



GLOSSARY

*for good patient
information provision
in cross-border
healthcare*

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A

- Annex III Regulation (EC) 883/2004* Member States restricting rights for family members of a frontier worker* are:
- Denmark, Ireland, Croatia, Finland, Sweden and the United Kingdom
- the annexes of the Social Security Regulations are revised on a regular basis, please always consult the latest consolidated version*
- Annex IV Regulation 883/2004* Member States granting more beneficial rights to pensioners returning to the competent Member State* for healthcare are:
- Belgium, Bulgaria, Czech Republic, Germany, Greece, Spain, France, Cyprus, Luxembourg, Hungary, the Netherlands, Austria, Poland, Slovenia and Sweden
- the annexes of the Social Security Regulations are revised on a regular basis, please always consult the latest consolidated version*
- Annex V Regulation 883/2004* Member States granting more beneficial rights to frontier workers* returning to the Member State of previous work activity for healthcare are:
- Belgium, Germany, Spain, France, Luxembourg, Austria, Portugal
- applicable only if the competent Member State responsible for the costs of the sickness benefits provided to the retired frontier worker* in his/her Member State of residence, that is the competent Member State*, is also included in this list*
- the annexes of the Regulations are revised on a regular basis, please always consult the latest consolidated version*
- Annex III Regulation (EC) 987/2009* Member States under reimbursement of sickness benefits between Member States on the basis of fixed amounts* are:
- Ireland, Spain, Cyprus, the Netherlands*, Portugal, Finland*, Sweden, and the United Kingdom
- Sections "the Netherlands" and "Finland" are deleted as from 1 January 2018: Commission Regulation (EU) 2017/492 of 21 March 2017
- the annexes of the Social Security Regulations are revised on a regular basis, please always consult the latest consolidated version

B

C

- Competent Member State* Member State under whose social security system the patient concerned is insured at the time of the cross-border treatment,

	or on behalf of whose social security system the patient concerned is insured at the time of cross-border treatment
<i>Co-payment</i>	A set out-of-pocket amount which will not be covered by the national health service*/ statutory health insurance*, but which the insured will have to pay him or herself (i.e. the patient's share of the medical costs)
<i>Cross-border healthcare</i>	Cross-border healthcare refers to medical treatment outside the patient's country of residence, where s/he is entitled to public healthcare (whether or not under the social security legislation of another Member State). The treatment is considered to be cross-border when received in any another EU*/EEA* Member State or Switzerland, without the prerequisite of sharing a geographical border with the country of residence.

D

<i>Directive 95/46/EU</i>	Directive 95/46/EC of the European Parliament and of the Council of 24 October 1995 on the protection of individuals with regard to the processing of personal data and on the free movement of such data
<i>Directive 2011/24/EU</i>	Directive 2011/24/EU of the European parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare
<i>Directive 2012/52/EU</i>	Please see " <i>Implementing Directive 2012/52/EU</i> "

E

<i>E-prescription</i>	Prescription that is electronically generated, transmitted and filled
<i>European Economic Area (EEA)</i>	The European Economic Area (EEA) includes, besides the 28 EU Member States, Iceland, Liechtenstein and Norway
<i>European Health Insurance Card (EHIC)</i>	Free card, issued by the national health service authority*/ health insurer*, that gives the patient access to medically necessary, state-provided healthcare during a temporary stay in another EU*/EEA* country or Switzerland*, under the same conditions and costs (free at charge in some countries) as people covered/insured under the national health services or national health insurance scheme of that country
<i>European Reference Networks</i>	European Reference Networks (ERNs) are virtual networks involving healthcare providers across Europe, aiming to facilitate discussion on complex or rare diseases and conditions that require highly specialised treatment, and concentrated knowledge and resources (www.europa.eu/youreurope)

<i>European Union (EU)</i>	The EU includes following 28 Member States: Austria, Belgium, Bulgaria, Croatia, Cyprus*, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom ! EU-law is not applicable in Northern Cyprus (the Turkish Republic of Northern Cyprus)
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F

