

Health Service Executive Cross Border Directive: Prior Notification Application Form

(FOR INPATIENT CARE ONLY - Outpatient and Daycase care do not require prior notification)

The HSE operates a Cross Border Directive (CBD), for persons entitled to public patient treatment in Ireland who choose to avail of that treatment in another EU/EEA member state under Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patient's rights in cross-border healthcare, as per the procedures set out in governing EU Regulations and Directives and Irish legislation.

A copy of these Regulations and Directives, and all other aspects of European Law are available on the website for inspection at http://europa.eu. Within these governing EU Regulations & Directives and Irish legislation, the CBD provides for the cost of publicly funded healthcare in Ireland to be availed of and the costs to be reimbursed subject to compliance with the applicable administration processes adopted by the HSE in the administration of the CBD. Patients must familiarize themselves with the administration requirements of the HSE prior to availing of cross border healthcare in order to confirm entitlement or otherwise to reimbursement of treatment costs. The HSE has established a National Contact Point (NCP) office for the administration of the CBD in Ireland and the contact details for the NCP are: HSE Cross Border Directive - National Contact Point, St Canice's Hospital Complex, Dublin Road, Kilkenny, Ireland. Tel: 056 7784547 or 056 7784546, Email: crossborderdirective@hse.ie Webpage: https://www2.hse.ie/services/cross-border-directive.html

In general the CBD allows for patients ordinarily resident in Ireland who require and are entitled to public healthcare services, to access that healthcare in another EU/EEA member state and to seek reimbursement for that care in accordance with the legislation. It will be a matter for the patient and/or his/her referring doctor to identify the clinician abroad and satisfy him/herself in relation to the qualifications, quality and safety of the services being availed of in the other jurisdiction. Funding will only be reimbursed for healthcare that is available and/or publicly funded in Ireland and which is not contrary to Irish legislation. Reimbursement will be made in line with published reimbursement rates available from the NCP. Payments will only be made to the patient or in the case of a child his/her parent or guardian. No payments will be made to third parties except in the case of patient's death and this will be subject to the executor of the estate providing evidence of the outstanding liability.

Private Patients

Patients/applicants who are private patients in Ireland should be advised that all claims for prior notification and reimbursement in respect of treatment availed of in another jurisdiction should be made to the patient's private health insurance provider and not to the HSE. Private patients are not eligible for reimbursement under the CBD. There is nothing preventing a private patient becoming a public patient if he/she so wishes, a public attendance in Ireland is required to demonstrate the patient has established as a public patient. Placement on a public waiting list via referral from a private consultation is not sufficient as the provisions of circulars 1/91 and 1/95 apply.

Cross Border Healthcare where Prior Notification is not required:

Prior Notification is not required for outpatient or day case services accessed under the provisions of the CBD. However, if you are in any doubt as to the need to seek prior notification before you avail of a consultation/treatment abroad please contact the NCP who will advise you. The NCP will also be happy at that stage to advise you of the reimbursement rate that will apply to the assessment you are accessing on an outpatient basis.

Prior Notification is optional:

The application for prior notification may be assessed and a determination given prior to the patient availing of the treatment abroad. Valid applications will be processed within 15 - 20 working days and a decision will be issued via letter. Appointments made prior to the decision will have no bearing on the review process or its expedition.

The referral process and assessments that are required to avail of any element of public health care in Ireland also apply to any and all applications for prior notification or reimbursement under the CBD e.g. if there is eligibility criteria (medical, or financial, or etc.) applicable in Ireland, that same criteria will be applied under the CBD for example GP referral issued in line with ICGP guidelines, an outpatient consultation on a date prior to inpatient/day case treatment, etc. Inpatient episodes of care require an in-person consultation on a date prior to the admission date. Telemedicine consultations may be used for day case treatment. Evidence of the telemedicine consultation for the patient's medical record is required to be submitted.

