

Travel Medicine and Migration Health 2018

Patients's rights in cross-border healthcare in the European Union

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Cross-border care

Challenges

- to provide clear rules and reliable information to patients regarding access and reimbursement for healthcare received in another EU country.
 - → the new "national contact points" (NCPs) do this
- to meet patients' expectations of the highest quality healthcare, which are even higher when they seek treatment away from home. The information given by NCPs on healthcare quality and patient safety will help them make informed choices before going abroad for healthcare
- to ensure EU countries work closer together in the interest of patients
- to clear up years of legal uncertainty:
 - the new rules also strike the right balance between maintaining the sustainability of health systems while
 - protecting patients' right to seek treatment outside their home country

http://ec.europa.eu/health/cross_border_care/policy/index_en.htm





Cross-border care

Policy

A number of factors are making health policies and health systems across the European Union increasingly interconnected:

Why?

- Patients getting healthcare across the EU
- Health professionals working in different EU countries
- **Higher expectations** for healthcare (patient-centered)
- New developments in health technologies

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http://ec.europa.eu/health/cross border care/policy/index en.htm





Fundamental documents of cross-border health care

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 http://discourses.upus.com/discourses/

AZ EURÓPAI PARLAMENT ÉS A TANÁCS 2011/24/EU IRÁNYELVE (2011. március 9.) a határon átnyúló egészségügyi ellátásra vonatkozó betegjogok érvényesítéséről

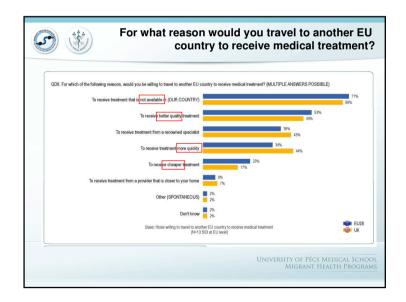
Commission report on the operation of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare

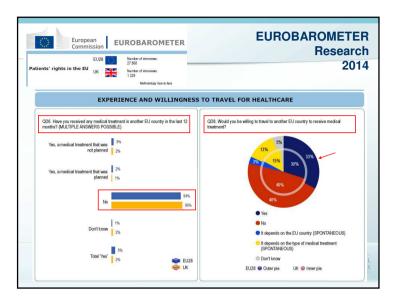
http://ec.eurona.eu/health/cross.horder_care/docs/2015_operation_report_dir201124eu_en.ndf

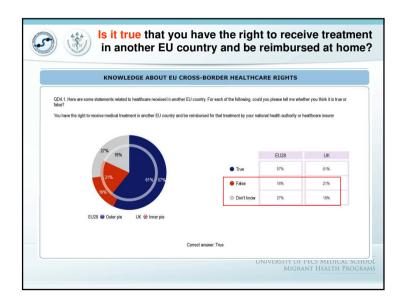
A Bizottság jelentése a határon átnyúló egészségügyi ellátásra vonatkozó betegjogok érvényesítéséről szóló 2011/24/EU irányelv működéséről

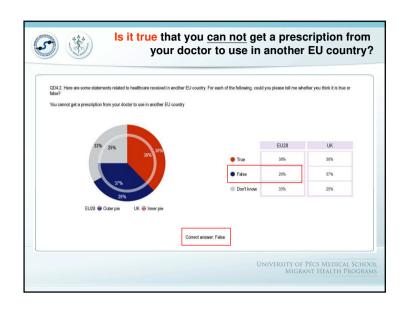
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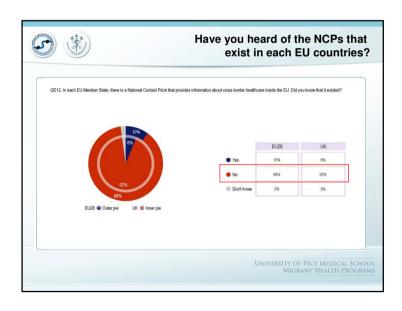


