European Commission

MEMBER STATE DATA
on cross-border healthcare following Directive 2011/24/EU

Year 2015

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Table of contents

Table of figures

Executive summary

Directive 2011/24/EU codifies patients' rights to reimbursement for healthcare received in another EU Member State. In order to follow-up on the transposition of the Directive a questionnaire has been elaborated. The data provided through the questionnaire have been compiled and an overview of the Member State data for year 2015 is presented in this report.

It should be noted that only 23 replies were received. No replies were received from Austria, Finland, France, Iceland, Latvia, Lithuania and Portugal. In addition, several Member States have had difficulties to collect and present all or part of the requested data. For more information see fig. 14. Country specific comments.

Information requests received by National Contact Points

Most Member States only received a few hundred information requests in year 2015. Poland stands out with 31 736 received information requests, almost four times more than any other Member State.

Limitations for patient inflow

Of those who replied, six Member States have implemented mechanisms that can be used to limit access to cross-border healthcare according to Article 4(3) of Directive 2011/24/EU. However, these mechanisms have, as far as data are available, not been put into practice. No new measures related to Article 4(3) of Directive 2011/24/EU were introduced in year 2015 by any Member State.

Healthcare subject to prior authorisation

A majority of the Member States received less than 100 requests for prior authorisation during year 2015. On average 50,2 % of the processed requests were authorised. The average processing times relating to requests for prior authorisation varied widely. From 3 working days in Romania to 3,4 months in Greece. Based on the replies received, it seems to be fairly common to seek healthcare in bordering Member States. Most requests for prior authorisation have been authorised for treatments in Germany.

Healthcare not subject to prior authorisation

The number of requests for reimbursement relating to healthcare not subject to prior authorisation was low, with a couple of exceptions. Belgium and Denmark both received over 30 000 requests for reimbursement. On average 78,0 % of the processed requests for reimbursement were granted. Most requests for reimbursement have been granted for treatments in Germany followed by Spain.

Introduction

Directive 2011/24/EU on the application of patients' rights in cross-border healthcare codifies the main principles of the case law established by the European Court of Justice (ECJ) related to cross-border healthcare, i.e. 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 (Member State of affiliation), are entitled to be reimbursed for the same service if they decide to receive it in another Member State. The patient should receive the same level of reimbursement as if the treatment would have been received in the Member Sate of affiliation. However, the level of reimbursement can never exceed the actual costs of the healthcare received.

Member States can require patients to seek prior authorisation for certain treatments, generally inpatient care and care requiring highly specialised or cost-intensive medical equipment or infrastructure. A prior authorisation can be refused e.g. if the patient can be offered the treatment in the Member Sate of affiliation within a time limit which is medically justifiable, (for further information about reasons for refusal see fig. 7 Refused requests for prior authorisation by reason for refusal).

To assist patients and advise them on their rights under Directive 2011/24/EU (e.g. entitlement to healthcare, level of reimbursement etc.), each Member State is required to set up a National Contact Point (NCP). The National Contact Point is also required to provide information about the national healthcare system to patients from other Member States, e.g. information about healthcare providers, quality and safety standards, complaints and redress procedures etc.

Directive 2011/24/EU is closely linked to Regulation (EC) No 883/2004 on the coordination of social security systems, which also provides certain rights to planned healthcare with prior authorisation (Portable document S2) and necessary healthcare (via the European Health Insurance Card (EHIC)). The procedures for implementing Regulation (EC) No 883/2004 are laid down in Regulation (EC) No 987/2009. The close relationship between the two different legal instruments needs to be kept in mind when analysing the results presented in this report.

Directive 2011/24/EU was due to be transposed by the Member States by 25 October 2013. In order to follow-up on the transposition a questionnaire concerning year 2015 was elaborated and sent to all Member States[1] in April 2016[2]. A total of 23 replies were received[3]. No replies were received from Austria, Finland, France, Iceland, Latvia, Lithuania and Portugal. In addition, several Member States have had difficulties to

[1] In this report Member States refers to the EU Member States as well as the EFTA countries Iceland and Norway.

[2] An e-mail with clarifications was sent to all Member States 25 May 2016. In addition, two reminders was sent 25 July and 8 August 2016. The last reminder included a cut-off date set for 22 August 2016, just over three weeks after the original deadline (30 July 2016). In the end replies was accepted until and including 26 August 2016.

[3] The United Kingdom presented individual replies for England, Gibraltar, Northern Ireland, Scotland and Wales. The replies have been included either individually or merged in the various chapters of this report depending on the nature of the data.

collect and present all or part of the requested data. For more information see fig. 14. Country specific comments.

The questionnaire contained five sections with questions relating to different parts of Directive 2011/24/EU.

1. National Contact Points
2. Limitations for patient inflow
3. Healthcare subject to prior authorisation
4. Healthcare not subject to prior authorisation
5. Additional information

In addition, the questionnaire contained a collection of definitions based on the terminology defined in Article 3 of Directive 2011/24/EU.

The data provided through the questionnaire have been compiled and an overview of the Member State data for year 2015 is presented in this report.

EFTA

Directive 2011/24/EU was due to be transposed by the EFTA countries Iceland, Liechtenstein and Norway no later than 1 August 2015. However in reality different transposition dates was applied.

Norway has reimbursed healthcare provided in another EEA country since 1 January 2011 (with the exception of hospital care)[4]. Directive 2011/24/EU was implemented in Norway as of 1 March 2015[5] (including hospital care). The figures provided for this report concerns 1 January to 31 December 2015.

No reply was received from Iceland. Data is also missing for Liechtenstein[6].

Comparisons to year 2014

No comparisons are made to year 2014, since the Member States transposed Directive 2011/24/EU at different times. The figures provided in last year's exercise for year 2014[7] therefore in many cases only concern a part of year 2014. In addition, many Member States were only able to provide partial data for year 2014.

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4 https://lovdata.no/dokument/SF/forskrift/2010-11-22-1466?q=stønad til helsetjenester mottatt.

5 http://europalov.no/rettsakt/pasientrettighetsdirektivet-behandling-over-landegrensene/id-1342.

6 Liechtenstein 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.

7 Commission report on the operation of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare (http://ec.europa.eu/health/cross_border_care/docs/2015_operation_report_dir201124eu_en.pdf), COM(2015) 421 final, 04.09.2015.

Exchange rates

In this report all reimbursed amounts are presented in euro. For this purpose the exchange rates as at 31 December 2015, as published in the Official Journal of the European Union (C001, 5.1.2016), has been used.

Fig. 1. Exchange rates

Member State	Currency	Exchange rate 1 EUR =
Bulgaria	BGN	1,9558
Croatia	HRK	7,6380
Czech Republic	CZK	27,023
Denmark	DKK	7,4626
Hungary	HUF	315,98
Norway	NOK	9,6030
Poland	PLN	4,2639
Romania	RON	4,5240
Sweden	SEK	9,1895
United Kingdom	GBP	0,73395

Information requests received by National Contact Points

In question 1.2 of the questionnaire Member States were asked to provide the total number of information requests they received in year 2015 broken down by media (in written, by phone or in person). The requested figure should include requests to National Contact Points as well as Regional Contact Points.

It proved difficult for some Member States to provide data concerning information requests. This especially relates to National Contact Points that are located within organisations who do not have cross-border healthcare provided in accordance with Directive 2011/24/EU as their only or main area of responsibility. This has been pointed out by e.g. Luxembourg. It is also likely that requests relating to cross-border healthcare outside the scope of Directive 2011/24/EU have sometimes been included, e.g. questions relating to Portable document S2 etc. For further information see fig. 14. Country specific comments.

