



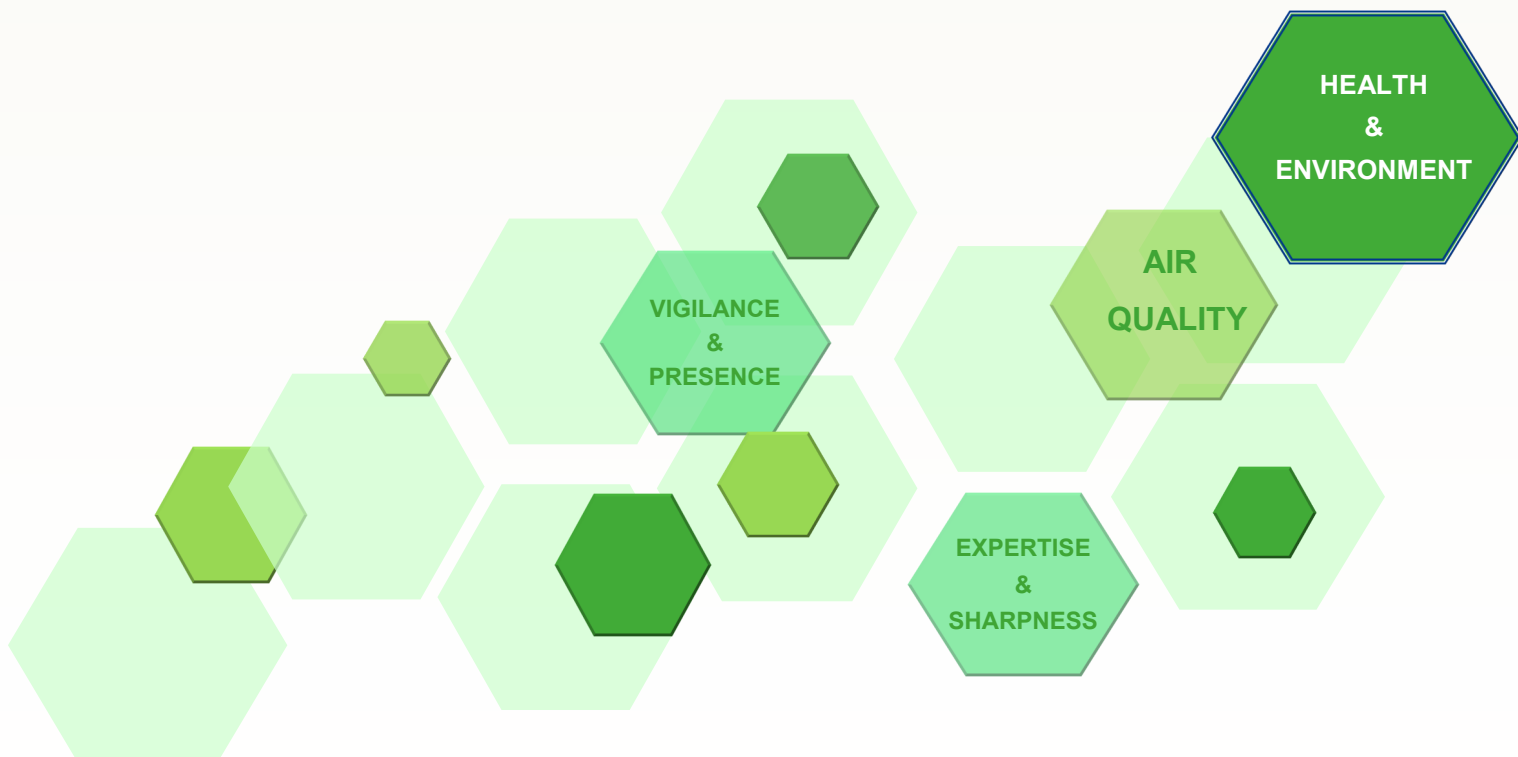
JSIS

Joint Insurance and Sickness Scheme

In order to preserve your health, we have ...

