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

Reference year 2021

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ABSTRACT

In this report, data are discussed on cross-border patient healthcare following Directive 2011/24/EU for reference year 2021. This Directive is applicable to the EEA, which includes the 27 EU Member States and EFTA Member States Iceland, Liechtenstein, and Norway. However, as Liechtenstein does not participate in the cross-border healthcare expert group set up by the European Commission (DG SANTE), it has not been included in this exercise.

After giving an overview of cross-border healthcare within the EEA and discussing important issues on data quality, this report looks at the existence or nonexistence of systems of prior notification and the limitation of patient inflow. Healthcare that is subject and not subject to prior authorisation is also discussed. Various topics are examined, including the way in which a request can be made, average and maximum processing times, the flows of cross-border patient healthcare between countries, and the amounts reimbursed. Additionally, in the chapter on healthcare subject to prior authorisation, more information can be found about requests for prior authorisations and justifications for the refusal of authorisations. Finally, factsheets for each country are provided, which include the most essential information on the use of Directive 2011/24/EU.

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GLOSSARY

Coordination Regulations: Regulation (EC) NO 883/2004 on the coordination of social security systems, and Regulation (EC) No 987/2009 laying down the procedure for implementing Regulation (EC) No 883/2004 on the coordination of social security systems

Country: In this report the term 'countries' is used to refer to the EU Member States, and the EFTA Member States Iceland (IS), Liechtenstein (LI), and Norway (NO)

Directive: Directive 2011/24/EU on the application of patients' rights in cross-border healthcare

EFTA Member States: Iceland (IS), Liechtenstein (LI), Norway (NO), and Switzerland (CH)

EU Member States: Belgium (BE), Bulgaria (BG), Czechia (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)

European Economic Area (EEA): EU Member States and EFTA Member States Iceland (IS), Liechtenstein (LI), and Norway (NO)

Member State of affiliation/Member State of treatment: The terms 'Member State of affiliation' and 'Member State of treatment', defined by the Directive, are used as general terms throughout this report. They encompass the EU Member States and the EFTA Member States Iceland (IS), Liechtenstein (LI), and Norway (NO)

NCP: National Contact Point

PA: Prior authorisation

SUMMARY OF MAIN FINDINGS

Data quality

- Because of the national system of data collection, it has proven difficult for some countries, e.g. France, to distinguish between the requests under the Directive on patients' rights in cross-border healthcare and the Regulations on the coordination of social security systems. This can distort statistics and lead to an overestimation of cross-border healthcare needs and usages. Find a more in-depth discussion of this in the chapter pertaining to this topic.

- Some countries, e.g. Germany, could not fully answer all the questions in the questionnaire, which lead to an underestimation of the figures. Bulgaria, Cyprus, Hungary, Portugal, and Iceland did not respond to the questionnaire at all, further impacting results.

- Comparisons over time should be regarded with caution as the group of countries that are able to provide a response changes every year. Furthermore, data for reference year 2020 (and mostly likely 2021) are influenced by the COVID-19 pandemic, and the questionnaire for reference year 2021 has been modified. Some countries have also changed their way of reporting the requested data compared to previous reference years.

Limitation of patient inflow

- Only three countries have introduced measures regarding access to treatment, namely Denmark, Estonia and Romania. All three countries reported that it concerned zero patients in 2021.

Prior notification

- A system for prior notification concerning requests for healthcare not subject to prior authorisation is implemented by Denmark, Estonia, Greece, Ireland, Italy, Malta, Poland, Sweden, and Norway.

Healthcare subject to prior authorisation

- Czechia, Estonia, Finland, Lithuania, Latvia, the Netherlands, Sweden, and Norway do not have a system of prior authorisation.

- In 2021, around 4 900 requests for prior authorisation were received by 14 Member States which provided data. Approximately 3 400 requests were authorised. Data for Germany are not included in these figures, seeing that only partial data could be provided, namely only the number of authorised requests. In total, Germany authorised 366 requests for prior authorisation in 2021. When comparing the same group of Member States in 2020 and 2021, it is clear that the number of requests received has increased (+38.3% including France or 9.8% excluding France[1]).

- Most countries received a limited number of requests for prior authorisation. Only France (3 373), Luxembourg (912) and Slovakia (361) received more than 100 requests for prior authorisation.

[1] FR is not able to make a separation between requests under the Directive and under the Coordination Regulations. For more information see Chapter 2 on data quality and Chapter 5 on healthcare subject to prior authorisation.

- On average 75 % of all processed requests for prior authorisation were authorised. A majority of prior authorisations were authorised in France, Italy, Luxembourg, Malta, Romania, and Slovakia, while the opposite is true in Belgium, Denmark, Spain, Greece, Croatia, and Slovenia. The main reason for refusing requests was that the same type of healthcare could be provided in the Member State of affiliation within a justifiable time limit.

- An overnight stay was the main type of healthcare for which a prior authorisation was authorised (87%).

- Flows between neighbouring countries are of great importance, particularly between France – Spain, Luxembourg – Germany, and Slovakia – Czechia. The Member States of affiliation that authorised the largest number of requests for prior authorisation are France, Luxembourg and Slovakia. The Member States of treatment (the countries where healthcare is being sought and provided) for which the highest number of authorised requests for prior authorisation were authorised are Spain, Germany, and Czechia.

- In 2021, a total amount of around EUR 1.5 million was reimbursed by the 12 Member States that provided data.

Healthcare not subject to prior authorisation

- In 2021, 19 Member States and Norway that reported data received around 570 000 requests for reimbursement without prior authorisation. Approximately 316 000 requests were granted by 18 Member States and Norway. The number of received requests increased by over 200% compared to 2020. This is mainly due to a large increase in France[2] following the country's plan to combat the COVID-19 pandemic, which included PCR and antigenic tests carried out abroad under the Directive.

- On average 85% of all processed requests for reimbursement without prior authorisation were granted. In all countries which reported data, the majority of requests for reimbursement were granted.

- Flows between neighbouring countries are important, although flows between the Nordic countries and Spain were also substantial. France, Poland, and Denmark have as Member States of affiliation granted the largest numbers of requests for reimbursement for healthcare not subject to prior authorisation. The most travelled to Member States that participated in the questionnaire, in terms of number of granted requests for reimbursement for healthcare not subject to prior authorisation, were Spain, Portugal, and Belgium.

- In 2021, a total amount of around EUR 259.1 million was reimbursed by the 21 Member States and Norway that provided data.

Financial implications of patient mobility under Directive 2011/24/EU

- The total amount reimbursed for healthcare subject and not subject to prior authorisation in 2021 amounts to EUR 260.6 million. The amount reimbursed under the Directive represents 0.01% of the total government expenditure on

[2] FR is not able to make a separation between requests under the Directive and under the Coordination Regulations. For more information see Chapter 2 on data quality and Chapter 6 on healthcare not subject to prior authorisation.

healthcare[3].This shows that the Directive only plays a small part in the total government expenditure on healthcare.

[3] Eurostat [GOV_10A_EXP] data 2020 (data 2021 not yet available). Only calculated for countries which were able to provide data on reimbursement for healthcare subject and not subject to prior authorisation (only including BE, CZ, DE, DK, EE, EL, FI, HR, IE, IT, LT, LV, MT, PL, SE, SI, SK, and NO).

1. INTRODUCTION

Cross-border healthcare means healthcare which is provided or prescribed in a country other than the Member State of affiliation. There are different routes to receive cross-border healthcare, one of which under Directive 2011/24/EU on the application of patients' rights in cross-border healthcare (in this report referred to as 'the Directive').

This Directive is applicable to the European Economic Area (EEA), in other words to EU Member States and the EFTA Member States Iceland, Liechtenstein, and Norway[4]. The Directive was due to be transposed by the EU Member States by 25 October 2013, although the transposition was not complete in all EU Member States until the second half of 2015. In addition, the Directive was to be transposed by the EFTA Member States Iceland, Liechtenstein, and Norway by 1 August 2015. Norway transposed the Directive on 1 March 2015 and Iceland on 1 July 2016.

Article 20 of the Directive requires the Commission to draw up a report on the operation of the Directive and submit it to the European Parliament and to the Council by 25 October 2015, and every three years thereafter. The report *"shall in particular include information on patient flows, financial dimensions of patient mobility, the implementation of Article 7(9) and Article 8, and on the functioning of the European reference networks and national contact points."*

In order to follow-up on the functioning of the operation of the Directive the European Commission collects data through an annual questionnaire[5]. Data were first collected concerning reference year 2014. The data submitted are compiled and analysed and an overview of the situation is presented. This year's report covers year 2021 and is the seventh report to be published[6].

The questionnaire contains questions relating to four main sections:

1. National Contact Points (NCPs)[7,8]
   - Contact information
2. Limitations for patient inflow
   - Measures to limit access to healthcare according to Article 4.3 of the Directive
3. Healthcare subject to prior authorisation (PA)
   - Number of requests for PA, reasons for authorisation/refusal, amounts reimbursed and patient flows etc.
4. Healthcare not subject to prior authorisation (PA)
   - Number of requests for reimbursement, amounts reimbursed and patient flows etc.

In this report, a chapter is first devoted to data quality as this is a significant issue concerning data on cross-border patient healthcare (*Chapter 2*). Next, the limitation for

[4] The Directive was applicable to the UK until 31 December 2020. Seeing that this report covers reference year 2021, the UK is not included in this report anymore.

[5] LI does not participate in the cross-border healthcare expert group set up by the European Commission (DG SANTE) and has therefore not been included in this exercise.

[6] The reports concerning years 2015-2020 and the trend report reference years 2018-2020 can be found on the website of the European Commission (https://ec.europa.eu/health/cross_border_care/overview_en) and in the reference list to this report.

[7] National Contact Points are set up in each country to provide information to patients seeking healthcare in another country. For the list of National Contact Points see:
https://ec.europa.eu/health/sites/health/files/cross_border_care/docs/cbhc_ncp_en.pdf
The fact sheets provided in *Annex V* also include information on the NCPs in every country.

[8] Data on the number of information requests are not collected in the current questionnaire anymore, seeing that they are instead collected as part of the data collection done under the Single Digital Gateway Regulation (see also *section 1.1*).

patient flows (*Chapter 3*), and prior notification (*Chapter 4*) are discussed. The last two chapters analyse healthcare subject to PA *(Chapter 5*) and healthcare not subject to PA (*Chapter 6*).

First, in the subsections below, some important information is provided on the changes made in the questionnaire compared to the previous reference years (*section 1.1*) and the different routes to receive cross-border healthcare, of which the Directive is one (*section 1.2*). Finally, *section 1.3* provides the exchange rates used to convert all provided data to euro.

1.1 Revised questionnaire and supporting Guidance Manual

In preparation of the data collection concerning year 2021, the questionnaire was revised based on the experience gained during previous years. The revision focused on facilitating the data collection and improving the data quality and understanding the figures provided. Some questions were further clarified, while other questions were reworded to allow for verification of the information presented in the previous year's report, thus avoiding information having to be resubmitted if no changes had been implemented. New questions were also added to increase the understanding of how applications can be made. At the same time, it was agreed that data relating to information requests would as of year 2021 be collected as part of the data collection done under the Single Digital Gateway Regulation, and not through the questionnaire used for collecting data for this report.

In addition to the added explanations in the questionnaire, a Guidance Manual was prepared to ensure a uniform interpretation and to increase the understanding of possible data quality issues. The Guidance Manual also provides examples of information to be submitted based on availability to help put the figures provided in context.

Further information is provided in each chapter of this report about the changes made to the questionnaire as part of the revision and their implications on the comparisons made with the previous year's figures to illustrate the development.

Lessons learned concerning the functioning of the revised questionnaire will be drawn and necessary fine tunings and clarifications will be made to the questionnaire and the Guidance Manual in preparation of next year's exercise. However, the main definitions relating to the data collected through the questionnaire should remain unchanged to allow for long term evaluations.

1.2 Cross-border healthcare within the EEA – a web of parallel schemes

It is important to understand and assess the reimbursement scheme under the Directive, keeping in mind the full scope of cross-border healthcare within the EEA, which consists of several parallel schemes. Cross-border healthcare can be provided and reimbursed in accordance with several parallel schemes available at local, national and EU level (EU legislation, bilateral/multilateral agreements, national legislation etc.). Furthermore, cross-border healthcare might be provided for which no reimbursement is requested, or which is (partly) reimbursed by a private insurer.

The EU legislation consists of two parallel schemes, Regulation (EC) No 883/2004 and Regulation (EC) No 987/2009 (in this report referred to as 'the Coordination

Regulations')[9] and the Directive. The Directive falls within the framework related to the freedom to provide services, while the Coordination Regulations fall within the framework relating to free movement of persons. Article 2(m) of the Directive specifies that the Directive shall apply without prejudice to the Coordination Regulations. Furthermore, Recital 30 of the Preamble to the Directive stresses the need for coherence between the two instruments, stating that rights under the two instruments cannot be used simultaneously.

The main objective of the Directive is to facilitate access to safe and high-quality cross border healthcare, to ensure patients' mobility and to promote cooperation on healthcare, whilst respecting the countries' competence to organise their own healthcare systems. To this end, patients are reimbursed for healthcare in accordance with the principles established by the European Court of Justice of the European Union and codified by the Directive. In short, patients who are entitled to a particular health service which is among the benefits provided for under the statutory healthcare system in their home country (referred to in the Directive as Member State of affiliation), are entitled to be reimbursed for the same service if they decide to receive it in another country (referred to in the Directive as Member State of treatment). The patient should receive the same level of reimbursement as if the treatment would have been received in the Member State of affiliation. However, the level of reimbursement can never exceed the actual costs of the healthcare received.

Healthcare is, as a main rule, provided and reimbursed without PA. However, patients can be required to request PA for certain treatments, generally inpatient care and care requiring highly specialised or cost-intensive medical equipment or infrastructure.

According to Article 3(a) of the Directive, healthcare means *"health services provided by health professionals to patients to assess, maintain or restore their state of health, including the prescription, dispensation and provision of medicinal products and medical devices"*. The Directive thus also applies to for example dental care and prescribed medication. Three exceptions exist, being long-term care to support people in need of assistance in carrying out routine, everyday tasks, allocation of and access to organs for the purpose of organ transplants, and vaccination programs against infectious diseases.

To assist patients and advise them on their rights under the Directive, each country is required to set up an NCP. The NCP is also required to provide information about the national healthcare system to patients from other countries, for example information about healthcare providers, quality and safety standards, complaints, and redress procedures etc.

The main objective of the Coordination Regulations is to ensure that persons do not lose their social security rights when moving within the EEA and Switzerland, linked to work or for other reasons. The Coordination Regulations ensure access to healthcare in various situations, for example during a temporary stay abroad (with the European Health Insurance Card – EHIC)[10] and during residence abroad. The Coordination Regulations also include provisions for planned cross-border healthcare (with Portable Document S2 – PD S2)[11].

Some important differences exist between the provisions under the Directive and the Coordination Regulations relating to cross-border healthcare during a temporary stay

[9] For data on cross-border healthcare provided under the Coordination Regulations see De Wispelaere et al., 2022.

[10] The EHIC certifies the entitlement to unplanned necessary healthcare.

[11] The PD S2 certifies the entitlement to planned healthcare.

abroad in terms of scope, PA, and reimbursement. These are summarised in *Table 1* below.

Table 1 Difference between the Coordination Regulations and the Directive

	The Coordination Regulations	The Directive
Geographical coverage	The EEA and Switzerland, in other words the EU Member States and the EFTA Member States Iceland, Liechtenstein, Norway, and Switzerland.	The EEA, in other words the EU Member States and the EFTA Member States Iceland, Liechtenstein, and Norway.
Providers	Providers within the statutory system, i.e., public providers.	Providers within and outside the statutory system, i.e., public and private providers.
Prior authorisation	Prior authorisation is a requirement for receiving planned healthcare in another Member State (with PD S2).	Prior authorisation is an exception from the main rule. A system of prior authorisation can be applied for certain treatments, generally inpatient care and care requiring highly specialised or cost-intensive medical equipment or infrastructure, as long as it is necessary and proportionate to the objective to be achieved and does not constitute a means of arbitrary discrimination or an unjustified obstacle to the free movement of patients.
Reimbursement	Costs for planned (with PD S2) and unplanned (with EHIC) cross-border healthcare are, in principle, reimbursed under the conditions and reimbursement rates of the Member State of treatment.	Costs of planned and unplanned cross-border healthcare are reimbursed according to the conditions and reimbursement rates that would have been assumed by the Member State of affiliation. The patient has to advance the costs and apply for reimbursement upon return to the Member State of affiliation.

1.3 Exchange rates

In this report all reimbursed amounts are presented in euro. For this purpose, the exchange rates as of 31 December 2021, as published in the Official Journal of the European Union (C 1, 3.1.2022), have been used relating to year 2021 *(Table 2)*. Similarly, to use one source and date for all conversions, the exchange rate published in the Official Journal of the European Union related to the last day in December of each year has been used to convert the figures presented in previous years.

Table 2 Exchange rates as of 31 December 2021

Country	Currency	Exchange rate 1 EUR =
Bulgaria	Bulgarian Lev (BGN)	1.9558
Croatia	Croatian Kuna (HRK)	7.5156
Czechia	Czech Koruna (CZK)	24.858
Denmark	Danish Krona (DKK)	7.4364
Hungary	Hungarian Florin (HUF)	369.19
Poland	Polish Zloty (PLN)	4.5969
Romania	Romanian Leu (RON)	4.9490
Sweden	Swedish Krona (SEK)	10.2503
United Kingdom	Pound Sterling (GBP)	0.8403
Iceland	Iceland Krone (ISK)	147.60
Norway	Norwegian Krone (NOK)	9.9888

Source Official Journal of the European Union (C 1, 3.1.2022)

2. DATA QUALITY

This chapter provides general information about existing data quality issues. Further information on specific issues relating to the four sections of the questionnaire is provided in the corresponding chapters of this report. Specific information about the data availability for individual countries can also be found in the fact sheets in *Annex V*. As previously mentioned, the same questionnaire (with some small modifications) has been prepared and sent annually to countries to collect data concerning 2014 until 2020. From reference year 2021 onwards, the questionnaire has been modified and a guidance manual was included (see *section 1.1*). In each of the relevant sections of the report, it is explained how these changes affect the data analysis and especially comparisons with previous reference years. Additionally, when comparisons with reference year 2020 are made, it should be kept in mind that 2020 was a peculiar year because of the COVID-19 pandemic, and this might still be felt in 2021 as well.

The data submitted are compiled and analysed and an overview of the situation presented. Unfortunately, the reply rate has shifted over the years, and many countries are still only able to provide limited information.

Therefore, for the purpose of this report no comparisons are made further back in time than 2016, due to the data quality. Furthermore, seeing that the questionnaire has changed compared to previous reference years, caution is required when comparing data over the years. This is also mentioned in the different chapters.

This year replies have been received from all but Bulgaria, Cyprus, Hungary, Portugal, and Iceland. However, as in previous years, many countries have only been able to provide limited information. In addition, the data may in some instances include requests under the Coordination Regulations since not all countries are able to make a strict separation between requests under the Directive and the Coordination Regulations (or under bilateral cross-border agreements).

The data issues reported relate to all sections of the questionnaire (and the chapters of this report) to a varying degree. Those relating to *Chapter 5* (healthcare subject to PA) and *Chapter 6* (healthcare not subject to PA) do however have a bigger impact on the possibility to estimate the extent of the application of the Directive. The following information therefore focuses on these chapters.

Germany has informed that the requested data are currently not collected due to the low financial importance of cross-border healthcare in relation to the total expenditure on healthcare. Additionally, due to the large number of statutory health insurance funds in Germany, the collection of data requires a very high effort. However, Germany has reached an agreement with the health insurance companies to do so in the future. The data will be available at the earliest from year 2023 onwards (i.e., data relating to year 2022 onwards). Furthermore, data relating to the number of requests for PA received, authorised, and refused in one year are not available in Germany until November of the following year. Therefore, they cannot deliver them by the end of October of each year. However, they can provide them annually starting in November 2022. In the current report, only the total number of authorised requests for healthcare subject to prior authorisation could be provided for reference year 2021 (not the number of received or refused requests).

In Austria, no specific records are kept to provide data on treatments under Directive 2011/24/EU. This is due to the fact that the reimbursement of costs already existed in the national regulations before the Directive 2011/24/EU and therefore the patient mobility directive did not bring any significant innovation. On the one hand, the synchronization of the systems due to the restructuring of the social insurance institutions has not yet been fully completed, and on the other hand, Austria already provides for the reimbursement of private medical treatments in national law. The

reason why Austria cannot provide data on treatments under Directive 2011/24/EU is mainly due to the fact that no distinction is made between cases covered by the Directive and national cases due to a private medical visit, as the reimbursement system is the same.

Belgium (with exception of the amount reimbursed) and the Netherlands have not been able to provide any data relating to requests for reimbursement relating to healthcare not subject to PA. In Belgium not all health insurance funds are able to provide complete data, while the Netherlands cannot collect data from their private health insurers due to differences in the statistics recorded.

France is not able to distinguish between requests under the Directive and under the Coordination Regulations, and therefore provides total figures for both requests for PA and requests for reimbursement relating to healthcare not subject to PA. France has also informed of having a joint application procedure for prior authorisations under the Directive and under the Coordination Regulations. When comparing data sources it becomes evident that the data provided for reference year 2021 relating to healthcare not subject to PA are identical to those provided under the Coordination Regulations[12] concerning healthcare subject to prior authorisation. In previous years, the figures provided relating to requests for healthcare subject to PA were lower than those provided under the Coordination Regulations concerning healthcare subject to prior authorisation, indicating that certain requests had been removed before the data was submitted, possibly partly requests concerning Switzerland as Member State of treatment (the Directive is not applicable to Switzerland). Therefore, for the purpose of this report, requests relating to Switzerland and the United Kingdom (the Directive is not applicable to the United Kingdom as of year 2021) have been excluded as far as possible based on the data provided for the Coordination Regulations.

Luxembourg has a similar problem as France. Luxembourg is not able to distinguish between requests for reimbursement under the Directive and under the Coordination Regulations. Luxembourg therefore does not provide any figures in relation to requests for reimbursement relating to healthcare not subject to PA. Luxembourg also does not provide figures concerning the amount reimbursed in relation to requests for PA.

In previous reference years, Greece was not able to distinguish between requests under the Directive and under the Coordination Regulations, but only in relation to received requests for PA. However, to provide data on requests specifically relating to the Directive, Greece has reported the number of requests received as those tried against the Directive after the Regulations have been excluded as an option.

It is not unthinkable that other countries also have issues distinguishing the requests under the Directive and the Coordination Regulation. After all, in most cases, the patient will make a general request (not specifically for one of the two options), and the distinction takes place in the 'back-office'[13].

It should be noted that the number of requests reported in *Chapter 6* (healthcare not subject to PA) does not correspond to the number of persons involved nor the number

[12] For data on cross-border healthcare provided under the Coordination Regulations see De Wispelaere et al., 2022.

