	0	1,010,393
RO	0	4	334	706	0	67	0	0	0	6,673	0	0	0	0	17	0	0	0	0	29,290	40,783	0	0	0	3,887	0	0	0	0	0	0	0	81,761
SI	0	535	7,178	5,869	3,627,669	0	7,283	5,473	0	195,439	2,286,740	0	0	0	8,490	0	0	42	0	7,039,935	14,954	0	2,752	0	22,212	0	0	0	1,735	0	0	0	13,226,304
SK	28,539	1,361	10,832,711	39,485	2,551,319	0	76,443	659	0	22,948	2,077	0	0	624	363	0	0	411	0	20,112,953	122,472	0	36,438	151,331	0	0	0	0	164	0	0	0	33,980,298
FI	0	642	120	0	498,249	3,557,733	391	85,926	11,070	63,742	1,980	0	0	72,223	28,624	0	0	103	0	53,355	77,151	0	21,528	0	1,790	0	0	0	0	0	0	0	4,474,629
SE	0	28,116	2,055	0	4,631,487	93,757	0	16,737	28,224	2,008	29,328	0	0	2,228	95,310	0	0	72	0	19,856	185,214	0	77,915	0	100,466	0	0	0	0	0	0	0	5,312,774
UK	0	18,724	0	0	0	0	0	0	350,615	473,390	0	0	0	4,212	0	0	0	0	0	52,286	728,770	0	0	0	6,895	0	0	0	0	0	0	0	1,634,892
IS	0	0	0	0	81	0	0	0	0	85	0	0	0	0	0	0	0	0	0	5,495	92	0	0	0	0	0	0	0	0	0	0	0	5,752
LI	0	0	0	0	0	0	0	0	0	7,854	0	0	0	0	0	0	0	0	0	156,194	31,782	0	0	0	0	0	0	0	0	0	0	0	195,830
NO	0	0	0	0	534,664	0	0	0	11,966	0	0	0	0	0	0	0	0	0	0	0	39,626	0	0	0	0	0	0	0	0	0	0	0	586,256
CH	1,131,783	80,460	85,192	48,265	14,059,777	67,320	31,786	279,923	9,354	7,190,548	0	0	0	1,634	3,046	0	0	0	0	3,502,814	104,716	0	143,566	3,525	128,682	0	0	0	32,145	0	0	0	26,904,536
Total	201,517,923	11,733,858	18,387,256	37,422,434	373,203,865	5,800,735	7,573,250	15,441,732	1,532,980	207,905,329	3,603,866	0	0	3,578,107	3,875,725	0	0	271,444	0	133,411,462	32,423,358	0	43,283,639	8,812,733	11,375,630	9,451,765	8,349,561	0	375,472	0	243,126	0	1,139,575,250

Source PD S1 Questionnaire 2019

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, 2018

	Creditor																															
	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	89	280	10	18,686	39	45	418	11,218	152,539	414	0	39	0	72	0	946	36	60,969	3,408	11,010	0	46	79	393	34	35	130	0	0	5	3,721	264,661
BG	850	0	278	12	8,894	4	32	416	1,103	1,025	34	0	627	0	4	0	45	4	167	5,923	143	0	0	11	83	48	17	296	0	0	0	369	20,385
CZ	527	66	0	4	4,514	14	13	0	66	244	34	0	28	0	43	0	287	5	225	4,409	49,102	0	2	22	48,418	1	7	32	0	0	0	251	108,314
DK	309	20	206	0	33,629	172	0	342	2,705	2,982	75	0	30	0	519	0	235	18	532	3,194	27,611	0	8	14	416	0	0	0	0	0	0	777	73,794
DE	9,236	233	118,181	237	0	398	268	54,550	18,577	111,122	63,962	0	215	49	1,405	0	26,987	99	51,990	222,086	332,058	0	128	4,473	19,348	988	803	565	0	0	69	25,039	1,063,066
EE	334	20	17	0	1,337	0	17	0	37	200	1	0	12	0	110	0	17	0	128	97	45	0	1	0	0	858	18	0	0	0	0	126	3,375
IE	506	1	164	0	1,449	13	0	0	971	896	9	0	50	0	95	0	114	49	413	506	4,393	0	0	0	169	8	0	0	0	0	0	33	9,839
EL	1,250	197	150	0	10,864	25	3	0	104	541	10	0	1,056	0	1	0	29	1	140	1,452	529	0	2	29	48	61	42	32	0	0	0	853	17,419
ES	940	45	208	2	6,402	11	17	0	0	10,762	4	0	18	0	11	0	115	4	459	2,002	1,043	0	40	11	64	31	10	109	2	0	0	2,427	24,737
FR	20,697	24	479	0	31,598	72	70	1,183	26,931	0	822	0	85	0	22	0	1,261	5	761	5,092	5,127	0	18	173	319	75	54	270	0	0	73	21,889	117,100
HR	14	0	118	1	1,672	0	5	0	5	27	0	0	0	0	0	0	294	0	24	2,174	14	0	0	1,857	42	2	13	1	0	0	0	22	6,285
IT	3,236	207	777	0	22,410	108	24	669	5,599	9,701	1,861	0	180	0	60	0	697	103	1,517	17,405	5,647	0	183	5,296	935	111	20	106	0	0	2	37,869	114,723
CY	213	37	46	0	73	0	0	690	2	30	0	0	0	0	0	0	6	0	59	81	138	0	0	4	6	0	1	1	0	0	0	99	1,486
LV	361	2	15	1	2,323	404	65	0	45	50	2	0	35	0	674	0	27	4	31	152	53	0	0	0	0	33	8	222	0	0	0	57	4,564
LT	55	39	15	0	2,239	174	124	0	85	77	13	0	32	38	0	0	14	0	18	168	1,010	0	0	3	7	13	8	181	1	0	0	10	4,324
LU	150,224	8	2,137	20	171,528	21	0	0	328	286,858	48	0	1	0	3	0	109	0	6,325	2,285	7,654	0	30	2	1,545	0	0	23	0	0	0	868	630,017
HU	556	10	163	6	3,323	1	19	0	65	181	60	0	28	0	6	0	0	2	183	4,771	130	0	55	53	16,688	23	33	0	0	0	0	201	26,557
MT	116	0	4	0	69	0	0	4	5	46	49	0	6	0	0	0	24	0	516	61	180	0	0	1	21	5	1	0	0	0	0	0	1,108
NL	82,548	70	1,407	136	219,468	340	355	2,594	12,927	21,182	935	0	134	0	410	0	3,736	72	0	11,647	54,521	0	131	133	2,768	343	429	2,522	0	0	58	6,218	425,084
AT	130	237	35,943	0	97,770	23	4	244	393	402	16,271	0	24	0	3	0	71,349	4	173	0	28,495	0	94	27,531	119,971	75	12	82	0	0	3	2,046	401,279
PL	1,562	84	1,998	63	38,693	80	294	0	311	1,725	46	0	53	0	157	0	284	8	687	5,570		0	35	46	633	52	177	1,026	0	0	8	815	54,407
PT	444	0	34	0	2,355	0	10	0	2,991	4,074	0	0	6	0	4	0	10	0	68	522	10	0	1	0	2	20	6	390	0	0	0	2,731	13,678
RO	938	8	249	10	14,194	8	63	0	2,786	2,906	19	0	167	0	10	0	16,337	0	249	11,677	152	0	0	30	138	55	103	103	0	0	0	544	50,746
SI	408	6	109	0	556	5	1	0	8	45	28,846	0	4	0	14	0	330	4	99	1,949	250	0	0	0	167	0	4	5	0	0	0	86	32,896
SK	383	43	16,064	3	1,320	2	13	0	33	89	358	0	41	0	18	0	6,531	0	82	6,251	2,386	0	8	200	0	1	10	181	0	0	0	163	34,180
FI	375	15	105	0	1,606	7,158	7	0	2,443	527	12	0	29	6	202	0	81	14	125	880	814	0	4	2	110	0	0	0	0	0	0	500	15,015
SE	457	32	295	0	4,591	1,028	0	5,809	3,122	3,162	142	0	218	1	272	0	850	93	204	2,893	8,430	0	12	99	144	0	0	169	0	0	0	1,081	33,104
UK	1,533	1,628	166	0	22,260	0	0	12,163	88,147	117,315	244	0	17,067	22	243	0	0	0	3,479	11,055	24,263	0	6	173	680	0	130	0	3	0	0	6,848	307,425
IS	68	0	14	0	191	0	0	0	90	37	0	0	2	0	0	0	0	9	43	153	539	0	0	0	1	0	0	0	0	0	0	97	1,244
LI	57	0	417	0	1,767	0	0	0	25	30	7	0	0	0	0	0	53	0	426	1,198	102	0	0	3	189	1	0	0	0	0	0	36	4,311
NO	453	27	462	0	4,060	891	12	0	3,939	992	142	0	62	0	6,670	0	351	7	831	876	98,446	0	1	7	2,706	0	0	0	2	0	0	343	121,280
CH	589	72	1,444	0	116,095	40	27	785	569	42,384	256	0	38	0	5	0	2,329	12	76	6,791	1,765	0	19	308	2,257	233	15	71	0	0	4	0	176,184
Total	279,369	3,220	181,945	505	845,936	11,031	1,488	79,867	185,630	772,151	114,676	0	20,287	116	11,033	0	133,448	553	130,999	336,728	666,060	0	824	40,560	218,268	3,071	1,956	6,517	8	0	222	116,119	4,162,587

