



Department
of Health



EHIC incentive scheme

Frequently Asked Questions

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Frequently Asked Questions

Prepared by the Visitor and Migrant NHS Cost Recovery Programme

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Frequently Asked Questions (FAQs)

1. What is the NHS Visitor and Migrant Cost Recovery Programme?

The Department of Health is working to improve the systems for charging overseas visitors and migrants for the NHS healthcare they receive whilst in England (and in the case of EEA patients, the UK) and increase the extent of the services for which they can be charged.

The work is being led by the Visitor and Migrant Cost Recovery Programme in the Department of Health (“the Programme”) but the work is being co-produced with delivery partners in the NHS, the Health and Social Care Information Centre (HSCIC), the Home Office and the Department for Work and Pensions. Health colleagues in the Devolved Administrations have also been involved in the EHIC incentive scheme development.

The programme’s overarching objective is to improve cost recovery and ensure that the NHS receives a fair contribution for the cost of the healthcare it provides to non-UK residents; as is the case in comparable health systems.

2. What is the EHIC incentive scheme?

Under the current system, although NHS trusts are expected to collect the necessary demographic and administrative information from EEA patients, we recognise that they are not currently compensated for this additional clerical function. Furthermore, although the benefits of reporting EHIC activity are significant to the NHS as a whole, individual trusts do not see a direct benefit when investing in administrative resources for reporting. For the first time, this financial incentive emphasises the need for increased EHIC reporting by NHS trusts and compensates them for the administrative tasks they undertake this important cost recovery activity.

3. What do you mean by a European Economic Area (EEA) patient?

The EHIC incentive scheme concerns patients who – as a general rule – live in another European Economic Area (EEA) country or Switzerland and who are insured by their country of residence’s state healthcare system. This could include citizens of these countries, stateless persons or refugees residing in these countries or citizens of countries from outside the EEA but who are living in an EEA country and are eligible for an EHIC from their country of residence. Please note that a UK expatriates living in other EEA countries are often eligible for an EHIC, and this should be reported as for other EEA patients.

In addition, sometimes EEA patients who are eligible to use an EHIC from another country also live in the UK. This is for the most part the case for students, who may keep their permanent “base” in their home country but who reside in the UK during term time when studying.

Some people will also be “insured” by a country other than the one in which they live permanently. The main category is expatriate state pensioners who will often be insured by the country which pays their pension.

For ease of understanding, this document refers to patients from all these scenarios as “EEA patients,” meaning that another EEA country or Switzerland is considered responsible for these patients’ healthcare arrangements.

4. What is the European Health Insurance Card (EHIC)?

The European Health Insurance Card (EHIC) is a card provided by national healthcare authorities in the 32 EEA countries to those people who are publically “insured” (see FAQ 2)). This card gives individuals access to medically-necessary, state-provided healthcare during a temporary stay in any of the 28 EU countries, Iceland, Lichtenstein, Norway and Switzerland, under the same conditions and at the same cost (free in some countries) as people insured in that country.

Short-term visitors (including those here on holiday or on business) and students (including those enrolled in undergraduate/postgraduate courses) from another EEA country should use their EHIC card when accessing the NHS in the UK.

5. How will the EHIC incentive scheme be funded?

The EHIC incentive scheme will be self-funding from the additional money the UK recovers from EEA countries. This increase in income will itself come from the increased identification/reporting efforts of NHS trusts who tell us when they have treated an EEA patient carrying an EHIC and the value of the healthcare they have provided to that patient.

6. I work for the NHS in Scotland, Wales or Northern Ireland. Why have I been sent this information?

Although the overall mandate of the Programme covers the NHS in England only, matters concerning European cross-border healthcare schemes (EHIC, S1, and S2) are managed by the Department of Health on behalf of the Devolved Administrations. NHS hospitals in the Devolved Administrations are therefore encouraged to participate in the EHIC reporting scheme as this helps the UK as a whole recover more money from other EEA member states. The EHIC incentive scheme is open to all NHS hospitals/hospital trusts in Scotland, Wales and Northern Ireland as well as those in England.

