Cross-border healthcare in the EU under social security coordination

Reference year 2022

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Table of Contents

List of Tables

List of Figures

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 in cash 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 receive 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-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 (see *Figure 1*). 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.

The figures reported in this report relate to cross-border healthcare provided under the Coordination Regulations.[5] 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 based on 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 to access healthcare. Consequently, the number of healthcare reimbursement claims issued for unplanned cross-border healthcare is expected to show a strong correlation with the number of tourist arrivals. Furthermore, the number of PDs S1 issued to insured persons of working age will probably show a strong correlation with the

1 The term "Member States" is used in this report to indicate the 27 countries belonging to the European Union in reference year 2022, 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').

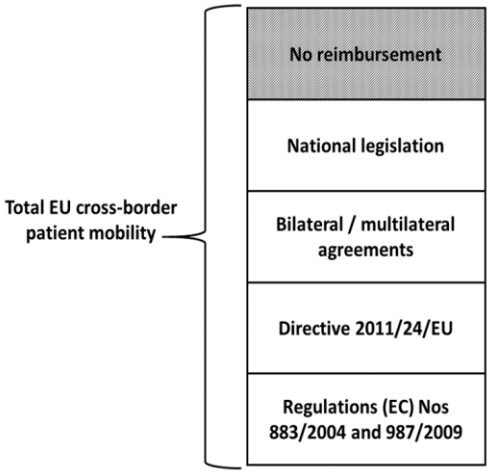
3 These data were collected within the framework of the Administrative Commission. The Network would like to thank all delegations of the Administrative Commission for providing these data. Moreover, we would like to thank the Commission and the Administrative Commission for remarks, comments, and exchanges 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).

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

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 based on a PD S1.

Figure 1 - 'Patient mobility' in the EU



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 public AND 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.

The second chapter 'planned cross-border healthcare' presents data concerning the use of planned cross-border healthcare based on 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 based on fixed amounts. The main aim of this chapter is to assess the potential impact of Directive 2011/24/EU on this type of reimbursement.

Since 2014, data on cross-border healthcare in the EU/EFTA and the UK under the Coordination Regulations is collected and reported by the Network Statistics FMSSFE, on behalf of the European Commission - DG Employment. Hence, this year marks 10 years of collecting statistics on cross-border healthcare.[6] As a result, it is a perfect moment to take a closer look at the evolution and trends of the collected and reported statistics since then. Therefore, each of the chapters' summaries highlights key evolutions and trends.

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. Since last year, the EU-28 aggregate is replaced by a EU-27 aggregate (excluding the UK) in all thematic statistical reports. There are two Agreements now governing the relations between the EU and UK in terms of social security coordination[7]. First, the **Withdrawal Agreement**[8] 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[9] 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**[10] 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 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*.

6 Data on the EHIC were already collected before 2014. See, for instance, Coucheir, M. (2013), *EHIC Report 2013*, trESS – Ghent University, 27 p.

7 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.

8 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

9 Basic Regulation and Implementing Regulation

10 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

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 need 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.

Seeing that there are currently some 242 million EHICs in circulation in 2022, the Coordination Regulations are of importance for all EU citizens when they move between Member States, be it for work or for private reasons. The main issuing Member States have remained the same over the years. Particularly Germany, Italy and the United Kingdom have issued the highest number of EHICs. Furthermore, while the Netherlands shows a decline in the number of EHICs in circulation (from 16 million in 2014 to 8.2 million in 2022), France has known a growth (from 4.1 million in 2013 to 14.6 million in 2022).

Around 46 % of the EU/EFTA/UK citizens[11] 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 resulting in a coverage rate of (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. Over the years, there is a clear trend of increasing the validity period. In nine Member States, this period was increased for several groups or for all insured persons when comparing 2013 to 2022[12]. For instance, in Czechia the period increased from 5 years in 2013 to 10 years in 2022, in France from 1 to 2 years, and in Romania from 6 months to 2 years. Only in Slovakia, the opposite occurred, as in 2013 there was an indefinite duration, while in 2022 the validity period was 10 years.

In most Member States, the EHIC can be requested electronically via the internet or at the desk of the competent institution. In recent years, several Member States also introduced a mobile application for requesting the EHIC. Moreover, the Single Digital Gateway Regulation requires Member States to ensure that citizens and businesses can access and complete several administrative procedures fully online and receive the output electronically by 12 December 2023. One of these procedures relate to the application for the EHIC.[13]

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

[11] There are around 528.3 million citizens in the EU-27, EFTA, and UK in 2022. (Eurostat [DEMO_PJAN])

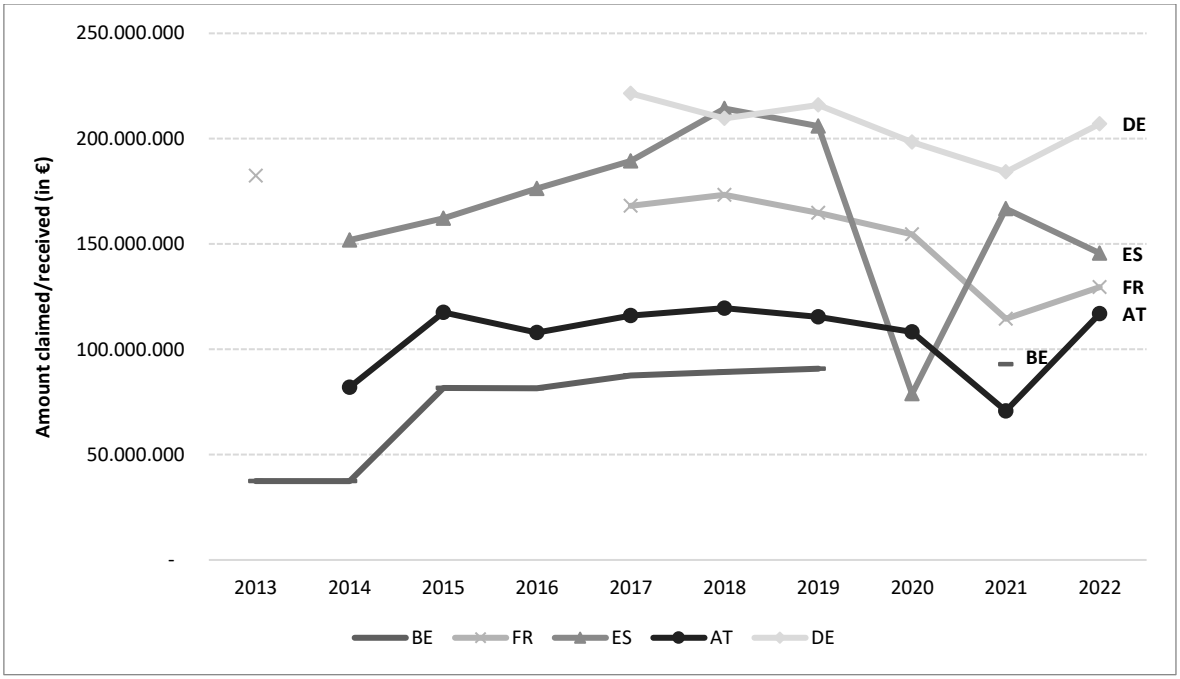
[12] The validity period in 2013 differed from the period in 2022 for the following Member States (sometimes for specific groups of insured and sometimes for all insured persons): CZ, EL, ES, FR, HR, LT, PL, RO, and CH.

[13] See also the Communication of the Commission on digitalisation in social security coordination: facilitating free movement in the Single Market (COM(2023) 501 final).

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

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 %, and an even higher increase from 2021 to 2022 of 105 %.[14] Nevertheless, the number of nights spent in tourist accommodations in 2022 was still 11 % lower than in 2019 (1 207 million nights in 2022 compared to 1 363 million in 2019). The decrease in the number of trips for leisure and business abroad during the COVID-19 pandemic and in its aftermath may have had an impact on the level of unplanned necessary cross-border healthcare in the EU.[15] 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). However, in 2022, both the number of forms and the amount are increasing again, although not yet reaching the levels of 2019 (from the perspective of the Member State of stay in 2022 the number of claims amounted to 2.0 million and the amount to around EUR 880 million).

Figure 2 - Reimbursement by the Member State of treatment, amount claimed/received in €, main Member States of treatment, 2013-2022



* For BE, DE, and FR it concerns the amount claimed and not received.

Source: Administrative data EHIC Questionnaire 2023 and previous years

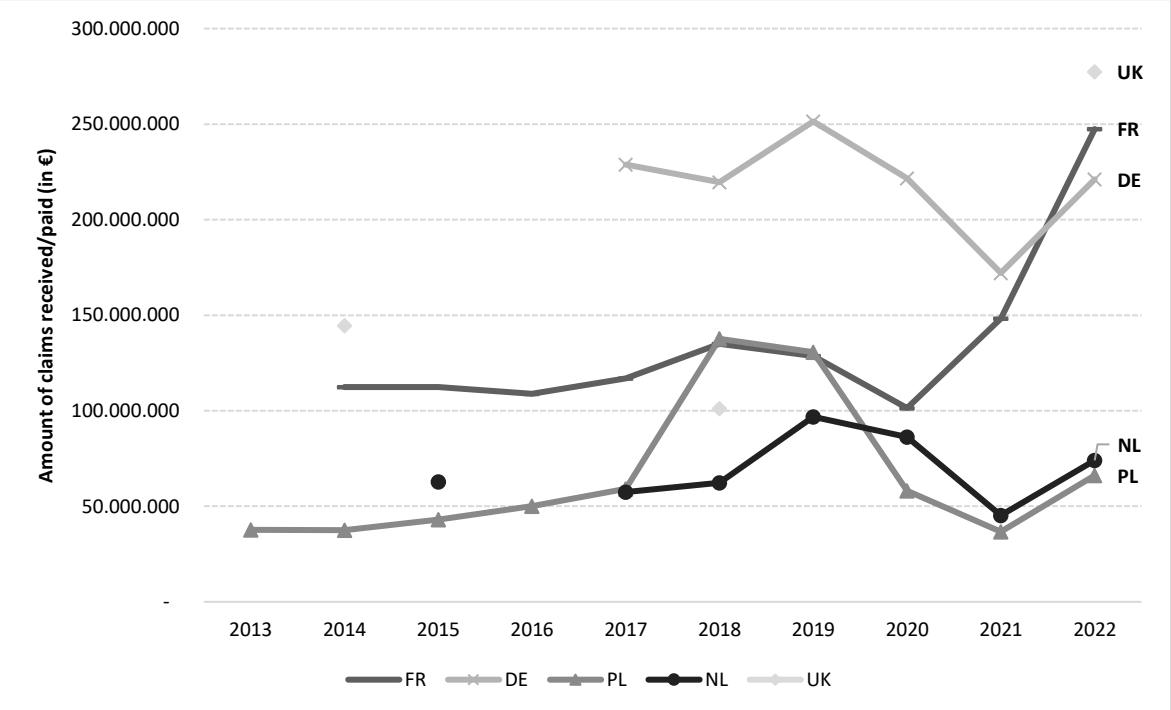
[14] Eurostat [tour_occ_nim]

[15] 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.

From the perspective of the Member State of treatment, the evolution of the amount claimed/received by the main Member States can be looked at *(Figure 2)*. In 2022, the main Member States of treatment were Germany, Spain, France, and Austria, as they all claimed/received an amount of over EUR 110 million. Over the years, an upward trend can be seen for Belgium and Austria, while for Germany, Spain, and France a decrease is noted (*Figure 2*). Although all main Member States of treatment have been hit by the COVID-19 pandemic, this is particularly the case for Spain. The amount received decreased from EUR 206 million in 2019 to EUR 79 million in 2020, but recovered quickly as it was back at EUR 167 million in 2021. Nevertheless, the amount received by Spain in 2022 (EUR 146 million) is still not at the highest level in 2018 (EUR 214 million), and a decrease is even noted from 2021 to 2022. Other important Member States of treatment which appeared in the top 5 of amount received/claimed over the years are Portugal, Greece, Italy, Poland, Finland, Sweden, the Netherlands, and Switzerland. The main flows from the perspective of the Member State of stay in 2022 went from Germany to Austria (EUR 59 million), and from France to Belgium (EUR 50 million, data 2021).

It also possible to consider the perspective of the competent Member State *(Figure 3)*, the top 5 Member States in terms of the amount of claims received/paid in 2022 are the United Kingdom, France, and Germany, all over EUR 220 million, followed by the Netherlands and Poland, both above EUR 50 million (*Figure 3*). All these Member States were hardly hit by the COVID-19 pandemic, especially the United Kingdom, where the amount decreased from EUR 101 million in 2018 to not even EUR 1 million in 2020 and 2021. However, in 2020, the United Kingdom had the highest amount of all Member States, namely EUR 277 million. Moreover, France shows an impressive growth, particularly from 2020 onwards, from EUR 112 million in 2015 to EUR 247 million in 2022. Other top 5 competent Member States in terms of amount which popped up over the years from 2013 to 2021 are Belgium, Bulgaria, Slovakia, Sweden, Portugal, Romania, Italy, and Spain. The main flows from the perspective of the competent Member State in 2022 went from the United Kingdom to France (EUR 181 million), from France to Belgium (EUR 128 million), and from Germany to Austria (EUR 55 million).

Figure 3 - Reimbursement by the competent Member State, amount of claims received/ paid in €, main competent Member States, 2013-2022



* For DE, FR, PL, and UK it concerns the amount claimed and not paid.

Source: Administrative data EHIC Questionnaire 2023 and previous years

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 Coordination Regulations 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 must 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 2022[16]. 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.

[16] In total, 29 Member States were able to provide data, while for three Member States (BE, 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.

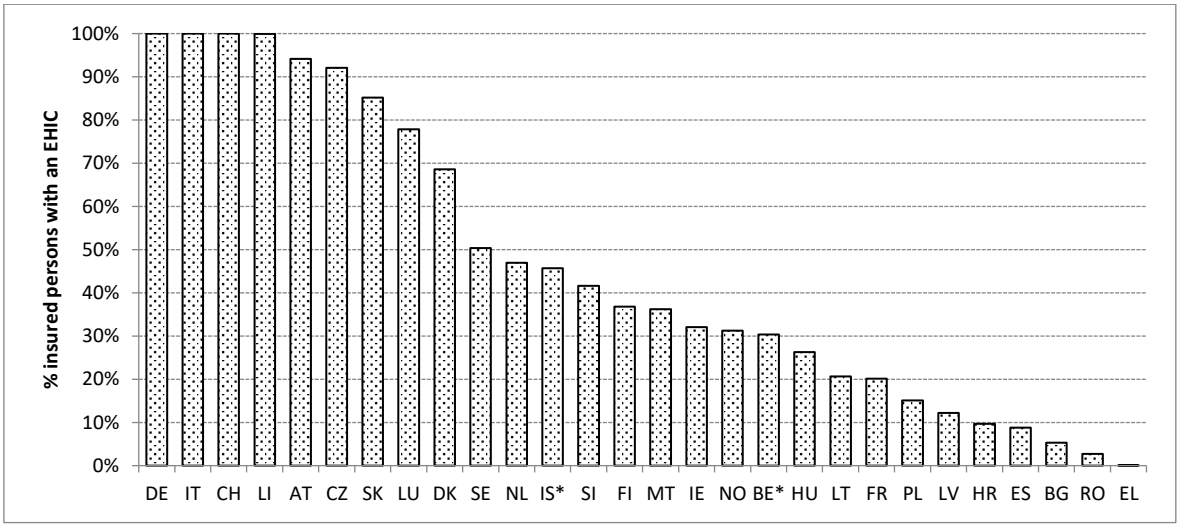
2. The number of EHICs issued and in circulation

Table 1 gives an overview of the number of EHICs and PRCs issued in 2022, 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 242 million EHICs were in circulation in 2022.

The share of insured persons with an EHIC varies greatly between the different Member States, ranging from 3 % or less in Romania and Greece to (almost) 100 % in Germany, Italy, Switzerland, Liechtenstein, Austria, and Czechia *(Figure 4)*. 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[17] of 12 June 2009 concerning the European Health Insurance Card states: *"When exceptional circumstances[18] 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, Denmark[19], and Spain issued the highest number of PRCs. When compared to the number of EHICs in circulation (see last column of *Table 1*), especially Slovenia, Denmark and Spain stand out with a value of over 15 %.

Figure 4 - Percentage of insured persons with an EHIC, 2022



* BE: data 2021. IS: data 2019.

Source: Administrative data EHIC Questionnaire 2023

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

18 "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).

19 Every time a Danish insured person applies for an EHIC, a PRC is issued and sent by secure digital post to the insured person. The PRC cover the period until the person receives the EHIC (plastic card). This procedure has been in place in Denmark since November 2015. 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, 2022

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	136 419	10 421	303 129	5 743 090	5.3 %	3.4 %
CZ	app. 1 350 000	25 893	app. 10 250 000	10 862 345	92.1 %	0.3 %
DK******	907 994	1 044 193	3 977 634	5 800 000	68.6 %	26.3 %
DE****	n.a.	n.a.	74 000 000	74 000 000	100.0 %	
EE	134 362	41 047	n.a.	1 304 431		
IE***	660 505	72 886	1 635 915	5 101 076	32.1 %	4.5 %
EL*	2 454	311	3 913	8 789 190	0.0 %	7.9 %
ES	3 014 358	780 754	4 404 389	50 215 783	8.8 %	17.7 %
FR	6 083 568	1 770 012	14 613 985	72 487 183	20.2 %	12.1 %
HR	133 459	3 575	395 913	4 076 919	9.7 %	0.9 %
IT*	10700		60 000 000	60 000 000	100.0 %	
CY*	55 926	31	n.a.	820 000		
LV	146 843	1 218	281 257	2 305 727	12.2 %	0.4 %
LT	219 972	34 444	617 133	2 983 826	20.7 %	5.6 %
LU	177 651	5 943	739 411	950 006	77.8 %	0.8 %
HU******	612 504	13 311	1 080 039	4 111 054	26.3 %	1.2 %
MT	61 271	50	205 213	566 736	36.2 %	0.0 %
NL	1 749 802	8 822	8 198 935	17 455 000	47.0 %	0.1 %
AT	1 529 435	18 582	8 682 533	9 223 442	94.1 %	0.2 %
PL	2 471 514	10 174	5 155 107	34 128 951	15.1 %	0.2 %
PT	734 426	6 925	1 906 017	n.a.		0.4 %
RO	293 689	9 458	444 976	16 355 740	2.7 %	2.1 %
SI	592 115	307 233	895 891	2 151 163	41.6 %	34.3 %
SK	535 854	34 989	4 416 741	5 185 221	85.2 %	0.8 %
FI	1 192 482	5 181	2 178 837	5 916 398	36.8 %	0.2 %
SE*	1 556 728	6 000	2 929 865	5 818 550	50.4 %	0.2 %
IS*	62 753	12 926	162 618	355 766	45.7 %	7.9 %
LI	2 981	46	41 187	41 229	99.9 %	0.1 %
NO*	986 743	3 379	1 715 000	5 489 000	31.2 %	0.2 %
CH	3 500 000	n.a.	8 700 000	8 700 000	100.0 %	
UK	6 204 473	15 633	20 724 701			0.1 %
Total**			**±242 000 000**			

* BE: data 2021. CY and IS: data 2019. For IT data on the number of insured persons from 2020 is imputed as it is assumed that every insured person in Italy has an EHIC. DK: data number of insured persons 2020. EL: data number of insured persons 2021. SE: The number of insured persons reported is an estimation of people between 19-64 years old that are insured in Sweden. Note that it is not comparable with the population that could receive EHIC which includes people in all ages. NO: number of insured persons is an estimation.

** 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 32.07 % 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 9 233 620 persons are entitled to an EHIC and therefore the coverage ratio of EHIC is 6.6 %.

****** DK: The figure of 5.8 million is the number of Danish inhabitants in 2020, and not the actual number of Danish insured persons. The Danish healthcare system is residence-based i.e., all persons registered as residents in Denmark, will be enrolled in the Danish health insurance scheme. However, some persons are entitled to be insured in Denmark pursuant to EU-legislation (Regulation (EC) No. 883/2004 on the coordination of social security systems or the Withdrawal Agreement between EU and the UK), even though they are not residing in Denmark - and other persons residing in Denmark are insured at the expense of another Member State pursuant to the Regulations and the Withdrawal Agreement, and thus will not be entitled to a Danish issued EHIC, but must apply for the EHIC from their Competent Member State.

Source: Administrative data EHIC Questionnaire 2023

Member States were asked to report any specific legislative or administrative changes that influenced the evolution of the number of EHICs issued during 2022. 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[20]. Other than this, no Member State mentioned any legislative or administrative changes in 2022.

[20] For further information see www.chipkarte.at/foto.

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.

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).

None of the reporting Member States indicated a change of the EHIC procedure in 2022.[21] The time it takes to issue an EHIC in 2022 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 the United Kingdom reported a change in the issuing procedure for a PRC in 2022. This is not a change for the insured person, but for the Member States requests, which can now occur through RINA (Reference Implementation for a National Application).

[21] The Single Digital Gateway Regulation requires Member States to ensure that citizens and businesses can access and complete several administrative procedures fully online by 12 December 2023. One of these procedures relate to the application for the EHIC

Table 2 - Issuing procedure of EHIC and PRC, 2022

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, EESSI
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	desk, e-mail, internet	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: 10 days Agricultural scheme: 11 days on average	internet, e-mail, post
HR	internet, desk, post, automated machines	1.45 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 8 days	fax, e-mail, citizen portal
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, post	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	The EHIC is delivered to the post office no later than the following working day after the successful order. At time of maximum orders (e.g., June or July), insured persons may receive an EHIC a little later.	fax, e-mail
SK	post, fax, e-mail, internet, desk, mobile application, telephone	Max 10 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; longer by post	fax (in rare cases e-mail)
IS	internet, telephone, e-mail	3 days	e-mail, internet, fax
LI	internet, telephone, post, fax, e-mail	2 weeks	e-mail
NO	internet, telephone	max 10 working days	fax, post, digitally
CH	issued automatically (telephone, fax, e-mail)	14 days up to a maximum of 4 weeks (faster by using the customer app)	fax, e-mail, phone
UK	internet, telephone, post	The target for EHIC is to issue the card withing 10 working days of approval	e-mail, RINA

Source: Update based on administrative data EHIC Questionnaire 2023

Table 3 gives an overview of the validity period of the EHIC for all Member States. None of the Member States reported a change in validity period in 2022. However, Liechtenstein reported a validity period of 12 months in 2021 (for asylum seekers and short-term residences) and 66 months for other, while in 2022 they reported a validity period of 5 years for all insured persons until 31/03/2027.

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 Czechia 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, 2022

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 (insured persons), 3 years or max. to the end date of their entitlement (entitled persons)
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 (this depends on the existing insurance periods), 10 years (pensioners), at least for 5 years (children up to the age of 14)
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	5 years (all insured persons until 31/03/2027)
NO	3 years (regular membership), 1 year (temporary membership)
CH	5 years (all categories), 10 years (several health insurer)
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 2023

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 2022 to improve both 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)*.[22] Especially in tourist areas, it is important that tourists and healthcare providers are well informed.

To inform insured persons, almost all Member States refer to information which can be found online, often referring to the 'National contact points for cross-border healthcare' and the linked websites.[23] Furthermore, many make note of presentations given to insured persons, mailings, flyers, posters, magazines, and newspaper articles. Additionally, press releases or information campaigns are held, and this primarily happens before vacations periods (DK, LV, SI, and SE). Besides these traditional media channels, certain Member States (EE, NL, and SE) mentioned the use of social media to reach a wider audience and inform insured persons.

Regarding specific campaigns held in 2022 to inform insured persons, only Spain and France mentioned having done so. In Spain, from the Institution for Sea-Workers, an information campaign has been carried out on the mobile application "ISM IN YOUR POCKET" through which people can request the EHIC. France set up a campaign to order the EHIC in June 2022 to inform insured persons of the possibility of ordering it via the ameli.fr account.

To inform healthcare providers, the channel mentioned most often is once more a website. Moreover, information channels such as training sessions, written instruction, umbrella organisations, direct guidance, and leaflets are mentioned by the reporting Member States. Finland mentioned specifically that the Finnish NCP promoted patients' rights on social media. These social media campaigns shared information about health care in the UK and receiving health care while travelling. The campaigns increased visits to the Finnish NCP's website[24].

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

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 can 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.

[22] 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

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

[24] See https://www.eu-healthcare.fi/

[25] https://ec.europa.eu/social/main.jsp?catId=559 ; https://ec.europa.eu/social/main.jsp?langId=en&catId=559&furtherNews=yes&newsId=10635

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[26]. 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[27]. 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 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.[28]

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.[29] This implies that, for 2022, the E125 forms/SEDs 080 received/issued are (mainly) applicable to necessary healthcare provided in 2021.[30] Moreover, Decision H11 of the Administrative Commission[31] 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 still might have an impact on the figures reported for 2022.

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 1 105 019 forms received[32]), Germany (a total number of

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

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

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

[29] In case the claim is recorded in October 2022 by the Member State of stay it should be introduced to the competent Member State up to 31 December 2023. 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.

[30] 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*.

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

[32] However, only for 109 741 forms the amount is already paid, it therefore concerns the number of forms for which an amount is claimed.

501 947 forms received), the United Kingdom (a total number of 317 460 forms received), and Italy (a total number of 242 273 forms received, data 2020) (*Table 4*). In terms of the amount of claims received/paid, there is a clear top three, namely the United Kingdom (EUR 277 million), France (EUR 247 million), and Germany (EUR 221 million). Together, the amount claimed to these Member States stands for 80.8 % of all EU-27 claims for reimbursement of the costs of medical treatments provided by the Member State of temporary stay. Furthermore, the total amount of claims received/paid surpassed EUR 50 million in the Netherlands and Poland.

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 most of the claims via an E125 form. Only in Belgium (49.5 %, data 2021), 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 the Netherlands (22.1 %), Poland (14.2 %), and Finland (18.8 %). However, in the Netherlands and Poland, the share in the total amount paid via this other procedure is much lower (5.0 % compared to 22.1 %, and 8.5 % compared to 14.2 % respectively).

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 Belgium (791 311), Portugal (247 874), and Spain (165 867). Furthermore, the flows from Germany to Poland (Member State of treatment), and from the United Kingdom to France 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 0.11 % of total healthcare spending related to benefits in kind. Only Latvia, Lithuania, and Bulgaria 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 because 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 2022. For most competent Member States, the number of claims received as well as the amount to be reimbursed increased in 2022 compared to 2021. Only Greece still shows a remarkable decrease, both in number of forms received (-86 %), and amount paid (-88 %).

Table 4 - Reimbursement by the competent Member State, 2022

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	0.11 %	42.6 %	7.9 %	49.5 %	83.2 %	5.9 %	11.0 %
BG	23 358	27 113 593	49	182 937			23 407	27 296 530	0.91 %	99.8 %	0.2 %		99.3 %	0.7 %	
CZ	38 681	20 567 822	1 238	225 848			39 919	20 793 670	0.16 %	96.9 %	3.1 %	0.0 %	98.9 %	1.1 %	0.0 %
DK	19 645	7 040 696	3 341	409 812			22 986	7 450 508	0.04 %	85.5 %	14.5 %	0.0 %	94.5 %	5.5 %	0.0 %
DE**	491 318	221 127 758	10 629				501 947	221 127 758	0.07 %	97.9 %	2.1 %	0.0 %			
EE	3 487	4 032 278	243	57 185			3 730	4 089 463	0.33 %	93.5 %	6.5 %	0.0 %	98.6 %	1.4 %	0.0 %
IE	22 743	10 233 994	171	15 789			22 914	10 249 783	0.05 %	99.3 %	0.7 %	0.0 %	99.8 %	0.2 %	0.0 %
EL	71	26 011					71	26 011	0.00 %						
ES	73 883	45 450 713	1 953	449 131			75 836	45 899 844	0.06 %	97.4 %	2.6 %	0.0 %	99.0 %	1.0 %	0.0 %
FR***	1 080 188	223 351 225	9 534	2 124 748	15 297	21 918 198	1 105 019	247 394 171	0.12 %	97.8 %	0.9 %	1.4 %	90.3 %	0.9 %	8.9 %
HR	12 308	9 092 331	824				13 132	9 092 331	0.27 %	93.7 %	6.3 %	0.0 %			
IT****	240 848		1 384		41		242 273			99.4 %	0.6 %	0.0 %			
CY															
LV	5 779	6 581 956	174	34 435	21	14 183	5 974	6 630 575	0.55 %	96.7 %	2.9 %	0.4 %	99.3 %	0.5 %	0.2 %
LT	12 179	17 881 147	667	257 506	78	11 831	12 924	18 150 484	0.78 %	94.2 %	5.2 %	0.6 %	98.5 %	1.4 %	0.1 %
LU															
HU***	7 618	5 767 091	638	204 878			8 256	5 971 969	0.09 %	92.3 %	7.7 %	0.0 %	96.6 %	3.4 %	0.0 %
MT	508	291 462	19	14 909	0	0	527	306 371	0.04 %	96.4 %	3.6 %	0.0 %	95.1 %	4.9 %	0.0 %
NL	72 721	70 301 922	11	31 455	20 655	3 698 306	93 387	74 031 684	0.11 %	77.9 %	0.0 %	22.1 %	95.0 %	0.0 %	5.0 %
AT	58 651	21 737 436	1 050				59 701	21 737 436	0.08 %	98.2 %	1.8 %	0.0 %			
PL**	67 452	59 321 090	4 017	1 243 088	11 862	5 636 586	83 331	66 200 763	0.28 %	80.9 %	4.8 %	14.2 %	89.6 %	1.9 %	8.5 %
PT	39 722	8 374 241	477	160 833			40 199	8 535 075	0.07 %	98.8 %	1.2 %	0.0 %	98.1 %	1.9 %	0.0 %
RO	31 194	49 829 699	336	25 817			31 530	49 855 516	0.49 %	98.9 %	1.1 %	0.0 %	99.9 %	0.1 %	0.0 %
SI	18 510	4 800 026	156	257 055			18 666	5 057 081	0.15 %	99.2 %	0.8 %	0.0 %	94.9 %	5.1 %	0.0 %
SK	36 561	15 936 308	1 063	366 502	724	62 000	38 348	16 364 809	0.34 %	95.3 %	2.8 %	1.9 %	97.4 %	2.2 %	0.4 %
FI**	10 200	3 740 000	72	17 096	2 376	1 947 135	12 648	5 704 231	0.04 %	80.6 %	0.6 %	18.8 %	65.6 %	0.3 %	34.1 %
SE	30 627	13 470 954	1 926	229 006			32 553	13 699 961	0.04 %	94.1 %	5.9 %	0.0 %	98.3 %	1.7 %	0.0 %
IS															
LI	1 693	710 541					1 693	710 541							
NO			449	132 033			449	132 033	0.00 %						
CH*****	42 127	83 437 730	6 796				48 923			86.1 %	13.9 %	0.0 %			
UK**	315 668	275 317 311	1 677	2 107 005	115		317 460	277 424 316	0.15 %	99.4 %	0.5 %	0.0 %	99.2 %	0.8 %	0.0 %
EU-27*	**2 437 601**	**877 410 590**	**47 238**	**8 515 841**	**96 805**	**37 413 798**	**2 581 644**	**923 340 229**	**0.11 %**	**92.0 %**	**3.8 %**	**4.4 %**	**94.8 %**	**1.9 %**	**3.4 %**

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

** For DE, PL, FI, and UK 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, 109 741 forms are reported for EUR 57 962 104.

**** IT: data 2020. BE: data 2021. The number of E125 received only concerns forms received electronically. For E125 received it concerns the amount claimed instead of the amount paid.

*****CH: E126 issued contains 2107 invoices regarding to form E 126, not the number of forms. Regarding S067/068: contains 4689 forms, not the number of invoices.

Source: Administrative data EHIC Questionnaire 2023

Table 5 - Evolution of the number of claims received (E125) and amount paid by the competent Member State, 2017-2022

	E125 forms received								Amount paid (in €)							
	2017	2018	2019	2020	2021	2022	Change in number of claims 2021 vs. 2022	% Change 2021 vs. 2022	2017	2018	2019	2020	2021	2022	Change in number of claims 2021 vs. 2022	% Change 2021 vs. 2022
BE	47 213	44 306	60 579	53 160	39 349				32 644 222	47 650 399	48 423 716		31 340 837			
BG	48 307	27 088	20 961	51 441	26 594	23 358	-3 236	-12 %	29 125 472	20 575 676	52 528 293	50 408 330	26 386 488	27 113 593	727 105	3 %
CZ	41 715	45 050	45 894	42 493	32 526	38 681	6 155	19 %	19 526 710	20 225 316	21 082 013	19 011 697	15 683 549	20 567 822	4 884 274	31 %
DK	20 870	23 852	25 774	26 445	13 272	19 645	6 373	48 %	9 191 351	12 124 217	12 962 953	3 134 958	10 323 648	7 040 696	-3 282 952	-32 %
DE**	562 454	547 076	559 175	522 625	392 212	491 318	99 106	25 %	228 765 682	219 630 849	251 407 990	221 661 761	172 106 314	221 127 758	49 021 443	28 %
EE	6 344	7 678	4 859	6 064	4 040	3 487	-553	-14 %	2 885 953	7 637 246	3 918 489	5 564 919	2 784 383	4 032 278	1 247 896	45 %
IE	38 505	29 986	30 557	31 884	17 697	22 743	5 046	29 %	12 073 874	11 282 798	11 745 985	13 140 746	10 966 198	10 233 994	-732 204	-7 %
EL		16 344	16 344	13 325	520	71	-449	-86 %		15 199 952	15 199 952	13 479 453	222 555	26 011	-196 544	-88 %
ES	106 264	101 022	81 115	76 612	81 772	73 883	-7 889	-10 %	70 419 940	60 237 380	55 624 712	44 032 353	57 446 552	45 450 713	-11 995 839	-21 %
FR**	195 710	184 506	184 506	234 512	583 063	1 080 188	497 125	85 %	103 365 056	121 184 596	121 184 596	91 317 657	134 691 367	223 351 225	88 659 858	66 %
HR	14 676	13 495	15 085	13 315	11 875	12 308	433	4 %	8 085 130	8 152 210	8 742 086	7 655 959	9 081 741	9 092 331	10 590	0 %
IT	182 672	290 178	290 178	240 848					152 280 221							
CY	2 423	4 934	4 038							10 947 941						
LV	4 981	5 467	6 261	6 475	5 670	5 779	109	2 %	2 705 759	5 388 163	3 118 557	5 976 415	12 343 387	6 581 956	-5 761 431	-47 %
LT	9 481	8 792	8 824	9 345	7 026	12 179	5 153	73 %	8 690 845	7 661 360	8 363 021	10 171 445	9 211 687	17 881 147	8 669 460	94 %
LU																
HU	21 805	18 479	18 674	15 895	9 245	7 618	-1 627	-18 %	11 888 216	10 784 135	10 412 916	8 908 334	6 382 718	5 767 091	-615 627	-10 %
MT	1 513	1 980	1 157	1 314	572	508	-64	-11 %	576 462	45 506	737 101	257 000	237 405	291 462	54 057	23 %
NL	78 465	90 533	87 409	84 063	57 236	72 721	15 485	27 %	56 953 247	62 330 938	78 369 190	69 857 914	43 018 359	70 301 922	27 283 564	63 %
AT	114 511	92 142	87 455	58 461	50 881	58 651	7 770	15 %	36 093 411	27 398 192	30 064 621	23 722 737	19 593 530	21 737 436	2 143 906	11 %
PL**	80 697	76 811	79 108	71 590	62 043	67 452	5 409	9 %	49 515 980	128 784 453	122 037 817	52 533 482	31 594 837	59 321 090	27 726 253	88 %
PT	39 747	37 603	39 037	40 646	36 882	39 722	2 840	8 %	13 335 791	41 555 169	43 188 975	4 990 877	4 309 697	8 374 241	4 064 545	94 %
RO	47 085	0	29 077	29 056	18 290	31 194	12 904	71 %	49 358 133	0	35 248 192	36 945 765	66 226 551	49 829 699	-16 396 852	-25 %
SI	59 273	19 516	19 516	19 250	14 026	18 510	4 484	32 %	19 301 621	4 286 196	4 286 196	7 186 609	7 607 719	4 800 026	-2 807 693	-37 %
SK	40 936	33 396	32 863	33 751	26 313	36 561	10 248	39 %	17 224 481	15 242 326	15 832 268	17 672 727	14 201 472	15 936 308	1 734 836	12 %
FI**	17 800	25 300	23 500	9 700	13 400	10 200	-3 200	-24 %	6 798 000	8 850 000	7 500 000	4 150 000	5 360 000	3 740 000	-1 620 000	-30 %
SE	49 192	60 131		38 404	26 793	30 627	3 834	14 %	27 473 212	21 657 364		15 375 798		13 470 954		
IS	4 240	3 610							1 308 052	533 908						
LI	2 035					1 693			974 702					710 541		
NO			131 341								7 475 516					
CH	72 777	59 213	69 114	62 246	41 949	42 127	178	0 %						83 437 730		
UK**		156 573	156 573	320 690	252 354	315 668	63 314	25 %		101 116 319	101 116 319			275 317 311		
EU-27*					**1 491 948**	**2 157 404**	**665 456**	**45 %**					**659 780 157**	**832 598 799**	**172 818 642**	**26 %**

* EU-27: calculated for Member States that provided data for both 2021 and 2022.

** For DE, PL, FI, and UK it concerns the amount claimed for E125 received, not the amount paid. 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, 109 741 forms are reported for EUR 57 962 104.

Source: Administrative data EHIC Questionnaire 2018-2023

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, data 2021), Spain (310 575 E125 forms), Germany (256 116 forms, including 245 691E125 forms), and Poland (211 969 forms, including 211 661 E125 forms) (*Table 6*). Croatia, Italy, and Portugal are close runners-up with more than 120 000 forms each. The highest amounts of reimbursement were received by Germany (EUR 207.0 million claimed), Spain (EUR 145.6 million), France (EUR 129.5 million), and Austria (EUR 116.8 million).

On average, 94 % of the claims were settled via an E125 form. This confirms the earlier conclusion that most of the claims are settled between Member States and not between insured persons and their competent Member State. Several 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 primarily the case in Romania (50.2 %), as well as in France (17.5 %). 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 both Member States, the amount covered by the E126 forms compared to the amount covered by the E125 forms appears to be (much) lower, namely 11.6 % and 1.6 % respectively.

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, data 2021), to Germany for the reimbursement of necessary unplanned care provided in Poland (113 832 forms), and to Germany for unplanned care provided in Austria (113 392 forms) (*Table a4*).

From the perspective of the Member State of treatment, it is also useful to know how high claims are in relative terms. Only Belgium, Malta, Austria, and Croatia 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 0.07 %. On average, the budgetary impact amounts to 0.08 %, which is equal to the share in 2021 and 2020.

In 2022, the number of claims for reimbursement of necessary unplanned care issued by the Member State of treatment has remained relatively stable compared to 2021 *(Table 7)*. The number of claims for reimbursement increased by 4 %. In most Member States a growth can be noted, most notably in Greece and Latvia.

Table 6 - Reimbursement to the Member State of stay or to the insured person, 2022

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	0.28 %	99.3 %	0.7 %	99.3 %	0.7 %
BG	8 371	2 604 660	688		9 059	2 604 660	0.09 %	92.4 %	7.6 %		
CZ	61 582	22 723 902	868		62 450	22 723 902	0.17 %	98.6 %	1.4 %		
DK	12 397	7 482 598	95		12 492	7 482 598	0.04 %	99.2 %	0.8 %		
DE* **	245 691	206 976 896	10 425		256 116	206 976 896	0.07 %	95.9 %	4.1 %		
EE* **	4 620	1 421 448	125	31 852	4 745	1 453 301	0.12 %	97.4 %	2.6 %	97.8 %	2.2 %
IE	6 127	1 526 328	122		6 249	1 526 328	0.01 %	98.0 %	2.0 %		
EL	5	720			5	720	0.00 %				
ES	310 575	145 600 847			310 575	145 600 847	0.20 %				
FR** **	44 797	127 416 488	9 534	2 124 748	54 331	129 541 236	0.06 %	82.5 %	17.5 %	98.4 %	1.6 %
HR	146 103	22 770 770	2 727		148 830	22 770 770	0.68 %	98.2 %	1.8 %		
IT	137 554				137 554						
CY											
LV	2 333	349 824	151	17 274	2 484	367 098	0.03 %	93.9 %	6.1 %	95.3 %	4.7 %
LT	3 573	1 010 598	192	99 794	3 765	1 110 392	0.05 %	94.9 %	5.1 %	91.0 %	9.0 %
LU											
HU	15 132	2 508 493	126	14 830	15 258	2 523 323	0.04 %	99.2 %	0.8 %	99.4 %	0.6 %
MT	5 065	2 052 410	42	15 256	5 107	2 067 666	0.30 %	99.2 %	0.8 %	99.3 %	0.7 %
NL	66 475	23 989 733	3 050		69 525	23 989 733	0.04 %	95.6 %	4.4 %		
AT	178 434	115 557 381	9 790	1 287 746	188 224	116 845 127	0.42 %	94.8 %	5.2 %	98.9 %	1.1 %
PL* **	211 661	30 604 141	308	52 965	211 969	30 657 105	0.13 %	99.9 %	0.1 %	99.8 %	0.2 %
PT	125 002	5 701 055	1 495	356 244	126 497	6 057 298	0.05 %	98.8 %	1.2 %	94.1 %	5.9 %
RO	2 563	1 229 368	2 584	160 675	5 147	1 390 043	0.01 %	49.8 %	50.2 %	88.4 %	11.6 %
SI	16 370	3 912 705	302		16 672	3 912 705	0.11 %	98.2 %	1.8 %		
SK	23 752	6 740 051	397	146 237	24 149	6 886 288	0.14 %	98.4 %	1.6 %	97.9 %	2.1 %
FI* **	5 418	4 330 514	440		5 858	4 330 514	0.03 %	92.5 %	7.5 %		
SE	25 115	21 752 752	781	314 632	25 896	22 067 385	0.07 %	97.0 %	3.0 %	98.6 %	1.4 %
IS					0		0.00 %				
LI	289	395 694			289	395 694					
NO			302		302		0.00 %				
CH	52 303				52 303		0.00 %				
UK* **	7 113	22 526 520			7 113	22 526 520	0.01 %				
EU-27*	**1 982 151**	**850 490 999**	**46 420**	**5 280 406**	**2 028 571**	**855 771 405**	**0.08 %**	**94.3 %**	**5.7 %**	**96.8 %**	**3.2 %**

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

** BE: data 2021. The numbers are the total of E.125 (claims and credit notes) sent to other MS for healthcare provided on the basis of an EHIC/PR

*** BE, DE, EE, FR, PL, FI, UK: it concerns the amount claimed for E125 issued, not the amount received. FI: it concerns the number of E125 issued with the amount claimed.

**** FR: for E125 issued, it concerns the number of forms for the amount claimed, as well as the amount claimed instead of the amount received. For the amount received, 5 763 forms are reported for EUR 19 793 450.

Source: Administrative data EHIC Questionnaire 2023

Table 7 - Evolution of the number of claims issued (E125) and amount received by the Member State of treatment, 2017-2022

	E125 forms issued								Amount received (in €)							
	2017	2018	2019	2020	2021	2022	Change in number of claims 2021 vs. 2022	% change 2021 vs. 2022	2017	2018	2019	2020	2021	2022	Change in number of claims 2021 vs. 2022	% change 2021 vs. 2022
BE	66 889	69 310	69 310	392 300	323 436				86 941 856	88 390 949	89 991 289		92 227 316			
BG	4 748	6 867	6 091	7 228	8 027	8 371	344	4 %	1 097 197	1 785 396	1 708 979	2 542 974	2 004 429	2 604 660	600 231	30 %
CZ	52 577	52 164	51 166	39 697	34 196	61 582	27 386	80 %	13 050 021	14 216 387	15 947 032	14 084 004	6 776 247	22 723 902	15 947 656	235 %
DK	4 239	11 684	7 594	15 389	8 518	12 397	3 879	46 %	2 143 563	4 561 362	4 734 063	3 006 383	5 391 829	7 482 598	2 090 769	39 %
DE	390 588	346 339	335 102	300 507	243 256	245 691	2 435	1 %	221 466 274	209 673 688	216 049 994	198 334 940	184 186 016	206 976 896	22 790 880	12 %
EE	5 315	10 039	8 478	3 649	3 506	4 620	1 114	32 %	1 131 312	1 591 817	1 516 434	1 807 298	1 077 152	1 421 448	344 297	32 %
IE	18 744	20 284	17 289	12 502	4 497	6 127	1 630	36 %	1 636 829	3 899 343	3 625 302	2 465 900	3 676 513	1 526 328	-2 150 185	-58 %
EL		52 634	52 634	7 796	<5	5	4	400 %		4 884 160	4 884 160	9 146 600	17	720	703	4 179 %
ES	393 134	447 505	392 550	161 821	302 980	310 575	7 595	3 %	188 589 526	214 305 342	206 032 525	78 857 220	166 691 977	145 600 847	-21 091 129	-13 %
FR	82 245	79 327	79 327	67 097	37 082	44 797	7 715	21 %	166 298 633	169 541 854	169 541 854	152 163 355	112 400 047	127 416 488	15 016 441	13 %
HR	120 167	134 778	137 889	128 890	97 752	146 103	48 351	49 %	14 449 124	15 581 043	16 858 366	15 905 008	16 234 186	22 770 770	6 536 584	40 %
IT	142 219	155 144	155 144	136 527		137 554	1 027	1 %	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	2 333	1 461	168 %	225 498	293 608	322 124	427 065	385 428	349 824	-35 604	-9 %
LT	3 621	4 119	4 834	4 327	2 081	3 573	1 492	72 %	732 076	723 001	970 289	873 226	571 373	1 010 598	439 225	77 %
LU																
HU	20 144	20 275	19 497	11 566	11 296	15 132	3 836	34 %	4 233 122	4 457 117	4 049 205	2 073 285	2 947 105	2 508 493	-438 612	-15 %
MT	5 111	6 107	7 451	2 972	5 201	5 065	-136	-3 %	989 189	1 465 453	2 113 381	934 909	1 760 204	2 052 410	292 206	17 %
NL	49 332	24 706	282 730	112 825	87 976	66 475	-21 501	-24 %	54 762 440	30 862 794	148 387 979	47 595 648	44 954 569	23 989 733	-20 964 836	-47 %
AT	238 237	236 139	237 895	200 304	127 447	178 434	50 987	40 %	115 905 327	119 524 723	115 334 850	108 270 765	70 760 888	115 557 381	44 796 493	63 %
PL	231 439	228 906	229 685	207 846	203 835	211 661	7 826	4 %	24 144 540	24 504 400	24 067 900	24 149 391	19 963 906	30 604 141	10 640 235	53 %
PT	144 698	59 668	152 629	72 545	216 334	125 002	-91 332	-42 %	25 453 835	9 873 985	25 438 387	4 031 474	5 249 631	5 701 055	451 424	9 %
RO	2 099		846	2 745	3 303	2 563	-740	-22 %	985 308	0	530 442	1 282 788	1 526 660	1 229 368	-297 292	-19 %
SI	15 762	16 624	16 624	13 071	14 887	16 370	1 483	10 %	4 270 674	4 293 424	4 293 424	4 786 208	4 481 419	3 912 705	-568 714	-13 %
SK	32 726	67 481	33 570	26 045	12 601	23 752	11 151	88 %	3 914 611	7 236 290	6 829 098	5 567 154	1 613 876	6 740 051	5 126 175	318 %
FI	7 614	6 796	7 106	5 964	8 510	5 418	-3 092	-36 %	5 024 910	4 906 878	5 168 114	4 707 813	5 718 897	4 330 514	-1 388 382	-24 %
SE	26 088	31 433	19 962	44 218	29 386	25 115	-4 271	-15 %	25 581 038	23 304 283	19 496 529			21 752 752		
IS	3 652	4 286							2 257 679	2 637 669						
LI	1 349	271	535	305	878	289	-589	-67 %	1 025 792	188 143	213 825	238 514	646 651	395 694	-250 957	-39 %
NO	618	1 557	2 074	1 720	768				466 573	7 874 704	2 315 260	2 371 478	703 676			
CH	52 237	52 110	46 135	35 311	33 326	52 303	18 977	57 %	70 963 100	77 595 651	71 342 568	56 768 400	59 298 647			
UK		15 081	15 081	18 777	12 684	7 113	-5 571	-44 %		20 448 034	20 448 034	38 461 778	11 412 131	22 526 520	11 114 389	97 %
EU-27*					**1 463 544**	**1 521 161**	**57 617**	**4 %**					**658 372 367**	**736 510 930**	**78 138 563**	**12 %**

* EU-27: calculated for Member States that provided data for both 2021 and 2022.

