European Commission

MEMBER STATE DATA

on cross-border patient healthcare following Directive 2011/24/EU

Year 2017

Health Connect Partners
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Executive summary

Directive 2011/24/EU codifies patients' rights to reimbursement for healthcare received in another EU Member State (MS) and obliges MS to provide information about access to such care through their National Contact Points. In order to assess the impact of the Directive, questionnaires have been sent to all MS in 2015, 2016, 2017 and 2018 to collect information on patient mobility in the preceding year. The data collected each year address treatment provided with Prior Authorisation (PA) from the MS of affiliation (where the patient is insured); as well as treatment where such Prior Authorisation is not required.

This report provides an overview of the data on patient mobility in 2017, collected from February to November 2018. Returns were received from twenty-eight of the thirty countries contacted (being the EU 28 plus Norway and Iceland), no response was received from Cyprus or Iceland. It should be noted however that several Member States had difficulties in reporting the full mobility data, accordingly the baseline numbers referred in different sections vary, and percentages should be interpreted with caution.

Information requests received by National Contact Points

MS reported the number of enquiries about access to care under the Directive received by National Contact Points. A total of 71,396 requests for information were received, with most Member States receiving fewer than 1,000 requests in 2017. Poland and Lithuania are the outliers at 30,698 and 14,470 respectively. The data show that almost two thirds of the requests for information were made by telephone, with the remainder either written (email) or made in person.

Limitations for patient inflow

Although Article 4(3) of the Directive provides that MS may adopt mechanisms to limit access to healthcare by a citizen coming from another MS, only four MS (Denmark, Estonia, Romania and UK) reported that they had put in place such measures, however none reported having used them.

Healthcare subject to Prior Authorisation (PA)

Nineteen Member States reported that they had adopted Prior Authorisation systems, and seventeen returned data on patient mobility based on PA with the majority of the MS reporting fewer than 100 requests for PA for treatment. In total 2,874 requests for patient mobility with PA were reported, with just under two thirds of requests (65%) being accepted. The most common reason for authorisation being granted was that the medical intervention required an overnight stay (90% of all authorised cases). Where requests for PA were refused, this arose most frequently because the medical intervention was available within a reasonable time in the MS of affiliation in 66% of all refused cases. The total reported spend across the twelve MS who provided this information was 5,093,117€, this ranged from highs of 3,532,047€ in Ireland and 1,046,247 in UK with all other countries reporting total spends on care with Prior Authorisation under 250,000€.

Healthcare not requiring Prior Authorisation (PA)

The Directive also provides for citizens to travel to another MS for care without PA and then to seek reimbursement upon return. In 2017 the MS reported that they had received 235,541 requests for such reimbursement, of which 86% were accepted. The total reported spend across the seventeen MS who reported was just under 45M€. This ranged from a high of 12M€ in France to 7,322€ in Bulgaria. These figures should however be interpreted carefully, as detailed in the report.

The grand total of cases of patient mobility, both with and without PA reported for the year 2017 was 205,417 which marks a small decline from the mobility in 2016 which was 213,134.

Introduction

1. An overview of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare

Directive 2011/24/EU on the application of patients' rights in cross-border healthcare (hereinafter 'the Directive') codifies and clarifies the jurisprudence of the European Court of Justice with regard to the rights of patients to be reimbursed for healthcare received in another Member State. The Directive does not just deal with the rights to reimbursement, but also introduces a number of significant flanking measures to ensure that patients can use these rights in practice. As part of this there is now a minimum set of requirements which apply to all healthcare provided to patients in the EU. These requirements relate to transparency, information to patients, and safety and quality of care.

The Directive provides that patients who are entitled to a particular health service under the statutory healthcare system in their home country (Member State of affiliation), are generally also entitled to be reimbursed if they choose to receive such treatment in another Member State. The Directive requires that the patient should generally receive the same level of reimbursement as if the treatment had been received in the Member State of affiliation. However, the level of reimbursement can never exceed the actual costs of the healthcare received, even if a higher amount would have been reimbursed if the care had been provided in the Member State of affiliation.

The Directive allows Member States to adopt rules that require patients to seek Prior Authorisation for certain treatments. Generally, such Prior Authorisation is limited to treatment requiring at least one overnight stay in hospital, or treatment requiring highly specialised or cost-intensive medical equipment or infrastructure. Prior Authorisation may be refused under certain circumstances. Of these the most significant is that the requested treatment is not included in the 'basket of care' of the Member State of affiliation. Member States only have the obligation to reimburse cross-border healthcare under the Directive if such healthcare is among the benefits to which the patient is entitled within the Member State of affiliation. In addition, if the patient can be offered the treatment in the Member State of affiliation within a time limit which is medically justifiable, or if particular risks to the patient or the general population have been identified, Prior Authorisation may also be refused.

In addition to the grounds for refusal of Prior Authorisation outlined above, Article 4(3) of the Directive provides the opportunity to Member States to adopt special mechanisms to limit access to public or private provider to citizens from outside their territory where such mechanisms are necessary and proportionate to fulfilling its fundamental responsibility to ensure sufficient and permanent access to healthcare within its territory. In practice however, very few Member States have made use of this provision.

It should be noted that the Directive was developed primarily to address cases of reimbursement for care received in a Member State other than the state of affiliation for which no Prior Authorisation is required - that is, Prior Authorisation is the exception, not the rule. However, the majority of the Member States has chosen to introduce a system of Prior Authorisation for

healthcare which involves overnight hospital accommodation or requires use of highly specialised and cost intensive medical infrastructure or medical equipment. Despite the provisions for the possibility of requiring prior authorization, the Directive provides that claims for reimbursement for care provided in a Member State other than the Member State of affiliation may not be unreasonably rejected.

To assist patients and advise them on their rights under the Directive (e.g. entitlement to healthcare, level of reimbursement, etc.), each Member State is required to set up a National Contact Point (NCP). The NCP is required to provide information about its healthcare system to patients from other Member States, e.g. information about healthcare providers, quality and safety standards, complaints and redress procedures, etc.

This report outlines the number of requests for information received by NCPs and the method by which the request was made (in writing, by telephone or in person); as well as details on the numbers of requests authorised or refused and reimbursements made.

2. Other legal instruments on access to healthcare in another Member State

The benefits provided under the Directive exist in parallel to benefits provided under Regulation (EC) No 883/2004 on the coordination of social security systems. The procedures for implementing Regulation (EC) No 883/2004 are laid down in Regulation (EC) No 987/2009. Accordingly, the two pieces of legislation are hereinafter referred to collectively as 'the Regulations'. In order to understand why patients may choose to apply for care under the Regulations or Directive, it is important to understand the key similarities and differences between them:

- Both the Regulations and the Directive apply to planned and unplanned healthcare.
- Under the Regulations, Prior Authorisation is generally a requirement for receiving planned treatment in another Member State. The document to be obtained certifying Prior Authorisation under the Regulation is known as Portable Document S2
- Under the Directive, a requirement of Prior Authorisation is not the rule. In accordance with Article 8(1) of the Directive, however the Member State of affiliation may set up a system of Prior Authorisation for certain kinds of cross-border healthcare.
- The Directive covers all providers, including private (non-contracted) providers, while the Regulations do not impose any obligation on the Member States with regards to treatment given by providers outside the public scheme.
- Under the Regulations, reimbursement of healthcare received in a Member State which is not the State of affiliation is made in accordance with the legislation and tariffs of the Member State where the treatment takes place.
- Under the Directive, reimbursement is made in accordance with the legislation and tariffs of the Member State of affiliation.
- The Directive requires up-front payment by patients to the foreign healthcare provider, while the Regulations organise reimbursement between competent institutions except co-payment existing in the Member State of treatment.

The points set out above indicate that in practice planned and unplanned care may often be provided more favourably under the Regulations. Accordingly, patients will often choose to receive care in another Member State under the provisions of the Regulations rather than the Directive,

because doing so means they do not have to make an up-front payment and then claim a reimbursement afterwards.

This issue is recognised within the Directive, which provides that the Directive applies without prejudice to, and in coherent application with, the Regulations. As a general principle therefore, when the terms of the Regulations are met, treatment should be delivered under the Regulations, unless a patient (who has been fully informed about his/her rights), requests otherwise.

It should be noted also that the Regulations and the Directive are not the only routes by which care may be provided in another Member State. Several Member States have adopted bi-lateral and multi-lateral parallel procedures to address the particular needs of care in their countries. The impact of such parallel procedures on the delivery of cross-border healthcare should not be under-estimated. If one looks carefully at national level reports it is evident that such parallel systems are numerous, ranging from national level agreements between countries, to agreements addressed to particular areas of medicine and bi-lateral agreements between hospitals.

Such parallel agreements are not the subject of this report, but it is important to note that they are well used, and will therefore have an impact on the figures for cross-border care provided under the Directive. The close relationship between the Regulations and the Directive, and the existence of many parallel agreements needs to be kept in mind when interpreting the results presented in this report.

3. Data collection methodology

The Directive was due to be transposed by the Member States by 25 October 2013, although the actual transposition in all Member States was not complete until late 2015. In order to gain an understanding of the impact of the Directive a questionnaire on its usage was developed and sent to all Member States in 2015, 2016, 2017 and 2018; in each case asking for reports of patient care provided under the Directive in the preceding year.

The questionnaire contained five sections covering the following issues:

- **Section One** Requests received by the National Contact Points, and the mode of communication used (writing, phone or in person).
- **Section Two** Limitations to patient inflow adopted under Article 4(3) of the Directive.
- **Section Three** Requests, authorisations and refusals for care in another country based on prior authorisation and details of the countries to which patients had travelled.
- **Section Four** Requests, payments and refusal for reimbursement of costs for care provided in another country for which prior authorisation was not required; and details of the countries to which patients had travelled.
- **Section Five** Free text on any issue on which the respondent wanted to provide further details.

In addition, the questionnaire contained a collection of definitions based on the terminology used in Article 3 of the Directive.

The body of this report discusses the aggregated data in four sections relating to sections 1 to 4 of the questionnaire. However, tables presenting the raw data are provided at the end of each section of the report for the reader who wishes to look at data in more detail.

4. Data Quality

In 2018 the five-part questionnaire was sent in mid-January and again in October to the EU 28 plus Iceland and Norway, who also participate in the cross-border care regime.

