



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

## Mapping Exercise

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**WP Recommendations**  
**Cross-border hospital co-operation**  
**Reimbursement system**  
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*February 2013*

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# 1. Cross border hospital cooperation

## 2.1 Introduction

In this chapter the central topic will be cross border hospital cooperation in the HoNCAB participating Member States:

- Austria
- France
- Germany
- Greece
- Hungary
- Italy
- Malta
- Slovenia

Questions like, ‘Are there national regulations for cross border cooperation?’, ‘Are hospitals and/or insurance companies allowed to contract partners in the neighbouring country?’ and ‘Which agreements, contracts and projects exist between a participating country and their neighbouring countries?’ will be answered.

To answer these questions the partners from the HoNCAB project were asked to supply information about rules and regulations concerning cross border care, known agreements, contracts and projects. Beside that a research via Internet was done to get as much information about this topic as possible.

The results can be read in this chapter.

## 2.2 Cross Border Cooperation

The topic cross border cooperation is a topic, which is getting more and more by the order of the day. Patients are going across a border or asking more and more if they are allowed to visit a hospital in the neighbouring country. There are not much reliable figures about the amount of patients seeking cross border care, but the EU is assuming that around 1% of the EU population is going to another country for health care. In some areas, like the Meuse-Rhine area in Germany, Belgium and



The Netherlands it is known for sure that the cross border patient mobility is around 5% of the population in need of hospital care.

Without going in dept the EU was taking into account the fact that citizens are more and more 'forcing' the EU and their MS to think about cross border healthcare opportunities by going to the ECJ. This has led to the directive ..... which is now in the process of being implemented in national legislation, rules and regulations. Because this is not the main focus of this WP, the directive is not worked out. The focus will be on existing rules and regulations in the different participating countries.

In every paragraph there is given a list of cross border agreements, contracts and projects. When reading this list one need to keep in mind following:

The list is limited. Through literature study and the information from the project partner a list was established, but this is not a complete list.

It may well be that the project partner doesn't have insight in all the border areas of his country, besides their own. So the project partner may not know what is going on in these other border regions concerning cross border hospital care.

In many of the literature studies that were used for this project, it was stated that a lot of providers were not willing to give insight in their cross border cooperation because they consider it as confidential.

There are also agreements and contracts in which for example Austria is a partner, but are listed by other countries, which are partner in this project. Reason for that is that the patient flow and initiator is another neighbouring country. So for example an agreement between Austria and Italy may well be listed under Italy and not under Austria.

Sometimes hospitals are participating in EU projects, which have an impact on their own hospital but not on the cross border hospital cooperation in which patient go from one hospital to another. These projects were left out in this list. Only when it has a direct effect on cross border cooperation it is taken down in the list.

There are projects mentioned which doesn't involve hospitals directly, but which have an great impact on cross border hospital care. Mostly these are projects and agreements concerning payment of cross border care by payers.

Cross border cooperation concerning rehabilitation and Spa, and psychiatric hospitals is also not taken down in the list.



## 2.2.1 Austria

Austria has a system in which the government of the Länder (subnational government) is responsible for the hospital sector (agreement according to Article 15a Federal Constitution). In the hospital sector the federal government in Austria is only responsible for enacting basic law and to make sure that this is enforced in the nine Länder. Every Land is obliged to make sure that there is enough inpatient care for their inhabitants. They set up a structure in which the management of the public hospitals has been outsourced. 'The organisational structures of these companies differ, but one thing they have in common is that as representatives of the owners they implement the mandate of the Länder to provide health care and make strategic decisions on behalf of the Länder <sup>1</sup>'. However this doesn't mean that the public hospitals can make a contract with foreign hospitals, insurance companies, governments or what so ever for cross border cooperation. To do so they need the permission of the Land. Only the private hospitals are able to do so.

Nowadays Austria has agreement with foreign governments, insurance companies and providers. Concerning planned cross border hospital care it mostly concerns the import of patients from for example the Czech Republic and Germany. Concerning emergency care there are agreements with German insurance companies like the AOK for the treatment of German patients when having an accident during skiing season.

Beside that there are several initiatives to overcome organisational barriers and geographical access barriers to make cross border hospital cooperation more open.

Through a literature research and the information from a Austrian project partner there is made a list of cross border hospital cooperation.

AT1	Name of the cooperation	Gesundheit ohne Grenzen
	Start of the cooperation	2012
	End of the cooperation	2014
	Countries involved	Austria Czech Republic

<sup>1</sup> Austria - Health system review, Observatory, Health Systems in Transition Vol 8 No 3 2006, M.H. Hofmacher, H.M. Rack pag. 40



Type of participating organisations	Hospital Gmünd (AT) Insurance company (CZ) Regional government (AT, CZ)
Specific topic	Clinical standard care
Aim	<ul style="list-style-type: none"> <li>- Making it possible to have a direct process in which the specialist health experts on both sides of the border get to know one another / regionally-based exchange of views/experience among experts</li> <li>- Overcoming the language barrier thanks to targeted language courses in the health-care facilities</li> <li>- Exchanging views on strategies and analyses regarding human resources involved in the provision of health care / the lack of specialist staff</li> <li>- Highlighting approaches to solutions in the area of demographic development / the age-ing population</li> <li>- Building up a long-term cooperation in health-care provision, and also development of strategic possibilities for a cross-border long-term cooperation between hospitals</li> </ul>
Target group	<ul style="list-style-type: none"> <li>- Population of the border area</li> <li>- National and regional organisations</li> <li>- Local health care institutions</li> <li>- Specialist health-care personnel</li> <li>- NÖ Landeskliniken-Holding: the holding company for Lower Austria's state clinics</li> <li>- Southern Moravia Administrative District</li> <li>- Vysočina Region</li> </ul>
Output	<ul style="list-style-type: none"> <li>- Mapping of fields for cooperation</li> <li>- Strategy for dealing with challenges regarding human resources</li> </ul>

AT2	Name of the cooperation	Healthacross
	Start of the cooperation	2008
	End of the cooperation	2010
	Countries involved	Austria Czech Republic



Type of participating organisations	Hospital in Gmünd (AT) Government: - Lower Austria (AT) - South Bohemia (CZ)	
Specific topic	Get an insight of the organisational barriers in the border area concerning cross border care.	
Aim	<ul style="list-style-type: none"> <li>- Ensuring better access to health care in the region (short distances)</li> <li>- Promoting co-operation and creating a sound legal basis</li> <li>- Optimising the care offered and the costs involved (joint utilisation of equipment capacities and human resources)</li> <li>- Ensuring emergency care with the shortest response times possible, Developing common quality standards for the health care sector</li> <li>- Eliminating obstacles/ simplifying patient transfers</li> <li>- Ensuring continuity of care</li> <li>- Guaranteeing the EU's fundamental freedoms for all patients</li> <li>- Promoting the exchange/joint utilisation of know-how and best practices</li> <li>- Establishing joint cross-border plans for the health care sector in the long term</li> </ul>	
Target group	<ul style="list-style-type: none"> <li>- Decision-makers in politics and business</li> <li>- European Union</li> <li>- Patient service providers in the project region</li> <li>- Consumers of inpatient services in the project region</li> <li>- Employees in the residential sector</li> </ul>	
Output	<ul style="list-style-type: none"> <li>- Structural comparison and service index for the project region</li> <li>- Preparing concrete guidelines for action</li> <li>- Knowledge about legal and customs-related issues</li> <li>- Knowledge issues related to the payment of services</li> <li>- Feasibility study for a cross-border health care centre</li> </ul>	
<b>AT3</b>	<b>Name of the cooperation</b>	<b>Healthacross in practice</b>
	Start of the cooperation	2012
	End of the cooperation	2014



Countries involved	Austria Czech Republic
Type of participating organisations	Hospital in Gmünd (AT) Government: <ul style="list-style-type: none"> <li>- Lower Austria (AT)</li> <li>- South Bohemia (CZ)</li> </ul>
Specific topic	Get an insight of the organisational barriers in the border area concerning cross border care.
Aim	<ul style="list-style-type: none"> <li>- Equality of opportunity in access to health care provision, through close cooperation among the service providers in the project region – Lower Austria’s Waldviertel area and Southern Bohemia,</li> <li>- Improving the quality of life and conditions of life for the population in the realm of environmental and health-care conditions,</li> <li>- Positive effects on the regional economy,</li> <li>- Optimum use of synergy and resources,</li> <li>- Providing targeted information to the local population about the possibility to use health care services on the other side of the border,</li> <li>- Positioning the pilot region as a European model region for cross-border cooperation in the provision of health care,</li> <li>- Evaluating the test phase of the cross-border exchange of patients,</li> <li>- Building up a long-term cooperation in the provision of health care</li> </ul>
Target group	<ul style="list-style-type: none"> <li>- Local population of Lower Austria’s Waldviertel area and of Southern Bohemia</li> <li>- Health-care institutions and providers of health-care services</li> <li>- Regional and local health providers</li> <li>- Public administrative district office for Southern Bohemia</li> <li>- Health insurance companies in the partner regions</li> <li>- Regional businesses and suppliers to the facilities providing health care</li> </ul>



Output	<ul style="list-style-type: none"> <li>- Analysis of patient exchange (Czech patients in Austria): needs for adaption, cooperation between emergency services, etc.</li> <li>- Information about experiences of patients, health professionals, etc.</li> </ul>
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AT4	Name of the cooperation	Healthregio
	Start of the cooperation	2004
	End of the cooperation	2006
	Countries involved	Austria Czech Republic Hungary Slovakia
	Type of participating organisations	Hospital in Gmünd (AT) Government: <ul style="list-style-type: none"> <li>- Lower Austria (AT)</li> <li>- South Bohemia (CZ)</li> </ul>
	Specific topic	Get an insight of the organisational barriers in the border area concerning cross border care.
	Aim	<ol style="list-style-type: none"> <li>1 Establishment of the central European space as a quality location for healthcare services</li> <li>2 Raising of economic dynamic and the of the quality of life in the region through: <ul style="list-style-type: none"> <li>- Coordination and optimisation of the provision of service and consumption</li> <li>- Orientation and benchmarking for high quality which secure a competitive advantage (quality security and competitiveness)</li> <li>- Securing and creating long-term competitive workplaces</li> </ul> </li> <li>3 Utilisation of existing development possibilities in the region: the project should especially incorporate the existing regional development potential</li> <li>4 Contribution of the autonomy of the region</li> <li>5 Contribution to reduce the regional development differences: with a view to the sufficient regional earning possibilities of the population and to social inequalities (access to care provision)</li> </ol>



Target group	<ul style="list-style-type: none"> <li>- Political and economic decision makers</li> <li>- Providers of healthcare services (eg small and medium-sized companies)</li> <li>- Consumers of healthcare services</li> <li>- Employees in the healthcare and wellness sectors</li> </ul>
Output	Report concerning the results

AT5	Name of the cooperation	Zdravi-Gesundheit
	Start of the cooperation	2008
	End of the cooperation	2011
	Countries involved	Austria Czech Republic
	Type of participating organisations	Hospitals (AT, CZ) Regional governments (AT, CZ) Both located in Lower Austria and South Bohemia.
	Specific topic	Get an insight of the organisational barriers concerning the use of cross border eHealth applications.
	Aim	<p>General goals:</p> <ul style="list-style-type: none"> <li>- Harmonisation of health care systems of neighbouring EU countries</li> <li>- Finding synergies and thus improving efficient use of financial resources of both countries</li> <li>- Cooperation aiming towards cross-border health care Defining common quality criteria in hospital care, rescue services and health care administration</li> <li>- Improving communication between inhabitants of the border regions</li> </ul> <p>Specific goals:</p> <ul style="list-style-type: none"> <li>- Improving awareness about the population in the region</li> <li>- Prevention by improving living conditions concerning the environment and health care</li> <li>- Exchange of epidemiological data Cross-border information about current infectious diseases</li> <li>- Possibilities of cooperation between the South Moravian Region and Lower Austria in radiotherapeutical care</li> <li>- Extending cross-border communication of ambulance services in South Moravia and Lower Austria</li> </ul>



Target group	Institutions in the field of health and social care, public
Output	<ul style="list-style-type: none"> <li>- report on demographic knowledge of health services in the project region</li> <li>- Legal information folders on patient's rights in cross-border health care</li> <li>- Language dictionary (German - Czech)</li> </ul>