In fig. 2 can be found the number of information requests received in year 2015 broken down by media. The number of requests should be analysed in relation to the total number of insured persons. As such, they can be used as a first indication of the general awareness of the existence of Directive 2011/24/EU. However, it should be kept in mind that requests for information are also made directly to e.g. healthcare providers and local social insurance offices. The National Contact Points also make available extensive information on their websites, which can be used by people looking for information about cross-border healthcare.

Poland stands out as receiving far more requests for information than any other Member State. Poland received a total of 31 736 information requests, almost four times more requests than any other Member State.

Fig. 2. Number of information requests received by media [Question 1.2]

Member State[1]	Written	Telephone	Desk (in person)	Total
BE	148	72	0	220
CY	5	10	6	21
CZ[2]	50	50	0	100
DE	478	1 495	0	1 973
DK[2]	445	1 805	40	3 456
EE	43	14	1	58
ES[2]	65	26	15	106
GR	155	300	120	575
HU	55	145	8	208
HR	212	381	0	593
IE	1 512	3 084	3	4 599
IT	428	0	0	428
MT[2]	7	6	0	13
NL	120	0	0	120
PL	1 321	25 745	4 670	31 736
RO[2]	1 600	785	0	2 385
SI	757	3 561	46	4 364
SK	83	50	0	133
UK	6 486	1 979	6	8 471

[1] Bulgaria, Luxembourg, Norway and Sweden replied to the questionnaire, but did not have data available to answer question 1.2. For further information see fig. 14. Country specific comments.

[2] Comments have been provided concerning the quality of the figures presented. For further information see fig. 14. Country specific comments.

Limitations for patient inflow

In questions 2a) to d) of the questionnaire Member States were asked to provide information relating to mechanisms of any measure limiting access to healthcare according to Article 4(3) of Directive 2011/24/EU.

Of those who replied, six Member States (Denmark, Estonia, Hungary, Ireland, Malta and Romania[8]) have implemented mechanisms that can be used to limit access to cross-border healthcare according to Article 4(3) of Directive 2011/24/EU. However, these mechanisms have, as far as data are available, not been put into practice. No new measures related to Article 4(3) of Directive 2011/24/EU were introduced in year 2015 by any Member State.

Additional information about the legal systems in place have been provided by Slovenia and Slovakia. For further information see fig. 14. Country specific comments.

[8] Comments have been provided concerning the system in Romania. For further information see fig. 14. Country specific comments.

Healthcare subject to prior authorisation

In section 3 of the questionnaire Member States were asked to provide information relating to healthcare subject to prior authorisation. The questions were divided into two subsections, 3.1 Requests for prior authorisation and 3.2 Requests for reimbursement.

Of those who replied, a total of 18 Member States have implemented a system of prior authorisation. 5 Member States (Czech Republic, Estonia, the Netherlands, Norway and Sweden) have not implemented a system of prior authorisation.

Number of requests for prior authorisation

Some Member States have difficulties with separating between requests dealt with under Directive 2011/24/EU and requests dealt with under Regulation (EC) No 883/2004 and Regulation (EC) No 987/2009. This concerns e.g. Germany and Luxembourg (for further information see fig. 14. Country specific comments). The close relationship between the two different legal instruments needs to be kept in mind when analysing the results. The data provided concerning the application of Directive 2011/24/EU should therefore be analysed in relation to the number of prior authorisations (Portable document S2) issued in accordance with Regulation (EC) No 883/2004 and Regulation (EC) No 987/2009. The figures should ideally also be analysed in relation to the total number of insured persons in order to get a broader understanding of how frequently Directive 2011/24/EU is used.

When a person requests a prior authorisation to go abroad to seek healthcare it is commonly requested without consideration to the legal framework under which it will in the end be authorised. This is normally clarified at a later stage when the request is being processed and all information and options becomes apparent.

A clarification was sent by e-mail to all delegations 25 May 2016. Among other things, the clarification made clear that the data requested in section 3.1 a) of the questionnaire should concern the number of requests for prior authorisation:

- received in year 2015
- authorised in year 2015
- refused in year 2015
- withdrawn or considered inadmissible in year 2015.

It has, as far as possible, been verified that the figures presented has been reported in accordance with the clarification.

The number of requests for prior authorisation was low in year 2015 (see fig. 3). A majority of the Member States received less than 100 requests. Luxembourg had the largest number of received requests (334) as well as the highest number of authorised

requests (253). It should be noted that several requests for prior authorisation can relate to the same person.

Looking at the total number of processed requests for prior authorisation (authorised, refused, withdrawn or considered inadmissible) some differences appear. On average 50,2 % of the processed requests for prior authorisation were authorised, 24,1 % were refused and 25,7 % were either withdrawn or considered inadmissible[9]. A couple of Member States stands out as having a very low percentage of authorised requests. In Denmark and Poland[10] only 7,7 % respectively 8,3 % of all processed requests for prior authorisation were authorised. On the same time Poland also stands out as having a high number of requests that were either withdrawn or considered inadmissible. This is also the case in e.g. Greece, who have filed a request as inadmissible when a patient has received healthcare without first applying for a prior authorisation (for further information see fig. 14. Country specific comments).

Fig. 3. Number of requests for prior authorisation [Question 3.1 a)]

Member State of affiliation[1]	Received in 2015	Authorised in 2015	Refused in 2015	Withdrawn/ Inadmissible in 2015
BE	54	34	20	0
BG	8	6	1	1
CY	15	9	3	3
DK	76	6	54	18
ES	24	15	6	2
GR[2]	12	3	0	9
HU[2]	1	0	0	1
HR	14	4	10	0
IE[3]	216	93	15	85
IT[2]	194	73	70	n/a
LU[2]	334	253	29	52
MT	1	1	0	0
PL[2]	42	3	4	29
RO[2]	7	5	1	0
SI	39	7	20	12
SK	178	146	8	24
UK	142	95	37	20

1 Germany replied to the questionnaire, but did not have data available to answer question 3.1 a). For further information see fig. 14. Country specific comments.

2 Comments have been provided concerning the quality of the figures presented. For further information see fig. 14. Country specific comments.

3 All figures concerns requests received in year 2015.

Processing times relating to requests for prior authorisation

The average processing times relating to requests for prior authorisation varied widely. From 3 working days in Romania to 3,4 months in Greece. Also the maximum time, set as a limit by some Member States varied widely from 5 working days in Romania to 60

9 For the purpose of calculating the average number of requests withdrawn or considered inadmissible, Italy has been considered as having had 0 requests withdrawn or considered inadmissible.

10 The 3 requests for prior authorisation authorised in Poland was received as requests under Directive 2011/24/EU, but in the end authorised under Regulation (EC) No 883/2004 and Regulation (EC) No 987/2009. For further information see fig. 14. Country specific comments.

days in Croatia and Slovenia. Five Member States do not have a set maximum time limit. (See fig. 4)

Some Member States have indicated that additional time is added in cases when substantial investigation and/or additional information is required. For further information see fig. 14. Country specific comments.

Fig. 4. Processing times relating to requests for prior authorisation [Question 3.1 b)]

Member State of affiliation	Average time	Unit	Maximum time, if set as a limit by the Member State	Unit
BE[1]	Data not available	Data not available	45	Days
BG	6,0	Weeks	1	Month
CY	40,0	Working days	30	Working days
DE[1]	Data not available	Data not available	No	n/a
DK[1]	21,0	Days	14	Days
ES	17,0	Days	45	Days
GR	3,4	Months	No	n/a
HU	29,0	Days	52	Days
HR	30,0	Days	60	Days
IE	10,0	Working days	20	Working days
IT[1]	15,0	Days	30	Days
LU	1-4	Weeks	No	n/a
MT	6,0	Weeks	6	Weeks
PL[1]	14,0	Working days	30	Days
RO	3,0	Working days	5,0	Working days
SI	25,8	Days	60	Days
SK	19,0	Days	21	Days
UK - England	14,0	Days	20	Days
UK - Gibraltar	n/a	n/a	No	n/a
UK - Northern Ireland	25,0	Working days	20	Working days
UK - Scotland	Data not available	Data not available	No	n/a
UK - Wales[1]	20,0	Working days	20	Working days

[1] Comments have been provided concerning the quality of the figures presented. For further information see fig. 14. Country specific comments.