Thanks to these actions, we were able to obtain ...

R&D requests...



SUMMARY

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Dear colleagues,

Whatever it is, physical or mental, health is one of the pillars of the constitution of the human being. It helps to foster the balance between private life and professional life.

R&D has always been sensitive on this crucial point of the life of each colleague.

In addition to the fact that **R&D** is committed to implement various actions to preserve the occupational health of staff, **R&D** also fought to preserve our Joint Insurance and Sickness Scheme despite the virulent attacks of the Council.

Faced with a somewhat alarming assessment of the operational results of the JSIS, **R&D** was able to prove during the negotiations on the 2014 reform the financial viability of JSIS as well as the absence of a structural deficit. **R&D** insisted that the reimbursement rules in place should be maintained in parallel with the sound management of JSIS, which would ensure the balance of the system.

In order to preserve your health, we have:

- ⇒ launched an online survey on the quality of services provided by the PMO in the field of JSIS;
- ⇒ circulated the results with recommendations to the competent services.

Thanks to these actions, we were able to obtain:

- ⇒ a financial balance: which gives a guarantee of the sustainability and longevity of the scheme ;
- ⇒ a reduction in payout delays;
- ⇒ a greater contact efficiency: of PMO CONTACT;
- ⇒ the 100% coverage of medical care and the hospital package, with a fee waiver, in case of serious illness;
- ⇒ the Improvement of preventive medicine: with the return of the screening programme previously suspended.

R&D requests:

- ⇒ a close monitoring of dependence and disability ;
- ⇒ for cases of serious illness:
 - a better supervision;
 - a support for colleagues on extended leave;
- ⇒ an adapted screening programme and a complete annual medical examination;
- ⇒ a medical service closer to the needs of the staff.

**Note à l'attention de M. Lemaître
Directeur du PMO**

Objet: résultats de l'enquête de satisfaction concernant la qualité des services rendus par le PMO dans le domaine du RCAM lancée par R&D

R&D a reçu de nombreuses plaintes de collègues concernant tant les difficultés croissantes rencontrées par le PMO lors de la gestion des dossiers RCAM que le fonctionnement de l'outil "RCAM en ligne".

A cet effet, soucieux de la qualité du service rendu et des conditions de travail du personnel du PMO, R&D a lancé une enquête en ligne via le module "EU-Survey" du 21 mai au 04 juin 2015 qui s'adressait à tout le personnel de l'Institution. Cette enquête consistait à se pencher sur trois points particuliers: "Vous et votre sentiment global", "Le RCAM en général" et "Le RCAM en ligne".

3202 collègues ont participé à cette enquête. Nous avons également pris en compte les résultats de l'enquête qui a été lancée par le Comité du personnel du Parlement européen.

Ainsi, nous avons pu établir une analyse claire et précise de l'état de ce dossier.

Concernant le point "Vous et votre sentiment global"

Les collègues sont confrontés à des problèmes récurrents tels que:

- de longs délais de remboursement des frais médicaux,
- une dégradation de la qualité de service,
- un contact humain inexistant avec le médecin conseil,
- un refus de certaines demandes d'autorisations préalables sans justificatifs,
- une mauvaise gestion des dossiers concernant les maladies graves

Concernant le point "Le RCAM en général"

La majorité des collègues est informée des taux de remboursement pratiqués, cependant la notion d'excessivité est méconnue pour 72% d'entre eux.

Les collègues ont constaté une diminution des remboursements de certaines prestations sans recevoir de justificatifs satisfaisants.

Bien que les collègues de Bruxelles soient au courant des conventions passées entre le RCAM et les hôpitaux, ceux de Luxembourg n'en ont pas connaissance alors que les tarifs sont excessifs dans ce lieu d'affectation.

Quant au contact téléphonique, les délais d'attente sont beaucoup trop longs et les réponses obtenues souvent insuffisantes.

