



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').

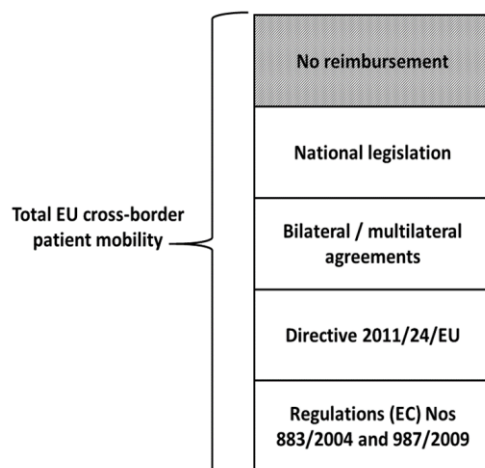
³ These data were collected within the framework of the Administrative Commission. The Network would like to thank all delegations of the Administrative Commission for providing these data. Moreover, we would like to thank the Commission and the Administrative Commission for remarks, comments, and exchanges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

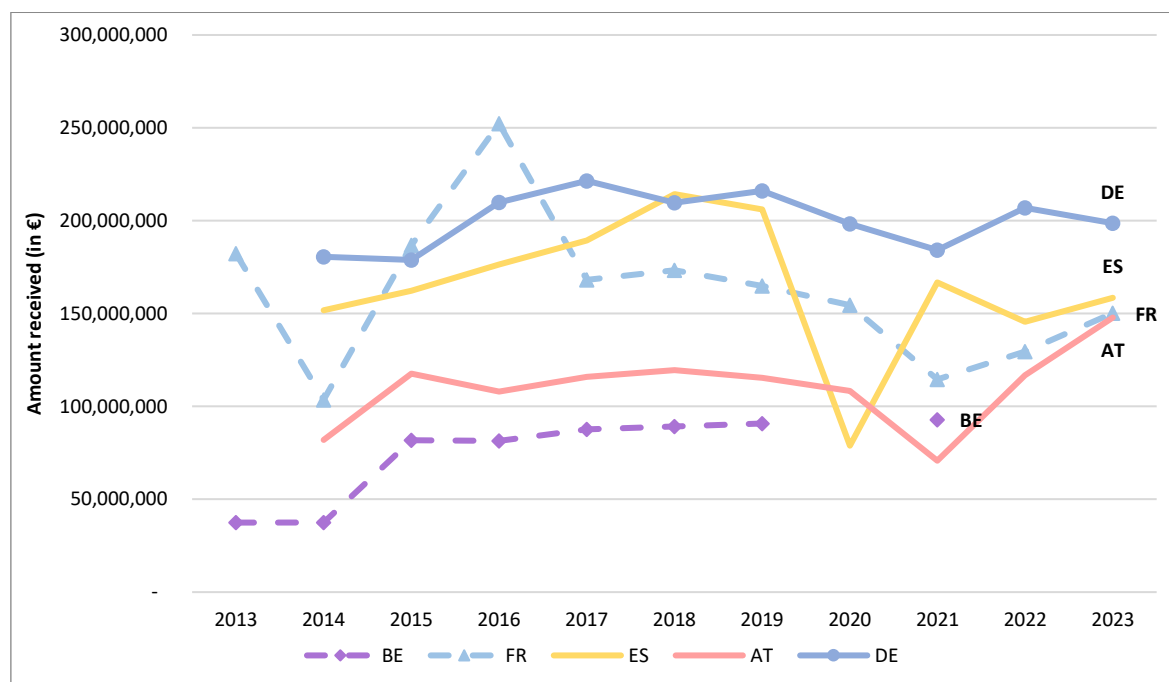
Healthcare provided in the Member State of stay is reimbursed by the competent Member State in accordance with the rates of the Member State of stay. This can happen in two different ways: either the reimbursement claims are settled between the Member State of stay and the competent Member State, or 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_PJAN1](#))