In 2018 all but two countries returned the questionnaire with some information completed (Cyprus, and Iceland did not reply to any information requests); it should be noted also that while Sweden returned a questionnaire it was not able to complete any of the data fields. Of the remaining 27 countries, some were able to provide only limited data as outlined below:

- **Germany** reported that data on patient mobility data are collected by each of the 130 health insurance funds and are not aggregated at a national level. Germany argued therefore that it was not able to return national level data.
- **Mobility subject to Prior Authoristion**: Not all countries have adopted a system of Prior Authorisation, those who have not adopted such a system did not reply to section 3 of the questionnaire. This applies to **The Czech Republic, Estonia, Finland, Lithuania, The Netherlands and Norway**.
- **Mobility subject to Prior Authoristion**: Of the countries which have adopted a system of Prior Authorisation it should be noted that that some nevertheless reported '0' requests for such Prior Authorisation. This applies to **Hungary and Latvia.** Hungary explained that this was because the comprehensive system in Hungary reduced any interest in such mobility; while Latvia noted that the costs of such care meant that it was not attractive to Latvian citizens.
- **Mobility not subject to Prior Authorisation**: **France** noted that it was not possible to distinguish the care provided under the Regulations and the Directive. France chose therefore to group together reimbursements made in 2017 for treatment abroad not subject to Prior Authorisation, whether they were made under the Regulation or the Directive. This accounts for the high return in this category by France.
- **Mobility not subject to Prior Authorisation**: **Belgium, Hungary, Luxembourg and the Netherlands** reported '0' cases of patient mobility under this category. In the case of **Belgium**, this was because the data collected from the various health funds did not allow for accurate reporting, and accordingly Belgium chose to return a result of '0'. **Hungary** reported '0' cases of mobility not subject to Prior Authorisation, noting that this was an accurate figure, resulting from its comprehensive health system. **The Netherlands** did not report mobility in this category because to do so falls outside national data collection rules. **Luxembourg** did not provide a specific explanation for returning a figure of '0' in this category, but marked the section as 'not applicable.'

As a result of the cases described above, the picture of patient mobility under the Directive painted by this report is not complete. This is further compounded by the fact that Germany, Cyprus, Netherlands, Sweden and Iceland were not able to return any data on patient mobility. This means that approximately 21% of the potential population of travelling patients are not reflected in the report - this figure derives from the population of those five countries expressed as a percentage of the population of the twenty-eight Member States plus Iceland and Norway (111.38 Million citizens in Germany, Cyprus, Netherlands, Sweden and Iceland of 517.39 Million total population in EU plus Iceland and Norway).

The full comments made by the responding countries in section 5 of the questionnaire concerning the quality of their data are presented in the Annex 1 to this report. The comments have been

copied directly from the replies provided by the responding countries and provide useful background information to explain some of the numbers reported.

5. Data from the EFTA countries

Norway has reimbursed healthcare provided in another EEA country since 1st of January 2011 (with the exception of hospital care), and since 1st of March 2015 has implemented the Directive (without introducing Prior Authorisation system).

Iceland implemented the Directive on 1st of July 2016, and since then the Icelandic Health Insurance system has been developing processes regarding the Directive. The Icelandic Health Insurance will continue its work on making everything regarding the procedures adequate and set up according to this questionnaire for gathering proper data, but for 2017 Iceland was not able to complete the form.

Liechtenstein was not included in data collection as they do not participate to the cross-border healthcare expert group set up by the European Commission (DG SANTE) and have therefore not been included in this exercise. In Switzerland, the Directive is not applicable. Where Member States reported data on patient mobility to Liechtenstein or Switzerland the data were excluded.

6. Comparisons with 2015 and 2016

A full data collection was conducted in 2015 and 2016, and a detailed analysis of those data was presented in 2016 and 2017 respectively. An overview of comparisons between these years, as well as 2015, was presented in a report from the Commission to the European Parliament and on the operation of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare[1] to which reference will be made where relevant in this present report.

7. Exchange rates

The tables in Sections 3 and 4 show the amount of money spent in each country on reimbursing care provided under the Directive in another country. The tables show all data in Euros, using the conversion rate given in the Official Journal of the European Union on 31 December 2017.[2]

Country	Currency	Exchange Rate 1 EUR =
Bulgaria	Bulgarian Lev	1.95
Croatia	Croatian Kuna	7.55
Czech Republic	Czech Koruna	
Denmark	Danish Krona	7.43
Hungary	Hungarian Florin	314.36
Poland	Polish Zloty	4.21
Romania	Romanian Leu	4.63
UK	Pound Sterling	0.87
Norway	Norwegian Krone	9.82

[1] COM/2018/651 final, https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=COM:2018:651:FIN
[2] Official Journal of the European Union, C2017/429/05 of 14th Dec 2017.

Section One

Information requests received by National Contact Points

A key provision of the Directive is the creation of National Contact Points (NCPs) for information to patients and the public, although each Member States decides how many NCPs they create and what form they take.

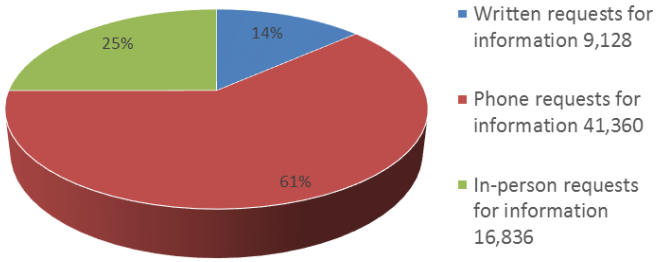
Question 1.2 of the questionnaire asked Member States to provide the total number of information requests they received in 2017 broken down by media (in writing, by phone or in person). They were requested to aggregate requests to National Contact Points as well as Regional Contact Points.

It proved difficult for some Member States to provide data concerning information requests. This especially relates to National Contact Points that are located within organisations which deal with more issues than cross-border healthcare provided in accordance with the Directive. In such cases it was not always possible to label an enquiry as concerning the Directive, the Regulations or a parallel method when responding to a patient enquiry. Most Member States provided reports on all potential methods of seeking healthcare in another country.

1. Requests for information on cross-border care received by National and Regional Contact Points

In total 71,396 enquiries were made in 2017 across the 25 NCPs providing data. While, most Member States received fewer than 1,000 requests, Poland and Lithuania stand out in receiving 30,698 and 14,470 respectively.

Figure 1 Requests for information on cross-border care received by National and Regional Contact Points



Note: the total number represented in the chart is 67,324 rather than 71,396 as not all countries were able to show the division of requests between written, phone and in-person requests.

The 2017 data show an increase in requests for information since 2016, when a total of 69,723 requests were received in 29 Member States.

Table 2 Raw Data: Requests for information on cross-border care received by NCPs

NCP information requests	Total Number of Requests	written	phone	in person
Austria	190	190	0	0
Belgium	333	179	154	0
Bulgaria	no data			
Croatia	1194	691	503	no data
Cyprus	no data			
Czech Republic	105	50	50	5
Denmark	3078	0	0	0
Estonia	2243	1182	695	365
Finland	317	317	0	0
France	518	518	0	0
Germany	3418	8	2945	465
Greece	1280	310	850	120
Hungary	289	186	98	5
Ireland	no data			
Italy	375	371	3	1
Latvia	275	35	240	0
Lithuania	14,470	467	2754	11246
Luxembourg	55	19	31	5
Malta	23	12	1	10
Netherlands	251	251	0	0
Poland	30698	697	24413	4598
Portugal	9	9	0	0
Romania	3700	2200	1500	0
Slovakia	70	37	33	0
Slovenia	2044	523	1512	9
Spain	414	124	283	7
Sweden	no data			
UK	1101	312	789	0
Norway	4946	440	4506	0
Iceland	no data			
totals	71,396	9,128	41,360	16,836

Section Two
Limitation of patient inflow

Question 2a) to 2d) of the questionnaire asked Member States to provide information relating to mechanisms put in place to limit access to healthcare according to Article 4(3) of the Directive.

Of the twenty-six Member States who replied, four Member States (Denmark, Estonia, Romania and UK) have implemented mechanisms that can be used to limit access to cross-border healthcare according to Article 4(3) of the Directive. However, these mechanisms have, as far as data are available, not been used in practice.

Section Three
Healthcare subject to Prior Authorisation

In section 3 of the questionnaire Member States were asked to provide information relating to healthcare subject to Prior Authorisation. As outlined in the introduction, Member States may adopt a system by which patients must seek Prior Authorisation for certain categories of treatment - notably treatment requiring at least one overnight stay in hospital as well as highly specialised and cost intensive medical infrastructure or medical equipment.

The following countries reported in 2018 that they had not introduced a Prior Authorisation system: Czech Republic, Estonia, Finland, France Lithuania, Netherlands, and Norway, accordingly they did not complete Section 3 of the questionnaire.

The questions in Section 3 were divided into two subsections, 3.1 relating to requests for Prior Authorisation and 3.2 relating to reimbursement for such pre-authorised care.

1. Number of requests for Prior Authorisation: requests, authorisations, refusals and withdrawals

As noted in the introduction, patients will often choose to receive care in another Member State under the provisions of the Regulations rather than the Directive, because doing so means they will not have to make a payment up front and then claim a reimbursement. Furthermore, reimbursement under the terms of the Regulation may in some cases be more favourable to the patient, as the Regulation provides for reimbursement at the rate provided in the country of treatment, whereas the Directive provides for reimbursement at the rate that would apply in the home state.

Seventeen Member States provided data on their use of the prior authorisation system. The data provided concerning the application of the Directive should therefore be analysed in relation to the number of prior authorisations issued in accordance with the Regulations (known as Portable Document S2).[3]

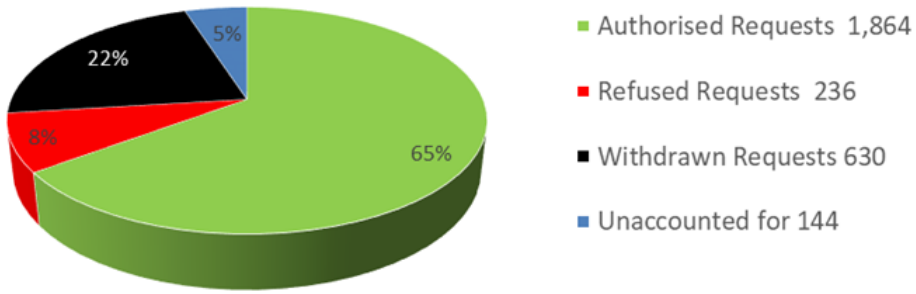
The number of requests for Prior Authorisation under the Directive made in 2017 remains low. In total 2,874 requests for Prior Authorisation were received in the seventeen Member States reporting on this question, with twelve of these Member States reporting receipt of fewer than 100 requests, and four between 100 and 500. The outlier was Ireland, with 1,317 requests for Prior Authorisation.

