Cross-border healthcare in the EU under social security coordination

Reference year 2022

Frederic De Wispelaere, Lynn De Smedt, and Jozef Pacolet – HIVA-KU Leuven

October – *2023*

EUROPEAN COMMISSION
Directorate-General for Employment, Social Affairs and Inclusion
Directorate E — Labour Mobility and International Affairs
Unit E/2 — Social security coordination
E-mail: EMPL-E2-UNIT@ec.europa.eu

European Commission
B-1049 Brussels

Cross-border healthcare in the EU under social security coordination

Reference year 2022

Directorate-General for Employment, Social Affairs and Inclusion

2024

Manuscript completed in October 2023

Report prepared by the Network Statistics FMSSFE, set up by the European Commission - DG for Employment, Social Affairs and Inclusion. This is a network of statistical experts from HIVA (KU Leuven), Milieu Ltd, IRIS (UGent), the Vienna Institute for International Economic Studies (wiiw), Szeged University and Eftheia on free movement of workers, social security coordination, and fraud&error.

This document has been prepared for the European Commission however it reflects the views only of the authors, and the European Commission is not liable for any consequence stemming from the reuse of this publication. More information on the European Union is available on the Internet (http://www.europa.eu).

Luxembourg: Publications Office of the European Union, 2024
© European Union, 2024

The reuse policy of European Commission documents is implemented based on Commission Decision 2011/833/EU of 12 December 2011 on the reuse of Commission documents (OJ L 330, 14.12.2011, p. 39). Except otherwise noted, the reuse of this document is authorised under a Creative Commons Attribution 4.0 International (CC-BY 4.0) licence (https://creativecommons.org/licenses/by/4.0/). This means that reuse is allowed provided appropriate credit is given and any changes are indicated.

For any use or reproduction of elements that are not owned by the European Union, permission may need to be sought directly from the respective rightholders.

PDF ISBN 978-92-68-11788-0 ISSN 2811-9827 doi: 2811-9827 KE-FL-24-001-EN-N

Table of Contents

List of Tables 8

List of Figures 10

Glossary 11

Introduction 13

Chapter 1 Unplanned necessary cross-border healthcare 16

Summary of main findings 17

1. Introduction 20

2. The number of EHICS issued and in circulation 21

3. The period of validity and the issuing procedure of the EHIC 23

4. Raising awareness 25

5. The budgetary impact 26

5.1. Introduction 26

5.2. Reimbursement of claims in numbers and amounts 27

5.2.1. From the perspective of the competent Member State 27
5.2.2. From the perspective of the Member State of stay 31
5.2.3. Reimbursement under the terms of Directive 2011/24/EU 34

6. Practical and legal difficulties in using the EHIC 34

6.1. Refusal of the EHIC by healthcare providers 34

6.2. The notion of necessary care 35

6.3. Invoice rejection 36

6.4. Fraud and error 38

Annex I Information for the insured persons and healthcare providers 40

Annex II Reimbursement claims between Member States 43

Annex III Practical and legal difficulties in using the EHIC 47

Chapter 2 Planned cross-border healthcare 57

Summary of main findings 58

1. Introduction 60

2. Informing patients and healthcare providers about EU rules on planned cross-border healthcare 60

3. The number of PDs S2 issued and received 61

3.1. The current flow of PDs S2 between Member States 61

3.2. Planned cross-border healthcare as share of the total insured population 66

3.3. Evolution of the number of PDs S2 issued and received 67

4. Budgetary impact of cross-border planned healthcare 70

5. Evaluation of the request for prior authorisation and reasons for refusal 73

6. Parallel schemes 77

7. Fraud and error 77

Annex I Informing patient and healthcare providers on planned healthcare abroad 78

Annex II Opinion on the influence of Directive 2011/24/EU on the number of PDs S2 issued 80

Annex III Reimbursement claims between Member States 82

Annex IV The existence of parallel schemes 86

Annex V Portable Document S2 90

Chapter 3 The entitlement to and use of sickness benefits by persons residing in a Member State other than the competent Member State 93

Summary of main findings 94

1. Introduction 98

2. The number of PDs S1 issued and received 99

2.1. General overview 99

2.1.1. Absolute figures 100

2.1.2. As a share in the total number of insured persons 102

2.2. By status 103

2.3. Insured persons of working age and their family members living in a Member State other than the competent Member State ... 105

2.4. Pensioners and their family members living in a Member State other than the competent Member State ... 108

2.5. Evolution of the number of PDs S1 issued and received ... 109

3. Cross-border healthcare spending on the basis of PD S1 or the equivalent E forms ... 110

3.1. Sickness benefits in kind ... 110

3.1.1. Overview of the 2022 figures ... 110

3.1.2. Comparison to 2021 ... 112

3.2. Sickness benefits in cash ... 113

4. Alternative procedures ... 116

5. Fraud and error ... 117

Annex I Additional tables ... 118

Annex II Portable Document S1 ... 127

Chapter 4 Monitoring of healthcare reimbursement ... 129

Summary of main findings ... 130

1. Introduction ... 131

1.1. An overview of the potential effects ... 132

1.2. Member States that responded to the questionnaire ... 134

2. The number of persons involved living in a lump-sum Member State ... 134

3. First scenario: healthcare provided under the Directive by Member States not listed in Annex IV of Regulation (EC) No 883/2004 ... 135

4. Second scenario: reimbursement under the terms of the Directive of unplanned healthcare provided in a third Member State by Member States listed in Annex 3 of Regulation (EC) No 987/2009 when another Member State is competent ... 136

5. Third scenario: reimbursement under the terms of the Directive of planned healthcare provided in a third Member State by Member States listed in Annex 3 of Regulation (EC) No 987/2009 when another Member State is competent ... 137

List of Tables

Table 1 - The number of EHICs and PRCs issued, 2022 22
Table 2 - Issuing procedure of EHIC and PRC, 2022 24
Table 3 - Validity period of the EHIC, 2022 25
Table 4 - Reimbursement by the competent Member State, 2022................................ 29
Table 5 - Evolution of the number of claims received (E125) and amount paid by the competent Member State, 2017-2022... 30
Table 6 - Reimbursement to the Member State of stay or to the insured person, 2022 32
Table 7 - Evolution of the number of claims issued (E125) and amount received by the Member State of treatment, 2017-2022 33
Table 8 - Number of rejection of invoices, 2022 37
Table 9 - Number of cases of inappropriate use (fraud and error) of the EHIC, 2022.... 38
Table 10 - Number of PDs S2 issued, breakdown by Member State of treatment, 2022 63
Table 11 - Number of PDs S2 received, breakdown by competent Member State, 2022 64
Table 12 - The percentage of insured persons entitled to receive planned cross-border healthcare on the basis of a prior authorisation, by issuing Member State, 2022 66
Table 13 - The percentage of insured persons entitled to receive planned cross-border healthcare on the basis of a prior authorisation, by Member State of treatment, 2022 67
Table 14 - Evolution of the number of PDs S2 issued and received, 2017-2022 69
Table 15 - Budgetary impact of cross-border planned health care, 2021-2022.............. 72
Table 16 - Number of PDs S2 requests refused and accepted, 2013-2022................... 73
Table 17 - Reasons for refusal to issue a PD S2, 2022 (as a percentage of the total number of refused requests).. 74
Table 18 - Percentage of contested decisions to refuse to issue a PD S2, 2013-2022.. 75
Table 19 - Care (not) included in the services provided for by the national legislation, 2022 76
Table 20 - Number of PDs S1 issued and received, *flow and stock*, 2022.................. 101
Table 21 - Total number of PDs S1 *issued and received*, *as share of total number of insured persons*, stock (still in circulation), 2022 103
Table 22 - Total number of PDs S1 *issued*, *by status*, stock (still in circulation), 2022. 104
Table 23 - Total number of PDs S1 *received*, *by status*, stock (still in circulation), 2022 105
Table 24 - Total number of PDs S1 *issued and received, insured persons of working age and their family members*, stock (still in circulation), 2022.................. 106
Table 25 - Main flows between the competent Member State and the Member State of residence, *insured persons of working age*, stock (still in circulation), 2022 107

Table 26 - Total number of PDs S1 *issued and received*, *pensioners (+ pension claimant) and their family members*, stock (still in circulation), 2022 108

Table 27 - Main flows between the competent Member State and the Member State of residence, *pensioners*, stock (still in circulation), 2022 109

Table 28 - Number of PDs S1 issued and received, stock (still in circulation), 2021-2022 109

Table 29 - Cross-border sickness benefits *in kind* for persons living in a Member State other than the competent Member State, *creditor*, 2022 111

Table 30 - Cross-border sickness benefits *in kind* for persons living in a Member State other than the competent Member State, *debtor*, 2022 112

Table 31 - Evolution cross-border sickness benefits *in kind* for persons living in a Member State other than the competent Member State, in €, 2021 vs. 2022 113

Table 32 - Export of sickness benefits *in cash* for persons living in a Member State other than the competent Member State, 2022 114

Table 33 - Healthcare spending related to the export of sickness benefits *in cash* for persons living in a Member State other than the competent Member State, in €, 2022 115

Table 34 - Number of cases of fraud and error identified regarding PD S1, 2022 117

Table 35 - Quantification of the number of persons involved living in the Member States which apply fixed amount reimbursements regarding these categories of persons, 2014-2022 135

Table 36 - Number of pensioners and their family members resident in a lump-sum Member State to whom the competent Member State has issued a PD S1 and who received healthcare in this competent Member State under the Directive, breakdown by MS of residence, 2022 136

Table 37 - Number of persons involved residing in a lump-sum Member State - which is not the competent Member State which has issued the PD S1 - who received unplanned healthcare in a third Member State under the Regulations, from the perspective of the competent Member States, breakdown by MS of residence, 2022 137

List of Figures

Figure 1 - ‘Patient mobility’ in the EU 14
Figure 2 - Reimbursement by the Member State of treatment, amount claimed/received in €, main Member States of treatment, 2013-2022 18
Figure 3 - Reimbursement by the competent Member State, amount of claims received/ paid in €, main competent Member States, 2013-2022 19
Figure 4 - Percentage of insured persons with an EHIC, 2022 21
Figure 5 - Main issuing and receiving Member States of PDs S2, 2013-2022 58
Figure 6 - Reimbursement by the main debtors, and reimbursement received by the main creditors, in €, 2016-2022 59
Figure 7 - Number of PDs S2 issued, percentage breakdown by neighbouring country or not, 2022 65
Figure 8 - Main issuing and receiving Member States of PDs S1 in circulation, 2015-2022 94
Figure 9 - Main issuing Member States of PDs S1 in circulation, for insured persons and their family members, and for pensioners and their family members, 2015-2022 95
Figure 10 - Main receiving Member States of PDs S1 in circulation, for insured persons and their family members, and for pensioners and their family members, 2015-2022 96
Figure 11 - *Net balance* between the total number of PDs S1 issued and received, stock (still in circulation), 2022 102
Figure 12 - Relationship between number of PDs S1 issued and still in circulation for insured persons of working age and number of incoming cross-border workers, 2022 107
Figure 13 - Unplanned and planned healthcare for pensioners and their family members received in the competent Member State when residence is outside the competent Member State and whose competent Member State is not listed in Annex IV of Regulation (EC) No 883/2004 132
Figure 14 - Unplanned healthcare for family members of frontier workers and pensioners and their family members received in a third Member State and residing in a Member State listed in Annex 3 to the Implementing Regulation 133
Figure 15 - Planned healthcare for family members of frontier workers and pensioners and their family members received in a third Member State and residing in a Member State listed in Annex 3 to the Implementing Regulation 133

Glossary

Basic Regulation: Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems.

Implementing Regulation: 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.

The Directive: 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.

Competent Member State: The Member State in which the institution with which the person concerned is insured or from which the person is entitled to benefits in cash is situated.

Member State of affiliation under the Directive: The Member State competent to grant a prior authorisation under the Regulations.

Lump sum Member States: Member States claiming the reimbursement of the cost of benefits in kind on the basis of fixed amounts.

Annex 3 of Regulation (EC) No 987/2009: Member States claiming the reimbursement of the cost of benefits in kind on the basis of fixed amounts: Ireland, Spain, Cyprus, Portugal, Sweden, the United Kingdom and Norway.

Annex IV of Regulation (EC) No 883/2004: More rights for pensioners returning to the competent Member State granted by Belgium, Bulgaria, the Czech Republic, Germany, Greece, Spain, France, Cyprus, Luxembourg, Hungary, the Netherlands, Austria, Poland, Slovenia, Sweden, Iceland and Liechtenstein.

European Health Insurance Card (EHIC): The EHIC proves the entitlement to necessary healthcare in kind during a temporary stay in a Member State other than the competent Member State.

Portable Document (PD) S1: The PD S1 allows a person to register for healthcare if (s)he resides in an EU country, the UK, Iceland, Liechtenstein, Norway or Switzerland but (s)he is insured in a different one of these countries.

Portable Document (PD) S2: The 'Entitlement to scheduled treatment' certifies the entitlement of the insured person to receive a planned health treatment in a Member State other than the competent Member State.

EU-28: Belgium (BE), Bulgaria (BG), the Czech Republic (CZ), Denmark (DK), Germany (DE), Estonia (EE), Ireland (IE), Greece (EL), Spain (ES), France (FR), Croatia (HR), Italy (IT), Cyprus (CY), Latvia (LV), Lithuania (LT), Luxembourg (LU), Hungary (HU), Malta (MT), the Netherlands (NL), Austria (AT), Poland (PL), Portugal (PT), Romania (RO), Slovenia (SI), Slovakia (SK), Finland (FI), Sweden (SE), and the United Kingdom (UK).

EU-27: Belgium (BE), Bulgaria (BG), the Czech Republic (CZ), Denmark (DK), Germany (DE), Estonia (EE), Ireland (IE), Greece (EL), Spain (ES), France (FR), Croatia (HR), Italy (IT), Cyprus (CY), Latvia (LV), Lithuania (LT), Luxembourg (LU), Hungary (HU), Malta (MT), the Netherlands (NL), Austria (AT), Poland (PL), Portugal (PT), Romania (RO), Slovenia (SI), Slovakia (SK), Finland (FI), and Sweden (SE).

EU-14: Belgium (BE), Denmark (DK), Germany (DE), Ireland (IE), Greece (EL), Spain (ES), France (FR), Italy (IT), Luxembourg (LU), the Netherlands (NL), Austria (AT), Portugal (PT), Finland (FI), and Sweden (SE).

EU-13: Bulgaria (BG), the Czech Republic (CZ), Estonia (EE), Croatia (HR), Cyprus (CY), Latvia (LV), Lithuania (LT), Hungary (HU), Malta (MT), Poland (PL), Romania (RO), Slovenia (SI) and Slovakia (SK).

EFTA countries: Iceland (IS), Liechtenstein (LI), Norway (NO) and Switzerland (CH).

EU-28/EFTA movers: EU-28 or EFTA citizens who reside in an EU-28 or EFTA country other than their country of citizenship.

Cross-border workers: persons who work in one EU Member State but reside in another.

Introduction

Cross-border healthcare within the EU[1] can be defined as a situation in which the insured person receives healthcare in a Member State other than the Member State of insurance (i.e., competent Member State). Three cross-border healthcare situations are regulated under the Social Security Coordination Regulations[2]. (1) There is unplanned necessary cross-border healthcare when necessary and unforeseen healthcare is received during a temporary stay outside of the competent Member State. (2) Planned cross-border healthcare may be received in a Member State other than the competent Member State when patients purposely seek healthcare abroad. Finally, (3) persons who reside in a Member State other than the competent Member State are entitled to receive healthcare in the Member State of residence as if they were insured there.

Unplanned healthcare: The European Health Insurance Card (EHIC) proves the entitlement of the insured person to necessary healthcare in kind during a temporary stay in a Member State other than the competent Member State.

Planned healthcare: The Portable Document S2 (PD S2) certifies that the insured person is authorised to receive planned health treatment in a Member State other than the competent Member State and that the treatment will be reimbursed according to the tariffs of the Member State of treatment.

Persons residing in a Member State other than the competent Member State: The Portable Document S1 (PD S1) allows the insured person to register for healthcare in a Member State other than the competent Member State. This is typically the case of pensioners residing abroad and of cross-border workers who work in one Member State but reside in another.

This report presents administrative data covering all EU/EFTA countries and the UK.[3] Insured persons have different routes at their disposal to receive cross-border healthcare in the EU and to be reimbursed (see *Figure 1*). They can seek treatment according to the rules and principles set by the Social Security Coordination Regulations; Directive 2011/24/EU[4]; bilateral/multilateral agreements or their own national legislation.

The figures reported in this report relate to cross-border healthcare provided under the Coordination Regulations.[5] The report shows different cases of cross-border healthcare in the EU. For example, in some cases tourists need unplanned necessary healthcare and use their EHIC for this purpose; people go abroad to receive planned care based on a PD S2; and finally, people living in a Member State other than the one where they work or have worked are able to use their PD S1 to access healthcare. Consequently, the number of healthcare reimbursement claims issued for unplanned cross-border healthcare is expected to show a strong correlation with the number of tourist arrivals. Furthermore, the number of PDs S1 issued to insured persons of working age will probably show a strong correlation with the

1 The term "Member States" is used in this report to indicate the 27 countries belonging to the European Union in reference year 2022, the European Economic Area (EEA), Switzerland, and the United Kingdom (UK).

2 Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems (i.e., 'the Basic Regulation'). 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 (i.e., 'the Implementing Regulation').

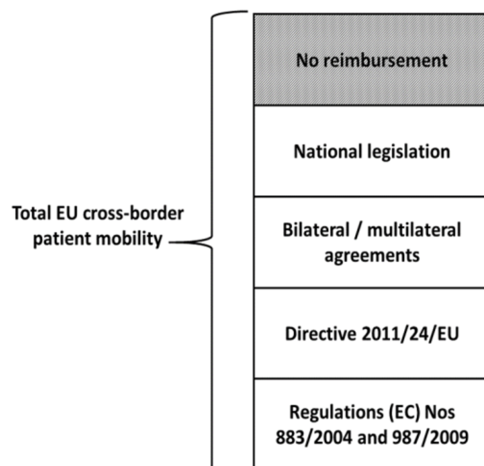
3 These data were collected within the framework of the Administrative Commission. The Network would like to thank all delegations of the Administrative Commission for providing these data. Moreover, we would like to thank the Commission and the Administrative Commission for remarks, comments, and exchanges on previous versions.

4 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 (OJ L 88, 4.4.2011, p. 45).

5 For data on cross-border healthcare in the EU provided under Directive 2011/24/EU see https://ec.europa.eu/health/cross_border_care/overview_en

number of incoming cross-border workers, and the number of refund claims that Member States receive based on a PD S1. Finally, (Mediterranean) Member States that receive a high number of retired pensioners will submit many claims for the reimbursement of cross-border healthcare based on a PD S1.

Figure 1 - 'Patient mobility' in the EU



One of the basic principles of the Coordination Regulations entails that the cost of healthcare provided by the Member State of stay/residence is fully reimbursed by the competent Member State, in accordance with the tariffs of the Member State of treatment and not of the competent Member State. This financing mechanism avoids a high financial burden being put on a patient receiving healthcare abroad and shifts the higher cost to the competent Member State. This is particularly important for patients coming from Member States with relatively low tariffs who obtain healthcare in a Member State with higher medical charges. Consequently, the provision facilitates the free movement of persons, strengthens the social rights of EU citizens, and is a visual reminder of the social character of the Coordination Regulations. This will become clear in this report. However, it should be noted that reimbursement under the Coordination Regulations cannot be claimed for medical treatment provided by healthcare providers outside the public healthcare system. In contrast, the Cross-Border Healthcare Directive provides the right to treatment by public AND private healthcare providers.

The three cross-border healthcare situations identified and regulated in the Coordination Regulations are discussed in separate chapters:

The first chapter 'unplanned necessary cross-border healthcare' presents data concerning the use of the EHIC as well as the amounts reimbursed related to necessary healthcare in kind during a temporary stay in a Member State other than the competent Member State.

The second chapter 'planned cross-border healthcare' presents data concerning the use of planned cross-border healthcare based on Portable Document S2 as well as the budgetary impact.

The third chapter 'the entitlement to and use of sickness benefits by persons residing in a Member State other than the competent Member State', presents data on the number of persons entitled to sickness benefits who reside in a Member State other than the competent Member State, and are registered for healthcare in their Member State of residence.

The fourth chapter presents data on the monitoring of healthcare reimbursement in Member States which have opted to claim reimbursement based on fixed amounts. The main aim of this chapter is to assess the potential impact of Directive 2011/24/EU on this type of reimbursement.

Since 2014, data on cross-border healthcare in the EU/EFTA and the UK under the Coordination Regulations is collected and reported by the Network Statistics FMSSFE, on behalf of the European Commission - DG Employment. Hence, this year marks 10 years of collecting statistics on cross-border healthcare.[6] As a result, it is a perfect moment to take a closer look at the evolution and trends of the collected and reported statistics since then. Therefore, each of the chapters' summaries highlights key evolutions and trends.

Social security coordination between the EU and the UK

As of 1 February 2020, the United Kingdom is no longer part of the European Union. Since last year, the EU-28 aggregate is replaced by a EU-27 aggregate (excluding the UK) in all thematic statistical reports. There are two Agreements now governing the relations between the EU and UK in terms of social security coordination[7]. First, the **Withdrawal Agreement**[8] entered into force on 1 February 2020 with a transitional period until 31 December 2020. It provides for *full coordination* to all those persons (including their family members/survivors) who have continuously been in a cross-border situation involving the EU and the UK since before the end of the transition period. This means that the complete social security coordination acquis[9] applies to these persons. Furthermore, *partial coordination* applies to persons who are not covered by Art. 30 (full coordination) but have been subject to both UK/EU social security legislation before the end of the transition period. This includes among others EU rules concerning the aggregation of periods, rights and obligations deriving from such periods. The Withdrawal Agreement also protects persons in triangular situations with EFTA Member States. For instance, in the United Kingdom, 'UK EHICs' were introduced for persons insured under the Withdrawal Agreement. The **Trade and Cooperation Agreement**[10] was signed on 30 December 2020, was applied provisionally as of 1 January 2021, and entered into force on 1 May 2021. In this Agreement there is **a Protocol on Social Security Coordination** which covers all persons who 1) are or have been covered by the social security legislation of an EU Member State or of the UK; 2) are residing in an EU Member State or the UK; 3) are or have been in a cross-border situation between an EU Member State and the UK as from 1 January 2021. This Protocol fully coordinates all branches of social security coordination that are currently coordinated under the Basic Regulation except for family benefits, long-term care, special non-contributory cash benefits, and assisted reproduction services. Additionally, there is a partial coordination for invalidity benefits and unemployment benefits. However, this Protocol does not apply to situations involving a UK national moving between two or more Member States, as it then concerns a third-country national, and cross-border situations involving an EFTA Member State.

* Residence in a State other than the competent State: *see Art. SSC 15 and Art. SSCI 21*;

* Stay outside the competent State: *see Art. SSC 17 and Art. SSCI 22*;

* Travel with the purpose of receiving benefits in kind – authorisation to receive appropriate treatment outside the State of residence: *see Art. SSC 18 and Art. SSCI 23*.

---

6 Data on the EHIC were already collected before 2014. See, for instance, Coucheir, M. (2013), *EHIC Report 2013*, trESS – Ghent University, 27 p.

7 European Commission, Latest developments on free movement of workers, social security coordination and posting of workers at EU level, MoveS Seminar Posting of workers: quo vadis, 17 June 2022.

