



EESSI – CDM 4.4

S - Sickness

S_BUC_06 - v4.4.0

Necessary or Scheduled Treatment – Reimbursement Rates

BUC Specifications

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Document history

Version	Date	Short Description of Changes
v0.1	12/10/2015	First draft of the document
	09/11/2015	As decided during the Sickness AHG Meeting on 4/11/2015 <ul style="list-style-type: none"> • Add call to sub-process Ad Hoc Information (H_BUC_01) • Delete "Claimant" information 6.1 Admin Process This point has been added with all admin processes available and suggestions to use the "Forward" and "Reject" ones.
v0.2	11/12/2015	The document has been updated with remarks and feedback received from AHG Members. Section 4.1: RUP Table Representation Step 8 is added Branch 2: H_BUC_01 available for Case Owner Branch 3: Forward is added for Counterparty Section 4.4: RUP UC Diagram updated Section 5.1 Case Owner and Counterparty BPMN diagram updated Document has been updated in order to be in line with presentation and content as proposed for the approval by the Administrative Commission Section 2.1: last sentence is removed Section 2.2: minor updates Section 4.2: Request – Reply SEDs added Section 4.3: Attachments allowed added Section 4.5: SED and Sub-process versioning added Section 5.3 is removed Section 6.1 is removed while replaced by section 4.5
v0.2.1	15/01/2016	Document has been updated with remarks / questions and feedback received from Germany and Belgium. Minor changes which do not impact the process itself have been implemented through the document. Section 2.1 Detailed description Some changes have been implemented. Section 4.1 RUP Table Description Reference to the "Member State of Residence" has been removed Section 5.2 Called Sub Processes

		Identify Participants has been updated. Section 6.1: Issue number 2: comment received from Belgium has been added. Issue number 4, comment received from Belgium has been added. Need an answer. Version number of the document has been changed to be in line with the convention M.m.p where: - M = Major version (e.g. Approved by AC) - m = Minor version (e.g. changes in the process) - p = Patch version (e.g. wording...any changes without any impact on the process itself)
v0.2.2	09/02/2016	Comments received from Germany have been implemented. Section 2.1 is renamed Section 3 Actors and Roles: Description of Case Owner is updated Section 4 RUP Table description Step 3 – last sentence is removed while duplicated with a special requirements
v0.3.0	21/06/2016	Alignment to the standard description and layout of the BUC.
v0.4.0	17/08/2016	Comments received from AC review have been implemented. Section 4.1 RUP Table Description Post conditions is updated
v0.99.0	21/09/2016	Candidate for AC approval. Remaining AC comments will be discussed during the AHG meeting the 4 th October 2016. More details related to these comments can be found in section 6.1 of this document
v0.99.1	17/11/2016	Last comments received from Germany and agreed by AHG members have been accepted in the document. As agreed by AHG members "Reminder" has been added for Case Owner and Counterparty. Section 4.1 has been updated (Branch 4 and 5 added) Section 4.4 has been updated (Reminder is added) Section 4.5 SED and Sub-process Versioning (Reminder is added) Submitted for AC Approval
v1.0.0	15/12/2016	AC Approved Version
v1.0.1	29/06/2017	-Included BPMN picture in section 5

		-Correction in horizontal sub-process table in section 4.5. - removed Use Case diagram
v4.1.0	09/08/2018	- Section 4.4: merged 2 tables (for SED & for Subprocesses) into 1 Artefact table. - Version adaptations to release 4.1.0.
v4.2.0	29/05/2019	Version adaptations to release 4.2.0.
v4.3.0	31/08/2021	- Implementation of Change Request EESSI-7338: add sub-process AD_BUC_06: - Section 4.1. Updated: add branch 6 to execute AD_BUC_06 - Table 4.4 updated: use of AD_BUC_06 - Version adaptations to release 4.3.0.
v4.4.0	06/12/2024	Update Branch 2 title to allow the CO to use the H_BUC_01 sub-process also after sending S067 and before receiving the S068, according to the EESSI-7337 CR.