[13] DK mentions this specifically: When a Danish insured person applies for reimbursement of the costs of unplanned treatment received in another EEA-country, he/she has the option to have his/her application assessed under the terms of both the Coordination Regulations and the Directive, unless the treatment is provided by a private healthcare provider. In this way, the applicant will receive the highest reimbursement amount either pursuant to the Coordination Regulations or the Directive. Applications for reimbursement according to the Coordination Regulations are processed by the Danish Patient Safety Authority, while applications under the Directive are processed by the regional authorities. When the case has been settled, a potential refund will be paid according to the set of rules that is most favourable for the applicant.

of treatments provided. The statistics collected are thus different than the ones collected nationally by Finland. Therefore, Finland is only able to provide limited data concerning requests for reimbursement relating to healthcare not subject to PA.

In preparation of this report follow-up questions have been put to a large number of respondents to clarify various issues. Information received is presented in this report. Specific information about individual respondents can also be found in the fact sheets in *Annex V*.

Even though Liechtenstein does not provide data as Member State of affiliation, figures relating to Liechtenstein as a Member State of treatment are included in this year's report, as they form part of the patient mobility under the Directive.

3. LIMITATION OF PATIENT INFLOW

The requested information on limitation of patient inflow was not changed in the questionnaire compared to reference year 2020. The questions were only made more clear, directly addressing countries which already had mechanisms in place to limit patient inflow whether this is still the case, and asking other countries whether they introduced any mechanisms to limit access to healthcare in 2021.

Information was requested relating to any mechanisms countries had put in place to limit access to healthcare as provided for in Article 4(3) of the Directive, which allows that countries may limit access to treatment for visitors from another country where this is justified by overriding reasons of general interest, such as healthcare planning requirements. There were 24 countries which responded to this question[14] (23 Member States and Norway).

Only three countries indicated that measures were introduced regarding access to treatment (see also the fact sheets in *Annex V* for more information about past years). It concerns Denmark[15], Estonia[16], and Romania[17]. This is a similar response as in reference year 2020, when additionally, Bulgaria, Cyprus, and Hungary responded no, and the United Kingdom responded yes (Olsson et al., 2021).

All countries which responded to the question on limitation of patient inflow have indicated that no *new* measures regarding access to treatment have been introduced.

Additionally, the questionnaire asked countries to specify the number of patients whose access to treatment have been limited on the grounds of overriding reasons of general interest. All three countries (Denmark, Estonia, Romania) indicated that in 2021 it concerned zero patients. Indeed, over the years this number has remained limited, as in 2020 it concerned one patient in Denmark, in 2019 three patients in Denmark, and in 2018 10 patients in Denmark (Olsson et al., 2021; Wilson et al., 2021, 2019b). Therefore, Denmark reported that 14 patients have had their access to treatment limited between 2016 and 2021 on the ground of overriding reasons of general interest, while in Estonia and Romania it concerns zero patients over this time period.

[14]No response to the questionnaire was received from BG, CY, HU, PT, and IS.

[15]Section 8, paragraph 1 of the Executive Order no. 657 of 28 June 2019 on the Right to Hospital Treatment etc and Section 1, paragraph 5 of Executive Order No. 1658 of 27 December 2013 on access to municipal and regional non-hospital care to persons from other EU/EEA countries, the Faroe Islands and Greenland.

[16]§ 50.4 of the Health Service Organisation Act.

See https://www.riigiteataja.ee/en/eli/515072022011/consolide

[17]Art. 7 paragraph (2) of Government Decision No 304/2014 for the approval of the Methodological Norms regarding cross-border healthcare.

4. PRIOR NOTIFICATION

Countries were asked in the questionnaire about requests for healthcare subject to PA, and requests for reimbursement for healthcare not subject to PA. Under the latter section in the questionnaire, countries were asked to report whether they have implemented a system for prior notification according to Article 9(5) of the Directive. This question was not changed compared to 2020, but only refined, as it now asks specifically to those countries which had implemented a system of prior notification whether this is still the case, and to those which did not have such a system whether they implemented one.

The object of such a prior notification is to allow a patient to receive a written statement of the amount to be reimbursed based on an estimate. This is an optional element and has been adopted by some countries to support patients who may wish to have greater clarity on the costs they might incur up-front and which they can expect to have reimbursed. This system may apply for any type of care or treatment, whereas PA, discussed in *Chapter 5* of this report, is required for certain types of care.

There were 23 Member States and Norway[18] which replied to this question, out of which nine reported having such a system in place (see also the fact sheets in *Annex V* for more information). It concerns Denmark, Estonia, Greece, Ireland[19], Italy, Malta, Poland, Sweden, and Norway. This is a similar response as in reference year 2020, although the United Kingdom was also included then (Olsson et al., 2021). In all nine countries, the prior notification system has been in place since the transposition of the Directive.

[18] No response to the questionnaire was received from BG, CY, HU, PT, and IS.

[19] The system in IE was previously referred to as a voluntary prior authorisation system for patients seeking inpatient care. It is now called a prior notification system (and still only applicable for inpatient care).

5. HEALTHCARE SUBJECT TO PRIOR AUTHORISATION

The Directive allows, on certain conditions, that countries set up a system of PA.[20] However, not all countries have implemented such a system of PA. Eight out of 24 Member States and Norway[21] which responded to this question indicated they had **not** implemented such a system of PA. It concerns Czechia, Estonia, Finland, Lithuania, Latvia, the Netherlands[22], Sweden, and Norway. Consequently, these countries cannot fill out the section in the questionnaire concerning healthcare subject to PA. This is a similar response as in reference year 2020, when additionally, Bulgaria, Hungary, and the United Kingdom reported they had a system of PA in place, whereas Cyprus reported they did not have a system of PA in place (Olsson et al., 2021).

Recent changes took place in Cyprus and Latvia with regard to their system of PA. In September 2018 the legislation in Latvia changed, from which date Latvia no longer implemented a system of PA (Wilson et al., 2019b). Cyprus reported that the system of PA was removed on 2 April 2019 as a result of a change in legislation (Olsson et al., 2021).

Countries were invited to provide more detailed information on certain topics. For instance, they could report to what extent healthcare subject to PA relates to healthcare provided in private or public/contracted establishments. Italy provided information on this and stated that almost 70 % of treatments are related to public/contracted establishments. The two authorised requests for PA by Spain were for treatments in private centres.

It is noteworthy to point out an important difference in what is asked in the questionnaire concerning healthcare subject to PA *(Chapter 5)* and healthcare not subject to PA *(Chapter 6)*. For healthcare subject to PA countries were asked about the number of requests for PA, while for healthcare not subject to PA, countries were asked about the number of requests for reimbursement. Thus, for healthcare subject to PA, it is not known whether the authorised requests lead to a treatment or a request for reimbursement. However, Italy did report that almost all requests received in 2021 led to actual treatments.

5.1 Ways in which a request for prior authorisation and a request for reimbursement can be made

In the questionnaire for reference year 2021, a question was added on the ways in which a **request for PA** can be requested by patients (in person, post, e-mail, online, etc.). This question was answered by 15 Member States[23]. The complete responses of these countries are provided in *Table 7* in *Annex I*.

In 13 of the reporting Member States, a request for PA can be made in person[24] and in Romania this is even the only way in which a request can be made. The second most popular way in which a request can be made is through post, as this is possible in 11 Member States[25], and this is the only manner in Belgium. And the third most common

[20] For an overview of the prior authorisation systems implemented by countries see a recent study from Ecorys (2022) on behalf of the European Commission – DG SANTE.

[21] No response to the questionnaire was received from BG, CY, HU, PT, and IS.

[22] Please note that a report by Ecorys (2022) found that the healthcare insurers require a PA, even though the NL officially have not implemented a PA system.

[23] No reply to this question was received from FR. Eight countries reported not having implemented a system of PA and are therefore not expected to respond to this question (CZ, EE, FI, LT, LU, NL, SE, and NO). No response to the questionnaire was received from BG, CY, HU, PT, and IS.

[24] It concerns AT, DE, DK, EL, ES, HR, IE, IT, MT, PL, RO, SI, and SK.

[25] It concerns AT, BE, DK, EL, ES, HR, IE, LU, PL, SI, and SK.

way to request a PA is through e-mail as this is possible in 10 Member States[26]. Furthermore, in Germany, Spain, Italy, Poland, and Slovakia, a request can be made online, and in Luxembourg a PA can be requested through fax.

Some countries mentioned that standardised application forms are available (Denmark, Greece, and Malta), while in Austria no specific form is required. Finally, Germany, Italy, and Spain also mentioned that the way to request a PA might differ depending on the healthcare insurer (DE, IT) or the autonomous community the patient lives in (ES).

Furthermore, the same question was for the first time added for reference year 2021 on the ways in which a **request for reimbursement** can be made. The same 15 Member States[27] replied to this question, and the responses are almost identical (see *Table 8 in Annex I*). For a request for reimbursement, all 15 Member States make it possible to do this in person, 12 Member States allow requests by post[28], and in 11 Member States it is possible to make a request by e-mail[29]. Finally, in Germany, Spain, and Italy it is also possible to make a request for reimbursement online.

The responses to these newly introduced questions indicate that the way in which countries make it possible to request a PA and reimbursement varies. It is also the case that the level of digitalisation between countries differs and some opt to have more manual processes compared to others.

5.2 Requests received for prior authorisation

As noted in the introduction, the Directive is not the only route in EU law under which a patient may receive reimbursement for treatment in a country other than their Member State of affiliation. Alongside the Directive, the Coordination Regulations also provide an administrative mechanism for patients to receive treatment in another country.[30]

As of reference year 2021, the number of withdrawn/inadmissible requests are no longer collected, seeing these numbers were low and they often cause confusion for the reporting countries whether to include/exclude them in the total/refused, etc. Therefore, in this questionnaire, only the total number of received requests[31] is asked, as well as the number of authorised and refused requests. Nevertheless, it is still possible that the sum of the authorised and refused requests does not equal the total number of received requests, seeing that some requests are received later in the year and are not processed until the following year, and the number of authorised and refused requests may also relate to requests received in the previous year. This is indeed the case: the total number of received request (4 929) does not match the sum of authorised and refused requests (4 559) (see *Table 3*), precisely because of the reasons mentioned above. Also, Germany could only provide partial data, namely only the number of authorised requests (366), and the received requests for France still include requests for treatment in the United Kingdom and Switzerland (which have been excluded from the number of authorised and refused requests).

Out of the 16 countries which reported they had put a system of PA in place, 14 provided a response to the question on the number of requests received for PA[32]. In total, these

[26]It concerns AT, DK, EL, ES, HR, IE, IT, LU, MT, and SI.

[27]It concerns AT, BE, DE, DK, EL, ES, HR, IE, IT, LU, MT, PL, RO, SI, and SK.

[28]It concerns AT, BE, DK, EL, ES, HR, IE, LU, MT, PL, SI, and SK.

[29]It concerns AT, BE, DK, EL, ES, HR, IE, IT, MT, PL, and SI.

[30]For data on cross-border planned healthcare under the Coordination Regulations see De Wispelaere et al., 2022.

[31]Excluding withdrawn/inadmissible requests.

[32]The 14 reporting countries are BE, DK, EL, ES, FR, HR, IE, IT, LU, MT, PL, RO, SI, and SK. No data were received from AT. DE could only provide the number of authorised requests. CZ, EE, FI, LT, LV, NL, SE, and

14 reporting countries received 4 929 requests for PA (*Table 3*). While 3 438 requests were authorised (excluding 366 authorised requests by DE), 1 121 were refused in 2021. This implies that in total 75.4 % of the processed requests for a PA were authorised. Data for Germany are not included in this calculation, seeing that only partial data could be provided, namely only the number of authorised requests.

Most countries received only a limited number of requests, as the number lies below 100 for Belgium, Denmark, Greece, Spain, Croatia, Ireland, Italy, Malta, Poland, Romania, and Slovenia. Only France (3 373), Luxembourg (912), and Slovakia (361) received a considerable number of requests. Nevertheless, France is not able to distinguish between requests under the Directive and the Coordination Regulations, which causes an overestimation of the total number of requests received. Even though the total number of received and refused requests is not yet known for Germany, it can be assumed that they received a considerable number of requests as well seeing that they authorised 366 requests for PA in 2021.

In six reporting countries, the share of authorised requests lies below 50 %, namely in Belgium (22.2 %), Denmark (46.5 %), Greece (2.8 %), Spain (40.0 %), Croatia (0.0 %), and Slovenia (48.1 %). For the other countries, the majority of requests are authorised (75.3 % in France, 69.9 % in Italy, 78.1 % in Luxembourg, 100.0 % in Malta, 100.0 % in Romania, and 95.0 % in Slovakia).

Table 3 Number of requests for prior authorisation received, authorised, refused, and withdrawn/inadmissible, 2021

	Received	Authorised (A)	Refused (B)	Sum authorised and refused (A+B)****	% of the requests for PA authorised (A/(A+B))****
AT					
BE	72	16	56	72	22.2 %
BG					
DE		366			
DK	45	20	23	43	46.5 %
EL* **	37	1	35	36	2.8 %
ES	5	2	3	5	40.0 %
FR**	3 373	2 267	745	3 012	75.3 %
HR	3	0	3	3	0.0 %
HU					
IE	0	0	0		
IT	77	55	24	79	69.6 %
LU	912	712	200	912	78.1 %
MT	8	8	0	8	100.0 %
PL	0	0	0		
PT					
RO	1	1	0	1	100.0 %
SI	35	13	14	27	48.1 %
SK	361	343	18	361	95.0 %
IS					
Total	**4 929**	**3 804**	**1 121**	**4 559**	**75.4 %**

* CZ, EE, FI, LT, LV, NL, SE, and NO are not included in this table as they do not have a system of PA in place. BG, CY, HU, PT, and IS did not provide a response to the questionnaire.

** AT and DE did not provide any data. AT did not provide complete data for 2020 due to a restructuring of the social insurance institutions. DE mentioned that an agreement was reached with the health insurance companies to cover the number and volume of the facts in accordance with Articles 7 and 8 of the Directive in the future. These data are available at the earliest from 2023 onwards for 2022. Nevertheless, DE reports that 366 requests were authorised, but the total number of received and refused requests could not be provided for 2021. FR did not fill out the section on healthcare subject to PA as they are unable to provide a distinction between the application of the Directive and the Coordination regulations.

*** For EL the number of received requests (37) corresponds to 1 PA, 36 rejections of issuing a PD S2 that were also considered under the provisions of the Directive. 35/36 claims were finally refused in 2021 on the ground that the healthcare

NO did not implement a system of PA. BG, CY, HU, PT, and IS did not provide a response to the questionnaire.

could be provided in Greece within a time limit which is medically justifiable (Article 8 (6) (d) of Directive 2011/24/EU). One request hadn't been finally assessed by the end of 2021 and it will appear in the 2022 data.

**** FR is not able to make a separation between requests under the Directive and under the Coordination Regulations. When comparing both data sources, the figures are identical (see De Wispelaere et al., 2022 for data on the latter). Based on the latter source requests concerning the UK and CH as a Member State of treatment could be filtered out (the Directive is not applicable to CH and as of year 2021 also not to the UK). FR reported 2 462 authorised requests, but based on PD S2 data 6 were for treatment in the UK and 189 for treatment in CH, which leads to the 2 267 authorised requests in the table. FR reported 911 refused requests, but based on PD S2 data 3 were for treatment in the UK and 163 for treatment in CH, which leads to the 745 refused requests reported in the table. However, for the total number of received requests this calculation cannot be performed with certainty, as these data are not available. Therefore, the reported 3 373 requests are mentioned in the table as the total, instead of the sum of 3 012 requests authorised and refused.

**** The sum of authorised and refused requests does not equal the number of received requests, as requests already received might be processed in the next year and requests processed in this year might have been received in the previous year. Furthermore, the sum of authorised and refused requests does not include the 366 authorised requests by DE, as the number of refused requests could not be provided by DE. Therefore, the sum of authorised and refused requests equals 3 438 authorised requests (= 3 804 – 366) and 1 121 refused requests, which equals a total of 4 559 requests.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2021

A comparison of these reported numbers with the previous reference year should be regarded with extreme care. Not only has the question changed itself (withdrawn/inadmissible is not asked anymore), but some countries have also modified the way in which they respond to this question. This is particularly true for three countries.

Previously Greece was not able to distinguish between the received requests under the Directive and the Coordination Regulations. From reference year 2021 onwards however, they are able to do this by reporting the number of received requests after the Regulations have been excluded as an option. Therefore, while Greece reported 543 received requests and three authorised requests in 2020 (Olsson et al., 2021), they now reported 37 received requests and one authorised request in 2021.

Another country which changed its way of responding to this question is Ireland. Prior to 2021, the figures reported included requests for prior authorisation (Enzyme Replacement) as well as what was then referred to as voluntary prior authorisation (as of 2021 referred to as prior notification). From 2021 onwards, the figures reported include only requests for prior authorisation (Enzyme Replacement). Thus, data for 2020 show that Ireland received 1 135 requests and authorised 924 requests (Olsson et al., 2021). However, data for 2021 show that zero requests were received for Enzyme Replacement (*Table 3*).

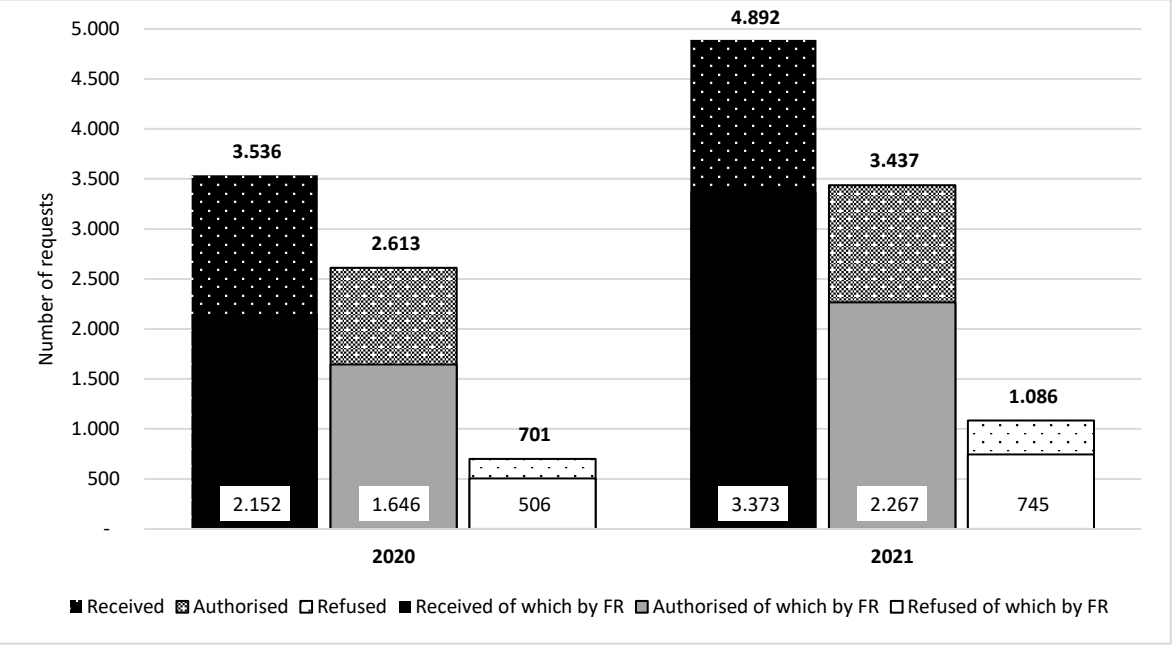
Therefore, when comparing 2020 to 2021, only those countries are taken into account which were able to provide data in both reference years, and which did not change their way of reporting. This means that out of the 14 reporting countries in 2021, only 12 countries[33] are taken into account, which of course hampers the representativeness of this evolution.

This comparison is visualised in *Figure 1*. It can be seen that for the 12 countries taken into account, all three indicators grew from 2020 to 2021. In total, the number of received requests increased by 38.3 %, the number of authorised requests grew by 31.5 %, and the number of refused requests knew the steepest climb with 54.9 %. This could be a result of a rebound of the COVID-19 pandemic. Furthermore, the high numbers for France largely impact the evolution. When France is excluded[34], the received requests increased by 9.8 %, the number of authorised requests grew by 21.0 %, and the number of refused requests increased by 74.9 %.

[33]It concerns BE, DK, ES, FR, HR, IT, LU, MT, PL, RO, SI, and SK. EL and IE are excluded as they changed their way of reporting for reference year 2021 compared to reference year 2020.

[34]FR is excluded as they are not able to separate requests for PA concerning the Directive and the Coordination Regulations. Also, for the number of received requests, the numbers for UK and CH cannot be excluded for year 2021 based on data provided for the Coordination Regulations. See also Chapter 2 on data quality.

Figure 1 **Number of requests for prior authorisation received, authorised, and refused, 2020 and 2021, only for those countries which were able to provide complete data in both years***



* By complete data is meant the number of requests for PA received, authorised, and refused in both 2020 and 2021. It concerns BE, DK, ES, HR, IT, LU, MT, PL, RO, SI, and SK. Complete data from AT and DE for both reference years were not available. EL and IE are excluded as they changed their way of reporting for reference year 2021 compared to reference year 2020. CZ, EE, FI, LT, LV, NL, SE, and NO are not included by default as they do not implement a system of PA. BG, CY, HU, PT, and IS are not included as they did not provide a reply to the questionnaire. UK is not included as the Directive was only applicable to the UK until 31 December 2020.

** The number of received requests in 2020 could include withdrawn/inadmissible requests, while they should be excluded in the number of received requests in 2021.

*** FR is mentioned separately as they are not able to separate requests for PA concerning the Directive and the Coordination Regulations. For the number of authorised and refused requests, the numbers for UK and CH have been excluded for year 2021, but a similar exclusion for the number of received requests is not possible based on data provided for the Coordination Regulations. See also Chapter 2 on data quality.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2020 and 2021

5.3 Basis of requests for prior authorisation where authorisation was authorised

In the questionnaire countries were asked to indicate for which type of healthcare requests for PA were authorised. Three types are distinguished:

Type 1 (Overnight stay)

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 country 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. (Article 8(2)(a)(i) of the Directive)

Type 2 (Specialised care)

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 country 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. (Article 8(2)(a)(ii) of the Directive)

Type 3-5 (High risk care)

- Healthcare which involves treatments presenting a particular risk for the patient. (Article 8(2)(b) of the Directive)
- Healthcare which involves treatments presenting a particular risk for the population. (Article 8(2)(b) of the Directive)
- 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. (Article 8(2)(c) of the Directive)

As was the case in previous reference years, only very few countries responded to this question, namely 12 Member States[35]. Therefore, although *Table 3* indicates a total of 3 804 authorised requests, for only 459 authorised requests a type of healthcare is specified[36], or 12.1 % of all authorised requests reported. *Table 9 in Annex I* provides a more detailed overview of the type of healthcare of the authorised requests for PA.