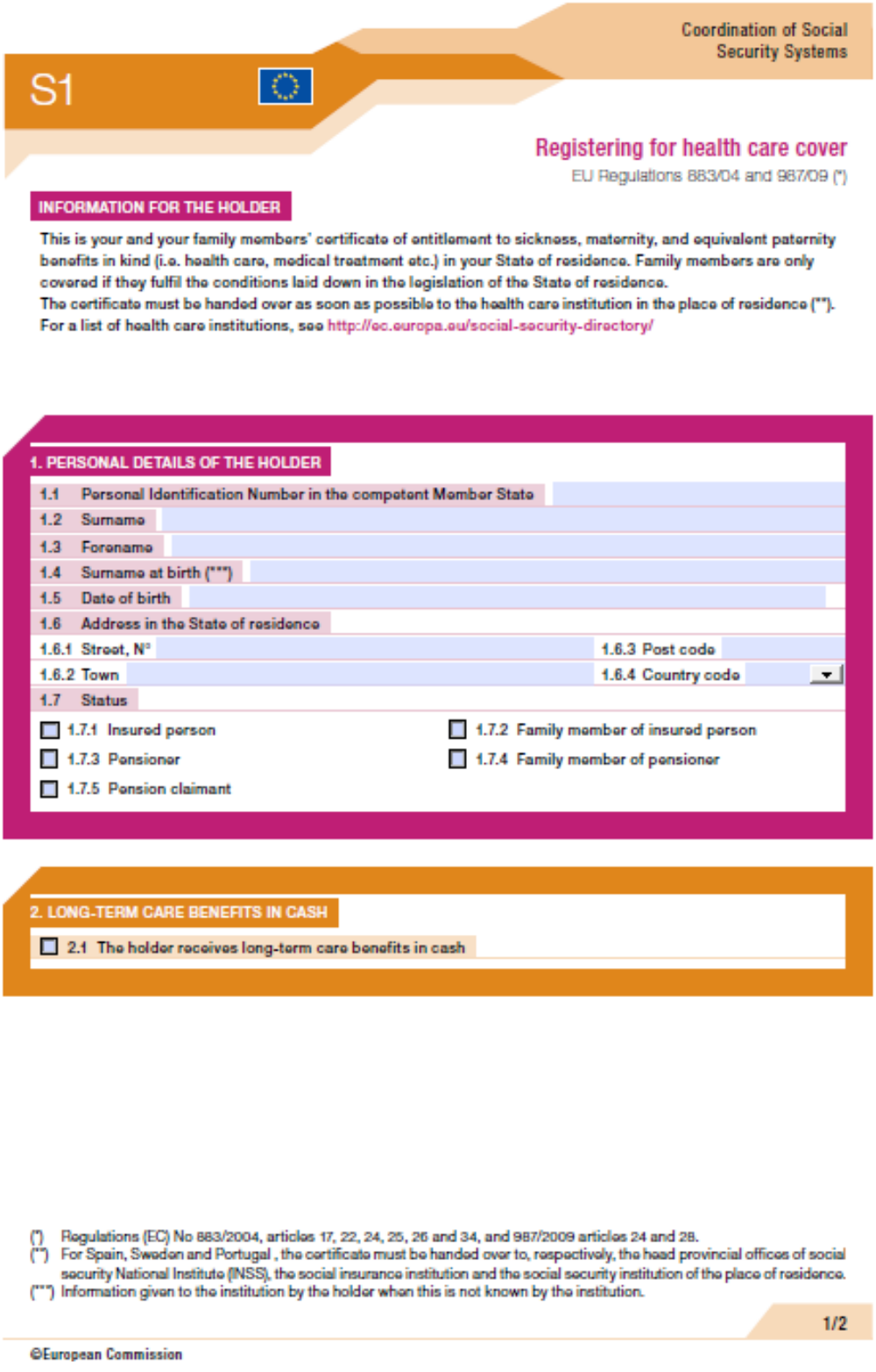
Source PD S1 Questionnaire 2019

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, 2018, 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	20,093	76,901	2,265	12,995,614	0	0	0	26,034,724	139,663,604	157,603	0	39,310	0	5,363	0	0	5,366	0	623,467	568,522	0	1,518	87,411	46,494	20,763	74,965	0	0	0	0	0	180,423,983
BG	498,931	0	72,646	27,518	12,133,567	0	0	10,455	2,741,370	1,859,548	23,113	0	0	0	171	0	0	32	0	895,663	1,133	0	0	535	18,133	71,466	27,283	0	0	0	0	0	18,381,563
CZ	135,734	15,526	0	39	3,535,021	0	26,366	934	112,544	351,774	327,681	0	0	0	3,839	0	0	34	0	654,489	944,669	0	74	4,010	10,753,071	120	1,147	0	0	0	0	0	16,867,071
DK	156,866	5,181	88,822	0	20,294,625	0	0	3,069	7,094,623	4,146,619	145,069	0	13,671	0	23,884	0	32,655	4,217	0	263,692	1,372,450	0	760	5,869	45,794	0	0	0	0	0	0	0	33,697,866
DE	4,738,523	42,282	19,193,000	199,560	0	49,819	241,044	0	50,015,018	89,059,161	17,633,092	0	9,901	2,491	156,981	0	172,503	14,715	0	31,876,448	7,781,184	0	9,225	2,756,965	2,468,835	608,482	1,824,057	0	0	0	324,707	0	229,177,994
EE	96,804	5,596	646	0	1,375,571	0	74,755	100	80,488	189,242	15,640	0	973	0	34,086	0	129	0	0	15,227	2,819	0	19	0	0	1,955,737	805	0	0	0	0	0	3,848,638
IE	196,089	552	87,043	0	611,129	343	0	3,598	2,205,431	1,031,318	21,744	0	12,425	0	824	0	0	19,379	0	42,143	217,660	0	0	0	66,374	6,032	93,459	0	0	0	0	0	4,615,543
EL	456,622	106,617	48,474	0	7,917,570	2,148	0	0	132,099	760,283	6,607	0	84,326	0	438	0	0	35	0	835,365	43,653	0	33	9,651	4,282	48,221	39,730	0	0	0	0	0	10,496,154
ES	514,044	13,788	106,981	1,793	5,526,357	0	0	0	0	7,716,314	37,209	0	2,368	0	0	0	12,799	331	0	292,036	13,242	0	1,944	8,284	8,431	18,619	48,918	0	907	0	0	0	14,324,365
FR	10,804,668	1,938	105,579	0	23,196,928	0	10,313	0	74,953,018	0	669,030	0	0	0	2,779	0	0	867	0	561,577	167,111	0	1,532	191,185	54,206	66,036	12,311	0	0	0	0	0	110,799,077
HR	13,141	0	38,834	0	1,367,339	0	0	0	11,558	25,143	0	0	0	0	0	0	0	0	0	221,747	1,608	0	0	2,286,555	2,283	4,967	29,777	0	0	0	0	0	4,002,952
IT	1,260,763	78,713	336,001	0	16,339,577	12,659	31,884	0	14,443,443	16,482,647	1,129,831	0	0	0	1,922	0	0	19,417	0	2,129,488	118,347	0	12,528	2,535,767	159,906	78,874	18,134	0	0	0	0	0	55,189,900
CY	146,102	41,135	7,587	0	70,428	0	0	471,804	6,821	42,945	0	0	0	0	0	0	0	0	0	30,880	1,765	0	0	0	1,169	0	201	0	0	0	0	0	820,838
LV	107,045	1,756	2,750	118	2,607,544	87,439	30,154	0	86,620	80,708	1,964	0	1,161	0	351,392	0	0	550	0	4,427	1,789	0	0	0	0	89,809	1,987	0	0	0	0	0	3,457,211
LT	11,182	13,677	49,326	4,579	2,866,285	32,000	108,545	624	178,068	150,432	9,370	0	7,554	466	0	0	7,474	0	0	21,912	50,801	0	0	8,490	441	38,544	87,455	0	70	0	0	0	3,647,295
LU	56,348,824	2,486	364,431	1,698	81,462,411	2,078	0	0	602,275	167,801,075	51,074	0	0	0	587	0	6,653	0	0	222,747	75,926	0	918	354	193,818	0	0	0	0	0	0	0	307,137,356
HU	275,194	1,682	30,518	28	3,328,237	36	3,094	105	140,642	386,830	152,149	0	0	0	111	0	0	70	0	809,106	7,891	0	2,631	12,350	1,957,100	15,517	1,330	0	0	0	0	0	7,124,621
