Cross-border healthcare in the EU under social security coordination

Reference year 2021

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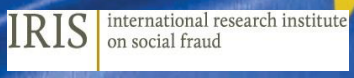

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Glossary

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.

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 a 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 regulated under the Social Security Coordination Regulations[2]. (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 healthcare abroad. Finally, (3) persons who reside in a Member State other than the competent Member State are entitled to receive healthcare in the Member State of residence as if they were insured there.

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 that the insured person is authorised to receive planned health treatment in a Member State other than the competent Member State and that the treatment will be reimbursed according to the tariffs of the Member State of treatment.

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.[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; Directive 2011/24/EU[4]; bilateral/multilateral agreements or their own national legislation.

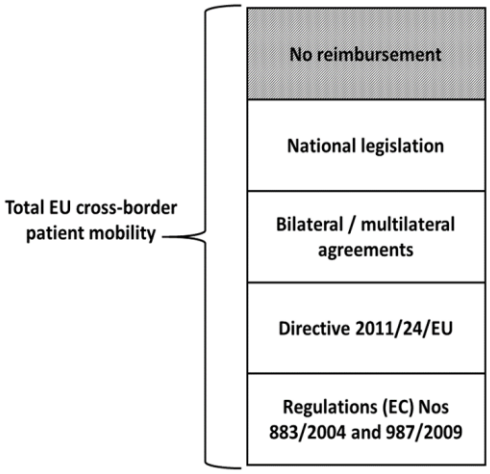
1 The term "Member States" is used in this report to indicate the 27 countries belonging to the European Union in reference year 2021, the European Economic Area (EEA), Switzerland, and the United Kingdom (UK).

2 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').

3 These data 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 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).

Figure 1 - 'Patient mobility' in the EU



The figures reported in this report relate to cross-border healthcare provided under the Coordination Regulations.[5] The report provides figures for 2021 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 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.

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 reimbursed related to necessary healthcare in kind during a temporary stay in a Member State other than the competent Member State.

5 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

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.

Social security coordination between the EU and the UK

As of 1 February 2020, the United Kingdom is no longer part of the European Union. This has a significant impact on the dissemination of statistics. In all thematic reports for reference year 2021, the EU-27 aggregate (excluding the UK) is produced for 2021. Accordingly, the text of the report describing the quantitative findings focusses on this EU-27 aggregate.

There are two Agreements now governing the relations between the EU and UK in terms of social security coordination[6]. First, the **Withdrawal Agreement**[7] entered into force on 1 February 2020 with a transitional period until 31 December 2020. It provides for *full coordination* to all those persons (including their family members/survivors) who have continuously been in a cross-border situation involving the EU and the UK since before the end of the transition period. This means that the complete social security coordination acquis[8] applies to these persons. Furthermore, *partial coordination* applies to persons who are not covered by Art. 30 (full coordination) but have been subject to both UK/EU social security legislation before the end of the transition period. This includes among others EU rules concerning the aggregation of periods, rights and obligations deriving from such periods. The Withdrawal Agreement also protects persons in triangular situations with EFTA Member States. For instance, in the United Kingdom, 'UK EHICs' were introduced for persons insured under the Withdrawal Agreement.

The **Trade and Cooperation Agreement**[9] was signed on 30 December 2020, was applied provisionally as of 1 January 2021, and entered into force on 1 May 2021. In this Agreement there is **a Protocol on Social Security Coordination** which covers all persons who 1) are or have been covered by the social security legislation of an EU Member State or of the UK; 2) are residing in an EU Member State or the UK; 3) are or have been in a cross-border situation between an EU Member State and the UK as from 1 January 2021. This Protocol fully coordinates all branches of social security coordination that are currently coordinated under the Basic Regulation except for family benefits, long-term care, special non-contributory cash benefits, and assisted reproduction services. Additionally, there is a partial coordination for

6 European Commission, Latest developments on free movement of workers, social security coordination and posting of workers at EU level, MoveS Seminar Posting of workers: quo vadis, 17 June 2022.

7 Agreement on the withdrawal of the United Kingdom of Great Britain and Northern Ireland from the European Union and the European Atomic Energy Community2019/C 384 I/01. See https://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1580206007232&uri=CELEX%3A12019W/TXT%2802%29

8 Basic Regulation and Implementing Regulation

9 Trade and Cooperation Agreement between the European Union and the European Atomic Energy Community, of the one part, and the United Kingdom of Great Britain and Northern Ireland, of the other part. See https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv%3AOJ.L_.2021.149.01.0010.01.ENG&toc=OJ%3AL%3A2021%3A149%3ATOC

invalidity benefits and unemployment benefits. However, this Protocol does not apply to situations involving a UK national moving between two or more Member States, as it then concerns a third-country national, and cross-border situations involving an EFTA Member State.

* Residence in a State other than the competent State: *see Art. SSC 15 and Art. SSCI 21*;

* Stay outside the competent State: *see Art. SSC 17 and Art. SSCI 22*;

* Travel with the purpose of receiving benefits in kind – authorisation to receive appropriate treatment outside the State of residence: *see Art. SSC 18 and Art. SSCI 23*.

Chapter 1
Unplanned necessary cross-border healthcare

Summary of main findings

The European Health Insurance Card (EHIC) comes into play when a person needs 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 for reasons of work, holiday, 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 of the European Union, is guaranteed. 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 234.8 million EHICs in circulation, the Coordination Regulations are of importance for all EU citizens when they move between Member States, be it for work or for private reasons. Consequently, around 44 % of the EU/EFTA/UK citizens[10] are currently in possession of an EHIC. However, 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 20 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 have remained rather rigid over the years. Belgium introduced electronic EHICs, the EHIC procedure was simplified in Poland, and the United Kingdom introduced CRA EHICs for persons insured under the Withdrawal agreement. A change in the validity period was only reported by Poland, which increased the length of validity for certain groups. There is indeed a general trend of increasing the validity period over the years. 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.

The ways in which Member States try to raise awareness of the EHIC, both concerning insured persons and healthcare providers, did not change significantly. Some Member States did mention that because of the COVID-19 pandemic, less focus was put on information campaigns for EHIC. 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. Because of a social media campaign targeting exchange students, the visits to the Finnish NCP's website increased.

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 nine out of ten of the reimbursement claims for unplanned necessary

[10] There are around 528.7 million citizens in the EU-27, EFTA, and UK in 2021. (Eurostat [DEMO_PJAN])

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. In 2021, most restrictions were lifted, but the tourism sector was still affected. From 2019 to 2020, the nights spent by international tourists in the tourist accommodation establishments (hotels, etc.) in the EU-27 dropped by some 70 %, while there was an increase from 2020 to 2021 of 42 %.[11] Nevertheless, the number of nights spent in tourist accommodations in 2021 was still 57 % lower than in 2019 (588 million nights in 2021 compared to 1 363 million in 2019). The decrease in the number of trips for leisure and business abroad during the COVID-19 pandemic (both in 2020 and 2021) may have had an impact on the level of unplanned necessary cross-border healthcare in the EU.[12] In 2019, some 2.4 million claims for reimbursement were issued by the reporting Member States, accounting to around EUR 1.2 billion. Both in 2020 and 2021, there has been a sharp drop in the amount claimed by the Member States of stay (the total amount claimed was in both years less than EUR 700 million).

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 2021 show that some 5 % of the invoices are rejected by the competent institutions mostly because of an invalid EHIC, missing or incorrect data, 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.

[11] Eurostat [tour_occ_nim]

[12] 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 might have implications for the analysis of the impact of the COVID-19 pandemic on unplanned cross-border healthcare in the EU.

1. Introduction

If a person needs unplanned necessary healthcare while temporarily staying abroad (i.e., outside the competent Member State where the person is insured), 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 must 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 2021[13]. 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.

[13] In total, 29 Member States were able to provide data, while for three Member States (IT, CY, and IS) data were not received. For these Member States, data from previous reference years are used when available. This is always mentioned in a footnote.

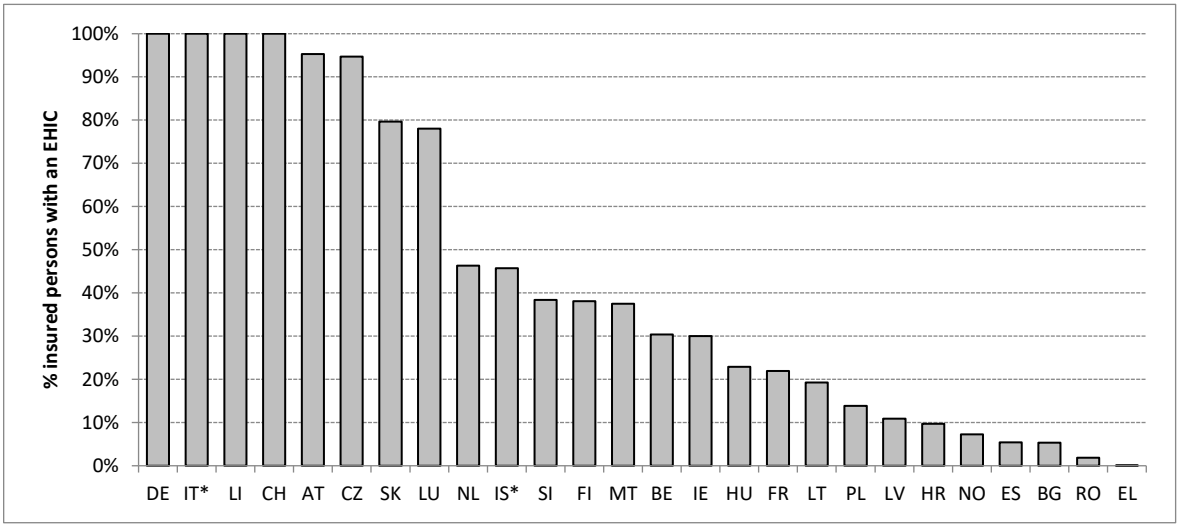
2. The number of EHICS issued and in circulation

Table 1 gives an overview of the number of EHICs and PRCs issued in 2021, as well as the number of EHICs in circulation, meaning valid EHICs. Furthermore, the number of insured persons was requested to put the numbers into perspective. An estimated number of 235 million EHICs were in circulation in 2021.

The share of insured persons with an EHIC varies greatly between the different Member States, ranging from only 2 % or less in Romania and Greece to (almost) 100% in Germany, Italy (data 2020), Liechtenstein, Switzerland, 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[14] of 12 June 2009 concerning the European Health Insurance Card states: *"When exceptional circumstances[15] 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[16] issued the highest number of PRCs. When compared to the number of EHICs in circulation (see last column of *Table 1*), especially Denmark and Spain stand out with a value of over 15 %.

Figure 2 - Percentage of insured persons with an EHIC, 2021



* IT: data 2020; IS: data 2019.

Source: Administrative data EHIC Questionnaire 2022

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

15 "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).

16 Every time a Danish citizen asks for an EHIC, a PRC is issued and sent by digital post to the insured person. The PRC covers the period until the person receives his/her EHIC. This procedure was introduced because many persons often apply for the EHIC shortly before they go abroad.

Table 1 - The number of EHICs and PRCs issued, 2021

MS	Number of EHICs issued	Number of PRCs issued (A)	Total number of EHICs in circulation (B)	Number of insured persons (C)	% Insured persons with an EHIC (B/C)	Ratio EHIC in circulation compared to PRC issued (A/B)
BE	3 076 160	32 658	3 493 313	11 499 246	30.4 %	0.9 %
BG	105 261	11 042	307 921	5 776 379	5.3 %	3.6 %
CZ	app. 1 500 000	25 182	app. 10 000 000	10 557 134	94.7 %	0.3 %
DK*	559 648	621 831	3 553 766	5 800 000		17.5 %
DE**			74 million	74 million	100.0 %	
EE	95 254	27 814	n.a.	1 273 743		
IE	283 338	36 155	1 442 038	4 800 393***	30.0 %	2.5 %
EL	6 285	157	4 981	8 789 190	0.1 %	3.2 %
ES	1 695 869	446 603	2 652 556	49 197 881	5.4 %	16.8 %
FR	5 929 921	1 855 043	14 899 138	67 853 633	22.0 %	12.5 %
HR	94 975	1 927	396 868	4 082 930	9.7 %	0.5 %
IT*			app. 60 million	app. 60 million	100.0 %	
CY*	55 926	31	n.a.	820 000		
LV	80 645	1 231	258 232	2 368 517	10.9 %	0.5 %
LT	104 551	28 895	566 035	2 933 396	19.3 %	5.1 %
LU	173 702	8 621	723 348	926 831	78.0 %	1.2 %
HU***	271 477	10 435	950 569	4 144 051	22.9 %	1.1 %
MT	27 874	87	197 137	525 285	37.5 %	0.0 %
NL	2 628 622	11 951	8 058 082	17 385 000	46.4 %	0.1 %
AT	1 613 132	22 608	8 645 639	9 075 173	95.3 %	0.3 %
PL	1 759 002	11 873	4 742 024	34 202 895	13.9 %	0.3 %
PT	395 804	4 363	1 213 732	n.a.		0.4 %
RO	187 953	9 691	302 628	16 420 342	1.8 %	3.2 %
SI	499 798	55 840	805 812	2 100 402	38.4 %	6.9 %
SK	464 122	29 915	4 125 206	5 176 211	79.7 %	0.7 %
FI	1 079 396	2 138	2 116 295	5 556 508	38.1 %	0.1 %
SE	818 791	4 022	2 712 111			
IS*	62 753	12 926	162 618	355 766	45.7 %	7.9 %
LI	928	6	36 242	36 242	100.0 %	0.0 %
NO	413 664	4 543	393 000	5 425 270	7.2 %	1.2 %
CH	3 300 000		8 800 000	8 800 000	100.0 %	
UK	2 440 302	8 839	19 273 507			0.0 %
Total**			**± 234 800 000**			

* CY and IS: data 2019. For IT data on the number of insured persons from 2020 is imputed as it is assumed that ever insured person in Italy has an EHIC. DK: data number of insured persons 2020.

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

*** Number of insured persons in IE is an estimation as it is known that approximately 30.04 % of insured persons has an EHIC and the number of EHICs in circulation was known.

**** DE: since the EHIC is usually shown on the back of the national health insurance card, it can be assumed that it is available almost nationwide in Germany. Based on data provided in previous years, it is estimated that around 74 million persons are insured in Germany.

***** HU: The number of insured persons applies to insured persons with full social security coverage. However, in total, some 9 258 250 persons are entitled to an EHIC and therefore the coverage ratio of EHIC is 10.3 %.

Source: Administrative data EHIC Questionnaire 2022

Member States were asked to report any specific legislative or administrative changes that influenced the evolution of the number of EHICs issued during 2021. In Austria, from January 2020 until December 2023, all national entitlement documents ('e-cards') for people aged 14 and over will be exchanged to add a photo. This affects the EHIC as well, as the EHIC is on the back side of the e-card[17]. Norway indicated that they started using a new system allowing those with a bank ID to apply for an EHIC through internet self-service. Furthermore, the United Kingdom remarked that due to the impact of the UK leaving the EU and the implementation of the Withdrawal Agreement, the volume of UK citizens eligible for a UK EHIC is reduced. For a UK citizen to be eligible for an EHIC, they need to demonstrate they are covered by the Withdrawal Agreement. 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. None of the reporting Member States stated that they have such evidence.

17 For further information see www.chipkarte.at/foto.

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 look at the differences between the Member States in this regard. *Table 2* shows 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 and Slovakia) also introduced a mobile application for requesting the card. Furthermore, in the Netherlands, the EHIC can be requested through social media (WhatsApp, Twitter, and Facebook).

Belgium, Poland, and the United Kingdom reported a change of the EHIC procedure in 2021. In Belgium (in the Dutch-speaking part), since 2022, it is possible to receive a digitalised EHIC available on smartphones, while the paper EHIC is still available on demand. The application for an EHIC was simplified in Poland and the scope of data was minimised. In the United Kingdom, following Brexit, CRA EHICs (now 'UK EHICs'[18]) were introduced for persons insured under the Withdrawal Agreement.

The time it takes to issue an EHIC in 2021 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 how a PRC is issued to insured persons who are currently on a temporary stay abroad. Over the years, this procedure has not changed remarkably. Only Spain reported a change in procedure compared to 2020. Currently, if you have a digital certificate, or by text message, you can directly obtain the PRC online. In this way the interested party can immediately obtain the PRC without the need for anyone to send it to him/her.

[18] See https://www.nhs.uk/using-the-nhs/healthcare-abroad/apply-for-a-free-uk-global-health-insurance-card-ghic/

Table 2 - Issuing procedure of EHIC and PRC, 2021

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, desk, guichet, webapp, email	from immediately (request in an office building) to up to 3-5 working days	e-mail, fax, internet, webapp, telephone
BG	personally, 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, phone, ESSSI
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, post, desk	max 14 days (on average it takes 4-5 working days)	internet, e-mail, telephone
IE	internet, post, desk	5 up to 10 working days	fax, e-mail
EL	e-EFKA: only electronically, e-mail	e-EFKA: the next day	e-mail
ES	desk, internet, telephone, text message	approximately 5 days	fax, e-mail, online
FR	internet, telephone, e-mail, or desk	General scheme: 5 days at most Agricultural scheme: 11 days on average	internet, e-mail, post
HR	internet, desk, post, automated machines	1.62 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, desk	13 days	e-mail, fax, post, internet
HU	desk, post, e-mail, internet	immediately at the desk, otherwise max 8 days	fax, e-mail
MT	through 'Mobile App', 'e-Forms', post, desk	5 working days	e-mail, fax, EESSI
NL	telephone, fax, e-mail, social media (WhatsApp, Twitter, Facebook)	one week on average, varies from 2-10 days	by any available means of communication
AT	issued automatically (replacement card: 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, post, Electronic Platform of Public Administration Services (ePUAP)
PT	e-mail, fax, internet, desk	4-5 days	post, e-mail
RO	internet, post	7 working days	e-mail, EESSI
SI	internet, text message, desk	7 working days	fax, e-mail
SK	post, fax, e-mail, internet, desk, mobile application	5 to 14 days	post, e-mail, mobile application
FI	telephone, post, internet, desk	Around a week	e-mail
SE	internet, fax, e-mail	Up to 10 working days	fax (in rare cases e-mail)
IS	internet, telephone, e-mail	3 days	e-mail, internet, fax
LI	internet, telephone, post, fax	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
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

Source: Update based on administrative data EHIC Questionnaire 2022

Table 3 gives an overview of the validity period of the EHIC for all Member States. Only Poland reported a change in the validity period of the EHIC in 2021 compared to 2020. The validity period has been extended for specific groups. Due to the increased interest in obtaining the EHIC, Poland decided to extend the validity period for 20 years for persons receiving retirement benefits who have reached retirement age (60 years of age for women and 65 years of age for men) and up to the age of 18 for children under 18 who are registered for the health insurance as a family member or receive pension as their own title for the insurance. Furthermore, they extended the validity of the EHIC for 6 months for persons employed based on an agency contract, order contract or other contract for providing services. The extension of the validity period will reduce the frequency of applying for EHIC and does not considerably increase the risk of unauthorized use of EHIC.

In general, the period of validity varies significantly among Member States and between categories/situations (active population, posted workers, family members, children,

students, pensioners, etc.) *(Table 3)*. For instance, in Belgium an EHIC is valid for 1 to 2 years, whereas in the Czech Republic the validity period amounts to 10 years. Nevertheless, the period of validity of the EHIC is limited in all Member States. Some Member States have defined a (much) longer validity period of EHICs issued to pensioners (e.g., PL (20 years), BG (10 years), LT (6 years), LU (12-60 months), AT (10 years), SI (5 years) and IS (5 years)).

Table 3 - Validity period of the EHIC, 2021

MS	Validity period of the EHIC
BE	2 years (pensioners), until 31/12 of the calendar year following the year of issuing, depending on the information on the entitlement (other insured persons), two years maximum (all)
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), from 2 months to 1 year (Undergraduate, postgraduate, and doctoral students), 3 years (military staff and their children up to 15 years old), 2 years (military staff and their children up to 16 years old), 1 year (military staff and their children from 17 to 26 years), 4 years (transfer/placements by order), 1 year (navy for educational reasons)
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	2 years
HR	3 years (all insured persons), 1 year (unemployed), 1 year (students and pupils)
IT	6 years
CY	max 5 years
LV	3 years
LT	2 months (unemployed), 4 years (employed), 10 years (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), 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	20 years (persons receiving retirement benefits who have reached retirement age (60 years of age for women and 65 years of age for men)), up to the age of 18 (children under 18 who are registered for the health insurance as a family member or receive pension as their own title for the insurance), 5 years (persons receiving retirement benefits who have not reached retirement age (60 years of age for women and 65 years of age for men),uninsured persons who are under 18 years of age and are Polish citizens (the validity period of EHIC cannot be longer than the date the person becomes 18 years old)), 3 years (employed persons, self-employed persons, persons running an agricultural or non-agricultural business activity, persons receiving a pre-retirement benefit), up to 18 months (persons over 18 years of age receiving disability pensions, persons registered for the health insurance as a family member who are aged 18 and more, children/pupils who are entitled for the insurance and are aged 18 and more, students registered for health insurance by university), up to 6 months (persons employed based on an agency contract, order contract or other contract for providing services, persons who work under a tolling contract, uninsured persons entitled for health insurance under the national law), up to 2 months (e.g., unemployed persons), up to 90 days (persons who meet the income criterion for receiving social assistance benefits), up to 42 days (e.g. uninsured 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
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
UK	5 years, length of course (students), length of visa (Limited Leave to Remain), 1 year (Gibraltar EHIC)

Source: Update based on administrative data EHIC Questionnaire 2022

4. Raising awareness

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 2021 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 *(Table A1 in Annex I)*.[19] 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.[20] 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). If anything, some Member States reported that there was less focus on information campaigns for EHIC because of the COVID-19 pandemic (LV, FI, and NO). In the summer of 2021, the Danish Patient Safety Authority published a press release about the coverage on the EHIC during a temporary stay abroad and the consequences of COVID-19.

To inform insured persons about the EHIC, most Member States refer to websites. For example, Romania created a new website containing information relating solely to EHIC and PCR[21]. 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 SE) mentioned the use of social media to reach a wider audience and inform insured persons. Several Member States (LV, SI, 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 NCP promoted patients' rights on social media. These social media campaigns shared information on seeking treatment abroad and receiving health care while travelling. In addition, the Finnish NCP organized a campaign on social media targeted to exchange students to inform them about their rights to treatment abroad. The campaigns increased visits to the Finnish NCP's website[22].

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.[23] The EU Commission also launched an online campaign with videos, which were published on the most common video sharing sites.

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19 See also the report published by the EC - DG Sante ("Study on cross-border health services: enhancing information provision to patients"): https://health.ec.europa.eu/publications/final-report-study-cross-border-health-services-enhancing-information-provision-patients_en

20 For the list of national contact points see: https://hadea.ec.europa.eu/programmes/horizon-europe/health/national-contact-points_en

21 See https://www.cardeuropean.ro/

22 See https://www.eu-healthcare.fi/

23 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 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[24]. 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[25]. 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.[26]

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.[27] This implies that, for 2021, the E125 forms/SEDs 080 received/issued are (mainly) applicable to necessary healthcare provided in 2020.[28] Moreover, Decision H11 of the Administrative Commission[29] 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 might have implications for the analysis of the impact of the COVID-19 pandemic on unplanned cross-border healthcare in the EU.

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24 Article 25(4) of the Implementing Regulation.

25 Article 25(5) of the Implementing Regulation.

26 Article 25(6) of the Implementing Regulation. No information is collected about the content of these provisions.

27 In case the claim is recorded in October 2021 by the Member State of stay it should be introduced to the competent Member State up to 31 December 2022. 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.

28 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 in *Table a2, Table a3, Table a4, and Table a5 in Annex II.*

29 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

For reimbursement from the perspective of the competent Member State, Member States were asked about the number of E125 forms received (see first case above in *section 5.1*, 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 for reimbursement of the costs of medical treatments provided by the Member State of temporary stay were received by France (a total number of 794 189 forms received[30]), Germany (a total number of 397 014 forms received), the United Kingdom (a total number of 258 261 forms received), and Italy (a total number of 242 273 forms received, data 2020) (*Table 4*). In terms of amount claimed/paid, Germany comes out on top, as 25 % of all EU-27 claims for reimbursement of the costs of medical treatments provided by the Member State of temporary stay concerned Germany, namely EUR 172.1 million related to the number of E125 forms received. Furthermore, the total amount claimed/paid surpassed EUR 50 million in France, Romania, and Spain.

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. Only in Belgium (49.5 %), most claims for reimbursement are settled via a national method other than those provided by Articles 25(4) and (5) of the Implementing Regulation. This share is also on the high side in France (26.1 %), Finland (19.9 %), and Greece (18.6 %). However, in France, the share in the total amount paid via this other procedure is much lower (8.6 % compared to 26.1 %).

In *Annex II* the individual claims of reimbursement received from the Member States of treatment are reported (*Table a2*) as well as the amount paid (*Table a3*). A visualisation of these tables is provided in *Figure a1* and *Figure a2* respectively in Annex IV. In absolute terms, the highest number of claims for reimbursement were received by France for necessary unplanned healthcare in Portugal (332 487), Belgium (215 843), and Spain (139 571). Furthermore, the flows from Germany to Poland (Member State of treatment), and from the United Kingdom to Poland are considerable (*Table a2*).

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 Latvia, Bulgaria, and Romania show a cross-border expenditure of more than 0.5 % of total healthcare spending related to benefits in kind. There is a clear difference between EU-13 and EU-14 Member States, as 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 claimed/paid for years 2017 to 2021. For most competent Member States, the number of claims received as well as the amount to be reimbursed decreased in 2021 compared to 2020. These figures for 2021 are much lower than before the COVID-19 pandemic.

[30] However, only for 35 174 the amount is already paid, it therefore concerns the number of forms for which an amount is claimed.

Table 4 - Reimbursement by the competent Member State, 2021

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*****	39 349	31 340 837	7 266	2 207 810	42 751	4 125 559	92 366	37 674 206	0.12 %	42.6 %	7.9 %	49.5 %	83.2 %	5.9 %	11.0 %
BG	26 594	26 386 488	149	300 715			26 743	26 687 203	1.01 %	99.4 %	0.6 %	0.0 %	98.9 %	1.1 %	0.0 %
CZ	32 526	15 683 549	960	98 911			33 486	15 782 460	0.13 %	97.1 %	2.9 %	0.0 %	99.4 %	0.6 %	0.0 %
DK	13 272	10 323 648	2 025	365 921			15 297	10 689 569	0.06 %	86.8 %	13.2 %	0.0 %	96.6 %	3.4 %	0.0 %
DE	392 212	172 106 314	4 802				397 014	172 106 314	0.06 %	98.8 %	1.2 %	0.0 %			
EE	4 040	2 784 383	230	63 495			4 270	2 847 877	0.24 %	94.6 %	5.4 %	0.0 %	97.8 %	2.2 %	0.0 %
IE	17 697	10 966 198					17 697	10 966 198	0.07 %						
EL	520	222 555			119		639	222 555	0.00 %	81.4 %	0.0 %	18.6 %			
ES	81 772	57 446 552	1 760	481 207			83 532	57 927 759	0.09 %	97.9 %	2.1 %	0.0 %	99.2 %	0.8 %	0.0 %
FR**	583 063	134 691 367	3 660	776 004	207 466	12 714 333	794 189	148 181 704	0.07 %	73.4 %	0.5 %	26.1 %	90.9 %	0.5 %	8.6 %
HR	11 875	9 081 741	553				12 428	9 081 741	0.27 %	95.6 %	4.4 %	0.0 %			
IT*	240 848		1 384		41		242 273			99.4 %	0.6 %	0.0 %			
CY															
LV	5 670	12 343 387	84	18 805	15	29 475	5 769	12 391 667	1.14 %	98.3 %	1.5 %	0.3 %	99.6 %	0.2 %	0.2 %
LT	7 026	9 211 687	607	134 608	10	583	7 643	9 346 879	0.46 %	91.9 %	7.9 %	0.1 %	98.6 %	1.4 %	0.0 %
LU															
HU***	9 245	6 382 718	317	135 517			9 562	6 518 235	0.11 %	96.7 %	3.3 %	0.0 %	97.9 %	2.1 %	0.0 %
MT	572	237 405	8	5 052	0	0	580	242 457	0.04 %	98.6 %	1.4 %	0.0 %	97.9 %	2.1 %	0.0 %
NL	57 236	43 018 359	<5	256	9 383	2 243 317	66 622	45 261 931	0.07 %	85.9 %	0.0 %	14.1 %	95.0 %	0.0 %	5.0 %
AT	50 881	19 593 530	731	0	0	0	51 612	19 593 530	0.07 %	98.6 %	1.4 %	0.0 %			
PL***	62 043	31 594 837	3 456	911 133	9 126	4 197 743	74 625	36 703 713	0.17 %	83.1 %	4.6 %	12.2 %	86.1 %	2.5 %	11.4 %
PT	36 882	4 309 697	317	107 552			37 199	4 417 249	0.04 %	99.1 %	0.9 %	0.0 %	97.6 %	2.4 %	0.0 %
RO	18 290	66 226 551	272	154 339	0	0	18 562	66 380 890	0.70 %	98.5 %	1.5 %	0.0 %	99.8 %	0.2 %	0.0 %
SI	14 026	7 607 719	227	172 284			14 253	7 780 004	0.26 %	98.4 %	1.6 %	0.0 %	97.8 %	2.2 %	0.0 %
SK	26 313	14 201 472	775	352 888	503	72 747	27 591	14 627 107	0.31 %	95.4 %	2.8 %	1.8 %	97.1 %	2.4 %	0.5 %
FI***	13 400	5 360 000	90	13 902	3 352	3 195 963	16 842	8 569 865	0.06 %	79.6 %	0.5 %	19.9 %	62.5 %	0.2 %	37.3 %
SE	26 793		1 479		0		28 272			94.8 %	5.2 %	0.0 %			
IS															
LI															
NO			369	132 758			369	132 758	0.00 %						
CH	41 949						41 949								
UK	252 354		5 794	597 146	113		258 261	597 146	0.00 %	97.7 %	2.2 %	0.0 %			
EU-27**	**1 772 145**	**691 120 994**	**31 155**	**6 300 397**	**275 766**	**26 579 720**	**2 079 066**	**724 001 111**	**0.07 %**	**91.3 %**	**2.9 %**	**5.7 %**	**94.5 %**	**1.6 %**	**3.9 %**

* IT: data 2020.

** EU-27: the average percentages are unweighted averages.

*** For HU, PL, and FI it concerns the amount claimed for E125 received, not the amount paid. For FI data on E125 received are estimates.

**** FR: for E125 received, it concerns the number of forms for the amount claimed, as well as the amount claimed instead of the amount paid. For the amount paid, 35 174 forms are reported for EUR 18 182 126.36.

***** BE: number of E125 received only concerns forms received electronically. For E125 received it concerns the amount claimed instead of the amount paid.

Source: Administrative data EHIC Questionnaire 2022

Table 5 - Evolution of the number of claims received (E125) and amount paid by the competent Member State, 2017-2021

	E125 forms received							Amount paid (in €)						
	2017	2018	2019	2020	2021	Change in number of claims 2021 vs. 2020	% Change 2021 vs. 2020	2017	2018	2019	2020	2021	Change in number of claims 2021 vs. 2020	% Change 2021 vs. 2020
BE	47 213	44 306	60 579	53 160	39 349	-13 811	-26 %	32 644 222	47 650 399	48 423 716		31 340 837		
BG	48 307	27 088	20 961	51 441	26 594	-24 847	-48 %	29 125 472	20 575 676	52 528 293	50 408 330	26 386 488	-24 021 842	-48 %
CZ	41 715	45 050	45 894	42 493	32 526	-9 967	-23 %	19 526 710	20 225 316	21 082 013	19 011 697	15 683 549	-3 328 149	-18 %
DK	20 870	23 852	25 774	26 445	13 272	-13 173	-50 %	9 191 351	12 124 217	12 962 953	3 134 958	10 323 648	7 188 689	229 %
DE	562 454	547 076	559 175	522 625	392 212	-130 413	-25 %	228 765 682	219 630 849	251 407 990	221 661 761	172 106 314	-49 555 447	-22 %
EE	6 344	7 678	4 859	6 064	4 040	-2 024	-33 %	2 885 953	7 637 246	3 918 489	5 564 919	2 784 383	-2 780 537	-50 %
IE	38 505	29 986	30 557	31 884	17 697	-14 187	-44 %	12 073 874	11 282 798	11 745 985	13 140 746	10 966 198	-2 174 548	-17 %
EL		16 344	16 344	13 325	520	-12 805	-96 %		15 199 952	15 199 952	13 479 453	222 555	-13 256 898	-98 %
ES	106 264	101 022	81 115	76 612	81 772	5 160	7 %	70 419 940	60 237 380	55 624 712	44 032 353	57 446 552	13 414 199	30 %
FR*	195 710	184 506	184 506	234 512	583 063	348 551	149 %	103 365 056	121 184 596	121 184 596	91 317 657	134 691 367	43 373 710	47 %
HR	14 676	13 495	15 085	13 315	11 875	-1 440	-11 %	8 085 130	8 152 210	8 742 086	7 655 959	9 081 741	1 425 781	19 %
IT	182 672	290 178	290 178	240 848				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	5 670	-805	-12 %	2 705 759	5 388 163	3 118 557	5 976 415	12 343 387	6 366 973	107 %
LT	9 481	8 792	8 824	9 345	7 026	-2 319	-25 %	8 690 845	7 661 360	8 363 021	10 171 445	9 211 687	-959 757	-9 %
LU														
HU	21 805	18 479	18 674	15 895	9 245	-6 650	-42 %	11 888 216	10 784 135	10 412 916	8 908 334	6 382 718	-2 525 616	-28 %
MT	1 513	1 980	1 157	1 314	572	-742	-56 %	576 462	45 506	737 101	257 000	237 405	-19 595	-8 %
NL	78 465	90 533	87 409	84 063	57 236	-26 827	-32 %	56 953 247	62 330 938	78 369 190	69 857 914	43 018 359	-26 839 555	-38 %
AT	114 511	92 142	87 455	58 461	50 881	-7 580	-13 %	36 093 411	27 398 192	30 064 621	23 722 737	19 593 530	-4 129 207	-17 %
PL	80 697	76 811	79 108	71 590	62 043	-9 547	-13 %	49 515 980	128 784 453	122 037 817	52 533 482	31 594 837	-20 938 645	-40 %
PT	39 747	37 603	39 037	40 646	36 882	-3 764	-9 %	13 335 791	41 555 169	43 188 975	4 990 877	4 309 697	-681 181	-14 %
RO	47 085	0	29 077	29 056	18 290	-10 766	-37 %	49 358 133	0	35 248 192	36 945 765	66 226 551	29 280 786	79 %
SI	59 273	19 516	19 516	19 250	14 026	-5 224	-27 %	19 301 621	4 286 196	4 286 196	7 186 609	7 607 719	421 110	6 %
SK	40 936	33 396	32 863	33 751	26 313	-7 438	-22 %	17 224 481	15 242 326	15 832 268	17 672 727	14 201 472	-3 471 256	-20 %
FI	17 800	25 300	23 500	9 700	13 400	3 700	38 %	6 798 000	8 850 000	7 500 000	4 150 000	5 360 000	1 210 000	29 %
SE	49 192	60 131		38 404	26 793	-11 611	-30 %	27 473 212	21 657 364		15 375 798			
IS	4 240	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	41 949	-20 297	-33 %							
UK		156 573	156 573	320 690	252 354	-68 336	-21 %		101 116 319	101 116 319				
EU-27*				**1 489 826**	**1 531 297**	**41 471**	**3 %**				**711 781 140**	**659 780 157**	**-52 000 983**	**-7 %**

* EU-27: calculated for Member States that provided data for both 2020 and 2021.

** FR: it concerns the number of forms for the amount claimed, as well as the amount claimed instead of the amount paid. For the amount paid, 35 174 forms are reported for EUR 18 182 126.36 in 2021.

Source: Administrative data EHIC Questionnaire 2018-2022

5.2.2. From the perspective of the Member State of stay

Next, it is possible to look 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 *section 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 Belgium (325 614 forms, including 323 436 E125 forms), Spain (302 980 E125 forms), and Germany (251 710 forms, including 243 256 E125 forms) (*Table 6*). Both Portugal and Poland are close runners-up with more than 200 000 forms each. The highest amounts of reimbursement were claimed by Germany (EUR 187.2 million), Spain (EUR 166.7 million), and France (EUR 114.5 million).

On average, 95 % 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 in Switzerland (25.7 %), Norway (19.6 %), France (18.2 %), and Latvia (11.7 %). In these Member States, more than in others, the insured person had to pay the cost of the treatment and asked for reimbursement by the competent Member State after returning home. Nonetheless, for France and Latvia, the amount covered by the E126 forms compared to the amount covered by the E125 forms appears to be (much) lower.

In *Annex II* the individual claims for reimbursement issued to the competent Member States are reported (*Table a4*), as well as the amounts received (*Table a5*). A visualisation of these tables is provided in *Figure a3* and *Figure a4* respectively in *Annex IV*. Most claims were sent to France for the reimbursement of necessary unplanned care provided in Belgium (264 737 forms), to France for the reimbursement of necessary unplanned care provided in Portugal (146 814 forms), and sent to Germany for unplanned care provided in Poland (108 914 forms) and Austria (79 590 forms).

From the perspective of the Member State of treatment, it is also useful to know how high claims are in relative terms. Only Belgium, Croatia, Malta, Austria, and Spain claimed an amount higher than 0.2 % 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 0.06 %. On average, the budgetary impact amounts to 0.08 %, which is equal to the share in 2020.

In 2021, the number of claims for reimbursement of necessary unplanned care issued by the Member State of treatment has remained relatively stable compared to 2020 *(Table 7)*. The number of claims for reimbursement decreased by 3.0 %. Although in most Member States a decrease can be noted, of the growths in Spain (+87 %) and Portugal (+198 %) are noticeable. For both 2020 and 2021, the claimed amounts for most Member States of stay are (much) lower than before the COVID-19 pandemic.

Table 6 - Reimbursement to the Member State of stay or to the insured person, 2021

MS	E125 issued		E126 received		Total			Number of forms		Amount	
	Number of forms	Amount received (in €)	Number of forms	Amount received (in €)	Number of forms	Amount received (in €)	Share in total healthcare spending related to benefits in kind	E125	E126	E125	E126
BE* **	323 436	92 227 316	2 178	658 154	325 614	92 885 471	0.30 %	99.3 %	0.7 %	99.3 %	0.7 %
BG	8 027	2 004 429	324		8 351	2 004 429	0.08 %	96.1 %	3.9 %		
CZ	34 196	6 776 247	622		34 818	6 776 247	0.06 %	98.2 %	1.8 %		
DK** **	8 518	5 391 829	176		8 694	5 391 829	0.03 %	98.0 %	2.0 %		
DE	243 256	184 186 016	8 454		251 710	184 186 016	0.06 %	96.6 %	3.4 %		
EE	3 506	1 077 152	93	17 654	3 599	1 094 805	0.09 %	97.4 %	2.6 %	98.4 %	1.6 %
IE	4 497	3 676 513			4 497	3 676 513	0.02 %				
EL	<5	17			<5	17	0.00 %				
ES	302 980	166 691 977			302 980	166 691 977	0.25 %				
FR* **	37 082	112 400 047	8 246	2 096 326	45 328	114 496 373	0.06 %	81.8 %	18.2 %	98.2 %	1.8 %
HR	97 752	16 234 186	2 428		100 180	16 234 186	0.49 %	97.6 %	2.4 %		
IT*	136 527				136 527						
CY											
LV	872	385 428	116	34 184	988	419 612	0.04 %	88.3 %	11.7 %	91.9 %	8.1 %
LT	2 081	571 373	140	27 364	2 221	598 736	0.03 %	93.7 %	6.3 %	95.4 %	4.6 %
LU											
HU	11 296	2 947 105	56	9 670	11 352	2 956 775	0.05 %	99.5 %	0.5 %	99.7 %	0.3 %
MT	5 201	1 760 204	13	5 299	5 214	1 765 503	0.29 %	99.8 %	0.2 %	99.7 %	0.3 %
NL	87 976	44 954 569	2 956		90 932	44 954 569	0.07 %	96.7 %	3.3 %		
AT	127 447	70 760 888	3 413	0	130 860	70 760 888	0.27 %	97.4 %	2.6 %	100.0 %	0.0 %
PL* **	203 835	19 963 906	283	27 960	204 118	19 991 866	0.09 %	99.9 %	0.1 %	99.9 %	0.1 %
PT	216 334	5 249 631	2 915	716 888	219 249	5 966 519	0.05 %	98.7 %	1.3 %	88.0 %	12.0 %
RO	3 303	1 526 660	323	15 756	3 626	1 542 416	0.02 %	91.1 %	8.9 %	99.0 %	1.0 %
SI	14 887	4 481 419	169		15 056	4 481 419	0.15 %	98.9 %	1.1 %		
SK	12 601	1 613 876	304	37 304	12 905	1 651 180	0.03 %	97.6 %	2.4 %	97.7 %	2.3 %
FI* **	8 510	5 718 897	823		9 333	5 718 897	0.04 %	91.2 %	8.8 %		
SE	29 386		223		29 609			99.2 %	0.8 %		
IS											
LI	878	646 651	<5	3 100	880	649 751		99.8 %	0.2 %	99.5 %	0.5 %
NO	768	703 676	187		955	703 676	0.00 %	80.4 %	19.6 %		
CH*** **	33 326	59 298 647	11 533		44 859	59 298 647	0.14 %	74.3 %	25.7 %		
UK* **	12 684	11 412 131			12 684	11 412 131	0.01 %				
EU-27**	**1 923 507**	**750 599 683**	**34 255**	**3 646 559**	**1 957 762**	**754 246 242**	**0.08 %**	**94.6 %**	**5.4 %**	**97.4 %**	**2.6 %**

* IT: data 2020.

** EU-27: the average percentages are unweighted averages.

*** For BE, FR, PL, FI, and UK it concerns the amount claimed for E125 issued, not the amount received. For FR the number of forms concerns the number of forms claimed. For FI data on E125 received are estimates.

**** DK: provided data only include requests for reimbursement rates received between 1 January and 5 December 2021. Data on the number of requests received between 6 December and 31 December 2021 are not included. From 6 December 2021 the Danish regional authorities have been using EESSI, and SEDs S067 have been exchanged directly between the regional authorities and Member State of stay.

*****CH: E126 received concerns the number of invoices, not the number of forms.

Source: Administrative data EHIC Questionnaire 2022

Table 7 - Evolution of the number of claims issued (E125) and amount claimed by the Member State of treatment, 2017-2021

	E125 forms issued							Amount claimed (in €)						
	2017	2018	2019	2020	2021	Change in number of claims 2021 vs. 2020	% change 2021 vs. 2020	2017	2018	2019	2020	2021	Change in number of claims 2021 vs. 2020	% change 2021 vs. 2020
BE	66 889	69 310	69 310	392 300	323 436	-68 864	-18%	86 941 856	88 390 949	89 991 289		92 227 316		
BG	4 748	6 867	6 091	7 228	8 027	799	11 %	1 097 197	1 785 396	1 708 979	2 542 974	2 004 429	-538 545	-21 %
CZ	52 577	52 164	51 166	39 697	34 196	-5 501	-14 %	13 050 021	14 216 387	15 947 032	14 084 004	6 776 247	-7 307 758	-52 %
DK	4 239	11 684	7 594	15 389	8 518	-6 871	-45 %	2 143 563	4 561 362	4 734 063	3 006 383	5 391 829	2 385 446	79 %
DE	390 588	346 339	335 102	300 507	243 256	-57 251	-19 %	221 466 274	209 673 688	216 049 994	198 334 940	184 186 016	-14 148 924	-7 %
EE	5 315	10 039	8 478	3 649	3 506	-143	-4 %	1 131 312	1 591 817	1 516 434	1 807 298	1 077 152	-730 146	-40 %
IE	18 744	20 284	17 289	12 502	4 497	-8 005	-64 %	1 636 829	3 899 343	3 625 302	2 465 900	3 676 513	1 210 613	49 %
EL		52 634	52 634	7 796	<5	-7 795	-100 %		4 884 160	4 884 160	9 146 600	17	-9 146 583	-100 %
ES	393 134	447 505	392 550	161 821	302 980	141 159	87 %	188 589 526	214 305 342	206 032 525	78 857 220	166 691 977	87 834 757	111 %
FR	82 245	79 327	79 327	67 097	37 082	-30 015	-45 %	166 298 633	169 541 854	169 541 854	152 163 355	112 400 047	-39 763 309	-26 %
HR	120 167	134 778	137 889	128 890	97 752	-31 138	-24 %	14 449 124	15 581 043	16 858 366	15 905 008	16 234 186	329 178	2 %
IT	142 219	155 144	155 144	136 527				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	872	-2 574	-75 %	225 498	293 608	322 124	427 065	385 428	-41 637	-10 %
LT	3 621	4 119	4 834	4 327	2 081	-2 246	-52 %	732 076	723 001	970 289	873 226	571 373	-301 853	-35 %
LU														
HU	20 144	20 275	19 497	11 566	11 296	-270	-2 %	4 233 122	4 457 117	4 049 205	2 073 285	2 947 105	873 821	42 %
MT	5 111	6 107	7 451	2 972	5 201	2 229	75 %	989 189	1 465 453	2 113 381	934 909	1 760 204	825 295	88 %
NL	49 332	24 706	282 730	112 825	87 976	-24 849	-22 %	54 762 440	30 862 794	148 387 979	47 595 648	44 954 569	-2 641 079	-6 %
AT	238 237	236 139	237 895	200 304	127 447	-72 857	-36 %	115 905 327	119 524 723	115 334 850	108 270 765	70 760 888	-37 509 877	-35 %
PL	231 439	228 906	229 685	207 846	203 835	-4 011	-2 %	24 144 540	24 504 400	24 067 900	24 149 391	19 963 906	-4 185 485	-17 %
PT	144 698	59 668	152 629	72 545	216 334	143 789	198 %	25 453 835	9 873 985	25 438 387	4 031 474	5 249 631	1 218 156	30 %
RO	2 099		846	2 745	3 303	558	20 %	985 308	0	530 442	1 282 788	1 526 660	243 871	19 %
SI	15 762	16 624	16 624	13 071	14 887	1 816	14 %	4 270 674	4 293 424	4 293 424	4 786 208	4 481 419	-304 789	-6 %
SK	32 726	67 481	33 570	26 045	12 601	-13 444	-52 %	3 914 611	7 236 290	6 829 098	5 567 154	1 613 876	-3 953 279	-71 %
FI	7 614	6 796	7 106	5 964	8 510	2 546	43 %	5 024 910	4 906 878	5 168 114	4 707 813	5 718 897	1 011 083	21 %
SE	26 088	31 433	19 962	44 218	29 386	-14 832	-34 %	25 581 038	23 304 283	19 496 529				
IS	3 652	4 286						2 257 679	2 637 669					
LI	1 349	271	535	305	878	573	188 %	1 025 792	188 143	213 825	238 514	646 651	408 137	171 %
NO	618	1 557	2 074	1 720	768	-952	-55 %	466 573	7 874 704	2 315 260	2 371 478	703 676	-1 667 802	-70 %
CH	52 237	52 110	46 135	35 311	33 326	-1 985	-6 %	70 963 100	77 595 651	71 342 568	56 768 400	59 298 647	2 530 247	4 %
UK		15 081	15 081	18 777	12 684	-6 093	-32 %		20 448 034	20 448 034	38 461 778	11 412 131	-27 049 646	-70 %
EU-27*				**1 844 750**	**1 786 980**	**-57 770**	**-3 %**				**683 013 409**	**658 372 367**	**-24 641 043**	**-4 %**

* EU-27: calculated for Member States that provided data for both 2020 and 2021.

Source: Administrative data EHIC Questionnaire 2018-2022

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 (Germany, Estonia, Spain, Lithuania, Slovakia, Finland). France reported there are a few of these cases, and Croatia also stated there are such cases. Only Romania could quantify that there were 12 such cases in reference year 2021.

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 this interpretation 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, 14 Member States[31] were aware of refusals of EHICs in their own country, while 13 Member States [32] were unaware of any refusals in their country. Concerning refusals in another Member State, 19 Member States[33] were aware of this happening, whereas 6 Member States[34] reported no such cases occurred in 2021.

Table a6 in *Annex III* shows the detailed replies to this question. Although Member States try to raise awareness among healthcare providers by for instance setting up information campaigns (see *section 4*), it appears there is still a lack of information. This lack of knowledge of procedures often causes the refusal of the EHIC. Furthermore, interpretation problems arise regarding the scope of 'necessary healthcare' and the (thin) line between unplanned necessary healthcare and planned healthcare. Another reason often mentioned is the administrative burden, causing healthcare providers to refuse the EHIC altogether. For instance, there is a fear of late payments by the competent Member State, or it is experienced as a too time-consuming process. Some competent Member States reported that even with a valid EHIC some healthcare providers still request or prefer (cash) payment upfront.