Authorised requests for prior authorisation by type of health care

Based on the replies received, a vast majority of the authorised requests for prior authorisation concerned healthcare which is subject to planning requirements and involves overnight hospital accommodation of the patient in question for at least one night (see type 1, fig. 5). Several authorised requests for prior authorisation also concerned healthcare which is subject to planning requirements and requires use of highly specialised and cost-intensive medical infrastructure or medical equipment (see type 2, fig. 5).

It should be noted that one or more types of healthcare could be indicated in the questionnaire for one authorised request for prior authorisation.

Fig. 5. Authorised requests for prior authorisation by type of healthcare [Question 3.1 c)]

Type 1

- 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 Member State 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

- 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 Member State 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.

Types 3-5

- 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.

Member State of Affiliation[1]	Type 1	Type 2	Types 3-5
BE	7	27	0
BG	6	0	0
CY	9	0	0
DK	3	3	0
ES[2]	15	5	0
GR	3	0	0
HU	0	0	0
HR	2	2	0
IE	93	0	0
IT	42	26	5
MT	0	1	0
PL[2]	3	0	0
RO	0	5	0
SI	1	6	0
SK	130	16	0
UK	92	2	1

[1] Germany and Luxembourg replied to the questionnaire, but did not have data available to answer question 3.1 c). For further information see fig. 14. Country specific comments.

[2] Comments have been provided concerning the quality of the figures presented. For further information see fig. 14. Country specific comments.

Authorised requests for prior authorisation by Member State of treatment

In fig. 6 can be found the number of authorised requests for prior authorisation by Member State of treatment. The low number of replies combined with the low number of authorised requests for prior authorisation makes it difficult to see any definite pattern relating to the Member States of treatment. However, it seems to be fairly common to seek healthcare in bordering Member States. Most requests for prior authorisation have been authorised for treatments in Germany.

It should be noted that an authorised prior authorisation might not lead to an actual treatment in the end.

Fig. 6. Authorised requests for prior authorisation by Member State of treatment [Question 3.1 d)]

Member State of treatment	Member State of affiliation[1]																
	BE	BG	CY	DK	ES	GR	HR	HU	IE	IT	LU	MT	PL[2]	RO	SI	SK	UK
AT	1	0	0	0	0	1	1	0	0	23	2	0	1	0	1	0	0
BE	0	1	0	1	1	1	0	0	0	2	10	0	0	0	0	0	3
BG	0	0	1	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	9
CZ	0	0	0	0	0	0	0	0	3	0	1	0	0	0	0	140	3
DE	6	4	2	2	5	1	1	0	3	37	185	0	2	0	1	3	13
DK	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
EE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ES	1	0	0	0	0	0	0	0	0	3	36	0	0	0	0	0	12
FI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FR	17	1	0	0	8	0	1	0	3	3	3	0	0	1	0	0	10
GR	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0
HU	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	2	0
IE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21
IS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
IT	1	0	0	0	0	0	1	0	1	0	2	0	0	4	1	1	0
LI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LT	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	9
LU	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LV	0	0	0	0	0	0	0	0	1	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	1
NL	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
NO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PL	0	0	0	1	0	0	0	0	5	1	1	0	0	0	0	0	12
PT	0	0	0	0	0	0	0	0	0	0	11	0	0	0	0	0	0
RO	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
SE	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
SI	0	0	0	0	0	0	0	0	2	3	0	0	0	0	0	0	0
SK	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
UK	0	0	4	1	1	0	0	0	72	1	1	1	0	0	0	0	0
Total	**34**	**6**	**9**	**6**	**15**	**3**	**4**	**0**	**93**	**73**	**253**	**1**	**3**	**5**	**7**	**146**	**95**

[1] Germany replied to the questionnaire, but did not have data available to answer question 3.1 d). For further information see fig. 14. Country specific comments.

[2] Comments have been provided concerning the quality of the figures presented. For further information see fig. 14. Country specific comments.

Refused requests for prior authorisation by reason for refusal

Based on the replies received, a vast majority of the requests for prior authorisation were refused as the healthcare could be provided in the Member State of affiliation within a medically justifiable time limit (see reason 1, fig. 7). Several requests were also refused as the healthcare requested is not included among the national healthcare benefits of the Member State of affiliation (see reason 2, fig 7). It should be noted that one or more reasons for refusal could be indicated in the questionnaire for one refused request for prior authorisation.

Some Member States struggled with providing the number of refused requests for prior authorisation by reason for refusal. Often different types of breakdowns are used in the national statistics, based on different needs and containing additional reasons for refusal (e.g. refusals in cases where the applicant has not followed the public patient pathways or is a private patient and hence not entitled to funding as a public patient).

Fig. 7. Refused requests for prior authorisation by reason for refusal [Question 3.1 e)]

Reason 1
- 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
- The healthcare is not included among the national healthcare benefits of the Member State of affiliation.

Reasons 3-5
- 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.

Member State of affiliation[1]	Reason 1	Reason 2	Reasons 3-5
BG	1	0	0
CY	3	0	0
DK[2]	34	16	0
ES[2]	6	0	1
GR	0	0	0
HU	0	0	0
HR	10	0	0
IE[2]	0	1	0
IT	59	6	5
MT	0	0	0
PL	4	0	0
RO	1	0	0
SI	20	0	0
SK	2	6	0
UK	24	13	0

[1] Belgium, Germany and Luxembourg replied to the questionnaire, but did not have data available to answer question 3.1 e). For further information see fig. 14. Country specific comments.

[2] Comments have been provided concerning the quality of the figures presented. For further information see fig. 14. Country specific comments.

Processing times relating to requests for reimbursement

The average processing times relating to requests for reimbursement varied widely. From 4 days in Denmark to 10 months in Bulgaria. Also the maximum time, set as a limit by some Member States varied widely from 20 working days in Ireland and the United Kingdom (England and Wales) to 3 months or 90 days in Bulgaria, Spain and Slovakia. Nine Member States (half of those who replied) do not have a set maximum time limit. (See fig. 8)

Some Member States have indicated that additional time is added in cases when substantial investigation and/or additional information is required. For further information see fig. 14. Country specific comments.

Fig. 8. Processing times relating to requests for reimbursement [Question 3.2 a)]

Member State of affiliation	Average time	Unit	Maximum time, if set as a limit by the Member State	Unit
BE[1]	Data not available	Data not available	No	n/a
BG	10,0	Months	3	Months
CY	50,0	Working days	No	n/a
DE[1]	Data not available	Data not available	No	n/a
DK[1]	4,0	Days	No	n/a
ES[1]	89,0	Days	3	Months
GR	3,5	Months	No	n/a
HU	n/a	n/a	21	Days
HR	30,0	Days	60	Days
IE	17,0	Working days	20	Working days
IT	19,0	Days	60	Days
LU	2-4	Weeks	No	n/a
MT	6,0	Months	No	n/a
PL[1]	n/a	n/a	60	Days
RO[1]	69,5	Working days	No	n/a
SI	30,0	Days	60	Days
SK	88,0	Days	90	Days
UK - England	20,0	Working days	20	Working days
UK - Gibraltar	n/a	n/a	30	Days
UK - Northern Ireland	9,0	Working days	30	Working days
UK - Scotland	Data not available	Data not available	No	n/a
UK - Wales[1]	20,0	Working days	20	Working days

[1] Comments have been provided concerning the quality of the figures presented. For further information see fig. 14. Country specific comments.

