



Cross-border healthcare in the EU under social security coordination

Reference year 2023

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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, Czechia, 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 United Kingdom, 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-27: Belgium (BE), Bulgaria (BG), Czechia (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), Czechia (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/EFTA movers: EU or EFTA citizens who reside in an EU or EFTA country other than their country of citizenship.

Member State: The notion is used in this report to indicate the 27 countries belonging to the European Union (EU) in reference year 2023, the European Economic Area (EEA), Switzerland, and the United Kingdom (UK).

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

Introduction

Cross-border healthcare within the EU can be defined as a situation in which the insured person receives healthcare in a Member State¹ other than the Member State of insurance (i.e., competent Member State). Three cross-border healthcare situations are regulated under the Social Security Coordination Regulations². (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 for pensioners residing abroad and for 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, tourists needing unplanned necessary healthcare and using their EHIC for this purpose, people going 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 being 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 2023, 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').

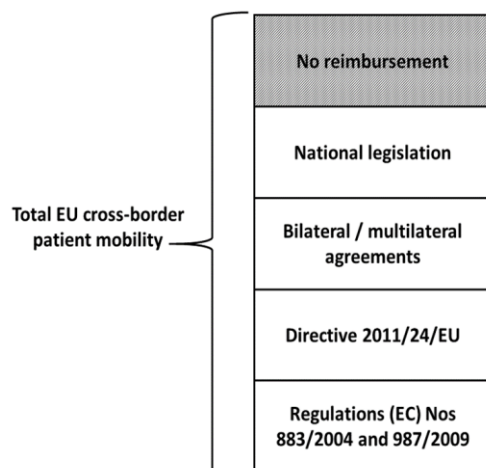
³ These data were collected within the framework of the Administrative Commission. The Network would like to thank all delegations of the Administrative Commission for providing these data. Moreover, we would like to thank the Commission and the Administrative Commission for remarks, comments, and exchanges 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, 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 becomes 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 number of persons seeking planned cross-border healthcare abroad based on Portable Document S2 as well as its 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 who reside in a Member State other than the competent Member State, and are entitled to receive sickness benefits in kind 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.

Chapter 1
Unplanned necessary
cross-border healthcare

Summary of main findings

When a person needs necessary unplanned healthcare while temporarily staying abroad, the European Health Insurance Card (EHIC) comes into play. It acts as a proof of entitlement for insured persons and their family members who are 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 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. Consequently, this card guarantees that the patient is treated on equal grounds with insured patients in the Member State of treatment.

As there were some 253 million EHICs in circulation in 2023, around 48 % of the EU/EFTA/UK citizens⁶ are currently in possession of an EHIC. Consequently, the Coordination Regulations are of high importance for EU/EFTA/UK citizens when they move between Member States, be it for work or for private reasons. However, the share of insured persons with an EHIC differs greatly between Member States as a result of the different application and issuing procedures and the validity period of the card, applied by the competent Member State. For instance, in some Member States the EHIC is issued automatically causing the coverage rate to reach (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. The only change which took place in 2023 concerns Hungary, which increased the validity period from 3 years to 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.⁷

The ways in which Member States try to raise awareness of the EHIC, both concerning insured persons and healthcare providers, does not change significantly from year to year. Traditional approaches are used, such as press release, TV, radio, leaflets, lectures, etc., as well as more modern approaches such as social media. Most often, Member States refer to information which can be found on a website.

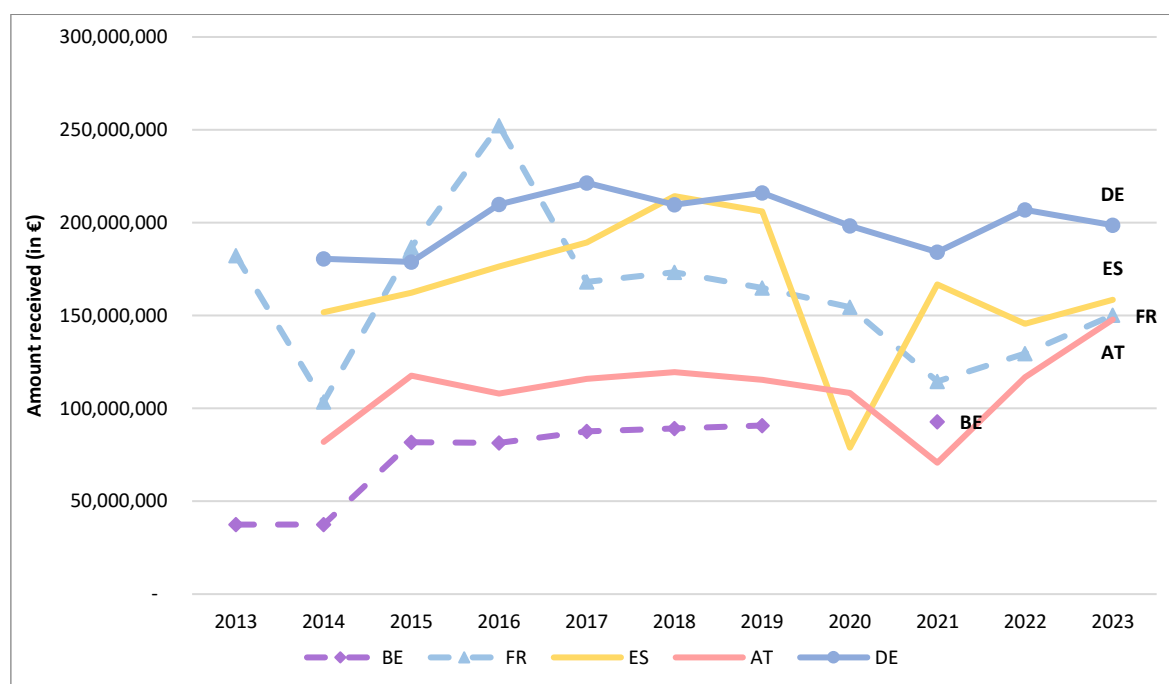
Healthcare provided in the Member State of stay is reimbursed by the competent Member State in accordance with the rates of the Member State of stay. This can happen in two different ways: either the reimbursement claims are settled between the Member State of stay and the competent Member State, or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

⁶ There are around 530.5 million citizens in the EU-27, EFTA, and UK in 2023. (Eurostat [\[DEMO_PJANI\]](#))

⁷ See also [the Communication of the Commission on digitalisation in social security coordination: facilitating free movement in the Single Market \(COM\(2023\) 501 final\)](#).

From the perspective of the Member State of treatment, Germany, Spain, France, and Austria received the highest amounts in 2023, as they all claimed/received an amount of over EUR 140 million (*Figure 2*). In almost all Member States, a growth in the number of claims for reimbursement of necessary unplanned care issued by the Member State of treatment can be noted from 2022 to 2023. In total in 2023, from this perspective, the number of claims amounted to around 2.2 million and the amount to approximately EUR 1.1 billion. The main flows from the perspective of the Member State of treatment in 2023 were received by Austria from Germany (EUR 76 million) and received by Belgium from France (EUR 50 million, data 2021).

Figure 2 - Reimbursement received by the Member State of treatment, amount claimed/received in €, main Member States of treatment, 2013-2023

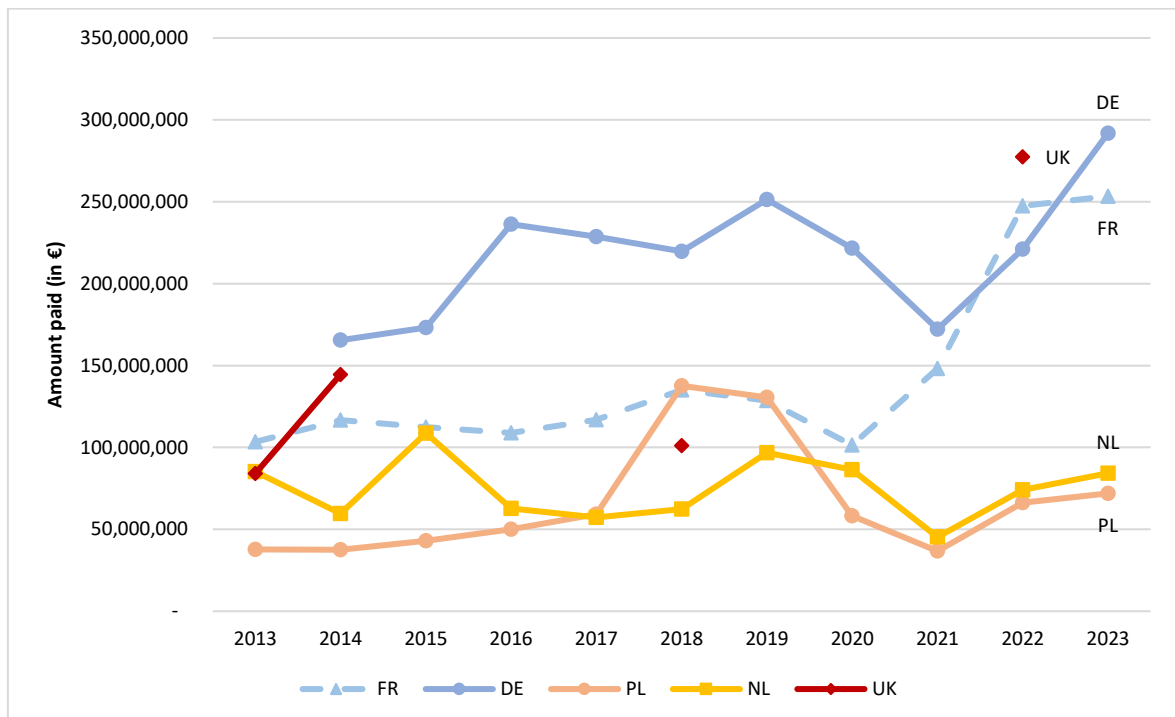


* For BE, DE, and FR it concerns the amount claimed and not received.

Source: Administrative data EHC Questionnaire 2024 and previous years

It also possible to consider the perspective of the competent Member State (*Figure 3*). The top three Member States in terms of the amount of claims received/paid in 2023 are Germany, the United Kingdom (data 2022), and France, all over EUR 250 million. They are followed by the Netherlands and Poland, both above EUR 50 million. For most Member States, the number of claims received as well as the amount to be reimbursed increased in 2023 compared to 2022. In total in 2023, from the perspective of the competent Member State, the number of claims amounted to around 2.3 million and the amount to approximately EUR 1.3 billion. The main flows from the perspective of the competent Member State in 2023 went from the United Kingdom to France (EUR 181 million, data 2022), from Germany to Austria (EUR 76 million), and from France to Belgium (EUR 60 million).

Figure 3 - Reimbursement paid by the competent Member State, amount of claims claimed/paid in €, main competent Member States, 2013-2023



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

Source: Administrative data EHC Questionnaire 2024 and previous years

Seeing that the EHC is a widespread instrument to receive unplanned necessary healthcare, there are also certain difficulties that come along with it. In some cases, the EHC is refused by healthcare providers, mostly due to insufficient knowledge about its functioning. Furthermore, there is still confusion about the meaning of the terms “unplanned” and “necessary” healthcare. Finally, figures for 2023 show that a significant share of the invoices are rejected by the competent institutions mostly because of an invalid EHC, missing or incorrect data, or a date of treatment before the EHC was issued. These refusals could have some serious consequences. For instance, it could result 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.

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), a situation of cross-border healthcare occurs. 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 that the holder has 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 a 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 a 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 in the country where they are insured, i.e., the competent Member State once they have returned.

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 2023.⁸ 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.

⁸ 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.

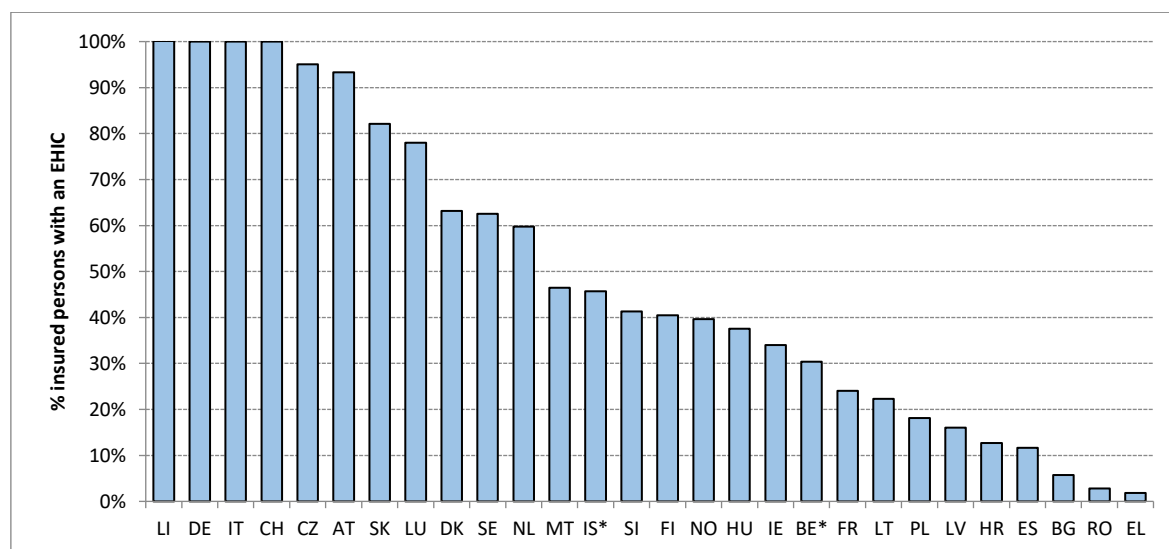
2. The number of EHICs issued and in circulation

Table 1 gives an overview of the number of EHICs and PRCs issued in 2023, 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 253 million EHICs were in circulation in 2023.

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 Liechtenstein, Germany, Italy, Switzerland, Czechia, and Austria (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 S1⁹ of 12 June 2009 concerning the EHIC states: “When exceptional circumstances¹⁰ 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 (1.8 million), Spain (911 000), Denmark¹¹ (729 000), and Slovenia (661 000) issued the highest number of PRCs. When comparing the number of PRCs issued to the number of EHICs circulation (see last column of Table 1), especially Greece, Slovenia, Denmark, and Spain stand out with a value of over 15 %.

Figure 4 - Percentage of insured persons with an EHIC, 2023



* BE: data 2021. IS: data 2019.

Source: Administrative data EHIC Questionnaire 2024

⁹ Decision S1 of 12 June 2009 concerning the European Health Insurance Card, C 106, 24/04/2010.

¹⁰ “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).

¹¹ 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, 2023

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	163 102	17 259	352 501	6 122 312	5.8 %	4.9 %
CZ	app. 1 150 000	27 543	app. 10 300 000	10 835 289	95.1 %	0.3 %
DK*****	727 707	728 502	3 664 228	5 800 000	63.2 %	19.9 %
DE****	n.a.	n.a.	74 567 684	74 567 684	100.0 %	
EE	124 827	93 522	n.a.	1 295 609		
IE***	626 067	77 590	1 754 915	5 161 515	34.0 %	4.4 %
EL	271 116	219 376	271 860	14 770 748	1.8 %	80.7 %
ES	3 157 317	911 168	5 945 196	50 937 993	11.7 %	15.3 %
FR	6 032 454	1 787 877	17 441 066	72 558 885	24.0 %	10.3 %
HR	135 787	14 572	507 418	4 007 390	12.7 %	2.9 %
IT*	10 500		60 000 000	60 000 000	100.0 %	
CY*	55 926	31	n.a.	820 000		
LV	114 612	1 194	369 644	2 302 221	16.1 %	0.3 %
LT	319 923	50 148	667 290	2 995 834	22.3 %	7.5 %
LU	219 219	8 875	757 416	970 747	78.0 %	1.2 %
HU*****	606 203	13 836	1 464 092	3 897 988	37.6 %	0.9 %
MT	97 979	78	248 671	535 064	46.5 %	0.0 %
NL	2 140 963	13 292	10 457 074	17 498 000	59.8 %	0.1 %
AT	2 237 130	19 852	8 715 971	9 341 504	93.3 %	0.2 %
PL	2 714 916	18 165	6 199 108	34 172 864	18.1 %	0.3 %
PT	730 428	5 452	2 078 197	n.a.		0.3 %
RO	307 929	13 982	474 624	16 950 000	2.8 %	2.9 %
SI	642 738	661 155	874 488	2 117 608	41.3 %	75.6 %
SK	546 683	42 246	4 259 802	5 189 179	82.1 %	1.0 %
FI	1 117 292	5 447	2 254 622	5 566 812	40.5 %	0.2 %
SE*	1 264 401	7 820	3 639 920	5 818 550	62.6 %	0.2 %
IS*	62 753	12 926	162 618	355 766	45.7 %	7.9 %
LI	9 765	32	42 038	41 986	100.1 %	0.1 %
NO*	793 348	3 588	2 193 755	5 533 582	39.6 %	0.2 %
CH	3 700 000	n.a.	8 800 000	8 800 000	100.0 %	
UK*	6 204 473	15 633	20 724 701			0.1 %
Total**			±253 000 000			

* BE: data 2021. CY and IS: data 2019. UK: data 2022. For IT data on the number of insured persons from 2020 are imputed as it is assumed that every insured person in Italy has an EHIC. DK: data number of insured persons 2020. 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 DE and IT has an EHIC.

*** Number of insured persons in IE is an estimation as it is known that approximately 34 % 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. The number of insured persons refers to the situation on 1 December 2023, the cut-off date for the statistics.

***** HU: The number of insured persons applies to insured persons with full social security coverage. However, in total, some 9 030 386 persons are entitled to an EHIC and therefore the coverage ratio of EHIC is 16.2 %.

***** DK: The figure of 5.8 million is the number of Danish inhabitants in 2020, and not the actual number of Danish insured persons. Denmark has a residence-based healthcare system, which means that all persons registered as residents in Denmark, will be covered by 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, for instance: • frontier workers, who work in Denmark but reside in another Member State or the UK; • Danish officials and workers posted by a Danish company to another EU/EEA-country, Switzerland or the UK; • Students travelling to another EU/EEA-country, Switzerland or the UK as a part of their study for a temporary period of time.

Source: Administrative data EHIC Questionnaire 2024

Member States were asked to report any specific legislative or administrative changes that influenced the evolution of the number of EHICs issued during 2023. 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.¹² Furthermore, Malta mentioned that as of March 2023, the citizens were issued with an automatic EHIC one month before their EHIC's expiry date. This resulted in a considerable increase in the number of EHICs issued when compared to 2022 (namely +36 708 or +59.9 %). Other than this, no Member State mentioned any legislative or administrative changes in 2023.

¹² 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 online or at the desk of the competent institution. This indicates that Member States mostly offer both an offline and online alternative to request the EHIC or PRC. Several Member States (e.g., Malta, Slovakia, and Switzerland) also introduced a mobile application for requesting the card. Furthermore, in the Netherlands, the EHIC can be requested through social media (WhatsApp, X, and Facebook).

None of the reporting Member States indicated a change of the EHIC procedure in 2023.¹³ Only Romania mentioned the implementation of a national online platform¹⁴ dedicated for the issuing of the EHIC or PRC. The time it takes to issue an EHIC in 2023 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 two Member States mention a slight change in the issuing procedure of a PRC in 2023. As mentioned above, Romania introduced an online platform on which a PRC can be requested. Furthermore, Spain reported that currently, the interested party can directly obtain the PRC online if they have a digital certificate, or by text message. Consequently, the interested party can immediately obtain the PRC without having to wait for it to be sent.

¹³ 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.

¹⁴ See www.cardeuropean.ro

Table 2 - Issuing procedure of EHIC and PRC, 2023

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, online application form	about 14 days	internet, fax
CZ	desk, telephone, e-mail, or post (Issued automatically to every newly insured person)	max. 14 days	post, e-mail, (fax)
DK	telephone, internet	1-2 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, e-mail, telephone, 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	1-10 days	e-mail, post
ES	desk, internet, telephone, text message	approximately 5 days	e-mail, online
FR	internet, telephone, e-mail, or desk	General scheme: less than 10 days Agricultural scheme: 11 days on average	internet, e-mail, post, telephone, office
HR	internet, desk, post, automated machines	1.67 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	telephone, fax, internet, online request via MyGuichet platform, letter, direct request at the office of the health care institution	13 days	letters, fax, letter, fax, pdf attached e-mail, MyGuichet.lu platform
HU	in person, online	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 2-14 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, 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, e-mail, fax	5-7 working days	e-mail, fax, www.cardeuropean.ro
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	telephone, email, personal contact, mobile application, electronic office, web, in writing by mail, online, office	Max 15 days	post, e-mail
FI	telephone, post, internet, desk	Around a week	e-mail, telephone
SE	fax, e-mail, EESSI	Up to 10 working days	fax, EESSI, (in rare cases e-mail)
IS	internet, telephone, e-mail	3 days	e-mail, internet, fax
LI	internet, telephone, post, e-mail	2 weeks	e-mail, phone, internet, letter
NO	internet, telephone, post	max 10 working days	fax, post, digitally
CH	issued automatically (telephone, fax, e-mail, app)	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 within 10 working days of approval	e-mail, RINA

Source: Update based on administrative data EHIC Questionnaire 2024

Table 3 gives an overview of the validity period of the EHIC for all Member States. Hungary reported a change in validity period in 2023. Instead of a validity period of 3 years, they now issue the EHIC for a validity period of 10 years.

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, HU, and AT (10 years), LT (6 years), LU (12-60 months), SI and IS (5 years)).

Table 3 - Validity period of the EHIC, 2023

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	Insured persons max. 1 year
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	10 years (insured persons), 10 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)
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 2024

4. Raising awareness

It is important to be aware of the EHIC and its usage, not only for patients to use the EHIC, but also for healthcare providers to recognize the EHIC. Therefore, Member States were asked to report ongoing or newly introduced initiatives in 2023 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*).¹⁵ Especially in tourist areas, it is important that tourists and healthcare providers are well informed.

¹⁵ 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

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.¹⁶ Furthermore, many make note of lectures and presentations given to insured persons, press releases, and information campaigns. Additionally, flyers and posters, publications and newspapers, and social media are important channels to spread information about EHIC to insured persons. Finally, some Member States also mention mailings, radio, and TV.

Regarding specific campaigns held in 2023 to inform insured persons, only France mentioned having done so. France set up a campaign as part of the TRISAN project for the Directive 2011/24/EU. Nevertheless, several Member States mention increased awareness raising right before school holidays or summer/winter/autumn vacation time (EE, LV, SI, and SE).

To inform healthcare providers, the channel mentioned most often is once more a website. Furthermore, written instructions and guidance are often-used channels to inform healthcare providers. Furthermore, information is also provided through information days or training sessions, leaflets, and the umbrella organisations. Only Slovenia mentions regularly informing healthcare providers about all changes and innovations in the field of the use of EHIC and cross-border healthcare through the media.

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.¹⁷ 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 from the competent Member State after returning home.¹⁸

In the first case, if the insured person has 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 stay¹⁹. In such case, the Member State of stay directly reimburses the person for the costs of those benefits, according to the reimbursement rates and conditions specified 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*

¹⁶ For the list of national contact points see: https://hadea.ec.europa.eu/programmes/horizon-europe/health/national-contact-points_en

¹⁷ <https://ec.europa.eu/social/main.jsp?catId=559> ; <https://ec.europa.eu/social/main.jsp?langId=en&catId=559&furtherNews=yes&newsId=10635>

¹⁸ Or the situation where the person does not have to pay for the treatment and it is the Member State of stay that claims reimbursement from the competent Member State.

¹⁹ Article 25(4) of the Implementing Regulation.

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.²⁰ 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, 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.²¹

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.²² This implies that, for 2023, the E125 forms/SEDs 080 received/issued are (mainly) applicable to necessary healthcare provided in 2022.²³

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 Germany (a total number of 599 673 forms received), France (a total number of 408 786 forms received²⁴), the United Kingdom (a total number of 317 460 forms received; data 2022), Italy (a total number of 196 162 forms received), and the Netherlands (a total number of 106 909 forms received) (*Table 4*). In terms of the amount received/paid, there is a clear top three, namely Germany (EUR 292 million), the United Kingdom (EUR 277 million; data 2022), and France (EUR 253 million). Together, the amount claimed to these Member States stands for 82.0 % 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 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

²⁰ Article 25(5) of the Implementing Regulation.

²¹ Article 25(6) of the Implementing Regulation. No information is collected about the content of these provisions.

²² In case the claim is recorded in October 2023 by the Member State of stay it should be introduced to the competent Member State up to 31 December 2024. 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.

²³ 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*.

²⁴ However, of the 264 239 E125 forms received, only for 247 605 forms the amount is already paid, it therefore concerns the number of forms for which an amount is claimed.

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 (33.4 %), France (33.2 %), Finland (22.9 %), and Poland (16.1 %). However, in Belgium, France, the Netherlands, and Poland, the share in the total amount paid via this other procedure is much lower (BE (data 2021): 11.0 % compared to 49.5 %; NL: 19.3 % compared to 33.4 %; FR: 4.3 % compared to 33.2 %; PL: 11.0 % compared to 16.1 %).

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 Germany for treatment in Austria (132 212), by France for necessary unplanned healthcare in Portugal (127 775), and by the United Kingdom for treatment in France (122 418). Furthermore, the flows from France (competent Member State) to Spain (Member State of treatment), and from Germany to Poland 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 0.18 % of total healthcare spending related to benefits in kind. Only Lithuania, Latvia, 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 (0.31 %) to the EU-14 Member States (0.06 %). 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 2023. For most competent Member States, the number of claims received as well as the amount to be reimbursed increased in 2023 compared to 2022. Most remarkably, this is the case in Greece, where the number of forms received increased by 10 269 or +14 463 % and the amount by EUR 6.4 million or +24 586 %. Nevertheless, the reported data for 2023 are rather similar to the data reported between 2018 and 2022. Future reports will point out whether the data from reference years 2021 and 2022 were indeed outliers. The evolution for France as one of the main competent Member States is remarkable as well, seeing that the number of forms decreased by almost 816 000 or 76 %.²⁵ Consequently, it seems that the number of forms is now back at the level of 2020 and earlier and the growth from 2021 to 2022 and especially from 2021 to 2022 has come to a halt. Nevertheless, the amount has not known a decrease and has even grown further from 2022 to 2023 (with EUR 16.6 million or 7 %).

²⁵ An interesting report in this regard is the 'Rapport statistique' published by CLEISS (Centre des liaisons européennes et internationales de sécurité sociale - Centre for European and International Liaison on Social Security), on an annual basis. The report consists of seven parts, of which healthcare provided abroad is one, covering EHIC, PD S1, and PD S2. The latest report concerns 2022 data, meaning that the evolution from 2022 to 2023 cannot yet be explained. See <https://www.cleiss.fr/docs/stats/rapportstat2022.html>

Table 4 - Reimbursement by the competent Member State, 2023

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	45 751	4 125 559	92 366	37 674 206	0.10 %	42.6 %	7.9 %	49.5 %	83.2 %	5.9 %	11.0 %
BG	18 786	22 977 456	148	102 526	n.a.	n.a.	18 934	23 079 982	0.69 %	99.2 %	0.8 %	0.0 %	99.6 %	0.4 %	0.0 %
CZ	43 492	23 891 309	1 539	215 753			45 031	24 107 063	0.15 %	96.6 %	3.4 %	0.0 %	99.1 %	0.9 %	0.0 %
DK	22 239	10 804 178	2 539	411 074			24 778	11 215 253	0.05 %	89.8 %	10.2 %	0.0 %	96.3 %	3.7 %	0.0 %
DE**	587 784	291 863 021	11 889	n.a.	n.a.	n.a.	599 673	291 863 021	0.10 %	98.0 %	2.0 %	0.0 %			
EE	4 584	4 114 730	319	99 403			4 903	4 214 133	0.30 %	93.5 %	6.5 %	0.0 %	97.6 %	2.4 %	0.0 %
IE	28 974	7 456 559					28 974	7 456 559	0.04 %						
EL	10 340	6 421 156	82	94 325			10 422	6 515 481	0.06 %	99.2 %	0.8 %	0.0 %	98.6 %	1.4 %	0.0 %
ES	68 152	40 332 561	3 422	753 923	381	98 133	71 955	41 184 618	0.05 %	94.7 %	4.8 %	0.5 %	97.9 %	1.8 %	0.2 %
FR**	264 239	239 947 573	8 785	2 604 928	135 762	10 823 859	408 786	253 376 360	0.11 %	64.6 %	2.1 %	33.2 %	94.7 %	1.0 %	4.3 %
HR	12 137	11 451 419	934	n.a.			13 071	11 451 419	0.30 %	92.9 %	7.1 %	0.0 %			
IT****	194 244	n.a.	1 863	n.a.	55	n.a.	196 162			99.0 %	0.9 %	0.0 %			
CY															
LV	5 382	10 280 862	191	36 774	32	87 670	5 605	10 405 307	0.61 %	96.0 %	3.4 %	0.6 %	98.8 %	0.4 %	0.8 %
LT	11 598	14 317 361	732	185 982	124	20 575	12 454	14 523 918	0.56 %	93.1 %	5.9 %	1.0 %	98.6 %	1.3 %	0.1 %
LU															
HU	3 413	2 633 856	778	241 304			4 191	2 875 160	0.04 %	81.4 %	18.6 %	0.0 %	91.6 %	8.4 %	0.0 %
MT	1 002	562 001	51	28 253	0	0	1 053	590 254	0.08 %	95.2 %	4.8 %	0.0 %	95.2 %	4.8 %	0.0 %
NL	71 158	68 037 574	18	48 003	35 733	16 249 174	106 909	84 334 752	0.12 %	66.6 %	0.0 %	33.4 %	80.7 %	0.1 %	19.3 %
AT	73 401	25 810 499	1 012				74 413	25 810 499	0.08 %	98.6 %	1.4 %	0.0 %			
PL**	59 989	61 672 728	4 842	2 274 773	12 431	7 929 020	77 262	71 876 521	0.26 %	77.6 %	6.3 %	16.1 %	85.8 %	3.2 %	11.0 %
PT	38 283	12 352 674	381	113 384			38 664	12 466 058	0.09 %	99.0 %	1.0 %	0.0 %	99.1 %	0.9 %	0.0 %
RO	10 357	23 027 377	402	749 353	0	0	10 759	23 776 730	0.24 %	96.3 %	3.7 %	0.0 %	96.8 %	3.2 %	0.0 %
SI	18 817	6 284 923	30	259 129	n.a.	n.a.	18 847	6 544 051	0.17 %	99.8 %	0.2 %	0.0 %	96.0 %	4.0 %	0.0 %
SK	40 529	18 787 471	1 210	398 524	897	92 407	42 636	19 278 402	0.37 %	95.1 %	2.8 %	2.1 %	97.5 %	2.1 %	0.5 %
FI	13 250	6 850 000	180	32 566	4 000	3 573 066	17 430	10 455 632	0.07 %	76.0 %	1.0 %	22.9 %	65.5 %	0.3 %	34.2 %
SE	38 911	8 239 354	2 974	421 112			41 885	8 660 466	0.02 %	92.9 %	7.1 %	0.0 %	95.1 %	4.9 %	0.0 %
IS															
LI	2 484	1 182 877					2 484	1 182 877							
NO			565	243 815			565	243 815	0.00 %						
CH*****	46 858	78 907 077	6 509	n.a.			53 367			87.8 %	12.2 %	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*	1 680 410	949 457 478	51 587	11 278 900	235 166	42 999 465	1 967 163	1 003 735 843	0.18 %	89.4 %	4.4 %	7.2 %	93.7 %	2.5 %	4.3 %

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

** For BE, DE, FR, PL, 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, 247 605 forms are reported for EUR 148 965 730.

**** BE: data 2021. The number of E125 received only concerns forms received electronically. UK: data 2022.

***** CH: E126 issued (6 509) contains 512 invoices regarding the form E 126, not the number of forms. Regarding S067/068: contains 5 997 forms, not the number of invoices.

Source: Administrative data EHIC Questionnaire 2024

Table 5 - Evolution of the number of claims received (E125) and amount paid by the competent Member State, 2017-2023

	E125 forms received									Amount paid (in €)								
	2017	2018	2019	2020	2021	2022	2023	Change in number of claims 2022 vs. 2023	% Change 2022 vs. 2023	2017	2018	2019	2020	2021	2022	2023	Change in number of claims 2022 vs. 2023	% Change 2022 vs. 2023
BE	47 213	44 306	60 579	53 160	39 349	23 358	18 786	-4 572	-20 %	32 644 222	47 650 399	48 423 716	31 340 837	27 113 593	22 977 456	4 136 137	-15 %	
BG	48 307	27 088	20 961	51 441	26 594	38 681	43 492	4 811	12 %	29 125 472	20 575 676	52 528 293	50 408 330	26 386 488	23 891 309	3 323 487	16 %	
CZ	41 715	45 050	45 894	42 493	32 526	38 681	43 492	4 811	12 %	19 526 710	20 225 316	21 082 013	19 011 697	15 683 549	20 567 822	23 891 309	3 323 487	16 %
DK	20 870	23 852	25 774	26 445	13 272	19 645	22 239	2 594	13 %	9 191 351	12 124 217	12 962 953	3 134 958	10 323 648	7 040 696	10 804 178	3 763 482	53 %
DE**	562 454	547 076	559 175	522 625	392 212	491 318	587 784	96 466	20 %	228 765 682	219 630 849	251 407 990	221 661 761	172 106 314	221 127 758	291 863 021	70 735 263	32 %
EE	6 344	7 678	4 859	6 064	4 040	3 487	4 584	1 097	31 %	2 885 953	7 637 246	3 918 489	5 564 919	2 784 383	4 032 278	4 114 730	82 452	2 %
IE	38 505	29 986	30 557	31 884	17 697	22 743	28 974	6 231	27 %	12 073 874	11 282 798	11 745 985	13 140 746	10 966 198	10 233 994	7 456 559	-2 777 435	-27 %
EL		16 344	16 344	13 325	520	71	10 340	10 269	14 463 %		15 199 952	15 199 952	13 479 453	222 555	26 011	6 421 156	6 395 145	24 586 %
ES	106 264	101 022	81 115	76 612	81 772	73 883	68 152	-5 731	-8 %	70 419 940	60 237 380	55 624 712	44 032 353	57 446 552	45 450 713	40 332 561	-5 118 152	-11 %
FR**	195 710	184 506	184 506	234 512	583 063	1 080 188	264 239	-815 949	-76 %	103 365 056	121 184 596	121 184 596	91 317 657	134 691 367	223 351 225	239 947 573	16 596 348	7 %
HR	14 676	13 495	15 085	13 315	11 875	12 308	12 137	-171	-1 %	8 085 130	8 152 210	8 742 086	7 655 959	9 081 741	9 092 331	11 451 419	2 359 088	26 %
IT	182 672	290 178	290 178	240 848			194 244	-46 604	-19 %	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	5 382	-397	-7 %	2 705 759	5 388 163	3 118 557	5 976 415	12 343 387	6 581 956	10 280 862	3 698 906	56 %
LT	9 481	8 792	8 824	9 345	7 026	12 179	11 598	-581	-5 %	8 690 845	7 661 360	8 363 021	10 171 445	9 211 687	17 881 147	14 317 361	-3 563 787	-20 %
LU																		
HU	21 805	18 479	18 674	15 895	9 245	7 618	3 413	-4 205	-55 %	11 888 216	10 784 135	10 412 916	8 908 334	6 382 718	5 767 091	2 633 856	-3 133 235	-54 %
MT	1 513	1 980	1 157	1 314	572	508	1 002	494	97 %	576 462	45 506	737 101	257 000	237 405	291 462	562 001	270 539	93 %
NL	78 465	90 533	87 409	84 063	57 236	72 721	71 158	-1 563	-2 %	56 953 247	62 330 938	78 369 190	69 857 914	43 018 359	70 301 922	68 037 574	-2 264 348	-3 %
AT	114 511	92 142	87 455	58 461	50 881	58 651	73 401	14 750	25 %	36 093 411	27 398 192	30 064 621	23 722 737	19 593 530	21 737 436	25 810 499	4 073 063	19 %
PL**	80 697	76 811	79 108	71 590	62 043	67 452	59 989	-7 463	-11 %	49 515 980	128 784 453	122 037 817	52 533 482	31 594 837	59 321 090	61 672 728	2 351 639	4 %
PT	39 747	37 603	39 037	40 646	36 882	39 722	38 283	-1 439	-4 %	13 335 791	41 555 169	43 188 975	4 990 877	4 309 697	8 374 241	12 352 674	3 978 432	48 %
RO	47 085	0	29 077	29 056	18 290	31 194	10 357	-20 837	-67 %	49 358 133	0	35 248 192	36 945 765	66 226 551	49 829 699	23 027 377	-26 802 322	-54 %
SI	59 273	19 516	19 516	19 250	14 026	18 510	18 817	307	2 %	19 301 621	4 286 196	4 286 196	7 186 609	7 607 719	4 800 026	6 284 923	1 484 897	31 %
SK	40 936	33 396	32 863	33 751	26 313	36 561	40 529	3 968	11 %	17 224 481	15 242 326	15 832 268	17 672 727	14 201 472	15 936 308	18 787 471	2 851 163	18 %
FI**	17 800	25 300	23 500	9 700	13 400	10 200	13 250	3 050	30 %	6 798 000	8 850 000	7 500 000	4 150 000	5 360 000	3 740 000	6 850 000	3 110 000	83 %
SE	49 192	60 131		38 404	26 793	30 627	38 911	8 284	27 %	27 473 212	21 657 364		15 375 798		13 470 954	8 239 354	-5 231 600	-39 %
IS	4 240	3 610								1 308 052	533 908							
LI	2 035					1 693	2 484	791	47 %	974 702					710 541	1 182 877	472 336	66 %
NO			131 341									7 475 516						
CH	72 777	59 213	69 114	62 246	41 949	42 127	46 858	4 731	11 %						83 437 730	78 907 077	-4 530 653	-5 %
UK**		156 573	156 573	320 690	252 354	315 668					101 116 319	101 116 319			275 317 311			
EU-27*						2 157 404	1 446 817	-710 587	-33 %						846 069 754	918 116 641	72 046 888	9 %

* EU-27: calculated for Member States that provided data for both 2022 and 2023.

** 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, 247 605 forms are reported for EUR 148 965 730.

Source: Administrative data EHIC Questionnaire 2018-2024

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 at the beginning of *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 Spain (394 922 E125 forms), Belgium (325 614 forms, including 323 436 E125 forms; data 2021), Germany (241 249 forms, including 228 754 E125 forms), Austria (224 714 forms, including 211 471 E125 forms), and Poland (208 439 forms, including 208 108 E125 forms) (*Table 6*). Croatia and Portugal are close runners-up with more than 140 000 forms each. The highest amounts of reimbursement were received by Germany (EUR 198.7 million claimed), Spain (EUR 158.5 million), France (EUR 150.1 million), and Austria (EUR 147.9 million).

On average, 95 % 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 (38.5 %). In this Member State, 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 the amount covered by the E126 forms compared to the amount covered by the E125 forms appears to be (much) lower in Romania, namely 5.8 %.

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 Austria (134 350 forms), and to Germany for unplanned care provided in Poland (111 863 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 Bulgaria, Belgium (data 2021), Malta, Greece, 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 0.16 %.

In almost all Member States, a growth in the number of claims for reimbursement of necessary unplanned care issued by the Member State of treatment can be noted from 2022 to 2023 (*Table 7*). As is the case from the perspective of the competent Member State, especially Greece stands out as a Member State of stay, with a growth of 74 306 forms or 1 486 120 % and a growth of EUR 31.7 million or 4 406 974 %. These numbers are more similar to those reported in 2018 but are still (much) higher. Once more, it will become clear in coming years whether the previous reference years were outliers or 2023 is an outlier.

Table 6 - Reimbursement to the Member State of stay or to the insured person, 2023

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	0.25 %	99.3 %	0.7 %	99.3 %	0.7 %
BG	9 320	7 822 370	870	646 950	10 190	8 469 320	0.25 %	91.5 %	8.5 %	92.4 %	7.6 %
CZ	62 969	26 007 438	1 040		64 009	26 007 438	0.17 %	98.4 %	1.6 %		
DK	15 056	7 193 571	228		15 284	7 193 571	0.03 %	98.5 %	1.5 %		
DE***	228 754	198 664 068	12 495	n.a.	241 249	198 664 068	0.07 %	94.8 %	5.2 %		
EE***	5 540	1 341 794	151	118 459	5 691	1 460 254	0.10 %	97.3 %	2.7 %	91.9 %	8.1 %
IE	8 010	1 358 714			8 010	1 358 714	0.01 %				
EL***	74 311	31 716 388	3 492	128 004	77 803	31 844 392	0.31 %	95.5 %	4.5 %	99.6 %	0.4 %
ES	394 922	158 457 062			394 922	158 457 062	0.20 %				
FR****	55 513	149 995 898	1 115	134 983	56 628	150 130 881	0.06 %	98.0 %	2.0 %	99.9 %	0.1 %
HR	158 927	25 792 440	3 917	n.a.	162 844	25 792 440	0.67 %	97.6 %	2.4 %		
IT											
CY											
LV	3 891	495 697	206	19 266	4 097	514 963	0.03 %	95.0 %	5.0 %	96.3 %	3.7 %
LT	4 559	1 286 802	131	107 588	4 690	1 394 391	0.05 %	97.2 %	2.8 %	92.3 %	7.7 %
LU											
HU	16 112	3 534 985	<5	1 200	16 114	3 536 185	0.05 %	100.0 %	0.0 %	100.0 %	0.0 %
MT	5 784	2 295 010	40	5 881	5 824	2 300 892	0.30 %	99.3 %	0.7 %	99.7 %	0.3 %
NL	87 520	71 956 524			87 520	71 956 524	0.10 %				
AT	211 471	146 252 837	13 243	1 599 121	224 714	147 851 958	0.48 %	94.1 %	5.9 %	98.9 %	1.1 %
PL***	208 108	46 394 211	331	67 300	208 439	46 461 512	0.17 %	99.8 %	0.2 %	99.9 %	0.1 %
PT	139 099	6 862 167	2 508	435 315	141 607	7 297 482	0.05 %	98.2 %	1.8 %	94.0 %	6.0 %
RO	3 377	2 030 774	2 112	124 592	5 489	2 155 366	0.02 %	61.5 %	38.5 %	94.2 %	5.8 %
SI	15 151	5 033 130	365	n.a.	15 516	5 033 130	0.13 %	97.6 %	2.4 %		
SK	25 982	6 714 695	608	169 085	26 590	6 883 780	0.13 %	97.7 %	2.3 %	97.5 %	2.5 %
FI***	7 633	7 239 501	667	n.a.	8 300	7 239 501	0.05 %	92.0 %	8.0 %		
SE	29 209	26 028 276			29 209	26 028 276	0.07 %				
IS											
LI	305	290 110			305	290 110					
NO											
CH	57 311				57 311						
UK***	7 113	22 526 520			7 113	22 526 520	0.01 %				
EU-27*	2 094 654	1 026 701 669	45 699	4 215 900	2 140 353	1 030 917 569	0.16 %	95.2 %	4.8 %	96.8 %	3.2 %

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

** BE: data 2021. The numbers are the total of E125 (claims and credit notes) sent to other MS for healthcare provided on the basis of an EHIC/PRC. UK: data 2022.

*** BE, DE, EE, EL, 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, 16 750 forms are reported for EUR 45 729 576.

Source: Administrative data EHIC Questionnaire 2024

Table 7 - Evolution of the number of claims issued (E125) and amount received by the Member State of treatment, 2017-2023

	E125 forms issued										Amount received (in €)							
	2017	2018	2019	2020	2021	2022	2023	Change in number of claims 2022 vs. 2023	% change 2022 vs. 2023	2017	2018	2019	2020	2021	2022	2023	Change in number of claims 2022 vs. 2023	% change 2022 vs. 2023
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	9 320	949	11 %	1 097 197	1 785 396	1 708 979	2 542 974	2 004 429	2 604 660	7 822 370	5 217 710	200 %
CZ	52 577	52 164	51 166	39 697	34 196	61 582	62 969	1 387	2 %	13 050 021	14 216 387	15 947 032	14 084 004	6 776 247	22 723 902	26 007 438	3 283 536	14 %
DK	4 239	11 684	7 594	15 389	8 518	12 397	15 056	2 659	21 %	2 143 563	4 561 362	4 734 063	3 006 383	5 391 829	7 482 598	7 193 571	-289 027	-4 %
DE	390 588	346 339	335 102	300 507	243 256	245 691	228 754	-16 937	-7 %	221 466 274	209 673 688	216 049 994	198 334 940	184 186 016	206 976 896	198 664 068	-8 312 829	-4 %
EE	5 315	10 039	8 478	3 649	3 506	4 620	5 540	920	20 %	1 131 312	1 591 817	1 516 434	1 807 298	1 077 152	1 421 448	1 341 794	-79 654	-6 %
IE	18 744	20 284	17 289	12 502	4 497	6 127	8 010	1 883	31 %	1 636 829	3 899 343	3 625 302	2 465 900	3 676 513	1 526 328	1 358 714	-167 614	-11 %
EL		52 634	52 634	7 796	<5	5	74 311	74 306	1 486 120 %		4 884 160	4 884 160	9 146 600	17	720	31 716 388	31 715 668	4 406 974 %
ES	393 134	447 505	392 550	161 821	302 980	310 575	394 922	84 347	27 %	188 589 526	214 305 342	206 032 525	78 857 220	166 691 977	145 600 847	158 457 062	12 856 215	9 %
FR	82 245	79 327	79 327	67 097	37 082	44 797	55 513	10 716	24 %	166 298 633	169 541 854	169 541 854	152 163 355	112 400 047	127 416 488	149 995 898	22 579 410	18 %
HR	120 167	134 778	137 889	128 890	97 752	146 103	158 927	12 824	9 %	14 449 124	15 581 043	16 858 366	15 905 008	16 234 186	22 770 770	25 792 440	3 021 671	13 %
IT	142 219	155 144	155 144	136 527			137 554			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	3 891	1 558	67 %	225 498	293 608	322 124	427 065	385 428	349 824	495 697	145 873	42 %
LT	3 621	4 119	4 834	4 327	2 081	3 573	4 559	986	28 %	732 076	723 001	970 289	873 226	571 373	1 010 598	1 286 802	276 205	27 %
LU																		
HU	20 144	20 275	19 497	11 566	11 296	15 132	16 112	980	6 %	4 233 122	4 457 117	4 049 205	2 073 285	2 947 105	2 508 493	3 534 985	1 026 491	41 %
MT	5 111	6 107	7 451	2 972	5 201	5 065	5 784	719	14 %	989 189	1 465 453	2 113 381	934 909	1 760 204	2 052 410	2 295 010	242 600	12 %
NL	49 332	24 706	282 730	112 825	87 976	66 475	87 520	21 045	32 %	54 762 440	30 862 794	148 387 979	47 595 648	44 954 569	23 989 733	71 956 524	47 966 791	200 %
AT	238 237	236 139	237 895	200 304	127 447	178 434	211 471	33 037	19 %	115 905 327	119 524 723	115 334 850	108 270 765	70 760 888	115 557 381	146 252 837	30 695 456	27 %
PL	231 439	228 906	229 685	207 846	203 835	211 661	208 108	-3 553	-2 %	24 144 540	24 504 400	24 067 900	24 149 391	19 963 906	30 604 141	46 394 211	15 790 071	52 %
PT	144 698	59 668	152 629	72 545	216 334	125 002	139 099	14 097	11 %	25 453 835	9 873 985	25 438 387	4 031 474	5 249 631	5 701 055	6 862 167	1 161 112	20 %
RO	2 099		846	2 745	3 303	2 563	3 377	814	32 %	985 308		530 442	1 282 788	1 526 660	1 229 368	2 030 774	801 406	65 %
SI	15 762	16 624	16 624	13 071	14 887	16 370	15 151	-1 219	-7 %	4 270 674	4 293 424	4 293 424	4 786 208	4 481 419	3 912 705	5 033 130	1 120 425	29 %
SK	32 726	67 481	33 570	26 045	12 601	23 752	25 982	2 230	9 %	3 914 611	7 236 290	6 829 098	5 567 154	1 613 876	6 740 051	6 714 695	-25 356	0 %
FI	7 614	6 796	7 106	5 964	8 510	5 418	7 633	2 215	41 %	5 024 910	4 906 878	5 168 114	4 707 813	5 718 897	4 330 514	7 239 501	2 908 987	67 %
SE	26 088	31 433	19 962	44 218	29 386	25 115	29 209	4 094	16 %	25 581 038	23 304 283	19 496 529			21 752 752	26 028 276	4 275 523	20 %
IS	3 652	4 286								2 257 679	2 637 669							
LI	1 349	271	535	305	878	289	305	16	6 %	1 025 792	188 143	213 825	238 514	646 651	395 694	290 110	-105 585	-27 %
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	57 311	5 008	10 %	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					20 448 034	20 448 034	38 461 778	11 412 131	22 526 520			
EU-27*						1 521 161	1 771 218	250 057	16 %						758 263 682	934 474 352	176 210 670	23 %

* EU-27: calculated for Member States that provided data for both 2022 and 2023.

** For BE, DE, EE, EL, 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, 16 750 forms are reported for EUR 45 729 576.

Source: Administrative data EHIC Questionnaire 2018-2024

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.²⁶ France reported a few cases, and both Croatia and Finland mentioned there are such cases but they are unable to quantify these occurrences. Only two Member States could quantify the number of cases in 2023. Denmark reported 939 cases, although this only included data from four of the five Danish regions, and Sweden mentioned 7 726 cases thus 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 can potentially undermine the public trust in the EHIC. Second, the notion of 'necessary healthcare' is an important issue, as its 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 were aware of cases of refusals to accept EHICs by healthcare providers established in their country or another country in 2023. If so, the underlying reasons to refuse the EHIC by healthcare providers should be reported. In total, 12 Member States²⁷ were aware of refusals of EHICs in their own country, while 14 Member States²⁸ were unaware of any refusals in their own country. Concerning refusals in another Member State, 17 Member States²⁹ were aware of this happening, whereas 8 Member States³⁰ reported no such cases occurred in 2023.

Table a6 in Annex III shows the detailed replies to this question. The reasons for refusal are rather similar from both perspectives. 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 sufficient information. This lack of knowledge of procedures is an often-mentioned reason for refusal of the EHIC. Several Member States indicate it is rather difficult to assess whether the healthcare is necessary care or not; there appears to be a (thin) line between unplanned necessary healthcare and planned healthcare. Regarding pregnancy and childbirth, refusals still occur as well. Furthermore, the administrative burden related to the EHIC is reported by some Member States, indicating that it is often easier to treat patients as 'private' patients³¹. Additionally, there is

²⁶ BG, DE, EE, IE, ES, LT, MT, PT, RO, SI, SK, and UK.

²⁷ CZ, DK, DE, EE, FR, HR, LU, HU, AT, PL, SE, and CH.

²⁸ IE, EL, ES, LV, LT, MT, NL, RO, SI, SK, FI, LI, NO, and UK.

²⁹ CZ, DK, DE, EE, ES, FR, HR, LU, HU, MT, NL, AT, PL, SI, FI, SE, and CH.

³⁰ IE, LV, LT, RO, SK, LI, NO, and UK.

³¹ For example, the following is reported: AT: Billing private fees is more attractive than the "complicated" subsequent billing through the health insurance company. One of the reasons is the low administrative effort involved in treating insured

a certain preference for cash payments by some healthcare providers. Finally, the fact that the EHIC cannot be read electronically³² and uncertainty about its design (for instance language, chip, etc.) leads to refusals of the EHIC.

