Cross-border healthcare in the EU under social security coordination

Reference year 2020

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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, the UK, 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-14: 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), and Sweden (SE).

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.

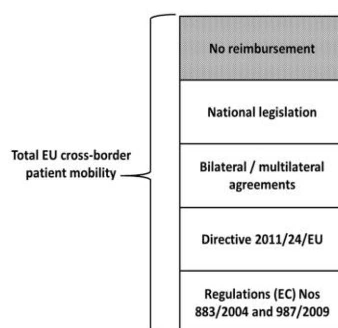
Unplanned healthcare: *The European Health Insurance Card (EHIC)* proves the entitlement of the insured person to necessary healthcare in kind during a temporary stay in a Member State other than the competent Member State;

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/EFTA countries and the UK[2].[3] Insured persons have different routes at their disposal to receive cross-border healthcare in the EU and to be reimbursed. They can seek treatment according to the rules and principles set by the Social Security Coordination Regulations[4]; Directive 2011/24/EU[5]; bilateral/multilateral agreements or their own national legislation.

Figure 1 - 'Patient mobility' in the EU



1 The term "Member States" is used in this report to indicate the 27 countries belonging to the European Union in reference year 2020, the European Economic Area (EEA), Switzerland and the UK.

2 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, the EU-27 aggregate (excluding the UK) is produced for 2020. Accordingly, the text of the report describing the quantitative findings focusses on the EU-27 aggregate.

3 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.

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

5 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).

The figures reported in this report relate to cross-border healthcare provided under the Coordination Regulations.[6] The report provides figures for 2020 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 shows different cases of cross-border healthcare in the EU. 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 pensioners will submit many claims for the reimbursement of cross-border healthcare on the basis of a PD S1. The COVID-19 pandemic may have had a strong impact on the level of planned and unplanned cross-border healthcare in the EU. To what extent this is really the case is analysed in the different chapters of the report.

One of the basic principles of the Coordination Regulations entails that the cost of healthcare provided by the Member State of stay/residence is fully reimbursed by the competent Member State, in accordance with the tariffs of the Member State of treatment and not of the competent Member State. This financing mechanism avoids a high financial burden being put on a patient receiving healthcare abroad and shifts the higher cost to the competent Member State. This is particularly important for patients coming from Member States with relatively low tariffs who obtain healthcare in a Member State with higher medical charges. Consequently, the provision facilitates the free movement of persons, strengthens the social rights of EU citizens, and is a visual reminder of the social character of the Coordination Regulations. This will become clear in this report. However, it should be noted that reimbursement under the Coordination Regulations cannot be claimed for medical treatment provided by 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 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 of the main types of cross-border healthcare for each Member State, both from a debtor’s point of view and a creditor’s point of view.

[6] For data on cross-border healthcare in the EU provided under Directive 2011/24/EU see https://ec.europa.eu/health/cross_border_care/overview_en

Chapter 1
Unplanned necessary cross-border healthcare

Summary of main findings

The European Health Insurance Card (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 some 240 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. Poland, Greece, Malta, Sweden and the UK reported a change of the EHIC procedure in 2020, while Poland, Spain, Lithuania and the Netherlands reported a change of the validity period. In almost all Member States it is now possible to request an EHIC online. In recent years, several Member States also introduced a mobile application for requesting the EHIC. Furthermore, there is a general trend of increasing the validity period over the years.

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. The positive impact of 'awareness campaigns' is clearly shown by an example from Finland. The use of the EHIC was promoted during a public event and on the social media. In both cases it led to a significant increase in the number of applications for the card.

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.

In 2020, tourism was among the sectors most affected by the COVID-19 pandemic, due to the travel restrictions as well as other precautionary measures. Consequently, the nights spent by international tourists in the tourist accommodation establishments (hotels, etc.) in

the EU dropped by some 70% compared to 2019.[7] The decrease in the number of trips for leisure and business abroad is likely to have an impact on the level of unplanned necessary cross-border healthcare in 2020. However, the period between treatment and the settlement of the reimbursement may differ significantly. Indeed, all claims based on actual expenditure should be introduced by the Member State of treatment within 12 months following the end of the calendar half-year during which those claims were recorded by this Member State. This implies that, for 2020, the claims for reimbursement received/issued are (mainly) applicable to unplanned necessary healthcare provided in 2019. Moreover, Decision No H9 and Decision No H11 were adopted by the Administrative Commission in the light of the COVID-19 pandemic. These Decisions prolonged all deadlines for the introduction, contestation and settlement of reimbursement claims between 1 February 2020 and 30 June 2021 by a period of six months. This has implications for the analysis of the impact of the COVID-19 pandemic on unplanned cross-border healthcare in the EU. In that respect, consequences of the COVID-19 pandemic will become visible in the data of 2021 and 2022.

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 2020 show that some 2% 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.

[7] Eurostat [tour_occ_nim]

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 2020. For some Member States, the most recent data available are used in order to give the most complete overview.[8] 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’). 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 2020, as well as the number of EHICs in circulation, meaning valid EHICs. Furthermore, the number

[8] Not for reimbursement claims as due to the COVID-19 pandemic, reference year 2020 cannot be compared with any previous year.

of insured persons was requested in order to put the numbers into perspective. An estimated number of 240 million EHICs were in circulation in 2020.

The share of insured persons with an EHIC varies greatly between the different Member States, ranging from only 1% in Romania and Greece to (almost) 100% in Switzerland, Liechtenstein, Germany, Italy, Portugal, Austria and the Czech Republic *(Figure 2)*. In the latter group of Member States, the EHIC is mostly issued automatically. For instance, in Germany, it is generally shown on the back of the national health insurance card. 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.

Paragraph 5 of the Administrative Commission (AC) Decision No S1[9] of 12 June 2009 concerning the European Health Insurance Card states: *"When exceptional circumstances[10] prevent the issuing of a European Health Insurance Card, a Provisional Replacement Certificate (PRC) with a limited validity period shall be issued by the competent institution. The PRC can be requested either by the insured person or the institution of the State of stay"*. In absolute figures, France, Spain and Denmark[11] issued the highest number of PRCs. However, when compared to the number of EHICs in circulation (see last column of *Table 1*), especially Greece[12] stands out with a value of some 95%. In Greece and Denmark, the number of PRCs issued in 2020 is almost equal to the number of EHICs issued in 2020, mainly because the PRC is issued after the application for the EHIC in both Member States.

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

10 "Exceptional circumstances may be theft or loss of the European Health Insurance Card or departure at notice too short for a European Health Insurance Card to be issued" (Recital 5 of Decision No S1 of 12 June 2009 concerning the European Health Insurance Card).

11 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.

12 e-EFKA: the PRC is issued after the application for the EHIC.

Table 1 - The number of EHICs and PRCs issued, 2020

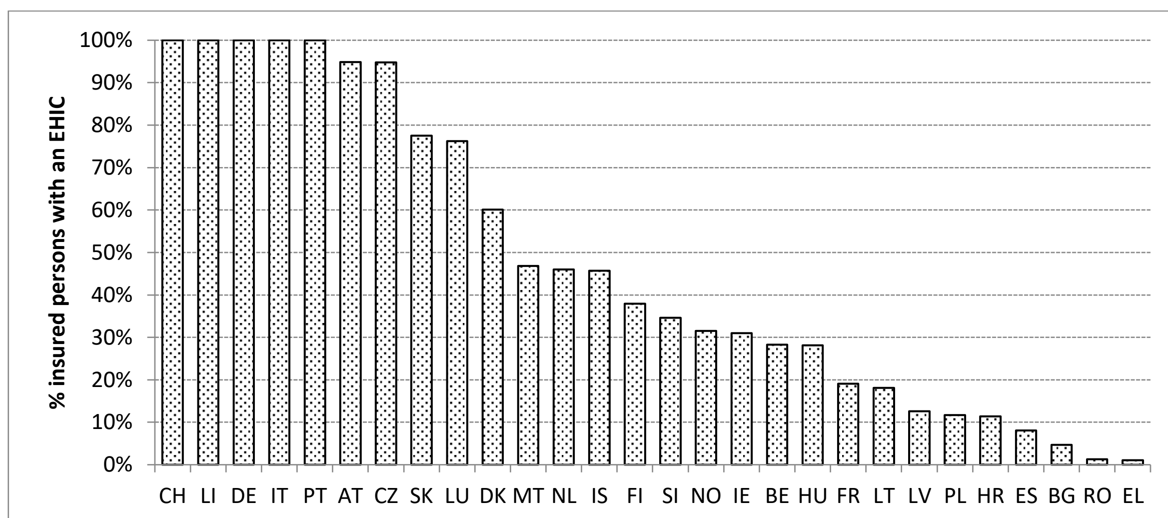
MS	Number of EHICs issued	Number of PRCs issued (A)	Total number of EHICs in circulation (B)	Number of insured persons (C)	% insured persons with an EHIC (B/C)	Ratio EHIC in circulation compared to PRC issued (A/B)
BE	1,447,543	20,258	3,225,432	11,389,221	28.3%	0.6%
BG	110,023	11,898	269,946	5,795,718	4.7%	4.4%
CZ	1,500,000	19,136	10,000,000	10,550,638	94.8%	0.2%
DK	385,210	395,695	3,485,955	5,800,000*	60.1%	11.4%
DE				73,481,754		
EE	69,462	3,034	n.a.	1,265,601		
IE	204,031	28,420	1,611,474	n.a.	33.1%	1.8%
EL	90,839	88,731	93,346	9,103,454	1.0%	95.1%
ES	1,194,499	229,912	3,975,683	49,184,240	8.1%	5.8%
FR	3,304,829	941,570	13,527,269	70,944,358	19.1%	7.0%
HR	65,484	1,592	465,943	4,097,710	11.4%	0.3%
IT				App. 60 million		
CY*	55,926	31	n.a.	820,000		
LV	58,531	1,024	286,048	2,268,159	12.6%	0.4%
LT	89,791	21,531	533,751	2,952,776	18.1%	4.0%
LU	147,706	8,691	703,190	922,756	76.2%	1.2%
HU	190,538	24,859	1,152,863	4,096,000	28.1%	2.2%
MT	13,505	58	207,181	442,538	46.8%	0.0%
NL	2,793,769	10,869	7,913,407	17,210,000	46.0%	0.1%
AT	3,496,705	20,683	8,523,799	8,985,124	94.9%	0.2%
PL	1,326,832	20,087	3,973,446	34,052,570	11.7%	0.5%
PT	308,147	4,149	1,780,111	n.a.		0.2%
RO	125,736	7,636	221,771	16,892,058	1.3%	3.4%
SI	406,899	44,009	737,217	2,129,755	34.6%	6.0%
SK	466,353	30,295	4,014,573	5,181,433	77.5%	0.8%
FI	1,167,617	2,243	2,104,361	5,542,719	38.0%	0.1%
SE	554,346	905	3,186,276			0.0%
UK	1,728,626	11,138	22,756,826			0.0%
IS*	62,753	12,926	162,618	355,766	45.7%	7.9%
LI	3,571	30	40,630	40,630	100.0%	0.1%
NO	309,087	5,584	1,700,000	5,391,369	31.5%	0.3%
CH	2,200,000	n.a.	8,700,000	8,700,000	100.0%	0.0%
Total**			± 240,000,000			

* Data from reference year 2019.

** 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 2021

Figure 2 - Percentage of insured persons with an EHIC, 2020



Source: Administrative data EHIC Questionnaire 2021

Member States were asked to report any specific legislative or administrative changes that influenced the evolution of the number of EHICs issued during 2020. In Austria, from January 2020 until December 2023, all national entitlement documents ('e-cards') for people aged 14 and over will be exchanged in order to add a photo. This affects the EHIC as well,

as the EHIC is on the back side of the e-card. Furthermore, Austria reported that the number of EHICs increased in 2020 because the validity of many cards had expired.[13]

Finally, Member States were asked whether they have any evidence that Directive 2011/24/EU has an influence on the evolution of the number of EHICs requested. All reporting Member States stated that they do not have such evidence.

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. *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.

In most Member States, the EHIC can be requested electronically via the internet or at the desk of the competent institution. Several Member States (e.g. Malta, Slovakia and the Netherlands) also introduced a mobile application for requesting the card.

Poland, Greece, Malta, Sweden and the UK reported a change of the EHIC procedure in 2020. The application for EHIC was simplified in Poland. In Greece, the application can be done electronically through the website of e-EFKA. Insured persons in Malta are provided digital access to EHIC: a ‘mobile app’ and ‘e-forms’ were introduced. In Sweden, it is no longer possible to ask for an EHIC via text message (SMS) as very view applicants have used this channel in the past years.

The time it takes to issue an EHIC in 2020 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. Estonia and Lithuania reported some changes in the issuing procedure of the PRC. In Estonia, one can request the PRC through the internet and by e-mail. In Lithuania, an IT tool was introduced, which allows the insured person to generate a PRC and to download it on a smart phone or other device.

[13] In Austria, the EHIC was issued for the first time in 2005 and for a large number of insured persons the exchange is carried out every 5 years).

Table 2 - Issuing procedure of EHIC and PRC, 2020

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)	internet, e-mail, telephone, post and desk
IE	internet, post, desk	5 up to 10 working days	fax, e-mail
EL	e-EFKA: only electronically, desk	e-EFKA: the next day	fax, e-mail
ES	desk, internet, telephone, text message	approximately 5 days	fax, e-mail
FR	internet, telephone, or desk	2 weeks	internet
HR	internet, desk, post, automated machines	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, online
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	through 'Mobile App', 'e-Forms', 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)	3 to 5 days	fax, e-mail, post
PL	desk, e-mail, fax, internet, desk	immediately if applied for at the desk; otherwise 5 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 10 days	post, fax, e-mail
FI	telephone, post, internet, desk	Around a week	e-mail
SE	internet, telephone, desk	Up to 10 working days	fax (in rare cases e-mail)
UK	internet, telephone, post	4 working days for dispatch of EHICs applied for via telephone and internet, and 10 days for postal applications	e-mail
IS	internet, telephone, e-mail	3 days	e-mail, internet, fax
LI	internet, telephone, post, fax, desk	2 to 3 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: Update based on administrative data EHIC Questionnaire 2021

Table 3 gives an overview of the validity period of the EHIC for all Member States. Several Member States (Poland, Spain, Lithuania and the Netherlands) reported a change of the validity period. The validity period of the EHIC has been extended in Poland for some specific groups of insured persons. Due to the increased interest in obtaining the EHIC, it has been decided to extend the validity period to 5 years for persons younger than 18. Poland also extended the validity of the EHIC for 3 years for people who work or run business activities. The extension of the validity period for several groups of insured persons should reduce the frequency of applying for EHIC. In Spain, the validity period of the EHIC for pensioners and their beneficiaries has been modified, from 2 to 5 years. In Lithuania, the validity period of the EHIC was extended for two categories of insured persons: from 6 up to 10 years for pensioners and up to the age of 18 for minors. Finally, there were a few changes of the validity period by the competent institutions in the Netherlands.

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, 2020

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	Usually for 10 years. This period can vary according to issuing institution
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 (sea workers, pensioners and beneficiaries), 2 years (workers and beneficiaries), 3 years (military civil servants), 1 year (beneficiaries from military civil servants), 5 years (pensioners and beneficiaries), 2 years (judicial civil servants and beneficiaries)
FR	1 year
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	2 months (unemployed), 4 years (employed), 10 year (pensioners), under the age of 18 years, but no longer than 18 years (children under 18 years), 1 academic year, but no longer than until the end of the current academic year (full-time students),
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	5 years (e.g., persons receiving retirement benefits, children younger than 18), 3 years (e.g., employed persons, persons running an agricultural or non-agricultural business activity), up to 18 months (e.g., persons receiving pre-retirement benefits, persons receiving disability pensions), up to 6 months (e.g., uninsured persons entitled for health insurance under the national law), up to 2 months (e.g., unemployed persons), up to 90 days (e.g. persons who meet the income criterion for receiving social assistance benefits), up to 42 days (e.g. insured women with the Polish citizenship who reside on the territory of the Republic of Poland during puerperium)
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 based on administrative data EHIC Questionnaire 2021

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 2020 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)*.[14] 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.[15] Compared to previous years however, there have been no significant changes in the overall ways of communication, nor any specific communication linked to the consequences of COVID-19 or Brexit (the 'CRA EHIC' was introduced by the UK)[16].

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 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. The positive impact of awareness campaigns is clearly shown by two examples from Finland. The Finnish competent institutions NCP and Kela promoted the use of the EHIC during the event 'travel fair' in Helsinki (16 to 20 January 2020). During this event 946 new EHICs were requested on the spot. Additionally, 1,342 new EHICs were requested online. The EHIC was also promoted in social media between 8 and 13 January 2020. During that period, 1,724 new EHICs were requested online.

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

Finally, it is worth noting that, at European level, the Commission has taken several initiatives to increase awareness of the correct application of the cross-border healthcare rules. For instance, information concerning the EHIC is published on the website of DG EMPL and there is an annual update about the EHIC (coverage, where to apply etc.) in all Member States on the same website.[17] The EU Commission also launched an online campaign with videos, which were published on the most common video sharing sites.

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[14] See also the 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

[15] For the list of national contact points see: https://ec.europa.eu/health/sites/health/files/cross_border_care/docs/cbhc_ncp_en.pdf

[16] Lithuania reported that there was a special information campaign about changes in relation to the Brexit.

[17] https://ec.europa.eu/social/main.jsp?catId=559

5. The budgetary impact

5.1. Introduction

The Implementing Regulation outlines two different reimbursement procedures for unplanned necessary healthcare provided in the Member State of stay. The insured person could ask the reimbursement directly from the institution of the Member State of stay (in this case the Member State of stay will later claim the reimbursement from the competent Member State) or pay 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[18]. In that case, the Member State of stay reimburses directly to that person the amount of the costs corresponding to those benefits within the limits of and under the conditions of the reimbursement rates laid down in its legislation. The Member State of stay will then claim reimbursement from the competent Member State using the E125 form (‘*Individual record of actual expenditure’)*/SED S080 *(‘Claim for reimbursement’)* on the basis of the real expenses of the healthcare provided abroad.

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

In respect to the reported figures, it is important to note that the period between treatment and reimbursement may differ significantly if reimbursement is requested by the Member State of stay (using the E125 form/SED S080) or by the insured person. In any case, all claims based on actual expenditure should be introduced within 12 months following the end of the calendar half-year during which those claims were recorded by the Member State of stay.[21] This implies that, for 2020, the E125 forms/SEDs 080 received/issued are (mainly) applicable to necessary healthcare provided in 2019. [22] Moreover, Decision H11 of the Administrative Commission[23] prolonged all deadlines for the introduction, contestation and settlement of reimbursement claims between 1 February 2020 and 30 June 2021 by a period of six months. This has implications for the analysis of the impact of the COVID-19 pandemic on unplanned cross-border healthcare in the EU.

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[18] Article 25(4) of the Implementing Regulation.

[19] Article 25(5) of the Implementing Regulation.

[20] Article 25(6) of the Implementing Regulation.

[21] In case the claim is recorded in October 2020 by the Member State of stay it should be introduced to the competent Member State up to 31 December 2021. Claims of fixed amounts for a calendar year should be introduced to the debtor Member State within the 12-month period following the month during which the average costs for the year concerned were published.

[22] Furthermore, differences will exist between the amounts claimed and those paid/received by Member States. The EHIC-questionnaire asks about 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.*

[23] Decision H9 was adopted in June 2020 and then replaced by Decision H11 on 9 December 2020.

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

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 (a total number of 525,485 forms received), the UK (a total number of 325,169 forms received), France (a total number of 331,691 forms received) and Italy (a total number of 242,273 forms received). The amounts for reimbursement of medical treatment are also outlined in *Table 4.* Most of the claims for reimbursement of the costs of medical treatments provided by the Member State of temporary stay were paid by Germany (€ 221.7 million related to the number of E125 forms received). Moreover, the total amount paid surpassed € 100 million in France.

Some 9 out of 10 claims of reimbursement were settled by an E125 form/SED S080 (*Table 4*). This means that in general, the reimbursement is claimed by the Member State of stay. 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. In Denmark (14%) and Belgium (7%), a high percentage of claims is submitted by insured persons and verified via an E126 form. Furthermore, the Netherlands (57%), Belgium (50%), Finland (28%), France (27%) and Poland (11%) have settled a high percentage of claims for reimbursement 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 paid by the Netherlands, and France via this other procedure is much lower.

In *Annex II* the individual claims of reimbursement received from the Member States of treatment are reported. In absolute terms, the highest number of claims for reimbursement were received by the UK for necessary unplanned healthcare in Spain (167,576 claims), by Germany for necessary unplanned care in Austria (142,203 claims) and Poland (121,250 claims), and finally by France for necessary unplanned care in Portugal (128,319 claims).

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 0.1% of total healthcare spending related to benefits in kind. Only Bulgaria, Latvia and Lithuania show a cross-border expenditure of more than 0.5% of total healthcare spending related to benefits in kind. Bulgaria even has a high figure of 2% of cross-border expenditure compared to total health care expenditure. Moreover, the EU-13 Member States show a higher relative cross-border expenditure compared (0.4%) to the EU-14 Member States (0.1%). This is not surprising as in Member States with a low healthcare expenditure per inhabitant the relative share of costs for unplanned cross-border healthcare in relation to the healthcare spending related to benefits in kind is higher as a result of the reimbursement provisions.

Finally, *Table 5* reports the evolution of the number of E125 claims received and the amount paid for years 2017 to 2020. For most competent Member States, the number of claims received as well as the amount reimbursed decreased in 2020 compared to 2019. As stated before, it is premature to link this decline to the COVID-19 pandemic.

Table 4 - Reimbursement by the competent Member State, 2020

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 €)*	*Share in total healthcare spending related to benefits in kind*	*E125*	*E126*	*Other*	*E125*	*E126*	*Other*
BE	53,160		9,302	3,832,751	63,494	3,994,143	125,956	7,826,894		42.2%	7.4%	50.4%			
BG	51,441	50,408,330	174	271,735			51,615	50,680,064	2.09%	99.7%	0.3%	0.0%	99.5%	0.5%	0.0%
CZ	42,493	19,011,697	1,025	65,088			43,518	19,076,785	0.17%	97.6%	2.4%	0.0%	99.7%	0.3%	0.0%
DK	26,445	3,134,958	4,366	650,845			30,811	3,785,804	0.02%	85.8%	14.2%	0.0%	82.8%	17.2%	0.0%
DE	522,625	221,661,761	2,860				525,485	221,661,761	0.08%	99.5%	0.5%	0.0%			
EE	6,064	5,564,919	261	55,271			6,325	5,620,190	0.50%	95.9%	4.1%	0.0%	99.0%	1.0%	0.0%
IE	31,884	13,140,746					31,884	13,140,746	0.09%						
EL	13,325	13,479,453	45	30,803			13,370	13,510,256	0.16%	99.7%	0.3%	0.0%	99.8%	0.2%	0.0%
ES	76,612	44,032,353	2,648	524,461			79,260	44,556,814	0.07%	96.7%	3.3%	0.0%	98.8%	1.2%	0.0%
FR	234,512	91,317,657	6,466	1,415,753	90,713	8,662,886	331,691	101,396,296	0.05%	70.7%	1.9%	27.3%	90.1%	1.4%	8.5%
HR	13,315	7,655,959	693				14,008	7,655,959	0.24%	95.1%	4.9%	0.0%			
IT	240,848		1,384		41		242,273			99.4%	0.6%	0.0%			
CY															
LV	6,475	5,976,415	120	45,733	35	17,119	6,630	6,039,267	0.63%	97.7%	1.8%	0.5%	99.0%	0.8%	0.3%
LT	9,345	10,171,445	610	113,360	21	9,321	9,976	10,294,126	0.58%	93.7%	6.1%	0.2%	98.8%	1.1%	0.1%
LU															
HU	15,895	8,908,334	372	35,283			16,267	8,943,617	0.15%	97.7%	2.3%	0.0%	99.6%	0.4%	0.0%
MT	1,314	257,000	16	4,121			1,330	261,122	0.05%	98.8%	1.2%	0.0%	98.4%	1.6%	0.0%
NL	84,063	69,857,914	<5	23,709	113,426	16,453,478	197,491	86,335,100	0.15%	42.6%	0.0%	57.4%	80.9%	0.0%	19.1%
AT	58,461	23,722,737	690				59,151	23,722,737	0.10%	98.8%	1.2%	0.0%			
PL	71,590	52,533,482	4,229	1,140,680	9,803	4,521,105	85,622	58,195,267	0.35%	83.6%	4.9%	11.4%	90.3%	2.0%	7.8%
PT	40,646	4,990,877	350	118,573			40,996	5,109,451	0.04%	99.1%	0.9%	0.0%	97.7%	2.3%	0.0%
RO	29,056	36,945,765	303	105,028			29,359	37,050,793	0.44%	99.0%	1.0%	0.0%	99.7%	0.3%	0.0%
SI	19,250	7,186,609	587	174,723			19,837	7,361,332	0.26%	97.0%	3.0%	0.0%	97.6%	2.4%	0.0%
SK	33,751	17,672,727	840	494,041	559	133,430	35,150	18,300,198	0.40%	96.0%	2.4%	1.6%	96.6%	2.7%	0.7%
FI	9,700	4,150,000	49	12,661	3,863	3,032,877	13,612	7,195,538	0.05%	71.3%	0.4%	28.4%	57.7%	0.2%	42.1%
SE	38,404	15,375,798	2,651	579,494			41,055	15,955,293	0.05%	93.5%	6.5%	0.0%	96.4%	3.6%	0.0%
UK	320,690		4,346	751,916	133	53,073	325,169	804,989	0.00%	98.6%	1.3%	0.0%			
IS															
LI															
NO			328	135,699			328	135,699	0.00%						
CH	62,246						62,246								
EU-27	**1,734,712**	**879,437,159**	**40,043**	**9,694,113**	**281,955**	**36,824,359**	**2,056,710**	**773,675,410**	**0.09%**	**90.0%**	**2.9%**	**7.1%**	**89.1%**	**6.6%**	**4.3%**

* Total: the average percentages are unweighted averages.

Source: Administrative data EHIC Questionnaire 2021

Table 5 - Evolution of the number of claims received (E125) and amount paid by the competent Member State, 2017-2020

	E125 forms received						Amount paid (in €)					
	2017	*2018*	*2019*	*2020*	*Change in number of claims 2020 vs. 2019*	*% change 2020 vs. 2019*	*2017*	*2018*	*2019*	*2020*	*Change in number of claims 2020 vs. 2019*	*% change 2020 vs. 2019*
BE	47,213	44,306	60,579				32,644,222	47,650,399	48,423,716			
BG	48,307	27,088	20,961	51,441	30,480	145%	29,125,472	20,575,676	52,528,293	50,408,330	-2,119,963	-4%
CZ	41,715	45,050	45,894	42,493	-3,401	-7%	19,526,710	20,225,316	21,082,013	19,011,697	-2,070,315	-10%
DK	20,870	23,852	25,774	26,445	671	3%	9,191,351	12,124,217	12,962,953	3,134,958	-9,827,995	-76%
DE	562,454	547,076	559,175	522,625	-36,550	-7%	228,765,682	219,630,849	251,407,990	221,661,761	-29,746,228	-12%
EE	6,344	7,678	4,859	6,064	1,205	25%	2,885,953	7,637,246	3,918,489	5,564,919	1,646,431	42%
IE	38,505	29,986	30,557	31,884	1,327	4%	12,073,874	11,282,798	11,745,985	13,140,746	1,394,761	12%
EL		16,344	16,344	13,325	-3,019	-18%		15,199,952	15,199,952	13,479,453	-1,720,500	-11%
ES	106,264	101,022	81,115	76,612	-4,503	-6%	70,419,940	60,237,380	55,624,712	44,032,353	-11,592,359	-21%
FR	195,710	184,506	184,506	234,512	50,006	27%	103,365,056	121,184,596	121,184,596	91,317,657	-29,866,939	-25%
HR	14,676	13,495	15,085	13,315	-1,770	-12%	8,085,130	8,152,210	8,742,086	7,655,959	-1,086,127	-12%
IT	182,672	290,178	290,178	240,848	-49,330	-17%	152,280,221	152,280,221	152,280,221	152,280,221		
CY	2,423	4,934	4,038					10,947,941				
LV	4,981	5,467	6,261	6,475	214	3%	2,705,759	5,388,163	3,118,557	5,976,415	2,857,858	92%
LT	9,481	8,792	8,824	9,345	521	6%	8,690,845	7,661,360	8,363,021	10,171,445	1,808,424	22%
LU												
HU	21,805	18,479	18,674	15,895	-2,779	-15%	11,888,216	10,784,135	10,412,916	8,908,334	-1,504,581	-14%
MT	1,513	1,980	1,157	1,314	157	14%	576,462	45,506	737,101	257,000	-480,101	-65%
NL	78,465	90,533	87,409	84,063	-3,346	-4%	56,953,247	62,330,938	78,369,190	69,857,914	-8,511,276	-11%
AT	114,511	92,142	87,455	58,461	-28,994	-33%	36,093,411	27,398,192	30,064,621	23,722,737	-6,341,884	-21%
PL	80,697	76,811	79,108	71,590	-7,518	-10%	49,515,980	128,784,453	122,037,817	52,533,482	-69,504,335	-57%
PT	39,747	37,603	39,037	40,646	1,609	4%	13,335,791	41,555,169	43,188,975	4,990,877	-38,198,098	-88%
RO	47,085	0	29,077	29,056	-21	0%	49,358,133	0	35,248,192	36,945,765	1,697,574	5%
SI	59,273	19,516	19,516	19,250	-266	-1%	19,301,621	4,286,196	4,286,196	7,186,609	2,900,413	68%
SK	40,936	33,396	32,863	33,751	888	3%	17,224,481	15,242,326	15,832,268	17,672,727	1,840,459	12%
FI	17,800	25,300	23,500	9,700	-13,800	-59%	6,798,000	8,850,000	7,500,000	4,150,000	-3,350,000	-45%
SE	49,192	60,131		38,404			27,473,212	21,657,364		15,375,798		
UK		156,573	156,573	320,690	164,117	105%		101,116,319	101,116,319			
IS	4,240	3,610	3,610				1,308,052	533,908				
LI	2,035						974,702					
NO			131,341						7,475,516			
CH	72,777	59,213	69,114	62,246	-6,868	-10%						
EU-27*					-68,219	-4%	6%				-201,774,782	-19%

* EU-27: calculated for Member States that provided data for both 2019 and 2020.

Source: Administrative data EHIC Questionnaire 2018-2021

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).

Most claims of reimbursement of the costs of medical treatments provided by the Member State of temporary stay were issued by Germany (311,419 forms, of which 300,507 E125 forms issued). Austria and Poland are close runners-up with more than 200,000 forms each. Germany (€ 198.3 million), France (€ 154 million) and Austria (€ 108 million) claimed the highest amount of reimbursement.

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. A number of Member States of stay received a relatively high number of E126 forms (compared to the total number of forms (E125 forms issued + E126 forms received)). This is the case for Norway (22%), Switzerland (20%), France (15%), Greece (12%), Romania (11%) and Finland (12%) (*Table 6*).[24] In these countries, more than in others, the insured person had to pay the cost of the treatment upfront and asked for reimbursement by the competent Member State after returning home.

In *Annex II* the individual claims for reimbursement issued to the competent Member States are reported. Most claims were sent to Germany for the reimbursement of necessary unplanned care provided in Austria (119,626 forms) and Poland (97,741).

From the perspective of the Member State of treatment, it is also useful to know how high claims are in relative terms. Only Croatia, Cyprus and Austria claimed an amount higher than 0.4% of total healthcare spending related to benefits in kind. Despite the high amount of reimbursement claimed by Germany, the budgetary impact on total spending remains rather limited, namely 0.07%. On average, the budgetary impact amounts to 0.08%, which is lower compared to 2019, when the share in total healthcare spending equalled 0.11%.

In 2020, a sharp decrease in the number of claims for reimbursement of necessary unplanned care issued by the Member State of treatment is observed compared to 2019 *(Table 7)*. Both the number of claims for reimbursement and the amount claimed decreased by approximately 30%. To some extent, this might reflect the impact of the COVID-19 pandemic. Especially, since a number of Mediterranean countries show a strong decrease compared to previous years. For instance, the amount claimed by Spain in 2020 was more than € 100 million lower compared to previous years.

[24] The amount covered by the E126 forms compared to the amount covered by the E125 forms appears to be (much) lower.

Table 6 - Evolution of the number of claims received (E125) and amount paid by the competent Member State, 2017-2020

	E125 forms received						Amount paid (in €)					
	2017	*2018*	*2019*	*2020*	*Change in number of claims 2020 vs. 2019*	*% change 2020 vs. 2019*	*2017*	*2018*	*2019*	*2020*	*Change in number of claims 2020 vs. 2019*	*% change 2020 vs. 2019*
BE	47,213	44,306	60,579				32,644,222	47,650,399	48,423,716			
BG	48,307	27,088	20,961	51,441	30,480	145%	29,125,472	20,575,676	52,528,293	50,408,330	-2,119,963	-4%
CZ	41,715	45,050	45,894	42,493	-3,401	-7%	19,526,710	20,225,316	21,082,013	19,011,697	-2,070,315	-10%
DK	20,870	23,852	25,774	26,445	671	3%	9,191,351	12,124,217	12,962,953	3,134,958	-9,827,995	-76%
DE	562,454	547,076	559,175	522,625	-36,550	-7%	228,765,682	219,630,849	251,407,990	221,661,761	-29,746,228	-12%
EE	6,344	7,678	4,859	6,064	1,205	25%	2,885,953	7,637,246	3,918,489	5,564,919	1,646,431	42%
IE	38,505	29,986	30,557	31,884	1,327	4%	12,073,874	11,282,798	11,745,985	13,140,746	1,394,761	12%
EL		16,344	16,344	13,325	-3,019	-18%		15,199,952	15,199,952	13,479,453	-1,720,500	-11%
ES	106,264	101,022	81,115	76,612	-4,503	-6%	70,419,940	60,237,380	55,624,712	44,032,353	-11,592,359	-21%
FR	195,710	184,506	184,506	234,512	50,006	27%	103,365,056	121,184,596	121,184,596	91,317,657	-29,866,939	-25%
HR	14,676	13,495	15,085	13,315	-1,770	-12%	8,085,130	8,152,210	8,742,086	7,655,959	-1,086,127	-12%
IT	182,672	290,178	290,178	240,848	-49,330	-17%	152,280,221	152,280,221	152,280,221	152,280,221		
CY	2,423	4,934	4,038					10,947,941				
LV	4,981	5,467	6,261	6,475	214	3%	2,705,759	5,388,163	3,118,557	5,976,415	2,857,858	92%
LT	9,481	8,792	8,824	9,345	521	6%	8,690,845	7,661,360	8,363,021	10,171,445	1,808,424	22%
LU												
HU	21,805	18,479	18,674	15,895	-2,779	-15%	11,888,216	10,784,135	10,412,916	8,908,334	-1,504,581	-14%
MT	1,513	1,980	1,157	1,314	157	14%	576,462	45,506	737,101	257,000	-480,101	-65%
NL	78,465	90,533	87,409	84,063	-3,346	-4%	56,953,247	62,330,938	78,369,190	69,857,914	-8,511,276	-11%
AT	114,511	92,142	87,455	58,461	-28,994	-33%	36,093,411	27,398,192	30,064,621	23,722,737	-6,341,884	-21%
PL	80,697	76,811	79,108	71,590	-7,518	-10%	49,515,980	128,784,453	122,037,817	52,533,482	-69,504,335	-57%
PT	39,747	37,603	39,037	40,646	1,609	4%	13,335,791	41,555,169	43,188,975	4,990,877	-38,198,098	-88%
RO	47,085	0	29,077	29,056	-21	0%	49,358,133	0	35,248,192	36,945,765	1,697,574	5%
SI	59,273	19,516	19,516	19,250	-266	-1%	19,301,621	4,286,196	4,286,196	7,186,609	2,900,413	68%
SK	40,936	33,396	32,863	33,751	888	3%	17,224,481	15,242,326	15,832,268	17,672,727	1,840,459	12%
FI	17,800	25,300	23,500	9,700	-13,800	-59%	6,798,000	8,850,000	7,500,000	4,150,000	-3,350,000	-45%
SE	49,192	60,131		38,404			27,473,212	21,657,364		15,375,798		
UK		156,573	156,573	320,690	164,117	105%		101,116,319	101,116,319			
IS	4,240	3,610	3,610				1,308,052	533,908				
LI	2,035						974,702					
NO			131,341						7,475,516			
CH	72,777	59,213	69,114	62,246	-6,868	-10%						
EU-27*					-68,219	-4%	6%				-201,774,782	-19%

* * EU-27: calculated for Member States that provided data for both 2019 and 2020.