Member States were also asked to indicate if the requests were accepted, withdrawn or refused. No significant pattern was discernible, with the acceptance ratio ranging from 0% in some cases up to 100% in others. It should be noted however that the countries reporting a high level of rejection of requests for Prior Authorisation had generally received a very low number of such requests.

[3] Planned cross-border healthcare: report on S2 portable documents issued in 2013, available on http://ec.europa.eu/social/contentAdmin/BlobServlet?docId=13738&langId=en

Figure 2 below shows that 65% of all requests were accepted, 8% rejected and 22% withdrawn.

Figure 2 Prior Authorisation Requests (authorised, refused or withdrawn)



2. Basis of request for Prior Authorisation where authorisation was granted

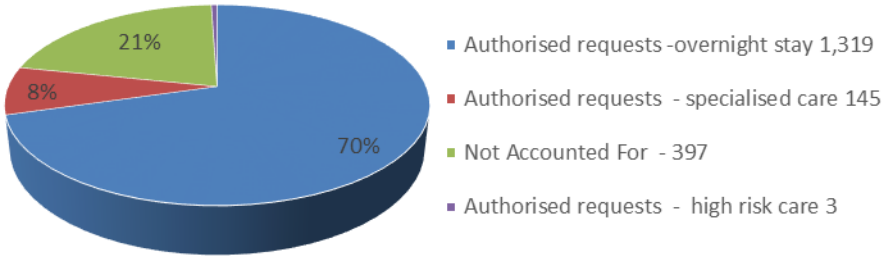
Member States were asked to indicate the basis on which authorisation had been requested and authorised, based on three groups of reasons as follows:

1. Healthcare which is made subject to planning requirements relating to the object of ensuring sufficient and permanent access to a balanced range of high-quality treatment in the Member State concerned or to the wish to control costs and avoid, as far as possible, any waste of financial, technical and human resources and involves overnight hospital accommodation of the patient in question for at least one night.
2. Healthcare which is made subject to planning requirements relating to the object of ensuring sufficient and permanent access to a balanced range of high-quality treatment in the Member State concerned or to the wish to control costs and avoid, as far as possible, any waste of financial, technical and human resources and requires use of highly specialised and cost-intensive medical infrastructure or medical equipment.
3. Healthcare which involves treatments presenting a particular risk for the patient.
4. Healthcare which involves treatments presenting a particular risk for the population.
5. Healthcare which is provided by a healthcare provider that, on a case-by-case basis, could give rise to serious and specific concerns relating to the quality or safety of the care, with the exception of healthcare which is subject to Union legislation ensuring a minimum level of safety and quality throughout the Union.

The reports of the countries show that 90% of the requests authorised were for cases where the request had been made on the basis that the treatment required at least one night hospital stay in the other Member State - these data are shown graphically in Figure 3 below.

Note however that the percentages shown are the share of the total number of cases in which a reason for granting the request was indicated. Not all respondents were able to provide this division, accordingly the total number of authorised requests for Prior Authorisation reported is higher than the sum of the segments shown below.

Figure 3 Reasons for granting Prior Authorisation of requests



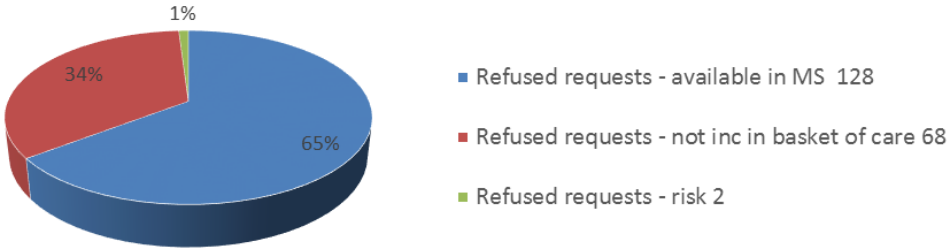
3. Reasons for refusal of Prior Authorisation

Member States were asked to indicate the basis on which authorisation was refused, based on 3 groups of reasons as follows:

1. This healthcare can be provided on its territory within a time limit which is medically justifiable, taking into account the current state of health and the probable course of the illness of each patient concerned.
2. The healthcare is not included among the national healthcare benefits of the Member State of affiliation.
3. The patient will, according to a clinical evaluation, be exposed with reasonable certainty to a patient-safety risk that cannot be regarded as acceptable, taking into account the potential benefit for the patient of the sought cross- border healthcare.
4. The general public will be exposed with reasonable certainty to a substantial safety hazard as a result of the cross-border healthcare in question.
5. This healthcare is to be provided by a healthcare provider that raises serious and specific concerns relating to the respect of standards and guidelines on quality of care and patient safety, including provisions on supervision, whether these standards and guidelines are laid down by laws and regulations or through accreditation systems established by the Member State of treatment.

Looking at the requests for which Prior Authorisation was refused, a significant majority (approx. 65%) were refused because the requested treatment was assessed as available in the Member State of origin within a reasonable time frame. It should be noted that some Member States show a higher number of refusals than those listed under the three groups of reasons for refusal, this was accounted for in most cases by the fact that some requests were refused because the national procedure for requesting Prior Authorisation had not been properly followed. It is important to note here that not all refusals are accounted for under the three groups of reasons for refusal provided in the questionnaire. This has been explained by the respondents as arising from the fact that some requests were refused on administrative grounds not covered by the three groups of reasons provided.

Figure 4 Reasons for refusal of Prior Authorization requests



4. Processing times relating to requests for Prior Authorisation

The time (in days) taken to process a request for Prior Authorisation varied significantly across the Member States. Seventeen Member States reported that they had set a maximum time for giving a response to a PA request, ranging from 5 to 60 days, with the most common being 30 days. In practice the average time taken to process a request was 18 days.

The picture is not as positive in the case of time taken to process a reimbursement claim. Fifteen Member States provided data on the time taken to make a reimbursement for a treatment with Prior Authorisation, with the length of time ranging from 19 to 255 days. However, if the outlier at 255 days is removed, the average time taken was 42 days, which brings Member States broadly within their targets. These data vary very little to those reported for 2016. Full details are given in Table 3.4 hereunder.

5. Amounts reimbursed for treatment requiring Prior Authorisation

With respect to the aggregated reimbursement amounts for 2017, the numbers were low, as is to be expected in line with a relatively small number of authorised requests for Prior Authorisation.

The total reported spend across thirteen Member States was 5,093,117 € of the Member States who returned data on costs; this ranged from a high of 3.5€ and 1.5M€ in Ireland and UK respectively, to 1,644€ in Slovenia. Of the other eleven Member States reporting, seven reported spending under 35,000€; four spent between approximately 35,000€ to 250,000€. Full details are given in Table 3.4.

6. Where do patients travel when Prior Authorisation is required?

One of the most interesting data points to emerge from the data reported by the Member States is that relating to the countries to which patients travel in order to seek treatment when Prior Authorisation is required.

Table 3.5 gives the full data set, but a graphic representation allows one to see easily that the biggest trend for patient mobility is across borders with neighbouring countries. The data are represented in a flow map (Figure 5), which shows clearly that patient mobility in Europe is much

more significant between neighbouring countries than between those who are geographically distant.

It is important to note that the maps show only the data on mobility as reported. The picture presented is therefore not as complete as it could have been if all Member States had been able to report on all of the questions in the questionnaire

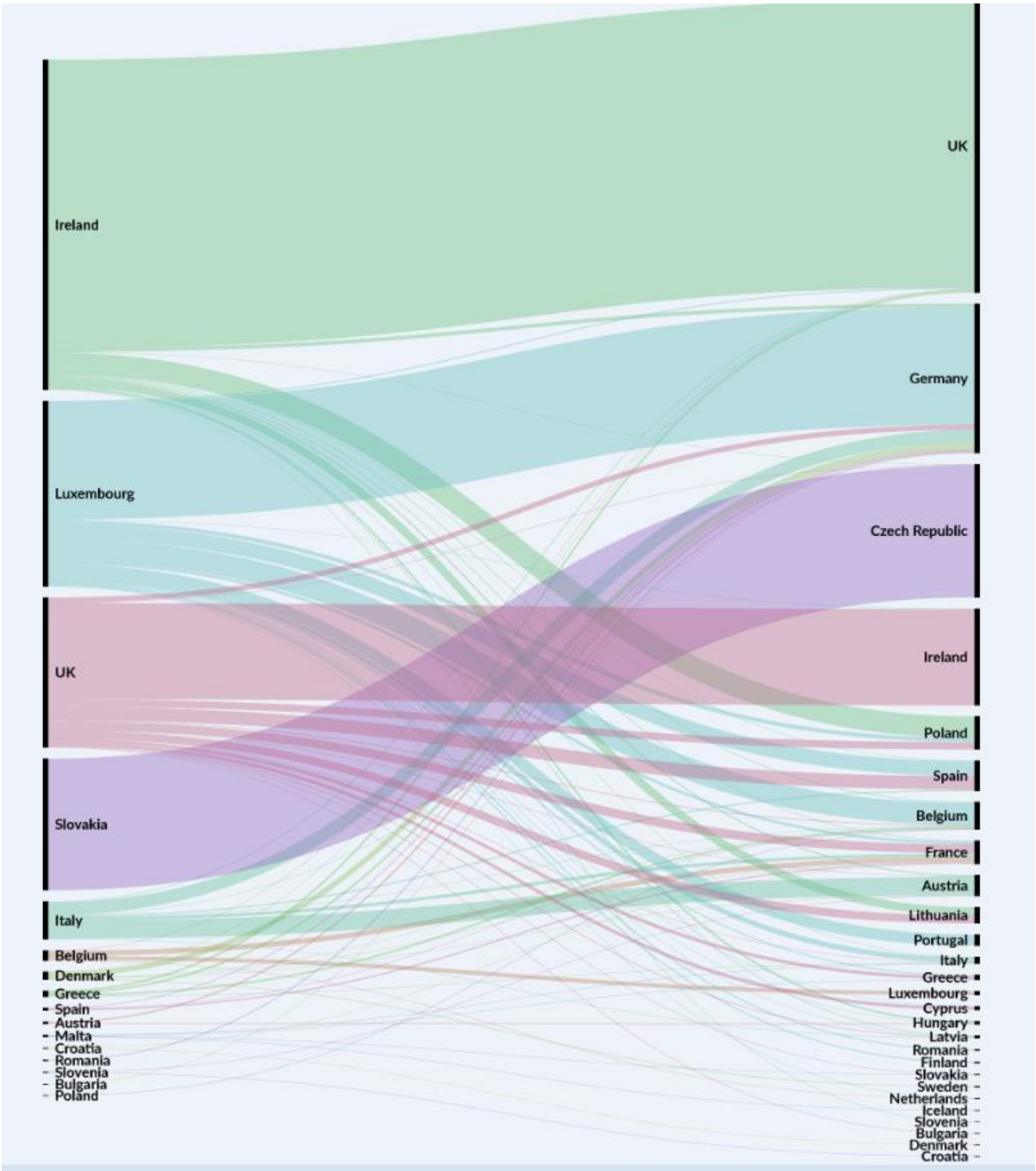
We see in the flow map and the data presented in table 3.5 that by far those most significant flow of patients is as follows:

