Cross-border healthcare in the EU under social security coordination

Reference year 2019

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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 resides 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 of the insured person to planned health treatment in a Member State other than the competent Member State.

EU-28: Belgium (BE), Bulgaria (BG), the Czech Republic (CZ), Denmark (DK), Germany (DE), Estonia (EE), Ireland (IE), Greece (EL), Spain (ES), France (FR), Croatia (HR), Italy (IT), Cyprus (CY), Latvia (LV), Lithuania (LT), Luxembourg (LU), Hungary (HU), Malta (MT), the Netherlands (NL), Austria (AT), Poland (PL), Portugal (PT), Romania (RO), Slovenia (SI), Slovakia (SK), Finland (FI), Sweden (SE) and the United Kingdom (UK).

EU-27: Belgium (BE), Bulgaria (BG), the Czech Republic (CZ), Denmark (DK), Germany (DE), Estonia (EE), Ireland (IE), Greece (EL), Spain (ES), France (FR), Croatia (HR), Italy (IT), Cyprus (CY), Latvia (LV), Lithuania (LT), Luxembourg (LU), Hungary (HU), Malta (MT), the Netherlands (NL), Austria (AT), Poland (PL), Portugal (PT), Romania (RO), Slovenia (SI), Slovakia (SK), Finland (FI) and Sweden (SE).

EU-15: Belgium (BE), Denmark (DK), Germany (DE), Ireland (IE), Greece (EL), Spain (ES), France (FR), Italy (IT), Luxembourg (LU), the Netherlands (NL), Austria (AT), Portugal (PT), Finland (FI), Sweden (SE) and the United Kingdom (UK).

EU-13: Bulgaria (BG), the Czech Republic (CZ), Estonia (EE), Croatia (HR), Cyprus (CY), Latvia (LV), Lithuania (LT), Hungary (HU), Malta (MT), Poland (PL), Romania (RO), Slovenia (SI) and Slovakia (SK).

EFTA countries: Iceland (IS), Liechtenstein (LI), Norway (NO) and Switzerland (CH).

***EU-28 / EFTA movers*:** EU-28 or EFTA citizens who reside in an EU-28 or EFTA country other than their country of citizenship.

Cross-border workers: persons who work in one EU Member State but reside in another.

INTRODUCTION

Cross-border healthcare within the EU[1] can be defined as a situation in which the insured person receives healthcare in a Member State other than the Member State of insurance (i.e. competent Member State). Three cross-border healthcare situations are identified and regulated in the Coordination Regulations. *(1)* There is unplanned 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 abroad. 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 of the insured person to necessary healthcare in kind during a temporary stay in a Member State other than the competent Member State;

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

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. 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 presents administrative data covering all EU-28 Member States and EFTA countries.[2] Insured persons have different routes at their disposal to receive cross-border healthcare. They can seek treatment according to the rules and principles set by the Social Security Coordination Regulations[3]; Directive 2011/24/EU[4]; or 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 2019 on the number of persons who received cross-border healthcare and the budgetary impact of it by the application of the coordination rules. The report makes it very clear that people are mobile in Europe. For example, in some cases tourists need unplanned necessary healthcare and use their EHIC for this purpose; people go abroad to receive planned care on the basis of a PD S2 and the Cross-Border Healthcare Directive; and finally, people living in a Member State other than the one where they work or have worked are 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 based on 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

[1] The term "Member States" is used in this report to indicate the 28 countries belonging to the European Union in reference year 2019, the European Economic Area (EEA) and Switzerland.

[2] These date were collected within the framework of the Administrative Commission. The Network would like to thank all delegations of the Administrative Commission for providing these data. Moreover, we would like to thank the Commission and the Administrative Commission for remarks, comments and exchanges on previous versions.

[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).

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 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.

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.

As of 1 February 2020, the United Kingdom is no longer part of the European Union. This has a significant impact on the dissemination of statistics. In all thematic reports for reference year 2019, the EU-28 aggregate is produced and disseminated because the reference period is from when the United Kingdom was still a Member State. Accordingly, the text of the present report describing the quantitative findings focusses on the EU-28 aggregate, given that the United Kingdom was still a Member State in reference year 2019. In addition, in the tables in which the quantitative findings are included, a new EU-27 aggregate is provided for the same period for which the EU-28 aggregate is available.

Chapter 1
Unplanned necessary cross-border healthcare

SUMMARY OF MAIN FINDINGS

It can be said that there are two well-known European symbols: the EURO and the EHIC (European Health Insurance Card). The first one being a visual symbol of the European Monetary Union, the latter of a "European Social Union". The EHIC comes into play when a person is in need of necessary healthcare while temporarily staying abroad. It 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 necessary 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. Therefore, the right to free movement, one of the most important fundamentals in the European Union, is guaranteed. 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 EHIC was introduced.

Seeing that there are currently almost 250 million EHICs in circulation, 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. Although this number indicates that over half of all EU citizens is in possession of an EHIC, 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 remained 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 2019, only Romania increased the validity period of the EHIC. This is in line with a general trend of increasing the validity period over the years. 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 is 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 almost 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. The average budgetary impact of cross-border expenditure related to unplanned healthcare treatment during a stay abroad remains rather limited with 0.1% of total healthcare spending related to sickness benefits in kind. Only in Bulgaria, this share is rather high with 2.4%.

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, figures for 2019 show that some 3 to 4% of the invoices are rejected by the competent institutions, mostly because of an invalid EHIC or a date of treatment before EHIC was issued. This rather high percentage of refusals could have some serious consequences. For instance, it could 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.

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 (i.e. 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

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 necessary healthcare, there is a situation of cross-border healthcare. In this case, the European Health Insurance Card (EHIC) comes into play. This card proves 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 must be treated equally. This means that if the insured persons of the given Member State have to pay, the persons seeking treatment with the EHIC have to pay too; and if the former receive reimbursement, patients showing an EHIC are to 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 2019. For some Member States[5], the most recent data available are used in order to give the most complete overview. This is always mentioned in a footnote. The quantitative and qualitative data presented in this chapter provide important information about the application of the Coordination Regulations. Moreover, they present 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 pay upfront and claim reimbursement afterwards. In the first case, having an EHIC means that insured persons 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 is 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 2019, 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 247 million EHICs were in circulation in 2019. This number takes into account the assumption that every insured person in Germany and Italy has an EHIC. When only the reporting Member States are taken into account, it amounts to some 114 million EHICs. Seeing that almost 250 million EHICs are in circulation, this shows that more than half of the population in the EU is in possession of an EHIC.

[5] It concerns data for EL (2018), IT (2018), UK (2018), and IS (2018).

The competent institutions in the United Kingdom, France, Poland, the Netherlands, Belgium, and Spain each issued more than 3 million new EHICs in 2019 (second column of *Table 1*). Furthermore, the highest number of EHICs in circulation were reported by the United Kingdom and the Netherlands with 27 million and 11 million respectively (fourth column of *Table 1*). In addition, a high number of EHICs are in circulation in the Czech Republic (10 million), Switzerland (9.6 million) and Austria (8.5 million). In Germany, a high number of ECHICs can be expected as well, as it is generally shown on the back of the national health insurance card, resulting in the EHIC being available almost everywhere in Germany (in 2018 there were 73.1 million insured persons in Germany). It is expected that also in Italy, a lot of EHICs are in circulation as the card is granted automatically (in 2018 there were 60 million insured persons in Italy).

The share of insured persons with an EHIC varies greatly between the different Member States, ranging from 1.7% in Romania to 100.0% in Switzerland. This is due to different reasons, which will be discussed in more detail below (see also *Figure 1*). The weighted average of all reporting Member States amounts to 53.1% with the assumption that all insured persons in Germany and Italy have an EHIC. However, when only the reporting Member States are taken into account, the average equals 29.7%, which indicates that both Germany and Italy have a large impact on the average.

Paragraph 5 of the Administrative Commission (AC) Decision No S1[6] of 12 June 2009 concerning the European Health Insurance Card states: *"When exceptional circumstances[7] 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[8] issued the highest number of PRCs. However, when compared to the number of EHICs in circulation (see last column of *Table 1*), especially Greece and Romania stand out with a value of over 60%. Furthermore, Spain, Demark, and France have a ratio of over 10% of PRCs issued to the number of EHICs in circulation.

[6] Decision S1 of 12 June 2009 concerning the European Health Insurance Card, C 106, 24/04/2010.
[7] *"Exceptional circumstances may be theft or loss of the European Health Insurance Card or departure at notice too short for a European Health Insurance Card to be issued"* (Recital 5 of Decision No S1 of 12 June 2009 concerning the European Health Insurance Card).
[8] Every time a Danish citizen asks for an EHIC, a PRC is issued and sent by digital post to the insured person. The PRC covers the period until the person receives his/her EHIC. This procedure was introduced because many persons often apply for the EHIC shortly before they go abroad.

Table 1 The number of EHICs and PRCs issued, 2019

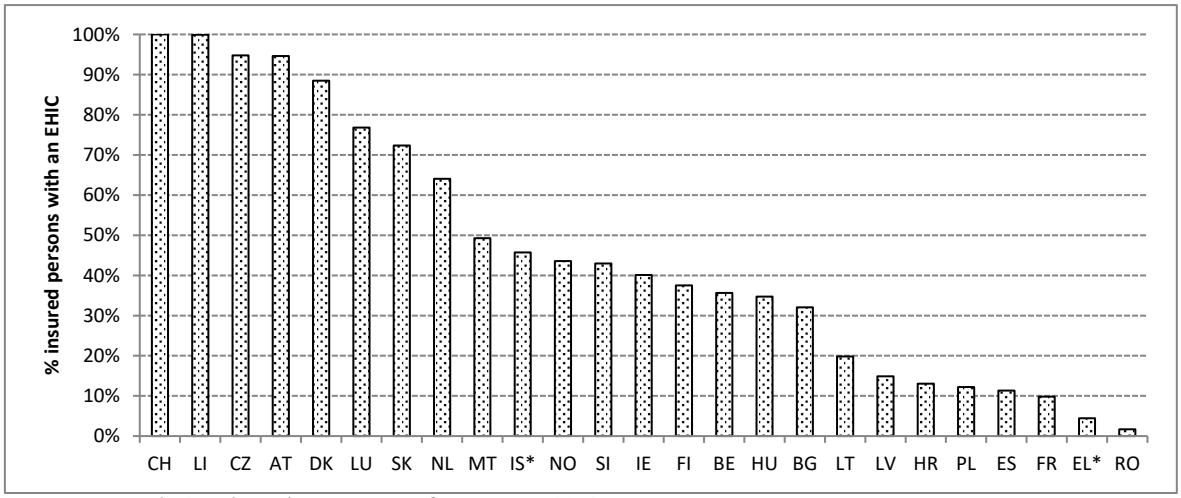
MS	Number of EHICs issued	Number of PRCs issued (A)	Total number of EHICs in circulation (B)	Number of insured persons (C)	% insured persons with an EHIC (B/C)	Ratio EHIC in circulation compared to PRC issued (A/B)
BE	3,180,205	29,519	4,022,272	11,289,973	35.6%	0.7%
BG	177,042	21,628	1,910,687	5,960,474	32.1%	1.1%
CZ	app. 1,500,000	21,078	app. 10,000,000	10,551,898	94.8%	0.2%
DK	565,027	627,807	5,132,222	app. 5.8 million	88.5%	12.2%
DE				73,052,555		
EE	192,682	10,881	n.a.	1,262,381		
IE	509,578	107,668	1,872,575	n.a.	40.1%	5.7%
EL*	244,137	166,121	242,947	5,481,234	4.4%	68.4%
ES	3,072,994	823,585	5,565,252	49,037,930	11.3%	14.8%
FR	4,673,945	1,855,402	5,805,198	59,201,044	9.8%	32.0%
HR	143,385	4,023	535,294	4,104,966	13.0%	0.8%
IT*		10,611		app. 60 million		
CY	55,926	31	n.a.	820,000		
LV	127,722	1,081	336,719	2,263,924	14.9%	0.3%
LT	227,316	7,201	576,586	2,908,030	19.8%	1.2%
LU	339,321	14,119	685,135	892,182	76.8%	2.1%
HU**	519,836	37,712	1,439,277	4,143,000	34.7%	2.6%
MT	48,167	47	216,943	app. 440,372	49.3%	0.0%
NL***	3,238,051	10,226	10,997,289	17,163,404	64.1%	0.1%
AT	1,303,918	19,352	8,465,411	8.974.750	94.3%	0.2%
PL	3,686,722	22,000	4,164,201	34,053,648	12.2%	0.5%
PT	632,958	15,937	1,935,654	n.a.		0.8%
RO	211,620	181,892	299,426	17,551,619	1.7%	60.7%
SI	633,793	87,449	907,712	2,113,195	43.0%	9.6%
SK	629,173	57,252	3,742,295	5,171,570	72.4%	1.5%
FI	1,123,880	7,202	2,078,088	5,539,506	37.5%	0.3%
SE	1,338,974	2,701	4,024,953			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	3,060	app. 100	40,165	40,192	99.9%	0.2%
NO	788,470	8,252	2,340,000	5,372,355	43.6%	0.4%
CH	2,100,000	n.a.	9,600,000	8,600,000	100.0%****	
Total***			**247,136,573**		**53.1%**	

* EL, IT, UK, IS: data concern reference year 2018.
** HU: The number of insured persons applies to insured persons with full social security coverage. However, in total, some 9,160,200 persons are entitled to an EHIC and therefore the coverage ratio of EHIC is 15.7%.
*** NL: Many health insurance companies do not register PRCs, so the number of PRCs issued is an underestimation.
**** CH: when calculating the share, it amounts to 111.6%, but 100.0% is the realistic maximum.
***** Total only including Member States which could report both variables. Assuming that every insured person in Germany and Italy has an EHIC.
Source Administrative data EHIC Questionnaire 2020

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 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 (94.6%) all or almost all insured persons received an EHIC (*Table 1*). This is probably also the case for Germany and Italy. In some of these Member States, the EHIC is issued automatically.

Lower coverage rates are 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 is observed in Romania (1.7%), Greece (4.4%), France (9.8%), Spain (11.4%), Poland (12.2%), Croatia (13.0%), and Latvia (14.9%).

Figure 1 Percentage of insured persons with an EHIC, EU-28, 2019



* IS and EL: data concern reference year 2018.
Source Administrative data EHIC Questionnaire 2020

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

As mentioned above, the issuing procedure and the validity period 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 2019 compared to previous years. *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 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. In Slovakia, it is also possible to request the EHIC through a mobile application.

The time it takes to issue an EHIC in 2019 varies significantly between Member States and at a national level between competent institutions. Moreover, the issuing time also varies between the methods that are used. For instance, in Lithuania, an EHIC can immediately be issued when it is requested at the desk, whereas it can take up to 2 weeks when requested by other means, like 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. Nevertheless, 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, in the questionnaire for reference year 2018 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, 2019

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	personally, by application form	14-15 working days (urgent cases: up to 2 days)	internet, fax
CZ	desk, telephone, e-mail or post (issued automatically to every newly insured person)	max. 14 days	post, e-mail (or fax)
DK	telephone, internet	2-3 weeks	fax, post, digital 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	5 up to 10 working 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
FR	internet, e-mail, telephone, or desk	5 days	internet
HR	internet, desk, post, automated machines	2.2 days	fax, e-mail, EESSI
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, post, internet
HU	desk, post, e-mail or internet	immediately at the desk, otherwise max 8 days	fax, e-mail
MT	internet, post or desk	5 working days	e-mail, fax, EESSI
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, telephone	7 working days	fax, post, telephone
SI	internet, text message, desk	4 working days	fax, e-mail
SK	post, fax, e-mail, internet, desk, mobile application	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	fax (in rare cases e-mail)
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 2020 and Coucheir (2013)

Table 3 gives an overview of the validity period of the EHIC for all Member States. Only Romania reported a change in the validity period of the EHIC that occurred in 2019. In order to facilitate the free movement of citizens and to ensure their rights during the stay on a Member State territory, the validity period of an EHIC was extended from 1 year to 2 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, LT, 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)*. For instance, in Belgium an EHIC is valid for 1 to 2 years, whereas in the Czech Republic the validity period amounts to 10 years. Nevertheless, 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, 2019

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 (beneficiaries from military civil servants), 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	2 years
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	5-6 years

Source Update EHIC report 2019; Administrative data EHIC Questionnaire 2020

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 2019 to improve citizens' and healthcare providers' knowledge of the rights of cross-border patients both under the terms of the EU rules on the coordination of social security systems and Directive 2011/24/EU on patients' rights in cross-border healthcare *(Annex I – Table A1)*.[9] Especially in tourist areas, it is important that tourists and healthcare providers are well informed.

With regards to communication, some of the competent institutions refer to the 'National contact points for cross-border healthcare' and the linked websites.[10] 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 (social) media 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 (EE, NL, FI and NO) mentioned the use of social media (e.g. Facebook) to reach a wider audience and inform insured persons. Several Member States (LV, SI, FI 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.[11] The EU Commission also launched an online campaign with videos, which were published on the most common video sharing sites.

[9] 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
[10] For the list of national contact points see:
https://ec.europa.eu/health/sites/health/files/cross_border_care/docs/cbhc_ncp_en.pdf
[11] 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 the cost of the necessary healthcare received upfront 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[12]. 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[13]. In this case, the competent Member State uses 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 is 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.[14]

In respect to the reported figures, it is important to note that the period between treatment and reimbursement may differ significantly if reimbursement is requested by the Member State of stay (using the E125 form/SED S080) or by the insured person. In any case, all claims related to an E125 form/SED S080 should be introduced within 12 months following the end of the calendar half-year during which those claims were recorded by the Member State of stay.[15] This implies that, for 2019, the E125 forms/SEDs 080 received/issued are (mainly) applicable to necessary healthcare provided in 2018. Furthermore, differences will exist between the amounts claimed and those paid/received by Member States.[16]

5.2 Reimbursement of claims in numbers and amounts

5.2.1 From the perspective of the competent Member State

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

[12] Article 25(4) of the Implementing Regulation.
[13] Article 25(5) of the Implementing Regulation.
[14] Article 25(6) of the Implementing Regulation.
[15] In case the claim is recorded in October 2018 by the Member State of stay it should be introduced to the competent Member State up to 31 December 2019.
[16] The EHIC-questionnaire asks the amount paid/received. However, some Member States could not provide this information and only reported the amount claimed. When the amount claimed is reported instead of the amount paid/received, this is 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 2019, 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. The highest number of claims of reimbursement of the costs of medical treatments provided by the Member State of temporary stay were received by Germany (559,175 E125 forms received), France (a total number of 472,931 forms received) and Italy (a total number of 291,895 forms received in 2018). Furthermore, Belgium, the Netherlands, Poland, the United Kingdom, and Norway each received more than 100,000 forms. When looking at the evolution of the number of E125 forms received, especially Bulgaria stands out. The number of forms received in 2019 compared to the average from 2015 to 2018 has dropped by almost 50%. On the other hand, in Spain it increased by almost 50%, as the average number of forms received from 2015 to 2018 amounts to 54,391 while in 2019, it received 81,115 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 Bulgaria, the Czech Republic, Greece, Italy, Latvia, Hungary, Malta, Austria, Portugal, Romania, Slovakia, and Norway show a high percentage of claims settled via an E125 form (above 95% of total claims received). For Belgium (11.0%), Denmark (9.0%), Lithuania (9.9%), Slovenia (16.3%), and Iceland (15.3%) we observe a high percentage of claims issued by insured persons and verified via an E126 form. Furthermore, Belgium (52.6%), the Netherlands (51.6%), France (30.8%), Poland (15.8%), and Finland (15.4%) 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 (9.8%, 8.9% and 5.7% of the total amounts respectively). The share in amount paid only equals the higher share of forms in Finland, where 24.3% of the amount reimbursed was settled through this other procedure, and the Netherlands where this share equals 19.1%.

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 (€ 251.4 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 France, Italy, Poland, and the United Kingdom. Especially in Bulgaria, Malta, and Poland there has been a strong growth in amount paid. For instance, in Poland, the average amount paid from 2015 to 2018 equals € 56 million, whereas in 2019, it paid more than € 122 million.

On average, 94% 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 94% compared to 89%). 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. Especially for Greece and France, the difference between the amounts claimed and paid was considerable. For reference year 2018, Greece reported a total amount claimed of € 9 million and a total amount paid of € 15 million. In France in 2019, the amount claimed surpassed the amount paid by more than € 21 million. For Malta, the difference between the amount claimed (€ 892,609) and the amount paid (€ 737,101) is not extensive (€ 155,508).

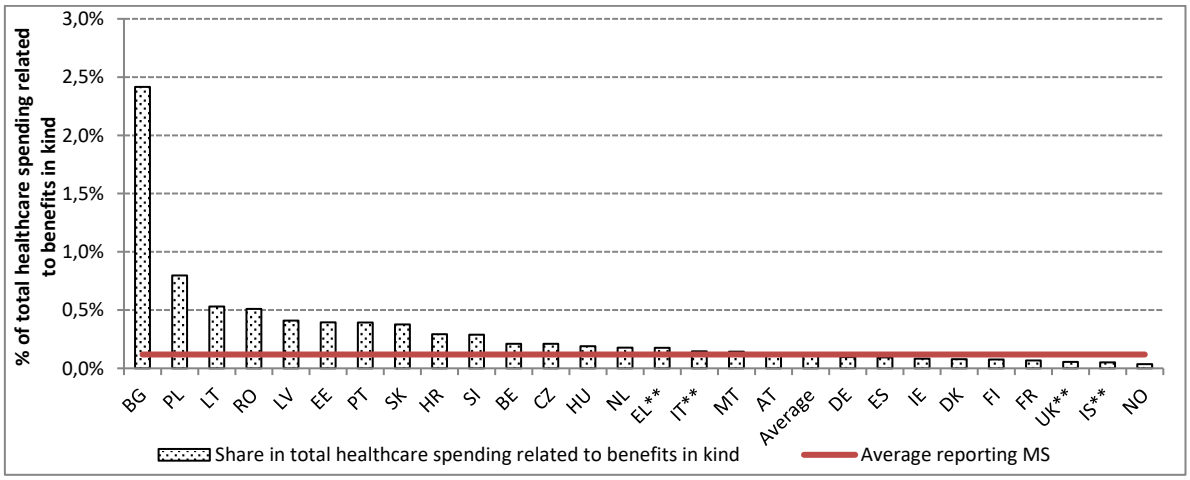
In *Annex II – Tables A1 and A2* the individual claims of reimbursement received from the Member States of treatment are reported. In absolute terms, the highest amounts flowed from Italy to France (€ 68,199,920)[17], Germany to Austria (€ 60,626,988) and

[17] Data concern reference year 2018.

France to Belgium (€ 50,079,323). The competent Member States reimbursed mainly necessary healthcare provided in Germany (this is the case for BG, CZ, EL, HR, IT, LV, LT, HU, AT, PL, RO, and SK), France (this is the case for BE, ES, IT and PT) and Spain (this is the case for IE, 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), Estonia to Finland, Malta to Italy, Slovakia to the Czech Republic, and Norway to Poland.

Under the Coordination Regulations, the budgetary impact of cross-border expenditure related to unplanned necessary healthcare treatment during a stay abroad on average amounts to 0.12% of total healthcare spending related to benefits in kind *(Figure 2)*. This share remained stable compared to reference year 2018, when it amounted to 0.11% of the total healthcare budget. Only Romania, Lithuania, Poland, and Bulgaria show a cross-border expenditure of more than 0.5% of total healthcare spending related to benefits in kind. Bulgaria even has a high figure of 2.4% of cross-border expenditure compared to total health care expenditure. Moreover, the EU-13 Member States show a higher relative cross-border expenditure compared (0.55%) to the EU-15 Member States (0.13%). 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 (2017*), from the perspective of the competent Member State, 2019**



* 2017: most recent figures reported by Eurostat.
** EL, IT, UK, IS: Amount paid related to necessary healthcare treatment concerns reference year 2018.
Source Administrative data EHIC Questionnaire 2020; 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[18] after returning home instead of following the procedure described in the Regulation. Denmark, Germany, Croatia, Romania, Poland, and Iceland were aware of such cases, although the numbers are limited. It concerns 1,669 cases in Denmark[19], 309 in Romania, 289 in Iceland[20], and only some cases in Germany, Croatia and Poland. However, not many reasons to use the Directive were reported. Denmark, mentions 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

[18] Directive 2011/24/EU
[19] For the period of 1 May to 31 December 2019, there were 1,669 applications, where applicants, who received treatment during a temporary stay in another Member State, have chosen to assess their application for reimbursement. However, not all 1,669 cases are settled under the terms of the Directive, as reimbursement will be paid according to the set of rules that is most favourable for the applicant.
[20] Data concern reference year 2018.

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 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 2018 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.

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 2019 under the Coordination Regulations. For some Member States, this percentage is remarkably higher. For instance, it is rather high for Bulgaria (3.8%), Greece (3.2%) and Portugal (2.9%).

Table 4 Probability for a tourist to need healthcare under the Coordination Regulations, 2019*, 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	10,295,220	163,177	1.6%
BG	544,887	20,616	3.8%
CZ	5,787,263	46,743	0.8%
DK	4,577,595	27,886	0.6%
DE	74,512,926	544,805	0.7%
EE	1,043,222	5,147	0.5%
IE	5,605,817	30,407	0.5%
EL***	503,273	16,159	3.2%
ES	10,401,590	80,246	0.8%
FR	34,829,297	453,510	1.3%
HR	955,602	15,655	1.6%
IT***	8,558,044	227,249	2.7%
CY	981,391	3,929	0.4%
LV	859,370	6,217	0.7%
LT	1,130,895	9,539	0.8%
LU	1,781,301		
HU	5,836,517	19,006	0.3%
MT	461,944	1,142	0.2%
NL	15,217,510	176,646	1.2%
AT	8,649,222	85,001	1.0%
PL	9,695,469	100,518	1.0%
PT	1,201,711	35,448	2.9%
RO	1,170,378	29,226	
SI	2,351,692	20,765	0.9%
SK	3,317,543	34,034	1.0%
FI	6,077,133	27,820	0.5%
SE	11,457,295	1,693	0.0%
UK***		162,807	
Total****	**226,022,806**	**2,182,584**	**1.0%**

* Most recent and complete figures reported by Eurostat involve reference year 2018.
** The number of claims do not include those received from EFTA Member States. Therefore, the figures do not equal those mentioned in *Table 5*.
*** EL, IT, UK: total number of claims received as a competent Member State concern reference year 2018.
**** The total only includes the Member States for which data was available for both variables, meaning that the partial data for LU and UK were excluded.
Source Administrative data EHIC Questionnaire 2020; Eurostat [tour_dem_ttw]

Table 5 Reimbursement by the competent Member State, 2019

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**	60,579	48,423,716	18,334	6,430,801	87,638	5,929,302	166,551	60,783,819	36.4%	11.0%	52.6%	79.7%	10.6%	9.8%
BG	20,961	52,528,293	160	311,633			21,121	52,839,926	99.2%	0.8%	0.0%	99.4%	0.6%	0.0%
CZ	45,894	21,082,013	1,592	129,322			47,486	21,211,335	96.6%	3.4%	0.0%	99.4%	0.6%	0.0%
DK***	25,774	12,962,953	2,562	466,895			28,336	13,429,848	91.0%	9.0%	0.0%	96.5%	3.5%	0.0%
DE	559,175	251,407,990					559,175	251,407,990						
EE	4,859	3,918,489	400	80,763			5,259	3,999,251	92.4%	7.6%	0.0%	98.0%	2.0%	0.0%
IE	30,557	11,745,985					30,557	11,745,985						
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****	81,115	55,624,712	4,968	689,449			86,083	56,314,161	94.2%	5.8%	0.0%	98.8%	1.2%	0.0%
FR	319,338	115,793,065	7,873	1,408,664	145,720	11,446,106	472,931	128,647,835	67.5%	1.7%	30.8%	90.0%	1.1%	8.9%
HR	15,085	8,742,086	930				16,015	8,742,086	94.2%	5.8%	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	4,038						4,038							
LV	6,261	3,118,557	144	36,520	20	12,766	6,425	3,167,843	97.4%	2.2%	0.3%	98.4%	1.2%	0.4%
LT	8,824	8,363,021	968	123,444	29	1,969	9,821	8,488,434	89.8%	9.9%	0.3%	98.5%	1.5%	0.0%
LU	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.						
HU	18,674	10,412,916	946	188,503			19,620	10,601,418	95.2%	4.8%	0.0%	98.2%	1.8%	0.0%
MT	1,157	737,101	21	4,210	0	0	1,178	741,311	98.2%	1.8%	0.0%	99.4%	0.6%	0.0%
NL		78,369,190			93,185	18,463,370	180,594	96,832,559	48.4%	0.0%	51.6%	80.9%	0.0%	19.1%
AT	87,455	30,064,621	78	59,677	67	111,543	87,600	30,235,841	99.8%	0.1%	0.1%	99.4%	0.2%	0.4%
PL***	79,108	122,037,817	6,438	1,171,512	16,039	7,409,098	101,585	130,618,428	77.9%	6.3%	15.8%	93.4%	0.9%	5.7%
PT	39,037	43,188,975	627	180,578			39,664	43,369,553	98.4%	1.6%	0.0%	99.6%	0.4%	0.0%
RO	29,077	35,248,192	442	99,164	0	0	29,519	35,347,355	98.5%	1.5%	0.0%	99.7%	0.3%	0.0%
SI	18,989	7,926,733	1,776	169,949	n.a.	n.a.	20,765	8,096,682	91.4%	8.6%		97.9%	2.1%	
SK	32,863	15,832,268	944	159,483	575	50,228	34,382	16,041,979	95.6%	2.7%	1.7%	98.7%	1.0%	0.3%
FI****	23,500	7,500,000	65	14,247	4,300	2,411,939	27,865	9,926,187	84.3%	0.2%	15.4%	75.6%	0.1%	24.3%
SE			2,054	533,746			2,054	533,746						
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	131,341	7,475,516	478	143,782			131,819	7,619,298	99.6%	0.4%	0.0%	98.1%	1.9%	0.0%
CH	69,114						69,114							
Total*****	**2,266,889**	**1,221,634,607**	**64,979**	**12,888,354**	**347,888**	**45,927,161**	**2,679,756**	**1,280,450,122**	**88.7%**	**4.3%**	**7.3%**	**94.3%**	**2.2%**	**3.6%**

* EL, UK, IS: data concern reference year 2018. IT: data on number of forms concern reference year 2018, data on the amount paid for E125 received is the amount for reference year 2017.
** BE: the total number of forms reported (159,937) does not match the sum (166,551).
*** DK: E126 issued only correspond to the number of issued E126 forms for the period of 1 May to 31 December 2019 due to the installation of a new case management system in May 2019.
****ES: The total number of forms reported (84,962) does not match the sum of the different forms (86,083). The total amount reported (€ 55,862,552) does not equal the sum of the different amounts (€ 56,314,161).
***** 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.
****** FI: The totals for E125 received are estimates.
******* Total: the average percentages are unweighted averages.
Not all reimbursement claims are settled within the same year that the claims are issued/received. The period between the issuance/receipt of a claim and payment may differ significantly.
Source Administrative data EHIC Questionnaire 2020

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 2019, some 2.4 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 (392,550 E125 forms) and Germany (346,523 forms, of which 335,105 E125 forms issued). The Netherlands, Austria, and Poland are close runners-up with more than 200,000 forms each. Germany and Spain also claimed the highest amount of reimbursement (DE: € 216,049,994; ES: € 206,032,525). France, the Netherlands, and Austria are close followers with more than € 115 million each. A strong growth is noticed for the Netherlands, both in terms of number of E125 forms issued and amount received. While from 2015 to 2018 it issued an average of 40,172 forms and received € 55 million, in 2019 this Member State issued around 280,000 forms and received more than € 148 million.

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 Romania (26.6%), France (19.7%), Finland (17.9%), Switzerland (16.9%), Norway (12.4%), and Bulgaria (10.3%) (*Table 6*). 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 Bulgaria, where 18.1% 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 the Netherlands and Greece[21] were able to provide these numbers, it is still interesting to look at them. The Netherlands reported an amount claimed for E125 issued of € 113 million, whereas the amount received equalled € 148 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.

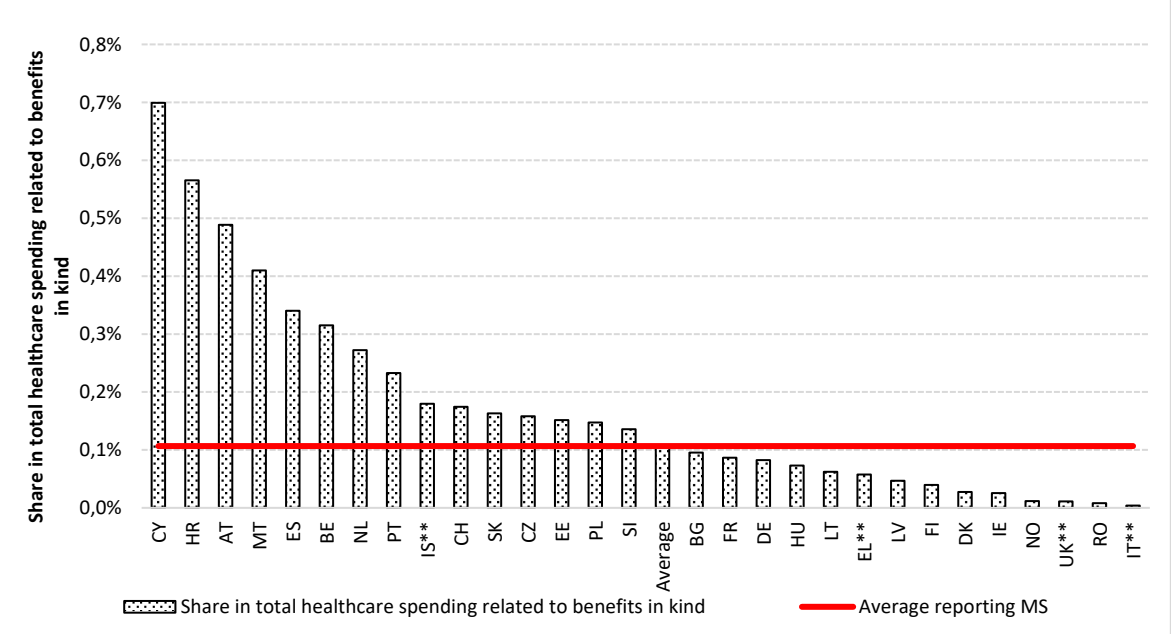
In *Annex II – Tables A3 and A4* the individual claims of reimbursement issued to the competent Member States are reported. In absolute terms, the highest amounts flowed from the United Kingdom (competent Member State) to Spain (Member State of treatment) (€ 62,163,598), from Germany to the Netherlands (€ 61,234,598), from Germany to Austria (€ 59,396,346) and from France to Belgium (€ 52,017,910). Furthermore, there are considerable flows of more than € 25 million going from Poland to Germany, Germany to Spain, France to Spain, the United Kingdom to France, and Belgium to the Netherlands.

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, SE and NO), 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, a notable flow of more than 66% of the total amount received by the Member State of treatment occurs from Finland (competent Member State) to Estonia.

[21] Data concern reference year 2018.

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 Croatia and Cyprus 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 0.11%, which is stable compared to 2018, when the share in total healthcare spending equalled 0.10%.

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 (2017*), from the perspective of the Member State of stay, 2019**



* 2017: most recent figures reported by Eurostat.
** IS, EL, UK, IT: amount received related to necessary healthcare treatment concerns reference year 2018.
Source Administrative data EHIC Questionnaire 2020; Eurostat [spr_exp_fsi]

Table 6 Reimbursement to the Member State of stay or to the insured person, 2019

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	89,991,289	3,640	795,519	72,950	90,786,808	95.0%	5.0%	99.1%	0.9%
BG	6,091	1,708,979	700	378,306	6,791	2,087,285	89.7%	10.3%	81.9%	18.1%
CZ	51,166	15,947,032	1,169		52,335	15,947,032	97.8%	2.2%		
DK**	7,594	4,734,063	113		7,707	4,734,063	98.5%	1.5%		
DE	335,102	216,049,994	11,421		346,523	216,049,994	96.7%	3.3%		
EE	8,478	1,516,434	135	17,916	8,613	1,534,350	98.4%	1.6%	98.8%	1.2%
IE	17,289	3,625,302			17,289	3,625,302				
EL*	52,634	4,884,160	1,861	108,215	54,495	4,992,375	96.6%	3.4%	97.8%	2.2%
ES	392,550	206,032,525			392,550	206,032,525				
FR***	76,696	161,332,841	18,765	3,518,489	95,461	164,851,329	80.3%	19.7%	97.9%	2.1%
HR	137,889	16,858,366	3,037		140,926	16,858,366	97.8%	2.2%		
IT*	155,144	4,132,580			155,144	4,132,580				
CY	4,253	4,020,100			4,253	4,020,100				
LV	2,985	322,124	204	40,127	3,189	362,251	93.6%	6.4%	88.9%	11.1%
LT	4,834	970,289	234	26,916	5,068	997,205	95.4%	4.6%	97.3%	2.7%
LU	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.				
HU	19,497	4,049,205	429	25,238	19,926	4,074,442	97.8%	2.2%	99.4%	0.6%
MT	7,451	2,113,381	74	18,091	7,525	2,131,472	99.0%	1.0%	99.2%	0.8%
NL	282,730	148,387,979	4,695	n.a.	287,425	148,387,979	98.4%	1.6%		
AT	237,895	115,334,850	2,612	29,758	240,507	115,364,608	98.9%	1.1%	100.0%	0.0%
PL***	229,685	24,067,900	887	68,564	230,572	24,136,464	99.6%	0.4%	99.7%	0.3%
PT	152,629	25,438,387	3,493	267,438	156,122	25,705,825	97.8%	2.2%	99.0%	1.0%
RO	846	530,442	307	36,187	1,153	566,629	73.4%	26.6%	93.6%	6.4%
SI	15,710	3,808,611	333	n.a.	16,043	3,808,611	97.9%	2.1%		
SK	33,570	6,829,098	481	105,406	34,051	6,934,504	98.6%	1.4%	98.5%	1.5%
FI***	7,106	5,168,114	1,545		8,651	5,168,114	82.1%	17.9%		
SE	19,962	19,496,529			19,962	19,496,529				
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	535	213,825	6	5,630	541	219,455	98.9%	1.1%	97.4%	2.6%
NO	2,074	2,315,260	294	128,476	2,368	2,443,736	87.6%	12.4%	94.7%	5.3%
CH****	46,135	71,342,568	9,379	n.a.	55,514	71,342,568	83.1%	16.9%		
Total*****	**2,397,207**	**1,184,307,928**	**66,214**	**5,617,473**	**2,463,421**	**1,189,925,402**	**94.2%**	**5.8%**	**96.6%**	**3.4%**

* EL, UK, IS: data concern reference year 2018. IT: data on number of forms concern reference year 2018, data on the amount paid for E125 received is the amount for reference year 2017.
** DK: E126 received only correspond to the number of issued E126 forms for the period of 1 May to 31 December 2019 due to the installation of a new case management system in May 2019.
*** 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.
**** CH: The number of E126 forms received that is reported above (9,379) concerns the number of invoices and not the number of forms.
******* Total: the average percentages are unweighted averages.
Not all reimbursement claims are settled within the same year that the claims are issued/received. The period between the issuance/receipt of a claim and payment may differ significantly.
Source Administrative data EHIC Questionnaire 2020

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 has the potential to 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, 13 Member States were aware of refusals of EHICs in their own country, whereas 13 were unaware of any refusals in their country. On the other hand, 19 reporting Member States were aware of the refusal in another Member State, while only 6 were not aware of such refusals.

The detailed replies 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. 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, or 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[22] further explain the notion of necessary care, and the European Commission has issued explanatory notes[23] 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, 16 out of the 25 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 [24] 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*".[25] 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.

Third, there is still some confusion concerning specific situations such as pregnancy or childbirth, and chronically ill persons or persons with pre-existing conditions. For certain healthcare providers it is not clear whether they can be treated based on an EHIC.

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

Almost all reporting Member States indicated that invoices were rejected by their institutions or in other countries. Only 3 out of the 23 reporting Member States mentioned this was not the case. 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

[22] 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'.
[23] 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.
[24] Treatment provided in conjunction with chronic or existing illnesses as well as in conjunction with pregnancy and childbirth.
[25] 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.

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;
- 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.

Only 13 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 3.6% (*Table 7*). This share has increased compared to reference year 2018, when it only amounted to 1.9%. This is mainly the result of the rather high rejection rate reported by Romania (23.0%), and Denmark (4.7%). Furthermore, for reimbursement claims issued by Hungary (6.2%) the rejection rate is relatively high, albeit constant compared to 2018. Whereas for the Czech Republic, the rejection rate slightly increased, the percentage dropped for Germany, from 5.0% in 2018 to 1.4% in 2019, and for France from 4.1% in 2018 to 1.6% in 2019. For the other Member States, the share of rejections remained stable.