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1. Introduction

1.1. Purpose

The purpose of this document is to construct an external view of the 'EESSI business system' as described in EC Regulations 883/2004 [R1] and 987/2009 [R2]. The 'EESSI Business System' describes the business and expected business processes without consideration as to which part(s) may be realised by an IT System (i.e. the proposed EESSI IT System).

The external view comprises of models and descriptions of business use cases, the services of a business system offered to business actors: customers, business partners, or other business systems.

A business use case is described from an actor's perspective; it describes the interaction between an actor and the business system, meaning it describes the behaviours of the business system that the actor utilises. The Business Use Case includes Use Case Diagrams and Business Process Models.

Use case diagrams show actors, business use cases, and their relationships. Use case diagrams do not describe procedures. Alternative scenarios also remain hidden. These diagrams give a good overview of the behaviours of the EESSI business system which will direct and govern part of the expected behaviours and functionality delivered by the EESSI IT System.

1.2. Scope

This document is limited to the external view of the Sickness' sector process concerning Necessary or Scheduled Treatment – Reimbursement Rates. The different elements like use case description, business actors, and business process as well as supporting UML diagrams and BPMN models pertaining to the Necessary or Scheduled Treatment – Reimbursement Rates.

1.3. Definitions, Acronyms and Abbreviations

Please see the EESSI Project Glossary [here](#).

1.4. References

#	Document Type	Document Name
R1	Basic Regulations EC (883/04)	Regulation EC No. 883/2004.pdf
R2	Implementing Regulations EC (987/09)	Regulation EC No. 987/2009.pdf

1.5. Overview

Chapter 1 introduces the external view on the business system under review and lists the elements of this specification.

Chapter 2 introduces the Necessary or Scheduled Treatment – Reimbursement Rates business process. This chapter gives a short and detailed description as well as a reference to the business process' legal base.

Chapter 3 lists the actors involved in the Necessary or Scheduled Treatment – Reimbursement Rates business process.

Chapter 4 describes in the Necessary or Scheduled Treatment – Reimbursement Rates business process based on the RUP use case template, as well as the relationship to other use cases.

Chapter 5 describes the Necessary or Scheduled Treatment – Reimbursement Rates business process using business process modelling notation (BPMN).

2. Description

2.1. Business Scenario

As the regulation dictates (Art. 19 and 27 of 883/04 [R1] and Art. 25 of 987/09 [R2]) the insured person and/or members of his family staying in a Member State other than the Competent Member State shall be entitled to the benefits in kind which become necessary on medical grounds during their stay, taking into account the nature of the benefits and the expected length of stay. These benefits shall be provided on behalf of the competent institution by the institution of the place of stay.

The insured person who is authorised by the Competent Institution to go to another Member State to receive the treatment appropriate to his/her condition shall receive the benefits in kind provided, on behalf of the competent institution, by the institution of the place of stay (Art. 26 of 987/09 [R2] and Art. 20 of 883/04 [R1]).

If the insured person has borne the costs of all or part of the benefits in kind, he/she may request reimbursement to the institution of the place of stay. In this case, that institution shall reimburse directly to the insured person the amount of the costs corresponding to those benefits within the time-limit of and under the conditions of reimbursement rates under its own legislation.

This particular case deals with the situation where the insured person has not requested reimbursement of the costs directly from the institution of the place of stay. In this situation, the costs incurred shall be reimbursed to the insured person concerned by the Competent Institution in accordance with the reimbursement rates administrated by the institution of the place of stay.

The institution of place of stay shall provide the Competent Institution, upon request, with all necessary information about these rates or amounts.

2.2. Legal Base

This Business Use Case document's legal base is described in the following Regulations

- Basic Regulation (EC) No 883/2004 [R1];
- Implementing Regulation (EC) No 987/2009 [R2].

The following matrix specifies the SEDs that are used in this Business Use Case and documents the articles that provide the legal basis for each SED.

SED	Basic Reg (883/04)			Implementing Reg (987/09)	
	19	20	27	25	26
S067	✓	✓	✓	✓	✓
S068	✓	✓	✓	✓	✓

Table 1: SED – Legal base relationship matrix

3. Actors & Roles

This chapter captures details of the actors which are important to understand the different types of system users. An actor is anyone or anything that exchanges data with the business system. An actor can be a user, external hardware or another system.