- Ireland to UK (617)
- Slovakia to Czech Republic (282)
- Luxembourg to Germany (251)
- UK to Ireland (206)

These four country pairs represent over 70% of all the cases of patient mobility under the Directive where Prior Authorisation had been granted. In all other cases the numbers of patients travelling were in low double digits.

Figure 5 Flow Map of all patient mobility with Prior Authorisation in Europe in 2017

(The flows are based on the data reported by Member States - Table 3.5)



7. Comparison with 2016 and 2015

The data presented for 2017 are not easily compared with those presented for 2016, as in 2016 France provided data on patient mobility with Prior Authorisation, but did not do so for 2017. The decision not to report in 2017 was based on a lack of certainty that records of mobility with Prior Authorisation under the Directive were always recorded separately from data on prior authorization granted under the S2 form system of the Regulations. It should be noted furthermore that France retrospectively noted some uncertainty about data reported for 2016 on mobility with Prior Authorisation, recognizing that the same uncertainty as noted for 2017 already existed in 2016.

The two graphs below show views of the development of patient mobility for care that does not require prior authorization. Although the overall numbers are quite low, the graphs show that if the data for France submitted only in 2016 are excluded, a steady growth of this class of patient mobility can be seen from 2015 to 2017. It should be noted also that the growth in authorisation requests as a proportion of requests made, indicating that fewer requests need to be refused as understanding of the systems increases.

Figure 6 Patient Mobility with Prior Authorisation 2015-2017 (excluding data from France for 2016)

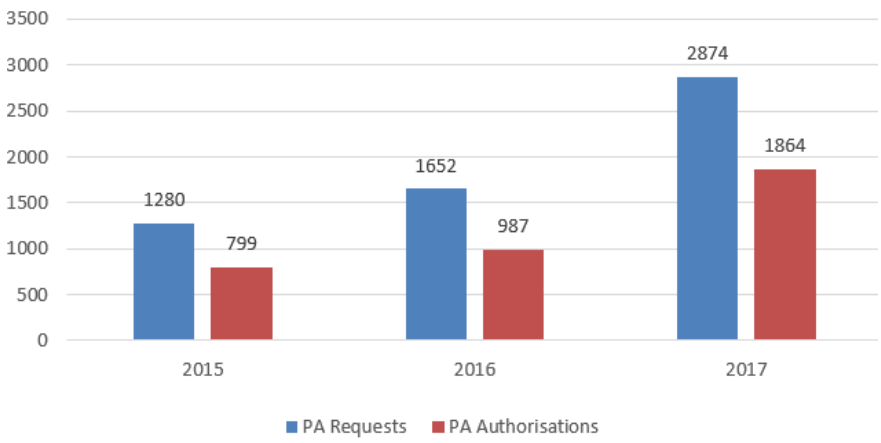
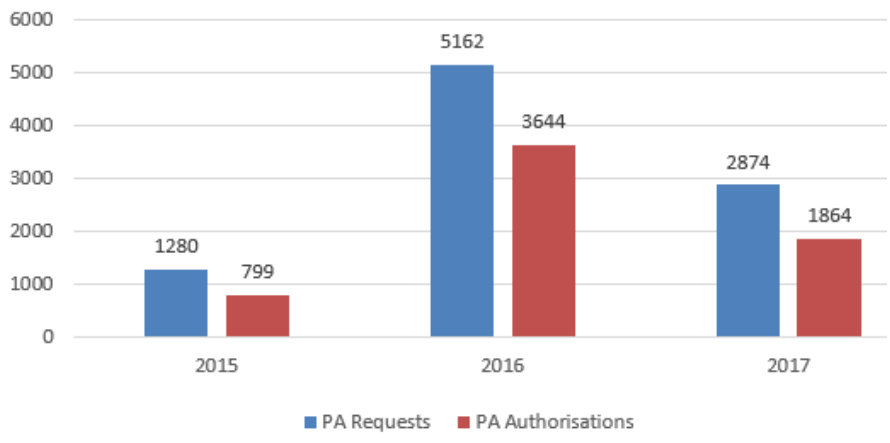


Figure 7 Patient Mobility with Prior Authorisation 2015-2017 (including data from France for 2016)



Raw data tables for questions in Section 3

Table 3.1 Request for Prior Authorisation

Country of affliliation	Prior authori-sation Y/N	Number of received requests	Number of authorised requests	Number of refused requests	Number of withdrawn / inadmissible requests
Austria	y	14	5	9	0
Belgium	y	45	22	15	0
Bulgaria	Y	7	1	3	3
Croatia	Y	6	2	4	0
Cyprus	no data				
Czech Repubic	N	0	0	0	0
Denmark	Y	61	17	33	9
Estonia	N	0	0	0	0
Finland	N	0	0	0	0
France	N	0	0	0	0
Germany	no data				
Greece	y	17	13	3	1
Hungary	Y	0	0	0	0
Ireland	Y	1317	706	17	496
Italy	Y	142	81	61	n/a
Latvia	Y	0	0	0	0
Lithuania	N	0	0	0	0
Luxembourg	Y	427	397	30	0
Malta	Y	4	4	0	2
Netherlands	N	0	0	0	0
Poland	Y	30	1	4	21
Portugal	Y	4	0	0	0
Romania	Y	11	4	5	0
Slovakia	Y	333	282	13	38
Slovenia	Y	13	2	4	7
Spain	Y	12	6	6	0
Sweden	no data				
UK	y	431	321	29	53
Norway	N	0	0	0	0
Iceland	no data				
totals		2874	1864	236	630

Table 3.2 Requests for Prior Authorisation – Accepted

Country of affiliation	Authorised requests - overnight stay Reason 1	Authorised requests - specialised care reason 2	Authorised requests - high risk care reasons 3-5
Austria	1	4	0
Belgium	3	19	0
Bulgaria	1	0	0
Croatia	1	1	0
Cyprus	no data		
Czech Republic	n/a		
Denmark	16	1	0
Estonia	0	0	0
Finland	0	0	0
France	0	0	-
Germany	no data		
Greece	13	0	0
Hungary	0	0	0
Ireland	706	0	0
Italy	51	30	0
Latvia	0	0	0
Lithuania	0	0	-
Luxembourg	no data		
Malta	4	0	0
Netherlands	n/a		
Poland	1	0	0
Portugal	0	0	0
Romania	1	0	3
Slovakia	193	89	0
Slovenia	1	1	0
Spain	6	0	0
Sweden	no data		
UK	321	0	0
Norway	n/a		
Iceland	no data		
totals	1319	145	3

Table 3.3 Requests for Prior Authorisation – refused

Country of affiliation	Refused requests - available in MS reason 1	Refused requests - not inc in basket of care reason 2	Refused requests - risk reasons 3-5
Austria	9	0	0
Belgium	8	2	1
Bulgaria	3	0	0
Croatia	4	0	0
Cyprus	no data		
Czech Republic	n/a		
Denmark	21	12	0
Estonia	n/a		
Finland	n/a		
France	n/a		
Germany	no data		
Greece	3	0	0
Hungary	0	0	0
Ireland	0	17	0
Italy	50	11	0
Latvia	0	0	0
Lithuania	n/a		
Luxembourg	no data		
Malta	0	0	0
Netherlands	n/a		
Poland	4	0	0
Portugal	0	0	0
Romania	5	0	0
Slovakia	2	2	0
Slovenia	4	0	0
Spain	5	1	0
Sweden	no data		
UK	10	18	1
Norway	n/a		
Iceland	no data		
totals	128	63	2

Table 3.4 Patient Mobility with Prior Authorisation – time taken & reimbursement made

Country of affiliation	Maximum time for processing (Y/N)	Maximum time	Average Processing time (days)	aggregated amount reimbursed	in Euro
Austria	N	0	5	26,540.60	26,540,60
Belgium	no data	no data	no data	17,691.95	17,691.95
Bulgaria	Y	60	255	-	
Croatia	Y	60	60	121,696.68 HRK	16,350.52
Cyprus	no data	no data	no data	no data	no data
Czech Republic	n/a				
Denmark	N	0	27	727,218.82 DKK	97,646.96
Estonia	n/a				
Finland	n/a				
France	n/a				
Germany	Y	30	no data	no data	no data
Greece	40	40	40	no data	115,646.00
Hungary	Y	14	no data	no data	no data
Ireland	Y	30	28	3,532,047.96	3,532,047.96
Italy	Y	60	no data	no data	no data
Latvia	Y	30	no data	no data	no data
Lithuania	n/a				
Luxembourg	N	0	14	no data	no data
Malta	N	0	12 months	7,477.47	7,477,47
Netherlands	n/a				
Poland	Y	60	55	11591.52 PLN	2,745.62
Portugal	Y	35	0	no data	no data
Romania	N	0	69.5	no data	no data
Slovakia	Y	30	30	246,022.05	246,022.05
Slovenia	Y	60	42	1,644.56	1,644.56
Spain	Y	90	54	17,074.25	17,075.25
Sweden	no data	no data	no data	no data	no data
UK	Y	70	30	916715.28 GBP	1,046,247.00
Norway	no data	no data	no data	no data	no data
Iceland	no data	no data	no data	no data	no data
TOTAL					5,093,117.87

Table 3.5 Patient Mobility with Prior Authorisation – where patients travel

(Those countries not providing data are left blank).