<i>Frontier worker</i>	Person pursuing an activity as an employed or self-employed person in a Member State and who resides in another Member State to which s/he returns on a daily basis or at least once a week
<i>Follow-up care</i>	Healthcare that may be required as a result of treatment or medical intervention with the purpose of providing aftercare or surveillance to ensure a good recovery

G

<i>General population safety risk</i>	Particular risk for the population associated with the cross-border treatment*, e.g. contamination risk as a result of traveling by a patient with a contagious disease
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H

<i>Health insurance provider</i>	Provider of health insurance under the statutory health insurance* scheme (i.e. health insurance fund; health insurance company)
<i>Home country</i>	The country where the patient resides and is entitled to sickness benefits, regardless of whether or not he or she is insured under the social security system of that country

I

<i>Incoming patient</i>	Patient who is travelling from another EU*/EEA* country or Switzerland to the country concerned
<i>Inpatient treatment</i>	Treatment requiring the patient to be admitted in the hospital or other health facility
<i>Insured person</i>	Person or family member of a person who is subjected to the social security legislation of one or more of EU*/EEA* Member States
<i>Implementing Directive 2012/52/EU</i>	Commission Implementing Directive 2012/52/EU of 20 December 2012 laying down measures to facilitate the recognition of medical prescriptions issued in another Member State

J

K

L

Long-term care Services in the field of long-term care the purpose of which is to support people in need of (non-medical) assistance in carrying out routine, everyday tasks, for example nursing homes

M

Mechanism of compensation for sickness benefits between Member States on the basis of lump sums/ fixed amounts The Social Security Regulations* also deal with the financial consequences for Member States that provide health services to a person who is entitled to sickness benefits on behalf of another Member State (e.g. the Member State of previous work activity). The costs incurred by the Member State of stay or residence has to be refunded by the institution of the State where the person is insured. Here two different mechanisms may apply, namely reimbursement of actual medical expenditures or reimbursement on the basis of fixed amounts (i.e. lump sums)

Medically necessary treatment Treatment that can't be postponed and that must be provided in order to prevent the patient from being forced to return home before the end of the planned duration of the stay abroad

Medical records All the documents containing data, assessments and information of any kind on a patient's state of health and medical history (art. 3 (m) Directive 2011/24/EU*)

Medical treatment Treatment including medical diagnosis, medical treatment and prescription medicines and medical devices

Member State of affiliation Member State that under the Social Security Regulations* is competent for granting prior authorisation* and issuing the S2 form* (old E112 form). This will normally be the country under whose social security system the patient is covered (i.e. the competent Member State*).

Member State of treatment Member State where the cross-border treatment* is provided (or in the case of telemedicine*: Member State where the healthcare provider is located)

N

National Contact Point (NCP) Under Directive 2011/24/EU*, all EU*/EEA* Member States are obliged to install one or more National Contact Points which are assigned to provide patients with information on all aspects of cross-border healthcare

National health service National health service-type of healthcare systems are government-controlled healthcare systems that are responsible for the provision of publicly funded health services to all citizens in their country

O

<i>Organ transplantation</i>	The allocation of and access to organs for the purpose of organ transplants (with the exception of the surgical act of transplantation itself)
<i>Outgoing patient</i>	Patient who is leaving the country concerned to travel to another EU*/EEA* country or Switzerland
<i>Outpatient treatment</i>	Treatment provided without the patient is required to be admitted in the hospital or other health facility

