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

Reference year 2020

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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, the United Kingdom (UK), 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, the United Kingdom (UK), 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

- Some countries are not able to distinguish between the requests under the Directive and the Coordination Regulations which leads to a distorted image and a possible overestimation. The most important example of this is France.

- Some countries are not able to provide a response to (certain questions in) the questionnaire which leads to an underestimation of the figures. The most important example of this is Germany.

- Comparisons over the years should be regarded with caution as the group of countries which were able to provide a response changes every year. Moreover, data for reference year 2020 are influenced by the COVID-19 pandemic.

Information requests received by National Contact Points

- There were 26 Member States and Norway which were able to provide figures regarding the number of information requests received in 2020. Together these countries received around 58,000 information requests.

Limitation of patient inflow

- Only four countries have introduced measures regarding access to treatment, namely Denmark, Estonia, Romania, and the United Kingdom. Denmark reported that it concerned one patient in 2020.

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, the United Kingdom, and Norway.

Healthcare subject to prior authorisation

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

- In 2020, around 5,400 requests for prior authorisation were received by 15 Member States and the United Kingdom which provided data. Approximately 3,700 requests were authorised. Due to the COVID-19 pandemic, both the number of requests for prior authorisation and the number of requests authorised decreased by about 22% compared to 2019. Nevertheless, requests for prior authorisation were still made in 2020. Though it is not clear whether the requests were made before the COVID-19 pandemic (travel restrictions), neither if they have led to an actual treatment.

- Most countries received a limited number of requests for prior authorisation. Only France (2,152), Ireland (1,135), Luxembourg (902), Greece (543), Slovakia (298), and the United Kingdom (191) received more than 100 requests for prior authorisation.

- On average 75% of all processed requests for prior authorisation were authorised. In the majority of the countries that reported data, most requests for prior authorisation were authorised. However, this was not the case in Belgium, Denmark, Greece, Croatia, Poland, and Slovenia. The main reason to

refuse requests is because healthcare could be provided in the Member State of affiliation itself within a justifiable time limit.

- An overnight stay is by far (96%) the main type of healthcare for which a prior authorisation is authorised.

- Flows between neighbouring countries are of great importance, for example Ireland – United Kingdom and Slovakia – Czechia. The Member States of affiliation which authorised the largest number of requests for prior authorisation are France[1], Ireland, Luxembourg, and Slovakia. The Member States of treatment for which the highest number of authorised requests for prior authorisation were authorised are Germany, Czechia, Spain, and the United Kingdom.

- In 2020, a total amount of around € 1.8 million was reimbursed by 11 Member States and the United Kingdom which provided data.

Healthcare not subject to prior authorisation

- In 2020, 20 Member States, the United Kingdom, and Norway which reported data received around 191,000 requests for reimbursement without prior authorisation. Approximately 155,500 requests were granted. This is a decrease of more than one third compared to 2019. Nevertheless, requests for reimbursement were still made in 2020. Though it is not clear whether the requests were made before the COVID-19 pandemic (travel restrictions).

- 84% of all processed requests for reimbursement without prior authorisation were granted. In all countries which reported data, with the exception of Bulgaria and Spain, the majority of requests for reimbursement were granted.

- Flows between neighbouring countries are important, although flows between the Nordic countries and Spain are also substantial. France[2], Denmark, Sweden, Poland, and Slovakia 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 of treatment in terms of number of granted requests for reimbursement for healthcare not subject to prior authorisation are Spain, Portugal, Germany, Belgium, and Czechia.

- In 2020, a total amount of around € 75.8 million was reimbursed by 22 Member States, the United Kingdom, and Norway which provided data.

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

- The total amount reimbursed of healthcare subject and not subject to prior authorisation in 2020 amounts to € 77.5 million. The share of the amount reimbursed concerning the Directive on the total government expenditure on healthcare[3] amounts to 0.01%. This low share shows that the Directive only plays a small part in the total government expenditure on healthcare.

[1] FR is not able to make a separation between requests under the Directive and under the Coordination Regulations.

[2] See previous footnote.

[3] Eurostat [GOV_10A_EXP] data 2019 (data 2020 not yet available). Only calculated for countries which were able to provide data on reimbursement for healthcare subject and not subject to prior authorisation (excluding AT, FR, HU, IE, LU, MT, NL, PT, and IS).

1. INTRODUCTION

Cross-border healthcare means healthcare 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 in all EU Member States was not complete 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 was first collected concerning year 2014. The data submitted are compiled and analysed and an overview of the situation is presented. This year's report covers year 2020 and is the sixth report to be published[6]. It is worth pointing out that 2020 has been an exceptional year. The COVID-19 pandemic had a severe impact on our lives, and movement of people was seriously restricted. Therefore, data for reference year 2020 will be influenced as well.

The questionnaire contains questions relating to four main sections:

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

In this report, a chapter will first be devoted to data quality as this is a significant issue concerning data on cross-border patient healthcare (*Chapter 2*). Next, the information requests by the NCPs (*Chapter 3*), the limitation for patient flows (*Chapter 4*), and prior notification (*Chapter 5*) are discussed. The last two chapters analyse healthcare subject

[4] The Directive was applicable to the UK until 31 December 2020.

[5] LI does not participate to 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 2015-2019 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.

to PA *(Chapter 6*) and healthcare not subject to PA (*Chapter 7*). First, the different routes to receive cross-border healthcare, of which the Directive is one, are discussed below.

1.1. 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')[8] 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, that 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, these are 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

[8] For data on cross-border healthcare provided under the Coordination Regulations see De Wispelaere et al., 2020.

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)[9] and during residence abroad. The Coordination Regulations also include provisions for planned cross-border healthcare (with Portable Document S2 – PD S2)[10].

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

[9] The EHIC certifies the entitlement to necessary healthcare.

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

1.2. Exchange rates

In this report all reimbursed amounts are presented in euro. For this purpose, the exchange rates as of 31 December 2020, as published in the Official Journal of the European Union (C 1, 4.1.2021), have been used relating to year 2020 *(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. Discrepancies might therefore occur between this report and any figures presented in previous years.

Table 2 Exchange rates as of 31 December 2020

Country	Currency	Exchange rate 1 EUR =
Bulgaria	Bulgarian Lev (BGN)	1.9558
Croatia	Croatian Kuna (HRK)	7.5519
Czechia	Czech Koruna (CZK)	26.242
Denmark	Danish Krona (DKK)	7.4409
Hungary	Hungarian Florin (HUF)	363.89
Poland	Polish Zloty (PLN)	4.5597
Romania	Romanian Leu (RON)	4.8683
Sweden	Swedish Krona (SEK)	10.0343
United Kingdom	Pound Sterling (GBP)	0.8990
Iceland	Iceland Krone (ISK)	156.10
Norway	Norwegian Krone (NOK)	10.4703

Source Official Journal of the European Union (C 1, 4.1.2021)

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 onwards. 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.

This year replies have been received from all but 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 6* (healthcare subject to PA) and *Chapter 7* (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 and Hungary have not provided any figures relating to these two chapters. Germany has informed 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. 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). Hungary has not provided an explanation but has informed that the number of requests under the Directive is low and mostly related to reimbursement of prescribed medications.

Austria has not been able to present complete data for 2020 due to a restructuring of the social insurance institutions in Austria. For that reason, figures for Austria have not been included in respect of the number of requests for PA and the number of requests for reimbursement for healthcare not subject to PA.

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[11] but do provide total figures for both requests for PA and requests for reimbursement relating to healthcare not subject to PA, which causes a distorted image when compared to the figures of the other respondents. 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

[11] Their response to the questionnaire is as follows: Data provided concerning patient mobility with PA (*Chapter 6* of this report) include all the requests for Portable Documents S2. Data provided concerning patient mobility not subject to PA (*Chapter 7* in this report) include all the reimbursements made directly to insured person for treatment abroad without PA whether it is under the Coordination Regulations or the Directive.

reimbursement relating to healthcare not subject to PA. Also, Luxembourg does not provide figures concerning the amount reimbursed in relation to requests for PA. In addition, Greece is not able to distinguish between requests under the Directive and under the Coordination Regulations, but only in relation to received requests for PA.

It should be noted that the number of requests reported in *Chapter 7* (healthcare not subject to PA) does not correspond to the number of persons involved nor the number 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 their status (Yes/No) in respect of three areas covered by the questionnaire. These areas are:

- Limitations for patient inflow (Article 4(3) of the Directive);
- Prior authorisation system;
- Prior notification system (Article 9(5) of the Directive).

Questions have been asked (although not responded to in all cases) to clarify discrepancies in previous years replies and to try to capture any legal changes that have taken place since the implementation of the Directive. The result is presented in the corresponding chapters of this report. Specific information about individual respondents can also be found in the fact sheets in *Annex V*. Cross-checks have been carried out relating to the data collected in the precious years (as far as time allowed). Certain figures might therefore differ compared to previous years reports.

In the Annual Patient Mobility Report concerning year 2019 (Wilson et al., 2021) it is mentioned that figures reported relating to Liechtenstein as Member State of treatment have been excluded, and the reported numbers adjusted accordingly, because Liechtenstein is not included in the exercise. Figures relating to Liechtenstein as Member State of treatment are however included in this year's report, even though Liechtenstein does not provide data as Member State of affiliation, as they form part of the patient mobility under the Directive.

3. INFORMATION REQUESTS RECEIVED BY NATIONAL CONTACT POINTS

There were 26 Member States and Norway[12] which were able to provide data on the information requests received by NCPs. In total, they received 58,328 information requests, of which 28% written requests, 69% by telephone, and 3% in person. In most countries[13], written requests are indeed the most common form of information requests received *(Table 3)*. Nevertheless, in certain countries, requests by telephone make up the majority of the received requests. This is the case in Cyprus, Czechia, Germany, Estonia, Greece, Ireland, Latvia, Poland, Sweden, Slovenia, Slovakia, and Norway. Furthermore, in Malta, Poland, and Latvia, more than 10% of all received requests were received in person.

In certain countries, service through a certain medium is not possible. For example, Romania reported that requests are only answered in writing (letters, e-mail, and fax), and by telephone, and not in person. Finland also mentioned that telephone and desk service are not provided. On the other hand, certain other media, like websites/social media/other ways to receive information seem to be missing in the questionnaire. As a result, it is not clear for countries whether to include for instance requests through their website under 'written' or not, thus possibly leading to a distorted image. Furthermore, most countries make a distinction between information requests under the Directive and under the Coordination Regulations. However, not all are able to make this distinction.

Table 3 Information requests received by the National Contact Points, breakdown by media, 2020

	Written	Telephone	Desk (in person)	Total
AT	197	0	0	197
BE	148	0	0	148
BG*	11			11
CY	15	44	4	63
CZ	47	62	4	113
DE	1,042	3,117	0	4,159
DK**				1,480
EE	541	6,733	675	7,949
ES	485	260	0	745
FI	293	0	0	293
FR	815	0	0	815
EL	450	2,100	50	2,600
HR	3,525	2,304	0	5,829
HU	271	38	0	309
IE	417	2,205	2	2,624
IT	811	0	0	811
LT	5	0	0	5
LU***	20	14	3	37
LV	1,260	2,627	421	4,308
MT	14	7	4	25
NL	388	0	0	388
PL	243	1,914	332	2,489
PT				
RO	2,300	1,200	0	3,500
SE**	1,601	12,029	0	13,630
SI	705	1,671	0	2,376
SK	11	15	0	26
UK				
IS				
NO	470	2,928	0	3,398
Total	**16,085**	**39,268**	**1,495**	**58,328**

[12] No data were received from the PT, UK, and IS.

[13] This is the case in AT, BE, BG, ES, FI, FR, HR, HU, IT, LT, LU, MT, NL, and RO.

* BG: The number of requests received by telephone or in person are not explicitly registered.
** DK was not able to provide a breakdown by media.
*** LU: data is only partial (only for NCP 2, no detailed information for NCP 1).
**** SE: it is not possible to distinguish between NCP requests, questions regarding an ongoing case or combination of both.
***** Empty cells indicate that no data were provided.
Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2020

In reference year 2019, a total of 115,471 requests[14] were received by 25 Member States, the United Kingdom, and Norway which provided data on this question[15]. Therefore, a considerable decrease from 2019 to 2020 is visible. However, a comparison with the number of information requests between 2019 and 2020 should be regarded with care. First, seeing that the group of countries which reported data on this question differs between the years. Second, seeing that the COVID-19 pandemic impacted the movement of people in 2020. For instance, in 2019 approximately 14% of all requests concerned requests in person, while in 2020 this share dropped to 3%.

Finally, reference could be made to a study on behalf of DG SANTE that formulates several recommendations for improving the current level of information provision to patients by the NCPs (van de Steeg et al., 2018). One of the main findings was that there is a general lack of awareness of the existence of the Directive and the NCPs. Consequently, a lack of awareness may have an impact on the number of information requests received. Moreover, the number of requests might be influenced by the information available on the website of the NCPs. For instance, another main finding of the study was that there remains a need to further improve the websites. In particular, information on patient's rights, quality and safety standards, and reimbursement of cross-border healthcare costs require additional consideration and improvement.

[14] This number differs from the total of 115,459 in the Annual Patient Mobility Report for reference year 2019 (Wilson et al., 2021). This is the last available data from CY (changed from 31 requests to 0), SI (reported 2,376 for reference year 2019, but only 2,370 were included in the 2019 report as 6 requests were received by ordinary post), and UK (changed from 0 to 37).

[15] No data were received from CY, PT, and IS.