Country of Affiliation

Country of Treatment

	AT	BE	BG	HR	CY	CZ	DK	EE	FI	FR	DE	EL	HU	IE	IT	LT	LU	LV	MT	NL	PL	PT	RO	SK	SL	ES	SE	UK	NO	IC	TOTALS SENT
Austria	0	0	0	0	0	0	0	0	0	0	3	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**5**
Belgium	0	0	0	0	0	0	0	0	0	11	0	0	0	0	0	0	9	0	0	1	0	0	0	0	0	0	0	1	0	0	**22**
Bulgaria	0	0	0	0	0	0	0	0	0	0	1		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Croatia	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**2**
Cyprus																															
Czech republic																															
Denmark	1	1	0	0	0	0	0	0	0	1	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1	0	0	**17**
Estonia																															
Finland																															
France																															
Germany																															
Greece	0	4	0	0	0	0	0	0	0	0	4	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	**13**
Hungary																															
Ireland	3	2	0	0	0	1	0	0	0	2	8	0	4	0	1	2	18	0	0	0	46	0	0	0	1	1	0	617	0	0	**706**
Italy	39	1	0	0	0	1	0	0	0	7	27	0	0	0	0	1	0	0	0	0	0	0	0	0	0	3	0	2	0	0	**81**
Latvia																															
Lithuania																															
Luxembourg	0	47	0	0	1	0	0	0	3	6	251	3	1	1	11	1	0	0	0	1	9	24	3	0	0	32	0	3	0	0	**397**
Malta	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	**4**
Netherlands																															
Poland	0	1	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	**1**
Portugal																															
Romania	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**2**
Slovakia	0	0	0	0	0	282	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**282**
Slovenia	1	0	0	1	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	**2**
Spain	0	1	0	0	0	0	0	0	0	3	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**6**
Sweden																															
UK	1	2	1	0	7	1	0	0	0	19	11	7	0	206	1	2	17	0	0	0	16	0	0	1	0	29	0	0	0	0	**321**
Norway																															
Iceland																															
TOTALS RECEIVED																															1862

Section Four

Healthcare not subject to Prior Authorisation

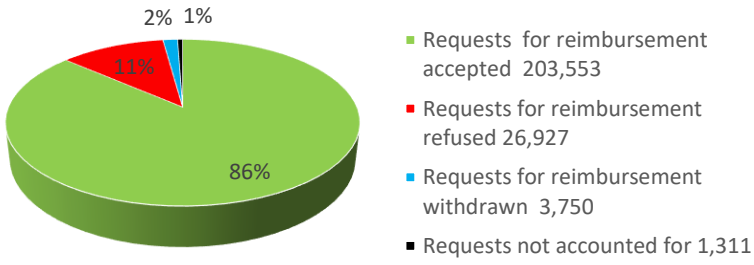
The Directive also provides for citizens to travel to another Member State to receive treatment and seek reimbursement upon return without prior authorisation. It should be noted that Member States may implement a system for prior notification according to Article 9(5) for the benefits of the patients. This article provides for a voluntary system of prior notification whereby the patient receives a written confirmation of the amount to be reimbursed on the basis of an estimate. This estimate shall take into account the patient's clinical case, specifying the medical procedures likely to apply.

Of those who replied, a total of nine countries (Denmark, Estonia, Italy, Malta, Poland, Slovenia, Sweden, UK and Norway), reported that they had adopted such procedures. This list represents no change from 2016.

1. Number of requests for reimbursement for cross-border care where Prior Authorisation is not required under the Directive

In 2017 twenty-two Member States reported they had received in total 235,541 requests for reimbursement. It should be noted that there are some discrepancies between the total number of reported requests and those for which data on grounds for acceptance or refusal are provided. In some cases the discrepancy was negative (fewer outcomes than requests reported) and in some cases positive (a higher number of outcomes than requests). These discrepancies, though not very significant, indicate that there are still some issues with the recording of cross-border care, as well as a time-lag between request and outcome which will not always be covered within the reporting period (i.e. some requests will still be pending a reimbursement decision).

Figure 8 Reimbursement Requests (grounds for reimbursement or refusal)



The average number of reimbursements made across the Member States was low, with three notable exceptions in France, Denmark, and Poland. Of the three outliers, France is by far the most significant with 130,070 reimbursements made. This figure is similar to 2016, when 143,475 reimbursements were made. In both 2017 and 2016 the flow of patients from France was predominantly to its southern neighbours, Spain and Portugal, as seen in the flow map below. It should be noted however that this figure should be treated with caution when compared with other Member States. This is because the figures reported by France for mobility with prior authorization represent requests made under the Directive and the regulation. France noted in its submission

> "Section 4.1.a Number of received requests: The indicated number refers to both requests for reimbursement and requests for prior notification, as we are not able to separate these in the system used for statistics.
> Number of granted requests: This number refers to cases where reimbursement has been granted and paid.
> Number of withdrawn/inadmissible requests: The indicated number refers to inadmissible requests, and does not include withdrawn requests."

As in 2016, Denmark was also an outlier in 2017 with some 25,000 reimbursements made. This is also very similar to 2015 and was reported by Denmark as being driven heavily by cross-border dental care, which accounted for more than 90% of Denmark's reimbursements in all three years.

A newcomer to the list of countries with a significant amount of patient mobility not requiring Prior Authorisation in 2017 was Poland, which more than doubles the number of patients receiving reimbursement since 2016 (the number for 2017 was 17,146, while in 2016 it was 8,646). As with other countries, here again the highest number of mobile patients was to a neighbouring country, with 88% of the cases being of patients seeking treatment in Czech Republic.

2. Processing times relating to requests for reimbursement

Eighteen Member States provided data on the time taken to process a request for reimbursement for treatment. The length of time ranged from 20 to 125 days. If the outlier at 125 days is removed, the average was 40 days, which shows a small improvement from 2016, when the average after removal of outliers was 57.

3. Amount reimbursed

The total spend reported across the seventeen MS who reported on the reimbursements they had made, was 44,775,716 €. This ranged from a high of 12M€ in France to 7,332€ in Bulgaria.

It should be noted that the figures described above do not present a perfect picture of the reality, because not all Member States were able to present their data to the same level of detail. Important factors to note are that Belgium provided data that it had spent just over 7M€, but it was not able to provide the number of cases to which the spending was related. Finland was in the same situation.

4. Where do patients travel when Prior Authorisation is not required?

As with travel for cross-border care with Prior Authorisation, in the case of patient mobility where Prior Authorisation is not required, a pattern emerges. As in the case of mobility with Prior Authorisation, movement from France dominated the picture, representing 63% of all patient mobility where Prior Authorisation was not required.

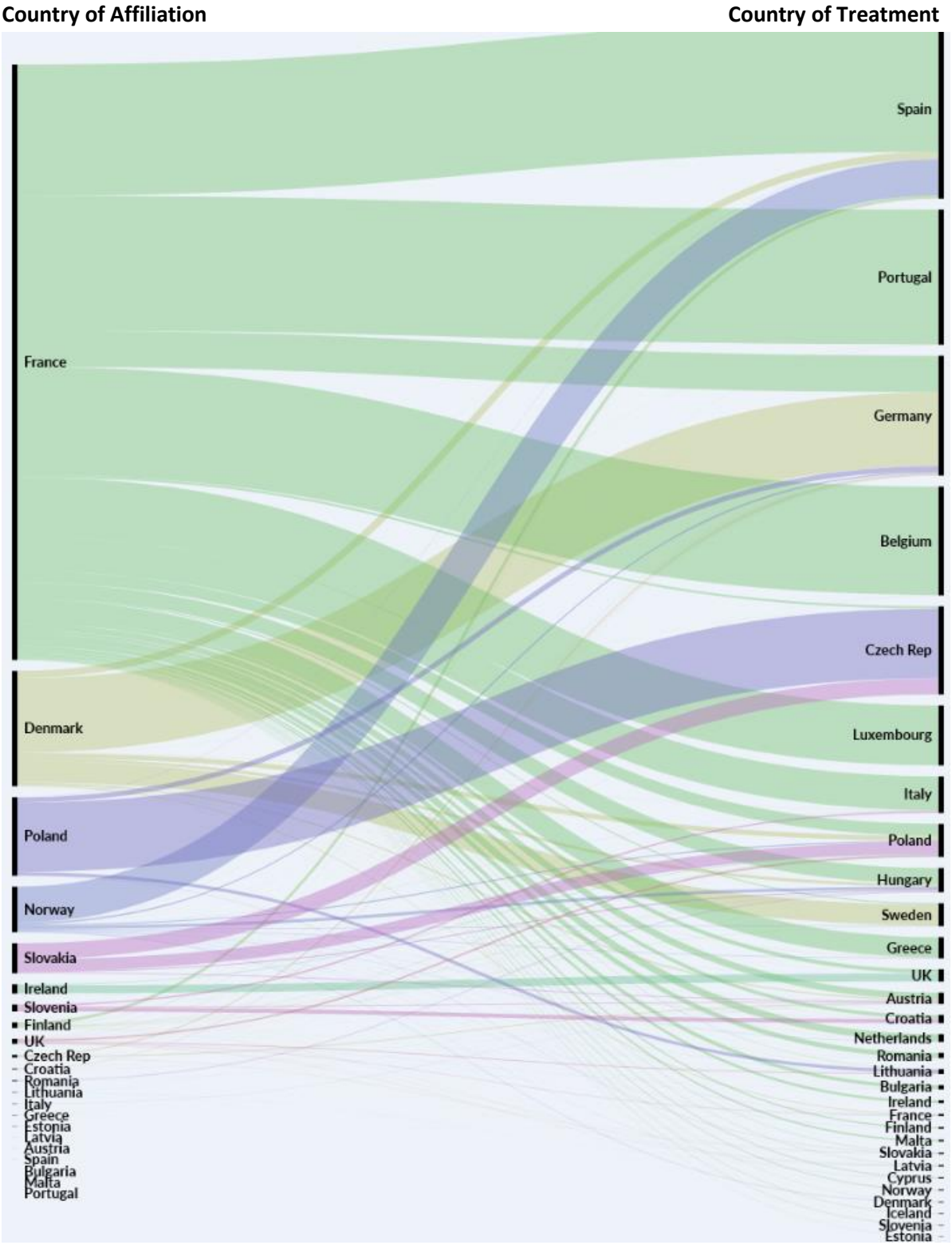
Setting aside the movement from France, the biggest flow being from Denmark to Germany, Poland to Czech Republic and Norway to Spain. It is notable that, as with care delivered on the basis of a Prior Authorisation, Germany and Czech Republic again feature among the biggest recipients of patients, and again from their neighbouring Member States.