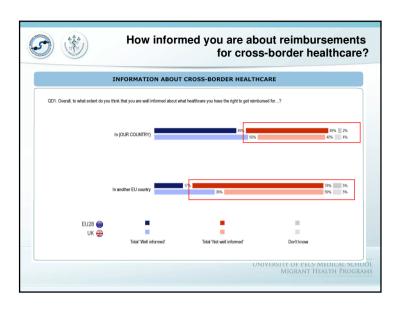


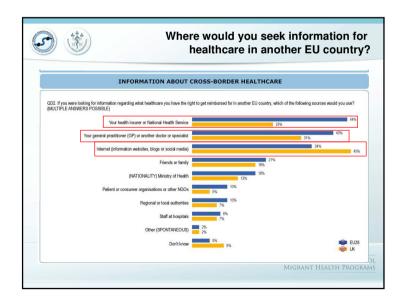


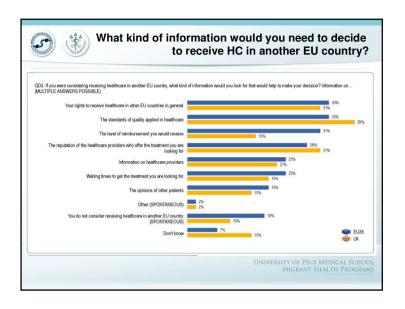


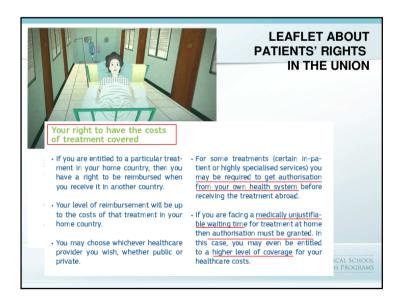


























European Health Insurance Card (EHIC)

- in some countries the EHIC is issued together with the national health card
- in others, you need to apply for it
- it is free of charge (be aware of cheaters!)
- you should get it from your health insurer before leaving home
- check with health insurer how far your health insurance covers family members

Important! - the European Health Insurance Card:

- is **not an alternative to travel insurance!!!** (rescue, transportation)
- it does not cover any private healthcare or
- costs such as a return flight to your home country, etc.
- does not cover your costs if you are travelling for the express purpose of obtaining medical treatment,
- does not quarantee free services; it may occur that services that cost nothing at home might not be free in another country
- not accepted in Switzerland for Croatians and in Dania for citizens outside the EU

http://europa.eu/youreurope/citizens/health/index_en.htr



Unplanned healthcare

Going to a doctor/hospital abroad

112: European emergency phone number, available everywhere in the EU, free of charge.

If you need to go to a doctor or get hospital treatment during a trip to another EU country, having your European Health Insurance Card with you will simplify administration and reimbursement for public health care.

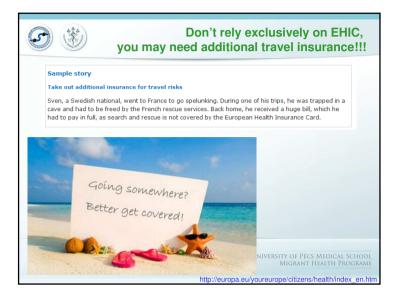
As health care and social security systems vary from one EU country to another:

- in some countries you may have to pay the doctor or the hospital directly for treatment, while in others no money changes hands.
- you can **get information** about the national system of the visited country: online, from a national institution there, a NCPs, or through the EHIC smartphone application.

The EHIC is accepted only by doctors or hospitals affiliated to the public health care system - private health care is not covered!

If you use private health care, you may be able to claim reimbursement when you get home - but you should check your rights first, as reimbursement rules can vary!

http://europa.eu/youreurope/citizens/health/index_en.htm







Unplanned healthcare payments and reimbursements

Make sure you are treated under the local public health care system

Despite having a broken leg Ewa went on a business trip to another EU country. While there, her leg started to hurt, so she went to see a doctor, Back home, she received a bill for the treatment, which was not covered by her insurer under the EHIC system because the doctor had treated her as a private patient. Ewa was able to claim some money back from her insurer, but not all, since the cost of the treatment abroad was higher than in her own country.

With the European Health Insurance Card you can get public healthcare - and claim reimbursement for the costs you incur - on the same terms as nationals of the country you are in.