4. LIMITATION OF PATIENT INFLOW

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. Out of 26 Member States, the United Kingdom, and Norway[16] which responded to this question, only four 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, Estonia, Romania, and the United Kingdom (more specifically England and Wales). Wales reported comments around the impact of the COVID-19 pandemic in questionnaire returns and associated restrictions on international travel, although specific figures around COVID-19 related impacts that may have limited healthcare access under the Directive are not quantified.

This is a similar response as in reference year 2019, when additionally, Portugal responded no, and Iceland responded yes (Wilson et al., 2021). However, the information provided by the United Kingdom has not been stable over the years. In 2016 they reported measures were introduced in England, Scotland, and Wales, in 2017 and 2018 in England and Wales, in 2019 in Wales (Wilson et al., 2018, 2019a, 2019b, 2021), and in 2020 in England and Wales.

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. As was the case in previous reference years, only Denmark specified the number of patients, which was only one in 2020. In 2019 as well, this number remained limited as it only concerned three patients (Wilson et al., 2021), and in 2018 it concerned 10 patients (Wilson et al., 2019b).

[16] No data were received from PT and IS.

5. 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. 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 6* of this report, can be applied to only certain types of care.

There were 25 Member States, the United Kingdom, and Norway[17] which replied to this question, out of which 10 reported having such a system in place (see also the fact sheets in *Annex V* for more information). It concerns Denmark, Estonia, Greece, Ireland[18], Italy, Malta, Poland, Sweden, the United Kingdom, and Norway. This is a similar response as in reference year 2019, although Malta was not included then[19] (Wilson et al., 2021).

In Ireland, this prior notification system is in the form of a voluntary PA system for patients seeking inpatient care. For the United Kingdom, the information provided over the years is rather unstable. In 2016 they reported that a system of prior notification was introduced in England[20], in 2017, 2018, and 2019 in England and Wales (Wilson et al., 2018, 2019a, 2019b, 2021), and in 2020 in England, Scotland, and Wales.

[17] No data were received from HU, PT, and IS.

[18] IE has what they call an optional prior authorisation system in place, which could be argued as being in line with the requirements of a voluntary prior notification system according to Article 9(5) of Directive 2011/24/EU.

[19] This is due to a mistake from MT, as confirmed by MT. Although they did indeed reply 'No' in the questionnaire for reference years 2015 and 2019, their answer has been 'Yes' in all other reference years. This type of mistake has occurred before. For instance, in the report on reference year 2018 (Wilson et al., 2019b), LV is mistakenly identified as having implemented a system of prior notification as they answered 'Yes'. Clarification from LV makes it clear that LV does not have a formalized system of voluntary prior notification in place based on article 9(5) of the Directive. However, insured persons can request on an ad hoc basis to find out approximate reimbursement rates based on their specific situation before going abroad.

[20] In the Annual Patient Mobility Report for reference year 2016, the UK reported that a system of prior notification was introduced in England and Northern Ireland (Wilson et al., 2018). However, in their response to the questionnaire for reference year 2020, a correction was made and only England was mentioned as having a system of prior notification in 2016.

6. HEALTHCARE SUBJECT TO PRIOR AUTHORISATION

The Directive allows, on certain conditions, that countries set up a system of PA.[21] However, not all countries have implemented such a system of PA. Nine out of 26 Member States, the United Kingdom, and Norway [22] which responded to this question indicated they had **not** implemented such a system of PA. It concerns Cyprus, Czechia, Estonia, Finland, Lithuania, Latvia, the Netherlands[23], 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 2019, when additionally, Iceland and Portugal indicated they have a system of PA in place (Wilson 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.

It is noteworthy to point out an important difference in what is asked in the questionnaire concerning healthcare subject to PA *(Chapter 6)* and healthcare not subject to PA *(Chapter 7)*. 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.

6.1. 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.[24]

There was an increase of the number of requests authorised from 2016 to 2018 and then a decline from 2018 onwards (Wilson et al., 2018, 2019a, 2019b, 2021). When taking into account the last three years (2018-2020), there was a decline of around 30% in terms of requests authorised. From 2018 to 2019, so before the COVID-19 pandemic, there was a drop of approximately 10% of the number of requests authorised.

Although there are 18 Member States and the United Kingdom[25] which reported having a system of PA in 2020, only 16 of them[26] were able to provide data on the number of requests for PA. These 15 Member States and the United Kingdom received a total of 5,409 requests in 2020 *(Table 4)*. The number of authorised requests amounts to 3,667, the number of refused requests to 759, and the number of withdrawn or inadmissible requests to 450. It should be noted that the total number of received requests (5,409)

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

[22] No data were received from PT and IS.

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

[24] For data on cross-border planned healthcare under the Coordination Regulations see De Wispelaere et al., 2020.

[25] No data were received from PT and IS. CY, CZ, EE, FI, LT, LV, NL, SE, and NO did not implement a system of PA.

[26] AT, DE, and HU were not able to provide data. AT mentioned that due to the restructuring of the social insurance institution (in the course of the Sozialversicherungs-Organisationsgesetz), not all data are currently prepared in a usable form.

does not equal the sum of authorised, refused, and withdrawn/inadmissible requests (4,876) (see final column of *Table 4*)[27]. This is a result of the fact that requests might have been already received but are only processed in the next year. Thus, providing ratios, for instance authorised/received, might be misleading.

Most countries received only a limited number of requests for PA. Bulgaria, Spain, Croatia, Malta, Poland, and Romania all received less than 10 requests for PA. There are six countries which received more than 100 requests for PA, namely France (2,152), Ireland (1,135), Luxembourg (902), Greece (543), Slovakia (298), and the United Kingdom (191).

Table 4 Number of requests for prior authorisation received, authorised, refused, and withdrawn/inadmissible, 2020

	Received	Authorised (A)	Refused (B)	Withdrawn/Inadmissible (C)	Sum Authorised, refused and withdrawn/inadmissible (A+B+C)****	% of the requests for a PA authorised (A/sum(A+B+C))
AT						
BE	23	5	18	0	23	22%
BG	4	2	0	2	4	50%
DE						
DK	57	14	27	15	56	25%
ES	7	4	1	2	7	57%
FR	2,152	1,646	506	0	2,152	76%
EL	543	3	29	1	33	9%
HR	1	0	1	0	1	0%
HU						
IE	1,135	924	9	202	1,135	81%
IT	59	48	10	0	58	83%
LU	902	597	125	180	902	66%
MT	3	3	0	0	3	100%
PL	9	0	0	9	9	0%
PT						
RO	3	2	0	1	3	67%
SI	22	8	10	4	22	36%
SK	298	286	3	9	298	96%
UK	191	125	20	25	170	74%
IS						
Total	**5,409**	**3,667**	**759**	**450**	**4,876**	**75%**

* CY, 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.

** DE, HU, PT, and IS did not provide any data. However, 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. Since the technical conditions for this need to be created in 2021, these data are available at the earliest from 2023 onwards for 2022. AT did not provide complete data for 2020 due to a restructuring of the social insurance institutions.

*** For EL the number of refused requests refers to Directive requests including the ones that were initially PD S2 requests and were rejected under both the Coordination Regulations and the Directive.

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

***** The totals excluding the UK amount to 5,218 received, 3,542 authorised, 739 refused, 425 withdrawn/inadmissible, 4,706 sum of authorised, refused and withdrawn/inadmissible, 75% of the processed requests for a PA authorised.

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

As already mentioned above, not all countries are able to fully separate between requests under the Directive and under the Coordination Regulations, thus possibly leading to an overestimation of the number of requests for PA. This is the case for France, as they are not able to separate these requests, as well as for Greece, but only for the number of requests received. In 2020, Greece received 543 requests (no distinction possible between Coordination Regulations and Directive) and authorised

[27] More specifically, this is the case in DK, EL, IT, and UK.

three of them (only Directive). Additionally, this might be the case for other countries, as it is not always fully transparent. Nevertheless, several countries, for instance one of the largest countries Germany, are not able to provide figures on the number of requests received, which also leads to an underestimation.

Furthermore, the high number of requests received by Ireland could be explained by the comment they provided in the questionnaire. In Ireland, PA is only required for Enzyme Replacement Therapy, but PA is also provided on a voluntary basis to ensure compliance with public patient pathways and to protect the applicant. The voluntary PA is only applicable to inpatient episodes of care. Thus, Ireland has implemented a system of PA for planned inpatient episodes of care that provides the applicant with confirmation that they have followed a public patient pathway and an estimate of the amount that they can expect to be reimbursed based on the information provided by their treating consultant abroad and a code identified prior to treatment.

In total, when taking as a total the sum of the authorised, refused, and withdrawn/inadmissible requests (4,876 requests, see *Table 4*), 75% of all requests were authorised, 16% were refused, and 9% were withdrawn/inadmissible. In the majority of the countries that reported data on the number of requests for PA[28], most requests were authorised (see last column of *Table 4*). However, this is not the case in Belgium (18 out of 23 requests refused), Denmark (27 out of 56 requests refused), Greece (29 out of 33 requests refused), Croatia (one out of one request refused) and Slovenia (10 out of 22 requests refused). Additionally, all nine requests received by Poland were withdrawn or inadmissible.

In reference year 2019, a total of 6,935 requests for PA[29] were received by 18 Member States[30] and the United Kingdom which reported data on this. In 2020, however, the number of requests was much lower. Indeed, persons were restricted in their movement due to the COVID-19 pandemic, which had a serious impact on cross-border movement in general and cross-border healthcare in particular.

When comparing reference years 2019 and 2020, the group of countries which were able to provide a response to the question is not similar in both years which can cause a distorted image of the evolution. Therefore, only the same group of countries which were able to provide a response should be compared to each other. This is done in *Figure 1*, where only 15 Member States[31] and the United Kingdom which provided complete data in 2019 and 2020 are included. Furthermore, as France is not able to separate care provided under the Directive and under the Coordination Regulations, in *Figure 1* the numbers for France are highlighted separately.

The requests for PA received dropped from around 6,900 to 5,400, while the number of requests authorised went from approximately 4,700 to 3,700 *(Figure 1)*. Both the number of requests received for PA and the number of requests authorised decreased by about 22% in 2020 compared to 2019.

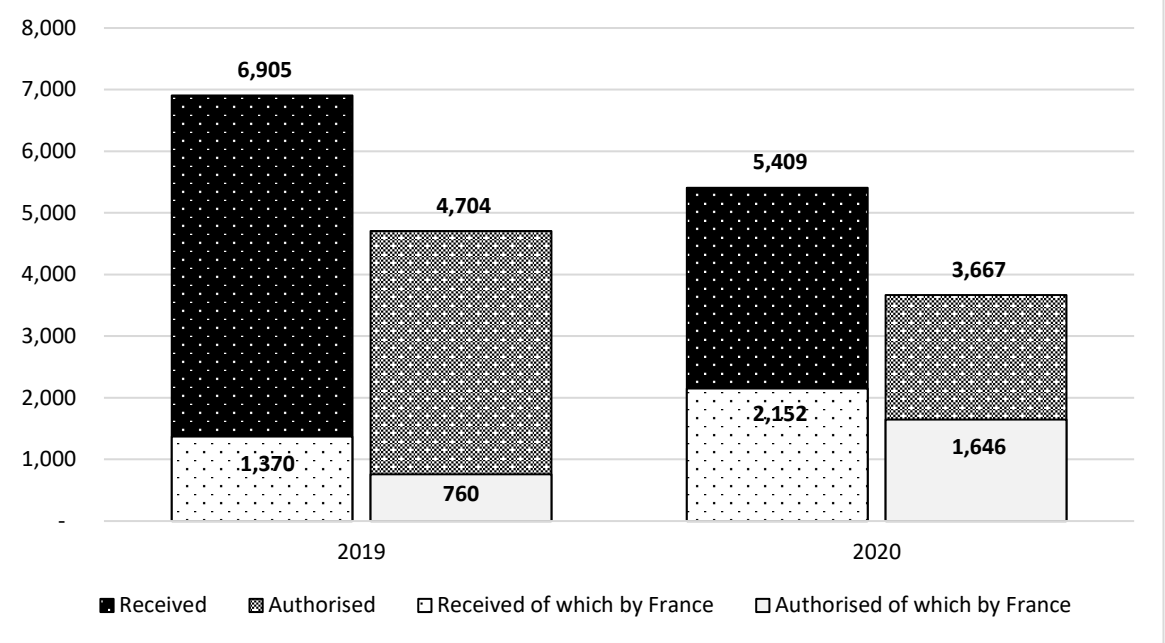
[28] It concerns 9 Member States (BG, ES, FR, IE, IT, LU, MT, RO, SK), and the UK.

[29] This differs from the number of 7,171 mentioned in the Annual Patient Mobility Report for reference year 2019 (Wilson et al., 2021). The number for EL was corrected from 27 to 916, and the number for HU from 1,125 to 0, as this number for HU did not seem reliable compared to previous reference years. For reference year 2015, HU reported it received 1 request for PA, and for reference years 2016, 2017, 2018, and 2020 it reported it did not receive any requests for PA. HU has informed upon request that the number of requests under the Directive is low and mostly related to reimbursement of prescribed medications. Overall, around 550-750 requests for PA are authorised each year, primarily under the Coordination Regulations. In this respect, the figures HU provided for 2019 are most likely incorrect.

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

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

Figure 1 **Number of requests for prior authorisation received and authorised, 2019 and 2020, 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 and authorised in both 2019 and 2020. It concerns BE, BG, DK, ES, FR, EL, HR, IE, IT, LU, MT, PL, RO, SI, SK, and the UK. Complete data from AT, DE, HU, PT, and IS for both reference years were not available. CY, CZ, EE, FI, LT, LV, NL, SE, and NO are not included by default as they do not implement a system of PA.

** FR is mentioned separately as they reported not only requests for PA concerning the Directive, but also concerning the Coordination Regulations.