AT6	Name of the cooperation	eHealth and Telemedicine
	Start of the cooperation	2006
	End of the cooperation	2007
	Countries involved	Austria Germany The Netherlands Switzerland
	Type of participating organisations	Hospitals (NL, GE, CH) Regional governments (NL, GE, CH, AT)
	Specific topic	Get an insight of the organisational barriers concerning the use of cross border eHealth applications.
	Aim	<ul style="list-style-type: none"> <li>- Improving the existing cross-border co-operation in the diagnosis and treatment of individual patients by optimizing the use of eHealth technologies and telematics such as telepathology, telemonitoring, videoconferencing, telecommunication between doctors, etc.); teleteaching and telecoaching</li> <li>- Clarifying the legal aspects and delineate the legal uncertainties which as yet exist in the application of eHealth in cross-border health care, hospital co-operation and the application of telemedicine; recommend pragmatic and solid solutions which may take away the existing uncertainties for patients, providers and payers in this field</li> <li>- Further improve the eHealth- and eCard-technologies for a seamless mobility of patients, which allows them to visit any hospital of care provider, also across the border; ultimately, a patient's individual Electronic Health Record (HER) should be accessible and readable by health care providers anywhere in Europe, under strict rules of data protection.</li> </ul>



Target group	<ul style="list-style-type: none"> <li>- Decision-makers in politics and business</li> <li>- European Union</li> <li>- Patient service providers in the project region</li> <li>- Consumers of health services in the project region</li> </ul>
Output	<ul style="list-style-type: none"> <li>- A detailed analysis has been performed of the legal aspects of cross-border healthcare and telemedicine, with the emphasis being on liability issues. The legal experts associated with the project have concluded that there is, as yet, too little specific legislation in this field. A comparison was made between the laws of the participation countries with respect to the use of telemedicine within each country's own national borders.</li> <li>- A further comparison was made between the substance of cross-border healthcare contracts already concluded by the partner hospitals involved in the project and the issues that those contracts arrange.</li> <li>- A checklist was drawn up of the issues that healthcare institutions should agree on when concluding a contract for cross-border clinical and telemedical cooperation.</li> <li>- The legal experts at SWG eHealth also responded to questions by the European Commission in its open consultation of September 2006 on medical services and patient mobility.</li> </ul>

AT7	Name of the cooperation	Ten4Health
Start of the cooperation		Since 2007
End of the cooperation		2009, but cooperation is still going on.
Countries involved		Austria Germany The Netherlands Belgium Czech Republic
Type of participating organisations		Payer in the participating countries. 11 hospitals in the participating countries.
Specific topic		- Radiotherapy - Oncological supply



Aim	<p>To improved healthcare provision for mobile European Union citizens.</p> <p>To assures access of citizens to healthcare in participating Member States' hospitals, based on a secure web service and its integration into developing European eHealth infrastructure networks.</p> <p>To contribute to the ubiquitous acceptance of the European Health Insurance Card</p> <p>To prepare for the later introduction of its eCard version.</p>
Target group	Citizens of the participating countries
Output	<p>The service, extended by the project, is further maintained by the AOK Rheinland/ Hamburg. Up to date information can be obtained under <a href="https://europa.aok.de/">https://europa.aok.de/</a></p> <p>Network</p> <p>Contractual agreement between the partners</p>

AT8	Name of the cooperation	Pioneer-project: Hospital cooperation between Laibach (SI) and Klagenfurt (AT)
Start of the cooperation		Unclear
End of the cooperation		Cooperation is still going on
Countries involved		Austria Slovenia
Type of participating organisations		Subnational governments Providers: - Acute Hospital Klagenfurt - Acute hospital Laibach - Transport service (helicopter) SI and AT
Specific topic		Dermatology
Aim		To overcome geographical access barriers To make use of special equipment To overcome under-capacity in Klagenfurt
Target group		Citizens from the Klagenfurt Region with a dermatological problem.



Output	A written contract: Submission of diagnostic-findings just in time provided by an integrated hospital information system between hospitals Klagenfurt and Laibach. A patient flow from Austria to Slovenia
<b>AT9 Name of the cooperation Pioneer-project: Hospital cooperation between Braunau (AT) and Simbach (GE)</b>	
Start of the cooperation	Since 2004
End of the cooperation	Unclear if it stopped in 2005 or if it is still going on
Countries involved	Austria Germany
Type of participating organisations	Subnational governments Providers: - Hospital Braunau (AT) - Hospital Simbach (GE)
Specific topic	- Internal medicine - Day clinical surgery
Aim	Concentration on core competences and medical priorities like e.g. department for internal medicine with specialised range of performance: At Simbach (e.g. cardiology) At Braunau (e.g. gastroenterology, oncology, nephrology with dialysis) Common „day clinic“ for „outpatient surgeries“ Implementation of physiotherapy Regulation and synchronisation of medical investments in both organisations (e.g. radiology, laboratory...) Best possible regional supply patient-oriented hospital High quality of hospital care Focussing on the medical priorities and increased benefit of synergies Common network of both hospitals in order to maximise economic efficiency
Target group	Citizens from the Simbach and Braunau area.



	Output	A written contract A patient flow from Austria to Slovenia
<b>AT10</b>	<b>Name of the cooperation</b>	<b>Cooperation concerning infectious disease control</b>
	Start of the cooperation	Unclear
	End of the cooperation	Unclear if it stopped or if it is still going on
	Countries involved	Austria Germany
	Type of participating organisations	Subnational governments: - Munich - Innsbruck  Providers: - Hospital Munich (GE) - Hospital Innsbruck (AT)
	Specific topic	Infectious disease control
	Aim	Quality insurance To achieve an optimal economic efficiency
	Target group	Highly infectious patients from the Tyroler area.
	Output	A written contract Costs are shared: Transportation is provided by GE, medication and equipment is provided by AT. A patient flow from Austria to Germany

<b>AT11</b>	<b>Name of the cooperation</b>	<b>Cooperation between Vorarlberg (AT) and Switzerland</b>
	Start of the cooperation	Since 2000
	End of the cooperation	Ended in 2004
	Countries involved	Austria Switzerland



Type of participating organisations	Providers: - Hospital Feldkirch (AT) - Hospital Kreuzlingen (CH)
Specific topic	- Heart and thorax - Cardiovascular disease
Aim	To cover the population To offer the necessary specialisation To overcome capacity restrictions To make use of under-capacity
Target group	Patients with cardiovascular, heart, and thorax diseases from the Vorarlberg area.
Output	A written contract - contractual requirements: Regarding documentation Patient records Quality assurance Liability A patient flow from Austria to Switzerland

### 2.2.2 France

Based on the system in France the regional health agency are responsible for planning hospital services in their region. Concerning cross border care they are involved together with the Regional Health and Social Affairs department. This support is in recognition of the value and quality of the initiatives undertaken. In practice however the hospitals, independent of their status, are the drivers behind cross-border cooperation and agreements are allowed to make contracts with providers in the neighbouring country.

National set up regulations that cover cross border cooperation are<sup>2</sup>:

“1. Law No. 91-748 of 31 July 1991 on hospital reform states that public hospitals may take part in international co-operation actions and sign agreements to this effect. As the content of the agreement is freely negotiated by the signatories within the limits of their respective fields of

<sup>2</sup> This part is completely taken over from ‘Mapping Health Services Acces - National and Cross-Border Issues (HealthACCESS - Phase II) -France, M.M. Bellanger, V. Cherilova, K. Chauvin and V. Lucas, 200? , page 4-5



competence, the type of agreement varies depending on the establishments and the purpose of the projects.

Agreements may be drawn up to cover:

- Cross-border co-operation
- Complementary facilities
- Exchanges
- Joint scientific work;
- Twinning.

## 2. Agreements to extend social security cover

There are several projects, which concern health insurance coverage and reimbursement of patients on each side of the border.

“Transcard” between France and Belgium;

“Netlink” between France and Germany;

Other agreements between various Local Health Funds (CPAM) and their counterparts in the bordering countries.

## 3. The European Economic Interest Grouping (EEIG)

This is an organisation based on EU law, created under EEC regulation No. 2137 of the Council of Europe dated 25/7/1985. Its purpose is to facilitate and encourage cross-border co-operation. The EEIG develops the economic activities of its members by pooling resources, activities and skills. It is not intended to be profit making. Any profit made will be apportioned among the members and taxed accordingly. Its activities must be related to the economic activities of its members but may not replace them [3]. In practice, the EEIG appears to be a body that is particularly suited to multi-lateral co-operation in the health field as is shown by the various similar cross-border health care organisations, such as the EEIG for health in Thiérache and the Franco-Belgian Observatory on Health (OFBS).

## 4. Decentralised co-operation agreements:



The orientation law No. 92-125 dated 6 February 1992 relating to the territorial administration of the Republic provided a precise framework for decentralised co-operation between French local authorities [4]. The law allows local authorities and their associated institutions to set up agreements with foreign local authorities and their associated institutions. Cross-border co-operation may be included in this framework. The circular dated 20th April 2001 entitled “decentralised co-operation between French territorial authorities and their associated institutions with foreign territorial authorities and their associated institutions” describes the procedure, stressing that the skills of the institutions must be respected.

The agreement may cover the application of one or more responsibilities attributed to the territorial authority by a particular law. The agreement may relate to the implementation of the general clause on responsibilities in the General Code on Local Authorities (Articles L.2121-29, L.3211-1 and L4221-1), in particular local interests such as traditional twinning actions, mutual interests of the parties or the presence of people born in the area governed by the local authority. Thirdly, allowance is made for emergency actions even if no agreement has been signed.

#### 5. Other international agreements

An agreement was signed between France and Germany on 3 February 1977 to cover disasters and serious accidents. Agreements on mutual assistance were later adopted by the prefecture of the Lower Rhine and the Regierungspräsidium of Karlsruhe (7 February 1985) and Freiburg (21 February 1986); as well as a preliminary agreement between the prefecture of the Lower Rhine and the Regierungspräsidium of Karlsruhe (9 April 1990) and Freiburg (31 December 1991).

On the French, German and Swiss border, a meeting of the health group of the Upper Rhine Conference was set up in 1996 within this body, which has been created in 1975. The agreement was signed on 23 January 1996 in Karlsruhe between the Germany, France, Luxemburg and Switzerland and defined the legal framework for local trans-border co-operation. It enables local authorities in the four countries to co-operate without going through national decision-making centres. This meeting of the Region of Alsace (in France), the state of Baden-Württemberg and Rhineland-Palatinate (in Germany) and 5 cantons in Switzerland (inner Basle, outer Basle, Aargau, Jura and Solothurn) aimed in particular to encourage co-operation between hospitals and optimise the available health facilities. The various activities undertaken by the Conference of the Upper Rhine Region were intended to facilitate cross-border contacts and improve the daily life of those living in the area.”

Most of the co-operation agreements are local initiatives organised by hospitals close to each other on either side of the border where there are opportunities for complementary activities. They aim to



improve the coverage of the population as well as the quality and organisation of health care services.

FR1	Name of the cooperation	Contract between hospital Refuge Mouscron (BE) and hospital Tourcoing (FR)
	Start of the cooperation	13-01-1992
	End of the cooperation	Ongoing
	Countries involved	France Belgium
	Type of participating organisations	Hospitals: - Hospital Tourcoing (FR) - Hospital Refuge Mouscron (BE)  Insurance companies
	Specific topic	Infectious diseases and dialysis
	Aim	To cover care that is not foreseen in the own hospital.
	Target group	- Patients go to the Belgium hospital with infectious diseases. - Patients go to the France hospital for dialysis.
	Output	Written contract between the two hospitals

FR2	Name of the cooperation	Contract between Centre Oscar Lambert de Lille (FR) CRAM Nord-Picardie et le groupement mutualist franco-belge
	Start of the cooperation	13-01-1992
	End of the cooperation	Ongoing
	Countries involved	France Belgium
	Type of participating organisations	Hospitals Insurance companies
	Specific topic	Cancer patients
	Aim	To cover care that is not foreseen in the own hospital.



Target group	Patients go from the France hospitals to a Belgium hospital.
Output	Written contract between the hospitals and the payer.

<b>FR3</b>	<b>Name of the cooperation</b>	<b>Contract between Centre Hospitalier Roubaix, Centre hospitalier de Tourcoing and Centre Hospitalier Mouscron</b>
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Start of the cooperation	20-10-2003
End of the cooperation	2005
Countries involved	France Belgium
Type of participating organisations	Hospitals: - Centre Hospitalier Roubaix - Centre Hospitalier de Tourcoing - Centre Hospitalier Mouscron
Specific topic	Genito-urinary medicine
Aim	To cover care that is not foreseen in the own hospital.
Target group	Patients go from the France hospitals to a Belgium hospital and vice versa.
Output	Written contract between the hospitals and the payer.

<b>FR4</b>	<b>Name of the cooperation</b>	<b>Contract between the hospital Maubege (FR) and Mons-Warquignies (BE)</b>
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Start of the cooperation	15-12-2003
End of the cooperation	The cooperation has ended
Countries involved	France Belgium
Type of participating organisations	Hospitals: - Hospital Maubege (FR) - Mons- Warquignies (BE)
Specific topic	Intensive care
Aim	To cover care that is not foreseen in the own hospital.



Target group	Patients go from the France hospitals to the Belgium hospital and vice versa.
Output	Written contract between the hospitals.

