

# **Access to Health Care Services in Europe**

**Presented by  
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**EU-China Social Security Reform Co-operation Project**  
**中国欧盟社会保障改革合作项目**

# Outline

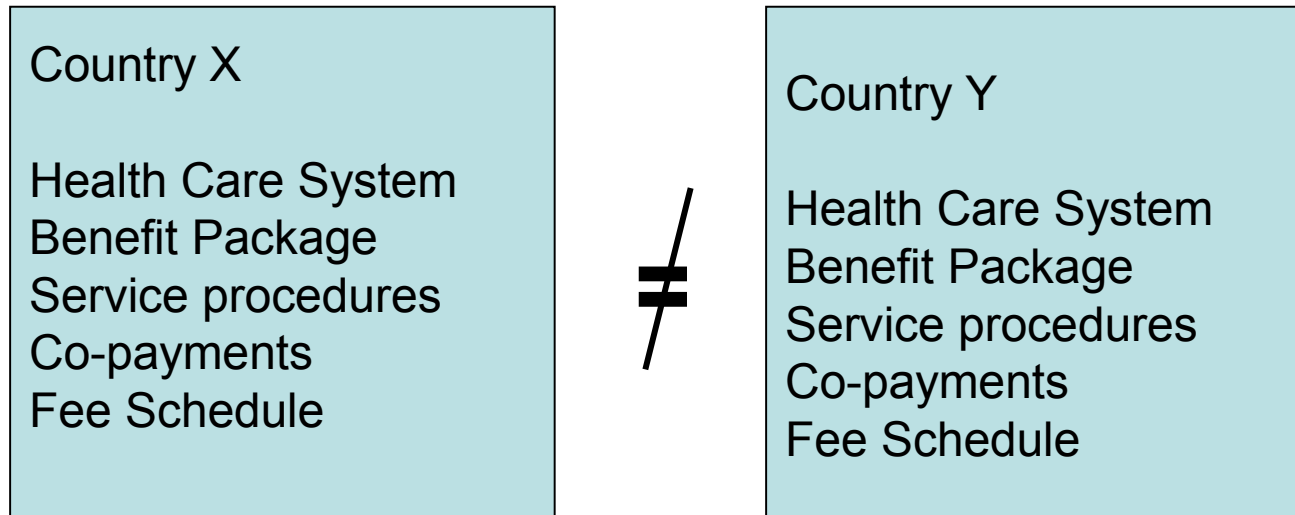
1. EU States healthcare compensation system
2. Insured lives in Italy but work in Germany
3. Insured from Sweden but stay temporarily in Italy
4. Insured needs to go from Romania to Austria for treatment (services are not available in Romania)
5. Pensioners of Germany living in Spain
6. Patient from UK bypass waiting list going to Netherland
7. Conclusions – 1408/71 and 574/72
8. European Health Insurance Card



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# 1. Situation in EU Countries

Many difficulties occur for insured persons moving between EU Member States but EU guarantees freedom of persons, goods, services and capital – Health Care Services regulated by 1408/71 and 574/72



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# 1. Situation in EU Countries

