CHECKLIST FOR NATIONAL CONTACT POINTS

for good patient information provision on cross-border healthcare¹
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Outgoing Patients*

“Do you have a question regarding accessing healthcare in another EU*/EEA* Member State or Switzerland* and your rights and entitlements in cross-border healthcare*?”

Directive 2011/24/EU* points out the need of appropriate and clear information on all aspects of cross-border healthcare* in order to enable patients to exercise their rights in practice. National Contact Points* for Cross-border Healthcare (NCPs) bear crucial responsibility for such information provision to mobile patients.

Following document expands a checklist for good patient information provision, that in your role as NCP of the Member State of affiliation* should be included on your website and in direct personal counselling of outgoing patients. A distinction is made between information that has to be provided compulsory in accordance with Directive 2011/24/EU* and information that should be provided as a matter of good NCP practice.

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1 For each word or concept in this manual directly followed by an asterisk (*), corresponding definitions and explanations are provided in the accompanying alphabetical glossary.
Compulsory information to provide to outgoing patients

1 Patients’ rights on cross-border healthcare

1.1 Patients’ rights and entitlements

- Explain to patients what is exactly to be understood under the right on cross-border healthcare*. For example:
  "As an EU*/EEA* citizen you have the right to access healthcare*, such as consultation, surgery, or prescription* for medical products, in any EU*/EEA* country or Switzerland* and to enjoy assumption of all or part of the costs by your national health service*/ health insurance provider**

- Be clear there are two possible ways for obtaining cross-border healthcare*:

- Provide information on the (material, personal and territorial) scope of application of both Directive 2011/24/EU* and the Social Security Regulations (EC) 883/2004 and 987/2009*

- Provide information on the general principles of both EU legal instruments. For example:
  • "Under the Social Security Regulations (EC) 883/2004 and 987/2009 you are entitled to assumption of costs for your treatment abroad as though you were insured under the social security system of that country."
  • "Under Directive 2011/24/EU you are entitled to assumption of costs for treatment abroad as though the treatment was provided in your home country."

- Make a clear distinction between unplanned* and planned* medical treatment abroad
  Also inform patients on their entitlement to medically necessary healthcare* on the simple display of a valid European Health Insurance Card*, including information on how to apply for the card, which health services are covered, how to use the card abroad, the applicability of the reimbursement tariff and payment procedure of the country of treatment*, the European Commission’s EHIC app*,..

- Also refer to possible rights and entitlements on treatment abroad derived from purely national legislation, as for example under national healthcare projects for border regions

- Provide links or pdf documents on your NCP website containing the coordinated and most recent text of the Directive 2011/24/EU* and the Social Security Regulations (EC) 883/2004 and 987/2009*
✓ Provide information on patients’ rights in cross-border healthcare, including
  • Patient’s right to non-discrimination on the basis of nationality regarding accessing healthcare and equal prices
  • Patient’s right to transparent procedures for filing a complaint and seeking redress
  • Patients’ right to informed consent
  • Patients’ right to accessibility of hospitals for persons with disabilities
  • Patients’ right to access copy of his/her medical records
  • Patients’ right to privacy

1.2. Directive 2011/24/EU* versus Social Security Regulations*
✓ Inform patients on the different consequences of both routes regarding the range of covered healthcare services, the conditions to access medical treatment as well as the financial implications

✓ Outline the advantages and disadvantages of cross-border healthcare* under both Directive 2011/24/EU* and the Social Security Regulations (EC) 883/2004 and 987/2009*

✓ Emphasise the differences in applicable tariffs and payment methods under both Directive 2011/24/EU* and the Social Security Regulations (EC) 883/2004 and 987/2009*

1.3 Prescriptions
✓ Inform patients on their right to present a prescription* for medicines/medical devices in any EU*/EEA* country. For example:
  “A prescription for medicine or medical devices prescribed in your country is valid in any EU*/EEA* country. Likewise, a prescription prescribed in another EU*/EEA* country, for example as part of follow-up treatment for surgery received abroad, may be presented to any pharmacist in your home country.”