FR5	Name of the cooperation	Contract between the hospital of Valenciennes and Tournai
	Start of the cooperation	15-12-2003
	End of the cooperation	The cooperation has ended in 2005
	Countries involved	France Belgium
	Type of participating organisations	Hospitals: - Hospital of Valenciennes (FR) - Hospital of Tournai (BE)  Other partners: ARH of Nord-Pas-de-Calais, CRAM of Nord-Picardie, CPAM of Valenciennes Regional CANAM Regional MSA the various national mutuels (socialist, Christian, free and neutral) in Belgium the SNCB health care fund
	Specific topic	- Intensive care - Rehabilitation care
	Aim	To cover care that is not foreseen in the own hospital.
	Target group	Patients go from the France hospital to the Belgium hospital and vice versa.
	Output	Unilateral agreement between the hospitals.

FR6	Name of the cooperation	Contract between the hospital Loverval (BE) and Lugecam du Nord-est (FR)
	Start of the cooperation	16-07-2001
	End of the cooperation	Still going on.



Countries involved	France Belgium
Type of participating organisations	Hospitals: - Hospital of Loverval (BE) - Hospital Lugecam du Nord-est (FR)  Insurances companies
Specific topic	Severe deep burn problems.
Aim	To cover care that is not foreseen in the own hospital.
Target group	Patients go from the France hospital to the Belgium hospital.
Output	Written contract between the hospitals.

FR7	Name of the cooperation	TRANSCARDS
	Start of the cooperation	01-01-2003
	End of the cooperation	Still going on.
	Countries involved	France Belgium
	Type of participating organisations	- Hospitals - Insurances companies
	Specific topic	Legal framework for cross border care between France and Belgium
	Aim	- To improve access to healthcare services in the border areas - To provide continuity of treatment for patients - To optimise the organisation of health care services - To the share equipment and medical protocol - To transfer know-how
	Target group	Patients go from the France hospital to the Belgium hospital and vice versa.
	Output	Written contract between the hospitals and insurance companies.



FR8	Name of the cooperation	Cross border hospital Cerdanya
	Start of the cooperation	2005
	End of the cooperation	Still going on.
	Countries involved	France Spain
	Type of participating organisations	- National and regional governments - Payer
	Specific topic	Building a general hospital
	Aim	To build and exploit an hospital a joint hospital in France.
	Target group	Mainly tourists with emergency problems, patients from Spain who are nearer to the France hospital.
	Output	A joint hospital.

FR9	Name of the cooperation	Sharing the expertise of 3 health networks to benefit cancer patients
	Start of the cooperation	September 2004
	End of the cooperation	September 2006
	Countries involved	France United Kingdom
	Type of participating organisations	- National and regional governments - Cancer networks
	Specific topic	Cancer
	Aim	- To increase the number of patients who benefit from a definitive pathway of care and from multidisciplinary team meetings. - To improve communication among health professionals a between health professionals and patients. - To improve the individualised patient follow-up - To improve the appointment planning and ensure the implementation of the treatment plan.
	Target group	- Patients with cancer - Healthcare professionals



Output	<ul style="list-style-type: none"> <li>- Knowledge exchange</li> <li>- Data sharing policies</li> <li>- Cancer pathways and follow-up protocols</li> <li>- Best-practices in the field of multidisciplinary work</li> </ul>
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FR10	Name of the cooperation	Co-operation between Flandre Maritime-West and Vlaanderen Hospitals
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Start of the cooperation	Since 2005
End of the cooperation	Still ongoing
Countries involved	France Belgium
Type of participating organisations	Providers: <ul style="list-style-type: none"> <li>- Dunkerque Hospital (FR)</li> <li>- Nucléridis Dunkerque (FR)</li> <li>- A private company specialising in medical imaging (FR)</li> <li>- Saint-Augustin Clinic in Veurne (BE)</li> <li>- Koningin Elisabeth Institute in Oostduinkerke (BE)</li> </ul>
Specific topic	<ul style="list-style-type: none"> <li>- Rehabilitation</li> <li>- Emergency care</li> <li>- Medical imaging</li> </ul>
Aim	<p>To cross-border use of nuclear medicine: PET</p> <p>To improve insufficient facilities in FR concerning neurological and traumatological rehabilitative care</p> <p>To cross-border use emergency care</p> <p>To train professionals</p>
Target group	Patients and professionals from the area.
Output	Written contract

FR11	Name of the cooperation	Fourmies Hospital (FR) and Health Centre of Fagnes de Chimay (BE)
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Start of the cooperation	Since 2004
End of the cooperation	Still ongoing
Countries involved	France Belgium



Type of participating organisations	Providers: - Fourmies Hospital (FR) - Health Centre of Fagnes de Chimay (BE)
Specific topic	- General outpatient care services - Specialist outpatient care services - General inpatient care services
Aim	It aims to resolve permanent problems related to the coverage of the population and geographical hurdles. The services involved are in the following fields: Surgery, Medical imaging, Endocrine system / diabetes, Nuclear medicine, Neurology, Quality, Hygiene, Pains.
Target group	People from the Franco-Belgian area of Thiérache
Output	Written contract. The financial arrangements between the parties come under the TRANSCARD agreement. A copy of the agreement can be found on the website of the French hospital: <a href="http://www.ch-fourmies.fr">www.ch-fourmies.fr</a> .

<b>FR12</b>	<b>Name of the cooperation</b>	<b>Hirson Hospital, Fourmies Hospital, Hospital of Felleries-Liessies, Thoérache Clinic (FR) and Chimay Hospital (BE)</b>
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Start of the cooperation	Unclear
End of the cooperation	Temporary
Countries involved	France Belgium
Type of participating organisations	Providers: - Fourmies Hospital (FR) - Health Centre of Fagnes de Chimay (BE) - Hirson Hospital (FR) - Fourmies Hospital (FR) - Hospital of Felleries-Liessies (FR) - Thoérache Clinic (FR) - Chimay Hospital (BE)



Specific topic	- Specialised outpatient care - Specialised inpatient care - Rehabilitation
Aim	To resolve a large number of permanent hurdles on both sides of the border
Target group	Patients from the from the areas in which the hospitals work
Output	Bilateral agreement: The financial arrangements between the parties come under the TRANSCARD agreement.

FR13	Name of the cooperation	Tourcoing Hospital (France) and Mouscron Hospital (BE)
	Start of the cooperation	Since 1995
	End of the cooperation	Temporary
	Countries involved	France Belgium
	Type of participating organisations	Providers: - Tourcoing Hospital (FR) - Mouscron Hospital (BE)
	Specific topic	- scintigraphy services
	Aim	This agreement is intended to resolve long-term problems related to geographical and organisational problems as well as the coverage of the population.
	Target group	Patients in need of a scintigraphy: The target group is defined according to certain health insurance funds and clinical conditions
	Output	Written contract

FR14	Name of the cooperation	Charleville-Mézières Hospital (FR) and Dinant Hospital (BE)
	Start of the cooperation	Since July 2004
	End of the cooperation	Permanently



Countries involved	France Belgium
Type of participating organisations	Providers: - Charleville-Mézières Hospital (FR) - Dinant Hospital (BE)
Specific topic	General medicine Surgery Obstetrics Intensive care, like neonatology, cardiology, nephrology, gastroenterology
Aim	It aims to solve permanent problems related to geographical and social security coverage problems arising after the closure of the Revin maternity hospital and the surgical activities at Givet Clinic.
Target group	Only France patients.
Output	Written contract: Under the terms of the agreement, the Dinant hospital must send patients' records to its French counterpart. An addendum to this agreement has been signed to increase the number of patients defined and extend the services provided.

FR15	Name of the cooperation	Valenciennes Hospital (France) and Péruwelz Social Medicine Network Hospital (Belgium)
	Start of the cooperation	Since March 2004
	End of the cooperation	Permanently
	Countries involved	France Belgium
	Type of participating organisations	Providers: - Valenciennes Hospital (FR) - Péruwelz Social Medicine Network Hospital (BE)
	Specific topic	Rehabilitative care
	Aim	It aims to solve permanent problems related to rehabilitation services.
	Target group	Only patients from the Valenciennes CPAM



Output	Unilateral agreement: This contract is limited in time and is intended to resolve permanent problems.
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FR16	Name of the cooperation	Tourcoing Hospital (FR) and Mouscron Hospital (BE)
	Start of the cooperation	Unclear
	End of the cooperation	Ongoing: per year renewed.
	Countries involved	France Belgium
	Type of participating organisations	Providers: - Tourcoing Hospital (FR) - Mouscron Hospital (BE)
	Specific topic	MRI
	Aim	To overcome organisational and geographical problems.
	Target group	Only BE patients from certain insurance funds and clinical conditions
	Output	Unilateral agreement: This agreement is renewed on an annual basis

FR17	Name of the cooperation	Selestat CPAM (FR), Illkirch Orthopaedic and Traumatology Centre (FR) and the sickness fund, AOK (GE)
	Start of the cooperation	Since 1972
	End of the cooperation	Ongoing
	Countries involved	France Germany
	Type of participating organisations	Providers: - Selestat CPAM (FR) - Illkirch Orthopaedic (FR) - Traumatology Centre (FR)  Payer: - Sickness fund, AOK (GE)



Specific topic	Emergency care
Aim	To overcome organisational and geographical problems.
Target group	German patients involved in accidents on the motorway between Freiburg and Karlsruhe
Output	Written contract

<b>FR18</b>	<b>Name of the cooperation</b>	<b>Alsace-Moselle CRAM, Alsace Regional Health Fund, Strasbourg CPAM, SAMU 67 and 68 (Emergency services) and Ludwigshafen Traumatology Clinic and Red Cross (GE)</b>
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Start of the cooperation	Since 2005
End of the cooperation	Ongoing
Countries involved	France Germany
Type of participating organisations	Providers: - Alsace-Moselle CRAM - Alsace Regional Health Fund - Strasbourg CPAM - SAMU 67 and 68 (Emergency services) - Ludwigshafen Traumatology Clinic - Red Cross (FR)
Specific topic	Emergency care
Aim	To overcome organisational and geographical problems.
Target group	French patients with third degree burns.
Output	Written contract

<b>FR19</b>	<b>Name of the cooperation</b>	<b>Framework agreement FR-GE</b>
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Start of the cooperation	Since 22 July 2005
End of the cooperation	Ongoing
Countries involved	France Germany



Type of participating organisations	French Ministry of Health (FR) Ministry of health of Bad-Württemberg (GE)
Specific topic	Legal framework for cross border healthcare
Aim	To facilitate access to and reimbursement of healthcare services
Target group	All patients and healthcare professionals in the border area between FR and GE
Output	Written contract

FR20	Name of the cooperation	Jura CPAM and MSA and the Franche-Comté CMR (Regional Insurance Fund) in France and La Vallée Hospital (le Sentier) in Switzerland
	Start of the cooperation	Since 2003
	End of the cooperation	Renewable every year
	Countries involved	France Switzerland
	Type of participating organisations	Payer FR: Jura CPAM and MSA the Franche-Comté CMR (Regional Insurance Fund) Provider CH: La Vallée Hospital (le Sentier)
	Specific topic	Inpatient and outpatient healthcare
	Aim	To facilitate FR patients from the Jura CPAM and CMSA as well as those affiliated to CMR Franche-Comté to go to CH for inpatient and outpatient care.
	Target group	French patients from the Jura CPAM and CMSA as well as those affiliated to CMR Franche-Comté.
	Output	Written contract

FR21	Name of the cooperation	French insurance health funds and the University Hospitals of Geneva (HUG)
	Start of the cooperation	Since 1 July 2000
	End of the cooperation	Renewable every year



Countries involved	France Switzerland
Type of participating organisations	Payer FR: Insurance Health Fund Provider CH: University Hospitals of Geneva
Specific topic	Specialized inpatient care Emergency care
Aim	To overcome organisational boundaries on French side in specific cases: When a patient's life is at risk When appropriate services are unavailable in French hospitals In case of an emergency
Target group	French patients from the Jura CPAM and CMSA as well as those affiliated to CMR Franche-Comté.
Output	Written contract

FR22	Name of the cooperation	Medical protocols for emergency surgery (MUTIF)
	Start of the cooperation	Since 12 January 2004
	End of the cooperation	Project ended in 2007
	Countries involved	France Italy
	Type of participating organisations	Provider FR: Nice Hospital Mont-blanc de Sallanche Hospital Escartons Hospital, Briançon  Providers IT: Maria-Adelaide Hospital in Turin, Sta Croce e Carle Hospital in Cuneo, ASO Sti Antonio e Biagio e C. Arrgo d'Allesandria ASL 1 Imperiese in San Remo
	Specific topic	Emergency care
	Aim	To improve the medical care protocols for emergency surgery