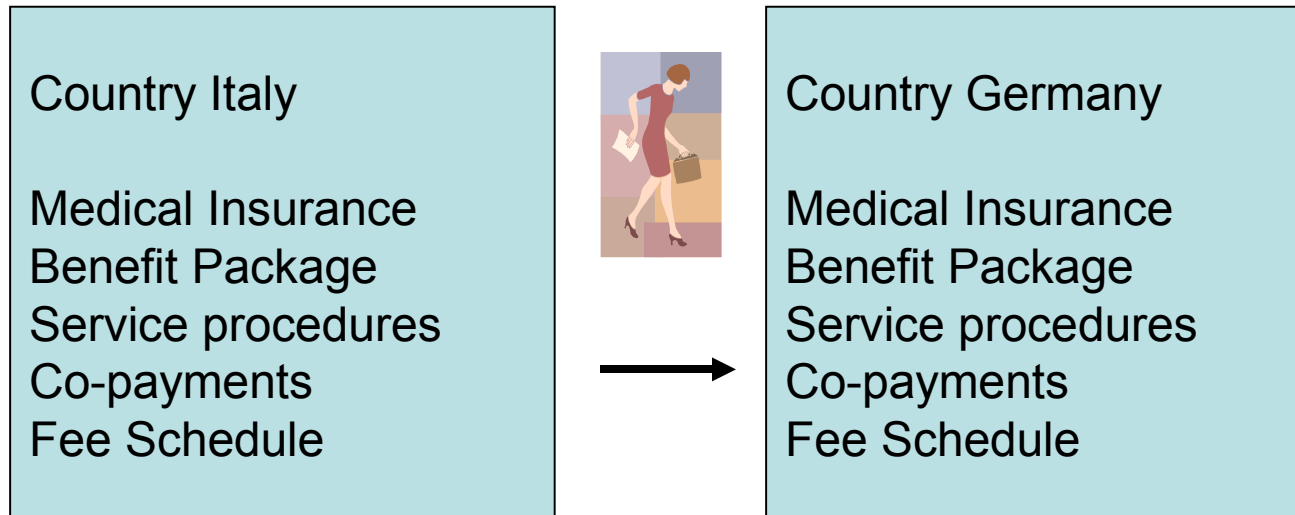
- Solution: EU Regulation 1408/71 and 574/72

But the regulation covers not the total needs and demand of the population – as it is appeared by cases in front of the European Court of Justice (ECJ)



# 2. Insured lives in Italy but work in Germany

Commuter and/or Migrant Worker are insured in country Italia but work in country Germany



# Solution: European Health Insurance Card - EHIC

- Insurance of work place in Italy
- Enables commuters and/or migrant workers and their dependants have a choice to receive health care services in both countries (under national conditions)
- Patient present European Health Insurance Card – EHIC to provider in Germany (but insurance card issued in Italia)
- Health Insurance Fund in Italy will reimburse providers in country Germany based on fee schedule in Germany



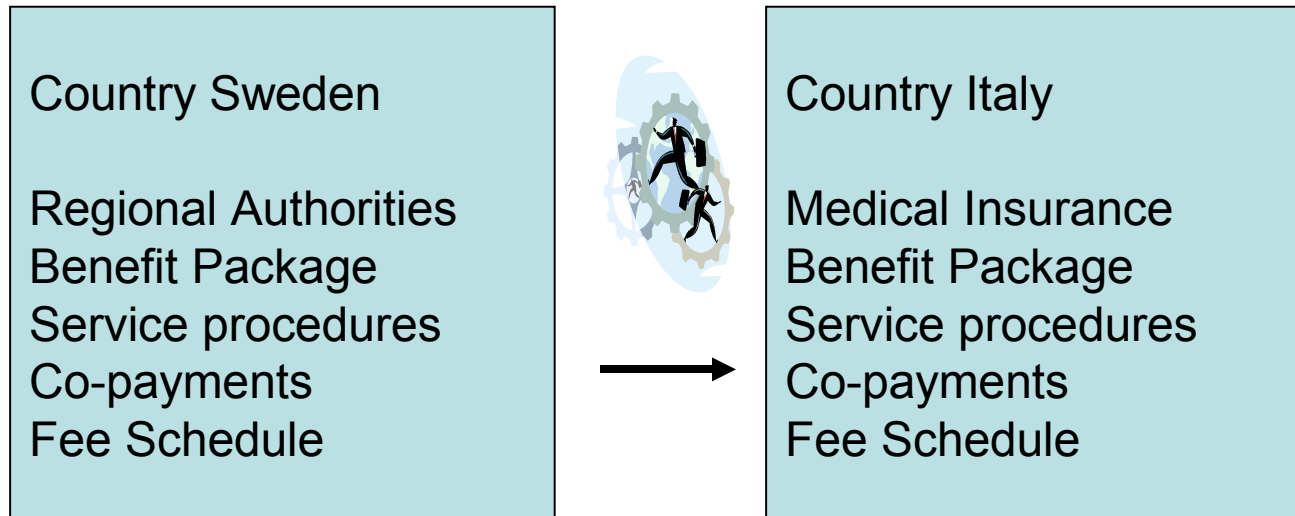
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# 3. Insured from Sweden but stay temporarily in Italy