The full detail of patient flows shown in Table 4.3 at the end of this section, shows that a significant number of countries reported episodes of patient mobility in single figures. However, despite the fact that numbers in some cases are small, it is worth noting that patient mobility across all the Member States of the EU and EFTA shows a picture of a slow but steady trend towards greater patient mobility.

The Flow Map in Figure 9 below depicts the trends in Europe in which, we see the trend of a few major 'senders', and a majority of countries reporting very limited patient mobility.
As in the case of patient mobility based on Prior Authorisation, mobility in 2017, is very similar to that reported for 2016 2016 being dominated by France with a further clustered in the Nordic countries as well as a considerable outflow from Norway to Spain. In addition, 2017 has seen an increased flow from Poland, as noted above.

Figure 9: Flow Maps of all patient mobility not requiring Prior Authorisation

(The flows are based on data received from Member States shown in Table 4.3).



Section 4 Raw data

Table 4.1 Mobility not requiring Prior Authorisation – request, authorisation, refusals, withdrawals

Country of Affiliation	Prior notification system adopted Y/N	Number of received requests for reimbursement	Number of authorised requests for reimbursement	Number of refused requests for reimbursement	Number of withdrawn requests for reimbursement
Austria	N	11	11	0	0
Belgium	no data	no data	no data	no data	no data
Bulgaria	N	16	6	6	0
Croatia	N	309	191	95	23
Cyprus	no data	no data	no data	no data	no data
Czech Republic	N	608	583	25	0
Denmark	Y	31416	25183	5764	263
Estonia	Y	79	74	5	0
Finland	N	8680	8680	no data	no data
France	N	147,807	130,070	17734	n/a
Germany	no data	no data	no data	no data	no data
Greece	no data	81	81	0	0
Hungary	N	0	0	0	0
Ireland	N	4,266	2011	39	1973
Italy	Y	108	91	16	n/a
Latvia	N	18	14	4	0
Lithuania	N	98	95	2	0
Luxembourg	N	no data	no data	no data	no data
Malta	Y	4	4	0	0
Netherlands	N	no data	no data	no data	no data
Poland	Y	18974	17146	249	560
Portugal	Y	11	1	0	0
Romania	N	635	190	77	24
Slovakia	N	7632	6577	430	0
Slovenia	Y	1670	1519	35	116
Spain	N	18	10	9	0
Sweden	no data	no data	no data	no data	no data
UK	Y	2040	1073	319	426
Norway	Y	11060	9943	2118	365
Iceland	no data	no data	no data	no data	no data
TOTALS		235,541	203,553	26,927	3,750

Table 4.2 Mobility not requiring Prior Authorisation – reimbursement processing time and amount

Country of Affiliation	Average time for processing reqests for reimbursement	Max days for processing requests Y/N for reimbursement	If yes # of days	Total reimbursed in euro
Austria	30	N	0	no data
Belgium	no data	no data	no data	7,656,611
Bulgaria	255	Y	66	7,322
Croatia	60	Y	60	16,428
Cyprus	no data	no data	no data	no data
Czech Republic	15	Y	30	162,240
Denmark	13.4	N	0	1,650,282
Estonia	32	Y	90	89,000
Finland	68.4	N	0	485,132
France	23	N	0	12,042,410
Germany	no data	no data	no data	no data
Greece	no data	40	40	no data
Hungary	no data	no data	no data	no data
Ireland	28	Y	30	4,433,642
Italy	no data	no data	no data	no data
Latvia	40	Y	30	11,526
Lithuania	18	Y	30	85,643
Luxembourg	90	N	0	no data
Malta	12 months	N	0	no data
Netherlands	no data	N	0	no data
Poland	0	Y	60	8,573,972
Portugal	0	Y	90	no data
Romania	69.5	N	0	112,954
Slovakia	30	Y	125	1,028,364
Slovenia	22.3	Y	60	286,797
Spain	81	Y	90	12,057
Sweden	no data	no data	no data	no data
UK	97	Y	90	1,431,381
Norway	45	Y	60	6,689,955
Iceland	no data	no data	no data	no data
TOTALS				44,775,716

Table 4.3 Mobility not requiring Prior Authorisation – patient flows

(Those countries not providing data are left blank)

Country of Affiliation / Country of Treatment	AT	BE	BG	HR	CY	CZ	DK	EE	FI	FR	DE	EL	HU	IE	IT	LT	LI	LU	MT	NL	PL	PT	RO	SK	SL	ES	SE	UK	NO	IC	SENT
Austria	0	0	0	0	1	0	0	0	0	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0	0	0	0	11
Belgium	2	0	0	0	0	0	0	0	0	1	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
Bulgaria	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
Croatia	28	11	0	0	0	2	0	0	0	6	92	0	0	2	21	0	0	0	0	6	0	0	0	3	11	3	2	4	0	0	191
Cyprus																															
Czech Rep																															
Denmark	302	12	35	58	3	38	0	2	10	205	16152	78	628	8	67	21	50	5	13	60	1118	61	29	5	4	1587	4571	22	33	6	25,183
Estonia	0	3	5	0	1	3	0	0	18	0	14	2	0	1	2	15	0	3	1	1	0	0	0	0	0	3	0	1	1	0	74
Finland	6	14	15	4	2	15	4	7,494	0	23	75	8	85	0	12	47	18	2	0	9	84	10	15	0	0	662	68	3	5	0	8,680
France	1449	23669	799	767	190	468	74	56	307	0	7951	4393	3457	562	7386	102	108	13087	362	1527	2571	29398	1052	120	112	28681	254	864	185	119	130,070
Germany																															
Greece	0	17	1	0	12	1	0	0	0	13	7	0	0	0	12	0	0	0	1	2	0	2	0	0	0	3	2	8	0	0	81
Hungary																															
Ireland	5	4	0	2	0	8	0	1	0	18	20	0	18	0	11	5	24	0	0	0	141	7	0	0	0	6	0	1741	0	0	2,011
Italy	71	0	0	2	0	1	0	0	0	2	10	0	0	0	0	0	0	0	0	0	1	0	2	0	0	2	0	0	0	0	91
Latvia	0	1	1	1	0	0	0	0	0	4	4	0	0	0	1	0	3	0	0	0	0	0	0	0	0	3	0	0	0	0	14
Lithuania	0	0	0	0	0	1	0	6	1	2	17	0	0	0	0	30	0	0	0	0	26	0	0	6	0	0	2	4	0	0	95
Luxembourg																															
Malta	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	4
Netherlands																															
Poland	6	3	4	3	0	15170	0	0	0	7	1127	1	1	0	1	0	689	0	0	1	0	0	0	69	0	63	0	1	0	0	17,146
Portugal																										1					1
Romania	21	0	0	0	0	0	0	0	0	5	13	0	143	0	3	0	0	0	0	0	0	0	0	1	0	2	0	2	0	0	190
Slovakia	186	4	4	1	0	3499	0	0	0	4	26	7	248	0	10	0	0	0	1	2	2575	0	6	0	0	1	0	3	0	0	6,577
Slovenia	171	1	0	898	0	4	0	0	0	0	27	0	25	0	385	0	0	0	0	0	1	0	0	0	0	4	0	3	0	0	1,519
Spain	0	2	0	0	0	0	0	0	2	1	0	0	0	0	4	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	10
Sweden																															
UK	12	14	29	0	7	25	0	4	1	96	45	17	31	14	29	54	181	1	1	6	413	6	10	34	3	41	0	0	0	0	1,073
Norway	23	15	26	45	45	11	99	4	41	41	330	109	663	4	41	16	38	0	1	76	275	34	20	13	2	7814	114	28	0	12	9,943
Iceland																															202,970

Section Five
Comments from Member States

Most of the information given by the countries in their specific comments relates to the fact that data are not available to answer to one or more specific questions.

Belgium, Germany, Estonia, Luxemburg, the Netherlands and Romania explained in depth why data were not available to answer the questions on authorisation and reimbursement processing times. Belgium explains that not all health insurance funds provided data on the average time for dealing with requests for Prior Authorisation or data on the average time for dealing with requests for reimbursement.

The situation is the same in the Netherlands where the government relies on the accounting systems of private health insurers for healthcare data. It appears that the data recorded in their administration systems is not identical within each insurer.

Germany also explained that data are not available because of the way health insurance funds collect and provide information for statistical purposes. Estonia underlines that the data collected are not complete as there is no data available about requests made at the desk or by phone, while Iceland has just implemented the Directive.

Another group of countries, Austria, Greece and Latvia, set out reasons explaining why only a small number of patients use the opportunity to go to another Member State to receive healthcare services. In Austria for example, the small number of such patients is misleading as patients often rely on national cost reimbursement regulations which often do not explicitly refer to the Directive.

Greece and Latvia explained that patients often opt for planned healthcare in their home countries for reasons that concern the extent of the coverage of healthcare costs, the high healthcare rates abroad as opposed to the low reimbursement rates domestically.

For Greece these issues are further complicated by the European geographical neighbourhood and the morphology (mainland and hundreds of islands), the fact that traveling and accommodation expenses are not reimbursed under the Directive, as well as the language barrier.

Finally it is worth mentioning that some questionnaires are very thoroughly completed and provide a wealth of information. This is the case for Demark and for Finland which also included references to national legislation in order to reimburse planned treatment given in Switzerland which has not implemented the Directive.