It is very important that this Application Form is completed by your treating consultant in English in order to process your application for prior notification. If the application form is not completed in English the patient/applicant may be required to provide a certified translation at his/her own cost. It is expected that prior to submitting the application form in conjunction with the treating consultant abroad, that the patient can demonstrate referral by either a GP (including a GP from another member State) or other relevant clinician (either Irish or EU/EEA) and an outpatient assessment either by the treating consultant abroad or by a consultant in Ireland treating the patient in a public capacity. (When submitting a claim for the reimbursement of the outpatient appointment at which the assessment for necessary care was made the patient will be required to submit a copy of the original referral letter and or the letter of confirmation of your place on the public waiting list in Ireland.) The HSE accepts no liability for healthcare costs availed of abroad which fail to meet the governing legislation, criteria and the HSE's administration requirements.

Completion of Application Form: Applicant/Patient

No liability shall attach to the Health Service Executive, its servants or agents in respect of any costs or expenses incurred by the Patient or Applicant prior to a determination by the Health Service Executive on this application and the results of such determination being communicated to the Applicant. Any arrangements made by the Applicant or Patient prior to such determination may not subsequently be ratified by the Health Service Executive and may invalidate the application. A decision on an application will be issued via letter to the applicant, within 15 - 20 working days following the receipt of a completed application and any other information/clarification requested.

The patient/applicant must submit a fully completed application form accompanied by the appropriate referral letter and confirmation of the outpatient consultation, which will be the basis of demonstrating necessary care for the purposes of this application, in sufficient time to allow the HSE assess and issue a decision. The onus is on the patient to submit a fully completed application form and to provide the necessary information from the referring and treating clinicians. Incomplete applications will be returned to the patient/applicant for provision of the appropriate information prior to re-submitting to the CBD office.

Section A

This part of the application is to be fully completed by the patient/applicant.

This part of the application is to be fully completed by the patient/applicant. All parts of the section must be completed, if a question is not relevant to you please mark same N/A e.g. if you do not hold a medical card mark that section N/A (not applicable).

Where a patient is under 18 years of age or is incapacitated, the application may be submitted on their behalf by a Parent/Guardian/Spouse/Partner.

Upon completion of Section A, the applicant should present the application to his/her treating consultant to complete Section B. A copy of the original referral letter by which the patient accessed the assessment from the consultant should be submitted with this application form. To clarify, to access an assessment with a consultant, a patient must first have a referral letter from his/her GP or other treating clinician with referral rights in Ireland or abroad. Therefore to demonstrate that this pathway has been followed the patient will be required to provide a copy of this letter. GP referral letters are required to comply with ICGP guidelines and must be issued before the care abroad is access and as a means of accessing that care.

If you are in receipt of an income e.g. pension, salary, etc., from another EU/EEA country but live in Ireland you may not be entitled to reimbursement from Ireland. This provision extends to dependents of persons who are in receipt of an income from another EU/EEA country. You should contact the NCP of the country from which you receive the income to confirm your eligibility for reimbursement.

If you require any assistance in completing this form, please contact the NCP who will be happy to advise you.

Section B

This part of the application is to be fully completed by the patient/applicant's treating consultant.

When the application form has been fully completed, please return it with the other necessary documentation to the above mentioned CBD office. The application will be assessed and a decision will be issued within 15 - 20 working days or as soon as possible thereafter. In completing this application form, you must ensure the information you provide is accurate and true. The inclusion of false, misleading or inaccurate information or the omission of relevant information will mean the CBD Office will reserve the right to refer the matter to the appropriate authority and repayment of any funding drawn down will be required without exception. The CBD office reserves the right to review a patient's medical chart to clarify any information as appropriate.

CODE OF ETHICS FOR CLINICAL CODERS

It is expected that all clinicians identifying a DRG code for the purpose of reimbursement under the provisions of the Cross Border Directive would be familiar with and adhere to the Code of Ethics for Clinical Coders.

The identification of a DRG code for the purpose of reimbursement requires the clinician to be ethical and transparent in his/her selection. The selection of an incorrect code may lead to a patient being reimbursed an amount less than that applied for and confirmed at prior Notification stage. Any such occurrence will be a matter for the patient to pursue with the clinician who identified the incorrect code and not for the HSE. The HSE reserves the right to have any DRG code identified, independently assessed to confirm its appropriateness, this may include our accessing the patient's medical record for this purpose.