8 Agreement on the withdrawal of the United Kingdom of Great Britain and Northern Ireland from the European Union and the European Atomic Energy Community2019/C 384 I/01. See https://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1580206007232&uri=CELEX%3A12019W/TXT%2802%29

9 Basic Regulation and Implementing Regulation

10 Trade and Cooperation Agreement between the European Union and the European Atomic Energy Community, of the one part, and the United Kingdom of Great Britain and Northern Ireland, of the other part. See https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv%3AOJ.L_.2021.149.01.0010.01.ENG&toc=OJ%3AL%3A2021%3A149%3ATOC

Chapter 1
Unplanned necessary cross-border healthcare

Summary of main findings

The European Health Insurance Card (EHIC) comes into play when a person needs necessary healthcare while temporarily staying abroad. It acts as a proof of entitlement for insured persons and their family members who are temporarily staying in a Member State (i.e., 'the Member State of stay') other than the one in which they are insured (i.e., 'the competent Member State') and who need unplanned necessary healthcare. When unplanned healthcare is necessary while temporarily staying abroad for reasons of work, holiday, study etc., the patient should present the EHIC to the public healthcare provider. This card then guarantees that the patient will be treated on equal grounds with insured patients in the Member State of treatment.

Seeing that there are currently some 242 million EHICs in circulation in 2022, the Coordination Regulations are of importance for all EU citizens when they move between Member States, be it for work or for private reasons. The main issuing Member States have remained the same over the years. Particularly Germany, Italy and the United Kingdom have issued the highest number of EHICs. Furthermore, while the Netherlands shows a decline in the number of EHICs in circulation (from 16 million in 2014 to 8.2 million in 2022), France has known a growth (from 4.1 million in 2013 to 14.6 million in 2022).

Around 46 % of the EU/EFTA/UK citizens[11] are currently in possession of an EHIC. However, the share of insured persons with an EHIC differs greatly between Member States. This can be explained by the different application and issuing procedures and the validity period, applied by the competent Member State. For instance, in some Member States the EHIC is issued automatically resulting in a coverage rate of (almost) 100 %, whilst other Member States issue it on request. Moreover, the validity period, which ranges from a few months to 20 years, and the mobility of insured persons and their awareness of their cross-border healthcare rights influence the coverage rate as well.

The issuing procedure and the validity period, as well as the ways in which Member States raise awareness concerning the EHIC have remained rather rigid over the years. Over the years, there is a clear trend of increasing the validity period. In nine Member States, this period was increased for several groups or for all insured persons when comparing 2013 to 2022[12]. For instance, in Czechia the period increased from 5 years in 2013 to 10 years in 2022, in France from 1 to 2 years, and in Romania from 6 months to 2 years. Only in Slovakia, the opposite occurred, as in 2013 there was an indefinite duration, while in 2022 the validity period was 10 years.

In most Member States, the EHIC can be requested electronically via the internet or at the desk of the competent institution. In recent years, several Member States also introduced a mobile application for requesting the EHIC. Moreover, the Single Digital Gateway Regulation requires Member States to ensure that citizens and businesses can access and complete several administrative procedures fully online and receive the output electronically by 12 December 2023. One of these procedures relate to the application for the EHIC.[13]

Healthcare provided in the Member State of stay is reimbursed by the competent Member State in accordance with the rates of the Member State of stay. This can happen in two different ways: either the reimbursement claims are settled between the Member State of

[11] There are around 528.3 million citizens in the EU-27, EFTA, and UK in 2022. (Eurostat [DEMO_PJAN])

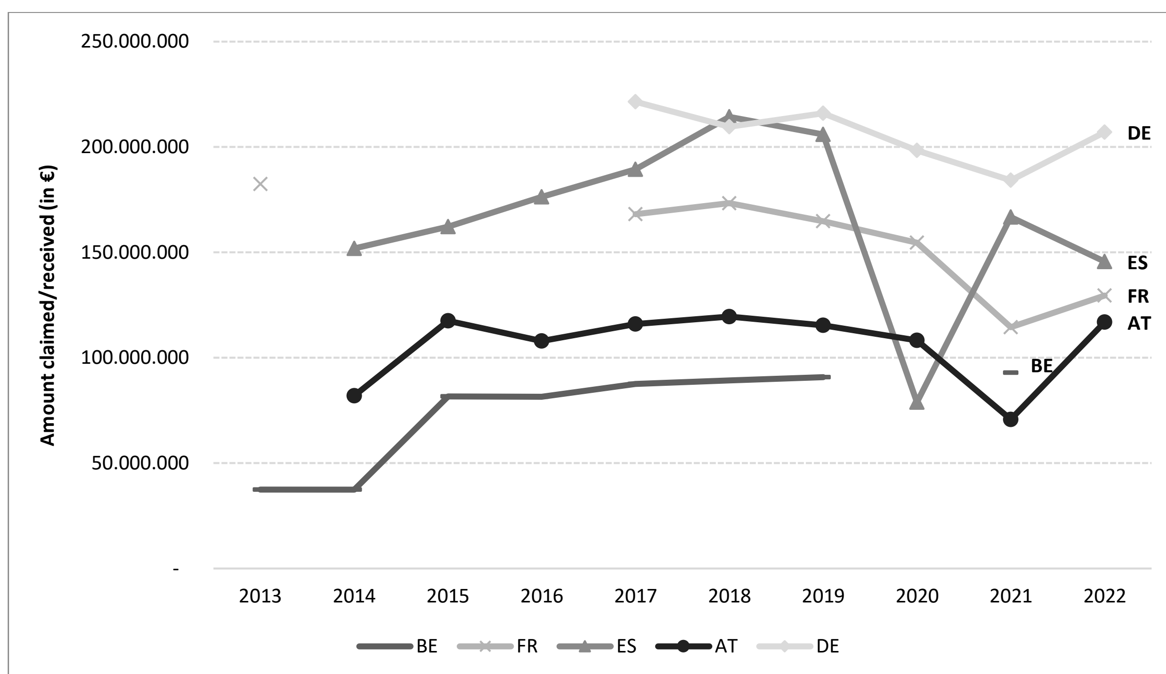
[12] The validity period in 2013 differed from the period in 2022 for the following Member States (sometimes for specific groups of insured and sometimes for all insured persons): CZ, EL, ES, FR, HR, LT, PL, RO, and CH.

[13] See also the Communication of the Commission on digitalisation in social security coordination: facilitating free movement in the Single Market (COM(2023) 501 final).

stay and the competent Member State, or the claims are settled between the competent Member State and the insured person. The reported data show that nine out of ten of the reimbursement claims for unplanned necessary treatment are settled through the first manner. This indicates a widespread and routinized payment and reimbursement procedure following the use of the EHIC.

In 2020, tourism was among the sectors most affected by the COVID-19 pandemic, due to the travel restrictions as well as other precautionary measures. In 2021, most restrictions were lifted, but the tourism sector was still affected. From 2019 to 2020, the nights spent by international tourists in the tourist accommodation establishments (hotels, etc.) in the EU-27 dropped by some 70 %, while there was an increase from 2020 to 2021 of 42 %, and an even higher increase from 2021 to 2022 of 105 %.[14] Nevertheless, the number of nights spent in tourist accommodations in 2022 was still 11 % lower than in 2019 (1 207 million nights in 2022 compared to 1 363 million in 2019). The decrease in the number of trips for leisure and business abroad during the COVID-19 pandemic and in its aftermath may have had an impact on the level of unplanned necessary cross-border healthcare in the EU.[15] In 2019, some 2.4 million claims for reimbursement were issued by the reporting Member States, accounting to around EUR 1.2 billion. Both in 2020 and 2021, there has been a sharp drop in the amount claimed by the Member States of stay (the total amount claimed was in both years less than EUR 700 million). However, in 2022, both the number of forms and the amount are increasing again, although not yet reaching the levels of 2019 (from the perspective of the Member State of stay in 2022 the number of claims amounted to 2.0 million and the amount to around EUR 880 million).

Figure 2 - Reimbursement by the Member State of treatment, amount claimed/received in €, main Member States of treatment, 2013-2022



* For BE, DE, and FR it concerns the amount claimed and not received.

Source: Administrative data EHIC Questionnaire 2023 and previous years

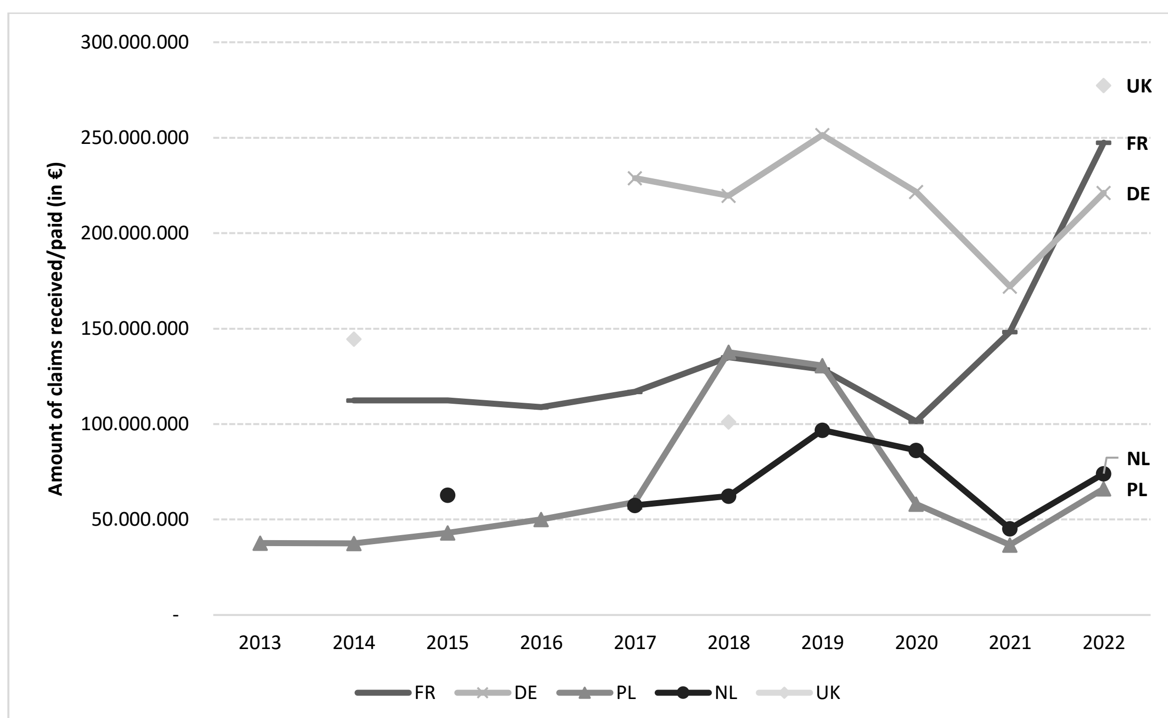
[14] Eurostat [tour_occ_nim]

[15] Decision No H9 and Decision No H11 were adopted by the Administrative Commission in the light of the COVID-19 pandemic. These Decisions prolonged all deadlines for the introduction, contestation and settlement of reimbursement claims between 1 February 2020 and 30 June 2021 by a period of six months. This might have implications for the analysis of the impact of the COVID-19 pandemic on unplanned cross-border healthcare in the EU.

From the perspective of the Member State of treatment, the evolution of the amount claimed/received by the main Member States can be looked at *(Figure 2)*. In 2022, the main Member States of treatment were Germany, Spain, France, and Austria, as they all claimed/received an amount of over EUR 110 million. Over the years, an upward trend can be seen for Belgium and Austria, while for Germany, Spain, and France a decrease is noted (*Figure 2*). Although all main Member States of treatment have been hit by the COVID-19 pandemic, this is particularly the case for Spain. The amount received decreased from EUR 206 million in 2019 to EUR 79 million in 2020, but recovered quickly as it was back at EUR 167 million in 2021. Nevertheless, the amount received by Spain in 2022 (EUR 146 million) is still not at the highest level in 2018 (EUR 214 million), and a decrease is even noted from 2021 to 2022. Other important Member States of treatment which appeared in the top 5 of amount received/claimed over the years are Portugal, Greece, Italy, Poland, Finland, Sweden, the Netherlands, and Switzerland. The main flows from the perspective of the Member State of stay in 2022 went from Germany to Austria (EUR 59 million), and from France to Belgium (EUR 50 million, data 2021).

It also possible to consider the perspective of the competent Member State *(Figure 3)*, the top 5 Member States in terms of the amount of claims received/paid in 2022 are the United Kingdom, France, and Germany, all over EUR 220 million, followed by the Netherlands and Poland, both above EUR 50 million (*Figure 3*). All these Member States were hardly hit by the COVID-19 pandemic, especially the United Kingdom, where the amount decreased from EUR 101 million in 2018 to not even EUR 1 million in 2020 and 2021. However, in 2020, the United Kingdom had the highest amount of all Member States, namely EUR 277 million. Moreover, France shows an impressive growth, particularly from 2020 onwards, from EUR 112 million in 2015 to EUR 247 million in 2022. Other top 5 competent Member States in terms of amount which popped up over the years from 2013 to 2021 are Belgium, Bulgaria, Slovakia, Sweden, Portugal, Romania, Italy, and Spain. The main flows from the perspective of the competent Member State in 2022 went from the United Kingdom to France (EUR 181 million), from France to Belgium (EUR 128 million), and from Germany to Austria (EUR 55 million).

Figure 3 - Reimbursement by the competent Member State, amount of claims received/ paid in €, main competent Member States, 2013-2022



* For DE, FR, PL, and UK it concerns the amount claimed and not paid.

Source: Administrative data EHIC Questionnaire 2023 and previous years

1. Introduction

If a person needs unplanned necessary healthcare while temporarily staying abroad (i.e., outside the competent Member State where the person is insured), there is a situation of cross-border healthcare. In this case, the European Health Insurance Card (EHIC) comes into play. This card proves that a person is an ‘insured person’ within the meaning of the Basic Regulation and entitles the holder to be treated on the same terms as the persons insured in the statutory health care system of the Member State of stay.

It is in the competence of Member States to determine what tariffs or co-payment, if any, apply for healthcare treatment. EU law does not restrict Member States in that regard, other than the requirement that all persons covered by the Coordination Regulations must be treated equally. This means that if the insured persons of the given Member State must pay, the persons seeking treatment with the EHIC must pay too; and if the former receive reimbursement, patients showing an EHIC are to be reimbursed as well according to the same tariffs. In cases where the national healthcare systems require payment for medical care which are reimbursable by the health insurers, the persons using an EHIC can claim reimbursement either in the country of stay while they are still there or back in the country where they are insured, i.e., the competent Member State.

This chapter presents data concerning the use of the EHIC and information about the amount of reimbursements related to unplanned necessary cross-border healthcare for reference year 2022[16]. The quantitative and qualitative data presented in this chapter provide important information about the application of the Coordination Regulations. Moreover, they present valuable information about the potential impact of Directive 2011/24/EU on the application of patients’ rights in cross-border healthcare.

[16] In total, 29 Member States were able to provide data, while for three Member States (BE, CY, and IS) data were not received. For these Member States, data from previous reference years are used when available. This is always mentioned in a footnote.

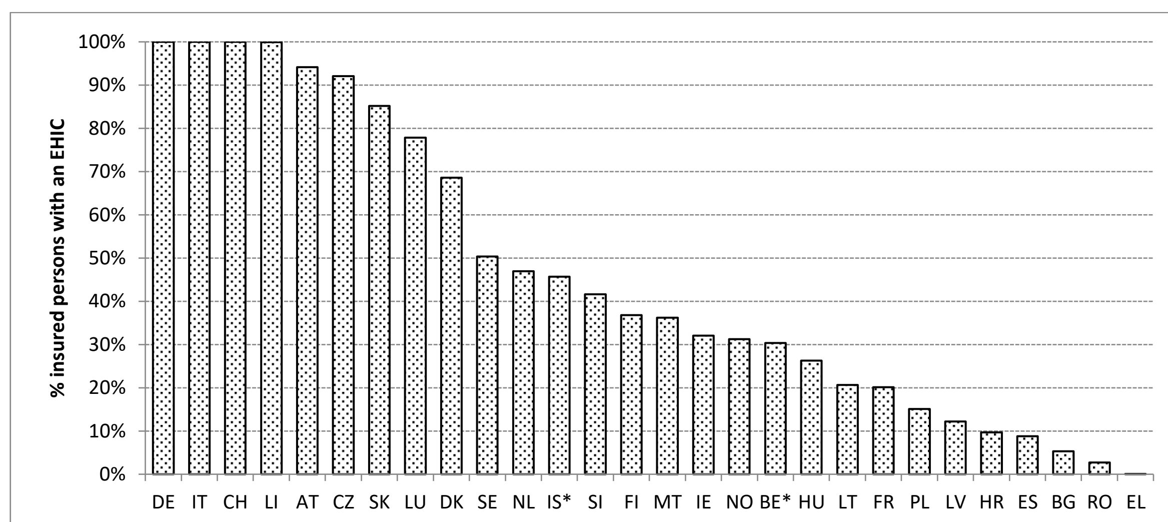
2. The number of EHICs issued and in circulation

Table 1 gives an overview of the number of EHICs and PRCs issued in 2022, as well as the number of EHICs in circulation, meaning valid EHICs. Furthermore, the number of insured persons was requested to put the numbers into perspective. An estimated number of 242 million EHICs were in circulation in 2022.

The share of insured persons with an EHIC varies greatly between the different Member States, ranging from 3 % or less in Romania and Greece to (almost) 100 % in Germany, Italy, Switzerland, Liechtenstein, Austria, and Czechia *(Figure 4)*. In the latter group of Member States, the EHIC is mostly issued automatically. For instance, in Germany, it is generally shown on the back of the national health insurance card. Lower coverage rates are influenced by application procedures, the validity period, the mobility of insured persons and their awareness of their cross-border healthcare rights.

Paragraph 5 of the Administrative Commission (AC) Decision No S1[17] of 12 June 2009 concerning the European Health Insurance Card states: *"When exceptional circumstances[18] prevent the issuing of a European Health Insurance Card, a Provisional Replacement Certificate (PRC) with a limited validity period shall be issued by the competent institution. The PRC can be requested either by the insured person or the institution of the State of stay"*. In absolute figures, France, Denmark[19], and Spain issued the highest number of PRCs. When compared to the number of EHICs in circulation (see last column of *Table 1*), especially Slovenia, Denmark and Spain stand out with a value of over 15 %.

Figure 4 - Percentage of insured persons with an EHIC, 2022



* BE: data 2021. IS: data 2019.
Source: Administrative data EHIC Questionnaire 2023

17 Decision S1 of 12 June 2009 concerning the European Health Insurance Card, C 106, 24/04/2010.

18 "Exceptional circumstances may be theft or loss of the European Health Insurance Card or departure at notice too short for a European Health Insurance Card to be issued" (Recital 5 of Decision No S1 of 12 June 2009 concerning the European Health Insurance Card).

19 Every time a Danish insured person applies for an EHIC, a PRC is issued and sent by secure digital post to the insured person. The PRC cover the period until the person receives the EHIC (plastic card). This procedure has been in place in Denmark since November 2015. This procedure was introduced because many persons often apply for the EHIC shortly before they go abroad.

Table 1 - The number of EHICs and PRCs issued, 2022

MS	Number of EHICs issued	Number of PRCs issued (A)	Total number of EHICs in circulation (B)	Number of insured persons (C)	% Insured persons with an EHIC (B/C)	Ratio EHIC in circulation compared to PRC issued (A/B)
BE*	3 076 160	32 658	3 493 313	11 499 246	30.4 %	0.9 %
BG	136 419	10 421	303 129	5 743 090	5.3 %	3.4 %
CZ	app. 1 350 000	25 893	app. 10 250 000	10 862 345	92.1 %	0.3 %
DK******	907 994	1 044 193	3 977 634	5 800 000	68.6 %	26.3 %
DE****	n.a.	n.a.	74 000 000	74 000 000	100.0 %	
EE	134 362	41 047	n.a.	1 304 431		
IE***	660 505	72 886	1 635 915	5 101 076	32.1 %	4.5 %
EL*	2 454	311	3 913	8 789 190	0.0 %	7.9 %
ES	3 014 358	780 754	4 404 389	50 215 783	8.8 %	17.7 %
FR	6 083 568	1 770 012	14 613 985	72 487 183	20.2 %	12.1 %
HR	133 459	3 575	395 913	4 076 919	9.7 %	0.9 %
IT*	10700		60 000 000	60 000 000	100.0 %	
CY*	55 926	31	n.a.	820 000		
LV	146 843	1 218	281 257	2 305 727	12.2 %	0.4 %
LT	219 972	34 444	617 133	2 983 826	20.7 %	5.6 %
LU	177 651	5 943	739 411	950 006	77.8 %	0.8 %
HU*****	612 504	13 311	1 080 039	4 111 054	26.3 %	1.2 %
MT	61 271	50	205 213	566 736	36.2 %	0.0 %
NL	1 749 802	8 822	8 198 935	17 455 000	47.0 %	0.1 %
AT	1 529 435	18 582	8 682 533	9 223 442	94.1 %	0.2 %
PL	2 471 514	10 174	5 155 107	34 128 951	15.1 %	0.2 %
PT	734 426	6 925	1 906 017	n.a.		0.4 %
RO	293 689	9 458	444 976	16 355 740	2.7 %	2.1 %
SI	592 115	307 233	895 891	2 151 163	41.6 %	34.3 %
SK	535 854	34 989	4 416 741	5 185 221	85.2 %	0.8 %
FI	1 192 482	5 181	2 178 837	5 916 398	36.8 %	0.2 %
SE*	1 556 728	6 000	2 929 865	5 818 550	50.4 %	0.2 %
IS*	62 753	12 926	162 618	355 766	45.7 %	7.9 %
LI	2 981	46	41 187	41 229	99.9 %	0.1 %
NO*	986 743	3 379	1 715 000	5 489 000	31.2 %	0.2 %
CH	3 500 000	n.a.	8 700 000	8 700 000	100.0 %	
UK	6 204 473	15 633	20 724 701			0.1 %
Total**			**±242 000 000**			

* BE: data 2021. CY and IS: data 2019. For IT data on the number of insured persons from 2020 is imputed as it is assumed that every insured person in Italy has an EHIC. DK: data number of insured persons 2020. EL: data number of insured persons 2021. SE: The number of insured persons reported is an estimation of people between 19-64 years old that are insured in Sweden. Note that it is not comparable with the population that could receive EHIC which includes people in all ages. NO: number of insured persons is an estimation.

** Assuming that every insured person in Germany and Italy has an EHIC.

*** Number of insured persons in IE is an estimation as it is known that approximately 32.07 % of insured persons has an EHIC and the number of EHICs in circulation was known.

**** DE: since the EHIC is usually shown on the back of the national health insurance card, it can be assumed that it is available almost nationwide in Germany. Based on data provided in previous years, it is estimated that around 74 million persons are insured in Germany.

***** HU: The number of insured persons applies to insured persons with full social security coverage. However, in total, some 9 233 620 persons are entitled to an EHIC and therefore the coverage ratio of EHIC is 6.6 %.

****** DK: The figure of 5.8 million is the number of Danish inhabitants in 2020, and not the actual number of Danish insured persons. The Danish healthcare system is residence-based i.e., all persons registered as residents in Denmark, will be enrolled in the Danish health insurance scheme. However, some persons are entitled to be insured in Denmark pursuant to EU-legislation (Regulation (EC) No. 883/2004 on the coordination of social security systems or the Withdrawal Agreement between EU and the UK), even though they are not residing in Denmark - and other persons residing in Denmark are insured at the expense of another Member State pursuant to the Regulations and the Withdrawal Agreement, and thus will not be entitled to a Danish issued EHIC, but must apply for the EHIC from their Competent Member State.

Source: Administrative data EHIC Questionnaire 2023

Member States were asked to report any specific legislative or administrative changes that influenced the evolution of the number of EHICs issued during 2022. In Austria, from January 2020 until December 2023, all national entitlement documents (‘e-cards’) for people aged 14 and over will be exchanged to add a photo. This affects the EHIC as well, as the EHIC is on the back side of the e-card[20]. Other than this, no Member State mentioned any legislative or administrative changes in 2022.