MT	28,780	0	254	0	16,593	0	0	0	8,456	17,988	594	0	677	0	0	0	0	0	0	883	0	0	0	0	1,325	103	69	0	0	0	0	0	75,721
NL	47,928,310	19,814	546,552	164,714	106,343,765	0	678,613	81,685	33,537,500	26,076,291	569,629	0	102,653	0	48,009	0	235,402	15,980	0	1,733,809	4,584,470	0	7,251	70,232	455,881	138,275	2,708,446	0	0	0	417,285	0	226,464,563
AT	44,493	29,411	5,555,389	0	60,874,667	0	6,084	30,808	844,355	440,782	2,964,513	0	13,179	0	3,925	0	0	1,006	0	0	939,905	0	4,308	5,940,324	17,084,820	39,576	44,727	0	0	0	4,214	0	94,866,486
PL	830,870	35,266	640,908	51,137	40,580,067	0	0	0	505,676	1,763,181	292,810	0	60,620	169	36,142	0	20,998	470	0	874,933	0	0	1,001	14,898	216,391	49,619	188,880	0	0	0	37,136	0	46,201,170
PT	228,035	837	12,125	0	2,341,083	0	3,769	0	3,672,927	9,561,930	46	0	0	0	222	0	0	0	0	120,584	15,569	0	18	0	86	9,168	2,365	0	0	0	0	0	15,968,764
RO	382,410	2,124	124,426	25	18,524,503	0	28,099	0	6,327,329	5,795,592	24,246	0	27,627	0	1,453	0	122	0	0	2,684,203	806	0	0	6,413	59,312	59,763	146,010	0	0	0	0	0	34,194,464
SI	158,200	1,644	13,661	0	399,517	0	0	0	15,785	27,052	9,262,430	0	266	0	3,413	0	0	361	0	231,846	15,027	0	0	0	42,581	0	21,203	0	0	0	0	0	10,192,985
SK	98,713	9,239	7,648,378	0	1,215,513	62	25,859	0	45,474	102,850	237,153	0	232	0	642	0	20,482	0	0	820,723	110,621	0	2,385	10,049	0	1,631	7,845	0	0	0	0	0	10,357,852
FI	203,312	4,004	29,045	0	1,102,482	585,598	22,101	244	6,617,252	507,800	55,935	0	0	0	6,368	0	0	1,045	0	213,579	73,192	0	125	557	8,111	0	0	0	0	0	0	0	9,430,749
SE	195,211	7,951	153,925	0	4,713,028	0	0	0	8,098,967	5,066,900	123,288	0	125,971	0	25,710	0	0	13,002	0	613,273	223,454	0	300	60,205	41,730	0	0	0	0	0	0	0	19,462,915
UK	785,032	414,387	153,925	0	21,078,059	0	0	0	243,992,780	158,423,465	640,529	0	12,549,127	224	69,325	0	0	0	0	2,605,831	902,165	0	2,343	283,055	175,466	0	573,848	0	3,359	0	0	0	442,652,922
IS	34,685	0	153,925	0	455,521	0	0	0	74,560	143,860	0	0	0	0	0	0	0	489	0	10,126	1,021	0	0	0	208	0	0	0	0	0	0	0	874,395
LI	44,119	0	50,865	0	810,991	0	0	0	28,604	11,888	0	0	0	0	0	0	0	0	0	64,502	797	0	0	58	19,323	1,636	0	0	0	0	0	0	1,032,782
NO	171,259	7,116	197,476	0	3,327,596	0	64,172	3,437	8,766,614	1,228,929	95,585	0	47,807	0	485,243	0	79,885	503	0	127,270	5,026,778	0	112	1,672	344,542	0	0	0	452	0	0	0	19,976,448
CH	305,526	0	328,483	0	58,702,644	20,828	11,747	123,831	1,302,095	18,673,161	0	0	0	0	1,808	0	0	1,422	0	829,230	83,230	0	2,382	183,242	320,606	106,149	0	0	0	0	0	0	80,996,384
Total	127,199,488	882,815	36,218,876	453,474	516,114,231	793,011	1,366,598	730,694	492,502,415	657,589,309	34,647,933	0	13,099,849	3,350	1,264,636	0	589,104	99,293	0	50,431,206	23,347,605	0	51,405	14,478,132	34,550,718	3,429,105	5,954,952	0	4,788	0	783,342	0	2,016,586,328

Source PD S1 Questionnaire 2019

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

☐ 1.7.1 Insured person
☐ 1.7.2 Family member of insured person
☐ 1.7.3 Pensioner
☐ 1.7.4 Family member of pensioner
☐ 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.