Amount reimbursed

The aggregated reimbursement amounts for year 2015 were low just as the number of authorised requests for prior authorisation. All Member States made aggregate payments of less than 500 000 EUR each. (See fig. 9)

All requests for prior authorisation authorised in year 2015, might of course not have led to a request for reimbursement and payment in year 2015. Some might not even lead to a request for reimbursement at all. Reimbursements made in year 2015 may in the same way include healthcare for which prior authorisations were authorised in year 2014.

Fig. 9. Aggregated reimbursement amount (EUR) [Question 3.2 b)]

Member State of affiliation[1]	Aggregated reimbursement amount (EUR)
BE	139 394,51
BG	1 022,60
CY	11 970,00
DK	25 277,52
ES	26 584,87
GR	9 155,00
HU	0,00
HR	280,18
IE[2]	448 458,27
IT	196 320,63
MT	0,00
PL	0,00
RO	2740,94
SI	2 708,19
SK	391 430,49
UK[2]	329 600,27

[1] Germany and Luxembourg replied to the questionnaire, but did not have data available to answer question 3.2 b). For further information see fig. 14. Country specific comments.

[2] Comments have been provided concerning the quality of the figures presented. For further information see fig. 14. Country specific comments.

Healthcare not subject to prior authorisation

In section 4 of the questionnaire Member States were asked to provide information relating to healthcare not subject to prior authorisation.

Of those who have replied, a total of 11 Member States (Denmark, Estonia, Spain, Greece, Hungary[11], Italy[12], Norway, Poland, Sweden, Slovenia and the United Kingdom (Gibraltar)) have implemented a system for prior notification according to Article 9(5) of Directive 2011/24/EU.

Number of requests for reimbursement

Some Member States have difficulties with separating between requests dealt with under Directive 2011/24/EU and requests dealt with under Regulation (EC) No 883/2004 and Regulation (EC) No 987/2009. This concerns e.g. Germany, Greece and Luxembourg (for further information see fig. 14. Country specific comments). The close relationship between the two different legal instruments needs to be kept in mind when analysing the results. The figures should ideally also be analysed in relation to the total number of insured persons in order to get a broader understanding of how frequently Directive 2011/24/EU is used.

When a person requests reimbursement after receiving healthcare (not subject prior authorisation) abroad it is commonly requested without consideration to the legal framework under which the reimbursement will in the end be paid out. This is normally clarified at a later stage when the request is being processed and all information and options becomes apparent.

A clarification was sent by e-mail to all delegations 25 May 2016. Among other things, the clarification made clear that the data requested in section 4.1 a) of the questionnaire should concern the number of requests for reimbursement:

- received in year 2015
- granted in year 2015
- refused in year 2015
- withdrawn or considered inadmissible in year 2015.

It has, as far as possible, been verified that the figures presented has been reported in accordance with the clarification.

The number of requests for reimbursement are low, with a couple of exceptions (see fig. 10). Belgium and Denmark both received over 30 000 requests for reimbursement. In

[11] Comments have been provided concerning the system in Hungary. For further information see fig. 14. Country specific comments.

[12] Comments have been provided concerning the system in Italy. For further information see fig. 14. Country specific comments.

the case of Denmark over 90 % of the requests received concerned dental care. For further information see fig. 14. Country specific comments.

Looking at the total number of processed requests for reimbursement (granted, refused, withdrawn or considered inadmissible) some differences appear. On average 78,0 % of the processed requests for reimbursement were granted, 15,8 % were refused and 6,1 % were either withdrawn or considered inadmissible[13]. A few Member States stands out as having a very high percentage of granted requests. In Belgium, Bulgaria, Estonia, Poland and Sweden over 90% of all processed requests for reimbursement were authorised. It should be noted that several requests for reimbursement can relate to the same person.

It can be suspected that the number of granted requests in some cases also includes partly granted requests. This seems to be the case in e.g. Belgium. For further information see fig. 14. Country specific comments.

Fig. 10. Number of requests for reimbursement [Question 4.1 a)]

Member State of affiliation[1]	Received in 2015	Granted in 2015	Refused in 2015	Withdrawn/ Inadmissible in 2015
BE[2]	32 557	9 469	370	0
BG	10	3	0	0
CY[2]	0	0	0	0
CZ	309	275	34	0
DK[2]	31 684	24 879	6 346	459
EE	55	53	2	0
ES	22	11	7	4
GR[2]	6	3	3	Data not available
HU[2]	0	0	0	0
HR	108	73	35	0
IE[3]	328	157	11	86
IT[2]	127	66	44	n/a
MT	3	0	0	0
NO	11 429	7 764	919	158
PL	4 872	3 747	82	271
RO	530	240	123	16
SE	Data not available	9 836	535	64
SI	1 713	1 517	42	154
SK	4 833	4 231	382	218
UK	1 704	1091	204	409

[1] Germany, Luxembourg and the Netherlands replied to the questionnaire, but did not have data available to answer question 4.1 a). For further information see fig. 14. Country specific comments.

[2] Comments have been provided concerning the quality of the figures presented. For further information see fig. 14. Country specific comments.

[3] All figures concerns requests received in year 2015.

Processing times relating to requests for reimbursement

The average processing times relating to requests for reimbursement varied widely. From 11 working days in the United Kingdom (England) to 10 months in Bulgaria. Also the maximum time, set as a limit by some Member States varied widely from 20

[13] For the purpose of calculating the average number of requests withdrawn or considered inadmissible, Greece and Italy has been considered as having had 0 requests withdrawn or considered inadmissible.

working days in Ireland and the United Kingdom (England and Wales) to 3 months or 90 days in Bulgaria, Estonia, Slovakia, Spain and Sweden. Nine Member States do not have a set maximum time limit. (See fig. 11)

Some Member States have indicated that additional time is added in cases when substantial investigation and/or additional information is required. For further information see fig. 14. Country specific comments.

Fig. 11. Processing times relating to requests for reimbursement [Question 4.1 b)]

Member State of affiliation[1]	Average time	Unit	Maximum time, if set as a limit by the Member State	Unit
BE[2]	Data not available	Data not available	No	n/a
BG	10,0	Months	3	Months
CY	n/a	n/a	No	n/a
CZ[2]	20,0	Days	30	Days
DE[2]	Data not available	Data not available	No	n/a
DK[2]	20	Days	No	n/a
EE	50,0	Days	3	Months
ES	82,0	Days	3	Months
GR[2]	3,5	Months	No	n/a
HU	n/a	n/a	21	Days
HR	30,0	Days	60	Days
IE	22,0	Working days	20	Working days
IT[2]	30,3	Days	60	Days
LU	2-4	Weeks	No	n/a
MT[2]	3-6	Months	No	n/a
NO	98,0	Days	84	Days
PL[2]	47,9	Days	60	Days
RO[2]	69,5	Working days	No	n/a
SE[2]	Data not available	Data not available	90	Days
SI	23,0	Days	60	Days
SK	88,0	Days	90	Days
UK - England	11,0	Working days	20	Working days
UK - Northern Ireland	38,0	Working days	30	Working days
UK - Scotland	Data not available	Data not available	No	n/a
UK - Wales[2]	20,0	Working days	20	Working days

[1] The Netherlands and the United Kingdom (Gibraltar) replied to the questionnaire, but did not have data available to answer question 4.1 b). For further information see fig. 14. Country specific comments.

[2] Comments have been provided concerning the quality of the figures presented. For further information see fig. 14. Country specific comments.

Granted requests for reimbursement by Member State of treatment

In fig. 12a and b can be found the number of granted requests for reimbursement by Member State of treatment. The low number of replies makes it difficult to see any definite pattern relating to the Member States of treatment. However, it seems to be fairly common to seek healthcare in bordering Member States. Most requests for reimbursement have been granted for treatments in Germany followed by Spain.