*** The totals excluding the UK amount to 5,322 received and 3,277 authorised in 2019; 5,218 received and 3,542 authorised in 2020.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2019 and 2020

6.2. Basis of requests for prior authorisation where authorisation was authorised

The questionnaire asked countries 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.

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.

However, as was the case in previous reference years, only very few countries responded to this question, namely 11 Member States and the United Kingdom[32]. Therefore, although *Table 4* indicates a total of 3,667 authorised requests, for only 1,427 authorised requests a type of healthcare is specified[33], or 38.9% of all authorised requests reported. *Table 8 in Annex I* provides a more detailed overview of the type of healthcare of the authorised requests for PA.

Out of these 1,427 authorised requests, 1,374 requests or 96.3% concern healthcare of type 1 (overnight stay). Only 49 authorised requests involve type 2 (3.4%), and four requests type 3-5 (0.3%). In 2019, the share of authorised requests under type 1 amounted to 99% (Wilson et al., 2021), and in previous reference years, this has always been the most important type of healthcare for the authorised requests for PA.

6.3. 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.

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.

[32] No data were received from DE, FR, HR, HU, LU, PL, PT, and IS. AT did not provide complete data for 2020 due to a restructuring of the social insurance institutions.

[33] ES mentioned that authorised requests were based on more than one type of healthcare according to the data provided by one region; FR did not provide a breakdown for its 1,646 authorised requests; LU did not provide a breakdown for its 597 authorised requests.

- 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.

Regarding the reasons for refusal, few countries were able to provide a response in the questionnaire. Only eight Member States[34] and the United Kingdom provided a response to this question. Naturally, those which indicated that no requests were refused[35], are not expected to provide an answer on this question. Thus, out of the 759 refused requests reported in *Table 4*, only 119 are accounted for in terms of reason for refusal[36], or 15.7% of all refused requests. A more detailed overview by Member State of affiliation is provided in *Table 9 in Annex I*.

Around 71.4% of the refused requests (85 out of 119) 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 33 refused requests, or 27.7%. Finally, only one request was refused based on reasons 3 to 5, making up 0.8% of all refused requests. In reference year 2019 as well, reason 1 was the most prominent reason to refuse requests, namely 133 out of 201 refused requests or 65.2% (Wilson et al., 2021).

6.4. 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 in working days. However, not all countries are able to provide this information, and some provide it in days instead of working days.

Regarding the processing time for requests for PA, *Table 10 in Annex I* provides a complete overview per Member State of affiliation. Only 13 Member States[37] and the United Kingdom could provide an average time, and 17 Member States[38] and the United Kingdom could provide a maximum time. The lowest average time is three working days in Luxembourg, while the highest average time amounts to 40 calendar days in Slovenia. The median amounts to 15 working days. Concerning the maximum time limit, this limit is set at five working days in Romania, and 60 calendar days in Croatia and Slovenia. Here, the median of the maximum time limit amounts to 20.5 working days.

[34] It concerns the following Member States: BE, DK, ES, EL, HR, IT, SI, and SK. However, IE mentioned the following in a comment: of the 11 declined applications, two went through an appeals process and had the decision overturned. These two applications were then prior authorised. The other nine applications remained declined. The nine applications refused prior authorisation were for the following reasons: * three applicants did not provide a valid path of referral in line with the Member State. * two applicants did not attend an initial consultation abroad prior to their treatment and therefore did not follow the public patient pathway in Ireland. * four applicants had a Member State of affiliation that was not the Republic of Ireland (in receipt of UK pension).

[35] It concerns BG, MT, PL, and RO.

[36] FR did not provide a breakdown for its 506 refused requests. IE did not provide a breakdown for its nine refused requests. LU did not provide a breakdown for its 125 refused requests.

[37] It concerns the following Member States: AT, BG, DK, ES, EL, HR, IE, IT, LU, MT, RO, SI, and SK.

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

The processing time for requests for reimbursement for healthcare subject to PA is visualised in *Table 11 in Annex I*. Here as well, only 12 Member States[39] and the United Kingdom could report an average time, and 17 Member States[40] and the United Kingdom reported a maximum time. The median average time is 30 working days, and most Member States of affiliation are indeed around this number of days. The only outliers are Luxembourg with only 10 working days, and Malta with 160 days. Concerning the maximum time, eight Member States indicated they did not have a maximum time in place, namely Austria, Belgium, Bulgaria, Germany, Denmark, France, Luxembourg, and Romania. For the nine Member States[41] and the United Kingdom which mentioned they did have one in place, the median amounts to 40 working days, while the minimum can be found in the United Kingdom with 20 working days, and the maximum in Malta with 240 working days.

6.5. 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. A flowchart of this information is provided in *Figure 3 in Annex II*. It is clear that France (1,646 requests), Ireland (924), and Luxembourg (597) are the most important Member States of affiliation, while the United Kingdom (901), Germany (762), Spain (673), and Czechia (519) are the most prominent Member States of treatment. 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. This figure shows that in addition to Ireland and Luxembourg, Slovakia (286 requests) is an important Member State of affiliation as well. When leaving out France as a Member State of affiliation, especially the presentation of the Member States of treatment changes. Now, Spain (50 requests) has almost disappeared as a Member State of treatment, while the United Kingdom (897) remains the largest Member State of treatment, followed by Germany (374) and Czechia (286).

For a more detailed overview of the flows of cross-border healthcare with PA between countries, *Table 12* is added *in Annex II*. The largest flows take place from Ireland to the United Kingdom (883 requests), France to Spain (623) and France to Germany (388). However, seeing that France is not able to distinguish between requests under the Directive and Coordination Regulations, other flows of importance occur from Luxembourg as a Member State of affiliation towards Germany as a Member State of treatment, and from Slovakia to Czechia.

Table 13 in Annex II provides the column percentages of the number of requests as pictured in *Table 12*. 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, 100% of all authorised requests received by Luxembourg as a Member State of treatment originated from France as a Member State of affiliation[42]. In addition, more than 90% of authorised

[39] It concerns the following Member States: AT, BG, DK, ES, EL, IE, IT, LU, MT, RO, SI, and SK.

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

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

[42] The same is true for all authorised requests received by BG (Member State of treatment), as they all originated from the UK as a Member State of affiliation, EE (Member State of treatment) from FR (Member State of affiliation), FI from LU, HR from LU, and IE from the UK. However, in these instances it concerns less than five authorised requests and may therefore be less significant.

requests received by Spain are from France as a Member State of affiliation, by Lithuania from the United Kingdom, and by the United Kingdom from Ireland.

Finally, the opposite image is provided in *Table 14*, namely the row percentages from *Table 12* 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 the United Kingdom and Germany each received more than 20% of all authorised requests each, while Spain received around 18% of all requests and Czechia 14%. This table also makes it visible that more than 90% of requests authorised by Slovakia as a Member State of affiliation were for treatment in Czechia, and Ireland for treatment in the United Kingdom[43]. Furthermore, more than 50% of requests authorised by Denmark were for treatment in Germany, and from Luxembourg to Germany[44].

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., 2020), namely that around 70% of planned 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).

6.6. Amounts reimbursed for treatment requiring prior authorisation

In 2020, € 1.8 million was reimbursed for treatment requiring PA by 11 Member States[45] and the United Kingdom which reported data *(Table 5)*. This is a serious decline compared to the amount reimbursed in 2019, which was € 7.1 million. However, the group of countries which reported data in 2019 and 2020 differs, which can be seen in *Table 5*. Additionally, the amount reimbursed by the United Kingdom has decreased considerably from € 6.2 million in 2019 to € 0.5 million in 2020.

Countries which reimbursed the highest amounts in 2020 are Germany (€ 545,195), the United Kingdom (€ 473,923), and Slovakia (€ 331,194). Together, the amount reimbursed by these three countries makes up 76% of the total amount reimbursed by the 12 countries which reported data on this.

It should be kept in mind that authorised requests for PA do not necessarily imply a treatment abroad 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 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.

[43] For SI as a Member State of affiliation, all authorised requests were for treatment in AT, but it only concerns three requests and is therefore less significant.

[44] The same is true for more than 90% of requests authorised by EL for treatment in DE, and by MT for treatment in the UK. However, it both concerns less than five authorised requests and is therefore less significant.

[45] It concerns the following Member States: AT, BE, BG, DE, DK, ES, EL, IT, RO, SI, and SK.

Table 5 Amount reimbursed for treatment requiring prior authorisation, 2019 and 2020, in €

	2019	2020
AT	97,975	22,754
BE	18,792	31,940
BG		5,241
DE		545,195
DK	50,135	70,274
ES	8,959	36,799
FR		
EL	24,889	107,664
HR* **	0	0
HU		
IE		
IT	212,398	139,680
LU		
MT	12,926	
PL* **	0	0
PT	6,990	
RO	3,024	2,744
SI	11,228	2,904
SK	451,566	331,194
UK	6,187,964	473,923
IS	35,432	
Total	**7,122,278**	**1,770,313**

* CY, 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.

** IE reported that it is not possible to provide a reimbursement amount specific to prior approvals as this approval is issued for proposed and not definitive treatment.

*** HR and PL did not authorise any requests for PA in 2019 and 2020.

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

***** The totals excluding the UK amount to € 934,314 in 2019; € 1,296,390 in 2020.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2019 & 2020

7. 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.

7.1. Number of requests for reimbursement for healthcare not subject to prior authorisation

The number of requests for reimbursement received and granted has decreased from 2016 to 2017, increased from 2017 to 2018, and has then been on the decline in 2019 and 2020 (Wilson et al., 2018, 2019a, 2019b, 2021). Nevertheless, in 2019, the figures were still higher than those in 2016 and 2017. When taking into account the last three years (2018-2020), there was a decline of around 35% in terms of requests for reimbursement received and granted. From 2018 to 2019, so before the COVID-19 pandemic, there was a drop of approximately 3% of the number of requests for reimbursement received and granted.

In 2020, 20 Member States, the United Kingdom, and Norway[46] were able to provide data on the number of requests for reimbursement for healthcare not subject to PA. These 22 countries received a total of 191,079 requests for reimbursement *(Table 6)*. The number of granted requests amounts to 155,517, of refused requests to 26,508 and of withdrawn/inadmissible requests to 2,501.

Out of the total of 191,079 requests for reimbursement received, France received 110,910 requests, or 58% of all requests *(Table 6)*. 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. Nonetheless, as 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. Additionally, Denmark received a high number of requests for reimbursement (23,683), as did Sweden (14,416). Denmark also reported that about 77% of the received requests for reimbursement in 2020 concerned dental treatment.

Table 6 makes it clear that there is a difference between the total number of requests for reimbursement received (191,079) and the sum of the requests granted, refused, and withdrawn/inadmissible (184,526). 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 and therefore only provided the number of requests received.

In total, when taking as a total the sum of the granted, refused, and withdrawn/inadmissible requests (184,526 requests, see *Table 6*), 84.3% of all requests were granted, 14.4% were refused, and 1.4% were withdrawn/inadmissible. In almost all countries which reported data, the majority of requests for reimbursement were granted. Only in Bulgaria and Spain this is not the case. In Bulgaria five out of six received requests were withdrawn or inadmissible, while in Spain out of the 11 received requests four were granted, three were refused, and four were withdrawn/inadmissible.

[46] No data were received from BE, DE, HU, LU, NL, PT, and IS. AT did not provide complete data for 2020 due to a restructuring of the social insurance institutions.

Table 6 Number of requests for reimbursement for healthcare not subject to prior authorisation received, granted, refused, and withdrawn/inadmissible, 2020

	Received	Granted (A)	Refused (B)	Withdrawn/ Inadmissible (C)	Sum of granted, refused, and withdrawn/inadmissible (A+B+C)	% of requests for reimbursement granted (A/sum(A+B+C)
AT						
BE						
BG	6	1	0	5	6	17%
CY	8	7	1	0	8	88%
CZ	820	796	24	0	820	97%
DE						
DK	23,862	19,140	3,363	465	22,968	83%
EE	72	71	1	0	72	99%
ES	11	4	3	4	11	36%
FI**	5,163					
FR	110,910	92,390	18,520	0	110,910	83%
GR	40	39	1	0	40	98%
HR	231	162	54	15	231	70%
HU						
IE	4,377	3,195	191	993	4,379	73%
IT	143	125	16	2	143	87%
LT	109	98	11	0	109	90%
LU						
LV	24	30	2	4	36	83%
MT	3	3	0	0	3	100%
NL						
PL	9,174	9,333	388	441	10,162	92%
PT						
RO	754	495	68	20	583	85%
SE	14,416	11,623	1,317	1	12,941	90%
SI	1,176	1,111	36	29	1,176	94%
SK	9,398	8,581	621	11	9,213	93%
UK	3,066	1,557	234	511	2,302	68%
IS						
NO	7,316	6,756	1,657	0	8,413	80%
Total	**191,079**	**155,517**	**26,508**	**2,501**	**184,526**	**84%**

* BE, DE, HU, LU, NL, PT, and IS did not provide any data. AT did not provide complete data for 2020 due to a restructuring of the social insurance institutions.

** FI is not able to provide a breakdown.

*** 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.

**** The totals excluding the UK amount to 188,031 received, 153,960 granted, 26,274 refused, 1,990 withdrawn/inadmissible, 182,224 sum of granted, refused and withdrawn/inadmissible, 84% of the processed requests for reimbursement granted.