Target group	Healthcare professionals
Output	Emergency protocols

<b>FR23</b>	<b>Name of the cooperation</b>	<b>Translap Cardiovasculaire: Convention FEDER agreement</b>
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Start of the cooperation	Since 12 November 2001
End of the cooperation	Project ended on 8 November 2006
Countries involved	France Italy
Type of participating organisations	Provider FR: Nice Hospital University Hospital of Grenoble  Providers IT: Aoste Hospital
Specific topic	Cardiology
Aim	To improve medical and caregiver protocols on vascular surgery To do a common clinical study To resolve long-term problems
Target group	Healthcare professionals
Output	Convention FEDER agreement - Protocols - Clinical study

<b>FR24</b>	<b>Name of the cooperation</b>	<b>Nice Hospital and Imperiese hospital (ASL 1), San Remo</b>
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Start of the cooperation	Since 17 July 2003
End of the cooperation	Project ended on 17 July 2007
Countries involved	France Italy



Type of participating organisations	Provider FR: Nice Hospital Imperiese Hospital  Providers IT: San Remo Hospital
Specific topic	<ul style="list-style-type: none"> <li>- Infectious diseases</li> <li>- Telemedicine</li> </ul>
Aim	To improve the coverage of the risk of infectious diseases, hospital hygiene and medical research using telemedicine
Target group	Healthcare professionals
Output	The exchange and comparison of medical protocols should allow better treatment of patients suffering from HIV+, VHB/C+ and other infectious pathology

<b>FR25</b>	<b>Name of the cooperation</b>	<b>Languedoc Roussillon ARH (FR) and the Catalan Health Services (Servei Català de la Salut) Barcelona (ES)</b>
	Start of the cooperation	Since 1987
	End of the cooperation	This cooperation will end when the cross border cooperation in Cerdanya and Capcir is in force
	Countries involved	France Spain
	Type of participating organisations	Sub government: <ul style="list-style-type: none"> <li>- Catalan Health Services (ES)</li> </ul> Payer: <ul style="list-style-type: none"> <li>- Languedoc Roussillon AHR (FR)</li> <li>- French and Spanish social security Funds</li> </ul> Providers: <ul style="list-style-type: none"> <li>- Hospital Puigcerda (ES)</li> <li>- Hospital Perpignan (FR)</li> </ul>
	Specific topic	Emergency care



Aim	To overcome geographical access barriers To overcome refunds problems between the hospitals To set contractual requirements regarding patient's records and the quality of the healthcare services
Target group	Patients in the border area of these hospitals. Healthcare professionals
Output	An agreement is intended to solve temporary problems, as it will only remain in force until the establishment of the cross-border hospital of Cerdagne and Capcir.

<b>FR26</b>	<b>Name of the cooperation</b>	<b>The Hospital of Cote Basque, Bayonne (France) and the Emergencias of Osakidetza in Guipuzcoa (Spain)</b>
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Start of the cooperation	Unclear
End of the cooperation	Unclear
Countries involved	France Spain
Type of participating organisations	Providers FR: - Hospital Centre of Cote Basque - Hospital of Bayonne  Providers ES: - Emergencias of Osakidetza in Guipuzcoa
Specific topic	Emergency care
Aim	To implement 5 protocols between the hospitals concerning: phone call management Inter-hospital patient transfers Patient transfer from the place of an accident to the emergency services of the hospital in the other country Emergency services in case of disasters Making available an ambulance in the territory of the other country in case of a shortage of ambulances.
Target group	Patients in the border area of these hospitals. Healthcare professionals
Output	5 protocols



### 2.2.3 Germany

In Germany the system is based on corporatism, meaning that there is a close cooperation between the federal government and the Länder. Concrete for the hospital system this means that it is possible to hand over certain decision-making powers of the state to self-governed institutions. This has also impact on the hospital system. Half of the hospitals in Germany are public owned hospitals (owned by the community for example) and almost one third of the hospitals are non-profit private hospitals, owned for example by charity organisations like the 'Deutsche Paritaetische Wohlfahrtsverband'. The rest are private hospitals.

In Germany hospitals and insurance companies are by law allowed to make contracts with foreign providers and insurance companies. First this was mostly done to get EU patients into Germany for planned treatment. In 2002 for example a Dutch insurance company (Menzis now called) contracted 13 Germany hospitals. One of the first organisations that tried to get patients from the UK and Denmark to Germany was established in 1998 The Committee for Promoting German Medicine in Foreign Countries. They succeed for a while but then the UK and Danish healthcare system was expanded so there was less need for patients from these countries to go to Germany. For the German providers it was and is attractive to get foreign patients because they are excluded from the hospitals budgets, so this means an additional income.

Since 2004 insurance companies are also contracting foreign hospitals for their customers. However the import of foreign patients is more growing then the export of patients.

Most agreements and contracts are initiated by statutory sickness funds. They mostly have agreements and contracts with provider, like hospitals in foreign countries, mostly neighbouring countries. Some agreements are made between sickness funds from Germany and sickness funds from neighbouring countries and between providers from Germany and providers in neighbouring countries. In general most of these cross border agreements are made between organisations in Germany and Austria and Germany and the Netherlands/Belgium.



There are basically 4 kinds of contracts<sup>3</sup>:

	Contracting indirectly	Contracting directly
People falling ill during a temporary stay in another country	Case 1 Hospital care Netherlands/Belgium	Case 2 Ski accidents Austria
Patients travelling to another country to receive medical treatment	Case 3 cross border care Netherlands	Case 4 Rehabilitation Czech Republic

‘Indirect contracting refers to contracts for cooperation, where a foreign sickness fund plays the role of middleman, while direct contracting relates to direct contracts with foreign health care providers. The other distinction to make is between falling ill during a temporary stay abroad (for instance, a holiday) and going abroad with the express purpose of receiving medical treatment.’<sup>4</sup>

‘In 2004 the legal environment concerning European patient mobility changed since the Statutory Health Insurance Modernization Act went into force which facilitated the conclusion of contracts between German statutory sickness funds and providers in the European Union and in the European Economic Area.<sup>5</sup> So one can assume that in tendency these kinds of contracts will increase in the future.’

Generally the content of the agreements between Germany and their neighbouring countries refer to inpatient care. One may think of rehabilitation and wellness and hospital care. In this project the focus is on hospital cooperation, therefore the agreements with rehabilitation and spas are excluded.

<sup>3</sup> Rosenmöller M, McKee M, Baeten R, Patient mobility in the European Union - Lessons learned. European Observatory on Health Systems and Policies, 2006, page 140

<sup>4</sup> Rosenmöller M, McKee M, Baeten R, Patient mobility in the European Union - Lessons learned. European Observatory on Health Systems and Policies, 2006, page 140

<sup>5</sup> The contract between AOK Brandenburg in Germany and dental providers in Poland was concluded on the basis of this new possibility.



Most of the agreements and contracts work one way: From EU countries to Germany and vice versa. In some cases the contracts are intended to work in both directions: see for example the cooperation between the AOK and the Dutch insurance company CZ Actief in Gezondheid, and the cooperation between the university hospitals of Aachen (GE) and Maastricht (NL).

GE1	Name of the cooperation	The Euroregion Meuse-Rhine (EMR) IZOM E112+
	Start of the cooperation	13-10-2000
	End of the cooperation	Still going on.
	Countries involved	Germany Belgium The Netherlands
	Type of participating organisations	Insurances companies
	Specific topic	Ambulatory and clinical standard care
	Aim	To overcome organisational barriers and waiting lists.
	Target group	Patients who want to go to a hospital in one of the partner countries mentioned.
	Output	Written contract between the insurance companies.

GE2	Name of the cooperation	co-operation between university hospital Aachen (GE) and university hospital Maastricht (NL)
	Start of the cooperation	Since 1995
	End of the cooperation	Still going on.
	Countries involved	Germany The Netherlands
	Type of participating organisations	University hospitals
	Specific topic	Ambulatory and clinical standard care



Aim	<ul style="list-style-type: none"> <li>- To overcome organisational barriers and waiting lists.</li> <li>- To cover care that is not foreseen in the own hospital</li> <li>- To overcome geographical barriers</li> <li>- To make use of over-capacities and make an additional income</li> <li>- To save costs</li> <li>- To react on EU regulation and ECJ rulings</li> </ul>
Target group	Locally the patient groups are defined. Patients in need of a specific service
Output	Written contract as a basic cooperation contract. Beside that there are statutory provisions regarding documentation, quality assurance, liability and so on.

GE3	Name of the cooperation	Cross-border use of large medical devices
	Start of the cooperation	since 1996
	End of the cooperation	Ended
	Countries involved	Germany Switzerland France
	Type of participating organisations	Subnational governments Hospitals (ambulatory and inpatient)
	Specific topic	Ambulatory and clinical standard care
	Aim	<p>For the France the aims were:</p> <ul style="list-style-type: none"> <li>- To cover care that is not foreseen in the own region</li> <li>- To cover a part of the population that is otherwise not foreseen</li> <li>- To overcome organisational barriers and waiting lists.</li> </ul> <p>For the Germans and the Swiss the aims were:</p> <ul style="list-style-type: none"> <li>- To make use of over-capacities and make an additional income</li> <li>- To save costs</li> </ul>
	Target group	Because only high-specialized services were provided, the target group were the doctors (not the patients), who seek the free capacity for their patients.



Output	A temporary contract.	
GE4	Name of the cooperation	Cross-border healthcare cooperation in Euregio Rhine-Waal
Start of the cooperation	Since 1996	
End of the cooperation	Ended 2008	
Countries involved	Germany The Netherlands	
Type of participating organisations	Governments (national and subnational) Hospitals (ambulatory and inpatient) Payer (insurance companies)	
Specific topic	<ul style="list-style-type: none"> <li>- Ambulatory and clinical standard care</li> <li>- Specialised clinical care</li> <li>- Dental care</li> <li>- Emergency care and transport services</li> </ul>	
Aim	<ul style="list-style-type: none"> <li>- To cover care that is not foreseen in the own region</li> <li>- To cover a part of the population that is otherwise not foreseen</li> <li>- To overcome organisational barriers and waiting lists.</li> <li>- To overcome geographical access barriers</li> <li>- To make use of over-capacities and make an additional income</li> <li>- To save costs</li> <li>- To increase know-how</li> <li>- To react to EU regulation and ECJ ruling</li> </ul>	
Target group	The target groups differ which every project, but the citizens in the Euregio Rhine-Waal is always the direct or indirect target group.	
Output	euregional projects	



GE5	Name of the cooperation	Cross-border healthcare cooperation between Saarland Heilstätten GmbH (GE) and Centre Hospitalier Specialise (FR)
	Start of the cooperation	Since 2003
	End of the cooperation	Permanently
	Countries involved	Germany France
	Type of participating organisations	Hospitals (ambulatory and inpatient)
	Specific topic	Health and social policy
	Aim	The co-operation allows employees to understand the structures and health- and social-policies of each country
	Target group	Employees of the hospitals
	Output	Several employees from SHG participated in CHS a short time work exchange program in 2003, but not vice versa. In 2003 SHG and CHS organised a “Euro-Psy-Festival” together, in which many of the patients (rehabilitation etc.) worked in workshops and cared together.

GE6	Name of the cooperation	Health Card Europe
	Start of the cooperation	Since 2003
	End of the cooperation	Permanently
	Countries involved	Germany Belgium The Netherlands
	Type of participating organisations	Hospitals (ambulatory and inpatient) in NL and BE Payer AOK and TK(GE)
	Specific topic	Insurance solution for general inpatient services.



Aim	<p>To provide to the customers of the AOK and TK an unbureaucratic service when they are in holiday regions in BE and NL.</p> <p>To speed up the account of charges for the in a foreign country performed services.</p>
Target group	All the clients of AOK Rheinland and TK (Techniker Krankenkasse), who have a valid health-insurance and stay temporarily at a Belgian or Dutch coastal region and who needs inpatient or outpatient medical care.
Output	Contracts between the AOK/TK with BE and NL hospitals.

GE7	Name of the cooperation	Europe Health portal
	Start of the cooperation	Since 2002
	End of the cooperation	Permanently
	Countries involved	Germany Belgium The Netherlands
	Type of participating organisations	Payer - AOK (GE) - CZ Actief in Gezondheid (NL) - Christelijke Mutualiteit Limburg (BE)
	Specific topic	Access information for citizens
	Aim	<p>To overcome geographical barriers</p> <p>To overcome organisational barriers and waiting lists</p> <p>To inform the citizens about outpatient and inpatient services in the region where the payer are working.</p> <p>To give the citizens of the border region insight in which hospital, GP, specialist and so on is and if they can be contacted or not.</p>
	Target group	All clients of the payers.