Out of these 459 authorised requests, 399 requests or 86.9 % concern healthcare of type 1 (overnight stay). Only 51 authorised requests involve type 2 (11.1 %), and nine requests type 3-5 (2.0 %). In previous reference years, the share of authorised requests under type 1 has consistently been the largest, for instance 96 % in 2020 (Olsson et al., 2021), and 99 % in 2019 (Wilson et al., 2021). For almost all reporting Member States, type 1 is indeed the most common reason to authorise a request. However, this is not the case in Belgium and Slovenia, as in these Member States, type 2 is most common.

Italy and Spain also provided more detailed information on the type of healthcare provided. Italy reported that some treatments are related to diseases and disorders of the skeletal muscle system, diseases and disorders of the eye, diseases and disorders of the ear nose and throat, pregnancy childbirth, and puerperium. Spain mentioned that both requests were authorised for traumatology planned operations in private centres.

5.4 Reasons for refusal of prior authorisation

In addition to asking countries the reason for authorising requests, they are asked about reasons for refusing requests for PA. Three reasons are specified:

Reason 1 (Available in Member State of affiliation)

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. (Article 8(6)(d) of the Directive)

Reason 2 (Basket of care)

The healthcare is not included among the national healthcare benefits of the Member State of affiliation. (Article 7(1) of the Directive)

[35] The 12 Member States are BE, DK, EL, ES, HR, IE, IT, MT, PL, RO, SI, and SK. No data were received from AT, DE, FR, and LU. CZ, EE, FI, LT, LV, NL, SE, and NO do not have a system of PA in place. BG, CY, HU, PT, and IS did not provide a response to the questionnaire.

[36] The difference is due to FR not being able to provide a breakdown for its 2 267 authorised requests, LU not being able to provide a breakdown for its 712 authorised requests, and DE not being able to provide a breakdown for its 366 authorised requests.

Reason 3-5 (High risk)

- 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. (Article 8(6)(a) of the Directive)
- The general public will be exposed with reasonable certainty to a substantial safety hazard as a result of the cross-border healthcare in question. (Article 8(6)(b) of the Directive)
- 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. (Article 8(6)(c) of the Directive)

Regarding the reasons for refusal, few countries were able to provide a response in the questionnaire. Only nine Member States[37] provided a response to this question. Naturally, those which indicated that no requests were refused[38], are not expected to provide an answer on this question. Thus, out of the 1 121 refused requests reported in *Table 3*, only 649 are accounted for in terms of reason for refusal[39], or 57.9 % of all refused requests. A more detailed overview by Member State of affiliation is provided in *Table 10 in Annex I*.

Around 57.9 % of the refused requests (376 out of 649) were refused based on the first reason, namely that healthcare can be provided in the Member State of affiliation itself in a justifiable time limit. Reason 2, meaning that the type of healthcare is not included in the national healthcare benefits of the Member State of affiliation, is the second most important reason with 252 refused requests, or 38.8 %. Finally, 21 requests were refused based on reasons 3 to 5, making up 3.2 % of all refused requests. In previous years, reason 1 has been the most prominent reason as well for refusing requests, namely 71.4 % in 2020 (Olsson et al., 2021) and 65.2 % in 2019 (Wilson et al., 2021).

In seven of the nine reporting countries, reason 1 was indeed the most common reason (DK, EL, ES, FR, HR, SI, and SK). However, in Belgium, most requests are refused because of the second reason[40], and in Italy because of reasons 3-5.

5.5 Processing times relating to requests for prior authorisation and requests for reimbursement for healthcare subject to prior authorisation

In the questionnaire the countries were asked to report on the processing time for a request for PA, as well as the processing time for a request for reimbursement for PA. The countries were asked to report an average and maximum time. Although the unit was fixed on working days, several countries were not able to provide this information and still provided it in calendar days for instance. Therefore, in the questionnaire for

[37] It concerns the following Member States: BE, DK, EL, ES, FR, HR, IT, SI, and SK.

[38] It concerns IE, MT, PL, and RO. In addition, DE could not provide the total number of requests refused in 2021.

[39] The difference is due to FR only being able to provide a breakdown for 473 of its 745 refused requests, and LU not being able to provide a breakdown for its 200 refused requests.

[40] Belgium has informed that this may well be the result of the application procedure in Belgium, where a request for prior authorisation is first tried against the Coordination Regulations, unless the patient explicitly asks for the request to be tried directly against the Directive. The request is then tried against the Directive, if a prior authorisation could not be authorised under the Coordination Regulations.

reference year 2021, countries are again free to provide a maximum time limit in the time unit as specified in their legislation, while the average processing time is asked in working days. An additional change to the questionnaire is that countries are not asked whether they have a maximum time limit for dealing with requests for PA, seeing that they should have a maximum time limit installed in their legislation[41]. Therefore, this question is reformulated and now asks countries to provide the maximum time limit and the legislation in which it can be found. However, for requests for reimbursement for healthcare subject to PA, a maximum time limit is not obligatory in the legislation, so there countries can indicate they do not have one. More details about the legislation and maximum time limit for each country are provided in the fact sheets in *Annex V*.

Regarding the processing time for **requests for PA**, *Table 11 in Annex I* provides a complete overview per Member State of affiliation. Ten Member States[42] could provide an average time, and 16 Member States[43] could provide a maximum time. The lowest average time is three working days in Romania, closely followed by five working days in Luxembourg. The highest average times can be found in Italy with 31.7 working days and in Greece with 40 working days. The median amounts to 14 working days. As mentioned above, the maximum time limit is reported as in the legislation of each of the reporting countries. As a result, no minimum, maximum, or median are provided. Nevertheless, it can be seen that the shortest maximum time can be found in Romania with five working days, and the longest in Croatia and Slovenia with 60 days each. The average processing time for requests for PA can vary substantially depending on from which moment the calculation starts, meaning before or after it is decided whether a decision will be taken in accordance with the Coordination Regulations or the Directive[44].

The processing time for **requests for reimbursement** for healthcare subject to PA is shown in *Table 12 in Annex I*. Here as well, only nine Member States[45] could report an average time. The lowest average time is found in Luxembourg with 10 working days and the highest in Malta with 240 days. This brings the median average time at 40 working days. While 11 Member States[46] could report a maximum time, five Member States[47] mentioned they did not have a maximum time in place. The lowest maximum time is identified in Austria with 14 days, and the longest maximum time is found in Malta with 365 days or one year.

5.6 Where do patients travel when prior authorisation is required?

In the questionnaire, a breakdown of the number of authorised requests for PA by Member State of treatment is asked. The only change regarding this question in reference year 2021 is the removal of the United Kingdom as a Member State of treatment.

A flowchart of this information is provided in *Figure 3 in Annex II* and more detailed information is provided in *Table 13 in Annex II*. Of the 14 countries which provided information on the number of requests for PA (see *section 5.2*), 11 have authorised requests and were able to provide a breakdown by Member State of treatment[48]. France

[41] Article 9(3) of the Directive.

[42] It concerns the following 10 Member States: DK, EL, ES, HR, IT, LU, MT, RO, SI, and SK.

[43] It concerns the following 16 Member States: AT, BE, DE, DK, EL, ES, FR, HR, IE, IT, LU, MT, PL, RO, SI, and SK.

[44] In most cases, the patient will make a general request (not specifically for one of the two options).

[45] It concerns the following nine Member States: DK, EL, ES, IT, LU, MT, RO, SI, and SK.

[46] It concerns the following 11 Member States: AT, BE, EL, ES, HR, IE, IT, MT, PL, SI, and SK.

[47] It concerns the following five Member States: DE, DK, FR, LU, and RO.

[48] It concerns the following nine Member States: BE, DK, EL, ES, FR, IT, LU, MT, RO, and SK. HR, IE, and PL did not authorise any requests. SI does not have information available on the Member State of treatment

is clearly the main Member State of affiliation with 2 267 authorised requests, followed by Luxembourg with 712 authorised requests, and Slovakia with 343 authorised requests. The most prominent Member States of treatment are Spain (1 209 requests), Germany (780), and Czechia (692). The flowchart (*Figure 3 in Annex II*) indicates that a majority of the authorised requests by France go to Spain (1 156 out of 2 267 authorised requests), a majority of the authorised requests by Luxembourg go to Germany (431 out of 712), and almost all authorised requests by Slovakia are for treatment in Czechia (335 out of 343).

This is also visible in the more detailed overview of the flows of cross-border healthcare with PA between countries (*Table 13 in Annex II)*. The largest flows take place from France to Spain (1 156 requests), Luxembourg to Germany (431), France to Czechia (350), Slovakia to Czechia (335), and France to Germany (319).

Nevertheless, as mentioned before, France is not able to separate requests under the Directive and the Coordination Regulations, which causes a distorted image. For this reason, *Figure 4 in Annex II* was added as well, which provides a similar image but excluding France as a Member State of affiliation. When leaving out France as a Member State of affiliation, especially the presentation of the Member States of treatment changes. Now, Spain (53 requests) has almost disappeared as a Member State of treatment, while Germany becomes the largest Member State of treatment (461) followed by Czechia (342) and Portugal (136).

Table 14 in Annex II provides the column percentages of the number of requests as pictured in *Table 13*. As a result, it is possible to see per Member State of treatment how many authorised requests were received from which Member State of affiliation. It appears that some Member States of treatment receive a majority of authorised requests from one Member State of affiliation. For instance, 96 % of all authorised requests received by Spain as a Member State of treatment originated from France as a Member State of affiliation[49]. In addition, more than 80 % of authorised requests received by Belgium are from France as a Member State of affiliation and more than 80 % of authorised requests received by Romania are from Luxembourg as a Member State of affiliation.

The opposite image is provided in *Table 15*, namely the row percentages from *Table 13* indicating the share of authorised requests for each Member State of affiliation towards the Member State of treatment. For instance, the final row indicates that Spain received 35.3 % of all authorised requests, Germany received 22.8 % of all authorised requests, and Czechia received 20.2 % of all requests. This table also makes it visible that 97.7 % of requests authorised by Slovakia as a Member State of affiliation were for treatment in Czechia[50]. Furthermore, 50.0 % of requests authorised by Belgium were for treatment in France, 51.0 % of requests authorised by France were for treatment in Spain, 50.9 % of requests authorised by Italy were for treatment in Austria, and 60.5 % of requests authorised by Luxembourg were for treatment in Germany.

It is clear that flows between neighbouring countries are of great importance. A similar conclusion was reached in the report on cross-border healthcare under the Coordination Regulations (De Wispelaere et al., 2022), namely that around 75 % of planned

for its 13 authorised requests. DE does not have information available on the Member State of treatment for its 366 authorised requests.

[49] The same is true for all authorised requests received by IS and LI (Member State of treatment) from LU (Member State of affiliation), SI from IT, and NO from BE. However, in these instances it concerns less than five authorised requests and may therefore be less significant.

[50] For EL as a Member State of affiliation, all authorised requests were for treatment in BE, and for RO as a Member State of affiliation, all authorised requests were for treatment in FR, but in both instances it only concerns one request and is therefore less significant.

cross-border healthcare takes place between neighbouring countries. This was also the conclusion of the Annual Patient Mobility Report for 2019 (Wilson et al., 2021). Italy also stated this in an additional comment, saying that in the northern regions specific flows to neighbouring countries are explained by specific agreements.

Finally, Belgium and Malta reported a small number of cases of cross-border healthcare with PA in a Member State of treatment not mentioned in the breakdown in the questionnaire, and thus not included in the reported data. Belgium decided unilaterally to apply the principles of the Directive also in relation with Switzerland. Malta remarked that in early 2021 one case was approved for treatment in the United Kingdom for it was considered as continuation of treatment that started in autumn 2020 at a United Kingdom centre. Therefore, the number of authorised requests by breakdown of Member State of treatment (8) cannot match the number of total authorised requests in *Table 3* (7), as the United Kingdom is not included anymore in the list of Member States of treatment. This situation in Malta, where requests were still authorised for treatment in the United Kingdom in 2021 might also have occurred in other Member States of affiliation, but it was not reported.

5.7 Amounts reimbursed for treatment requiring prior authorisation

In 2021, approximately EUR 1.5 million was reimbursed for treatment requiring PA by 12 Member States[51] which reported data *(Table 4)*. In total in 2020, the amount reached EUR 1.8 million. However, some countries reported data in one year but not the other. Therefore, when only comparing the total for those countries which were able to report data in both 2020 and 2021[52], we see that the amount reimbursed increased from EUR 1.3 million to EUR 1.4 million. This is an increase of 9.8 %.

Nevertheless, the evolution differs between countries. For instance, serious growths can be seen in Slovenia (+400.1 %) and Denmark (+69.5 %). In Slovenia, the amount increased from EUR 2 904 in 2020 to EUR 14 523 in 2021. However, it seems that the amount reimbursed in 2021 is more in line with the amount reimbursed in 2019 (EUR 11 228), and the low figure in 2020 could be the result of the COVID-19 pandemic. In Denmark on the other hand, there seems to be a continuous increase, going from EUR 50 135 in 2019, to EUR 70 274 in 2020, and now EUR 119 097 in 2021.

In 2021, the two countries which reimbursed the highest amount are Germany (EUR 525 871 or 35.8 % of the total amount reimbursed) and Slovakia (EUR 493 302 or 33.6 %). Together, these two countries reimbursed EUR 1 million out of the total EUR 1.4 million reimbursed, or 69.4 % of the total amount reimbursed by the 12 countries which reported data on this. Additionally, both Denmark and Italy reimbursed over EUR 100 000 each.

It should be kept in mind that authorised requests for PA do not necessarily imply a treatment abroad[53] or lead to the reimbursement in the same year. For instance, during the COVID-19 pandemic, treatments abroad might have been postponed. Furthermore, requests for PA authorised at the end of the year are likely to lead to a request for reimbursement only in the following year. The same is true in relation to the year of treatment. The time of payment depends on when a request for reimbursement is made by the patient and how long it is processed by the institution. The amount reimbursed does therefore not necessarily relate to treatments provided in the same year. In addition, the cost of medical treatments can be high, especially highly specialised inpatient treatments for which PA is required in some cases, but also for example severe trauma cases. A single request for reimbursement can therefore have a substantial

[51] It concerns the following 12 Member States: BE, DE, DK, EL, ES, HR, IE, IT, MT, PL, SI, and SK.

[52] It concerns the following 10 Member States: BE, DE, DK, EL, ES, HR, IT, PL, SI, and SK.

[53] Nevertheless, IT did report that almost all requests received in 2021 led to actual treatments.

impact on the total amount reimbursed by a country during a specific year. The impact is especially important to consider when analysing the development in countries with fewer requests for reimbursement.

Table 4 Amount reimbursed for treatment requiring prior authorisation, 2020 and 2021, in €

	2020	2021
AT	22 754	
BE	31 940	22 363
BG	5 241	
DE	545 195	525 871
DK	70 274	119 097
EL	107 664	1 821
ES	36 799	11 818
FR		
HR**	0	0
HU		
IE**		0
IT	139 680	200 485
LU		
MT		79 695
PL**	0	0
PT		
RO	2 744	
SI	2 904	14 523
SK	33 194	493 302
UK	473 923	
IS		
Total	**1 770 313**	**1 468 876**
Total (only reporting)****	**1 265 651**	**1 389 181**

* CZ, EE, FI, LT, LV, NL, SE, and NO are not included in this table as they do not have a system of PA in place. BG, CY, HU, PT, and IS did not provide a response to the questionnaire for reference year 2021.

** HR and PL did not authorise any requests for PA in 2020 and 2021. For 2020, IE could not report any data. For 2021, IE did not authorise any requests for PA.

*** Empty cells indicate that no data were provided.

**** The total (only reporting) only sums up the amount reimbursed for those countries which were able to provide data in both reference years. Therefore, the total only includes data from BE, DE, DK, EL, ES, HR, IT, PL, SI, and SK.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2020 & 2021

6. HEALTHCARE NOT SUBJECT TO PRIOR AUTHORISATION

Patient mobility under the Directive can also be provided without PA. These requests can cover both planned and unplanned treatments. Countries were invited to provide more information on whether it mostly concerns planned or unplanned healthcare if this type of information is available. Italy reported that for 25 % of the reimbursed requests this type of information could be provided. It seems that the distribution between planned and unplanned care is equal with 50-50. Latvia also provided more information on this, mentioning that 12 out of the 15 received cases were for planned care and three cases were for unplanned care. The cases of unplanned care are initially processed according to the Coordination Regulations, requesting reimbursement rates from the Member State of treatment, but after receiving the reply that treatment was provided by a private provider the case is processed according to the Directive.

Additionally, countries could report whether healthcare not subject to PA mainly relates to healthcare in private or public/contracted establishments. Italy mentioned that although some regions were not able to identify the nature of the establishments, treatments not subject to PA are mainly related to private establishments (more than 80 %). Latvia stated that apart from the three cases of unplanned care, which were received in private establishments, they do not collect information about the type of establishments where patients receive their planned treatment. However, they have information "that in some countries also public/contracted establishments can receive private patients - i.e., there is a different price list and there are different waiting lines for international/private patients". Additionally, Latvia described that in the previous years (prior to the COVID-19 pandemic) there were more cases of people receiving unplanned care by private providers in sunny resorts (EL, CY, BG, ES), but in 2021 only one such reimbursement request was received.

6.1 Ways in which a request for reimbursement can be made

As is the case for healthcare subject to PA, a new question was introduced for healthcare not subject to PA asking countries to report in which ways it is possible for patients to request a reimbursement. All 24 countries which filled out the questionnaire replied to this question[54], and the detailed responses can be found in *Table 16 in Annex III*.

In almost all of the reporting countries, it is possible to make a request for reimbursement for healthcare not subject to PA through post[55] or in person[56]. Furthermore, in many countries a request can be sent through e-mail[57], and in a more limited number of countries[58], it can be done online. Germany, Spain, Italy, and the Netherlands specifically mention that the way in which a request can be made depends on the different healthcare insurers (DE, IT, NL) or the autonomous community the patient lives in (ES).

6.2 Number of requests for reimbursement for healthcare not subject to prior authorisation

From reference year 2021 onwards, the number of withdrawn/inadmissible requests are no longer collected, seeing these numbers were low and they often cause confusion for

[54]BG, CY, HU, PT, and IS did not provide a response to the questionnaire.
[55]It concerns AT, BE, CZ, DK, EE, EL, ES, FI, FR, HR, IE, IT, LT, LU, LV, MT, PL, SE, SI, SK, and NO.
[56]It concerns AT, BE, CZ, DE, DK, EE, EL, ES, FI, FR, HR, IE, IT, LT, LU, LV, PL, RO, SI, and SK.
[57]It concerns AT, BE, CZ, DK, EE, EL, ES, FI, HR, IE, IT, LV, MT, PL, and SI.
[58]It concerns in DE, DK, ES, FI, IT, SE, and NO.

the reporting countries whether to include/exclude them in the total/refused, etc. Therefore, only the total number of received requests[59] is asked, as well as the number of granted and refused requests. Nevertheless, it still occurs that the sum of the number of granted and refused requests does not match the total number of received requests, seeing that granted/refused requests might be received in a previous reference year, or received request in this reference year are only processed in a following reference year. Furthermore, Norway reported that they included the number of withdrawn and inadmissible requests in the total number of received requests, which also makes that the sum of received and granted requests does not match the total received requests. However, in reference years 2018, 2019, and 2020 (when the number of withdrawn/inadmissible requests was still asked), Norway reported zero withdrawn/inadmissible requests. It is possible that other countries have also included withdrawn/inadmissible requests in the total number of received requests.

In total in 2021, the 20 reporting countries[60] received 569 776 requests for reimbursement for healthcare not subject to PA (*Table 5)*. Out of these 20 countries, 19[61] were able to provide the number of granted and refused requests. These 19 countries granted 316 249 requests, while they refused 55 333 requests.

The main Member State of affiliation is France, as it received 490 464 requests out of the total of 569 776, or 86.1 % of all requests (*Table 5)*. Nevertheless, France is not able to distinguish between requests under the Directive and the Coordination Regulations, which causes an overestimation of the total number of requests received. Sweden also reported that they are not able to distinguish between the two regarding the number of received requests, and this might be the case in more reporting countries. However, seeing that several other countries, like one of the largest countries Germany, are not able to provide data, an underestimation of the number of requests received is also at play. The second largest number of requests were received by Poland (24 312 requests or 4.3 % of the total number). Furthermore, Denmark (19 985 requests or 3.5 %) and Sweden (11 445 or 2.0 %) received more than 10 000 requests each. On the contrary, less than 20 requests were received by Austria (1), Spain (5), Latvia (15), and Malta (10).

In total, 85.1 % of processed requests are granted and 14.9 % are refused (*Table 5)*. In all of the reporting countries, the majority of the requests were granted. The share of requests for reimbursement granted is only lower than 80 % in Spain and Norway, where it amounts to 60.0 % and 71.7 % respectively. In some countries, even almost all requests are granted (> 95 %), more specifically in Austria (100.0 % although it only concerns 1 request), Czechia (95.9 %), Estonia (98.9 %), Greece (96.4 %), Poland (96.6 %), and Slovenia (96.4 %).

As already mentioned above, *Table 5* makes it clear that there is a difference between the total number of requests for reimbursement received (569 776) and the sum of the requests granted and refused (371 582). This is mainly influenced by the large difference in France, where less than two thirds of received requests were processed (303 010 out of 490 464 or 61.8 %). This does not mean that wrong data were provided. Especially requests received at the end of the year might only be processed in the next year. Therefore, providing ratios, for instance authorised/received, might be misleading. In addition, Finland was not able to provide a breakdown on granted and received, and therefore only provided the number of requests received.

[59]Excluding withdrawn/inadmissible requests.

[60]It concerns the following countries: AT, CZ, DK, EE, EL, ES, FI, FR, HR, IE, IT, LT, LV, MT, PL, RO, SE, SI, SK, and NO.

[61]FI is not able to make a breakdown. Furthermore, FI 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.

Table 5 Number of requests for reimbursement for healthcare not subject to prior authorisation received, granted, refused, and withdrawn/inadmissible, 2021

	Received	Granted (A)	Refused (B)	Sum of granted and refused (A+B) ****	% of requests for reimbursement granted (A/(A+B))
AT	1	1	0	1	100.0 %
BE					
BG					
CY					
CZ	655	628	27	655	95.9 %
DE					
DK	19 985	16 047	3 128	19 175	83.7 %
EE	87	86	1	87	98.9 %
EL	56	54	2	56	96.4 %
ES	5	3	2	5	60.0 %
FI**	5 012				
FR***	490 464	254 116	48 894	303 010	83.9 %
HR	186	138	48	186	74.2 %
HU					
IE	2 381	1 914	118	2 032	94.2 %
IT	140	102	20	122	83.6 %
LT	91	80	11	91	87.9 %
LU					
LV	15	14	1	15	93.3 %
MT	10	7	1	8	87.5 %
NL					
PL	24 312	23 493	819	24 312	96.6 %
PT					
RO	605	344	32	376	91.5 %
SE***	11 445	7 458	762	8 220	90.7 %
SI	1 166	1 017	38	1 055	96.4 %
SK	9 280	8 562	565	9 127	93.8 %
IS					
NO	3 880	2 185	864	3 049	71.7 %
Total	**569 776**	**316 249**	**55 333**	**371 582**	**85.1 %**

* BE, DE, LU, and NL did not provide any data. BG, CY, HU, PT, and IS did not provide a response to the questionnaire. BE reported that seeing that not all health insurance funds have provided data on the number of requests received/ granted/refused, they prefer not to provide only partial data as they do not reflect the actual situation. DE mentioned that data on received, granted, and refused requests for reimbursements in 2021 are available at the earliest from 2023 onwards.