Concernant le point “le RCAM en ligne”

Plus de 90% des collègues utilisent ce nouvel outil dont la majorité le trouve facile d'accès. Or, pour 23% d'entre eux, il est significatif de perte de temps due à l'encodage des données et au fait de scanner les documents. De plus, avec la mise en place de ce nouvel outil, les délais de remboursement n'ont fait qu'augmenter.

En conclusion, les résultats obtenus reflètent une situation d'insatisfaction et de malaise de la part des bénéficiaires.

Cette enquête nous a également permis de nous pencher sur les conditions de travail de nos collègues du PMO qui se dégradent de façon alarmante.

Si, lors des négociations concernant la Réforme 2014, R&D a pu prouver la viabilité financière du RCAM ainsi que l'inexistence d'un déficit structurel et si, R&D a insisté afin que les règles de remboursement en place soient maintenues en parallèle d'une gestion saine du RCAM afin de garantir l'équilibre du système, ceci ne permettait en aucun cas:

- **une interprétation erronée des règles de la part des bureaux liquidateurs,**
- **une mise en cause de la sollicitude dont il faut faire preuve pour les personnes malades,**
- **une dégradation des conditions de travail des collègues du PMO.**

De plus, un dialogue de qualité et utile avec la représentation du personnel impose comme point de départ des constats partagés et une analyse sereine et objective des faits.

A cet égard, nous nous réjouissons qu'à l'occasion de votre participation à la séance plénière du Comité du personnel du Conseil et en présence de l'Administration, vous avez reconnu les problèmes rencontrés dans la gestion du RCAM en ce qui concerne les délais de remboursement, les prises en charge, l'amélioration de la communication et vous vous êtes formellement engagé à tout mettre en œuvre pour les surmonter. Il s'agit des mêmes problèmes que la représentation du personnel soumet à votre attention depuis des années et qui ne reçoit pas la même écoute de votre part.

Dans ce contexte, nous espérons que l'esprit d'ouverture que vous avez démontré à l'occasion de votre rencontre au Conseil soit le début d'un nouveau dialogue aussi à la Commission et dans ce contexte, nous tenons à vous confirmer tout notre engagement à y contribuer.

Compte tenu de ce qui précède et compte tenu des [résultats détaillés de l'enquête](#) ainsi

que du [Renard Déchaîné “Spécial RCAM”](#) que nous vous invitons à consulter, **R&D** vous préconise de suivre les recommandations suivantes:

1. Concernant les bureaux liquidateurs

- Etablir une nette amélioration de la qualité du service en favorisant la diminution des délais de remboursement, la création d'un centre d'appel, le suivi des dossiers par les bénéficiaires, la garantie d'une égalité de traitement dans chaque lieu d'affectation ainsi que le contact humain,
- Adopter une gestion saine des règles de remboursement en favorisant la création d'une carte RCAM et en justifiant tous les rejets,
- Améliorer l'utilisation de l'outil “RCAM en ligne”.

2. Concernant les conditions de travail au sein du PMO

- Procéder à un exercice de screening,
- Procéder à un audit des conditions de travail
- Pallier la surcharge de travail

Nous restons à votre disposition pour toute information complémentaire et dans l'attente de vous rencontrer.

Cristiano Sebastiani,

Président

Le Renard Déchaîné—SPECIAL RCAM



Le Renard Déchaîné

Journal de Renouveau et Démocratie, syndicat du personnel de la fonction publique européenne PUBLICATION 10.2015|RENOUVEAU ET DEMOCRATIE RUE DE LA LOI, 200 B-1000 BRUXELLES|Tél: +32 02 29 55676| OSP-RD@ec.europa.eu|http://www.renouveau-democratie.eu

SPECIAL JSIS

JOINT SICKNESS INSURANCE SCHEME



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Editor:
Cristiano Sebastiani

October 2015



OUR HEALTH!

Whatever it is, physical or mental, health is one of the pillars of the constitution of the human being. It helps to foster the balance between private life and professional life.