Source: Administrative data EHIC Questionnaire 2018-2021

Table 7 - Evolution of the number of claims issued (E125) and amount claimed by the Member State of treatment, 2017-2020

	E125 forms issued						Amount claimed (in €)					
	2017	*2018*	*2019*	*2020*	*Change in number of claims 2020 vs. 2019*	*% change 2020 vs. 2019*	*2017*	*2018*	*2019*	*2020*	*Change in number of claims 2020 vs. 2019*	*% change 2020 vs. 2019*
BE	66,889	69,310	69,310				86,941,856	88,390,949	89,991,289			
BG	4,748	6,867	6,091	7,228	1,137	19%	1,097,197	1,785,396	1,708,979	2,542,974	833,995	49%
CZ	52,577	52,164	51,166	39,697	-11,469	-22%	13,050,021	14,216,387	15,947,032	14,084,004	-1,863,027	-12%
DK	4,239	11,684	7,594	15,389	7,795	103%	2,143,563	4,561,362	4,734,063	3,006,383	-1,727,680	-36%
DE	390,588	346,339	335,102	300,507	-34,595	-10%	221,466,274	209,673,688	216,049,994	198,334,940	-17,715,054	-8%
EE	5,315	10,039	8,478	3,649	-4,829	-57%	1,131,312	1,591,817	1,516,434	1,807,298	290,864	19%
IE	18,744	20,284	17,289	12,502	-4,787	-28%	1,636,829	3,899,343	3,625,302	2,465,900	-1,159,402	-32%
EL		52,634	52,634	7,796	-44,838	-85%		4,884,160	4,884,160	9,146,600	4,262,440	87%
ES	393,134	447,505	392,550	161,821	-230,729	-59%	188,589,526	214,305,342	206,032,525	78,857,220	-127,175,305	-62%
FR	82,245	79,327	79,327	67,097	-12,230	-15%	166,298,633	169,541,854	169,541,854	152,163,355	-17,378,499	-10%
HR	120,167	134,778	137,889	128,890	-8,999	-7%	14,449,124	15,581,043	16,858,366	15,905,008	-953,359	-6%
IT	142,219	155,144	155,144	136,527	-18,617	-12%	117,577,987	117,577,987	117,577,987			
CY	4,467	5,579	4,253				76,135	4,140,438	4,020,100	4,020,100		
LV	2,028	2,418	2,985	3,446	461	15%	225,498	293,608	322,124	427,065	104,941	33%
LT	3,621	4,119	4,834	4,327	-507	-10%	732,076	723,001	970,289	873,226	-97,063	-10%
LU												
HU	20,144	20,275	19,497	11,566	-7,931	-41%	4,233,122	4,457,117	4,049,205	2,073,285	-1,975,920	-49%
MT	5,111	6,107	7,451	2,972	-4,479	-60%	989,189	1,465,453	2,113,381	934,909	-1,178,472	-56%
NL	49,332	24,706	282,730	112,825	-169,905	-60%	54,762,440	30,862,794	148,387,979	47,595,648	-100,792,331	-68%
AT	238,237	236,139	237,895	200,304	-37,591	-16%	115,905,327	119,524,723	115,334,850	108,270,765	-7,064,085	-6%
PL	231,439	228,906	229,685	207,846	-21,839	-10%	24,144,540	24,504,400	24,067,900	24,149,391	81,491	0%
PT	144,698	59,668	152,629	72,545	-80,084	-52%	25,453,835	9,873,985	25,438,387	4,031,474	-21,406,912	-84%
RO	2,099		846	2,745	1,899	224%	985,308	0	530,442	1,282,788	752,346	142%
SI	15,762	16,624	16,624	13,071	-3,553	-21%	4,270,674	4,293,424	4,293,424	4,786,208	492,784	11%
SK	32,726	67,481	33,570	26,045	-7,525	-22%	3,914,611	7,236,290	6,829,098	5,567,154	-1,261,943	-18%
FI	7,614	6,796	7,106	5,964	-1,142	-16%	5,024,910	4,906,878	5,168,114	4,707,813	-460,300	-9%
SE	26,088	31,433	19,962	44,218	24,256	122%	25,581,038	23,304,283	19,496,529			
UK		15,081	15,081	18,777	3,696	25%		20,448,034	20,448,034	38,461,778	18,013,744	88%
IS	3,652	4,286	4,286				2,257,679	2,637,669	2,637,669			
LI	1,349	271	535	305	-230	-43%	1,025,792	188,143	213,825	238,514	24,689	12%
NO	618	1,557	2,074	1,720	-354	-17%	466,573	7,874,704	2,315,260	2,371,478	56,218	2%
CH	52,237	52,110	46,135	35,311	-10,824	-23%	70,963,100	77,595,651	71342567.75	56768400	-14,574,168	-20%
EU-27*			**2,239,116**	**1,544,759**	**-694,357**	**-31%**			**982,424,001**	**687,033,509**	**-295,390,491**	**-30%**

* EU-27: calculated for Member States that provided data for both 2019 and 2020.

Source: Administrative data EHIC Questionnaire 2018-2021

5.2.3. Reimbursement under the terms of Directive 2011/24/EU

Member States were asked whether they are aware of cases where the patients sought reimbursement for unplanned medical treatment abroad under the terms of Directive 2011/24/EU. Several Member States reported that they are not aware of such cases (e.g., Estonia, France, Lithuania, and Portugal). Croatia reported that there are some cases.

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. Finally, cases of fraud and error in the field of necessary unplanned healthcare are reported.

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, 18 reporting Member States were aware of the refusal in another Member State, while only 7 were not aware of such refusals.

The detailed replies by Member States to this question is provided in *Annex III*. 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. Several Member States argue that it would be useful that the information about where the EHIC can be used is made available. Finally, 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/knowledge as regards procedures;
- to avoid administrative burden;
- considered as planned healthcare (e.g., in case of pregnancy/childbirth);
- 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[25] further explain the notion of necessary care, and the European Commission has issued explanatory notes[26] on the matter, most of the reporting Member States still signalled difficulties in connection with the interpretation of 'necessary healthcare' *(see Annex III)*. More specifically, two out of three of the 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 [27] 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".[28] 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.

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[25] Decision S1 indicates that all necessary care is covered by the EHIC, and Decision S3 of 12 June 2009 defines specific groups of treatment which have to be considered as 'necessary care'.

[26] Explanatory notes on modernised social security coordination Regulation (EC) Nos 883/2004 and 987/2009 are available at http://ec.europa.eu/social/main.jsp?catId=867.

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

[28] 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.

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 4 out of the 25 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 or an incomplete E125 form *(see also Annex III)*. 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.

Fourteen 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.

Germany reported 4,671 rejections of invoices in other countries. The share of rejected invoices in other countries compared to the total claims of reimbursement received is on average almost 2% (unweighted average) (*Table 8*). However, there are some strong differences among Member States. For instance, a high percentage of claims for reimbursement from the Czech Republic (4%) and Hungary (5%) were rejected by other countries. When looking at the number of rejections by own institutions, Germany shows the highest amount with 11,175. In relative terms, Romania (7.8%), Latvia (6.0%), the Czech Republic (4.8%), and Hungary (4.8%) rejected a high share of the reimbursement claims they received. In general, the rejection rate for the reporting Member States amounts to some 2%.

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 State of stay if additional information has to be provided 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 8 - Number of rejection of invoices, 2020

MS	Rejections by institutions in other countries	Share of rejections in total reimbursement claims issued**	Rejections in 2019	Rejections by your institutions	Share of rejections in total reimbursement claims received***	Rejections in 2019
CZ	1,579	4.0%	2.4%	2,744	6.5%	4.8%
DK	67	0.4%		58	0.2%	
DE	4,671	1.6%	1.4%	11,175	2.1%	2.6%
EE	7	0.2%				
ES				63	0.1%	
FR	1,125	1.7%	1.6%	895	0.4%	0.3%
HR	982	0.8%	0.7%	214	1.6%	1.7%
LV	33	1.0%	0.5%	26	0.4%	6.0%
LT	47	1.1%	0.1%	48	0.5%	0.3%
HU	557	4.8%	6.2%	198	1.2%	4.8%
PL	1,034	0.5%	0.4%	1,715	2.4%	1.9%
RO	52	1.9%	23.0%	2,231	7.7%	7.8%
SI	275	2.1%	1.6%	204	1.1%	1.0%
SK	422	1.6%	0.2%			
Total		1.7%			2.0%	

* Unweighted average of the reporting Member States.

** For the nominator, see Table 6.

*** For the nominator, see Table 4.

Source: Administrative data EHIC Questionnaire 2021

6.4. Fraud and error

Inappropriate use of the EHIC is problematic for both the Member State of stay, which has to claim a reimbursement, and the competent Member State, which has to cover it. Safeguards to avoid misuse are provided in Decision S1 of the Administrative Commission concerning the EHIC (e.g., cooperation between institutions in order to avoid misuse of the EHIC, the EHIC should contain an expiry date, etc.).

Nine Member States reported cases of inappropriate use of the EHIC (DE, EE, ES, HR, LT, NL, AT, SK and IT). Six of them were able to quantify the fraudulent or erroneous use of the EHIC. Most of the reported cases of inappropriate use refer to the use of the EHIC by persons who were not or no longer entitled to healthcare under the national legislation. Furthermore, it also occurred that the EHIC was expired. In addition, Member States were asked whether they were aware of any intermediaries (websites or other) charging for advice on the application of the EHIC, which is not allowed. The reporting Member States were not aware of such practices. Only Switzerland reported they were aware of such cases, but they could not specify them in more detail.

Austria reported the highest number of cases of inappropriate use (787 cases), followed by Estonia (112 cases). Those reported cases are compared to the total reimbursement claims. In relative terms, Estonia stands out as around 2% of its total claims paid are connected to inappropriate use. However, regarding the monetary impact, these cases only entail 0.4% of the total amount reimbursed. Furthermore, such cases concern some 1% of the total amount reimbursed by Austria. For most reporting Member States, it is clear that the impact of inappropriate use of the EHIC remains limited.

Table 9 - Number of cases of inappropriate use (fraud and error) of the EHIC, 2020

	Total number of cases identified in 2020	Total amount involved in 2020 (in €)	Share in total number of claims paid in 2020	Share in total amount reimbursed in 2020	Total number of cases identified in 2019
EE	112	20,228	1.8%	0.4%	112
HR	25		0.2%	0.0%	56
LT	63	32,534	0.6%	0.3%	
AT	787	270,858	1.3%	1.1%	816
SK	45	19,565	0.1%	0.1%	
IT	9	16,710	0.0%	0.1%	

Source: Administrative data EHIC Questionnaire 2021

Finally, Member States were asked if they are aware of other problems related to the use of the EHIC. A difficulty that was mentioned is the lack of awareness, of both the healthcare providers and the patients about the rules and procedures to be followed. The former often do not accept the EHIC because they are poorly informed about how it works. The latter are sometimes unaware of the fact that they might still have to pay (a part of) the healthcare provided. Moreover, sometimes, patients are not able to determine whether the healthcare provider has a contract with the statutory health insurance, and thus accepts the EHIC, or whether it is a private health care provider. Finally, Denmark reported that in some regions, hospitals often have difficulties obtaining PRCs from the health authorities in the competent Member State.

Annex I Information for the insured persons and healthcare providers

Table a1 - Information for the insured persons and healthcare providers, 2020

MS	Information for insured persons	Awareness-raising of the healthcare providers
BE	No. Like in the past, healthcare funds publish every year in their periodicals for the members articles informing/remembering them on the use of the EHIC. That information is often also available on their websites. Some have published leaflets to inform their members on how to deal health issues in a foreign country. No specific referral to the rights under Directive 2011/24/EU.	No
BG	There were no public information campaigns ongoing or newly introduced during 2020.	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	We had no national information campaigns in 2020, but 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. Furthermore, information about the EHIC and patient rights under the Directive is also available on the websites of both The Danish Patient Safety Authority and the five regional authorities in Denmark.	The five Danish regions, which are responsible for hospital care and for healthcare services provided by GPs and other specialists in private practice, regularly provide information/update to healthcare providers in the region about cross-border healthcare.
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. 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 2020 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 2020, 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 2020, a campaign has been maintained to inform about the conditions of access to the EHIC, its limits and responsibility for its use through the ISFAS website and through information disseminated through the work centres and ISFAS Delegations.	This is competence of the Ministry of Health, Consumption and Social Welfare.
FR	Yes like every year by ameli.fr	Not in 2020.
HR	No, 2020 was predominantly affected by COVID-19, which made traveling almost not possible.	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 a web page for healthcare providers.
IT	No. Nevertheless the institutional website shows useful information also regarding a link devoted to the Directive. At regional level is in place a contact point for the implementation of Directive 2011/24/UE which is also available on the institutional portal. All competent institutions give information to patients/insured persons with different means, on the phone, by e-mail, and in the front-office way. In regard of Directive 2011/24/UE on the portal can be consulted a specific note illustrating conditions and procedure to access to reimbursement by the competent institution and the relevant information. It is also provided a juridical back office for the clerks of the cross border mobility to whom insured persons can rely on. Some institutions give to entitled persons from other Member State holding EHIC an informative leaflet and detailed information on how to access to healthcare services. Training days for clerks of the cross border mobility have been provided by some institutions according to the Directive 2011/24/UE as well.	
CY		
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.

MS	Information for insured persons	Awareness-raising of the healthcare providers
LT	The Information about the 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 2020 a special information campaign was carried out in order to inform service providers about changes in relation to the UK's withdrawal from the EU and about the new models of the UK EHICs. In addition, the information concerning the EHIC and the rights of cross-border patients under terms of Directive 2011/24/EU is available for healthcare providers on websites of the NHIF and National Contact Point (NCP) for Cross-border healthcare, where it is regularly updated in connection with relevant changes.
LU	No	No
HU	No	No
MT	EHIC public information campaigns were organised through webinars addressed to various stakeholders, Public Service Customer Website: servizz.gov.mt and www.ehic.gov.mt.	Training sessions were provided for the staff working at different Medical Health Care Entities with the aim to provide information regarding the proper use of EHIC. On-line and telephone support were provided when requested.
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.asr.nl/verzekeringen/zorgverzekering/ehic; https://www.menzis.nl/klantenservice/buitenland/europese-zorgkaart; https://www.vgz.nl/service-en-contact/ehic-pas	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 institutions also provide information on current developments by means of circulars.
PL	There were no ongoing or new campaigns and initiatives in 2020	There were no ongoing or new campaigns and initiatives in 2020.
PT	The information regarding the application of the Regulations and the Directive is disseminate through the Directive Portal, the Nacional 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.	No. 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 2020, as in previous years, the ZZZS 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 one event, travel fair in Helsinki 16.-20 January 2020. During the five day period of the travel fair 946 new EHICs were requested on the spot. Additionally, 1,342 new EHICs were requested online. The card was also promoted in social media 8.-13.1.2020. During the promotion 1,724 new EHICs were requested online.	No campaigns were ongoing in 2020.
SE	When entering the start page of our website (www.forsakringskassan.se) the customer directly can see a link to the service where you can request an EHIC. On the eve of winter, summer and autumn vacation periods, Försäkringskassan publishes a press release in order to raise awareness about EHIC. The press release is widely referred to in national media. No similar measures were undertaken regarding the rights under Directive 2011/24/EU.	No new initiatives.
UK	No	No
IS		
LI	No	No
NO	Insured persons can find information concerning the EHIC on our website www.helsenorge.no. This website is also used to apply electronically for an EHIC. Due to the corona situation, we did not have any campaign in 2020.	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 healthcare providers about use and validity of the EHIC (information sheet, meetings). Switzerland does not apply Directive 2011/24/EU

* Administrative data EHIC Questionnaire 2020

Annex II Reimbursement claims between Member States

Table a2 - Number of claims received by the competent Member State for the payment of necessary healthcare received abroad, total, 2020

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		8,367	610	315	2,203	222	514	963	11,487	18,124	259	4,271		255	214		211	54	54,834	399	3,983	4,761	1,071		757	38	690	3,114			14	1,379
BG			121	90	496	38	34	99	266	792	6	570		32	13		5	17	354	36	65	32	50		31	41	50	1,044			0	27
CZ		626		458	9,152	50	104	161	1,258	1,267	208	2,210		147	92		125	22	1,519	915	9,614	291	175		15,612	17	502	4,669			0	497
DK		109	122		10,996	23	0	12	451	586	34	325		95	73		119	8	949	71	418	0	62		88	0	14	<5			0	332
DE		23,606	6,240	6,660		1,843	2,261	7,775	20,162	26,058	7,901	58,147		2,087	3,202		7,857	228	31,814	27,237	46,056	6,042	9,562		5,829	129	6,862	35,231			74	12,262
EE		18	20	29	326		33	<5	95	79	<5	277		125	110		11	<5	113	48	31	11	0		5	280	17	5			<5	34
IE		83	98	7	1,412	35		52	3,169	1,937	118	3,279		80	175		54	30	407	347	603	201	105		189	<5	<5	63			<5	350
EL		393	79	313	3,786	9	20		183	2,199	3	2,299		12	34		39	6	2,306	373	230	11	268		46	474	404	3,028			0	368
ES		2,698	1,844	5,427	56,498	415	13,842	436		85,737	363	45,480		505	919		1,107	141	27,070	3,537	4,024	12,464	4,899		757	2,369	13,942	167,596			19	8,876
FR		1,824	371	1,895	8,087	175	1,238	263	17,009		179	9,808		119	398		277	62	14,033	876	2,055	6,872	1,399		286	122	1,845	25,032			52	4,797
HR		70	3,795	768	75,811	57	473	23	529	2,396		7,036		42	68		929	12	1,965	6,645	2,978	103	38		2,168	5	2,261	3,336			<5	4,669
IT		988	1,763	1,681	18,635	84	566	258	2,959	10,865	437			116	225		405	185	4,576	5,024	2,063	358	4,215		756	42	1,380	3,080			5	6,344
CY		283	14	40	117	6	37	497	11	150	<5	31		43	23		19	11	104	21	44	6	112		48	93	89	2,085			0	11
LV		8	61	63	641	328	40	13	100	94	<5	43			485		11	6	125	56	131	32	<5		53	15	219	202			0	42
LT		9	42	179	857	69	253	17	222	212	9	252		163			8	<5	200	31	334	78	8		16	5	239	2,076			11	37
LU		142	53	30	554	35	0	40	211	12,911	10	615		10	14		24	5	773	32	135	1,438	76		32	<5	8	166			0	120
HU		84	423	254	6,997	16	192	25	303	3,084	32	1,289		5	20			35	703	1,572	318	61	2,684		1,305	15	500	14			<5	836
MT		96	60	132	495	16	133	58	99	154	19	1,953		7	19		69		291	99	126	28	5		50	<5	158	15			<5	80
NL		684	461	559	19,458	142	692	430	2,498	3,120	205	3,493		162	512		357	91		754	1,567	773	200		511	82	769	4,732			31	961
AT		7,292	6,160	5,762	142,203	181	558	647	3,089	4,495	1,419	18,901		278	290		3,454	126	20,023		4,241	1,196	2,529		3,914	35	3,057	6,996			14	7,583
PL		1,490	7,694	5,185	121,250	106	9,532	189	3,959	6,956	119	10,773		131	393		296	67	20,472	1,985		389	97		823	8	6,686	54,962			<5	1,936
PT		74	175	48	8,356	43	562	71	4,072	128,319	59	3,093		32	7		83	<5	4,999	355	407		121		58	76	613	119			<5	6,274
RO		10	37	23	0	<5	37	15	347	686	<5	1,404		0	0		6	6	275	164	30	19			17	5	39	323			0	59
SI		63	373	79	4,697	22	98	28	337	497	1,231	6,017		13	17		113	49	500	2,088	193	93	27		188	<5	138	1,117			0	551
SK		122	11,498	195	2,987	20	481	37	453	441	53	1,379		32	51		414	29	518	3,799	714	116	53			<5	172	1,360			<5	1,120
FI		29	80	21	1,386	1,552	68	30	457	512	82	478		218	236		37	16	408	139	136	144	23		66		150	14			<5	198
SE		768	449	122	12,592	661	0	576	1,139	2,760	285	1,974		1,158	1,204		<5	74	2,910	660	3,517	594	226		509	0		63			39	1,541
UK		687	477	5	2,274	0	0	450	77	582	108	3,220		548	909		0	0	1,327	417	607	14	1,036		532	11	<5				<5	639
IS		0	80	22	696	0	15	9	177	406	24	209		85	61		0	11	149	78	214	62	<5		42	0	14	703			18	163
LI		0	5	<5	65	<5	0	<5	6	<5	0	27		7	0		0	0	0	63	<5	8	<5		<5	0	0	7			0	110
NO		25	17	89	702	16	7	19	76	163	10	62		42	128		8	<5	314	34	144	<5	26		13	0	42	6				50
CH		967	296	356	11,756	158	94	207	4,060	16,108	133	53,770		81	84		227	27	3,460	1,296	641	4,798	282		445	40	191	4,009			35	
Total		51,615	43,518	30,811	525,485	6,325	31,884	13,410	79,261	331,691	14,008	242,685		6,630	9,976		16,267	1,330	197,491	59,151	85,622	40,996	29,359	19,837	35,150	13,612	41,055	325,169			328	62,246

Source: Administrative data EHIC Questionnaire 2021

Table a3 - Amount paid (in €) by the competent Member State for of necessary healthcare received abroad, total, 2020

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		3,175,743	359,710	5,550	1,422,956	41,245	300,129	1,083,016	1,977,949	922,732	80,729			92,889	209,645		67,353	3,781	8,493,645	92,737	2,710,141	8,474	2,001,205		421,166	13,608	15,918	23,424			1,680	
BG			73,201	24,847	215,944	9,800	21,360	75,510	72,345	139,950	9,772			2,754	2,192		1,595	4,928	115,248	27,875	35,059	315	49,628		21,080	24,597	0	651			0	
CZ		574,013		1,651	2,841,325	5,650	105,012	13,988	186,407	230,201	59,286			50,823	39,403		21,541	0	262,640	282,285	4,327,196	100,054	139,422		5,698,916	6,962	2,799	382			0	
DK		170,441	45,157		4,157,575	29,355	0	731	207,146	266,137	23,597			30,769	61,141		77,506	19	327,280	8,897	426,188	0	49,325		34,793	0	285	14			0	
DE		17,417,854	5,764,032	486,115		1,986,488	1,694,985	6,959,825	10,591,503	11,078,026	3,991,726			2,584,085	3,173,289		4,348,565	65,850	22,715,542	12,236,883	29,619,791	5,765	8,746,297		4,592,365	48,000	91,377	158,506			38,207	
EE		2,782	712	9,282	48,243		10,244	5,528	2,151	19,144	41			110,121	26,115		1,975	65	9,291	22,428	2,982	2,698	0		2,844	35,724	624	385			25	
IE		81,340	20,388	0	518,904	11,273		17,197	154,513	338,036	19,258			47,879	114,742		14,681	446	140,309	64,448	235,926	52	138,058		23,743	143	180	6,092			82	
EL		2,543,295	93,410	226,869	7,736,754	12,112	56,383		3,384	900,624	102,410			51,379	27,056		31,493	1,624	1,147,145	380,356	252,348	16,162	327,824		65,034	223,875	3,588	14,454			0	
ES		3,379,718	707,188	1,255,407	31,489,609	213,546	5,251,252	257,630		27,108,519	92,148			89,053	514,554		419,139	72,010	10,194,667	1,398,964	1,585,764	147,664	4,041,885		249,589	2,457,671	126,162	49,207			12,468	
FR		6,566,938	572,152	81,770	14,769,232	298,316	1,760,439	1,553,406	21,457,806		396,249			60,427	571,193		596,927	9,943	12,598,784	796,292	5,148,588	36,666	6,674,777		637,875	18,282	57,403	334,494			18,119	
HR		55,208	406,849	300	9,311,760	7,722	278,531	2,127	26,459	341,157				24,363	5,793		120,572	0	293,650	668,379	236,784	10,201	15,123		241,573	748	2,017	738			125	
IT		1,831,166	1,381,576	499,204	10,849,901	102,008	631,438	484,682	1,582,522	5,369,482	584,610			239,416	190,126		311,063	115	2,920,744	3,073,162	1,638,025	0	7,328,310		714,508	18,214	33,485	20,678			4,056	
CY		575,515	17,373	33,343	117,880	4,373	27,689	842,008	545	69,238	711			87,899	11,926		22,195	10,126	47,036	13,635	16,854	0	149,975		33,924	33,850	0	139			0	
LV		1,199	7,449	9,914	73,666	52,945	2,812	506	2,131	8,861	163				70,714		258	63	5,476	7,087	10,111	0	267		4,837	1,892	377	70			0	
LT		1,179	2,138	31,853	123,462	20,387	92,282	1,998	9,497	22,647	998			41,243			527	137	36,468	4,336	232,032	0	274		964	791	1,053	19,088			1,438	
LU		159,235	27,709	1,091	1,054,079	29,160	0	77,485	426,336	6,681,905	25,695			1,598	4,999		22,105	37	884,152	35,529	277,856	1,009,524	163,325		7,356	526	27	2,886			0	
HU		93,367	53,179	21,447	1,095,046	2,158	37,463	5,931	30,681	854,263	1,553			1,065	881			1,442	172,874	167,781	39,655	4,664	1,197,544		242,330	2,158	850	3			24	
MT		83,340	3,882	24,735	127,420	4,249	18,724	5,409	32,040	22,832	2,012			3,844	5,076		6,151		95,562	18,583	22,072	0	4,907		8,430	120	750	9,050			295	
NL		1,434,505	443,430	44,281	23,825,159	112,366	944,580	416,990	1,896,748	2,646,658	221,185			224,582	1,000,171		401,458	24,664		616,556	1,665,535	1,330,254	452,178		452,651	19,208	36,563	40,559			7,225	
AT		7,878,020	4,351,184	541,380	58,451,529	142,507	355,568	372,518	684,870	1,688,235	860,677			89,341	339,451		1,939,261	2,278	11,689,903		2,873,835	0	2,602,087		2,999,864	15,888	11,984	28,093			3,498	
PL		334,282	748,342	179,893	13,841,192	21,121	840,046	29,229	231,065	901,263	23,272			75,778	81,534		45,958	5,155	1,846,152	185,494		46,057	10,395		164,320	3,372	4,681	6,167			1,369	
PT		22,974	30,964	3,103	1,413,636	7,493	268,152	15,203	539,597	23,973,704	5,901			3,438	11,611		17,075	0	722,386	133,476	168,156		59,951		7,705	102,802	30,475	8,990			518	
RO		9,130	13,850	2,641	0	327	5,235	9,530	29,170	131,983	2,502			0	0		292	7	43,664	42,627	12,424	47,754			8,414	167	182	554			0	
SI		78,032	109,740	10,709	1,596,718	5,300	15,496	947	43,336	87,225	537,168			4,759	2,909		57,715	637	283,122	451,660	67,608	18,546	70,011		26,586	0	223	3,887			0	
SK		69,112	2,571,018	20,574	556,939	38,813	120,334	0	97,283	72,298	7,673			3,075	17,568		143,275	1,254	70,722	557,067	214,768	0	32,522			34	167	7,620			12	
FI		94,912	39,108	5,303	895,318	1,629,029	66,394	9,772	173,379	202,576	77,710			566,996	170,114		23,226	2,369	339,959	87,126	70,771	92,345	15,617		33,426		8,409	755			16	
SE		576,884	330,683	55,138	7,506,486	648,918	0	431,076	229,316	1,512,288	93,335			678,022	1,419,442		0	4,644	1,716,357	683,328	4,088,739	97,907	322,065		388,740	0		946			15,035	
UK		2,567,488	402,224	0	3,317,266	0	0	526,231	361,051	51,018	70,559			647,123	1,601,699		0	0	1,676,793	253,415	860,621	48,879	1,840,519		563,255	3,547	49				3,731	
IS		1,045	28,919	1,603	338,101	2,899	16,166	14,801	14,578	195,193	21,358			26,000	13,290		0	458	199,519	41,357	75,103	61,280	5,031		16,128	0	1,586	62			4,709	
LI		312	5,017	674	55,885	54	689	601	3,241	58	0			0	0		0	0	156	58,729	909	8,972	488		421	0	0	0				
NO		107,858	51,501	365	2,463,308	94,304	30,421	0	323,118	314,185	164,330			88,966	466,763		13,947	4,398	1,416,308	80,436	576,881	0	105,054		36,344	0	1,232	68			0	
CH		793,180	414,700	206,764	21,446,467	86,272	188,922	307,609	3,166,646	15,245,857	179,331			111,581	140,728		237,763	44,672	5,869,547	1,231,809	702,546	2,015,219	506,727		566,273	13,360	147,047	67,027			23,069	
Total		**50,680,064**	**19,076,785**	**3,785,804**	**221,661,761**	**5,620,190**	**13,140,746**	**13,521,989**	**44,556,814**	**101,396,296**	**7,655,959**			**6,039,267**	**10,294,126**		**8,943,617**	**261,122**	**86,335,100**	**23,722,737**	**58,195,267**	**5,109,451**	**37,050,793**	**7,361,332**	**18,265,456**	**7,195,538**	**15,955,293**	**804,989**			**135,699**	

Source: Administrative data EHIC Questionnaire 2021

Table a4 - Number of claims issued by the Member State of treatment for necessary healthcare, total, 2020

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		402	259	148	5,191	23	113	306	6,883	13,401	637	9,362		32	40		124	93	20,797	4,573	2,900	1,162	144		122	116	672	38	0	<5	38	
BG			288	90	12,338	<5	72	239	1,127	332	43	1,206		9	5		27	30	1,119	1,483	1,192	40	18		33	11	744	891	0	0	25	
CZ		338		121	6,058	20	134	74	617	511	3,764	2,119		61	42		237	22	987	5,027	6,271	175	8		11,313	94	450	569	0	<5	15	
DK		154	403		6,444	29	0	272	2,084	1,238	740	1,479		63	177		143	36	972	3,909	4,107	58	23		179	0	85	0	0	0	0	
DE		889	8,135	11,021		327	1,820	4,006	21,295	8,450	75,597	57,292		643	865		4,563	306	43,684	119,626	97,741	8,418	731		2,988	1,344	12,598	1,659	0	95	693	
EE		54	39	64	824		34	8	171	150	52	84		325	67		6	11	275	149	50	42	7		20	1,201	652	14	0	0	13	
IE		47	392	<5	2,285	33		21	5,786	937	386	768		42	257		114	67	1,629	734	6,619	562	22		580	69	<5	1,438	0	0	7	
EL		467	174	30	7,456	<5	52		163	258	23	798		13	17		20	58	1,008	588	145	77	24		47	35	671	498	0	<5	19	
ES		282	857	462	13,211	71	2,870	34		5,646	503	2,428		112	191		168	102	3,696	1,867	1,544	3,351	50		291	431	1,863	56	0	0	65	
FR		294	920	538	19,290	84	2,385	455	22,701		2,042	15,261		135	136		351	310	4,816	3,144	4,083	46,261	150		383	533	2,920	0	0	17	80	
HR		11	174	34	8,221	<5	179	9	129	211		532		<5	9		31	9	546	1,481	85	61	<5		54	82	290	116	0	0	10	
IT		1,077	1,458	557	41,124	87	1,833	375	21,853	11,513	6,308			196	165		516	1,329	6,667	13,277	5,079	2,037	969		731	363	4,208	5,829	0	20	79	
CY		95	69	7	1,025	<5	7	290	35	23	8	39		<5	<5		11	0	253	60	59	<5	9		16	<5	42	347	0	0	0	
LV		15	142	92	2,078	125	80	10	207	115	42	138			155		<5	19	372	222	70	32	0		41	214	1,153	541	0	<5	42	
LT		56	86	239	3,720	54	165	19	379	370	67	271		601			11	5	1,058	232	271	73	0		33	252	1,694	549	0	0	112	
LU		39	98	62	8,615	12	0	10	483	1,654	147	1,152		10	9		22	0	1,689	2,080	517	3,724	22		42	10	<5	70	0	<5	0	
HU		16	165	146	8,753	12	101	37	518	293	967	553		14	7			53	900	3,589	241	91	136		515	76	402	6	0	<5	15	
MT		27	24	7	230	<5	24	<5	70	55	15	131		7	<5		19		123	114	41	<5	6		23	16	59	0	0	0	<5	
NL		445	662	839	15,112	60	313	266	4,262	4,806	1,701	5,105		86	137		414	138		11,683	14,493	1,413	36		508	269	2,713	906	0	<5	188	
AT		373	1,933	171	28,719	40	212	151	1,389	527	13,363	5,122		54	37		1,890	31	1,505		5,205	307	157		2,712	150	1,074	293	0	39	40	
PL		161	1,482	484	48,525	32	1,176	144	1,534	1,457	114	3,941		147	123		174	49	4,144	3,790		411	24		748	167	3,715	2,057	0	0	170	
PT		31	230	0	3,728	11	200	11	6,113	3,071	101	400		32	71		50	29	1,562	729	225		42		133	116	595	13	0	<5	0	
RO		160	139	120	9,429	0	74	114	2,400	908	49	9,208		<5	6		1,028	7	569	2,168	62	101			45	30	717	1,702	0	0	27	
SI		17	80	46	3,763	<5	9	17	156	215	11,576	628		12	5		44	<5	504	1,971	55	50	18		48	27	96	69	0	0	10	
SK		118	17,355	110	5,722	5	209	18	277	268	2,319	751		49	16		823	15	1,083	4,106	597	65	18			73	390	440	0	<5	15	
FI		63	136	12	2,254	2,346	112	56	2,295	216	194	319		258	73		85	36	1,261	656	417	254	7		48		48	22	0	<5	0	
SE		126	464	29	7,143	234	0	472	6,295	1,434	2,194	1,338		264	243		319	180	1,530	2,704	4,999	580	107		173	0		8	0	0	0	
UK		1,337	3,138	13	22,527	5	0	1,221	46,331	16,410	2,476	9,263		230	1,080		11	10	9,750	7,318	39,754	57	325		3,011	0	5,265		0	<5	0	
IS		5	121	10	581	8	6	6	657	44	51	49		10	45		10	<5	217	140	1,366	49	0		76	0	9	95		0	0	
LI		0	6	<5	100	<5	0	<5	21	<5	17	55		0	0		<5	0	28	384	<5	15	0		<5	<5	8	8	0		0	
NO		229	397	<5	3,366	92	84	69	2,744	476	805	429		123	450		148	19	1,344	643	8,627	7	<5		511	0	38	0	0	<5		
CH		309	638	104	13,588	34	238	141	2,846	3,908	2,589	6,305		38	45		316	30	1,975	6,297	1,564	6,115	36		894	280	1,561	543	0	111	53	
Total		**7,637**	**40,464**	**15,561**	**311,419**	**3,760**	**12,502**	**8,854**	**161,821**	**78,899**	**130,882**	**136,527**		**3,574**	**4,480**		**11,680**	**2,999**	**116,063**	**204,744**	**208,383**	**75,591**	**3,094**	**13,071**	**26,321**	**6,808**	**44,737**	**18,777**	**0**	**310**	**1,720**	**44,312**

Source: Administrative data EHIC Questionnaire 2021

Table a5 - Amount received (in €) by the Member State of treatment for necessary healthcare, total, 2020

Member State of treatment (columns) / Competent Member State (rows)