The overarching description of each actor described in this Business Use Case can be found in the Glossary. Below you will find a short description which provides further clarity of this actor within the context of this Business Use Case.

Actor name	Description
Case Owner	In this BUC the Case Owner is in most cases the Competent Member State who receives the claim from the insured person to reimburse the costs that he/she incurred for a necessary or scheduled treatment in a Member State other than the Competent Member State. In a minority of cases, the case owner will be the country of residence. The institution of place of residence is considered to be the competent institution only for cases when insured person lives in MS listed in Annex 3 of Reg.987/2009 [R2] and only for scheduled treatment.
Counterparty	In this BUC the Counterparty is the Member State of the place of treatment where the insured person received necessary or scheduled treatment. This Member State can only be the Member State of Stay

Table 2: Actors & Roles

4. Use Case

4.1. RUP Table Representation

Use Case ID:	S_BUC_06		
Use Case Name:	Necessary or Scheduled Treatment – Reimbursement Rates		
Created By:	EESSI BA Team	Last Updated By:	EESSI BA Team
Date Created:	12/10/2015	Publication Date:	06/12/2024
Actors:	Case Owner Counterparty		
Description:	<p>This case deals with a situation where an insured person has received necessary or scheduled treatment in another Member State other than the Competent Member State and, she/he has incurred the costs for received treatment in the Member State of Stay.</p> <p>The insured person requests from her/his Competent Member State the reimbursement for the costs they have incurred.</p> <p>The Competent Institution requests from the Member State of Stay the information about the reimbursement rates to be reimbursed to the insured person.</p>		
Trigger:	The Competent Member State is requested by the insured person to establish the reimbursement rates that the insured person has incurred for all or parts of benefit in kind.		
Preconditions:	<p>The insured person received the necessary or scheduled treatment outside the Competent Member State.</p> <p>The insured person has incurred costs in the Member State of Stay in which treatment was provided.</p>		
Post conditions:	The Competent Institution is informed about the reimbursement rate.		
Main Scenario:	<p>Identify Participants</p> <ol style="list-style-type: none"> 1. The Case Owner (Institution in Competent Member State) identifies the Member State of Stay where the insured person has received the necessary or scheduled treatment; 2. The Case Owner then identifies the correct institution (Institution in Member State of Stay). There will be only one Counterparty. The Case Owner and the Counterparty are herein collectively referred to as the Participants. <p>Process to Request for reimbursement rates</p> <ol style="list-style-type: none"> 3. The Case Owner fills in the Request for reimbursement rates (S067) by entering requested information; <p>The nature of treatment should be indicated by selecting the appropriate checkbox in the section 3.2 (necessary or scheduled treatment);</p> <p>The receipt concerning the necessary or scheduled treatment should be provided as an attachment to the request. The Case Owner shall start S_BUC_06 for each case for which he/she wishes information on reimbursement rates.</p> <p>S067 can concern a family member and not necessarily the insured person;</p>		

