

Cross-border issues: portability of entitlements, reimbursement

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Many difficulties for persons moving between EU Member States but EU guarantees freedom of persons, goods, services and capital

Country A

Benefit Package A
using
Service Taxonomy A
and
Fee Schedule A

Country B

Benefit Package B
using
Service Taxonomy B
and
Fee Schedule B



Solution: EU Regulation 1408/71

but increasingly this is seen as insufficient – as demonstrated by the cases in front of the European Court of Justice (ECJ)



Situation 1: Person wants to live (with his/ her family) in Country A but to work in Country B.



Country A



Benefit Package A
using
Service Taxonomy A
and
Fee Schedule A

Country B



Benefit Package B
using
Service Taxonomy B
and
Fee Schedule B



Solution: Form E106

- Insurance in country of work place (Country B)
- Enables frontier workers and their dependents have choice to receive services in both countries (under national conditions)
- Patient presents E106 to provider in Country A (but insurance card in Country B)
- Sickness fund in B will reimburse providers in A based on fee schedule in Country A



Situation 2: Person from Country A happens to be in Country B (for tourism, business ...) when he/she falls ill and needs treatment.

Country A

Benefit Package A
using
Service Taxonomy A
and
Fee Schedule A

Country B

Benefit Package B
using
Service Taxonomy B
and
Fee Schedule B

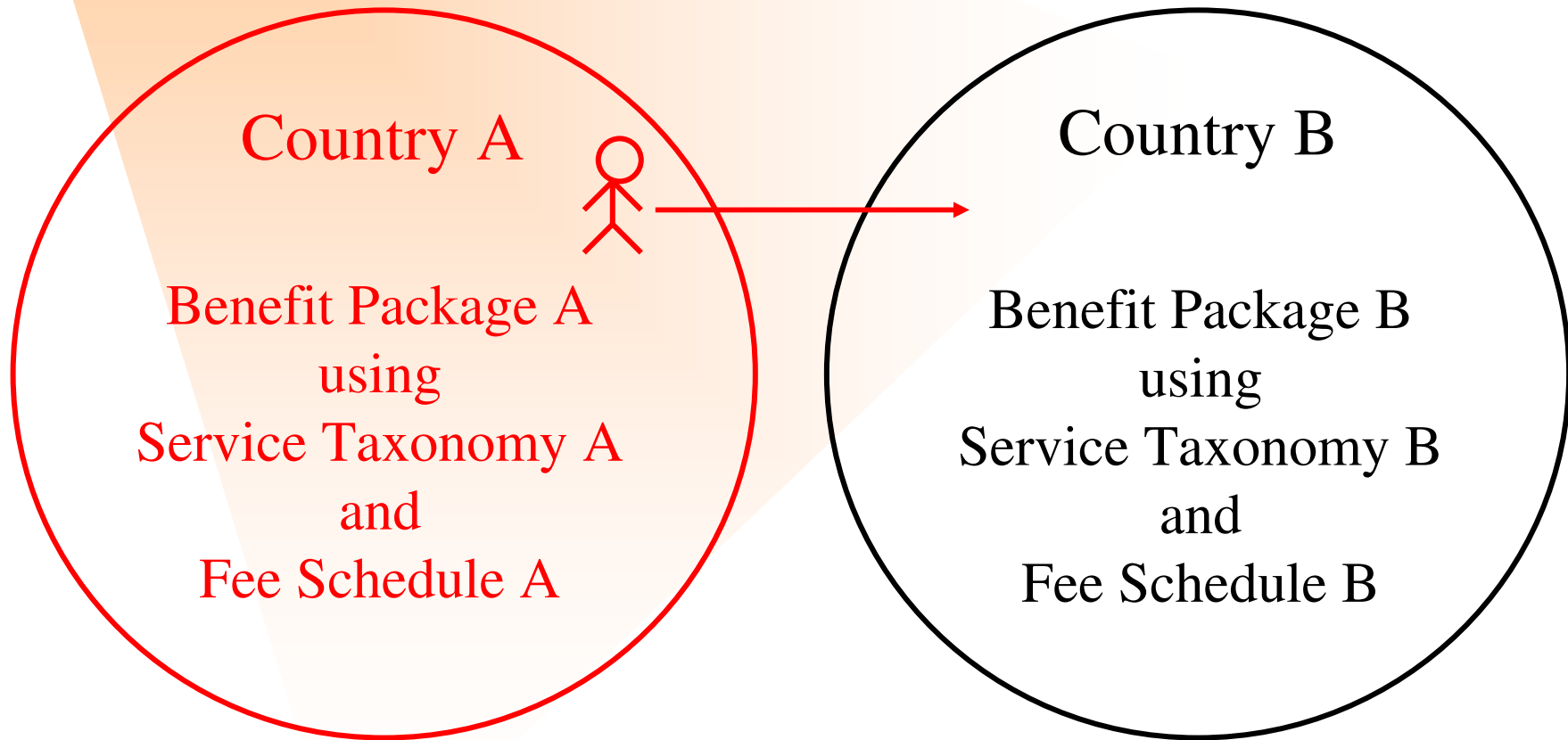


Solution: Form E111

- Patient takes E111 from his/her sickness fund in Country A and gives it to provider in Country B
- E111 entitles to benefits covered in Country B which are immediately necessary (copayments etc. as in Country B)
- Sickness fund in A will reimburse Country B (via national offices) – if there is no waiver agreement
- CAVE: Country B has to ensure that money reaches providers (e.g. Spain keeps money in Madrid!)