** For BE, DE, EE, FR, PL, FI, and UK it concerns the amount claimed for E125 issued, not the amount received. FR: for E125 issued, it concerns the number of forms for the amount claimed, as well as the amount claimed instead of the amount received. For the amount received, 5 763 forms are reported for EUR 19 793 450.

Source: Administrative data EHIC Questionnaire 2018-2023

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[33] (Germany, Estonia, Spain, Lithuania, Slovakia, Finland). France reported there are a few of these cases, and Croatia also stated there are such cases. Only two Member States could quantity the number of cases in 2022. Romania reported 18 such cases, which is in line with the 12 cases identified in 2021. Sweden mentioned 6 991 such cases so far.

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, 13 Member States[34] were aware of refusals of EHICs in their own country, while 12 Member States[35] were unaware of any refusals in their country. Concerning refusals in another Member State, 18 Member States[36] were aware of this happening, whereas 7 Member States[37] reported no such cases occurred in 2022.

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 is one of the most often mentioned reasons for 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. A final reason mentioned by several Member States is the uncertainty about the design of the EHIC.

[33] DE, EE, ES, LT, MT, PT, SK, FI, and NO.

[34] CZ, DK, DE, EE, FR, HR, LU, HU, AT, PL, RO, SE, and CH.

[35] IE, ES, LV, LT, MT, NL, PT, SI, SK, FI, LI, and UK.

[36] CZ, DK, EE, ES, FR, HR, LU, HU, MT, NL, AT, PL, PT, SI, FI, SE, NO, and CH.

[37] IE, LV, LT, RO, SK, LI, and UK.

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

- lack of information/knowledge regarding procedures;
- preference of cash payment;
- to avoid administrative burden;
- considered as planned healthcare (e.g., in case of pregnancy/childbirth);
- 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.

6.2. The notion of necessary care

Even though the Administrative Commission Decisions[38] further explain the notion of necessary care, and the European Commission has issued explanatory note[39] 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, 11 Member States[40] reported they still experience problems with this notion, whereas 13[41] did not experience problems with the alignment of rights.

Healthcare providers of the Member States of stay may refuse to provide healthcare based on 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. Three main issues are mentioned 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[42] and covered by the EHIC. There is still some confusion concerning specific situations such as pregnancy or childbirth, chronically ill persons or persons with pre-existing conditions, and highly specialised care. For certain healthcare providers it is not clear whether they can be treated based on an EHIC.

The following paragraph of AC Decision S3 appears to pose interpretation questions: "Any vital medical treatment which is only accessible in a specialised medical unit and/or by specialised staff and/or equipment must in principle be subject to a prior agreement

[38] 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'.

[39] 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.

[40] CZ, DK, DE, ES, FR, AT, PL, PT, SK, FI, and CH.

[41] EE, IE, HR, LV, LT, LU, HU, MT, NL, RO, SI, SE, and LI.

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

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".[43] 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 interpret the concept of 'necessary healthcare' which highlights the issue of the lack of a precise definition. On the one hand, healthcare providers may understand this as 'urgent/lifesaving care', causing them to only accept the EHIC in these situations. On the other hand, patients might interpret it as 'all the care one needs', thus expecting to also use the EHIC for planned healthcare.

Third, the expected length of the stay should be considered, 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 considered.

6.3. Invoice rejection

A high number of reporting Member States indicated that invoices were rejected by their institutions (19 Member States[44]) or in other countries (19 Member States[45]). Four Member States[46] were not aware of any cases of rejections by institutions in other Member States, and three[47] did not know of any rejections by their own institutions.

A frequently cited reason 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. Furthermore, a duplication of claims or double invoice seems to be a common problem, as well as the difficulty of identifying the insured person.

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
  - insufficient information concerning the EHIC

[43] 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.

[44] CZ, DK, DE, ES, FR, HR, IT, LV, LT, HU, AT, PL, PT, RO, SI, SK, SE, LI, and CH.

[45] CZ, DK, DE, IE, ES, FR, HR, IT, LV, LT, HU, AT, PL, PT, RO, SI, SK, SE, and CH.

[46] LU, MT, LI, and UK.

[47] LU, MT, and UK.

- duplication of claims
- uninsured person (during the benefit period)

Fourteen Member States were able to (partly) quantify the number of rejected invoices by their institutions or other institutions. Those cases could be compared with the total number of claims of reimbursement received or issued by an E125 form.

Most rejections in other countries were reported by Germany, namely 14 787. The unweighted average for the share of rejections in other countries in total reimbursement claims issued amounts to 9.0 %. However, there are large differences between Member States. For instance, a high percentage of claims for reimbursement from Hungary (34.6 %) and Romania (54.5 %) were rejected. Both for Romania and Hungary this is a serious increase compared to previous reference years. In Romania, the share increased from 13.4 % in 2021 to 54.5 % in 2022, and in Hungary it grew from 4.8 % in 2020, to 20.3 % in 2021, to 34.6 % in 2022.

From the other perspective, Hungary rejected most claims by its own institutions, namely 10 294, followed by Germany (4 525), and Czechia (2 360). For Hungary, this is again a remarkable increase from 1 753 rejected claims in 2021. Furthermore, the rejection share in 2022 exceeds 100 % in Hungary, while in 2021 it amounted to 18.3 %, and in 2020 to only 1.2 %. The average share of rejections in total reimbursement claims received reaches 10.0 %.

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.

Table 8 - Number of rejection of invoices, 2022

MS	Rejections by institutions in other countries	Share of rejections in total reimbursement claims issued**	Rejections in 2021	Rejections by your institutions	Share of rejections in total reimbursement claims received***	Rejections in 2021
CZ	1 451	2.3 %	1 388	2 360	5.9 %	2 213
DK	170	1.4 %	164	64	0.3 %	62
DE	14 787	5.8 %	12 240	4 525	0.9 %	4 115
ES				34	0.04 %	46
FR	1 919	3.5 %	1 427	401	0.04 %	524
HR	1 549	1.0 %	1 086	255	1.9 %	276
LV	167	6.7 %	18	24	0.4 %	19
LT	83	2.2 %	78	126	1.0 %	102
HU	5 282	34.6 %	2 302	10 294	124.7 %***	1 753
PL	858	0.4 %	924	736	0.9 %	902
RO	2 804	54.5 %	486	297	0.9 %	2 741
SI	375	2.2 %	389	276	1.5 %	211
SK	399	1.7 %		250	0.7 %	
SE	132	0.5 %		320	1.0 %	
Total*		**9.0 %**			**10.0 %**	

* Unweighted average of the reporting Member States. The weighted average amounts to 1.3 % for rejections by institutions in other countries, and 0.6 % for rejections by your institutions.

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

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

****HU reported 10 294 rejections of invoices by their institutions. However, this leads to a rejection share of over 100 % (124.7 %) as they received a total number of 8 256 claims in 2022.

Source: Administrative data EHIC Questionnaire 2022 and 2023

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 seven Member States[48] did not find any cases of fraud or error involving EHIC, eight Member States[49] did report inappropriate use. Six 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, Germany mentions that a forged EHIC is sometimes used while Slovakia indicates a case of falsified persons data on the EHIC. Germany, Croatia, and Lithuania mention that uninsured persons sometimes use an EHIC. Spain also reports that persons get insured, or enter a fictive work contract, just to obtain an EHIC. In terms of error, Spain states that an EHIC is used instead of a PD S2 for planned healthcare.

The highest number of cases were identified by Austria (801), a slight decrease from 813 cases in 2021 (*Table 9*). When comparing the reported cases to the total number of claims paid, Austria has a share of 1.3 %, while the share stays under 0.5 % for Croatia, Lithuania, and Slovakia. The amounts involved are above EUR 300 000 in Austria and Germany, but are on the lower side in Italy, Lithuania, and Slovakia. The monetary impact for the reporting Member States remains limited.

Table 9 - Number of cases of inappropriate use (fraud and error) of the EHIC, 2022

	Total number of cases identified in 2022*	Total amount involved in 2022 (in €)	Share in total number of claims paid in 2022	Share in total amount reimbursed in 2022	Total number of cases identified in 2021
HR	50		0.4 %		27
AT	801	325 886	1.3 %	1.5 %	813
DE	Several	800 000		0.4 %	
IT		16 710			
LT	1	137	0.01 %		
SK	1	282	0.003%	0.002 %	

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

Source: Administrative data EHIC Questionnaire 2023

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[50] 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[51] indeed mentioned other difficulties, while 12[52] 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

[48] DK, EE, MT, RO, SI, FI, and UK.

[49] DE, ES, HR, IT, LT, AT, SK, and CH.

[50] IE, ES, HR, MT, PL, and SI.

[51] DK, DE, EE, FR, HU, MT, NL, AT, PL, and CH.

[52] CZ, IE, HR, LV, LT, LU, PT, RO, SI, FI, SE, 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, 2022

MS	Information for insured persons	Awareness-raising of the healthcare providers
BE		
BG	No	No
CZ	lectures and presentations for health insurance funds, other institutions, and the public	No
DK	In 2022, the Danish Patient Safety Authority published press releases before Easter and the holiday seasons about the coverage on the EHIC during temporary stays abroad. 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.	The regional patient advisors and the Danish Patient Safety Authority provide ongoing guidance to healthcare providers on the use of the EHIC. General 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 appropriate flyers, posters in companies, and by providing information when the EHIC or PRC is sent to the individual. The GKV-Spitzenverband, DVKA regularly informs the German health insurance companies about the EHIC procedure both by means of publications (circulars, guidelines, etc.) and in the context of seminars. On the website of the GKV-Spitzenverband; DVKA, in the "Tourists" section, insured persons can find the information sheet series "Holidays in...". The information sheets 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 in 2021 regarding entitlements under Directive 2011/24/EU. Up-to-date information is available at www.eu-patienten.de.	As a matter of principle, the service providers are informed via their respective umbrella associations. However, the GKV-Spitzenverband, DVKA is in contact with the corresponding contact persons of the central associations of the service providers and provides them with all relevant information. In cooperation with the respective umbrella associations of service providers, it has developed fact sheets on medical care for patients who are insured abroad. These fact sheets are updated regularly and contain comprehensive information on the procedure for presenting the EHIC or PRC. Health care providers can access this information at www.dvka.de ("Health Care Providers"). In addition, service providers also receive information from various German health insurance funds on how to handle the EHIC. There has been no new information campaign from the National Contact Point. Current information is available at www.eu-patienten.de.
EE	There were no specific campaigns but, as usual we did inform the general population via web banners, social media, and newspaper articles.	There were no specific campaigns, but we did inform healthcare providers via regular information days.
IE	In 2022, 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	Continuous information is maintained through the websites of the competent institutions to inform about the conditions of the EHIC, as well as the limits and responsibilities in its use. In the same way, information has been sent and published in the Institutional centres and by the Provincial offices themselves. From the Institution for Sea-Workers, an information campaign has been carried out on the mobile application "ISM IN YOUR POCKET" through which people can request the EHIC.	This is competence of the Ministry of Health, Consumption and Social Welfare
FR	Cnam-Cnse: A campaign to order the EHIC took place in June 2022 to inform insured persons of the possibility of ordering it via the ameli.fr account. Information was sent by SMS e-mail and voicemail. Ameli.fr has updated the article on care abroad to take account of the new procedure for issuing PDS2s by the CNSE medical department (AM's national contact point). CCMSA: No, there was no public information campaign in 2022.	Cnam-Cnse: The Ameli.fr articles on healthcare abroad have been updated to include information on medically assisted procreation. CCMSA: 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	No further information campaign in 2018; nevertheless, the institutional website shows useful information also regarding a link devoted to the directive. At regional level is in place a	

MS	Information for insured persons	Awareness-raising of the healthcare providers
	contact point for the implementation of Directive 2011/24/UE which is also available on the institutional portal. All competent institutions give information to patients/insured persons with different means, on the phone, by e-mail, and in the front-office way. In regard of Directive 2011/24/UE on the portal can be consulted a specific note illustrating conditions and procedure to access to reimbursement by the competent institution and the relevant information. It is also provided a juridical back office for the clerks of the cross-border mobility to whom insured persons can rely on. Some institutions give to entitled persons from other Member State holding EHIC an informative leaflet and detailed information on how to access to healthcare services. Training days for clerks of the cross-border mobility have been provided by some institutions according to the Directive 2011/24/UE as well.	
CY		
LV	We have regular informational campaigns - especially as summer/vacation time is approaching - about EHIC (how to receive and use it).	Healthcare providers are informed about EHIC on regular basis, and they contact us with their questions and problems. In 2022 we sent out several reminders about GHIC for UK nationals because we had several requests to clarify this information.
LT	The Information about EHIC is available on the web page of the National Health Insurance Fund under the Ministry of Health (NHIF) and the National Contact Point (NCP) for Cross-border healthcare. This information is updated on the regular basis. NHIF representatives participate in various public events (e.g., meetings with representatives of higher education institutions, European days, city festivals) during which they distribute booklets and disseminate information to the public about EHIC.	No, we do not have any ongoing or newly introduced initiatives in 2022. 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 at www.ehic.gov.mt. Also participated in TV broadcast and actively participated during an "EXPO" organised as the national Public service week and during "Europe Day" held in Malta and Gozo.	Training session for the staff working at different Medical Health Entities with the aim to provide information regarding the proper use of EHIC and issuance of the provisional replacement certificates. 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.	There were no National campaigns.
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 contractors are trained, they receive information on how to use the EHIC. Some carriers additionally inform about current developments by means of circular letters.
PL	There were no ongoing or new campaigns and initiatives in 2022	There were no ongoing or new campaigns and initiatives in 2022
PT	The information regarding the application of the Regulations and the Directive is disseminate through the Directive Portal, the Nacional Health System Portal, and the Patients Mobility Portal	No
RO	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 web site was created containing information relating only to EHIC and PCR: https://www.cardeuropean.ro/	No
SI	In 2022, 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	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.

MS	Information for insured persons	Awareness-raising of the healthcare providers
	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.	
SK	No	No
FI	No	The Finnish NCP promoted patients' rights on social media. These social media campaigns shared information about health care in the UK and receiving health care while travelling. 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 can directly 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 Health Guide 1177 and review the information on/in the website and their leaflets on cross-border healthcare annually or as necessary.
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 campaign in 2022.	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 2023

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, 2022

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		4 950	770	246	4 776	105	264	54	11 695	791 311	188	4 472		195	1 019		112	22	8 132	539	5 078	7 555	1 754		602	27	423		170	17		24 261
BG	307		133	95	2 332	17	52	0	326	1 243	7	661		10	15		11	<5	318	69	75	29	36		39	14	53		0	0		4 009
CZ	235	207		415	11 223	30	473	<5	1 629	1 801	212	2 210		164	94		94	10	838	1 346	11 528	679	80		20 525	5	557		405	5		5 097
DK	141	31	75		9 261	18	0	0	150	441	48	325		87	106		23	7	641	83	415	8	128		45	0	6		0	5		10
DE	7 290	11 592	6 129	4 143		634	1 346	5	18 501	23 341	7 582	58 147		1 848	5 826		4 485	109	12 475	24 971	43 930	6 437	8 371		6 604	104	5 406		500	115		46 643
EE	17	5	35	46	550		40	0	73	234	6	425		119	87		6	<5	52	56	25	11	0		5	243	159		<5	12		1
IE	18	<5	63	<5	1 047	15		0	1 479	2 115	99	3 279		36	27		15	5	224	70	690	125	56		108	<5	<5		0	0		71
EL	1 743	246	127	399	4 405	10	57		66	22 107	8	2 299		8	28		8	2	1 244	162	190	26	107		40	100	512		0	0		456
ES	26 213	1 350	1 858	4 110	48 213	477	8 188	<5		165 867	384	45 809		591	790		574	74	18 322	4 437	3 827	10 137	9 695		729	1 443	10 255		28	14		24 766
FR	27 069	516	492	1 284	7 042	85	544	<5	16 658		99	9 808		105	454		134	23	6 946	474	1 239	6 164	1 029		281	108	1 017		8	45		122 418
HR	539	13	3 823	639	91 061	36	344	0	414	4 169		7 036		47	82		390	14	2 074	10 993	3 250	55	66		1 806	16	2 180		19	11		1 052
IT	5 292	420	517	863	18 984	50	146	0	2 081	23 441	222			68	127		112	41	2 339	2 102	936	303	3 077		299	59	338		15	0		4 106
CY	52	129	9	40	169	14	13	<5	17	316	<5	31		21	24		16	<5	38	23	43	8	29		14	23	160		0	<5		897
LV	40	9	44	138	382	257	17	0	95	196	5	43			451		5	0	53	41	112	15	0		40	<5	114		0	0		451
LT	47	0	38	156	709	37	140	0	242	237	8	273		138			9	<5	100	33	244	49	<5		17	10	236		0	<5		861
LU	4 270	5	24	20	375	13	0	0	223	11 102	15	615		12	20		17	<5	324	29	73	698	87		14	29	6		<5	<5		253
HU	266	68	493	175	6 348	14	21	0	337	2 345	66	1 289		19	23			7	584	1 055	247	75	1 369		1 155	11	395		<5	0		52
MT	48	80	69	105	770	18	106	0	371	2 080	30	1 953		59	24		27		205	95	123	125	10		72	<5	219		0	<5		10
NL	5 952	423	447	425	13 151	145	638	<5	1 867	3 491	210	3 493		172	329		238	23		514	1 719	697	239		477	64	527		102	104		2 722
AT	1 760	1 136	4 467	3 059	103 930	145	525	<5	2 194	3 032	1 009	18 901		143	262		1 165	26	14 304		2 910	575	2 127		3 190	35	1 621		143	9		8 864
PL	3 315	937	6 815	5 456	126 673	67	8 334	0	4 087	7 235	178	10 773		115	396		145	34	14 057	2 358		419	252		791	19	6 197		80	7		48 546
PT	4 650	73	377	76	13 917	80	620	0	5 388	247 874	88	3 093		77	221		52	42	3 046	609	833		92		129	57	754		<5	<5		28
RO	240	26	17	28	104	2	12	0	567	1 536	0	1 404		0	<5		44	0	80	104	11	9			8	7	25		<5	0		339
SI	225	50	561	126	6 040	25	66	0	438	747	1 082	6 017		28	36		111	13	625	3 221	260	135	55		277	<5	177		6	0		678
SK	168	27	11 256	222	3 099	13	610	0	564	633	50	1 379		30	55		173	17	442	4 202	530	62	65			<5	143		127	<5		11 738
FI	74	61	176	12	920	886	44	0	558	1 000	57	478		219	281		25	10	396	176	134	157	61		75		124		0	<5		6
SE	392	288	425	134	7 851	416	0	0	1 052	3 020	436	1 974		906	1 243		164	17	1 758	315	2 164	429	1 004		470	<5			<5	46		1 654
IS	17	<5	84	20	1 048	29	8	0	258	636	17	209		91	5		0	6	305	70	220	18	17		14	0	7			7		165
LI	<5	<5	<5	0	63	0	0	0	0	0	0	27		0	<5		<5	0	<5	64	<5	6	2		0	0	0		0			5
NO	41	102	11	65	346	14	<5	0	30	172	8	62		33	113		<5	<5	212	20	135	0	27		16	<5	14		0	0		7
CH	1 888	495	489	481	15 821	78	131	0	4 466	17 543	167	53 770		90	96		94	10	2 721	1 272	989	5 193	270		345	49	921		78	35		7 294
UK	54	160	94	<5	1 337	0	0	0	10	814	26	3 220		543	687		0	0	529	198	1 398	0	1 421		161	11	<5		0	0		0
Total	**92 366**	**23 407**	**39 919**	**22 986**	**501 947**	**3 730**	**22 914**	**71**	**75 836**	**1 340 079**	**13 132**	**243 475**		**5 974**	**12 924**		**8 256**	**527**	**93 387**	**59 701**	**83 331**	**40 199**	**31 530**	**1 971**	**38 348**	**12 648**	**32 553**		**1 693**	**449**	**48 923**	**317 460**

* BE: data 2021. For E125 forms it only concerns forms submitted electronically. IE: for 171 E126 forms issued, no breakdown by Member State of treatment is possible. HR: for 824 E126 forms issued, no breakdown by Member State of treatment is possible. IT: data 2020. The total reported (242 273) does not correspond to the sum (243 475). SI: no breakdown possible. FI: for E125 forms received (10 200 forms) a breakdown is not possible. Therefore, it only concerns E126 and claims not verified by E126 in this table. CH: no breakdown possible.

** FR: for E125 forms received it concerns the number of claims received for the amount claimed, not paid. Therefore, it concerns 1 080 188 E125 forms received for the amount claimed, instead of 109 741 E125 forms received for which the amount is already paid. The total number of forms for which the amount is already paid amounts to 134 572.

Source: Administrative data EHIC Questionnaire 2023

Table a3 - Amount paid (in €) by the competent Member State for necessary healthcare received abroad, total, 2022

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		2 286 392	645 587	280 107	3 282 538	46 795	285 393	19 644	1 642 255	128 078 060	72 525			44 170	1 193 372		160 580	3 339	9 517 406	219 423	4 249 849	1 565 371	1 872 437		213 525	2 557	286 277		13 000	3 910		5 415 282
BG	91 062		111 196	43 404	1 513 604	11 111	19 752	0	97 467	243 363	22 946			1 114	9 794		2 838	5 033	193 089	31 900	28 715	18 835	27 018		31 248	1 846	23 888		0	0		1 661 324
CZ	23 957	184 367		63 184	3 830 779	5 151	352 269	16	157 722	425 998	47 757			51 685	37 790		23 626	838	172 881	174 643	5 662 767	59 593	68 903		4 176 506	1 145	48 124		59 645	746		2 266 437
DK	37 245	156 841	82 204		4 503 871	94 138	0	0	127 935	257 338	21 878			99 546	112 670		28 855	10 989	479 030	17 963	624 582	1 240	218 562		27 523	0	390		0	909		0
DE	4 399 835	12 933 410	6 975 945	3 015 082		607 175	791 302	503	10 292 185	11 558 582	5 310 396			2 531 695	8 379 702		2 381 507	40 199	15 920 459	11 841 221	33 291 679	3 584 507	11 465 811		5 548 342	52 452	3 202 668		223 292	35 989		34 407 561
EE	827	173	3 050	215	126 088		18 173	0	2 924	24 469	159			5 473	184 166		1 815	184	9 794	4 129	3 177	3 493	0		244	37 242	39 964		42	6 302		1 892
IE	3 337	6 932	11 217	0	153 604	573		0	199 935	361 179	14 793			16 197	7 601		653	964	28 595	19 666	201 220	0	18 963		12 944	70	885		0	0		1 462 187
EL	483 451	1 457 064	144 463	491	7 751 405	15 721	42 696		1 854	1 995 646	14 613			17	29 446		50 045	8 401	842 469	216 180	246 569	14 325	272 137		44 622	60 758	460 792		0	0		700 659
ES	8 618 342	2 269 179	959 863	1 055 414	31 252 821	261 665	4 559 178	220		35 398 995	122 964			199 210	546 503		454 937	54 567	8 377 088	1 637 609	2 081 177	5 376	9 376 198		158 432	1 649 213	4 479 079		61 217	5 061		17 127 693
FR	11 238 089	1 567 706	1 203 740	633 162	13 949 235	220 238	729 898	68	22 391 626		243 877			257 193	1 768 691		285 593	16 579	11 028 199	343 136	4 222 545	50 940	6 717 389		744 395	17 963	1 061 356		3 013	3 426		181 006 864
HR	63 978	8 513	506 949	404	14 235 511	3 756	82 512	0	35 416	555 740				468	6 074		44 287	744	2 286 070	1 020 652	339 116	0	35 506		142 877	2 534	569 570		10 933	1 539		296 645
IT	1 799 361	470 444	496 738	717 287	10 623 144	129 902	203 227	0	1 593 844	4 522 438	375 289			97 416	342 017		121 886	60 000	1 534 571	1 850 594	1 355 917	1 857	9 038 212		380 524	22 341	500 368		1 209	0		4 172 455
CY	10 166	179 458	43 571	3 894	139 396	9 551	502	3 493	2 917	71 704	13 851			33 223	18 530		15 840	1 838	12 010	2 123	85 438	4 554	152 383		4 169	4 615	25 043		0	299		1 373 031
LV	2 229	1 174	5 704	9 383	76 207	49 988	156	0	2 916	17 616	286				102 100		126	0	4 285	2 087	22 741	1 872	0		1 027	896	13 704		0	0		129 335
LT	4 485	911	50 834	32 537	139 971	16 848	16 940	0	26 370	23 712	1 071			51 006			3 178	307	22 979	1 534	166 028	1 971	117		1 393	1 832	2 712		0	585		445 946
LU	1 658 721	54 005	51 584	23 920	552 159	25 363	0	0	240 021	2 960 783	4 993			74 187	8 099		42 616	93	555 399	20 707	69 879	16 305	134 735		76 383	3 609	0		262	670		538 272
HU	46 192	25 369	85 145	27 213	914 442	1 693	0	0	86 695	485 056	15 446			3 058	6 202			118	94 406	216 905	66 685	0	639 280		193 180	7 045	74 345		98	0		625 598
MT	4 806	47 679	35 065	41 322	288 582	2 144	33 996	0	12 530	258 369	3 129			6 455	21 499		20 717		43 580	25 621	55 083	5 299	2 260		6 498	377	52 570		0	99		5 007
NL	5 031 025	1 285 189	529 360	407 291	17 019 446	181 917	171 100	2 024	1 121 375	2 040 201	204 866			87 327	493 941		173 862	27 756		380 517	2 734 803	2 734	1 058 469		402 063	8 847	764 288		62 215	19 558		2 756 622
AT	762 375	1 739 037	4 019 209	152 139	55 141 430	117 310	388 990	43	805 393	1 435 374	881 125			298 269	251 693		1 707 777	11 079	11 940 681		2 227 807	561 814	3 294 794		2 808 158	18 664	595 158		126 602	1 261		6 059 267
PL	332 483	229 236	546 447	356 928	12 238 620	7 047	1 724 915	0	275 832	815 654	30 292			55 387	103 048		17 426	862	1 482 795	228 834		25 668	83 899		113 628	2 953	369 912		2 371	3 124		5 349 072
PT	954 940	43 352	53 274	6 650	1 714 205	10 600	283 201	0	1 371 191	25 147 370	26 036			5 360	62 114		4 931	12 922	460 771	64 605	176 791		28 712		12 555	33 385	118 502		158	334		13 294
RO	41 767	17 761	17 960	14 942	0	23	91 689	0	51 223	252 292	0			0	1 655		32 064	0	19 774	33 902	3 608	2 283			7 098	1 004	22 803		354	0		163 313
SI	79 014	10 854	222 767	30 910	2 790 965	5 302	11 249	0	53 570	149 868	479 856			0	18 514		30 991	1 325	143 039	1 017 677	60 670	25	43 736		52 023	108	86 211		526	0		507 157
SK	80 999	8 565	2 456 573	43 422	589 627	871	90 430	0	53 975	96 934	12 082			4 739	27 348		49 158	4 409	86 093	538 531	281 209	5 786	87 896			1 016	14 962		16 868	8 088		2 233 130
FI	5 500	49 092	61 174	9	705 013	1 214 568	25 840	0	184 608	376 526	40 909			46 270	305 802		10 541	5 230	324 676	72 079	118 537	43 385	27 200		49 227		6 235		0	77		21 844
SE	188 166	616 680	207 441	61 426	4 905 652	772 963	0	0	950 809	1 204 783	272 321			1 220 465	1 954 472		121 850	6 419	1 286 166	90 736	2 891 285	159 933	1 265 203		271 226	518			144	22 554		1 319 611
IS	1 153	555	75 307	2 094	871 637	39 549	692	0	30 529	482 490	3 857			41 341	2 060		0	774	226 833	14 861	108 589	4 144	6 254		1 577	0	1 714		0	1 308		254 501
LI	430	0	222	0	49 153	0	0	0	0	0	0			20	390		17 558	0	299	41 483	2 477	350	0		220	0	0			0		10 474
NO	4 528	159 307	95 264	126	1 092 192	104 566	75 825	0	272 045	248 080	45 916			163 843	614 716		595	11 533	620 272	127 862	460 850	0	217 633		64 786	1	295		0			27 825
CH	1 701 076	603 642	890 955	427 550	28 958 174	132 937	234 069	0	3 417 444	18 500 227	727 641			414 925	317 720		166 116	19 869	5 614 633	1 299 872	1 540 842	2 393 416	637 826		673 619	26 476	878 144		128 593	16 195		7 072 017
UK	4 668	883 643	204 865	0	1 718 287	0	0	0	397 238	41 617	81 457			820 516	1 222 754		0	0	703 341	180 384	2 820 128	0	3 063 985		144 796	4 762	0		0	0		
Total	37 674 206	27 296 530	20 793 670	7 450 508	221 127 758	4 089 463	10 249 783	26 011	45 899 844	238 030 464	9 092 331			6 630 575	18 150 484		5 971 969	306 371	74 031 684	21 737 436	66 200 763	8 535 075	49 855 516	5 057 081	16 364 809	5 704 231	13 699 961		710 541	132 033	83 437 730	277 424 316

* BE: data 2021. BE, DE, FR, and PL: it concerns the amount claimed for E125 forms, not the amount paid.

** SI and CH: no breakdown possible. FI: no breakdown possible for the estimated amount claimed for E125 forms (EUR 3 740 000). Therefore, it only concerns E126 and claims not verified by E126 in this table.

*** FR: for E125 forms received it concerns the amount claimed, not paid. Therefore, it concerns EUR 223 351 225 claimed for E125 forms received, instead of EUR 57 962 104 for E125 forms received for which the amount is already paid. The total amount already paid amounts to EUR 82 005 050.

Source: Administrative data EHIC Questionnaire 2023

Table a4 - Number of claims issued by the Member State of treatment for necessary healthcare, total, 2022

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		426	451	130	4 855	22	58	0	16 253	11 026	521	9 366		24	52		145	64	9 654	5 717	3 071	1 829	96		113	151	591		<5	24	2 460	<5
	BG	1 579		280	77	9 593	<5	50	0	2 224	378	46	1 206		9	<5		39	49	981	896	767	45	41		26	32	345		0	0	23	303
	CZ	534	230		75	5 908	35	61	<5	1 800	377	3 746	2 119		44	38		382	102	781	4 806	5 866	329	1 242		10 835	170	425		<5	<5	760	269
	DK	213	127	564		3 926	47	0	0	3 676	995	580	1 479		138	174		159	90	723	3 549	4 888	30	25		277	0	120		<5	61	266	0
	DE	4 975	3 170	12 595	9 211		304	1 035	0	47 599	6 375	90 495	57 900		424	706		6 463	515	25 539	113 392	113 832	13 659	1 192		3 080	1 059	7 928		85	46	9 692	985
	EE	102	31	32	17	589		14	<5	467	73	34	88		256	68		13	17	277	141	61	81	<5		13	846	415		<5	<5	36	0
	IE	277	77	625	0	1 417	41		0	8 205	525	365	768		20	258		22	96	1 419	646	6 925	441	27		611	58	<5		<5	0	47	504
	EL	591	275	293	21	6 215	0	14		634	215	58	798		12	21		8	<5	884	404	182	52	17		54	46	377		<5	0	218	99
	ES	3 751	242	1 610	254	12 336	64	1 455	0		4 262	378	2 428		102	241		219	359	2 849	1 514	2 284	5 050	806		348	506	1 066		<5	13	8 109	6
	FR	264 737	317	1 601	337	18 188	128	1 255	0	64 716		2 393	15 673		134	125		437	843	3 459	2 908	4 510	85 625	197		387	371	1 981		7	14	2 735	0
	HR	212	14	252	48	7 951	6	99	0	385	122		532		5	9		61	36	457	1 237	81	54	0		54	56	455		0	<5	3 382	29
	IT	9 342	1 049	2 215	389	29 084	57	822	0	39 276	7 600	4 601			139	148		434	1 808	4 121	11 313	4 395	2 637	24		625	349	2 057		16	6	3 211	1 412
	CY	42	33	226	8	826	0	<5	0	112	<5	<5	39		<5	14		18	<5	321	73	89	<5	9		12	13	30		0	0	19	68
	LV	191	0	179	88	1 531	116	36	0	577	95	46	138			139		19	59	327	149	95	79	0		30	214	907		0	6	22	466
	LT	602	41	105	184	4 010	61	46	0	805	488	76	271		464			22	29	1 083	290	481	95	0		50	229	1 178		0	19	52	452
	LU	11 603	8	174	62	7 595	7	0	0	1 401	1 515	175	1 152		8	23		61	32	1 412	3 347	539	6 637	6		38	98	<5		<5	<5	37	56
	HU	401	21	255	47	6 625	10	38	0	1 090	224	746	553		13	19			71	791	2 799	242	110	905		403	67	353		<5	<5	700	0
	MT	25	11	29	10	186	<5	<5	0	171	29	5	131		12	5		8		84	38	55	35	0		14	8	28		0	0	65	0
	NL	7 891	437	1 077	629	12 402	42	185	0	12 642	3 771	1 934	5 105		41	97		554	144		11 026	11 754	2 010	84		478	355	1 788		9	<5	704	463
	AT	350	415	2 777	117	19 815	39	105	<5	3 066	448	15 706	5 122		44	34		2 300	73	958		6 997	446	177		2 419	93	576		38	0	4 710	121
	PL	3 977	72	1 770	342	46 047	28	435	0	3 783	1 366	3 086	3 941		124	107		241	116	3 240	3 418		600	26		616	130	1 096		<5	50	2 047	990
	PT	3 759	28	702	0	3 487	11	125	0	10 113	2 597	115	400		15	46		62	94	1 230	472	366		15		47	104	424		14	0	8 937	0
	RO	2 972	107	190	95	9 936	7	38	0	4 964	946	67	9 208		<5	18		1 173	51	558	2 061	116	98			46	41	407		<5	<5	34	515
	SI	655	31	179	19	4 246	<5	<5	0	352	170	11 349	628		21	<5		46	18	324	2 059	56	83	<5		45	39	79		0	8	742	19
	SK	754	57	27 562	39	6 926	5	56	0	775	268	2 072	751		39	18		989	41	882	4 014	883	112	29			81	520		0	<5	1 544	231
	FI	148	27	212	0	1 510	3 395	58	0	3 459	148	124	319		92	43		93	59	839	438	544	193	<5		47		53		<5	12	445	0
	SE	464	45	629	<5	5 334	166	0	0	10 125	983	2 120	1 338		115	244		377	165	1 022	1 894	5 533	689	46		145	0			0	16	963	0
	IS	20	12	134	<5	426	0	<5	0	1 388	41	51	49		9	58		21	9	207	145	1 552	46	0		105	0	7		0	6	165	15
	LI	0	0	13	<5	86	0	<5	0	68	7	18	55		15	0		6	0	12	242	20	14	0		6	<5	6			0	91	<5
	NO	181	104	639	<5	2 432	99	33	0	4 328	252	587	429		84	398		212	40	870	517	10 266	<5	11		484	0	58		<5		17	0
	CH	1 691	124	1 062	276	11 914	36	97	0	8 121	3 441	3 381	6 305		23	58		664	102	1 242	5 387	1 831	5 361	10		1 124	301	974		88	0		107
	UK	3 575	1 528	4 018	7	10 747	9	0	0	58 000	5 593	1 224	9 263		53	596		10	18	2 979	3 332	23 688	53	153		1 617	0	1 646		0	<5	70	
	Total	**325 614**	**9 059**	**62 450**	**12 492**	**256 143**	**4 745**	**6 249**	**5**	**310 575**	**54 331**	**148 830**	**137 554**		**2 484**	**3 765**		**15 258**	**5 107**	**69 525**	**188 224**	**211 969**	**126 497**	**5 147**	**16 672**	**24 149**	**5 858**	**25 896**		**289**	**302**	**52 303**	**7 113**

* BE: data 2021. IE: for 122 E126 forms received no breakdown possible. HR: for 2 727 E126 forms received no breakdown possible. SI: no breakdown possible. FI: for 440 E126 forms received no breakdown possible.

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

Source: Administrative data EHIC Questionnaire 2023

Table a5 - Amount received (in €) by the Member State of treatment for necessary healthcare, total, 2022

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		36 265	69 061	26 372	4 594 522	2 149	409	0	6 650 913	19 347 474	105 567			4 308	11 366		20 553	47 269	2 361 159	3 523 067	443 529	212 097	60 914		70 660	71 336	127 547		602			525
BG	1 706 146		444 358	149 416	10 558 249	855	11 721	0	2 272 198	2 510 096	38 647			1 174	1 592		11 772	20 397	928 479	1 651 244	95 628	28 921	21 496		13 326	28 057	628 515		0			1 454 105
CZ	488 478	74 952		69 379	6 352 606	2 982	10 464	630	554 802	773 588	495 211			3 550	49 855		51 706	37 289	252 740	4 489 224	682 734	33 369	32 552		2 882 192	60 787	168 611		493			357 800
DK	66 074	61 213	68 737		2 224 789	9 365	0	0	1 035 511	1 125 132	75 547			9 427	32 723		20 689	38 905	261 433	1 911 271	550 659	4 959	14 834		31 856	0	61 245		255			0
DE	3 279 364	779 523	4 161 020	4 963 189		80 055	133 922	0	22 566 477	14 103 312	14 063 915			54 286	139 971		995 597	188 747	8 116 313	59 285 646	15 920 664	2 140 991	572 676		507 164	984 889	4 916 448		126 455			1 300 457
EE	18 898	6 756	3 938	95 666	428 652		573	6	260 643	105 267	2 047			48 388	14 303		496	3 351	109 595	108 418	12 578	10 660	547		1 588	813 876	595 255		116			0
IE	133 339	28 474	155 731	0	957 906	43 051		0	4 629 071	1 076 572	53 055			53	104 673		1 802	45 154	351 555	378 453	1 074 784	291 225	18 639		126 306	34 588	254		764			10 530 151
EL	548 822	123 862	121 524	0	3 882 765	0	16 222		246 733	835 002	25 854			320	1 082		182	1 748	241 367	181 133	33 259	46 554	7 561		26 915	13 135	25 043		609			192 009
ES	2 844 564	62 017	301 359	124 756	7 564 567	6 451	69 671	0		8 026 299	60 874			3 147	41 444		19 087	65 259	614 110	624 284	251 148	1 369 796	27 884		23 684	435 477	360 682		1 409			31 939
FR	50 130 969	65 312	416 067	263 888	9 494 432	14 125	470 690	0	23 994 341		473 705			7 825	19 071		70 282	248 743	1 360 176	1 582 404	815 167	38 387	95 180		50 533	272 943	669 627		5 063			0
HR	71 966	11 969	52 064	20 445	5 307 021	159	32 866	0	103 501	245 295				116	1 071		6 392	3 960	143 404	1 092 465	7 836	12 736	1 535		12 108	40 702	194 556		0			83 757
IT	3 117 102	68 418	639 201	235 861	17 122 442	9 465	84 176	0	19 283 643	17 388 276	993 174			17 711	22 899		56 208	756 554	675 370	4 897 421	975 484	4 015	8 942		122 066	197 588	1 783 539		6 903			1 843 394
CY	39 683	45 730	27 847	438	356 740	0	249	0	11 672	135	169			112	1 006		3 940	1 304	91 695	19 184	3 447	0	5 256		1 283	4 327	12 974		0			304 917
LV	113 418	48	70 494	0	1 519 573	59 024	16 170	0	198 162	494 928	6 010				76 503		1 408	247 029	148 220	120 703	22 543	3 468	0		29 568	135 720	1 539 187		0			893 815
LT	718 089	11 648	46 818	102 363	5 632 064	163 425	14 487	0	546 869	1 370 594	5 762			103 318			6 338	7 352	454 786	258 851	115 332	61 817	0		20 411	150 026	1 784 530		0			730 781
LU	5 117 970	5 371	32 486	7 157	5 488 960	407	0	0	818 639	4 989 709	47 962			647	4 676		5 602	22 545	1 787 955	818 443	37 394	62 971	1 948		11 163	129 913	916		778			54 900
HU	385 574	9 504	143 779	130 577	5 360 359	2 343	5 269	0	386 697	1 045 692	151 185			1 656	2 734			28 762	263 602	3 888 668	46 589	39 307	218 500		324 707	84 116	149 993		444			0
MT	11 315	12 786	3 904	10 991	52 853	110	164	0	51 625	16 109	260			0	464		119		14 272	15 825	3 447	12 922	0		9 729	2 664	7 701		0			0
NL	9 288 551	126 216	290 928	261 557	17 569 345	9 626	2 291	0	1 895 555	10 750 517	301 328			2 496	28 837		94 286	38 557		11 615 843	1 772 238	387 997	51 848		162 226	332 448	1 077 207		1 799			654 347
AT	200 273	84 075	1 052 512	47 634	11 045 102	4 894	4 013	84	987 856	706 164	2 216 102			2 365	3 514		349 229	18 143	302 837		1 026 687	35 709	100 591		507 670	34 254	168 906		31 557			135 311
PL	3 852 215	49 583	986 882	544 809	39 761 478	3 535	611 247	0	1 836 609	4 832 435	330 174			52 794	79 068		67 691	55 106	1 624 208	3 334 706		170 079	12 021		434 002	120 213	5 929 731		1			2 251 822
PT	2 398 452	18 261	95 504	0	2 811 530	1 977	0	0	653 520	7 679 593	8 669			1 872	5 268		5 121	17 363	522 192	172 874	52 126		4 792		0	50 002	276		15 442			0
RO	3 851 888	25 987	214 976	217 729	16 987 538	495	18 963	0	9 582 031	6 413 215	69 416			0	2 167		411 738	21 953	363 975	3 215 427	47 948	9 219			72 021	35 724	1 245 967		805			1 185 456
SI	517 992	1 996	102 279	4 568	4 357 126	803	0	0	71 253	280 597	1 625 123			1 247	165		4 943	6 527	84 785	1 586 957	6 583	96	101		8 768	16 419	42 166		0			88 578
SK	721 049	14 596	11 423 182	32 132	6 824 670	356	11 998	0	140 912	651 204	253 458			650	3 264		160 820	8 290	352 000	3 492 041	183 235	56	12 867			56 782	228 233		0			295 442
FI	63 196	18 968	22 283	0	696 898	917 274	1 572	0	833 187	346 639	14 301			10 522	9 481		5 355	19 059	149 066	166 402	54 994	94 314	2 243		18 615		7 280		835			0
SE	181 796	38 667	92 482	0	3 078 773	33 838	0	0	4 556 801	1 326 436	374 619			14 469	36 001		40 139	54 285	291 461	985 152	797 078	130 863	24 263		18 443	0			0			0
IS	2 346	5 568	18 442	0	99 543	0	346	0	970 053	56 182	8 761			0	25 311		1 914	1 212	91 679	69 029	152 614	14 269	0		8 643	0	1 394		0			25 222
LI	0	0	6 277	0	71 119	0	0	0	66 132	4 913	22 281			0	0		167	0	9 127	124 282	16 225	0	0		31	95	4 732					2 767
NO	117 153	24 286	104 982	0	1 532 433	64 561	5 687	0	1 646 159	396 054	79 539			9 049	103 951		21 299	27 895	276 635	346 123	1 212 349	0	5 595		70 360	0	21 132		1 222			0
CH	1 096 999	11 224	426 419	173 669	10 395 592	20 200	3 158	0	3 088 143	7 142 791	618 935			12 073	8 271		86 747	28 074	265 258	3 594 801	276 657	832 707	2 993		154 239	224 430	308 313		200 145			109 026
UK	1 801 792	781 384	1 128 368	0	4 847 250	1 775	0	0	35 661 138	15 501 016	249 120			3 523	279 658		1 704	6 834	1 480 279	3 294 786	3 966 147	7 796	84 265		1 166 011	0	5 423		0			
Total	92 885 471	2 604 660	22 723 902	7 482 598	206 976 896	1 453 301	1 526 328	720	145 600 847	129 541 236	22 770 770			367 098	1 110 392		2 523 323	2 067 666	23 989 733	116 845 127	30 657 105	6 057 298	1 390 043	3 912 705	6 886 288	4 330 514	22 067 385		395 694			22 526 520

* BE: data 2021. SI: no breakdown possible.

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

Source: Administrative data EHIC Questionnaire 2023

Annex IIIPractical and legal difficulties in using the EHIC

Table a6 - Refusal by healthcare provider, 2022

MS	Y/N	Refusal in your country	Y/N	Refusal in another country
BE				
BG		n/a		n/a
CZ	Y	Yes. The reasons are usually low knowledge of procedures, preference of cash payment, administrative burden etc. Refusals usually concern primary outpatient care, mainly in the locations with a small proportion of foreign patients. Assessment of the scope of medically necessary healthcare causes difficulties.	Y	Yes. We have no information why EHICs are not accepted; however, we presume the reasons are usually the same as in our country. We usually try to solve the situation directly with the health care provider or a foreign liaison body.
DK	Y	In some situations, healthcare providers may refuse to provide healthcare benefits on the EHIC due to an incorrect interpretation of "necessary healthcare". 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.	Y	Some healthcare providers still have difficulties distinguishing between "unplanned necessary healthcare" and "planned healthcare". The expected length of a stay should be taken into account, and persons who stay abroad longer may need a wider range of treatments than someone who is only abroad for a short period of time. However, Danish insured persons still encounter problems when they require healthcare benefits related to pregnancy and childbirth or pre-existing medical conditions during a temporary stay in another Member State. They may be asked to present a prior authorisation (PD S2) even though they have a valid EHIC issued by Denmark and the purpose of their stay abroad is not specifically to seek medical treatment.
DE	Y	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 complex. 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 select. In the individual cases that have become known, specific information and advice was provided to the health care 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 depicted in Resolution No. S2, this usually leads to uncertainty and acceptance problems.		n.a.
EE	Y	There have some problems that have occurred in acceptance of EHIC, 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.	Y	In several cases health care providers abroad have refused to accept EHICs for benefits in kind related to pregnancy and childbirth. In several cases health care providers abroad have refused to accept Estonian PRC. PRC`s 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	N	No	N	No
EL				
ES	N	No	Y	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 centers.
FR	Y	Cnse-Cnse: The rare cases in which French healthcare establishments wrongly refused the EHIC were settled directly after contacting the healthcare establishments. CCMSA: Most cases of EHIC refusal 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 policyholder. We have no information to share with you about the frequency of and reasons for these refusals.	Y	Cnam-Cnse: Recurring problems with private clinics in Spain and Italy refusing to use the EHIC. Similarly, some establishments are asking for S2s for treatment covered by the EHIC, for fear of being refused payment. CCMSA: We are not aware of any cases of EHIC refusal by healthcare providers abroad. If the establishment or 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 vacations abroad) We have no information to share with you about the frequency of and reasons for these refusals.
HR	Y	Yes, we are aware of some cases of refusals to accept EHIC. It is more an exception to the rule. After conducting investigation in such cases, healthcare providers usually declare that either no EHIC was provided, or that the scope of provided healthcare was outside of necessary healthcare that can be provided on the basis of EHIC.	Y	We have documented 202 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	N	No cases reported in 2022.	N	No cases reported in 2022.
LT	N	No, we are not aware.	N	No, we have no such information.
LU	Y	There are some justified refusals of the EHIC in case of planned treatment. No precise numbers are available.	Y	There are regularly refusals from healthcare provider choosing to bill the higher price of the private system instead of applying the EHIC procedure. No precise numbers are available.