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

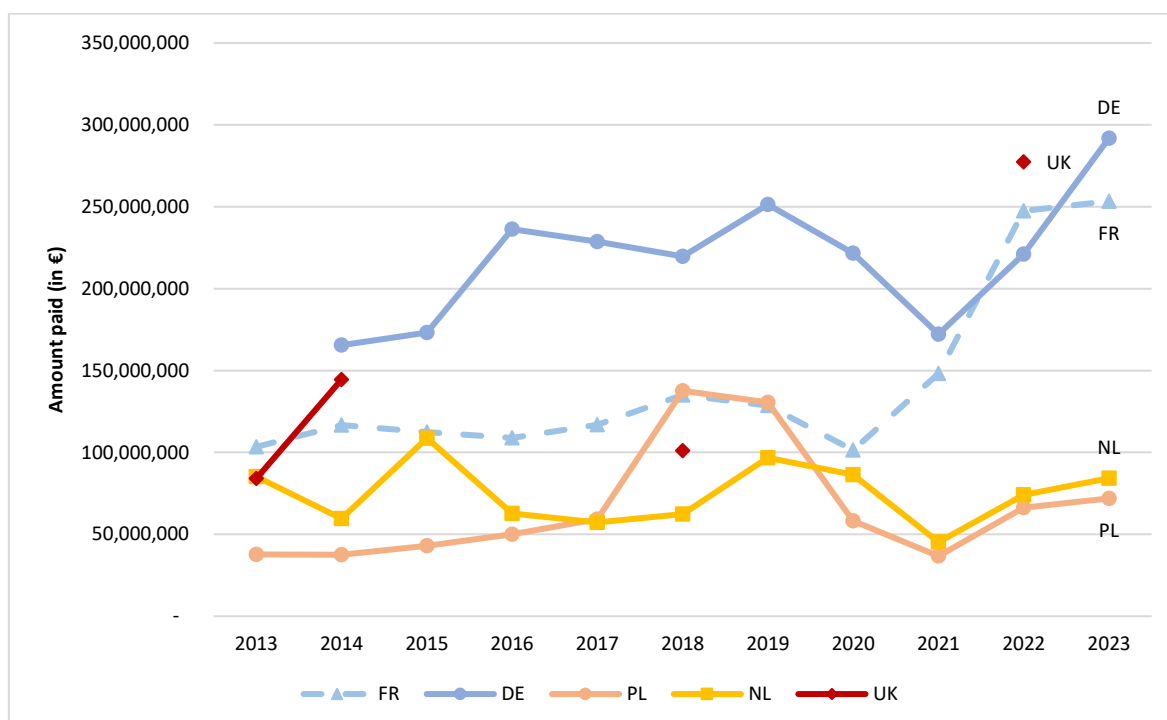


* For BE, DE, and FR it concerns the amount claimed and not received.

Source: Administrative data EHIC 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 EHIC Questionnaire 2024 and previous years

Seeing that the EHIC is a widespread instrument to receive unplanned necessary healthcare, there are also certain difficulties that come along with it. In some cases, the EHIC 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 EHIC, missing or incorrect data, or a date of treatment before the EHIC 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.

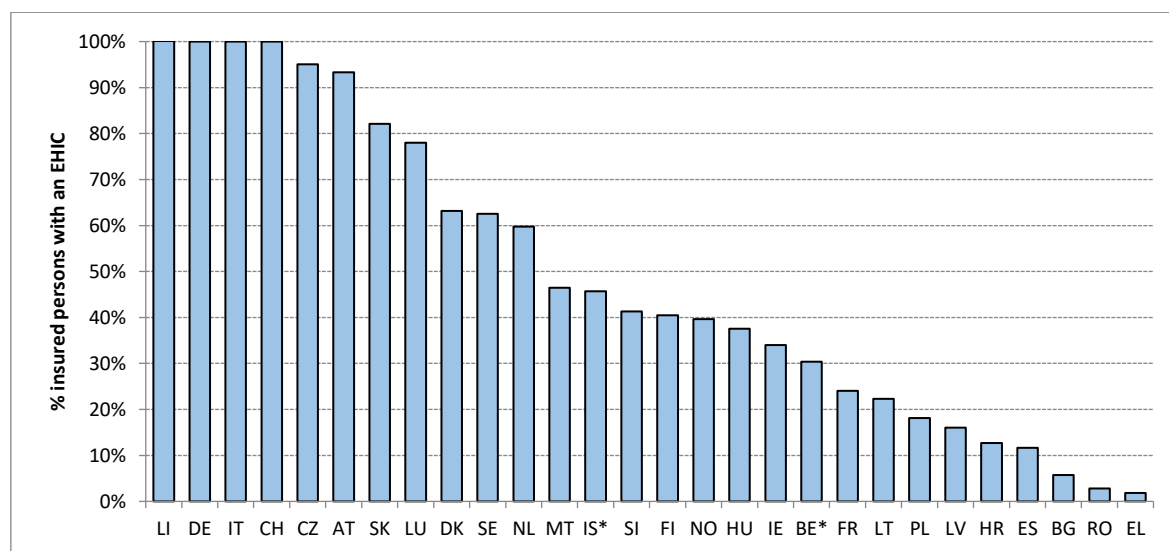
2. The number of EHICs issued and in circulation

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 %		99.6 %	0.4 %	
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 %				
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 %				
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 %		96.0 %	4.0 %	
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					32 644 222	47 650 399	48 423 716		31 340 837				
BG	48 307	27 088	20 961	51 441	26 594	23 358	18 786	-4 572	-20 %	29 125 472	20 575 676	52 528 293	50 408 330	26 386 488	27 113 593	22 977 456	-4 136 137	-15 %
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	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. 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.	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"). In addition, the service providers also receive information on how to deal with the EHIC from various German health insurance companies. 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.
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/).	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.
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**	UK*
	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	<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		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		<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			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				
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 a3 - Amount paid (in €) by the competent Member State for necessary healthcare received abroad, total, 2023