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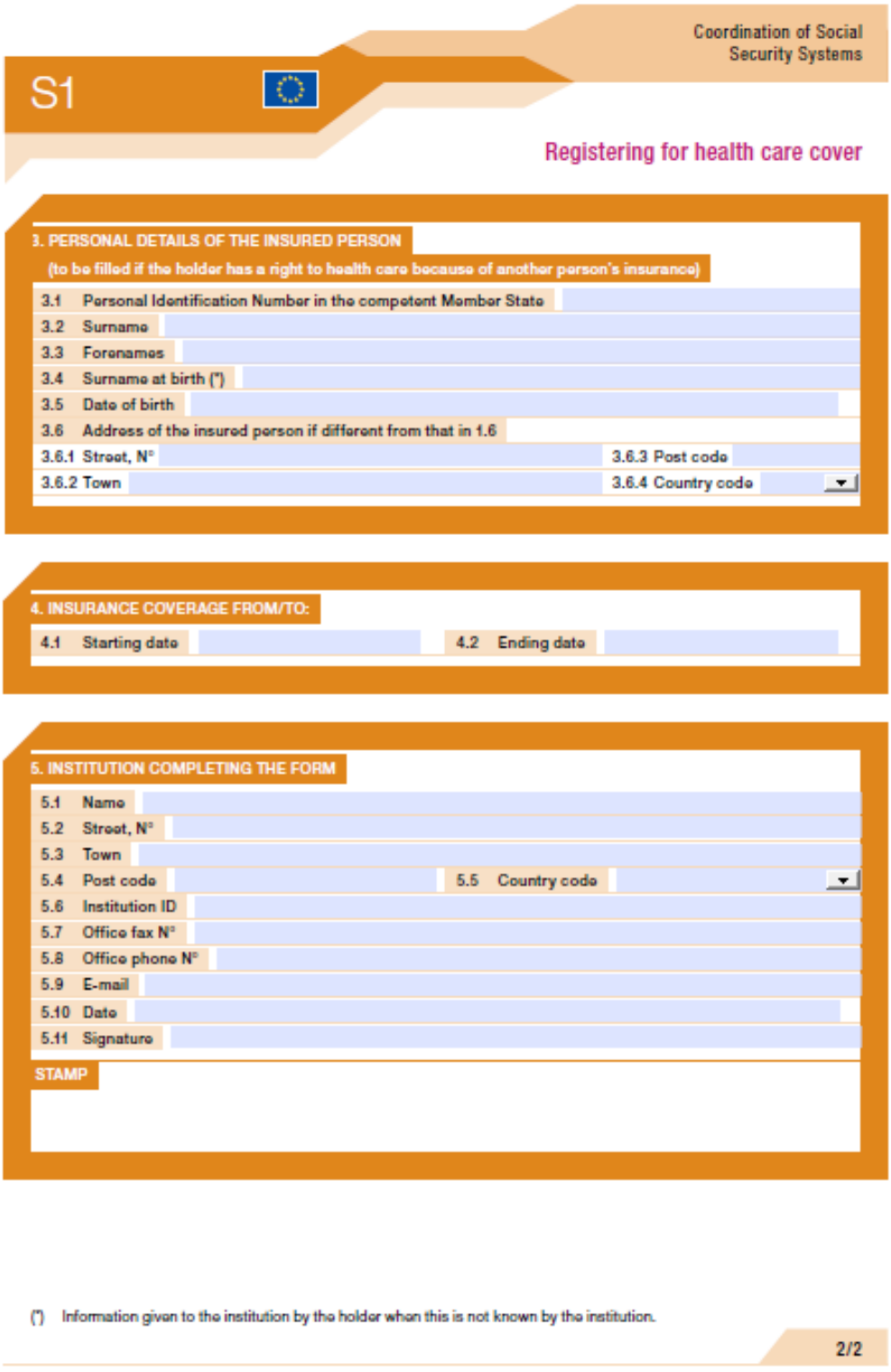


Coordination of Social Security Systems

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		
3.2	Surname		
3.3	Forenames		
3.4	Surname at birth (*)		
3.5	Date of birth		
3.6	Address of the insured person if different from that in 1.6		
3.6.1	Street, N°	3.6.3 Post code	
3.6.2	Town	3.6.4 Country code	

4. INSURANCE COVERAGE FROM/TO:

4.1	Starting date	4.2 Ending date	

5. INSTITUTION COMPLETING THE FORM

5.1	Name		
5.2	Street, N°		
5.3	Town		
5.4	Post code	5.5 Country code	
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.

2/2

Chapter 4
Monitoring of healthcare reimbursement

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

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.

As previously mentioned, 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, Portugal, Sweden, the United Kingdom and, in addition, Norway. Most of the persons concerned live in Spain.

The Member States not listed in Annex IV of the basic Regulation[65], 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 Coordination 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 members 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.

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

1 INTRODUCTION

AS previously mentioned, 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, Portugal, 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.*

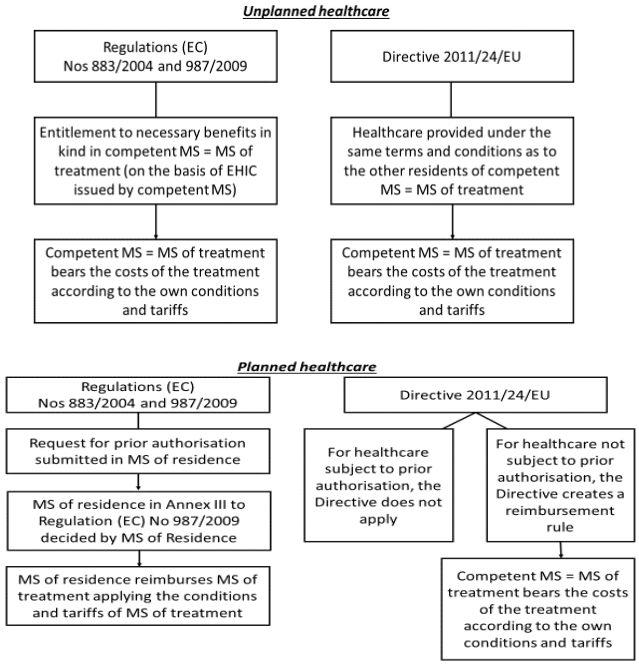
Neither of the three other questionnaires collecting data on cross-border healthcare *(i.e. the questionnaire on planned healthcare (PD S2), the one on unplanned healthcare (EHIC) and finally the one on persons entitled to healthcare residing in a Member State other than the competent Member State (PD S1))* 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, which is compliant with the obligations provided for under Article 20(3) of the Directive, and the note AC 070/14[66] 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:[67]

- *"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

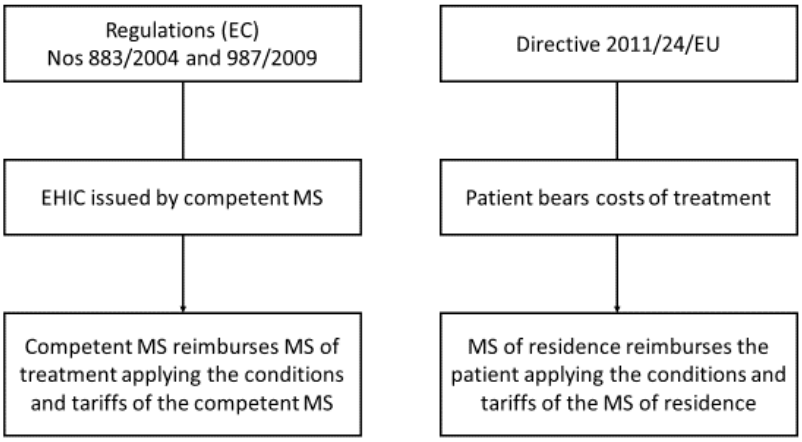


Source AC 246/12

- *"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)*

[66] 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.
[67] See http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52014DC0044&from=EN.