	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		83,469	44,674	53,743	3,711,211	11,074	11,180	133,012	2,670,195	19,842,420	70,149			6,295	6,721		22,843	13,358	4,685,061	1,946,793	300,471	858,894	26,966		29,312	110,554	254,041	132,616		253	146,973	
BG		0	187,478	81,002	8,828,927	2,514	81,239	1,064,477	591,801	2,560,230	4,576			1,199	970		16,863	25,570	718,117	1,246,048	175,067	13,674	8,800		14,294	3,309	262,403	1,073,337		0	0	
CZ		49,534	0	0	5,264,955	4,119	30,424	206,453	242,162	929,393	401,719			2,528	2,150		25,234	2,226	249,998	3,767,068	518,272	28,106	1,708		2,527,764	51,762	339,566	32,113		977	0	
DK		30,278	92,460	0	3,382,410	9,282	0	227,215	797,797	1,571,526	73,121			10,171	29,966		14,028	27,402	227,739	2,086,215	354,123	2,790	6,883		12,037	0	48,349	0		0	0	
DE		783,984	2,744,881	1,515,476	0	75,804	649,301	3,858,982	13,469,158	14,867,333	9,268,487			91,477	124,338		705,126	45,136	18,975,204	52,846,435	10,998,770	616,338	297,352		555,000	894,191	5,045,333	2,424,086		61,279	838,550	
EE		10,553	10,713	15,440	444,589	0	10,473	629	77,785	107,659	7,028			52,731	26,515		265	1,811	105,380	122,565	17,406	7,202	1,190		38,685	1,409,491	332,374	1,739,246		0	97,671	
IE		26,686	65,139	0	918,016	10,244	0	56,850	1,817,947	1,523,347	53,039			3,922	84,771		9,035	28,905	536,723	400,741	670,277	268,246	9,885		85,374	38,416	525	14,770,764		0	0	
EL		177,900	29,200	732	5,097,267	5,431	9,335	0	46,024	1,076,314	2,589			506	1,740		562	19,397	235,933	288,375	18,169	15,789	13,933		3,601	9,725	780,176	1,377,206		695	0	
ES		70,515	104,522	207,058	5,299,159	971	108,344	656	0	9,723,533	49,341			2,131	25,101		12,678	36,837	1,373,851	492,416	142,344	158,082	22,397		35,430	177,715	927,515	717,389		0	8,998	
FR		82,585	266,324	183,671	9,700,175	15,825	494,369	408,606	9,392,417	0	302,930			11,507	17,994		50,169	79,349	2,343,588	1,585,022	715,645	72,100	54,296		66,949	319,637	857,737	0		40,030	0	
HR		3,395	36,712	10,766	4,024,536	344	101,677	17,984	25,911	398,688	0			479	998		1,678	576	119,366	885,411	19,584	14,325	318		7,767	77,710	241,786	51,311		0	0	
IT		911	282,317	33,550	20,248,466	14,323	65,629	15,667	8,643,285	21,133,874	858,568			0	17,725		104,811	504,267	1,676,228	5,806,182	655,111	366,879	490,779		127,814	217,064	1,091,276	5,544,675		5,207	0	
CY		96,617	9,022	38	341,867	0	120	859,514	6,425	26,905	171			14	73		2,755	0	70,327	68,068	2,084	964	2,514		4,110	1,675	23,471	1,628,199		0	0	
LV		1,712	32,122	34,595	2,972,780	238,427	0	51,305	89,339	292,571	5,519			0	73,321		55	3,124	501,282	136,175	14,546	3,438	0		15,130	334,033	581,117	982,373		19	0	
LT		4,117	30,190	288,290	3,265,262	27,019	114,742	19,283	200,898	751,356	5,659			73,075	0		183	284	931,786	335,121	48,678	27	0		10,789	192,167	1,111,967	910,132		0	525,752	
LU		6,515	23,414	13,561	4,303,602	677	0	954	182,439	4,363,892	18,313			1,685	1,388		2,454	0	2,242,505	835,614	59,637	82,287	2,743		2,135	835	177	52,161		4,860	0	
HU		23,694	43,254	27,049	5,308,638	2,056	34,286	41	242,937	647,698	134,732			324	516		0	9,215	463,684	2,886,281	47,475	48,547	45,293		184,897	38,499	469,154	348		726	0	
MT		12,206	2,265	19	195,900	171	446	1,621	25,022	46,689	723			323	175		2,330	0	23,918	15,741	2,989	5,085	1,572		2,401	4,078	38,018	0		0	5,935	
NL		162,674	147,316	150,089	15,223,888	6,298	127,541	725,972	2,607,672	11,718,801	221,286			4,119	29,930		65,201	31,463	0	9,784,137	1,634,146	222,525	22,598		130,383	229,818	1,444,738	1,417,028		100	645,315	
AT		123,668	650,612	56,321	14,512,641	1,016	55,796	421,209	677,387	858,130	1,436,594			8,793	5,630		282,993	3,669	428,677	0	676,934	121,103	49,678		566,690	96,524	528,657	488,703		30,703	83,622	
PL		66,277	757,194	166,006	39,044,048	19,024	265,303	8,723	608,716	3,905,480	8,915			13,165	44,257		25,863	15,530	3,367,288	3,535,493	0	241,539	5,204		342,444	120,400	2,533,781	807,712		0	0	
PT		0	49,591	0	1,962,017	2,698	0	693	3,598,497	7,982,446	8,157			0	5,681		2,093	5,267	721,914	623,024	23,610	0	47,268		13,498	52,846	427,532	379,908		416	0	
RO		53,382	117,398	16,925	11,119,756	0	137,284	90,726	1,966,405	6,077,441	36,553			267	6,983		445,004	2,213	875,163	2,788,636	45,087	61,369	0		45,089	23,478	#VALUE!	934,534		0	0	
SI		7,807	12,670	1,131	2,353,962	169	6,829	29,777	51,629	397,597	1,411,885			517	86		11,322	862	151,406	1,531,692	6,319	5,158	59		5,492	10,147	41,751	1,048,173		0	12,850	
SK		7,234	7,016,825	26,354	4,753,156	2,224	27,946	94,704	64,935	818,111	257,907			2,361	964		152,322	3,817	452,351	3,405,920	112,909	19,027	3,957		0	36,341	417,443	590,876		548	5,812	
FI		27,781	24,560	0	934,883	1,279,080	57,989	168,678	1,197,884	375,303	20,579			64,397	20,612		7,188	10,635	323,005	359,860	35,331	277,194	3,942		5,177	0	9,420	851,152		1,017	0	
SE		43,050	87,965	0	3,024,376	63,386	0	11,696	2,719,369	2,160,565	367,927			34,347	22,671		49,800	60,594	625,090	1,176,686	533,688	211,880	26,089		22,284	0	0	78,465		0	0	
UK		523,869	908,442	0	10,809,555	2,940	0	553,060	23,081,806	32,442,790	421,172			36,689	257,360		180	5,508	3,943,068	4,357,039	5,145,747	3,628	153,062		537,126	0	1,396,865	0		1,357	0	
IS		930	21,333	0	149,759	1,464	34,223	15,214	294,719	61,265	3,011			510	4,511		174	70	59,005	100,184	141,077	6,210	0		12,450	0	3,673	751		0	0	
LI		27	1,294	35	53,025	390	0	0	7,262	2,373	2,420			73	0		52	0	24,748	324,752	1,094	3,074	0		62	5	5,537	3,038		0	0	
NO		0	96,295	0	1,331,944	12,634	17,369	1,303	1,670,140	974,876	106,333			32,236	83,964		16,283	3,183	419,807	344,549	911,533	1,282	1,045		78,261	0	11,112	0		408	0	
CH		61,603	187,823	124,533	9,754,168	22,508	24,057	356,506	1,789,257	6,931,596	345,605			6,563	6,997		48,985	7,679	723,431	4,188,522	175,585	489,584	6,895		136,549	257,394	550,600	425,481		91,533	0	
Total		2,542,974	14,084,004	3,006,383	198,334,940	1,832,111	2,465,900	9,401,510	78,857,220	154,570,201	15,905,008			462,405	904,110		2,078,531	947,943	47,595,648	108,270,765	24,203,709	4,226,345	1,306,428	4,786,208	5,618,994	4,707,813	19,776,094	38,461,778		240,127	2,371,478	56,768,400

Source: Administrative data EHIC Questionnaire 2021

Annex III Practical and legal difficulties in using the EHIC

Table a6 - Refusal by healthcare provider, 2020

MS	Y/N	Refusal in your country	Y/N	Refusal in another country
BE	Yes	Exceptionally we are informed of a hospital refusing to accept an EHIC for no apparent reason. Other situations which have been brought to our attention where an EHIC was refused, is because the treatment was considered a "planned treatment".		BE healthcare funds mention that they regularly have to intervene where an EHIC is refused in situations of "des soins prévisibles" (chronic care, continuity of care, ...)
BG				
CZ	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.	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	Yes	Some healthcare providers still have difficulties distinguishing between 'unplanned necessary healthcare' and 'planned healthcare. When a person requires 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, which is the Danish liaison body for benefits in kind under Regulation (EC) No. 883/2004 or the regional patient advisors try to resolve such cases by contacting the healthcare providers.	Yes	Some Danish insured persons encounter problems when they during a temporary stay in another Member State require treatment related to pregnancy and childbirth or pre-existing medical conditions even though they can present a valid EHIC issued by Denmark. Many healthcare providers require a prior authorisation (PD S2) as guarantee for the payment for healthcare benefits as they are not aware that the EHIC also covers healthcare benefits in conjunction with pregnancy and childbirth, including birth on the expected date of delivery, and medical treatment for chronic or pre-existing conditions as long as the purpose of a temporary stay is not specifically to receive medical care.
DE	YES	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.	YES	See answer to the left.
EE	YES	There are some problems that have occurred, but we have resolved them all case by case. In case the doctors have had doubts, they have turned to us and we have the explained situation and regulations.	YES	In several cases healthcare providers abroad have refused to accept EHICs for benefits in kind related to pregnancy and childbirth. In several cases healthcare providers abroad have refused to accept an Estonian PRC. PRC issued by Estonia does not contain EHIC card details (number, period). We cannot add them if the person does not have a EHIC card. In those cases, we have contacted those healthcare providers and explained, why we can`t add those numbers.
IE	No		No	
EL				
ES	No			EHICs are frequently refused in France, when presented in health centres rather than hospital facilities. 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.
FR	Yes	CNAM: There have been a few cases of EHIC refusals from the UK due to Brexit. We have also had a case with Greece, for a refusal of dialysis via the EHIC. On each occasion, we contact the health establishments and explain to them the regulations that allow them to legitimately take the care in question via the EHIC. The implementation of our liaison form with health institutions and the CNSE. CCMSA: The cases of refusal of the EHIC are mostly linked to the existence of a previous EHIC still valid. In this case the lost or stolen EHIC must be declared. Furthermore, if an insured person declares that he/she is leaving two days after his/her application, he/she is offered a printed Provisional Replacement Certificate (PRC) until he/she can receive his/her EHIC.	Yes	French EHICs are refused by private health care providers (Germany, Italy, Spain in particular). In this case, we can only reimburse the insured, after advance payment. The actions taken to remedy this would be to better inform the insured persons that certain private establishments abroad do not accept the EHIC and to list them.
HR	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 a be provided on the basis of EHIC.	Yes	We have documented app. 200 such 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.

MS	Y/N	Refusal in your country	Y/N	Refusal in another country
IT	No	There is no evidence of that. Refusals have not been experimented by our competent institutions. This is also due to the organization with counterparts (especially borders regions) of informative meetings for clerks and training sessions, aiming to prevent the refusal risk. Moreover our institutions do not refuse EHICs because, when in doubt, our health care providers can verify if the EHIC showed can be accepted; if the EHIC is valid and respectful of the EHIC layout the EHIC is always accepted and benefit in kind given.	Yes	Quite often the Italian competent institutions receive complaints because in the other Member State insured persons are refused their EHIC; this occurs in particular in France and Germany. In these cases, the insured persons end up turning the complaint to the SOLVIT centre. There are hundreds of such cases; casualty situations (especially when air/ambulance transportation is involved) and citizens studying abroad are particularly affected by this problem. As a result, notwithstanding the EHIC is shown, our insured are billed the costs anyway.
CY				
LV	No	No cases reported in 2020.	No	No cases reported in 2020.
LT	No	No, we are not.	No	We do not collect statistical information, but we receive some inquiries and complaints from patients stating that they were required to pay for necessary healthcare services even though their valid EHICs had been provided to the healthcare institutions.
LU	Yes	There are some justified refusals of the EHIC in case of planned treatment. No precise numbers are available.		
HU	Yes	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.	Yes	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 temporary one. The other reason of refusal is that the treatment concerned can be delayed until return back to Hungary.
MT	No		No	
NL	No	Sometimes the competent institution receives bills directly from insured persons, but we don't know if refusal of the EHIC is the reason for this.	Yes	Yes, but the competent institutions 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/)
AT	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.	Yes	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	Yes	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.	Yes	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	No		Yes	Refusal of EHIC to provide necessary treatment during a temporary stay, and request for S1 and S2.
RO	Yes	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	Yes	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	No	ZZZS has not been informed of such cases either by foreign policyholders or by foreign insurance institutions.	Yes	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	Yes	In several cases, the main reason for refusing to accept an EHIC was the fear that cost for provided healthcare would not be reimbursed.	Yes	Yes, but we do not have information why EHICs are not accepted.
FI	No	Concerning 2020 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.	Yes	Concerning 2020 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 have been cases where a person insured in Finland and staying temporarily in another EU- or EEA-country or Switzerland has informed that the country in question wants the person to provide the portable document S1, but in most of these cases the country of stay has considered the person to live permanently there. There have 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	No		Yes	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.
UK	No		No	
IS				
LI	No		No	
NO	No		No	

MS	Y/N	Refusal in your country	Y/N	Refusal in another country
CH	Yes	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.	Yes	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 2021

Table a7 - Interpretation of the "necessary healthcare" concept, 2020

MS	Y/N	Alignment of rights
BE	Yes	This is a recurring problem. In several situations, for care such as physiotherapy or revalidation after an accident, institutions in certain Member States, in this case France and the Netherlands, ask us for a PD S2, even though the trip does not originate in the search for care. The interpretation of 'necessary care' leads to the rejection of some of our claims by the foreign country.
BG		
CZ	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	Yes	
DE	Yes	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	No	
IE	No	
EL	Yes	The interpretation of the concept of "necessary health care" remains difficult except in medically indisputable cases, as each patient deems his case as necessary while at the same time the doctor/healthcare provider may not have full knowledge of the patient's temporary stay in the country.
ES	Yes	Sometimes, the service provider in other Member States has difficulties to interpret the concept of "necessary healthcare" by requiring a S2 or E-112 form, for the coverage of benefits in kind that 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.
FR	Yes	Difficulties with the terminology of 'medically necessary' care. This terminology does not make it possible to clearly determine the care that can be reimbursed under the regulations, particularly in terms of the immediate (or even emergency) nature of the care and the fact that the event giving rise to the care must have occurred in the State of stay (notion of 'unexpected'). Medically necessary care in France is simply reimbursable care that does not correspond to the definition in the regulations, hence the need for precision. Similarly, Article 19 of EU Regulation 883/2004 states that "the care must be medically necessary during the stay, taking into account the nature of the services and the expected duration of the stay. "Is a stay still temporary when it is longer than 6 months for example? (except for students, of course). Some States consider that the EHIC cannot be used if the stay is longer than 6 months. Similarly, some countries limit the validity of the EHIC to 6 months. CCMSA: There are no problems regarding the preservation of sickness rights for the year 2020 since the MSA funds have been informed of the arrangement. As far as we know, there have been no complaints from insured persons on this subject.
HR	No	
IT		The interpretation of the concept "medically necessary treatments" is not clear to some users. In particular, it is difficult to understand the type of services that can be provided through the use of the PRC. This problem is due to a lack of coordination inside the treatment institution/hospital where doctors and nurses do not inform about EHIC of persons treated to accountants and clerks of the same institution/hospital dealing with issuance of invoices. When accountants do not find relevant EHIC data in the files, they instead of billing the Liaison Body bill the insured person. This result is maybe correct from the institution/hospital perspective but widely incorrect from the EU legislation point of view (i.e., art. 19 EC Reg. 883/2004) which at the end of the day is bypassed. In other words, no alignment of rights is achieved in concrete because of such refusal of EHIC. The Secretariat should take actions in order to unlock this communicative constraint. Again, difficulties arise because the concept of "medical necessary treatments" is not always clear to doctors and nurses. In fact, as highlighted above this depends on a lack of cooperation between nurses and doctors (mostly unaware of EC Regulations) and accountants and clerks of the same institution/hospitals that on the contrary know such rules. Simply there is no coordination or communication between them, and this is the core of the problem. Doctors and nurses are unaware on the difference existing between planned treatments and medically necessary treatments. Also because of this difficulty our insured persons experiment many refusals of EHIC. It is not of course only a doctor's and nurses' responsibility but mostly a problem of organization.
CY		
LV	Yes	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	No	
LU	No	
HU	No	
MT	No	
NL		Not many examples.
AT	Yes	Sometimes there are still difficulties with the delimitation of the planned treatment.
PL	Yes	EHIC holders often interpret it as "life or health-saving benefits" or "urgent situations."

MS	Y/N	Alignment of rights
PT	Yes	Necessary care during a temporary stay is often confused with planned treatment situations where the purpose for travel is related to the provision of healthcare.
RO	Yes	Yes: 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	No	We do not observe any special problems in the interpretation of the necessary health services on the part of Slovenian providers.
SK	Yes	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	Yes	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	Yes	The interpretation of the notion “necessary healthcare” varies among countries and health care providers.
UK	No	
IS		
LI		
NO		
CH	Yes	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 2021

Table a8 - Invoice rejection of E125 forms issued and received, 2020

MS	Y/N	by institutions in other countries	Y/N	Rejections by your institutions
BE	Yes	The number of rejections is increasing, and the reasons are becoming more and more varied. The reasons given are lack of entitlement, failure to issue an EHIC for the period of care, double billing, presumption of scheduled care. The number of rejections can be estimated at around 1,200 per year.	Yes	
BG				
CZ	YES	There are 1,579 cases. Most usual reasons are - unknown entitlement document, person cannot be identified	Yes	There are 2,744 rejections. Most usual reasons are - period of treatment is not covered by entitlement document, uninsured person, unknown entitlement document
DK	Yes	In 2020, institutions in other Member States have rejected 67 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.	Yes	In 2020, Denmark has rejected 58 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	Yes	4,671	Yes	11,175
EE	Yes	There have some problems that have occurred, but we have resolved them all case by case. The reason is the early termination of health insurance, 7 cases in the period from 1 January to 31 December 2020.	No	
IE	Yes	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	Yes	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.	Yes	63
FR	Yes	CNSE: In 2019, foreign countries have rejected 1,125 E125 issued by France.	Yes	CNSE: In 2019, France has rejected 895 E125 issued by foreign countries.
HR	Yes	982 rejected invoices. Reasons for rejection: The entitlement document is missing or unknown. The entitlement document has not been acknowledged. The person receives a pension in his/her state of residence. The entitlement ended on. The period of benefits in kind is not covered by the entitlement document. Double claims.	Yes	214 rejected invoices. Reasons for rejection: The entitlement document is missing or unknown. The entitlement document has not been acknowledged. The entitlement ended on. The period of benefits in kind is not covered by the entitlement document. Double claims.

MS	Y/N	by institutions in other countries	Y/N	Rejections by your institutions
IT	Yes	Sometime debtor Institutions tend to ask for copy of entitlements when they issued before. They call it cooperation but is only a way to hinder payments. Millions of Euros are involved like it emerges from our Claims situation as of 31/12 of each year.	Yes	
CY				
LV	Yes	We are able to list the reasons 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. Reasons for rejection: 1. The time period when a person 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 or the persons data belongs to a different issuing country. Total amount of annulled forms in 2020: 33	Yes	We are able to list the reasons 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. Reasons for rejection: 1. The time period when a person 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. Double invoicing when invoice has identical medical treatment information to other invoice. Total amount of annulled forms in 2020: 26
LT	Yes	We have faced with some cases when invoices (SED S080) issued by our institutions have been rejected: 10 invoices were rejected as they had been presented to the other Member States instead of the competent ones by mistake (6 invoices presented to the United Kingdom instead of Latvia; 1 to Finland instead of Norway; 1 to Greece instead of Ireland; 1 to Croatia instead of Hungary and 1 to the Netherlands instead of Spain; – all these rejections have been accepted) and 47 invoices were rejected by the competent Member States (1 – by Austria, the Czech Republic, Luxembourg and Spain, 2 by Belgium, 3 by the United Kingdom, 6 by Portugal, 7 by Italy and by the Netherlands and 18 by Germany) due to the following reasons indicated in the rejection documents (SEDs S082): we are not concerned by this document (EESSI code - 1); entitlement document is missing or unknown (EESSI code 4) and entitlement document has not been acknowledged (EESSI code 10). After the documentary evidence (copies of the EHICs) have been provided, some of these invoices were paid or awaiting for the payment. However, it is still unclear, why sometimes invoices with correctly indicated person's identification data, EHIC number, its validity period and other essential data are not accepted by the competent institutions. Though, they accept these invoices after the copies of EHICs have been provided.	Yes	During the year 2020 the National Health Insurance Fund under the Ministry of Health (NHIF) has rejected 48 invoices (forms E125/SED S080) issued by institutions from the other EU countries (Belgium, Cyprus, Denmark, Spain, Hungary, Ireland, Iceland, Latvia, Norway, Poland, Sweden and the United Kingdom). 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 (rejected IS, IE, NO, SE and DK invoices); 2) person was not insured in Lithuania (i.e. invoices had been presented to Lithuania instead of competent Member States; rejected BE, HU, SE, PL, ES, DK and LV invoices); 3) incomplete file (i.e. missing essential data for person's identification or do not indicated treatment period; rejected DK, NO, UK and PL invoices); 4) healthcare services were provided after person's death (rejected SE and UK invoices); 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; rejected LV, SE, UK, CY and NO invoices).
LU	No		No	
HU	YES	557	Yes	198
MT	No		No	
NL	Yes	No numbers available	Yes	No numbers available
AT	Yes	The medical necessity of the treatment is occasionally questioned.	Yes	No numbers available
PL	Yes	According to data in our settlements system (SOFU), with a state on the 23rd of June of 2021 we have registered 1,034 forms E125PL which were issued by NFZ in 2020 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.	Yes	According to data in our settlements system (SOFU), with a state of the 23rd of June of 2021 we have registered 1,715 E125 forms which were received by NFZ in 2020 on the basis of EHIC. Among 1715 rejected forms during the verification process, all the forms were verified. Among them there are 300 cases determined as "lack of form from point 5.2" and 349 cases determined as "suspicion of duplication claims", but the most common reason is defined as "other" (575 cases). The set of rejected invoices (with different reasons) can change every day during the clarification process.
PT	Yes	Yes, most of the rejections are related with the following facts: 1. Duplicate invoices (few); 2. Provision of care based on an 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 Member States 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 sent is the invoice which is complete and correct, and the data is the same as 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.	Yes	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 one of the competent institution.
RO	Yes	There are 52 cases. 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.	Yes	There are 2,231 cases. 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.

MS	Y/N	by institutions in other countries	Y/N	Rejections by your institutions
SI	Yes	In 2020, the Health Insurance Fund received 275 rejections of EHIC-based E 125 forms from foreign carriers. Reasons for rejection: no document on the basis of which the service is invoiced, service not invoiced within the validity of the document, service invoiced several times, person with the given data is not in the register of persons, amount of services very high, explanation needed. So far, the EHIC has successfully resolved such cases by sending the requested copy of the EHIC or certificate or other requested information.	Yes	In 2020, the EHIC rejected 204 E 125 forms issued by foreign carriers on the basis of EHIC. Reasons for rejection: 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, the amount of the service is very high, an explanation is needed.
SK	Yes	The institutions refer to the claim that they are not the competent institution at the time of drawing benefits in kind, 422 cases in the amount of EUR 386,450.		
FI	Yes	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 Kelas' 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.	Yes	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	No		No	
NO	No	No rejected invoices	No	No rejected invoices
CH	Yes	Yes, several rejections. But there is no specification possible.	Yes	Yes, several rejections. But there is no specification possible.

Source: Administrative data EHIC Questionnaire 2021

Chapter 2
Planned cross-border healthcare

Summary of main findings

There are different ways in which planned cross-border healthcare in the EU can be obtained and reimbursed. 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 2020, less than 10 out of 100,000 insured persons received a 'Portable Document S2' (PD S2). This form certifies the entitlement to planned healthcare treatment in an EU/EFTA country other than the competent Member State of the insured person, based on the procedures provided by the Coordination Regulations.

One of the main questions is how the level of planned cross-border healthcare in the EU has evolved during the COVID-19 pandemic that might have increased the likelihood that a patient could not receive medical treatment within a reasonable period of time, leading to planned healthcare being approved in another Member State. Furthermore, COVID-19 patients were sometimes treated in a foreign hospital.[29] In the 'Guidelines on EU Emergency Assistance on Cross-Border Cooperation in Healthcare related to the COVID-19 crisis', [30] published by the Commission, it was stated that "Patients who have to be transported to a hospital in a neighbouring or another Member State offering assistance should normally be in possession of a prior authorisation from the competent social security institution. This is not practical in view of the COVID-19 pandemic and the emergency situation."

Based on data about the number of PDs S2 issued and received, planned cross-border healthcare in the EU/EFTA decreased by 26 to 29% compared to 2019. The main issuing countries of a PD S2, Luxembourg (-23%), Austria (-30%) and the Netherlands (-75%), all show a strong decrease. In addition, the main receiving countries, Belgium (-32%), Switzerland (-24%), Austria (-33%), and Luxembourg (-6%), received less PDs S2.

1. Introduction

There are different ways in which planned cross-border healthcare in the EU can be obtained and reimbursed: either under EU rules (by the Social Security Coordination Regulations or by Directive 2011/24/EU) or under other parallel procedures, which are provided in national legislation or in (bilateral or multilateral) agreements. There is also a self-organised and (most often) self-financed 'patient mobility' when the patient does not rely on any of these procedures. In case of planned cross-border healthcare under the Coordination Regulations, a Portable Document S2 (PD S2) has to 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. It guarantees that the patient will 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 2020, this chapter shows developments regarding the

[29] https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response/coronavirus-european-solidarity-action_en; https://www.auswaertiges-amt.de/en/aussenpolitik/europa/maas-corona-europe/2328352

[30] https://ec.europa.eu/health/sites/health/files/cross_border_care/docs/ev_20200512_co01_en.pdf

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. Of course, one of the main questions this year is how the level of planned cross-border care has evolved during the COVID-19 pandemic.

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 for reference year 2019 showed low patient flows for healthcare abroad under Directive 2011/24/EU.

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. 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.[31] 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. 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 10* and *Table 11*, as they show the number of PDs S2 issued and received. *Table 10* provides an overview of the PDs S2 issued by 26 reporting countries and *Table 11* provides an overview of the PDs S2 received by 24 reporting countries.

Luxembourg issued the highest number of PDs S2 of all reporting EU/EFTA countries with some 9,000 entitlements to scheduled treatment *(Table 10)*. No data were reported by Germany. However, based on the figures reported by the Member States *(see Table 11)* it

[31] For the list of national contact points see: https://ec.europa.eu/health/sites/health/files/cross_border_care/docs/cbhc_ncp_en.pdf

can be assumed that Germany issued more than 8,700 PDs S2 to receive planned healthcare in another EU/EFTA country or the UK. In addition, Austria and France issued roughly 3,000 PDs S2, Italy some 2,100 PDs S2, and finally the UK some 1,300 PDs S2. Member States that issued between 500 and 1,000 prior authorisations are Greece, the Netherlands, Romania and Slovakia while Belgium,[32] Bulgaria, Czech Republic, Spain, Croatia, Latvia, Hungary, and Switzerland issued between 100 and 500 PDs S2. Finally, Denmark, Estonia, Lithuania, Malta, Poland, Portugal, Finland, Sweden, Liechtenstein and Norway issued less than 100 prior authorisations each. It is important to keep in mind that several Member States are involved in cooperation agreements in border areas where, depending on the cooperation agreement (Ostbelgien-Regelung[33], ZOAST[34] etc.), prior authorisation often becomes a simple administrative authorisation that is granted automatically *(see also section 6)*. For instance, in 2020, Belgium issued a total number of 4,604 PDs S2 under more flexible parallel procedures.

The main Member States of treatment are Belgium, Germany, Switzerland, Austria, and Luxembourg. *Table 11* shows that Belgium received some 18,550 PDs S2,[35] Switzerland some 5,650 PDs S2, Austria some 3,900 PDs S2 and Luxembourg some 3,700 PDs S2. No data were reported by Germany. However, based on the figures reported by the competent Member States (see *Table 10*) it can be assumed that Germany received more than 10,000 PDs S2 in 2020. The Czech Republic, France, and the Netherlands each received between 2,000 and 1,000 prior authorisations. The UK received some 990 PDs S2. Member States that received between 500 and 100 authorisations are Greece, and Italy. Furthermore, many countries received less than 100 PDs S2, namely Bulgaria, Denmark, Estonia, Croatia, Latvia, Lithuania, Hungary, Malta, Portugal, Romania, Slovakia, Finland, Sweden and Liechtenstein.

It is possible to identify the most important flows of planned cross-border healthcare by PD S2, based on *Table 10* and *11*. The most prominent flows take place between France to Belgium (12,745 PDs S2),[36] Luxembourg and Germany (4,859 PDs S2), Luxembourg to Belgium (4,723 PDs S2), Germany and Switzerland (3,688 PDs S2), Belgium and Luxembourg (3,393 PDs S2), Austria and Germany (3,094 PDs S2), Germany and Austria (3,289 PS S2), Germany and the Netherlands (1,422 PDs S2), Slovakia and the Czech Republic (1,020 PDs S2). This illustrates the very concentrated use of planned cross-border healthcare within a limited number of EU/EFTA countries, mostly based on bilateral agreements on cross-border collaboration.

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. From the perspective of a receiving Member State, it also occurs that a Member State receives almost all prior authorisations from one single Member State. For instance, this is the case between Luxembourg (as Member State of treatment) and Belgium (as a competent Member State).

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[32] However, Belgium also issued 4,604 PDs S2 under more flexible parallel procedures.

[33] The agreement facilitates patient mobility in the border area between Germany and Belgium.

[34] The agreement facilitates patient mobility between Belgium, France and Luxembourg.

[35] Figure also includes the number of PDs S2 received under parallel procedures.

[36] Figure also includes the number of PDs S2 received under the ZOAST-Agreement.

Table 10 - Number of PDs S2 issued, breakdown by Member State of treatment, 2020

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		26	0	0		0		16	17	280	9	28		7	<5	2,729	0	0	473	<5	<5	0	18		0	0	<5	39		0	0	<5	3,649
BG	0		0	0		0		0	<5	0	0	0		0	0	0	0	0	0	0	0	0	0		0	0	0	10		0	0	<5	13
CZ	0	6		0		0		0	0	234	28	<5		<5	0	7	0	0	<5	<5	0	0	<5		735	<5	<5	50		0	0	0	1,078
DK	0	0	0			<5		0	<5	<5	0	0		<5	0	<5	0	0	0	<5	0	0	0		0	<5	5	5		0	0	14	34
DE	43	252	47	27		9		47	70	570	84	606		18	5	4,859	44	7	216	3,094	25	<5	191		82	15	20	86		<5	0	37	10,461
EE	0	0	0	0				0	0	<5	13	<5		31	<5	0	0	0	0	0	0	0	0		<5	26	0	0		0	0	0	76
IE	0	0	0	0		0		0	0	<5	0	0		0	0	0	0	0	0	0	0	0	0		0	0	0	64		0	0	<5	66
EL	0	7	0	0		0			0	9	0	0		0	0	<5	0	0	0	<5	0	0	0		0	0	0	37		0	0	<5	56
ES	0	0	0	<5		0		<5		638	<5	15		0	0	<5	0	0	6	<5	0	<5	<5		0	<5	<5	131		0	0	12	817
FR	46	56	5	9		0		59	65		<5	229		0	<5	1,168	<5	0	18	<5	<5	5	74		<5	<5	<5	104		0	0	<5	1,863
HR	0	0	0	0		0		0	0	0		0		0	0	0	0	0	0	0	0	0	0		<5	0	0	<5		0	0	<5	7
IT	<5	<5	<5	0		0		158	22	24	14			<5	0	44	<5	10	5	5	<5	0	165		<5	<5	3	110		0	0	<5	574
CY	0	0	0	0		0		0	0	<5	0	0		0	0	0	0	0	0	0	0	0	0		0	0	0	<5		0	0	0	<5
LV	0	0	0	0		0		0	0	0	0	0			0	0	0	0	0	0	0	0	0		0	<5	0	<5		0	0	0	<5
LT	0	0	<5	0		0		0	0	0	0	0		81		<5	0	0	0	0	0	0	0		0	<5	0	36		0	0	0	121
LU	<5	<5	0	0		0		0	0	186	0	0		0	0		0	0	<5	0	0	0	0		0	0	0	<5		0	0	0	198
HU	0	0	0	0		0		0	0	<5	13	0		0	0	0		0	<5	9	0	0	10		6	<5	<5	48		0	0	0	90
MT	0	0	0	0		0		0	0	0	0	0		0	0	0	0		<5	0	0	0	0		0	0	0	<5		0	0	<5	<5
NL	12	0	8	<5		<5		<5	<5	5	<5	26		0	0	124	0	0		<5	0	<5	0		0	6	0	20		0	0	<5	218
AT	<5	62	8	0		0		57	0	<5	82	190		<5	0	11	57	0	<5		7	0	40		37	0	0	16		0	0	9	584
PL	0	0	13	0		0		0	<5	7	0	<5		0	11	<5	0	0	6	<5		0	0		<5	<5	<5	433		0	<5	0	480
PT	0	0	0	0		0		0	<5	48	0	0		0	0	20	0	0	0	0	0		0		0	0	0	10		0	0	0	80
RO	0	0	0	0		0		0	<5	0	0	0		0	0	0	0	0	0	0	0	0			0	0	0	5		0	0	0	6
SI	0	0	0	0		0		0	0	0	7	0		0	0	0	0	0	0	<5	0	0	0		0	0	0	6		0	0	0	14
SK	0	0	31	0		0		0	0	0	0	<5		0	0	0	0	0	0	<5	0	0	0			0	0	55		0	0	0	88
FI	0	0	0	0		<5		0	0	0	0	<5		<5	0	0	0	0	0	0	0	0	0		0		13	5		0	0	0	24
SE	0	<5	0	42		<5		<5	<5	<5	0	5		<5	5	<5	0	0	<5	0	0	0	0		0	8		16		0	<5	0	87
UK	<5	5	<5	<5		<5		36	20	6	<5	49		<5	0	<5	<5	16	5	<5	8	<5	<5		<5	0	<5	<5		0	0	<5	177
IS	0	0	0	0		0		0	<5	0	0	0		0	0	0	0	0	0	0	0	0	0		0	0	<5	<5		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
NO	0	0	0	0		0		0	<5	0	0	<5		0	0	0	0	0	0	0	0	0	0		0	0	0	5		0		35	44
CH	10	48	0	<5		0		144	12	393	26	980		0	21	108	77	0	11	207	<5	0	24		18	0	0	23		0	0		2,104
Unkn.										518																							518
EU-27	107	417	114	83		15		341	188	2,008	259	1,107		149	27	8,970	105	17	735	3,122	35	12	504		869	73	53	1,294		<5	<5	85	20,694
EU-14	107	411	69	83		15		341	184	1,764	198	1,101		34	13	8,961	105	17	725	3,108	35	12	490		124	39	48	644		<5	<5	79	18,711
EU-13	0	6	45	0		0		0	<5	244	61	6		115	14	9	0	0	10	14	0	0	14		745	34	5	650		0	<5	6	1,983
EFTA	10	48	0	<5		0		144	14	393	26	983		0	21	108	77	0	11	207	<5	0	24		18	0	<5	29		0	0	35	2,151
Total	121	470	116	85		16		521	222	2,925	288	2,139		151	48	9,082	183	33	751	3,333	44	15	529		889	73	55	1,325		<5	<5	121	23,540

* DK: Please note that the number of issued PDs S2 includes authorisations issued for scheduled treatment abroad according to both the Regulation (EC) No. 883/2004 and 1the Danish Legislation. About 88 % of the total number of authorisations issued in 2020 were for planned treatment according to Danish legislation.

** FR also issued two PDs S2 for other cross-border agreements.

Source: PD S2 Questionnaire 2021

Table 11 - Number of PDs S2 received, breakdown by competent Member State, 2020

	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		0	0	0		0		9	<5	656	0	<5		0	0	3,393	0	0	76	<5		0	0		0	0	0	17		<5		9	4,165
BG	20		5	0		0		0	0	16	0	10		0	0	<5	0	0	<5	61		0	0		0	0	<5	25		0		36	178
CZ	<5	0		0		0		0	0	<5	0	0		0	0	0	0	0	9	<5		0	0		8	0	0	<5		0		0	28
DK	<5	0	0			0		0	0	5	0	0		0	0	0	0	0	12	<5		0	0		0	0	30	13		0		<5	67
DE	79	<5	39	0		0		33	17	27	47	31		0	<5	94	<5	0	1,422	3,289		5	<5		<5	<5	<5	14		<5		3,688	8,799
EE	0	0	0	<5				0	0	0	0	0		<5	0	0	0	0	0	0		0	0		0	0	<5	<5		0		6	11
IE	7	0	0	0		0		0	0	0	0	6		0	<5	0	0	0	9	<5		0	0		0	0	28	559		0		<5	612
EL	17	0	0	0		0			0	25	0	81		0	<5	0	0	0	10	41		0	0		0	0	0	100		0		99	374
ES	14	<5	0	0		0		<5		18	0	6		0	0	<5	0	0	6	0		0	<5		0	0	<5	26		0		15	92
FR	12,745	0	<5	0		0		28	7		0	14		0	0	159	0	0	10	5		11	0		0	0	0	12		0		550	13,544
HR	30	0	58	0		0		0	0	<5		26		0	0	0	<5	0	<5	137		0	0		0	0	0	<5		0		25	288
IT	52	0	<5	0		0		59	17	141	<5			0	0	<5	0	0	53	90		0	0		0	0	<5	50		0		765	1,238
CY	<5	0	0	0		0		0	0	6	0	<5		0	0	0	0	0	0	17		0	0		0	0	<5	86		0		9	122
LV	6	0	0	0		9		0	0	0	0	<5			71	0	0	0	<5	0		0	0		0	0	<5	7		0		<5	101
LT	<5	0	0	0		0		0	0	0	0	0		7		0	0	0	<5	<5		0	0		0	0	<5	0		0		23	37
LU	4,723	0	<5	0		0		0	<5	410	0	5		0	0		0	0	106	<5		0	0		0	<5	<5	<5		0		88	5,342
HU	0	0	0	0		0		0	0	<5	0	<5		0	0	0		0	0	43		0	0		0	0	0	7		0		62	116
MT	0	0	0	0		0		0	0	0	0	0		0	0	0	0		0	0		0	0		0	0	0	<5		0		0	<5
NL	777	0	7	0		0		<5	0	7	0	0		0	0	<5	0	0		5		<5	0		0	0	<5	19		0		18	840
AT	0	0	<5	0		0		38	0	0	0	<5		0	0	0	<5	0	<5			0	0		0	0	0	9		0		157	213
PL	<5	0	0	0		0		0	0	<5	0	<5		0	0	<5	0	0	<5	8		<5	0		0	0	<5	8		0		<5	33
PT	0	0	0	0		0		0	0	<5	0	0		0	0	0	0	0	<5	0			0		0	0	0	10		0		0	14
RO	31	0	14	0		0		0	33	29	0	80		0	0	0	10	0	6	47		0			0	0	0	<5		0		23	276
SI	<5	0	13	0		0		0	0	9	14	32		0	0	0	0	0	<5	79		0	0		0	0	0	8		0		13	175
SK	0	0	1,020	0		0		0	0	0	<5	<5		0	0	0	0	0	<5	16		0	0			0	0	<5		0		15	1,058
FI	0	0	6	<5		9		0	<5	<5	0	0		0	0	0	0	0	<5	<5		0	0		0		<5	<5		0		0	25
SE	<5	0	<5	<5		0		<5	0	<5	0	<5		0	0	0	<5	0	0	<5		0	0		0	<5		<5		<5		0	18
UK	29	<5	144	0		0		26	10	48	<5	21		0	22	<5	9	0	11	9		0	<5		38	<5	<5			<5		20	399
IS	0	0	13	0		0		0	0	0	0	0		0	0	0	0	0	<5	0		0	0		0	0	0	<5		0		0	16
LI	0	0	0	0		0		0	0	0	0	0		0	0	0	0	0	0	<5		0	0		0	0	0	0				24	26
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		0	0
CH	7	0	0	0		0		37	<5	<5	0	<5		0	0	0	0	0	5	17		0	<5		0	0	0	0		0			78
EU-27	18,515	<5	1,172	<5		18		171	78	1,364	65	309		9	75	3,657	18	0	1,739	3,853		21	<5		9	<5	81	986		<5		5,610	37,768
EU-14	18,418	<5	206	<5		9		197	55	1343	50	173		0	26	3654	14	0	1720	3449		18	5		39	5	73	833		6		5,413	35,742
EU-13	97	0	1110	<5		9		0	33	69	16	157		9	71	<5	13	0	30	413		<5	0		8	0	12	153		0		217	2,425
EFTA	7	0	13	0		0		37	<5	<5	0	<5		0	0	0	0	0	7	19		0	<5		0	0	0	<5		0		24	120
Total	18,551	<5	1,329	<5		18		234	90	1,415	66	333		9	97	3,658	27	0	1,757	3,881		21	9		47	5	85	987		6		5,654	38,287

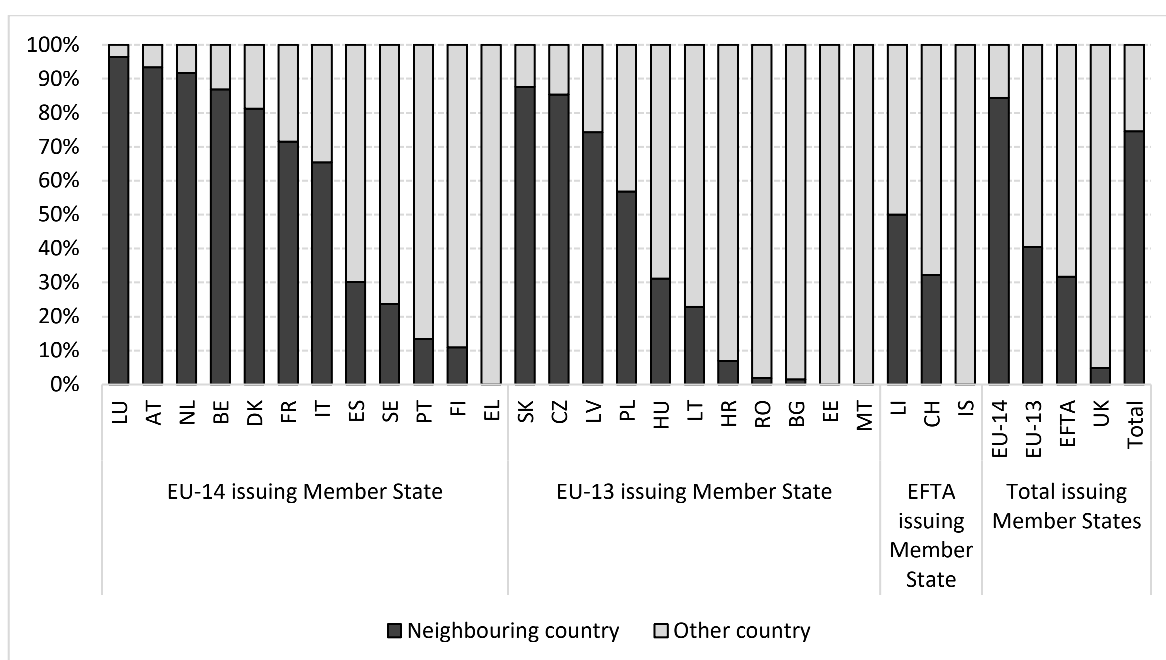
* BE: the number of PDs S2 received from France include the number of PDS S2 as well as the PDs S2 issued under the ZOAST-Agreement.

