



Looking into the future Crossborder Healthcare and the perspective of the payers

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*AIM is the umbrella organisation of health mutuals
and health insurance funds in Europe and in the world*



- 61 members in 27 countries
- Provision of health coverage to 230 million people in the world and 160 million in Europe
- Provision of compulsory and/or complementary health insurance and managing health and social facilities



AIM was founded in 1950 based on mutuals' values which are:

- Solidarity
- Not-for-profit orientation
- Universal Access to healthcare

AIM members engage for:

- Cost-efficient and affordable health systems
- Strengthened health mutual benefit societies
- Recognised as such for their value in social economy
- Health protection for all without inequalities



Implementation of the Cross-border Healthcare Directive

Belgian perspective



Cross-border exists at different levels:

- **European level:**
 - Coordination of Social Security Systems: Regulations 883/2004 and 987/2009
 - Cross-border Healthcare Directive 2011/24/EU
- **National level:**
 - Cross-border projects with neighbouring countries
 - Contracts between foreign stakeholders and Belgian hospitals
 - Project HealthCare Belgium to attract foreign patients

France

- Belgian-French agreement on cross-border healthcare in 2005
- French-Walloon agreement on care for French disabled persons in Belgium, in 2014
- 3.000 French elderly in Belgian homes

With the Netherlands and Germany in Euregion Maas-Rhein:

- Border region with 3 University Hospitals
- Project IZOM since 2000: allowing patients to cross the border to consult specialists with special form “E112+ IZOM EMR”
- Interreg V: proposal to facilitate patient mobility and the know-how of hospitals in the field of rare diseases

Contracts with Belgian Hospitals

- Contracts with Belgian hospitals: 29 of the 196 hospitals have in total 83 contracts with foreign stakeholders
- 77% of contracts with Dutch health insurers
- No use of European regulation
- Some hospitals: 4% = Dutch patients

(Information taken from MLOZ, Belgian Independent Health Insurance Funds)



Patients going abroad in 2014

More foreign patients to Belgium than Belgian patients abroad

- Lack of transparency
- Lack of data

Creation of Observatory for Patients' Mobility in 2011

- Objective: measure the impact of foreign patients in Belgium
- Health Insurance funds participate in these activities



Patients going abroad in 2014

Some statistics from Independent Health Insurance Funds in Belgium (MLOZ) (2,1 million members)

- 10.339 cases of planned cross-border healthcare in 2014 (+ 20% since 2011)
- 80% concerns healthcare in Germany



Patients going abroad in 2014

Authorizations based on regulation or directive: (statistics taken from MLOZ, Independent Health Insurance Funds)

- 276 authorizations in 2014 (+39% since 2011)
 - Only 16 based on Directive
 - 38 for giving birth in another member state (14%)
- 572 demands for authorizations, 296 refused (53%)
- For 12 member states, but majority to neighbouring countries France, Germany, Netherlands, Luxemburg.



Belgian Patients abroad in 2014



Authorizations based on project IZOM

(statistics taken from MLOZ, Belgian Health Insurance Funds):

- Administrative procedure to ask for special form to visit a specialist in the Netherlands or Germany
 - In 2014: + 29% since 2011
 - 51 cases to visit a Dutch specialist
 - 6.567 cases to visit a German Specialist
- Specific for German speaking part of Belgium:
 - Language
 - Short distances



Belgian patients going abroad in 2014

Reimbursements of planned medical care without authorization, based on the directive (statistics taken from MLOZ, Belgian Independent Health Insurance Funds):

Number of reimbursements	3.266
Total amount of medical bills	€ 731.982,64
Total amount reimbursed by compulsory health insurance	€ 245.066,12
Total amount <u>not</u> reimbursed by compulsory health insurance	€ 486.916,52

Implementation Cross-border Healthcare Directive Slovenian Perspective



As in Belgium, crossborder exists at different levels:

- European level:
 - Regulation (EC) No 883/2004 on the coordination of social security systems
 - Directive 2011/24/EU
- National level:
 - National legislation (Health Care and Health Insurance Act)
 - Bilateral agreements on social or health insurance with Macedonia, Bosnia and Herzegovina, Serbia, Montenegro and Austria

Reimbursement in 2014

- During the first 6 months the Health Insurance Institute of Slovenia (HIIS) received twice as many applications for reimbursement of medical expenses abroad as in previous year (mostly Croatia, Austria, Italy)
- 20 September 2014: 755 reimbursements of costs for specialist ambulatory treatment abroad
 - all services with waiting periods that exceed the maximum waiting periods
 - applications from border areas



Risks concerning reimbursement of cross-border healthcare



- Immediate payment to the health care service provider in other MS
 - Not everyone can afford it
 - Risks for patients regarding reimbursements – usually, prices abroad are higher
- Cross border health care provider set his own price and not the price agreed in the public system – the difference has to be paid by the patient
- Additional costs due to unexpected complications
- Additional costs of accommodation, translations, travel expenses
- The issue of the accuracy of medical file translations

Conclusions



- No greater outflow of patients is expected
 - E.g. in Belgium: not many patients abroad
 - Similar in Slovenia
- Greater mobility in border areas
 - Because of the language (e.g. Belgium/Germany)
 - Short distances
- Existing cross-border projects between Member States, which generate cases (e.g. Belgium, The Netherlands, Germany, Slovenia)
- In Slovenia: Outflows because of long waiting periods and highly specialised services
- Directive is used, but no big demand

Looking into the future...

Positive aspects of the directive

- Better accessibility to health care services to avoid longer waiting periods in the home country
- The use of health care services at a specific health care provider to get better quality of health care services

Work that needs to be done

- To simplify the European legal framework
- To continue to inform citizens about possibilities

Thank you for your attention!