Situation 3: Patient from Country A needs go to Country B for treatment as it is not available in Country A.

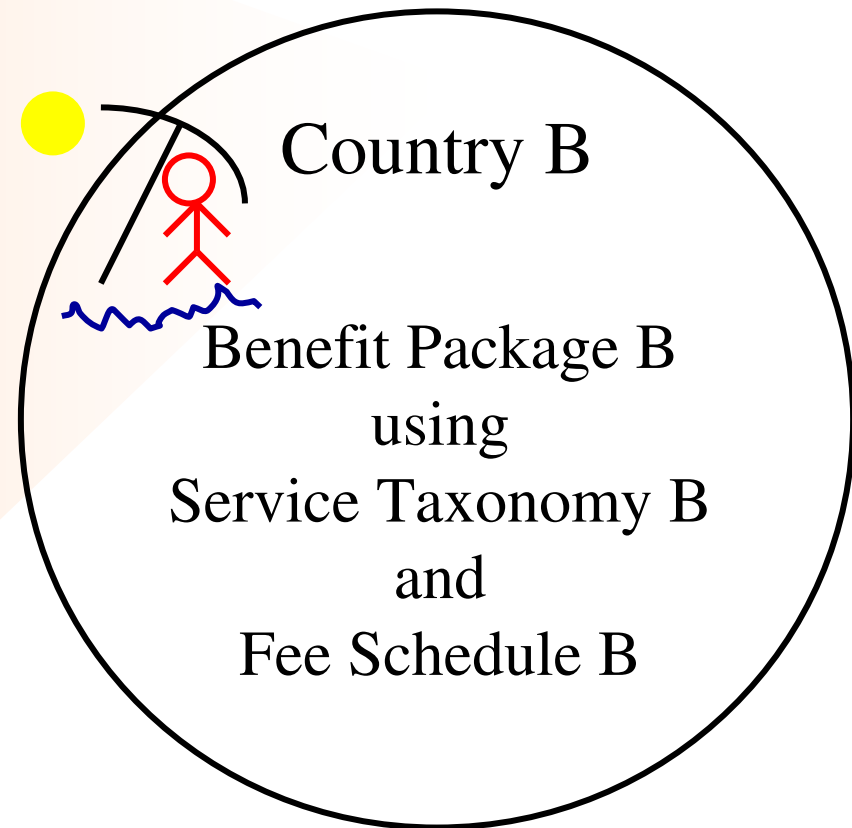
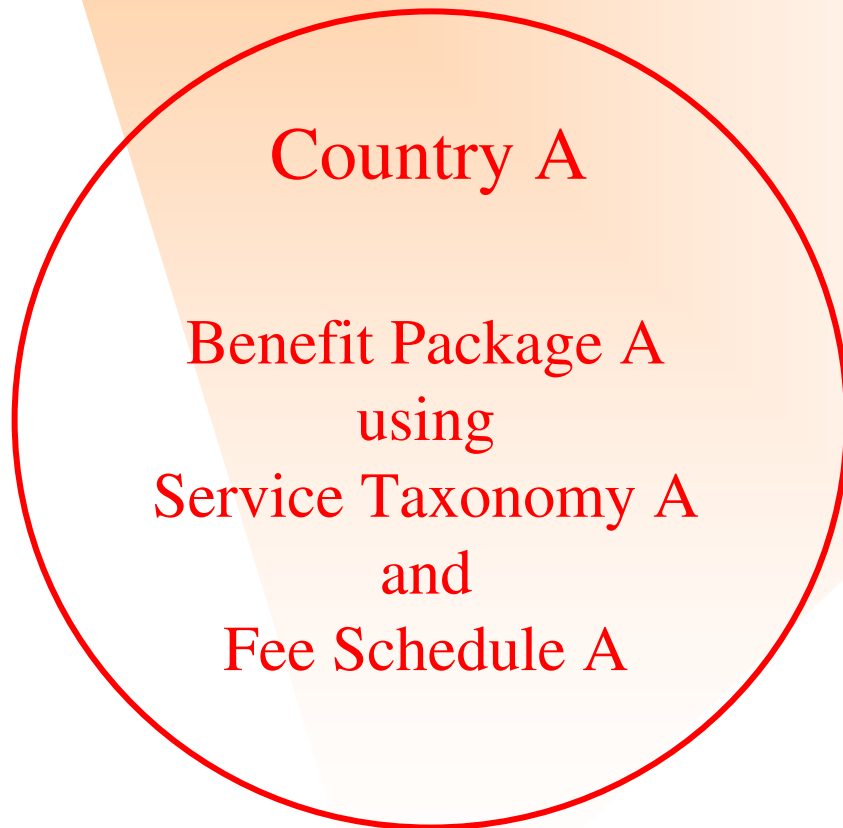


Solution: Form E112

- Patient applies to his/her sickness fund in Country A for authorization to get treatment in Country B
- E112 entitles to specific service in Country B (coverage and copayments as in Country A)
- Sickness fund in A will reimburse provider in Country B based on fee schedule in Country B



New Situation 1: Retired person from Country A wants to live in Country B (including receiving health care there).