Therefore in line with the Code of Ethics for Clinical Coders, a clinician identifying a code for the purpose of reimbursement will ensure that clinical record content justifies selected DRG code.

Decisions

During the processing of an application, CBD staff will only be able to confirm the estimated date for issue of a decision. When an application has been processed, the decision will be issued by letter and it is only after the decision letter has been issued that CBD staff are permitted to inform the applicant (and only the applicant) of the decision by phone.

Please note that the Cross Border Directive does not provide for reimbursement of travel or subsistence costs incurred by patients.

PRIOR NOTIFICATION APPLICATION FORM CROSS BORDER DIRECTIVE SCHEME

SECTION A- To be completed in full by Patient/Applicant

Patient Details						
NAME:			ADDRESS:			
DATE OF BIRTH:						
TEL NO:			MOBILE NO:			
PPS NO:			MEDICAL CARD NO: *Submit Photocopy also			
Are you in receipt of a pension or other income from another country? If so which other country and please provide details to include the type and value of the income. (Please ensure you identify the type of pension you have. Evidence of the pension will be required.) IMPORTANT - Please see pensions note on page 8 for further explanation.						
Are you a dependent of a person who is in receipt of a pension or other income from another country? If so which other country and please provide details to include the nature and value of the income.						
,						
NAME PRIVATE HEALTH INSURANCE COMPANY			MEMBERSHIP NO.			
HAVE YOU APPLIED TO YO	UR HEALTH INSURA	NCE COMPANY F	OR FUNDING?			
IF YES, HAS FUNDING BEEN APPROVED BY YOUR HEALTH INSURANCE COMPANY? Please submit a copy of the decision letter with your application.						
GP's Details						
The details of the referring clinician below are required or you may attach a copy of the referral letter as an alternative. Name of Patient's GP						
GP's Address						
GP's Telephone Number						
Parent/Guardian Details	on if you are making an	annlication on bot	acif of a Dationt under 19 years	of age or over 18 years of age and dependant.		
Only complete the next section	on it you are making an	application on bei		or age or over 16 years or age and dependant.		
RELATIONSHIP TO PATIENT:			ADDRESS:			
NAME:						
TEL NO:			MOBILE NO:			
NAME PRIVATE HEALTH INSURANCE COMPANY			MEMBERSHIP NO.			
HAVE YOU APPLIED TO YOUR HEALTH INSURANCE COMPANY FOR FUNDING?						
	IF YES, HAS FUNDING BEEN APPROVED BY YOUR HEALTH INSURANCE COMPANY? Please submit a copy of the decision letter with your application.					

Please confirm the reason why you are/the p	natient is opting to travel	abroad?	
This information has no bearing on the application decision			pting for care under the CBD)
Length of wait for the treatment in Ireland:		Quality of the service abroad:	
Proximity to my place of residence:		Other: if other please provide details	
No liability shall attach to the Health Service Ex his application and the results of such determination may not subsequently be ra	nation being communicate	ed to the Applicant. Any arrangeme	ents made by the Applicant or Patient prior to
n submitting this application form (complete or be accessed and copied for the purposes of p other hospitals, health care facilities or clinical accept this position and give my consent for sar	rocessing the application. advisors in the assessme	I understand and accept my clini	ical information can and may be provided to
 information and that any new information I acknowledge that the decision giver Directive. I understand that this is merely an approximation 	tion coming to light may im will be based on the requ	npact the decision in this case. uest for the particular treatment spe	are that my application will be based on this ecified on this application to the Cross Border stage no commitment has been entered into
I, or my dependants, change address	or becomes resident outs o refund the HSE immed	ide Ireland. liately should I receive any refund	ne information provided in this application or if d from the provider or any other party eg HSE.
Applicant's signature		Date:	
s the patient a victim of a road traffic incident o	r other accidental injury?	Yes No	
f yes, is there a claim for compensation against	t a third party?	Yes No	
f yes, please provide the details of your solicito	r:		
Solicitors Name			
Solicitors Address			
Please note that solicitors who are making a le required to include in the claim the cost of treat traffic accident or accidental injury.			
However, please note that it is the patient who ure reimbursed to the HSE. Unsuccessful claim			
agree to repay to the HSE the gross ar	mount of the money sp	pent by the HSE when the cla	im I am pursuing against a third party

Signature is required where the patient has been a victim of a road traffic accident or other accidental injury and a claim for compensation against third party is/will occur.