[20] For further information see www.chipkarte.at/foto.

Finally, Member States were asked whether they have any evidence that Directive 2011/24/EU has an influence on the evolution of the number of EHICs requested. None of the reporting Member States stated that they have such evidence.

3. The period of validity and the issuing procedure of the EHIC

As mentioned above, the issuing procedure and the validity period have a serious impact on the number of EHICs issued by the Member States. Therefore, it is interesting to look at the differences between the Member States in this regard. *Table 2* shows the issuing procedure of the EHIC and the PRC, as well as the average time to receive an EHIC.

In most Member States, the EHIC can be requested electronically via the internet or at the desk of the competent institution. Several Member States (e.g., Malta and Slovakia) also introduced a mobile application for requesting the card. Furthermore, in the Netherlands, the EHIC can be requested through social media (WhatsApp, Twitter, and Facebook).

None of the reporting Member States indicated a change of the EHIC procedure in 2022.[21] The time it takes to issue an EHIC in 2022 varies significantly between Member States and at a national level between competent institutions. Moreover, the issuing time also varies between the methods that are used. For instance, in Lithuania, an EHIC can immediately be issued when it is requested at the desk, whereas it can take up to 2 weeks when requested by other means, like the internet.

The last column of *Table 2* shows how a PRC is issued to insured persons who are currently on a temporary stay abroad. Over the years, this procedure has not changed remarkably. Only the United Kingdom reported a change in the issuing procedure for a PRC in 2022. This is not a change for the insured person, but for the Member States requests, which can now occur through RINA (Reference Implementation for a National Application).

[21] The Single Digital Gateway Regulation requires Member States to ensure that citizens and businesses can access and complete several administrative procedures fully online by 12 December 2023. One of these procedures relate to the application for the EHIC

Table 2 - Issuing procedure of EHIC and PRC, 2022

MS	Ways to apply for an EHIC	Average time to receive the EHIC	Ways to obtain a PRC while staying abroad
BE	fax, telephone, internet, desk, guichet, webapp, email	from immediately (request in an office building) to up to 3-5 working days	e-mail, fax, internet, webapp, telephone
BG	personally, application form	14-15 working days (urgent cases: up to 2 days)	internet, fax
CZ	desk, telephone, e-mail, or post (Issued automatically to every newly insured person)	max. 14 days	post, e-mail (or fax)
DK	telephone, internet	2-3 weeks	fax, post, digital post, phone, EESSI
DE	internet, telephone, desk, in writing (Issued automatically upon issue national card)	4 weeks at the most, generally significantly less	fax, e-mail
EE	internet, post, desk	max 14 days (on average it takes 4-5 working days)	internet, e-mail, telephone
IE	internet, post, desk	5 up to 10 working days	fax, e-mail
EL	desk, e-mail, internet	e-EFKA: the next day	e-mail
ES	desk, internet, telephone, text message	approximately 5 days	fax, e-mail, online
FR	internet, telephone, e-mail, or desk	General scheme: 10 days Agricultural scheme: 11 days on average	internet, e-mail, post
HR	internet, desk, post, automated machines	1.45 days	fax, e-mail, EESSI
IT	issued automatically (Replacement card: desk, fax, internet, e-mail)	15 days	fax, e-mail
CY	desk (by telephone, fax, and internet under special circumstances)	immediately (at the desk)	fax, e-mail
LV	post, desk	immediately when applied for at the desk; otherwise, 3 days	post (fax or e-mail on request)
LT	internet, fax, desk, via a representative	max 14 days (pursuant to regulations); immediately when applied for at the desk	fax, post, online
LU	internet, telephone, fax, post, desk	13 days	e-mail, fax, post, internet
HU	desk, post, e-mail, internet	immediately at the desk, otherwise 8 days	fax, e-mail, citizen portal
MT	through 'Mobile App', 'e-Forms', post, desk	5 working days	e-mail, fax, EESSI
NL	telephone, fax, e-mail, social media (WhatsApp, Twitter, Facebook)	one week on average, varies from 2-10 days	by any available means of communication
AT	issued automatically (replacement card: telephone or e-mail)	3 to 5 days	fax, e-mail, post
PL	desk, e-mail, fax, internet, post	immediately if applied for at the desk; otherwise, 5 working days	e-mail, fax, post, Electronic Platform of Public Administration Services (ePUAP)
PT	e-mail, fax, internet, desk	4-5 days	post, e-mail
RO	internet, post	7 working days	e-mail, EESSI
SI	internet, text message, desk	The EHIC is delivered to the post office no later than the following working day after the successful order. At time of maximum orders (e.g., June or July), insured persons may receive an EHIC a little later.	fax, e-mail
SK	post, fax, e-mail, internet, desk, mobile application, telephone	Max 10 days	post, e-mail, mobile application
FI	telephone, post, internet, desk	Around a week	e-mail
SE	internet, fax, e-mail	Up to 10 working days; longer by post	fax (in rare cases e-mail)
IS	internet, telephone, e-mail	3 days	e-mail, internet, fax
LI	internet, telephone, post, fax, e-mail	2 weeks	e-mail
NO	internet, telephone	max 10 working days	fax, post, digitally
CH	issued automatically (telephone, fax, e-mail)	14 days up to a maximum of 4 weeks (faster by using the customer app)	fax, e-mail, phone
UK	internet, telephone, post	The target for EHIC is to issue the card withing 10 working days of approval	e-mail, RINA

Source: Update based on administrative data EHIC Questionnaire 2023

Table 3 gives an overview of the validity period of the EHIC for all Member States. None of the Member States reported a change in validity period in 2022. However, Liechtenstein reported a validity period of 12 months in 2021 (for asylum seekers and short-term residences) and 66 months for other, while in 2022 they reported a validity period of 5 years for all insured persons until 31/03/2027.

In general, the period of validity varies significantly among Member States and between categories/situations (active population, posted workers, family members, children, students, pensioners, etc.) *(Table 3)*. For instance, in Belgium an EHIC is valid for 1 to 2 years, whereas in Czechia the validity period amounts to 10 years. Nevertheless, the period of validity of the EHIC is limited in all Member States. Some Member States have defined

a (much) longer validity period of EHICs issued to pensioners (e.g., PL (20 years), BG (10 years), LT (6 years), LU (12-60 months), AT (10 years), SI (5 years) and IS (5 years)).

Table 3 - Validity period of the EHIC, 2022

MS	Validity period of the EHIC
BE	2 years (pensioners), until 31/12 of the calendar year following the year of issuing, depending on the information on the entitlement (other insured persons), two years maximum (all)
BG	1 year (economically active persons), 5 years (children), 10 years (pensioners)
CZ	Usually for 10 years. This period can vary according to issuing institution
DK	(max) 5 years, shorter periods (1-2 years) for specific cases
DE	several months to several years (same period of the national card)
EE	max 3 years (adults), max 5 years (children under the age of 19)
IE	4 years
EL	1 year (employed and self-employed), 1 to 3 years (pensioners), from 2 months to 1 year (Undergraduate, postgraduate, and doctoral students), 3 years (military staff and their children up to 15 years old), 2 years (military staff and their children up to 16 years old), 1 year (military staff and their children from 17 to 26 years), 4 years (transfer/placements by order), 1 year (navy for educational reasons)
ES	2 years (sea workers, pensioners, and beneficiaries), 2 years (workers and beneficiaries), 3 years (military civil servants), 1 year (beneficiaries from military civil servants), 5 years (pensioners and beneficiaries), 2 years (judicial civil servants and beneficiaries)
FR	2 years
HR	3 years (all insured persons), 1 year (unemployed), 1 year (students and pupils)
IT	6 years
CY	max 5 years
LV	3 years
LT	2 months (unemployed), 4 years (employed), 10 years (pensioners), under the age of 18 years, but no longer than 18 years (children under 18 years), 1 academic year, but no longer than until the end of the current academic year (full-time students)
LU	3-60 months (proportionate to the length of the insurance record), 12-60 months (pensioners)
HU	3 years (insured persons), 3 years or max. to the end date of their entitlement (entitled persons)
MT	5 years
NL	1, 2, 3 and 5 years Most competent institutions issue an EHIC for a period of 5 years.
AT	1 or 5 years (this depends on the existing insurance periods), 10 years (pensioners), at least for 5 years (children up to the age of 14)
PL	20 years (persons receiving retirement benefits who have reached retirement age (60 years of age for women and 65 years of age for men)), up to the age of 18 (children under 18 who are registered for the health insurance as a family member or receive pension as their own title for the insurance), 5 years (persons receiving retirement benefits who have not reached retirement age (60 years of age for women and 65 years of age for men),uninsured persons who are under 18 years of age and are Polish citizens (the validity period of EHIC cannot be longer than the date the person becomes 18 years old)), 3 years (employed persons, self-employed persons, persons running an agricultural or non-agricultural business activity, persons receiving a pre-retirement benefit), up to 18 months (persons over 18 years of age receiving disability pensions, persons registered for the health insurance as a family member who are aged 18 and more, children/pupils who are entitled for the insurance and are aged 18 and more, students registered for health insurance by university), up to 6 months (persons employed based on an agency contract, order contract or other contract for providing services, persons who work under a tolling contract, uninsured persons entitled for health insurance under the national law), up to 2 months (e.g., unemployed persons), up to 90 days (persons who meet the income criterion for receiving social assistance benefits), up to 42 days (e.g. uninsured women with the Polish citizenship who reside on the territory of the Republic of Poland during puerperium)
PT	3 years, 1 year (certain health subsystems)
RO	2 years
SI	1 year, 5 years (pensioners and their family members, children under the age of 18)
SK	10 years, foreign workers depending on the validity of the working contract
FI	2 years
SE	3 years
IS	3 years, 5 years (pensioners)
LI	5 years (all insured persons until 31/03/2027)
NO	3 years (regular membership), 1 year (temporary membership)
CH	5 years (all categories), 10 years (several health insurer)
UK	5 years, length of course (students), length of visa (Limited Leave to Remain), 1 year (Gibraltar EHIC)

Source: Update based on administrative data EHIC Questionnaire 2023

4. Raising awareness

For patients to use the EHIC and for healthcare providers to recognize the EHIC, it is important for both groups to be aware of the EHIC and its usage. Therefore, Member States were asked to report ongoing or newly introduced initiatives in 2022 to improve both citizens' and healthcare providers' knowledge of the rights of cross-border patients both under the terms of the EU rules on the coordination of social security systems and Directive

2011/24/EU on patients' rights in cross-border healthcare *(Table A1 in Annex I)*.[22] Especially in tourist areas, it is important that tourists and healthcare providers are well informed.

To inform insured persons, almost all Member States refer to information which can be found online, often referring to the 'National contact points for cross-border healthcare' and the linked websites.[23] Furthermore, many make note of presentations given to insured persons, mailings, flyers, posters, magazines, and newspaper articles. Additionally, press releases or information campaigns are held, and this primarily happens before vacations periods (DK, LV, SI, and SE). Besides these traditional media channels, certain Member States (EE, NL, and SE) mentioned the use of social media to reach a wider audience and inform insured persons.

Regarding specific campaigns held in 2022 to inform insured persons, only Spain and France mentioned having done so. In Spain, from the Institution for Sea-Workers, an information campaign has been carried out on the mobile application "ISM IN YOUR POCKET" through which people can request the EHIC. France set up a campaign to order the EHIC in June 2022 to inform insured persons of the possibility of ordering it via the ameli.fr account.

To inform healthcare providers, the channel mentioned most often is once more a website. Moreover, information channels such as training sessions, written instruction, umbrella organisations, direct guidance, and leaflets are mentioned by the reporting Member States. Finland mentioned specifically that the Finnish NCP promoted patients' rights on social media. These social media campaigns shared information about health care in the UK and receiving health care while travelling. The campaigns increased visits to the Finnish NCP's website[24].

Finally, it is worth noting that, at European level, the Commission has taken several initiatives to increase awareness of the correct application of the cross-border healthcare rules. For instance, information concerning the EHIC is published on the website of DG EMPL and there is an annual update about the EHIC (coverage, where to apply etc.) in all Member States on the same website.[25] The EU Commission also launched an online campaign with videos, which were published on the most common video sharing sites.

5. The budgetary impact

5.1. Introduction

The Implementing Regulation outlines two different reimbursement procedures for unplanned necessary healthcare provided in the Member State of stay. The insured person can ask the reimbursement directly from the institution of the Member State of stay (in this case the Member State of stay will later claim the reimbursement from the competent Member State) or ask for reimbursement by the competent Member State after returning home.

[22] See also the report published by the EC - DG Sante ("Study on cross-border health services: enhancing information provision to patients"): https://health.ec.europa.eu/publications/final-report-study-cross-border-health-services-enhancing-information-provision-patients_en

[23] For the list of national contact points see: https://hadea.ec.europa.eu/programmes/horizon-europe/health/national-contact-points_en

[24] See https://www.eu-healthcare.fi/

[25] https://ec.europa.eu/social/main.jsp?catId=559 ; https://ec.europa.eu/social/main.jsp?langId=en&catId=559&furtherNews=yes&newsId=10635

In the first case, if the insured person has actually borne the costs of the treatment and if the legislation applied by the Member State of stay enables reimbursement of those costs to an insured person, the patient may ask reimbursement directly from the institution of the Member State of stay[26]. In that case, the Member State of stay reimburses directly to that person the amount of the costs corresponding to those benefits within the limits of and under the conditions of the reimbursement rates laid down in its legislation. The Member State of stay will then claim reimbursement from the competent Member State using the E125 form (*'Individual record of actual expenditure')*/SED S080 *('Claim for reimbursement')* on the basis of the real expenses of the healthcare provided abroad.

In the second case, the insured person asks for reimbursement to the competent Member State after returning home[27]. In this case, the competent Member State uses an E126 form *('Rates for refund of benefits in kind')*/SED S067 *('Request for reimbursement rates – stay')* to establish the amount to be reimbursed to the insured person. The form is sent to the Member State of stay to obtain more information on the reimbursement rates. However, the reimbursement to the insured person without determining reimbursement rates by means of an E126 form is provided in some cases based on other (national) provisions.[28]

In respect to the reported figures, it is important to note that the period between treatment and reimbursement may differ significantly if reimbursement is requested by the Member State of stay (using the E125 form/SED S080) or by the insured person. In any case, all claims based on actual expenditure should be introduced within 12 months following the end of the calendar half-year during which those claims were recorded by the Member State of stay.[29] This implies that, for 2022, the E125 forms/SEDs 080 received/issued are (mainly) applicable to necessary healthcare provided in 2021.[30] Moreover, Decision H11 of the Administrative Commission[31] prolonged all deadlines for the introduction, contestation and settlement of reimbursement claims between 1 February 2020 and 30 June 2021 by a period of six months. This still might have an impact on the figures reported for 2022.

5.2. Reimbursement of claims in numbers and amounts

5.2.1. From the perspective of the competent Member State

For reimbursement from the perspective of the competent Member State, Member States were asked about the number of E125 forms received (see first case above in *section 5.1*, the reimbursement is claimed by the Member State of stay), and E126 forms sent (see second case above, the competent Member State asks information on the costs to be reimbursed to the insured person). The highest number of claims for reimbursement of the costs of medical treatments provided by the Member State of temporary stay were received by France (a total number of 1 105 019 forms received[32]), Germany (a total number of

[26] Article 25(4) of the Implementing Regulation.

[27] Article 25(5) of the Implementing Regulation.

[28] Article 25(6) of the Implementing Regulation. No information is collected about the content of these provisions.

[29] In case the claim is recorded in October 2022 by the Member State of stay it should be introduced to the competent Member State up to 31 December 2023. Claims of fixed amounts for a calendar year should be introduced to the debtor Member State within the 12-month period following the month during which the average costs for the year concerned were published.

[30] Furthermore, differences will exist between the amounts claimed and those paid/received by Member States. The EHIC-questionnaire asks about the amount paid/received. However, some Member States could not provide this information and only reported the amount claimed. When the amount claimed is reported instead of the amount paid/received, this is indicated in a footnote, in *Table 5 and 6* and in *Table a2, Table a3, Table a4, and Table a5 in Annex II.*

[31] Decision H9 was adopted in June 2020 and then replaced by Decision H11 on 9 December 2020.

[32] However, only for 109 741 forms the amount is already paid, it therefore concerns the number of forms for which an amount is claimed.

501 947 forms received), the United Kingdom (a total number of 317 460 forms received), and Italy (a total number of 242 273 forms received, data 2020) (*Table 4*). In terms of the amount of claims received/paid, there is a clear top three, namely the United Kingdom (EUR 277 million), France (EUR 247 million), and Germany (EUR 221 million). Together, the amount claimed to these Member States stands for 80.8 % of all EU-27 claims for reimbursement of the costs of medical treatments provided by the Member State of temporary stay. Furthermore, the total amount of claims received/paid surpassed EUR 50 million in the Netherlands and Poland.

Some 9 out of 10 claims of reimbursement were settled by an E125 form/SED S080 (*Table 4*). This means that in general, the reimbursement is claimed by the Member State of stay. Almost all reporting competent Member States (which reported both the number of E125 forms received and the number of E126 forms issued) received most of the claims via an E125 form. Only in Belgium (49.5 %, data 2021), most claims for reimbursement are settled via a national method other than those provided by Articles 25(4) and (5) of the Implementing Regulation. This share is also on the high side in the Netherlands (22.1 %), Poland (14.2 %), and Finland (18.8 %). However, in the Netherlands and Poland, the share in the total amount paid via this other procedure is much lower (5.0 % compared to 22.1 %, and 8.5 % compared to 14.2 % respectively).

In *Annex II* the individual claims of reimbursement received from the Member States of treatment are reported (*Table a2*) as well as the amount paid (*Table a3*). A visualisation of these tables is provided in *Figure a1* and *Figure a2* respectively in Annex IV. In absolute terms, the highest number of claims for reimbursement were received by France for necessary unplanned healthcare in Belgium (791 311), Portugal (247 874), and Spain (165 867). Furthermore, the flows from Germany to Poland (Member State of treatment), and from the United Kingdom to France are considerable (*Table a2*).

Under the Coordination Regulations, the budgetary impact of cross-border expenditure related to unplanned necessary healthcare treatment during a stay abroad on average amounts to 0.11 % of total healthcare spending related to benefits in kind. Only Latvia, Lithuania, and Bulgaria show a cross-border expenditure of more than 0.5 % of total healthcare spending related to benefits in kind. There is a clear difference between EU-13 and EU-14 Member States, as the EU-13 Member States show a higher relative cross-border expenditure compared (0.4 %) to the EU-14 Member States (0.1 %). This is not surprising as in Member States with a low healthcare expenditure per inhabitant the relative share of costs for unplanned cross-border healthcare in relation to the healthcare spending related to benefits in kind is higher because of the reimbursement provisions.

Finally, *Table 5* reports the evolution of the number of E125 claims received and the amount claimed/paid for years 2017 to 2022. For most competent Member States, the number of claims received as well as the amount to be reimbursed increased in 2022 compared to 2021. Only Greece still shows a remarkable decrease, both in number of forms received (-86 %), and amount paid (-88 %).

Table 4 - Reimbursement by the competent Member State, 2022

MS	E125 received		E126 issued		Claims not verified by E126		Total			Number of forms			Amount		
	Number of forms	Amount paid (in €)	Number of forms	Amount paid (in €)	Number of claims	Amount paid (in €)	Number of forms/claims	Amount paid (in €)	Share in total healthcare spending related to benefits in kind	E125	E126	Other	E125	E126	Other
BE****	39 349	31 340 837	7 266	2 207 810	42 751	4 125 559	92 366	37 674 206	0.11 %	42.6 %	7.9 %	49.5 %	83.2 %	5.9 %	11.0 %
BG	23 358	27 113 593	49	182 937			23 407	27 296 530	0.91 %	99.8 %	0.2 %		99.3 %	0.7 %	
CZ	38 681	20 567 822	1 238	225 848			39 919	20 793 670	0.16 %	96.9 %	3.1 %	0.0 %	98.9 %	1.1 %	0.0 %
DK	19 645	7 040 696	3 341	409 812			22 986	7 450 508	0.04 %	85.5 %	14.5 %	0.0 %	94.5 %	5.5 %	0.0 %
DE**	491 318	221 127 758	10 629				501 947	221 127 758	0.07 %	97.9 %	2.1 %	0.0 %			
EE	3 487	4 032 278	243	57 185			3 730	4 089 463	0.33 %	93.5 %	6.5 %	0.0 %	98.6 %	1.4 %	0.0 %
IE	22 743	10 233 994	171	15 789			22 914	10 249 783	0.05 %	99.3 %	0.7 %	0.0 %	99.8 %	0.2 %	0.0 %
EL	71	26 011					71	26 011	0.00 %						
ES	73 883	45 450 713	1 953	449 131			75 836	45 899 844	0.06 %	97.4 %	2.6 %	0.0 %	99.0 %	1.0 %	0.0 %
FR***	1 080 188	223 351 225	9 534	2 124 748	15 297	21 918 198	1 105 019	247 394 171	0.12 %	97.8 %	0.9 %	1.4 %	90.3 %	0.9 %	8.9 %
HR	12 308	9 092 331	824				13 132	9 092 331	0.27 %	93.7 %	6.3 %	0.0 %			
IT****	240 848		1 384		41		242 273			99.4 %	0.6 %	0.0 %			
CY															
LV	5 779	6 581 956	174	34 435	21	14 183	5 974	6 630 575	0.55 %	96.7 %	2.9 %	0.4 %	99.3 %	0.5 %	0.2 %
LT	12 179	17 881 147	667	257 506	78	11 831	12 924	18 150 484	0.78 %	94.2 %	5.2 %	0.6 %	98.5 %	1.4 %	0.1 %
LU															
HU***	7 618	5 767 091	638	204 878			8 256	5 971 969	0.09 %	92.3 %	7.7 %	0.0 %	96.6 %	3.4 %	0.0 %
MT	508	291 462	19	14 909	0	0	527	306 371	0.04 %	96.4 %	3.6 %	0.0 %	95.1 %	4.9 %	0.0 %
NL	72 721	70 301 922	11	31 455	20 655	3 698 306	93 387	74 031 684	0.11 %	77.9 %	0.0 %	22.1 %	95.0 %	0.0 %	5.0 %
AT	58 651	21 737 436	1 050				59 701	21 737 436	0.08 %	98.2 %	1.8 %	0.0 %			
PL**	67 452	59 321 090	4 017	1 243 088	11 862	5 636 586	83 331	66 200 763	0.28 %	80.9 %	4.8 %	14.2 %	89.6 %	1.9 %	8.5 %
PT	39 722	8 374 241	477	160 833			40 199	8 535 075	0.07 %	98.8 %	1.2 %	0.0 %	98.1 %	1.9 %	0.0 %
RO	31 194	49 829 699	336	25 817			31 530	49 855 516	0.49 %	98.9 %	1.1 %	0.0 %	99.9 %	0.1 %	0.0 %
SI	18 510	4 800 026	156	257 055			18 666	5 057 081	0.15 %	99.2 %	0.8 %	0.0 %	94.9 %	5.1 %	0.0 %
SK	36 561	15 936 308	1 063	366 502	724	62 000	38 348	16 364 809	0.34 %	95.3 %	2.8 %	1.9 %	97.4 %	2.2 %	0.4 %
FI**	10 200	3 740 000	72	17 096	2 376	1 947 135	12 648	5 704 231	0.04 %	80.6 %	0.6 %	18.8 %	65.6 %	0.3 %	34.1 %
SE	30 627	13 470 954	1 926	229 006			32 553	13 699 961	0.04 %	94.1 %	5.9 %	0.0 %	98.3 %	1.7 %	0.0 %
IS															
LI	1 693	710 541					1 693	710 541							
NO			449	132 033			449	132 033	0.00 %						
CH*****	42 127	83 437 730	6 796				48 923			86.1 %	13.9 %	0.0 %			
UK**	315 668	275 317 311	1 677	2 107 005	115		317 460	277 424 316	0.15 %	99.4 %	0.5 %	0.0 %	99.2 %	0.8 %	0.0 %
EU-27*	**2 437 601**	**877 410 590**	**47 238**	**8 515 841**	**96 805**	**37 413 798**	**2 581 644**	**923 340 229**	**0.11 %**	**92.0 %**	**3.8 %**	**4.4 %**	**94.8 %**	**1.9 %**	**3.4 %**

* EU-27: the average percentages are unweighted averages.