	Competent Member State																															
	BE*	BG	CZ	DK	DE*	EE	IE	EL	ES	FR****	HR	IT	CY	LV	LT	LU	HU	MT	NL**	AT	PL*	PT	RO	SI**	SK	FI**	SE	IS	LI	NO	CH**	UK*
Member State of treatment	BE		1 724 897	500 924	35 780	4 276 168	48 209	129 663	329 765	4 125 572	60 513 737	135 044		203 845	614 261		158 187	76 954	10 376 757	184 027	3 561 673	563 705	37 549		326 343	21 303	342 868	0	3 735		5 415 282	
	BG	91 062		98 654	29 048	2 268 416	32 124	66 361	136 699	207 163	420 263	16 665		7 265	12 639		2 766	9 019	282 577	37 198	83 647	163	28 517		2 759	10 240	20 697	0	1 221		1 661 324	
	CZ	23 957	249 296		184 381	5 339 630	8 872	356 258	114 004	61 728	9 023 121	64 305		100 663	87 965		67 123	4 221	242 967	484 979	8 412 037	271 903	58 589		8 098 756	6 768	89 116	90 401	1 149		2 266 437	
	DK	37 245	94 508	33 628		6 179 751	15 758	0	14 088	12 956	2 672 760	35 718		493 912	413 027		542	105 273	386 246	29 192	598 056	413	0		35 933	0	0	0	562		0	
	DE	4 399 835	9 311 482	6 791 449	3 621 498		723 508	1 060 806	2 022 638	11 578 803	12 248 845	6 901 875		3 401 301	5 130 908		1 401 009	53 500	15 974 204	13 059 307	34 393 723	20 831	9 314 749		4 414 833	71 151	4 101 335	569 443	52 826		34 407 561	
	EE	827	855	9 375	14 517		77 993			44 413	136	3 450		132 776	28 075		85	2 759	15 515	29 596	11 501	8 261	21 638		1 295	44 542	29 686	0	398		1 892	
	IE	3 337	3 329	12 063	0		221 529	1 835		765	280 481	351 664	19 404		62 304	27 001	1 209	7 738	14 749	23 290	360 198	90 413	22 490		16 779	516	872	0	434		1 462 187	
	EL	483 451	595 338	231 896	786		14 963 344	19 878		137 481	109	108 358		15 875	76 174		14 213	27 552	1 245 594	475 326	457 052	78 273	4 122		73 491	343 901	962 775	2 594	5		700 659	
	ES	8 618 342	1 687 881	1 204 452	1 076 916		44 151 773	288 045	2 111 772	451 817				701 242	481 886		134 064	60 780	10 332 064	1 715 797	3 213 877	4 517	15 682		353 424	2 775 758	7 035 478	30 610	42 729		17 127 693	
	FR	11 238 089	2 383 596	1 094 657	1 611 958		17 271 279	116 168	1 413 370	811 712	12 389 198			285 775	977 437		102 061	27 906	7 517 402	819 698	3 963 383	45 965	3 143 512		633 415	31 104	1 334 337	1 108	10 594		181 006 864	
	HR	63 978	38 908	563 328	68 064		14 696 238	8 271	37 009	23 202	54 863	1 093 800		8 952	11 647		49 559	9 679	297 332	1 804 171	167 166	22 809	31 697		231 303	7 832	379 064	4 632	5 752		296 645	
	IT	1 799 361	896 447	2 319 275	281 425		29 836 713	92 349	353 488	592 513	1 981 160	5 991 212	584 439		71 180	292 963		40 970	34 491	1 345 851	1 988 003	3 817 947	31 352	5 444 077		506 256	26 079	393 113	5 263	525		4 172 455
	CY	10 166	308 670	4 677	22 955		80 943	10 246	9 151	853 978	12 820	96 087	1 269		10 886	6 274	1 444	303	24 457	11 273	89 436	543	0		12 102	51 213	114 493	0	0		1 373 031	
	LV	2 229	417	18 631	16 021		73 654	126 053	3 871	5 367	8 072	25 011	22 537				0	4 289	11 785	3 253	27 393	8 563	1 039		1 254	1 210	19 686	0	169		129 335	
	LT	4 485	474	5 290	21 107		329 488	27 484	108 275	2 764	56 824	41 368	1 997		74 192		607	250	36 981	10 975	142 383	24 845	0		2 619	1 232	70 252	0	7 685		445 946	
	LU	1 658 721	130 280	24 941	11 353		973 728	2 271	0	64 575	443 027	3 497 798	3 960		14 869	54 300	87 767	1 075	771 020	13 435	152 426	11 279	32 722		8 396	3 221	258	0	110		538 272	
