



*Support creation of pilot **network of hospitals**  
related to **payment of care**  
for **cross border patients***

# Handbook for Hospitals

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**Implementation of good practices regarding cross-border patients' care**

*Hospices Civils de Lyon*

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## Introduction

As a citizen of the European Union, I can receive medical treatment in any member state of the Union. To benefit from my rights, I need to have information about:

- The various hospitals which I can go to.
- The way I will be treated.
- The costs I will have to pay.
- The terms of reimbursement.
- The follow-up I will get after my hospitalization.

I need to be supported in each of these fields. The existence of harmonized practices for Hospitals throughout Europe can significantly reduce the questions related to my medical and administrative care.

As part of the HoNCAB Project, a pilot network of hospitals was created to bring together hospitals interested in the issue of cross-border healthcare and to allow the participating members to share their practical experience of the opportunities and critical issues of cross-border care, as well as possible solutions.

Within this network, the exchanges of information about cross-border patients' care by the members have highlighted the differences between Member States in the way cross-border healthcare is organized. These differences can be the source of misunderstandings for cross-border patients, particularly the healthcare and reimbursement procedures. To reduce these misunderstandings, it is necessary to implement a homogeneous set of good practices, that are widely applicable, and that will ease cross-border patients' care.

This good practices guide aims to identify what the processes, practices and organizational methods which give the best answers to cross-border patients' specific needs and demands are. In order to get the right information, a good practices questionnaire was sent to the hospital members of the HoNCAB network, and to several European hospitals, chosen because they receive a significant number of foreign patients. The analysis of the replies has enabled to identification of the best practices and the most common areas for improvement.

This guide adopts the cross-border patients' point of view, following the main stages of healthcare, analyzing step by step the good practices that provide a quality service, which implies knowing one's expectations, hospital staff capacities and the regulatory framework.

It is important to note that the good practices presented in this guide are guiding ideas. Their implementation must take into account the characteristics of the hospital. According to the number of cross-border patients received, and the available human or financial resources, the relevance of these good practices can change. Every good practice can be implemented in various ways.



## Compilation of recommendations

The Hospital handbook “Good Practices Guide” highlights good practices developed and the areas for improvement providing suggestions based on partners’ experience. The Good Practices Guide adopts the cross-border patients’ point of view, following their healthcare pathway and analysing step by step the good practices to provide a high quality service. Suggestions take into consideration patients’ expectations, hospital staff capacities and the regulatory framework on cross-border healthcare.

Good practices can be divided in:

- Pre-admission and admission
- Patient’s hospital stay
- Patient’s discharge

### 1. Pre admission and admission: the importance of communication

#### **Attractiveness of hospitals for cross-border health care patients:**

- A website can make available information in foreign languages for patients, optimally from a link visible on the institution’s homepage. These documents must present the hospitals’ services and specialties, the admission procedures and a contact for the various medical wards. Moreover, to guarantee that the information for patients is provided correctly, a central entry point can be implemented;
- In order to enhance the hospital’s reputation with foreign health professionals, institutions should participate actively in medical congresses ;
- Agreements with foreign public or private insurances;
- The attractiveness strategy can be strengthened by the existence of:
  - A dedicated service or contact point in charge of cross-border patient’s information. The information can also be provided on the websites;
  - A dedicated employee within the admission office;
  - A national network that promotes the national health care system (e.g.: France surgery);
  - A European network (for example the HoNCAB Network) aimed at strengthening the exchange of good practices related to cross-border healthcare between hospital managers

#### **Information for patients:**

- **Accurate information about hospitalization** is to be given during the very first contact with the patient. Topics such as administrative formalities, access and environment of the hospital, medical information, estimated cost and payment means must be mentioned. If necessary, it should be possible to give the patient the address of an information centre for European citizens, for example the local European Direct information centres which answer questions on EU rights, provide EU documents and publications, etc.



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- The **estimated cost** must include all the information the patient will find in his invoice. No information should be missing in the cost estimate, excluding complications which cannot be anticipated.
- **Documents** and leaflets about the hospital and its services **in foreign languages** (at least in English, if possible other versions available) should be offered to foreign patients. This may be the best way to explain the modalities of care, payment and reimbursement.
- The communication language is to be determined on **first contact**. If necessary, an employee of the hospital could be called to help by translating.
- **Admission office staff** should be able to communicate in foreign languages. A good practice is having staff able to communicate and/or a structured way to deal with interpretation (contracting for example). This point of varying importance according to the probability of receiving cross border patients.
- If the previous point cannot be realized, summary sheets (so-called “**survival kit**”) should be available and could be used by medical staff. These contain **key-words and phrases**, in order to make a basic contact and understanding possible for both admission and payment.
- Several hospitals also report having created a list of all employees who speak foreign languages in all care departments. This permits the hospital staff to call for internal or external interpreters if they need it.