	<p>4. The Case Owner sends the S067 to the Counterparty.</p> <p>Process to Reply to reimbursement rates - Stay</p> <p>5. The Counterparty receives the S067;</p> <p>6. The Counterparty fills in the Reply reimbursement rates - stay (S068) with the required information to inform the Competent Member State about the applicable reimbursements; Information about the total amount to be reimbursed can be indicated;</p> <p>The Counterparty may indicate the amount for which no reimbursement is foreseen;</p> <p>Some additional information in respect of reimbursement rates can be provided in section 3.5;</p> <p>7. The Counterparty sends the S068 to the Case Owner;</p> <p>8. The Case Owner receives the S068;</p> <p>9. This use case ends here.</p>
Alternative Scenarios:	<p><i>The Following Branches Determine the use of Horizontally Defined Sub Processes within this Business Process</i></p>
	<p><i>Branch 1: Between [step 5] and [step 6] the Counterparty may optionally choose to request AdHoc Information from Case Owner</i></p> <p>1. The Counterparty executes business use case <i>H_BUC_01 – Adhoc Exchange of Info;</i></p> <p>2. [This Branch] Ends.</p>
	<p><i>Branch 2: At any step after [step 4] the Case Owner may optionally choose to request AdHoc Information from Counterparty</i></p> <p>1. The Case Owner executes business use case <i>H_BUC_01 – Adhoc Exchange of Info;</i></p> <p>2. [This Branch] Ends.</p>
	<p><i>The Following Branches Determine the use of Administrative Defined Sub Processes within this Business Process</i></p>
	<p><i>Branch 3: At [step 5] the Counterparty may optionally choose to Forward this Business Process to another Competent Institution within its MS who assumes responsibility for handling it.</i></p> <p>1. The Counterparty executes business use case <i>AD_BUC_05 – Forward Case;</i></p> <p>2. [This Branch] Ends.</p>
	<p><i>Branch 4: After Branch 1 [step 1] Counterparty may optionally choose to send a reminder in order to receive answer to Ad Hoc Information expected and not yet received</i></p> <p>1. The Counterparty executes business use case <i>AD_BUC_07_ – _Reminder;</i></p> <p>2. [This Branch] Ends</p>
	<p><i>Branch 5: At any step after [step 4] Case Owner may optionally choose to send a reminder in order to received Information</i></p>

	<p><i>expected and not yet received</i></p> <ol style="list-style-type: none"> 1. The Case Owner executes business use case <i>AD_BUC_07_ - _Reminder;</i> 2. [This Branch] Ends
	<p><i>Branch 6: at any step after [step 4] the Case Owner may choose to advise the Counterparty that their S067 is Invalid under Art 5 of 987/09</i></p> <ol style="list-style-type: none"> 1. The Case Owner executes business use case <i>AD_BUC_06 - Invalidate_SED;</i> 2. Optionally, the Case Owner fills in a " Request for reimbursement rates" (S067) by entering all the required data; 3. Optionally, the Case Owner sends the S067, including any attachments, to the Counterparty; 4. [This Branch] Ends
Exceptions:	None
Includes:	See diagram at part 4.4
Special Requirements:	<p>SR0: General Rule As the BUC is individualized the case can concern only one person.</p> <p>SR1: Rules about the invoking of Branches:</p> <p><u>Horizontal</u> [Branch 1] – May be invoked more than once. [Branch 2] – May be invoked more than once.</p> <p><u>Administrative</u> [Branch 3] – May be invoked once only when the first SED is received by Counterparty and before sending the answer [Branch 4] – May be invoked more than once. [Branch 5] – May be invoked more than once.</p>
Assumptions:	
Notes and Issues:	

4.2. Request – Reply SEDs

The following table specifies the SED that have a logical pairing to one another, usually this is known as a request-reply pair.

REQUEST SED	REPLY SED(s)
S067	S068

4.3. Attachments Allowed

The following table specifies whether attachments are permitted to be included when sending a SED type.

SED	Attachments
S067	Allowed
S068	Allowed

4.4. Artefacts used

The following table specifies the artefacts that are used in this Business Use Case.

Artefact name	Artefact type
S067	SED
S068	SED
H_BUC_01_Subprocess	BUC
AD_BUC_05_Subprocess – Forward Case	BUC
AD_BUC_06_Subprocess – Invalidate SED	BUC
AD_BUC_07_Subprocess – Reminder	BUC
AD_BUC_11_Subprocess – Business Exception	BUC
AD_BUC_12_Subprocess – Change of Participant	BUC

5. Business Processes

This chapter describes the Business Use Case Necessary or Scheduled Treatment – Reimbursement Rates using BPMN 2.0.