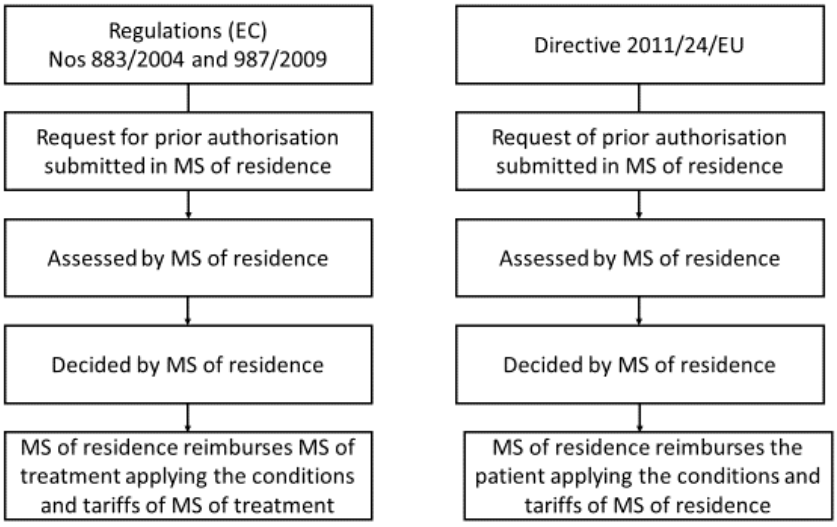
Figure 2 **Unplanned healthcare for family members of frontier workers and pensioners and their family members received in a third Member State and residing in a Member State listed in Annex 3 to the Implementing Regulation**



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 S5*[68]*." (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

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

1.2 Member States that responded to the questionnaire

The questionnaire on the monitoring of healthcare reimbursement 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. More specifically, it had to be answered by Ireland, Spain, Cyprus, Portugal, Sweden, the United Kingdom and Norway. Since 1 January 2018, Finland and the Netherlands are not a lump-sum Member State anymore, and are therefore no longer listed in Annex 3. Ireland, Spain, Cyprus, Sweden and the United Kingdom (or 5 out of the 7 Member States concerned) provided data on the number of persons involved for reference year 2018 *(Question 1)*. Input regarding the reimbursement of planned *(Question 3)* and unplanned healthcare *(Question 4)* received in a third Member State or in the competent Member State, could not be provided by any of the seven Member States concerned.

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, Italy, Lithuania, Malta, Portugal, Slovakia and Iceland (7 out of the 15 Member States concerned) provided data for 2018 (*Question 5*).

The third and final part of the questionnaire had to be answered by all Member States. However, only Austria, Belgium, Bulgaria, Estonia, Greece, Italy, Hungary, Luxembourg, Malta, Poland and Slovenia (11 out of the 32 Member States concerned) were able to provide data for reference year 2018 (*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, five 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:[69]

- 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. More specifically, Portugal and Norway were not able to provide this data. Nevertheless, similar data are collected by the so-called 'PD S1 Questionnaire' (see also Chapter 3). These figures are reported in *Table 2 (*See *Table 4* in paragraph 2.2 of Chapter 3*)*.

[69] Article 63(2) of Regulation (EC) No 987/2009.

Most persons involved live in Spain. When comparing the reported numbers to reference year 2017 (187,250 persons in total), an increase is noticeable, but this is due to the improved information availability. For instance, data concerning Ireland, Portugal, Sweden and the United Kingdom were not available last year. When only comparing data from Member States which had data available both in 2017 and 2018 (namely only Spain, Cyprus and Norway) an increase in the number of people can still be observed, albeit less impressive (from 174,602 in 2017 to 181,887 in 2018). This is due to the growth in all three Member States, in Cyprus even an impressive growth of over 20% (from 14,854 persons in 2017 to 18,323 persons in Cyprus). However, due to the limited data availability, this increase should not be regarded as a general trend.

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. This 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 the United Kingdom (*Table 1*) and Spain (*Table 2*) have the highest number of incoming mobile pensioners insured in another Member State. Therefore, these countries and the Member States having issued the PD S1 for the persons residing there (mainly the Netherlands and the United Kingdom[70] respectively) might be the first to observe an effect of the Directive.

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, 2013-2018

	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)					
	2018	2017	2016	2015	2014	2013	2018	2017	2016	2015	2014	2013
IE	2	30	1,216	368			824	875	649	162		
ES	390	409	429	443	453	1,338	162,979	159,040	157,374	156,570	156,060	166,294
CY	21		27				18,179		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	42	25	48				1,691	1,730	1,654			
UK											2,220	
NO		1	2	2	3	2		187	129	247	208	215

* As of 1 January 2018, the Netherlands and Finland are no longer a lump-sum Member State and are no longer listed in Annex 3 to Regulation (EC) No. 987/2009.
** PT and NO were unable to provide data.
*** ES: 390 forms referred to family members residing in Spain when the insured person is resident in another Member State (each form may contain one or more family members, therefore individualized data is not available).
**** Please note that ES has amended its figures for 2014.
Source Questionnaire on the monitoring of healthcare reimbursement 2019, Question 1

[70] Approximately 961 pensioners are insured in the Netherlands and reside in the United Kingdom. Furthermore, some 65,500 pensioners are insured in the United Kingdom and reside in Spain.

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, 2018

	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	Total for reference year 2017
		Pensioners	*Family members*	*Subtotal*		
IE	66	1,056	93	1,149	1,215	
ES	390	143,981	18,998	162,979	163,369	159,556
CY	144	13,805	4,374	18,179	18,323	14,854
NL						12,648
PT*	900	12,228	1,636	13,864	14,764	
SE*	231	1,299	141	1,440	1,671	
UK	112	4,752	441	5,193	5,305	
NO	0	186	9	195	195	192
Total	**1,843**	**177,307**	**25,692**	**202,999**	**204,842**	**187,250****

* Data for PT and SE was imputed.
** The total reported for reference year 2017 was 187,778. However, this included 528 persons living in Finland, which is not a lump-sum Member State anymore since 1 January 2018.
Source PD S1 Questionnaire 2019 (See *Table 4* in paragraph 2.2 of Chapter 3)

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 Regulation[71], which do not give more rights for pensioners returning to the competent Member State, will 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. Therefore, they might consider themselves 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.

Seven 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 2018 *(Table 3).*

In 2018, Italy provided healthcare to 302 pensioners and family members residing in a lump-sum Member State, most of which residing in Spain. Estonia, Lithuania and Slovakia provided healthcare to a pensioners and family members mainly residing in the UK. Estonia reported an amount of reimbursed of € 43,964 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 Lithuania (€ 27,552), Italy (€ 10,724) and Slovakia (€ 1,761) had to reimburse very low amounts.

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

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.[72] 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.

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, 2018**

	Number of persons							Amount reimbursed (in €)					
	EE	IT	LT	MT	PT	SK	IS	EE	IT	LT	MT	PT	SK
IE	3	2	28	0	0	11	0	1,077	0	8,510	0	0	1,000
ES	9	168	11	0	0	15	179	15,040	0	6,962	0	0	742
CY		1	1	0	0	0	0		0	291	0	0	0
NL		22		0	0	0	5				0	0	0
PT		89		0	0	0	6		10,724		0	0	0
FI	48	2		0	0	0	0	23,822			0	0	0
SE	4	2	1	0	0	6	4	362.40	0	37	0	0	37
UK	13	12	37	0	0	116	1	3,663	0	11,753	0	0	15,760
NO		4		0	0	0	1		0		0	0	0
Total	**77**	**302**	**78**	**0**	**0**	**148**	**196**	**43,964**	**10,724**	**27,552**	**0**	**0**	**17,540**

* The amount reimbursed does not necessarily correspond to the number of persons
** IT: The data refer to 16 out of the 20 administrative Italian regions.
*** IS: data on the amount reimbursed are not available.
Source Questionnaire on the monitoring of healthcare reimbursement 2019, Question 5

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 2018, 11 Member States (AT, BE, BG, EE, EL, IT, HU, LU, MT, PL and IS) 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

[72] 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."*

insured in Belgium and Bulgaria and resident in Spain received unplanned healthcare in a third Member State.