- if the treatment you need is free for local residents, you won't have to pay
- if the treatment requires payment, you can either ask for reimbursement from
 - the national institution whilst still in the country
 - or ask for reimbursement from your health insurer when you get home

Your expenses will be reimbursed according to the rules and rates of the country where the treatment was received. (you will be reimbursed either for the full cost of the treatment or partly) LTH PROGRAMS

http://europa.eu/youreurope/citizens/health/index_en.htm





Unplanned healthcare payments and reimbursements

Without European Health Insurance Card

If you don't have your European Health Insurance Card or you are not able to use it (for example, at a private hospital), you will be asked to pay and then claim reimbursement when you get home.

This applies to both public and private healthcare providers.

However, the terms will be different:

- only those treatments which you are entitled to receive at home will be reimbursed
- you will be reimbursed only up to the cost of treatment in your home country – which may be less than you paid for the treatment

If you require **urgent treatment**, your local health authority might be able to help by **faxing or e-mailing** proof of your health insurance coverage to avoid you having to pay upfront.

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http://europa.eu/youreurope/citizens/health/unplanned-healthcare/payments-reimbursements/index_en.htm





Planned healthcare

Priority orientation about planned medical treatment abroad

- → to find a hospital, medical establishment, or other healthcare provider offering the treatment you need in another EU country, you can:
 - ask your local health insurer
 - ask your National Contact Point, or the contact point of the country where you are considering treatment
 - find a provider yourself directly
- → before going abroad for treatment: check with your National Contact Point or ask your health insurer
 - if you need prior authorisation
 - check your options for covering costs and
 - the consequences of any choice you make

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http://europa.eu/youreurope/citizens/health/planned-healthcare/index_en.htm



Planned healthcare

There is a big difference in procedures between unplanned healthcare (when you fall unexpectedly ill) and planned medical treatment (if you travel abroad specifically in order to have medical treatment).

Under EU law, you are entitled to seek medical treatment in other EU countries in certain circumstances.

Basicly.

- you have a right to medical treatment in another EU country on the same terms and at the same cost as people living in that country

However

- some countries may **restrict access** to some types of healthcare - because demand for treatment is higher than their capacity to provide it

You can **check with the NCPs** for the country where you want to be treated, to see what restrictions apply there, if any.

http://europa.eu/voureurope/citizens/health/planned-healthcare/index_en.htm





Planned healthcare expenses and reimbursements

There are two ways to cover the costs:

- 1. Your health insurer can cover all the cost directly
 - this applies to public health care providers (not cover private treatment)
 - prior authorisation is needed from insurer before travelling. If granted (\$2), your insurer will cover the full cost of your treatment, and the reimbursement will be arranged directly between the institutions.
- 2. You can pay for the treatment yourself and claim reimbursement later
 - this option covers all providers: public or private
 - you will be reimbursed up to the cost of that treatment in your home
 - country, *only* if you are entitled to the treatment also at home you might still have to apply for **prior authorisation** check at NCP!

Whichever option you choose, your health insurer cannot refuse your request for prior authorisation if:

- the specific treatment you need **is not available** in your home country, but **is covered** by your statutory health insurer, and
- you can't get the treatment you need without undue delay in your country

MIGRANT HEALTH PROGRAMS

http://europa.eu/youreurope/citizens/health/planned-healthcare/index_en.htm









http://europa.eu/youreurope/citizens/health/help-from-the-pharmacy/index_en.htm

- Electronically forwarded prescription
- Generated in the doctors' registry
 system
- · Is forwarded directly to pharmacy
- When prescribed may be forwarded to insurer

E-prescriptions

→ If your doctor has given you an e-prescription you need to make sure you ask for a paper copy if you plan to use the prescription in another EU country, as the e-prescription may not be recognised outside your home country.

Sample story

Getting medicine abroad using a prescription from home

Anna from Germany is going to work in Sweden for 6 months. She needs to get her sleeping pill dispensed while she's there, so asks her doctor for a prescription she can use in another EU country. She can use the prescription from her German doctor to get more sleeping pills from the pharmacy, even while living abroad.

http://europa.eu/voureurope/citizens/health/help-from-the-pharmacy/index_en.htm



Help from the pharmacy

Help from the pharmacy

If you..