It does not exist in the world a person with an iron constitution. Sooner or later we will be facing directly or indirectly certain diseases whether they are seasonal, related to the functioning of our body, serious, in connection with our working conditions or even that they are catching up us in the old age.

To address these various stages of short- and long-term duration, it is necessary to feel safe about the financial expenditure that can cause our state of health, including medical assistance which may be granted during our disabling period.

A good social coverage can help us to face more serenely those moments of our lives, sometimes painful and lived out in solitude.

R&D has always been sensitive on this crucial point of the life of each colleague.

For these reasons, in addition to the fact that R&D undertook to establish various actions for safeguarding health of staff at work. R&D also fought to preserve our Joint Sickness Insurance Scheme (JSIS) despite the sharp attack of the Council.

With such an alarming operational results of JSIS, R&D demonstrated during the negotiations of the 2014 reform the financial viability of the JSIS and the non-existence of a structural deficit. R&D stressed that the reimbursement rules in place should be maintained in parallel with a sound management of JSIS, thus ensuring the balance of the system.

If it is important to ensure consistency and fairness in the application of rules across all sites and settlements offices, punish any abuse found and to ensure a sound management of the JSIS, this must not jeopardize the care that needs to be shown for sick persons or the obligation to ensure the quality of working conditions of colleagues of PMO's Settlements Offices.

In reply to your various complaints concerning the new rules on reimbursement of medical expenses, and the long waiting times, R&D decided to launch an online survey on the quality of services provided by PMO in the field of JSIS. Results reflect your experiences and expectations. We have also taken into account the results of the survey launched by the Staff Committee of the European Parliament.

From now on, we will initiate surveys for each dossier requiring your opinion, in order to be closer to you and your expectations.

This special dossier "JSIS" drafted with your valuable collaboration will enable us, we hope, to provide you answers in full transparency.

We wish you a happy reading!

R&D team

JSIS

Joint Sickness Insurance Scheme

A JSIS, WHY?

The scheme guarantees to persons covered by it the reimbursement of expenses incurred in the event of illness (including serious and work-related diseases), accident and maternity, as well as the payment of a death grant and care allowances (in the latter case it is rather a social expenditure).

WHO BENEFITS?

1. The members: officials, temporary agents, contractual agents and pensioners
2. Persons covered by members' insurances: spouses, recognized partners, children, Persons treated as dependent children
3. Complementarity

In 2013, there were 76 455 members, an increase of 68 % over 10 years and 152 852 beneficiaries, an increase of 62.9 % over 10 years.

The ratio of 2 beneficiaries per member remains unchanged for several years.

REFERENCE TEXTS

The JSIS is governed by articles [72](#) and [85](#) of the Staff Regulations, articles [28](#), [95](#) and [112](#) of the Conditions of Employment of Other Servants, the [Joint Rules](#) on insurance against the risk of accident and of occupational disease of officials and the [general implementing provisions](#).

FINANCIAL SITUATION

During the period 2009-2013, the operational result of the exercise was a permanent deficit. The deficit amounted to

6.5 % of operating expenditure in 2009, 6.1 % in 2012 and 3.9 % in 2013. Over the same period, the non-operating result is not sufficient to compensate for the operating deficit.

The financial situation of the scheme should be monitored.

The reasons?

- * Increase in the price of care and medical interventions without means of rapid actions by the Joint Sickness Insurance Scheme,
- * High hospital charges
- * Salary adjustments for 2011 and 2012 limited to 0.8 % and wage freeze in 2013 and 2014,
- * Recruitment policy, career development...

Solution for the sustainability of the JSIS: A more rigorous management...

A MANAGEMENT TO THE DETRIMENT OF BENEFICIARIES

Operating result for 2014 would be formally in balance, with a surplus of € 800 000. However, a reserve of € 3 million has been set aside for late repayments. This sum may be insufficient — and therefore tip the balance!