6.2. The notion of necessary care

Even though the Administrative Commission Decisions³³ explain the notion of necessary care, and the European Commission has issued explanatory notes³⁴ on the matter, most of the reporting Member States still signalled difficulties concerning the interpretation of 'necessary healthcare' (see *Table A7 in Annex III*). More specifically, 13 Member States³⁵ reported they still experience problems with this notion, whereas 12³⁶ 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 how to distinguish 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 Commission³⁷ 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 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".³⁸ 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 a PD S2).

persons as private patients; LU: There are refusals from healthcare providers choosing to bill the higher price of the private system instead of applying the EHIC procedure.

³² For example, the following is reported: DE: Although the EHIC is physically similar to the German health insurance card, it cannot be read electronically; AT: In some cases, attempts are made to read the card electronically; PL: EHIC is not being accepted due to the fact that it lacks a chip.

³³ 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'.

³⁴ 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>.

³⁵ CZ, DK, DE, EL, ES, FR, AT, PL, PT, RO, SK, FI, and CH.

³⁶ EE, IE, HR, LV, LT, LU, HU, MT, NL, SI, SE, and LI.

³⁷ Treatment provided in conjunction with chronic or existing illnesses as well as in conjunction with pregnancy and childbirth.

³⁸ 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.

Second, some healthcare providers may wrongly interpret the concept of ‘necessary healthcare’³⁹. 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 or posted workers who do not move their habitual residence to the country of their studies/posting) 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 taken into account.

6.3. Invoice rejection

A high number of reporting Member States indicated that invoices were rejected by their institutions (19 Member States⁴⁰) or by institutions in other countries (18 Member States⁴¹). Three Member States⁴² did not know of any rejections by their own institutions and four⁴³ were not aware of any cases of rejections by institutions in other Member States.

A frequently cited reason by Member States is missing or incorrect information, for instance so that the person cannot be identified, or the entitlement document is unknown, 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 uninsured persons. *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
- duplication of claims
- uninsured person (during the benefit period)

Thirteen Member States were able to (partly) quantify the number of rejected invoices by their institutions or other institutions (*Table 8*). Those cases can be compared with the total number of claims of reimbursement received or issued by an E125 form.

³⁹ For example, the following is reported: DE: Since there is no precise definition or interpretation guideline for the term "medically necessary services", this term may be interpreted differently by service providers; PL: 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; SK: The term necessary health care often refers to the complete health care that an insured person needs, even if he or she travels purposefully for health care.

⁴⁰ CZ, DK, DE, ES, FR, HR, LV, LT, HU, AT, PL, PT, RO, SI, SK, FI, SE, LI, and CH.

⁴¹ CZ, DK, DE, IE, ES, FR, HR, LV, LT, HU, AT, PL, PT, RO, SI, FI, SE, and CH.

⁴² LU, MT, and UK.

⁴³ LU, MT, LI, and UK.

Most rejections in other countries were reported by Hungary, namely 7 886 rejections, followed by Germany with 4 630 rejections. The unweighted average for the share of rejections in other countries in total reimbursement claims issued amounts to 5.9 %. However, there are large differences between Member States. For instance, a high percentage of claims for reimbursement from Hungary (48.9 %) and Romania (5.2 %) were rejected. In Hungary, this share has known a continuous increase from 2020 onwards, growing from 4.8 % in 2020, to 20.3 % in 2021, to 34.6 % in 2022, and to 48.9 % in 2023.

From the other perspective, Germany rejected most claims by its own institutions, namely 15 645, followed by Hungary (7 385), Romania (2 641), and Czechia (1 506). The average share of rejections in total reimbursement claims received reached 16.6 %. The share of rejections in total reimbursement claims received was highest in Hungary, namely exceeding 100 %. Although this was also the case in 2022, it 'only' amounted to 18.3 % in 2021 and 1.2 % in 2020. Furthermore, the share is on the high side in Romania (24.5 %).

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, 2023

MS	Rejections by institutions in <u>other countries</u>	Share of rejections in total reimbursement claims issued**	Rejections in 2022	Rejections by <u>your institutions</u>	Share of rejections in total reimbursement claims received***	Rejections in 2022
CZ	1 751	2.7 %	1 451	1 506	3.3 %	2 360
DK	227	1.5 %	170	149	0.6 %	64
DE	4 630	1.9 %	4 525	15 645	2.6 %	14 787
ES				51	0.1 %	34
FR	1 390	2.5 %	1 919	370	0.1 %	401
HR	1 762	1.1 %	1 549	435	3.3 %	255
LV	23	0.6 %	167	62	1.1 %	24
LT	114	2.4 %	83	138	1.1 %	126
HU	7 886	48.9 %	5 282	7 385	176.2 %****	10 294
PL	742	0.4 %	858	815	1.1 %	736
RO	286	5.2 %	2 804	2 641	24.5 %	297
SI	477	3.1 %	375	246	1.3 %	276
SE	50	0.2 %	132	8	0.02 %	320
Total*		5.9 %			16.6 %	

* Unweighted average of the reporting Member States. The weighted average amounts to 2.3 % for rejections by institutions in other countries, and 2.2 % for rejections by your institutions.

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

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

**** HU reported 7 385 rejections of invoices by their institutions. However, this leads to a rejection share of over 100 % (176.2 %) as they received a total number of 4 191 claims in 2023.

Source: Administrative data EHC Questionnaire 2023 and 2024

6.4. Fraud and error

Inappropriate use of the EHC 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 EHC (e.g., cooperation between institutions to avoid misuse of the EHC, the EHC should contain an expiry date, etc.).

Whereas nine Member States⁴⁴ did not find any cases of fraud or error involving EHIC, nine Member States⁴⁵ did report inappropriate use. Six of these Member States were able to (partly) quantify the fraudulent or erroneous use of the EHIC (*Table 9*).

In terms of types of fraud and error, Estonia mentioned uninsured persons, as does Lithuania where the uninsured person manipulated the PRC. Furthermore, Slovakia reports that falsified documents were uncovered. Spain mentions 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. To uncover inappropriate use of the EHIC, France had 22 audits or investigations and allocated 2 full-time equivalents human resources.

The quantification of these cases in *Table 9* indicates that the highest number of cases was identified by Austria (718) followed by Croatia (107), while the remaining reporting Member States indicate fewer than 25 cases. Nevertheless, in terms of the amount involved, France reported the highest amount of EUR 672 481 followed by Austria with EUR 310 467. The evolution from 2022 to 2023 indicates that Croatia knew a large increase (from 50 cases in 2022 to 107 in 2023) while Austria knew a decrease (from 801 cases in 2022 to 718 in 2023). For all the reporting Member States, the share in total number of claims paid and in total amount reimbursed is limited, with only Austria showing shares around 1.0 %.

Table 9 - Number of cases of inappropriate use (fraud and error) of the EHIC, 2023

	Total number of cases identified in 2023*	Total amount involved in 2023 (in €)	Share in total number of claims paid in 2023	Share in total amount reimbursed in 2023	Total number of cases identified in 2022
EE	23	40 275	0.5 %	1.0 %	
FR	22	672 481	0.01 %	0.3 %	
HR	107		0.8 %		50
LT	1	1 438	0.01 %	0.01 %	1
AT	718	310 467	1.0 %	1.2 %	801
SK	4	240	0.009 %	0.001 %	1

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

Source: Administrative data EHIC Questionnaire 2024

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. Eleven reporting Member States⁴⁶ 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. Twelve Member States⁴⁷ indeed mentioned other difficulties, while fourteen⁴⁸ 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 EHIC for pregnancy and childbirth healthcare, and 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.

⁴⁴ DK, EL, MT, RO, SI, FI, LI, NO, and UK.

⁴⁵ EE, ES, FR, HR, LT, NL, AT, SK, and CH.

⁴⁶ IE, ES, HR, LT, LU, MT, PL, RO, SI, FI, and NO.

⁴⁷ DK, DE, EE, FR, HU, MT, NL, AT, PL, SK, LI, and CH.

⁴⁸ CZ, IE, EL, HR, LV, LT, LU, PT, RO, SI, FI, SE, NO, and UK.

Annex I Information for the insured persons and healthcare providers

Table a1 - Information for the insured persons and healthcare providers, 2023

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	No new information campaigns were introduced in 2023, however, every year the reports from the European Commission on the use of the EHIC and the 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 regions in Denmark.
DE	<p>The health insurance companies inform the people insured with them by means of press releases, member magazines, travel mailings, in personal consultations, on the Internet, by displaying relevant flyers, posting notices in companies and by providing information when sending the EHIC or PRC individually.</p> <p>The GKV-Spitzenverband, DVKA, regularly informs the German health insurance companies about the process surrounding the EHIC both by means of publications (circulars, guidelines, etc.) and in the context of seminars. The insured can find the information sheet series "Holiday in..." on the website of the GKV-Spitzenverband; DVKA in the "Tourists" section. The information sheets show, among other things, how health insurance benefits can be claimed in the respective member state using the EHIC.</p>	<p>The service providers are generally informed by their respective umbrella associations. However, the GKV-Spitzenverband, DVKA, is in contact with the relevant contact persons of the umbrella associations of service providers and provides them with all relevant information. In cooperation with the respective umbrella associations of service providers, it has developed information sheets on the medical care of patients who are insured abroad. These information sheets are regularly updated and contain comprehensive information on the procedure when the EHIC or PRC is presented. The service providers can access this information at www.dvka.de ("service providers").</p> <p>In addition, the service providers also receive information on how to deal with the EHIC from various German health insurance companies.</p> <p>With regard to the implementation of Directive 2011/24/EU, there were no changes last year that would have required corresponding initiatives. A central landing page we proposed at the meetings of the National Contact Points for inquiries from insured persons about cross-border care, with general information and a link to the appropriate National Contact Point, was rejected by DG Sante. In our view, this would have had a much greater impact than national events, which could only reach a maximum of a few hundred people.</p>
EE	There were no specific campaigns but, as usual we did inform the general population via web banners, social media, and newspaper articles. We offer information and articles about EHIC to our media channels before school holidays.	There were no specific campaigns, but we did inform healthcare providers via regular information days.
IE	In 2023, 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	The National Organization for the Provision of Health Services (EOPYY) regularly updates the website of the National Contact Point (NCP) for Cross-border Healthcare (https://eu-healthcare.eopyy.gov.gr/en/). The website contains elaborate and extensive information on both the Social Security Regulations as well as the Directive regarding patients' rights in cross-border healthcare. The website is available in Greek and English, and it is built on the basis of the Commission's specific principles, guidelines and evaluation indicators for the member-states' NCPs as well as the usability and accessibility requirements of the National Digital Gateway pursuant to the European Regulation 2018/1724. The NCP website is also accessible on the EU website YourEurope (https://europa.eu/youreurope/).	<p>a) Regular updates - The NCP website is organized with the aim of direct access to user-friendly information and it is the official database for cross-border healthcare under the EU law, providing a number of search tools with guides, checklists, frequently asked questions, application templates, useful links, etc. b) Regular updates - Circulars to the professional associations of health providers (pharmacists, hospitals, doctors) who treat EHIC holders regarding patients' rights c) Regular updates - Guidelines to health professionals/providers (pharmacists, hospitals, doctors) who treat EHIC holders regarding their obligations towards the national statutory health insurance payer organization concerning t EL's health cost claims from the other EU member-states d) Regular support and problem solving services for incoming and outgoing EHIC holders e) Ongoing collaboration and networking with patients' organizations.</p>
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.	This is competence of the Ministry of Health, Consumption and Social Welfare

MS	Information for insured persons	Awareness-raising of the healthcare providers
FR	CNAM: Campaigns as part of the TRISAN project for the Directive 2011/24/EU CCMSA: No, there was no public information campaign in 2023	CNAM: TRISAN project 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		
CY		
LV	Regular informational campaigns are organized - 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.
LT	The Information about EHIC is available on the web page of the NHIF (this institution performs function of the National Contact Point (NCP) for Cross-border healthcare as well). This information is updated on the regular basis. NHIF representatives participate in various public fests or other public events (e.g. career days aimed at introducing services provided by the NHIF for schoolchildren and students) during which they distribute booklets and disseminate information to the public about EHIC. Information campaigns about the benefits of the EHIC via radio, television and social media are provided on regular basis as well.	No, we do not have any ongoing or newly introduced initiatives in 2023. The information is 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 and www.ehic.gov.mt. Also participated in TV broadcast and were present during an EXPO organised on the occasion of Public Service Week besides manned an information stand on the occasion of 'Europe Day' in Malta and Gozo.	Training sessions were held for the Health Care Providers working at different Healthcare Entities in Malta and Gozo, with the aim to provide information regarding the proper use of EHIC and issuance of the provisional replacement certificates. On-line support was provided as required.
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 social insurance providers' homepage	No. When new contract partners are trained, they receive information about how to use the EHIC. Some providers also provide information about current developments by means of circulars.
PL	In 2023 we have organized a webinar and trainings for the healthcare providers on the EU patient, including patients with EHIC. (https://www.nfz.gov.pl/dla-swiaadczeniodawcy/webinaria-nfz/pacjent-unijny-niezbednik-swiaadczeniodawcy/)	There were no ongoing or new campaigns and initiatives in 2023
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 campaign for raising awareness of the provisions of the EU REG 883/2004 (concerning the EHIC or the rights given by the Directive 2011/24.EU) is an ongoing one in an effort to make the information more accessible and easy to force into practice.	The campaign for raising awareness of the provisions of the EU REG 883/2004 (concerning the EHIC or the rights given by the Directive 2011/24.EU) is an ongoing one in an effort to make the information more accessible and easy to force into practice.

MS	Information for insured persons	Awareness-raising of the healthcare providers
SI	<p>In 2023, as in previous years, the HIIS regularly informed the media about any novelties in the EHIC legislation, namely through press conferences or press releases.</p> <p>At every change, the information available on the ZZS website, on the ZZS automatic telephone transponder and the teletext of RTV Slovenia shall be supplemented accordingly. In particular, the ZZS informs insured persons about the novelties and how to use health services abroad, before the beginning of the annual winter and summer tourist season.</p> <p>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 receive treatment abroad, the extent of reimbursement, etc. The tasks of the NCP are carried out by the ZZS. 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.</p>	<p>ZZS 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 ZZS website and the NCP website is also available to healthcare providers.</p>
SK	No	No
FI	<p>The Finnish NCP promoted EHIC on Travel fair in Helsinki in January 2023. They also had a presentation during the fair that shared information about EHIC on topic "I have travel insurance, why do I need a European Health Insurance Card?" In addition, the Finnish NCP had keyword advertising on Google during year 2023 that promoted the website EU-healthcare.fi. Kansaneläkelaitos improved their website concerning EHIC to ensure customers knowledge about the topic.</p> <p>National law concerning reimbursement of costs related to seeking treatment under directive has changed and therefore Kansaneläkelaitos has informed customers of the impact of the changes via newsletters.</p>	No
SE	<p>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.</p> <p>No similar measures were undertaken regarding the rights under Directive 2011/24/EU.</p>	<p>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.</p>
IS		
LI	No	No
NO	<p>Information with regard to the EHIC or reimbursement under Directive 2011/24/EU is available at www.helsenorge.no. Further, helsenorge.no also allows for submitting electronic applications for the EHIC. No campaigns were introduced in the year of 2023.</p>	<p>Information concerning Regulation (EC) No 883/2004, thus the EHIC accordingly, and Directive 2011/24/EU, is available for healthcare providers at www.helfo.no.</p>
CH	<p>No public information campaigns. Switzerland does not apply Directive 2011/24/EU</p>	<p>Information for health care providers about use and validity of EHIC (information sheet, meetings). Switzerland does not apply Directive 2011/24/EU</p>
UK	<p>Gov.uk pages were updated to advise all UK citizens on available reciprocal healthcare benefits when travelling abroad. Advertising around the benefits of the GHIC entitlement was piloted in one UK airport, with a view to expanding this if successful.</p>	<p>NHSBSA (UK Liaison body) provides regular support in this regard to UK hospital trusts</p>

Source: Administrative data EHIC Questionnaire 2024

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, 2023

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**
BE		1 146	363	198	4 381	110	231	431	3 502	59 198	178	4 246	90	393	158	52	5 442	399	2 920	4 037	20			707	60	475	0	15		24 261	
BG	307		125	56	2 555	19	60	118	403	1 073	10	548	10	22	9	15	299	66	99	29	54			54	24	76	0	<5		4 009	
CZ	235	476		509	14 066	54	489	258	2 142	2 177	255	2 010	204	134	104	48	971	1 724	13 350	490	103			22 788	13	721	261	7		5 097	
DK	141	57	96		11 495	27	0	32	108	630	37	464	108	289	7	14	438	142	410	<5	<5			68	0	0	0	6		10	
DE	7 290	9 541	6 045	4 370		640	2 404	5 923	18 469	21 572	6 902	58 165	1 822	4 297	1 824	176	11 120	29 069	37 105	5 893	4 864			6 008	164	6 213	1 110	88		46 643	
EE	17	13	42	77	477		24	9	110	243	<5	425	261	108	<5	8	50	26	42	24	16			8	354	211	0	<5		<5	
IE	18	<5	112	5	1 391	21		16	2 047	2 767	81	3 279	32	87	6	23	123	182	482	189	19			50	<5	5	0	<5		71	
EL	1 743	976	528	823	42 944	34	281	<5	395	11 905	25	2 309	38	105	53	28	2 404	1 091	605	81	12			178	366	3 876	<5	<5		456	
ES	26 213	1 167	2 728	5 074	65 086	683	13 500	829		113 826	574	45 808	279	965	340	115	16 717	4 378	5 674	13 064	17			1 119	2 396	13 574	29	21		24 766	
FR	27 069	694	474	1 092	9 260	89	729	338	17 197		134	9 858	116	491	106	39	2 854	774	1 477	6 411	535			272	119	1 357	6	59		122 418	
HR	539	5	4 813	818	93 299	60	468	41	497	3 518		7 779	48	131	253	75	2 197	16 594	195	133	34			2 782	24	2 734	15	12		1 052	
IT	5 292	539	2 866	1 187	43 262	76	455	294	2 793	15 012	350		183	226	75	79	1 210	4 703	3 100	628	2 003			655	74	1 246	17	<5		4 106	
CY	52	99	15	53	79	12	17	243	25	364	<5	31	18	12	<5	<5	19	61	58	<5	0			25	80	98	0	0		897	
LV	40	19	114	157	615	352	73	22	166	348	6	45		502	0	8	62	38	239	21	<5			30	14	438	0	<5		451	
LT	47	8	48	162	1 165	103	226	16	197	334	19	273	160		<5	<5	100	38	244	24	0			79	8	343	0	11		861	
LU	4 270	37	27	21	2 926	10	0	30	194	4 004	14	472	10	21	36	5	292	26	97	600	11			31	27	0	0	<5		253	
HU	266	62	296	169	6 459	13	12	18	295	1 769	53	1 305	14	25		36	338	1 130	224	28	713			919	16	446	10	<5		52	
MT	48	70	42	138	542	25	164	33	491	2 258	9	1 987	38	42	<5		51	49	198	64	19			54	<5	171	0	<5		10	
NL	5 952	12	41	79	59	21	0	9	533	1 491	0	3 500	25	366	46	0		68	505	9	0			183	146	146	0	124		2 722	
AT	1 760	2 107	5 931	3 860	132 212	204	1 031	509	2 659	4 714	1 363	18 909	206	337	738	63	7 204		3 659	648	1 794			4 320	69	2 108	557	20		8 864	
PL	3 315	595	5 513	4 889	110 277	72	6 731	187	3 213	6 752	83	11 000	131	618	56	80	11 259	3 778			379	81			714	34	5 523	20	12		48 546
PT	4 650	42	540	31	16 330	101	963	101	7 365	127 775	101	3 222	103	134	38	23	2 529	695	937		0			134	94	854	<5	<5		28	
RO	240	21	32	24	109	<5	34	17	553	960	<5	1 701	5	<5	33	<5	58	95	22	16				16	9	82	<5	0		339	
SI	225	71	569	119	5 275	31	56	55	481	718	1 376	6 017	15	21	9	18	522	2 861	358	119	6			238	<5	194	<5	0		678	
SK	168	91	12 097	190	3 902	19	799	63	589	488	54	1 239	35	83	72	30	312	4 134	822	52	35				<5	151	359	<5		11 738	
FI	74	62	134	7	1 937	1 487	82	45	571	1 178	35	549	331	525	26	17	253	215	284	148	25			86	0	0	<5	6		6	
SE	392	229	489	112	10 318	484	0	283	1 040	2 487	248	2 019	899	1 835	93	46	1 925	499	2 205	208	5			477	<5		<5	56		1 654	
IS	17	7	100	11	696	24	44	56	315	351	17	197	0	127	<5	5	121	78	275	0	0			14	0	0	0	10		165	
LI	<5	0	<5	<5	97	<5	<5	0	<5	<5	0	33	0	0	<5	0	9	58	<5	19	0			<5	0	0	0	<5		5	
NO	41	29	31	50	887	8	7	7	49	487	<5	70	37	87	<5	<5	251	32	160	0	27			10	0	0	0	0		7	
CH	1 888	473	432	493	15 901	121	92	320	5 533	19 654	183	5 397	99	109	93	39	1 672	1 281	546	5 343	214			387	62	832	87	95		7 294	
UK	54	284	386	<5	1 671	0	0	118	19	731	22	3 304	288	359	0	0	374	129	968	<5	149			228	11	11	0	0		0	
Total	92 366	18 934	45 031	24 778	599 673	4 903	28 974	10 422	71 955	408 786	13 071	196 162	5 605	12 454	4 191	1 053	106 909	74 413	77 262	38 664	10 759	18 847	42 636	17 430	41 885	2 484	565	53 367	317 460		

* BE: data 2021. For E125 forms it only concerns forms submitted electronically. UK: data 2022.

** SI and CH: no breakdown possible. HR: for 934 E126 forms issued, no breakdown by Member State of treatment is possible. NL: for 35 733 E126 forms issued, no breakdown by Member State of treatment is possible. FI: for 13 250 E125 forms received a breakdown is not possible. Therefore, it only concerns E126 and claims not verified by E126 in this table.

*** EL reported <5 claims for which EL was the Member State of treatment.

**** FR: for E125 forms received it concerns the number of claims received for the amount claimed, not paid. Therefore, it concerns 264 239 E125 forms received for the amount claimed, instead of 247 605 E125 forms received for which the amount is already paid. The total number of forms for which the amount is already paid amounts to 392 152.

Source: Administrative data EHIC Questionnaire 2024

Table a4 - Number of claims issued by the Member State of treatment for necessary healthcare, total, 2023

		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
Competent Member State	BE		343	506	196	4 516	25	78	2 103	21 281	8 613	721		31	53	136	101	11 791	6 568	3 334	2 465	407		127	96	583	<5		928	<5	
	BG	1 579		339	80	7 901	13	51	1 215	2 657	277	95		19	8	42	58	908	992	661	46	14		58	42	258	0	41	303		
	CZ	534	181		93	5 997	43	110	517	2 689	392	4 731		114	48	438	85	825	5 916	5 645	539	25		11 390	128	479	7	1 075	269		
	DK	213	121	607		4 214	77	0	815	4 767	695	797		157	206	160	124	828	5 083	5 193	34	40		226	0	0	0	318	0		
	DE	4 975	3 792	13 338	11 217		440	1 339	43 564	65 191	8 045	92 955		595	928	6 322	541	33 827	134 350	111 863	16 245	1 373		3 606	1 883	9 849	81	9 597	985		
	EE	102	26	58	26	558		21	49	657	59	59		350	95	8	25	436	169	54	102	5		19	1 412	283	0	36	0		
	IE	277	85	510	<5	2 608	23		296	13 652	738	583		34	312	32	134	1 692	791	6 759	993	14		580	81	0	0	131	504		
	EL	591	311	280	39	5 918	9	16		810	216	40		23	18	26	43	1 092	482	173	210	26		72	76	323	<5	1 011	99		
	ES	3 751	248	1 710	290	11 851	101	2 016	421		3 935	465		152	188	305	468	3 556	1 814	1 961	7 180	482		320	431	988	<5	10 910	6		
	FR	264 737	368	1 669	479	17 052	168	1 749	4 620	80 329		2 599		223	122	469	933	3 718	3 663	4 643	88 019	344		382	743	2 079	0	3 785	0		
	HR	212	14	256	39	7 261	<5	81	40	574	135			7	19	70	12	509	1 612	113	105	<5		55	35	248	0	3 768	29		
	IT	9 342	786	2 076	386	26 816	87	977	3 364	48 915	7 640	5 699		243	160	498	2 070	5 178	11 728	4 155	3 096	1 681		604	361	2 081	25	4 914	1 412		
	CY	42	<5	164	6	916	<5	18	1 806	151	0	12		<5	17	25	0	466	101	73	<5	0		24	11	48	0	17	68		
	LV	191	5	193	96	1 429	256	32	38	705	108	48		11	38	434	220	142	112	<5				79	327	892	<5	65	466		
	LT	602	58	162	188	4 012	106	44	72	1 274	498	122		509		26	41	1 102	306	615	135	<5		41	433	1 295	0	54	452		
	LU	11 603	5	139	72	7 563	9	0	205	1 694	1 444	193		11	26	48	23	1 682	3 948	534	8 352	14		65	61	0	0	64	56		
	HU	401	24	315	56	5 553	11	68	132	1 534	213	1 016		14	11		70	1 042	3 451	310	197	205		605	129	361	0	550	0		
	MT	25	30	33	11	189	7	14	29	297	33	124		8	<5		36		127	68	57	25	0		40	17	40	0	111	0	
	NL	7 891	493	1 338	830	12 228	50	248	2 411	16 882	4 512	2 203		61	134	532	143		13 028	11 629	2 686	34		497	266	2 080	0	<5	463		
	AT	350	480	2 967	177	22 313	30	147	1 230	4 362	531	18 135		44	51	2 508	125	1 456		6 246	718	391		3 078	220	758	43	6 407	121		
	PL	3 977	144	2 281	441	40 478	42	455	652	5 651	1 070	3 620		261	142	214	190	3 683	4 006			944	17		966	279	2 230	59	1 928	990	
	PT	3 759	0	506	0	3 199	22	189	81	13 048	2 704	131		56	40	94	153	1 616	460	314		0		39	157	478	0	7 635	0		
	RO	2 972	185	209	88	9 085	<5	56	468	6 454	1 012	91		23	13	1 488	25	838	2 651	155	162			63	32	445	0	27	515		
	SI	655	46	228	23	3 655	10	<5	139	504	87	12 055		18	6	51	17	376	2 387	31	129	20		61	47	91	0	812	19		
	SK	754	93	27 341	76	6 239	7	40	160	1 198	213	2 925		88	20	1 160	56	947	5 012	809	150	24		92	517	0	962	231			
	FI	148	51	275	<5	1 801	3 718	43	295	4 029	209	236		293	82	103	45	1 103	650	548	331	10		61		0	0	168	0		
	SE	464	117	688	15	5 953	223	0	4 025	13 306	900	2 536		440	320	387	159	1 316	2 576	5 565	836	65		191	0		0	1 203	0		
IS	20	10	150	6	437	<5	6	52	2 165	35	73		<5	51	26	8	194	208	1 640	81	<5		135	0	0	0	291	15			
LI	0	0	8	<5	121	0	0	9	59	8	13		0	0	<5	0	<5	251	10	10	0		7	<5	<5		81	<5			
NO	181	141	579	10	2 795	161	30	508	7 438	377	1 009		105	561	252	36	1 115	665	10 664	5	19		536	0	0	<5	61	0			
CH	1 691	160	1 445	321	10 315	37	179	1 022	10 935	3 979	3 781		66	57	645	101	1 622	6 963	2 213	7 632	63		1 008	272	1 207	81		107			
UK	3 575	1 872	3 640	18	8 276	8	0	7 465	61 714	7 950	1 860		146	852	0	0	4 037	4 595	22 330	64	202		1 655	0	1 595	0	360				
Total	325 614	10 190	64 010	15 284	241 249	5 691	8 010	77 803	394 922	56 628	162 844		4 097	4 690	16 114	5 824	87 520	224 714	208 439	141 607	5 489	15 516	26 590	8 300	29 209	305	57 311	7 113			

* BE: data 2021. UK: data 2022.

** SI: no breakdown possible. HR: for 3 917 E126 forms received no breakdown possible. FI: for 667 E126 forms no breakdown possible.

*** FR: for E125 forms it concerns the number of forms claimed. The number of E125 forms for which the amount is received is 16 750. The total number of forms for which the amount is received is 17 865.

Source: Administrative data EHIC Questionnaire 2024

Annex III Practical and legal difficulties in using the EHIC

Table a6 - Refusal by healthcare provider, 2023

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	The Regulation (EC) No. 1231/2010, which extends the coordination rules to third country nationals, does not apply to Denmark. This means that third country nationals are not entitled to receive healthcare benefits in Denmark on the EHIC issued by another Member State, unless they are recognised as refugee or stateless in another Member State, are insured as a dependent family member of an EU/EEA or Swiss national, are residing in another Nordic country and thus are covered by the Nordic Convention on Social Security or they fall under the scope of the Trade and Cooperation Agreement between EU and the UK.	Y	Some healthcare providers have difficulties distinguishing between "unplanned necessary healthcare" and "planned healthcare". In some situations, Danish insured persons still encounter problems when they require healthcare benefits in relation to pregnancy or pre-existing medical conditions during a temporary stay in another Member State, even though the purpose of the stay abroad is not specifically to seek treatment, and they can present a valid EHIC.
DE	Y	It is known that not all service providers in Germany and abroad accept the EHIC. Reasons that may play a role in relation to German service providers include that the procedure may not be known or is 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, the service providers were given targeted information and advice by telephone or in writing (for example, with references to publications, relevant literature, sending 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 companies often see a problem in the design of the respective foreign EHIC. If the design of the foreign EHIC deviates from the model EHIC shown in Decision No. S2, this usually leads to uncertainty and acceptance problems.	Y	
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	N	No cases of refusal to accept EHICs by public or contracted healthcare providers established in our country have been recorded or brought to our attention.		No quantitative data available (frequency of refusals).
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 centres.
FR	Y	CNSE: Raising awareness among French establishments of the rules governing cover under the EHIC. The pedagogy is rather the opposite and concerns cases where establishments must refuse the EHIC. CCMSA: Cases of refusal of the EHIC are mainly 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 insured.	Y	CNSE: Private establishments in Spain, Italy, Poland, etc. When we ask governments about their refusal to issue EHICs, they justify this on the grounds that the care establishments are private. 149,906 cases were paid 2023 for by insured persons and subsequently reimbursed for unused EHICs. CCMSA: We are not aware of cases of EHIC refusal by healthcare providers abroad If the establishment or OS of the country of care does not take (or has refused) the EHIC, the insured person will advance the costs and send the paid invoices to the MSA fund for reimbursement. (e.g. ski vacation abroad) We do not have any information to communicate to you regarding the frequency and reason for these refusals.
HR	Y	Yes, it does happen occasionally, we don't know exact number, but it is rare. Inspection of CHIF is sent to the doctor in case of such occurrence.	Y	Yes, we are aware of such cases, doctors sometimes prefer to be paid immediately, and advise the patient to ask for a refund from CHIF.
IT				
CY				
LV	N	No cases reported in 2023.	N	No cases reported in 2023.
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 refusals from healthcare providers choosing to bill the higher price of the private system instead of applying the EHIC procedure. No precise numbers are available.
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.

Cross-border healthcare in the EU under social security coordination

MS	Y/N	Refusal in your country	Y/N	Refusal in another country
MT	N	No, we are not aware of such cases.	Y	Some seventeen (17) Maltese EHICS were refused by Healthcare Providers in AT, BE, BG, FR, DE, SI, CH (refer to Question 12). 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 like this. Billing private fees is more attractive than the "complicated" subsequent billing through the health insurance company. If the person affected speaks to a health insurance company, a clarification can often be achieved over the phone.	Y	Insured persons repeatedly report problems with the acceptance of the EHIC. One of the reasons is the low administrative effort involved in treating insured persons as private patients. In some cases, attempts are made to read the card electronically or the procedure for using the card is not known.
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 (available on the phone, in Polish language, etc.).	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				
RO	N	As far as we are aware there were only question concerning the period of the validity of the EHIC, problems that there were resolved based on the direct communication with the medical suppliers.	N	There are no such cases registered.
SI	N	To date, the ZZSZ has not been informed of such cases either by foreign insured persons or foreign insurance institutions.	Y	In 2023, the ZZSZ 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 2023 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 2023 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.
IS				
LI	N	No	N	No
NO	N	No	N	No
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 2024

Table a7 - Interpretation of the "necessary healthcare" concept, 2023

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	Difficulties still arise with the Interpretation of the scope of "necessary healthcare" and the distinction between unplanned necessary treatment and planned healthcare.
DE	Y	The majority of health insurance companies are not aware of any difficulties in interpreting the concept of "medically necessary benefits in kind". However, according to the experience of some health insurance companies, some service providers have difficulties in interpreting the concept. Since there is no precise definition or interpretation guideline for the term "medically necessary services", this term may be interpreted differently by service providers. In connection with the treatment of chronically ill people, there is uncertainty in individual cases as to whether the treatment of acute complaints is covered by the EHIC. This can also be seen in connection with services for pregnancy and childbirth. Furthermore, it often happens that people have entered Germany for the purpose of treatment without clarifying this in advance with their health insurance provider in their home country and obtaining the appropriate approval. Such difficulties in interpreting the concept also lead to problems in invoicing the costs incurred.
EE	N	No
IE	N	No
EL	Y	The interpretation of the concept of "necessary health care" remains difficult except in medically indisputable cases, as each patient deems his case as necessary while at the same time the doctor/healthcare provider may not have full knowledge of the patient's temporary stay in the country.
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	CNSE: Healthcare must be necessary to be reimbursable and therefore requires interpretation: - health care necessary in view of the duration of the stay - immediately necessary healthcare CCMSA: No difficulty noted in the MSA network
HR	N	No
IT		
CY		
LV	N	No new difficulties and challenges have been reported during 2023.
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 in distinguishing between planned treatment and the treatment plan.
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 planned 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	Y	Often times the terms of "necessary health care" and "planned treatment" are misinterpreted.
SI	N	There are no specific problems in the interpretation of the necessary health services by Slovenian providers.
SK	Y	The term necessary health care often refers to the complete health care that an insured person needs, even if he or she travels purposefully for 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 2024

Table a8 - Invoice rejection of E125 forms issued and received, 2023

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 1 751 cases. Most usual reasons are - unknown entitlement document, person cannot be identified, period of treatment is not covered by entitlement document.	Y	Yes, there are 1506 rejections. Most usual reasons are - period of treatment is not covered by entitlement document, uninsured person, unknown entitlement document.
DK	Y	In 2023, Denmark has received 227 contestations from other Member States for invoices (forms). Reasons for contestation/rejection were: <ul style="list-style-type: none"> • Entitlement document was missing • Uncertainty about the period of treatment 	Y	Denmark has made contestations or rejected 149 invoices (forms) from other Member States in 2023. Main reason for rejection: <ul style="list-style-type: none"> • Entitlement document was missing • Person in question could not be identified
DE	Y	We are aware of 24 032 cases which were rejected in 2023. Mostly it was stated that the insured person could not be identified.	Y	We are aware of 4630 cases which were rejected in 2023. 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		No quantitative data are available.		No quantitative data are available.
ES	Y	Although their number cannot be quantified, rejections are usually due to: <ul style="list-style-type: none"> - lack of the entitlement form provided by the person concerned when receiving assistance. - no coincidence in the invoices of the dates on which the assistance has been received, what means duplication. 	Y	* ISFAS: Number of rejected invoices: 4 Reason for rejection: not insured * MUFACE: Number of rejected invoices: 47 Reason for rejection: * duplicated invoice (17), * the number of the EHIC/PRC on the invoice does not match with any valid EHIC/PRC issued (1), * the EHIC/PRC was not active on the date of healthcare (29)
FR	Y	CNSE: In 2023, foreign countries have rejected 1 390 forms issued by France. CCMSA: Forms E125/SED S080 are not processed by the MSA funds. Competence of the CNSE	Y	CNSE: In 2023, France has rejected 370 forms issued by foreign countries. CCMSA: Forms E125/SED S080 are not processed by the MSA funds. Competence of the CNSE
HR	Y	1 762 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/her state of residence. The person is not registered on the entitlement document. The entitlement ended on.	Y	435 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				
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 2023: 23.	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 another invoice. Total amount of annulled forms in 2023: 62
LT	Y	During the year 2023, we have faced with 114 cases when invoices (SED S080) issued by our institutions (on the basis of the EHIC) were rejected by the competent Member States (55 – by Poland, 10 – by Germany, 9 – by France, 6 – by Belgium and the United Kingdom, 5 – by Latvia, 3 – by Denmark, Spain and Italy, 2 – by Czech Republic, the Netherlands and Romania and 1 – by Austria, Estonia, Slovakia, Slovenia, Finland, Sweden, Switzerland and Hungary) due to the following reasons indicated in the rejection documents (SEDs S082): we are not concerned by this 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 person is not registered on entitlement document (EESSI code – [12]); double invoice (EESSI code	Y	During the year 2023 the NHIF has rejected 138 invoices (forms E125/SED S080) issued by institutions from the other EU countries (Sweden (42), Spain (34), Germany (15), Finland (8), Belgium (6), Poland (6), Czech Republic (4), France (4), Denmark (3), Italy (3), Norway (3), Iceland (2), the United Kingdom (2), Portugal (2), Ireland (1), Latvia (1), Malta (1) and the Netherlands (1)). The reasons of the rejections were: we are not concerned by this document (EESSI code – [01]); 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 period of benefits in kind is not covered by the entitlement period (EESSI code – [08]); the period of benefits in kind is partially covered by the entitlement period. Please, adjust the claim (EESSI code – [09]) and other (EESSI code – [99]).

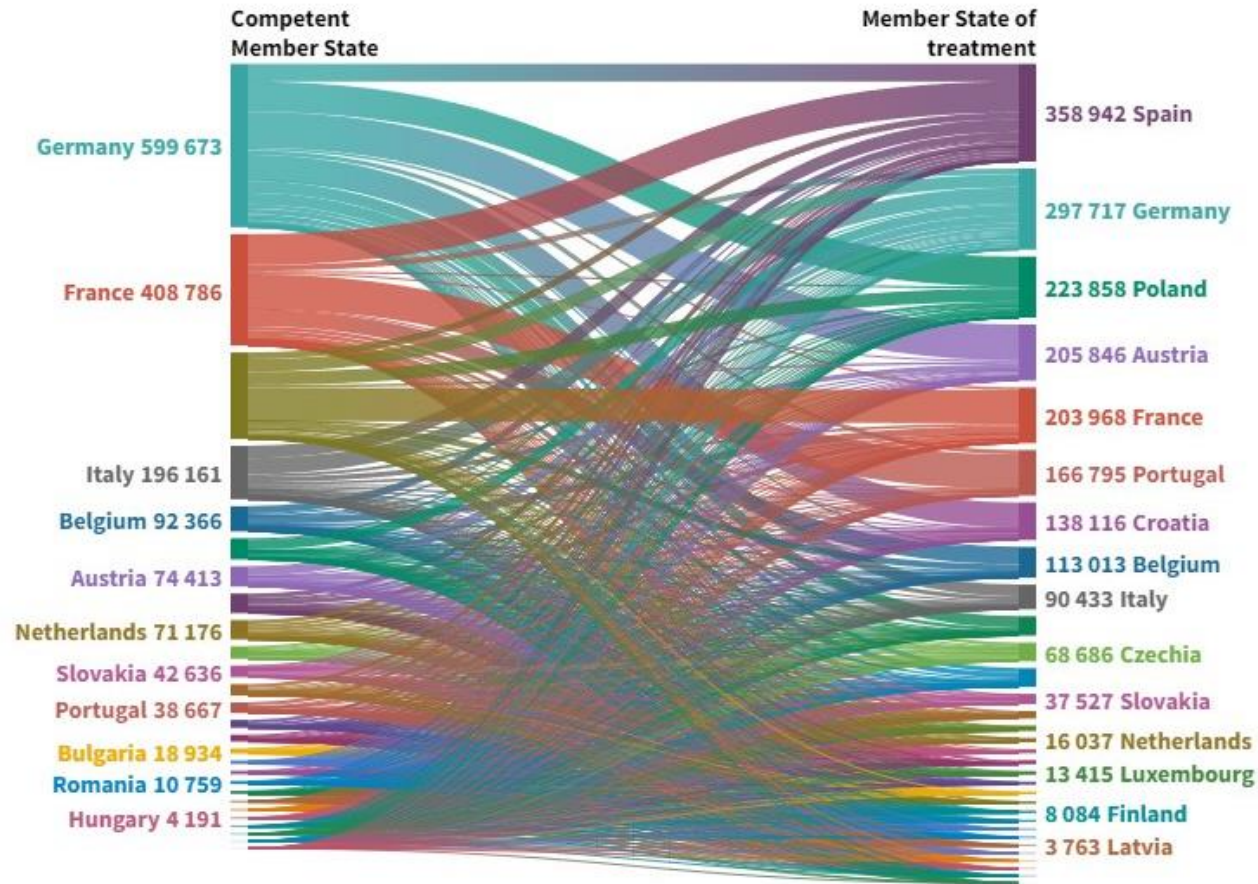
Cross-border healthcare in the EU under social security coordination

MS	Y/N	Rejections by institutions in other countries	Y/N	Rejections by your institutions
		- [14]); total amount of claim different to the sum on individual claims (EESSI code - [19]); 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 EHICs) have been provided or data corrected, the most of these invoices were accepted.		
LU	N	No	N	No
HU	Y	7 886 rejections, EUR 2 715 761 Most common reasons: The period of benefits in kind is not covered by the entitlement period (2 413), Entitlement document is unknown or not found (1 223), Other (1 038), Person was not insured during benefits period (1 021).	Y	7 385 rejections, EUR 8 490 332 Most common reasons: Entitlement document is unknown or not found (6 772), Other (262), The period of benefits in kind is not covered by the entitlement period (182).
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, in some cases the medical necessity of the treatment is questioned.	Y	This happens sometimes. We don't know the number.
PL	Y	According to data in our settlements system (SOFU), with a state on the 21st of May of 2024 we have registered 742 forms E125PL which were issued by NFZ in 2023 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 21st of May of 2024 we have registered 815 E125 forms which were received by NFZ in 2023 on the basis of EHIC. Among 815 rejected forms during the verification process, all the forms were verified. Among them there are 188 cases determined as "treatment period is not covered by entitlement period", 67 cases determined as "suspicion of accident at work", 18 cases determined as "suspicion of duplication claims" and 47 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	Approximately a number of 286 invoices (issued on the basis of EHIC) were rejected by the competent institutions from other member states in the period 01.01-31.12.2023, among the reasons being a sort of reconfirmation that the medical services were based on a valid document issued by the competent institution, the lack of the document that has opened the right to the benefits; the document does not cover the period of granting benefits.	Y	Approximately a number of 2641 invoices (issued on the basis of EHIC) were rejected in the period 01.01-31.12.2023, among the reasons being: they did not contain the period of services, partially covered insurance period, they were issued and sent to another competent institution, duplicate invoices, the medical services are not justified
SI	Y	In 2023, the ZZS received 477 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 ZZS has successfully resolved such cases by sending the requested copy of EHIC or certificate or other required data.	Y	In 2023, the ZZS rejected 246 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	Some states do not accept the objection due to the existence of insurance in the state of drawing benefits in kind at the time of drawing benefits in kind, they refer to decision S11
FI	Y	Rejections (disputes /contestations) of the claims are part of the normal reimbursement process when a claim cannot be reimbursed without additional information. After re-introducing the invoice, it can be withdrawn by the creditor or settled by the debtor depending on the final outcome. Unfortunately, we do not compile statistics on these cases.	Y	Rejections (disputes /contestations) of the claims are part of the normal reimbursement process when a claim cannot be reimbursed without additional information. After re-introducing the invoice, it can be withdrawn by the creditor or settled by the debtor depending on the final outcome. Unfortunately, we do not compile statistics on these cases.
SE	Y	50 cases of rejected invoices, but unfortunately we cannot provide any statistics that indicate the reasons for rejection.	Y	8 cases of rejected invoices, but unfortunately we cannot provide any statistics that indicate the reasons for rejection.
IS				
LI	N	No	Y	Yes, time frame or health care 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 2024

Annex IV Additional visualisations

Figure a1 – Total number of claims received by the competent Member State for the payment of necessary healthcare received abroad, 2023

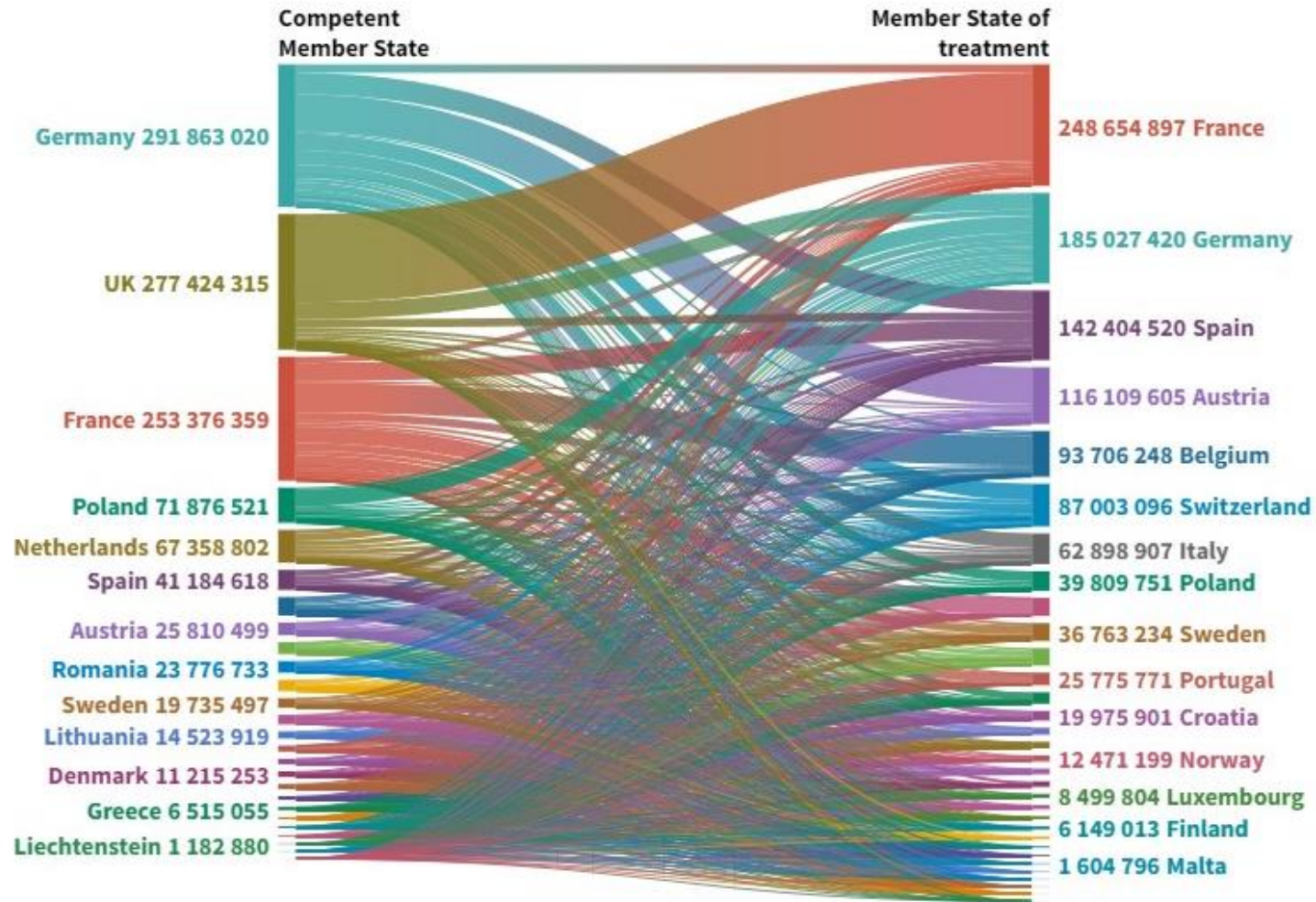


* BE: data 2021. For E125 forms it only concerns forms submitted electronically. UK: data 2022.

** FR: for E125 forms received it concerns the number of claims received for the amount claimed, not paid.

*** CY, LU, SI, IS, and CH: no breakdown possible. HR: for 934 E126 forms issued, no breakdown by Member State of treatment is possible. NL: for 35 733 E126 forms issued, no breakdown by Member State of treatment is possible. FI: for E125 forms received (13 250 forms) a breakdown is not possible.

Figure a2 – Total amount paid (in €) by the competent Member State for necessary healthcare received abroad, 2023



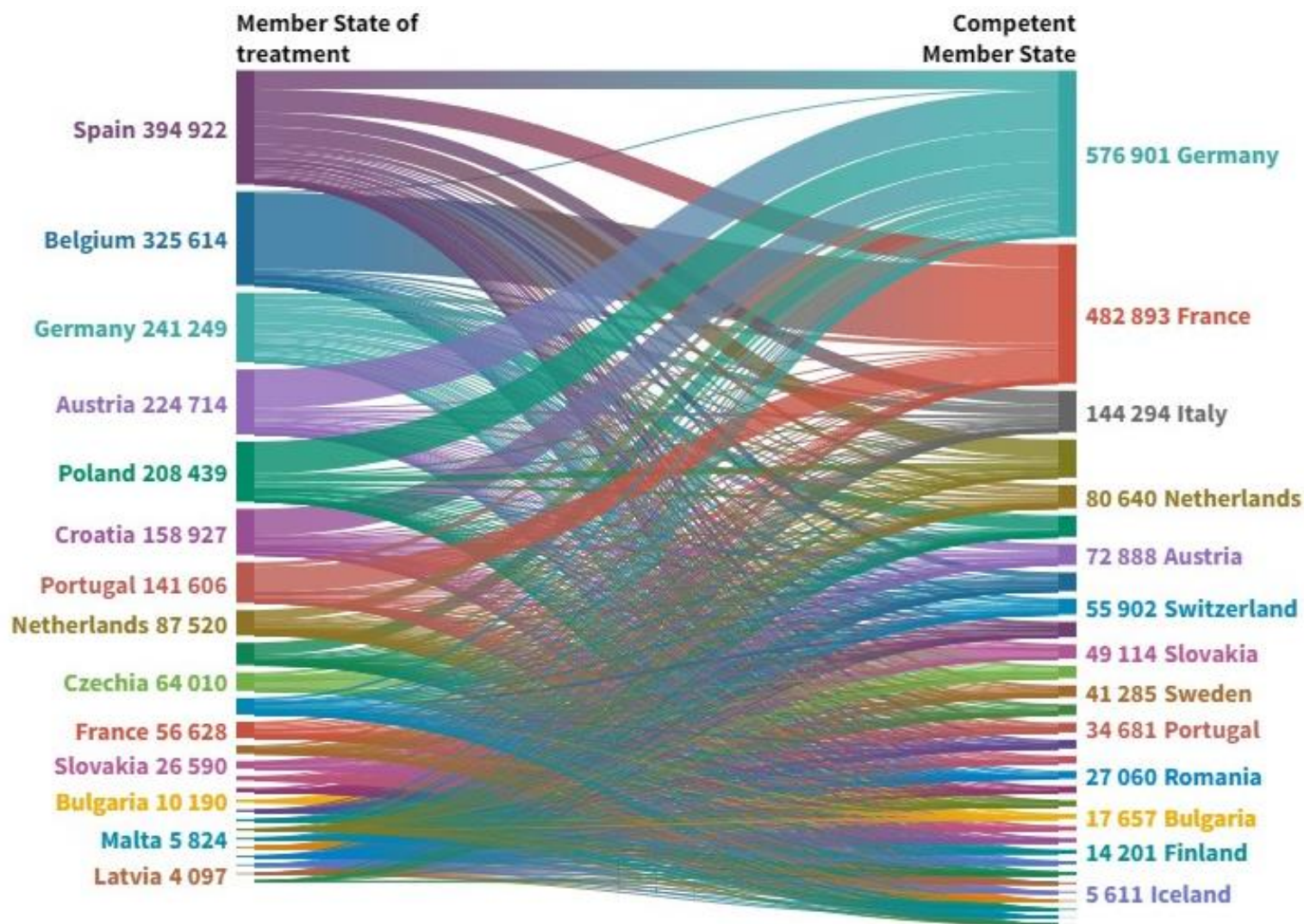
* BE: data 2021. UK: data 2022.