- don't have an EHIC or.
- have forgotten to take your EHIC abroad with you or,
- you have private travel insurance or,
- you have a prescription from another EU country (cross-border prescription)
 - → you will most likely have to pay the full cost of a product dispensed on prescription at the pharmacy
 - → make sure you ask the pharmacy for a receipt. You can request reimbursement from your insurer when you return home

Sample story

You may have to pay for your prescription medicine

Federica has a prescription from her doctor in Italy for allergy medicine that she thinks she might need during her summer holiday in France. In Italy the medicine is dispensed free of charge.

During her holiday in France, Federica takes her Italian prescription to the pharmacy to get her allergy medicine. She is surprised when the pharmacist asks her to pay FUR 25 for her medicine.

If you have a prescription from another EU country and you want to have it dispensed abroad, you will most likely have to pay the full price of the medicine at the pharmacy. However, you may be entitled to reimbursement when you are home.

SCHOOL OGRAMS

http://europa.eu/youreurope/citizens/health/help-from-the-pharmacy/index_en.htm





Help from the pharmacy expenses and reimbursements

- when buying medicine on prescription abroad, you might have to pay the full cost up front, even if you don't at home.
 - → If you are entitled to reimbursement you can claim it from your health insurer when you get home: this depends on your healthcare cover and the rules of the EU country you're visiting.

Using the EHIC at the pharmacy

→ If you have a prescription from the country you are in, you should present it together with the European Health Insurance Card when you go to the pharmacy.

This means that you will pay the same rate at the pharmacy as someone who was insured and living in that country.

In some EU countries this may mean that you won't pay anything, while in others you may be required to pay a certain amount towards the cost of your prescription.

MIGRANT FALSH PROGRAM.

http://europa.eu/youreurope/citizens/health/help-from-the-pharmacy/index_en.htm





When living abroad Your health insurance cover

In the EU, the country responsible for your social security and your health insurance depends on your **economic status** and your **place of residence** – not on nationality. Make sure you understand under which country's social security you should be covered! (more information: at NCPs)

Special conditions apply to healthcare coverage if you are:

- 1. If you work in one EU country and live in another
- you are entitled to medical treatment on both sides of the border
- register in the country where you work and get an S1 form from your health insurance authority. This form entitles you and your dependants to receive healthcare in the country where you live.
- Caring for sick children: as a cross-border commuter, if you take time off work to care for a sick child, check with your health insurance whether you qualify for benefits. You may not if your child is insured together with your partner in the country where you live.

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- (if you work in Vienna and live in Sopron (with family), you may not benefit!) FALTH PROGRAMS

http://europa.eu/youreurope/citizens/health/when-living-abroad/index_en.htm









When living abroad Your health insurance cover

Special conditions apply to healthcare coverage if you are:

- 2. Posted abroad on a short assignment (<2 years)
- as a worker posted abroad on a short assignment you can stay insured in your home country - the country from which you have been posted, which is responsible for your social security coverage.
- request an S1 form from your home-country healthcare authority. This will
 entitle you and your family to healthcare during your stay.
 Give the S1 form to the host-country healthcare authority on arrival.
- 3. Civil servants seconded abroad
- similarly, you are entitled to medical treatment in the country where you live.
- The same applies: request an S1 form from your health-insurance provider in the country which employs you. This will entitle you and your family to healthcare during your stay.

Give the S1 form to the host-country healthcare authority on arrival.