** For DE, PL, FI, and UK it concerns the amount claimed for E125 received, not the amount paid. For FI data on E125 received are estimates.

*** FR: for E125 received, it concerns the number of forms for the amount claimed, as well as the amount claimed instead of the amount paid. For the amount paid, 109 741 forms are reported for EUR 57 962 104.

**** IT: data 2020. BE: data 2021. The number of E125 received only concerns forms received electronically. For E125 received it concerns the amount claimed instead of the amount paid.

*****CH: E126 issued contains 2107 invoices regarding to form E 126, not the number of forms. Regarding S067/068: contains 4689 forms, not the number of invoices.

Source: Administrative data EHIC Questionnaire 2023

Table 5 - Evolution of the number of claims received (E125) and amount paid by the competent Member State, 2017-2022

	E125 forms received								**Amount paid (in €)**							
	2017	**2018**	**2019**	**2020**	**2021**	**2022**	**Change in number of claims 2021 vs. 2022**	**% Change 2021 vs. 2022**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**Change in number of claims 2021 vs. 2022**	**% Change 2021 vs. 2022**
BE	47 213	44 306	60 579	53 160	39 349				32 644 222	47 650 399	48 423 716		31 340 837			
BG	48 307	27 088	20 961	51 441	26 594	23 358	-3 236	-12 %	29 125 472	20 575 676	52 528 293	50 408 330	26 386 488	27 113 593	727 105	3 %
CZ	41 715	45 050	45 894	42 493	32 526	38 681	6 155	19 %	19 526 710	20 225 316	21 082 013	19 011 697	15 683 549	20 567 822	4 884 274	31 %
DK	20 870	23 852	25 774	26 445	13 272	19 645	6 373	48 %	9 191 351	12 124 217	12 962 953	3 134 958	10 323 648	7 040 696	-3 282 952	-32 %
DE**	562 454	547 076	559 175	522 625	392 212	491 318	99 106	25 %	228 765 682	219 630 849	251 407 990	221 661 761	172 106 314	221 127 758	49 021 443	28 %
EE	6 344	7 678	4 859	6 064	4 040	3 487	-553	-14 %	2 885 953	7 637 246	3 918 489	5 564 919	2 784 383	4 032 278	1 247 896	45 %
IE	38 505	29 986	30 557	31 884	17 697	22 743	5 046	29 %	12 073 874	11 282 798	11 745 985	13 140 746	10 966 198	10 233 994	-732 204	-7 %
EL		16 344	16 344	13 325	520	71	-449	-86 %		15 199 952	15 199 952	13 479 453	222 555	26 011	-196 544	-88 %
ES	106 264	101 022	81 115	76 612	81 772	73 883	-7 889	-10 %	70 419 940	60 237 380	55 624 712	44 032 353	57 446 552	45 450 713	-11 995 839	-21 %
FR**	195 710	184 506	184 506	234 512	583 063	1 080 188	497 125	85 %	103 365 056	121 184 596	121 184 596	91 317 657	134 691 367	223 351 225	88 659 858	66 %
HR	14 676	13 495	15 085	13 315	11 875	12 308	433	4 %	8 085 130	8 152 210	8 742 086	7 655 959	9 081 741	9 092 331	10 590	0 %
IT	182 672	290 178	290 178	240 848					152 280 221							
CY	2 423	4 934	4 038							10 947 941						
LV	4 981	5 467	6 261	6 475	5 670	5 779	109	2 %	2 705 759	5 388 163	3 118 557	5 976 415	12 343 387	6 581 956	-5 761 431	-47 %
LT	9 481	8 792	8 824	9 345	7 026	12 179	5 153	73 %	8 690 845	7 661 360	8 363 021	10 171 445	9 211 687	17 881 147	8 669 460	94 %
LU																
HU	21 805	18 479	18 674	15 895	9 245	7 618	-1 627	-18 %	11 888 216	10 784 135	10 412 916	8 908 334	6 382 718	5 767 091	-615 627	-10 %
MT	1 513	1 980	1 157	1 314	572	508	-64	-11 %	576 462	45 506	737 101	257 000	237 405	291 462	54 057	23 %
NL	78 465	90 533	87 409	84 063	57 236	72 721	15 485	27 %	56 953 247	62 330 938	78 369 190	69 857 914	43 018 359	70 301 922	27 283 564	63 %
AT	114 511	92 142	87 455	58 461	50 881	58 651	7 770	15 %	36 093 411	27 398 192	30 064 621	23 722 737	19 593 530	21 737 436	2 143 906	11 %
PL**	80 697	76 811	79 108	71 590	62 043	67 452	5 409	9 %	49 515 980	128 784 453	122 037 817	52 533 482	31 594 837	59 321 090	27 726 253	88 %
PT	39 747	37 603	39 037	40 646	36 882	39 722	2 840	8 %	13 335 791	41 555 169	43 188 975	4 990 877	4 309 697	8 374 241	4 064 545	94 %
RO	47 085	0	29 077	29 056	18 290	31 194	12 904	71 %	49 358 133	0	35 248 192	36 945 765	66 226 551	49 829 699	-16 396 852	-25 %
SI	59 273	19 516	19 516	19 250	14 026	18 510	4 484	32 %	19 301 621	4 286 196	4 286 196	7 186 609	7 607 719	4 800 026	-2 807 693	-37 %
SK	40 936	33 396	32 863	33 751	26 313	36 561	10 248	39 %	17 224 481	15 242 326	15 832 268	17 672 727	14 201 472	15 936 308	1 734 836	12 %
FI**	17 800	25 300	23 500	9 700	13 400	10 200	-3 200	-24 %	6 798 000	8 850 000	7 500 000	4 150 000	5 360 000	3 740 000	-1 620 000	-30 %
SE	49 192	60 131		38 404	26 793	30 627	3 834	14 %	27 473 212	21 657 364		15 375 798		13 470 954		
IS	4 240	3 610							1 308 052	533 908						
LI	2 035					1 693			974 702					710 541		
NO			131 341								7 475 516					
CH	72 777	59 213	69 114	62 246	41 949	42 127	178	0 %						83 437 730		
UK**		156 573	156 573	320 690	252 354	315 668	63 314	25 %		101 116 319	101 116 319			275 317 311		
EU-27*					**1 491 948**	**2 157 404**	**665 456**	**45 %**					**659 780 157**	**832 598 799**	**172 818 642**	**26 %**

* EU-27: calculated for Member States that provided data for both 2021 and 2022.

** For DE, PL, FI, and UK it concerns the amount claimed for E125 received, not the amount paid. FR: for E125 received, it concerns the number of forms for the amount claimed, as well as the amount claimed instead of the amount paid. For the amount paid, 109 741 forms are reported for EUR 57 962 104.

Source: Administrative data EHIC Questionnaire 2018-2023

5.2.2. From the perspective of the Member State of stay

Next, it is possible to look at the reimbursement from the point of view of the Member State of stay. In this case it concerns the number of E125 forms issued (see first case in *section 5.2*; the Member State of stay claims reimbursement from the competent Member State) and the number of E126 forms received (the competent Member State requests information from the Member State of stay about the costs to be reimbursed to the insured person).

Most claims of reimbursement of the costs of medical treatments provided by the Member State of temporary stay were issued by Belgium (325 614 forms, including 323 436 E125 forms, data 2021), Spain (310 575 E125 forms), Germany (256 116 forms, including 245 691E125 forms), and Poland (211 969 forms, including 211 661 E125 forms) (*Table 6*). Croatia, Italy, and Portugal are close runners-up with more than 120 000 forms each. The highest amounts of reimbursement were received by Germany (EUR 207.0 million claimed), Spain (EUR 145.6 million), France (EUR 129.5 million), and Austria (EUR 116.8 million).

On average, 94 % of the claims were settled via an E125 form. This confirms the earlier conclusion that most of the claims are settled between Member States and not between insured persons and their competent Member State. Several Member States of stay received a relatively high number of E126 forms (compared to the total number of forms (E125 forms issued + E126 forms received)). This is primarily the case in Romania (50.2 %), as well as in France (17.5 %). In these Member States, more than in others, the insured person had to pay the cost of the treatment and asked for reimbursement by the competent Member State after returning home. Nonetheless, for both Member States, the amount covered by the E126 forms compared to the amount covered by the E125 forms appears to be (much) lower, namely 11.6 % and 1.6 % respectively.

In *Annex II* the individual claims for reimbursement issued to the competent Member States are reported (*Table a4*), as well as the amounts received (*Table a5*). A visualisation of these tables is provided in *Figure a3* and *Figure a4* respectively in *Annex IV*. Most claims were sent to France for the reimbursement of necessary unplanned care provided in Belgium (264 737 forms, data 2021), to Germany for the reimbursement of necessary unplanned care provided in Poland (113 832 forms), and to Germany for unplanned care provided in Austria (113 392 forms) (*Table a4*).

From the perspective of the Member State of treatment, it is also useful to know how high claims are in relative terms. Only Belgium, Malta, Austria, and Croatia claimed an amount higher than 0.2 % of total healthcare spending related to benefits in kind. Despite the high amount of reimbursement claimed by Germany, the budgetary impact on total spending remains rather limited, namely 0.07 %. On average, the budgetary impact amounts to 0.08 %, which is equal to the share in 2021 and 2020.

In 2022, the number of claims for reimbursement of necessary unplanned care issued by the Member State of treatment has remained relatively stable compared to 2021 *(Table 7)*. The number of claims for reimbursement increased by 4 %. In most Member States a growth can be noted, most notably in Greece and Latvia.

Table 6 - Reimbursement to the Member State of stay or to the insured person, 2022

MS	E125 issued		E126 received		Total			Number of forms		Amount	
	Number of forms	Amount received (in €)	Number of forms	Amount received (in €)	Number of forms	Amount received (in €)	Share in total healthcare spending related to benefits in kind	E125	E126	E125	E126
BE* **	323 436	92 227 316	2 178	658 154	325 614	92 885 471	0.28 %	99.3 %	0.7 %	99.3 %	0.7 %
BG	8 371	2 604 660	688		9 059	2 604 660	0.09 %	92.4 %	7.6 %		
CZ	61 582	22 723 902	868		62 450	22 723 902	0.17 %	98.6 %	1.4 %		
DK	12 397	7 482 598	95		12 492	7 482 598	0.04 %	99.2 %	0.8 %		
DE* **	245 691	206 976 896	10 425		256 116	206 976 896	0.07 %	95.9 %	4.1 %		
EE* **	4 620	1 421 448	125	31 852	4 745	1 453 301	0.12 %	97.4 %	2.6 %	97.8 %	2.2 %
IE	6 127	1 526 328	122		6 249	1 526 328	0.01 %	98.0 %	2.0 %		
EL	5	720			5	720	0.00 %				
ES	310 575	145 600 847			310 575	145 600 847	0.20 %				
FR** **	44 797	127 416 488	9 534	2 124 748	54 331	129 541 236	0.06 %	82.5 %	17.5 %	98.4 %	1.6 %
HR	146 103	22 770 770	2 727		148 830	22 770 770	0.68 %	98.2 %	1.8 %		
IT	137 554				137 554						
CY											
LV	2 333	349 824	151	17 274	2 484	367 098	0.03 %	93.9 %	6.1 %	95.3 %	4.7 %
LT	3 573	1 010 598	192	99 794	3 765	1 110 392	0.05 %	94.9 %	5.1 %	91.0 %	9.0 %
LU											
HU	15 132	2 508 493	126	14 830	15 258	2 523 323	0.04 %	99.2 %	0.8 %	99.4 %	0.6 %
MT	5 065	2 052 410	42	15 256	5 107	2 067 666	0.30 %	99.2 %	0.8 %	99.3 %	0.7 %
NL	66 475	23 989 733	3 050		69 525	23 989 733	0.04 %	95.6 %	4.4 %		
AT	178 434	115 557 381	9 790	1 287 746	188 224	116 845 127	0.42 %	94.8 %	5.2 %	98.9 %	1.1 %
PL* **	211 661	30 604 141	308	52 965	211 969	30 657 105	0.13 %	99.9 %	0.1 %	99.8 %	0.2 %
PT	125 002	5 701 055	1 495	356 244	126 497	6 057 298	0.05 %	98.8 %	1.2 %	94.1 %	5.9 %
RO	2 563	1 229 368	2 584	160 675	5 147	1 390 043	0.01 %	49.8 %	50.2 %	88.4 %	11.6 %
SI	16 370	3 912 705	302		16 672	3 912 705	0.11 %	98.2 %	1.8 %		
SK	23 752	6 740 051	397	146 237	24 149	6 886 288	0.14 %	98.4 %	1.6 %	97.9 %	2.1 %
FI* **	5 418	4 330 514	440		5 858	4 330 514	0.03 %	92.5 %	7.5 %		
SE	25 115	21 752 752	781	314 632	25 896	22 067 385	0.07 %	97.0 %	3.0 %	98.6 %	1.4 %
IS					0		0.00 %				
LI	289	395 694			289	395 694					
NO			302		302		0.00 %				
CH	52 303				52 303		0.00 %				
UK* **	7 113	22 526 520			7 113	22 526 520	0.01 %				
EU-27*	**1 982 151**	**850 490 999**	**46 420**	**5 280 406**	**2 028 571**	**855 771 405**	**0.08 %**	**94.3 %**	**5.7 %**	**96.8 %**	**3.2 %**

* EU-27: the average percentages are unweighted averages.

** BE: data 2021. The numbers are the total of E.125 (claims and credit notes) sent to other MS for healthcare provided on the basis of an EHIC/PR

*** BE, DE, EE, FR, PL, FI, UK: it concerns the amount claimed for E125 issued, not the amount received. FI: it concerns the number of E125 issued with the amount claimed.

**** FR: for E125 issued, it concerns the number of forms for the amount claimed, as well as the amount claimed instead of the amount received. For the amount received, 5 763 forms are reported for EUR 19 793 450.

Source: Administrative data EHIC Questionnaire 2023

Table 7 - Evolution of the number of claims issued (E125) and amount received by the Member State of treatment, 2017-2022

	E125 forms issued								Amount received (in €)							
	2017	2018	2019	2020	2021	2022	Change in number of claims 2021 vs. 2022	% change 2021 vs. 2022	2017	2018	2019	2020	2021	2022	Change in number of claims 2021 vs. 2022	% change 2021 vs. 2022
BE	66 889	69 310	69 310	392 300	323 436				86 941 856	88 390 949	89 991 289		92 227 316			
BG	4 748	6 867	6 091	7 228	8 027	8 371	344	4 %	1 097 197	1 785 396	1 708 979	2 542 974	2 004 429	2 604 660	600 231	30 %
CZ	52 577	52 164	51 166	39 697	34 196	61 582	27 386	80 %	13 050 021	14 216 387	15 947 032	14 084 004	6 776 247	22 723 902	15 947 656	235 %
DK	4 239	11 684	7 594	15 389	8 518	12 397	3 879	46 %	2 143 563	4 561 362	4 734 063	3 006 383	5 391 829	7 482 598	2 090 769	39 %
DE	390 588	346 339	335 102	300 507	243 256	245 691	2 435	1 %	221 466 274	209 673 688	216 049 994	198 334 940	184 186 016	206 976 896	22 790 880	12 %
EE	5 315	10 039	8 478	3 649	3 506	4 620	1 114	32 %	1 131 312	1 591 817	1 516 434	1 807 298	1 077 152	1 421 448	344 297	32 %
IE	18 744	20 284	17 289	12 502	4 497	6 127	1 630	36 %	1 636 829	3 899 343	3 625 302	2 465 900	3 676 513	1 526 328	-2 150 185	-58 %
EL		52 634	52 634	7 796	<5	5	4	400 %		4 884 160	4 884 160	9 146 600	17	720	703	4 179 %
ES	393 134	447 505	392 550	161 821	302 980	310 575	7 595	3 %	188 589 526	214 305 342	206 032 525	78 857 220	166 691 977	145 600 847	-21 091 129	-13 %
FR	82 245	79 327	79 327	67 097	37 082	44 797	7 715	21 %	166 298 633	169 541 854	169 541 854	152 163 355	112 400 047	127 416 488	15 016 441	13 %
HR	120 167	134 778	137 889	128 890	97 752	146 103	48 351	49 %	14 449 124	15 581 043	16 858 366	15 905 008	16 234 186	22 770 770	6 536 584	40 %
IT	142 219	155 144	155 144	136 527		137 554	1 027	1 %	117 577 987	117 577 987	117 577 987					
CY	4 467	5 579	4 253						76 135	4 140 438	4 020 100	4 020 100				
LV	2 028	2 418	2 985	3 446	872	2 333	1 461	168 %	225 498	293 608	322 124	427 065	385 428	349 824	-35 604	-9 %
LT	3 621	4 119	4 834	4 327	2 081	3 573	1 492	72 %	732 076	723 001	970 289	873 226	571 373	1 010 598	439 225	77 %
LU																
HU	20 144	20 275	19 497	11 566	11 296	15 132	3 836	34 %	4 233 122	4 457 117	4 049 205	2 073 285	2 947 105	2 508 493	-438 612	-15 %
MT	5 111	6 107	7 451	2 972	5 201	5 065	-136	-3 %	989 189	1 465 453	2 113 381	934 909	1 760 204	2 052 410	292 206	17 %
NL	49 332	24 706	282 730	112 825	87 976	66 475	-21 501	-24 %	54 762 440	30 862 794	148 387 979	47 595 648	44 954 569	23 989 733	-20 964 836	-47 %
AT	238 237	236 139	237 895	200 304	127 447	178 434	50 987	40 %	115 905 327	119 524 723	115 334 850	108 270 765	70 760 888	115 557 381	44 796 493	63 %
PL	231 439	228 906	229 685	207 846	203 835	211 661	7 826	4 %	24 144 540	24 504 400	24 067 900	24 149 391	19 963 906	30 604 141	10 640 235	53 %
PT	144 698	59 668	152 629	72 545	216 334	125 002	-91 332	-42 %	25 453 835	9 873 985	25 438 387	4 031 474	5 249 631	5 701 055	451 424	9 %
RO	2 099		846	2 745	3 303	2 563	-740	-22 %	985 308	0	530 442	1 282 788	1 526 660	1 229 368	-297 292	-19 %
SI	15 762	16 624	16 624	13 071	14 887	16 370	1 483	10 %	4 270 674	4 293 424	4 293 424	4 786 208	4 481 419	3 912 705	-568 714	-13 %
SK	32 726	67 481	33 570	26 045	12 601	23 752	11 151	88 %	3 914 611	7 236 290	6 829 098	5 567 154	1 613 876	6 740 051	5 126 175	318 %
FI	7 614	6 796	7 106	5 964	8 510	5 418	-3 092	-36 %	5 024 910	4 906 878	5 168 114	4 707 813	5 718 897	4 330 514	-1 388 382	-24 %
SE	26 088	31 433	19 962	44 218	29 386	25 115	-4 271	-15 %	25 581 038	23 304 283	19 496 529			21 752 752		
IS	3 652	4 286							2 257 679	2 637 669						
LI	1 349	271	535	305	878	289	-589	-67 %	1 025 792	188 143	213 825	238 514	646 651	395 694	-250 957	-39 %
NO	618	1 557	2 074	1 720	768				466 573	7 874 704	2 315 260	2 371 478	703 676			
CH	52 237	52 110	46 135	35 311	33 326	52 303	18 977	57 %	70 963 100	77 595 651	71 342 568	56 768 400	59 298 647			
UK		15 081	15 081	18 777	12 684	7 113	-5 571	-44 %		20 448 034	20 448 034	38 461 778	11 412 131	22 526 520	11 114 389	97 %
EU-27*					**1 463 544**	**1 521 161**	**57 617**	**4 %**					**658 372 367**	**736 510 930**	**78 138 563**	**12 %**

* EU-27: calculated for Member States that provided data for both 2021 and 2022.

** For BE, DE, EE, FR, PL, FI, and UK it concerns the amount claimed for E125 issued, not the amount received. FR: for E125 issued, it concerns the number of forms for the amount claimed, as well as the amount claimed instead of the amount received. For the amount received, 5 763 forms are reported for EUR 19 793 450.

Source: Administrative data EHIC Questionnaire 2018-2023

5.2.3. Reimbursement under the terms of Directive 2011/24/EU

Member States were asked whether they are aware of cases where the patients sought reimbursement for unplanned medical treatment abroad under the terms of Directive 2011/24/EU. Several Member States reported that they are not aware of such cases[33] (Germany, Estonia, Spain, Lithuania, Slovakia, Finland). France reported there are a few of these cases, and Croatia also stated there are such cases. Only two Member States could quantity the number of cases in 2022. Romania reported 18 such cases, which is in line with the 12 cases identified in 2021. Sweden mentioned 6 991 such cases so far.

6. Practical and legal difficulties in using the EHIC

Although the EHIC is a valuable tool to receive unplanned necessary healthcare abroad, there are also certain difficulties attached to its use. First, the card is sometimes refused by healthcare providers, which has the potential to undermine the public trust in the EHIC. Second, the notion of 'necessary healthcare' is an important issue, as this interpretation remains critical to the use of EHIC. Third, it may occur that invoices are rejected, based on different reasons. Finally, cases of fraud and error in the field of necessary unplanned healthcare are reported.

6.1. Refusal of the EHIC by healthcare providers

Member States were asked if they are aware of cases of refusals to accept EHICs by healthcare providers established in their country or another country. If so, the underlying reasons to refuse the EHIC by healthcare providers could be reported. In total, 13 Member States[34] were aware of refusals of EHICs in their own country, while 12 Member States[35] were unaware of any refusals in their country. Concerning refusals in another Member State, 18 Member States[36] were aware of this happening, whereas 7 Member States[37] reported no such cases occurred in 2022.

Table a6 in *Annex III* shows the detailed replies to this question. Although Member States try to raise awareness among healthcare providers by for instance setting up information campaigns (see *section 4*), it appears there is still a lack of information. This lack of knowledge of procedures is one of the most often mentioned reasons for refusal of the EHIC. Furthermore, interpretation problems arise regarding the scope of 'necessary healthcare' and the (thin) line between unplanned necessary healthcare and planned healthcare. Another reason often mentioned is the administrative burden, causing healthcare providers to refuse the EHIC altogether. For instance, there is a fear of late payments by the competent Member State, or it is experienced as a too time-consuming process. Some competent Member States reported that even with a valid EHIC some healthcare providers still request or prefer (cash) payment upfront. A final reason mentioned by several Member States is the uncertainty about the design of the EHIC.

[33] DE, EE, ES, LT, MT, PT, SK, FI, and NO.

[34] CZ, DK, DE, EE, FR, HR, LU, HU, AT, PL, RO, SE, and CH.

[35] IE, ES, LV, LT, MT, NL, PT, SI, SK, FI, LI, and UK.

[36] CZ, DK, EE, ES, FR, HR, LU, HU, MT, NL, AT, PL, PT, SI, FI, SE, NO, and CH.

[37] IE, LV, LT, RO, SK, LI, and UK.