People on business trip or holidays are insured in Sweden but staying in Italy



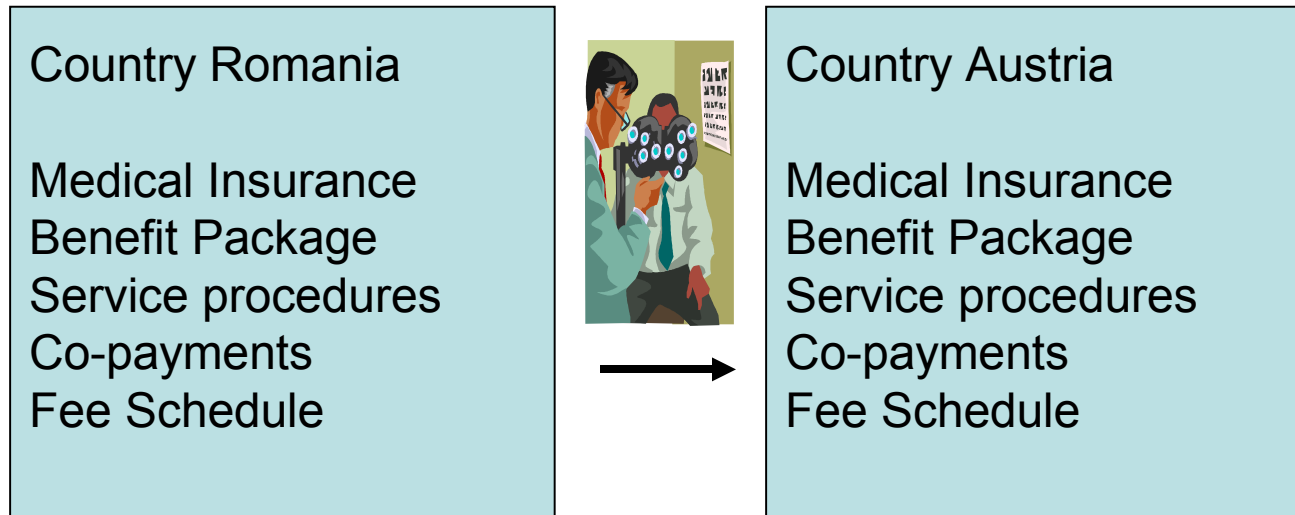
# Solution: European Health Insurance Card - EHIC

- Patient takes EHIC from his/her sickness fund in Sweden and gives it to provider in Italy
- EHIC entitles to benefits covered in Italy which are immediately necessary (co-payments etc. as in country Italy)
- Sickness fund in Sweden will reimburse Italy (via national offices) – if there is no waiver agreement
- Note: Italy has to ensure that money reaches providers (e.g. Spain keeps money in Madrid!) – UK has a specific agreement between various EU Member States and National Health Services



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# 4. Insured needs to go from Romania to Austria for treatment (services are not available in Romania)