[31] BE, CZ, DK, DE, EE, FR, HR, LU, HU, AT, PL, RO, SK, and CH.

[32] IE, ES, LV, LT, MT, NL, PT, SI, FI, SE, LI, NO, and UK.

[33] BE, CZ, DK, DE, EE, ES, FR, HR, HU, MT, NL, AT, PL, PT, RO, SI, FI, SE, and CH.

[34] IE, LV, LT, LI, NO, and UK.

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

- lack of information/knowledge as regards procedures
- preference of cash payment
- to avoid administrative burden
- considered as planned healthcare (e.g., in case of pregnancy/childbirth, chronically ill with pre-existing conditions)
- care is outside the scope of 'necessary healthcare'
- fear about failure to pay, insufficient payment, or late payment;
- unreadable EHIC
- doubts about the validity of the EHIC or of the PRC (e.g., because of different design, other language)

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[35] further explain the notion of necessary care, and the European Commission has issued explanatory notes[36] on the matter, most of the reporting Member States still signalled difficulties in connection with the interpretation of 'necessary healthcare' *(see Table A7 in Annex III)*. More specifically, 14 Member States[37] reported they still experience problems with this notion, whereas 12[38] did not experience problems with the alignment of rights.

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, as is often reported by Member States. First, the main problem remains the difference between unplanned necessary healthcare and planned healthcare, which healthcare providers seem to struggle with. Some Member States report difficulties even for treatments defined in Decision S3 of the Administrative Commission[39] and covered by the EHIC. 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.

35 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 must be considered as 'necessary care'.

36 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.

37 BE, CZ, DK, DE, ES, FR, AT, PL, PT, RO, FI, SE, CH, and UK.

38 EE, IE, HR, LV, LT, LU, HU, MT, NL, SI, SK, and LI.

39 Treatment provided in conjunction with chronic or existing illnesses as well as in conjunction with pregnancy and childbirth.

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".[40] 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, 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. However, some Member States note that the duration of stay is sometimes not taken into account.

6.3. Invoice rejection

A high number of reporting Member States indicated that invoices were rejected by their institutions or in other countries, namely 20 Member States[41]. Five Member States[42] were not aware of any cases of rejections by institutions in other Member States, and six[43] did not know of any rejections by their own institutions.

The reason cited most by Member States is missing or incorrect information, followed by the problem that the period of treatment is not (completely) covered by the entitlement document, for instance because the person was not insured anymore during the benefit period. Finally, a duplication of claims or double invoice seems to be a common problem as well.

Table a8 in *Annex III* gives a complete overview of the responses provided. The main reasons reported to refuse an invoice were:

- expired EHIC
- period of treatment not (entirely) covered by EHIC
- incomplete/incorrect E125 form:
  - wrong personal ID number
  - incorrect date of treatment
  - missing EHIC ID number
  - invalid EHIC ID number

[40] 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.

[41] BE, CZ, DK, DE, EE (only by institutions in other countries), IE, ES, FR, HR, LV, LT, HU, AT, PL, PT, RO, SI, FI, SE (only by own institutions), and CH.

[42] LU, MT, SK, LI, and NO.

[43] EE, LU, MT, SK, LI, and NO.

- insufficient information concerning the EHIC
- duplication of claims
- uninsured person (during the benefit period)

Twelve 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.

Most rejections in other countries were reported by Germany, namely 12 240. The unweighted average for the share of rejections in other countries in total reimbursement claims issued amounts to 5.2 %. However, there are large differences between Member States. For instance, a high percentage of claims for reimbursement from Hungary (20.3 %) and Romania (13.4 %) were rejected. For Hungary, this is a serious increase from a share of 4.8 % in 2020.

From the other perspective, Germany also rejected most claims by its own institutions, namely 4 115, followed by Romania (2 741) and the Czech Republic (2 213). The average share of rejections in total reimbursement claims received reaches 4.0 %. Once more, especially Hungary (18.3 %) and Romania (14.8 %) stand out by a high rejection share, as well as the Czech Republic (6.6 %). For Hungary, the increase compared to reference year 2020 (1.2 %) is again noticeable.

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 must 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.

However, when invoices are first rejected, they can afterwards still be accepted. For instance, Lithuania reported that out of the 78 rejections in other countries, 72 were accepted after forwarding the requested documents.

Table 8 - Number of rejection of invoices, 2021

MS	Rejections by institutions in other countries	Share of rejections in total reimbursement claims issued**	Rejections in 2020	Rejections by your institutions	Share of rejections in total reimbursement claims received***	Rejections in 2020
CZ	1 388	4.0 %	4.0 %	2 213	6.6 %	6.5 %
DK	164	1.9 %	0.4 %	62	0.4 %	0.2 %
DE	12 240	4.9 %	1.6 %	4 115	1.0 %	2.1 %
ES				46	0.1 %	0.1 %
FR	1 427	3.1 %	1.7 %	524	0.2 %	0.4 %
HR	1 086	1.1 %	0.8 %	276	2.2 %	1.6 %
LV	18	1.8 %	1.0 %	19	0.3 %	0.4 %
LT	78	3.5 %	1.1 %	102	1.3 %	0.5 %
HU	2 302	20.3 %	4.8 %	1 753	18.3 %	1.2 %
PL	924	0.5 %	0.5 %	902	1.2 %	2.4 %
RO	486	13.4 %		2 741	14.8 %	
SI	389	2.6 %		211	1.5 %	
Total*		**5.2 %**			**4.0 %**	

* Unweighted average of the reporting Member States

** For the nominator, see *Table 6*.

*** For the nominator, see *Table 4*.

Source: Administrative data EHIC Questionnaire 2022 and 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 to avoid misuse of the EHIC, the EHIC should contain an expiry date, etc.).

Whereas six Member States[44] did not find any cases of fraud or error involving EHIC, six Member States[45] did report inappropriate use. Four of these Member States were able to (partly) quantify the quantify the fraudulent or erroneous use of the EHIC (*Table 9*).

In terms of fraud, Estonia, and Croatia mention that uninsured persons sometimes use an EHIC. Furthermore, both Croatia and Spain report that persons get insured, or enter into a fictive work contract, just to obtain an EHIC.

The highest number of cases were identified by Austria (813), a slight increase from 787 cases in 2020 (*Table 9*). Estonia also reported more than 100 cases, which is in line with the previous reference year. When comparing the reported cases to the total number of claims paid, Estonia stands out with 2.7 % followed by Austria with 1.6 %, while the share stays under 0.3 % for France and Croatia. The amounts involved are all above EUR 100 000, which Austria almost reaching an amount of EUR 300 000. The monetary impact for the reporting Member States remains limited.

Table 9 - Number of cases of inappropriate use (fraud and error) of the EHIC, 2021

	Total number of cases identified in 2021*	Total amount involved in 2021 (in €)	Share in total number of claims paid in 2021	Share in total amount reimbursed in 2021	Total number of cases identified in 2020
EE	144	113 966	2.7 %	**	112
FR	5	186 836	0.0 %	0.6 %	
HR	27		0.2 %		25
AT	813	295 202	1.6 %	1.5 %	787

* Based on the question : “Are you aware of cases of fraud or error with regard to the EHIC?”

** EE reported that they believe the cases did not have a monetary impact. * 85 cases with the total sum of EUR 73 835 concerned people who were not insured in EE during treatment in another MS, but still had a valid EHIC. They have reimbursed the countries for the provided treatment, and asked these sums back from the persons concerned. Therefore these sums are not expenses of Health Insurance Fund. * 31 cases with the sum of EUR 29 469 were sent to them by mistake (persons are insured in another MS). These are not paid and the other States sent credited bills after the explanations. * 28 cases with the sum EUR 10 662 were those which are based on the wrong documents or information - again not paid and other MS sent credit bills after the explanations.

Source: Administrative data EHIC Questionnaire 2022

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. Six reporting Member States[46] were not aware of such practices. Only Switzerland and the United Kingdom reported that there are such cases present. Switzerland noted that the cases cannot be specified. The United Kingdom noted that when websites acting as intermediaries for EHIC applications which charge customers a fee are found to be in breach of UK legislation, they are reported to UK trading standards.

Finally, Member States were asked if they are aware of other problems related to the use of the EHIC. Ten Member States[47] indeed mentioned other difficulties, while 15[48] did not find additional difficulties. Some problems which come up have already been mentioned in previous paragraphs, such as the difference between planned and unplanned necessary healthcare, the non-acceptance of pregnancy and childbirth healthcare based on EHIC, and

44 DK, MT, NL, SI, LI, and NO.

45 EE, ES, FR, HR, AT, and CH.

46 IE, ES, HR, MT, SI, and NO.

47 BE, DK, DE, EE, HU, NL, AT, PL, FI, and CH.

48 CZ, IE, FR, HR, LV, LT, LU, MT, PT, RO, SI, SK, SE, NO, and UK.

the fear of late/non-payment. Furthermore, it is difficult for patients to recognize whether the service provider in the respective Member State has a contract with the statutory health insurance. A uniform logo could possibly remedy this. A final suggestion is indicating the issuing date and/or starting date of the entitlement on the EHIC to avoid errors.

Annex I Information for the insured persons and healthcare providers

Table a1 - Information for the insured persons and healthcare providers, 2021

MS	Information for insured persons	Awareness-raising of the healthcare providers
BE	No. Like in the past, health care fund 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 heave published leaflets to inform their members on how to deal health issue in a foreign country. No specific referral to the rights under Directive 2011/24/EU.	No
BG		
CZ	Lectures and presentations for health insurance funds, other institutions, and the public	No
DK	In the summer 2021, the Danish Patient Safety Authority published a press release about the coverage on the EHIC during a temporary stay abroad and the consequences of Covid-19. Every year the reports from the EU-Commission on the use of the EHIC and Directive 2011/24/EU are published on the website of the Danish Patient Safety Authority.	In order to raise awareness among Danish healthcare providers, especially GPs and other specialists, the Danish Patient Safety Authority published a flyer on the use of the EHIC and the new British health insurance cards during temporary stays in Denmark. Furthermore, information about the right to cross-border healthcare under the terms of the Regulation and Directive 2011/24/EU is also available on the websites of both The Danish Patient Safety Authority and the five regional authorities in Denmark.
DE	The health insurance funds inform the persons insured with them by means of press releases, member magazines, travel mailings, in the context of personal consultations, on the internet, by displaying corresponding flyers, posters in companies and by providing information when sending the EHIC or the PRC individually. The GKV-Spitzenverband, DVKA regularly informs the German health insurance funds about the EHIC procedure both by means of publications (circulars, guidelines, etc.) and within the framework of seminars. Insured persons can find the leaflet series "Holidays in..." on the website of the GKV-Spitzenverband; DVKA under the heading "Tourists". The leaflets show, among other things, how health insurance benefits can be claimed in the respective Member State with the help of the EHIC. The National Contact Point has not launched a public information campaign on entitlements under Directive 2011/24/EU in 2021. The latest information is available at www.eu-patienten.de.	As a matter of principle, the service providers are informed via their respective umbrella organisations. However, the GKV-Spitzenverband, DVKA is in contact with the corresponding contact persons of the umbrella associations of service providers and provides them with all relevant information. In cooperation with the respective umbrella associations of service providers, it has developed leaflets on medical care for patients insured abroad. These leaflets are regularly updated and contain comprehensive information on the procedure for presenting the EHIC or PRC. Service providers can access this information at www.dvka.de ("Service providers"). In addition, service providers also receive information from various German health insurance funds on how to deal with the EHIC. There was no new information campaign from the National Contact Point. The latest 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 2021, 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	No	This is competence of the Ministry of Health, Consumption and Social Welfare
FR	Agricultural scheme: No, there was no public information campaign in 2021 General scheme: No, there was no public information campaign in 2021	No
HR	No, no new campaigns were introduced. There is an ongoing information on CHIF website about EHIC and Directive 2011/24/EU.	Healthcare providers get detailed written instructions each year on EHIC and all other rights of cross-border patients, which are then also made available on specialized web page for healthcare providers.
IT		
CY		
LV	We have regular informational campaigns - especially as summer/vacation time is approaching - about EHIC (how to receive and use it). However, there has been less focus on EHIC information campaigns because of COVID-19.	Healthcare providers are informed about EHIC on regular basis, and they contact us with their questions and problems.
LT	The Information about EHIC is available on the web page of the NHIF and the National Contact Point (NCP) for Cross-border healthcare. This information is updated on the regular basis.	No, we do not have any ongoing or newly introduced initiatives in 2021. The information concerned are spread by close cooperation with the healthcare providers.
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 and www.ehic.gov.mt	Training session were provided for the staff working at different Medical Health Centre Entities with the aim to provide information regarding the proper use of EHIC. On-line support was 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.

MS	Information for insured persons	Awareness-raising of the healthcare providers
AT	o Information folders such as "Performance & Service" and "Service from A to Z" o Information campaigns via print media o Information campaigns via radio broadcasts o Information on the homepage of the social insurance institutions	No. When new contractual partners are trained, they receive information about the application of the EHIC. Some carriers also provide information about current developments by means of circulars.
PL	There were no ongoing or new campaigns and initiatives in 2021.	There were no ongoing or new campaigns and initiatives in 2021.
PT	The information regarding the application of the Regulations and the Directive is disseminated through the Directive Portal, the Nacional Health System Portal and the Patients Mobility Portal.	No
RO	The information of the insured persons was carried out through the responsible structures within the competent institutions and the liaison body, by posting the information on the website of CNAS/health insurance companies. In 2021 a new website was created containing information relating only to EHIC and PCR: https://www.cardeuropean.ro/	No
SI	In 2021, as in previous years, the HIIS regularly informed the media about any novelties in the EHIC legislation, namely through press conferences or press releases. At every change, the information available on the ZZZS website, on the ZZZS automatic telephone transponder and the teletext of RTV Slovenia shall be supplemented accordingly. In particular, the ZZZS informs insured persons about the novelties and how to use health services abroad before the beginning of the annual winter and summer tourist season. On the basis of Directive 2011/24/EU and the Health Care and Health Insurance Act, the National Contact Point (NCP) for cross-border healthcare was also established in November 2013 to provide insured persons with information on the right to receive treatment abroad, the extent of reimbursement, etc. The tasks of the NCP are carried out by the ZZZS. The NCP provides the information on its website, by e-mail, telephone and in person. In order to ensure better and easier information for insured persons, the NCP upgrades the website and updates the content on an ongoing basis. In order to inform insured persons about their rights to planned treatment abroad, a leaflet entitled 'The right to planned treatment abroad' was also issued.	ZZZS regularly informs health care providers about all changes and innovations in the field of the use of EHIC and cross-border health care, through the media and especially as part of regular business contacts, with circulars and instructions. All information on the ZZZS website and the NCP website is also available to healthcare providers.
SK	No	No
FI	During year 2021 there were no campaigns concerning EHIC due to the Covid-19 situation.	The Finnish NCP promoted patients' rights on social media. These social media campaigns shared information on seeking treatment abroad and receiving health care while travelling. In addition, the Finnish NCP organized a campaign on social media targeted to exchange students to inform them about their rights to treatment abroad. The campaigns increased visits to the Finnish NCP's website EU-healthcare.fi.
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. Aside to the information that can be accessed through Försäkringskassans website, we have had two campaigns in August and July 2021 with regard of the importance of ordering an EHIC in time and what kind of rights the card generates. Focus has been on social media and Försäkringskassans webpage. No similar measures were undertaken regarding the rights under Directive 2011/24/EU.	We work closely with the regions and the national healthcare guide 1177 and revise annually or when necessary, information on the website and in their leaflets regarding cross border health care. Other than that no new initiative.
IS		
LI	No	No
NO	Insured persons can find information concerning EHIC on our website www.helsenorge.no. This website is also used to apply electronically for an EHIC. Due to the Corona situation, we did not have any campaigns in 2021.	Healthcare providers have access to information concerning the above on our website www.helfo.no This website has been tailored for healthcare providers
CH	No public information campaigns. Switzerland does not apply Directive 2011/24/EU	Information for health care providers about use and validity of EHIC (information sheet, meetings). Switzerland does not apply Directive 2011/24/EU.
UK	Gov.uk pages were updated to advise all UK citizens on available reciprocal healthcare benefits when travelling abroad.	NHSBSA (UK Liaison body) provides regular support in this regard to UK hospital trusts.

Source: Administrative data EHIC Questionnaire 2022

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, 2021

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	IS	LI	NO	CH	UK
BE		2 213	280	245	8 370	171	296	168	12 188	215 843	141	4 271		225	312		201	20	13 927	214	2 239	8 149	1 197		344	23	507			14	654	6 087
BG	307		85	64	3 097	13	24	<5	194	1 981	<5	570		<5	17		<5	17	192	112	40	0	30		21	32	32			<5	26	1 017
CZ	235	401		272	6 205	22	242	121	950	1 526	119	2 210		139	73		93	22	454	1 436	8 530	308	128		13 687	12	381			9	485	3 044
DK	141	0	65		6 455	74	0	0	170	287	26	325		76	309		0	<5	296	56	156	0	54		30	0	13			<5	138	9
DE	7 290	16 622	5 563	4 019		793	1 660	220	17 816	21 669	7 635	58 147		2 228	3 180		4 978	143	12 248	24 826	44 897	5 842	8 469		5 738	93	5 319			83	9 486	29 741
EE	17	19	17	56	200		44	0	57	225	<5	277		137	19		<5	<5	36	19	25	7	0		13	231	105			<5	8	6
IE	18	12	75	0	1 066	8		0	871	1 851	128	3 279		35	142		47	12	102	36	871	125	64		107	<5	<5			<5	139	50
EL	1 743	360	79	182	3 138	<5	25		50	7 483	<5	2 299		<5	21		24	<5	309	255	243	12	172		25	181	354			<5	296	1 287
ES	26 213	934	1 386	2 897	38 331	439	7 269	5		139 571	300	45 480		455	327		825	122	9 959	1 185	3 132	8 806	11		495	2 411	11 125			<5	5 727	72 361
FR	27 069	827	352	683	5 023	113	168	16	15 724		108	9 808		64	383		164	8	2 907	494	1 411	5 895	751		184	102	611			62	1 601	12 227
HR	539	63	2 151	297	65 863	13	140	0	217	3 440		7 036		22	28		0	6	740	8 587	1 739	27	28		794	8	1 071			<5	1 758	5 697
IT	5 292	464	1 918	660	28 585	37	170	34	1 445	15 554	295	0		65	143		281	26	1 438	3 724	2 189	153	1 831		511	26	801			<5	4 350	9 993
CY	52	525	14	31	63	<5	5	<5	<5	167	<5	31		18	5		<5	0	26	8	14	11	79		23	38	47			<5	7	455
LV	40	8	8	20	114	90	<5	0	67	200	<5	43			322		<5	<5	20	7	81	10	6		<5	<5	74			<5	<5	40
LT	47	11	13	75	378	46	199	0	162	283	<5	252		98			0	6	54	10	268	20	5		17	5	103			<5	19	277
LU	4 270	24	35	10	393	20	0	4	182	12 622	7	615		7	8		8	<5	269	9	99	1 203	56		27	33	7			0	17	127
HU	266	72	120	96	4 589	13	31	0	232	2 239	51	1 289		10	20			11	418	545	111	34	2 061		594	10	290			<5	340	20
MT	48	112	40	67	284	19	81	0	574	1 654	8	1 953		63	10		104		115	37	152	23	5		14	<5	106			0	30	13
NL	5 952	539	310	240	11 017	88	442	6	1 725	3 242	133	3 493		124	400		205	32		407	1 243	513	141		396	77	364			47	539	2 529
AT	1 760	788	2 568	877	78 080	93	307	8	2 126	2300	1 052	18 901		108	151		1 710	39	4 103		2 280	608	1 877		2 904	39	883			10	4 124	15 743
PL	3 315	942	5 268	3 788	84 331	42	5 079	<5	2 319	7 686	79	10 773		60	233		141	32	11 347	2 962		179	90		482	16	4 008			5	1 320	79 689
PT	4 650	2	364	27	22 698	64	850	<5	8 980	332 487	67	3 093		80	63		117	15	3 328	577	549		113		95	54	1 029			<5	8 378	103
RO	240	16	34	24	41	0	42	0	462	2 751	<5	1 404		<5	<5		0	0	115	153	35	15			29	7	13			0	16	48
SI	225	28	400	57	5 939	12	38	0	422	760	1 154	6 017		22	27		36	7	392	1 749	160	94	16		215	0	199			0	594	409
SK	168	64	10 895	198	3 052	10	404	0	503	376	43	1 379		8	10		225	8	481	2 201	348	308	16			<5	156			<5	539	4 928
FI	74	9	326	8	1 555	1 592	58	0	709	1 213	83	478		392	239		14	6	337	172	267	158	36		78		119			<5	297	15
SE	392	624	307	67	5 385	408	0	6	1 240	1 999	260	1 974		877	1 010		201	27	1 065	250	2 098	392	118		307	<5				22	638	8 030
IS	17	0	33	23	381	23	31	0	166	339		209		68	30		15	<5	132	50	263	66	5		19	0	12			16	115	234
LI	<5	0	<5	<5	102	0	0	0	0	22		27		<5	<5		0	0	8	48	<5	<5	0		<5	0	0			<5	105	<5
NO	41	60	14	20	204	15	5	0	32	100	5	62		26	33		<5	0	81	10	116	0	32		7	0	17				10	15
CH	1 888	638	414	288	11 286	44	84	44	3 927	13 189	105	53 770		63	68		159	12	1 185	1 449	689	4 239	215		293	28	520			63		4 064
UK	54	366	348	5	789	0	0	0	10 018	1 130	62	3 220		287	55		0	0	538	24	377	0	956		136	5	<5			<5	189	
Total	**92 366**	**26 743**	**33 486**	**15 297**	**397 014**	**4 270**	**17 697**	**639**	**83 532**	**794 189**	**11 875**	**242 685**		**5 769**	**7 643**		**9 562**	**580**	**66 622**	**51 612**	**74 625**	**37 199**	**18 562**	**14 253**	**27 591**	**3 442**	**28 272**			**369**	**41 949**	**258 261**

* IT: data 2020. SI: no breakdown possible. FI: for E125 forms (13 400 forms) a breakdown is not possible. Therefore, it only concerns E126 and claims not verified by E126 in this table. HR: for E126 forms (553 forms) a breakdown is not possible. Therefore, it only concerns E125 forms in this table. BE: for E125 forms it only concerns forms submitted electronically.

** FR: for E125 forms received it concerns the number of claims received for the amount claimed, not paid. Therefore, it concerns 583 063 E125 forms received for the amount claimed, instead of 35 174 E125 forms received for which the amount is already paid. The total number of forms for which the amount is already paid amounts to 246 300.

Source: Administrative data EHIC Questionnaire 2022

Table a3 - Amount paid (in €) by the competent Member State for necessary healthcare received abroad, total, 2021

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	IS	LI	NO	CH	UK
BE		898 129	90 062	87 453	4 838 733	25 245	75 382	61 344	3 284 004	28 541 228	33 165			182 005	244 768		111 098	1 765	9 493 159	124 115	780 497	15 997	542 449		151 094	3 467				1 908		2 896
BG	32 561		46 682	29 113	2 316 649	4 518	3 610	365	131 567	236 307	9 217			4 503	4 635		461	10 982	123 913	61 487	14 885	12 410	0		11 114	12 765				0		11 019
CZ	4 427	108 110		236 577	1 480 299	8 544	63 924	133	104 036	294 548	12 741			44 285	15 581		31 311	946	41 633	403 672	4 297 973	28 247	1 476 507		3 732 270	2 212				5 574		1 100
DK	6 197	0	29 396		3 643 780	71 155	0	0	169 355	156 503	6 990			69 720	644 606		0	90	193 199	40 850	10 686	0	0		7 360	0				485		306
DE	581 931	16 474 646	5 944 185	2 246 108		450 172	849 302	71 237	13 796 551	9 008 697	5 287 683			5 392 008	3 112 943		2 759 489	47 223	11 710 772	9 787 235	18 229 306	17 808	9 793 994		4 321 228	37 409				26 860		6 623
EE	827	2 535	5 659	6 987	45 116		4 115	0	12 232	22 667	14			84 359	11 795		551	24	4 922	658	10 465	0	0		5 956	33 501				546		235
IE	3 337	22 531	20 453	0	163 377	789		0	1 001 194	212 032	13 290			68 749	76 614		5 661	880	6 051	16 725	120 973	52 107	8 395		12 514	400				13 067		0
EL	254 037	185 366	82 603	197 726	6 027 620	6 460	55 935		259 771	1 006 958	1 053			13 942	21 184		42 384	0	384 197	449 733	142 550	23 371	440 237		28 193	84 704				0		29 260
ES	1 540 021	1 464 372	590 521	1 947 930	23 869 789	80 847	4 120 695	846		30 575 430	119 819			401 083	336 108		441 917	77 235	5 291 408	707 676	952 093	122 287	215		160 095	2 830 736				345		4 566
FR	1 996 555	2 692 843	664 212	1 353 508	11 434 062	97 453	2 065 668	5 026	16 226 477		390 545			646 310	1 648 577		461 543	26 304	6 620 067	685 670	2 514 810	50 288	3 402 085		382 944	31 813				8 089		258 086
HR	16 276	20 647	250 412	120 268	10 718 295	2 745	561 201	0	48 581	362 189				5 717	2 421		0	95	148 890	811 991	59 872	0	348		94 846	1 015				149		7 276
IT	165 888	744 760	1 411 835	721 704	16 990 084	25 183	278 017	5 014	3 359 571	2 474 127	431 239			110 056	294 190		343 943	7 667	1 334 013	2 342 143	945 975	0	4 892 766		464 445	7 589				2 198		42 162
CY	10 166	381 092	9 476	2 245	74 394	818	33 454	30	10 756	21 146	3 484			59 272	79		34	0	1 243	5 629	7 015	0	121 836		15 921	48 865				7		0
LV	2 229	566	1 622	3 155	30 760	13 542	3 973	0	16 870	23 499	43				86 765		1 109	238	2 252	1 897	32 101	0	375		1 236	449				549		2 171
LT	3 831	1 513	2 444	18 467	82 173	130 901	77 910	0	53 665	18 856	91			245 335			0	1 000	6 750	2 151	186 966	1 950	447		3 256	563				1 814		99
LU	351 944	56 227	19 084	12 052	572 233	2 679	0	1 250	205 156	3 343 456	7 347			189 605	11 597		4 257	81	396 221	4 185	98 143	2 048 007	79 671		49 820	4 338				0		207
HU	12 600	19 289	32 980	13 753	1 008 632	0	18 954	0	40 029	466 191	14 430			3 314	1 636			375	99 379	96 654	39 883	0	43 116 048		218 351	2 686				44		1 190
MT	4 806	75 998	6 272	2 430	72 978	1 643	31 081	0	72 478	283 053	3 469			8 101	1 689		19 643		30 066	13 055	50 243	7 136	3 520		2 251	393				0		0
NL	447 570	366 538	349 467	512 883	15 854 447	50 570	766 040	3 441	2 154 762	1 782 713	221 984			1 046 439	814 055		212 259	14 197		495 604	948 960	1 225	191 580		542 373	13 158				9 143		3 342
AT	96 992	392 430	1 908 792	2 390 762	32 859 491	55 067	445 891	0	50 250	1 328 076	1 182 898			241 989	359 187		1 560 171	16 858	2 810 210		2 369 570	73 180	1 842 237		3 143 460	10 600				4 010		132 687
PL	65 253	142 296	401 011	283 930	8 794 252	18 526	953 591	104	214 735	984 222	27 251			25 597	61 908		18 283	4 200	1 221 142	396 509		20 707	170		76 731	2 275				479		1 906
PT	303 022	662	42 451	9 742	3 829 067	3 498	209 178	86	565 708	54 005 508	11 280			13 230	9 986		28 119	0	754 844	74 123	57 996		30 040		10 933	55 751				323		0
RO	41 767	9 848	19 954	8 937	0	0	87 394	0	89 808	442 220	230			0	1 788		0	0	53 363	58 070	8 287	0			13 443	2 700				0		3 106
SI	3 506	23 056	80 901	2 544	2 085 725	4 412	8 881	0	37 274	103 898	392 436			3 671	11 316		12 147	29	68 629	444 656	30 186	0	17 735		41 100	0				0		2 066
SK	3 886	10 204	2 502 996	12 610	538 416	717	92 780	0	68 505	50 300	10 616			36 743	445		101 442	4 491	111 654	348 609	130 556	0	29 387			487				93		578
FI	5 500	1 770	93 803	630	720 103	1 207 319	38 364	0	180 648	390 266	67 750			438 770	138 926		6 779	3 523	165 339	165 020	125 380	0	18 046		31 715					271		3 736
SE	15 343	544 761	139 423	18 825	3 845 879	488 206	0	661	463 198	335 653	231 133			838 769	1 111 655		146 482	17 891	517 503	257 830	3 261 193	0	111		285 802	97				25 134		3 418
IS	1 153	0	8 823	2 974	133 181	421	27 022	0	171 145	156 076	0			32 712	5 804		2 386	416	86 056	38 676	427 669	14 469	0		2 581	0				3 680		5 021
LI	430	0	960	103	62 833	0	0	0	332	18 001	0			1 318	1 003		0	0	1 959	27 748	190	0	0		546	0				3 539		0
NO	4 528	161 232	25 093	1 691	801 923	86 224	18 390	0	275 450	237 704	29 905			427 291	88 158		46 084	0	236 825	124 891	106 628	0	88		70 600	0						613
CH	352 119	926 041	549 555	444 461	18 242 110	10 224	75 446	73 019	4 386 491	11 243 171	475 861			716 831	163 391		160 682	5 947	2 511 522	1 516 779	23 677	1 928 057	342 154		632 653	18 046				24 455		73 479
UK	4 668	959 740	451 334	0	969 915	0	0	0	10 477 159	57 011	95 776			1 039 944	64 070		0	0	834 749	89 489	718 987	0	30 449		112 277	3 847				0		
Total	**6 333 369**	**26 687 203**	**15 782 460**	**10 689 569**	**172 106 314**	**2 847 877**	**10 966 198**	**222 555**	**57 927 759**	**148 181 704**	**9 081 741**			**12 391 667**	**9 346 879**		**6 518 235**	**242 457**	**45 261 931**	**19 593 530**	**36 703 713**	**4 417 249**	**66 380 890**	**7 780 004**	**14 627 107**	**3 209 865**				**132 758**		**597 146**

* SI: no breakdown possible. FI: for E125 forms (EUR 5 360 000 amount claimed) a breakdown is not possible. Therefore, it only concerns E126 and claims not verified by E126 in this table.

** BE, HU, PL, FI: it concerns the amount claimed for E125 forms, not the amount paid.

*** NL: For less than 5 cases of the less than 5 cases for E126 issued, the amount paid is not yet known.

****FR: for E125 forms received it concerns the amount claimed, not paid. Therefore, it concerns EUR 134 691 367 claimed for E125 forms received, instead of EUR 18 182 126 for E125 forms received for which the amount is already paid. The total amount already paid amounts to EUR 31 672 463.

Source: Administrative data EHIC Questionnaire 2022

Table a4 - Number of claims issued by the Member State of treatment for necessary healthcare, total, 2021

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	IS	LI	NO	CH*	UK
BE		275	210	69	4 006	12	28	0	16 936	8 663	260	9 362		18	21		125	83	16 285	1 423	2 984	3 302	129		102	167	306		<5	30		2 070
BG	1 579		222	73	10 922	<5	40	0	2 823	282	29	1 206		<5	<5		63	85	1 032	1 107	557	65	14		17	60	474		0	100		651
CZ	534	491		65	5 196	17	38	<5	1 356	259	2 111	2 119		9	12		210	60	879	2 469	5 944	419	20		5 551	298	305		<5	14		459
DK	213	67	254		3 940	55	0	0	2 695	502	253	1 479		21	79		91	62	678	1 107	4 643	14	35		127	0	32		0	19		0
DE	4 975	1 325	6 248	6 453		200	656	0	38 457	4 702	65 457	57 292		114	373		4 759	388	34 033	79 590	108 914	22 762	1 168		1 832	1 793	12 829		193	209		1 171
EE	102	5	16	30	776		8	0	429	108	13	84		89	44		13	10	278	89	52	62	0		7	1 557	392		0	15		0
IE	277	31	292	0	2 137	28		0	7 346	306	142	768		<5	152		15	142	601	295	6 586	983	51		294	48	<5		<5	5		0
EL	591	367	179	13	6 310	<5	26		375	129	14	798		0	8		6	18	891	403	193	369	26		19	51	473		0	10		255
ES	3 751	264	876	170	10 765	46	783	0		3 308	200	2 428		57	141		142	223	2 930	1 156	1 821	8 913	116		148	692	824		<5	44		0
FR	264 737	401	853	205	16 766	50	891	0	59 394		1 338	15 261		59	83		277	568	4 177	2 352	4 328	146 814	51		208	769	1 424		141	41		0
HR	212	12	122	29	7 862	9	67	0	305	141		532		<5	<5		46	6	447	1 079	118	112	<5		21	83	263		0	6		64
IT	9 342	1 749	1 347	255	29 756	56	642	0	34 336	6 812	2 984			68	51		314	2 722	5 304	11 527	4 230	4 124	1 417		389	512	1 872		30	43		2 982
CY	42	47	89	0	931	0	7	0	56	5	<5	39		0	6		18	<5	367	60	90	7	0		7	8	25		0	<5		102
LV	191	25	139	71	2 170	154	35	0	462	73	21	138			98		8	49	295	118	88	93	0		5	388	873		6	27		406
LT	602	25	72	149	4 111	48	86	0	716	347	24	271		198			17	21	1 004	159	229	131	<5		<5	379	1 124		0	83		484
LU	11 603	5	104	49	7 173	5	0	0	1 152	1 439	111	1 152		<5	7		36	12	1 780	2 013	524	12 115	14		24	85	0		35	0		30
HU	401	11	107	34	6 996	8	42	0	955	171	439	553		<5	<5			98	701	2 245	191	173	9		176	105	341		<5	5		0
MT	25	20	19	<5	146	6	12	0	134	11	<5	131		<5	<5		9		119	44	38	33	<5		10	15	27		0	0		0
NL	7 891	242	420	291	11 092	28	89	0	9 008	2 592	735	5 105		19	62		418	82		4 026	12 678	3 125	27		291	329	1 114		43	59		514
AT	350	23	1 600	66	20 779	41	40	0	2 274	231	9 570	5 122		7	8		1 716	63	1 129		5 445	687	236		1 168	227	337		279	9		162
PL	3 977	238	961	330	46 145	25	535	0	3 138	979	1 628	3 941		85	49		111	131	3 639	2 364		790	41		193	244	2 159		16	159		1 340
PT	3 759	79	300	0	3 229	7	126	0	8 802	2 279	59	400		11	10		57	52	1 326	485	235	<5	0		25	126	390		<5	0		0
RO	2 972	138	111	71	8 965	0	51	0	5 344	944	30	9 208		<5	<5		1 052	22	699	2 131	121	147			15	61	492		0	16		1 319
SI	655	14	95	29	3 900	<5	9	0	247	126	7 531	628		8	<5		38	10	379	1 576	54	99	19		11	28	85		<5	<5		25
SK	754	136	16 268	60	5 745	9	116	0	555	211	826	751		8	10		800	38	1 041	3 563	619	174	28			88	333		<5	6		339
FI	148	<5	101	5	1 512	2 528	60	0	2 847	122	29	319		44	30		62	44	941	286	453	395	0		28		14		<5	16		0
SE	464	48	371	18	5 463	145	0	0	11 046	599	1 003	1 338		83	131		271	127	1 171	987	5 253	1 092	85		84	0			0	19		0
IS	20	6	86	<5	418	7	<5	0	2 127	19	21	49		<5	54		13	<5	151	69	1 372	113	0		31	0	<5		0	5		42
LI	0	0	8	<5	86	<5	7	0	19	<5	25	55		0	0		<5	<5	13	323	26	36	<5		<5	7	0			0		0
NO	181	204	350	7	2 431	90	29	0	5 612	180	231	429		24	236		141	31	1 086	315	9 156	<5	<5		218	0	9		8			0
CH	1 691	176	640	140	9 862	8	73	0	5 728	2 379	1 755	6 305		6	33		516	60	1 620	4 573	1 731	12 015	116		636	390	645		107	11		269
UK	3 575	1 924	2 358	<5	12 120	5	0	0	78 306	7 410	906	9 263		43	508		6	<5	5 936	2 926	25 445	82	12		1 264	0	2 445		<5	<5		
Total	**325 614**	**8 351**	**34 818**	**8 694**	**251 710**	**3 599**	**4 497**	**<5**	**302 980**	**45 328**	**97 752**	**136 527**		**988**	**2 221**		**11 352**	**5 214**	**90 932**	**130 860**	**204 118**	**219 249**	**3 626**	**15 056**	**12 905**	**8 510**	**29 609**		**880**	**955**	**44 859**	**12 684**

Member State of treatment

* IT: data 2020. SI and CH: no breakdown possible. CH: E126 received concerns the total number of invoices, not the number of forms. HR: for E126 forms (2 428 forms) a breakdown is not possible. Therefore, it only concerns E125 issued in this table. FI: for E126 forms (823 forms) a breakdown is not possible. Therefore, it only concerns E125 issued in this table.

** DK: provided data only include requests for reimbursement rates received between 1 January and 5 December 2021. Data on the number of requests received between 6 December and 31 December 2021 are not included. From 6 December 2021 the Danish regional authorities have been using EESSI, and SEDs S067 have been exchanged directly between the regional authorities and Member State of stay.

*** FR: for E125 forms it concerns the number of forms claimed.

****PT reported <5 E126 forms for which PT itself is both the competent Member State and Member State of treatment.

Source: Administrative data EHIC Questionnaire 2022

Table a5 - Amount received (in €) by the Member State of treatment for necessary healthcare, total, 2021

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	IS	LI	NO	CH*	UK
BE	0	56 865	23 309	64 321	3 817 904	48	43 187	0	3 988 233	15 693 127	47 787			6 091	3 571		24 938	33 238	5 002 434	706 804	343 165	1 481 635	11 269		48 795	73 026			288	18 112		2 580 521
BG	1 706 146		46 475	0	10 474 589	1 155	22 531	0	2 661 379	1 776 730	4 388			694	200		3 906	49 133	1 502 789	855 577	96 306	11 019	9 321		43	98 928			0	0		371 513
CZ	488 478	87 013		58 127	5 153 869	0	156 616	17	1 425 320	689 349	257 761			7 940	2 512		58 999	35 705	488 665	1 869 410	418 629	121 983	4 304		1 094 921	82 996			1 075	0		16 483
DK	66 074	9 901	27 779		2 062 822	7 202	0	0	1 926 164	638 911	51 196			4 520	10 302		8 368	32 748	429 703	346 136	318 729	1 035	8 941		8 964	0			0	0		0
DE	3 279 364	680 262	1 027 731	2 583 814		46 807	598 939	0	24 551 137	11 540 984	10 620 301			56 590	83 085		1 059 884	157 763	16 693 581	35 714 139	10 151 242	94 349	490 114		129 767	902 580			163 632	220 659		1 543 629
EE	18 898	5 206	958	35 450	536 486		789	0	82 644	130 031	3 266			25 167	38 005		1 097	1 664	94 910	30 628	4 214	4 285	0		860	1 548 771			0	80 200		0
IE	133 339	11 191	27 916	0	927 462	6 512		0	4 164 024	1 013 428	21 246			5 648	55 765		1 562	23 802	745 979	273 674	732 849	212 525	33 687		39 388	16 612			191	0		0
EL	548 822	169 272	14 306	0	3 828 883	0	4 576		94 796	661 294	1 634			156	1 004		2 518	7 779	393 201	243 557	40 776	38 109	12 899		24 959	46 687			0	37 130		224 848
ES	2 844 564	113 175	53 727	163 101	4 995 116	10 407	962 734	0		8 329 902	24 490			17 120	19 271		21 131	52 049	991 561	568 516	142 072	648 376	74 098		8 331	392 230			354	13 666		0
FR	50 130 969	76 215	172 296	49 324	8 459 737	28 498	574 645	0	23 475 533		252 264			16 748	7 766		40 448	207 872	2 420 407	1 363 470	550 875	109 376	16 821		2 006	315 459			152 214	0		0
HR	71 966	8 455	8 735	3 873	5 417 529	0	21 980	0	107 102	392 795				625	160		13 398	4 180	237 657	1 162 321	30 515	3 744	2 625		19	67 750			0	0		10 741
IT	3 117 102	389 281	220 635	138 570	14 846 540	9 808	499 119	0	30 916 748	15 692 030	682 835			26 977	3 957		61 205	831 482	1 857 103	4 919 714	449 102	902 150	673 250		2 842	365 835			6 140	0		2 740 594
CY	39 683	0	11 041	586	727 565	1 049	798	0	20 727	24 598	43			27	170		3 544	47	108 051	34 613	9 796	294	0		0	2 435			0	0		102 733
LV	113 418	5 036	52 415	69 677	3 273 078	149 324	68 749	0	401 066	234 740	2 807				55 589		1 388	14 373	477 826	337 864	23 207	24 994	0		1 540	263 210			1 436	0		527 306
LT	718 089	7 101	12 079	627 157	4 885 767	13 743	75 645	0	336 292	2 043 062	2 204			89 320			1 175	17 425	680 270	371 991	36 129	15 690	1 703		0	374 187			0	92 960		562 030
LU	5 117 970	257	11 445	33 216	4 793 023	0	0	0	281 076	5 237 735	14 822			2 690	853		2 862	3 432	2 782 206	530 575	24 860	69 326	2 663		7 129	29 899			24 885	0		21 753
HU	385 574	0	22 512	25 098	5 408 608	4 255	14 781	0	224 336	341 329	98 237			310	511			18 532	282 855	2 144 713	23 417	16 703	1 808		3 280	43 244			799	0		0
MT	11 315	0	1 084	878	114 348	1 704	46 155	0	104 697	24 239	683			238	56		306		67 241	18 268	1 972	0	0		4 459	17 870			0	0		0
NL	9 288 551	81 919	44 196	390 782	10 806 481	26 689	63 481	0	5 811 034	6 626 547	147 613			5 636	7 968		95 515	21 393		2 653 501	1 239 583	757 522	16 596		46 759	162 030			2 769	214 256		707 931
AT	200 273	0	278 634	43 191	10 711 072	5 391	62 576	0	1 371 255	437 104	1 417 611			4 819	294		481 237	25 392	394 150		690 727	171 775	84 498		170 279	189 949			176 440	13 624		122 498
PL	3 852 215	34 842	187 231	647 093	40 918 528	31 102	200 202	0	1 643 070	4 260 920	186 617			10 223	17 611		41 480	45 822	3 160 754	2 391 120		153 500	15 058		4 347	208 760			11 508	0		514 608
PT	2 398 452	11 840	28 258	0	2 155 202	0	52 107	0	94 766	8 380 872	4 535			339	4 633		6 233	9 881	819 205	286 351	18 239	157	0		0	78 887			457	0		0
RO	3 851 888	1 721	69 343	110 231	13 975 159	0	8 395	0	0	5 403 224	11 548			375	57		571 361	22 820	876 875	3 130 478	22 455	30 128			37	95 634			0	13 069		761 462
SI	517 992	6 337	9 005	56 733	3 272 952	779	2 274	0	196 989	283 277	1 410 931			489	292		3 355	1 297	166 449	1 218 391	3 674	2 999	7 613		4 794	7 275			684	0		28 977
SK	721 049	15 989	3 914 817	5 256	4 926 838	3 230	19 598	0	247 819	379 485	103 560			6 118	2 558		254 717	51 172	166 449	3 688 662	85 954	53 488	9 925			38 288			603	0		332 671
FI	63 196	0	10 096	0	799 220	650 085	3 249	0	2 674 056	373 195	2 979			13 505	6 178		12 181	9 701	203 666	129 772	49 192	111 602	0		14 286				1 119	0		0
SE	181 796	17 632	34 875	0	2 874 141	40 138	0	0	6 147 252	1 106 602	271 261			63 833	11 861		71 769	51 783	510 768	501 391	481 910	900 371	23 971		6 173	0			0	0		0
IS	2 346	2 544	6 167	0	114 140	0	487	0	1 084 060	18 316	3 051			1 221	7 641		2 051	229	68 094	36 184	110 179	14 779	0		831	0			0	0		112
LI	0	0	271	0	30 952	0	287	0	25 345	1 464	8 948			0	0		475	70	880	171 770	4 427	2 104	0		9	1 884				0		0
NO	117 153	11 720	47 034	0	1 188 625	52 939	82 427	0	3 434 037	501 691	35 141			8 096	76 042		17 869	12 470	423 492	156 743	654 337	314	12		839	0			1 326			0
CH	1 096 999	14 442	132 364	285 351	7 603 518	3 477	90 188	0	3 093 252	5 247 159	365 651			4 815	7 963		90 723	21 795	706 490	3 103 134	124 373	3 643	38 082		9 430	294 471			102 332	0		241 723
UK	1 801 792	186 212	279 512	0	5 085 864	463	0	0	46 107 766	17 012 233	178 779			39 283	172 861		1 082	454	2 200 858	1 801 421	3 108 963	8 545	3 156		16 093	0			1 499	0		
Total	**92 885 471**	**2 004 429**	**6 776 247**	**5 391 829**	**184 186 016**	**1 094 805**	**3 676 513**	**17**	**166 691 977**	**114 496 373**	**16 234 186**			**419 612**	**598 736**		**2 956 775**	**1 765 503**	**44 954 569**	**70 760 888**	**19 991 866**	**5 966 519**	**1 542 416**	**4 481 419**	**1 651 180**	**5 718 897**			**649 751**	**703 676**	**59 298 647**	**11 412 131**

* SI and CH: no breakdown possible.

** BE, FR, PL, FI: it concerns the amount claimed for E125 forms issued.

***PT reported EUR 175 for E126 forms for which PT itself is both the competent Member State and Member State of treatment.