Source: PD S2 Questionnaire 2021

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. On the other hand, multiple pull factors could exist to receive a scheduled treatment in one particular Member State (e.g. proximity, familiarity, language knowledge, availability, medical expertise/quality, affordability in terms of reimbursement rates and out-of-pocket expenses etc.)[37].

The assessment of potential push and pull factors falls outside the scope of this chapter. Nonetheless, based on the current quantitative input, the importance of proximity could be verified. *Figure 3* illustrates the percentage of PDs S2 issued by and received from a neighbouring Member State. Approximately three out of four PDs S2 are issued to receive a scheduled treatment in a neighbouring Member State. However, only 40% of the PDs S2 issued by the EU-13 Member States are for treatment in a neighbouring Member State, compared to almost 85% of the PD S2 issued by the EU-14 Member States. For instance, Luxembourg, Austria, and the Netherlands have issued more than 90% of the PDs S2 to receive a scheduled treatment in a neighbouring Member State.

Figure 3 - Number of PDs S2 issued, percentage breakdown by neighbouring country or not, 2021



Source: PD S2 Questionnaire 2021

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

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

Although the absolute figures on prior authorisations for planned cross-border healthcare are already meaningful, it is always interesting to put them into perspective. Therefore, they are compared to the total number of insured persons in the reporting Member States concerned in order to calculate the relative frequency of patients exercising their rights for accessing cross-border planned healthcare *(Table 12)*. In 2020, less than 10 out of 100,000 insured persons received a PD S2. This figure might be a (large) underestimation of the actual size of planned cross-border care in the EU.[38] A rather high patient mobility to receive planned healthcare abroad can be observed for persons insured in Luxembourg (almost 1 out of 100 insured persons). Furthermore, in case the 4,604 PDs S2 issued by Belgium for the more flexible parallel procedures are taken into account, some 40 out of 100,000 insured persons in Belgium received planned cross-border healthcare in 2020.

Table 12 - The percentage of insured persons entitled to receive planned cross-border healthcare on the basis of a prior authorisation, by issuing Member State, 2020

MS	Number of insured persons (A)	Number of PD S2 issued (B)	Share of insured population (B/A)	in 100,000 insured persons
BE	11,389,221	121	0.001%	1
BG	5,795,718	470	0.008%	8
CZ	10,550,638	116	0.001%	1
DK	5,800,000	85	0.001%	1
DE				
EE				
IE	4,834,422	0	0.000%	0
EL	9,103,454	521	0.006%	6
ES	49,184,240	222	0.000%	0
FR	70,944,358	2,925	0.004%	4
HR	4,097,710	288	0.007%	7
IT	60,000,000	2,139	0.004%	4
CY				
LV	2,268,159	151	0.007%	7
LT	2,952,776	48	0.002%	2
LU	922,756	9,082	0.984%	984
HU	4,096,000	183	0.004%	4
MT	442,538	33	0.007%	7
NL	17,210,000	751	0.004%	4
AT	8,985,124	3,333	0.037%	37
PL	34,052,570	44	0.000%	0
PT	1,780,111	15	0.001%	1
RO	16,892,058	529	0.003%	3
SI	2,129,755	0	0.000%	-
SK	5,181,433	889	0.017%	17
FI	5,542,719	73	0.001%	1
SE				
UK				
IS				
LI	40,630	<5	0.007%	7
NO	5,391,369	<5	0.000%	0
CH	8,700,000	121	0.001%	1
Total			0.007%	7

* BE: in case the 4,604 PDs S2 issued for the more flexible parallel procedures are taken into account, some 40 out of 100,000 insured persons in Belgium received planned cross-border healthcare in 2020.

** Estimate for Germany: 0.012%.

Source: EHIC and PD S2 Questionnaire 2021

[38] For instance, based on the Special Eurobarometer 425 on "Patients' rights in cross-border healthcare in the European Union" some 2% of people living in the European Union had received planned medical treatment in another Member State in the last 12 months.

A similar exercise was conducted from the perspective of the Member State of treatment, which is shown in *Table 13*. Again, Luxembourg stands out. In addition, Belgium, Switzerland and Austria also receive a large number of 'patients' in relative terms.

Table 13 - The percentage of insured persons entitled to receive planned cross-border healthcare on the basis of a prior authorisation, by Member State of treatment, 2020

	Number of insured persons (A)	Number of PD S2 received (B)	Share of insured population (B/A)	in 100,000 insured persons
BE	11,389,221	18,551	0.163%	163
BG	5,795,718	<5	0.000%	0
CZ	10,550,638	1,329	0.013%	13
DK	5,800,000	<5	0.000%	0
DE				
EE				
IE				
EL	9,103,454	234	0.003%	3
ES	49,184,240	90	0.000%	0
FR	70,944,358	1,415	0.002%	2
HR	4,097,710	66	0.002%	2
IT	60,000,000	333	0.001%	1
CY				
LV	2,268,159	9	0.000%	0
LT	2,952,776	97	0.003%	3
LU	922,756	3,658	0.396%	396
HU	4,096,000	27	0.001%	1
MT	442,538	0	0.000%	0
NL	17,210,000	1,757	0.010%	10
AT	8,985,124	3,881	0.043%	43
PL				
PT	1,780,111	21	0.001%	1
RO	16,892,058	9	0.000%	0
SI				
SK	5,181,433	47	0.001%	1
FI	5,542,719	5	0.000%	0
SE				
UK				
IS				
LI	40,630	6	0.015%	15
NO				
CH	8,700,000	5,654	0.065%	65
Total			0.013%	13

* Estimate for Germany: 0.014%. Including DE in the total: 0.008%

Source: EHIC and PD S2 Questionnaire 2021

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

The data for reference year 2020 can be compared with previous years to look into developments in terms of number of persons accessing planned healthcare abroad. By comparing the number of PDs S2 granted or received in 2020 with the numbers of previous years, some tentative findings of the impact of the COVID-19 pandemic on the level of planned healthcare in the EU/EFTA and the UK can be made. Based on the number of PDs S2 issued or received in the countries for which information is available for both 2019 and 2020, it appears that planned cross-border healthcare decreased by 26 to 29% compared to 2019. Most countries show a decline in the number of entitlements to scheduled treatment issued and/or received. Only France, Cyprus and Latvia granted more S2 forms compared to 2019. However, the number of PDs S2 granted by France in 2020 is much lower than in 2018 and 2017. The main issuing countries of the PD S2, Luxembourg (-23%), Austria (-30%) and the Netherlands (-75%), all show a strong decrease. In addition, the main receiving Member States, Belgium (-32%), Switzerland (-24%), Austria (-33%), and Luxembourg (-6%), all received less PD S2. Moreover, the level of planned healthcare in all the main issuing/receiving countries is not only lower compared 2019 but also compared

to 2018 and 2017. Above figures suggest that cross-border planned healthcare in the EU/EFTA was at a much lower level during the COVID-19 pandemic. Some Member States (Denmark, Estonia and Spain) were also referring to the impact of COVID-19 on cross-border patient mobility *(see Annex II)*.

Furthermore, Directive 2011/24/EU was due to be transposed by the Member States by 25 October 2013.[39] Figures from previous years 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 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 outpatient care (unless e.g., the conditions of article 20 of Regulation (EC) 883/2004 are met) and 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, the 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 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.

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

Table 14 - Evolution of the number of PDs S2 issued and received, 2017-2020

MS	Issued						Received					
	2017	*2018*	*2019*	*2020*	*Change in numbers 2020 vs. 2019*	*% change 2020 vs. 2019*	*2017*	*2018*	*2019*	*2020*	*Change in numbers 2020 vs. 2019*	*% change 2020 vs. 2019*
BE	280	226	208	121	-87	-41.8%	22,511	26,839	27,224	18,551	-8,673	-31.9%
BG	632	609	573	470	-103	-18.0%	<5	8	17	<5	-13	-76.5%
CZ	150	144	168	116	-52	-31.0%	1,272	1,195	1,241	1,329	88	7.1%
DK	139	202	221	85	-136	-61.5%	32	40	12	<5	-8	-66.7%
DE												
EE		19	23	16	-7	-30.4%		129	76	18	-58	-76.3%
IE		1,210	1,200					16				
EL	465	605		521			82			234		
ES	373	389	405	222	-183	-45.2%				90		
FR	4,716	3,867	2,631	2,925	294	11.2%	2,761	1,597	1,977	1,415	-562	-28.4%
HR	460	460	477	288	-189	-39.6%	62	74	48	66	18	37.5%
IT	147	2,338		2,139			199	333		333		
CY	320	430	486				0	0	0			
LV	191	189	149	151	2	1.3%	0	0	<5	9	7	350.0%
LT	42	54	38	48	10	26.3%	50	47	50	97	47	94.0%
LU	12,658	12,754	11,765	9,082	-2,683	-22.8%	1,916	2,927	3,886	3,658	-228	-5.9%
HU	300	245	275	183	-92	-33.5%	155	142	256	27	-229	-89.5%
MT	28	32	54	33	-21	-38.9%	0	<5	<5	0	-1	-100.0%
NL	1,055	2,056	3,044	751	-2,293	-75.3%	2,721		3,315	1,757	-1,558	-47.0%
AT	4,762	4,200	4,732	3,333	-1,399	-29.6%	5,354	5,289	5,806	3,881	-1,925	-33.2%
PL	111	81	58	44	-14	-24.1%						
PT	60	43	28	15	-13	-46.4%				21		
RO	711		808	529	-279	-34.5%	2		<5	9	5	125.0%
SI	366	405	426				37	38	34			
SK	914	961	1,049	889	-160	-15.3%	98	53	49	47	-2	-4.1%
FI	106	103	102	73	-29	-28.4%	18	34	38	5	-33	-86.8%
SE			17				258	154	38			
UK	1,352	1,487					1,241	1,357				
IS	22	43					7	6				
LI		29	20	<5	-17	-85.0%		<5		6		
NO	<5	<5		<5			10	0				
CH	95	104	124	121	-3	-2.4%	7,652	7,832	7,480	5,654	-1,826	-24.4%
Total			26,952	20,019	-6,933	-25.7%			51,516	36,531	-14,985	-29.1%

Source: Administrative data PD S2 Questionnaire 2018 to 2021

4. Budgetary impact of cross-border planned healthcare

Table 15 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 39,500 claims were received, amounting to almost 131 million. From a creditor's perspective, or the Member State of treatment, approximately 61,000 claims were issued, amounting to some € 194 million. However, it should be noted that the real numbers are higher as certain Member States, such as Luxembourg, did not provide any data. Moreover, France was not able to provide data on the number of claims received by Belgium. In 2019, France received some 32,760 claims from Belgium amounting to some € 39.3 million.

The left side of Table 15 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 Germany, France, and Austria, both in terms of claims received and amount to be paid. Furthermore, Belgium, Romania, the Netherlands and Slovakia, show a high amount of more than € 10 million. Additionally, it can be assumed that Luxembourg is an important debtor, as it issued the largest number of PD S2 *(see Table 10)*. 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 0.013% of total healthcare spending related to benefits in kind. For all reporting countries the budgetary impact is marginal (no data for Luxembourg).

On the right-hand side of *Table 15* 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 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 (it claimed an amount of some € 78.1 million in 2020), and to a lower extent the UK, Austria, Belgium, France, and the Czech Republic. The average impact of planned cross-border healthcare from a creditor's perspective remains limited with an average of some 0.02% of total healthcare spending related to benefits in kind.

The evolution from 2019 to 2020 is also reported in *Table 15* below. On average, for the countries with both data for 2019 and 2020, the amount claimed in 2020 is lower compared to 2019. For instance, the amount received by Germany as a debtor was 7% lower than in 2019. As a creditor, Germany also claimed an amount that was 13% lower compared to 2019.

In *Annex III,* the individual claims for reimbursement received and issued between Member States are reported. The mains flows go from Germany (creditor) to Austria (debtor), from Switzerland to Germany, from Germany to Luxembourg, from the Czech Republic to Slovakia, from Switzerland to France, and from Austria to Germany.

Table 15 - Budgetary impact of cross-border planned health care, 2019-2020

	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*	
	2019	2020	Evolution 2020 vs. 2019	2019	2020	Evolution 2020 vs. 2019	2019	2020	2019	2020	Evolution 2020 vs. 2019	2019	2020	Evolution 2020 vs. 2019	2019	2020
BE	7,940	7,266	-8.5%	13,757,723	11,464,189	-16.7%	0.048%	0.038%		21,824		20,816,545	18,557,317	-10.9%	0.072%	0.062%
BG	7,572			9,304,798			0.426%		9	9	0.0%	10,257	6,727	-34.4%	0.000%	0.000%
CZ	134	106	-20.9%	1,034,759	853,901	-17.5%	0.010%	0.008%	1,241	1,329	7.1%	6,234,036	10,545,378	69.2%	0.062%	0.095%
DK	193	169	-12.4%	1,108,785	999,691	-9.8%	0.006%	0.006%	28	64	128.6%	268,801	345,616	28.6%	0.002%	0.002%
DE	12,092	12,485	3.3%	23,168,454	21,557,037	-7.0%	0.009%	0.008%	19,865	16,326	-17.8%	89,408,060	78,141,586	-12.6%	0.034%	0.029%
EE	51	51	0.0%	618,552	2,052,252	231.8%	0.061%	0.182%	76	19	-75.0%	96,287	75,753	-21.3%	0.010%	0.007%
IE	1,116			11,385,488			0.080%									
EL		885			5,058,657			0.061%		80			135,679			0.002%
ES	362	425	17.4%	3,823,170	4,723,757	23.6%	0.006%	0.007%	836	604	-27.8%	1,408,110	1,129,925	-19.8%	0.002%	0.002%
FR	37,360	3,649*	*	52,043,936	15,319,038*	*	0.027%	0.008%*		3,030			15,204,182			0.008%
HR		507			6,702,372			0.213%		83			150,227			0.005%
IT																
CY	694			10,875,283			1.892%	0.000%								
LV	245	182	-25.7%	2,417,679	3,595,770	48.7%	0.312%	0.377%	<5	9	350.0%	5,683			0.001%	0.000%
LT	156	213	36.5%	601,090	319,162	-46.9%	0.038%	0.018%	93	168	80.6%	1,235,354	2,122,964	71.9%	0.077%	0.119%
LU																
HU	316	225	-28.8%	3,349,508	2,701,009	-19.4%	0.060%	0.046%	306	249	-18.6%	443,132	231,758	-47.7%	0.008%	0.004%
MT	27	25	-7.4%	333,154	234,359	-29.7%	0.064%	0.043%	<5	0	-100.0%	7,148	0	-100.0%	0.001%	0.000%
NL	2,595	2,965	14.3%	13,276,602	10,213,516	-23.1%	0.024%	0.018%								
AT	6,299	5,263	-16.4%	22,044,851	13,656,648	-38.1%	0.093%	0.055%	6,259	5,324	-14.9%	18,551,212	19,383,264	4.5%	0.079%	0.078%
PL	95	124	30.5%	853,960	1,016,997	19.1%	0.005%	0.006%	430	663	54.2%	349,503	457,602	30.9%	0.002%	0.003%
PT	45	26	-42.2%	171,337	426,038	148.7%	0.002%	0.004%	53	23	-56.6%	56,570	17,720	-68.7%	0.001%	0.000%
RO	972	841	-13.5%	11,158,536	11,607,127	4.0%	0.161%	0.139%	0	0		0	0		0.000%	0.000%
SI	296			2,877,542			0.103%		34			281,917			0.010%	
SK	1,268	1,237	-2.4%	8,415,443	10,183,608	21.0%	0.198%	0.220%	155	182	17.4%	103,884	134,880	29.8%	0.002%	0.003%
FI	68	128	88.2%	352,574	1,258,206	256.9%	0.003%	0.009%	38	6	-84.2%	195,009	5,207	-97.3%	0.001%	0.000%
SE		57			169,891			0.001%	199	348	74.9%	927,744	5,577,380	501.2%	0.003%	0.019%
UK		1,391			4,559,667			0.002%		2,301			21,606,224			0.012%
IS																
LI										<5			34,980			
NO																
CH	1,680	1,264	-24.8%	2,268,072	2,262,296	-0.3%	0.006%	0.006%	10,794	8,511	-21.2%	23,305,062	20,341,703	-12.7%	0.057%	0.051%
Total		**39,484**	**-4.5%**		**130,935,186**	**-9.0%**	**0.019%**	**0.013%**		**61,153**	**-16.3%**		**194,206,073**	**-3.9%**	**0.018%**	**0.020%**

* Belgian healthcare claims for 2019 submitted to France in 2020 could not be taken into account due to a large number of anomalies in the data submitted (CNSE).

** BE: the number of forms issued for France as creditor do not include the forms issued for healthcare provided on the basis of a PD S2 issued under the ZOAST-Agreement. In that case, a total number of 88.058 forms were issued for an amount of € 37,103,181.

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 2020, 3,846 requests for prior authorisation for treatment abroad (PD S2) were refused by the 27 Member States that reported such figures (*Table 16*). Some 25% of the refusals originate from Luxembourg (915). This is linked to the high number of requests (9,997) received by Luxembourg compared to other EU/EFTA countries and the UK.

In relative terms, the refusal rate is particularly high in Norway (89%), Sweden (80%), and Belgium (63%) and to a lesser extent in France (35%), the Czech Republic (33%) and Finland (32%). On average, approximately 14% of the requests for a PD S2 were refused by the reporting Member States. This overall rate is strongly influenced by the 'lower 'refusal rate in Luxembourg (9%). When looking at the evolution of the refusal rate between 2014 and 2020, 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.

Table 16 - Number of PDs S2 requests refused and accepted, 2013-2020

	2020					% refused in ...						
	Issued	*Refused*	*Total*	*% accepted*	*% refused*	*2013*	*2014*	*2015*	*2016*	*2017*	*2018*	*2019*
BE	121	207	328	36.9%	63.1%	23.5%	42.0%	46.6%	35.1%	49.3%	58.5%	62.2%
BG	470	13	483	97.3%	2.7%	7.5%	10.6%	9.8%	3.2%	2.2%	3.9%	3.9%
CZ	116	56	172	67.4%	32.6%	20.0%	33.8%	41.6%	32.2%	23.5%	21.7%	32.0%
DK	85	8	93	91.4%	8.6%	n.a.	0.0%	7.7%	13.3%	6.7%	4.3%	3.1%
DE												
EE	16	14	30	53.3%	46.7%	10.3%	10.0%	9.5%	n.a.		0.0%	39.5%
IE						3.7%	6.2%	7.4%	2.8%		3.5%	5.7%
EL	521	27	548	95.1%	4.9%	6.5%	1.8%	3.9%	4.7%	3.3%	0.2%	
ES	222	19	241	92.1%	7.9%	n.a.	n.a.	n.a.	n.a.	0.0%		
FR	2,925	1,591	4,516	64.8%	35.2%	n.a.	44.5%	n.a.	24.0%	27.2%	29.8%	30.4%
HR	288	27	315	91.4%	8.6%	n.a.	18.0%	15.1%	14.0%	13.2%	12.5%	10.1%
IT	2,139	32	2,171	98.5%	1.5%	2.1%	2.1%	4.2%	n.a.	13.0%	1.4%	
CY						n.a.	6.6%	n.a.	n.a.	0.0%		
LV	151	5	156	96.8%	3.2%	7.0%	4.0%	6.2%	n.a.	6.8%	8.3%	6.3%
LT	48	0	48	100.0%	0.0%	0.0%	0.0%	23.9%	7.9%	4.5%	0.0%	2.6%
LU	9,082	915	9,997	90.8%	9.2%	3.4%	4.9%	4.9%	14.2%	10.8%	6.8%	9.9%
HU	183	27	210	87.1%	12.9%	n.a.	n.a.	22.6%	21.8%	11.0%	9.9%	8.9%
MT	33	0	33	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.9%	1.8%
NL	751	26	777	96.7%	3.3%	n.a.	n.a.	1.3%	n.a.			
AT	3,333	490	3,823	87.2%	12.8%	n.a.	3.7%	5.6%	7.2%	8.5%	9.1%	9.6%
PL	44	0	44	100.0%	0.0%	21.4%	19.4%	10.7%	9.9%	29.7%	6.9%	13.4%
PT	15	5	20	75.0%	25.0%	28.2%	27.8%	10.9%	14.9%	22.1%	35.8%	31.7%
RO	529	22	551	96.0%	4.0%	3.1%	4.5%	7.1%	6.7%	5.1%		5.2%
SI							8.3%	4.8%	6.1%	5.4%	7.5%	16.8%
SK	889	24	913	97.4%	2.6%	7.0%	5.9%	7.6%	3.0%	3.4%	3.8%	4.4%
FI	73	34	107	68.2%	31.8%	57.9%	57.5%	49.7%	47.3%	43.3%	49.8%	40.0%
SE	55	213	268	20.5%	79.5%	n.a.	35.5%	n.a.	n.a.			
UK	1,325	37	1,362	97.3%	2.7%	0.5%	3.9%	4.4%	4.3%	5.8%	4.1%	
IS						n.a.	n.a.	n.a.	n.a.	12.0%	0.0%	0.0%
LI	<5	0	<5	100.0%	0.0%	0.0%	0.0%	0.0%	n.a.			
NO	<5	16	18	11.1%	88.9%	n.a.	54.0%	47.9%	94.4%	96.4%	82.4%	
CH	121	38	159	76.1%	23.9%	n.a.	n.a.	20.5%	35.5%	38.3%	23.0%	25.7%
Total	23,540	3,846	27,386	86.0%	14.0%	n.a.	8.2%	7.0%	13.8%	13.7%	11.3%	13.4%

Source: Administrative data PD S2 Questionnaire 2014 - 2021

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.

Table 17 - Reasons for refusal to issue a PD S2, 2020 (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	207	8%	19%	73%
BG	13	0%	100%	0%
CZ	56	10%	80%	10%
DK	8	25%	13%	63%
DE				
EE	14	79%	21%	0%
IE				
EL	27	0%	100%	0%
ES	22	9%	41%	50%
FR	1218	8%	52%	40%
HR	27	26%	74%	0%
IT	231	53%	45%	2%
CY				
LV	5	0%	80%	20%
LT				
LU				
HU	27	0%	100%	0%
MT				
NL				
AT	471	2%	86%	12%
PL				
PT	5	0%	0%	100%
RO	22	32%	14%	55%
SI				
SK	24	8%	8%	83%
FI	34	12%	74%	15%
SE				
UK	37	22%	62%	16%
IS				
LI				
NO	16	0%	13%	88%
CH	38	16%	71%	13%
Unweighted average		15%	53%	32%

* The total number of refusals does not always match the total number of refusals 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.

Source: Administrative data PD S2 Questionnaire 2021

The fact that treatment can be delivered within a medically justifiable period in the competent Member State explains more than 50% of refusals (unweighted average) *(Table 17)*. This was the main reason for most of the reporting countries (BG, CZ, EL, FR, HR, LV, HU, AT, FI, UK and CH). Furthermore, 32% 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, Denmark, Spain, Portugal, Romania, 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'. 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), 15% of the requests were refused because the treatment in question was not included in the services provided for by their legislation. For Estonia and Italy, this was the most frequently cited reason to refuse requests.

The decision to refuse to issue a PD S2, can be contested. The percentage of contested decisions for 2019 and its evolution over the years is shown in *Table 18*.

Table 18 - Percentage of contested decisions to refuse to issue a PD S2, 2020

	2020			*% 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*	*2019*
BE				n.a.	1.8%	n.a.	n.a.	n.a.	n.a.	n.a.
BG	<5	13	23.1%	15.8%	33.3%	25.0%	33.3%	14.3%	28.0%	26.1%
CZ	12	56	21.4%	24.0%	20.0%	8.3%	18.2%	19.6%	15.0%	17.7%
DK	0	8	0.0%	n.a.	0.0%	0.0%	14.3%	40.0%	0.0%	0.0%
DE										
EE	0	14	0.0%							0.0%
IE				15.4%	29.3%	17.6%	28.0%		22.7%	27.8%
EL	16	27	59.3%	25.0%	45.5%	0.0%	52.6%	18.8%		
ES	<5	19	5.3%							
FR	6	1,591	0.4%				11.3%		1.1%	2.2%
HR	<5	27	14.8%	n.a.	n.a.	16.3%	22.4%	25.7%	19.7%	
IT				n.a.	n.a.	14.1%	n.a.	40.9%		
CY										
LV	0	5	0.0%	15.4%	10.0%	0.0%	n.a.	7.1%	0.0%	0.0%
LT		0		n.a.	0.0%	0.0%	n.a.	0.0%	0.0%	0.0%
LU	172	915	18.8%	9.1%	app. 12%	5.7%	1.9%	8.4%	12.3%	18.2%
HU	7	27	25.9%	42.3%	17.0%*	6.3%*	6.0%	8.1%	22.2%	14.8%
MT		0							0.0%	0.0%
NL						11.9%				
AT	9	490	1.8%	n.a.	n.a.	1.4%	1.7%	0.9%	0.9%	0.4%
PL				n.a.	26.3%	15.4%	18.2%	19.1%	16.7%	22.2%
PT	0	5	0.0%	0.0%	0.0%	0.0%	15.4%	5.9%	8.3%	38.5%
RO	0	22	0.0%	0.0%	2.4%	3.4%	6.8%	2.6%		4.5%
SI				n.a.	28.9%	41.2%	18.5%	28.6%	239.4%	30.2%
SK	<5	24	8.3%	20.7%	2.0%	34.9%	54.2%	0.0%	5.3%	10.4%
FI	<5	34	5.9%	15.8%	17.3%	12.4%	10.6%	6.2%	5.9%	4.4%
SE										
UK	8	37	21.6%			4.6%	14.0%	18.8%	26.6%	
IS				n.a.	n.a.	n.a.	n.a.	0.0%	0.0%	
LI										
NO	<5	16	25.0%		27.8%	6.5%		7.4%	7.1%	16.7%
CH	9	38	23.7%			9.4%	6.5%	8.5%	6.5%	0.0%
Weighted average	226	3,258	6.9%	n.a.	10.7%	8.4%	6.4%	8.7%	6.0%	10.0%
Unweighted average			12.5%					13.4%	9.9%	11.7%

Source: Administrative data PD S2 Questionnaire 2021

The 19 Member States which were able to provide figures on the number of contested decisions received 226 contestations following the refusal to issue a PD S2 *(Table 18)*. On average, one out of ten decisions to refuse a request were contested. The highest percentages of contested decisions to refuse authorisation can be seen in Greece (59%), Hungary (26%), Norway (25%), Switzerland (24%), Bulgaria (23%), the UK (22%), and the Czech Republic (21%)

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 19*.

Table 19 - Care (not) included in the services provided for by the national legislation, 2020

	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	97.6%	2.4%
BG	100.0%	0.0%
CZ	41.4%	58.6%
DK	100.0%	0.0%
DE		
EE	0.0%	100.0%
IE		
EL	100.0%	0.0%
ES	86.7%	13.3%
FR	99.1%	0.9%
HR	0.0%	100.0%
IT	60.3%	39.7%
CY		
LV	100.0%	0.0%
LT	100.0%	0.0%
LU		
HU	98.6%	1.4%
MT		
NL		
AT	91.6%	8.4%
PL	100.0%	0.0%
PT		
RO	100.0%	0.0%
SI		
SK	100.0%	0.0%
FI	87.3%	12.7%
SE	100.0%	0.0%
UK	90.9%	9.1%
IS		
LI		
NO	100.0%	0.0%
CH	100.0%	0.0%
Weighted average	90%	10%
Unweighted average	84%	16%

Source: Administrative data PD S2 Questionnaire 2021

In general, most of the reporting Member States issued PDs S2 exclusively for treatments that are included in the services provided for by their legislation (BG, DK, EL, LV, LT, PL, RO, SK, SE, NO and CH). In Belgium,[40] France, Hungary, Austria and the UK, more than 90% of PDs S2 issued were also for care included in the services provided by their legislation. Furthermore, the majority of PDs S2 issued by Spain, Italy, and Finland concerned care which is included in the services provided by their legislation.

In three Member States, the opposite tendency can be seen (CZ, EE and HR). In Estonia and Croatia, PDs S2 were exclusively issued for the treatment that is not included in the services provided by its legislation[41]. 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)*.

[40] The Belgian competent institutions issued 3 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.

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

6. Parallel schemes

Alongside the procedures determined by the EU rules (the Coordination Regulations or the Directive), several Member States reported the existence of parallel procedures (BE, BG, CZ, DK, EE, EL, FR, HR, HU, MT, AT, PL, PT, FI, SE, LI and CH) *(Annex IV)*.[42] These parallel procedures are mostly the result of provisions in national legislation (e.g. reported by CZ, DK, EE, HR, HU, MT, AT, PL, PT, and LI) or in (bilateral) agreements (for instance *Ostbelgien Regelung*,[43] ZOAST, [44] agreement between Malta and the UK, 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 some Member States. Portugal authorized 273 cases under national legislation. Poland reports that national procedures are used more often compared to the procedures determined by the EU rules.

In some Member States, for instance in Portugal, Poland, 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.

7. Fraud and error

Most reporting Member States are not aware of cases of fraud and error related to planned cross-border healthcare, in particular regarding the use of PD S2 (BG, CZ, HR, HU, RO, FI, UK and NO).[45] Only Slovakia reported two cases of fraud.

[42] 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

[43] 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.

[44] The agreement facilitates patient mobility between Belgium, France and Luxembourg.

[45] This is the case for Bulgaria, Cyprus, Lithuania, Hungary, Malta, the Netherlands, Slovakia, Iceland, Liechtenstein, Norway and Switzerland.

Annex I Informing patient and healthcare providers on planned healthcare abroad

Table a9 - Steps taken to inform patients and healthcare providers on planned healthcare abroad under the Basic Regulation and the Directive, 2020

	Description
BE	
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 patient advisors in the five regional NCPs and the Danish Patient Safety Authority, EU Health Insurance, which is the Danish liaison body and the National Coordinating Contact Point, provide guidance per e-mail and phone to both in-coming and out-going patients and healthcare providers etc. about the opportunities for planned healthcare under the terms of both the Regulation (EC) No. 883/2004 and the Directive 2011/24/EU.
DE	
EE	We have updated information about these opportunities and differences related to them available on our website (in Estonian, English and Russian). Also, we provide additional information via phone, emails and through our customer service. Information Day´s taking place at different hospitals as needed. Different booklets and articles also point out opportunities for planned healthcare abroad.
IE	
EL	We introduced a new, improved and updated website of the National Contact Point for Cross-border Healthcare, eu-healthcare.eopyy.gov.gr. Upon personal communication, we make a point of emphasizing the priority of the Social Security Regulations over the Directive once the conditions for authorization under the Regulations are met. We network with corresponding NCPs to facilitate patients and optimize information provision. We actively collaborate with researchers, health providers, health consultants, policy officers etc. in order to provide information on our policy as well as benefit from capacity building through a better understanding of the different perspectives of the EU MS.
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	Cnam: we inform them via Ameli.fr/ section 'Assured' and also via the CLEISS website. The information letters on requests for treatment abroad also contain information. In addition, the form filled in to support their request for reimbursement of advanced health costs also mentions the difference in pricing.
HR	Each insured person is informed about his/her entitlements in detail, when they seek planned healthcare abroad, including the difference between Regulation and the Directive. Also, there is sufficient information about the possibilities on the web site of Croatian Health Insurance Fund. However, it is extremely important to stress that the main reason why Croatian insured persons prefer using their entitlements according to the Regulation, and not to the Directive, lies in finances. Namely, if planned treatment is used according to the Directive, patient is required to pay for the treatment by him/herself and then seek reimbursement, but according to Croatian tariffs. If the treatment is provided on the basis of Regulation, document S2 is issued and patient does not cover the costs.
IT	It can be in different ways; at the counter, by phone. Insured persons going to competent institution asking for detailed information on Regulation and Directive receive comprehensive and clear information. Furthermore, competent institutions have a dedicated web page for cross-border healthcare. But firstly, to the insured persons are highlighted pros and cons of the Regulation and Directive both in regard of access to treatments and of costs involved and possible reimbursement level and procedures to make them able to decide to use the Directive or the Regulation. It should be added that if the Regulation is more convenient than the Directive our competent institutions underline this to the insured, leaving to him/her the final decision anyway.
CY	
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 a 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 favorable 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://www.neak.gov.hu/felso_menu/lakossagnak/ellatas_kulfoldon/tervezett_kulfoldi_gyogykezeles)
MT	A detailed explanation is given to all interested citizens and residents with a working permit seeking treatment in another country on matters pertaining to the Regulation and the Directive. Basic differences between the two routes are explained. They are also advised on the procedures that require prior-authorization and how to go about organising this together with the reimbursement procedure. All interested parties are advised to review the Cross-Border web page on the Government of Malta platform and a descriptive information sheet is shared with them.
NL	Patients are informed about planned healthcare by Competent Institutions via websites, policy papers, leaflets and on demand. Not always about the differences between Regulation and Directive. Patients are informed about the different ways to get reimbursement.
AT	- Personal counselling of patients; - Provision of guidebooks and information brochures.

	Description
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 Regulation (EC) No 883/2004 and 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	
SK	We have been using standard procedures of advising the clients (email communication, personal communication, phone communication) facilitating their decision-making process on the scheduled treatment abroad, including website information, call centers assistance, and other specific information based on individual requests of the insured.
FI	Kela (The Social Insurance Institution of Finland) provides information on seeking healthcare abroad with or without prior authorization. Information is provided for patients and healthcare providers on Kela's website (www.kela.fi) and by the customer service of Kela's Centre for International Affairs. The 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 2020, compared with 2019, 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	England - comprehensive information is available for both patients (NHS.net - public) and NHS Healthcare Commissioners / providers (NHS commissioner guidance - NHSE/I public website). The NHSE/I NCP (Customer Contact center) is also the Tier 1 contact point for general enquiries. The European Cross Border healthcare team is the Tier 2 contact point for more specific / technical queries, for both patients and commissioners. Queries in relation to Maternity S2s are managed by the NHS BSA. Wales - Local Health Boards in Wales provide access to an EEA funding patient information leaflet and the All Wales Procedure policy, which both contain reference to S2 state-provided planned healthcare and healthcare available via the Cross-Border Directive route. Local Health Boards also signpost this information on their websites and will advise patients of contact details for accessing EHIC information. Local Health Boards report that no new measures for the dissemination of information have been introduced in 2020. In response to related correspondence queries, Welsh Government will advise patients of the EHIC and how to apply for it free of charge, as well as their mobility rights under Directive 2011/24/EU via the Cross-Border Directive (pre-31 December 2020) and S2 routes, alongside the importance of arranging comprehensive travel insurance prior to travel abroad. Welsh Government will also signpost enquiries to applicable UK Government guidance and websites in relation to reciprocal healthcare. In 2019, Welsh Government developed a "Preparing Wales" web portal to provide information in relation to the UK's exit from the EU and transition during the Implementation Period. This web portal was updated in 2020 as the reciprocal healthcare position was revised prior to and after the UK-EU Trade and Co-operation Agreement (TCA) on 24 December 2020. The portal includes a section on Health and Social Services outlining reciprocal healthcare arrangements: https://gov.wales/preparing-wales-brexit/health-and-social-services#reciprocal. Following the TCA and the end of the Implementation Period on 31 December 2020, a revised All Wales S2 form and guidance is being developed which will be published online and shared with Local Health Boards. Scotland - Information regarding planned healthcare abroad is available on Scotland's national health information service NHS Inform: www.nhsinform.scot . Information on the Directive available on NHS Inform has been updated to reflect the cessation of this route, other than for those who found themselves in a transitional position at the end of the EU Exit Implementation period on 31 December 2020. People can also contact NHS Boards directly to discuss their individual circumstances. Some Boards provide information sheets which are provided when a query is received.
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 authorization 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.
CH	Switzerland does not apply Directive 2011/24/EU.