#### **Precautions taken for emergency admission:**

- The patient is expected to give informed consent. Thus, communication between him and the medical staff should be possible and quickly effective, whatever his mother language is, and as soon as his health condition allows it. In case of emergency, the necessity to have a list of all foreign languages speaking employees is then strengthened
- **Emergency departments should keep a constant contact with the admission office**, so that they can quickly share information concerning cross border patients’ arrival. Moreover, the admission office should regularly launch a computing request to determine whether those patients’ files are complete (for example in order to check if a prior authorisation S2 is provided or not).
- The admission office staff should check the cross border patients’ files as soon as they know about their arrival. They should **determine what the payment method is**, and try to contact family or relatives, since once the patient leaves the hospitals, it is difficult to get the payment of hospitals fees.

## **2. Patient’s hospital stay**

### **The organization of communication with cross-border patients within the various wards and departments:**

- It is important to identify the staff in the various hospital wards who are able to speak foreign languages and who can communicate with cross-border patients by creating a **list of bilingual staff, organized by spoken language**, made available on the hospitals internal website/intranet. To be really efficient, this list must be widely known by all employees.



- **To adapt the organization to the characteristics of the hospital:** Hospitals are advised to put the emphasis on multi-lingual staff availability and stability, especially within the admission office. For this purpose, the existence of dedicated staff is the best solution. But the need for administrative staff, specialized in refund procedures for cross-border patients is more important where there is a large proportion of cross border patients (therefore it doesn't need to be implemented in every hospital).
- It is an advantage to have, if possible, staff who know cross-border patients' **cultural and administrative references**.

#### **Communication with the patient during his/her hospital stay:**

- **To recruit staff who can communicate in other languages**, at least for **daily communication**, in the wards that are most likely to receive foreign patients, especially the admission office and the emergency department.
- To have qualified interpreters, able to understand and translate the issues in more complex conversations. It is also possible to use a **national interpreting service** by phone, or by taking an appointment with the patient and the doctor.
- Encourage discussion **with cross-border patients' relatives or friends**, especially if they can play a role in facilitating the daily communication, or in getting more information about the patient.

### **3. Patient's discharge**

#### **Information about patient's follow-up:**

- Take the time to **explain the information given to the cross-border patient**, or his family if he is not able to receive the information, **when he/she leaves the hospital**, in order to anticipate possible difficulties in understanding prescriptions and various other pieces of information, due to language barrier.
- Provide a **contact to the patient before his discharge**, for instance the Medical Office e-mail address or the admission office contact details of the hospital of treatment.
- Be able to explain the content of the **discharge summary** to a patient calling from his/her country of residence. This implies that **multilingual staff is available and that this staff is trained to explain** briefly the information given in the document.

#### **Healthcare payment and reimbursement:**

- Provide information to the patient about **payment and reimbursement procedures** as soon as possible. This must be done before his treatment, or when his health status makes it possible.
- Make the patient **pay** what is due **when he/she leaves** the hospital.
- Make the **translation of invoices** available, at least in English.
- If necessary, lead the patient towards the public or private **healthcare reimbursement institutions**, of neighbouring countries, in order to facilitate healthcare reimbursement in the absence of a S2 form or an EHIC.



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- If it is not possible to have the precise information about a patient's affiliation to a social security fund, **the hospital can contact the national institution** which can provide assistance during the search, as in the example presented below.
- Create a possibility for cross-border patients to **pay their bill on the Internet**, by using a dedicated web portal for example. It can facilitate the payment of bills even if the patient is no longer in the hospital.

**Payment disputes resolution:**

- **Train staff** in the admission office **in the analysis of payment methods** and the knowledge of the institutions of recourse.



## 1. Pre-admission and admission: the importance of communication

As a cross-border patient, my arrival at the hospital is the most important moment of my stay. I need to be prepared in the best possible way to face this process. If my hospitalization is planned, the relevance of the information I received during the pre-admission period allows me to experience my stay with serenity. If I am hospitalized for an emergency, I need to feel guided and reassured. In both cases I need to be able to communicate in a language that I understand, to be informed about my medical treatment and about the payment terms and post-hospitalization process modalities.

During the pre-admission and admission phases, it is necessary to offer to cross-border patients a reassuring and engaging framework whatever their hospitalization modality (emergency or planned). This implies taking into account two transversal elements: the communication language and the question of payment and reimbursement.

### 1.1. Right to be informed and the communication language

Patients have the right to be informed about their health status and to choose their treatments with full knowledge and consent. This implies that they would have the possibility to communicate in a satisfactory way with the hospital agents. For this purpose a translation service and the presence of documents in various languages will facilitate communication. The language barrier must be taken into account at every stage of the healthcare process because the patients' right to information has to be applied during all stages. Therefore this concern is omnipresent in this guide.

### 1.2. Planned cross-border care and pre-admission information

I've decided to seek medical treatment abroad in order to get the best possible health care opportunity. I have got many choices and that is why I will focus on the hospitals that are able to provide the most relevant information. I have many options available to me and I need to select the most convincing. In any case I try to obtain all the necessary information before my hospitalization.

The fact that patients plan and prepare their hospitalization allows the hospital to provide them with quality information before their arrival. This also means that they have the choice between all the health institutions in Europe. The main issues of planned healthcare main issues are therefore the provision of information to the patient before hospitalization and the attractiveness of the hospital.