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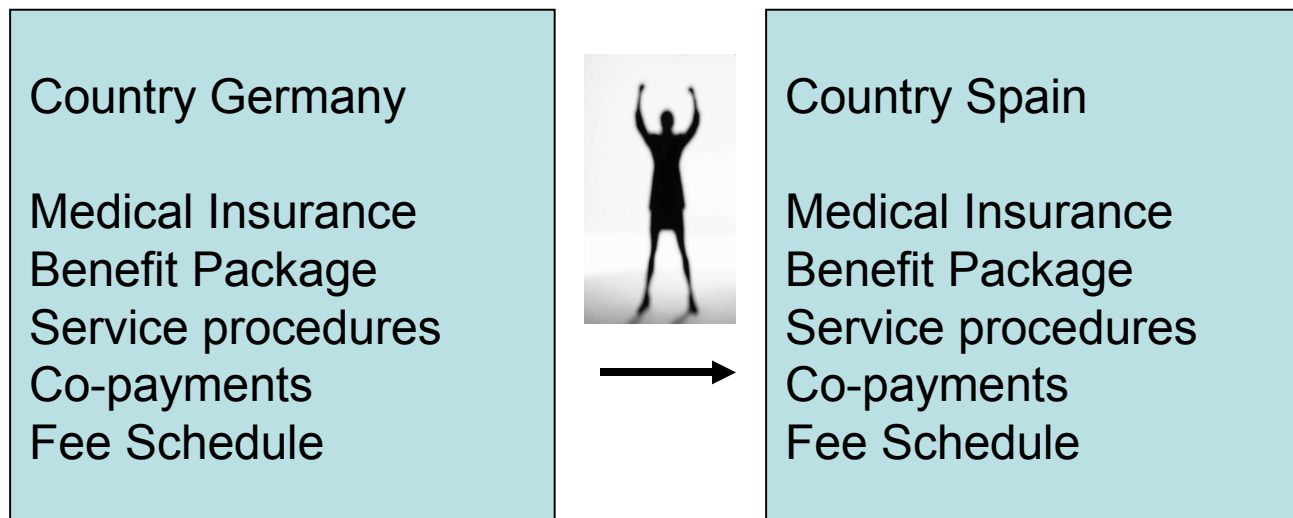
# Solution: Form E 112

- Patient applies to his/her health insurance fund in Romania for authorization to get treatment in Austria
- E 112 entitles to specific service in Austria (coverage and co-payments as in Romania)
- Romanian Health Insurance Funds will reimburse provider in Austria on fee schedule in country Austria



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# 5. Pensioners of Germany living in Spain



# Solution: EHIC

- Retired people receive all medically necessary benefits covered in Spain (not only those immediately necessary)
- Health insurance fund in Germany will reimburse country Spain (via national offices) – if there is no waiver agreement
- Note: Spain may be more generous than Germany (e.g. no co-payments for elderly in Spain) or less generous (smaller benefit packages)