In parallel, the non-operational results (income related to the reserve) generated almost € 7 million. All told, for the first time in years, the JSIS shows a surplus due to the many sacrifices imposed! *

THE JSIS ONLINE

JSIS online was established in early 2014 in order to ensure the management of various dossiers such as the reimbursement of medical expenses, reimbursement for treatment, requests for prior authorization, applications for recognition of serious illnesses.

At the beginning of its launch, users were very satisfied with the deadlines which do not exceeded 2 weeks for the reimbursement of expenses. The situation has deteriorated quite rapidly and subsequently the deadlines have lengthened.

In addition, the beneficiaries have seen considerable change in the assumption of some services

For a sound management and maintenance of reimbursement rules in place, we moved to a management sometimes vexatious!



HEALTH OR
MONEY ?

SIMC

The JSIS is managed by the SIMC (Sickness Insurance Management Committee), which has 28 members (14 representatives of the administration and 14 staff representatives).

The current Chair of the SIMC (hereinafter the Management Committee) is a staff representative.

Besides the management of the health insurance fund, the Management Committee shall deliver opinions on dossiers seized.

* Annual report of the SIMC 2013.

PMO

The PMO's role is to develop the regulatory framework governing the JSIS.

SETTLEMENTS OFFICES

The PMO has 3 settlements offices to ensure the management of the files of the JSIS.

The Brussels Office manages the files of beneficiaries based in Brussels and in some Member States, the Luxembourg manages the files of beneficiaries assigned to Luxembourg and the European Parliament staff and in some Member States, and the Ispra Settlement Office manages the files of beneficiaries affected in Italy, of all EEAS HQ and delegations staff and of staff working in certain Member States.

WORKLOAD

Each Settlement Office share the burden of files to deal with, according to the place of assignment.

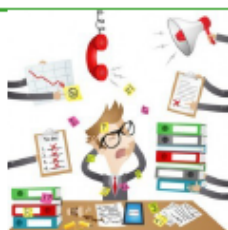
In 2013*, our colleagues from the three Settlement Offices have made reimbursements of medical expenses for a total amount of € 272 348 506. They have dealt with 554 984 requests. They issued 18 487 direct billing. They have also given 2 156 agreements relating to repayments of serious diseases. They have dealt with 15 723 requests for prior authorisations and 18 562 dental estimates.

Regarding our PMO colleagues tarificateurs dealing with the reimbursement of medical expenses: in September 2015, we could find in Brussels 38 tarificateurs including 5 auditors, 1 trainer, 3 team leaders; in Luxembourg 23 tarificateurs - including 2 auditors - and in Ispra 30 tarificateurs, including 2 coordinators and 2 controllers.

Should "bench-marks" be established to have better working conditions in PMO?



* Annual report of the SIMC 2013.



RESULTS OF THE STAFF SURVEY 2014

The results of the last "[Staff Survey 2014](#)" concerning the colleagues from PMO are more than worrying. Indeed, the recruitment of staff has severely declined from 71 in 2013 to 57 in 2014. This difference is even more significant in Luxembourg from 72 in 2013 to 43 in 2014.

The colleagues from PMO demonstrate great professional conscientiousness as 87 % of them are prepared to provide an exceptional effort if requested.

By contrast, only 42 % of staff feels respected, only 44 % think he/she is treated fairly and only 18 % feels he/she works in an atmosphere of well-being. The career development of our colleagues from PMO is seen as the lowest of the Commission.

WORKING CONDITIONS

Comparing the staff of the 3 settlement offices and the number of files handled, we can conclude that our colleagues work under constant stress, are in work overload and that offices "open space" does not make it possible to ensure the confidentiality of the files handled or have a maximum concentration.

Moreover, the majority of colleagues working at PMO has the status of contractual agent and is in a precarious situation.

These are all causes of psychosocial risks. Their health is also to monitor, since according to the [European Agency for Safety and Health at Work](#), in addition to mental health problems, workers subject to a prolonged stress may develop serious health problems, including cardiovascular disease or muscle-skeletal disorders.