MS	Y/N	Refusal in your country	Y/N	Refusal in another country
HU	Y	In a few cases, the main reason of refusal to accept EHIC is that due to the medical staff, the treatment concerned is planned and/or could be delayed until return to the competent MS.	Y	The main reason of refusal to accept the EHIC in other MSs is that the person concerned has a residence in the MS concerned so the stay cannot be longer taken into consideration as a temporary one. The other reason of refusal is that the treatment concerned can be delayed until return back to Hungary.
MT	N	No, we are not aware of such cases.	Y	Three Maltese EHICS were refused by Healthcare Providers in SL, GR and FR. The MT Competent Institution reimbursed the holders of MT EHICS on presentation of original receipts through S067 route.
NL	N	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.	Y	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.
AT	Y	Yes, there have been isolated cases of this kind. The charging of private fees is more attractive than the "complicated" subsequent charging via the health insurance fund. If a patient contacts a health insurance company, it is often possible to clarify the matter over the phone.	Y	Time and again, insured persons 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, people also try to read the card electronically or are not familiar with the procedure for handling the card.
PL	Y	There are instances where healthcare providers do not accept EHICs when a person is a Polish citizen (has a personal identification number - PESEL) but in fact is insured in another EU/EFTA member state, in which an EHIC has been issued. Healthcare providers try to verify the insurance status of such a person in the eWUŚ system, which is dedicated for persons insured in Polish healthcare system. Regional branches of NFZ inform contracted healthcare providers how to handle patients with EHICs from another member state. Other cases refer to situations where the card format is not in line with Decision S2.	Y	There are instances where healthcare providers from other EU/EFTA member states require S2 document from patients during their temporary stay in that country, or that EHIC is not being accepted due to the fact that it lacks a chip. Department of International Affairs, as a liaison body intervene in an institution of a given member state on request made by a person concerned.
PT	N	No	Y	Yes. Refusal of EHIC to provide necessary treatment during a temporary stay, and request for S1 and S2.
RO	Y	There were refusals, emanated by 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.-31.12.2022 the frequency of cases was 1 case /month in summer.	N	No
SI	N	To date, the ZZZS has not been informed of such cases either by foreign insured persons or foreign insurance institutions.	Y	In 2022, 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	N	No	N	No
FI	N	Concerning 2022 Kela is not aware of cases where the public health care in Finland would have refused to accept EHICs. If Kela would have got feedback about a possible refusal to accept EHICs when the health care in question would have been considered medically necessary, Kela would have been in touch with the public health care and informed them about the person's right to health care with the EHIC.	Y	Concerning 2022 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	Y	Yes, this happens from time to time. Healthcare providers are unsure whether they can accept the foreign EHIC. We cannot provide statistics or specific reasons as we are not always aware of the circumstances.	Y	Yes, but we cannot provide any statistic. We have a few cases where our insured persons have not received necessary healthcare upon their EHIC. In most of the cases the healthcare provider claimed that the treatment was not necessary.
IS				
LI	N	No	N	No
NO			Y	We have had a few cases from Germany where we have issued PRC because the card does not have information about start date.
CH	Y	Private health care providers are not obligated to accept the EHIC. But there is no quantification possible. In cases of out-patient doctor's treatment, the patient receives the invoice for direct payment if nothing else is arranged. The EHIC guarantees tariff protection. The patient pays the invoice and sends it either to his competent institution or to Gemeinsame Einrichtung KVG for reimbursement.	Y	Private health care providers are not obligated to accept the EHIC. But there is no quantification possible. In cases of out-patient doctor's treatment, the patient receives the invoice for direct payment if nothing else is arranged. The EHIC guarantees tariff protection. The patient pays the invoice and sends it either to his competent institution or to Gemeinsame Einrichtung KVG for reimbursement.
UK	N	No	N	No

Source: Administrative data EHIC Questionnaire 2023

Table a7 - Interpretation of the "necessary healthcare" concept, 2022

MS	Y/N	Alignment of rights
BE		
BG		n/a
CZ	Y	Yes. Some health care providers do not take into account the expected length of stay during the necessary health care. More expensive, highly specialized treatment or long-term care is not seen as necessary healthcare quite often by some providers.
DK	Y	There are still certain difficulties attached to the use of the EHIC due to incorrect interpretation of "necessary healthcare" and the distinction between "unplanned necessary healthcare" and "planned healthcare", even for healthcare benefits defined in AC Decision S3 - please see our reply on question 9.
DE	Y	The vast majority of health insurers are not aware of any difficulties in interpreting the concept of "medically necessary benefits in kind". However, according to the experience of some health insurers, difficulties in interpreting the concept can be observed among 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 health care 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 EHIC. This can also be seen in connection with pregnancy and childbirth services. 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 carrier in their home country and obtaining the appropriate authorization. Such difficulties in interpreting the concept accordingly also lead to problems in settling the costs incurred.
EE	N	No
IE	N	No
EL		
ES	Y	- Sometimes, the service provider in other Member States has difficulties to interpret the concept of 'necessary 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	Y	Cnam-Cnse: The term "medically necessary care" raises problems of interpretation. Under French regulations, care is necessarily medically necessary, otherwise it would not be reimbursable. On the other hand, it is not necessarily "immediately necessary" in view of the length of the stay. The term is too broad and the definition of "stay" is not limited enough. CCMSA: No difficulties noted in the MSA network.
HR	N	No
IT		
CY		
LV	N	No new difficulties and challenges have been reported during 2022.
LT	N	No, we are not aware.
LU	N	No
HU	N	No difficulties noticed
MT	N	No, we are not aware of such cases.
NL	N	No, not many examples
AT	Y	In some cases, there are still difficulties with the demarcation from the planned treatment.
PL	Y	EHIC holders often interpret this as 'life or health saving benefits' or 'urgent situations'. We always inform EHIC holders that in each situation the doctor decides about the necessity of treatment
PT	Y	Yes. Necessary care during a temporary stay is often confused with planed treatment situations where the purpose for travel is related to the provision of healthcare. i.e., DE. We are obliged to issue the S1 or S2, so the patient can obtain the necessary healthcare and not have to pay for it. i.e.: DE and Poland demanded S1 for recovery treatments, following an accident that occurred during a temporary stay. In several situations the S2 is requested after the healthcare has been provided.
RO	N	No
SI	N	There are no specific problems in the interpretation of the necessary health services by Slovenian providers.
SK	Y	The term necessary healthcare is often understood by the insured person as all the health care he or she needs, even if he or she intentionally travels for this health care.
FI	Y	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	N	No.
IS		
LI	N	No
NO		
CH	Y	Yes, in several countries the service provider requests form S2 although the treatment is necessary related to art. 19 Reg. 883/2004 (especially as concerns maternity benefits during a temporary stay).
UK		n/a

Source: Administrative data EHIC Questionnaire 2023

Table a8 - Invoice rejection of E125 forms issued and received, 2022

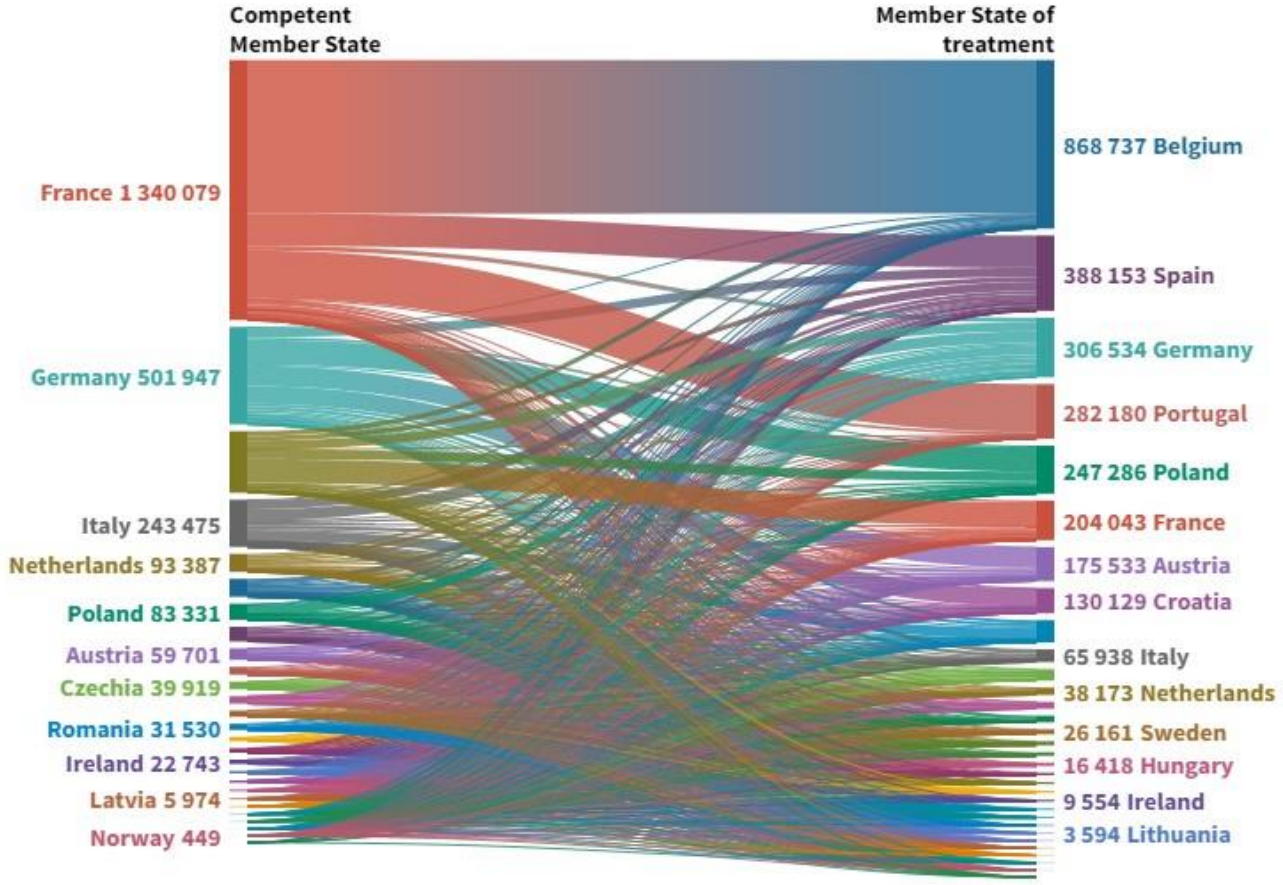
MS	Y/N	Rejections by institutions in other countries	Y/N	Rejections by your institutions
BE				
BG		n/a		n/a
CZ	Y	Yes, there are 1451 cases. Most usual reasons are - unknown entitlement document, person cannot be identified.	Y	Yes, there are 2360 rejections. Most usual reasons are - period of treatment is not covered by entitlement document, uninsured person, unknown entitlement document.
DK	Y	In 2022, Denmark has received 170 contestations from other Member States for invoices (forms). Reasons for contestation/rejection were: • Invalid entitlement document • Lack of information	Y	Denmark has made contestations or rejected 64 invoices (forms) from other Member States in 2022. Main reason for rejection: • Entitlement document was missing
DE	Y	We are aware of 4525 cases which were rejected in 2022. Mostly it was stated that the insured person could not be identified.	Y	We are aware of 14787 cases which were rejected in 2022. Mostly it was stated that the insured person could not be identified.
EE				
IE	Y	In Ireland, when we receive a claim that does not have all data fields accurately completed we seek through our own systems to verify that the patient had entitlement from Ireland at the time the treatment was received. However, we note a greater tendency from some Member States to contest claims on very technical issues, particularly a growing trend from States stating that Treatment was Outside Validity Period when a valid in date card was used.		
EL				
ES	Y	Although their number cannot be quantified, rejections are usually due to: - lack of the entitlement form - need to request some clarification regarding the amounts or benefits received.	Y	ISFAS: * 10 - not insured MUFACE: * 2 - duplicated invoice * 3 - the number of the EHIC/PRC on the invoice does not match with any valid EHIC/PRC issued * 19 - the EHIC/PRC was not active on the date of healthcare Total: 34
FR	Y	Cnam-Cnce: In 2022, 1,919 invoices have been rejected. CCMSA: Forms E125/ SED S080 are not processed by MSA funds. CNSE competence	Y	Cnam-Cnse: In 2022, 401 invoices have been rejected. CCMSA: Forms E125/ SED S080 are not processed by MSA funds. CNSE competence
HR	Y	1549 rejected invoices. Reasons for rejection: Double invoice. Unable to identify the person from the information provided. The entitlement document is missing or unknown. Scheduled treatment may be suspected. The entitlement document has not been acknowledged. Person was not insured during benefits period. The period of benefits in kind is not covered by the entitlement document. The person receives a pension in his/hers state of residence. The person is not registered on the entitlement document. The entitlement ended on.	Y	255 rejected invoices. Reasons for rejection: The entitlement document has not been acknowledged. The entitlement document is missing or unknown. The person is not registered on the entitlement document. Double invoice. The period of benefits in kind is not covered by the entitlement document.
IT	Y	Yes; sometime debtor Institutions tend to ask for copy of entitlements when they issued before. They call it cooperation but is only a way to hinder payments. Millions of Euros are involved like it emerges from our Claims situation as of 31/12 cof each year.	Y	Yes
CY				
LV	Y	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 2022: 167.	Y	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 other invoice. Total amount of annulled forms in 2022: 24.
LT	Y	We have faced with 83 cases when invoices (SED S080) issued by our institutions (on the basis of the EHIC, REPL or SED S045) were rejected by the competent Member States (20 – by Germany, 16 – by the Netherlands, 11 – by Ireland, 9 - by Spain, 7 – by Italy, 5 – by France and the United Kingdom, 3 – by Latvia, 2 – by Romania and 1 – by Austria, Czech Republic, Denmark, Slovakia and Switzerland) due to the following reasons indicated in the rejection documents (SEDs S082): we are not concerned by this	Y	During the year 2022 the NHIF has rejected 126 invoices (forms E125/SED S080) issued by institutions from the other EU countries (Spain (32), the United Kingdom (31), Germany (17), Belgium (8), Sweden (7), Finland (6), Denmark (5), Italy (4), Latvia (3), Portugal (3), Poland (2), Norway (2), Czech Republic (2), Ireland (1), Iceland (1), France (1) and Hungary (1). The reasons of the rejections were similar EESSI codes 01, 03, 04, 08, 09, 13, 14, 17 and 99: the total amount of benefits in kind was not indicated or entitlement to the

MS	Y/N	Rejections by institutions in other countries	Y/N	Rejections by your institutions
		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 of benefits in kind is not covered by the entitlement period (EESSI code – 08); the entitlement document has not been registered (EESSI code – 13); Double invoice (EESSI code – 14); total amount of individual claim different to the sum of benefits (EESSI code – 20) and other (EESSI code - 99). After the documentary evidence (copies of the EHIC or REPL) have been provided or data corrected, the most of these invoices were accepted		benefits in kind expired earlier than the specified period of treatment.
LU	N	No	N	No
HU	Y	5 282 rejections, EUR 2 370 704.77 Most common reasons: The period of benefits in kind is not covered by the entitlement period (1 615), Other (852), Entitlement document is unknown or not found (670), The period of benefits in kind is partially covered by the entitlement period (495), and Person was not insured during benefits period (481).	Y	10 294 rejections, EUR 6 501 028.19 Most common reasons: Entitlement document is unknown or not found (9 964), and The period of benefits in kind is not covered by the entitlement period (139).
MT	N	No, we are not aware of any such cases.	N	No, we are not aware of any such cases.
NL		No information available		No information available
AT	Y	Yes, occasionally the medical necessity of the treatment is doubted.	Y	This occurs in part. We do not know the number.
PL	Y	According to data in our settlements system (SOFU), with a state on the 23rd of May of 2023 we have registered 858 forms E125PL which were issued by NFZ in 2022 on the basis of EHIC that are questioned by other countries. The most common reasons for rejections are lack of entitlement document and doubled invoice.	Y	According to data in our settlements system (SOFU), with a state of the 23rd of May of 2023 we have registered 736 E125 forms which were received by NFZ in 2022 on the basis of EHIC. Among 736 rejected forms during the verification process, all the forms were verified. Among them there are 275 cases determined as "treatment period is not covered by entitlement period", 157 cases determined as "suspicion of accident at work", 70 cases determined as "suspicion of duplication claims" and 69 cases determined as "treatment period is partially covered by entitlement period". The set of rejected invoices (with different reasons) can change every day during the clarification process.
PT	Y	Yes, most of the rejections are related with the following facts: 1. Duplicate invoices (few); 2. Provision of 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.	Y	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	Y	2804 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	Y	297 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	Y	In 2022, the ZZZS received 375 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.	Y	In 2022, the ZZZS rejected 276 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	Y	Yes, there are 399 cases. Most usual reasons are: is not an insured person during that period; the insured person cannot be identified; benefits in kind provided outside the validity of the entitlement document; the person is not listed on the claim document; no entitlement document has been issued for that period; the entitlement period is not covered by the period of entitlement to benefits in kind;	Y	Yes, there are 250 cases. Most usual reasons are: period of treatment is not covered by entitlement document; uninsured person, the claim document has not been validated
FI				
SE	Y	132 cases of rejected invoices.	Y	320 cases of rejected invoices.
IS				
LI	N	No	Y	Yes, period of coverage not insured
NO		No valid data		No valid data
CH	Y	Yes, several rejections. But there is no specification possible.	Y	Yes, several rejections. But there is no specification possible.
UK	N	No	N	No

Source: Administrative data EHIC Questionnaire 2023

Annex IV Additional visualisations

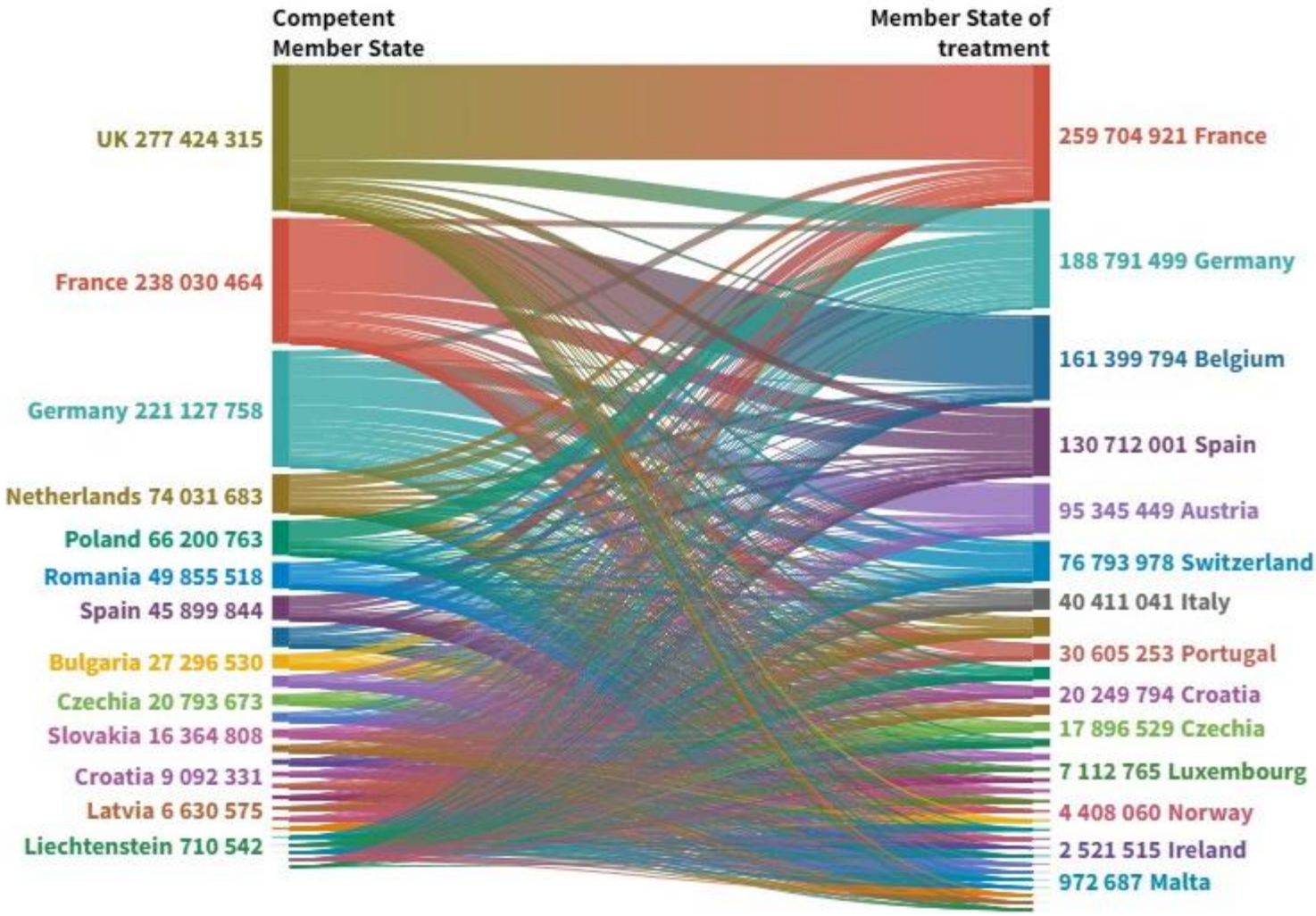
Figure a1 – Total number of claims received by the competent Member State for the payment of necessary healthcare received abroad, 2022



* BE: data 2021. For E125 forms it only concerns forms submitted electronically. IE: for 171 E126 forms issued, no breakdown by Member State of treatment is possible. HR: for 824 E126 forms issued, no breakdown by Member State of treatment is possible. IT: data 2020. The total reported (242 273) does not correspond to the sum (243 475). SI: no breakdown possible. FI: for E125 forms received (10 200 forms) a breakdown is not possible. Therefore, it only concerns E126 and claims not verified by E126 in this table. CH: no breakdown possible.

** FR: for E125 forms received it concerns the number of claims received for the amount claimed, not paid. Therefore, it concerns 1 080 188 E125 forms received for the amount claimed, instead of 109 741 E125 forms received for which the amount is already paid. The total number of forms for which the amount is already paid amounts to 134 572.

Figure a2 – Total amount paid (in €) by the competent Member State for necessary healthcare received abroad, 2022

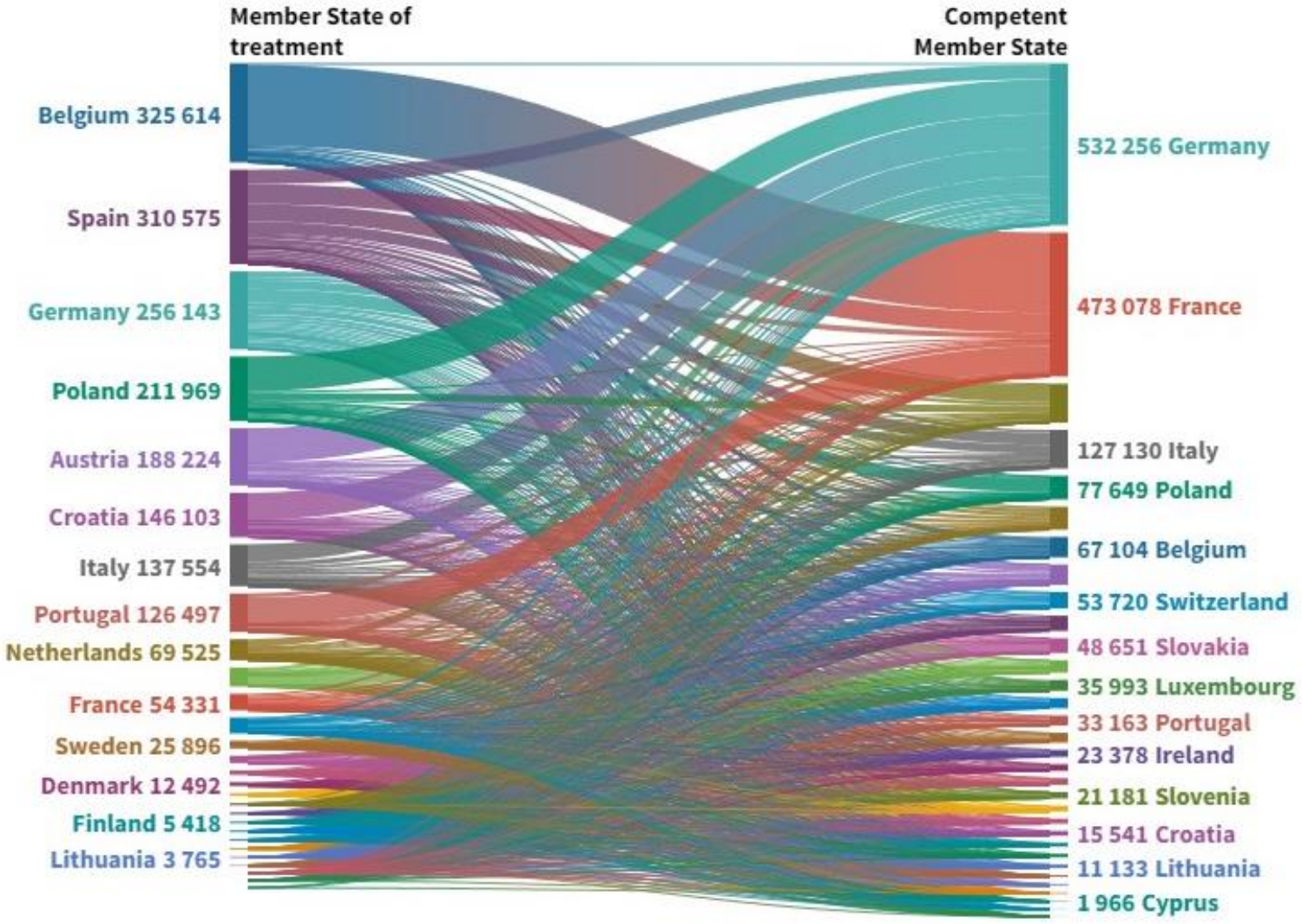


* BE: data 2021. BE, DE, FR, and PL: it concerns the amount claimed for E125 forms, not the amount paid.

** SI and CH: no breakdown possible. FI: no breakdown possible for the estimated amount claimed for E125 forms (EUR 3 740 000). Therefore, it only concerns E126 and claims not verified by E126 in this table.

*** FR: for E125 forms received it concerns the amount claimed, not paid. Therefore, it concerns EUR 223 351 225 claimed for E125 forms received, instead of EUR 57 962 104 for E125 forms received for which the amount is already paid. The total amount already paid amounts to EUR 82 005 050.

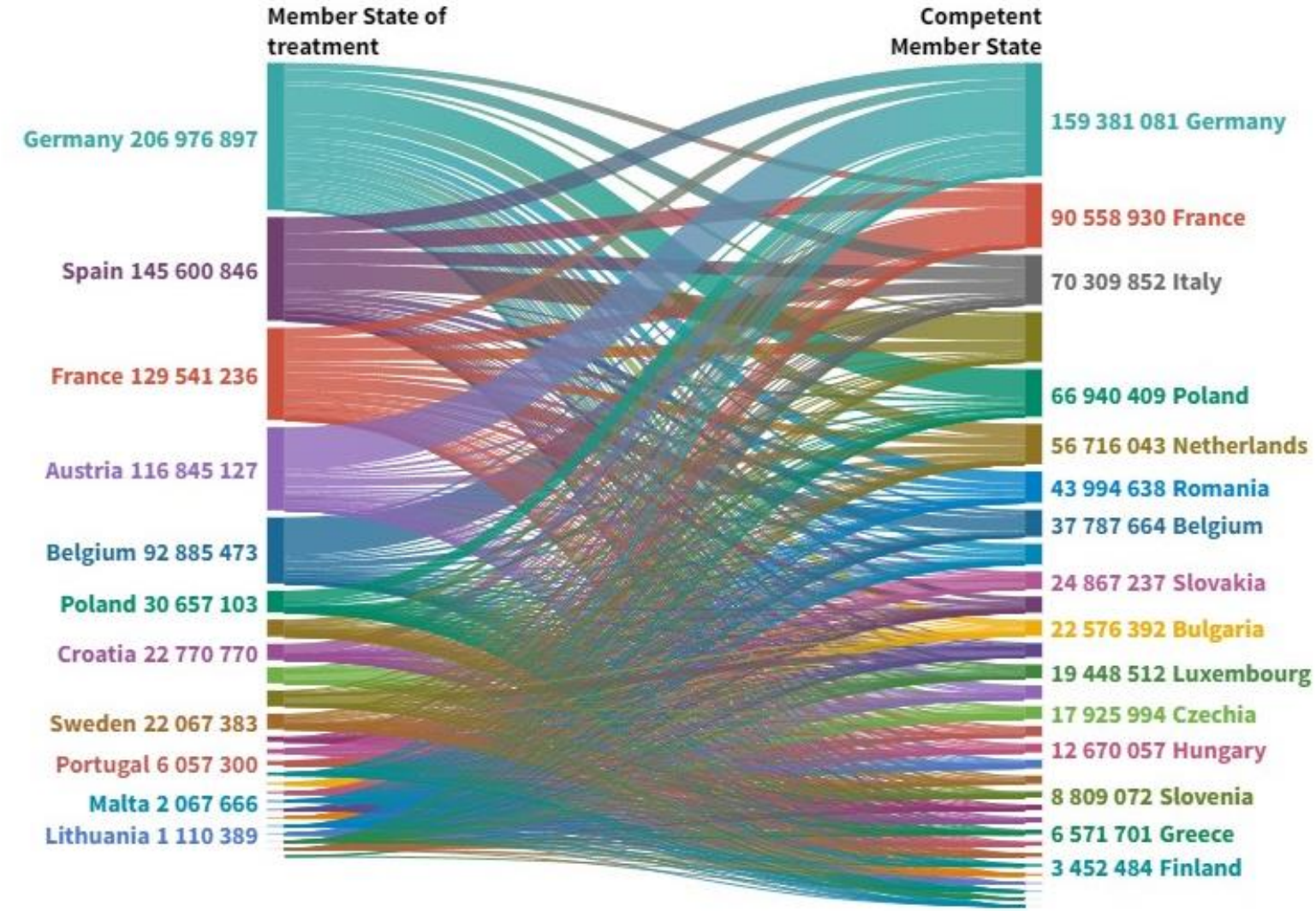
Figure a3 – Total number of claims issued by the Member State of treatment for necessary healthcare, 2022



* BE: data 2021. IE: for 122 E126 forms received no breakdown possible. HR: for 2 727 E126 forms received no breakdown possible. SI: no breakdown possible. FI: for 440 E126 forms received no breakdown possible.

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

Figure a4 – Total amount received (in €) by the Member State of treatment for necessary healthcare, 2022



* BE: data 2021. SI: no breakdown possible.

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

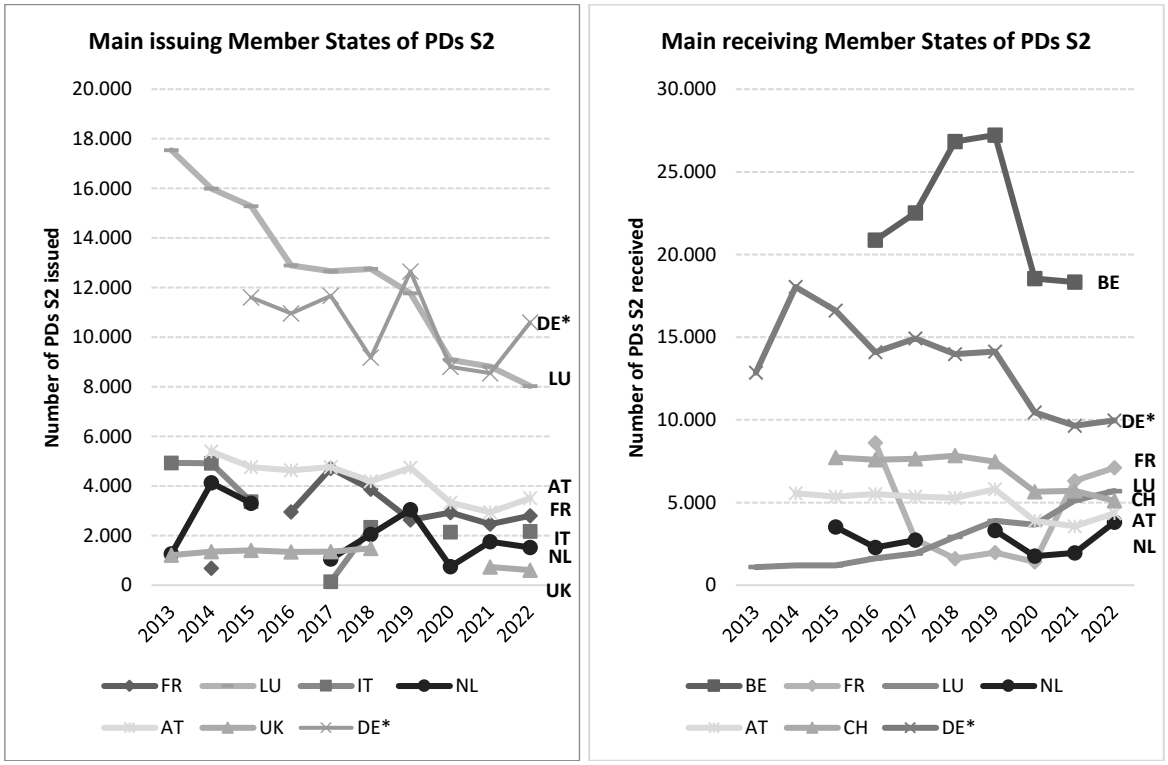
Chapter 2
Planned cross-border healthcare

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 2022, more than 50 000 'Portable Document S2' (PD S2) were issued. 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. The main issuing Member States of a PD S2 are Germany (estimate), Luxembourg, Austria, France, Italy, the Netherlands, and the United Kingdom. Luxembourg shows a clear continuing decline in the number of PDs S2 issued over the years (*Figure 5, left*). Although Luxembourg issued around 17 500 PDs S2 in 2013, the number declined to around 8 000 in 2022. The most prominent receiving Member States of planned cross-border healthcare under the Coordination Regulations are Belgium, Germany (estimate), France, Luxembourg, Switzerland, Austria, and the Netherlands. Belgium reached a peak in 2019 when it received more than 27 000 PDs S2.

Figure 5 - Main issuing and receiving Member States of PDs S2, 2013-2022



* DE cannot provide data on the number of PDs S2 issued and received. Therefore, the number of PDs S2 issued and received is estimated based on the total number of PDs S2 received and issued by reporting Member States respectively. As a result, the numbers shown for DE are more sensitive to fluctuations as they depend highly on the reporting Member States.

Source: PD S2 Questionnaire 2023 and earlier years

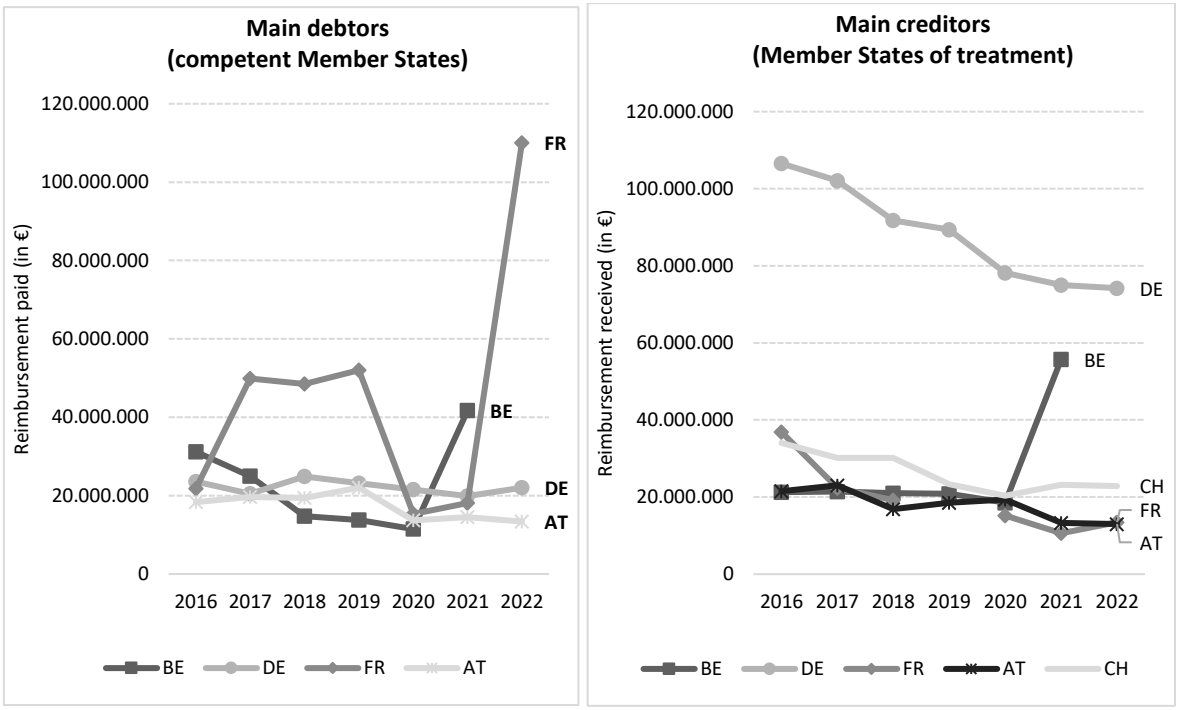
One could wonder how the COVID-19 pandemic influenced the level of planned cross-border healthcare in the EU. Considering that the pandemic might have increased the likelihood that a patient could not receive medical treatment within a reasonable period of time, it could have led planned healthcare being approved in another Member State. Furthermore, COVID-19 patients were sometimes treated in a foreign hospital. In the

'Guidelines on EU Emergency Assistance on Cross-Border Cooperation in Healthcare related to the COVID-19 crisis',[53] published by the Commission, it was stated that "Patients who have to be transported to a hospital in a neighbouring or another Member State offering assistance should normally be in possession of a prior authorisation from the competent social security institution. This is not practical in view of the COVID-19 pandemic and the emergency situation." As can be seen in *Figure 5*, there is indeed no increase noted in the number of PDs S2 issued or received in 2020, at the height of the COVID-19 pandemic. It can even be seen that for most of the main issuing and receiving Member States, there is a drop in the number of PDs S2 issued/received from 2019 to 2020.

Around three out of four prior authorisations in 2022 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, from Germany to Switzerland, and from Austria to Germany. 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 (80 % in a neighbouring Member State) compared to the EU-13 (39 %).

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. Over the years, the four main debtors are Belgium, Germany, France, and Austria, while the five main creditors are Belgium, Germany, France, Austria, and Switzerland. As one of the main debtors, France saw a remarkable increase in the amount reimbursed from 2021 to 2022 (*Figure 6, left*). This increase is almost exclusively due to reimbursements paid to Belgium as a Member State of treatment. Furthermore, it can be seen that Belgium knew a serious drop in reimbursement as a debtor from 2019 to 2020. From a creditor's perspective, the main Member State Germany has known a continuous decrease of reimbursement received (*Figure 6, right*). Belgium on the other hand has experienced a serious increase in 2021.

Figure 6 - Reimbursement by the main debtors, and reimbursement received by the main creditors, in €, 2016-2022



Source: PD S2 Questionnaire 2023 and earlier years

[53] See https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52020XC0403(02)&from=EN

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) must 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 2022. 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.

In addition to the questionnaire on PD S2 for data collection in the framework of the Administrative Commission for the Coordination of Social Security Systems, the European Commission (Directorate-General for Health and Food Safety) collects data on the operation of Directive 2011/24/EU through a separate questionnaire. A report published by the DG for Health and Food Safety for reference year 2021 showed low patient flows for healthcare abroad under Directive 2011/24/EU.[54]

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.

[54] 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 30 Member States[55] (*Table 10*), while 26 Member States[56] 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 24 319 from an issuing perspective and 47 310 from a receiving perspective. Moreover, the total number of PDs S2 received in 2022 would amount to 57 272 in case the estimate for Germany is taken into account. A visual representation of *Table 10* and *Table 11* is provided in *Figure a5* and *Figure a6* respectively in *Annex V*.

One third of all PDs S2 issued were issued by Luxembourg, namely 8 030 out of 24 319 (*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 around 10 600 PDs S2 from Germany as well. Four other main issuing Member States are Austria (3 511 PDs S2 issued), France (2 798), Italy (2 168), and the Netherlands (at least 1 525). The majority of Member States issued between 100 and 1 000 entitlements to scheduled treatment, namely Belgium (data 2021)[57], Bulgaria, Czechia, Ireland, Greece, Spain, Croatia, Cyprus (data 2019), 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, Iceland (data 2018), 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[58], ZOAST[59] 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, data 2021), France (7 099), Luxembourg (5 699), and Switzerland (5 104) (*Table 11*). Additionally, the Netherlands (3 813) and Austria (4 359) received more than 3 500 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 9 900 prior authorisations to receive care in Germany. Czechia, Croatia, 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, Cyprus (data 2019), Latvia, Lithuania, Malta, Portugal, Romania, Slovenia, Slovakia, Finland, Iceland (data 2018), 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, data 2021)[60], from Belgium to Luxembourg (5 498), from Switzerland to France (5 451), from Luxembourg to Belgium (4 249, data 2021), from

[55] No data available for DE. Data for BE concern 2021, data for CY concern 2019, data for IS concern 2018.

[56] No data available for DE, EL, ES, PL, LI, and NO. Data for BE concern 2021, data for IT concern 2020, data for CY concern 2019, data for IS concern 2018.

[57] However, Belgium also issued 8 804 PDs S2 under more flexible parallel procedures (data 2021).

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

[59] The agreement facilitates patient mobility between Belgium and France.

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

Luxembourg to Germany (3 974), from Germany to Switzerland (3 473), and from Austria to Germany (3 271). Clearly, planned cross-border healthcare is concentrated within a limited number of Member States, mostly based on bilateral agreements on cross-border collaboration.

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 Liechtenstein (competent Member State) for treatment in Switzerland (Member State of treatment) (100 %), from Austria to Germany (93.2 %), and from Slovakia to Czechia (81.1%). 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 Estonia (competent Member State) to Latvia (Member State of treatment) (100 %), from Belgium to Luxembourg (96.5 %), from Ireland to the United Kingdom (88.7 %), and from Germany to the Netherlands (87.9 %).

Table 10 - Number of PDs S2 issued, breakdown by Member State of treatment, 2022

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		21	<5	<5		0	12	14	16	308	23	28	<5	<5	0	2 828	0	<5	310	<5	<5	0	0	<5	<5	0	<5	0	0	0	<5	26	**3 607**
BG	0		0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13	**13**
CZ	0	<5		0		0	0	0	<5	308	18	<5	0	0	<5	<5	<5	0	0	<5	0	0	<5	16	786	0	0	0	0	0	0	23	**1 161**
DK	0	0	0			<5	0	0	<5	37	0	0	<5	0	<5	<5	0	0	0	0	0	0	0	0	0	<5	9	0	0	0	14	<5	**70**
DE	34	304	28	24		5	84	61	75	293	179	606	336	27	<5	3 974	30	8	92	3 271	33	0	21	195	126	23	24	0	0	0	62	44	**9 962**
EE	0	0	0	0			0	0	0	0	6	<5	0	28	0	0	0	0	0	0	0	0	0	0	0	28	0	10	0	0	0	<5	**74**
IE	0	0	0	0		0		0	0	0	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12	**13**
EL	0	0	0	0		0	0		<5	28	0	0	0	0	0	0	0	0	0	<5	0	0	0	0	0	0	0	0	0	0	<5	28	**61**
ES	<5	0	0	10		0	0	<5		1 468	0	15	0	0	0	6	0	0	9	<5	0	<5	0	0	0	8	17	8	0	0	5	44	**1 599**
FR	47	53	<5	5		0	10	60	37		13	256	10	0	0	981	6	0	10	<5	<5	8	17	24	<5	<5	5	0	0	0	8	45	**1 605**
HR	0	7	<5	0		0	0	0	0	0		0	0	0	0	0	0	0	0	<5	0	0	0	41	<5	<5	0	0	0	0	<5	<5	**59**
IT	<5	15	<5	<5		0	<5	217	32	16	34		8	0	0	21	<5	24	<5	7	<5	0	17	44	<5	<5	0	0	0	0	9	83	**546**
CY	0	0	0	0		0	0	0	0	5	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5	**7**
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	0	0	0	**<5**
LT	0	0	0	0		0	0	0	0	0	0	0	0	49		0	0	0	0	0	0	0	0	0	0	0	0	<5	0	0	0	20	**70**
LU	6	<5	0	0		0	0	0	0	78	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5	**88**
HU	0	0	0	0		0	0	0	0	0	26	0	<5	0	0	0		<5	<5	<5	0	0	<5	0	9	<5	<5	0	0	0	<5	25	**74**
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	0	0	<5	<5	**<5**
NL	17	0	0	<5		<5	8	0	<5	<5	<5	28	0	<5	0	118	<5	0		0	<5	0	0	9	0	0	<5	<5	0	0	0	23	**226**
AT	<5	59	<5	0		0	<5	<5	6	<5	76	190	7	9	0	<5	52	0	<5		5	0	<5	117	21	<5	<5	<5	0	0	5	10	**580**
PL	0	0	45	0		0	0	0	<5	<5	0	<5	0	0	5	<5	0	0	<5	<5		0	0	0	<5	<5	10	12	0	0	0	159	**242**
PT	0	0	0	0		0	0	0	0	94	<5	0	0	0	0	8	0	0	<5	0	0		0	0	0	0	0	0	0	0	0	<5	**109**
RO	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	<5	6	0	0		0	0	0	0	0	0	0	0	<5	**11**
SI	0	0	0	0		0	0	0	0	0	21	0	0	0	0	0	<5	0	0	0	0	0	0		0	0	0	0	0	0	0	<5	**23**
SK	0	0	39	0		0	0	0	<5	<5	0	<5	0	0	0	0	0	0	0	<5	0	0	0	0		0	0	<5	0	0	<5	16	**66**
FI	0	0	0	0		<5	0	0	0	0	<5	<5	0	<5	<5	0	0	0	0	0	0	0	0	0	0		19	0	0	0	0	<5	**29**
SE	0	0	<5	19		0	95	0	<5	0	<5	5	<5	<5	7	<5	0	0	<5	0	0	0	0	<5	0	6		<5	0	0	0	10	**157**
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	**<5**
LI	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	**0**
NO	0	0	0	<5		0	0	0	<5	0	0	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5	0	0		25	<5	**36**
CH	10	34	0	5		0	<5	89	11	143	74	980	<5	<5	14	83	34	0	10	207	<5	0	<5	17	16	0	<5	<5	26	0		5	**1 771**
UK	<5	16	<5	9		0	670	26	21	11	5	49	118	0	0	<5	0	13	<5	<5	12	<5	0	0	<5	<5	0	<5	0	0	0		**964**
Unkn.																			1 079														**1 079**
EU-27	108	462	123	69		9	213	354	181	2 644	403	1 136	367	122	19	7 936	93	35	435	3 302	46	11	61	451	952	78	92	39	0	0	113	601	**20 455**
EU-14	108	454	38	69		9	213	354	178	2 327	332	1 130	366	45	12	7 936	90	33	430	3 289	46	11	57	394	154	44	79	14	0	0	106	334	**18 652**
EU-13	0	8	85	0		0	0	0	<5	317	71	6	<5	77	7	0	<5	<5	5	13	0	0	<5	57	798	34	13	25	0	0	7	267	**1 803**
EFTA	10	34	0	6		0	<5	89	14	143	74	983	<5	<5	14	83	34	0	10	207	<5	0	<5	17	16	0	<5	<5	26	0	25	9	**1 810**
Total	**119**	**512**	**124**	**84**		**9**	**886**	**469**	**216**	**2 798**	**482**	**2 168**	**486**	**123**	**33**	**8 030**	**127**	**48**	**1 525**	**3 511**	**59**	**14**	**65**	**468**	**969**	**81**	**96**	**43**	**26**	**0**	**138**	**610**	**24 319**

* BE: data 2021. CY: data 2019. IS: data 2018.