Among the reasons for a refusal of the EHIC by healthcare providers, Member States reported the following:

- lack of information/knowledge regarding procedures;
- preference of cash payment;
- to avoid administrative burden;
- considered as planned healthcare (e.g., in case of pregnancy/childbirth);
- care is outside the scope of 'necessary healthcare';
- fear about failure to pay, insufficient payment, or late payment;
- unreadable EHIC;
- doubts about the validity of the EHIC or of the PRC (e.g., because of different design, other language).

Member States of stay try to solve these cases by explaining the rules or by investigating the reported cases. The competent Member States try to solve these cases by contacting the foreign liaison body, the foreign healthcare provider, or the competent foreign institute.

6.2. The notion of necessary care

Even though the Administrative Commission Decisions[38] further explain the notion of necessary care, and the European Commission has issued explanatory note[39] on the matter, most of the reporting Member States still signalled difficulties in connection with the interpretation of 'necessary healthcare' *(see Table A7 in Annex III)*. More specifically, 11 Member States[40] reported they still experience problems with this notion, whereas 13[41] did not experience problems with the alignment of rights.

Healthcare providers of the Member States of stay may refuse to provide healthcare based on an EHIC, or competent Member States may refuse reimbursement of the provided healthcare due to an incorrect interpretation of 'necessary healthcare'.

There appears to be a lack of consistent interpretation between Member States, and between healthcare providers, as is often reported by Member States. Three main issues are mentioned by Member States. First, the main problem remains the difference between unplanned necessary healthcare and planned healthcare, which healthcare providers seem to struggle with. Some Member States report difficulties even for treatments defined in Decision S3 of the Administrative Commission[42] and covered by the EHIC. There is still some confusion concerning specific situations such as pregnancy or childbirth, chronically ill persons or persons with pre-existing conditions, and highly specialised care. For certain healthcare providers it is not clear whether they can be treated based on an EHIC.

The following paragraph of AC Decision S3 appears to pose interpretation questions: "Any vital medical treatment which is only accessible in a specialised medical unit and/or by specialised staff and/or equipment must in principle be subject to a prior agreement

[38] Decision S1 indicates that all necessary care is covered by the EHIC, and Decision S3 of 12 June 2009 defines specific groups of treatment which must be considered as 'necessary care'.

[39] Explanatory notes on modernised social security coordination Regulation (EC) Nos 883/2004 and 987/2009 are available at http://ec.europa.eu/social/main.jsp?catId=867.

[40] CZ, DK, DE, ES, FR, AT, PL, PT, SK, FI, and CH.

[41] EE, IE, HR, LV, LT, LU, HU, MT, NL, RO, SI, SE, and LI.

[42] Treatment provided in conjunction with chronic or existing illnesses as well as in conjunction with pregnancy and childbirth.

between the insured person and the unit providing the treatment in order to ensure that the treatment is available during the insured person's stay in a Member State other than the competent Member State or the one of residence".[43] Such prior agreement is recommended between the patient and the healthcare provider they will visit abroad, to ensure that the highly specialised treatment will be available when they visit, for example a dialysis centre. However, this must be distinguished from the prior authorisation by the authorities of the Member State of insurance to access planned healthcare abroad. In the first situation, costs should be covered via the EHIC as necessary care and there should be no need for a prior authorisation for planned treatment abroad (via an S2 form).

Second, some healthcare providers may wrongly interpret the concept of 'necessary healthcare' which highlights the issue of the lack of a precise definition. On the one hand, healthcare providers may understand this as 'urgent/lifesaving care', causing them to only accept the EHIC in these situations. On the other hand, patients might interpret it as 'all the care one needs', thus expecting to also use the EHIC for planned healthcare.

Third, the expected length of the stay should be considered, as there is no specific time limit for defining a temporary stay, and persons who stay abroad longer (for example students who do not move their habitual residence to the country of their studies) may need to access a wider range of treatments than someone who is abroad only for a week. However, some Member States note that the duration of stay is sometimes not considered.

6.3. Invoice rejection

A high number of reporting Member States indicated that invoices were rejected by their institutions (19 Member States[44]) or in other countries (19 Member States[45]). Four Member States[46] were not aware of any cases of rejections by institutions in other Member States, and three[47] did not know of any rejections by their own institutions.

A frequently cited reason by Member States is missing or incorrect information, followed by the problem that the period of treatment is not (completely) covered by the entitlement document, for instance because the person was not insured anymore during the benefit period. Furthermore, a duplication of claims or double invoice seems to be a common problem, as well as the difficulty of identifying the insured person.

Table a8 in *Annex III* gives a complete overview of the responses provided. The main reasons reported to refuse an invoice were:

- expired EHIC
- period of treatment not (entirely) covered by EHIC
- incomplete/incorrect E125 form:
    - wrong personal ID number
    - incorrect date of treatment
    - missing EHIC ID number
    - invalid EHIC ID number
    - insufficient information concerning the EHIC

[43] Non-exhaustive list of the treatments which fulfil these criteria: kidney dialysis, oxygen therapy, special asthma treatment, echocardiography in case of chronic autoimmune diseases, chemotherapy.

[44] CZ, DK, DE, ES, FR, HR, IT, LV, LT, HU, AT, PL, PT, RO, SI, SK, SE, LI, and CH.

[45] CZ, DK, DE, IE, ES, FR, HR, IT, LV, LT, HU, AT, PL, PT, RO, SI, SK, SE, and CH.

[46] LU, MT, LI, and UK.

[47] LU, MT, and UK.

- duplication of claims
- uninsured person (during the benefit period)

Fourteen Member States were able to (partly) quantify the number of rejected invoices by their institutions or other institutions. Those cases could be compared with the total number of claims of reimbursement received or issued by an E125 form.

Most rejections in other countries were reported by Germany, namely 14 787. The unweighted average for the share of rejections in other countries in total reimbursement claims issued amounts to 9.0 %. However, there are large differences between Member States. For instance, a high percentage of claims for reimbursement from Hungary (34.6 %) and Romania (54.5 %) were rejected. Both for Romania and Hungary this is a serious increase compared to previous reference years. In Romania, the share increased from 13.4 % in 2021 to 54.5 % in 2022, and in Hungary it grew from 4.8 % in 2020, to 20.3 % in 2021, to 34.6 % in 2022.

From the other perspective, Hungary rejected most claims by its own institutions, namely 10 294, followed by Germany (4 525), and Czechia (2 360). For Hungary, this is again a remarkable increase from 1 753 rejected claims in 2021. Furthermore, the rejection share in 2022 exceeds 100 % in Hungary, while in 2021 it amounted to 18.3 %, and in 2020 to only 1.2 %. The average share of rejections in total reimbursement claims received reaches 10.0 %.

It should be noted that an increase in rejections could have some serious consequences. It could lead to an increase of the administrative burden for the Member State of stay if additional information must be provided in order to receive the reimbursement. It also results in a delay of payment or even in a budgetary cost for the Member State of stay if claims are not accepted by the competent Member State.

Table 8 - Number of rejection of invoices, 2022

MS	Rejections by institutions in other countries	Share of rejections in total reimbursement claims issued**	Rejections in 2021	Rejections by your institutions	Share of rejections in total reimbursement claims received***	Rejections in 2021
CZ	1 451	2.3 %	1 388	2 360	5.9 %	2 213
DK	170	1.4 %	164	64	0.3 %	62
DE	14 787	5.8 %	12 240	4 525	0.9 %	4 115
ES				34	0.04 %	46
FR	1 919	3.5 %	1 427	401	0.04 %	524
HR	1 549	1.0 %	1 086	255	1.9 %	276
LV	167	6.7 %	18	24	0.4 %	19
LT	83	2.2 %	78	126	1.0 %	102
HU	5 282	34.6 %	2 302	10 294	124.7 %***	1 753
PL	858	0.4 %	924	736	0.9 %	902
RO	2 804	54.5 %	486	297	0.9 %	2 741
SI	375	2.2 %	389	276	1.5 %	211
SK	399	1.7 %		250	0.7 %	
SE	132	0.5 %		320	1.0 %	
Total*		**9.0 %**			**10.0 %**	

* Unweighted average of the reporting Member States. The weighted average amounts to 1.3 % for rejections by institutions in other countries, and 0.6 % for rejections by your institutions.

** For the nominator, see *Table 6*.

*** For the nominator, see *Table 4*.

****HU reported 10 294 rejections of invoices by their institutions. However, this leads to a rejection share of over 100 % (124.7 %) as they received a total number of 8 256 claims in 2022.

Source: Administrative data EHIC Questionnaire 2022 and 2023

6.4. Fraud and error

Inappropriate use of the EHIC is problematic for both the Member State of stay, which has to claim a reimbursement, and the competent Member State, which has to cover it. Safeguards to avoid misuse are provided in Decision S1 of the Administrative Commission concerning the EHIC (e.g., cooperation between institutions to avoid misuse of the EHIC, the EHIC should contain an expiry date, etc.).

Whereas seven Member States[48] did not find any cases of fraud or error involving EHIC, eight Member States[49] did report inappropriate use. Six of these Member States were able to (partly) quantify the quantify the fraudulent or erroneous use of the EHIC (*Table 9*).

In terms of fraud, Germany mentions that a forged EHIC is sometimes used while Slovakia indicates a case of falsified persons data on the EHIC. Germany, Croatia, and Lithuania mention that uninsured persons sometimes use an EHIC. Spain also reports that persons get insured, or enter a fictive work contract, just to obtain an EHIC. In terms of error, Spain states that an EHIC is used instead of a PD S2 for planned healthcare.

The highest number of cases were identified by Austria (801), a slight decrease from 813 cases in 2021 (*Table 9*). When comparing the reported cases to the total number of claims paid, Austria has a share of 1.3 %, while the share stays under 0.5 % for Croatia, Lithuania, and Slovakia. The amounts involved are above EUR 300 000 in Austria and Germany, but are on the lower side in Italy, Lithuania, and Slovakia. The monetary impact for the reporting Member States remains limited.

Table 9 - Number of cases of inappropriate use (fraud and error) of the EHIC, 2022

	Total number of cases identified in 2022*	Total amount involved in 2022 (in €)	Share in total number of claims paid in 2022	Share in total amount reimbursed in 2022	Total number of cases identified in 2021
HR	50		0.4 %		27
AT	801	325 886	1.3 %	1.5 %	813
DE	Several	800 000		0.4 %	
IT		16 710			
LT	1	137	0.01 %		
SK	1	282	0.003%	0.002 %	

* Based on the question: "Are you aware of cases of fraud or error with regard to the EHIC?"
Source: Administrative data EHIC Questionnaire 2023

In addition, Member States were asked whether they were aware of any intermediaries (websites or other) charging for advice on the application of the EHIC, which is not allowed. Six reporting Member States[50] were not aware of such practices. Only Switzerland and the United Kingdom reported that there are such cases present. Switzerland noted that the cases cannot be specified. The United Kingdom noted that when websites acting as intermediaries for EHIC applications which charge customers a fee are found to be in breach of UK legislation, they are reported to UK trading standards.

Finally, Member States were asked if they are aware of other problems related to the use of the EHIC. Ten Member States[51] indeed mentioned other difficulties, while 12[52] did not find additional difficulties. Some problems which come up have already been mentioned in previous paragraphs, such as the difference between planned and unplanned necessary healthcare, the non-acceptance of pregnancy and childbirth healthcare based on EHIC, and

48 DK, EE, MT, RO, SI, FI, and UK.

49 DE, ES, HR, IT, LT, AT, SK, and CH.

50 IE, ES, HR, MT, PL, and SI.

51 DK, DE, EE, FR, HU, MT, NL, AT, PL, and CH.

52 CZ, IE, HR, LV, LT, LU, PT, RO, SI, FI, SE, and UK.

the fear of late/non-payment. Furthermore, it is difficult for patients to recognize whether the service provider in the respective Member State has a contract with the statutory health insurance. A uniform logo could possibly remedy this. A final suggestion is indicating the issuing date and/or starting date of the entitlement on the EHIC to avoid errors.

Annex I Information for the insured persons and healthcare providers

Table a1 - Information for the insured persons and healthcare providers, 2022

MS	Information for insured persons	Awareness-raising of the healthcare providers
BE		
BG	No	No
CZ	lectures and presentations for health insurance funds, other institutions, and the public	No
DK	In 2022, the Danish Patient Safety Authority published press releases before Easter and the holiday seasons about the coverage on the EHIC during temporary stays abroad. Every year the reports from the EU-Commission on the use of the EHIC and Directive 2011/24/EU are published on the website of the Danish Patient Safety Authority.	The regional patient advisors and the Danish Patient Safety Authority provide ongoing guidance to healthcare providers on the use of the EHIC. General Information about the right to cross-border healthcare under the terms of the Regulation and Directive 2011/24/EU is also available on the websites of both The Danish Patient Safety Authority and the five regional authorities in Denmark.
DE	The health insurance funds inform the persons insured with them by means of press releases, member magazines, travel mailings, in the context of personal consultations, on the Internet, by displaying appropriate flyers, posters in companies, and by providing information when the EHIC or PRC is sent to the individual. The GKV-Spitzenverband, DVKA regularly informs the German health insurance companies about the EHIC procedure both by means of publications (circulars, guidelines, etc.) and in the context of seminars. On the website of the GKV-Spitzenverband; DVKA, in the "Tourists" section, insured persons can find the information sheet series "Holidays in...". The information sheets show, among other things, how health insurance benefits can be claimed in the respective member state with the help of the EHIC. The National Contact Point has not launched a public information campaign in 2021 regarding entitlements under Directive 2011/24/EU. Up-to-date information is available at www.eu-patienten.de.	As a matter of principle, the service providers are informed via their respective umbrella associations. However, the GKV-Spitzenverband, DVKA is in contact with the corresponding contact persons of the central associations of the service providers and provides them with all relevant information. In cooperation with the respective umbrella associations of service providers, it has developed fact sheets on medical care for patients who are insured abroad. These fact sheets are updated regularly and contain comprehensive information on the procedure for presenting the EHIC or PRC. Health care providers can access this information at www.dvka.de ("Health Care Providers"). In addition, service providers also receive information from various German health insurance funds on how to handle the EHIC. There has been no new information campaign from the National Contact Point. Current information is available at www.eu-patienten.de.
EE	There were no specific campaigns but, as usual we did inform the general population via web banners, social media, and newspaper articles.	There were no specific campaigns, but we did inform healthcare providers via regular information days.
IE	In 2022, the EU entitlement section of the HSE website was reviewed in order to improve ease of use and navigation by citizens. This section of the website provides information to Irish insured persons on their health entitlement in other Member States; and to people from other States either visiting or changing residency to Ireland.	We provide ongoing additional guidance to healthcare providers on the correct interpretation of entitlement under the EHIC, and on appropriate service delivery.
EL		
ES	Continuous information is maintained through the websites of the competent institutions to inform about the conditions of the EHIC, as well as the limits and responsibilities in its use. In the same way, information has been sent and published in the Institutional centres and by the Provincial offices themselves. From the Institution for Sea-Workers, an information campaign has been carried out on the mobile application "ISM IN YOUR POCKET" through which people can request the EHIC.	This is competence of the Ministry of Health, Consumption and Social Welfare
FR	Cnam-Cnse: A campaign to order the EHIC took place in June 2022 to inform insured persons of the possibility of ordering it via the ameli.fr account. Information was sent by SMS e-mail and voicemail. Ameli.fr has updated the article on care abroad to take account of the new procedure for issuing PDS2s by the CNSE medical department (AM's national contact point). CCMSA: No, there was no public information campaign in 2022.	Cnam-Cnse: The Ameli.fr articles on healthcare abroad have been updated to include information on medically assisted procreation. CCMSA: No
HR	No, no new campaigns were introduced. There is an ongoing information on CHIF website about EHIC and Directive 2011/24/EU.	Healthcare providers get detailed written instructions each year on EHIC and all other rights of cross-border patients, which are then also made available on specialized web page for healthcare providers.
IT	No further information campaign in 2018; nevertheless, the institutional website shows useful information also regarding a link devoted to the directive. At regional level is in place a	

MS	Information for insured persons	Awareness-raising of the healthcare providers
	contact point for the implementation of Directive 2011/24/UE which is also available on the institutional portal. All competent institutions give information to patients/insured persons with different means, on the phone, by e-mail, and in the front-office way. In regard of Directive 2011/24/UE on the portal can be consulted a specific note illustrating conditions and procedure to access to reimbursement by the competent institution and the relevant information. It is also provided a juridical back office for the clerks of the cross-border mobility to whom insured persons can rely on. Some institutions give to entitled persons from other Member State holding EHIC an informative leaflet and detailed information on how to access to healthcare services. Training days for clerks of the cross-border mobility have been provided by some institutions according to the Directive 2011/24/UE as well.	
CY		
LV	We have regular informational campaigns - especially as summer/vacation time is approaching - about EHIC (how to receive and use it).	Healthcare providers are informed about EHIC on regular basis, and they contact us with their questions and problems. In 2022 we sent out several reminders about GHIC for UK nationals because we had several requests to clarify this information.
LT	The Information about EHIC is available on the web page of the National Health Insurance Fund under the Ministry of Health (NHIF) and the National Contact Point (NCP) for Cross-border healthcare. This information is updated on the regular basis. NHIF representatives participate in various public events (e.g., meetings with representatives of higher education institutions, European days, city festivals) during which they distribute booklets and disseminate information to the public about EHIC.	No, we do not have any ongoing or newly introduced initiatives in 2022. The information concerned are spread by close cooperation with the healthcare providers.
LU	No	No
HU	No	No
MT	EHIC public information campaigns were organised through webinars addressed to various stakeholders, Public Service Customer Website: servizz.gov at www.ehic.gov.mt. Also participated in TV broadcast and actively participated during an "EXPO" organised as the national Public service week and during "Europe Day" held in Malta and Gozo.	Training session for the staff working at different Medical Health Entities with the aim to provide information regarding the proper use of EHIC and issuance of the provisional replacement certificates. On-line support was provided when requested.
NL	There were no national campaigns, but the Competent Institutions informed their clients in different ways, like websites, Facebook, newsletters, and letters going with the issued EHIC.	There were no National campaigns.
AT	o Information folders such as "Performance & Service" and "Service from A to Z". o Information campaigns via print media o Information campaigns via radio broadcasts o Information on the homepage of the social insurance institutions	No. When new contractors are trained, they receive information on how to use the EHIC. Some carriers additionally inform about current developments by means of circular letters.
PL	There were no ongoing or new campaigns and initiatives in 2022	There were no ongoing or new campaigns and initiatives in 2022
PT	The information regarding the application of the Regulations and the Directive is disseminate through the Directive Portal, the Nacional Health System Portal, and the Patients Mobility Portal	No
RO	The information of the insured persons was carried out through the responsible structures within the competent institutions and the liaison body, by posting the information on the website of CNAS / health insurance companies. In 2021 a new web site was created containing information relating only to EHIC and PCR: https://www.cardeuropean.ro/	No
SI	In 2022, as in previous years, the HIIS regularly informed the media about any novelties in the EHIC legislation, namely through press conferences or press releases. At every change, the information available on the ZZZS website, on the ZZZS automatic telephone transponder and the teletext of RTV Slovenia shall be supplemented accordingly. In particular, the ZZZS informs insured persons about the novelties and how to use health services abroad, before the beginning of the annual winter and summer tourist season. On the basis of Directive 2011/24/EU and the Health Care and Health Insurance Act, the National Contact Point (NCP) for cross-border healthcare was also established in November 2013 to provide insured persons with information on the right to	ZZZS regularly informs health care providers about all changes and innovations in the field of the use of EHIC and cross-border health care, through the media and especially as part of regular business contacts, with circulars and instructions. All information on the ZZZS website and the NCP website is also available to healthcare providers.

MS	Information for insured persons	Awareness-raising of the healthcare providers
	receive treatment abroad, the extent of reimbursement, etc. The tasks of the NCP are carried out by the ZZZS. The NCP provides the information on its website, by e-mail, telephone and in person. In order to ensure better and easier information for insured persons, the NCP upgrades the website and updates the content on an ongoing basis. In order to inform insured persons about their rights to planned treatment abroad, a leaflet entitled 'The right to planned treatment abroad' was also issued.	
SK	No	No
FI	No	The Finnish NCP promoted patients' rights on social media. These social media campaigns shared information about health care in the UK and receiving health care while travelling. The campaigns increased visits to the Finnish NCP's website EU-healthcare.fi.
SE	When entering the start page of our website (www.forsakringskassan.se) the customer can directly see a link to the service where you can request an EHIC. On the eve of winter, summer, and autumn vacation periods, Försäkringskassan publishes a press release in order to raise awareness about EHIC. The press release is widely referred to in national media. Aside to the information that can be accessed through Försäkringskassans website, we have had two campaigns in August and July 2021 with regard of the importance of ordering an EHIC in time and what kind of rights the card generates. Focus has been on social media and Försäkringskassans webpage. No similar measures were undertaken regarding the rights under Directive 2011/24/EU.	We work closely with the regions and the National Health Guide 1177 and review the information on/in the website and their leaflets on cross-border healthcare annually or as necessary.
IS		
LI	no	no
NO	Insured persons can find information concerning EHIC on our website www.helsenorge.no. This website is also used to apply electronically for an EHIC. Due to the corona situation, we did not have any campaign in 2022.	Healthcare providers have access to information concerning the above on our website www.helfo.no This website has been tailored for healthcare providers
CH	No public information campaigns. Switzerland does not apply Directive 2011/24/EU	Information for health care providers about use and validity of EHIC (information sheet, meetings). Switzerland does not apply Directive 2011/24/EU
UK	Gov.uk pages were updated to advise all UK citizens on available reciprocal healthcare benefits when travelling abroad.	NHSBSA (UK Liaison body) provides regular support in this regard to UK hospital trusts

Source: Administrative data EHIC Questionnaire 2023

Annex II Reimbursement claims between Member States

Table a2 - Number of claims received by the competent Member State for the payment of necessary healthcare received abroad, total, 2022

