

<b>A.C. 066/25</b>
<b>Finland's note concerning the need for further discussions on the need to be careful before submitting a claim</b>
<b>Finland – 11.4.2025</b>

Orig. EN

**ADMINISTRATIVE COMMISSION  
FOR THE COORDINATION OF SOCIAL SECURITY SYSTEMS**

**Note from Finland on 11 April 2025**

**Subject: Further discussions on the need to be careful before submitting a claim**

At the 143<sup>th</sup> meeting of the Audit Board held in November 2024 the Member States discussed the question of credit notes issued shortly after submitting the claim. This discussion was initiated by Austria in their note (AC 195/24). The Austrian delegation asked the Member States to carefully check the claim before it is submitted to avoid unnecessary additional administrative work.

The Finnish delegation wants to thank Austria for raising this issue and wants to continue this discussion especially from the point of view of the entitlement documents supporting the claim. The case handlers in Finland have noticed that a number of contestations are due from the fact that the claim is not based on a valid or correct entitlement document. This additional administrative work could according to Finland have been avoided if the entitlement document carefully would have been checked before submitting the claim.

Finland has for example noticed the following avoidable situations:

- The registration of the entitlement document (e.g. portable document S1) has not been completed in the Member State of residence before submitting the claim. The claim cannot be handled and paid before the registration of entitlement document has been completed and submitted to the competent Member State.
- The portable document S1 has already been cancelled by the competent Member State.
- The validity of the entitlement document has already ended by the time of treatment and the Member State of treatment/residence should have been aware of the fact (e.g. the EHIC has expired or the person has died in the Member State of Residence).
- Claiming reimbursement for actual costs when it is question of a person for whom the Member State is claiming reimbursement for fixed amounts for the same time period.

Finland has also noticed that some Member States tend to report treatment periods on the claim for the whole year rather than for the actual treatment period (e.g. 1 day). This will not cause challenges if only one claim is submitted per calendar year. However, if two or more claims are submitted during the year, this easily result in an impression that it is a question of double invoicing.

The Finnish delegation would be interested to know whether other Member States have had the same experiences and asks the other delegations to convey the request to their case handlers

to be precise and careful before submitting the claim. It cannot be the sole responsibility of the case handlers in the competent Member State to detect and correct mistakes in the underlying supporting documents.

Regretfully the Finnish delegation also finds the need to point out that radio silence cannot be considered as fulfilling the legal obligation to cooperate to ensure the correct implementation of this Regulation (article 76.4 Regulation 883/2004). Hopefully all delegations of the Audit Board could agree to work together to encourage the case handlers in our respective Members States to make every effort to reply to messages sent through the EESSI system or otherwise. An effective and speedy exchange of information would allow claims and related disagreements or shortcomings to be resolved quickly and efficiently and this would reduce administrative burden for all the Member States involved.