Source: Administrative data EHIC Questionnaire 2022

Annex IIIPractical and legal difficulties in using the EHIC

Table a6 - Refusal by healthcare provider, 2021

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".	Yes	Belgian 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	n/a	n/a	n/a	n/a
CZ	Yes	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	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	Sometimes, the EHIC is refused by Danish healthcare providers due to an incorrect interpretation of "necessary healthcare" or insufficient knowledge on how to settle the claim. If 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 become aware of such cases, they try to resolve the case by contacting the healthcare provider.	Yes	Some healthcare providers still refuse to provide healthcare on the basis of the EHIC in situations such as pregnancy and childbirth, and chronically ill persons or person with pre-existing conditions. The Danish Patient Safety Authority try to resolve such cases either by sending a letter outlining the right to healthcare benefits on the EHIC or by involving the national liaison body in the Member State of stay. The Danish Patient Safety Authority has also received information about situations, where healthcare providers have refused to accept the EHIC in order to avoid administrative burdens or due to fear of late payment.
DE	Yes	It is known that not all service providers in Germany and abroad accept the EHIC. Reasons that may play a role with regard to German service providers include the fact that the procedure may not be known or may be perceived as too time-consuming. Although the EHIC is physically similar to the German health insurance card, it cannot be read electronically. Instead, the EHIC data must be recorded and forwarded to the health insurance company, which the patient must first choose. In the individual cases that have become known, targeted information and advice was provided to the service providers by telephone or in writing (for example, with references to publications, relevant literature, dispatch of information materials). The queries that the GKV-Spitzenverband, DVKA receives on this topic show that both the service providers and the German health insurance funds often see a problem in the design of the respective foreign EHIC. If the design of the foreign EHIC deviates from the model EHIC shown in Decision S2, this usually leads to uncertainty and acceptance problems.	Yes	See answer on the left
EE	Yes	There have some problems that have occurred, but we have resolved them all case by case. In case the doctor has had doubts, they have turned to us, and we have the explained situation and regulations.	Yes	In several cases health care providers abroad have refused to accept EHICs for benefits in kind related to pregnancy and childbirth. In several cases health care providers abroad have refused to accept Estonian PRC. PRC issued by Estonia does not contain EHIC card details (number, period). We cannot add them if the person does not have a EHIC card. In those cases, we have contacted those healthcare providers and explained, why we can`t add those numbers.
IE	No	No.	No	No.
EL				
ES	No	No	Yes	The use of the EHIC in France, except when presented to hospitals, means that the person concerned 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 on our managing centres.
FR	Yes	General scheme: The few cases of wrongful refusal to accept the EHIC were settled directly with the institutions refusing the EHIC. The other cases of refusal were justified since they concerned care subject to S2. Agricultural scheme: The majority of cases of refusal of the EHIC are linked to the existence of a previous EHIC that is still valid. In this case, the lost or stolen EHIC must be declared. A Provisional Replacement Certificate is sent to the insured person. We do not have any information to give you about the frequency of and reasons for these refusals	Yes	General scheme: Recurrent problems with private clinics in Spain and Italy refusing to use the EHIC Agricultural scheme: We are not aware of any cases of refusal of EHIC by health care providers abroad If the establishment or the health care provider in the country of treatment does not accept (or has refused) the EHIC, the insured person will advance the costs and send the receipted invoices to the MSA fund for reimbursement. (e.g., skiing holidays abroad) We have no information to give you about the frequency of and reasons for these refusals
HR	Yes	Yes, we are aware of some cases of refusals to accept EHIC. It is more an exception to the rule. After conducting investigation in such cases, healthcare providers usually declare that either no EHIC was provided, or that the scope of provided healthcare was outside of necessary healthcare that can be provided on the basis of EHIC.	Yes	We have documented 122 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. Also, usually it is dental care that is problematic.
IT				
CY				
LV	No	No cases reported in 2021.	No	No cases reported in 2021.
LT	No	No, we are not aware.	No	No, we have no such information.
LU	Yes	There are some justified refusals of the EHIC in case of planned treatment. No precise numbers are available.	n/a	n/a
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

MS	Y/N	Refusal in your country	Y/N	Refusal in another country
				reason of refusal is that the treatment concerned can be delayed until return back to Hungary.
MT	No	No, we are not aware of such cases.	Yes	Two Maltese EHICS were refused by Healthcare Providers in BE and DE. The MT Competent Institution reimbursed the holders of MT EHICS on presentation of original receipts through S067 route.
NL	No	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	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 speaks to a cash register, clarification can often be obtained by telephone.	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. In some cases, attempts are 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. Other cases refer to situations where the card format is not in line with Decision S2	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	No.	Yes	Yes. There are cases of necessary care during a temporary stay where EHIC is refused and a S1 and/or S2 are required.
RO	Yes	There were refusals by two competent institutions, regarding the acceptance of EHIC by healthcare providers. The reasons were the reporting of the medical services based on EHIC. The situations were remedied in the meaning that the guide on the reporting of medical services based on EHIC was communicated to the healthcare providers. In the period 01.01.-31.12.2021 the frequency of cases was 3-4 cases every 2 months.	Yes	One competent institution informed reported that there were many cases of EHIC refusals in Bulgaria.
SI	No	To date, the ZZZS has not been informed of such cases either by foreign insured persons or foreign insurance institutions.	Yes	In 2021, the ZZZS was informed by Slovenian insured persons about some cases of rejection of EHICs by healthcare providers in other countries and resolved them with competent foreign insurance institutions.
SK	Yes	The main reason for refusing to accept an EHIC was the fear that cost for provided healthcare would not be reimbursed. We can't quantify.		
FI	No	Concerning 2021 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 2021 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	No, we are not aware of any cases.	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.
IS				
LI	No	0	No	0
NO	No	No	No	No
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.
UK	No	No	No	No

Source: Administrative data EHIC Questionnaire 2022

Table a7 - Interpretation of the "necessary healthcare" concept, 2021

MS	Y/N	Alignment of rights
BE	Yes	This is a recurrent problem. In a number of situations, for "foreseeable" care such as physiotherapy or rehabilitation after an accident, institutions in certain Member States, in this case France and the Netherlands, request a form S2, whereas the reason for traveling is not the search for (planned) health care. The interpretation of "necessary healthcare" sometimes results in the rejection of Belgian claims by the competent institution.
BG	n/a	n/a
CZ	Yes	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	Interpretation problems still arise regarding the scope of “necessary healthcare” and the distinction between unplanned necessary treatment and planned healthcare. Please see our reply to question 9.
DE	Yes	The vast majority of health insurance funds are not aware of any difficulties in interpreting the concept of "medically necessary benefits in kind". However, according to the experience of some health insurance funds, difficulties in interpreting the concept can be observed with some service providers. In the absence of a precise definition or interpretation guideline of the term "medically necessary services", this concept is interpreted differently by service providers. In connection with the treatment of chronically ill persons, there is still uncertainty in individual cases as to whether the treatment of acute complaints is covered by the EHIC. This is also the case in connection with pregnancy and childbirth benefits. Furthermore, it happens time and again that persons have entered Germany for the purpose of treatment without clarifying this in advance with their health insurance institution in their home country and obtaining the corresponding authorisation. Such difficulties in interpreting the concept accordingly also led to problems in settling the costs incurred.
EE	No	No
IE	No	No
EL		
ES	Yes	- Sometimes, the service provider in other Member States has difficulties to interpret the concept of ‘necessary healthcare’ by requiring an S2 or E-112 form for the coverage of benefits in kind, which are not in the nature of scheduled treatment, as the need for medical care has occurred during a temporary stay in the other country. - With regard to the implementation of Decision S3, in the case of claims for benefits in kind related to chronic or pre-existing diseases, difficulties have been observed in the proper application by both Spanish institutions and other Member States. - Sometimes in France, treatments are provided with the EHIC which we consider scheduled, because they consist of planned surgery operations scheduled well in advance, or attendance at the birth where there is evidence that the reason for the movement to France was to give birth. In these situations, healthcare should be covered by a form E112 (S2)
FR	Yes	General scheme: The term "medically necessary care" raises problems of interpretation. According to French regulations, care is necessarily medically necessary, otherwise it would not be reimbursable, but it is not necessarily "immediately necessary" in view of the duration of the stay. The term is too broad and the definition of "stay" is not limited enough. Agricultural scheme: No difficulty noted in the MSA network
HR	No	No.
IT		
CY		
LV	No	No new difficulties and challenges have been reported during 2021.
LT	No	No, we are not aware.
LU	No	no
HU	No	no difficulties noticed
MT	No	No, we are not aware of such cases.
NL	No	No, not many examples.
AT	Yes	Sometimes there are still difficulties with the differentiation from the planned treatment.
PL	Yes	EHIC holders often interpret it as “life or health-saving benefits” or “urgent situations.”
PT	Yes	Yes. Necessary care during a temporary stay is often confused with planned healthcare (e.g. in DE); We are obliged to issue the S1 or S2, so the patient can obtain the necessary healthcare without paying the costs (e.g. DE and PL requested an S1 for recovery treatments, following an accident that occurred during a temporary stay). In several cases, an S2 is requested after the healthcare has been provided.
RO	Yes	Yes. Detailed explanations were given 1-2 times a week to interested parties, as insured persons hope to obtain medical services for chronic illnesses that exceed the necessary medical care during a temporary stay in another EU state.
SI	No	There are no specific problems in the interpretation of the necessary health services by Slovenian providers.
SK	No	No
FI	Yes	As pointed out in the answer to the previous question there has been cases where a person insured in Finland 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.
IS		
LI	No	0
NO	n/a	
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).
UK	Yes	Lack of clarity around quarantine hotels relating to COVID-19 treatments

Source: Administrative data EHIC Questionnaire 2022

Table a8 - Invoice rejection of E125 forms issued and received, 2021

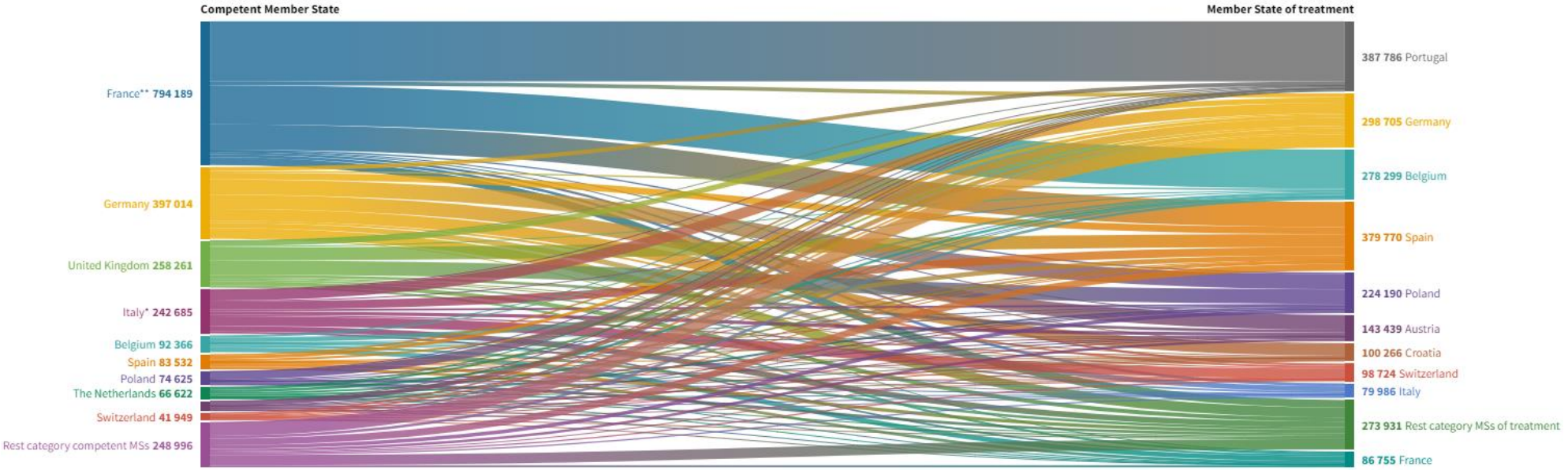
MS	Y/N	Rejections by institutions in other countries	Y/N	Rejections by your institutions
BE	Yes	Reasons why foreign countries refuse to pay invoices (Belgium has made the payment and the person is insured at the expense of another Member State) - Person unknown - forwarding a straightforward document (copy of S1, EHIC, ...) - Refusal because the foreign country claims that the person is no longer insured even though we (Belgium) have a valid proof - person is insured at the expense of Belgium - request details of the benefits listed on the E125B (S080)	Yes	Reasons why Belgian institutions do not pay an invoice from another Member State : - person no longer affiliated with us - person not insured - person unknown
BG	n/a	n/a	n/a	n/a
CZ	Yes	Yes, there are 1 388 cases. Most usual reasons are - unknown entitlement document, person cannot be identified.	Yes	Yes, there are 2 213 rejections. Most usual reasons are - period of treatment is not covered by entitlement document, uninsured person, unknown entitlement document.
DK	Yes	In 2021, Denmark has received contestations from other Member States for 164 invoices (forms). Reasons for contestation/rejection were: • incorrect date of treatment • the concerned person could not be identified • invalid entitlement document • duplication of claims - double invoicing	Yes	Denmark has made contestations or rejected 62 invoices (forms) from other Member States in 2021. Main reason for rejection: • entitlement document was missing
DE	Yes	12 240 cases for various reasons.	Yes	4 115 cases for various reasons.
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.	No	No, we are not aware any of those cases.
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.	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	ISFAS: 3, not insured MAFACE: 4, duplicated invoice; 8, the number of the EHIC/PRC on the invoice does not match with any valid EHIC/PRC issued; 31, the EHIC/PRC was not activated on the date of healthcare Total: 46
FR	Yes	Agricultural scheme: Forms E125/SED S080 are not processed by the MSA funds. Competence of the CNSE. General scheme: In 2021, foreign countries have rejected 1 427 forms issued by France.	Yes	Agricultural scheme: Forms E125/ SED S080 are not processed by the MSA funds. Competence of the CNSE General scheme: In 2021, France has rejected 524 forms issued by foreign countries.
HR	Yes	1 086 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 person is not registered on the entitlement document. The period of benefits in kind is not covered by the entitlement document. Double invoice.	Yes	276 rejected invoices. Reasons for rejection: The entitlement document is missing or unknown. The entitlement document has not been acknowledged. The period of benefits in kind is not covered by the entitlement document. Double invoice.
IT				
CY				
LV	Yes	We are able to list our reasonings 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. Reasonings for rejection: 1. The time period when a person's 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 person's name and ID numbers. 3.Double invoice. 4. The EHIC number or the persons data belongs to a different issuing country. Total amount of annulled forms in 2021: 18.	Yes	We are able to list our reasonings 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. Reasonings for rejection: 1. The time period when a person's 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 person's 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 another invoice. Total amount of annulled forms in 2021: 19.
LT	Yes	We have faced with 78 cases when invoices (SED S080) issued by our institutions (on the basis of the EHICs, REPLs or SEDs S045) were rejected by the competent Member States (22 – by Spain, 17 – by Sweden, 166 – by the Netherlands, 9 – by Germany, 3 - by Greece, 2 – by Italy, Latvia, Romania and Hungary, 1 – by the United Kingdom, Luxembourg, Norway and Finland) due to the following reasons indicated in the rejection documents (SEDs S082): we are not concerned by this document (EESSI code - 01); Incorrect institution code. Provide the correct authority identification number (EESSI code – 02); it is not possible to identify the person from the information provided. (EESSI code – 03); entitlement document is missing or unknown (EESSI code - 04); The person was not insured during the benefit period. Provide a copy of the entitlement document (EESSI code – 07); the period for receiving benefits in kind is partly included in the period of entitlement to benefits. Please correct the requirement (EESSI code – 09); an entitlement entry into force in the State of residence from (EESSI code – 15) and other [field "Other" should be filled in] (EESSI code - 99). After the documentary evidence (copies of the EHICs) have been provided, the most of these invoices were accepted. However, Lithuania agreed with 6 rejections as the invoices have been presented to the other Member States	Yes	During the year 2021 the NHIF has rejected 102 invoices (forms E125/SED S080) issued by institutions from the other EU countries (Sweden (54), Germany (14), Poland (10), Belgium (6), Finland (5), Spain (3), Italy (2), the United Kingdom (2), Latvia (1), Iceland (1), Norway (1), Portugal (1) and France (1)). The reasons of the rejections were similar EESSI codes 01, 03, 04, 06, 07, 15 and 99: the total amount of benefits in kind was not indicated or entitlement to the benefits in kind expired earlier than the specified period of treatment.

MS	Y/N	Rejections by institutions in other countries	Y/N	Rejections by your institutions
		instead of the competent ones by mistake. 17 invoices have been rejected by Sweden due to the technical reason (problem with the data exchange via EESSI) - the rejection was accepted, and the invoices has been presented repeatedly with the new claim.		
LU	No	no	No	no
HU	Yes	2 302 cases, € 1 123 764.31, most common reasons: The period of benefits in kind is not covered by the entitlement period (816); Other (481); Entitlement document is missing or unknown. Please submit a copy. (385)	Yes	1 753 cases, € 1 796 434.55, most common reason: Entitlement document is missing or unknown. Please submit a copy. (1 628).
MT	No	No, we are not aware of any such cases.	No	No, we are not aware of any such cases.
NL	n/a	No information available	n/a	No information available
AT	Yes	Yes, occasionally the medical necessity of the treatment is doubted.	Yes	This sometimes happens. We do not know the number.
PL	Yes	According to data in our settlements system (SOFU), with a state on the 3rd of June of 2022 we have registered 924 forms E125PL which were issued by NFZ in 2021 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 3rd of June of 2022 we have registered 902 E125 forms which were received by NFZ in 2021 on the basis of EHIC. Among 902 rejected forms during the verification process, all the forms were verified. Among them there are 137 cases determined as "suspicion of planned treatment" and 134 cases determined as "treatment period is not covered by entitlement period", but the most common reason is defined as "other" (252 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 healthcare in the MS of residence based on an EHIC when there´s an S1 issued by the competent MS; In these cases the insured person has a portable document S1 issued by his/her competent MS, but still uses the EHIC. 3. Difficulty in recognizing the insured person; The competent Member States have difficulties 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 in the invoice is complete and correct and the data is the same as mentioned 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 rejections are related to the following fact: - The information concerning the competent institution is not correct, or the creditor MS introduces the identification of the liaison body instead of the competent institution in the entitlement document.
RO	Yes	486 Reasons for refusal: lack of the document that opened the right to benefits; the person became uninsured in the state that issued the document; the document does not cover the whole period of granting the benefits	Yes	2 741 Reasons for refusal: the period for granting medical benefits is not covered by CEASS / CIP; the invoices (forms E 125 / SED S080) issued were filled in incorrectly and / or incompletely.
SI	Yes	In 2021, the ZZZS received 389 rejections of E 125 forms based on EHIC, from foreign institutions. Causes of Rejection: there was no document on the basis of which the service was invoiced, the service was not invoiced within the validity of the document, the service was invoiced several times, the person with the stated data is not in the register of persons, the amount of the services was very high, an explanation was needed. Until now, the ZZZS has successfully resolved such cases by sending the requested copy of EHIC or certificate or other required data.	Yes	In 2021, the ZZZS rejected 211 E 125 forms issued by foreign institutions on the basis of the EHIC. Causes of Rejection: The EHIC is not an appropriate accounting document because it is a planned treatment, the service has not been charged within the validity of the document, missing/false identification data, the service was charged several times, the amount of the services is very high, an explanation is needed.
SK	No	No	No	No
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 Kela's experience, individual claims have even been rejected by some institutions because the EHIC was not provided at the time when the medical care was given. In these cases, some institutions, when rejecting the claim, have requested Kela to ask them to issue a PRC. After Kela has received the PRC, the other institutions have asked Kela to send them a claim with the PRC. * Overlapping costs with an earlier E125 form. * The costs of the treatment of a small child have been invoiced on the basis of the child's mother's EHIC but the institution in the Member State where the medical care/treatment was given has not accepted this.	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	n/a		Yes	We are aware that cases exist, but we don't have statistics.
IS				
LI	No	No	No	No
NO	No	No	No	No
CH	Yes	Yes, several rejections. But there is no specification possible.	Yes	Yes, several rejections. But there is no specification possible.
UK				

Source: Administrative data EHIC Questionnaire 2022

Annex IV Additional visualisations

Figure a1 – Total number of claims received by the competent Member State for the payment of necessary healthcare received abroad, 2021

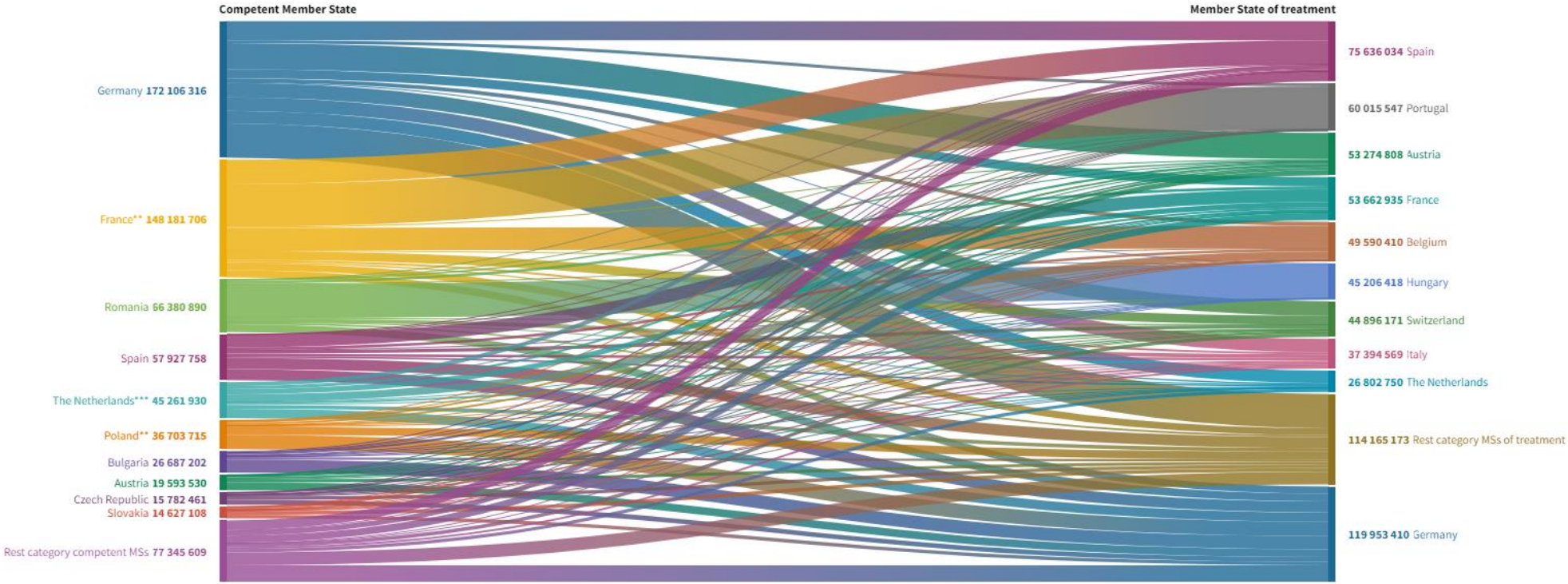


* IT: data 2020. SI: no breakdown possible. FI: for E125 forms (13 400 forms) a breakdown is not possible. Therefore, it only concerns E126 and claims not verified by E126 in this figure, included in Rest category competent MSs. HR: for E126 forms (553 forms) a breakdown is not possible. Therefore, it only concerns E125 forms in this figure, included in Rest category competent MSs. CY, LU, IS, and LI: no data available.

** FR: for E125 forms received it concerns the number of claims received for the amount claimed, not paid. Therefore, it concerns 583 063 E125 forms received for the amount claimed, instead of 35 174 E125 forms received for which the amount is already paid. The total number of forms for which the amount is already paid amounts to 246 300.

*** On the left side the top 10 competent Member States are shown (FR, DE, UK, IT, BE, ES, PL, NL, AT, and CH). Together, they received 89.4 % of all claims. On the right side the top 10 Member States of treatment are shown (PT, ES, DE, BE, PL, AT, FR, HR, CH, and IT). Together they issued 88.4 % of all claims. The other Member States are included under 'Rest category competent MSs' and 'Rest category MSs of treatment' respectively. The total number of claims which are captured in this figure between the top 10 issuing and top 10 receiving Member State account for 80.2 % of all claims.

Figure a2 – Total amount paid (in €) by the competent Member State for necessary healthcare received abroad, 2021



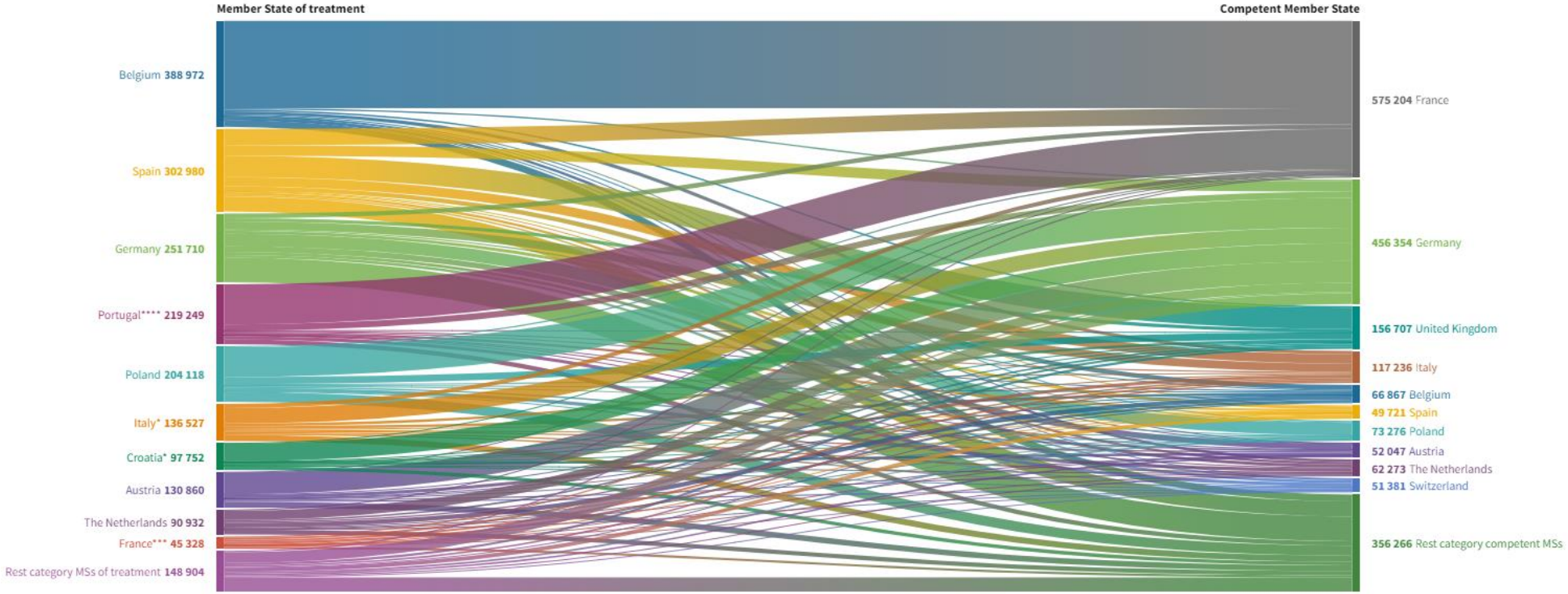
* SI: no breakdown possible. FI: for E125 forms (EUR 5 360 000 amount claimed) a breakdown is not possible. Therefore, it only concerns E126 and claims not verified by E126 in this figure, included under Rest category competent MSs. IT, CY, LU, SE, IS, LI, CH: no data available.

** BE, HU, PL, FI: it concerns the amount claimed for E125 forms, not the amount paid. FR: for E125 forms received it concerns the amount claimed, not paid. Therefore, it concerns EUR 134 691 367 claimed for E125 forms received, instead of EUR 18 182 126 for E125 forms received for which the amount is already paid. The total amount already paid amounts to EUR 31 672 463.

*** NL: For less than 5 cases of the less than 5 cases for E126 issued, the amount paid is not yet known.

**** On the left side the top 10 competent Member States are shown (DE, FR, RO, ES, NL, PL, BG, AT, CZ, and SK). Together, they paid 88.6 % of the total amount. On the right side the top 10 Member States of treatment are shown (DE, ES, PT, AT, FR, BE, HU, CH, IT, and NL). Together they received 83.2 % of the total amount. The other Member States are included under 'Rest category competent MSs' and 'Rest category MSs of treatment' respectively. The total amount paid which is captured in this figure between the top 10 issuing and top 10 receiving Member State account for 74.2 % of the total amount.

Figure a3 – Total number of claims issued by the Member State of treatment for necessary healthcare, 2021



* IT: data 2020. SI and CH: no breakdown possible. HR: for E126 forms (2 428 forms) a breakdown is not possible. Therefore, it only concerns E125 issued in this figure. FI: for E126 forms (823 forms) a breakdown is not possible. Therefore, it only concerns E125 issued in this figure, included under Rest category MSs of treatment. CY, LU, and IS: no data available.

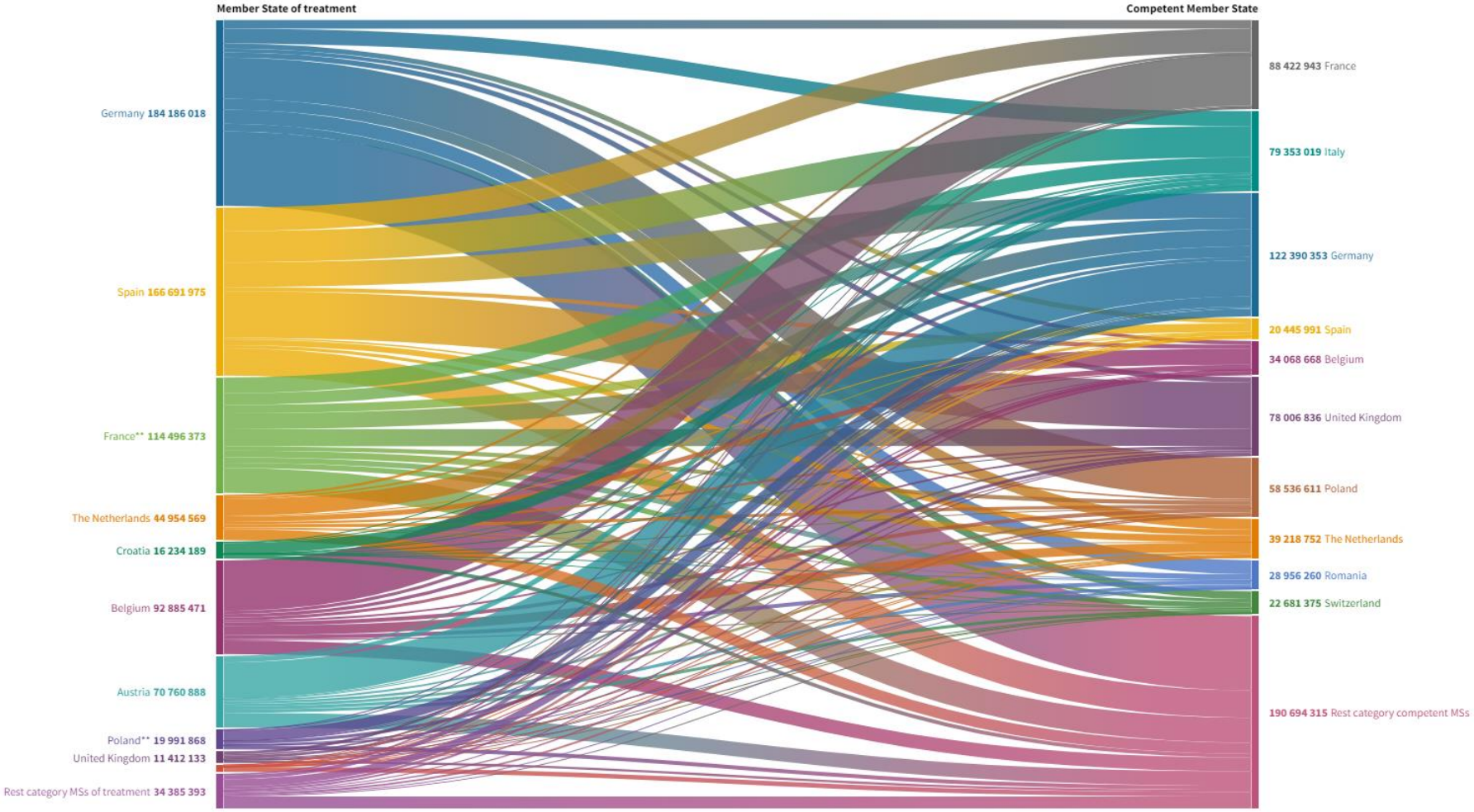
** DK: provided data only include requests for reimbursement rates received between 1 January and 5 December 2021. Data on the number of requests received between 6 December and 31 December 2021 are not included. From 6 December 2021 the Danish regional authorities have been using EESSI, and SEDs S067 have been exchanged directly between the regional authorities and Member State of stay. These data are included under Rest category MSs of treatment.

*** FR: for E125 forms it concerns the number of forms claimed.

**** PT reported <5 E126 forms for which PT itself is both the competent Member State and Member State of treatment.

*****On the left side the top 10 Member States of treatment are shown (BE, ES, DE, PT, PL, IT, AT, HR, NL, and FR). Together, they issued 95.6 % of all claims. On the right side the top 10 competent Member States are shown (FR, DE, UK, IT, PL, BE, NL, AT, CH, and ES). Together they received 85.0 % of all claims. The other Member States are included under 'Rest category MSs of treatment' and 'Rest category competent MSs' respectively. The total number of claims which is captured in this figure between the top 10 issuing and top 10 receiving Member State account for 80.0 % of the total number of claims.

Figure a4 – Total amount received (in €) by the Member State of treatment for necessary healthcare, 2021



* SI and CH: no breakdown possible. IT, CY, LU, SE, and IS: no data available.

** BE, FR, PL, FI: it concerns the amount claimed for E125 forms issued.

*** PT reported EUR 175 for E126 forms for which PT itself is both the competent Member State and Member State of treatment.

**** On the left side the top 10 Member States of treatment are shown (DE, ES, FR, BE, AT, NL, PL, HR, UK, and CZ). Together, they received 83.3 % of the total amount received. CH should have also been in the top ten (with EUR 59 298 647 received, it would have been on the sixth place between AT and NL). However, no breakdown by competent Member State was available for CH, so it could not be included in the figure. On the right side the top 10 competent Member States are shown (DE, FR, IT, UK, PL, NL, BE, RO, CH, and ES). Together they paid 64.6 % of the total amount received. The other Member States are included under 'Rest category MSs of treatment' and 'Rest category competent MSs' respectively. The total amount received which is captured in this figure between the top 10 issuing and top 10 receiving Member State account for 61.1 % of the total amount.

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 2021, 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. Only Luxembourg shows a rather high volume of patient mobility to receive planned healthcare in another Member State (some 10 out of 1 000 insured persons received a PD S2).

There seems to have been a rebound from the serious drop in issued and received PDs S2 from 2019 to 2020 due to the COVID-19 pandemic. From 2020 to 2021 the number of issued PDs S2 increased by 0.3 %, while the number of received PDs S2 increased by 14.7 %.

Around three out of four prior authorisations in 2021 have been authorised to receive planned cross-border healthcare in an EU-14 Member State. The most prominent flows go from France to Belgium, from Belgium to Luxembourg, from Switzerland to France, from Luxembourg to Belgium, , from Luxembourg to Germany, and from Germany to Switzerland. This enumeration shows that cross-border planned care is rather concentrated in a few EU-14 Member States and Switzerland. Moreover, it is found that more than seven in ten PDs S2 are issued to a neighbouring country, which indicates that proximity plays an important role. This is especially the case in the EU-14 (79 % in a neighbouring Member State) compared to the EU-13 (36 %).

In addition to the number of PDs S2 issued and received, it is essential to look at the budgetary impact of cross-border planned healthcare, which overall remains limited. In absolute figures, Belgium, Germany, the United Kingdom, and France are the main debtors, whereas Germany, Belgium, Switzerland, and Austria are the main creditors. Again, the concentrated use of planned cross-border healthcare becomes obvious through this enumeration. Nevertheless, in order to comprehend the true impact of planned cross-border healthcare, it should be compared to the total healthcare spending related to benefits in kind. Overall, this share only amounts to some 0.02 %. However, it should be kept in mind that that this share does not necessarily include all planned cross-border healthcare. Alongside the procedures provided by EU rules (the Coordination Regulations and Directive 2011/24/EU), several Member States reported the existence of parallel procedures for planned healthcare abroad. In some Member States, patient flows abroad are larger under such parallel schemes. Moreover, bilateral agreements in border areas seem to influence the number of persons travelling abroad to receive planned cross-border healthcare to a high extent.

1. Introduction

Planned cross-border healthcare in the EU can be obtained and reimbursed in different ways. 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. On top of that, there is 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.

This chapter presents information on the number of PDs S2 issued and received and its budgetary impact for reference year 2021. In addition, it shows developments regarding the application of Regulation (EC) No 883/2004, and to some extent, the impact of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare. The evolution of the number of PDs S2 before and after the transposition of Directive 2011/24/EU, notably before and after 25 October 2013 (even though the majority of the Member States were late in transposing the Directive) could be considered as an interesting indicator to measure the Directive's impact. These observations should, however, be confronted with the expertise of the competent institutions by asking their opinion on the influence of Directive 2011/24/EU on the number of PDs S2 issued.

Besides the questionnaire on PD S2 for data collection in the framework of the Administrative Commission for the Coordination of Social Security Systems, the European Commission (Directorate-General for Health and Food Safety) collects data on the operation of Directive 2011/24/EU through a separate questionnaire. A report published by the DG for Health and Food Safety for reference year 2020 showed low patient flows for healthcare abroad under Directive 2011/24/EU.[49]

Finally, this chapter 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. *Annex I* of this chapter lists the steps taken by the competent institutions to inform patients and healthcare providers on planned cross-border healthcare. 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. 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. Additionally, some competent institutions state that advice is provided through other communication channels like email, phone, customer service, leaflets, or information sessions.

[49] See also https://health.ec.europa.eu/cross-border-healthcare/overview_en#documents

3. The number of PDs S2 issued and received

3.1. The current flow of PDs S2 between Member States

Table 10 and *Table 11* show the flow of PDs S2 between Member States, from the issuing and receiving perspective respectively. The number of PDs S2 issued is provided by 29 Member States[50] (*Table 10*), while 26 Member States[51] were able to report the number of PDs S2 received (*Table 11*). Because of the difference in reporting Member States, the total number of PDs S2 differs between both tables, namely 24 214 from an issuing perspective and 43 473 from a receiving perspective. A visual representation of *Table 10* and *Table 11* is provided in *Figure a5* and *Figure a6* respectively in *Annex V*.

More than one third of all PDs S2 issued were issued by Luxembourg, namely 8 810 out of 24 214 (*Table 10*). Although Germany did not report data on the number of PDs S2 issued, it can be estimated from *Table 11* that Member States received at least 8 500 PDs S2 from Germany as well. Four other main issuing Member States are Austria (2 941 PDs S2 issued), France (2 462), Italy (2 139, data 2020), and the Netherlands (1 753). The majority of Member States issued between 100 and 1 000 entitlements to scheduled treatment, namely Belgium[52], Bulgaria, the Czech Republic, Ireland, Greece, Spain, Croatia, Latvia, Hungary, Romania, Slovenia, Slovakia, Switzerland, and the United Kingdom. Finally, less than 100 prior authorisations were issued by Denmark, Estonia, Lithuania, Malta, Poland, Portugal, Finland, Sweden, Liechtenstein, and Norway. It should be kept in mind that several Member States are involved in cooperation agreements in border areas where, depending on the cooperation agreement (Ostbelgien-Regelung[53], ZOAST[54] etc.), prior authorisation often becomes a simple administrative authorisation that is granted automatically *(see also section 6)*. For instance, in 2021, Belgium issued a total number of 8 804 PDs S2 under more flexible parallel procedures.

The main Member States of treatment are Belgium (18 337 PDs S2), France (6 302), and Switzerland (5 719) (*Table 11*). Additionally, Luxembourg (5 127), Austria (3 564), and the Netherlands (1 953) received more than 1 500 PDs S2. Once again, no data were reported by Germany, but based on *Table 10* it can be assumed that this is an important receiving Member State as well, as Member States issued at least 9 600 prior authorisations to receive care in Germany. The Czech Republic, Italy (data 2020), Hungary, Sweden, and the United Kingdom received between 100 and 1 000 PDs S2. However, most Member States received less than 100 PDs S2: Bulgaria, Denmark, Estonia, Ireland, Greece, Croatia, Latvia, Lithuania, Malta, Portugal, Romania, Slovenia, Slovakia, Finland, and Norway.

By looking at both *Table 10* and *Table 11* the most important flows of planned cross-border healthcare by PDs S2 can be analysed. The most prominent flows go from France to Belgium (13 182 PDs S2)[55], from Belgium to Luxembourg (4 921), from Switzerland to France (4 443), from Luxembourg to Belgium (4 249), from Luxembourg to Germany (4 425), and from Germany to Switzerland (3 916). Clearly, planned cross-border healthcare is concentrated within a limited number of Member States, mostly based on bilateral agreements on cross-border collaboration.

50 No data available for DE, CY, and IS. Data for IT concern reference year 2020.

51 No data available for DE, ES, CY, PL, IS, and LI. Data for IT concern reference year 2020.

52 However, Belgium also issued 8 804 PDs S2 under more flexible parallel procedures.

53 The agreement facilitates patient mobility in the border area between Germany and Belgium.

54 The agreement facilitates patient mobility between Belgium and France.

55 Figure also includes the number of PDs S2 received under the ZOAST-Agreement.

In some Member States, more than half of the prior authorisations are issued to receive scheduled treatment in a single other Member State. The most remarkable flows are mentioned below (over 80 %). *Table 10* shows that this is the case for PDs S2 issued by Austria (competent Member State) for treatment in Germany (Member State of treatment) (91.0 %), from Portugal to France (90.0 %), from Liechtenstein to Switzerland (83.3 %), and from Slovakia to the Czech Republic (83.1 %). In the other direction as well, this can be the case, as a Member State can receive the majority of prior authorisations from one single Member State (see *Table 11*). For instance, this is the case from Belgium (competent Member State) to Luxembourg (Member State of treatment) (96.0 %), from Ireland to the United Kingdom (87.1 %), from Germany to the Netherlands (81.5 %), and from Latvia to Lithuania (80.0 %).

Table 10 - Number of PDs S2 issued, breakdown by Member State of treatment, 2021

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	IS	LI	NO	CH	UK	Total
BE		17	0	6		0	9	5	26	199	21	28		7	0	2 852	<5	0	357	<5	0	0	29	<5	0	<5	<5		0	0	<5	25	**3 595**
BG	0	0	0	0		0	0	0	<5	<5	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	14	**16**
CZ	0		0	0		0	0	0	<5	350	29	<5		0	0	7	<5	0	<5	<5	0	0	6	9	604	<5	<5		0	0	0	27	**1 050**
DK	0	0				<5	0	0	<5	<5	0	0		0	0	0	0	0	0	<5	0	0	<5	0	0	<5	<5		0	0	11	<5	**24**
DE	34	280	44	15		<5	73	48	112	319	103	606		25	8	4 425	40	<5	179	2 676	37	0	217	193	64	31	21		<5	0	47	41	**9 646**
EE	0	0	0	0			0	0	0	0	13	<5		30	0	0	0	0	0	0	0	0	0	0	0	22	0		0	0	0	0	**66**
IE	0	0	0	0		0		0	<5	<5	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	18	**22**
EL	0	8	0	0		0	0		<5	16	0	0		0	0	<5	0	0	0	<5	0	0	0	0	0	0	<5		0	0	<5	28	**61**
ES	<5	0	0	10		0	0	0		1 156	0	15		0	0	10	0	0	11	<5	0	0	<54	0	0	<5	10		0	0	6	50	**1 278**
FR	47	68	<5	7		0	<5	68	82		6	229		0	0	1 217	<5	<5	15	<5	0	9	85	21	0	<5	5		0	0	0	70	**1 939**
HR	0	<5	0	0		0	0	0	<5	0		0		0	0	0	<5	0	0	0	0	0	0	31	<5	0	0		0	0	<5	<5	**47**
IT	<5	6	<5	0		<5	<5	166	47	11	36			0	0	32	<5	22	<5	6	<5	<5	212	45	<5	<5	<5		0	0	<5	74	**679**
CY	0	0	0	0		0	0	0	0	<5	0	0		0	0	0	0	0	0	0	0	0	<5	0	0	0	0		0	0	0	<5	**6**
LV	0	0	0	0		0	0	0	0	0	0	0			0	<5	0	0	0	0	0	0	0	0	0	0	0		0	0	0	<5	**<5**
LT	0	0	0	0		0	0	0	0	<5	0	0		48		<5	0	0	0	0	0	0	0	0	0	<5	<5		0	0	0	27	**84**
LU	6	<5	0	0		0	0	0	<5	145	0	0		0	0		0	0	0	0	0	0	0	0	0	<5	0		0	0	0	0	**156**
HU	0	0	0	0		0	0	0	0	0	16	0		0	0	<5		0	<5	5	0	0	22	0	<5	<5	<5		0	0	0	29	**81**
MT	0	0	0	0		0	0	0	0	0	0	0		0	0	0	0		0	0	0	0	0	0	0	0	0		0	0	<5	0	**<5**
NL	17	0	7	<5		<5	14	<5	21	<5	<5	26		<5	<5	115	<5	<5		<5	<5	0	<5	<5	0	<5	<5		0	0	<5	14	250
AT	<5	62	5	0		0	<5	0	8	<5	70	190		<5	0	<5	58	0	<5		6	0	50	93	19	0	<5		0	0	7	7	**590**
PL	0	0	34	0		0	<5	0	<5	<5	0	<5		<5	6	<5	0	0	<5	0		0	0	0	8	5	6		0	0	0	237	**307**
PT	0	0	0	0		0	0	0	<5	54	0	0		0	0	16	0	0	<5	0	0		0	0	0	0	<5		0	0	0	3	**79**
RO	0	0	0	0		0	0	0	40	0	0	0		0	0	0	0	0	0	0	0	0		0	0	0	0		0	0	<5	11	**52**
SI	0	0	0	0		0	0	0	0	0	8	0		0	0	0	0	0	0	<5	0	0	0		0	0	0		0	0	0	<5	**13**
SK	0	0	33	0		0	0	0	0	<5	0	<5		0	0	0	0	0	0	<5	0	0	0	0		<5	0		0	0	0	34	**74**
FI	0	0	0	0		<5	0	0	0	0	0	<5		<5	<5	0	0	0	<5	<5	0	0	0	0	0		19		0	0	0	<5	**31**
SE	0	<5	0	18		0	87	<5	12	<5	0	5		0	6	<5	0	<5	<5	0	<5	0	0	0	0	10			0	0	<5	12	**162**
IS	0	0	0	0		0	0	0	<5	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	**<5**
LI	0	0	0	0		0	0	0	0	0	0	0		0	0	0	0	0	0	<5	0	0	0	0	0	0	0			0	<5	0	**<5**
NO	0	0	0	0		0	0	0	0	0	0	<5		0	<5	0	0	0	0	0	0	0	0	0	0	0	0		0		18	<5	**23**
CH	10	45	<5	9		0	<5	150	18	189	37	980		<5	27	120	47	0	16	229	<5	0	35	6	22	<5	<5		5	0		5	**1 961**
UK	<5	6	<5	13		0	559	14	72	6	0	49		0	<5	<5	0	0	<5	<5	7	0	0	16	<5	0	0		0	0	0		**752**
Unkn.																			1 161														**1 161**
EU-27	108	447	128	60		11	188	291	368	2 267	304	1 107		118	23	8 689	113	29	573	2 710	47	10	630	396	704	91	78		<5	0	87	734	**20 312**
EU-14	108	443	61	60		11	187	291	321	1 911	238	1 101		39	17	8 673	107	29	568	2 694	47	10	600	356	85	56	68		<5	0	84	346	**18 512**
EU-13	0	<5	67	0		0	<5	0	47	356	66	6		79	6	16	6	0	5	16	0	0	30	40	619	35	10		0	0	3	388	**1 800**
EFTA	10	45	<5	9		0	<5	150	19	189	37	983		<5	28	120	47	0	16	230	<5	0	35	6	22	<5	<5		5	0	21	6	**1 989**
Total	**119**	**498**	**132**	**82**		**11**	**748**	**455**	**459**	**2 462**	**341**	**2 139**		**119**	**52**	**8 810**	**160**	**29**	**1 753**	**2 941**	**58**	**10**	**665**	**418**	**727**	**93**	**79**		**6**	**0**	**108**	**740**	**24 214**

* IT: data 2020.

** 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 Danish Legislation. About 90 % of the total number of authorisations issued in 2021 were for planned treatment according to Danish legislation. All prior authorisations for scheduled treatment in the UK in 2021 were granted for highly specialised treatment according to Danish legislation.

*** HU: The data appearing in this questionnaire given by Hungary on the PDs S2 issued by Hungary are based on authorisations which were granted mostly for treatments not available in Hungary and only in a limited number for treatments included in the Hungarian list of services. In this sense, these cases do not strictly fall within the ambit of Reg. 883/2004, authorisation is the discretionary power of the state, but usually, if patients go abroad within the EEA and Switzerland we issue the S2 to enable them to receive care easier.

**** NL: Numbers are recorded broken down by country, but not all competent institutions delivered by country. NL also reported 540 PDs S2 for which NL was both the competent Member State and the Member States of treatment; they are included under Unknown. So the total number (at least 1 753) is available and larger than the sum of the countries.