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http://europa.eu/youreurope/citizens/health/when-living-abroad/index_en.htm





When living abroad Your health insurance cover

Special conditions apply to healthcare coverage if you are:

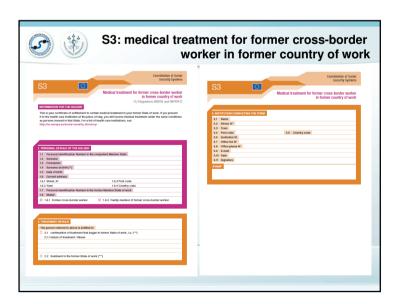
- 4. A student, a researcher, a trainee (continuation)
- some PhD students may be considered **resident workers** and can be required to subscribe to the local healthcare scheme or take out private insurance
- if you are sent for a temporary period to a university or research institution in another EU country by your university or research institute, then you will remain under your home healthcare scheme Before leaving...
 - you should apply for the EHIC card, or for an S1 form,
 - check with your health insurance provider or with the NCP in your home country whether they will cover the cost of your healthcare abroad for the full duration of your stay.

Some national health insurers will only cover the costs of your healthcare in another country for a limited time. In this case, you will need to register for state healthcare in your host country or to take out private health insurance.

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http://europa.eu/youreurope/citizens/health/when-living-abroad/index_en.htm









When living abroad Your health insurance cover

Special conditions apply to healthcare coverage if you are:

5. A pensioner... (task: to read at home@)

5.2. Healthcare in the country where you used to work

- theoretically, ...you and your family are only fully entitled to medical treatment in the country where you live.
- however, in some countries you and your family members are entitled to complete healthcare coverage in both the country which pays your pension and the country where you now live

5.3. Former cross-border commuters

- you can continue to receive a treatment that began in the country where you
 used to work even after having retired
- this is also applicable to dependants in some countries
- you are entitled to healthcare both in your country of residence and in the country where you used to work (if you worked for at least 2 years as a crossborder worker during the 5 years preceding retirement)

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http://europa.eu/youreurope/citizens/health/when-living-abroad/index_en.htm





When living abroad Your health insurance cover

National healthcare systems differ greatly within Europe

- EU countries are free to establish their own rules on entitlement to benefits and services

For example, if you apply for medical care in the country where you now live, you probably won't be entitled to exactly the same services for the same price as in your country of origin. **Get information at NCPs!!!**

Sample story

Get to know the social security system of your new country

Susanne always worked in Germany and moved to Spain when she retired. When she became ill, she contracted a home-care service with a private company because there is no public home-care insurance in Spain.

Her German home-care insurance paid part of the costs, but Susanne's share was much higher than what she would have had to pay if she had stayed in Germany. This was a consequence of the differences between the German and the Soanish benefits systems.

MIGRANT HEALTH PROGRAMS

http://europa.eu/youreurope/citizens/health/when-living-abroad/index_en.htm









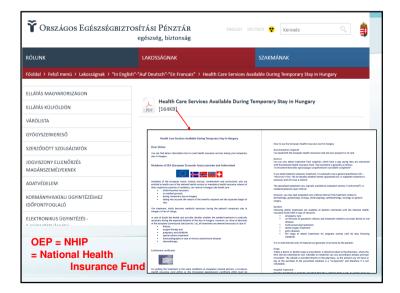




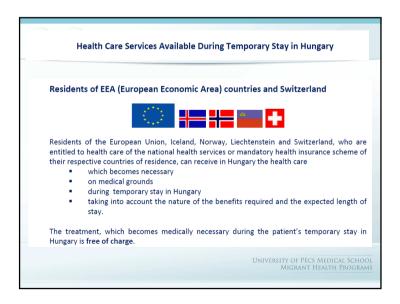














In case of doubt the health care provider decides whether the needed treatment is medically necessary during the expected duration of the stay in Hungary. However, by virtue of decisions of the European Commission (Decision No. S3), all treatments are deemed necessary in case of

- oxygen therapy and
- pregnancy and childbirth special asthma treatment
- echocardiography in case of chronic autoimmune diseases
 - chemotherapy.

Entitlement certificates



For getting the treatment in the same conditions as <u>Hungarian insured persons</u>, a <u>European</u> Health Insurance Card (EHIC) or the <u>Provisional Replacement Certificate (PRC)</u> must be submitted to the health care provider.

How to use the European Health Insurance Card in Hungary

Dentists

Following dental treatments are available at dentists contracted with the National Health Insurance Fund (OEP) in case of necessity:

- on the basis of specialist's referral, and treatment related to any basic dental or oral
- tooth preserving treatments

diseases

- dental surgery treatment
- full range of dental treatments for pregnant women until 90 days following childbirth. gums diseases.