Output	<p>Web-based portal:  <a href="http://www.euregiogesundheitsportal.de">http://www.euregiogesundheitsportal.de</a> (in GE and NL language)          The portal is currently not accessible.</p>
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GE8	Name of the cooperation	Health Card International (GCI)
Start of the cooperation		Since October 2002
End of the cooperation		Permanently
Countries involved		Germany The Netherlands
Type of participating organisations		Payer - AOK (GE) - CZ Actief in Gezondheid (NL)
Specific topic		Provide the customers of these insurance companies with a insurance card with what they can enter the health care system in the neighbouring country (NL or DE in the region).
Aim		To overcome organisational barriers and waiting lists
Target group		All clients of the payers.
Output		Health insurance card for customers. Written contract between AOK and CZ Actief in Gezondheid.

GE9	Name of the cooperation	Cooperation between AOK and Caisse Primare
Start of the cooperation		Since October 2000
End of the cooperation		Permanently
Countries involved		Germany France
Type of participating organisations		Payer FR: Caisse Primare Payer GE: AOK



Specific topic	Insurance related: Consultation hours by insurance (GE)
Aim	To overcome geographical barriers.
Target group	All patients who cross the border between GE and FR.
Output	Specific consultancy of patients in the sending country or through the health insurance company. The consultants of AOK Ba-Wü offer consultation-hours two times a month in France. Also at AOK offices French spoken days are offered.

GE10	Name of the cooperation	Netlink - Dialyse
	Start of the cooperation	Since 2000
	End of the cooperation	Permanently
	Countries involved	Germany France Italy Province of Québec (Canada)
	Type of participating organisations	Payer FR: - National insurance for workers and employees - Centre if social insurance for migrant workers Payer GE: - AOK Baden Württemberg - Verbindungsstelle Krankenversicherung in Ausland Providers (GE): - Regional associations of SHI Physicians - 4 dialysis centres in the Province of Bade-Württemberg Providers FR: - The French Medical College (CNOM) - The National Centre of Health Professions (CNPS)
	Specific topic	- Dialysis - IT solutions



Aim	<p>The objective is to make these new nation-wide Information Systems interoperable for the benefit of:</p> <p>Patients (including continuity of care, improving the quality of care and simplifying administrative procedures),</p> <p>Health practitioners (including improving communication, continuity of care and simplifying administrative procedures),</p> <p>Health insurance funds (including improving communication and simplifying administrative procedures).</p>
Target group	France insured persons of Caisse Primare in need of dialyse therapy. This is restricted to patients in the border area.
Output	<p>For this dialysis therapy the authorisation is delegated to the regional director of Elsass.</p> <p>For E112 intended data is to the electronic Insurance card "Vitale" integrated. It is possible to bring the data at every sickness fund or service terminals up to date.</p> <p>Software at dialysis centres enables to read the card out and to print the form E112, without any specific accessory of service terminals.</p>

GE11	Name of the cooperation	Cooperation between GE insurance company and Hospitals in Austria
	Start of the cooperation	01-12-2005
	End of the cooperation	This cooperation has ended.
	Countries involved	Germany Austria
	Type of participating organisations	Payer (GE): BKK Audi Providers (AT): 2 hospitals in Salzburg
	Specific topic	General Inpatient care.
	Aim	To overcome geographical access barriers for patients in the Region Rottal-Inn.
	Target group	All clients of the payer BKK AUdi Region Rottal-Inn, Berchstesgaden
	Output	Written contract between the partners. Patients treated in Italy.



GE12	Name of the cooperation	Rehabilitation of Morbus Bechterew
	Start of the cooperation	Unclear, but around 1986
	End of the cooperation	Permanently
	Countries involved	Germany Austria Czech Republic
	Type of participating organisations	Payer (GE): TK Gesundheit Providers in CZ, AT.
	Specific topic	Inpatient rehabilitation for patients with Morbus Bechterew
	Aim	Aims of the GE partner: To cover a part of care that is not covered in the own region. To offer a special treatment that is not offered in GE.  Aims for the CZ, AT partners: To gain an additional income
	Target group	Clients of the TK who are diagnosed with morbus Bechterew.
	Output	Written contract between the partners. Already existing over more than 25 years.

GE13	Name of the cooperation	Prevention for chronic ill patients
	Start of the cooperation	Unclear, but around 1986
	End of the cooperation	Permanently
	Countries involved	Germany Austria Czech Republic Hungary Slovakia Italy



Type of participating organisations	Payer (GE): TK Gesundheit Providers in CZ, AT, HU, SL and IT
Specific topic	Services delivered: prevention of orthopaedic illnesses, illnesses of respiratory tract and cardiovascular diseases by chronic disease patients.
Aim	Aims of the GE partner: To save costs  Aims for the CZ, AT, PL, SI, IT partners: To gain an additional income
Target group	Clients of the TK with a chronic disease (mostly above 50 years old)
Output	Written contract between the partners. Already existing over more than 25 years.

<b>GE14</b>	<b>Name of the cooperation</b>	<b>co-operation between heart centre Bad Krozingen and Groupe Hospitalier Privé du Centre Alsace in Colmar</b>
	Start of the cooperation	Since 2002
	End of the cooperation	Permanently
	Countries involved	Germany France
	Type of participating organisations	Hospitals: Heart centre Bad Krozingen (GE) Groupe Hospitalier Privé du Centre Alsace in Colmar (FR)
	Specific topic	Inpatient healthcare.
	Aim	- Organisational barriers and waiting lists.
	Target group	Patients with heart diseases Staff of the hospitals
	Output	Written contract between the partners.



GE15	Name of the cooperation	Boundless patient treatment
	Start of the cooperation	Since March 1996
	End of the cooperation	Ended June 1999
	Countries involved	Germany The Netherlands
	Type of participating organisations	Payer (GE): - AOK - BKK - VdaK - IKK  Hospitals: - University hospital St. Radboud(NL)
	Specific topic	Radiotherapy, Radiation trauma treatment, open-heart treatment, kidney transplant.
	Aim	- To overcome geographical access barriers.
	Target group	Patients from the GE. Staff of the participating organisations.
	Output	Patient is treated in the NL hospital.

GE16	Name of the cooperation	Model project "Zorg op Maat" (ZOM/IZOM)
	Start of the cooperation	Since January 1997
	End of the cooperation	Permanently
	Countries involved	Germany The Netherlands Belgium
	Type of participating organisations	Payer: - 12 insurances companies in GE, BE and NL  Hospitals: - 24 hospitals in GE, BE and NL



Specific topic	<ul style="list-style-type: none"> <li>- Inpatient and outpatient specialist treatment</li> <li>- Supply of medicines</li> <li>- The supply of medical aids, with additional permission</li> </ul>
Aim	To overcome administrative barriers
Target group	All patients insured by the participating insurance companies.
Output	An agreement between insurances companies and providers to simplify the administrative burden for patients.

GE17	Name of the cooperation	Emergency services
	Start of the cooperation	Since January 2005
	End of the cooperation	Permanently
	Countries involved	Germany Austria
	Type of participating organisations	Emergency and transport services in GE and AT.
	Specific topic	Emergency care
	Aim	To overcome geographical access barriers
	Target group	All patients in need of emergency care for which the hospital in the neighbouring country is closer.
	Output	A treaty between the Bavarian and the Austrian Red Cross to support cross border emergency care.

GE18	Name of the cooperation	Luxemburg – German Hospital
	Start of the cooperation	Since January 1994
	End of the cooperation	Permanently
	Countries involved	Germany Luxemburg
	Type of participating organisations	<ul style="list-style-type: none"> <li>- Hospital in GE</li> <li>- Physicians for Ear Nose and Throat (LU)</li> </ul>



Specific topic	Tumour patients: Ear, Nose and Throat
Aim	To cover a part of the population To cover a part of care that isn't covered in the own region. To overcome organisational barriers and to reduce waiting lists.
Target group	Tumour patients from LU in need of treatment.
Output	A treaty between the Bavarian and the Austrian Red Cross to support cross border emergency care.

GE19	Name of the cooperation	Germany-Denmark: emergency care
	Start of the cooperation	Since 2005
	End of the cooperation	Permanently
	Countries involved	Germany Denmark
	Type of participating organisations	- Subnational government: Region Sudjütland (DK) - Emergency care/transport: Fire department Flensburg (GE)
	Specific topic	Emergency care
	Aim	To overcome geographical access barriers
	Target group	Emergency patients from DK.
	Output	A written contract.

GE20	Name of the cooperation	Germany-Denmark: emergency care
	Start of the cooperation	Since 2005
	End of the cooperation	Permanently
	Countries involved	Germany Denmark
	Type of participating organisations	- Subnational government (DK) - Emergency care/transport (GE)



Specific topic	Emergency care
Aim	To overcome geographical access barriers
Target group	Emergency patients from DK.
Output	A written contract.

GE21	Name of the cooperation	Quality- circle of hospitals in the Euregion Meuse-Rhine
	Start of the cooperation	01-01-2003
	End of the cooperation	31-12-2005
	Countries involved	Germany Belgium The Netherlands
	Type of participating organisations	11 hospitals in GE, BE and NL
	Specific topic	Quality within hospital
	Aim	To share knowledge and experience on healthcare quality and CQI. To share quality projects. Benchmarking for quality as a first step towards further euregional cooperation.
	Target group	The healthcare professionals
	Output	- An annual euregional quality conference - Euregional Quality Charter for the participating hospitals

GE22	Name of the cooperation	Implementation of a MRSA protocol in cross border hospitals
	Start of the cooperation	01-01-2000
	End of the cooperation	31-12-2003
	Countries involved	Germany Belgium The Netherlands



Type of participating organisations	Hospitals: - University hospital Aachen (GE) - University hospital Maastricht (NL) - Hospital Oost-Limburg Genk (BE) - Virga Jesse hospital (BE) - Vesalius Hospital (BE)
Specific topic	MRSA
Aim	To facilitate transfer of patients between the different hospitals in the Euregion Meuse-Rhine To harmonise the different MRSA protocols in the participating hospitals
Target group	The healthcare professionals
Output	- Screening of all patients from one of the participating hospitals to the university hospital in Maastricht (NL) during their stay - Dependent on the MRSA status additional measures were taken.

GE23	Name of the cooperation	State-of-the-Art Medicine along the Borders of Europe
	Start of the cooperation	June 2006
	End of the cooperation	Permanently
	Countries involved	Germany The Netherlands
	Type of participating organisations	Hospitals: - University hospital Aachen (GE) - University hospital Maastricht (NL)
	Specific topic	- Vascular surgery - Paediatric cardiothoracic surgery - Transplantation medicine
	Aim	The hospitals strive for complementary healthcare, establishment of Centre of Reference on both Euregional as European level, exchange of staff and joint research projects.
	Target group	The healthcare professionals



Output	<ul style="list-style-type: none"> <li>- Exchange of staff</li> <li>- Combined employment of staff (like a vascular professor)</li> <li>- Written contract for cooperation</li> </ul>
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GE24	Name of the cooperation	EUMED
	Start of the cooperation	January 2005
	End of the cooperation	December 2007
	Countries involved	Germany The Netherlands Belgium
	Type of participating organisations	Emergency transport (NL, GE, BE)
	Specific topic	Emergency transport
	Aim	The project focussed on overcoming organisational barriers
	Target group	The healthcare professionals, policy advisors
	Output	<ul style="list-style-type: none"> <li>- Euregional ambulance assistance plan</li> <li>- Euregional casualty distribution plan</li> <li>- Euregional training</li> <li>- Contracts concerning several cross border emergency topics, like administrative scaling-up, available accident and emergency capacity.</li> </ul>

GE25	Name of the cooperation	Pathology a cross the Rhine
	Start of the cooperation	March 2003
	End of the cooperation	Permanently
	Countries involved	Germany Switzerland
	Type of participating organisations	<ul style="list-style-type: none"> <li>- Hospital Lörrach</li> <li>- University hospital Basel</li> </ul>
	Specific topic	Pathologic-anatomical diagnoses



Aim	<ul style="list-style-type: none"> <li>- Online exchange of requests and reports of surgical pathology and of economic data between the 2 partners</li> <li>- Collaboration in a tumour board of oncology Centre of the district hospital Lörrach by telemedicine.</li> </ul>
Target group	Healthcare professionals
Output	Written contract on cooperation concerning surgical pathology with Pathowin/Pathoweb and iPath.