5.1. Main Process

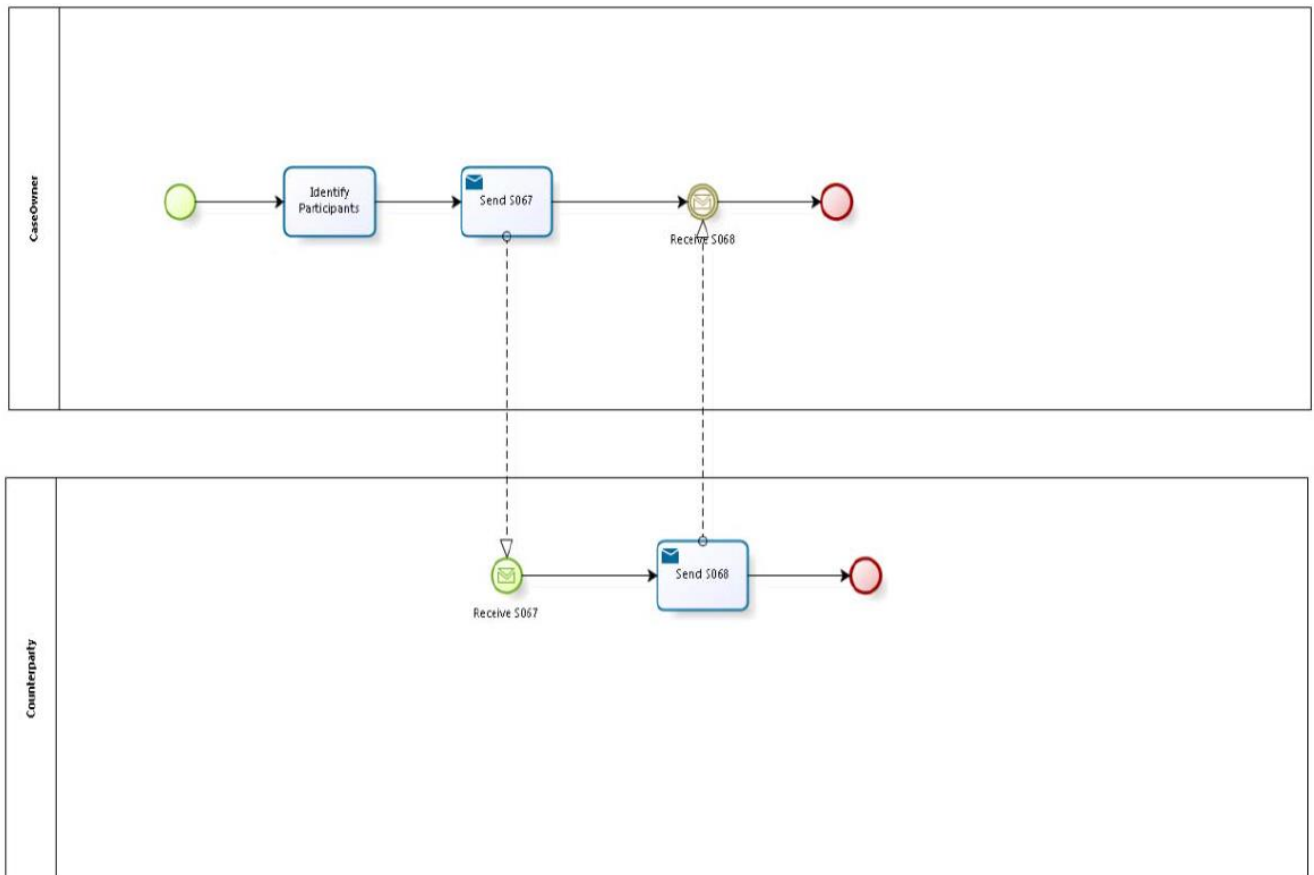


Figure 1: depicts the use case end-to-end for the Case Owner and Counterparty, from a high level.

5.2. Sub Processes

Not applicable.

