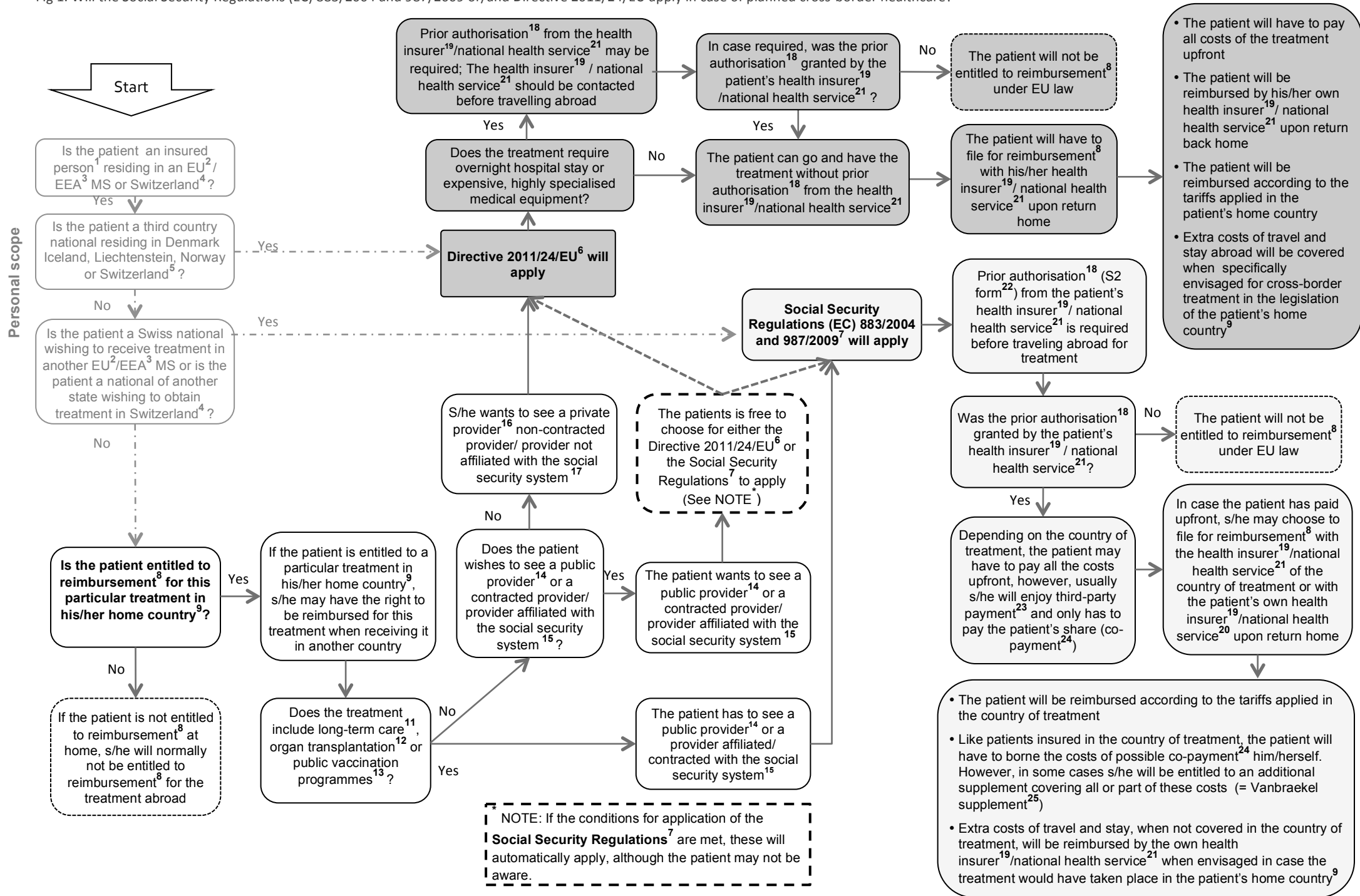


Decision Tree for NCPs – Planned Cross-border Treatment

Fig 1. Will the Social Security Regulations (EC) 883/2004 and 987/2009 or/and Directive 2011/24/EU apply in case of planned cross-border healthcare?



Legend



= Personal scope



= Directive 2011/24/EU route



= Social Security Regulations (EC) 883/2004 and 987/2009 route



= Note: priority Social Security Regulations (EC) 883/2004 and 987/2009

! Attention, following situation is not envisaged in the decision tree

When the patient is working in one Member State and residing in another Member State, s/he will be entitled to healthcare both in the patient's home country (i.e. the Member State of residence, where s/he is affiliated to the statutory health system) as in the Member State of work (i.e. the competent Member State, at whose expenses s/he is entitled to healthcare in the Member State of residence).

More specifically, the insured person and his or her family members are also entitled to healthcare when staying in the competent Member State. The competent Member State will provide the healthcare at its own expense, in accordance with the legislation it applies, as though the person concerned resided in that Member State (art. 18 Regulation 883/2004). In some Member States this principle will continue to apply for pensioners and retired frontier workers (art. 27 and art. 28 Regulation 883/2004) .

In some Member States, family members of a frontier worker are excluded from this scheme.