** BE, DE, FR, and PL: it concerns the amount claimed for E125 forms, not the amount paid. FR: for E125 forms received it concerns the amount claimed, not paid. Therefore, it concerns EUR 239 947 573 claimed for E125 forms received, instead of EUR 148 965 730 for E125 forms received for which the amount is already paid. The total amount already paid amounts to EUR 162 394 517.

*** IT, CY, LU, SI, IS, and CH: no breakdown possible.

**** FI: breakdown possible for the estimated amount claimed for E125 forms (EUR 6 850 000).

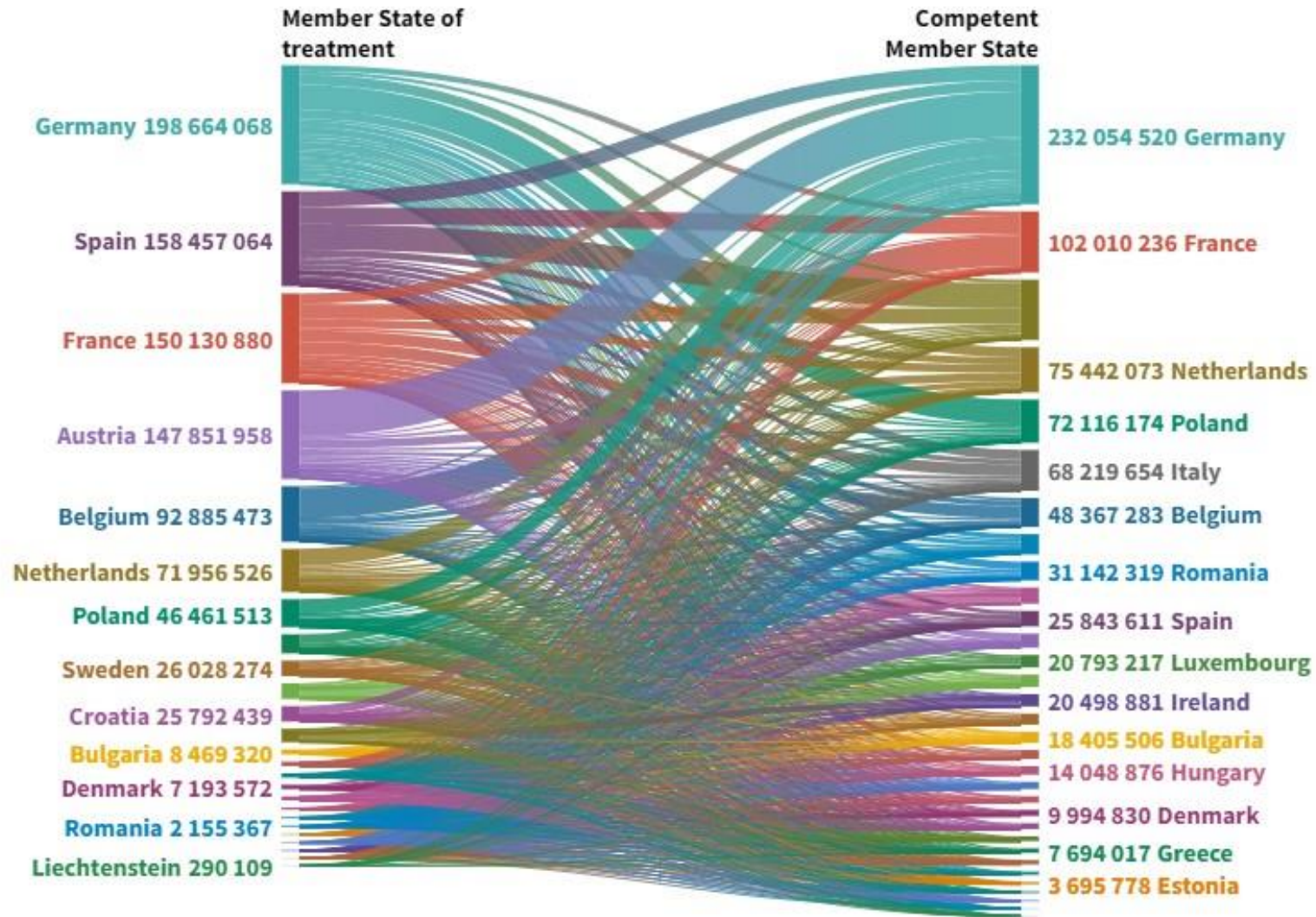
Figure a3 – Total number of claims issued by the Member State of treatment for necessary healthcare, 2023



* BE: data 2021. UK: data 2022. IT, CY, LU, SI, IS, and NO: no breakdown possible. HR: for 3 917 E126 forms received no breakdown possible. FI: for 667 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, 2023



* BE: data 2021. IT, CY, SI, IS, NO, and CH: no breakdown possible.

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

Chapter 2

Planned cross-border healthcare

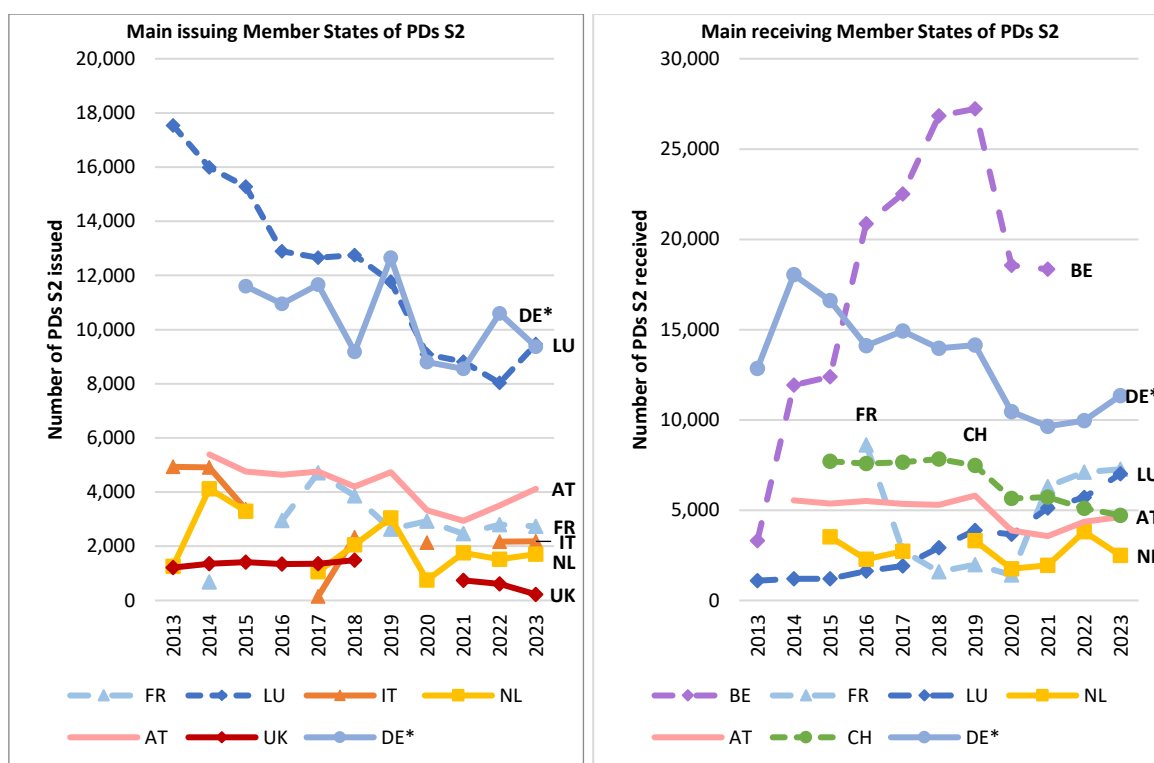
Summary of main findings

There are different ways in which planned cross-border healthcare in the EU can be obtained and reimbursed. Either under EU rules (the Coordination Regulations or the Directive 2011/24/EU on the application of patients' rights in cross-border healthcare) or other parallel procedures, which are provided in national legislation or in (bilateral) agreements. Although this chapter mainly concerns the first option, namely planned cross-border healthcare provided by EU rules, more specifically by the Coordination Regulations, it also pays attention to other parallel procedures.

In 2023, more than 50 000 'Portable Document S2' (PD S2) were issued. This form certifies the entitlement to planned healthcare treatment in an EU/EFTA country other than the competent Member State of the insured person, based on the procedures provided by the Coordination Regulations. The main issuing Member States of a PD S2 are Germany (estimate) and Luxembourg, followed by Austria, France, Italy, and the Netherlands (*Figure 5, left*). The main receivers of PDs S2 are Belgium, Germany (estimate), France, and Luxembourg (*Figure 5, right*). However, in 2023, less than 10 out of 100 000 insured persons received a PD S2. Only Luxembourg shows a rather high volume of patient mobility to receive planned healthcare in another Member State (almost 10 out of 1 000 insured persons received a PD S2).

In general, both the number of PDs S2 issued (+12.7 %) and received (+2.2 %) are continuing to grow again from 2022 to 2023, after the serious drop from 2019 to 2020 due to the COVID-19 pandemic.

Figure 5 - Main issuing and receiving Member States of PDs S2, 2013-2023



* DE cannot provide data on the number of PDs S2 issued and received. Therefore, the number of PDs S2 issued and received is estimated based on the total number of PDs S2 received and issued by reporting Member States respectively. As a result, the numbers shown for DE are more sensitive to fluctuations as they depend highly on the reporting Member States.

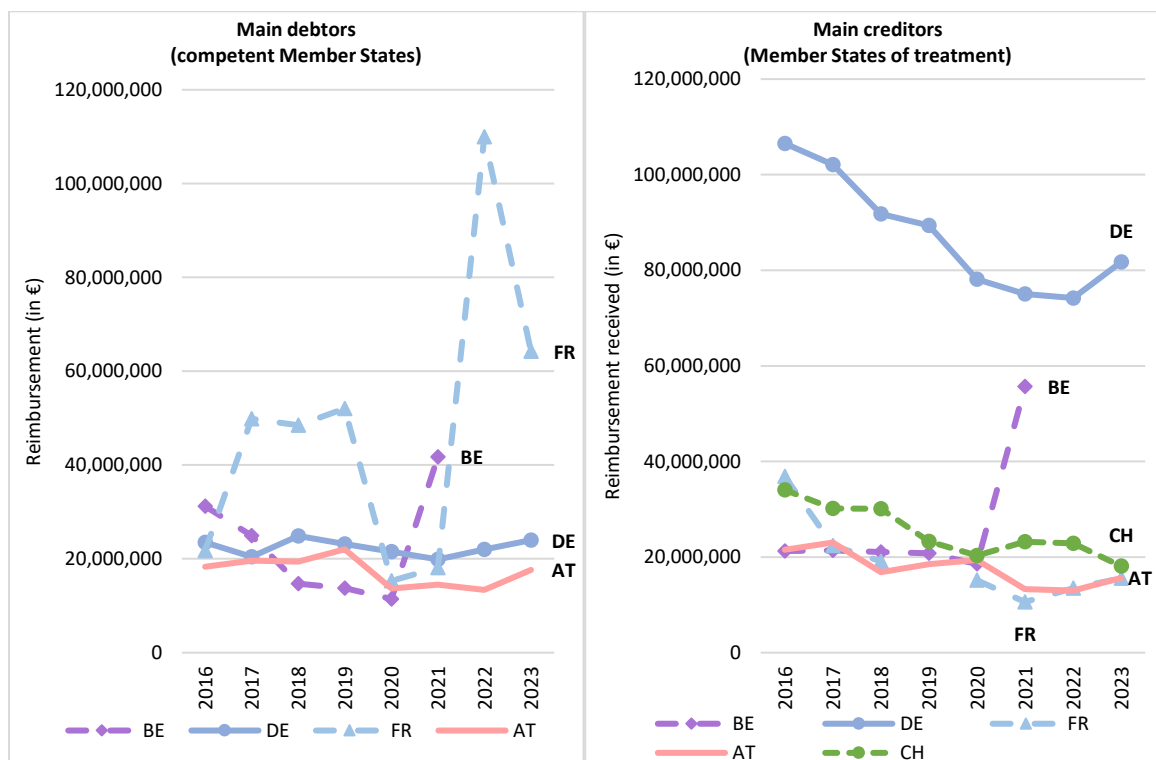
Source: PD S2 Questionnaire 2024 and earlier years

More than three out of four prior authorisations in 2023 have been authorised to receive planned cross-border healthcare in an EU-14 Member State. The most prominent flows go from France to Belgium, from Belgium to Luxembourg, from Switzerland to France (data 2022), from Luxembourg to Germany, from Luxembourg to Belgium (data 2021), from Austria to Germany, and from Germany to Austria. Hence, it is clear that planned cross-border healthcare is concentrated within a limited number of Member States, mostly based on bilateral agreements on cross-border collaboration. Furthermore, more than seven in ten PDs S2 are issued to a neighbouring country, which indicates that proximity plays an important role. This is especially the case in the EU-14 (80.0 % in a neighbouring Member State) compared to the EU-13 (33.2 %).

In addition to the number of PDs S2 issued and received, it is essential to look at the budgetary impact of cross-border planned healthcare, which overall remains limited. In absolute figures, France, Belgium, Germany, and Austria are the main debtors (*Figure 6, left*), while Germany, Belgium, Switzerland, Austria, and France are the main creditors (*Figure 6, right*). Again, the concentrated use of planned cross-border healthcare becomes obvious through this enumeration.

Nonetheless, to comprehend the true impact of planned cross-border healthcare, it should be compared to the total healthcare spending related to benefits in kind. Overall, this share amounts to less than 0.02 %. However, it should be kept in mind that this share does not necessarily include all planned cross-border healthcare. Alongside the procedures provided by EU rules (the Coordination Regulations and Directive 2011/24/EU), several Member States reported the existence of parallel procedures for planned healthcare abroad. In some Member States, patient flows abroad are larger under such parallel schemes. Moreover, bilateral agreements in border areas seem to influence the number of persons travelling abroad to receive planned cross-border healthcare to a high extent.

Figure 6 - Reimbursement by the main debtors, and reimbursement received by the main creditors, in €, 2016-2023



Source: PD S2 Questionnaire 2024 and earlier years

1. Introduction

Planned cross-border healthcare in the EU can be obtained and reimbursed in different ways. Either under EU rules (by the Social Security Coordination Regulations or by Directive 2011/24/EU) or under other parallel procedures, which are provided in national legislation or in (bilateral or multilateral) agreements. On top of that, there is a self-organised and (most often) self-financed ‘patient mobility’ when the patient does not rely on any of these procedures. In case of planned cross-border healthcare under the Coordination Regulations, a Portable Document S2 (PD S2) must be requested. This ‘*Entitlement to scheduled treatment*’ certifies the entitlement to planned healthcare treatment in a Member State other than the competent Member State of the insured person, based on the procedures provided by the Coordination Regulations. It guarantees that the patient will be treated on equal grounds with the insured persons of the Member State of treatment.

This chapter presents information on the number of PDs S2 issued and received and its budgetary impact for reference year 2023. In addition, it shows developments regarding the application of Regulation (EC) No 883/2004, and to some extent, the impact of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare. The evolution of the number of PDs S2 before and after the transposition of Directive 2011/24/EU, notably before and after 25 October 2013 (even though the majority of the Member States were late in transposing the Directive) could be considered as an interesting indicator to measure the Directive's impact. These observations should, however, be confronted with the expertise of the competent institutions by asking their opinion on the influence of Directive 2011/24/EU on the number of PDs S2 issued.

In addition to the questionnaire on PD S2 for data collection in the framework of the Administrative Commission for the Coordination of Social Security Systems, the European Commission (Directorate-General for Health and Food Safety) collects data on the operation of Directive 2011/24/EU through a separate questionnaire. A report published by the DG for Health and Food Safety for reference year 2021 showed low patient flows for healthcare abroad under Directive 2011/24/EU.⁴⁹

Finally, this chapter provides information concerning parallel schemes allowing patients to seek healthcare abroad, seeing that planned cross-border healthcare cannot entirely be captured by only looking at the number of PDs S2 under the Basic Regulation. In some Member States, these parallel schemes even seem to be the primary way in which patients receive cross-border healthcare.

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

Some important differences exist between the provisions under Regulation (EC) No 883/2004 and Directive 2011/24/EU. *Annex I* of this chapter lists the steps taken by the competent institutions to inform patients and healthcare providers on planned cross-border healthcare. Most of the competent institutions refer to the ‘National contact points for cross-border healthcare’ established by the Directive 2011/24/EU and the linked websites. As requested by the Directive, an explanation of the differences between both schemes is available on these websites, in the national languages and in English. Almost all Member States mention that information can be found online. Additionally, some competent institutions state that advice is provided through other communication channels like email, phone, customer service, leaflets, or information sessions.

⁴⁹ See also https://health.ec.europa.eu/cross-border-healthcare/overview_en#documents

3. The number of PDs S2 issued and received

3.1. The current flow of PDs S2 between Member States

Table 10 and *Table 11* show the flow of PDs S2 between Member States, from the issuing and receiving perspective respectively. The number of PDs S2 issued is provided by 31 Member States⁵⁰ (*Table 10*), while 26 Member States⁵¹ were able to report the number of PDs S2 received (*Table 11*). Because of the difference in reporting Member States, the total number of PDs S2 differs between both tables, namely 27 215 from an issuing perspective and 48 224 from a receiving perspective. Moreover, the total number of PDs S2 received in 2023 would amount to 59 562 in case the estimate for Germany is taken into account (from *Table 10*, it appears that Germany received around 11 338 PDs S2). A visual representation of *Table 10* and *Table 11* is provided in *Figure a5* and *Figure a6* respectively in *Annex V*.

Overall, more than three in four prior authorisations have been authorised to receive planned cross-border healthcare in an EU-14 Member State (77.6 %). More than one third of all PDs S2 issued were issued by Luxembourg, namely 9 462 out of 27 215 (*Table 10*). Although Germany did not report data on the number of PDs S2 issued, it can be estimated from *Table 11* that Member States received around 9 366 PDs S2 from Germany as well. Five other main issuing Member States are Austria (4 125 PDs S2 issued), France (2 733), Italy (2 181), the Netherlands (at least 1 712), and Slovakia (1 134). The majority of Member States issued between 100 and 1 000 entitlements to scheduled treatment, namely Belgium (data 2021)⁵², Bulgaria, Czechia, Ireland (data 2022), Greece, Spain, Croatia, Cyprus (data 2019), Latvia, Hungary, Malta, Romania, Slovenia, Finland, Switzerland, and the United Kingdom. Finally, less than 100 prior authorisations were issued by Denmark, Estonia, Lithuania, Poland, Portugal, Sweden, Iceland (data 2018), Liechtenstein, and Norway. It should be kept in mind that several Member States are involved in cooperation agreements in border areas where, depending on the cooperation agreement (Ostbelgien-Regelung⁵³, ZOAST⁵⁴ etc.), prior authorisation often becomes a simple administrative authorisation that is granted automatically (see also *section 6*). For instance, in 2021, Belgium issued a total number of 8 804 PDs S2 under more flexible parallel procedures.

The main Member States of treatment are Belgium (18 337 PDs S2, data 2021), France (7 267),⁵⁵ and Luxembourg (7 007) (*Table 11*). Additionally, the Netherlands (2 502), Austria (4 623), and Switzerland (4 717) received more than 2 500 PDs S2, and Czechia received 1 553 PDs S2. Once again, no data were reported by Germany, but based on *Table 10* it can be assumed that this is an important receiving Member State as well, as Member States issued at least 11 338 prior authorisations to receive care in Germany. Greece, Italy, Hungary, Sweden, and the United Kingdom received between 100 and 1 000 PDs S2. However, most Member States received less than 100 PDs S2: Bulgaria, Denmark, Estonia, Ireland (data 2022), Croatia, Cyprus (data 2019), Lithuania, Malta, Portugal, Romania, Slovenia, Slovakia, Finland, and Iceland (data 2018).

⁵⁰ No data available for DE. Data for BE concern 2021, data for IE concern 2022, data for CY concern 2019, and data for IS concern 2018.

⁵¹ No data available for DE, ES, LV, PL, LI, and NO. Data for BE concern 2021, data for IE concern 2022, data for CY concern 2019, and data for IS concern 2018.

⁵² However, BE also issued 8 804 PDs S2 under more flexible parallel procedures (data 2021).

⁵³ The agreement facilitates patient mobility in the border area between DE and BE.

⁵⁴ The agreement facilitates patient mobility between BE and FR.

⁵⁵ Due to new tools, the data from a receiving perspective are not exhaustive, more specifically data from CH as the competent Member State were missing. Hence, the total reported by FR was only 1 816. However, the flow from CH to FR is one of the most important flows and leaving this number of PDs S2 out would hugely impact the total. Therefore, the number of PDs S2 received by FR from CH was imputed from 2022 (5 451) to arrive at a total number of 7 267 PDs S2 received in 2023.

By looking at both *Table 10* and *Table 11* the most important flows of planned cross-border healthcare by PDs S2 can be analysed. The most prominent flows go from France to Belgium (13 182 PDs S2, data 2021)⁵⁶, from Belgium to Luxembourg (6 822), from Switzerland to France (5 451, data 2022), from Luxembourg to Germany (4 592), from Luxembourg to Belgium (4 249, data 2021), from Austria to Germany (3 867), and from Germany to Austria (3 551). Clearly, planned cross-border healthcare is concentrated within a limited number of Member States, mostly based on bilateral agreements on cross-border collaboration.

In some Member States, more than half of the prior authorisations are issued to receive scheduled treatment in a single other Member State. The most remarkable flows are mentioned below (over 80 %). *Table 10* shows that this is the case for PDs S2 issued by Austria (competent Member State) for treatment in Germany (Member State of treatment) (93.7 %) and from Slovakia to Czechia (81.1%). In the other direction as well, this can be the case, as a Member State can receive the majority of prior authorisations from one single Member State (see *Table 11*). For instance, this is the case from Belgium (competent Member State) to Luxembourg (Member State of treatment) (97.4 %), from Ireland to the United Kingdom (90.8 %), from Germany to Greece (81.9 %), from Slovakia to Czechia (80.9 %), and from Germany to the Netherlands (80.3%).

⁵⁶ Figure also includes the number of PDs S2 received under the ZOAST-Agreement.

Table 10 - Number of PDs S2 issued, breakdown by Member State of treatment, 2023

	Competent Member State																													Total			
	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		7	<5	<5		<5	12	6	5	282	24	31	<5	5	0	3 205	0	9	267	<5	<5	0	18	8	0	0	0	0	0	0	<5	13	3 905
BG	0		0	0	0	0	0	0	<5	0	0	0	0	0	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5	<5	
CZ	0	6		0	0	0	0	0	<5	302	33	<5	0	<5	0	6	<5	0	<5	<5	0	0	5	9	920	0	0	0	0	<5	<5	1 300	
DK	0	0	0		<5	0	0	<5	48	0	0	<5	0	0	0	0	0	0	<5	0	0	0	0	0	0	<5	<5	0	0	12	<5	77	
DE	34	301	17	26	<5	84	70	64	261	167	600	336	29	<5	4 592	33	15	78	3 867	29	<5	272	266	105	28	<5	0	<5	<5	34	17	11 338	
EE	0	0	0	0		0	0	0	<5	12	<5	0	7	<5	<5	0	0	0	0	0	0	0	0	0	68	0	10	0	0	0	<5	101	
IE	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5	<5	
EL	0	0	0	0	0	0	0	0	50	<5	0	0	0	0	8	0	0	0	<5	0	0	<5	0	0	0	0	0	0	0	0	10	72	
ES	<5	<5	0	0	0	0	0		1 460	0	17	0	0	0	<5	0	<5	8	11	0	<5	<5	0	0	17	0	8	0	0	20	13	1 564	
FR	47	71	<5	<5	0	10	71	50		16	258	10	0	<5	1 248	8	<5	10	<5	6	8	113	32	<5	7	<5	0	0	0	6	11	1 998	
HR	0	<5	0	0	0	0	0	0	0		0	0	0	0	<5	0	0	0	<5	0	0	0	0	45	<5	0	<5	0	0	<5	0	53	
IT	<5	19	<5	<5	<5	<5	316	14	15	40		8	0	0	84	0	14	6	6	<5	0	214	47	8	5	<5	0	0	0	8	25	842	
CY	0	0	0	0	0	0	0	0	<5	<5	0	0	0	0	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5	6	
LV	0	0	0	0	0	0	0	0	0	0	0	0	0	<5	<5	0	0	0	0	0	0	0	0	0	0	<5	0	0	0	0	<5	<5	
LT	0	0	0	0	0	0	0	0	0	0	0	0	45		<5	0	0	0	0	0	0	0	0	0	0	<5	0	<5	0	0	13	60	
LU	6	0	0	0	0	0	0	0	56	<5	0	0	<5	0		0	0	0	0	0	0	0	<5	0	0	<5	0	0	0	<5	<5	73	
HU	0	0	0	0	0	0	0	0	<5	13	0	<5	0	0	0	0	<5	0	<5	0	0	18	0	6	0	0	0	0	0	0	<5	51	
MT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0	<5	0	<5	
NL	17	0	<5	<5	<5	8	<5	11	8	6	31	0	0	0	136	0	<5		<5	<5	0	<5	<5	<5	<5	<5	<5	<5	0	<5	<5	243	
AT	<5	72	<5	0	0	<5	8	<5	0	91	195	7	<5	<5	17	49	0	<5		7	0	45	97	61	<5	0	<5	0	8	<5	683		
PL	0	0	85	0	0	0	<5	<5	<5	0	<5	0	0	8	7	0	0	<5	<5		0	0	0	5	<5	0	12	0	0	0	61	195	
PT	0	0	0	0	0	0	0	<5	103	0	0	0	0	0	17	0	0	0	0	0	0	0	0	0	0	<5	0	0	0	<5	<5	128	
RO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5	0	0	0	<5	0	0	0	0	0	0	0	0	0	0	0	<5	6	
SI	0	<5	0	0	0	0	0	0	0	20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	23	
SK	0	0	33	0	0	0	0	<5	0	0	<5	0	0	0	0	0	0	0	<5	<5	0	0	0	0	0	0	0	<5	0	<5	8	47	
FI	0	0	0	0	<5	0	0	<5	<5	<5	<5	0	<5	0	0	0	0	0	<5	<5	0	0	0	0	0	0	7	0	0	0	<5	22	
SE	0	<5	0	21	<5	95	0	<5	0	<5	5	<5	5	<5	<5	<5	0	<5	<5	0	0	0	6	0	16		<5	0	0	<5	117		
IS	0	0	0	0	0	0	0	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5	<5	
LI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5	0	<5	
NO	0	0	0	<5	0	0	0	0	0	0	<5	0	0	0	0	0	0	<5	0	0	0	0	0	0	0	<5	<5	0	0	34	0	43	
CH	10	65	6	<5	<5	<5	67	6	132	62	989	<5	<5	22	124	8	0	10	213	<5	0	27	20	22	6	<5	<5	<5	0	9	1 815		
UK	<5	<5	<5	17	0	670	33	19	<5	8	44	118	0	0	5	0	88	<5	<5	22	0	0	<5	<5	<5	<5	<5	0	0	0	1 047		
Unkn.																															1 319		
EU-27	108	486	149	56	9	213	475	159	2 597	429	1 146	367	101	19	9 320	92	49	379	3 909	49	14	693	512	1 108	161	17	39	<5	<5	100	214	22 974	
EU-14	108	474	31	56	9	213	473	153	2 284	350	1 139	366	47	9	9 307	91	45	375	3 896	49	14	670	458	176	87	16	14	<5	<5	95	117	21 126	
EU-13	0	12	118	0	0	0	<5	6	313	79	7	<5	54	10	13	<5	<5	<5	13	0	0	23	54	932	74	<5	25	0	5	97	1 848		
EFTA	10	65	6	6	<5	<5	67	7	132	62	991	<5	<5	22	124	8	0	11	213	<5	0	27	20	22	7	<5	<5	<5	0	36	10	1 862	
Total	119	553	156	79	10	886	575	185	2 733	499	2 181	486	105	41	9 462	100	137	1 712	4 125	73	14	720	533	1 134	170	19	43	<5	<5	136	224	27 215	

61

* BE: data 2021. IE: data 2022. CY: data 2019. IS: data 2018.

** DK: The number of PDs S2 includes prior authorisations issued for scheduled treatment abroad according to both the Regulation (EC) No. 883/2004 and Danish Legislation. More than 97 % of the total number of authorisations issued in 2023 were issued according to Danish legislation.

*** EE: This number represents PDs S2 issued Under Article 271(1) of the Health Insurance Act, there are letters of guarantee (22).

**** LU: reported "<5" itself. Therefore, the total reported by LU is correct, but these numbers could not be included in the column Total, or the row Totals for EU-14, EU-13, and EFTA for Luxembourg. As a result, the reported total (9 462) differs from the sum (9 449).

***** HU: The data appearing in this questionnaire given by HU on the PDs S2 issued by Hungary are based on authorisations which were granted mostly for treatments not available in Hungary and only in a limited number for treatments included in the Hungarian list of services. In this sense, these cases do not strictly fall within the ambit of Reg. 883/2004, authorisation is the discretionary power of the state, but usually, if patients go abroad within the EEA and Switzerland, we issue the S2 to enable them to receive care easier.

***** NL: Numbers are recorded broken down by country, but not all competent institutions delivered by country. NL also reported 513 PDs S2 for which NL was both the competent Member State and the Member States of treatment; they are included under Unknown. Therefore, the total number (at least 1 712) is available and larger than the sum of the countries (393).

Source: PD S2 Questionnaire 2024

Table 11 - Number of PDs S2 received, breakdown by competent Member State, 2023

		Member State of treatment																												Total			
		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
Competent Member State	BE		0	0	0	0	0	13		810	0	<5	0		0	6 822	<5	0	43	<5	<5	<5	0	<5	0	<5	0	0	0	0	18	0	7 716
	BG	15		<5	0	0	0	0		31	<5	12	0		0	0	0	0	0	62	0	0	<5	0	0	0	<5	0	0	55	<5	189	
	CZ	<5	0		0	0	0	0		<5	0	0	0		0	0	<5	0	0	<5	0	0	0	0	0	34	0	0	0	<5	0	46	
	DK	6	0	0		0	0	<5		<5	0	0	0		0	0	<5	0	<5	<5	0	0	0	0	0	0	0	8	0	<5	<5	34	
	DE	64	<5	76	6		0	0	149		33	30	31	0		0	123	33	0	2 010	3 551	<5	7	<5	7	<5	<5	0	0	3 236	<5	9 366	
	EE	0	0	0	<5		0	0		<5	0	0	0		0	0	0	0	0	<5	0	<5	0	0	0	0	<5	<5	0	<5	0	8	
	IE	11	0	0	0		0	0		<5	0	6	0		0	0	0	0	0	31	<5	0	0	0	0	0	0	82	0	0	836	972	
	EL	7	0	0	0		0	0		27	0	84	0		0	0	<5	0	0	<5	0	0	0	0	0	0	0	0	0	81	13	216	
	ES	7	0	6	0		<5	0	0		18	0	6	0		0	0	7	0	22	<5	<5	0	0	<5	0	<5	<5	9	<5	87		
	FR	13 182	0	0	0		0	0	0		0	0	14	0		0	53	<5	0	22	0	<5	0	0	0	0	0	0	0	190	<5	13 467	
	HR	52	0	37	0		7	0	0		6		27	0		0	0	13	0	<5	110	0	0	0	18	<5	0	0	0	77	7	358	
	IT	33	0	<5	<5		0	0	<5		205	0		0		0	<5	<5	0	15	61	0	<5	<5	6	<5	<5	0	0	610	6	949	
	CY	6	0	0	0		0	0	0		20	0	<5			0	0	0	0	0	<5	0	0	0	0	0	0	0	0	0	35	64	
	LV	<5	0	0	0		27	0	0		0	0	<5	0		39	<5	0	0	0	<5	0	0	0	0	0	0	<5	<5	0	5	0	87
	LT	0	0	<5	0		<5	0	0		<5	0	0	0		0	0	<5	0	<5	<5	0	0	0	0	0	0	<5	7	0	20	0	35
	LU	4 249	<5	5	0		0	0	0		510	<5	5	0		0		<5	0	322	11	0	0	0	0	0	0	0	0	113	0	5 218	
	HU	<5	0	<5	0		0	0	0		<5	0	<5	0		0	0	0	0	0	30	0	0	0	0	0	0	<5	0	5	0	47	
	MT	0	0	0	0		0	0	0		<5	0	0	0		0	0	<5		<5	0	0	0	0	0	0	0	0	0	0	<5	11	
	NL	626	0	5	<5		0	0	5		18	0	0	0		0	<5	8	0		14	<5	0	0	<5	<5	0	0	23	0	708		
	AT	<5	0	<5	0		0	0	0		<5	0	<5	0		0	0	22	0	0	0	0	<5	0	0	0	0	0	0	168	<5	205	
	PL	<5	0	0	0		0	0	0		7	0	<5	0		0	0	<5	0	<5	8	0	0	0	0	0	0	0	0	<5	0	27	
	PT	<5	0	0	0		0	0	0		6	0	83	0		0	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	6	96	
	RO	32	0	6	0		0	0	0		58	0	80	0		0	<5	65	0	<5	40	0	0	0	0	0	0	0	0	40	0	323	
	SI	0	0	51	0		0	0	0		11	40	33	0		0	0	0	0	<5	76	0	0	0	0	0	0	<5	0	19	<5	236	
	SK	0	0	1 257	0		0	0	0		0	<5	<5	0		0	0	6	0	0	27	0	0	0	0	0	0	0	17	<5	1 312		
	FI	<5	0	0	<5		14	0	0		5	0	0	0		0	0	<5	0	<5	<5	0	0	0	0	0	0	<5	0	<5	0	30	
	SE	<5	0	0	<5		0	0	6		<5	0	<5	0		0	0	<5	0	0	<5	0	0	0	0	0	<5	0	<5	0	23		
	IS	0	0	<5	<5		0	0	0		0	<5	0	0		0	0	0	0	6	0	0	0	0	0	0	0	<5	0	7	0	18	
LI	0	0	0	0		0	0	0		0	0	0	0		0	0	0	0	0	<5	0	0	0	0	0	0	0	0	0	0	<5		
NO	0	0	0	0		0	0	0		0	0	0	0		0	0	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	<5		
CH	6	0	7	<5		0	0	0		5 451	<5	<5	0		0	0	<5	0	<5	603	<5	0	<5	12	0	0	0	0	0	6 095			
UK	22	<5	91	0		0	0	<5		30	<5	22	0		12	0	14	0	10	6	0	0	<5	26	<5	9	<5	12	0	267			
EU-27	18 309	<5	1 454	14		51	0	179		1 786	76	399	0		39	6 998	179	0	2 483	4 012	13	11	22	51	13	117	<5	4 698	921	41 830			
EU-14	18 191	<5	98	12		16	0	179		1 642	31	238	0		0	6 998	86	0	2 471	3 650	12	11	<5	16	8	97	<5	4 453	872	39 087			
EU-13	118	0	1 356	<5		35	0	0		144	45	161	0		39	0	93	0	12	362	<5	0	20	35	5	20	<5	245	49	2 743			
EFTA	6	0	8	<5		0	0	0		5 451	<5	<5	0		0	0	7	0	9	605	<5	0	<5	12	0	<5	0	7	0	6 118			
Total	18 337	<5	1 553	16		51	0	182		7 267	80	424	0		51	7 007	200	0	2 502	4 623	15	11	25	89	16	128	6	4 717	921	48 224			

* BE: data 2021. IE: data 2022. CY: data 2019. IS: data 2018.

** BE: the number of PDs S2 received from France include the number of PDS S2 as well as the PDs S2 issued under the ZOAST-Agreement.

*** IE: This information is based on data up to 31 December 2022. Less than 5 claims have been raised against other Member States in 2022 (with 12 individual E125s). However, there may have been patients treated for which claims will be raised in 2023 or later.

**** FR: due to new tools, the data are not exhaustive, more specifically data from CH as the competent Member State were missing. However, seeing that this is one of the most important flows and leaving this number of PDs S2 out would hugely impact the total, the number of PDs S2 received by FR from CH was imputed from 2022 (5 451).

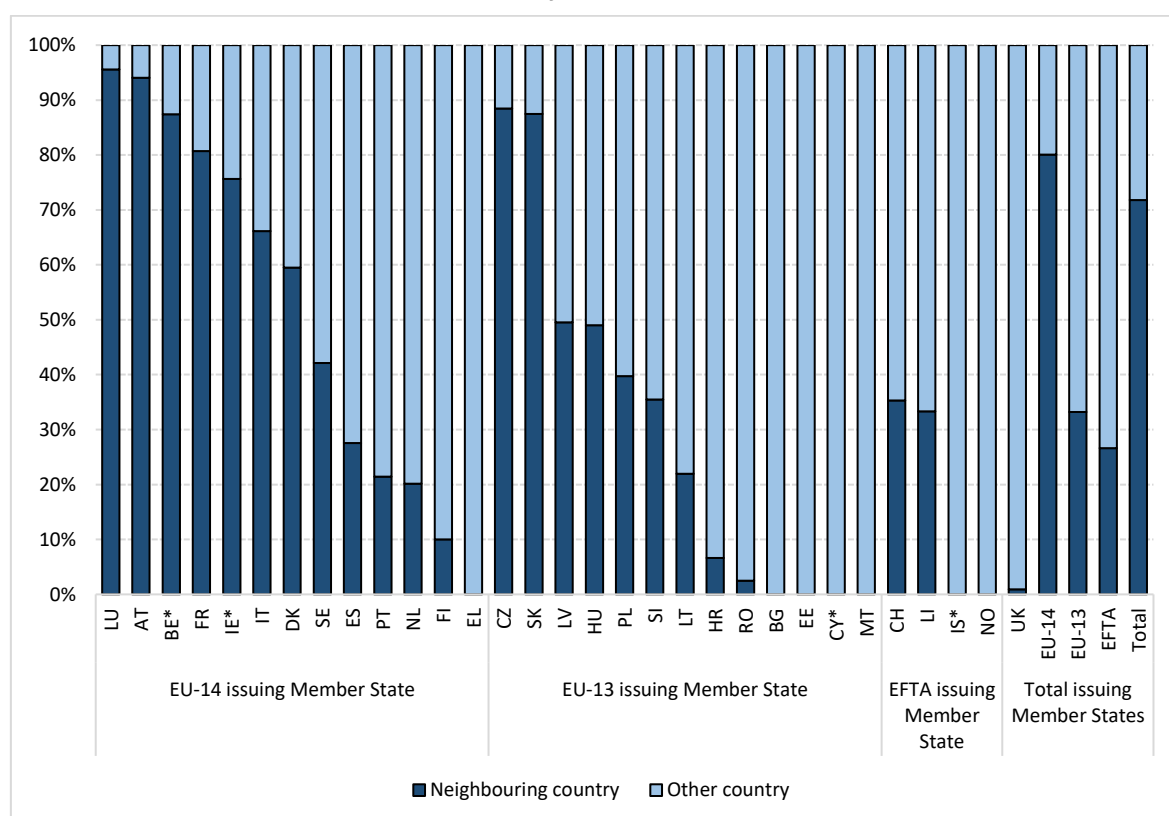
***** LU: reported "<5" itself. Therefore, the total reported by LU is correct, but these numbers could not be included in the column Total, or the row Totals for EU-14, EU-13, and EFTA for Luxembourg. As a result, the reported total (7 007) differs from the sum (6 998).

Source: PD S2 Questionnaire 2024

There are many different reasons why patients apply for healthcare abroad. The decision to seek authorisation is influenced by different push and pull factors. On the one hand push factors come into play, for instance when the treatment cannot be provided within a medically justifiable time limit, or the lack of treatment facilities or expertise in the competent Member State for treatments which are covered by its legislation. On the other hand, multiple pull factors exist to receive a scheduled treatment in one particular Member State (e.g., proximity, familiarity, language, availability, medical expertise/quality, affordability in terms of reimbursement rates and out-of-pocket expenses, etc.)⁵⁷.

The assessment of potential push and pull factors falls outside the scope of this chapter. Nonetheless, based on the current quantitative input, the importance of proximity could be verified. *Figure 7* illustrates the percentage of PDs S2 issued to a neighbouring Member State. In total, almost three out of four PDs S2 are issued to receive scheduled treatment in a neighbouring Member State (71.8 %). However, only 33.2 % of the PDs S2 issued by the EU-13 Member States are for treatment in a neighbouring Member State, compared to 80.0 % of the PD S2 issued by the EU-14 Member States. For instance, Luxembourg, and Austria have issued more than 90 % of PDs S2 to receive scheduled treatment in a neighbouring Member State. On the contrary, Greece, Croatia, Romania, Bulgaria, Estonia, Cyprus (data 2019), Malta, Iceland (data 2018), Norway, and the United Kingdom issued more than 90 % of authorisations for healthcare provided in a non-neighbouring country.

Figure 7 - Number of PDs S2 issued, percentage breakdown by neighbouring country or not, 2023



* BE: data 2021. IE: data 2022. CY: data 2019. IS: data 2018.

Source: PD S2 Questionnaire 2024

⁵⁷ Some of the above push factors can be measured by the so-called 'Euro Health Consumer Index (EHCI)'. This index is a comparison of European health care systems based on a set of indicators covering six disciplines (Patient rights and information; Accessibility/Waiting time for treatment; Outcomes; Range and reach of services ("Generosity"); Prevention and Pharmaceuticals). See for the latest report: <https://healthpowerhouse.com/media/EHCI-2018/EHCI-2018-report.pdf>

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

It is interesting to put absolute numbers in perspective because they cannot be used to measure the true impact as they depend on the size of the country for instance. Therefore, they are compared to the total number of insured persons in the reporting Member States to calculate the relative frequency of patients exercising their rights for accessing cross-border planned healthcare (Table 12). In 2023, less than 10 out of 100 000 insured persons received a PD S2. This figure might be a (large) underestimation of the actual size of planned cross-border care in the EU.⁵⁸ A rather high patient mobility to receive planned healthcare abroad can be observed for persons insured in Luxembourg (almost 1 out of 100 insured persons). Furthermore, in case the 8 804 PDs S2 issued by Belgium in 2021 for the more flexible parallel procedures are taken into account, 78 out of 100 000 insured persons in Belgium received planned cross-border healthcare in 2021.

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, 2023

MS	Number of insured persons (A)	Number of PD S2 issued (B)	Share of insured population (B/A)	In 100 000 insured persons
BE*	11 499 246	119	0.001 %	1
BG	6 122 312	553	0.009 %	9
CZ	10 835 289	156	0.001 %	1
DK**	5 800 000	79	0.001 %	1
DE***	74 567 684			
EE	1 295 609	10	0.001 %	1
IE**	5 161 515	886	0.017 %	17
EL	14 770 748	575	0.004 %	4
ES	50 937 993	185	0.000 %	0
FR	72 558 885	2 733	0.004 %	4
HR	4 007 390	499	0.012 %	12
IT**	60 000 000	2 181	0.004 %	4
CY	820 000	486	0.059 %	59
LV	2 302 221	105	0.005 %	5
LT	2 995 834	41	0.001 %	1
LU	970 747	9 462	0.975 %	975
HU	3 897 988	100	0.003 %	3
MT	535 064	137	0.026 %	26
NL	17 498 000	1 712	0.010 %	10
AT	9 341 504	4 125	0.044 %	44
PL	34 172 864	73	0.000 %	0
PT	n.a.	14		
RO	16 950 000	720	0.004 %	4
SI	2 117 608	533	0.025 %	25
SK	5 189 179	1 134	0.022 %	22
FI	5 566 812	170	0.003 %	3
SE**	5 818 550	19	0.000 %	0
IS*	355 766	43	0.012 %	12
LI	41 986	3	0.007 %	7
NO**	5 533 582	2	0.000 %	0
CH	8 800 000	136	0.002 %	2
UK		224		
Total	365 896 692	26 977	0.007 %	7

* BE: data 2021. BE: in case the 8 804 PDs S2 issued for the more flexible parallel procedures are taken into account, some 78 out of 100 000 insured persons in Belgium received planned cross-border healthcare in 2021. IE: data number of PDs S2 2022. CY: data 2019. IS: data number of PDs S2 2018, data number of insured persons 2019.

** DK and IT: number of insured persons data 2020. DK: The figure of 5.8 million is the number of Danish inhabitants in 2020, and not the actual number of Danish insured persons. Denmark has a residence-based healthcare system, which means that all persons registered as residents in Denmark, will be covered by 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, for instance: • frontier workers, who work in Denmark but reside in another Member State or the UK; • Danish officials and workers posted by a Danish company to another EU/EEA-country, Switzerland or the UK; • Students travelling to another EU/EEA-country, Switzerland or the UK as a part of their study for a temporary period of time. IT: assumption that every insured person in IT has an EHIC. 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. IE: Number of insured persons is an estimation as it is known that approximately 34 % of insured persons has an EHIC and the number of EHICs in circulation was known.

*** Estimate for DE: 0.013 % based on number of PDs S2 issued in Table 11. Total including DE: 0.008 %.

Source: EHIC and PD S2 Questionnaire 2024

⁵⁸ For instance, based on the Special Eurobarometer 425 (2016) on "Patients' rights in cross-border healthcare in the European Union" some 2 % of people living in the European Union had received planned medical treatment in another Member State in the last 12 months. (See <https://data.europa.eu/doi/10.2875/75886>)

A similar exercise is conducted from the perspective of the Member State of treatment, which is shown in *Table 13*. Again, Luxembourg stands out with 722 in 100 000 insured persons. In addition, Belgium (data 2021), Switzerland, and Austria receive many 'patients' in relative terms, namely more than 45 in 100 000. In total, around 17 in 100 000 insured persons received planned cross-border healthcare based on a prior authorisation in 2023.

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, 2023

MS	Number of insured persons (A)	Number of PD S2 received (B)	Share of insured population (B/A)	in 100 000 insured persons
BE*	11 499 246	18 337	0.159 %	159
BG	6 122 312	3	0.000 %	0
CZ	10 835 289	1 553	0.014 %	14
DK**	5 800 000	16	0.000 %	0
DE	74 567 684			
EE	1 295 609	51	0.004 %	4
IE*	5 161 515	0	0.000 %	0
EL	14 770 748	182		
ES	50 937 993			
FR****	72 558 885	7 267	0.010 %	10
HR	4 007 390	80	0.002 %	2
IT**	60 000 000	424	0.001 %	1
CY*	820 000	0	0.000 %	0
LV	2 302 221			
LT	2 995 834	51	0.002 %	2
LU	970 747	7 007	0.722 %	722
HU	3 897 988	200	0.005 %	5
MT	535 064	0	0.000 %	-
NL	17 498 000	2 502	0.014 %	14
AT	9 341 504	4623	0.049 %	49
PL	34 172 864			
PT	n.a.	15		
RO	16 950 000	11	0.000 %	0
SI	2 117 608	25	0.001 %	1
SK	5 189 179	89	0.002 %	2
FI	5 566 812	16	0.000 %	0
SE**	5 818 550	128	0.002 %	2
IS*	355 766	6	0.002 %	2
LI	41 986			
NO**	5 533 582			
CH	8 800 000	4 717	0.054 %	54
UK		921		
Total	272 908 046	47 288	0.017 %	17

* BE: data 2021. IE: data number of PDs S2 2022. CY: data 2019. IS: data number of PDs S2 2018, data number of insured persons 2019.

** DK and IT: number of insured persons data 2020. DK: The figure of 5.8 million is the number of Danish inhabitants in 2020, and not the actual number of Danish insured persons. Denmark has a residence-based healthcare system, which means that all persons registered as residents in Denmark, will be covered by 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, for instance: • frontier workers, who work in Denmark but reside in another Member State or the UK; • Danish officials and workers posted by a Danish company to another EU/EEA-country, Switzerland or the UK; • Students travelling to another EU/EEA-country, Switzerland or the UK as a part of their study for a temporary period of time. IT: assumption that every insured person in IT has an EHIC. 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. IE: Number of insured persons is an estimation as it is known that approximately 34 % of insured persons has an EHIC and the number of EHICs in circulation was known.

*** Estimate for DE: 0.015% based on number of PDs S2 received in *Table 10*. Total including DE: 0.0017 %.

**** FR: due to new tools, the data are not exhaustive, more specifically data from CH as the competent Member State were missing. However, seeing that this is one of the most important flows and leaving this number of PDs S2 out would hugely impact the total, the number of PDs S2 received by FR from CH was imputed from 2022 (5 451) bringing the total number of PDs S2 received to 7 267.

Source: EHIC and PD S2 Questionnaire 2024

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

The data for reference year 2023 are compared with previous years to analyse developments in terms of number of persons accessing planned healthcare abroad. From 2022 to 2023, both the number of PDs S2 issued (+12.7 %) and the number of PDs S2 received (+2.2 %) has increased.

From an issuing perspective, the most remarkable increase is noted in Romania, where the number of PDs S2 issued went from 65 in 2022 to 720 in 2023, or an increase of 1 007.7 %. Nevertheless, the number of 720 PDs S2 issued in 2023 is in line with the data provided for the previous reference years, possibly indicating that 2022 was an outlier. Furthermore, the number of PDs S2 issued more than doubled in Malta and Finland. On the contrary, notable decreases are visible in Liechtenstein (-88.5 %, although it only concerned 26 PDs S2 in 2022), Sweden (-80.2 %), and the United Kingdom (-63.3 %). As the main issuing Member State, Luxembourg has seen a growth again, for the first time since 2018. Austria, the second most important issuing Member State also reports a growth in the number of PDs S2 issued from 2022 to 2023 (+17.5 %).

In terms of PDs S2 received, a notable increase is shown for Czechia (+57.3 %), as the number of PDs S2 received in 2023 is now higher than the number of PDs S2 before the COVID-19 pandemic. The most notable relative decreases are noted in Bulgaria (-80.0 %, although it concerns less than five PDs S2 in 2023), Estonia (-35.4 %), and the Netherlands (-34.4 %). Furthermore, the number of PDs S2 received by Switzerland has continuously been on the decline since 2018. From 2018 to 2023, the numbers dropped from 7 832 to 4 717, or a decrease of 39.8 %. The two main receiving Member States France (+2.4 %) and Luxembourg (+23.0 %) received more PDs S2 in 2023 compared to 2022.