It is to note that the costs of materials are generally to be borne by the patients.

Drugs

Where a doctor or dentist issues a prescription, it should be taken to the pharmacy, where the EHIC shall be submitted as well. Subsidies on medicines can way according to disease and type of product. The subsidy is provided directly to the pharmacy, so the amount you will have to pay at the purchase of the prescribed medicine is a "co-payment" and therefore it is not

Hospital treatment is normally provided through a referral from a GP. In urgent cases no referral is necessary. **Hospital Treatment**

How to use the European Health Insurance Card in Hungary

Documentation required

You need both the European Health Insurance Card and your passport or ID card.

You can only obtain treatment from surgeries, which have a sign saying they are contracted with the National Health Insurance Fund. The inscription is generally as follows:

a társadalombiztosítás egészségügyi szolgáltatásaira szerződött szolgáltató

"háziorvos") first. The GP decides whether further specialised out- or inpatient treatment is If you need medically necessary treatment, it is advised to see a general practitioner (GP – necessary and will issue a referral.

The specialised outpatient care, typically available at outpatient centres ("szakrendelő"), is rendered generally upon referral.

dermatology, gynaecology, urology, otolaryngology, ophthalmology, oncology or general However, you may seek outpatient care without referral if the treatment relates to





A maximum amount of HUF 100 000 is due

- when obtaining hospital treatment without a referral from a primary health care
- when using a health care provider other than the one specified in the referral by the
 - if you chose to be treated by a doctor who is not on duty at the time of the prescribing doctor or treatment.

For extra services (better room, meal etc.) additional charges are applied by hospitals

Refunds

Private charges for seeing a doctor or dentist and co-payment for hospital services and pharmaceuticals are not refundable.

(It is to note that most dentists advertising themselves are not contracted for the services of the Hungarian health insurance; if dentists are contracted to health insurance services, they only provide emergency dental treatment and eventually tooth filling). If you are treated privately in a hospital, none of the charges are refundable.





HIC in Genera

The European Health Insurance Card is required for each episode of treatment. It must be submitted to the physician treating you, or at the patient's registration desk in hospitals or outpatient medical centres.

Lack of EHIC

If the insured person cannot produce an EHIC while seeking necessary health care in Hungary, the health care provider can accept a retroactively issued PRC as well. The PRC must be submitted by the patient or forwarded via fax at latest within 15 days following the treatment. If a PRC cannot be produced either in due time, the health care provider charges a fee for the treatment and issues an invoice. A refund of the invoiced amount is not possible in Hungary; however, the patient can apply for a reimbursement according to Hungarian tariffs from his/her competent health insurance institution after returning home.

Planned Treatment

If the EEA or Swiss resident wishes to receive a planned medical treatment in Hungary at the expenses of his/her competent health insurance institution, or enters Hungary with the purpose of getting health care, a prior authorisation is required. The competent institution certifies its consent on a form E 112/52. This form has to be submitted to the health care provider in order to get the treatment with the same conditions as Hungarian insured persons. An EHIC is not acceptable in such circumstances.





Third Countries

Citizens and/or residents of countries, which are not part of the European Economic Area and which don't have bilateral agreements with Hungary on the provision of health care, have to pay full price for the health care services rendered in Hungary. According to the Hungarian legislation, the health care provider can set the fee basically freely; therefore the Hungarian National Health Insurance has no influence on the amount of fee charged. However, in order to avoid discrimination, it is important that the health care provider applies consequently the same fee for same service. For this purpose, most health care providers have established price lists that can be consulted before the treatment.

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Bilateral Agreements on Social Policy and/or Health Care

The citizens of the following States can receive health care in immediately necessary cases. The document certifying the entitlement is the PASSPORT only.

- Angola
- Cuba
- Iraq
- Jordan
- Kuwait
- Macedonia
- Mongolia
- North Korea (Peoples' Democratic Republic of Korea)
- Russia
- Ukraine

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IMPORTANT QUESTIONS (NHIP= National Health Insurance Fund)

Cost of rescue and transport following sport accident (ie. skiing, hiking)

Exploring and rescuing those injured in an (sport) accident in the mountains and their transport is **subject to charges** even for those with health insurance.