Completion of Application Form: Treating Consultant:

The treating consultant should fully complete the application form and provide sufficient information giving details of the patient's medical condition, the type of treatment envisaged and the provider of treatment abroad. In compliance with his/her duty of care, the application must be completed by the treating consultant pursuant to his/her clinical assessment of the patient thus confirming it is the consultant's recommendation based on this clinical review that the patient requires the treatment.

Referrals and treatment must be on the basis of medical necessity.

Applications must be accompanied by a copy of the detailed clinical referral letter from the referring clinician to the accepting clinician outlining details and history of the patient's condition and the type of treatment envisaged. A clinician referring a paediatric patient abroad must satisfy himself/herself as to the compliance of the service abroad with Children First guidelines and legislation.

The onus is on the treating consultant to seek, provide and certify the answer to each question in Section B.

Applications should be made and a decision given in advance of the patient travelling abroad for the inpatient treatment. Decisions on applications will be based on the medical information provided in line with the provisions of the scheme and public healthcare eligibility and pathways in Ireland. Appointments made in advance of submission of an application will not be used as a deciding factor in applications. The Cross Border Directive office will aim to provide a decision within 15 - 20 working days of receipt of a completed application.

SECTION B- To be completed in full by the treating consultant

Details of Healthcare provider abroad					
Name of Treating Consultant:					
Name of Treating Hospital:					
Patient Name:		Patient Address:			
Date of Birth:					
Is the patient attending you in a public or private capacity?					
Date when the patient was assessed at an outpatient consultation to determine necessary care (outpatient consultation must have occurred on a date prior to any inpatient treatment either in the public healthcare sector in Ireland or in the private healthcare sector abroad):			In person:		
			Telephone:		
		_	Video:		
PROPOSED TREATMENT:					
DRG CODE OF PROPOSED PROVIDED (the relevant ABF price list is available on the HSE website by following the link below).					
Inpatient: https://assets.hse.ie/media/documents/Admitted-Patient-Price-List-Inpatient 2022.pdf					
How was the DRG Code arrived at: ICD 10	SYSTEM OPERATE	ED BY TRAINED CODERS	S BEST GUESS		
CONSULTATION		OUTPATIENT APPOIN	NTMENT		
DAYCASE PROCEDURE		INPATIENT TREATME	ENT		
PROPOSED TREATMENT (SECONDARY):					
DRG CODE OF PROPOSED PROVIDED (the relevant ABF price list is available on the HSE website by following the link below). Inpatient: https://assets.hse.ie/media/documents/Admitted-Patient-Price-List-Inpatient 2022.pdf					
How was the DRG Code arrived at: ICD 10 SYSTEM OPERATED BY TRAINED CODERS Best Guess					
CONSULTATION		OUTPATIENT APPOIN	NTMENT		
DAYCASE PROCEDURE		INPATIENT TREATME	ENT		

Section B-continued

Please set out hereunder a summary of the condition from which the patient suffers:			
Please certify the specific treatment that the patient requires outside the state:			
Is this treatment available within the State (Ireland)? (Only treatments that are available within the State qualify for reimbursement under the CBD.)	Yes	No	
Is the patient currently receiving this treatment in Ireland?	Yes	No	
Is the treatment medically necessary?	Yes	No	
Will the treatment meet the patient's needs?	Yes	No	
Is this treatment contrary to the Irish Constitution or any legislation to your knowledge?	Yes	No	
Is the treatment regarded as a proven form of medical attention and not experimental or test treatment?	Yes	No	
Is the treatment required as a result of injuries received in a road traffic accident or other accidental injury?	Yes	No	
Does the proposed healthcare pose any public health risks for the patient and/or the public in general?		No	
If yes, please give details:			