Furthermore, Directive 2011/24/EU was due to be transposed by the Member States by 25 October 2013.⁵⁹ Figures from previous years suggest that Directive 2011/24/EU had no direct impact on the number of PDs S2. This is also confirmed by the qualitative input as almost all Member States believe that there is no such impact (see also *Table a10* in *Annex II*). This is the opinion of Austria, Bulgaria, Croatia, Denmark, Estonia, Finland, Hungary, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Norway, Poland, Romania, Slovakia, Slovenia, Spain, and the Netherlands. Only the United Kingdom mentions that due to this Directive no longer being available in the United Kingdom, the number of PSs S2 is impacted, as this is now the main funding option for NHS patients to seek treatment in the EU. It was however expected that planned S2 application volumes would be higher than they currently are, due to the EU Directive ending. The number of PDs S2 are likely to have been initially lower than expected, post EU Exit, due to the COVID-19 pandemic, travel restrictions, the Ukraine war, and the current cost of living crisis. It is anticipated that the numbers will increase in 2024.

⁵⁹ However, some Member States were late in its transposition.

Table 14 - Evolution of the number of PDs S2 issued and received, 2017-2023

MS	Issued									Received								
	2017	2018	2019	2020	2021	2022	2023	Change in numbers 2022 vs. 2023	% change 2022 vs. 2023	2017	2018	2019	2020	2021	2022	2023	Change in numbers 2022 vs. 2023	% change 2022 vs. 2023
BE	280	226	208	121	119					22 511	26 839	27 224	18 551	18 337				
BG	632	609	573	470	498	512	553	41	8.0 %	<5	8	17	<5	6	15	<5	-12	-80.0 %
CZ	150	144	168	116	132	124	156	32	25.8 %	1 272	1 195	1 241	1 329	601	987	1 553	566	57.3 %
DK	139	202	221	85	82	84	79	-5	-6.0 %	32	40	12	<5	12	24	16	-8	-33.3 %
DE																		
EE		19	23	16	11	9	10	1	11.1 %		129	76	18	41	79	51	-28	-35.4 %
IE		1 210	1 200		748	886					16			0	0			
EL	465	605		521	455	469	575	106	22.6 %	82			234	20		182		
ES	373	389	405	222	459	216	185	-31	-14.4 %				90					
FR	4 716	3 867	2 631	2 925	2 462	2 798	2 733	-65	-2.3 %	2 761	1 597	1 977	1 415	6 302	7 099	7 267	168	2.4 %
HR	460	460	477	288	341	482	499	17	3.5 %	62	74	48	66	59	106	80	-26	-24.5 %
IT	147	2 338		2 139		2 168	2 181	13	0.6 %	199	333		333			424	91	27.3 %
CY	320	430	486							0	0	0						
LV	191	189	149	151	119	123	105	-18	-14.6 %	0	0	<5	9	0	<5			
LT	42	54	38	48	52	33	41	8	24.2 %	50	47	50	97	90	48	51	3	6.3 %
LU	12 658	12 754	11 765	9 082	8 810	8 030	9 462	1 432	17.8 %	1 916	2 927	3 886	3 658	5 127	5 699	7 007	1 308	23.0 %
HU	300	245	275	183	160	127	100	-27	-21.3 %	155	142	256	27	258	262	200	-62	-23.7 %
MT	28	32	54	33	29	48	137	89	185.4 %	0	<5	<5	0	0	0	0	0	
NL	1 055	2 056	3 044	751	1 753	1 525	1 712	187	12.3 %	2 721		3 315	1 757	1 953	3 813	2 502	-1 311	-34.4 %
AT	4 762	4 200	4 732	3 333	2 941	3 511	4 125	614	17.5 %	5 354	5 289	5 806	3 881	3 564	4 359	4 623	264	6.1 %
PL	111	81	58	44	58	59	73	14	23.7 %									
PT	60	43	28	15	10	14	14	0	0.0 %				21	24	13	15	2	15.4 %
RO	711		808	529	665	65	720	655	1 007.7 %	<5		<5	9	16	<5	11	7	175.0 %
SI	366	405	426		418	468	533	65	13.9 %	37	38	34		20	20	25	5	25.0 %
SK	914	961	1 049	889	727	969	1 134	165	17.0 %	98	53	49	47	61	67	89	22	32.8 %
FI	106	103	102	73	93	81	170	89	109.9 %	18	34	38	5	10	12	16	4	33.3 %
SE			17		79	96	19	-77	-80.2 %	258	154	38		190	155	128	-27	-17.4 %
IS	22	43								7	6							
LI		29	20	<5	6	26	<5	-23	-88.5 %		<5		6					
NO	<5	<5		<5	0	0	<5	<5		10	0			26				
CH	95	104	124	121	108	138	136	-2	-1.4 %	7 652	7 832	7 480	5 654	5 719	5 104	4 717	-387	-7.6 %
UK	1 352	1 487			740	610	224	-386	-63.3 %	1 241	1 357			704	767	921	154	20.1 %
Total*						22 785	25 681	2 896	12.7 %						28 634	29 275	642	2.2 %

* Total only includes numbers for Member States which could report data for both 2022 and 2023.

Source: Administrative data PD S2 Questionnaire 2018 to 2024

4. Budgetary impact of cross-border planned healthcare

Table 15 provides an overview of the number of claims of reimbursement received and issued as well as the amount involved. From the perspective of the competent Member State (debtor's perspective) approximately 82 300 claims were received for an amount of EUR 175.6 million. From the perspective of the Member State of treatment (creditor's perspective), some 35 000 claims were issued, amounting to EUR 165.6 million. Nevertheless, as can be seen from *Table 15*, several Member States did not provide any data, among others Belgium, Italy, and Luxembourg, indicating that the real figures will be higher.

The left side of *Table 15* represent the figures from a debtor's point of view, meaning the competent Member State that received claims for reimbursement and must pay a certain amount. In absolute figures, the main debtors are France, Germany, and Bulgaria in terms of claims received (more than 4 600 each), and France, Germany, and Austria in terms of amount to be paid (more than EUR 17 million each). Moreover, Switzerland and Austria each received more than 3 900 claims, and Slovakia and Romania show a high amount of more than EUR 8 million. It can be assumed that Luxembourg is an important debtor as well, as it issued the largest number of PD S2 (see *Table 10*). The amount to be paid as a debtor can be compared to the total healthcare spending related to benefits in kind to grasp the impact of cross-border planned healthcare. Overall, the share only amounts to 0.016 % of total healthcare spending related to benefits in kind. For all reporting Member States, the budgetary impact is marginal, namely less than 0.27 % (no data for Luxembourg).

On the right-hand side of *Table 15* information concerning the creditor's perspective can be found. Hence, this concerns the Member State of treatment, which issued claims for reimbursement and receives the amount from the competent Member State. This information is useful as well, as planned cross-border healthcare might put a pressure on the availability of medical equipment and services. The main creditors in terms of forms issued are Germany, Switzerland, and France (more than 5 000 each), and in terms of amount received the top creditors are Germany, Switzerland, Austria, and France (more than EUR 15 million each). Particularly Germany is a frontrunner with over 14 000 forms issued and EUR 81.7 million received. The average impact of planned cross-border healthcare from a creditor's perspective remains limited as well with an average of some 0.016 % of total healthcare spending related to benefits in kind. In none of the Member States does it exceed 0.15 %.

The evolution from 2022 to 2023 is also reported in *Table 15* below. From a debtor's perspective, on average, for the Member States which could provide data for both 2022 and 2023, both the number of claims received (-64.6 %) and amount paid (-22.2 %) knew a serious decrease. This is particularly due to France, where the number of claims dropped from 205 720 in 2022 to 'only' 53 900 in 2023, or -73.8 %. Furthermore, the amount in France declined from around EUR 110 million to EUR 64.2 million. However, in the previous report, it was noted that France knew a serious increase (+1 551.3 % in terms of forms and +506.4 % in terms of amount). This increase from 2021 to 2022 as a debtor was almost exclusively due to an increase of forms and amount claimed for Belgium as Member State of treatment. Hence, it seems that reference year 2022 might be an outlier for France from a debtor's perspective, as the number of forms is now closer to previous reference years (12 458 in 2021, 205 720 in 2022, 53 900 in 2023), and the same is true for the amount (EUR 18.1 million in 2021, EUR 110 million in 2022, EUR 64.2 million in 2023), and it might be returning to the pre-COVID-19 levels.⁶⁰

⁶⁰ FR: number of forms received was 37 360 in 2019, amount paid was EUR 52 million in 2019.

From a creditor's perspective, the evolution from 2022 to 2023 is limited but positive for the Member States which could report data in both reference years. It amounts to +1.7 % for the number of forms issued and +10.2 % for the amount received. For several Member States, remarkable growths can be noted (Bulgaria, Latvia, and Finland), but for all three Member States five or less forms were issued in 2022 and less than EUR 12 000 was received in 2022, making these evolutions less significant. France reports an increase compared to 2022, albeit moderate (+6.6 % forms, +15.4 % amount). Nevertheless, from 2021 to 2022, the increase for France from a creditor's perspective was impressive as well (+91.9 % forms, +27.1 % amount). This was mainly due to one competent Member State, namely Switzerland. It appears that this level of claims and amount is what can be expected from now on.

In *Annex III*, the individual claims for reimbursement received and issued between Member States are reported. The main flows of amount claimed go from Belgium (creditor) to France (debtor) (including parallel procedures), from France to Belgium (data 2021), from Germany to Austria, from Germany to Cyprus, from Switzerland to Germany, from the United Kingdom to Ireland (data 2022), from Czechia to Slovakia, and from Belgium to Luxembourg (data 2021).

Table 15 - Budgetary impact of cross-border planned health care, 2022-2023

	Debtor							Creditor								
	Forms received			Amount claimed (in €)			Share in total healthcare spending related to benefits in kind		Forms issued			Amount claimed (in €)			Share in total healthcare spending related to benefits in kind	
	2022	2023	Evolution 2022 vs. 2023	2022	2023	Evolution 2022 vs. 2023	2022	2023	2022	2023	Evolution 2022 vs. 2023	2022	2023	Evolution 2022 vs. 2023	2022	2023
BE																
BG	671	4 638	591.2 %	7 039 897	6 760 119	-4.0 %	0.234 %	0.201 %	<5	22	1 000.0 %	538	9 100	1 591.2 %	0.000 %	0.000 %
CZ	107	105	-1.9 %	990 061	744 468	-24.8 %	0.008 %	0.005 %	987	1 553	57.3 %	8 433 583	11 573 471	37.2 %	0.064 %	0.074 %
DK	80	83	3.8 %	753 604	816 605	8.4 %	0.004 %	0.004 %	22	24	9.1 %	477 156	221 801	-53.5 %	0.003 %	0.001 %
DE	10 093	8 710	-13.7 %	22 005 396	23 983 988	9.0 %	0.007 %	0.008 %	14 425	14 196	-1.6 %	74 201 010	81 740 765	10.2 %	0.025 %	0.028 %
EE	27	25	-7.4 %	247 277	269 749	9.1 %	0.020 %	0.019 %	107	82	-23.4 %	125 259	135 869	8.5 %	0.010 %	0.010 %
IE	594			13 840 403			0.071 %		12			1 452 642			0.007 %	
EL	665	742	11.6 %	3 431 569	6 029 010	75.7 %	0.035 %	0.059 %	62	43	-30.6 %	121 520	72 524	-40.3 %	0.001 %	0.001 %
ES	418	279	-33.3 %	1 825 560	1 624 183	-11.0 %	0.002 %	0.002 %	407	473	16.2 %	1 296 215	967 160	-25.4 %	0.002 %	0.001 %
FR	205 720	53 900	-73.8 %	109 973 913	64 222 222	-41.6 %	0.053 %	0.027 %	4 853	5 172	6.6 %	13 479 369	15 557 877	15.4 %	0.007 %	0.007 %
HR	488	573	17.4 %	3 209 468	4 513 156	40.6 %	0.095 %	0.118 %	94	71	-24.5 %	3 582 820	2 316 812	-35.3 %	0.106 %	0.061 %
IT																
CY																
LV	157	216	37.6 %	2 864 797	4 584 034	60.0 %	0.237 %	0.268 %	<5	<5	200.0 %	683	8 478	1140.5 %	0.000 %	0.000 %
LT	133	129	-3.0 %	687 542	413 427	-39.9 %	0.030 %	0.016 %	116	119	2.6 %	2 808 731	3 194 324	13.7 %	0.121 %	0.123 %
LU																
HU	145	117	-19.3 %	3 936 539	3 205 427	-18.6 %	0.057 %	0.042 %	176	231	31.3 %	1 916 154	1 655 322	-13.6 %	0.028 %	0.022 %
MT	23	140	508.7 %	271 682	1 172 819	331.7 %	0.039 %	0.154 %	0	0		0	0		0.000 %	0.000 %
NL	3 541	1 331	-62.4 %	9 615 649	6 605 671	-31.3 %	0.015 %	0.010 %								
AT	4 001	3 950	-1.3 %	13 391 189	17 622 222	31.6 %	0.049 %	0.057 %	4 238	4 931	16.4 %	13 002 068	15 633 388	20.2 %	0.047 %	0.051 %
PL	20	21	5.0 %	35 729	243 493	581.5 %	0.000 %	0.001 %	534	421	-21.2 %	279 117	454 010	62.7 %	0.001 %	0.002 %
PT	<5	0	-100.0 %	1 127	0	-100.0 %	0.000 %	0.000 %	27	16	-40.7 %	19 094	30 435	59.4 %	0.000 %	0.000 %
RO	956	520	-45.6 %	10 977 392	8 140 743	-25.8 %	0.107 %	0.082 %	<5			1 258			0.000 %	
SI	374	436	16.6 %	2 113 659	3 779 626	78.8 %	0.062 %	0.100 %	20	21	5.0 %	354 674	312 220	-12.0 %	0.010 %	0.008 %
SK	898	1 225	36.4 %	8 708 379	12 854 386	47.6 %	0.183 %	0.245 %	96	82	-14.6 %	113 988	149 705	31.3 %	0.002 %	0.003 %
FI	90	64	-28.9 %	1 020 977	556 306	-45.5 %	0.007 %	0.004 %	5	45	800.0 %	11 313	322 198	2 747.9 %	0.000 %	0.002 %
SE	39	29	-25.6 %	203 207	187 562	-7.7 %	0.001 %	0.001 %	184	157	-14.7 %	3 505 598	3 440 049	-1.9 %	0.011 %	0.010 %
IS																
LI		<5			6 467				10			38 222				
NO									21	<5	-90.5 %	432 813	29 837	-93.1 %	0.002 %	0.000 %
CH	2 975	4 284	44.0 %	5 431 400	5 652 302	4.1 %	0.012 %	0.011 %	6 878	6 527	-5.1 %	22 858 081	18 095 668	-20.8 %	0.051 %	0.037 %
UK	759	784	3.3 %	17 062 740	1 589 363	-90.7 %	0.009 %	0.001 %	1 195	861	-27.9 %	3 275 475	9 685 487	195.7 %	0.002 %	0.005 %
Total*		82 302	-64.4 %		175 577 348	-22.2 %	0.020 %	0.016 %		35 052	1.7 %		165 606 499	10.2 %	0.014 %	0.016 %

* The total reported is the sum of all reporting Member States in 2023. The evolution reported only takes into account those Member States which could report data for both 2022 and 2023. The share in total healthcare spending is only calculated in 2022 and 2023 for Member States which could report data on the amount in both years.

Source: Administrative data PD S2 Questionnaire 2024 and 2023, and Eurostat [\[spr_exp_fs\]](#) data 2021 (UK data 2018)

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

Twenty-nine Member States were able to provide information on the number of PDs S2 requests which were refused in 2023.⁶¹ In total, these Member States refused 3 144 requests for prior authorisation for treatment abroad (PD S2) (Table 16). Most of these refusals originate from France (1 042 refusals), Austria (448 refusals), and Luxembourg (327 refusals). These three Member States account for 57.8 % of all refusals by the reporting Member States. These high numbers are of course linked to the high number of requests received by both Member States compared to other Member States.⁶²

In relative terms, the refusal rate is particularly high in Norway (90.5 %), Sweden (87.3 %), Belgium (64.4 %, data 2021), Portugal (58.8 %), Czechia (46.2 %), Finland (41.2 %), and the United Kingdom (35.6 %). On average, approximately 10.5 % of the requests for a PD S2 were refused by the reporting Member States. It appears that the refusal rate is dropping again compared to previous reference years. This is also influenced by Luxembourg, where the refusal rate dropped significantly from 13.8 % in 2022 to 3.3 % in 2023. This brings the rate to its lowest level since 2013.

Table 16 - Number of PDs S2 requests refused and accepted, 2013-2023

	2023					% refused in ...									
	Issued	Refused	Total	% accepted	% refused	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
BE*	119	215	334	35.6 %	64.4 %	23.5 %	42.0 %	46.6 %	35.1 %	49.3 %	58.5 %	62.2 %	63.1 %	64.4 %	
BG	553	25	578	95.7 %	4.3 %	7.5 %	10.6 %	9.8 %	3.2 %	2.2 %	3.9 %	3.9 %	2.7 %	5.7 %	2.5 %
CZ	156	134	290	53.8 %	46.2 %	20.0 %	33.8 %	41.6 %	32.2 %	23.5 %	21.7 %	32.0 %	32.6 %	35.3 %	32.2 %
DK	79	14	93	84.9 %	15.1 %	n.a.	0.0 %	7.7 %	13.3 %	6.7 %	4.3 %	3.1 %	8.6 %	2.4 %	4.5 %
DE															
EE	10	<5	12	83.3 %	16.7 %	10.3 %	10.0 %	9.5 %	n.a.	0.0 %	39.5 %	46.7 %	35.3 %	40.0 %	
IE*	886	77	963	92.0 %	8.0 %	3.7 %	6.2 %	7.4 %	2.8 %	3.5 %	5.7 %		5.3 %	8.0 %	
EL	575	21	596	96.5 %	3.5 %	6.5 %	1.8 %	3.9 %	4.7 %	3.3 %	0.2 %		4.9 %	5.2 %	5.4 %
ES	185	23	208	88.9 %	11.1 %	n.a.	n.a.	n.a.	n.a.	0.0 %			7.9 %	5.2 %	6.9 %
FR	2 733	1 042	3 775	72.4 %	27.6 %	n.a.	44.5 %	n.a.	24.0 %	27.2 %	29.8 %	30.4 %	35.2 %	27.0 %	35.1 %
HR	499	90	589	84.7 %	15.3 %	n.a.	18.0 %	15.1 %	14.0 %	13.2 %	12.5 %	10.1 %	8.6 %	11.7 %	9.9 %
IT	2 181	38	2 219	98.3 %	1.7 %	2.1 %	2.1 %	4.2 %	n.a.	13.0 %	1.4 %		1.5 %		1.5 %
CY						n.a.	6.6 %	n.a.	n.a.	0.0 %					
LV	105	10	115	91.3 %	8.7 %	7.0 %	4.0 %	6.2 %	n.a.	6.8 %	8.3 %	6.3 %	3.2 %	4.8 %	3.1 %
LT	41	<5	42	97.6 %	2.4 %	0.0 %	0.0 %	23.9 %	7.9 %	4.5 %	0.0 %	2.6 %	0.0 %	0.0 %	0.0 %
LU	9 462	327	9 789	96.7 %	3.3 %	3.4 %	4.9 %	4.9 %	14.2 %	10.8 %	6.8 %	9.9 %	9.2 %	8.7 %	13.8 %
HU	100	25	125	80.0 %	20.0 %	n.a.	n.a.	22.6 %	21.8 %	11.0 %	9.9 %	8.9 %	12.9 %	14.9 %	17.0 %
MT	137	0	137	100.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	5.9 %	1.8 %	0.0 %	0.0 %	0.0 %
NL	1 712	64	1 776	96.4 %	3.6 %	n.a.	n.a.	1.3 %	n.a.				3.3 %	0.7 %	1.1 %
AT	4 125	448	4 573	90.2 %	9.8 %	n.a.	3.7 %	5.6 %	7.2 %	8.5 %	9.1 %	9.6 %	12.8 %	12.6 %	11.1 %
PL	73	<5	77	94.8 %	5.2 %	21.4 %	19.4 %	10.7 %	9.9 %	29.7 %	6.9 %	13.4 %	0.0 %	3.3 %	4.8 %
PT	14	20	34	41.2 %	58.8 %	28.2 %	27.8 %	10.9 %	14.9 %	22.1 %	35.8 %	31.7 %	25.0 %	23.1 %	73.1 %
RO	720	27	747	96.4 %	3.6 %	3.1 %	4.5 %	7.1 %	6.7 %	5.1 %		5.2 %	4.0 %	6.5 %	35.0 %
SI	533	70	603	88.4 %	11.6 %		8.3 %	4.8 %	6.1 %	5.4 %	7.5 %	16.8 %		13.1 %	8.9 %
SK	1 134	27	1 161	97.7 %	2.3 %	7.0 %	5.9 %	7.6 %	3.0 %	3.4 %	3.8 %	4.4 %	2.6 %	3.8 %	3.6 %
FI	170	119	289	58.8 %	41.2 %	57.9 %	57.5 %	49.7 %	47.3 %	43.3 %	49.8 %	40.0 %	31.8 %	36.7 %	43.0 %
SE	19	131	150	12.7 %	87.3 %	n.a.	35.5 %	n.a.	n.a.				79.5 %	70.7 %	
IS*	43	0	43	100.0 %	0.0 %	n.a.	n.a.	n.a.	n.a.	12.0 %	0.0 %	0.0 %			
LI						0.0 %	0.0 %	0.0 %	n.a.				0.0 %	0.0 %	
NO	2	19	21	9.5 %	90.5 %	n.a.	54.0 %	47.9 %	94.4 %	96.4 %	82.4 %		88.9 %	100.0 %	100.0 %
CH	136	47	183	74.3 %	25.7 %	n.a.	n.a.	20.5 %	35.5 %	38.3 %	23.0 %	25.7 %	23.9 %	15.6 %	15.9 %
UK	224	124	348	64.4 %	35.6 %	0.5 %	3.9 %	4.4 %	4.3 %	5.8 %	4.1 %		2.7 %	8.0 %	15.2 %
Total	26 726	3 144	29 870	89.5 %	10.5 %	n.a.	8.2 %	7.0 %	13.8 %	13.7 %	11.3 %	13.4 %	14.0 %	12.5 %	14.9 %

* BE: data 2021. IE: data 2022. IS: data 2018.

** DK: In 2023, the Danish Patient Safety Authority refused to issue <5 PDs S2 for hospital treatment in Denmark for a Danish pensioner residing in another Member State. DK is not listed in Annex IV of the Basic Regulation, and thus as a general rule, Danish pensioners insured at the expense Denmark in another Member State pursuant to the Regulation have to apply for a prior authorisation for planned hospital treatment in DK. The reason for refusal was that treatment could be given within a medically justifiable time limit in the country of residence, and thus the conditions set out in Article 20 (2) of the Basic Regulation were not met. The refusal of PD S2 for planned hospital treatment in Denmark is not included in the reply to the questionnaire.

Source: Administrative data PD S2 Questionnaire 2014 - 2024

⁶¹ BE: data 2021. IE: data 2022. IS: data 2018. No data available for DE, CY, and LI.

⁶² See Table 11: FR received 7 267 requests for PDs S2, LU 7 007, and AT 4 623, on a total of 48 224 by all reporting Member States.

In addition to the number of refused requests for prior authorisation, the reporting Member States were asked to indicate the reasons for refusal of the prior authorisation: 1) whether the request was refused due to the fact that the treatment sought by the patient was not included in the services provided under the legislation of the competent Member State; 2) whether it was refused because it could be provided within a medically justifiable time limit in the competent Member State; 3) or due to other reasons.

Most authorisation requests were refused because the treatment could be delivered within a medically justifiable period in the competent Member State (56 % unweighted average) (Table 17). This was the main reason in Bulgaria, Czechia, Denmark, Estonia, Greece, Croatia, Latvia, Hungary, Austria, Poland, Portugal, Finland, Sweden, and Switzerland. The first reason, being that the care in question is not included in the services provided for by the legislation of the Member State, was the most common reason for refusals in Spain, France, and Italy. In total, this reason was only used for 13 % of refusals. Finally, around three in ten refusals occurred due to other reasons (31 %). This was the main reason in Belgium (data 2021), Ireland (data 2022), Lithuania, Romania, Slovenia, Slovakia, Norway, and the United Kingdom.

Table 17 - Reasons for refusal to issue a PD S2, 2023 (as a percentage of the total number of refused requests)

	Number of reasons for refusals*	The care in question is not included in the services provided for by the legislation of the MS	The care in question may be delivered within a medically acceptable period in the competent MS	Other circumstances
BE**	219	6 %	36 %	58 %
BG	25	0 %	100 %	0 %
CZ	134	app. 5 %	app. 90 %	app. 5 %
DK***	14	21 %	50 %	29 %
DE				
EE	<5	0 %	100 %	0 %
IE**	77	0 %	19 %	81 %
EL	21	0 %	95 %	5 %
ES	46	43 %	22 %	35 %
FR	1035	42 %	30 %	28 %
HR	90	20 %	67 %	13 %
IT	207	53 %	46 %	1 %
CY				
LV	10	0 %	100 %	0 %
LT	<5	0 %	0 %	100 %
LU	327			
HU	21	0 %	100 %	0 %
MT	0			
NL	64			
AT	447	6 %	84 %	10 %
PL	<5	25 %	50 %	25 %
PT	20	0 %	55 %	45 %
RO	27	11 %	19 %	70 %
SI	70	40 %	6 %	54 %
SK	27	4 %	44 %	52 %
FI	119	11 %	47 %	42 %
SE	131		Most cases	
IS**	0			
LI				
NO	19	0 %	32 %	68 %
CH	47	13 %	72 %	15 %
UK	124	0 %	6 %	94 %
Unweighted average	2 672	13 %	56 %	31 %

* The total number of refusals does not always match the total number of refusals as multiple reasons for refusal can be allocated to one refusal and some Member States were not able to provide the reasons for (some) refusals.

** BE: data 2021. IE: data 2022. IS: data 2018.

*** DK: In 2023, the Danish Patient Safety Authority refused to issue <5 PDs S2 for hospital treatment in Denmark for a Danish pensioner residing in another Member State. DK is not listed in Annex IV of the Basic Regulation, and thus as a general rule, Danish pensioners insured at the expense Denmark in another Member State pursuant to the Regulation have to apply for a prior authorisation for planned hospital treatment in DK. The reason for refusal was that treatment could be given within a medically justifiable time limit in the country of residence, and thus the conditions set out in Article 20 (2) of the Basic Regulation were not met. The refusal of PD S2 for planned hospital treatment in Denmark is not included in the reply to the questionnaire.

Source: Administrative data PD S2 Questionnaire 2024

Member States were also asked to explain the content of 'other reason'. By far the most mentioned reason was the fact that the file was not sufficiently documented (incomplete file, missing documents, missing information about the requested treatment). Other mentioned reasons are the fact that the care is not proven or accepted, or that the care does not provide a health benefit. Furthermore, the absence of approval or a referral, or the fact that an EHIC should have been used instead of a PD S2 are mentioned by several Member States.

However, the decision to refuse to issue a PD S2 can be contested. The share of contested decisions for 2023 and its evolution over the years is shown in *Table 18*. The 24 Member States which were able to provide figures on the number of contested decisions received 471 contestations following the refusal to issue a PD S2. On average, 17.7 % of decisions to refuse a request were contested. This is higher than the weighted share in 2022 (10.0 %), mostly due to France and Luxembourg, the Member States with the largest number of contested decisions. For both, the share of contested decisions knew an increase compared to 2022, namely from 6.3 % to 15.7 % in France, and from 11.6 % to 45.9 % in Luxembourg. The highest percentages of contested decisions to refuse authorisation can be seen in Italy (100.0 %), Norway (47.4 %), Luxembourg (45.9 %), Slovenia (40.0 %), Hungary (28.0 %), the United Kingdom (27.4 %), and Greece (23.8 %).

Table 18 - Percentage of contested decisions to refuse to issue a PD S2, 2013-2023

	2023			% of contested decisions in ...									
	Number of contested decisions (A)	Number of refusals (B)	% of contested decisions of the refusal (A/B)	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
BE				n.a.	1.8 %	n.a.	n.a.	n.a.	n.a.	n.a.			
BG	<5	25	12.0 %	15.8 %	33.3 %	25.0 %	33.3 %	14.3 %	28.0 %	26.1 %	23.1 %	16.7 %	15.4 %
CZ	12	134	9.0 %	24.0 %	20.0 %	8.3 %	18.2 %	19.6 %	15.0 %	17.7 %	21.4 %	15.3 %	13.6 %
DK	0	14	0.0 %	n.a.	0.0 %	0.0 %	14.3 %	40.0 %	0.0 %	0.0 %	0.0 %	100.0 %	0.0 %
DE													
EE	0	<5	0.0 %							0.0 %	0.0 %	0.0 %	0.0 %
IE				15.4 %	29.3 %	17.6 %	28.0 %		22.7 %	27.8 %		57.1 %	26.0 %
EL	5	21	23.8 %	25.0 %	45.5 %	0.0 %	52.6 %	18.8 %			59.3 %	100.0 %	100.0 %
ES	0	23	0.0 %							5.3 %	0.0 %	0.0 %	
FR	164	1 042	15.7 %				11.3 %		1.1 %	2.2 %	0.4 %	1.4 %	6.3 %
HR	8	90	8.9 %	n.a.	n.a.	16.3 %	22.4 %	25.7 %	19.7 %		14.8 %	20.0 %	28.3 %
IT*	38	38	100.0 %	n.a.	n.a.	14.1 %	n.a.	40.9 %					
CY													
LV	0	10	0.0 %	15.4 %	10.0 %	0.0 %	n.a.	7.1 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
LT	0	<5	0.0 %	n.a.	0.0 %	0.0 %	n.a.	0.0 %	0.0 %	0.0 %			
LU	+/- 150	327	45.9 %	9.1 %	app. 12 %	5.7 %	1.9 %	8.4 %	12.3 %	18.2 %	18.8 %	17.9 %	11.6 %
HU	7	25	28.0 %	42.3 %	17.0 %	6.3 %	6.0 %	8.1 %	22.2 %	14.8 %	25.9 %	17.9 %	15.4 %
MT	0	0							0.0 %	0.0 %			
NL						11.9 %							
AT	0	448	0.0 %	n.a.	n.a.	1.4 %	1.7 %	0.9 %	0.9 %	0.4 %	1.8 %	0.0 %	2.5 %
PL	0	<5	0.0 %	n.a.	26.3 %	15.4 %	18.2 %	19.1 %	16.7 %	22.2 %		0.0 %	
PT	0	20	0.0 %	0.0 %	0.0 %	0.0 %	15.4 %	5.9 %	8.3 %	38.5 %	0.0 %	0.0 %	2.6 %
RO	0	27	0.0 %	0.0 %	2.4 %	3.4 %	6.8 %	2.6 %		4.5 %	0.0 %	0.0 %	0.0 %
SI	28	70	40.0 %	n.a.	28.9 %	41.2 %	18.5 %	28.6 %	239.4 %	30.2 %		27.0 %	28.3 %
SK	<5	27	14.8 %	20.7 %	2.0 %	34.9 %	54.2 %	0.0 %	5.3 %	10.4 %	8.3 %	13.8 %	22.2 %
FI	5	119	4.2 %	15.8 %	17.3 %	12.4 %	10.6 %	6.2 %	5.9 %	4.4 %	5.9 %	3.7 %	6.6 %
SE											0.0 %		
IS				n.a.	n.a.	n.a.	n.a.	0.0 %	0.0 %				
LI													
NO	9	19	47.4 %		27.8 %	6.5 %		7.4 %	7.1 %	16.7 %	25.0 %	10.0 %	0.0 %
CH	<5	47	8.5 %			9.4 %	6.5 %	8.5 %	6.5 %	0.0 %	23.7 %	10.0 %	7.7 %
UK	34	124	27.4 %			4.6 %	14.0 %	18.8 %	26.6 %		21.6 %	28.1 %	27.5 %
Weighted average	471	2 657	17.7 %	n.a.	10.7 %	8.4 %	6.4 %	8.7 %	6.0 %	10.0 %	6.9 %	10.5 %	10.0 %
Unweighted average			16.8 %					13.4 %	9.9 %	11.7 %	12.5 %	19.9 %	14.9 %

* IT reported more contested decisions (380) than refusals (38) in 2023. Therefore, the number of contested decisions was set equal to the number of refusals.

Source: Administrative data PD S2 Questionnaire 2024

Although the authorisation is only provided when, among others, the planned treatment is listed under benefits provided for under the legislation of the competent Member State, some Member States also issue a PD S2 for care not included in the services provided by the legislation of the competent Member State. This is shown in *Table 19*. In general, almost all the reporting Member States issued PDs S2 exclusively for treatments that are included in the services provided for by their legislation.⁶³ In Belgium (data 2021), France, Hungary, and Austria, more than 90 % of PDs S2 issued were also for care included in the services provided by their legislation. Furthermore, most PDs S2 issued by Czechia, Lithuania, and Finland concerned care which is included in the services provided by their legislation. In only three Member States, the opposite tendency can be seen. In Ireland (100.0 %, data 2022), Liechtenstein (100.0 %), and Croatia (80.0 %), PDs S2 were almost exclusively issued for the treatment that is not included in the services provided by its legislation.⁶⁴ These high percentages can be explained by the fact that in these Member States, national legislation also covers care not included in the services provided (see *Annex IV*).

Table 19 - Care (not) included in the services provided for by the national legislation, 2023

	Care included in the services provided by the legislation of your MS	Care not included in the services provided by the legislation of your MS
BE*	96.0 %	4.0 %
BG	100.0 %	0.0 %
CZ	82.7 %	17.3 %
DK	100.0 %	0.0 %
DE		
EE	100.0 %	0.0 %
IE*	0.0 %	100.0 %
EL	100.0 %	0.0 %
ES	100.0 %	0.0 %
FR	99.3 %	0.7 %
HR	20.0 %	80.0 %
IT		
CY*	100.0 %	0.0 %
LV	100.0 %	0.0 %
LT	68.3 %	31.7 %
LU		
HU	98.6 %	1.4 %
MT	100.0 %	0.0 %
NL		
AT	91.3 %	8.7 %
PL	100.0 %	0.0 %
PT	100.0 %	0.0 %
RO	100.0 %	0.0 %
SI	100.0 %	0.0 %
SK	100.0 %	0.0 %
FI	88.8 %	11.2 %
SE	100.0 %	0.0 %
IS*	100.0 %	0.0 %
LI	0.0 %	100.0 %
NO	100.0 %	0.0 %
CH		
UK	100.0 %	0.0 %
Weighted average	86.7 %	5.6 %
Unweighted average	86.8 %	13.2 %

* BE: data 2021. IE: data 2022. CY: data 2019. IS: data 2018.

Source: Administrative data PD S2 Questionnaire 2024

⁶³ BG, DK, EE, EL, ES, CY (data 2019), LV, MT, PL, PT, RO, SI, SK, SE, IS (data 2018), and UK.

⁶⁴ The Regulation does not prevent granting it in these situations as it only states when the authorization shall be granted.

6. Parallel schemes

Alongside the procedures determined by the EU rules (the Coordination Regulations or the Directive), several Member States reported the existence of parallel procedures (BE (2021), CZ, DK, EE, FR, HR, LT, HU, MT, AT, PL, PT, SE, and CH) (*Annex IV*).⁶⁵ These parallel procedures are mostly the result of provisions in national legislation (e.g. reported by CZ, DK, EE, HR, HU, AT, PL, and PT) or in (bilateral) agreements (for instance Ostbelgien Regelung,⁶⁶ ZOAST,⁶⁷ agreement between Malta and the United Kingdom, the Nordic convention between Denmark, Iceland, Finland, Norway, and Sweden). In Lithuania, the parallel scheme was implemented from 1 July 2022 onwards, which means that patients can be referred abroad also if the possibilities of examination and treatment in Lithuania have already been used and the treatment method applied abroad could effectively affect the patient's state of health and prolong the patient's life and/or reduce the disability.

Although parallel schemes seem to be of high importance for many reporting Member States, the volume of these parallel schemes (in terms of number of treatments provided abroad) were only reported by some Member States. For reference year 2021, Belgium reported 8 804 PDs S2 issued under parallel procedures, of which among others 1 052 under the Ostbelgien Regelung (between BE and DE), and 7 607 for persons whose principal residence is in a border region. Portugal authorized 470 cases under national legislation in 2023, Estonia issued 22 letters of guarantee in 2023, and Sweden reports that no one applied for reimbursement of planned health care through this procedure⁶⁸ in 2023. Poland also reports that national procedures are used more often compared to the procedures determined by the EU rules.

In some Member States, for instance in Belgium, Portugal, and Poland, patient flows abroad are larger under such parallel schemes. Moreover, bilateral agreements in border areas seem to influence the number of persons travelling abroad to receive planned cross-border healthcare to a high extent.

7. Fraud and error

Most of the Member States did not reply to the question on inappropriate use or mentioned that such information is not available (CZ, DE, EL, IT, LV, LT, LU, PL, PT, SK, SI, ES, SE, CH, and NL). Additionally, many Member States reported that no cases of fraud or error were found (BG, HR, DK, EE, FI, HU, LI, MT, NO, RO, and UK). Only Austria and France reported that fraud and error were uncovered in 2023. In Austria, after the PD S2 was refused, the requested benefit was claimed using an EHIC. This was uncovered by the collection of outstanding amounts from those affected. In France, fraud was found in 12 cases for an amount of EUR 285 113. This is the amount of E125 refused by the Member State of affiliation, and it happened as the French healthcare establishment accepted the EHIC instead of requiring a PD S2. In total, 12 investigations or audits took place, and 2 human resources were allocated on this in France in 2023.

⁶⁵ For more detailed information about the flows in the Benelux, see the report "Patients without borders – Cross-border patient flows in the Benelux": http://www.benelux.int/files/2514/7730/9449/Rapport_DEF_EN.pdf

⁶⁶ The agreement facilitates patient mobility in the border area between DE and BE. It replaces the IZOM agreement which came to an end on 01/07/2017.

⁶⁷ The agreement facilitates patient mobility between BE and FR.

⁶⁸ Chapters 4 and 5 of the Socialförsäkringsbalken have access to certain types of health care in Norway and Finland if they live either permanently or stay temporarily in a municipality close to Norway or Finland (Act Gränssjukvårdsförordningen (1962:390)).

Annex I Informing patient and healthcare providers on planned healthcare abroad

Table a9 - Steps taken to inform patients and healthcare providers on planned healthcare abroad under the Basic Regulation and the Directive, 2023

	Description
BE	
BG	We inform the interested stakeholders about the differences and stress on the comparative advantages for planned healthcare abroad under the terms of Regulation (EC) No 883/2004 as compared with the terms of the Directive. In 2023 we did not introduce new measures to disseminate the information to raise awareness amongst patients and healthcare providers.
CZ	
DK	The patient advisors in the National Contact Points of the five regions and the Danish Patient Safety Authority, EU Health Insurance, which is the Danish liaison body and the National Coordinating Contact Point, provide guidance in writing and by phone to both incoming and out-going patients and healthcare providers etc. about the opportunities for planned healthcare abroad under the terms of the Regulation (EC) No. 883/2004 and the Directive 2011/24/EU. General information on the right to cross-border healthcare are also available on the website of the Danish Patient Safety Authority and the websites of the National Contact Points in the five Danish regions.
DE	
EE	We have updated information about these opportunities and differences related to them, available on our website (in Estonian, English and Russian). Also, we provide additional information via phone, emails and through our customer service. FAQ section is being created on our website. Information Day's taking place at different hospitals as needed. Different articles also point out opportunities for planned healthcare abroad.
IE	
EL	
ES	On the website of the Ministry of Health (https://www.msbs.gob.es/en/pnc/home.htm), information is provided to patients about Cross Border Health Care in the European Union.
FR	France has not drawn up a list allowing the provision of scheduled care subject to authorisation under the Directive. There are no legal criteria for authorising scheduled care under the Directive.
HR	Each insured person is informed about his/her entitlements in detail, when they seek planned healthcare abroad, including the difference between Regulation and the Directive. Also, there is sufficient information about the possibilities on the web site of Croatian Health Insurance Fund. However, it is extremely important to stress that the main reason why Croatian insured persons prefer using their entitlements according to the Regulation, and not to the Directive, lies in finances. Namely, if planned treatment is used according to the Directive, patient is required to pay for the treatment by him/herself and then seek reimbursement, but according to Croatian tariffs. If the treatment is provided on the basis of Regulation, document S2 is issued, and patient does not cover the costs.
IT	
CY	
LV	National Health Service explains to patients that: 1) if a patient receives planned healthcare abroad under the terms of Regulation (EC) No 883/2004, then National Health Service pays for planned healthcare in accordance to other country's terms and rates; 2) if patient receives planned healthcare abroad under the terms of Directive 2011/24/EU, then National Health Service pays for planned healthcare according to the terms and rates of Latvia. The first option is more favourable for a patient.
LT	The information about the opportunities for planned healthcare abroad is published on web page of the National Health Insurance Fund under the Ministry of Health (NHIF): https://ligoniukasa.lrv.lt/lt/veiklos-sritys/informacija-keliauantiems/tarpvalstybes-sveikatos-prieziuros-kontaktinis-centras/sveikatos-prieziuros-galimybes-isvykstantiems-i-uzsieni/gydymosi-europos-sajungoje-galimybes/planinis-gydymas/ This organisation acts as a National Contact Point for Cross-border Healthcare as well. The information published on the NHIF website is updated on the regular basis. At the same time, the information is constantly spread by using different mass communication measures and methods.
LU	No new measures were introduced.
HU	There is a detailed explanation for both the patients and healthcare professionals on the NEAK homepage. http://www.neak.gov.hu/felso_menu/lakossagnak/ellatas_kulfoldon/tervezett_kulfoldi_gyogykezeles
MT	A detailed explanation is given to citizens seeking treatment in another EU/EEA Member State. on matters pertaining to the Regulation (EC) No.: 883/04 and the Directive on patients' rights. Basic differences between the two routes are explained. They are also advised on the procedures of prior authorisation including the reimbursement procedure. Interested citizens are advised to access the Cross-Border web page on the Government of Malta platform and a descriptive information sheet is shared with them.
NL	Patients are informed about planned healthcare by competent Institutions via websites, policy papers, leaflets and on demand. Not always about the differences between Regulation and Directive. Patients are informed about the different ways to get reimbursement.
AT	<ul style="list-style-type: none"> • Personal advice for patients when necessary • Provision of guides and information brochures
PL	All the information on planned medical treatment abroad is available on the website https://www.nfz.gov.pl/dla-pacjenta/medical-treatment-abroad/ (ENG). Moreover, employees of the National Health Fund (Narodowy Fundusz Zdrowia - NFZ) in Poland inform about the differences between the opportunities for planned healthcare abroad under the terms of Regulation (EC) No 883/2004 and Directive 2011/24/EU by phone, mail and in writing.
PT	ACSS: The information concerning the differences between Regulation (EC) No 883/2004 and Directive 2011/24/EU are presented in the Ministry's Portal regarding the Directive (http://diretiva.min-saude.pt/home-page-2/)
RO	The provisions of REG 883/2004 regarding the Directive no. 2011/24/EU are presented/described widely for each information request and displayed on our website.

	Description
SI	National Contact Point on cross-border healthcare daily provides information about the differences between the opportunities for planned healthcare abroad under the terms of Regulation (EC) No 883/2004 and Directive 2011/24/EU.
SK	We have been using standard procedures of advising the clients (email communication, personal communication, phone communication) facilitating their decision-making process on the scheduled treatment abroad, including website information, call centres assistance, and other specific information based on individual requests of the insured.
FI	Kela (The Social Insurance Institution of Finland) provides information on seeking healthcare abroad with or without prior authorisation. Information is provided for patients and healthcare providers in Kela's website (www.kela.fi) and customer service in Kela's Centre for International Affairs. The Contact Point for Cross-Border Healthcare has an online service EU-healthcare.fi that provides information on the freedom of choice in cross-border healthcare. The online service provides information for patients and healthcare providers. The service is provided in cooperation with the Ministry of Social Affairs and Health, the National Institute for Health and Welfare and the Social Insurance Institution (Kela).
SE	<p>In 2023, compared to 2022, we did not introduce any new measures to disseminate information to raise awareness among patients and healthcare providers.</p> <p>In general, our main aim for applicants is to simplify the process of applying for planned healthcare abroad. This is why we provide patients with application forms (and e-services) that give them three ways to consider their applications for planned healthcare abroad.</p> <ol style="list-style-type: none"> 1. The most favourable alternative for the patient. Försäkringskassan examines the application according to both Regulation (EC) No 883/2004 and Directive 2011/24/EU and decides which alternative is the most beneficial for the patient. 2. The National Board of Health examines the application in accordance with Regulation (EC) No 883/2004. 3. Försäkringskassan examines the application in accordance with Directive 2011/24/EU. <p>The majority of our customers choose the first option.</p> <p>Of course, Försäkringskassan also provides more detailed information on our website about the difference between planned health care abroad under Regulation (EC) No 883/2004 and planned health care abroad under Directive 2011/24/EU.</p>
IS	
LI	No
NO	<p>In Norway, prior authorisation is not required. This means that patients can receive healthcare abroad even though healthcare can be provided in Norway within a reasonable time limit.</p> <p>We have information about planned healthcare abroad on the health portal www.helsenorge.no.</p> <p>We have general information about treatment within the specialist health service on the following page: https://www.helsenorge.no/en/treatment-abroad/treatment-within-the-specialist-health-service-abroad/</p> <p>We have, amongst others, the following pages related to Directive 2011/24/EU:</p> <ul style="list-style-type: none"> • https://helsenorge.no/health-rights-abroad/hospital-treatment-and-other-specialist-health-services-in-eea-countries • https://helsenorge.no/health-rights-abroad/persons-entitled-to-planned-treatment-in-the-eea • https://www.helsenorge.no/en/treatment-abroad/overview-of-reimbursable-healthcare/ <p>Information about planned healthcare abroad under the terms of Regulation (EC) No 883/2004:</p> <ul style="list-style-type: none"> • https://www.helsenorge.no/en/treatment-abroad/treatment-within-the-eea-in-the-event-of-medically-unacceptable-long-waiting-times-in-norway/ <p>We also have information regarding National Contact Point:</p> <ul style="list-style-type: none"> • https://helsenorge.no/foreigners-in-norway/norwegian-national-contact-point-for-healthcare • https://helsenorge.no/behandling-i-utlandet/nasjonale-kontaktpunkter-i-eea (in Norwegian - about National Contact Points in the EEU) <p>We continuously work to improve our information online. People seeking guidance can also contact our call centre for help; telephone number: +47 2332 7000.</p>
CH	Switzerland does not apply Directive 2011/24/EU.
UK	<p>NHSE: Comprehensive information is available for both patients (NHS.net - public: https://www.nhs.uk/using-the-nhs/healthcare-abroad/going-abroad-for-treatment/going-abroad-for-medical-treatment/) and NHS Healthcare Commissioners / providers (NHS commissioner guidance - NHSE public website: https://www.nhs.uk/using-the-nhs/healthcare-abroad/going-abroad-for-treatment/planned-treatment-s2-funding-route/).</p> <p>The NHSE Customer Contact centre is also the Tier 1 contact point for general enquiries. The European Cross Border Healthcare Team is the Tier 2 contact point for more specific / technical queries, for both patients and commissioners.</p> <p>NHSS - Information about the S2 route has recently been reviewed and updated on NHS Inform, Scotlands national health information service. This includes contact details for each local Health Board for S2 applicants/enquiries.</p> <p>Health Boards report various methods of publicising S2, including through their websites and information leaflets.</p>

Source: Administrative Data PD S2 Questionnaire 2024

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

Table a10 - Opinion on the influence of Directive 2011/24/EU on the number of PDs S2 issued, 2023

MS	Description
BE	
BG	No. There is no interrelation between the number of the requested and issued S2 and the application of Directive 2011/24 /EU. Total number of PDs S2 issued by our country for care in other Member State in 2023 is approximately the same as those issued in the previous reporting year and has not been influenced by Directive 2011/24/EU.
CZ	
DK	We do not have any evidence that Directive 2011/24/EU has influenced the number of PDs S2 issued in 2023. When a Danish insured person applies for a prior authorisation for treatment in another Member State, the regional authorities will evaluate the application after both the Regulation (EC) No. 884/2004 and Directive 2011/24/EU, unless the requested treatment is provided by a private healthcare provider, or the applicant prefers to have the application processed only according to the Directive.
DE	
EE	Patients are more aware of cross-border treatment options but there is no certain pattern demonstrating increased numbers. The number of applications varies some years more than others. As we have a parallel system for funding planned treatment abroad (under the Health Insurance Act, § 271, Health service benefit upon provision of health service in foreign state), S2 issued on basis of 883/2004 article 20 is rare (has not occurred yet). We have not noticed that Directive 2011/24/EU on patients' rights in cross-border healthcare has influenced the evolution of the number of PDs S2 issued by our institution.
IE	
EL	
ES	There is no evidence that Directive 2011/24/EU on patients' rights in cross-border healthcare has any influence on the evolution of the number of PDs S2 issued by Spanish institutions, since the use of this Directive is very limited in Spain.
FR	France has not drawn up a list allowing the provision of scheduled care subject to authorisation under the Directive. There are no legal criteria for authorising scheduled care under the Directive.
HR	No, we did not see such evidence.
IT	
CY	
LV	There is no evidence.
LT	Lithuania does not apply prior authorization system for cross-border healthcare under the Directive 2011/24/EU on patients' rights in cross-border healthcare. Therefore, we do not have such evidence.
LU	No
HU	There is no increase in the number of patients. In the reference year of 2023, there has been no patient within the framework of the Directive, but only based on the Regulations.
MT	The said directive has not influenced the number of S2 queries or applications and issuance thereof, to our knowledge.
NL	Reaction competent institutions: We have no direct indications that Directive 2011/24/EU had an influence on the provision of the number of S2 forms, no direct indications of an increase in cross-border care.
AT	Directive 2011/24/EU had no impact or influence on the PD S2 procedure.
PL	The above Directive have promoted in Poland possibility to receive medical treatment abroad. When patients ask, about patients' rights in cross-border healthcare on the basis of Directive 2011/24/EU, they also receive information about medical treatment abroad in general, also on the basis of Regulation (EC) No 883/2004, but here is no evidence, that Directive 2011/24/EU on patients' rights in cross-border healthcare has influenced the evolution of the number of PDs S2 issued by our institution.
PT	
RO	The provisions of the Directive no. 201/24/EU did not influence the evolution of the number of PDs S2 (one of the determining reasons being the difference in reimbursement rates from Romania to other EU member states).
SI	We do not have any evidence, so we cannot give an answer on the impact of the Directive 2011/204/EU on the issuance of S2. We can just predict that implementation of Directive has lower the number of issued S2.
SK	No
FI	There is no evidence that the Directive 2011/24/EU on patient's rights in cross-border healthcare has influenced the evolution of the number of PD's S2 in Finland.
SE	No, there is no such evidence.
IS	
LI	No
NO	We have no such evidence. In previous years we issued very few S2 with the exception of S2 for childbirth in cases where the criteria for entitlement as established by the regulations were not fulfilled. When hospital stay on the basis of the Directive entered into force in Norway, we stopped issuing S2 for cases involving childbirth, opting to use reimbursement procedures that resulted from the introduction of the Directive. With this, we have seen a reduction in the number of S2 issued each year.
CH	Switzerland does not apply Directive 2011/24/EU.
UK	NHSE - The EU Directive, no longer being available in the UK, will have impacted the number of S2's as this is now the main funding option for NHS patients to seek treatment in Europe. It was however expected that planned S2 application volumes would be higher than they currently are, due to the EU Directive ending. S2 numbers are likely to have been initially lower than expected, post EU Exit, due to covid, travel restrictions, the Ukraine war and the current cost of living crisis. It is anticipated that S2 numbers will increase further in 2024. NHSS - Scottish Health Boards report no significant increase in S2 applications following cessation of the European Cross Border Directive arrangements.

