

## Directive 2011/24/EU – on the application of patients’ rights in cross-border healthcare

The Directive on Cross-border Healthcare 2011/24/EU enables European citizens to access health across borders and be reimbursed at home provided certain conditions are fulfilled.

- I. Some healthcare procedures and care might require **prior authorisation**. Examples of these are IVF and cancer treatment, the use of complex equipment such as MRI and CT scan and overnight stays (one night or more) in a health facility such as a hospital or clinic.
- II. Day care procedures and consultations usually do not require prior authorisation<sup>1</sup>.
- III. For prior authorisation (when necessary) **the applicant is to fill up the application form<sup>2</sup> and send it to [crossborderhealth@gov.mt](mailto:crossborderhealth@gov.mt) together with a referral ticket from an EU registered medical doctor preferably with expertise in the specific field**. The referral ticket should contain **the diagnosis, the expected treatment and why it is being suggested to have the treatment in another country**.
- IV. The administration reserves the right to review applications for prior authorisation and reimbursement to ensure where relevant that the referring medical doctor and treating health care professional is fully qualified and registered to undertake such a function, that the treating centre is licensed and operational, and that the standards of quality and safety of the treating centre are upheld (Directive 2011/24/EU Article 4 (b) (c)).
- V. Documentation in electronic format is preferred. Documents may also be sent in hard copy format to the National Contact Point [NCP] at the address listed below. The administration reserves the right to ask for hard copies of documents at any time during the operational process of a case.
- VI. The prior authorisation application and the referral ticket are then referred to the Cross-border Committee (the Treatment Abroad Committee [TAC]) for their assessment.
- VII. Outcome of VI. is usually given within a week or less by means of an official letter either in electronic format or hard copy.
- VIII. Communication with the TAC is through the NCP.
- IX. Reimbursement is provided at the rates of cost and tariffs of healthcare services rendered within the Maltese government Healthcare system.
- X. Travel, lodging, and food expenses are not reimbursable.
- XI. More information is found on the following url: <https://deputyprimeminister.gov.mt/en/cbhc/Pages/Cross-Border>.
- XII. Payment for healthcare services received is settled up front and out of pocket. Reimbursement is provided at a later stage after the necessary documents are assessed and costs are calculated according to local tariffs’ rates.
- XIII. The following documents will be necessary for reimbursement: medical report/s, details of healthcare e.g., investigations, interventions, invoices, and evidence of payment of the said invoices such as receipts of payment. A copy of the Identity Card or Resident Permit is also required.
- XIV. It is advisable that before travelling for medical treatment one consults this office to avoid misgivings arising from incomplete information or different classifications of healthcare procedures.
- XV. Medical care/procedures requiring prior authorisation and presented to the Cross-border Committee after treatment (retrospectively) will be refused.
- XVI. Any medical services or tests which are not conducted within local acceptable guidelines will not be reimbursed.
- XVII. The reimbursement process takes an average of 6 months.

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<sup>1</sup> Prior Authorisation list can be found here: [Prior Authorisation.pdf \(gov.mt\)](#)

<sup>2</sup> Prior Authorisation application form available on <https://deputyprimeminister.gov.mt/en/cbhc/Pages/Cross-Border> or [crossborderhealth@gov.mt](mailto:crossborderhealth@gov.mt)

## How to reclaim refund of expenses

Payments of healthcare services performed in other countries through the Directive are made up-front by the patient/client and reimbursement is effected later upon presentation of the requested documentation.

**Incurring costs must be supported by official invoices and other documentation as evidence that a fiscal transaction took place and that a healthcare episode was executed. The process follows guidelines and laws on the prevention of money laundering. Documents must be presented on official letter heads of the healthcare facility or treating professional.**

Reimbursement claims can be done using the reimbursement form: [url https://healthservices.gov.mt/en/cbhc/Documents/Cross\\_Border\\_Health\\_Care/Claim\\_For\\_For\\_Reimbursement.pdf](https://healthservices.gov.mt/en/cbhc/Documents/Cross_Border_Health_Care/Claim_For_For_Reimbursement.pdf)

### **i. Medical Report:**

Detailed medical reports are necessary as proof of the healthcare process and procedure/s carried out. Reports should be signed by the responsible healthcare professional.

### **ii. Invoice/s:**

Official invoices are required as a detailed record of the transaction between the healthcare provider<sup>3</sup> and the patient. Itemized invoices help us estimate the costs of each separate provided service and estimate fully the cost equivalent of local tariffs for reimbursement purposes. An itemized invoice might include routine and special laboratory investigations, x-rays, ultrasound, CT scans, PET scans and MRIs, number of days in an ITU setting and a normal ward setting, procedures, consultations, number of radiotherapy sessions, etc.

### **iii. Fiscal Receipt:**

A fiscal receipt is evidence that the patient has settled his/her dues with a foreign healthcare provider and proof that payment was realised/affected.

### **iv. Bank statement of debit advice:**

A bank statement or debit advice is issued by the paying bank and indicative of transfer of funds from the paying account to the service provider's account. (A tax invoice alone does not necessarily prove that the patient has affected payment – it is indicative that the services have been performed.)

### **v. Fiscal rectitude:**

Some patients may be unable to effect credit card transactions and cash payments may be required. In such cases they are to ensure that items **i. to iii.** above are provided and follow these instructions.

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<sup>3</sup> Healthcare Provider: Clinic/Hospital/Consultant/Specialist

All cash payments related to a single health complaint paid in a single or subsequent visits (such as investigations, treatment/s and follow-up consultations) should not exceed the stipulated limit of €10,000.00<sup>4</sup>.

Reimbursement of cases where cash payments exceed the €10,000 limit will have the health events' costs capped to this value, excluding any other expenses incurred automatically.

It is further notified that cash payments up to €3,000 for a single or combined healthcare treatments will effectively be reimbursable as per Malta tariffs. Cash payments between €3,000 and €10,000 will require prior approval from the Cross Border Healthcare Office beforehand, providing justification for cash payments of such large amounts. Such cases will be treated as an exception to the rule, where authorisation will be granted to proceed with such transactions.

Each case will be treated on its own merits.

*All documentation is to be provided to the National Contact Point on the following:*

*Electronic address: [crossborderhealth@gov.mt](mailto:crossborderhealth@gov.mt)*

*Postal address: 15, Palazzo Castellania, Merchants Street, Valletta, VLT1171.*

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<sup>4</sup>The Ministry for Health follows national and European Union guidelines on the prevention of money laundering as per L.N. 81 of 2021, on the Prevention of Money Laundering Act (use of cash restrictions) regulations. It is therefore being laid out that cash payments to health institutions in other EU countries is capped to a maximum of €10,000.