	HU	46 192	25 719	62 747	8 355		1 286 111	1 837	13 749	2 447	30 824	34 196 743	6 032		1 499	14 376		1 113	45 578	216 904	61 008	29 689	269 469		143 658	9 003	66 903	175	106		625 598	
	MT	4 806	33 935	5 056	125 460		160 003	4 719	47 853	1 524	53 600	556 658	2 095		255 144	11 268	5 803		62 003	25 068	93 510	9 475	21 868		55 284	4 827	55 523	0	4 307		5 007	
	NL	5 031 025	1 746 759	5 549	276 674		0	2 976	230 460	238 552	757 498	124 034	0		637 408	496 093	18 139	0		218 868	98 845	87 679	1 242		223 322	25 591	365 354	0	18 033		2 756 622	
	AT	762 375	1 400 774	4 955 759	2 314 940		76 374 857	137 444	264 505	201 378	934 989	2 484 654	1 406 228		123 979	341 473	517 385	31 481	7 202 188		3 624 935	648 780	2 752 128		2 184 104	30 984	1 158 382	192 475	4 141		6 059 267	
	PL	332 483	106 699	878 150	384 010		21 124 900	20 043	568 948	115 309	494 705	5 803 790	15 620		87 728	250 864	30 975	19 947	2 542 904	689 082		132 666	28 094		158 166	5 001	650 485	16 507	3 603		5 349 072	
	PT	954 940	8 572	70 375	1 144		3 006 708	18 121	68 392	58 569	1 169 413	19 731 789	15 845		17 314	15 485	3 835	3 480	726 773	78 689			157 440		334	14 702	94 780	272 050	301	199		13 294
	RO	41 767	21 411	19 802	52 551		0	69	1 178	7 758	216 725	128 597	1 024		2 502	479	20 785	30	52 047	43 991	8 927	0			5 586	2 332	13 011	313	0		163 313	
	SI	79 014	50 447	180 714	19 134		2 613 007	4 272	11 619	9 038	117 804	197 140	567 791		3 730	5 817	3 609	3 727	194 759	779 802	135 679	562 561	10 168		68 331	912	63 562	357	0		507 157	
SK	80 999	26 327	3 082 142	44 675		892 537	7 570	155 545	23 349	72 119	144 225	45 148		12 083	62 594	14 439	8 260	80 275	667 150	460 159	25 407	17 617				987	33 312	32 874	111		2 233 130	
FI	5 500	33 242	80 011	41		1 415 409	1 587 571	25 547	52 309	374 069	501 547	17 789		216 783	415 834	14 076	15 879	267 669	157 621	599 603	220 449	99 566		25 508			93	1 053		21 844		
SE	188 166	359 642	331 670	31 618		6 069 163	788 884	0	513 314	889 568	16 342 592	440 232		1 836 234	2 765 129	38 876	39 120	1 480 634	206 148	2 790 887	562 534	9 095		251 387	206		3 293	18 545		1 319 611		
IS	1 153	442	49 003	1 431		382 855	14 285	57	10 703	138 410	12 701 359	5 393		265 042	178 706		817	1 040	166 430	71 573	108 287	31 264	0		1 300	0	0	0	4 489		254 501	
LI	430	0	471	275		134 266	119	177	0	0	61	0		0	0	478	0	1 839	32 955	922	21 396	0		0	0	0	0	800		10 474		
NO	4 528	188 937	80 201	617		3 150 926	25 128	23 883	9 025	149 370	6 621 179	13 574		105 187	433 520	2 378	4 510	966 016	100 719	458 214	0	88 529		16 933	0	0	0	0		27 825		
CH	1 701 076	501 018	977 081	958 454		32 843 838	80 024	212 728	197 238	4 101 300	16 738 266	449 601		176 161	497 696	141 958	35 878	4 577 525	1 652 129	949 871	8 937 776	536 168		1 179 390	30 044	2 162 885	232 441	60 533		7 072 017		
UK	4 668	1 149 680	415 091	65		1 667 793	0	0	163 724	359 749	78 619	33 995		1 079 475	696 475	0	0	843 434	180 280	2 876 336	12 545	1 786 072		231 771	4 894	0	0	0				
Total	37 674 206	23 079 982	24 107 063	11 215 253	291 863 021	4 214 133	7 456 559	6 515 481	41 184 618	253 376 360	11 451 419		10 405 307	14 523 918		2 875 160	590 254	84 334 752	25 810 499	71 876 521	12 466 058	23 776 730	6 544 051	19 278 402	10 455 632	8 660 466	1 182 877	243 815	78 907 077		277 424 316	