Fig. 12a. Granted requests for reimbursement by Member State of treatment [Question 4.1 d)]
Member State of affiliation: BE-NO (see fig 12b for PL-UK)

Member State of treatment	Member State of affiliation[1]													
	BE[2]	BG	CY	CZ	DK[2]	EE	ES	GR[2]	HR	HU	IE	IT	MT	NO[2]
AT	54	0	0	153	27	0	0	0	5	0	1	44	0	14
BE	0	0	0	7	33	1	3	0	1	0	5	2	0	13
BG	18	0	0	4	20	1	0	0	0	0	0	0	0	2
CY	2	0	0	0	1	0	0	0	0	0	0	0	0	18
CZ	14	0	0	0	12	1	0	0	0	0	6	0	0	2
DE	3 468	2	0	36	15 817	12	1	2	26	0	0	17	0	86
DK	2	0	0	0	0	0	0	0	0	0	0	0	0	34
EE	0	0	0	0	17	0	0	0	0	0	0	0	0	1
ES	1 081	0	0	3	1 073	6	0	0	1	0	0	1	0	4 985
FI	8	0	0	0	20	11	0	0	0	0	1	0	0	25
FR	1 749	0	0	4	62	2	7	0	0	0	1	2	0	24
GR	26	0	0	0	51	1	0	0	2	0	0	0	0	11
HU	1	0	0	2	15	0	0	0	0	0	0	0	0	25
HR	33	0	0	2	368		0	0	0	0	2	0	0	480
IE	6	0	0	0	1	0	0	0	0	0	0	0	0	3
IS	2	0	0	0	1	0	0	0	0	0	0	0	0	6
IT	107	1	0	6	28	0	0	0	4	0	1	0	0	7
LI	1	0	0	0	0	0	0	0	0	0	0	0	0	0
LT	1	0	0	0	36	4	0	0	0	0	5	0	0	12
LU	1 704	0	0	0	0	0	0	0	0	0	0	0	0	0
LV	5	0	0	0	4	6	0	0	0	0	2	0	0	7
MT	6	0	0	0	4	0	0	0	0	0	0	0	0	1
NL	937	0	0	3	15	0	0	0	1	0	0	0	0	17
NO	4	0	0	0	17	0	0	0	0	0	1	0	0	0
PL	113	0	0	1	1 007	4	0	0	2	0	9	0	0	88
PT	30	0	0	0	68	0	0	0	0	0	0	0	0	14
RO	19	0	0	0	5	0	0	0	0	0	0	0	0	1
SE	6	0	0	0	6 048	1	0	0	3	0	0	0	0	44
SI	2	0	0	0	0	1	0	0	25	0	0	0	0	1
SK	3	0	0	54	5	0	0	0	0	0	0	0	0	4
UK	67	0	0	0	34	2	0	1	3	0	123	0	0	27
Total	**9 469**	**3**	**0**	**275**	**24 789**	**53**	**11**	**3**	**73**	**0**	**157**	**66**	**0**	**5 952**

[1] Germany, Luxembourg and the Netherlands replied to the questionnaire, but did not have data available to answer question 4.1 d). For further information see fig. 14. Country specific comments.

[2] Comments have been provided concerning the quality of the figures presented. For further information see fig. 14. Country specific comments.

Fig. 12b. Granted requests for reimbursement by Member State of treatment [Question 4.1 d)]
Member State of affiliation: PL-UK (see fig 12a for BE-NO)

Member State of treatment	Member State of affiliation					
	PL	RO	SE	SI	SK	UK
AT	7	23	586	189	279	15
BE	2	1	88	2	4	23
BG	0	0	55	0	4	16
CY	1	0	140	0	0	10
CZ	3 284	0	39	7	2 209	25
DE	428	11	751	20	47	89
DK	0	0	1 354	0	0	4
EE	0	0	44	0	0	2
ES	6	2	2 852	2	1	54
FI	0	0	1 002	0	0	1
FR	7	6	890	4	5	104
GR	0	0	841	0	1	20
HU	0	0	170	646	1	2
HR	0	194	90	25	95	37
IE	0	0	10	0	0	12
IS	0	0	26	0	0	0
IT	0	3	218	620	4	18
LI	0	0	0	0	0	0
LT	1	0	36	0	0	131
LU	0	0	7	1	2	1
LV	0	0	21	0	0	30
MT	0	0	30	0	0	3
NL	3	0	77	0	5	3
NO	0	0	60	0	0	1
PL	0	0	196	0	1 567	432
PT	0	0	153	0	0	7
RO	1	0	21	0	1	4
SE	0	0	0	0	0	13
SI	0	0	10	0	1	2
SK	4	0	11	0	0	32
UK	3	0	58	1	5	0
Total	**3 747**	**240**	**9 836**	**1 517**	**4 231**	**1 091**

Amount reimbursed

All Member States made aggregate payments of less than 2 million EUR each, with three exceptions: Norway (4,2 million EUR), Belgium (4,7 million EUR) and Sweden (6,7 million EUR). (See fig. 13)

The size of the aggregated reimbursement amounts for year 2015 do not at first sight seem to fully correspond to the number of granted requests for reimbursement, which is likely a result of different national reimbursement rules and price levels.

Fig. 13. Aggregated reimbursement amount (EUR) [Question 4.1 c)]

Member State of affiliation[1]	Aggregated reimbursement amount (EUR)
BE[2]	4 739 326,54
BG	443,76
CY	0,00
CZ	42 442,40
DK	1 208 915,79
EE	98 036,65
ES	3 966,90
GR[3]	2 500,00
HU	0,00
HR	5 909,76
IE[3]	79 743,78
IT	21 633,66
MT	0,00
NO	4 235 184,73
PL	1 933 896,00
RO	165 307,76
SE	6 745 486,04
SI	456 390,82
SK	756 582,92
UK	1 329 232,73

[1] Germany, Luxembourg and the Netherlands replied to the questionnaire, but did not have data available to answer question 4.1 c). For further information see fig. 14. Country specific comments.

[2] Not all health insurance funds in Belgium were able to provide figures concerning the number of granted requests for reimbursement (see fig. 10. Number of requests for reimbursement), which could further explain the lack of correspondence with the size of the aggregated reimbursement amount.

[3] Comments have been provided concerning the quality of the figures presented. For further information see fig. 14. Country specific comments.

Quality of submitted data

In order to follow-up on the transposition of Directive 2011/24/EU a questionnaire concerning year 2015 was elaborated and sent to all Member States in April 2016[14]. A total of 23 replies were received[15]. No replies were received from Austria, Finland, France, Iceland, Latvia, Lithuania and Portugal.

The quality of the submitted data has been checked by the contractor as far as possible through follow-up questions. The contractor have however only been able to spot, follow-up and correct obviously erroneous data. It has e.g. not been possible to fully check that all Member States have received and taken into consideration all the clarifications sent by e-mail 25 May 2016.

Some Member States were only able to provide partial data. It is also noticeable that some Member States have difficulties dividing their cases between on one hand Directive 2011/24/EU and on the other hand Regulation (EC) No 883/2004 and Regulation (EC) No 987/2009. The close relationship between the two different legal instruments needs to be kept in mind when analysing the results. The data provided concerning the application of Directive 2011/24/EU should therefore be analysed in relation to similar figures concerning the application of Regulation (EC) No 883/2004 and Regulation (EC) No 987/2009. The figures should ideally also be analysed in relation to the total number of insured persons in order to get a broader understanding of how frequently Directive 2011/24/EU is used.

In fig. 14 are presented the country specific comments made by the Member States (in tab 5 of the questionnaire) in relation to their data quality. The comments have been copied directly from the replies provided by the Member States. In some cases information has also been included from comments made in other places of the questionnaire or in the accompanying e-mails.