6. Appendices

6.1. Issues

#	Issue date	Description	Replies	Action/Resolution	Close date
1	09/11/2015	Could the "Forward" option be used in this BUC after the counterparty has received the S067 in order to Forward the case to the right institution in his Member State	As agreed, Forward will be implemented for Counterparty at the beginning of the process	Document is updated	16/12/2015
2	09/11/2015	Could the "Reject" option be used in this BUC after the counterparty has received the S067 in order to Reject the case if the counterparty is not the competent institution which should handle the case?	<p>We do not support this option, because this "rejection" SED in fact provides nothing more than horizontal information. H001 can serve the same purpose.</p> <p>If the SED can be updated with additional codes to be used; there is no need to "invalidate" option.</p> <p>Some codes should be added on the S068:</p> <ul style="list-style-type: none"> - No reimbursement - Not competent <p>Comment received from Belgium:</p> <p>Some other codes to be added to the S068 might be e.g.</p> <p>*No annexes (= no annexes joint to S067, thus, no reimbursement)</p> <p>* See comments on annexes.</p>	SED S068 should be updated with additional codes.	16/12/2015
3	11/12/2015	<p>Comment received from CZ:</p> <p>It should be possible to start the horizontal process or sub process anytime throughout the whole BUC by every party. This allows</p>	As agreed, H_BUC_01 will be available for Case Owner after receiving S068	Document is updated	16/12/2015

#	Issue date	Description	Replies	Action/Resolution	Close date
		counterparty to inform about its incompetence for proceeding of SED, or about probably more suitable institution. No other admin messages are needed.			
4	11/12/2015	<p>Main Scenario – step 6</p> <p>Comment received from FR:</p> <p>Currently when we send a S068 with only the amount it's rejected by counterparties (UK for example). They ask all the time for a detailed answer. I mean for each treatment we have to indicate for them the reimbursement rate and if the treatment isn't reimbursed, we have to specify the reason. Which mean that in the future the clerk will have to fill in some documents, to scan them and to attach them to S068. And what if we will be limited in the size of the attachment?</p> <p>France suggests changing the SED S067 and S068 by adding on each of them a section "Details of Reimbursement rates". This section could be a table with the following columns (treatment, provider, amount, reimbursement rate, reason for non-reimbursement). The transposition of data will make easier the filling of S068 while the new section will avoid updating S067 attachments in order to provide detailed reimbursement rates.</p> <p>Comment received from UK</p> <p>If the answer to 3.2 is No I am presuming the reason for rejection will be given at 3.5 Additional information on reimbursement?</p> <p>Comment received from Belgium</p> <p>BE is opposed to adding new tables with detailed information on health services because</p> <p>* from an administrative point of view very labour intensive and would make this e-process much</p>	<p>During the Conf. call 11/12/2015 it has been decided that it is preferred to introduce the necessary information on the SED. It means that if a solution can be found on the SED level, the process will not change.</p> <p>BUT if a solution cannot be found on the SED level, it could have an impact on the process.</p> <p>Comment received from Germany</p> <p>We agree with France that we need more pre-defined fields in SED S068 so that one does not need to use free text under field Nr. 3.5. We shall discuss it in the AHG.</p>	<p>Some checks to do:</p> <ul style="list-style-type: none"> - verify if there is legal basis to put the global amount. - verify if additional action is necessary in case of no reimbursement <p>Proposition to be done in order to update the SED according to the added information required.</p>	

#	Issue date	Description	Replies	Action/Resolution	Close date
		<p>"heavier" than the current process on paper;</p> <p>* raises the margin of errors (e.g. mistakes when copying data in a table, ...).</p> <p>BE proposals:</p> <p>(i) could the problem mentioned by France not be solved by</p> <p>* mentioning the total amount on the SED S068,</p> <p>* and make <u>use of Acrobat Writer</u> to mention individual reimbursement amounts on the scanned document/invoices attached to the SED S067, and attached them again to the SED S068?</p> <p>(ii) to meet the (apparent) need for more information when there is no reimbursement BE suggesting <u>inserting at the end of box 3 of SED S068</u>, the mention of "Please fill in the following if "Information on reimbursement costs" = "NO" followed by different options such as private</p>			
5	11/12/2015	<p>Comments received from FR:</p> <p>Invalidate SED: " Yes, if the process owner sends the request to an incorrect institution and would like to withdraw it."</p> <p>Reject SED: "OK for us"</p>		See comments 2	16/12/2015
6	15/01/2016	<p>Section 2.1 "Detailed Description"</p> <p>Comment received from Belgium about the sentence beginning with "The authorization is accorded..."</p> <p>This restriction to the situation of "residence outside the CMS" is not correct because a prior authorisation can also be issued to an insured person residing in the CMS. The reference is the benefit package of the MS of Residence.</p>		This remark will not be implemented due to the fact that all the sentence has been removed (see comment received from Germany)	15/01/2016
7	15/01	Section 3 "Actors and Roles"			