### 1.2.1. The attractiveness of hospitals to cross-border health care patients

The attractiveness of hospitals is based on several factors. The geographical accessibility is an important element, as are the availability of accommodation and even leisure possibilities in the city and around. The major elements of hospital attractiveness remain however the quality of healthcare and, even more importantly, the medical excellence in their specialties.

To reinforce the attractiveness of the institution in an efficient manner, these elements must be known to the public. This recognition can be achieved directly, through the patients' general practitioner or specialist in his/her country of residence, who may have knowledge of the hospitals reputation. Studies have shown that the patients' choice is mainly influenced by the health professionals they see<sup>1</sup>.

Attractiveness can also be achieved by patients themselves. On this matter, Internet is the most efficient means of communication, and a special effort should be made by hospitals to have good online presence and communication. This effort can be made by the institution, through its communication and marketing strategies, and through the information tools available on the hospital website.

#### Good practices regarding **attractiveness**:

- The **website** should make available for patients information **documentation in foreign languages**, if possible from a link that is visible on the institution website homepage. These documents must present the hospital services, its specialties, the admission procedures, and a contact point for the various medical and surgical wards.
- In order to improve a hospitals reputation with health professionals, some institutions participate in **medical congresses** and/or sign **agreements with public or private insurances**.
- This attractiveness strategy can be strengthened by the existence of:
  - A **dedicated service or contact point** in charge of cross-border patients information.
  - A **dedicated employee** within the admission office.
  - A **national network** that promotes the national health care system (e.g.: France Surgery).

<sup>1</sup> Volume 19 of the magazine Eurohealth  
<http://www.lse.ac.uk/LSEHealthAndSocialCare/pdf/eurohealth/EuroHealth19-4-Web-121213.pdf>



### An Example of a good practice regarding **attractiveness**:

The Centre Hospitalier Universitaire de NICE highlights, at the top of its homepage, information in foreign languages for cross-border patients, symbolized by a clear sign: the flags representing the various languages.



## 1.2.2. Patient's individual information

The Directive 2011/24/EU adds to the member states' responsibilities the necessity to ensure the quality and safety of healthcare, which implies a high quality of information given to the patient. The hospital the patient has chosen is expected to provide him/her with efficient information about the stay, the costs of care and reimbursement procedures.

Summarized documents containing all the major information foreign patients need to know should be given to patients. Patients should also be able to easily identify key-actors such as the admission office or the medical secretary office.

Appropriate information can help the patient feel comfortable and safe before admission. Therefore he/she should know as much as possible about what exactly is going to happen during the time he/she spends at the hospital.



### Good practices regarding **patient's information**:

- **Accurate information about hospitalization** is to be given during the very first contact with the patient. Topics such as administrative formalities, access and the environment of the hospital, medical information, cost estimates and payment means must be mentioned. If possible, it is necessary to give to the patient the address of an information center for European citizens, for example Europe Direct.
- An **estimate of the costs** must also include all the information the patient will find in his invoice.
- **Documents** about the hospital and its services **in foreign languages** should be offered to foreign patients (at least in English, if possible other versions should also be available). This may be the best way to explain the modalities of care, payment and reimbursement.
- The communication language is to be determined on **first contact**. If necessary an employee of the hospital could be called to help by translating.
- If possible, **admission office staff** should be able to communicate in foreign languages. This point has a varying importance depending on the probability of receiving cross border patients.
- If the previous point cannot be realized, a summary sheet (so-called "**survival kit**") should be available. This should contain **key-words and phrases**, in order to make a basic contact and understanding possible, for both the admission and payment phases (see annex 4).

### Good practice example:

The Hospices Civils de Lyon provides the admission offices with some short vocabulary sheets with basic sentences and phrases to help professionals communicate with foreign patients:

<i>VOCABULAIRE ANGLAIS UTILE</i>	
<i>POUR LES BUREAUX DES ADMISSIONS</i>	
Français	Anglais
4 Bureau des entrées	Admissions
5 Bonjour	Hello, good morning, good afternoon, good evening
6 Veuillez vous asseoir s'il vous plaît	Please take a seat
7 Comment puis-je vous aider ?	How can I help you ?
8 Qui venez-vous voir ?	Who are you here to see ?
9 Quelle est la raison de votre visite ?	What's the reason for your visit ?
10 Un moment s'il vous plaît	One moment please
11 Laissez-moi vérifier	Let me check
12 Je dois vous poser quelques questions	I need to ask you a few questions
13 Nous devons remplir un formulaire	We need to fill in a form
14 Sortie	Discharge
15 Caisse	Cash desk/Till
16 Chèque international	International cheque
17 Carte bancaire	Credit card
18 Espèces	In cash
19 Un reçu	A receipt
20 vous devez payer	You must pay



### 1.3. Emergency care and internal communication

An emergency admission is a difficult situation, often hard to go through. As a patient I want to have information about care and administrative formalities. But sometimes I am not able to receive this information from the admission office. Therefore it should be delivered to me as quickly as possible so that I can feel reassured during my hospital stay.

In the case of emergency care, admissions would not have been prepared for at all. However, the patient must get appropriate information concerning his/her treatment, rights, duties and reimbursement procedures.

For this purpose the hospital should be able to call for interpreters if necessary, especially to help translating for emergency cross-border patients.