Source: Administrative Data PD S2 Questionnaire 2024

Annex III Reimbursement claims between Member States

Table a11 - Number of claims received by the competent Member State for the payment of planned healthcare received abroad by persons with a PD S2, 2023

	Competent Member State (Debtor)																											Total				
	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
BE		57	6	6	182	0	0	48	71	48 455	59	0	7	0	<5	<5	926	5	<5	0	0	<5	<5	<5	0	0	0	0	0	10	59	49 904
BG	0		0	0	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	10
CZ	0	<5		0	58	0	0	0	8	0	28	<5	0	<5	<5	0	5	<5	0	0	0	15	32	1 084	<5	0	<5	0	7	175	1 420	
DK	<5	<5	0		9	6	0	0	0	0	0	0	<5	0	0	0	0	0	0	0	0	0	0	0	0	<5	0	0	0	0	22	
DE	2 042	2 957	32	41		8	49	87	94	2 803	176	616	45	7	42	18	251	3 625	0	0	175	129	88	27	5	6	<5	1 303	82	14 709		
EE	0	0	0	0	0		0	0	0	0	12	0	27	0	0	0	0	0	0	0	0	0	0	0	24	0	0	0	0	<5	64	
IE	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5	<5	
EL	0	33	0	0	99	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10	142	
ES	10	0	<5	0	133	0	0	<5		75	0	0	0	0	0	0	35	<5	<5	0	0	0	0	0	0	<5	0	0	10	70	340	
FR	17 589	220	<5	6	62	0	0	96	22		7	12	0	0	6	0	17	5	0	0	75	16	<5	<5	<5	0	0	2 212	70	20 425		
HR	0	144	<5	0	26	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	34	<5	0	0	0	0	<5	<5	210	
IT	<5	68	8	0	57	0	0	340	37	19	30	<5	0	0	6	19	8	<5	11	0	90	63	<5	0	0	<5	0	70	0	838		
CY	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
LV	0	0	0	0	0	0	0	0	0	0	0	0		<5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5	
LT	0	0	0	0	0	0	0	0	0	0	0	0	98		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21	119	
LU	4 213	<5	0	0	151	0	0	0	0	1 810	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5	0	0	0	<5	6 180	
HU	0	<5	0	0	27	0	0	0	<5	<5	18	0	0	0	0	0	10	<5	0	0	20	0	<5	0	<5	0	<5	0	<5	15	109	
MT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
NL	62	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5	0	0	0	14	77	
AT	<5	544	<5	0	3 560	0	<5	<5	<5	0	87	26	<5	0	49	0	20	0	0	0	42	124	24	0	0	<5	0	659	25	5 177		
PL	0	0	18	0	214	0	0	0	0	0	0	0	0	31	0	0	5	0		0	<5	0	<5	0	0	0	0	<5	99	373		
PT	<5	0	0	0	<5	0	0	0	<5	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11	
RO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
SI	0	0	0	0	<5	0	0	0	0	0	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5	<5	19	
SK	0	0	31	0	<5	0	0	0	<5	0	0	0	0	0	0	0	0	0	7	0	0	0	0	0	0	0	<5	0	<5	27	72	
FI	0	11	0	0	<5	<5	0	0	0	0	0	0	6	5	0	0	0	0	0	0	0	0	0	0	0	6	0	<5	7	40		
SE	0	<5	0	24	<5	0	78	0	0	0	0	0	<5	14	0	0	<5	0	0	0	0	0	<5	0	<5	0	0	0	14	144		
IS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
LI	0	0	0	0	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	<5	0	0	0	0	0	0	0	0	0	<5	0	5	
NO	0	0	0	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5	
CH	21	276	0	5	4 107	10	<5	137	36	728	138	0	25	70	12	0	53	296	7	0	100	34	16	0	6	<5	0	82	6 163			
UK	0	316	<5	0	9	0	465	30	0	0	6	35	0	0	0	101	0	<5	0	0	<5	0	0	<5	<5	0	0	0	0	970		
Total	23 942	4 638	105	83	8 710	25	594	742	279	53 900	573	694	216	129	117	140	1 331	3 950	21	0	520	436	1 225	64	29	14	<5	4 284	784	107 546		

* BE: data 2021. IE: data 2022. CY: data 2019. IS: data 2018. BE: the number of E125 forms are based on the E125 received via sTesta. E125 forms received in paper form have not been taken into account, and the number of E125 forms include the number of E125 forms for health received on the basis of a PD S2 issued under the different special arrangements (parallel procedures) which is particularly relevant for DE, FR, and LU.

** DK: With regard to reimbursement of costs of healthcare benefits DK has waiver agreements with both IE and the UK on the reimbursement of the costs of benefits in kind. These agreements also apply to benefits in kind provided on the basis of PD S2s issued under the Regulation (EC) No. 883/2003 and the Withdrawal Agreement between EU and the UK.

*** The total reported in this table (107 546) differs from the total reported in Table 15 (82 302) as in Table 15 only Member States were taken into account which could provide data for 2023 while in this table, data from earlier reference years are imputed.

Source: PD S2 Questionnaire 2024

Table a12 - Amount to be paid by the competent Member State for planned healthcare received abroad by persons with a PD S2, 2023, in €

	Competent Member State (Debtor)																										Total					
	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
BE		84 879	21 972	4 880	257 861	0	0	80 235	72 007	44 516 093	62 123	0	17 775	-256	6	28 939	3 805 507	4 182	66 905	0	0	69	3 854	82	0	0	0	0	0	4 607	110 123	49 141 844
BG	0		0	0	6 161	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2 848	9 008	
CZ	0	869		0	105 555	0	0	0	114 992	0	326 038	20 369	0	674	5 815	0	844	0	0	0	84 518	41 794	10 254 280	1 973	0	39	0	11 888	77 754	11 047 401		
DK	672	1 766	0		25 977	145 582	0	0	0	0	0	0	1 045	0	0	0	0	0	0	0	0	0	0	0	0	90 996	0	0	0	0	266 038	
DE	6 026 756	3 354 918	106 382	506 210		115 598	458 839	1 163 370	428 622	4 996 597	1 396 802	10 490 500	918 543	41 099	1 759 261	144 118	2 323 602	16 701 225	0	0	3 273 385	1 738 110	886 313	308 531	3 343	4 936	6 467	2 011 286	222 297	59 387 111		
EE	0	0	0	0	0		0	0	0	0	1 910	0	80 589	0	0	0	0	0	0	0	0	0	0	0	0	52 970	0	0	0	1 922	137 390	
IE	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	160 403	160 403	
EL	0	26 471	0	0	101 160	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6 016	133 647	
ES	12 682	0	379	0	220 646	0	0	525		75 980	0	0	0	0	0	0	73 152	36 779	275	0	0	0	0	0	0	0	430	0	12 917	317 969	751 734	
FR	30 904 524	619 971	7 664	104 818	173 241	0	0	1 184 608	387 313		67 540	48 892	0	0	114 905	0	239 031	8 896	0	0	998 210	112 137	7 432	12 044	5 548	0	0	1 962 628	228 733	37 188 135		
HR	0	672 188	299 184	0	27 250	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	62 388	1 258 785	0	0	0	157	3 041	2 322 993	
IT	2 819	97 074	124 291	0	1 020 841	0	0	2 300 433	149 733	76 408	144 583	4 496	0	0	51 079	90 731	16 018	2 927	134 366	0	1 604 001	909 171	12 999	0	0	3 027	0	217 397	0	6 962 393		
CY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
LV	0	0	0	0	0	0	0	0	0	0	0	0	0	116		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	116	
LT	0	0	0	0	0	0	0	0	0	0	0	0	3 181 309		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13 014	3 194 324	
LU	3 984 381	7 547	0	0	201 911	0	0	0	6 013 833	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7 104	0	0	0	166	10 214 941	
HU	0	496	0	0	12 940	0	0	293 640	91	137 664	0	0	0	0	0	0	10 460	0	0	0	45 563	0	1 537	0	3	0	0	36 990	5 961	545 345		
MT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
NL	362 620	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	845	0	0	0	28 210	391 676		
AT	57	472 543	72 519	0	6 920 117	0	4 786	27 309	25 242	0	1 784 380	31 331	41 675	0	1 200 144	0	34 466	0	0	1 153 785	546 462	258 801	0	0	7 916	0	1 289 654	66 499	13 937 685			
PL	0	0	3 043	0	205 512	0	0	0	0	0	0	0	9 386	0	0	12 804	0	0	0	70 679	0	2 563	0	0	0	0	0	26 368	162 116	492 472		
PT	36	0	0	0	86	0	0	0	764	771	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1 657	
RO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
SI	0	0	0	0	700	0	0	0	0	15 076	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	99	4 852	20 726		
SK	0	0	106 145	0	1 821	0	0	2 319	0	0	0	0	0	0	0	0	0	4 746	0	0	0	0	0	0	0	0	2 476	0	27	16 521	134 056	
FI	0	5 677	0	0	1 339	116	0	0	0	0	0	0	93 014	145 298	0	0	0	0	0	0	0	0	0	0	0	33 966	0	136	20 714	300 259		
SE	0	3 465	0	155 119	2 649	0	1 390 915	0	0	0	0	0	196 311	121 133	0	0	711	0	0	0	0	35 673	0	72 817	0	0	0	21 705	2 000 498			
IS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
LI	413 289	0	0	0	432	0	0	0	0	0	0	0	0	0	0	0	28 590	0	0	0	0	0	0	0	0	0	0	78 149	0	107 171		
NO	0	0	0	24 563	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24 563		
CH	0	275 831	0	21 017	14 558 554	8 453	3 179	877 206	149 550	8 542 449	569 796	0	53 772	95 977	74 216	0	89 075	816 342	41 947	0	828 924	333 822	167 823	0	30 674	7 559	0	118 499	28 077 953			
UK	0	1 136 424	2 888	0	139 233	0	11 982 683	395 325	0	0	7 244	279 695	0	0	0	909 032	0	18 535	0	0	81 680	0	99 941	22 602	0	0	0	0	0	15 075 281		
Total	41 707 836	6 760 119	744 468	816 605	23 983 988	269 749	13 840 403	6 029 010	1 624 183	64 222 222	4 513 156	10 875 283	4 584 034	413 427	3 205 427	1 172 819	6 605 671	17 622 222	243 493	0	8 140 743	3 779 626	12 854 386	556 306	187 562	25 953	6 467	5 652 302	1 589 363	242 026 822		

Member State of treatment (Creditor)

* BE: data 2021. IE: data 2022. CY: data 2019. IS: data 2018. BE: the amount to be paid is based on the E125 forms received via sTesta. The amount to be paid include the amounts to be paid for health received on the basis of a PD S2 issued under the different special arrangements (parallel procedures) which is particularly relevant for DE, FR, and LU.

** DK: With regard to reimbursement of costs of healthcare benefits DK has waiver agreements with both IE and the UK on the reimbursement of the costs of benefits in kind. These agreements also apply to benefits in kind provided on the basis of PD S2s issued under the Regulation (EC) No. 883/2003 and the Withdrawal Agreement between EU and the UK.

*** The total reported in this table (EUR 242 026 822) differs from the total reported in *Table 15* (EUR 175 577 348) as in *Table 15* only Member States were taken into account which could provide data for 2023 while in this table, data from earlier reference years are imputed.

Source: PD S2 Questionnaire 2024

Table a13 - Number of claims issued by the Member State of treatment for the reimbursement of costs for persons with a PD S2 having received planned healthcare, 2023

	Member State of treatment (Creditor)																												Total				
	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		<5	0	0	2 770	0	0	0	9	1 375	0			0	0		0	0	<5	0	<5		0	<5	0	0	0	<5	19	0		4 181	
BG	46		<5	0	389	0	0	<5	<5	54	5			0	0		<5	0	75	0	0		<5	0	0	0	0	0	0	118	<5		703
CZ	5	0		0	32	0	0	0	<5	<5	<5			0	0		<5	0	<5	18	0		0	32	0	0	0	0	0	<5	<5		100
DK	14	0	0		41	0	0	0	<5	6	0			0	0		<5	0	<5	0	0		0	0	0	24	0	<5	8	0		101	
DE	171	8	76	9		0	0	31	133	59	26			0	0		27	0	3 528	233	<5		<5	<5	<5	<5	0	0	3 780	<5		8 096	
EE	0	0	0	6	8		0	0	9	0	0			<5	0		<5	0	0	0	<5		0	0	8	0	0	0	10	0		46	
IE	21	0	0	0	132	<5		0	<5	14	0			0	0		0	0	0	<5	0		0	0	0	90	0	0	0	750		1 016	
EL	33	<5	0	0	87	0	0		<5	61	0			0	0		<5	0	<5	0	0		0	0	0	0	0	0	121	31		341	
ES	168	<5	6	<5	97	<5	0	0		31	0			0	0		7	0	<5	0	<5		0	<5	<5	<5	0	0	43	12		381	
FR	86 337	0	0	0	683	0	0	0	75	0	0			0	0		<5	0	0	0	<5		0	0	0	0	0	0	824	0		87 923	
HR	46	0	37	0	176	12	0	0	0	7				0	0		24	0	91	0	0		12	0	0	0	0	0	128	5		538	
IT	217	<5	<5	0	579	0	0	0	17	424	<5			0	0		<5	0	138	0	0		0	<5	<5	<5	0	0	783	7		2 176	
CY	50	0	0	0	665	0	0	0	0	0	0			0	0		0	0	33	0	0		0	0	0	0	0	0	0	35		783	
LV	9	0	0	<5	47	27	0	0	0	<5	0				98		0	0	7	0	0		0	0	6	<5	0	0	25	0		224	
LT	0	0	<5	0	7	<5	0	0	<5	<5	0			<5			<5	0	0	31	0		0	0	8	8	0	0	65	0		127	
LU	7 798	<5	5	0	2 903	0	0	0	<5	688	0			0	0		<5	0	5	0	0		0	0	0	0	0	0	127	0		11 531	
HU	8	0	<5	0	40	0	0	0	<5	8	0			0	0		0	0	54	0	0		0	0	0	0	0	0	10	0		123	
MT	0	<5	0	0	18	0	0	0	<5	0	0			0	0		6		0	0	0		0	0	0	0	0	0	0	0	0	27	
NL	3 564	<5	5	0	247	0	0	<5	35	28	0			0	0		14	0	26	5	<5		0	0	5	<5	0	0	64	<5		4 007	
AT	5	0	<5	0	3 263	0	0	0	<5	<5	0			0	0		13	0		0	0		0	<5	0	0	0	178	<5		3 471		
PL	<5	0	0	0	81	0	0	0	<5	<5	0			0	0		<5	0	20	0	0		0	0	0	<5	0	0	7	<5		120	
PT	0	0	0	0	<5	0	0	0	15	9	0			0	0		0	0	0	0	0		0	0	0	0	0	0	0	<5		28	
RO	75	0	6	0	337	0	0	0	81	118	0			0	0		84	0	70	0	0		0	0	0	0	0	0	123	0		894	
SI	0	0	51	0	155	0	0	0	0	16	34			0	0		0	0	110	0	0		0	0	0	<5	0	0	31	<5		399	
SK	0	0	1 257	0	93	0	0	0	<5	<5	<5			0	0		11	0	28	<5	0		0	0	0	0	0	0	10	0		1 404	
FI	0	0	0	<5	39	38	0	0	<5	<5	0			0	0		0	0	0	0	0		0	0	0	5	0	0	<5	<5		88	
SE	5	0	0	<5	5	0	0	0	<5	<5	0			0	0		<5	0	<5	0	0		0	0	6		<5	0	6	<5		41	
IS	0	0	<5	<5	8	0	0	0	0	0	0			0	0		0	0	0	18	0		0	0	0	0	<5	0	7	0		37	
LI	0	0	0	0	<5	0	0	0	0	0	0			0	0		0	0	<5	0	0		0	0	0	0	0	0	<5	0		7	
NO	0	0	0	0	0	0	0	0	13	0	0			0	0		<5	0	0	<5	0		0	0	0	0	0	0	0	0		18	
CH	65	0	7	0	1 216	0	0	0	10	2 227	<5			0	0		5	0	706	<5	<5		<5	12	<5	0	<5	0	0	0	4 258		
UK	177	<5	91	0	75	<5	12	6	47	34	<5			0	21		16	0	16	110	0		<5	29	7	14	0	0	32		693		
Total	98 816	22	1 553	24	14 196	82	12	43	473	5 172	71			<5	119		231	0	4 931	421	16		21	82	45	157	<5	<5	6 527	861	133 882		

* BE: data 2021. IE: data 2022. IS: data 2018. BE: the number of forms are the total of E125 forms (claims and credit notes) sent to other MS for healthcare provided on the basis of a PD S2. The number of E125 forms issued for France include the E125 forms issued for healthcare provided on the basis of a PS S2 and a PD S2 issued under the ZOAST-Agreements.

*** DK: With regard to reimbursement of costs of healthcare benefits we can inform that Denmark has waiver agreements with both Ireland and the UK on the reimbursement of the costs of benefits in kind. These agreements also apply to benefits in kind provided on the basis of PD S2s issued under the Regulation (EC) No. 883/2003 and the Withdrawal Agreement between EU and the UK.

*** The total reported in this table (133 882) differs from the total reported in Table 15 (35 052) as in Table 15 only Member States were taken into account which could provide data for 2022 while in this table, data from earlier reference years are imputed.

Source: PD S2 Questionnaire 2024

Table a14 - Amount to be received by the Member State of treatment as reimbursement of costs for persons with a PD S2 having received planned healthcare, 2023, in €

		Member State of treatment (Creditor)																																
		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	Total
Competent Member State (Debtor)	BE		77	0	0	6 751 562	0	0	0	9 554	2 302 276	0	0	0	0	0	0	0	0	14 578	0	145	0	0	0	2 956	0	0	0	0	7 743	413 694	0	9 502 584
	BG	88 051		524	0	3 754 000	0	0	3 001	2 336	608 648	650 355	0	0	0	0	3 712	0	145 666	0	0	0	0	293 964	0	0	0	0	0	0	0	202 274	2 422	5 754 953
	CZ	19 309	0		0	110 427	0	0	0	390	7 997	314 780	0	0	0	0	0	0	218	0	58 196	3 429	0	0	0	112 047	0	0	0	0	0	58 449	2 232	687 473
	DK	42 995	0	0		506 210	0	0	0	340	104 818	0	0	0	0	0	0	0	2 776	0	5 434	0	0	0	0	0	0	151 792	0	22 094	-9 974	0	826 486	
	DE	207 664	4 499	126 798	25 924		0	0	61 895	220 646	173 232	27 250	0	0	0	0	69 561	0	7 362 354	212 594	16 296	700	1 821	1 142	2 724	0	0	10 366 071	95 788	0	18 976 960			
	EE	0	0	0	94 550	115 598		0	0	1 959	0	0	0	8 363	0	0	2 035	0	0	0	0	0	0	428	0	0	0	1 419	0	0	7 774	0	232 126	
	IE	32 768	0	0	0	1 049 948	61	0	0	228	51 793	0	0	0	0	0	0	0	0	0	16 740	15 178	0	0	0	0	0	2 886 231	0	0	0	8 033 510	12 086 457	
	EL	82 221	26	0	0	1 163 370	0	0	0	525	743 229	0	0	0	0	0	3 377	0	27 720	0	0	0	0	0	0	0	0	0	0	0	553 839	293 422	2 867 730	
	ES	200 606	760	3 226	4 189	430 686	245	0	0	0	217 842	0	0	0	0	0	785	0	7 339	0	5 422	0	2 319	397	26 131	0	0	109 700	532 193	0	1 541 841			
	FR	37 292 929	0	0	0	3 579 234	0	0	0	75 980	0	0	0	0	0	0	380	0	0	0	0	0	0	0	0	0	0	0	0	0	2 042 393	0	42 991 002	
	HR	56 077	0	347 510	0	1 396 802	1 910	0	0	0	67 540	0	0	0	0	0	557 669	0	1 635 297	0	0	15 076	0	0	0	0	0	0	0	0	371 246	4 557	4 453 684	
	IT	353 438	8	5 026	0	3 368 715	0	0	0	104 299	2 742 966	1 577	0	0	0	0	60	0	1 613 134	0	0	2 284	4 646	20 534	0	0	0	1 372 770	239 747	0	9 829 203			
	CY	214 388	0	0	0	15 357 250	0	0	0	0	0	0	0	0	0	0	0	0	79 663	0	0	0	0	0	0	0	0	0	0	0	301 537	0	15 952 837	
	LV	15 891	0	0	1 046	923 767	80 589	0	0	0	3 621	0	0	0	0	0	3 181 309	0	71 749	0	0	0	0	0	0	0	93 014	199 282	0	0	50 767	0	4 621 035	
	LT	0	0	656	0	38 555	72	0	0	186	18	0	0	116	0	0	0	404	0	0	9 353	0	0	0	0	0	150 108	69 607	0	0	83 534	0	352 607	
	LU	10 615 180	853	39 807	0	10 488 743	0	0	0	109	3 132 284	0	0	0	0	0	81	0	24 446	0	0	0	0	0	0	0	0	0	0	0	693 284	0	24 994 786	
	HU	12 314	0	2 908	0	1 118 397	0	0	0	228	93 043	0	0	0	0	0	0	0	1 157 858	0	0	0	0	0	0	0	0	0	0	0	-18 551	0	2 366 198	
	MT	0	29	0	0	152 972	0	0	0	764	0	0	0	0	0	0	0	632 461	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	786 226
	NL	5 387 790	1 770	664	0	2 312 512	0	0	3 738	73 152	298 188	0	0	0	0	0	22 251	0	44 581	12 608	1 635	0	0	16 657	730	0	0	118 070	5 798	0	8 300 143			
	AT	10 507	0	303	0	17 013 648	0	0	0	3 890	1 595	0	0	0	0	0	4 059	0	0	0	0	0	0	1 661	0	0	0	0	0	668 415	13 833	17 717 911		
	PL	200	0	0	0	871 299	0	0	0	275	6 522	0	0	0	0	0	22 852	0	180 393	0	0	0	0	0	0	0	0	4 307	0	0	9 873	2 032	1 097 752	
	PT	0	0	0	0	6 158	0	0	0	301 166	52 207	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	65 857	425 388	
	RO	901 699	0	61 116	0	5 785 039	0	0	0	103 043	2 100 873	0	0	0	0	0	276 594	0	1 043 555	0	0	0	0	0	0	0	0	0	0	0	448 318	0	10 720 236	
	SI	0	0	83 939	0	2 067 311	0	0	0	0	112 137	62 388	0	0	0	0	0	0	510 206	0	0	0	0	0	0	0	0	36 189	0	0	302 306	635	3 175 111	
	SK	0	0	10 833 274	0	938 181	0	0	0	5 725	7 432	1 258 785	0	0	0	0	29 025	0	277 277	2 734	0	0	0	0	0	0	0	0	0	43 613	0	13 396 046		
	FI	0	0	0	6 427	307 567	51 070	0	0	171	33	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18 798	0	515	75 150	459 731		
	SE	3 295	0	0	89 624	3 343	0	0	0	618	5 548	0	0	0	0	0	7	0	2 566	0	0	0	0	33 966	0	0	33 966	905	0	38 658	16 775	195 305		
	IS	0	0	1 449	41	19 019	0	0	0	0	0	0	0	0	0	0	0	0	0	0	27 400	0	0	0	0	0	0	1 155	0	30 354	0	79 418		
	LI	0	0	0	0	20 240	0	0	0	0	0	0	0	0	0	0	0	0	24 330	0	0	0	0	0	0	0	0	0	0	87 002	0	131 572		
	NO	0	0	0	0	0	0	0	0	6 957	0	0	0	0	0	0	2 142	0	0	1 302	0	0	0	0	0	0	0	0	0	0	0	0	10 402	
CH	107 973	0	427	0	1 871 041	0	0	0	12 917	2 584 121	157	0	0	0	0	987	0	1 284 581	6 082	6 422	99	8 860	136	0	7 442	0	0	0	0	0	5 891 246			
UK	73 902	1 078	65 844	0	219 171	1 922	1 452 642	3 890	41 702	139 915	1 521	0	13 014	23 887	0	0	0	45 725	163 330	0	0	0	2 381	17 758	20 714	22 569	0	0	51 273	0	2 362 237			
Total	55 719 195	9 100	11 573 471	221 801	81 740 765	135 869	1 452 642	72 524	967 160	15 557 877	2 316 812	8 478	3 194 324	1 655 322	0	15 633 388	454 010	30 435	312 220	149 705	322 198	3 440 049	8 347	29 837	18 095 668	9 685 487	222 786 684							

* BE: data 2021. IE: data 2022. IS: data 2018. BE: the amounts are the total of E125 forms (claims and credit notes) sent to other Member States for healthcare provided on the basis of a PD S2. The number of E125 forms issued for FR include the E125 forms issued for healthcare provided on the basis of a PS S2 and a PD S2 issued under the ZOAST-Agreements.

** DK: With regard to reimbursement of costs of healthcare benefits DK has waiver agreements with both IE and the UK on the reimbursement of the costs of benefits in kind. These agreements also apply to benefits in kind provided on the basis of PD S2s issued under the Regulation (EC) No. 883/2003 and the Withdrawal Agreement between EU and the UK.

*** The total reported in this table (EUR 222 786 684) differs from the total reported in Table 15 (EUR 165 606 499) as in Table 15 only Member States were taken into account which could provide data for 2023 while in this table, data from earlier reference years are imputed.

Source: PD S2 Questionnaire 2024

Annex IV The existence of parallel schemes

Table a15 - The existence of parallel schemes, 2023

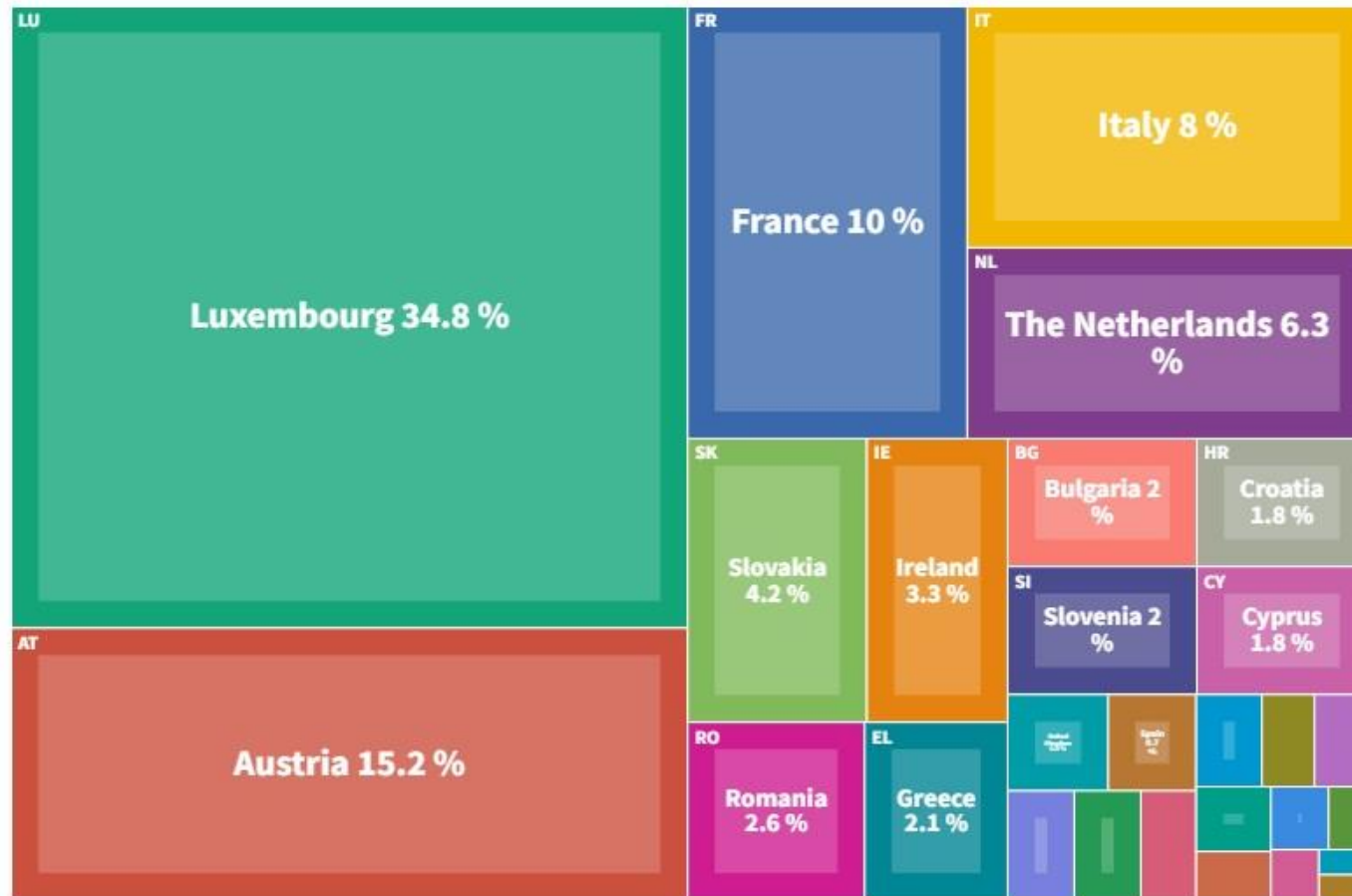
MS	Description
BE	
BG	During the reporting year the number of PDs S2 issued from Bulgarian NHIF is representative of the number of patients covered by healthcare abroad for Member States.
CZ	There is a special national rule according to which the health insurance fund can agree with paying the costs of a treatment abroad that is normally not covered. There are specific conditions for such agreement. If such agreement is granted, all the costs are paid by the health insurance fund. This tool is however mostly used for national situations or third country situations. It is applied to EU countries only if the treatment is not covered in the other country where the treatment is provided, or if the provider is not public.
DK	<p>The Danish national legislation complements the Danish patient rights under the Regulation (EC) No. 883/2004. According to the Danish legislation the regional authorities can refer patients to treatment abroad in the following situations:</p> <ul style="list-style-type: none"> • Patients in need of highly specialised treatment can be referred for treatment abroad if the treatment in question is not available in Denmark. The referral is subject to approval of the Danish Health Authority. • Patients may also be referred to receive research-related treatment abroad if relevant treatment is not available in Denmark. • Patients suffering from a life-threatening disease can be referred for experimental treatment abroad if public hospitals in Denmark are not able to offer further treatment. The referral is also subject to approval of the Danish Health Authority. • The regional authorities can also offer patients treatment abroad for instance if the waiting time for treatment in Denmark is too long even though the treatment can be provided in Denmark. <p>When a patient is offered treatment abroad or is referred for highly specialised or experimental treatment at a public hospital in another EU/EEA-country, Switzerland or the UK according to Danish legislation, the regional authorities and the Danish Health Authority can issue a PD S2.</p>
DE	
EE	<p>We have a parallel scheme in Estonia to finance planned medical treatment abroad. According to the Health Insurance Act § 27¹ Health service benefit upon provision of health service in foreign state, the Estonian Health Insurance Fund may grant the authorization if:</p> <ol style="list-style-type: none"> 1) the healthcare service applied for or an alternative healthcare service cannot be provided to the insured person in Estonia; 2) provision of the healthcare service applied for is indicated for the insured person; 3) the medical efficacy of the healthcare service applied for has been proved; 4) the average probability of the aim of the healthcare service applied for being achieved is at least 50 per cent. <p>A council decision of Estonian doctors is needed, as the Estonian Health Insurance Fund makes its decision on the basis of the document.</p> <p>If the prior authorization is granted The Letter of Guarantee or S2 will be issued to inform the service provider that we will cover the costs of the requested service. The Letter of Guarantee is the primary way in which patients receive planned medical treatment abroad.</p> <p>In 2023 we issued 22 letters of guarantee.</p>
IE	
EL	
ES	No, as there aren't other parallel procedures.
FR	<p>S2 is only possible in France under EU regulations.</p> <p>However, there are a number of cross-border agreements for specific scheduled care reserved for cross-border insured persons (Belgium, Luxembourg, Germany, Switzerland, Italy, Spain, Monaco) in well-defined establishments.</p>
HR	<p>Yes, it is possible that the number of S2 forms is not representative of the number of patients covered for health care abroad for Croatia. There is indeed a parallel authorisation procedure in place. According to Act on Compulsory Health Insurance (Art. 26.3), every insured person is entitled to treatment abroad (both in EU and non-EU countries) for cases where such treatment can't be provided for by contracted health care provider in Croatia, but can successfully be performed abroad. The procedure of authorisation is elaborated in detail in Art. 25.-33. of Ordinance on entitlements, conditions and usage of cross-border healthcare. There is no stipulation that the treatment abroad has to be provided for within contracted health care facilities abroad, or that it has to be within the healthcare system of the State of treatment. Therefore, there are cases where S2 form cannot be used, namely, if the treatment is to be provided by private healthcare facility, or if the treatment in question is outside of scope of the healthcare system of the treatment MS. In case the authorisation for such a procedure has been granted, the Croatian health insurance fund pays the healthcare facility which provides the treatment directly and issues a letter of affidavit.</p>
IT	
CY	
LV	
LT	<p>Any parallel schemes to the S2 system do not exist in Lithuania, but we issue S2 if: relevant or equally effective healthcare service is available in Lithuania but due to the patient's health condition and / or course of the disease it cannot be provided to him / her in Lithuania within a time-limit which is medically justifiable</p> <p>if the possibilities of examination and treatment in Lithuania have already been used and the treatment method applied abroad could effectively affect the patient's state of health and prolong the patient's life and / or reduce the disability.</p>
LU	No parallel scheme apart from Directive 2011/24 EU

MS	Description
HU	<p>The number of PDs S2 is definitely not representative of numbers for planned treatment abroad.</p> <p>There are treatments in the EEA and Switzerland where the health care provider is a private provider; therefore, they do not accept S2 form or there is no S2 form used for genetic testing.</p> <p>If a care cannot be delivered in Hungary and there is a real chance for improving the quality of life of the patient, NHIF gives authorization for planned treatments in third countries.</p> <p>For genetic and biochemical analyses or bone marrow donor search NHIF does not issue S2 forms because these centres request direct payment. In these cases, NHIF issues a guarantee letter for payment.</p>
MT	Being EU citizens, Maltese citizens can access healthcare in any country of their choice within the confines of the Regulation (EC) No.: 883/04 and through Bilateral Agreement with UK.
NL	
AT	The number of PD S2 issued is not representative because, under national law, there is also a right to reimbursement of costs for benefits in kind received abroad.
PL	<p>Poland has its own parallel regulations and on their basis sends for planned medical treatment abroad, if the following is confirmed:</p> <p>The treatment is not performed in Poland,</p> <p>The treatment is necessary for patient in his/her health condition,</p> <p>The treatment is included in the medical services provided for by the legislation of Poland.</p> <p>The above treatment, may be performed on the basis of PDs S2 and also by private healthcare provider - on the basis of invoice. The regulations are parallel to the regulations implemented on the basis of the Directive and EU regulations on coordination and are used more often.</p>
PT	<p>The Portuguese legislation provides for access to cross-border healthcare by beneficiaries of the Portuguese health system.</p> <p>This legislation (Decree-Law no. 177/92, of August 13) establishes that in situations where the health system does not have the technical capacity to provide the care the patient needs, the health system must refer the patient to a European treatment centre or outside the European Union, in order to benefit from the best health care in the light of better medical and scientific evidence. This regime is more favourable since all costs, including travel and accommodation, as well as an accompanying person, if necessary, are covered by the National Health System. In 2023, 470 cases were authorized under this regime.</p>
RO	Yes, it is possible that our assures to wrongfully request and receive documents (EHIC, S1 PD forms) and misuse them in order to receive planned treatment.
SI	We do not keep such records.
SK	
FI	<p>In Finland, patients can choose to seek health care abroad under the terms of directive 2011/24/EU (without prior authorisation) or they can apply for prior authorisation (PD S2) for the treatment under the Regulation (EC) No 883/2004.</p> <p>Public healthcare organisations can also arrange the treatment as an outsourcing service from abroad. However, that is something that patients cannot themselves choose when they seek treatment from public healthcare.</p>
SE	Yes, you can. Patients covered by social insurance in Sweden according to chapters 4 and 5 of the Socialförsäkringsbalken have access to certain types of health care in Norway and Finland if they live either permanently or stay temporarily in a municipality close to Norway or Finland (Act Gränssjukvårdsförordningen (1962:390)). In 2023, no one applied for reimbursement of planned health care through this procedure.
IS	
LI	
NO	Not applicable
CH	As part of the cross-border policies of border cantons and health insurer with foreign health service providers costs of treatments can be reimbursed. This option is taken up restrictedly.
UK	N/A

Source: Administrative data PD S2 Questionnaire 2024

Annex V Additional visualisations

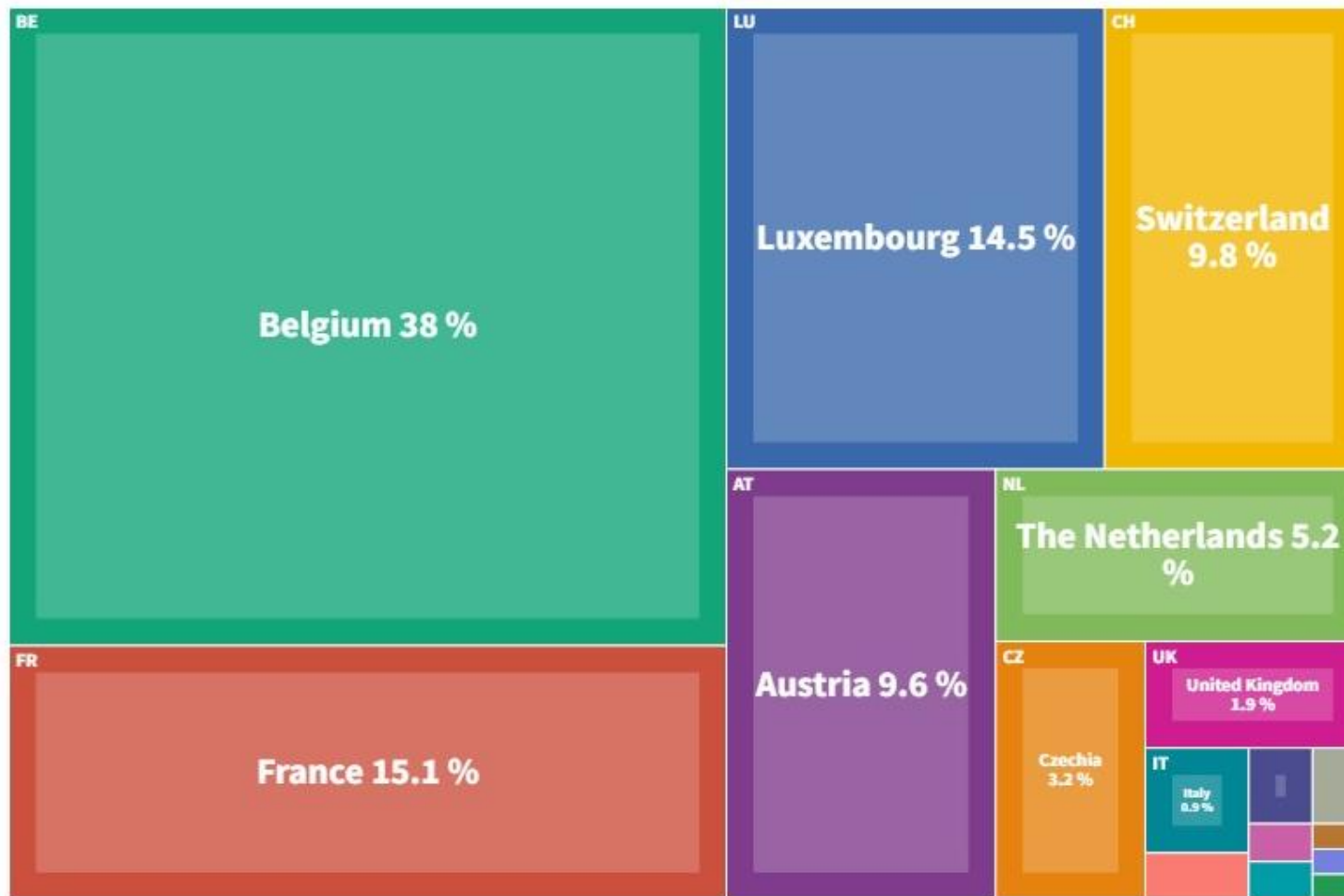
Figure a5 - Number of PDs S2 issued, share in total number of PDs S2 issued, 2023



* BE: data 2021. IE: data 2022. CY: data 2019. IS: data 2018.

** DE: estimation based on number of PDs S2 received amounts to 9 366. The total number of PDs S2 issued would then amount to 36 581 instead of 27 215 and DE would have issued 25.6 % of all PDs S2.

Figure a6 - Number of PDs S2 received, share in total number of PDs S2 received, 2023




* BE: data 2021. IS: data 2018.

** DE: estimation based on number of PDs S2 issued amounts to 11 338. The total number of PDs S2 received would then amount to 59 562 instead of 48 224 and DE would have received 19.0 % of all PDs S2.

Annex VI Portable Document S2

S2



Coordination of Social Security Systems

Entitlement to scheduled treatment

EU Regulations 883/04 and 987/09 (*)

INFORMATION FOR THE HOLDER

This is your certificate of entitlement to certain medical treatment abroad. If you present it to the health care institution in the State where the treatment will be provided, you will receive medical treatment under the same conditions as persons insured in that State.

You may be entitled to a supplementary reimbursement according to national reimbursement rates.

Your health care institution will advise you on this. For a list of health care institutions, see

<http://ec.europa.eu/social-security-directory/>

1. PERSONAL DETAILS OF THE HOLDER

1.1	Personal Identification Number in the competent Member State	
1.2	Surname	
1.3	Forenames	
1.4	Surname at birth (**)	
1.5	Date of birth	
1.6	Current address	
1.6.1	Street, N°	
1.6.2	Town	
1.6.3	Post code	
1.6.4	Country code	▼

2. KIND AND LOCATION OF TREATMENT

2.1	Treatment	
2.2	Location of the treatment	
2.3	Expected period of treatment	
2.3.1	Start date	
2.3.2	End date	

(*) Regulations (EC) No 883/2004, articles 20, 27 and 36, and 987/2009, article 26 and 33.

(**) Information given to the institution by the holder when this is not known by the institution.

Coordination of Social Security Systems

S2 

Entitlement to scheduled treatment

3. INSTITUTION COMPLETING THE FORM

3.1 Name			
3.2 Street, N°			
3.3 Town			
3.4 Post code		3.5 Country code	<input type="text"/>
3.6 Institution ID			
3.7 Office fax N°			
3.8 Office phone N°			
3.9 E-mail			
3.10 Date			
3.11 Signature			

STAMP

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

Summary of main findings

Insured persons and their family members residing in a Member State other than the Member State in which they are insured (i.e., the competent Member State) are entitled to sickness benefits in kind provided for under the legislation of the Member State of residence. The healthcare provided in the Member State of residence is reimbursed by the competent Member State in accordance with the rates of the Member State of residence. This group of persons is also entitled to cash benefits provided by the competent Member State (i.e., export of sickness benefits in cash). Their right to sickness benefits in kind in the Member State of residence is certified by Portable Document S1 (PD S1). This form is issued by the competent Member State and allows the person to register for healthcare in the Member State of residence. The form is issued mainly to cross-border workers (and their family members) and mobile pensioners (and their family members).

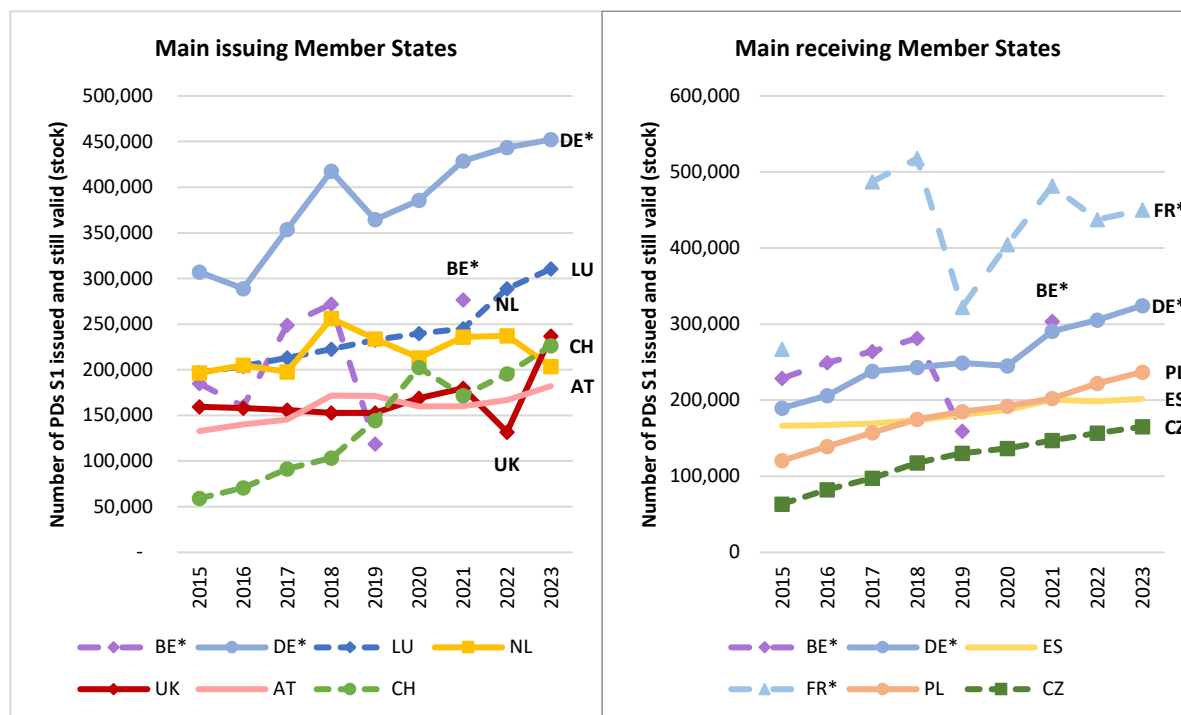
In 2023, almost 2.3 million persons resided in a Member State other than the competent Member State and are registered for healthcare in their Member State of residence by means of a PD S1. This implies that on average 0.5 % of the insured persons reside in a Member State other than the competent Member State. In Luxembourg, however, this share lies considerably higher, as more than three in ten persons insured in Luxembourg reside in another Member State (32.0 %). For the other Member States, the share is much lower, as it only exceeds 1.0 % in Switzerland (2.6 %), Malta (2.5 %), Belgium (2.4 %, data 2021), Austria (1.9 %), Liechtenstein (1.3 %), the Netherlands (1.2 %), and Czechia (1.1%). Regarding Germany, the main issuing Member State in absolute terms, 0.6 % of the insured persons reside in another Member State.

From the perspective of receiving Member States, only in Belgium (2.6 %, data 2021), Hungary (2.2 %), Cyprus (1.8 %, data 2019), Czechia (1.5 %), and Slovakia (1.5 %), the number of persons with a valid PD S1 represents 1.5 % or more of the total number of insured persons in these receiving Member States. In France, the main receiving Member State in absolute terms, the number of persons with a valid PD S1 represent 0.6 % of the total number of persons insured by France.

The main issuing Member State is Germany with over 450 000 PDs S1 in 2023 (*Figure 8, left*). Furthermore, more than 180 000 PDs S1 were issued by Luxembourg, Belgium (data 2021), the United Kingdom, Switzerland, the Netherlands, and Austria. Together, these seven issuing Member States account for 82.2 % of all issued PDs S1.

The main receiving Member State is France with over 450 000 PDs S1 received in 2023, which means that 21.5 % of all persons with a valid PD S1 reside in this Member State (*Figure 8, right*). France is followed by Germany, Belgium (data 2021), Poland, Spain, and Czechia, each receiving more than 150 000 PDs S2. Approximately eight in ten persons with a PD S1 reside in one of these top six receiving Member States (80.3 %).

Figure 8 - Main issuing and receiving Member States of PDs S1 in circulation, 2015-2023



* DE cannot provide data on the number of PDs S1 issued and received. Therefore, the number of PDs S1 issued and received is estimated based on the total number of PDs S1 received and issued by the other reporting Member States respectively. As a result, the numbers shown for DE are more sensitive to fluctuations as they depend highly on the reporting Member States. In BE as well, the number of issued and received PDs S1 in 2018 is estimated. In FR, the number of received PDs S1 in 2019 is estimated.

Source: PD S1 Questionnaire 2024 and earlier years

The profile of the persons with a PD S1 can be very different. More than 70 % of the PDs S1 were issued to persons of working age and their family members residing in a Member State other than the competent Member State. Furthermore, almost 30 % of the PDs S1 were issued to pensioners (including pension claimants) and their family members (27.9 %). This distribution varies strongly among Member States. Especially Czechia, Denmark, Luxembourg, Malta, Austria, Slovenia, Liechtenstein, Norway, and Switzerland issued a high share of PDs S1 to persons of working age and their family members, namely more than nine out of ten PDs S1. On the contrary, the United Kingdom issued almost 93 % of PDs S1 to pensioners and their family members.

From a receiving perspective, Lithuania, Poland, Romania, and Slovakia, received more than nine out of ten PDs S1 issued for persons of working age and their family members insured in another Member State. This contrasts with Spain, Cyprus (data 2019), and Malta, which received more than nine out of ten PDs S1 for pensioners and their family members insured in another Member State.

Considering both the issuing and receiving perspective, the main flows of PDs S1 in circulation for insured persons of working age and their family members went from Luxembourg to France, and from Germany to Poland. For pensioners and their family members most PDs S1 were issued by the United Kingdom and received by Spain and France.

Finally, average healthcare spending related to the reimbursement of sickness benefits in kind for persons residing in a Member State other than the competent Member State is limited to some 0.3 % of total healthcare spending related to benefits in kind. The main competent Member States in 2023 are Germany, the Netherlands, and Austria, as they paid/claimed the highest amount, while France, Spain, Germany, and Belgium (data 2021) are the main Member States of treatment with the highest amount received/claimed.

1. Introduction

When insured persons and their family members reside in a Member State other than the Member State in which they are insured (i.e. competent Member State), they are entitled to healthcare (i.e., sickness benefits in kind) provided for under the legislation of the Member State of residence.⁶⁹ According to the Coordination Regulations, healthcare provided in the Member State of residence is reimbursed by the competent Member State in accordance with the rates of the Member State of residence.⁷⁰ Furthermore, insured persons and their family members residing in a Member State other than the competent Member State are entitled to cash benefits provided by the competent Member State (i.e., the export of sickness benefits in cash).⁷¹

The Portable Document S1 (PD S1) ‘Registering for healthcare cover’ certifies this right to sickness benefits in kind in the Member State of residence.⁷² The PD S1 is issued by the competent Member State at the request of the insured person or of the institution of the Member State of residence and allows to register for healthcare in the Member State of residence when insured in a different one.⁷³ The form is issued, firstly, to cross-border workers (and their family members). Most of them are frontier workers, seasonal workers, and even posted workers. A PD S1 can also be issued to pensioners (and their family members) who reside in a Member State other than the competent Member State. However, only in cases where the pensioner has never worked in the Member State of residence (i.e., is not entitled to a pension) a PD S1 will be issued. Therefore, a PD S1 is required for three groups of pensioners:

- pensioners who move their residence to another Member State when retired and who do not receive a pension from their new Member State of residence;
- retired frontier workers (i.e., cross-border workers) who never worked in their Member State of residence;
- retired EU mobile workers who return to their Member State of origin, but never worked in this Member State.