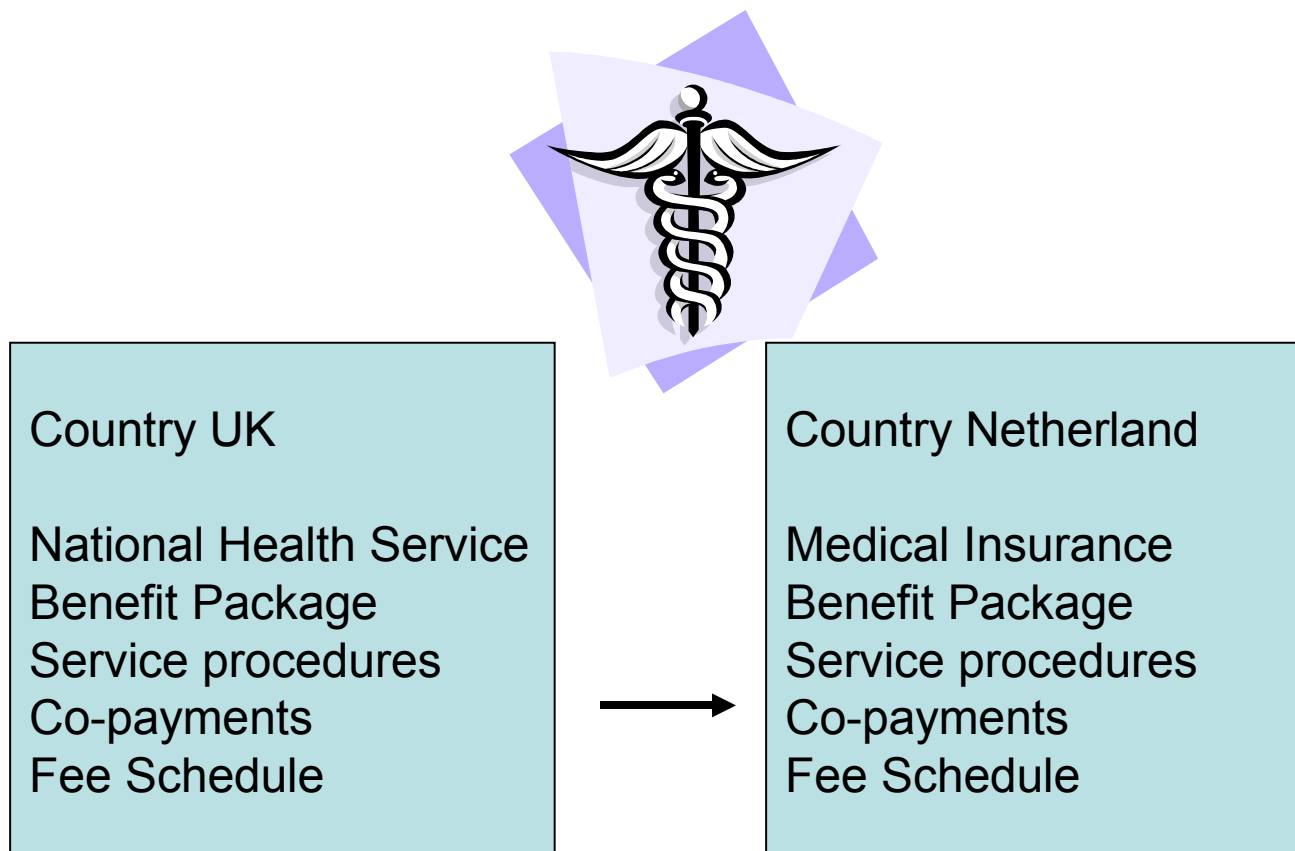


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# 6. Patient from UK bypass waiting list going to country Netherland



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# Solution: Not included in Regulation 1408/71 and 574/72

- But:
- Extension of network of contracted providers across borders, especially in EuRegios – patients are treated as is inside their country
- Patient-enforced flexibility – starting with Kohll and Decker going from Luxembourg to Belgium and Germany and claiming reimbursement afterwards which the health insurance refused but the European Court of Justice granted (at fee rate in Luxembourg)



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# 7. Conclusions – 1408/71 and 574/72

- Health Care expenditure and budgets belongs to each EU-Member State
- Insured population could use the Health Care Services based on the conditions of each EU-Member State
- Alignment of the health care systems through the “Open Method of Co-ordination” e.g. social cohesion



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# 7. Conclusions – 1408/71 and 574/72

## Healthcare expenditures medical insurance enrollee Germany

Year	Healthcare expenditure abroad	Per Enrollee
2006	480.257.164 Euro	9,52
2005	439.071.000 Euro	8,71
2004	449.093.000 Euro	8,87

Healthcare expenditures total by 2006

148.003.716.870 Euro

**Spending abroad count fore around 0,32% of the total expenditures in Germany**



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# 8. European Health Insurance Card



# 8. European Health Insurance Card

EUROPÄISCHE KRANKENVERSICHERUNGSKARTE



Mit meiner Unterschrift bestätige ich,  
dass ich bei der ausstellenden Krankenkasse versichert bin.  
Diese Versichertenkarte ist nicht übertragbar.



3 Name	MUSTERMANN	
4 Vornamen	FRIEDRICH	5 Geburtsdatum 17/12/1970
6 Persönliche Kennnummer	7 Kennnummer des Trägers A123456789 1234567890 - ABCDEFGHIJKLMNO	
8 Kennnummer der Karte	9 Ablaufdatum 8027612345A123456789 31/12/2010	