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

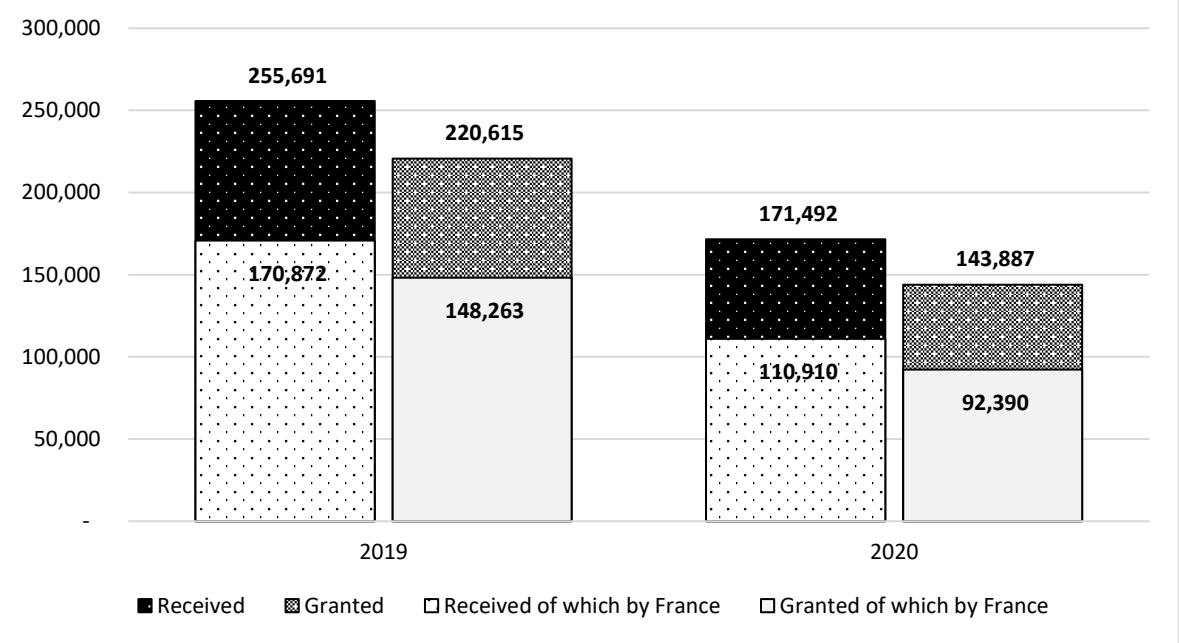
In reference year 2019, 283,719 requests for reimbursement without PA were received by 22 Member States, the United Kingdom, Iceland, and Norway[47] which could report data on this (Wilson et al., 2021). Seeing that the number of countries which provided data was not equal in 2019 and 2020, apples should be compared to apples and only those countries which were able to report numbers in both reference years should be taken into account when making a comparison. Therefore, in *Figure 2*, only 17 Member States, the United Kingdom, and Norway[48] which were able to provide complete data in 2019 and 2020 are taken into account. Additionally, the numbers for France are highlighted in *Figure 2* (lighter bars), as the numbers reported are exceptionally high as France is not able to make a distinction between requests under the Directive and the Coordination Regulations.

[47]No data were received from BE, DE, HU, LU, and NL.

[48]No complete data were received from AT, BE, CY, DE, FI, HU, LU, NL, PT, SE, and IS.

The number of requests for reimbursement received declined from about 256,000 to 171,000 and the number of granted requests from 221,000 to 144,000. In both cases, this is a decrease of more than one third compared to 2019.

Figure 2 Number of requests for reimbursement for healthcare not subject to prior authorisation received and granted, 2019 and 2020, 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 2019 and 2020. It concerns BG, CZ, DK, EE, ES, FR, EL, HR, IE, IT, LT, LV, MT, PL, RO, SI, SK, UK, and NO. Complete data from AT, BE, CY, DE, FI, HU, LU, NL, PT, SE, and IS for both reference years were not available.

** FR is mentioned separately as they reported not only requests for reimbursement for healthcare not subject to PA concerning the Directive, but also concerning the Coordination Regulations.

*** The totals excluding the UK amount to 252,555 received and 218,562 granted in 2019; 168,426 received and 142,330 granted in 2020.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2019 and 2020

7.2. 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. Although this is asked in working days, some countries can only provide data on calendar days. Furthermore, it does not seem straightforward for several countries to provide this kind of information, which can hinder a comparison between countries.

In *Annex III*, *Table 15* shows the processing time for each Member State of affiliation. The average time lies around 30 working days for 21 Member States, the United Kingdom, and Norway which could provide data on this question[49]. It only surpasses 60 working days in Finland (62.7 working days), Croatia (70 working days), Malta (160 working days), and Romania (69.5 working days). On the other hand, the average time for processing requests for reimbursement lies at or below 15 working days in Austria (three working days), Czechia (15 working days), Luxembourg (10 working days), and the United Kingdom (12 working days).

[49] No data were received from BE, HU, NL, PL, PT, and IS.

Out of 24 Member States, the United Kingdom, and Norway[50] which provided a response on the question about the maximum processing time, nine Member States[51] indicated they do not have a maximum time in place. For those that do have a maximum time, the median lies at 50 working days. A lower maximum time is found in the United Kingdom (20 working days), while higher maximum times are found in Slovakia (120 working days), Latvia (240 working days), and Malta (240 working days).

7.3. 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. Flow charts for 2020 are provided in *Annex IV*. *Figure 5* shows the enormity of France as a Member State of affiliation with 92,390 granted requests for healthcare without PA. Denmark (19,140)[52] and Sweden (11,623) also seem important Member States of affiliation but to a lesser extent. The largest Member States of treatment are Spain (30,688), Portugal (23,719) and Germany (22,518). 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 Denmark and Sweden, Poland (9,333 granted requests), Slovakia (8,581), Norway (6,756), and Finland[53] (5,163) also appear to be Member States of affiliation of importance. Concerning the most important Member States of treatment, Portugal has disappeared, while Germany (16,317) and Spain (14,174) still received a high amount of granted requests, and Czechia (12,288) appears as an important Member State of treatment.

Exact flows from one country to another are better analysed using *Table 16 in Annex IV*. Here it is visible that the most important flows took place from France as a Member State of affiliation to Portugal as a Member State of treatment (23,496 granted requests), from France to Belgium (19,036), and from France to Spain (16,514). However, when leaving out France as a Member State of affiliation, other important flows emerge. For instance, the flows from Denmark to Germany (13,375), Poland to Czechia (7,948), Sweden to Spain (7,496), and Norway to Spain (4,961) are of great importance as well. Furthermore, more than 2,000 granted requests went from Slovakia to Poland (3,350), Ireland to the United Kingdom (2,845), and Denmark to Sweden (2,246).

The perspective of the Member State of treatment is analysed further in *Table 17*, as it pictures the column percentages based on *Table 16*. 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 15 Member States of treatment[54], a majority of granted requests was 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, 90% of the granted requests received by Sweden as a Member State of treatment originate from Denmark as a Member State of affiliation. Furthermore, the opposite is true as well: 80% of granted requests received by Denmark come from

[50] No data were received from HU, NL, PT, and IS.

[51] It concerns the following Member States: AT, BE, BG, DE, DK, FI, FR, LU, and RO.

[52] About 77% of the *received* requests for reimbursement (23,862 requests, see *Table 6*) concern dental treatment.

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

[54] This is the case for BE (99%), BG (80%), ES (54%), EL (76%), HU (67%), IE (93%), IT (87%), LI (99%), LU (100%), MT (85%), NL (83%), PT (99%), RO (83%), SI (65%), and IS (70%).

Sweden as a Member State of affiliation. Finally, 78% of requests in the United Kingdom as a Member State as treatment are granted by Ireland as a Member State of affiliation.

To examine the perspective of the Member State of affiliation, *Table 18* in *Annex IV* was created which provides the row percentages based on *Table 16*. 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 19% was for treatment in Spain, 15% for treatment in Portugal, 14% for treatment in Germany, and 12% for treatment in Belgium. These Member States of treatment indeed seem to be important for particular Member States of affiliation. For instance, 73% of all requests granted by Norway were for treatment in Spain, as well as 65% of requests granted by Sweden[55,56]. Germany as a Member State of treatment is of high importance for Czechia (73% of all requests granted by Czechia), Denmark (70%), and Croatia (61%). In addition, Italy granted 70% of all its requests for treatment in Austria and Romania did the same for 76% of its requests for treatment in Hungary. More than 80% of all requests received by Finland[57] were for treatment in Estonia (85%), more than 80% of all requests granted by Poland were for treatment in Czechia (85%), and by Ireland for treatment in the United Kingdom (89%).

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. This could possibly be explained by the fact that healthcare not subject to PA also covers non-planned healthcare[58].

7.4. Amounts reimbursed for treatment not requiring prior authorisation

In 2020, 22 Member States, the United Kingdom, and Norway[59] were able to report data on the amount reimbursed for treatment not requiring PA. Together they reimbursed an amount of € 75.8 million *(Table 7)*. This is a decrease compared to 2019 when € 85.0 million was reimbursed for healthcare not subject to PA. However, the group of countries which reported data in both years is not similar. In 2019, data were provided by Austria and Iceland while this was not the case in 2020. On the other hand, Germany provided data in 2020 while this was not the case in 2019.

In 2020, Ireland and Sweden both reimbursed more than € 15.0 million each. Additionally, France reimbursed € 9.5 million, Belgium € 9.2 million, and Norway € 7.7 million. Together, these five Member States account for € 58.4 million of the total € 75.8

[55] 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 for this report based on the data available to the national contact point in Sweden.

[56] Other Nordic countries also show a high number of granted requests for treatment in ES. From DK as a State of affiliation, 1,196 out of its total 19,140 granted requests are for treatment in ES, and FI received 333 of its total 5,163 requests for treatment in ES as well *(Table 16)*. 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.

[57] Indeed, "received" as FI is not able to provide a breakdown by *granted* requests.

[58] BE mentioned that healthcare not subject to PA includes unplanned health care as well.

[59] No data were received from AT, HU, LU, NL, PT, and IS.

million reimbursed, or 77% of the total. On the contrary, less than € 1,000 was reimbursed by Bulgaria, Malta, and Spain.

Table 7 Amount reimbursed for treatment not requiring prior authorisation, 2019 and 2020, in €

	2019	2020
AT	26,384	
BE*	8,161,835	8,199,234
BG	0	46
CY	159,557	93,357
CZ	318,752	174,798
DE		5,185,922
DK	1,762,368	2,624,027
EE	96,000	127,700
ES	900	550
FI	357,764	292,721
FR	12,333,970	9,480,399
GR	50,378	11,881
HR	40,520	30,795
HU		
IE	13,121,259	15,376,336
IT	26,770	34,069
LT	113,616	118,465
LU		
LV	12,766	17,119
MT	6,521	687
NL		
PL	7,521,189	4,452,689
PT		
RO	987,408	584,515
SE	24,417,581	17,665,315
SI	339,570	464,666
SK	1,583,826	1,045,220
UK	3,605,833	2,145,382
IS	938,252	
NO	9,030,933	7,652,429
Total	**85,013,950**	**75,778,324**

* 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 rather limited, namely only € 222,154 in total.

** Empty cells indicate that no data were provided.

*** The totals excluding the UK amount to € 81,408,117 in 2019 and € 73,632,942 in 2020.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2019 and 2020

REFERENCES

De Wispelaere, F., De Smedt, L., & Pacolet, J. (2020). *Cross-border healthcare in the EU under social security coordination Reference year 2019*. Brussels: European Commission – DG EMPL. Retrieved from https://ec.europa.eu/social/main.jsp?advSearchKey=ssc_statsreport2020&mode=advancedSubmit&catId=22&doc_submit=&policyArea=0&policyAreaSub=0&country=0&year=0

ECORYS (forthcoming). *Mapping and Analysis of Prior-authorisation lists: analytical report. Study on Enhancing implementation of the Cross-Border Healthcare Directive 2011/24/EU to ensure patient rights in the EU*. Brussels: European Commission – DG SANTE.

Olsson, J. (2016). *Member State Data on cross-border healthcare following Directive 2011/24/EU Year 2015*. Brussels: European Commission – DG SANTE. Retrieved from https://ec.europa.eu/health/sites/default/files/cross_border_care/docs/2015_msdata_en.pdf

van de Steeg, L., Weistra, K., Klein, P., Callens, S., van Gompel, N., Invernizzi, S. & Thieme-Groen, E. (2018). *Study on cross-border health services: enhancing information provision to patients*. Brussels: European Commission – DG SANTE. Retrieved from https://ec.europa.eu/health/sites/default/files/cross_border_care/docs/2018_crossborder_frep_en.pdf

Wilson, P., Andoulsi, I., & Wilson, C. (2019b). *Member State Data on cross-border healthcare following Directive 2011/24/EU Year 2018*. Brussels: European Commission – DG SANTE. Retrieved from https://ec.europa.eu/health/sites/default/files/cross_border_care/docs/2018_msdata_en.pdf

Wilson, P., Andoulsi, I., & Wilson, C. (2018). *Member State Data on cross-border healthcare following Directive 2011/24/EU Year 2016*. Brussels: European Commission – DG SANTE. Retrieved from https://ec.europa.eu/health/sites/default/files/cross_border_care/docs/2016_msdata_en.pdf

Wilson, P., Andoulsi, I., & Wilson, C. (2019a). *Member State Data on cross-border healthcare following Directive 2011/24/EU Year 2017*. Brussels: European Commission – DG SANTE. Retrieved from https://ec.europa.eu/health/sites/default/files/cross_border_care/docs/2017_msdata_en.pdf

Wilson, P., Andoulsi, I., & Wilson, C. (2021). *Member State Data on cross-border healthcare following Directive 2011/24/EU Year 2019.* Brussels: European Commission – DG SANTE. Retrieved from https://ec.europa.eu/health/sites/default/files/cross_border_care/docs/2019_msdata_en.pdf

ANNEX I SUPPLEMENTARY DATA CONCERNING HEALTHCARE SUBJECT TO PRIOR AUTHORISATION

Table 8 Authorised requests for prior authorisation by type of healthcare, 2020

MS of affiliation	Type 1	Type 2	Types 3-5	Total
AT				
BE	1	4	0	5
BG	2	0	0	2
DE				
DK	12	2	0	14
ES	4	3	0	7
FR				
EL	2	1	0	3
HR				
HU				
IE	924	0	0	924
IT	41	5	2	48
LU				
MT	3	0	0	3
PL				
PT				
RO	2	0	0	2
SI	8	0	0	8
SK	281	3	2	286
UK	94	31	0	125
IS				
Total	**1,374**	**49**	**4**	**1,428**

* CY, 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.