	Competent Member State																															
Member State of treatment	BE*	BG	CZ	DK	DE	EE	IE*	EL	ES	FR**	HR*	IT*	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI*	SK	FI*	SE	IS	LI	NO	CH*	UK
BE		4 950	770	246	4 776	105	264	54	11 695	791 311	188	4 472		195	1 019		112	22	8 132	539	5 078	7 555	1 754		602	27	423		170	17		24 261
BG	307		133	95	2 332	17	52	0	326	1 243	7	661		10	15		11	<5	318	69	75	29	36		39	14	53		0	0		4 009
CZ	235	207		415	11 223	30	473	<5	1 629	1 801	212	2 210		164	94		94	10	838	1 346	11 528	679	80		20 525	5	557		405	5		5 097
DK	141	31	75		9 261	18	0	0	150	441	48	325		87	106		23	7	641	83	415	8	128		45	0	6		0	5		10
DE	7 290	11 592	6 129	4 143		634	1 346	5	18 501	23 341	7 582	58 147		1 848	5 826		4 485	109	12 475	24 971	43 930	6 437	8 371		6 604	104	5 406		500	115		46 643
EE	17	5	35	46	550		40	0	73	234	6	425		119	87		6	<5	52	56	25	11	0		5	243	159		<5	12		1
IE	18	<5	63	<5	1 047	15		0	1 479	2 115	99	3 279		36	27		15	5	224	70	690	125	56		108	<5	<5		0	0		71
EL	1 743	246	127	399	4 405	10	57		66	22 107	8	2 299		8	28		8	2	1 244	162	190	26	107		40	100	512		0	0		456
ES	26 213	1 350	1 858	4 110	48 213	477	8 188	<5		165 867	384	45 809		591	790		574	74	18 322	4 437	3 827	10 137	9 695		729	1 443	10 255		28	14		24 766
FR	27 069	516	492	1 284	7 042	85	544	<5	16 658		99	9 808		105	454		134	23	6 946	474	1 239	6 164	1 029		281	108	1 017		8	45		122 418
HR	539	13	3 823	639	91 061	36	344	0	414	4 169		7 036		47	82		390	14	2 074	10 993	3 250	55	66		1 806	16	2 180		19	11		1 052
IT	5 292	420	517	863	18 984	50	146	0	2 081	23 441	222			68	127		112	41	2 339	2 102	936	303	3 077		299	59	338		15	0		4 106
CY	52	129	9	40	169	14	13	<5	17	316	<5	31		21	24		16	<5	38	23	43	8	29		14	23	160		0	<5		897
LV	40	9	44	138	382	257	17	0	95	196	5	43			451		5	0	53	41	112	15	0		40	<5	114		0	0		451
LT	47	0	38	156	709	37	140	0	242	237	8	273		138			9	<5	100	33	244	49	<5		17	10	236		0	<5		861
LU	4 270	5	24	20	375	13	0	0	223	11 102	15	615		12	20		17	<5	324	29	73	698	87		14	29	6		<5	<5		253
HU	266	68	493	175	6 348	14	21	0	337	2 345	66	1 289		19	23			7	584	1 055	247	75	1 369		1 155	11	395		<5	0		52
MT	48	80	69	105	770	18	106	0	371	2 080	30	1 953		59	24		27		205	95	123	125	10		72	<5	219		0	<5		10
NL	5 952	423	447	425	13 151	145	638	<5	1 867	3 491	210	3 493		172	329		238	23		514	1 719	697	239		477	64	527		102	104		2 722
AT	1 760	1 136	4 467	3 059	103 930	145	525	<5	2 194	3 032	1 009	18 901		143	262		1 165	26	14 304		2 910	575	2 127		3 190	35	1 621		143	9		8 864
PL	3 315	937	6 815	5 456	126 673	67	8 334	0	4 087	7 235	178	10 773		115	396		145	34	14 057	2 358		419	252		791	19	6 197		80	7		48 546
PT	4 650	73	377	76	13 917	80	620	0	5 388	247 874	88	3 093		77	221		52	42	3 046	609	833		92		129	57	754		<5	<5		28
RO	240	26	17	28	104	2	12	0	567	1 536	0	1 404		0	<5		44	0	80	104	11	9			8	7	25		<5	0		339
SI	225	50	561	126	6 040	25	66	0	438	747	1 082	6 017		28	36		111	13	625	3 221	260	135	55		277	<5	177		6	0		678
SK	168	27	11 256	222	3 099	13	610	0	564	633	50	1 379		30	55		173	17	442	4 202	530	62	65			<5	143		127	<5		11 738
FI	74	61	176	12	920	886	44	0	558	1 000	57	478		219	281		25	10	396	176	134	157	61		75		124		0	<5		6
SE	392	288	425	134	7 851	416	0	0	1 052	3 020	436	1 974		906	1 243		164	17	1 758	315	2 164	429	1 004		470	<5			<5	46		1 654
IS	17	<5	84	20	1 048	29	8	0	258	636	17	209		91	5		0	6	305	70	220	18	17		14	0	7			7		165
LI	<5	<5	<5	0	63	0	0	0	0	0	0	27		0	<5		<5	0	<5	64	<5	6	2		0	0	0		0			5
NO	41	102	11	65	346	14	<5	0	30	172	8	62		33	113		<5	<5	212	20	135	0	27		16	<5	14		0	0		7
CH	1 888	495	489	481	15 821	78	131	0	4 466	17 543	167	53 770		90	96		94	10	2 721	1 272	989	5 193	270		345	49	921		78	35		7 294
UK	54	160	94	<5	1 337	0	0	0	10	814	26	3 220		543	687		0	0	529	198	1 398	0	1 421		161	11	<5		0	0		0
Total	**92 366**	**23 407**	**39 919**	**22 986**	**501 947**	**3 730**	**22 914**	**71**	**75 836**	**1 340 079**	**13 132**	**243 475**		**5 974**	**12 924**		**8 256**	**527**	**93 387**	**59 701**	**83 331**	**40 199**	**31 530**	**1 971**	**38 348**	**12 648**	**32 553**		**1 693**	**449**	**48 923**	**317 460**

* BE: data 2021. For E125 forms it only concerns forms submitted electronically. IE: for 171 E126 forms issued, no breakdown by Member State of treatment is possible. HR: for 824 E126 forms issued, no breakdown by Member State of treatment is possible. IT: data 2020. The total reported (242 273) does not correspond to the sum (243 475). SI: no breakdown possible. FI: for E125 forms received (10 200 forms) a breakdown is not possible. Therefore, it only concerns E126 and claims not verified by E126 in this table. CH: no breakdown possible.

** FR: for E125 forms received it concerns the number of claims received for the amount claimed, not paid. Therefore, it concerns 1 080 188 E125 forms received for the amount claimed, instead of 109 741 E125 forms received for which the amount is already paid. The total number of forms for which the amount is already paid amounts to 134 572.

Source: Administrative data EHIC Questionnaire 2023

Table a3 - Amount paid (in €) by the <u>competent Member State</u> for necessary healthcare received abroad, total, 2022

Member State of treatment / Competent Member State	BE*	BG	CZ	DK	DE*	EE	IE	EL	ES	FR****	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL*	PT	RO	SI**	SK	FI**	SE	IS	LI	NO	CH**	UK
BE		2 286 392	645 587	280 107	3 282 538	46 795	285 393	19 644	1 642 255	128 078 060	72 525			44 170	1 193 372		160 580	3 339	9 517 406	219 423	4 249 849	1 565 371	1 872 437		213 525	2 557	286 277		13 000	3 910		5 415 282
BG	91 062		111 196	43 404	1 513 604	11 111	19 752	0	97 467	243 363	22 946			1 114	9 794		2 838	5 033	193 089	31 900	28 715	18 835	27 018		31 248	1 846	23 888		0	0		1 661 324
CZ	23 957	184 367		63 184	3 830 779	5 151	352 269	16	157 722	425 998	47 757			51 685	37 790		23 626	838	172 881	174 643	5 662 767	59 593	68 903		4 176 506	1 145	48 124		59 645	746		2 266 437
DK	37 245	156 841	82 204		4 503 871	94 138	0	0	127 935	257 338	21 878			99 546	112 670		28 855	10 989	479 030	17 963	624 582	1 240	218 562		27 523	0	390		0	909		0
DE	4 399 835	12 933 410	6 975 945	3 015 082		607 175	791 302	503	10 292 185	11 558 582	5 310 396			2 531 695	8 379 702		2 381 507	40 199	15 920 459	11 841 221	33 291 679	3 584 507	11 465 811		5 548 342	52 452	3 202 668		223 292	35 989		34 407 561
EE	827	173	3 050	215	126 088		18 173	0	2 924	24 469	159			5 473	184 166		1 815	184	9 794	4 129	3 177	3 493	0		244	37 242	39 964		42	6 302		1 892
IE	3 337	6 932	11 217	0	153 604	573		0	199 935	361 179	14 793			16 197	7 601		653	964	28 595	19 666	201 220	0	18 963		12 944	70	885		0	0		1 462 187
EL	483 451	1 457 064	144 463	491	7 751 405	15 721	42 696		1 854	1 995 646	14 613			17	29 446		50 045	8 401	842 469	216 180	246 569	14 325	272 137		44 622	60 758	460 792		0	0		700 659
ES	8 618 342	2 269 179	959 863	1 055 414	31 252 821	261 665	4 559 178	220		35 398 995	122 964			199 210	546 503		454 937	54 567	8 377 088	1 637 609	2 081 177	5 376	9 376 198		158 432	1 649 213	4 479 079		61 217	5 061		17 127 693
FR	11 238 089	1 567 706	1 203 740	633 162	13 949 235	220 238	729 898	68	22 391 626		243 877			257 193	1 768 691		285 593	16 579	11 028 199	343 136	4 222 545	50 940	6 717 389		744 395	17 963	1 061 356		3 013	3 426		181 006 864
HR	63 978	8 513	506 949	404	14 235 511	3 756	82 512	0	35 416	555 740				468	6 074		44 287	744	2 286 070	1 020 652	339 116	0	35 506		142 877	2 534	569 570		10 933	1 539		296 645
IT	1 799 361	470 444	496 738	717 287	10 623 144	129 902	203 227	0	1 593 844	4 522 438	375 289			97 416	342 017		121 886	60 000	1 534 571	1 850 594	1 355 917	1 857	9 038 212		380 524	22 341	500 368		1 209	0		4 172 455
CY	10 166	179 458	43 571	3 894	139 396	9 551	502	3 493	2 917	71 704	13 851			33 223	18 530		15 840	1 838	12 010	2 123	85 438	4 554	152 383		4 169	4 615	25 043		0	299		1 373 031
LV	2 229	1 174	5 704	9 383	76 207	49 988	156	0	2 916	17 616	286				102 100		126	0	4 285	2 087	22 741	1 872	0		1 027	896	13 704		0	0		129 335
LT	4 485	911	50 834	32 537	139 971	16 848	16 940	0	26 370	23 712	1 071			51 006			3 178	307	22 979	1 534	166 028	1 971	117		1 393	1 832	2 712		0	585		445 946
LU	1 658 721	54 005	51 584	23 920	552 159	25 363	0	0	240 021	2 960 783	4 993			74 187	8 099		42 616	93	555 399	20 707	69 879	16 305	134 735		76 383	3 609	0		262	670		538 272
HU	46 192	25 369	85 145	27 213	914 442	1 693	0	0	86 695	485 056	15 446			3 058	6 202			118	94 406	216 905	66 685	0	639 280		193 180	7 045	74 345		98	0		625 598
MT	4 806	47 679	35 065	41 322	288 582	2 144	33 996	0	12 530	258 369	3 129			6 455	21 499		20 717		43 580	25 621	55 083	5 299	2 260		6 498	377	52 570		0	99		5 007
NL	5 031 025	1 285 189	529 360	407 291	17 019 446	181 917	171 100	2 024	1 121 375	2 040 201	204 866			87 327	493 941		173 862	27 756		380 517	2 734 803	2 734	1 058 469		402 063	8 847	764 288		62 215	19 558		2 756 622
AT	762 375	1 739 037	4 019 209	152 139	55 141 430	117 310	388 990	43	805 393	1 435 374	881 125			298 269	251 693		1 707 777	11 079	11 940 681		2 227 807	561 814	3 294 794		2 808 158	18 664	595 158		126 602	1 261		6 059 267
PL	332 483	229 236	546 447	356 928	12 238 620	7 047	1 724 915	0	275 832	815 654	30 292			55 387	103 048		17 426	862	1 482 795	228 834		25 668	83 899		113 628	2 953	369 912		2 371	3 124		5 349 072
PT	954 940	43 352	53 274	6 650	1 714 205	10 600	283 201	0	1 371 191	25 147 370	26 036			5 360	62 114		4 931	12 922	460 771	64 605	176 791		28 712		12 555	33 385	118 502		158	334		13 294
RO	41 767	17 761	17 960	14 942	0	23	91 689	0	51 223	252 292	0			0	1 655		32 064	0	19 774	33 902	3 608	2 283			7 098	1 004	22 803		354	0		163 313
SI	79 014	10 854	222 767	30 910	2 790 965	5 302	11 249	0	53 570	149 868	479 856			0	18 514		30 991	1 325	143 039	1 017 677	60 670	25	43 736		52 023	108	86 211		526	0		507 157
SK	80 999	8 565	2 456 573	43 422	589 627	871	90 430	0	53 975	96 934	12 082			4 739	27 348		49 158	4 409	86 093	538 531	281 209	5 786	87 896			1 016	14 962		16 868	8 088		2 233 130
FI	5 500	49 092	61 174	9	705 013	1 214 568	25 840	0	184 608	376 526	40 909			46 270	305 802		10 541	5 230	324 676	72 079	118 537	43 385	27 200		49 227		6 235		0	77		21 844
SE	188 166	616 680	207 441	61 426	4 905 652	772 963	0	0	950 809	1 204 783	272 321			1 220 465	1 954 472		121 850	6 419	1 286 166	90 736	2 891 285	159 933	1 265 203		271 226	518			144	22 554		1 319 611
IS	1 153	555	75 307	2 094	871 637	39 549	692	0	30 529	482 490	3 857			41 341	2 060		0	774	226 833	14 861	108 589	4 144	6 254		1 577	0	1 714		0	1 308		254 501
LI	430	0	222	0	49 153	0	0	0	0	0	0			20	390		17 558	0	299	41 483	2 477	350	0		220	0	0			0		10 474
NO	4 528	159 307	95 264	126	1 092 192	104 566	75 825	0	272 045	248 080	45 916			163 843	614 716		595	11 533	620 272	127 862	460 850	0	217 633		64 786	1	295		0			27 825
CH	1 701 076	603 642	890 955	427 550	28 958 174	132 937	234 069	0	3 417 444	18 500 227	727 641			414 925	317 720		166 116	19 869	5 614 633	1 299 872	1 540 842	2 393 416	637 826		673 619	26 476	878 144		128 593	16 195		7 072 017
UK	4 668	883 643	204 865	0	1 718 287	0	0	0	397 238	41 617	81 457			820 516	1 222 754		0	0	703 341	180 384	2 820 128	0	3 063 985		144 796	4 762	0		0	0		
Total	**37 674 206**	**27 296 530**	**20 793 670**	**7 450 508**	**221 127 758**	**4 089 463**	**10 249 783**	**26 011**	**45 899 844**	**238 030 464**	**9 092 331**			**6 630 575**	**18 150 484**		**5 971 969**	**306 371**	**74 031 684**	**21 737 436**	**66 200 763**	**8 535 075**	**49 855 516**	**5 057 081**	**16 364 809**	**5 704 231**	**13 699 961**		**710 541**	**132 033**	**83 437 730**	**277 424 316**

* BE: data 2021. BE, DE, FR, and PL: it concerns the amount claimed for E125 forms, not the amount paid.

** SI and CH: no breakdown possible. FI: no breakdown possible for the estimated amount claimed for E125 forms (EUR 3 740 000). Therefore, it only concerns E126 and claims not verified by E126 in this table.

*** FR: for E125 forms received it concerns the amount claimed, not paid. Therefore, it concerns EUR 223 351 225 claimed for E125 forms received, instead of EUR 57 962 104 for E125 forms received for which the amount is already paid. The total amount already paid amounts to EUR 82 005 050.

Source: Administrative data EHIC Questionnaire 2023

Table a4 - Number of claims issued by the <u>Member State of treatment</u> for necessary healthcare, total, 2022

Competent Member State	Member State of treatment																														
	BE*	BG	CZ	DK	DE	EE	IE*	EL	ES	FR	HR*	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI*	SK	FI*	SE	IS	LI	NO	CH	UK
BE		426	451	130	4 855	22	58	0	16 253	11 026	521	9 366		24	52		145	64	9 654	5 717	3 071	1 829	96		113	151	591		<5	24	2 460	<5
BG	1 579		280	77	9 593	<5	50	0	2 224	378	46	1 206		9	<5		39	49	981	896	767	45	41		26	32	345		0	0	23	303
CZ	534	230		75	5 908	35	61	<5	1 800	377	3 746	2 119		44	38		382	102	781	4 806	5 866	329	1 242		10 835	170	425		<5	<5	760	269
DK	213	127	564		3 926	47	0	0	3 676	995	580	1 479		138	174		159	90	723	3 549	4 888	30	25		277	0	120		<5	61	266	0
DE	4 975	3 170	12 595	9 211		304	1 035	0	47 599	6 375	90 495	57 900		424	706		6 463	515	25 539	113 392	113 832	13 659	1 192		3 080	1 059	7 928		85	46	9 692	985
EE	102	31	32	17	589		14	<5	467	73	34	88		256	68		13	17	277	141	61	81	<5		13	846	415		<5	<5	36	0
IE	277	77	625	0	1 417	41		0	8 205	525	365	768		20	258		22	96	1 419	646	6 925	441	27		611	58	<5		<5	0	47	504
EL	591	275	293	21	6 215	0	14		634	215	58	798		12	21		8	<5	884	404	182	52	17		54	46	377		<5	0	218	99
ES	3 751	242	1 610	254	12 336	64	1 455	0		4 262	378	2 428		102	241		219	359	2 849	1 514	2 284	5 050	806		348	506	1 066		<5	13	8 109	6
FR	264 737	317	1 601	337	18 188	128	1 255	0	64 716		2 393	15 673		134	125		437	843	3 459	2 908	4 510	85 625	197		387	371	1 981		7	14	2 735	0
HR	212	14	252	48	7 951	6	99	0	385	122		532		5	9		61	36	457	1 237	81	54	0		54	56	455		0	<5	3 382	29
IT	9 342	1 049	2 215	389	29 084	57	822	0	39 276	7 600	4 601			139	148		434	1 808	4 121	11 313	4 395	2 637	24		625	349	2 057		16	6	3 211	1 412
CY	42	33	226	8	826	0	<5	0	112	<5	<5	39		<5	14		18	<5	321	73	89	<5	9		12	13	30		0	0	19	68
LV	191	0	179	88	1 531	116	36	0	577	95	46	138			139		19	59	327	149	95	79	0		30	214	907		0	6	22	466
LT	602	41	105	184	4 010	61	46	0	805	488	76	271		464			22	29	1 083	290	481	95	0		50	229	1 178		0	19	52	452
LU	11 603	8	174	62	7 595	7	0	0	1 401	1 515	175	1 152		8	23		61	32	1 412	3 347	539	6 637	6		38	98	<5		<5	<5	37	56
HU	401	21	255	47	6 625	10	38	0	1 090	224	746	553		13	19			71	791	2 799	242	110	905		403	67	353		<5	<5	700	0
MT	25	11	29	10	186	<5	<5	0	171	29	5	131		12	5		8		84	38	55	35	0		14	8	28		0	0	65	0
NL	7 891	437	1 077	629	12 402	42	185	0	12 642	3 771	1 934	5 105		41	97		554	144		11 026	11 754	2 010	84		478	355	1 788		9	<5	704	463
AT	350	415	2 777	117	19 815	39	105	<5	3 066	448	15 706	5 122		44	34		2 300	73	958		6 997	446	177		2 419	93	576		38	0	4 710	121
PL	3 977	72	1 770	342	46 047	28	435	0	3 783	1 366	3 086	3 941		124	107		241	116	3 240	3 418		600	26		616	130	1 096		<5	50	2 047	990
PT	3 759	28	702	0	3 487	11	125	0	10 113	2 597	115	400		15	46		62	94	1 230	472	366		15		47	104	424		14	0	8 937	0
RO	2 972	107	190	95	9 936	7	38	0	4 964	946	67	9 208		<5	18		1 173	51	558	2 061	116	98			46	41	407		<5	<5	34	515
SI	655	31	179	19	4 246	<5	<5	0	352	170	11 349	628		21	<5		46	18	324	2 059	56	83	<5		45	39	79		0	8	742	19
SK	754	57	27 562	39	6 926	5	56	0	775	268	2 072	751		39	18		989	41	882	4 014	883	112	29			81	520		0	<5	1 544	231
FI	148	27	212	0	1 510	3 395	58	0	3 459	148	124	319		92	43		93	59	839	438	544	193	<5		47		53		<5	12	445	0
SE	464	45	629	<5	5 334	166	0	0	10 125	983	2 120	1 338		115	244		377	165	1 022	1 894	5 533	689	46		145	0			0	16	963	0
IS	20	12	134	<5	426	0	<5	0	1 388	41	51	49		9	58		21	9	207	145	1 552	46	0		105	0	7		0	6	165	15
LI	0	0	13	<5	86	0	<5	0	68	7	18	55		15	0		6	0	12	242	20	14	0		6	<5	6			0	91	<5
NO	181	104	639	<5	2 432	99	33	0	4 328	252	587	429		84	398		212	40	870	517	10 266	<5	11		484	0	58		<5		17	0
CH	1 691	124	1 062	276	11 914	36	97	0	8 121	3 441	3 381	6 305		23	58		664	102	1 242	5 387	1 831	5 361	10		1 124	301	974		88	0		107
UK	3 575	1 528	4 018	7	10 747	9	0	0	58 000	5 593	1 224	9 263		53	596		10	18	2 979	3 332	23 688	53	153		1 617	0	1 646		0	<5	70	
Total	**325 614**	**9 059**	**62 450**	**12 492**	**256 143**	**4 745**	**6 249**	**5**	**310 575**	**54 331**	**148 830**	**137 554**		**2 484**	**3 765**		**15 258**	**5 107**	**69 525**	**188 224**	**211 969**	**126 497**	**5 147**	**16 672**	**24 149**	**5 858**	**25 896**		**289**	**302**	**52 303**	**7 113**

* BE: data 2021. IE: for 122 E126 forms received no breakdown possible. HR: for 2 727 E126 forms received no breakdown possible. SI: no breakdown possible. FI: for 440 E126 forms received no breakdown possible.