Section B-continued

Is that hospital a public hospital available to National Health Agencies Confirmed cost of treatment:		Yes		No	
Date of Admission (if known):					
Probable duration of stay:					
Probable date(s) of Out-Patient Department visit(s):	:				
THE ONGOING CARE OF A PATIENT WHO HAS AVAILED OF TREAUPON THE PATIENT'S RETURN TO IRELAND.	ATMENT ABROAD REVERTS TO THE REFE	ERRING PHYS	ICIAN IMI	<u>MEDIATI</u>	<u>ELY</u>
I declare that the above particulars are to the best of my knowledge true and that any new information coming to light may impact on the decisi information.					
Signature of treating consultant:	Date:				

IMPORTANT - CHECK LIST

Required documents for Prior Notification

Prior Notification is optional but recommended for all inpatient healthcare abroad under the CBD. Prior Notification was introduced so that:

- A patient can ensure he/she is compliant with public patient pathways and the necessary care requirement prior to incurring costs and thus make sure he/she will be eligible for reimbursement.
- A patient can ensure he/she knows the costs and reimbursement of proposed healthcare prior to committing to expensive inpatient healthcare abroad.
- A patient can consider the information provided at the outpatient consultation prior to the date of admission, in the interest of informed consent.
- A patient will have a cooling off period between his/her outpatient consultation and proceeding with inpatient care abroad.

An application for Prior Notification should include the following documentation:

- A valid referral letter* issued prior to and for the purpose of accessing the healthcare in question or a copy of waiting list letter for a public hospital in Ireland. *See below for clarification on a valid referral letter.
- Evidence of the in-person outpatient consultation with the consultant abroad or a consultant treating the patient in a public capacity in Ireland at which the recommendation of inpatient care was determined.
- A fully completed Application form.
- Proof of travel abroad e.g. flight/ferry tickets, accommodation in patients/applicants name, toll/parking charges or a till receipt from a shop in the locality where the outpatient consultation has been accessed abroad.

IMPORTANT - Pensions Note - Page 3

You may need to apply for the CBD scheme in another country if you:

- get your income from another EU or EEA country
- are a dependent of someone who gets their income from another EU or EEA country

Contact the National Contact Point for the other country to check if they are responsible for your claim. They can also tell you if you are entitled to a reimbursement.

Download a list of national contact points for cross-border healthcare (PDF, 808KB, 9 pages)

If the UK or Switzerland is your competent State under EU Regulation 883/04, you cannot use the CBD scheme.

IMPORTANT - CHECK LIST

Required documents for Prior Notification

Checklist

	have you included?				
A.	Path of referral:				
	A valid (GP/consultant (public) letter of referral which:	Yes	No	
	1.	Pre-dates your consultation abroad			
	2.	To a named consultant abroad (recommended)			
	3.	Addressed to a specific hospital			
	4.	Is signed by your GP/consultant (public) (not a member of the practice staff)			
	<u>Or</u>				
	A waiting	g list letter from a public hospital in Ireland:	Yes	No	
	1.	A waiting list letter confirming that you are on the public waiting list in Ireland at the time of your consultation abroad			
В.	Prior Notification A	pplication Form			
			Yes	No	
	1.	Section A completed in full by applicant			
	2.	Section B completed in full by your treating consultant/clinician abroad. **			
**Please	ensure that your treat	ting consultant/clinician abroad provides a valid HSE DRG code. This can be se.ie/file-library/cross-border-directive/admitted-patient-price-list-summary-inpatient	accessed on the	e HSE ABF price list, plea	ise
		6 code applicable in your case or the cost of your treatment abroad, whichever		ate of reimbursement will	DE
	Proof of Travel	,			
			Yes	No	
	1.	Flight/ferry tickets, accommodation receipts in patients/applicants name, toll/parking charges or a till receipt from a shop			
D.	Evidence of your in	itial outpatient consultation with your treating clinician abroad on a date	e prior to vour t	o vour admission.	
		,	Yes	No	
	1.	An invoice and receipt from your initial consultation			
		OR			
	2.	A medical report which includes the date of your initial consultation			
		IMPORTANT – CHECK LIST Required documents for Prior Notification			

Proof of an initial consultation is not required where a person has already attended their public consultant in Ireland and subsequently been placed on an inpatient/day case treatment waiting list and where this waiting list letter is being submitted as your path of referral for your treatment abroad.