7. What is the EEA web portal?

The EEA web portal is an online space that allows an NHS trust to input EEA patients’ EHIC details (the data appearing on the patient’s EHIC), the cost of the care provided (according to standard tariff rates) and the end date of the treatment episode. Each trust has its own account and is able to transmit these details securely to the Overseas Healthcare Team (see below) who manage it on behalf of the Department of Health. Once the information is sent, it is verified and consolidated, before forming the basis of a periodic invoice to the other EEA countries concerned.

8. Who is the Overseas Healthcare Team (OHT)?

The Overseas Healthcare Team (OHT) is part of the Department for Work and Pensions (DWP). The OHT works in partnership with the Department of Health, managing both inbound claims (when UK patients require a refund for healthcare costs in other EEA countries) and outbound claims (when the UK invoices other EEA countries for care provided). The OHT oversees the day-to-day management of the web portal and assists NHS trusts in their reporting of EHIC (and S1 and S2) data.

9. Why is the EHIC incentive set at 25%?

The financial modelling and stakeholder testing concluded that 25% in addition to the basic Payment by Results tariff was affordable and would motivate behaviour and process change. This will be reviewed annually and may be reduced over time so as to mirror the actual administrative costs of the reporting task.

10. Who will pay trusts the additional 25%?

The additional EHIC incentive money will be paid from the UK Department of Health international budget directly to the NHS trust/foundation trust (or hospital if in a Devolved Administration) who has reported the healthcare episode.

11. When will the EHIC incentive scheme be introduced?

The EHIC incentive scheme will be introduced on 1 October 2014 and will be applied to portal entries covering treatments terminating on or after this date (i.e. it is not retrospective). The first incentive payments will be made to trusts at the end of Q3 in financial year 2014/15.

12. Does the EHIC incentive scheme cover all EEA healthcare mechanisms?

The EHIC incentive scheme will apply to healthcare procedures covered by the EHIC. EEA patients can also access NHS care through other schemes including the S1 form (primarily for state pensioners moving to the UK) and S2 form (pre-planned specialised treatment) but these are not be covered by this incentive scheme.

13. Which care/treatment is eligible for the EHIC incentive?

Medically-necessary, state-provided healthcare during a temporary stay in the UK by residents of the 28 EU countries, Iceland, Lichtenstein, Norway and Switzerland, under the same conditions and at the same cost as UK residents. This includes visitors requiring treatment for pre-existing conditions when in the UK. Pre-planned treatment is however not eligible and should be managed through the S2 scheme.

14. What happens when an EEA patient doesn't have an EHIC?

If a patient is eligible for an EHIC from their home country/country of residence (i.e. not the UK) but does not have it with them, they can apply for a Provisional Replacement Certificate (PRC). This document provides the same rights as an EHIC but on a temporary basis. If appropriate, a trust's Overseas Visitor Manager may assist the patient in obtaining the PRC. The contact details of country authorities who can issue PRCs can be found in the OVM Toolbox:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/346829/EEA_countries_contact_details_final.pdf

If the patient holds neither an EHIC nor a PRC, and the trust determines that he or she is neither ordinarily resident in the UK nor otherwise exempt from charges under the National Health Service (Charges to Overseas Visitors) Regulations 2011 (the charging regulations) they may be directly liable for the costs of their healthcare. Your trust's Overseas Visitor Manager will be able to advise. If liable for charges, non-urgent care should not be provided unless full payment is received in advance. More detailed information can be found in the guidance on the Regulations:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/254530/ovs_visitors_guidance_oct13a.pdf