A full list of the comments is reproduced in Appendix 1.

Conclusion

The data collected in 2017 demonstrate that uptake of patient rights to cross-border care as provided for under the Directive is growing, albeit slowly. While 2017 saw a small increase in the number of requests for information (rising from 69,723 to 71,291) as in previous years around 40% were made in writing.

As noted in Section 3, when comparing the number of Prior Authorisation sought and granted in 2017 with those of 2016, caution needs to be exercised. In 2017 France was not able to report data in this category, while in 2016 France reported some 3,800 requests which amounted to 70% of all requests made that year across all countries reporting data. If, however, the data from France in 2016 are excluded we see a steady and positive growth in the number of requests made and granted. There is no specific explanation offered in the free text section of the questionnaire, but the increase in requests for information coupled with an increase in granted Prior Authorisations, as well as reimbursements for treatments in cases which did not require Prior Authorisations, could suggest that the system is now better understood by European citizens.

Looking at patient mobility where Prior Authorisation is not required, the numbers have remained very steady between 2016 and 2017, with roughly 230,000 requests for reimbursement introduced and 200,000 reimbursements made.

A key final point remains however that while the data show some interesting trends, the overall numbers are too small to draw very significant conclusions. Furthermore, the discrepancy between total requests reported, both for treatment requiring Prior Authorisation and that not requiring authorisation, and the data on the outcome of such requests makes some interpretations less authoritative than they could be if all Member States were able to provide full information. It is hoped that as Member States become more accustomed to processing these requests, more robust data will be available.

Appendix 1
Specific Comments from the respondents

Country of affiliation	Comment
Austria	Referring to the figure in 1.2 Information requests we would like to inform, that we excluded the data from the website access since in the recent data report Austria was under the 3 countries with the highest requests but this was due to the website access data we included. It have not been clear for us, that the data about website access was not requested here. .
Belgium	Section 3.1.b) - authorisation/processing times : not all health insurance funds provided data on the average time for dealing with requests for prior authorisation. The data we did receive, are provided in such a way that they do not allow us to identify a (national) average time for dealing with such requests. However, on the basis of the data provided, we may conclude that all decisions were taken within the maximum time limit set for dealing with such requests. Section 3.1.e) - reasons for refusal: the total number of refusals do not correspond to the figure provided under section 3.1.a) because in 3 cases the refusal was based on another reason than the ones mentioned in this section, e.g. the request was insufficiently motivated/documented or other reasons. Section 3.2.a) - reimbursement/processing times: not all health insurance funds provided data on the average time for dealing with requests for prior authorisation. The data we did receive, are provided in such a way that they do not allow us to identify a (national) average time for dealing with such requests. Section 4.1.a) - number of requests for reimbursement: not all health insurance funds have provided data on the number of requests received/granted/refused/withdrawn or inadmissible. Hence, we prefer not to provide you with only partial data as they do not reflect the actual situation. Section 4.1.b) - reimbursement/processing times: not all health insurance funds provided data on the average time for dealing with requests for reimbursement. The data we did receive are provided in such a way that they do not allow us to identify a (national) average time for dealing with such requests. Section 4.1.c) - amount reimbursed: BE decided unilaterally to apply the principles of Directive 2011/24/EU also in the relationship with Switzerland ; for the reference year 2017, we reimbursed a total amount of € 28.741,15 for health care provided.
Bulgaria	/
Cyprus	/
Croatia	An explanation for point 4.1.b.: The average time for dealing with requests for reimbursement is longer than a maximum time limit according to Croatian legislation because in each case we have to check whether health care was used in a private health care provider or in provider which is covered by the compulsory health insurance of some EU Member State. The reason for such procedure is insisting of our insured persons that their requests be solved according to EU Regulations (883/04 and 987/09). In some cases

	correspondence with other EU Member State takes longer than 60 days (which is our maximum).
Czech Republic	It is certainly worth stressing that the huge difference between insured persons leaving the Czech Republic for planned care abroad (583) and foreign insured persons arriving in the Czech Republic (19.531) exists! Similarly, there is a significant increase in Polish patients arriving in the Czech Republic (15170) compared to the previous period of approx. 7000. Unfortunately, the submitted statistical report does not contain more detailed financial statements, but it is certain that the "Czech healthcare" received a sum of hundreds of millions on direct payments. We also wish to remind you that this is only a cross-border care under the Patient Rights Directive (24/2011). Much larger number is provided by the provision of care abroad or by foreigners according to the European Coordination Regulations (Nos 883/2004 and 987/2009
Denmark	RE. SECTION 1.1 - Denmark has five NCPs which are situated in each of the five regions. Furthermore, the Danish Patient Safety Authority is the coordinating NCP and provides general information regarding cross-border healthcare. Applications for reimbursement are not processed by the Danish Patient Safety Authority but by the five NCPs in the regions (and also by other administrative authorities in Denmark). We have inserted an additional box in section 1.1 (marked in green) to give a better overview of the NCPs in Denmark. RE. SECTION 1.2 - Unfortunately, not all NCPs are able to specify the amount of requests by media. Therefore, we are only able to provide the total amount of requests for 2017, which is based on estimates. RE. SECTION 3.1.a - In 2017 the Danish Patient Safety Authority processed ten complaints regarding prior authorisation. In four of the cases the Danish Patient Safety Authority changed the regional decision with the result that the patients were entitled to prior authorisation. RE. SECTION 4.1.a - In 2017 Denmark received 31.416 requests for reimbursement of which 27.518 concerned dental treatment
Estonia	Section 1.2 Unfortunately, at the moment we are only able to give you the IV quarter statistics about information requests via telephone or by desk. We were in the process of developing our information system in the way that we would be able to differentiate the requests by certain topics. It went live in October 2017. We are able to give you more detailed information next year.
Finland	Finland reimburses acute illnesses based on Regulation (not Directive) if a person has to pay all the costs by himself. Justification: the reimbursement is thus bigger. 4.1.A. Finland compiles statistics on solutions, not on persons or applications. A solution means operation and treatment given, thus a person can have several operations and solutions per visit. 4.1.D. Even if Switzerland has not implemented the Directive, Finland according to national law reimburse planned treatment given in Switzerland. To make the overview of the Finnish statistic complete Switzerland is also mentioned in the table.
France	Data from general scheme (CNSE): It's not possible for us to distinguish the care provided under the European Regulations CE n°883/2014 from those provided under the Directive 2011/24/EC. Therefore, data provided under section "treatment not requiring PA" include all the reimbursements made in 2017 for treatment abroad without PA whether it is under CE n°883/2014 or Directive 2011/24/EC.

Germany	The reason for not filling out most of the figures above is that the data requested in this data collection exercise is not available in Germany (in terms of Article 20(2) of the Directive 2011/24/EU. The data we have available for Germany do not fit within this Questionnaire. In Germany the way Health Insurance Funds collect and provide information for statistical purposes, i.e. the "annual account", is determined on the basis of national law. Not least for reason of reducing bureaucracy all data concerning "cross border healthcare" is summarized. The respective information and data comprise more than the legal entitlements deriving from the Directive 2011/24/EU (e.g. reimbursements on the basis of Regulation (EC) 883/2004, treatments in non-EU / non-EEA countries,...). Although these data are comprised in one area "cross border healthcare" the overall share of expenses for benefits provided outside Germany (EU and Non-EU, based on all relevant legal grounds/entitlements) is every year only a small percentage of the total of the Statutory Health Insurances` expenses for health care benefits (well below 1 %).
Greece	Regarding the processing times of each stage of a claim (PA, cost reimbursement), we collected data from 6 payer health insurance organizations implementing their different Health Benefits Regulations with varying processing time limits or no statutory processing time limits at all. The data provided in points 3.1b, 3.2a and 4.1b correspond to claims processed by the one major organization covering approximately 90% of the insured persons in Greece. The processing times mentioned derive from the general obligation of public services to respond accordingly to every claim submitted (paper or email) within 40 working days (2 months) at the most. Nonetheless, there are specific particularities to reimbursing health costs for cross-border healthcare especially (i.e. language barriers, etc) that potentially cause further delays.
Hungary	The lack of application of the Directive can be explained by the fact that in Hungary, based on national law and Regulation (EC) No 883/2004 on the coordination of social security systems all costs are covered by the National Health Insurance Fund, which options are much more favorable for the patients for treatments abroad.
Ireland	3.1- At year end 98 applications for prior authorisation had yet to be finalised. 4.1 At year end 243 claims for reimbursement not yet to be finalized
Italy	/
Latvia	Assessing the statistical data from the moment of the transposition of the Directive 2011/24/EC, it can be concluded that patients rarely use the opportunity to go to another MS to receive health care services. Provisionally this is due to the following reasons: 1) the payment for health care services should be made in full amount; 2) health care costs will be reimbursed in accordance with Latvian health care tariffs (mostly, health care tariffs in Latvia are significantly lower than in other MS); 3) the patient has additional costs (for example - travel and accommodation expenses), which will not be reimbursed; 4) the patient may experience difficulties in communication with health care provider (not familiar with the language of another MS); 5) patient don`t know the procedure how he/she may receive health care services in another MS.
Lithuania	Information 1.2 includes NCP requests, related to the planned healthcare abroad and inpatient requests.