** FI is not able to provide a breakdown. FI 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.

***FR mentions that the total number of requests for reimbursement for healthcare not subject to PA includes both requests under the Coordination Regulations and the Directive. In FR the IT-tool does not allow to distinguish care related to the Directive and those related to the Coordination Regulations. SE mentions that the total number of received requests includes both received requests under the Coordination Regulations and the Directive.

**** The sum of granted, refused, and withdrawn/inadmissible requests does not equal the number of received requests, as requests already received might be processed in the next year.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2021

When information is available on the type of healthcare provided not subject to PA, countries are invited to present this information[62]. Italy replied that treatments are mainly related to dental care, ophthalmology, telemedicine, medicinal products, and medically assisted procreation. However, regions were not able to provide this information for all reimbursed treatments. Latvia mentioned that the type of planned care varies, but it includes ophthalmology consultations and oncology treatment. Furthermore, Latvia reported that ophthalmology consultations are mainly provided in Estonia, and oncology treatments in Germany, Finland, and Sweden. Denmark reported that about 80 % of the requests for reimbursement received in 2021 concerned dental treatment, while about 8 % concerned hospital treatment and about 10 % non-hospital

[62]SE mentioned they do not yet have statistics regarding cross-border dental care. They have ongoing development work to come up with a solution for that. Next year they will be able to report dental cases for parts of 2022.

treatment for instance treatment received at specialists and clinics outside of hospitals. The remaining 2 % of requests concerned reimbursement for medicine i.e. medicine which is not part of hospital treatment. Finally, Lithuania stated that although they do not collect this type of data in detail, they have noticed a trend that quite often women insured in Lithuania choose to receive services of assisted reproduction services in Latvia.

In order to look at the evolution from 2020 to 2021, it is important to take into account the same group of countries. Therefore, in *Figure* 2, only 19 countries[63] are included for which complete data in 2020 and 2021 are available. In total, it can be seen that the number of received requests increased tremendously, as it tripled, from 182 837 in 2020 to 564 764 in 2021. Furthermore, the number of authorised and refused requests knew a serious increase as well.

This can mainly be explained by the huge increase in France. While in 2020, France received 110 910 requests, granted 92 390 requests, and refused 18 520 requests (Olsson et al., 2021), these numbers rose to 490 464, 254 116, and 48 894 respectively. This evolution is due to action undertaken by the French government to combat the COVID-19 pandemic[64]. As part of its plan, France decided to 1) make it compulsory to present a negative PCR test in order to enter France, and 2) to have the PCR or antigenic test carried out abroad by a French insured reimbursed by the *Assurance Maladie* under certain conditions. These two decisions led to a 140 % increase in the flow of requests received and consequently to an increase in the amounts reimbursed and the average processing time (as seen in the next sections). The number of received requests grew by almost 380 000 (from 110 910 in 2020 to 490 464 in 2021), and France noted that this sharp increase is partly due to the reception of approximately 280 000 files related to COVID-tests.

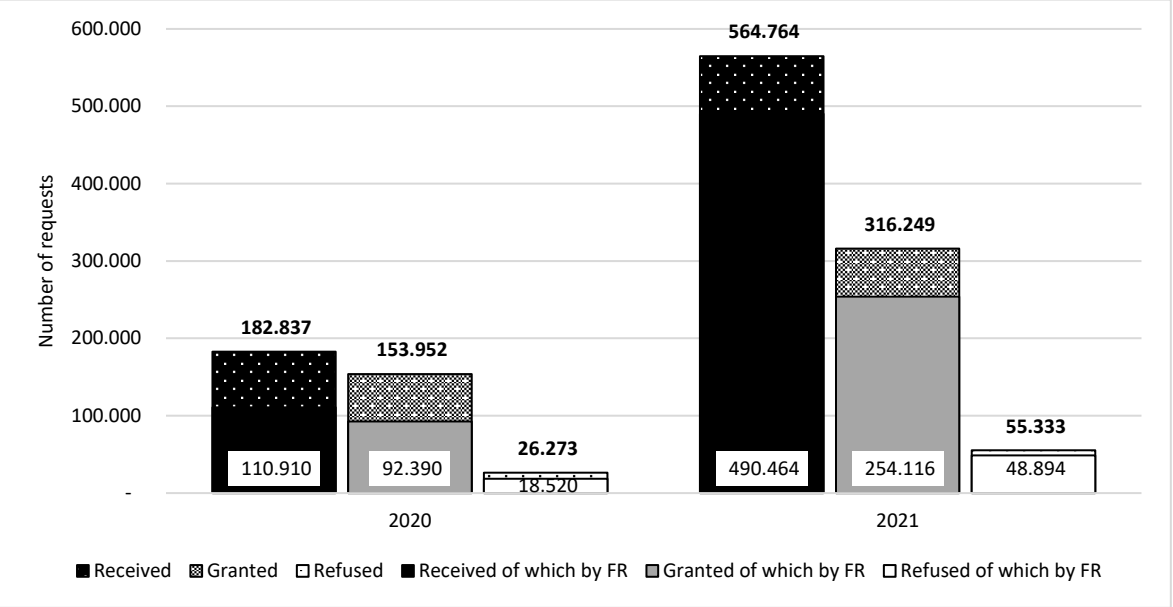
Furthermore, the number of received requests by Poland grew considerably as well (+165.0 %). In 2020, Poland received 9 174 requests and granted 9 333 requests (Olsson et al., 2021), while in 2021, it received 24 312 requests and granted 23 493 requests. However, in 2019, Poland received a total of 14 741 requests (Wilson et al., 2021), indicating that from 2019 to 2020 a drop took place, possibly explained by the COVID-19 pandemic. The increase in 2021 could indicate that Poland is now recovering, as the number of received requests in 2021 is already higher than in 2019.

On the contrary, in other countries, the number of received requests has dropped. For instance in Norway, the number of received requests went from 7 316 in 2020 (Olsson et al., 2021) to 3 880 in 2021, or a decrease of 47.0 %. Norway noted that this is likely due to the COVID-19 situation. This seems to be a continuous decrease which already started in 2020, seeing that in 2019 Norway still received 12 343 requests for reimbursement for healthcare not subject to PA (Wilson et al., 2021). In Ireland as well, a drop can be noticed in the number of received requests, from 4 377 in 2020 (Olsson et al., 2021) to 2 381 in 2021, or a 45.6 % decrease. This is most likely due to Brexit, as the United Kingdom is not included as a Member State of treatment anymore.

[63]It concerns AT, CZ, DK, EE, EL, ES, FR, HR, IE, IT, LT, LV, MT, PL, RO, SE, SI, SK, and NO.

[64]For further information, the authors refer to https://www.service-public.fr/particuliers/actualites/A15017.

Figure 2 Number of requests for reimbursement for healthcare not subject to prior authorisation received and granted, 2020 and 2021, only for those countries which were able to provide complete data in both years*



* By complete data is meant the number of requests for reimbursement received and granted in both 2020 and 2021. It concerns AT, CZ, DK, EE, EL, ES, FR, HR, IE, IT, LT, LV, MT, PL, RO, SE, SI, SK, and NO. Complete data from BE, BG, CY, DE, FI, HU, LU, NL, PT, UK, and IS for both reference years are not available.

** FR reported not only requests for reimbursement for healthcare not subject to PA concerning the Directive, but also concerning the Coordination Regulations. FR is mentioned separately for this reason and because the huge growth in numbers is mainly due to this Member State. SE mentions that the total number of received requests includes both received requests under the Coordination Regulations and the Directive.

*** The number of received requests in 2020 could include withdrawn/inadmissible requests, while they should be excluded in the number of received requests in 2021.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2020 and 2021

6.3 Processing times relating to requests for reimbursement not subject to prior authorisation

In the questionnaire, countries were asked about the average and maximum time to process requests for reimbursement for healthcare not subject to PA. In accordance with the similar question on healthcare subject to PA, the average time is asked to be reported in working days, while for the maximum time limit, countries are free to decide upon the time unit. Countries are not obliged to have maximum time limit for requests for reimbursement not subject to PA in their legislation, but if they do, they are asked to provide the specific legislation in which it can be found. A complete overview of this information is provided in *Table 17 in Annex III.*

There were 19 countries[65] which were able to provide an **average processing time** for requests for reimbursement not subject to PA[66]. Although this is asked in working days, some countries can only provide data in calendar days[67]. The median lies around 36 working days. Malta notes the longest average time of 240 working days, while Luxembourg (10 working days) and Czechia (15 working days) show the shortest average time. Although Poland could not provide an average time, it is reported that on

[65]It concerns CZ, DK, EE, EL, ES, FI, FR, HR, IE, IT, LT, LU, LV, MT, RO, SE, SI, SK, and NO.

[66]AT reported an average time of 300 days. However, only one individual case could be specifically identified by one health insurance institution. In this case, the average processing time was 300 days, as the situation was very complex and required an intensive exchange of information in order to fully complete the reimbursement process. Hence, it is decided not to include this in the table, as it is not representative.

[67]It concerns IE, MT, SI, and NO.

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.

Comparisons with average times of the previous reference year(s) should be watched with care (for data on 2020 see Olsson et al., 2021). For instance, Sweden mentions that in reference year 2020 (average time of 44.8 working days), data from the Coordination Regulations were included, and this is not the case for 2021 (average time of 45.4 working days). Latvia reports a similar problem, as it turns out that the methodology of calculation for the previous years has not been very consistent (for instance also including data from the Coordination Regulations instead of only data from the Directive). Therefore, good comparison of data over the years is not possible, but Latvia stated that the average processing time is becoming shorter mostly because of improved administrative procedures, as well as fewer reimbursement cases to be processed in 2021 (probably due to the COVID-19 pandemic and people travelling less in general).

France indicates that the average processing time has increased sharply with the health crisis (following an influx of requests for reimbursement of COVID-tests and absenteeism related to COVID-19 among the staff). At the end of 2021, tests have been launched for the implementation of an online service that will allow the insured to submit his/her claim directly online and will save time in processing the file. Indeed, a large increase in average time can be noted, as in 2020, the average time in France amounted to 30 working days (Olsson et al., 2021), while in 2021 it amounts to 138 working days.

Table 17 in Annex III also shows the **maximum processing time** installed in countries' legislation, reported in the time unit of their choice. Several countries indicated that no maximum time limit exists for requests for reimbursement for healthcare not subject to PA, namely in Germany, Denmark, Finland, France, Luxembourg, and Romania. Of those countries that do have a maximum time limit[68], the shortest is found in Austria with 14 days while the longest is found in Latvia and Malta with one year.

Finally, it might be noticed that in Croatia, the average time for dealing with requests for reimbursement (80 working days) is longer than the maximum time limit according to Croatian legislation (60 days). This occurs because in each case they have to check whether healthcare was used in a private healthcare provider or in provider which is covered by the compulsory health insurance of some EU Member State. The reason for such procedure is insistence of their insured persons that their requests are solved according to the Coordination Regulations. In some cases correspondence with other EU Member State takes longer than 60 days. This illustrates that the average processing time can vary substantially depending on from which moment the calculation starts, meaning before or after it is decided whether a decision will be taken in accordance with the Coordination Regulations or the Directive[69].

6.4 Where do patients travel when prior authorisation is not required?

To find out where patient travel to for cross-border healthcare when PA is not required, countries were asked to provide a breakdown of the granted requests for reimbursement by Member State of treatment. There were 20 countries which were able to provide this breakdown[70].

[68]It concerns AT, BE, CZ, EE, EL, ES, HR, IE, IT, LT, LV, MT, PL, SE, SI, SK, and NO.
[69]In most cases, the patient will make a general request (not specifically for one of the two options).
[70]It concerns AT, CZ, DK, EE, EL, ES, FI, FR, HR, IE, IT, LT, LV, MT, PL, RO, SE, SI, SK, and NO. No data could be provided by BE, DE, LU, and NL. BG, CY, HU, PT, and IS did not provide a response to the questionnaire.

Flow charts for 2021 are provided in *Annex IV*. *Figure 5* shows the enormity of France as a Member State of affiliation with 254 116 granted requests for healthcare without PA. Poland (24 493) and Denmark (16 047) are on the second and third place with over 15 000 granted requests each. *Figure 5* clearly shows that the main Member States of treatment are Spain (89 799), Belgium (64 826), and Portugal (47 915). However, France was not able to separate requests under the Directive and the Coordination Regulations, which causes a distorted image. Therefore, it is justifiable to also analyse the flows without France as a Member State of affiliation which is visualised in *Figure 6 in Annex IV*. Now, a more nuanced picture emerges. In addition to Poland and Denmark, Slovakia (8 562), Sweden (7 458) and Finland[71] (5 012) appear to be Member States of affiliation of importance. Concerning the most important Member States of treatment, Czechia now clearly stands out (25 729) followed by Germany (14 111) and Spain (7 301).

Exact flows from one country to another are better analysed using *Table 18 in Annex IV*. Here it is visible that the most important flows took place from France as a Member State of affiliation to Spain as a Member State of treatment (82 498 granted requests), from France to Belgium (64 673), and from France to Portugal (47 737). However, when leaving out France as a Member State of affiliation, other important flows emerge. For instance, the flows from Poland to Czechia (21 587), Denmark to Germany (11 713), Sweden to Spain (4 544), Finland to Estonia (4 297)[72], Slovakia to Czechia (4 042), and Slovakia to Poland (3 267) are of great importance as well. Furthermore, more than 1 000 granted requests went from Denmark to Sweden (1 557), from Poland to Germany (1 357), from Norway to Spain (1 187), and from Denmark to Spain (1 035).

Several countries also provided some important remarks regarding the breakdown by Member State of treatment shown in *Table 18 in Annex IV*. For Finland, the breakdown is provided for the *received* requests instead of *granted* requests. Furthermore, Finland reported that even though Switzerland has not implemented the Directive, according to national law Finland reimburses planned treatment given in Switzerland. In 2021, Finland also received two requests from the United Kingdom. Other countries also mention some granted requests for the United Kingdom. Ireland had 1 536 reimbursements approved for the United Kingdom in 2021[73]. Although Malta reported seven granted requests in *Table 5,* data provided in *Table 18 in Annex IV* indicate zero granted requests, seeing that all seven granted reimbursement requests were for treatment done in the United Kingdom before Brexit. Finally, Norway remarks that for Denmark as a Member State of treatment, the number might include reimbursement for healthcare received in Faroe Island and Greenland. In addition, Norway has granted 15 requests from the United Kingdom, where treatment has started before Brexit, and therefore is eligible for reimbursement according to Norwegian law.

The perspective of the Member State of treatment is analysed further in *Table 19 in Annex IV*, as it pictures the column percentages based on *Table 18*. This way it is possible to see for every Member State of treatment from which Member State of affiliation most granted requests were received. For 17 Member States of treatment[74], more than half of the granted requests were received from France as a Member State of affiliation. However, considering the concern with the data from France, other flows should be analysed as well. For example, 96.5 % of granted requests received by

[71] However, the breakdown provided by FI concerns the number of *received* requests and not the number of *granted* requests.

[72] See previous footnote.

[73] This relates to healthcare which had commenced prior to Brexit and was ongoing in 2021.

[74] This is the case for BE (99.8 %), BG (94.5 %), EL (93.2 %), ES (91.9 %), HR (71.1 %), HU (67.8 %), IE (97.6 %), IT (96.4 %), LU (99.8 %), MT (98.0 %), NL (90.9 %), PT (99.6 %), RO (94.9 %), SI (87.4 %), SK (60.8 %), IS (76.1 %), and NO (57.0 %).

Estonia as a Member State of treatment originate from Finland[75] as a Member State of affiliation, and 80.5 % of granted requests received by Czechia come from Poland. Furthermore, 78.6 % of the granted requests received by Denmark as a Member State of treatment originate from Sweden as a Member State of affiliation. In the opposite direction, the share is high as well: 50.3 % of granted requests received by Sweden come from Denmark as a Member State of affiliation. Finally, 60.4 % of requests in Germany as a Member State of treatment are granted by Denmark as a Member State of affiliation.

To examine the perspective of the Member State of affiliation, *Table 20* in *Annex IV* was created which provides the row percentages based on *Table 18*. This allows to see for each Member State of affiliation to which Member State of treatment most requests for healthcare not subject to PA were granted. In total, of all the granted requests 28.1 % was for treatment in Spain, 20.3 % for treatment in Belgium, 15.0 % for treatment in Portugal, 8.4 % for treatment in Czechia, and 6.1 % for treatment in Germany. These Member States of treatment indeed seem to be important for particular Member States of affiliation. For instance, 60.9 % of all requests granted by Sweden were for treatment in Spain, as well as 54.7 % of requests granted by Norway. More than one in four request granted by France (25.5 %) were for treatment in Belgium, 32.5 % for treatment in Spain, and 18.8 % was for treatment in Portugal. Especially for Slovakia as a Member State of affiliation, Czechia is an important Member State of treatment, as 47.2 % of Slovakia's granted requests went to Czechia. Finally, Germany as a Member State of treatment is of high importance for Denmark (73.0 % of all requests granted by Denmark), Croatia (57.2 %), Latvia (28.6 %), and Lithuania (22.5 %). Some final high shares can be noted for healthcare not subject to PA from Italy to Austria (68.6 % of all granted requests by Italy), from Finland to Estonia (85.7 %), from Slovenia to Croatia (67.0 %), and from Romania to Hungary (63.1 %)[76].

In general, flows between neighbouring countries remain of high importance. This would suggest that, on the whole, patients prefer to receive healthcare near their home if possible, and when they do elect to travel, they prefer to travel to a neighbouring country. Nevertheless, some other interesting flows were discovered as well. For instance, from Norway to Spain and from Sweden to Spain, non-neighbouring countries[77,78]. This could possibly be explained by the fact that healthcare not subject to PA also covers non-planned healthcare.

[75] However, the breakdown provided by FI concerns the number of *received* requests and not the number of *granted* requests.

[76] This is also the case from AT to EL (100.0 %) and from ES to FR (66.7 %) although it only concerns one and two granted requests respectively.

[77] This was also mentioned in the Annual Patient Mobility Report for 2019 (Wilson et al., 2021). "In correspondence Sweden noted that this arises because tourists who wish to avail of care provided by private doctors established in Spain cannot do so unsighted European Health Insurance Card (EHIC) system." In addition, these figures likely also include healthcare provided to pensioners spending the winter in Spain (who cannot get a Portable Document S1 under the Coordination Regulations since they are not considered habitually residing in Spain). However, this has not been possible to fully confirm based on the data available to the national contact point in Sweden.

[78] Other Nordic countries also show a high number of granted requests for treatment in ES. From DK as a State of affiliation, 1 035 out of its total 16 047 granted requests are for treatment in ES, and FI received 227 of its total 5 012 requests for treatment in ES as well *(Table 18 in Annex IV)*. For FI as a Member State of affiliation it concerns the number of *received* requests, as it is not possible to provide a breakdown by *granted* requests.

6.5 Amounts reimbursed for treatment not requiring prior authorisation

In 2021, 22 countries[79] were able to report data on the amount reimbursed for treatment not requiring PA. Together they reimbursed an amount of EUR 259.1 million *(Table 6)*. The large majority is reimbursed by France, namely EUR 214.3 million or 82.7 % of the total amount reimbursed. There are two explanations for this large amount. First, France is not able to distinguish between the Coordination Regulations and the Directive. Second, although the amount was already high in 2020, it is still an impressive increase, going from EUR 9.5 million to EUR 214.3 million. As already explained in *section 0*, this is due to France's response to the COVID-19 pandemic[80]. France 1) made it compulsory to present a negative PCR test in order to enter France, and 2) to have the PCR or antigenic test carried out abroad by a French insured reimbursed by the *Assurance Maladie* under certain conditions. As a result, this led to a 140 % increase in the flow of requests received and consequently to an increase in the amounts reimbursed, as seen in *Table 6.*

In addition to France, other countries which reimbursed a rather high amount in 2021 are Sweden (EUR 13.5 million), Ireland (EUR 7.8 million), Belgium (EUR 6.4 million)[81], Germany (EUR 6.0 million), and Poland (EUR 4.3 million). Additionally, more than EUR 1 million each was reimbursed by Denmark, Slovakia, and Norway.

The total amount can be compared between both reference years. However, apples should be compared to apples, and therefore only the countries which were able to provide data in both reference years are taken into account. This means that the total, only including countries which could report data in both years, consists of 21 countries[82]. It seems that the total has increased from EUR 73.5 million in 2020 to EUR 259.1 million in 2021, or an increase of 252.3 %. Nevertheless, as explained above, the figures for France show an enormous increase, and this skews the total figures and evolution of time. Therefore, the final row in *Table 6* provides the total for the reporting countries in both reference years excluding France. It then becomes clear that the amount reimbursed has actually decreased, going from EUR 64.1 million in 2020 to EUR 44.8 million in 2021 or a decline of 30.1 %.

Sharp decreases are for instance noted in Norway (-82.0 %, from EUR 7.7 million to EUR 1.4 million), and in Ireland (-49.2 %, from EUR 15.4 million to EUR 7.8 million). As mentioned in *section 0*, Norway noted that this decrease is likely due to the COVID-19 situation. For Ireland, this drop can most probably be explained by Brexit, as the flow towards the United Kingdom as a Member State of treatment was its most important flow in recent years[83]. This was also clear when looking at the total number of requests

[79]No data were available for LU and NL. BG, CY, HU, PT, and IS did not provide a response to the questionnaire.

[80]For further information, the authors refer to https://www.service-public.fr/particuliers/actualites/A15017.

[81]BE mentioned they have a special arrangement, called "Ostbelgien-Regelung", for the German speaking population in the Eastern part of Belgium with special rules on access to specialist health care in Germany as well as special rules on reimbursement based on the Directive. Reimbursements under this special arrangement are included in this table. However, the amounts of this "Ostbelgien-Regelung" are expected to be rather limited, as in 2020 they amounted to EUR 222 154 in total. Furthermore, BE decided unilaterally to apply the principles of the Directive also in relation to Switzerland. For reference year 2021, BE reimbursed a total amount of EUR 27 680.40 for health care provided in Switzerland not requiring a prior authorisation (not included in the total amount mentioned in *Table 6*).