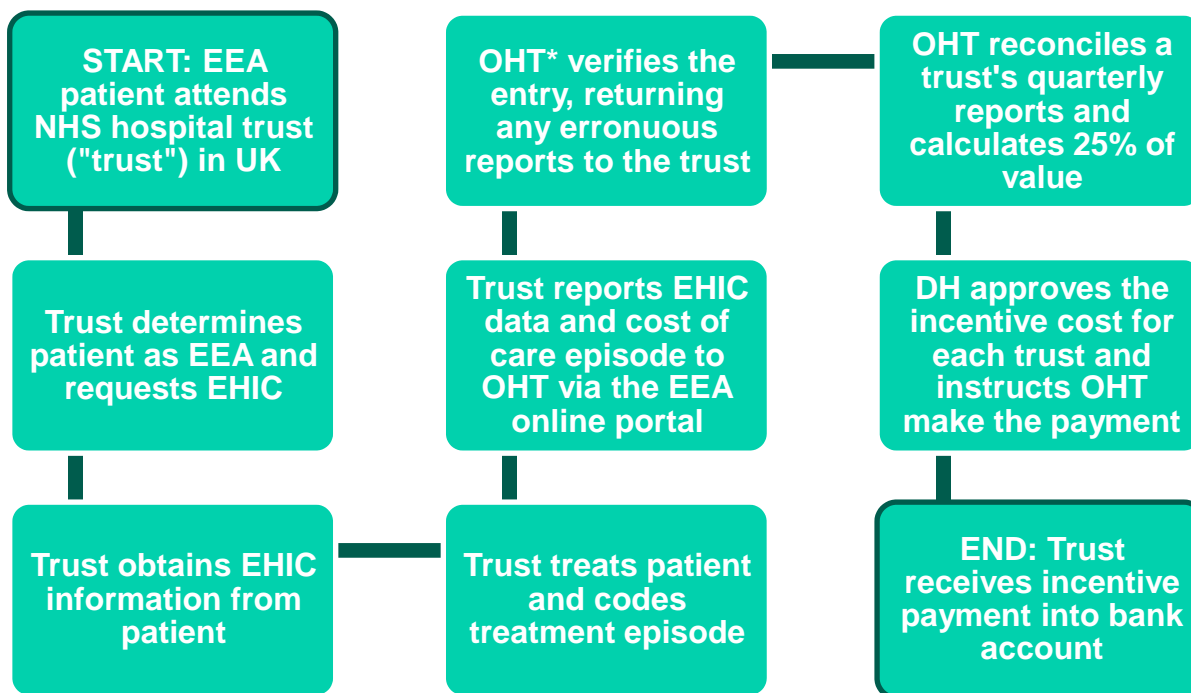
15. Should healthcare be withheld until EEA documents are obtained?

NHS treatment that is classed by a clinician as immediately necessary or urgent should never be withheld while you wait to obtain the necessary documents, whether it is concerning an EEA or a non-EEA patient. In these cases, documentation (and possibly payment) should only be sought from the patient/family at an appropriate time. However, non-urgent care should not be undertaken until the trust has obtained either the EHIC/PRC details or established whether the patient is directly chargeable. Patients seeking healthcare under the S2 route should also present this to the trust prior to treatment commencing.

16. Can the UK recover healthcare costs for all EEA patients via the EHIC?

The UK can only recover healthcare costs under EHIC for those patients who are insured by another EEA member state. EEA patients who are not insured by another member state and who are not ordinarily resident in the UK or otherwise exempt from charge under the charging regulations should be charged directly.

17. What is the full process for reporting EEA patient information?



*OHT = Overseas Healthcare Team

Once a trust has identified that a patient is an EEA patient, it should ask the patient if they have been issued with an EHIC. Information from the card (including full name, date of birth, country references and EHIC numbers) are inputted onto the online portal, along with the date of treatment and cost of treatment (see below). **No clinical information should be shared on the portal.**

If the patient does not have an EHIC or a PRC, then the trust must determine whether the person is ordinarily resident in the UK or otherwise exempt from charge under the charging regulations. Patients without an EHIC/PRC who are only visiting the UK may still be insured by the member state they reside in. If appropriate, trusts are able to contact

other EEA member states to determine if they will cover the healthcare costs of the patient (see FAQ 14).

18. How do I determine the cost of a treatment episode when reporting on the EEA portal?

The cost of the healthcare episode declared on the portal should be exactly the same amount as is charged to the Trust's commissioner for a standard UK patient, based on the Healthcare Resource Group (HRG) coding system (or locally-agreed billing). Trusts should not add any administration fee or other additional costs and should avoid calculating their own 25% incentive "fee." The latter will be calculated centrally and on a quarterly basis.

19. How will the EHIC incentive be paid? Will there be a delay?

The payment of EHIC incentives will be made at the end of every quarter. There may be some delay to allow for full reconciliation of accounts and approvals by DH before it arrives in a trust's bank account. Trusts will be informed when payment is imminent.

Payment will be made to the same trust bank account as is used for the NHS injury recovery scheme. If trusts wish to be paid into a different bank account, they should contact the Overseas Healthcare Team as soon as possible.