Luxembourg	In section 1, the details concerning information requests for the NCP1 (CNS) are not available. The CNS has integrated the missions of the NCP in the existing structures of the institution and it is not possible to sort out the communication related to the role of the NCP. -In section 3, please note that the authorization procedure in Luxembourg treats requests concerning the Regulation 883/04 and the Directive 2011/24 equally in a first step. Only later, according to the social security organization in the place of treatment an S2 or an authorization under the scheme of the Directive is established.
Malta	We had two cases that were inadmissible: --1. one treatment was done without prior authorisation when the individual could have accessed healthcare through the European Health card if he made use of a public health facility; --2. second case when request was for a procedure that is inadmissible by Maltese law and outside the scope of the Maltese cross-border healthcare legislation and prior authorisation in Malta. The inadmissibility of these two cases was discussed in the consultation phase before an actual prior authorisation form/application was done. Therefore in question 3.1 a) was the number of 4 received applications refers to the number of formal requests received and does not include these two cases.
Netherlands	Section 4: Healthcare not subject to prior authorisation The Dutch healthcare system is implemented by private health insurers. The government relies on the accounting systems of private health insurers for this healthcare data. It appears that the data recorded in their administration systems by these private health insurers is not identical with each insurer. In other words: administrations between health insurers vary widely. As a result, it is not possible to aggregate the data administered by the insurers. The questions in section 4 can for this reason not be answered.
Poland	Section 3.2 a) and 4.1 b): In respect of 'the maximum time limit (in working days)' - the deadline for the assessment of requests for reimbursement in Poland depends on potential need of initiating investigation procedure during the assessment. In general, assessment of the request with no need for further investigation should take maximum 30 (calendar) days from the date of initiation of proceedings. In a situation when the assessment of the request requires further investigation the deadline is 60 days from the date of initiation of proceedings. However in a situation where assessment of the request would require an investigation with participation of the national contact point for cross-border healthcare situated in the other EU Member State, the deadline for the assessment of the request is extended to 6 months from the date of initiation of proceedings. Section 3.2 a): In respect of 'the average time (in working days) for dealing with requests for reimbursement in 2017' - the data are given in days, not in working days. Section 4.1 b):

	In respect of 'the average time (in working days) for dealing with requests for reimbursement in 2017' - the way the data are provided by some of Regional Branches of the NFZ do not allow to calculate the average time for dealing with requests (because sometimes they do not indicate days which should not be included in the time limit). However, on the basis of the data provided, it may be concluded that almost all decisions were taken within the maximum time limit set for dealing with such requests.
Portugal	/
Romania	1) at pnt 3.1 let a), at the heading "Number of withdrawn/inadmissible requests": - reasons: no number of requests considered withdrawn/inadmissible. 2) at pnt 3.2 let a), at the heading "Do you have a maximum time limit for dealing with requests for reimbursement?": - reasons: this maximum time limit is not regulated at national level. - steps taken to improve the available statistics: in case we will be asked imperiously the adoption of this deadline, we will try to stay within the limits required, depending on available human and financial resources. 4. In section 4 at pnt 4.1 let b), at the heading "Do you have a maximum time limit for dealing with requests for reimbursement?": - reasons: this maximum time limit is not regulated at national level. - steps taken to improve the available statistics: in case we will be asked imperiously the adoption of this deadline, we will try to stay within the limits required, depending on available human and financial resources.
Slovakia	/
Slovenia	3.1 b- time from receipt of the application for reimbursement of costs until the decision is issued (not just working days) 4. system for prior notification: patient can obtain an informative calculation before access cross-border healthcare 4.1 b- time from receipt of the application for reimbursement of costs until the decision is issued (not just working days)/
Spain	In "Treatment not requiring PA" granted requests plus refused requests equals 19, and received are 18: the data are correct. Global data from National Contact Point and Information Units of Regional Authorities and Mutual Societies, except for Aragon, Canary Islands and Ingesa. In case there is any variation in NPC data, we will inform you as soon as possible.
UK	
Iceland	/
Norway	Section 4.1.a

	Number of received requests: The indicated number refers to both requests for reimbursement and requests for prior notification, as we are not able to separate these in the system used for statistics. Number of granted requests: This number refers to cases where reimbursement has been granted and paid. Number of withdrawn/inadmissible requests: The indicated number refers to inadmissible requests, and does not include withdrawn requests.

Appendix 2

National Contact Points

Information for the National Contact Points of the Member States which replied to the questionnaire can be found hereunder. The information is presented as provided for in the questionnaire, with the exception of the telephone numbers for which country codes have been added.

Austria

Name	Gesundheit Österreich GmbH
Affiliation/Organisation	Subsidiary of the Austrian Federal Government, represented by the Federal Minister of Health
Website	www.crossborder-healthcare.gv.at www.gesundheit.gv.at/service/patientenmobilitaet/kontaktstelle-patientenmobilitaet
Telephone	

Belgium

Name	National contact point for cross-border healthcare
Affiliation/Organisation	Federal Public Service of Health, Food Chain Safety and Environment
Website	www.crossborderhealthcare.be
Telephone	+32 (0)2/290 28 44

Bulgaria

Name	
Affiliation/Organisation	National Health Insurance Fund (NHIF)
Website	www.nhif.bg
Telephone	+359 2 965 9116

Croatia

Name	National Contact Point for Cross-border Healthcare
Affiliation/Organisation	Croatian Health Insurance Fund
Website	www.hzzo.hr/nacionalna-kontaktna-tocka-ncp/
Telephone	+ 385 1 644 90 90

Cyprus

Name	Anastasia Christodoulidou
Affiliation/Organisation	Ministry of Health
Website	www.moh.gov.cy/cbh
Telephone	00357 22605414

Czech Republic

Name	Kancelář zdravotního pojištění (Health Insurance Bureau)
Affiliation/Organisation	
Website	www.kancelarzp.cz
Telephone	+420 236 033 411

Denmark

Name	International Health Insurance
Affiliation/Organisation	Danish Patient Safety Authority
Website	www.stps.dk
Telephone	+45 72269490

Estonia

Name	Estonian National Contact Point (since 1st of June 2016)
Affiliation/Organisation	Estonian Health Insurance Fund
Website	www.haigekassa.ee/en/estonian-national-contact-point
Telephone	+372 669 6630

Finland

Name	Contact Point for Cross-Border Healthcare
Affiliation/Organisation	Kela (Social Insurance Institution)
Website	www.hoitopaikanvalinta.fi (fi) www.vårdenhetsval.fi (swe) www.choosehealthcare.fi (en) www.saame.hoitopaikanvalinta.fi (sami)
Telephone	/

France

Name	Cleiss (Centre des liaisons européennes et internationales de sécurité sociales)
Affiliation/Organisation	/
Website	www.cleiss.fr
Telephone	e-mail: soinstransfrontaliers@cleiss.fr

Germany

Name	EU-PATIENTEN.DE
Affiliation/Organisation	Part of National Association of Statutory Health Insurances Funds, German Liaison Agency Health Insurance – International (DVKA)
Website	www.eu-patienten.de
Telephone	+49 228 9530 800

Greece

Name	Hellenic National Contact Point for Cross-border Healthcare
Affiliation/Organisation	National Organization for the Provision of Health Services (EOPYY) under the Ministry of Health
Website	www.eopyy.gov.gr
Telephone	+30 210 8110935, +30 210 8110936

Hungary

Name	Integrated Rights Protection Service, Hungarian National Contact Point
Affiliation/Organisation	Ministry of Human Capacities
Website	www.eubetegjog.hu/
Telephone	Green (free of charge) number: +36/20/9990025

Iceland

Name	Icelandic Health Insurance (Ice. Sjúkratryggingar Íslands)
Affiliation/Organisation	International Department
Website	www.sjukra.is
Telephone	+354 515 0002

Ireland

Name	HSE Cross-border Directive - National Contact Point
Affiliation/Organisation	Health Service Executive
Website	www.hse.ie/crossborderdirective
Telephone	+353 (0)56 778 4556

Italy

Name	National Contact Point
Affiliation/Organisation	Ministry of Health - Health Planning General Directorate
Website	www.salute.gov.it/portale/temi/p2_4.jsp?lingua=english&tema = International%20Health&area=healthcareUE
Telephone	/

Latvia

Name	The National Health Service (there is only one NPC)
Affiliation/Organisation	/
Website	www.vmnvd.gov.lv
Telephone	+371 67043700

Luxembourg

Name	Caisse nationale de santé / Service national d'information et de médiation dans le domaine de la santé
Affiliation/Organisation	Public Administration / Governmental entity
Website	www.cns.lu / www.mediateursante.lu
Telephone	+352 2757-1 / 352 24775515

Malta

Name	Anthony Gatt
Affiliation/Organisation	Office of the Chief Medical Officer, Ministry for Health
Website	https://deputyprimeminister.gov.mt/en/cbhc/Pages/Cross-Border.aspx
Telephone	+356 22992381

Netherlands

Name	Netherlands NCP Cross-Border Health Care
Affiliation/Organisation	Het CAK
Website	www.cbhc.nl
Telephone	/

Norway

Name	National Contact Point
Affiliation/Organisation	Helfo
Website	https://helsenorge.no/foreigners-in-norway/norwegian-national-contact- point-for-healthcare1
Telephone	800HELSE: (800 43 573) calling from Norway +47 23 32 70 30

Poland

Name	National Contact Point for cross-border healthcare
Affiliation/Organisation	National Health Fund
Website	www.kpk.nfz.gov.pl
Telephone	+48 22 572 61 13

Portugal

Name	Administração Central do Sistema de Saúde - ACSS
Affiliation/Organisation	Public Institute from the Ministry of Health
Website	www.acss.min-saude.pt
Telephone	+351 21 792 55 00 +351 21 792 58 00

Romania

Name	National Contact Point
Affiliation/Organisation	National Health Insurance House
Website	www.cnas-pnc.ro; pnc@casan.ro
Telephone	+40 (0) 372 309 135

Slovakia

Name	Health Care Surveillance Authority
Affiliation/Organisation	Department of Slovak Health Care Surveillance Authority (established by law)
Website	www.nkm.sk
Telephone	+421 2 20856 789

Slovenia

Name	Slovenian National Contact Point on cross-border healthcare
Affiliation/Organisation	Health Insurance Institute of the Republic of Slovenia
Website	www.nkt-z.si
Telephone	+386 (0) 1 30 77 222

Spain

Name	Citizens' Advice and Information Office
Affiliation/Organisation	Ministry of Health, Consumer Affairs and Social Welfare
Website	http://www.mscbs.gob.es/en/pnc/home.htm
Telephone	+34 90 140 01 00

Sweden

Name	Försäkringskassan, The Swedish Social Insurance Agency / Socialstyrelsen, The National Board of Health and Welfare
Affiliation/Organisation	Stockholm, Sweden
Website	www.forsakringskassan.se / www.socialstyrelsen.se
Telephone	+46 (0)771 524 524 /+46 (0)75 247 30 00
	+46 (0)75 247 30 00

UK

Name	NHS England
Affiliation/Organisation	England, Scotland, Wales and Northern Ireland each have a contact point, the details for each region are found on the NHS England website
Website	https://www.nhs.uk/nhsengland/healthcareabroad/national-contact-point/pages/uk-national-contact-point.aspx