[14] An e-mail with clarifications was sent to all Member States 25 May 2016. In addition, two reminders was sent 25 July and 8 August 2016. The last reminder included a cut-off date set for 22 August 2016, just over three weeks after the original deadline (30 July 2016). In the end replies was accepted until and including 26 August 2016.

[15] The United Kingdom presented individual replies for England, Gibraltar, Northern Ireland, Scotland and Wales. The replies have been included either individually or merged in the various chapters of this report depending on the nature of the data.

Fig. 14. Country specific comments

Member State of affiliation	Comment
BE	Section 3.1.b): the way the data are provided by the health insurance funds do not allow us to calculate the average time for dealing with requests for prior authorisation. However, on the basis of the data provided, we may conclude that all decisions were taken within the maximum time limit set for dealing with such requests. Section 3.1.e): the way the data are provided by the health insurance funds do not allow us to identify the reasons for refusal. Section 3.2.a): the health insurance funds did not provide any data on the average time for dealing with requests for reimbursement. Section 4.1.a): the data mentioned in this section are only partial (both as far the total numbers are concerned, as well as concerning the numbers of the subcategories) given that not all the insurance funds have provided data on the number of requests received/granted/refused/withdrawn or inadmissible. Remark: the number of requests refused = the number of requests for which there was no reimbursement (a reason may be e.g. the fact that the health service for which reimbursement is claimed, is not provided for by the Belgian legislation). Section 4.1.b): the health insurance funds did not provide any data on the average time for dealing with requests for reimbursement. Section 4.1.d): the real number of granted requests for reimbursement granted is higher, cf. comment on section 4.1.a).
BG	
CY	In Cyprus any kind/category of cross border healthcare needs prior authorization except from the visit/consultation to a specialist doctor once a year. There are cases that patients can be reimbursed without being applied for a prior authorization in advance. These cases are usually urgent cases or with short notice (not enough time to get prior authorization in time) that can be authorized afterwards in order to get any money back.
CZ	Entries about information requests (section 1.2) are estimated. Questions related to Patients' rights directive usually arise as a part of complex request related to Social security coordination. 4.1b) Maximum time limit for dealing with requests for reimbursement: 30 days (+ time necessary for completion of the request)
DE	The reason for not filling out most of the figures above is that the data requested in this data collection exercise is not available in Germany (in terms of Article 20(2) of the Directive 2011/24/EU). I explained the background for this on the occasion of the Expert Group meeting held on 11 March 2016. The data we have available for Germany do not fit within this Questionnaire. In Germany the way Health Insurance Funds collect and provide information for statistical purposes, i.e. the "annual account", is determined on the basis of national law. Not least for reason of reducing bureaucracy all data concerning "cross border healthcare" is summarized. The respective information and data comprise more than the legal entitlements deriving from the Directive 2011/24/EU (e.g. reimbursements on the basis of Regulation (EC) 883/2004, treatments in non-EU / non-EEA countries). Although these data are comprised in one area "cross border healthcare" the overall share of expenses for benefits provided outside Germany (EU and Non-EU, based on all relevant legal grounds/entitlements) is every year only a small percentage of the total of the Statutory Health Insurances` expenses for health care benefits (well below 1 %).

DK	The questionnaire has been sent to all the authorities in Denmark which reimburse costs for treatment in other EU-countries. We have transferred the collected data into one questionnaire. Remarks a) Remarks to the section information requests – question 1.2: It has not been possible to specify all the received requests by media, and some are based on an estimate of number of received requests per month. The total number of requests distributes as follows 2290 (number of requests broken down by media) + 1166 (number of requests, which cannot be specified by media) = 3456. b) Remarks to the section processing time for requests subject to prior authorisation – 3.1.b: Please note that some regions have reported the processing time in days and others in working days. We have calculated an average processing time in days, however, with some uncertainty. c) Remarks to the section refused requests for prior authorization by reason for refusal – 3.1.e: Please note that 4 cases regarding prior authorization have been refused as the patient did not have a referral as required according to the Danish legislation. The 4 cases are included in the total number of refused requests under 3.1.a, and therefore the figures provided under section 3.1.a do not correspond with the figures under section 3.1.e. d) Remarks to the section processing time for requests for reimbursement – healthcare subject to prior authorization – 3.2.a: Some regions have reported the processing time in days and others in working days. We have calculated an average processing time in days, however, with some uncertainty. e) Remarks to the section requests for reimbursement – healthcare not subject to prior authorisation 4.1.a: According to the reported data from the Danish authorities, they had received a total of 31.684 requests for reimbursement. 29.903 of the requests were for dental treatments. f) One region has reported that the figures reported in section 4.1.d number of granted requests for reimbursement for country of treatment does not correspond with the figures reported in section 4.1.a number of granted/approved requests because in some cases they receive several bills on the same patient from several different healthcare providers but in the same country of treatment. This results in a difference of 90. g) Remarks to the section processing time for dealing with requests for reimbursement – healthcare not subject to prior authorisation – 4.1.b: Some authorities have reported the processing time in days and others in working days. We have tried to calculate an average processing time, however, with some uncertainty.
EE	
ES	SECTION 1 The Ministry of Health, Social Services and Equality is the point of contact to provide information related to the application of the Directive 2011/24/EU or issues related to the implementation of the Directive or the Regulations. When the requested information is only about Regulations, it is provided by the Ministry of Employment and Social Security. SECTION 3: - Section 3.1.c) 5 requests for authorisation were granted based on more than one reason, therefore the total number of authorised indicated under this section is higher than the total number indicated under section 3.1 a) so we disregard the warning provided by the conditional formatting (text with red background). - Section 3.1.e) 1 request for authorisation was refused based on more than one reason, therefore the total number of refusals indicated under this section is higher than the total number indicated under section 3.1 a) so we disregard the warning provided by the conditional formatting (text with red background) - Section 3.2 The average time for dealing with requests for reimbursement in 2015 is near the maximum limit due to delays in one specific Region (Autonomous Community), otherwise this time would have been approximately one month.