#	Issue date	Description	Replies	Action/Resolution	Close date
	/2016	<p>Comment [cs3791-2] received from Belgium</p> <p>" REMINDER: the concept of the Competent Member State (CMS) is slightly different in the situation of health care provided under an EHIC or a document S2:</p> <p>* EHIC = CMS is the MS where the insured person is actually insured for his health care, and which bears the cost of the treatment;</p> <p>* S2 = CMS is the MS which bears the cost of the treatment and that is (i) the MS where the insured person is actually insured for his health care or (ii) the MSR if that MS is reimbursed on the basis of fixed amounts (= MS listed in Annex 3 of R.987/2009) by the "actual" CMS.</p> <p>The Case Owner can be</p> <p>* EHIC: the CMS in the situations where the insured person resides in the CMS or resides in MS other than the CMS if the MSR is reimbursed on the basis of actual amounts; or</p> <p>* S2: the (i) CMS in the situations where the insured person resides in the CMS or resides in a MS other than the CMS if that MSR is reimbursed on the basis of actual amounts, or (ii) the MSR if the insured person resides in MS other than the CMS if that MSR is reimbursed on the basis of fixed amounts (= MS listed in Annex 3 of R.987/2009) by the "actual" Competent State."</p> <p>Comment received from Germany</p> <p>Belgium raises here an important point, but we do not entirely agree on the description</p> <p>In our view, the counterparty is in BUC 06 always an institution of the MS of stay where the treatment was given. Only this institution can do the requested tariffication.</p>			

#	Issue date	Description	Replies	Action/Resolution	Close date
		<p>The point Belgium stresses here seem to be a question of the <i>case owner</i>. As a rule, this is the competent MS with only one exception: Insured person resides in another MS – cost settlement via fixed amounts – the MS of residence has to bear the costs of a planned treatment in another MS.</p> <p>We talked with Chris Segaert about this, and he agreed.</p>			
8	15/01/2016	<p>Section 3: Actors and Roles</p> <p>Belgium proposes to update the definition of Counterparty as followed: "<i>In this BUC the Counterparty is the Member State of the place of treatment where the insured person received necessary or scheduled treatment. This Member State can be either the Member State of Residence Member State of Stay</i></p> <p>Comment [cs3791-3] received from Belgium</p> <p>BE believes that the MSR can never be a Counterparty because an insured person:</p> <ul style="list-style-type: none"> * either resides in the CMS, or * if he resides outside the CMS, he is entitled to health care in his MSR on the basis of a document S1 (or SED S072/073) but not on the basis of an EHIC or S2. <p>The Counterparty can be:</p> <ul style="list-style-type: none"> * EHIC: the MS of Stay; * S2: (i) the MS of Stay, or (ii) the "actual" CMS in the situation where the insured person resides in a MS other than the CMS if that MS is reimbursed on the basis of fixed amounts (= MS listed in Annex 3 of R.987/2009) by the "actual" Competent State, and the "actual CMS" is not listed in Annex IV of R.883/2004 (more rights to pensioners). <p>Proposal: delete mention of "the Member State of Residence".</p>		"Member State of Residence" has been deleted as proposed also by Germany.	15/01/2016