When looking at the number of rejections by own institutions, Germany shows the highest amount with 14,521. In relative terms, Romania (8.8%), Latvia (6.0%), the Czech Republic (4.8%), and Hungary (4.8%) rejected a high share of the reimbursement claims they received. In general, however, the rejection rate for the reporting Member States amounts to 2.6%. Compared to 2018, this average has remained rather stable. Nevertheless, in the Czech Republic the share of rejections in total reimbursement claims received 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 also results 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, 2019

MS	Rejections by institutions in other countries	Share of rejections in total reimbursement claims issued**	Rejections in 2018	Rejections by your institutions	Share of rejections in total reimbursement claims received***	Rejections in 2018
CZ	1,250	2.39%	1.10%	2,300	4.84%	1.40%
DK	361	4.68%		112	0.40%	
DE	4,982	1.44%	5.00%	14,521	2.60%	3.00%
ES				75	0.09%	0.10%
FR	1,482	1.55%	4.10%	1,360	0.29%	0.80%
HR	1,001	0.71%	0.70%	272	1.70%	1.80%
LV	15	0.47%	0.30%	388	6.04%	6.00%
LT	<5	0.08%		32	0.33%	0.20%
HU	1,242	6.23%	6.20%	945	4.82%	5.20%
PL	986	0.43%	0.10%	1,902	1.87%	1.60%
RO	265	22.98%		2,592	8.78%	
SI	253	1.58%	1.40%	217	1.05%	1.70%
SK	63	0.19%	0.10%	415	1.21%	
Total*		**3.56%**	**2.11%**		**2.62%**	**2.18%**

* Unweighted average of the reporting Member States.
** For the nominator, see *Table 6*.
*** For the nominator, see *Table 5*.
Source Administrative data EHIC Questionnaire 2020 and 2019

ANNEX I INFORMATION FOR THE INSURED PERSONS AND HEALTHCARE PROVIDERS

Table A1 Information for the insured persons and healthcare providers, 2019

MS	Information for insured persons	Awareness-raising of the healthcare providers
BE		
BG	There were no public information campaigns ongoing or newly introduced during 2019	We have not introduced new initiatives to improve healthcare providers' knowledge of the EHIC or the rights of cross-border patients under the terms of Directive 2011/24/EU.
CZ	lectures and presentations for health insurance funds, other institutions and the public	no
DK	In the summer 2019, the Danish Patient Safety Authority launched an information campaign about the coverage on the EHIC during a temporary stay abroad. Furthermore, every year the reports from the EU-Commission on the use of the EHIC and the Directive 2011/24/EU are published on the website of the Danish Patient Safety Authority. In 2019, the regional authorities published an information pamphlet describing the right to hospital care for non-residents staying in Denmark. The leaflet is available in eight different languages.	A new information pamphlet about the right to hospital care for non-residents staying in Denmark was distributed to the public hospitals.
DE	The insured were also informed by means of press releases, member magazines, travel mailings, in the context of personal consultations, on the Internet, by displaying appropriate flyers, notices in companies and by notices when sending the EHIC or PRC individually. As a rule, only the insured's own were informed. The National Association of Statutory Health Insurance Funds, DVKA, regularly informs the German health insurers about the EHIC procedure, both with the help of publications (circulars, guidelines, etc.) and as part of seminars. The insured can find on the website of the GKV-Spitzenverband; DVKA in the category "tourists" the leaflet series "vacation in ...", in the leaflets is among other things shows how health insurance benefits can be used in the respective Member State using the EHIC. The National Contact Point did not launch a public information campaign in 2019 with regard to the claims under Directive 2011/24 / EU. Current information is available at www.eu-patienten.de.	The service providers are generally informed via their respective central associations. However, the National Association of Statutory Health Insurance Funds, 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 leading associations of service providers, it has developed information sheets on medical care for patients who are insured abroad. These leaflets are updated regularly and contain comprehensive information on the procedure when submitting the EHIC or the PRC. The service providers can access this information at www.dvka.de ("Service providers"). In addition, the service providers receive information on how to use the EHIC from various German health insurance companies. There was no new information campaign from the National Contact Point. Current information is available at www.eu-patienten.de.
EE	There were no specific campaigns but as usual we did inform the general population via web banners, social media and newspaper articles.	There were no specific campaigns, but we did inform healthcare providers via regular information days.
IE	In 2019, the EU entitlement section of the HSE website was reviewed in order to improve 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.	We provide ongoing additional guidance to healthcare providers on the correct interpretation of entitlement under the EHIC; and on appropriate service delivery.
EL		
ES	During 2019, info about EHIC has been available at MUFACE and ISFAS web sites	Competence of the Ministry of Health, Consumption and Social Welfare
FR	Each year by internet.	No
HR	There is ongoing detailed information on the web site of Croatian Health Insurance Fund about EHIC and the Directive 2011/24/EU.	Healthcare providers get detailed written instructions each year on EHIC and all other rights of cross-border patients, which are then also made available on specialized web page for healthcare providers.
IT		
CY	No	No
LV	We have regular informational campaigns - especially as summer/vacation time is approaching - about EHIC (how to receive and use it).	Healthcare providers are informed about EHIC on regular basis, and they contact us with their questions and problems.
LT	The Information about EHIC is available on the web pages of the NHIF and the National Contact Point (NCP) 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.	In 2019 the Ministry of Health of the Republic of Lithuania in cooperation with the agency "Invest Lithuania", prepared recommendations for healthcare providers on serving of foreigners (including EHIC holders) in order to ensure smooth access to health care services. Medical institutions were provided with an algorithm and instructions on how to assess the right of foreigners to health care services and to serve persons who speak foreign languages. These instructions were prepared in 5 languages (in Lithuanian, English, German, Polish and Russian).
LU	No	No
HU	No	No

MS	Information for insured persons	Awareness-raising of the healthcare providers
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 healthcare service providers with the aim to provide information regarding the proper use of EHIC. On-line and continuous telephone support were 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/zorgpas •www.ditzo.nl/zorgverzekering/buitenland	There were no national campaigns.
AT	• Information folder such as "Performance & Service" and "Service from A to Z" •Information campaigns through print media •Information campaigns on radio broadcasts •Information on the homepage of the social insurance agency	No. When new contractual partners are trained, they receive information about the application of the EHIC. Some organizations also provide information on current developments by means of circulars.
PL	There were no ongoing or new campaigns and initiatives in 2019	There were no ongoing or new campaigns and initiatives in 2019
PT	The information regarding the application of the Regulations and the Directive is disseminated through the Directive Portal, the National Health System Portal and the Patients Mobility Portal.	No
RO	No. The information of insured persons was made through the competent institutions and also by posting the information on the websites pages of NHIH/competent institutions.	Not. The information of the healthcare providers was made through the competent institutions and by posting the information on the websites pages of NHIH/competent institutions.
SI	In 2019, as in previous years, the HIIS regularly informed the media about any innovations in the EHIC legislation, namely through press conferences or press releases. With each change, the information available on the ZZZS website, on the ZZZS answering machine and RTV Slovenia's teletext is supplemented accordingly. ZZZS especially informs insured persons about novelties and the manner of using 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 (NCP) for cross-border healthcare was established in November 2013, providing insured persons with information on the right to treatment abroad, reimbursement, etc. The tasks of NKT are performed by ZZZS. NKT provides information on its website, by e-mail, telephone and in person. In order to ensure better and easier information for insured persons, NKT upgrades the website and updates the content on an ongoing basis. A leaflet entitled The right to planned treatment abroad was also issued to inform insured persons about the rights to planned treatment abroad.	ZZZS regularly informs health care providers about all changes and innovations in the field of use of EHIC and cross-border healthcare, through the media and especially in the framework of regular business contacts, with circulars and instructions. All information on health care providers' websites is also available on the ZZZS website and the NKT website.
SK	No	No
FI	The use of EHIC was promoted by the Finnish NCP and Kela in two events: travel fair in Helsinki in January and SuomiAreena (a huge summer event) in Pori in July. The card was also promoted in social media during both events. During the four day period of the travel fair 825 new EHICs were ordered.	No campaigns were ongoing 2019.
SE	When entering the start page of www.forsakringskassan.se, the customer will find the link where to request an EHIC. On the eve of winter, summer and autumn vacation periods, Försäkringskassan publishes a press release in order to raise awareness about EHIC. The press release is widely referred to in national media. No similar measures were undertaken regarding the rights under Directive 2011/24/EU.	No new initiatives.
UK		
IS		
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 2019, we had a campaign on Facebook, in addition to an annual press release in the 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 2020

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, 2019

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		1,142	357	203	3,559	81	249	517	4,577	62,545	0	5,146	126	45	302		190	28	37,205	279	2,570	3,349	1,052		494	34	39	3,218	177		717	626
	BG	611		130	58	1,275	31	31	132	247	1,049	<5	687	93	16	31		10	5	361	53	123	26	66		28	62	<5	965	25		37	32
	CZ	471	403		471	10,506	62	552	269	1,474	1,270	269	2,663	124	171	114		239	34	1,158	2,105	16,060	355	199		16,738	11	33	3,640	50		999	733
	DK	220	53	64		5,446	10	0	25	278	271	10	391	<5	55	103		54	14	499	105	180	0	115		53	<5	11	16	14		8	285
	DE	11,275	10,038	7,419	6,707		1,151	2,487	10,580	23,177	30,360	8,730	70,057	1,773	2,169	3,435		9,767	253	26,676	39,636	52,845	6,860	10,318		5,756	144	235	16,917	415		7,078	15,051
	EE	31	6	52	83	478		59	8	158	100	<5	334	<5	251	55		31	<5	123	62	64	27	19		18	314	13	12	<5		2,338	51
	IE	138	29	171	<5	2,695	19		30	5,395	3,927	275	3,950	7	105	184		166	32	579	338	1,856	265	94		216	5	<5	0	9		67	353
	EL	3,375	565	209	402	23,109	18	69		48	5,060	12	2,770	896	17	15		0	7	4,252	27	45	29	488		83	559	36	4,351	17		281	5
	ES	40,892	1,373	2,064	5,526	60,162	555	13,166	619		102,169	463	54,795	62	604	958		1,121	135	31,810	4,361	4,337	12,337	5,136		780	2,611	256	52,380	1,781		6,586	9,346
	FR	56,213	689	650	1,287	8,628	128	1,058	347	20,613		170	11,817	80	175	443		322	37	15,821	959	1,319	7,403	836		264	124	341	15,485	79		2,129	2,481
	HR	1,270	74	4,058	860	78,069	63	263	31	522	2,459		8,477	8	82	79		1,061	24	2,940	13,183	3,665	93	77		2,061	18	54	3,006	30		992	2,744
	IT	10,117	585	3,430	1,700	61,957	75	945	272	3,288	14,958	456		13	151	193		412	122	6,596	4,824	3,373	407	2,884		698	50	120	6,221	60		300	6,320
	CY	117	393	31	42	76	15	21	387	16	214	<5	37		45	27		14	<5	132	21	30	<5	164		35	60	11	2,626	5		26	5
	LV	65	13	76	120	496	263	37	6	156	232	5	52	<5		438		12	6	96	46	101	34	<5		31	20	5	116	14		147	89
	LT	135	5	89	173	932	87	246	12	275	210	7	304	9	189			13	7	243	42	1,035	42	9		23	9	14	1,501	42		7,534	44
	LU	4,877	30	48	39	490	48	0	90	211	14,172	11	741	<5	18	22		33	0	930	54	176	1,437	53		46	<5	10	141	5		0	52
	HU	391	11	445	294	4,892	24	195	46	451	4,158	70	1,553	22	14	16			27	986	3,012	189	98	3,273		937	17	6	44	25		401	552
	MT	200	72	77	122	204	24	80	22	184	1,018	11	2,353	5	24	23		74		323	86	168	22	30		44	<5	6	36	12		78	86
	NL	12,013	650	500	567	21,146	146	743	434	2,832	2,486	203	4,209	107	165	542		443	89		795	2,079	817	403		524	98	156	7,525	79		1,643	1,033
	AT	8,738	2,204	5,920	5,149	142,267	190	1,057	811	3,219	4,206	1,739	22,772	142	253	297		3,564	92	20,046		4,032	905	2,299		3,658	51	75	10,167	250		1,050	8,026
	PL	4,816	911	5,116	3,602	83,033	51	7,047	264	2,652	6,467	78	12,980	155	103	321		210	52	14,616	5,375		281	243		540	21	65	25,935	1,043		95,112	1,152
	PT	5,462	107	433	54	16,449	51	994	161	8,155	191,457	112	3,726	8	405	245		228	25	5,897	1,038	894		150		143	68	42	223	64		0	16,375
	RO	422	11	33	21	0	6	12	16	235	1,095	<5	1,692	10	0	0		129	<5	279	133	36	16			19	8	12	142	<5		47	47
	SI	430	82	408	123	5,261	12	73	34	331	264	1,475	7,249	7	29	24		187	59	715	3,715	226	96	30		212	0	7	802	10		63	590
	SK	220	112	13,681	196	3,695	14	929	70	452	497	85	1,661	42	54	57		478	23	623	3,932	899	166	81			<5	<5	3,919	78		3,249	1,049
	FI	153	34	124	15	1,524	1,813	94	44	629	918	77	576	9	271	240		72	25	438	198	294	156	103		83		137	45	5		0	408
	SE	214	176	449	66	5,990	209	0	436	647	1,200	323	2,378	38	352	962		175	39	1,519	450	1,337	221	374		202	<5		3,374	8		0	780
	UK	311	848	709	<5	2,466	<5	0	496	24	748	134	3,879	187	454	413		<5	0	1,783	172	2,584	<5	727		348	20	<5		56		0	450
	IS	57	<5	54	18	504	22	22	30	226	338	27	252	<5	59	52		41	11	209	83	201	95	<5		27	0	26	968			0	168
	LI	<5	0	9	0	0	0	0	0	26	11	0	32	0	<5	<5		<5	0	<5	75	<5	<5	5		6	0	0	5	0		25	97
	NO	193	84	33	36	0	37	7	7	81	222	8	75	<5	55	152		13	0	515	16	249	0	32		25	0	77	35	15			84
	CH	3,720	418	647	396	13,866	53	121	228	5,729	18,850	125	64,783	106	90	77		559	25	3,220	2,425	615	4,118	252		290	45	258	3,490	200		434	
	Total	167,150	21,121	47,486	28,336	559,175	5,259	30,557	16,424	86,308	472,931	15,815	292,391	4,038	6,425	9,821		19,620	1,178	180,594	87,600	101,585	39,664	29,519	20,765	34,382	27,865	2,054	167,305	4,575		131,819	69,114

* EL, IT, UK, IS: data concern reference year 2018.
** SI: no breakdown possible by Member State of treatment.
*** FI: for 23,500 forms no breakdown possible. NO: for 478 no breakdown possible.
**** BE: the total reported (166,551) does not match the sum (167,150). ES: the total reported (86,083) does not match the sum (86,308). HR: the total reported (16,015) does not match the sum (15,815). 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.
***** DK: Due to the installation of a new case management system in May 2019, we are only able to extract data on the number of received E126 for the period of 1 May to 31 December 2019
Source Administrative data EHIC Questionnaire 2020

Table A2 Amount paid (in €) by the competent Member State for necessary healthcare received abroad, total, 2019

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		3,751,638	212,904	124,762	3,217,950	93,800	221,378	635,536	5,565,315	50,079,323	157,789	163,671		129,102	402,149		151,266	4,345	11,484,203	114,548	2,874,157	3,134,770	1,986,781		479,613	12,456	4,128	3,410,584	35,906		210,494	
BG	55,758		57,803	6,181	682,012	17,919	17,654	141,682	154,639	186,435	3,633	1,030		272	1,219		6,984	0	111,247	20,963	47,100	18,824	26,161		9,166	36,340	10	494,842	4,860		8,358	
CZ	166,763	372,811		97,695	2,586,686	14,684	127,411	80,081	286,447	189,065	84,302	94,613		13,834	19,490		43,670	3,208	283,054	578,779	16,903,112	59,725	145,655		5,322,262	1,436	17,253	881,155	72,093		59,032	
DK	70,277	119,522	27,680		2,019,735	41,276	0	515	87,231	88,528	6,625	99,171		96,136	87,750		16,703	4,850	99,990	71,523	1,025,087	0	81,296		21,432	375	719	0	1,690		102,832	
DE	4,919,520	25,703,617	6,040,817	2,328,672		622,084	704,300	7,141,130	12,019,637	10,245,681	4,667,739	38,178,396		1,270,986	2,626,770		4,730,186	144,986	21,109,727	16,709,507	33,653,174	4,872,874	9,586,034		4,446,527	38,903	121,210	8,814,019	69,487		1,650,432	
EE	1,783	697	4,472	20,875	79,438			4,510	23,578	13,205	434	13,466		36,615	11,073		5,029	931	11,883	5,298	39,443	6,419	2,844		806	38,294	566	0	152		35,910	
IE	8,831	23,674	136,464	141	532,319	28,869	0	8,282	1,022,508	416,881	55,127	612		55,748	37,388		19,267	10,734	69,053	60,591	763,243	71,396	52,252		25,966	520	442	0	11,555		0	
EL	890,205	2,789,108	225,948	247,206	22,076,324	30,018	57,921		162,658	622,243	17,939	1,485,407		5,742	845		0	2,191	1,663,364	106,418	258	17,621	327,089		83,407	206,463	1,933	2,261,639	7,710		0	
ES	9,594,384	2,515,883	745,392	2,437,091	34,033,103	402,078	6,825,021	242,276		29,656,062	95,446	1,941,606		174,150	567,809		407,933	74,715	18,987,338	1,866,378	2,393,490	6,430,743	4,635,562		247,346	1,928,828	170,916	31,014,653	259,562		0	
FR	23,594,771	6,541,497	1,080,281	2,388,322	15,924,758	428,837	1,589,545	819,004	17,344,349		292,287	68,199,920		224,402	781,021		552,547	421	13,529,146	911,104	1,642,649	17,972,842	3,244,509		365,800	22,893	39,173	19,882,589	8,744		1,095,579	
HR	117,437	37,025	388,047	677,921	9,421,672	5,315	23,921	7,268	27,926	255,454		650,036		8,224	7,673		139,795	5,518	314,693	999,690	2,166,790	5,587	8,300		261,702	3,989	2,336	406,618	260		75,415	
IT	2,910,937	1,967,428	2,732,894	866,484	31,607,728	64,781	196,826	1,467,095	2,970,277	5,952,903	549,074			129,106	155,937		406,582	270,690	4,575,802	2,645,270	3,006,431	543,739	7,050,627		524,420	15,338	24,899	5,053,526	2,299		0	
CY	15,439	416,984	25,147	5,945	46,700	8,628	6,237	911,565	12,539	51,281	30	80,036		7,319	22,814		6,295	60	60,290	4,906	24,363	478	165,630		8,353	16,898	2,069	2,018,237	10,154		33,156	
LV	4,021	2,057	5,446	4,799	69,677	66,021	0	137	7,283	10,758	1,080	2,875			75,332		526	2,695	4,238	6,423	7,022	4,898	217		1,409	1,979	0	12,958	1,623		0	
LT	15,177	1,410	11,360	21,054	157,379	14,667	51,193	254	37,602	12,433	225	18,955		197,109			1,593	2,083	52,479	12,035	358,686	4,210	736		1,234	1,109	2,043	299,611	5,776		82,836	
LU	1,719,439	85,548	26,920	80,805	630,079	25,539	0	27,747	631,478	7,748,905	883	4,948		1,945	128,775		10,695	0	805,248	49,345	113,034	4,249,102	126,750		13,484	2,858	393	106,803	13,752		0	
HU	40,097	32,336	87,015	32,711	849,382	2,787	295,706	15,245	42,254	1,050,350	9,461	185,116		1,376	3,428			7,057	176,528	427,923	10,723,558	19,056	1,541,186		220,123	3,033	184	554	1,034		0	
MT	11,678	17,384	14,266	27,498	63,271	3,552	13,473	486	46,456	104,892	1,724	100,588		5,945	6,887		13,853		65,562	21,014	30,555	3,988	13,177		4,926	1,949	471	0	186		4,674	
NL	8,266,417	1,807,385	637,973	817,747	22,401,240	164,704	227,777	931,074	2,571,308	3,156,250	91,895	231,289		16,175	572,134		462,101	76,565		454,905	3,153,490	890,050	991,022		463,928	10,588	32,574	8,748,055	6,458		656,424	
AT	3,859,898	3,710,142	3,838,705	2,196,249	60,626,988	116,048	246,394	1,371,674	1,959,108	993,712	1,223,287	9,455,989		53,865	355,423		2,281,826	45,205	12,151,884		2,243,302	392,780	2,592,333		2,277,566	20,095	14,177	5,831,189	73,919		235,899	
PL	419,041	355,700	504,562	424,280	9,772,684	6,735	475,065	101,634	273,281	538,857	12,526	1,244,993		2,968	89,797		31,086	9,157	1,723,862	483,321		33,468	50,656		64,202	4,121	9,078	2,750,750	53,157		3,214,055	
PT	721,655	28,354	51,238	1,740	2,709,952	11,916	206,141	29,231	2,290,870	2,577,117	9,716	378,977		22,537	60,084		75,317	0	1,292,291	200,070	186,496		28,713		18,920	23,845	2,801	0	3,811		0	
RO	52,782	7,275	6,008	10,512	0	376	111	12,805	57,032	238,367	490	367,487		1,817	0		39,603	0	35,258	42,941	21,253	5,319			5,666	2,959	262	55,241	762		0	
SI	94,126	39,616	83,235	64,007	1,633,104	2,954	3,577	1,448	24,426	45,427	597,637	2,170		906	5,568		53,470	1,225	143,605	967,505	43,476	6,630	51,744		65,620	0	118	225,445	653		7,075	
SK	51,535	57,164	2,337,619	18,684	566,762	827	74,172	13,559	12,144	33,343	19,466	97,370		2,048	9,071		197,413	1,719	112,930	595,467	338,699	23,460	36,197			912	81	662,369	12,645		0	
FI	23,218	28,415	63,369	21	852,976	1,288,878	42,668	56,331	453,197	382,954	75,106	144,146		69,721	89,802		109,671	8,413	277,529	159,416	200,690	54,745	54,457		35,660		5,453	0	7,969		0	
SE	45,498	193,652	234,077	14,539	3,492,162	316,983	0	381,634	953,782	820,205	150,388	23,222		257,215	1,157,093		127,026	25,817	1,484,040	394,287	16,090,254	126,011	300,801		87,715	1,146		2,407,590	1,200		0	
UK	22,187	859,318	533,392	0	2,161,884	0	0	193,090	713,500	93,472	93,829	185,653		264,316	720,131		173	0	2,464,262	168,326	3,449,964	49,862	1,395,867		376,336	10,219	99		10,015		0	
IS	6,599	7,754	25,110	2,520	377,952	7,486	2,908	1,647	160,453	319,681	4,179	116,360		7,038	11,909		12,409	14,726	132,637	113,884	20,229,988	377,340	2,037		10,221	0	2,851	927,094			0	
LI	0	0	2,309	0	0	0	0	0	8,380	263	0	0		0	130		302	0	473	31,219	344	1,524	529		8,038	0	0	1,918	0	3,345		
NO	24,954	219,933	105,477	722	0	175,100	55,399	14,592	163,116	437,784	21,823	338,216		74,609	353,633		31,792	0	329,882	101,805	8,074,298	0	131,101		43,839	0	514	0	836			
CH	3,104,906	1,146,604	965,405	510,662	22,814,072	36,389	281,187	623,847	6,278,040	12,326,004	497,946	28,862,596		36,618	127,300		666,307	23,999	3,280,061	1,910,980	814,019	3,992,089	717,092		546,293	18,640	76,992	4,848,881	91,074		0	
Total	**60,829,332**	**52,839,926**	**21,211,335**	**13,429,848**	**251,407,990**	**3,999,251**	**11,745,985**	**15,235,377**	**56,360,814**	**128,647,835**	**8,742,086**	**152,668,914**		**3,167,843**	**8,488,434**		**10,601,418**	**741,311**	**96,832,559**	**30,235,841**	**130,618,428**	**43,369,553**	**35,347,355**	**8,096,682**	**16,041,979**	**9,926,187**	**533,746**	**101,116,319**	**769,342**		**7,619,298**	

* EL, IT, UK, IS: data concern reference year 2018. IT: the amount paid for E125 forms received for reference year 2017 was used.
** SI: a breakdown by Member State of treatment was not possible.
*** FI: for € 7,500,000 a breakdown was not possible. NO: for € 143,782 a breakdown was not possible.
**** BE: total reported (€ 60,783,819) does not match the sum (€ 60,829,332). ES: total reported (€ 56,314,161) does not match the sum (€ 56,360,814). 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.
***** 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.
Source Administrative data EHIC Questionnaire 2020

Table A3 Number of claims issued by the Member State of treatment for necessary healthcare, total, 2019

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		248	357	120	5,872	45	150	1,549	22,704	15,931	696	10,639	14	36	71		250	115	88,279	4,648	3,522	2,537	145		164	145	597	0	104	<5	59		
BG	887		333	51	14,258	20	83	1,184	3,037	490	62	1,370	442	14	<5		59	99	1,763	1,568	1,069	80	16		60	13	264	636	7	0	86	
CZ	348	184		64	7,127	53	169	244	2,132	641	4,000	2,408	25	82	89		392	80	1,529	5,705	6,055	336	19		13,973	122	467	758	107	15	30	
DK	215	121	494		7,320	100	0	506	5,109	1,350	820	1,681	26	87	179		236	129	1,841	4,132	4,412	56	34		204	0	0	0	14	9	47	
DE	3,702	1,771	10,796	5,465		487	2,695	35,714	62,614	9,195	78,057	65,104	114	552	940		7,272	621	110,009	142,486	101,024	16,520	43		4,270	1,504	6,827	2,350	884	111	738	
EE	67	63	60	12	909		19	34	507	106	62	96	13	297	71		20	23	461	178	92	50	0		14	1,423	221	0	20	<5	39	
IE	257	39	537	0	2,507	61		58	14,296	1,125	350	873	34	43	252		199	175	2,594	837	8,109	1,000	0		889	73	0	0	49	0	7	
EL	417	174	222	13	9,644	18	56		620	325	28	907	748	<5	16		33	39	1,674	764	161	110	90		69	52	228	498	40	<5	12	
ES	2,913	195	1,324	215	15,740	109	4,388	139		7,695	504	2,759	18	145	274		318	506	5,744	2,066	2,021	6,849	93		386	524	636	0	254	8	91	
FR	33,381	218	1,215	223	21,909	102	3,342	1,625	32,153		2,329	17,342	33	89	162		514	907	6,895	3,539	4,487	100,319	89		464	783	1,122	0	470	30	124	
HR	245	11	279	11	9,030	5	275	25	453	226		604	<5	5	7		75	15	655	1,740	107	116	<5		90	77	340	88	27	0	14	
IT	5,317	642	1,905	255	38,433	171	2,683	1,429	53,592	14,000	6,694		47	151	224		792	3,430	10,026	17,006	6,032	3,378	17		976	411	1,595	4,049	267	20	104	
CY	23	53	97	<5	1,060	<5	5	963	83	31	<5	44		<5	12		18	5	246	37	54	8	<5		35	7	35	145	<5	0	<5	
LV	90	21	157	54	2,127	258	60	27	607	121	80	157	44		182		12	39	503	244	86	77	0		54	266	396	240	107	11	53	
LT	302	38	123	93	3,761	115	159	50	1,071	437	73	308	21	479			18	29	1,281	294	327	116	0		52	230	587	561	120	0	133	
LU	6,441	13	105	32	9,269	27	0	52	1,569	1,857	177	1,309	<5	14	8		56	16	8,369	2,531	541	8,372	10		47	7	0	102	10	11	2	
HU	354	14	285	61	10,425	32	153	73	1,257	339	993	628	20	15	13			103	1,458	3,954	262	167	217		641	76	339	0	48	0	13	
MT	29	12	31	6	245	<5	26	5	138	30	21	149	<5	<5	7		29		795	100	51	15	0		26	25	35	0	21	0	0	
NL	5,272	222	1,075	386	17,476	79	381	908	14,853	5,495	2,088	5,801	20	102	144		682	180		14,239	15,650	2,587	44		592	307	1,375	1,432	215	<5	225	
AT	223	374	2,337	104	32,101	63	359	537	3,952	675	13,916	5,821	18	47	38		2,975	110	2,175		6,213	611	123		3,453	163	485	267	144	57	39	
PL	2,812	156	2,070	221	55,937	66	1,143	342	4,572	1,871	3,460	4,478	31	120	201		329	171	5,369	4,154		756	9		945	290	447	2,141	229	<5	286	
PT	2,668	28	304	<5	4,015	27	273	26	12,670	3,893	93	455	6	39	39		84	70	1,940	845	289		0		118	123	231	0	104	7	0	
RO	1,301	156	158	50	11,738	<5	119	329	6,045	1,158	64	10,464	126	<5	10		2,480	19	949	1,924	85	148			67	75	234	806	6	6	57	
SI	405	31	133	<5	4,051	<5	38	83	457	217	11,562	714	<5	<5	<5		65	37	726	1,950	84	99	<5		100	30	113	54	11	<5	6	
SK	600	74	21,693	59	6,539	20	154	80	971	336	2,220	853	42	34	25		1,302	53	1,486	4,055	738	135	11			85	435	308	55	0	19	
FI	185	35	231	<5	2,795	6,117	138	181	4,382	309	305	363	19	191	70		141	112	1,880	803	545	371	<5		86		0	0	<5	0	<5	
SE	389	69	690	16	7,911	378	0	2,601	14,271	1,681	2,495	1,520	74	219	299		547	241	2,193	2,972	5,982	991	72		220	0		0	25	0	80	
UK	3,260	1,658	3,921	9	23,004	14	0	4,961	109,379	21,067	3,090	10,526	2,274	182	1,281		36	26	18,330	8,335	49,065	151	83		4,234	0	2,068		859	11	14	
IS	53	<5	82	<5	684	16	9	24	1,720	111	54	56	0	14	44		41	6	296	227	1,617	42	13		136	0	0	67		0	<5	
LI	<5	0	9	0	135	0	<5	8	57	10	11	63	0	5	0		<5	<5	378	451	9	27	0		7	<5	7	<5	0		0	
NO	178	89	479	5	4,000	169	67	301	7,109	585	839	487	25	154	360		236	66	2,798	797	10,313	9	<5		623	0	0	0	<5	0		
CH	613	78	833	170	16,501	51	344	437	10,170	4,154	2,742	7,165	8	64	44		712	102	4,783	7,926	1,570	10,089	12		1,056	294	878	575	221	229	85	
Total	72,950	6,791	52,335	7,707	346,523	8,613	17,289	54,495	392,550	95,461	140,926	155,144	4,253	3,189	5,068		19,926	7,525	287,425	240,507	230,572	156,122	1,153	16,043	34,051	8,651	19,962	15,341	4,426	541	2,368	55,514

* EL, IT, UK, IS: data concern reference year 2018.
** SI, CH: a breakdown by competent Member State was not possible.
*** HR: for 3,037 forms a breakdown was not possible. FI: for 1,545 forms a breakdown was not possible.
**** DK: Due to the installation of a new case management system in May 2019, we are only able to extract data on the number of received E126 for the period of 1 May to 31 December 2019
Source Administrative data EHIC Questionnaire 2020

Table A4 Amount received (in €) by the Member State of treatment for necessary healthcare, total, 2019

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		80,911	121,575	69,198	3,833,764	7,310	19,192	21,602	7,996,262	21,151,691	79,752	13,469	53,700	7,968	8,935		28,567	28,922	28,963,132	2,407,225	384,931	448,398	23,826		47,534	106,963	225,047	0	100,904	6,008	232,709	
BG	1,610,996		307,355	116,568	9,420,966	653	16,554	932,972	5,263,574	2,700,256	20,315	0	573,716	2,057	543		15,712	75,997	3,261,820	1,437,304	150,329	18,941	6,285		11,489	13,554	262,113	1,087,853	874	0	186	
CZ	204,987	41,945		143,171	5,156,285	64,616	136,785	239,608	900,756	1,086,827	382,893	0	13,691	3,541	11,318		81,796	13,381	1,121,626	3,826,411	591,949	47,385	5,021		2,428,833	62,929	339,271	783,800	43,035	1,482	98	
DK	131,172	33,888	88,468		3,723,505	16,805	0	8,448	2,389,671	1,498,860	91,007	737,127	5,982	5,428	21,629		21,095	38,364	1,666,784	1,896,024	455,493	2,717	9,740		37,562	0	0	0	2,656	668	53,050	
DE	3,270,699	518,895	2,766,753	3,179,929		46,578	532,319	18,652	32,141,607	16,028,576	9,454,204	1,483,903	111,605	62,042	157,650		1,273,158	172,325	61,234,598	59,396,346	10,363,114	2,767,812	4,524		1,072,026	848,556	4,961,438	2,088,684	460,372	48,939	697,870	
EE	84,311	28,841	4,924	11,874	548,284		16,850	4,281	400,922	176,674	5,479	67,292	8,628	68,824	14,036		594	7,389	314,133	98,430	23,199	4,906	0		828	1,302,594	325,154	0	15,530	53	176,286	
IE	300,655	16,358	91,959	0	1,153,798	296		81,982	6,910,989	1,818,270	54,687	0	6,237	203	74,564		32,823	96,433	1,204,972	346,136	797,239	138,899	11,224		116,602	65,950	0	0	10,586	0	0	
EL	521,983	102,310	31,401	45,079	4,695,753	159	17,470		337,247	1,007,375	1,599	1,354,961	8,659	273	1,280		5,981	6,496	806,252	380,876	21,442	22,567	50,733		6,027	41,454	777,502	564,509	2,484	586	44,808	
ES	2,469,729	128,414	163,719	85,573	6,457,548	18,536	505,839	5,902		9,629,765	35,151	55	12,601	7,455	20,580		25,236	48,807	4,092,424	784,660	164,120	1,072,066	42,296		45,457	307,497	925,146	0	158,654	330	13,288	
FR	52,017,910	37,038	171,410	86,447	11,022,360	11,738	605,518	0	27,400,110		363,727	0	12,004	3,547	21,646		65,844	184,043	7,103,290	1,639,202	501,380	16,557,297	42,775		63,239	489,445	847,858	0	8,110	14,017	5,857	
HR	160,350	5,904	103,990	5,893	4,662,041	2,435	55,127	81,870	119,586	295,538		0	0	217	225		9,132	1,659	375,122	1,271,057	17,776	9,861	1,283		20,777	75,106	241,341	61,297	1,253	0	696	
IT	5,160,022	174,819	468,204	76,700	16,398,050	3,112	594,557	3,938	19,909,769	21,623,895	844,006		6,147	8,787	28,024		115,264	1,033,741	4,771,921	6,227,104	648,655	564,257	160,352		155,012	305,925	1,090,063	3,995,101	201,362	5,608	134,340	
CY	13,918	45,870	19,180	236	386,809	13,580	205	537,992	12,605	35,610	274	0		0	918		1,484	804	62,250	14,476	1,682	964	2,193		2,995	1,228	23,471	175,709	0	0	0	
LV	152,293	1,571	39,866	96,108	2,992,390	70,716	23,726	49,236	174,253	525,345	5,251	0	7,319		69,108		1,696	5,240	877,500	142,835	17,847	8,912	1,771		26,052	233,742	580,162	573,692	31,250	766	0	
LT	402,326	19,205	28,059	85,444	3,044,473	12,832	77,360	9,338	572,417	868,106	7,241	222,912	22,917	73,426			3,853	5,884	1,433,310	343,873	52,237	28,853	0		9,264	124,112	1,099,473	799,742	68,293	0	339,143	
LU	4,634,589	6,938	13,064	2,544	4,820,895	5,313	0	0	724,269	4,066,672	42,849	0	749	1,950	2,084		4,655	1,660	6,639,762	690,214	47,113	1,242,238	1,263		29,512	336	0	76,702	1,024	1,679	1,389	
HU	292,874	4,605	92,629	35,520	5,826,879	7,575	34,461	132,104	729,012	835,089	156,922	0	14,604	340	1,593			16,473	1,091,395	2,928,321	26,096	44,817	84,734		264,980	117,895	469,154	0	27,560	0	431	
MT	5,947	869	3,191	5,282	94,641	1,055	10,370	0	186,496	19,945	6,901	0	3,318	3,155	2,083		3,449		407,419	41,451	5,626	1,760	0		7,549	9,453	38,018	0	0	0	0	
NL	6,282,250	81,110	302,024	104,928	20,108,388	11,117	109,610	322,115	14,159,002	12,407,928	274,227	0	10,879	6,549	31,492		118,198	68,316		9,978,573	1,714,659	699,291	12,479		152,960	341,519	1,444,694	2,150,477	80,070	12	267,005	
AT	145,495	34,329	772,327	47,805	17,436,408	7,516	49,878	949,686	1,543,039	1,063,625	1,598,400	0	8,111	2,992	12,043		481,394	29,755	1,229,749		754,001	100,358	44,040		771,948	71,531	528,657	328,335	90,545	47,627	30,664	
PL	3,249,357	12,641	803,349	266,372	41,056,402	25,708	481,471	3,018	1,151,084	4,364,793	301,480	0	18,489	6,389	25,401		63,731	41,852	4,552,505	3,024,989		233,450	2,530		502,951	235,372	2,505,901	4,271,562	52,475	688	372,238	
PT	2,201,933	823	48,340	0	2,110,571	0	69,981	0	18,648	8,553,979	5,587	0	11,764	286	3,869		18,650	10,873	611,557	345,782	20,503		0		19,600	52,699	424,580	0	19,302	978	0	
RO	2,583,297	43,124	127,825	76,892	12,385,064	2,959	48,576	127	4,698,672	5,293,557	18,494	0	165,988	1,134	708		1,114,054	14,673	1,804,546	1,729,929	6,760	83,626			71,929	40,091	#VALUE!	2,364,838	2,565	476	37,231	
SI	226,026	23,550	32,576	9,267	2,421,082	79	10,171	3,441	94,884	674,259	1,481,903	0	506	9	58		19,890	2,896	526,122	1,662,173	4,450	12,594	1,065		12,176	6,388	41,510	40,673	500	243	1,262	
SK	542,568	26,194	7,869,758	14,452	5,516,958	1,152	17,284	74,500	204,625	753,888	291,865	17,369	12,563	37,854	1,341		300,727	13,923	918,076	2,583,402	99,084	15,742	3,022			37,410	415,537	564,772	5,331	0	9,825	
FI	135,663	12,121	26,164	0	1,140,585	1,019,322	27,068	210,774	2,554,514	596,824	74,681	0	31,302	19,275	10,702		17,817	17,108	642,554	547,646	49,156	130,379	338		11,758		0	0	243	0	162	
SE	377,441	48,598	194,320	0	3,906,436	143,816	0	555	6,141,642	2,235,761	333,144	0	53,153	24,540	38,406		111,688	68,920	1,794,132	1,627,785	661,942	174,886	19,080		29,926	0		0	16,685	0	10,816	
UK	2,921,939	534,246	890,333	0	13,473,064	903	0	19,614	62,163,598	37,207,609	384,090	0	2,796,802	5,727	305,125		3,370	8,737	7,198,842	4,775,028	5,209,224	6,355	29,812		674,794	0	1,380,423		1,203,753	8,865	5,502	
IS	27,782	307	7,104	0	244,108	1,125	487	25	705,380	59,634	3,234	0	75	1,642	6,417		3,787	6,383	259,234	59,664	178,186	8,077	0		25,643	0	0	104,294		0	76	
LI	1,275	0	486	0	75,673	0	41	0	16,995	16,240	19,599	0	0	0	0		141	23	88,285	220,730	2,940	2,139	0		2,911	175	4,816	644	0		0	
NO	171,646	9,190	68,502	0	1,606,620	36,261	86,291	371,111	2,300,286	1,073,464	77,002	235,494	33,461	3,140	120,723		18,714	86,786	1,408,605	622,513	1,023,693	1,437	830		83,478	0	0	0	7,239	0		
CH	485,376	12,670	288,178	168,780	10,330,194	1,082	78,112	909,486	4,110,612	7,181,272	442,400	0	15,131	3,501	4,706		111,943	23,608	1,926,063	4,314,449	141,641	1,254,840	5,414		228,693	276,191	545,200	415,349	72,214	80,432	8,804	
Total	90,786,808	2,087,285	15,947,032	4,734,063	216,049,994	1,534,350	3,625,302	4,992,375	206,032,525	164,851,329	16,858,366	4,132,580	4,020,100	362,251	997,205		4,074,442	2,131,472	148,387,979	115,364,608	24,136,464	25,705,825	566,629	3,808,611	6,934,504	5,168,114	19,496,529	20,448,034	2,684,866	219,455	2,443,736	71,342,568

* EL, IT, UK, IS: data concern reference year 2018.