Source: Administrative Data PD S2 Questionnaire 2021

Annex II Opinion on the influence of Directive 2011/24/EU on the number of PDs S2 issued

Table a10 - Opinion on the influence of Directive 2011/24/EU on the number of PDs S2 issued, 2020

MS	Description
BE	
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 2020, however, cross-border mobility and thereby also cross-border healthcare has in 2020 been affected by the Covid-19 situation. When a Danish insured person applies for a prior authorisation for treatment in another Member State, the regional authorities will evaluate the application after both set of rules, unless the requested treatment is only provided by a private healthcare provider.
DE	
EE	Patients are more aware of cross-border treatment options but there is no certain pattern demonstrating increased numbers. The number of applications varies some years more than others. As we have a parallel system for funding treatment abroad (under the Health Insurance Act, § 271, Health service benefit upon provision of health service in foreign state), S2 issued on basis of 883/2004 article 20 is rare (has not occurred yet). In terms of 2020, Covid-19 pandemic had possible impact on seeking cross-border treatment options as travelling was restricted as well as hospitals refusing to accept patients from abroad. We have not noticed that Directive 2011/24/EU on patients' rights in cross-border healthcare has influenced the evolution of the number of PDs S2 issued by our institution.
IE	
EL	Greek patients primarily opt in favour of exercising their right for cross-border healthcare under the Social Security Regulations (EC) 883/2004 & 987/2009. There are low figures concerning prior authorization claims under the Directive 2011/24/EU for a number of reasons: a) the reimbursement of the patient will be according to domestic pricing if the healthcare is included in the benefits basket. That practically means, that the patient will potentially have to incur out-of-pocket costs since generally there are high healthcare costs abroad and low reimbursement rates in Greece, b) upfront payment by the patient, c) language barriers, d) under the Directive 2011/24/EU, travel and accommodation expenses may be considered only for patients with officially certified disabilities on a case by case basis and are not generally granted.
ES	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 2020, there have been restricted movements between countries due to the pandemic, so the data collected (questionnaire for Directive 2011/24/UE still is in process) show only a few requests for healthcare subject to prior authorization in Spain.
FR	No
HR	No, there is no such evidence.
IT	
CY	
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 2020, 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	No
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 2020. 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 evidence.
SI	
SK	No
FI	There has not been any specific legislative or administrative change in Finland that has influenced the evolution of the number of patients applying S2. Nor is there any evidence that the Directive 2011/24/EU on 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.

MS	Description
UK	Wales - Local Health Boards in Wales have reported that no PD S2 were issued in 2020. One Local Health Board did receive a S2 treatment request and were liaising with the NHSBSA, however the patient withdrew from the process before the PD S2 could be issued. Prior to the reciprocal healthcare position reached via the UK-EU Trade and Co-operation Agreement (TCA) on 24 December 2020 and the end of the Implementation Period (11pm on 31 December 2020) as part of the UK's exit from the EU, the Cross Border Directive route (rather than PD S2) was primarily used by patients in Wales to access planned treatments in the EEA. However, Cross Border Directive numbers were low: in 2019, Local Health Boards reported that 60 requests for treatment in the EEA were authorised under the Cross Border Directive route. From 1 January 2021, the Cross Border Directive route is no longer accessible to new treatment requests under the TCA apart from transitional cases, i.e., valid requests for treatment under the Cross Border Directive route that were received before 31 December 2020. It is anticipated that going forward from 1 January 2021 that PD S2 requests will increase across Wales (from a very small base) as access to the Cross Border Directive route has been discontinued. Scotland - Some NHS Boards in Scotland report greater usage of the Directive route in comparison to S2. Now that the Directive route has ceased, following EU Exit, Boards may see an increase in S2 applicants going forward.
IS	
LI	The use of the form E 112 continues to decline
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 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.
CH	Switzerland does not apply Directive 2011/24/EU.

Source: Administrative Data PD S2 Questionnaire 2021

Annex III Reimbursement claims between Member States

Table a11 - Number of claims received by the competent Member State for the payment of planned healthcare received abroad by persons with a PD S2, 2020

	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			6	14	96	6		36	16	*	23			13	<5		<5	0	1,864	<5	<5	<5	28		<5	<5	26	40		0		5	2,189
BG	0		0	0	<5	0		0	<5	<5	0			0	0		0	0	0	0	0	0	0		<5	0	0	<5		0		0	9
CZ	0			0	40	0		0	<5	<5	52			0	0		0	0	7	<5	0	0	<5		1,069	6	<5	176		0		0	1,360
DK	<5		0	0	10	0		0	<5	<5	0			0	0		0	0	<5	<5	<5	5	0		0	6	<5	0		0		0	37
DE	2,257		58	27		6		60	207	734	152			50	10		52	<5	755	5,005	72	0	337		75	31	9	201		0		1,205	11,305
EE	0		0	0	0			0	0	0	<5			11	<5		0	0	0	0	0	0	0		0	42	0	0		0		0	55
IE	0		0	0	0	0		0	0	0	0			0	0		0	0	0	0	0	0	0		0	0	0	14		0		0	14
EL	0		0	0	63	0			0	0	0			0	0		0	0	0	0	0	0	0		0	<5	0	<5		0		0	65
ES	18		0	<5	160	0		0		27	<5			0	0		0	0	24	<5	0	<5	16		0	<5	6	144		0		<5	407
FR	1,123		<5	7	56	<5		57	57		<5			<5	0		<5	<5	27	<5	11	11	85		0	6	6	137		0		13	1,611
HR	0		0	0	56	0		0	0	0				0	0		0	0	0	0	0	0	0		<5	<5	0	0		0		0	58
IT	<5		<5	<5	33	<5		257	27	14	25			<5	0		<5	21	<5	0	<5	<5	123		<5	<5	0	15		0		<5	533
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
LV	0		0	0	0	0		0	0	0	0				7		0	0	0	0	0	0	0		0	0	0	0		0		0	7
LT	0		0	0	33	0		0	7	0	0			57			0	0	0	0	0	0	0		0	0	0	68		0		0	165
LU	3,784		0	0	126	0		0	<5	506	0			0	0		0	0	<5	0	0	0	0		0	0	0	0		0		0	4,420
HU	0		<5	0	36	0		0	8	0	11			0	0			0	<5	5	0	0	65		<5	<5	<5	57		0		<5	195
MT	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	53		9	10	1,637	0		<5	9	0	<5			<5	0		0	0		0	<5	0	0		<5	0	0	6		0		5	1,740
AT	<5		<5	<5	5,253	0		117	<5	10	184			<5	0		102	0	8		15	0	136		43	<5	<5	13		0		30	5,927
PL	<5		0	0	112	0		0	5	<5	0			0	72		0	0	51	<5		0	0		0	<5	0	385		0		0	635
PT	<5		0	0	<5	0		0	<5	14	0			0	0		0	0	11	0	0		0		0	0	<5	0		0		<5	33
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
SI	0		0	0	8	0		0	0	0	9			0	0		0	0	0	0	0	0	0		0	0	0	9		0		0	26
SK	0		18	0	7	0		0	5	0	0			<5	0		0	0	8	0	0	0	0			0	0	66		0		0	105
FI	0		0	0	<5	<5		0	0	0	0			0	<5		0	0	0	0	0	0	0		0		<5	5		0		0	13
SE	0		0	99	5	0		0	0	0	0			0	<5		0	0	37	0	0	0	0		0	9		0		0		0	153
UK	0		<5	0	40	14		140	0	0	7			13	0		<5	0	18	11	14	<5	12		<5	9	0			0		0	292
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
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
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	0
CH	23		0	5	4,710	20		216	69	2,337	34			31	116		65	0	141	226	6	<5	36		39	<5	0	50		0			8,129
Total	7,266		106	169	12,485	51		885	425	3,649	507			182	213		225	25	2,965	5,263	124	26	841		1,237	128	57	1,391		0		1,264	39,484

* FR: Belgian healthcare claims for 2019 submitted to France in 2020 could not be taken into account due to a large number of anomalies in the data submitted (CNSE). In 2019, 32,761 were received from Belgium. Consequently, the total figure for FR and the total figure for the EU/EFTA is underestimated.

Source: PD S2 Questionnaire 2021

Table a12 - Amount to be paid by the competent Member State for planned healthcare received abroad by persons with a PD S2, 2020, 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			11,559	24,253	129,081	41,189		88,939	23,061	*	40,472			24,528	189		10	0	4,138,159	639	16	6,752	354,864		2	5,519	62,089	62,385	0			772	5,015,474
BG	0		0	0	475	0		0	8,394	2,352	0			0	0		0	0	0	0	0	0	0		128	0	0	2,250	0			0	13,598
CZ	0			0	30,708	0		0	94,561	1,980	579,543			0	0		0	0	232,499	42	0	0	42,799		8,012,349	4,287	1,162	87,253	0			0	9,087,183
DK	15,580		0		86,793	0		0	24,881	242	0			0	0		0	0	137,765	65	63	13,064	0		0	59,718	3,582	0	0			0	341,752
DE	5,148,469		642,371	229,260		114,556		779,554	1,155,669	3,787,015	1,766,519			1,100,652	36,409		871,487	9,197	3,579,472	11,706,529	619,505	0	4,797,780		637,525	381,504	61,016	614,397	0			1,723,500	39,762,387
EE	0		0	0	0			0	0	0	200			44,235	843		0	0	0	0	0	0	0		0	111,216	0	0	0			0	156,493
IE	0		0	0	0	0		0	0	0	0			0	0		0	0	0	0	0	0	0		0	0	0	1,937,106	0			0	1,937,106
EL	0		0	0	71,236	0			0	0	0			0	0		0	0	0	0	0	0	0		0	1,499	0	2,247	0			0	74,981
ES	4,714		0	629	147,122	0		0		109,294	268			0	0		0	0	6,467	158	0	62	35,430		0	5,771	18,763	851,979	0			4,307	1,184,965
FR	2,823,941		14,652	6,956	659,965	28,687		815,052	958,175		28,748			46,663	0		34,636	72,987	442,890	10,099	437,707	123,883	2,840,725		0	8,703	16,548	503,476	0			286,786	10,161,279
HR	0		0	0	121,412	0		0	0	0				0	0		0	0	0	0	0	0	0		619,681	32	0	0	0			0	741,125
IT	1,272		1,767	147	148,283	0		1,312,079	335,344	186,372	143,055			1,137	0		224	152,175	16,043	0	5,880	2,172	1,697,658		1,298	554	0	32,739	0			41,728	4,079,926
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
LV	0		0	0	0	0		0	0	0	0				3,998		0	0	0	0	0	0	0		0	0	0	0	0			0	3,998
LT	0		0	0	1,444	0		0	890	0	0			1,970,091			0	0	0	0	0	0	0		0	0	0	19,275	0			0	1,991,700
LU	2,707,452		0	0	192,175	0		0	1,534	5,019,935	0			0	0		0	0	88,100	0	0	0	0		0	0	0	0	0			0	8,009,195
HU	0		149	0	11,162	0		0	1,551,682	0	29,264			0	0			0	335,810	597	0	0	141,532		1,071	748	593	32,177	0			2,751	2,107,536
MT	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	432,340		6,659	105,733	1,100,249	0		6,260	13,803	0	5,606			227,844	0		0	0		0	8,746	0	0		795	0	0	64,276	0			12,164	1,984,474
AT	517		60,669	4,349	6,437,499	0		473,207	5,686	242,135	3,645,796			67,743	0		1,237,565	0	2,647		38,051	0	1,271,887		314,587	205	236	16,630	0			190,205	14,009,613
PL	696		0	0	118,647	0		0	38,911	8	0			0	81,632		0	0	35,122	129		0	0		0	3,388	0	229,668	0			0	508,200
PT	31		0	0	1,473	0		0	138	13,328	0			0	0		0	0	0	0	0		0		0	0	3,028	0	0			83	18,080
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
SI	0		0	0	6,058	0		0	0	0	28,880			0	0		0	0	0	0	0	0	0		0	0	0	10,923	0			0	45,861
SK	0		22,891	0	9,413	0		0	263	0	0			109	0		0	0	19,184	0	0	0	0		0	0	0	38,589	0			0	90,448
FI	0		0	0	1,996	23,019		0	0	0	0			0	574		0	0	0	0	0	0	0		0		2,874	8,335	0			0	36,799
SE	0		0	582,035	82,289	0		0	0	0	0			0	15,642		0	0	300,056	0	0	0	0		0	91,795		0	0			0	1,071,817
UK	0		93,186	0	356,880	1,739,250		912,991	0	0	248,689			74,867	0		34,485	0	49,589	43,803	-100,146	278,613	92,048		14,832	566,306	0		0			0	4,405,394
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
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
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	0
CH	329,178		0	46,329	11,842,679	105,550		670,575	510,766	5,955,382	185,332			37,901	179,874		522,602	0	822,566	1,894,587	7,174	1,492	332,402		581,340	16,963	0	45,963	0				24,088,653
Total	11,464,189		853,901	999,691	21,557,037	2,052,252		5,058,657	4,723,757	15,319,038	6,702,372			3,595,770	319,162		2,701,009	234,359	10,213,516	13,656,648	1,016,997	426,038	11,607,127		10,183,608	1,258,206	169,891	4,559,667	0			2,262,296	130,935,186

* FR: Belgian healthcare claims for 2019 submitted to France in 2020 could not be taken into account due to a large number of anomalies in the data submitted (CNSE). In 2019, Belgium claimed 39.3 million from FR. Consequently, the total figure for FR and the total figure for the EU/EFTA is underestimated.

Source: PD S2 Questionnaire 2021

Table a13 - 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, 2020

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	2,336	0		0	18	1,123	0			0	0		0	0		<5	<5	<5	0		0	0	0	38		0	0	5	3,528
BG	37		5	<5	349	0		6	5	55	0			0	0		<5	0		98	0	0	0		0	0	6	54		0	0	116	734
CZ	<5	0		0	59	0		0	0	<5	0			0	0		<5	0		5	0	0	0		14	0	0	<5		0	0	0	90
DK	<5	0	0	0	32	0		0	<5	<5	0			0	0		0	0		<5	0	0	0		0	0	100	0		0	0	<5	145
DE	375	5	39	10		0		63	160	56	56			0	33		22	0		4,068	115	<5	0		7	<5	5	39		0	0	3,869	8,925
EE	0	0	0	<5	17			0	0	<5	0			<5	0		0	0		0	0	0	0		0	<5	<5	14		0	0	<5	42
IE	16	0	0	0	96	0		0	<5	<5	0			0	0		0	0		<5	0	0	0		0	0	95	1,438		0	0	<5	1,652
EL	42	0	0	0	58	0			<5	57	0			0	0		0	0		153	0	0	0		0	0	<5	134		0	0	208	658
ES	160	0	0	<5	208	0		0		59	0			0	7		<5	0		<5	5	<5	0		0	0	28	56		0	0	31	569
FR	8,315	<5	<5	<5	1,013	0		<5	84		0			0	0		0	0		14	<5	<5	0		0	0	0	0		0	0	2,287	11,728
HR	19	0	58	0	150	0		0	<5	<5				0	0		11	0		183	0	0	0		0	0	0	7		0	0	36	469
IT	144	0	<5	<5	918	0		<5	19	660	<5			0	0		<5	0		242	0	0	0		0	0	16	141		0	0	1,522	3,668
CY	<5	0	0	<5	514	0		0	0	12	0			0	0		0	0		12	0	0	0		0	0	<5	170		0	0	<5	716
LV	12	0	0	<5	51	9		0	0	<5	0				58		0	0		0	0	0	0		0	0	<5	13		0	0	20	172
LT	13	0	0	<5	9	0		0	<5	<5	0			7			0	0		<5	73	0	0		0	0	13	<5		0	0	0	123
LU	8,295	0	<5	0	3,505	0		0	30	731	<5			0	0		0	0		8	0	0	0		0	<5	6	0		0	0	0	12,578
HU	<5	0	0	0	53	0		0	0	<5	0			0	0			0		99	0	0	0		0	0	0	6		0	0	77	240
MT	0	0	0	0	5	0		0	0	<5	0			0	0		0			0	0	0	0		0	0	0	0		0	0	0	7
NL	4,117	0	7	<5	517	0		0	24	27	0			0	0		<5	0		7	51	11	0		5	0	0	41		0	0	48	4,862
AT	<5	0	<5	<5	4,442	0		0	<5	<5	0			0	0		10	0			13	0	0		0	0	0	15		0	0	99	4,591
PL	<5	0	0	12	78	0		0	<5	7	0			0	0		<5	0		25		0	0		0	0	36	21		0	0	<5	189
PT	0	0	0	<5	5	0		0	18	6	0			0	0		0	0		0	0		0		0	0	0	13		0	0	<5	44
RO	101	<5	14	6	348	0		0	126	99	0			0	0		148	0		127	<5	0			0	0	0	29		0	0	43	1,043
SI	<5	0	13	0	129	0		0	0	16	25			0	0		0	0		184	0	0	0		0	0	0	32		0	0	12	415
SK	0	<5	1,020	0	72	0		0	0	<5	0			0	0		<5	0		44	0	0	0			0	0	<5		0	0	29	1,177
FI	<5	0	6	<5	31	10		0	0	<5	0			0	0		0	0		0	0	0	0		0		<5	22		0	0	0	77
SE	<5	0	<5	5	9	0		0	6	6	0			0	0		<5	0		<5	0	<5	0		0	<5		8		0	0	0	44
UK	119	0	144	0	148	0		7	97	71	0			0	70		40	0		13	394	0	0		154	<5	31			0	0	97	1,386
IS	<5	0	13	<5	13	0		0	0	<5	0			0	0		0	0		<5	5	0	0		<5	0	0	<5		0	0	0	43
LI	0	0	0	0	5	0		0	0	<5	0			0	0		0	0		0	0	0	0		0	0	0	0			0	0	6
NO	0	0	0	0	<5	0		0	<5	<5	0			0	0		0	0		0	<5	0	0		0	0	0	0		0		0	8
CH	32	0	0	0	1,155	0		0	<5	7	0			0	0		0	0		27	0	<5	0		0	0	0	0		<5	0		1,224
Total	21,824	9	1,329	64	16,326	19		80	604	3,030	83			9	168		249	0		5,324	663	23	0		182	6	348	2,301		<5	0	8,511	61,153

Source: PD S2 Questionnaire 2021

Table a14 - Amount to be received by the Member State of treatment as reimbursement of costs for persons with a PD S2 having received planned healthcare, 2020, 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	2,095	5,318,375	0		0	4,714	2,823,941	0				0		0	0		573	155	31	0		0	0	0	118,614		0		112,407	8,380,905
BG	88,852		195,154	2,914	1,783,081	0		53,238	1,170	894,209	0				0		3,457	0		382,109	0		0		0	0	45,536	225,948		0		172,566	3,848,236
CZ	1,341	0		0	664,049	0		0		22,164	0				0		145	0		60,427	0		0		17,325	0	0	12,183		0		0	777,634
DK	236	0	0	0	278,374	0		0	629	311	0				0		0	0		1,922	0		0		0	0	581,486	0		0		47,616	910,574
DE	360,246	4,160	41,666	86,647		0		71,236	147,122	659,965	120,972				1,444		5,093	0		5,464,244	114,845	1472.8	0		9,413	1,996	84,641	537,562		0		8,480,781	16,193,506
EE	0	0	0	28,970	166,709			0	0	650	0				0		0	0		0	0		0		0	252	30,025	1,555,620		0		11,236	1,793,461
IE	29,636	0	0	0	920,535	0		0	411	48,869	0				0		0	0		653	0		0		0	0	3,885,862	13,211,302		0		380	18,097,648
EL	53,228	0	0	0	766,703	0			412	815,052	0				0		0	0		498,339	0		0		0	0	89,053	723,380		0		587,744	3,533,910
ES	290,307	0	0	3,346	1,155,773	0		0		897,659	0				890		4,306	0		5,686	8,665	138	0		0	0	332,287	641,649		0		209,366	3,550,072
FR	3,137,747	2,352	8,593	872	8,056,727	0		6,713	134,260		0				0		0	0		243,598	8	268	0		0	0	0	0		0		6,467,242	18,058,380
HR	19,638	0	935,592	0	1,685,597	0		0	268	28,748					0		32,219	0		4,334,362	0		0		0	0	0	36,123		0		151,404	7,223,952
IT	71,876	0	28	3,778	4,416,945	0		499	25,187	3,071,038	1,008				0		29	0		3,546,711	0		0		0	0	79,017	583,344		0		2,046,799	13,846,260
CY	41,041	0	0	76,616	7,664,098	0		0	0	222,616	0				0		0	0		3,249	0		0		0	0	21,138	1,322,771		0		1,327	9,352,855
LV	30,313	0	0	7,272	1,150,388	41,025		0	0	46,663	0				2,099,710		0	0		0	0		0		0	0	28,814	69,604		0		1,707	3,475,496
LT	12,352	0	0	9,141	64,104	0		0	4,270	1,424	0						0	0		67,743	79,646		0		0	0	201,075	255		0		0	440,010
LU	8,775,886	0	6,397	0	10,798,799	0		0	46,125	3,103,159	994				0		0	0		92,448	0		0		0	9	5,666	0		0		0	22,829,482
HU	5,636	0	0	0	871,657	0		0	0	34,636	0				0			0		1,197,121	0		0		0	0	0	311		0		648,181	2,757,542
MT	0	0	0	0	56,141	0		0	0	72,987	0				0		0			0	0		0		0	0	0	0		0		0	129,128
NL	5,358,420	0	3,169	20,799	3,974,553	0		0	9,037	210,462	0				0		1,100	0		15,920	19,914	9,672	0		497	0	0	274,791		0		96,562	9,994,895
AT	2,272	0	2,981	3,949	18,089,700	0		0	158	10,133	0				0		10,639	0			1,214		0		0	0	0	77,949		0		552,740	18,751,735
PL	1,342	0	0	14,775	688,657	0		0	268	54,622	0				0		4,299	0		171,988			0		0	0	47,644	58,523		0		6,299	1,048,418
PT	0	0	0	17,332	13,064	0		0	16,699	88,158	0				0		0	0		0	0		0		0	0	0	339,799		0		411	475,462
RO	170,675	87	117,865	11,870	5,179,771	0		0	164,174	1,613,580	0				0		144,290	0		1,870,844	113				0	0	0	56,860		0		224,278	9,554,407
SI	8,094	0	36,637	0	1,211,398	0		0	0	128,684	27,252				0		0	0		853,262	0		0		0	0	0	914,764		0		84,241	3,264,332
SK	0	128	9,128,899	0	630,272	0		0	0	24,478	0				0		833	0		346,291	0		0			0	0	13,403		0		285,003	10,429,306
FI	82	0	2,909	588	184,013	34,729		0	0	4,968	0				0		0	0		0	0		0		0		4,437	761,290		0		0	993,015
SE	4	0	1,162	52,763	61,016	0		0	18,763	16,548	0				0		91	0		236	0	6055.26	0		0	2,874		70,181		0		0	229,693
UK	75,894	0	57,385	0	351,753	0		3,994	551,823	138,502	0				20,920		25,257	0		29,797	226,666		0		106,775	76	140,699			0		153,414	1,882,954
IS	87	0	6,939	1,889	27,688	0		0	0	311	0				0		0	0		6,964	1,403		0		871	0	0	0		0		0	46,152
LI	0	0	0	0	93,618	0		0	0	34,636	0				0		0	0		0	0		0		0	0	0	0				0	128,254
NO	0	0	0	0	2,997	0		0	126	311	0				0		0	0		0	4,972		0		0	0	0	0		0		0	8,405
CH	22,112	0	0	0	1,815,033	0		0	4,307	134,699	0				0		0	0		188,777	0	83.26	0		0	0	0	0		34,980			2,199,992
Total	18,557,317	6,727	10,545,378	345,616	78,141,586	75,753		135,679	1,129,925	15,204,182	150,227				2,122,964		231,758	0		19,383,264	457,602	17,720	0		134,880	5,207	5,577,380	21,606,224		34,980		20,341,703	194,206,073

Source: PD S2 Questionnaire 2021

Annex IV The existence of parallel schemes

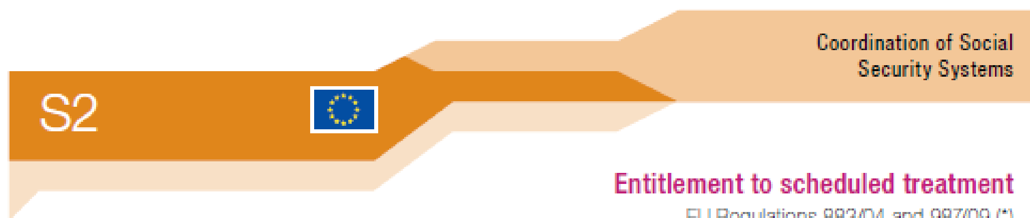
Table a15 - The existence of parallel schemes, 2020

MS	Description
BE	In 2020, a total of 4.604 PDs S2 were issued further to parallel procedures. The Belgian legislation foresees the possibility to issue a PD S2 on the basis of several parallel procedures, such as for persons whose principal residence is in a border region to be reimbursed for the costs of healthcare received in the neighbouring country (3.449 PDs S2). Furthermore, a total of 37 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 964 PDs S2, of which 942 PDs S2 were issued under the terms of the Ostbelgien-Regelung. Belgium also issued 121 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. Finally, Belgium issued 5 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.
BG	During the reporting year the number of PDs S2 issued from Bulgarian NHIF is representative of the number of patients covered for healthcare abroad for Member States
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 to treatment abroad in the following situations: • Patients in need of highly specialised treatment can be referred for treatment abroad if the treatment in question is not available in Denmark. The referral is subject to approval of the Danish Health Authority. • Patients may also be referred 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 offered treatment abroad or is referred for highly specialised or experimental 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	We have a parallel scheme in Estonia to finance planned medical treatment abroad. According to the Health Insurance Act § 27[1] Health service benefit upon provision of health service in foreign state, the Estonian Health Insurance Fund may grant the authorization if: 1) the health service applied for or an alternative health service cannot be provided to the insured person in Estonia; 2) provision of the health service applied for is indicated for the insured person; 3) the medical efficacy of the health service applied for has been proved; 4) the average probability of the aim of the health service applied for being achieved is at least 50 per cent. A council decision of Estonian doctors is needed, as the Estonian Health Insurance Fund makes its decision on the basis of the document. If the prior authorization is granted The Letter of Guarantee or S2 will be issued to inform the service provider that we will cover the costs of the requested service. Another possibility is to sign a contract between the fund and the insured person to finance the treatment if the service provider does not accept S2 or The Letter of Guarantee (for example Russia). This is the primary way in which patients receive planned medical treatment abroad. In 2020 we issued 53 letters of guarantee.
IE	
EL	According to national legislation, EOPYY may undertake the costs for urgent treatments (exempt from waiting lists) not available in Greece and offered by European private clinics or public/university hospital private wings. The same as with the S2 scheme authorisation procedure is followed, and a Health Board referral is taken into account. Patients privately admitted for treatment, are accountable to a 10% (5% for children up to 16 years of age) charge on the total treatment costs. The same principle as above, is valid for approved treatments outside Europe (patient charge is not applicable). EOPYY may, also, cover the full costs for the insured who receive urgent vitally necessary treatment in European non-member states of the EU, and outside Europe.
ES	No, as there aren't other parallel procedures.
FR	PDs S2 forms are also used in the context of ZOAST cross-border conventions.
HR	Yes, it is possible that the number of S2 forms is not representative of the number of patients covered for health care abroad for Croatia. There is indeed a parallel authorisation procedure in place. According to Act on Compulsory Health Insurance (Art. 26.3), every insured person is entitled to treatment abroad (both in EU and non-EU countries) for cases where such treatment can't be provided for by contracted health care provider in Croatia, but can successfully be performed abroad. The procedure of authorisation is elaborated in detail in Art. 25.-33. of Ordinance on entitlements, conditions and usage of cross-border healthcare. There is no stipulation that the treatment abroad has to be provided for within contracted health care facilities abroad, or that it has to be within the healthcare system of the State of treatment. Therefore, there are cases where S2 form cannot be used, namely, if the treatment is to be provided by private healthcare facility, or if the treatment in question is outside of scope of the healthcare system of the treatment MS. In case the authorisation for such a procedure has been granted, the Croatian health insurance fund pays the healthcare facility which provides the treatment directly and issues a letter of affidavit.
IT	

MS	Description
CY	
LV	
LT	Any parallel schemes to the S2 system do not exist in Lithuania. Answering to the question No 8, we indicated that all PD S2 had been issued for the care that is included in the services provided for by the legislation of Lithuania. Hereby we would like to specify, that we issue PD S2 on individual basis after assessment of all circumstances. PD S2 is issued in case if the particular disease is cured in Lithuania, but due to some reasons (e.g.: young patient age; special course of the disease or localization of the tumor requiring more experienced specialists or special equipment or treatment method which is not available in Lithuania) the required treatment cannot be provided 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 centers request direct payment. In these cases, NHIF issues a guarantee letter for payment.
MT	The S2 system is supplemented by a bilateral agreement with the United Kingdom through which specialised treatment is provided to insured persons in Malta in the UK.
NL	
AT	Die Anzahl der ausgestellten PD S2 ist nicht repräsentativ, weil darüber hinaus nach nationalem Recht Anspruch auf Kostenerstattung für im Ausland in Anspruch genommene Sachleistungen besteht.
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 center 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 favorable since all costs, including travel and accommodation, as well as an accompanying person, if necessary, are covered by the National Health System. In 2020, 273 cases were authorised 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 no. 24/2011 / EU)
SI	
SK	No
FI	In Finland, patients can choose to seek health care abroad under the terms of directive 2011/24/EU (without prior authorisation) or they can apply for prior authorisation (PD S2) for the treatment under the Regulation (EC) No 883/2004. Public healthcare organisations can also arrange the treatment as an outsourcing service from abroad. However, that is something that patients cannot themselves choose when they seek treatment from public healthcare.
SE	Yes. Patients that are insured in Sweden for social security benefits according to chapter 4 and 5 Socialförsäkringsbalken, can have access to certain types of health care in Norway and Finland when they either permanently live or temporarily stay in a municipality close to Norway or Finland (law Gränssjukvårdsförordningen (1962:390)). In 2020 we had one person that had planned healthcare reimbursed through this process.
UK	Local Health Boards in Wales primarily received requests via the Cross-Border Directive (pre-31 December 2020) route under Directive 2011/24/EU. Local Health Boards in Wales have reported that no PD S2 were issued in 2020. One Local Health Board did receive a S2 treatment request and were liaising with the NHSBSA, however the patient withdrew from the process before the PD S2 could be issued. EHIC (E125) requests are not processed by Local Health Boards in Wales, but by the NHS Business Services Authority (NHS BSA) on behalf of the UK Government. From 1 January 2021 going forward, it is anticipated that Local Health Boards will receive a growing number of PD S2 requests as the Cross Border Directive route has been discontinued under the UK-EU Trade and Cooperation Agreement (TCA).
IS	
LI	In national law there is a free choice of the service provider.
NO	
CH	

Source: Administrative data PD S2 Questionnaire 2021

Annex V Portable Document S2



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 is 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 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). 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 (CH, AT, NL, and BE), 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 the receiving Member State, only persons with a valid PD S1 who reside in Cyprus and Hungary represent more than 1.5% of the total number of persons insured in these receiving Member States. The persons with a valid PD S1 who reside in Spain represent 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 (including pension claimants) and their family members. This distribution varies strongly among Member States. Most Member States issued the highest number of PDs S1 to persons of working age. For instance, Luxembourg, Malta, Austria, Liechtenstein, and Norway issued more than nine out of ten PDs S1 to persons of working age and their family members. This in contrast with the United Kingdom, which issued more than nine out of ten PDs S1 to pensioners and their family members.

About 80% of the total number of PDs S1 for persons of working age and their family members were issued by Germany, Luxembourg, 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, and Poland.

The United Kingdom issued around 29% of the total number of PDs S1 granted to pensioners and their family members residing abroad. Furthermore, more than 50% of the 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.[46] According to 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.[47] Furthermore, insured persons and their family members residing in a Member State other than the competent Member State are entitled to cash benefits provided by the competent Member State (i.e. the export of sickness benefits in cash).[48]

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.[49] 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. Thus, the group of pensioners with a PD S1 is only a part of the total group of cross-border pensioners.[50] 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[51].[52]

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-

[46] Article 17 of the Basic Regulation.

[47] Article 35 (1) of the Basic Regulation.

[48] Article 21 (1) of the Basic Regulation.

[49] Article 24 (1) of the Basic Regulation.

[50] 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) covered the mobility of retired persons.

[51] Article 27 (2) of the Basic Regulation.

[52] 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).

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 are used for the electronic exchange of information between the administrations involved. The PD S1 covers several categories of insured persons who reside in a Member State other than the competent Member State. 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. First, it presents overall figures on the number of PDs S1 issued and received between 1 January and 31 December 2020 *(annual flow)* as well as on the total number of PDs S1 issued/received which are still valid on 31 December 2020 (regardless of the year in which they were issued) *(stock)*. Afterwards, 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.[53] 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)]).

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 2020 *(annual flow)* as well as figures on the total number of PDs S1 issued/received that are still in circulation on 31 December 2020, 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 with a PD S1 who reside in a Member State other than the competent Member State.

53 Not for reimbursement claims as due to the COVID-19 pandemic, reference year 2020 cannot be compared with any previous year.

2.1.1. Absolute figures

Between 1.7 to 1.9 million persons reside in a Member State other than the competent Member State and are registered for healthcare in their Member State of residence by means of a PD S1 or the equivalent E forms *(Table 20 and Annex I)*.

Germany (some 385,500 PDs S1[(e)]), Luxembourg (239,697 PDs S1), the Netherlands (213,132 PDs S1), Switzerland (202,508 PDs S1), the United Kingdom (168,834 PDs S1), and Austria (159,796 PDs S1), are the main issuing Member States. Some seven out of ten PDs S1 were issued by these six countries. 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.

Almost 25% of the persons with a valid PD S1 reside in France (404,721 PDs S1). Furthermore, Germany (some 245,000 PDs S1[(e)]), Poland (192,249 PDs S1), Spain (187,085 PDs S1), Belgium (159,367 PDs S1) and the Czech Republic (136,624 PDs S1) also received a high number of PDs S1. Again, the profile of the persons with a PD S1 is very different.

Overall, the number of PDs S1 issued in 2020 is significantly lower than the number of PDs S1 still in circulation on 31 December 2020. 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, although the COVID-19 pandemic may have had a strong impact on this group of workers. For example, in 2019, about 912,800 PDs S1 were issued while in 2020, this number dropped to about 693,000. In the Netherlands, there was a sharp decline in the number of PDs S1 issued (from some 287,000 in 2019 to some 61,700 in 2020). As a result, the number of PDs S1 issued in 2020 by the Netherlands is much lower than the PDs S1 still in circulation, while in 2019, the number of forms issued exceeded the forms in circulation.

