



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

## *Comparison of DRG-based tariffs*

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Co-funded by  
the Health Programme  
of the European Union

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Grant Agreement 2011 13 01 HoNCAB  
Project

# Objectives of the Work Package

- I) to analyse the patient classification methodologies used in Austria, Italy, France, Greece, Hungary, Malta and Slovenia in order to facilitate a common language among project partners
- II) to figure out which elective episodes of care (EoCs) are (or potentially can be) done on a cross-border basis among the HoNCAB countries
- III) to compare how patient classification systems deal with selected EoCs and how classifications are linked to payments in respective countries

# DRG system reports

- Questionnaire-based patient classification and payment methodology reports have been compiled by project partners
- Internally reviewed and edited
- Reports will be published within the second edition of the book “Diagnosis-related Groups in Europe” this year
- 17 Countries: Austria, England, Estonia, Finland, France, Germany, **Greece, Hungary**, Ireland, **Italy**, Netherlands, Poland, Portugal, **Slovenia**, Spain, Sweden, Russia

# Episodes of care

- Analysis of pilot data without clear results
  - Majority of cases in emergency settings (Fractures, Births, Burns)
- Design of case vignettes based on prior experiences (known differences in coding algorithms) and possible future needs of European citizens:
  - 1) Breast cancer
  - 2) Childbirth
  - 3) Cholecystectomy
  - 4) Hernia
  - 5) Hip replacement
  - 6) Hysterectomy
  - 7) Knee replacement
  - 8) Varicosis stripping

# Payment comparison based on EoC

- 3 case vignettes per EoC -> in total 24 vignettes
  - Index (standard) case
  - Case with complications and /or co-morbidities and/or different LOS
  - Case with different treatment (e.g. minimal invasive)
  
- Example: Childbirth

	Primary diagnosis (ICD-10/ ICD-9 CM)	Primary or secondary diagnosis (ICD-10/ ICD-9 CM)	Procedure (ICD-9-CM)	Age	Setting	LOS [days]
Patient 1	O80.0/ 650	Z37.0/ V27.0	73.5	29 y	Daycase/short therapy or inpatient	1
Patient 2	O80.0/ 650	Z37.0/ V27.0	73.5	32 y	inpatient	3
Patient 3	O82.0/ 669.70	Z37.0/ V27.0	74.0	29 y	inpatient	5

**Relevant diagnosis codes:** O80.0/ 650 - Spontaneous vertex delivery; O82.0/669.70 Delivery by elective caesarean section; Z37.0/ V27.0 Outcome of delivery: Single live birth.

**Relevant procedure codes:** 73.5 Manually assisted delivery; 74.0 Classical caesarean section

# Questionnaire per vignette and hospital

Billed amount						
DRG/ billing code	1. Domestic system (or foreign patient under S2)		2. Upfront (out-of-pocket) payment by patient as foreseen under directive 2011/24/EU	3. Payment by foreign insurer - based on cooperation agreement (if applicable)	4. Direct out-of-pocket payment according to other price regime (if applicable, e.g. for non-EU or private patients)	5. Other (please add more examples if relevant)
	<i>to patient (co-payment)</i>	<i>to other payer (insurance /NHS)</i>				

- (1) Billing according to the domestic (national) system: According to regulation 883/2004, the domestic system of the country of treatment applies if foreign patients have obtained prior authorization from their payer and if they have obtained an S2 form. In this case, the hospital sends a bill to the payer in the treatment country and the same co-payment policies apply to the foreign patient as to domestic patients. The national payer of the treatment country will subsequently settle the bill with the national payer of the patient’s home country.
- (2) Direct (up-front) payment of the entire amount by the patient: According to the directive on patient’s rights in cross-border healthcare (2011/24/EU), patients have the right to purchase healthcare in any EEA country (paying for care out-of-pocket) and to subsequently apply for reimbursement from their home payer. Hospitals have to apply the same fees to foreign patients as to domestic patients. In case of planned hospital treatment abroad, patients usually require prior authorization in order to be eligible for reimbursement. Patients can claim reimbursement up to the level of costs that would have been paid for in the home country.
- (3) Payment by foreign insurer: some hospitals negotiate contracts with insurers from foreign countries. In this case, hospitals will be directly reimbursed by the foreign insurer. The amount can vary, depending on the negotiated contract.
- (4) Direct out-of-pocket payment by patient according to other price regimen: Possibly, foreign patients may ask to be treated as private patients and they might be willing to pay a higher price for care than what would have been charged to domestic patients.
- (5) Other: Specification of relevant billing approaches according to yet another system.

# Main results

- Simplified example: Payment for EoC Childbirth Patient 2 (normal delivery, without complications, 3 days)

No common classification system

Huge differences for comparable patients

		1. Domestic system (or foreign patient under S2)			2. Common of all countries (under directive 2011/24/EU)
		DRG/ billing code	to patient (co-payment)	to other payer (insurance /NHS)	to patient (co-payment) as foreseen
Austria/ Villach		JN020	see notes	3199,92	3199,92
France	Lyon	---	72,00	4410,00	4482,00
	Grenoble	---	72,00	4232,00	4304,00
	Nice	---	72,00	3600,00	3672,00
Germany		O60D	30	1744,85	1744,85
Greece/ Rhodes		---	---	600,00	600,00
Hungary		673A	---	290,00	290,00
Italy	Bergamo	373	---	2202,00	2202,00
	Torino	373	---	1272,00	1272,00
	Udine	373	---	2072,00	2072,00
	Verona	373	---	2097,10	2097,10
Malta		---	---	1266,00	1266,00
Slovenia/ Isola		O01B	---	2372,86	2372,86

Different amounts and rules for co-payments

# Implications and Recommendations

- I) Harmonization of patient classification methodologies across Europe can facilitate and enhance communication among payers, providers and patients. Currently, different complexity and severity levels of patients can't be directly translated.
- II) Development of a common European procedure catalog and EuroDRG grouper is required for future increase of cross-border activities.
- III) Amount and coverage of co-payment may hinder further exchange of patients. Therefore, the directive might be readjusted to take coverage of different in co-payments into account (e.g. maximum amount).



# Thank you!



Slides und more material available at:  
[www.mig.tu-berlin.de](http://www.mig.tu-berlin.de) AND [www.eurodrg.eu](http://www.eurodrg.eu)

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