***** FR also issued <5 PDs S2 under cross-border agreements.

Source: PD S2 Questionnaire 2022

Table 11 - Number of PDs S2 received, breakdown by competent Member State, 2021

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***	IS	LI	NO	CH	UK	Total
BE		0	<5	0		0	0	0		870	0	<5		0	0	4 921	0	0	66	<5		0	<5	0	0	0	0			0	12	6	5 882
BG	15		0	0		0	0	5		28	<5	10		0	0	<5	<5	0	<5	55		0	0	0	0	0	<5			0	30	0	151
CZ	<5	<5		0		0	0	<5		<5	<5	0		0	0	0	<5	0	<5	<5		0	0	0	24	0	0			0	<5	0	42
DK	6	0	0			0	0	<5		5	0	0		0	0	0	5	0	<5	0		0	0	0	0	0	39			0	8	0	69
DE	64	<5	25	6		0	0	0		38	13	31		0	<5	93	49	0	1 592	2 675		5	8	<5	0	<5	12			<5	3 916	11	8 550
EE	0	0	0	<5			0	0		0	0	0		0	0	0	0	0	0	0		0	0	0	0	<5	0			0	<5	0	5
IE	11	0	0	0		<5		0		0	0	6		0	0	0	0	0	29	<5		0	0	0	0	0	81			0	<5	613	743
EL	7	<5	0	0		0	0			25	0	81		0	0	0	<5	0	<5	0		0	0	0	0	0	0			0	101	<5	224
ES	7	0	<5	0		0	0	0		21	0	6		0	0	0	<5	0	<5	<5		0	0	0	0	0	5			0	15	<5	66
FR	13 182	0	0	0		0	0	<5			0	14		0	0	110	5	0	9	<5		14	<5	0	0	0	0			0	329	0	13 668
HR	52	0	39	0		6	0	0		5		26		0	0	0	15	0	5	120		0	0	11	0	0	0			0	45	<5	325
IT	33	0	<5	0		0	0	0		187	0			0	0	0	<5	0	58	98		0	<5	<5	0	0	<5			<5	804	<5	1 193
CY	6	0	0	0		0	0	<5		11	0	<5		0	0	0	0	0	0	<5		0	0	0	0	0	0			0	<5	34	58
LV	<5	0	0	0		23	0	0		0	0	<5			72	0	<5	0	0	<5		0	0	0	0	<5	0			0	<5	0	107
LT	0	0	0	0		<5	0	<5		<5	0	0		0		0	0	0	0	<5		0	0	0	0	<5	7			<5	28	0	43
LU	4 249	0	0	0		0	0	0		558	0	5		0	0		0	0	140	12		0	0	0	0	<5	12			0	88	0	5 065
HU	<5	0	<5	0		0	0	0		5	<5	<5		0	0	0		0	0	39		0	0	0	0	0	0			0	42	0	95
MT	0	0	0	0		0	0	<5		<5	0	0		0	0	0	14		<5	0		0	0	0	0	0	<5			0	0	25	43
NL	626	<5	5	0		0	0	0		14	<5	0		0	0	<5	11	0		6		<5	0	0	<5	0	0			6	22	<5	698
AT	<5	0	<5	0		0	0	<5		<5	0	<5		0	0	0	45	0	<5			0	0	<5	0	0	0			0	185	0	243
PL	<5	0	0	0		0	0	<5		0	0	<5		0	0	0	0	0	<5	7		<5	0	0	0	0	5			0	<5	<5	26
PT	<5	0	0	0		0	0	0		5	0	0		0	0	0	<5	0	0	0			0	0	0	0	0			0	0	0	7
RO	32	<5	10	0		0	0	0		39	0	80		0	0	0	68	0	7	41		0		0	0	0	0			0	45	0	323
SI	0	0	<5	0		0	0	0		6	32	32		0	0	0	<5	0	<5	76		0	0		0	0	0			0	7	<5	159
SK	0	0	453	0		<5	0	0		<5	<5	<5		0	0	0	<5	0	0	8		0	0	0		0	0			0	14	0	486
FI	<5	0	0	<5		8	0	0		<5	0	0		0	0	<5	0	0	7	0		0	0	0	0		<5			0	0	0	22
SE	<5	0	0	<5		0	0	0		<5	0	<5		0	0	0	<5	0	0	<5		0	0	0	0	<5				11	0	0	25
IS	0	0	<5	<5		0	0	0		0	0	0		0	<5	0	<5	0	<5	0		0	0	0	0	0	<5			<5	0	0	10
LI	0	0	0	0		0	0	0		<5	0	0		0	0	0	0	0	0	0		0	0	0	0	0	0			0	9	0	10
NO	0	0	0	0		0	0	<5		0	0	0		0	0	0	<5	0	0	0		0	0	0	0	0	0				0	0	<5
CH	6	0	0	0		0	0	0		4 443	0	<5		0	0	0	<5	0	<5	404		0	0	0	7	<5	0			0		0	4 870
UK	22	<5	61	0		0	0	<5		32	<5	21		0	15	0	19	0	12	5		0	<5	<5	29	<5	19			<5	8		261
EU-27	18 309	5	539	11		41	0	15		1 826	55	309		0	74	5 127	231	0	1 935	3 155		24	12	18	25	8	170			23	5 702	704	**38 318**
EU-14	18 191	<5	34	9		9	0	<5		1 727	14	152		0	<5	5 126	126	0	1 914	2 800		21	12	7	<5	5	155			21	5 481	641	**36 455**
EU-13	118	<5	505	<5		32	0	11		99	41	157		0	72	<5	105	0	21	355		<5	0	11	24	<5	15			<5	221	63	**1 863**
EFTA	6	0	<5	<5		0	0	<5		4444	0	<5		0	<5	0	8	0	6	404		0	0	0	7	<5	<5			<5	9	0	**4 894**
Total	**18 337**	**6**	**601**	**12**		**41**	**0**	**20**		**6 302**	**59**	**333**		**0**	**90**	**5 127**	**258**	**0**	**1 953**	**3 564**		**24**	**16**	**20**	**61**	**10**	**190**			**26**	**5 719**	**704**	**43 473**

* IT: data 2020.

** 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.

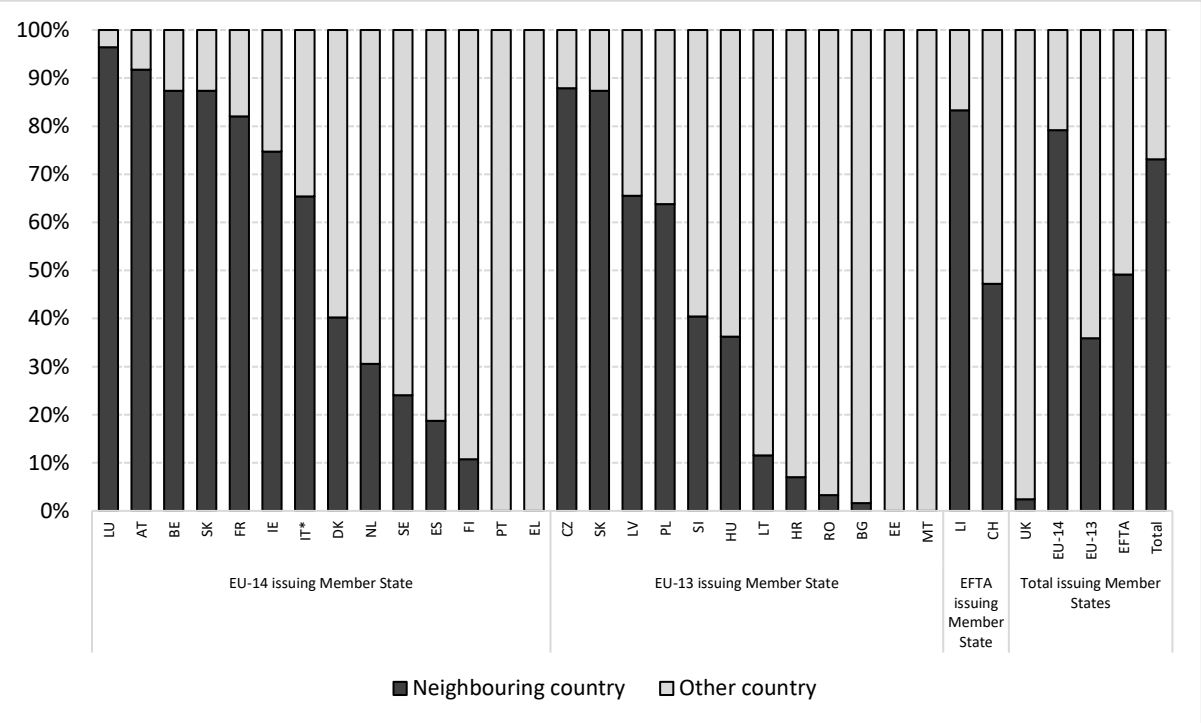
*** SE : total reported (194) differs from the sum (190).

Source: PD S2 Questionnaire 2022

The reasons why patients apply for healthcare abroad are diverse and the decision to seek authorisation 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, availability, medical expertise/quality, affordability in terms of reimbursement rates and out-of-pocket expenses, etc.)[56].

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 to a neighbouring Member State. In total, approximately three out of four PDs S2 are issued to receive a scheduled treatment in a neighbouring Member State. However, only 36 % of the PDs S2 issued by the EU-13 Member States are for treatment in a neighbouring Member State, compared to 79 % of the PD S2 issued by the EU-14 Member States. For instance, Luxembourg and Austria have issued more than 90 % of the PDs S2 to receive a scheduled treatment in a neighbouring Member State. On the contrary, Portugal, Greece, Croatia, Romania, Bulgaria, Estonia, Malta, and the United Kingdom issued more than 90 % of authorisations for healthcare provided in a non-neighbouring country.

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



* IT: data 2020.

Source: PD S2 Questionnaire 2022

56 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

It is always interesting to put absolute numbers in perspective because they are not useful to measure the true impact as they depend on the size of the country for instance. 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 2021, 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.[57] 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 8 804 PDs S2 issued by Belgium for the more flexible parallel procedures are taken into account, 78 out of 100 000 insured persons in Belgium received planned cross-border healthcare in 2021.

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, 2021

MS	Number of insured persons (A)	Number of PD S2 issued (B)	Share of insured population (B/A)	In 100 000 insured persons
BE*	11 499 246	119	0.001 %	1
BG	5 776 379	498	0.009 %	9
CZ	10 557 134	132	0.001 %	1
DK*	5 800 000	82	0.001 %	1
DE**				
EE	1 273 743	11	0.001 %	1
IE	4 800 393	748	0.016 %	16
EL	8 789 190	455	0.005 %	5
ES	49 197 881	459	0.001 %	1
FR	67 853 633	2 462	0.004 %	4
HR	4 082 930	341	0.008 %	8
IT*	60 000 000	2 139	0.004 %	4
CY				
LV	2 368 517	119	0.005 %	5
LT	2 933 396	52	0.002 %	2
LU	926 831	8 810	0.951 %	951
HU	4 144 051	160	0.004 %	4
MT	525 285	29	0.006 %	6
NL	17 385 000	1 753	0.010 %	10
AT	9 075 173	2 941	0.032 %	32
PL	34 202 895	58	0.000 %	0
PT				
RO	16 420 342	665	0.004 %	4
SI	2 100 402	418	0.020 %	20
SK	5 176 211	727	0.014 %	14
FI	5 556 508	93	0.002 %	2
SE		79		
IS				
LI	36 242	6	0.017 %	17
NO	5 425 270	0	0.000 %	0
CH	8 800 000	108	0.001 %	1
UK				
Total			**0.007 %**	**7**

* IT: data 2020. BE: in case the 8 804 PDs S2 issued for the more flexible parallel procedures are taken into account, some 78 out of 100 000 insured persons in Belgium received planned cross-border healthcare in 2021. DK: number of insured persons data 2020.

** Estimate for Germany: 0.012 % based on number of PDs S2 issued in *Table 11*. Total including DE: 0.008 %.

Source: EHIC and PD S2 Questionnaire 2022

[57] For instance, based on the Special Eurobarometer 425 (2016) 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. (See https://data.europa.eu/doi/10.2875/75886)

A similar exercise is conducted from the perspective of the Member State of treatment, which is shown in *Table 13*. Again, Luxembourg stands out with 553 in 100 000 insured persons. In addition, Belgium, Switzerland, and Austria also receive a large number of 'patients' in relative terms, namely more than 50 in 100 000. In total, around 17 in 100 000 insured persons received planned cross-border healthcare based on a prior authorisation in 2021.

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, 2021

	Number of insured persons (A)	Number of PD S2 received (B)	Share of insured population (B/A)	in 100 000 insured persons
BE	11 499 246	18 337	0.159 %	159
BG	5 776 379	6	0.000 %	0
CZ	10 557 134	601	0.006 %	6
DK*	5 800 000	12	0.000 %	0
DE**				
EE	1 273 743	41	0.003 %	3
IE	4 800 393	0	0.000 %	0
EL	8 789 190	20	0.000 %	0
ES				
FR	67 853 633	6 302	0.009 %	9
HR	4 082 930	59	0.001 %	1
IT*	60 000 000	333	0.001 %	1
CY				
LV	2 368 517	0	0.000 %	0
LT	2 933 396	90	0.003 %	3
LU	926 831	5 127	0.553 %	553
HU	4 144 051	258	0.006 %	6
MT	525 285	0	0.000 %	0
NL	17 385 000	1 953	0.011 %	11
AT	9 075 173	3564	0.039 %	39
PL				
PT				
RO	16 420 342	16	0.000 %	0
SI	2 100 402	20	0.001 %	1
SK	5 176 211	61	0.001 %	1
FI	5 556 508	10	0.000 %	0
SE				
IS				
LI				
NO	5 425 270	26	0.000 %	0
CH	8 800 000	5 719	0.065 %	65
UK				
Total			**0.017 %**	**17**

* IT: data 2020. DK: number of insured persons data 2020.

** Estimate for Germany: 0.013% based on number of PDs S2 received in *Table 10*. Total including DE: 0.0016 %.

Source: EHIC and PD S2 Questionnaire 2022

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

The data for reference year 2021 are compared with previous years to look into developments in terms of number of persons accessing planned healthcare abroad. Whereas the impact of the COVID-19 pandemic was clearly reflected in the numbers of the previous year, this is not the case anymore in the current reference year. From 2019 to 2020, the number of PDs S2 issued fell by 26 % and received by 29 %. However, from 2020 to 2021, there is a minimal increase in the number of PDs S2 issued (+0.3 %) and a larger growth in the number of authorisations received (+14.7 %).

In terms of PDs S2 issued, the most remarkable increases are noted in Spain and the Netherlands, which both doubled the number of authorisations. While Spain issued more PDs S2 than ever reported, the Netherlands are still not at the same level of before the COVID-19 pandemic. Main issuing Member States which still noted a decrease are France (-15.8 %) and Luxembourg (-3.0 %). From a receiving perspective, the majority of Member States noted a growth in the number of authorisations. This is particularly the case in some of the main receiving Member States, being France (+345.4 %), Luxembourg (+40.2%), and the Netherlands (+11.2 %). On the contrary, Austria still reported to have received less PDs S2 than in 2020 (-8.2%), as well as main receiving Member State Belgium, albeit a limited decrease (-1.2 %).

Although in general, planned cross-border healthcare is back on the rise again, the effects of the COVID-19 pandemic might still be felt. Estonia mentioned that it still had a possible impact on seeking cross-border treatment options as travelling was restricted as well as hospitals refusing to accept patients from abroad. Furthermore, the United Kingdom mentioned that the number of PDs S2 were lower than expected, probably due to the pandemic and the subsequent travel restrictions.

Furthermore, Directive 2011/24/EU was due to be transposed by the Member States by 25 October 2013.[58] 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, Croatia, Latvia, Luxembourg, Malta, the Netherlands, Austria, Portugal, Romania, Slovakia, Finland, Sweden, and Norway.

Only Belgium, Poland, and Liechtenstein believe that Directive 2011/24/EU might have had an impact on the number of PDs S2 issued. Belgium noticed a steady decline in the number of PDs S2 issued from 2013, although in 2020 and 2021 a stabilisation of around 120 PDs S2 is reported. Furthermore, they do not see an increase in the number of prior authorisations issued under the terms of Directive 2011/24/EU (in fact the number is/remains very low), but they do notice a steady increase of the amount of reimbursements under the terms of Directive 2011/24/EU for which no prior authorisation is required. Poland states that the Directive 2011/24/EU has promoted the possibility to receive medical treatment abroad. However, there is no evidence that it has influenced the number of PDs S2 issued. Finally, Liechtenstein mentioned that the use of form E112 continues to decline.

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

Table 14 - Evolution of the number of PDs S2 issued and received, 2017-2021

	Issued							Received						
MS	**2017**	**2018**	**2019**	**2020**	**2021**	**Change in numbers 2021 vs. 2020**	**% change 2021 vs. 2020**	**2017**	**2018**	**2019**	**2020**	**2021**	**Change in numbers 2021 vs. 2020**	**% change 2021 vs. 2020**
BE	280	226	208	121	119	-2	-1.7 %	22 511	26 839	27 224	18 551	18 337	-214	-1.2 %
BG	632	609	573	470	498	28	6.0 %	<5	8	17	<5	6	<5	50.0 %
CZ	150	144	168	116	132	16	13.8 %	1 272	1 195	1 241	1 329	601	-728	-54.8 %
DK	139	202	221	85	82	-3	-3.5 %	32	40	12	<5	12	8	200.0 %
DE														
EE		19	23	16	11	-5	-31.3 %		129	76	18	41	23	127.8 %
IE		1 210	1 200		748	748			16			0		
EL	465	605		521	455	-66	-12.7 %	82			234	20	-214	-91.5 %
ES	373	389	405	222	459	237	106.8 %				90			
FR	4 716	3 867	2 631	2 925	2 462	-463	-15.8 %	2 761	1 597	1 977	1 415	6 302	4 887	345.4 %
HR	460	460	477	288	341	53	18.4 %	62	74	48	66	59	-7	-10.6 %
IT	147	2 338		2 139				199	333		333			
CY	320	430	486					0	0	0				
LV	191	189	149	151	119	-32	-21.2 %	0	0	<5	9	0	-9	-100.0 %
LT	42	54	38	48	52	4	8.3 %	50	47	50	97	90	-7	-7.2 %
LU	12 658	12 754	11 765	9 082	8 810	-272	-3.0 %	1 916	2 927	3 886	3 658	5 127	1 469	40.2 %
HU	300	245	275	183	160	-23	-12.6 %	155	142	256	27	258	231	855.6 %
MT	28	32	54	33	29	-4	-12.1 %	0	<5	<5	0	0	0	
NL	1 055	2 056	3 044	751	1 753	1 002	133.4 %	2 721		3 315	1 757	1 953	196	11.2 %
AT	4 762	4 200	4 732	3 333	2 941	-392	-11.8 %	5 354	5 289	5 806	3 881	3 564	-317	-8.2 %
PL	111	81	58	44	58	14	31.8 %							
PT	60	43	28	15	10	-5	-33.3 %				21	24	3	14.3 %
RO	711		808	529	665	136	25.7 %	<5		<5	9	16	7	77.8 %
SI	366	405	426		418	418		37	38	34		20	20	
SK	914	961	1 049	889	727	-162	-18.2 %	98	53	49	47	61	14	29.8 %
FI	106	103	102	73	93	20	27.4 %	18	34	38	5	10	5	100.0 %
SE			17		79	79		258	154	38		190	190	
IS	22	43						7	6					
LI		29	20	<5	6	<5	100.0 %		<5		6			
NO	<5	<5		<5	0	-<5	-100.0 %	10	0			26	26	
CH	95	104	124	121	108	-13	-10.7 %	7 652	7 832	7 480	5 654	5 719	65	1.1 %
UK	1 352	1 487			740	740		1 241	1 357			704		
Total				**20 021**	**20 090**	**69**	**0.3 %**				**36 792**	**42 200**	**5 408**	**14.7 %**

Source: Administrative data PD S2 Questionnaire 2018 to 2022

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 the perspective of the competent Member State (debtor's perspective) almost 65 000 claims were received for an amount of EUR 177.7 million. From the perspective of the Member State of treatment (creditor's perspective), some 130 000 claims were issued, amounting to EUR 193.2 million. Nevertheless, as can be seen from *Table 15,* several Member States did not provide any data, among others Italy and Luxembourg, indicating that the real figures will be higher.

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 Belgium, Germany, France, and Austria, both in terms of claims received and amount to be paid. Additionally, the United Kingdom paid more than EUR 18 million. Furthermore, the Netherlands and Romania shows a high amount of more than EUR 10 million. It can also 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 0.016 % of total healthcare spending related to benefits in kind. For all reporting countries the budgetary impact is marginal, namely less than 0.3 % (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 Belgium, Germany, Switzerland, and Austria. Especially Germany stands out with a claimed amount of more than EUR 75 million. The average impact of planned cross-border healthcare from a creditor's perspective remains limited as well with an average of some 0.020 % of total healthcare spending related to benefits in kind. In none of the Member States does it exceed 0.2 %.

The evolution from 2020 to 2021 is also reported in *Table 15* below. On average, for the Member States with both data for 2020 and 2021, the amount claimed in 2021 is higher compared to 2020 from a debtor's perspective (+24.6 %), as well as from a creditor's perspective (-2.4%). This evolution is strongly influenced by Belgium, which shows remarkable growths, both as a debtor (+263.8 %) and as a creditor (+200.3 %). This is the case because in 2020, data from parallel procedures were not included, while they are included in 2021. From a creditor's perspective, when data from the ZOAST agreement are included in 2020 as well, the evolution in the number of forms amounts to +12.2 % and the evolution of the amount claimed to +50.2 % (instead of +352.8 % and +200.3 % respectively).

In *Annex III,* the individual claims for reimbursement received and issued between Member States are reported. The mains flows of amount claimed go from Belgium (creditor) to France (debtor) (including parallel procedures), from Germany to Austria, from Switzerland to Germany, from Belgium to Luxembourg, from Germany to Cyprus, from Ireland to the United Kingdom, and from the United Kingdom to Ireland

Table 15 - Budgetary impact of cross-border planned health care, 2020-2021

	Debtor								Creditor							
	Forms received			Amount claimed (in €)			Share in total healthcare spending related to benefits in kind		Forms issued			Amount claimed (in €)			Share in total healthcare spending related to benefits in kind	
	2020	2021	Evolution 2021 vs. 2020	2020	2021	Evolution 2021 vs. 2020	2020	2021	2020	2021	Evolution 2021 vs. 2020	2020	2021	Evolution 2021 vs. 2020	2020	2021
BE* **	7 266	23 942	229.5 %	11 464 189	41 707 836	263.8 %	0.038 %	0.133 %	21 824	98 816	352.8 %	18 557 317	55 719 195	200.3 %	0.062 %	0.177 %
BG		3 033			4 030 118			0.152 %	9	19	111.1 %	6 727	6 144	-8.7 %	0.000 %	0.000 %
CZ	106	164	54.7 %	853 901	922 033	8.0 %	0.008 %	0.008 %	1 329	601	-54.8 %	10 545 378	4 212 862	-60.1 %	0.095 %	0.035 %
DK	169	102	-39.6 %	999 691	1 108 736	10.9 %	0.006 %	0.006 %	64	83	29.7 %	345 616	358 237	3.7 %	0.002 %	0.002 %
DE	12 485	9 736	-22.0 %	21 557 037	19 882 593	-7.8 %	0.008 %	0.007 %	16 326	13 091	-19.8 %	78 141 586	75 033 440	-4.0 %	0.029 %	0.026 %
EE	51	27	-47.1 %	2 052 252	510 100	-75.1 %	0.182 %	0.043 %	19	45	136.8 %	75 753	80 043	5.7 %	0.007 %	0.007 %
IE		380			8 130 874			0.050 %								
EL	885	558	-36.9 %	5 058 657	2 855 768	-43.5 %	0.061 %	0.034 %	80	82	2.5 %	135 679	175 625	29.4 %	0.002 %	0.002 %
ES	425	372	-12.5 %	4 723 757	1 915 294	-59.5 %	0.007 %	0.003 %	604	483	-20.0 %	1 129 925	920 310	-18.6 %	0.002 %	0.001 %
FR	3 649	12 458	241.4 %	15 319 038	18 135 480	18.4 %	0.008 %	0.009 %	3 030	2 529	-16.5 %	15 204 182	10 608 110	-30.2 %	0.008 %	0.005 %
HR	507	490	-3.4 %	6 702 372	9 026 680	34.7 %	0.213 %	0.271 %	83	52	-37.3 %	150 227	1 927 912	1183.3 %	0.005 %	0.058 %
IT																0.000 %
CY																0.000 %
LV	182	281	54.4 %	3 595 770	2 030 471	-43.5 %	0.377 %	0.187 %	9	0	-100.0 %	0	0	0.0 %	0.000 %	0.000 %
LT	213	163	-23.5 %	319 162	472 793	48.1 %	0.018 %	0.023 %	168	293	74.4 %	2 122 964	1 319 212	-37.9 %	0.119 %	0.065 %
LU																
HU	225	36	-84.0 %	2 701 009	669 377	-75.2 %	0.046 %	0.011 %	249	206	-17.3 %	231 758	2 811 568	1113.1 %	0.004 %	0.047 %
MT	25	9	-64.0 %	234 359	98 984	-57.8 %	0.043 %	0.016 %							0.000 %	0.000 %
NL	2 965	3 844	29.6 %	10 213 516	10 088 682	-1.2 %	0.018 %	0.017 %								
AT	5 263	4 567	-13.2 %	13 656 648	14 500 633	6.2 %	0.055 %	0.055 %	5 324	3 703	-30.4 %	19 383 264	13 273 697	-31.5 %	0.078 %	0.051 %
PL	124	74	-40.3 %	1 016 997	621 304	-38.9 %	0.006 %	0.003 %	663	449	-32.3 %	457 602	242 718	-47.0 %	0.003 %	0.001 %
PT	26	<5	-88.5 %	426 038	24 915	-94.2 %	0.004 %	0.000 %	23	39	69.6 %	17 720	9 869	-44.3 %	0.000 %	0.000 %
RO	841	1 003	19.3 %	11 607 127	10 713 952	-7.7 %	0.139 %	0.113 %		7			1 018			0.000 %
SI		312			2 671 961			0.088 %		13			18 667			0.001 %
SK	1 237	697	-43.7 %	10 183 608	7 184 566	-29.4 %	0.220 %	0.152 %	182	160	-12.1 %	134 880	144 250	6.9 %	0.003 %	0.003 %
FI**	128	68	-46.9 %	1 258 206	197 646	-84.3 %	0.009 %	0.001 %	6	17	183.3 %	5 207	81 318	1461.7 %	0.000 %	0.001 %
SE	57	9	-84.2 %	169 891			0.001 %		348	195	-44.0 %	5 577 380			0.019 %	
IS										0						0.000 %
LI									<5	<5	0.0 %	34 980	34 980	0.0 %		
NO										16			112 557			0.001 %
CH	1 264	1 352	7.0 %	2 262 296	2 039 046	-9.9 %	0.006 %	0.005 %	8 511	7 958	-6.5 %	20 341 703	23 193 259	14.0 %	0.051 %	0.054 %
UK	1 391	928	-33.3 %	4 559 667	18 171 732	298.5 %	0.002 %	0.010 %	2 301	1 449	-37.0 %	21 606 224	2 927 514	-86.5 %	0.012 %	0.002 %
Total*		**64 608**	**54.2 %**		**177 711 570**	**24.6 %**	**0.013 %**	**0.016 %**		**130 307**	**113.0 %**		**193 212 504**	**2.4 %**	**0.020 %**	**0.020 %**

* The total reported is the sum of all reporting Member States in 2021. The evolution reported only takes into account those Member States which could report data for both 2020 and 2021.

** FI: from a debtor's perspective it concerns the amount paid instead of claimed.

*** BE: Debtor: the number of E125 forms and the amount to be paid are based on the E125 forms received via sTesta. E125 forms received in paper form have not been taken into account, and the number of E125 forms and the amount to be paid include the number of E125 forms and amounts to be paid for health received on the basis of a PD S2 issued under the different special arrangements (parallel procedures) which is particularly relevant for Germany, France, and Luxemburg. Creditor: the number of forms and the amounts are the total of E125 forms (claims and credit notes) sent to other MS for healthcare provided on the basis of a PD S2. The number of E125 forms issued for France include the E125 forms issued for healthcare provided on the basis of a PS S2 and a PD S2 issued under the ZOAST-Agreements. This was not the case in reference year 2020.

Source: Administrative data PD S2 Questionnaire 2022 and Eurostat [spr_exp_fsi] data 2019

5. Evaluation of the request for prior authorisation and reasons for refusal

Twenty-eight Member States were able to provide information on the number of PDs S2 requests which were refused in 2021. In total, these Member States refused 3 165 requests for prior authorisation for treatment abroad (PD S2) (*Table 16*). The majority of these refusals originate from France (911 refusals) and Luxembourg (839 refusals), as together they account for 55 % of all refusals by the reporting Member States. These high numbers are of course linked to the high number of requests received by both Member States compared to other Member States (France received 6 302 PDs S2; Luxembourg 5 127; the total number received is 43 473, see *Table 11*).

In relative terms, the refusal rate is particularly high in Norway (100.0 %, although it only concerns 10 requests), Sweden (70.7 %), and Belgium (64.4 %), and to a lesser extent in Finland (36.7 %), the Czech Republic (35.3 %), and Estonia (35.3 %). On average, approximately 12.5 % 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 (8.7 %), because when Luxembourg is excluded, the refusal rate climbs to 14.9 %. The general increase in the refusal rate between 2014 and 2020 seems to have stopped in 2021, as the 2021 rate dropped by 1.5 percentage points compared to 2020.

Table 16 - Number of PDs S2 requests refused and accepted, 2013-2021

	2021					% refused in …							
	Issued	Refused	Total	% accepted	% refused	2013	2014	2015	2016	2017	2018	2019	2020
BE	119	215	334	35.6 %	64.4 %	23.5 %	42.0 %	46.6 %	35.1 %	49.3 %	58.5 %	62.2 %	63.1 %
BG	498	30	528	94.3 %	5.7 %	7.5 %	10.6 %	9.8 %	3.2 %	2.2 %	3.9 %	3.9 %	2.7 %
CZ	132	72	204	64.7 %	35.3 %	20.0 %	33.8 %	41.6 %	32.2 %	23.5 %	21.7 %	32.0 %	32.6 %
DK	82	<5	84	97.6 %	2.4 %	n.a.	0.0 %	7.7 %	13.3 %	6.7 %	4.3 %	3.1 %	8.6 %
DE													
EE	11	6	17	64.7 %	35.3 %	10.3 %	10.0 %	9.5 %	n.a.		0.0 %	39.5 %	46.7 %
IE	748	42	790	94.7 %	5.3 %	3.7 %	6.2 %	7.4 %	2.8 %		3.5 %	5.7 %	
EL	455	25	480	94.8 %	5.2 %	6.5 %	1.8 %	3.9 %	4.7 %	3.3 %	0.2 %		4.9 %
ES	459	25	484	94.8 %	5.2 %	n.a.	n.a.	n.a.	n.a.	0.0 %			7.9 %
FR	2 462	911	3 373	73.0 %	27.0 %	n.a.	44.5 %	n.a.	24.0 %	27.2 %	29.8 %	30.4 %	35.2 %
HR	341	45	386	88.3 %	11.7 %	n.a.	18.0 %	15.1 %	14.0 %	13.2 %	12.5 %	10.1 %	8.6 %
IT						2.1 %	2.1 %	4.2 %	n.a.	13.0 %	1.4 %		1.5 %
CY						n.a.	6.6 %	n.a.	n.a.	0.0 %			
LV	119	6	125	95.2 %	4.8 %	7.0 %	4.0 %	6.2 %	n.a.	6.8 %	8.3 %	6.3 %	3.2 %
LT	52	0	52	100.0 %	0.0 %	0.0 %	0.0 %	23.9 %	7.9 %	4.5 %	0.0 %	2.6 %	0.0 %
LU	8 810	839	9 649	91.3 %	8.7 %	3.4 %	4.9 %	4.9 %	14.2 %	10.8 %	6.8 %	9.9 %	9.2 %
HU	160	28	188	85.1 %	14.9 %	n.a.	n.a.	22.6 %	21.8 %	11.0 %	9.9 %	8.9 %	12.9 %
MT	29	0	29	100.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	5.9 %	1.8 %	0.0 %
NL	1 753	13	1 766	99.3 %	0.7 %	n.a.	n.a.	1.3 %	n.a.				3.3 %
AT	2 941	424	3 365	87.4 %	12.6 %	n.a.	3.7 %	5.6 %	7.2 %	8.5 %	9.1 %	9.6 %	12.8 %
PL	58	<5	60	96.7 %	3.3 %	21.4 %	19.4 %	10.7 %	9.9 %	29.7 %	6.9 %	13.4 %	0.0 %
PT	10	<5	13	76.9 %	23.1 %	28.2 %	27.8 %	10.9 %	14.9 %	22.1 %	35.8 %	31.7 %	25.0 %
RO	665	46	711	93.5 %	6.5 %	3.1 %	4.5 %	7.1 %	6.7 %	5.1 %		5.2 %	4.0 %
SI	418	63	481	86.9 %	13.1 %		8.3 %	4.8 %	6.1 %	5.4 %	7.5 %	16.8 %	
SK	727	29	756	96.2 %	3.8 %	7.0 %	5.9 %	7.6 %	3.0 %	3.4 %	3.8 %	4.4 %	2.6 %
FI	93	54	147	63.3 %	36.7 %	57.9 %	57.5 %	49.7 %	47.3 %	43.3 %	49.8 %	40.0 %	31.8 %
SE	79	191	270	29.3 %	70.7 %	n.a.	35.5 %	n.a.	n.a.				79.5 %
IS						n.a.	n.a.	n.a.	n.a.	12.0 %	0.0 %	0.0 %	
LI	6	0	6	100.0 %	0.0 %	0.0 %	0.0 %	0.0 %	n.a.				0.0 %
NO	0	10	10	0.0 %	100.0 %	n.a.	54.0 %	47.9 %	94.4 %	96.4 %	82.4 %		88.9 %
CH	108	20	128	84.4 %	15.6 %	n.a.	n.a.	20.5 %	35.5 %	38.3 %	23.0 %	25.7 %	23.9 %
UK	740	64	804	92.0 %	8.0 %	0.5 %	3.9 %	4.4 %	4.3 %	5.8 %	4.1 %		2.7 %
Total	**22 075**	**3 165**	**25 240**	**87.5 %**	**12.5 %**	**n.a.**	**8.2 %**	**7.0 %**	**13.8 %**	**13.7 %**	**11.3 %**	**13.4 %**	**14.0 %**

Source: Administrative data PD S2 Questionnaire 2014 - 2022

In addition to the number of refused requests for prior authorisation, the reporting Member States were asked 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, 2021 (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	219	6 %	36 %	58 %
BG	30	0 %	100 %	0 %
CZ	72	app. 10 %	app. 80 %	app. 10 %
DK	<5	0 %	0 %	100 %
DE				
EE	6	100 %	0 %	0 %
IE	42	0 %	31 %	69 %
EL	25	0 %	100 %	0 %
ES	28	7 %	61 %	32 %
FR	928	22 %	29 %	49 %
HR	45	0 %	0 %	100 %
IT**	231	53 %	45 %	2 %
CY				
LV	5	0 %	100 %	0 %
LT	0			
LU	839			
HU	28	0 %	100 %	0 %
MT	0			
NL	13			Most cases
AT	424	3 %	81 %	17 %
PL	<5	50 %	50 %	0 %
PT	<5	0 %	0 %	100 %
RO	46	17 %	13 %	70 %
SI	63	27 %	16 %	57 %
SK	29	10 %	34 %	55 %
FI	55	13 %	75 %	13 %
SE	191			
IS				
LI				
NO	10	10 %	40 %	50 %
CH	20	15 %	80 %	5 %
UK	64	17 %	38 %	45 %
Unweighted average		**16 %**	**48 %**	**36 %**

* 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.

** IT: data 2020.

Source: Administrative data PD S2 Questionnaire 2022

Most authorisation requests were refused because the treatment could be delivered within a medically justifiable period in the competent Member State (48 % unweighted average) *(Table 17)*. This was the main reason in Bulgaria, the Czech Republic, Greece, Spain, Latvia, Hungary, Austria, Finland, and Switzerland. The first reason, being that the care in question is not included in the services provided for by the legislation of the Member State, was the most common reason for refusals in Estonia and Italy (data 2020). In total, this reason was only used for 16 % of refusals. Finally, more than one third of refusals occurred due to other reasons (36 %). This was the main reason in Belgium, Denmark, Ireland, France, Croatia, the Netherlands, Portugal, Romania, Slovenia, Slovakia, Norway, and the United Kingdom.

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, there is sometimes a non-compliance with the procedure, or an EHIC should have been used instead of a PD S2.

However, the decision to refuse to issue a PD S2, can be contested. The share of contested decisions for 2021 and its evolution over the years is shown in *Table 18*. The 24 Member States which were able to provide figures on the number of contested decisions received 288 contestations following the refusal to issue a PD S2. 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 Denmark (100 %), Greece (100 %), Ireland (57.1 %), the United Kingdom (28.1 %), Slovenia (27.0 %), and Croatia (20.0 %).

Table 18 - Percentage of contested decisions to refuse to issue a PD S2, 2013-2021

	2021			% 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	2020
BE	n.a.			n.a.	1.8 %	n.a.	n.a.	n.a.	n.a.	n.a.	
BG	5	30	16.7 %	15.8 %	33.3 %	25.0 %	33.3 %	14.3 %	28.0 %	26.1 %	23.1 %
CZ	11	72	15.3 %	24.0 %	20.0 %	8.3 %	18.2 %	19.6 %	15.0 %	17.7 %	21.4 %
DK	<5	<5	100.0 %	n.a.	0.0 %	0.0 %	14.3 %	40.0 %	0.0 %	0.0 %	0.0 %
DE											
EE	0	6	0.0 %							0.0 %	0.0 %
IE	24	42	57.1 %	15.4 %	29.3 %	17.6 %	28.0 %		22.7 %	27.8 %	
EL*	25	25	100.0 %	25.0 %	45.5 %	0.0 %	52.6 %	18.8 %			59.3 %
ES	0	25	0.0 %								5.3 %
FR	13	911	1.4 %				11.3 %		1.1 %	2.2 %	0.4 %
HR	9	45	20.0 %	n.a.	n.a.	16.3 %	22.4 %	25.7 %	19.7 %		14.8 %
IT				n.a.	n.a.	14.1 %	n.a.	40.9 %			
CY											
LV	0	6	0.0 %	15.4 %	10.0 %	0.0 %	n.a.	7.1 %	0.0 %	0.0 %	0.0 %
LT	0	0		n.a.	0.0 %	0.0 %	n.a.	0.0 %	0.0 %	0.0 %	
LU	+/-150	839	17.9 %	9.1 %	app. 12 %	5.7 %	1.9 %	8.4 %	12.3 %	18.2 %	18.8 %
HU	5	28	17.9 %	42.3 %	17.0 %*	6.3 %*	6.0 %	8.1 %	22.2 %	14.8 %	25.9 %
MT									0.0 %	0.0 %	
NL						11.9 %					
AT	0	424	0.0 %	n.a.	n.a.	1.4 %	1.7 %	0.9 %	0.9 %	0.4 %	1.8 %
PL	0	<5	0.0 %	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 %	0.0 %
RO	0	46	0.0 %	0.0 %	2.4 %	3.4 %	6.8 %	2.6 %		4.5 %	0.0 %
SI	17	63	27.0 %	n.a.	28.9 %	41.2 %	18.5 %	28.6 %	239.4 %	30.2 %	
SK	<5	29	13.8 %	20.7 %	2.0 %	34.9 %	54.2 %	0.0 %	5.3 %	10.4 %	8.3 %
FI	<5	54	3.7 %	15.8 %	17.3 %	12.4 %	10.6 %	6.2 %	5.9 %	4.4 %	5.9 %
SE											0.0 %
IS				n.a.	n.a.	n.a.	n.a.	0.0 %	0.0 %		
LI	0	0									
NO	<5	10	10.0 %		27.8 %	6.5 %		7.4 %	7.1 %	16.7 %	25.0 %
CH	<5	20	10.0 %			9.4 %	6.5 %	8.5 %	6.5 %	0.0 %	23.7 %
UK	18	64	28.1 %			4.6 %	14.0 %	18.8 %	26.6 %		21.6 %
Weighted average	288	2 746	10.5 %	n.a.	10.7 %	8.4 %	6.4 %	8.7 %	6.0 %	10.0 %	6.9 %
Unweighted average			29.9 %					13.4 %	9.9 %	11.7 %	12.5 %

* EL reported more contested decisions (47) than refusals (25). Therefore, the number of contested decisions was set equal to the number of refusals.

Source: Administrative data PD S2 Questionnaire 2022

Although the 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*. In general, almost all of the reporting Member States issued PDs S2 exclusively for treatments that are included in the services provided for by their legislation (EE, EL, ES, LV, LT, MT, PL, RO, SI, SK, SK, and SE). In Belgium, Denmark, France, Hungary, and the United Kingdom 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 Italy (data 2020), Austria, and Finland concerned care which is included in the services provided by their legislation. In only two Member States, the opposite tendency can be seen. In Ireland and Croatia, PDs S2 were exclusively issued for the treatment that is not included in the services provided by its legislation[59]. 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)*.

Table 19 - Care (not) included in the services provided for by the national legislation, 2021

	Care included in the services provided by the legislation of your MS	Care not included in the services provided by the legislation of your MS
BE	96.0 %	4.0 %
BG		
CZ	50.0 %	50.0 %
DK	97.6 %	2.4 %
DE		
EE	100.0 %	0.0 %
IE	0.0 %	100.0 %
EL	100.0 %	0.0 %
ES	100.0 %	0.0 %
FR	99.9 %	0.1 %
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	100.0 %	0.0 %
NL		
AT	88.1 %	11.9 %
PL	100.0 %	0.0 %
PT		
RO	100.0 %	0.0 %
SI	100.0 %	0.0 %
SK	100.0 %	0.0 %
FI	76.3 %	23.7 %
SE	100.0 %	0.0 %
IS		
LI		
NO		
CH		
UK	92.7 %	7.3 %
Weighted average	**81.9 %**	**18.1 %**
Unweighted average	**84.5 %**	**15.5 %**

* IT: data 2020.

Source: Administrative data PD S2 Questionnaire 2022

[59] 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, CZ, DK, EE, IE, EL, FR, HR, HU, MT, AT, PL, PT, FI, SE, LI and CH) *(Annex IV)*.[60] 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,[61] ZOAST[62], 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. Belgium reported 8 804 PDs S2 issued under parallel procedures, of which among others 1 052 under the Ostbelgien Regelung (between BE and DE), and 7 607 for persons whose principal residence is in a border region. Portugal authorized 396 cases under national legislation in 2021. Poland also reports that national procedures are used more often compared to the procedures determined by the EU rules.

In some Member States, for instance in Belgium, Portugal, and Poland, 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

The majority of Member States did not reply to the question on inappropriate use or mentioned that such information is not available (BE, BG, CZ, DE, IE, EL, ES, FR, LT, LU, MT, NL, PL, PT, SI, SE, LI, CH, and UK). Additionally, many Member States reported that no cases of fraud or error were found (DK, EE, HR, LV, HU, RO, SK, FI, and NO). Only Austria mentioned that fraud can occur when after the refusal to issue a PD S2, the requested benefit is claimed by means of an EHIC. However, quantification of this type of fraud was not possible.

60 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

61 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.

62 The agreement facilitates patient mobility between Belgium and France.

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, 2021

	Description
BE	No new measures to disseminate information to raise awareness were introduced during 2021. The NCP for Cross-Border Healthcare provides general information on the access to and reimbursement of cross-border health care, both planned and unplanned, and this both under the terms of the Regulations (EC) 883/2004 and 987/2009 and the Directive 2011/24/EU. However, insured persons (patients), who wish to receive a personal advice on their individual case, have to contact their health insurance fund (competent institution). We did not introduce new measures to disseminate information to raise awareness amongst insured persons (patients) or healthcare providers.
BG	We inform the interested stakeholders about the differences and stress on the comparative advantages for planned healthcare abroad under the terms of Regulation (EC) No 883/2004 as compared with the terms of the Directive. We have not introduced new measures to disseminate the information to rase awareness amongst patients.
CZ	
DK	The patient advisors in the National Contact Points of the five regions and the Danish Patient Safety Authority, EU Health Insurance, which is the Danish liaison body and the National Coordinating Contact Point, provide guidance in writing (email/letter) and by phone to both in-coming and out-going patients and healthcare providers etc. about the opportunities for planned healthcare abroad under the terms of the Regulation (EC) No. 883/2004 and the Directive 2011/24/EU. General information on the right to cross-border healthcare are also available on the website of the Danish Patient Safety Authority and the websites of the National Contact Points in the regions.
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	Responding to telephone and email queries. Providing information via our website.
EL	1) Patients are being advised on a personal basis when visiting the EOPYY Regional Offices, 2) The National Organization for Health Care Services Provision (EOPYY) relaunched the upgraded website of the National Contact Point (NCP) for Cross-border Healthcare (https://eu-healthcare.eopyy.gov.gr/en/). The website is available in Greek and English and it is built on the basis of the Commission's specific principles, guidelines and evaluation indicators for the member-states' NCPs as well as the usability and accessibility requirements of the National Digital Gateway pursuant to the European Regulation 2018/1724. The NCP website is also accessible on the EU website YourEurope (https://europa.eu/youreurope/).
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: An article in Ameli.FR (the national website of the French health insurance system) details the coverage of scheduled care without necessarily distinguishing between Regulation 883/2004 care and directive care. The scheduled care referred to is that requiring the issuance of an S2 form.
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	
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 patient receives planned healthcare abroad under the terms of Directive 2011/24/EU, then National Health Service pays for planned healthcare according to the terms and rates of Latvia. The first option is more favourable for a patient.
LT	The information about the opportunities for planned healthcare abroad is published on the web page of the National Health Insurance Fund under the Ministry of Health (NHIF). 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	Patients and healthcare providers are provided with a detailed explanation 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-authorisation 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. for example: https://www.menzis.nl/vergoedingen/v/vakantie-vaccinaties-en-behandeling-in-het-buitenland
AT	- Personal counselling for patients in case of need - 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 National Health Fund (Narodowy Fundusz Zdrowia - NFZ) 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. During the pandemic phase, guidelines were issued and general information made available on the cross-border transfer of critically ill patients.
RO	Romanian liaison body and competent institution permanently carries out activities to inform the insured persons and the healthcare providers regarding the differences between the opportunities for planned healthcare abroad under the terms of Regulation (EC) No 883/2004 and Directive 2011/24/EU. No new measures were introduced.
SI	National Contact Point on cross-border healthcare daily provides information about the differences between the opportunities for planned healthcare abroad under the terms of Regulation (EC) No 883/2004 and Directive 2011/24/EU. Information about the differences is also published as an answer to the question under most frequently asked questions on NCP's website.
SK	We have been using standard procedures of advising the clients (email communication, personal communication, phone communication) facilitating their decision-making process on the scheduled treatment abroad, including website information, call centres assistance, and other specific information based on individual requests of the insured.
FI	Kela (The Social Insurance Institution of Finland) provides information on seeking healthcare abroad with or without prior authorisation. Information is provided for patients and healthcare providers in Kela's website (www.kela.fi) and customer service in Kela's Centre for International Affairs. The Contact Point for Cross-Border Healthcare has an online service 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 2021, compared with 2020, 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.
IS	
LI	In Liechtenstein, according to national law, there is already the possibility of obtaining health services abroad. Thus, the insured are already very well informed.
NO	In Norway, prior authorisation is not required. This means that patients can receive healthcare abroad even though healthcare can be provided in Norway within a reasonable time limit. We have information about planned healthcare abroad on the health portal www.helsenorge.no. We have general information about treatment within the specialist health service on the following page: https://www.helsenorge.no/en/treatment-abroad/treatment-within-the-specialist-health-service-abroad/ We have, amongst others, the following pages related to Directive 2011/24/EU: • https://helsenorge.no/health-rights-abroad/hospital-treatment-and-other-specialist-health-services-in-eea-countries • https://helsenorge.no/health-rights-abroad/persons-entitled-to-planned-treatment-in-the-eu-eea • https://www.helsenorge.no/en/treatment-abroad/overview-of-reimbursable-healthcare/ Information about planned healthcare abroad under the terms of Regulation (EC) No 883/2004: https://www.helsenorge.no/en/treatment-abroad/treatment-within-the-eueea-in-the-event-of-medically-unacceptable-long-waiting-times-in-norway/ We also have information regarding National Contact Point: • https://helsenorge.no/foreigners-in-norway/norwegian-national-contact-point-for-healthcare • https://helsenorge.no/behandling-i-utlandet/nasjonale-kontaktpunkter-i-eos (in Norwegian - about National Contact Points in the EEU) We continuously work to improve our information online. People seeking guidance can also contact our call centre for help; telephone number: +47 2332 7000.
CH	Switzerland does not apply Directive 2011/24/EU.
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 centre) 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. Norther Ireland - Our website has detailed information about both S2 route and the Directive which no longer applies in the UK. Guidance notes and application forms regarding the S2 route are clear and unambiguous. Scotland - An S2 application form/guidance specifically for NHS Scotland is currently under development. Information about the S2 scheme was refreshed on the NHS Inform website in 2022: https://www.nhsinform.scot/care-support-and-rights/health-rights/european-cross-border-healthcare/travelling-to-europe-for-planned-healthcare-the-s2-scheme#:~:text=The%20S2%20scheme%20allows%20Scottish,of%20your%20condition%20and%20circumstances. Wales - There is reference to the S2 process on the Local Health Board Websites. Each of the S2 teams within the LHB help with enquiries and provide further information including guidance and application form. LHBs also advise patients on how to access EHIC/GHIC information. In response to correspondence queries, Welsh Government advises patients on the current available routes for planned

	Description
	healthcare where applicable, including the S1, S2 process and EHIC/GHIC. Welsh Government has worked together with the Welsh Ambulance Services NHS Trust to develop reciprocal healthcare pages on the NHS 111 Wales website, which includes details on all of the available funding routes. These pages include the contact details of the S2 teams for each LHB in Wales. Welsh Government also signposts enquiries to applicable UK Government guidance and websites.