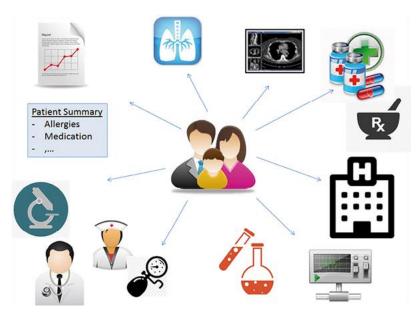
If you are claiming reimbursement for your initial consultation as part of this application, you will be required to submit proof of your payment of your healthcare costs: To achieve reimbursement you (the patient) must be able to provide evidence that you have incurred (paid) the cost of the treatment directly to the hospital abroad. Proof of payment can take many forms for example: e.g. Bank transfer, Credit Card Payment (Statement)

The Cross Border Directive

Typical Public Patient Pathway

How do I access Hospital Care Abroad under the provisions of the Cross Border Directive (CBD)?

(A typical patient pathway to hospital care – A guide)



This page is designed to guide a patient through a typical patient pathway for accessing healthcare under the provisions of the CBD generally accessed in an acute hospital setting. Please bear in mind that this is only a guide on the most common pathway and access to certain types of care will require a different pathway so if in doubt – ask!! Also please read the other pages of this webpage in conjunction with this guide. Any queries should be made to the National Contact Point (NCP) as per the contact details.

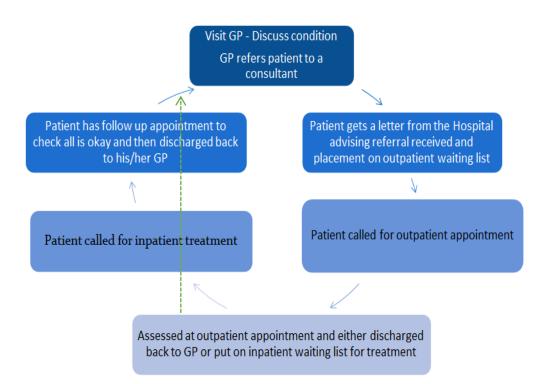


First things first:

- 1. The CBD allows a public patient to access healthcare which he/she is entitled to access in Ireland. Therefore:
 - A patient may not use a private appointment in Ireland to circumvent any part of the patient journey. For example you cannot use a private outpatient appointment in Ireland for the purposes of accessing healthcare under the CBD.
- 2. The CBD does not give a patient additional rights it simply gives the patient an option to access necessary care in any country in the EU/EEA. The same requirements of that access apply as applies in Ireland. For example a patient cannot simply present at an outpatient clinic in a hospital in Ireland and expect to be seen: the patient must have a referral from his/her GP in the first instance.

A typical Public Patient Pathway A patient is not classified public or private at GP stage.

At any stage during the process represented below the patient may opt to use the provisions of the CBD. Please note an outpatient consultation may not take place on the date of admission it must take place on a date prior to admission for an inpatient or day case treatment.



For the purposes of this webpage the following will describe how a patient can access hospital care in another country under the CBD.



Step 1: Establishing necessary care - referral.

Visit your GP/primary care clinician and discuss your condition. The GP/primary care clinician will evaluate the information and based on same may decide to refer you to a public hospital consultant. Alternatively remember the GP/primary care clinician may decide that your condition is such that a more conservative approach is appropriate at this time and seek to manage same without referral to a hospital consultant.