The hospital should also be able to call for a cultural mediation service. This service would make sure that the delivered information fits in with the patient's own cultural references, in particular concerning his/her health care system.

Social workers as well as admission office employees or other professionals can become such intermediaries. Therefore the hospital could provide its employees with some training in this area.

Once the emergency patient is treated, an efficient internal communication is needed in order to help the admission office to give him/her appropriate information about administrative procedures.

#### Good practices concerning **emergency admissions**:

- The hospital needs to obtain informed consent from the patient. That's why communication between the patient and medical staff should be easily possible, effective and not time-consuming, in whatever the patients' mother language is, and as soon as his/her health condition allows it. To reach this objective, hospital staff should be able to call for **internal or external interpreters**. A list of all employees who speak foreign languages should be available in all departments providing care.
- **Emergency departments should keep a constant contact with the admission office**, so that they can quickly provide information concerning cross border patients' arrival. Moreover the admission office should regularly launch a computing request to determine whether those patients' files are complete.
- The admission office staff should check the cross boarder patients' files as soon as they know about their arrival. They should **determine what the payment means are**, and try to establish contact with family or relatives.

**Example of good practice:**

It is mandatory to be able to speak in English in order to be hired in the General Hospital of Rhodes. This makes communication fairly simple with both the patient and his/her relatives or accompanying persons. Moreover, because English-speaking patients know they can communicate with anyone in the hospital, it creates a safe atmosphere for them. This policy is relevant because of the high number of cross border patients that are treated in the General Hospital of Rhodes.

Among the hospitals that receive a less important number of cross-border patients, the University Hospital of Udine pays for an external intercultural mediation service, which is permanently available. When a cross-border patient is admitted as an emergency, and if communication difficulties are expected, the intercultural mediation service is contacted. In this way, the patient can quickly receive all the information he needs.

## 2. Cross-border patients' specific needs during their stay

My hospital stay, as a cross border patient, looks like any other patients stay. I can however have specific needs, in particular if I speak a language different from the one which is spoken by the medical and administrative staff. This requires an adaptation by the hospital, for example to allow me to give informed consent about my treatment or to organize the conditions of my return home. For this purpose, my relatives can help to facilitate the communication, whether they travel with me or live in the country of hospitalization,.

The implementation of patients' rights requires a high quality of communication with the hospital medical and administrative staff, in order to allow the patient to communicate about his/her condition or to understand the benefits and consequences of the different treatments that are proposed to him, so that he/she can make a conscious decision. For cross-border patients, this communication can require an additional effort, if the patient and the hospital staff do not speak the same language. This effort can be reduced if the hospital adopts day-to-day procedures that address this issue.



## 2.1. An organization that contributes to the quality of communication

My communication with the medical and administrative staff is a major part of the quality of my stay. For complex conversations, I want to communicate with the smallest possible number of persons, if possible a focal point who speaks my mother language. Furthermore, my cultural habits can be different from those of the country of hospitalization, and I want this to be taken into account.

Communication with cross-border patients must be integrated in the organization of the various hospital wards and departments. The ability to interpret conversations and translate documents must be an integral part of the organization, and can be implemented in several different ways. The hospital should try to recruit staff who have contact with patients that speak at least one foreign language. It can create a list of bilingual employees within the hospital staff. This solution should result in having more than one person for every language, in order to ensure that there is always at least one that is available. It is also possible to use an outside interpreting service, which offers the advantage of availability but requires a detailed analysis of the involved costs. Finally, in some hospitals receiving an important number of foreign patients in through emergencies, some members of the admission office might be specifically appointed to contact these patients and give them administrative information.

There should be a department or office in the hospital dedicated to communication with foreign patients. Such communications could be implemented by existing staff, the admission office for administrative issues and the various medical wards for medical issues.

In some European hospitals, patients must pay to be helped by the intercultural mediator service. From the point of view of the 2011/24/EU Directive, this can be seen as discrimination against cross border patients, who must pay higher fees in order to get the same treatment. It is therefore important to recommend, that the translation for everyday communication is free for the patient.



**Good practices regarding the organization of communication with cross-border patients within the various wards and departments:**

- To identify staff in the various hospital wards who are able to speak in foreign languages and who can communicate with cross-border patients. For instance, it is possible to create a **list of bilingual staff, organized by spoken language**, made available on the hospital internal website. To be really efficient, this list must be widely known by the employees.
- **To adapt the organization to the characteristics of the hospital:** the need for specialized staff is more important where there is a strong proportion of cross border patients.
- To put the emphasis on **multi-lingual staff availability and stability**, especially in the admission office. For this purpose, the existence of dedicated staff is the best solution, but it cannot be implemented in every hospital.
- To have, if possible, staff who know cross-border patients **cultural and administrative references**.

**Good practice example:**

The Grenoble University Hospital receives a great number of foreign patients requiring emergency medical care, especially during winter holidays (skiers) and summer holidays (hikers). They do not have the time to go through the admission office before their arrival. A member of the admission office has been appointed, full-time, to go to see cross-border patients directly in their room in order to resolve with them any administrative issues that can arise.