** SI, CH: a breakdown by competent Member State was not possible

*** 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.

Source Administrative data EHIC Questionnaire 2020

ANNEX III PRACTICAL AND LEGAL DIFFICULTIES IN USING THE EHIC

Table A1 Refusal by healthcare provider, 2019

MS	Y/N	Refusal in your country	Y/N	Refusal in another country
BE				
BG		n/a		n/a
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 the scope of medically necessary healthcare causes difficulties.	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". Some healthcare providers still have difficulties distinguishing between 'unplanned necessary healthcare' and 'planned healthcare'. When a person require necessary treatment during a temporary stay, the expected length of the stay must be taken into account. Persons who stay for a longer period of time (months) may need a wider range of treatments than someone who is only abroad for a short period of time (weeks). The Danish Patient Safety Authority or the regional patient advisors try to resolve such cases by contacting the healthcare providers.	Y	Sometimes, the EHIC is refused by healthcare providers due to an incorrect interpretation of "necessary healthcare" or insufficient knowledge on how to settle the claim. Some healthcare providers may also refuse to accept the EHIC due to administrative burdens.
DE	Y	It is well known that not all service providers in Germany and abroad still accept the EHIC. Reasons that can play a role in relation to German service providers include, among other things, that the procedure may not be known or that it is perceived as too time-consuming. Although the EHIC is physically similar to the German health insurance card, it cannot be scanned electronically. Instead, the EHIC data must be recorded and forwarded to the health insurance company that the patient must first choose. In the individual cases that became known, specific information and advice was given to the service provider by telephone or in writing (for example with references to publications, relevant literature, dispatch of information material). The queries that the National Association of Statutory Health Insurance Funds, DVKA, received on this topic show that both the service providers and the German health insurance companies often see a problem in the design of the respective foreign EHIC. If the design of the foreign EHIC deviates from the EHIC model shown in Resolution S2, this usually leads to uncertainties and acceptance problems.	Y	See answer on the left
EE	Y	There have some problems that have occurred, but we have resolved them all case by case. In case the doctor have had doubts, they have turned to us and we have the explained situation and regulations.	Y	In several cases, health care providers abroad have refused to accept EHICs for benefits in kind related to pregnancy and childbirth. In several cases, health care providers abroad have refused to accept Estonian PRC. PRC issued by Estonia does not contain EHIC card details (number, period). We cannot add them if the person does not have an EHIC card. In those cases we have contacted those healthcare providers and explained, why we can`t add those numbers.
IE	N	No	N	No
EL				
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. More concretely: - The use of the EHIC in France, except when hospital centres are involved, implies that the interested party has to request the reimbursement of expenses in a health insurance fund, where they often indicate the suitability of requesting the reimbursement of expenses directly from the competent institution in Spain. All this results in an unnecessary bureaucratic burden for our management centres. - In Ireland the case of a medical centre was presented, where access to a necessary medical benefit was only allowed for a maximum of three times. - Occasionally, in some countries, they demand that the PRC form issued with the Electronic Code of Authenticity carries a manual signature, despite the provisions of Recommendation H2.
FR	Y	For English insured persons.	Y	No quantification possible.
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.	Y	We have documented ca 50 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. In one EU country, healthcare is refused to students. Also, usually it is dental care that is problematic.
IT				
CY	N	We are not aware of cases 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 actions taken.
LV	N	No cases reported in 2019.	N	No cases reported in 2019.
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/a
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

MS	Y/N	Refusal in your country	Y/N	Refusal in another country
				of refusal is that the treatment concerned can be delayed until return back to Hungary.
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 information on reasons or frequency. Our Competent Institutions solve these cases in different ways, mostly via the service of SOS International. (https://www.sosinternational.nl/) Some examples: * Italy: Ospedale Regionale de Aosta Mauriziano in Aosta. The hospital accepts the EHIC, but then the customer is put on the waiting list. Earlier intervention is only possible with a guarantee statement. * Spain: Hospital Figueras. The hospital does not accept EHIC because the client has been referred to the hospital by a private doctor (at the campsite). It is not clear to us whether this is in accordance with Spanish law. * Spain: Hospital de Palamos. Signal from our Emergency Centre: the hospital says there is no emergency assistance. The customer can be on the waiting list. The Emergency Centre's doctor is of the opinion that it is urgent. The hospital only wants to treat the customer immediately if a guarantee statement is issued. It also sometimes happens in those cases where we issue a replacement EHIC afterwards and it turns out to be a private clinic. Private clinics are not covered by the statutory insurance of a Member State, which is why they cannot pay through an EHIC. Estimation: 10 times a year. In those cases, we try to pay in a different way (for example reimbursement based on the Dutch rate or by issuing a guarantee statement).
AT	Y	Yes, there have been a few such cases. The settlement of private fees is more attractive than the "complicated" subsequent settlement via the cash register. If a person concerned visits a cash register, clarification can often be brought about by phone.	Y	Insured persons repeatedly report problems with the acceptance of the EHIC. One of the reasons is the low administrative effort involved in treating the insured as a private patient. Sometimes an attempt is also made to read the card electronically or the procedure for handling the card is not known.
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	Yes. Refusal of EHIC to provide necessary treatment during a temporary stay, and request for S2 .
RO	Y	Yes. Reasons given: lack of information on CEASS; Measures taken: providers of medical services, medicines and medical devices operating in the social health insurance system have received information on the single model and uniform specifications at the level of all EU / EEA / Switzerland Member States, regulated according to Decision no. S1 of 12 June 2009 on the European health insurance card, respectively Decision no. S2 of 12 June 2009 on the technical specifications of the European Health Insurance	Y	Yes, there were insured persons who stated that they presented EHIC /PRC but were instructed to pay, and will recover their value from the competent institutions where they are registered as insured persons. Reasons invoked: lack of information regarding the EHIC or PRC issued by the competent institutions in Romania; the patient requested medical services that exceeded "medical services that became necessary." Measures taken: the efforts to inform the Romanian policyholders about the rights and services covered by EHIC/PRC have been intensified, including the context of their use.
SI	N	To date, the HIIS has not been informed of such cases either by foreign policyholders or by foreign insurance institutions.	Y	In 2019, ZZZS was informed by Slovenian insured persons about several cases of rejection of EHIC by health care providers in other countries and resolved them with the competent foreign insurance institutions.
SK	Y	In several cases, the main reason for refusing to accept an EHIC was the fear that cost for provided healthcare would not be reimbursed.	Y	Yes, but we not have information why EHICs are not accepted.
FI	N	Concerning 2019 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 2019 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 been 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				
IS				
LI	N	No	N	No
NO	N	No	N	No
CH	Y	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.	Y	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 2020

Table A2 Interpretation of the "necessary healthcare" concept, 2019

MS	Y/N	Alignment of rights
BE		
BG		n/a
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	Y	We had some cases relating to the interpretation of "necessary healthcare", even for treatments defined in Decision S3 of the Administrative Commission. Some healthcare providers are not aware that the EHIC also covers healthcare benefits in conjunction with pregnancy and childbirth, including birth on the expected date of delivery or caesarean, and medical treatment for chronic or pre-existing conditions as long as the purpose of a temporary stay in another Member State is not specifically to receive medical care.
DE	Y	The vast majority of health insurance companies are not aware of any difficulties in interpreting the concept of "medically necessary benefits in kind". According to the experience of some health insurance companies, however, difficulties in interpreting the concept can be observed with some service 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. In connection with the treatment of chronically ill people, there is still uncertainty in individual cases as to whether the treatment of acute complaints is covered by the EHIC. This can also be seen in connection with benefits during pregnancy and childbirth. Furthermore, it happens again and again that people have entered Germany for the purpose of treatment without clarifying this in advance with their health insurance provider in their home country and without obtaining the appropriate permit. Such difficulties in interpreting the concept lead accordingly to problems in billing the costs incurred.
EE	N	No
IE	N	No
EL		
ES	Y	- Sometimes the service provider in other Member States has difficulties to interpret the concept of "necessary provision" by requiring a form S2 or E-112 for the coverage of benefits in kind, which do not have the character of scheduled treatments, since the need for medical attention has arisen during a temporary stay in the other country. - With regard to the application of Decision S3, when it comes to demanding benefits in kind related to chronic or pre-existing diseases, difficulties have been observed for its correct application by both Spanish institutions and other Member States. - Sometimes in France, EHIC facilitates treatments that we consider scheduled, since they consist of planned surgery operations scheduled well in advance, or assistance at delivery where there is evidence that the reason for the trip to France was to give birth. In these situations, healthcare should be covered with a form E112 (S2).
FR	Y	Yes
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		
CY	N	No
LV		It is difficult to provide abstract interpretation, but we assure people that health care providers will determine and interpret it according to the individual situation and the legislation of the Member State.
LT	N	No we are not.
LU	N	No
HU	N	no difficulties noticed
MT	N	No, we are not aware of such cases.
NL	Y	Not many examples
AT	Y	Sometimes there are still difficulties with the delimitation of 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 is often confused with planned treatment situations where the purpose for travel is related to the provision of health care. Ex: DE - We are obliged to issue the S2, so the patient can obtain the necessary healthcare and have not to pay for it; Ex: DE and Poland - An S2 is requested for recovery treatments, following an accident that occurred during a temporary stay; In several situations, the S2 is requested after the health care has been provided.
RO	Y	Romanian insured persons consider that they should be treated on the basis of EHIC/PRC even if the emergency occurred in Romania and they went for treatment in another Member State, although at the time of issuing EHIC/PRC they receive a document with information regarding the notion of medical service become necessary; there are suspicions (due to the frequency of medical services provided to Romanian insured persons based on EHIC/PRC) that some health care providers in other Member States provide more than services that have become necessary, in these cases we asked Member States to verify the nature of the medical services in question ; there are forms E125 requesting the reimbursement of medical services provided on the basis of EHIC/PRC, although medical services have resulted from accidents at work, and the value must be recovered from institutions operating in the field of accidents and diseases professional.
SI	N	We do not observe any special problems in the interpretation of the necessary health services on the part of Slovenian providers.
SK	Y	Interpretation of necessary medical care 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.
FI	Y	As pointed out in the answer to the previous question 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. 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.
SE	Y	The interpretation of the notion "necessary healthcare" varies among countries and health care providers.
UK		
IS		
LI	N	No
NO	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.
CH	Y	Yes, in several countries the service provider requests the form S2 / E 112 although the treatment is necessary related to art. 19 Reg. 883/2004 (especially as concerns maternity benefits during a temporary stay).

Source Administrative data EHIC Questionnaire 2020

Table A3 Invoice rejection of E125 forms issued and received, 2019

MS	Y/N	Refusal in your country	Y/N	Refusal in another country
BE				
BG		n/a		n/a
CZ	Y	Yes, there are 1250 cases. Most usual reasons are - unknown entitlement document, person cannot be identified	Y	Yes, there are 2300 rejections. Most usual reasons are - period of treatment is not covered by entitlement document, uninsured person, unknown entitlement document
DK	Y	In 2019, institutions in other Member States have rejected 361 invoices (forms) from Denmark. Reasons for rejection have been that the patient was not insured at the time of the treatment or was unknown to the competent institution/health insurance, entitlement document was missing or unknown, double invoice.	Y	Denmark has rejected 112 invoices (forms) from other Member States. The main reasons have been that a valid document/proof of entitlement could not be provided or the patient was not insured/registered in Denmark.
DE	Y	In 2019, 4,982 German cost calculations based on an EHIC were complained about for various reasons.	Y	In 2019, 14,521 cost accounts were objected to in other Member States for various reasons.
EE				
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. 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 in date card was used.		
EL				
ES	Y	Although their number cannot be quantified, rejections are usually due to: - Lack of the right form - Need to request some clarification regarding the amounts or benefits received.	Y	**ISFAS:** 6 forms E 125. The reason was that they referred to people who do not belong to ISFAS. **MUFACE:** 11 duplicated invoice/ 9 The number of the EHIC/PRC consigned at the invoice is not corresponding with any EHIC/PRC valid issued by MUFACE/ 49 The EHIC/PRC was not active in the date of healthcare assistance.
FR	Y	In 2019, foreign countries have rejected 1,482 E125 issued by France.	Y	In 2019, France has rejected 1,360 E125 issued by foreign countries.
HR	Y	1001 rejected invoices. Reasons for rejection: The entitlement document is missing or unknown. The entitlement document has not been acknowledge. The person receives a pension in his/hers state of residence. The entitlement ended on. The period of benefits in kind is not covered by the entitlement document. Double claims.	Y	272 rejected invoices. Reasons for rejection: The entitlement document is missing or unknown. The entitlement document has not been acknowledged. The period of benefits in kind is not covered by the entitlement document. Double claims.
IT				
CY	Y	Only a few cases	Y	Only a few cases
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.Double invoice. 4. The EHIC number or the persons data belongs to a different issuing country. Total amount of annulled forms in 2019: 15	Y	We are able to list our reasoning 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 2019: 388
LT	Y	During the period from 1st January to 31st December 2019 we have faced with some cases when invoices (SED S080) issued by our institutions have been rejected due to the following reasons: 2 invoices were rejected as they had been presented to Spain and Latvia by mistake; 2) other 2 invoices were rejected by the United Kingdom as person's entitlement document (REPL) was not valid during the all treatment period.	Y	During the period from 1 January to 31 December 2019 the National Health Insurance Fund under the Ministry of Health (NHIF) has rejected 32 invoices (forms E125 / SED S080) issued by institutions from the other EU countries (Belgium, the Czech Republic, Germany, Spain, Iceland, Italy, Latvia, Norway, Poland, Portugal and Sweden). The main reasons for the 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 (i.e. persons became insured and applied for EHIC later than the treatment had started): BE, IT, PT and SE (1 invoice), DE (2 invoices) and LV (5 invoices); 2) person was not insured in Lithuania (i.e. invoices had been sent to Lithuania instead of Latvia by mistake): IT (1 invoice) DE (3 invoices) and PL (6 invoices); 3) incomplete file (i.e. missing essential data for person's identification): ES and PT (1 invoice); 4) healthcare services were provided after person's death: CZ (1 invoice); 5) the healthcare services had to be provided on the basis of PD S1 (i.e. Lithuanian insured moved their residency from Lithuania to the treatment country and had PD S1): NO (1 invoice) and ES (5 Invoices); 6) person were insured in the treatment country: IS and LV (1 invoice).
LU	N	No	N	No
HU	Y	1,242 cases (19 reasons: *We suppose a scheduled treatment and ask you to verify *The person receives a dominating pension from another state *The period of benefits in kind is not covered by the entitlement period *Hospitalisation period is missing or incomplete *The person has its own entitlement in the state of residence *The person died on *The institution cannot determine that the person is insured *Entitlement document is missing or unknown *We are not concerned by this document *Identification elements are missing or unknown (name, forename, date of birth, PIN) *Medical record requested due to extremely high costs *The entitlement ended at *The entitlement document has not been acknowledged *Double invoice *Institution	Y	945 cases (7 reasons: *Medical record requested due to extremely high costs *Entitlement document is missing or unknown *Double invoice *Identification elements are missing or unknown (name, forename, date of birth, PIN) *The period of benefits in kind is not covered by the entitlement period *The entitlement ended at *The person died on)

MS	Y/N	Refusal in your country	Y/N	Refusal in another country
		code is missing or unknown *Claim amount correction *The entitlement started in the state of residence at *Other)		
MT	N	No, we are not aware of such cases.	N	No, we are not aware of such cases.
NL	Y	No numbers available. Reasons vary. *This document is not intended for us *Elements of identification are missing or are unknown (name, first name, date of birth, PIN) *The document (received from abroad or as it appears in the administration of the health insurer)tis missing or unknown *Period of declaration period is missing or incomplete *Period of benefits in kind is not covered by period of right to benefits *Document demonstrating rights has not been confirmed. *The declaration has previously been declared *The person died before the end of the declaration period *The insured is a co-insured family member	Y	No numbers available. Reasons vary. *This document is not intended for us *Elements of identification are missing or are unknown (name, first name, date of birth, PIN) *The document (received from abroad or as it appears in the administration of the health insurer)tis missing or unknown *Period of declaration period is missing or incomplete *Period of benefits in kind is not covered by period of right to benefits *Document demonstrating rights has not been confirmed. *The declaration has previously been declared *The person died before the end of the declaration period *The insured is a co-insured family member
AT	Y	Yes; the medical necessity of the treatment is occasionally questioned.	Y	This happens partially. We do not know the number.
PL	Y	According to data in our settlements system (SOFU), with a state on the 3rd of August of 2020 we have registered 986 forms E125PL (with a state on the 23rd of March of 2020 it was 163) which were issued by NFZ in 2019 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 3rd of August of 2020 we have registered 1902 E125 forms which were received by NFZ in 2019 on the basis of EHIC. Among 1902 rejected forms during the verification process, all the forms were verified. Among them there are 409 cases determined as "lack of form from point 5.2" and 410 cases determined as "suspicion of duplication claims", but the most common reason is defined as "other" (588 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. 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. In 99% of the contestation cases, the information issued is the invoice is complete and correct, and is the same data in the entitlement document. PT receives a high volume 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	1. Yes, most of the rejections are related with the following fact: - 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	Y	Yes, we are. There are 265. The reasons for refusal: the period for granting sickness benefits is not covered by EHIC/PRC; the invoices (forms E 125 / SED S080) issued were filled in incorrectly and / or incompletely.	Y	Yes, we are. 2592. The reasons for refusal: the period for granting sickness benefits is not covered by EHIC/PRC; the invoices (forms E 125 / SED S080) issued were filled in incorrectly and / or incompletely.
SI	Y	In 2019, ZZZS received 253 rejections of E 125 forms on the basis of EHIC, from foreign institutions. Reasons for refusal: there is no document on the basis of which the service is charged, the service was not charged within the validity of the document, the service was charged several times, the person with the stated data is not in the records of persons. So far, ZZZS has successfully solved such cases by sending the required copy of EHIC or certificate or other required information.	Y	In 2019, the HIIS rejected 217 E 125 forms issued by foreign institutions on the basis of the EHIC. Reasons for refusal: no EHIC, EHIC is not an appropriate document for charging costs because it is a planned treatment, the service was not charged within the validity of the document, missing/incorrect identification data, the service was charged several times.
SK	Y	63 cases- EHIC was used for period not covered by insurance	Y	415 cases-persons were not be covered by insurance, unidentifiable person, duplicate invoice
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				
UK				
IS				
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 2020

Chapter 2
Planned cross-border healthcare

SUMMARY OF MAIN FINDINGS

There are two different ways in which planned cross-border healthcare can be obtained. 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. Although this chapter mainly concerns the first option, namely planned cross-border healthcare provided by EU rules, more specifically by the Coordination Regulations, it also pays attention to other parallel procedures.

In 2019, approximately 10 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 13 out of 1,000 insured persons received a PD S2).

Around three out of four prior authorisations in 2019 have been authorised to receive planned cross-border healthcare in an EU-15 Member State. The most prominent flows of PDs S2 take place from France (competent Member State) to Belgium (Member State of treatment), from Luxembourg to Germany, from Germany to Austria, from Germany to Switzerland, from Austria to Germany, from Luxembourg to Belgium, and from Belgium to Luxembourg. This makes it clear there is 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. Furthermore, proximity seems to be an important explanatory variable as around 7 out of 10 PDs S2 are issued to receive a scheduled treatment in a neighbouring Member State. This is especially the case in the EU-15 (73% in a neighbouring Member State) compared to the EU-13 (34%).

Based on the evolution of the number of PDs S2 between 2013 and 2019 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 declined considerably compared to 2013. Only Belgium, Poland, and Slovakia 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 2019 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, which overall remains limited. In absolute figures, France, Germany and Austria are the main debtors, whereas Germany, Switzerland, and Austria 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 only amounts to 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

In case of planned cross-border healthcare under the Coordination Regulations, 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 the Coordination Regulations. As a result, the patient should be treated on equal grounds with the insured persons of the Member State of treatment.

In addition to providing information on the number of PDs S2 issued and received and its budgetary impact for reference year 2019[26], 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.[27]

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.

[26] For some Member States, no data concerning reference year 2019 were provided. In this case, the most recent data available are imputed to present the most complete overview. When this is done, it is always mentioned in a footnote. It concerns EL (2018), HR (2018), IT (2018), UK (2018) and IS (2018).
[27] 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.[28] 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. *Table 1* gives a detailed overview of the PDs S2 issued by the 25 reporting countries. In addition, data for 5 Member States[29] concerning reference year 2018 were added. This brings the total of reporting Member States on 30. These 30 Member States issued 33,537 PDs S2.[30] However, this is certainly an underestimation of the real number, as Germany and Norway did not have any information available.

An estimate of the total number of PDs S2 could be made by looking at the detailed figures provided as Member State of treatment *(see cross-country Table 2)*. *Table 2* shows the data for 20 reporting Member States for reference year 2019, supplemented with 4 reporting Member States[31] for reference year 2018. In total, these 24 reporting Member States received 53,276 PDs S2. Again, this is an underestimation as several Member States[32] did not provide any data and the number of reimbursement claims received or issued in 2019 for planned cross-border healthcare seem to be much higher. By combining the data from *Tables 1* and *2*, it appears that probably around 70,000 PDs S2 were issued in 2019.

It is clear that Luxembourg issued the highest number of PDs S2 with almost 12,000, making up a third of all PD S2 issued *(Table 1)*. In addition, Austria and the Netherlands issued more than 3,000 PDs S2 each. These three Member States make up almost 60% of the total number of PDs S2 that were issued. Ireland, France, Italy, Slovakia, and the United Kingdom each issued more than 1,000 PDs S2. Member States that issued between 500 and 1,000 prior authorisations are Bulgaria, Greece, and Romania. Belgium, the Czech Republic, Denmark, Spain, Croatia, Cyprus, Latvia, Hungary, Slovenia, Finland, and Switzerland issued between 100 and 500 PDs S2. Finally, Estonia, Lithuania, Poland, Portugal, Sweden, Iceland, and Liechtenstein 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 2019, Belgium issued a total number of 7,228 PDs S2 under the more flexible procedure, of which 1,964 under the Ostbelgien-Regelung.

[28] For the list of national contact points see: https://ec.europa.eu/health/sites/health/files/cross_border_care/docs/cbhc_ncp_en.pdf
[29] EL, HR, IT, UK and IS.
[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 the Coordination Regulations, as it is possible that the same patient has made several requests for planned treatment abroad during the same reference year.
[31] HR, IT, UK and IS.
[32] DE, IE, EL, ES, PL, PT, LI and NO did not provide any data.
[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.

Overall, three quarters of the prior authorisations in 2019 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 Slovakia to the Czech Republic, and from Liechtenstein to Switzerland.

Table 2 shows that in 2019, around 53,000 PDs S2 were received by the 24 reporting Member States. More than 50% of these authorisations were received by Belgium (27,224). Furthermore, data in *Table 1* suggest that Germany received around 14,000 PDs S2. In addition, Switzerland and Austria received a rather high number of PDs S2, namely 7,480 and 5,806 respectively. The Czech Republic, France, Luxembourg, the Netherlands and the United Kingdom each also received more than 1,000 prior authorisations. Member States that received between 100 and 1,000 authorisations are Italy and Hungary. Furthermore, many Member States received less than 100 PDs S2, namely Bulgaria, Denmark, Estonia, Ireland, Croatia, Latvia, Lithuania, Malta, Romania, Slovenia, Slovakia, Finland, Sweden and Iceland. Finally, Cyprus did not even receive a single PDs S2.

From the perspective of a receiving Member States, it also occurs that a Member State receives all prior authorisations from one single Member State. Most notably, this is the case in, Latvia (from Lithuania as competent Member State), Malta (from the Netherlands), and Romania (from Germany). Remarkable flows also go between Luxembourg (as Member State of treatment) and Belgium (as a competent Member State), Slovakia and the United Kingdom, Sweden and Denmark, and the United Kingdom and Ireland.

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 (21,310 PDs S2), from Luxembourg to Germany (6,452), from Germany to Austria (4,841), from Germany to Switzerland (4,731), from Austria to Germany (4,489), from Luxembourg to Belgium (4,483) and from Belgium to Luxembourg (3,595). 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[35], the Czech Republic, Estonia, Lithuania, the Netherlands, Austria, Sweden, and Switzerland are 'net recipients', implying that a higher number of PDs S2 are received than issued. On the contrary, Bulgaria, Denmark, France, Croatia, Italy, Cyprus, Latvia, Luxembourg, Hungary, Malta, Romania, Slovenia, Slovakia, Finland, the United Kingdom, and Iceland, are 'net senders' implying that a higher number of PDs S2 are issued than received. 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.

[35] However, Belgium also issued 7,228 PDs S2 for more flexible parallel procedures. As a result, Belgium remains a net-recipient, but less pronounced.

Table 1 Number of PDs S2 issued, breakdown by Member State of treatment, 2019

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		29	<5	0		<5	10	17	15	225	22	31	<5	7	0	3,356	<5	0		<5	<5	<5	44	7	0	<5	0	39	0	0		0	**3,816**
BG	0		0	0		0	0	0	<5	<5	0	0	0	0	0	0	0	0		<5	0	0	0	0	0	0	0	12	0	0		0	**17**
CZ	0	<5		0		0	0	0	5	350	34	<5	0	0	0	5	0	0		6	0	0	5	25	855	<5	<5	67	0	0		<5	**1,361**
DK	0	0	0			<5	0	0	<5	0	0	0	<5	0	0	<5	0	0		<5	0	<5	9	0	0	<5	<5	<5	0	0		11	**36**
DE	62	349	88	38		11	84	84	131	442	123	631	336	41	<5	6,452	64	6		4,489	36	<5	314	111	102	28	5	60	0	5		41	**14,137**
EE	0	0	0	0			0	0	0	0	0	<5	0	30	<5	0	0	0		<5	0	0	0	0	0	33	0	<5	10	0		7	**85**
IE	0	0	0	0		0		0	<5	0	0	0	0	0	0	<5	0	0		0	0	0	0	0	0	0	0	23	0	0		0	**25**
EL	0	<5	0	0		0	0		0	24	0	0	0	0	0	<5	0	0		<5	0	0	0	0	0	0	0	13	0	0		<5	**47**
ES	0	<5	0	<5		0	0	0		1,063	0	17	0	0	0	22	0	0		5	0	<5	<5	0	<5	7	<5	138	8	0		9	**1,279**
FR	90	61	<5	6		0	5	81	97		11	240	10	0	<5	1,477	<5	<5		7	<5	11	105	27	<5	<5	<5	123	0	0		<5	**2,370**
HR	0	0	0	0		0	0	0	0	<5		0	0	0	0	0	0	0		<5	0	0	0	29	0	0	0	<5	0	0		<5	**36**
IT	0	7	<5	0		0	6	235	53	22	26		8	0	0	70	<5	24		10	6	0	198	53	0	<5	0	71	0	0		6	**805**
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		<5	0	0	0		0	0	0	0	0	0	0	0	<5	0	0		0	**5**
LT	0	0	0	0		0	0	0	<5	0	0	0	0	59		0	0	0		0	0	0	0	0	0	0	0	26	<5	0		0	**87**
LU	6	<5	0	0		0	0	0	<5	140	0	0	0	0	0		0	0		0	0	0	0	0	0	0	0	0	0	0		0	**151**
HU	0	<5	<5	0		0	0	0	<5	<5	17	0	<5	0	0	0		0		7	0	0	20	0	<5	0	<5	63	0	0		0	**121**
MT	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**
NL	28	<5	<5	21		0	12	<5	14	<5	<5	26	0	<5	0	126	0	0		5	<5	<5	<5	<5	<5	<5	0	20	<5	0		<5	**290**
AT	0	70	<5	<5		0	<5	<5	<5	6	193	178	7	<5	0	16	100	0			<5	<5	88	142	48	<5	0	23	<5	<5		12	**905**
PL	0	0	0	0		0	0	0	10	5	0	<5	0	0	7	<5	0	0		<5		0	0	0	<5	<5	<5	670	12	0		0	**714**
PT	0	0	0	0		0	0	0	<5	51	0	0	0	0	0	21	0	0		0	0		0	0	0	0	0	<5	0	0		0	**79**
RO	0	0	0	0		0	0	0	<5	<5	0	0	0	0	0	0	0	0		0	0	0		0	0	0	0	6	0	0		0	**8**
SI	0	0	0	0		0	0	0	0	0	14	0	0	0	0	0	0	0		<5	0	0	0		0	0	0	<5	0	0		0	**17**
SK	0	0	62	0		0	0	0	<5	0	0	<5	0	0	0	0	0	0		0	0	0	0	0		0	0	71	<5	0		0	**137**
FI	0	0	0	46		<5	0	0	<5	<5	0	<5	0	0	0	<5	0	0		<5	0	0	0	0	0		0	15	0	0		0	**73**
SE	0	5	0	53		0	67	<5	15	<5	0	5	<5	<5	6	<5	0	0		0	<5	0	0	0	0	12		20	<5	0		0	**196**
UK	14	12	<5	44		<5	998	73	23	9	<5	48	118	<5	0	7	<5	22		5	5	<5	<5	6	<5	5	<5		<5	0		0	**1,411**
IS	0	0	0	0		0	0	0	0	0	0	0	0	0	0	<5	0	0		0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0				**0**
NO	0	0	0	<5		0	0	0	<5	0	0	<5	0	0	0	0	0	0		0	0	0	0	0	0	0	0	<5	0	0		25	**37**
CH	8	24	<5	6		5	17	106	22	280	16	1,151	<5	<5	19	197	97	0		186	<5	<5	16	23	33	<5	<5	9	<5	14			**2,245**
EU-27	186	537	165	168		17	185	426	358	2,342	443	1,136	367	144	19	11,560	174	32		4,541	51	21	788	397	1,015	96		1,474	39	6		99	**26,799**
EU-28	200	549	166	212		18	1,183	499	381	2,351	444	1,184	485	147	19	11,567	178	54		4,546	56	25	792	403	1,016	101	14	1,474	41	6		99	**28,210**
EU-15	200	545	102	212		18	1183	499	360	1987	379	1178	484	58	9	11560	178	54		4525	56	25	767	349	156	66	11	550	16	6		87	**25,620**
EU-13	0	<5	64	0		0	0	0	21	364	65	6	<5	89	10	7	0	0		21	0	0	25	54	860	35	<5	924	25	0		12	**2,590**
EFTA	8	24	<5	9		5	17	106	24	280	16	1154	<5	<5	19	198	97	0		186	<5	<5	16	23	33	<5	<5	13	<5	14		25	**2,283**
Total	**208**	**573**	**168**	**221**		**23**	**1,200**	**605**	**405**	**2,631**	**460**	**2,338**	**486**	**149**	**38**	**11,765**	**275**	**54**	**3,044**	**4,732**	**58**	**28**	**808**	**426**	**1,049**	**102**	**17**	**1,487**	**43**	**20**		**124**	**33,537**
Row %	**0.6%**	**1.7%**	**0.5%**	**0.7%**	**0.0%**	**0.1%**	**3.6%**	**1.8%**	**1.2%**	**7.8%**	**1.4%**	**7.0%**	**1.4%**	**0.4%**	**0.1%**	**35.1%**	**0.8%**	**0.2%**	**9.1%**	**14.1%**	**0.2%**	**0.1%**	**2.4%**	**1.3%**	**3.1%**	**0.3%**	**0.1%**	**4.4%**	**0.1%**	**0.1%**		**0.4%**	**100%**

* EL, HR, IT, UK, IS: data concern reference year 2018.
** NL: Numbers are not recorded broken down by country. Only total number is available and only for part of the competent institutions.
*** AT: With the social insurance organizational reform from 01.01.2020, some Austrian carriers (company health insurance funds) were dissolved. The data for this is not available for the year 2019. However, due to the relatively few cross-border cases of the occupational health insurance funds, the overall result is only marginally affected.
**** BE: Moreover, in 2019 a total number of 8,121 PDs S2 were issued for more flexible parallel procedures, of which 1,964 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 2020

Table 2 Number of PDs S2 received, breakdown by competent Member State, 2019

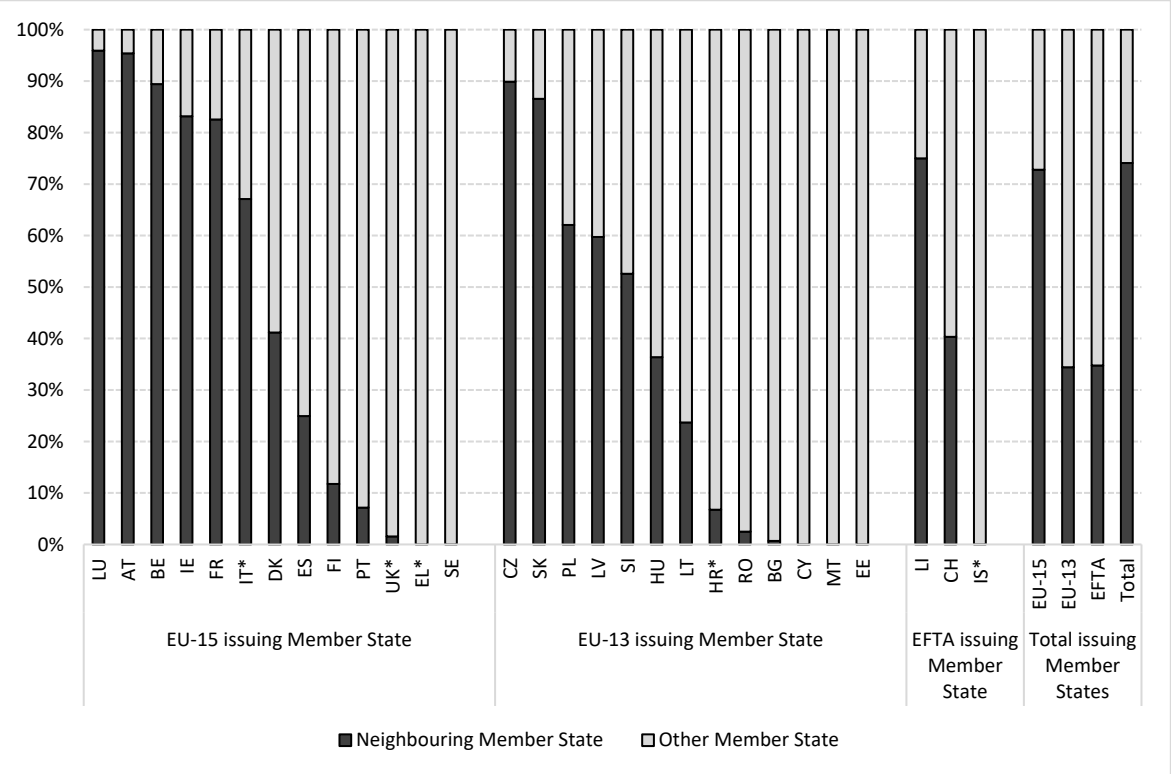
Competent Member State	Member State of treatment																															
		BE***	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR*	IT**	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE****	UK*	IS*	LI	NO	CH	Total
	BE		0	0	0		0				728	0	<5	0	0	0	3,595	0	0	232	<5			0	0	0	0		<5	0			15	**4,576**
	BG	25		0	0		0				29	0	10	0	0	0	<5	<5	0	<5	67			0	0	0	0		5	0			21	**163**
	CZ	<5	0		0		<5				<5	0	0	0	0	0	0	<5	0	8	<5			0	0	<5	0		<5	0			<5	**26**
	DK	7	0	0			0				<5	0	0	0	0	0	0	0	0	14	<5			0	0	0	0	37	8	0			8	**80**
	DE	93	10	39	<5		0				41	61	31	0	0	<5	92	25	0	2,667	4,841			<5	8	0	<5		<5	0			4,731	**12,651**
	EE	<5	0	0	0						<5	0	0	0	0	0	0	0	0	<5	0			0	0	0	<5		<5	0			6	**17**
	IE	6	0	0	0		0				<5	0	6	0	0	0	0	0	0	7	<5			0	0	0	0		1,202	0			9	**1,233**
	EL	17	0	<5	0		0				35	0	81	0	0	0	0	0	0	21	206			0	0	0	0		16	0			147	**524**
	ES	15	0	5	0		0				35	0	6	0	0	0	0	5	0	11	<5			0	0	0	0		15	<5			22	**116**
	FR	21,310	<5	0	0		0					<5	14	0	0	0	188	<5	0	24	<5			0	0	0	0		<5	0			589	**22,135**
	HR	35	0	46	0		0				<5		26	0	0	0	0	18	0	15	206			0	20	0	0		5	0			47	**422**
	IT	129	0	<5	0		0				353	0		0	0	0	<5	0	0	66	158			0	0	<5	0		35	0			1,244	**1,992**
	CY	<5	0	<5	<5		0				7	0	<5		0	0	0	0	0	0	7			0	0	0	0		17	0			<5	**43**
	LV	<5	0	0	0		17				0	0	<5	0		33	0	0	0	6	<5			0	0	0	<5		7	0			<5	**77**
	LT	0	0	0	0		0				<5	0	0	0	<5		0	0	0	6	0			0	0	0	<5		0	0			21	**34**
	LU	4,483	0	0	<5		0				571	<5	5	0	0	0		0	0	181	7			0	0	0	0		<5	0			197	**5,447**
	HU	<5	0	0	0		0				<5	0	<5	0	0	0	0		0	0	77			0	0	0	0		0	0			90	**174**
	MT	0	0	0	0		0				<5	0	0	0	0	0	0	0		<5	0			0	0	0	0		<5	0			0	**<5**
	NL	1,006	0	7	0		0				11	0	0	0	0	0	<5	<5	<5		7			0	0	0	0		11	0			35	**1,082**
	AT	5	0	6	0		0				<5	0	<5	0	0	0	0	11	0	8				0	<5	0	0		<5	<5			188	**230**
	PL	0	0	0	0		0				5	0	<5	0	0	0	0	<5	0	6	0			0	0	0	0		<5	<5			<5	**20**
	PT	0	0	0	<5		0				8	0	0	0	0	0	<5	0	0	<5	0			0	0	0	0		<5	0			<5	**15**
	RO	39	0	0	<5		0				63	0	80	0	0	0	0	155	0	7	66				0	0	0		<5	0			18	**432**
	SI	6	0	6	0		0				12	9	32	0	0	0	0	0	0	9	123			0		0	0		7	0			22	**226**
	SK	0	<5	974	0		0				<5	0	<5	0	0	0	0	6	0	<5	6			0	0		0		<5	0			24	**1,020**
	FI	0	0	<5	<5		58				0	<5	0	0	0	0	0	0	0	0	0			0	0	0			<5	0			<5	**65**
	SE	5	0	<5	<5		0				<5	0	<5	0	0	0	0	<5	0	<5	0			0	0	0	16		7	0			<5	**45**
	UK	26	<5	146	0		0				48	<5	21	0	0	15	0	28	0	10	6			0	<5	44	10			<5			12	**376**
	IS	<5	0	<5	<5		0				0	0	0	0	0	<5	0	0	0	<5	<5			0	0	0	0		0				0	**9**
	LI	0	0	0	0		0				0	0	0	0	0	0	0	0	0	0	0			0	0	0	0		0	0			15	**15**
	NO	0	0	0	0		0				0	0	0	0	0	0	0	0	0	0	0			0	0	0	0		0	0			0	**0**
	CH	0	0	0	0		0				7	0	<5	0	0	0	0	0	0	<5	15			0	0	0	0		0	0				**27**
	EU-27	27,196	14	1,092	11		76				1,922	73	309	0	<5	34	3,886	228	<5	3,302	5,784			<5	31	5	28	38	1,357	<5			7,453	**52,849**
	EU-28	27,222	17	1,238	11		76				1,970	74	330	0	<5	49	3,886	256	<5	3,312	5,790			<5	34	49	38	38	1,357	6			7,465	**53,225**
	EU-15	27,102	16	210	9		58				1839	65	173	0	0	16	3882	72	<5	3245	5234			<5	14	45	29	38	1306	5			7,204	**50,567**
	EU-13	120	<5	1,028	<5		18				131	9	157	0	<5	33	<5	184	0	67	556			0	20	<5	9	0	51	<5			261	**2,658**
	EFTA	<5	0	<5	<5		0				7	0	<5	0	0	<5	0	0	0	<5	16			0	0	0	0	0	0	0			15	**51**
	Total	**27,224**	**17**	**1,241**	**12**		**76**				**1,977**	**74**	**333**	**0**	**<5**	**50**	**3,886**	**256**	**<5**	**3,315**	**5,806**			**<5**	**34**	**49**	**38**	**38**	**1,357**	**6**			**7,480**	**53,276**
	Row %	**51.1%**	**0.0%**	**2.3%**	**0.0%**		**0.1%**				**3.7%**	**0.1%**	**0.6%**	**0.0%**	**0.0%**	**0.1%**	**7.3%**	**0.5%**	**0.0%**	**6.2%**	**10.9%**			**0.0%**	**0.1%**	**0.1%**	**0.1%**	**0.1%**	**2.5%**	**0.0%**			**14.0%**	**100%**

* HR, IT, UK, IS: data concern reference year 2018.
** IT: the total reported (318) does not match the sum of the breakdown by competent Member State (333).
*** BE: the explanation for the high number of PDs S2 received from France (21,310) is that this number also includes the PDs S2 issued further to the ZOAST-agreements.
**** SE: the data reported concerns the number of persons, not the number of E125 forms.
Source PD S2 Questionnaire 2020

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.)[36].