If your GP/primary care clinician deems it appropriate he/she will write what is known as a referral letter which is a letter to a hospital consultant. A referral letter must contain the following information (ICGP Guidelines):

- Name and address of a hospital consultant (while the referral letter must be to a named doctor at an identified hospital/facility that is not to say that that is the specific doctor and hospital the patient must attend).
- Personal details of the patient, name, address, date of birth, etc.
- Outline of the patient's current health and any other relevant information.
- Outline of the issue for which the patient is being referred.
- GP signature and date.

Things to note:

- The NCP will not accept a referral letter which is not signed by the clinician (e.g. it cannot be signed by his/her secretary or nurse).
- The NCP will not accept a referral letter which is not dated. Remember the referral letter must be issued and thus dated before accessing the healthcare abroad under the CBD.
- The referral letter must be properly addressed to a named doctor, an identified specialty and an identified facility.

Other things to note:

- Just as a GP may refer a patient, likewise a consultant that the patient is attending in a public capacity may also refer the patient.
- A GP may not be comfortable referring a patient to a doctor and/or facility abroad that he/she does not know. In
 this scenario the GP may address the referral to a hospital consultant he/she is familiar with and the patient may
 then choose to use that referral to access healthcare abroad. In doing so the patient accepts all clinical liability for
 his/her choice of provider abroad.



Step 2: Arrange an outpatient appointment.

Now that the patient has a referral letter he/she may decide to access that healthcare in another jurisdiction in the EU/EEA.

The CBD allows the patient to access the healthcare in the public or private sector abroad. Remember the healthcare must be accessed abroad and not in Ireland – the patient must travel.

When the patient has identified a provider abroad he/she makes contact with that provider to arrange an outpatient appointment. Remember the patient must travel abroad for the outpatient appointment – telemedicine e.g. video conferencing, skype, etc. may not be used. If a patient uses telemedicine rather than travel abroad then he/she will not be eligible for reimbursement for the telemedicine care or any care that is provided in follow up.

The outpatient appointment takes place on a date prior to any inpatient or day case treatment. The reasons for this are:

- Only after assessing the patient can a consultant make a decision as to future care needs and if inpatient or day case treatment is warranted the consultant can discuss same with the patient prior to scheduling such treatment.
- It ensures the patient leaves the consultant's rooms and has time away from the healthcare facility to consider:
 - Whether he/she wishes to proceed with the treatment/with the consultant (informed consent),
 - Any further questions he/she may wish to explore prior to making a decision to proceed with the treatment as proposed.

The hospital abroad will likely seek a copy of the referral and may ask for your medical records. Access to medical records from a hospital should be requested directly from the specific hospital.

The patient receives an appointment for an outpatient consultation with the consultant in the hospital abroad.



Step 3: Outpatient consultation/assessment – necessary care.

The patient has now received an appointment for an outpatient consultation with the consultant abroad.

The patient travels abroad. Travel expenses incurred etc. are not eligible for reimbursement under the scheme and are therefore a cost the patient will incur.

Most hospitals abroad will seek payment upfront from the patient for the outpatient attendance and likely for all other attendances. The maximum reimbursement rate for the outpatient attendance is €178.

There are many variations of an outpatient attendance for example:

- Meeting and examination by a consultant.
- Examination by a consultant with x-rays, lab tests, bloods, etc.
- Examination by a consultant with a minor procedure e.g. removal of a lump or bump for biopsy or otherwise, etc.
- MRI or CT.

At the outpatient attendance the consultant may decide the patient requires an inpatient or day case procedure. If so we recommend the patient considers applying for prior notification from the NCP.



Prior notification is optional but the NCP introduced it for the following reasons:

- It requires the consultant abroad to fill in section B of the prior notification form thus identifying the proposed treatment and the cost of same.
- It requires the consultant abroad to identify the DRG code for the treatment from the HSE's ready reckoner (on the webpage) which identifies the maximum reimbursement rate.
- It allows the patient time to leave the consulting rooms and by submitting the prior notification application form to the NCP, the patient then has what is effectively a cooling off period in which to decide whether or not:
 - a. He/she can afford the treatment upfront or can secure the funding.
 - b. Whether or not he/she is comfortable with the consultant and the facility abroad.
 - c. Consider any shortfall between the cost abroad and the reimbursement rate from the HSE and if in the event there is a shortfall that he/she is happy/willing to proceed.