** DK: Please note that the number of PDs S2 listed under question 1 includes prior authorisations issued for scheduled treatment abroad according to both the Regulation (EC) No. 883/2004 and Danish Legislation. More than 90% of the total number of authorisations issued in 2022 were issued according to Danish legislation.

*** EE: This number represents S2-s issued Under Article 271(1) of the Health Insurance Act, there are letters of guarantee (27).

**** LU: reported "<5" itself. Therefore, the total reported by LU is correct, but these numbers could not be included in the column Total, or the row Totals for EU-14, EU-13, and EFTA for Luxembourg. As a result, the reported total (8 030) differs from the sum (8 019). LU also reported <5 PDs S2 for which LU was both the competent Member State and the Member States of treatment.

*****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 513 PDs S2 for which NL was both the competent Member State and the Member States of treatment; they are included under Unknown. Therefore, the total number (at least 1 525) is available and larger than the sum of the countries.

Source: PD S2 Questionnaire 2023

Table 11 - Number of PDs S2 received, breakdown by competent Member State, 2022

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	0	0		0	0			767	0	<5	0	0	0	5 498	<5	0	64	5		0	0	0	<5	0	0	0			14	0	6 354
BG	15		<5	0		0	0			28	6	10	0	0	0	<5	<5	0	0	50		0	0	0	0	<5	0	0			28	5	146
CZ	<5	0		0		0	0			<5	<5	0	0	0	0	0	0	0	<5	<5		0	0	0	35	0	0	0			0	<5	47
DK	6	0	0			0	0			5	0	0	0	0	0	0	0	0	<5	<5		0	0	0	0	0	23	0			9	<5	50
DE	64	<5	47	11		0	0			31	37	31	0	0	<5	114	38	0	3 352	3 382		<5	<5	<5	0	<5	5	0			3 473	<5	10 600
EE	0	0	0	<5			0			0	0	0	0	<5	0	0	<5	0	<5	0		0	0	0	0	<5	0	0			<5	0	12
IE	11	0	0	<5		<5	0			<5	0	6	0	0	0	0	0	0	35	<5		0	0	0	0	0	88	0			<5	680	828
EL	7	<5	0	0		<5	0			24	0	81	0	0	0	0	<5	0	5	<5		<5	0	0	0	0	0	0			80	18	222
ES	7	0	<5	<5		0	0			13	0	6	0	0	0	0	<5	0	0	<5		<5	0	0	<5	0	<5	<5			9	<5	55
FR	13 182	0	<5	0		<5	0				0	14	0	0	0	81	<5	0	12	0		7	<5	0	0	0	0	0			249	<5	13 554
HR	52	0	36	0		14	0			<5		26	0	0	0	0	21	0	10	94		0	0	14	0	0	0	0			67	<5	341
IT	33	<5	<5	0		0	0			202	<5		0	0	0	<5	<5	0	50	106		0	0	0	0	0	<5	0			751	8	1 159
CY	6	0	0	0		0	0			14	0	<5		0	0	0	0	0	0	<5		0	0	0	0	0	0	0			<5	26	51
LV	<5	0	0	0		30	0			0	0	<5	0		36	0	0	0	0	0		0	0	0	0	<5	<5	0			<5	0	74
LT	0	0	0	0		<5	0			0	0	0	0	0		0	0	0	5	<5		0	0	0	0	<5	9	0			21	0	39
LU	4 249	0	<5	0		0	0			438	0	5	0	0	<5		0	0	210	<5		0	0	0	0	0	<5	0			78	<5	4 988
HU	<5	0	<5	0		0	0			<5	0	<5	0	0	0	0		0	0	34		0	0	<5	0	0	0	0			37	0	84
MT	0	0	0	0		0	0			0	0	0	0	0	0	0	5		0	0		0	0	0	0	0	0	0			0	7	12
NL	626	<5	8	0		0	0			12	0	0	0	0	0	<5	6	0		19		0	0	0	0	0	<5	0			20	<5	695
AT	<5	0	<5	0		0	0			0	0	<5	0	0	0	0	85	0	<5			0	0	0	<5	0	0	<5			175	<5	273
PL	<5	0	0	0		0	0			<5	0	<5	0	0	0	0	<5	0	5	<5		0	0	0	0	0	<5	<5			<5	0	21
PT	<5	0	0	<5		0	0			6	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0			0	<5	10
RO	32	<5	12	<5		0	0			63	0	80	0	0	0	0	59	0	<5	30		0		0	0	0	0	0			44	0	326
SI	0	0	<5	0		0	0			10	53	32	0	0	0	0	0	0	7	87		0	0		0	0	<5	0			13	<5	207
SK	0	0	780	0		0	0			<5	<5	<5	0	0	0	0	5	0	<5	16		0	0	0		0	0	0			16	0	826
FI	<5	0	<5	<5		31	0			0	0	0	0	0	0	0	0	0	<5	<5		0	0	0	0		5	0			0	<5	46
SE	<5	0	0	<5		0	0			<5	0	<5	0	0	0	0	<5	0	0	0		0	0	0	0	<5		0			<5	0	14
IS	0	0	<5	<5		0	0			0	0	0	0	0	0	0	0	0	6	0		0	0	0	0	0	<5				5	0	14
LI	0	0	0	0		0	0			<5	0	0	0	0	0	0	0	0	<5	0		0	0	0	0	0	0	0			<5	0	6
NO	0	<5	0	<5		0	0			0	0	0	0	0	0	0	<5	0	<5	0		<5	0	0	0	0	0	0			0	0	7
CH	6	0	<5	0		0	0			5 451	0	<5	0	0	0	0	<5	0	<5	504		0	0	<5	5	0	0	0				0	5 978
UK	22	5	82	0		0	0			18	<5	21	0	0	9	0	18	0	30	10		0	0	0	23	5	13	<5			<5		265
EU-27	18 309	9	903	22		79	0			1 629	104	309	0	<5	39	5 693	238	0	3 771	3 845		12	<5	19	39	7	141	<5			5 091	767	41 034
EU-14	18 191	6	66	18		34	0			1 501	40	152	0	0	<5	5 693	144	0	3 736	3 523		12	<5	<5	<5	<5	128	<5			4 860	724	38 848
EU-13	118	<5	837	<5		45	0			128	64	157	0	<5	36	0	94	0	35	322		0	0	15	35	<5	13	<5			231	43	2 186
EFTA	6	<5	<5	<5		0	0			5452	0	<5	0	0	0	0	6	0	12	504		<5	0	<5	5	0	<5	0			9	0	6 005
Total	**18 337**	**15**	**987**	**24**		**79**	**0**			**7 099**	**106**	**333**	**0**	**<5**	**48**	**5 699**	**262**	**0**	**3 813**	**4 359**		**13**	**<5**	**20**	**67**	**12**	**155**	**6**			**5 104**	**767**	**47 310**

* BE: data 2021. IT: data 2020. CY: data 2019. IS: data 2018.

** 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.

*** IE: This information is based on data up to 31.12.22 - <5 claims have been raised against other member states in 2022 (with 12 individual E125s). However, there may have been patients treated for which claims will be raised in 2023 or later.

**** IT: total reported (318) differs from the sum (333).

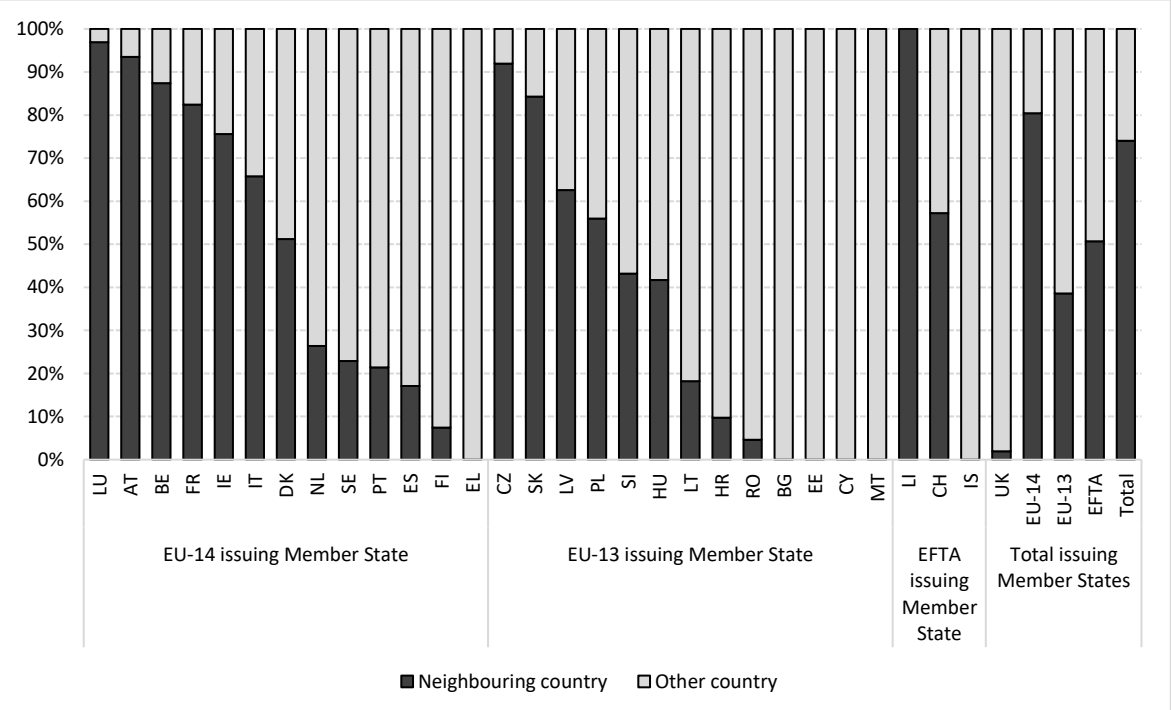
*****LU: reported "<5" itself. Therefore, the total reported by LU is correct, but these numbers could not be included in the column Total, or the row Totals for EU-14, EU-13, and EFTA for Luxembourg. As a result, the reported total (5 699) differs from the sum (5 693).

Source: PD S2 Questionnaire 2023

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.)[61].

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 7* 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 38.6 % of the PDs S2 issued by the EU-13 Member States are for treatment in a neighbouring Member State, compared to 80.4 % of the PD S2 issued by the EU-14 Member States. For instance, Luxembourg, Austria, Czechia, and Liechtenstein have issued more than 90 % of the PDs S2 to receive a scheduled treatment in a neighbouring Member State. On the contrary, Finland, Greece, Croatia, Romania, Bulgaria, Estonia, Cyprus (data 2019), Malta, Iceland (data 2018), and the United Kingdom issued more than 90 % of authorisations for healthcare provided in a non-neighbouring country.

Figure 7 - Number of PDs S2 issued, percentage breakdown by neighbouring country or not, 2022



* BE: data 2021. CY: data 2019. IS: data 2018.

Source: PD S2 Questionnaire 2023

61 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 to calculate the relative frequency of patients exercising their rights for accessing cross-border planned healthcare *(Table 12)*. In 2022, 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.[62] 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 in 2021 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, 2022

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	5 743 090	512	0.009 %	9
CZ	10 862 345	124	0.001 %	1
DK**	5 800 000	84	0.001 %	1
DE***				
EE	1 304 431	9	0.001 %	1
IE	5 101 076	886	0.017 %	17
EL**	8 789 190	469	0.005 %	5
ES	50 215 783	216	0.000 %	0
FR	72 487 183	2 798	0.004 %	4
HR	4 076 919	482	0.012 %	12
IT**	60 000 000	2 168	0.004 %	4
CY*	820 000	486	0.059 %	59
LV	2 305 727	123	0.005 %	5
LT	2 983 826	33	0.001 %	1
LU	950 006	8 030	0.845 %	845
HU	4 111 054	127	0.003 %	3
MT	566 736	48	0.008 %	8
NL	17 455 000	1 525	0.009 %	9
AT	9 223 442	3 511	0.038 %	38
PL	34 128 951	59	0.000 %	0
PT		14		
RO	16 355 740	65	0.000 %	0
SI	2 151 163	468	0.022 %	22
SK	5 185 221	969	0.019 %	19
FI	5 916 398	81	0.001 %	1
SE	5 818 550	96	0.002 %	2
IS*	355 766	43	0.012 %	12
LI	41 229	26	0.063 %	63
NO	5 489 000	0	0.000 %	0
CH	8 700 000	138	0.002 %	2
UK		610		
Total	**358 437 072**	**23 695**	**0.007 %**	**7**

* BE: data 2021. 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. CY: data 2019. IS: data 2018.

** DK and IT: number of insured persons data 2020. DE and EL: number of insured persons data 2021. DK: The figure of 5.8 million is the number of Danish inhabitants in 2020, and not the actual number of Danish insured persons. The Danish healthcare system is residence-based i.e., all persons registered as residents in Denmark, will be enrolled in the Danish health insurance scheme. However, some persons are entitled to be insured in Denmark pursuant to EU-legislation (Regulation (EC) No. 883/2004 on the coordination of social security systems or the Withdrawal Agreement between EU and the UK), even though they are not residing in Denmark - and other persons residing in Denmark are insured at the expense of another Member State pursuant to the Regulations and the Withdrawal Agreement, and thus will not be entitled to a Danish issued PDs S2, but must apply for the PDs S2 from their Competent Member State.

*** Estimate for Germany: 0.014 % based on number of PDs S2 issued in *Table 11*. Total including DE: 0.008 %.

Source: EHIC and PD S2 Questionnaire 2023

62 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 600 in 100 000 insured persons. In addition, Belgium (data 2021), Switzerland, and Austria also receive a large number of 'patients' in relative terms, namely more than 45 in 100 000. In total, around 18 in 100 000 insured persons received planned cross-border healthcare based on a prior authorisation in 2022.

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, 2022

	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	5 743 090	15	0.000 %	0
CZ	10 862 345	987	0.009 %	9
DK**	5 800 000	24	0.000 %	0
DE***	74 000 000			
EE	1 304 431	79	0.006 %	6
IE	5 101 076	0	0.000 %	0
EL**	8 789 190			
ES	50 215 783			
FR	72 487 183	7 099	0.010 %	10
HR	4 076 919	106	0.003 %	3
IT**	60 000 000	333	0.001 %	1
CY*	820 000	0	0.000 %	0
LV	2 305 727	<5	0.000 %	0
LT	2 983 826	48	0.002 %	2
LU	950 006	5 699	0.600 %	600
HU	4 111 054	262	0.006 %	6
MT	566 736	0	0.000 %	0
NL	17 455 000	3 813	0.022 %	22
AT	9 223 442	4359	0.047 %	47
PL	34 128 951			
PT		13		
RO	16 355 740	<5	0.000 %	0
SI	2 151 163	20	0.001 %	1
SK	5 185 221	67	0.001 %	1
FI	5 916 398	12	0.000 %	0
SE	5 818 550	155	0.003 %	3
IS*	355 766	6	0.002 %	2
LI	41 229			
NO	5 489 000			
CH	8 700 000	5 104	0.059 %	59
UK		767		
Total	**259 772 919**	**46 530**	**0.018 %**	**18**

* BE: data 2021. IT: data 2020. CY: data 2019. IS: data 2018.

** DK and IT: number of insured persons data 2020. DE and EL: number of insured persons data 2021. DK: The figure of 5.8 million is the number of Danish inhabitants in 2020, and not the actual number of Danish insured persons. The Danish healthcare system is residence-based i.e., all persons registered as residents in Denmark, will be enrolled in the Danish health insurance scheme. However, some persons are entitled to be insured in Denmark pursuant to EU-legislation (Regulation (EC) No. 883/2004 on the coordination of social security systems or the Withdrawal Agreement between EU and the UK), even though they are not residing in Denmark - and other persons residing in Denmark are insured at the expense of another Member State pursuant to the Regulations and the Withdrawal Agreement, and thus will not be entitled to a Danish issued PDs S2, but must apply for the PDs S2 from their Competent Member State.

*** Estimate for Germany: 0.013% based on number of PDs S2 received in *Table 10*. Total including DE: 0.0017 %.

Source: EHIC and PD S2 Questionnaire 2023

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

The data for reference year 2022 are compared with previous years to look into developments in terms of number of persons accessing planned healthcare abroad. In the previous report, it was noted that the impact of the COVID-19 pandemic, which was clearly reflected from 2019 to 2020, did not proceed from 2020 to 2021. However, from 2021 to

2022 we see a mixed image. While the number of issued PDs S2 decreased by 2.1 %, the number of received PDs S2 increased by 15.7 %.

In terms of PDs S2 issued, the most remarkable increases are noted in Liechtenstein (+333.3 %) and Malta (+65.5 %), although in both Member States, the number of issued PDs S2 remains below 50. Additionally, the number of PDs S2 issued by Croatia increased by 41.3 %, which brings the number back to the level of before the COVID-19 pandemic in 2019. The main issuing Member State Luxembourg knew a decline in the number of PDs S2 issued, which seems to have been going on from 2018 onwards. In 2018, Luxembourg still issued 12 754 PDs S2 whereas in 2022 'only' 8 030 PDs S2 were issued, or a decrease of 37.0 %. Other important issuing Member States Austria (+19.4 %) and France (+13.6 %) have seen a growth in the number of PDs S2 issued.

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 (+12.6 %), Luxembourg (+11.2 %), and the Netherlands (+95.2 %). On the contrary, Switzerland reported to have received less PDs S2 than in 2021 (-10.8 %).

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, although it is anticipated that the numbers will increase in 2023.

Furthermore, Directive 2011/24/EU was due to be transposed by the Member States by 25 October 2013.[63] 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 (see also *Table a10 in Annex II*). This is the opinion of Austria, Bulgaria, Croatia, Denmark, Estonia, Finland, Hungary, Ireland, Latvia, Luxembourg, Malta, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, and the Netherlands.

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

Table 14 - Evolution of the number of PDs S2 issued and received, 2017-2022

	Issued								Received							
MS	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**Change in numbers 2021 vs. 2022**	**% change 2021 vs. 2022**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**Change in numbers 2021 vs. 2022**	**% change 2021 vs. 2022**
BE	280	226	208	121	119				22 511	26 839	27 224	18 551	18 337			
BG	632	609	573	470	498	512	14	2.8 %	<5	8	17	<5	6	15	9	150.0 %
CZ	150	144	168	116	132	124	-8	-6.1 %	1 272	1 195	1 241	1 329	601	987	386	64.2 %
DK	139	202	221	85	82	84	2	2.4 %	32	40	12	<5	12	24	12	100.0 %
DE																
EE		19	23	16	11	9	-2	-18.2 %		129	76	18	41	79	38	92.7 %
IE		1 210	1 200		748	886	138	18.4 %		16			0	0	0	
EL	465	605		521	455	469	14	3.1 %	82			234	20			
ES	373	389	405	222	459	216	-243	-52.9 %				90				
FR	4 716	3 867	2 631	2 925	2 462	2 798	336	13.6 %	2 761	1 597	1 977	1 415	6 302	7 099	797	12.6 %
HR	460	460	477	288	341	482	141	41.3 %	62	74	48	66	59	106	47	79.7 %
IT	147	2 338		2 139		2 168	29	1.4 %	199	333		333				
CY	320	430	486						0	0	0					
LV	191	189	149	151	119	123	4	3.4 %	0	0	<5	9	0	<5	<5	
LT	42	54	38	48	52	33	-19	-36.5 %	50	47	50	97	90	48	-42	-46.7 %
LU	12 658	12 754	11 765	9 082	8 810	8 030	-780	-8.9 %	1 916	2 927	3 886	3 658	5 127	5 699	572	11.2 %
HU	300	245	275	183	160	127	-33	-20.6 %	155	142	256	27	258	262	4	1.6 %
MT	28	32	54	33	29	48	19	65.5 %	0	<5	<5	0	0	0	0	
NL	1 055	2 056	3 044	751	1 753	1 525	-228	-13.0 %	2 721		3 315	1 757	1 953	3 813	1 860	95.2 %
AT	4 762	4 200	4 732	3 333	2 941	3 511	570	19.4 %	5 354	5 289	5 806	3 881	3 564	4 359	795	22.3 %
PL	111	81	58	44	58	59	1	1.7 %								
PT	60	43	28	15	10	14	4	40.0 %				21	24	13	-11	-45.8 %
RO	711		808	529	665	65	-600	-90.2 %	<5		<5	9	16	<5	-12	-75.0 %
SI	366	405	426		418	468	50	12.0 %	37	38	34		20	20	0	0.0 %
SK	914	961	1 049	889	727	969	242	33.3 %	98	53	49	47	61	67	6	9.8 %
FI	106	103	102	73	93	81	-12	-12.9 %	18	34	38	5	10	12	2	20.0 %
SE			17		79	96	17	21.5 %	258	154	38		190	155	-35	-18.4 %
IS	22	43							7	6						
LI		29	20	<5	6	26	20	333.3 %		<5		6				
NO	<5	<5		<5	0	0	0		10	0			26			
CH	95	104	124	121	108	138	30	27.8 %	7 652	7 832	7 480	5 654	5 719	5 104	-615	-10.8 %
UK	1 352	1 487			740	610	-130	-17.6 %	1 241	1 357			704	767	63	8.9 %
Total*					**22 075**	**21 622**	**-453**	**-2.1 %**					**24 757**	**28 634**	**3 877**	**15.7 %**

* Total only includes numbers for Member States which could report data for both 2021 and 2022.

Source: Administrative data PD S2 Questionnaire 2018 to 2023

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 233 000 claims were received for an amount of EUR 236.8 million. From the perspective of the Member State of treatment (creditor's perspective), some 35 000 claims were issued, amounting to EUR 154.7 million. Nevertheless, as can be seen from *Table 15,* several Member States did not provide any data, among others Belgium, 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 must pay a certain amount. In absolute figures, the main debtors are Germany, France, and Austria, both in terms of claims received and amount to be paid. Additionally, the United Kingdom paid more than EUR 17 million. Furthermore, Ireland and Romania show 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 to grasp the impact of cross-border planned healthcare. Overall, the share only amounts to 0.022 % of total healthcare spending related to benefits in kind. For all reporting countries the budgetary impact is marginal, namely less than 0.25 % (no data for Luxembourg).

On the right-hand side of *Table 15* information concerning the creditor's perspective can be found. Thus, this is the Member State of treatment, which issued claims for reimbursement and receives the amount from the competent Member State. This information is useful as well, as planned cross-border healthcare might put a pressure on the availability of medical equipment and services. Both regarding the number of forms issued and the amount received, the most important creditors seem to be Germany, Switzerland, France, and Austria. Especially Germany stands out with a claimed amount of more than EUR 74 million. The average impact of planned cross-border healthcare from a creditor's perspective remains limited as well with an average of some 0.014 % of total healthcare spending related to benefits in kind. In none of the Member States does it exceed 0.25 %.

The evolution from 2021 to 2022 is also reported in *Table 15* below. On average, for the Member States with both data for 2021 and 2022, the amount claimed in 2022 is higher compared to 2021 from a debtor's perspective (+74.1 %), as well as from a creditor's perspective (+8.9 %). This evolution is strongly influenced by France, which shows remarkable growth, mainly as a debtor (+506.4 %) but also as a creditor (+27.4 %). The increase in terms of debtor is almost exclusively due to an increase of forms and amount claimed for Belgium as Member State of treatment. The number of forms increased from 9 527 to 201 174, and the amount from EUR 5.9 million to EUR 97.4 million. When excluding Belgium as Member State of treatment, the evolution for France as a debtor 'only' amounts to 55 % in terms of forms (instead of 1 551 %) and 3 % in terms of amount (instead of 506 %). This may have to do with broader bilateral agreements between France and Belgium under which healthcare is provided in border regions.

From a debtor's perspective as well, the increase reported by France is mainly due to one competent Member State, namely Switzerland. The number of forms for Switzerland grew from 76 to 1 829, and the amount from EUR 90 288 to EUR 1.6 million. Again, when excluding Switzerland as a competent Member State, the evolution for France as a creditor is less remarkable, namely 23 % in terms of forms (instead of 92 %), and 13 % in terms of amount (instead of 27 %).

Furthermore, from a debtor's perspective, both Hungary (+488.1 %) and Finland (+416.6%) knew strong increases in the amount claimed from 2021 to 2022.

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 France to Belgium (data 2021), from Germany to Austria, from Switzerland to Germany, from Belgium to Luxembourg, from the United Kingdom to Ireland, and from Germany to Luxembourg.

Table 15 - Budgetary impact of cross-border planned health care, 2021-2022

	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	
	2021	2022	Evolution 2021 vs. 2022	2021	2022	Evolution 2021 vs. 2022	2021	2022	2021	2022	Evolution 2021 vs. 2022	2021	2022	Evolution 2021 vs. 2022	2021	2022
BE**	23 942			41 707 836			0.133 %		98 816			55 719 195			0.177 %	
BG	3 033	671	-77.9 %	4 030 118	7 039 897	74.7 %	0.152 %	0.234 %	19	<5	-89.5 %	6 144	538	-91.2 %	0.000 %	0.000 %
CZ	164	107	-34.8 %	922 033	990 061	7.4 %	0.008 %	0.008 %	601	987	64.2 %	4 212 862	8 433 583	100.2 %	0.035 %	0.064 %
DK	102	80	-21.6 %	1 108 736	753 604	-32.0 %	0.006 %	0.004 %	83	22	-73.5 %	358 237	477 156	33.2 %	0.002 %	0.003 %
DE	9 736	10 093	3.7 %	19 882 593	22 005 396	10.7 %	0.007 %	0.007 %	13 091	14 425	10.2 %	75 033 440	74 201 010	-1.1 %	0.026 %	0.025 %
EE	27	27	0.0 %	510 100	247 277	-51.5 %	0.043 %	0.020 %	45	107	137.8 %	80 043	125 259	56.5 %	0.007 %	0.010 %
IE	380	594	56.3 %	8 130 874	13 840 403	70.2 %	0.050 %	0.071 %		12			1 452 642			0.007 %
EL	558	665	19.2 %	2 855 768	3 431 569	20.2 %	0.034 %	0.035 %	82	62	-24.4 %	175 625	121 520	-30.8 %	0.002 %	0.001 %
ES	372	418	12.4 %	1 915 294	1 825 560	-4.7 %	0.003 %	0.002 %	483	407	-15.7 %	920 310	1 296 215	40.8 %	0.001 %	0.002 %
FR	12 458	205 720	1 551.3 %	18 135 480	109 973 913	506.4 %	0.009 %	0.053 %	2 529	4 853	91.9 %	10 608 110	13 479 369	27.1 %	0.005 %	0.007 %
HR	490	488	-0.4 %	9 026 680	3 209 468	-64.4 %	0.271 %	0.095 %	52	94	80.8 %	1 927 912	3 582 820	85.8 %	0.058 %	0.106 %
IT																
CY																
LV	281	<5	-99.6 %	2 030 471	683	-100.0 %	0.187 %	0.000 %	0	157		0	2 864 797		0.000 %	0.237 %
LT	163	133	-18.4 %	472 793	687 542	45.4 %	0.023 %	0.030 %	293	116	-60.4 %	1 319 212	2 808 731	112.9 %	0.065 %	0.121 %
LU																
HU	36	145	302.8 %	669 377	3 936 539	488.1 %	0.011 %	0.057 %	206	176	-14.6 %	2 811 568	1 916 154	-31.8 %	0.047 %	0.028 %
MT	9	23	155.6 %	98 984	271 682	174.5 %	0.016 %	0.039 %	0	0		0	0		0.000 %	0.000 %
NL	3 844	3 541	-7.9 %	10 088 682	9 615 649	-4.7 %	0.017 %	0.015 %								
AT	4 567	4 001	-12.4 %	14 500 633	13 391 189	-7.7 %	0.055 %	0.049 %	3 703	4 238	14.4 %	13 273 697	13 002 068	-2.0 %	0.051 %	0.047 %
PL	74	20	-73.0 %	621 304	35 729	-94.2 %	0.003 %	0.000 %	449	534	18.9 %	242 718	279 117	15.0 %	0.001 %	0.001 %
PT	<5	<5	33.3 %	24 915	1 127	-95.5 %	0.000 %	0.000 %	39	27	-30.8 %	9 869	19 094	93.5 %	0.000 %	0.000 %
RO	1 003	956	-4.7 %	10 713 952	10 977 392	2.5 %	0.113 %	0.107 %	7	<5	-71.4 %	1 018	1 258	23.5 %	0.000 %	0.000 %
SI	312	374	19.9 %	2 671 961	2 113 659	-20.9 %	0.088 %	0.062 %	13	20	53.8 %	18 667	354 674	1800.0 %	0.001 %	0.010 %
SK	697	898	28.8 %	7 184 566	8 708 379	21.2 %	0.152 %	0.183 %	160	96	-40.0 %	144 250	113 988	-21.0 %	0.003 %	0.002 %
FI	68	90	32.4 %	197 646	1 020 977	416.6 %	0.001 %	0.007 %	17	5	-70.6 %	81 318	11 313	-86.1 %	0.001 %	0.000 %
SE	9	39	333.3 %	0	203 207			0.001 %	195	184	-5.6 %		3 505 598			0.011 %
IS																
LI									<5	10	900.0 %	34 980	38 222	9.3 %		
NO									16	21	31.3 %	112 557	432 813	284.5 %	0.001 %	0.002 %
CH	1 352	2 975	120.0 %	2 039 046	5 431 400	166.4 %	0.005 %	0.012 %	7 958	6 878	-13.6 %	23 193 259	22 858 081	-1.4 %	0.054 %	0.051 %
UK	928	759	-18.2 %	18 171 732	17 062 740	-6.1 %	0.010 %	0.009 %	1 449	1 195	-17.5 %	2 927 514	3 275 475	11.9 %	0.002 %	0.002 %
Total*		**232 822**	**472.5 %**		**236 775 041**	**74.1 %**	**0.013 %**	**0.022 %**		**34 630**	**9.9 %**		**154 651 494**	**8.9 %**	**0.013 %**	**0.014 %**

* The total reported is the sum of all reporting Member States in 2022. The evolution reported only takes into account those Member States which could report data for both 2021 and 2022. The share in total healthcare spending is only calculated in 2021 and 2022 for Member States which could report data on the amount in both years.

** 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.

Source: Administrative data PD S2 Questionnaire 2023 and Eurostat [spr_exp_fsi] data 2019 (UK data 2018)

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 2022[64]. In total, these Member States refused 4 156 requests for prior authorisation for treatment abroad (PD S2) (*Table 16*). The majority of these refusals originate from France (1 515 refusals) and Luxembourg (1 289 refusals), as together they account for 67.5 % 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 7 099 request for PDs S2; Luxembourg 5 699; the total number received is 47 310, see *Table 11*).

In relative terms, the refusal rate is particularly high in Norway (100.0 %, although it only concerns 9 requests), Portugal (73.1 %), Belgium (64.4 %, data 2021), Finland (43.0 %), Estonia (40.0 %), France (35.1 %), Romania (35.0 %), and Czechia (32.2 %). On average, approximately 14.9 % of the requests for a PD S2 were refused by the reporting Member States. This overall rate used to be highly influenced by the 'lower' refusal rate in Luxembourg in previous years, but the refusal rate in Luxembourg has increased in 2022 (from 8.7 % in 2021 to 13.8 % in 2022). Therefore, the difference between the refusal rate including Luxembourg (14.9 %) and excluding Luxembourg (15.5%) is not that significant anymore. The general increase in the refusal rate between 2014 and 2020, which stopped in 2021, has continued in 2022, as the highest refusal rate ever noted can be seen.

Table 16 - Number of PDs S2 requests refused and accepted, 2013-2022

	2022					% refused in …								
	Issued	Refused	Total	% accepted	% refused	2013	2014	2015	2016	2017	2018	2019	2020	2021
BE*	119	215	334	35.6 %	64.4 %	23.5 %	42.0 %	46.6 %	35.1 %	49.3 %	58.5 %	62.2 %	63.1 %	64.4 %
BG	512	13	525	97.5 %	2.5 %	7.5 %	10.6 %	9.8 %	3.2 %	2.2 %	3.9 %	3.9 %	2.7 %	5.7 %
CZ	124	59	183	67.8 %	32.2 %	20.0 %	33.8 %	41.6 %	32.2 %	23.5 %	21.7 %	32.0 %	32.6 %	35.3 %
DK	84	<5	88	95.5 %	4.5 %	n.a.	0.0 %	7.7 %	13.3 %	6.7 %	4.3 %	3.1 %	8.6 %	2.4 %
DE														
EE	9	6	15	60.0 %	40.0 %	10.3 %	10.0 %	9.5 %	n.a.		0.0 %	39.5 %	46.7 %	35.3 %
IE	886	77	963	92.0 %	8.0 %	3.7 %	6.2 %	7.4 %	2.8 %		3.5 %	5.7 %		5.3 %
EL	469	27	496	94.6 %	5.4 %	6.5 %	1.8 %	3.9 %	4.7 %	3.3 %	0.2 %		4.9 %	5.2 %
ES	216	16	232	93.1 %	6.9 %	n.a.	n.a.	n.a.	n.a.	0.0 %			7.9 %	5.2 %
FR	2 798	1 515	4 313	64.9 %	35.1 %	n.a.	44.5 %	n.a.	24.0 %	27.2 %	29.8 %	30.4 %	35.2 %	27.0 %
HR	482	53	535	90.1 %	9.9 %	n.a.	18.0 %	15.1 %	14.0 %	13.2 %	12.5 %	10.1 %	8.6 %	11.7 %
IT*	2 168	32	2 200	98.5 %	1.5 %	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	123	<5	127	96.9 %	3.1 %	7.0 %	4.0 %	6.2 %	n.a.	6.8 %	8.3 %	6.3 %	3.2 %	4.8 %
LT	33	0	33	100.0 %	0.0 %	0.0 %	0.0 %	23.9 %	7.9 %	4.5 %	0.0 %	2.6 %	0.0 %	0.0 %
LU	8 030	1 289	9 319	86.2 %	13.8 %	3.4 %	4.9 %	4.9 %	14.2 %	10.8 %	6.8 %	9.9 %	9.2 %	8.7 %
HU	127	26	153	83.0 %	17.0 %	n.a.	n.a.	22.6 %	21.8 %	11.0 %	9.9 %	8.9 %	12.9 %	14.9 %
MT	48	0	48	100.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	5.9 %	1.8 %	0.0 %	0.0 %
NL	1 525	17	1 542	98.9 %	1.1 %	n.a.	n.a.	1.3 %	n.a.				3.3 %	0.7 %
AT	3 511	440	3 951	88.9 %	11.1 %	n.a.	3.7 %	5.6 %	7.2 %	8.5 %	9.1 %	9.6 %	12.8 %	12.6 %
PL	59	<5	62	95.2 %	4.8 %	21.4 %	19.4 %	10.7 %	9.9 %	29.7 %	6.9 %	13.4 %	0.0 %	3.3 %
PT	14	38	52	26.9 %	73.1 %	28.2 %	27.8 %	10.9 %	14.9 %	22.1 %	35.8 %	31.7 %	25.0 %	23.1 %
RO	65	35	100	65.0 %	35.0 %	3.1 %	4.5 %	7.1 %	6.7 %	5.1 %		5.2 %	4.0 %	6.5 %
SI	468	46	514	91.1 %	8.9 %		8.3 %	4.8 %	6.1 %	5.4 %	7.5 %	16.8 %		13.1 %
SK	969	36	1 005	96.4 %	3.6 %	7.0 %	5.9 %	7.6 %	3.0 %	3.4 %	3.8 %	4.4 %	2.6 %	3.8 %
FI	81	61	142	57.0 %	43.0 %	57.9 %	57.5 %	49.7 %	47.3 %	43.3 %	49.8 %	40.0 %	31.8 %	36.7 %
SE						n.a.	35.5 %	n.a.	n.a.				79.5 %	70.7 %
IS*	43	0	43	100.0 %	0.0 %	n.a.	n.a.	n.a.	n.a.	12.0 %	0.0 %	0.0 %		
LI						0.0 %	0.0 %	0.0 %	n.a.				0.0 %	0.0 %
NO	0	9	9	0.0 %	100.0 %	n.a.	54.0 %	47.9 %	94.4 %	96.4 %	82.4 %		88.9 %	100.0 %
CH	138	26	164	84.1 %	15.9 %	n.a.	n.a.	20.5 %	35.5 %	38.3 %	23.0 %	25.7 %	23.9 %	15.6 %
UK	610	109	719	84.8 %	15.2 %	0.5 %	3.9 %	4.4 %	4.3 %	5.8 %	4.1 %		2.7 %	8.0 %
Total	**23 711**	**4 156**	**27 867**	**85.1 %**	**14.9 %**	**n.a.**	**8.2 %**	**7.0 %**	**13.8 %**	**13.7 %**	**11.3 %**	**13.4 %**	**14.0 %**	**12.5 %**

* BE: data 2021. IS: data 2018. IT: data number of refused 2020.

** DK: In 2022, The Danish Patient Safety Authority refused to issue <5 PDs S2 for hospital treatment in Denmark for Danish pensioners residing in another Member State as the treatment required could be given within a medically justifiable time limit in the country of residence, and thus the conditions set out in Article 20 (2) of the Basic Regulation were not met. The refusals to issue authorisation (PD S2) for planned hospital treatment in Denmark are not included in our reply.

Source: Administrative data PD S2 Questionnaire 2014 - 2023

[64] BE: data 2021. IS: data 2018. IT: data number of refused 2020.

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, 2022 (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	13	0 %	100 %	0 %
CZ	59	app. 5 %	app. 85 %	app. 10 %
DK***	<5	0 %	100 %	0 %
DE				
EE	6	0 %	100 %	0 %
IE	77	0 %	19 %	81 %
EL	27	0 %	100 %	0 %
ES	20	5 %	15 %	80 %
FR	1515	12 %	19 %	69 %
HR	53	36 %	45 %	19 %
IT**	235	53 %	45 %	2 %
CY				
LV	<5	0 %	100 %	0 %
LT	0			
LU				
HU	24	0 %	100 %	0 %
MT	0			
NL	17			Most cases
AT	440	4 %	83 %	13 %
PL	<5	33 %	67 %	0 %
PT	38	3 %	0 %	97 %
RO	35	14 %	6 %	80 %
SI	47	32 %	21 %	47 %
SK	36	6 %	50 %	44 %
FI	60	7 %	77 %	17 %
SE				
IS**	0			
LI				
NO	9	0 %	44 %	56 %
CH	26	19 %	69 %	12 %
UK	109	17 %	18 %	65 %
Unweighted average		**11 %**	**58 %**	**32 %**

* The total number of refusals does not always match the total number of refusals as multiple reasons for refusal can be allocated to one refusal and some Member States were not able to provide the reasons for (some) refusals.

** BE: data 2021. IT: data 2020. IS: data 2018.

*** DK: In 2022, The Danish Patient Safety Authority refused to issue <5 PDs S2 for hospital treatment in Denmark for Danish pensioners residing in another Member State as the treatment required could be given within a medically justifiable time limit in the country of residence, and thus the conditions set out in Article 20 (2) of the Basic Regulation were not met. The refusals to issue authorisation (PD S2) for planned hospital treatment in Denmark are not included in our reply.

Source: Administrative data PD S2 Questionnaire 2023

Most authorisation requests were refused because the treatment could be delivered within a medically justifiable period in the competent Member State (58 % unweighted average) *(Table 17)*. This was the main reason in Bulgaria, Czechia, Denmark, Estonia, Greece, Croatia, Latvia, Hungary, Austria, Poland, Slovakia, 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 Italy (data 2020). In total, this reason was only used for 11 % of refusals. Finally, around one third of refusals occurred due to other reasons (33 %). This was the main reason in Belgium (data 2021), Ireland, Spain, France, the Netherlands, Portugal, Romania, Slovenia, 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 an application which was submitted after the legal time limit or withdrawn due to a long waiting period, that the care in question was already provided without prior authorisation, or that the person was not covered by the Member State's social security. 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 2022 and its evolution over the years is shown in *Table 18*. The 23 Member States which were able to provide figures on the number of contested decisions received 390 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 Greece (100 %), Croatia (28.3 %), Slovenia (28.3 %), the United Kingdom (27.5 %), and Ireland (26.0 %).

Table 18 - Percentage of contested decisions to refuse to issue a PD S2, 2013-2022

	2022			% 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	2021
BE				n.a.	1.8 %	n.a.	n.a.	n.a.	n.a.	n.a.		
BG	<5	13	15.4 %	15.8 %	33.3 %	25.0 %	33.3 %	14.3 %	28.0 %	26.1 %	23.1 %	16.7 %
CZ	8	59	13.6 %	24.0 %	20.0 %	8.3 %	18.2 %	19.6 %	15.0 %	17.7 %	21.4 %	15.3 %
DK	0	<5	0.0 %	n.a.	0.0 %	0.0 %	14.3 %	40.0 %	0.0 %	0.0 %	0.0 %	100.0 %
DE												
EE	0	6	0.0 %							0.0 %	0.0 %	0.0 %
IE	20	77	26.0 %	15.4 %	29.3 %	17.6 %	28.0 %		22.7 %	27.8 %		57.1 %
EL	27	27	100.0 %	25.0 %	45.5 %	0.0 %	52.6 %	18.8 %			59.3 %	100.0 %*
ES	0	16	0.0 %								5.3 %	0.0 %
FR	95	1 515	6.3 %				11.3 %		1.1 %	2.2 %	0.4 %	1.4 %
HR	15	53	28.3 %	n.a.	n.a.	16.3 %	22.4 %	25.7 %	19.7 %		14.8 %	20.0 %
IT				n.a.	n.a.	14.1 %	n.a.	40.9 %				
CY												
LV	0	<5	0.0 %	15.4 %	10.0 %	0.0 %	n.a.	7.1 %	0.0 %	0.0 %	0.0 %	0.0 %
LT	0	0		n.a.	0.0 %	0.0 %	n.a.	0.0 %	0.0 %	0.0 %		
LU	+/-150	1 289	11.6 %	9.1 %	app. 12 %	5.7 %	1.9 %	8.4 %	12.3 %	18.2 %	18.8 %	17.9 %
HU	<5	26	15.4 %	42.3 %	17.0 %	6.3 %	6.0 %	8.1 %	22.2 %	14.8 %	25.9 %	17.9 %
MT	0	0							0.0 %	0.0 %		
NL						11.9 %						
AT	11	440	2.5 %	n.a.	n.a.	1.4 %	1.7 %	0.9 %	0.9 %	0.4 %	1.8 %	0.0 %
PL				n.a.	26.3 %	15.4 %	18.2 %	19.1 %	16.7 %	22.2 %		0.0 %
PT	<5	38	2.6 %	0.0 %	0.0 %	0.0 %	15.4 %	5.9 %	8.3 %	38.5 %	0.0 %	0.0 %
RO	0	35	0.0 %	0.0 %	2.4 %	3.4 %	6.8 %	2.6 %		4.5 %	0.0 %	0.0 %
SI	13	46	28.3 %	n.a.	28.9 %	41.2 %	18.5 %	28.6 %	239.4 %	30.2 %		27.0 %
SK	8	36	22.2 %	20.7 %	2.0 %	34.9 %	54.2 %	0.0 %	5.3 %	10.4 %	8.3 %	13.8 %
FI	<5	61	6.6 %	15.8 %	17.3 %	12.4 %	10.6 %	6.2 %	5.9 %	4.4 %	5.9 %	3.7 %
SE											0.0 %	
IS				n.a.	n.a.	n.a.	n.a.	0.0 %	0.0 %			
LI												
NO	0	9	0.0 %		27.8 %	6.5 %		7.4 %	7.1 %	16.7 %	25.0 %	10.0 %
CH	<5	26	7.7 %			9.4 %	6.5 %	8.5 %	6.5 %	0.0 %	23.7 %	10.0 %
UK	30	109	27.5 %			4.6 %	14.0 %	18.8 %	26.6 %		21.6 %	28.1 %
Weighted average	**390**	**3 889**	**10.0 %**	**n.a.**	**10.7 %**	**8.4 %**	**6.4 %**	**8.7 %**	**6.0 %**	**10.0 %**	**6.9 %**	**10.5 %**
Unweighted average			**14.9 %**					**13.4 %**	**9.9 %**	**11.7 %**	**12.5 %**	**19.9 %**

* EL reported more contested decisions (47) than refusals (25) in 2021. Therefore, the number of contested decisions was set equal to the number of refusals.

Source: Administrative data PD S2 Questionnaire 2023

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 the reporting Member States issued PDs S2 exclusively for treatments that are included in the services provided for by their legislation[65]. In Belgium (data 2021), Greece, Lithuania, 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, most PDs S2 issued by Czechia, 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 (100.0 %) and Croatia (81.3 %), PDs S2 were almost exclusively issued for the treatment that is not included in the services provided by its legislation[66]. 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, 2022

	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	100.0 %	0.0 %
CZ	58.1 %	41.9 %
DK	100.0 %	0.0 %
DE		
EE	100.0 %	0.0 %
IE	0.0 %	100.0 %
EL	93.0 %	7.0 %
ES	100.0 %	0.0 %
FR	100.0 %	0.0 %
HR	18.7 %	81.3 %
IT*	60.3 %	39.7 %
CY*	100.0 %	0.0 %
LV	100.0 %	0.0 %
LT	90.9 %	9.1 %
LU		
HU	99.0 %	1.0 %
MT	100.0 %	0.0 %
NL	100.0 %	0.0 %
AT	89.0 %	11.0 %
PL	100.0 %	0.0 %
PT		
RO	100.0 %	0.0 %
SI	100.0 %	0.0 %
SK	100.0 %	0.0 %
FI	79.0 %	21.0 %
SE	100.0 %	0.0 %
IS*	100.0 %	0.0 %
LI		
NO		
CH		
UK	95.2 %	4.8 %
Weighted average	**83.2 %**	**8.4 %**
Unweighted average	**87.7 %**	**12.3 %**

* BE: data 2021. IT: data 2020. CY: data 2019. IS: data 2018.

Source: Administrative data PD S2 Questionnaire 2023

65 BG, DK, EE, ES, FR, CY (data 2019), LV, MT, NL, PL, RO, SI, SK, SE, and IS (data 2018).

66 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 (2021), CZ, DK, EE, EL, FR, HR, LT, HU, MT, AT, PL, PT, SE, and CH) *(Annex IV)*.[67] These parallel procedures are mostly the result of provisions in national legislation (e.g. reported by CZ, DK, EE, HR, HU, MT, AT, PL, and PT) or in (bilateral) agreements (for instance Ostbelgien Regelung,[68] ZOAST[69], agreement between Malta and the UK, agreement between Sweden, Norway and Finland for persons living in border areas). In Lithuania, the parallel scheme was implemented from 1 July 2022 onwards, which means that patients can be referred abroad also if the possibilities of examination and treatment in Lithuania have already been used and the treatment method applied abroad could effectively affect the patient's state of health and prolong the patient's life and/or reduce the disability.