** FR: for E125 forms it concerns the number of forms claimed.

Source: Administrative data EHIC Questionnaire 2023

Table a5 - Amount received (in €) by the <u>Member State of treatment</u> for necessary healthcare, total, 2022

Competent Member State	Member State of treatment																															
	BE**	BG	CZ	DK	DE**	EE**	IE	EL	ES	FR**	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL**	PT	RO	SI*	SK	FI**	SE	IS	LI	NO	CH	UK**
BE		36 265	69 061	26 372	4 594 522	2 149	409	0	6 650 913	19 347 474	105 567			4 308	11 366		20 553	47 269	2 361 159	3 523 067	443 529	212 097	60 914		70 660	71 336	127 547		602			525
BG	1 706 146		444 358	149 416	10 558 249	855	11 721	0	2 272 198	2 510 096	38 647			1 174	1 592		11 772	20 397	928 479	1 651 244	95 628	28 921	21 496		13 326	28 057	628 515		0			1 454 105
CZ	488 478	74 952		69 379	6 352 606	2 982	10 464	630	554 802	773 588	495 211			3 550	49 855		51 706	37 289	252 740	4 489 224	682 734	33 369	32 552		2 882 192	60 787	168 611		493			357 800
DK	66 074	61 213	68 737		2 224 789	9 365	0	0	1 035 511	1 125 132	75 547			9 427	32 723		20 689	38 905	261 433	1 911 271	550 659	4 959	14 834		31 856	0	61 245		255			0
DE	3 279 364	779 523	4 161 020	4 963 189		80 055	133 922	0	22 566 477	14 103 312	14 063 915			54 286	139 971		995 597	188 747	8 116 313	59 285 646	15 920 664	2 140 991	572 676		507 164	984 889	4 916 448		126 455			1 300 457
EE	18 898	6 756	3 938	95 666	428 652		573	6	260 643	105 267	2 047			48 388	14 303		496	3 351	109 595	108 418	12 578	10 660	547		1 588	813 876	595 255		116			0
IE	133 339	28 474	155 731	0	957 906	43 051		0	4 629 071	1 076 572	53 055			53	104 673		1 802	45 154	351 555	378 453	1 074 784	291 225	18 639		126 306	34 588	254		764			10 530 151
EL	548 822	123 862	121 524	0	3 882 765	0	16 222		246 733	835 002	25 854			320	1 082		182	1 748	241 367	181 133	33 259	46 554	7 561		26 915	13 135	25 043		609			192 009
ES	2 844 564	62 017	301 359	124 756	7 564 567	6 451	69 671	0		8 026 299	60 874			3 147	41 444		19 087	65 259	614 110	624 284	251 148	1 369 796	27 884		23 684	435 477	360 682		1 409			31 939
FR	50 130 969	65 312	416 067	263 888	9 494 432	14 125	470 690	0	23 994 341		473 705			7 825	19 071		70 282	248 743	1 360 176	1 582 404	815 167	38 387	95 180		50 533	272 943	669 627		5 063			0
HR	71 966	11 969	52 064	20 445	5 307 021	159	32 866	0	103 501	245 295				116	1 071		6 392	3 960	143 404	1 092 465	7 836	12 736	1 535		12 108	40 702	194 556		0			83 757
IT	3 117 102	68 418	639 201	235 861	17 122 442	9 465	84 176	0	19 283 643	17 388 276	993 174			17 711	22 899		56 208	756 554	675 370	4 897 421	975 484	4 015	8 942		122 066	197 588	1 783 539		6 903			1 843 394
CY	39 683	45 730	27 847	438	356 740	0	249	0	11 672	135	169			112	1 006		3 940	1 304	91 695	19 184	3 447	0	5 256		1 283	4 327	12 974		0			304 917
LV	113 418	48	70 494	0	1 519 573	59 024	16 170	0	198 162	494 928	6 010				76 503		1 408	247 029	148 220	120 703	22 543	3 468	0		29 568	135 720	1 539 187		0			893 815
LT	718 089	11 648	46 818	102 363	5 632 064	163 425	14 487	0	546 869	1 370 594	5 762			103 318			6 338	7 352	454 786	258 851	115 332	61 817	0		20 411	150 026	1 784 530		0			730 781
LU	5 117 970	5 371	32 486	7 157	5 488 960	407	0	0	818 639	4 989 709	47 962			647	4 676		5 602	22 545	1 787 955	818 443	37 394	62 971	1 948		11 163	129 913	916		778			54 900
HU	385 574	9 504	143 779	130 577	5 360 359	2 343	5 269	0	386 697	1 045 692	151 185			1 656	2 734			28 762	263 602	3 888 668	46 589	39 307	218 500		324 707	84 116	149 993		444			0
MT	11 315	12 786	3 904	10 991	52 853	110	164	0	51 625	16 109	260			0	464		119		14 272	15 825	3 447	12 922	0		9 729	2 664	7 701		0			0
NL	9 288 551	126 216	290 928	261 557	17 569 345	9 626	2 291	0	1 895 555	10 750 517	301 328			2 496	28 837		94 286	38 557		11 615 843	1 772 238	387 997	51 848		162 226	332 448	1 077 207		1 799			654 347
AT	200 273	84 075	1 052 512	47 634	11 045 102	4 894	4 013	84	987 856	706 164	2 216 102			2 365	3 514		349 229	18 143	302 837		1 026 687	35 709	100 591		507 670	34 254	168 906		31 557			135 311
PL	3 852 215	49 583	986 882	544 809	39 761 478	3 535	611 247	0	1 836 609	4 832 435	330 174			52 794	79 068		67 691	55 106	1 624 208	3 334 706		170 079	12 021		434 002	120 213	5 929 731		1			2 251 822
PT	2 398 452	18 261	95 504	0	2 811 530	1 977	0	0	653 520	7 679 593	8 669			1 872	5 268		5 121	17 363	522 192	172 874	52 126		4 792		0	50 002	276		15 442			0
RO	3 851 888	25 987	214 976	217 729	16 987 538	495	18 963	0	9 582 031	6 413 215	69 416			0	2 167		411 738	21 953	363 975	3 215 427	47 948	9 219			72 021	35 724	1 245 967		805			1 185 456
SI	517 992	1 996	102 279	4 568	4 357 126	803	0	0	71 253	280 597	1 625 123			1 247	165		4 943	6 527	84 785	1 586 957	6 583	96	101		8 768	16 419	42 166		0			88 578
SK	721 049	14 596	11 423 182	32 132	6 824 670	356	11 998	0	140 912	651 204	253 458			650	3 264		160 820	8 290	352 000	3 492 041	183 235	56	12 867			56 782	228 233		0			295 442
FI	63 196	18 968	22 283	0	696 898	917 274	1 572	0	833 187	346 639	14 301			10 522	9 481		5 355	19 059	149 066	166 402	54 994	94 314	2 243		18 615		7 280		835			0
SE	181 796	38 667	92 482	0	3 078 773	33 838	0	0	4 556 801	1 326 436	374 619			14 469	36 001		40 139	54 285	291 461	985 152	797 078	130 863	24 263		18 443	0			0			0
IS	2 346	5 568	18 442	0	99 543	0	346	0	970 053	56 182	8 761			0	25 311		1 914	1 212	91 679	69 029	152 614	14 269	0		8 643	0	1 394		0			25 222
LI	0	0	6 277	0	71 119	0	0	0	66 132	4 913	22 281			0	0		167	0	9 127	124 282	16 225	0	0		31	95	4 732					2 767
NO	117 153	24 286	104 982	0	1 532 433	64 561	5 687	0	1 646 159	396 054	79 539			9 049	103 951		21 299	27 895	276 635	346 123	1 212 349	0	5 595		70 360	0	21 132		1 222			0
CH	1 096 999	11 224	426 419	173 669	10 395 592	20 200	3 158	0	3 088 143	7 142 791	618 935			12 073	8 271		86 747	28 074	265 258	3 594 801	276 657	832 707	2 993		154 239	224 430	308 313		200 145			109 026
UK	1 801 792	781 384	1 128 368	0	4 847 250	1 775	0	0	35 661 138	15 501 016	249 120			3 523	279 658		1 704	6 834	1 480 279	3 294 786	3 966 147	7 796	84 265		1 166 011	0	5 423		0			
Total	**92 885 471**	**2 604 660**	**22 723 902**	**7 482 598**	**206 976 896**	**1 453 301**	**1 526 328**	**720**	**145 600 847**	**129 541 236**	**22 770 770**			**367 098**	**1 110 392**		**2 523 323**	**2 067 666**	**23 989 733**	**116 845 127**	**30 657 105**	**6 057 298**	**1 390 043**	**3 912 705**	**6 886 288**	**4 330 514**	**22 067 385**		**395 694**			**22 526 520**

* BE: data 2021. SI: no breakdown possible.

** BE, DE, EE, FR, PL, FI, and UK: it concerns the amount claimed for E125 forms issued.

Source: Administrative data EHIC Questionnaire 2023

Annex III Practical and legal difficulties in using the EHIC

Table a6 - Refusal by healthcare provider, 2022

MS	Y/N	Refusal in your country	Y/N	Refusal in another country
BE				
BG		n/a		n/a
CZ	Y	Yes. The reasons are usually low knowledge of procedures, preference of cash payment, administrative burden etc. Refusals usually concern primary outpatient care, mainly in the locations with a small proportion of foreign patients. Assessment of the scope of medically necessary healthcare causes difficulties.	Y	Yes. We have no information why EHICs are not accepted; however, we presume the reasons are usually the same as in our country. We usually try to solve the situation directly with the health care provider or a foreign liaison body.
DK	Y	In some situations, healthcare providers may refuse to provide healthcare benefits on the EHIC due to an incorrect interpretation of "necessary healthcare". If the Danish Patient Safety Authority, which is the Danish liaison body for benefits in kind under Regulation (EC) No. 883/2004, or the regional patient advisors become aware of such cases, they try to resolve the case by contacting the healthcare provider.	Y	Some healthcare providers still have difficulties distinguishing between "unplanned necessary healthcare" and "planned healthcare". The expected length of a stay should be taken into account, and persons who stay abroad longer may need a wider range of treatments than someone who is only abroad for a short period of time. However, Danish insured persons still encounter problems when they require healthcare benefits related to pregnancy and childbirth or pre-existing medical conditions during a temporary stay in another Member State. They may be asked to present a prior authorisation (PD S2) even though they have a valid EHIC issued by Denmark and the purpose of their stay abroad is not specifically to seek medical treatment.
DE	Y	It is known that not all service providers in Germany and abroad accept the EHIC. Reasons that may play a role with regard to German service providers include the fact that the procedure may not be known or may be perceived as too complex. Although the EHIC is physically similar to the German health insurance card, it cannot be read electronically. Instead, the EHIC data must be recorded and forwarded to the health insurance company, which the patient must first select. In the individual cases that have become known, specific information and advice was provided to the health care providers by telephone or in writing (for example, with references to publications, relevant literature, dispatch of information materials). The queries that the GKV-Spitzenverband, DVKA receives on this topic show that both the service providers and the German health insurance funds often see a problem in the design of the respective foreign EHIC. If the design of the foreign EHIC deviates from the model EHIC depicted in Resolution No. S2, this usually leads to uncertainty and acceptance problems.		n.a.
EE	Y	There have some problems that have occurred in acceptance of EHIC, but we have resolved them all case by case. In case the doctor has had doubts, they have turned to us and we have the explained situation and regulations.	Y	In several cases health care providers abroad have refused to accept EHICs for benefits in kind related to pregnancy and childbirth. In several cases health care providers abroad have refused to accept Estonian PRC. PRC`s issued by Estonia does not contain EHIC card details (number, period). We cannot add them if the person does not have a EHIC card. In those cases, we have contacted those healthcare providers and explained, why we can`t add those numbers.
IE	N	No	N	No
EL				
ES	N	No	Y	The use of the EHIC in France, except when presented to hospitals, means that the person concerned has to request the reimbursement of expenses in a health insurance fund, where they often indicate the suitability of requesting the reimbursement of expenses directly from the competent institution in Spain. All this results in an unnecessary bureaucratic burden on our managing centers.
FR	Y	Cnse-Cnse: The rare cases in which French healthcare establishments wrongly refused the EHIC were settled directly after contacting the healthcare establishments. CCMSA: Most cases of EHIC refusal are linked to the existence of a previous EHIC that is still valid. In this case, the lost or stolen EHIC must be declared. A Provisional Replacement Certificate is sent to the policyholder. We have no information to share with you about the frequency of and reasons for these refusals.	Y	Cnam-Cnse: Recurring problems with private clinics in Spain and Italy refusing to use the EHIC. Similarly, some establishments are asking for S2s for treatment covered by the EHIC, for fear of being refused payment. CCMSA: We are not aware of any cases of EHIC refusal by healthcare providers abroad. If the establishment or health care provider in the country of treatment does not accept (or has refused) the EHIC, the insured person will advance the costs and send the receipted invoices to the MSA fund for reimbursement. (e.g., skiing vacations abroad) We have no information to share with you about the frequency of and reasons for these refusals.
HR	Y	Yes, we are aware of some cases of refusals to accept EHIC. It is more an exception to the rule. After conducting investigation in such cases, healthcare providers usually declare that either no EHIC was provided, or that the scope of provided healthcare was outside of necessary healthcare that can be provided on the basis of EHIC.	Y	We have documented 202 such cases. The reasons for refusal are different: healthcare provider wants to be paid immediately; providers claim that payment procedure with Croatia is lengthy; providers state that EHIC is invalid without photo and a chip; providers claim that Certificate which replaces EHIC is not valid because it is in Croatian language etc. Also, usually it is dental care that is problematic.
IT				
CY				
LV	N	No cases reported in 2022.	N	No cases reported in 2022.
LT	N	No, we are not aware.	N	No, we have no such information.
LU	Y	There are some justified refusals of the EHIC in case of planned treatment. No precise numbers are available.	Y	There are regularly refusals from healthcare provider choosing to bill the higher price of the private system instead of applying the EHIC procedure. No precise numbers are available.

MS	Y/N	Refusal in your country	Y/N	Refusal in another country
HU	Y	In a few cases, the main reason of refusal to accept EHIC is that due to the medical staff, the treatment concerned is planned and/or could be delayed until return to the competent MS.	Y	The main reason of refusal to accept the EHIC in other MSs is that the person concerned has a residence in the MS concerned so the stay cannot be longer taken into consideration as a temporary one. The other reason of refusal is that the treatment concerned can be delayed until return back to Hungary.
MT	N	No, we are not aware of such cases.	Y	Three Maltese EHICS were refused by Healthcare Providers in SL, GR and FR. The MT Competent Institution reimbursed the holders of MT EHICS on presentation of original receipts through S067 route.
NL	N	No. Sometimes the competent institution receives bills directly from insured persons, but we don't know if refusal of the EHIC is the reason for this.	Y	Yes, but the competent institutions have no accurate information on reasons or frequency. Our Competent Institutions solve these cases in different ways, mostly via the service of SOS International.
AT	Y	Yes, there have been isolated cases of this kind. The charging of private fees is more attractive than the "complicated" subsequent charging via the health insurance fund. If a patient contacts a health insurance company, it is often possible to clarify the matter over the phone.	Y	Time and again, insured persons report problems with the acceptance of the EHIC. One of the reasons is the low administrative effort involved in treating the insured as a private patient. In some cases, people also try to read the card electronically or are not familiar with the procedure for handling the card.
PL	Y	There are instances where healthcare providers do not accept EHICs when a person is a Polish citizen (has a personal identification number - PESEL) but in fact is insured in another EU/EFTA member state, in which an EHIC has been issued. Healthcare providers try to verify the insurance status of such a person in the eWUŚ system, which is dedicated for persons insured in Polish healthcare system. Regional branches of NFZ inform contracted healthcare providers how to handle patients with EHICs from another member state. Other cases refer to situations where the card format is not in line with Decision S2.	Y	There are instances where healthcare providers from other EU/EFTA member states require S2 document from patients during their temporary stay in that country, or that EHIC is not being accepted due to the fact that it lacks a chip. Department of International Affairs, as a liaison body intervene in an institution of a given member state on request made by a person concerned.
PT	N	No	Y	Yes. Refusal of EHIC to provide necessary treatment during a temporary stay, and request for S1 and S2.
RO	Y	There were refusals, emanated by competent institutions, regarding the acceptance of EHIC by healthcare providers. The reasons were the reporting of the medical services based on EHIC. The situations were remedied in the meaning that the guide on the reporting of medical services based on EHIC was communicated to the healthcare providers. In the period 01.01.-31.12.2022 the frequency of cases was 1 case /month in summer.	N	No
SI	N	To date, the ZZZS has not been informed of such cases either by foreign insured persons or foreign insurance institutions.	Y	In 2022, the ZZZS was informed by Slovenian insured persons about some cases of rejection of EHICs by healthcare providers in other countries and resolved them with competent foreign insurance institutions.
SK	N	No	N	No
FI	N	Concerning 2022 Kela is not aware of cases where the public health care in Finland would have refused to accept EHICs. If Kela would have got feedback about a possible refusal to accept EHICs when the health care in question would have been considered medically necessary, Kela would have been in touch with the public health care and informed them about the person's right to health care with the EHIC.	Y	Concerning 2022 Kela has very rarely been informed about cases of refusal to accept an EHIC granted by Finland by health care providers established in other countries. There have been cases where a person insured in Finland and staying temporarily in another EU- or EEA-country or Switzerland has informed that the country in question wants the person to provide the portable document S1, but in most of these cases the country of stay has considered the person to live permanently there. There have also been cases where the customer despite he/she has presented a valid EHIC has also been asked to provide the EHIC replacement certificate. Quite often Kela receives feedback from customers concerning the language of the EHIC card. The customers ask why the Finnish EHIC cannot be granted in English, which is a language understood by most people in the different countries.
SE	Y	Yes, this happens from time to time. Healthcare providers are unsure whether they can accept the foreign EHIC. We cannot provide statistics or specific reasons as we are not always aware of the circumstances.	Y	Yes, but we cannot provide any statistic. We have a few cases where our insured persons have not received necessary healthcare upon their EHIC. In most of the cases the healthcare provider claimed that the treatment was not necessary.
IS				
LI	N	No	N	No
NO			Y	We have had a few cases from Germany where we have issued PRC because the card does not have information about start date.
CH	Y	Private health care providers are not obligated to accept the EHIC. But there is no quantification possible. In cases of out-patient doctor's treatment, the patient receives the invoice for direct payment if nothing else is arranged. The EHIC guarantees tariff protection. The patient pays the invoice and sends it either to his competent institution or to Gemeinsame Einrichtung KVG for reimbursement.	Y	Private health care providers are not obligated to accept the EHIC. But there is no quantification possible. In cases of out-patient doctor's treatment, the patient receives the invoice for direct payment if nothing else is arranged. The EHIC guarantees tariff protection. The patient pays the invoice and sends it either to his competent institution or to Gemeinsame Einrichtung KVG for reimbursement.
UK	N	No	N	No

Source: Administrative data EHIC Questionnaire 2023

Table a7 - Interpretation of the "necessary healthcare" concept, 2022

MS	Y/N	Alignment of rights
BE		
BG		n/a
CZ	Y	Yes. Some health care providers do not take into account the expected length of stay during the necessary health care. More expensive, highly specialized treatment or long-term care is not seen as necessary healthcare quite often by some providers.
DK	Y	There are still certain difficulties attached to the use of the EHIC due to incorrect interpretation of "necessary healthcare" and the distinction between "unplanned necessary healthcare" and "planned healthcare", even for healthcare benefits defined in AC Decision S3 - please see our reply on question 9.
DE	Y	The vast majority of health insurers are not aware of any difficulties in interpreting the concept of "medically necessary benefits in kind". However, according to the experience of some health insurers, difficulties in interpreting the concept can be observed among some service providers. In the absence of a precise definition or interpretation guideline of the term "medically necessary services," this concept is interpreted differently by health care providers. In connection with the treatment of chronically ill persons, there is still uncertainty in individual cases as to whether the treatment of acute complaints is covered by EHIC. This can also be seen in connection with pregnancy and childbirth services. Furthermore, it happens time and again that persons have entered Germany for the purpose of treatment without clarifying this in advance with their health insurance carrier in their home country and obtaining the appropriate authorization. Such difficulties in interpreting the concept accordingly also lead to problems in settling the costs incurred.
EE	N	No
IE	N	No
EL		
ES	Y	- Sometimes, the service provider in other Member States has difficulties to interpret the concept of ‘necessary healthcare’ by requiring an S2 or E-112 form for the coverage of benefits in kind, which are not in the nature of scheduled treatment, as the need for medical care has occurred during a temporary stay in the other country. - With regard to the implementation of Decision S3, in the case of claims for benefits in kind related to chronic or pre-existing diseases, difficulties have been observed in the proper application by both Spanish institutions and other Member States. - Sometimes in France, treatments are provided with the EHIC which we consider scheduled, because they consist of planned surgery operations scheduled well in advance, or attendance at the birth where there is evidence that the reason for the movement to France was to give birth. In these situations, healthcare should be covered by a form E112 (S2)
FR	Y	Cnam-Cnse: The term "medically necessary care" raises problems of interpretation. Under French regulations, care is necessarily medically necessary, otherwise it would not be reimbursable. On the other hand, it is not necessarily "immediately necessary" in view of the length of the stay. The term is too broad and the definition of "stay" is not limited enough. CCMSA: No difficulties noted in the MSA network.
HR	N	No
IT		
CY		
LV	N	No new difficulties and challenges have been reported during 2022.
LT	N	No, we are not aware.
LU	N	No
HU	N	No difficulties noticed
MT	N	No, we are not aware of such cases.
NL	N	No, not many examples
AT	Y	In some cases, there are still difficulties with the demarcation from the planned treatment.
PL	Y	EHIC holders often interpret this as 'life or health saving benefits' or 'urgent situations'. We always inform EHIC holders that in each situation the doctor decides about the necessity of treatment
PT	Y	Yes. Necessary care during a temporary stay is often confused with planed treatment situations where the purpose for travel is related to the provision of healthcare. i.e., DE. We are obliged to issue the S1 or S2, so the patient can obtain the necessary healthcare and not have to pay for it. i.e.: DE and Poland demanded S1 for recovery treatments, following an accident that occurred during a temporary stay. In several situations the S2 is requested after the healthcare has been provided.
RO	N	No
SI	N	There are no specific problems in the interpretation of the necessary health services by Slovenian providers.
SK	Y	The term necessary healthcare is often understood by the insured person as all the health care he or she needs, even if he or she intentionally travels for this health care.
FI	Y	As pointed out in the answer to the previous question there has been cases where a person insured in Finland staying temporarily in another EU- or EEA-country or Switzerland has informed that the country in question wants the person to provide the portable document S1. In most of these cases the country of stay has considered the person to live permanently there. It seems though also that in some member states the “necessary health care” concept is interpreted differently than in Finland. Some countries do not seem to pay attention to the duration of the stay when they are assessing whether the care should be considered medically necessary or not. There are also still cases, where the customer has not with the EHIC received health care in conjunction with pregnancy and childbirth during a temporary stay in another EU- or EEA-country or Switzerland. These cases have though decreased notably compared to earlier.
SE	N	No.
IS		
LI	N	No
NO		
CH	Y	Yes, in several countries the service provider requests form S2 although the treatment is necessary related to art. 19 Reg. 883/2004 (especially as concerns maternity benefits during a temporary stay).
UK		n/a