Glossary & Clarifications:

Personal scope	
¹ Insured person	The decision tree is only applicable for (active or retired) employees or self-employed workers and their family member, who are residing in an EU ² /EEA ³ Member State or Switzerland ⁴ and who are subjected to the social security legislation of one or more of these states. The same applies for third country nationals and their family members, legally residing in an EU ² /EEA ³ Member State or Switzerland ⁴ . (! In the case of third country nationals residing in Denmark, Iceland, Liechtenstein, Norway or Switzerland ⁵ , only the Directive 2011/24/EU ⁶ route applies)
² European Union (EU)	The following 28 countries are members of the European Union (EU): <i>Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, and the United Kingdom.</i>
³ European Economic Area (EEA)	The European Economic Area (EEA) includes, besides the 28 EU Member States, Iceland, Liechtenstein and Norway.
⁴ Switzerland	As the Directive 2011/24/EU ⁶ route excludes Switzerland, under EU law Swiss nationals/third country nationals (non-EU ² /EEA ³ nationals) residing in Switzerland are only able to enjoy cross-border healthcare under the Social Security Regulations (EC) 883/2004 and 987/2009. The same applies for EU ² /EEA ³ nationals/third country nationals (non-EU ² /EEA ³ nationals) wishing to receive cross-border treatment in Switzerland. (! In the case of Switzerland, only the Social Security Regulations route applies).
⁵ Third country nationals residing	Third country nationals (non-EU ² /EEA ³ nationals) residing in Denmark, Iceland, Liechtenstein, Norway or Switzerland, are excluded from the Social Security Regulations (EC) 883/2004 and 987/2009 ⁷ (! In the case of third country nationals in Denmark, Iceland, Liechtenstein, Norway or Switzerland, only the Directive 2011/24/EU ⁶ route applies)
EU law	
⁶ Directive 2011/24/EU	Directive 2011/24/EU of the European parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare
⁷ Social Security Regulations (EC) 883/2004 and 987/2009	<ul style="list-style-type: none"> - Regulation (EC) NO 883/2004 of the European Parliament and of the council of 29 April 2004 on the coordination of social security systems - Regulation (EC) No 987/2009 of the European Parliament and of the council of 16 September 2009 laying down the procedure for implementing Regulation (EC) No 883/2004 on the coordination of social security systems
Glossary	
⁸ Reimbursement	Repayment of a patient by the national health service/ national health insurance system for health services covered by the social security scheme

⁹ Home country	The country under whose social security system and legislation the insured is covered (Member State of residence), whether or not on behalf of another Member State (i.e. competent Member State ¹⁰)
¹⁰ Competent Member State	Member State under whose social security system the patient concerned is insured at the time of the cross-border treatment, or on behalf of whose social security system the patient concerned is insured at the time of cross-border treatment
¹¹ Long-term care	Services in the field of long-term care the purpose of which is to support people in need of (non-medical) assistance in carrying out routine, everyday tasks, for example nursing homes
¹² Organ transplantation	The allocation of and access to organs for the purpose of organ transplants (with the exception of the surgical act of transplantation itself)
¹³ Public vaccination programmes	Public programmes of vaccination against infectious diseases which are exclusively aimed at protecting the health of the population on the territory of a Member State and which are subject to specific planning and implementation measures
¹⁴ Public healthcare provider	Healthcare provider working within the national health service ²¹ /statutory health insurance ²⁰ scheme
¹⁵ A contracted healthcare provider/ healthcare provider affiliated with the social security system	Public healthcare providers ¹⁴ working within the national health service ²¹ / statutory health insurance ²⁰ scheme, as well as in some Member States private providers who are entitled to provide covered health services under the national health service ²¹ / statutory health insurance ²⁰ scheme
¹⁶ Private healthcare provider	Healthcare provider working independently from the national health service ²¹ / statutory health insurance ²⁰ scheme
¹⁷ Non-contracted healthcare provider/ healthcare provider not affiliated with the social security system	Private healthcare providers ¹⁶ who work in the private health sector and who are not entitled to provide any health services covered under the national health service ²¹ / statutory health insurance ²⁰ scheme
¹⁸ Prior authorisation	Authorisation patients need from their national health service ²¹ authority/ health insurer ¹⁹ prior to their travel abroad, in order to be guaranteed reimbursement for the cross-border treatment
¹⁹ Health insurer	Provider of health insurance under the statutory health insurance scheme ²⁰ (i.e. health insurance fund; health insurance company).
²⁰ National health insurance/ statutory health insurance	The statutory health insurance is the financing system within the social security scheme that covers citizens of a country against healthcare expenses.
²¹ National health service or national health service-type healthcare systems	Government-controlled healthcare systems that are responsible for the provision of publicly funded health services to all citizens in their country (e.g. UK NHS)
²² S2 form	Proof of receipt of prior authorisation from the patient's national health service ²¹ authority / national health insurance ²⁰ institute to have planned cross-border treatment, according to the Social Security Regulations (EC) 883/2004 and 987/2009 ⁷ (old E112 form)
²³ Third-party payment	Third-party payment refers to the direct payment of the healthcare provider by the competent national health service ²¹ / national health insurance ²⁰ institution. As a result, the patient enjoys treatment free of charge at point of use, and only has to pay the patient's part of the costs (co-payment).
²⁴ Co-payment	A set out-of-pocket amount, which will not be covered by the national health service ²¹ / national health insurance ²⁰ the

insured has to pay him or herself directly to the healthcare provider/hospital or other institute for the provided health services; in other words, the patient's share of the medical costs

²⁵ Vanbraekel supplement

The Vanbraekel supplement includes an additional compensation in case the patient has actually borne all or part of the medical costs of the cross-border treatment for which s/he had prior authorisation¹⁸ (S2 form²²) him or herself (co-payment²⁴) and the reimbursement tariff abroad is lower than the costs that should have been reimbursed, assuming the same treatment would have taken place in the patient's own Member State. In this case, the competent national health service²¹/ health insurer¹⁹ has to reimburse the patient, *upon request*, up to the amount representing the difference between both reimbursement rates (without exceeding the actual costs incurred by the patient) (art. 26(7) Regulation (EC) 987/2009).