** DE, FR, HR, HU, LU, PL, PT, and IS were not able to provide data. AT did not provide complete data for 2020 due to a restructuring of the social insurance institutions.

*** The total in this table (1,428) differs from the total mentioned in *Table 4* (3,667) for the following reasons: ES mentioned that authorised requests were based on more than one type of healthcare according to the data provided by one region. Therefore, it provided seven types of healthcare for four authorised requests; FR did not provide a breakdown for its 1,646 authorised requests; LU did not provide a breakdown for its 597 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.

**** The totals excluding the UK amount to 1,280 Type 1; 18 Type 2; 4 Type 3-5; 1,302 Total.

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

Table 9 Reasons for refusal of prior authorisation, 2020

MS of affiliation	Reason 1	Reason 2	Reasons 3-5	Total
AT				
BE	2	16	0	18
BG*				
DE				
DK	20	7	0	27
ES	1	0	0	1
FR				
GR	29	0	0	29
HR	1	0	0	1
HU				
IE	0	0	0	0
IT	9	1	0	10
LU				
MT*				
PL*				
PT				
RO*				
SI	10	0	0	10
SK	3	0	0	3
UK	10	9	1	20
IS				
Total	**85**	**33**	**1**	**119**

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

** CY, 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.

*** DE, FR, HU, LU, PL, PT, and IS were not able to provide data. AT did not provide complete data for 2020 due to a restructuring of the social insurance institutions.

**** The total in this table (119) does not equal the total in *Table 4* (759) for the following reasons: FR did not provide a breakdown for its 506 refused requests; IE did not provide a breakdown for its nine refused requests; LU did not provide a breakdown for its 125 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.

****** The totals excluding the UK amount to 75 Reason 1; 24 Reason 2; 0 Reason 3-5; 99 Total.

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

Table 10 Processing time for requests for prior authorisations, average and maximum time, in working days, 2020

	Average time	Maximum time
AT	3.0	14.0
BE* **		45.0
BG	30.0	22.0
DE** **		15.0
DK	9.0	10.0
ES	26.0	45.0
FR		16.0
EL	40.0	40.0
HR*** **	15.0	40.0
HU		
IE	7.0	20.0
IT	20.7	30.0
LU	3.0	21.0
MT* **	5.0	7.0
PL		30.0
PT		
RO	3.0	5.0
SI* **	40.0	60.0
SK	15.0	15.0
UK**** **	16.9	20.0
IS		
Max	**40.0**	**60.0**
Min	**3.0**	**5.0**
Median	**15.0**	**20.5**

* CY, 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.

** Empty cells indicate that no data were provided.

*** For BE the maximum time is provided in calendar days instead of working days. For MT and SI both the average and maximum time are provided in calendar days instead of working days.

**** DE reported a maximum time of three weeks, which corresponds to around 15 working days.

***** HR reported a maximum time of 40 working days or 60 calendar days.

****** The average time in the UK is calculated by taking the average of the average time in England and Wales.

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

Table 11 Processing time for requests for reimbursement for healthcare subject to prior authorisation, average and maximum time, in working days, 2020

	Average time	Maximum time
AT* **	50.0	No
BE		No
BG** **	20.0	No
DE		No
DK	28.0	No
ES	23.0	90.0
FR		No
EL	40.0	40.0
HR*** **		40.0
HU		
IE	30.0	30.0
IT	29.2	60.0
LU	10.0	No
MT	160.0	240.0
PL**** **		30 days, 60 days, or 6 months
PT		
RO	69.5	No
SI***** **	40.0	60.0
SK	30.0	30.0
UK****** **	12.3	20.0
IS		
Max	**160.0**	**240.0**
Min	**10.0**	**20.0**
Median	**30.0**	**40.0**

* CY, 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.

** Empty cells indicate that no data were provided.

*** AT reported an average time of "up to 2.5 months" which has been estimated to correspond to around 50 working days.

**** BG: The initially introduced time limit up to three months from the submission of the request for reimbursement was revoked by Supreme Administrative Court - Decision № 6677 of the Supreme Administrative Court of the Republic of Bulgaria - SG, iss. 44 of 2018. In this regard, now there is no specific maximum time limit for dealing with requests for reimbursement. For this purpose, the general mandatory provision according to the Administrative Procedure Code is applicable for the term for issuance of an individual administrative act - namely for a sole body 14 days from the submission of the application, with possibilities for its extension up to one month and by 14 days, depending on the specifics of the case. With the changes made, the determined terms meet the requirements for a reasonable term for reimbursement of expenses within the meaning of Art. 9, para. 3 of the Directive.

***** HR reported a maximum time of 40 working days or 60 calendar days.

****** PL: For reimbursement following a PA, the legislator provides for the same deadlines for their examination - 30 days, 60 days or six months depending on the level of investigation needed.

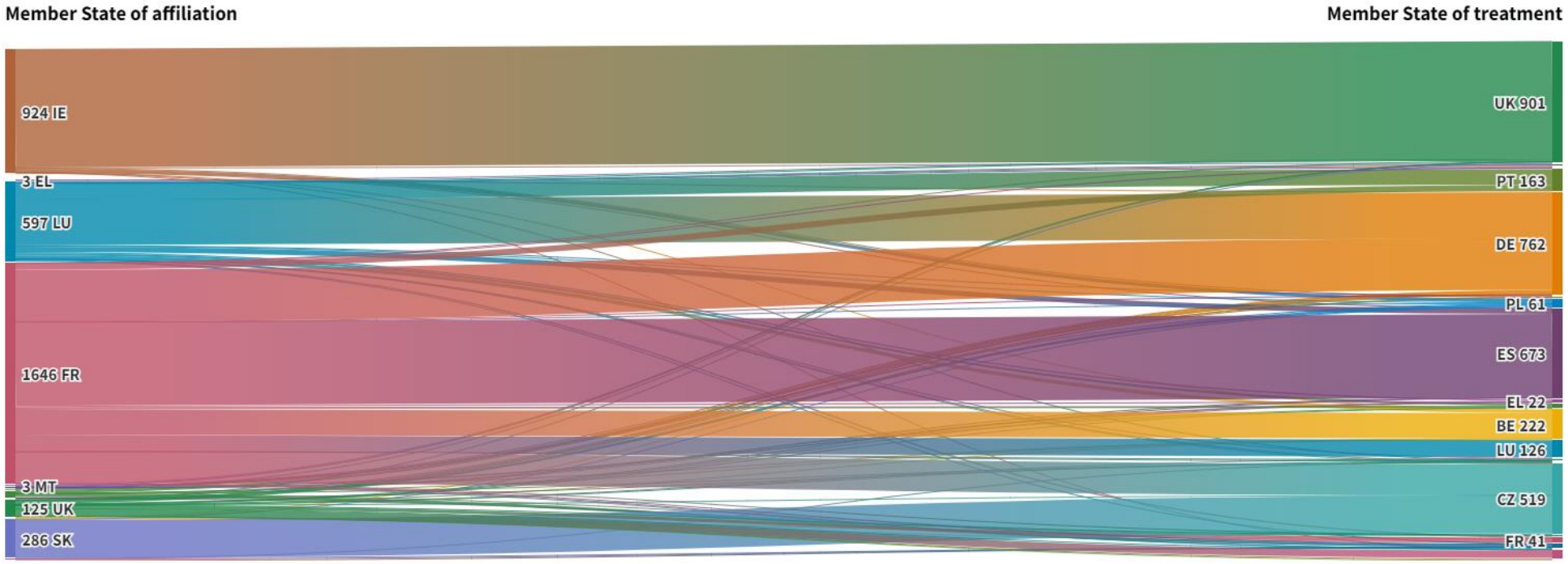
******* SI: both the average and maximum time is provided in calendar days instead of working days.

******** The average time in the UK is calculated by taking the average of the average time in England and Wales.

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

ANNEX II DIRECTION OF PATIENT MOBILITY SUBJECT TO PRIOR AUTHORISATION

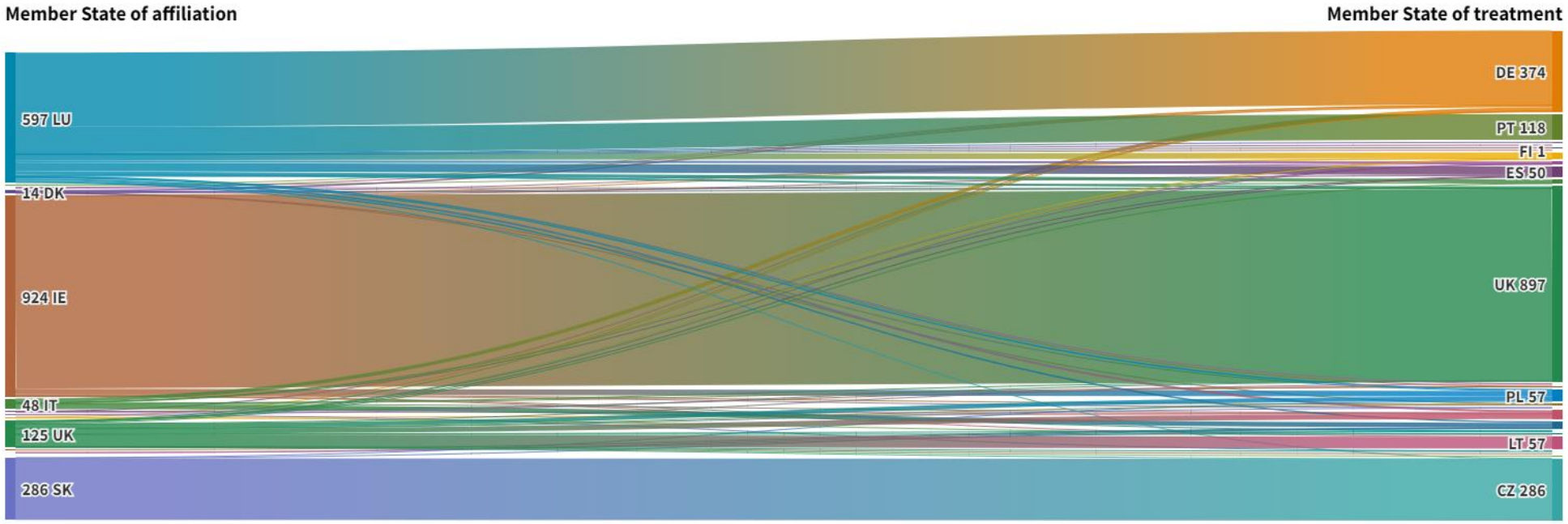
Figure 3 **Patient mobility with prior authorisation, authorised requests for healthcare subject to prior authorisations, from Member State of affiliation to Member State of treatment, 2020**



* For a complete overview of all the exact numbers, see *Table 12*.

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

Figure 4 **Patient mobility with prior authorisation, authorised requests for healthcare subject to prior authorisation, from Member State of affiliation to Member State of treatment, excluding France as a Member State of affiliation, 2020**



* For a complete overview of all the exact numbers, see *Table 12*.

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

Table 12 Authorised requests for prior authorisation by Member State of treatment, 2020

Member State of affiliation	Member State of treatment																														
	AT	BE	BG	CY	CZ	DE	DK	EE	ES	FI	FR	EL	HR	HU	IE	IT	LT	LU	LV	MT	NL	PL	PT	RO	SE	SI	SK	UK	IS	LI	NO	Total
AT																																
BE	0		0	0	0	1	0	0	0	0	2	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	5
BG	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	2
DE																																
DK	0	1	0	0	0	8		0	0	0	0	0	0	0	0	1	0	0	1	0	0	2	0	0	0	0	0	1	0	0	0	14
ES	0	0	0	0	0	1	0	0		0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	4
FR	1	190	0	1	233	388	1	1	623	0		9	0	1	0	14	0	126	0	0	4	4	45	0	1	0	0	4	0	0	0	1,646
EL	0	0	0	0	0	2	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	3
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
HU																																
IE	0	1	0	0	0	0	0	0	4	0	0	0	0	1		0	2	0	4	0	0	26	0	0	0	0	3	883	0	0	0	924
IT	22	1	0	0	0	17	0	0	2	0	3	1	0	0	0		0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	48
LU	7	27	0	2	2	341	4	0	39	1	10	10	2	0	0	16	0		0	0	0	7	118	1	0	1	0	9	0	0	0	597
MT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	1	0	0	2	0	0	0	3
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
PT																																
RO	1	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	2
SI	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	3
SK	1	0	0	0	283	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0		0	0	0	0	286
UK	0	2	1	0	1	3	0	0	5	0	24	1	0	1	2	4	55	0	2	0	1	20	0	1	1	0	1		0	0	0	125
IS																																
Total	35	222	1	3	519	762	5	1	673	1	41	22	2	4	2	35	57	126	7	0	7	61	163	2	3	3	4	901	0	0	0	3,662

* CY, 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.

** DE, HU, PT, and IS did not provide any data as Member States of affiliation. However, 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. Since the technical conditions for this need to be created in 2021, these data are available at the earliest from 2023 onwards for 2022. AT did not provide complete data for 2020 due to a restructuring of the social insurance institutions.