GR	LIMITED NUMBER OF HEALTHCARE REQUESTS WITH PRIOR AUTHORIZATION REASONS * Misconceptions about the differences between the two systems, the coordination Regulations and the Directive. Need to disseminate related info more effectively. * High healthcare costs in other EU member states and by comparison low reimbursement rates according to the national tariffs system usually discourage Greek patients to opt for making use of the Directive. An additional drawback is the geographical remote position of Hellas in south eastern Europe that adds to patients' reluctance to choose healthcare in another member state due to the accommodation and travelling expenses as an added burden. * Inadmissible requests that have been filed after the patient has received the needed healthcare without first applying for prior authorization. STEPS * The Greek version of the Directive's NCP website has been reorganised and enhanced with useful links, FAQ's etc. * The central bureau has issued a circular addressing all regional offices and other stakeholders in its effort to make information on the Directive easily, efficiently and accurately accessible. FIGURES ON CROSS BORDER HEALTHCARE WITHOUT PRIOR AUTHORIZATION (only the ones handled by the central bureau) REASONS * Aggregated figures combining reimbursement under both the Social Security Regulations and the Directive because up until the integration of the Directive in national law, the electronic public accounting system was built to reimburse healthcare providers with only limited exceptions of directly reimbursing insured persons in specific cases and not for all kinds of healthcare of our benefit basket. STEPS *The upgrade of our electronic audit and clearance system is under construction in order for us to be able to draw specific data on the use of the Directive in the near future.
HU	-The kind of treatments abroad for persons insured in Hungary that are permitted abroad are for the most part treatments that are not available in Hungary, so not based on the Regulation (EC) No 883/2004, Regulation (EC) No 987/2009 or Directive 2011/24/EU. -The person who had requested the medical treatment abroad based on Directive 2011/24/EU has taken the medical care by Form S1. -Gov. decree 340/2013. (IX. 25.) on the detailed rules for medical treatment abroad was amended by Gov. decree 413/2015. (XII. 23.) and entered into force on 01.01.2016. As a result of this amendment the indispensable system for prior notification in case of prescriptions received abroad has been cancelled. The system for prior notification is now only a voluntary system according to Article 9.5 of Directive 2011/24/EU.
HR	
IE	Only one of the 15 refused requests prior authorisation are explained in section 3. The remainder were declined on the basis the applicant had not followed public patient pathways or the patient was a private patient in Ireland hence was not entitled to funding as a public patient. The amount of €436,149.03 for inpatient care which requires prior authorisation relates to healthcare which was undertaken in 2015 but some of these payments may not have been made until 2016. The amount of €79,743.78 for outpatient and day case care which does not require prior authorisation relates to healthcare which was undertaken in 2015 but some of these payments may not have been made until 2016.
IT	- the categorisation "withdrawn/inadmissible requests" is not used by the Italian administration. - there is a further maximum time limit of 15 "Days" for urgent prior authorization requests - the number indicated as “Maximum time, if set as a limit by the MS” for healthcare not subject to prior authorisation corresponds to the limit set by the Legislative Decree 38/2014 which transposes the Directive in the Italian law; since this Decree entered into force on 5 April 2014, claims for reimbursement of treatments requested before this date are subject to a maximum time of 90 days: this is the time limit for the provision of answers to citizens by the all the Italian Public Administrations, unless differently set by the specific legislation - the "Number of requests still being processed" has been calculated as [Number of request received in 2014 - Number of request whose processing ended in 2014 + Number of request received in 2015 - Number of request whose processing ended in 2015]. - the unique Regional Contact Point in Italy (Veneto Region) processed in 2015 10 requests; for 5 of this requests they worked together with the NCP. Since both the Contact Points counted these 5 requests, we decreased the total of 5 -with regard to the question concerning “whether the MS has implemented a system of prior notification”, Italy has implemented a procedure by which a patient can ask in advance their local health authorities to check their specific right to be reimbursed, and how much; this procedure was introduced in order to check in advance whether a prior authorization is necessary and, if so, terms for processing prior authorization request start from the presentation of the checking request.

LU	-In section 1, the details concerning information requests are not available. As you know, the CNS has integrated the missions of the NCP in the existing structure of the institution and it is not possible to sort out the communication related to the role of the NCP. -In section 3, the total number of withdrawn/inadmissible requests of 52 is probably not exhaustive. The authorization procedure in Luxembourg treats requests concerning the Regulation 883-04 and the Directive 2011/24 equally in a first step. Initially no distinction between the 2 schemes is made and among the total number of 1.227 withdrawn/inadmissible requests, several more than 52 may concern cases underlying the Directive 2011/24. -Concerning the reimbursement, the scheme in place in Luxembourg does not enable a clear distinction between authorized and not authorized treatment. Moreover, it is not possible to extract out of the existing data, figures making a clear distinction between the Directive 2011/24 and the EC-Regulation 883/04. Thus there are no figures indicated under sections 4 and 5 concerning the reimbursement. Some pieces of information may be extractable but no global figure or precise number can be indicated.
MT	A few phone explorative queries were reported for CBHC that did not result in applications or demand for reimbursement. One query was treated through the coordination Regulation rather than the Directive. Another query was referred for treatment to the UK through the bilateral health agreement. One case went for complex medical treatment to an EU Country but did not ask for prior-authorisation and was refused; the case is still under appeal. Steps are being undertaken to improve the duration period for reimbursement.
NL	Section 4: Healthcare not subject to prior authorisation The Dutch healthcare system is implemented by private health insurers. The government relies on the accounting systems of private health insurers for this healthcare data. It appears that the data recorded in their administration systems by these private health insurers is not identical with each insurer. In other words: administrations between health insurers vary widely. As a result, it is not possible to aggregate the data administered by the insurers. The questions in section 4 can for this reason not be answered.
NO	Section 1.2: The figure represented in the table accounts for the period from January - April 2016. Figures per 2015 are not available, but we have reasons to suspect that the number is representative for 2015. The figure is therefore included in the table to provide some insights to the relative limited scale of information requests. Section 4.1 d): The total figure presented in the table for granted requests for reimbursement by country of treatment does not correspond with the number of granted requests presented in section 4.1 a). The reason is that the old claims handling system used by the health economics administration for the first few months of 2015 did not allow for registering state of treatment. A new system was introduced during the first half of 2015, allowing for sorting reimbursement claims by country of treatment. Statistics of reimbursement by state of treatment will therefore be more complete in our next report.
PL	In respect of 'time limit for dealing with requests for reimbursement' - 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 from the date of initiation of proceedings. In a situation when the assessment of the request requires further investigation, the deadline takes 60 days from the date of initiation of proceedings. 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 UE Member State, the deadline for the assessment of the request takes 6 months from the date of initiation of proceedings. Although the 3 authorised requests indicated in section 3.1 a) were filed on the basis of the regulations on cross-border directive, they were converted to requests proceeded on the basis of the regulations on coordination of social security systems and as a result they became in fact authorised requests issued on the basis of the regulations on coordination of social security systems.

RO	1. In section 1 at pnt 1.2, at the heading "Desk (in person)" : - reasons: given that this issue is not regulated at the EU level, we notified that such data are estimated; - steps taken to improve the available statistics: in case if these date will be required for 2016, we will begin the necessary measures in order to provide relevant data as you requested. 2. In section 2 at let b), at the heading "Number of patients": - reasons: there was no patient whose treatment access was limited in 2015. 3. In section 3: 1) at pnt 3.1 let a), at the heading "Number of withdrawn/inadmissible requests": - reasons: no number of requests considered withdrawn/inadmissible. 2) at pnt 3.2 let), at the heading "Do you have a maximum time limit for dealing with requests for reimbursement?": - reasons: this maximum time limit is not regulated at national level. - steps taken to improve the available statistics: in case we will be asked imperiously the adoption of this deadline, we will try to stay within the limits required, depending on available human and financial resources. 4. In section 4 at pnt 4.1 let b), at the heading "Do you have a maximum time limit for dealing with requests for reimbursement?": - reasons: this maximum time limit is not regulated at national level. - steps taken to improve the available statistics: in case we will be asked imperiously the adoption of this deadline, we will try to stay within the limits required, depending on available human and financial resources.
SE	1.2 Försäkringskassan has no information on number, but have received information requests. 4.1 b) Under 2015 51 % of the requests was within the maximum time limit, the number may include notification.
SI	The national law Health Care and Health Insurance Act in Article 44.e provides the possibility of Minister of Health to adopt measures regarding access to treatment. Measures have to be justified by reasons of general interest, such as planning requirements relating to the aim of ensuring sufficient and permanent access to a balance range of high-quality treatment in the Republic of Slovenia or overuse of financial, technical and human resources in terms of cost management. Measures regarding access to treatment has not yet been introduced.
SK	Slovak Republic has adopted and has applied no measures regarding access to treatment in its territory for patients from other member States. The rights and obligations of persons concerning the provision of healthcare - the term “person” generally covers any person irrespective of his/her nationality (of what member state comes from, respectively). The right to receive healthcare is guaranteed to anyone in line with the principle of equal treatment in providing of healthcare and goods and services. In line with the equal treatment principle, discrimination based on sex, religion or belief, racial or ethnic origin, nationality, state affiliation, sexual orientation, marital and family status, colour of skin, language, political or other opinions, trade union activity, national or social origin, disability, age, property, gender or other status is also prohibited. No person shall be prosecuted or otherwise penalised for filing a complaint, bringing an action or submitting a petition to commence criminal prosecution against another person, health professional or provider. Anyone who believes its rights or interests protected by law have been infringed as the consequence of non-compliance with the equal treatment principle is entitled to seek legal protection before a court. Providers shall not penalise or disadvantage any person for having exercised his/her right under this legislation.
UK - England	
UK - Gibraltar	
UK - Northern Ireland	£88,009.65 reported in section 3 is actual payments made and excludes applications approved and pending submission of receipts/invoices.
UK - Scotland	
UK - Wales	Applications may / may not be dealt with within the timescales specified. This is dependent on whether sufficient information has been provided to reach a fully informed decision.