Table 20 - Number of PDs S1 issued and received, *flow and stock*, 2020

	Issued				Received			
	Flow: In 2020		Stock: Total and still valid		Flow: In 2020		Stock: Total and still valid	
	Number	*% of column total*	*Number*	*% of column total*	*Number*	*% of column total*	*Number*	*% of column total*
EU-27	535,487	77.2%	1,470,696	78.1%	473,975	96.7%	1,703,829	98.9%
EU-14	490,397	70.7%	1,256,392	66.7%	271,874	55.5%	1,111,613	64.6%
EU-13	45,090	6.5%	214,304	11.4%	202,101	41.2%	592,216	34.4%
EFTA	129,803	18.7%	243,219	12.9%	15,438	3.1%	12,231	0.7%
Total	**693,397**	**100.0%**	**1,882,749**	**100.0%**	**490,170**	**100.0%**	**1,722,062**	**100.0%**
BE*	20,153	2.9%	118,732	6.3%	27,522	5.6%	159,367	9.3%
BG	2,603	0.4%	23,817	1.3%	1,582	0.3%	7,121	0.4%
CZ	15,520	2.2%	93,639	5.0%	31,618	6.5%	136,624	7.9%
DK	10,552	1.5%	15,989(e)	0.8%	413	0.1%	993(e)	0.1%
DE	106,983(e)	15.4%	385,532(e)	20.5%	115,690(e)	23.6%	245,095(e)	14.2%
EE	542	0.1%	1,300	0.1%	1,120	0.2%	3,746	0.2%
IE	411	0.1%	1,043	0.1%	372	0.1%	1,709	0.1%
EL	1,741	0.3%	1,881	0.1%	455	0.1%	952	0.1%
ES	3,689	0.5%	8,679	0.5%	19,114	3.9%	187,085	10.9%
FR	7,572	1.1%	64,926	3.4%	78,766	16.1%	404,721	23.5%
HR	1,190	0.2%	3,067	0.2%	9,893	2.0%	33,330	1.9%
IT*	10,630	1.5%	16,973	0.9%	3,721	0.8%	17,931	1.0%
CY*	883	0.1%	1,710	0.1%	1,373	0.3%	14,423	0.8%
LV	532	0.1%	3,035	0.2%	680	0.1%	1,110	0.1%
LT	717	0.1%	1,243	0.1%	6,929	1.4%	9,475	0.6%
LU	193,180	27.9%	239,697	12.7%	2,264	0.5%	5,477	0.3%
HU	2,224	0.3%	12,264	0.7%	24,230	4.9%	70,226	4.1%
MT	1,672	0.2%	1,019	0.1%	319	0.1%	4,758	0.3%
NL	61,744	8.9%	213,132	11.3%	9,833	2.0%	39,333	2.3%
AT	63,930	9.2%	159,796	8.5%	12,108	2.5%	43,940	2.6%
PL	3,983	0.6%	17,521	0.9%	82,255	16.8%	192,249	11.2%
PT	3,266	0.5%	3,898	0.2%	721	0.1%	2,160	0.1%
RO	6,691	1.0%	31,235	1.7%	12,738	2.6%	26,249	1.5%
SI	2,162	0.3%	9,816	0.5%	3,090	0.6%	18,728	1.1%
SK	6,373	0.9%	14,638	0.8%	26,274	5.4%	74,177	4.3%
FI	3,134	0.5%	16,796	0.9%	309	0.1%	772	0.0%
SE	3,412	0.5%	9,318(e)	0.5%	586	0.1%	2,078	0.1%
UK	28,107	4.1%	168,834	9.0%	757	0.2%	6,002	0.3%
IS*	516	0.1%	683	0.0%	38	0.0%	69	0.0%
LI	260	0.0%	270	0.0%	24	0.0%	19	0.0%
NO	16,302	2.4%	39,758(e)	2.1%	135	0.0%	214	0.0%
CH	112,725	16.3%	202,508	10.8%	15,241	3.1%	11,929	0.7%

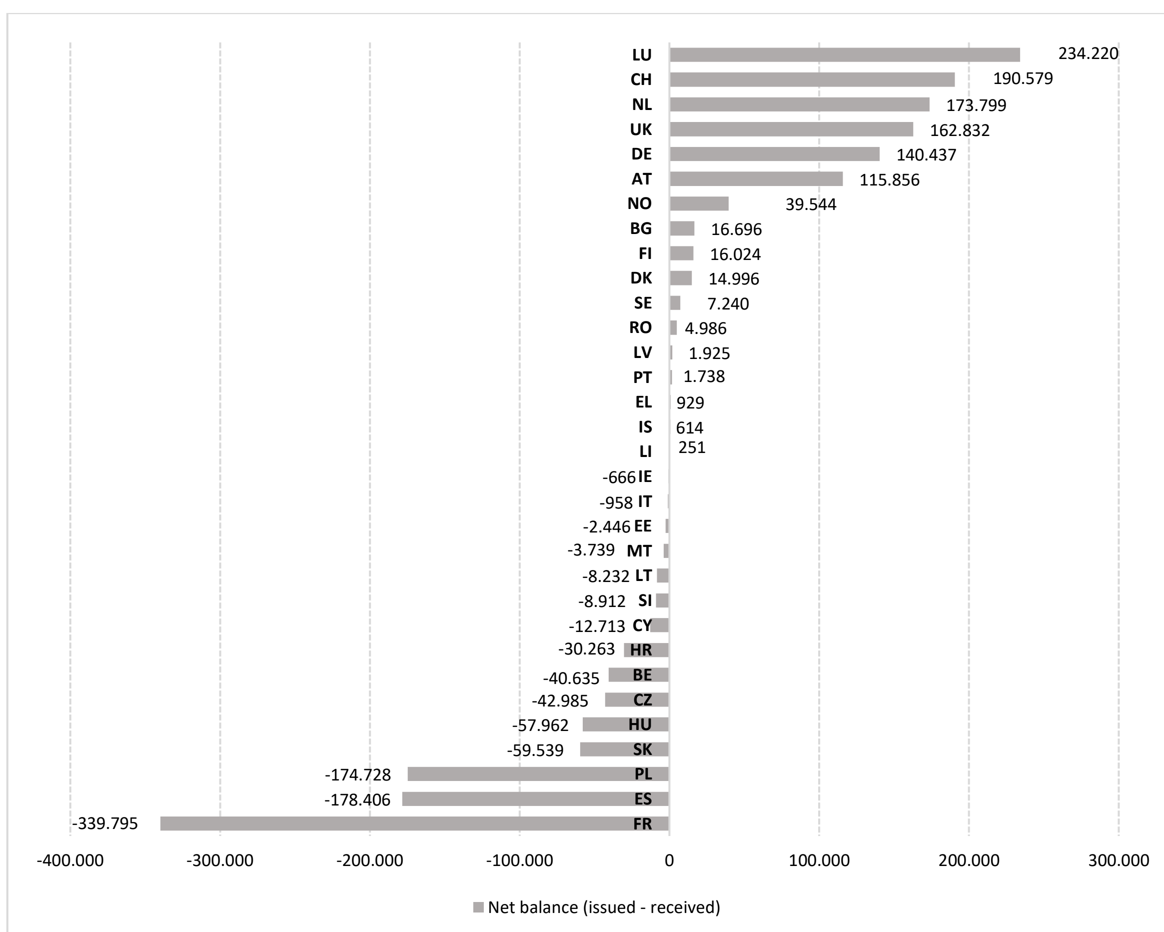
* IS and IT: data concern reference year 2018; BE and CY: data concern reference year 2019.

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

Source: PD S1 Questionnaire 2021

Figure 4 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 (i.e., PDs S1 issued) **minus** the number of persons residing in the reporting Member State on the basis of a PD S1 issued by another Member State (i.e., PDs S1 received). Seventeen countries are 'net senders' (i.e., number of PDs S1 issued is higher than the number of PDs S1 received), in particular, Luxembourg, Switzerland, the Netherlands, the United Kingdom, Germany and Austria. The main 'net receiving' Member States are France and, to a lesser extent, Spain and Poland.

Figure 4 - *Net balance* between the total number of PDs S1 issued and received, stock (still in circulation), 2020



* IS and IT: data concern reference year 2018; BE and CY: data concern reference year 2019.
** Issued – stock: imputed data for DK, DE, FR, SE and NO; received – stock: imputed data for DK and DE.
Source: PD S1 Questionnaire 2021

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 21)*. 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 (1.7%). More than 25% of the persons insured in Luxembourg reside in another Member State. All other Member States show a much lower percentage. Only for Switzerland (2.3%), Austria (1.8%), the Netherlands (1.2%) and Belgium (1.1%), 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 (1.7%), Slovakia (1.4%) and Belgium (1.4%), 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 0.6% of the total number of persons insured by France. Within Member States, this percentage will vary considerably between regions.

Table 21 - Total number of PDs S1 *issued and received*, *as share of total number of insured persons*, stock (still in circulation), 2020

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	417,462,416	1,470,696	0.4%	1,703,829	0.4%
EU-14	325,140,569	1,252,494	0.4%	1,109,453	0.3%
EU-13	90,541,736	214,304	0.2%	592,216	0.7%
EFTA	14,487,765	243,219	1.7%	12,231	0.1%
Total	**496,825,346**	**1,882,749**	**0.4%**	**1,722,062**	**0.3%**
BE*	11,289,973	118,732	1.1%	159,367	1.4%
BG	5,795,718	23,817	0.4%	7,121	0.1%
CZ	10,550,638	93,639	0.9%	136,624	1.3%
DK	5,800,000	15,989(e)	0.3%	993(e)	0.0%
DE	73,481,754	385,532(e)	0.5%	245,095(e)	0.3%
EE	1,262,381	1,300	0.1%	3,746	0.3%
IE	4,834,422	1,043	0.0%	1,709	0.0%
EL	9,103,454	1,881	0.0%	952	0.0%
ES	49,184,240	8,679	0.0%	187,085	0.4%
FR	70,944,358	64,926	0.1%	404,721	0.6%
HR	4,097,710	3,067	0.1%	33,330	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	2,268,159	3,035	0.1%	1,110	0.0%
LT	2,952,776	1,243	0.0%	9,475	0.3%
LU	922,756	239,697	26.0%	5,477	0.6%
HU	4,096,000	12,264	0.3%	70,226	1.7%
MT	442,538	1,019	0.2%	4,758	1.1%
NL	17,210,000	213,132	1.2%	39,333	0.2%
AT	8,985,124	159,796	1.8%	43,940	0.5%
PL	34,052,570	17,521	0.1%	192,249	0.6%
PT	1,780,111	3,898	0.2%	2,160	0.1%
RO	16,892,058	31,235	0.2%	26,249	0.2%
SI	2,129,755	9,816	0.5%	18,728	0.9%
SK	5,181,433	14,638	0.3%	74,177	1.4%
FI	5,542,719	16,796	0.3%	772	0.0%
SE	7,841,769	9,318(e)	0.1%	2,078	0.0%
UK	64,875,165	168,834	0.3%	6,002	0.0%
IS*	355,766	683	0.2%	69	0.0%
LI	40,630	270	0.7%	19	0.0%
NO	5,391,369	39,758(e)	0.7%	214	0.0%
CH	8,700,000	202,508	2.3%	11,929	0.1%

* IS and IT: data concern reference year 2018; BE and CY: data concern reference year 2019.

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

Source: PD S1 Questionnaire and EHIC Questionnaire 2021

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 22)*. Furthermore, almost one third of the PDs S1 were issued to pensioners (including pension claimants) and their family members. This distribution varies strongly among Member States. Most Member States issued the highest number of PDs S1 to persons of working age. Luxembourg, Malta, Austria, Liechtenstein and Norway issued more than nine out of ten PDs S1 to persons of working age and their family members *(Table 22)*. This is in contrast to the United Kingdom, which issued more than 98% of PDs S1 to pensioners and their family members.

Among the receiving Member States, Lithuania and Poland 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 23)*. 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 22 - Total number of PDs S1 *issued*, *by status*, stock (still in circulation), 2020

	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	7,280	30.6%	11,590	48.7%	<5	0.0%	4,795	20.1%	150	0.6%	23,817
CZ(e)	29,677	77.4%	4,471	11.7%	<5	0.0%	4,197	10.9%	20	0.1%	93,639
DK(e)	11,331	72.2%	3,038	19.4%	<5	0.0%	880	5.6%	433	2.8%	15,989
DE(e)	204,364	67.5%	62,573	20.7%	602	0.2%	30,388	10.0%	4,740	1.6%	385,532
EE	571	43.9%	410	31.5%	0	0.0%	307	23.6%	12	0.9%	1,300
IE	295	28.3%	0	0.0%	0	0.0%	0	0.0%	748	71.7%	1,043
EL	876	46.6%	284	15.1%	16	0.9%	657	34.9%	48	2.6%	1,881
ES	5,140	59.2%	2,693	31.0%	0	0.0%	170	2.0%	676	7.8%	8,679
FR	7,029	10.8%	52,748	81.2%	7	0.0%	1,720	2.6%	3,422	5.3%	64,926
HR	839	27.4%	1,555	50.7%	0	0.0%	635	20.7%	38	1.2%	3,067
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	1,461	48.1%	1,226	40.4%	0	0.0%	337	11.1%	11	0.4%	3,035
LT	146	11.7%	964	77.6%	8	0.6%	119	9.6%	6	0.5%	1,243
LU	218,548	91.2%	17,866	7.5%	0	0.0%	952	0.4%	2,331	1.0%	239,697
HU	8,384	68.4%	2,074	16.9%	0	0.0%	1,797	14.7%	9	0.1%	12,264
MT	919	90.2%	47	4.6%	0	0.0%	50	4.9%	<5	0.3%	1,019
NL	123,369	57.9%	57,531	27.0%	25,333	11.9%	6,899	3.2%	0	0.0%	213,132
AT	121,299	75.9%	8,233	5.2%	<5	0.0%	29,212	18.3%	1,050	0.7%	159,796
PL	6,451	36.8%	10,094	57.6%	<5	0.0%	783	4.5%	189	1.1%	17,521
PT	1,735	44.5%	1,701	43.6%	283	7.3%	125	3.2%	54	1.4%	3,898
RO	5,148	16.5%	23,280	74.5%	49	0.2%	2,636	8.4%	122	0.4%	31,235
SI	3,056	31.1%	5,036	51.3%	0	0.0%	871	8.9%	853	8.7%	9,816
SK	9,063	61.9%	3,743	25.6%	<5	0.0%	1,811	12.4%	20	0.1%	14,638
FI	11,935	71.1%	3,961	23.6%	0	0.0%	751	4.5%	149	0.9%	16,796
SE(e)	2,979	32.8%	5,179	57.0%	7	0.1%	372	4.1%	548	6.0%	9,318
UK	1,037	0.6%	153,150	90.7%	17	0.0%	1,772	1.0%	12,858	7.6%	168,834
IS*	165	24.2%	78	11.4%	144	21.1%	235	34.4%	61	8.9%	683
LI	248	91.9%	21	7.8%	0	0.0%	<5	0.4%	0	0.0%	270
NO(e)	35,009	90.0%	2,695	6.9%	<5	0.0%	665	1.7%	515	1.3%	39,758
CH	145,113	71.7%	10,117	5.0%	0	0.0%	44,801	22.1%	2,477	1.2%	202,508
Total	1,033,076	59.3%	496,064	28.5%	26,684	1.5%	145,140	8.3%	42,237	2.4%	1,882,749

* *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.

** IS and IT: data concern reference year 2018; BE and CY: data concern reference year 2019.

*** Issued – stock: imputed data for CZ (only breakdown), DK, DE, 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 1,743,201 if the sum of the number of PDs S1 by status is taken.

Source: PD S1 Questionnaire 2021

Table 23 - Total number of PDs S1 *received*, *by status*, stock (still in circulation), 2020

	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	2,962	41.6%	3,326	46.7%	10	0.1%	262	3.7%	561	7.9%	7,121
CZ[e]	15,891	65.6%	3,908	16.1%	48	0.2%	4,258	17.6%	105	0.4%	136,624
DK[e]	318	34.5%	404	43.9%	14	1.5%	170	18.5%	15	1.6%	993
DE[e]	161,936	70.2%	49,137	21.3%	0	0.0%	16,223	7.0%	3,442	1.5%	245,095
EE	3,059	81.7%	603	16.1%	0	0.0%	79	2.1%	5	0.1%	3,746
IE	125	7.3%	1,360	79.6%	0	0.0%	123	7.2%	101	5.9%	1,709
EL	125	13.1%	533	56.0%	26	2.7%	221	23.2%	47	4.9%	952
ES	10,482	5.6%	155,486	83.1%	338	0.2%	333	0.2%	20,446	10.9%	187,085
FR	225,570	55.7%	88,646	21.9%	50	0.0%	79,422	19.6%	11,033	2.7%	404,721
HR	7,251	21.8%	20,033	60.1%	7	0.0%	3,835	11.5%	2,204	6.6%	33,330
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	722	65.0%	190	17.1%	0	0.0%	192	17.3%	6	0.5%	1,110
LT	8,708	91.9%	477	5.0%	<5	0.0%	245	2.6%	44	0.5%	9,475
LU	2,192	40.0%	2,964	54.1%	0	0.0%	61	1.1%	260	4.7%	5,477
HU	48,772	69.5%	13,926	19.8%	55	0.1%	6,533	9.3%	940	1.3%	70,226
MT	205	4.3%	3,386	71.2%	0	0.0%	108	2.3%	1,059	22.3%	4,758
NL	26,202	66.6%	4,407	11.2%	0	0.0%	8,207	20.9%	517	1.3%	39,333
AT	18,775	42.7%	16,185	36.8%	108	0.2%	7,869	17.9%	1,003	2.3%	43,940
PL	173,949	90.5%	5,516	2.9%	24	0.0%	12,162	6.3%	598	0.3%	192,249
PT	13	0.6%	1,839	85.1%	<5	0.0%	92	4.3%	215	10.0%	2,160
RO	21,364	81.4%	3,248	12.4%	5	0.0%	1,326	5.1%	306	1.2%	26,249
SI	14,387	76.8%	3,751	20.0%	8	0.0%	490	2.6%	92	0.5%	18,728
SK	57,696	77.8%	10,686	14.4%	<5	0.0%	5,765	7.8%	29	0.0%	74,177
FI	231	29.9%	421	54.5%	0	0.0%	100	13.0%	20	2.6%	772
SE	0	0.0%	1,876	90.3%	0	0.0%	0	0.0%	202	9.7%	2,078
UK	4,234	70.5%	1,682	28.0%	0	0.0%	37	0.6%	49	0.8%	6,002
IS*	24	34.8%	26	37.7%	0	0.0%	16	23.2%	<5	4.3%	69
LI	19	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	19
NO	0	0.0%	206	96.3%	0	0.0%	0	0.0%	8	3.7%	214
CH	6,374	53.4%	5,404	45.3%	7	0.1%	144	1.2%	0	0.0%	11,929
Total	**925,520**	**58.0%**	**464,805**	**29.1%**	**845**	**0.1%**	**155,041**	**9.7%**	**49,008**	**3.1%**	**1,722,062**

* *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.
** IS and IT: data concern reference year 2018; BE and CY: data concern reference year 2019.
*** Received – stock: imputed data for CZ (only breakdown), DK, and DE. 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 1,595,219 if the sum of the number of PDs S1 by status is taken.
Source: PD S1 Questionnaire 2021

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

Approximately 1.15 million persons of working age[54] and their family members, of which some 1 million persons of working age and 150,000 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 24)*. The main issuing Member States are Germany (some 235,000 PDs S1[e]), Luxembourg (219,500 PDs S1), Switzerland (189,914 PDs S1), Austria (150,511 PDs S1) and the Netherlands (130,268 PDs S1). Some eight out of ten PDs S1 for persons of working age and their family members were issued by these five issuing countries. This is the result of the high number of incoming cross-border workers (frontier workers, seasonal workers, posted workers etc.) employed in those Member States. Most persons of working age and their family members with a valid PD S1 reside in France (304,992 PDs S1), Poland (186,111 PDs S1), and Germany (some 178,000 PDs S1[e]).

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

Table 24 - Total number of PDs S1 *issued and received*, *insured persons of working age and their family members*, stock (still in circulation), 2020

	Issued				Received			
	Insured person	*Family members*	*Total*	*Column %*	*Insured person*	*Family members*	*Total*	*Column %*
BE*	62,267	4,434	66,701	5.7%	111,398	5,587	116,985	10.8%
BG	7,280	4,795	12,075	1.0%	2,962	262	3,224	0.3%
CZ(e)	29,677	4,197	33,874	2.9%	15,891	4,258	20,149	1.9%
DK(e)	11,331	880	12,211	1.0%	318	170	488	0.0%
DE(e)	204,364	30,388	234,752	19.9%	161,936	16,223	178,159	16.5%
EE	571	307	878	0.1%	3,059	79	3,138	0.3%
IE	295	0	295	0.0%	125	123	248	0.0%
EL*	876	657	1,533	0.1%	125	221	346	0.0%
ES	5,140	170	5,310	0.5%	10,482	333	10,815	1.0%
FR	7,029	1,720	8,749	0.7%	225,570	79,422	304,992	28.2%
HR	839	635	1,474	0.1%	7,251	3,835	11,086	1.0%
IT*	6,545	2,288	8,833	0.7%	2,478	1,117	3,595	0.3%
CY*	797	480	1,277	0.1%	58	64	122	0.0%
LV	1,461	337	1,798	0.2%	722	192	914	0.1%
LT	146	119	265	0.0%	8,708	245	8,953	0.8%
LU	218,548	952	219,500	18.6%	2,192	61	2,253	0.2%
HU	8,384	1,797	10,181	0.9%	48,772	6,533	55,305	5.1%
MT	919	50	969	0.1%	205	108	313	0.0%
NL	123,369	6,899	130,268	11.1%	26,202	8,207	34,409	3.2%
AT	121,299	29,212	150,511	12.8%	18,775	7,869	26,644	2.5%
PL	6,451	783	7,234	0.6%	173,949	12,162	186,111	17.2%
PT	1,735	125	1,860	0.2%	13	92	105	0.0%
RO	5,148	2,636	7,784	0.7%	21,364	1,326	22,690	2.1%
SI	3,056	871	3,927	0.3%	14,387	490	14,877	1.4%
SK	9,063	1,811	10,874	0.9%	57,696	5,765	63,461	5.9%
FI	11,935	751	12,686	1.1%	231	100	331	0.0%
SE(e)	2,979	372	3,351	0.3%	0	0	0	0.0%
UK	1,037	1,772	2,809	0.2%	4,234	37	4,271	0.4%
IS*	165	235	400	0.0%	24	16	40	0.0%
LI	248	<5	249	0.0%	19	0	19	0.0%
NO(e)	35,009	665	35,674	3.0%	0	0	0	0.0%
CH	145,113	44,801	189,914	16.1%	6,374	144	6,518	0.6%
Total	**1,033,076**	**145,140**	**1,178,216**	**100%**	**925,520**	**155,041**	**1,080,561**	**100%**

* IS and IT: data concern reference year 2018; BE and CY: data concern reference year 2019.

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

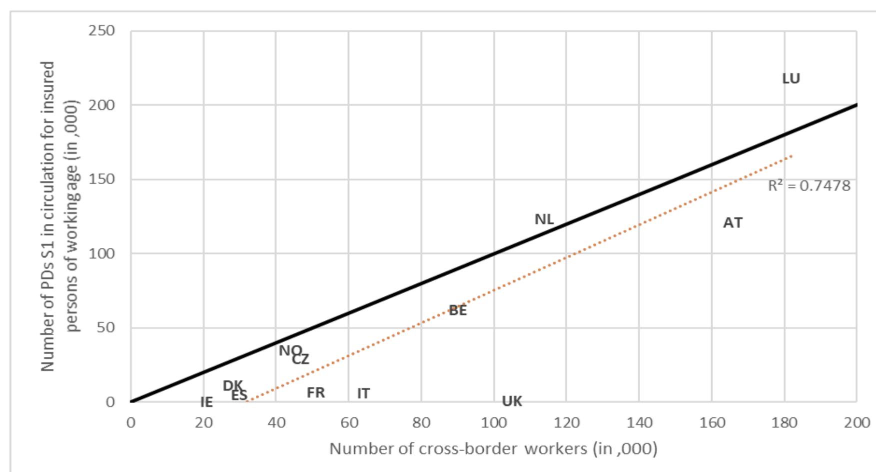
Source: PD S1 Questionnaire 2021

The number of PDs S1 provided to persons of working age can be considered 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)[55] on the number of cross-border workers. This is certainly the case for Switzerland and Germany. In fact, Switzerland has agreed with its neighbouring Member States (FR, DE, AT, IT) that frontier workers residing in these countries may under certain conditions opt for health coverage in their country of residence and be exempted from the Swiss health insurance.[56] For Germany this discrepancy is the case because the number of PDs S1 issued is based on an estimation. Therefore, *Figure 5* 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.

[55] See Fries-Tersch, E., Jones, M., Siöland, L. (2020), *2020 Annual Report on intra-EU Labour Mobility*, Network Statistics FMSSFE, European Commission.

[56] 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).

Figure 5 - Relationship between number of PDs S1 issued and still in circulation for insured persons of working age AND number of incoming cross-border workers, 2020



* The correlation coefficient amounts to +0.83.
Source PD S1 Questionnaire 2021 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 25* illustrates the main flows of persons of working age with a PD S1. Some 14% of the persons of working age with a valid PD S1 are insured in Luxembourg and reside in France, and another 14% is insured in Switzerland and lives in France. 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 25 - Main flows between the competent Member State and the Member State of residence, *insured persons of working age*, stock (still in circulation), 2020

Issuing MS	Receiving MS	Number of PDs S1 reported by…			
From …	*To …*	*Issuing MS*	*% total number issued*	*Receiving MS*	*% total number received*
Luxembourg	France	108,085	14%	98,391	13%
Belgium	France	42,724	6%	37,135	5%
Germany	Poland	n.a.		96,893	13%
Luxembourg	Belgium	50,825	7%	27,591	4%
Luxembourg	Germany	52,760	7%		
The Netherlands	Belgium	38,125	5%	54,000	7%
Germany	France	n.a.		40,407	5%
Switzerland	France	102,247	14%	42,400	6%

* Imputed data for DE.
Source: PD S1 Questionnaire 2021

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

Some 560,000 pensioners 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 26)*. The main issuing Member State is the United Kingdom (166,025 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 the Netherlands (82,864 PDs S1), Germany (some 68,000 PDs S1[(e)]) and Belgium (52,031 PDs S1).

Around 176,000 pensioners and family member with a PD S1 are residing in Spain. More than 75,000 of them are insured in the United Kingdom and reside in Spain *(Table 27)*. This single flow represents almost 20% of the total number of PDs S1 issued to pensioners. Furthermore, some 99,700 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).

Table 26 - Total number of PDs S1 *issued and received*, *pensioners (+ pension claimant) and their family members*, stock (still in circulation), 2020

	Issued				Received			
	Pensioner	*Family members*	*Total*	*Column %*	*Pensioner*	*Family members*	*Total*	*Column %*
BE*	42,336	9,695	52,031	9.2%	39,414	2,968	42,382	8.2%
BG	11,592	150	11,742	2.1%	3,336	561	3,897	0.8%
CZ(e)	4,472	20	4,492	0.8%	3,956	105	4,061	0.8%
DK(e)	3,040	433	3,473	0.6%	418	15	433	0.1%
DE(e)	63,175	4,740	67,915	12.0%	49,137	3,442	52,579	10.2%
EE	410	12	422	0.1%	603	5	608	0.1%
IE	0	748	748	0.1%	1,360	101	1,461	0.3%
EL*	300	48	348	0.1%	559	47	606	0.1%
ES	2,693	676	3,369	0.6%	155,486	20,446	176,270	34.2%
FR	52,755	3,422	56,177	9.9%	88,696	11,033	99,729	19.4%
HR	1,555	38	1,593	0.3%	20,040	2,204	22,244	4.3%
IT*	7,215	925	8,140	1.4%	13,698	638	14,336	2.8%
CY*	359	74	433	0.1%	12,209	2,092	14,301	2.8%
LV	1,226	11	1,237	0.2%	190	6	196	0.0%
LT	972	6	978	0.2%	478	44	522	0.1%
LU	17,866	2,331	20,197	3.6%	2,964	260	3,224	0.6%
HU	2,074	9	2,083	0.4%	13,981	940	14,921	2.9%
MT	47	<5	50	0.0%	3,386	1,059	4,445	0.9%
NL	82,864	0	82,864	14.7%	4,407	517	4,924	1.0%
AT	8,235	1,050	9,285	1.6%	16,293	1,003	17,296	3.4%
PL	10,098	189	10,287	1.8%	5,540	598	6,138	1.2%
PT	1,984	54	2,038	0.4%	1,840	215	2,055	0.4%
RO	23,329	122	23,451	4.2%	3,253	306	3,559	0.7%
SI	5,036	853	5,889	1.0%	3,759	92	3,851	0.7%
SK	3,744	20	3,764	0.7%	10,687	29	10,716	2.1%
FI	3,961	149	4,110	0.7%	421	20	441	0.1%
SE(e)	5,186	548	5,734	1.0%	1,876	202	2,078	0.4%
UK	153,167	12,858	166,025	29.4%	1,682	49	1,731	0.3%
IS*	222	61	283	0.1%	26	<5	29	0.0%
LI	21	0	21	0.0%	0	0	0	0.0%
NO(e)	2,697	515	3,212	0.6%	206	8	214	0.0%
CH	10,117	2,477	12,594	2.2%	5,411	0	5,411	1.1%
Total	**522,748**	**42,237**	**564,985**	**100%**	**465,650**	**49,008**	**514,658**	**100%**

* IS and IT: data concern reference year 2018; BE and CY: data concern reference year 2019.

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

Source: PD S1 Questionnaire 2021

Table 27 - Main flows between the competent Member State and the Member State of residence, *pensioners*, stock (still in circulation), 2020

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**	75,998	17%	76,159	18%
United Kingdom	**France**	43,269	10%	39,636	10%

Source: PD S1 Questionnaire 2020

2.5. Evolution of the number of PDs S1 issued and received

It is interesting to look at the evolution of the number of PDs S1 issued and received, both in terms of stock. *Table 28* shows the change in 2020 compared to 2019. Overall, the number of PDs S1 still in circulation increased by some 3%. As stated before, it is mainly the 'flow' that decreased in 2020 compared to 2019.

Table 28 - Number of PDs S1 issued and received, stock (still in circulation), 2019-2020

	2019	2020	% change 2019-2020	2019	2020	% change 2019-2020
BE	118,732			159,367		
BG	14,434	23,817	65.0%	5,937	7,121	19.9%
CZ	86,715	93,639	8.0%	130,098	136,624	5.0%
DK(e)	14,046	15,989	13.8%	1,010	993	-1.7%
DE(e)	364,517	385,532	5.8%	248,865	245,095	-1.5%
EE	639	1,300	103.4%	3,331	3,746	12.5%
IE	2,014	1,043	-48.2%	1,539	1,709	11.0%
EL		1,881			952	
ES	8,809	8,679	-1.5%	180,706	187,085	3.5%
FR	85,852	64,926	-24.4%	322,271	404,721	25.6%
HR	1,854	3,067	65.4%	34,448	33,330	-3.2%
IT						
CY	1,710			14,423		
LV	2,588	3,035	17.3%	948	1,110	17.1%
LT	1,210	1,243	2.7%	9,994	9,475	-5.2%
LU	232,733	239,697	3.0%	5,473	5,477	0.1%
HU	12,088	12,264	1.5%	67,680	70,226	3.8%
MT	3,048	1,019	-66.6%	4,715	4,758	0.9%
NL	233,626	213,132	-8.8%	39,277	39,333	0.1%
AT	171,307	159,796	-6.7%	43,110	43,940	1.9%
PL	17,215	17,521	1.8%	184,957	192,249	3.9%
PT	3,926	3,898	-0.7%	36,968	2,160	-94.2%
RO	30,114	31,235	3.7%	22,918	26,249	14.5%
SI	9,029	9,816	8.7%	19,453	18,728	-3.7%
SK	14,701	14,638	-0.4%	92,076	74,177	-19.4%
FI	20,371	16,796	-17.5%	757	772	2.0%
SE(e)	11,952	9,318	-22.0%	1,856	2,078	12.0%
UK		168,834			6,002	
IS		683			69	
LI	267	270	1.1%	47	19	-59.6%
NO(e)	37,962	39,758	4.7%	224	214	-4.5%
CH	144,491	202,508	40.2%	11,483	11,929	3.9%
Total			3.2%			3.6%

** Issued – stock: imputed data for DK, DE, SE and NO; received – stock: imputed data for DK and DE.
Source: PD S1 Questionnaires 2021

3. Cross-border healthcare spending on the basis of PD S1 or the equivalent E forms

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, Member States whose legal or administrative structures do not allow for the use of reimbursement on the basis of actual expenditure, can reimburse benefits in kind on the

basis of fixed amounts in relation to certain categories of persons.[57] 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 Norway. For instance, figures show that a high number of pensioners insured in the United Kingdom reside in Spain. Consequently, 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 2020 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 2020 is reported. Again, these amounts do not necessarily correspond to treatment provided in 2020. Moreover, Decision H9 / Decision H11 of the Administrative Commission prolonged all deadlines for the introduction, contestation and settlement of reimbursement claims between 1 February 2020 and 30 June 2021 by a period of six months.

3.1.1. Overview of the 2020 figures

Cross-border healthcare spending reflects to a high extent the number of PDs S1 issued and received *(Table 29)*. France received € 667 million, Germany received € 516 million and Spain € 466 million. Figures on the number of claims issued by Spain clearly show the impact of the application of Annex 3 of the Implementing Regulation.[58] Furthermore, Poland issued a very high number of claims in 2020 (865,000), which reflects the higher number of PDs S1 it received. Nonetheless, Poland received a much lower amount than France, Germany, and Spain.

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 estimate this for the ‘lump-sum Member States’. For example, the amount received per claim by Cyprus and Finland via ‘actual expenditure’ (i.e., for persons of working age) is much lower than via ‘fixed amounts’ (i.e., for pensioners).

Average cross-border healthcare spending for persons residing in a Member State other than the competent Member State amounts to some 0.25% of total healthcare spending related to benefits in kind. 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 Croatia (and Cyprus in 2019) show an amount higher than 1% of total healthcare spending related to benefits in kind was claimed. For Spain, the refunds received amount to some 0.7% of the total healthcare spending related to benefits in kind and for Germany the refunds amount to some 0.2%.

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

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

Table 29 - Cross-border sickness benefits *in kind* for persons living in a Member State other than the competent Member State, *creditor*, 2020

	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 €)*	*Share in total healthcare spending related to benefits in kind*
BE							
BG	4,660	957,182			4,660	957,182	0.04%
CZ	197,089	45,186,819			197,089	45,186,819	0.41%
DK	1,325	960,280			1,325	960,280	0.01%
DE	865,717	516,192,294			865,717	516,192,294	0.19%
EE	5,198	2,799,693			5,198	2,799,693	0.25%
IE			1,302	4,238,240	1,302	4,238,240	0.03%
EL	26,387	47,709,091			26,387	47,709,091	0.58%
ES	21,772		176,937	466,459,165	198,709	466,459,165	0.73%
FR	765,880	667,212,551			765,880	667,212,551	0.34%
HR	132,716	45,484,532			132,716	45,484,532	1.45%
IT							
CY							
LV	574	16,410			574	16,410	0.00%
LT	14,524	1,528,058			14,524	1,528,058	0.09%
LU							
HU	94,503	509,232			94,503	509,232	0.01%
MT	594	135,414			594	135,414	0.02%
NL	255,792	118,366,947	36	10,794,671	255,828	129,161,617	0.23%
AT	314,444	56,505,846			314,444	56,505,846	0.23%
PL	865,175	30,313,852	10	3,567	865,185	30,317,419	0.18%
PT			49,761	9,905,364	49,761	9,905,364	0.09%
RO	5,576	378,685			5,576	378,685	0.00%
SI	49,673	17,671,809			49,673	17,671,809	0.62%
SK	213,653	32,437,312	6	3,420	213,659	32,440,732	0.70%
FI	3,359	769,186	468	1,339,039	3,827	2,108,225	0.02%
SE	326		1,806		2,132		
UK			5,678		5,678		
IS							
LI	751	407,605					
NO			201	1,823,809	201	1,823,809	0.01%
CH	96,066				96,066		
Total	**3,935,754**	**1,585,542,796**	**236,205**	**494,567,275**	**4,171,959**	**2,080,110,071**	**0.27%**

Source: PD S1 Questionnaire 2021

From a debtor's perspective, Germany refunded € 380 million, and the Netherlands refunded € 278 million *(Table 30)*. No reimbursement figures are reported by Luxembourg and the United Kingdom (only number of claims received), which are two of the main issuing Member States of a PD S1.

Both Slovakia (1.9%) and Bulgaria (1%) had to pay more than 1% of their healthcare spending in kind to persons living abroad as a debtor. The impact of cross-border healthcare spending on total spending is also influenced by the average cost of healthcare provided in the competent Member State and the main Member States of residence. For instance, despite the relatively low number of PDs S1 issued by Romania and Bulgaria, both Member States show a relatively high budgetary impact compared to other Member States.

Table 30 - Cross-border sickness benefits *in kind* for persons living in a Member State other than the competent Member State, *debtor*, 2020

	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 €)*	*Share in total healthcare spending related to benefits in kind*
BE							
BG		21,396,556	1,898	4,076,660	1,898	25,473,216	1.05%
CZ	121,460	19,765,723			121,460	19,765,723	0.18%
DK	77,324	4,091,575	2,261	5,817,384	79,585	9,908,959	0.06%
DE	1,083,628	317,116,127	23,172	62,604,135	1,106,800	379,720,261	0.14%
EE	1,387	250,323	257	197,696	1,644	448,019	0.04%
IE	10,832	3,087,702	890	5,420,104	11,722	8,507,806	0.06%
EL	13,668	6,865,282	163	1,092,111	13,831	7,957,393	0.10%
ES	69,774	89,472	304	1,388,235	70,078	1,477,708	0.00%
FR	76,185	50,298,053	46,166	81,753	122,351	50,379,805	0.03%
HR	6,027	4,334,380	12	38,291	6,039	4,372,671	0.14%
IT							
CY							
LV	6,136	3,453,593	436	274,036	6,572	3,727,629	0.39%
LT	4,599	2,286,774	486	763,375	5,085	3,050,148	0.17%
LU							
HU	28,779				28,779		
MT	2,003	68,335	14		2,017	68,335	0.01%
NL	780,446	231,219,028	189,121	46,353,518	969,567	277,572,546	0.49%
AT	544,222	135,316,968	415	519,426	544,637	135,836,394	0.55%
PL	65,213	46,993,863	2,784	651,206	67,997	47,645,069	0.29%
PT			19,030	350,976	19,030	350,976	0.00%
RO	49,751	41,460,692	190	606,143	49,941	42,066,835	0.50%
SI	39,647	8,971,124	9	48,191	39,656	9,019,315	0.32%
SK	32,637	12,456,219	391	77,006,824	33,028	89,463,043	1.93%
FI	12,500	5,300,000	3,026	7,571,937	15,526	12,871,937	0.10%
SE	28,816				28,816		
UK	294,199		226,713		520,912		
IS							
LI							
NO			3,008	8,008,467	3,008	8,008,467	0.04%
CH	283,604		1,164		284,768		
Total	**3,632,837**	**914,821,787**	**521,910**	**222,870,467**	**4,154,747**	**1,137,692,254**	**0.15%**

Source: PD S1 Questionnaire 2021

3.1.2. Comparison to 2019

The refunds received in 2020 by the main creditors, Germany (-8%), Spain (-1%) and France (-1%) were lower compared to 2019. Nevertheless, several countries received more reimbursements in 2020 (BG, CZ, EE, IE, LV, LT, NL, PL, PT, SI and NO). The main debtor countries (DE: -5%, NL: -11%, AT: -8%, and FR: -70%) refunded less in 2020 compared to the previous year. Based on data from the countries that provided data for both 2019 and 2020, it appears that the number of refunds for healthcare provided to persons residing in a Member State other than the competent Member State decreased. For various reasons (as explained in the previous two chapters), this decrease should not (yet) be linked to the impact of the COVID-19 pandemic.