Source: Administrative Data PD S2 Questionnaire 2022

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, 2021

MS	Description
BE	Further to the transposition of Directive 2011/24/EU, the legal framework regarding planned health care, including the issuing of a prior authorisation has been clarified. As a result a prior authorisation (PD S2) is no longer issued for: * outpatient care unless e.g. the conditions of article 20 of Regulation (EC) 883/2004 are met; * healthcare that is not provided for by the Belgian compulsory health care insurance of if the reimbursement conditions are not met. The data appear to indicate that Directive 2011/24/EU had/has an influence on the number of PDs S2 issued by Belgian health care funds: over the years (starting in 2013 until now) we notice a steady decline in the number of PDs S2 issued. The data over the reference years 2020 and 2021 show, however, a stabilisation of around 120 PD S2 issued on a yearly basis. On the other hand we do not see an increase in the number of prior authorisation issued under the terms of Directive 2011/24/EU (in fact the number is/remains very low), but we do notice a steady increase of the amount of reimbursements under the terms of Directive 2011/24/EU for which no prior authorisation is required.
BG	No. There is no interrelation between the number of the requested and issued S2 and the application of Directive 2011/24/EU.
CZ	
DK	We do not have any evidence that Directive 2011/24/EU has influenced the number of PDs S2 issued in 2021. 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 2021, 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	No
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 by Spanish institutions, since the use of this Directive is very limited in Spain. It must be taken into account that during the year 2021 there were only 7 requests for healthcare subject to prior authorization in Spain.
FR	France has not established a list allowing the provision of scheduled care subject to authorisation under the Directive
HR	No, there is no such evidence.
IT	
CY	
LV	There is no evidence
LT	Lithuania does not apply prior authorization system for cross-border healthcare under the Directive 2011/24/EU on patients' rights in cross-border healthcare. Therefore, we do not have such evidence.
LU	No
HU	There is no increase in the number of patients. In the reference year of 2021, 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	Directive 2011/24/EU had no impact or influence on the PD S2 procedure.
PL	The above Directive have promoted in Poland possibility to receive medical treatment abroad. 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, but here is no evidence, that Directive 2011/24/EU on patients' rights in cross-border healthcare has influenced the evolution of the number of PDs S2 issued by our institution.
PT	[DGS] No relevance of the Directive 2011/24/EU in the evolution of the number of PDs S2 issued by Portuguese institutions.

MS	Description
RO	No, we do not have.
SI	We do not have any evidence, so we cannot give an answer on the impact of the Directive 2011/204/EU on the issuance of S2. We can just predict that implementation of Directive has lower the number of issued S2.
SK	No
FI	There has not been any specific legislative or administrative change in Finland that has influenced the evolution of the number of patients applying S2. Nor is there any evidence that the Directive 2011/24/EU on 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.
IS	
LI	the use of the form E 112 continues to decline
NO	We have no such evidence. We have seen a reduction in the number of S2 issued each year.
CH	Switzerland does not apply Directive 2011/24/EU.
UK	In 2021, we were expecting S2 applications to increase due to the EU Directive ending, following EU Exit. S2 enquiries have increased. However, S2 numbers were lower than expected, probably due to covid and travel restrictions. We anticipate S2 numbers to increase in 2022.

Source: Administrative Data PD S2 Questionnaire 2022

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, 2021

Member State of treatment (Creditor)	Competent Member State (Debtor)																																
	BE*	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	IS	LI	NO	CH	UK	Total
BE		340	<5	<5	441	0	<5	31	77	9 527	5			12	0		0	0	3 143	8	0	0	58	<5	0	<5	0		0		17	<5	13 673
BG	0		0	0	7	0	0	0	<5	0	0			0	0		0	0	0	0	0	0	0	0	0	0	0		0		0	15	23
CZ	0	<5		0	25	0	0	0	<5	<5	39			0	0		<5	0	7	<5	0	0	9	<5	575	<5	0		0		0	0	667
DK	<5	0	<5		15	<5	0	0	<5	<5	<5			<5	0		0	0	<5	0	0	0	0	<5	0	0	0		0		<5	0	30
DE	2 042	1 820	52	24	0	6	0	62	148	847	199			34	16		14	<5	458	4 160	63	<5	354	104	67	23	5		0		1 066	10	11 579
EE	0	0	0	0	0		0	0	0	0	7			23	<5		0	0	0	0	0	0	0	0	<5	19	0		0		0	<5	53
IE	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	696	696
EL	0	25	0	0	64	0	0		0	0	0			0	0		0	0	0	0	0	0	0	0	0	0	0		0		0	40	129
ES	10	<5	0	0	226	0	0	0		21	5			0	0		0	0	17	0	0	<5	0	0	0	<5	0		0		<5	15	299
FR	17 589	275	<5	6	47	0	<5	36	60		<5			0	<5		0	0	44	<5	<5	0	65	10	<5	<5	0		0		5	0	18 157
HR	0	0	<5	0	34	0	0	0	0	0				0	0		0	0	0	<5	0	0	0	9	<5	<5	0		0		0	5	54
IT	<5	27	0	0	43	0	<5	38	41	7	18			0	0		0	<5	5	<5	0	0	249	73	<5	5	0		0		20	11	552
CY	0	0	0	0	0	0	0	0	0	0	0			0	0		0	0	0	0	0	0	0	0	0	0	0		0		0	83	83
LV	0	0	0	0	0	0	0	0	0	0	0				0		0	0	0	0	0	0	0	0	0	0	0		0		0	<5	**<5**
LT	0	0	0	0	62	0	0	<5	0	0	0			195			0	0	0	0	0	0	0	0	0	<5	0		0		0	0	259
LU	4 213	9	0	0	111	0	0	0	<5	260	0			0	0		0	0	<5	0	0	0	0	0	0	0	0		0		0	<5	4 598
HU	0	0	<5	<5	31	0	0	0	0	0	25			0	0			0	11	0	0	0	59	0	<5	<5	<5		0		0	0	133
MT	0	0	0	0	0	0	0	0	0	0	0			0	0		0		0	0	0	0	0	0	0	0	0		0		0	13	13
NL	62	71	<5	<5	1 364	0	0	0	<5	0	<5			0	0		0	<5		<5	<5	0	<5	<5	0	<5	0		0		<5	7	1 528
AT	<5	215	<5	0	2 569	0	0	122	0	6	133			<5	0		14	0	<5		0	0	142	102	22	0	0		0		237	<5	3 571
PL	0	0	<5	0	149	0	0	0	<5	0	0			0	40		0	0	16	0		0	0	0	<5	<5	0		0		0	9	219
PT	<5	0	0	0	9	0	0	0	<5	14	0			0	0		0	0	<5	0	0		<5	0	0	0	0		0		0	0	32
RO	0	<5	0	0	0	0	0	0	0	0	0			0	0		0	0	0	0	0	0		0	0	0	0		0		0	<5	**<5**
SI	0	0	0	0	5	0	0	0	0	0	5			0	0		0	0	0	5	0	0	0		0	0	0		0		0	<5	19
SK	0	0	95	0	<5	0	0	0	<5	0	0			0	0		0	0	5	0	0	0	0	0		0	0		0		0	<5	106
FI	0	0	0	0	<5	<5	0	0	0	0	0			<5	<5		0	0	0	0	0	0	0	0	0		<5		0		<5	0	9
SE	0	37	0	58	17	0	63	0	0	0	0			<5	<5		0	0	<5	0	0	0	0	0	0	7			0		0	<5	192
IS	0	0	0	0	0	0	0	0	0	0	0			0	0		0	0	0	0	0	0	0	0	0	0	0		0		0	0	0
LI	0	0	0	0	0	0	0	0	0	0	0			0	0		0	0	0	0	0	0	0	0	0	0	0				0	0	0
NO	0	0	0	0	<5	0	0	0	0	0	0			0	0		0	0	0	0	0	0	0	0	0	0	<5		0		0	0	**<5**
CH	21	166	<5	6	4 511	17	<5	254	33	1 774	41			7	99		7	0	120	379	5	0	53	7	23	0	0		0			0	7 526
UK	0	45	0	0	<5	<5	308	14	0	0	5			<5	0		0	0	5	<5	<5	0	12	0	0	0	0		0		0		399
Total	**23 942**	**3 033**	**164**	**102**	**9 736**	**27**	**380**	**558**	**372**	**12 458**	**490**			**281**	**163**		**36**	**9**	**3 844**	**4 567**	**74**	**<5**	**1 003**	**312**	**697**	**68**	**9**		**0**		**1 352**	**928**	**64 608**

* BE: the number of E125 forms are based on the E125 received via sTesta. E125 forms received in paper form have not been taken into account, and the number of E125 forms include the number of E125 forms for health received on the basis of a PD S2 issued under the different special arrangements (parallel procedures) which is particularly relevant for Germany, France, and Luxemburg.

Source: PD S2 Questionnaire 2022

Table a12 - Amount to be paid by the competent Member State for planned healthcare received abroad by persons with a PD S2, 2021, in €

Member State of treatment (Creditor)	Competent Member State (Debtor)																														
	BE*	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI**	SE	IS	LI	NO	CH	UK	Total
BE		107 473	1 315	24 253	476 697	0	2 774	53 221	155 479	5 905 893	8 077			30 313	0		0	0	5 477 237	7 820	0	0	533 330	8 170	0	5 976		0			16 657	5 769	12 820 454
BG	0		0	0	5 145	0	0	0	1 300	0				0	0		0	0	0	0	0	0	0	0	0	0		0			0	244 728	251 173
CZ	0	800		0	32 181	0	0	0	126	7 149	901 402			0	0		58 204	0	769	3 449	0	0	55 802	823	5 350 328	793		0			0	0	6 411 827
DK	672	0	3 005		38 358	28 961	0	0	5 066	63	712			23 925	0		0	0	944	3 254	0	0	0	63	0	0		0			5 257	0	110 281
DE	6 026 756	2 121 404	145 383	234 414		70 816	0	923 256	316 580	4 647 795	3 011 825			554 066	46 284		390 547	31 701	4 080 183	12 630 746	579 624	17 271	4 999 005	1 418 602	732 771	75 468		0			1 581 524	261 295	44 897 315
EE	0	0	0	0	0		0	0	0	0	2 089			39 468	1 990		0	0	0	0	0	0	0	0	1 125	81 677		0			0	399 712	526 061
IE	0	0	0	0	0	0		0	0	0	0			0	0		0	0	0	0	0	0	0	0	0	0		0			0	12 411 876	12 411 876
EL	0	61 653	0	0	106 046	0	0		0	0	0			0	0		0	0	0	0	0	0	0	0	0	0		0			0	509 416	677 115
ES	12 682	463	0	294	149 057	0	0	0		43 860	12 482			0	0		0	0	25 199	0	0	7 644	0	0	0	2 722		0			288	345 152	599 844
FR	30 904 524	923 475	33 953	6 956	182 307	0	21 732	511 068	891 423		5 862			0	140 870		0	0	206 536	35	41 078	0	1 506 012	72 645	24 411	5 032		0			66 865	0	35 544 785
HR	0	0	613 019	0	18 182	0	0	0	0	0				0	0		0	0	0	2 000	0	0	0	16 521	630 802	167		0			0	1 702 437	2 983 129
IT	2 819	35 120	0	147	232 911	0	0	227 593	279 267	35 859	36 717			0	0		0	57 496	19 114	52 034	0	0	1 305 754	598 567	13 929	1 546		0			108 014	123 469	3 130 357
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	746 713	746 713
LV	0	0	0	0	0	0	0	0	0	0	0				0		0	0	0	0	0	0	0	0	0	0		0			0	66 552	66 552
LT	0	0	0	0	3 858	0	0	372	0	0	0			1 296 857			0	0	0	0	0	0	0	0	0	475		0			0	0	1 301 562
LU	3 984 381	39 443	0	0	172 365	0	0	0	391	3 389 825	0			0	0		0	0	11 322	0	0	0	0	0	0	0		0			0	32 625	7 630 351
HU	0	0	440	0	68 527	0	0	0	0	0	109 827			0	0			0	7 353	0	0	0	119 963	0	3 562	31		0			0	0	309 702
MT	0	0	0	0	0	0	0	0	0	0	0			0	0		0		0	0	0	0	0	0	0	0		0			0	196 496	196 496
NL	362 620	163 893	2 813	131 208	1 010 658	0	0	0	607	0	108 707			0	0		0	9 787		31 638	-194	0	7 091	2 897	0	1 953		0			2 800	29 976	1 866 454
AT	57	151 099	10 597	0	4 027 562	0	0	129 496	0	35 906	2 867 880			201	0		148 185	0	1 569		0	0	1 836 251	532 561	163 572	0		0			246 001	42 857	10 193 795
PL	0	0	10	0	104 936	0	0	0	91	0	0			0	8 165		0	0	63 670	0		0	0	0	1 756	7 162		0			0	135 403	321 195
PT	36	0	0	0	512	0	0	0	163	5 705	0			0	0		0	0	3 698	0	0		101	0	0	0		0			0	0	10 215
RO	0	230	0	0	0	0	0	0	0	0	0			0	0		0	0	0	0	0	0		0	0	0		0			0	84 083	84 314
SI	0	0	0	0	7 053	0	0	0	0	0	8 921			0	0		0	0	0	5 000	0	0	0		0	0		0			0	21 641	42 615
SK	0	0	106 196	0	563	0	0	0	3 662	0	0			0	0		0	0	15 300	0	0	0	0	0		0		0			0	6 180	131 900
FI	0	0	0	0	182	2 620	0	0	0	0	0			23 092	6 365		0	0	0	0	0	0	0	0	0			0			11 640	0	43 899
SE	0	46 408	0	711 463	5 867	0	1 866 005	0	0	0	0			17 297	97 861		0	0	1 111	0	0	0	0	0	0	14 643		0			0	805 350	3 566 006
IS	0	0	0	0	0	0	0	0	0	0	0			0	0		0	0	0	0	0	0	0	0	0	0		0			0	0	0
LI	0	0	0	0	0	0	0	0	0	0	0			0	0		0	0	0	0	0	0	0	0	0	0					0	0	0
NO	0	0	0	0	3 680	0	0	0	0	0	0			0	0		0	0	0	0	0	0	0	0	0	0		0			0	0	3 680
CH	413 289	171 362	5 301	0	13 039 471	27 302	3 138	730 686	261 139	4 063 424	238 494			14 588	171 258		72 441	0	152 917	1 723 496	1 891	0	316 413	21 110	262 310	0		0				0	21 690 030
UK	0	207 295	0	0	196 471	380 401	6 237 225	280 075	0	0	1 713 683			30 666	0		0	0	21 759	41 161	-1 095	0	34 231	0	0	0		0			0		9 141 872
Total	**41 707 836**	**4 030 118**	**922 033**	**1 108 736**	**19 882 593**	**510 100**	**8 130 874**	**2 855 768**	**1 915 294**	**18 135 480**	**9 026 680**			**2 030 471**	**472 793**		**669 377**	**98 984**	**10 088 682**	**14 500 633**	**621 304**	**24 915**	**10 713 952**	**2 671 961**	**7 184 566**	**197 646**		**0**			**2 039 046**	**18 171 732**	**177 711 570**

* BE: the amount to be paid is based on the E125 forms received via sTesta. The amount to be paid include the amounts to be paid for health received on the basis of a PD S2 issued under the different special arrangements (parallel procedures) which is particularly relevant for Germany, France, and Luxemburg.

** FI: it concerns the amount paid instead of the amount claimed.

Source: PD S2 Questionnaire 2022

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, 2021

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	IS	LI	NO	CH	UK	Total
BE		0	<5	<5	2 076	0	0	0	10	1 225	0			0	0		0	0		0	0	<5	0	0	0	0	0		0	<5	32	149	3 496
BG	46		0	<5	291	0	0	<5	<5	39	0			0	0		<5	0		74	0	0	<5	0	0	0	<5		0	0	143	<5	605
CZ	5	<5		<5	52	0	0	0	0	6	<5			0	0		<5	0		<5	<5	0	0	0	97	0	0		0	0	<5	97	264
DK	14	0	0		22	0	0	0	0	6	0			0	0		<5	0		0	0	0	0	0	0	0	58		0	0	<5	0	106
DE	171	<5	25	15		0	0	64	226	42	34			0	62		31	0		2 705	154	9	6	5	0	<5	17		0	<5	3 682	220	7 474
EE	0	0	0	<5	6		0	0	0	0	0			0	0		0	0		0	<5	0	0	0	0	<5	0		0	0	0	0	10
IE	21	0	0	0	96	<5		0	<5	0	0			0	0		0	0		0	0	0	0	0	0	0	61		0	0	<5	<5	185
EL	33	<5	0	0	62	0	0		0	32	0			0	<5		<5	0		86	0	0	0	0	0	0	<5		0	0	244	9	470
ES	168	0	<5	<5	148	0	0	0		45	0			0	0		0	0		0	<5	<5	0	0	<5	0	<5		0	0	51	76	497
FR	86 337	0	0	<5	685	0	0	<5	41		0			0	0		<5	0		7	0	18	0	0	0	0	0		0	0	1 834	72	89 000
HR	46	0	39	<5	198	7	0	0	6	<5				0	0		25	0		121	0	0	0	5	0	0	0		0	0	44	<5	497
IT	217	0	<5	<5	616	0	0	0	12	242	<5			0	0		<5	0		136	0	0	0	<5	0	0	7		0	0	1 394	74	2 703
CY	50	0	0	0	464	0	0	0	0	12	0			0	0		0	0		6	0	0	0	0	0	0	<5		0	0	0	0	533
LV	9	0	0	7	35	24	0	0	0	0	0				195		0	0		0	0	0	0	0	0	<5	<5		0	0	10	0	284
LT	0	0	0	14	21	<5	0	0	0	<5	0			0			0	0		<5	40	0	0	0	0	<5	6		0	0	7	38	131
LU	7 798	0	0	<5	2 819	0	0	0	22	629	0			0	0		0	0		<5	<5	0	0	0	0	0	13		0	0	<5	<5	11 287
HU	8	0	<5	<5	97	0	0	0	0	<5	0			0	0			0		73	0	0	0	0	0	0	0		0	0	44	30	257
MT	0	0	0	0	<5	0	0	0	0	<5	0			0	0		0			0	0	0	0	0	0	0	0		0	0	0	0	5
NL	3 564	<5	5	0	476	0	0	<5	17	32	<5			0	0		12	0		<5	17	<5	0	<5	5	0	<5		0	0	86	9	4 236
AT	5	0	<5	0	3 292	0	0	0	<5	0	0			0	0		13	0			0	0	0	0	0	0	0		0	0	141	18	3 471
PL	<5	0	0	24	64	0	0	0	0	<5	0			0	0		0	0		16		<5	0	0	0	0	11		0	0	5	416	543
PT	0	0	0	0	<5	0	0	0	<5	5	0			0	0		0	0		0	0		0	0	0	0	0		0	0	0	0	11
RO	75	13	10	6	266	0	0	0	58	47	0			0	0		75	0		65	0	<5		0	0	0	0		0	0	165	0	781
SI	0	0	<5	<5	107	0	0	0	0	10	9			0	0		0	0		102	0	0	0		0	0	0		0	0	6	<5	238
SK	0	0	453	<5	69	<5	0	0	0	0	<5			0	0		7	0		20	<5	0	0	0		0	0		0	0	21	107	686
FI	0	0	0	0	39	10	0	0	0	<5	0			0	0		0	0		<5	0	0	0	0	0		<5		0	0	<5	<5	58
SE	5	0	0	<5	15	0	0	0	6	0	0			0	0		<5	0		0	0	0	0	0	0	<5			0	14	0	38	84
IS	0	0	<5	0	13	0	0	0	0	0	0			0	<5		0	0		0	<5	0	0	0	0	0	<5		0	0	0	0	17
LI	0	0	0	0	<5	0	0	0	0	0	0			0	0		0	0		<5	0	0	0	0	0	0	0			0	8	0	11
NO	0	0	0	0	0	0	0	0	0	0	0			0	0		<5	0		0	<5	0	0	0	0	0	0		0		0	0	2
CH	65	0	0	<5	936	0	0	<5	<5	76	0			0	0		<5	0		254	0	0	0	0	<5	<5	0		<5	0		85	1 426
UK	177	<5	61	0	118	0	0	10	77	70	<5			0	34		30	0		28	231	0	0	<5	54	<5	10		0	0	32		939
Total	**98 816**	**19**	**601**	**83**	**13 091**	**45**	**0**	**82**	**483**	**2 529**	**52**			**0**	**293**		**206**	**0**		**3 703**	**449**	**39**	**7**	**13**	**160**	**17**	**195**		**<5**	**16**	**7 958**	**1 449**	**130 307**

* BE: the number of forms are the total of E125 forms (claims and credit notes) sent to other MS for healthcare provided on the basis of a PD S2. The number of E125 forms issued for France include the E125 forms issued for healthcare provided on the basis of a PS S2 and a PD S2 issued under the ZOAST-Agreements.

Source: PD S2 Questionnaire 2022

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, 2021, 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	IS	LI	NO	CH	UK	Total
BE		0	60	672	8 087 507	0	0	0	12 682	2 431 179	0			0	0		0	0		0	0	36	0	0	0	0			0	8 382	45 313	128 445	10 714 277
BG	88 051		0	1 098	1 915 162	0	0	43 182	4 889	578 461	0			0	0		1 892	0		439 089	0	0	123	0	0	0			0	0	360 743	435	3 433 125
CZ	19 309	229		3 104	149 230	0	0	0	0	42 323	630 475			0	0		890	0		8 850	10	0	0	0	112 587	0			0	0	5 681	29 788	1 002 475
DK	42 995	0	0		213 785	0	0	0	0	64 181	0			0	0		355	0		0	0	0	0	0	0	0			0	0	120 447	0	441 764
DE	207 664	44	16 475	284 459		0	0	106 046	149 057	182 307	18 120			0	3 858		2 070 600	0		4 358 183	102 362	512.05	895	7 053	0	3 684			0	3 995	11 336 802	451 188	19 303 304
EE	0	0	0	643	70 816		0	0	0	0	0			0	0		0	0		0	369	0	0	0	0	2 680			0	0	0	0	74 509
IE	32 768	0	0	0	653 527	61		0	97	0	0			0	0		0	0		0	0	0	0	0	0	0			0	0	148	698 734	1 385 335
EL	82 221	4	0	0	923 256	0	0		0	511 068	0			0	372		1 076	0		104 364	0	0	0	0	0	0			0	0	764 821	5 481	2 392 661
ES	200 606	0	5	681	316 580	0	0	0		741 487	0			0	0		0	0		0	19	163	0	0	0	0			0	0	381 173	513 900	2 154 614
FR	37 292 929	0	0	63	6 241 715	0	0	5 232	53 617		0			0	0		224	0		37 133	0	5 287	0	0	0	0			0	0	4 474 404	140 237	48 250 841
HR	56 077	0	649 156	712	2 875 058	2 089	0	0	12 708	5 862				0	0		297 532	0		1 943 212	0	0	0	8 921	0	0			0	0	489 694	625	6 341 647
IT	353 438	0	2 199	46 400	3 727 744	0	0	0	17 107	1 828 546	495			0	0		132	0		2 003 665	0	0	0	2 443	0	0			0	0	2 822 742	160 385	10 965 298
CY	214 388	0	0	0	9 863 591	0	0	0	0	225 982	0			0	0		0	0		1 028	0	0	0	0	0	0			0	0	0	0	10 304 989
LV	15 891	0	0	0	559 938	41 307	0	0	0	0	0				1 296 857		0	0		0	0	0	0	0	0	23 092			0	0	18 738	0	1 955 823
LT	0	0	0	0	293 284	2 816	0	0	0	139 446	0			0			0	0		201	7 680	0	0	0	0	6 365			0	0	12 026	13 456	475 274
LU	10 615 180	0	0	536	8 691 011	0	0	0	7 592	2 479 352	0			0	0		0	0		7 187	3 736	0	0	0	0	0			0	0	9 194	1 430	21 815 219
HU	12 314	0	55 150	258	1 668 176	0	0	0	0	4 378	0			0	0			0		1 212 041	0	0	0	0	0	0			0	0	329 525	9 731	3 291 574
MT	0	0	0	0	31 701	0	0	0	0	205	0			0	0		0			0	0	0	0	0	0	0			0	0	0	0	31 906
NL	5 387 790	378	339	0	5 381 929	0	0	16 101	25 199	206 536	411			0	0		34 196	0		17 340	12 973	3 698	0	19	15 300	0			0	0	150 567	20 273	11 273 049
AT	10 507	0	210	0	13 421 233	0	0	0	215	0	0			0	0		7 784	0			0	0	0	0	0	0			0	0	1 119 728	58 958	14 618 634
PL	200	0	0	5 485	579 818	0	0	0	0	5 881	0			0	0		0	0		250 007		87	0	0	0	0			0	0	2 022	209 092	1 052 591
PT	0	0	0	0	22 119	0	0	0	9 558	106 448	0			0	0		0	0		0	0		0	0	0	0			0	0	0	0	138 125
RO	901 699	4 752	12 379	10 810	4 725 202	0	0	0	102 303	670 474	0			0	0		212 454	0		1 715 569	0	85.91		0	0	0			0	0	473 587	0	8 829 313
SI	0	0	1 717	63	1 520 734	0	0	0	0	72 645	16 523			0	0		0	0		487 604	0	0	0		0	0			0	0	20 718	230	2 120 235
SK	0	0	3 457 512	616	788 633	1 125	0	0	0	0	1 261 262			0	0		17 428	0		177 729	1 720	0	0	0		0			0	0	134 662	82 375	5 923 061
FI	0	0	0	0	505 126	32 645	0	0	0	11 853	0			0	0		0	0		349	0	0	0	0	0				0	0	848	16 077	566 898
SE	3 295	0	0	2 573	130 046	0	0	0	10 939	0	0			0	0		546	0		0	0	0	0	0	0	17 780			0	100 180	0	140 247	405 607
IS	0	0	5	0	9 591	0	0	0	0	0	0			0	579		0	0		0	1 668	0	0	0	0	0			0	0	0	0	11 843
LI	0	0	0	0	24 289	0	0	0	0	0	0			0	0		0	0		305	0	0	0	0	0	0				0	43 316	0	67 910
NO	0	0	0	0	0	0	0	0	0	0	0			0	0		4	0		0	5 593	0	0	0	0	0			0		0	0	5 597
CH	107 973	0	0	63	1 447 971	0	0	91	288	90 288	0			0	0		3 475	0		353 400	0	0	0	0	1 559	11 640			34 980	0		246 428	2 298 157
UK	73 902	737	17 655	0	194 666	0	0	4 973	514 058	209 208	626			0	17 547		162 980	0		156 441	106 586	0	0	230	14 803	16 077			0	0	76 360		1 566 850
Total	**55 719 195**	**6 144**	**4 212 862**	**358 237**	**75 033 440**	**80 043**	**0**	**175 625**	**920 310**	**10 608 110**	**1 927 912**			**0**	**1 319 212**		**2 811 568**	**0**		**13 273 697**	**242 718**	**9 869**	**1 018**	**18 667**	**144 250**	**81 318**			**34 980**	**112 557**	**23 193 259**	**2 927 514**	**193 212 504**

* BE: the amounts are the total of E125 forms (claims and credit notes) sent to other MS for healthcare provided on the basis of a PD S2. The number of E125 forms issued for France include the E125 forms issued for healthcare provided on the basis of a PS S2 and a PD S2 issued under the ZOAST-Agreements.

Source: PD S2 Questionnaire 2022

Annex IV The existence of parallel schemes

Table a15 - The existence of parallel schemes, 2021

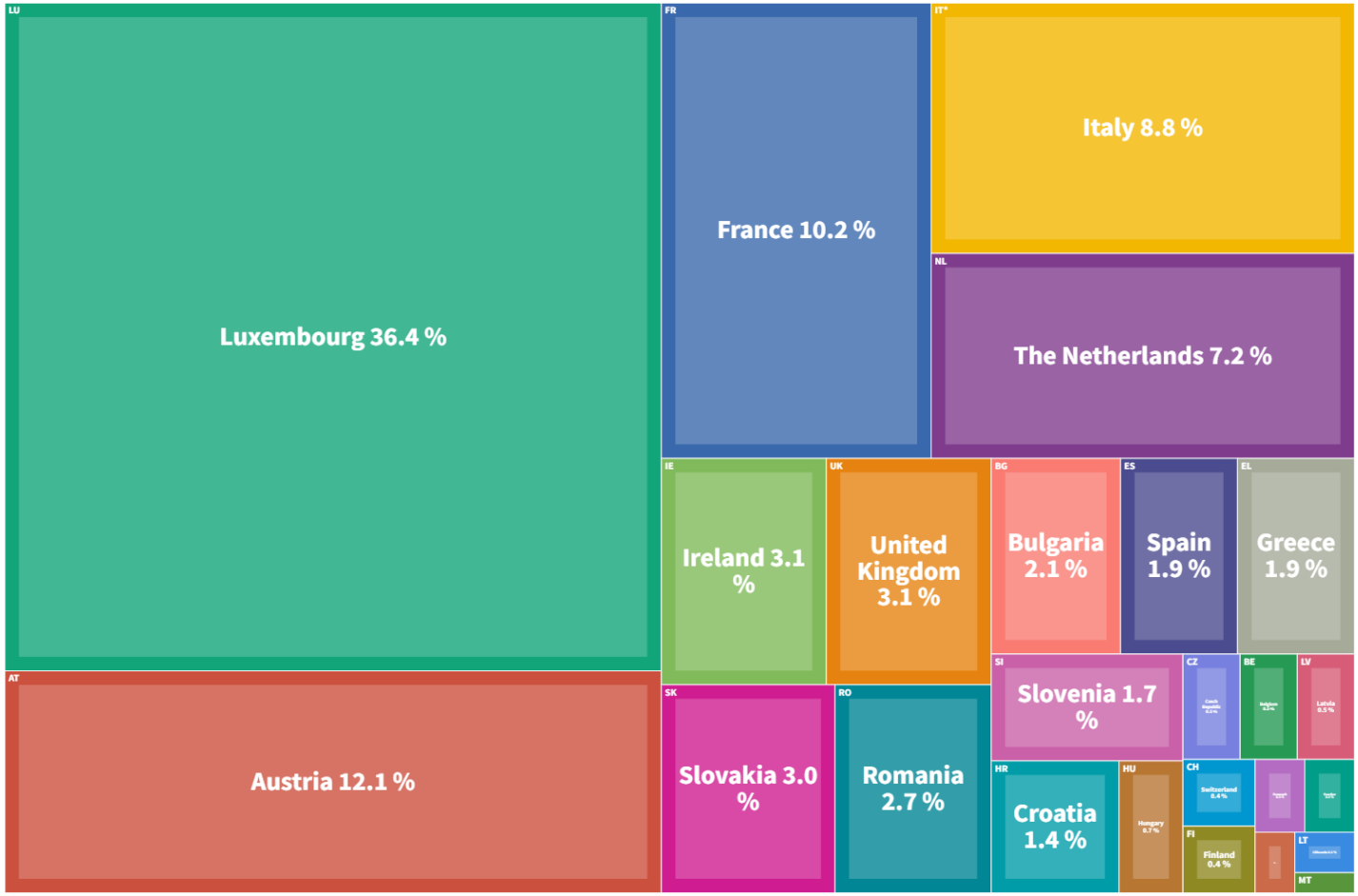
MS	Description
BE	The Belgian legislation foresees the possibility to issue a PD S2 on the basis of several parallel procedures, such as for persons whose principal residence is in a border region to be reimbursed for the costs of healthcare received in the neighbouring country (7 607 PDs S2). Furthermore, a total of 23 PDs S2 were also issued for functional rehabilitation treatment in Germany, in particular for insured persons living in the German-speaking Community. Belgium is also party to a number of cooperation agreements or has taken specific measures for residents in the border areas which make it easier to obtain a prior authorisation. In such cases an authorisation is granted on the basis of a more flexible procedure. Depending on the cooperation agreement/specific measures, prior authorisation (PD S2) often becomes a simple administrative authorisation that is granted automatically: a total of 1 053 PDs S2, of which 1 052 PDs S2 were issued under the terms of the Ostbelgien-Regelung. Belgium also issued 104 PDs S2 for pregnant woman further to the consensus reached at the 254th meeting of the Administrative Commission regarding a broad interpretation of Article 22(1)(c)(i) of Regulation (EEC) 1408/71 (now Article 20 of Regulation (EC) 883/2004) for the benefit of pregnant women who, for personal reasons, wish to give birth in another Member State. Belgium also issued 4 PDs S2 for reasons of "force majeure" where the insured person was not able or did not comply with (the deadlines of) of the procedure to apply for a prior authorisation. With regard to health care that is not included in the services provided for by the Belgian legislation, Belgian competent institutions issued 5 PDs S2 to cover expenses of the "standard of care" of Belgian insured persons allowing them to participate in clinical trials in another Member State (cf. question 8). The (federal) health care legislation furthermore provides in * a (general) procedure which makes it possible for Belgian patients to seek health care services abroad that are not provided for by the Belgian legislation; * a (specific) procedure which makes it possible for Belgian patients to receive hadron therapy abroad. In both procedures patients can receive, if certain conditions are met, a prior authorisation (not necessarily a PD S2). With regard to hadron therapy, a total number of 8 patients were authorised to seek health care in a another Member State and were entitled to reimbursement in accordance with the authorisation. The drop in the number of patients is a result of the opening of ParTICLe, a treatment centre for hadron therapy in Belgium. In 2021, a total of 8 804 PDs S2 were issued further to parallel procedures.
BG	
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 regional 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, Switzerland or the UK according to 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 2021 we issued 28 letters of guarantee.
IE	Yes it is possible, but we do not have these details.
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 consideration. Patients privately admitted for treatment, are accountable to a 20% (10% for children up to 16 years of age) charge on the total treatment costs. The same

MS	Description
	principle as above, is valid for approved treatments outside Europe (patient charge 10%). 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	S2 is only possible in France under the EU Regulations. On the other hand, many cross-border agreements exist for specific programmed care reserved for insured border residents (Belgium, Luxembourg, Germany, Switzerland, Italy, Spain, Monaco) in well-defined establishments.
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	
CY	
LV	
LT	Any parallel schemes to the S2 system do not exist in Lithuania.
LU	No parallel scheme apart from Directive 2011/24/EU
HU	The number of PDs S2 is definitely not representative of numbers for planned treatment abroad. There are treatments in the EEA and Switzerland where the health care provider is a private provider; therefore they do not accept S2 form or there is no S2 form used for genetic testing. If a care cannot be delivered in Hungary and there is a real chance for improving the quality of life of the patient, NHIF gives authorization for planned treatments in third countries. For genetic and biochemical analysis' or bone marrow donor search NHIF does not issue S2 forms because these centres request direct payment. In these cases NHIF issues a guarantee letter for payment.
MT	While residents of Malta (Maltese and those paying national Insurance in Malta) can access healthcare in any country of their choice within the confines of the Directive and Regulation, the Bilateral Agreement with the UK allows for the majority of healthcare in the other country where healthcare is not available in Malta. Since Brexit health care access in the UK either through the Regulation or the Directive has ceased.
NL	
AT	The number of PD S2 issued is not representative because, in addition, under national law there is entitlement to reimbursement of costs for benefits in kind received abroad.
PL	Poland has its own parallel regulations and on their basis sends for planned medical treatment abroad, if the following is confirmed: 1) the treatment is not performed in Poland 2) the treatment is necessary for patient in his/her health condition 3) the treatment is included in the medical services provided for by the legislation of Poland. The above treatment, may be performed on the basis of PDs S2 and also by private healthcare provider - on the basis of invoice. The regulations are parallel to the regulations implemented on the basis of the Directive and EU regulations on coordination and are used more often.
PT	The Portuguese legislation provides for access to cross-border healthcare by beneficiaries of the Portuguese health system. This legislation (Decree-Law no. 177/92, of August 13) establishes that in situations where the health system does not have the technical capacity to provide the care the patient needs, the health system must refer the patient to a European treatment centre or outside the European Union, in order to benefit from the best health care in the light of better medical and scientific evidence. This regime is more favourable since all costs, including travel and accommodation, as well as an accompanying person, if necessary, are covered by the National Health System. In 2021, 396 cases were authorized under this regime.
RO	We do not have parallel procedures in place.
SI	We do not keep such records.
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 2021 we had one person that had planned healthcare reimbursed through this process.
IS	
LI	In national law there is a free choice of the service provider.
NO	n/a
CH	As part of the cross-border policies of border cantons and health insurer with foreign health service providers costs of treatments can be reimbursed. This option is taken up restrictedly.
UK	

Source: Administrative data PD S2 Questionnaire 2022

Annex V Additional visualisations

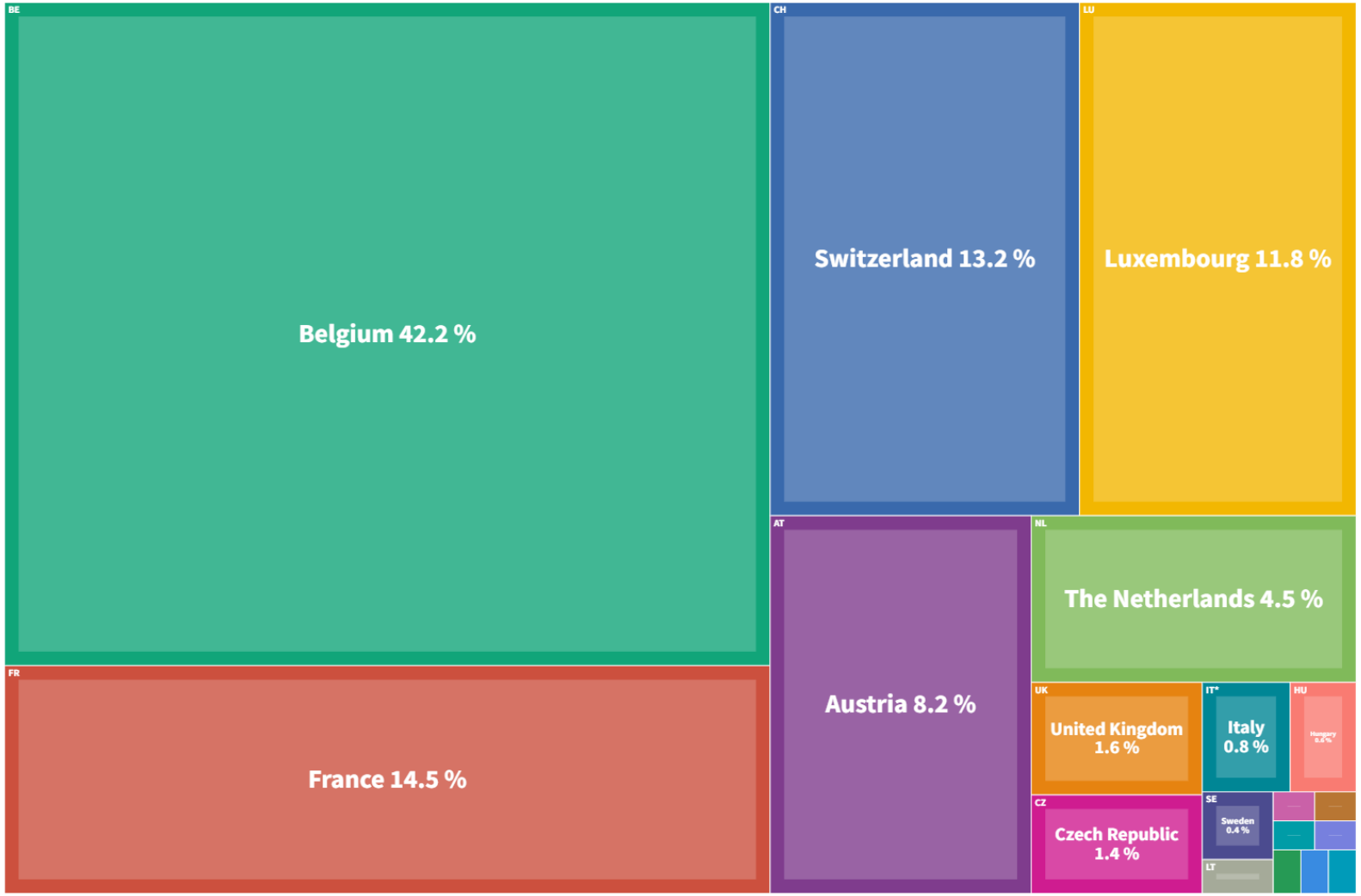
Figure a5 - Number of PDs S2 issued, relative share in total number of PDs S2 issued, 2021



* IT: data 2020.

** DE: estimation based on number of PDs S2 received amounts to 8 550. The total number of PDs S2 issued would then amount to 32 764 instead of 24 214 and Germany would have issued 26.1 % of all PDs S2.

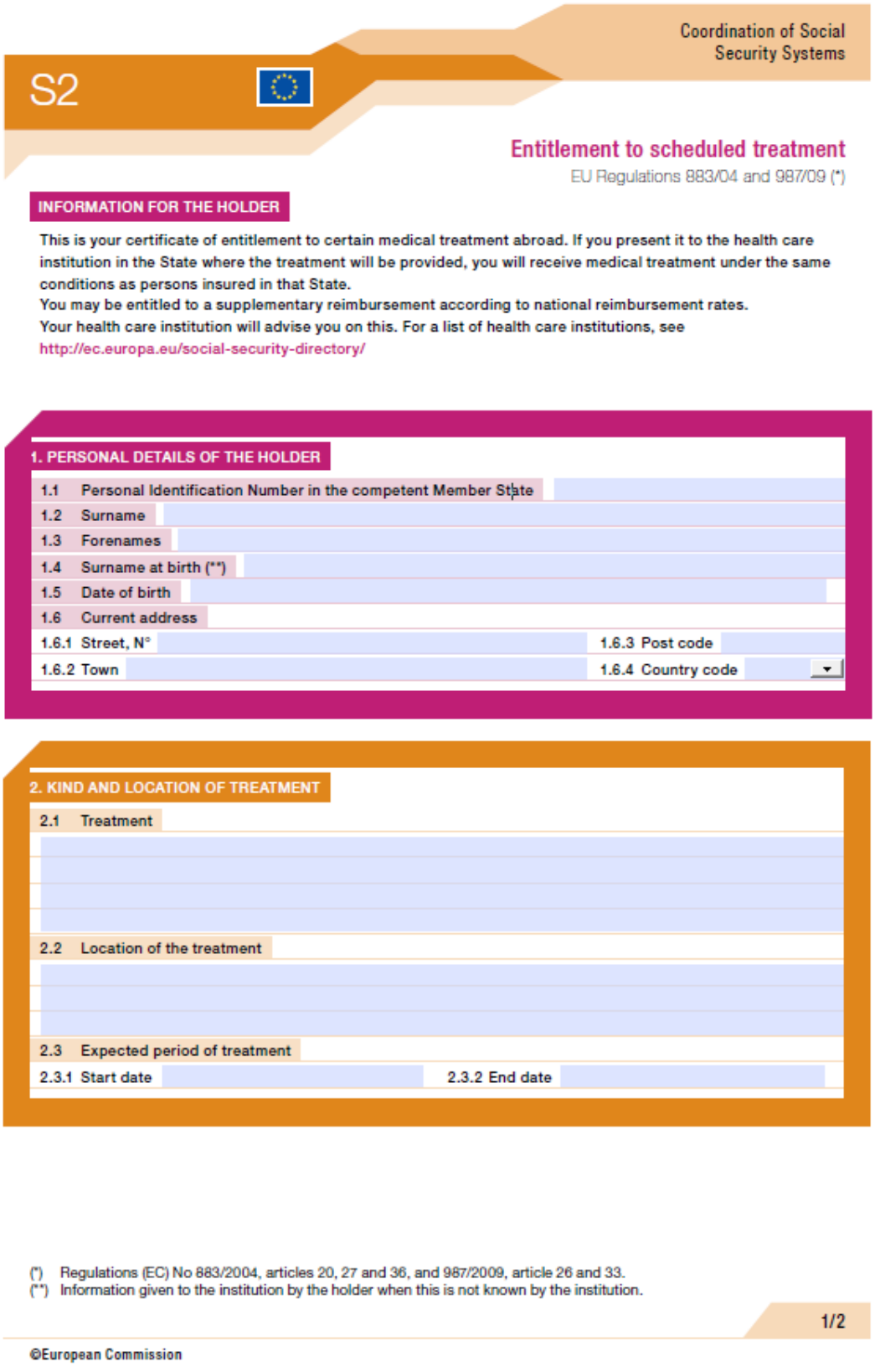
Figure a6 - Number of PDs S2 received, relative share in total number of PDs S2 received, 2021



* IT: data 2020.

** DE: estimation based on number of PDs S2 issued amounts to 9 646. The total number of PDs S2 received would then amount to 53 119 instead of 43 473 and Germany would have received 18.2 % of all PDs S2.

Annex VI Portable Document S2



Coordination of Social Security Systems

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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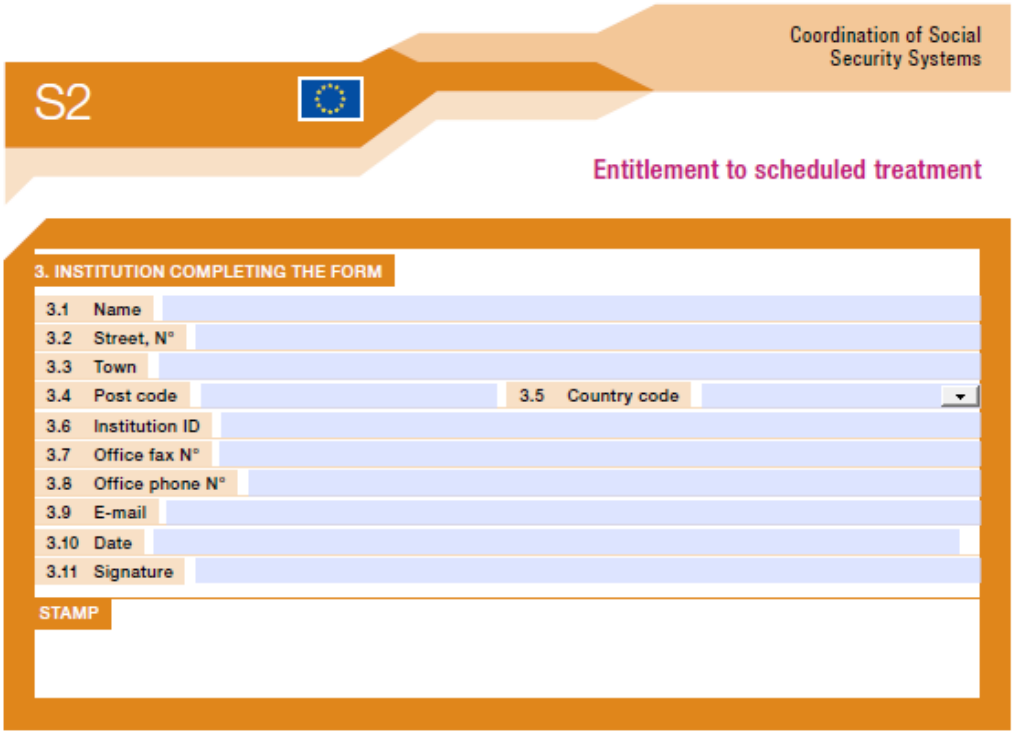


S2

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. 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).

In 2021, around 2.1 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 0.5 % of the insured persons reside in a Member State other than the competent Member State. However, this share is considerably higher in Luxembourg, as more than a quarter of the persons insured in Luxembourg reside in another Member State. Nevertheless, the share only exceeds 1 % in five other Member States, being Liechtenstein (2.7 %), Belgium (2.4 %), Switzerland (2.0 %), Austria (1.8 %), and the Netherlands (1.4 %). Approximately 0.6 % 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 Belgium, Hungary, and Cyprus (data 2019) 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.

More than 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 (67.6 %). Furthermore, almost one third of the PDs S1 were issued to pensioners (including pension claimants) and their family members (31.9 %). This distribution varies strongly among Member States. Most Member States issued the highest number of PDs S1 to persons of working age. For instance, the Czech Republic, Luxembourg, Malta, Austria, Liechtenstein, Norway, and Switzerland issued more than nine out of ten PDs S1 to persons of working age and their family members. On the contrary, the United Kingdom issued more than nine out of ten PDs S1 to pensioners and their family members.

The main issuing Member States of PDs S1 are Germany, Belgium, Luxembourg, the Netherlands, the United Kingdom, Switzerland, and Austria. Together, these Member States issued 82 % of all PDs S1. This reflects the high number of incoming cross-border workers (frontier workers, seasonal workers, posted workers) employed in these Member States. Furthermore, more than 70 % of PDs S1 were received by France, Belgium, Germany, Spain, and Poland, indicating that these are the main Member States of residence.