Contact information – National Contact Points

Below can be found contact information for the National Contact Points of the Member States who replied to the questionnaire. The information has been presented as provided in the questionnaire, with the exception of the telephone numbers for which country codes have been added in some cases.

Belgium

Name	National contact point for cross-border healthcare
Affiliation/Organisation	Federal Public Service of Health, Food Chain Safety and Environment
Website	www.crossborderhealthcare.be
Telephone	+32 (0)2/290 28 44

Bulgaria

Name	
Affiliation/Organisation	National Health Insurance Fund (NHIF)
Website	www.nhif.bg
Telephone	+359 2 965 9116

Croatia

Name	National Contact Point for Cross-border Healthcare
Affiliation/Organisation	Croatian Health Insurance Fund
Website	www.hzzo.hr/nacionalna-kontaktna-tocka-ncp/
Telephone	+ 385 1 644 90 90

Cyprus

Name	Anastasia Christodoulidou
Affiliation/Organisation	Ministry of Health
Website	www.moh.gov.cy/cbh
Telephone	+357 22650630

Czech Republic

Name	Kancelář zdravotního pojištění (Health Insurance Bureau)
Affiliation/Organisation	
Website	www.kancelarzp.cz
Telephone	+420 236 033 411

Denmark

Name	International Health Insurance
Affiliation/Organisation	Danish Patient Safety Authority
Website	www.stps.dk
Telephone	+45 72269490

Estonia

Name	Estonian National Contact Point (since 1st of June 2016)
Affiliation/Organisation	Estonian Health Insurance Fund
Website	www.haigekassa.ee/en/estonian-national-contact-point
Telephone	+372 669 6630

Germany

Name	EU-PATIENTEN.DE - Nationale Kontaktstelle für die grenzüberschreitende Gesundheitsversorgung in Deutschland
Affiliation/Organisation	Teilorganisation des GKV-Spitzenverbandes, Deutsche Verbindungsstelle Krankenversicherung – Ausland (DVKA)
Website	www.eu-patienten.de
Telephone	+49 228 9530 800

Greece

Name	Hellenic National Contact Point for Cross Border Healthcare
Affiliation/Organisation	Hellenic National Organization for Provision of Healthcare Benefits (EOPYY)
Website	www.eopyy.gov.gr/NationalContactPoint/Index?a_Language=el-GR www.eopyy.gov.gr/NationalContactPoint/Index?a_Language=en-US
Telephone	+30 210 8110935, +30 210 8110936

Hungary

Name	National Centre for Patients' Rights and Documentation (NCPD)
Affiliation/Organisation	Independent Government Central Office
Website	www.eubetegjog.hu; www.patientsrights.hu
Telephone	Green (free of charge) number: +36/20/9990025

Ireland

Name	Cross Border Directive National Contact Point
Affiliation/Organisation	Health Service Executive
Website	www.hse.ie/crossborderdirective
Telephone	+353 (0) 56 778 4556/4547

Italy

Name	Punto di Contatto Nazionale per l'assistenza sanitaria transfrontaliera
Affiliation/Organisation	Ministry of Health - Health Planning General Directorate
Website	www.salute.gov.it/portale/temi/p2_4.jsp?lingua=english&tema=International%20Health&area=healthcareUE
Telephone	

Luxembourg

Name	Caisse nationale de santé
Affiliation/Organisation	Public Administration
Website	www.cns.lu
Telephone	+352 2757-1

Name	Service national d'information et de médiation santé
Affiliation/Organisation	Governmental entity
Website	www.mediateursante.lu
Telephone	+352 2477 5515

Malta

Name	Anthony Gatt
Affiliation/Organisation	Office of the Chief Medical Officer, Ministry for Health
Website	http://health.gov.mt/en/cbhc/Pages/Cross-Border.aspx
Telephone	+35622992381

Netherlands

Name	Netherlands NCP Cross-Border Health Care
Affiliation/Organisation	Zorginstituut Nederland (National Health Care Institute)
Website	www.cbhc.nl
Telephone	

Norway

Name	National Contact Point
Affiliation/Organisation	Helfo foreign service department
Website	https://helsenorge.no/foreigners-in-norway/norwegian-national-contact-point-for-healthcare1
Telephone	800HELSE(+47-80043573)

Poland

Name	Krajowy Punkt Kontaktowy ds. transgranicznej opieki zdrowotnej
Affiliation/Organisation	Central Office of the National Health Fund
Website	www.kpk.nfz.gov.pl
Telephone	+48 22 572 61 13

Romania

Name	National Contact Point
Affiliation/Organisation	National Health Insurance House
Website	www.cnas-pnc.ro; pnc@casan.ro
Telephone	+40 (0) 372 309 135

Slovakia

Name	Health Care Surveillance Authority
Affiliation/Organisation	Department of Slovak Health Care Surveillance Authority (established by law)
Website	www.nkm.sk
Telephone	+421 2 20856 789

Slovenia

Name	Slovenian National Contact Point on cross-border healthcare
Affiliation/Organisation	Health Insurance Institute of the Republic of Slovenia
Website	www.nkt-z.si
Telephone	+386 (0) 1 30 77 222

Spain

Name	Citizens' Advice and Information Office
Affiliation/Organisation	"Ministry of Health, Social Services and Equality": Deputy Director of Citizen Affairs. Address: Calle Paseo del Prado 18-20, 28014, Madrid, Spain
Website	www.msssi.gob.es/pnc/home.htm
Telephone	+34 90 140 01 00

Sweden

Name	Försäkringskassan, The Swedish Social Insurance Agency
Affiliation/Organisation	Stockholm, Sweden
Website	www.forsakringskassan.se
Telephone	+46 (0)771 524 524

Name	Socialstyrelsen, The National Board of Health and Welfare
Affiliation/Organisation	Stockholm, Sweden
Website	www.socialstyrelsen.se
Telephone	+46 (0)75 247 30 00

United Kingdom

Name	NHS England
Affiliation/Organisation	England, United Kingdom
Website	www.nhs.uk/NHSEngland/Healthcareabroad/Pages/Healthcareabroad.aspx
Telephone	+44 (0) 300 311 22 33

Name	Martin Ullger
Affiliation/Organisation	Gibraltar Health Authoroty, Ministry of Health, HM Government of Gibraltar
Website	www.gha.gi
Telephone	(+350) 20007444

Name	Jean Frizzell
Affiliation/Organisation	National Contact Point - Health and Social Care Board, Northern Ireland
Website	www.hscboard.hscni.net/travelfortreatment/
Telephone	+44 (0) 2895363152

Name	NHS Inform – "Your Health:Your Rights"
Affiliation/Organisation	
Website	www.nhsinform.co.uk/rights/europe/
Telephone	+44 (0) 800 224 488

Name	NHS Direct Wales
Affiliation/Organisation	Welsh Ambulance Services NHS Trust
Website	www.nhsdirect.wales.nhs.uk/
Telephone	+44 (0) 845 4647

In addition to their five contact points the United Kingdom also have one 'cover website' where contact details for all National Contact Points in the United Kingdom can be found: http://www.nhs.uk/nationalcontactpoint.