## 2.2. Ensure an effective communication each day

The quality of my stay depends also on my ability to communicate with the hospital medical and administrative staff. As a cross-border patient, some translations can significantly improve the quality of my stay. For most of my daily life actions, simple conversations are possible, but for more complex issues, I appreciate having a more accurate translation.

Patients, foreign or not, need to communicate daily with hospital staff, in particular to get information about their health condition and their administrative situation, or to talk about how they feel, for example about possible pain or other symptoms. This requires giving precise information, where a language barrier can create difficulties. It is therefore necessary for a cross-border patient to be able to discuss with staff that can overcome this barrier. This can be done directly or with some help from the patients' family or friends.



Good practices regarding **communication with the patient during his/her stay:**

- **To recruit staff who can communicate in other languages**, at least for **daily communication**, in the wards that are most likely to receive foreign patients, especially the admission office and the emergency department.
- To have qualified interpreters, able to understand and translate the issues in more complex conversations. It is also possible to use a **national interpreting service** by phone, or by taking an appointment with the patient and the doctor.
- Encourage direct **contact with cross-border patients' relatives or friends**, especially if they can play a role in facilitating the daily communication.

Good practice exemple:

In the various hospitals which constitute the CHU of Lyon, multilingual staff lists have been made available on the hospital internal website. These lists include, when possible, several persons for each language, to ensure that there is always one available. This makes cross-border patients' stays easier and ensures a high quality of communication.

When this organization does not meet the needs, which happens rarely, the CHU of Lyon uses an external interpreting service, which is available on short notice.



### 3. After discharge: Good practices and areas for improvement

When I leave the hospital, I want the administrative procedures and formalities to be as simple as possible. I need to know precisely the amount of money I will pay, to whom, and how I must pay it, and how I will be reimbursed. I also need to be informed about my follow-up treatment after the hospitalization.

Post-hospitalization follow-up of cross-border patients may have some specific features. It might be more difficult to obtain an address where it is possible to contact the patients' general practitioner or specialists or other healthcare professionals, especially if the hospitalization responds to an emergency. This creates two types of issues:

- Concerning the follow-up, it is important to be able to communicate with the patient's general practitioner or specialists or other healthcare professionals, in order to ensure the quality of the care and follow his/her recovery. This follow-up is more complicated for a cross-border patient, because it requires contacting doctors working in a foreign health care system.
- With regards to the payment of health care costs, the situation can be complex, if there are medical or administrative difficulties (for example, lack of prior authorization or EHIC Card). These situations may be detrimental to the hospital, in the case of not correctly estimating or summing up the total amount of the hospitalization charges; and also to the patient, who may sometimes be required to pay large sums of money in difficult conditions.

#### 3.1. Patients' follow-up and the importance of discharge information

When I go back to my country of residence, I may have to continue my treatment or undergo rehabilitation in order to fully recover. The healthcare professionals in my country of residence will need accurate information about operations and the medical follow-up my treatment required. This information is presented differently in each country. I and/or they may need to call the hospital in which I have been treated in order to obtain clarification.

At discharge, the patient is given a document that summarizes his/her hospitalization most important data and the major elements of the follow-up that will have to be implemented for his/her recovery treatment. This document differs from one state to another. A study about these documents, made within the context of the ECAB (Evaluating Care Across Borders) European project, and published in the 19<sup>th</sup> volume of the magazine "Eurohealth", has shown that the nature of the



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information given in the discharge summary and the way to present it are very different from one country to another.

This can create misunderstandings or doubts for the healthcare professionals who treat the patient in his/her country of residence. Since they are used to a certain type of discharge summary, it is possible that they cannot find the information they are looking for. Drug prescriptions can also create misunderstandings. To address this issue, article 11 of the Directive 2011/24/EU makes it mandatory for member states to take action to ensure that the prescriptions use the international non-proprietary name, which increases drug prescription recognition between member states of the European Union.

In this type of situation, the patient must be able to contact the hospital where he/she was treated in order to get the information and specifications he/she needs. This may require being able to link him/her with employees who are able to explain to him/her the details of his discharge summary and to answer his/her questions about his treatment and/or the post-hospitalization follow-up, in the appropriate language. The best solution is to plan a discussion with the patient before his/her discharge, in order to answer his/her questions and to give him/her a phone number or an email address to contact in case of need.

#### Good practices regarding **information about patient's follow-up:**

- Take the time to **explain the information given to the cross-border patient**, (or his/her family if he/she is not able to receive the information), **when he/she leaves the hospital**, in order to anticipate possible difficulties in understanding the prescriptions and the various other pieces of information.
- Provide a **contact to the patient before his/her discharge**, for instance the Medical Office e-mail address or the admission office contact details.
- Be able to explain the content of the **discharge summary** to a patient calling from his/her country of residence. This requires that **multilingual staff is available, have access to the document, and that the staff is trained to explain** briefly the information given in the document.

#### Example of good practice:

The hospital San Matteo, in Pavia (*Ospedale Policlinico San Matteo*) offers cross-border patients translated medical and operative reports and translated prescriptions. This makes it makes easier for the patient to continue his treatment when he goes back to his country of residence.