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. For reference year 2021, 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 511 cases under national legislation in 2022, and Estonia issued 27 letters of guarantee in 2022. 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

Most of the Member States did not reply to the question on inappropriate use or mentioned that such information is not available (CZ, FI, DE, EL, IT, LI, LT, LU, PL, PT, SK, SI, ES, SE, CH, and NL). Additionally, many Member States reported that no cases of fraud or error were found (BG, HR, DK, EE, HU, IE, LV, MT, NO, RO, and UK). 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. Finally, in terms of efforts and methodology, France mentioned that supervising the relevance of PDs S2 is difficult, and if they are wrongly granted or refused, the error comes from the institution and not from the insured. Romania reported having executed 1 audit or investigation and 2 human resources allocated on detecting fraud and error, but none was found in 2022.

[67] 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

[68] 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.

[69] 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, 2022

	Description
BE	
BG	We inform the interested stakeholders about the differences and stress on the comparative advantages for planned healthcare abroad under the terms of Regulation (EC) No 883/2004 as compared with the terms of the Directive. In 2022 we have not introduced new measures to disseminate the information to raise awareness amongst patients and healthcare providers.
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 articles also point out opportunities for planned healthcare abroad.
IE	Responding to telephone and email queries. Providing information via our website.
EL	Related information is provided through: a) the dedicated webpages of the website of the National Contact Point (NCP) for Cross-border Healthcare (https://eu-healthcare.eopyy.gov.gr/en/) utilizing FAQ, checklists, etc, b) personal appointment with the NCP or the regional offices for individual consultation, c) publishing the patients' manual on the NCP's website, d) collaborating with patients' organizations, e) participating in conferences/fora etc.
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	No legal criteria have been defined by France to allow the authorization of planned care under the Directive
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	Either at the counter or by phone. Insured persons for detailed information on Regulation and Directive receive comprehensive and clear information. Furthermore, Competent Institutions have a dedicated web page for cross-border healthcare.
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): https://ligoniukasa.lrv.lt/lt/veiklos-sritys/keliaujantiems-apdraustiesiems/gydymas-uzsienyje/gydymosi-europos-sajungoje-galimybes/planinis-gydymas This organisation acts as a National Contact Point for Cross-border Healthcare as well. The information published on the NHIF website 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.
AT	• Personal advice to patients if necessary • Provision of guides and information brochures
PL	All the information on planned medical treatment abroad is available on the website https://www.nfz.gov.pl/dla-pacjenta/medical-treatment-abroad/ (ENG). 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

	Description
	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	RO liaison body and competent institutions permanently carries out activities to inform the insured persons and the healthcare providers regarding the differences between 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 S2. Information is provided on Kela's website (www.kela.fi). The customer service in Kela's Centre for International Affairs is also advising patients and healthcare providers. 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). In year 2022 it was not introduced any new ways to raise the awareness amongst patients and healthcare providers.
SE	In 2022, compared to 2021, we did not introduce any new measures to disseminate information to raise awareness among patients and healthcare providers. In general, our main aim for applicants is to simplify the process of applying for planned healthcare abroad. This is why we provide patients with application forms (and e-services) that give them three ways to consider their applications for planned healthcare abroad. 1. The most favourable alternative for the patient. Försäkringskassan examines the application according to both Regulation (EC) No 883/2004 and Directive 2011/24/EU and decides which alternative is the most beneficial for the patient. 2. The National Board of Health examines the application in accordance with Regulation (EC) No 883/2004. 3. Försäkringskassan examines the application in accordance with Directive 2011/24/EU. The majority of our customers choose the first option. Of course, Försäkringskassan also provides more detailed information on our website about the difference between planned health care abroad under Regulation (EC) No 883/2004 and planned health care abroad under Directive 2011/24/EU.
IS	
LI	
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	NHSE - comprehensive information is available for both patients (NHS.net - public) and NHS Healthcare Commissioners / providers (NHS commissioner guidance - NHSE public website). The NHSE 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. NHSS - received an increase in the number of enquiries about S2, but these enquiries not necessarily lead to applications. NHSS produced information leaflets to be issued following enquiries about S2 with GP Practices in the local area. NHSW - Information on S2 is published on the LHBs websites. The S2 teams within the LHBs answer enquiries and provide further information including the guidance and application form and direct patient to the NHS 111 Wales webpages. LHBs advise patients on how to access EHIC/GHIC information and they share guidelines with other health board departments such as patients support, medical directorate. In response to correspondence enquiries, Welsh Government advises patients on the current available routes for planned healthcare where applicable, including the S1 and S2 processes and the EHIC/GHIC. Welsh Government has worked with the Welsh Ambulance Services NHS Trust to develop reciprocal healthcare pages on the NHS 111 Wales website. This provides details on all of the available funding routes and contact details of the S2 teams for each LHB in Wales. Welsh Government also signposts enquiries to applicable UK Government guidance and websites as necessary.

Source: Administrative Data PD S2 Questionnaire 2023

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, 2022

MS	Description
BE	
BG	No. There is no interrelation between the number of the requested and issued S2 and the application of Directive 2011/24 /EU. Total number of PDs S2 issued by our country for care in other Member State in 2022 is approximately the same as those issued in the previous reporting year.
CZ	
DK	We do not have any evidence that Directive 2011/24/EU has influenced the number of PDs S2 issued in 2022. 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 i.e., both the Regulation (EC) No. 884/2004 and Directive 2011/24/EU, unless the requested treatment is provided by a private healthcare provider, or the applicant only wishes to have the application processed under the Directive.
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 planned 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 2022, Covid-19 pandemic has had possible impact on seeking cross-border treatment options as travelling was still restricted as well as hospitals refused 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 favor 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.
FR	France has not established a list allowing the coverage of planned care subject to authorization under the directive. There is no legal criterion for authorizing planned care under the Directive.
HR	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 2022, 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	Reaction competent institutions: We have no direct indications that Directive 2011/24/EU had an influence on the provision of the number of S2 forms, no direct indications of an increase in cross-border care.
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 requests were made under the Directive in 2022. No relevance of the Directive 2011/24/EU in the evolution of the number of PDs S2 issued by Portuguese institutions.
RO	No, we do not have this type of evidence!
SI	We do not have any evidence, so we cannot give an answer on the impact of the Directive 2011/204/EU on the issuance of S2. We can just predict that implementation of Directive has lower the number of issued S2.
SK	No
FI	There is not yet any evidence that directive 2011/24/EU has influenced to the numbers of PD's S2 issued. The Finnish national law concerning to cross border healthcare will change since 1.5.2023 which might have some impacts in the future.
SE	No, there is no such evidence.
IS	
LI	
NO	We have no such evidence. In previous years we issued very few S2 with the exception of S2 for childbirth in cases where the criteria for entitlement as established by the regulations were not fulfilled. When hospital stay on the basis of the Directive entered into force in Norway, we stopped issuing S2 for cases involving childbirth, opting to use reimbursement procedures that resulted from the introduction of the Directive. With this, we have seen a reduction in the number of S2 issued each year.
CH	Switzerland does not apply Directive 2011/24/EU.

MS	Description
UK	NHSE - It was expected that planned S2 application volumes would be higher than they currently are, due to the EU Directive ending. S2 numbers are likely to be lower than expected due to covid, travel restrictions, the Ukraine war and cost of living crisis. It is anticipated that S2 numbers will increase in 2023. NHSS - No significant increase in S2 applications following the end of the EU Directive. NHSW - One of the LHBs in Wales responded that one an S2 requestee had previously submitted and been approved via the EU Directive. The patient informed this over the telephone when they made the initial query regarding the S2 route. The patient followed up with an application via the S2 route.

Source: Administrative Data PD S2 Questionnaire 2023

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, 2022

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		40	5	12	167	0	0	42	204	201 174	44		0	0	0		6	0	2 981	10	<5	0	118	0	0	0	<5	0			76	<5	204 889
	BG	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			0	8	9
	CZ	0	0		0	51	0	0	0	0	<5	45		<5	0	0		<5	0	7	<5	0	0	9	5	770	0	0	<5			<5	0	900
	DK	<5	0	0		7	5	0	0	0	0	0		0	0	0		0	0	<5	0	<5	0	7		0	<5	0	0			0	0	25
	DE	2 042	361	54	26		11	49	79	108	2 373	108		616	0	10		37	7	365	3 633	0	0	282	133	85	51	11	6			1 650	11	12 108
	EE	0	0	0	0	0		0	<5	0	<5	14		0	<5	<5		0	0	0	0	0	0	0	0	0	17	0	0			0	0	36
	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			0	575	575
	EL	0	0	0	0	50	0	0		0	<5	0		0	0	0		0	0	0	0	0	0	0	0	0	0	0	0			0	6	58
	ES	10	0	0	0	140	0	0	<5		86	0		0	0	0		0	0	23	<5	0	<5	81	0	0	<5	8	0			0	6	361
	FR	17 589	38	6	6	51	0	0	27	43		9		12	0	0		0	<5	33	<5	0	0	83	8	0	<5	5	0			859	0	18 777
	HR	0	7	<5	0	27	0	0	0	0	0			0	0	0		<5	0	0	0	0	0	0	53	0	<5	0	0			<5	<5	95
	IT	<5	6	<5	0	46	0	0	324	10	9	41		<5	0	0		<5	13	9	<5	<5	0	171	57	0	<5	<5	<5			31	11	749
	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	33	33
	LV	0	0	0	0	0	0	0	0	0	0	0		0		0		0	0	0	0	0	0	0	0	0	0	0	0			0	0	0
	LT	0	0	0	0	30	0	0	0	0	0	0		0	0			0	0	0	0	0	0	0	0	0	0	0	0			0	0	30
	LU	4 213	0	0	0	63	0	0	0	0	903	0		0	0	0		0	0	<5	0	0	0	0	0	0	<5	0	0			0	<5	5 183
	HU	0	0	0	0	25	<5	0	0	<5	5	10		0	0	0			0	10	<5	0	0	25	0	<5	0	<5	0			<5	0	85
	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	88	88
	NL	62	0	<5	<5	1 977	<5	0	0	0	12	<5		0	0	0		0	0		<5	0	0	5	<5	0	<5	0	0			<5	<5	2 079
	AT	<5	71	<5	0	2 772	0	<5	<5	<5	7	93		26	0	0		65	0	20		0	0	75	102	16	<5	<5	<5			342	0	3 602
	PL	0	0	10	0	213	0	0	0	0	<5	0		0	0	38		0	0	<5	0		0	0	0	<5	<5	<5	0			5	<5	278
	PT	<5	0	0	0	<5	0	0	0	6	13	0		0	0	<5		0	0	<5	0	0		0	0	<5	0	0	0			<5	0	30
	RO	0	0	0	0	0	0	0	0	0	0	0		0	0	0		0	0	0	0	0	0		0	0	0	0	0			0	<5	<5
	SI	0	0	0	0	<5	0	0	0	0	0	13		0	0	0		<5	0	0	0	0	0	0		0	0	0	0			<5	7	27
	SK	0	0	28	0	<5	0	0	0	0	0	0		0	0	0		0	0	<5	0	0	0	0	0		0	0	<5			0	0	34
	FI	0	0	0	0	<5	<5	0	0	0	0	0		0	0	0		0	0	0	0	0	0	0	0	0		<5	0			0	0	6
	SE	0	<5	0	25	9	0	78	0	0	0	0		0	0	9		0	<5	0	0	0	0	0	0	0	<5		0			<5	<5	129
	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	0	0
	NO	0	0	0	0	<5	0	0	0	0	0	0		0	0	<5		0	0	<5	0	0	0	0	0	0	0	<5	0			0	0	10
	CH	21	138	0	8	4 440	6	<5	183	43	1 131	105		0	0	70		29	0	82	342	11	0	87	14	21	0	0	<5			0	0	6 735
	UK	0	9	0	0	8	0	465	6	0	0	<5		35	0	0		0	0	0	0	<5	0	13	0	0	0	0	0			0	0	540
	Total	23 942	671	107	80	10 093	27	594	665	418	205 720	488		694	<5	133		145	23	3 541	4 001	20	<5	956	374	898	90	39	14			2 975	759	257 486

* BE: data 2021. CY: data 2019. IS: data 2018.

** 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.

*** DK: With regard to reimbursement of costs of healthcare benefits we can inform that Denmark has waiver agreements with both Ireland and the UK on the reimbursement of the costs of benefits in kind. These agreements also apply to benefits in kind provided on the basis of PD S2s issued under the Regulation (EC) No. 883/2003 and the Withdrawal Agreement between EU and the UK.

Source: PD S2 Questionnaire 2023

Table a12 - Amount to be paid by the competent Member State for planned healthcare received abroad by persons with a PD S2, 2022, 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		88 512	19 573	43 394	207 978	0	0	82 889	382 461	97 384 968	56 231		0	0	0		22 693	0	5 452 014	10 507	92	0	430 036	0	0	0	3 383	0			113 702	4 483	104 302 917
BG	0		0	0	48	0	0	0	0	0	0		0	0	0		0	0	0	0	0	0	0	0	0	0	0			0	1 091 046	1 091 094
CZ	0	0		0	30 048	0	0	0	0	226	442 225		20 369	0	0		5 980	0	609	86	0	0	26 817	5 467	7 572 044	0	0	39			329	0	8 104 239
DK	672	0	0		32 860	130 608	0	0	0	0	0		0	0	0		0	0	531	0	1 983	0	12 336	0	0	17 696	0	0			0	0	196 687
DE	6 026 756	2 638 920	195 584	245 091		76 369	458 839	781 043	495 034	4 571 161	799 160		10 490 500	0	124 577		1 528 293	79 702	3 433 686	12 344 452	0	0	4 590 825	1 190 812	687 238	911 824	119 280	4 936			3 303 138	555 315	55 652 534
EE	0	0	0	0	0		0	398	0	60	3 308		0	683	37 202		0	0	0	0	0	0	0	0	0	34 990	0	0			0	0	76 641
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			0	14 041 842	14 041 842
EL	0	0	0	0	94 254	0	0		0	3 915	0		0	0	0		0	0	0	0	0	0	0	0	0	0	0	0			0	15 973	114 142
ES	12 682	0	0	0	435 154	0	0	22 860		62 024	0		0	0	0		0	0	12 927	175	0	1 127	133 450	0	0	799	1 386	0			0	38 211	720 795
FR	30 904 524	348 508	30 403	130 124	294 260	0	0	457 987	571 631		93 061		48 892	0	0		0	7 626	337 747	2 180	0	0	1 175 827	29 743	0	4 627	21 918	0			775 882	0	35 234 942
HR	0	2 182 674	640 881	0	64 872	0	0	0	0	0			0	0	0		628 217	0	0	0	0	0	0	77 061	0	4 362	0	0			1 475	1 117	3 600 659
IT	2 819	5 837	9 876	0	72 205	0	0	1 449 502	26 446	96 915	215 075		4 496	0	0		11 236	131 182	15 592	37 186	624	0	2 360 200	358 708	0	2 840	10 061	3 027			139 261	91 751	5 044 839
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	288 084	288 084
LV	0	0	0	0	0	0	0	0	0	0	0		0		0		0	0	0	0	0	0	0	0	0	0	0	0			0	0	0
LT	0	0	0	0	3 725	0	0	0	0	0	0		0	0			0	0	0	0	0	0	0	0	0	0	0	0			0	0	3 725
LU	3 984 381	0	0	0	101 221	0	0	0	0	3 787 165	0		0	0	0		0	0	5 556	0	0	0	0	0	0	252	0	0			0	296	7 878 871
HU	0	0	0	0	23 530	2 311	0	0	1 485	951	30 615		0	0	0			0	4 213	0	0	0	26 091	0	3 825	0	1 657	0			98 641	0	193 319
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	732 411	732 411
NL	362 620	0	1 249	25 743	1 702 962	27 623	0	0	0	735 780	4 717		0	0	0		0	0		1 075	0	0	68 173	43 562	0	8 193	0	0			9 378	9 617	3 000 692
AT	57	347 977	4 561	0	3 946 006	0	4 786	2 637	592	4 013	974 654		31 331	0	0		1 168 331	0	83 398		0	0	1 714 674	218 697	166 701	23 349	23 708	7 916			579 010	0	9 302 396
PL	0	0	0	0	102 365	0	0	0	0	2 050	0		0	0	11 033		0	0	0	0		0	0	0	16 270	4 043	7 487	0			10 559	729	154 536
PT	36	0	180	0	94	0	0	0	953	634	0		0	0	177		0	0	289	0	0		0	0	661	0	0	0			14 155	0	17 180
RO	0	0	0	0	0	0	0	0	0	0	0		0	0	0		0	0	0	0	0	0		0	0	0	0	0			0	84 552	84 552
SI	0	0	0	0	28 052	0	0	0	0	0	16 471		0	0	0		305 827	0	0	0	0	0	0		0	0	0	0			4 325	100 893	455 568
SK	0	0	87 753	0	1 688	0	0	0	0	0	0		0	0	0		0	0	5 936	0	0	0	0	0		0	0	2 476			0	0	97 853
FI	0	0	0	0	3 839	2 525	0	0	0	0	0		0	0	0		0	0	0	0	0	0	0	0	0		3 185	0			0	0	9 549
SE	0	4 929	0	115 303	6 426	0	1 390 915	0	0	0	0		0	0	67 482		0	53 172	0	0	0	0	0	0	0	8 001		0			381 545	6 418	2 034 192
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	0	0
NO	413 289	0	0	0	18 806	0	0	0	0	0	0		0	0	364 321		0	0	17 601	0	0	0	0	0	0	0	11 142	0			0	0	411 871
CH	0	336 605	0	193 948	14 560 706	7 841	3 179	618 768	346 958	3 324 052	572 898		0	0	82 750		265 964	0	245 548	995 528	32 323	0	297 731	189 609	261 639	0	0	7 559				0	22 756 896
UK	0	1 085 937	0	0	274 296	0	11 982 683	15 485	0	0	1 052		279 695	0	0		0	0	0	0	707	0	141 232	0	0	0	0	0			0		13 781 087
Total	**41 707 836**	**7 039 897**	**990 061**	**753 604**	**22 005 396**	**247 277**	**13 840 403**	**3 431 569**	**1 825 560**	**109 973 913**	**3 209 468**		**10 875 283**	**683**	**687 542**		**3 936 539**	**271 682**	**9 615 649**	**13 391 189**	**35 729**	**1 127**	**10 977 392**	**2 113 659**	**8 708 379**	**1 020 977**	**203 207**	**25 953**			**5 431 400**	**17 062 740**	**289 384 113**

* BE: data 2021. CY: data 2019. IS: data 2018.

** 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.

*** DK: With regard to reimbursement of costs of healthcare benefits we can inform that Denmark has waiver agreements with both Ireland and the UK on the reimbursement of the costs of benefits in kind. These agreements also apply to benefits in kind provided on the basis of PD S2s issued under the Regulation (EC) No. 883/2003 and the Withdrawal Agreement between EU and the UK.

Source: PD S2 Questionnaire 2023

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, 2022

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	0	0	2 243	0	0	0	16	1 334	0			6	0		<5	0		8	0	<5	0	0	<5	0	0	0	0	0	8	186	3 805
	BG	46		<5	0	368	0	0	<5	<5	74	7			0	0		0	0		102	0	0	0	0	0	0	<5	0	0	0	130	<5	733
	CZ	5	0		0	54	0	0	0	0	<5	<5			0	0		0	0		<5	12	0	0	0	29	0	0	0	0	0	0	67	173
	DK	14	0	0		27	0	0	0	<5	7	0			0	0		<5	0		<5	0	0	0	0	0	0	25	0	0	0	<5	0	79
	DE	171	<5	47	9		0	0	50	140	51	27			37	<5		25	0		3 173	234	<5	<5	<5	<5	0	9	0	9	<5	3 790	65	7 853
	EE	0	0	0	7	11		0	0	<5	0	0			30	0		<5	0		0	0	<5	0	0	0	0	0	0	0	0	0	0	53
	IE	21	0	0	0	49	<5		0	<5	0	0			0	0		0	0		<5	0	<5	0	0	0	0	105	0	0	0	0	12	192
	EL	33	0	0	0	79	<5	0		<5	62	0			0	0		<5	0		<5	0	0	0	0	0	0	<5	0	0	0	158	12	350
	ES	168	0	<5	0	113	0	0	0		32	0			0	0		<5	0		5	0	5	0	0	0	0	7	0	0	0	15	44	394
	FR	86 337	0	<5	0	751	<5	0	<5	85		0			0	0		5	0		5	<5	5	0	0	0	0	0	0	0	0	1 069	83	88 347
	HR	46	0	36	<5	108	14	0	0	0	9				0	0		11	0		110	0	<5	0	13	0	0	0	0	0	0	101	<5	453
	IT	217	0	<5	0	648	0	0	0	14	411	<5			0	0		0	0		164	<5	0	0	0	0	0	<5	0	0	<5	1 185	44	2 690
	CY	50	0	0	0	538	0	0	0	0	0	0			0	0		0	0		32	0	0	0	0	0	0	0	0	0	0	<5	0	622
	LV	9	0	0	0	45	30	0	0	0	0	0				86		0	0		<5	<5	<5	0	0	0	0	0	0	0	0	<5	0	178
	LT	0	0	0	0	10	<5	0	0	0	0	0			73			0	0		<5	42	<5	0	0	0	0	9	0	0	<5	0	56	196
	LU	7 798	0	<5	<5	3 066	0	0	0	5	780	0			0	9		0	0		0	<5	0	0	0	0	<5	<5	0	0	0	9	<5	11 677
	HU	8	0	<5	0	42	0	0	0	0	<5	<5			0	0			0		72	0	0	0	<5	0	0	0	0	0	0	45	32	207
	MT	0	0	0	0	10	0	0	0	0	<5	0			0	0		0			0	0	0	0	0	0	0	<5	0	0	0	0	0	12
	NL	3 564	0	8	0	407	0	0	<5	23	33	0			0	0		10	0		18	<5	<5	0	0	<5	0	0	0	0	6	22	7	4 105
	AT	5	0	<5	0	3 338	0	0	0	<5	0	0			<5	0		7	0			0	0	0	0	0	0	0	0	<5	0	132	25	3 514
	PL	<5	0	0	0	74	0	0	0	<5	0	0			<5	0		0	0		15		0	0	0	0	0	<5	0	0	0	7	221	323
	PT	0	0	0	0	0	0	0	0	10	<5	0			0	0		0	0		0	0		0	0	0	0	0	0	0	0	0	<5	16
	RO	75	0	12	<5	327	0	0	0	31	136	0			0	0		77	0		56	0	0		0	0	0	0	0	0	0	140	<5	860
	SI	0	0	<5	0	154	0	0	0	0	8	53			0	0		<5	0		124	0	0	0		0	0	0	0	0	0	12	<5	356
	SK	0	0	780	0	88	0	0	0	0	0	0			0	0		6	0		19	<5	<5	0	0		0	0	0	0	0	20	303	1 220
	FI	0	0	<5	0	49	58	0	0	0	<5	0			0	0		0	0		0	0	0	0	0	0		<5	0	0	0	<5	6	121
	SE	5	0	0	0	11	0	0	0	0	5	0			0	0		<5	0		<5	<5	0	0	0	0	0		<5	0	<5	0	0	30
	IS	0	0	<5	0	0	0	0	0	<5	0	0			0	0		0	0		0	8	0	0	0	0	0	<5		0	<5	9	0	22
	LI	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	<5	0	<5
	NO	65	0	0	0	0	0	0	0	6	0	0			0	0		<5	0		0	<5	0	0	0	0	0	0	0	0		0	6	16
	CH	177	0	<5	0	1 710	0	0	0	8	1 829	0			6	0		0	0		311	5	<5	0	<5	8	0	<5	<5	0	0		16	3 967
	UK	0	<5	82	0	104	0	12	8	56	72	<5			<5	20		20	0		12	221	<5	0	0	53	<5	11	0	0	6	14		880
	Total	**98 816**	**<5**	**987**	**22**	**14 425**	**107**	**12**	**62**	**407**	**4 853**	**94**			**157**	**116**		**176**	**0**		**4 238**	**534**	**27**	**<5**	**20**	**96**	**5**	**184**	**<5**	**10**	**21**	**6 878**	**1 195**	**133 448**

* BE: data 2021. IS: data 2018.

** 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.

*** DK: With regard to reimbursement of costs of healthcare benefits we can inform that Denmark has waiver agreements with both Ireland and the UK on the reimbursement of the costs of benefits in kind. These agreements also apply to benefits in kind provided on the basis of PD S2s issued under the Regulation (EC) No. 883/2003 and the Withdrawal Agreement between EU and the UK.

Source: PD S2 Questionnaire 2023

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, 2022, 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	0	0	6 927 772	0	0	0	12 029	2 380 309	0			16 122	0		3 550	0		8 455	0	145	0	0	1 813	0	0	0	0	0	343 928	90 050	9 784 173
	BG	88 051		64 776	0	2 883 693	0	0	19 479	215	782 283	2 182 674			0	0		0	0		538 165	0	0	0	0	0	0	5 072	0	0	0	304 922	481	6 869 811
	CZ	19 309	0		0	191 804	0	0	0	0	14 903	628 628			0	0		0	0		19 541	141	0	0	0	87 877	0	0	0	0	0	0	50 787	1 012 988
	DK	42 995	0	0		263 003	0	0	0	175	133 963	0			0	0		15	0		111	0	0	0	0	0	0	117 639	0	0	0	250 588	0	808 490
	DE	207 664	47	49 242	37 757		0	0	94 254	435 154	294 260	63 871			675 758	508		64 097	0		4 366 493	98 955	94	1 258	28 052	1 688	0	6 406	0	10 287	18 840	11 834 036	161 411	18 450 133
	EE	0	0	0	130 735	89 663		0	0	2 131	0	0			69 225	0		2 314	0		0	0	116	0	0	0	0	0	0	0	0	0	0	294 184
	IE	32 768	0	0	0	458 839	50		0	151	0	0			0	0		0	0		6 899	0	644	0	0	0	0	2 941 676	0	0	0	0	1 452 642	4 893 670
	EL	82 221	0	0	0	781 043	2	0		22 860	899 366	0			0	0		89	0		2 637	0	0	0	0	0	0	6 212	0	0	0	743 529	6 259	2 544 218
	ES	200 606	0	1 461	0	535 427	0	0	0		538 729	0			0	0		2 165	0		18 046	0	932	0	0	0	0	121 220	0	0	0	118 211	430 255	1 967 053
	FR	37 292 929	0	224	0	3 704 947	60	0	3 915	61 957		0			0	0		7 636	0		1 595	2 052	291	0	0	0	0	0	0	0	0	2 785 015	250 364	44 110 984
	HR	56 077	0	357 089	1 500	799 184	3 308	0	0	0	93 061				0	0		83 317	0		1 542 417	0	86	0	16 471	0	0	0	0	0	0	306 856	1 955	3 261 322
	IT	353 438	0	5 206	0	3 477 137	0	0	0	16 124	1 811 705	269			0	0		0	0		2 284 705	424	0	0	0	0	0	3 692	0	0	4 097	3 593 640	94 509	11 644 946
	CY	214 388	0	0	0	7 734 298	0	0	0	0	0	0			0	0		0	0		295 501	0	0	0	0	0	0	0	0	0	0	5 453	0	8 249 640
	LV	15 891	0	0	0	907 357	69 225	0	0	0	0	0				2 792 451		0	0		82 914	4 414	172	0	0	0	0	0	0	0	0	7 061	0	3 879 484
	LT	0	0	0	0	145 909	37 202	0	0	0	0	0			1 972 116			0	0		104	10 878	177	0	0	0	0	67 382	0	0	349 888	0	26 252	2 609 909
	LU	10 615 180	0	13 283	121 774	9 519 070	0	0	0	28 801	2 666 553	0			0	1 886		0	0		0	746	0	0	0	0	0	12 004	0	0	0	48 599	7 617	23 035 986
	HU	12 314	0	5 986	0	1 101 871	0	0	0	0	117	628 362			0	0			0		1 231 719	0	0	0	305 827	0	0	0	0	0	0	385 919	25 057	3 697 172
	MT	0	0	0	0	100 151	0	0	0	0	7 421	0			0	0		0			0	0	0	0	0	0	0	50 220	0	0	0	0	0	157 792
	NL	5 387 790	0	912	0	5 035 617	0	0	5	12 927	337 747	0			0	0		29 855	0		67 627	0	289	0	0	5 936	0	0	0	0	19 685	55 486	8 087	10 961 964
	AT	10 507	0	1 479	0	15 499 448	0	0	0	37 722	0	0			82 836	0		1 361 032	0			0	0	0	0	0	0	0	0	27 935	0	730 567	158 593	17 910 120
	PL	200	0	0	0	808 642	0	0	0	3 095	0	0			4 373	0		0	0		93 170		0	0	0	0	0	1 913	0	0	0	60 553	151 103	1 123 049
	PT	0	0	0	0	0	0	0	0	29 506	23 824	0			0	0		0	0		0	0		0	0	0	0	0	0	0	0	0	1 332	54 661
	RO	901 699	0	128 182	185 391	6 378 721	0	0	0	175 983	1 728 038	0			0	0		273 761	0		1 408 819	0	0		0	0	0	0	0	0	0	733 006	7 381	11 920 980
	SI	0	0	4 137	0	1 714 836	0	0	0	0	29 743	77 061			0	0		4	0		292 415	0	0	0		0	0	0	0	0	0	130 333	1 765	2 250 294
	SK	0	0	7 769 274	0	725 781	0	0	0	0	0	0			0	0		15 885	0		180 755	16 382	661	0	0		0	0	0	0	0	331 786	141 748	9 182 273
	FI	0	0	1 902	0	584 741	15 412	0	0	0	4 744	0			0	0		0	0		0	0	0	0	0	0		62 578	0	0	0	8 129	20 041	697 546
	SE	3 295	0	0	0	134 868	0	0	0	0	21 918	0			0	0		2 129	0		22 802	7 487	0	0	0	0	0		905	0	11 143	0	0	204 547
	IS	0	0	126	0	0	0	0	0	621	0	0			0	0		0	0		0	1 516	0	0	0	0	0	1 390		0	3 980	27 623	0	35 256
	LI	0	0	0	0	5 018	0	0	0	0	0	0			0	0		0	0		0	0	0	0	0	0	0	0	0		0	14 176	0	19 194
	NO	107 973	0	0	0	0	0	0	0	741	0	0			0	0		979	0		0	58	0	0	0	0	0	0	0	0		0	26 282	28 059
	CH	73 902	0	14	0	3 530 975	0	0	0	1 398	1 572 792	0			9 999	0		0	0		483 979	2 260	14155	0	4 325	1 669	0	35 001	7 442	0	0		161 504	5 933 485
	UK	0	491	30 291	0	161 193	0	1 452 642	3 867	454 625	137 893	1 954			34 368	13 886		69 325	0		53 199	133 805	1332	0	0	15 005	10 839	73 193		0	25 181	38 667		2 785 658
	Total	**55 719 195**	**538**	**8 433 583**	**477 156**	**74 201 010**	**125 259**	**1 452 642**	**121 520**	**1 296 215**	**13 479 369**	**3 582 820**			**2 864 797**	**2 808 731**	**0**	**1 916 154**	**0**		**13 002 068**	**279 117**	**19 094**	**1 258**	**354 674**	**113 988**	**11 313**	**3 505 598**	**8 374**	**38 222**	**432 813**	**22 858 081**	**3 275 475**	**210 379 036**

* BE: data 2021. IS: data 2018.

** 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.

*** DK: With regard to reimbursement of costs of healthcare benefits we can inform that Denmark has waiver agreements with both Ireland and the UK on the reimbursement of the costs of benefits in kind. These agreements also apply to benefits in kind provided on the basis of PD S2s issued under the Regulation (EC) No. 883/2003 and the Withdrawal Agreement between EU and the UK

Source: PD S2 Questionnaire 2023

Annex IV The existence of parallel schemes

Table a15 - The existence of parallel schemes, 2022

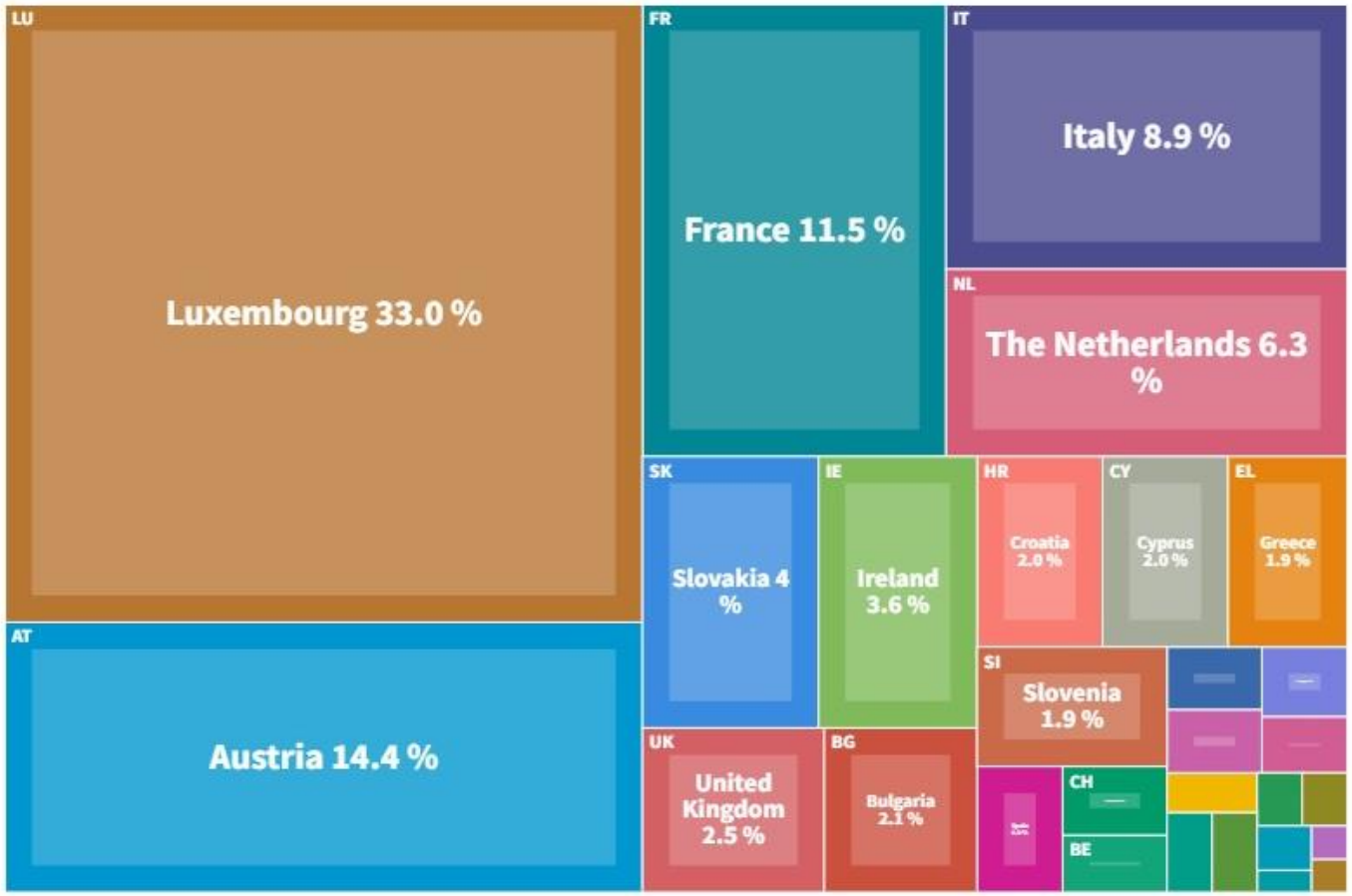
MS	Description
BE	
BG	During the reporting year the number of PDs S2 issued from Bulgarian NHIF is representative of the number of patients covered by healthcare abroad for Member States.
CZ	There is a special national rule according to which the health insurance fund can agree with paying the costs of a treatment abroad that is normally not covered. There are specific conditions for such agreement. If such agreement is granted, all the costs are paid by the health insurance fund. This tool is however mostly used for national situations or third country situations. It is applied to EU countries only if the treatment is not covered in the other country where the treatment is provided, or if the provider is not public.
DK	The Danish national legislation complements the Danish patient rights under the 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 not able 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 for treatment 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 healthcare service applied for or an alternative healthcare service cannot be provided to the insured person in Estonia; 2) provision of the healthcare service applied for is indicated for the insured person; 3) the medical efficacy of the healthcare service applied for has been proved; 4) the average probability of the aim of the healthcare 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. This is the primary way in which patients receive planned medical treatment abroad. In 2022 we issued 27 letters of guarantee.
IE	Yes, it is possible. However, we do not have access to 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 principle as above, is valid for approved treatments outside Europe (patient charge 20%). 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	S2s are only possible in France under EU Regulations. On the other hand, numerous cross-border agreements exist for specific scheduled care reserved for cross-border policyholders (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	Since 1st July 2022 the Minister of Health supplemented the description of the procedure for organizing treatment abroad and determined that patients can be referred abroad also if the possibilities of examination and treatment in Lithuania have already been used and the treatment method applied abroad could effectively affect the patient's state of health and prolong the patient's life and / or reduce the disability. In this case, PD S2 is also issued to the patient on the assumption that the relevant examination or treatment method is included in the benefit package of benefits paid by the public finances of the country of treatment (not experimental treatment or similar).

MS	Description
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 analyses 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.
NL	
AT	The number of PD S2s issued is not representative because, under national law, there is also a right to reimbursement of costs for benefits in kind used abroad.
PL	Poland has its own parallel regulations and on their basis sends for planned medical treatment abroad, if the following is confirmed: the treatment is not performed in Poland, the treatment is necessary for patient in his/her health condition, the treatment is included in the medical services provided for by the legislation of Poland. The above treatment, may be performed 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 2022, 511 cases were authorized under this regime
RO	We do not have parallel procedures in place.
SI	We do not keep such records.
SK	
FI	Actually, it is possible that the total number of patients seeking care in certain MS can be higher compare to the number of issued S2, because patients can choose to seek health care abroad under the terms of directive 2011/24/EU (without prior authorisation). 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, you can. Patients covered by social insurance in Sweden according to chapters 4 and 5 of the Socialförsäkringsbalken have access to certain types of health care in Norway and Finland if they live either permanently or temporarily in a municipality close to Norway or Finland (Act Gränssjukvårdsförordningen (1962:390)). In 2022, no one applied for reimbursement of planned health care through this procedure.
IS	
LI	
NO	Not applicable
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 2023

Annex V Additional visualisations

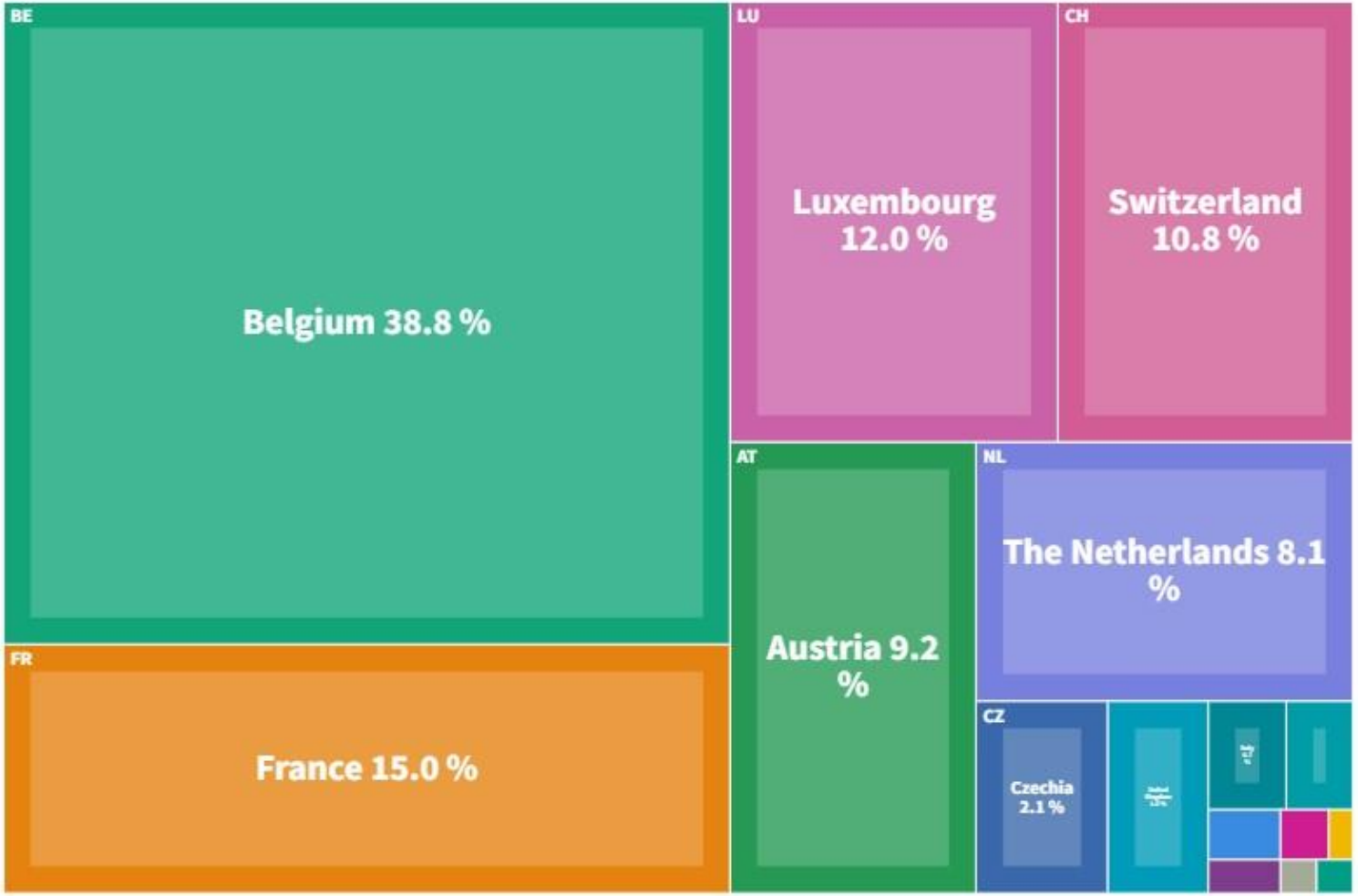
Figure a5 - Number of PDs S2 issued, share in total number of PDs S2 issued, 2022



* BE: data 2021. CY: data 2019. IS: data 2018.

** DE: estimation based on number of PDs S2 received amounts to 10 600. The total number of PDs S2 issued would then amount to 34 919 instead of 24 319 and Germany would have issued 30.4 % of all PDs S2.

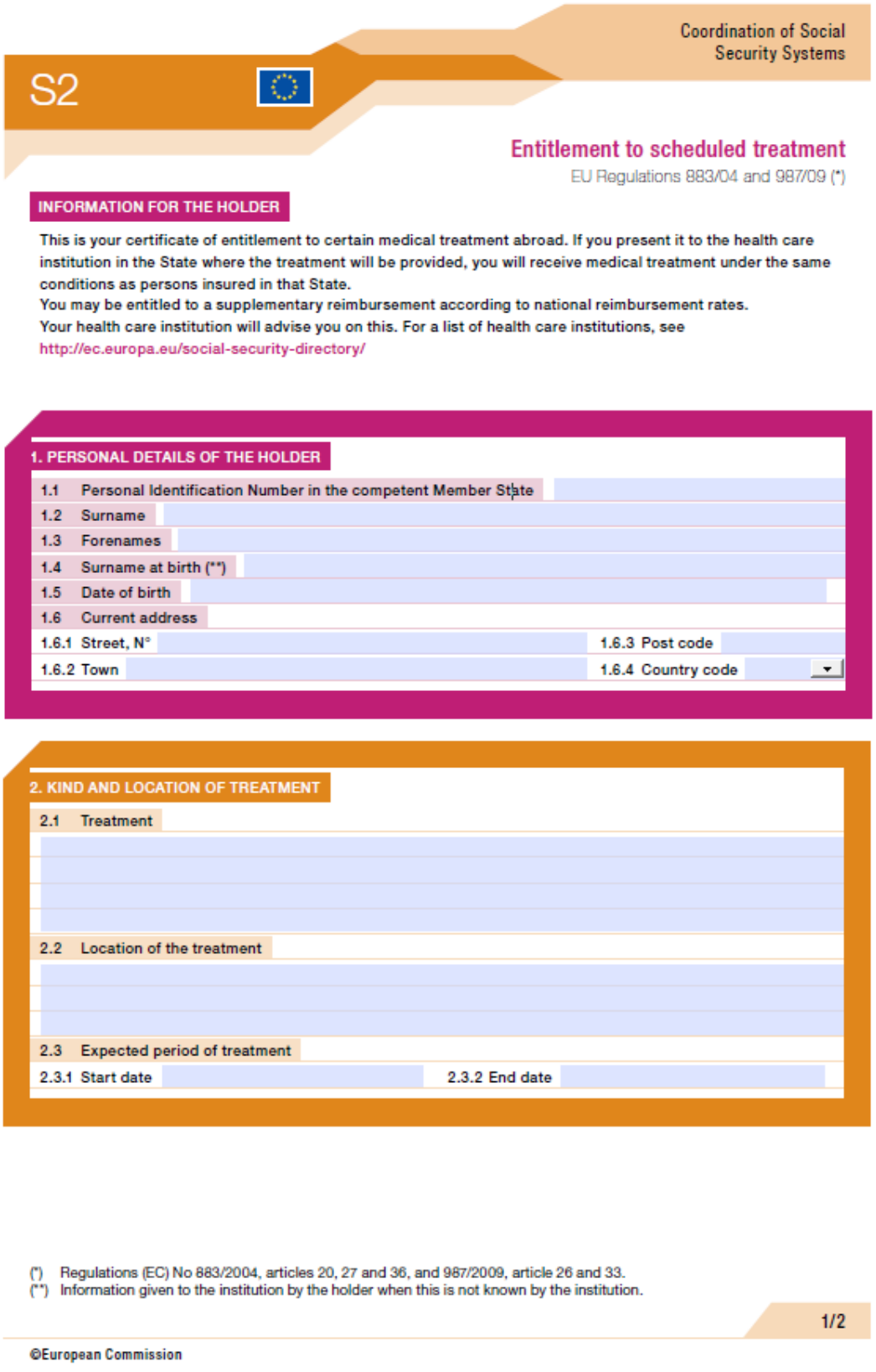
Figure a6 - Number of PDs S2 received, share in total number of PDs S2 received, 2022



* BE: data 2021. IT: data 2002. CY: data 2019. IS: data 2018.

** DE: estimation based on number of PDs S2 issued amounts to 9 962. The total number of PDs S2 received would then amount to 57 272 instead of 47 310 and Germany would have received 17.4 % 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.