Table 31 - Evolution cross-border sickness benefits *in kind* for persons living in a Member State other than the competent Member State, 2020 vs. 2019

	As creditor				As debtor			
	2019	2020	Change in absolute figures	% change	2019	2020	Change in absolute figures	% change
BE	265,246,877				206,652,149			
BG	921,524	957,182	35,658	4%				
CZ	42,033,113	45,186,819	3,153,706	8%	18,737,520	19,765,723	1,028,203	5%
DK	1,053,111	960,280	-92,831	-9%	25,301,472	9,908,959	- 15,392,513	-61%
DE	562,981,917	516,192,294	-46,789,623	-8%	399,020,037	379,720,261	-19,299,776	-5%
EE	1,540,870	2,799,693	1,258,823	82%	3,943,823	448,019	-3,495,804	-89%
IE	2,474,235	4,238,240	1,764,005	71%	5,530,235	8,507,806	2,977,571	54%
EL					15,441,732	7,957,393	-7,484,339	-48%
ES	471,968,650	466,459,165	-5,509,485	-1%	854,851	1,477,708	622,857	73%
FR	673,110,673	667,212,551	-5,898,122	-1%	169,318,183	50,379,805	-118,938,378	-70%
HR	52,680,147	45,484,532	-7,195,615	-14%	4,240,488	4,372,671	132,183	3%
IT								
CY	19,070,168				10,898			
LV	4,232	16,410	12,178	288%	2,506,716	3,727,629	1,220,913	49%
LT	1,149,447	1,528,058	378,611	33%	3,526,788	3,050,148	-476,640	-14%
LU								
HU	775,789	509,232	-266,557	-34%				
MT	347,392	135,414	-211,978	-61%	299,198	68,335	-230,863	-77%
NL	107,295,417	129,161,617	21,866,200	20%	312,239,709	277,572,546	-34,667,163	-11%
AT	61,192,440	56,505,846	-4,686,594	-8%	146,981,635	135,836,394	-11,145,241	-8%
PL	19,906,171	30,317,419	10,411,248	52%	38,604,175	47,645,069	9,040,894	23%
PT	3,477,717	9,905,364	6,427,647	185%		350,976		
RO	426,263	378,685	-47,578	-11%	92,532,997	42,066,835	-50,466,162	-55%
SI	14,169,212	17,671,809	3,502,597	25%	8,721,190	9,019,315	298,125	3%
SK	36,852,502	32,440,732	-4,411,770	-12%	14,219,182	89,463,043	75,243,861	529%
FI	2,663,865	2,108,225	-555,640	-21%	11,445,685	12,871,937	1,426,252	12%
SE	7,214,826				2,089,042			
UK								
IS	4,788				375,472			
LI								
NO	565,705	1,823,809	1,258,104	222%	31,904,381	8,008,467	-23,895,914	-75%
CH								
Total*				-1.2%				-15%

* Based on data from the Member States that reported data for both 2019 and 2020.
Source: PD S1 Questionnaire 2020 and 2021

3.2. Sickness benefits in cash

Only four countries (Luxembourg, Hungary, 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 32 and 33)*.

Luxembourg paid an amount of € 288 million to some 52,600 persons who work in Luxembourg and reside in another Member State and who were granted sickness benefits in cash for a short period in 2020. Most of them reside in France, Germany and Belgium.

Furthermore, Austria exported € 25.4 million *Krankengeld* (sickness benefit in cash) to persons residing in another Member State and € 10.7 million *Wochengeld* (maternity benefit). Most of these persons reside in Germany, Hungary, Slovenia, Slovakia and the Czech Republic.

Finally, the export of sickness benefits in cash by Switzerland amounts to some € 7.9 million, of which almost 80% goes to persons residing in France.

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

Table 32 - Export of sickness benefits *in cash* for persons living in a Member State other than the competent Member State, 2020

	LU	HU	AT*					CH
Name			*Krankengeld*	*Wochengeld*	*Rehabilitationsgeld*	*Wiedereingliederungsgeld*	*Unterstützungsleistung*	
BE	10,827	<5	<5	0	0	0	0	0
BG	<5	0	14	0	0	0	11	0
CZ	125	0	1,072	236	12	<5	31	0
DK	0	<5	0	0	0	0	0	0
DE	13,411	7	1,221	511	71	84	16	6
EE	<5	0	0	0	0	0	0	0
IE	<5	0	0	0	0	0	0	0
EL	<5	0	14	0	0	0	0	0
ES	20	0	<5	0	0	0	0	<5
FR	27,161	<5	<5	<5	0	0	0	1,157
HR	5	<5	96	<5	9	<5	61	0
IT	35	0	7	24	0	0	0	400
CY	0	0	0	0	0	0	0	0
LV	<5	0	0	0	0	0	0	0
LT	0	0	0	0	0	0	0	0
LU		0	0	0	0	0	0	0
HU	10	0	1,282	625	39	<5	56	0
MT	<5	0	0	0	0	0	0	0
NL	208	0	<5	0	0	0	0	0
AT	14	11	0	0	0	0	0	0
PL	485	0	631	10	6	<5	29	0
PT	68	0	<5	0	0	0	0	<5
RO	74	15	25	<5	0	0	58	0
SI	<5	0	992	298	21	11	9	0
SK	154	1,385	5,262	213	17	6	2,945	0
FI	<5	<5	0	0	0	0	0	0
SE	0	<5	0	0	0	0	0	0
UK	<5	<5	0	0	0	0	0	<5
IS	0	0	0	0	0	0	0	0
LI	0	0	<5	<5	0	0	0	0
NO	0	0	0	0	0	0	0	0
CH	12	0	5	29	0	0	0	
Total	**52,629**	**1,429**	**10,635**	**1,951**	**175**	**110**	**3,216**	**1,566**

* *Krankengeld:* sickness benefit in cash; *Wochengeld:* maternity benefit; *Rehabilitationsgeld:* rehabilitation benefit; *Wiedereingliederungsgeld:* reintegration benefit after a long-term illness; *Unterstützungsleistung:* daily support benefit self-employed persons.

Source: PD S1 Questionnaire 2021

Table 33 - 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 €, 2020

	LU	HU	AT					CH
Name			*Krankengeld*	*Wochengeld*	*Rehabilitationsgeld*	*Wiedereingliederungsgeld*	*Unterstützungsleistung*	
BE	65,349,256	2,421	19,649	0	0	0	0	0
BG	8,425	0	21,769	0	0	0	25,952	0
CZ	569,589	0	3,173,603	1,116,894	86,994	3,947	74,402	0
DK	0	5,341	0	0	0	0	0	0
DE	68,364,000	3,366	5,530,639	3,231,488	887,467	286,076	36,237	102,059
EE	1,856	0	0	0	0	0	0	0
IE	3,485	0	0	0	0	0	0	0
EL	14,177	0	68,822	0	0	0	0	0
ES	170,022	0	5,378	0	8,861	0	0	57
FR	147,837,669	711	1,271	11,022	0	0	0	6,283,182
HR	11,161	2,511	281,008	10,535	378,243	2,973	145,328	0
IT	233,387	0	14,607	146,068	0	0	0	1,477,992
CY	0	0	0	0	0	0	0	0
LV	21,503	0	0	0	0	0	0	0
LT	0	0	0	0	0	0	0	0
LU		0	0	0	0	0	0	0
HU	25,383	0	3,912,408	3,148,306	443,447	2,223	139,015	0
MT	130	0	0	0	0	0	0	0
NL	1,273,408	0	24,438	0	0	0	0	0
AT	72,583	21,266	0	0	0	0	0	0
PL	2,777,931	0	2,125,918	51,100	99,720	6,698	70,488	0
PT	352,579	0	16,626	0	0	0	0	70,635
RO	242,964	7,033	37,247	1,603	0	0	139,918	0
SI	922	0	3,173,804	1,607,664	265,008	23,933	19,237	0
SK	520,762	1,105,259	6,972,329	1,257,586	223,401	29,600	8,003,642	0
FI	156	55	0	0	0	0	0	0
SE	0	850	0	0	0	0	0	0
UK	3,815	768	0	0	0	0	0	9,754
IS	0	0	0	0	0	0	0	0
LI	0	0	9,442	3,912	0	0	0	0
NO	0	0	0	0	0	0	0	0
CH	64,289	0	10,738	153,300	0	0	0	
Total	287,919,451	1,149,581	25,399,696	10,739,478	2,393,141	355,450	8,654,219	7,943,679

Source: PD S1 Questionnaire 2021

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 1,195 PDs S1 issued according to the Nordic convention (of which 1,020 with Sweden as a Member State of residence, 100 in Norway, 6 in Iceland, and 69 in Denmark). Around 60% of the forms were issued for insured persons and their family members, and 40% 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, 332 forms were issued, of which 222 for insured persons and their family members.

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.

[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

5. Fraud and error

Most Member States reported that they are not aware of any cases of fraud or error cases. Only three Member States (ES, LT, and PL) reported some cases of fraud and error. Spain detected cases of pensioners insured in another Member State who were not registered with the competent institution in Spain although they had received a PD S1. As a result, these pensioners are currently insured in Spain solely based on their residence. In case healthcare is provided to these pensioners, no claim of reimbursement will be sent by Spain although it is not the competent Member State. Other occurrences of inappropriate use are a delay of notification when the right to healthcare is withdrawn, and the presentation of an invalid PD S1. Poland had around 400 cases of fraud and error. Lithuania issued 52 contestations of invoices received for healthcare provided to insured persons residing in another Member State (for an amount of € 38,972). It also received 469 contestations of invoices (covering an amount of € 134,334).

Annex I Additional tables

Table a16 - Number of PDs S1 *issued to insured persons of working age*, breakdown by receiving Member State, *stock*, 2020

	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		1,817	304	687	9,442	120	107	239	274	4,081	38	589	89	166	18	50,825	170	16	38,125	65	634	80	1,117	816	195	192	217	155	25	0	532	241	111,376
BG	86		231	13	521	47	<5	10	<5	25	<5	15	5	42	12	44	<5	12	670	749	106	0	111	15	361	166	5	0	0	0	29	343	3,626
CZ	78	157		0	0	<5	0	10	25	23	31	53	44	7	<5	900	50	7	1,678	10,112	497	<5	70	41	1,543	62	0	16	18	5	0	457	15,891
DK	19	43	0		0	5	0	11	<5	<5	<5	20	0	16	<5	15	11	<5	33	0	31	<5	44	13	7	0	0	7	<5	0	0	23	318
DE	1,831	1,375	0	0		53	14	250	633	440	176	849	15	129	32	52,760	253	12	46,797	17,219	2,248	51	490	125	225	245	0	125	17	113	0	35,459	161,936
EE	7	5	11	46	71		<5	<5	0	<5	0	6	0	100	6	<5	8	5	101	0	20	<5	6	<5	<5	6,306	58	0	0	0	441	6	7,218
IE	15	22	5	<5	25	<5		5	<5	7	9	13	0	<5	0	34	<5	13	53	0	31	0	25	11	0	13	0	0	0	0	0	10	308
EL	36	362	0	<5	60	<5	0		8	<5	<5	25	321	5	<5	42	0	30	77	33	25	11	116	7	11	109	7	<5	<5	<5	8	76	1,387
ES	432	177	25	84	1,206	8	66	28		210	7	242	10	15	<5	202	22	108	676	23	134	1,355	334	11	35	182	26	61	10	0	205	284	6,179
FR	42,724	420	59	74	40,407	15	32	5	3,236		25	520	9	23	<5	108,085	39	119	558	54	287	101	278	63	26	103	33	393	8	2	86	102,247	300,033
HR	9	35	14	7	1,770	0	<5	12	<5	5		396	38	<5	<5	50	26	68	86	2,934	31	0	22	1,113	412	25	<5	12	0	0	54	194	7,322
IT	215	417	44	31	414	9	<5	54	69	1,388	38		0	18	<5	366	27	36	246	432	321	13	364	362	69	106	18	14	<5	0	7	558	5,646
CY	<5	40	<5	0	0	0	0	37	<5	0	0	5		0	0	6	0	<5	0	<5	16	0	55	0	<5	8	0	11	0	0	0	15	212
LV	34	<5	10	184	206	73	0	<5	0	<5	0	0	<5		<5	41	<5	15	107	8	17	0	0	7	1	667	8	6	0	0	23	38	1,458
LT	82	5	9	417	2,201	59	<5	5	<5	6	6	22	<5	780		12	<5	5	1,086	<5	109	<5	10	<5	11	578	250	20	<5	0	4,520	20	10,232
LU	367	74	41	31	485	9	0	7	12	162	7	17	<5	15	<5		6	14	48	<5	38	20	58	5	9	10	10	<5	<5	0	18	25	1,500
HU	87	155	110	123	10,398	<5	8	11	20	56	66	28	8	5	<5	91		<5	1,293	32,928	113	<5	792	107	2,872	73	49	6	<5	<5	65	729	50,205
MT	<5	<5	0	<5	28	0	<5	<5	<5	0	<5	6	0	0	0	10	<5		12	0	8	0	0	7	0	<5	<5	0	0	0	<5	23	116
NL	13,496	185	64	96	9,801	13	0	21	89	47	29	192	7	24	7	1,360	28	100	6,878	39	134	10	167	28	46	132	27	46	14	0	114	572	33,766
AT	45	467	233	20	14,582	5	0	36	56	28	86	380	10	23	7	83	237	72	93		189	5	315	156	1,617	37	24	22	<5	57	50	331	19,268
PL	1,341	167	13,661	8,851	96,893	25	51	19	34	51	12	91	99	21	33	1,523	33	25	18,961	4,067		0	131	76	406	756	1,737	75	23	<5	27,700	842	177,708
PT	146	48	0	0	0	<5	5	12	465	58	<5	131	6	0	<5	379	0	10	443	0	27		146	7	0	13	0	5	<5	<5	0	177	2,086
RO	656	197	229	248	5,685	15	<5	27	9	54	<5	76	110	<5	0	941	345	119	3,499	6,925	774	0		11	1,034	409	93	<5	0	0	166	1,202	22,829
SI	32	51	21	0	297	0	<5	10	<5	6	249	2,112	11	0	<5	5	25	10	49	12,275	21	<5	9		124	<5	<5	<5	0	0	<5	98	15,422
SK	174	611	14,507	69	6,575	<5	0	5	32	48	8	137	6	<5	<5	510	7,047	12	1,386	32,940	237	6	61	<5		86	237	8	13	61	716	942	66,450
FI	10	37	8	<5	34	59	0	5	5	<5	<5	14	0	7	0	11	7	<5	19	<5	24	10	21	0	<5		<5	<5	<5	0	5	13	310
SE	43	63	0	0	0	13	0	16	8	17	6	33	<5	26	0	16	22	6	54	9	122	<5	114	0	14	1,188		6	<5	0	0	27	1,812
UK	153	177	17	282	493	15	0	7	49	107	5	93	<5	6	<5	75	<5	76	166	5	121	13	158	15	<5	353	131		7	0	213	151	2,899
IS	0	0	0	<5	<5	<5	0	0	0	0	0	<5	0	0	0	8	0	0	<5	0	10	0	0	0	0	<5	<5	0		0	6	0	42
LI	0	0	0	0	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	<5	106	<5	0	0	0	<5	0	0	0	0		0	0	113
NO	17	22	0	0	0	<5	0	0	<5	<5	<5	6	0	19	<5	<5	<5	8	14	<5	27	0	39	<5	9	59	0	<5	<5	0		10	258
CH	127	148	70	51	2,763	5	0	27	92	190	26	471	<5	<5	0	148	10	10	158	364	98	44	95	49	24	46	38	38	6	0	46		5,150
Total	**62,267**	**7,280**	**29,677**	**11,331**	**204,364**	**571**	**295**	**876**	**5,140**	**7,029**	**839**	**6,545**	**797**	**1,461**	**146**	**218,548**	**8,384**	**919**	**123,369**	**121,299**	**6,451**	**1,735**	**5,148**	**3,056**	**9,063**	**11,935**	**2,979**	**1,037**	**165**	**248**	**35,009**	**145,113**	**1,033,076**

* IT and IS: data concern reference year 2018; BE and CY: data concern reference year 2019.

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

Source: PD S1 Questionnaire 2021

Table a17 - Number of PDs S1 ***issued to pensioners***, breakdown by receiving Member State, ***stock***, 2020

	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		476	11	69	2,110	7	0	30	118	4,504	<5	193	10	11	5	3,875	28	0	13,347	25	186	66	552	0	27	21	90	506	0	<5	42	67	26,381
BG	118		33	53	631	15	0	26	77	44	0	124	<5	<5	7	11	5	7	205	38	26	10	11	<5	8	16	46	1,008	0	0	21	38	2,585
CZ	46	179		0	0	<5	0	14	16	48	7	63	<5	5	<5	11	11	<5	240	158	191	<5	46	6	2,571	<5	0	208	<5	0	0	69	3,908
DK	15	14	0		0	<5	0	<5	<5	5	0	6	0	<5	<5	27	<5	0	92	<5	22	58	81	0	<5	13	0	46	<5	0	0	<5	404
DE	1,487	4,907	0	0		121	0	123	522	1,590	396	717	7	313	341	5,207	714	12	12,151	3,415	6,380	126	5,496	40	208	174	0	3,196	14	<5	0	1,478	49,137
EE	5	<5	0	8	32		0	0	<5	<5	0	<5	0	40	16	<5	<5	0	14	<5	<5	0	<5	<5	0	432	61	41	<5	0	14	<5	687
IE	48	81	8	8	153	10		<5	21	39	<5	10	0	152	159	7	22	0	311	6	368	<5	89	<5	26	6	15	0	0	0	7	20	1,571
EL	1,306	201	0	<5	242	<5	0		16	343	0	77	300	<5	0	10	<5	0	963	88	47	<5	126	0	<5	70	11	3,056	0	0	15	267	7,152
ES	10,018	1,812	66	1,627	13,999	48	0	<5		17,994	<5	1,976	<5	54	95	270	90	<5	12,042	315	400	321	3,448	10	28	1,912	2,713	75,998	49	<5	1,916	682	147,897
FR	19,034	924	369	765	4,552	11	0	13	847		0	831	<5	44	22	6,529	42	<5	7,623	113	375	722	1,539	<5	8	211	1,108	43,269	<5	0	310	5,052	94,326
HR	78	8	21	36	11,991	0	0	0	<5	358		201	0	<5	0	12	7	0	457	1,684	8	0	69	4,839	8	8	79	107	0	0	18	282	20,276
IT	4,134	769	38	58	4,665	<5	0	7	169	2,505	56		0	27	16	396	56	10	1,438	209	369	19	4,391	38	38	98	72	3,032	0	<5	37	403	23,056
CY	33	140	<5	<5	76	<5	0	21	<5	35	0	43		<5	<5	<5	<5	5	115	16	9	0	40	0	<5	16	99	12,162	0	<5	7	25	12,862
LV	<5	<5	0	19	57	<5	0	0	0	<5	0	6	0		21	<5	0	0	9	7	<5	0	0	0	0	6	13	49	0	0	<5	5	210
LT	7	0	<5	7	105	18	0	0	6	<5	0	5	0	197		<5	0	<5	31	<5	17	<5	<5	0	<5	9	7	47	0	0	9	5	487
LU	982	71	0	81	202	<5	0	<5	11	550	<5	55	<5	<5	<5		<5	<5	163	7	22	175	77	0	0	19	8	65	<5	0	<5	11	2,519
HU	347	21	19	29	3,876	<5	0	<5	19	137	35	71	<5	5	<5	13		0	1,222	764	36	<5	4,917	7	225	20	255	458	0	0	30	508	13,023
MT	24	10	0	20	91	0	0	0	<5	32	0	51	0	<5	0	<5	0		169	12	6	0	<5	<5	<5	9	125	2,814	0	0	9	19	3,407
NL	1,924	77	<5	17	1,770	0	0	5	24	116	7	65	0	<5	7	41	12	0		31	62	11	72	0	<5	20	15	309	0	0	35	27	4,655
AT	140	1,151	102	62	9,372	<5	0	8	55	157	86	413	<5	14	14	52	512	0	663		356	<5	1,638	80	414	43	126	679	<5	8	25	235	16,416
PL	352	48	134	104	2,239	<5	0	5	80	236	<5	151	<5	11	55	44	13	0	729	134		<5	11	0	29	21	202	572	<5	0	87	60	5,327
PT	1,447	15	0	0	11	<5	0	0	348	22,370	0	696	0	0	<5	1,223	<5	0	3,084	44	16		11	0	0	289	<5	4,734	<5	<5	<5	527	34,831
RO	120	6	<5	12	816	0	0	<5	191	107	<5	497	<5	0	0	14	379	0	178	51	<5	<5		<5	<5	<5	18	54	0	0	22	41	2,531
SI	30	7	<5	<5	1,614	0	0	0	<5	60	943	218	<5	<5	<5	<5	<5	0	60	675	<5	0	<5		<5	<5	45	83	0	0	<5	97	3,863
SK	16	13	3,618	7	1,686	0	0	0	9	15	<5	25	0	0	0	5	55	<5	61	215	24	0	45	0		<5	24	58	0	0	56	32	5,973
FI	9	27	<5	0	115	97	0	0	<5	6	0	7	<5	11	<5	<5	5	0	50	5	9	<5	8	0	0		0	54	0	0	0	25	437
SE	44	130	<5	0	814	35	0	13	13	13	9	19	<5	34	18	12	25	0	488	21	186	7	141	<5	5	367		163	0	0	0	27	2,593
UK	232	428	24	<5	24	23	0	<5	73	468	<5	85	10	281	167	44	71	0	1,050	52	915	130	150	<5	115	89	5		<5	0	11	108	4,565
IS	<5	<5	<5	0	<5	0	0	0	<5	0	0	<5	0	0	<5	<5	0	0	<5	0	<5	0	<5	0	0	0	0	7		0	<5	<5	32
LI	0	0	0	0	0	0	0	0	0	<5	0	<5	0	0	0	<5	<5	0	<5	22	0	0	0	0	0	0	0	0	0		0	0	32
NO	13	8	0	0	71	0	0	0	0	6	0	<5	0	<5	<5	<5	0	0	102	5	12	0	6	0	<5	37	0	55	<5	0		<5	325
CH	322	62	11	46	1,257	<5	0	5	60	998	0	397	<5	<5	<5	37	9	0	471	113	37	36	307	<5	11	39	39	319	<5	0	9		4,596
Total	**42,336**	**11,590**	**4,471**	**3,038**	**62,573**	**410**	**0**	**284**	**2,693**	**52,748**	**1,555**	**7,011**	**359**	**1,226**	**964**	**17,866**	**2,074**	**47**	**57,531**	**8,233**	**10,094**	**1,701**	**23,280**	**5,036**	**3,743**	**3,961**	**5,179**	**153,150**	**78**	**21**	**2,695**	**10,117**	**496,064**

* IT and IS: data concern reference year 2018; BE and CY: data concern reference year 2019.

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

Source: PD S1 Questionnaire 2021

Table a18 - Number of claims received by the competent Member State for the payment of healthcare received abroad by persons with a PD S1, 2020

	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	NO	CH	Total
BE		0	1,528	2,963	39,241	848	1,821	3,227	5,658	42	188			1,656	288		861	416	471,800	1,166	10,249	0	1,337	1,292	1,721	0	3,081	10,531	0	5,381	565,295
BG			227	69	412	13	13	243	152	203	<5			7	21		5	<5	200	352	41	0	68	6	63	0	53	1,627	0	278	4,059
CZ		0		193	131,042	5	436	114	1,036	522	84			14	14		127	10	1,422	31,286	1,956	0	254	89	16,044	0	279	1,833	0	1,181	187,941
DK		0	5		927	0	0	0	467	13	0			<5	0		6	<5	169	<5	92	0	<5	0	5	0	0	0	0	22	1,715
DE		0	5,017	34,956		112	1,181	6,865	19,339	27,439	2,065			2,827	2,749		3,926	165	209,401	134,197	42,817	0	12,853	575	1,563	0	4,415	41,899	0	165,133	719,494
EE		0	0	166	493		49	0	0	82	0			399	91		0	0	298	11	73	0	12	0	0	0	838	0	0	50	2,562
IE		24	7	0	176	10		<5	4,507	62	<5			91	81		0	<5	2,510	<5	280	109	40	<5	6	<5	0	0	0	46	7,964
EL		0	18	104	20,485	5	18		123	318	0			0	<5		<5	13	964	137	136	0	102	0	12	0	1,400	3,809	0	353	28,001
ES		1,179	62	2,296	17,515	44	1,026	151		27,190	6			52	107		13	12	146,246	1,659	460	14,032	74	<5	47	2,402	30	231,095	2,957	695	449,351
FR		0	115	3,567	104,026	15	1,236	481	15,424		15			62	75		156	134	19,250	773	2,499	0	3,652	76	87	0	4,349	172,992	0	97,206	426,190
HR		0	41	116	69,001	0	17	<5	<5	812				6	12		106	213	1,021	37,308	52	0	12	34,837	413	0	183	418	0	1,141	145,711
IT		0	79	241	11,169	6	306	313	2,912	6,982	190			41	23		74	25	2,045	4,859	444	0	4,783	517	65	0	262	1,995	0	1,008	38,339
CY		68	<5	12	<5	0	16	0	<5	54	0			<5	<5		0	<5	1,408	16	5	0	44	0	0	11	0	12,471	51	36	14,206
LV		0	0	23	86	0	0	0	0	8	0				207		0	0	6	35	5	0	0	0	13	0	21	103	0	0	507
LT		0	30	551	3,018	136	199	6	191	22	<5			752			0	30	524	8	148	0	14	5	0	0	499	137	0	10	6,284
LU		0	69	283	1,091	<5	0	136	166	3,526	26			<5	20		17	10	343	31	144	0	190	20	<5	0	0	159	0	78	6,319
HU		0	207	219	26,186	0	96	23	523	1,318	192			20	14			51	3,019	70,385	299	0	14,912	196	4,857	0	881	0	0	3,171	126,569
MT		0	6	22	280	0	48	0	0	0	0			0	0		0		100	13	24	0	0	0	2	0	134	0	0	30	659
NL		27	321	584	47,617	77	432	<5	3,062	1,187	90			55	53		192	600		232	638	0	231	85	167	0	270	2,015	0	560	58,499
AT		0	1,790	631	159,535	23	89	923	2,991	3,191	1,199			127	146		3,215	71	5,752		3,239	0	10,345	1,469	4,985	0	1,350	4,868	0	530	206,469
PL		0	59,211	31,302	407,006	30	4,439	223	3,951	5,768	44			33	849		151	185	54,801	42,606		0	98	181	2,096	0	10,290	23,877	0	2,404	649,545
PT		0	6	0	4,221	<5	29	5	3,658	19,968	0			0	0		0	0	32,949	29	10		<5	<5	0	609	0	2,722	0	307	64,521
RO		0	89	30	0	<5	0	39	0	70	0			0	0		0	<5	261	1,942	178	0		0	95	0	20	97	0	395	3,220
SI		0	37	16	4,617	0	0	18	137	172	1,752			6	<5		19	<5	137	32,072	39	0	36		144	0	106	306	0	340	39,957
SK		0	52,295	351	26,987	0	233	0	446	670	141			<5	<5		19,817	28	2,833	181,549	928	0	127	149		0	355	560	0	4,040	291,516
FI		8	16	0	1,368	282	10	44	<5	35	<5			53	6		8	6	456	97	92	0	17	0	0		0	0	0	271	2,771
SE		0	11	0	931	19	0	0	1,339	0	<5			18	0		0	0	5,206	10	189	48	43	0	3	0		141	0	24	7,986
UK		590	52	0	503	0	0	41	105	231	<5			283	299		0	0	91	42	1,886	4,841	37	5	354	0	0		0	66	9,428
IS		0	0	0	0	0	0	0	0	0	0			0	0		0	0	11	0	<5	0	0	0	0	0	0	7	0	0	19
LI		0	0	0	235	0	0	0	<5	0	0			0	0		0	0	9	272	<5	0	0	0	0	0	0	0	0	0	519
NO		<5	0	0	86	0	0	0	<5	11	0			0	<5		0	0	822	<5	11	0	0	0	0	0	0	0		12	947
CH		0	219	890	28,544	12	28	972	3,883	22,455	30			59	19		84	37	5,513	3,545	1,060	0	652	149	283	0	0	7,250	0		75,684
Total		1,898	121,460	79,585	1,106,800	1,644	11,722	13,831	70,078	122,351	6,039			6,572	5,085		28,779	2,017	969,567	544,637	67,997	19,030	49,941	39,656	33,028	15,526	28,816	520,912	3,008	284,768	4,154,747

Source: PD S1 Questionnaire 2021

Table a19 - Amount to be paid by the competent Member State for healthcare received abroad by persons with a PD S1, 2020, 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		1,554,380	206,663	10,583	4,986,693	46,210	303,400	170,389	44	17,516	60,242			145,695	22,608			29,090	59,806,818	150,201	1,423,169	0	1,353,197	158,268	139,010	0					0		70,584,176
BG			37,463	6,249	52,489	752	1,015	8,955	0	22,695	524			712	2,220			181	55,958	81,054	42,875	0	4,637	1,435	2,612	0					0		321,827
CZ		156,536		626	24,734,670	319	62,201	9,406	228	194,556	24,317			1,661	4,205			0	783,528	6,766,089	451,002	0	112,439	24,412	7,304,664	0					0		40,630,859
DK		64,783	9,241		1,146,340	0	0	0	31	16,417	0			177	0			35	85,789	0	142,782	0	2,244	0	632	0					0		1,468,471
DE		8,783,477	3,935,089	2,884,516		134,964	1,004,054	4,930,094	18,719	19,334,858	1,503,636			2,869,034	1,755,441			10,580	125,003,592	80,605,290	41,182,113	0	15,068,707	296,824	1,344,554	0					0		310,665,541
EE		19	0	10,354	36,305		3,281	14	0	12,530	0			55,459	22,398			0	55,987	1,703	13,370	0	568	0	0	0					0		211,986
IE		64,560	24,934	0	766,377	54,607		20,872	104,798	0	17,144			63,812	432,988			0	1,693,351	0	598,270	0	178,323	4,445	34,110	19,086					0		4,077,678
EL		903,696	3,486	78,539	17,534,687	10	44,600		0	224,389	173			8,324	102			2,077	1,637,672	80,295	114,662	0	45,391	0	59	0					0		20,678,162
ES		2,806,650	138,975	5,826,534	52,161,639	123,002	5,375,617	80,164	0	575,594	15,834			108,061	295,899			0	36,144,733	826,495	8,833	143,665	63,492	28,748	194,928	6,909,479					7,902,361		119,730,704
FR		3,641,740	78,727	12,362	83,016,812	17,266	1,024,590	465,850	0		12,826			37,485	210,410			9,358	28,539,825	863,275	1,250,957	0	7,302,906	2,110	235,800	0					0		126,722,298
HR		13,885	8,629	0	19,105,049	0	3,246	0	66	306,745				351	3,998			0	462,669	4,903,853	2,527	0	14,076	7,254,184	78,662	0					0		32,157,940
IT		726,603	26,705	87,981	8,665,825	1,003	137,259	299,176	2,269	4,929,286	74,987			12,481	6,876			0	1,769,992	1,749,956	384,703	0	5,941,357	359,882	37,712	0					0		25,214,054
CY		73,163	2,364	10,001	170	0	21,169	514,439	4,666	0	0			0	2,321			0	131,694	5,644	0	0	30,887	0	0	11,741					0		808,259
LV		0	0	1,502	1,791	0	0	0	0	6,566	0				5,810			0	525	4,074	33	0	0	0	264	0					0		20,564
LT		353	2,436	113,248	481,868	1,169	20,290	2,386	31	7,425	507			197,408				6,388	94,579	2,287	2,616	0	1,817	6,314	0	0					0		941,121
LU		72,416	44,672	0	3,760,691	4,595	0	423,094	0	12,859,896	16,797			376	18,219			0	1,871,731	80,324	121,430	0	319,086	8,058	399	0					0		19,601,783
HU		17,097	26,033	14,093	4,086,388	0	7,825	7,622	0	273,052	36,055			1,048	1,062			760	1,263,027	4,779,421	46,464	0	4,076,600	53,503	656,445	0					0		15,346,495
MT		41	513	771	84,410	0	16,419	0	0	0	0			550	0				48,768	346	6,244	0	0	0	1,479	0					0		159,542
NL		203,961	40,336	196,867	21,398,411	12,432	19,436	90,790	114,878	972,270	81,498			21,668	19,317			3,495		134,573	731,193	207,311	329,539	3,076	52,847	0					106,105		24,740,003
AT		5,377,860	600,257	215,586	77,583,586	9,997	38,264	448,746	1,333	1,700,411	490,377			71,914	123,442			1,679	3,119,323		825,361	0	6,642,216	735,616	2,190,247	0					0		100,176,217
PL		41,041	3,938,839	394,746	29,814,665	3,087	271,197	20,084	523	513,852	316			5,802	78,633			4,108	3,032,486	1,393,776		0	12,656	8,098	153,503	0					0		39,687,413
PT		0	6,510	0	4,805,848	0	77,852	88	463,525	82,182	0			0	0			0	149	0	86		3,031	0	0	631,631					0		6,070,903
RO		0	4,039	976	0	874	0	37	0	18,983	14			0	0			0	35,752	47,038	6,164	0		0	10,092	0					0		123,969
SI		818	16,500	5,727	4,538,395	121	0	3,262	55	201,444	2,018,905			587	7,272			0	107,346	9,545,358	12,307	0	27,290		26,015	0					0		16,511,403
SK		24,277	10,274,073	37,315	3,352,919	0	61,612	0	18	112,363	3,128			37	30			511	300,162	19,457,312	62,729	0	65,673	22,602		0					0		33,774,760
FI		106,639	1,317	0	372,913	33,909	6,910	34,988	16,226	2,372	188			80,616	8,903			73	227,596	63,574	5,256	0	5,619	0	0						0		967,098
SE		101,039	6,111	0	2,852,145	0	0	150	23,519	0	678			14,337	0			0	156	1,970	936	0	105,768	0	711	0					0		3,107,519
UK		562,644	198,198	0	1,561,812	0	0	150,107	699,017	0	3,515			15,582	16,846			0	8,077,908	112,286	866	0	152,402	15,021	76,782,586	0					0		88,348,788
IS		0	0	0	0	0	0	0	0	0	0			373	0			0	8,964	0	0	0	0	0	0	0					0		9,337
LI		0	0	0	107,416	0	0	0	13	0	0			0	0			0	12,581	57,051	277	0	0	0	0	0					0		177,338
NO		0	0	0	538,200	0	0	0	7,149	5,556	0			0	8,452			0	81,634	0	48,334	0	0	0	0	0							689,325
CH		175,539	133,615	381	12,171,748	3,700	7,568	276,681	20,603	7,988,848	11,010			14,083	2,695			0	3,118,253	4,123,149	159,508	0	206,912	36,720	215,712	0					0		28,666,724
Total		25,473,216	19,765,723	9,908,959	379,720,261	448,019	8,507,806	7,957,393	1,477,708	50,379,805	4,372,671			3,727,629	3,050,148			68,335	277,572,546	135,836,394	47,645,069	350,976	42,066,835	9,019,315	89,463,043	12,871,937					8,008,467		1,137,692,254

Source: PD S1 Questionnaire 2021

Table a20 - Number of claims issued by the Member State of treatment for the reimbursement of costs for persons with a PD S1 having received healthcare, 2020