### 3.2. Healthcare payment and reimbursement

When I leave the hospital, I must pay the necessary, and I need to have information about the different reimbursement schemes and the administrative procedures I have to follow. I need the same information if I receive an invoice once I got back home.

Cross-border patients' follow-up can be significantly improved, both at medical and administrative level. There is a risk for the hospital if the administrative procedures, especially concerning the payment of healthcare costs, are not realised when the patient leaves the hospital where he/she has been treated.

It is important to give the information to the patient as soon as possible, if possible during his/her admission, if he/she is to do the discharge procedures at the right time. For patients hospitalized because of an emergency, it is one of the elements the staff of the admission office must communicate when they contact the cross-border patient. Applicable payment terms and the potential amount of money involved must be known as soon as possible.

If the procedures have not been done at the time of discharge, the hospital must send the invoice directly to the patients home. This can create difficulties for the hospital, if it does not translate the invoice to make it understandable, and must send it to the address it received, with the risk of an error in the address. For the patient, receiving an invoice for healthcare received several weeks before, without the possibility to be given an explanation by the hospital staff, can make him/her refuse to pay his bills. To avoid this risk, it is necessary to make sure that the administrative procedures are done before the cross-border patient leaves the hospital.

However, there is an important disparity of situations in this regard. If the patient arrives with a S2 form (programmed healthcare), or with a European Health Insurance Card (emergency), the sums will be reimbursed normally by the health insurance or equivalent of the country of hospitalization, who will then be reimbursed by the patient's social security national fund. If the social security does not pay for the whole healthcare and stay costs, the patient will still have to pay the amount that is not covered.

On the other hand, if the patient does not have one of these documents, his/her situation falls under the Directive 2011/24/EU regime. He/she must then pay the whole cost and then ask his/her health insurance or equivalent fund for reimbursement when he gets back to his country of residence. It can therefore be useful to create agreements with some foreign health insurance funds and other insurance companies, in order to facilitate the reimbursement of these costs.

For example, between 2008 and 2011, the CHU of Lyon has been facing an average of 2.4 million euros of unpaid invoices each year. Foreign patients represent 730 000 euros, 30% of the yearly average. Among them, 40% are patients from the European Economic Area. Unpaid invoices represent a substantial loss of earning for hospitals.

Sometimes cross-border patients need some information about their invoice when they return to their country of residence, for example to transmit the invoice to their health insurance or equivalent. In this case, it is important to provide them with an information contact, for example



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with the admission office contact details or with the contact details of a service specifically dedicated to cross-border patients (see the good practices regarding information about patients' follow-up).

#### Good practices regarding **healthcare payment and reimbursement**:

- To provide information to the patient about **payment and reimbursement procedures** as soon as possible. This must be done before his treatment, or when his health status makes it possible.
- Make the patient **pay** what is due **when he leaves** the hospital.
- Make the **translation of invoices** available, at least in English.
- **Create links**, when possible, **with the healthcare reimbursement institutions**, public or private, of neighboring countries, in order to facilitate healthcare reimbursement in the absence of a S2 form or an EHIC.
- If it is not possible to have the precise information about a patient's affiliation to a social security fund, **the hospital can contact the national institution** which can assist in the search, as in the example presented below (see example in the next paragraph).
- Create the possibility for cross-border patients to **pay their bill on the Internet**.

#### Example of good practice regarding **online payment**:

The CHU of Lyon makes it possible for its patients to pay their invoices online, on the MyHCL website. For cross-border patients, a document that explains the procedure in English is available on the website:



→ **Payment on the Internet allows you to pay 7 days a week and 24 hours a day.**

**How to pay ?**

- 1 /  Go to the website <https://myhcl.chu-lyon.fr>  
Section - Payer ma facture -
- 2 / Enter :
  - your invoice number (called "N° de titre") - you can find it on the bottom left of your invoice (called "Avis de Somme à Payer") :
  - the year concerned (called "Exercice")
  - the exact amount to pay (called "Somme exacte")
- 3 / Enter you e-mail address  
Click on "Accéder au paiement"
- 4 / After, you will be transferred to the **secured payment website**, where you can then pay with your bank card
- 5 / When you have finished paying, a **confirmation e-mail** will be sent to your given e-mail address
- 6 / You will receive a **payment receipt in the post**, which you can use to be reimbursed by your Insurance Company



### 3.3. Payment disputes and litigation

If, for any reason, I am not able to pay for my care, it can create a dispute with the hospital. If this kind of dispute occurs, I expect a compromise and a peaceful solution to be found quickly, in particular with my health insurance or equivalent. This implies that the hospital staff has a good knowledge of the different member states reimbursement mechanisms.

The problems with cross-border patients' payment is one of the main recurrent scenarios that can arise for the hospitals. Many cases are possible, other than those mentioned above. They require the implementation of specific good practices concerning the understanding of reimbursement mechanisms.

#### 3.3.1. Admission in emergency

Regarding emergency healthcare, the health insurance or equivalent of the country of hospitalization can refuse to pay the hospital in some cases, even if the patient does have his/her EHIC. This can happen, for example:

- If the medical certificate confirming the emergency is not supplied with the payment request;
- If the EHIC gives rights to long-term care in the country of affiliation and this right is not recognised in the same way in the country of treatment.