Please be aware that prior notification and the proposed treatment identified is just that "proposed treatment". At the time of the treatment the consultant may change the treatment or may require to provide additional treatment. Therefore the actual treatment may differ from the proposed treatment. It is the actual treatment which will be eligible for reimbursement. Remember a patient is entitled to be reimbursed for the treatment actually provided not for the treatment which was indicated at prior notification but not provided.

The hospital abroad will schedule your inpatient or day case treatment.



Warning!!

It is our experience that consultant abroad often identify the incorrect code at Prior Notification stage. At reimbursement stage the HSE reserves the right to have a DRG code identified by a consultant abroad independently reviewed and it is the outcome of that independent review which will be used.

A patient may submit the invoice, receipt, proof of payment and proof of travel for the outpatient consultation at this stage or hold same and submit at the conclusion of all the treatment to be provided.



Step 4: Inpatient Care

Inpatient or day case treatment abroad. The patient will be given a date for the inpatient or day case treatment. The patient will likely be asked to attend the hospital early or even the night before for what is known as a pre-op assessment. Most hospitals abroad will require payment upfront before the patient is admitted for the treatment.

The patient is admitted, has the treatment and is then discharged.

The hospital will provide the patient with a discharge letter which will be addressed to the GP that referred the patient. Or the hospital may post the discharge letter directly to the GP.



Before leaving the hospital ask the consultant to fill in part B of the pro-forma invoice. The use of the pro-forma invoice form is optional but if it is fully completed in English, the NCP should have all the information required to process a reimbursement for the patient. For example the pro-forma invoice requires the consultant abroad to identify the DRG code for the treatment he/she has provide.

Step 5: Discharged

Upon discharge the patient should submit any and all invoices for the treatment he/she received. The following are the documents that should be submitted:

- Original invoice(s) from the hospital abroad.
- Original receipt(s) from the hospital abroad.
- Proof of payment.
- Proof of travel.
- Pro-forma invoice (optional but in the absence of same the patient will be required to provide documentation from the hospital abroad as to the DRG code of the treatment provided).
- Vendor form. The vendor form provides the details the HSE requires to transfer the reimbursement to the patient's bank account. The reimbursement will only be made to the patient except in certain circumstances e.g. parent of a child where the child is the patient.



Step 6: Reimbursement

Reimbursement is made as soon as possible upon receipt of all the necessary documentation but we aim to ensure it is received by the patient within 20 working days.

To achieve reimbursement the patient must be able to provide evidence that he/she has incurred the cost of the treatment and paid for that treatment to the hospital abroad directly. Proof of payment can take many forms for example:

- Cash register receipt.
- Credit/debit card receipt.
- Copy of the electronic fund transfer (EFT) from the patient's account to the account of the hospital abroad.
- Copy of bank draft in favour of the hospital abroad.

Patients should be careful to ensure they can demonstrate that they i.e. the patients, can demonstrate they incurred the cost. For example the HSE cannot accept any representation that someone else made the payment on the patient's behalf e.g. a relative, a friend, a charity, a medical tourism company etc.

Patients should ensure they make the payment to the hospital abroad directly. Payments made to a third party e.g. a medical tourism company, are not evidence of payment for treatment and will result in the application for reimbursement being declined.

WARNING: Are you or are you a dependent of a person who is in receipt of an income from another EU or EEA country?

If you are in receipt of an income from another EU or EEA country(ies) or are a dependent of a person who is in receipt of an income from another EU or EEA country(ies) you should contact the National Contact Point of the country or countries from which you receive the income to clarify if that country is responsible for reimbursing you. Certain persons for example pensioners or frontier workers (someone who works in one country but lives in another) etc., need to contact the country from which they receive the income to confirm entitlement to reimbursement as Ireland may not be the country which provides reimbursement. Persons who are in receipt of an income from the UK or Switzerland do not have entitlement to use the CBD as neither of these countries are party to the provisions of the Directive.