Consequently, pensioners who have worked in their Member State of residence do not need such a form, as the Member State of residence is also the competent Member State regarding sickness benefits (as well as generally, pensioners are subject to the legislation of the Member State of residence). Thus, the group of pensioners with a PD S1 is only a part of the total group of cross-border pensioners.⁷⁴ Moreover, healthcare spending for pensioners and their family members with a valid PD S1 does not only include the reimbursement of healthcare provided abroad, as these persons are also entitled to healthcare benefits in kind during their stay in the competent Member State if this Member State is listed in Annex IV of the Basic Regulation^{75, 76}

⁶⁹ Article 17 of the Basic Regulation.

⁷⁰ Article 35 (1) of the Basic Regulation.

⁷¹ Article 21 (1) of the Basic Regulation.

⁷² See *Annex III*.

⁷³ Article 24 (1) of the Basic Regulation.

⁷⁴ Hence, it would be useful to confront the PD S1 data with other statistics (for instance, those collected for the report on cross-border old-age, survivors', and invalidity pensions). Moreover, a specific thematic topic included in the 2017 Annual Report on Labour Mobility (Fries-Tersch, E., Tugran, T., and Bradley, H., 2017) covered the mobility of retired persons, as well as the 2023 Annual Report on Labour Mobility (Hassan et al., 2024).

⁷⁵ Article 27 (2) of the Basic Regulation.

⁷⁶ Member States listed in Annex IV of the Basic Regulation are Belgium, Bulgaria, Czechia, Germany, Greece, Spain, France, Cyprus, Luxembourg, Hungary, the Netherlands, Austria, Poland, Slovenia, and Sweden (see *Chapter 4*).

On several occasions, this chapter refers to the official administrative documents in use for the coordination of social security systems. Three sets are in use: the original set of 'E-forms', a limited number of new documents issued to the insured persons involved called Portable Documents (PD) (including the EHIC), and finally the Structured Electronic Documents (SEDs), which are used for the electronic exchange of information between the administrations involved. The PD S1 covers several categories of insured persons who reside in a Member State other than the competent Member State. This is in contrast with the multiple E forms in place: form E106 (different categories of insured persons), form E109 (family member of insured person), form E120 (pension claimants and members of their family), and form E121 (pensioner and family member of pensioner). By counting these forms, insight can be gained in the number of persons residing in a Member State other than the competent Member State. However, this is an underestimation, as alternative procedures exist as well. Such alternative procedures are explained in a separate section of the chapter (see *section 4*). For instance, between the Nordic countries (Denmark, Finland, Sweden, Norway, and Iceland) PDs S1 are not exchanged.

This chapter 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 by means of a PD S1 or the equivalent E forms. First, it presents overall figures on the number of PDs S1 issued and received between 1 January and 31 December 2023 (*annual flow*) as well as on the total number of PDs S1 issued/received which are still valid on 31 December 2023 (regardless of the year in which they were issued) (*stock*). Afterwards, detailed data are provided for both insured persons of working age and pensioners. Finally, figures are presented on the reimbursement of sickness benefits provided to persons with a PD S1.

In total, 29 Member States provided a response to the PD S1 questionnaire. For those Member States that did not provide data on the number of insured persons residing in a Member State other than the competent Member State, data from the most recent reference year available were used.⁷⁷ This is always mentioned in a footnote. In addition, for some Member States the technique of data imputation was applied. This is a procedure used to estimate and replace missing or inconsistent data to provide a complete data set. Data from an issuing perspective by receiving Member State was completed with data from a receiving perspective by issuing Member State and *vice versa*, as both perspectives were asked for. For instance, data for Germany as the sending Member State were imputed based on the number of forms received by the receiving Member States from Germany. This technique is very useful to estimate the total number of insured persons residing in a Member State other than the competent Member State and to gain insight into the share of all Member States. The report indicates when the data reported concern an estimate (via the symbol ^(e)).

2. The number of PDs S1 issued and received

2.1. General overview

This section presents figures on the number of PDs S1 issued and received between 1 January and 31 December 2023 (*annual flow*) as well as figures on the total number of PDs S1 issued/received that are still in circulation on 31 December 2023, regardless of the year when these certificates were issued (*stock*). The number of PDs S1 (and equivalent E forms) in circulation represents the total group of persons with a PD S1 who reside in a Member State other than the competent Member State.

⁷⁷ This is the case for BE (data 2021), CY (data 2019), and IS (data 2018).

2.1.1. Absolute figures

Table 20 shows that there are almost 2.3 million persons who reside in a Member State other than the competent Member State and who are registered for healthcare in their Member State of residence by means of a PD S1 or the equivalent E forms (see also *Annex I*). A visual representation of the relative share per Member State of the number of PDs S1 issued (*Figure a7*) and received (*Figure a8*) concerning the stock is provided in *Annex II*.

The main issuing Member State is Germany with 452 175 PDs S1^(e). Luxembourg (310 472 PDs S1), Belgium (276 551 PDs S1, data 2021), the United Kingdom (236 872 PDs S1), Switzerland (226 398 PDs S1), and the Netherlands (203 689 PDs S1) each issued more than 200 000 PDs S1 as well. Furthermore, more than 180 000 PDs S1 were issued by Austria. Together, these seven issuing Member States account for 82.2 % of all issued PDs S1.

The profile of the persons to whom a PD S1 has been issued can differ considerably. This will become clear when a breakdown is made according to the status of the person (*section 2.2*). For instance, Luxembourg issued many PDs S1 to insured persons of working age residing in a neighbouring country and working in Luxembourg, while the United Kingdom mainly issued PDs S1 to pensioners who move to a Mediterranean country (see *Table 22*).

The main receiving Member States are France (450 174 PDs S1), as 21.5 % of all persons with a valid PD S1 reside in this Member State. France is followed by Germany (324 436 PDs S1^(e)) and Belgium (303 791 PDs S1, data 2021). In addition, more than 160 000 PDs S1 were received by Poland, Spain, and Czechia. Approximately eight in ten persons with a PD S1 reside in one of these top six receiving Member States (80.3 %). Again, the profile of the persons with a PD S1 is very different (see *Table 23*). France, Germany, Poland, and Belgium have a high number of outgoing cross-border workers, whereas Spain has a high number of incoming pensioners insured in another Member State.

Overall, the number of PDs S1 issued in 2023 is significantly lower than the number of PDs S1 still in circulation on 31 December 2023 (see *Table 20*). This is not necessarily the case for all Member States. Not least for Member States with a high number of 'temporary workers' residing in another Member State. Nevertheless, the evolution of the number of PDs S1 issued is clearly positive and has reached a higher level than before the COVID-19 pandemic. The number of PDs S1 issued evolved from 912 800 in 2019, to 693 000 in 2020, to 785 900 in 2021, to 1.3 million in 2022, and to 957 785 in 2023. The enormous increase from 2021 to 2022, and subsequent drop from 2022 to 2023 can be explained by the figures for Luxembourg. Reference year 2022 seemed to be an outlier with over 600 000 PDs S1 reported, while this number fluctuated around 197 000 from 2015 until 2021 and is now 278 177 in 2023.

Table 20 - Number of PDs S1 issued and received, *flow and stock*, 2023

	Issued				Received			
	Flow: In 2023		Stock: Total and still valid		Flow: In 2023		Stock: Total and still valid	
	Number	% of column total	Number	% of column total	Number	% of column total	Number	% of column total
EU-27	744 740	77.8 %	1 787 802	77.8 %	532 498	97.1 %	2 071 797	99.0 %
EU-14	687 792	71.8 %	1 544 960	67.2 %	289 667	52.8 %	1 388 882	66.3 %
EU-13	56 948	5.9 %	242 842	10.6 %	242 831	44.3 %	682 915	32.6 %
EFTA	194 742	20.3 %	273 357	11.9 %	14 056	2.6 %	11 740	0.6 %
Total	957 785	100 %	2 298 031	100 %	548 183	100 %	2 093 624	100 %
BE*	23 180	2.4 %	276 551	12.0 %	49 143	9.0 %	303 791	14.5 %
BG	3 471	0.4 %	14 346	0.6 %	2 041	0.4 %	8 454	0.4 %
CZ	15 767	1.6 %	117 959	5.1 %	32 712	6.0 %	165 072	7.9 %
DK	17 267 ^(e)	1.8 %	49 201	2.1 %	2 597 ^(e)	0.5 %	1 089 ^(e)	0.1 %
DE	190 207	19.9 %	452 175 ^(e)	19.7 %	84 536	15.4 %	324 436 ^(e)	15.5 %
EE	683	0.1 %	1 708	0.1 %	2 043	0.4 %	6 673	0.3 %
IE	1 614 ^(e)	0.2 %	3 813 ^(e)	0.2 %	475	0.1 %	2 242	0.1 %
EL	4 430	0.5 %	3 388	0.1 %	2 752	0.5 %	11 470	0.5 %
ES	3 247	0.3 %	9 874	0.4 %	26 158	4.8 %	201 819	9.6 %
FR	5 514	0.6 %	6 569	0.3 %	97 616	17.8 %	450 174	21.5 %
HR	1 181	0.1 %	3 593	0.2 %	13 853	2.5 %	39 350	1.9 %
IT	11 986	1.3 %	17 320	0.8 %	3 885	0.7 %	1 958	0.1 %
CY*	883	0.1 %	1 710	0.1 %	1 373	0.3 %	14 423	0.7 %
LV	690	0.1 %	1 926	0.1 %	1 097	0.2 %	1 406	0.1 %
LT	1 150	0.1 %	1 703	0.1 %	9 660	1.8 %	12 964	0.6 %
LU	278 177	29.0 %	310 472	13.5 %	2 475	0.5 %	5 928	0.3 %
HU	2 922	0.3 %	15 117	0.7 %	35 828	6.5 %	85 603	4.1 %
MT	7 417	0.8 %	13 217	0.6 %	318	0.1 %	5 108	0.2 %
NL	72 960	7.6 %	203 689	8.9 %	7 810	1.4 %	37 350	1.8 %
AT	69 965	7.3 %	182 095	7.9 %	11 073	2.0 %	44 461	2.1 %
PL	4 878	0.5 %	20 154	0.9 %	91 120	16.6 %	236 911	11.3 %
PT	3 013	0.3 %	5 201	0.2 %	501	0.1 %	192	0.0 %
RO	7 049	0.7 %	35 142	1.5 %	24 357	4.4 %	27 942	1.3 %
SI	3 086	0.3 %	500	0.0 %	2 387	0.4 %	3 332	0.2 %
SK	7 771	0.8 %	15 767	0.7 %	26 042	4.8 %	75 677	3.6 %
FI	3 652	0.4 %	14 761	0.6 %	191	0.0 %	863	0.0 %
SE	2 580 ^(e)	0.3 %	9 851	0.4 %	455	0.1 %	3 109	0.1 %
IS*	516	0.1 %	683	0.0 %	38	0.0 %	69	0.0 %
LI	512	0.1 %	531	0.0 %	47	0.0 %	42	0.0 %
NO	24 892	2.6 %	45 745 ^(e)	2.0 %	253	0.0 %	865 ^(e)	0.0 %
CH	168 822	17.6 %	226 398	9.9 %	13 718	2.5 %	10 764	0.5 %
UK	18 303	1.9 %	236 872	10.3 %	1 629	0.3 %	10 087	0.5 %

* BE: data 2021. CY: data 2019. IS: data 2018.

** Issued – flow: imputed data for DK, IE, and SE; issued – stock: imputed data for DE, IE, and NO; received – flow: imputed data for DK; received – stock: imputed data for DK, DE, and NO (only insured persons and family members).

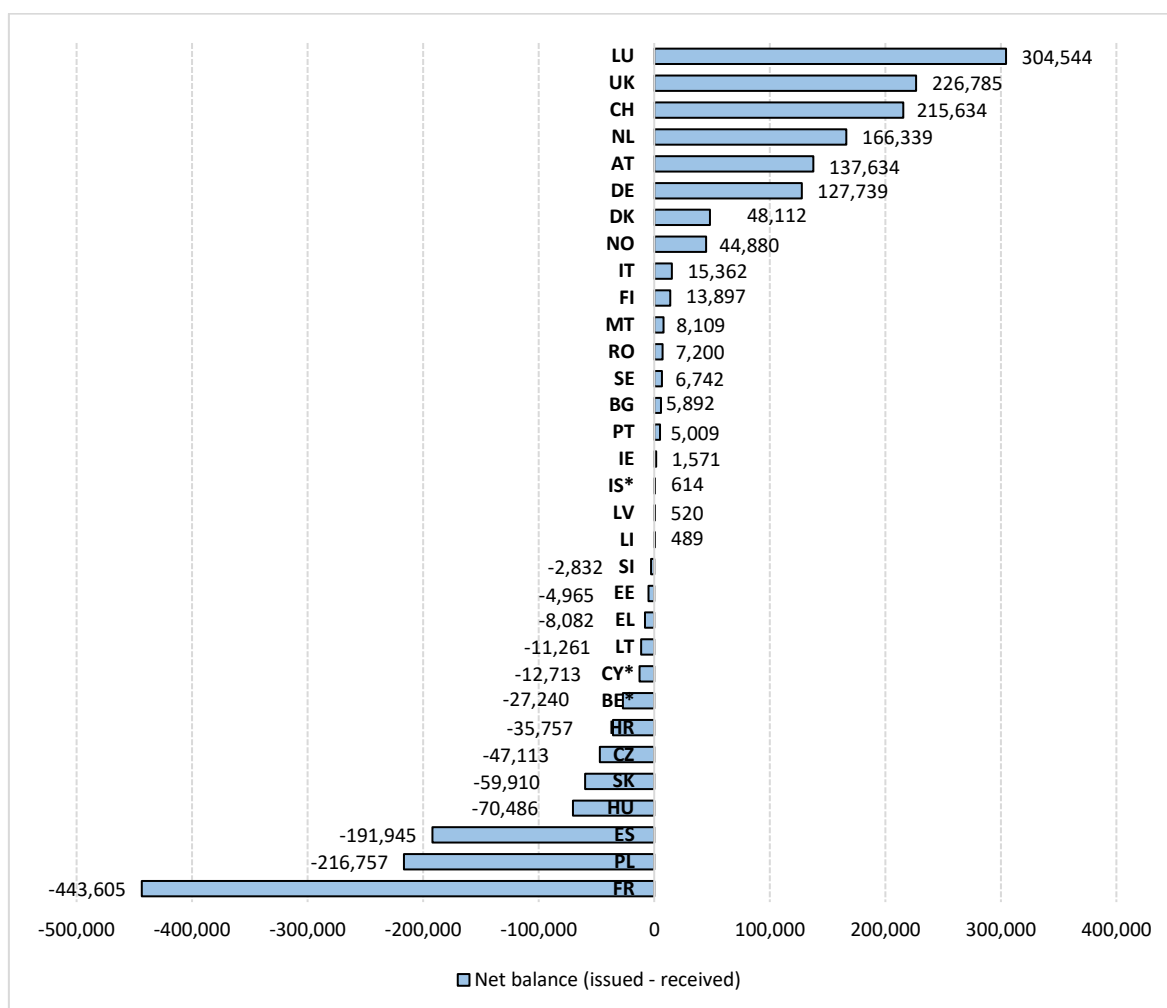
Source: PD S1 Questionnaire 2024

The net balance between the number of PDs S1 issued and received in stock is calculated by subtracting the received PDs S1 from the issued PDs S1 per Member State. *Figure 9* reveals that 19 Member States are ‘net senders’,⁷⁸ meaning that the number of PDs S1 issued is higher than the number of PDs S1 received. Especially Luxembourg, the United Kingdom, Switzerland, the Netherlands, Austria, and Germany stand out in this regard, with a difference of over 125 000 PDs S1.

On the contrary, 13 Member States are considered ‘net receivers’,⁷⁹ meaning that the number of PDs S1 received is higher than the number of PDs S1 issued. The main net receiver is clearly France, followed at a distance by Poland and Spain.

⁷⁸ Net senders: LU, UK, CH, NL, AT, DE, DK, NO, IT, FI, MT, RO, SE, BG, PT, IE, IS (data 2018), LV, and LI.

⁷⁹ Net receivers: FR, PL, ES, HU, SK, CZ, HR, BE (data 2021), CY (data 2019), LT, EL, EE, and SI.

Figure 9 - Net balance between the total number of PDs S1 issued and received, stock (still in circulation), 2023

* IS: data 2018. CY: data 2019. BE: data 2021.

** Issued – stock: imputed data for DE, IE, and NO; received – stock: imputed data for DK, DE, and NO (only insured persons and family members).

Source: PD S1 Questionnaire 2024

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

The above absolute figures can be compared to the total number of insured persons to know the percentage of persons residing in a Member State other than the competent Member State (Table 21). From an issuing perspective, on average 0.5 % of the insured persons reside in a Member State other than the competent Member State. This percentage is lower in the EU-13 Member States (0.3 %), but higher in the EFTA countries (1.9 %). More than three in ten persons insured in Luxembourg reside in another Member State (32.0 %). For the other Member States, the share is much lower, as it only exceeds 1.0 % in Switzerland (2.6 %), Malta (2.5 %), Belgium (2.4 %, data 2021), Austria (1.9 %), Liechtenstein (1.3 %), the Netherlands (1.2 %), and Czechia (1.1%). For Germany, the main issuing Member State in absolute terms, 0.6 % of the insured persons reside in another Member State.

From the perspective of receiving Member States, only in Belgium (2.6 %, data 2021), Hungary (2.2 %), Cyprus (1.8 %, data 2019), Czechia (1.5 %), and Slovakia (1.5 %), the number of persons with a valid PD S1 represent 1.5 % or more of the total number of insured persons in these receiving Member States. In France, the main receiving Member State in absolute terms, the number of persons with a valid PD S1 represent 0.6 % of the total number of persons insured by France. Within Member States, this percentage can vary considerably between regions.

Table 21 - Total number of PDs S1 *issued and received, as share of total number of insured persons, stock (still in circulation), 2023*

MS	Number of insured persons (A)	Number of PDs S1 issued and still valid (B)	As share of total number of insured persons (B/A)	Number of PDs S1 received and still valid (C)	As share of total number of insured persons (C/A)
EU-27	425 733 042	1 787 802	0.4 %	2 071 797	0.5 %
EU-14	334 491 684	1 539 759	0.5 %	1 388 690	0.4 %
EU-13	91 241 358	242 842	0.3 %	682 915	0.7 %
EFTA	14 731 334	273 357	1.9 %	11 740	0.1 %
Total	440 464 376	2 298 031	0.5 %	2 093 624	0.5 %
BE*	11 499 246	276 551	2.4 %	303 791	2.6 %
BG	6 122 312	14 346	0.2 %	8 454	0.1 %
CZ	10 835 289	117 959	1.1 %	165 072	1.5 %
DK**	5 800 000	49 201	0.8 %	1 089 ^(e)	0.0 %
DE	74 567 684	452 175 ^(e)	0.6 %	324 436 ^(e)	0.4 %
EE	1 295 609	1 708	0.1 %	6 673	0.5 %
IE**	5 161 515	3 813 ^(e)	0.1 %	2 242	0.0 %
EL	14 770 748	3 388	0.0 %	11 470	0.1 %
ES	50 937 993	9 874	0.0 %	201 819	0.4 %
FR	72 558 885	6 569	0.0 %	450 174	0.6 %
HR	4 007 390	3 593	0.1 %	39 350	1.0 %
IT**	60 000 000	17 320	0.0 %	1 958	0.0 %
CY*	820 000	1 710	0.2 %	14 423	1.8 %
LV	2 302 221	1 926	0.1 %	1 406	0.1 %
LT	2 995 834	1 703	0.1 %	12 964	0.4 %
LU	970 747	310 472	32.0 %	5 928	0.6 %
HU	3 897 988	15 117	0.4 %	85 603	2.2 %
MT	535 064	13 217	2.5 %	5 108	1.0 %
NL	17 498 000	203 689	1.2 %	37 350	0.2 %
AT	9 341 504	182 095	1.9 %	44 461	0.5 %
PL	34 172 864	20 154	0.1 %	236 911	0.7 %
PT		5 201		192	
RO	16 950 000	35 142	0.2 %	27 942	0.2 %
SI	2 117 608	500	0.0 %	3 332	0.2 %
SK	5 189 179	15 767	0.3 %	75 677	1.5 %
FI	5 566 812	14 761	0.3 %	863	0.0 %
SE**	5 818 550	9 851	0.2 %	3 109	0.1 %
IS**	355 766	683	0.2 %	69	0.0 %
LI	41 986	531	1.3 %	42	0.1 %
NO**	5 533 582	45 745 ^(e)	0.8 %	865 ^(e)	0.0 %
CH	8 800 000	226 398	2.6 %	10 764	0.1 %
UK		236 872		10 087	

* BE: data 2021. CY: data 2019. IS: data 2018.

** DK and IT: number of insured persons data 2020. DK: The figure of 5.8 million is the number of Danish inhabitants in 2020, and not the actual number of Danish insured persons. DK has a residence-based healthcare system, which means that all persons registered as residents in DK, will be covered by the Danish health insurance scheme. However, some persons are entitled to be insured in DK 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 DK, for instance: • frontier workers, who work in DK but reside in another Member State or the UK; • Danish officials and workers posted by a Danish company to another EU/EEA-country, Switzerland or the UK; • Students travelling to another EU/EEA-country, Switzerland or the UK as a part of their study for a temporary period of time. IT: assumption that every insured person in IT has an EHIC. SE: The number of insured persons reported is an estimation of people between 19-64 years old that are insured in SE. Note that it is not comparable with the population that could receive EHIC which includes people in all ages. IS: data number of insured persons 2019. NO: number of insured persons is an estimation. IE: Number of insured persons is an estimation.

*** Issued – stock: imputed data for DE, IE, and NO; received – stock: imputed data for DK, DE, and NO (only insured persons and family members).

Source: PD S1 Questionnaire and EHIC Questionnaire 2024

2.2. By status

More than 70 % of the PDs S1 were issued to persons of working age and their family members residing in a Member State other than the competent Member State (72.1 %) (*Table 22*). Furthermore, almost 30 % of the PDs S1 were issued to pensioners (including pension claimants) and their family members (27.9 %). This distribution varies strongly among Member States. Most Member States issued the highest number of PDs S1 to persons of working age. Czechia, Denmark, Luxembourg, Malta, Austria, Slovenia, Liechtenstein, Norway, and Switzerland issued more than nine out of ten PDs S1 to persons of working age and their family members (*Table 22*). This contrasts with the United Kingdom, which issued almost 93 % of PDs S1 to pensioners and their family members.

Table 22 - Total number of PDs S1 *issued, by status, stock (still in circulation), 2023*

	Insured person*		Pensioner*		Pension claimant		Family member of insured person		Family member of pensioner		Total
	Number	Row %	Number	Row %	Number	Row %	Number	Row %	Number	Row %	
BE****	135 181	48.9 %	67 324	24.3 %	0	0.0 %	50 551	18.3 %	23 495	8.5 %	276 551
BG	1 554	10.8 %	11 432	79.7 %	<5	0.0 %	1 280	8.9 %	78	0.5 %	14 346
CZ ^(e)	32 095	80.6 %	3 275	8.2 %	15	0.0 %	4 326	10.9 %	123	0.3 %	117 959
DK	45 414	92.3 %	477	1.0 %	0	0.0 %	3 228	6.6 %	82	0.2 %	49 201
DE ^(e)	248 917	70.8 %	63 057	17.9 %	1 045	0.3 %	33 735	9.6 %	4 932	1.4 %	452 175
EE	700	41.0 %	623	36.5 %	0	0.0 %	340	19.9 %	45	2.6 %	1 708
IE ^(e)	1 195	36.2 %	1 384	41.9 %	0	0.0 %	423	12.8 %	302	9.1 %	3 813
EL	1 094	32.3 %	1 507	44.5 %	14	0.4 %	663	19.6 %	110	3.2 %	3 388
ES	5 174	52.4 %	3 022	30.6 %	<5	0.0 %	983	10.0 %	694	7.0 %	9 874
FR	5 075	77.3 %	630	9.6 %	<5	0.0 %	802	12.2 %	60	0.9 %	6 569
HR	1 476	41.1 %	1 549	43.1 %	0	0.0 %	506	14.1 %	62	1.7 %	3 593
IT	6 850	39.5 %	7 054	40.7 %	185	1.1 %	2 289	13.2 %	942	5.4 %	17 320
CY**	797	46.6 %	359	21.0 %	0	0.0 %	480	28.1 %	74	4.3 %	1 710
LV	565	29.3 %	1 034	53.7 %	0	0.0 %	314	16.3 %	13	0.7 %	1 926
LT	327	19.3 %	1 088	64.1 %	10	0.6 %	260	15.3 %	13	0.8 %	1 703
LU	282 382	91.0 %	24 000	7.7 %	0	0.0 %	1 015	0.3 %	3 075	1.0 %	310 472
HU	10 310	68.2 %	2 793	18.5 %	<5	0.0 %	2 001	13.2 %	9	0.1 %	15 117
MT	12 745	96.4 %	66	0.5 %	0	0.0 %	402	3.0 %	<5	0.0 %	13 217
NL	114 329	56.1 %	60 513	29.7 %	0	0.0 %	22 802	11.2 %	6 045	3.0 %	203 689
AT	142 876	78.5 %	9 179	5.0 %	<5	0.0 %	29 080	16.0 %	957	0.5 %	182 095
PL	10 003	49.6 %	8 087	40.1 %	<5	0.0 %	1 941	9.6 %	122	0.6 %	20 154
PT	2 547	49.0 %	2 227	42.8 %	0	0.0 %	372	7.2 %	55	1.1 %	5 201
RO	8 381	23.8 %	22 883	65.1 %	332	0.9 %	3 327	9.5 %	219	0.6 %	35 142
SI	293	58.6 %	0	0.0 %	0	0.0 %	207	41.4 %	0	0.0 %	500
SK	9 372	59.4 %	4 395	27.9 %	<5	0.0 %	1 933	12.3 %	63	0.4 %	15 767
FI	10 626	72.0 %	3 466	23.5 %	0	0.0 %	560	3.8 %	109	0.7 %	14 761
SE	4 875	49.5 %	3 475	35.3 %	15	0.2 %	1 047	10.6 %	439	4.5 %	9 851
IS**	165	24.2 %	78	11.4 %	144	21.1 %	235	34.4 %	61	8.9 %	683
LI	494	93.0 %	12	2.3 %	0	0.0 %	24	4.5 %	<5	0.2 %	531
NO ^(e)	40 134	90.0 %	2 578	5.8 %	5	0.0 %	1 362	3.1 %	497	1.1 %	45 745
CH	167 979	74.2 %	15 615	6.9 %	0	0.0 %	41 017	18.1 %	1 787	0.8 %	226 398
UK	10 612	4.5 %	195 227	82.4 %	1 636	0.7 %	4 268	1.8 %	25 129	10.6 %	236 872
Total	1 314 537	62.1 %	518 409	24.5 %	3 418	0.2 %	211 773	10.0 %	69 597	3.3 %	2 298 031

* *Insured person* of working age also includes persons above working age who are still employed, *Pensioner* also includes persons of working age who are retired.

** BE: data 2021. CZ: data 2019. IS: data 2018.

*** Issued – stock: imputed data for CZ (only breakdown), DE, IE, and NO. As a result, the sum of the number of PDs S1 by status is not equal to the total for these Member States. This makes that the total number of PDs S1 is 2 117 734 if the sum of the number of PDs S1 by status is taken.

****BE: data include the number of forms issued and still in stock under the bilateral agreement with LU concerning healthcare benefits for (former) frontier workers and their family members, namely forms BL.1, BL.2, and BL.3. More specifically, it concerns a total of 59 forms (48 for insured persons and 11 for pensioners).

Source: PD S1 Questionnaire 2024

Among the receiving Member States, Lithuania, Poland, Romania, and Slovakia received more than nine out of ten PDs S1 issued for persons of working age and their family members insured in another Member State (*Table 23*). This contrasts with Spain, Cyprus (data 2019), and Malta, which received more than nine out of ten PDs S1 for pensioners and their family members insured in another Member State. The absolute figures by status are discussed in the two next sections. The sum by status is not equal to the total number of PDs S1 issued as some Member States did not provide data by status. Moreover, the number of PDs S1 issued and still valid is not equal to the number of PDs S1 received and still valid (comparing *Table 22* with *Table 23* respectively).

Table 23 - Total number of PDs S1 received, by status, stock (still in circulation), 2023

	Insured person*		Pensioner*		Pension claimant		Family member of insured person		Family member of pensioner		Total
	Number	Row %	Number	Row %	Number	Row %	Number	Row %	Number	Row %	
BE****	200 566	66.0 %	48 588	16.0 %	33	0.0 %	48 399	15.9 %	6 205	2.0 %	303 791
BG	3 349	39.6 %	4 166	49.3 %	19	0.2 %	297	3.5 %	623	7.4 %	8 454
CZ ^(e)	19 435	68.0 %	4 511	15.8 %	93	0.3 %	4 355	15.2 %	168	0.6 %	165 072
DK ^(e)	387	36.1 %	464	43.2 %	<5	0.3 %	187	17.4 %	32	3.0 %	1 089
DE ^(e)	224 132	69.9 %	56 542	17.6 %	212	0.1 %	34 006	10.6 %	5 533	1.7 %	324 436
EE	5 688	85.2 %	729	10.9 %	<5	0.0 %	240	3.6 %	14	0.2 %	6 673
IE	148	6.6 %	1 811	80.8 %	0	0.0 %	136	6.1 %	147	6.6 %	2 242
EL	818	7.1 %	8 633	75.3 %	330	2.9 %	1 143	10.0 %	546	4.8 %	11 470
ES	11 800	5.8 %	166 155	82.3 %	369	0.2 %	3 131	1.6 %	20 364	10.1 %	201 819
FR	269 029	59.8 %	89 795	19.9 %	70	0.0 %	82 166	18.3 %	9 114	2.0 %	450 174
HR	11 362	28.9 %	20 033	50.9 %	<5	0.0 %	6 106	15.5 %	1 847	4.7 %	39 350
IT	162	8.3 %	1 502	76.7 %	0	0.0 %	230	11.7 %	64	3.3 %	1 958
CY*	58	0.4 %	12 209	84.6 %	0	0.0 %	64	0.4 %	2 092	14.5 %	14 423
LV	990	70.4 %	208	14.8 %	0	0.0 %	194	13.8 %	14	1.0 %	1 406
LT	12 018	93.4 %	532	4.1 %	<5	0.0 %	265	2.1 %	45	0.3 %	12 964
LU	2 439	41.1 %	3 170	53.5 %	0	0.0 %	63	1.1 %	256	4.3 %	5 928
HU	60 438	70.6 %	16 377	19.1 %	95	0.1 %	7 593	8.9 %	1 100	1.3 %	85 603
MT	261	5.1 %	3 620	70.9 %	0	0.0 %	134	2.6 %	1 093	21.4 %	5 108
NL	24 731	66.2 %	5 188	13.9 %	0	0.0 %	6 896	18.5 %	535	1.4 %	37 350
AT	18 845	42.4 %	17 795	40.0 %	135	0.3 %	6 869	15.4 %	817	1.8 %	44 461
PL	227 670	96.1 %	4 025	1.7 %	12	0.0 %	4 847	2.0 %	357	0.2 %	236 911
PT	42	21.9 %	134	69.8 %	0	0.0 %	0	0.0 %	16	8.3 %	192
RO	23 909	85.6 %	2 498	8.9 %	34	0.1 %	1 286	4.6 %	215	0.8 %	27 942
SI	2 527	75.8 %	539	16.2 %	<5	0.0 %	242	7.3 %	23	0.7 %	3 332
SK	56 944	75.2 %	3 898	5.2 %	15	0.0 %	14 059	18.6 %	761	1.0 %	75 677
FI	204	23.6 %	564	65.4 %	0	0.0 %	76	8.8 %	19	2.2 %	863
SE	345	11.1 %	2 275	73.2 %	8	0.3 %	248	8.0 %	233	7.5 %	3 109
IS*	24	34.8 %	26	37.7 %	0	0.0 %	16	23.2 %	<5	4.3 %	69
LI	13	31.0 %	29	69.0 %	0	0.0 %	0	0.0 %	0	0.0 %	42
NO ^(e)	406	46.9 %	320	37.0 %	<5	0.2 %	127	14.7 %	10	1.2 %	865
CH	5 000	46.5 %	5 635	52.4 %	<5	0.0 %	128	1.2 %	0	0.0 %	10 764
UK	2 777	27.5 %	6 567	65.1 %	219	2.2 %	29	0.3 %	495	4.9 %	10 087
Total	1 186 517	60.8 %	488 538	25.0 %	1 657	0.1 %	223 532	11.4 %	52 741	2.7 %	2 093 624

* Insured person of working age also includes persons above working age who are still employed. Pensioner also includes persons of working age who are retired.

** BE: data 2021. CY: data 2019. IS: data 2018.

*** Received – stock: imputed data for CZ (only breakdown), DK, DE, and NO (only insured person, pension claimant, and family member of insured person). As a result, the sum of the number of PDs S1 by status is not equal to the total for these Member States. This makes that the total number of PDs S1 is 1 952 985 if the sum of the number of PDs S1 by status is taken.

**** BE: data include the number of forms received and still in stock under the bilateral agreement with LU concerning healthcare benefits for (former) frontier workers and their family members, namely forms BL.1, BL.2, and BL.3. More specifically, it concerns a total of 12 182 forms (12 174 for insured persons and 8 for family members of insured persons).

Source: PD S1 Questionnaire 2024

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

Approximately 1.5 million persons of working age⁸⁰ and their family members reside in a Member State other than the competent Member State and are registered for healthcare in their Member State of residence by means of a PD S1 or the equivalent E forms (left-hand side of *Table 24*). The 1.5 million consists of around 1.3 million persons of working age and 212 000 family members. The main issuing Member States are Luxembourg (283 000 PDs S1), Germany (some 283 000 PDs S1^(e)), Switzerland (209 000 PDs S1), Belgium (186 000 PDs S1, data 2021), Austria (172 000 PDs S1), and the Netherlands (137 000 PDs S1, data 2021). More than 83 % of all PDs S1 issued for persons of working age and their family members were issued by these six issuing Member States. This is the result of

⁸⁰ Insured person of working age also includes persons above working age who are still employed.

the high number of incoming cross-border workers (frontier workers, seasonal workers, posted workers etc.) employed in these Member States.

Most persons of working age and their family members with a valid PD S1 reside in France (351 000 PDs S1), Germany (some 258 000 PDs S1^(e)), Belgium (249 000 PDs S1, data 2021), and Poland (233 000 PDs S1) (right-hand side of *Table 24*). More than three in four persons of working age and their family members reside in one of these four Member States (77 %).

Table 24 - Total number of PDs S1 issued and received, insured persons of working age and their family members, stock (still in circulation), 2023

	Issued				Received			
	Insured person	Family members	Total	Column %	Insured person	Family members	Total	Column %
BE***	135 181	50 551	185 732	12.2 %	200 566	48 399	248 965	17.7 %
BG	1 554	1 280	2 834	0.2 %	3 349	297	3 646	0.3 %
CZ ^(e)	32 095	4 326	36 421	2.4 %	19 435	4 355	23 790	1.7 %
DK ^(e)	45 414	3 228	48 642	3.2 %	387	187	574	0.0 %
DE ^(e)	248 917	33 735	282 652	18.5 %	224 132	34 006	258 138	18.3 %
EE	700	340	1 040	0.1 %	5 688	240	5 928	0.4 %
IE ^(e)	1 195	423	1 618	0.1 %	148	136	284	0.0 %
EL	1 094	663	1 757	0.1 %	818	1 143	1 961	0.1 %
ES	5 174	983	6 157	0.4 %	11 800	3 131	14 931	1.1 %
FR	5 075	802	5 877	0.4 %	269 029	82 166	351 195	24.9 %
HR	1 476	506	1 982	0.1 %	11 362	6 106	17 468	1.2 %
IT	6 850	2 289	9 139	0.6 %	162	230	392	0.0 %
CY*	797	480	1 277	0.1 %	58	64	122	0.0 %
LV	565	314	879	0.1 %	990	194	1 184	0.1 %
LT	327	260	587	0.0 %	12 018	265	12 283	0.9 %
LU	282 382	1 015	283 397	18.6 %	2 439	63	2 502	0.2 %
HU	10 310	2 001	12 311	0.8 %	60 438	7 593	68 031	4.8 %
MT	12 745	402	13 147	0.9 %	261	134	395	0.0 %
NL	114 329	22 802	137 131	9.0 %	24 731	6 896	31 627	2.2 %
AT	142 876	29 080	171 956	11.3 %	18 845	6 869	25 714	1.8 %
PL	10 003	1 941	11 944	0.8 %	227 670	4 847	232 517	16.5 %
PT	2 547	372	2 919	0.2 %	42	0	42	0.0 %
RO	8 381	3 327	11 708	0.8 %	23 909	1 286	25 195	1.8 %
SI	293	207	500	0.0 %	2 527	242	2 769	0.2 %
SK	9 372	1 933	11 305	0.7 %	56 944	14 059	71 003	5.0 %
FI	10 626	560	11 186	0.7 %	204	76	280	0.0 %
SE	4 875	1 047	5 922	0.4 %	345	248	593	0.0 %
IS*	165	235	400	0.0 %	24	16	40	0.0 %
LI	494	24	518	0.0 %	13	0	13	0.0 %
NO ^(e)	40 134	1 362	41 496	2.7 %	406	127	533	0.0 %
CH	167 979	41 017	208 996	13.7 %	5 000	128	5 128	0.4 %
UK	10 612	4 268	14 880	1.0 %	2 777	29	2 806	0.2 %
Total	1 314 537	211 773	1 526 310	100.0 %	1 186 517	223 532	1 410 049	100.0 %

* BE: data 2021. CY: data 2019. IS: data 2018.

** Issued – stock: imputed data for CZ, DE, IE, and NO; received – stock: imputed data for CZ, DK, DE, and NO.

*** BE: data include the number of forms issued and received and still in stock under the bilateral agreement with LU concerning healthcare benefits for (former) frontier workers and their family members, namely forms BL.1, BL.2, and BL.3. More specifically, it concerns 48 forms issued and still in stock for insured persons, 12 174 forms received and still in stock for insured persons, and 8 forms received and still in stock for family members of insured persons.

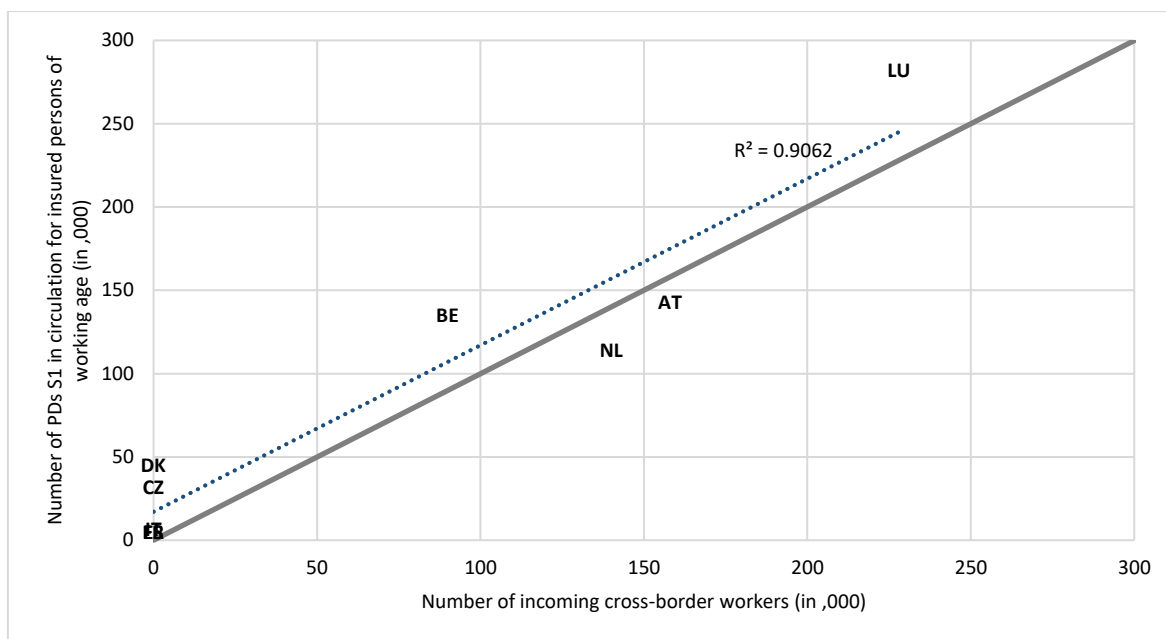
Source: PD S1 Questionnaire 2024

The number of PDs S1 provided to persons of working age can be considered as a relevant variable to estimate the number of cross-border workers in the EU/EFTA. However, these figures sometimes turn out to be very different from those collected through the European Labour Force Survey (EU-LFS)⁸¹ on the number of cross-border workers. This is certainly the case for Switzerland and Germany. In fact, Switzerland has agreed with its neighbouring Member States (FR, DE, AT, and IT) that frontier workers residing in these countries may under certain conditions opt for health coverage in their country of residence and be

⁸¹ See Hassan, E., Siöland, L., Akbaba, B., Cinova, D. et al. (2024), *2023 Annual Report on intra-EU Labour Mobility, Network Statistics FMSSFE*, European Commission.

exempted from the Swiss health insurance.⁸² For Germany this discrepancy is the case because the number of PDs S1 issued is based on an estimation. Therefore, *Figure 10* excludes these two outliers. As a result, the correlation between the number of cross-border workers and number of PDs S1 in circulation for insured persons of working age is very strong, at +0.95.

Figure 10 - Relationship between number of PDs S1 issued and still in circulation for insured persons of working age and number of incoming cross-border workers, 2023



* The correlation coefficient amounts to +0.95.

Source: PD S1 Questionnaire 2024 and Hassan et al. (2024) (data 2022)

As already observed, the flow of PDs S1 issued to persons of working age is concentrated within a limited number of issuing and sending Member States. *Table 25* illustrates the main flows of persons of working age with a PD S1. Some 11 % of the persons of working age with a valid PD S1 are insured in Luxembourg and reside in France, another 10 % is insured in France and lives in Poland. The other main flows of insured persons are also mainly among neighbouring countries, notably from Switzerland to France, from Belgium to France, from Luxembourg to Belgium, from the Netherlands to Belgium, and from Luxembourg to Germany.

Table 25 - Main flows between the competent Member State and the Member State of residence, insured persons of working age, stock (still in circulation), 2023

Issuing MS	Receiving MS	Number of PDs S1 reported by...			
		From ...	To ...	Issuing MS	% total number issued
Luxembourg	France	143 622	11 %	109 780	9 %
Germany	Poland	136 458	10 %	136 458	12 %
Switzerland	France	96 168	7 %	74 977	6 %
Belgium	France	82 835*	6 %	39 482	3 %
Luxembourg	Belgium	56 573	4 %	81 695*	7 %
The Netherlands	Belgium	38 602	3 %	71 189*	6 %
Luxembourg	Germany	69 832	5 %		

* BE: data 2021.

** Based on the top 5 flows from an issuing perspective: LU → FR, DE → PL^(e), CH → FR, BE → FR, and LU → DE; and the top 5 flows from a receiving perspective: DE → PL, LU → FR, LU → BE, CH → FR, and NL → BE.

Source: PD S1 Questionnaire 2024

⁸² Annex II of the Agreement on the Free Movement of Persons, Section A, letter i (referring to Annex XI of Regulation (EC) No 883/2004], point 3.b).

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

Some 591 000 pensioners and their family members reside in a Member State other than the competent Member State and are registered for healthcare in their Member State of residence by means of a PD S1 or the equivalent E forms (left-hand side of *Table 26*). The main issuing Member State is the United Kingdom (222 000 PDs S1), which issued 37.5 % of the total number of PDs S1 for pensioners and their family members residing abroad. Other main issuing Member States are Belgium (90 800 PDs S1, data 2021), Germany (some 69 000 PDs S1^(e)), and the Netherlands (66 500 PDs S1).

Around 187 000 pensioners and family members with a PD S1 are residing in Spain (right-hand side of *Table 26*). More than 80 000 of them are insured in the United Kingdom (*Table 27*). This single flow represents 16 % of the total number of PDs S1 issued to pensioners. Furthermore, some 99 000 pensioners and their family members with a valid PD S1 reside in France, mainly concerning insured persons from the United Kingdom. The profile of this group of pensioners with a PD S1 is diverse. Some are retired cross-border workers who never worked in their Member State of residence. Others are retired EU mobile workers who return to their Member State of origin without having worked there. Finally, a group of pensioners migrates to another Member State without having any past affiliation with this Member State (in terms of country of birth or country of citizenship).

Table 26 - Total number of PDs S1 issued and received, pensioners (+ pension claimant) and their family members, stock (still in circulation), 2023

	Issued				Received			
	Pensioner	Family members	Total	Column %	Pensioner	Family members	Total	Column %
BE***	67 324	23 495	90 819	15.4 %	48 621	6 205	54 826	10.1 %
BG	11 434	78	11 512	1.9 %	4 185	623	4 808	0.9 %
CZ ^(e)	3 290	123	3 413	0.6 %	4 604	168	4 772	0.9 %
DK ^(e)	477	82	559	0.1 %	467	32	499	0.1 %
DE ^(e)	64 102	4 932	69 034	11.7 %	56 754	5 533	62 287	11.5 %
EE	623	45	668	0.1 %	731	14	745	0.1 %
IE ^(e)	1 384	302	1 686	0.3 %	1 811	147	1 958	0.4 %
EL	1 521	110	1 631	0.3 %	8 963	546	9 509	1.8 %
ES	3 023	694	3 717	0.6 %	166 524	20 364	186 888	34.4 %
FR	632	60	692	0.1 %	89 865	9 114	98 979	18.2 %
HR	1 549	62	1 611	0.3 %	20 035	1 847	21 882	4.0 %
IT	7 239	942	8 181	1.4 %	1 502	64	1 566	0.3 %
CY*	359	74	433	0.1 %	12 209	2 092	14 301	2.6 %
LV	1 034	13	1 047	0.2 %	208	14	222	0.0 %
LT	1 098	13	1 111	0.2 %	534	45	579	0.1 %
LU	24 000	3 075	27 075	4.6 %	3 170	256	3 426	0.6 %
HU	2 797	9	2 806	0.5 %	16 472	1 100	17 572	3.2 %
MT	66	<5	70	0.0 %	3 620	1 093	4 713	0.9 %
NL	60 513	6 045	66 558	11.3 %	5 188	535	5 723	1.1 %
AT	9 182	957	10 139	1.7 %	17 930	817	18 747	3.5 %
PL	8 088	122	8 210	1.4 %	4 037	357	4 394	0.8 %
PT	2 227	55	2 282	0.4 %	134	16	150	0.0 %
RO	23 215	219	23 434	4.0 %	2 532	215	2 747	0.5 %
SI	0	0	0	0.0 %	540	23	563	0.1 %
SK	4 399	63	4 462	0.8 %	3 913	761	4 674	0.9 %
FI	3 466	109	3 575	0.6 %	564	19	583	0.1 %
SE	3 490	439	3 929	0.7 %	2 283	233	2 516	0.5 %
IS*	222	61	283	0.0 %	26	<5	29	0.0 %
LI	12	<5	13	0.0 %	29	0	29	0.0 %
NO ^(e)	2 583	497	3 080	0.5 %	322	10	332	0.1 %
CH	15 615	1 787	17 402	2.9 %	5 636	0	5 636	1.0 %
UK	196 863	25 129	221 992	37.5 %	6 786	495	7 281	1.3 %
Total	521 827	69 597	591 424	100.0 %	490 195	52 741	542 936	100.0 %

* BE: data 2021. CY: data 2019. IS: data 2018.

** Issued – stock: imputed data for CZ, DE, IE, and NO; received – stock: imputed data for CZ, DK, and DE.

*** BE: data include the number of forms issued and received and still in stock under the bilateral agreement with LU concerning healthcare benefits for (former) frontier workers and their family members, namely forms BL.1, BL.2, and BL.3. More specifically, it concerns 11 forms issued and still in stock for pensioners.

Source: PD S1 Questionnaire 2024

Table 27 - Main flows between the competent Member State and the Member State of residence, pensioners, stock (still in circulation), 2023

Issuing MS	Receiving MS	Number of PDs S1 reported by			
		Issuing MS	% total number issued	Receiving MS	% total number received
United Kingdom	Spain	91 546	18 %	80 240	16 %
United Kingdom	France	55 315	11 %	38 212	8 %
Belgium	France	30 294*	6 %	18 723	4 %
France	Spain	44	0 %	22 113	5 %
The Netherlands	Belgium	13 450	3 %	19 767*	4 %
Belgium	Spain	15 046*	3 %	13 353	3 %
United Kingdom	Cyprus	14 375	3 %	11 177*	2 %

* BE: data 2021. CY: data 2019.

** Based on the top 5 flows from an issuing perspective: UK → ES, UK → FR, BE → FR, BE → ES, and UK → CY; and the top 5 flows from a receiving perspective: UK → ES, UK → FR, FR → ES, NL → BE, and BE → FR.

Source: PD S1 Questionnaire 2024

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

It is interesting to look at the evolution of the number of PDs S1 issued and received (both in terms of stock). *Table 28* shows the change from 2022 to 2023. In the main issuing Member State Germany, an estimated increase of 2.0 % PDs S1 issued is reported, while for the main receiving Member State France there is a growth of 2.9 % PDs S1 received. For most Member States, both the evolution of PDs S1 issued and received are positive.

Table 28 - Number of PDs S1 issued and received, stock (still in circulation), 2022-2023

	Issued			Received		
	2022	2023	% change 2022-2023	2022	2023	% change 2022-2023
BE						
BG	13 370	14 346	7.3 %	7 912	8 454	6.9 %
CZ	109 458	117 959	7.8 %	156 772	165 072	5.3 %
DK ^(e)	21 927	49 201	124.4 %	1 006	1 089	8.3 %
DE ^(e)	443 335	452 175	2.0 %	305 551	324 436	6.2 %
EE	1 523	1 708	12.1 %	5 374	6 673	24.2 %
IE ^(e)	918	3 813	315.4 %	2 211	2 242	1.4 %
EL ^(e)	3 586	3 388	-5.5 %	13 078	11 470	-12.3 %
ES	9 464	9 874	4.3 %	198 502	201 819	1.7 %
FR	11 470	6 569	-42.7 %	437 613	450 174	2.9 %
HR	3 178	3 593	13.1 %	34 951	39 350	12.6 %
IT		17 320			1 958	
CY						
LV	1 822	1 926	5.7 %	1 347	1 406	4.4 %
LT	1 504	1 703	13.2 %	12 125	12 964	6.9 %
LU	288 898	310 472	7.5 %	5 909	5 928	0.3 %
HU	14 229	15 117	6.2 %	84 122	85 603	1.8 %
MT	6 206	13 217	113.0 %	4 984	5 108	2.5 %
NL	237 226	203 689	-14.1 %	38 130	37 350	-2.0 %
AT	166 740	182 095	9.2 %	44 928	44 461	-1.0 %
PL	19 162	20 154	5.2 %	221 865	236 911	6.8 %
PT	4 675	5 201	11.3 %	206	192	-6.8 %
RO	37 094	35 142	-5.3 %	25 294	27 942	10.5 %
SI	10 763	500	-95.4 %	6 671	3 332	-50.1 %
SK	15 629	15 767	0.9 %	80 821	75 677	-6.4 %
FI	15 624	14 761	-5.5 %	841	863	2.6 %
SE	20 166	9 851	-51.2 %	3 014	3 109	3.2 %
IS						
LI	578	531	-8.1 %	8	42	425.0 %
NO ^(e)	42 209	45 745	8.4 %	773	865	11.9 %
CH	195 382	226 398	15.9 %	12 009	10 764	-10.4 %
UK	131 853	236 872	79.6 %	9 167	10 087	10.0 %

* Issued – stock: imputed data for DK (2022), DE, IE (2022), EL (2021), and NO; received – stock: imputed data for DK, DE, EL (2021), and NO (only for insured persons and family members).