Source: Administrative data EHIC Questionnaire 2023

Table a8 - Invoice rejection of E125 forms issued and received, 2022

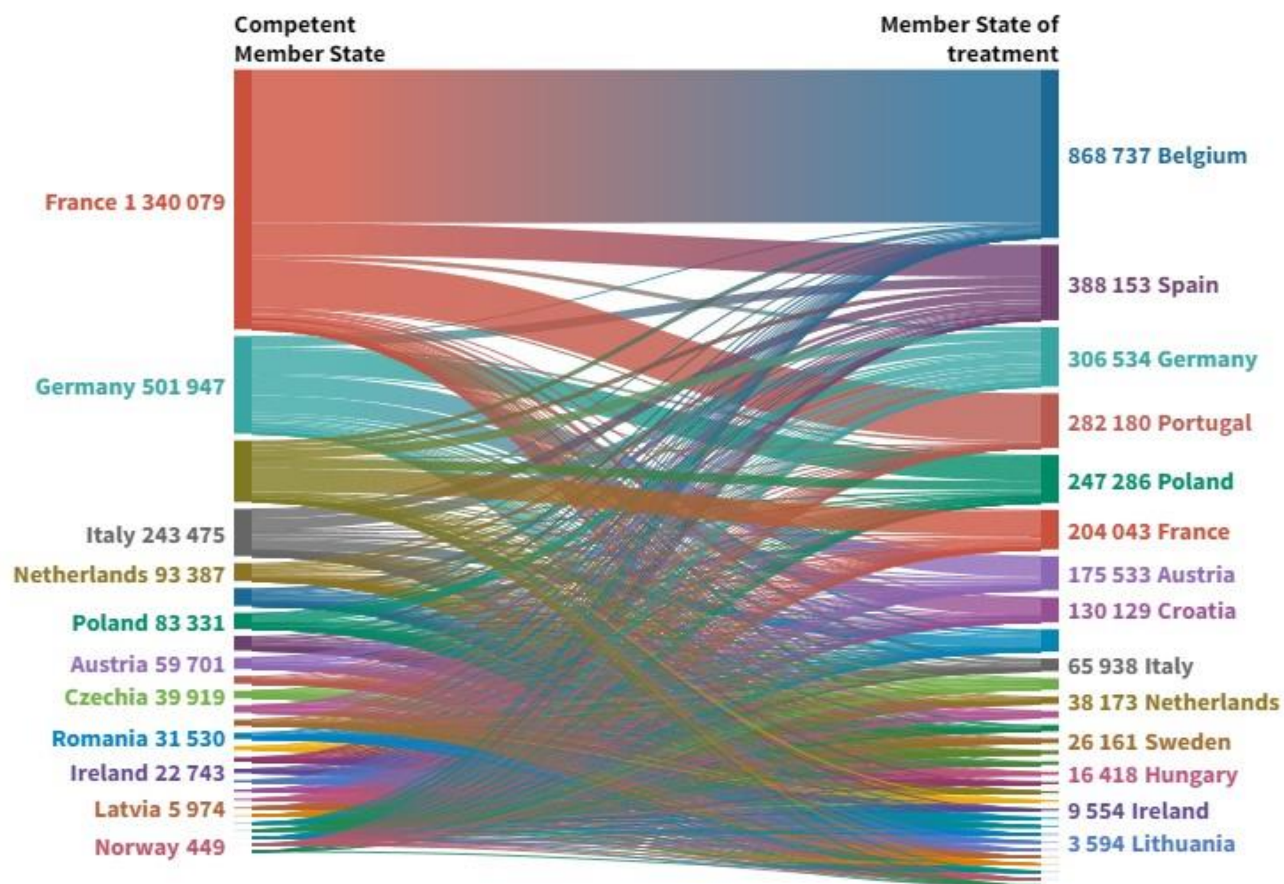
MS	Y/N	Rejections by institutions in other countries	Y/N	Rejections by your institutions
BE				
BG		n/a		n/a
CZ	Y	Yes, there are 1451 cases. Most usual reasons are - unknown entitlement document, person cannot be identified.	Y	Yes, there are 2360 rejections. Most usual reasons are - period of treatment is not covered by entitlement document, uninsured person, unknown entitlement document.
DK	Y	In 2022, Denmark has received 170 contestations from other Member States for invoices (forms). Reasons for contestation/rejection were: • Invalid entitlement document • Lack of information	Y	Denmark has made contestations or rejected 64 invoices (forms) from other Member States in 2022. Main reason for rejection: • Entitlement document was missing
DE	Y	We are aware of 4525 cases which were rejected in 2022. Mostly it was stated that the insured person could not be identified.	Y	We are aware of 14787 cases which were rejected in 2022. Mostly it was stated that the insured person could not be identified.
EE				
IE	Y	In Ireland, when we receive a claim that does not have all data fields accurately completed we seek through our own systems to verify that the patient had entitlement from Ireland at the time the treatment was received. However, we note a greater tendency from some Member States to contest claims on very technical issues, particularly a growing trend from States stating that Treatment was Outside Validity Period when a valid in date card was used.		
EL				
ES	Y	Although their number cannot be quantified, rejections are usually due to: - lack of the entitlement form - need to request some clarification regarding the amounts or benefits received.	Y	ISFAS: * 10 - not insured MUFACE: * 2 - duplicated invoice * 3 - the number of the EHIC/PRC on the invoice does not match with any valid EHIC/PRC issued * 19 - the EHIC/PRC was not active on the date of healthcare Total: 34
FR	Y	Cnam-Cnce: In 2022, 1,919 invoices have been rejected. CCMSA: Forms E125/ SED S080 are not processed by MSA funds. CNSE competence	Y	Cnam-Cnse: In 2022, 401 invoices have been rejected. CCMSA: Forms E125/ SED S080 are not processed by MSA funds. CNSE competence
HR	Y	1549 rejected invoices. Reasons for rejection: Double invoice. Unable to identify the person from the information provided. The entitlement document is missing or unknown. Scheduled treatment may be suspected. The entitlement document has not been acknowledged. Person was not insured during benefits period. The period of benefits in kind is not covered by the entitlement document. The person receives a pension in his/hers state of residence. The person is not registered on the entitlement document. The entitlement ended on.	Y	255 rejected invoices. Reasons for rejection: The entitlement document has not been acknowledged. The entitlement document is missing or unknown. The person is not registered on the entitlement document. Double invoice. The period of benefits in kind is not covered by the entitlement document.
IT	Y	Yes; sometime debtor Institutions tend to ask for copy of entitlements when they issued before. They call it cooperation but is only a way to hinder payments. Millions of Euros are involved like it emerges from our Claims situation as of 31/12 cof each year.	Y	Yes
CY				
LV	Y	We are able to list our reasonings for rejections of the forms E125 and the total number of annulled forms in the requested period of time. However, we are unable to provide the necessary statistics for the requested period of time as we only carry the information of rejected forms concerning the current situation. Reasonings for rejection: 1. The time period when a person’s EHIC was active does not cover or does not completely cover the time period when health benefits were received. 2. The form E125 or S080 has incorrect information concerning the person’s name and ID numbers. 3.Double invoice. 4. The EHIC number or the persons data belongs to a different issuing country. Total amount of annulled forms in 2022: 167.	Y	We are able to list our reasonings for rejections of the forms E125 and S080 and the total number of annulled forms in the requested period of time. However, we are unable to provide the necessary statistics for the requested period of time as we only carry the information of rejected forms concerning the current situation. Reasonings for rejection: 1. The time period when a person’s EHIC was active does not cover or does not completely cover the time period when health benefits were received. 2. The form E125 or S080 has incorrect information concerning the person’s name and ID numbers. 3. The EHIC number does not match the person reflected in the certain form. 4. The EHIC number or the persons data belongs to a different issuing country. 5. Double invoicing when invoice has identical medical treatment information to other invoice. Total amount of annulled forms in 2022: 24.
LT	Y	We have faced with 83 cases when invoices (SED S080) issued by our institutions (on the basis of the EHIC, REPL or SED S045) were rejected by the competent Member States (20 – by Germany, 16 – by the Netherlands, 11 – by Ireland, 9 - by Spain, 7 – by Italy, 5 – by France and the United Kingdom, 3 – by Latvia, 2 – by Romania and 1 – by Austria, Czech Republic, Denmark, Slovakia and Switzerland) due to the following reasons indicated in the rejection documents (SEDs S082): we are not concerned by this	Y	During the year 2022 the NHIF has rejected 126 invoices (forms E125/SED S080) issued by institutions from the other EU countries (Spain (32), the United Kingdom (31), Germany (17), Belgium (8), Sweden (7), Finland (6), Denmark (5), Italy (4), Latvia (3), Portugal (3), Poland (2), Norway (2), Czech Republic (2), Ireland (1), Iceland (1), France (1) and Hungary (1). The reasons of the rejections were similar EESSI codes 01, 03, 04, 08, 09, 13, 14, 17 and 99: the total amount of benefits in kind was not indicated or entitlement to the

MS	Y/N	Rejections by institutions in other countries	Y/N	Rejections by your institutions
		document (EESSI code - 01); Incorrect institution code. Provide the correct authority identification number (EESSI code – 02); it is not possible to identify the person from the information provided. (EESSI code – 03); entitlement document is missing or unknown (EESSI code - 04); The person was not insured during the benefit period. Provide a copy of the entitlement document (EESSI code – 07); the period of benefits in kind is not covered by the entitlement period (EESSI code – 08); the entitlement document has not been registered (EESSI code – 13); Double invoice (EESSI code – 14); total amount of individual claim different to the sum of benefits (EESSI code – 20) and other (EESSI code - 99). After the documentary evidence (copies of the EHIC or REPL) have been provided or data corrected, the most of these invoices were accepted		benefits in kind expired earlier than the specified period of treatment.
LU	N	No	N	No
HU	Y	5 282 rejections, EUR 2 370 704.77 Most common reasons: The period of benefits in kind is not covered by the entitlement period (1 615), Other (852), Entitlement document is unknown or not found (670), The period of benefits in kind is partially covered by the entitlement period (495), and Person was not insured during benefits period (481).	Y	10 294 rejections, EUR 6 501 028.19 Most common reasons: Entitlement document is unknown or not found (9 964), and The period of benefits in kind is not covered by the entitlement period (139).
MT	N	No, we are not aware of any such cases.	N	No, we are not aware of any such cases.
NL		No information available		No information available
AT	Y	Yes, occasionally the medical necessity of the treatment is doubted.	Y	This occurs in part. We do not know the number.
PL	Y	According to data in our settlements system (SOFU), with a state on the 23rd of May of 2023 we have registered 858 forms E125PL which were issued by NFZ in 2022 on the basis of EHIC that are questioned by other countries. The most common reasons for rejections are lack of entitlement document and doubled invoice.	Y	According to data in our settlements system (SOFU), with a state of the 23rd of May of 2023 we have registered 736 E125 forms which were received by NFZ in 2022 on the basis of EHIC. Among 736 rejected forms during the verification process, all the forms were verified. Among them there are 275 cases determined as "treatment period is not covered by entitlement period", 157 cases determined as "suspicion of accident at work", 70 cases determined as "suspicion of duplication claims" and 69 cases determined as "treatment period is partially covered by entitlement period". The set of rejected invoices (with different reasons) can change every day during the clarification process.
PT	Y	Yes, most of the rejections are related with the following facts: 1. Duplicate invoices (few); 2. Provision of healthcare in the MS of residence based on an EHIC when there´s an S1 issued by the competent MS; In these cases the insured person has a portable document S1 issued by his/her competent MS, but still uses the EHIC. 3. Difficulty in recognizing the insured person.	Y	Yes, most rejections are related to the following fact: - The information concerning the competent institution is not correct, or the creditor MS introduces the identification of the liaison body instead of the competent institution in the entitlement document.
RO	Y	2804 Reasons for refusal: lack of the document that opened the right to benefits; the person became uninsured in the state that issued the document; the document does not cover the whole period of granting the benefits	Y	297 Reasons for refusal: the period for granting medical benefits is not covered by CEASS / CIP; the invoices (forms E 125 / SED S080) issued were filled in incorrectly and / or incompletely.
SI	Y	In 2022, the ZZZS received 375 rejections of E 125 forms based on EHIC, from foreign institutions. Causes of Rejection: there was no document on the basis of which the service was invoiced, the service was not invoiced within the validity of the document, the service was invoiced several times, the person with the stated data is not in the register of persons, the amount of the services was very high, an explanation was needed. Until now, the ZZZS has successfully resolved such cases by sending the requested copy of EHIC or certificate or other required data.	Y	In 2022, the ZZZS rejected 276 E 125 forms issued by foreign institutions on the basis of the EHIC. Causes of Rejection: The EHIC is not an appropriate accounting document because it is a planned treatment, the service has not been charged within the validity of the document, missing/false identification data, the service was charged several times, the amount of the services is very high, an explanation is needed.
SK	Y	Yes, there are 399 cases. Most usual reasons are: is not an insured person during that period; the insured person cannot be identified; benefits in kind provided outside the validity of the entitlement document; the person is not listed on the claim document; no entitlement document has been issued for that period; the entitlement period is not covered by the period of entitlement to benefits in kind;	Y	Yes, there are 250 cases. Most usual reasons are: period of treatment is not covered by entitlement document; uninsured person, the claim document has not been validated
FI				
SE	Y	132 cases of rejected invoices.	Y	320 cases of rejected invoices.
IS				
LI	N	No	Y	Yes, period of coverage not insured
NO		No valid data		No valid data
CH	Y	Yes, several rejections. But there is no specification possible.	Y	Yes, several rejections. But there is no specification possible.
UK	N	No	N	No

Source: Administrative data EHIC Questionnaire 2023

Annex IV Additional visualisations

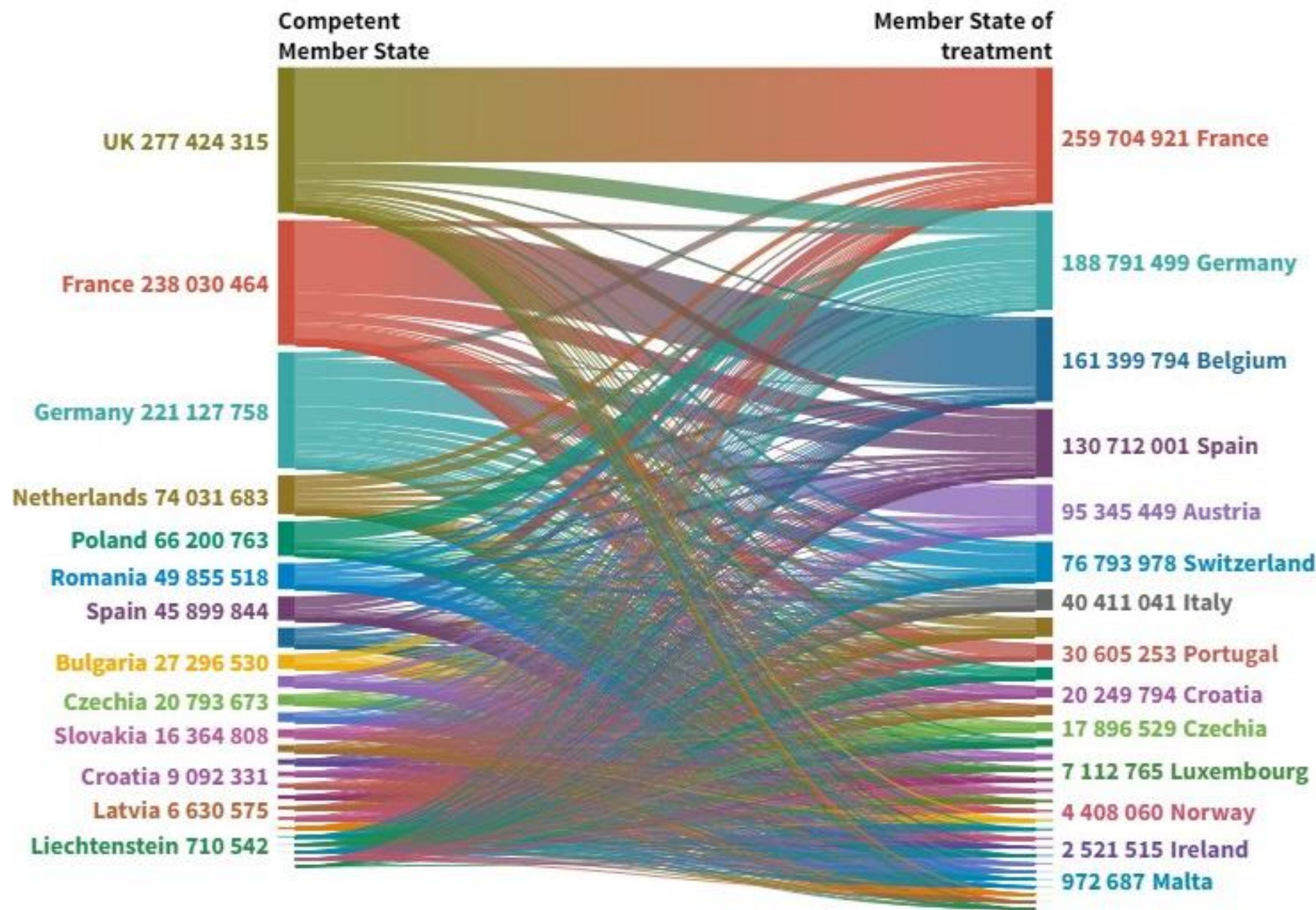
Figure a1 – Total number of claims received by the competent Member State for the payment of necessary healthcare received abroad, 2022



* BE: data 2021. For E125 forms it only concerns forms submitted electronically. IE: for 171 E126 forms issued, no breakdown by Member State of treatment is possible. HR: for 824 E126 forms issued, no breakdown by Member State of treatment is possible. IT: data 2020. The total reported (242 273) does not correspond to the sum (243 475). SI: no breakdown possible. FI: for E125 forms received (10 200 forms) a breakdown is not possible. Therefore, it only concerns E126 and claims not verified by E126 in this table. CH: no breakdown possible.

** FR: for E125 forms received it concerns the number of claims received for the amount claimed, not paid. Therefore, it concerns 1 080 188 E125 forms received for the amount claimed, instead of 109 741 E125 forms received for which the amount is already paid. The total number of forms for which the amount is already paid amounts to 134 572.

Figure a2 – Total amount paid (in €) by the competent Member State for necessary healthcare received abroad, 2022

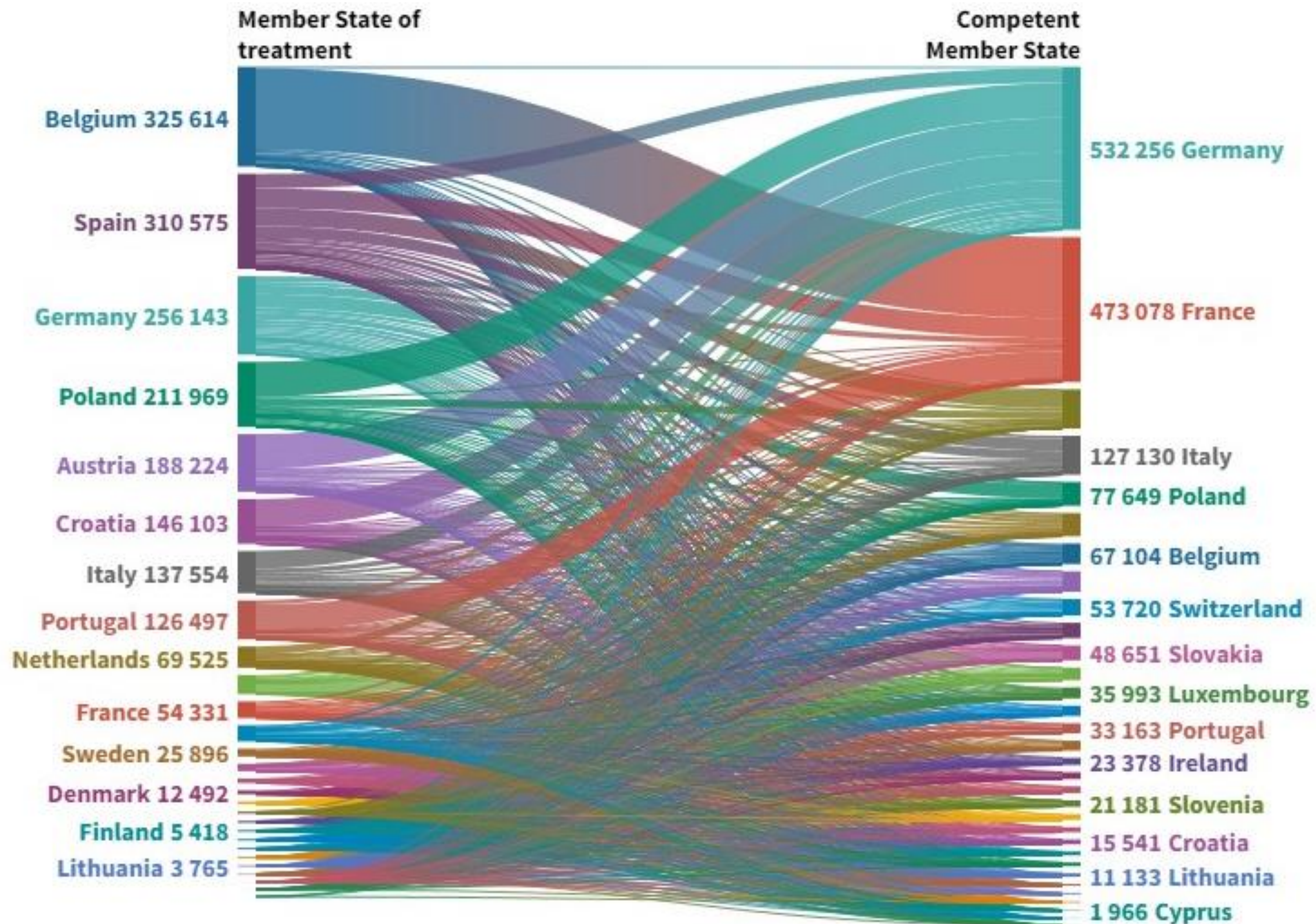


* BE: data 2021. BE, DE, FR, and PL: it concerns the amount claimed for E125 forms, not the amount paid.

** SI and CH: no breakdown possible. FI: no breakdown possible for the estimated amount claimed for E125 forms (EUR 3 740 000). Therefore, it only concerns E126 and claims not verified by E126 in this table.

*** FR: for E125 forms received it concerns the amount claimed, not paid. Therefore, it concerns EUR 223 351 225 claimed for E125 forms received, instead of EUR 57 962 104 for E125 forms received for which the amount is already paid. The total amount already paid amounts to EUR 82 005 050.

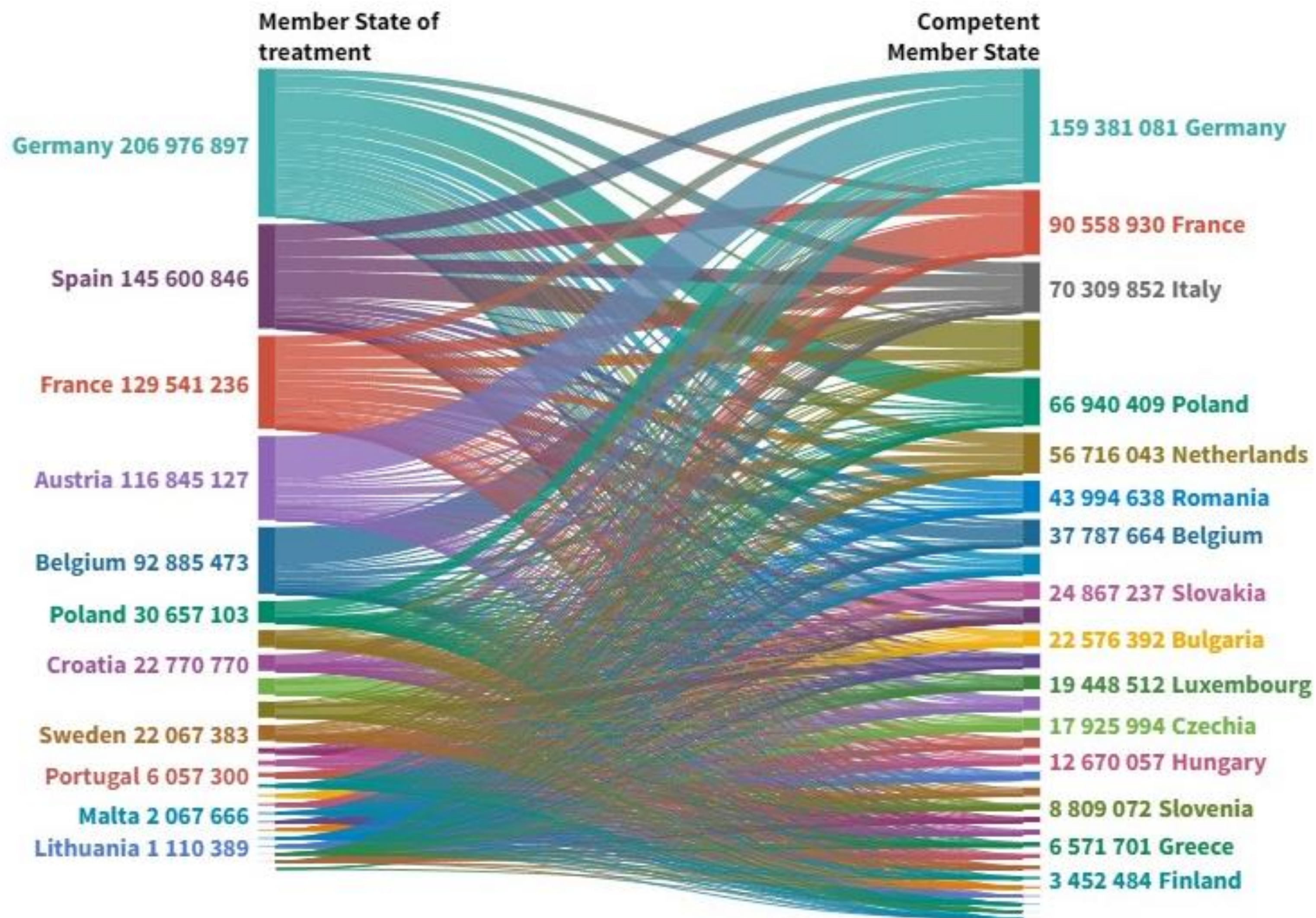
Figure a3 – Total number of claims issued by the Member State of treatment for necessary healthcare, 2022



* BE: data 2021. IE: for 122 E126 forms received no breakdown possible. HR: for 2 727 E126 forms received no breakdown possible. SI: no breakdown possible. FI: for 440 E126 forms received no breakdown possible.

** FR: for E125 forms it concerns the number of forms claimed..

Figure a4 – Total amount received (in €) by the Member State of treatment for necessary healthcare, 2022



* BE: data 2021. SI: no breakdown possible.

** BE, DE, EE, FR, PL, FI, and UK: it concerns the amount claimed for E125 forms issued.