* BE: data 2021. UK: data 2022. BE, DE, FR, PL, and UK: it concerns the amount claimed for E125 forms, not the amount paid.

** SI and CH: no breakdown possible. NL: no breakdown possible for claims not verified by E126 (EUR 16 249 174). FI: no breakdown possible for the estimated amount claimed for E125 forms (EUR 6 850 000). Therefore, it only concerns E126 and claims not verified by E126 in this table.

*** EL reported EUR 109 for which EL was the Member State of treatment.

**** 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 162 394 516.

Source: Administrative data EHIC Questionnaire 2024

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

Competent Member State	Member State of treatment																															
	BE*	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR**	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI**	SK	FI**	SE	IS	LI	NO	CH	UK*
	BE		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			148		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

Table a5 - Amount received (in €) 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**
BE		213 368	154 746	153 831	4 444 948	2 846	16 227	766 471	9 040 303	20 758 429	118 605	2 087	8 651	20 244	65 002	7 364 058	3 644 044	693 886	104 333	56 975		63 710	64 981	604 991
BG	1 706 146		293 693	93 331	8 425 455	7 277	1 801	931 770	629 422	1 606 716	10 850	417	562	9 950	82 154	1 394 760	1 004 143	332 116	10 792	21 906		28 490	38 444	321 206
CZ	488 478	134 741		40 828	6 752 972	9 495	17 798	229 990	860 915	1 116 459	585 436	13 509	5 546	80 088	9 524	558 550	5 158 473	1 021 906	51 058	17 123		2 724 289	82 808	338 906
DK	66 074	63 464	226 042		2 820 844	11 606		355 554	1 041 866	993 133	101 051	16 131	54 463	10 222	140 834	716 204	2 374 441	861 647	2 928	54 271		84 055	0	0
DE	3 279 364	2 926 985	5 267 132	4 386 888		80 904	166 958	15 014 521	25 695 895	17 307 181	14 696 231	65 030	341 071	1 326 745	162 344	28 297 926	76 494 424	24 177 438	1 740 325	578 241		891 658	1 431 199	6 374 156
EE	18 898	34 191	32 456	2 989	438 089		1 835	19 881	284 335	183 791	7 979	117 324	27 144	317	10 089	101 337	107 491	13 559	18 194	69		341	1 783 873	491 596
IE	133 339	42 534	173 844	0	1 590 035	3 399		97 047	2 689 968	1 358 389	120 051	4 027	104 846	3 132	78 139	1 324 877	390 897	1 533 453	67 840	7 594		170 905	74 414	0
EL	548 822	382 302	71 104	11 020	3 683 963	2 582	765		362 231	824 705	5 532	5 133	2 188	6 789	8 180	635 353	426 114	36 723	79 450	7 758		25 338	90 606	285 202
ES	2 844 564	279 488	345 105	9 956	6 802 133	8 887	273 195	178 699		8 983 822	49 926	7 584	21 781	22 644	78 716	2 405 028	1 005 696	302 750	1 013 011	121 677		54 145	242 147	760 055
FR	50 130 969	325 457	386 325	207 273	9 861 726	19 937	239 607	1 799 744	28 805 305		1 027 719	17 130	28 242	79 216	327 351	3 277 867	2 154 589	1 130 114	73 288	139 049		64 278	479 199	1 435 851
HR	71 966	23 860	62 327	22 175	6 876 570	46	16 006	14 483	113 384	424 359		0	1 997	7 813	2 643	241 088	1 493 500	18 550	8 985	343		12 041	17 789	429 793
IT	3 117 102	1 110 030	691 325	118 939	15 536 873	16 966	144 881	1 499 000	8 381 844	19 517 053	1 166 361	17 555	40 290	61 725	704 694	3 189 021	6 084 383	1 313 295	965 395	761 781		232 090	234 119	1 455 035
CY	39 683	2 029	34 457	0	814 616	323	41	1 056 962	29 297	0	3 587	156	2 322	8 037	0	127 920	39 011	11 360	1 003	0		3 916	5 128	17 793
LV	113 418	2 090	80 187	405 142	1 362 319	59 218	62 304	47 512	707 182	818 499	3 399		92 729	451	46 413	537 159	172 448	42 559	23 220	2 489		70 216	482 998	1 259 287
LT	718 089	30 474	98 152	379 608	4 311 983	27 868	23 808	25 780	473 945	1 369 783	11 136	122 431		4 392	12 333	956 761	354 952	309 430	17 083	341		17 097	333 990	1 717 420
LU	5 117 970	2 672	23 643	35 179	4 558 983	2 917	0	61 396	973 362	4 306 416	60 733	2 861	2 593	6 117	11 108	3 939 456	1 357 596	92 947	65 768	6 866		8 636	101 098	0
HU	385 574	15 369	192 233	10 564	5 525 696	901	17 524	164 614	455 203	724 332	229 752	152	5 328	29 576	782 939	4 239 022	81 871	6 578	114 781			123 645	98 656	844 566
MT	11 315	23 675	4 656	359	51 740	1 847	610	27 672	139 337	26 038	27 540	342	68	1 167		135 256	23 259	22 667	26 537	0		0	15 879	38 106
NL	9 288 551	436 059	418 558	467 654	17 172 342	15 515	19 088	1 245 594	12 028 000	13 750 063	304 318	5 653	40 462	75 149	108 063		14 023 941	2 648 751	374 458	12 113		112 545	274 096	1 966 753
AT	200 273	141 449	1 012 546	35 761	12 084 714	33 855	19 516	563 578	1 724 139	845 576	2 567 552	2 588	15 472	463 120	64 139	899 591		1 517 749	70 475	90 291		520 757	252 434	355 147
PL	3 852 215	54 341	1 306 544	501 678	41 010 279	11 463	191 254	561 931	3 666 863	4 477 102	561 501	27 096	44 598	57 634	92 874	4 474 726	4 182 595		175 399	4 706		597 285	628 355	3 261 311
PT	2 398 452	0	69 146	0	2 315 287	1 462	90 413	17 518	0	7 838 188	11 266	8 708	3 421	4 236	37 814	1 199 512	396 520	38 331	52	0		5 396	166 713	359 458
RO	3 851 888	61 917	169 891	0	13 081 093	436	0	563 943	0	5 165 015	22 904	0	595	825 622	22 479	1 001 406	4 363 261	68 241	130			15 517	40 328	702 197
SI	517 992	21 160	83 908	27 668	3 147 202	27 003	264	31 401	49 003	113 796	1 752 433	1 154	313	6 629	1 823	186 587	1 909 139	4 256	193	497		2 112	16 865	45 430
SK	721 049	30 804	12 702 234	20 535	5 169 714	1 030	9 084	37 890	343 580	897 540	361 265	1 333	3 783	194 627	25 312	1 024 019	4 489 253	341 983	14 240	6 290		78 248	361 768	0
FI	63 196	18 245	44 767	0	842 112	1 000 841	13 295	139 684	1 633 385	485 092	61 360	11 776	19 313	14 055	16 359	475 394	354 438	77 581	19 039	939		4 976	0	0
SE	181 796	102 769	268 191	0	3 439 789	62 888	0	1 305 160	6 696 188	1 557 353	427 183	17 493	65 059	92 652	75 088	936 245	1 544 770	1 262 516	318 813	13 379		47 833	0	0
IS	2 346	6 335	27 560	0	272 759	133	6 277	31 029	880 196	60 037	10 076	3 919	8 635	3 335	1 774	77 546	137 753	288 411	12 934	1 082		12 807	0	0
LI	0	0	385	251	149 179	0	0	3 167	21 538	6 146	1 636	0	0	24	0	771	161 181	1 410	3 639	0		0	596	3 568
NO	117 153	154 220	100 942	0	1 538 453	39 126	11 649	234 990	4 135 870	887 712	186 136	10 901	107 980	28 465	38 559	562 864	412 806	2 192 893	798	11 104		94 865	0	0
CH	1 096 999	63 128	428 508	261 943	8 848 594	6 105	14 514	387 711	3 863 527	7 825 909	755 243	1 337	8 472	121 589	47 507	1 183 601	4 960 927	529 744	2 024 865	12 455		238 993	204 537	814 578
UK	1 801 792	1 766 164	1 236 833	0	5 733 606	3 377	0	4 429 700	42 730 981	25 902 246	543 678	31 132	336 466	0	0	3 948 704	4 390 891	5 493 376	6 657	111 247		655 844	0	1 784 101
Total	92 885 471	8 469 320	26 007 438	7 193 571	198 664 068	1 460 254	1 358 714	31 844 392	158 457 062	150 130 881	25 792 440	514 963	1 394 391	3 536 185	2 300 892	71 956 524	147 851 958	46 461 512	7 297 482	2 155 366	5 033 130	6 883 780	7 239 501	26 028 276

* BE: data 2021. UK: data 2022.