R&D acknowledges that without good working conditions, our colleagues from PMO cannot respond adequately to the request of the beneficiaries.

R&D calls for a screening exercise to measure the actual workload of each staff member in relation to the files and an audit on working conditions.

RESULTS OF THE SURVEY

Address the increasing difficulties with the PMO and the functioning of JSIS online and also respond to complaints of colleagues working in the PMO, R&D launched an online survey from 21 May to 4 June 2015 to all staff in the various places of employment. We also took into account [the results of the survey launched by the Staff Committee of the European Parliament](#). 1200 colleagues took part.

YOUR PARTICIPATION

3 202 colleagues to participate in this survey, divided as follows: Brussels (67.71 %); Luxembourg (19.24 %); JRC, agencies and EEAS (13.05 %).

PROBLEMS ENCOUNTERED

In delegations

Colleagues face specific problems linked to their place of employment. They depend on the Ispra Settlement Office, this is why R&D Ispra will launch a survey shortly in order to respond to their needs.

In general

Since the beginning of 2014, 46.66 % of colleagues do not perceive any service improvement after the launching of JSIS online.

Colleagues face recurrent problems such as:

- Long deadlines for reimbursement of medical expenses,
- A quality of service which has worsened,
- No human contact with the medical officer,
- Certain requests for prior authorisations refused without justification,
- Poor management of cases of serious diseases.

THE JSIS IN GENERAL

Contact by telephone

50 % of colleagues have already tried to contact the sickness insurance service by telephone.

For 80 % of them, the waiting time before having an online operator was not reasonable. This is felt mainly in Brussels with a rate of 85.50 %, while in Luxembourg the rate is around 60 %.

Moreover, only 48.62 % of staff were satisfied with the information provided. In Luxembourg, this rate is 63.27 %



THE RESULTS

Rate of reimbursement of medical expenses

The majority of staff know approximately the rate of reimbursement of medical expenses and the ceilings for medical services.

By contrast, 72 % of them do not know the notion of "excessiveness".

However, most colleagues are familiar with the concept of "assumption".

Agreements between the JSIS and hospitals

The majority of colleagues based in Brussels is aware of the existence of agreements with hospitals. However, in Luxembourg over the majority is not aware of them.

Reduction in the rate of reimbursement of certain benefits

50 % of colleagues have seen reductions in reimbursement, for instance for medicines, dentistry and prior authorisations. 35.06 % of colleagues based in Luxembourg saw that.

For 91 % of these colleagues, supporting documentation or explanations were not at all satisfactory.

Pour 91% de ces collègues, les justificatifs ou explications n'étaient pas

du tout satisfaisants.

Extension of authorization

14.87 % of colleagues who have received authorisations for treatments for which they had received a previous authorization have seen a rejection of extension.



ENQUETE: LES RESULTATS

LE RCAM EN LIGNE

Système de remboursement en ligne

93% des collègues ayant répondu à l'enquête ont déjà utilisé le système de remboursement en ligne.

Pour 76.67% d'entre eux, le fonctionnement leur est facile. Par contre, pour le reste des collègues (23.33%), le fonctionnement ne leur semble pas aisé car ils ont constaté une perte de temps dans l'encodage des données et le fait de scanner des pièces justificatives.

Seulement 28% des collègues se sont déjà connectés depuis l'extérieur. 80% d'entre eux ont constaté une facilité de connexion.

Délais de remboursement

Environ 60% des collègues n'ont pas constaté de diminution de délais de remboursement par rapport au système papier, cela est d'autant plus ressenti au Luxembourg avec un taux d'insatisfaction de 75.65%.

La fiche de remboursement est compréhensible pour 3/4 des collègues sondés; par contre, certains collègues souhaiteraient y voir figurer le nom du gestionnaire de dossier ainsi que le taux de remboursement appliqué.