1/2

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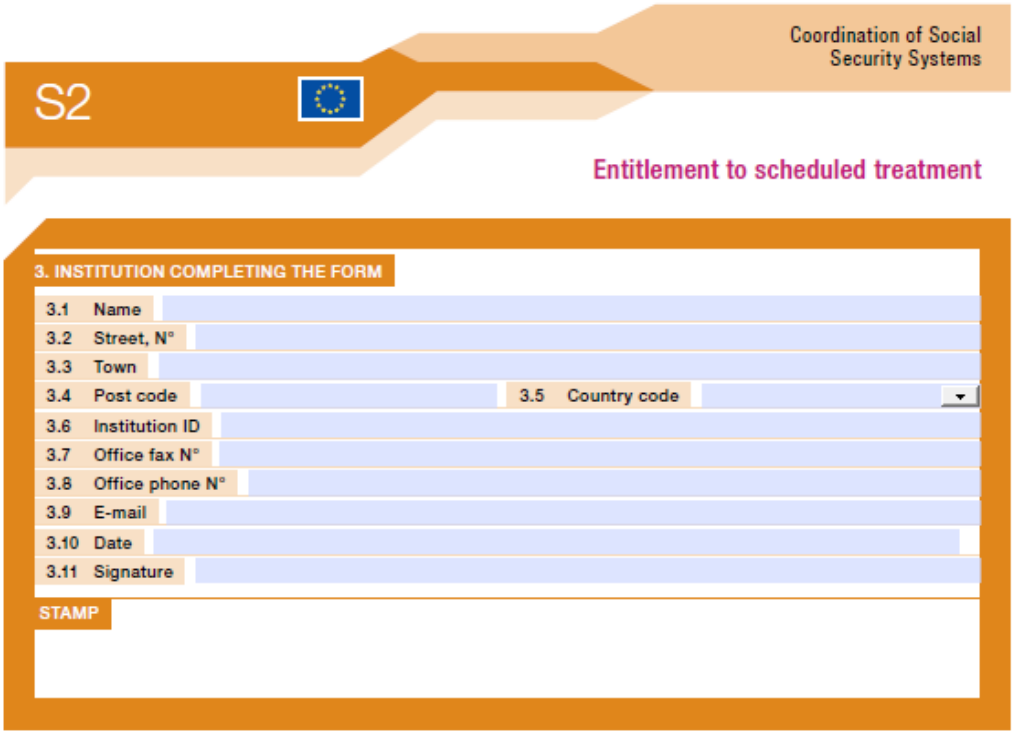


S2

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

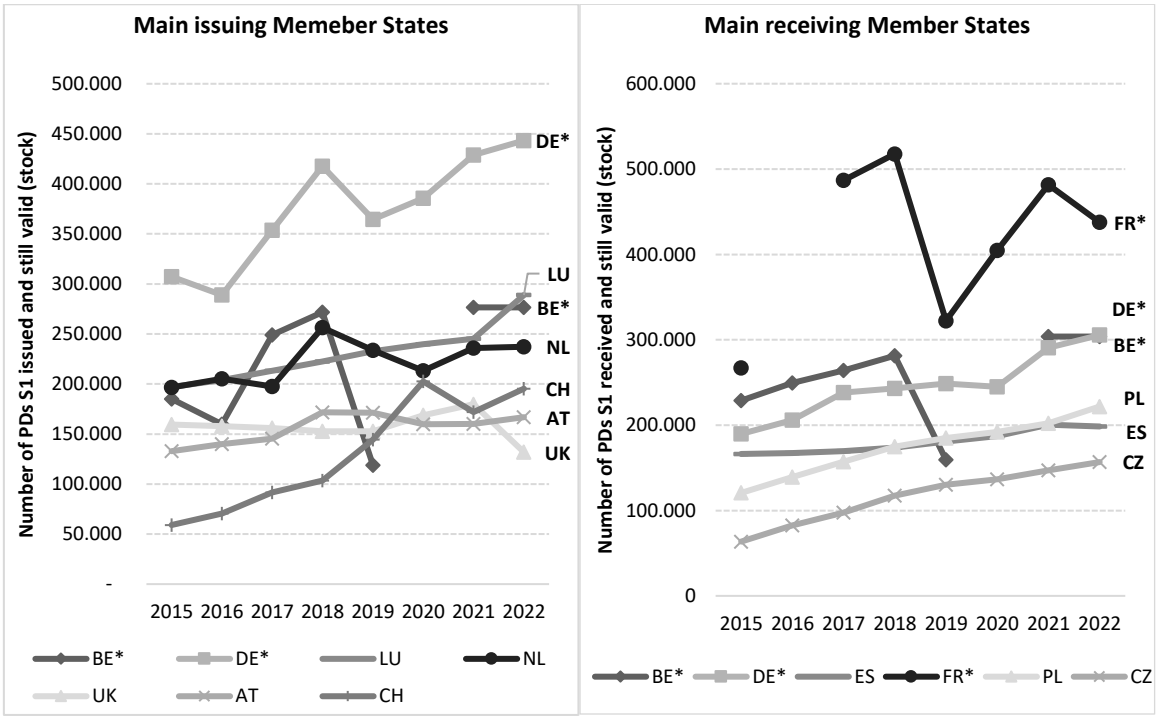
Chapter 3
The entitlement to and use of sickness benefits by persons residing in a Member State other than the competent Member State

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 2022, around 2.1 million persons resided 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. This share is considerably higher in Luxembourg, as more than three in ten persons insured in Luxembourg reside in another Member State. Furthermore, the share only exceeds 1 % in Belgium (2.4 %, data 2021), Switzerland (2.2%), Austria (1.8 %), the Netherlands (1.4 %), Liechtenstein (1.4 %), Malta (1.1 %), and Czechia (1.0%). 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 (2.6 %, data 2021), Hungary (2.0 %), Cyprus (1.8 %, data 2019), and Slovakia (1.6 %) represent more than 1.5 % of the total number of persons insured in these receiving Member States.

Figure 8 - Main issuing and receiving Member States of PDs S1 in circulation, 2015-2022



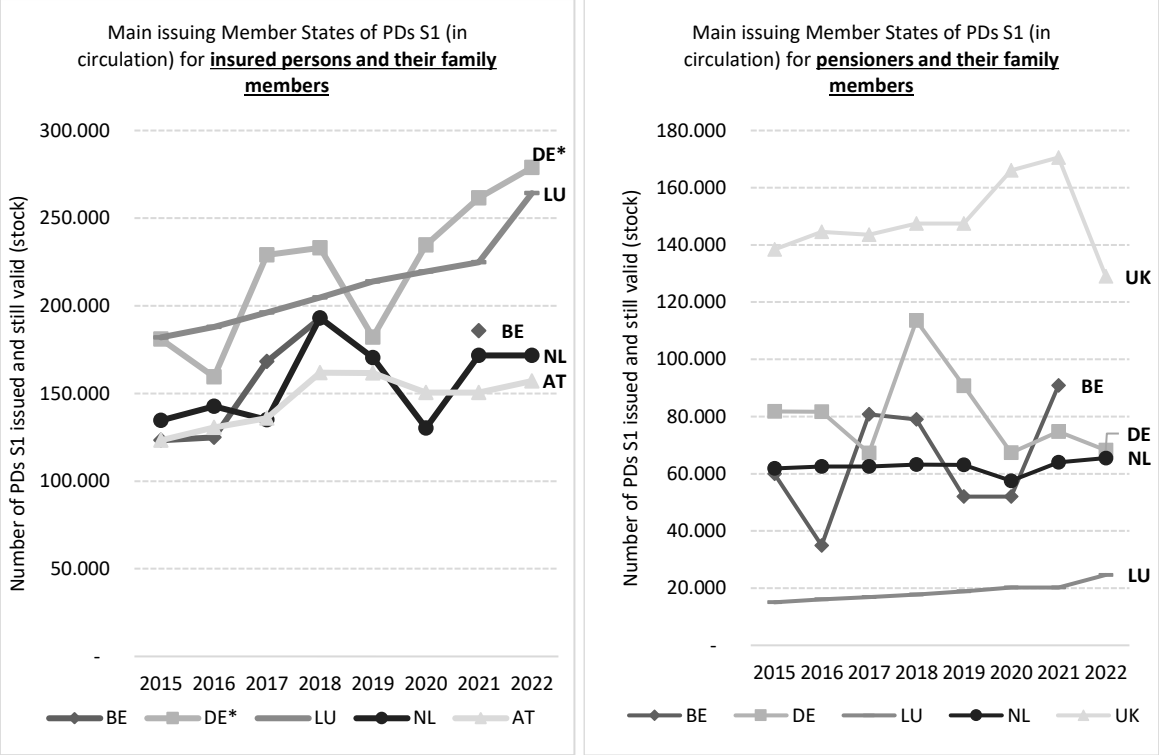
* DE cannot provide data on the number of PDs S1 issued and received. Therefore, the number of PDs S2 issued and received is estimated based on the total number of PDs S1 received and issued by reporting Member States respectively. As a result, the numbers shown for DE are more sensitive to fluctuations as they depend highly on the reporting Member States. In BE as well, the number of issued and received PDs S1 in 2018 is estimated. In FR, the number of received PDs S1 in 2019 is estimated.

Source: PD S1 Questionnaire 2023 and earlier years

The main issuing Member States of PDs S1 are Germany, Luxembourg, Belgium, the Netherlands, Switzerland, Austria, and the United Kingdom. In 2022, these seven Member States issued 82 % of all PDs S1. The main issuing Member States of PDs S1, Germany and Luxembourg have known an almost continuous increase from 2015 to 2022 (*Figure 8, left*). As a result, both Member States noted an increase of around 45 % from 2015 to 2022. The main receiving Member States of PDs S1 are France, Germany, Belgium, Poland, Spain, and Czechia. Almost eight in ten persons with a PD S1 resided in one of these top six receiving Member States in 2022. These main Member States of residence generally show an increase in the number of PDs S1 received over the years (*Figure 8, right*). This is especially the case in Poland and Czechia which show a growth of 84 % and 147 % respectively from 2015 to 2022. France and Belgium both show a large decrease in the number of PDs S1 received from 2018 to 2019 (*Figure 8, right*), as did Belgium as a main issuing Member State (*Figure 8, left*).

The profile of the persons with a PD S1 can be very different. On average, more than 70 % of the PDs S1 were issued to persons of working age and their family members residing in a Member State other than the competent Member State. Furthermore, almost 30 % 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. Czechia, 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. This contrasts with the United Kingdom, which issued almost 98 % of PDs S1 to pensioners and their family members.

Figure 9 - Main issuing Member States of PDs S1 in circulation, for insured persons and their family members, and for pensioners and their family members, 2015-2022



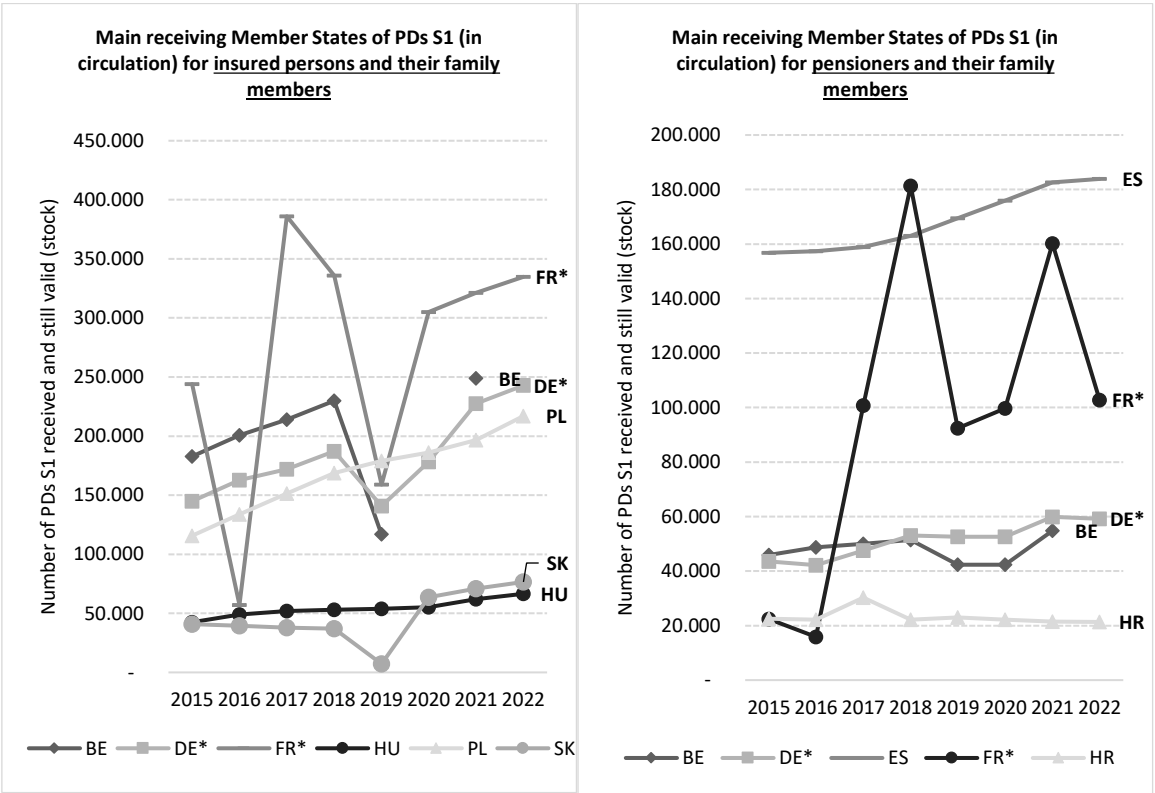
* DE cannot provide data on the number of PDs S1 issued and received. Therefore, the number of PDs S2 issued and received is estimated based on the total number of PDs S1 received and issued by reporting Member States respectively. As a result, the numbers shown for DE are more sensitive to fluctuations as they depend highly on the reporting Member States.

** Data on PDs S1 issued to pensioners and their family members excludes pension claimants.

Source: PD S1 Questionnaire 2023 and earlier years

The main issuing Member States over time of PDs S1 for insured persons and their family members are Germany, Luxembourg, Belgium, the Netherlands, and Austria (*Figure 9, left*). These are all countries with a high number of incoming cross-border workers. Both Germany (+54 %) and Luxembourg (+45 %) saw a growth in the number of PDs S1 issued from 2015 to 2022. On the contrary, the main issuing Member States over time of PDs S1 for pensioners and their family members are the United Kingdom, Belgium, Germany, the Netherlands, and Luxembourg (*Figure 9, right*). As the main issuing Member State for pensioners, the United Kingdom has seen an increase from 2015 until 2021, going from around 138 400 PDs S1 in 2015 to 170 600 in 2021, but this is followed by a rather sharp decrease to 129 000 PDs S1 issued in 2022. From 2021 to 2022, the evolution amounted to -24 %. This is most likely a consequence of Brexit. Furthermore, an important flow of PDs S1 often mentioned in this regard concerns the PDs S1 issued by the United Kingdom for pensioners residing in Spain. From 2015 to 2021 the number of PDs S1 issued in this flow has known an almost continuous increase. Though, also for this flow, the drop from 2021 to 2022 is visible. The number of PDs S1 issued by the United Kingdom for pensioners and their family members residing in Spain grew from 67 702 in 2015 to 85 173 in 2021. However, from 2021 to 2022 the number fell to 64 478. This brings the number back to a level even lower than in 2015.

Figure 10 - Main receiving Member States of PDs S1 in circulation, for insured persons and their family members, and for pensioners and their family members, 2015-2022



* DE cannot provide data on the number of PDs S1 issued and received. Therefore, the number of PDs S2 issued and received is estimated based on the total number of PDs S1 received and issued by reporting Member States respectively. As a result, the numbers shown for DE are more sensitive to fluctuations as they depend highly on the reporting Member States. In FR, the number of received PDs S1 in 2019 is estimated.

Source: PD S1 Questionnaire 2023 and earlier years

From a receiving perspective, the main Member States concerning insured persons and their family members are France, Belgium, Germany, Poland, Slovakia, and Hungary (*Figure 10, left*), and the main Member States concerning pensioners and their family members are Spain, France, Germany, Belgium, and Croatia (*Figure 10, right*). In terms of receiving PDs S1 for pensioners and their family members, Spain stands out above all other main Member States (except in 2018 when France was the main receiving Member State), with over 150 000 PDs S1.

Considering both the issuing and receiving perspective, the main flows of PDs S1 in circulation went from Belgium to France, from Luxembourg to France, from Germany to Poland, from Switzerland to France, from the Netherlands to Germany and Belgium, from Luxembourg to Germany and Belgium, and from the United Kingdom to Spain.

Finally, the amount of reimbursement over time can be looked at. The main competent Member States which paid the highest amounts of refunds are Spain, Germany, the Netherlands, Belgium, France, and Austria. Particularly France, Spain, and Germany stand out as they paid more than EUR 600 million of refunds, EUR 450 million, and EUR 400 million respectively over the last few years (2017-2021). From the perspective of the Member State of residence, most reimbursements were received by France, Germany, Belgium, Austria, and the Netherlands. Here, especially France and Germany stand out with more than EUR 700 million claimed in 2022, while the other main Member States of stay follow at a distance with amounts around EUR 304 million for Belgium (data 2021), EUR 66 million for Austria, and EUR 53 million for the Netherlands.

The 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.[70] 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.[71] 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).[72]

The Portable Document S1 (PD S1) 'Registering for healthcare cover' certifies this right to sickness benefits in kind in the Member State of residence[73]. 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.[74] 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 a 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.[75] 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[76].[77]

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

[70] Article 17 of the Basic Regulation.

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

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

[73] See *Annex II*.

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

[75] 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.

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

[77] Member States listed in Annex IV of the Basic Regulation are Belgium, Bulgaria, Czechia, 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 2022 *(annual flow)* as well as on the total number of PDs S1 issued/received which are still valid on 31 December 2022 (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, 28 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.[78] 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 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 based on 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 2022 *(annual flow)* as well as figures on the total number of PDs S1 issued/received that are still in circulation on 31 December 2022, 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.

[78] This is the case for BE (data 2021), 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 443 335 PDs S1[(e)]. Luxembourg (288 898 PDs S1), Belgium (276 551 PDs S1, data 2021), and the Netherlands (237 226 PDs S1) each issued more than 235 000 PDs S1 as well. Furthermore, more than 130 000 PDs S1 were issued by Austria, Switzerland, and the United Kingdom. Together, these seven issuing Member States account for 81.9 % 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 many 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 (see *Table 21*).

The main receiving Member States are France (437 613 PDs S1), as 21.3 % of all persons with a valid PD S1 reside in this Member State. France is followed by Germany (305 551 PDs S1[(e)]) and Belgium (303 791 PDs S1, data 2021). In addition, more than 150 000 PDs S1 were received by Czechia, Spain, and Poland. Almost eight in ten persons with a PD S1 reside in one of these top six receiving Member States. Again, the profile of the persons with a PD S1 is very different (see *Table 22*). France, Germany, Poland and Belgium have a high number of outgoing cross-border workers. This while Spain has a high number of incoming pensioners insured in another Member State.

Overall, the number of PDs S1 issued in 2022 is significantly lower than the number of PDs S1 still in circulation on 31 December 2022. 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. Nevertheless, the evolution of the number of PDs S1 issued is clearly positive and has reached a higher level than before the COVID-19 pandemic. The number of PDs S1 issued evolved from 912 800 in 2019, to 693 000 in 2020, to 785 900 in 2021, and to 1.3 million in 2022.

Table 20 - Number of PDs S1 issued and received, *flow and stock*, 2022

	Issued				Received			
	Flow: In 2022		Stock: Total and still valid		Flow: In 2022		Stock: Total and still valid	
	Number	% of column total	Number	% of column total	Number	% of column total	Number	% of column total
EU-27	1 080 950	85.3 %	1 753 201	82.5 %	563 037	96.7 %	2 029 372	98.9 %
EU-14	1 029 583	81.2 %	1 517 553	71.5 %	317 926	54.6 %	1 372 711	66.9 %
EU-13	51 367	4.1 %	235 648	11.1 %	245 111	42.1 %	656 661	32.0 %
EFTA	169 333	13.4 %	238 852	11.2 %	17 755	3.1 %	12 859	0.6 %
Total	**1 267 438**	**100.0 %**	**2 123 906**	**100.0 %**	**582 124**	**100.0 %**	**2 051 398**	**100.0 %**
BE*	23 180	1.8 %	276 551	13.0 %	49 143	8.4 %	303 791	14.8 %
BG	3 447	0.3 %	13 370	0.6 %	2 507	0.4 %	7 912	0.4 %
CZ	15 509	1.2 %	109 458	5.2 %	34 502	5.9 %	156 772	7.6 %
DK	20 520(e)	1.6 %	21 927(e)	1.0 %	1 748(e)	0.3 %	1 006(e)	0.0 %
DE	178 244(e)	14.1 %	443 335(e)	20.9 %	105 658(e)	18.2 %	305 551(e)	14.9 %
EE	651	0.1 %	1 523	0.1 %	1 682	0.3 %	5 374	0.3 %
IE	1 974	0.2 %	918	0.0 %	470	0.1 %	2 211	0.1 %
EL	3 300(e)	0.3 %	3 586(e)	0.2 %	4 366(e)	0.8 %	13 078(e)	0.6 %
ES	4 106	0.3 %	9 464	0.4 %	27 226	4.7 %	198 502	9.7 %
FR	5 361	0.4 %	11 470	0.5 %	94 402	16.2 %	437 613	21.3 %
HR	1 018	0.1 %	3 178	0.1 %	10 974	1.9 %	34 951	1.7 %
IT*	10 630	0.8 %	16 973	0.8 %	3 721	0.6 %	17 931	0.9 %
CY*	883	0.1 %	1 710	0.1 %	1 373	0.2 %	14 423	0.7 %
LV	692	0.1 %	1 822	0.1 %	1 006	0.2 %	1 347	0.1 %
LT	1 006	0.1 %	1 504	0.1 %	8 237	1.4 %	12 125	0.6 %
LU	623 231	49.2 %	288 898	13.6 %	10 176	1.7 %	5 909	0.3 %
HU	3 145	0.2 %	14 229	0.7 %	33 385	5.7 %	84 122	4.1 %
MT	5 055	0.4 %	6 206	0.3 %	316	0.1 %	4 984	0.2 %
NL	82 076	6.5 %	237 226	11.2 %	8 335	1.4 %	38 130	1.9 %
AT	69 095	5.5 %	166 740	7.9 %	11 744	2.0 %	44 928	2.2 %
PL	4 674	0.4 %	19 162	0.9 %	101 134	17.4 %	221 865	10.8 %
PT	2 880	0.2 %	4 675	0.2 %	446	0.1 %	206	0.0 %
RO	7 045	0.6 %	37 094	1.7 %	28 115	4.8 %	25 294	1.2 %
SI	2 870	0.2 %	10 763	0.5 %	2 823	0.5 %	6 671	0.3 %
SK	5 372	0.4 %	15 629	0.7 %	19 057	3.3 %	80 821	3.9 %
FI	2 778	0.2 %	15 624	0.7 %	167	0.0 %	841	0.0 %
SE	2 208(e)	0.2 %	20 166	0.9 %	324	0.1 %	3 014	0.1 %
IS*	516	0.0 %	683	0.0 %	38	0.0 %	69	0.0 %
LI	721	0.1 %	578	0.0 %	8	0.0 %	8	0.0 %
NO	21 575(e)	1.7 %	42 209(e)	2.0 %	257(e)	0.0 %	773(e)	0.0 %
CH	146 521	11.6 %	195 382	9.2 %	17 452	3.0 %	12 009	0.6 %
UK	17 155	1.4 %	131 853	6.2 %	1 332	0.2 %	9 167	0.4 %

* BE: data 2021. IT and IS: data 2018.CY: data 2019.

** Issued – flow: imputed data for DK, DE, EL, SE, and NO; issued – stock: imputed data for DK, DE, EL, and NO; received – flow: imputed data for DK, DE, EL, and NO (only insured persons and family members); received – stock: imputed data for DK, DE, EL, and NO (only insured persons and family members).

Source: PD S1 Questionnaire 2023

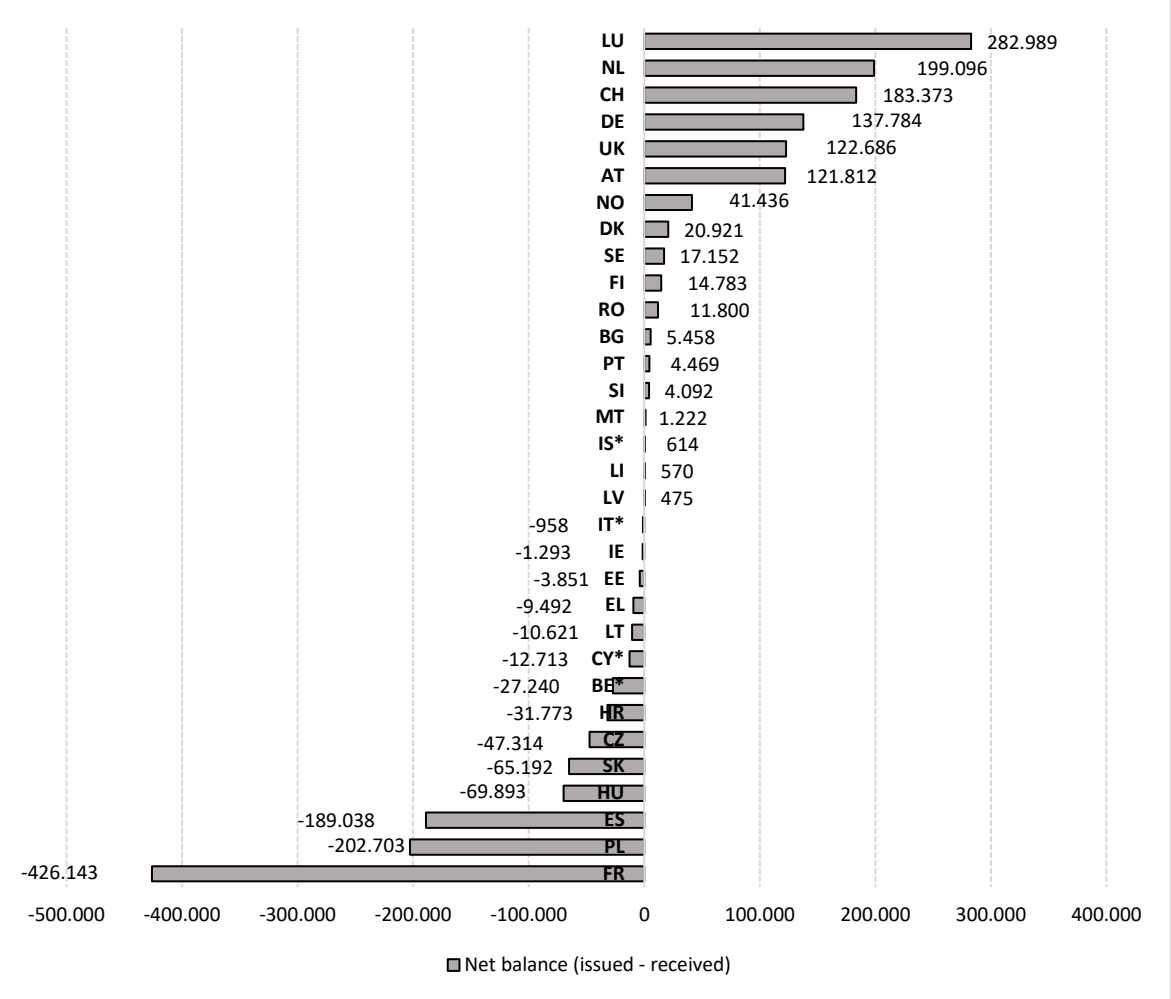
The net balance between the number of PDs S1 issued and still in stock is calculated by subtracting the received PDs S1 from the issued PDs S1 per Member State. *Figure 11* reveals that 18 Member States are 'net senders'[79], meaning that the number of PDs S1 issued is higher than the number of PDs S1 received. Especially Luxembourg, the Netherlands, Switzerland, and Germany stand out in this regard, with a difference of over 135 000 PDs S1.

On the contrary 14 Member States are considered 'net receivers'[80], 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 Poland and Spain.

79 Net senders: LU, NL, CH, DE, UK, AT, NO, DK, SE, FI, RO, BG, PT, SI, MT, IS (data 2018), LI, and LV.

80 Net receivers: FR, PL, ES, HU, SK, CZ, HR, BE (data 2021), CY (data 2019), LT, EL, EE, IE, and IT (data 2018).

Figure 11 - *Net balance* between the total number of PDs S1 issued and received, stock (still in circulation), 2022



* IS and IT: data 2018. CY: data 2019. BE: data 2021.
** Issued – stock: imputed data for DK, DE, and NO; received – stock: imputed data for DK and DE.
Source: PD S1 Questionnaire 2023

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 (0.3 %), but higher in the EFTA countries (1.6 %). More than three in ten persons insured in Luxembourg reside in another Member State (30.4 %). For the other Member States, the share is much lower, as it only exceeds 1.0 % in Belgium (2.4 %, data 2021), Switzerland (2.2%), Austria (1.8 %), the Netherlands (1.4 %), Liechtenstein (1.4 %), Malta (1.1 %), and Czechia (1.0%). 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 (2.6 %, data 2021), Hungary (2.0 %), Cyprus (1.8 %, data 2019), and Slovakia (1.6 %) the number of persons with a valid PD S1 represent more than 1.5 % of the total number of insured persons in these receiving Member States. In France, the main receiving Member State in absolute terms, the number of persons with a valid PD S1 represent 0.6 % of the total number of persons insured by France. Within Member States, this percentage will vary considerably between regions.

Table 21 - Total number of PDs S1 *issued and received*, *as share of total number of insured persons*, stock (still in circulation), 2022

MS	Number of insured persons (A)	Number of PDs S1 issued and still valid (B)	As share of total number of insured persons (B/A)	Number of PDs S1 received and still valid (C)	As share of total number of insured persons (C/A)
EU-27	417 851 077	1 753 201	0.4 %	2 029 372	0.5 %
EU-14	327 255 874	1 512 878	0.5 %	1 372 505	0.4 %
EU-13	90 595 203	235 648	0.3 %	656 661	0.7 %
EFTA	14 585 995	238 852	1.6 %	12 859	0.1 %
Total	**432 437 072**	**2 123 906**	**0.5 %**	**2 051 398**	**0.5 %**
BE*	11 499 246	276 551	2.4 %	303 791	2.6 %
BG	5 743 090	13 370	0.2 %	7 912	0.1 %
CZ	10 862 345	109 458	1.0 %	156 772	1.4 %
DK**	5 800 000	21 927(e)	0.4 %	1 006(e)	0.0 %
DE**	74 000 000	443 335(e)	0.6 %	305 551(e)	0.4 %
EE	1 304 431	1 523	0.1 %	5 374	0.4 %
IE	5 101 076	918	0.0 %	2 211	0.0 %
EL**	8 789 190	3 586	0.0 %	13 078	0.1 %
ES	50 215 783	9 464	0.0 %	198 502	0.4 %
FR	72 487 183	11 470	0.0 %	437 613	0.6 %
HR	4 076 919	3 178	0.1 %	34 951	0.9 %
IT**	60 000 000	16 973	0.0 %	17 931	0.0 %
CY*	820 000	1 710	0.2 %	14 423	1.8 %
LV	2 305 727	1 822	0.1 %	1 347	0.1 %
LT	2 983 826	1 504	0.1 %	12 125	0.4 %
LU	950 006	288 898	30.4 %	5 909	0.6 %
HU	4 111 054	14 229	0.3 %	84 122	2.0 %
MT	566 736	6 206	1.1 %	4 984	0.9 %
NL	17 455 000	237 226	1.4 %	38 130	0.2 %
AT	9 223 442	166 740	1.8 %	44 928	0.5 %
PL	34 128 951	19 162	0.1 %	221 865	0.7 %
PT		4 675		206	
RO	16 355 740	37 094	0.2 %	25 294	0.2 %
SI	2 151 163	10 763	0.5 %	6 671	0.3 %
SK	5 185 221	15 629	0.3 %	80 821	1.6 %
FI	5 916 398	15 624	0.3 %	841	0.0 %
SE	5 818 550	20 166	0.3 %	3 014	0.1 %
IS*	355 766	683	0.2 %	69	0.0 %
LI	41 229	578	1.4 %	8	0.0 %
NO	5 489 000	42 209(e)	0.8 %	773	0.0 %
CH	8 700 000	195 382	2.2 %	12 009	0.1 %
UK		131 853		9 167	

* BE: data 2021. IS and IT: data 2018. CY: data 2019. DK: number of insured persons data 2020.

** DK and IT: number of insured persons data 2020. DE and EL: number of insured persons data 2021. DK: The figure of 5.8 million is the number of Danish inhabitants in 2020, and not the actual number of Danish insured persons. The Danish healthcare system is residence-based i.e., all persons registered as residents in Denmark, will be enrolled in the Danish health insurance scheme. However, some persons are entitled to be insured in Denmark pursuant to EU-legislation (Regulation (EC) No. 883/2004 on the coordination of social security systems or the Withdrawal Agreement between EU and the UK), even though they are not residing in Denmark - and other persons residing in Denmark are insured at the expense of another Member State pursuant to the Regulations and the Withdrawal Agreement, and thus will not be entitled to a Danish issued PDs S1, but must apply for the PDs S1 from their Competent Member State.

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

Source: PD S1 Questionnaire and EHIC Questionnaire 2023

2.2. By status

More than 70 % of the PDs S1 were issued to persons of working age and their family members residing in a Member State other than the competent Member State *(Table 22)*. Furthermore, almost 30 % 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. Czechia, 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 contrasts with the United Kingdom, which issued almost 98 % of PDs S1 to pensioners and their family members.

Table 22 - Total number of PDs S1 *issued*, *by status*, stock (still in circulation), 2022

	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	1 495	11.2%	10 562	79.0%	<5	0.0%	1 234	9.2%	77	0.6%	13 370
CZ(e)	31 290	80.8%	3 208	8.3%	105	0.3%	4 094	10.6%	29	0.1%	109 458
DK(e)	17 363	80.5%	2 876	13.3%	5	0.0%	908	4.2%	406	1.9%	21 927
DE(e)	244 221	70.2%	63 354	18.2%	720	0.2%	34 673	10.0%	4 910	1.4%	443 335
EE	610	40.1%	487	32.0%	0	0.0%	372	24.4%	54	3.5%	1 523
IE	93	10.1%	347	37.8%	0	0.0%	394	42.9%	84	9.2%	918
EL(e)	1 090	34.6%	1 230	39.1%	<5	0.0%	623	19.8%	204	6.5%	3 586
ES	4 998	52.8%	2 929	30.9%	<5	0.0%	844	8.9%	692	7.3%	9 464
FR	8 634	75.3%	1 008	8.8%	107	0.9%	1 620	14.1%	101	0.9%	11 470
HR	1 141	35.9%	1 504	47.3%	0	0.0%	445	14.0%	88	2.8%	3 178
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	532	29.2%	1 003	55.0%	0	0.0%	283	15.5%	<5	0.2%	1 822
LT	274	18.2%	995	66.2%	13	0.9%	213	14.2%	9	0.6%	1 504
LU	263 272	91.1%	21 829	7.6%	0	0.0%	1 002	0.3%	2 795	1.0%	288 898
HU	9 758	68.6%	2 529	17.8%	<5	0.0%	1 930	13.6%	11	0.1%	14 229
MT	6 006	96.8%	29	0.5%	0	0.0%	171	2.8%	0	0.0%	6 206
NL	146 866	61.9%	59 447	25.1%	0	0.0%	24 880	10.5%	6 033	2.5%	237 226
AT	128 718	77.2%	8 701	5.2%	5	0.0%	28 344	17.0%	972	0.6%	166 740
PL	8 590	44.8%	8 703	45.4%	<5	0.0%	1 731	9.0%	136	0.7%	19 162
PT	2 071	44.3%	2 049	43.8%	<5	0.0%	481	10.3%	73	1.6%	4 675
RO	5 550	15.0%	28 353	76.4%	259	0.7%	2 776	7.5%	156	0.4%	37 094
SI	5 299	49.2%	4 216	39.2%	0	0.0%	545	5.1%	703	6.5%	10 763
SK	9 387	60.1%	4 183	26.8%	11	0.1%	2 006	12.8%	42	0.3%	15 629
FI	11 337	72.6%	3 510	22.5%	0	0.0%	634	4.1%	143	0.9%	15 624
SE	5 530	27.4%	11 801	58.5%	0	0.0%	1 454	7.2%	1 381	6.8%	20 166
IS**	165	24.2%	78	11.4%	144	21.1%	235	34.4%	61	8.9%	683
LI	517	89.4%	23	4.0%	0	0.0%	31	5.4%	7	1.2%	578
NO(e)	36 795	89.4%	2 563	6.2%	<5	0.0%	1 372	3.3%	426	1.0%	42 209
CH	145 060	74.2%	13 064	6.7%	0	0.0%	35 686	18.3%	1 572	0.8%	195 382
UK	1 975	1.5%	112 686	85.5%	0	0.0%	827	0.6%	16 365	12.4%	131 853
Total	**1 241 160**	**63.5%**	**447 961**	**22.9%**	**1 585**	**0.1%**	**203 127**	**10.4%**	**62 028**	**3.2%**	**2 123 906**

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

** BE: data 2021. IS and IT: data 2018. CY: data 2019. NL: number of insured persons and family member of insured person data 2021.

*** Issued – stock: imputed data for CZ (only breakdown), DK, DE, EL, 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 1 955 861 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 2023

Among the receiving Member States, Lithuania, Poland, Romania, and Slovakia, received more than nine out of ten PDs S1 issued for persons of working age and their family members insured in another Member State *(Table 23)*. This contrasts with Spain, Cyprus (data 2019), and Malta, which received more than nine out of ten PDs S1 for pensioners and their family members insured in another Member State. The absolute figures by status are discussed in the two next sections. The sum by status is not equal to the total number of PDs S1 issued as some Member States did 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 23 - Total number of PDs S1 *received*, *by status*, stock (still in circulation), 2022

	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	3 069	38.8 %	3 912	49.4 %	17	0.2 %	296	3.7 %	618	7.8 %	7 912
CZ(e)	20 356	70.1 %	4 207	14.5 %	12	0.0 %	4 318	14.9 %	163	0.6 %	156 772
DK(e)	373	40.8 %	358	39.1 %	<5	0.3 %	159	17.4 %	22	2.4 %	1 006
DE(e)	210 946	69.8 %	53 945	17.9 %	142	0.0 %	31 902	10.6 %	5 211	1.7 %	305 551
EE	4 426	82.4 %	701	13.0 %	<5	0.0 %	212	3.9 %	34	0.6 %	5 374
IE	153	6.9 %	1 767	79.9 %	0	0.0 %	142	6.4 %	149	6.7 %	2 211
EL(e)	1 299	10.0 %	9 345	71.9 %	0	0.0 %	891	6.9 %	1 471	11.3 %	13 078
ES	11 336	5.7 %	163 320	82.3 %	351	0.2 %	2 927	1.5 %	20 568	10.4 %	198 502
FR	254 014	58.0 %	92 810	21.2 %	68	0.0 %	80 748	18.5 %	9 973	2.3 %	437 613
HR	9 453	27.0 %	19 476	55.7 %	9	0.0 %	4 147	11.9 %	1 866	5.3 %	34 951
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	990	73.5 %	184	13.7 %	<5	0.1 %	165	12.2 %	6	0.4 %	1 347
LT	11 122	93.0 %	513	4.3 %	<5	0.0 %	268	2.2 %	50	0.4 %	12 125
LU	2 444	41.4 %	3 145	53.2 %	0	0.0 %	62	1.0 %	258	4.4 %	5 909
HU	58 947	70.1 %	16 387	19.5 %	98	0.1 %	7 591	9.0 %	1 099	1.3 %	84 122
MT	242	4.9 %	3 556	71.3 %	0	0.0 %	119	2.4 %	1 067	21.4 %	4 984
NL	25 373	66.5 %	4 967	13.0 %	0	0.0 %	7 252	19.0 %	538	1.4 %	38 130
AT	19 237	42.8 %	17 428	38.8 %	122	0.3 %	7 258	16.2 %	883	2.0 %	44 928
PL	210 522	94.9 %	4 451	2.0 %	15	0.0 %	6 446	2.9 %	431	0.2 %	221 865
PT	21	10.2 %	173	84.0 %	0	0.0 %	0	0.0 %	12	5.8 %	206
RO	22 018	87.0 %	1 961	7.8 %	<5	0.0 %	1 110	4.4 %	202	0.8 %	25 294
SI	2 635	39.5 %	3 695	55.4 %	14	0.2 %	246	3.7 %	81	1.2 %	6 671
SK	63 975	79.2 %	3 583	4.4 %	650	0.8 %	12 582	15.6 %	31	0.0 %	80 821
FI	215	25.6 %	514	61.1 %	0	0.0 %	91	10.8 %	21	2.5 %	841
SE	455	15.1 %	2 044	67.8 %	0	0.0 %	297	9.9 %	218	7.2 %	3 014
IS*	24	34.8 %	26	37.7 %	0	0.0 %	16	23.2 %	<5	4.3 %	69
LI	7	87.5 %	<5	12.5 %	0	0.0 %	0	0.0 %	0	0.0 %	8
NO(e)	299	38.7 %	310	40.1 %	<5	0.3 %	149	19.3 %	13	1.7 %	773
CH	6 265	52.2 %	5 606	46.7 %	<5	0.0 %	137	1.1 %	0	0.0 %	12 009
UK	4 606	50.2 %	3 796	41.4 %	0	0.0 %	572	6.2 %	193	2.1 %	9 167
Total	**1 147 924**	**59.8 %**	**496 568**	**25.9 %**	**1 653**	**0.1 %**	**219 683**	**11.4 %**	**54 116**	**2.8 %**	**2 051 398**

* *Insured person* of working age also includes persons above working age who are still employed. *Pensioner* also includes persons of working age who are retired.

** BE: data 2021. IS and IT: data 2018. CY: data 2019.

*** Received – stock: imputed data for CZ (only breakdown), DK, DE, EL, NO (only insured person, pension claimant, and family member of insured person). 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 1 919 944 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 2023

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

Approximately 1.4 million persons of working age[81] 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 1.4 million consists of around 1.2 million persons of working age and 203 000 family members. The main issuing Member States are Germany (some 279 000 PDs S1(e)), Luxembourg (264 000 PDs S1), Belgium (186 000 PDs S1, data 2021), Switzerland (181 000 PDs S1), the Netherlands (172 000 PDs S1, data 2021), and Austria (157 000 PDs S1). More than 85 % of all PDs S1 issued for persons of working age and their family members were issued by these six issuing countries. This is the result of the

81 *Insured person of working age* also includes persons above working age who are still employed.

high number of incoming cross-border workers (frontier workers, seasonal workers, posted workers etc.) employed in those Member States.

Most persons of working age and their family members with a valid PD S1 reside in France (335 000 PDs S1), Belgium (249 000 PDs S1, data 2021), Germany (some 243 000 PDs S1(e)), and Poland (217 000 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), 2022

	Issued				Received			
	Insured person	Family members	Total	Column %	Insured person	Family members	Total	Column %
BE* **	135 181	50 551	185 732	12.9 %	200 566	48 399	248 965	18.2 %
BG	1 495	1 234	2 729	0.2 %	3 069	296	3 365	0.2 %
CZ(e)	31 290	4 094	35 384	2.4 %	20 356	4 318	24 674	1.8 %
DK(e)	17 363	908	18 271	1.3 %	373	159	532	0.0 %
DE(e)	244 221	34 673	278 894	19.3 %	210 946	31 902	242 848	17.8 %
EE	610	372	982	0.1 %	4 426	212	4 638	0.3 %
IE	93	394	487	0.0 %	153	142	295	0.0 %
EL(e)	1 090	623	1 713	0.1 %	1 299	891	2 190	0.2 %
ES	4 998	844	5 842	0.4 %	11 336	2 927	14 263	1.0 %
FR	8 634	1 620	10 254	0.7 %	254 014	80 748	334 762	24.5 %
HR	1 141	445	1 586	0.1 %	9 453	4 147	13 600	1.0 %
IT*	6 545	2 288	8 833	0.6 %	2 478	1 117	3 595	0.3 %
CY*	797	480	1 277	0.1 %	58	64	122	0.0 %
LV	532	283	815	0.1 %	990	165	1 155	0.1 %
LT	274	213	487	0.0 %	11 122	268	11 390	0.8 %
LU	263 272	1 002	264 274	18.3 %	2 444	62	2 506	0.2 %
HU	9 758	1 930	11 688	0.8 %	58 947	7 591	66 538	4.9 %
MT	6 006	171	6 177	0.4 %	242	119	361	0.0 %
NL*	146 866	24 880	171 746	11.9 %	25 373	7 252	32 625	2.4 %
AT	128 718	28 344	157 062	10.9 %	19 237	7 258	26 495	1.9 %
PL	8 590	1 731	10 321	0.7 %	210 522	6 446	216 968	15.9 %
PT	2 071	481	2 552	0.2 %	21	0	21	0.0 %
RO	5 550	2 776	8 326	0.6 %	22 018	1 110	23 128	1.7 %
SI	5 299	545	5 844	0.4 %	2 635	246	2 881	0.2 %
SK	9 387	2 006	11 393	0.8 %	63 975	12 582	76 557	5.6 %
FI	11 337	634	11 971	0.8 %	215	91	306	0.0 %
SE	5 530	1 454	6 984	0.5 %	455	297	752	0.1 %
IS*	165	235	400	0.0 %	24	16	40	0.0 %
LI	517	31	548	0.0 %	7	0	7	0.0 %
NO(e)	36 795	1 372	38 167	2.6 %	299	149	448	0.0 %
CH	145 060	35 686	180 746	12.5 %	6 265	137	6 402	0.5 %
UK	1 975	827	2 802	0.2 %	4 606	572	5 178	0.4 %
Total	**1 241 160**	**203 127**	**1 444 287**	**100.0 %**	**1 147 924**	**219 683**	**1 367 607**	**100.0 %**

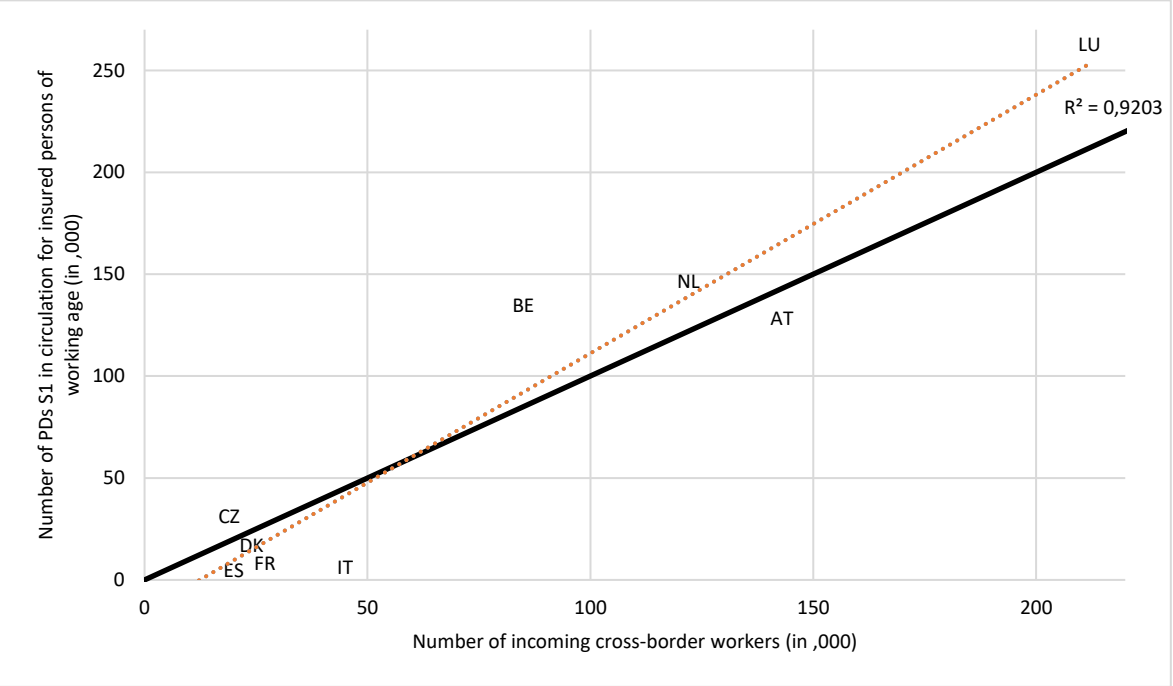
* BE: data 2021. IS and IT: data 2018. CY: data 2019. NL: issued data 2021.
** Issued – stock: imputed data for CZ, DK, DE, EL, and NO; received – stock: imputed data for CZ, DK, DE, EL, and NO.
*** BE: data include the number of forms issued and received and still in stock under the bilateral agreement 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 2023

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)[82] 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

[82] See Hassan, E., Siöland, L. Akbab, B., Cinova, D., Gasperini, M., and Geraci, M. (2023), *2022 Annual Report on intra-EU Labour Mobility*, Network Statistics FMSSFE, European Commission.

from the Swiss health insurance.[83] For Germany this discrepancy is the case because the number of PDs S1 issued is based on an estimation. Therefore, *Figure 12* 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 very strong, at 0.96.