** SI: no breakdown possible.

*** BE, DE, EE, EL, FR, PL, FI, and UK: it concerns the amount claimed for E125 forms issued. For FR the amount received for E125 issued is EUR 45 729 576. The total amount received amounts to EUR 45 764 559.

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.

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	<p>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.</p> <p>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.</p> <p>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.</p>
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	<p>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.</p> <p>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.</p> <p>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).</p>
FR	Y	<p>CNSE: Healthcare must be necessary to be reimbursable and therefore requires interpretation:</p> <ul style="list-style-type: none"> - health care necessary in view of the duration of the stay - immediately necessary healthcare <p>CCMSA: No difficulty noted in the MSA network</p>
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

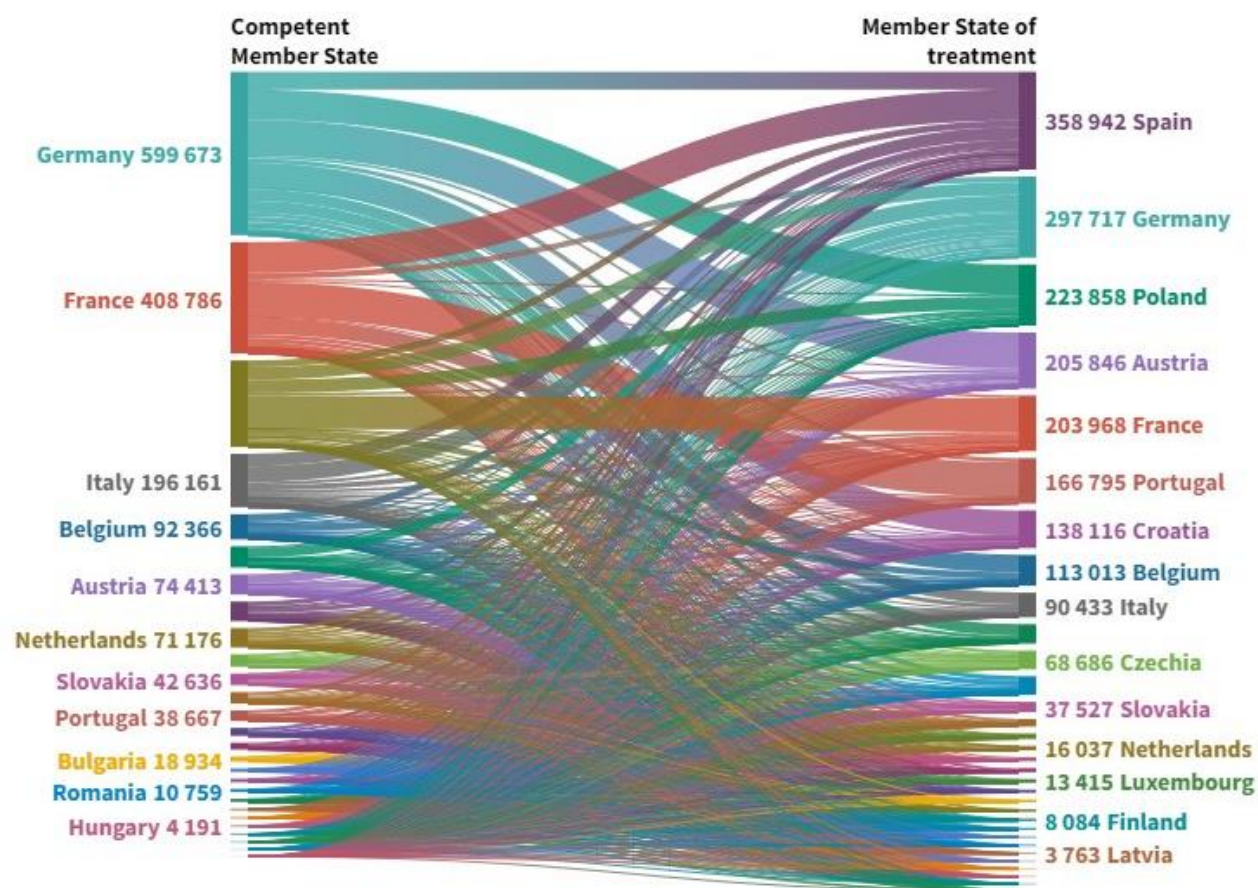
MS	Y/N	Rejections by institutions in other countries	Y/N	Rejections by your institutions
BE				
BG		n/a		n/a
CZ	Y	Yes, there are 1 751 cases. Most usual reasons are - unknown entitlement document, person cannot be identified, period of treatment is not covered by entitlement document.	Y	Yes, there are 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]).