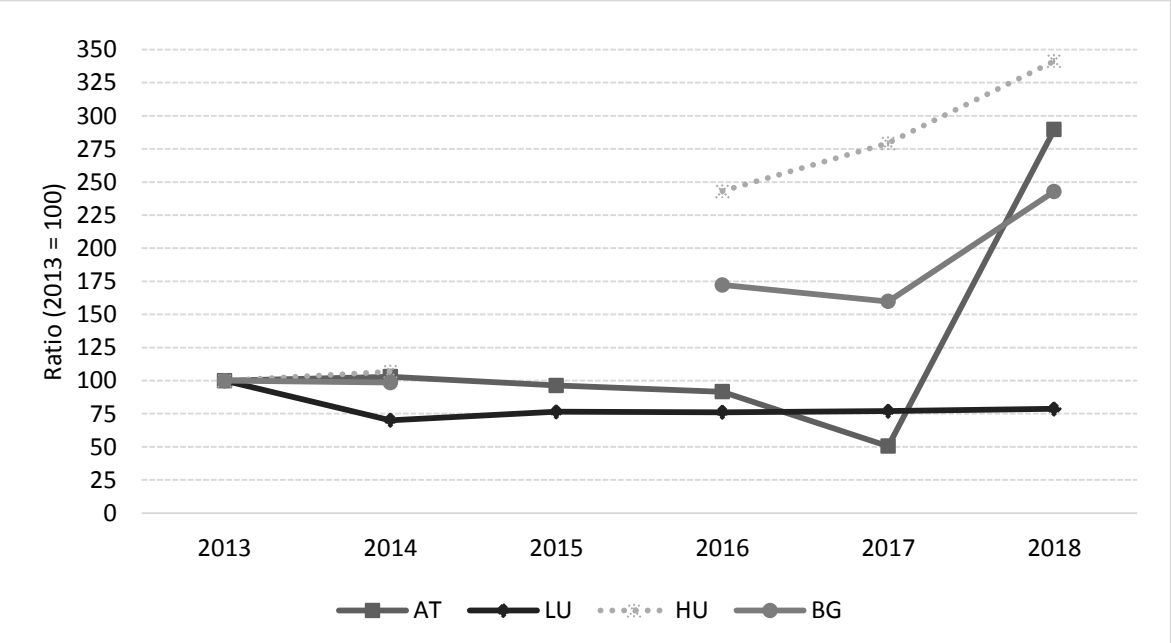
The evolution of the number of persons residing in a lump-sum Member State which is not the competent Member State and who received unplanned healthcare in a third Member State under the Regulations is shown by *Figure 4*. However, data covering several years is available only for a limited number of Member States. all Member States show an increase compared to previous years.

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, 2018**

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	BE	BG	EE	EL	IT	HU	LU	MT	PL	SI	Subtotal	AT	BE	BG	EE	EL	IT	HU	LU	MT	PL	SI	Subtotal	
IE	0	3	0	0	1	3	0	0	0	0		7	0	36	71	0		0	15	6	0	0		128	135
ES	19	21	12	0		56	0	37	0	0		145	220	4,582	2,312	0	1	2	77	298	3	1	6	7,502	7,647
CY	0	0	1	0		0	0	0	0	0		1	1	13	163	0		0	1	2	1	0		181	182
NL	6	134	0	0	1	1	0	24	0	1	1	168	6	1,479	86	0		0	10	49	0	0		1,630	1,798
PT	0	16	0	0		26	0	277	0	0		319	17	597	19	0		4	3	1,233	0	0	2	1,875	2,194
FI	0	1	0	0		1	0	0	0	0		2	3	0	49	0		0	5	2	0	0		59	61
SE	3	2	1	0		1	1	0	0	0	2	10	6	24	129	0		0	20	12	0	2	1	194	204
UK	2	36	1	0	6	1	0	9	0	0		55	32	154	487	0		0	65	36	0	0	2	776	831
NO	0	1	0	0		1	0	0	0	0		2	1,237	7	6	0		0	1	0	0	0		1,251	1,253
Total	**30**	**214**	**15**	**0**	**8**	**90**	**1**	**347**	**0**	**1**	**3**	**709**	**1,522**	**6,892**	**3,322**	**0**	**1**	**6**	**197**	**1,638**	**4**	**3**	**11**	**13,596**	**14,305**

* BE: 3 Sickness funds gave data on the number of persons.
** IT: The data refer to 16 out of the 20 administrative Italian regions. The total "Number of family members residing in a lump-sum MS, other than where the insured persons resides, which is not the competent MS" reported was 87. The total "Number of pensioners and their family residing in a lump-sum MS which is not the competent MS" was 2.
Source Questionnaire on the monitoring of healthcare reimbursement 2019, 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, 2013-2018 (2013 = 100)**



Source Questionnaire on the monitoring of healthcare reimbursement 2019, 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.

Chapter 5
Overall view on budgetary impact of cross-border healthcare under social security coordination

This final chapter sums 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. In the '2019 Statistical Report' these data are compared to those collected by the Audit Board. Especially data from the Audit Board on the annual financial flow of claims introduced or received by Member States are highly useful to estimate the budgetary impact of cross-border healthcare on total healthcare spending related to benefits in kind. These data may/will differ from these reported below for various reasons. Not least because, on the basis of the data collected via the Administrative Commission, it is not always possible for several Member States to obtain a full picture of their total expenditure on cross-border healthcare.

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 some 0.3% of total healthcare spending related to benefits in kind. Unplanned necessary healthcare amounts to 0.11% and planned healthcare to 0.02% of total healthcare spending related to benefits in kind.[73]

More than 6 million claims for reimbursement of cross-border healthcare were exchanged between Member States in 2018. About 60% of these claims relate to healthcare provided to persons residing in a Member State other than the competent Member State. This type of cross-border healthcare accounts for about 75% of total cross-border healthcare expenditure. Thus, the amount per claim for unplanned care is on average lower than the amount per claim of reimbursement for healthcare provided to persons residing in a Member State other than the competent Member State. This makes sense since the latter group also includes pensioners.

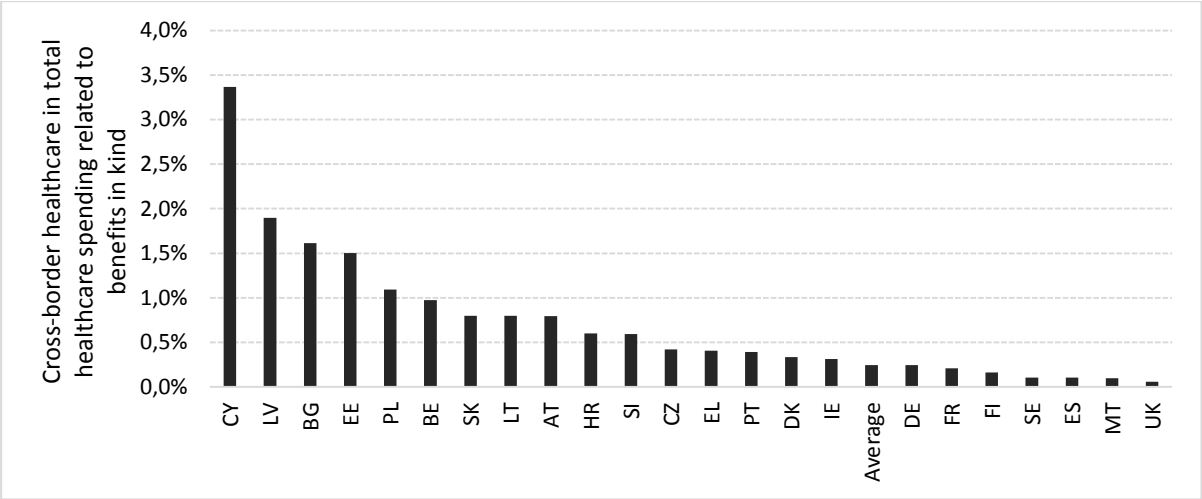
From a debtor's perspective

The budgetary impact varies strongly among Member States *(Figure 1)*. For most 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 Belgium, Slovakia, Lithuania, Austria, Croatia and Slovenia. Finally, Cyprus, Latvia, Bulgaria, Estonia and Poland show a cross-border healthcare expenditure of more than 1% of their total healthcare spending related to benefits in kind. Especially the competent EU-13 Member States show a higher relative cross-border expenditure compared to the competent EU-15 Member States. This is no surprising, as the provisions under the Regulations (i.e. full reimbursement by the competent Member

[73] Please note that the question on the reimbursement of cross-border healthcare is not similar in all questionnaires related to cross-border healthcare. Now, both the EHIC Questionnaire and the PD S1 Questionnaire ask for the amount paid / received, while the amount claimed via the E 125 forms received (issued) is asked to be reported in the PD S2 Questionnaire.