Figure 12 - Relationship between number of PDs S1 issued and still in circulation for insured persons of working age and number of incoming cross-border workers, 2022



* The correlation coefficient amounts to +0.96.
Source PD S1 Questionnaire 2022 and Hassan et al. (2023) (data 2021)

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 11 % 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 Belgium to France, from Luxembourg to Belgium, from Switzerland to France, from the Netherlands to Belgium, 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), 2022

Issuing MS	Receiving MS	Number of PDs S1 reported by…			
From …	To …	Issuing MS	% total number issued	Receiving MS	% total number received
Luxembourg	France	131 971	11 %	108 566	9 %
Germany	Poland	124 489(e)	10 %	124 489	11 %
Belgium	France	82 835*	7 %	38 176	3 %
Luxembourg	Belgium	55 331	4 %	81 695*	7 %
Switzerland	France	78 297	6 %	61 258	5 %
The Netherlands	Belgium	38 638	3 %	71 189*	6 %
Luxembourg	Germany	65 742	5 %		0 %

* BE: data 2021.
** Based on the top 5 flows from an issuing perspective (LU → FR, DE → PL(e), BE → FR, CH → FR, and LU → DE) and the top 5 flows from a receiving perspective (DE → PL, LU → FR, LU → BE, NL → BE, and CH → FR).
Source: PD S1 Questionnaire 2023

83 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 512 000 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 (129 000 PDs S1), which issued 25.2 % 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, data 2021), Germany (some 69 000 PDs S1(e)), and the Netherlands (65 000 PDs S1).

Around 184 000 pensioners and family members with a PD S1 are residing in Spain (*righthand side Table 26*). More than 79 000 of them are insured in the United Kingdom *(Table 27)*. This single flow represents 16 % of the total number of PDs S1 issued to pensioners. Furthermore, some 103 000 pensioners and their family members with a valid PD S1 reside in France, mainly concerning 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), 2022

	Issued				Received			
	Pensioner	Family members	Total	Column %	Pensioner	Family members	Total	Column %
BE*	67 324	23 495	90 819	17.8 %	48 621	6 205	54 826	9.9 %
BG	10 564	77	10 641	2.1 %	3 929	618	4 547	0.8 %
CZ(e)	3 313	29	3 342	0.7 %	4 219	163	4 382	0.8 %
DK(e)	2 881	406	3 287	0.6 %	361	22	383	0.1 %
DE(e)	64 074	4 910	68 984	13.5 %	54 087	5 211	59 298	10.7 %
EE	487	54	541	0.1 %	702	34	736	0.1 %
IE	347	84	431	0.1 %	1 767	149	1 916	0.3 %
EL(e)	1 231	204	1 435	0.3 %	9 345	1 471	10 816	2.0 %
ES	2 930	692	3 622	0.7 %	163 671	20 568	184 239	33.4 %
FR	1 115	101	1 216	0.2 %	92 878	9 973	102 851	18.6 %
HR	1 504	88	1 592	0.3 %	19 485	1 866	21 351	3.9 %
IT*	7 215	925	8 140	1.6 %	13 698	638	14 336	2.6 %
CY*	359	74	433	0.1 %	12 209	2 092	14 301	2.6 %
LV	1 003	<5	1 007	0.2 %	186	6	192	0.0 %
LT	1 008	9	1 017	0.2 %	515	50	565	0.1 %
LU	21 829	2 795	24 624	4.8 %	3 145	258	3 403	0.6 %
HU	2 530	11	2 541	0.5 %	16 485	1 099	17 584	3.2 %
MT	29	0	29	0.0 %	3 556	1 067	4 623	0.8 %
NL	59 447	6 033	65 480	12.8 %	4 967	538	5 505	1.0 %
AT	8 706	972	9 678	1.9 %	17 550	883	18 433	3.3 %
PL	8 705	136	8 841	1.7 %	4 466	431	4 897	0.9 %
PT	2 050	73	2 123	0.4 %	173	12	185	0.0 %
RO	28 612	156	28 768	5.6 %	1 964	202	2 166	0.4 %
SI	4 216	703	4 919	1.0 %	3 709	81	3 790	0.7 %
SK	4 194	42	4 236	0.8 %	4 233	31	4 264	0.8 %
FI	3 510	143	3 653	0.7 %	514	21	535	0.1 %
SE	11 801	1 381	13 182	2.6 %	2 044	218	2 262	0.4 %
IS*	222	61	283	0.1 %	26	<5	29	0.0 %
LI	23	7	30	0.0 %	<5	0	<5	0.0 %
NO(e)	2 567	426	2 993	0.6 %	312	13	325	0.1 %
CH	13 064	1 572	14 636	2.9 %	5 607	0	5 607	1.0 %
UK	112 686	16 365	129 051	25.2 %	3 796	193	3 989	0.7 %
Total	**449 546**	**62 028**	**511 574**	**100.0 %**	**498 221**	**54 116**	**552 337**	**100.0 %**

* BE: data 2021. IS and IT: data 2018. CY: data 2019.
** Issued – stock: imputed data for CZ, DK, DE, EL, and NO; received – stock: imputed data for CZ, DK, DE, and EL.
*** 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 2023

Table 27 - Main flows between the competent Member State and the Member State of residence, *pensioners*, stock (still in circulation), 2022

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	55 890	12 %	79 721	16 %
United Kingdom	France	28 285	6 %	40 119	8 %
Belgium	France	30 294*	7 %	19 448	4 %
France	Spain	57	0 %	21 980	4 %
The Netherlands	Belgium	13 363	3 %	19 767*	4 %
Belgium	Spain	15 046*	3 %	12 305	2 %
Germany	Spain	13 891(e)	3 %	13 891	3 %

* BE: data 2021.

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

Source: PD S1 Questionnaire 2023

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 2022 compared to 2021. In the main issuing Member State Germany, an estimated increase of 3.4 % is reported, while for the main receiving Member State France there is a decrease of 9.1 %. For most Member States, both the evolution of PDs S1 issued and received are positive.

Table 28 - Number of PDs S1 issued and received, stock (still in circulation), 2021-2022

	Issued			Received		
	2021	2022	% change 2021-2022	2021	2022	% change 2021-2022
BE	276 551			303 791		
BG	12 579	13 370	6.3 %	8 828	7 912	-10.4 %
CZ	101 349	109 458	8.0 %	147 176	156 772	6.5 %
DK(e)	18 115	21 927	21.0 %	1 071	1 006	-6.1 %
DE(e)	428 681	443 335	3.4 %	290 815	305 551	5.1 %
EE	1 349	1 523	12.9 %	4 507	5 374	19.2 %
IE	1 005	918	-8.7 %	1 907	2 211	15.9 %
EL(e)	1 289	3 586	178.2 %	5 755	13 078	127.2 %
ES	10 473	9 464	-9.6 %	200 536	198 502	-1.0 %
FR	12 538	11 470	-8.5 %	481 543	437 613	-9.1 %
HR	2 943	3 178	8.0 %	34 668	34 951	0.8 %
IT						
CY						
LV	2 251	1 822	-19.1 %	1 202	1 347	12.1 %
LT	1 372	1 504	9.6 %	10 398	12 125	16.6 %
LU	245 080	288 898	17.9 %	5 499	5 909	7.5 %
HU	13 703	14 229	3.8 %	78 541	84 122	7.1 %
MT	2 181	6 206	184.5 %	4 812	4 984	3.6 %
NL	235 764	237 226	0.6 %	39 223	38 130	-2.8 %
AT	160 089	166 740	4.2 %	45 413	44 928	-1.1 %
PL	18 291	19 162	4.8 %	202 206	221 865	9.7 %
PT	3 406	4 675	37.3 %	42 234	206	-99.5 %
RO	38 514	37 094	-3.7 %	9 104	25 294	177.8 %
SI	10 506	10 763	2.4 %	17 898	6 671	-62.7 %
SK	14 399	15 629	8.5 %	74 519	80 821	8.5 %
FI	16 364	15 624	-4.5 %	781	841	7.7 %
SE(e)	28 024	20 166	-28.0 %	3 449	3 014	-12.6 %
IS						
LI	984	578	-41.3 %	16	8	-50.0 %
NO(e)	39 933	42 209	5.7 %	240	773	222.1 %
CH	171 790	195 382	13.7 %	12 045	12 009	-0.3 %
UK	179 775	131 853	-26.7 %	6 150	9 167	49.1 %

* Issued – stock: imputed data for DK, DE, EL (2021), SE (2020), and NO (in 2021 only for insured persons and family members; received – stock: imputed data for DK, DE, EL (2021), and NO (2021, only for insured persons and family members).

Source: PD S1 Questionnaires 2022 and 2023

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 based on actual expenditure, can reimburse benefits in kind based on fixed amounts in relation to certain categories of persons.[84] 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 regarding 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 2022 are reported even though 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 2022 is reported. Again, these amounts do not necessarily correspond to treatment provided in 2022. 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 2022 figures

The spending on cross-border healthcare reflects, to a high extent, the number of PDs S1 issued and received *(Table 29)*. France claimed EUR 794.2 million in 2022, Germany claimed EUR 709.5 million, Belgium received EUR 304.0 million (data 2021), and Spain received EUR 270.1 million. Figures on the number of claims issued by Spain clearly show the impact of the application of Annex 3 of the Implementing Regulation.[85] The highest number of claims were issued by Belgium (2.4 million, data 2021), followed by Poland (1.1 million), and Germany (1.1 million). For all three Member States, this reflects the rather high number of PDs S1 they received (303 791 PDs S1 (data 2021), 221 865 PDs S1, and 305 551 PDs S1 respectively, see *Table 20*). However, Poland received a much lower amount than Spain, France, Germany, and Belgium, namely some EUR 41.3 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 2022.

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

[85] Spain claims the reimbursement of the cost of benefits in kind based on 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 0.27 % 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 shows an amount higher than 1 % of total healthcare spending related to benefits in kind was claimed. For Belgium, the refunds received amount to 0.90 % of the total healthcare spending related to benefits in kind, for France the refunds amount to 0.38 %, and for Germany the refunds amount to 0.24 %.

Table 29 - Cross-border sickness benefits *in kind* for persons living in a Member State other than the competent Member State, *creditor*, 2022

	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	0.90 %
BG	4 623	1 726 431			4 623	1 726 431	0.06 %
CZ	385 298	76 377 757			385 298	76 377 757	0.58 %
DK	1 047	1 971 496			1 047	1 971 496	0.01 %
DE**	1 028 357	709 505 752			1 028 357	709 505 752	0.24 %
EE	27 267	2 287 770			27 267	2 287 770	0.19 %
IE			1 782	5 862 655	1 782	5 862 655	0.03 %
EL	23 484	8 635 391		3 579	23 484	8 638 970	0.09 %
ES	310 575		189 385	270 561 996	499 960	270 561 996	0.37 %
FR**	956 178	794 293 434			956 178	794 293 434	0.38 %
HR	135 191	59 322 483			135 191	59 322 483	1.73 %
IT							
CY							
LV	2 399	202 597			2 399	202 597	0.02 %
LT	17 268	3 881 830			17 268	3 881 830	0.17 %
LU							
HU	157 486	19 745 164			157 486	19 745 164	0.29 %
MT	1 353	475 374			1 353	475 374	0.07 %
NL	56 272	52 376 462		569 845	56 272	52 946 307	0.08 %
AT	205 563	65 689 996			205 563	65 689 996	0.24 %
PL	1 069 770	41 341 969	172	5 127	1 069 942	41 347 096	0.17 %
PT			941 398	4 034 179	941 398	4 034 179	0.03 %
RO	10 121	810 757			10 121	810 757	0.01 %
SI	58 770	19 910 239			58 770	19 910 239	0.58 %
SK	206 558	38 553 315	5	1 195	206 563	38 554 510	0.80 %
FI***	3 617	855 585	7	4 445	3 624	860 029	0.01 %
SE	237	109 522	2 489		2 726	109 522	0.00 %
IS							
LI	683	411 795	<5	1 102	684	412 897	0.00 %
NO			273	1 090 472	273	1 090 472	0.01 %
CH	119 588				119 588		
UK			4 787		4 787		
Total	**7 206 881**	**2 202 496 355**	**1 140 299**	**282 134 594**	**8 347 180**	**2 484 630 949**	**0.27 %**

* BE: data 2021.
** DE, FR, and FI: it concerns the amount claimed, not refunds received.
** FI: 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 2023

From a debtor's perspective, Germany refunded EUR 410.1 million (data 2021) and the Netherlands refunded EUR 375.3 million *(Table 30)*. For Belgium, Luxembourg, Switzerland, and the United Kingdom, the other main issuing Member States of a PD S1, no reimbursement figures are available.

Only Bulgaria (1.32 %) 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 0.17 %. 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

(1.7 % of all PDs S1 issued and still valid, see *Table 20*), and Bulgaria (0.6 %), these Member States show a relatively high budgetary impact compared to other Member States, namely 0.66 % and 1.32 % respectively (*Table 30*).

Table 30 - Cross-border sickness benefits *in kind* for persons living in a Member State other than the competent Member State, *debtor*, 2022

	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	28 186	33 383 128	1 178	6 249 680	29 364	39 632 807	1.32 %
CZ	139 653	23 789 509			139 653	23 789 509	0.18 %
DK	119 383	26 427 372	1 965	6 578 873	121 348	33 006 245	0.17 %
DE***	1 462 863	365 276 966	18 526	64 457 494	1 418 148	410 078 767	0.14 %
EE	3 444	1 856 337	220	324 336	3 664	2 180 672	0.18 %
IE	10 023	3 553 608	1 009	2 497 280	11 032	6 050 888	0.03 %
EL	16 126	4 218 046	117	1 259 023	16 243	5 477 069	0.06 %
ES**	70 657	258 011	868	1 136 702	71 525	1 394 713	0.00 %
FR***	757 668	190 922 225			757 668	190 922 225	0.09 %
HR	7 138	5 556 719	33	144 200	7 171	5 700 919	0.17 %
IT							
CY							
LV	7 802	3 105 223	586	1 247 743	8 388	4 352 967	0.36 %
LT	7 271	5 291 457	274	1 363 084	7 545	6 654 541	0.29 %
LU							
HU	23 022	9 512 216			23 022	9 512 216	0.14 %
MT	1 936	502 680	17	23 000	1 953	525 680	0.08 %
NL	1 382 620	323 704 079	30 068	51 580 320	1 412 688	375 284 399	0.58 %
AT	646 622	162 168 754	132	767 673	646 754	162 936 427	0.59 %
PL	22 891	68 993 225	5 381	7 364 291	28 272	76 357 516	0.32 %
PT	3 254		18 873		22 127		
RO	66 518	58 543 419	4 221	8 598 587	70 739	67 142 006	0.66 %
SI	38 003	9 010 238			38 003	9 010 238	0.26 %
SK	38 573	11 599 897	182	688 669	38 755	12 288 566	0.26 %
FI****	31 900	6 590 000	4 348	7 527 142	36 248	14 117 142	0.10 %
SE	34 365	14 008 631			34 365	14 008 631	0.04 %
IS							
LI	1 693	710 541			1 693	710 541	0.00 %
NO			2 388	7 266 487	2 388	7 266 487	0.03 %
CH	312 133		1 731		313 864		
UK	206 280		261 450		467 730		
Total	**5 668 194**	**1 328 982 281**	**368 796**	**169 074 581**	**5 973 749**	**1 478 401 170**	**0.17 %**

* BE: data 2021.

** 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 467 claims received) (ISM); data from the Institution responsible for managing the largest portion of refunds (INSS) are not available yet (for a total of 70 190 claims received).

*** DE, FR, and FI: it concerns the amount claimed, not paid.

**** 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 2023

3.1.2. Comparison to 2021

In total, the refunds received as a creditor decreased by 9.8 % while the refunds paid as a debtor increased by 29.9 %. From the creditor's perspective, the evolution is mainly due to the impact of Spain (decrease of EUR 503.7 million or 65.1 %). On the contrary, Member States such as Estonia (+534.3 %), Latvia (+390.7 %), and Portugal (+303.9 %) knew a major growth from 2021 to 2022. Unlike Spain, the other main creditors Germany (+21.6 %) and France (+8.0%) reported an increase.

From a debtors' perspective, Lithuania (+156.9 %), France (+104.5%), and Spain (+77.4 %) are the most remarkable growers, while Latvia (-40.8 %), Greece (-17.0 %), and Slovakia (-10.8 %) reported the largest decrease. One of the main debtors the Netherlands (+9.8 %) 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, in €, 2021 vs. 2022

	As creditor				As debtor			
	2021	2022	Change in absolute figures	% change	2021	2022	Change in absolute figures	% change
BE	304 011 233							
BG	979 855	1 726 431	746 576	76.2 %	27 910 603	39 632 807	11 722 204	42.0 %
CZ	37 017 291	76 377 757	39 360 466	106.3 %	20 602 246	23 789 509	3 187 264	15.5 %
DK	1 238 499	1 971 496	732 996	59.2 %	20 446 153	33 006 245	12 560 092	61.4 %
DE**	583 605 001	709 505 752	125 900 751	21.6 %	410 078 767			
EE	360 703	2 287 770	1 927 067	534.3 %	1 658 583	2 180 672	522 089	31.5 %
IE	2 260 317	5 862 655	3 602 338	159.4 %	4 743 383	6 050 888	1 307 505	27.6 %
EL	14 840 353	8 638 970	-6 201 383	-41.8 %	6 599 824	5 477 069	-1 122 755	-17.0 %
ES	774 242 136	270 561 996	-503 680 140	-65.1 %	786 050	1 394 713	608 662	77.4 %
FR**	735 261 693	794 293 434	59 031 741	8.0 %	93 361 466	190 922 225	97 560 759	104.5 %
HR	47 600 842	59 322 483	11 721 641	24.6 %	5 276 540	5 700 919	424 378	8.0 %
IT								
CY								
LV	41 290	202 597	161 307	390.7 %	7 351 277	4 352 967	-2 998 311	-40.8 %
LT	2 600 191	3 881 830	1 281 639	49.3 %	2 590 713	6 654 541	4 063 828	156.9 %
LU								
HU	22 500 871	19 745 164	-2 755 706	-12.2 %	7 590 712	9 512 216	1 921 504	25.3 %
MT	397 082	475 374	78 292	19.7 %	342 854	525 680	182 826	53.3 %
NL	50 571 450	52 946 307	2 374 858	4.7 %	341 693 031	375 284 399	33 591 368	9.8 %
AT	63 094 336	65 689 996	2 595 660	4.1 %	121 759 330	162 936 427	41 177 097	33.8 %
PL	35 823 999	41 347 096	5 523 097	15.4 %	55 105 884	76 357 516	21 251 633	38.6 %
PT	998 889	4 034 179	3 035 290	303.9 %	803 511	-	-803 511	-100.0 %
RO	610 324	810 757	200 433	32.8 %	51 881 653	67 142 006	15 260 353	29.4 %
SI	20 025 143	19 910 239	-114 904	-0.6 %	9 549 185	9 010 238	-538 947	-5.6 %
SK	20 131 764	38 554 510	18 422 746	91.5 %	13 776 432	12 288 566	-1 487 865	-10.8 %
FI**	921 536	860 029	-61 506	-6.7 %	10 957 181	14 117 142	3 159 962	28.8 %
SE		109 522				14 008 631		
IS								
LI	445 904	412 897	-33 007	-7.4 %				
NO	1 214 244	1 090 472	-123 772	-10.2 %	464 635	710 541	245 906	52.9 %
CH					7 160 970	7 266 487	105 517	1.5 %
UK								
Total*				**-9.8 %**				**29.9 %**

* Total based on data from the Member States that reported data for both 2021 and 2022.
** DE, FR, and FI: it concerns the amount claimed instead of received (creditor) or paid (debtor).
Source: PD S1 Questionnaire 2022 and 2023

3.2. Sickness benefits in cash

Only seven Member States (Luxembourg, Hungary, Malta, Austria, Sweden, 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 263 million to some 25 700 persons who work in Luxembourg and reside in another Member State and who were granted sickness benefits in cash for a short period in 2022. 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 27.4 million *Krankengeld* (sickness benefit in cash) to 10 400 persons residing in another Member State and EUR 11.0 million *Wochengeld* (maternity benefit) to 1 800 persons residing in another Member State. Most of these persons reside in Hungary, Germany, Slovakia, Slovenia, and Czechia. Sweden exported EUR 2.3 million *Sjukpenning* (sickness benefit) to around 450 persons, most of whom are residing in Poland. Finally, the export of sickness benefits in cash by Switzerland amounts to some EUR 9.4 million for 2 100 persons, of which 84 % goes to persons residing in France. The above figures show that most of the 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, 2022

	LU	HU	MT	AT*					SE**								LI	CH
Name				Kranken-geld	Wochen-geld	Rehabilitations-geld	Wiedereing-liederungsgeld	Unterstützungs-leistung	Graviditets-penning	Merkostnadser-sättning	Närstående-penning	Omvårdnads-bidrag	Sjuk-penning	Smittbärarer-sättning	Tillfällig föräldrapenning	Rehabiliteringser-sättning		
BE	5 493	7	0	<5	<5	<5	0	<5	0	0	0	<5	15	<5	18	0	0	0
BG	<5	0	0	6	0	0	0	28	0	0	0	0	0	0	0	0	0	0
CZ	66	<5	0	1 239	220	7	<5	26	0	0	0	0	<5	<5	5	0	<5	0
DK	0	0	0	0	0	0	0	0	0	0	<5	0	38	<5	29	<5	0	0
DE	5 970	11	0	1 071	450	45	96	13	0	<5	0	<5	35	0	22	0	<5	5
EE	0	0	0	0	0	0	0	0	0	0	0	0	<5	0	0	0	0	0
IE	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EL	<5	0	0	11	0	0	0	0	0	0	0	0	11	<5	<5	0	0	0
ES	10	<5	0	<5	0	<5	0	0	<5	<5	0	0	14	0	<5	0	0	0
FR	13 740	0	<5	<5	<5	<5	0	0	0	0	0	<5	6	0	<5	0	0	1 758
HR	<5	<5	0	100	<5	5	0	108	0	0	0	0	<5	<5	0	0	0	0
IT	13	0	0	8	20	<5	0	<5	0	0	0	0	<5	0	0	0	0	340
CY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LV	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	<5	0	0	0
LT	<5	0	0	0	0	0	0	0	<5	0	0	0	23	<5	<5	0	0	0
LU		0	0	0	0	0	0	0	0	0	0	0	<5	0	<5	0	0	0
HU	6		0	1 402	664	28	8	85	0	0	0	<5	6	0	8	0	0	0
MT	0	0		0	0	0	0	<5	0	0	0	0	0	0	0	0	0	0
NL	95	<5	0	<5	0	0	0	0	0	0	0	0	5	0	<5	0	<5	0
AT	8	17	0						0	0	<5	0	<5	0	5	0	0	0
PL	172	0	0	682	<5	6	5	25	<5	0	0	<5	230	<5	64	0	0	0
PT	40	0	0	<5	0	0	0	0	0	<5	0	0	5	0	0	0	0	0
RO	34	20	0	20	<5	<5	0	116	0	0	0	0	<5	0	0	0	0	0
SI	0	<5	0	1 368	289	11	13	8	0	0	0	0	0	0	0	0	0	0
SK	72	793	0	4 448	169	18	17	2819	0	0	0	0	6	0	6	0	5	0
FI	0	0	0	0	0	0	0	0	0	0	0	0	38	0	10	0	0	0
SE	0	<5	0	<5	<5	0	0	0									0	0
IS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LI	0	0	0	<5	<5	0	0	0	0	0	0	0	0	0	0	0		0
NO	0	0	0	0	0	0	0	0	0	<5	0	0	8	0	5	0	0	0
CH	8	0	0	14	15	0	5	<5	0	0	0	0	<5	0	<5	0	0	
UK	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5
Total	**25 743**	**857**	**<5**	**10 384**	**1 843**	**127**	**148**	**3 233**	**<5**	**6**	**<5**	**7**	**456**	**13**	**190**	**<5**	**12**	**2 104**

* *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.

** *Graviditetspenning:* Pregnancy allowance*; Merkostnadsersättning:* Additional expenses allowance*; Närståendepenning:* Family allowance; *Omvårdnadsbidrag:* Carer's allowance*; Sjukpenning:* Sickness benefit*; Smittbärarersättning:* Carrier's allowance *; Tillfällig föräldrapenning:* Temporary parental allowance*; Rehabiliteringsersättning:* Rehabilitation allowance.

Source: PD S1 Questionnaire 2023

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 €, 2022

	LU	HU	MT	AT					SE								LI	CH
Name				Kranken-geld	Wochen-geld	Rehabilitations-geld	Wiedereing-liederungsgeld	Unterstützungs-leistung	Graviditets-penning	Merkostnadser-sättning	Närstående-penning	Omvårdnads-bidrag	Sjuk-penning	Smittbärarer-sättning	Tillfällig föräldrapenning	Rehabiliteringser-sättning		
BE	59 611 423	8 854	0	6 201	0	7 533	0	3 758	0	0	0	923	49 365	335	8 869	0	0	0
BG	21 591	0	0	8 378	16 986	0	0	70 695	0	0	0	0	0	0	0	0	0	0
CZ	553 170	1 660	0	3 777 920	1 220 966	68 401	11 255	72 970	0	0	0	0	26 225	659	6 360	0	50 331	0
DK	0	0	0	0	0	0	0	0	0	0	132	0	137 614	831	26 430	354	0	0
DE	63 629 619	9 305	0	4 711 446	3 096 449	449 312	354 441	38 576	0	8 497	0	31 698	129 491	0	13 797	0	18 724	123 906
EE	0	0	0	0	0	0	0	0	0	0	0	0	7 262	0	0	0	0	0
IE	16 631	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EL	17 098	0	0	45 074	0	0	0	0	0	0	0	0	5 097	844	2 219	0	0	0
ES	130 164	135	0	1 005	0	25 076	0	0	2 190	3 664	0	0	21 835	0	1 251	0	0	0
FR	135 468 432	0	1 486	29 239	24 197	4 122	0	0	0	0	0	8 267	9 871	0	2 008	0	0	7 901 826
HR	21 103	199	0	415 881	16 320	46 428	0	269 193	0	0	0	0	1 263	397	0	0	0	0
IT	155 438	0	0	14 452	117 082	1 107	0	2 602	0	0	0	0	2 817	0	0	0	0	1 335 248
CY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LV	16 191	0	0	0	0	0	0	0	0	0	0	0	0	0	3 934	0	0	0
LT	38 525	0	0	0	0	0	0	0	3 250	0	0	0	125 132	1 030	4 338	0	0	0
LU		0	0	0	0	0	0	0	0	0	0	0	583	0	80	0	0	0
HU	32 400		0	3 790 580	3 611 162	312 839	25 636	217 438	0	0	0	5 538	23 524	0	5 239	0	0	0
MT	0	0		0	0	0	0	29	0	0	0	0	0	0	0	0	0	0
NL	1 153 639	33	0	1 959	0	0	0	0	0	0	0	0	33 746	0	701	0	31 390	0
AT	109 262	9 235	0						0	0	669	0	3 356	0	2 346	0	0	0
PL	1 228 256	0	0	2 647 363	22 967	94 169	24 795	44 935	10 766	0	0	5 539	1 346 805	2 705	79 649	0	0	0
PT	410 365	0	0	18 392	0	0	0	0	0	2 531	0	0	80 032	0	0	0	0	0
RO	198 174	16 148	0	53 128	9 718	28 700	0	274 233	0	0	0	0	40 217	0	0	0	0	0
SI	0	6 802	0	4 608 666	1 703 192	149 434	41 196	17 216	0	0	0	0	0	0	0	0	0	0
SK	420 033	626 152	0	7 157 386	976 931	225 396	67 381	8 425 025	0	0	0	0	20 860	0	7 444	0	46 877	0
FI	0	0	0	0	0	0	0	0	0	0	0	0	152 946	0	26 490	0	0	0
SE	0	4 500	0	17 797	7 794	0	0	0									0	0
IS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LI	0	0	0	996	24 971	0	0	0	0	0	0	0	0	0	0	0		0
NO	0	0	0	0	0	0	0	0	0	1 657	0	0	54 958	0	4 783	0	0	0
CH	243 192	0	0	54 598	113 169	0	29 771	2 120	0	0	0	0	149	0	790	0	0	
UK	15 600	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	34 430
Total	**263 490 306**	**683 024**	**1 486**	**27 360 461**	**10 961 904**	**1 412 517**	**554 475**	**9 438 790**	**16 205**	**16 349**	**802**	**51 966**	**2 273 145**	**6 803**	**196 727**	**354**	**147 322**	**9 395 411**

* *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.

** *Graviditetspenning:* Pregnancy allowance*; Merkostnadsersättning:* Additional expenses allowance*; Närståendepenning:* Family allowance; *Omvårdnadsbidrag:* Carer's allowance*; Sjukpenning:* Sickness benefit*; Smittbärarersättning:* Carrier's allowance *; Tillfällig föräldrapenning:* Temporary parental allowance*; Rehabiliteringsersättning:* Rehabilitation allowance.

Source: PD S1 Questionnaire 2023

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.[86] Finland was able to provide some quantification in this regard. It reported 633 forms issued according to the Nordic convention (of which 525 with Sweden as a Member State of residence, 69 in Norway, less than five in Iceland, and 36 in Denmark). Around 27 % of the forms were issued for insured persons and their family members, and 73 % 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 200, of which 94 for insured persons and their family members, and 106 for pensioners and their family members.

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 for reference year 2021, which is explained in a footnote.

Furthermore, 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. Several thousands of possible PDs S1 are thus missing in the data provided, namely the information on “insured persons” for France. This procedure is still in place, even after the Luxembourgish EESSI-ready declaration.

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

Finally, 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.

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

5. Fraud and error

While most of the Member States did not fill out the question on fraud or error, or mentioned that no information is available[87], several Member States did not find any inappropriate use (HR, DK, FI, and CH). Only five Member States reported cases of fraud or error (ES, LT, PL, RO, and NO), of which four were able to (partially) quantity their occurrence (*Table 34*).

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 250 contestations of invoices which were received for healthcare provided to insured persons residing in another Member State for an amount of EUR 194 974 (*Table 34*). Furthermore, Lithuania received 864 contestations of invoices for an amount of EUR 266 726. The main reasons were documents not registered in the country of residence, the period of benefits not covered by the entitlement document, unknown entitlement documents, expired entitlement documents, and a treatment period which is not/partially included in the validity period of the entitlement of the document.

Poland reported several cases of fraud, mainly people not informing the competent institutions of significant changes affecting the use of entitlements, and many errors, for instance forms containing errors, or issuing a PD S1 for only a few days. In total, Poland estimates 300 cases of inappropriate use in 2022. Finally, Romania reported 34 cases of error where the cancellation dates of the PD S1 are from before the cancellation form was issued, and Norway reported one fraud case of an altered PD S1.

In terms of methodology, Lithuania indicated one employee working with the received invoices and one with the issued invoices and mentioned that investigations of these invoices are performed on a regular basis. Norway reported that one audit or investigation took place.

Table 34 - Number of cases of fraud and error identified regarding PD S1, 2022

	Reason	Number of cases	Amount involved (in €)
LT	* Error concerning received invoices (issued contestations) (e.g., Documents not registered in the country of residence, period of benefits not covered by the entitlement document)	250	194 974
	* Error concerning the issued invoices (received contestations) (e.g., Unknown entitlement documents, expired validity of entitlement documents, treatment period not/partially included in the validity period of the entitlement document)	864	266 726
	Total	**1 114**	**461 701**
PL	Fraud (e.g., Not informing of significant changes affecting the use of entitlements)	Several	
	Error (e.g., Forms containing errors, issuing a PD S1 only for a few days, entitled persons registered in Poland who actually reside in another Member State)	Majority	
	Total	**Approximately 300**	
RO	Error: cancellation dates of PD S1 before issuing of the cancelation form	34	
NO	Fraud: alteration of PD S1	1	

Source: PD S1 Questionnaire 2023

[87] It concerns AT, BG, CZ, EE, FR, DE, EL, HU, IE, LV, LI, LU, MT, PT, SK, SI, SE, NL, and UK.

Annex I Additional tables

Table a16 - Number of PDs S1 *issued to insured persons of working age*, breakdown by receiving Member State, *stock*, 2022

Member State of residence	Issuing Member State																																
	BE*	BG	CZ[e]	DK[e]	DE[e]	EE	IE	EL[e]	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	325	380	462	20 431	61	31	454	293	5 434	49	589	89	129	37	55 331	224	63	38 638	82	689	216	1 172	320	274	195	165	25	<5	804	362	5	**104 802**
BG	447		195	24	717	83	0	16	<5	17	<5	15	5	0	14	86	<5	57	1 093	664	107	6	89	17	246	140	20	0	0	34	417	44	**3 578**
CZ	405	38		0	0	<5	<5	0	27	28	16	53	44	<5	<5	1 123	45	17	3 145	11 728	542	<5	72	42	2 252	52	98	18	68	0	512	18	**20 356**
DK	56	10	0		0	10	0	0	<5	<5	5	20	0	8	<5	14	11	18	28	<5	24	<5	49	7	6	0	0	<5	0	0	87	<5	**373**
DE	9 515	325	0	0		95	8	0	508	277	255	849	15	38	53	65 742	289	1 692	51 826	17 515	3 874	131	559	140	209	0	256	17	148	0	56 536	74	**210 946**
EE	12	<5	9	80	196		0	5	<5	<5	<5	6	0	34	10	6	<5	0	86	<5	16	<5	9	<5	0	6 622	164	0	0	498	12	<5	**7 002**
IE	35	5	<5	5	35	10		<5	8	9	10	13	0	0	0	52	0	34	58	<5	130	<5	29	7	<5	6	0	0	0	<5	21	0	**432**
EL	94	124	0	0	0	<5	0		<5	14	5	25	321	<5	<5	89	0	120	52	29	37	0	118	6	12	84	11	<5	0	0	111	35	**1 299**
ES	988	43	35	101	1 448	<5	9	59		388	13	242	10	<5	<5	351	21	862	717	28	286	1 177	358	43	33	135	63	10	<5	214	382	784	**6 954**
FR	82 835	77	58	66	39 268	43	17	117	3 088		38	520	9	11	8	131 971	0	511	497	47	409	280	276	30	42	79	57	8	<5	94	78 297	431	**299 585**
HR	184	15	45	58	2 008	<5	0	10	<5	<5		396	38	<5	10	79	40	311	116	2 993	25	<5	23	3 480	528	34	21	0	0	61	364	<5	**8 668**
IT	652	105	44	31	414	7	<5	72	96	1 598	52		0	7	6	625	49	317	236	497	421	39	358	650	67	102	24	<5	<5	7	999	28	**6 941**
CY	9	6	<5	0	0	0	0	15	<5	<5	0	5		<5	<5	<5	0	17	<5	<5	26	0	58	0	5	8	<5	0	0	0	31	81	**260**
LV	53	0	7	328	242	51	0	<5	0	0	0	0	<5		7	87	<5	74	209	21	13	0	<5	<5	<5	683	105	0	0	23	43	11	**1 367**
LT	94	<5	9	1 036	2 714	57	<5	5	<5	8	5	22	<5	241		31	<5	39	2 616	7	114	<5	10	<5	10	576	631	<5	0	5 683	33	30	**4 547**
LU	2 807	21	50	32	641	<5	0	52	15	138	8	17	<5	<5	<5		9	16	44	6	39	25	62	14	6	8	5	<5	0	11	33	<5	**3 288**
HU	272	26	131	146	10 540	9	0	21	18	11	91	28	8	<5	<5	112		44	2 743	40 686	113	0	1 048	127	2 526	54	113	<5	19	62	830	24	**48 909**
MT	14	<5	<5	<5	37	0	0	<5	<5	0	<5	6	0	0	<5	17	<5		13	<5	10	0	0	<5	0	<5	0	0	0	<5	16	22	**114**
NL	25 606	37	74	100	9 300	28	5	41	88	36	31	192	7	11	7	1 774	26	285	7 221	43	150	26	179	32	45	135	52	14	12	123	678	24	**36 744**
AT	197	98	265	24	14 817	14	<5	49	54	19	89	380	10	15	6	112	292	239	134		281	19	298	212	1 742	49	25	<5	132	42	397	5	**4 823**
PL	5 212	26	14 683	12 921	124 489	27	5	40	37	105	19	91	99	8	50	2 088	37	167	27 474	5 090		<5	154	49	362	874	2 873	23	32	27 969	1 056	205	**46 165**
PT	355	<5	0	<5	0	5	0	0	530	87	<5	131	6	0	<5	659	0	50	446	7	35		145	6	<5	23	37	<5	<5	0	310	73	**2 921**
RO	3 896	91	237	1 419	5 824	8	0	33	5	60	6	76	110	0	39	1 706	418	389	6 315	6 841	448	<5		11	827	370	386	0	<5	210	1 628	11	**23 643**
SI	37	8	19	0	43	0	0	9	<5	<5	363	2 112	11	<5	<5	7	0	21	96	13 976	28	0	9		129	<5	7	0	8	<5	99	<5	**16 925**
SK	408	21	14 911	101	7 601	<5	<5	<5	47	25	18	137	6	<5	<5	829	8 255	29	2 621	27 993	254	6	57	66	<5	81	367	13	70	586	1 456	30	**42 802**
FI	31	8	9	<5	49	38	0	<5	<5	5	5	14	0	<5	0	<5	0	23	12	<5	21	9	25	<5	<5		0	<5	0	<5	24	<5	**227**
SE	141	14	5	0	212	24	0	7	<5	19	12	33	<5	<5	<5	27	0	36	92	14	172	<5	87	6	18	825		<5	<5	0	35	11	**1 586**
IS	<5	0	0	<5	<5	<5	0	0	0	0	0	<5	0	0	0	<5	0	0	0	0	10	0	0	0	0	8	0		0	6	<5	<5	**31**
LI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5	81	<5	0	0	0	<5	0	0	0		0	0	0	**84**
NO	47	<5	0	0	0	7	0	0	<5	<5	<5	6	0	0	0	6	<5	13	21	<5	39	0	41	0	6	54	0	<5	5		31	7	**299**
CH	334	29	71	37	2 727	19	7	50	72	261	31	471	<5	<5	0	175	16	168	156	353	116	114	89	9	24	36	29	6	5	41		10	**2 533**
UK	440	30	45	382	465	0	0	26	79	79	7	93	<5	0	<5	166	5	394	159	5	160	<5	175	10	<5	100	20	7	0	318	258		**2 197**
Total	**135 181**	**1 495**	**31 290**	**17 363**	**244 221**	**610**	**93**	**1 090**	**4 998**	**8 634**	**1 141**	**6 545**	**797**	**532**	**274**	**263 272**	**9 758**	**6 006**	**146 866**	**128 718**	**8 590**	**2 071**	**5 550**	**5 299**	**9 387**	**11 337**	**5 530**	**165**	**517**	**36 795**	**145 060**	**1 975**	**910 401**

* BE and NL: data 2021. IT and IS: data 2018. CY: data 2019.

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

*** BE and SK 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 it was both the issuing Member State and the Member State of residence.

Source: PD S1 Questionnaire 2023

Table a17 - Number of PDs S1 *issued to pensioners*, breakdown by receiving Member State, *stock*, 2022

Member State of residence	Issuing Member State																															
	BE*	BG	CZ[e]	DK[e]	DE[e]	EE	IE	EL[e]	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	475	15	104	3 365	<5	<5	201	136	384	6	193	10	12	6	4 456	34	0	13 363	25	158	97	784	0	35	22	80	0	0	73	106	410	**20 800**
BG	134		37	56	880	11	<5	151	110	<5	0	124	<5	<5	11	11	5	<5	223	55	23	5	14	<5	6	23	50	0	0	26	60	1 366	**2 245**
CZ	57	140		0	0	<5	6	0	16	0	18	63	<5	<5	6	16	11	0	252	170	161	<5	34	<5	2 796	5	91	<5	<5	0	86	255	**4 207**
DK	13	12	0		0	<5	0	0	7	<5	0	6	0	<5	<5	46	<5	0	110	<5	19	6	23	0	<5	0	0	<5	0	0	8	91	**358**
DE	4 087	4 522	0	0		110	7	0	531	23	372	717	7	266	325	6 694	896	7	12 173	3 447	5 254	216	7 177	32	254	176	650	14	5	0	3 833	2 150	**53 945**
EE	5	0	6	14	41		<5	5	5	0	0	<5	0	39	12	<5	<5	0	15	<5	<5	0	<5	<5	0	400	75	<5	0	22	<5	49	**619**
IE	65	68	6	12	191	11		<5	33	<5	11	10	0	156	207	8	31	<5	282	8	374	8	145	<5	26	7	35	0	0	6	29	31	**1 549**
EL	2 128	177	0	0	0	7	0		15	<5	0	77	300	<5	<5	11	<5	0	1 070	100	52	<5	56	0	<5	77	1 475	0	5	0	317	3 463	**9 345**
ES	15 046	1 619	85	1 498	13 891	65	141	44		57	9	1 976	<5	53	119	303	143	<5	12 884	345	426	418	3 809	9	33	1 594	3 780	49	5	1 826	830	55 890	**99 611**
FR	30 294	825	46	601	4 833	8	34	146	900		8	831	<5	33	21	8 054	74	<5	7 607	122	334	829	1 988	<5	19	219	1 404	<5	0	241	4 559	28 285	**86 459**
HR	82	10	30	52	11 474	0	0	<5	<5	0		201	0	<5	0	14	9	0	478	1 725	7	0	8	4 052	11	6	148	0	0	47	392	185	**7 335**
IT	5 884	669	38	58	4 665	27	9	45	182	18	63		0	26	12	421	75	7	1 492	243	364	18	5 066	32	41	114	253	0	0	37	776	2 440	**18 232**
CY	51	155	<5	<5	76	0	5	357	<5	<5	0	43		5	<5	<5	<5	<5	133	22	12	0	99	0	0	12	105	0	0	7	27	7 721	**8 405**
LV	<5	<5	0	10	48	6	0	0	0	0	0	6	0		28	<5	0	0	11	27	<5	0	0	0	0	8	17	0	0	<5	<5	50	**168**
LT	8	0	<5	5	130	20	<5	<5	7	0	0	5	0	153		6	0	<5	32	<5	17	0	0	0	<5	11	11	0	0	14	6	69	**354**
LU	1 812	87	<5	68	211	<5	0	39	21	10	<5	55	<5	<5	<5		<5	0	154	6	18	194	74	0	<5	21	16	<5	0	<5	14	64	**2 562**
HU	460	20	20	30	4 689	<5	14	11	22	0	50	71	<5	5	0	22		0	1 392	939	33	<5	6 715	5	286	22	342	0	0	29	462	325	**11 192**
MT	55	15	<5	28	109	0	6	6	<5	0	0	51	0	<5	0	5	<5		172	14	6	0	<5	<5	<5	9	184	0	0	<5	30	1 807	**2 371**
NL	3 027	84	<5	19	1 903	<5	<5	14	26	82	<5	65	0	<5	7	66	16	0		28	53	29	56	0	<5	22	48	0	<5	41	63	399	**4 089**
AT	244	1 034	124	62	9 952	5	<5	75	56	<5	104	413	<5	10	16	69	608	0	693		298	5	1 756	68	501	41	164	<5	<5	24	313	550	**6 959**
PL	452	35	113	92	1 643	<5	95	35	85	8	3	151	<5	12	50	64	16	<5	965	147		<5	11	0	29	16	336	<5	0	66	60	632	**3 178**
PT	2 118	13	0	0	41	5	6	0	381	62	0	696	0	<5	0	1 398	6	0	3 348	54	14		12	0	0	187	2 147	<5	0	0	674	5 396	**16 520**
RO	152	7	5	<5	450	<5	<5	20	225	14	<5	497	<5	0	0	25	434	0	196	78	<5	7		<5	<5	<5	45	0	0	6	72	124	**1 893**
SI	42	9	<5	6	1 642	0	0	<5	<5	0	834	218	<5	<5	<5	<5	<5	0	58	666	<5	0	<5		<5	5	62	0	0	<5	86	87	**2 092**
SK	20	18	2 649	6	204	0	8	0	11	<5	<5	25	0	0	0	9	61	0	82	212	20	0	112	0	<5	<5	27	0	0	<5	47	80	**739**
FI	17	12	0	0	134	127	0	10	9	<5	0	7	<5	12	<5	5	0	0	52	7	7	<5	13	0	<5		0	0	0	0	44	72	**393**
SE	68	127	<5	0	892	28	<5	17	13	0	14	19	<5	10	16	11	0	0	634	31	165	6	162	<5	<5	336		0	0	0	43	300	**1 993**
IS	0	<5	<5	0	<5	<5	0	0	<5	0	0	<5	0	<5	<5	5	0	0	<5	0	5	<5	<5	<5	0	0	0		0	<5	<5	5	**33**
LI	0	0	0	0	0	0	0	0	0	0	0	<5	0	0	0	0	<5	0	<5	26	0	<5	0	0	0	0	0	0		0	0	0	**32**
NO	22	20	0	0	93	0	0	<5	0	0	0	<5	0	0	5	<5	<5	0	126	9	11	0	11	0	<5	33	0	<5	0		7	90	**343**
CH	575	75	11	40	1 453	5	<5	40	60	16	<5	397	<5	5	<5	45	13	0	434	134	31	42	58	<5	7	49	74	<5	0	0		300	**2 331**
UK	400	330	6	111	342	26	0	<5	66	316	<5	85	10	178	137	52	75	<5	1 011	52	830	157	160	<5	104	90	182	<5	0	83	112		**4 378**
Total	**67 324**	**10 562**	**3 208**	**2 876**	**63 354**	**487**	**347**	**1 230**	**2 929**	**1 008**	**1 504**	**7 011**	**359**	**1 003**	**995**	**21 829**	**2 529**	**29**	**59 447**	**8 701**	**8 703**	**2 049**	**28 353**	**4 216**	**4 183**	**3 510**	**11 801**	**78**	**23**	**2 563**	**13 064**	**112 686**	**374 730**

* BE: data 2021. IT and IS: data 2018. CY: data 2019.