#### 3.3.2. Admission for planned elective care

It is also possible to face payment difficulties for planned healthcare. These difficulties are well known and expected by the department in charge of patients' admission. They can appear, in several situations, notably:

- When there are complications in the patient's medical condition, and his/her stay is prolonged, which increases the costs. If the patient paid before his admission, he/she can refuse to pay for the additional costs. It can create a dispute which will be difficult to manage, because it involves two different national legal systems.
- When the patient needs long-term care. The administrative situation of this kind of care differs from one member state to another. The duration of the treatment and the reimbursement rates can be different depending on the country. The patient may not know these differences, and therefore may not understand the excess cost he has to pay.



Good practices regarding the resolution of **payment disputes**:

- **Train one or two persons**, in the admission office, **in the analysis of payment methods** and the knowledge of the procedures and relevant bodies that deal with disputes.
- **Obtain the knowledge of the legal remedies** by the admission office staff. In case of particularly complex situations, they must know they can contact:
  - o At the European level, **SOLVIT**, mediation organization specialized in the defense of European citizens' rights (cf annex 3).
  - o At the national level, **the mediator or equivalent**.
- Propose, on the hospital website, **an e-mail address dedicated to complaints**.

Example of good practice in **case of absence of S2 form or EHIC**:

Sometimes a cross-border patient, hospitalized in emergency, does not have an EHIC. In this case, he/she must pay the full amount of the costs, which can be difficult for him/her. In order to reduce these difficulties, it is possible to contact his/her health insurance or equivalent in his/her country of affiliation.

In the CHU of Lyon, one of the admission office managers had to deal with the case of an Italian patient who did not have his EHIC in hand. When he learned the situation, the patient said that there was a risk he could not pay for his treatment when he would leave the hospital. The manager called the CLEISS (Center for French Social Security European and International contact), which provided the patient's social security fund contact. The fund sent information and documents that allowed the patient to be paid for by the French Social Security, which was then reimbursed by the Italian fund.



## Annex: National contact points for cross-border patients

### AUSTRIA

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Gesundheit Österreich GmbH

Website:

<https://www.gesundheit.gv.at/Portal.Node/ghp/public/content/kontaktstellepatientenmobilitaet.html>

Email: [patientenmobilitaet@goeg.at](mailto:patientenmobilitaet@goeg.at)

### BELGIUM

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Website: [www.crossborderhealthcare.be](http://www.crossborderhealthcare.be)

Email: [information@crossborderhealthcare.be](mailto:information@crossborderhealthcare.be)

### BULGARIA

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National Health Insurance Fund

Website: [www.nhif.bg](http://www.nhif.bg)

Email: [crossbordercare@nhif.bg](mailto:crossbordercare@nhif.bg)

### CROATIA

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Croatian Health Insurance Fund

Website: [www.hzzo.hr](http://www.hzzo.hr)

Email address: [ncp-croatia@hzzo.hr](mailto:ncp-croatia@hzzo.hr)

### CYPRUS

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Ministry of Health

Website: [www.moh.gov.cy/cbh](http://www.moh.gov.cy/cbh)

Email: [ncpcrossborderhealthcare@moh.gov.cy](mailto:ncpcrossborderhealthcare@moh.gov.cy)

### CZECH REPUBLIC

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Centre for International Reimbursements

Website: [www.cmu.cz](http://www.cmu.cz)

E-mail: [info@cmu.cz](mailto:info@cmu.cz)

### DENMARK

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National Agency for Patient Rights and Complaints (Patientombudet)

Website: [https://www.patientombudet.dk/Klage-](https://www.patientombudet.dk/Klage-_og_sagstyper/International_Sygesikring/Nationalt_kontaktpunkt_for%20behandling%20i%20EU_EOES.aspx)

[\\_og\\_sagstyper/International\\_Sygesikring/Nationalt\\_kontaktpunkt\\_for%20behandling%20i%20EU\\_EOES.aspx](https://www.patientombudet.dk/Klage-_og_sagstyper/International_Sygesikring/Nationalt_kontaktpunkt_for%20behandling%20i%20EU_EOES.aspx)

E-mail: [pob@patientombudet.dk](mailto:pob@patientombudet.dk)

### ESTONIA

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Ministry of Social Affairs of Estonia

Website: <http://kontaktpunkt.sm.ee>

Email: [kontaktp@sm.ee](mailto:kontaktp@sm.ee)



## FINLAND

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Kela

Website: <http://www.kela.fi/yhteyspiste>

Email: [yhteyspiste@kela.fi](mailto:yhteyspiste@kela.fi)

## FRANCE

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Ministère des affaires sociales et de la santé

Website: <http://www.sante.gouv.fr/soins-de-sante-transfrontaliers-point-de-contact-nationalpcn.html>

Email : [europa-info-patients@sante.gouv.fr](mailto:europa-info-patients@sante.gouv.fr)

## GERMANY

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Deutsche Verbindungsstelle Krankenversicherung - Ausland (DVKA)

Website: [www.eu-patienten.de](http://www.eu-patienten.de)

Email: [info@eu-patienten.de](mailto:info@eu-patienten.de)