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. Approximately 74% of the PDs S2 are issued to receive a scheduled treatment in a neighbouring Member State. At the same time, only 34% of the PDs S2 issued by the EU-13 Member States are for treatment in a neighbouring Member State, compared to 73% of the PD S2 issued by the EU-15 Member States. Luxembourg and Austria 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, 2019



* UK, EL, HR, IS: data concern reference year 2018.
Source PD S2 Questionnaire 2020

[36] 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 2019, approximately 10 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 (13 out of 1,000 insured persons). In Germany, Austria and France, which have issued a high number of PDs S2, an average of 17, 53 and 4 out of 100,000 persons 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 436 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, 2019

MS	Number of insured persons (A)	Number of PD S2 issued (B)	Share of insured population (B/A)*	in 100,000 insured persons*
BE***	11,289,973	208	0.002%	2
BG	5,960,474	573	0.010%	10
CZ	10,551,898	168	0.002%	2
DK	5,800,000	221	0.004%	4
DE**	73,052,555	12,646	0.017%	17
EE	1,262,381	23	0.002%	2
IE	n.a.	1,200		
EL***	5,481,234	605	0.011%	11
ES	49,037,930	405	0.001%	1
FR	59,201,044	2,631	0.004%	4
HR***	4,104,966	460	0.011%	11
IT***	60,000,000	2,338	0.004%	4
CY	820,000	486	0.059%	59
LV	2,263,924	149	0.007%	7
LT	2,908,030	38	0.001%	1
LU	892,182	11,765	1.319%	1,319
HU	4,143,000	275	0.007%	7
MT	440,372	54	0.012%	12
NL	17,163,404	3,044	0.018%	18
AT	8,947,750	4,732	0.053%	53
PL	34,053,648	58	0.000%	0
PT	n.a.	28		
RO***	17,551,619	808	0.005%	5
SI	2,113,195	426	0.020%	20
SK	5,171,570	1,049	0.020%	20
FI	5,539,506	102	0.002%	2
SE	n.a.	17		
UK***	64,875,165	1,487	0.002%	2
IS***	355,766	43	0.012%	12
LI	40,192	20	0.050%	50
NO	5,372,355			
CH	8,600,000	124	0.001%	1
Total**	**467,075,931**	**44,943**	**0.010%**	**10**

* 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, SE, and NO were omitted.
*** EL, and IS: the number of insured persons refers to reference year 2018. IT: the number of insured persons refers to reference year 2017. UK: the number of insured persons refers to reference year 2016. EL, HR, IT, UK, IS: the number of PD S2 issued concerns reference year 2018.
**** DE: the number of PDs S2 issued is estimated on the basis of *Table 2*.
***** BE: in case the 7,228 PDs S2 issued for the more flexible parallel procedures are taken into account, some 66 out of 100,000 insured persons in Belgium received planned cross-border healthcare in 2019.
Source EHIC and PD S2 Questionnaire 2020

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, 2019

	Number of insured persons (A)	Number of PD S2 received (B)	Share of insured population (B/A)*	in 100,000 insured persons*
BE	11,289,973	27,224	0.241%	241
BG	5,960,474	17	0.000%	0
CZ	10,551,898	1,241	0.012%	12
DK	5,800,000	12	0.000%	0
DE****	73,052,555	14,308	0.020%	20
EE	1,262,381	76	0.006%	6
IE	n.a.			
EL***	5,481,234			
ES	49,037,930			
FR	59,201,044	1,977	0.003%	3
HR***	4,104,966	74	0.002%	2
IT***	60,000,000	333	0.001%	1
CY	820,000	0	0.000%	0
LV	2,263,924	<5	0.000%	0
LT	2,908,030	50	0.002%	2
LU	892,182	3,886	0.436%	436
HU	4,143,000	256	0.006%	6
MT	440,372	<5	0.000%	0
NL	17,163,404	3,315	0.019%	19
AT	8,947,750	5806	0.065%	65
PL	34,053,648			
PT	n.a.			
RO****	17,551,619	<5	0.000%	0
SI	2,113,195	34	0.002%	2
SK	5,171,570	49	0.001%	1
FI	5,539,506	38	0.001%	1
SE		38		
UK***	64,875,165	1357	0.002%	2
IS***	355,766	6	0.002%	2
LI	40,192			
NO	5,372,355			
CH	8,600,000	7,480	0.087%	87
Total**	**373,090,572**	**67,375**	**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, PL, PT, SE, LI and NO were omitted.
*** EL, and IS: the number of insured persons refers to reference year 2018. IT: the number of insured persons refers to reference year 2017. UK: the number of insured persons refers to reference year 2016. HR, IT, UK, IS: the number of PD S2 received concerns reference year 2018.
**** DE: the number of PDs S2 received is estimated on the basis of *Table 1*.
Source EHIC and PD S2 Questionnaire 2020

3.3 Evolution of the number of PDs S2 issued and received

The data for reference year 2019 can be compared with previous years to look into developments in terms of number of persons accessing planned healthcare abroad. From 2018 to 2019, an increase of more than 20% in the number of PDs S2 issued can be seen for Estonia, the Netherlands, and Malta. On the other hand, France, Lithuania, Portugal, and Liechtenstein issued around 30% less PDs S2 in 2019 compared to 2018. From a receiving point of view, especially Bulgaria stands out as it received more than double the number of forms. Nevertheless, it only represents an increase from 8 forms in 2018 to 17 forms in 2019. In Luxembourg and Hungary, the number of PDs S2 received also increased considerably. On the contrary, Denmark and Estonia knew a downward evolution in the number of forms received.

The evolution of these numbers could be considered as an 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.[37] Therefore, the average number of prior authorisations issued from 2014 to 2019 is compared to the numbers in 2013. *Table 5* shows that the number of prior authorisations issued by the competent Member States on the basis of the provisions in the Basic Regulation remained rather stable when looking at the evolution from 2018 to 2019 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, Denmark, Estonia, Ireland, Spain, Cyprus, Latvia, Lithuania, Luxembourg, Hungary, Malta, the Netherlands, Austria, Portugal, Romania, Slovenia, Finland, Sweden, Liechtenstein, and Norway.

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 (-3,982), the Netherlands (-3,029), Italy (-2,242) and Belgium (-809). Only Belgium, Poland, and Slovakia 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. In Slovakia, one of the three health insurance companies indicated an increase in the number of requests for PDs S2, but no further details were provided. 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.

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

Table 5 Evolution of the number of PDs S2 issued and received, 2012-2019

	Issued										Received								
	2012	*2013*	*2014*	*2015*	*2016*	*2017*	*2018*	*2019*	*Change 2019-2018 (%)*	*Average 2014-2019 compared to 2013*	*2012*	*2013*	*2014*	*2015*	*2016*	*2017*	*2018*	*2019*	*Change 2019-2018 (%)*
BE	1,280	1,190	602	419	549	280	226	208	-8.0%	-809	4,019	3,318	11,932	12,383	20,866	22,511	26,839	27,224	1.4%
BG	129	235	303	331	546	632	609	573	-5.9%	264	<5	5	9	5	5	<5	8	17	112.5%
CZ	281	100	98	101	139	150	144	168	16.7%	33	973	934	645	1,082	1,110	1,272	1,195	1,241	3.8%
DK			161	72	137	139	202	221	9.4%				19	25	25	32	40	12	-70.0%
DE																			
EE		52	27	38			19	23	21.1%	-25			42	49			129	76	-41.1%
IE	847	683	622	636	884		1,210	1,200	-0.8%	227	8	<5	7	12	0		16		
EL	318	486	584	490	385	465	605			20			58	95	103	82			
ES			428	399	376	373	389	405	4.1%						620				
FR					2,955	4,716	3,867	2,631	-32.0%						8,611	2,761	1,597	1,977	23.8%
HR			450	485	466	460	460						103	107	75	62	74		
IT	4,661	4,933	4,916	3,364		147	2,338			-2,242				202		199	333		
CY			282	383	382	320	430	486	13.0%							0	0	0	
LV	156	174	237	196		191	189	149	-21.2%	18	<5	0	0	0		0	0	<5	
LT		74	81	35	35	42	54	38	-29.6%	-27		50	130	252	67	50	47	50	6.4%
LU	17,765	17,538	15,991	15,282	12,889	12,658	12,754	11,765	-7.8%	-3,982	1,120	1,095	1,198	1,194	1,627	1,916	2,927	3,886	32.8%
HU	300	334	151	270	241	300	245	275	12.2%	-87	16	48	233	528	295	155	142	256	80.3%
MT		33	21	21	35	28	32	54	68.8%	-1				<5	<5	0	<5	<5	0.0%
NL	5,050	5,745	4,126	3,297		1,055	2,056	3,044	48.1%	-3,029	4,782			3,516	2,281	2,721		3,315	
AT			5,391	4,757	4,637	4,762	4,200	4,732	12.7%				5,548	5,370	5,508	5,354	5,289	5,806	9.8%
PL	118	88	79	108	100	111	81	58	-28.4%	2	241	408	413	451	255				
PT	29	28	26	49	74	60	43	28	-34.9%	19									
RO	1,131	1,049	890	775	610	711		808		-290	<5	<5	0	0	<5	<5		<5	
SI			419	335	418	366	405	426	5.2%				36	41	42	37	38	34	-10.5%
SK	730	769	803	770	767	914	961	1,049	9.2%	108	353	292	64	102	138	98	53	49	-7.5%
FI	45	59	77	98	126	106	103	102	-1.0%	43	n.a.		16	21	20	18	34	38	11.8%
SE	81		541	78	139			91			216		218		238	258	154	205	33.1%
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	20	-31.0%	-191			6	43			<5		
NO			92	100	<5	<5	<5							7	9	10	0		
CH				124	89	95	104	124	19.2%					7,715	7,581	7,652	7,832	7,480	-4.5%

Source Administrative data PD S2 Questionnaire 2020, 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 82,500 claims were received, amounting to over € 210 million. From a creditor's perspective, or the Member State of treatment, approximately 52,000 claims were issued, amounting to some € 200 million. However, it should be noted that the real numbers are 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, Germany and Austria, both in terms of claims received and amount to be paid. Furthermore, Belgium and the Netherlands show a high amount of more than € 13 million each. Additionally, 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 2018 to 2019 is also reported in *Table 6* below. The most remarkable evolutions regarding the number of forms from a debtor's perspective can be seen for Belgium and Malta, in opposite directions. Belgium knew an almost 57% drop in number of forms (however, the amount remained rather stable), while in Malta the number of forms increased by 50%. Furthermore, concerning the amount to be paid, Malta and Lithuania experienced a notable increase of more than 100% each. In Ireland, Latvia and Finland on the other hand, the amount to be paid decreased by around 50%. Overall, for all reporting Member States, the number of forms declined by 10% from 2018 to 2019. However, the amount to be paid remained rather stable with a drop of 2.8%.

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 2018. The most noteworthy impact can be seen in Cyprus, where it amounts to approximately 1.9%. Furthermore, the share exceeds 0.15% in Bulgaria, Latvia, Romania and Slovakia. This will certainly also be 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, Austria, and Switzerland.

In general, the number of forms and the amount are declining when comparing 2018 to 2019. This was also the case from 2017 to 2018 and from 2016 to 2017. The strongest decreases are noted for Sweden (-76%) and Estonia (-67%), regarding the amount received. In contrast, the most impressive reverse evolutions are noticeable for Portugal, Slovenia and Latvia. These Member States recorded an increase of 343%, 233% and 149% respectively.

However, the impact of planned cross-border healthcare from a creditor's perspective remains very limited with an average of 0.02%. The impact only surpassed 0.07% in Austria and Lithuania.

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 Ireland to the United Kingdom, France to Belgium, Austria to Germany, and Luxembourg to Germany.

Table 6 Budgetary impact of cross-border planned health care, 2018-2019

	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*	
	2018	2019	Evolution 2018-2019	2018	2019	Evolution 2018-2019	2018	2019	2018	2019	Evolution 2018-2019	2018	2019	Evolution 2018-2019	2018	2019
BE	18,249	7,940	-56.5%	14,727,977	13,757,723	-6.6%	0.052%	0.048%	5,397	5,284	-2.1%	21,057,057	20,816,545	-1.1%	0.075%	0.072%
BG		7,572			9,304,798			0.426%	8	9	12.5%	10,256	10,257	0.0%	0.001%	0.000%
CZ	152	134	-11.8%	837,163	1,034,759	23.6%	0.009%	0.010%	1,195	1,241	3.8%	7,217,476	6,234,036	-13.6%	0.077%	0.062%
DK	232	193	-16.8%	1,239,647	1,108,785	-10.6%	0.008%	0.006%	44	28	-36.4%	245,356	268,801	9.6%	0.002%	0.002%
DE	15,352	12,092	-21.2%	24,887,587	23,168,454	-6.9%	0.010%	0.009%	34,495	19,865	-42.4%	91,803,297	89,408,060	-2.6%	0.036%	0.034%
EE	54	51	-5.6%	926,853	618,552	-33.3%	0.096%	0.061%	242	76	-68.6%	298,287	96,287	-67.7%	0.031%	0.010%
IE		1,116		23,331,897	11,385,488	-51.2%	0.173%	0.080%	15			1810940.54			0.013%	
EL	770			5,520,443			0.062%		358			674,767			0.008%	
ES	352	362	2.8%	3,912,838	3,823,170	-2.3%	0.006%	0.006%	1489	836	-43.9%	1,791,275	1,408,110	-21.4%	0.003%	0.002%
FR	32,167	37,360	16.1%	48,500,052	52,043,936	7.3%	0.026%	0.027%	4,231			19,153,252			0.010%	
HR	498			5,303,728			0.186%		64			104,211			0.004%	
IT																
CY	676	694	2.7%	7,117,740	10,875,283	52.8%	1.327%	1.892%								
LV	283	245	-13.4%	4,813,526	2,417,679	-49.8%	0.660%	0.312%	<5	<5	100.0%	2282.88	5,683	148.9%	0.000%	0.001%
LT	140	156	11.4%	298,306	601,090	101.5%	0.020%	0.038%	92	93	1.1%	1,333,674	1,235,354	-7.4%	0.089%	0.077%
LU																
HU	282	316	12.1%	2,813,992	3,349,508	19.0%	0.053%	0.060%	227	306	34.8%	283,395	443,132	56.4%	0.005%	0.008%
MT	18	27	50.0%	125,609	333,154	165.2%	0.027%	0.064%	0	<5		0	7,148		0.000%	0.001%
NL	2,448	2,595	6.0%	13,350,573	13,276,602	-0.6%	0.025%	0.024%								
AT	6,191	6,299	1.7%	19,407,824	22,044,851	13.6%	0.086%	0.093%	6,211	6,259	0.8%	16,872,032	18,551,212	10.0%	0.074%	0.079%
PL	118	95	-19.5%	591,140	853,960	44.5%	0.004%	0.005%	507	430	-15.2%	328,166	349,503	6.5%	0.002%	0.002%
PT	56	45	-19.6%	107,510	171,337	59.4%	0.001%	0.002%	18	53	194.4%	12762.27	56,570	343.3%	0.000%	0.001%
RO		972			11,158,536			0.161%		0			0			0.000%
SI	245	296	20.8%	2,462,179	2,877,542	16.9%	0.093%	0.103%	39	34	-12.8%	84,641	281,917	233.1%	0.003%	0.010%
SK	1,034	1,268	22.6%	7,181,693	8,415,443	17.2%	0.168%	0.198%	232	155	-33.2%	123,209	103,884	-15.7%	0.003%	0.002%
FI	124	68	-45.2%	676,809	352,574	-47.9%	0.005%	0.003%	67	38	-43.3%	535,735	195,009	-63.6%	0.004%	0.001%
SE									368	199	-45.9%	3,854,946	927,744	-75.9%	0.014%	0.003%
UK	1,088			4,290,936			0.002%		1673			16,833,667			0.009%	
IS	14			25,953			0.003%		<5			8,347			0.001%	
LI																
NO									6			91864.06			0.000%	
CH	2,002	1,680	-16.1%	2,584,184	2,268,072	-12.2%	0.006%	0.006%	13,824	10,794	-21.9%	30,129,747	23,305,062	-22.7%	0.075%	0.057%
Total	**82,545**	**83,946**		**195,036,159**	**210,382,356**		**0.018%**	**0.019%**	**70,805**	**52,031**		**214,660,644**	**200,478,557**		**0.019%**	**0.018%**
Selection*	**80,175**	**71,916**	**-10.3%**	**179,895,099**	**174,777,962**	**-2.8%**	**0.018%**	**0.023%**	**64,456**	**45,703**	**-29.1%**	**175,983,595**	**163,704,313**	**-7.0%**	**0.023%**	**0.033%**

* Selection: the total evolution 2018-2019 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 concern reference year 2017.

Source Administrative data PD S2 Questionnaire 2020 and Eurostat [spr_exp_fsi]

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

In 2019, 3,995 requests for prior authorisation for treatment abroad (PD S2) were refused by the 22 Member States that reported such figures (*Table 7*). Almost a third of these refusals originate from Luxembourg (1,288). This is of course correlated to their high number of requests (11,765) compared to other Member States. Furthermore, France refused 1,148 PDs S2, and Austria and Belgium each reported more than 300 refusals.

In relative terms, the refusal rate is particularly high in Belgium (62%), Finland (40%), Estonia (40%), and France (30%). In order to calculate the authorisation/refusal rate, these absolute values are confronted with the number of PDs S2 issued. In 2019, approximately 13% of the requests for a PD S2 were refused. This overall rate is strongly influenced by the refusal rate in Luxembourg and France. The overall refusal rate is (slightly) higher than in 2018. When looking at the evolution of the refusal rate between 2014 and 2019, a general increase is 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 2019 is much higher compared to 2013.

Table 7 Number of PDs S2 requests refused and accepted, 2013-2019

	Issued	Refused	Total	2019		% refused in					
				% accepted	*% refused*	*2013*	*2014*	*2015*	*2016*	*2017*	*2018*
BE	208	342	550	37.8%	62.2%	23.5%	42.0%	46.6%	35.1%	49.3%	58.5%
BG	573	23	596	96.1%	3.9%	7.5%	10.6%	9.8%	3.2%	2.2%	3.9%
CZ	168	79	247	68.0%	32.0%	20.0%	33.8%	41.6%	32.2%	23.5%	21.7%
DK	221	7	228	96.9%	3.1%	n.a.	0.0%	7.7%	13.3%	6.7%	4.3%
DE											
EE	23	15	38	60.5%	39.5%	10.3%	10.0%	9.5%	n.a.		0.0%
IE	1,200	72	1,272	94.3%	5.7%	3.7%	6.2%	7.4%	2.8%		3.5%
EL						6.5%	1.8%	3.9%	4.7%	3.3%	0.2%
ES	405					n.a.	n.a.	n.a.	n.a.	0.0%	
FR	2,631	1,148	3,779	69.6%	30.4%	n.a.	44.5%	n.a.	24.0%	27.2%	29.8%
HR						n.a.	18.0%	15.1%	14.0%	13.2%	12.5%
IT						2.1%	2.1%	4.2%	n.a.	13.0%	1.4%
CY	486					n.a.	6.6%	n.a.	n.a.	0.0%	
LV	149	10	159	93.7%	6.3%	7.0%	4.0%	6.2%	n.a.	6.8%	8.3%
LT	38	<5	39	97.4%	2.6%	0.0%	0.0%	23.9%	7.9%	4.5%	0.0%
LU	11,765	1,288	13,053	90.1%	9.9%	3.4%	4.9%	4.9%	14.2%	10.8%	6.8%
HU	275	27	302	91.1%	8.9%	n.a.	n.a.	22.6%	21.8%	11.0%	9.9%
MT	54	<5	55	98.2%	1.8%	0.0%	0.0%	0.0%	0.0%	0.0%	5.9%
NL	3,044					n.a.	n.a.	1.3%	n.a.		
AT	4,732	500	5,232	90.4%	9.6%	n.a.	3.7%	5.6%	7.2%	8.5%	9.1%
PL	58	9	67	86.6%	13.4%	21.4%	19.4%	10.7%	9.9%	29.7%	6.9%
PT	28	13	41	68.3%	31.7%	28.2%	27.8%	10.9%	14.9%	22.1%	35.8%
RO	808	44	852	94.8%	5.2%	3.1%	4.5%	7.1%	6.7%	5.1%	
SI	426	86	512	83.2%	16.8%		8.3%	4.8%	6.1%	5.4%	7.5%
SK	1,049	48	1,097	95.6%	4.4%	7.0%	5.9%	7.6%	3.0%	3.4%	3.8%
FI	102	68	170	60.0%	40.0%	57.9%	57.5%	49.7%	47.3%	43.3%	49.8%
SE	17	171				n.a.	35.5%	n.a.	n.a.		
UK						0.5%	3.9%	4.4%	4.3%	5.8%	4.1%
IS	43	0	43	100.0%	0.0%	n.a.	n.a.	n.a.	n.a.	12.0%	0.0%
LI	20					0.0%	0.0%	0.0%	n.a.		
NO		12	12			n.a.	54.0%	47.9%	94.4%	96.4%	82.4%
CH	124	43	167	74.3%	25.7%	n.a.	n.a.	20.5%	35.5%	38.3%	23.0%
Total*	**24,629**	**3,995**	**28,499**	**86.6%**	**13.4%**	**n.a.**	**8.2%**	**7.0%**	**13.8%**	**13.7%**	**11.3%**

* 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 2020, 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 7* and *Table 8* do not match for certain Member States. On the one hand, it is possible that the total number of refusals (*Table 7*) is lower than the total number given with regards to the reason for refusal (*Table 8*) (this is the case for FR, HU and FI). This could occur when different reasons for refusing a prior authorisation are noted in one request. On the other hand, it is possible that the total mentioned in *Table 7* is higher than the total in *Table 8* (this is the case for AT, PT and SK), which can be explained by the lack of knowledge on the reason for a refusal. Therefore, *Table 7* should be regarded as the number of refusals and *Table 8* as the number of reasons for a refusal.

Table 8 Reasons for refusal to issue a PD S2, 2019 (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	342	12.9%	29.8%	57.3%
BG	23	0.0%	95.7%	4.3%
CZ* **	79	10.0%	80.0%	10.0%
DK	7	0.0%	71.4%	28.6%
DE				
EE	15	0.0%	0.0%	100.0%
IE	72	0.0%	54.2%	45.8%
EL*	<5	0.0%	100.0%	0.0%
ES				
FR	1,163	25.5%	27.3%	47.2%
HR*	66	3.0%	95.5%	1.5%
IT*	124	10.5%	85.5%	4.0%
CY				
LV	10	20.0%	30.0%	50.0%
LT	<5	0.0%	100.0%	0.0%
LU				
HU	29	0.0%	100.0%	0.0%
MT	<5	0.0%	0.0%	100.0%
NL** **				most cases
AT	343	2.6%	86.3%	11.1%
PL	9	55.6%	33.3%	11.1%
PT	12	0.0%	16.7%	83.3%
RO	44	22.7%	11.4%	65.9%
SI	86	19.8%	14.0%	66.3%
SK	44	2.3%	4.5%	93.2%
FI	69	15.9%	63.8%	20.3%
SE				
UK*	64	17.2%	54.7%	28.1%
IS*	0			
LI				
NO	12	16.7%	25.0%	58.3%
CH	43	25.6%	51.2%	23.3%
Unweighted average	**2,659**	**10.9%**	**50.0%**	**39.1%**

* 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.
** EL, HR, IT, UK, IS: data concern reference year 2018.
*** CZ reported approximate percentages.
**** NL did not report any figures but mentioned that in most cases, a request is refused due to Other circumstances.
Source Administrative data PD S2 Questionnaire 2020

The fact that care may be delivered within a medically justifiable period in the competent Member State explains 50% of refusals (unweighted average) *(Table 8)*. This was the main reason for most of the Member States (BG, CZ, DK, IE, EL, HR, IT, LT, HU, AT, FI, UK, CH).

Furthermore, 39% 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, Estonia, France, Malta, the Netherlands, Portugal, Romania, Slovenia, 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, that the care in question was already provided without prior authorisation, or that treatment was provided at private institutions.

Finally, on average (unweighted), 11% 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 Poland 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 2019 and its evolution over the years is shown in *Table 9*.

Table 9 Percentage of contested decisions to refuse to issue a PD S2, 2019

	2019			% 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	2018
BE	n.a.	342		n.a.	1.8%	n.a.	n.a.	n.a.	n.a.
BG	6	23	26.1%	15.8%	33.3%	25.0%	33.3%	14.3%	28.0%
CZ	14	79	17.7%	24.0%	20.0%	8.3%	18.2%	19.6%	15.0%
DK	0	7	0.0%	n.a.	0.0%	0.0%	14.3%	40.0%	0.0%
DE									
EE	0	15	0.0%		0.0%	0.0%			
IE	20	72	27.8%	15.4%	29.3%	17.6%	28.0%		22.7%
EL				25.0%	45.5%	0.0%	52.6%	18.8%	
ES									
FR	25	1,148	2.2%				11.3%		1.1%
HR						16.3%	22.4%	25.7%	19.7%
IT						14.1%		40.9%	
CY				n.a.	15.0%	n.a.			
LV	0	10	0.0%	15.4%	10.0%	0.0%		7.1%	0.0%
LT	0	<5	0.0%	n.a.	0.0%	0.0%		0.0%	0.0%
LU	235	1,288	18.2%	9.1%	App. 12%	5.7%	1.9%	8.4%	12.3%
HU	<5	27	14.8%	42.3%	17.0%*	6.3%*	6.0%	8.1%	22.2%
MT	0	<5	0.0%						0.0%
NL						11.9%			
AT	<5	500	0.4%			1.4%	1.7%	0.9%	0.9%
PL	<5	9	22.2%	n.a.	26.3%	15.4%	18.2%	19.1%	16.7%
PT	5	13	38.5%	0.0%	0.0%	0.0%	15.4%	5.9%	8.3%
RO	<5	44	4.5%	0.0%	2.4%	3.4%	6.8%	2.6%	
SI	26	86	30.2%		28.9%	41.2%	18.5%	28.6%	
SK	5	48	10.4%	20.7%	2.0%	34.9%	54.2%	0.0%	5.3%
FI	<5	68	4.4%	15.8%	17.3%	12.4%	10.6%	6.2%	5.9%
SE		171			3.0%	n.a.			
UK						4.6%	14.0%	18.8%	26.6%
IS		0				n.a.		0.0%	0.0%
LI						n.a.			
NO	<5	12	16.7%		27.8%	6.5%		7.4%	7.1%
CH	0	43	0.0%			9.4%	6.5%	8.5%	6.5%
Weighted average**	351	3,494	10.0%		10.7%	8.4%	6.4%	8.7%	6.0%
Unweighted average			11.7%					13.4%	9.9%

* 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.
** The totals reported for the weighted average only include those Member States which could report data for both the number of contested decisions and number of refusals. This means that data for BE, SE, and IS are omitted.
Source Administrative data PD S2 Questionnaire 2020

The 20 Member States which were able to provide figures on the number of contested decisions received 351 contestations following the refusal to issue a PD S2 *(Table 9)*. Around two thirds of these contestations originate from Luxembourg (235 contestations). Evidently, this is correlated with its high amount of refusals (1,288), originating from its high number of requests (11,765).

On average, 10% of the decisions to refuse a request were contested. The unweighted average amounts to 12%. The share of contested decisions has been on the decrease in previous years, but in 2019 is has risen again, as it increased with 4 percentage points compared to 2018 (6%). The highest percentages of contested decisions to refuse authorisation can be seen in Portugal (39%), Slovenia (30%), Ireland (28%), Bulgaria (26%) and Poland (22%). Especially in Portugal, the evolution over the years is remarkable, as the share went up from 8% in 2018 to 39% in 2019.

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, 2019

	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	98.1%	1.9%
BG		
CZ	54.8%	45.2%
DK	100.0%	0.0%
DE		
EE	0.0%	100.0%
IE	0.0%	100.0%
EL*	100.0%	0.0%
ES	100.0%	0.0%
FR	98.6%	1.4%
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	98.3%	1.7%
MT	100.0%	0.0%
NL		
AT	92.2%	7.8%
PL	100.0%	0.0%
PT		
RO	100.0%	0.0%
SI	100.0%	0.0%
SK	100.0%	0.0%
FI	73.3%	26.7%
SE	100.0%	0.0%
UK*	98.5%	1.5%
IS*	100.0%	0.0%
LI		
NO		
CH		

* EL, HR, IT, UK, IS: data concern reference year 2018.
Source Administrative data PD S2 Questionnaire 2020

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 (DK, EL, ES, CY, LV, LT, MT, PL, RO, SI, SK, SE, IS) *(Table 10)*. In Belgium, 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 the Czech

Republic, Italy, Austria and Finland concerned care which is included in the services provided by their legislation.

In only three Member States, the opposite tendency can be seen. In Estonia, Ireland and Croatia PDs S2 were (almost) exclusively issued for care that is not included in the services provided by its legislation[38]. These high percentages can be explained by the fact that in these Member States, 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, HU, MT, AT, PL, PT, FI, SE, LI and CH) *(Annex IV)*.[39] These parallel procedures are mostly the result of provisions in national legislation (e.g. reported by CZ, DK, HU, MT, AT, PL, PT, 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 7,228 PDs S2 were issued to the more flexible procedures. Regarding the Ostbelgien Regelung, 1,964 authorisations were issued. This is an agreement between Belgium and Germany, and the successor of the IZOM-agreement. Furthermore, Portugal authorized 376 healthcare procedures abroad under the national legislation. Overall, it is clear that these parallel schemes are of high importance, considering that Belgium and Portugal only issued 208 and 28 PDs S2 respectively in 2019 (see *Table 1*), (compared to 7,228 and 376 authorizations under the parallel schemes respectively).

[38] The Regulation does not prevent granting it in these situations as it only states when the authorization shall be granted.
[39] 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, 2019

MS	Description
BE	The NCP 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, insured persons (patients), who wish to receive a personal advice on their individual case, have to contact their health insurance fund (competent institution). We did not introduce new measures to disseminate information to raise awareness amongst insured persons (patients) or 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	
DK	The Danish Patient Safety Authority, which is the Danish liaison body and the national coordinating contact point, and the patient advisors in the five regional national contact points provide guidance to both in-coming and out-going patients, healthcare providers etc. about the opportunities for planned healthcare under the terms of the Regulation (EC) No. 883/2004 and Directive 2011/24/EU. Information is also available on the websites of the Danish Patient Safety Authority and the five regions.
DE	
EE	We have information about these opportunities and differences related to them available on our website and we provide information via phone, e-mails and through our customer service. We also provide additional information via Information Day´s taking place at different hospitals.
IE	Responding to telephone and email queries. Providing information via our website.
EL	
ES	On the website of the Ministry of Health (https://www.mscbs.gob.es/en/pnc/home.htm), information is provided to patients about Cross Border Health Care in the European Union
FR	
HR	
IT	
CY	No
LV	National Health Service explains to patients that: 1) if a patient receives planned healthcare abroad under the terms of Regulation (EC) No 883/2004, then National Health Service pays for planned healthcare in accordance to other country's terms and rates; 2) if patient receives planned healthcare abroad under the terms of Directive 2011/24/EU, then National Health Service pays for planned healthcare according to the terms and rates of Latvia. The first option is more favourable for a patient.
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 for both the patients and healthcare professionals on the NEAK homepage. 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.
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. for example: https://www.menzis.nl/vergoedingen/v/vakantie-vaccinaties-en-behandeling-in-het-buitenland
AT	• Personal counselling of patients in case of emergency • Providing counsellors 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 the NHF in Poland 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 and 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 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	The persons who come to NHIH/competent institutions in Romania in order to obtain information on the possibility of medical treatment abroad, are continuously and constantly advised by the persons with specific responsibilities within these institutions, explaining the conditions about how they can recover the amounts they would pay abroad for certain medical services. They are also presented with the possibility of obtaining the S2 form and are explained the differences related to material costs, which the two procedures involve. Specific information is displayed on the websites of the competent institutions/NHIH. And also press releases are issued. The specific information was also brought to the attention of healthcare providers who are in a contractual relationship with the competent institutions, during regular meetings.
SI	National Contact Point on cross-border healthcare daily provides information about the differences between the opportunities for planned healthcare abroad under the terms of Regulation (EC) No 883/2004 and Directive 2011/24/EU. Information about the differences is also published as an answer to the question under most frequently asked questions on NCP's website.
SK	We have been using standard procedures of advising the clients facilitating their decision-making process on the scheduled treatment abroad, including website information, call centres assistance, and 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

MS	Description
	Contact Point for Cross-Border Healthcare has an online service EU-healthcare.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 2019, compared with 2018, 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	
IS	
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.
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/health-rights-abroad/overview-of-reimbursable-healthcare?redirect=false 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 000.
CH	Switzerland does not apply Directive 2011/24/EU.

Source Administrative Data PD S2 Questionnaire 2020

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, 2019

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 (PD 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 of if the reimbursement conditions are not met. The data appear to indicate that Directive 2011/24/EU had/has an influence on the number of PDs S2 issued by Belgian health care funds : over the years (starting in 2013 until now) we notice a steady decline in the number of PDs S2 issued. On the other we do not see an increase in the number of prior authorisation issued under the terms of Directive 2011/24/EU (in fact the number is/remains very low), but we do notice a steady increase of the amount of 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	
DK	We do not have any evidence that Directive 2011/24/EU has influenced the number of PDs S2 issued in 2019. When a Danish insured person applies for a prior authorisation for planned treatment in another Member State, the regional authorities will evaluate the application after both sets 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	No
EL	
ES	There is no evidence that Directive 2011/24/EU on patients' rights in cross-border healthcare has any influence on the evolution of the number of PDs S2 issued, as the use of the Directive is very limited in Spain. It must be taken into account that during the year 2019 there were less than 10 requests for healthcare subject to prior authorization in Spain.
FR	
HR	
IT	
CY	No
LV	There is no evidence
LT	No, we do not have such evidence as Lithuania do not apply prior authorization system for cross-border healthcare under the Directive 2011/24/EU on patients' rights in cross-border healthcare.
LU	No
HU	There is no increase in the number of patients. In the reference year of 2019, there has been no patient within the framework of the Directive 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	The Directive 2011/24 / EU had no effect resp. does not affect the PD S2 procedure.
PL	The above Directive have promoted in Poland possibility to receive medical treatment abroad. When patients ask, about patients' rights in cross-border healthcare on the basis of Directive 2011/24/EU, they also receive 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 the implementation of the above Directive more motions and decisions have been created.
PT	[DGS] No requests were made under the Directive in 2019. No relevance of the Directive 2011/24/EU in the evolution of the number of PDs S2 issued by Portuguese institutions.
RO	No, we do not have such an evidence.
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	One of the three health insurance companies indicated an increase in the number of requests for Form S2. No detailed information
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 patient's rights in cross-border healthcare has influenced the evolution of the number of PD's S2.
SE	No, there is no such evidence.
UK	
IS	
LI	The use of the E112 is currently in decline. We only have very few cases in which the form is used. 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 2020

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, 2019

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		265	<5	12	111	0	<5	32	14	32,761	9		0	<5	<5		<5	0	1,625	7	<5	<5	15	<5	<5	0		36	0			<5	34,908
BG	0		0	0	<5	0	0	0	<5	0	0		0	0	0		0	0	0	0	0	0	0	0	0	0		0	0			0	<5
CZ	0	0		0	35	0	0	0	7	<5	33		<5	0	0		0	0	7	<5	0	0	<5	<5	966	0		153	<5			0	1,215
DK	<5	0	0		<5	0	0	0	<5	<5	<5		0	<5	0		0	0	<5	0	<5	0	<5	0	0	<5		0	0			0	17
DE	2,691	5,656	98	37		11	<5	117	176	957	165		616	101	18		104	9	589	6,007	50	9	374	126	141	11		143	6			1,639	19,855
EE	0	0	<5	0	7		0	0	0	0	<5		0	42	<5		0	0	0	0	<5	0	0	0	0	40		26	0			0	119
IE	0	0	0	0	0	0		0	0	0	0		0	0	0		0	0	0	0	0	0	0	0	0	0		19	0			0	19
EL	0	0	0	0	391	0	0		0	0	0		0	0	0		0	0	0	0	0	0	0	0	0	0		<5	0			0	392
ES	55	<5	0	7	180	0	0	0		175	0		0	0	<5		0	0	99	<5	0	15	22	0	0	<5		213	0			<5	775
FR	1,384	535	7	8	49	<5	0	94	64		14		12	<5	0		<5	0	27	6	0	14	65	13	0	0		45	0			5	2,348
HR	0	0	0	0	62	0	0	0	0	<5			0	0	0		0	0	0	0	0	0	0	10	0	0		0	0			0	73
IT	<5	51	0	0	90	0	0	236	17	23	34		<5	<5	0		<5	17	8	5	6	<5	138	66	<5	<5		29	<5			21	759
CY	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
LV	0	0	0	0	0	0	0	0	0	0	0		0		0		0	0	0	0	0	0	0	0	0	0		0	0			0	0
LT	0	0	0	0	<5	0	0	0	0	0	0		0	49			0	0	0	0	0	0	0	0	0	0		45	0			0	96
LU	3,627	21	0	0	135	0	0	0	<5	198	0		0	0	0		0	0	<5	0	0	<5	0	0	0	0		0	0			0	3,986
HU	0	79	<5	0	30	0	0	0	0	5	15		0	0	0			0	6	<5	0	0	89	0	<5	<5		43	0			<5	277
MT	0	0	0	0	0	0	0	0	0	0	0		0	0	0		0		<5	0	0	0	0	0	0	0		0	0			0	<5
NL	137	13	<5	0	1,219	0	<5	0	11	6	<5		0	<5	<5		0	<5		<5	<5	0	9	5	<5	0		11	0			0	1,431
AT	0	627	<5	0	4,367	0	0	63	0	5	179		26	6	0		129	0	0		17	0	244	36	110	0		19	<5			7	5,839
PL	<5	0	0	0	99	0	0	0	0	<5	0		0	0	<5		0	0	8	0		0	0	0	0	<5		143	0			0	257
PT	0	0	0	0	<5	0	0	0	20	9	0		0	0	0		0	0	<5	0	0		0	0	0	0		0	0			<5	37
RO	0	0	0	0	0	0	0	0	0	0	0		0	0	0		0	0	0	0	0	0		0	0	0		0	0			0	0
SI	0	0	0	0	10	0	0	0	0	0	13		0	0	0		0	0	0	<5	0	0	0		0	0		0	0			0	27
SK	0	0	16	0	19	0	0	0	6	0	0		0	0	0		0	0	6	<5	0	0	0	0		0		120	<5			0	170
FI	0	0	0	0	<5	<5	0	<5	0	0	0		0	<5	5		0	0	0	0	0	0	0	0	0			7	0			0	22
SE	0	19	0	112	<5	<5	89	<5	18	0	0		0	<5	0		0	0	0	<5	12	0	<5	0	0	6		15	0			0	279
UK	0	41	<5	0	6	0	991	83	0	0	6		35	7	0		0	0	<5	6	<5	<5	<5	0	0	<5			0			0	1,185
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
LI	0	0	0	0	0	0	0	0	0	0	0		0	0	0		0	0	0	0	0	0	0	0	0	0		0	0			<5	<5
NO	0	0	0	11	0	0	0	0	0	0	0		0	0	0		0	0	0	0	0	0	0	0	0	0		<5	0			0	13
CH	40	261	<5	6	5,267	35	30	141	26	3,216	23		0	26	120		78	0	212	250	5	<5	6	33	43	<5		18	<5				9,843
Total	**7,940**	**7,572**	**134**	**193**	**12,092**	**51**	**1,116**	**770**	**362**	**37,360**	**498**		**694**	**245**	**156**		**316**	**27**	**2,595**	**6,299**	**95**	**45**	**972**	**296**	**1,268**	**68**		**1,088**	**14**			**1,680**	**83,946**

* EL, HR, UK, IS: data concern reference year 2018.