[82]It concerns BE, CZ, DE, DK, EE, EL, ES, FI, FR, HR, IE, IT, LT, LV, MT, PL, RO, SE, SI, SK, and NO.

[83]For instance, in 2020, 2 845 of the 3 195 requests granted by IE were for treatment in the UK (Olsson et al., 2021). In the current report, IE has also mentioned that they had 1 536 reimbursements approved for the UK in 2021.

granted, which went down from 3 195 in 2020 (of which 2 845 for treatment in the United Kingdom) to 378 in 2021.

Table 6 Amount reimbursed for treatment not requiring prior authorisation, 2020 and 2021, in €

	2020	2021
AT		6 802
BE*	8 199 234	6 448 551
BG	46	
CY	93 357	
CZ	174 798	116 339
DE	5 185 922	5 953 279
DK	2 624 027	2 522 780
EE	127 700	71 000
EL	11 881	14 982
ES	550	184
FI	292 721	175 989
FR	9 480 399	214 292 169
HR	30 795	18 787
HU		
IE	15 376 336	7 811 328
IT	34 069	48 222
LT	118 465	95 502
LU		
LV	17 119	29 475
MT	687	15 270
NL		
PL	4 452 689	4 288 925
PT		
RO	584 515	433 737
SE	17 665 315	13 509 933
SI	464 666	483 147
SK	1 045 220	1 372 334
UK	2 145 382	
IS		
NO	7 652 429	1 374 085
Total	**75 778 324**	**259 082 820**
Total (only reporting)* **	**73 539 539**	**259 076 018**
Total (only reporting excluding FR)	**64 059 140**	**44 783 849**

* BE mentioned they have a special arrangement, called "Ostbelgien-Regelung", for the German speaking population in the Eastern part of Belgium with special rules on access to specialist health care in Germany as well as special rules on reimbursement based on the Directive. Reimbursements under this special arrangement are included in this table. However, the amounts of this "Ostbelgien-Regelung" are expected to be rather limited, seeing that in 2020 they amounted to EUR 222 154 in total.

** Empty cells indicate that no data were provided.

*** The total (only reporting) only sums up the amount reimbursed for those countries which were able to provide data in both reference years. Therefore, the total only includes data from BE, CZ, DE, DK, EE, EL, ES, FI, FR, HR, IE, IT, LT, LV, MT, PL, RO, SE, SI, SK, and NO.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2020 and 2021

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ANNEX I SUPPLEMENTARY DATA CONCERNING HEALTHCARE SUBJECT TO PRIOR AUTHORISATION

Table 7 Ways in which a request for prior authorisation can be made, 2021

	How can a request for prior authorisation be made (in person, post, e-mail, online, other means)?
AT	The request for prior authorisation can be made in person, via post or via e-mail. There is no specific form required. Sufficient medical documentation must be available or submitted for the examination of the request.
BE	An insured person should send his/her request for a prior authorisation by registered letter to the medical officer of his/her health insurance fund.
BG	
DE	The type of application for a benefit subject to authorisation depends on the respective health insurance fund. Many health insurance companies make it possible to apply for the benefit via their personal access on the internet platform of the health insurance fund. For smaller health insurance companies, if necessary, an application can be made by writing, but always in person.
DK	Written application with a completed application form and relevant attachments/documents can be submitted to the regional authorities by secure mail (Digital Post) and by ordinary post or can be delivered in person. The application form is available on the websites of the National Contact Points in the five regions.
EL	A request for prior authorisation can be submitted in person, by post, via e-mail using standardized application forms.
ES	Requests for prior authorisation can be made in person, online, via mail or email (it depends on which autonomous community the patient lives).
FR	
HR	In person, post, e-mail.
HU	
IE	A patient can apply for prior authorisation by submitting the required documents to the NCP via post, e-mail, or handed in physically to the NCP office.
IT	In person, e-mail, online (depending on the local health unit)
LU	Post, Email, Fax
MT	In person or by post by means of filled hard copy of the application form, or electronically (email). Many requests for information start with an initial phone call or an email.
PL	In person, by post, online with digital signature
PT	
RO	A request for prior authorisation can be made in person.
SI	Post, e-mail, in person
SK	Personally, by post, online
IS	

* This table presents the data as they were provided by the reporting countries.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2021

Table 8 Ways in which a request for reimbursement for healthcare subject to prior authorisation can be made, 2021

	How can a request for prior authorisation be made (in person, post, e-mail, online, other means)?
AT	The request for reimbursement can be made in person, via post or via e-mail. There is no specific form required. Sufficient medical documentation as well as a balanced invoice must be available or submitted for the examination of the request.
BE	An insured person can make his/her request for reimbursement to his health care fund by different means (in person, post, e-mail, ...).
BG	
DE	The type of request for reimbursement depends on the respective health insurance fund. Many health insurance companies make it possible to apply for the benefit via their personal access on the internet platform of the health insurance fund. For smaller health insurance companies, if necessary, an application can be made by writing, but always in person.
DK	Written application with a completed application form and relevant attachments/documents can be submitted to the regional authorities by secure mail (digital post) and by ordinary post or be delivered in person. The application form is available on the websites of the National Contact Points in the five regions
EL	A request for reimbursement can be submitted in person, by post, via e-mail using standardized application forms.
ES	Requests for prior authorisation can be made in person, online, via mail or email (it depends on which autonomous community the patient lives).
FR	
HR	Can be made in person, by post or by e-mail
HU	
IE	A patient can apply for reimbursement by submitting the required documents to the NCP via post, e-mail, or handed in physically to the NCP office
IT	In person, e-mail, online (depending on the local health unit)
LU	In person, post (the original bill with the proof of payment is required)
MT	Initial requests and enquiry can be made by any means including the phone. Documents can be sent by hand, by post or via email. Some cases make use of the reimbursement application but this is not a must.
PL	In person, post, e-mail
PT	
RO	A request for reimbursement can be made in person.
SI	Post, e-mail, in person
SK	Personally, by post
IS	

* This table presents the data as they were provided by the reporting countries.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2021

Table 9 Authorised requests for prior authorisation by type of healthcare, 2021

MS of affiliation	Type 1	Type 2	Types 3-5	Total
AT				
BE	3	13	0	16
BG				
DE				
DK	20	0	0	20
EL	1	0	0	1
ES	1	1	0	2
FR				
HR	0	0	0	0
HU				
IE	0	0	0	0
IT	43	3	9	55
LU				
MT	6	2	0	8
PL	0	0	0	0
PT				
RO	1	0	0	1
SI	2	11	0	13
SK	322	21	0	343
IS				
Total* **	**399**	**51**	**9**	**459**

* CZ, EE, FI, LT, LV, NL, SE, and NO are not included in this table as they do not have a system of PA in place. BG, CY, HU, PT, and IS did not provide a response to the questionnaire.

** AT, DE, FR, and LU were not able to provide data.

*** The total in this table (459) differs from the total mentioned in *Table 3* (3 804) as FR was no able to provide a breakdown on the reasons for authorisations for its 2 267 authorised requests, LU was not able to provide a breakdown on the reasons for authorisations for its 712 authorised requests, and DE not being able to provide a breakdown for its 366 authorised requests.

**** The different types of healthcare are the following: **Type 1 (Overnight stay)** 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 country 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. **Type 2 (Specialised care)** 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 country 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. **Type 3-5 (High risk care)** * Healthcare which involves treatments presenting a particular risk for the patient. * Healthcare which involves treatments presenting a particular risk for the population. * 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.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2021

Table 10 Reasons for refusal of prior authorisation, 2021

MS of affiliation	Reason 1	Reason 2	Reasons 3-5	Total
AT				
BE	16	40	0	56
BG				
DE				
DK	16	7	0	23
EL	35	0	0	35
ES	3	0	0	3
FR	273	200	0	473
HR	3	0	0	3
HU				
IE*				
IT	3	0	21	24
LU				
MT*				
PL*				
PT				
RO*				
SI	14	0	0	14
SK	13	5	0	18
IS				
Total	**376**	**252**	**21**	**649**

* IE, MT, PL, and RO did not refuse any requests for PA.

** CZ, EE, FI, LT, LV, NL, SE, and NO are not included in this table as they do not have a system of PA in place. BG, CY, HU, PT, and IS did not provide a response to the questionnaire.

*** AT and LU were not able to provide data. In addition, DE could not provide the total number of requests refused in 2021.

**** The total in this table (649) does not equal the total in *Table 3* (1 121) as FR only provided a breakdown for 473 of its 745 refused requests, and LU did not provide a breakdown for its 200 refused requests.

***** The different reasons for refusal are the following: **Reason 1 (Available in Member State of affiliation)** 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. **Reason 2 (Basket of care)** The healthcare is not included among the national healthcare benefits of the Member State of affiliation. **Reason 3-5 (High risk)** * 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. * The general public will be exposed with reasonable certainty to a substantial safety hazard as a result of the cross-border healthcare in question. * 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.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2021

Table 11 Processing time for requests for prior authorisations, average and maximum time, 2021

	Average time (in working days)	Maximum time
AT		14 days
BE		45 calendar days
BG		
DE		3 weeks
DK	9.0	2 weeks or 10 working days
EL	40.0	40 working days
ES	26.0	45 days
FR		15 days
HR	20.0	60 days
HU		
IE		20 calendar days
IT	31.7	15 or 30 days****
LU	5.0	3 weeks
MT	7.0	6 weeks
PL		1 or 2 months*****
PT		
RO	3.0	5 working days
SI	13.0***	60 days
SK	15.0	15 working days
IS		
Max	**40.0**	
Min	**3.0**	
Median	**14.0**	

* CZ, EE, FI, LT, LV, NL, SE, and NO are not included as a Member States of affiliation in this table as they do not have a system of PA in place. BG, CY, HU, PT, and IS did not provide a response to the questionnaire.

** Empty cells indicate that no data were provided. For the average time, AT, BE, DE, FR, IE, and PL were not able to provide information.

*** For SI the average time is provided in days as no information is available on the average time in working days.

**** IT: the maximum time is 30 days, or 15 days if urgence is declared in the request.

***** PL: the maximum time is 1 month, or 2 months in especially complicated cases.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2021

Table 12 Processing time for requests for reimbursement for healthcare subject to prior authorisation, average and maximum time, 2021

	Average time (in working days)	Maximum time
AT		14 days
BE		4 months
BG		
DE		No
DK	22.0	No
EL	40.0	40 working days
ES	90.0	3 months
FR		No
HR		60 days
HU		
IE		30 calendar days
IT	55.7	60 days
LU	10.0	No
MT	240.0***	365 days
PL		30 days, 60 days, or 6 months****
PT		
RO	69.5	No
SI	40.0***	60 days
SK	30.0	6 months
IS		
Max	**240.0**	
Min	**10.0**	
Median	**40.0**	

* CZ, EE, FI, LT, LV, NL, SE, and NO are not included as a Member States of affiliation in this table as they do not have a system of PA in place. BG, CY, HU, PT, and IS did not provide a response to the questionnaire.

** Empty cells indicate that no data were provided. For the average time, AT, BE, DE, FR, HR, IE, and PL were not able to provide information.

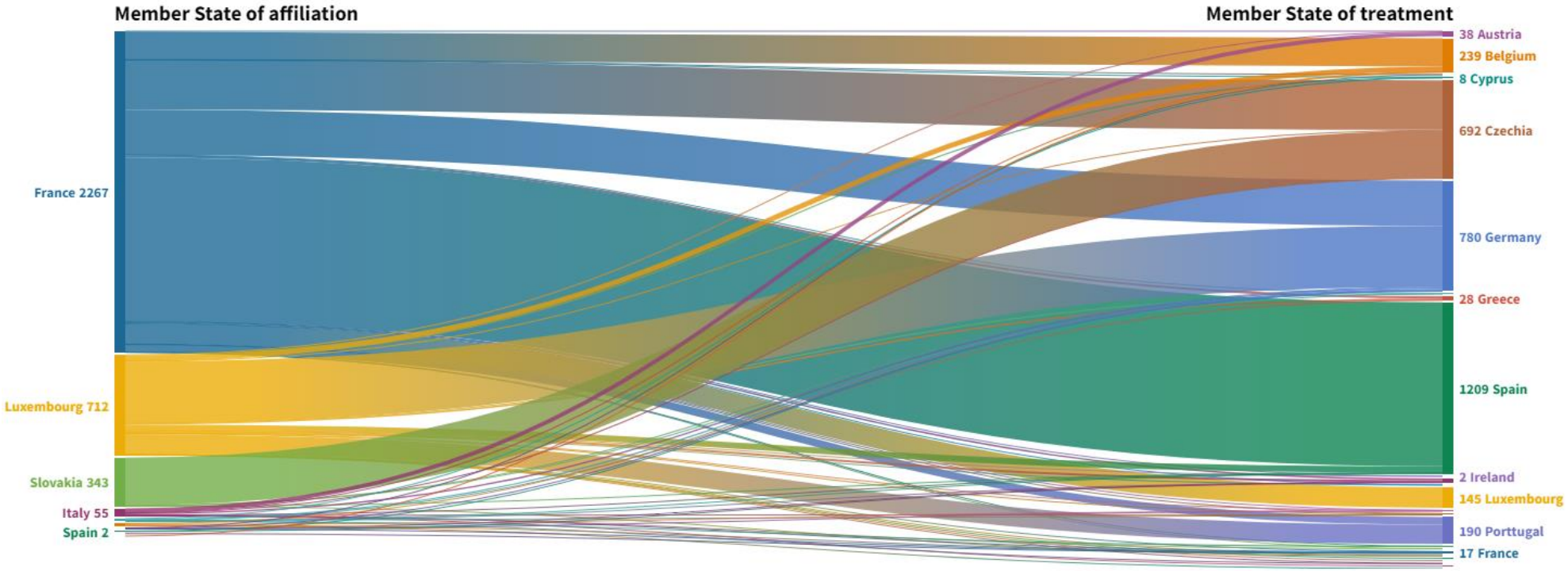
*** For MT and SI the average time is provided in days as no information is available on the average time in working days.

**** PL: the maximum time is 30 days if no investigation is required, 60 days if an investigation is required, and 6 months if an investigation involving an NCP of another Member State is required.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2021

ANNEX II DIRECTION OF PATIENT MOBILITY SUBJECT TO PRIOR AUTHORISATION

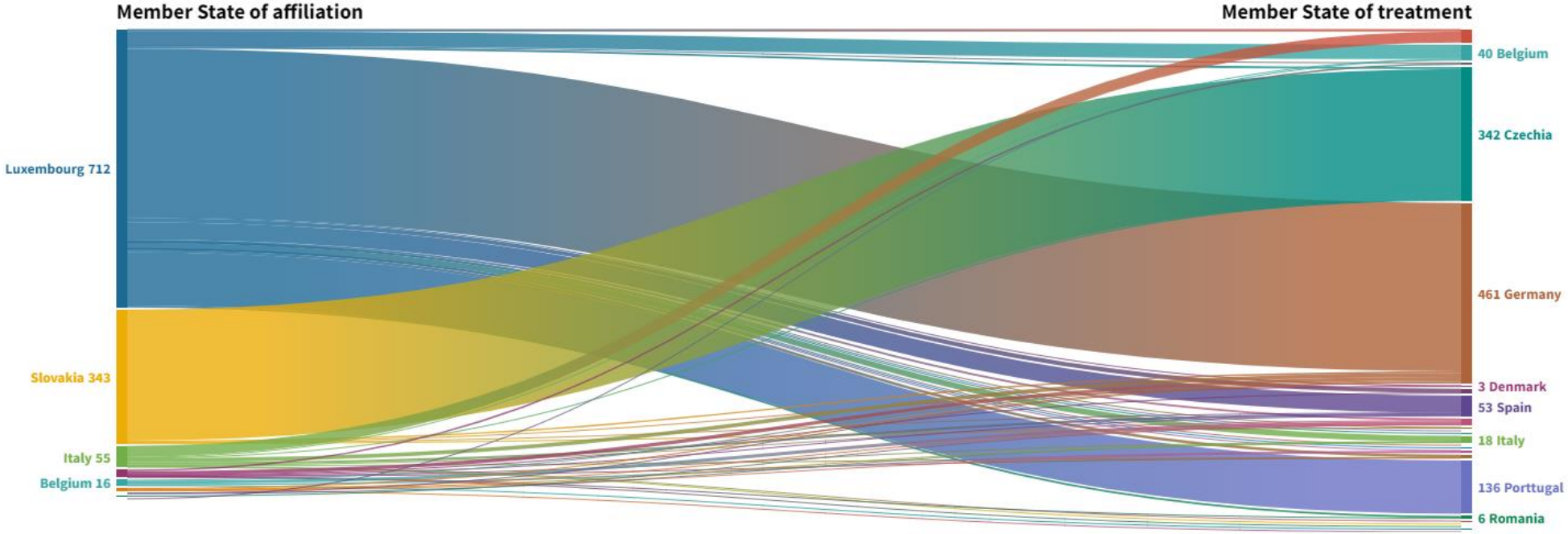
Figure 3 **Patient mobility with prior authorisation, authorised requests for healthcare subject to prior authorisations, from Member State of affiliation to Member State of treatment, 2021**



* For a complete overview of all the exact numbers, see *Table 13*.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2021

Figure 4 **Patient mobility with prior authorisation, authorised requests for healthcare subject to prior authorisations, from Member State of affiliation to Member State of treatment, excluding France as a Member State of affiliation, 2021**



* For a complete overview of all the exact numbers, see *Table 13*.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2021

Table 13 Authorised requests for prior authorisation by Member State of treatment, 2021

Member State of affiliation	Member State of treatment																													
	AT	BE	BG	CY	CZ	DE	DK	EE	EL	ES	FI	FR	HR	HU	IE	IT	LT	LU	LV	MT	NL	PL	PT	RO	SE	SI	SK	IS	LI	NO	Total
AT																															
BE	0		0	0	0	3	0	0	0	0	0	8	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	1	16
BG																															
CY																															
DE																															
DK	0	0	0	4	0	9		0	1	2	0	0	0	0	0	1	0	0	0	0	0	1	0	1	1	0	0	0	0	0	20
EL	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	1
ES	0	0	0	0	0	1	0	0	0		0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
FR	4	199	1	2	350	319	2	0	16	1 156	0		0	0	1	11	1	145	0	0	0	1	54	0	1	0	1	0	0	0	2 267
HR	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
HU																															
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	0	0	0	0
IT	28	2	0	0	2	10	0	0	0	6	0	2	0	0	0		0	0	0	0	0	1	0	0	0	3	1	0	0	0	55
LU	6	37	0	2	5	431	2	0	11	44	0	5	0	1	1	15	1		0	0	1	7	136	5	0	0	0	1	1	0	712
MT	0	0	1	0	0	3	0	0	0	0	0	1	0	0	0	1	0	0	0		1	0	0	0	0	0	0	0	0	0	7
PL	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
PT																															
RO	0	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	1
SI																															
SK	0	0	0	0	335	4	1	0	0	1	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	343
IS																															
Total	38	239	2	8	692	780	5	0	28	1 209	0	17	0	3	2	29	2	145	0	0	9	10	190	6	2	3	2	1	1	1	3 424

* CZ, EE, FI, LT, LV, NL, SE, and NO are not included in this table as they do not have a system of PA in place. BG, CY, HU, PT, and IS did not provide a response to the questionnaire.

** AT andDE did not provide any data. SI does not have data available on the breakdown by Member State of treatment.

*** The total number of authorised requests in this table (3 424) differs from the one reported in *Table 3* (3 804) as SI could not provide a breakdown by Member State of treatment for its 13 authorised requests, DE could not provide a breakdown by Member State of treatment for its 366 authorised requests, and MT reported a breakdown for seven of its eight authorised requests, seeing that in early 2021 one case was approved for treatment in the UK for it was considered as continuation of treatment that started in autumn 2020 at a UK centre.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2021

Table 14 Authorised requests for prior authorisation by Member State of treatment, 2021, column %

Member State of affiliation	Member State of treatment: AT	BE	BG	CY	CZ	DE	DK	EE	EL	ES	FI	FR	HR	HU	IE	IT	LT	LU	LV	MT	NL	PL	PT	RO	SE	SI	SK	IS	LI	NO	Total
AT																															
BE	0.0		0.0	0.0	0.0	0.4	0.0		0.0	0.0		47.1		0.0	0.0	0.0	0.0				44.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	**0.5**
BG																															
CY																															
DE																															
DK	0.0	0.0	0.0	50.0	0.0	1.2			3.6	0.2		0.0		0.0	0.0	3.4	0.0				0.0	10.0	0.0	16.7	50.0	0.0	0.0	0.0	0.0	0.0	**0.6**
EL	0.0	0.4	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	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
ES	0.0	0.0	0.0	0.0	0.0	0.1	0.0		0.0			0.0		0.0	0.0	3.4	0.0				0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.1**
FR	10.5	83.3	50.0	25.0	50.6	40.9	40.0		57.1	95.6				0.0	50.0	37.9	50.0				33.3	10.0	28.4	0.0	50.0	0.0	50.0	0.0	0.0	0.0	**66.2**
HR	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	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
HU																															
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				0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
IT	73.7	0.8	0.0	0.0	0.3	1.3	0.0		0.0	0.5		11.8		0.0	0.0		0.0				0.0	10.0	0.0	0.0	0.0	100.0	50.0	0.0	0.0	0.0	**1.6**
LU	15.8	15.5	0.0	25.0	0.7	55.3	40.0		39.3	3.6		29.4		33.3	50.0	51.7	50.0				11.1	70.0	71.6	83.3	0.0	0.0	0.0	100.0	100.0	0.0	**20.8**
MT	0.0	0.0	50.0	0.0	0.0	0.4	0.0		0.0	0.0		5.9		0.0	0.0	3.4	0.0				11.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.2**
PL	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		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
PT																															
RO	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0		5.9		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**
SI																															
SK	0.0	0.0	0.0	0.0	48.4	0.5	20.0		0.0	0.1		0.0		66.7	0.0	0.0	0.0				0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	**10.0**
IS																															
Total	100	100	100	100	100	100	100		100	100		100		100	100	100	100				100	100	100	100	100	100	100	100	100	100	**100**

* How to read this table? Out of all the authorised requests for PA received by AT as a Member State of treatment, 10.5 % of requests originated from FR as a Member State of affiliation.

** CZ, EE, FI, LT, LV, NL, SE, and NO are not included in this table as they do not have a system of PA in place. BG, CY, HU, PT, and IS did not provide a response to the questionnaire.

