

# EHIC Incentive Scheme and charging for primary care

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## Background

In November 2014 GPC was informed that the Department of Health's NHS Visitor and Migrant Cost Recovery Programme Team had taken the decision to deprioritise extending and amending charging in primary care in order to focus on delivering existing commitments in Phases 1-3 of the Programme (improving the current system of identification of, and cost recovery from chargeable patients within secondary care, better identification of chargeable patients through changes to existing identity verification and registration systems and processes in primary and secondary care and implementation of the health surcharge.)

It should be noted that the following FAQs apply only to secondary care providers. For the time being, the Department of Health is only able to register secondary care providers on the online portal so this EHIC incentive scheme will apply to trusts only. However, they 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.

We understand that two consultations will be launched in the Spring of 2015 to look further at extensions to charging. There are plans to start an EHIC pilot in primary care to encourage the collection of EHICs, increase identification of chargeable patients and increase the engagement of GPs with the cost-recovery programme generally. GPC will be involved with a view to starting the pilot as early as possible.

## Frequently Asked Questions

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

The Department of Health is examining ways to improve the systems for charging overseas visitors and migrants for NHS healthcare they receive while 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.

Health officials in the Devolved Administrations have also been involved in the EHIC incentive scheme development. The programme's main 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.

### 2. What is the EHIC incentive scheme?

The European Health Insurance Card (EHIC) incentive scheme was introduced in October 2014 and is not retrospective. It emphasises the need for increased EHIC reporting by NHS trusts and compensates them for the administrative tasks they undertake as part of this cost recovery activity.

### 3. 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. It 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. 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 (pre-planned specialised treatment).

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.

#### **4. What is meant 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.

#### **5. What about UK expatriates and EEA patients living in the UK?**

UK expatriates living in other EEA countries may be eligible for an EHIC and NHS Trusts should report them in the same way as 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 be based permanently in their home country but 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'.

#### **6. How will the EHIC incentive scheme be funded?**

The aim is for the EHIC incentive scheme to be self-funding from the additional money the UK will recover from EEA countries. This will only happen if there is increased identification/reporting efforts by NHS trusts when they treat an EEA patient carrying an EHIC and they identify the value of the healthcare they have provided.

#### **7. 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 covered by this incentive scheme.

#### **8. 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, 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 the patient holds neither an EHIC nor a PRC, it is the responsibility of the trust to determine that they are 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) and whether they may be directly liable for the costs of their healthcare.

#### **9. 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 if there is a delay obtaining 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, Department of Health guidance suggests that 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.

It should be noted that the UK can only recover healthcare costs under the EHIC scheme 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 may be charged directly.