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

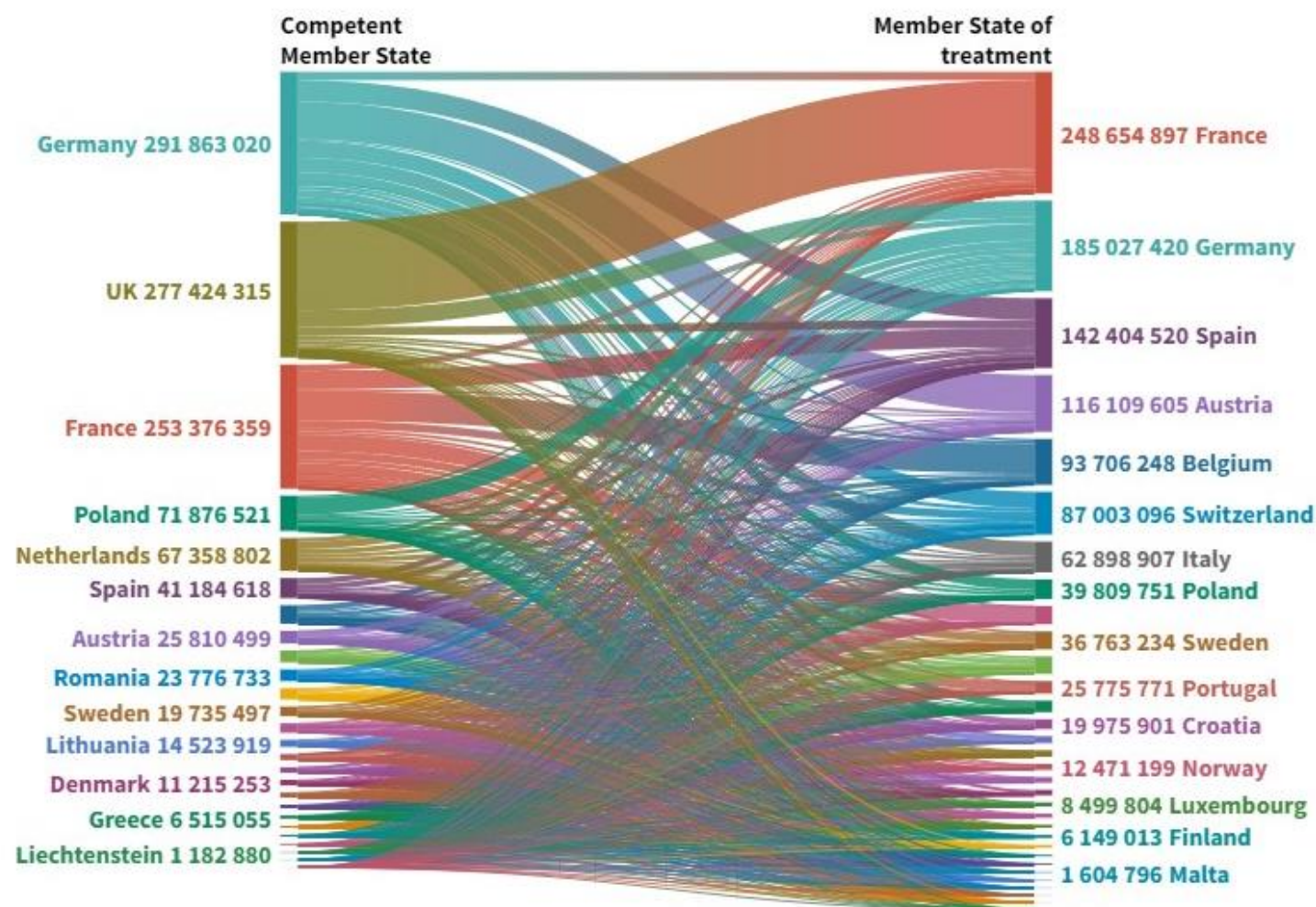


* BE: data 2021. For E125 forms it only concerns forms submitted electronically. UK: data 2022.

** 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



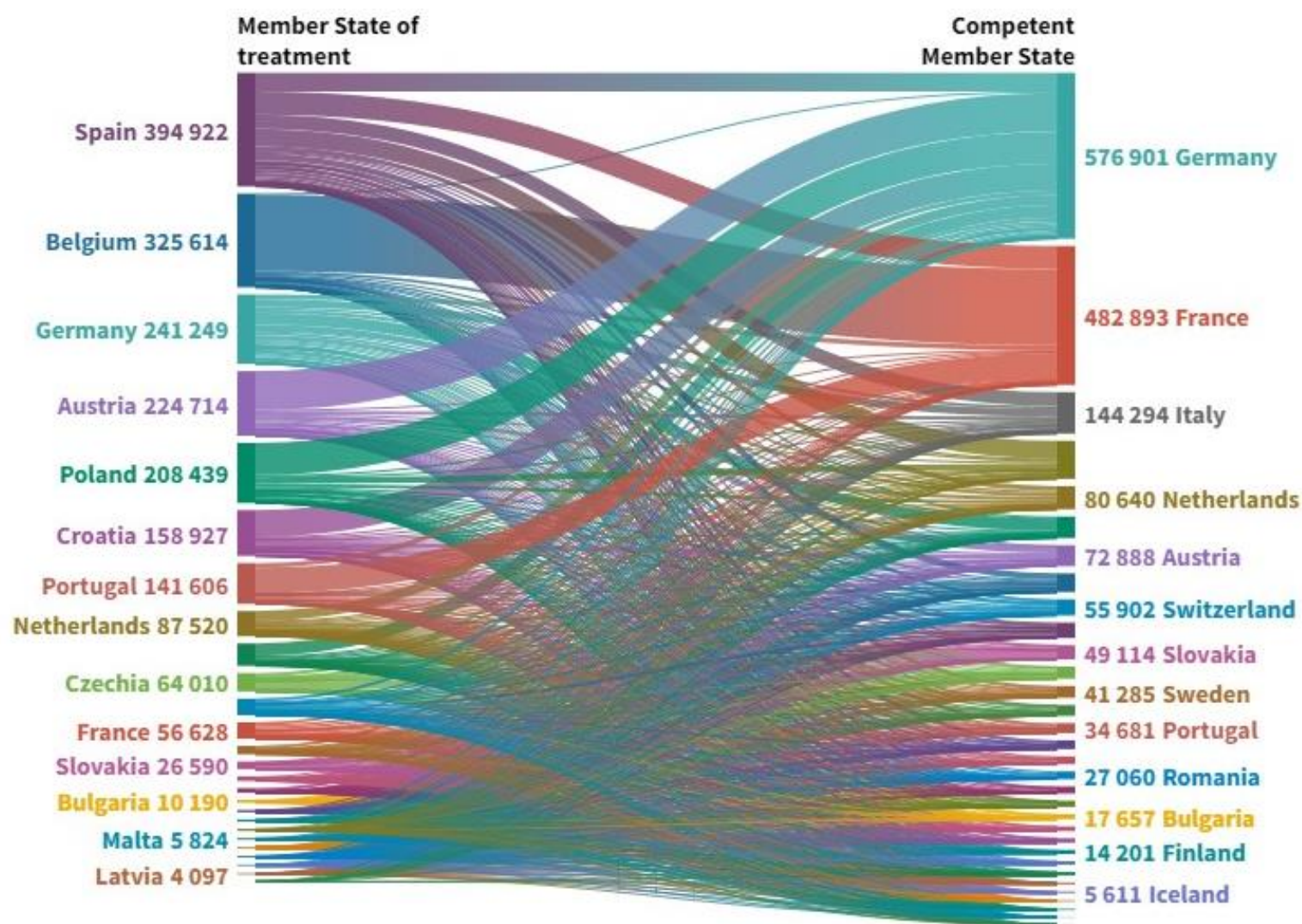
* BE: data 2021. UK: data 2022.