*** AT did not provide any data. SI and DE do not have data available on the breakdown by Member State of treatment.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2021

Table 15 Authorised requests for prior authorisation by Member State of treatment, 2021, row %

Member State of affiliation	Member State of treatment																													
	AT	BE	BG	CY	CZ	DE	DK	EE	EL	ES	FI	FR	HR	HU	IE	IT	LT	LU	LV	MT	NL	PL	PT	RO	SE	SI	SK	IS	LI	NO	Total
AT																															
BE	0.0		0.0	0.0	0.0	18.8	0.0	0.0	0.0	0.0	0.0	50.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	25.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.3	100
BG																															
CY																															
DE																															
DK	0.0	0.0	0.0	20.0	0.0	45.0		0.0	5.0	10.0	0.0	0.0	0.0	0.0	0.0	5.0	0.0	0.0	0.0	0.0	0.0	5.0	0.0	5.0	5.0	0.0	0.0	0.0	0.0	0.0	100
EL	0.0	100	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	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100
ES	0.0	0.0	0.0	0.0	0.0	50.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	50.0	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	100
FR	0.2	8.8	0.0	0.1	15.4	14.1	0.1	0.0	0.7	51.0	0.0		0.0	0.0	0.0	0.5	0.0	3.4	0.0	0.0	0.1	0.0	2.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100
HR																															
HU																															
IE																															
IT	50.9	3.6	0.0	0.0	3.6	18.2	0.0	0.0	0.0	10.9	0.0	3.6	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	1.8	0.0	0.0	0.0	5.5	1.8	0.0	0.0	0.0	100
LU	0.8	5.2	0.0	0.3	0.7	60.5	0.3	0.0	1.5	6.2	0.0	0.7	0.0	0.1	0.1	2.1	0.1		0.0	0.0	0.1	1.0	19.1	0.7	0.0	0.0	0.0	0.1	0.1	0.0	100
MT	0.0	0.0	14.3	0.0	0.0	42.9	0.0	0.0	0.0	0.0	0.0	14.3	0.0	0.0	0.0	14.3	0.0	0.0	0.0		14.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100
PL																															
PT																															
RO	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	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	0.0	0.0	100
SI																															
SK	0.0	0.0	0.0	0.0	97.7	1.2	0.3	0.0	0.0	0.3	0.0	0.0	0.0	0.6	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	100
IS																															
Total	**1.1**	**7.0**	**0.1**	**0.2**	**20.2**	**22.8**	**0.1**	**0.0**	**0.8**	**35.3**	**0.0**	**0.5**	**0.0**	**0.1**	**0.1**	**0.8**	**0.1**	**4.2**	**0.0**	**0.0**	**0.3**	**0.3**	**5.5**	**0.2**	**0.1**	**0.1**	**0.1**	**0.0**	**0.0**	**0.0**	**100**

* How to read this table? Out of all the requests for PA authorised by BE as a Member State of affiliation, 18.8 % was for treatment in DE.

** CZ, EE, FI, LT, LV, NL, SE, and NO are not included in this table as they do not have a system of PA in place. BG, CY, HU, PT, and IS did not provide a response to the questionnaire.

*** AT did not provide any data. SI and DE do not have data available on the breakdown by Member State of treatment.

****For HR, IE, and PL the row % is left blank, as they authorised zero requests for PA.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2021

ANNEX III SUPPLEMENTARY DATA CONCERNING HEALTHCARE NOT SUBJECT TO PRIOR AUTHORISATION

Table 16 Ways in which a request for reimbursement for healthcare not subject to prior authorisation can be made, 2021

	How can a request for prior authorisation be made (in person, post, e-mail, online, other means)?
AT	The request for reimbursement can be made in person, via post or via e-mail. There is no specific form required. Sufficient medical documentation as well as a balanced invoice must be available or submitted for the examination of the request.
BE	An insured person can make his/her request for reimbursement to his health care fund by different means (in person, post, e-mail, ...).
BG	
CY	
CZ	In person, by post, by e-mail
DE	The type of request for reimbursement depends on the respective health insurance fund. Many health insurance companies make it possible to apply for the benefit via their personal access on the internet platform of the health insurance fund. For smaller health insurance companies, if necessary, an application can be made by writing, but always in person.
DK	Written application with a completed application form and relevant attachments/documents can be submitted by secure mail (Digital post) and by ordinary post or be delivered in person to the regions and municipalities. Applications for reimbursement for medicine bought in another EU/EEA-country have to be submitted to the Danish Medicines Agency. The application form has to be filled in electronically via the website of the Danish Medicines Agency. However, if the medicine bought in another EU/EEA-country is part of hospital treatment in Denmark, the application is not processed by the Danish Medicines Agency but have to be submitted to the region. The same apply to medicine received as part of a hospital treatment in another EU/EEA-country.
EE	Requests for reimbursement can be made via post, e-mail and it is possible to bring documents to client service office in person.
EL	A request for reimbursement can be submitted in person, by post, via e-mail using standardized application forms.
ES	Requests for reimbursement can be made in person, online, via mail or email (it depends on which autonomous community the patient lives).
FI	In person at the office, post, online (OmaKela) and e-mail (e-mail is not very advertised, but it's possible if other means are not possible).
FR	In person, by mail
HR	In person, post, e-mail
HU	
IE	A patient can apply for reimbursement by submitting the required documents to the NCP via post, e-mail, or handed in physically to the NCP office.
IT	In person, post, e-mail, online (depends on the Local Health Unit)
LT	A request for reimbursement can be made in person or by regular post. Moreover, we would like to provide additional information concerning the documents which have to be presented for reimbursement. The insured person or his/her representative has to submit the following documents: 1. A written application in the established form to compensate the cross-border health care expenses; 2. Personal identity document showing it directly upon arrival or its copy if sending documents by post; 3. Medical documents or their copies, including: - If specialised outpatient or inpatient health care services are provided in the country of medical treatment – copy of the referral of the doctor from the Lithuanian medical institution that has an agreement with THIF; - Copies of the documents that confirm prescription and receipt of the medicines, medical aids and medical devices and prescriptions; - If medicines or medical aids were prescribed to the insured person in the Republic of Lithuania – copies of prescriptions of form 3 (in exclusive cases), according to which the medical aids or medicines were issued in the country of medical treatment; 4. Originals of financial documents (invoices, cash receipts, vouchers of cash income, etc.).
LU	in person, post (the original bill with the proof of payment is required)
LV	A request for reimbursement can be made in person and by post (papers applications with original signature of person) or by e-mail (signed with secure electronic signature).
MT	Initial requests can be made by phone or by email. Documents can then be sent by hand or by post by means of hard copy documents and by emails. Some cases make use of the reimbursement form but this is not a must.
NL	Due to the organization of the healthcare system in the Netherlands, healthcare insurers have their own policies regarding the process of reimbursement. We do not register this.
PL	In person, post, e-mail
PT	
RO	A request for reimbursement can be made in person.
SE	By post, online
SI	In person, post, e-mail
SK	Personally, by post
IS	
NO	Post, online

* This table presents the data as they were provided by the reporting countries.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2021

Table 17 Processing time for requests for reimbursement for healthcare not subject to prior authorisation, average and maximum time, 2021

	Average time (in working days)	Maximum time
AT	*	14 days
BE		4 months
BG		
CY		
CZ	15.0	30 days
DE		No
DK	26.0	No
EE	27.0	30 calendar days
EL	40.0	40 calendar days
ES	36.0	3 months
FI**	68.7	No
FR	138.0	No
HR	80.0	60 days
HU		
IE***	43.0	30 calendar days
IT	55.4	60 days
LT****	20.0	30 working days
LU	10.0	No
LV	24.2	1 year
MT***	240.0	365 days
NL		
PL*****		30 days, 60 days, or 6 months
PT		
RO	69.5	No
SE******	45.4	90 calendar days
SI***	30.0	60 days
SK	30.0	6 months
IS		
NO***	34.0	12 weeks
Max	**240.0**	
Min	**10.0**	
Median	**36.0**	

* AT mentions an average time of 300 days. However, only one individual case could be specifically identified by one health insurance institution. In this case, the average processing time was 300 days, as the situation was very complex and required an intensive exchange of information in order to fully complete the reimbursement process.

**FI: The average time in working days for dealing with requests for reimbursement includes claims for reimbursement according to national Finnish law. These concern situations where a person has fallen ill while travelling outside the EU. However, it does not have a considerable effect on the average days (most probably it increases the number only a little).

***Although the average time is requested in working days, IE, MT, SI, and NO could only provide this information in calendar days.

****LT: The documents submitted for reimbursement are evaluated and examined as well as the decision is made no later than within 20 working days. The deadline for examining the documents can be extended in the cases and procedures established by the Law on Public Administration (it means no more than 10 working days). That is why they provided 30 working days as a maximum time limit. Normally the processing time is until 20 working days but, in some cases, it can be extended until 30 working days.

*****PL: the maximum time limit is 30 days if no investigation is required, 60 days if an investigation is required, and 6 months if an investigation involving an NCP of another Member State is required.

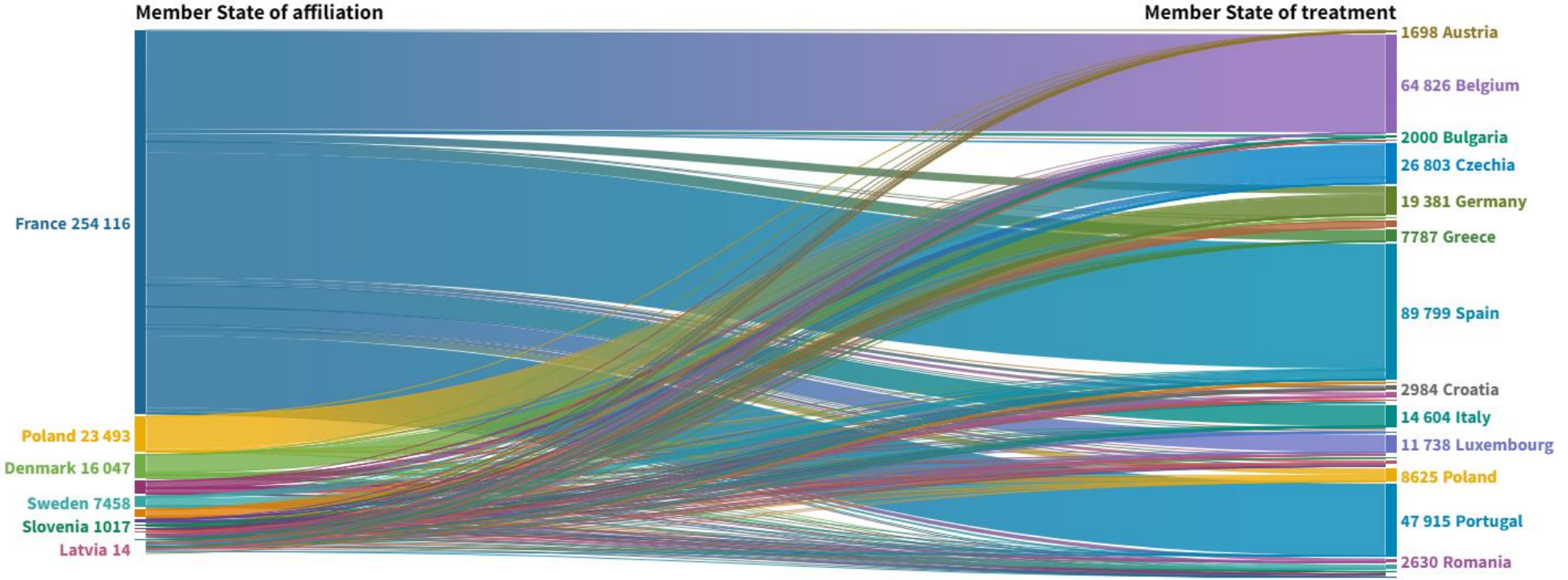
******SE: If a new document is received relating to a case where a decision has already been made, a new case is created. It only concerns a few cases. The average processing time SE can report is the number of working days per registered case. The number of processing days may therefore be somewhat underestimated.

******* Empty cells indicate that no data were provided.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2021

ANNEX IV DIRECTION OF PATIENT MOBILTIY NOT SUBJECT TO PRIOR AUTHORISATION

Figure 5 **Patient mobility without prior authorisation, granted requests for reimbursement for healthcare not subject to prior authorisation, from Member State of affiliation to Member State of treatment, 2021**

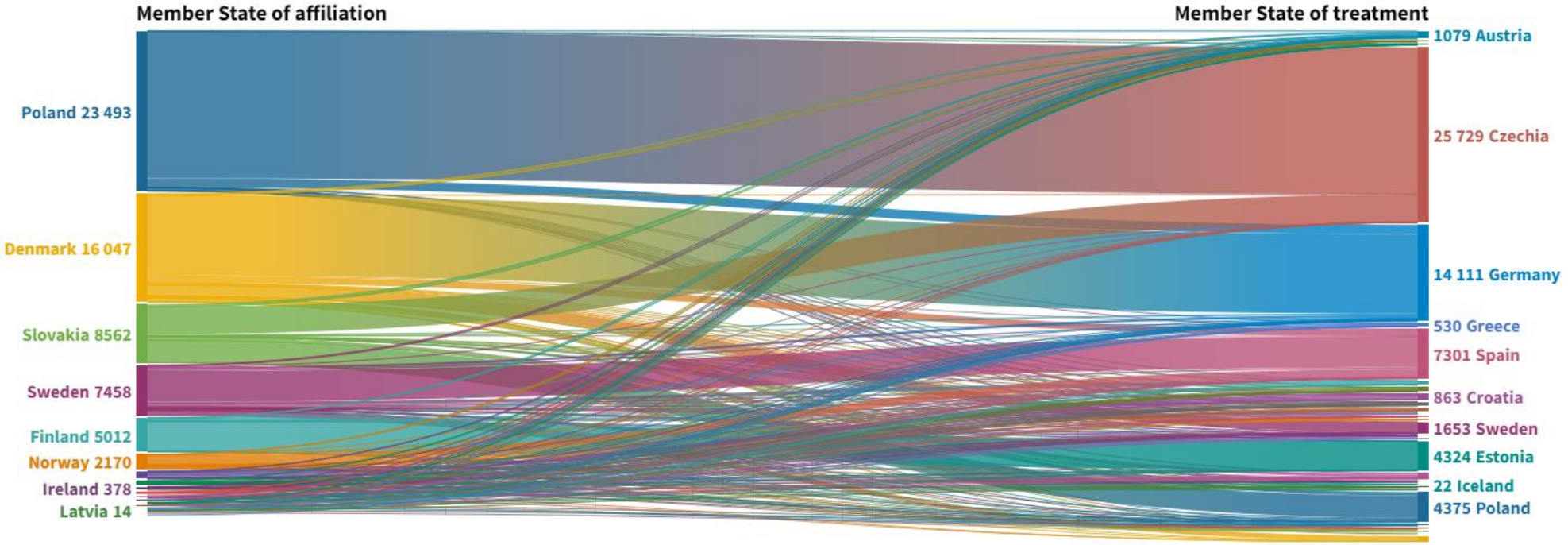


* Data from FI as a Member State of affiliation relate to the number of *received* requests and not the number of *granted* requests.

** For a complete overview of all the exact numbers, see *Table 18*.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2021

Figure 6 **Patient mobility without prior authorisation, granted requests for reimbursement for healthcare not subject to prior authorisation, from Member State of affiliation to Member State of treatment, excluding France as a Member State of affiliation, 2021**



* Data from FI as a Member State of affiliation relate to the number of *received* requests and not the number of *granted* requests.

** For a complete overview of all the exact numbers, see *Table 18*.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2021

Table 18 Granted requests for reimbursement for healthcare not subject to prior authorisation, by Member State of treatment, 2021

Member State of affiliation	Member State of treatment																													
	AT	BE	BG	CY	CZ	DE	DK	EE	EL	ES	FI	FR	HR	HU	IE	IT	LT	LU	LV	MT	NL	PL	PT	RO	SE	SI	SK	IS	LI	NO	Total
AT		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	0	0	0	**1**
BE																															
BG																															
CY																															
CZ	54	1	33	0		60	0	3	135	67	1	55	27	3	1	33	1	0	1	3	3	43	19	2	4	5	74	0	0	0	**628**
DE																															
DK	297	14	18	38	23	11 713		2	112	1 035	9	115	21	225	1	106	26	0	6	7	65	541	43	34	1 557	3	11	5	0	20	**16 047**
EE	1	1	2	1	0	12	0		1	9	39	2	0	0	0	2	1	0	11	0	2	0	0	0	1	0	0	0	0	1	**86**
EL	0	6	4	4	1	6	0	0		2	2	22	0	0	0	3	0	0	0	0	2	0	1	1	0	0	0	0	0	0	**54**
ES	0	0	0	0	0	0	0	0	0		0	2	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	**3**
FI*	1	39	18	6	17	80	13	4 297	7	227		43	2	22	0	16	10	2	57	0	22	74	10	11	24	1	2	0	0	11	**5 012**
FR	619	64 673	1 890	171	1 074	5 270	92	130	7 257	82 498	415		2 121	2 149	575	14 081	207	11 717	112	590	2 050	4 250	47 737	2 495	1 441	174	188	70	1	69	**254 116**
HR	10	4	1	1	0	79	1	0	3	0	0	15		1	2	4	0	0	1	0	5	0	0	0	5	5	0	0	0	1	**138**
HU																															
IE	0	3	0	0	6	23	0	1	0	134	0	1	2	2		1	44	0	17	0	0	125	0	5	0	0	14	0	0	0	**378**
IT	70	1	0	0	2	16	0	0	1	9	0	2	1	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	**102**
LT	0	1	0	0	0	18	0	4	0	2	0	0	0	0	0	1		0	28	0	0	20	0	0	0	0	6	0	0	0	**80**
LU																															
LV	0	0	1	1	0	4	0	5	0	0	1	0	0	0	0	0	0	0		0	0	1	0	0	1	0	0	0	0	0	**14**
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	0	**0**
NL																															
PL	61	5	0	1	21 587	1 357	0	0	1	66	4	15	3	0	0	4	375	8	0	0	1		0	0	1	1	0	0	0	3	**23 493**
PT																															
RO	58	2	0	0	1	37	1	0	0	4	0	9	0	217	0	14	0	0	0	0	0	0	0		1	0	0	0	0	0	**344**
SE	94	32	13	155	15	362	747	6	223	4 544	525	206	68	19	6	80	39	9	22	2	27	115	81	35		7	5	7	0	14	**7 458**
SI	61	1	0	0	8	14	0	0	0	5	0	0	681	7	1	229	1	0	0	0	5	0	0	1	1		2	0	0	0	**1 017**
SK	340	36	10	3	4 042	195	0	1	11	10	0	30	32	486	1	18	1	1	3	0	35	3 267	1	24	11	3		0	1	0	**8 562**
IS																															
NO* **	32	7	10	16	27	135	96	5	35	1 187	15	128	26	39	2	12	47	1	12	0	39	189	22	22	47	0	7	10	0	2	**2 170**
Total	**1 698**	**64 826**	**2 000**	**397**	**26 803**	**19 381**	**950**	**4 454**	**7 787**	**89 799**	**1 011**	**645**	**2 984**	**3 170**	**589**	**14 604**	**752**	**11 738**	**270**	**602**	**2 256**	**8 625**	**47 915**	**2 630**	**3 094**	**199**	**309**	**92**	**2**	**121**	**319 703**

* Data from FI as a Member State of affiliation relate to the number of *received* requests and not the number of *granted* requests.

** BE, DE, LU, and NL could not provide any data. BG, CY, HU, PT, and IS did not provide a response to the questionnaire.

*** NO indicated two granted requests for healthcare not subject to PA for treatment in NO itself. This problem also arose in the report concerning reference year 2020 (5 granted requests) and reference year 2016, when they stated this is due to incorrect registration in the claims handling system, and they were unable to re-register the cases to indicate the correct country.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2021

Table 19 Granted requests for reimbursement for healthcare not subject to prior authorisation, by Member State of treatment, 2021, column %

Member State of affiliation	Member State of treatment: AT	BE	BG	CY	CZ	DE	DK	EE	EL	ES	FI	FR	HR	HU	IE	IT	LT	LU	LV	MT	NL	PL	PT	RO	SE	SI	SK	IS	LI	NO	Total
AT		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	0.0	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**
BE																															
BG																															
CY																															
CZ	3.2	0.0	1.7	0.0		0.3	0.0	0.1	1.7	0.1	0.1	8.5	0.9	0.1	0.2	0.2	0.1	0.0	0.4	0.5	0.1	0.5	0.0	0.1	0.1	2.5	23.9	0.0	0.0	0.0	**0.2**
DE																															
DK	17.5	0.0	0.9	9.6	0.1	60.4		0.0	1.4	1.2	0.9	17.8	0.7	7.1	0.2	0.7	3.5	0.0	2.2	1.2	2.9	6.3	0.1	1.3	50.3	1.5	3.6	5.4	0.0	16.5	**5.0**
EE	0.1	0.0	0.1	0.3	0.0	0.1	0.0		0.0	0.0	3.9	0.3	0.0	0.0	0.0	0.0	0.1	0.0	4.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	**0.0**
EL	0.0	0.0	0.2	1.0	0.0	0.0	0.0	0.0		0.0	0.2	3.4	0.0	0.0	0.0	0.0	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	**0.0**
ES	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.3	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	0.0	0.0	0.0	**0.0**
FI**	0.1	0.1	0.9	1.5	0.1	0.4	1.4	96.5	0.1	0.3		6.7	0.1	0.7	0.0	0.1	1.3	0.0	21.1	0.0	1.0	0.9	0.0	0.4	0.8	0.5	0.6	0.0	0.0	9.1	**1.6**
FR	36.5	99.8	94.5	43.1	4.0	27.2	9.7	2.9	93.2	91.9	41.0		71.1	67.8	97.6	96.4	27.5	99.8	41.5	98.0	90.9	49.3	99.6	94.9	46.6	87.4	60.8	76.1	50.0	57.0	**79.5**
HR	0.6	0.0	0.1	0.3	0.0	0.4	0.1	0.0	0.0	0.0	0.0	2.3		0.0	0.3	0.0	0.0	0.0	0.4	0.0	0.2	0.0	0.0	0.0	0.2	2.5	0.0	0.0	0.0	0.8	**0.0**
HU																															
IE	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.2	0.1	0.1		0.0	5.9	0.0	6.3	0.0	0.0	1.4	0.0	0.2	0.0	0.0	4.5	0.0	0.0	0.0	**0.1**
IT	4.1	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.3	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	0.0	0.0	**0.0**
LT	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	10.4	0.0	0.0	0.2	0.0	0.0	0.0	0.0	1.9	0.0	0.0	0.0	**0.0**
LU																															
LV	0.0	0.0	0.1	0.3	0.0	0.0	0.0	0.1	0.0	0.0	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	0.0	0.0	0.0	0.0	0.0	**0.0**
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	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	**0.0**
NL																															
PL	3.6	0.0	0.0	0.3	80.5	7.0	0.0	0.0	0.0	0.1	0.4	2.3	0.1	0.0	0.0	0.0	49.9	0.1	0.0	0.0	0.0		0.0	0.0	0.0	0.5	0.0	0.0	0.0	2.5	**7.3**
PT																															
RO	3.4	0.0	0.0	0.0	0.0	0.2	0.1	0.0	0.0	0.0	0.0	1.4	0.0	6.8	0.0	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	**0.1**
SE	5.5	0.0	0.7	39.0	0.1	1.9	78.6	0.1	2.9	5.1	51.9	31.9	2.3	0.6	1.0	0.5	5.2	0.1	8.1	0.3	1.2	1.3	0.2	1.3		3.5	1.6	7.6	0.0	11.6	**2.3**
SI	3.6	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	22.8	0.2	0.2	1.6	0.1	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0		0.6	0.0	0.0	0.0	**0.3**
SK	20.0	0.1	0.5	0.8	15.1	1.0	0.0	0.0	0.1	0.0	0.0	4.7	1.1	15.3	0.2	0.1	0.1	0.0	1.1	0.0	1.6	37.9	0.0	0.9	0.4	1.5		0.0	50.0	0.0	**2.7**
IS																															
NO**	1.9	0.0	0.5	4.0	0.1	0.7	10.1	0.1	0.4	1.3	1.5	19.8	0.9	1.2	0.3	0.1	6.3	0.0	4.4	0.0	1.7	2.2	0.0	0.8	1.5	0.0	2.3	10.9	0.0	1.7	**0.7**
Total	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	**100**

* How to read this table? Out of all the granted requests for reimbursement for healthcare not subject to PA received by AT as a Member State of treatment, 3.2 % of requests originated from CZ as a Member State of affiliation.