*** The total number of authorized requests in this table (3,662) differs from the one reported in *Table 4* (3,667) as SI only provided a breakdown by Member State of treatment for three of the eight authorised requests.

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

Table 13 Authorised requests for prior authorisation by Member State of treatment, 2020, column %

Member State of affiliation	Member State of treatment: AT	BE	BG	CY	CZ	DE	DK	EE	ES	FI	FR	EL	HR	HU	IE	IT	LT	LU	LV	MT	NL	PL	PT	RO	SE	SI	SK	UK	IS	LI	NO	Total
AT																																
BE	0.0		0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	4.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		28.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0				0.1
BG	0.0	0.0		0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	4.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				0.1
DE																																
DK	0.0	0.5	0.0	0.0	0.0	1.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.9	0.0	0.0	14.3		0.0	3.3	0.0	0.0	0.0	0.0	0.0	0.1				0.4
ES	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0		0.0	4.9	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	33.3	0.0	0.0				0.1
FR	2.9	85.6	0.0	33.3	44.9	50.9	20.0	100.0	92.6	0.0		40.9	0.0	25.0	0.0	40.0	0.0	100.0	0.0		57.1	6.6	27.6	0.0	33.3	0.0	0.0	0.4				44.9
EL	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	0.1				0.1
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	0.0	0.0				0.0
HU																																
IE	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.0	0.0	0.0	0.0	25.0		0.0	3.5	0.0	57.1		0.0	42.6	0.0	0.0	0.0	0.0	75.0	98.0				25.2
IT	62.9	0.5	0.0	0.0	0.0	2.2	0.0	0.0	0.3	0.0	7.3	4.5	0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	33.3	0.0	0.1				1.3
LU	20.0	12.2	0.0	66.7	0.4	44.8	80.0	0.0	5.8	100.0	24.4	45.5	100.0	0.0	0.0	45.7	0.0		0.0		0.0	11.5	72.4	50.0	0.0	33.3	0.0	1.0				16.3
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	33.3	0.0	0.0	0.2				0.1
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	0.0	0.0				0.0
PT																																
RO	2.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	25.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0	0.0	0.0				0.1
SI	8.6	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	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0		0.0	0.0				0.1
SK	2.9	0.0	0.0	0.0	54.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	3.3	0.0	0.0	0.0	0.0		0.0				7.8
UK	0.0	0.9	100.0	0.0	0.2	0.4	0.0	0.0	0.7	0.0	58.5	4.5	0.0	25.0	100.0	11.4	96.5	0.0	28.6		14.3	32.8	0.0	50.0	33.3	0.0	25.0					3.4
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	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, 2.9% of requests originated from FR as a Member State of affiliation.

** CY, 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.

*** DE, HU, PT, and IS did not provide any data as Member States of affiliation. However, 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. Since the technical conditions for this need to be created in 2021, these data are available at the earliest from 2023 onwards for 2022. AT did not provide complete data for 2020 due to a restructuring of the social insurance institutions.

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

Table 14 Authorised requests for prior authorisation by Member State of treatment, 2020, row %

Member State of affiliation	Member State of treatment																														
	AT	BE	BG	CY	CZ	DE	DK	EE	ES	FI	FR	EL	HR	HU	IE	IT	LT	LU	LV	MT	NL	PL	PT	RO	SE	SI	SK	UK	IS	LI	NO	Total
AT																																
BE	0.0		0.0	0.0	0.0	20.0	0.0	0.0	0.0	0.0	40.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	40.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100
BG	0.0	0.0		0.0	0.0	50.0	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	0.0	0.0	0.0	0.0	0.0	100
DE																																100
DK	0.0	7.1	0.0	0.0	0.0	57.1		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	14.3	0.0	0.0	0.0	0.0	0.0	7.1	0.0	0.0	0.0	100
ES	0.0	0.0	0.0	0.0	0.0	25.0	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	25.0	0.0	0.0	0.0	0.0	0.0	100
FR	0.1	11.5	0.0	0.1	14.2	23.6	0.1	0.1	37.8	0.0		0.5	0.0	0.1	0.0	0.9	0.0	7.7	0.0	0.0	0.2	0.2	2.7	0.0	0.1	0.0	0.0	0.2	0.0	0.0	0.0	100
EL	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	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	100
HR																																100
HU																																100
IE	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.1		0.0	0.2	0.0	0.4	0.0	0.0	2.8	0.0	0.0	0.0	0.0	0.3	95.6	0.0	0.0	0.0	100
IT	45.8	2.1	0.0	0.0	0.0	35.4	0.0	0.0	4.2	0.0	6.3	2.1	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.1	0.0	2.1	0.0	0.0	0.0	100
LU	1.2	4.5	0.0	0.3	0.3	57.1	0.7	0.0	6.5	0.2	1.7	1.7	0.3	0.0	0.0	2.7	0.0		0.0	0.0	0.0	1.2	19.8	0.2	0.0	0.2	0.0	1.5	0.0	0.0	0.0	100
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	33.3	0.0	0.0	66.7	0.0	0.0	0.0	100
PL																																100
PT																																100
RO	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	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	0.0	0.0	100
SI	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	0.0	0.0	0.0	100
SK	0.3	0.0	0.0	0.0	99.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	100
UK	0.0	1.6	0.8	0.0	0.8	2.4	0.0	0.0	4.0	0.0	19.2	0.8	0.0	0.8	1.6	3.2	44.0	0.0	1.6	0.0	0.8	16.0	0.0	0.8	0.8	0.0	0.8		0.0	0.0	0.0	100
IS																																
Total	1.0	6.1	0.0	0.1	14.2	20.8	0.1	0.0	18.4	0.0	1.1	0.6	0.1	0.1	0.1	1.0	1.6	3.4	0.2	0.0	0.2	1.7	4.5	0.1	0.1	0.1	0.1	24.6	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, 20.0% was for treatment in DE.

** CY, 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.

*** DE, HU, PT, and IS did not provide any data as Member States of affiliation. However, 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. Since the technical conditions for this need to be created in 2021, these data are available at the earliest from 2023 onwards for 2022. AT did not provide complete data for 2020 due to a restructuring of the social insurance institutions.

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

ANNEX III SUPPLEMENTARY DATA CONCERNING HEALTHCARE NOT SUBJECT TO PRIOR AUTHORISATION

Table 15 Processing time for requests for reimbursement for healthcare not subject to prior authorisation, average and maximum time, in working days, 2020

	Average time	Maximum time
AT	3.0	No
BE		No
BG**	20.0	No
CY	45.0	30.0
CZ	15.0	30.0
DE		No
DK	17.0	No
EE	29.0	30.0
ES	37.0	90.0
FI	62.7	No
FR	30.0	No
EL	40.0	40.0
HR***	70.0	40.0
HU		
IE	30.0	30.0
IT	45.1	60.0
LT	20.0	30.0
LU	10.0	No
LV	58.0	240.0
MT	160.0	240.0
NL		
PL**		30 days, 60 days, or 6 months
PT		
RO	69.5	No
SE	44.8	90.0
SI***	30.0	60.0
SK	30.0	120.0
UK****	12.0	20.0
IS		
NO	43.5	60.0
Max	**160.0**	**240.0**
Min	**3.0**	**20.0**
Median	**30.0**	**50.0**

* Empty cells indicate that no data were provided.

** BG: the initially introduced time limit up to three months from the submission of the request for reimbursement was revoked by Supreme Administrative Court - Decision № 6677 of the Supreme Administrative Court of the Republic of Bulgaria - SG, iss. 44 of 2018. In this regard, now there is no specific maximum time limit for dealing with requests for reimbursement. For this purpose, the general mandatory provision according to the Administrative Procedure Code is applicable for the term for issuance of an individual administrative act - namely for a sole body 14 days from the submission of the application, with possibilities for its extension up to one month and by 14 days, depending on the specifics of the case. With the changes made, the determined terms meet the requirements for a reasonable term for reimbursement of expenses within the meaning of Art. 9, para. 3 of the Directive.

*** HR reported a maximum time of 40 working days or 60 calendar days.

**** PL: In respect of 'the maximum time limit (in working days)' - the deadline for the assessment of requests for reimbursement in Poland depends on potential need of initiating investigation procedure during the assessment. In general, assessment of the request with no need for further investigation takes 30 days (no matter whether there are working days or not) from the date of initiation of proceedings. In a situation when the assessment of the request requires further investigation, the deadline takes 60 days (no matter whether there are working days or not) from the date of initiation of proceedings, without taking into consideration the time needed for completion of the request. In a situation the assessment of the request requires an investigation with participation of the national contact point for cross-border healthcare situated in the other EU Member State, the deadline for the assessment of the request takes six months from the date of initiation of proceedings.

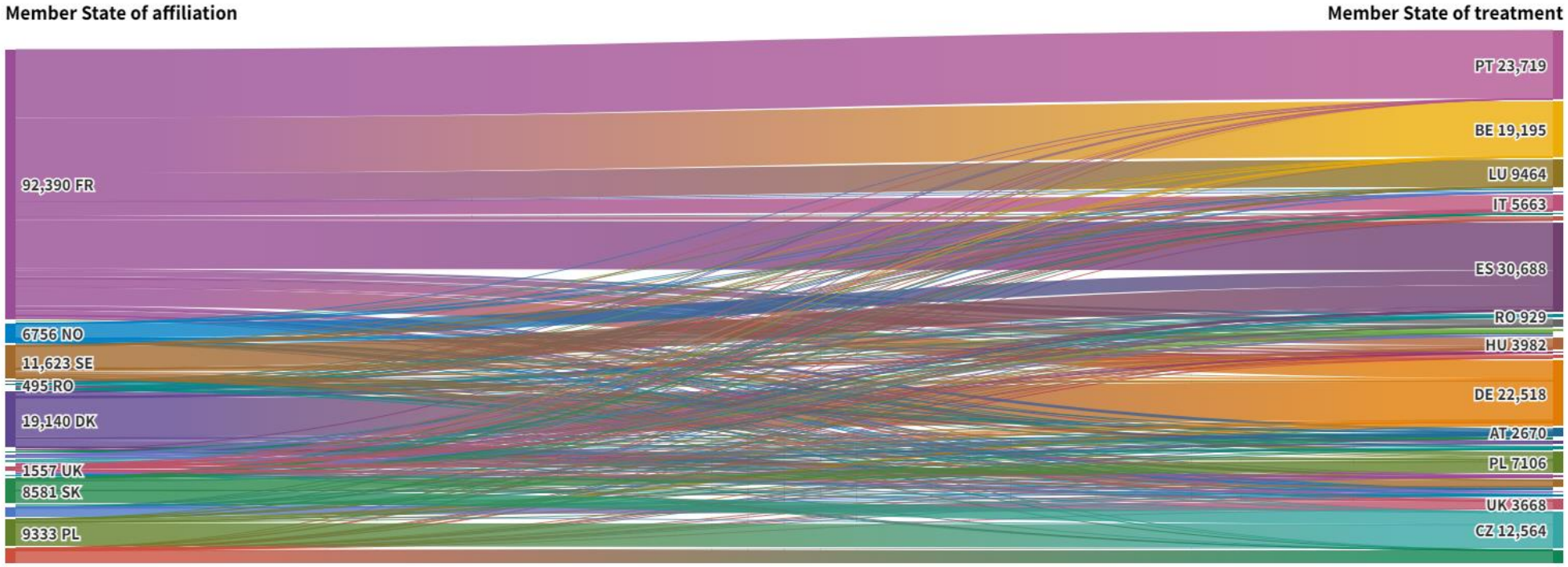
***** SI: both the average and maximum time is provided in calendar days instead of working days.

****** The average time in the UK is calculated by taking the average of the average time in England, Scotland, and Wales.

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

ANNEX IV DIRECTION OF PATIENT MOBILITY 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, 2020

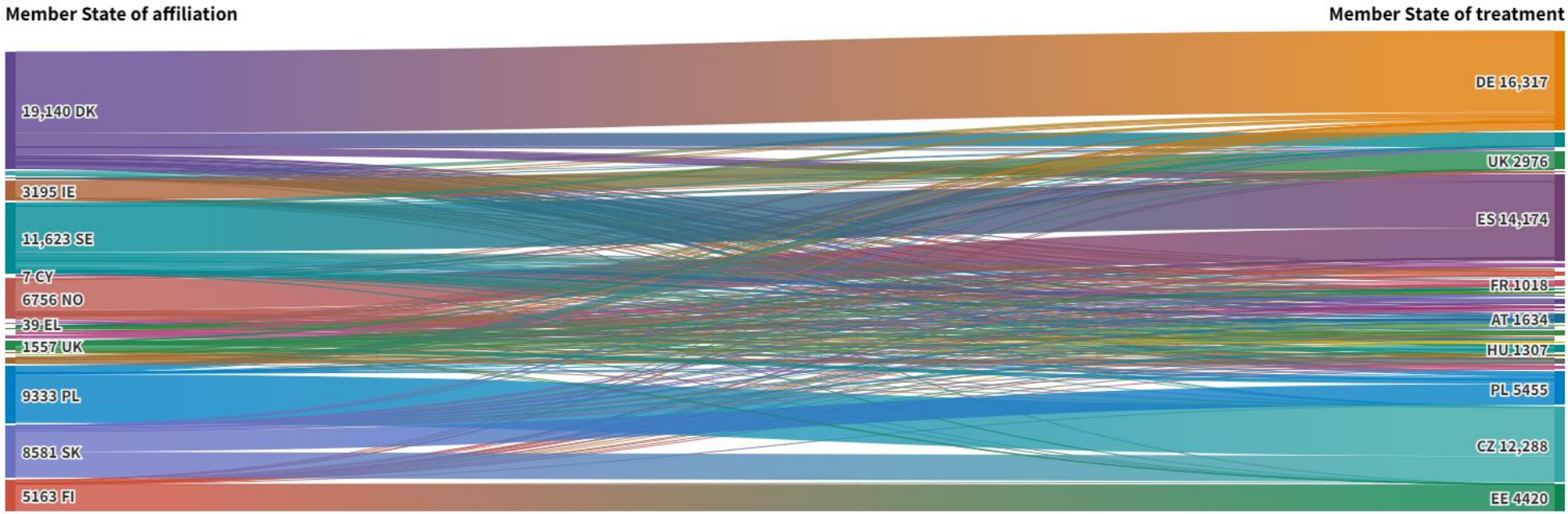


* Data from FI as a Member State of affiliation relate to the number of *received* requests and not the number of *granted* requests.