** 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).

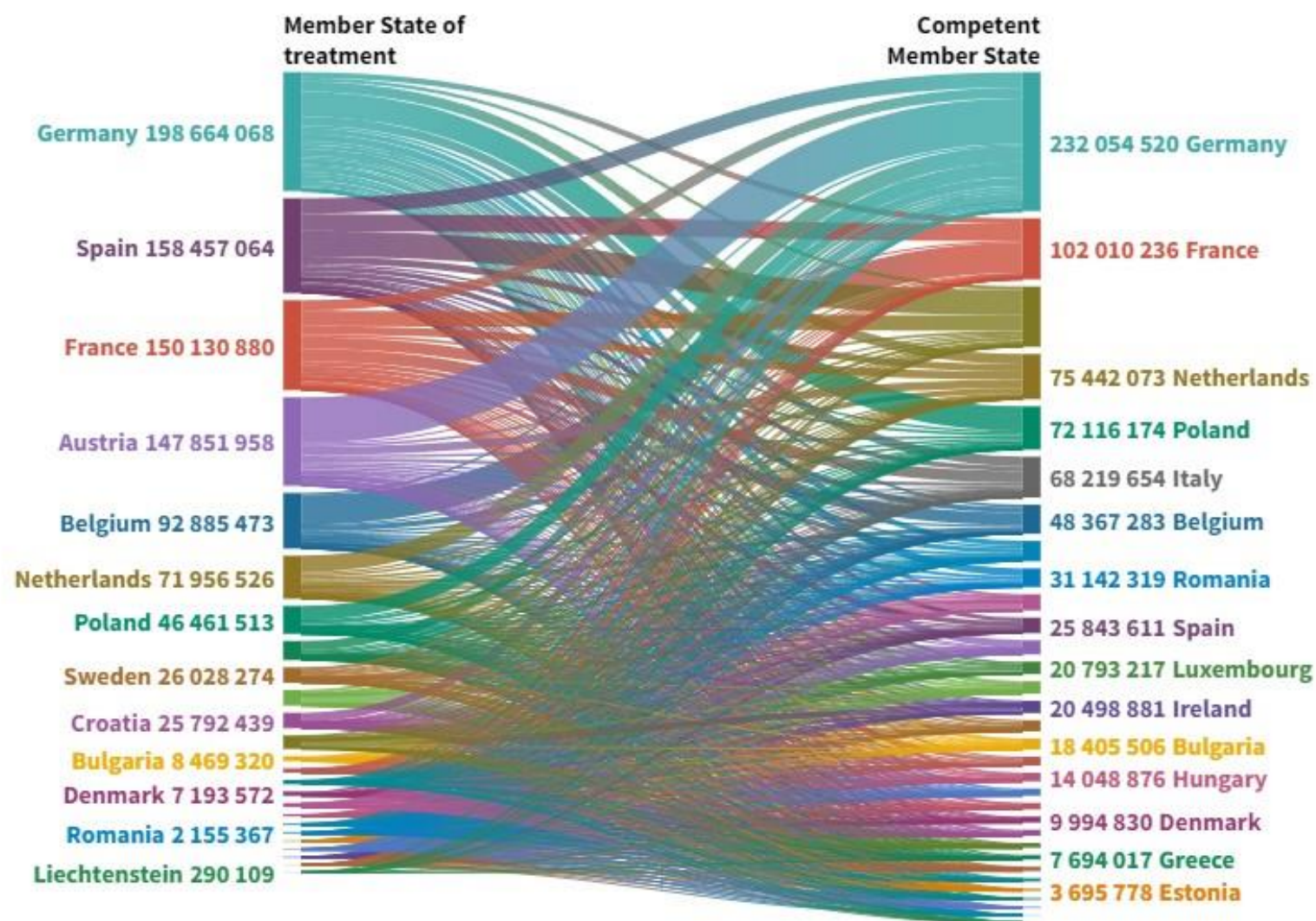
Figure a3 – Total number of claims issued by the Member State of treatment for necessary healthcare, 2023



* 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.