Source PD S2 Questionnaire 2020

Table A3.2 Amount to be paid by the competent Member State for planned healthcare received abroad by persons with a PD S2, 2019, in €

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		402,865	35	86,550	154,595	0	8,809	141,754	88,026	39,270,488	14,859		0	11,171	9,739		56	0	7,290,162	24,486	19,306	17,831	77,605	16,376	2,682	0		132,083	0			1,003	47,770,481
BG	0		0	0	63	0	0	0	5,745	0	0		0	0	0		0	0	0	0	0	0	0	0	0	0		0	0			0	5,809
CZ	0	0		0	40,758	0	0	0	1,598,112	9	183,296		20,369	0	0		0	0	3,774	1,778	0	0	38,501	27,501	6,624,555	0		113,827	39			0	8,652,518
DK	1,032	0	0		67,952	0	0	0	20,496	275	4,204		0	1,234	0		0	0	18,439	0	260	0	2,147	0	0	30,255		0	0			0	146,293
DE	6,173,375	5,839,729	934,956	440,238		183,204	46,908	1,328,319	1,001,676	4,455,636	2,081,438		10,490,500	960,331	203,374		1,391,085	101,914	4,929,928	19,684,499	413,079	20,071	6,551,240	1,219,004	811,023	49,735		260,178	4,936			2,161,177	71,737,552
EE	0	0	1,336	0	3,876		0	0	0	0	1,071		0	59,172	1,710		0	0	0	0	1,374	0	0	0	0	209,694		620	0			0	278,853
IE	0	0	0	0	0	0		0	0	0	0		0	0	0		0	0	0	0	0	0	0	0	0	0		2,540,370	0			0	2,540,370
EL	0	0	0	0	765,552	0	0		0	0	0		0	0	0		0	0	0	0	0	0	0	0	0	0		2,090	0			0	767,642
ES	24,652	5,568	0	1,189	219,024	0	0	0		201,932	0		0	0	126		0	0	42,865	1,575	0	2,436	16,659	0	0	87		704,267	0			126	1,220,505
FR	3,356,134	1,913,108	46,757	106,567	203,069	20,600	0	1,465,387	660,906		90,333		48,892	2,346	0		34,700	0	227,202	23,316	0	126,446	1,163,176	104,349	0	0		128,000	0			42,778	9,764,066
HR	0	0	0	0	69,517	0	0	0	0	29			0	0	0		0	0	0	0	0	0	0	18,411	0	0		0	0			0	87,958
IT	8,271	70,322	0	0	225,698	0	0	1,495,342	240,352	204,225	244,655		4,496	52,391	0		564	194,357	16,620	27,524	51,290	2,197	1,497,341	551,981	19,011	5,002		64,227	3,027			55,087	5,033,979
CY	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
LV	0	0	0	0	0	0	0	0	0	0	0		0		0		0	0	0	0	0	0	0	0	0	0		0	0			0	0
LT	0	0	0	0	519	0	0	0	0	0	0		0	1,081,246			0	0	0	0	0	0	0	0	0	0		19,140	0			0	1,100,905
LU	2,840,115	42,235	0	0	219,751	0	0	0	39	1,953,903	0		0	0	0		0	0	605	0	0	115	0	0	0	0		0	0			0	5,056,762
HU	0	27,491	124	0	12,422	0	0	0	0	9,154	1,071		0	0	0			0	3,507	2,247	0	0	163,389	0	1,942	626		12,509	0			35	234,516
MT	0	0	0	0	0	0	0	0	0	0	0		0	0	0		0		7,148	0	0	0	0	0	0	0		0	0			0	7,148
NL	828,770	20,091	1,580	0	1,200,081	0	18,066	0	42,124	247,099	7,412		0	2,090	115,168		0	36,883		4,930	2,654	0	94,694	29,033	260	0		87,642	0			0	2,738,576
AT	0	452,562	2,306	0	6,838,920	0	0	123,380	0	13,216	2,435,446		31,331	120,136	0		1,152,403	0	0		98,927	0	1,397,427	196,542	479,759	0		29,607	7,916			7,660	13,387,538
PL	1,618	0	0	0	125,209	0	0	0	0	1,413	0		0	0	1,825		0	0	7,130	0		0	0	0	0	4,257		70,324	0			0	211,776
PT	0	0	0	0	16,058	0	0	0	16,232	6,775	0		0	0	0		0	0	44	0	0		0	0	0	0		0	0			113	39,222
RO	0	0	0	0	0	0	0	0	0	0	0		0	0	0		0	0	0	0	0	0		0	0	0		0	0			0	0
SI	0	0	0	0	21,983	0	0	0	0	0	5,722		0	0	0		0	0	0	234,849	0	0	0		0	0		0	0			0	262,554
SK	0	0	39,318	0	6,216	0	0	0	7,753	0	0		0	0	0		0	0	13,264	1,817	0	0	0	0		0		0	2,476			0	70,844
FI	0	433	0	0	4,037	36,765	0	4,520	0	0	0		0	70,461	33,417		0	0	0	0	0	0	0	0	0			12,512	0			0	162,146
SE	0	23,411	0	298,399	681	15,482	3,263,792	7,616	20,119	0	0		0	4,260	0		0	0	0	3,357	29,841	0	280	0	0	15,309		79,713	0			0	3,762,262
UK	0	84,718	1,566	0	10,431	295,512	7,948,840	581,935	0	0	9,207		279,695	4,090	0		0	0	688	611,894	232,894	836	98,106	0	0	4,136			0			0	10,164,547
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
LI	0	0	0	0	0	0	0	0	0	0	0		0	0	0		0	0	0	0	0	0	0	0	0	0		0	0			94	94
NO	0	0	0	44,878	0	0	0	0	0	0	0		0	0	0		0	0	0	0	0	0	0	0	0	0		9,630	0			0	54,507
CH	523,756	422,265	6,783	130,965	12,962,042	66,989	99,074	372,189	121,589	5,679,782	225,014		0	48,751	235,730		770,701	0	715,228	1,422,579	4,335	1,405	57,973	714,344	476,211	33,474		24,196	7,559				25,122,934
Total	**13,757,723**	**9,304,798**	**1,034,759**	**1,108,785**	**23,168,454**	**618,552**	**11,385,488**	**5,520,443**	**3,823,170**	**52,043,936**	**5,303,728**		**10,875,283**	**2,417,679**	**601,090**		**3,349,508**	**333,154**	**13,276,602**	**22,044,851**	**853,960**	**171,337**	**11,158,536**	**2,877,542**	**8,415,443**	**352,574**		**4,290,936**	**25,953**			**2,268,072**	**210,382,356**

* EL, HR, UK, IS: data concern reference year 2018.
** 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).
*** ES: the total amount reported (€ 5,818,869.39) does not match the sum of the breakdown by Member State of treatment (€ 3,823,169.97).
Source PD S2 Questionnaire 2020

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, 2019

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	0	<5	3,037	0		<5	55	1,583	0			0	0		0	0		0	<5	0	0	0	0	0	0	<5	0			13	4,694
BG	47		0	0	489	0		<5	8	67	0			0	0		<5	0		110	0	<5	0	0	0	0	0	20	0			119	863
CZ	<5	0		0	104	<5		0	0	6	0			0	0		<5	0		<5	0	0	0	0	13	0	0	<5	0			<5	135
DK	12	0	0		38	0		0	7	12	0			0	0		<5	0		<5	0	0	0	0	0	0	121	0	0			<5	198
DE	113	<5	39	<5		0		335	180	72	50			0	<5		44	0		4,756	100	<5	0	10	19	<5	<5	9	0			4,513	10,255
EE	0	0	0	0	11			0	<5	<5	0			0	0		0	0		0	0	0	0	0	0	<5	<5	10	0			0	26
IE	<5	0	0	0	67	0		0	7	0	0			0	<5		0	0		6	0	0	0	0	0	0	20	1,318	0			33	1,453
EL	34	0	<5	0	107	0			<5	96	0			0	0		0	0		45	0	0	0	0	0	0	<5	146	0			238	669
ES	24	<5	5	0	185	0		0		73	0			0	0		<5	0		0	0	22	0	0	0	0	9	12	0			46	382
FR	394	0	0	<5	925	0		<5	175		<5			0	0		<5	0		7	<5	15	0	0	0	0	0	0	0			2,934	4,461
HR	24	0	46	0	203	0		0	<5	14				0	0		17	0		290	0	0	0	16	0	0	0	6	0			69	688
IT	215	0	<5	0	901	0		<5	15	1,087	0			0	0		<5	0		307	0	0	0	<5	<5	0	7	51	0			2,451	5,044
CY	0	0	<5	0	623	0		0	0	30	0			0	0		0	0		24	0	0	0	0	0	0	0	34	0			0	713
LV	<5	0	0	<5	103	17		0	0	0	0				55		0	0		6	0	<5	0	0	0	<5	<5	8	0			27	226
LT	<5	0	0	0	18	0		0	<5	0	0			<5			0	0		0	<5	0	0	0	0	<5	0	0	0			<5	33
LU	2,889	0	0	0	4,591	0		0	16	901	<5			0	0			0		16	<5	<5	0	0	0	0	<5	<5	0			9	8,432
HU	<5	0	0	0	79	0		0	0	9	0			0	0		0			127	0	0	0	0	0	0	0	0	0			92	308
MT	0	0	0	0	8	0		0	0	0	0			0	0		0	0		0	0	0	0	0	0	0	0	0	0			0	8
NL	1,421	0	7	<5	560	0		<5	97	27	0			0	0		6	<5		6	8	<5	0	0	9	0	0	10	0			14	2,172
AT	6	0	6	0	5,356	0		0	<5	<5	<5			0	0		14	0			0	0	0	<5	0	0	<5	<5	0			70	5,463
PL	<5	0	0	6	55	0		0	0	<5	0			0	0		<5	0		18		0	0	0	0	0	14	14	0			<5	114
PT	<5	0	0	0	9	0		0	24	15	0			0	0		0	0		0	0		0	0	0	0	0	<5	0			5	57
RO	30	0	0	<5	406	0		0	38	96	0			0	0		152	0		144	<5	<5		0	0	0	0	5	0			21	897
SI	<5	0	6	0	175	0		0	0	23	8			0	0		0	0		249	0	0	0		0	0	0	<5	0			11	478
SK	<5	0	974	0	137	0		0	<5	<5	0			0	0		9	0		109	0	<5	0	0		0	0	<5	0			47	1,284
FI	0	0	<5	5	21	58		0	<5	<5	<5			0	0		0	0		0	<5	0	0	0	0		<5	<5	0			7	105
SE	<5	0	<5	0	29	0		0	9	9	0			0	0		<5	0		<5	0	0	0	0	0	16		14	<5			<5	88
UK	47	6	146	0	125	0		11	190	94	<5			0	35		44	0		24	311	0	0	5	113	10	17		0			56	1,235
IS	<5	0	<5	<5	17	0		0	<5	0	0			0	0		0	0		0	<5	0	0	0	0	0	0	0				0	26
LI	<5	0	0	0	7	0		0	0	0	0			0	0		0	0		<5	0	0	0	0	0	0	0	0	0			7	17
NO	0	0	0	8	0	0		0	0	0	0			0	0		0	0		0	0	0	0	0	0	0	0	0	0			0	8
CH	<5	0	0	0	1,479	0		0	<5	8	0			0	0		<5	0		6	0	0	0	0	0	0	0	0	<5				1,499
Total	**5,284**	**9**	**1,241**	**28**	**19,865**	**76**		**358**	**836**	**4,231**	**64**			**<5**	**93**		**306**	**<5**		**6,259**	**430**	**53**	**0**	**34**	**155**	**38**	**199**	**1,673**	**<5**			**10,794**	**52,031**

* EL, FR, HR, UK, IS: data concern reference year 2018.

Source PD S2 Questionnaire 2020

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, 2019, 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	0	1,031	6,507,768	0		8,128	24,652	3,026,779	0			0	0		0	0		0	1,709	0	0	0	0	0	509,923	0			59,568	10,139,558
BG	124,357		0	0	3,182,582	0		25,962	30,150	868,234	0			0	0		53	0		441,869	0	120.14	0	0	0	0	0	156,214	0			172,920	5,002,462
CZ	35	0		0	1,016,093	1,339		0	0	45,822	0			0	0		122	0		2,308	0	0	0	0	33,776	0	0	274,249	0			6,990	1,380,734
DK	86,550	0	0		453,968	0		0	1,189	101,724	0			0	0		13	0		14,863	0	0	0	0	0	0	301,705	0			36,079	996,091
DE	153,946	62	40,814	67,832		0		602,941	219,024	450,588	23,476			0	519		19,143	0		6,864,007	119,275	16,058	0	21,983	6,216	4,037	680	27,867	0			9,551,027	18,189,494
EE	0	0	0	0	73,308			0	151	10,747	0			0	0		0	0		0	0	0	0	0	0	23,019	15,480	534,109	0			0	656,813
IE	8,809	0	0	0	629,136	0		0	664	0	0			0	1,129		0	0		17,171	0	0	0	0	0	0	415,362	12,071,977	0			74,433	13,218,680
EL	43,151	0	2,757	0	1,445,684	0			167	1,469,439	0			0	0		0	0		15,588	0	0	0	0	0	0	2,962	847,147	0			658,176	4,485,070
ES	137,682	7,229	8,077	0	1,087,178	0		0		744,074	0			0	0		399	0		0	0	30,485	0	0	0	0	78,037	780,059	0			253,299	3,126,520
FR	1,812,159	0	0	276	4,299,577	0		14,156	201,932		78			0	0		3,327	0		19,238	1,413	1,094	0	0	0	0	0	0	0			5,186,308	11,539,557
HR	25,500	0	323,609	0	2,509,546	0		0	3,736	90,333				0	0		89,133	0		3,059,289	0	0	0	22,252	0	0	0	9,240	0			319,994	6,452,632
IT	422,777	0	5,357	0	3,867,995	0		1,087	14,620	4,500,750	0			0	0		780	0		2,969,235	0	0	0	18	854	0	36,434	499,823	0			3,335,896	15,655,626
CY	0	0	20,509	0	10,976,596	0		0	0	506,902	0			0	0		0	0		17,765	0	0	0	0	0	0	0	67,355	0			0	11,589,128
LV	11,171	0	0	429	965,328	26,733		0	0	0	0				1,222,781		0	0		120,136	0	376	0	0	0	70,461	11,970	76,603	0			59,058	2,565,047
LT	9,739	0	0	0	203,374	0		0	126	0	0		5,683				0	0		0	1,767	0	0	0	0	33,413	0	0	0			869	254,972
LU	10,733,039	0	0	0	14,180,778	0		0	3,933	4,657,283	1,300			0	0		0	0		87,349	105	3,392	0	0	0	0	425	264	0			59,600	29,727,467
HU	56	0	0	0	1,079,602	0		0	0	170,185	0			0	0			0		1,148,475	0	0	0	0	0	0	0	0	0			917,384	3,315,703
MT	0	0	0	0	101,906	0		0	0	0	0			0	0		0			0	0	0	0	0	0	0	0	0	0			0	101,906
NL	6,436,940	0	6,510	18,404	4,389,695	0		3,716	42,525	405,212	0			0	0		3,605	7,148		1,437	7,024	44	0	0	19,176	0	0	90,834	0			70,391	11,502,661
AT	29,974	0	59,411	0	19,729,504	0		0	1,575	23,474	834			0	0		10,994	0			0	0	0	234,849	0	0	3,460	4,521	0			1,008,037	21,106,634
PL	19,306	0	0	6,141	476,727	0		0		9,482	0			0	0		29	0		99,854		0	0	0	0	0	29,837	277,002	0			1,310	919,687
PT	17,831	0	0	0	20,071	0		0	6,449	54,771	0			0	0		0	0		0	0		0	0	0	0	0	1,499	0			21,090	121,711
RO	577,992	0	0	11,185	6,680,784	0		0	84,877	1,412,634	0			0	0		290,239	0		1,317,422	70,795	4,718		0	0	0	0	235,597	0			528,716	11,214,958
SI	16,376	0	74,740	0	1,901,134	0		0	00	231,601	78,365			0	0		0	0		1,820,033	0	0	0		0	0	0	23,328	0			22,299	4,167,877
SK	2,681,52	0	5,606,626	0	783,071	0		0	125	6,887	0			0	0		8,420	0		473,990	0	283	0	0		0	0	491	0			705,143	7,585,037
FI	0	0	1,318	58,850	228,325	68,215		0	411	6,926	149			0	0		0	0		0	27	0	0	0	0		10,495	4,058	0			15,740	394,513
SE	53,875	0	8,618	0	113,818	0		0	17,316	61,238	0			0	0		575	0		4,281	0	0	0	0	0	25,950		341,508	905			29,723	657,808
UK	89,858	2,966	75,014	0	519,197	0		18,779	754,210	250,800	10			0	10,925		16,255	0		36,898	146,750	0	0	2,815	43,861	38,129	20,898		0			56,746	2,084,109
IS	2,641	0	676	1,662	24,279	0		0	152	0	0			0	0		0	0		0	638	0	0	0	0	0	0	0				0	30,048
LI	1,778	0	0	0	93,986	0		0	0	0	0			0	0		0	0		11,449	0	0	0	0	0	0	0	0	0			154,267	261,479
NO	0	0	0	102,991	0	0		0	0	0	0			0	0		0	0		0	0	0	0	0	0	0	0	0	0			0	102,991
CH	1,003	0	0	0	1,867,051	0		0	126	47,369	0			0	0		42	0		8,555	0	0	0	0	0	0	0	0	7,442				1,931,588
Total	**20,816,545**	**10,257**	**6,234,036**	**268,801**	**89,408,060**	**96,287**		**674,767**	**1,408,110**	**19,153,252**	**104,211**			**5,683**	**1,235,354**		**443,132**	**7,148**		**18,551,212**	**349,503**	**56,570**	**0**	**281,917**	**103,884**	**195,009**	**927,744**	**16,833,667**	**8,347**			**23,305,062**	**200,478,557**

* EL, FR, HR, UK, IS: data concern reference year 2018.

Source PD S2 Questionnaire 2020

ANNEX IV THE EXISTENCE OF PARALLEL SCHEMES

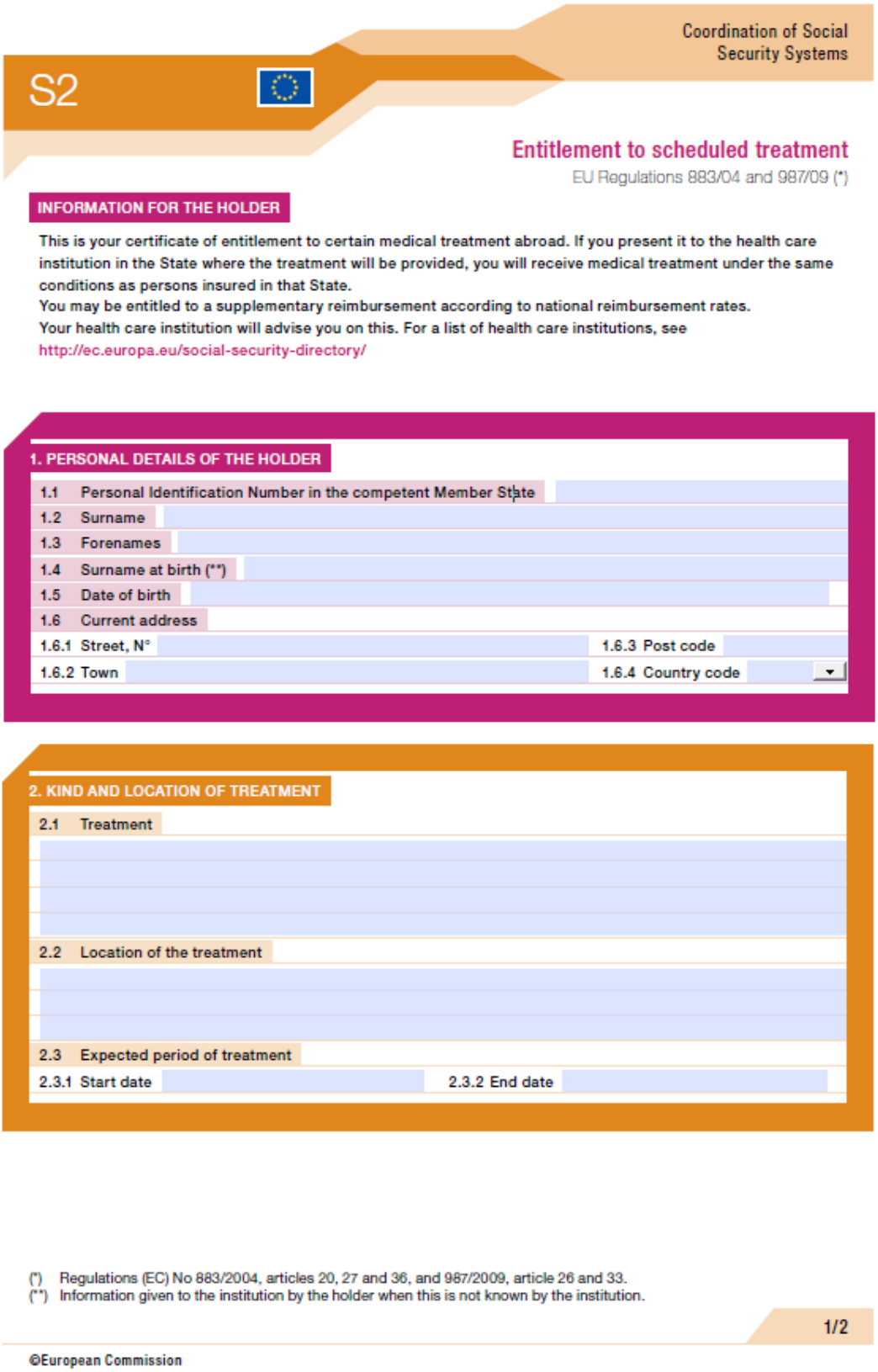
Table A4.1 The existence of parallel schemes, 2019

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 (**5,894 PDs S2**). Furthermore, a total of **118 PDs S2** were also issued for functional rehabilitation treatment in Germany, in particular for insured persons living in the German-speaking Community. Belgium is also party to a number of cooperation agreements or has taken specific measures for residents in the border areas which make it easier to obtain a prior authorisation. In such cases an authorisation is granted on the basis of a more flexible procedure. Depending on the cooperation agreement/specific measures, prior authorisation (PD S2) often becomes a simple administrative authorisation that is granted automatically: a total of 1,964 PDs S2 were issued under the terms of the Ostbelgien-Regelung. Belgium also issued **134 PDs S2** for pregnant woman further to the consensus reached at the 254th meeting of the Administrative Commission regarding a broad interpretation of Article 22(1)(c)(i) of Regulation (EEC) 1408/71 (now Article 20 of Regulation (EC) 883/2004) for the benefit of pregnant women who, for personal reasons, wish to give birth in another Member State. Belgium also issued **2 PDs S2** for reasons of "force majeure" where the insured person was not able or did not comply with (the deadlines of) 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 4 PDs S2 to cover expenses of the "standard of care" of Belgian insured persons allowing them to participate in clinical trials in another Member State (cf. question 8). However, the (federal) health care legislation provides in * a (general) procedure which makes it possible for Belgian patients to seek health care services abroad that are not provided for by the Belgian legislation ; * 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 (not necessarily a PD S2). With regard to hadontherapy, a total number of 19 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 5 PDs S2 for necessary treatment not covered by the specific procedure for hadron therapy. In 2019, a total of **7,228 PDs S2** were issued further to 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 was another competent institution in the face of the Ministry of Health - that issued S2 for treatment covered by the Ministry's budget (for transplantation of organs, tissues and cells) for the period January - March 2019 (until 1 April, 2019)
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	The Danish national legislation complements the Danish patient 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 a PD S2.
DE	
EE	
IE	n/a
EL	
ES	Data not available
FR	
HR	
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	

MS	Description
AT	The number of exhibited PD S2 is not representative, because in addition, according to national law, there is a claim for reimbursement of costs for claims performed abroad.
PL	Poland has its own parallel regulations and on their basis sends for planned medical treatment abroad, if the following is confirmed: the treatment is not performed in Poland, the treatment is necessary for patient in his/her health condition, the treatment is included in the medical services provided for by the legislation of Poland. The above treatment may be performed also by private healthcare provider. The regulations are parallel to the regulations implemented on the basis of the Directive and EU regulations on coordination and are used more often.
PT	The Portuguese 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 centre or outside the European Union, in order to benefit from the best health care in the light of better medical and scientific evidence. This regime is more favourable since all costs, including travel and accommodation, as well as an accompanying person, if necessary, are covered by the National Health System. In 2019, 376 cases were authorized under this regime.
RO	There are no other procedures similar to those for prior authorization of scheduled treatment (excluding the existing procedure following the implementation of Directive 24/2011 / EU).
SI	We do not keep such records.
SK	No
FI	In Finland, patients can choose to seek healthcare abroad under the terms of directive 2011/24/EU (without prior authorisation) or they can apply for 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 can not 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	
IS	
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 2020

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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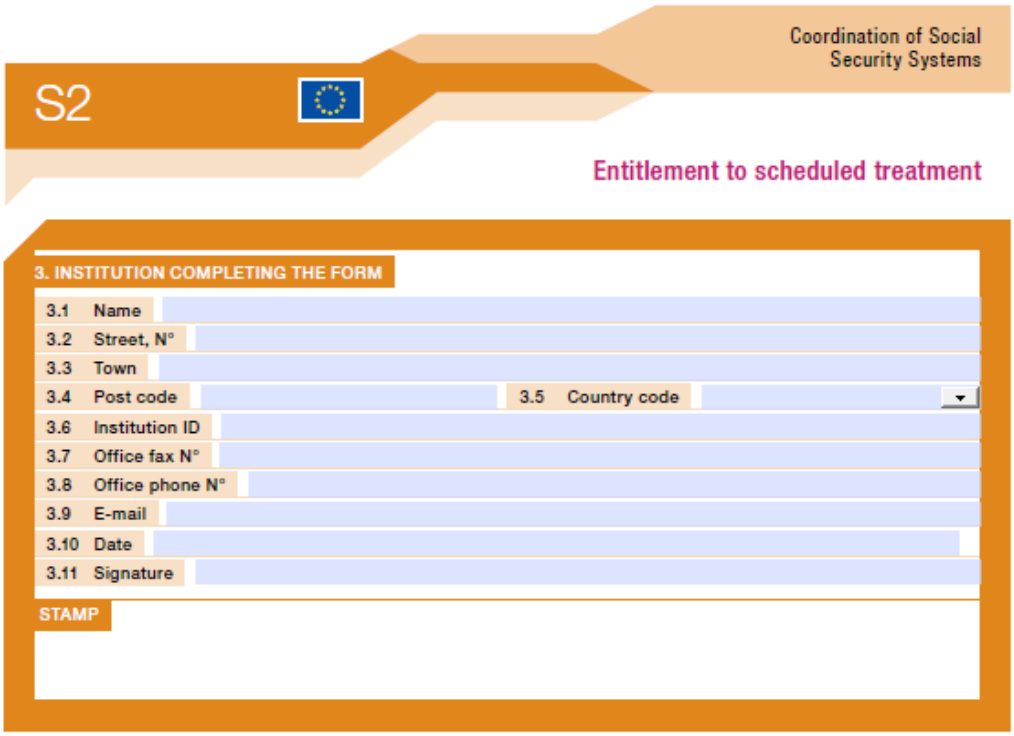


S2

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

2/2

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 competent Member State in accordance with the rates of the Member State of residence. Furthermore, this group of persons is also 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 reside 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. The form is issued mainly to cross-border workers (and their family members) and mobile pensioners (and their family members).

Approximately 1.8 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 0.4% of the insured persons reside in a Member State other than the competent Member State. More than a quarter of the persons insured in Luxembourg reside in another Member State. Nevertheless, only for four other Member States (AT, CH, NL, and BE), more than more than 1% of their insured persons reside in another Member State. Furthermore, some 0.5% of the persons insured in Germany reside in another Member State. From the perspective of receiving Member States, only persons with a valid PD S1 who reside in Cyprus, Hungary, and Slovakia represent more than 1.5% 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 two thirds 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, around one third of the PDs S1 were issued to pensioners (+ pension claimants) and their family members. This distribution varies strongly among Member States. Most Member States issued the highest number of PDs S1 to persons of working age. For instance, the Czech Republic, Luxembourg, Malta, Austria, Liechtenstein, and Norway 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 70% 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, Germany, Poland, and Belgium.

The United Kingdom issued around 28% of the total number of PDs S1 granted to pensioners and their family members residing abroad. Furthermore, more than 65% 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.[40] Applying the Coordination Regulations, healthcare provided in the Member State of residence is reimbursed by the competent Member State in accordance with the rates of the Member State of residence.[41] Furthermore, insured persons and their family members residing in a Member State other than the competent Member State are entitled to cash benefits, if any, provided by the competent Member State (i.e. the export of sickness benefits in cash).[42]

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 institution of the Member State of residence and allows to register for healthcare in the Member State of residence when insured in a different one.[43] The form is issued, firstly, to cross-border workers (and their family members). Most of them are frontier workers, seasonal workers and even posted workers. 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 is 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 who return to their Member State of origin but never worked in this Member State.

Consequently, pensioners who have worked in their Member State of residence do not need such form, as the Member State of residence is also the competent Member State as regards sickness benefits in kind and in cash. Thus, the group of pensioners with a PD S1 is only a part of the total group of cross-border pensioners.[44] 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[45].[46]

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

[40] Article 17 of the Basic Regulation.
[41] Article 35 (1) of the Basic Regulation.
[42] Article 21 (1) of the Basic Regulation.
[43] Article 24 (1) of the Basic Regulation.
[44] 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 included in the 2017 Annual Report on Labour Mobility (Fries-Tersch, E., Tugran, T. and Bradley, H., 2017) covers the mobility of retired persons.
[45] Article 27 (2) of the Basic Regulation.
[46] 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).

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 alternative procedures exist as well. 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 2019 *(annual flow)* as well as on the total number of PDs S1 issued/received which are still valid on 31 December 2019 (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. For these Member States, data from the most recent reference year available were used[47]. This is always signalled in a footnote. In addition, for some Member States the technique of data imputation was applied. 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 were imputed on the basis of the number of forms received by the receiving Member States from Germany. This technique is 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)).

[47] It concerns EL (2018), IT (2018), UK (2018), and IS (2018).

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 2019 (i.e. persons who resided since 2019 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 2019, 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

Around 1.8 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)*.

Germany (364,517 PDs S1), the Netherlands (233,626 PDs S1), Luxembourg (232,733 PDs S1), Austria (171,307 PDs S1), the United Kingdom (152,622 PDs S1), Switzerland (144,491 PDs S1), and Belgium (118,732 PDs S1) are the main issuing Member States. Almost eight out of ten PDs S1 were issued by these seven 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 (322,271 PDs S1) or some 19% of the persons who are residing in Member State other than the competent Member State. Furthermore, Germany (248,865 PDs S1), Poland (184,957 PDs S1), Spain (180,706 PDs S1), Belgium (159,367 PDs S1) and the Czech Republic (130,098 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 2019 is significantly lower than the number of PDs S1 still in circulation on 31 December 2019, namely around half the amount. 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 mainly analyses the stock figures.

Table 1 Number of PDs S1 issued and received, *flow and stock*, 2019

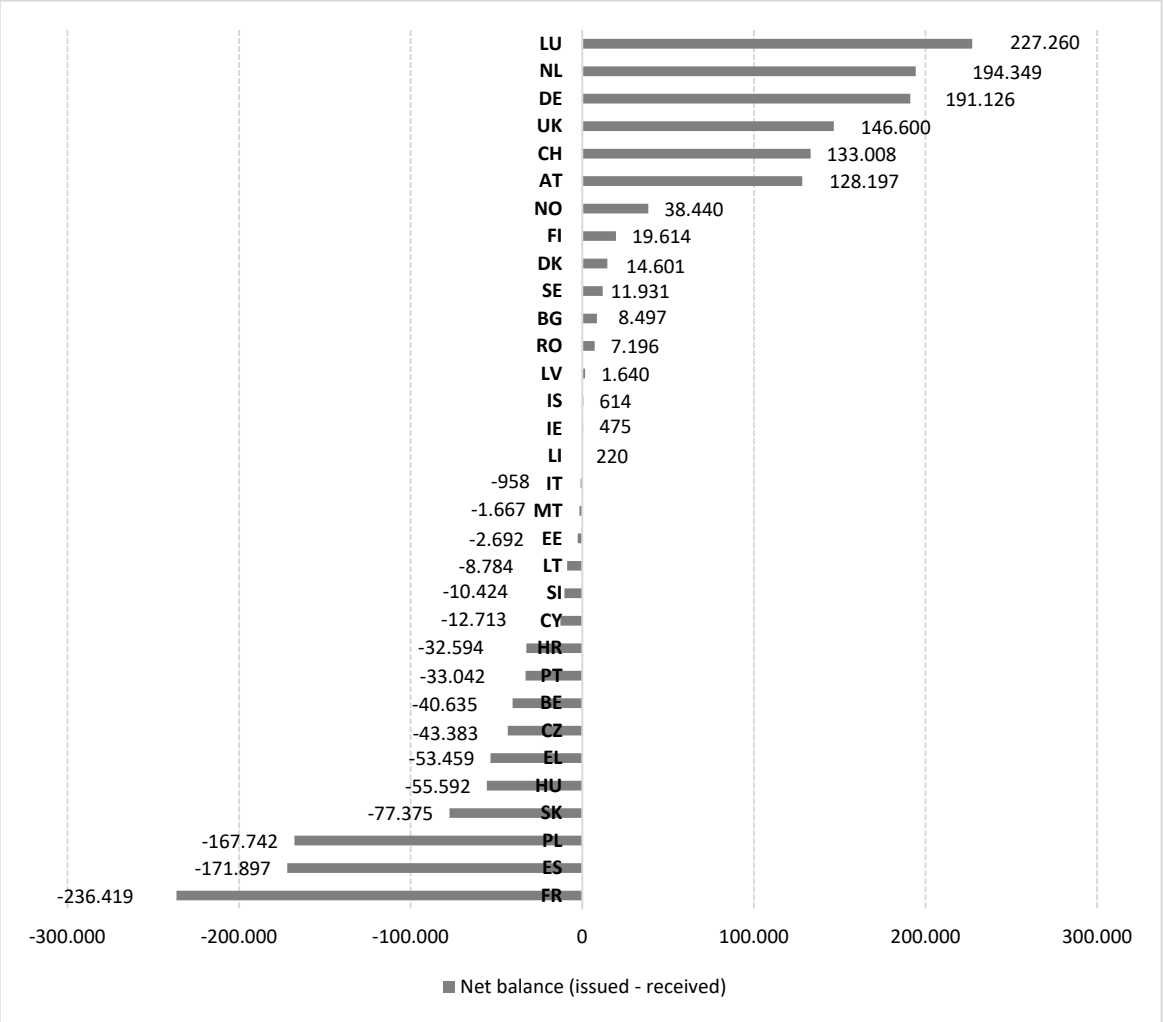
	Issued				Received			
	Flow: In 2019		Stock: Total and still valid		Flow: In 2019		Stock: Total and still valid	
	Number	*% of column total*	*Number*	*% of column total*	*Number*	*% of column total*	*Number*	*% of column total*
EU-27	761,064	83.4%	1,487,859	81.6%	483,355	96.8%	1,711,223	99.0%
EU-28	784,263	85.9%	1,640,481	89.9%	484,578	97.0%	1,717,245	99.3%
EU-15	729,880	80.0%	1,445,136	79.2%	271,741	54.4%	1,126,267	65.1%
EU-13	54,383	6.0%	195,345	10.7%	212,837	42.6%	590,978	34.2%
EFTA	128,543	14.1%	183,403	10.1%	14,983	3.0%	11,823	0.7%
Total	**912,806**	**100%**	**1,823,884**	**100%**	**499,561**	**100%**	**1,729,068**	**100%**
BE	20,153	2.2%	118,732	6.5%	27,709	5.5%	159,367	9.2%
BG	3,170	0.3%	14,434	0.8%	2,161	0.4%	5,937	0.3%
CZ	18,834	2.1%	86,715	4.8%	32,916	6.6%	130,098	7.5%
DK	10,246	1.1%	14,046(e)	0.8%	396(e)	0.1%	1,010(e)	0.1%
DE	113,443(e)	12.4%	364,517(e)	20.0%	106,367(e)	21.3%	248,865(e)	14.4%
EE	755	0.1%	639	0.0%	1,113	0.2%	3,331	0.2%
IE	1,631	0.2%	2,014	0.1%	528	0.1%	1,539	0.1%
EL*	2,723	0.3%	7,656	0.4%	3,756	0.8%	61,115	3.5%
ES	3,740	0.4%	8,809	0.5%	24,312	4.9%	180,706	10.5%
FR	9,108	1.0%	85,852(e)	4.7%	86,758	17.4%	322,271(e)	18.6%
HR	449	0.0%	1,854	0.1%	9,029	1.8%	34,448	2.0%
IT*	10,630	1.2%	16,973	0.9%	3,721	0.7%	17,931	1.0%
CY	883	0.1%	1,710	0.1%	1,373	0.3%	14,423	0.8%
LV	663	0.1%	2,588	0.1%	509	0.1%	948	0.1%
LT	715	0.1%	1,210	0.1%	6,563	1.3%	9,994	0.6%
LU	171,912	18.8%	232,733	12.8%	2,218	0.4%	5,473	0.3%
HU	3,207	0.4%	12,088	0.7%	25,594	5.1%	67,680	3.9%
MT	6,497	0.7%	3,048	0.2%	381	0.1%	4,715	0.3%
NL	287,117	31.5%	233,626	12.8%	10,265	2.1%	39,277	2.3%
AT	64,304	7.0%	171,307	9.4%	1,127	0.2%	43,110	2.5%
PL	4,485	0.5%	17,215	0.9%	79,006	15.8%	184,957	10.7%
PT	3,259	0.4%	3,926	0.2%	1,748	0.3%	36,968	2.1%
RO	6,834	0.7%	30,114	1.7%	14,448	2.9%	22,918	1.3%
SI	1,258	0.1%	9,029	0.5%	6,854	1.4%	19,453	1.1%
SK	6,633	0.7%	14,701	0.8%	32,890	6.6%	92,076	5.3%
FI	6,327	0.7%	20,371	1.1%	339	0.1%	757	0.0%
SE	2,088	0.2%	11,952(e)	0.7%	1,274	0.3%	1,856	0.1%
UK*	23,199	2.5%	152,622	8.4%	1,223	0.2%	6,022	0.3%
IS*	516	0.1%	683	0.0%	38	0.0%	69	0.0%
LI	257	0.0%	267	0.0%	28	0.0%	47	0.0%
NO	18,089	2.0%	37,926(e)	2.1%	54	0.0%	224	0.0%
CH	109,681	12.0%	144,491	7.9%	14,863	3.0%	11,483	0.7%

* EL, IT, UK, IS: data concern reference year 2018.
** Issued – flow: imputed data for DE; issued – stock: imputed data for DK, DE, FR, SE and NO; received – flow: imputed data for DK and DE; received – stock: imputed data for DK, DE, and FR.

Source PD S1 Questionnaire 2020

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, Luxembourg, the Netherlands, Germany, the United kingdom, Switzerland, and Austria. 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), 2019**



* EL, IT, UK, IS: data concern reference year 2018.
** Issued – stock: imputed data for DK, DE, FR, SE and NO; received – stock: imputed data for DK, DE and FR.
Source PD S1 Questionnaire 2020

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 0.4% of the insured persons reside in a Member State other than the competent Member State. This percentage is lower in the EU-13 Member States (0.2%), but higher in the EFTA Member States (1.3%). More than 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 (1.1%), the Netherlands (1.4%), Austria (1.9%), and Switzerland (1.7%) more than 1% of their insured persons reside in another Member State. For Germany, which is the main issuing Member State in absolute terms, 0.5% of the insured persons reside in another Member State.

From the perspective of receiving Member States, only in Cyprus (1.8%), Hungary (1.6%), and Slovakia (1.8%) the number of persons with a valid PD S1 represent more than 1.5% of the total number of insured persons in these receiving Member States. In France, the main receiving Member State in absolute terms, the number of persons with

a valid PD S1 represent 0.5% of the total number of persons insured by France. 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), 2019

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)
EU-27	400,256,490	1,487,859	0.4%	1,711,223	0.4%
EU-28	465,131,655	1,640,481	0.4%	1,717,245	0.4%
EU-15	373,786,578	1,441,210	0.4%	1,089,299	0.3%
EU-13	91,345,077	195,345	0.2%	590,978	0.6%
EFTA	14,368,313	183,403	1.3%	11,823	0.1%
Total	**479,499,968**	**1,823,884**	**0.4%**	**1,729,068**	**0.4%**
BE	11,289,973	118,732	1.1%	159,367	1.4%
BG	5,960,474	14,434	0.2%	5,937	0.1%
CZ	10,551,898	86,715	0.8%	130,098	1.2%
DK	5,800,000	14,046(e)	0.2%	1,010(e)	0.0%
DE*	73,052,555	364,517(e)	0.5%	248,865(e)	0.3%
EE	1,262,381	639	0.1%	3,331	0.3%
IE*	4,582,268	2,014	0.0%	1,539	0.0%
EL*	5,481,234	7,656	0.1%	61,115	1.1%
ES	49,037,930	8,809	0.0%	180,706	0.4%
FR	59,201,044	85,852(e)	0.1%	322,271(e)	0.5%
HR	4,104,966	1,854	0.0%	34,448	0.8%
IT*	60,000,000	16,973	0.0%	17,931	0.0%
CY	820,000	1,710	0.2%	14,423	1.8%
LV	2,263,924	2,588	0.1%	948	0.0%
LT	2,908,030	1,210	0.0%	9,994	0.3%
LU	892,182	232,733	26.1%	5,473	0.6%
HU	4,143,000	12,088	0.3%	67,680	1.6%
MT	440,372	3,048	0.7%	4,715	1.1%
NL	17,163,404	233,626	1.4%	39,277	0.2%
AT	8,947,750	171,307	1.9%	43,110	0.5%
PL	34,053,648	17,215	0.1%	184,957	0.5%
PT		3,926		36,968	
RO	17,551,619	30,114	0.2%	22,918	0.1%
SI	2,113,195	9,029	0.4%	19,453	0.9%
SK	5,171,570	14,701	0.3%	92,076	1.8%
FI	5,539,506	20,371	0.4%	757	0.0%
SE*		11,925(e)		1,856	
UK*	64,875,165	152,622	0.2%	6,022	0.0%
IS*	355,766	683	0.2%	69	0.0%
LI	40,192	267	0.7%	47	0.1%
NO	5,372,355	37,962(e)	0.7%	224	0.0%
CH	8,600,000	144,491	1.7%	11,483	0.1%

* DE, IE, EL, IT, IS: number of insured persons concerns reference year 2018. UK: number of insured number of insured persons concerns reference year 2016. EL, IT, UK, IS: number of PDs S1 issued and still valid and number of PDs S1 received and still valid concerns reference year 2018.
** Issued – stock: imputed data for DK, DE, FR, SE and NO; received – stock: imputed data for DK, DE and FR.
Source PD S1 Questionnaire and EHIC Questionnaire 2020

2.2 By status

Some two thirds 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)*.[48] Furthermore, one third of the PDs S1 were issued to pensioners (+ pension claimants) and their family members. This distribution varies strongly among Member

[48] However, this percentage is somewhat lower in *Table 4* (± 56%) when looking at the number of PDs S1 received.

States. Most Member States issued the highest number of PDs S1 to persons of working age. The Czech Republic, Luxembourg, Malta, Austria, Liechtenstein, and Norway issued more than nine out of ten PDs S1 to persons of working age and their family members *(Table 3)*. This is in contrast to the United Kingdom, which issued more than 96% of PDs S1 to pensioners and their family members.