20. What should I do if I have trouble in finding out information from an EEA patient?

In the first instance, you should seek assistance from your trust's Overseas Visitor Manager (OVM) or equivalent. OVMs can contact the Department of Health or the Overseas Healthcare Team for further help (see FAQ 29)

21. Will the EHIC reporting be shared with the Home Office and/or other Government departments and agencies?

The data outlined in FAQ 17 is only shared between the Department for Work and Pensions, the Department of Health, the NHS trust, the patient's "insuring" country and, where relevant, the NHS commissioner for the purposes of recouping costs from the EEA countries. **Clinical information is not required for this purpose.** EEA nationals are not subject to immigration control and therefore there is no general need for sharing this information with the Home Office unless it is required for other law enforcement purposes.

22. Am I able to claim for historical EEA visitor healthcare

The costs for historical EEA treatments can be claimed back from the relevant EEA member state, and should be added as normal to the EEA portal. The EHIC incentive payment however will only be payable for treatments ending or being provided on or after 1 October 2014 and reported to the Overseas Healthcare Team via the online portal.

23. What happens after year one?

The scheme will be reviewed after 12 months to ensure it is having the expected results. We will look to reduce the percentage of the EHIC incentive in future years – once reporting has become the norm rather than the exception – to a level that covers the actual administrative costs of patient identification, data processing and reporting.

24. How is the Department of Health protecting against fraudulent claims?

The Department of Health will only pay out for claims made covering treatment ending on or after 1 October 2014, and when the entry is made on the EEA portal. Where data is

missing or appears erroneous, the Overseas Healthcare Team will verify with the trust directly. If an EHC is out of date (and no PRC has been obtained to cover the period of treatment), no incentive payment will be made. The Department of Health keeps a record of any failed claims (where EEA member states refuse to pay) and reserves the right to discuss any unexpected peak in failed claims from any one particular trust. We recognise however that trusts collect this information in good faith and are therefore not themselves responsible for the vast majority of failed claims.

25. How is the Department of Health monitoring the scheme?

The Department of Health is able to monitor the number of claims a trust makes, the amount of each claim and the country to be invoiced. We are therefore able to track when a trust is or isn't identifying any EHC patients and compare this to anticipated visitor statistics for that geographic area. If an area attracts a high number of visitors (for example tourists, students or business people), we would expect that their EHC reporting rates of the local trust would be comparably high.

26. Will there be any incentive to report the provision of healthcare to non-EEA patients?

The Government announced a separate incentive scheme for trusts treating non-EEA chargeable visitors. This will go live in April 2015 and is completely separate from the EHC incentive. Further details on this incentive will be available in due course.

27. Will there be any incentive to report S1 and S2 forms?

There are no current plans to financially incentivise these two other schemes. S1 forms are predominantly found in general practice settings although trusts should be submitting them to the overseas healthcare team if they obtain them from a patient. Driving up the collection of S1 forms is part of another piece of work being undertaken by the Visitor and Migrant Cost Recovery Programme.

S2 forms (mainly covering elective healthcare) are typically used for high cost treatments. We will be looking to drive up the collection and processing of S2 forms in other ways outside the incentive scheme designed for EHC reporting.

28. Is this EHC incentive only for secondary care providers?

For the time being, we are only able to register secondary care providers on the online portal so this EHC incentive scheme will apply to trusts only. However, we are looking at how primary care providers (including general practitioners) could report EEA patient activity so as to help boost the UK's recovery of costs owed when treating EEA patients.

29. Where do I go for more information?

Your trust's Overseas Visitor Manager (or equivalent) should be able to assist in the majority of cases. Otherwise, you can contact the Department of Health's Visitor and Migrant NHS Cost Recovery Programme via nhs-costrecovery@dh.gsi.gov.uk. The detailed guidance concerning the National Health Service (Charges to Overseas Visitors) Regulations 2011 can be found here: www.gov.uk/government/publications/guidance-on-overseas-visitors-hospital-charging-regulations.

If your question relates to the EEA portal, how to become a registered user and how to report EHC details, please contact the Department for Work and Pensions' Overseas Healthcare Team: OHT.overseasvisitorsteam@dwp.gsi.gov.uk or 0191 224 7700.