## GREECE

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EOPYY– National organization for health care services, provision, division of international affairs, National Contact Points GR Department

Website: [www.eopyy.gov.gr](http://www.eopyy.gov.gr)

Email: [ncp\\_gr@eopyy.gov.gr](mailto:ncp_gr@eopyy.gov.gr)

## HUNGARY

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National Center for Patients' Rights and Documentation

1. for EU citizens that intend to use Hungarian healthcare

Website: [www.patientsrights.hu](http://www.patientsrights.hu),

Email: [contact@patientsrights.hu](mailto:contact@patientsrights.hu)

2. for Hungarian citizens seeking healthcare in EU

Website: [www.eubetegjog.hu](http://www.eubetegjog.hu)

Email: [info@eubetegjog.hu](mailto:info@eubetegjog.hu)

## IRELAND

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Cross-Border Healthcare Directive Department

Website: <http://hse.ie/eng/services/list/1/schemes/cbd/CBD.html>

Email: [Crossborderdirective@hse.ie](mailto:Crossborderdirective@hse.ie)

## ITALY

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Ministry of Health, Directorate-General for health planning

Website:

[http://www.salute.gov.it/portale/temi/p2\\_6.jsp?lingua=english&id=3811&area=healthcareUE&men](http://www.salute.gov.it/portale/temi/p2_6.jsp?lingua=english&id=3811&area=healthcareUE&menu=)

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Email: [ncpitaly@sanita.it](mailto:ncpitaly@sanita.it)

## LATVIA

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National Health Service

Website: [www.vmnvd.gov.lv](http://www.vmnvd.gov.lv)

Email: [nvd@vmnvd.gov.lv](mailto:nvd@vmnvd.gov.lv)



## **LITHUANIA**

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State Health Care Accreditation Agency under the Ministry of Health  
 Website for NCP where patients could find the information in one place:  
[www.lncp.lt](http://www.lncp.lt)  
 Website: <http://www.vaspvt.gov.lt/en>  
 Email: [vaspvt@vaspvt.gov.lt](mailto:vaspvt@vaspvt.gov.lt)  
 National Health Insurance Fund under the Ministry of Health  
 Website: <http://www.vlk.lt/vlk/en/>  
 E-mail: [vlk@vlk.lt](mailto:vlk@vlk.lt)

## **LUXEMBURG**

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Ministry of Health for EU citizens intending to use Luxemburgish healthcare  
 Contact Person: Mike Schwebag  
 Email: [mike.schwebag@ms.etat.lu](mailto:mike.schwebag@ms.etat.lu)  
 Ministry of Social Security (Caisse nationale de santé)  
 for Luxemburgish insured persons seeking healthcare in the EU  
 Website: [www.cns.lu](http://www.cns.lu)  
 Email: [cns@secu.lu](mailto:cns@secu.lu)

## **MALTA**

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Ministry for Energy and Health  
 Email: [crossborderhealth@gov.mt](mailto:crossborderhealth@gov.mt)

## **NETHERLANDS**

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Health Care Insurance Board (CVZ)  
[www.cbhc.nl](http://www.cbhc.nl)

## **POLAND**

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National Health Fund  
 Email: [Iwona.Grabowska@nfz.gov.pl](mailto:Iwona.Grabowska@nfz.gov.pl)

## **SLOVAKIA**

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Healthcare Surveillance Authority  
 Website: [www.udzs-sk.sk](http://www.udzs-sk.sk)  
 Email: [web@udzs-sk.sk](mailto:web@udzs-sk.sk)

## **SLOVENIA**

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Health Insurance Institute of Slovenia (HIIS)  
 Website: <http://www.nkt-z.si/wps/portal/nktz/home>  
 Email: [kontakt@nkt-z.si](mailto:kontakt@nkt-z.si)

## **SPAIN**

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Ministry of Health, Social Services and Equity  
 Website: <http://www.msssi.gob.es/pnc/home.htm>  
 Email: [oiac@msssi.es](mailto:oiac@msssi.es)



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### **SWEDEN**

Försäkringskassan

Website: [www.forsakringskassan.se](http://www.forsakringskassan.se)

Email: [kundcenter@forsakringskassan.se](mailto:kundcenter@forsakringskassan.se), [huvudkontoret@forsakringskassan.se](mailto:huvudkontoret@forsakringskassan.se)

Socialstyrelsen

Website: [www.socialstyrelsen.se](http://www.socialstyrelsen.se)

Email: [info@socialstyrelsen.se](mailto:info@socialstyrelsen.se)

### **UNITED KINGDOM**

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NHS

Website: [www.nhs.uk/nationalcontactpoint](http://www.nhs.uk/nationalcontactpoint)

### **ICELAND**

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Icelandic Health Insurance- International Department

Website: <http://www.sjukra.is/english>

Email: [international@sjukra.is](mailto:international@sjukra.is)

### **NORWAY**

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The Norwegian Health Economics Administration

Website:

Email: [post@helfo.no](mailto:post@helfo.no)

Website: <http://www.helfo.no/omhelfo/Sider/about-helfo.aspx#.UxedxSm9Kc0>

### **Awaiting information from:**

Portugal and Romania