Among the receiving Member States, the Czech Republic, Lithuania, Poland, and Slovakia received more than nine out of ten PDs S1 issued for persons of working age and their family members insured in another Member State *(Table 4)*. This is in contrast to Spain, Cyprus, Malta, Portugal, Sweden and Norway, 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 not 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), 2019

	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	62,267	52.4%	42,336	35.7%	0	0.0%	4,434	3.7%	9,695	8.2%	118,732
BG	2,694	18.7%	9,594	66.5%	0	0.0%	2,065	14.3%	81	0.6%	14,434
CZ(e)	19,619	92.4%	948	4.5%	<5	0.0%	631	3.0%	30	0.1%	86,715
DK(e)	8,170	60.1%	3,885	28.6%	<5	0.0%	1,143	8.4%	401	2.9%	14,046
DE(e)	150,320	55.0%	81,387	29.8%	569	0.2%	31,809	11.6%	9,350	3.4%	364,517
EE(e)	641	55.3%	362	31.2%	0	0.0%	136	11.7%	20	1.7%	639
IE	137	6.8%	1,365	67.8%	0	0.0%	154	7.6%	358	17.8%	2,014
EL**	1,085	14.2%	4,516	59.0%	8	0.1%	1,038	13.6%	1,009	13.2%	7,656
ES	5,346	60.7%	2,589	29.4%	0	0.0%	200	2.3%	674	7.7%	8,809
FR(e)	16,692	19.4%	47,184	55.0%	40	0.0%	2,435	2.8%	3,113	3.6%	85,852
HR	348	18.8%	1,383	74.6%	0	0.0%	65	3.5%	58	3.1%	1,854
IT**	6,545	38.6%	7,011	41.3%	204	1.2%	2,288	13.5%	925	5.4%	16,973
CY	797	46.6%	359	21.0%	0	0.0%	480	28.1%	74	4.3%	1,710
LV	1,119	43.2%	1,185	45.8%	0	0.0%	271	10.5%	13	0.5%	2,588
LT	156	12.9%	935	77.3%	10	0.8%	103	8.5%	6	0.5%	1,210
LU	212,869	91.5%	16,610	7.1%	0	0.0%	1,046	0.4%	2,208	0.9%	232,733
HU	8,287	68.6%	1,930	16.0%	0	0.0%	1,862	15.4%	9	0.1%	12,088
MT	2,991	98.1%	41	1.3%	0	0.0%	10	0.3%	6	0.2%	3,048
NL	144,880	62.0%	56,990	24.4%	0	0.0%	25,626	11.0%	6,130	2.6%	233,626
AT	123,951	72.4%	8,427	4.9%	<5	0.0%	37,679	22.0%	1,247	0.7%	171,307
PL	5,981	34.7%	10,508	61.0%	9	0.1%	497	2.9%	220	1.3%	17,215
PT	1,454	37.0%	2,030	51.7%	299	7.6%	81	2.1%	62	1.6%	3,926
RO	5,029	16.7%	22,224	73.8%	0	0.0%	2,743	9.1%	118	0.4%	30,114
SI	2,319	24.7%	5,639	60.0%	978	10.4%	461	4.9%	0	0.0%	9,397
SK	5,556	37.8%	782	5.3%	<5	0.0%	368	2.5%	8	0.1%	14,701
FI	14,952	73.4%	4,136	20.3%	0	0.0%	1,125	5.5%	158	0.8%	20,371
SE(e)	2,222	19.5%	7,819	68.7%	10	0.1%	410	3.6%	918	8.1%	11,952
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	246	92.1%	17	6.4%	0	0.0%	<5	1.5%	0	0.0%	267
NO(e)	31,868	88.9%	2,760	7.7%	<5	0.0%	657	1.8%	569	1.6%	37,962
CH	38,977	27.0%	9,434	6.5%	0	0.0%	0	0.0%	2,306	1.6%	144,491
Total	**845,686**	**57.9%**	**482,190**	**33.0%**	**695**	**0.0%**	**85,579**	**5.9%**	**45,841**	**3.1%**	**1,823,884**

* *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.
** EL, IT, UK, IS: data concern reference year 2018.
*** Issued – stock: imputed data for CZ (only breakdown), DK, DE, EE (only breakdown), FR, SE and NO. As a result, the sum of the number of PDs S1 by status is not equal to the total for these Member States. This makes that the total number of PDs S1 is 1,459,991 if the sum of the number of PDs S1 by status is taken.
Source PD S1 Questionnaire 2020

Table 4 Total number of PDs S1 *received*, *by status*, stock (still in circulation), 2019

	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	111,398	69.9%	39,380	24.7%	34	0.0%	5,587	3.5%	2,968	1.9%	159,367
BG	2,539	42.8%	2,711	45.7%	5	0.1%	245	4.1%	437	7.4%	5,937
CZ(e)	13,642	71.4%	1,677	8.8%	<5	0.0%	3,665	19.2%	123	0.6%	130,098
DK(e)	350	41.2%	337	39.7%	<5	0.4%	137	16.1%	22	2.6%	1,010
DE(e)	120,628	62.3%	47,733	24.7%	143	0.1%	20,175	10.4%	4,835	2.5%	248,865
EE(e)	7,485	74.6%	1,883	18.8%	<5	0.0%	382	3.8%	285	2.8%	3,331
IE	127	8.3%	1,206	78.4%	0	0.0%	101	6.6%	105	6.8%	1,539
EL**	1,292	2.1%	40,580	66.4%	0	0.0%	10,241	16.8%	9,002	14.7%	61,115
ES	10,510	5.8%	149,632	82.8%	340	0.2%	380	0.2%	19,844	11.0%	180,706
FR(e)	154,708	61.5%	78,523	31.2%	172	0.1%	4,146	1.6%	13,840	5.5%	322,271
HR	7,310	21.2%	20,563	59.7%	38	0.1%	4,092	11.9%	2,445	7.1%	34,448
IT**	2,478	13.8%	13,590	75.8%	108	0.6%	1,117	6.2%	638	3.6%	17,931
CY	58	0.4%	12,209	84.6%	0	0.0%	64	0.4%	2,092	14.5%	14,423
LV	555	58.5%	187	19.7%	0	0.0%	198	20.9%	8	0.8%	948
LT	8,784	87.9%	486	4.9%	0	0.0%	265	2.7%	41	0.4%	9,994
LU	2,173	39.7%	2,965	54.2%	0	0.0%	71	1.3%	264	4.8%	5,473
HU	47,993	70.9%	13,048	19.3%	28	0.0%	5,768	8.5%	843	1.2%	67,680
MT	277	5.9%	3,279	69.5%	0	0.0%	97	2.1%	1,062	22.5%	4,715
NL	26,150	66.6%	4,197	10.7%	0	0.0%	8,420	21.4%	510	1.3%	39,277
AT	18,202	42.2%	15,116	35.1%	98	0.2%	8,503	19.7%	1,191	2.8%	43,110
PL	164,688	89.0%	5,227	2.8%	30	0.0%	14,388	7.8%	624	0.3%	184,957
PT	247	1.8%	11,695	85.1%	25	0.2%	586	4.3%	1,189	8.7%	36,968
RO	18,896	82.5%	2,608	11.4%	5	0.0%	1,105	4.8%	304	1.3%	22,918
SI	15,073	77.5%	3,713	19.1%	20	0.1%	555	2.9%	92	0.5%	19,453
SK	6,917	89.4%	543	7.0%	<5	0.0%	249	3.2%	24	0.3%	92,076
FI	195	25.8%	447	59.0%	0	0.0%	94	12.4%	21	2.8%	757
SE(e)	0	0.0%	1,647	88.7%	0	0.0%	42	2.3%	167	9.0%	1,856
UK**	715	11.9%	4,752	78.9%	<5	0.0%	112	1.9%	441	7.3%	6,022
IS**	24	34.8%	26	37.7%	0	0.0%	16	23.2%	<5	4.3%	69
LI	39	83.0%	8	17.0%	0	0.0%	0	0.0%	0	0.0%	47
NO	0	0.0%	212	94.6%	0	0.0%	0	0.0%	12	5.4%	224
CH	5,978	52.1%	5,337	46.5%	5	0.0%	163	1.4%	0	0.0%	11,483
Total	**452,618**	**49.4%**	**355,364**	**38.8%**	**739**	**0.1%**	**62,459**	**6.8%**	**44,327**	**4.8%**	**1,729,068**

* *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.
** EL, IT, UK, IS: data concern reference year 2018.
*** Received – stock: imputed data for CZ (only breakdown), DK, DE, EE (only breakdown), FR. 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 915,507 if the sum of the number of PDs S1 by status is taken.
Source PD S1 Questionnaire 2020

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

Approximately 930,000 persons of working age[49] and their family members, of which some 845,000 persons of working age and 85,000 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 Luxembourg (213,915 PDs S1), Germany (182,129 PDs S1), the Netherlands (170,506 PDs S1) and Austria (161,630 PDs S1). Some 78% of the PDs S1 for persons of working age and their family members were issued by these four 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

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

family members with a valid PD S1 reside in Poland (179,076 PDs S1), France (158,854 PDs S1), Germany (140,803 PDs S1), and Belgium (116,985 PDs S1).

Table 5 Total number of PDs S1 *issued and received*, *insured persons of working age and their family members*, stock (still in circulation), 2019

	Issued				Received			
	Insured person	*Family members*	*Total*	*Column %*	*Insured person*	*Family members*	*Total*	*Column %*
BE	62,267	4,434	66,701	7.2%	111,398	5,587	116,985	22.7%
BG	2,694	2,065	4,759	0.5%	2,539	245	2,784	0.5%
CZ(e)	19,619	631	20,250	2.2%	13,642	3,665	17,307	3.4%
DK(e)	8,170	1,143	9,313	1.0%	350	137	487	0.1%
DE(e)	150,320	31,809	182,129	19.6%	120,628	20,175	140,803	27.3%
EE(e)	641	136	777	0.1%	7,485	382	7,867	1.5%
IE	137	154	291	0.0%	127	101	228	0.0%
EL*	1,085	1,038	2,123	0.2%	1,292	10,241	11,533	2.2%
ES	5,346	200	5,546	0.6%	10,510	380	10,890	2.1%
FR(e)	16,692	2,435	19,127	2.1%	154,708	4,146	158,854	30.8%
HR	348	65	413	0.0%	7,310	4,092	11,402	2.2%
IT*	6,545	2,288	8,833	0.9%	2,478	1,117	3,595	0.7%
CY	797	480	1,277	0.1%	58	64	122	0.0%
LV	1,119	271	1,390	0.1%	555	198	753	0.1%
LT	156	103	259	0.0%	8,784	265	9,049	1.8%
LU	212,869	1,046	213,915	23.0%	2,173	71	2,244	0.4%
HU	8,287	1,862	10,149	1.1%	47,993	5,768	53,761	10.4%
MT	2,991	10	3,001	0.3%	277	97	374	0.1%
NL	144,880	25,626	170,506	18.3%	26,150	8,420	34,570	6.7%
AT	123,951	37,679	161,630	17.4%	18,202	8,503	26,705	5.2%
PL	5,981	497	6,478	0.7%	164,688	14,388	179,076	34.8%
PT	1,454	81	1,535	0.2%	247	586	833	0.2%
RO	5,029	2,743	7,772	0.8%	18,896	1,105	20,001	3.9%
SI	2,268	404	2,672	0.3%	15,073	555	15,628	3.0%
SK	5,556	368	5,924	0.6%	6,917	249	7,166	1.4%
FI	14,952	1,125	16,077	1.7%	195	94	289	0.1%
SE(e)	2,222	410	2,632	0.3%	0	42	42	0.0%
UK*	2,381	2,801	5,182	0.6%	715	112	827	0.2%
IS*	165	235	400	0.0%	24	16	40	0.0%
LI	246	<5	250	0.0%	39	0	39	0.0%
NO(e)	31,868	657	32,525	3.5%	0	0	0	0.0%
CH	4,650	0	4,650	0.5%	5,978	163	6,141	1.2%
Total	**845,686**	**85,579**	**931,265**	**100.0%**	**452,618**	**62,459**	**515,077**	**100.0%**

* EL, IT, UK, IS: data concern reference year 2018.
** Issued – stock: imputed data for CZ, DK, DE, EE, FR, SE and NO; received – stock: imputed data for CZ, DK, DE, EE, and FR.
Source PD S1 Questionnaire 2020

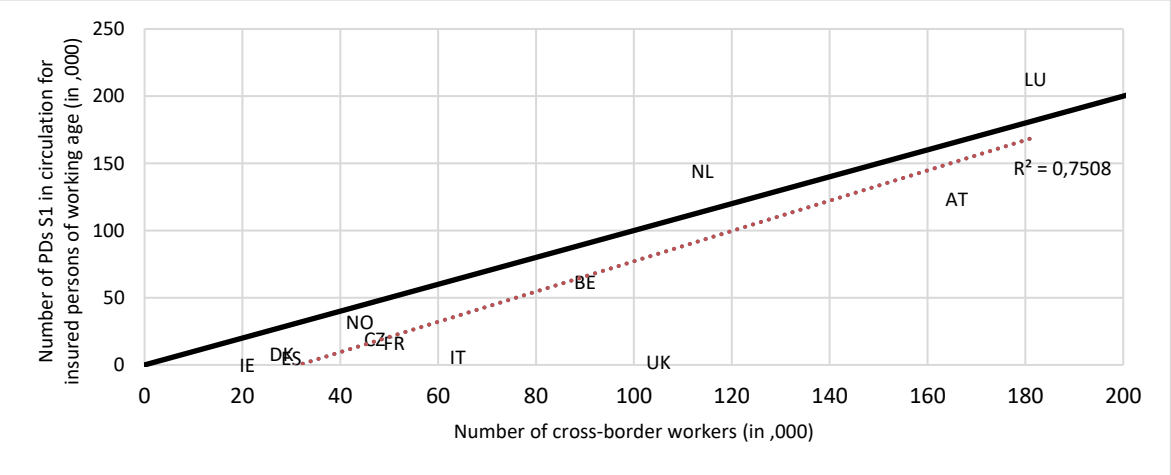
It is also useful to refer to the number of PDs S1 issued in 2019. These figures can be valuable for mapping 'temporary labour mobility'.[50] Member States with a large number of temporary workers will have issued more PDs S1 in 2019 than there were PDs S1 in circulation on 31 December 2019. This situation occurs in Ireland, France, Lithuania, Malta, the Netherlands, Portugal, and the United Kingdom. For instance, in 2019 the Netherlands granted almost 160,000 PDs S1 to persons residing in Poland, whereas on 31 December 2019 only about 40,000 PDs S1 were still in circulation for persons residing in Poland.[51]

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)[52] on the number of cross-border workers. This is certainly the case for Switzerland and Germany. Switzerland has however agreed with its

[50] See also UNECE (2018), *Measuring International Labour Mobility*, United Nations.
[51] Data on flows and stocks of PDs S1 were used in the '2019 Annual Report on intra-EU Labour Mobility' to estimate the share of short-term cross-border workers. Short-term mobility was found to be particularly high between Poland and the Netherlands.
[52] See Fries-Tersch, E., Jones, M., Siöland, L. (2020), *2020 Annual Report on intra-EU Labour Mobility*, Network Statistics FMSSFE, European Commission.

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.[53] For Germany this discrepancy is the case because the number of PDs S1 issued are based on an estimation. Therefore, *Figure 2* excludes these two outliers. As a result, the correlation between the number of cross-border workers and number of PDs S1 in circulation for insured persons of working age is quite strong, at 0.87.

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, 2019



* IT, UK: number of PDs S1 in circulation for insured persons of working age concerns reference year 2018.
** Issued – stock: imputed data for CZ, DK, FR and NO.
*** The correlation coefficient amounts to +0.8665.
Source PD S1 Questionnaire 2020 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. More than one out of ten persons of working age with a valid PD S1 are insured in Luxembourg and reside in France, and another 11% is insured in Germany and lives in Poland. The other main flows of insured persons are also mainly among neighbouring countries, notably from Belgium to France, from Germany to Poland, from Luxembourg to Belgium, from Luxembourg to Germany, and from the Netherlands to Belgium.

Table 6 Main flows between the competent Member State and the Member State of residence, *insured persons of working age*, stock (still in circulation), 2019

Issuing MS	Receiving MS	Number of PDs S1 reported by…			
From …	*To …*	*Issuing MS*	*% total number issued*	*Receiving MS*	*% total number received*
Luxembourg	France	105,548	12%	n.a.	n.a.
Belgium	France	42,724	5%	n.a.	n.a.
Germany	Poland	92,280[(e)]	11%	92,280	20%
Luxembourg	Belgium	49,829	6%	27,591	6%
Luxembourg	Germany	50,976	6%	n.a.	n.a.
The Netherlands	Belgium	37,993	4%	54,000	12%

* Imputed data for DE.
Source PD S1 Questionnaire 2020

[53] 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).

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

It can be said that some 529,000 pensioners[54] 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)*.[55] The main issuing Member State is the United Kingdom (147,440 PDs S1), which issued 28% of the total number of PDs S1 for pensioners and their family members residing abroad. Other main issuing Member States are Germany (91,306 PDs S1), the Netherlands (63,120 PDs S1), Belgium (52,031 PDs S1), and France (50,337 PDs S1).

Around 170,000 pensioners and family member with a PD S1 are residing in Spain. More than 70,000 of them are insured in the United Kingdom and reside in Spain *(Table 8)*. This single flow represents already 20% of the total number of PDs S1 issued to pensioners. Furthermore, some 93,000 pensioners and their family members with a valid PD S1 reside in France. This mainly concerns retired frontier workers who have worked in Luxembourg. These 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, a remark about the reliability of the figures is in place. What is striking are the sharp differences in the figures reported for the bilateral flows. For example, according to the United Kingdom, there are 62,424 pensioners with a valid PD S1 granted by the United Kingdom and residing in Spain *(Table 8)*. However, according to Spain, these are not 62,426 pensioners but 70,159 pensioners. This discrepancy in numbers also occurs between other Member States. The reasons for these discrepancies should therefore be clarified as soon as possible.

[54] *Pensioner:* includes as well persons of working age who are retired.
[55] 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), 2019

	Issued				Received			
	Pensioner	*Family members*	*Total*	*Column %*	*Pensioner*	*Family members*	*Total*	*Column %*
BE	42,336	9,695	52,031	9.8%	39,414	2,968	42,382	10.6%
BG	9,594	81	9,675	1.8%	2,716	437	3,153	0.8%
CZ(e)	949	30	979	0.2%	1,680	123	1,803	0.5%
DK(e)	3,887	401	4,288	0.8%	340	22	362	0.1%
DE(e)	81,956	9,350	91,306	17.3%	47,876	4,835	52,711	13.2%
EE(e)	362	20	382	0.1%	1,885	285	2,170	0.5%
IE	1,365	358	1,723	0.3%	1,206	105	1,311	0.3%
EL*	4,524	1,009	5,533	1.0%	40,580	9,002	49,582	12.4%
ES	2,589	674	3,263	0.6%	149,972	19,844	169,816	42.4%
FR(e)	47,224	3,113	50,337	9.5%	78,695	13,840	92,535	23.1%
HR	1,383	58	1,441	0.3%	20,601	2,445	23,046	5.8%
IT*	7,215	925	8,140	1.5%	13,698	638	14,336	3.6%
CY	359	74	433	0.1%	12,209	2,092	14,301	3.6%
LV	1,185	13	1,198	0.2%	187	8	195	0.0%
LT	945	6	951	0.2%	486	41	527	0.1%
LU	16,610	2,208	18,818	3.6%	2,965	264	3,229	0.8%
HU	1,930	9	1,939	0.4%	13,076	843	13,919	3.5%
MT	41	6	47	0.0%	3,279	1,062	4,341	1.1%
NL	56,990	6,130	63,120	11.9%	4,197	510	4,707	1.2%
AT	8,430	1,247	9,677	1.8%	15,214	1,191	16,405	4.1%
PL	10,517	220	10,737	2.0%	5,257	624	5,881	1.5%
PT	2,329	62	2,391	0.5%	11,720	1,189	12,909	3.2%
RO	22,224	118	22,342	4.2%	2,613	304	2,917	0.7%
SI	5,428	929	6,357	1.2%	3,733	92	3,825	1.0%
SK	783	8	791	0.1%	544	24	568	0.1%
FI	4,136	158	4,294	0.8%	447	21	468	0.1%
SE(e)	7,829	918	8,747	1.7%	1,647	167	1,814	0.5%
UK*	127,954	19,486	147,440	27.9%	4,754	441	5,195	1.3%
IS*	222	61	283	0.1%	26	<5	29	0.0%
LI	17	0	17	0.0%	8	0	8	0.0%
NO(e)	2,762	569	3,331	0.6%	212	12	224	0.1%
CH	9,434	2,306	11,740	2.2%	5,342	0	5,342	1.3%
Total	**482,885**	**45,841**	**528,726**	**100.0%**	**356,103**	**44,327**	**400,430**	**100.0%**

* EL, IT, UK, IS: data concern reference year 2018.
** Issued – stock: imputed data for CZ, DK, DE, EE, FR, SE and NO; received – stock: imputed data for CZ, DK, DE, EE, and FR.
Source PD S1 Questionnaire 2020

Table 8 Main flows between the competent Member State and the Member State of residence, *pensioners*, stock (still in circulation), 2019

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%	70,195	20%
United Kingdom*	**France**	36,931	8%	n.a.	n.a.
Belgium	**France**	19,034	4%	n.a.	n.a.
Luxembourg	**France**	6,175	1%	n.a.	n.a.
Luxembourg	**Belgium**	3,577	1%	2,569	1%
Germany	**Greece***	25,287(e)	5%	25,287	7%

* EL, UK: number of PDs S1 in circulation for insured persons of working age concerns reference year 2018.
** Imputed data for DE.
Source PD S1 Questionnaire 2020

2.5 Evolution of the number of PDs S1 issued and received

It can be interesting to look at the evolution of the number of PDs S1 issued and received, both in terms of stock. *Table 9* shows the evolution from 2015 to 2019. Overall, the number of PDs S1 issued has dropped compared to last year (-4.6%), as well as the number of PDs S1 received (-11.0%). This evolution is mainly due to the EU-15 Member States, as they issued 8.9% less PDs S1 and received 21.0% less forms.

On the other hand, in 2019, the EU-13 issued 7.2% more forms compared to 2018, and also received 16.8% more forms. EFTA Member States issued 27.5% more forms, while the number they received dropped by 2.3%.

From an issuing perspective, especially Belgium, Ireland, and Liechtenstein knew the highest decrease, namely -56%, -75% and -59% respectively. Particularly for Liechtenstein, this seems to be a continuing trend from 2017 onwards. In France, Estonia, and Switzerland, on the other hand, the number of PDs S1 issued increased by 2,270%, 34%, and 29% respectively. In Switzerland, a continuous growth of the number of PDs S1 is visible, going from 59,096 forms in 2015 to 144,491 forms in 2019. As a receiving Member State, Belgium, Liechtenstein, and France also knew a considerable decrease. However, for France it seems that the numbers over the years are not very stable. On the contrary, a strong growth can be seen for Portugal, Romania, and Slovakia. Slovakia even knew more than a doubling of the number of PDs S1 forms received, from 40,162 in 2018 to 92,076 in 2019.

Table 9 Number of PDs S1 issued and received, stock (still in circulation), 2015-2019

	Issued (stock: total and still valid)						Received (stock: total and still valid)					
	2015	2016	2017	2018	2019	% change 2018-2019	2015	2016	2017	2018	2019	% change 2018-2019
EU-27	1,173,271	1,185,691	1,388,769	1,616,217	1,487,859	-7.9%	1,388,899	1,273,280	1,755,012	1,925,219	1,711,223	-11.1%
EU-28	1,332,624	1,343,628	1,544,859	1,768,839	1,640,481	-7.3%	1,392,274	1,278,391	1,760,527	1,931,241	1,717,245	-11.1%
EU-15	1,213,702	1,210,029	1,382,789	1,586,637	1,445,136	-8.9%	1,034,916	871,212	1,293,151	1,425,405	1,126,267	-21.0%
EU-13	118,922	133,599	162,070	182,202	195,345	7.2%	357,358	407,179	467,376	505,836	590,978	16.8%
EFTA	59,366	70,964	130,564	143,843	183,403	27.5%	12,104	12,369	12,049	12,104	11,823	-2.3%
Total	**1,391,990**	**1,414,592**	**1,675,423**	**1,912,682**	**1,823,884**	**-4.6%**	**1,404,378**	**1,290,760**	**1,772,576**	**1,943,345**	**1,729,068**	**-11.0%**
BE	184,961	159,872	249,004	271,831	118,732	-56.3%	228,858	249,392	264,047	281,341	159,367	-43.4%
BG	7,375	7,174	12,857	14,381	14,434	0.4%	3,167	3,464	5,343	5,233	5,937	13.5%
CZ	41,570	52,550	64,724	78,453	86,715	10.5%	63,599	82,495	97,451	117,502	130,098	10.7%
DK			13,408	14,215	14,046(e)	-1.2%			657	894	1,010(e)	13.0%
DE	307,149	288,907	353,653	417,635	364,517(e)	-12.7%	189,730	206,131	238,062	242,994	248,865(e)	2.4%
EE	1,504	1,374	1,569	476	639	34.2%	1,806	1,955	2,592	2,521	3,331	32.1%
IE	2,808	2,792	3,319	7,905	2,014	-74.5%	700	791	1,257	1,380	1,539	11.5%
EL*	3,658	3,337	845	7,656	7,656		41,537	54,041	45	61,115	61,115	
ES	8,532	8,297	11,652	8,780	8,809	0.3%	166,265	167,387	169,455	173,582	180,706	4.1%
FR	5,559	6,281	4,164	3,623	85,852(e)	2269.6%	266,970	72,971	487,006	517,705	322,271(e)	-37.8%
HR	2,070	2,251	2,070	1,929	1,854	-3.9%	26,903	27,311	41,341	31,514	34,448	9.3%
IT*	6,167	23,888	3,408	16,973	16,973		7,677	19,548	7,350	17,931	17,931	
CY	471	814	435	1,326	1,710	29.0%	13,029	15,111	14,869	18,504	14,423	-22.1%
LV	1,109	1,387	1,530	2,308	2,588	12.1%	1,138	607	1,084	751	948	26.2%
LT	702	951	1,062	1,144	1,210	5.8%	4,593	5,050	8,180	9,068	9,994	10.2%
LU	197,042	203,998	213,146	222,514	232,733	4.6%	5,296	5,463	5,664	5,537	5,473	-1.2%
HU	8,003	10,010	10,666	11,456	12,088	5.5%	52,342	59,963	63,837	65,991	67,680	2.6%
MT	322	550	1,219	3,838	3,048	-20.6%	3,829	3,936	4,056	4,511	4,715	4.5%
NL	196,534	205,163	197,524	256,308	233,626	-8.8%	36,170	37,812	38,689	38,419	39,277	2.2%
AT	132,849	140,027	145,527	171,729	171,307	-0.2%	37,622	40,048	39,526	48,100	43,110	-10.4%
PL	12,599	14,006	14,967	16,428	17,215	4.8%	120,643	139,108	157,067	174,776	184,957	5.8%
PT	4,098	4,015	8,794	4,602	3,926	-14.7%	49,710	11,759	33,050	27,270	36,968	35.6%
RO	19,043	20,667	23,488	23,488	30,114	28.2%	9,498	12,924	15,286	15,286	22,918	49.9%
SI	9,256	9,238	9,213	9,397	9,029	-3.9%	15,163	15,138	17,801	20,017	19,453	-2.8%
SK	14,898	12,627	18,270	17,578	14,701	-16.4%	41,648	40,117	38,469	40,162	92,076	129.3%
FI	4,992	5,515	12,582	16,168	20,371	26.0%	1,006	758	713	724	757	4.6%
SE			9,673	14,076	11,952(e)	-15.1%			2,116	2,391	1,856	-22.4%
UK*	159,353	157,937	156,090	152,622	152,622		3,375	5,111	5,515	6,022	6,022	
IS*	270	401	456	683	683		74	64	63	69	69	
LI			2,168	653	267	-59.1%			130	129	47	-63.6%
NO			36,423	39,036	37,962(e)	-2.8%	222	138	192	195	224	14.9%
CH	59,096	70,563	91,517	103,471	144,491	39.6%	11,808	12,167	11,664	11,711	11,483	-1.9%

* Reference year 2019: data for EL, IT, UK and IS concern reference year 2018.
** Issued – stock: imputed data for DK, DE, FR, SE and NO; received – stock: imputed data for DK, DE and FR.
Source PD S1 Questionnaires

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.[56] These categories consist of 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 claims a high fixed amount and the United Kingdom refunds 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 2019 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 2019 is reported. Again, these amounts do not necessarily correspond to treatment provided in 2019.

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, Spain, and Belgium, where most of the persons with a PD S1 reside, were reimbursed the highest amount *(Table 10)*. France received € 673.1 million, Germany received € 563.0 million and Spain € 472.0 million. Figures on the number of claims issued by Spain clearly show the impact of the application of Annex 3 of the Implementing Regulation[57], as it received an amount of € 472 million on the basis of fixed amount reimbursements. Furthermore, Poland issued a high number of claims in 2018 (673,000), which reflects the higher number of PDs S1 which it received. Nonetheless, a small amount was received by Poland in 2019.

In 2019, a total amount of some € 2.3 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 5.1 million claims they sent to the competent Member States.

[56] Article 35 (2) of the Basic Regulation.
[57] 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.

However, these figures are much lower if we look at the figures reported by the competent Member States *(Table 11)*. The number of claims grew considerably compared to 2018 (5.1 million claims 2019 versus 4.1 million claims in 2018). This is mainly due to 0.5 million claims issued by Portugal in 2019, a Member State for which no data were available in 2018.

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 regarding 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 10 Cross-border sickness benefits *in kind* for persons living in a Member State other than the competent Member State, *creditor*, 2019

	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	336,205	265,246,877			336,205	265,246,877
BG	3,081	921,524			3,081	921,524
CZ	199,236	42,033,113			199,236	42,033,113
DK	898	1,053,111			898	1,053,111
DE	980,325	562,981,917			980,325	562,981,917
EE	22,449	1,540,870			22,449	1,540,870
IE			1,073	2,474,235	1,073	2,474,235
EL*	79,867	290,036		440,658	79,867	730,694
ES	15,120		176,025	471,968,650	191,145	471,968,650
FR	766,544	673,110,673			766,544	673,110,673
HR	120,770	52,680,147			120,770	52,680,147
IT						
CY			14,476	19,070,168	14,476	19,070,168
LV	100	4,232			100	4,232
LT	12,805	1,149,447			12,805	1,149,447
LU						
HU	135,693	775,789			135,693	775,789
MT	1,433	347,392			1,433	347,392
NL	268,187	79,106,872	84	28,188,544	268,271	107,295,417
AT	316,809	61,192,440			316,809	61,192,440
PL	672,972	19,893,152	46	13,019	673,018	19,906,171
PT			573,984	3,477,717	573,984	3,477,717
RO	2,384	426,263			2,384	426,263
SI	43,963	14,169,212			43,963	14,169,212
SK	268,299	36,850,314	7	2,188	268,306	36,852,502
FI	2,621	530,125	925	2,133,740	3,546	2,663,865
SE	127		1,856	7,214,826	1,983	7,214,826
UK*	<5		6,516		6,517	
IS*	8	4,788			8	4,788
LI						
NO			170	565,705	170	565,705
CH	93,640				93,640	
Total	**4,343,549**	**1,814,308,292**	**775,162**	**535,549,450**	**5,118,700**	**2,349,857,742**

* EL, UK, IS: data concern reference year 2018.
Source PD S1 Questionnaire 2020

From a debtor's perspective, Germany refunded € 399.0 million, the Netherlands refunded € 312.2 million and Belgium € 206.7 million *(Table 11)*. The high amount refunded by Bulgaria (€ 131.1 million) is also remarkable, as this only equalled € 11.7 million in 2018. No reimbursement figures are reported by Luxembourg, which is one of the main issuing Member States of a PD S1.

The total number of claims from a debtor's perspective also grew considerably compared to 2018, from 3.0 million in 2018 to 3.6 million in 2019. This is due to the data availability for the Netherlands, which received more than 600,000 claims.

Table 11 Cross-border sickness benefits *in kind* for persons living in a Member State other than the competent Member State, *debtor*, 2019

	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	250,308	206,652,149	17,778		268,086	206,652,149
BG	17,744	119,056,062	1,591	12,048,831	19,365	131,104,892
CZ	110,403	18,737,520			110,403	18,737,520
DK	75,829	19,252,398	2,382	6,049,074	78,211	25,301,472
DE	998,857	376,173,719	43,349	22,846,318	1,042,206	399,020,037
EE	1,854	1,786,444	73	2,157,379	1,927	3,943,823
IE	7,830	3,022,757	807	2,507,478	8,637	5,530,235
EL*	11,739	3,869,595	65	11,572,137	11,804	15,441,732
ES	78,876	284,349	1,636	570,502	80,512	854,851
FR	108,896	98,904,981	64,743	70,413,203	173,639	169,318,183
HR	5,543	4,199,468	14	41,021	5,557	4,240,488
IT						
CY			<5	10,898	<5	10,898
LV	5,587	2,506,716	392		5,979	2,506,716
LT	4,180	2,892,928	254	633,860	4,434	3,526,788
LU						
HU	26,108		12		26,120	
MT	1,434	283,726	11	15,471	1,445	299,198
NL	436,488	276,679,331	188,459	35,560,378	624,947	312,239,709
AT	537,723	146,360,705	358	620,930	538,081	146,981,635
PL	56,522	35,621,452	2,226	2,982,722	58,748	38,604,175
PT			8,608		8,608	
RO	80,729	83,462,758	3,849	9,070,239	84,578	92,532,997
SI	32,382	8,679,596	25	41,594	32,407	8,721,190
SK	31,713	12,563,871	103	1,655,310	31,816	14,219,182
FI*	14,000	4,440,000	2,562	7,005,685	16,562	11,445,685
SE			4,806	2,089,042	4,806	2,089,042
UK*	123,080		20,020		143,100	
IS*	542	375,472			542	375,472
LI						
NO	97	15,351,385	8	16,552,997	105	31,904,381
CH	227,757		1,369		229,126	
Total	**3,246,251**	**1,441,157,381**	**365,503**	**204,445,068**	**3,611,754**	**1,645,602,450**

* EL, UK, IS: data concern reference year 2018.
Source PD S1 Questionnaire 2020

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)*.[58]

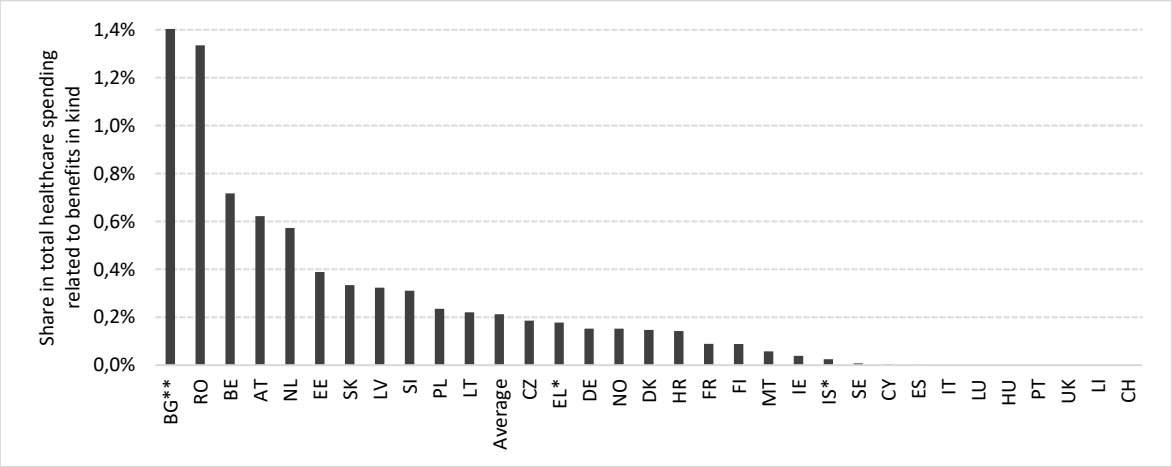
Both Bulgaria (6.0%) and Romania (1.3%) had to pay more than 1% of their healthcare spending in kind to persons living abroad as a debtor *(Figure 3)*. The evolution for Bulgaria compared to 2018 is noteworthy, as it grew by around 5.4 percentage points (from 0.6% in 2018 to 6.0% in 2019). No figures are reported by Luxembourg, although it can be expected that the impact for this Member State is considerable as well. More than 0.5% of total healthcare spending related to benefits in kind paid by Belgium, Austria and the Netherlands refers to cross-border healthcare spending for persons with a PD S1. The impact of cross-border healthcare spending on total spending is also

[58] This is the percentage calculated on the basis of the creditors' data (0.30%). The percentage obtained on the basis of the debtors' data is lower (0.21%).

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.

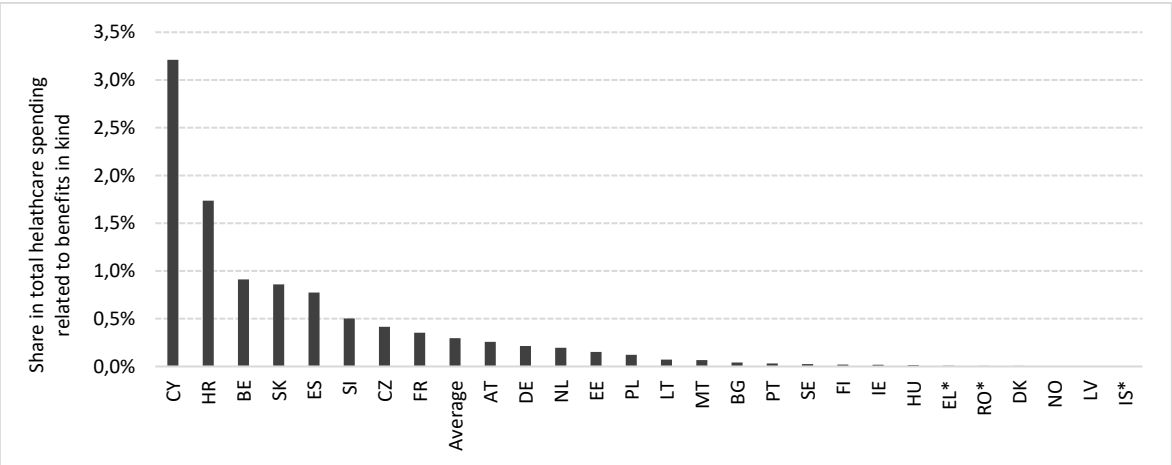
From the perspective of the Member States of treatment, it is useful to know how high claims are as well, considering that cross-border healthcare might put a pressure on the availability of medical equipment and services. Only Cyprus and to a lesser extent Croatia show an amount higher than 1% of total 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*, 2019



* EL, IS: healthcare spending related to the reimbursed of sickness benefits in kind for persons living in a Member State other than the competent Member State concerns reference year 2018.
** BG: the share amounts to 6.0%.
*** The total healthcare spending related to benefits in kind are figures from 2017.
Source PD S1 Questionnaire 2020 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*, 2019



* EL, RO, IS: healthcare spending related to the reimbursed of sickness benefits in kind for persons living in a Member State other than the competent Member State concerns reference year 2018.
** The total healthcare spending related to benefits in kind are figures from 2017.
Source PD S1 Questionnaire 2020 and Eurostat [spr_exp_fsi]

3.2 Sickness benefits *in cash*

Only five Member States (Luxembourg, Hungary, Malta, Austria, 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 12 and 13)*.

Luxembourg paid an amount of € 185.9 million to persons who work in Luxembourg and reside in another Member State and who became sick for a short period in 2019. Most of them reside in France, Germany and Belgium. The reported amount represents approximately 29% of the total amount of healthcare spending in cash paid in Luxembourg.

Furthermore, Austria exported € 19.9 million *Krankengeld* to persons residing in another Member State and € 9.5 million *Wochengeld*. Most of these persons reside in Germany, Hungary, and Slovakia.

Finally, the export of sickness benefits in cash by Switzerland amounts to some € 7.4 million, of which 75% goes 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 12 Export of sickness benefits *in cash* for persons living in a Member State other than the competent Member State, 2019

	LU	HU	MT	AT					CH
Name				*Krankengeld*	*Wochengeld*	*Rehabilitationsgeld*	*Wiedereingliederungsgeld*	*Unterstützungsleistung*	
BE	4,460	0	0	<5	0	0	0	0	0
BG	<5	0	0	12	0	0	0	12	0
CZ	44	<5	0	1,026	248	14	0	43	0
DK	0	0	0	0	0	0	0	0	0
DE	4,970	<5	0	1,316	561	76	64	13	6
EE	0	0	0	0	0	0	0	0	0
IE	<5	0	0	0	0	0	0	0	0
EL	0	0	0	8	0	0	0	0	0
ES	8	0	0	6	<5	0	0	0	0
FR	10,271	<5	0	<5	0	<5	0	0	1,081
HR	<5	0	0	110	<5	<5	0	42	0
IT	12	0	0	17	23	0	0	<5	521
CY	0	0	0	0	0	0	0	0	0
LV	<5	0	0	0	0	0	0	<5	0
LT	<5	0	0	0	0	0	0	0	0
LU		0	0	<5	0	0	0	0	0
HU	<5		0	1242	565	37	<5	55	0
MT	0	0		0	0	0	0	0	0
NL	105	0	0	<5	<5	0	0	0	0
AT	<5	<5	0						0
PL	180	0	0	475	18	10	0	26	0
PT	33	0	0	<5	0	0	0	0	<5
RO	17	22	0	11	<5	0	0	54	0
SI	0	<5	0	969	45	14	<5	10	0
SK	44	1,062	<5	5,103	262	9	0	2,426	0
FI	0	0	0	0	0	0	0	0	0
SE	<5	0	0	<5	0	0	0	0	0
UK	<5	0	0	0	0	0	0	0	<5
IS	0	0	0	0	0	0	0	0	0
LI	0	0	0	<5	<5	0	0	0	0
NO	0	0	0	0	0	0	0	0	0
CH	<5	0	0	11	25	0	<5	0	
Total	**20,163**	**1,094**	**<5**	**10,320**	**1,753**	**162**	**68**	**2,684**	**1,610**

Source PD S1 Questionnaire 2020

Table 13 Healthcare spending related to the export of sickness benefits *in cash* for persons living in a Member State other than the competent Member State, in €, 2019

	LU	HU	MT	AT					CH
Name				*Krankengeld*	*Wochengeld*	*Rehabilitationsgeld*	*Wiedereingliederungsgeld*	*Unterstützungsleistung*	
BE	44,370,334	0	0	7,064	0	0	0	0	0
BG	2,209	0	0	23,588	0	0	0	22,501	0
CZ	221,466	5,318	0	2,491,176	1,262,561	93,831	0	105,684	0
DK	0	0	0	0	0	0	0	0	0
DE	46,787,923	728	0	4,773,384	3,324,026	873,648	305,208	29,214	128,717
EE	0	0	0	0	0	0	0	0	0
IE	1,478	0	0	0	0	0	0	0	0
EL	0	0	0	15,519	0	0	0	0	0
ES	44,740	0	0	25,787	2,916	0	0	0	0
FR	91,411,700	97	0	2,240	0	3,277	0	0	5,509,996
HR	30,153	0	0	335,719	2,527	12,497	0	107,987	0
IT	164,928	0	0	22,347	141,943	0	0	6,106	1,730,127
CY	0	0	0	0	0	0	0	0	0
LV	1,972	0	0	0	0	0	0	3,816	0
LT	8,859	0	0	0	0	0	0	0	0
LU	0	0	0	5,247	0	0	0	0	0
HU	6,282	0	0	3,131,589	2,797,082	421,978	2,312	127,886	0
MT	0	0	0	0	0	0	0	0	0
NL	886,105	0	0	14,863	4,611	0	0	0	0
AT	29,217	4,155	0	0	0	0	0	0	0
PL	1,203,372	0	0	1,508,519	103,365	94,506	0	46,588	0
PT	245,930	0	0	11,795	0	0	0	0	2,230
RO	146,910	10,062	0	14,741	1,344	0	0	121,174	0
SI	0	1,336	0	2,583,236	238,590	221,544	263	23,171	0
SK	259,193	739,948	564	4,843,291	1,441,614	109,478	0	5,894,305	0
FI	0	0	0	0	0	0	0	0	0
SE	36,937	0	0	4,879	0	0	0	0	0
UK	38,607	0	0	0	0	0	0	0	10,809
IS	0	0	0	0	0	0	0	0	0
LI	0	0	0	29,714	6,425	0	0	0	
NO	0	0	0	0	0	0	0	0	0
CH	19,059	0	0	40,054	143,454	0	17,675	0	
Total	**185,917,373.92**	**761,644.00**	**564.28**	**19,884,752**	**9,470,458**	**1,830,759**	**325,458**	**6,488,432**	**7,381,879**

Source PD S1 Questionnaire 2020

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) there is a Nordic Convention on Social Security. As a result, PDs S1 are not exchanged when persons move between these countries.[59] Finland was able to provide some quantification in this regard. It reported a total of 2,218 PDs S1 issued according to the Nordic convention (of which 1,931 with Sweden as a Member State of residence, 156 in Norway, 7 in Iceland, and 124 in Denmark). Around 81% of the forms were issued for insured persons and their family members, and 19% for pensioners and their family members.