** For a complete overview of all the exact numbers, see *Table 16*.

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

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, 2020



* 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 16*.

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

Table 16 Granted requests for reimbursement for healthcare not subject to prior authorisation, by Member State of treatment, 2020

Member State of affiliation \ Member State of treatment	AT	BE	BG	CY	CZ	DE	DK	EE	ES	FI	FR	EL	HR	HU	IE	IT	LT	LU	LV	MT	NL	PL	PT	RO	SE	SI	SK	UK	IS	LI	NO	Total
AT																																
BE																																
BG	0	1		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
CY	0	0	0		0	2	0	0	0	0	0	3	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	7
CZ	123	2	2	1		580	0	0	1	0	1	0	3	1	0	0	0	0	0	1	0	20	0	1	0	0	60	0	0	0	0	796
DE																																
DK	422	15	52	28	24	13,375		1	1,196	23	259	180	40	210	4	176	12	1	21	16	78	607	48	50	2,246	2	5	15	3	0	31	19,140
EE	3	0	1	0	0	8	0		9	20	2	4	0	0	0	5	3	0	12	0	1	1	0	0	1	0	0	1	0	0	0	71
ES	0	0	0	0	0	0	0	0		0	2	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	4
FI*	5	16	10	2	5	71	6	4,383	333		32	12	8	50	0	15	19	0	47	0	7	56	15	15	43	0	4	3	0	0	6	5,163
FR	1,036	19,036	646	132	276	6,201	59	36	16,514	271		1,977	367	2,675	348	4,916	85	9,444	42	156	1,155	1,651	23,496	768	130	52	74	692	66	88	1	92,390
EL	1	7	1	3	0	7	0	0	0	0	8		0	0	0	9	0	0	0	0	0	0	0	1	0	0	0	1	0	0	1	39
HR	12	7	1	0	1	99	0	0	0	2	6	2		0	1	6	0	1	0	0	10	0	1	0	1	10	0	0	0	0	2	162
HU																																
IE	1	5	0	0	10	21	0	0	31	1	0	0	0	4		2	42	0	13	0	0	203	1	7	0	0	3	2,845	0	0	6	3,195
IT	88	1	0	0	0	16	0	0	5	0	8	1	2	0	0		0	1	0	0	0	0	0	0	0	1	0	2	0	0	0	125
LT	1	1	0	0	1	14	0	3	1	1	0	1	0	0	1	0		1	38	0	0	31	0	0	0	0	3	0	0	0	1	98
LU																																
LV	0	0	6	1	0	4	0	10	2	0	0	2	0	0	0	0	4	0		0	0	0	0	0	1	0	0	0	0	0	0	30
MT	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	1	0	0	0	3
NL																																
PL	12	0	2	1	7,948	1,100	0	0	60	0	6	0	3	1	0	3	189	0	0	1	0		2	0	0	0	5	0	0	0	0	9,333
PT																																
RO	41	2	0	0	0	31	0	0	1	0	11	0	0	377	0	29	0	0	0	0	2	0	1		0	0	0	0	0	0	0	495
SE	428	49	16	188	27	554	739	17	7,496	684	403	230	72	36	7	179	33	9	15	5	41	150	109	39		9	3	61	8	1	15	11,623
SI	96	2	0	0	10	16	0	0	5	0	1	0	728	6	0	236	0	2	0	0	2	0	0	1	0		1	5	0	0	0	1,111
SK	354	14	6	1	4,226	102	31	0	6	0	21	2	12	386	2	16	1	2	2	1	22	3,350	2	9	2	1		10	0	0	0	8,581
UK	14	17	34	5	25	108	1	1	67	2	144	27	3	56	4	37	237	0	58	1	5	639	6	37	2	1	25		1	0	0	1,557
IS																																
NO	33	20	28	114	11	209	90	5	4,961	32	112	176	21	180	6	33	56	3	12	2	63	397	37	1	80	4	18	31	0	0	5	6,756
Total	2,670	19,195	805	476	12,564	22,518	926	4,456	30,688	1,036	1,018	2,617	1,259	3,982	373	5,663	681	9,464	260	183	1,386	7,106	23,719	929	2,506	80	201	3,668	94	89	68	160,680

* 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, HU, LU, NL, PT, and IS did not provide any data. AT did not provide complete data for 2020 due to a restructuring of the social insurance institutions.

*** NO indicated five granted requests for healthcare not subject to PA for treatment in NO itself. This problem also arose in the report concerning 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 correct country.

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

Table 17 Granted requests for reimbursement for healthcare not subject to prior authorisation, by Member State of treatment, 2020, column %

Member State of affiliation \ Member State of treatment	AT	BE	BG	CY	CZ	DE	DK	EE	ES	FI	FR	EL	HR	HU	IE	IT	LT	LU	LV	MT	NL	PL	PT	RO	SE	SI	SK	UK	IS	LI	NO	Total
AT																																
BE																																
BG	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CY	0.0	0.0	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	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CZ	4.6	0.0	0.2	0.2		2.6	0.0	0.0	0.0	0.0	0.1	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.3	0.0	0.1	0.0	0.0	29.9	0.0	0.0	0.0	0.0	0.5
DE																																
DK	15.8	0.1	6.5	5.9	0.2	59.4		0.0	3.9	2.2	25.4	6.9	3.2	5.3	1.1	3.1	1.8	0.0	8.1	8.7	5.6	8.5	0.2	5.4	89.6	2.5	2.5	0.4	3.2	0.0	45.6	11.9
EE	0.1	0.0	0.1	0.0	0.0	0.0	0.0		0.0	1.9	0.2	0.2	0.0	0.0	0.0	0.1	0.4	0.0	4.6	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
ES	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
FI	0.2	0.1	1.2	0.4	0.0	0.3	0.6	98.4	1.1		3.1	0.5	0.6	1.3	0.0	0.3	2.8	0.0	18.1	0.0	0.5	0.8	0.1	1.6	1.7	0.0	2.0	0.1	0.0	0.0	8.8	3.2
FR	38.8	99.2	80.2	27.7	2.2	27.5	6.4	0.8	53.8	26.2		75.5	29.2	67.2	93.3	86.8	12.5	99.8	16.2	85.2	83.3	23.2	99.1	82.7	5.2	65.0	36.8	18.9	70.2	98.9	1.5	57.5
EL	0.0	0.0	0.1	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.8		0.0	0.0	0.0	0.2	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	1.5	0.0
HR	0.4	0.0	0.1	0.0	0.0	0.4	0.0	0.0	0.0	0.2	0.6	0.1		0.0	0.3	0.1	0.0	0.0	0.0	0.0	0.7	0.0	0.0	0.0	0.0	12.5	0.0	0.0	0.0	0.0	2.9	0.1
HU																																
IE	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.1		0.0	6.2	0.0	5.0	0.0	0.0	2.9	0.0	0.8	0.0	0.0	1.5	77.6	0.0	0.0	8.8	2.0
IT	3.3	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.8	0.0	0.2	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.3	0.0	0.1	0.0	0.0	0.0	0.1
LT	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.3	0.0		0.0	14.6	0.0	0.0	0.4	0.0	0.0	0.0	0.0	1.5	0.0	0.0	0.0	1.5	0.1
LU																																
LV	0.0	0.0	0.7	0.2	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.1	0.0	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
MT	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
NL																																
PL	0.4	0.0	0.2	0.2	63.3	4.9	0.0	0.0	0.2	0.0	0.6	0.0	0.2	0.0	0.0	0.1	27.8	0.0	0.0	0.5	0.0		0.0	0.0	0.0	0.0	2.5	0.0	0.0	0.0	0.0	5.8
PT																																
RO	1.5	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	1.1	0.0	0.0	9.5	0.0	0.5	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	0.3
SE	16.0	0.3	2.0	39.5	0.2	2.5	79.8	0.4	24.4	66.0	39.6	8.8	5.7	0.9	1.9	3.2	4.8	0.1	5.8	2.7	3.0	2.1	0.5	4.2		11.3	1.5	1.7	8.5	1.1	22.1	7.2
SI	3.6	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.1	0.0	57.8	0.2	0.0	4.2	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.0		0.5	0.1	0.0	0.0	0.0	0.7
SK	13.3	0.1	0.7	0.2	33.6	0.5	3.3	0.0	0.0	0.0	2.1	0.1	1.0	9.7	0.5	0.3	0.1	0.0	0.8	0.5	1.6	47.1	0.0	1.0	0.1	1.3		0.3	0.0	0.0	0.0	5.3
UK	0.5	0.1	4.2	1.1	0.2	0.5	0.1	0.0	0.2	0.2	14.1	1.0	0.2	1.4	1.1	0.7	34.8	0.0	22.3	0.5	0.4	9.0	0.0	4.0	0.1	1.3	12.4		1.1	0.0	0.0	1.0
IS																																
NO	1.2	0.1	3.5	23.9	0.1	0.9	9.7	0.1	16.2	3.1	11.0	6.7	1.7	4.5	1.6	0.6	8.2	0.0	4.6	1.1	4.5	5.6	0.2	0.1	3.2	5.0	9.0	0.8	17.0	0.0	7.9	4.4
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	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, 4.6% 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, HU, LU, NL, PT, and IS did not provide any data. AT did not provide complete data for 2020 due to a restructuring of the social insurance institutions.

**** NO indicated 5 granted requests for healthcare not subject to PA for treatment in Norway itself. This problem also arose in the report concerning 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 correct country.

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

Table 18 Granted requests for reimbursement for healthcare not subject to prior authorisation, by Member State of treatment, 2020, row %

Member State of affiliation \ Member State of treatment	AT	BE	BG	CY	CZ	DE	DK	EE	ES	FI	FR	EL	HR	HU	IE	IT	LT	LU	LV	MT	NL	PL	PT	RO	SE	SI	SK	UK	IS	LI	NO	Total
AT																																
BE																																
BG	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	0.0	0.0	100
CY	0.0	0.0	0.0		0.0	28.6	0.0	0.0	0.0	0.0	0.0	42.9	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	0.0	0.0	14.3	0.0	0.0	0.0	100
CZ	15.5	0.3	0.3	0.1		72.9	0.0	0.0	0.1	0.0	0.1	0.0	0.4	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.0	2.5	0.0	0.1	0.0	0.0	7.5	0.0	0.0	0.0	0.0	100
DE																																
DK	2.2	0.1	0.3	0.1	0.1	69.9		0.0	6.2	0.1	1.4	0.9	0.2	1.1	0.0	0.9	0.1	0.0	0.1	0.1	0.4	3.2	0.3	0.3	11.7	0.0	0.0	0.1	0.0	0.0	0.2	100
EE	4.2	0.0	1.4	0.0	0.0	11.3	0.0		12.7	28.2	2.8	5.6	0.0	0.0	0.0	7.0	4.2	0.0	16.9	0.0	1.4	1.4	0.0	0.0	1.4	0.0	0.0	1.4	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	50.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	25.0	25.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100
FI	0.1	0.3	0.2	0.0	0.1	1.4	0.1	84.9	6.4		0.6	0.2	0.2	1.0	0.0	0.3	0.4	0.0	0.9	0.0	0.1	1.1	0.3	0.3	0.8	0.0	0.1	0.1	0.0	0.0	0.1	100
FR	1.1	20.6	0.7	0.1	0.3	6.7	0.1	0.0	17.9	0.3		2.1	0.4	2.9	0.4	5.3	0.1	10.2	0.0	0.2	1.3	1.8	25.4	0.8	0.1	0.1	0.1	0.7	0.1	0.1	0.0	100
EL	2.6	17.9	2.6	7.7	0.0	17.9	0.0	0.0	0.0	0.0	20.5		0.0	0.0	0.0	23.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.6	0.0	0.0	0.0	2.6	0.0	0.0	2.6	100
HR	7.4	4.3	0.6	0.0	0.6	61.1	0.0	0.0	0.0	1.2	3.7	1.2		0.0	0.6	3.7	0.0	0.6	0.0	0.0	6.2	0.0	0.6	0.0	0.6	6.2	0.0	0.0	0.0	0.0	1.2	100
HU																																
IE	0.0	0.2	0.0	0.0	0.3	0.7	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.1		0.1	1.3	0.0	0.4	0.0	0.0	6.4	0.0	0.2	0.0	0.0	0.1	89.0	0.0	0.0	0.2	100
IT	70.4	0.8	0.0	0.0	0.0	12.8	0.0	0.0	4.0	0.0	6.4	0.8	1.6	0.0	0.0		0.0	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0	1.6	0.0	0.0	0.0	100
LT	1.0	1.0	0.0	0.0	1.0	14.3	0.0	3.1	1.0	1.0	0.0	1.0	0.0	0.0	1.0	0.0		1.0	38.8	0.0	0.0	31.6	0.0	0.0	0.0	0.0	3.1	0.0	0.0	0.0	1.0	100
LU																																
LV	0.0	0.0	20.0	3.3	0.0	13.3	0.0	33.3	6.7	0.0	0.0	6.7	0.0	0.0	0.0	0.0	13.3	0.0		0.0	0.0	0.0	0.0	0.0	3.3	0.0	0.0	0.0	0.0	0.0	0.0	100
MT	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	0.0	0.0	0.0	0.0	0.0	33.3	0.0	0.0	0.0	100
NL																																
PL	0.1	0.0	0.0	0.0	85.2	11.8	0.0	0.0	0.6	0.0	0.1	0.0	0.0	0.0	0.0	0.0	2.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	100
PT																																
RO	8.3	0.4	0.0	0.0	0.0	6.3	0.0	0.0	0.2	0.0	2.2	0.0	0.0	76.2	0.0	5.9	0.0	0.0	0.0	0.0	0.4	0.0	0.2		0.0	0.0	0.0	0.0	0.0	0.0	0.0	100
SE	3.7	0.4	0.1	1.6	0.2	4.8	6.4	0.1	64.5	5.9	3.5	2.0	0.6	0.3	0.1	1.5	0.3	0.1	0.1	0.0	0.4	1.3	0.9	0.3		0.1	0.0	0.5	0.1	0.0	0.1	100
SI	8.6	0.2	0.0	0.0	0.9	1.4	0.0	0.0	0.5	0.0	0.1	0.0	65.5	0.5	0.0	21.2	0.0	0.2	0.0	0.0	0.2	0.0	0.0	0.1	0.0		0.1	0.5	0.0	0.0	0.0	100
SK	4.1	0.2	0.1	0.0	49.2	1.2	0.4	0.0	0.1	0.0	0.2	0.0	0.1	4.5	0.0	0.2	0.0	0.0	0.0	0.0	0.3	39.0	0.0	0.1	0.0	0.0		0.1	0.0	0.0	0.0	100
UK	0.9	1.1	2.2	0.3	1.6	6.9	0.1	0.1	4.3	0.1	9.2	1.7	0.2	3.6	0.3	2.4	15.2	0.0	3.7	0.1	0.3	41.0	0.4	2.4	0.1	0.1	1.6		0.1	0.0	0.0	100
IS																																
NO	0.5	0.3	0.4	1.7	0.2	3.1	1.3	0.1	73.4	0.5	1.7	2.6	0.3	2.7	0.1	0.5	0.8	0.0	0.2	0.0	0.9	5.9	0.5	0.0	1.2	0.1	0.3	0.5	0.2	0.0	0.1	100
Total	1.7	11.9	0.5	0.3	7.8	14.0	0.6	2.8	19.1	0.6	0.6	1.6	0.8	2.5	0.2	3.5	0.4	5.9	0.2	0.1	0.9	4.4	14.8	0.6	1.6	0.0	0.1	2.3	0.1	0.1	0.0	100