✓ Provide information on the minimum information requirements for cross-border prescriptions in accordance with the Implementing Directive 2012/52/EU*
  • Identification of the patient: surname(s); first name(s); date of birth
  • Authentication of the prescription: Issue date
  • Identification of the prescribing healthcare provider: surname(s); first name(s); professional qualification; details for direct contact, such as email and telephone or fax); work address, including the name of the relevant Member State); written or digital signature
  • Identification of the prescribed product: common name (active substance), or in exceptional cases name; pharmaceutical formulation (tablet, solution, etc.); quantity; strength; dosage regime
Inform patients on the fact that not every medicine is available or authorised for sale in every EU*/EEA* country

Inform patients on the application of the legislation of the country where the prescription is dispensed (e.g. with regard to dosage regime)

Prior authorisation

2.1. Prior authorisation

Inform patients on the concept of prior authorisation. For example: "In some cases (hospital treatment or highly specialised services) prior approval from your national health service*/ health insurance provider* may be required in order to obtain assumption of costs, also referred to as prior authorisation”

Be clear on the fact that a request for assumption of costs may be declined when prior authorisation was not obtained

2.2. Treatment

Information on which healthcare is subject to prior authorisation* (under both the Social Security Regulations should be provided (EC) 883/2004 and 987/2009* and Directive 2011/24/EU*)

When a public list on healthcare subject to prior authorisation* is made available, reference to or publication of this list should be provided

Inform patients on the priority of the Social Security Regulations (EC) 883/2004 and 987/2009* when the conditions to grant prior authorisation* under its conditions are met, unless explicit request from the patient

2.3. Procedure

Provide information on the applicable procedure for requesting prior authorisation* and the different procedural steps that may have to be taken

Provide information on the European S2 form* and applicable national forms for prior authorisation* under Directive 2011/24/EU*

Inform patients on the applicable forms for submitting a request for prior authorisation*

Provide information on where to direct a request for prior authorisation*
Be clear on the anticipated time limit for receiving a decision

Provide information on the possible grounds of refusal

Inform the patient under which conditions prior authorisation* must be approved

2.4. Competent institution

Provide information on which healthcare authority will be competent to grant prior authorisation, especially in case of residence outside the competent Member State* (taking in mind the exception for Member States applying a mechanism for compensation between Member States based on lump sums, or in other words fixed amounts* (Annex III Regulation (EC) 987/2009*)

3. Reimbursement of costs

3.1. Assumption of costs

Be clear on the patient’s right to assumption of all or part of the costs incurred abroad on behalf of his or her national health service*/ health insurance provider*

In case of specialised treatment, inform the patient if a GP* referral is required

3.2. Applicable payment method and tariff

Inform patients on the different applicable payment methods, that are treatment free of charge at point of use (third-party payment*) or upfront payment*

- Third-party payment* or upfront payment* depending on the applicable legislation of the country of treatment* under the Social Security Regulations*

- Upfront payment* under Directive 2011/24/EU*

Provide information on which tariffs will apply, those of the country of treatment or the patient’s home country

- Tariff of the country of treatment* under the Social Security Regulations*

- Tariff of the home country* under Directive 2011/24/EU


3.3. Reimbursement procedure

Present information on the applicable procedures for obtaining reimbursement* for medical treatment or prescription* and the different procedural steps to undertake
✓ Provide information on the applicable forms to file a request for reimbursement*

✓ Inform patients on which necessary documents the patient has to present in order to be entitled to reimbursement*, such as receipts, standardised forms, medical records,...

✓ Make patients aware of the fact that in some cases translated documents must be presented

✓ Inform patients on where to direct their request for reimbursement*

✓ Be clear on the time limit for submitting a request for reimbursement*

✓ Inform patients on the anticipated time limit for receiving a decision regarding reimbursement*

3.4. Co-payment

✓ Make patients aware of possible co-payments*

✓ Explain what is to be understood under co-payment*

✓ Inform patients on their right to the Vanbraekel supplement* in case of planned treatment* under the Social Security Regulations* as well as the fact that this supplement is not given automatically but solely upon the patient’s request