GE26	Name of the cooperation	Heart surgery in Austria
	Start of the cooperation	Unclear
	End of the cooperation	Unclear if it stopped or if it is still going on
	Countries involved	Germany Austria
	Type of participating organisations	Providers: - Hospital Traunstein (GE) - Hospital Salzburg (AT)
	Specific topic	Heart surgery
	Aim	Shorter distance for heart patients
	Target group	Heart patients from the Traunstein (GE) area.
	Output	Heart patients get an treatment or an operation

GE27	Name of the cooperation	Cooperation concerning radiology
	Start of the cooperation	Unclear
	End of the cooperation	Unclear if it stopped or if it is still going on
	Countries involved	Germany Austria



Type of participating organisations	Providers: <ul style="list-style-type: none"> <li>- Hospital Freilassing (GE)</li> <li>- Hospital Berchtesgaden (GE)</li> <li>- Hospital Bad Reichenhall (GE)</li> <li>- Hospital Salzburg (AT)</li> </ul>
Specific topic	<ul style="list-style-type: none"> <li>- Interventional radiological measures (24/7)</li> <li>- CT (24/7)</li> <li>- MRI (during regular working hours)</li> </ul>
Aim	Shorter distance for GE patients
Target group	Patients from the three German area's in need of radiology
Output	<ul style="list-style-type: none"> <li>- Patient flow</li> <li>- Written contract:             <ul style="list-style-type: none"> <li>- Interventional radiological measures (24/7)</li> <li>- CT (24/7)</li> <li>- MRI (during regular working hours)</li> </ul> </li> </ul>

## 2.2.4 Greece

The Greek healthcare system is based on both a public and a private part. The public coexist with a social health insurance model. 'The Ministry of

Health and Social Solidarity (previously known as the Ministry of Health and Welfare) is responsible for the planning and regulation of the ESY (national health system), with some responsibilities delegated to regional health authorities. However, government regulatory interventions are extensive and every aspect of funding and health care provision is subject to the control of the health ministry.'<sup>6</sup>

'Health is consolidated in the Greek Constitution as a social right. There are two main principles of entitlement. One is entitlement on the basis of citizenship in the case of outpatient services provided by the ESY. The other is entitlement on the basis of occupational status and insurance contributions for services which are provided and/or financed by insurance funds, including urban polyclinics owned by insurance funds, inpatient care provided by ESY hospitals, and private providers contracted

<sup>6</sup> Greece - Health system review, Observatory, Health Systems in Transition Vol 12 No 7 2010, C. Economou, pag. XVIII



by insurance funds. There is also entitlement to services and free access to ESY health centres and hospitals for the poor.<sup>7</sup>

Through literature study and project partner request there were not found any hospital cross border cooperation between Greece and their neighbouring countries.

### 2.2.5 Hungary

In Hungary the central government has almost exclusive power to formulate strategic direction and to issue and enforce regulations. 'It exercises strict control over revenue collection, as well as in determining the benefits package, setting uniform requirements for provider reports, setting budgets, allocating financial resources, and engaging in contracting and payment. Local governments own most hospitals and other health care facilities and are responsible for the capital cost of health services and for ensuring the provision of care.'<sup>8</sup> For the financing of the hospital care the National Health Insurance Funds Administration is responsible.

Concerning cross border care, legislation does not allow the National Health Insurance Fund to establish contractual relations with healthcare providers abroad. That however does not mean that there is no cross border cooperation between Hungary and their neighbouring countries. There is. Mostly these cross border cooperation are informal, casual and unregistered so functioning without formal contracts. Most of the cooperation are between foreign providers/insurance companies and healthcare oriented Spa and Wellness centres in Hungary for rehabilitation purposes. This cooperation is mostly not covered by specific contracts and agreements. There is however one exception and this is the Heviz region. They have a contract with Austria, but that contract was established with the approval of the responsible government. Concerning future cross border care in Hungary there is the intention to increase the number of patients from foreign countries to fill the overcapacity of the providers in Hungary.

According to the literature research and the project partners from Hungary there are a few cross border cooperation that can be identified. As stated before mostly in the area of healthcare related Rehabilitation in Spa and Wellness centres. Although this is not part of the study a few of them are listed to give an idea of what this means.

<sup>7</sup> Greece - Health system review, Observatory, Health Systems in Transition Vol 12 No 7 2010, C. Economou, pag. XVIII

<sup>8</sup> Gaál P, Szigeti S, Csere M, Gaskins M, Panteli D. Hungary: Health system review. Health Systems in Transition, 2011; 13(5):1–266.



<b>HU1</b>	<b>Name of the cooperation</b>	<b>Vác (Hungary) – Sahy (Slovakia) declaration of intention</b>
	Start of the cooperation	Since 2006
	End of the cooperation	Ended June 1999
	Countries involved	Hungary Slovakia
	Type of participating organisations	Payer: - Hungarian social Security Funds (HU) - Slovakian sickness Fund (SL)  Provider: - Outpatient ambulance (HU) - Hospital (SL)
	Specific topic	General out patient service and emergency care
	Aim	To overcome geographical access barriers.
	Target group	Patients from the Region Vác (HU) – Sahy (SL)
	Output	- Declaration of intent - Patients who cross the border.

<b>HU2</b>	<b>Name of the cooperation</b>	<b>Esztergom(Hungary) – Párkány (Slovakia) declaration of intention</b>
	Start of the cooperation	Since 2005
	End of the cooperation	Unclear of the cooperation is still going on or ended.
	Countries involved	Hungary Slovakia
	Type of participating organisations	Payer: - Hungarian social Security Funds (HU) - Slovakian sickness Fund (SL)  Provider: - Párkány hospital (SL) - Esztergom hospital (HU)
	Specific topic	General out patient service.



Aim	To overcome geographical access barriers.
Target group	Patients from the region Ister-Granum.
Output	<ul style="list-style-type: none"> <li>- Declaration of intent</li> <li>- The Hungarian hospital has a contract with one of the five sickness funds (Sideria-Isrorova)</li> </ul>

<b>HU3</b>	<b>Name of the cooperation</b>	<b>Nagyatád (Hungary) – Vasternorrland county (SE)</b>
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Start of the cooperation	Since 2004
End of the cooperation	Unclear of the cooperation is still going on or ended.
Countries involved	Hungary Sweden
Type of participating organisations	Government: - Landstinget Vasternorrland (SE)  Provider: - Municipal Hospital (SL) - Aktív Hotels International Ltd. (SL)
Specific topic	Patients in need of a balneotherapy or rehabilitation in rheumatology.
Aim	To save costs.
Target group	The Swedish partner region selects patients.
Output	<ul style="list-style-type: none"> <li>- Declaration of intent</li> <li>- The Hungarian hospital has a contract with one of the five sickness funds (Sideria-Isrorova)</li> </ul>

<b>HU4</b>	<b>Name of the cooperation</b>	<b>Hévíz (Hungary) – Austria</b>
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Start of the cooperation	Since 1976
End of the cooperation	Permanently
Countries involved	Hungary Austria



Type of participating organisations	Payer: - AUVA sickness fund (AT)  Provider: - Szt. András Hospital (SL)
Specific topic	Balneotherapy or rehabilitation.
Aim	To save costs.
Target group	Patients in need of a balneotherapy or rehabilitation
Output	Written contract

HU5	Name of the cooperation	Spinal surgery in Hungary for all EU countries
	Start of the cooperation	Since 1976
	End of the cooperation	Permanently
	Countries involved	Hungary All EU countries
	Type of participating organisations	Payer: Central Insurance, Bratislava, Slovakia  Provider: - National Centre for Spinal Surgery (HU)
	Specific topic	Spinal surgery (lumber spine fusion, disc prosthesis, spine tumour resection and replacement)
	Aim	To reduce waiting lists. To save costs.
	Target group	Patients in need of spinal surgery.
	Output	There are no contracts with social insurance companies. Only patients from private insurance companies or private paying patients.

HU6	Name of the cooperation	European Patient Smart Open Services -(epSOS2)
	Start of the cooperation	01-07-2011



End of the cooperation	31-12-2013
Countries involved	Hungary Sweden Austria, Czech Republic, Denmark, Germany, Greece, Spain, France, Italy, The Netherlands, Great Britain, Belgium
Type of participating organisations	National Health ministries, national competence centres social insurance institutions and scientific institutions as well as technical and administrative management entities.
Specific topic	Electronic patient data (e-prescription, patient file)
Aim	The goal is to develop and test (“pilot”) services that Enable patients to receive medication (ePrescriptions) when they are in another European country. The medication must initially be prescribed in one of the eSOS health professional in the patient's home country Permit health professionals to receive the relevant, translated clinical information stored in the patient's home country (“Patient Summary”). This is only possible in the case of consultation and when the patient gives his/her consent.
Target group	EU patients.
Output	Recommendations, technical specifications, system descriptions, organisation models, software, software tools, etc. are aimed at improving the interoperability on a multinational level. In addition, there will be pilot implementations in several regions.



## 2.2.6 Italy

The healthcare system in Italy is organised in three levels, national, regional and local. On national level they are responsible for setting up the general objectives and the fundamental principles of the healthcare system. However the key operational actors in the healthcare systems are the 21 Regional Health Authorities and approximately 200 Local Health Authorities. Together, they are responsible for ensuring the delivery of healthcare services by means of public and private accredited hospitals and other facilities. 9 All Regional Health Authorities have a considerable degree of powers to legislate on a regional basis and freely allocate funds received from the central government, in particular for healthcare delivery.

This has also a great impact on cross border care. It means that the regional and local health authorities are allowed to enter into contracts and agreements with healthcare providers and insurance companies in the neighbouring countries. There are no special formats for doing so. It depends on the needs and possibilities of the cross border cooperation.

In Northern Italy they cooperate with Austria, Switzerland, Slovenia and France. But they mostly cooperate with Austria, because of the German speaking community living in Italy. Via literature study and the information received from the Italian project partners it was possible to make an overview of cross border agreements, contracts and projects.

IT1	Name of the cooperation	Agreement between province of Bolzano (I) and the Gemeinnützige Salzburger Landeskliniken Betriebs GesmbH (SALK)
	Start of the cooperation	01-01-2007
	End of the cooperation	31-12-2011
	Countries involved	Italy Austria

9 Lo Scalzo A, Donatini A, Orzella L, Cicchetti A, Profi li S, Maresso A. Italy: Health system review. Health Systems in Transition, 2009; 11(6)1-216



Type of participating organisations	<p>Government:</p> <ul style="list-style-type: none"> <li>- Province of Bolzano (IT)</li> </ul> <p>Provider:</p> <ul style="list-style-type: none"> <li>- Hospital St. Johannes Spital (AT)</li> <li>- Landeskrankenhaus of Salzburg (AT)</li> </ul>
Specific topic	Maxillofacial and heart surgery.
Aim	<p>Aim of the IT partner: To overcome organisational barriers and to reduce waiting lists.</p> <p>Aim of the AT partners: To make use of over-capacity and get an additional income.</p>
Target group	The target group includes all citizens resident in the autonomous province of Bolzano who require a heart surgery or surgery and therapy services because of cleft of palate or labia or other similar maxillofacial malformations. Moreover, South Tyrol patients, at the admission, have to show a statement (IBK application form) by Bolzano province Health Dept. stating that this contract is applicable to the patient-self.
Output	An agreement, which lasts five years.

IT2	Name of the cooperation	Agreement between the province of Bolzano (I) and the Land Tirol (AT )
	Start of the cooperation	01-01-2004
	End of the cooperation	31-12-2006
	Countries involved	Italy Austria
	Type of participating organisations	<p>Government:</p> <ul style="list-style-type: none"> <li>- Province of Bolzano (IT)</li> <li>- Land Tirol (AT)</li> </ul> <p>Provider:</p> <ul style="list-style-type: none"> <li>- TILAK – Tiroler Landeskrankenanstalten Ges.m.b.H (AT)</li> </ul>



Specific topic	Ambulatory and inpatient healthcare Nursing home and home nursing
Aim	Aim of the IT partner: To overcome organisational barriers and to reduce waiting lists.  Aim of the AT partners: To make use of over-capacity and get an additional income.
Target group	The target group includes all citizens resident in the autonomous province of Bolzano allowed to access to these Austrian structures by both their own doctor in charge and Local Health Care Unit's administration.
Output	An agreement which lasts three years: All inpatient and outpatient services provided by the University Hospital of Innsbruck, once the province Bolzano's allowed MDs have prescribed. Psychiatric inpatient stays in the "Psychiatrischen Krankenhauses Landes Tirol in Hall; Rehabilitation stays in "Öffentlichen Landeskrankenhauses in Hall" and "Öffentlichen Landeskrankenhauses Hochzirl – Anna-Degen-Haus"

<b>IT3</b>	<b>Name of the cooperation</b>	<b>Agreement between the province of Bolzano (IT) and the Allgemeine Unfallversicherungsanstalt2 (AUVA) (AT)</b>
	Start of the cooperation	01-01-2004
	End of the cooperation	31-12-2006
	Countries involved	Italy Austria



Type of participating organisations	<p>Government: - Province of Bolzano (IT)</p> <p>Payer: Allgemeine Unfallversicherungsanstalt (AUVA) (AT)</p> <p>Provider that are part of the AUVA: Rehabilitation centre Bad Häring (Land Voral Berg) (AT) Orthopaedic hospital and rehabilitation centre of Rovigno (Croatia) (HR)</p>
Specific topic	Paraplegia, Amputation or similar lesions.
Aim	<p>Aim of the IT partner: To overcome organisational barriers and to reduce waiting lists.</p> <p>Aim of the AT partners: To make use of over-capacity and get an additional income.</p>
Target group	The target group includes all citizens resident in the autonomous province of Bolzano who have paraplegia or amputation or similar serious lesions.
Output	<p>An agreement which lasts three years: The AUVA undertakes to send data (content and form) required by the province of Bolzano. The AUVA undertakes to write an yearly report about the number South Tyrol patients treated, length of stays and provided health care services to Health Care Authority of Bolzano. The province of Bolzano authority expects to be consulted about tariffs' increase. As the Bolzano province does not recognise well-grounded the tariffs' increase, this is a right reason of withdraw from the contract.</p>