Denmark has a waiver agreement with several EU/EEA countries, including Ireland, Portugal and the United Kingdom. Finland also has an agreement with the United Kingdom, according to which refunds are not paid of such expenses that occurred based on residence. according to this agreement with the United Kingdom, 1,035 forms were issued, of which 943 for insured persons and their family members.

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

[59] 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

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.

Luxembourg and Belgium have had a bilateral agreement in place covering (former) 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*, 2019

	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		672	304	687	9,442	389	11	135	318	12,794	9	589	89	141	15	49,829	173	49	37,993	79	676	14	1,076	167	144	301	217	280	25	0	532	282	117,432
BG	86		205	<5	404	29	0	22	5	17	5	15	5	57	9	60	<5	34	2,151	709	74	0	206	19	245	301	<5	<5	0	<5	43	467	5,179
CZ	78	59		0	0	0	0	11	31	0	12	53	44	5	<5	843	46	15	715	10,532	507	<5	67	30	441	88	0	38	18	5	0	0	13,642
DK	19	18	0		0	0	0	31	6	0	<5	20	0	15	<5	8	13	<5	28	<5	27	<5	42	<5	<5	95	0	10	<5	0	0	0	350
DE	1,831	497	0	0		0	24	295	597	0	63	849	15	104	31	50,976	268	1,650	41,839	17,999	1,929	24	458	86	119	390	0	422	17	145	0	0	120,628
EE	7	0	0	0	0		0	300	0	0	<5	6	0	63	8	<5	7	8	112	0	17	0	6	0	0	6,938	0	10	0	0	0	0	7,485
IE	15	12	6	7	24	0		0	13	5	0	13	0	<5	0	32	<5	7	65	<5	29	0	23	0	0	27	0	0	0	0	<5	<5	284
EL	36	196	<5	117	473	<5	0		19	<5	<5	25	321	<5	<5	35	0	27	223	35	28	0	114	<5	8	146	9	0	<5	0	10	40	1,876
ES	432	71	28	95	1,188	5	9	11		1,202	<5	242	10	46	<5	200	21	99	1,234	23	120	1,342	342	26	28	331	29	313	10	<5	253	117	7,832
FR	42,724	152	0	0	0	0	7	35	3,340		5	520	9	13	6	105,548	37	140	623	51	277	39	250	23	29	173	0	698	8	<5	0	0	154,708
HR	9	9	15	7	1,789	<5	0	0	<5	7		396	38	<5	0	38	25	111	187	2,578	29	0	24	1,153	391	28	5	12	0	0	72	87	7,013
IT	215	167	44	31	414	10	12	58	84	141	14		0	6	6	318	27	54	336	454	259	<5	374	352	53	164	18	21	<5	0	7	203	3,847
CY	<5	25	<5	0	0	0	0	15	5	0	0	5		0	0	<5	0	<5	<5	<5	15	0	61	0	<5	11	0	6	0	0	0	<5	168
LV	34	0	7	48	171	47	0	0	0	<5	0	0	<5		<5	30	<5	23	1,683	10	16	0	0	0	<5	733	10	5	0	0	23	19	2,870
LT	82	5	12	215	1,779	52	15	0	7	10	<5	22	<5	498		9	<5	22	1,476	6	108	0	7	<5	10	599	246	32	<5	0	5,102	<5	10,328
LU	367	23	42	50	457	<5	<5	13	13	547	<5	17	<5	<5	6		9	<5	46	<5	39	<5	55	<5	<5	14	9	5	<5	0	27	23	1,791
HU	87	85	110	103	10,265	<5	<5	<5	18	471	43	28	8	5	6	101		80	1,589	32,294	114	0	742	125	2,150	128	47	16	<5	21	91	628	49,366
MT	<5	0	<5	5	15	0	0	<5	3	14	0	6	0	0	0	7	<5		19	0	6	0	0	0	0	5	<5	<5	0	0	6	14	110
NL	13,496	62	67	114	9,874	15	36	34	108	216	8	192	7	13	7	1,238	33	69	6,520	45	125	9	164	15	20	304	34	244	14	<5	110	517	33,713
AT	45	173	245	18	14,192	7	<5	17	53	146	41	380	10	22	5	72	240	152	92		162	<5	263	122	581	68	30	43	<5	43	43	238	17,508
PL	1,341	58	14,708	6,257	92,280	35	12	5	42	272	11	91	99	50	38	1,509	35	45	35,698	4,644		0	131	39	172	797	1,374	140	23	6	25,117	464	185,493
PT	146	23	0	<5	58	0	0	33	474	121	0	131	6	0	<5	344	0	24	963	<5	23		163	5	<5	30	15	<5	<5	0	0	12	2,580
RO	656	124	228	304	4,491	<5	0	8	13	110	<5	76	110	9	0	821	347	180	9,017	6,552	725	0		<5	1,037	509	60	<5	0	0	185	1,147	26,716
SI	32	29	19	0	353	<5	0	0	6	10	102	2,112	11	<5	0	<5	25	<5	34	11,862	21	0	5		73	<5	<5	<5	0	0	0	19	14,734
SK	174	57	3,479	0	45	<5	<5	10	19	141	8	137	6	<5	<5	496	6,921	22	1,617	35,618	274	<5	43	72		114	42	9	13	20	133	296	49,779
FI	10	16	6	<5	37	17	<5	<5	<5	9	<5	14	0	8	0	7	6	<5	16	<5	23	0	25	0	<5		<5	5	<5	0	<5	7	229
SE	43	34	0	0	0	0	0	14	9	0	<5	33	<5	18	<5	18	17	10	74	5	115	<5	72	<5	13	1,617		6	<5	0	0	0	2,112
UK	153	68	13	46	100	<5	0	20	67	28	0	93	<5	<5	<5	172	<5	107	363	6	117	0	180	12	11	850	6		7	0	66	62	2,558
IS	0	0	0	<5	<5	0	0	0	0	0	0	<5	0	0	0	<5	<5	0	0	0	7	0	0	0	0	8	<5	<5		0	6	0	36
LI	0	0	0	0	9	0	0	0	0	5	0	0	0	0	0	0	0	0	<5	107	<5	0	0	0	0	0	0	0	0		0	0	124
NO	17	11	0	0	0	0	0	0	0	0	0	6	0	29	0	5	<5	<5	20	<5	28	0	38	<5	<5	113	0	5	<5	0		0	290
CH	127	48	74	57	2,457	16	0	11	92	422	9	471	<5	<5	<5	141	17	46	141	328	90	11	98	11	15	66	58	50	6	0	37		4,905
Total	**62,267**	**2,694**	**19,619**	**8,170**	**150,320**	**641**	**137**	**1,085**	**5,346**	**16,692**	**348**	**6,545**	**797**	**1,119**	**156**	**212,869**	**8,287**	**2,991**	**144,880**	**123,951**	**5,981**	**1,454**	**5,029**	**2,268**	**5,556**	**14,952**	**2,222**	**2,381**	**165**	**246**	**31,868**	**4,650**	**845,686**

* EL, IT, UK, IS: data concern reference year 2018.
** Imputed data for CZ, DK, DE, EE, FR, SE, NO and CH.
*** NL: not all competent institutions were able to give this information, so the real numbers will be slightly higher.
Source PD S1 Questionnaire 2020

Table A2.2 Number of PDs S1 *issued to pensioners*, breakdown by receiving Member State, *stock*, 2019

	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		347	11	69	2,110	131	23	212	118	14,047	7	193	10	10	<5	3,577	27	<5	13,428	24	213	72	457	0	11	22	90	446	0	0	42	99	35,801
BG	118		30	44	468	10	6	270	71	84	0	124	<5	<5	6	8	5	<5	190	41	30	5	11	<5	<5	13	42	830	0	0	18	39	2,473
CZ	46	152		0	0	0	<5	77	18	0	9	63	<5	<5	5	10	11	0	229	142	212	<5	40	7	382	5	0	178	<5	0	0	81	1,677
DK	15	13	0		0	0	0	5	<5	0	0	6	0	<5	<5	20	<5	0	75	<5	25	0	113	0	<5	13	0	34	<5	0	0	<5	337
DE	1,487	3,851	0	0		0	262	1,341	517	0	277	717	7	293	334	4,718	650	5	12,007	3,528	6,629	217	5,057	45	69	163	0	2,870	14	0	0	2,675	47,733
EE	5	0	0	0	0		<5	1,333	<5	0	0	<5	0	38	14	<5	<5	0	11	<5	<5	0	0	<5	0	430	0	31	<5	0	0	<5	1,883
IE	48	57	6	8	155	9		<5	15	51	5	10	0	135	144	6	19	0	314	<5	341	<5	79	<5	9	7	14	0	0	0	6	27	1,473
EL	1,306	167	32	262	25,287	<5	<5		16	77	0	77	300	0	0	10	<5	0	953	88	49	<5	72	0	<5	64	2,606	2,498	0	<5	161	298	34,334
ES	10,018	1,587	63	1,812	14,319	36	613	20		22,333	5	1,976	<5	50	93	258	89	6	11,902	327	364	388	3,481	9	8	2,096	2,735	62,424	49	0	2,112	724	139,901
FR	19,034	811	0	0	0	0	263	107	799		<5	831	<5	43	20	6,175	38	<5	7,605	115	381	902	1,385	<5	<5	219	0	36,931	<5	0	0	2,845	78,523
HR	78	5	16	41	12,655	0	<5	0	<5	323		201	0	<5	0	13	5	<5	444	1,868	8	0	236	5,219	<5	7	74	76	0	<5	16	246	21,541
IT	4,134	656	38	58	4,665	8	5	61	162	1,701	59		0	26	14	383	48	8	1,410	223	395	24	3,847	38	14	88	72	2,555	0	<5	37	553	21,283
CY	33	118	<5	<5	76	0	16	373	<5	44	0	43		5	<5	<5	<5	<5	114	16	9	0	41	0	0	14	99	10,320	0	0	7	24	11,367
LV	<5	0	0	17	56	<5	0	0	0	<5	0	6	0		20	<5	0	0	9	5	<5	0	0	0	0	6	12	35	0	0	<5	<5	189
LT	7	0	<5	6	102	20	<5	<5	6	8	0	5	0	205		<5	0	<5	26	<5	17	0	<5	0	0	6	7	40	0	0	10	5	484
LU	982	68	<5	91	206	<5	0	19	10	770	<5	55	<5	<5	<5		<5	<5	171	5	17	168	72	0	0	19	15	55	<5	0	<5	14	2,751
HU	347	18	24	29	3,410	<5	16	5	17	196	44	71	<5	5	<5	11		0	1,160	703	36	<5	4,865	9	61	22	252	390	0	0	30	514	12,241
MT	24	12	<5	13	76	0	32	<5	<5	64	0	51	0	<5	0	<5	0		174	13	6	0	<5	<5	<5	9	101	2,521	0	0	8	23	3,147
NL	1,924	65	<5	21	1,725	0	<5	21	22	54	<5	65	0	<5	7	38	13	<5		24	63	9	48	0	<5	17	16	262	0	0	34	41	4,484
AT	140	994	99	57	8,986	5	10	70	51	249	70	413	<5	15	12	48	469	0	644		394	<5	1,594	84	102	41	130	571	<5	7	26	243	15,531
PL	352	37	168	107	2,340	<5	82	<5	78	372	<5	151	<5	9	54	41	15	5	684	137		<5	10	0	11	19	237	473	<5	0	98	67	5,559
PT	1,447	15	<5	1,049	9	<5	<5	428	344	5,006	0	696	0	0	<5	1,174	<5	0	3,002	38	15		13	0	0	336	1,091	3,706	<5	<5	13	518	18,916
RO	120	6	8	10	634	0	<5	37	175	110	0	497	<5	0	0	13	356	0	160	50	<5	6		<5	<5	<5	20	41	0	0	13	47	2,315
SI	30	5	<5	<5	1,592	0	0	<5	<5	75	882	218	<5	<5	<5	<5	<5	0	54	707	<5	0	<5		<5	<5	48	66	0	0	<5	110	3,816
SK	16	15	393	0	<5	0	19	<5	9	6	<5	25	0	<5	0	7	49	0	52	156	25	0	35	0		<5	0	44	0	<5	0	39	899
FI	9	14	<5	0	122	91	<5	15	<5	16	0	7	<5	7	<5	<5	7	<5	48	6	9	<5	8	0	0		0	48	0	0	0	36	458
SE	44	123	<5	0	720	16	0	45	7	18	14	19	<5	38	16	11	22	0	462	18	205	5	128	<5	<5	353		145	0	0	0	35	2,457
UK	232	397	30	138	379	21	0	42	75	203	<5	85	10	278	176	37	69	0	1,067	48	992	193	147	<5	89	86	118		<5	0	110	117	5,145
IS	<5	<5	<5	0	<5	<5	0	0	<5	0	0	<5	0	0	<5	<5	0	0	<5	0	<5	0	<5	0	0	0	0	5		0	<5	<5	31
LI	0	0	0	0	<5	0	0	0	0	0	0	<5	0	0	0	<5	<5	0	<5	19	0	0	0	0	0	0	0	0	0		0	0	28
NO	13	5	0	0	84	0	0	0	<5	12	0	<5	0	<5	<5	0	<5	0	101	5	15	0	<5	0	0	35	0	52	<5	0		6	339
CH	322	54	11	47	1,205	<5	0	19	60	1,363	0	397	<5	<5	<5	31	22	0	490	111	39	30	473	<5	6	40	40	290	<5	<5	9		5,072
Total	**42,336**	**9,594**	**948**	**3,885**	**81,387**	**362**	**1,365**	**4,516**	**2,589**	**47,184**	**1,383**	**7,011**	**359**	**1,185**	**935**	**16,610**	**1,930**	**41**	**56,990**	**8,427**	**10,508**	**2,030**	**22,224**	**5,428**	**782**	**4,136**	**7,819**	**127,937**	**78**	**17**	**2,760**	**9,434**	**482,190**

* EL, IT, UK, IS: data concern reference year 2018.
** Imputed data for CZ, DK, DE, EE, FR, SE and NO.
*** NL: not all competent institutions were able to give this information, so the real numbers will be slightly higher.
Source PD S1 Questionnaire 2020

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, 2019

	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		736	546	692	11,484	326	544	1,417	3,888	34,923	26		0	424	58		253	114	113,432	321	1,853	0	2,359	411	422	0	0	3,380	0		<5	882	178,493
BG	208		177	23	670	50	10	140	216	45	0		0	9	50		13	0	155	667	108	0	80	17	60	0	0	1,344	82		<5	168	4,293
CZ	276	223		224	128,274	14	142	114	1,781	390	107		0	15	23		143	8	1,376	41,865	1,953	0	426	111	16,001	0	0	1,120	17		<5	1,423	196,030
DK	<5	<5	<5		327	0	0	0	361	<5	0		0	<5	0		<5	0	59	0	33	0	124	0	<5	0	0	0	0		<5	<5	920
DE	18,674	9,695	5,208	44,621		942	1,162	6,558	21,379	30,404	2,000		0	2,979	2,649		3,973	125	231,473	154,342	43,908	0	24,117	586	1,588	0	0	17,190	145		16	187,005	810,739
EE	0	0	19	373	446		76	<5	<5	67	0		0	966	298		0	0	641	19	179	0	27	0	8	0	0	0	0		<5	163	3,290
IE	0	27	5	0	149	9		<5	4,809	47	<5		0	60	57		<5	0	2,316	<5	259	119	114	0	8	<5	0	0	0		<5	0	7,993
EL	777	26	9	82	63,472	<5	0		14	0	<5		0	0	0		0	0	804	6	0	0	630	0	11	0	0	1,216	0		0	0	67,051
ES	12,461	1,210	82	2,437	17,786	44	1,002	95		27,273	7	<5	54	113		6	12	145,080	1,597	695	0	8,885	21	36	2,417	3,281	6,844	8		6	677	232,132
FR	146,529	806	249	2,587	108,577	51	868	437	15,724		23		0	84	51		186	61	19,510	818	763	0	2,535	15	62	0	0	60,978	11		5	28,514	389,444
HR	416	13	39	88	67,032	0	<5	0	<5	425			0	<5	13		76	160	1,001	22,797	44	0	90	29,497	377	0	0	243	0		<5	513	122,831
IT	5,520	842	179	309	36,577	18	405	417	3,421	9,264	145		0	42	27		99	20	2,069	4,531	795	0	7,580	371	90	0	0	4,674	19		<5	911	78,327
CY	328	60	<5	15	175	0	0	<5	<5	53	0			<5	<5		0	<5	1,419	16	8	0	216	0	<5	12	272	12,130	0		7	41	14,770
LV	0	0	0	0	0	0	0	0	0	0	0		0		28		0	0	0	0	6	0	<5	0	0	0	0	22	0		<5	0	60
LT	81	<5	36	544	2,204	136	233	0	283	22	<5		0	701			0	25	515	6	157	0	18	13	9	0	0	260	0		12	6	5,264
LU	3,248	111	72	329	1,063	<5	0	324	225	1,178	29		0	5	18		27	19	332	33	180	0	197	0	<5	0	0	89	0		0	28	7,514
HU	651	5	258	242	20,170	11	103	26	291	956	281		0	23	6			47	4,011	77,258	267	0	20,646	320	5,578	0	0	0	0		<5	1,853	133,007
MT	0	<5	8	37	139	0	27	<5	<5	20	0		0	<5	0		0		206	12	18	0	30	0	<5	0	0	0	<5		<5	33	547
NL	59,929	148	279	58	50,322	114	217	40	2,574	890	59		0	44	53		231	598		194	702	138	670	63	146	26	0	5,326	29		6	143	122,999
AT	1,438	4,894	2,047	778	155,238	56	149	848	3,076	2,218	1,031		0	89	112		3,064	64	5,575		3,629	0	12,860	514	4,868	0	0	5,575	47		5	660	208,835
PL	8,493	92	48,488	23,603	295,126	41	3,381	450	2,562	4,158	14		0	39	766		126	152	45,139	33,751		0	366	207	1,875	0	0	13,333	137		7	1,608	483,914
PT	3,586	<5	5	0	23,561	0	12	<5	13,523	38,546	0		0	0	0		0	0	32,938	16	<5		149	<5	0	104	1,079	3,288	0		0	557	117,373
RO	0	0	44	16	0	<5	0	<5	0	56	<5		0	0	0		508	5	329	1,268	246	0		0	320	0	0	44	0		<5	340	3,184
SI	80	<5	34	16	4,603	<5	0	25	607	85	1,761		0	6	<5		39	<5	129	33,819	38	0	61		179	0	0	165	<5		<5	335	41,996
SK	505	46	52,296	301	25,013	0	196	10	470	325	12		0	6	<5		17,221	26	3,061	160,729	694	0	254	131		0	0	534	<5		<5	2,794	264,634
FI	48	71	7	0	1,062	9	23	41	9	74	<5		0	82	15		27	6	342	155	115	0	165	0	<5		0	0	0		0	350	2,604
SE	0	44	14	0	833	16	0	22	1,062	31	12		0	9	0		<5	<5	4,762	11	192	48	495	0	<5	0		148	0		0	22	7,728
UK	1,497	171	5	0	990	0	0	32	94	251	<5		0	277	76		0	0	1,310	30	1,064	8,303	754	5	59	0	174		0		0	99	15,192
IS	0	0	0	0	0	0	0	0	0	<5	0		0	0	0		0	0	0	0	0	0	<5	0	0	0	0	<5			0	0	9
LI	0	0	0	0	0	0	0	0	6	121	0		0	0	0		0	0	<5	406	0	0	5	0	0	0	0	0	0		<5	0	542
NO	52	0	0	0	67	0	0	0	0	0	0		0	0	0		0	0	704	0	14	0	30	0	0	0	0	0	0			0	867
CH	3,285	133	292	836	26,846	81	85	797	4,127	21,814	38		0	58	12		121	0	6,256	3,412	825	0	689	124	105	0	0	5,194	37		5		75,172
Total	268,086	19,365	110,403	78,211	1,042,206	1,927	8,637	11,804	80,512	173,639	5,557		<5	5,979	4,434		26,120	1,445	624,947	538,081	58,748	8,608	84,578	32,407	31,816	16,562	4,806	143,100	542		105	229,126	3,611,754

* EL, UK, IS: data concern reference year 2018.
** EE: the reported total (1,918) does not match the sum (1,927).
*** FI: an estimated number of 14,000 claims for actual expenditure could not be broken down by Member State of residence.
Source PD S1 Questionnaire 2020

Table A2.4 Amount to be paid by the competent Member State for healthcare received abroad by persons with a PD S1, 2019, 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		7,027,121	166,604	458,676	9,870,168	89,938	246,921	257,723	3,309	53,459,357	1,656		0	259,209	-3,378	0	27,663	103,500,228	279,024	565,629	0	3,456,414	54,988	243,080	0	0	0	0		210,494		180,174,826
BG	24,224		22,550	1,606	123,599	14,997	91	35,330	0	7,150	0		0	170	30,869	0	0	32,458	38,463	27	0	146,165	11,097	5,921	0	0	0	54,909		8,358		557,983
CZ	62,726	547,738		112,953	23,239,658	1,015	172,307	74,772	208	53,570	37,177		0	2,114	3,944	0	485	446,042	6,212,869	310,052	0	299,650	22,571	7,713,390	0	0	0	1,344		173,055		39,487,639
DK	2,796	128,951	252		876,520	0	0	0	0	26	0		0	0	0	0	0	467,258	0	149,192	0	86,460	0	3,136	0	0	0	0		102,832		1,817,423
DE	13,072,240	64,650,563	3,433,542	10,909,424		1,308,720	258,099	12,029,297	72,322	20,109,823	1,627,376		0	1,876,826	2,456,543	0	39,210	127,794,203	89,889,087	30,144,785	0	31,603,046	764,089	1,455,328	0	0	0	168,449		5,402,429		419,065,403
EE	0	702	2,172	39,054	29,377		0	1,371	162	0	0		0	0	58,004	0	0	71,682	3,967	3,445	0	3,159	0	155	0	0	0	0		150,788		364,038
IE	0	62,702	19,830	0	0	0		0	11,114	45,126	632		0	0	165,194	0	0	796,711	0	608,055	0	159,863	0	12,043	10,392	0	0	0		36,246		1,927,906
EL	765,298	2,916,360	2,381	347,617	75,755,218	15,241	107		635	123,718	513		0	200	0	0	0	1,646,864	206,030	0	0	411,983	10	2,641	0	24,338	0	0		221,820		82,440,974
ES	54,126	11,183,053	130,152	6,066,799	110,291	102,338	2,593,446	47,314		70,390,335	11,790		10,898	2,995	243,552	0	13,980	34,568,606	990,842	689,119	0	13,074,187	35,690	131,352	6,760,875	993,403	0	54,134		18,688,628		166,947,905
FR	141,577,510	18,539,931	322,653	3,877,358	90,030,600	202,569	1,024,453	1,342,787	120,885		19,346		0	79,672	211,429	0	0	27,238,513	928,201	1,735,258	0	7,896,185	12,990	72,683	0	0	0	13,824		1,097,006		296,343,854
HR	8,192	43,435	7,404	122,901	18,591,323	0	1,528	0	32	146,324			0	396	1,344	0	13,031	355,461	4,447,123	8,049	0	22,580	7,243,832	73,086	0	0	0	0		75,415		31,161,456
IT	5,384,198	4,971,425	79,137	154,932	25,296,073	6,133	38,107	102,966	10,010	5,658,314	63,099		0	10,534	22,319	0	7,467	3,545,136	2,763,663	570,217	0	13,207,165	225,710	20,741	0	0	0	18,064		159,731		62,315,140
CY	0	113,881	3,299	8,799	60	0	0	50,955	4,390	22,954	0			0	1,434	0	1,166	113,616	6,702	7,015	0	207,424	0	2,840	9,664	104,022	0	0		74,271		732,491
LV	0	2,057	0	0	0	0	0	0	0	0	0		0		319	0	0	297	0	7	0	217	0	0	0	0	0	0		2,835		5,732
LT	731	1,841	5,687	33,674	274,045	17,293	14,599	0	83	6,248	555		0	252,654		0	1,142	54,221	2,603	23,888	0	2,235	1,030	573	0	0	0	0		420,619		1,113,721
LU	12,351,485	459,775	35,832	899,203	2,254,290	1,966	0	76,787	0	10,957,138	42,082		0	704	4,865	0	4,217	1,819,796	-2,424	151,188	0	488,992	0	7,783	0	0	0	0		0		29,553,680
HU	157,282	276,264	34,534	37,458	3,380,570	14,997	26,951	3,606	69	155,527	47,647		0	1,609	1,186		9,850	835,294	6,165,921	57,525	0	6,585,279	49,446	776,437	0	0	0	0		0		18,617,451
MT	0	17,549	266	10,813	32,200	0	17,282	0	144	1,078	0		0	0	0	0		19,350	1,053	435	0	13,177	0	24,706	0	0	0	352		9,519		147,925
NL	20,759,005	2,576,690	110,415	438,101	19,699,453	45,557	36,814	136,698	141,099	149,789	1,934		0	2,576	43,341	0	151,423		122,660	363,270	0	1,352,142	9,719	25,437	109,942	57,648	0	2,569		874,630		47,210,909
AT	843,172	13,079,207	858,373	393,704	71,573,137	6,587	16,355	848,831	10,888	608,906	541,624		0	14,653	28,030	0	19,266	2,857,730		1,252,449	0	10,004,776	183,339	1,978,618	0	0	0	19,492		531,874		105,671,011
PL	480,708	391,459	2,444,018	1,246,660	15,712,610	8,638	995,283	44,578	988	256,917	2,203		0	367	52,437	0	5,582	3,040,364	1,696,103		0	60,597	8,594	95,497	0	0	0	8,292		3,232,872		29,784,768
PT	31	10,681	5,305	0	21,342,803	0	0	0	433,023	47,870	0		0	0	0	0	0	376	17,211	4,924		23,789	2,039	0	114,812	437,094	0	0		0		22,439,958
RO	0	6,466	1,872	2,164	0	0	0	0	0	2,029	4		0	0	0	0	19	15,555	70,485	49	0		0	16,901	0	0	0	0		0		115,545
SI	87,812	40,713	8,204	23,508	4,203,987	3,519	0	5,473	55	44,517	1,808,825		0	0	6,235	0	34	78,608	8,717,568	1,605	0	77,017		57,780	0	0	0	1,735		7,075		15,174,268
SK	52,229	80,258	10,896,543	28,237	3,092,152	0	83,134	659	76	62,701	2,414		0	253	37	0	3,804	468,944	20,722,119	243,313	0	118,573	50,157		0	0	0	164		202,363		36,108,127
FI	0	233,055	564	0	141,519	2,073,878	0	85,926	19,603	55,135	60		0	65	48,507	0	85	236,064	62,526	46,980	0	110,252	0	139		0	0	0		0		3,114,358
SE	0	376,971	17,955	0	929	497	0	16,737	130	50,845	28,877		0	312	0	0	774	1,886	6,762	1,384,965	0	552,253	0	284	0		0	0		0		2,440,177
UK	0	894,100	15,051	0	1,407,586	0	0	0	-386	33,012	1,172		0	0	148,264	0	0	158,192	36,011	1,608	0	1,516,273	3,865	1,443,283	0	472,537		0		0		6,130,568
IS	0	7,754	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	1,947	0	0	0	0	0				0		9,701
LI	0	0	0	0	0	0	0	0	1,011	0	0		0	0	0	0	0	490	304,194	0	0	529	0	0	0	0	0	0		3,345		309,569
NO	0	219,933	0	0	0	0	0	0	0	26,020	0		0	0	0	0	0	0	0	50,982	0	135,856	0	0	0	0	0	0				432,792
CH	10,968,384	2,244,259	112,926	87,831	11,981,869	29,940	4,759	279,923	24,998	6,843,756	1,502		0	1,407	2,313	0	0	2,075,765	3,292,872	230,144	0	914,810	42,024	55,348	0	0	0	32,145		218,176		39,445,153
Total	**206,652,149**	**131,104,892**	**18,737,520**	**25,301,472**	**399,020,037**	**3,943,823**	**5,530,235**	**15,441,732**	**854,851**	**169,318,183**	**4,240,488**		**10,898**	**2,506,716**	**3,526,788**	**0**	**299,198**	**312,239,709**	**146,981,635**	**38,604,175**	**0**	**92,532,997**	**8,721,190**	**14,219,182**	**11,445,685**	**2,089,042**	**0**	**375,472**		**31,904,381**		**1,645,602,450**

* EL, UK, IS: data concern reference year 2018.
** ES: Data currently available only include one of the two Spanish Institutions responsible for managing these refunds; data from the institution responsible for managing the largest portion of refunds are not available yet.
*** FI: an estimated € 4,440,000 of actual expenditure could not be broken down by Member State of residence.
Source PD S1 Questionnaire 2020

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, 2019

	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		117	280	<5	19,784	59	34	418	12,026	146,822	416		29	0	81		1,074	61	122,582	3,347	9,928	3,609	195	80	526	28	25	130	0		6	1,015	322,676
BG	1,208		309	6	10,535	<5	34	416	1,221	1,361	25		60	0	<5		56	14	421	4,983	168	37	0	18	96	56	23	296	0		<5	334	21,685
CZ	546	109		<5	5,123	19	7	0	82	249	39		6	0	36		246	8	539	4,149	54,134	24	14	34	52,652	7	17	32	0		0	251	118,325
DK	693	11	222		44,806	364	0	342	2,665	2,586	88		<5	0	540		227	48	999	1,631	26,295	0	29	16	306	0	8	0	0		0	13	81,891
DE	11,469	276	130,898	328		936	152	54,550	18,267	108,577	67,057		76	<5	2,197		25,863	315	102,373	221,961	347,917	3,636	0	4,603	25,171	1,159	825	565	0		65	19,234	1,148,473
EE	349	19	14	0	1,184		9	0	38	119	0		0	0	154		13	0	233	83	44	24	<5	<5	34	852	16	0	0		0	0	3,191
IE	542	<5	123	0	1,472	76		0	998	831	8		13	0	141		103	85	824	510	3,855	309	0	0	207	<5	0	0	0		0	40	10,145
EL	1,507	290	156	<5	10,586	68	<5		107	572	9		309	0	<5		37	<5	400	1,174	366	48	7	16	23	75	33	32	0		0	1,135	16,960
ES	1,410	65	214	0	6,949	41	21	0		10,395	<5		<5	0	14		102	9	966	1,719	1,287	3,391	130	11	75	27	12	109	<5		0	2,243	29,200
FR	35,146	24	524	<5	30,801	155	47	1,183	27,277		839		43	0	22		1,250	54	1,783	4,220	4,798	458,660	76	171	478	104	31	270	0		10	22,549	590,516
HR	25	<5	99	0	2,001	0	5	0	<5	23			0	0	<5		274	0	117	1,786	24	0	<5	1,761	10	<5	15	<5	0		0	38	6,189
IT	4,436	282	820	5	21,501	240	20	669	6,431	8,917	2,125		169	0	70		765	246	3,373	17,841	5,081	5,238	217	5,319	903	85	31	106	0		<5	34,007	118,898
CY	217	41	33	0	85	0	0	690	<5	40	<5			0	0		<5	0	80	55	125	0	9	<5	10	<5	<5	<5	0		0	0	1,405
LV	380	<5	13	<5	2,976	996	60	0	48	56	<5		<5		701		23	0	89	128	29	0	0	5	6	114	12	222	0		0	45	5,910
LT	61	28	25	<5	2,649	298	112	0	113	92	13		<5	30			7	0	80	160	875	0	0	<5	<5	16	9	181	<5		<5	0	4,762
LU	153,757	14	2,232	11	188,437	34	0	0	345	289,065	64		0	<5	5		114	0	12,806	2,312	6,740	12,401	17	15	1,893	7	0	23	0		0	5	670,298
HU	592	18	186	<5	4,220	<5	14	0	69	208	59		<5	0	7			0	512	4,339	149	0	287	46	19,760	40	30	0	0		0	197	30,739
MT	116	2	6	0	120	0	0	<5	10	81	127		<5	0	25		47		1,230	77	151	0	<5	<5	22	6	0	0	0		0	0	2,027
NL	113,372	107	1,324	494	230,128	640	205	2,594	13,074	19,498	1,001		129	0	514		3,964	205		11,868	49,286	32,930	235	129	3,006	365	441	2,522	0		60	81	488,172
AT	191	337	39,053	0	117,038	15	<5	244	380	376	17,846		16	0	12		74,073	7	372		28,961	384	913	30,831	73,562	86	13	82	0		<5	644	385,442
PL	1,937	71	2,041	35	44,181	181	238	0	328	1,558	45		7	<5	159		344	35	1,349	4,498		67	7	38	735	114	181	1,026	0		14	507	59,697
PT	705	0	26	0	2,837	0	11	0	3,864	3,586	0		0	0	<5		14	0	188	296	30		0	0	34	37	<5	390	0		0	2,818	14,843
RO	1,518	22	250	<5	18,262	12	62	0	3,038	3,280	13		35	0	14		17,398	0	507	5,291	124	226		32	166	39	75	103	0		0	443	50,914
SI	416	<5	118	0	624	25	<5	0	15	42	29,497		0	0	13		307	11	126	2,083	176	12	<5		137	0	<5	5	0		0	20	33,639
SK	440	13	16,194	<5	1,602	8	8	0	36	91	384		0	0	9		5,662	<5	292	5,721	1,911	0	104	187	81,517	<5	14	181	0		0	102	114,480
FI	401	7	60	0	1,754	13,883	<5	0	2,435	529	17		11	38	300		101	30	258	764	1,112	4,161	<5	<5	78		0	0	0		0	588	26,533
SE	591	50	272	0	5,213	2,098	0	5,809	3,210	2,943	156		130	<5	328		851	237	416	2,665	8,572	15,063	25	104	227	0		169	0		0	254	49,385
UK	2,631	1,031	1,439	0	27,536	0	0	12,163	90,616	105,801	264		13,349	14	265		0	0	7,957	4,511	19,923	30,556	14	189	735	0	150		<5		0	6,784	325,931
IS	72	0	47	0	205	0	0	0	125	43	0		0	0	0		0	<5	166	130	548	66	0	0	40	0	0	0			0	116	1,559
LI	57	0	333	0	1,802	0	0	0	23	17	6		0	0	0		41	0	693	1,192	89	13	0	<5	223	9	0	0	0		0	6	4,508
NO	552	10	497	0	4,594	2,175	5	0	3,692	953	153		47	11	7,180		294	14	2,021	823	98,459	0	0	<5	2,613	0	0	0	<5			171	124,270
CH	868	125	1,428	<5	171,320	123	21	785	606	57,834	509		36	0	6		2,439	47	4,519	6,492	1,861	3,129	96	335	3,058	311	22	71	0		5		256,047
Total	**336,205**	**3,081**	**199,236**	**898**	**980,325**	**22,449**	**1,073**	**79,867**	**191,145**	**766,545**	**120,770**		**14,476**	**100**	**12,805**		**135,693**	**1,433**	**268,271**	**316,809**	**673,018**	**573,984**	**2,384**	**43,963**	**268,306**	**3,546**	**1,993**	**6,517**	**8**		**170**	**93,640**	**5,118,710**

* EL, UK, IS: data concern reference year 2018.