Source: PD S1 Questionnaires 2023 and 2024

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

3.1. Sickness benefits in kind

The reimbursement of cross-border healthcare is settled between Member States based on actual expenditure (actual costs) (forms E125/SED S080) or on fixed amounts (average costs) (forms E127/SED S095). In principle, the general method of reimbursement is the refund following the first method, based on actual expenditure. Only by way of exemption, Member States whose legal or administrative structures do not allow for the use of reimbursement based on actual expenditure, can reimburse benefits in kind based on fixed amounts in relation to certain categories of persons.⁸³ These categories consist of family members who do not reside in the same Member State as an insured person and pensioners and members of their family. The Member States that apply fixed amount reimbursements regarding these categories of persons (“lump-sum Member States”) are those listed in Annex 3 of the Implementing Regulation: Ireland, Spain, Cyprus, Portugal, Sweden, Norway, and the United Kingdom. For instance, figures show many pensioners who are insured in the United Kingdom reside in Spain. Consequently, Spain claims a high fixed amount and the United Kingdom refunds a high fixed amount.

It should be noted that the year of treatment does not necessarily correspond to the year when the claim is made or when the reimbursement is settled among debtor and creditor Member States. In the report, figures on the number of claims received and issued by E125/SED S080 or by E127/SED S095 in 2023 are reported even though some of these claims will be contested afterwards, and some claims refer to treatment provided in previous years. Furthermore, the total refund paid and received in 2023 is reported. Again, these amounts do not necessarily correspond to treatment provided in 2023. Moreover, Decision H11 of the Administrative Commission 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.

3.1.1. Overview of the 2023 figures

The spending on cross-border healthcare reflects, to a high extent, the number of PDs S1 issued and received (*Table 29*). France claimed EUR 850.9 million in 2023, Spain received EUR 692.9 million, Germany claimed EUR 676.3 million, and Belgium received EUR 304.0 million (data 2021). Figures on the number of claims issued by Spain clearly show the impact of the application of Annex 3 of the Implementing Regulation.⁸⁴ The highest number of claims were issued by Belgium (2.4 million, data 2021), followed by Germany (1.0 million), Poland (973 000), and France (921 000). For all four Member States, this reflects the rather high number of PDs S1 they received (BE: 303 791 PDs S1 (data 2021); DE: 324 436^(e) PDs S1; PL: 236 911 PDs S1; and FR: 450 174 PDs S1; see *Table 20*). However, Poland received a much lower amount than Spain, France, Germany, and Belgium, namely some EUR 41.0 million.

The amount of reimbursement is also influenced by the type of persons with a valid PD S1. Healthcare spending per person is higher for pensioners than for persons of working age. No distinction between these types of persons regarding the amount of reimbursement is available. Nonetheless, we could estimate this for the ‘lump-sum Member States’ if they provided complete data on both actual and fixed amounts, which is only the case for

⁸³ Article 35 (2) of the Basic Regulation.

⁸⁴ Spain claims the reimbursement of the cost of benefits in kind based on fixed amounts for family members who do not reside in the same Member State as an insured person and pensioners and members of their family.

Sweden in reference year 2023. In this Member State, the amount per claim was EUR 609 for actual expenditure and EUR 3 044 for fixed amounts, which confirms the conclusion above (at least for Sweden) that healthcare spending per person is higher for pensioners than for persons of working age.

Average cross-border healthcare spending for persons residing in a Member State other than the competent Member State amounts to some 0.3 % of total healthcare spending related to benefits in kind (*Table 29*). From the perspective of the Member States of treatment, it is useful to know how high claims are as well, considering that cross-border healthcare might put a pressure on the availability of medical equipment and services. Only Croatia shows an amount claimed higher than 1 % of total healthcare spending related to benefits in kind (1.38 %). For Belgium, the refunds received amount to 0.82 % (data 2021) of the total healthcare spending related to benefits in kind, for France the refunds amount to 0.36 %, and for Germany the refunds amount to 0.23 %.

Table 29 - Cross-border sickness benefits *in kind* for persons living in a Member State other than the competent Member State, *creditor*, 2023

	Actual expenditure		Fixed amounts		Total		
	Number of claims issued (E125)	Refunds received (in €)	Number of claims issued (E127)	Refunds received (in €)	Number of claims issued	Refunds received (in €)	Share in total healthcare spending related to benefits in kind
BE*	2 425 176	304 011 233			2 425 176	304 011 233	0.82 %
BG	4 593	1 974 065			4 593	1 974 065	0.06 %
CZ	354 653	83 129 433			354 653	83 129 433	0.53 %
DK	1 345	1 437 336			1 345	1 437 336	0.01 %
DE**	1 018 977	676 320 022			1 018 977	676 320 022	0.23 %
EE	32 631	2 725 640			32 631	2 725 640	0.20 %
IE			1 965	9 902 451	1 965	9 902 451	0.05 %
EL	11 243	6 121 087			11 243	6 121 087	0.06 %
ES	16 582		193 385	692 907 974	209 967	692 907 974	0.85 %
FR**	920 801	850 860 384			920 801	850 860 384	0.36 %
HR	139 159	53 335 304			139 159	53 335 304	1.38 %
IT							
CY							
LV	1 464	232 144			1 464	232 144	0.01 %
LT	20 427	6 163 691			20 427	6 163 691	0.24 %
LU							
HU	171 101	29 300 230			171 101	29 300 230	0.38 %
MT	1 625	845 298			1 625	845 298	0.11 %
NL	25	27 735 088		10 038	25	27 745 127	0.04 %
AT	209 647	58 478 208			209 647	58 478 208	0.19 %
PL***	972 844	40 963 789	38	40 778	972 882	41 004 567	0.15 %
PT			432 708	6 864 070	432 708	6 864 070	0.05 %
RO	16 022	1 704 753			16 022	1 704 753	0.02 %
SI	61 116	19 886 172			61 116	19 886 172	0.53 %
SK	243 775	44 508 772	9	1 195	243 784	44 509 966	0.84 %
FI****	5 357	1 217 794	5	22 402	5 362	1 240 196	0.01 %
SE	194	118 145	2 338	7 116 223	2 532	7 234 368	0.02 %
IS							
LI	759	546 117			759	546 117	0.00 %
NO*****			306	436 187	306	436 187	0.00 %
CH	151 132				151 132		
UK			5 380		5 380		
Total	6 780 648	2 211 614 705	636 134	717 301 318	7 416 782	2 928 916 023	0.30 %

* BE: data 2021.

** DE, FR, and FI: it concerns the amount claimed, not refunds received.

*** PL: In 2023 the National Health Fund received refunds on the amount of EUR 90 558 449.46. Until 17.05.2023 94.23 % refunds have been assigned to particular forms (EUR 85 329 009.02). Data in the column 'Refunds received (in €)' will change as they have been prepared on the basis of approximately only three quarters of received refunds.

**** FI has claimed actual expenses for all cohorts since the year 2018. The last year, when the claims of fixed amounts were sent, was 2020. The claims of fixed amounts shown are some exceptional, retroactive cases.

*****NO: number of E127 claims issued are the number of monthly fixed costs claims for reference year 2022 NO sent out to the respective EU/ EE countries.

Source: PD S1 Questionnaire 2024

From a debtor's perspective, Germany claimed EUR 424.0 million, the Netherlands refunded EUR 368.2 million, and Austria paid EUR 160.6 million (*Table 30*). For Luxembourg, Belgium, the United Kingdom, and Switzerland, the other main issuing Member States of a PD S1, no reimbursement figures are available.

None of the reporting Member States had to pay more than 1 % of its healthcare spending in kind to persons living abroad as a debtor. Bulgaria shows the highest share with 0.92 %. In total, the impact only amounts to 0.16 %. The impact of cross-border healthcare spending on total spending is also influenced by the average cost of healthcare provided in the competent Member State and the main Member States of residence. For instance, despite the relatively low number of PDs S1 issued by Romania (1.5 % of all PDs S1 issued and still valid, see *Table 20*), and Bulgaria (0.6 %), these Member States show a relatively high budgetary impact compared to other Member States, namely 0.41 % and 0.92 % respectively (*Table 30*).

Table 30 - Cross-border sickness benefits *in kind* for persons living in a Member State other than the competent Member State, *debtor*, 2023

	Actual expenditure		Fixed amounts		Total		
	Number of claims received (E125)	Refunds paid (in €)	Number of claims received (E127)	Refunds paid (in €)	Number of claims received	Refunds paid (in €)	Share in total healthcare spending related to benefits in kind
BE*	228 170		15 229		243 399		
BG	25 785	26 881 912	1 464	4 118 011	27 249	30 999 924	0.92 %
CZ	127 503	24 675 296			127 503	24 675 296	0.16 %
DK	105 598	40 938 114	1 921	5 537 861	107 519	46 475 976	0.21 %
DE**	1 353 177	424 048 708	17 679		1 370 856	424 048 708	0.15 %
EE	3 181	2 190 674	77	361 957	3 258	2 552 631	0.18 %
IE	9 328	4 871 370	43	2 678 849	9 371	7 550 219	0.04 %
EL	16 315	6 868 824	137	1 227 721	16 452	8 096 545	0.08 %
ES***	67 781	354 081	560	445 457	68 341	799 537	0.00 %
FR**	116 714	214 474 019	106	1 488 228	116 820	215 962 247	0.09 %
HR	7 121	5 862 688	37	152 853	7 158	6 015 540	0.16 %
IT							
CY							
LV	7 109	4 854 825	479	3 260 027	7 588	8 114 852	0.48 %
LT	6 261	3 913 295	672	3 435 146	6 933	7 348 441	0.28 %
LU							
HU	33 028	13 554 775			33 028	13 554 775	0.18 %
MT	2 436	791 998	12	25 751	2 448	817 749	0.11 %
NL	455 428	312 817 102	17 562	55 368 976	472 990	368 186 078	0.53 %
AT	632 379	160 220 074	687	343 498	633 066	160 563 572	0.52 %
PL	8 679	23 288 395	4 843	5 291 407	13 522	28 579 802	0.10 %
PT	935	504 407	5 997		6 932	504 407	0.00 %
RO	38 562	38 220 248	807	2 311 258	39 369	40 531 507	0.41 %
SI	38 458	9 611 814			38 458	9 611 814	0.26 %
SK	42 822	17 247 320	298	1 496 377	43 120	18 743 697	0.36 %
FI****	32 600	6 945 000	2 260	7 014 580	34 860	13 959 580	0.09 %
SE	29 049	11 668 810	1 627	12 466 370	30 676	24 135 180	0.07 %
IS							
LI	2 484	1 182 877			2 484	1 182 877	0.00 %
NO			2 271	6 891 351	2 271	6 891 351	0.03 %
CH	298 264		861		299 125		
UK	285 422		103 500		388 922		
Total	3 974 589	1 355 986 624	179 129	113 915 679	4 153 718	1 469 902 304	0.16 %

* BE: data 2021.

** DE, FR, and FI: it concerns the amount claimed, not refunds paid.

*** ES: (refunds actual expenditure) Data are currently only available for the ISM, for 425 claims received; data for 67 356 claims received by the Institution responsible for managing the largest portion of refunds, which is the INSS, are not available.

**** FI can offer only an estimation of number of received E125 forms for treatment received by PDS1 (E106, E109, E120, E121) as well an estimate of the related amount claimed.

Source: PD S1 Questionnaire 2024

3.1.2. Comparison to 2022

In total, the refunds received as a creditor increased by 20.4 % while the refunds paid as a debtor decreased by 0.6 % (Table 31). From the creditor's perspective, the evolution is mainly due to the impact of Spain (increase of EUR 422.3 million or 156.1 %, after a decrease of EUR 503.7 million or 65.1 % from 2021 to 2022). Furthermore, Sweden reports a remarkable growth of EUR 7.1 million or 6 505.4 %. On the contrary, some Member States noted a decrease, such as Norway (-60.0 %), the Netherlands (-47.6 %), and Greece (-29.1 %). The other two main creditors, France (+7.1 %) and Germany (-4.7 %), knew a relatively stable evolution from 2022 to 2023.

From a debtors' perspective, in relative terms Latvia (+86.4 %), Sweden (+72.3 %), and Norway (66.5 %) are the most remarkable growers, while Poland (-62.6 %), Spain (-42.7 %), and Romania (-39.6 %) reported the largest decrease. Of the four main debtors, the strongest evolution can be seen for France (+13.1 %), while the other Member States knew a relatively stable evolution from 2022 to 2023 (DE +3.4 %; NL -1.9 %; AT -1.5 %).

Table 31 - Evolution cross-border sickness benefits *in kind* for persons living in a Member State other than the competent Member State, in €, 2022 vs. 2023

	As creditor				As debtor			
	2022	2023	Change in absolute figures	% change	2022	2023	Change in absolute figures	% change
BE								
BG	1 726 431	1 974 065	247 634	14.3 %	39 632 807	30 999 924	- 8 632 883	-21.8 %
CZ	76 377 757	83 129 433	6 751 676	8.8 %	23 789 509	24 675 296	885 786	3.7 %
DK	1 971 496	1 437 336	- 534 160	-27.1 %	33 006 245	46 475 976	13 469 731	40.8 %
DE**	709 505 752	676 320 022	- 33 185 730	-4.7 %	410 078 767	424 048 708	13 969 941	3.4 %
EE	2 287 770	2 725 640	437 870	19.1 %	2 180 672	2 552 631	371 959	17.1 %
IE	5 862 655	9 902 451	4 039 796	68.9 %	6 050 888	7 550 219	1 499 331	24.8 %
EL	8 638 970	6 121 087	- 2 517 883	-29.1 %	5 477 069	8 096 545	2 619 476	47.8 %
ES	270 561 996	692 907 974	422 345 978	156.1 %	1 394 713	799 537	- 595 175	-42.7 %
FR**	794 293 434	850 860 384	56 566 949	7.1 %	190 922 225	215 962 247	25 040 022	13.1 %
HR	59 322 483	53 335 304	- 5 987 179	-10.1 %	5 700 919	6 015 540	314 622	5.5 %
IT								
CY								
LV	202 597	232 144	29 547	14.6 %	4 352 967	8 114 852	3 761 886	86.4 %
LT	3 881 830	6 163 691	2 281 861	58.8 %	6 654 541	7 348 441	693 900	10.4 %
LU								
HU	19 745 164	29 300 230	9 555 066	48.4 %	9 512 216	13 554 775	4 042 559	42.5 %
MT	475 374	845 298	369 923	77.8 %	525 680	817 749	292 069	55.6 %
NL	52 946 307	27 745 127	- 25 201 181	-47.6 %	375 284 399	368 186 078	- 7 098 321	-1.9 %
AT	65 689 996	58 478 208	- 7 211 788	-11.0 %	162 936 427	160 563 572	- 2 372 855	-1.5 %
PL	41 347 096	41 004 567	- 342 529	-0.8 %	76 357 516	28 579 802	- 47 777 715	-62.6 %
PT	4 034 179	6 864 070	2 829 891	70.1 %	-	504 407	504 407	
RO	810 757	1 704 753	893 996	110.3 %	67 142 006	40 531 507	- 26 610 499	-39.6 %
SI	19 910 239	19 886 172	- 24 066	-0.1 %	9 010 238	9 611 814	601 575	6.7 %
SK	38 554 510	44 509 966	5 955 457	15.4 %	12 288 566	18 743 697	6 455 130	52.5 %
FI**	860 029	1 240 196	380 166	44.2 %	14 117 142	13 959 580	- 157 563	-1.1 %
SE	109 522	7 234 368	7 124 846	6 505.4 %	14 008 631	24 135 180	10 126 550	72.3 %
IS								
LI	412 897	546 117	133 220	32.3 %				
NO	1 090 472	436 187	- 654 285	-60.0 %	710 541	1 182 877	472 336	66.5 %
CH					7 266 487	6 891 351	- 375 135	-5.2 %
UK								
Total*	2 180 619 716	2 624 904 790	444 285 074	20.4 %	1 478 401 170	1 469 397 896	-9 003 273	-0.6 %

* Total based on data from the Member States that reported data for both 2022 and 2023.

** DE, FR, and FI: it concerns the amount claimed instead of received (creditor) or paid (debtor).

Source: PD S1 Questionnaire 2023 and 2024

3.2. Sickness benefits in cash

Only seven Member States (Luxembourg, Hungary, Malta, Austria, Sweden, Liechtenstein, and Switzerland) have reported figures on healthcare spending related to the export of sickness benefits in cash for persons living in a Member State other than the competent Member State (*Tables 32 and 33*).

Luxembourg paid over EUR 130 million to some 17 200 persons who work in Luxembourg and reside in another Member State and who were granted sickness benefits in cash for a short period in 2023. Most of them reside in France, Germany, and Belgium. For Hungary, Malta, and Liechtenstein the payment of sickness benefits in cash to persons living in another Member State is minimal, as for each of these Member States it concerns less than EUR 700 000 for less than 600 persons. Furthermore, Austria exported EUR 32.5 million *Krankengeld* (sickness benefit in cash) to 11 500 persons residing in another Member State and EUR 11.5 million *Wochengeld* (maternity benefit) to 1 800 persons residing in another Member State. Most of these persons reside in Hungary, Germany, Slovakia, Slovenia, and Czechia. Sweden exported EUR 2.0 million *Sjukpenning* (sickness benefit) to around 230 persons, most of whom are residing in Poland. Finally, the export of sickness benefits in cash by Switzerland amounts to some EUR 10.7 million for 1 900 persons, of which almost 70 % goes to persons residing in France. The above figures show that most of the cross-border healthcare expenditure in cash is related to cross-border workers.

Table 32 - Export of sickness benefits *in cash* for persons living in a Member State other than the competent Member State, 2023

Name	LU*	HU	MT	AT**					SE***						LI	CH	
				Kranken- geld	Wochen- geld	Rehabilitations- geld	Wiedereing- liederungsgeld	Unterstützungs- leistung	Graviditets- penning	Merkostnads- ersättning	Omvårdnads- bidrag	Sjukpenning	Tillfällig föräldrapenning	Rehaber- sättning			
BE	3 522	9	0	<5	<5	0	0	0	0	0	0	0	<5	<5	0	0	<5
BG	<5	0	0	13	0	<5	0	24	0	0	0	<5	0	0	0	0	0
CZ	56	<5	0	1 470	235	5	6	25	0	0	0	0	<5	0	<5	0	0
DK	0	0	0	0	0	<5	0	0	0	<5	0	14	9	<5	0	0	0
DE	4 119	14	<5	1 108	411	35	89	12	0	<5	<5	8	<5	0	<5	8	8
EE	0	0	0	<5	0	0	0	0	0	0	0	<5	<5	0	0	0	0
IE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EL	0	0	0	9	0	0	0	<5	0	0	0	<5	<5	0	0	0	0
ES	8	0	0	<5	0	<5	0	0	0	<5	0	<5	<5	0	0	0	0
FR	9 081	0	0	<5	<5	0	0	0	0	0	0	<5	0	0	0	0	1 361
HR	<5	<5	0	179	<5	<5	0	124	0	0	<5	<5	<5	0	0	0	0
IT	<5	<5	<5	18	13	<5	0	<5	0	0	0	<5	0	0	0	0	504
CY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LV	<5	0	0	0	0	0	0	<5	0	0	0	0	0	0	0	0	0
LT	0	0	0	<5	0	0	0	0	0	0	0	9	0	0	0	0	0
LU	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HU	<5	0	0	1 854	679	22	15	108	0	0	0	0	<5	0	0	0	0
MT	<5	0	0	0	0	0	0	<5	0	0	0	0	0	0	0	0	0
NL	76	0	0	0	<5	0	0	0	0	0	0	<5	<5	0	0	0	0
AT	<5	14	0	0	0	0	0	0	<5	0	0	0	<5	0	<5	0	0
PL	161	<5	0	1 008	7	8	0	26	0	0	<5	162	39	0	0	0	0
PT	34	0	0	0	0	0	0	0	0	<5	0	<5	0	0	0	0	0
RO	34	19	0	33	<5	<5	0	163	0	0	0	<5	0	0	0	0	0
SI	0	0	0	1 546	253	7	27	12	0	0	0	0	0	0	0	0	0
SK	61	518	0	4 278	173	13	23	2 887	0	0	0	7	<5	0	<5	0	0
FI	0	0	0	0	0	0	0	0	<5	0	0	10	0	0	0	0	0
SE	<5	<5	0	<5	0	0	0	0	0	0	0	0	0	0	0	0	0
IS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LI	0	0	0	<5	<5	0	0	0	0	0	0	0	0	0	0	0	0
NO	0	0	0	0	0	0	0	0	0	0	0	5	<5	0	0	0	0
CH	<5	0	0	9	19	0	<5	0	0	0	0	0	0	0	0	0	0
UK	0	0	0	0	0	<5	0	0	0	0	0	0	0	0	0	0	<5
Total	17 171	581	<5	11 540	1 806	104	162	3 385	<5	5	<5	232	70	<5	10	1 876	

* LU reported '<5' itself. Therefore, the sum (17 152) is not equal to the total reported (17 171).

** Krankengeld: sickness benefit in cash; Wochengeld: maternity benefit; Rehabilitationsgeld: rehabilitation benefit; Wiedereingliederungsgeld: reintegration benefit after a long-term illness; Unterstützungsleistung: daily support benefit self-employed persons.

*** Graviditetspenning: Pregnancy allowance; Merkostnadsersättning: Additional expenses allowance; Omvårdnadsbidrag: Carer's allowance; Sjukpenning: Sickness benefit; Tillfällig föräldrapenning: Temporary parental allowance; Rehabiliteringsersättning: Rehabilitation allowance.

Source: PD S1 Questionnaire 2024

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 €, 2023

Name	LU	HU	MT	AT*					SE**					LI	CH	
				Kranken- geld	Wochen- geld	Rehabilitations- geld	Wiedereing- liederungsgeld	Unterstützungs- leistung	Graviditets- penning	Merkostnads- ersättning	Omvårdnads- bidrag	Sjukpenning	Tillfällig föräldrapenning			Rehaber- sättning
BE	28 403 749	7 603	0	4 685	35 475	0	0	0	0	0	0	4 694	569	0	0	54 762
BG	4 344	0	0	17 254	0	27 786	0	62 282	0	0	0	9 019	0	0	0	0
CZ	386 389	7 172	0	4 651 747	1 291 391	43 063	30 487	80 727	0	0	0	0	3 743	0	60 540	0
DK	0	0	0	0	0	7 650	0	0	0	809	0	69 718	7 886	2 761	0	0
DE	31 360 997	14 967	1 268	4 400 528	3 013 392	391 018	411 087	32 245	0	3 234	1 443	66 447	237	0	32 838	102 355
EE	0	0	0	12	0	0	0	0	0	0	0	13 112	1 138	0	0	0
IE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EL	0	0	0	35 430	0	0	0	3 500	0	0	0	13 025	2 992	0	0	0
ES	92 567	0	0	1 817	0	4 367	0	0	0	4 995	0	10 654	275	0	0	0
FR	67 037 992	0	0	27 556	9 372	0	0	0	0	0	0	2 530	0	0	0	7 403 615
HR	2 561	1 189	0	756 941	16 253	82 798	0	305 205	0	0	4 812	4 204	2 153	0	0	0
IT	73 123	336	15	45 295	115 389	13 793	0	272	0	0	0	28 208	0	0	0	3 029 197
CY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LV	2 186	0	0	0	0	0	0	4 757	0	0	0	0	0	0	0	0
LT	0	0	0	1 530	0	0	0	0	0	0	0	58 275	0	0	0	0
LU	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HU	30 802	0	0	5 449 344	4 015 790	285 957	74 832	243 347	0	0	0	0	891	0	0	0
MT	59 695	0	0	0	0	0	0	29	0	0	0	0	0	0	0	0
NL	977 147	0	0	0	14 037	0	0	0	0	0	0	7 547	682	0	0	0
AT	89 384	18 350	0	0	0	0	0	0	1 843	0	0	0	2 022	0	35 818	0
PL	1 203 229	148	0	3 939 903	69 413	110 226	0	68 331	0	0	2 887	1 530 347	48 515	0	0	0
PT	158 344	0	0	0	0	0	0	0	0	1 386	0	1 960	0	0	0	0
RO	188 281	20 595	0	68 836	11 586	10 455	0	417 899	0	0	0	4 056	0	0	0	0
SI	0	0	0	5 011 758	1 597 079	101 510	117 394	38 160	0	0	0	0	0	0	0	0
SK	358 706	579 063	0	8 079 282	1 126 808	208 657	85 026	9 363 115	0	0	0	53 141	1 419	0	7 950	0
FI	0	0	0	0	0	0	0	0	745	0	0	113 795	3 204	0	0	0
SE	9 289	796	0	17 288	0	0	0	0	0	0	0	0	0	0	0	0
IS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LI	0	0	0	5 994	32 598	0	0	0	0	0	0	0	0	0	0	0
NO	0	0	0	0	2	0	0	0	0	0	0	37 608	4 321	0	0	0
CH	127 368	0	0	5 652	154 082	0	9 020	0	0	0	0	0	0	0	0	0
UK	0	0	0	0	0	6 810	0	0	0	0	0	0	0	0	0	60 893
Total	130 566 156	650 218	1 283	32 520 852	11 502 667	1 294 090	727 846	10 619 869	2 588	10 424	9 142	2 028 340	80 047	2 761	137 146	10 650 822

* Krankengeld: sickness benefit in cash; Wochengeld: maternity benefit; Rehabilitationsgeld: rehabilitation benefit; Wiedereingliederungsgeld: reintegration benefit after a long-term illness; Unterstützungsleistung: daily support benefit self-employed persons.

** Graviditetspenning: Pregnancy allowance; Merkostnadsersättning: Additional expenses allowance; Omvårdnadsbidrag: Carer's allowance; Sjukpenning: Sickness benefit; Tillfällig föräldrapenning: Temporary parental allowance; Rehabiliteringsersättning: Rehabilitation allowance.

Source: PD S1 Questionnaire 2024

4. Alternative procedures

Several Member States mention that alternative procedures to the S1 route exist for persons residing in a Member State other than the competent Member State. Between the Nordic countries (Denmark, Finland, Sweden, Norway, and Iceland) there is a Nordic Convention on Social Security. As a result, PDs S1 are not exchanged when persons move between these countries.⁸⁵

Finland was able to provide some quantification in this regard. In 2023, it concerned 862 forms issued according to the Nordic convention (of which 750 to Sweden, 67 to Norway, 42 to Denmark, and less than five to Iceland). Around 48 % of these forms were issued to insured persons and their family members, while 52 % were issued for pensioners, pension claimants, and their family members. Finland also mentioned an agreement with the United Kingdom, according to which refunds are not paid of such expenses which occurred based on residence. The number of forms under this agreement amounts to 170, of which 64 for insured persons and their family members, and 106 for pensioners and their family members.

Denmark has a waiver agreement with several EU/EEA countries, including Ireland, Portugal, and the United Kingdom.

Luxembourg and Belgium have had a bilateral agreement in place covering (former) frontier workers and their family members since June 1995. Forms BL1 are used instead of PD S1/form E106 for a frontier worker, and forms BL2 are used instead of PD S1/E121 for pensioners. These data are included in the tables for both Belgium (data 2021) and Luxembourg. For Belgium a separate quantification for this bilateral agreement was available for reference year 2021, which is explained in a footnote of the relevant tables.

Furthermore, Luxembourg and France have a particular procedure concerning interim workers insured in Luxembourg and residing in France. Because of the large number of interim workers and the existence of many different limited insurance periods for these interim workers, the workload would be too heavy to systematically issue PDs S1. Therefore, a PD S1 is only established for periods where benefits in kind are provided to the interim worker or his/her family member in France. Several thousands of possible PDs S1 are thus missing in the data provided, namely the information on “insured persons” for France. This procedure is still in place, even after the Luxembourgish EESSI-ready declaration.

Finally, Spain reports an alternative procedure with Switzerland. Pensioners under Swiss legislation - having Swiss or Spanish nationality - who move their residence to Spain, can choose to be covered by the Swiss sickness insurance fund (which will issue a E121CH or S1 form for getting healthcare coverage in Spain), or remain exempt from insurance affiliation in Switzerland. When the latter occurs, the pensioner must sign a special healthcare agreement with the Social Security General Treasury for himself and the members of his family. This peculiarity, with respect to the rest of pensioners from other Member States, has its origin in point 17 of the Final Protocol of the Bilateral Social Security Agreement between Switzerland and Spain.

⁸⁵ For more detailed figures for the Nordic countries see the report “Statistics on Patient Mobility in the Nordic Countries”: <https://norden.diva-portal.org/smash/get/diva2:1148529/FULLTEXT01.pdf>

5. Fraud and error

While most of the Member States did not fill out the question on fraud or error, or mentioned that no information is available,⁸⁶ several Member States did not find any inappropriate use (HR, DK, FI, LI, MT, NO, RO, and UK). Only five Member States reported cases of fraud or error (EE, FR, LT, PL, and ES), of which three were able to quantify their occurrence (*Table 34*).

Spain mentioned fraud cases of pensioners insured in another Member State who were not registered with the competent institution in Spain although they had received a PD S1. As a result, these pensioners are currently insured in Spain solely based on their residence. In case healthcare is provided to these pensioners, no claim of reimbursement will be sent by Spain although it is not the competent Member State according to the Coordination Regulations. Another instance of fraud is 'covered actual residence' of persons who do not wish to formalise their change of residence and continue to use an EHIC instead of a PD S1. Finally, Spain noted cases of error as it detected many cases of teleworkers who wish to have a PD S1, without having processed the PD A1 of maintenance of applicable legislation.

Poland reported several fraud cases per competent institution concerning persons receiving a PD S1 and subsequently cancelling their registration as an employee without notifying the institution, hoping to continue receiving benefits in another EU/EFTA country based on a PD S1. Furthermore, a lot of fraud cases (although it is not known whether it was intentional) are reported in which the person with a registered PD S1 does not inform the institution of significant changes affecting the continued use of entitlements, e.g. change of residence, termination of work abroad, obtaining a new and different title to health insurance, etc. Regarding error, Poland provided many different occurrences, for instance forms containing errors, or issuing a PD S1 for only a few days.

Of the Member States able to quantify the inappropriate use, the number of cases remains low in Estonia (8 cases of non-notification of the institutions, for EUR 4 441) and in France (one case of a false PD S1) (see *Table 34*). However, in Lithuania, it concerns 1 030 error cases for EUR 670 454. Lithuania provided an extensive overview of cases of fraud and error. It issued a total of 136 contestations of invoices which were received for healthcare provided to insured persons residing in another Member State for an amount of EUR 48 464. Furthermore, Lithuania received 894 contestations of invoices for an amount of EUR 621 990. Some main reasons were documents not registered in the country of residence, the period of benefits is not covered by the entitlement document, unknown entitlement documents, expired entitlement documents, and a treatment period which is not/partially included in the validity period of the entitlement of the document.

In terms of methodology, Lithuania indicated one employee working with the received invoices and one with the issued invoices and mentioned that investigations of these invoices are performed on a regular basis. Estonia reported that 12 audits or investigations took place, and this work is done by one person working full time.

Table 34 - Number of cases of fraud and error identified regarding PD S1, 2023

	Reason	Number of cases	Amount involved (in €)
EE	Non-fulfilment of the obligation to notify Estonian Health Insurance Fund, which is why the person had an unjustified insurance period in our database.	8	4 441
FR	False S1 produced by an insured person	1	n.a.
LT	* Error concerning received invoices (issued contestations) (for example Documents not registered in the country of residence, period of benefits not covered by the entitlement document)	136	48 464
	* Error concerning the issued invoices (received contestations) (for example Unknown entitlement documents, expired validity of entitlement documents, treatment period not/partially included in the validity period of the entitlement document)	894	621 990
	Total	1 030	670 454

Source: PD S1 Questionnaire 2024

⁸⁶ It concerns AT, BG, CZ, DE, EL, HU, IE, IT, LV, LU, PT, SK, SI, SE, CH, and NL.

Annex I Additional tables

Table a16 - Number of PDs S1 issued to insured persons of working age, breakdown by receiving Member State, stock, 2023

		Issuing Member State																											Total					
		BE*	BG	CZ ^(e)	DK	DE ^(e)	EE	IE ^(e)	EL	ES	FR	HR	IT	CY*	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE		IS*	LI	NO ^(e)	CH	UK
Member State of residence	BE	<5	350	380	221	20 431	120	279	142	298	2 208	66	579	89	136	50	56 573	264	103	38 602	83	699	230	1 274	134	238	219	85	25	0	804	374	350	103 513
	BG	447		155	348	914	129	0	5	<5	9	7	15	5	<5	14	93	6	74	521	888	118	<5	99	<5	328	125	13	0	0	58	672	75	4 000
	CZ	405	31		103	0	5	0	8	20	6	21	51	44	7	<5	1 198	48	22	1 694	12 173	542	<5	70	5	2 172	46	96	18	33	0	507	105	19 435
	DK	56	9	0		0	11	0	5	<5	<5	8	20	0	9	5	28	10	21	29	<5	26	<5	39	<5	7	27	<5	<5	0	0	28	29	387
	DE	9 515	368	0	15 026		80	0	602	489	209	319	861	15	49	75	69 832	306	4 885	38 125	17 420	4 788	129	635	19	220	210	47	17	155	0	58 905	831	224 132
	EE	12	<5	19	59	236		6	<5	0	0	<5	6	0	44	21	10	<5	8	101	<5	15	<5	11	<5	<5	6 075	196	0	0	515	12	34	6 617
	IE	35	5	<5	90	31	<5		<5	7	7	14	11	0	0	0	63	0	75	21	<5	179	0	26	<5	<5	6	0	0	0	0	27	0	575
	EL	94	98	8	66	239	0	0	58	6	8	8	25	321	<5	<5	112	0	170	40	30	43	<5	764	<5	7	69	11	<5	8	7	115	197	2 259
	ES	988	50	45	259	1 548	7	15	8		501	18	250	10	7	<5	477	28	1 651	486	20	377	1 296	331	5	34	123	66	10	0	219	503	3 641	11 150
	FR	82 835	79	52	124	38 125	15	38	38	3 213		52	560	9	8	14	143 622	48	869	371	42	479	707	274	14	38	81	34	8	<5	85	96 168	2 791	332 494
	HR	184	17	27	142	2 281	<5	<5	<5	6	<5		389	38	<5	5	93	43	677	172	4 161	27	0	24	13	429	31	24	0	10	75	613	44	7 150
	IT	652	104	<5	217	40	7	7	42	76	1 535	67		0	7	18	839	54	581	181	540	492	29	421	27	68	91	16	<5	14	<5	1 120	486	7 687
	CY	9	13	<5	7	0	<5	<5	34	<5	<5	0	5		<5	6	7	<5	23	<5	<5	22	0	56	0	5	5	<5	0	0	0	40	305	553
	LV	53	0	7	562	230	55	0	0	0	<5	0	0	<5		7	111	<5	199	29	41	14	0	<5	<5	16	550	86	0	0	19	52	16	1 799
	LT	94	<5	12	2 202	2 739	77	131	<5	6	12	6	22	<5	234		33	<5	100	1 280	6	127	<5	8	0	12	567	553	<5	0	6 466	40	68	5 464
	LU	2 807	27	51	33	618	<5	5	19	23	74	11	19	<5	5	<5		10	17	35	7	46	52	65	0	8	8	<5	<5	0	0	41	14	3 333
	HU	272	21	133	458	10 669	6	21	6	18	7	111	27	8	<5	<5	153		92	1 491	45 458	124	0	1 453	7	2 744	50	67	<5	14	69	949	68	53 608
	MT	14	0	<5	<5	45	<5	5	<5	6	0	0	6	0	0	0	20	<5		10	<5	13	0	0	0	0	<5	0	0	0	<5	27	98	205
	NL	25 606	45	73	182	1 409	24	57	27	93	40	37	187	7	9	5	1 928	29	453	7 462	47	161	36	187	6	47	138	34	14	0	132	774	342	37 920
	AT	197	94	251	40	14 558	12	7	25	55	21	87	376	10	15	5	123	298	555	92		302	18	1 822	14	1 640	45	24	<5	112	37	433	135	6 552
	PL	5 212	26	15 167	19 265	136 458	38	530	5	38	47	39	97	99	10	71	2 549	43	183	18 918	5 427		0	233	13	469	795	2 816	23	12	30 451	1 738	499	58 665
	PT	355	5	0	245	8	<5	<5	0	585	153	<5	153	6	<5	<5	874	0	74	264	13	41		136	0	<5	19	19	<5	7	0	443	227	3 633
	RO	3 896	101	300	4 696	6 944	9	<5	16	8	75	19	79	110	0	<5	2 196	472	685	3 044	11 685	484	0		<5	705	371	332	0	0	279	2 274	18	31 280
	SI	37	9	16	<5	58	0	<5	6	6	0	474	2 341	11	<5	<5	9	41	56	104	14 197	24	0	10		114	<5	<5	0	15	<5	105	11	17 584
	SK	408	13	15 317	220	8 276	<5	78	6	52	55	20	142	6	6	<5	966	8 535	45	1 028	30 171	233	<5	55	<5	<5	67	323	13	108	685	1 775	80	44 339
	FI	31	8	8	0	38	56	0	0	<5	8	11	19	0	<5	5	7	<5	25	5	5	26	6	21	0	5		0	<5	0	<5	23	15	284
	SE	141	10	<5	0	218	15	0	14	5	18	14	33	<5	<5	<5	45	21	65	69	17	182	<5	85	0	14	744		<5	0	0	42	45	1 594
	IS	<5	0	0	0	<5	<5	0	0	0	0	0	<5	0	0	0	0	0	0	0	0	10	0	0	0	0	5	0		0	6	<5	<5	28
LI	0	0	0	<5	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	84	1	0	0	0	<5	0	0	0	0	0	0	0	87	
NO	47	7	0	0	0	7	0	<5	0	<5	6	0	0	0	5	<5	119	11		11	55	0	47	0	5	40	0	<5	0		17	24	406	
CH	334	37	34	65	2 591	9	6	12	72	23	44	471	<5	<5	<5	214	22	90	85	344	127	21	88	13	26	37	13	6	5	20		62	2 226	
UK	440	22	27	778	206	<5	0	<5	78	48	13	97	<5	<5	<5	200	12	828	56	6	226	<5	146	5	10	77	12	7	0	199	160		3 235	
Total	135 181	1 554	32 095	45 414	248 917	700	1 195	1 094	5 174	5 075	1 476	6 850	797	565	327	282 382	10 310	12 745	114 329	142 876	10 003	2 547	8 381	293	9 372	10 626	4 875	165	494	40 134	167 979	10 612	992 196	

* BE: data 2021. CY: data 2019. IS: data 2018.

** Imputed data for CZ, DE, IE, and NO.

*** BE and SK reported <5 PDs S1 each for which they were both the issuing Member State and the Member State of residence. EL reported 58 PDs S1 each for which EL was both the issuing Member State and the Member State of residence. NL reported 7 462 PDs S1 for which it was both the issuing Member State and the Member State of residence.

Source: PD S1 Questionnaire 2024

Table a17 - Number of PDs S1 issued to pensioners, breakdown by receiving Member State, stock, 2023

		Issuing Member State																												Total				
		BE*	BG	CZ ^(e)	DK	DE ^(e)	EE	IE ^(e)	EL	ES	FR	HR	IT	CY*	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	IS*		LI	NO ^(e)	CH	UK
Member State of residence	BE	<5	573	15	14	3 365	7	27	69	143	198	6	187	10	11	11	4 812	35	<5	13 450	27	143	90	787	0	31	23	24	0	0	73	114	879	21 648
	BG	134		37	6	1 022	16	10	70	128	<5	0	132	<5	<5	10	13	5	<5	227	66	22	7	14	0	14	23	16	0	0	23	63	1 738	2 718
	CZ	57	147		<5	0	<5	0	6	18	0	15	68	<5	<5	6	18	11	0	242	183	159	<5	74	0	2 960	9	29	<5	0	0	98	394	4 511
	DK	13	13	0		0	0	0	10	7	0	<5	5	0	<5	<5	58	<5	0	122	3	18	14	19	0	<5	25	0	<5	0	0	10	133	464
	DE	4 087	4 937	0	124		134	0	827	530	14	393	730	7	271	349	7 447	945	20	12 174	3 477	4 783	228	5 781	0	284	177	167	14	5	0	4 421	4 216	56 542
	EE	5	<5	0	<5	40		<5	0	5	0	0	<5	0	36	14	0	<5	0	15	<5	<5	0	<5	0	0	385	26	<5	0	31	<5	61	564
	IE	65	79	8	0	186	21		0	36	<5	13	9	0	169	219	11	37	0	281	7	356	12	151	0	29	9	18	0	0	5	34	67	1 626
	EL	2 128	181	18	30	3 926	9	<5	186	13	<5	0	76	300	<5	<5	12	<5	0	1 122	102	53	<5	86	0	<5	81	170	0	0	47	336	5 069	9 967
	ES	15 046	1 688	88	177	13 875	78	881	<5		44	11	1 974	<5	62	129	328	170	7	13 353	368	418	478	3 240	0	37	1 539	1 167	49	<5	1 777	932	91 546	132 847
	FR	30 294	887	41	32	4 798	10	299	32	930		8	818	<5	31	24	8 995	83	8	7 652	119	319	943	1 815	0	26	220	380	<5	0	204	5 757	55 315	114 703
	HR	82	8	32	10	12 288	<5	<5	<5	<5	0		205	0	5	0	16	9	0	486	1 763	6	0	<5	0	13	6	92	0	0	32	458	251	3 422
	IT	5 884	727	<5	25	444	18	<5	32	178	20	63		0	27	15	375	81	16	1 549	265	354	20	4 923	0	49	112	102	0	<5	<5	940	4 621	20 398
	CY	51	159	<5	<5	76	<5	<5	101	<5	0	0	47		7	<5	0	<5	7	136	32	11	0	72	0	0	15	30	0	0	7	32	14 375	15 087
	LV	<5	0	0	<5	53	16	<5	<5	0	0	0	6	0		32	0	0	0	15	45	<5	0	0	0	0	9	7	0	0	<5	<5	85	226
	LT	8	<5	<5	<5	126	22	8	0	6	0	0	5	0	155		6	0	0	34	<5	16	0	0	0	<5	11	8	0	0	19	5	121	403
	LU	1 812	94	0	<5	211	<5	0	9	21	5	<5	67	<5	<5	<5		7	0	142	8	17	171	78	0	<5	20	6	<5	0	0	14	161	2 648
	HU	460	23	21	<5	4 702	7	26	<5	22	<5	51	87	<5	5	0	24		0	1 464	1 053	33	<5	3 987	0	306	27	112	0	0	30	576	692	8 939
	MT	55	14	0	<5	103	0	45	0	<5	0	0	34	0	<5	<5	0	<5		170	13	6	<5	<5	0	<5	10	44	0	0	<5	37	3 227	3 630
	NL	3 027	98	<5	<5	2 011	6	<5	29	25	33	<5	65	0	<5	8	72	16	0		21	51	27	53	0	5	27	18	0	0	38	79	690	4 359
	AT	244	1 126	123	<5	10 099	8	16	16	55	0	106	456	<5	14	20	69	666	0	698		279	<5	1 364	0	496	35	57	<5	<5	26	386	994	7 103
	PL	452	41	99	11	1 420	0	34	7	82	<5	<5	170	<5	11	57	74	17	<5	1 085	152		<5	10	0	20	23	132	<5	0	60	79	1 060	3 496
	PT	2 118	14	0	10	17	7	0	<5	410	44	<5	681	0	<5	0	1 483	10	0	3 478	57	13		11	0	<5	168	750	<5	0	0	771	7 520	17 552
	RO	152	6	<5	<5	597	0	8	9	241	6	<5	481	<5	0	0	30	481	0	219	116	<5	6		0	<5	<5	19	0	0	6	66	169	2 018
	SI	42	8	<5	0	79	0	0	0	<5	0	848	219	<5	<5	<5	0	<5	0	56	672	<5	0	15		5	6	16	0	0	0	114	138	2 154
	SK	20	15	2 732	<5	230	0	8	0	12	<5	<5	25	0	0	0	9	62	0	88	371	19	0	18	0	<5	<5	10	0	0	5	56	140	855
	FI	17	19	0	0	132	186	<5	<5	14	<5	0	6	<5	11	<5	5	6	0	59	8	7	<5	21	0	<5	<5	0	0	0	0	49	107	530
	SE	68	122	<5	0	997	33	0	69	12	0	13	18	<5	9	19	15	42	0	675	34	154	9	149	0	<5	330		0	0	0	53	495	2 325
	IS	0	<5	<5	0	<5	0	0	0	<5	0	0	<5	0	<5	<5	6	0	0	<5	0	<5	<5	<5	0	0	0	0	0	0	<5	<5	17	42
LI	0	0	0	0	6	0	0	0	0	0	0	<5	0	0	0	0	<5	0	<5	21	0	0	0	0	0	0	0	0	0	0	0	0	25	
NO	22	19	0	0	99	0	<5	<5	<5	0	0	<5	0	<5	7	0	<5	0	128	7	10	0	14	0	<5	36	0	<5	0		9	169	435	
CH	575	81	13	7	1 544	<5	<5	9	54	<5	6	391	<5	<5	7	50	12	0	413	141	28	38	47	0	9	47	24	<5	0	8		777	2 728	
UK	400	347	27	<5	609	33	0	16	66	252	<5	84	10	177	142	55	79	0	978	42	797	167	145	0	81	89	49	<5	0	177	119		4 133	
Total	67 324	11 432	3 275	477	63 057	623	1 384	1 507	3 022	630	1 549	7 054	359	1 034	1 088	24 000	2 793	66	60 513	9 179	8 087	2 227	22 883	0	4 395	3 466	3 475	78	12	2 578	15 615	195 227	448 115	

* BE: data 2021. CY: data 2019. IS: data 2018.

** Imputed data for CZ, DE, IE, and NO.

*** BE and SK reported <5 PDs S1 for which they were both the issuing Member State and the Member State of residence. EL reported 186 for which EL is both the issuing Member State and the Member State of residence.

Source: PD S1 Questionnaire 2024

Table a18 - Number of claims received by the competent Member State for the payment of healthcare received abroad by persons with a PD S1, 2023

	Competent Member State																													Total		
	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
BE		1 146	711	823	15 802	371	578	2 201	6 686	40 360	49			516	172	0	1 224	72	154 132	503	2 366	0	0	761	1 663	0	577	0	0	1 337	15 216	247 266
BG	170		222	99	1 749	53	18	234	317	191	<5		15	41	0	5	24	265	893	0	0	53	17	45	0	38	0	0	198	3 708	8 357	
CZ	365	410		498	265 621	27	344	225	3 257	1 034	205		45	52	0	235	37	2 798	82 759	3 112	<5	324	202	28 039	0	634	261	0	2 866	4 967	398 321	
DK	7	37	14		912	<5	0	<5	0	11	<5		6	<5	0	5	7	103	<5	0	0	0	<5	5	0	0	0	0	13	0	1 128	
DE	18 240	15 772	5 927	45 599		1 430	2 216	9 848	17 538	31 953	3 023		3 907	4 043	0	6 476	775	212 577	184 253	7	0	13 200	692	1 986	0	6 524	1 110	0	154 599	33 468	775 163	
EE	0	0	0	515	1 004		<5	121	0	73	0		1 007	424	0	30	39	163	22	7	0	0	0	7	0	1 534	0	0	14	0	4 964	
IE	0	87	9	0	454	10		9	1 828	74	9		177	163	0	0	0	0	11	1 334	123	0	0	13	6	0	0	8	<5	0	4 317	
EL	952	272	25	37	6 788	<5	0		386	175	<5		5	5	0	12	7	432	207	40	0	0	<5	10	0	615	<5	0	135	5 443	15 552	
ES	14 092	2 915	103	1 946	16 388	49	152	61		961	10		62	121	0	12	24	15 480	1 198	1 107	1 382	798	<5	32	1 917	179	29	2 243	749	113 579	175 590	
FR	108 444	923	248	1 760	106 765	127	1 055	908	14 471		40		104	72	0	106	349	10 492	1 093	0	0	2 674	47	95	0	2 843	6	0	124 109	165 910	542 641	
HR	530	<5	91	191	73 241	5	34	0	0	875			12	8	0	71	353	1 169	38 962	0	0	20	33 852	716	0	284	15	0	1 666	909	153 007	
IT	4 240	634	348	334	26 325	25	50	480	2 479	5 389	173		97	40	0	175	81	1 185	4 719	1 445	0	4 023	673	109	0	365	17	0	1 446	0	54 852	
CY	0	49	<5	18	235	0	<5	0	<5	0	0		0	<5	0	0	<5	0	20	5	0	0	0	<5	8	7	0	20	31	7 095	7 499	
LV	0	0	0	223	460	39	<5	0	<5	20	0			77	0	0	41	48	19	0	0	0	0	9	0	21	0	0	69	163	1 191	
LT	252	5	26	2 836	5 213	194	340	8	204	64	<5		868		0	9	81	770	12	0	0	0	<5	<5	0	571	0	0	23	258	11 741	
LU	6 370	124	71	102	1 401	2	0	164	164	2 611	22		28	12		46	<5	182	38	151	0	0	23	6	0	0	0	0	80	161	11 762	
HU	1 050	44	205	334	32 284	34	91	44	180	1 602	259		18	<5	0		17	3 480	77 495	0	0	8 856	226	2 785	0	907	10	0	2 262	0	132 186	
MT	0	12	5	17	222	0	152	0	8	105	0		<5	0	0	0		100	18	0	0	0	0	0	0	298	0	0	86	0	1 027	
NL	66 419	<5	0	0	0	0	0	0	8	0	0		0	0	0	0	0	0	9	0	0	0	0	0	0	0	0	0	55	<5	66 494	
AT	1 830	3 596	1 599	984	174 893	29	340	947	2 557	3 381	1 261		138	170	0	4 510	63	4 824		0	0	8 699	1 625	4 998	0	962	557	0	1 080	9 017	228 060	
PL	14 418	269	63 313	49 834	544 482	54	3 412	327	3 204	4 626	127		120	992	0	380	366	54 162	45 874		17	42	105	1 707	0	10 749	20	0	2 241	13 711	814 552	
PT	1 385	16	0	0	14 973	<5	47	0	7 623	600	0		<5	<5	0	0	<5	28	40	38		0	0	0	329	1 363	<5	0	22	0	26 471	
RO	0	<5	82	203	0	<5	5	43	<5	0	<5		0	0	0	337	35	383	3 370	227	0		0	272	0	191	<5	0	394	64	5 617	
SI	77	23	47	18	4 570	0	7	32	466	180	1 735		22	5	0	135	13	156	40 318	46	0	0		204	0	109	<5	0	345	287	48 799	
SK	834	44	54 177	552	34 311	<5	433	14	571	468	87		5	7	0	19 026	37	2 239	146 216	0	0	169	153		0	1 126	359	0	4 738	1 003	266 571	
FI	0	42	12	0	2 013	615	32	44	<5	194	<5		66	29	0	20	18	547	116	0	0	13	0	12		0	<5	0	456	0	4 236	
SE	7	80	11	0	1 352	23	0	43	1 511	117	17		11	21	0	41	<5	703	23	418	22	0	0	7	0		<5	0	33	472	4 914	
IS	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	<5	0	<5	0	0	0	0	0	0	0	0	0	0	<5	
LI	0	0	0	0	265	0	0	0	0	0	0		0	0	0	0	0	<5	374	<5	0	0	0	0	0	0	0	0	0	0	642	
NO	0	5	0	0	104	0	0	<5	<5	<5	0		0	<5	0	0	0	117	<5	43	0	0	0	0	0	0	0	0	<5	0	284	
CH	3 717	471	163	596	38 531	165	59	668	4 784	21 755	126		126	98	0	173	0	5 055	4 451	1 216	914	498	75	155	0	644	87	0		13 489	98 016	
UK	0	268	93	0	498	0	0	29	85	0	<5		228	371	0	0	0	1 398	48	1 957	4 470	0	0	243	0	135	0	0	72	0	9 896	
Total	243 399	27 249	127 503	107 519	1 370 856	3 258	9 371	16 452	68 341	116 820	7 158		7 588	6 933	0	33 028	2 448	472 990	633 066	13 522	6 932	39 369	38 458	43 120	34 860	30 676	2 484	2 271	299 125	388 922	4 153 718	

* BE: data 2021.