<b>IT4</b>	<b>Name of the cooperation</b>	<b>Agreement between the Local Health Care Unit (LHCU) of Como for the access to Swiss health care services.</b>
	Start of the cooperation	Since 2002
	End of the cooperation	Permanently
	Countries involved	Italy Switzerland



	<p>Type of participating organisations</p> <p>Specific topic</p> <p>Aim</p> <p>Target group</p>	<p>Government:</p> <ul style="list-style-type: none"> <li>- Local Health Care Unit (LHCU) of Como (IT)</li> <li>- The City Council of Campione d'Italia (IT)</li> <li>- Region Lombardia (IT)</li> <li>- National government of Switzerland (CH)</li> </ul> <p>Providers in (CH):</p> <p>Inpatient services (acute hospital)</p> <p>Outpatient services (GP, specialist, hospital ...)</p> <p>Rehabilitation/ spa</p> <p>Long-term care (nursing home, home nursing)</p> <p>Emergency/ transport service</p> <p>All healthcare services</p> <p>Aim of the IT partner: To overcome organisational barriers and to reduce waiting lists.</p> <p>Aim of the CH partners: To support the citizens of City Council of Campione d'Italia.</p> <p>All citizens of Campione d'Italia. This is an Italian municipality located in Swiss territory (Canton Ticino), this village populated by nearly 2000 Italian resident citizens is completely surrounded by Switzerland.</p>
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## Output

An agreement which allows:

The two GPs of Campione d'Italia are allowed to send their patients to Swiss structures if they have to access to health care services, included in the LEA list, and these latest are not supply by the LHCU of Como within the Campione d'Italia municipality. In this case, GPs use an application form E112 modified, as it is defined a preventive authorisation by Italian NHS to access to Swiss health care structures after a GP's evaluation<sup>2</sup>.

As far as drugs, previous to last agreement of January 2006, the chemist's shop of Campione d'Italia supplied only Swiss drugs and Italian NHS covered this expenditure. Now the LHCU covers a part of customs duties of imported Italian drugs in favour of chemist's shop and Swiss government allows this selling: so, at present, the LHCU of Como requires GPs to prescribe Italian drugs and covers the cost of those Italian drugs included in group A3. As far as Swiss drugs' expense, this one will be covered by the City Council of Campione d'Italia.

In 2006 the City Council of Campione d'Italia was tendering an insurance contract, in favour of its citizens, to Swiss insurance funds in order to cover those services not more covered by the LHCU of Como, but included in the previous agreements (i.e. some type of physiotherapy and Swiss drugs) and usually provided by Swiss health care insurance contracts.

IT5	Name of the cooperation	A common management of a perinatal centre in Mentone (FR) by the hospital La Palmosa of Mentone and the Health Care Unit (ASL) no. 1 of Imperia (region Liguria – IT)
	Start of the cooperation	Since 2005
	End of the cooperation	Permanently
	Countries involved	Italy France
	Type of participating organisations	Government: - Local Health Care Unit of Imperia (IT)  Providers: Hospital La Palmosa of Mentone (FR)
	Specific topic	Outpatient perinatal care.



Aim	The perinatal centre of Mentone (FR) aims at covering the cross-border worker women who do not have time to reach San Remo (IT)
Target group	The perinatal centre is located in the Centre Hospitalier of Mentone “La Palmosa” and it takes in charge all women resident in the catchment area of ASL of Imperia: it is required to show her own identity card. So it is a free choice of women to access to this centre.
Output	<p>There is an agreement:</p> <p>Stating that the hospital of Mentone has the sole responsibility about cases of malpractice or other damages. This defines in detail all members of staff and the related services provided. In particular, the paedrist and a midwife are provided by Imperia’s ASL, while other staff members are French ones.</p> <p>This states that at least one time each year, a meeting of perinatal centre’s staff and managers of Imperia ASL is planned in order to evaluate the quality of provided services and employed staff, besides the trend of costs.</p>

IT6	Name of the cooperation	Agreement between Regione Friuli-Venezia-Giulia (I) and Land of Kärnten (AT)
	Start of the cooperation	Since 2005
	End of the cooperation	Permanently
	Countries involved	Italy Austria
	Type of participating organisations	<p>Government:</p> <ul style="list-style-type: none"> <li>- Regione Friuli-Venezia-Giulia (IT)</li> <li>- Land of Kärnten (AT)</li> </ul> <p>Providers:</p> <p>Hospital of Villach (or Klagenfurt) (AT)</p>
	Specific topic	Emergency care
	Aim	To overcome geographical access barriers.
	Target group	The Italian emergency service, takes Italian patients to Land’s LKH Villach, if their conditions do not allow a lengthy trip to Udine.



## Output

An written agreement which concerns:  
The delivery of emergency care by LKH Villach;  
The delivery of emergency care by LKH Klagenfurt.

### 2.2.7 Malta

Malta is a small EU country with a healthcare system fully based on tax and national insurances. All citizens and long-term residents of Malta have access to the public healthcare system for free. Foreigners immigrating to Malta from the European Economic Area (EEA) also qualify for free healthcare. Hospitals therefore are mostly public entities. There are some private hospitals, but these aren't part of the national provided healthcare system.

Because the public hospitals are 'owned' by the national government, they are responsible for everything concerning hospital care. That means that they are also deciding if there can be cross border agreements with foreign hospitals, governments and payers.

They already have a long-term cooperation for care which can't be provided in Malta it selves. This was also shown in the literature study and the information received from the Maltese project partner.

MT1	Name of the cooperation	Malta / Italy Bilateral Cooperation
	Start of the cooperation	2011
	End of the cooperation	Open
	Countries involved	Malta Italy
	Type of participating organisations	Government: - Malta - Region of Tuscany, Sicily and Lombardy (IT)
	Specific topic	Inpatient treatment of cancer and transplant care.
	Aim	Referral system for specific highly specialised procedures for MT patients to be treated on the same basis as Italian nationals
	Target group	Patients requiring transplants Cancer patients
	Output	Written contract



MT2	Name of the cooperation	Malta / UK Bilateral Cooperation
	Start of the cooperation	1975
	End of the cooperation	Open
	Countries involved	Malta United Kingdom
	Type of participating organisations	Government: - Malta  Hospitals Malta
	Specific topic	Inpatient care concerning reciprocal treatments.
	Aim	Reciprocal arrangement for UK visitor and residents to receive treatment (emergency and elective) in Malta and a fixed number of Maltese patients to be referred for elective highly specialised procedures in the UK
	Target group	UK patients in need of reciprocal arrangements
	Output	Written contract Patients are treated

### 2.2.8 Slovenia

The healthcare system in Slovenia is a public system run by the Health Insurance Institute of Slovenia which has 10 regional units and 45 branches located all over Slovenia.

The Slovenian Government (and its bodies) are responsible for healthcare legislation and planning a strategy for health care development; 'for defining the measures involved in designing a network of public health care service; monitoring health care services and health insurance; ensuring the education of personnel in health care; setting up measures for monitoring and preventing contagious and transmittable diseases; and other measures in the field of public health care.<sup>10</sup>' The government is also the owner of the healthcare institution on secondary level including the public hospitals. 'The state-owned health care institutions and their employees became responsible for achieving the goals

<sup>10</sup> Albrecht T, Turk E, Toth M, Ceglar J, Marn S, Pribaković Brinovec R, Schäfer M, Avdeeva O and van Ginneken E. Slovenia: Health system review. Health Systems in Transition. 2009; volume 11(3): 1-168, page 22



of the health care plan for the Republic of Slovenia; for defining and realising unified professional directives for dealing with individual medical conditions; and for the implementation of preventive and curative programmes, to which they had agreed formally with the health insurance providers. Their association and other organisations were given public authorisation to negotiate on payment of health care services.’<sup>11</sup>

Nowadays in Slovenia the system is more and more influenced by privatisation. The amount of private providers including hospitals is increasing. However ‘most of the care delivery is still carried out by state-owned (hospitals, most of outpatient specialist care and tertiary care) and municipality-owned providers (primary health care centres), who collectively employ more than 75% of the total health workforce.’<sup>12</sup>

Because the public hospitals are owned by the government we assume that they are not allowed to self- handily enter into agreements and contracts with partners from neighbouring countries. However literature or the project partner does not confirm this.

Nevertheless there is a cross border agreement the project familiar with. Basically this is an agreement, which allows Slovenian workers in Italy to use the Italian healthcare system.

SI1	Name of the cooperation	Agreement between Italy and Region Friuli-Venezia-Giulia and Slovenia for health care assistance to cross-border workers.
	Start of the cooperation	Since 1955
	End of the cooperation	Permanently
	Countries involved	Italy Slovenia

<sup>11</sup> Albreht T, Turk E, Toth M, Ceglar J, Marn S, Pribaković Brinovec R, Schäfer M, Avdeeva O and van Ginneken E. Slovenia:Health system review. Health Systems in Transition. 2009; volume 11(3): 1-168, page 23

<sup>12</sup> Albreht T, Turk E, Toth M, Ceglar J, Marn S, Pribaković Brinovec R, Schäfer M, Avdeeva O and van Ginneken E. Slovenia:Health system review. Health Systems in Transition. 2009; volume 11(3): 1-168, page 17



<p>Type of participating organisations</p> <p>Specific topic</p> <p>Aim</p> <p>Target group</p> <p>Output</p>		<p>Government:</p> <ul style="list-style-type: none"> <li>- Region of Friuli-Venezia-Giulia (IT)</li> </ul> <p>Providers in SI:</p> <ul style="list-style-type: none"> <li>Inpatient services (acute hospital)</li> <li>Outpatient services (GP, specialist, hospital ...)</li> <li>Dental care</li> <li>Rehabilitation/ spa</li> <li>Long-term care (nursing home, home nursing)</li> <li>Emergency/ transport service</li> </ul> <p>All healthcare services</p> <p>Aim of the IT partner: To support SI workers in IT</p> <p>Aim of the SI partners: To cover a part of the SI population that is not covered in SI. To overcome geographical access barriers.</p> <p>All Slovenian workers in Italy. The peace treaty between Italy and Yugoslavia in 1954 already required that Yugoslavian citizens, resident in those municipalities distant not more than ten kilometres from the cross-border and working in Italy had to be enrolled in one of Italian health care insurance funds working in that time. As Italian NHS was set, these cross-border workers were enrolled in the NHS. In the Nineties, when Slovenia became an autonomous State, the content of this agreement was renewed. When Slovenia became a member state of EU, this agreement was extended to all Slovenian citizens working in Italy and to one municipality of Croatia, previously included.</p> <p>An agreement which allows: The agreement concerns all health care services included in the LEA list and all services supplied by the Slovenian health care system, even if they are not included in the Italian LEA list. Moreover, they are not in charge of an Italian specific GP, but they access straight to the required and available MD</p>

## 2. Cross border reimbursement system

### 3.1 Introduction

In this chapter the central topic will be the cross border hospital reimbursement systems in the Member States participating in HoNCAB:

- Austria
- France
- Germany
- Hungary
- Italy
- Malta

Questions like, ‘what is the reimbursement system when residents from your Member State go to a neighbouring State?’ and ‘Is it possible to get reimbursed for planned cross border healthcare?’ will be answered for every participating Member State (3.2).

For every Member State participating in the HoNCAB project the reimbursement system concerning planned treatments will be explained:

1. For patients of the participating HoNCAB Member State getting a planned treatment in a neighbouring country
2. For patients from other EEA Member States getting a planned treatment in the participating HoNCAB country.

Reimbursement in case of an emergency is basically the same in every EU Member State. So therefore it is not described per Member State but in one paragraph (3.3)

In this report the focus is not on the national reimbursement system itself or the DRG systems. However if necessary for explaining the cross border reimbursement system some aspects of the system will be explained in short.



## 3.2 Planned treatment

### 3.2.1 Austria

In Austria there is a Statutory Health Insurance system, which covers around 98% of the Austrian population. The other 2% can also voluntarily insure themselves via the statutory health insurance system or via private health insurances. The non-competing Health Insurance Funds are classified by occupational groups, like the civil servants or the farmers. They have an umbrella organisation, which is called the Federation of Austrian Social Security Institutions. Their main tasks are, among others, long-term planning and acting as a liaison office in the international arena.<sup>13</sup> This last task is important for cross border hospital care and the reimbursement system linked to that. The Federation of Austrian Social Security Institutions is the organisation that receives the reimbursement for foreign people treated in Austria in an emergency case.