The United Kingdom issued around 32 % of the total number of PDs S1 granted to pensioners and their family members residing abroad. Furthermore, France and Spain each received more than 25 % of the PDs S1 for pensioners and their family members.

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

When insured persons and their family members reside in a Member State other than the Member State in which they are insured (i.e. competent Member State), they are entitled to healthcare (i.e., sickness benefits in kind) provided for under the legislation of the Member State of residence.[63] 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.[64] 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).[65]

The Portable Document S1 (PD S1) 'Registering for healthcare cover' certifies this right to sickness benefits in kind in the Member State of residence[66]. The PD S1 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.[67] 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 who 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 regarding sickness benefits. Thus, the group of pensioners with a PD S1 is only a part of the total group of cross-border pensioners.[68] 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[69].[70]

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

63 Article 17 of the Basic Regulation.

64 Article 35 (1) of the Basic Regulation.

65 Article 21 (1) of the Basic Regulation.

66 See *Annex II*.

67 Article 24 (1) of the Basic Regulation.

68 It shows that it would be useful to confront the PD 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.

69 Article 27 (2) of the Basic Regulation.

70 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*).

'E-forms', a limited number of new documents issued to the insured persons involved called Portable Documents (including the EHIC), and finally the Structured Electronic Documents (SEDs), which 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 in 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 2021 *(annual flow)* as well as on the total number of PDs S1 issued/received which are still valid on 31 December 2021 (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.

In total, 29 Member States provided a response to the S1 questionnaire. For those Member States that did not provide data on the number of insured persons residing in a Member State other than the competent Member State, data from the most recent reference year available were used.[71] 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 2021 *(annual flow)* as well as figures on the total number of PDs S1 issued/received that are still in circulation on 31 December 2021, 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.

[71] This is the case for IT (data 2018), CY (data 2019), and IS (data 2018).

2.1.1. Absolute figures

Table 20 shows that there are around 2.1 million persons who reside in a Member State other than the competent Member State and who are registered for healthcare in their Member State of residence by means of a PD S1 or the equivalent E forms *(see also Annex I)*. A visual representation of the relative share per Member State of the number of PDs S1 issued (*Figure a7*) and received (*Figure a8*) concerning the stock is provided in *Annex II*.

The main issuing Member State is Germany with 428 681 PDs S1(e). Belgium (276 551 PDs S1), Luxembourg (245 080 PDs S1), and the Netherlands (235 764 PDs S1) each issued more than 230 000 PDs S1 as well. Furthermore, more than 150 000 PDs S1 were issued by the United Kingdom, Switzerland, and Austria. Together, these seven issuing Member States account for 82.1 % of all issued PDs S1.

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.

The main receiving Member States are France (481 543 PDs S1), as 23.3 % of all persons with a valid PD S1 reside in this Member State. France is followed by Belgium (303 791 PDs S1) and Germany (290 815 PDs S1(e)). In addition, more than 200 000 PDs S1 were received by Poland and Spain. More than seven in ten persons with a PD S1 reside in one of these top five receiving Member States. Again, the profile of the persons with a PD S1 is very different.

Overall, the number of PDs S1 issued in 2021 is significantly lower than the number of PDs S1 still in circulation on 31 December 2021. 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 might have still had a strong impact on this group of workers in 2020. For example, the number of PDs S1 issued evolved from 912 800 in 2019, to 693 000 in 2020, to 785 900 in 2021. Thus, although an increase is visible, the number has not yet reached the same level as before the COVID-19 pandemic.

Table 20 - Number of PDs S1 issued and received, *flow and stock*, 2021

	Issued				Received			
	Flow: In 2021		Stock: Total and still valid		Flow: In 2021		Stock: Total and still valid	
	Number	% of column total	Number	% of column total	Number	% of column total	Number	% of column total
EU-27	625 084	79.5 %	1 675 499	81.0 %	549 968	97.1 %	2 048 230	99.1 %
EU-14	576 550	73.4 %	1 454 352	70.3 %	334 954	59.1 %	1 439 948	69.7 %
EU-13	48 534	6.2 %	221 147	10.7 %	215 014	37.9 %	608 282	29.4 %
EFTA	143 219	18.2 %	213 390	10.3 %	15 812	2.8 %	12 370	0.6 %
Total	**785 927**	**100.0 %**	**2 068 664**	**100.0 %**	**566 623**	**100.0 %**	**2 066 750**	**100.0 %**
BE	23 180	2.9 %	276 551	13.4 %	49 143	8.7 %	303 791	14.7 %
BG	3 285	0.4 %	12 579	0.6 %	1 721	0.3 %	8 828	0.4 %
CZ	15 501	2.0 %	101 349	4.9 %	33 090	5.8 %	147 176	7.1 %
DK	11 736(e)	1.5 %	18 115(e)	0.9 %	1 889(e)	0.3 %	1 071(e)	0.1 %
DE	121 440(e)	15.5 %	428 681(e)	20.7 %	125 190(e)	22.1 %	290 815(e)	14.1 %
EE	704	0.1 %	1 349	0.1 %	1 519	0.3 %	4 507	0.2 %
IE	1 861	0.2 %	1 005	0.0 %	383	0.1 %	1 907	0.1 %
EL	1 623	0.2 %	1 289	0.1 %	1 601	0.3 %	5 755	0.3 %
ES	5 707	0.7 %	10 473	0.5 %	33 225	5.9 %	200 536	9.7 %
FR	7 574	1.0 %	12 538	0.6 %	92 357	16.3 %	481 543	23.3 %
HR	1 098	0.1 %	2 943	0.1 %	9 510	1.7 %	34 668	1.7 %
IT*	10 630	1.4 %	16 973	0.8 %	3 721	0.7 %	17 931	0.9 %
CY*	883	0.1 %	1 710	0.1 %	1 373	0.2 %	14 423	0.7 %
LV	642	0.1 %	2 251	0.1 %	752	0.1 %	1 202	0.1 %
LT	827	0.1 %	1 372	0.1 %	7 545	1.3 %	10 398	0.5 %
LU	219 410	27.9 %	245 080	11.8 %	2 222	0.4 %	5 499	0.3 %
HU	3 117	0.4 %	13 703	0.7 %	31 382	5.5 %	78 541	3.8 %
MT	1 243	0.2 %	2 181	0.1 %	120	0.0 %	4 812	0.2 %
NL	99 945	12.7 %	235 764	11.4 %	10 450	1.8 %	39 223	1.9 %
AT	65 533	8.3 %	160 089	7.7 %	12 872	2.3 %	45 413	2.2 %
PL	4 644	0.6 %	18 291	0.9 %	87 550	15.5 %	202 206	9.8 %
PT	2 217	0.3 %	3 406	0.2 %	1 009	0.2 %	42 234	2.0 %
RO	8 075	1.0 %	38 514	1.9 %	11 129	2.0 %	9 104	0.4 %
SI	2 340	0.3 %	10 506	0.5 %	2 540	0.4 %	17 898	0.9 %
SK	6 175	0.8 %	14 399	0.7 %	26 783	4.7 %	74 519	3.6 %
FI	3 583	0.5 %	16 364	0.8 %	222	0.0 %	781	0.0 %
SE	2 111(e)	0.3 %	28 024	1.4 %	670	0.1 %	3 449	0.2 %
IS*	516	0.1 %	683	0.0 %	38	0.0 %	69	0.0 %
LI	180	0.0 %	984	0.0 %	16	0.0 %	16	0.0 %
NO	18 176(e)	2.3 %	39 933(e)	1.9 %	220	0.0 %	240	0.0 %
CH	124 347	15.8 %	171 790	8.3 %	15 538	2.7 %	12 045	0.6 %
UK	17 624	2.2 %	179 775	8.7 %	843	0.1 %	6 150	0.3 %

* IS and IT: data 2018.CY: data 2019.

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

Source: PD S1 Questionnaire 2022

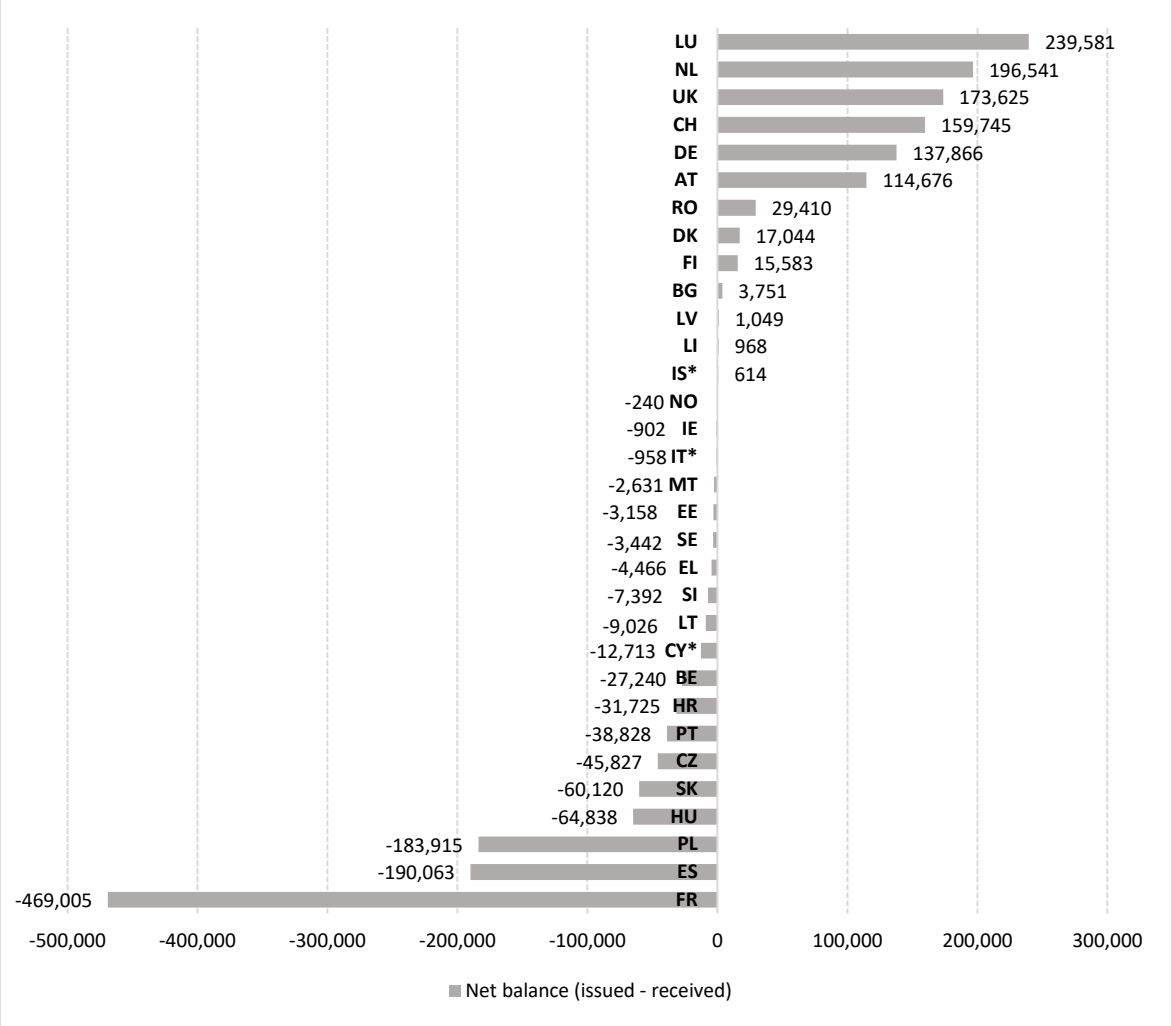
The net balance between the number of PDs S1 issued and still in stock is calculated by subtracting the received PDs S1 from the issued PDs S1 per Member State. *Figure 4* reveals that 13 Member States are 'net senders'[72], meaning that the number of PDs S1 issued is higher than the number of PDs S1 received. Especially Luxembourg, the Netherlands, the United Kingdom, and Switzerland stand out in this regard, with a difference of over 150 000 PDs S1.

On the contrary 19 Member States are considered 'net receivers'[73], meaning that the number of PDs S1 received is higher than the number of PDs S1 issued. The main net receiver is clearly France, followed at a distance by Spain and Poland.

72 Net senders: LU, NL, UK, CH, DE, AT, RO, DK, FI, BG, LV, LI, and IS (data 2018).

73 Net receivers: NO, IE, IT (data 2018), MT, EE, SE, EL, SI, LT, CY (data 2019), BE, HR, PT, CZ, SK, HU, PL, ES, and FR.

Figure 4 - *Net balance* between the total number of PDs S1 issued and received, stock (still in circulation), 2021



* IS and IT: data 2018. CY: data 2019.
** Issued – stock: imputed data for DK and DE; received – stock: imputed data for DK and DE.
Source: PD S1 Questionnaire 2022

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

The above absolute figures can 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)*. From an issuing perspective, on average 0.5 % 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 (1.5 %). More than one in four persons insured in Luxembourg reside in another Member State (26.4 %). For the other Member States, the share is much lower, as it only exceeds 1.0 % in Liechtenstein (2.7 %), Belgium (2.4 %), Switzerland (2.0 %), Austria (1.8 %), and the Netherlands (1.4 %). For Germany, the main issuing Member State in absolute terms, 0.6 % of the insured persons reside in another Member State.

From the perspective of receiving Member States, only in Belgium (2.7 %), Hungary (1.9 %), and Cyprus (1.8 %, data 2019), 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 0.7 % 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), 2021

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	405 155 115	1 675 499	0.4 %	2 048 230	0.5 %
EU-14	314 773 830	1 450 946	0.5 %	1 397 714	0.4 %
EU-13	90 381 285	221 147	0.2 %	608 282	0.7 %
EFTA	14 617 278	213 390	1.5 %	12 370	0.1 %
Total	**419 772 393**	**2 068 664**	**0.5 %**	**2 066 750**	**0.5 %**
BE	11 389 221	276 551	2.4 %	303 791	2.7 %
BG	5 776 379	12 579	0.2 %	8 828	0.2 %
CZ	10 557 134	101 349	1.0 %	147 176	1.4 %
DK*	5 800 000	18 115(e)	0.3 %	1 071(e)	0.0 %
DE	74 000 000	428 681(e)	0.6 %	290 815(e)	0.4 %
EE	1 273 743	1 349	0.1 %	4 507	0.4 %
IE	4 800 393	1 005	0.0 %	1 907	0.0 %
EL	8 789 190	1 289	0.0 %	5 755	0.1 %
ES	49 197 881	10 473	0.0 %	200 536	0.4 %
FR	67 853 633	12 538	0.0 %	481 543	0.7 %
HR	4 082 930	2 943	0.1 %	34 668	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	2 368 517	2 251	0.1 %	1 202	0.1 %
LT	2 933 396	1 372	0.0 %	10 398	0.4 %
LU	926 831	245 080	26.4 %	5 499	0.6 %
HU	4 144 051	13 703	0.3 %	78 541	1.9 %
MT	525 285	2 181	0.4 %	4 812	0.9 %
NL	17 385 000	235 764	1.4 %	39 223	0.2 %
AT	9 075 173	160 089	1.8 %	45 413	0.5 %
PL	34 202 895	18 291	0.1 %	202 206	0.6 %
PT		3 406		42 234	
RO	16 420 342	38 514	0.2 %	9 104	0.1 %
SI	2 100 402	10 506	0.5 %	17 898	0.9 %
SK	5 176 211	14 399	0.3 %	74 519	1.4 %
FI	5 556 508	16 364	0.3 %	781	0.0 %
SE		28 024		3 449	
IS*	355 766	683	0.2 %	69	0.0 %
LI	36 242	984	2.7 %	16	0.0 %
NO	5 425 270	39 933(e)	0.7 %	240	0.0 %
CH	8 800 000	171 790	2.0 %	12 045	0.1 %
UK		179 775		6 150	

* IS and IT: data 2018. CY: data 2019. DK: number of insured persons data 2020.
** Issued – stock: imputed data for DK, DE, and NO; received – stock: imputed data for DK and DE.
Source: PD S1 Questionnaire and EHIC Questionnaire 2022

2.2. By status

More than 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. The Czech Republic, Luxembourg, Malta, Austria, Liechtenstein, Norway, and Switzerland 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 almost 95 % of PDs S1 to pensioners and their family members.

Among the receiving Member States, Lithuania, Poland, Slovakia, and Liechtenstein 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 (data 2019), Malta, Portugal, 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), 2021

	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**	135 181	48.9 %	67 324	24.3 %	0	0.0 %	50 551	18.3 %	23 495	8.5 %	276 551
BG	1 499	11.9 %	9 836	78.2 %	5	0.0 %	1 160	9.2 %	79	0.6 %	12 579
CZ(e)	29 613	80.0 %	3 145	8.5 %	16	0.0 %	4 220	11.4 %	29	0.1 %	101 349
DK(e)	12 829	72.2 %	3 411	19.2 %	61	0.3 %	1 022	5.8 %	438	2.5 %	18 115
DE(e)	224 591	66.6 %	69 398	20.6 %	902	0.3 %	36 998	11.0 %	5 326	1.6 %	428 681
EE	517	38.3 %	518	38.4 %	0	0.0 %	295	21.9 %	19	1.4 %	1 349
IE	163	16.2 %	326	32.4 %	0	0.0 %	448	44.6 %	68	6.8 %	1 005
EL	563	43.7 %	403	31.3 %	<5	0.2 %	270	20.9 %	51	4.0 %	1 289
ES	6 090	58.1 %	3 008	28.7 %	<5	0.0 %	638	6.1 %	736	7.0 %	10 473
FR	9 016	71.9 %	1 543	12.3 %	<5	0.0 %	1 837	14.7 %	140	1.1 %	12 538
HR	899	30.5 %	1 582	53.8 %	<5	0.1 %	378	12.8 %	82	2.8 %	2 943
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	745	33.1 %	1 211	53.8 %	0	0.0 %	285	12.7 %	10	0.4 %	2 251
LT	209	15.2 %	953	69.5 %	11	0.8 %	191	13.9 %	7	0.5 %	1 372
LU	224 113	91.4 %	17 903	7.3 %	0	0.0 %	751	0.3 %	2 313	0.9 %	245 080
HU	9 438	68.9 %	2 352	17.2 %	0	0.0 %	1 902	13.9 %	11	0.1 %	13 703
MT	2 069	94.9 %	66	3.0 %	0	0.0 %	46	2.1 %	0	0.0 %	2 181
NL	146 866	62.3 %	58 037	24.6 %	0	0.0 %	24 880	10.6 %	5 981	2.5 %	235 764
AT	121 894	76.1 %	8 517	5.3 %	<5	0.0 %	28 683	17.9 %	993	0.6 %	160 089
PL	7 352	40.2 %	9 555	52.2 %	<5	0.0 %	1 223	6.7 %	158	0.9 %	18 291
PT	1 521	44.7 %	1 542	45.3 %	61	1.8 %	247	7.3 %	35	1.0 %	3 406
RO	5 475	14.2 %	29 927	77.7 %	0	0.0 %	2 975	7.7 %	137	0.4 %	38 514
SI	4 569	43.5 %	4 665	44.4 %	0	0.0 %	491	4.7 %	781	7.4 %	10 506
SK	8 697	60.4 %	3 964	27.5 %	17	0.1 %	1 684	11.7 %	37	0.3 %	14 399
FI	11 798	72.1 %	3 759	23.0 %	0	0.0 %	671	4.1 %	136	0.8 %	16 364
SE(	9 261	33.0 %	14 131	50.4 %	0	0.0 %	2 907	10.4 %	1 725	6.2 %	28 024
IS**	165	24.2 %	78	11.4 %	144	21.1 %	235	34.4 %	61	8.9 %	683
LI	924	93.9 %	56	5.7 %	<5	0.1 %	<5	0.3 %	0	0.0 %	984
NO(e)	34 240	87.8 %	2 725	7.0 %	93	0.2 %	1 453	3.7 %	501	1.3 %	39 933
CH	124 790	72.6 %	12 953	7.5 %	0	0.0 %	32 512	18.9 %	1 535	0.9 %	171 790
UK	1 589	0.9 %	170 580	94.9 %	7 399	4.1 %	207	0.1 %	0	0.0 %	179 775
Total	**1 144 018**	**59.8 %**	**510 838**	**26.7 %**	**8 926**	**0.5 %**	**201 931**	**10.6 %**	**45 883**	**2.4 %**	**2 068 664**

* *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 2018. CY: data 2019.

*** Issued – stock: imputed data for CZ (only breakdown), DK, DE, 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 1 911 596 if the sum of the number of PDs S1 by status is taken.

****BE: data include the number of forms issued and still in stock under the bilateral agreement with Luxembourg concerning health care benefits for (former) frontier workers and their family members, namely forms BL.1, BL.2, and BL.3. More specifically, it concerns a total of 59 forms (48 for insured persons and 11 for pensioners).

Source: PD S1 Questionnaire 2022

Table 23 - Total number of PDs S1 *received*, *by status*, stock (still in circulation), 2021

	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**	200 566	66.0%	48 588	16.0%	33	0.0%	48 399	15.9%	6 205	2.0%	303 791
BG	3 992	45.2%	3 855	43.7%	14	0.2%	354	4.0%	613	6.9%	8 828
CZ(e)	19 631	69.8%	4 165	14.8%	29	0.1%	4 143	14.7%	147	0.5%	147 176
DK(e)	449	45.4%	327	33.1%	11	1.1%	177	17.9%	24	2.4%	1 071
DE(e)	195 451	67.9%	54 900	19.1%	254	0.1%	32 069	11.1%	5 020	1.7%	290 815
EE	3 092	68.6%	1 107	24.6%	<5	0.0%	300	6.7%	7	0.2%	4 507
IE	132	6.9%	1 534	80.4%	<5	0.1%	133	7.0%	107	5.6%	1 907
EL	519	9.0%	4 207	73.1%	156	2.7%	639	11.1%	234	4.1%	5 755
ES	15 488	7.7%	161 325	80.4%	351	0.2%	2 058	1.0%	21 314	10.6%	200 536
FR	240 901	50.0%	146 074	30.3%	59	0.0%	80 451	16.7%	14 058	2.9%	481 543
HR	8 897	25.7%	19 761	57.0%	6	0.0%	4 256	12.3%	1 748	5.0%	34 668
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	826	68.7%	183	15.2%	0	0.0%	179	14.9%	14	1.2%	1 202
LT	9 360	92.0%	500	4.9%	0	0.0%	267	2.6%	42	0.4%	10 398
LU	2 140	38.9%	3 043	55.3%	0	0.0%	58	1.1%	258	4.7%	5 499
HU	54 903	69.9%	15 385	19.6%	77	0.1%	7 166	9.1%	1 010	1.3%	78 541
MT	197	4.1%	3 439	71.5%	0	0.0%	111	2.3%	1 065	22.1%	4 812
NL	26 233	66.9%	4 717	12.0%	0	0.0%	7 749	19.8%	524	1.3%	39 223
AT	19 509	43.0%	16 949	37.3%	134	0.3%	7 874	17.3%	947	2.1%	45 413
PL	187 870	92.9%	4 954	2.4%	19	0.0%	8 854	4.4%	509	0.3%	202 206
PT	438	1.8%	20 672	86.6%	48	0.2%	682	2.9%	2 036	8.5%	42 234
RO	7 162	78.7%	1 447	15.9%	0	0.0%	284	3.1%	211	2.3%	9 104
SI	13 725	76.7%	3 677	20.5%	17	0.1%	400	2.2%	79	0.4%	17 898
SK	58 686	78.8%	3 380	4.5%	44	0.1%	12 351	16.6%	58	0.1%	74 519
FI	219	28.0%	449	57.5%	0	0.0%	86	11.0%	27	3.5%	781
SE	672	19.5%	2 104	61.0%	0	0.0%	431	12.5%	242	7.0%	3 449
IS*	24	34.8%	26	37.7%	0	0.0%	16	23.2%	<5	4.3%	69
LI	15	93.8%	<5	6.3%	0	0.0%	0	0.0%	0	0.0%	16
NO	0	0.0%	240	100.0%	0	0.0%	0	0.0%	0	0.0%	240
CH	6 446	53.5%	5 463	45.4%	<5	0.0%	134	1.1%	0	0.0%	12 045
UK	517	8.4%	4 832	78.6%	730	11.9%	71	1.2%	0	0.0%	6 150
Total	**1 080 596**	**56.1%**	**563 103**	**29.2%**	**2 094**	**0.1%**	**220 873**	**11.5%**	**59 232**	**3.1%**	**2 066 750**

* *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 2018. CY: data 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 1 925 898 if the sum of the number of PDs S1 by status is taken.

****BE: data include the number of forms received and still in stock under the bilateral agreement with Luxembourg concerning health care benefits for (former) frontier workers and their family members, namely forms BL.1, BL.2, and BL.3. More specifically, it concerns a total of 12 182 forms (12 174 for insured persons and 8 for family members of insured persons).

Source: PD S1 Questionnaire 2022

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

Approximately 1.3 million persons of working age[74] 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 *(lefthand side of Table 24)*. The 1.3 million consists of around 1.1 million persons of working age and 200 000 family members. The main issuing Member States are Germany (some 262 000 PDs S1(e)), Luxembourg (225 000 PDs S1), Belgium (186 000 PDs S1), the Netherlands (172 000 PDs S1), Switzerland (157 000 PDs S1), and Austria (151 000 PDs S1). More than 85 % of all PDs S1 issued for persons of working age and their family members were

[74] *Insured person of working age:* also includes persons above working age who are still employed.

issued by these six 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 (321 000 PDs S1), Belgium (249 000 PDs S1), Germany (some 228 000 PDs S1(e)), and Poland (197 000 PDs S1) (*righthand side of Table 24)*. More than three in four persons of working age and their family members reside in one of these four Member States.

Table 24 - Total number of PDs S1 *issued and received*, *insured persons of working age and their family members*, stock (still in circulation), 2021

	Issued				Received			
	Insured person	Family members	Total	Column %	Insured person	Family members	Total	Column %
BE* **	135 181	50 551	185 732	13.8 %	200 566	48 399	248 965	19.1 %
BG	1 499	1 160	2 659	0.2 %	3 992	354	4 346	0.3 %
CZ(e)	29 613	4 220	33 833	2.5 %	19 631	4 143	23 774	1.8 %
DK(e)	12 829	1 022	13 851	1.0 %	449	177	626	0.0 %
DE(e)	224 591	36 998	261 589	19.4 %	195 451	32 069	227 520	17.5 %
EE	517	295	812	0.1 %	3 092	300	3 392	0.3 %
IE	163	448	611	0.0 %	132	133	265	0.0 %
EL	563	270	833	0.1 %	519	639	1 158	0.1 %
ES	6 090	638	6 728	0.5 %	15 488	2 058	17 546	1.3 %
FR	9 016	1 837	10 853	0.8 %	240 901	80 451	321 352	24.7 %
HR	899	378	1 277	0.1 %	8 897	4 256	13 153	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	745	285	1 030	0.1 %	826	179	1 005	0.1 %
LT	209	191	400	0.0 %	9 360	267	9 627	0.7 %
LU	224 113	751	224 864	16.7 %	2 140	58	2 198	0.2 %
HU	9 438	1 902	11 340	0.8 %	54 903	7 166	62 069	4.8 %
MT	2 069	46	2 115	0.2 %	197	111	308	0.0 %
NL	146 866	24 880	171 746	12.8 %	26 233	7 749	33 982	2.6 %
AT	121 894	28 683	150 577	11.2 %	19 509	7 874	27 383	2.1 %
PL	7 352	1 223	8 575	0.6 %	187 870	8 854	196 724	15.1 %
PT	1 521	247	1 768	0.1 %	438	682	1 120	0.1 %
RO	5 475	2 975	8 450	0.6 %	7 162	284	7 446	0.6 %
SI	4 569	491	5 060	0.4 %	13 725	400	14 125	1.1 %
SK	8 697	1 684	10 381	0.8 %	58 686	12 351	71 037	5.5 %
FI	11 798	671	12 469	0.9 %	219	86	305	0.0 %
SE	9 261	2 907	12 168	0.9 %	672	431	1 103	0.1 %
IS*	165	235	400	0.0 %	24	16	40	0.0 %
LI	924	<5	927	0.1 %	15	0	15	0.0 %
NO	34 240	1 453	35 693	2.7 %	0	0	0	0.0 %
CH	124 790	32 512	157 302	11.7 %	6 446	134	6 580	0.5 %
UK	1 589	207	1 796	0.1 %	517	71	588	0.0 %
Total	**1 144 018**	**201 931**	**1 345 949**	**100.0 %**	**1 080 596**	**220 873**	**1 301 469**	**100.0 %**

* IS and IT: data 2018. CY: data 2019.

** Issued – stock: imputed data for CZ, DK, and DE; received – stock: imputed data for CZ, DK, and DE.

*** BE: data include the number of forms issued and received and still in stock under the bilateral agreement with Luxembourg concerning health care benefits for (former) frontier workers and their family members, namely forms BL.1, BL.2, and BL.3. More specifically, it concerns 48 forms issued and still in stock for insured persons, 12 174 forms received and still in stock for insured persons, and 8 forms received and still in stock for family members of insured persons.

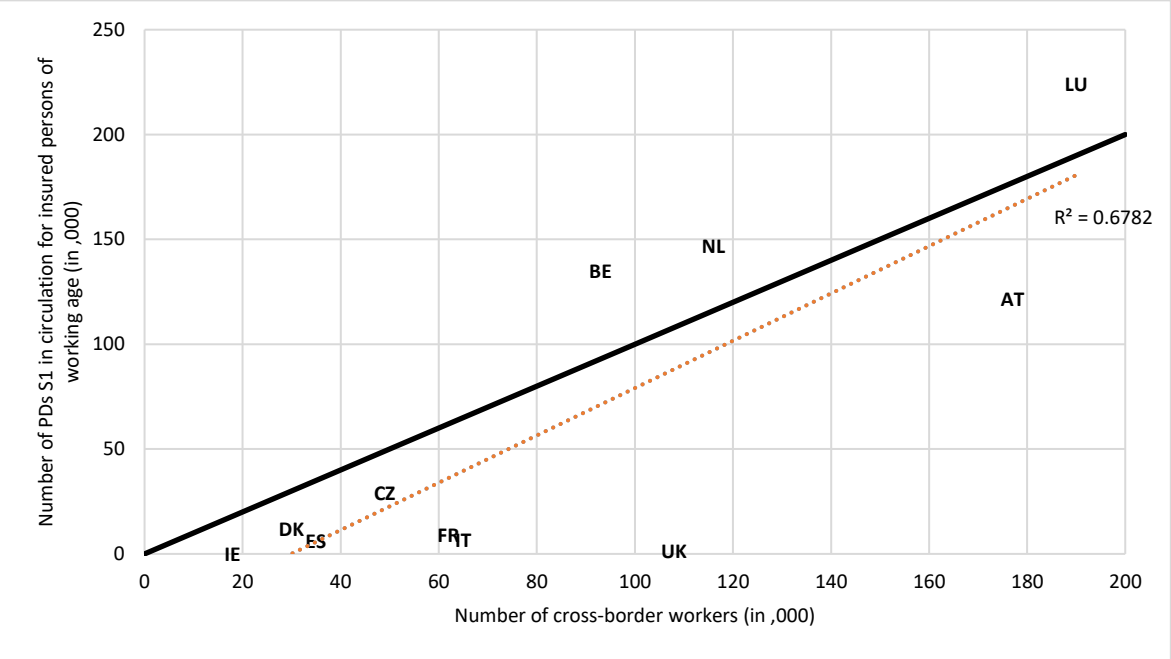
Source: PD S1 Questionnaire 2022

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)[75] 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

[75] See Fries-Tersch, E., Jones, M., Siöland, L. (2021), *2020 Annual Report on intra-EU Labour Mobility*, Network Statistics FMSSFE, European Commission.

from the Swiss health insurance.[76] 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 0.82.

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, 2021



* The correlation coefficient amounts to +0.82.
Source PD S1 Questionnaire 2022 and Fries-Tersch et al. (2021) (data 2018)

As already observed, the flow of PDs S1 issued to persons of working age is concentrated within a limited number of issuing and sending Member States. *Table 25* illustrates the main flows of persons of working age with a PD S1. Some 10 % of the persons of working age with a valid PD S1 are insured in Luxembourg and reside in France, another 10 % is insured in Germany and lives in Poland. The other main flows of insured persons are also mainly among neighbouring countries, notably from Switzerland to France, from Luxembourg to Belgium, from the Netherlands to Belgium, from Belgium to France, and from Luxembourg to Germany.

Table 25 - Main flows between the competent Member State and the Member State of residence, *insured persons of working age*, stock (still in circulation), 2021

Issuing MS	Receiving MS	Number of PDs S1 reported by…			
From …	To …	Issuing MS	% total number issued	Receiving MS	% total number received
Germany	Poland	108 321[(e)]	9 %	108 321	10 %
Luxembourg	France	112 949	10 %	104 628	10 %
Switzerland	France	63 789	6 %	51 154	5 %
Luxembourg	Belgium	50 908	4 %	81 695	8 %
The Netherlands	Belgium	38 638	3 %	71 189	7 %
Belgium	France	82 835	7 %	37 656	3 %
Luxembourg	Germany	54 901	5 %		

* Based on the top 5 flows from an issuing perspective (DE → PL, LU → FR, LU → BE, NL → BE, and CH → FR) and the top 5 flows from a receiving perspective (LU → FR, DE → PL[(e)], → BE → FR, CH → FR, and LU → DE).
Source: PD S1 Questionnaire 2022

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

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

Some 565 000 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 *(lefthand side of Table 26)*. The main issuing Member State is the United Kingdom (178 000 PDs S1), which issued 31.5 % of the total number of PDs S1 for pensioners and their family members residing abroad. Other main issuing Member States are Belgium (90 800 PDs S1), Germany (some 75 600 PDs S1(e)), and the Netherlands (64 000 PDs S1).

Around 183 000 pensioners and family member with a PD S1 are residing in Spain (*righthand side Table 26*). More than 78 000 of them are insured in the United Kingdom and reside in Spain *(Table 27)*. This single flow represents 16 % of the total number of PDs S1 issued to pensioners. Furthermore, some 160 000 pensioners and their family members with a valid PD S1 reside in France. This mainly concerns retired frontier workers who have worked in Luxembourg. These figures show that the profile of this group of pensioners with a PD S1 is diverse. Some are retired cross-border workers who never worked in their Member State of residence. Others are retired EU mobile workers who return to their Member State of origin without having worked there. Finally, a group of pensioners migrates to another Member State without having any past affiliation with this Member State (in terms of country of birth or country of citizenship).

Table 26 - Total number of PDs S1 *issued and received*, *pensioners (+ pension claimant) and their family members*, stock (still in circulation), 2021

	Issued				Received			
	Pensioner	Family members	Total	Column %	Pensioner	Family members	Total	Column %
BE	67 324	23 495	90 819	16.1 %	48 621	6 205	54 826	8.8 %
BG	9 841	79	9 920	1.8 %	3 869	613	4 482	0.7 %
CZ(e)	3 161	29	3 190	0.6 %	4 194	147	4 341	0.7 %
DK(e)	3 472	438	3 910	0.7 %	338	24	362	0.1 %
DE(e)	70 300	5 326	75 626	13.4 %	55 154	5 020	60 174	9.6 %
EE	518	19	537	0.1 %	1 108	7	1 115	0.2 %
IE	326	68	394	0.1 %	1 535	107	1 642	0.3 %
EL*	405	51	456	0.1 %	4 363	234	4 597	0.7 %
ES	3 009	736	3 745	0.7 %	161 676	21 314	182 990	29.3 %
FR	1 545	140	1 685	0.3 %	146 133	14 058	160 191	25.7 %
HR	1 584	82	1 666	0.3 %	19 767	1 748	21 515	3.4 %
IT*	7 215	925	8 140	1.4 %	13 698	638	14 336	2.3 %
CY*	359	74	433	0.1 %	12 209	2 092	14 301	2.3 %
LV	1 211	10	1 221	0.2 %	183	14	197	0.0 %
LT	964	7	971	0.2 %	500	42	542	0.1 %
LU	17 903	2 313	20 216	3.6 %	3 043	258	3 301	0.5 %
HU	2 352	11	2 363	0.4 %	15 462	1 010	16 472	2.6 %
MT	66	0	66	0.0 %	3 439	1 065	4 504	0.7 %
NL	58 037	5 981	64 018	11.3 %	4 717	524	5 241	0.8 %
AT	8 519	993	9 512	1.7 %	17 083	947	18 030	2.9 %
PL	9 558	158	9 716	1.7 %	4 973	509	5 482	0.9 %
PT	1 603	35	1 638	0.3 %	20 720	2 036	22 756	3.6 %
RO	29 927	137	30 064	5.3 %	1 447	211	1 658	0.3 %
SI	4 665	781	5 446	1.0 %	3 694	79	3 773	0.6 %
SK	3 981	37	4 018	0.7 %	3 424	58	3 482	0.6 %
FI	3 759	136	3 895	0.7 %	449	27	476	0.1 %
SE	14 131	1 725	15 856	2.8 %	2 104	242	2 346	0.4 %
IS*	222	61	283	0.1 %	26	<5	29	0.0 %
LI	57	0	57	0.0 %	<5	0	1<5	0.0 %
NO	2 818	501	3 319	0.6 %	240	0	240	0.0 %
CH	12 953	1 535	14 488	2.6 %	5 465	0	5 465	0.9 %
UK	177 979	0	177 979	31.5 %	5 562	0	5 562	0.9 %
Total	**519 764**	**45 883**	**565 647**	**100.0 %**	**565 197**	**59 232**	**624 429**	**100.0 %**

* IS and IT: data 2018. CY: data 2019.

** Issued – stock: imputed data for CZ, DK, and DE; received – stock: imputed data for CZ, DK, and DE.

*** BE: data include the number of forms issued and received and still in stock under the bilateral agreement with Luxembourg concerning health care benefits for (former) frontier workers and their family members, namely forms BL.1, BL.2, and BL.3. More specifically, it concerns 11 forms issued and still in stock for pensioners.

Source: PD S1 Questionnaire 2022

Table 27 - Main flows between the competent Member State and the Member State of residence, *pensioners*, stock (still in circulation), 2021

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	85 173	16 %	78 168	14 %
United Kingdom	France	48 089	9 %	40 954	7 %
Belgium	France	30 294	6 %	23 193	4 %
Belgium	Spain	15 046	3 %	11 459	2 %
Germany	Spain	14 552(e)	3 %	14 552	3 %
Portugal	France	727	0 %	24 835	4 %
France	Spain	66	0 %	22 474	4 %

* Based on the top 5 flows from an issuing perspective (UK → ES, UK → FR, BE → FR, BE → ES, and DE → ES(e)) and the top 5 flows from a receiving perspective (UK → ES, UK → FR, PT → FR, BE → FR, and FR → ES).

Source: PD S1 Questionnaire 2022

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 2021 compared to 2020. In the main issuing Member State Germany, an estimated increase of 11.2 % is reported, while for the main receiving Member State France the growth amounts to 19.0 %.

Table 28 - Number of PDs S1 issued and received, stock (still in circulation), 2020-2021

	Issued			Received		
	2020	2021	% change 2020-2021	2020	2021	% change 2020-2021
BE		276 551			303 791	
BG	23 817	12 579	-47.2 %	7 121	8 828	24.0 %
CZ	93 639	101 349	8.2 %	136 624	147 176	7.7 %
DK(e)	15 989	18 115	13.3 %	993	1 071	7.9 %
DE(e)	385 532	428 681	11.2 %	245 095	290 815	18.7 %
EE	1 300	1 349	3.8 %	3 746	4 507	20.3 %
IE	1 043	1 005	-3.6 %	1 709	1 907	11.6 %
EL		1 289			5 755	
ES	8 679	10 473	20.7 %	187 085	200 536	7.2 %
FR	64 926	12 538	-80.7 %	404 721	481 543	19.0 %
HR	3 067	2 943	-4.0 %	33 330	34 668	4.0 %
IT						
CY						
LV	3 035	2 251	-25.8 %	1 110	1 202	8.3 %
LT	1 243	1 372	10.4 %	9 475	10 398	9.7 %
LU	239 697	245 080	2.2 %	5 477	5 499	0.4 %
HU	12 264	13 703	11.7 %	70 226	78 541	11.8 %
MT	1 019	2 181	114.0 %	4 758	4 812	1.1 %
NL	213 132	235 764	10.6 %	39 333	39 223	-0.3 %
AT	159 796	160 089	0.2 %	43 940	45 413	3.4 %
PL	17 521	18 291	4.4 %	192 249	202 206	5.2 %
PT	3 898	3 406	-12.6 %	2 160	42 234	1855.3 %
RO	31 235	38 514	23.3 %	26 249	9 104	-65.3 %
SI	9 816	10 506	7.0 %	18 728	17 898	-4.4 %
SK	14 638	14 399	-1.6 %	74 177	74 519	0.5 %
FI	16 796	16 364	-2.6 %	772	781	1.2 %
SE(e)	9 318	28 024	200.8 %	2 078	3 449	66.0 %
IS						
LI	270	984	264.4 %	19	16	-15.8 %
NO(e)	39 758	39 933	0.4 %	214	240	12.1 %
CH	202 508	171 790	-15.2 %	11 929	12 045	1.0 %
UK		179 775			6 150	

* Issued – stock: imputed data for DK, DE, SE (2020) and NO (2020); received – stock: imputed data for DK and DE.

Source: PD S1 Questionnaires 2021 and 2022

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 based on actual expenditure (actual costs) (forms E125/SED S080) or on fixed amounts (average costs) (forms E127/SED S095). In principle, the general method of reimbursement is the refund following the first method, based on 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 based on fixed amounts in relation to certain categories of persons.[77] 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, Norway, and the United Kingdom. For instance, figures show many pensioners who are 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 2021 are reported despite 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 2021 is reported. Again, these amounts do not necessarily correspond to treatment provided in 2021. Moreover, 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 2021 figures

The spending on cross-border healthcare reflects, to a high extent, the number of PDs S1 issued and received *(Table 29)*. Spain received EUR 774 million in 2021, France EUR 735 million, Germany EUR 584 million, and Belgium EUR 304 million. Figures on the number of claims issued by Spain clearly show the impact of the application of Annex 3 of the Implementing Regulation.[78] The highest number of claims were issued by Belgium (2.4 million), followed by Poland (1.1 million). For both Member States, this reflects the rather high number of PDs S1 they received (303 791 PDs S1 and 202 206 PDs S1 respectively, see *Table 20*). However Poland received a much lower amount than Spain, France, Germany, and Belgium, namely some EUR 35.8 million.

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 these types of persons regarding the amount of reimbursement is available. Nonetheless, we could estimate this for the 'lump-sum Member States' if they provided complete data on both actual and fixed amounts, which is unfortunately not the case for reference year 2021.

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

[78] 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.

Average cross-border healthcare spending for persons residing in a Member State other than the competent Member State amounts to some 0.32 % 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 Spain show an amount higher than 1 % of total healthcare spending related to benefits in kind was claimed. For Belgium, the refunds received amount to 0.96 % of the total healthcare spending related to benefits in kind, for France the refunds amount to 0.37 %, and for Germany the refunds amount to 0.20 %.

Table 29 - Cross-border sickness benefits *in kind* for persons living in a Member State other than the competent Member State, *creditor*, 2021

	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	2 425 176	304 011 233			2 425 176	304 011 233	0.96 %
BG	4 506	979 855			4 506	979 855	0.04 %
CZ	239 008	37 017 291			239 008	37 017 291	0.31 %
DK	1 241	1 238 499			1 241	1 238 499	0.01 %
DE	974 085	583 605 001			974 085	583 605 001	0.20 %
EE	10 184	360 703			10 184	360 703	0.03 %
IE			1 531	2 260 317	1 531	2 260 317	0.01 %
EL	21 851	14 812 848		27 505	21 851	14 840 353	0.17 %
ES	21 119		188 809	774 242 136	209 928	774 242 136	1.14 %
FR*	870 904	735 261 693			870 904	735 261 693	0.37 %
HR	128 115	47 600 842			128 115	47 600 842	1.41 %
IT							
CY							
LV	1 680	41 290			1 680	41 290	0.00 %
LT	40 124	2 600 191			40 124	2 600 191	0.13 %
LU							
HU	119 544	22 500 871			119 544	22 500 871	0.38 %
MT	1 705	397 082			1 705	397 082	0.07 %
NL	144 032	43 272 537		7 298 912	144 032	50 571 450	0.08 %
AT	189 216	63 094 336			189 216	63 094 336	0.24 %
PL	1 122 357	35 848 994	<5	-24 995	1 122 359	35 823 999	0.16 %
PT			43 480	998 889	43 480	998 889	0.01 %
RO	7 228	610 324			7 228	610 324	0.01 %
SI	53 196	20 025 143			53 196	20 025 143	0.66 %
SK	174 454	20 126 148	15	5 615	174 469	20 131 764	0.42 %
FI**	3 612	898 600	15	22 935	3 627	921 536	0.01 %
SE	204		6 137		6 341		
IS							
LI	745	445 904			745	445 904	0.00 %
NO	6		214	1 214 244	220	1 214 244	0.01 %
CH	110 984				110 984		
UK			6 219		6 219		
Total	**6 665 276**	**1 934 749 388**	**246 422**	**786 045 559**	**6 911 698**	**2 720 794 947**	**0.32 %**

* FR: it concerns the amount claimed, not refunds received.

** FI: it concerns the amount claimed, not refunds received. The last year when the claims of fixed amounts were sent, was 2020. The claims of fixed amounts shown are some exceptional, retroactive cases.

Source: PD S1 Questionnaire 2022

From a debtor's perspective, Germany refunded EUR 410 million and the Netherlands refunded EUR 342 million *(Table 30)*. For Belgium, Luxembourg, the United Kingdom, and Switzerland, the other main issuing Member States of a PD S1, no reimbursement figures are available.

Only Bulgaria (1.05 %) had to pay more than 1 % of its healthcare spending in kind to persons living abroad as a debtor. In total, the impact only amounts to 0.14 %. 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,

Latvia, 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*, 2021

	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	228 170		15 229		243 399		
BG	24 500	23 833 943	2 850	4 076 660	27 350	27 910 603	1.05 %
CZ	125 854	20 602 246			125 854	20 602 246	0.17 %
DK	102 990	13 683 255	2 143	6 762 898	105 133	20 446 153	0.12 %
DE					1 418 148	410 078 767	0.14 %
EE	3 570	1 078 820	158	579 763	3 728	1 658 583	0.14 %
IE	9 186	2 785 551	692	1 957 832	9 878	4 743 383	0.03 %
EL	14 707	5 637 097	73	962 727	14 780	6 599 824	0.08 %
ES*	65 461	181 183	565	604 868	66 026	786 050	0.00 %
FR	29 576	18 794 640			29 576	18 794 640	0.01 %
HR	6 588	5 158 083	31	118 457	6 619	5 276 540	0.16 %
IT							
CY							
LV	7 316	5 916 270	370	1 435 007	7 686	7 351 277	0.68 %
LT	5 123	2 136 112	454	454 600	5 577	2 590 713	0.13 %
LU							
HU	16 394	7 590 712			16 394	7 590 712	0.13 %
MT	1 860	329 201	7	13 653	1 867	342 854	0.06 %
NL	1 434 224	297 599 941	19 266	44 093 089	1 453 490	341 693 031	0.56 %
AT	492 020	120 890 089	337	869 241	492 357	121 759 330	0.46 %
PL	65 324	47 154 100	1 489	7 951 784	66 813	55 105 884	0.25 %
PT	1 141	803 511	1 662		2 803	803 511	0.01 %
RO	51 356	43 435 401	3 269	8 446 252	54 625	51 881 653	0.55 %
SI	35 515	9 549 185			35 515	9 549 185	0.32 %
SK	31 467	12 902 604	231	873 827	31 698	13 776 432	0.29 %
FI**	10 300	4 130 000	4 375	6 827 181	14 675	10 957 181	0.08 %
SE	32 780		5 402		38 182		
IS							
LI	1 247	464 635			1 247	464 635	0.00 %
NO			3 003	7 160 970	3 003	7 160 970	0.03 %
CH	261 103		1 326		262 429		
UK	262 875		158 083		420 958		
Total	**3 320 647**	**644 656 581**	**221 015**	**93 188 808**	**4 959 810**	**1 147 924 156**	**0.14 %**

* ES: for refunds paid for actual expenditure: data currently available only include one of the two Spanish Institutions responsible for managing these refunds (for a total of 386 claims received) (ISM); data from the Institution responsible for managing the largest portion of refunds (INSS) are not available yet (for a total of 65 075 claims received).