	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		269	304	16	17,632	57	46	1,182	12,719	146,088	506			<5	100		814	63	112,385	2,845	12,010	5,680	308	93	639	49	24	163			5	1,059	315,059
BG			319	16	10,875	0	31	136	1,190	1,425	27			0	<5		47	<5	447	5,710	137	0	<5	17	77	42	34	306			<5	687	21,531
CZ		227		5	4,950	0	5	16	80	219	41			0	30		148	<5	672	3,755	58,666	0	26	37	49,091	19	14	37			0	285	118,326
DK		69	184		38,122	166	0	103	2,414	2,319	116			23	551		157	5	1,182	2,668	36,907	0	13	16	358	0	0	183			0	215	85,771
DE		412	129,856	927		493	177	16,596	17,917	103,912	69,091			86	3,014		19,252	120	99,177	209,388	468,405	43,798	1,228	11,546	21,950	1,502	847	585			85	19,525	1,239,899
EE		45	10	<5	1,131		9	6	44	62	0			<5	138		8	0	164	105	125	0	<5	<5	0	571	19	21			0	<5	2,470
IE		16	103	0	1,071	49		18	989	826	11			0	199		71	21	860	434	4,378	0	0	0	264	37	0	0			0	28	9,375
EL		331	141	<5	10,399	31	<5		93	622	10			0	6		31	0	474	1,294	410	0	13	18	<5	62	38	46			0	1,039	15,062
ES		121	185	<5	6,376	20	29	20		9,812	<5			0	24		79	<5	1,103	1,832	1,060	0	66	12	83	26	13	100			0	1,528	22,495
FR		140	497	<5	27,318	94	62	372	27,175		812			8	22		1,026	33	2,393	4,737	5,462	229	117	172	441	93	65	255			9	23,017	94,551
HR		<5	93	0	2,059	0	9	0	6	15				0	<5		190	0	182	1,801	70	0	<5	1,752	25	<5	16	<5			0	31	6,260
IT		691	904	5	23,990	71	27	268	7,007	8,585	2,287			24	83		555	117	3,629	15,201	5,760	0	739	5,283	666	128	78	104			<5	32,953	109,157
CY		25	93	0	91	0	0	250	6	42	7			0	0		5	0	66	68	159	0	<5	<5	25	11	<5	0			0	<5	855
LV		7	18	<5	2,812	399	91	0	49	62	6				752		19	0	110	188	38	0	0	6	<5	67	15	261			0	59	4,965
LT		44	20	0	2,740	91	143	<5	116	72	12			220			13	0	112	161	922	0	0	<5	<5	6	11	199			<5	0	4,892
LU		33	2,368	31	128,375	8	0	13	340	290,170	58			25	11		101	0	11,509	2,222	8,363	12	81	7	1,431	27	0	16			0	6	445,207
HU		10	195	6	4,273	0	19	<5	108	184	65			0	<5			0	428	4,607	277	0	220	53	15,461	36	37	82			0	200	26,267
MT		11	9	<5	156	0	0	10	18	91	210			0	29		54		1,303	83	201	0	6	<5	16	5	0	6			0	28	2,238
NL		200	1,399	168	208,608	298	227	952	13,347	19,233	1,021			6	526		2,995	100		10,314	57,971	0	314	137	1,823	428	444	1,287			74	1,560	323,432
AT		339	37,412	<5	105,453	11	<5	103	380	368	18,806			0	10		50,440	<5	447		33,897	-53	1,610	29,641	115,878	82	12	55			<5	1,388	396,287
PL		100	1,978	93	42,696	73	275	71	372	1,556	2,853			<5	149		217	<5	1,297	5,754		95	219	40	659	147	189	997			11	952	60,799
PT		<5	39	0	2,407	0	11	0	4,344	3,477	<5			0	7		6	0	189	328	50		5	0	15	32	<5	283			0	2,821	14,022
RO		104	236	20	18,765	<5	89	69	3,166	3,443	9			0	27		11,662	0	499	12,249	188	0		31	205	35	107	132			0	487	51,526
SI		6	79	0	588	5	<5	<5	15	49	34,871			0	5		191	<5	170	2,125	202	0	0		100	0	<5	5			0	97	38,515
SK		82	16,591	5	1,556	0	13	5	47	87	423			0	13		3,527	<5	337	6,473	2,178	0	215	148	0	0	11	148			0	216	32,076
FI		40	51	0	1,476	1,542	<5	60	2,356	506	17			47	322		54	7	358	721	1,509	0	<5	<5	44		0	5			0	200	9,324
SE		53	288	0	4,464	836	0	1,401	3,288	2,885	181			28	499		668	100	539	2,497	10,072	0	34	106	256	0		157			0	263	28,615
UK		819	1,404	0	30,467	0	0	4,330	96,800	102,086	311			97	278		0	0	8,606	8,870	21,436	0	112	200	463	0	126				0	6,822	283,227
IS		0	28	0	227	0	0	0	210	53	0			0	<5		0	0	194	54	654	0	0	0	46	0	0	<5			0	329	1,798
LI		0	353	0	1,740	0	0	7	26	27	<5			0	0		37	0	406	1,063	87	0	13	<5	217	<5	0	0			0	0	3,986
NO		181	384	0	4,170	901	7	78	3,429	902	183			<5	7,705		199	<5	1,602	773	130,933	0	43	<5	1,844	0	0	174				266	153,780
CH		278	1,548	22	160,727	50	25	316	658	66,702	774			0	10		1,937	12	4,988	6,124	2,648	0	185	340	1,574	419	24	69			8		249,438
Total		4,660	197,089	1,325	865,717	5,198	1,302	26,387	198,709	765,880	132,716			574	14,524		94,503	594	255,828	314,444	865,175	49,761	5,576	49,673	213,659	3,827	2,132	5,678			201	96,066	4,171,208

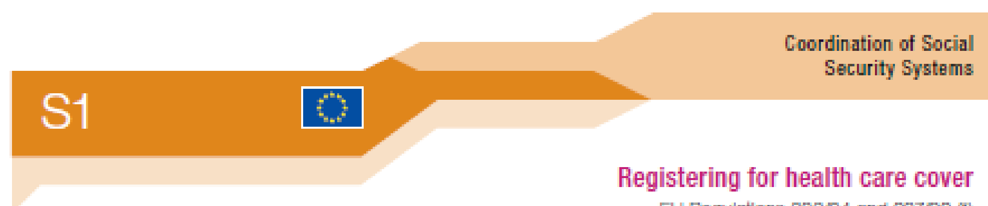
Source: PD S1 Questionnaire 2021

Table a21 - Amount to be received by the Member State of treatment as reimbursement of costs for persons with a PD S1 having received healthcare, 2020, 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		43,698	84,090	45,492	13,160,226	3,831	124,491	0	32,124,379	134,616,591	175,299			4	8,231		0	8,633	54,102,512	841,950	600,748	978,951	31,954	77,197	80,943	32,123					0		237,141,343
BG			161,851	88,662	13,223,197	19	64,559	577,092	2,802,504	2,356,040	53,132			0	226		0	1,205	315,575	2,288,576	41,749	0	0	843	17,221	30,942					0		22,023,392
CZ		10,409		0	3,813,682	55	14,278	75,873	269,646	150,613	342,416			0	0		0	470	85,213	335,951	2,301,090	0	1,149	0	10,028,772	1,492					0		17,431,109
DK		8,214	94,119		17,648,298	10,354	0	78,247	5,807,382	3,262,783	0			1,502	1,795		0	1,156	199,196	65,086	333,082	0	10,247	5,727	43,283	0					0		27,570,470
DE		162,788	25,886,858	338,794		149,013	581,992	38,566,304	51,353,588	83,025,390	27,108,555			1,545	291,911		486,877	11,232	54,893,798	39,060,926	20,008,699	6,074,314	72,127	4,947,419	3,163,056	827,910					706,606		357,719,701
EE		3,969	408	0	1,053,185		54,607	0	120,877	73,722	6,467			0	1,187		1,202	0	19,229	13,630	3,140	0	11	328	0	373,870					0		1,725,834
IE		5,394	67,740	0	611,049	3,245		44,495	2,923,417	922,149	38,281			0	20,350		0	2,988	206,820	84,835	358,743	75,304	0	0	77,052	8,264					0		5,450,126
EL		113,221	61,503	0	8,099,579	2,402	5,357		82,349	714,199	2,446			0	2,386		0	0	632,142	247,177	39,314	0	685	3,262	19	58,984					0		10,065,025
ES		18,244	45,016	0	4,736,434	0	97,872	0		6,717,842	24,180			0	12		0	141	536,271	131,125	99,143	429,554	5,055	15,048	14,005	13,218					0		12,883,161
FR		33,465	163,931	32	19,208,554	49,289	121,153	7,007	73,432,248		645,602			0	4,598		0	4,223	1,673,737	741,455	503,490	0	4,759	140,033	103,650	58,969					34,546		96,930,739
HR		13	34,931	0	2,600,373	0	17,144	0	15,834	7,416				0	507		0	0	156,349	268,210	321	0	14	2,018,888	13,189	234					0		5,133,424
IT		325	416,020	3,222	17,093,416	9,408	105,516	250,250	15,381,212	15,751,636	501,876			0	180		0	55,640	1,026,930	0	481,574	121,002	57,583	951,213	161,140	56,186					21,588		52,445,916
CY		69,003	24,298	0	44,744	0	0	57	0	44,523	3,704			0	0		0	0	6,750	8,468	3,116	0	5	170	859	210					0		205,906
LV		814	3,336	0	2,672,933	55,459	0	0	106,750	135,604	24,692				197,408		0	0	52,432	6,870	5,755	0	0	587	74	38,154					0		3,300,867
LT		3,624	16,798	0	2,665,649	47,510	432,988	102	293,890	187,260	9,518			5,364			169	0	83,517	23,574	76,947	0	0	7,272	1,147	8,903					9,490		3,873,722
LU		3,668	435,887	163,499	68,712,662	167	0	0	659,957	172,676,331	41,483			483	2,896		3,083	0	3,911,182	233,276	609,749	1,353	4,243	2,054	152,886	2,014					0		247,616,873
HU		21,099	68,526	5,866	4,346,005	30	56,293	0	294,683	283,400	199,252			0	184			0	325,357	1,071,167	12,449	0	19,568	15,255	2,077,331	28,829					0		8,825,293
MT		5,045	420	35	24,298	0	0	2,080	19,783	107,216	32,210			0	6,395		0		292,864	1,720	3,819	0	422	0	2,041	671					0		499,018
NL		37,649	754,724	164,863	102,526,187	55,987	1,682,397	1,638,147	36,107,184	29,614,429	730,244			525	89,182		0	16,695		2,000,202	824,455	2,083,722	35,247	107,346	342,105	205,746					928,996		179,946,032
AT		73,333	6,471,387	21	62,090,962	2,119	18,231	1,651	75,532	420,772	4,963,697			0	0		0	148	285,145		919,067	410	92,907	8,801,525	15,237,635	38,970					25,224		99,518,736
PL		35,080	787,550	147,519	44,702,391	13,379	598,148	0	0	2,065,076	268,009			5	2,616		0	208	1,470,798	687,737		0	5,871	12,307	102,651	104,934					54,680		51,058,957
PT		0	11,697	0	2,298,150	0	0	0	143,665	7,810,113	12,355			0	0		0	0	118,003	179,889	8,410		446	0	522	13,398					0		10,596,647
RO		0	126,685	2,246	22,803,655	568	178,323	43,338	33,689	8,204,577	29,198			0	1,817		0	0	570,099	2,444,556	11,327	3,031		27,215	108,959	21,549					0		34,610,833
SI		0	32,805	0	498,139	827	4,445	0	28,725	45,809	8,657,367			0	6,314		0	70	42,684	696,103	7,840	0	0		13,262	0					0		10,034,390
SK		935	7,925,558	0	1,343,142	171	17,377	1,760	74,672	142,339	365,407			0	683		17,901	1,223	115,410	1,006,389	101,185	0	13,248	29,237	0	0					0		11,156,637
FI		14,925	16,582	0	992,190	1,981,366	10,392	19,899	6,819,982	581,363	126,501			2,741	51,649		0	1,642	218,930	118,476	33,137	137,723	3	384	5,167						0		11,133,055
SE		20,785	182,214	0	3,770,999	241,248	0	30,463	9,745,975	4,559,154	392,017			2,962	50,227		0	26,970	397,936	533,852	441,759	0	5,628	97,425	47,457	0					0		20,547,070
UK		227,390	594,819	0	23,824,456	0	0	6,058,158	218,194,907	161,181,076	173,096			582	67,391		0	0	5,535,408	1,313,366	747,993	0	8,883	123,743	126,080	0					0		418,177,347
IS		187	3,447	0	139,089	0	0	0	187,816	20,148	2,118			0	0		0	0	51,025	35,480	48,642	0	0	0	5,775	0					0		493,726
LI		0	144,409	0	849,968	0	0	2,505	61,992	21,442	26,408			0	0		0	0	147,138	1,145,149	4,666	0	703	3,655	23,161	4,999					0		2,436,195
NO		0	185,568	0	3,238,816	166,314	10,954	0	7,902,361	1,175,716	110,693			697	718,860		0	431	471,594	87,347	1,539,527	0	839	1,523	230,056	0							15,841,296
CH		43,907	383,644	30	67,399,864	6,931	41,722	311,664	1,394,166	30,337,822	418,309			0	1,055		0	2,339	1,217,574	833,304	146,483	0	7,088	282,154	261,232	177,657					42,680		103,309,626
Total		957,182	45,186,819	960,280	516,192,294	2,799,693	4,238,240	47,709,091	466,459,165	667,212,551	45,484,532		0	16,410	1,528,058		509,232	135,414	129,161,617	56,505,846	30,317,419	9,905,364	378,685	17,671,809	32,440,732	2,108,225					1,823,809		2,079,702,466

Source: PD S1 Questionnaire 2021

Annex II Portable Document S1



Registering for health care cover

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

INFORMATION FOR THE HOLDER

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

1. PERSONAL DETAILS OF THE HOLDER

1.1 Personal Identification Number in the competent Member State
1.2 Surname
1.3 Forename
1.4 Surname at birth (***)
1.5 Date of birth
1.6 Address in the State of residence
1.6.1 Street, N° — 1.6.3 Post code
1.6.2 Town — 1.6.4 Country code
1.7 Status

- ☐ 1.7.1 Insured person
- ☐ 1.7.2 Family member of insured person
- ☐ 1.7.3 Pensioner
- ☐ 1.7.4 Family member of pensioner
- ☐ 1.7.5 Pension claimant

2. LONG-TERM CARE BENEFITS IN CASH

- ☐ 2.1 The holder receives long-term care benefits in cash

(*) Regulations (EC) No 883/2004, articles 17, 22, 24, 25, 26 and 34, and 987/2009 articles 24 and 28.
(**) For Spain, Sweden and Portugal , the certificate must be handed over to, respectively, the head provincial offices of social security National Institute (INSS), the social insurance institution and the social security institution of the place of residence.
(***) Information given to the institution by the holder when this is not known by the institution.

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©European Commission

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.

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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, 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 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 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.

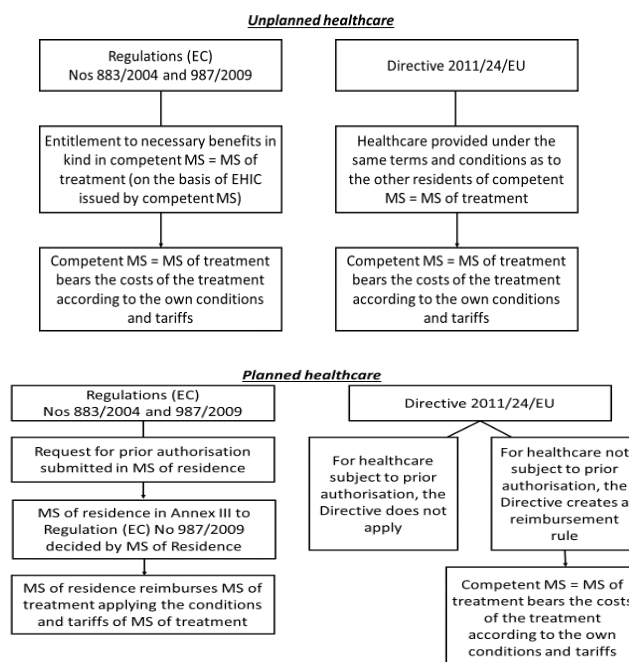
Neither of the three other questionnaires collecting data on cross-border healthcare (i.e., the questionnaire on planned healthcare (PD S2), the one on unplanned healthcare (EHIC) and finally the one on persons entitled to healthcare residing in a Member State other than the competent Member State (PD 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 6)*

Figure 6 - Unplanned and planned healthcare for pensioners and their family members received in the competent Member State when residence is outside the competent Member State and whose competent Member State is not listed in Annex IV of Regulation (EC) No 883/2004



Source: AC 246/12

- *"On the other hand, under the Directive, Member States listed in Annex 3 of Regulation (EC) No 987/2009 may have to reimburse some groups of their residents for whom another Member State is competent for unplanned healthcare received in a third Member State, while under the Regulations it is financed by the competent Member State when it became necessary on medical ground during the stay. Therefore, the Member State of residence might consider that it is now bearing costs for healthcare for which it is not being reimbursed via the fixed amounts, and that this should be taken into account by reducing the reductions defined in Article 64(3) of Regulation (EC) No 987/2009." (See also Figure 7)*

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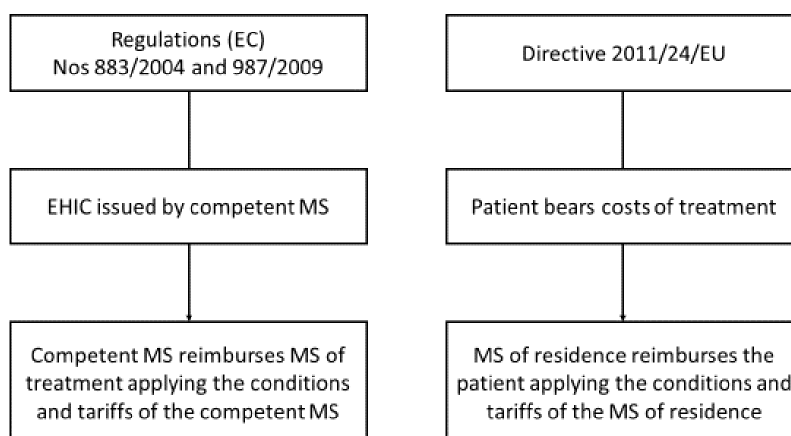
[61] Subject: Possible impact of Directive 2011/24/EU on the interpretation of AC Decision S5 and on the size of the reductions defined in Article 64(3) of Regulation (EC) No 987/2009.

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

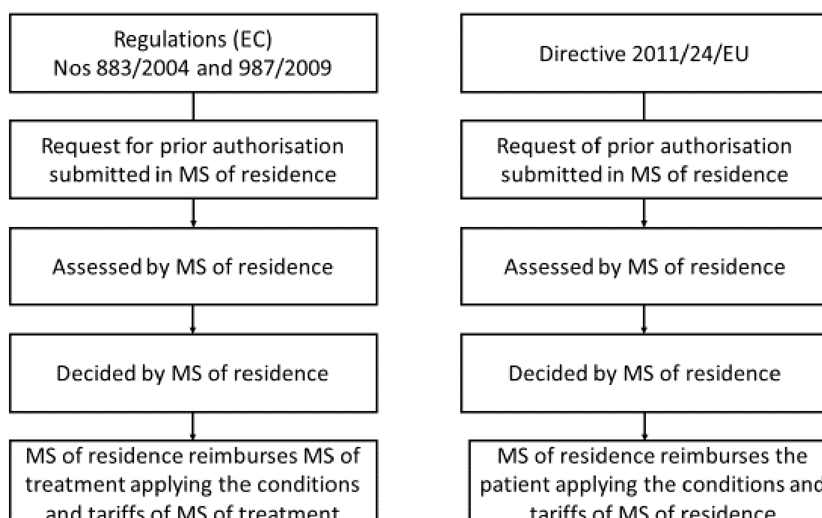
Figure 7 - Unplanned healthcare for family members of frontier workers and pensioners and their family members received in a third Member State and residing in a Member State listed in Annex 3 to the Implementing Regulation



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 8)*

Figure 8 - 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

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

1.2. Member States that responded to the questionnaire

The questionnaire on the monitoring of healthcare reimbursement is divided in three parts. The first part had to be answered by the lump-sum Member States listed in Annex 3 of the Implementing Regulation. More specifically, it had to be answered by Ireland, Spain, Cyprus, Portugal, Sweden, the United Kingdom and Norway. Since 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, Portugal, Norway and the UK (or five out of the seven Member States concerned) provided data on the number of persons involved for reference year 2020 *(Question 1)*. Input regarding the reimbursement of planned *(Question 3)* and unplanned healthcare *(Question 4)* received in a third Member State or in the competent Member State, could not be provided by any of the seven Member States concerned.

The second part of the questionnaire had to be answered by all Member States except those listed in Annex IV of the basic Regulation (Croatia, Denmark, Estonia, Finland, Ireland, Italy, Latvia, Lithuania, Malta, Portugal, Romania, Slovakia, the United Kingdom, Norway, and Switzerland). Estonia, Italy, Lithuania, Malta, Slovakia, and Liechtenstein (6 out of the 15 Member States concerned) provided data for 2020 (*Question 5*).

The third and final part of the questionnaire had to be answered by all Member States. However, only Austria, Bulgaria, Hungary, Italy, Latvia, Luxembourg, the Netherlands, 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 34 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 23* 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

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

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 34 - Quantification of the number of persons involved living in the Member States which apply fixed amount reimbursements with regard to these categories of persons, 2014-2020

	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)						
	2020	**2019**	**2018**	**2017**	**2016**	**2015**	**2014**	**2020**	**2019**	**2018**	**2017**	**2016**	**2015**	**2014**
IE	<5	<5	<5	30	1,216	368		836	739	824	875	649	162	
ES	333	390	390	409	429	443	453	175,932	169,476	162,979	159,040	157,374	156,570	156,060
CY			21		27					18,179		14,936		
PT	231							5,490						
SE		34	42	25	48				1,819	1,691	1,730	1,654		
UK	204													2,220
NO	38			<5	<5	<5	<5	2,055	3,344		187	129	247	208

* ES: 333 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 2021, Question 1

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 2020 *(Table 35).* The data show that for a very limited group of people this situation occurred in 2020. As a result, the

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

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 35 - 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, 2020

	Number of persons						Amount reimbursed (in €)			
	EE	IT	LT	MT	SK	LI	EE	LT	SK	LI
IE	<5	<5	15	0	15		2,815	5,559	4,629	
ES	16	148	6	11	22	15	48,270	3,253	24,857	12,912
CY		<5	<5	<5		<5		195		
PT		20	<5	<5		<5		120		808
SE	7	85	<5		6		4,936	1,233	21,286	
UK	11	<5	20		104		10,451	9,809	15,292	
NO		<5			<5				180	
Total	**37**	**260**	**45**	**14**	**149**	**20**	**66,472**	**20,169**	**66,245**	**13,720**

* The amount reimbursed does not necessarily correspond to the number of persons.
Source: Questionnaire on the monitoring of healthcare reimbursement 2021, Question 5

4. Second scenario: reimbursement under the terms of the Directive of unplanned healthcare provided in a third Member State by Member States listed in Annex 3 of Regulation (EC) No 987/2009 when another Member State is competent

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

From the perspective of the competent Member State, for reference year 2020, 10 Member States (AT, BG, EE, HU, NL, 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 36)*, 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 pensioners insured in Luxembourg and resident in Portugal received unplanned healthcare in a third Member State.

[66] The UK could not provide data. However, in for reference year 2018 they replied that *"they have implemented legislation that mirrors the Annex IV right while they wait to be formally listed on Annex IV of Regulation (EC) No 883/2004, therefore, Article 7(2)(b) is not relevant. Other UK territories have not implemented legislation that mirrors Annex IV so Article 7(2)(b) of Directive 2011/24/EU does apply."*

Table 36 - 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, 2020

MS of residence	*Number of family members residing in a lump-sum MS, other than where the insured persons resides which is not the competent MS*											*Number of pensioners and their family residing in a lump-sum MS which is not the competent MS*											*Total*
	AT	*EE*	*BG*	*HU*	*IT*	*LV*	*LU*	*MT*	*PL*	*SI*	*Subtotal*	*AT*	*EE*	*BG*	*HU*	*IT*	*LV*	*LU*	*MT*	*PL*	*SI*	*Subtotal*	
IE	0	0	0	0	<5	0	0	0	0	0	<5	<5	0	8	21	0	152	10	0	<5	0	194	196
ES	26	0	<5	0	54	5	44	6	<5	0	139	271	<5	410	93	<5	54	323	5	0	9	1,168	1,307
CY	0	0	<5	0	0	0	0	0	0	0	<5	0	<5	40	<5	0	<5	<5	<5	0	0	51	54
PT	5	0	0	0	23	0	233	0	0	<5	262	33	0	6	<5	<5	0	1,364	<5	0	<5	1,413	1,675
SE	11	0	<5	0	<5	<5	0	0	0	<5	17	0	0	17	23	0	36	12	0	0	<5	89	106
UK	10	0	0	0	<5	<5	7	0	0	0	19	37	0	38	70	0	282	46	0	<5	<5	476	495
NO	0	0	0	0	<5	0	0	0	0	0	<5	0	0	<5	<5	0	<5	<5	0	0	0	5	6
Total	**52**	**0**	**7**	**0**	**82**	**8**	**284**	**6**	**<5**	**<5**	**443**	**343**	**<5**	**520**	**213**	**6**	**529**	**1,760**	**8**	**<5**	**13**	**3,396**	**3,839**

Source: Questionnaire on the monitoring of healthcare reimbursement 2021, 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 the budgetary impact of cross-border healthcare under social security coordination

In this report, three distinct types of cross-border healthcare were discussed. It is useful to compare these types and to look at their importance in total EU cross-border healthcare under the Coordination Regulations. In the '2020 Statistical Report' these data are complemented with the data 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 total budgetary impact of cross-border healthcare under the Coordination Regulations.

The budgetary impact of cross-border under the Coordination Regulations 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 0.1%, and finally, the budgetary impacts of planned healthcare is only 0.02% of total healthcare spending related to benefits in kind.[67]

1. From the perspective of the competent Member State

For most of the reporting Member States, the share of cross-border healthcare expenditure under the Coordination Regulations is less than 0.5% of total healthcare spending related to benefits in kind *(Table 37)*. For Estonia, Croatia, Lithuania, the Netherlands, Austria, Poland, and Slovenia, the budgetary impact lies between 0.5% and 1%. Only Bulgaria, Slovakia, Romania and Latvia show a cross-border healthcare expenditure of more than 1% of their total healthcare spending related to benefits in kind. The competent EU-13 Member States in particular show a higher relative cross-border expenditure compared to the competent EU-14 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 Member States that have a low healthcare expenditure per inhabitant.

Figure 9 shows each type of cross-border healthcare as a share in the total cross-border health care under the Coordination Regulations. Spain, Portugal, Lithuania, Estonia, Bulgaria, Ireland, France, Poland, Greece, the Czech Republic, Latvia, Malta, and Croatia mainly reimbursed unplanned necessary healthcare. For Norway, Austria, Slovakia, the Netherlands, Denmark, Finland, and Germany the highest cost was healthcare provided to insured persons who reside abroad.

[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.

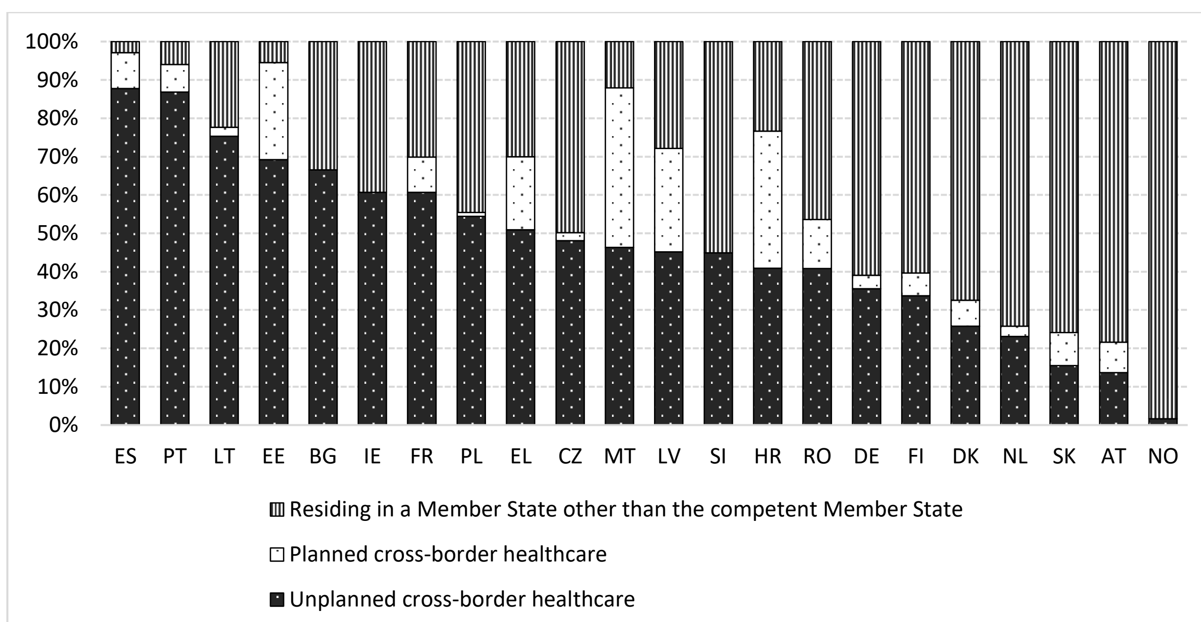
Table 37 - Budgetary impact of cross-border healthcare under the Coordination Regulations, by type, by competent Member State, 2020

	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			11,464,189	0.04%				
BG	50,680,064	2.09%			25,473,216	1.05%	76,153,280	3.14%
CZ	19,076,785	0.17%	853,901	0.01%	19,765,723	0.18%	39,696,409	0.36%
DK	3,785,804	0.02%	999,691	0.01%	9,908,959	0.06%	14,694,454	0.08%
DE	221,661,761	0.08%	21,557,037	0.01%	379,720,261	0.14%	622,939,059	0.23%
EE	5,620,190	0.50%	2,052,252	0.18%	448,019	0.04%	8,120,461	0.72%
IE	13,140,746	0.09%			8,507,806	0.06%	21,648,552	0.14%
EL	13,510,256	0.16%	5,058,657	0.06%	7,957,393	0.10%	26,526,306	0.32%
ES	44,556,814	0.07%	4,723,757	0.01%	1,477,708	0.00%	50,758,279	0.08%
FR	101,396,296	0.05%	15,319,038	0.01%	50,379,805	0.03%	167,095,139	0.09%
HR	7,655,959	0.24%	6,702,372	0.21%	4,372,671	0.14%	18,731,002	0.60%
IT								
CY								
LV	6,039,267	0.63%	3,595,770	0.38%	3,727,629	0.39%	13,362,666	1.40%
LT	10,294,126	0.58%	319,162	0.02%	3,050,148	0.17%	13,663,436	0.77%
LU								
HU	8,943,617	0.15%	2,701,009	0.05%			11,644,626	0.20%
MT	261,122	0.05%	234,359	0.04%	68,335	0.01%	563,816	0.10%
NL	86,335,100	0.15%	10,213,516	0.02%	277,572,546	0.49%	374,121,162	0.65%
AT	23,722,737	0.10%	13,656,648	0.05%	135,836,394	0.55%	173,215,779	0.70%
PL	58,195,267	0.35%	1,016,997	0.01%	47,645,069	0.29%	106,857,333	0.65%
PT	5,109,451	0.04%	426,038	0.00%	350,976	0.00%	5,886,465	0.05%
RO	37,050,793	0.44%	11,607,127	0.14%	42,066,835	0.50%	90,724,755	1.09%
SI	7,361,332	0.26%			9,019,315	0.32%	16,380,647	0.58%
SK	18,300,198	0.40%	10,183,608	0.22%	89,463,043	1.93%	117,946,849	2.55%
FI	7,195,538	0.05%	1,258,206	0.01%	12,871,937	0.10%	21,325,681	0.16%
SE	15,955,293	0.05%	169,891	0.00%		0.00%	16,125,184	0.06%
UK	804,989	0.00%	4,559,667	0.00%		0.00%	5,364,656	0.00%
IS								
LI								
NO	135,699	0.00%			8,008,467	0.04%	8,144,166	0.04%
CH			2,262,296	0.01%		0.00%	2,262,296	0.01%

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

Source: Administrative data 2021 EHIC Questionnaire, PD S2 Questionnaire, PD S1 Questionnaire, Eurostat [spr_exp_fsi] 2018 figures).

Figure 9 - Type of cross-border healthcare as share in total, by competent Member State, 2020



Source: Administrative data 2021 EHIC Questionnaire, PD S1 Questionnaire, PD S2 Questionnaire

2. From the perspective of treatment

In addition to analysing the perspective of the competent Member State, 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. France, Germany, and France claimed the highest amount as Member State of treatment *(Table 38)*. Only Croatia claimed a reimbursement of more than 1% of their total healthcare spending related to benefits in kind.

Table 38 - Budgetary impact of cross-border healthcare, by type, by Member State of treatment, 2020

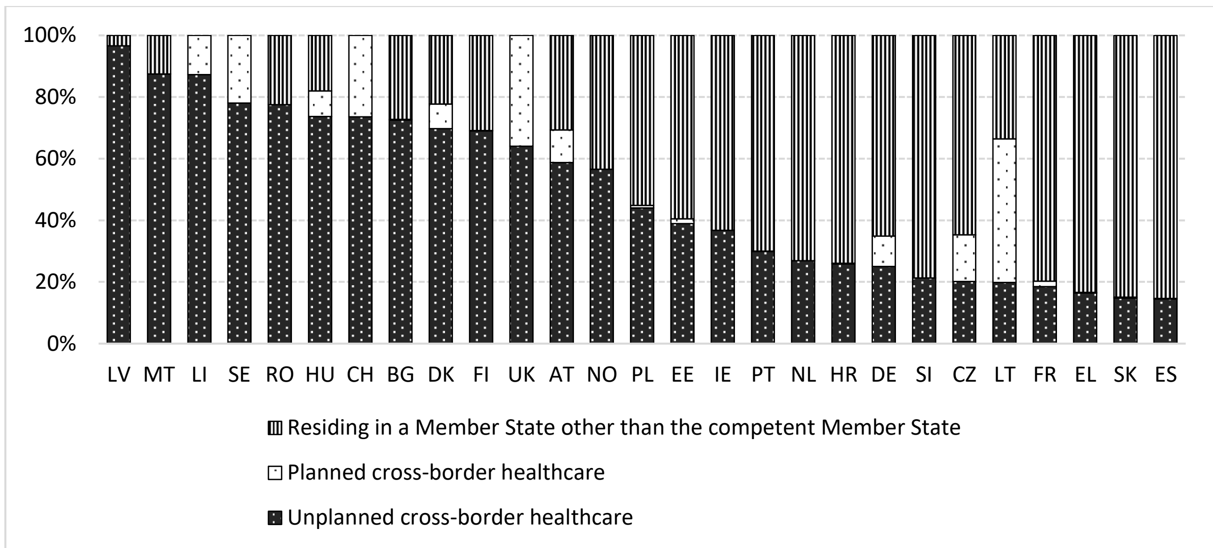
	Unplanned cross-border healthcare		Planned cross-border healthcare		Residing in a Member State other than the competent Member State		Total*	
	Amount (in €)	*%**	*Amount (in €)*	*%**	*Amount (in €)*	*%**	*Amount (in €)*	*%**
BE			18,557,317	0.06%				
BG	2,542,974	0.10%	6,727	0.00%	957,182	0.04%	3,506,883	0.14%
CZ	14,084,004	0.13%	10,545,378	0.09%	45,186,819	0.41%	69,816,201	0.63%
DK	3,006,383	0.02%	345,616	0.00%	960,280	0.01%	4,312,279	0.02%
DE	198,334,940	0.07%	78,141,586	0.03%	516,192,294	0.19%	792,668,820	0.29%
EE	1,832,111	0.16%	75,753	0.01%	2,799,693	0.25%	4,707,557	0.42%
IE	2,465,900	0.02%			4,238,240	0.03%	6,704,140	0.04%
EL	9,401,510	0.11%	135,679	0.00%	47,709,091	0.58%	57,246,280	0.69%
ES	78,857,220	0.12%	1,129,925	0.00%	466,459,165	0.73%	546,446,310	0.85%
FR	154,570,201	0.08%	15,204,182	0.01%	667,212,551	0.34%	836,986,934	0.43%
HR	15,905,008	0.51%	150,227	0.00%	45,484,532	1.45%	61,539,767	1.96%
IT								
CY								
LV	462,405	0.05%			16,410	0.00%	478,815	0.05%
LT	904,110	0.05%	2,122,964	0.12%	1,528,058	0.09%	4,555,132	0.26%
LU								
HU	2,078,531	0.04%	231,758	0.00%	509,232	0.01%	2,819,521	0.05%
MT	947,943	0.17%	0	0.00%	135,414	0.02%	1,083,357	0.20%
NL	47,595,648	0.08%			129,161,617	0.23%	176,757,265	0.31%
AT	108,270,765	0.44%	19,383,264	0.08%	56,505,846	0.23%	184,159,875	0.74%
PL	24,203,709	0.15%	457,602	0.00%	30,317,419	0.18%	54,978,730	0.33%
PT	4,226,345	0.04%	17,720	0.00%	9,905,364	0.09%	14,149,429	0.12%
RO	1,306,428	0.02%			378,685	0.00%	1,685,113	0.02%
SI	4,786,208	0.17%			17,671,809	0.62%	22,458,017	0.79%
SK	5,618,994	0.12%	134,880	0.00%	32,440,732	0.70%	38,194,606	0.82%
FI	4,707,813	0.03%	5,207	0.00%	2,108,225	0.02%	6,821,245	0.05%
SE	19,776,093	0.07%	5,577,380	0.02%			25,353,473	0.09%
UK	38,461,778	0.02%	21,606,224	0.01%			60,068,002	0.03%
IS								
LI	240,318		34,980				275,298	
NO	2,371,478	0.01%		0.00%	1,823,809	0.01%	4,195,287	0.02%
CH	56,768,400	0.14%	20,341,703	0.05%			77,110,103	0.19%

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

Source: Administrative data 2021 EHIC Questionnaire, PD S2 Questionnaire, PD S1 Questionnaire, Eurostat [spr_exp_fsi] (2018 figures).

Spain, Slovakia, Greece, France, the Czech Republic, Slovenia, Germany, Croatia, the Netherlands, Portugal, Ireland, Estonia, and Poland mainly provided cross-border healthcare to persons who are insured in another Member State *(Figure 10)*. In contrast, Latvia, Malta, Liechtenstein, Sweden, Romania, Hungary, Switzerland, Bulgaria, Denmark, Finland, the UK, Austria, and Norway primarily provided unplanned necessary healthcare. Finally, only Lithuania mainly provided planned cross-border healthcare in 2020.

Figure 10 - Type of cross-border healthcare as share in total, by Member State of treatment, 2020



Source: Administrative data 2021 EHIC Questionnaire, PD S1 Questionnaire, PD S2 Questionnaire

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