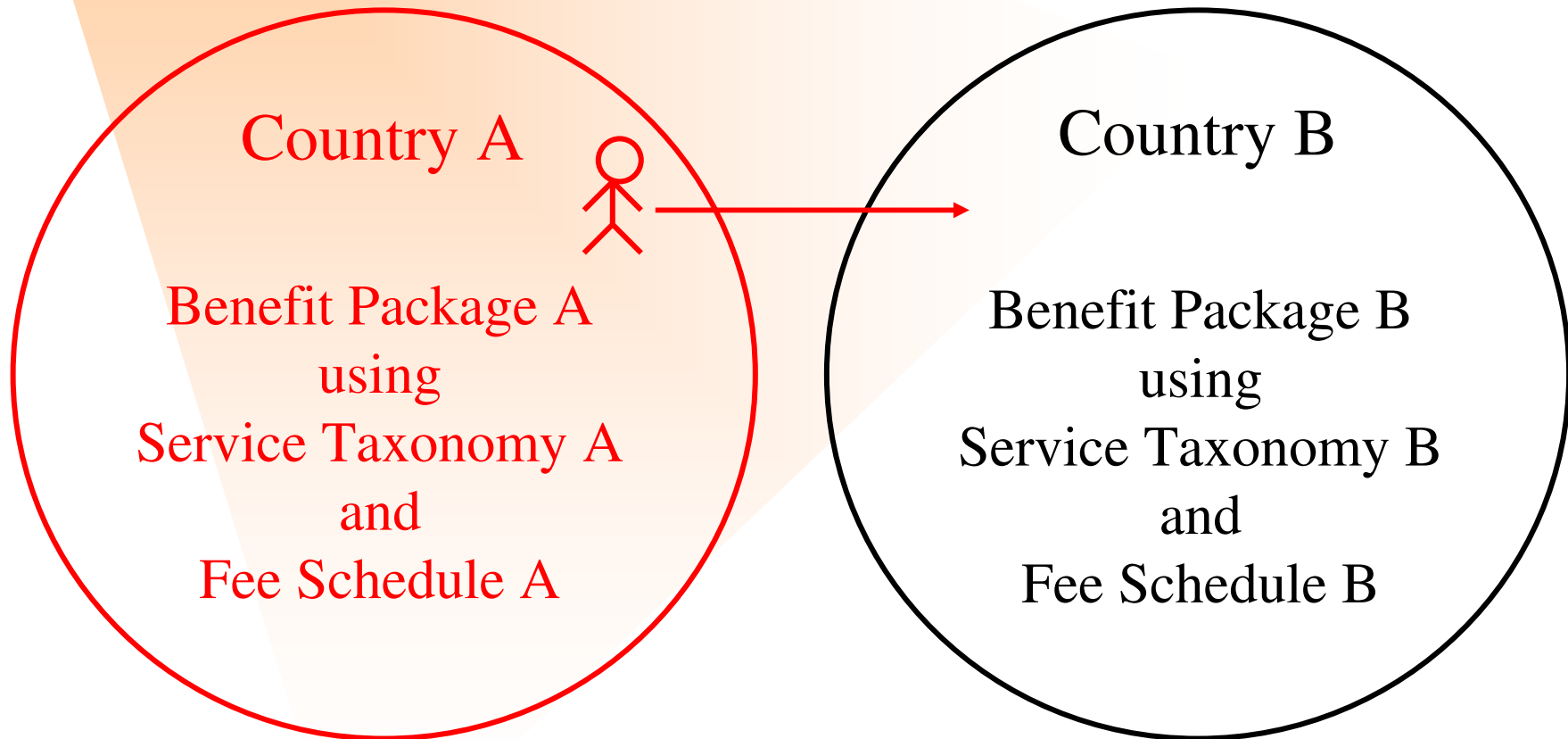


Solution: Extension of Form E111

- Retired people receive all medically necessary benefits covered in Country B (not only those immediately necessary)
- Sickness fund in A will reimburse country B (via national offices) – if there is no waiver agreement
- CAVE: Country B may be more generous than Country A (e.g. no co-payments for elderly in Spain)



New situation 2: Patient from Country A *wants* go to Country B for treatment – to bypass waiting lists in A, because of perceived higher quality ...



Not included in Regulation 1408/71!

Two major developments:

1. Extension of network of contracted providers across borders, especially in EuRegios – patients are treated as if inside their country.
2. Patient-enforced flexibility – starting with Kohll and Decker going from Luxembourg to Belgium and Germany and claiming reimbursement afterwards which the sickness fund refused but the ECJ granted (at fee rate in Luxembourg).





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50

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