Source PD S1 Questionnaire 2020

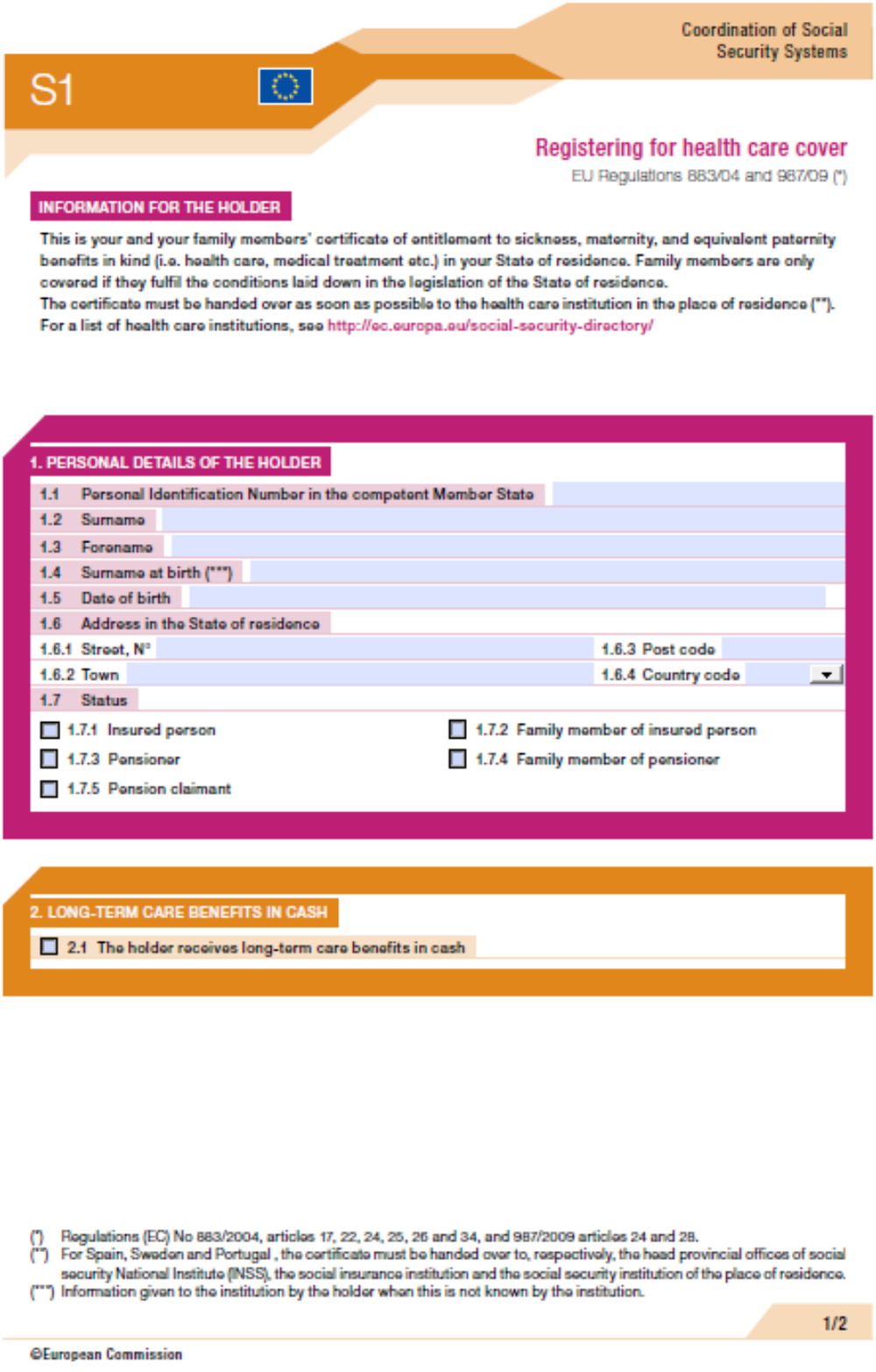
Table A2.6 Amount to be received by the Member State of treatment as reimbursement of costs for persons with a PD S1 having received healthcare, 2019, in €

	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		25,829	65,238	3,663	13,806,544	18,332	188,316	0	31,921,828	142,068,626	183,288		26,971	0	2,446		119,932	9,247	46,533,702	592,654	523,155	298,809	6,380	133,640	46,702	23,768	0	0	0		70,749		236,669,818
BG	15,248,222		101,080	9,371	13,225,867	957	14,708	10,455	5,712,607	3,397,651	42,462		58,226	0	431		0	1,008	467,586	2,158,591	11,474	5,461	0	1,227	12,054	52,521	59,318	0	0		0		40,591,279
CZ	166,848	22,934		175	3,466,776	2,825	24,847	934	113,506	324,983	347,861		4,727	0	5,604		0	281	189,908	573,218	769,634	12,965	157	7,163	10,874,495	564	41,010	0	0		0		16,951,413
DK	470,153	996	70,609		20,649,649	39,054	0	3,069	6,040,275	3,690,170	107,527		8,799	0	33,595		10,191	19,635	419,429	230,321	1,302,395	0	2,187	23,508	31,691	0	3,559,118	0	0		0		36,712,372
DE	9,849,528	73,538	23,642,958	503,002		14,701	142,634	0	42,817,275	90,030,600	34,924,812		80,214	17	216,678		368,234	106,098	42,254,388	39,902,050	11,555,658	2,086,896	290,503	3,128,892	3,133,079	660,711	0	0	0		355,672		306,138,137
EE	100,056	9,125	1,343	0	1,099,900		0	100	102,338	227,768	0		0	0	17,549		14,167	0	55,336	12,996	8,642	0	93	3,519	7,728	1,073,762	0	0	0		0		2,734,421
IE	321,820	1,875	79,820	0	720,857	0		3,598	3,215,677	1,032,649	25,058		0	0	14,599		0	23,700	154,092	58,627	328,243	0	0	0	81,733	1,697	0	0	0		0		6,064,046
EL	932,743	168,341	61,057	0	7,808,092	13,245	5,634		227,778	731,711	756		12,887	0	705		1,106	478	273,655	498,937	52,204	0	148	12,594	792	57,790	0	0	0		0		10,860,652
ES	1,265,163	42,736	83,062	944	5,002,362	2,039	0	0		6,727,793	27,739		4,390	0	7,492		0	904	581,366	352,207	89,498	328,859	12,350	1,613	15,846	21,063	0	0	907		0		14,568,334
FR	54,100,440	3,727	157,434	0	21,975,366	0	45,126	0	69,866,118		340,726		22,954	0	6,261		0	12,069	682,782	453,367	203,428	0	2,036	44,517	121,001	67,526	26,504	0	0		24,964		148,156,346
HR	23,607	23	25,026	29	1,786,609	0	632	0	11,790	25,805			0	0	555		0	0	63,486	269,172	2,170	0	4	1,808,825	3,169	188	26,730	0	0		0		4,047,820
IT	4,675,796	75,561	426,282	478	15,106,632	0	0	0	2,902,377	15,579,790	1,169,586		110,934	0	10,321		0	62,267	1,013,076	5,968,377	473,627	236,757	22,309	1,709,210	120,811	62,681	0	0	0		30,461		49,757,334
CY	149,486	35,033	8,115	0	46,338	0	0	471,804	13,770	52,950	28			0	0		0	0	8,748	7,806	4,890	0	131	358	918	36	0	0	0		0		800,410
LV	246,294	54	2,727	129	3,208,332	0	0	0	0	117,669	8,606		0		252,654		0	0	21,116	17,465	295	0	0	0	5,661	75,237	0	0	0		0		3,956,237
LT	25,743	16,526	5,391	0	2,691,152	82,915	452,199	624	234,888	226,678	8,543		1,434	319			941	0	51,680	32,042	24,623	0	0	6,235	11	25,305	0	0	70		0		3,887,320
LU	58,565,896	7,217	333,384	10,366	86,938,809	4,089	0	0	624,559	171,034,426	40,323		0	30	170		14,477	0	3,806,617	373,826	88,043	0	1,241	3,609	255,615	300	0	0	0		0		322,102,997
HU	396,582	6,049	61,971	28	4,162,658	0	0	105	105,425	247,262	140,337		684	0	632			0	210,076	1,001,786	13,795	0	15,996	4,199	2,203,328	25,132	131,101	0	0		0		8,727,145
MT	28,780	0	284	0	51,869	0	0	0	13,531	17,639	23,803		1,166	0	1,142		4,084		355,692	9,914	979	0	19	77	3,626	127	773	0	0		0		513,506
NL	110,400,425	37,146	595,517	372,546	120,916,483	98,078	796,711	81,685	34,513,139	28,271,067	618,595		113,212	0	54,221		200,547	38,758		1,260,965	37,419	0	15,549	78,432	343,631	163,808	129	0	0		0		299,008,065
AT	206,405	24,147	6,375,436	0	63,738,805	3,033	7,334	30,808	863,620	586,907	4,406,412		11,542	0	2,603		0	299	321,578		1,091,454	27,190	45,865	6,948,770	6,436,770	59,576	0	0	0		0		91,188,555
PL	172,716	12	694,447	149,174	47,320,059	3,445	607,932	0	645,394	2,555,749	308,464		7,015	0	22,918		25,517	13,874	885,992	400,670		4,924	92	1,574	134,257	54,758	1,835,639	0	0		50,982		55,895,601
PT	917,016	0	8,456	0	2,735,666	0	0	0	0	9,284,671	0		0	0	0		0	0	230,811	0	0		0	0	2,016	12,853	0	0	0		0		13,191,488
RO	1,584,287	5,090	118,501	2,876	22,041,659	315	107,612	0	8,375,515	6,899,399	22,843		41,794	0	1,499		1,090	0	548,481	1,482,380	4,035	2,651		25,292	96,268	35,786	2,666	0	0		0		41,400,038
SI	0	3,765	37,310	0	392,593	2,223	0	0	35,690	8,302	8,534,166		0	0	1,030		0	536	19,437	449,595	8,149	2,039	21		14,143	0	0	0	0		0		9,509,000
SK	252,458	4,746	7,758,922	0	1,481,908	0	20,180	0	62,633	175,825	201,888		0	0	1,973		15,504	291	62,346	925,340	108,658	0	4,925	19,853	11,999,523	139	57,043	0	0		0		23,154,155
FI	278,236	2,033	36,357	0	1,281,055	993,685	17,222	244	13,179,436	689,948	19,171		7,509	1,105	16,234		0	5,105	159,629	128,473	32,231	0	227	519	16,885		0	0	0		0		16,865,303
SE	654,999	31,527	152,164	0	4,609,377	147,056	0	0	8,896,530	4,615,875	343,137		100,886	2,761	36,190		0	37,467	243,565	353,217	252,740	437,094	2,129	65,203	54,549	0		0	0		0		21,036,467
UK	3,040,679	302,035	584,811	0	21,792,885	0	0	0	223,608,944	156,899,066	514,321		18,385,486	0	68,997		0	0	5,015,243	1,540,896	310,207	0	926	0	152,005	0	1,458,891		3,359		0		433,678,751
IS	46,389	0	5,025	0	172,396	0	0	0	177,630	9,761	0		0	0	0		0	23	24,606	28,314	3,784	0	0	0	3,386	0	0	0			0		471,316
LI	44,119	0	41,959	0	947,806	0	0	0	0	16,248	8,027		0	0	0		0	0	178,722	442,851	1,981	0	0	97	21,368	5,235	0	0	0		0		1,708,413
NO	285,249	851	135,658	0	3,251,481	114,878	26,925	3,437	16,388,343	1,295,109	32,104		40,809	0	371,992		0	1,391	791,424	53,109	2,563,861	0	0	190	291,173	0	0	0	452				25,648,434
CH	796,743	20,607	362,771	329	70,551,932	0	16,225	123,831	1,298,029	26,268,578	279,564		28,526	0	955		0	13,962	1,670,847	1,613,274	38,899	34,072	2,976	140,096	368,270	183,304	15,904	0	0		32,877		103,862,569
Total	265,246,877	921,524	42,033,113	1,053,111	562,981,917	1,540,870	2,474,235	730,694	471,968,650	673,110,673	52,680,147		19,070,168	4,232	1,149,447		775,789	347,392	107,295,417	61,192,440	19,906,171	3,477,717	426,263	14,169,212	36,852,502	2,663,865	7,214,826	0	4,788		565,705		2,349,857,742

* EL, UK, IS: data concern reference year 2018.

Source PD S1 Questionnaire 2020

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.

1/2

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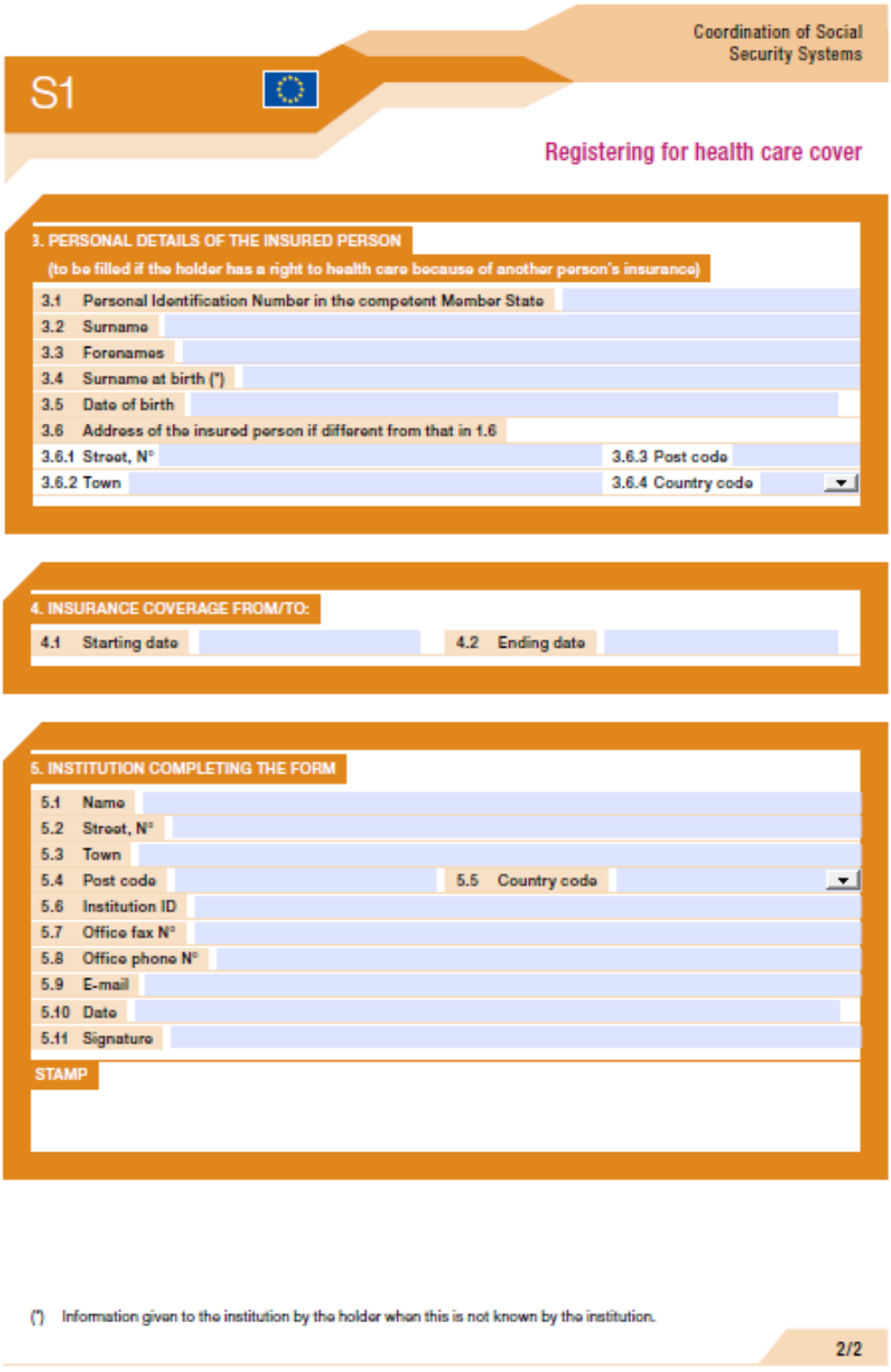


Coordination of Social Security Systems

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 chapter is to assess the potential impact of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare (i.e. 'the Directive') on this type of reimbursement. However, only a limited number of Member States were able to provide data. In that respect, 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 (i.e. '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.

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 is 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. Furthermore, 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.

Finally, the Member States not listed in Annex IV of the Basic Regulation[60], which do not give more rights for pensioners returning to the competent Member State, are 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.

[60] 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. This chapter aims 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.*

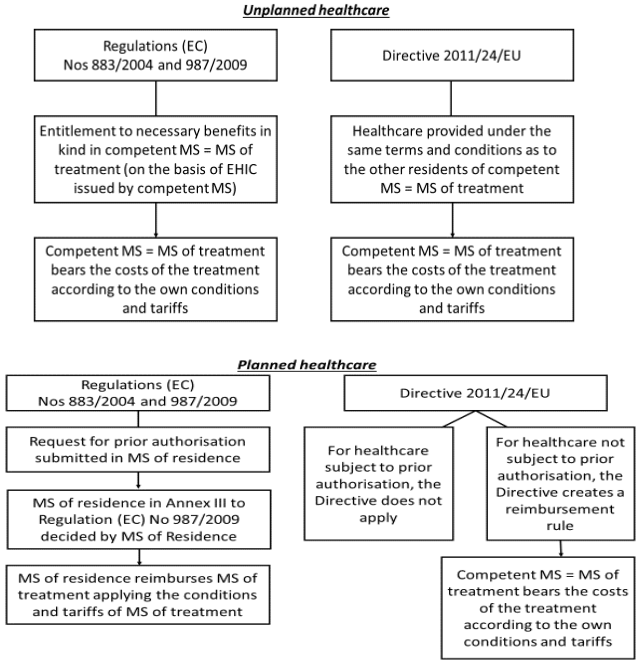
Neither of the three other questionnaires collecting data on cross-border healthcare *(i.e. the questionnaire on planned healthcare (PD S2), the one on unplanned healthcare (EHIC) and finally the one on persons entitled to healthcare residing in a Member State other than the competent Member State (PD 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 of the Administrative Commission No. 070/14[61] 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:[62]

- *"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



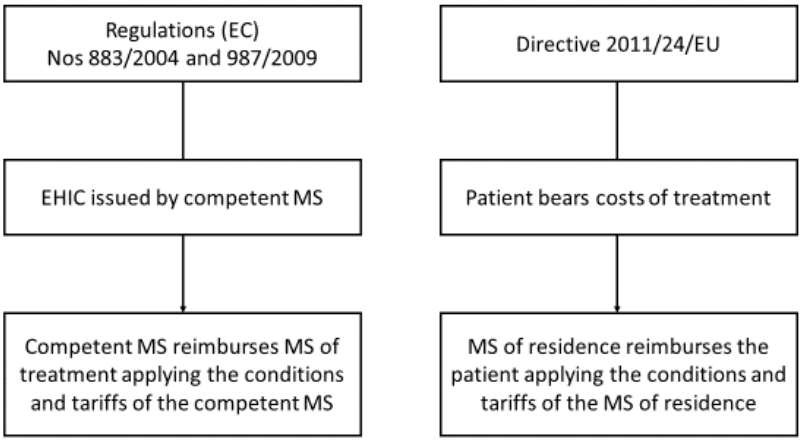
Source AC 246/12

- *"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*

[61] 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.
[62] See http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52014DC0044&from=EN.

reductions defined in Article 64(3) of Regulation (EC) No 987/2009." (See also Figure 2)

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

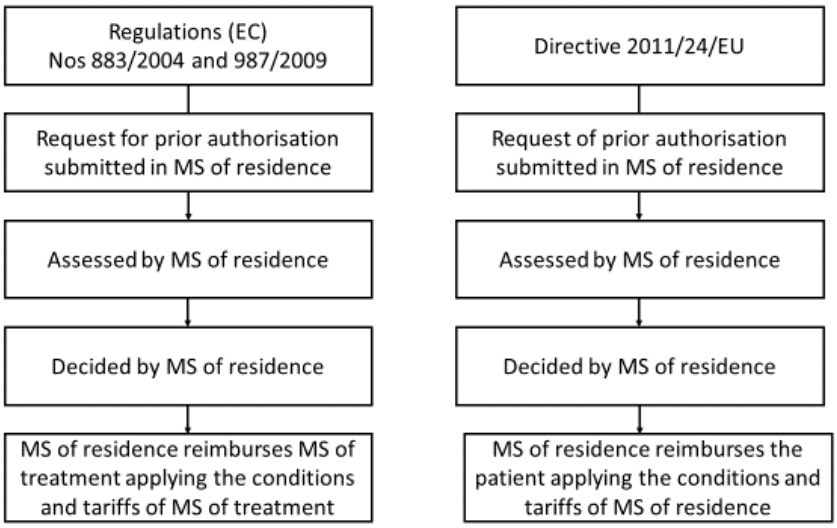


Source AC 246/12

- *"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[63]." (See also Figure 3)*

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

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

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, Sweden and Norway (or 4 out of the 7 Member States concerned) provided data on the number of persons involved for reference year 2019 *(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, Latvia, Malta, Portugal, Slovakia, Iceland and Liechtenstein (7 out of the 15 Member States concerned) provided data for 2019 (*Question 5*).

The third and final part of the questionnaire had to be answered by all Member States. However, only Austria, Belgium, Bulgaria, Estonia, Hungary, Latvia, Luxembourg, Malta, Poland and Slovenia (10 out of the 32 Member States concerned) were able to provide data for reference year 2019 (*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, more than five years after the transposition of the Directive many Member States still fail to provide data. In that respect, 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:[64]

- 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. Not all lump-sum Member States replied to this question. However, similar data are collected by the so-called 'PD S1 Questionnaire' (see *Table 4* in paragraph 2.2 of *Chapter 3)*. These data show that the vast majority of the people concerned live in Spain.

Out of the two specific groups of persons concerned as outlined above, the number of pensioners and their family members is in general much higher than the number of family members not residing in the same Member State as the insured person. 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 Spain has the highest number of incoming mobile pensioners insured in another Member State. Therefore, Spain and the Member States having issued the PD S1 for the persons residing there 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, 2013-2019

	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)						
	2019	2018	2017	2016	2015	2014	2013	2019	2018	2017	2016	2015	2014	2013
IE	<5	<5	30	1,216	368			739	824	875	649	162		
ES	390	390	409	429	443	453	1,338	169,476	162,979	159,040	157,374	156,570	156,060	166,294
CY		21		27					18,179		14,936			
PT														
SE	34	42	25	48				1,819	1,691	1,730	1,654			
UK													2,220	
NO			<5	<5	<5	<5	<5	3,344		187	129	247	208	215

* ES: 390 forms referred to family members residing in Spain when the insured person is resident in another Member State.

Source Questionnaire on the monitoring of healthcare reimbursement 2020, Question 1

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

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[65], 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.

Six 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 2019 *(Table 2).* The data show that for a very limited group of people this situation occurred in 2019. As a result, the budgetary impact for Member States not listed in Annex IV of the Basic Regulation seems to be marginal.

No figures are available on the number of pensioners and their family members resident in Spain to whom the United Kingdom has issued a PD S1 and who received healthcare in the UK under the Directive.[66]

Table 2 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, 2019

	Number of persons						Amount reimbursed (in €)			
	EE	LT	MT	SK	IS	LI	EE	LT	SK	LI
IE	<5	18		11			1,580.40	5,611.01	1,797.13	
ES	14	6	9	15	108	17	36,023.79	1,352.62	5,441.31	48,955.00
CY		<5	<5			<5		742.25		
PT		<5	<5		6	<5		439.66		1,457.00
SE	7			6	10	<5	4,897.66		20.34	375.00
UK	10	34		34	14	<5	11,596.79	25,640.95	4,926.62	130.00
NO				<5	<5				107.12	
Total	**34**	**60**	**13**	**69**	**140**	**24**	**54,098.64**	**33,786.49**	**12,292.52**	**50,917.00**

* The amount reimbursed does not necessarily correspond to the number of persons
Source Questionnaire on the monitoring of healthcare reimbursement 2020, Question 5

[65] Croatia, Denmark, Estonia, Finland, Ireland, Italy, Latvia, Lithuania, Malta, Portugal, Romania, Slovakia, the United Kingdom, Norway and Switzerland.
[66] The UK could not provide data. However, last year 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."*

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 2019, 9 Member States (AT, BE, BG, HU, LV, LU, MT, PL and SI) 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 3)*, 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. Especially, a high number of persons insured in Belgium and Bulgaria and resident in Spain received unplanned healthcare in a third Member State.

Table 3 **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, 2019**

	Number of family member										Number of pensioners										
MS of residence	AT	BE	BG	HU	LV	LU	MT	PL	SI	Subtotal	AT	BE	BG	HU	LV	LU	MT	PL	SI	Subtotal	Total
IE	0	0	6	0	0	0	0	0		6	0	41	57	20	135	8	0	<5		263	269
ES	12	13	32	0	<5	47	5	0		111	276	4,868	1,584	91	50	313	5	<5	8	7,197	7,308
CY	0	<5	17	0	0	0	0	0		18	0	15	113	<5	5	<5	<5	0		138	156
PT	7	5	8	0	0	268	<5	0		289	12	705	15	<5	0	1,286	0	0	<5	2,024	2,313
SE	8	<5	20	0	<5	0	0	0	<5	36	6	22	123	22	40	12	0	0	<5	226	262
UK	<5	0	39	0	0	9	0	0		50	40	72	399	71	281	42	0	<5	<5	908	958
NO	0	0	5	0	0	0	0	0		5	0	7	5	<5	<5	0	0	0		15	20
Total	**29**	**23**	**127**	**0**	**<5**	**324**	**6**	**0**	**<5**	**515**	**334**	**5,730**	**2,296**	**210**	**513**	**1,664**	**6**	**5**	**13**	**10,771**	**11,286**

Source Questionnaire on the monitoring of healthcare reimbursement 2020, 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

In this report, three distinct types of cross-border healthcare were discussed. Consequently, it is valuable to compare these types and look at the impact they have in different Member States. This chapter sums up the statistics on the reimbursement of cross-border healthcare, thus presenting an overall view on the budgetary impact of cross-border healthcare under the Coordination Regulations. It is 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. An important reason for this is the fact that for several Member States it is not possible to obtain a full picture of their total expenditure on cross-border healthcare based on data collected via the Administrative Commission. Consequently, the estimated financial impact might be (strongly) underestimated for some Member States.

The first type of cross-border healthcare discussed in this report occurs 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 is 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 amounts to some 0.4% of total healthcare spending related to benefits in kind. However, this budgetary impact varies strongly, not only between Member States, but also between the different types of cross-border healthcare. The largest impact can be seen for healthcare provided to persons residing in a Member State other than the competent Member State (i.e. cross-border workers or pensioners) (0.25% of total healthcare spending related to benefits in kind). For unplanned necessary healthcare the share amounts to 0.11%, and finally the budgetary impacts of planned healthcare is only 0.02% of total healthcare spending related to benefits in kind.[67]

In 2019, more than 6 million claims for reimbursement of cross-border healthcare were exchanged between Member States. About 60% of these claims relate to healthcare provided to persons residing in a Member State other than the competent Member State, while around 30% involves unplanned necessary healthcare. Healthcare provided to persons residing in a Member State other than the competent Member State also accounts for around two thirds 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.

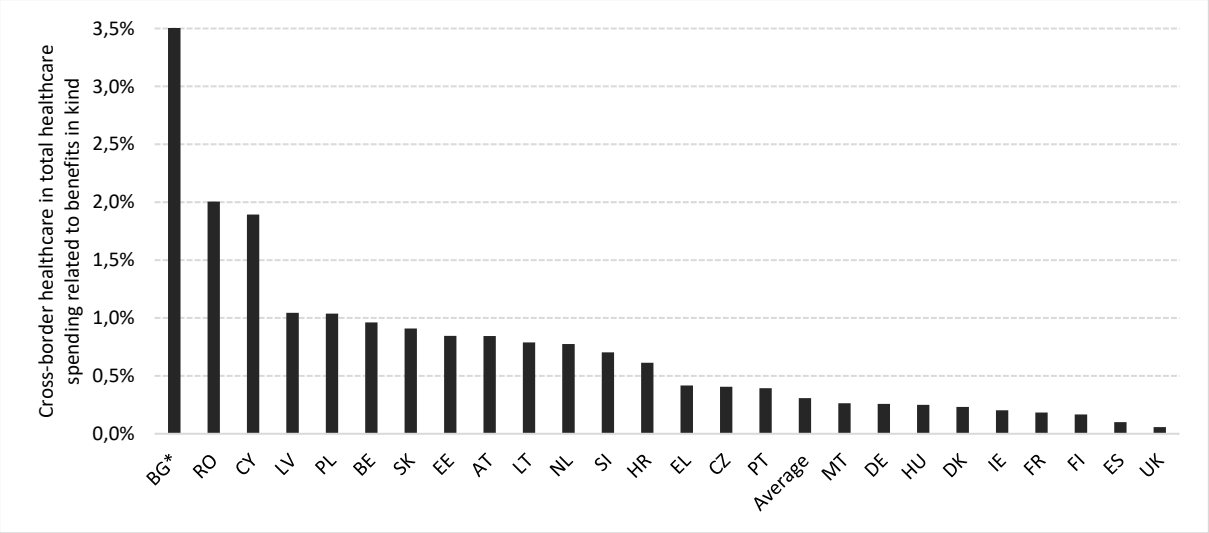
From a debtor's perspective

For half of the reporting Member States, the share of cross-border healthcare expenditure is less than 0.5% of total healthcare spending related to benefits in kind *(Figure 1)*. For Slovenia, Croatia, the Netherlands, Lithuania, Austria, Estonia, Slovakia, and Belgium, the budgetary impact lies between 0.5% and 1%. Only Poland, Latvia, Cyprus, Romania, and

[67] 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.

Bulgaria show a cross-border healthcare expenditure of more than 1% of their total healthcare spending related to benefits in kind. Especially Bulgaria stands out with a budgetary impact of 8.8%. this is mainly due to the high budgetary impact of healthcare provided to persons residing in a Member State other than the competent Member State (6.0%; see *Table 1*). The competent EU-13 Member States in particular show a higher relative cross-border expenditure compared to the competent EU-15 Member States. This is not surprising, as the provisions under the Regulations (i.e. full reimbursement by the competent Member State of the costs of medical treatments provided by the Member State of treatment in accordance with the tariffs of the Member State of treatment and not of the competent Member State) result in a higher financial burden of cross-border healthcare on total health expenditure in those competent Member States that have a low healthcare expenditure per inhabitant.

Figure 1 Budgetary impact of cross-border healthcare, by competent Member State, 2019



* BG: The budgetary impact amounts to 8.8%.

Source Administrative data 2020 EHIC Questionnaire, PD S2 Questionnaire, PD S1 Questionnaire, Eurostat [spr_exp_fsi] (2017 figures).

A more detailed overview of healthcare spending by type of cross-border healthcare is provided by *Table 1*.

Regarding the claims for reimbursement of unplanned medical treatment provided by the Member State of temporary stay, Germany comes in first place with over € 251 million. However, this only amounts to 0.10% of their total healthcare spending. In relative terms, Bulgaria reimbursed more than 2% of their total healthcare spending in 2019 to Member States that provided unplanned necessary healthcare.

The main debtors for planned cross-border healthcare are France, Germany and Austria. Also Luxembourg, which has not provided such figures, will be a main debtor. The share of planned cross-border healthcare in total healthcare spending only surpasses 1% in Cyprus. Furthermore, this can also be expected to be the case for Luxemburg.

Finally, Germany paid € 399 million for healthcare provided to persons who reside in a Member State other than the competent Member State. Only Bulgaria (6.0%) and Romania (1.3%) had to pay more than 1% of their healthcare spending in kind to persons living abroad. For Bulgaria, this is a remarkable growth compared to 2018, when this share only amounted to 0.6%. Unfortunately, no figures were reported by Luxembourg. Between 0.5% and 1% of total healthcare spending related to benefits in kind paid by Belgium, the Netherlands, and Austria refers to cross-border healthcare spending for persons who reside abroad.

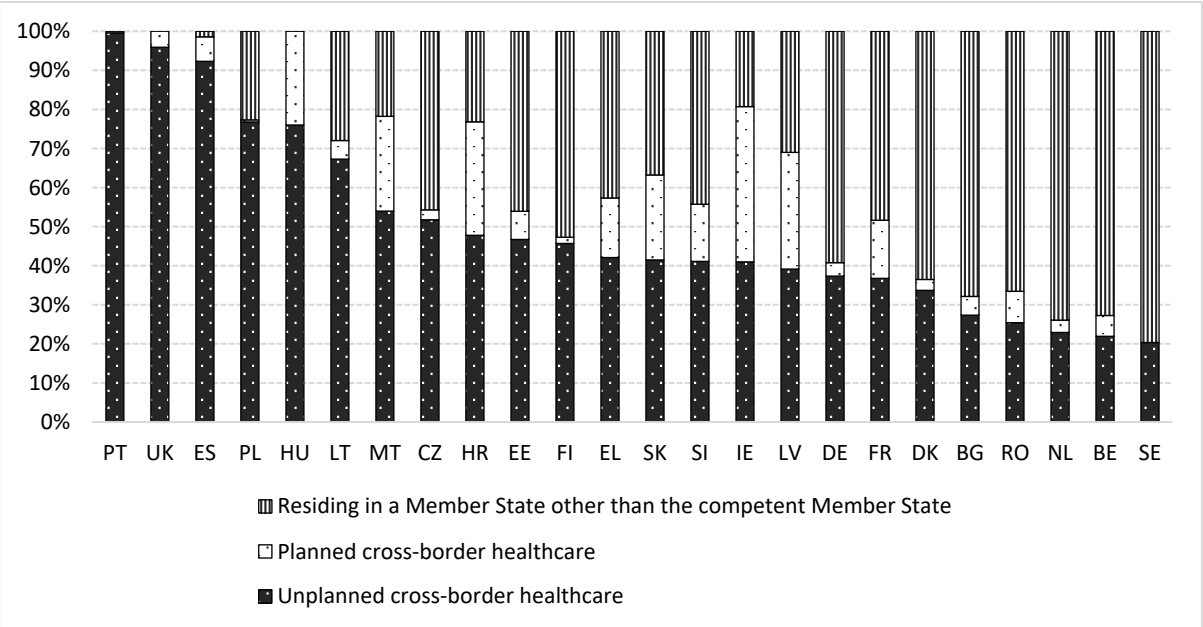
Table 1 Budgetary impact of cross-border healthcare, by type, by competent Member State, 2019

	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	60,783,819	0.21%	13,757,723	0.05%	201,517,923	0.70%	281,193,691	0.98%
BG	52,839,926	2.42%	9,304,798	0.43%	131,104,892	6.00%	193,249,616	8.84%
CZ	21,211,335	0.21%	1,034,759	0.01%	18,737,520	0.19%	40,983,614	0.41%
DK	13,429,848	0.08%	1,108,785	0.01%	25,301,472	0.15%	39,840,106	0.23%
DE	251,407,990	0.10%	23,168,454	0.01%	399,020,037	0.15%	673,596,481	0.26%
EE	3,999,251	0.39%	618,552	0.06%	3,943,823	0.39%	8,561,626	0.84%
IE	11,745,985	0.08%	11,385,488	0.08%	5,530,235	0.04%	28,661,708	0.20%
EL	15,235,377	0.18%	5,520,443	0.06%	15,441,732	0.18%	36,197,552	0.42%
ES	56,314,161	0.09%	3,823,170	0.01%	854,851	0.00%	60,992,182	0.10%
FR	128,647,835	0.07%	52,043,936	0.03%	169,318,183	0.09%	350,009,954	0.18%
HR	8,742,086	0.29%	5,303,728	0.18%	4,240,488	0.14%	18,286,303	0.61%
IT	152,586,214	0.15%						
CY			10,875,283	1.89%	10,898	0.00%	10,886,181	1.89%
LV	3,167,843	0.41%	2,417,679	0.31%	2,506,716	0.32%	8,092,238	1.04%
LT	8,488,434	0.53%	601,090	0.04%	3,526,788	0.22%	12,616,312	0.79%
LU								
HU	10,601,418	0.19%	3,349,508	0.06%			13,950,927	0.25%
MT	741,311	0.14%	333,154	0.06%	299,198	0.06%	1,373,662	0.26%
NL	96,832,559	0.18%	13,276,602	0.02%	312,239,709	0.57%	422,348,871	0.77%
AT	30,235,841	0.13%	22,044,851	0.09%	146,981,635	0.62%	199,262,327	0.84%
PL	130,618,428	0.80%	853,960	0.01%	38,604,175	0.24%	170,076,562	1.04%
PT	43,369,553	0.39%	171,337	0.00%			43,540,890	0.39%
RO	35,347,355	0.51%	11,158,536	0.16%	92,532,997	1.33%	139,038,888	2.01%
SI	8,096,682	0.29%	2,877,542	0.10%	8,721,190	0.31%	19,695,414	0.70%
SK	16,041,979	0.38%	8,415,443	0.20%	14,219,182	0.33%	38,676,604	0.91%
FI	9,926,187	0.08%	352,574	0.00%	11,445,685	0.09%	21,724,446	0.17%
SE**	533,746	0.00%			2,089,042	0.01%	2,622,788	0.01%
UK	101,116,319	0.05%	4,290,936	0.00%			105,407,254	0.06%
Total		**0.12%**		**0.02%**		**0.21%**		**0.31%**

* As share of total healthcare spending related to benefits in kind.
** SE: strong underestimation.
Source Administrative data 2020 EHIC Questionnaire, PD S2 Questionnaire, PD S1 Questionnaire, Eurostat [spr_exp_fsi] (2017 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 at least two types of cross-border health care. Portugal, the United Kingdom, Spain, Poland, Hungary, Lithuania, Malta, Czech Republic, Croatia, Estonia, Slovakia, Ireland, and Latvia mainly reimbursed unplanned necessary healthcare. For Finland, Greece, Slovenia, Germany, France, Denmark, Bulgaria, Romania, the Netherlands, Belgium, Sweden, and Austria the highest cost was healthcare provided to insured persons who reside abroad. Finally, planned cross-border healthcare was the most important cost for Cyprus.

Figure 2 Type of cross-border healthcare as share in total, by competent Member State, 2019

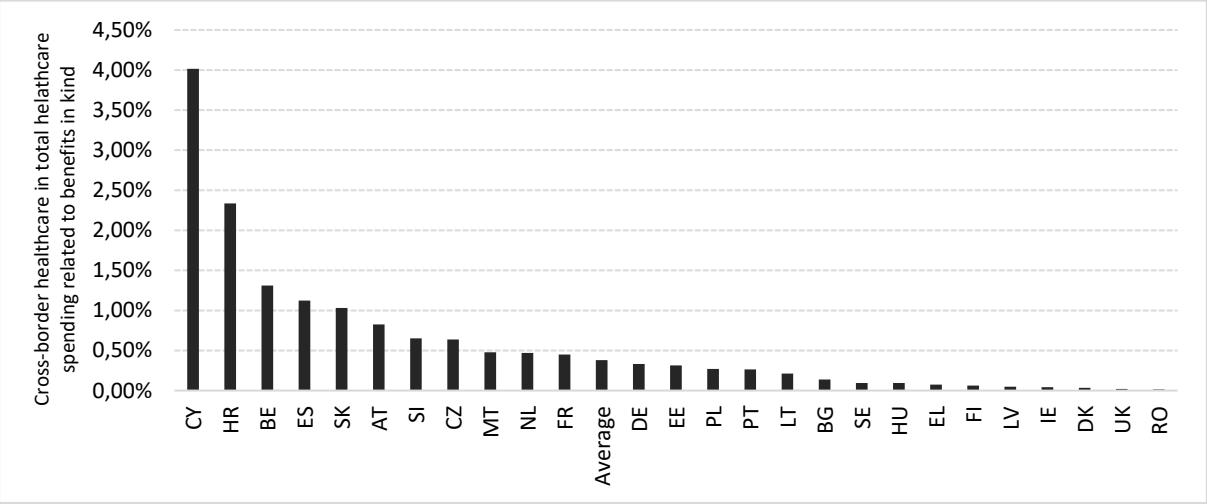


Source Administrative data 2020 EHIC Questionnaire, PD S1 Questionnaire, PD S2 Questionnaire

From a creditor's perspective

In addition to analysing the perspective of the debtor, it is also useful to know how high reimbursement claims are from the perspective of the Member States of treatment, as cross-border healthcare might put a pressure on the availability of medical equipment and services. Only Slovakia, Spain, Belgium, Croatia, and Cyprus 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, 2019



Source Administrative data 2020 EHIC Questionnaire, PD S2 Questionnaire, PD S1 Questionnaire, Eurostat [spr_exp_fsi] (2017 figures).

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

Germany (€ 216.0 million), Spain (€ 206.0 million) and France (€ 164.9 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, with 0.08%, 0.34%, and 0.09% respectively. Only Croatia and Cyprus claimed an amount higher than 0.5% of total healthcare spending related to benefits for unplanned necessary healthcare.

Regarding planned cross-border healthcare, a total amount of € 89 million was claimed by Germany. Furthermore, all reporting Member States claimed an amount lower than 0.1% of total healthcare spending related to benefits in kind for this type of 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 € 673.1 million, Germany received € 563.0 million and Spain received € 472.0 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.

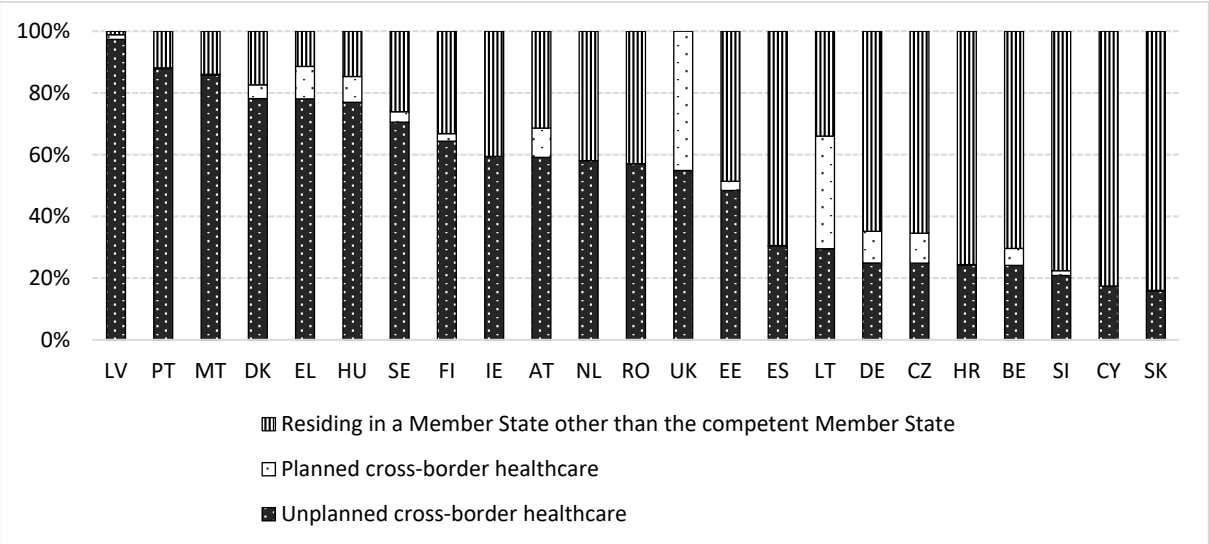
Table 2 Budgetary impact of cross-border healthcare, by type, by Member State of treatment, 2019

	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	90,786,808	0.31%	20,816,545	0.07%	265,246,877	0.92%	376,850,229	1.31%
BG	2,087,285	0.10%	10,257	0.00%	921,524	0.04%	3,019,066	0.14%
CZ	15,947,032	0.16%	6,234,036	0.06%	42,033,113	0.42%	64,214,181	0.64%
DK	4,734,063	0.03%	268,801	0.00%	1,053,111	0.01%	6,055,975	0.04%
DE	216,049,994	0.08%	89,408,060	0.03%	562,981,917	0.22%	868,439,971	0.33%
EE	1,534,350	0.15%	96,287	0.01%	1,540,870	0.15%	3,171,507	0.31%
IE	3,625,302	0.03%			2,474,235	0.02%	6,099,537	0.04%
EL	4,992,375	0.06%	674,767	0.01%	730,694	0.01%	6,397,837	0.07%
ES	206,032,525	0.34%	1,408,110	0.00%	471,968,650	0.78%	679,409,284	1.12%
FR	164,851,329	0.09%	19,153,252	0.01%	673,110,673	0.35%	857,115,253	0.45%
HR	16,858,366	0.57%	104,211	0.00%	52,680,147	1.77%	69,642,724	2.34%
IT	4,132,580	0.00%						
CY	4,020,100	0.70%			19,070,168	3.32%	23,090,268	4.02%
LV	362,251	0.05%	5,683	0.00%	4,232	0.00%	372,166	0.05%
LT	997,205	0.06%	1,235,354	0.08%	1,149,447	0.07%	3,382,006	0.21%
LU								
HU	4,074,442	0.07%	443,132	0.01%	775,789	0.01%	5,293,363	0.09%
MT	2,131,472	0.41%	7,148	0.00%	347,392	0.07%	2,486,012	0.48%
NL	148,387,979	0.27%			107,295,417	0.20%	255,683,396	0.47%
AT	115,364,608	0.49%	18,551,212	0.08%	61,192,440	0.26%	195,108,260	0.83%
PL	24,136,464	0.15%	349,503	0.00%	19,906,171	0.12%	44,392,138	0.27%
PT	25,705,825	0.23%	56,570	0.00%	3,477,717	0.03%	29,240,112	0.26%
RO	566,629	0.01%			426,263	0.01%	992,893	0.01%
SI	3,808,611	0.14%	281,917	0.01%	14,169,212	0.51%	18,259,740	0.65%
SK	6,934,504	0.16%	103,884	0.00%	36,852,502	0.87%	43,890,890	1.03%
FI	5,168,114	0.04%	195,009	0.00%	2,663,865	0.02%	8,026,987	0.06%
SE	19,496,529	0.07%	927,744	0.00%	7,214,826	0.02%	27,639,099	0.09%
UK	20,448,034	0.01%	16,833,667	0.01%			37,281,701	0.02%
Total		**0.11%**		**0.02%**		**0.25%**		**0.38%**

* As share of total healthcare spending related to benefits in kind.
Source Administrative data 2020 EHIC Questionnaire, PD S2 Questionnaire, PD S1 Questionnaire, Eurostat [spr_exp_fsi] (2017 figures).

Estonia, Spain, Belgium, Germany, the Czech Republic, Croatia, Slovenia, France, Cyprus and Slovakia mainly provided cross-border healthcare to persons who are insured in another Member State *(Figure 4)*. In contrast, Latvia, Portugal, Malta, Denmark, Greece, Hungary, Sweden, Bulgaria, Finland, Ireland, Austria, the Netherlands, Romania, the United Kingdom and Poland primarily provided unplanned necessary healthcare. Finally, only Lithuania mainly provided planned cross-border healthcare in 2019.

Figure 4 Type of cross-border healthcare as share in total, by Member State of treatment, 2019



Source Administrative data 2020 EHIC Questionnaire, PD S1 Questionnaire, PD S2 Questionnaire

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