* How to read this table? Out of all the requests for reimbursement for healthcare not subject to PA granted by BG as a Member State of affiliation, 100% was for treatment in BE.

** 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, HU, LU, NL, PT, and IS did not provide any data. AT did not provide complete data for 2020 due to a restructuring of the social insurance institutions.

**** NO indicated five granted requests for healthcare not subject to PA for treatment in Norway itself. This problem also arose in the report concerning 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 correct country.

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

ANNEX V FACT SHEETS

In this Annex fact sheets with information about the NCPs are provided[60]. The information provided in the questionnaires has been cross-checked (and sometimes complemented) with the information published on the website of the European Commission[61] as well as the information provided on the websites of the NCPs. The fact sheets also contain brief information relating to the implementation of the Directive and the data availability of each respondent.

Austria

National Contact Point

Name: National contact point for cross-border healthcare
Affiliation/Organisation: Gesundheit Österreich GmbH
Website: https://www.gesundheit.gv.at/service/patientenmobilitaet/kontaktstelle-patientenmobilitaet
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.

Prior authorisation system

Yes, since the transposition of the Directive.

Prior notification system (Article 9(5) of the Directive)

Austria has not implemented a system for prior notification.

General data availability

Austria has provided annual data for years 2016-2020. 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.

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.

Prior authorisation system

Yes, since the transposition of the Directive.

Prior notification system (Article 9(5) of the Directive)

Belgium has not implemented a system for prior notification.

[60] 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.

[61] https://ec.europa.eu/health/sites/default/files/cross_border_care/docs/cbhc_ncp_en.pdf

General data availability

Belgium has provided annual data for years 2015-2020. 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: https://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.

Prior authorisation system

Yes, since the transposition of the Directive.

Prior notification system (Article 9(5) of the Directive)

Bulgaria has not implemented a system for prior notification.

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.

Prior authorisation system

Yes, since the transposition of the Directive.

Prior notification system (Article 9(5) of the Directive)

Croatia has not implemented a system for prior notification.

General data availability

Croatia has provided annual data for years 2015-2020.

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.

Prior authorisation system

Since the transposition of the Directive until 2 April 2019.

Prior notification system (Article 9(5) of the Directive)

Cyprus has not implemented a system for prior notification.

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.

Prior authorisation system

No.

Prior notification system (Article 9(5) of the Directive)

Czechia has not implemented a system for prior notification.

General data availability

Czechia has provided annual data for years 2015-2020.

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/national-contact-point-for-cross-border-in-the-eueea/
E-mail: stps@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. As a result, 14 patients have had their access to treatment limited between 2016 and 2020 on the ground of overriding reasons of general interest.

Prior authorisation system

Yes, since the transposition of the Directive.

Prior notification system (Article 9(5) of the Directive)

Yes, since the transposition of the Directive.

General data availability

Denmark has provided annual data for years 2015-2020.

Estonia

National Contact Point

Name: Estonian National Contact Point
Affiliation/Organisation: Estonian Heath Insurance Fund
Website: https://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. However, no patients have had their access to treatment limited between 2016 and 2020 on the ground of overriding reasons of general interest.

Prior authorisation system

No.

Prior notification system (Article 9(5) of the Directive)

Yes, since the transposition of Directive 2011/24/EU.

General data availability

Estonia has provided annual data for years 2015-2020.

Finland

National Contact Point

Name: Contact Point for Cross-Border Healthcare
Affiliation/Organisation: 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.

Prior authorisation system

No.

Prior notification system (Article 9(5) of the Directive)

No.

General data availability

Finland has provided annual data for years 2016-2020. 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: https://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.

Prior authorisation system

Yes, since the transposition of Directive 2011/24/EU. Please note, the forthcoming report by Ecorys (Mapping and Analysis of Prior authorisation lists: analytical report) found that the prior authorisation system in place initially does not distinguish between requests under the Coordination Regulations and the Directive.

Prior notification system (Article 9(5) of the Directive)

No.

General data availability

France has provided annual data for years 2016-2020. 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. Data provided concerning patient mobility with PA (*Chapter 6* of this report) include all the requests for Portable Documents S2. Data provided concerning patient mobility not subject to PA (*Chapter 7* in this report) include all the reimbursements made directly to insured person for treatment abroad without PA whether it is under the Coordination Regulations or the Directive.

Germany

National Contact Point

Name: EU-PATIENTEN.DE
Affiliation/Organisation: German Liaison Agency Health Insurance – International (DVKA)
Website: https://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.

Prior authorisation system

Yes, since the transposition of the Directive.

Prior notification system (Article 9(5) of the Directive)

No.

General data availability

Germany has provided annual data for years 2016-2020. 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. 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).

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
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.

Prior authorisation system

Yes, 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.

Prior notification system (Article 9(5) of the Directive)

Yes, since the transposition of the Directive.

General data availability

Greece has provided annual data for years 2015-2020. However, Greece is not able to distinguish between requests under the Directive and under the Coordination Regulations in relation to received requests for prior authorisation.

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.

Prior authorisation system

Yes, since the transposition of the Directive.

Prior notification system (Article 9(5) of the Directive)

No.

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.

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.

Prior authorisation system

Yes, since the transposition of the Directive. Only required for Enzyme Replacement, but also available on a voluntary basis for patients seeking inpatient care, i.e., treatments that involves an overnight stay in hospital.

Prior notification system (Article 9(5) of the Directive)

Yes, since the transposition of the Directive, in form of a voluntary prior authorisation system for patients seeking inpatient care.

General data availability

Ireland has provided annual data for years 2015-2020.

Iceland

National Contact Point

Name: Cross Border Directive
Affiliation/Organisation: Health Service Executive (HSE)
Website: https://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.

Prior authorisation system

Yes, since the transposition of the Directive.

Prior notification system (Article 9(5) of the Directive)

Uncertain, 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.

Italy

National Contact Point

Name: Punto di contatto nazionale - NCP-ITALY
Affiliation/Organisation: Ministry of Health
Website:
https://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: -

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

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

Prior authorisation system

Yes, since the transposition of the Directive.

Prior notification system (Article 9(5) of the Directive)

Yes, since the transposition of the Directive.

General data availability

Italy has provided annual data for years 2015-2020.

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.

Prior authorisation system

Since the transposition of the Directive until September 2018.

Prior notification system (Article 9(5) of the Directive)

No formalised system, but possible to contact the National Health Service on a voluntary ad hoc basis.

General data availability

Latvia has provided annual data for years 2016-2020.

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)
Website: https://www.ncp.lt/
E-mail: ncp@vlk.lt (VLK) or contact.point@vaspvt.gov.lt (VASPVT)
Phone: +370 5 232 2222 (VLK) or +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.

Prior authorisation system

No.

Prior notification system (Article 9(5) of the Directive)

No.

General data availability

Lithuania has provided annual data for years 2016-2020.

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.

Prior authorisation system

Yes, 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.

Prior notification system (Article 9(5) of the Directive)

No.

General data availability

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

Prior authorisation system

Yes, since the transposition of the Directive.

Prior notification system (Article 9(5) of the Directive)

Yes, since the transposition of the Directive.

General data availability

Malta has provided annual data for years 2015-2020.

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.

Prior authorisation system

No. Please note, the forthcoming report by Ecorys (Mapping and Analysis of Prior authorisation lists: analytical report) found that the healthcare insurers require a prior authorisation, even though the Netherlands officially have not implemented a prior authorisation system.

Prior notification system (Article 9(5) of the Directive)

No.

General data availability

The Netherlands have provided annual data for years 2015-2020. 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.

Norway

National Contact Point

Name: Norwegian National Contact Point for healthcare
Affiliation/Organisation: Helfo
Website: https://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.

Prior authorisation system

No.

Prior notification system (Article 9(5) of the Directive)

Yes, since the transposition of the Directive.

General data availability

Norway has provided annual data for years 2015-2020.

Poland

National Contact Point

Name: National contact point for cross-border healthcare
Affiliation/Organisation: NFZ
Website: http://www.kpk.nfz.gov.pl/en/
E-mail: ca17@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.

Prior authorisation system

Yes, since the transposition of the Directive.

Prior notification system (Article 9(5) of the Directive)

Yes, since the transposition of the Directive.

General data availability

Poland has provided annual data for years 2015-2020.

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.

Prior authorisation system

Yes, since the transposition of the Directive.

Prior notification system (Article 9(5) of the Directive)

Uncertain, 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: https://www.cnas-pnc.ro/?l=en
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. However, no patients have had their access to treatment limited between 2016 and 2020 on the ground of overriding reasons of general interest.

Prior authorisation system

Yes, since the transposition of the Directive.

Prior notification system (Article 9(5) of the Directive)

No.

General data availability

Romania has provided annual data for years 2015-2020.

Slovakia

National Contact Point

Name: National contact point
Affiliation/Organisation: Healthcare 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.

Prior authorisation system

Yes, since the transposition of the Directive.

Prior notification system (Article 9(5) of the Directive)

No.

General data availability

Slovakia has provided annual data for years 2015-2020.

Slovenia

National Contact Point

Name: National Contact Point on cross-border healthcare
Affiliation/Organisation: Health Insurance Institute of the Republic of Slovenia
Website: http://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.

Prior authorisation system

Yes, since the transposition of the Directive.

Prior notification system (Article 9(5) of the Directive)

No.

General data availability

Slovenia has provided annual data for years 2015-2020.

Spain

National Contact Point

Name: Citizens' Advice and Information Office
Affiliation/Organisation: Ministerio de Sanidad
Website: https://www.mscbs.gob.es/en/pnc/portada/InfoNCPSpain.htm
E-mail: oiac@msssi.es
Phone: +34 901 400 100

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

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

Prior authorisation system

Yes, since the transposition of the Directive.

Prior notification system (Article 9(5) of the Directive)

No.

General data availability

Spain has provided annual data for years 2015-2020.

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.

Prior authorisation system

No.

Prior notification system (Article 9(5) of the Directive)

Yes, since the transposition of the Directive.

General data availability

Sweden has provided annual data for years 2015-2020, with the exception of years 2017-2018 (the questionnaire was returned unanswered).

The United Kingdom

National Contact Point

Name: -
Affiliation/Organisation: Separate contact points within the national healthcare systems of Scotland, Wales, Northern Ireland, and England before the United Kingdom left the EU.
Website: -
E-mail: -
Phone: -

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

The United Kingdom has introduced mechanisms limiting access to healthcare. However, no patients have had their access to treatment limited between 2016 and 2020 on the ground of overriding reasons of general interest. Mechanisms have been reported to have been introduced in England (2016-2018 and 2020), Scotland (2016) and Wales (2016-2020).

Prior authorisation system

Yes, since the transposition of the Directive.

Prior notification system (Article 9(5) of the Directive)

Yes, since the transposition of the Directive. A prior notification system has been reported to have been implemented in England (2016-2020), Scotland (2020) and Wales (2017-2020).

General data availability

The United Kingdom has provided annual data for years 2015-2020.


Publications Office