P

<i>Patient safety risk</i>	Particular risk for the patient associated with the cross-border treatment*, e.g. medical contra-indications for travelling
<i>Personal data</i>	Personal data refers to any information relating to an identified or identifiable natural person, that is one who can be identified, directly or indirectly, in particular by reference to an identification number or to one or more factors specific to his physical, physiological, mental, economic, cultural or social identity (art. 2 (a) Directive 95/46/EU)
<i>Planned medical treatment/ Planned care</i>	Treatment provided during a temporary stay abroad of which the explicit purpose was to receive treatment there
<i>Prescription</i>	Prescription for a medicine or medical device issued by a member of a regulated health profession who is legally entitled to do so in the country in which the prescription is issued (art. 3 (k) Directive 2011/24/EU*)
<i>Private health insurance</i>	Private insurance against the risks of sickness and injury
<i>Private healthcare provider</i>	Healthcare provider who is working in the private or independent health sector and who is often not contracted or affiliated to the national health service*/ statutory health insurance scheme* and, as a result, not entitled to provide services covered under the social security scheme
<i>Prior authorisation</i>	Authorisation patients need in advance of their travel abroad from their national health service* / health insurance provider* in order to be guaranteed reimbursement* for their cross-border treatment*
<i>Public healthcare provider</i>	Healthcare provider who is working within the public health sector. More specifically, a healthcare provider that is contracted or affiliated to the national health service*/ statutory health insurance scheme* and who, as a result, is entitled to provide services covered under the social security scheme
<i>Public vaccination programmes</i>	Public programmes of vaccination against infectious diseases which are exclusively aimed at protecting the health of the population on the territory of a Member State and which are subject to specific planning and implementation measures

Q

R

<i>Reimbursement</i>	Repayment of the patient by the national health service*/ statutory health insurance provider* for health services covered by the social security scheme
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S

<i>S1 form</i>	European document of proof that a persons has social security insurance which is needed when he or she does not reside in the country under whose social security system he or she is insured (www.europa.eu/youreurope)
<i>S2 form</i>	European document of proof of receipt of prior authorisation* from the patient's national health service*/ health insurance provider* to have planned treatment* abroad, according to the Social Security Regulations (EC) 883/2004 and 987/2009* (www.europa.eu/youreurope)
<i>S3 form</i>	European document of proof of entitlement to healthcare in the country of previous work activity (www.europa.eu/youreurope)
<i>Social Security Regulations (EC) 883/2004 and 987/2009</i>	<ul style="list-style-type: none">- Regulation (EC) No 883/2004 of the European Parliament and of the council of 29 April 2004 on the coordination of social security systems- Regulation (EC) No 987/2009 of the European Parliament and of the council of 16 September 2009 laying down the procedure for implementing Regulation (EC) No 883/2004 on the coordination of social security systems
<i>Statutory health insurance</i>	Financing system, which may be tax funded or based on social insurance contributions, within the social security scheme that covers the citizens of a country against healthcare expenses from the financial risks of illness and injury
<i>Switzerland</i>	Cross-border healthcare in Switzerland is excluded from Directive 2011/24/EU. As a result, only the Social Security Regulations (EC) 883/2004 and 987/2009 apply in case of cross-border treatment in Switzerland (<i>not taken into account the possible existence of purely national legislation that may extent the application of the principles of Directive 2011/24/EU* to cross-border healthcare* in Switzerland</i>)

T

<i>Telemedicine</i>	The provision of healthcare services at a distance through the use of ICT, e.g. teleconsultation, telemonitoring, telesurgery,...
<i>Third-party payment</i>	Third-party payment refers to the direct payment of the healthcare provider by the competent national health service*/ health insurer*. As a result, the patient enjoys treatment free of charge and only has to pay the patient's part of the costs (co-payment*)

U

*Unplanned medical treatment/
Unplanned care*

Treatment which becomes necessary on medical grounds due to sudden illness or injury during a temporary stay in another Member State for work, study or leisure (without the initial purpose of the patients' travel being to receive treatment there)

Upfront payment

The payment of all medical costs directly to the treating healthcare provider or hospital. Possible reimbursement* will have to be filed retrospectively.

*UN Convention on the Rights of
Persons with Disabilities*

United Nations Convention on the Rights of Persons with Disabilities of 6 December 2006

V

Vanbraekel supplement

The *Vanbraekel supplement* includes an additional compensation in case the patient has actually borne all or part of the medical costs of the planned cross-border treatment*, for which s/he had prior authorisation* (S2 form*), him or herself (co-payment*) and the reimbursement* tariff abroad is lower than the costs that should have been reimbursed, assuming the same treatment would have taken place in the patient's own home country*. In this case, the competent national health service*/ statutory health insurer* has to reimburse the patient, upon request, up to the amount representing the difference between both reimbursement* rates (without exceeding the actual costs incurred by the patient) (art. 26(7) Regulation (EC) 987/2009).

W

X

Y

Z