Its fee in generally not reimbursed by insurer and patients have to pay themselves or they may effect a sport insurance.

In case of a mountain rescue, - particularly helicopter rescue- the fee of rescue and transport will be billed by the emergency medical service. Generally, the local health insurance does not cover the bill of the rescue, but only a certain part of its cost, a fixed amount of money.

For example, in Austria maximum **800 EUR** could be reimbursed, however the cost of mountain rescuing could be multiply higher.

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http://www.oep.hu/gyik/ellatas_gyogykezeles_kulfoldon







IMPORTANT QUESTIONS

(NHIP= National Health Insurance Fund)

What happens if the healthcare providers in Hungary do not accept the European Health Insurance Card?

For those healthcare providers which are in contract with the National Health Insurance Fund (NHIF=OEP) it is obligatory to accept the EHIC Card when the care was medically necessary/reasonable.

The perception of necessity is medical-professional question/issue.

Health services covered by the EHIC are financed by the NHIF within the same conditions as they were used by a Hungarian patient. NHIF will account with the payed money with the card issuing foreign insurer.

The insured patient has to pay in following cases:

- if the provided care was not medically necessary,
- if he/she takes care at a provider which is not in contract with NHIF (private)
- if the EHIS was not presented...

If the patient has to pay for the health services (ie. not showed off his card), he may ask for **reimbursement** at their health insurer at his home contributions of the programs.

http://www.oep.hu/gyik/ellatas_gyogykezeles_kulfoldon





IMPORTANT QUESTIONS

(NHIP= National Health Insurance Fund)

Health insurance of international students studying at Hungarian universities.

Foreign students studying at higher educational institutions in Hungary are entitled **automatically** to health care in Hungary whose:

- studies in Hungary <u>are based on international contract</u> or on Scholarship awarded by the <u>Ministry of Education</u>, or
- for those students who are residents of neighbour countries of Hungary (without Hungarian citizenship) AND studying in Hungary at public HEI within the frame of a Scholarship program.

These students are entitled to have the so-called **TAJ** number, which refers to having a public health insurance in Hungary.

The HEI notifies the domestic health insurer (OEP, NHIF) of their legitimacy.

If a foreign student's status at a HEI is **NOT based on** the above mentioned conditions:

- students arriving from **EEA countries** (EU+Norv, Licht, Ice.+ Switzerland) are entitled to care with their **European Health Insurance Card** issued by their home countries' health insurer.

http://www.oep.hu/gyik/ellatas_gyogykezeles_kulfoldon





During preparing for your test exam, pay a special attention to the following topics:

- European Health Insurance Card (what is it, what does it cover, how to use in Hungary, etc.)
- Planned and unplanned healthcare in the EU
- Cross-border prescriptions
- Cost of rescue and transport following sport accident

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IMPORTANT QUESTIONS

(NHIP= National Health Insurance Fund)

- If a student students arriving from EEA countries does not have European Health Insurance Card, AND takes his permanent residence to Hungary, the permanent residency certification (issued by Office for Immigration and Nationality) will establish his/her obligation to pay a monthly 6600 HUF health care contribution to the Hungarian public health insurer. Then he/she will be entitled to TAJ card (public health insurance)
- If a student arrives from non-EEA country (third country) AND has residency
 permit, then he/she may establish an arrangement (a contract) with the
 competent health insurer authority/administration office (based on the
 place of residence).

Based on this contract:

- if the student studies full-time: he/she has to pay a monthly 30% of the minimum wage contribution
- if he studies **part-time**: the amount of monthly payable contribution is **50% of the minimum wage**.

In the first 6 months after signing the contract he/she is only entitled to emergency care. However, if he/she pay the amount of 6-months-contribution at once by the time of signing the contract: coincidently, from that moment he/she will be entitled to full health insurance.

http://www.oep.hu/gyik/ellatas_gyogykezeles_kulfoldon





Thank you for your attention!





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