** FI: it concerns the amount claimed, not refunds paid. FI can offer only an estimation of number of received E125 forms for treatment received by PDS1 (E106, E109, E120, E121) as well an estimate of the related amount claimed

Source: PD S1 Questionnaire 2022

3.1.2. Comparison to 2020

In total, the refunds received as a creditor increased by 18.2% while the refunds paid as a debtor decreased by 0.4 %. From the creditor's perspective, there are some major growths to be noticed, particularly for Hungary (+4 318 %), Malta (+193 %), and Latvia (+152 %), while others noticed a decrease (for instance Portugal -90 %, Estonia -87 %, and the Netherlands -61 %). The main creditors Germany (+13 %), France (+10 %), and Spain (+66 %) all reported an increase. From a debtors' perspective, Malta (+402 %), Estonia (+270 %), and Portugal (+129 %) are the most remarkable growers, while Norway (-94 %), Slovakia (-85 %), and France (-63 %) reported the largest decrease. Two of the main debtors, Germany (+8 %) and the Netherlands (+23 %), presented an increase.

Table 31 - Evolution cross-border sickness benefits *in kind* for persons living in a Member State other than the competent Member State, 2021 vs. 2020

	As creditor				As debtor			
	2020	2021	Change in absolute figures	% change	2020	2021	Change in absolute figures	% change
BE		304 011 233						
BG	957 182	979 855	22 674	2.4 %	25 473 216	27 910 603	2 437 387	9.6 %
CZ	45 186 819	37 017 291	-8 169 528	-18.1 %	19 765 723	20 602 246	836 523	4.2 %
DK	960 280	1 238 499	278 220	29.0 %	9 908 959	20 446 153	10 537 194	106.3 %
DE	516 192 294	583 605 001	67 412 707	13.1 %	379 720 261	410 078 767	30 358 506	8.0 %
EE	2 799 693	360 703	-2 438 990	-87.1 %	448 019	1 658 583	1 210 564	270.2 %
IE	4 238 240	2 260 317	-1 977 923	-46.7 %	8 507 806	4 743 383	-3 764 423	-44.2 %
EL		14 840 353			7 957 393	6 599 824	-1 357 568	-17.1 %
ES	466 459 165	774 242 136	307 782 971	66.0 %	1 477 708	786 050	-691 657	-46.8 %
FR	667 212 551	735 261 693	68 049 142	10.2 %	50 379 805	18 794 640	-31 585 165	-62.7 %
HR	45 484 532	47 600 842	2 116 310	4.7 %	4 372 671	5 276 540	903 869	20.7 %
IT								
CY								
LV	16 410	41 290	24 881	151.6 %	3 727 629	7 351 277	3 623 648	97.2 %
LT	1 528 058	2 600 191	1 072 133	70.2 %	3 050 148	2 590 713	-459 436	-15.1 %
LU								
HU	509 232	22 500 871	21 991 639	4 318.6 %		7 590 712		
MT	135 414	397 082	261 668	193.2 %	68 335	342 854	274 518	401.7 %
NL	129 161 617	50 571 450	-78 590 168	-60.8 %	277 572 546	341 693 031	64 120 485	23.1 %
AT	56 505 846	63 094 336	6 588 490	11.7 %	135 836 394	121 759 330	-14 077 064	-10.4 %
PL	30 317 419	35 823 999	5 506 580	18.2 %	47 645 069	55 105 884	7 460 815	15.7 %
PT	9 905 364	998 889	-8 906 475	-89.9 %	350976.3	803 511	452 535	128.9 %
RO	378 685	610 324	231 639	61.2 %	42 066 835	51 881 653	9 814 818	23.3 %
SI	17 671 809	20 025 143	2 353 334	13.3 %	9 019 315	9 549 185	529 870	5.9 %
SK	32 440 732	20 131 764	-12 308 968	-37.9 %	89 463 043	13 776 432	-75 686 611	-84.6 %
FI	2 108 225	921 536	-1 186 689	-56.3 %	12 871 937	10 957 181	-1 914 757	-14.9 %
SE								
IS								
LI		445 904						
NO	1 823 809	1 214 244	-609 565	-33.4 %	8 008 467	464 635	-7 543 832	-94.2 %
CH						7 160 970		
UK								
Total*				**18.2 %**				**-0.4 %**

* Total based on data from the Member States that reported data for both 2020 and 2021.
Source: PD S1 Questionnaire 2021 and 2022

3.2. Sickness benefits in cash

Only six Member States (Luxembourg, Hungary, Malta, Austria, Liechtenstein and Switzerland) have reported figures on healthcare spending related to the export of sickness benefits in cash for persons living in a Member State other than the competent Member State *(Tables 32 and 33)*.

Luxembourg paid over EUR 130 million to some 16 200 persons who work in Luxembourg and reside in another Member State and who were granted sickness benefits in cash for a short period in 2021. Most of them reside in France, Germany, and Belgium.

For Hungary, Malta, and Liechtenstein the payment of sickness benefits in cash to persons living in another Member State is minimal, as for each of these Member States it concerns less than EUR 1 million for less than 1 000 persons.

Furthermore, Austria exported EUR 23.6 million *Krankengeld* (sickness benefit in cash) to 9 500 persons residing in another Member State and EUR 12.0 million *Wochengeld* (maternity benefit) to 2 000 persons residing in another Member State. 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 EUR 8.2 million for 1 400 persons, of which 82 % 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, 2021

	LU	HU	MT	AT*					LI	CH
Name				Krankengeld	Wochengeld	Rehabilitationsgeld	Wiedereingliederungsgeld	Unterstützungsleistung		
BE	3 523	<5	<5	<5	<5	<5	0	0	<5	0
BG	<5	0	0	9	0	0	0	20	0	0
CZ	71	<5	0	1 064	233	8	<5	27	20	0
DK		0	0	0	0	0	0	0	0	0
DE	3 741	12	0	1 072	566	55	71	18	<5	<5
EE	0	0	0	<5	0	0	0	0	0	0
IE	0	0	0	0	0	0	0	0	0	0
EL	<5	0	0	13	0	0	0	0	0	0
ES	<5	0	0	<5	0	<5	0	0	0	0
FR	8 527	<5	0	<5	<5	<5	0	0	0	1 067
HR	<5	<5	<5	92	5	8	0	97	0	0
IT	6	0	0	<5	24	0	0	<5	0	352
CY	0	0	0	0	0	0	0	0	0	0
LV	0	0	0	0	0	0	0	0	0	0
LT	0	0	0	0	0	0	0	0	0	0
LU		0	0	0	0	0	0	0	0	0
HU	0		0	1 210	637	36	8	76	<5	0
MT	0	0		0	0	0	0	0	0	0
NL	63	0	0	<5	0	0	0	0	<5	0
AT	<5	17	0						0	0
PL	177	<5	<5	594	6	6	<5	28	<5	0
PT	22	0	0	<5	0	0	0	0	0	0
RO	25	10	0	24	<5	<5	0	102	<5	0
SI	<5	<5	0	1 046	297	18	18	10	0	0
SK	48	854	0	4 369	201	21	<5	2 750	7	0
FI	0	0	0	0	0	0	0	0	0	0
SE	0	0	0	0	<5	0	0	<5	0	0
IS	0	0	0	0	0	0	0	0	0	0
LI	0	0	0	<5	<5	0	0	0		0
NO	0	0	0	0	0	0	0	0	0	0
CH	<5	0	0	10	31	0	0	<5	<5	
UK	0	0	0	0	0	0	0	0	0	0
Total	**16 223**	**902**	**<5**	**9 517**	**2 010**	**157**	**104**	**3 131**	**39**	**1 422**

* *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 2022

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 €, 2021

	LU	HU	MT	AT*					LI	CH
Name				Krankengeld	Wochengeld	Rehabilitations-geld	Wiedereingliederungs-geld	Unterstützungs-leistung		
BE	30 347 914	393	350	5 144	9 507	7 034	0	0	13 929	0
BG	16 335	0	0	7 264	0	0	0	43 949	0	0
CZ	479 683	424	0	3 130 093	1 085 607	73 805	8 114	76 188	86 872	0
DK	0	0	0	0	0	0	0	0	0	0
DE	31 598 746	6 761	0	4 978 768	4 063 392	660 242	379 122	44 703	3 645	186 643
EE	0	0	0	12	0	0	0	0	0	0
IE	0	0	0	0	0	0	0	0	0	0
EL	647	0	0	19 856	0	0	0	0	0	0
ES	33 150	0	0	2 920	0	20 277	0	0	0	0
FR	65 207 578	2 059	0	2 964	14 996	4 069	0	0	0	6 791 469
HR	406	239	42	256 025	29 342	107 530	0	241 291	0	0
IT	19 252	0	0	6 659	179 877	0	0	5 490	0	1 254 273
CY	0	0	0	0	0	0	0	0	0	0
LV	0	0	0	0	0	0	0	0	0	0
LT	0	0	0	0	0	0	0	0	0	0
LU		0	0	0	0	0	0	0	0	0
HU	0		0	3 820 328	3 194 171	375 480	37 787	201 591	1 968	0
MT	0	0		0	0	0	0	0	0	0
NL	713 384	0	0	3 160	0	0	0	0	29 829	0
AT	1 465	15 988	0						0	0
PL	1 224 671	834	1 317	2 083 566	28 341	57 233	2 899	70 764	5 729	0
PT	64 555	0	0	1 126	0	0	0	0	0	0
RO	141 671	2 457	0	48 540	6 641	4 069	0	243 938	15 028	0
SI	9 056	1 857	0	3 324 701	1 770 646	225 344	58 635	22 779	0	0
SK	305 240	665 746	0	5 877 256	1 304 466	228 699	13 632	7 760 958	73 222	0
FI	0	0	0	0	0	0	0	0	0	0
SE	0	0	0	0	10 392	0	0	1 672	0	0
IS	0	0	0	0	0	0	0	0	0	0
LI	0	0	0	10 483	38 147	0	0	0		0
NO	0	0	0	0	0	0	0	0	0	0
CH	28 352	0	0	23 338	217 935	0	0	2 209	29 520	
UK	0	0	0	0	0	0	0	0	0	0
Total	**130 237 470**	**696 758**	**1 709**	**23 602 203**	**11 953 460**	**1 763 782**	**500 189**	**8 715 532**	**259 741**	**8 232 385**

* *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 2022

4. Alternative procedures

Alternative procedures to the S1 route exist for persons residing in a Member State other than the competent Member State. 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.[79] Finland was able to provide some quantification in this regard. It reported 1 507 forms issued according to the Nordic convention (of which 1 328 with Sweden as a Member State of residence, 106 in Norway, 6 in Iceland, and 67 in Denmark). Around 73 % of the forms were issued for insured persons and their family members, and 27 % for pensioners and their family members.

Finland also mentioned an agreement with the United Kingdom, according to which refunds are not paid of such expenses which occurred based on residence. The number of forms under this agreement amounts to 332, of which 179 for insured persons and their family members, and 153 for pensioners and their family members.

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

Luxembourg and Belgium have had a bilateral agreement in place covering (former) frontier workers and their family members since June 1995. Forms BL.1 are used instead of PD S1/form E106 for a frontier worker, and forms BL.2 are used instead of PD S1/E121 for pensioners. These data are included in the tables for both Belgium and Luxembourg. For Belgium a separate quantification for this bilateral agreement was available, which is explained in a footnote.

Denmark has a waiver agreement with several EU/EEA countries, including Ireland, Portugal, and the United Kingdom.

Spain reports an alternative procedure with Switzerland. Pensioners under Swiss legislation - having Swiss or Spanish nationality - who move their residence to Spain, can choose to be covered by the Swiss sickness insurance fund (which will issue a E121CH or S1 form for getting healthcare coverage in Spain), or remain exempt from insurance affiliation in Switzerland. When the latter occurs, the pensioner must sign a special healthcare agreement with the Social Security General Treasury for himself and the members of his family. This peculiarity with respect to the rest of pensioners from other Member States, has its origin in point 17 of the Final Protocol of the Bilateral Social Security Agreement between Switzerland and Spain.

Finally, Luxembourg and France have a particular procedure concerning interim workers insured in Luxembourg and residing in France. Because of the large number of interim workers and the existence of many different limited insurance periods for these interim workers, the workload would be too heavy to systematically issue PDs S1. Therefore, a PD S1 is only established for periods where benefits in kind are provided to the interim worker or his/her family member in France.

5. Fraud and error

While the majority of Member States did not fill out the question on fraud or error, or mentioned that no information is available, the second largest group are those Member States that did not find any inappropriate use (DK, HR, MT, RO, FI, SE, LI, and CH). Only four Member States reported cases of fraud or error (ES, LT, PL, and NO). Spain mentioned fraud 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 according to the Coordination Regulations. Another instance of fraud is ‘covered actual residence’ of persons who do not wish to formalise their change of residence and continue to use an EHIC instead of a PD S1. Finally, Spain noted cases of error as it detected many cases of teleworkers who wish to have a PD S1, without having processed the PD A1 of maintenance of applicable legislation.

Lithuania provided an extensive overview of cases of fraud and error. It issued a total of 120 contestations of invoices which were received for healthcare provided to insured persons residing in another Member State for an amount of EUR 305 010. Furthermore, Lithuania received 533 contestations of invoices for an amount of EUR 81 677. The main reasons were the non-registration of the PD S1 in the country of residence, a PD S1 which was not valid during the provision of healthcare services, or an uninsured person.

Annex I Additional tables

Table a16 - Number of PDs S1 *issued to insured persons of working age*, breakdown by receiving Member State, *stock*, 2021

Member State of residence	Issuing Member State: BE	BG	CZ[e]	DK[e]	DE[e]	EE	IE	EL	ES	FR	HR	IT*	CY*	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	IS*	LI	NO[e]	CH	UK	Total
BE	<5	321	380	462	20 431	104	72	54	359	5 154	26	589	89	179	33	50 908	224	34	38 638	77	653	39	1 107	539	177	176	413	25	16	804	349	207	**100 563**
BG	447		249	23	785	10	0	<5	<5	<5	<5	15	5	0	10	25	<5	26	1 093	619	96	0	95	18	276	157	65	0	<5	111	290	<5	**3 270**
CZ	405	29		0	0	<5	<5	<5	41	30	16	53	44	<5	<5	888	50	10	3 145	11 151	530	<5	69	40	2 161	52	168	18	176	0	508	32	**19 631**
DK	56	9	0		0	10	<5	<5	6	6	5	20	0	15	6	<5	12	<5	28	<5	28	<5	42	5	6	45	0	<5	0	0	135	<5	**449**
DE	9 515	369	0	0		63	12	391	840	892	227	849	15	89	48	54 901	281	355	51 826	17 744	2 953	42	458	135	179	238	592	17	297	0	51 949	174	**195 451**
EE	12	<5	13	41	153		<5	<5	<5	<5	<5	6	0	34	9	<5	6	<5	86	0	17	<5	8	<5	<5	6 571	242	0	0	392	11	0	**7 024**
IE	35	5	<5	5	28	5		0	7	<5	6	13	0	0	0	13	<5	15	58	0	78	0	28	<5	<5	9	<5	0	0	0	16	0	**298**
EL	94	98	5	14	165	8	0		8	8	<5	25	321	<5	0	15	0	62	52	26	31	0	112	<5	21	95	14	<5	<5	<5	87	0	**1 091**
ES	988	42	31	104	1 356	11	0	6		219	9	242	10	14	<5	104	27	174	717	23	180	1 239	344	35	35	138	108	10	<5	235	352	101	**5 134**
FR	82 835	75	65	75	40 329	19	22	15	3 602		32	520	9	17	6	112 949	58	218	497	52	310	110	235	31	39	87	128	8	<5	89	63 789	682	**266 349**
HR	184	18	15	18	1 993	0	0	<5	<5	<5		396	38	<5	<5	36	35	125	116	2 663	29	0	24	2 593	535	31	39	0	<5	48	255	6	**7 136**
IT	652	94	44	31	414	11	0	16	104	1 495	42		0	19	<5	130	53	71	236	454	373	13	336	555	72	103	48	<5	<5	7	918	11	**5 816**
CY	9	10	<5	0	0	<5	0	12	<5	0	0	5		0	0	<5	0	8	<5	<5	22	0	54	0	<5	8	<5	0	0	0	26	5	**177**
LV	53	0	9	268	195	68	0	0	<5	<5	0	0	<5		7	21	<5	37	209	7	13	0	0	<5	<5	747	118	0	16	18	43	<5	**1 353**
LT	94	<5	11	732	2 396	53	15	0	<5	11	5	22	<5	276		11	<5	15	2 616	5	102	0	10	<5	12	573	1 071	<5	0	4 666	25	<5	**4 938**
LU	2 807	21	39	32	544	<5	0	<5	16	336	6	17	<5	7	<5		11	14	44	5	39	13	55	11	7	11	7	<5	0	20	35	<5	**3 475**
HU	272	25	130	161	10 656	8	0	<5	23	25	74	28	8	<5	7	43		20	2 743	36 602	110	0	1 333	109	2 363	55	169	<5	19	68	852	<5	**44 897**
MT	14	0	0	<5	27	0	<5	0	<5	<5	<5	6	0	0	0	0	<5		13	0	10	0	0	<5	0	<5	<5	0	0	0	24	<5	**87**
NL	25 606	42	68	91	9 742	16	10	11	130	44	20	192	7	20	6	1 339	26	162	7 221	32	124	14	169	41	41	130	132	14	43	125	638	172	**36 402**
AT	197	83	258	21	15 067	5	6	13	71	17	83	380	10	14	<5	86	281	111	134		242	5	295	220	1 511	47	85	<5	109	50	394	25	**4 430**
PL	5 212	22	13 893	10 341	108 321	45	<5	<5	49	148	17	91	99	9	51	1 139	43	60	27 474	4 555		0	143	63	314	814	4 437	23	47	26 868	1 006	51	**45 917**
PT	355	<5	<5	5	69	<5	0	0	558	74	0	131	6	0	<5	148	0	21	446	0	27		144	7	<5	18	54	<5	<5	<5	219	<5	**2 223**
RO	3 896	102	149	225	1 825	20	0	5	14	22	<5	76	110	0	<5	613	373	181	6 315	5 474	681	<5		11	756	404	743	0	46	115	1 216	<5	**21 069**
SI	37	7	19	0	250	<5	0	<5	5	<5	266	2 112	11	<5	0	<5	33	15	96	13 463	25	<5	7		129	<5	17	0	0	<5	110	<5	**16 351**
SK	408	26	14 119	95	6 640	<5	<5	0	60	127	19	137	6	5	<5	591	7 872	17	2 621	28 453	243	<5	26	71	<5	83	494	13	128	507	1 214	<5	**42 629**
FI	31	7	10	<5	37	21	<5	<5	5	<5	<5	14	0	<5	0	<5	<5	21	12	<5	24	<5	21	<5	<5		<5	<5	0	<5	22	0	**207**
SE	141	18	14	<5	262	16	<5	13	9	12	9	33	<5	16	<5	7	17	16	92	14	140	<5	73	7	12	941		<5	0	0	35	8	**1 641**
IS	<5	0	0	<5	<5	0	0	0	0	0	0	<5	0	0	0	<5	0	<5	0	<5	6	0	0	0	0	<5	0		0	6	0	0	**23**
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	<5	0	0	0	**111**
NO	47	<5	0	0	0	<5	<5	0	<5	8	<5	6	0	10	0	<5	<5	9	21	<5	29	0	37	<5	6	63	0	<5	0		41	0	**303**
CH	334	33	80	48	2 823	7	<5	5	107	260	21	471	<5	<5	0	83	10	138	156	354	107	26	86	28	27	39	73	6	5	52		91	**2 477**
UK	440	31	<5	27	76	<5	0	<5	50	108	0	93	<5	0	<5	48	<5	126	159	5	129	6	164	24	<5	153	35	7	0	50	231		**1 823**
Total	**135 181**	**1 499**	**29 613**	**12 829**	**224 591**	**517**	**163**	**563**	**6 090**	**9 016**	**899**	**6 545**	**797**	**745**	**209**	**224 113**	**9 438**	**2 069**	**146 866**	**121 894**	**7 352**	**1 521**	**5 475**	**4 569**	**8 697**	**11 798**	**9 261**	**165**	**924**	**34 240**	**124 790**	**1 589**	**842 745**

* IT and IS: data 2018. CY: data 2019.

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

*** BE, SK, and LI reported <5 PDs S1 each for which they were both the issuing Member State and the Member State of residence. NL reported 7 221 PDs S1 for which is was both the issuing Member State and the Member State of residence.

Source: PD S1 Questionnaire 2022

Table a17 - Number of PDs S1 *issued to pensioners*, breakdown by receiving Member State, *stock*, 2021

Member State of residence	Issuing Member State																																
	BE	BG	CZ[e]	DK[e]	DE[e]	EE	IE	EL	ES	FR	HR	IT*	CY*	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	IS*	LI	NO[e]	CH	UK	Total
BE	<5	439	15	104	3 365	14	0	24	138	435	9	193	10	11	5	3 995	34	0	13 322	24	174	74	685	0	34	20	101	0	<5	73	105	532	**20 383**
BG	134		43	56	801	13	<5	36	94	27	0	124	<5	<5	9	6	5	5	209	45	24	5	14	<5	7	17	59	0	0	25	52	1 262	**2 159**
CZ	57	135		0	0	5	7	5	17	<5	22	63	<5	5	<5	8	13	<5	254	165	178	<5	70	<5	2 682	<5	113	<5	<5	0	96	244	**4 165**
DK	13	12	0		0	<5	0	13	<5	9	<5	6	0	<5	<5	27	<5	0	99	5	21	5	23	0	<5	17	0	<5	0	0	<5	48	**327**
DE	4 087	4 192	0	0		147	8	219	582	71	370	717	7	310	323	5 711	829	16	12 121	3 506	5 868	185	6 804	38	247	180	782	14	5	0	4 271	3 290	**54 900**
EE	5	0	<5	11	32		<5	0	<5	0	0	<5	0	36	15	<5	<5	0	14	<5	<5	0	<5	<5	0	431	91	<5	0	24	<5	44	**659**
IE	65	68	6	9	161	11		0	26	<5	7	10	0	185	176	<5	27	0	306	6	390	6	149	<5	25	8	45	0	0	7	32	0	**1 549**
EL	2 128	162	<5	187	2 770	<5	0		17	10	0	77	300	<5	0	9	<5	0	1 021	93	51	<5	52	0	<5	75	1 560	0	<5	18	298	3 468	**9 336**
ES	15 046	1 492	73	1 640	14 552	53	151	0		66	7	1 976	<5	60	103	247	126	5	12 278	324	438	288	3 549	10	24	1 771	4 472	49	6	1 945	779	85 173	**128 497**
FR	30 294	788	104	692	6 441	<5	53	11	954		<5	831	<5	44	20	6 536	55	<5	7 566	117	358	727	1 955	<5	16	221	1 711	<5	0	255	4 042	48 089	**104 407**
HR	82	8	17	42	12 205	<5	0	0	<5	0		201	0	<5	0	11	7	0	456	1 704	8	0	9	4 480	11	7	172	0	0	18	373	134	**7 671**
IT	5 884	629	38	58	4 665	9	9	13	184	61	68		0	34	13	247	70	17	1 461	234	372	19	5 203	36	41	104	285	0	5	37	736	2 973	**18 707**
CY	51	127	<5	<5	76	0	0	33	<5	5	0	43		5	<5	<5	<5	6	122	18	11	0	49	0	<5	14	127	0	<5	7	29	13 509	**14 159**
LV	<5	0	0	13	44	14	<5	0	<5	<5	0	6	0		27	<5	0	0	10	15	<5	0	0	0	0	8	21	0	0	<5	<5	51	**169**
LT	8	0	<5	7	116	19	<5	0	6	0	0	5	0	177		0	0	<5	31	<5	18	0	0	0	<5	12	13	0	0	11	6	50	**352**
LU	1 812	77	<5	80	197	<5	0	<5	20	10	<5	55	<5	<5	<5		<5	<5	161	6	24	152	192	0	<5	20	20	<5	0	5	14	69	**2 650**
HU	460	18	22	28	4 355	<5	15	0	20	<5	43	71	<5	5	<5	12		0	1 286	858	36	<5	8 519	6	266	22	411	0	<5	28	562	505	**13 126**
MT	55	13	0	20	95	0	5	0	<5	<5	0	51	0	<5	0	<5	<5		177	13	6	0	<5	<5	<5	9	204	0	0	0	30	3 026	**3 609**
NL	3 027	83	<5	18	1 830	20	<5	7	28	123	<5	65	0	<5	7	23	13	0		30	56	11	68	0	<5	20	57	0	<5	37	64	347	**4 063**
AT	244	981	121	61	9 682	6	<5	9	62	6	84	413	<5	16	19	59	562	0	687		334	<5	1 943	75	452	41	202	<5	18	24	317	754	**7 294**
PL	452	30	124	101	1 880	<5	53	<5	89	29	<5	151	<5	11	52	40	14	<5	810	140		<5	12	0	27	18	422	<5	<5	77	65	584	**3 015**
PT	2 118	9	<5	17	1 356	<5	6	<5	366	180	0	696	0	0	<5	885	6	0	3 146	49	13		17	0	6	213	2 799	<5	<5	13	652	5 534	**16 706**
RO	152	5	<5	<5	252	0	<5	<5	212	107	<5	497	<5	0	0	14	397	<5	181	60	<5	<5		<5	<5	<5	53	0	0	7	57	68	**1 824**
SI	42	8	<5	5	1 611	0	0	0	<5	<5	934	218	<5	<5	<5	<5	<5	<5	59	677	<5	0	6		<5	6	71	0	<5	<5	118	102	**2 261**
SK	20	17	2 503	6	196	0	6	0	11	<5	<5	25	0	0	0	5	59	5	67	195	23	0	196	0		<5	30	0	0	5	40	66	**771**
FI	17	13	<5	0	115	113	0	5	5	<5	0	7	<5	10	<5	<5	<5	0	52	7	8	<5	6	0	0		<5	0	0	0	38	58	**355**
SE	68	119	<5	0	913	41	<5	6	16	<5	16	19	<5	39	13	5	29	0	536	24	185	12	166	<5	<5	344		0	0	0	43	189	**1 884**
IS	0	<5	<5	0	<5	0	0	0	<5	0	0	<5	0	<5	<5	<5	<5	0	<5	0	5	0	<5	<5	0	0	0		0	<5	<5	5	**29**
LI	0	0	0	0	0	0	0	0	0	0	0	<5	0	0	0	<5	<5	0	<5	20	0	<5	0	0	0	0	0	0		0	0	0	**27**
NO	22	14	0	0	12	0	0	<5	0	5	0	<5	0	0	<5	<5	<5	0	122	5	14	0	12	0	<5	38	0	<5	0		5	68	**318**
CH	575	70	12	41	1 346	5	0	10	68	10	<5	397	<5	<5	<5	27	8	0	441	126	32	38	50	<5	11	45	90	<5	0	7		338	**2 352**
UK	400	325	44	211	328	26	0	<5	74	372	<5	85	10	236	149	19	73	0	1 038	45	897	<5	171	<5	84	88	217	<5	0	95	117		**4 435**
Total	**67 324**	**9 836**	**3 145**	**3 411**	**69 398**	**518**	**326**	**403**	**3 008**	**1 543**	**1 582**	**7 011**	**359**	**1 211**	**953**	**17 903**	**2 352**	**66**	**58 037**	**8 517**	**9 555**	**1 542**	**29 927**	**4 665**	**3 964**	**3 759**	**14 131**	**78**	**56**	**2 725**	**12 953**	**170 580**	**432 159**

* IT and IS: data 2018. CY: data 2019.

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

*** BE reported <5 PDs S1 for which it was both the issuing Member State and the Member State of residence.

Source: PD S1 Questionnaire 2022

Table a18 - Number of claims received by the competent Member State for the payment of healthcare received abroad by persons with a PD S1, 2021

Member State of residence	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**	IS	LI	NO	CH	UK	Total
BE		4 108	675	4 194	125 747	721	1 599	4 029	11 735	<5	176			1 524	141		0	102	1 070 587	722	4 919	0	4 601	1 303	793		3 369		76	0	3 881	24 764	**1 269 767**
BG	170		129	49	2 121	27	13	141	439	169	<5			<5	51		5	8	137	930	0	0	5	9	37		31		0	0	178	900	**5 554**
CZ	365	172		200	150 328	7	143	124	939	324	130			25	36		79	5	1 579	56 108	2 134	0	197	96	17 647		370		198	0	1 628	2 664	**235 498**
DK	7	41	5		881	<5	0	<5	111	<5	0			<5	<5		0	<5	163	0	25	0	<5	0	<5		0		<5	0	7	0	**1 258**
DE	18 240	11 982	5 818	39 951		1 345	875	7 400	17 427	12 703	2 466			2 916	3 100		3 955	237	247 208	138 565	50 895	344	17 148	631	1 982		5 354		331	0	198 321	36 345	**825 539**
EE	0	0	0	182	404		18	<5	0	45	0			348	109		0	<5	343	11	85	0	<5	0	<5		45		0	0	62	0	**1 662**
IE	0	66	7	0	84	10		0	1 231	0	<5			73	111		0	0	0	0	0	10	48	0	8	<5	0		0	<5	5	0	**1 664**
EL	952	136	22	79	13 217	5	17		105	244	0			<5	<5		0	7	806	298	55	0	59	0	<5		1 052		0	0	653	6 150	**23 864**
ES	14 092	2 983	84	2 165	17 104	93	764	62		0	8			58	117		17	11	14 839	561	889	1 264	3 090	0	50	4 360	35		<5	2 954	745	170 591	**236 940**
FR	108 444	968	210	2 603	116 573	88	466	562	13 489		17			77	103		0	55	21 029	865	2 309	0	2 164	60	82		4 334		16	0	43 493	107 235	**425 242**
HR	530	18	61	114	69 774	0	17	0	<5	694				6	5		0	226	1 085	28 815	52	0	8	30 497	330		212		5	0	1 008	570	**134 028**
IT	4 240	390	118	124	22 532	8	38	129	2 017	3 073	176			43	37		0	17	2 219	3 799	677	0	3 121	508	58		233		21	0	1 134	6 111	**50 823**
CY	0	185	<5	13	91	0	0	0	<5	0	0			<5	<5		0	<5	135	16	5	0	29	0	0	12	0		0	45	28	2 231	**2 802**
LV	0	0	0	154	457	93	0	0	0	0	0				241		0	0	174	10	0	0	0	0	0		55		0	0	10	8	**1 202**
LT	252	<5	94	2 408	8 270	357	442	16	191	12	12			1 875			<5	80	1 379	28	444	0	0	19	30		1 170		0	0	33	621	**17 737**
LU	6 370	63	71	246	1 254	<5	0	64	88	1 228	40			9	11		0	<5	369	16	137	0	135	35	<5		0		0	0	37	191	**10 373**
HU	1 050	15	140	217	23 555	16	35	0	177	912	244			17	18			33	3 758	70 015	0	0	12 177	155	2 842		982		<5	0	1 622	0	**117 982**
MT	0	0	6	53	182	0	36	0	0	35	0			<5	0		<5		240	9	0	0	0	0	<5		373		0	0	46	0	**986**
NL	66 419	93	416	660	53 383	93	405	0	1 515	458	106			61	72		104	657		254	747	0	107	95	174		264		81	0	1 331	8 423	**135 918**
AT	1 830	4 979	1 397	489	163 017	17	100	884	2 055	1 138	1 056			145	161		3 420	29	5 674		0	71	10 951	1 619	4 735		1 102		261	0	573	5 345	**211 048**
PL	14 418	183	63 054	49 979	581 275	171	4 549	216	2 344	2 629	105			65	986		96	348	68 080	40 404		15	118	199	1 873		11 808		60	0	2 982	34 730	**880 687**
PT	1 385	12	0	0	7	<5	0	0	6 113	0	0			0	0		0	0	3 694	28	14		0	0	0		<5		<5	0	474	1 279	**13 012**
RO	0	0	128	43	0	<5	9	43	<5	65	<5			0	0		0	14	305	3 491	228	0		0	411		0		6	0	360	22	**5 132**
SI	77	<5	48	42	4 799	0	<5	27	593	150	1 861			12	<5		25	14	164	39 087	56	5	26		187		103		<5	0	375	263	**47 922**
SK	834	43	52 974	403	28 182	0	276	6	417	463	120			<5	<5		8 684	11	2 548	103 162	1 005	8	64	197			1 008		122	0	2 860	944	**204 333**
FI	0	20	31	0	934	465	21	12	<5	34	<5			135	<5		0	<5	448	126	158	0	22	0	<5		0		0	0	472	0	**2 888**
SE	7	170	9	0	1 144	49	0	0	1 394	0	20			8	19		7	0	747	19	540	<5	0	0	15				0	0	35	152	**4 339**
IS	0	0	0	0	0	0	0	0	0	0	0			0	0		0	0	0	0	0	0	0	0	0		0		0	0	0	0	**0**
LI	0	0	0	0	264	0	0	0	0	0	0			0	0		0	0	37	252	19	0	0	0	0		0			0	0	0	**572**
NO	0	<5	<5	0	84	0	0	0	<5	0	0			7	<5		0	0	0	0	23	0	0	0	0		0		0		6	0	**129**
CH	3 717	211	354	765	32 023	151	52	1 031	3 542	5 198	69			65	32		0	0	5 742	4 764	1 306	637	455	92	257		878		60	0		11 419	**72 820**
UK	0	504	0	0	462	0	0	30	96	0	0			203	213		0	0	<5	<5	91	445	96	0	174		0		0	0	70		**2 387**
Total	**243 399**	**27 350**	**125 854**	**105 133**	**1 418 148**	**3 728**	**9 878**	**14 780**	**66 026**	**29 576**	**6 619**			**7 686**	**5 577**		**16 394**	**1 867**	**1 453 490**	**492 357**	**66 813**	**2 803**	**54 625**	**35 515**	**31 698**	**14 675**	**38 182**		**1 247**	**3 003**	**262 429**	**420 958**	**4 959 810**

* FI can offer only an estimation of number of received E125 forms for treatment received by PDS1 (E106, E109, E120, E121). All requested data are not available by Member States.

** SE: for 5 402 claims received (E127) no breakdown possible.

Source: PD S1 Questionnaire 2022

Table a19 - Amount to be paid by the competent Member State for healthcare received abroad by persons with a PD S1, 2021, in €

Member State of residence	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	IS	LI	NO	CH	UK	Total
BE		1 554 380	85 494	536 850	15 458 470	51 323	88 828	539 811	15 293	1 962	66 857			389 431	0		0	14 299	120 881 947	300 981	1 007 164	0	1 420 072	278 213	74 469				17 729	0			**142 783 574**
BG			15 936	25	549 562	2 273	1 141	140 936	0	20 553	1			913	4 934		2 483	4 098	42 218	26 291	34 544	0	116	458	2 473				0	0			**848 954**
CZ		156 536		8	23 491 445	58	50 386	47 547	141	64 946	22 903			3 512	37 698		72 582	205	541 651	6 043 665	655 167	0	88 395	47 585	7 471 178				137 121	0			**38 932 729**
DK		64 783	15 639		1 308 136	32	0	0	2 447	208	0			2 775	0		0	0	112 506	125	253 179	0	60	0	656				35	0			**1 760 581**
DE		8 783 477	4 475 856	7 536 627		864 132	628 259	3 554 367	28 889	9 282 442	2 398 976			4 687 911	1 639 436		3 548 320	49 212	131 722 671	68 878 620	37 419 617	373 625	20 433 771	485 959	1 874 273				81 421	0			**308 747 860**
EE		19	0	14 667	28 778		2 224	0	0	6 065	0			156 542	0		0	1 680	35 790	412	0	0	76	0	24				0	0			**246 277**
IE		100 533	18 859	0	382 301	53 569		0	83 300	0	23 311			434 210	0		0	0	20 130	0	18 359	0	228 892	0	23 461	13 838			0	31 215			**1 431 979**
EL		903 696	4 332	180 899	12 001 081	2 780	55 935		0	193 513	0			0	0		0	0	574 699	151 393	33 721	0	23 304	0	2 133				0	0			**14 127 485**
ES		4 330 157	177 271	6 808 756	57 725 039	130 398	1 973 972	260 828		0	25 793			137 367	337 928		983	13 367	37 698 198	928 530	808 433	0	7 841 553	515	89 695	6 800 793			735	7 086 463			**133 176 773**
FR		3 760 128	160 558	3 334 058	96 275 171	996	1 236 967	600 420	7 606		21 026			200 086	70 378		0	19 189	27 762 312	867 785	3 152 653	0	5 212 790	51 203	110 799				7 786	0			**142 851 911**
HR		13 885	10 463	15	20 527 050	0	32 494	11	652	252 265				633	27 345		0	16 105	565 184	4 835 996	12 199	0	6 460	7 304 512	76 987				8 176	0			**33 690 433**
IT		726 603	33 696	182 580	16 024 985	1 276	108 652	217 429	520	1 939 257	33 675			33 927	14 137		0	13 537	1 618 641	2 648 710	770 076	0	4 939 205	377 921	21 855				1 215	0			**29 707 898**
CY		137 413	2 441	10 827	103 070	0	0	1 692	4 911	0	0			2 257	3 044		0	1 228	127 403	8 337	7 260	0	21 405	0	0	12 549			0	43 292			**487 129**
LV		0	0	6 191	54 397	4 075	0	0	0	0	0				8 675		0	0	10 116	510	27	0	0	0	0				0	0			**83 990**
LT		353	16 151	114 692	965 861	36 739	45 913	4 645	0	6 747	0			315 850			21	4 726	137 794	5 975	24 512	0	0	7 537	1 057				0	0			**1 688 574**
LU		72 416	20 148	731 698	4 570 067	137	0	317 937	0	4 019 764	12 853			2 823	2 361		0	700	2 117 703	21 532	243 239	0	275 189	71 688	687				0	0			**12 480 940**
HU		17 097	20 514	1	5 049 375	0	11 269	92	1 531	241 433	23 500			7 912	2 248			4 456	1 141 233	5 292 763	35 672	0	4 012 365	0	738 138				26	0			**16 599 624**
MT		41	834	0	35 023	0	9 586	0	0	7 925	0			0	0		35		46 341	299	7 838	0	0	0	105				0	0			**108 027**
NL		303 961	90 653	269 758	21 394 283	12 635	116 024	0	25 562	388 513	47 434			30 764	29 944		106 149	177 283		129 623	1 229 059	0	74 073	12 305	37 758				16 043	0			**24 491 823**
AT		5 377 860	810 331	644 498	84 175 999	3 614	25 377	369 868	750	537 063	452 861			39 796	70 018		2 073 170	8 404	3 172 845		1 803 069	29 083	6 762 075	830 551	2 145 590				45 085	0			**109 377 906**
PL		41 041	3 121 152	10 979	26 267 396	2 973	281 701	34 434	321	242 812	3 393			2 555	211 130		7 319	11 053	3 663 184	2 705 373		47 849	13 379	7 001	120 508				984	0			**36 796 536**
PT		0	0	0	351	796	0	0	160 952	0	0			0	0		0	0	6 057 506	20 655	0		0	0	0				34	0			**6 240 293**
RO		0	19 734	9		0	0	1 667	929	22 017	5			0	0		0	17	33 137	278 827	15 034	0		0	21 506				174	0			**393 056**
SI		818	14 858	37 691	5 008 767	0	0	2 764	42	125 016	2 059 880			3 997	7 295		9 642	803	164 790	10 714 040	1 069	395	7 877		74 149				399	0			**18 234 292**
SK		24 277	11 306 339	24 589	3 897 270	0	72 129	0	87	72 735	6 202			6 852	156		1 763 259	880	459 694	14 519 778	173 043	1 447	29 147	28 925					9 556	0			**32 396 364**
FI		154 847	3 702	0	232 018	325 928	0	3 405	312	3 578	0			132 200	23		0	1 611	86 604	43 517	106 992	0	1 634	0	22				0	0			**1 096 393**
SE		186 590	15 222	0	112 455	121 403	0	112 663	35 558	0	74 160			0	104 020		6 750	0	265 458	41 181	13 619	0	0	0	49 548				0	0			**1 138 627**
IS		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	110 685	0	0	0	0	0	0			0	0		0	0	17 641	109 993	11 023	0	0	0	0					0			**249 342**
NO		0	13 073	0	0	0	0	0	16 164	0	0			0	9 609		0	0	33 224	0	160 943	0	0	0	0				0				**233 012**
CH		175 539	148 992	736	14 316 023	43 447	2 526	329 374	33 575	1 365 824	3 712			11 986	10 335		0	0	2 582 232	3 119 735	395 587	242 104	146 440	44 813	123 088				138 116	0			**23 234 184**
UK		1 024 153	0	0	13 711	0	0	59 934	366 509	0	0			746 979	0		0	0	179	64 684	6 712 784	109 008	343 377	0	716 274				0	0			**10 157 591**
Total		**27 910 603**	**20 602 246**	**20 446 153**	**410 078 767**	**1 658 583**	**4 743 383**	**6 599 824**	**786 050**	**18 794 640**	**5 276 540**			**7 351 277**	**2 590 713**		**7 590 712**	**342 854**	**341 693 031**	**121 759 330**	**55 105 884**	**803 511**	**51 881 653**	**9 549 185**	**13 776 432**	**10 957 181**			**464 635**	**7 160 970**			**1 147 924 156**

* ES: Refunds paid for actual expenditure: data currently available only include one of the two Spanish Institutions responsible for managing these refunds (for a total of 386 claims received) (ISM); data from the Institution responsible for managing the largest portion of refunds (INSS) are not available yet (for a total of 65 075 claims received).

** FI: It concerns the amount claimed, not refunds paid. FI can offer only an estimation of number of received E125 forms for treatment received by PDS1 (E106, E109, E120, E121) as well an estimate of the related amount claimed. All requested data is not available by Member states.