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.

Figure 1 Budgetary impact of cross-border healthcare, by competent Member State, 2018



Source Administrative data 2019 EHIC Questionnaire, PD S2 Questionnaire, PD S1 Questionnaire, Eurostat [spr_exp_fsi] (2016 figures).

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 (€ 219.6 million). In relative terms, Cyprus reimbursed more than 2% of their total healthcare spending in 2018 to Member States that provided unplanned necessary healthcare.

With regard to planned cross-border healthcare, the main debtors in 2018 were France, Germany and Ireland. 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 higher than 1% for Cyprus. Moreover, this can also be expected to be the case for Luxemburg.

Finally, Germany paid € 373.2 million and France paid € 207.9 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 Belgium, Estonia, Austria and Bulgaria refers to cross-border healthcare spending for persons who reside abroad.

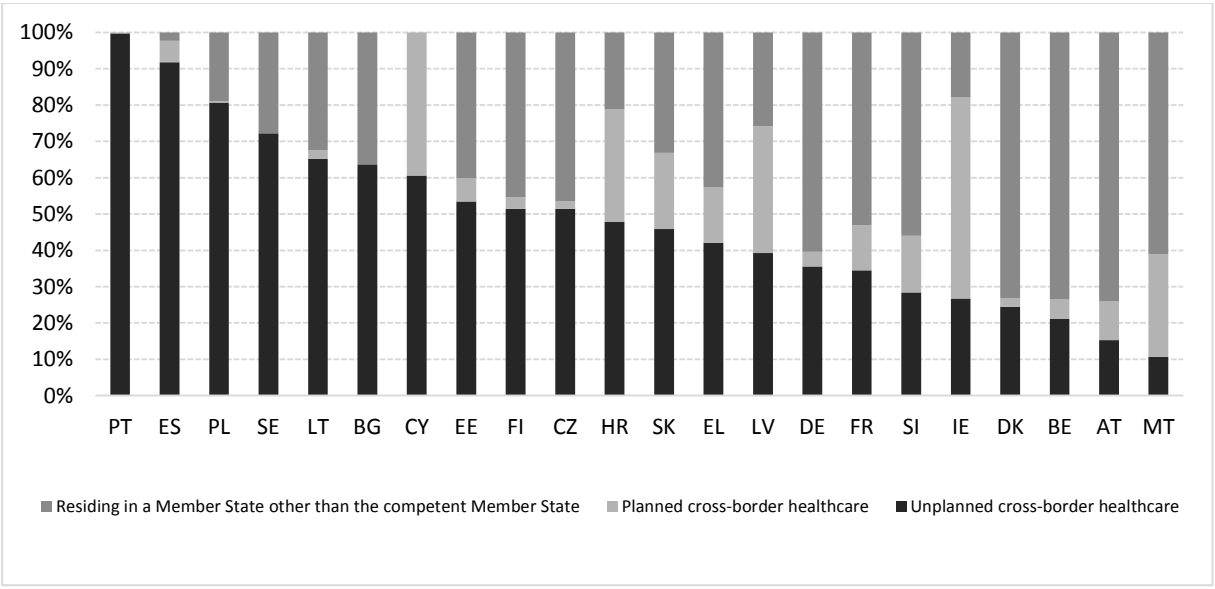
Table 1 Budgetary impact of cross-border healthcare, by type, by competent Member State, 2018

	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	57,778,700	0.21%	14,727,977	0.05%	201,517,923	0.72%	274,024,600	0.97%
BG	20,575,676	1.03%			11,733,858	0.59%	32,309,534	1.61%
CZ	20,311,124	0.22%	837,163	0.01%	18,387,256	0.20%	39,535,543	0.42%
DK	12,485,338	0.08%	1,239,647	0.01%	37,422,434	0.24%	51,147,419	0.33%
DE	219,630,849	0.09%	24,887,587	0.01%	373,203,865	0.15%	617,722,301	0.25%
EE	7,725,970	0.80%	926,853	0.10%	5,800,735	0.60%	14,453,558	1.50%
IE	11,282,798	0.08%	23,331,897	0.17%	7573250	0.06%	42,187,945	0.31%
EL	15,235,377	0.17%	5,520,443	0.06%	15,441,732	0.17%	36,197,552	0.41%
ES	60,649,069	0.09%	3,912,838	0.01%	1532980	0.00%	66,094,887	0.10%
FR	135,027,221	0.07%	48,500,052	0.03%	207,905,329	0.11%	391,432,602	0.21%
HR	8,152,210	0.29%	5,303,728	0.19%	3,603,866	0.13%	17,059,804	0.60%
IT	152,586,214	0.14%						
CY	10,947,941	2.04%	7,117,740	1.33%			18,065,681	3.37%
LV	5,430,395	0.74%	4,813,526	0.66%	3,578,107	0.49%	13,822,028	1.90%
LT	7,795,722	0.52%	298,306	0.02%	3,875,725	0.26%	11,969,753	0.80%
LU								
HU	10,946,330	0.21%	2,813,992	0.05%				
MT	47,444	0.01%	125,609	0.03%	271,444	0.06%	444,497	0.10%
NL	62,330,938	0.12%	13,350,573	0.03%				
AT	27,532,321	0.12%	19,407,824	0.09%	133,411,462	0.59%	180,351,607	0.80%
PL	137,614,009	0.88%	591,140	0.00%	32,423,358	0.21%	170,628,507	1.09%
PT	41,630,119	0.39%	107,510	0.00%			41,737,629	0.39%
RO								
SI	4,468,755	0.17%	2,462,179	0.09%	8,812,733	0.33%	15,743,667	0.59%
SK	15,711,871	0.37%	7,181,693	0.17%	11,375,630	0.27%	34,269,194	0.80%
FI	10,713,678	0.08%	676,809	0.01%	9,451,765	0.07%	20,842,252	0.16%
SE	21,657,364	0.08%			8,349,561	0.03%	30,006,925	0.11%
UK	101,116,319	0.05%	4,290,936	0.00%				
ITotal		0.1%		0.02%		0.1%		0.25%

Source Administrative data 2019 EHIC Questionnaire, PD S2 Questionnaire, PD S1 Questionnaire, Eurostat [spr_exp_fsi] (2016 figures).

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. Malta, Austria, Belgium, Denmark, Slovenia, France, Germany and Greece mainly reimbursed healthcare provided to insured persons who reside abroad. By contrast, Portugal, Spain, Poland, Sweden, Lithuania, Bulgaria, Cyprus, Estonia, Finland, Czech Republic, Croatia and Slovakia mainly reimbursed unplanned necessary healthcare. Finally, planned cross-border healthcare was the highest cost for Ireland and Latvia.