** Data from FI as a Member State of affiliation relate to the number of *received* requests and not the number of *granted* requests.

*** BE, DE, LU, and NL could not provide any data. BG, CY, HU, PT, and IS did not provide a response to the questionnaire.

**** NO indicated two granted requests for healthcare not subject to PA for treatment in NO itself. This problem also arose in the report concerning reference year 2020 (5 granted requests) and reference year 2016, when they stated this is due to incorrect registration in the claims handling system, and they were unable to re-register the cases to indicate the correct country.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2021

Table 20 Granted requests for reimbursement for healthcare not subject to prior authorisation, by Member State of treatment, 2021, row %

Member State of affiliation	Member State of treatment: AT	BE	BG	CY	CZ	DE	DK	EE	EL	ES	FI	FR	HR	HU	IE	IT	LT	LU	LV	MT	NL	PL	PT	RO	SE	SI	SK	IS	LI	NO	Total
AT		0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	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	0.0	0.0	0.0	0.0	0.0	0.0	100
BE																															
BG																															
CY																															
CZ	8.6	0.2	5.3	0.0		9.6	0.0	0.5	21.5	10.7	0.2	8.8	4.3	0.5	0.2	5.3	0.2	0.0	0.2	0.5	0.5	6.8	3.0	0.3	0.6	0.8	11.8	0.0	0.0	0.0	100
DE																															
DK	1.9	0.1	0.1	0.2	0.1	73.0		0.0	0.7	6.4	0.1	0.7	0.1	1.4	0.0	0.7	0.2	0.0	0.0	0.0	0.4	3.4	0.3	0.2	9.7	0.0	0.1	0.0	0.0	0.1	100
EE	1.2	1.2	2.3	1.2	0.0	14.0	0.0		1.2	10.5	45.3	2.3	0.0	0.0	0.0	2.3	1.2	0.0	12.8	0.0	2.3	0.0	0.0	0.0	1.2	0.0	0.0	0.0	0.0	1.2	100
EL	0.0	11.1	7.4	7.4	1.9	11.1	0.0	0.0		3.7	3.7	40.7	0.0	0.0	0.0	5.6	0.0	0.0	0.0	0.0	3.7	0.0	1.9	1.9	0.0	0.0	0.0	0.0	0.0	0.0	100
ES	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	66.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	33.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100
FI**	0.0	0.8	0.4	0.1	0.3	1.6	0.3	85.7	0.1	4.5		0.9	0.0	0.4	0.0	0.3	0.2	0.0	1.1	0.0	0.4	1.5	0.2	0.2	0.5	0.0	0.0	0.0	0.0	0.2	100
FR	0.2	25.5	0.7	0.1	0.4	2.1	0.0	0.1	2.9	32.5	0.2		0.8	0.8	0.2	5.5	0.1	4.6	0.0	0.2	0.8	1.7	18.8	1.0	0.6	0.1	0.1	0.0	0.0	0.0	100
HR	7.2	2.9	0.7	0.7	0.0	57.2	0.7	0.0	2.2	0.0	0.0	10.9		0.7	1.4	2.9	0.0	0.0	0.7	0.0	3.6	0.0	0.0	0.0	3.6	3.6	0.0	0.0	0.0	0.7	100
HU																															
IE	0.0	0.8	0.0	0.0	1.6	6.1	0.0	0.3	0.0	35.4	0.0	0.3	0.5	0.5		0.3	11.6	0.0	4.5	0.0	0.0	33.1	0.0	1.3	0.0	0.0	3.7	0.0	0.0	0.0	100
IT	68.6	1.0	0.0	0.0	2.0	15.7	0.0	0.0	1.0	8.8	0.0	2.0	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	0.0	0.0	0.0	100
LT	0.0	1.3	0.0	0.0	0.0	22.5	0.0	5.0	0.0	2.5	0.0	0.0	0.0	0.0	0.0	1.3		0.0	35.0	0.0	0.0	25.0	0.0	0.0	0.0	0.0	7.5	0.0	0.0	0.0	100
LU																															
LV	0.0	0.0	7.1	7.1	0.0	28.6	0.0	35.7	0.0	0.0	7.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	7.1	0.0	0.0	7.1	0.0	0.0	0.0	0.0	0.0	100
MT																															
NL																															
PL	0.3	0.0	0.0	0.0	91.9	5.8	0.0	0.0	0.0	0.3	0.0	0.1	0.0	0.0	0.0	0.0	1.6	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100
PT																															
RO	16.9	0.6	0.0	0.0	0.3	10.8	0.3	0.0	0.0	1.2	0.0	2.6	0.0	63.1	0.0	4.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.3	0.0	0.0	0.0	0.0	0.0	100
SE	1.3	0.4	0.2	2.1	0.2	4.9	10.0	0.1	3.0	60.9	7.0	2.8	0.9	0.3	0.1	1.1	0.5	0.1	0.3	0.0	0.4	1.5	1.1	0.5		0.1	0.1	0.1	0.0	0.2	100
SI	6.0	0.1	0.0	0.0	0.8	1.4	0.0	0.0	0.0	0.5	0.0	0.0	67.0	0.7	0.1	22.5	0.1	0.0	0.0	0.0	0.5	0.0	0.0	0.1	0.1		0.2	0.0	0.0	0.0	100
SK	4.0	0.4	0.1	0.0	47.2	2.3	0.0	0.0	0.1	0.1	0.0	0.4	0.4	5.7	0.0	0.2	0.0	0.0	0.0	0.0	0.4	38.2	0.0	0.3	0.1	0.0		0.0	0.0	0.0	100
IS																															
NO**	1.5	0.3	0.5	0.7	1.2	6.2	4.4	0.2	1.6	54.7	0.7	5.9	1.2	1.8	0.1	0.6	2.2	0.0	0.6	0.0	1.8	8.7	1.0	1.0	2.2	0.0	0.3	0.5	0.0	0.1	100
Total	**0.5**	**20.3**	**0.6**	**0.1**	**8.4**	**6.1**	**0.3**	**1.4**	**2.4**	**28.1**	**0.3**	**0.2**	**0.9**	**1.0**	**0.2**	**4.6**	**0.2**	**3.7**	**0.1**	**0.2**	**0.7**	**2.7**	**15.0**	**0.8**	**1.0**	**0.1**	**0.1**	**0.0**	**0.0**	**0.0**	**100**

* How to read this table? Out of all the requests for reimbursement for healthcare not subject to PA granted by CZ as a Member State of affiliation, 8.6 % was for treatment in AT.

** Data from FI as a Member State of affiliation relate to the number of *received* requests and not the number of *granted* requests.

*** BE, DE, LU, and NL could not provide any data. BG, CY, HU, PT, and IS did not provide a response to the questionnaire.

**** NO indicated two granted requests for healthcare not subject to PA for treatment in NO itself. This problem also arose in the report concerning reference year 2020 (5 granted requests) and reference year 2016, when they stated this is due to incorrect registration in the claims handling system, and they were unable to re-register the cases to indicate the correct country.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2021

ANNEX V FACT SHEETS

In this Annex fact sheets with information about the NCPs are provided[84]. The fact sheets also contain brief information relating to the implementation of the Directive and the data availability of each respondent. Legal references are provided the same way as they were presented by the reporting countries. In the same way time limits are provided the same way as they were presented by the reporting countries (for example days, calendar days, working days, etc.).

Austria

National Contact Point

Name: National contact point for cross-border healthcare
Affiliation/Organisation: Austrian National Public Health Institute
Website: www.gesundheit.gv.at/service/kontaktstelle-patientenmobilitaet.html
E-mail: patientenmobilitaet@goeg.at
Phone: +43 1 515 61 0

Limitations for patient inflow (Article 4(3) of the Directive)

- Austria has not introduced mechanisms of any measure limiting access to healthcare.

Healthcare subject to prior authorisation

- Prior authorisation system in place since the transposition of the Directive.
- A request for prior authorisation can be made in person, by post or by e-mail.
- The maximum time limit (14 days) for processing requests for prior authorisation is regulated in § 367 Abs. 1 Z 3 iVm § 368 ASVG and in § 129 B-KUVG.
- A request for reimbursement can be made in person, by post or by e-mail.
- The maximum time limit (14 days) for processing requests for reimbursement is regulated in § 367 Abs. 1 Z 3 iVm § 368 ASVG and in § 129 B-KUVG.

Healthcare not subject to prior authorisation

- No prior notification system (Article 9(5) of the Directive) in place.
- A request for reimbursement can be made in person, by post or by e-mail.
- The maximum time limit (14 days) for processing requests for reimbursement is regulated in § 367 Abs. 1 Z 3 iVm § 368 ASVG and in § 129 B-KUVG.

General data availability

- Austria has provided annual data for years 2016-2021. Austria has informed in the past that the low number of requests are due to most requests being treated according to the Coordination Regulations or national legislation. Complete data could not be presented for 2020 due to a restructuring of the social insurance institutions in Austria. In 2021 Austria informed that no specific records are kept to provide data on treatments under Directive 2011/24/EU.

[84] Specific information about reference year 2015 is not mentioned in the fact sheets due to reasons of lacking data quality, as mentioned in *Chapter 2*. The only exception is the reference to the General data availability, where information on reference year 2015 is included.

Belgium

National Contact Point

Name: National contact point for cross-border healthcare
Affiliation/Organisation: Federal Public Service Health
Website: www.crossborderhealthcare.be
E-mail: information@crossborderhealthcare.be (contact form also available on the website)
Phone: -

Limitations for patient inflow (Article 4(3) of the Directive)

- Belgium has not introduced mechanisms of any measure limiting access to healthcare.

Healthcare subject to prior authorisation

- Prior authorisation system in place since the transposition of the Directive.
- A request for prior authorisation can be made by post (registered letter).
- The maximum time limit (45 calendar days) for processing requests for prior authorisation is regulated in Article 294, § 2/2, of the Royal Decree of 3 July 1996 laying down the procedure for implementing the law on the compulsory health care and invalidity insurance.
- A request for reimbursement can be made in person, by post or by e-mail.
- The maximum time limit (4 months) for processing requests for reimbursement is regulated, as part of the general administrative legislation, in the Charter of the socially insured.

Healthcare not subject to prior authorisation

- No prior notification system (Article 9(5) of the Directive) in place.
- A request for reimbursement can be made in person, by post or by e-mail.
- The maximum time limit (4 months) for processing requests for reimbursement is regulated, as part of the general administrative legislation, in the Charter of the socially insured.

General data availability

- Belgium has provided annual data for years 2015-2021. However, data has never been provided concerning requests for reimbursement relating to healthcare not subject to prior authorisation (with exception of the amount reimbursed), since not all health insurance funds are able to provide complete data relating to the number of requests.

Bulgaria

National Contact Point

Name: -
Affiliation/Organisation: National Health Insurance Fund
Website: www.nhif.bg/page/62
E-mail: crossbordercare@nhif.bg
Phone: +359 2 965 9116

Limitations for patient inflow (Article 4(3) of the Directive)

- Bulgaria has not introduced mechanisms of any measure limiting access to healthcare.

Healthcare subject to prior authorisation

- Prior authorisation system in place since the transposition of the Directive.

Healthcare not subject to prior authorisation

- No prior notification system (Article 9(5) of the Directive) in place.

General data availability

- Bulgaria has provided annual data for years 2015-2020.

Croatia

National Contact Point

Name: National contact point for cross-border healthcare
Affiliation/Organisation: Croatian Health Insurance Fund
Website: https://hzzo.hr/en/national-contact-point-ncp
E-mail: ncp-croatia@hzzo.hr
Phone: + 385 1 644 90 90

Limitations for patient inflow (Article 4(3) of the Directive)

- Croatia has not introduced mechanisms of any measure limiting access to healthcare.

Healthcare subject to prior authorisation

- Prior authorisation system in place since the transposition of the Directive.
- A request for prior authorisation can be made in person, by post or by e-mail.
- The maximum time limit (60 days) for processing requests for prior authorisation is regulated, as part of the general administrative legislation, in Article 101 of the General Administrative Procedure Act.
- A request for reimbursement can be made in person, by post or by e-mail.
- The maximum time limit (60 days) for processing requests for reimbursement is regulated, as part of the general administrative legislation, in Article 101 of the General Administrative Procedure Act.

Healthcare not subject to prior authorisation

- No prior notification system (Article 9(5) of the Directive) in place.
- A request for reimbursement can be made in person, by post or by e-mail.
- The maximum time limit (60 days) for processing requests for reimbursement is regulated, as part of the general administrative legislation, in Article 101 of the General Administrative Procedure Act.

General data availability

- Croatia has provided annual data for years 2015-2021.

Cyprus

National Contact Point

Name: National contact point on the application of patient's rights on cross-border healthcare

Affiliation/Organisation: Ministry of Health

Website: www.moh.gov.cy/cbh

E-mail: ncpcrossborderhealthcare@moh.gov.cy

Phone: +357 22 605 407

Limitations for patient inflow (Article 4(3) of the Directive)

- Cyprus has not introduced mechanisms of any measure limiting access to healthcare.

Healthcare subject to prior authorisation

- Prior authorisation system in place since the transposition of the Directive until September 2018.

Healthcare not subject to prior authorisation

- No prior notification system (Article 9(5) of the Directive) in place.

General data availability

- Cyprus has provided annual data for years 2015-2020, with the exception of year 2017.

Czechia

National Contact Point

Name: Health Insurance Bureau
Affiliation/Organisation: Health Insurance Bureau
Website: www.kancelarzp.cz
E-mail: info@kancelarzp.cz, ncp@kancelarzp.cz
Phone: +420 236 033 411

Limitations for patient inflow (Article 4(3) of the Directive)

- Czechia has not introduced mechanisms of any measure limiting access to healthcare.

Healthcare subject to prior authorisation

- No prior authorisation system in place.

Healthcare not subject to prior authorisation

- No prior notification system (Article 9(5) of the Directive) in place.
- Requests for reimbursement can be made in person, by post or by e-mail.
- The maximum time limit (30 days) for processing requests for reimbursement is regulated, as part of the general administrative legislation, in Act. No. 500/2004, Administrative Procedure.

General data availability

- Czechia has provided annual data for years 2015-2021.

Denmark

National Contact Point

Name: Danish Patient Safety Authority
Affiliation/Organisation: Danish Patient Safety Authority, EU Health Insurance, is the Danish national coordinating contact point for cross-border healthcare. There are also five regional contact points.
Website: https://en.stps.dk/en/citizens/
E-mail: EUS-sektion@stps.dk
Phone: +45 72 26 94 90

Limitations for patient inflow (Article 4(3) of the Directive)

- Denmark has introduced mechanisms limiting access to healthcare (Section 8, paragraph 1 of the Executive Order no. 657 of 28 June 2019 on the Right to Hospital Treatment etc and Section 1, paragraph 5 of Executive Order No. 1658 of 27 December 2013 on access to municipal and regional non-hospital care to persons from other EU/EEA countries, the Faroe Islands and Greenland). As a result, 14 patients have had their access to treatment limited between 2016 and 2021 on the ground of overriding reasons of general interest.

Healthcare subject to prior authorisation

- Prior authorisation system in place since the transposition of the Directive.
- A request for prior authorisation can be made in person, by post or by secure mail (digital post).
- The maximum time limit (2 weeks) for processing requests for prior authorisation is regulated in Section 33, paragraph 3 of Executive Order No. 657 of 28 June 2019 on the Right to Hospital Treatment etc.
- A request for reimbursement can be made in person, by post or by secure mail (digital post).
- Denmark has no maximum time limit for processing requests for reimbursement.

Healthcare not subject to prior authorisation

- Prior notification system (Article 9(5) of the Directive) in place since the transposition of the Directive.
- A request for reimbursement can be made in person, by post or by secure mail (digital post).
- Denmark has no maximum time limit for processing requests for reimbursement.

General data availability

- Denmark has provided annual data for years 2015-2021.

Estonia

National Contact Point

Name: Estonian National Contact Point
Affiliation/Organisation: Estonian Heath Insurance Fund
Website: www.haigekassa.ee/en/kontaktpunkt/national-contact-point
E-mail: info@haigekassa.ee (contact form also available on the website)
Phone: +372 669 6630

Limitations for patient inflow (Article 4(3) of the Directive)

- Estonia has introduced mechanisms limiting access to healthcare (§ 50.4 of the Health Service Organisation Act). However, no patients have had their access to treatment limited between 2016 and 2021 on the ground of overriding reasons of general interest.

Healthcare subject to prior authorisation

- No prior authorisation system in place.

Healthcare not subject to prior authorisation

- Prior notification system (Article 9(5) of the Directive) in place since the transposition of the Directive.
- Requests for reimbursement can be made in person, by post or by e-mail.
- The maximum time limit (30 calendar days) for processing requests for reimbursement is regulated, as part of the general administrative legislation, in § 6 of the Response to Memoranda and Requests for Explanations and Submission of Collective Proposals Act.

General data availability

- Estonia has provided annual data for years 2015-2021.

Finland

National Contact Point

Name: Contact Point for Cross-Border Healthcare
Affiliation/Organisation: Social Insurance Institution of Finland (Kela)
Website: www.EU-healthcare.fi
E-mail: yhteyspiste@kela.fi (contact form on the website)
Phone: -

Limitations for patient inflow (Article 4(3) of the Directive)

Finland has not introduced mechanisms of any measure limiting access to healthcare.

Healthcare subject to prior authorisation

- No prior authorisation system in place.

Healthcare not subject to prior authorisation

- No prior notification system (Article 9(5) of the Directive) in place.
- Requests for reimbursement can be made in person, by post, online (OmaKela) or by e-mail (if no other option is possible).
- Finland has no maximum time limit for processing requests for reimbursement.

General data availability

- Finland has provided annual data for years 2016-2021. However, only limited data is provided concerning requests for reimbursement relating to healthcare not subject to prior authorisation, due to different definitions used in the collection of national statistics.

France

National Contact Point

Name: The Cleiss: France's National Contact Point for cross-border healthcare
Affiliation/Organisation: CLEISS (Centre des liaisons européennes et internationales de sécurité sociale)
Website: www.cleiss.fr/pcn/index_en.html
E-mail: soinstransfrontaliers@cleiss.fr
Phone: +33 1 45 26 80 60

Limitations for patient inflow (Article 4(3) of the Directive)

- France has not introduced mechanisms of any measure limiting access to healthcare.

Healthcare subject to prior authorisation

- Prior authorisation system in place since the transposition of the Directive[85].
- The maximum time limit for processing requests for prior authorisation is 15 days.
- France has no maximum time limit for processing requests for reimbursement.

Healthcare not subject to prior authorisation

- No prior notification system (Article 9(5) of the Directive) in place.
- Requests for reimbursement can be made in person or by post.
- France has no maximum time limit for processing requests for reimbursement.

General data availability

- France has provided annual data for years 2016-2021. However, France is not able to distinguish between requests under the Directive and under the Coordination Regulations. This is the case in relation to both requests for prior authorisation and requests for reimbursement relating to healthcare not subject to prior authorisation. For further information see Chapter 2 on data quality.

[85] France has informed of having a joint application procedure for prior authorisations under the Directive and under the Coordination Regulations.

Germany

National Contact Point

Name: EU-PATIENTEN.DE
Affiliation/Organisation: German Liaison Agency Health Insurance – International (DVKA)
Website: www.eu-patienten.de/
E-mail: info@eu-patienten.de
Phone: +49 228 9530 800

Limitations for patient inflow (Article 4(3) of the Directive)

- Germany has not introduced mechanisms of any measure limiting access to healthcare.

Healthcare subject to prior authorisation

- Prior authorisation system in place since the transposition of the Directive.
- All healthcare insurers have their own policies. How a request for prior authorisation can be made therefore differs. Many make it possible to apply online. For smaller health insurers, if necessary, an application can be made by writing, but always in person.
- The maximum time limit (normally 3 weeks) for processing requests for prior authorisation is regulated in Section 13 of Social Code V.
- All healthcare insurers have their own policies. How a request for reimbursement can be made therefore differs. Many make it possible to apply online. For smaller health insurers, if necessary, an application can be made by writing, but always in person.
- Germany has no maximum time limit for processing requests for reimbursement.

Healthcare not subject to prior authorisation

- No prior notification system (Article 9(5) of the Directive) in place.
- All healthcare insurers have their own policies. How a request for reimbursement can be made therefore differs. Many make it possible to apply online. For smaller health insurers, if necessary, an application can be made by writing, but always in person.
- Germany has no maximum time limit for processing requests for reimbursement.

General data availability

- Germany has provided annual data for years 2016-2021. However, Germany is not able to provide data in relation to requests for prior authorisation nor requests for reimbursement relating to healthcare not subject to prior authorisation. The requested data is currently not collected due to the low financial importance of cross-border healthcare in relation to the total expenditure on healthcare. Additionally, due to the large number of statutory health insurance funds in Germany, the collection of data requires a very high effort. However, Germany has reached an agreement with the healthcare insurers to do so in the future. The data will be available at the earliest from year 2023 onwards (i.e., data relating to year 2022 onwards). Furthermore, data relating to the number of requests for PA received, authorised, and refused in one year are not available in Germany until November of the following year. Therefore, they cannot deliver them by the end of October of each year. However, they can provide them annually starting in November 2022. In the current report, only the total number of authorised requests for healthcare subject to prior authorisation could be provided for reference year 2021 (not the number of received or refused requests).

Greece

National Contact Point

Name: Hellenic National Contact Point for Cross-border Healthcare
Affiliation/Organisation: National Organization for the Provision of Health Services (EOPYY)
Website: https://eu-healthcare.eopyy.gov.gr/en/
E-mail: ncp_gr@eopyy.gov.gr
Phone: +30 210 8110935 or +30 210 8110936

Limitations for patient inflow (Article 4(3) of the Directive)

- Greece has not introduced mechanisms of any measure limiting access to healthcare.