Source: PD S1 Questionnaire 2022

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, 2021

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	IS	LI	NO	CH	UK	Total
BE		112	366	45	18 255	58	43	1 049	14 096	161 786	530			16	335		1 054	102	66 416	1 364	15 907	1 320	99	77	585	77	68	0	7	941	164	**284 872**
BG	8 555		350	14	12 445	0	36	17	1 082	1 375	47			0	11		76	<5	303	3 661	163	11	<5	20	58	59	77	0	<5	743	325	**29 435**
CZ	1 445	42		5	5 418	0	9	18	83	247	61			0	95		209	8	416	1 002	70 336	5	24	48	39 543	28	7	0	0	290	46	**119 385**
DK	3 301	22	222		36 796	182	0	77	2 162	2 245	113			154	2 370		216	53	660	616	58 948	0	49	17	258	0	0	0	0	219	204	**108 884**
DE	82 666	793	158 178	881		458	186	13 016	17 097	116 516	69 962			457	8 253		23 556	317	53 375	136 166	625 660	4 012	1 519	7 090	18 685	1 258	4 268	262	82	25 370	594	**1 370 677**
EE	624	13	9	<5	1 355		10	5	50	88	0			93	359		16	0	93	23	149	<5	0	0	0	464	20	0	<5	0	20	**3 398**
IE	1 354	7	130	0	1 040	38		<5	949	926	15			0	453		82	72	401	132	4 639	38	<5	<5	182	34	0	0	<5	34	0	**10 534**
EL	5 834	167	164	<5	10 911	46	5		101	713	14			0	18		35	8	204	291	471	<5	39	27	9	22	62	0	0	1 085	81	**20 314**
ES	7 643	46	186	<5	6 662	12	36	15		11 456	12			0	51		99	<5	693	946	1 196	358	181	9	116	17	19	0	0	2 085	104	**31 946**
FR	275 465	85	633	7	31 544	38	74	341	26 656		854			0	72		1 259	75	1 303	2 484	5 162	23 987	65	181	346	113	72	122	11	24 177	224	**395 350**
HR	342	0	137	0	2 451	0	9	0	7	17				0	12		244	0	106	893	162	0	<5	1 861	24	<5	13	0	0	73	<5	**6 357**
IT	21 758	255	974	<5	24 255	62	35	220	7 973	9 243	2 354			16	233		638	363	1 678	5 109	6 166	2 307	1 276	6 588	523	150	73	<5	5	36 753	99	**129 111**
CY	585	34	132	0	102	0	0	247	5	20	6			0	0		<5	0	44	38	210	0	0	0	43	6	<5	0	0	133	0	**1 607**
LV	1 417	<5	26	<5	2 915	349	123	<5	66	77	7				1 875		17	<5	61	68	173	0	0	12	<5	91	20	0	6	70	334	**7 721**
LT	908	26	34	<5	3 101	109	166	<5	119	72	5			241			18	0	72	76	924	<5	0	<5	38	<5	19	0	<5	0	232	**6 172**
LU	840 744	11	2 952	33	185 913	8	0	12	360	327 730	58			16	17		106	0	6 393	494	10 219	1 167	171	11	2 200	24	0	34	0	13	18	**1 378 704**
HU	2 672	10	202	5	5 348	14	17	<5	142	239	64			0	13			<5	224	3 638	299	<5	0	70	14 953	30	41	0	0	159	85	**28 233**
MT	246	11	22	<5	242	0	0	9	14	170	224			0	85		46		705	65	514	0	<5	15	12	9	0	0	0	0	<5	**2 396**
NL	1 103 919	55	1 545	143	234 937	343	253	797	13 511	21 021	1 064			174	1 366		3 718	240		4 552	70 169	3 260	154	164	1 718	444	972	36	80	3 070	1 322	**1 469 027**
AT	1 115	571	46 806	0	104 113	34	<5	98	388	444	19 986			13	23		67 169	<5	236		33 161	41	2 431	35 957	88 904	94	35	253	<5	1 655	70	**403 605**
PL	10 299	40	2 202	58	49 856	85	354	52	473	1 618	58			26	448		255	9	764	3 885		14	278	59	598	125	232	28	11	1 359	1 068	**74 254**
PT	3 918	<5	45	0	2 581	0	10	0	3 681	3 591	0			0	10		9	0	122	39	17		0	8	12	32	6	0	0	2 874	504	**17 460**
RO	11 245	31	276	16	22 994	14	97	54	3 303	3 873	21			0	58		12 437	<5	287	7 769	223	24		38	174	30	86	0	<5	651	128	**63 832**
SI	1 521	<5	109	0	649	8	<5	<5	18	60	30 536			0	19		220	<5	95	1 389	181	<5	<5		113	0	<5	0	0	47	6	**34 986**
SK	2 141	8	18 532	7	1 989	<5	19	<5	52	85	338			0	30		4 127	<5	173	5 305	1 914	0	270	193	0	<5	18	0	0	239	188	**35 639**
FI	1 203	20	52	0	1 744	6 699	6	55	2 114	498	29			48	832		61	35	134	218	1 822	334	0	12	20		0	0	0	529	5	**16 470**
SE	2 624	25	403	0	5 422	860	0	1 054	3 291	2 850	220			55	1 170		1 229	317	261	931	12 811	2 549	79	103	687	0		0	0	220	150	**37 311**
IS	295	<5	<5	0	276	0	0	16	317	58	0			0	5		0	0	97	19	567	16	0	0	<5	0	0	0	0	247	<5	**1 921**
LI	160	0	418	<5	2 061	0	0	6	27	32	<5			0	0		12	0	137	828	196	0	6	<5	192	0	0		0	0	0	**4 083**
NO	3 202	19	399	0	4 759	704	9	77	2 724	942	161			12	21 158		215	8	901	341	175 229	0	22	5	1 387	0	0	7		332	169	**212 782**
CH	6 879	148	1 849	9	176 730	62	29	277	725	90 501	1 008			9	33		2 420	76	2 990	3 138	3 620	376	550	383	2 487	513	34	0	5		73	**294 924**
UK	21 096	1 949	1 651	0	17 221	0	0	4 323	108 342	112 411	367			350	720		0	0	4 688	3 736	21 151	3 649	6	239	598	0	195	0	0	7 616		**310 308**
Total	**2 425 176**	**4 506**	**239 008**	**1 241**	**974 085**	**10 184**	**1 531**	**21 851**	**209 928**	**870 904**	**128 115**			**1 680**	**40 124**		**119 544**	**1 705**	**144 032**	**189 216**	**1 122 359**	**43 480**	**7 228**	**53 196**	**174 469**	**3 627**	**6 341**	**745**	**220**	**110 984**	**6 219**	**6 911 698**

Source: PD S1 Questionnaire 2022

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, 2021, in €

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	IS	LI	NO	CH	UK	Total
BE		43 698	52 135	35 430	13 157 278	3	174 427	0	34 255 726	151 970 952	90 570			0	385		358 352	19 720	12 621 086	521 822	351 001	0	4 165	142 630	45 776	3 648			0	98 216			**213 947 020**
BG	1 780 174		131 962	0	14 303 765	2	70 738	241 000	2 775 209	3 357 944	42 349			0	71		4 678	140	184 055	1 052 909	39 155	0	4	18 968	23	19 676			0	0			**24 022 822**
CZ	279 750	10 409		9 325	4 182 006	0	13 635	2 387	1 983	184 423	453 974			0	18 141		35 142	943	110 704	897 609	1 928 931	0	496	24 071	6 707 278	3 599			0	0			**14 864 804**
DK	715 622	8 214	26 381		16 842 786	14 667	0	0	6 734 480	3 421 137	166 361			6 191	114 697		30 900	4 515	268 867	487 105	1 028 281	0	6 287	37 734	24 680	0			0	0			**29 938 905**
DE	9 980 677	162 788	21 636 406	705 171		44 865	796 075	10 180 195	45 340 832	96 247 708	27 010 683			5 149	524 828		4 992 933	57 222	25 263 491	43 832 021	17 910 779	306 845	181 620	4 660 305	1 569 787	315 777			118 743	375 406			**312 220 307**
EE	129 936	3 969	875	84	1 030 781		53 569	2 807	130 398	151 840	2 757			4 089	126 133		2 682	0	12 635	2 387	2 057	796	0	11	0	146 821			0	0			**1 804 625**
IE	307 872	5 394	20 361	0	944 748	2 224		18 998	1 931 406	1 089 555	99 920			0	46 405		12 246	13 837	115 366	53 018	335 130	0	81	0	51 766	4 889			0	0			**5 053 217**
EL	1 472 198	113 221	21 794	0	9 584 234	0	0		266 305	552 806	1 063			0	8 811		4 905	4 816	475 257	398 144	55 470	0	1 933	2 764	412	6 047			0	0			**12 970 181**
ES	1 444 795	18 244	29 703	546	5 857 143	1 825	47 244	0		7 277 200	47 240			0	24 566		68 230	984	256 247	472 331	66 233	101 809	15 958	2 459	4 660	740			0	5 513			**15 743 672**
FR	56 590 072	33 465	110 081	3 614	22 988 423	6 082	152 048	0	258 382		566 810			6 475	6 747		351 122	17 966	736 194	515 345	242 190	0	18 796	125 016	19 866	25 874			128 570	92 781			**82 995 919**
HR	26 847	13	18 834	0	2 220 154	0	23 311	0	22 091	5 720				0	0		59 052	0	47 434	317 948	2 068	0	5	2 059 880	306	1 871			0	0			**4 805 536**
IT	5 104 211	325	252 024	390	17 675 951	0	88 250	0	25 285 325	15 273 677	2 263 826			0	19 011		208 786	112 606	1 159 991	3 253 313	505 133	0	140 638	2 762 593	48 911	25 757			730	30 180			**74 211 628**
CY	157 059	69 003	19 294	0	242 274	0	0	0	10 898	8 555	19 226			0	0		9	0	4 043	11 114	5 765	0	0	0	4 637	2 683			0	0			**554 559**
LV	406 961	814	3 835	2 774	2 674 210	158 640	434 210	0	136 386	117 962	6 371				315 255		2 373	415	30 764	18 912	2 513	0	0	3 965	146	36 158			0	0			**4 352 663**
LT	63 589	3 624	26 160	0	3 293 254	0	0	28	337 928	52 230	28 814			9 000			3 705	0	29 944	22 178	103 929	0	0	15	1 429	23			0	9 900			**3 985 750**
LU	84 081 130	3 668	378 489	115 653	95 459 578	439	0	0	739 406	199 635 865	27 133			191	653		14 626	0	2 228 696	438 851	431 061	0	9 718	19 520	318 668	346			24 556	0			**383 928 247**
HU	637 328	21 099	42 121	31	5 004 407	0	0	0	0	223 667	0			0	23			35	30 884	262 461	0	0	0	5 328	1 841 588	28 137			0	0			**8 097 109**
MT	41 066	5 045	2 460	0	51 663	0	0	1 873	0	74 989	31 834			0	5 670		4 411		269 454	12 922	2 663	0	5	1 099	783	7 052			0	0			**512 989**
NL	127 205 969	37 649	391 807	75 806	120 742 700	247	20 130	561 112	37 571 984	27 733 739	240 693			4 094	97 744		1 132 856	46 341		2 047 390	1 666 625	0	9 612	114 592	246 060	84 735			18 225	343 598			**320 393 709**
AT	236 852	73 333	5 598 655	20	60 203 757	280	0	85 963	1 906 601	497 330	4 992 439			0	11 000		7 854 376	35	103 537		1 748 540	33 125	145 739	9 327 915	8 797 954	51 688			142 696	20 952			**101 832 788**
PL	2 629 474	35 080	546 216	258 784	53 492 862	0	10 869	22 520	791 473	1 978 972	295 092			15	24 512		78 415	545	1 229 979	929 693		0	15 719	1 069	17 779	19 716			11 058	164 387			**62 554 228**
PT	893 716	0	11 198	0	2 120 034	0	0	0	23 345	7 656 750	0			0	0		926	0	390 487	0	741		0	0	0	3 088			0	0			**11 100 284**
RO	2 938 252	21 811	69 753	60	28 358 938	75	227 236	23 196	7 952 481	8 042 902	24 834			0	0		5 511 449	12	75 987	2 700 075	12 898	0		17 545	16 474	10 538			0	0			**56 004 515**
SI	414 086	862	18 338	0	588 645	0	7 313	126	34 853	64 157	8 650 781			0	7 537		33 399	740	12 305	340 858	6 450	2 670	268		21 177	0			0	0			**10 204 565**
SK	271 223	935	6 634 779	0	1 886 921	43	24 288	0	71 434	203 735	369 499			0	264		880 969	140	52 407	1 080 052	71 000	0	17 325	67 717		53			0	0			**11 632 784**
FI	280 210	14 925	13 940	0	1 294 058	0	18 899	0	6 657 586	488 536	8 198			336	809		14 658	12 497	89 932	115 297	61 958	0	0	2 164	2 751				0	0			**9 076 754**
SE	843 206	20 785	147 668	0	4 331 899	55 659	0	0	9 728 923	4 069 619	435 720			231	82 609		197 154	77 546	188 601	512 702	737 788	518 874	12 931	86 706	98 375	0			0	0			**22 146 997**
IS	39 230	187	223	0	125 399	0	0	0	320 479	83 286	4 134			0	187		0	0	17 790	13 004	53 472	1 354	0	0	223	0			0	0			**658 968**
LI	56 107	0	55 096	32	986 654	0	0	1 926	82 453	23 105	11 188			0	0		936	0	101 807	280 709	937	0	159	364	22 250	0				0			**1 623 724**
NO	390 286	0	65 597	0	3 161 818	70 899	64 525	50 193	7 136 157	1 256 828	118 855			142	1 033 807		55 100	1 870	361 159	95 301	7 420 003	0	4 713	1 688	53 115	0			1 326				**21 343 382**
CH	1 076 843	43 907	230 852	30 780	74 744 616	4 752	33 548	1 997	1 648 368	40 004 303	607 651			0	2 823		586 479	24 158	405 361	1 228 837	68 797	33 415	23 815	429 720	135 852	122 621			0	73 311			**121 562 806**
UK	3 516 494	227 390	460 254	0	16 054 045	0	0	3 646 030	582 089 246	163 512 201	982 827			5 377	127 502		0	0	3 696 986	1 180 028	962 430	0	337	109 305	79 038	0			0	0			**776 649 491**
Total	**304 011 233**	**979 855**	**37 017 291**	**1 238 499**	**583 605 001**	**360 703**	**2 260 317**	**14 840 353**	**774 242 136**	**735 261 693**	**47 600 842**			**41 290**	**2 600 191**		**22 500 871**	**397 082**	**50 571 450**	**63 094 336**	**35 823 999**	**998 889**	**610 324**	**20 025 143**	**20 131 764**	**921 536**			**445 904**	**1 214 244**			**2 720 794 947**

Member State of treatment

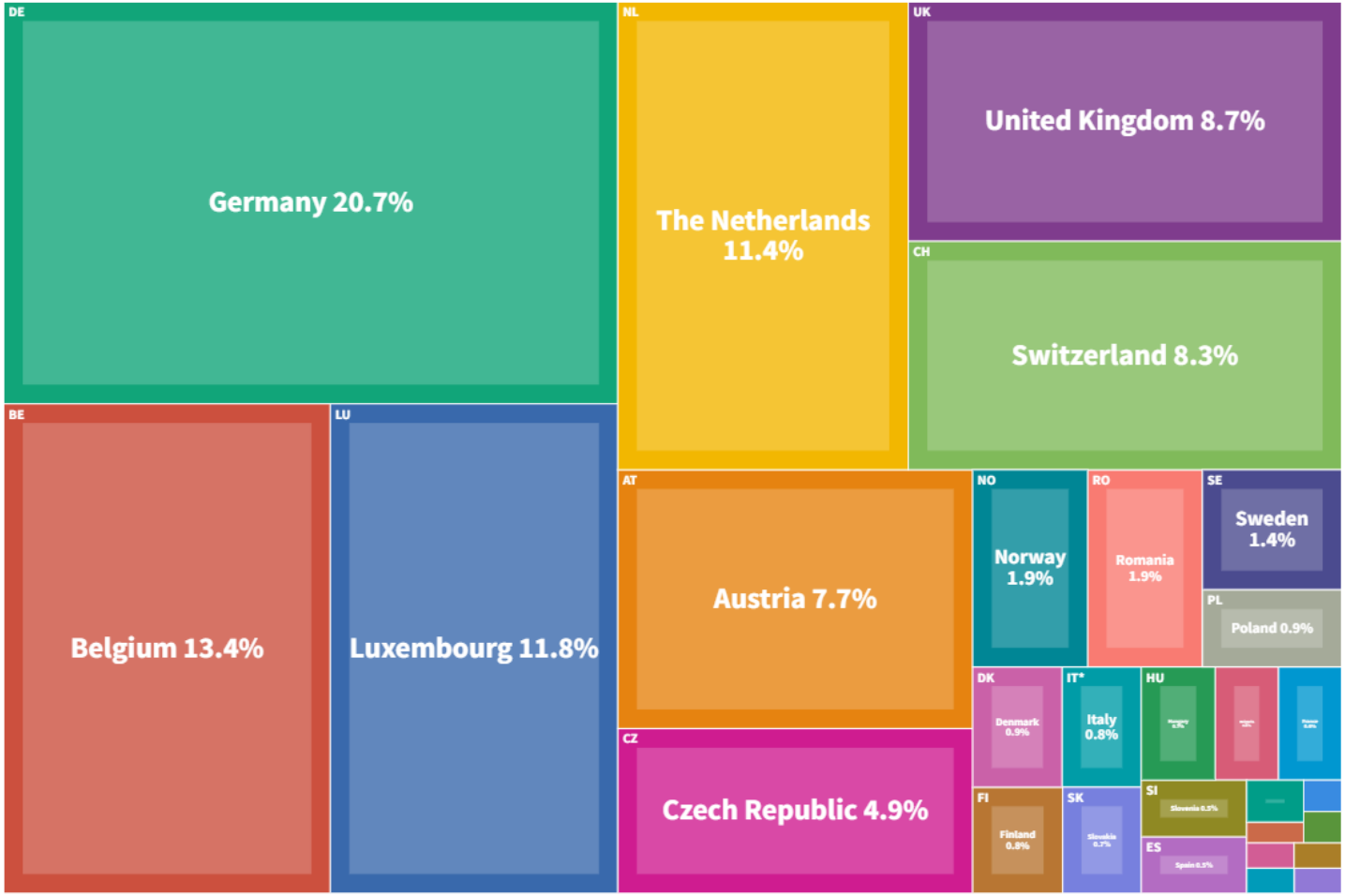
* FR and FI: it concerns the amount claimed, not refunds received.

** PL on actual expenditure: In 2021 the National Health Fund received refunds on the amount of EUR 58 833 999.14. Until 30 May 2022 98.58 % refunds have been assigned to particular forms (EUR 57 997 136.29). Data in the column 'Refunds received (in €)' will change as they have been prepared on the basis of approximately only three quarters of received refunds.

Source: PD S1 Questionnaire 2022

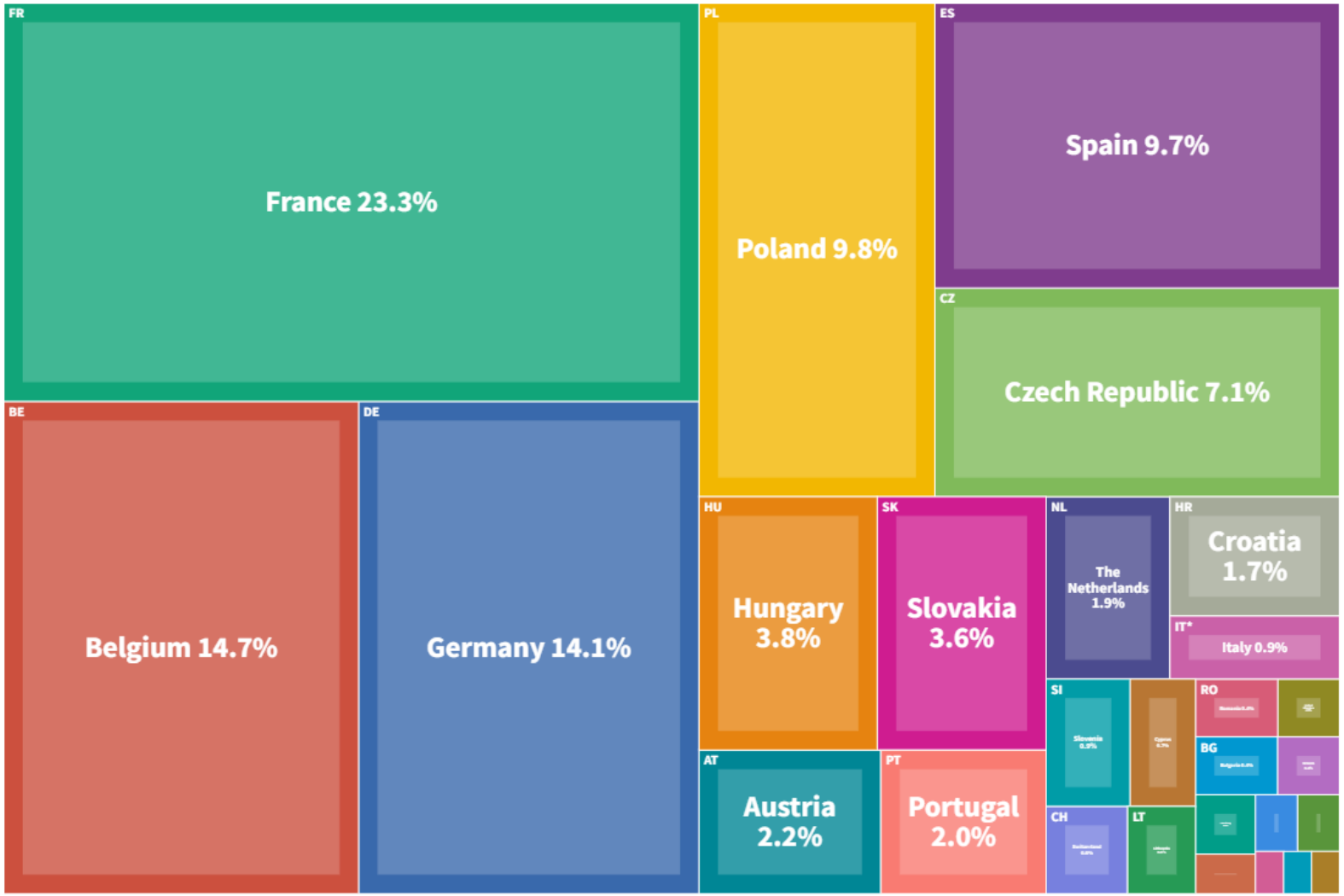
Annex II Additional visualisations

Figure a7 - Number of PDs S1 issued, relative share in total number of PDs S1 issued (stock), 2021



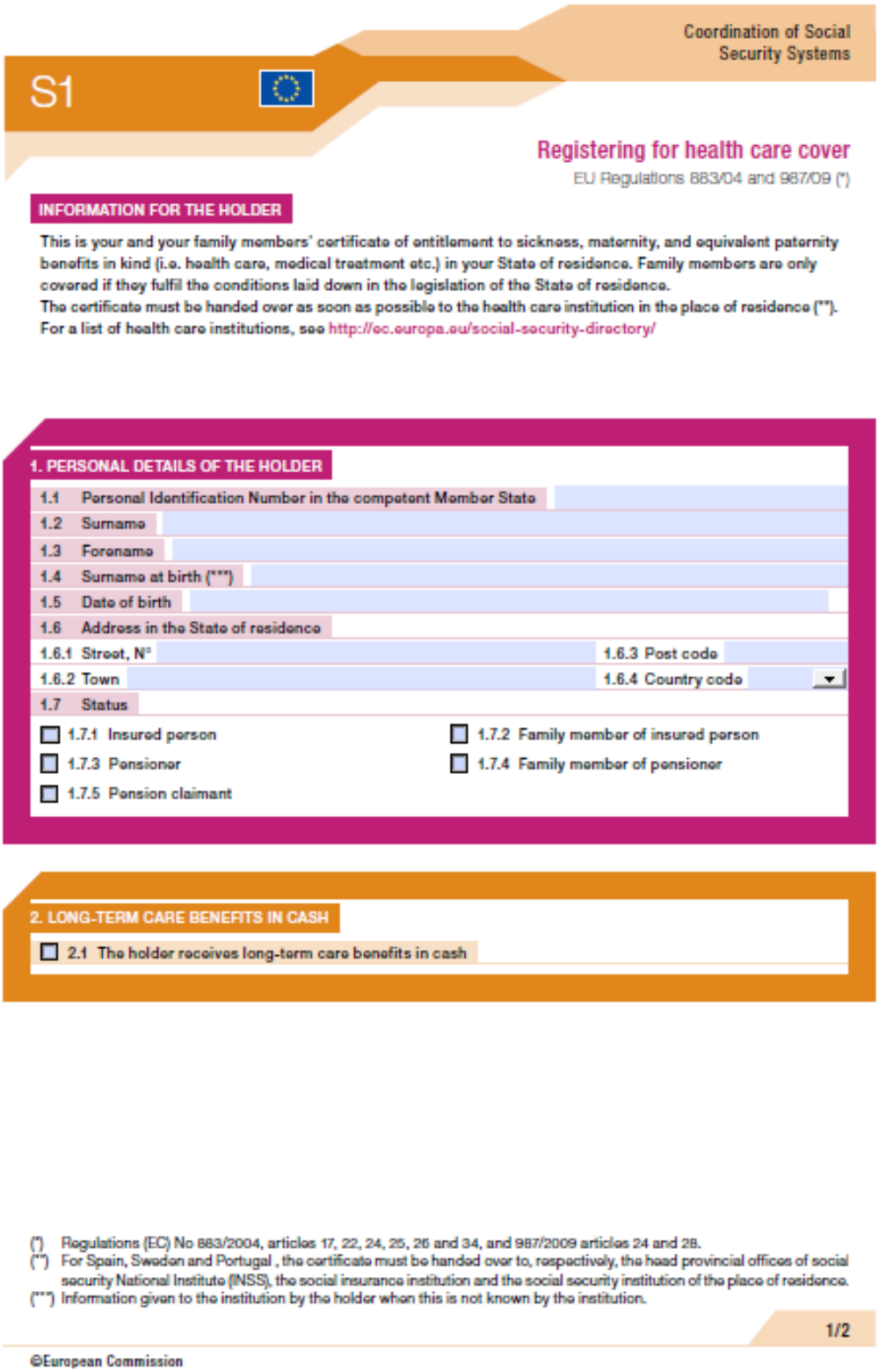
* IS and IT: data 2018.CY: data 2019.
** Issued – stock: imputed data for DK, DE, and NO.

Figure a8 - Number of PDs S1 received, relative share in total number of PDs S1 received (stock), 2021



* IS and IT: data 2018.CY: data 2019.
** Received – stock: imputed data for DK and DE.

Annex III Portable Document S1



Coordination of Social Security Systems

S1

Registering for health care cover

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

INFORMATION FOR THE HOLDER

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

1. PERSONAL DETAILS OF THE HOLDER

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

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

2. LONG-TERM CARE BENEFITS IN CASH

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

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

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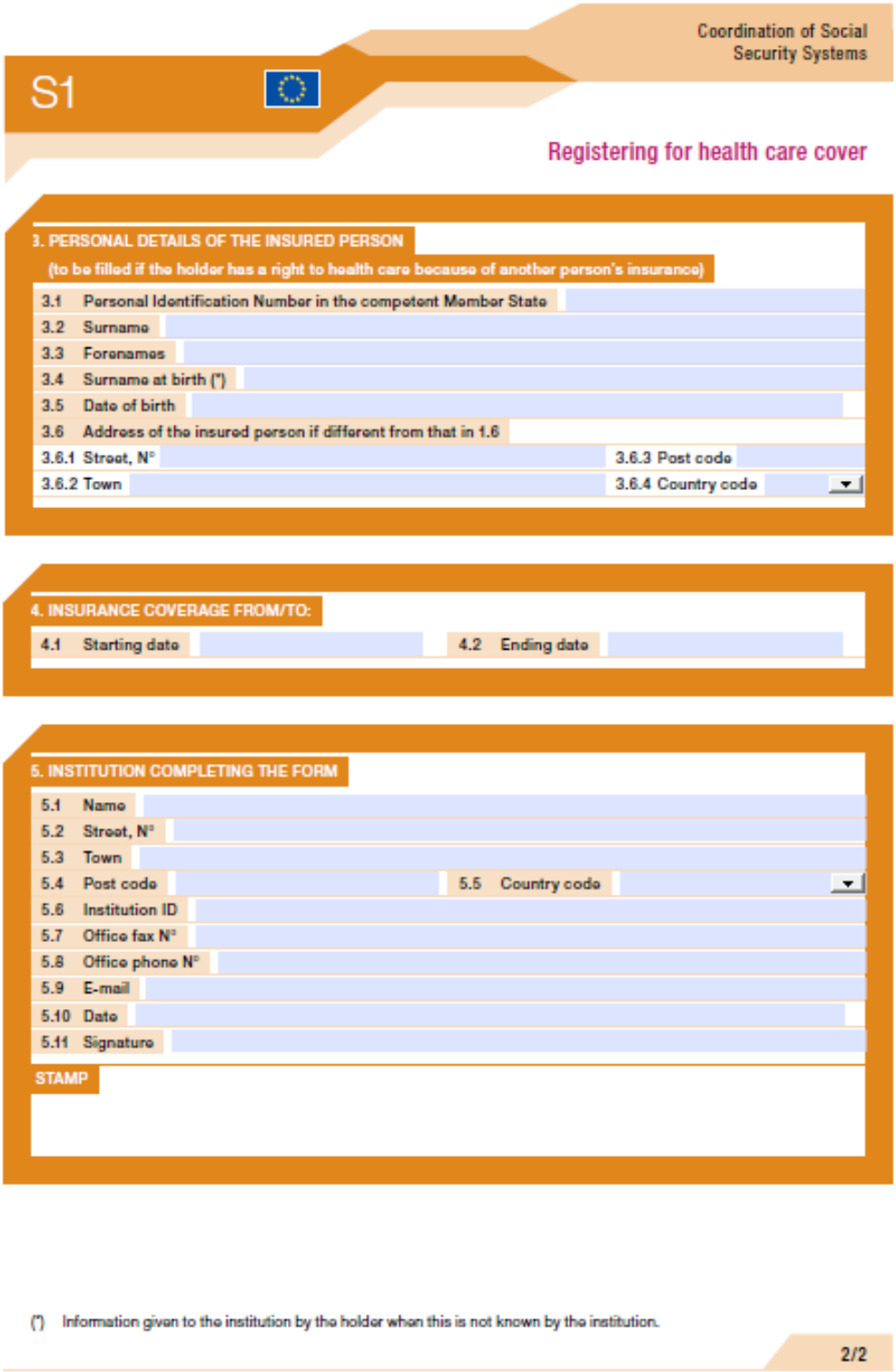

Coordination of Social Security Systems

S1

Registering for health care cover

3. PERSONAL DETAILS OF THE INSURED PERSON

(to be filled if the holder has a right to health care because of another person's insurance)

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

4. INSURANCE COVERAGE FROM/TO:

4.1	Starting date	4.2 Ending date	

5. INSTITUTION COMPLETING THE FORM

5.1	Name		
5.2	Street, N°		
5.3	Town		
5.4	Post code	5.5 Country code	
5.6	Institution ID		
5.7	Office fax N°		
5.8	Office phone N°		
5.9	E-mail		
5.10	Date		
5.11	Signature		

STAMP

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

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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, very few 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 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, Norway, and the United Kingdom. Most of the persons concerned live in Spain.

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 another 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[80], 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.

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

1. Introduction

As previously mentioned (see *section 3.1* in *Chapter 3*), 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 based on actual expenditure. Only by a way of exemption, those Member States whose legal or administrative structures are designed in such a way 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, Norway, and the United Kingdom. This chapter aims to identify the impact of Directive 2011/24/EU 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.

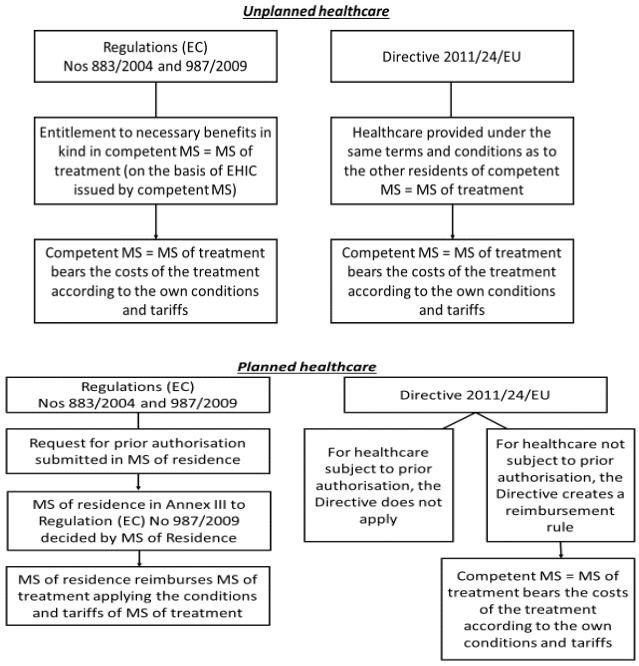
Neither of the three other questionnaires collecting data on cross-border healthcare (i.e., the questionnaire on planned healthcare (PD S2), the one on unplanned healthcare (EHIC) and finally the one on persons entitled to healthcare residing in a Member State other than the competent Member State (PD 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[81] 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:[82]

- *"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 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



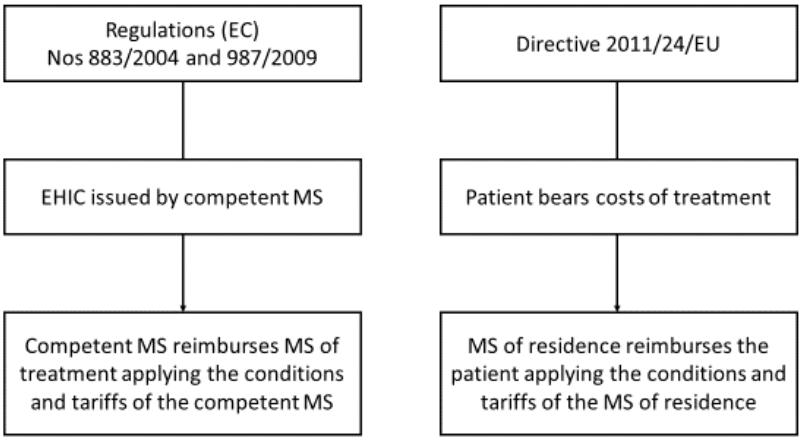
Source: AC 246/12

- *"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 Figure 7)*

81 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.

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

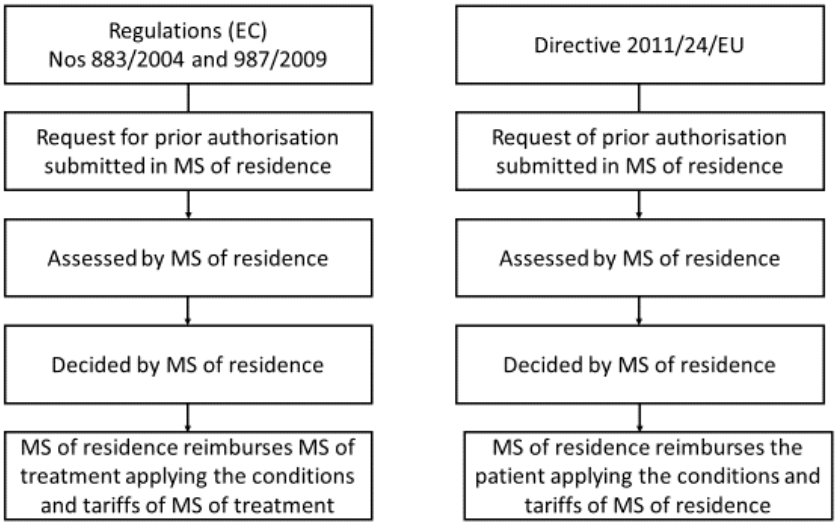
Figure 7 - Unplanned healthcare for family members of frontier workers and pensioners and their family members received in a third Member State and residing in a Member State listed in Annex 3 to the Implementing Regulation



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*[83]*." (See 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

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

1.2. Member States that replied 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, Norway, and the United Kingdom. Since January 2018, Finland and the Netherlands are no longer lump-sum Member State and are therefore no longer listed in Annex 3. However, the Netherlands still report data, presumably on cases before 2018. Out of the seven Member States which had to provide data on the number of persons involved for reference year 2021 (*Question 1*), five did so, namely Ireland, Spain, Sweden, Norway, and the United Kingdom. Only Cyprus and Portugal did not provide a reply on this question. 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 the Member States that are not listed in Annex IV of the basic Regulation (Denmark, Estonia, Ireland, Croatia, Italy, Latvia, Lithuania, Malta, Portugal, Romania, Slovakia, Finland, Iceland, Liechtenstein, Norway, Switzerland, and the United Kingdom). Estonia, Lithuania, Malta, Slovakia, Romania, and Liechtenstein (6 out of the 17 Member States concerned) provided data for 2021 (*Question 5*).

The third and final part of the questionnaire had to be answered by all Member States. However, only Belgium, Austria, Estonia, Bulgaria, Greece, Hungary, Latvia, Luxembourg, Liechtenstein, Malta, Poland, Romania, and Slovenia (13 out of the 32 Member States concerned) were able to provide data for reference year 2021 (*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 eight 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:[84]

- 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: Cyprus did not provide a response to the questionnaire in general, while Portugal mentioned such data are not available. However, similar data are collected by the so-called 'PD S1 Questionnaire' (see *Table 23* in *section 2.2* of *Chapter 3)*.

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

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

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

Table 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, 2014-2021

	Total 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)							
	2021	2020	2019	2018	2017	2016	2015	2014	2021	2020	2019	2018	2017	2016	2015	2014
IE	<5	<5	<5	<5	30	1 216	368		768	836	739	824	875	649	162	
ES	451	333	390	390	409	429	443	453	182 639	175 932	169 476	162 979	159 040	157 374	156 570	156 060
CY				21		27						18 179		14 936		
NL*	203	231	232	261	233			194	5 857	5 490	5 117	4 637	4 468			3 695
PT	n.a.		n.a.	n.a.	n.a.				n.a.	n.a.	n.a.	n.a.	n.a.			
SE	56	38	34	42	25	48			2 250	2 055	1 819	1 691	1 730	1 654		
UK	78	204		1 233		2 271		17	5 982	4 255		165 061		144 731		2 220
NO	n.a.		n.a.	n.a.	<5	<5	<5	<5	241		3 344	n.a.	187	129	247	208

* NL: although NL is not a lump-sum Member State anymore since January 2018 (like Finland), they still provide data on Question 1, presumably on cases concerning healthcare provided before 2018.

Source: Questionnaire on the monitoring of healthcare reimbursement 2022, 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[85], 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 Article 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 2021 *(Table 35).* The data show that for a very limited group of people this situation occurred in 2021, as only for Romania

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

the number of persons exceeds 700, while for Estonia, Lithuania, Malta, Slovakia, and Liechtenstein it remains under 50. As a result, the budgetary impact for Member States not listed in Annex IV of the Basic Regulation seems to be marginal.

No figures are available on the number of pensioners and their family members resident in Spain to whom the United Kingdom has issued a PD S1 and who received healthcare in the United Kingdom under the Directive.[86]

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, 2021

	Number of persons						Amount reimbursed (in €)			
	EE	LT	MT	SK	RO	LI	EE	LT	SK	RO
IE	<5	32	0	<5	102	<5	4 412	15 435	149	38 658
ES	17	6	5	5	603	8	74 334	1 832	10 232	294 782
CY	0	<5	<5	0	21	<5	0	6 304	0	2 320
PT	0	<5	0	0	<5	5	0	139	0	787
SE	8	0	0	<5	0	0	5 896	0	23	171
UK	11	8	0	14	23	0	25 616	11 135	5 140	3 255
NO	0	0	0	0	0	0	0	0	0	0
Total	**39**	**48**	**7**	**23**	**752**	**17**	**110 257**	**34 845**	**15 543**	**339 971**

* The amount reimbursed does not necessarily correspond to the number of persons.
Source: Questionnaire on the monitoring of healthcare reimbursement 2022, 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 2021, 12 Member States (BE, AT, EE, BG, EL, HU, LV, LU, LI, MT, PL, RO, 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).* This 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 Belgium or Bulgaria and resident in Spain, as well as insured in Luxembourg and resident in Portugal received unplanned healthcare in a third Member State.

[86] The United Kingdom could not provide data. However, in the questionnaire 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, 2021

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												
	BE	AT	BG	EL	HU	LV	LU	LI	MT	PL	SI	Subtotal	BE	AT	EE	BG	HU	LV	LU	LI	MT	PL	RO	SI	Subtotal	Total
IE	0	0	7	0	0	0	0	0	0	0	<5	9	31	7	0	67	0	185	10	0	0	<5	0	0	301	**310**
ES	8	27	51	0	0	<5	49	0	0	0	0	139	4 217	273	0	1 498	0	60	356	0	5	<5	14	0	6 425	**6 564**
CY	0	0	14	<5	0	0	0	0	0	0	0	15	14	0	0	125	0	5	5	0	<5	0	<5	<5	153	**168**
PT	11	5	4	0	0	0	213	0	0	0	0	233	739	30	0	13	0	0	1 416	0	0	0	0	<5	2 200	**2 433**
SE	0	9	14	0	0	<5	0	0	0	0	<5	29	34	12	<5	120	0	39	16	0	0	0	0	<5	223	**252**
UK	<5	10	35	<5	0	0	5	0	0	0	0	56	57	37	0	328	0	236	49	0	0	<5	0	<5	711	**767**
NO	0	0	5	0	0	0	0	0	0	0	0	5	8	0	0	14	0	0	<5	0	0	0	0	0	23	**28**
Total	**22**	**51**	**130**	**<5**	**0**	**7**	**267**	**0**	**0**	**0**	**5**	**486**	**5 100**	**359**	**<5**	**2 165**	**0**	**525**	**1 853**	**0**	**7**	**5**	**15**	**6**	**10 036**	**10 522**

Source: Questionnaire on the monitoring of healthcare reimbursement 2022, 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.

6. Error

Member States were asked whether they were aware of cases of error with regard to the monitoring of healthcare reimbursement in 2021. Even though most Member States left this question blank or did not have any data available, some Member States reported they were not aware of any cases of error (Estonia, Croatia, Malta, Liechtenstein, and Norway). Only Austria, Romania, and Slovakia mentioned cases of error. For instance, Romania found two cases in which the persons concerned were deceased, for an amount of EUR 83 521. Finally, Slovakia identified two cases. The first one concerned the reporting of a lump-sum for a deceased insured person (EUR 32 025). The second one involved the reporting of a lump-sum for an insured person who moved residence and returned to state insurance (EUR 9 456).

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.

The budgetary impact of cross-border healthcare 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) (0.32 % 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.[87]

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 Austria, Lithuania, the Netherlands, Slovenia, Croatia, and Slovakia, the budgetary impact lies between 0.5 % and 1 %. Only Romania, Latvia, and Bulgaria 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 (0.82 % versus 0.23 % respectively). 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, France, Lithuania, Latvia, Estonia, Romania, Ireland, Slovakia, and Croatia mainly reimbursed unplanned necessary healthcare. For Bulgaria, Hungary, Finland, the Czech Republic, Poland, Slovenia, Malta, Denmark, Germany, Austria, the Netherlands, Greece, and Norway the highest cost was healthcare provided to insured persons who reside abroad. Only Belgium and the United Kingdom reimbursed the majority for planned healthcare.

[87] 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 E125 forms received (issued) is asked to be reported in the PD S2 Questionnaire.

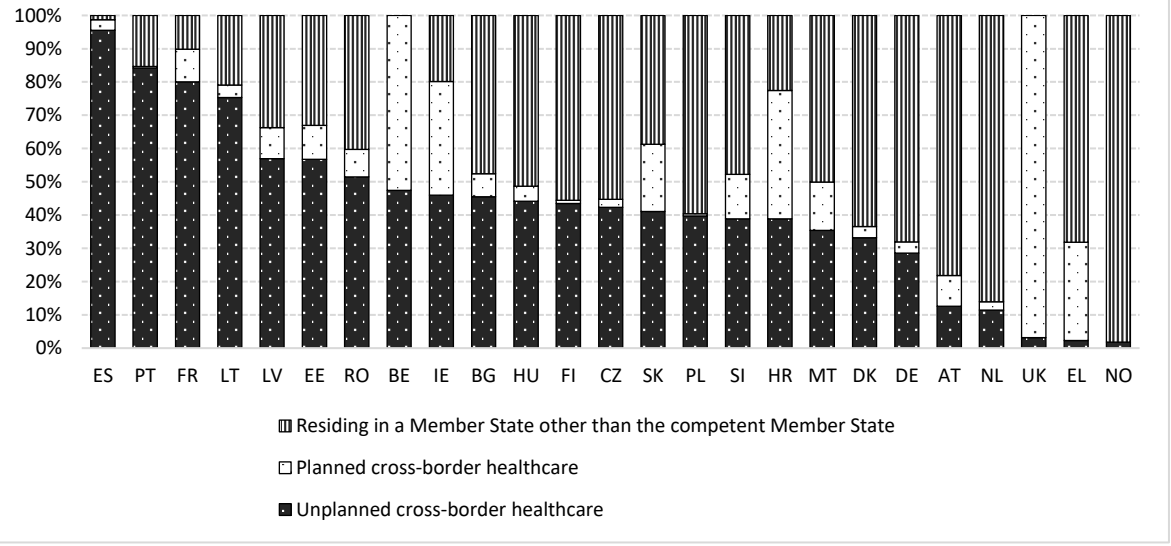
Table 37 - Budgetary impact of cross-border healthcare under the Coordination Regulations, by type, by competent Member State, 2021

	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	37 674 206	0.12 %	41 707 836	0.13 %			79 382 041	0.25 %
BG	26 687 203	1.01 %	4 030 118	0.15 %	27 910 603	1.05 %	58 627 924	2.21 %
CZ	15 782 460	0.13 %	922 033	0.01 %	20 602 246	0.17 %	37 306 738	0.31 %
DK	10 689 569	0.06 %	1 108 736	0.01 %	20 446 153	0.12 %	32 244 457	0.18 %
DE	172 106 314	0.06 %	19 882 593	0.01 %	410 078 767	0.14 %	602 067 674	0.21 %
EE	2 847 877	0.24 %	510 100	0.04 %	1 658 583	0.14 %	5 016 560	0.42 %
IE	10 966 198	0.07 %	8 130 874	0.05 %	4 743 383	0.03 %	23 840 455	0.15 %
EL	222 555	0.00 %	2 855 768	0.03 %	6 599 824	0.08 %	9 678 147	0.11 %
ES	57 927 759	0.09 %	1 915 294	0.00 %	786 050	0.00 %	60 629 104	0.09 %
FR	148 181 704	0.07 %	18 135 480	0.01 %	18 794 640	0.01 %	185 111 824	0.09 %
HR	9 081 741	0.27 %	9 026 680	0.27 %	5 276 540	0.16 %	23 384 961	0.70 %
IT								
CY								
LV	12 391 667	1.14 %	2 030 471	0.19 %	7 351 277	0.68 %	21 773 416	2.00 %
LT	9 346 879	0.46 %	472 793	0.02 %	2 590 713	0.13 %	12 410 384	0.61 %
LU								
HU	6 518 235	0.11 %	669 377	0.01 %	7 590 712	0.13 %	14 778 324	0.25 %
MT	242 457	0.04 %	98 984	0.02 %	342 854	0.06 %	684 294	0.11 %
NL	45 261 931	0.07 %	10 088 682	0.02 %	341 693 031	0.56 %	397 043 644	0.66 %
AT	19 593 530	0.07 %	14 500 633	0.06 %	121 759 330	0.46 %	155 853 493	0.59 %
PL	36 703 713	0.17 %	621 304	0.00 %	55 105 884	0.25 %	92 430 900	0.42 %
PT	4 417 249	0.04 %	24 915	0.00 %	803 511	0.01 %	5 245 674	0.04 %
RO	66 380 890	0.70 %	10 713 952	0.11 %	51 881 653	0.55 %	128 976 495	1.36 %
SI	7 780 004	0.26 %	2 671 961	0.09 %	9 549 185	0.32 %	20 001 149	0.66 %
SK	14 627 107	0.31 %	7 184 566	0.15 %	13 776 432	0.29 %	35 588 104	0.75 %
FI	8 569 865	0.06 %	197 646	0.00 %	10 957 181	0.08 %	19 724 691	0.14 %
SE								
UK								
IS					464 635		464 635	
LI	132 758	0.00 %			7 160 970	0.03 %	7 293 728	0.03 %
NO			2 039 046	0.00 %				
CH	597 146	0.00 %	18 171 732	0.01 %			18 768 879	0.01 %

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

Source: Administrative data 2022 EHIC Questionnaire, PD S2 Questionnaire, PD S1 Questionnaire, Eurostat [spr_exp_fsi] 2019 figures).

Figure 9 - Type of cross-border healthcare as share in total, by competent Member State, 2021



Source: Administrative data 2022 EHIC Questionnaire, PD S1 Questionnaire, PD S2 Questionnaire

2. From the perspective of the Member State of treatment

In addition to analysing the perspective of the competent Member State, it is 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. Spain, France, and Germany claimed the highest amount as Member State of treatment, namely more than EUR 800 million each *(Table 38)*. Only Croatia, Spain, and Belgium 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, 2021

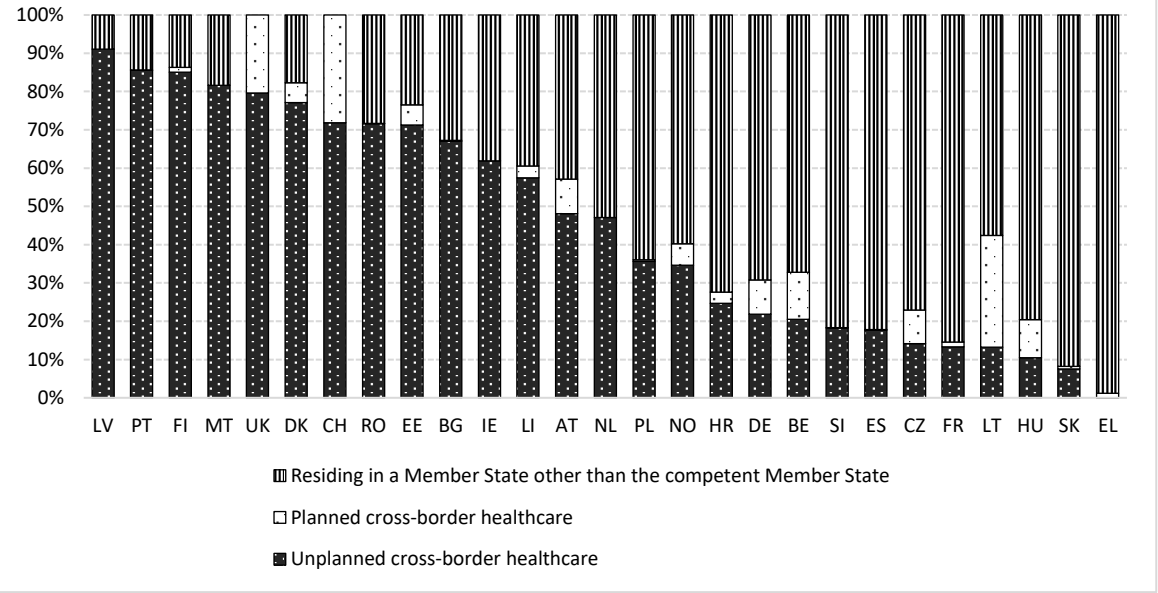
	Unplanned cross-border healthcare		Planned cross-border healthcare		Residing in a Member State other than the competent Member State		Total*	
	Amount (in €)	%*	Amount (in €)	%*	Amount (in €)	%*	Amount (in €)	%*
BE	92 885 471	0.30 %	55 719 195	0.18 %	304 011 233	0.97 %	452 615 899	1.44 %
BG	2 004 429	0.08 %	6 144	0.00 %	979 855	0.04 %	2 990 428	0.11 %
CZ	6 776 247	0.06 %	4 212 862	0.03 %	37 017 291	0.31 %	48 006 399	0.40 %
DK	5 391 829	0.03 %	358 237	0.00 %	1 238 499	0.01 %	6 988 565	0.04 %
DE	184 186 016	0.06 %	75 033 440	0.03 %	583 605 001	0.20 %	842 824 457	0.30 %
EE	1 094 805	0.09 %	80 043	0.01 %	360 703	0.03 %	1 535 551	0.13 %
IE	3 676 513	0.02 %			2 260 317	0.01 %	5 936 830	0.04 %
EL	17	0.00 %	175 625	0.00 %	14 840 353	0.17 %	15 015 995	0.18 %
ES	166 691 977	0.25 %	920 310	0.00 %	774 242 136	1.15 %	941 854 422	1.40 %
FR	114 496 373	0.06 %	10 608 110	0.01 %	735 261 693	0.37 %	860 366 177	0.43 %
HR	16 234 186	0.49 %	1 927 912	0.06 %	47 600 842	1.43 %	65 762 940	1.97 %
IT								
CY								
LV	419 612	0.04 %			41 290	0.00 %	460 903	0.04 %
LT	598 736	0.03 %	1 319 212	0.06 %	2 600 191	0.13 %	4 518 139	0.22 %
LU								
HU	2 956 775	0.05 %	2 811 568	0.05 %	22 500 871	0.38 %	28 269 214	0.47 %
MT	1 765 503	0.29 %			397 082	0.07 %	2 162 585	0.35 %
NL	44 954 569	0.07 %			50 571 450	0.08 %	95 526 019	0.16 %
AT	70 760 888	0.27 %	13 273 697	0.05 %	63 094 336	0.24 %	147 128 921	0.56 %
PL	19 991 866	0.09 %	242 718	0.00 %	35 823 999	0.16 %	56 058 583	0.26 %
PT	5 966 519	0.05 %	9 869	0.00 %	998 889	0.01 %	6 975 277	0.06 %
RO	1 542 416	0.02 %	1 018	0.00 %	610 324	0.01 %	2 153 758	0.02 %
SI	4 481 419	0.15 %	18 667	0.00 %	20 025 143	0.66 %	24 525 229	0.81 %
SK	1 651 180	0.03 %	144 250	0.00 %	20 131 764	0.43 %	21 927 193	0.46 %
FI	5 718 897	0.04 %	81 318	0.00 %	921 536	0.01 %	6 721 751	0.05 %
SE								
UK								
IS	649 751		34 980		445 904		1 130 635	
LI	703 676	0.00 %	112 557	0.00 %	1 214 244	0.01 %	2 030 477	0.01 %
NO	59 298 647	0.14 %	23 193 259	0.05 %			82 491 906	0.19 %
CH	11 412 131	0.01 %	2 927 514	0.00 %			14 339 645	0.01 %

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

Source: Administrative data 2022 EHIC Questionnaire, PD S2 Questionnaire, PD S1 Questionnaire, Eurostat [spr_exp_fsi] (2019 figures).

The Netherlands, Poland, Norway, Croatia, Germany, Belgium, Slovenia, Spain, the Czech Republic, France, Lithuania, Hungary, Slovakia, and Greece mainly provided cross-border healthcare to persons who are insured in another Member State *(Figure 10)*. On the contrary, Latvia, Portugal, Finland, Malta, the United Kingdom, Denmark, Switzerland, Romania, Estonia, Bulgaria, Ireland, Liechtenstein, and Austria primarily provided unplanned necessary healthcare. None of the reporting Member States mainly provided planned cross-border healthcare in 2021.

Figure 10 - Type of cross-border healthcare as share in total, by Member State of treatment, 2021



Source: Administrative data 2022 EHIC Questionnaire, PD S1 Questionnaire, PD S2 Questionnaire

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