Figure 2 Type of cross-border healthcare as share in total, by competent Member State, 2018

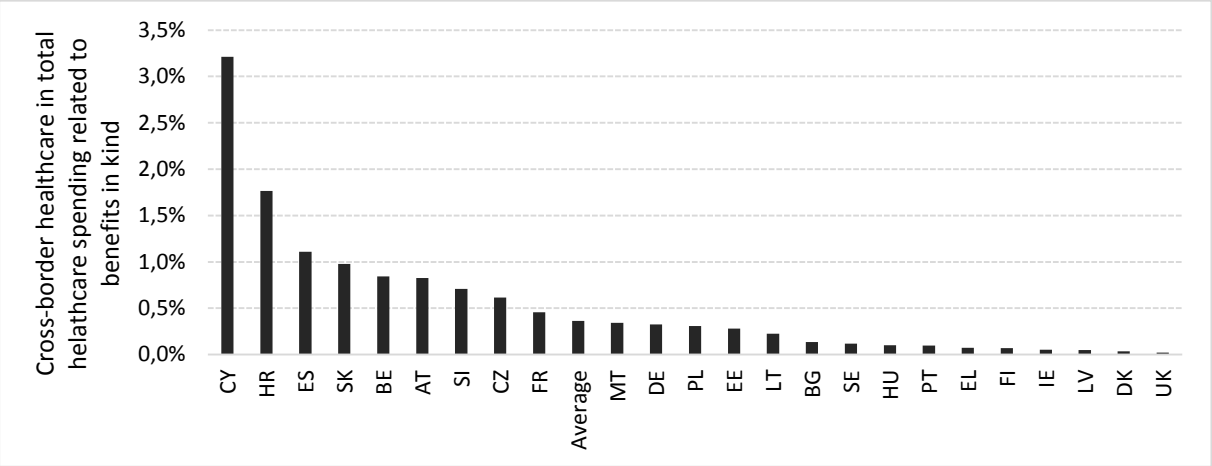


Source Administrative data 2019 EHIC Questionnaire, PD S1 Questionnaire, PD S2 Questionnaire

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 Cyprus, Croatia and Spain 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, 2018



Source Administrative data 2018 EHIC Questionnaire, PD S2 Questionnaire, PD S1 Questionnaire, Eurostat [spr_exp_fsi] (2016 figures).

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

Spain (€ 214.3 million), Germany (€ 209.7 million) and France (€ 173.4 million) 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. Cyprus, Croatia and Austria claimed an amount higher than 0.5% of total healthcare spending related to benefits for unplanned necessary healthcare.

A total amount of some € 92 million was claimed by Germany related to planned cross-border healthcare. Furthermore, by 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.

France, Germany and Spain were reimbursed the highest amount for healthcare provided to persons who are insured in another Member State. France received € 657.6 million, Germany received € 492.5 million and Spain received € 492.5 million. By Cyprus 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, 2018

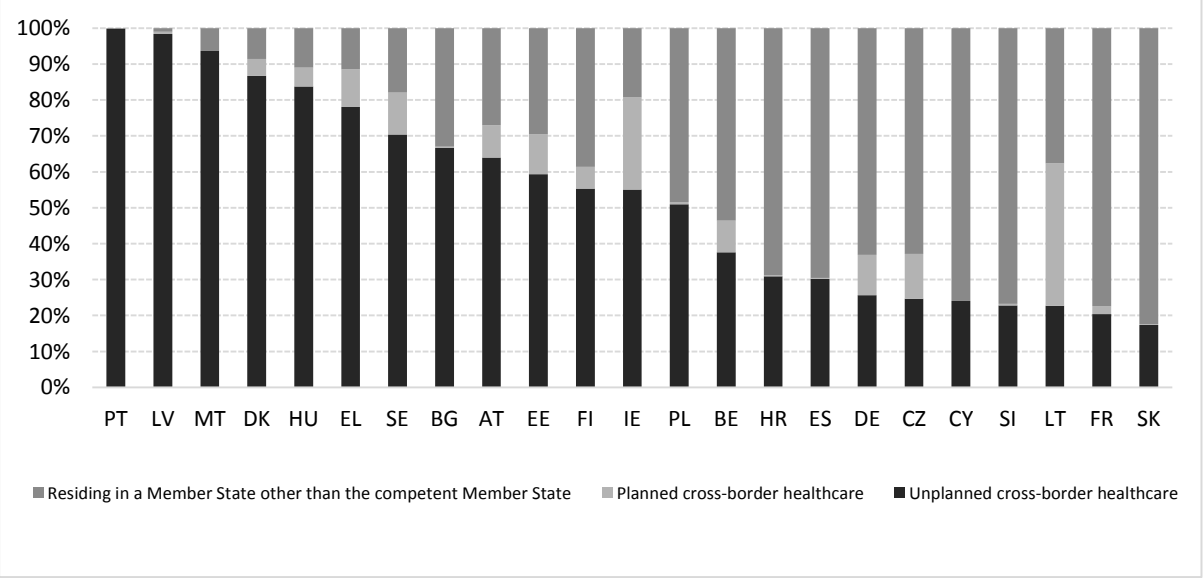
	Unplanned cross-border healthcare		Planned cross-border healthcare		Residing in a Member State other than the competent Member State		Total	
	Amount (in €)	*%**	*Amount (in €)*	*%**	*Amount (in €)*	*%**	*Amount (in €)*	*%**
BE	89,183,083	0.32%	21,057,057	0.07%	127,199,488	0.45%	237,439,628	0.84%
BG	1,785,396	0.09%	10,256	0.00%	882,815	0.04%	2,678,467	0.13%
CZ	14,216,387	0.15%	7,217,476	0.08%	36,218,876	0.39%	57,652,739	0.61%
DK	4,561,362	0.03%	245,356	0.00%	453,474	0.00%	5,260,192	0.03%
DE	209,673,688	0.08%	91,803,297	0.04%	516,114,231	0.21%	817,591,216	0.32%
EE	1,591,817	0.17%	298,287	0.03%	793,011	0.08%	2,683,115	0.28%
IE	3,899,343	0.03%	1,810,941	0.01%	1,366,598	0.01%	7,076,882	0.05%
EL	4,992,375	0.06%	674,767	0.01%	730,694	0.01%	6,397,836	0.07%
ES	214,305,342	0.34%	1,791,275	0.00%	492,502,415	0.77%	708,599,032	1.11%
FR	173,356,469	0.09%	19,153,252	0.01%	657,589,309	0.35%	850,099,030	0.46%
HR	15,581,043	0.55%	104,211	0.00%	34,647,933	1.22%	50,333,187	1.77%
IT	4,132,580	0.00%						
CY	4,140,438	0.77%			13,099,849	2.44%	17,240,287	3.21%
LV	338,738	0.05%	2,283	0.00%	3,350	0.00%	344,371	0.05%
LT	763,169	0.05%	1,333,674	0.09%	1,264,636	0.08%	3,361,479	0.22%
LU								
HU	4,491,481	0.08%	283,395	0.01%	589,104	0.01%	5,363,980	0.10%
MT	1,466,245	0.32%			99,293	0.02%	1,565,538	0.34%
NL	30,862,794	0.06%						
AT	119,538,393	0.53%	16,872,032	0.07%	50,431,206	0.22%	186,841,631	0.82%
PL	24,582,908	0.16%	328,166	0.00%	23,347,605	0.15%	48,258,679	0.31%
PT	10,190,950	0.10%	12,762	0.00%			10,203,712	0.10%
RO								
SI	4,293,424	0.16%	84,641	0.00%	14,478,132	0.54%	18,856,197	0.71%
SK	7,271,263	0.17%	123,209	0.00%	34,550,718	0.81%	41,945,190	0.98%
FI	4,906,878	0.04%	535,735	0.00%	3,429,105	0.03%	8,871,718	0.07%
SE	23,304,283	0.08%	3,854,946	0.01%	5,954,952	0.02%	33,114,181	0.12%
UK	20,448,034	0.01%	16,833,667	0.01%				
Total		0.1%		0.02%		0.3%		0.4%

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

Source Administrative data 2018 EHIC Questionnaire, PD S2 Questionnaire, PD S1 Questionnaire, Eurostat [spr_exp_fsi] (2016 figures).

Slovakia, France, Slovenia, Cyprus, Czech Republic, Germany, Spain, Croatia and Belgium, mainly provided cross-border healthcare to persons who are insured in another Member State *(Figure 4)*. By contrast, Portugal, Latvia, Malta, Denmark, Hungary, Greece, Sweden, Bulgaria, Austria, Estonia, Finland, Ireland and Poland mainly provided unplanned necessary healthcare. Finally, Lithuania mainly provided planned cross-border healthcare in 2018.

Figure 4 Type of cross-border healthcare as share in total, by Member State of treatment, 2018



Source Administrative data 2019 EHIC Questionnaire, PD S1 Questionnaire, PD S2 Questionnaire

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