** FI can offer only an estimation of number of received E125 forms for treatment received by PDS1 (E106, E109, E120, E121). All requested data are not available by Member States.

Source: PD S1 Questionnaire 2024

Table a19 - Amount to be paid by the competent Member State for healthcare received abroad by persons with a PD S1, 2023, in €

		Competent Member State																											Total					
		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
Member State of residence	BE	1 726 398		181 389	402 698	12 478 241	103 273	64 904	1 402 252	0	60 073 372	85 659			606 009	73 690	582 762	51 090	137 330 872	217 090	4 373 859	0	0	412 192	170 107	0	1 161 542	0	0	0	0	0	0	221 497 400
	BG		65 622		6 242	414 747	24 435	15 935	70 518	0	70 149	609			345	4 461	2 401	15 114	78 612	117 878	5	0	9 462	90	1 371	0	13 978	0	0	0	0	0	0	911 972
	CZ	214 950			102 281	51 975 014	25 999	13 143	67 913	1 659	4 381 453	54 711			9 614	14 637	97 085	60 280	926 854	9 894 722	1 460 732	13 619	132 017	42 342	12 742 068	0	180 295	90 401	0	0	0	0	82 501 788	
	DK	61 040	12 246			1 185 154	634	0	18	0	54 297	0			5 114	9 230	56 476	2 261	135 929	0	0	0	0	1 056	11 973	0	0	0	0	0	0	0	1 535 428	
	DE	15 419 197	4 690 150	31 579 043			1 613 845	631 016	3 060 498	57 240	22 845 739	2 442 851			3 143 613	3 345 728	5 956 415	327 550	139 154 635	90 886 310	15 155 115	0	16 262 595	437 058	1 118 450	0	3 932 191	569 443	0	0	0	0	362 628 683	
	EE	0	0	41 339		82 130		16 165	2 456	0	11 522	0			109 284	22 342	366	2 762	24 809	441	3 148	0	0	24	0	51 712	0	0	0	0	0	0	368 497	
	IE	230 214	36 978	0	0	80 407		0	1 174	434 682	53 508				1 817 639	1 249 917	0	0	2 986 660	14 045	2 621 056	0	0	0	52 000	36 792	0	0	0	55 274	0	0	9 670 346	
	EL	165 286	6 781	275 019		5 543 654	15	3 173	0	87 851	0				2 803	786	28 691	4 977	264 422	32 854	28 795	0	0	0	4 399	0	545 136	2 594	0	0	0	0	6 997 237	
	ES	4 905 384	244 053	5 524 167		166 222	2 660 948	184 537	0	406 609	30 227				188 269	3 649	2 291	27 359	43 936 518	434 560	1 229 181	0	2 286 621	0	112 442	6 621 332	10 696 159	30 610	6 788 360	0	0	0	86 479 497	
	FR	3 297 211	527 810	4 468 955		98 732 803	151 084	3 470 319	510 370	190 533		5 569			117 690	59 576	160 067	145 176	17 688 532	986 101	28 456	0	5 926 214	50 648	212 078	0	2 950 635	1 108	0	0	0	0	139 680 935	
	HR	30 543	16 245	25 789		25 709 696	473	5 918	0	0	687 782				2 853	31 367	18 331	61 181	591 566	5 133 576	15 295	0	9 852	7 941 285	121 499	0	166 158	4 632	0	0	0	0	40 574 040	
	IT	1 059 061	110 961	70 343		20 192 075	5 158	35 037	192 874	4 465	5 185 952	181 212			30 991	47 150	126 096	30 364	950 344	1 222 478	938 494	0	6 473 272	74 861	70 563	0	226 771	5 263	0	0	0	0	37 233 785	
	CY	4 769	2 143	13 695		0	15 561	842 091	6 618	0	0	0			1 895	4 687	0	3 676	202 125	24 227	6 103	0	0	0	813	15 461	187 984	0	47 717	0	0	0	1 379 565	
	LV	0	0	11 789		144 599	23 068	0	13	0	2 461	0			0	6 020	16 026	6 033	0	0	0	0	0	0	0	568	0	6 174	0	0	0	0	232 026	
	LT	291	10 151	183 502		1 846 403	64 263	83 657	1 123	0	22 068	3 587			358 423		626	10 798	163 461	2 355	0	0	0	105	0	0	150 897	0	0	0	0	0	0	2 901 712
	LU	474 530	70 529	731 116		4 299 409	1 156	0	281 695	0	11 263 476	22 601			10 047	3 487	146 145	778	1 043 624	48 660	476 214	0	0	108 072	1 257	0	0	0	0	0	0	0	0	18 982 796
	HU	18 324	23 398	22 191		6 746 147	3 825	10 690	5 768	0	94 235 849	62 985			2 617	3	7 689	1 064 537	8 099 036	571	0	3 127 916	27 690	681 638	0	253 899	175	0	0	0	0	0	114 394 948	
	MT	5 596	319	10 446		69 841	0	2 339	0	1 258	30 570	0			35	0	0	0	54 173	17 328	0	0	0	0	0	35	0	19 681	0	0	0	0	0	211 621
	NL	131 465	0	0		0	0	39 483	0	5 143	0	29 610			128 451	0	0	0	0	8 639	4 140	0	0	0	0	25 763	0	0	0	0	0	0	0	372 695
	AT	2 373 224	752 790	552 047		102 029 688	6 229	42 496	780 166	2 086	2 050 160	587 714			38 301	66 759	2 953 891	32 019	3 904 275	28 493	0	6 024 005	465 571	1 506 684	0	609 770	192 475	0	0	0	0	0	0	124 998 841
	PL	48 168	4 526 160	2 112 741		49 289 804	1 534	246 877	83 627	295	3 101 233	9 370			130 522	144 388	56 197	17 763	6 164 394	2 800 849		19 448	2 336	6 762	349 560	0	629 139	16 507	0	0	0	0	0	69 575 675
	PT	2 256	0	0		10 254 484	687	0	11 780	68 672	26 325	0			0	1 542	0	359	2 615 164	30 299	16 080	0	0	0	0	340 994	1 589 519	301	0	0	0	0	0	14 958 462
	RO	134	5 813	7 486		0	119	4 288	1 769	90	0	223			0	66 240	2 801	46 139	355 201	13 063	0	0	0	0	0	18 333	0	27 267	313	0	0	0	0	549 278
	SI	16 448	46 721	8 050		6 211 219	0	2 375	10 660	18	305 391	2 306 298			12 806	1 911	21 906	3 117	256 198	14 806 399	13 710	0	0	0	0	61 996	0	180 290	357	0	0	0	0	24 265 869
	SK	12 714	12 908 166	108 522		5 282 080	193	125 546	6 657	0	179 680	34 093			427	446	3 135 414	2 777	440 704	20 783 241	66 394	0	37 929	6 781	0	310 332	32 874	0	0	0	0	0	0	43 474 969
	FI	24 553	8 564	0		393 115	110 990	17 787	8 195	582	29 298	1 827			35 754	44 887	2 776	1 784	169 070	70 815	0	23 076	0	0	0	32	0	93	0	0	0	0	0	943 196
	SE	162 400	11 055	0		342 213	122 886	0	96 109	45 097	1 666 068	67 393			43 048	73 086	40 847	54	1 553 370	129 925	1 341 239	0	0	0	0	17 439	0	3 293	0	0	0	0	0	5 715 523
	IS	0	0	0		0	0	0	0	0	0	0			0	0	0	0	633	0	0	0	0	0	0	0	0	0	0	0	0	0	0	633
	LI	0	0	0		237 021	0	0	0	0	0	0			0	0	0	0	1 462	163 572	249	0	0	0	0	0	0	0	0	0	0	0	0	0
NO	23 699	0	0		0	0	0	0	0	3 763	55 619			17 177	19 297	0	0	3 722	0	77 272	0	0	0	0	0	0	0	0	0	0	0	0	0	200 549
CH	503 079	61 498	218 516		20 589 172	46 135	42 562	388 832	56 020	8 754 644	33 519			81 539	25 388	99 753	0	2 300 457	4 136 791	678 289	471 340	216 213	37 299	143 069	0	245 653	232 441	0	0	0	0	0	39 362 208	
UK	88 990	355 755	0		0	0	86 623	354 823	0	1 971				1 219 587	2 084 750	0	0	4 116 791	140 147	3 850	0	0	0	1 319 538	0	0	0	0	0	0	0	0	9 772 826	
Total	30 999 924	24 675 296	46 475 976	424 048 708	2 552 631	7 550 219	8 096 545	799 537	215 962 247	6 015 540	8 114 852	7 348 441	13 554 775	817 749	368 186 078	160 563 572	28 579 802	504 407	40 531 507	9 611 814	18 743 697	13 959 580	24 135 180	1 182 877	6 891 351	1 469 902 304								

* DE, FR, and FI: it concerns the amount claimed, not refunds paid.

** ES: Refunds paid for actual expenditure: data currently available only include one of the two Spanish Institutions responsible for managing these refunds (for a total of 425 claims received) (ISM); data from the Institution responsible for managing the largest portion of refunds (INSS) are not available yet (for a total of 67 356 claims received).

*** FI can offer only an estimation of number of received E125 forms for treatment received by PDS1 (E106, E109, E120, E121) as well an estimate of the related amount claimed. All requested data is not available by Member states.

Source: PD S1 Questionnaire 2024

Table a20 - Number of claims issued by the Member State of treatment for the reimbursement of costs for persons with a PD S1 having received healthcare, 2023

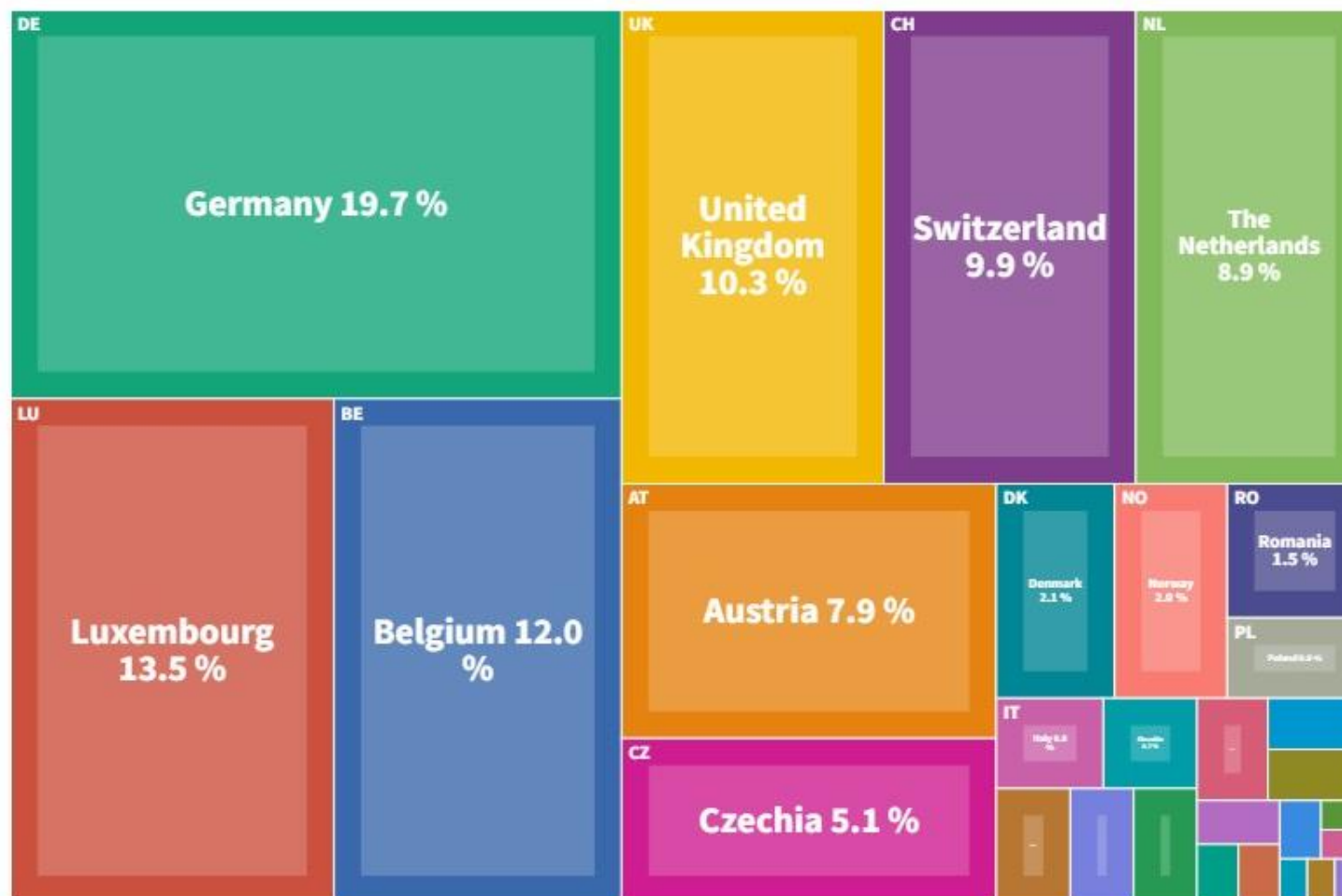
		Member State of treatment																												Total	
		BE*	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	IS		LI
Competent member State	BE		228	571	23	19 048	17	49	459	14 671	164 603	658		72	133	1 471	76	0	1 291	12 901	18 756	420	95	1 163	83	52	0	9	3 632	138	240 619
	BG	8 555		486	13	19 510	0	41	67	1 095	1 476	48	0	<5	50	23	0	4 318	159	60	9	33	75	71	27	0	9	919	256	37 303	
	CZ	1 445	163		8	5 925	0	9	24	103	248	91	0	26	282	7	0	1 427	61 010	52	122	47	48 728	12	11	0	0	216	38	119 994	
	DK	3 301	36	307		45 395	515	0	37	2 025	1 779	186	233	2 783	333	17	0	521	53 507	0	187	18	442	0	0	0	0	599	203	112 424	
	DE	82 666	667	237 362	963		1 004	227	6 779	17 043	106 740	73 173	460	5 201	32 524	217	0	145 727	569 741	41 924	2 784	15 091	29 396	2 006	1 082	351	104	37 918	496	1 411 646	
	EE	624	47	26	<5	1 433		16	<5	49	128	5	39	194	35	0	0	44	44	12	<5	0	<5	636	29	0	<5	160	23	3 550	
	IE	1 354	<5	256	0	2 005	5		7	1 019	1 049	22	43	258	147	90	0	155	3 721	512	6	8	493	33	0	0	<5	90	0	11 275	
	EL	5 834	136	218	<5	11 986	<5	<5		84	706	36	10	9	64	71	0	883	402	12	25	32	24	68	32	0	<5	677	28	21 347	
	ES	7 643	102	236	9	6 547	5	59	9		9 613	19	14	20	139	<5	0	650	1 063	3 763	588	12	224	105	34	0	<5	2 449	85	33 392	
	FR	275 465	48	842	<5	32 951	73	81	175	26 201		875	20	64	1 645	80	0	2 926	4 632	249 929	204	180	426	194	56	0	13	28 947	220	626 250	
	HR	342	<5	179	<5	2 969	0	12	<5	15	40		0	<5	356	0	0	1 034	110	0	<5	1 735	38	<5	17	0	0	123	<5	6 986	
	IT	21 758	472	1 335	<5	21 018	16	53	161	8 409	8 865	2 800	41	137	910	357	0	6 979	5 977	34 069	3 065	5 568	750	149	46	<5	<5	47 864	98	170 905	
	CY	585	27	118	0	358	0	0	91	<5	0	11	<5	0	9	0	0	62	183	0	0	0	54	13	0	0	0	0	128	0	1 643
	LV	1 417	19	49	17	3 909	1 008	164	5	60	105	12		868	18	<5	0	123	104	12	0	22	7	66	10	0	0	121	228	8 348	
	LT	908	9	46	14	4 043	424	239	5	121	72	8	77		<5	0	0	139	990	0	0	5	<5	30	21	0	10	99	168	7 434	
	LU	840 744	25	4 290	28	184 678	5	0	7	392	350 835	67	17	22	172	0	0	999	7 455	9 728	352	6	3 392	42	0	18	0	987	14	1 404 275	
	HU	2 672	<5	220	10	6 599	31	23	<5	138	216	72	0	<5		0	0	3 895	275	48	1 150	77	17 627	27	53	0	<5	199	92	33 435	
	MT	246	15	46	8	773	39	<5	7	65	349	0	41	81	17	0	0	63	430	0	23	14	39	17	<5	0	0	0	6	2 284	
	NL	1 103 919	102	2 176	97	197 146	163	278	427	13 861	20 525	1 163	48	746	4 734	161		5 134	53 239	42 879	165	156	2 443	557	561	0	108	6 521	1 283	1 458 592	
	AT	1 115	445	71 557	6	138 156	17	8	53	396	444	22 865	23	13	99 753	7	0		37 470	539	5 054	36 939	126 245	101	18	357	5	3 235	54	544 875	
	PL	10 299	91	2 833	89	70 394	7	474	37	555	1 580	72	10	210	291	54	0	3 526		249	397	47	867	300	415	0	29	1 653	971	95 450	
	PT	3 918	5	66	0	2 454	8	11	0	3 596	3 500	<5	0	<5	13	<5	0	135	45		0	0	15	110	<5	0	0	2 954	379	17 218	
	RO	11 245	11	431	25	28 526	0	149	33	3 315	4 435	16	0	12	18 092	5	0	10 986	215	156		37	255	58	19	0	5	978	139	79 143	
	SI	1 521	<5	184	<5	708	<5	<5	<5	22	47	33 857	<5	<5	336	<5	0	1 342	80	12	0		158	0	<5	0	0	71	<5	38 361	
	SK	2 141	52	24 022	8	2 371	7	19	6	33	123	501	<5	11	4 956	0	0	6 013	1 971	0	385	208		13	15	0	<5	187	95	43 142	
	FI	1 203	10	117	0	2 206	24 984	5	29	1 938	568	47	24	590	76	15	0	303	1 553	1 970	<5	7	39		0	0	0	819	<5	36 510	
	SE	2 624	16	539	0	6 504	1 534	0	569	3 375	2 845	278	21	569	911	298	0	803	10 742	22 539	89	109	1 202	0		0	0	627	130	56 324	
	IS	295	<5	39	0	712	<5	0	<5	369	73	0	<5	7	0	9	0	50	463	238	0	0	5	0	0	0	0	255	<5	2 523	
LI	160	0	195	0	2 151	0	0	<5	28	25	6	<5	0	32	0	24	1 205	28	50	0	11	394	0	0	0	0	17	0	4 330		
NO	3 202	28	827	0	5 528	2 745	8	35	2 481	1 090	150	36	8 177	243	10	0	374	128 249	0	221	6	2 687	0	0	30		320	158	156 605		
CH	6 879	176	2 766	14	163 248	14	31	131	734	128 788	1 667	63	23	3 489	119	<5	3 351	3 597	5 199	676	368	5 617	667	0	0	<5		69	327 691		
UK	21 096	1 653	2 314	0	29 726	0	0	2 082	107 771	109 934	452	163	257	0	0	0	5 189	12 526	0	92	285	974	0	27	0	0	8 367		302 908		
Total	2 425 176	4 593	354 653	1 345	1 018 977	32 631	1 965	11 243	209 967	920 801	139 159	1 464	20 427	171 101	1 625	25	209 647	972 882	432 708	16 022	61 116	243 784	5 362	2 532	759 306	151 132	5 380	7 416 782			

* BE: data 2021.

Source: PD S1 Questionnaire 2024

Annex II Additional visualisations

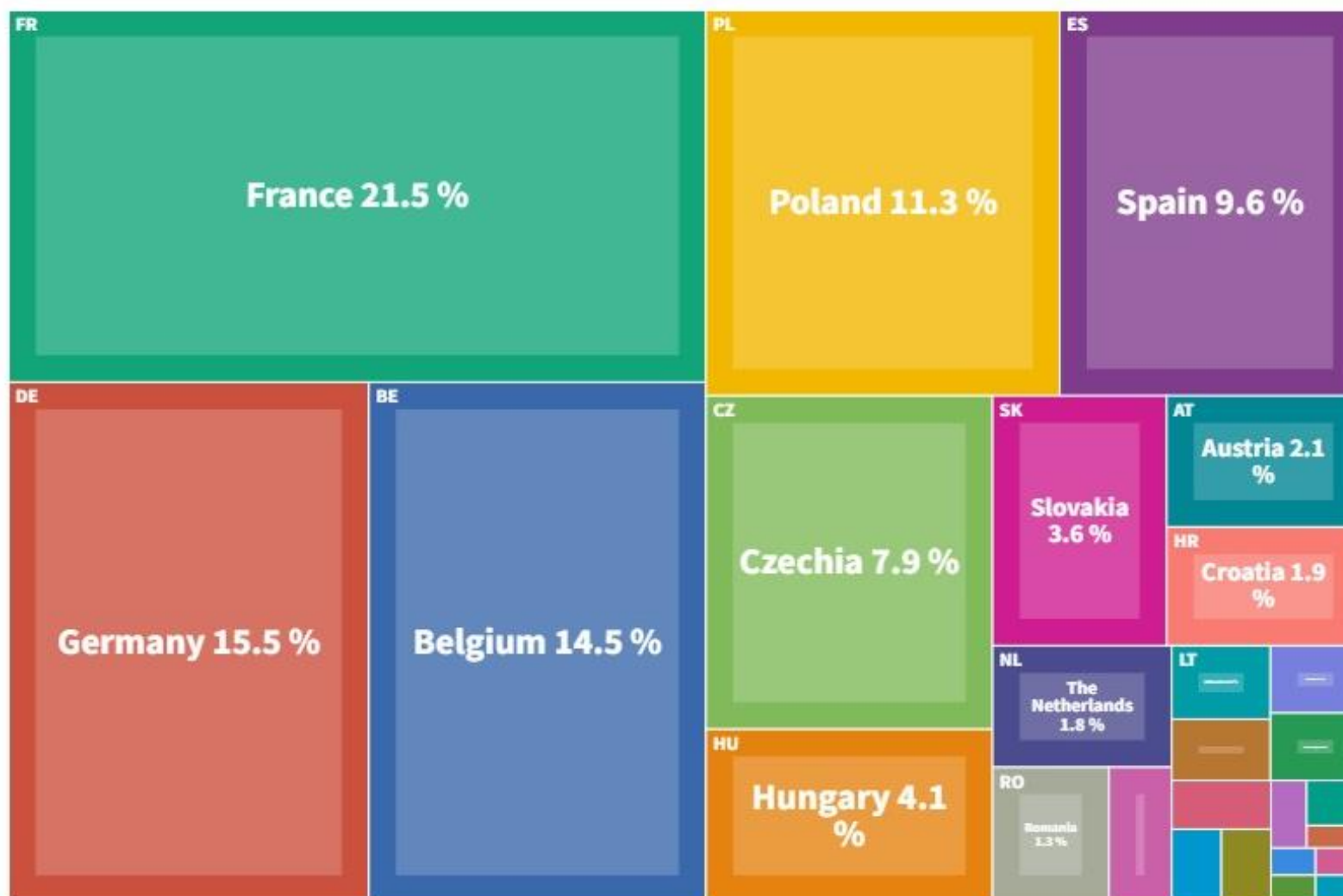
Figure a7 - Number of PDs S1 issued, share in total number of PDs S1 issued (stock), 2023



* BE: data 2021. CY: data 2019. IS: data 2018.

** Issued – stock: imputed data for DE, IE, and NO.

Figure a8 - Number of PDs S1 received, relative share in total number of PDs S1 received (stock), 2023




120

* BE: data 2021. CY: data 2019. IS: data 2018.

** Received – stock: imputed data for DK, DE, and NO (only insured persons and family members).

Annex III Portable Document S1

S1



Coordination of Social Security Systems

Registering for health care cover
EU Regulations 883/04 and 987/09 (*)

INFORMATION FOR THE HOLDER

This is your and your family members' certificate of entitlement to sickness, maternity, and equivalent paternity benefits in kind (i.e. health care, medical treatment etc.) in your State of residence. Family members are only covered if they fulfil the conditions laid down in the legislation of the State of residence. The certificate must be handed over as soon as possible to the health care institution in the place of residence (**). For a list of health care institutions, see <http://ec.europa.eu/social-security-directory/>

1. PERSONAL DETAILS OF THE HOLDER

1.1 Personal Identification Number in the competent Member State		
1.2 Surname		
1.3 Forename		
1.4 Surname at birth (**)		
1.5 Date of birth		
1.6 Address in the State of residence		
1.6.1 Street, N°		1.6.3 Post code
1.6.2 Town		1.6.4 Country code ▼
1.7 Status		
<input type="checkbox"/> 1.7.1 Insured person		<input type="checkbox"/> 1.7.2 Family member of insured person
<input type="checkbox"/> 1.7.3 Pensioner		<input type="checkbox"/> 1.7.4 Family member of pensioner
<input type="checkbox"/> 1.7.5 Pension claimant		

2. LONG-TERM CARE BENEFITS IN CASH

2.1 The holder receives long-term care benefits in cash

(*) Regulations (EC) No 883/2004, articles 17, 22, 24, 25, 26 and 34, and 987/2009 articles 24 and 28.

(**) For Spain, Sweden and Portugal, the certificate must be handed over to, respectively, the head provincial offices of social security National Institute (INSS), the social insurance institution and the social security institution of the place of residence.

(***) Information given to the institution by the holder when this is not known by the institution.

S1



Registering for health care cover

3. PERSONAL DETAILS OF THE INSURED PERSON

(to be filled if the holder has a right to health care because of another person's insurance)

3.1	Personal Identification Number in the competent Member State	<input type="text"/>
3.2	Surname	<input type="text"/>
3.3	Forenames	<input type="text"/>
3.4	Surname at birth (*)	<input type="text"/>
3.5	Date of birth	<input type="text"/>
3.6	Address of the insured person if different from that in 1.6	
3.6.1	Street, N°	<input type="text"/>
3.6.2	Town	<input type="text"/>
3.6.3	Post code	<input type="text"/>
3.6.4	Country code	<input type="text"/>

4. INSURANCE COVERAGE FROM/TO:

4.1	Starting date	<input type="text"/>	4.2	Ending date	<input type="text"/>
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5. INSTITUTION COMPLETING THE FORM

5.1	Name	<input type="text"/>			
5.2	Street, N°	<input type="text"/>			
5.3	Town	<input type="text"/>			
5.4	Post code	<input type="text"/>	5.5	Country code	<input type="text"/>
5.6	Institution ID	<input type="text"/>			
5.7	Office fax N°	<input type="text"/>			
5.8	Office phone N°	<input type="text"/>			
5.9	E-mail	<input type="text"/>			
5.10	Date	<input type="text"/>			
5.11	Signature	<input type="text"/>			

STAMP

(*) Information given to the institution by the holder when this is not known by the institution.

Chapter 4

Monitoring of healthcare reimbursement

Member States which have opted to claim reimbursement on the basis of fixed amounts

Summary of main findings

This chapter presents data on the monitoring of healthcare reimbursement in Member States which have opted to claim reimbursement on the basis of fixed amounts. The main aim of this chapter is to assess the potential impact of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare (i.e., 'the Directive') on this type of reimbursement. However, as in previous reference years, very few Member States were able to provide data. In that respect, more data are required to make a comprehensive assessment of any potential impact.

As previously mentioned, the reimbursement of cross-border healthcare is settled between Member States based on actual expenditure (actual costs) or based on fixed amounts (average costs). In principle, the general method of reimbursement is the refund based on actual expenditure. Only by a way of exemption, Member States whose legal or administrative structures are such that the use of reimbursement based on actual expenditure is not appropriate, can claim reimbursement of benefits in kind based on fixed amounts in relation to certain categories of persons. These categories are family members who do not reside in the same Member State as the insured person and pensioners and members of their family. The Member States claiming fixed amount reimbursements regarding these categories of persons (i.e., 'lump-sum Member States') are those listed in Annex 3 of the Implementing Regulation: Ireland, Spain, Cyprus, Portugal, Sweden, Norway, and the United Kingdom. Most of the persons concerned live in Spain.

Member States listed in Annex 3 of the Implementing Regulation must, under the Directive, reimburse some groups of their residents who received healthcare in another Member State, while under the Coordination Regulations this is financed by the competent Member State. Therefore, the Member State of residence might bear costs for healthcare for which it is not being reimbursed via the fixed amounts. Mainly pensioners and their family members residing in a lump-sum Member State which is not the competent Member State received unplanned healthcare in a third Member State. Furthermore, Member States listed in Annex 3 of the Implementing Regulation may have to reimburse - according to the Directive - costs of planned healthcare provided during a temporary stay in a third Member State to some categories of residents for whom another Member State is competent. However, no information is currently available on planned healthcare provided during a temporary stay in a third Member State to some categories of the residents for whom another Member State is competent.

Finally, the Member States not listed in Annex IV of the Basic Regulation,⁸⁷ which do not give more rights for pensioners returning to the competent Member State, are required to cover the cost of healthcare under the conditions provided by the Directive, which they are not required to provide under the Regulations in some specific cases. This chapter examines such cases as well and shows that the amounts to be paid under the Directive by the Member States not listed in Annex IV of the basic Regulation are relatively low compared to the fixed amounts reimbursed by these Member States to the lump-sum Member States.

⁸⁷ Denmark, Estonia, Ireland, Croatia, Italy, Latvia, Lithuania, Malta, Portugal, Romania, Slovakia, Finland, Iceland, Liechtenstein, Norway, Switzerland, and the United Kingdom.

1. Introduction

As previously mentioned (see *section 3.1 in Chapter 3*), the reimbursement of cross-border healthcare is settled between Member States on the basis of actual expenditure (actual costs) or on the basis of fixed amounts (average costs). In principle, the general method of reimbursement is the refund based on actual expenditure. Only by a way of exemption, Member States whose legal or administrative structures are designed in such a way that the use of reimbursement based on actual expenditure is not appropriate, can claim reimbursement of benefits in kind based on fixed amounts in relation to certain categories of persons. These categories are family members who do not reside in the same Member State as the insured person and pensioners and members of their family. The Member States that apply fixed amounts reimbursements regarding these categories of persons ('lump-sum Member States') are those listed in Annex 3 of the Implementing Regulation: Ireland, Spain, Cyprus, Portugal, Sweden, Norway, and the United Kingdom. This chapter aims to identify the impact of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare (the Directive) on those Member States which have opted for the reimbursement based on fixed amounts (lump-sum Member States).

Both the Implementing Regulation and the Directive define specific reporting obligations regarding these lump-sum Member States:

- According to Article 64(5) of Regulation (EC) No 987/2009 a review should be performed to evaluate the reductions defined in Article 64(3) of Regulation (EC) No 987/2009;
- According to Article 20(3) of the Directive, Member States and the Commission shall have recourse to the Administrative Commission in order to address the financial consequences of the application of the Directive on the Member States which have opted for reimbursement on the basis of fixed amounts, in cases covered by Articles 20(4) and 27(5) of that Regulation.

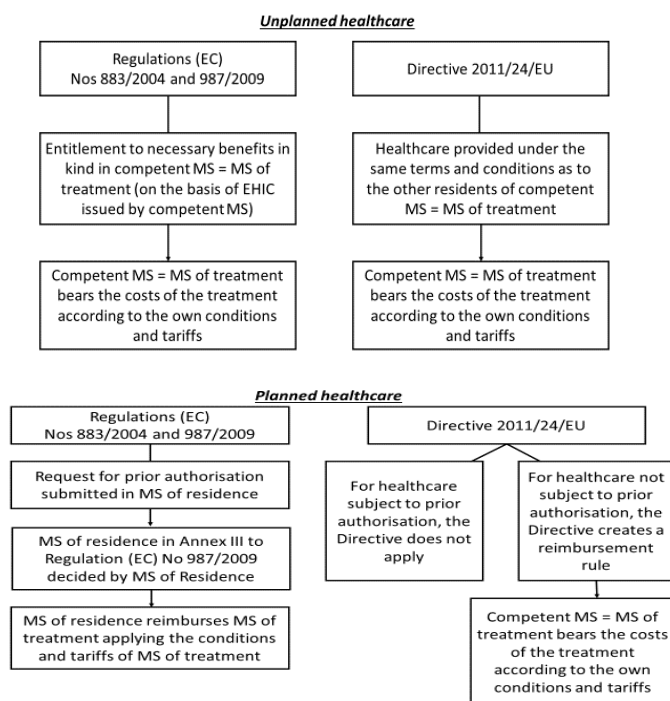
Neither of the three other questionnaires collecting data on cross-border healthcare (i.e., the questionnaire on unplanned healthcare (EHIC), the one on planned healthcare (PD S2), and finally the one on persons entitled to healthcare residing in a Member State other than the competent Member State (PD S1)) provide the detailed information required for the assessment of the impact of the Directive on lump-sum Member States. Nonetheless, some data collected by the 'PD S1 Questionnaire' may still be useful to complement the data collected on the monitoring of healthcare reimbursement.

1.1. An overview of the potential effects

The report from the Commission, which is compliant with the obligations provided for under Article 20(3) of the Directive, and the note of the Administrative Commission No. 070/14⁸⁸ highlighted the following scenarios under which the implementation of the Directive may influence the fixed amounts as defined in Article 64 of the Implementing Regulation:⁸⁹

- “On the one hand, under the Directive, Member States not listed in Annex IV of Regulation (EC) No 883/2004 are required to provide healthcare which they are not required to provide under the Regulations. They may therefore consider that they are responsible for a greater proportion of total healthcare costs for the insured persons concerned than they previously were, and that this should be taken into account by increasing the reductions defined in Article 64(3) of Regulation (EC) No 987/2009.” (See Figure 11)

Figure 11 - 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



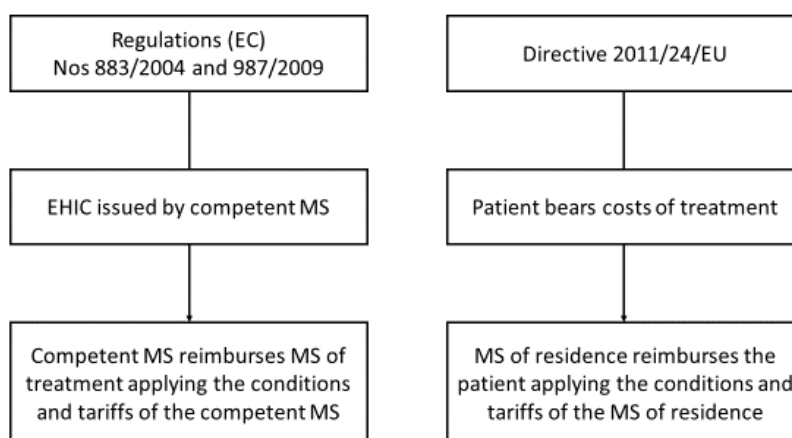
Source: AC 246/12

- “On the other hand, under the Directive, Member States listed in Annex 3 of Regulation (EC) No 987/2009 may have to reimburse some groups of their residents for whom another Member State is competent for unplanned healthcare received in a third Member State, while under the Regulations it is financed by the competent Member State when it became necessary on medical ground during the stay. Therefore, the Member State of residence might consider that it is now bearing costs for healthcare for which it is not being reimbursed via the fixed amounts, and that this should be taken into account by reducing the reductions defined in Article 64(3) of Regulation (EC) No 987/2009.” (See Figure 12)

⁸⁸ Subject: Possible impact of Directive 2011/24/EU on the interpretation of AC Decision S5 and on the size of the reductions defined in Article 64(3) of Regulation (EC) No 987/2009.

⁸⁹ See <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52014DC0044&from=EN>.

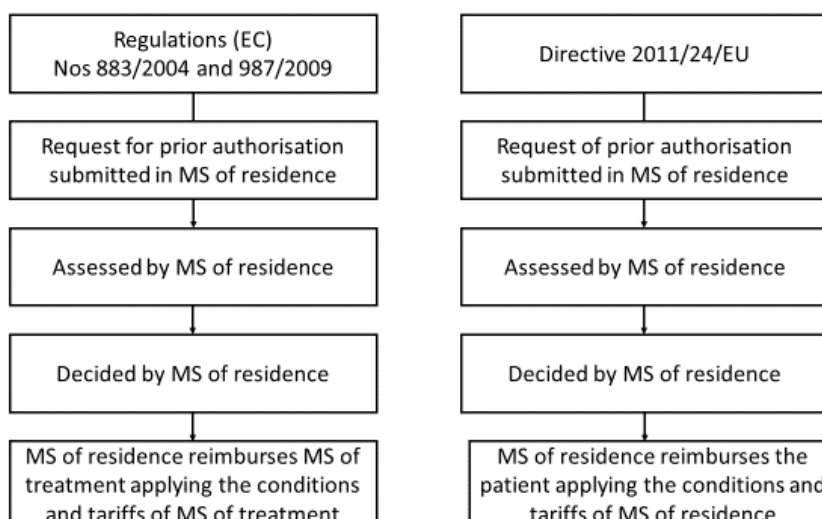
Figure 12 - Unplanned healthcare for family members of frontier workers and pensioners and their family members received in a third Member State and residing in a Member State listed in Annex 3 to the Implementing Regulation



Source: AC 246/12

- *“In addition to those effects identified in the report envisaged by Article 20(3) of Directive 2011/24/EU as described above, Member States listed in Annex 3 of Regulation (EC) 987/2009 may have to reimburse under the terms of Directive costs of planned healthcare provided during a temporary stay in a third Member State to some categories of the residents for whom another Member State is competent. In such circumstances, the Member State of residence might consider that it is unable to include these costs when calculating average costs, given the current interpretation of Decision S5⁹⁰.” (See Figure 13)*

Figure 13 - 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



Source: AC 246/12

⁹⁰ [http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32010D0424\(15\)&from=EN](http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32010D0424(15)&from=EN).

1.2. Member States that replied to the questionnaire

The questionnaire on the monitoring of healthcare reimbursement is divided in three parts. The first part had to be answered by the lump-sum Member States listed in Annex 3 of the Implementing Regulation. More specifically, it had to be answered by Ireland, Spain, Cyprus, Portugal, Sweden, Norway, and the United Kingdom. Since January 2018, Finland and the Netherlands are no longer lump-sum Member State and are therefore no longer listed in Annex 3. However, the Netherlands still report data, presumably on cases before 2018. Out of the seven Member States which had to provide data on the number of persons involved for reference year 2023 (*Question 1*), five did so, namely Ireland, Spain, Sweden, Norway, and the United Kingdom. Only Cyprus and Portugal did not provide a reply on this question. Input regarding the reimbursement of planned healthcare (*Question 2* on PDs S2 and *Question 3* on PDs S1) could only be provided by Spain and Sweden respectively. Input regarding the reimbursement of unplanned healthcare (*Question 4*) received in a third Member State or in the competent Member State, could not be provided by any of the seven Member States concerned.

The second part of the questionnaire had to be answered by the Member States that are not listed in Annex IV of the basic Regulation (Denmark, Estonia, Ireland, Croatia, Italy, Latvia, Lithuania, Malta, Portugal, Romania, Slovakia, Finland, Iceland, Liechtenstein, Norway, Switzerland, and the United Kingdom). Estonia, Italy, Latvia, Lithuania, Malta, Romania, Slovakia, and Liechtenstein (8 out of the 17 Member States concerned) provided data for 2023 (*Question 5*).

The third and final part of the questionnaire had to be answered by all Member States. However, only Hungary, Austria, Estonia, Bulgaria, Greece, Slovakia, Latvia, Luxembourg, Spain, Malta, Poland, and Slovenia (12 out of the 32 Member States concerned) were able to provide data for reference year 2023 (*Question 6*).

While the deadline for the transposition of the Directive was 25 October 2013, many Member States completed their transposition during the reference year 2014. Nonetheless, more than ten years after the transposition of the Directive many Member States still fail to provide data. In that respect, more data are required to make a proper assessment of any potential impact on lump-sum Member States and those Member States not listed in Annex IV of the Basic Regulation.

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

The Member States listed in Annex 3 of the Implementing Regulation will be reimbursed by the competent Member States based on fixed amounts for the benefits in kind supplied to:⁹¹

- family members who do not reside in the same Member State as the insured person, as provided for in Article 17 of the Basic Regulation;
- pensioners and members of their family, as provided for in Article 24(1) and Articles 25 and 26 of the Basic Regulation.

Table 35 provides the reported data by the lump-sum Member States on the number of persons involved. Not all lump-sum Member States replied to this question: Cyprus did not provide a response to the questionnaire in general, while Portugal did not fill out this

⁹¹ Article 63(2) of Regulation (EC) No 987/2009.

question. However, similar data are collected by the so-called 'PD S1 Questionnaire' (see *Table 23* in *section 2.2 of Chapter 3*).

Out of the two specific groups of persons concerned as outlined above, the number of pensioners and their family members is in general much higher than the number of family members not residing in the same Member State as the insured person. This also confirms the conclusion made in the report from the Commission compliant with the obligations provided for under Article 20(3) of the Directive, namely that "both in terms of the number of involved and the amount of healthcare use, pensioners will be by some way the most significant group."

It is likely that mainly lump-sum Member States, where there is a high number of residents falling in these categories, will observe a potential effect of the Directive. The available data show that Spain has the highest number of incoming mobile pensioners insured in another Member State (*Table 35*). Therefore, Spain and the Member States having issued the PD S1 for the persons residing there might be the first to observe an effect of the Directive.

Table 35 - Quantification of the number of persons involved living in the Member States which apply fixed amount reimbursements regarding these categories of persons, 2014-2023

Total number of family members who do not reside in the competent MS of the insured person (number of E109 forms received)										
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
IE		368	1 216	30	<5	<5	<5	<5	<5	<5
ES	453	443	429	409	390	390	333	451	410	463
CY			27		21					
NL*	194			233	261	232	231	203	217	194
PT				n.a.	n.a.	n.a.		n.a.	n.a.	
SE			48	25	42	34	38	56	43	74
UK	17		2 271		1 233		204	78	103	104
NO	<5	<5	<5	<5	n.a.	n.a.		n.a.	n.a.	n.a.
Total number of pensioners and members of the family (number of E121 forms received)										
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
IE		162	649	875	824	739	836	768	843	1 044
ES	156 060	156 570	157 374	159 040	162 979	169 476	175 932	182 639	183 557	151 730
CY			14 936		18 179					
NL*	3 695			4 468	4 637	5 117	5 490	5 857	6 067	6 229
PT				n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	
SE			1 654	1 730	1 691	1 819	2 055	2 205	2 239	2 571
UK	2 220		144 731		165 061		4 255	5 982	6 849	6 134
NO	208	247	129	187	n.a.	3 344		241	267	376

* NL: although NL is not a lump-sum Member State anymore since January 2018 (like FI), they still provide data on Question 1, presumably on cases concerning healthcare provided before 2018.

Source: Questionnaire on the monitoring of healthcare reimbursement 2024, Question 1

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

Member States not listed in Annex IV of the Basic Regulation⁹², which do not give more rights for pensioners returning to the competent Member State, will be required to cover healthcare costs under the conditions provided by the Directive which they are not required to cover under the Regulations in certain specific cases. Therefore, they might consider themselves responsible for a greater proportion of total healthcare costs for the insured persons concerned than they previously were.

⁹² Denmark, Estonia, Ireland, Croatia, Italy, Latvia, Lithuania, Malta, Portugal, Romania, Slovakia, Finland, Iceland, Liechtenstein, Norway, Switzerland, and the United Kingdom.

The reduction in lump sums provided by Article 64 of the Implementing Regulation compensates the cost of unplanned healthcare received by pensioners and their family members in a third Member State and reimbursed by the competent Member State based on the EHIC. Member States listed in Annex IV of the Basic Regulation are entitled to a 20 % reduction as they give pensioners and their family members additional rights of access to healthcare returning to the competent Member State, while the Member States not listed in that Annex are entitled to a 15 % reduction.

Eight Member States not listed in Annex IV of the Basic Regulation reported the number of pensioners and their family members who received healthcare in one of these competent Member States under the Directive in the reference year 2023 (*Table 36*). The data show that for a very limited group of people this situation occurred in 2023, as only for Romania and Italy the number of persons exceeds 290, while for Estonia, Latvia, Lithuania, Malta, Slovakia, and Liechtenstein it remains under 80. As a result, the budgetary impact for Member States not listed in Annex IV of the Basic Regulation seems to be marginal.

No figures are available on the number of pensioners and their family members resident in Spain to whom the United Kingdom has issued a PD S1 and who received healthcare in the United Kingdom under the Directive.⁹³

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, 2023

	Number of persons								Amount reimbursed (in €)							
	EE	LV	LT	MT	RO	LI	IT	SK	EE	LV	LT	MT	RO	LI	IT	SK
IE	<5	0	37	<5	39	0	<5	<5	5 209	0	15 453	0	7 781	0	n.a.	1 962
ES	15	0	11	10	679	8	180	<5	99 019	0	37 238	22 074	197 954	18 054	n.a.	1 922
CY	0	0	<5	<5	10	0	20	<5	0	0	801	3 676	1 938	0	n.a.	2 710
PT	0	0	0	<5	<5	0	79	0	0	0	0	0	2 012	0	n.a.	0
SE	<5	0	0	<5	<5	0	<5	<5	995	0	0	0	0	0	n.a.	115
UK	10	0	24	0	44	0	13	<5	13 787	0	17 692	0	2 542	0	n.a.	499
NO	0	0	<5	0	<5	0	<5	0	0	0	4 079	0	585	0	n.a.	0
Total	32	0	75	22	780	8	299	10	119 010	0	75 264	25 751	212 813	18 054	n.a.	7 208

* The amount reimbursed does not necessarily correspond to the number of persons.

Source: Questionnaire on the monitoring of healthcare reimbursement 2024, Question 5

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

Member States listed in Annex 3 of the Implementing Regulation must, under the Directive, reimburse some groups of their residents who received unplanned healthcare in a third Member State, while under the Regulations this will be financed by the competent Member State. Therefore, the Member State of residence might bear the costs for healthcare for which it is not being reimbursed via the fixed amounts. The questionnaire asked both the

⁹³ The United Kingdom could not provide data. However, in the questionnaire for reference year 2018 they replied that “they have implemented legislation that mirrors the Annex IV right while they wait to be formally listed on Annex IV of Regulation (EC) No 883/2004, therefore, Article 7(2)(b) is not relevant. Other UK territories have not implemented legislation that mirrors Annex IV so Article 7(2)(b) of Directive 2011/24/EU does apply.”

lump-sum Member States and the competent Member States to provide figures on this. However, only one lump-sum Member State, Spain, provided these figures.

From the perspective of the competent Member State, for reference year 2023, 12 Member States (HU, AT, EE, BG, EL, SK, LV, LU, ES, MT, PL, and SI) provided figures. Mainly pensioners and their family residing in a lump-sum Member State which is not the competent Member State received unplanned healthcare in a third Member State under the Regulations (*Table 37*). This is to be expected given the much higher number of PDs S1 received for this group of persons by the lump-sum Member States compared to the forms received for family members not residing in the same Member State as the insured person. A high number of pensioners insured in Luxembourg and resident in Portugal received unplanned healthcare in a third Member State, as well as pensioners insured in Bulgaria and resident in Spain.

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, 2023

Number of family members residing in a lump-sum MS, other than where the insured persons reside which is not the competent MS														
MS of residence	HU	AT	EE	BG	EL	SK	LV	LU	ES	MT	PL	SI	Subtotal	
IE	0	0	0	8	0	7	0	<5	<5	0	0	6	28	
ES	0	18	0	49	<5	19	0	41	0	0	0	10	140	
CY	0	0	0	8	<5	<5	0	0	0	0	0	0	12	
PT	0	6	0	<5	<5	0	0	199	15	0	0	0	227	
SE	0	8	0	10	0	<5	0	0	0	<5	0	<5	27	
UK	0	6	0	28	0	17	0	<5	16	0	0	<5	69	
NO	0	0	0	10	0	0	0	0	0	0	0	0	10	
Total	0	38	0	117	9	46	0	244	35	<5	0	21	513	
Number of pensioners and their family residing in a lump-sum MS which is not the competent MS														
MS of residence	HU	AT	EE	BG	EL	SK	LV	LU	ES	MT	PL	SI	Subtotal	Total
IE	0	8	0	79	0	0	0	13	61	<5	0	0	162	190
ES	0	363	0	1 697	<5	0	0	387	0	10	0	22	2 480	2 620
CY	0	0	0	158	0	0	0	<5	<5	<5	0	0	170	182
PT	0	41	0	14	0	0	0	1 633	455	0	0	<5	2 144	2 371
SE	0	17	0	123	0	0	0	18	14	<5	0	<5	174	201
UK	0	36	0	349	0	0	0	55	73	0	<5	<5	516	585
NO	0	<5	0	19	0	0	0	<5	<5	0	0	0	24	34
Total	0	467	0	2 439	<5	0	0	2 112	608	16	<5	26	5 670	6 183

Source: Questionnaire on the monitoring of healthcare reimbursement 2024, Question 6

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

Member States listed in Annex 3 of the Implementing Regulation may, under the terms of the Directive, reimburse costs of planned healthcare provided during a temporary stay in a third Member State to some categories of the residents for whom another Member State is competent under the terms of the social security coordination rules.

Only Spain and Sweden could report data in this regard. Spain reported less than five PDs S2 issued by their authorities (on the basis of Article 27(5) of Regulation (EC) No 883/2004) to pensioners or their family members residing in Spain, instead of the competent

Member State which has issued the PD S1. Sweden reported a total of EUR 3 121 reimbursed on the basis of the tariffs of the Member State of residence (application of the Directive) for pensioners or family members residing in Sweden, who received planned care in a third Member State. This amount was reimbursed to Germany (EUR 434) and Finland (EUR 2 657) as Member States of treatment.

6. Error

Member States were asked whether they were aware of cases of error regarding the monitoring of healthcare reimbursement in 2023. Even though most Member States left this question blank or did not have any data available,⁹⁴ some Member States reported they were not aware of any cases of error (Croatia, Estonia, Malta, Norway, Spain, and the United Kingdom).

Only Austria mentioned cases of error. It concerns the use of the EHIC out of ignorance or awareness of a negative claim. The methodology to uncover these errors is the collection of outstanding amounts from those affected.

⁹⁴ It concerns BG, CZ, DK, FI, DE, EL, HU, IE, IT, LV, LI, LT, LU, PL, PT, RO, SK, SI, SE, CH, and NL.

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