



Conference “Towards amplified awareness of EU rights to cross-border care”

Stakeholders’ perspectives concerning information on cross-border care

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AIM is the umbrella organisation of health mutuals and health insurance funds in Europe and in the world



- 63 members in 28 countries
- Provision of health coverage to 240 million people in the world and 200 million in Europe
- Provision of compulsory and/or complementary health insurance and managing health and social facilities

The AIM was founded in 1950 based on mutuals' values which are:

- Solidarity
- Not-for-profit orientation
- Universal Access to healthcare



Information on cross-border care

Perspective of the health mutuals and insurance funds

- Information about cross-border healthcare is not only about the Directive
- It's a complex framework

European level	National level
Coordination of Social Security Systems: Regulations 883/2004 and 987/2009	Cross-border projects with neighbouring countries
Cross-border Healthcare Directive 2011/24/EU	Contracts between foreign stakeholders and hospitals

Information on cross-border care

Perspective of the health mutuals and insurance funds



- In some countries, on regional and local level, stakeholders go a step further than what the European legal framework requires.
- Insured need to be informed about it as well to be able to make the best choice
- The drive to facilitate cross-border healthcare, can come from:
 - Health insurance funds/patients
 - Hospitals/providers
 - Authorities



Some examples...Belgium

France

- Belgian-French agreement on cross-border healthcare in 2005
- French-Walloon agreement on care for French disabled persons in Belgium, in 2014
- 3.000 French elderly in Belgian homes

With the Netherlands and Germany in Euregion Maas-Rhein:

- Border region with 3 University Hospitals
- Project IZOM since 2000: allowing patients to cross the border to consult specialists with special form “E112+ IZOM EMR”
- Interreg V: proposal to facilitate patient mobility and the know-how of hospitals in the field of rare diseases

Contracts with Belgian Hospitals

- Contracts with Belgian hospitals: 29 of the 196 hospitals have in total 83 contracts with foreign stakeholders
- 77% of contracts with Dutch health insurers
- No use of European regulation
- Some hospitals: 4% = Dutch patients

(Source: MLOZ, Belgian Independent Health Insurance Funds)



Authorisation for Belgian Patients in 2014

	NL	LU	DE	FR	TOTAL
Regulation (S2)	246	480	910	198	1.843
Directive	5	1	6	13	25
CB projects with NL & DE (IZOM)	1.420	-	15.807	-	19.061
CB project with FR (ZOAST, SMUT)	-	-	-	111	111

(Source: Benelux Report on cross-border healthcare in Benelux (2016))



...Slovenia, Austria, Bulgaria, Croatia, Estonia, Germany

- Social health insurance may provide benefits-in-kind in a so-called third party payment system (where insurance carriers conclude contracts with health care providers and pay them directly)
- “Inter-hospital” agreements (Croatia-Slovenia, Croatia-Hungary)



Positive effects coming from the Cross-border Healthcare Directive



In Belgium at national level

- Review and modernisation of all existing instructions concerning cross-border healthcare (Regulation/directive; urgent/planned medical care...)
- More precise definition of procedures (e.g. authorisation within 45 days)

In Croatia at national level

- Changes especially in the area of medical assessment (medically justifiable time-limit) of the cases and related procedure

At European Level

- Rules also apply to private providers: Important impact on reimbursement
- Legal basis for more data on cross-border healthcare
- More collaboration between Member States (networks eHealth and HTA)



Negative effects arising from the Cross border healthcare Directive

Legal framework is very complex

- Two legal instruments – two possible procedures
- Difficult to explain to citizens
- Difficult to apply for health mutuels and health insurance funds
- Some principles of regulation and some principles of the directive lead to absurd situations

No European document in case of authorisation

No social criteria to give authorisation

Rare diseases (little use has been made of the possibilities in directive)



Need for more data

Example: Belgium



More foreign patients to Belgium than Belgian patients abroad

- Lack of transparency
- Lack of data

Creation of Observatory for Patients' Mobility in 2011

- Objective: measure the impact of foreign patients in Belgium
- Health Insurance funds participate in these activities

Other resources

- Benelux Report (2016)
- Independent Health Insurance Funds



Foreign patients in Belgium 2008 - 2014

Country	Hospitalisation	One day	Total	%
Netherlands	62.041	50.000	115.429	57,4
France	23.527	17.726	41.253	20,5
Luxembourg	5.311	3.852	9.163	4,6
United Kingdom	2.626	2.657	5.283	2,6
Italy	2.143	3.135	5.278	2,6
Germany	2.319	2.847	5.166	2,6
TOTAL (all countries)	113.566	87.695	201.083	100

BUT:

- No differentiation between urgent and non-urgent care
- Ambulatory care not included

(Source: Benelux Report on cross-border healthcare in Benelux (2016))

Information about the risks concerning reimbursement

Example: Belgium in 2014



- For patients important to know: Reimbursement
- Reimbursements of planned medical care without authorization, based on the directive – only 1/3 of the bills reimbursed

Number of reimbursements	3.266
Total amount of medical bills	€ 731.982,64
Total amount reimbursed by compulsory health insurance	€ 245.066,12
Total amount <u>not</u> reimbursed by compulsory health insurance	€ 486.916,52

(Source: MLOZ, Belgian Independent Health Insurance Funds)

Information about the risks concerning reimbursement



- Immediate payment to the health care service provider in other MS
 - Not everyone can afford it
 - Risks for patients regarding reimbursements –e.g. if prices abroad are higher
- Cross border health care provider set his own price and not the price agreed in the public system – the difference has to be paid by the patient
- Additional costs due to unexpected complications
- Additional costs of accommodation, translations, travel expenses

Conclusions



- No clear, complete & comparable statistics on regulation & directive (yet)
 - European report?
- Need
 - For better & comparable data
 - To simplify the European legal framework
 - To continue to inform citizens about possibilities
- Evaluation of the national contact points?
 - Should it only apply to the directive?
 - What are the questions of the patients, e.g. medical/insurance questions?
 - More questions from foreign patients/national patients?
 - How many cases?
 - European Reference Networks should be in contact with national contact points



Thank you for your attention!
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