Healthcare subject to prior authorisation

- Prior authorisation system in place since the transposition of the Directive. Please note that the prior authorisation system in place initially does not distinguish between requests under the Coordination Regulations and the Directive.
- A request for prior authorisation can be made in person, by post or by e-mail.
- The maximum time limit (50 days) for processing requests for prior authorisation is regulated, as part of the general administrative legislation, in Art. 4(1) of the Code of Administrative Procedure (Law 2690/1999). The specified time limit is applied by EOPYY, which is the largest health insurer in Greece (covers over 95% of the insured population). Other health insurers might apply different maximum time limits.
- A request for reimbursement can be made in person, by post or by e-mail.
- The maximum time limit (50 days) for processing requests for reimbursement is regulated, as part of the general administrative legislation, in. Art. 4(1) of the Code of Administrative Procedure (Law 2690/1999). The specified time limit is applied by EOPYY, which is the largest health insurer in Greece (covers over 95% of the insured population). Other health insurers might apply different maximum time limits.

Healthcare not subject to prior authorisation

- Prior notification system (Article 9(5) of the Directive) in place since the transposition of the Directive.
- A request for reimbursement can be made in person, by post or by e-mail.
- The maximum time limit (50 days) for processing requests for reimbursement is regulated, as part of the general administrative legislation, in. Art. 4(1) of the Code of Administrative Procedure (Law 2690/1999). The specified time limit is applied by EOPYY, which is the largest health insurer in Greece (covers over 95% of the insured population). Other might health insurers apply different maximum time limits.

General data availability

- Greece has provided annual data for years 2015-2021. However, Greece was in the past not able to distinguish between requests under the Directive and under the Coordination Regulations in relation to received requests for prior authorisation. However, the number of requests received have been separated in the statistics provided since year 2021.

Hungary

National Contact Point

Name: Hungarian National Contact Point for Cross-border Healthcare in the European Union

Affiliation/Organisation: Integrated Legal Protection Service (Ministry of Human Capacities)

Website: www.patientsrights.hu (for persons seeking healthcare in Hungary) or www.eubetegjog.hu (for persons seeking healthcare in the EU).

E-mail: info@eubetegjog.hu or info@patientsrights.hu

Phone: +36 20 999 0025

Limitations for patient inflow (Article 4(3) of the Directive)

- Hungary has not introduced mechanisms of any measure limiting access to healthcare.

Healthcare subject to prior authorisation

- Prior authorisation system in place since the transposition of the Directive.

Healthcare not subject to prior authorisation

- No prior notification system (Article 9(5) of the Directive) in place.

General data availability

- Hungary has provided annual data for years 2015-2020. However, Hungary has not provided data in relation to requests for prior authorisation nor requests for reimbursement relating to healthcare not subject to prior authorisation (with the exception of year 2019). Hungary has informed upon a request that the number of requests under the Directive are low and mostly related to reimbursement of prescribed medications. Overall, around 550-750 requests for prior authorisation are authorised each year, primarily under the Coordination Regulations. In this respect, the figures Hungary provided for 2019 are most likely incorrect.

Iceland

National Contact Point

Name: Cross Border Directive
Affiliation/Organisation: Health Service Executive (HSE)
Website: www.sjukra.is/english
E-mail: international@sjukra.is
Phone: +354 515 0002

Limitations for patient inflow (Article 4(3) of the Directive)

- Iceland informed in 2019 about having introduced mechanisms limiting access to healthcare. However, no patients had their access to treatment limited on the ground of overriding reasons of general interest.

Healthcare subject to prior authorisation

- Prior authorisation system in place since the transposition of the Directive.

Healthcare not subject to prior authorisation

- It is uncertain whether a prior notification system (Article 9(5) of the Directive) is in place, as contradictory information was provided in 2016 (Yes) and 2019 (No) without further explanations.

General data availability

- Iceland has provided annual data for years 2016 and 2019.

Ireland

National Contact Point

Name: Cross Border Directive
Affiliation/Organisation: Health Service Executive (HSE)
Website: https://www2.hse.ie/services/cross-border-directive/about-the-cross-border-directive.html
E-mail: Crossborderdirective@hse.ie
Phone: +353 56 7784546

Limitations for patient inflow (Article 4(3) of the Directive)

- Ireland has not introduced mechanisms of any measure limiting access to healthcare.

Healthcare subject to prior authorisation

- Prior authorisation system in place since the transposition of the Directive. Only required for Enzyme Replacement.
- A request for prior authorisation can be made in person, by post or by e-mail.
- The maximum time limit (20 calendar days) for processing requests for prior authorisation is not set down in legislation.
- A request for reimbursement can be made in person, by post or by e-mail.
- The maximum time limit (30 calendar) for processing requests for reimbursement is not set down in legislation.

Healthcare not subject to prior authorisation

- Prior notification system (Article 9(5) of the Directive) in place since the transposition of the Directive. Previously referred to as a voluntary prior authorisation system for patients seeking inpatient care.
- A request for reimbursement can be made in person, by post or by e-mail.
- The maximum time limit (30 calendar days) for processing requests for reimbursement is not set down in legislation.

General data availability

- Ireland has provided annual data for years 2015-2021.

Italy

National Contact Point

Name: Punto di contatto nazionale - NCP-ITALY
Affiliation/Organisation: Ministry of Health
Website: www.salute.gov.it/portale/cureUE/dettaglioContenutiCureUE.jsp?lingua=english&id=3811&area=healcareUE&menu=vuoto
E-mail: ncpitaly@sanita.it (contact form also available on the website)
Phone: +390659943103 -3363

Limitations for patient inflow (Article 4(3) of the Directive)

- Italy has not introduced mechanisms of any measure limiting access to healthcare.

Healthcare subject to prior authorisation

- Prior authorisation system in place since the transposition of the Directive.
- A request for prior authorisation can be made in person, by e-mail or online (depending on the healthcare insurer).
- The maximum time limit (30 days or 15 days if urgence is declared in the request) for processing requests for prior authorisation is regulated in Legislative Decree 38/2014 Art 10.
- A request for reimbursement can be made in person, by e-mail or online (depending on the healthcare insurer).
- The maximum time limit (60 days) for processing requests for reimbursement is regulated in Legislative decree n 38/2014 Art. 10.

Healthcare not subject to prior authorisation

- Prior notification system (Article 9(5) of the Directive) in place since the transposition of the Directive.
- A request for reimbursement can be made in person, by e-mail or online (depending on the healthcare insurer).
- The maximum time limit (60 days) for processing requests for reimbursement is regulated in Legislative decree n 38/2014 Art. 10.

General data availability

- Italy has provided annual data for years 2015-2021.

Latvia

National Contact Point

Name: National Health Service
Affiliation/Organisation: National Health Service
Website: www.vmnvd.gov.lv
E-mail: nvd@vmnvd.gov.lv
Phone: +371 67045005

Limitations for patient inflow (Article 4(3) of the Directive)

- Latvia has not introduced mechanisms of any measure limiting access to healthcare.

Healthcare subject to prior authorisation

- Prior authorisation system in place since the transposition of the Directive until September 2018.

Healthcare not subject to prior authorisation

- No formalised prior notification system (Article 9(5) of the Directive) in place, but possible to contact the National Health Service on a voluntary ad hoc basis.
- A request for reimbursement can be made in person (paper application with original signature), by post (paper application with original signature) or by e-mail (signed with secure electronic signature).
- The maximum time limit (1 year) for processing requests for reimbursement is regulated, as part of the general administrative legislation, in Section 64 of the Administrative Procedure Law.

General data availability

- Latvia has provided annual data for years 2016-2021.

Liechtenstein

Liechtenstein does not participate to the cross-border healthcare expert group set up by the European Commission (DG SANTE) and has therefore not been part of the data collection.

Lithuania

National Contact Point

Name: National Contact Point for Cross-border Healthcare
Affiliation/Organisation: Shared responsibility between the National Health Insurance Fund (VLK) and the State Health Care Accreditation Agency (VASPVT), both found under the Ministry of Health
Website: https://ligoniukasa.lrv.lt/lt/ (VLK) and www.vaspvt.gov.lt (VASPVT)
E-mail: info@vlk.lt (VLK) and contact.point@vaspvt.gov.lt (VASPVT)
Phone: +370 5 232 2222 (VLK) and +370 5 261 51 77 (VASPVT)

Limitations for patient inflow (Article 4(3) of the Directive)

- Lithuania has not introduced mechanisms of any measure limiting access to healthcare.

Healthcare subject to prior authorisation

- No prior authorisation system in place.

Healthcare not subject to prior authorisation

- No prior notification system (Article 9(5) of the Directive) in place.
- A request for reimbursement can be made in person or by post.
- The maximum time limit (30 working days) for processing requests for reimbursement is regulated, as part of the general administrative legislation, in Article 31 of the Law on Public Administration.

General data availability

- Lithuania has provided annual data for years 2016-2021.

Luxembourg

National Contact Point

Name: -

Affiliation/Organisation: Shared responsibility between the National Health Fund, CNS (for persons seeking healthcare in the EU) and the National information and mediation service in the health field, Médiateur Santé (for persons seeking healthcare in Luxembourg).

Website: www.cns.lu (CNS) or www.mediateursante.lu (Médiateur Santé)

E-mail: cns@secu.lu (CNS) or info@mediateursante.lu (Médiateur Santé)

Phone: +352 2757 1 (CNS) or +352 247 75515 (Médiateur Santé)

Limitations for patient inflow (Article 4(3) of the Directive)

- Luxembourg has not introduced mechanisms of any measure limiting access to healthcare.

Healthcare subject to prior authorisation

- Prior authorisation system in place since the transposition of the Directive. Please note that the prior authorisation system in place initially does not distinguish between requests under the Coordination Regulations and the Directive.
- A request for prior authorisation can be made by post, by e-mail or by fax.
- The maximum time limit (3 weeks) for processing requests for prior authorisation is regulated in the statutes of the CNS, Article 28 § 11.
- A request for reimbursement can be made in person or by post.
- Luxembourg has no maximum time limit for processing requests for reimbursement.

Healthcare not subject to prior authorisation

- No prior notification system (Article 9(5) of the Directive) in place.
- A request for reimbursement can be made in person or by post.
- Luxembourg has no maximum time limit for processing requests for reimbursement.

General data availability

- Luxembourg has provided annual data for years 2015-2021. However, data has never been provided concerning requests for reimbursement relating to healthcare not subject to prior authorisation, since Luxembourg is not able to distinguish between requests for reimbursement relating to healthcare subject to prior authorisation and requests for reimbursement relating to healthcare not subject to prior authorisation. For the same reason, Luxembourg also does not provide figures concerning the amount reimbursed in relation to requests for prior authorisation.

Malta

National Contact Point

Name: National Contact Point
Affiliation/Organisation: Ministry for Health
Website: https://deputyprimeminister.gov.mt/en/cbhc/Pages/Cross-Border.aspx
E-mail: crossborderhealth@gov.mt
Phone: +356 22992381

Limitations for patient inflow (Article 4(3) of the Directive)

- Malta has not introduced mechanisms of any measure limiting access to healthcare.

Healthcare subject to prior authorisation

- Prior authorisation system in place since the transposition of the Directive.
- A request for prior authorisation can be made in person, by post or by e-mail.
- The maximum time limit (6 weeks) for processing requests for prior authorisation is regulated in Article 11(4) of the subsidiary legislation 528.03 Cross-border Healthcare Regulations.
- A request for reimbursement can be made in person, by post or by e-mail.
- The maximum time limit (365 days) for processing requests for reimbursement is regulated by internal administrative rules.

Healthcare not subject to prior authorisation

- A prior notification system (Article 9(5) of the Directive) is in place since the transposition of the Directive.
- A request for reimbursement can be made in person, by post or by e-mail.
- The maximum time limit (365 days) for processing requests for reimbursement is regulated by internal administrative rules.

General data availability

- Malta has provided annual data for years 2015-2021.

The Netherlands

National Contact Point

Name: Netherlands National Contact Point Cross-Border Healthcare
Affiliation/Organisation: CAK
Website: https://cbhc.hetcak.nl/en
E-mail: Contact form on the website
Phone: -

Limitations for patient inflow (Article 4(3) of the Directive)

- The Netherlands have not introduced mechanisms of any measure limiting access to healthcare.

Healthcare subject to prior authorisation

- No prior authorisation system in place. According to the Netherlands, a prior authorisation is not required following the implementation of the Directive within the Dutch healthcare system. However, the different health insurers in the Netherlands do have their own policies regarding planned treatment in another country.[86]

Healthcare not subject to prior authorisation

- No prior notification system (Article 9(5) of the Directive) in place.
- All healthcare insurers have their own policies. How a request for reimbursement can be made therefore differs.
- All healthcare insurers have their own policies. The maximum time limit for processing requests for reimbursement therefore differs.

General data availability

- The Netherlands have provided annual data for years 2015-2021. However, the Netherlands are not able to provide data in relation to requests for reimbursement relating to healthcare not subject to prior authorisation. The Dutch healthcare system is implemented by private health insurers. The data recorded in their systems differ. As a result, it is not possible for the Netherlands to provide aggregated data.

[86] The report by Ecorys (2022) found that the healthcare insurers require a prior authorisation, even though the Netherlands officially have not implemented a prior authorisation system.

Norway

National Contact Point

Name: Norwegian National Contact Point for healthcare
Affiliation/Organisation: Helfo
Website: www.helsenorge.no/en/treatment-abroad/norwegian-national-contact-point-for-healthcare
E-mail: Contact form on the website
Phone: +47 23 32 70 00

Limitations for patient inflow (Article 4(3) of the Directive)

- Norway has not introduced mechanisms of any measure limiting access to healthcare.

Healthcare subject to prior authorisation

- No prior authorisation system in place.

Healthcare not subject to prior authorisation

- Prior notification system (Article 9(5) of the Directive) in place since the transposition of the Directive.
- A request for reimbursement can be made in person or online.
- The maximum time limit (currently 12 weeks) for processing requests for reimbursement is set annually by the Norwegian Directorate of Health.

General data availability

- Norway has provided annual data for years 2015-2021.

Poland

National Contact Point

Name: National contact point for cross-border healthcare
Affiliation/Organisation: Central Office of the National Health Fund (NFZ)
Website: http://www.kpk.nfz.gov.pl/en/
E-mail: kpk-dyrektywa@nfz.gov.pl
Phone: +48 22 572 61 13

Limitations for patient inflow (Article 4(3) of the Directive)

- Poland has not introduced mechanisms of any measure limiting access to healthcare.

Healthcare subject to prior authorisation

- Prior authorisation system in place since the transposition of the Directive.
- A request for prior authorisation can be made in person, by post or online with digital signature.
- The maximum time limit (1 or 2 months depending on the level of investigation needed) for processing requests for prior authorisation is regulated, as part of the general administrative legislation, in Article 35 of the Code of administrative procedure.
- A request for reimbursement can be made in person, by post or by e-mail.
- The maximum time limit (30 days/60 days or 6 months depending on the level of investigation needed) for processing requests for reimbursement is regulated in Article 43d (13)-(15) of the Act of health care benefits financed from public funds.

Healthcare not subject to prior authorisation

- A prior notification system (Article 9(5) of the Directive) is in place since the transposition of the Directive.
- A request for reimbursement can be made in person, by post or by e-mail.
- The maximum time limit (30 days/60 days or 6 months depending on the level of investigation needed) for processing requests for reimbursement is regulated in Article 43d (13)-(15) of the Act of health care benefits financed from public funds.

General data availability

- Poland has provided annual data for years 2015-2021.

Portugal

National Contact Point

Name: -
Affiliation/Organisation: The Central Administration of the Health System
Website: https://diretiva.min-saude.pt/
E-mail: Diretiva.PCN@acss.min-saude.pt
Phone: +351 21 792 58 00

Limitations for patient inflow (Article 4(3) of the Directive)

- Portugal has not introduced mechanisms of any measure limiting access to healthcare.

Healthcare subject to prior authorisation

- Prior authorisation system in place since the transposition of the Directive.

Healthcare not subject to prior authorisation

- It is uncertain whether a prior notification system (Article 9(5) of the Directive) is in place, as contradictory information was provided in 2016 (No), 2018 (Yes) and 2019 (No) without further explanations.

General data availability

- Portugal has provided annual data for years 2016-2019. Portugal informs of low number of cases due to most cases being treated according to the Coordination Regulations or national legislation.

Romania

National Contact Point

Name: National contact point - Cross-border healthcare
Affiliation/Organisation: National Health Insurance House
Website: www.cnas-pnc.ro/
E-mail: pnc@casan.ro
Phone: +40 372 309 135

Limitations for patient inflow (Article 4(3) of the Directive)

- Romania has introduced mechanisms limiting access to healthcare (Art. 7 paragraph (2) of Government Decision No 304/2014 for the approval of the Methodological Norms regarding cross-border healthcare).. However, no patients have had their access to treatment limited between 2016 and 2021 on the ground of overriding reasons of general interest.

Healthcare subject to prior authorisation

- Prior authorisation system in place since the transposition of the Directive.
- A request for prior authorisation can be made in person.
- The maximum time limit (5 working days) for processing requests for prior authorisation is regulated in Art. 2 para (2) lett. c) of Government Decision No 304/2014 for the approval of the Methodological Norms regarding cross-border healthcare.
- A request for reimbursement can be made in person.
- Romania has no maximum time limit for processing requests for reimbursement.

Healthcare not subject to prior authorisation

- No prior notification system (Article 9(5) of the Directive) in place.
- A request for reimbursement can be made in person.
- Romania has no maximum time limit for processing requests for reimbursement.

General data availability

- Romania has provided annual data for years 2015-2021.

Slovakia

National Contact Point

Name: National Contact Point for Cross – Border Healthcare
Affiliation/Organisation: The Health Care Surveillance Authority
Website: www.nkm.sk
E-mail: nkm@udzs-sk.sk
Phone: +421 2 208 56 789

Limitations for patient inflow (Article 4(3) of the Directive)

- Slovakia has not introduced mechanisms of any measure limiting access to healthcare.

Healthcare subject to prior authorisation

- Prior authorisation system in place since the transposition of the Directive.
- A request for prior authorisation can be made in person, by post or online.
- The maximum time limit (15 working days) for processing requests for prior authorisation is regulated in § 9f, par. 4 of Act no. 580/2004 Coll.
- A request for reimbursement can be made in person or by post.
- The maximum time limit (6 months) for processing requests for reimbursement is regulated in § 10, par. 6 of Act no. 580/2004 Coll.

Healthcare not subject to prior authorisation

- No prior notification system (Article 9(5) of the Directive) in place.
- A request for reimbursement can be made in person or by post.
- The maximum time limit (60 months) for processing requests for reimbursement is regulated in § 10, par. 6 of Act no. 580/2004 Coll.

General data availability

- Slovakia has provided annual data for years 2015-2021.

Slovenia

National Contact Point

Name: National Contact Point on cross-border healthcare
Affiliation/Organisation: Health Insurance Institute of Slovenia (HIIS), Ministry of Health of the Repulic of Slovenia(MOH)
Website: www.nkt-z.si/wps/portal/nktz/home
E-mail: kontakt@nkt-z.si
Phone: +386 1 30 77 222

Limitations for patient inflow (Article 4(3) of the Directive)

- Slovenia has not introduced mechanisms of any measure limiting access to healthcare.

Healthcare subject to prior authorisation

- Prior authorisation system in place since the transposition of the Directive.
- A request for prior authorisation can be made in person, by post or by e-mail.
- The maximum time limit (60 days) for processing requests for prior authorisation is regulated, as part of the general administrative legislation, in the law on general administrative procedure.
- A request for reimbursement can be made in person, by post or by e-mail.
- The maximum time limit (60 days) for processing requests for reimbursement is regulated, as part of the general administrative legislation, in the law on general administrative procedure.

Healthcare not subject to prior authorisation

- No prior notification system (Article 9(5) of the Directive) in place.
- A request for reimbursement can be made in person, by post or by e-mail.
- The maximum time limit (60 days) for processing requests for reimbursement is regulated, as part of the general administrative legislation, in the law on general administrative procedure.

General data availability

- Slovenia has provided annual data for years 2015-2021.

Spain

National Contact Point

Name: Citizens' Advice and Information Office
Affiliation/Organisation: Ministry of Health
Website: https://www.sanidad.gob.es/en/pnc/portada/InfoNCPSpain.htm
E-mail: oiac@sanidad.gob.es
Phone: +34 91 596 10 89/ 91 596 10 90

Limitations for patient inflow (Article 4(3) of the Directive)

- Spain has not introduced mechanisms of any measure limiting access to healthcare.

Healthcare subject to prior authorisation

- Prior authorisation system in place since the transposition of the Directive.
- A request for prior authorisation can be made in person, by post, by e-mail or online. However, all autonomous communities have their own policies. How a request for prior authorisation can be made therefore differs.
- The maximum time limit (45 days) for processing requests for prior authorisation is regulated in Article 16.4 of Royal Decree 81/2014.
- A request for reimbursement can be made in person, by post, by e-mail or online. However, all autonomous communities have their own policies. How a request for reimbursement can be made therefore differs.
- The maximum time limit (3 months) for processing requests for reimbursement is regulated in Article 14.6 of Royal Decree 81/2014.

Healthcare not subject to prior authorisation

- No prior notification system (Article 9(5) of the Directive) in place.
- A request for reimbursement can be made in person, by post, by e-mail or online. However, all autonomous communities have their own policies. How a request for reimbursement can be made therefore differs.
- The maximum time limit (3 months) for processing requests for reimbursement is regulated in Article 14.6 of Royal Decree 81/2014.

General data availability

- Spain has provided annual data for years 2015-2021.

Sweden

National Contact Point

Name: -

Affiliation/Organisation: Shared responsibility between the Swedish Social Insurance Agency, Försäkringskassan, (for persons seeking healthcare in the EU) and the National Board of Health and Welfare, Socialstyrelsen, (for persons seeking healthcare in Sweden).

Website: www.forsakringskassan.se (Försäkringskassan) or www.socialstyrelsen.se (Socialstyrelsen)

E-mail: Contact form on the website (Försäkringskassan) or socialstyrelsen@socialstyrelsen.se (Socialstyrelsen)

Phone: +46 771 524 524 (Försäkringskassan) or +46 75 247 30 00 (Socialstyrelsen)

Limitations for patient inflow (Article 4(3) of the Directive)

- Sweden has not introduced mechanisms of any measure limiting access to healthcare.

Healthcare subject to prior authorisation

- No prior authorisation system in place.

Healthcare not subject to prior authorisation

- Prior notification system (Article 9(5) of the Directive) in place since the transposition of the Directive.
- A request for reimbursement can be made by post or online.
- The maximum time limit (90 calendar days) for processing requests for reimbursement is regulated in Act (2013:513) on compensation for costs resulting from care in another country within the European Economic Area.

General data availability

- Sweden has provided annual data for years 2015-2021, with the exception of years 2017-2018 (the questionnaire was returned unanswered).


Publications Office