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

*** BE and SK reported <5 PDs S1 for which they were both the issuing Member State and the Member State of residence.

Source: PD S1 Questionnaire 2023

Table a18 - Number of claims received by the competent Member State for the payment of healthcare received abroad by persons with a PD S1, 2022

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		4 619	2 053	3 321	125 747	623	1 369	4 586	11 388	672 616	341			1 416	1 073		0	290	1 053 252	1 900	15 821	674	8 305	1 519	1 619	0	2 610		170	0	10 929	20 614	**1 946 855**
BG	170		230	96	2 121	46	21	209	315	198	6			<5	40		0	12	255	853	0	0	94	15	49	0	35		0	0	240	2 717	**7 726**
CZ	365	282		386	150 328	17	315	200	1 560	868	165			36	38		0	30	2 209	68 932	2 667	9	172	150	21 492	0	539		405	0	1 973	1 674	**254 812**
DK	7	59	<5		881	0	0	0	127	5	0			<5	<5		<5	<5	188	0	24	0	34	<5	13	0	0		0	0	9	0	**1 358**
DE	18 240	14 634	5 733	46 568		1 679	599	8 318	16 916	35 207	2 677			4 059	4 158		5 375	212	209 807	151 263	7	751	21 180	590	2 192	0	6 917		500	0	174 964	18 633	**751 179**
EE	0	0	0	388	404		21	<5	65	75	0			914	339		38	27	189	40	13	0	14	0	<5	0	1 624		<5	0	13	0	**4 171**
IE	0	79	5	0	84	18		6	1 410	0	14			275	143		0	0	589	<5	1 082	258	32	0	14	<5	0		0	8	85	0	**4 107**
EL	952	63	31	92	13 217	5	18		65	381	0			<5	<5		0	9	935	115	82	0	56	0	6	0	1 092		0	0	340	5	**17 471**
ES	14 092	2 377	88	1 991	17 104	49	926	135		1 063	7			61	122		0	20	15 040	1 196	934	14 077	2 981	0	34	3 943	25		28	2 357	687	244 887	**324 224**
FR	108 444	1 141	435	2 111	116 573	108	1 564	271	15 485		38			88	87		83	262	20 973	373	0	0	3 779	67	86	0	3 034		8	0	105 368	117 245	**497 623**
HR	530	87	72	133	69 774	0	41	0	363	853				11	<5		0	242	1 143	35 782	79	0	25	32 477	327	0	237		19	0	1 349	218	**143 766**
IT	4 240	555	253	327	22 532	34	17	301	1 975	6 328	213			60	60		0	45	2 434	2 738	1 263	33	7 436	581	126	0	316		15	0	1 348	2 744	**55 974**
CY	0	124	<5	12	91	0	27	0	14	0	0			5	<5		<5	<5	252	11	12	0	0	0	<5	11	0		0	23	26	14 123	**14 738**
LV	0	0	<5	383	457	71	0	<5	65	6	0				118		0	0	102	36	0	0	0	0	0	0	68		0	0	109	360	**1 778**
LT	252	6	36	1 991	8 270	115	300	7	218	47	<5			607			<5	40	492	12	0	<5	85	<5	10	0	470		0	0	23	260	**13 250**
LU	6 370	70	30	220	1 254	9	0	78	188	1 330	43			19	10		0	7	366	38	88	27	253	42	<5	0	0		<5	0	74	175	**10 696**
HU	1 050	29	314	282	23 555	15	110	35	306	1 593	331			20	14			40	5 086	91 763	0	5	10 439	331	4 086	0	968		<5	0	2 591	0	**142 967**
MT	0	<5	<5	14	182	0	64	0	354	62	0			<5	0		<5		152	17	0	<5	0	0	<5	0	356		0	0	87	0	**1 300**
NL	66 419	161	129	273	53 383	55	117	0	1 658	616	61			18	29		0	322		134	349	178	391	36	75	0	124		102	0	1 466	1 887	**127 983**
AT	1 830	3 794	1 398	791	163 017	17	170	884	2 057	3 081	1 076			124	167		4 031	57	5 843		0	57	12 889	1 764	5 912	0	989		143	0	824	5 788	**216 703**
PL	14 418	76	72 097	60 743	581 275	127	4 448	295	3 785	5 690	160			205	1 071		0	266	68 954	48 097		<5	264	165	1 719	0	13 348		80	0	3 056	20 867	**901 208**
PT	1 385	19	<5	0	7	<5	86	0	5 573	552	0			0	0		0	0	7 914	57	53		182	0	0	391	0		<5	0	854	6 888	**23 965**
RO	0	0	134	76	0	<5	7	48	562	253	<5			0	0		0	19	419	8 590	302	<5		0	411	0	97		<5	0	550	156	**11 633**
SI	77	35	49	21	4 799	0	6	44	395	178	1 876			19	<5		0	18	164	44 726	56	0	23		181	0	122		6	0	373	252	**53 423**
SK	834	74	56 344	541	28 182	0	556	<5	537	609	96			8	8		13 459	23	3 011	185 229	511	24	266	155		0	893		127	0	5 705	2 470	**299 664**
FI	0	46	24	0	934	386	74	85	510	113	5			77	0		10	5	519	177	13	21	39	0	0		0		0	0	713	0	**3 751**
SE	7	102	<5	0	1 144	139	0	0	1 024	25	13			19	20		15	0	615	16	410	48	1 109	0	13	0			<5	0	34	234	**4 992**
IS	0	0	0	0	0	0	29	0	223	0	0			0	0		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	**252**
LI	0	0	0	0	264	0	<5	0	0	0	0			0	0		0	0	22	275	0	0	0	0	0	0	0			0	0	0	**563**
NO	0	15	0	0	84	0	<5	0	23	0	0			<5	<5		<5	0	180	<5	32	0	<5	0	0	0	0		0		<5	0	**355**
CH	3 717	449	183	588	32 023	149	141	734	4 263	25 919	43			96	31		0	<5	5 934	4 341	1 548	1 433	610	108	252	0	501		78	0		5 533	**88 678**
UK	0	466	0	0	462	0	0	0	101	0	<5			238	0		0	0	5 649	38	2 926	4 525	78	0	130	0	0		0	0	70		**14 684**
Total	**243 399**	**29 364**	**139 653**	**121 348**	**1 418 148**	**3 664**	**11 032**	**16 243**	**71 525**	**757 668**	**7 171**			**8 388**	**7 545**		**23 022**	**1 953**	**1 412 688**	**646 754**	**28 272**	**22 127**	**70 739**	**38 003**	**38 755**	**36 248**	**34 365**		**1 693**	**2 388**	**313 864**	**467 730**	**5 973 749**

* BE: data 2021.

** 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.

Source: PD S1 Questionnaire 2023

Table a19 - Amount to be paid by the competent Member State for healthcare received abroad by persons with a PD S1, 2022, 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		2 122 431	351 522	762 184	15 458 470	206 708	381 399	104 114	0	141 770 473	122 215			172 913	78 795		0	36 644	128 120 523	218 084	1 914 706		1 702 763	163 842	109 740	0	637 601		13 000	0			**294 448 128**
BG			40 101	15 063	549 562	3 666	10 024	124 569	0	39 577	640			627	2 696		0	1 037	75 138	160 935	319		8 623	381	3 161	0	26 120		0	0			**1 062 241**
CZ		249 252		56 603	23 491 445	3 403	347 167	31 899	161	203 817	36 394			3 783	9 254		0	5 277	989 614	9 116 017	616 939		70 901	10 685	6 680 171	0	159 084		59 645	0			**42 141 510**
DK		302 263	233		1 308 136	98	0	0	52	2 390	0			0	1 519	1 047	144	205 963	0	132 988	102 475		0	1 116	0	0		0	0			**2 058 425**
DE		16 202 844	5 124 245	15 427 290		1 021 409	656 637	2 139 261	52 215	23 452 084	1 990 592			2 130 524	4 606 937		4 752 180	68 578	142 683 713	93 470 372	60 246 647		24 080 081	232 420	1 559 656	0	4 985 584		223 292	0			**405 106 561**
EE		0	0	0	28 778		8 236	2 287	0	10 545	0			0	22 886		1 055	2 533	26 763	2 273	9 583		695	0	0	0	136 301		42	0			**251 978**
IE		174 538	18 022	0	382 301	126 653		15 878	138 495	0	75 863			0	867 512		0	0	1 140 033	7 923	928 356		175 996	0	49 792	17 485	0		0	49 808			**4 168 654**
EL		380 778	5 229	0	12 001 081	7 359	55 130		0	215 990	0			0	0		0	308	687 622	56 425	41 953		49 768	0	2 520	0	822 496		0	0			**14 326 657**
ES		4 602 865	229 055	6 570 979	57 725 039	151 615	2 524 217	89	0	340 664	26 934			157 871	398 929		0	20 547	42 168 881	832 603	1 035 262		7 648 043	236	67 756	7 045 564	3 948		61 217	7 173 645			**138 785 958**
FR		3 478 799	439 707	6 393 236	96 275 171	247 206	1 448 265	326 462	128 834		7 416			122 536	63 380		114 072	106 370	29 444 984	979 364	3 284 722		8 498 909	23 420	73 249	0	4 098 875		3 013	0			**155 557 990**
HR		59 182	12 247	0	20 527 050	0	7 333	0	54	508 338				1 103	120 262		0	25 096	3 860 334	6 871 419	1 546		17 311	7 597 615	82 533	0	145 635		10 933	0			**39 847 991**
IT		631 967	200 284	180 698	16 024 985	21 006	49 623	188 824	2 599	4 723 679	205 159			37 047	69 491		0	33 170	1 879 430	1 979 774	772 934		10 141 546	196 311	22 271	0	201 769		1 209	0			**37 563 775**
CY		199 557	1 825	14 565	103 070	0	1 882	1 034 510	6 241	0	0			1 305	3 789		1 783	3 566	157 836	12 169	3 062		0	0	482	17 541	0		0	43 034			**1 606 216**
LV		0	12	33 793	54 397	13 849	0	0	0	340	0				34 120		0	0	17 000	0	0		0	0	0	0	988		0	0			**154 500**
LT		653	22 265	117 918	965 861	77 067	32 253	1 213	0	10 921	52 562			413 737			211	5 333	92 857	1 850	57 022		3 229	266	1 714	0	131 203		0	0			**1 988 136**
LU		688 939	23 382	1 132 045	4 570 067	1 331	0	319 719	0	6 410 341	36 668			13 217	3 344		0	1 152	2 249 139	108 417	276 359		581 449	59 491	788	0	0		262	0			**16 476 110**
HU		10 959	128 326	57 882	5 049 375	3 355	444	0	8	224 786	8 572			2 044	3 698			6 286	976 202	7 976 831	11 328		4 077 542	27 773	681 564	0	219 266		98	0			**19 466 339**
MT		1 275	557	31 430	35 023	0	5 722	0	23	17 288	0			182	0		105		65 586	9 670	0		0	0	35	0	76 979		0	0			**243 873**
NL		488 162	29 941	113 389	21 394 283	11 180	113 272	0	507	451 418	39 457			73 351	14 158		0	141 778		87 024	626 752		372 569	3 750	39 746	0	276 711		62 215	0			**24 339 663**
AT		5 817 426	958 839	182 681	84 175 999	7 238	38 638	549 979	246	1 542 467	823 127			42 555	102 470		2 500 393	17 349	3 907 185		31 763		8 419 377	646 376	2 041 529	0	632 753		126 602	0			**112 564 992**
PL		18 575	4 130 261	1 676 794	26 267 396	10 079	207 456	32 446	1 429	506 115	7 501			2 315	126 586		0	32 524	4 472 780	1 878 169			20 125	16 376	119 864	0	839 616		2 371	0			**40 368 778**
PT		17 525	2 101	0	351	665	36 240	11 780	239 502	17 901	0			0	0		0	0	2 287 102	13 823	3 183		20 394	0	0	446 553	0		158	0			**3 097 279**
RO		94	23 112	5 538	0	59	2 402	6 898	82	45 398	0			0	0		0	10 240	65 480	241 693	4 682			0	20 733	0	19 302		354	0			**446 069**
SI		7 419	67 855	17 028	5 008 767	0	235	18 581	0	265 842	2 185 452			0	5 810		0	1 289	140 313	13 676 332	22 056		19 021		68 303	0	172 941		526	0			**21 677 770**
SK		23 609	11 880 231	55 757	3 897 270	0	104 168	159	0	143 263	26 698			0	92		2 110 739	833	518 643	20 953 863	245 546		148 374	18 315		0	212 067		16 868	0			**40 356 494**
FI		47 393	4 896	0	232 018	139 096	9 351	8 170	168	17 670	1 697			45 164	0		310	5 013	130 740	52 944	16 531		14 589	0	22		0		0	0			**725 772**
SE		290 907	8 167	0	112 455	9 652	0	7 860	46 191	9 259	40 347			45 425	86 333		25 331	0	1 505 460	25 999	1 065 132		407 809	0	36 804	0			144	0			**3 723 275**
IS		0	0	0	0	0	0	0	0	0	0			0	0		0	0	0	0	70		0	0	0	0	0		0	0			**70**
LI		0	0	0	110 685	0	0	0	0	0	0			0	0		0	0	11 316	240 940	0		0	0	0	0	0			0			**362 941**
NO		47 813	0	0	0	0	0	0	81	0	0			35 969	8 275		4 991	0	469 422	0	0		7 436	0	0	0	0		0				**573 987**
CH		547 418	87 093	161 371	14 316 023	117 980	10 793	401 979	13 985	9 991 658	11 798			47 557	24 208		0	614	3 037 635	3 961 514	636 309		246 752	12 981	86 583	0	209 391		128 593	0			**34 052 233**
UK		3 220 164	0	0	13 711	0	0	150 390	763 839	0	1 827			1 003 740	0		0	0	3 896 706	0	4 371 768		306 227	0	538 435	0	0		0	0			**14 266 806**
Total		**39 632 807**	**23 789 509**	**33 006 245**	**410 078 767**	**2 180 672**	**6 050 888**	**5 477 069**	**1 394 713**	**190 922 225**	**5 700 919**			**4 352 967**	**6 654 541**		**9 512 216**	**525 680**	**375 284 399**	**162 936 427**	**76 357 516**		**67 142 006**	**9 010 238**	**12 288 566**	**14 117 142**	**14 008 631**		**710 541**	**7 266 487**			**1 478 401 170**

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

** 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 467 claims received) (ISM); data from the Institution responsible for managing the largest portion of refunds (INSS) are not available yet (for a total of 70 190 claims received).

*** 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 2023

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, 2022

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		177	626	9	17 366	9		989	16 253	170 701	652			136	136		1322	51	26 273	1 781	14760		258	86	775	81	7	0		937		**253 385**
BG	8 555		530	13	18 594	0		137	2 224	1 458	46			0	<5		50	6	136	4 382	171		24	31	75	47	7	0		1001		**37 490**
CZ	1 445	130		<5	5 739	0		29	1 800	295	89			<5	36		249	<5	129	1 274	70639		211	49	48 135	24	<5	0		197		**130 477**
DK	3 301	45	380		48 215	388		90	3 676	2 104	133			383	1 973		282	14	273	745	54 156		98	21	411	0	0	0		290		**116 978**
DE	82 666	533	257322	725		908		13 610	47 599	116 413	71 826			696	4 408		30 923	314	19 379	141 475	613 212		2 244	7 154	23 727	1 236	77	260		28 011		**1 464 718**
EE	624	32	19	0	1723			5	467	113	0			71	115		15	0	55	29	80		<5	0	0	364	<5	0		<5		**3 724**
IE	1 354	<5	236	0	484	20		<5	8 205	1 058	40			0	188		111	59	117	142	4 134		6	11	193	30	0	0		76		**16 469**
EL	5 834	177	266	0	10 984	<5			634	745	39			<5	8		51	7	80	976	538		93	44	<5	90	12	0		770		**21 355**
ES	7 643	90	312	0	6 336	6		19		11 508	18			0	15		119	16	350	780	1 336		125	8	120	36	0	0		2 235		**31 072**
FR	275 465	68	1070	<5	36 060	39		381	64 716		858			6	47		1 593	56	616	2 922	5 258		103	178	420	87	25	29		25 967		**415 968**
HR	342	<5	197	0	2 673	0		0	385	38	0			0	<5		331	0	61	1 011	170		0	1 876	43	6	<5	0		45		**7 185**
IT	21 758	606	1553	<5	21 298	15		265	39 276	9 586	2 705			33	107		877	256	691	7 105	6 822		40	6 842	729	121	11	13		42 492		**163 203**
CY	585	46	196	0	394	0		259	112	0	18			0	0		5	0	25	37	197		<5	0	13	0	0	0		177		**2 065**
LV	1 417	13	40	<5	4 338	914		<5	577	88	11				607		20	<5	18	116	141		0	19	<5	77	8	0		97		**8 510**
LT	908	14	45	<5	4 346	339		0	805	87	<5			118			14	0	29	150	1 025		0	<5	6	0	<5	0		0		**7 896**
LU	840 744	35	4846	29	175 468	10		15	1 401	37 0017	79			26	9		163	0	2 908	874	8 340		130	9	2 712	22	0	18		71		**1 407 926**
HU	2 672	<5	279	6	6 671	39		5	1 090	227	72			0	<5			7	103	3 854	262		1 231	58	15 985	10	7	0		122		**32 705**
MT	246	27	42	<5	421	31		5	171	333	139			23	41		34		307	63	499		20	14	22	14	0	0		0		**2 455**
NL	1 103 919	114	2649	147	208 269	189		923	12 642	20 940	1143			102	484		5 036	166		4 922	61 472		525	164	2289	495	12	<5		1 620		**1 428 223**
AT	1 115	469	75265	0	140 616	23		105	3 066	437	21 891			35	10		88 568	7	110		40 902		4 354	41 055	102 328	84	<5	329		1 583		**522 353**
PL	10 299	21	3069	67	56 184	10		79	3 783	1516	83			32	165		318	38	354	3 579			200	59	820	141	17	<5		494		**81 330**
PT	3 918	<5	66	0	2 962	0		0	10 113	3 632				0	<5		10	0	56	132	33		0	0	15	51	8	7		3 169		**24 176**
RO	11 245	16	464	17	25 852	<5		58	4 964	4 452	23			0	17		17 495	<5	141	10 518	233			41	216	7	27	0		941		**76 730**
SI	1 521	9	173	<5	606	7		0	352	67	32 571			0	<5		266	<5	36	1 574	137		<5		140	0	0	0		106		**37 573**
SK	2 141	55	28164	13	2465	<5		10	775	114	484			<5	9		5 167	0	76	6 163	2035		212	257		5	<5	0		221		**48 371**
FI	1 203	20	111	0	2 371	22541		71	3 459	578	38			82	356		74	6	43	394	1 684			12	38		0	0		578		**33 659**
SE	2 624	6	633	0	7 070	1619		1 127	10 125	3 034	235			68	470		968	221	122	936	11 802		136	120	814	0		0		280		**42 410**
IS	295	<5	16	0	666	0		16	1 388	66	0			0	<5		0	0	30	61	423		0	0	<5	0	0	0		284		**3 253**
LI	160	0	433	<5	2 115	0		7	68	25	5			11	0		39	0	49	909	102		<5	9	255	0	0			14		**4 206**
NO	3 202	23	732	0	5 435	143		89	4 328	1 024	187			101	7764		262	24	378	439	148 352		55	10	2 015	0	0	24		415		**175 002**
CH	6 879	178	3012	<5	182 168	10		313	8 121	118 322	1365			114	23		3 124	100	1 439	3 008	3 479		<5	388	3 460	589	0	0				**336 099**
UK	21 096	1712	2552	0	30 468	0		4 872	58 000	117 200	437			357	260		0	0	1 888	5 212	17 376		40	252	795	0	7	0		7 391		**269 915**
Total	**2 425 176**	**4 623**	**385 298**	**1 047**	**1 028 357**	**27 267**		**23 484**	**310 575**	**956 178**	**135 191**			**2 399**	**17 268**		**157 486**	**1 353**	**56 272**	**205 563**	**1 069 770**		**10 121**	**58 770**	**206 558**	**3 617**	**237**	**683**		**119 588**		**7 206 881**

Member State of treatment

* BE: data 2021.

Source: PD S1 Questionnaire 2023

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, 2022, 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		22 669	144 356	1 462	14 818 681	10 638	196 041	757 353	2 704 597	160 536 201	277 467			805	15 407		252 669	14 186	23 034 661	553 909	313 249	0	15 907	60 298	81 556	17 931	338	0	0	40 361			**203 870 744**
BG	1 780 174		230 445	305 210	18 952 028	0	285 807	296 651	5 966 791	3 396 365	64 501			0	653		15 490	5 526	310 770	2 266 368	16 207	9 639	1 532	7 419	23 618	16 121	2 411	0	0	20 397			**33 974 122**
CZ	279 750	45 174		292	5 028 454	0	31 011	7 299	382 598	343 448	267 418			0	22 470		111 538	466	85 741	439 068	2 596 529	2 032	37 510	15 175	13 600 938	4 856	0	0	0	0			**23 301 768**
DK	715 622	27 880	53 393		23 765 610	28 114	0	0	6 564 308	3 092 825	0			33 793	115 215		34 001	30 237	113 398	94 567	1 483 609	0	5 605	17 028	46 107	0	0	0	0	0			**36 221 312**
DE	9 980 677	136 759	44 787 776	1 152 656		59 423	941 264	2 867 966	52 810 324	96 634 943	37 489 750			83 007	766 832		4 416 137	63 210	20 058 893	44 514 737	23 854 179	1 454 871	186 107	5 630 955	3 176 144	253 082	11 315	0	216 812	457 640			**352 005 459**
EE	129 936	7 565	3 033	32	1 302 685		126 653	7 359	151 615	183 410	3 726			13 107	76 984		999	0	11 180	16 623	3 211	665	59	0	0	97 285	3 752	0	0	0			**2 139 878**
IE	307 872	1 302	101 763	0	497 891	16 165		19 051	2 454 440	1 292 402	11 924			0	36 725		15 793	5 796	113 858	47 386	331 307	34 803	488	205	97 114	5 882	0	0	0	0			**5 392 167**
EL	1 472 198	82 360	96 628	0	10 179 339	2 285	15 878		5 581	675 872	12 161			0	1 335		6 134	2 128	94 787	386 612	44 021	0	8 138	18 581	795	10 046	4 075	0	0	0			**13 118 954**
ES	1 444 795	26 281	60 163	0	5 805 773	2 050	0	0		8 123 153	32 318			0	7 616		13 456	1 922	106 080	184 106	100 384	205 670	16 519	16 809	12 107	3 171	2 130	0	0	0			**16 164 504**
FR	56 590 072	14 341	204 889	665	24 733 191	9 006	206 155	431 459	98 492 216		459 847			0	3 099		223 817	8 799	697 893	825 240	341 845	0	6 184	122 181	53 103	13 876	4 163	0	33 336	46 234			**183 521 610**
HR	26 847	9	50 952	0	2 559 076	0	75 863	0	26 934	22 727				0	52 483		56 775	0	39 457	403 904	6 673	0	0	2 185 452	18 645	345	786	0	0	0			**5 526 926**
IT	5 104 211	39 849	652 224	0	19 452 321	14 739	109 742	218 984	30 663 542	16 368 563	632 144			409	0		184 779	93 218	32 692	3 143 238	300 936	533 270	4 707	79 373	144 694	40 097	12 142	0	7 210	0			**77 833 082**
CY	157 059	65 049	42 666	0	137 987	0	0	0	29 690	0	4 198			0	0		89	0	1 784	4 200	3 312	0	5	20	569	0	9 896	0	0	0			**456 524**
LV	406 961	1 694	7 933	0	4 682 355	71 063	0	0	157 536	167 038	1 547				413 737		2 189	35	73 351	25 858	2 033	0	0	0	2 647	51 125	1 777	0	0	0			**6 068 879**
LT	63 589	5 305	10 895	204	5 848 666	22 886	1 494 346	2 739	397 175	155 961	125 730			34 120			3 569	0	14 158	46 207	49 116	0	0	5 810	223	0	0	0	0	8 081			**8 288 779**
LU	84 081 130	22 069	993 395	148 340	109 634 609	2 007	0	0	728 317	217 861 626	58 301			6 455	406		11 233	0	957 280	354 897	454 029	767	11 832	4 943	478 225	1 188	0	0	8 618	0			**415 819 666**
HU	637 328	207	157 323	1 970	5 738 756	1 066	0	0	0	407 768	252 215			0	161			2 255	64 656	1 574 507	25 828	0	169 002	17 389	3 113 156	1 408	541	0	0	0			**12 165 535**
MT	41 066	33 253	9 088	144	133 006	2 613	0	308	31 859	210 963	26 033			0	5 333		5 669		107 384	22 074	2 204	0	10 307	1 289	3 048	1 232	0	0	0	0			**646 873**
NL	127 205 969	32 992	982 031	109 167	140 123 665	27 030	1 140 033	600 769	42 135 017	29 421 827	1 172 091			10 116	72 702		942 456	66 580		2 005 123	3 435 700	0	84 450	181 616	590 228	115 943	713	0	1 429	468 012			**350 925 658**
AT	236 852	96 805	10 987 654	0	73 038 708	765	9 107	72 751	1 139 685	517 538	7 004 576			510	3 186		6 901 884	8 870	159 265		933 236	28 398	198 892	10 749 040	15 559 945	36 790	0	0	135 708	15 167			**127 835 329**
PL	2 629 474	42 173	1 093 278	117 861	65 074 213	3 297	912 589	40 566	975 824	2 050 476	197 011			263	98 542		49 994	20 753	626 985	1 219 679		3 183	5 716	22 317	221 049	51 237	5 373	0	240	0			**75 462 092**
PT	893 716	563	6 413	17 332	2 538 534	0	0	3 579	0	8 078 751	0			0	53		1 010	0	632 139	11 828	84		0	0	0	11 500	0	0	1 857	0			**12 197 360**
RO	2 938 252	6 812	225 965	102 478	35 030 968	16	175 996	49 768	7 575 489	9 791 167	52 914			0	3 229		5 005 282	188	372 569	3 226 900	20 125	20 308		19 021	129 365	906	49 314	0	0	0			**64 797 033**
SI	414 086	861	101 363	0	442 462	1 207	16 222	1 540	45 530	36 845	8 865 779			0	266		19 108	35	3 750	396 422	10 490	1 406	44		26 927	0	0	0	0	0			**10 384 342**
SK	271 223	16 181	13 228 420	1 289	1 749 251	31	23 461	2 133	77 298	285 091	188 626			0	1 724		721 432	0	38 043	960 041	131 039	0	17 090	61 713		57	799	0	0	0			**17 774 941**
FI	280 210	13 663	29 165	0	1 527 072	1 820 836	0	63 274	53 718	698 781	4 479			346	129 842		7 990	3 856	28 425	113 832	63 703	504 289	0	660	5 367		0	0	0	0			**5 349 509**
SE	843 206	13 133	256 949	0	5 734 527	139 426	0	0	10 004 814	4 834 170	715 738			1 033	136 896		246 822	92 084	283 261	253 593	643 948	1 196 641	19 305	209 483	230 833	0		0	0	0			**25 855 861**
IS	39 230	38	3 959	0	233 064	0	0	0	464 258	206 466	902			0	26		0	0	14 513	19 213	51 764	5 132	0	0	3 074	0	0		0	0			**1 041 639**
LI	56 107	0	107 539	0	1 353 403	0	0	0	46 351	15 427	27 568			0	0		9 833	0	58 987	166 245	1 476	0	330	586	51 932	0	0	0		0			**1 895 783**
NO	390 286	5 507	328 379	0	3 436 114	42 912	49 808	27 430	61 052	1 246 794	48 390			2	1 744 598		40 012	10 218	418 457	254 980	4 775 973	0	4 956	6 074	235 171	0	0	0	7 687				**13 134 801**
CH	1 076 843	19 573	481 023	12 395	101 414 951	10 195	52 680	0	1 840 019	50 569 975	881 034			134	4 109		445 004	45 012	556 276	1 691 840	98 975	33 105	72	158 894	380 264	125 952	0	0	0	34 581			**159 932 903**
UK	3 516 494	946 363	938 699	0	24 538 393	0	0	3 167 989	4 575 418	177 066 863	444 097			18 498	168 201		0	0	3 835 616	466 799	1 251 912	0	6 001	317 907	267 667	0	0	0	0				**221 526 917**
Total	**304 011 233**	**1 726 431**	**76 377 757**	**1 971 496**	**709 505 752**	**2 287 770**	**5 862 655**	**8 638 970**	**270 561 996**	**794 293 434**	**59 322 483**			**202 597**	**3 881 830**		**19 745 164**	**475 374**	**52 946 307**	**65 689 996**	**41 347 096**	**4 034 179**	**810 757**	**19 910 239**	**38 554 510**	**860 029**	**109 522**	**0**	**412 897**	**1 090 472**			**2 484 630 949**

* BE: data 2021.

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

*** PL: In 2022 the National Health Fund received refunds on the amount of EUR 71 703 822.30. Until 19.05.2023 99.98% refunds have been assigned to particular forms (EUR 71 686 316.81). 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 2023

Annex II Additional visualisations

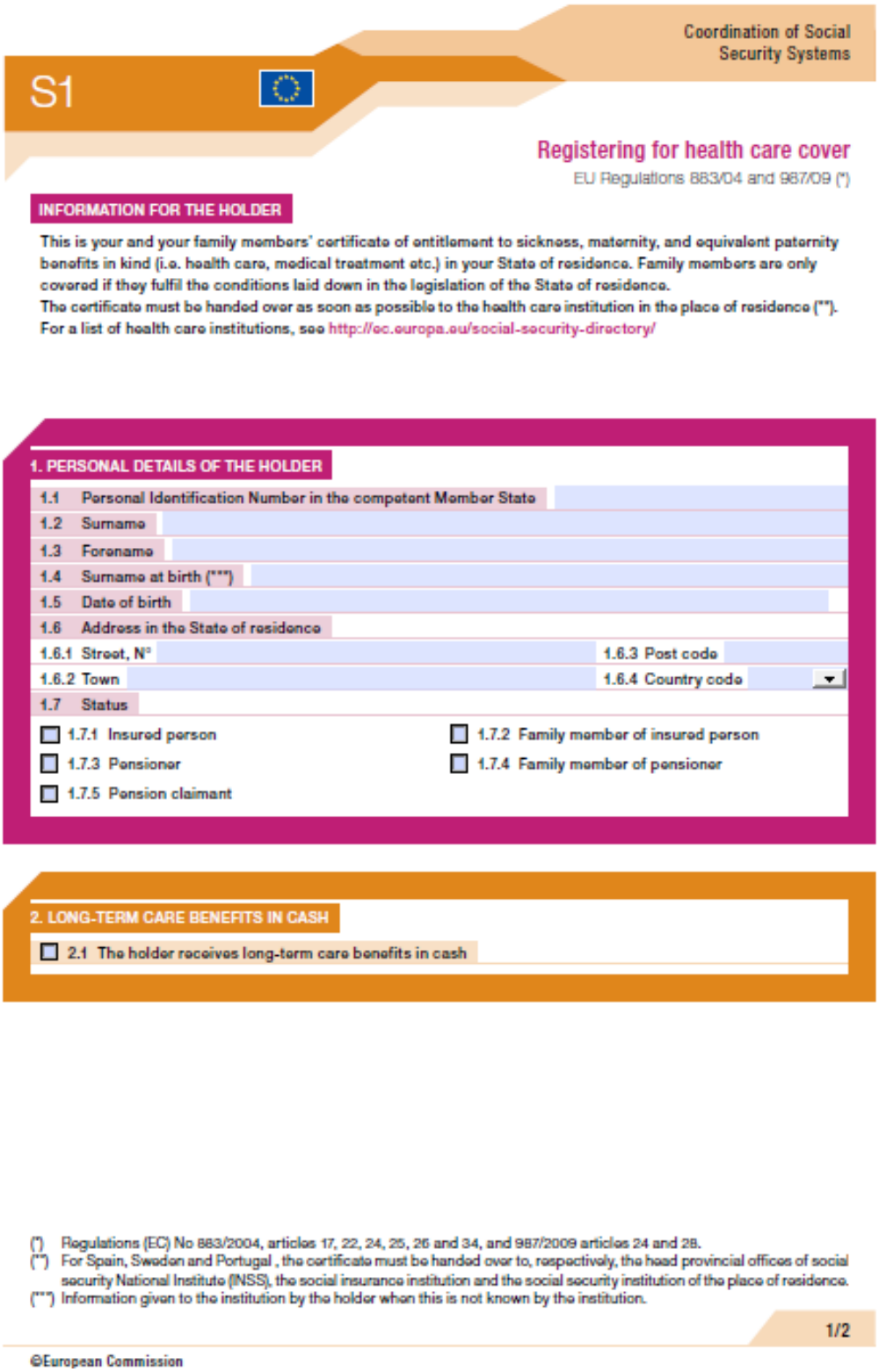
Figure a7 - Number of PDs S1 issued, share in total number of PDs S1 issued (stock), 2022

* BE: data 2021. IT and IS: 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), 2022

* BE: data 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°
1.6.3 Post code
1.6.2 Town
1.6.4 Country code
1.7 Status

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

2. LONG-TERM CARE BENEFITS IN CASH

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

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

1/2

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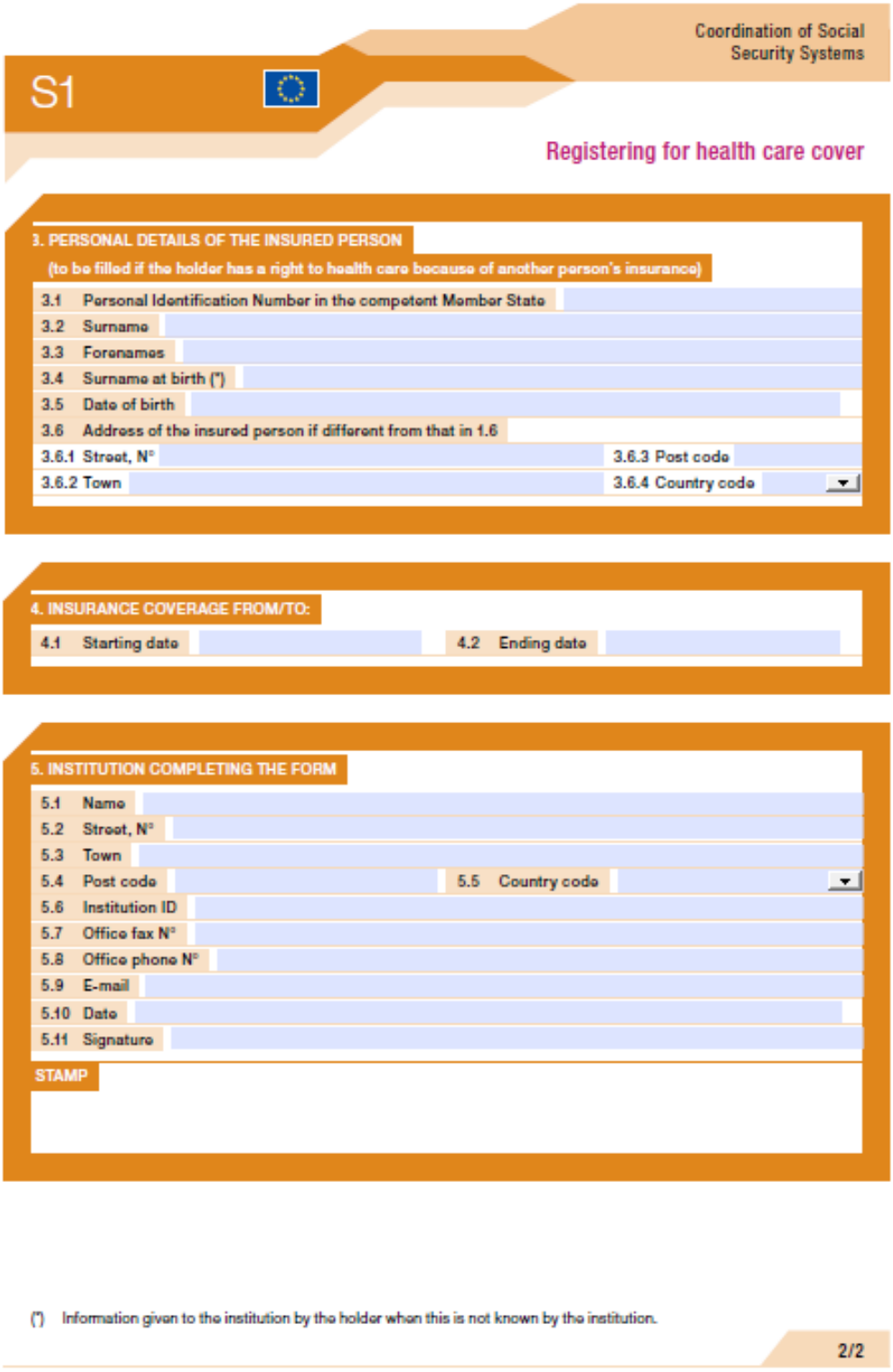


Coordination of Social Security Systems

S1

Registering for health care cover

3. PERSONAL DETAILS OF THE INSURED PERSON

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

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

4. INSURANCE COVERAGE FROM/TO:

4.1	Starting date	4.2 Ending date	

5. INSTITUTION COMPLETING THE FORM

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

STAMP

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

2/2

Chapter 4
Monitoring of healthcare reimbursement

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

Summary of main findings

This chapter presents data on the monitoring of healthcare reimbursement in Member States, which have opted to claim reimbursement on the basis of fixed amounts. The main aim of the chapter is to assess the potential impact of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare (i.e., 'the Directive') on this type of reimbursement. However, 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 based on actual expenditure (actual costs) or based on fixed amounts (average costs). In principle, the general method of reimbursement is the refund based on actual expenditure. Only by a way of exemption, Member States whose legal or administrative structures are such that the use of reimbursement based on actual expenditure is not appropriate, can claim reimbursement of benefits in kind based on 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 regarding 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 must, under the Directive, must 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[88], 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.

[88] 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 based on actual expenditure is not appropriate, can claim reimbursement of benefits in kind based on 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 regarding 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 based on fixed amounts (lump-sum Member States).

Both the Implementing Regulation and the Directive define specific reporting obligations regarding 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.

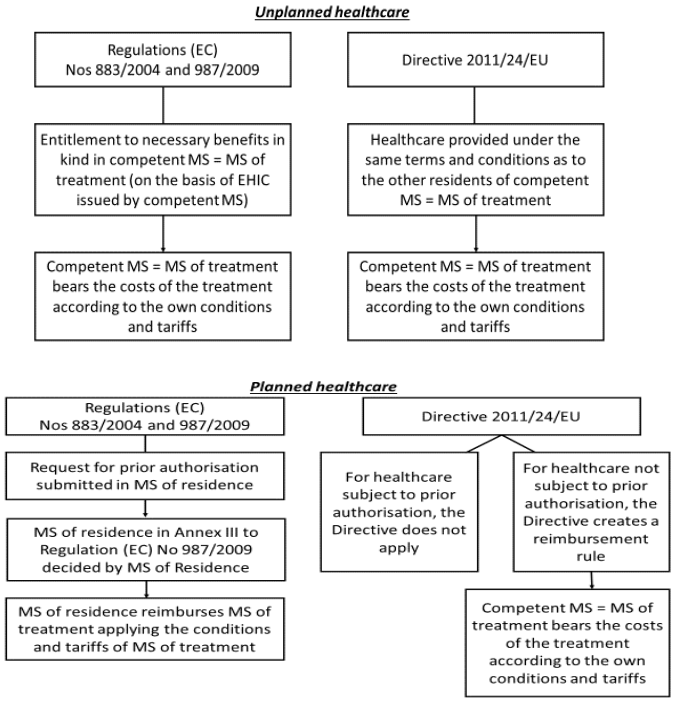
Neither of the three other questionnaires collecting data on cross-border healthcare (i.e., the questionnaire on unplanned healthcare (EHIC), the one on planned healthcare (PD S2), and finally the one on persons entitled to healthcare residing in a Member State other than the competent Member State (PD 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 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[89] highlighted the following scenarios under which the implementation of the Directive may influence the fixed amounts as defined in Article 64 of the Implementing Regulation:[90]

- *"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 13)*

Figure 13 - 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



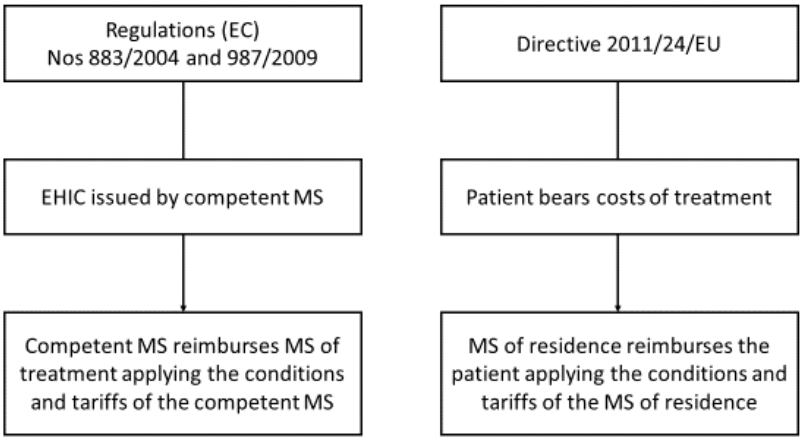
Source: AC 246/12

- *"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 14)*

89 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.

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

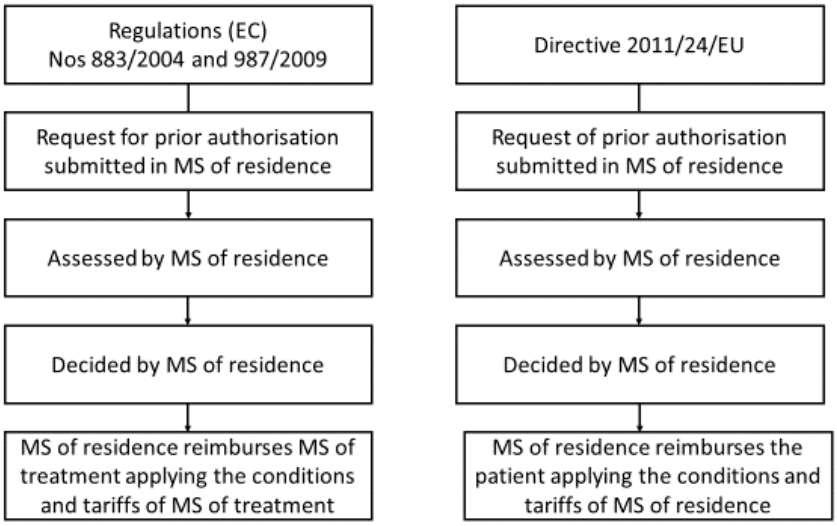
Figure 14 - Unplanned healthcare for family members of frontier workers and pensioners and their family members received in a third Member State and residing in a Member State listed in Annex 3 to the Implementing Regulation



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*[91]*." (See Figure 15)*

Figure 15 - 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

91 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 2022 (*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, Italy, Latvia, Lithuania, Malta, Romania, Slovakia, and Liechtenstein (8 out of the 17 Member States concerned) provided data for 2022 (*Question 5*).

The third and final part of the questionnaire had to be answered by all Member States. However, only Bulgaria, Germany, Estonia, Greece, Spain, Latvia, Luxembourg, Malta, Austria, Poland, Romania, Slovenia, and Slovakia (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 based on fixed amounts for the benefits in kind supplied to:[92]

- 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)*.

[92] 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 35 - Quantification of the number of persons involved living in the Member States which apply fixed amount reimbursements regarding these categories of persons, 2014-2022

	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)								
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2014	2015	2016	2017	2018	2019	2020	2021	2022
IE		368	1216	30	<5	<5	<5	<5	<5		162	649	875	824	739	836	768	843
ES	453	443	429	409	390	390	333	451	410	156 060	156 570	157 374	159 040	162 979	169 476	175 932	182 639	183 557
CY			27		21							14 936		18 179				
NL*	194			233	261	232	231	203	217	3 695			4 468	4 637	5 117	5 490	5 857	6 067
PT				n.a.	n.a.	n.a.		n.a.	n.a.				n.a.	n.a.	n.a.	n.a.		n.a.
SE			48	25	42	34	38	56	43			1 654	1 730	1 691	1 819	2 055	2 205	2 239
UK	17		2271		1 233		204	78	103	2 220		144 731		165 061		4 255	5 982	6 849
NO	<5	<5	<5	<5	n.a.	n.a.		n.a.	n.a.	208	247	129	187	n.a.	3 344		241	267

* 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 2023, 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[93], 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 based on 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.

Eight 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 2022 *(Table 36).* The data show that for a very limited group of people this situation occurred in 2022, as only for Latvia,

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

Romania, and Italy the number of persons exceeds 290, while for Estonia, Lithuania, Malta, Slovakia, and Liechtenstein it remains under 80. 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.[94]

Table 36 - 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, 2022

	Number of persons								Amount reimbursed (in €)						
	EE	LV	LT	MT	RO	LI	IT	SK	EE	LV	LT	RO	LI	IT	SK
IE	<5	156	28	<5	29	0	<5	6	1 070	24 691	20 952	4 820	0	0	632
ES	11	54	12	6	708	7	168	23	21 793	4 551	23 680	526 478	3 075	0	1 435
CY	0	5	<5	<5	10	0	22	<5	0	31	2 836	1 201	0	0	4
PT	0	<5	0	<5	1	0	89	0	0	0	0	0	0	10 724	0
SE	<5	10	<5	<5	0	0	<5	<5	415	4 648	325	0	0	0	25
UK	5	179	26	0	46	0	12	25	1 270	13 763	26 059	11 489	0	0	7 095
NO	0	0	<5	0	0	<5	<5	0	0	0	1 897	0	0	0	0
Total	**19**	**405**	**73**	**18**	**794**	**9**	**299**	**56**	**24 548**	**47 683**	**75 748**	**543 988**	**3 075**	**10 724**	**9 191**

* The amount reimbursed does not necessarily correspond to the number of persons.
Source: Questionnaire on the monitoring of healthcare reimbursement 2023, 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 must, under the Directive, must 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, only one lump-sum Member State, Spain, provided these figures.

From the perspective of the competent Member State, for reference year 2022, 11 Member States (AT, EE, BG, SK, LV, LU, ES, 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 37).* 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 Luxembourg and resident in Portugal received unplanned healthcare in a third Member State.

[94] 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 37 - 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, 2022

MS of resi-dence	Number of family members residing in a lump-sum MS, other than where the insured persons reside which is not the competent MS												Number of pensioners and their family residing in a lump-sum MS which is not the competent MS											
	AT	EE	BG	SK	LV	LU	ES	MT	PL	RO	SI	Subtotal	AT	EE	BG	SK	LV	LU	ES	MT	PL	RO	SI	Subtotal	Total
IE	0	0	0	0	0	0	0	0	0	<5	<5	<5	8	0	8	6	156	10	57	<5	<5	15	0	262	266
ES	29	0	12	0	<5	39	0	0	0	<5	0	86	277	0	282	23	54	359	0	5	0	103	0	1 103	1 189
CY	0	0	<5	0	0	0	0	0	0	0	0	<5	0	0	44	<5	5	<5	<5	<5	0	<5	<5	65	66
PT	<5	0	0	0	0	204	0	0	0	0	<5	208	41	0	<5	0	<5	1 528	439	0	0	0	<5	2 012	2 220
SE	11	0	<5	0	0	0	0	<5	0	0	<5	22	12	0	16	<5	10	15	15	<5	0	0	<5	72	94
UK	8	0	7	0	0	<5	0	0	0	0	<5	17	37	0	19	25	179	54	74	0	<5	<5	<5	395	412
NO	0	0	<5	0	0	0	0	0	0	0	0	<5	<5	0	12	0	0	<5	0	0	0	0	0	14	15
Total	**51**	**0**	**25**	**0**	**<5**	**244**	**0**	**<5**	**0**	**5**	**9**	**339**	**376**	**0**	**382**	**57**	**405**	**1 971**	**589**	**11**	**<5**	**124**	**6**	**3 923**	**4 262**

Source: Questionnaire on the monitoring of healthcare reimbursement 2023, 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, must 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 regarding the monitoring of healthcare reimbursement in 2022. Even though most Member States left this question blank or did not have any data available[95], some Member States reported they were not aware of any cases of error (Estonia, Spain, Croatia, Malta, and Norway).

Only Austria and Romania mentioned cases of error. In Austria, it concerns the use of the EHIC out of ignorance or awareness of a negative claim. Romania was able to quantify the number of cases of error, as they are aware of two cases for an amount of EUR 16 679. It concerned cases in which the beneficiaries were deceased (in 2011 and 2017).

[95] It concerns BG, CZ, DK, DE, IE, EL, IT, LV, LT, LU, NL, PL, PT, SI, SK, FI, SI, LI, CH, and UK.

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