A resident of Austria insured via the Statutory Health Insurance Fund is not allowed to go to a neighbouring country without permission of the Health Insurance Fund. The insurance companies are not eager to send residents to neighbouring countries because of the difficulties they will get with the DRG system. A part of the DRG must then be paid to a foreign provider and that is not always simple. Besides that there are different levels of costs in Austria and the neighbouring countries, which makes a cross border reimbursement extremely difficult. Therefore the permission to go abroad is needed.

If the Austrian patient gets permission to go abroad for a planned treatment they need to pay first the bill themselves and then hand in the bill by their Health Insurance Fund to get reimbursed. It sometimes takes a long time to get reimbursed for a patient and it means that the patient needs to have the means to pre finance. That is not possible for all patients.

When a patient from a neighbouring country visits Austria for a planned treatment the same procedure needs to be followed: the patient first needs to pay the bill themselves and then hand it in by their insurance company or paying authority in the Member State of affiliation.: Unless of course the hospital in Austria has an agreement with a foreign paying authority like an insurance company. In case of the project in Gmünd it is in the pilot phase possible for Czech citizens to be treated in the

<sup>13</sup> Obermaier A. Cross-border Purchases of Health Services. A Case Study on Austria and Hungary. The World Bank, Development Research Group, Trade Team, Policy Research Working Paper 4825, January 2009



hospital in Gmünd. This will be directly paid for by the Czech insurance company. It is not clear yet what will happen after the pilot phase will end in mid 2013.

### 3.2.2 France

A French patient wishing to get planned treatment in a neighbouring country needs a S2 form (E112) from his/her Social Security Fund, this as well for hospitalisation as for ambulatory care.

According to the procedures of the country where the patient gets treated and to the type of the establishment (public hospital or private clinic), there are two different paying situations:

1. The foreign hospital accepts the S2 form and sends the bill to the Health Insurance Fund of the patient. They will pay the full amount of the bill. Then they will send the patient a bill for costs that are not covered. In general the Health Insurance Fund covers for 80% of the total amount of the costs. For what concerns the fees not covered by the Health Insurance Fund, in general 20%, the French patient can ask the reimbursement to his/her private insurance company according to the terms and conditions of the contract.

The patient pays the foreign hospital on the spot and provides the bill to his/her Health Insurance Fund in France in order to get reimbursed.

2. The patient of an EEA Member State who wishes to seek a planned treatment in France must obtain the S2 form (prior authorization) from his State of affiliation, in order to prove his right to seek a planned treatment in another EEA Member State. The patient must obtain this form from his national public insurance company (Social Security) before leaving his country. Then it has to be provided to the French hospital when the patient is admitted, and the French hospital sends it to the French Social Security, in order to be paid for the hospital fees.

The treatment will be provided within the same conditions of care and invoicing as those applied to French patients (with an assumption of costs of 80 or 100% taken in charge by the French Social Security, according to the treatment provided), with only one exceptional feature for public hospitals: the invoicing for foreign patients, no matter their country of affiliation, isn't calculated according to DRG tariffs, but rather through a daily price according to the medical specialty to which the patient is admitted. Furthermore, each public hospital has a daily price according to the medical specialty (surgery, rehab, etc.) which is reassessed every year and validated by the regulatory health authority (Regional Health Authority).



For example, if the patient is admitted to a 4 days stay in the surgery specialty, the invoicing will be calculated in the following way:

4 x daily price in the surgery specialty in the hospital “xxx” + 4 flat-rate daily charges<sup>14</sup> (including the flat-rate daily charge of the day the patient leaves the hospital).

If the Health Insurance Fund of the French hospital has assumed only 80% of the cost of the treatment, the foreign patient must pay to the hospital the remaining 20% on the spot or after having returned to his country once he has received the bill. <sup>15</sup>

### 3.3.3 Germany

To understand the cross border reimbursement system in Germany it is necessary to outline some basic facts about the Statutory Health Insurance (SHI) system. Although the German system is characterised by a plurality of sickness funds the process of contracting health care providers is pooled. Historically, different types of sickness funds have been created: the Allgemeine Ortskrankenkassen (AOK), with membership based on place of residence, the Innungskrankenkassen (IKK), the Betriebskrankenkassen (BKK) and the Ersatzkassen (EK). An association, with the funds within the corresponding category obliged to join the association, represents each of these types of funds. It is the Sickness Fund Associations that are responsible for contracting with health care providers, with the contracts binding on all their constituent members, in a form of corporatism.

For sickness funds operating at national level (like some IKK’s), the Federal Insurance Office is the responsible supervisor, irrespective of which association the sickness funds belong to. For all regional sickness funds (which includes all AOK sickness funds as well as some IKK and BKK sickness funds), the social ministry of the Bundesland in which the sickness fund headquarters is located assumes a supervisory role. Social ministries might act less strictly than the Federal Insurance Office, leading to distortions in competition as sickness funds operating at national and regional levels are treated differently.

Depending on the Bundesland, the sickness fund and the border area, there are several different ways to get reimbursed for planned hospital care.

<sup>14</sup> The flat-rate daily charge is a National officially published charge and its amount is 18 euros, which corresponds to a daily charge for food, cleaning, laundry, etc.).

<sup>15</sup> Text is completely provided by and taken over from Hospices Civils de Lyon – Flavia MARIANI, Laurence CAILLE and Florence ADNET CAVAILLE – February 2013



The normal way for patients of a EEA Member State who wishes to get treated in Germany is to get an approval from the sickness fund before going abroad. This is done by the so-called S2 form. With the approval of the sickness fund the patient can go to the hospital he got the approval for. After the treatment the patient will get the bill of the hospital in the Member State of treatment and will hand it in by his sickness fund. The patient needs to pay the bill and will get reimbursed for the amount he would have gotten when he would have been treated in the Member State of affiliation. So it could well be that the patient needs to pay a part of the treatment himself.

The normal way for a German patient who wishes to get treated in a neighbouring country is to get permission from his sickness funds via an S2 form. He then is allowed to go to a neighbouring country for his planned treatment.

In some cross border regions however there are made other arrangements. This is for example the case in the Euregion Meuse-Rhine between Germany, the Netherlands and Belgium. The major insurance companies in that area, AOK (GE), CZ Actief in Gezondheid (NL) and the Christelijke Mutualiteit (BE) have an agreement among each other (GCI) that their patients can go to the neighbouring country without asking for permission in advance. Depending on the insurance policy the patient will get reimbursed between 50% and 100%.

Example 1: patient X goes to a hospital in Germany for a planned treatment in a hospital with which the Dutch insurance company has a contract.

In that case the patient will get 100% reimbursed. However he is not paying for the treatment himself. The German sickness fund is paying the bill for this Dutch patient and at the end of the year this German sickness fund will get reimbursed by the Dutch insurance company for the costs the German Sickness Fund paid for the Dutch patients. This way of reimbursement is also applicable for the German patient that goes to a Dutch hospital.

Example 2: When this same patient is going for the same treatment to a hospital in Germany with whom the Dutch insurance company doesn't have a contract the patient still gets reimbursed, but then the reimbursement is between 50% and 100% depending on the kind of insurance policy the patient has. The paying procedure between the German sickness fund and the Dutch insurance company is the same as in example 1.



In both examples the patient gets only reimbursed if the treatment is a treatment that is part of his insurance policy. Treatments that are not part of the Dutch system and therefore not part of the basic insurance policy will not be reimbursed.

So in Germany there are different ways to get reimbursed for planned treatment depending on the sickness funds, and the kind of treatment.

### 3.3.5 Hungary

In Hungary the healthcare system is national oriented as described in par. 2.2.5. The Hungarian Health Insurance Fund plays therefore an important role in the reimbursement of planned cross border treatment. When a Hungarian patient wants to go for treatment abroad this is in principal possible.

However this is not possible without permission of the Hungarian Health Insurance Fund. To get this permission the patient needs to fill in a request which he needs to send to a State Authority to justify the need on a clinician-based approach. If a committee of clinician experts approve the request, the Health Insurance Fund have almost no right to deny the reimbursement of the planned treatment abroad, which includes travel costs. So the patient then is allowed to go.

Mostly the planned treatments of Hungarian patients who had permission of the Health Insurance Fund occurred in Austria, Germany and Switzerland (658 persons in total).

If an EEA or Swiss patient wishes to receive planned medical treatment in Hungary at the expenses of his competent health insurance institution, or enters Hungary with the purpose of getting healthcare, a prior authorisation is required. The competent institution in the Member State of affiliation certifies its consent via a E112 form. This form has to be submitted to the healthcare provider in order to get the treatment with the same conditions as Hungarian insured persons.

Is the bill send to the patient or directly to the insurance company who gave permission for the treatment?

### 3.3.6 Italy

As explained already briefly in paragraph 2.2.6 the Local Health Authority has major jurisdiction concerning cross border healthcare. It is also explained that the Italian healthcare system doesn't



have a system with insurance companies for healthcare; the regional health authorities pay for the healthcare in their region.

For planned treatment of an Italian patient in a neighbouring country, the patient needs prior authorisation of their Local Health Care Unit and Regional Reference Centre.

Normally prior authorisation is given when the patient needs care which can't be provided for in Italy according to the patient's Local Health Care Unit assessment or when the Local Health Care Unit has made an agreement with a hospital in the neighbouring country.

If the patient gets permission to go to a hospital in a neighbouring country and he goes to a public hospital for treatment, his Local Health Care Unit reimburses that public hospital via the ministry of health of the Member State of affiliation. The patient doesn't have to pay the bill himself.

When a patient from a neighbouring country seeks a planned treatment in Italy, there are two possible situations:

1. The patient has a E112 form: If the patient displays an E112 form, the Italian public hospital who supplies the treatment sends the bill to the Local Public Health Unit (LPHU) of the territory where the hospital is located. Then the LPHU sends the bill to the Institution who has produced the form; meaning the paying authority of the Member State of affiliation.
2. The patient doesn't have a E112 form: if the patient does not have the E112 form, he/she has to pay directly and eventually can ask a refund to his/her country's paying organisation according to country regulations.

However if the patient goes to a private hospital he has to pay the bill himself to get later on reimbursed by his Local Health Care Unit, if the costs are applicable.

### 3.3.7 Malta

As explained in par. 2.2.7 Malta's healthcare system is based on tax income. Therefore the national government is paying for healthcare expenditures including cross border healthcare. For example Malta has an agreement with hospitals in the UK. When a patient is send to a hospital in the UK the national government is directly paying that hospital.



### 3.4 Emergency care

When an emergency occurs and a citizen from a EEA Member State or Switzerland needs immediate care in a Member State not being his, the European Health Insurance Card (EHIC) emerges.

In case the patients has a EHIC he needs to show this EHIC card so the reimbursement will be dealt with by the Member State of treatment and the Member State of affiliation. The EHIC allows the patient to benefit from unplanned and necessary treatments within the same conditions as those applied to patients who are residents in the Member State of affiliation. The EHIC allows the patient to get reimbursed for the healthcare expenditures.

After this happened and the patient got treated there are two ways the reimbursement via a EHIC is proceed:

1. The claims will be handed in by the Member State of affiliation within 12 months after the end of the calendar half-year in which the demands are reflected in the accounts of the Member State of treatment. Claims that are based on fixed amounts for a calendar year shall be submitted by the Member State of treatment within 12 months handed in after the month the average costs of that Year were published in the Official Journal of the European Union. In Austria for example the cash returns via the umbrella organisation 'Federation of Austrian Social Security Institution' which then transfers it to the Health Insurance Funds that is entitled to that money. This is the case in Austria, Germany, ....
2. According to the type and the status of the doctor the patient goes to (private or public practitioner), the patient must pay in advance or pay afterwards the expenditures, according to the same assumption of costs' rate as in patients who are natural residents of the Member State of treatment. If the patient has to pay in advance, he will be able to get reimbursed by the health insurance fund of the Member State of affiliation.

Some patients don't have a EHIC. Even in this case the hospital can provide medical treatments to the patient, but mostly the patient must pay in advance the whole medical expenditures. Then, the patient needs to keep the invoices and receipts in order to undertake the procedures to assert to his social security rights in his country upon his body of affiliation. The only exception is when an insurance company of the State of affiliation has an agreement with that specific hospital for it's own insured persons.

In some cases insurance companies of Member States of affiliation have specific contracts with hospitals in the Member State of treatment. In these cases the insured persons of these insurance



companies don't have to pay in advance. They need to show their insurance card of the insurance company and then it will be dealt with between the insurance company and the hospital directly. Or it will be dealt with between the insurance company of the patient itself and a 'partner' insurance in the Member State of affiliation. For example, some German insurance companies have contracts with hospitals in the Netherlands and Austria for the holiday season. In Austria this is the winter season when a lot of German tourists visit the Austrian skiing areas. Then the insurance company will pay the bill immediately.



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