#	Issue date	Description	Replies	Action/Resolution	Close date
9	15/01/2016	<p>Section 3: Actors and Roles</p> <p>Belgium proposes to update the definition of Counterparty as followed: " <i>In this BUC the Counterparty is the Member State of the place of treatment where the insured person received necessary or scheduled treatment. This Member State can be either the Member State of Residence Member State of Stay or – in the case of planned healthcare – the Competent Member State which has to bear the cost of health care of the insured in the Member State of Residence when the Member State of Residence is reimbursed on the basis of fixed amounts (= listed in Annex 3 of Regulation (EC) 987/2009) and the Competent Member State is not listed in Annex IV of Regulation (EC) 883/2004.</i></p> <p>Cf. comments [cs3791-2] and [cs3791-3].</p> <p><u>Consideration/proposal</u> given that the both the Case Owner and the Counterparty are not necessarily the same institutions in the situation of an EHIC and an S2, BE would recommend that – for reasons of clarity – this BUC be split up in a S_BUC_06a (EHIC) and S_BUC_06b (S2). This does not affect the SEDs S067 and 068.</p>	<p>What do you think about the proposition to split the BUC in 2 others?</p> <p>Answer received from Germany</p> <p>For the reasons mentioned above, an additional BUC doesn't seem to be necessary. Belgium agrees.</p>		
10	21/06/2016	BPMN diagram must be split into Case Owner and Counterparty separate diagrams.		Scheduled for update.	
11	21/09/2016	<p>P. 11/ 4.1 / Main Scenario</p> <p>There should be foreseen the possibility to send S068 SED concerning the same case more than once (not update but to add a loop). It is quite common in paper exchange (E126) that the reimbursement rate indicated on E126 form is subject to correction. Mostly it is because, e.g.:</p> <ul style="list-style-type: none"> - MS of stay does not refer to all receipts attached to E126 form. - The reimbursement rate indicated 	<p>From AHG members point of view, there is no need to send S068 more than once:</p> <ul style="list-style-type: none"> - either the Counterparty waits till the complete information can be sent; - either if incomplete information has 	No change	23/11/2016

#	Issue date	Description	Replies	Action/Resolution	Close date
		<p>on E126 form is not equivalent to the sum of reimbursement rates indicated on attached receipts.</p> <p>- The reimbursement rate indicated on E126 is higher than the insured person had paid.</p> <p>Business use case S_BUC_06 does not foresee sending S068 more than once.</p>	<p>been received, Case Owner sends H001 in order to request the additional / missing information</p> <p>- either the Case Owner starts a new case by requesting missing information</p>		
12	21/09/2016	<p>p. 10 and 11 / 4.1 / Main scenario - step 3 and 6</p> <p>The described process is based on the invoices which are to be attached both to the request and reply. The significant number of attached PDF which are sent between the MS will be a burden for the system and might cause an efficiency problems. The same problem is with the AWOD BUC for reimbursement rates (AW_BUC_03). Perhaps this process should be modified to include typing in the data in the SED instead of attaching the files. It is important to inform Competent Institution about reimbursement rates for each receipt separately. It is quite common that insured person requests a specifics when the reimbursement rate is lower than she or he paid.</p>	Currently, AHG members does not support this possibility to include the data in the SED.	No change	23/11/2016
13	21/09/2016	<p>p. 11 / 4.1 / Alternative scenarios</p> <p>Process does not allow informing the Case Owner that the receiver of the message (S067) is not the competent one (incorrect receiver). The only possible action is to reply with S068 which only allows indicating the reimbursement rates. Even if the amount will zero, there is no possibility to inform that the zero is due to the lack of competence and not because there is no reimbursement. AD_BUC_09_Subprocess - Reject SED is necessary.</p>	AHG members suggest adding information "Member State cannot answer" to the SED. By adding a negative answer, there is no need to use Admin BUC "Reject".	No change in the document.	23/11/2016

#	Issue date	Description	Replies	Action/Resolution	Close date
14	21/09/2016	<p>11/Branch 2</p> <p>H_BUC_01 can only be invoked after step 8. In the other BUCs we have reviewed it has been moved to the beginning of the process for the case owner to be able to utilise H_BUC_01 at any point after they have sent the initial SED. We feel this should be replicated in the BUC.</p> <p>If the case owner decides to query the reimbursement amount using H_BUC_01 after step 8 there is no way for the counterparty to supply an updated S068 to advise if a further reimbursement is appropriate. This is ok if the counterparty is allowed to make a reimbursement on the strength of the reply to H_BUC_01 but if a further S068 is needed what is the solution?</p>	AHG members agreed on your suggestion.	The last version of the document has been updated according to your suggestion.	23/11/2016
15	23/11/2016	<p>BPMN diagrams will be updated.</p> <p>"Reminder" will be added for Case Owner and Counterparty</p>		Scheduled for update	