3.5. Extra costs for travel and stay

✓ Make sure patients are aware of the fact that extra costs for travel and stay are normally not covered under the social security scheme (unless under the Social Security Regulations* in case these costs would have been assumed if the treatment was provided in the home country*)

3.6. Competent institution

✓ Provide information on which healthcare authority will be responsible for the costs of reimbursement*, especially in case of residence outside the competent Member State* (taking in mind the exception for Member States applying a mechanism for compensation between Member States based on lump sums, or in other words fixed amounts* (Annex III Regulation (EC) 987/2009*))
4 Procedures for appeal

4.1. Right to appeal
✓ Inform patients on their rights to appeal any decision of the national health service*/health insurance provider* regarding their access to healthcare abroad
  •  Provide information on the applicable procedure for appealing a decision with regard to prior authorisation*
  •  Provide information on the applicable procedure for appealing a decision with regard to reimbursement*

4.2. Procedural aspects
✓ Provide information on the applicable procedures or any legal action that may be taken to appeal a decision of the national health service*/health insurance provider*
✓ Provide information on where to direct a claim
✓ Make sure patients are aware of the applicable time limits to appeal a decision

5 National Contact Points

5.1. Contact details of NCPs
✓ Be clear on the existence and tasks of National Contact Points*
✓ Provide patients with contact details and links to the websites of other National Contact Points* (NCPs)

5.2. NCP of the country of treatment
✓ Inform patients on which information the NCP of the country of treatment* is obliged to provide them with
✓ Make patients aware of the importance to contact the NCP of the country of treatment*
As a matter of good NCP practice

Planning cross-border treatment

✓ Aware patients of the importance of informing themselves on the treatment they wish to receive

✓ Inform patients on the importance of first discussing their plans with their GP*

✓ Inform patients on the importance of collating information on the tariff of the health service in the country of treatment* and on the anticipated costs they may have to bear themselves

✓ Inform patients on the importance of arranging follow-up care* upon return home

Quality and safety

✓ Make patients aware of the importance of informing themselves on the treatment they wish to receive, including information on treatment alternatives, the treatment procedure, the anticipated outcome, possible detriments and risks

✓ Inform patients on the importance to gain information on the healthcare provider, hospital or health facility they wish to go to, including information on the healthcare provider’s license to practice medicine, the healthcare provider’s social security status (is it a public or private healthcare provider?) and the quality and safety standards to which the healthcare provider/hospital is subject

✓ Inform patients on the fact that in the event of malpractice, they are entitled to file a complaint and seek redress in the country of treatment*. Refer the patient to the NCP of the country concerned for more information.

Transfer of medical records

✓ Inform patients on their right to access or at least obtain one copy of their medical records* under Directive 2011/24/EU*

✓ Warn patients for the risks of being treated without the proper transfer of their medical records* to the treating healthcare provider abroad
Inform patient on the importance of asking for a copy of the medical records documented by the healthcare provider abroad or for transfer of such documents directly to their GP or any other healthcare provider at home.

9 Language and costs of translation

- Make sure that patients are aware of possible language barriers
- Inform patients on the possibility that they have to arrange interpretation or translation of documents themselves

10 Travel insurance and supplementary or private health insurance

- Inform patients on the importance of travel insurance or supplementary private health insurance, as extra costs for travel and stay, costs for repatriation or transportation, or medical costs for treatment provided in a private hospital, will often not be covered under the patient's social security cover.

11 Living abroad

- Provide information on under whose social security system a citizen will be insured when settling in another EU*/EEA* country (taking in mind the different arrangements for students, posted workers, frontier workers*, pensioners,..)
- Inform pensioners/retired frontier workers* on their entitlements to receive treatment during a temporary stay back in the competent Member State* or in the country of previous work activity under Annex IV and Annex V Regulation 883/2004*.
- Provide patients residing outside the competent Member State* with information on which institution is competent for providing prior authorisation* and reimbursement* (that is the institution of the competent Member State* or the institution of the Member State of residence in case of pensioners/family members residing in another country than the insured person, with residence in a Member State listed under Annex III Regulation (EC) 987/2009*). Refer patients to the NCP of the country of the competent institution when necessary.