Aide en ligne

80.84% des collègues ont déjà utilisé le système d'aide en ligne. 48% d'entre eux ne sont pas satisfaits de la structure du module afin de trouver le sujet des questions. Parmi ceux-ci, 34.95% ne sont pas du tout satisfaits des réponses reçues par cette voie.

EN CONCLUSION

CONCERNANT LA QUALITE DU SERVICE

Il ressort de l'analyse de l'enquête ainsi que des commentaires des collègues une nette baisse de la qualité du service en raison des longs délais de remboursement, des nombreux rejets de demandes de remboursement, des délais d'attente beaucoup trop longs pour les demandes d'autorisation préalable, du non renouvellement de la reconnaissance de maladie grave, du manque de communication avec les gestionnaires des dossiers.

CONCERNANT LES REGLES DE REMBOURSEMENT

Bien que les collègues connaissent parfaitement les taux de remboursement appliqués, la notion d'excessivité est méconnue pour la majorité d'entre eux.

Les collègues de Luxembourg n'ont pas de réelles connaissances quant aux conventions passées avec les hôpitaux alors que les cas de surtarifications sont assez courants.

CONCERNANT LE RCAM EN LIGNE

Une grande majorité des collègues est familière avec ce nouvel outil et trouve son fonctionnement facile.

Par contre, pour les collègues insatisfaits par ce nouvel outil, la principale raison invoquée est la perte de temps pour encoder les données et scanner les documents.

CONCLUSION GENERALE

Le RCAM en ligne a été mis en place afin de faciliter le travail des gestionnaires du PMO et de raccourcir les délais de remboursement.

Or, force est de constater que les délais de remboursements se sont allongés et les collègues du PMO se voient doter d'une charge de travail excessive.

De plus, face au déficit opérationnel du RCAM, le PMO a mis en place une gestion parfois vexatoire au lieu d'appliquer une gestion saine comme l'avait recommandée R&D.

R&D RECOMMENDATIONS

R&D has always defended the staff whether in terms of its rights or their working conditions. Moreover, the implementation of a policy to prevent psychosocial risks is one of the political priorities of the Union.

When we launched the survey, we wanted to be closest to your expectations to understand you better, and serve you.

Thank you for responding to the questions and for taking the time to send us your comments. It is thanks in particular to the open questions in the survey that we could extract actually your views on this service.

We also wanted to understand how a new tool designed to meet both the case-handlers - making it easy for them - and beneficiaries - by shortening deadlines for reimbursement - could not meet these requirements.

After considering all the data brought to our attention, we have seen the dissatisfaction of two categories of staff: On the one hand, our colleagues 'beneficiaries' who feel aggrieved by the new procedures of the Settlement Offices; On the other hand, our colleagues from PMO working under pressure and that would like that their work is recognized by everyone!

In the light of this situation, we cannot deal with only a case without the other. It is for this reason that we will submit two types of recommendations: One concerns the Settlement Offices and their management that has become sometimes vexatious and the other in relation with the working conditions of PMO colleagues.

RECOMMENDATIONS ON THE SETTLEMENT OFFICES IN TERMS OF:

Quality of service

- Reduction of deadlines for reimbursement
- Creation of a call centre
- Foster human contact
- Allow beneficiaries to follow their dossiers
- Ensure equal treatment in each place of employment

Reimbursement rules

- Adoption of a sound management without using humiliating methods
- Establishment of RCAM Card
- Indication of the reimbursement rate in the reimbursement statement
- Dissemination of information to all staff which allows it to know the basic rules of JSIS,
- Systematical justification of all refusals of applications, whether they concern reimbursements, prior authorizations, renewals of professional or serious illnesses, etc.

JSIS online

- Ensure the confidentiality of data,
- Improve the module for better use of the beneficiaries

RECOMMENDATIONS REGARDING WORKING CONDITIONS WITHIN THE PMO

Number of persons

- Carry out a screening exercise to assess the workload for each job
- Hiring additional staff to overcome the workload

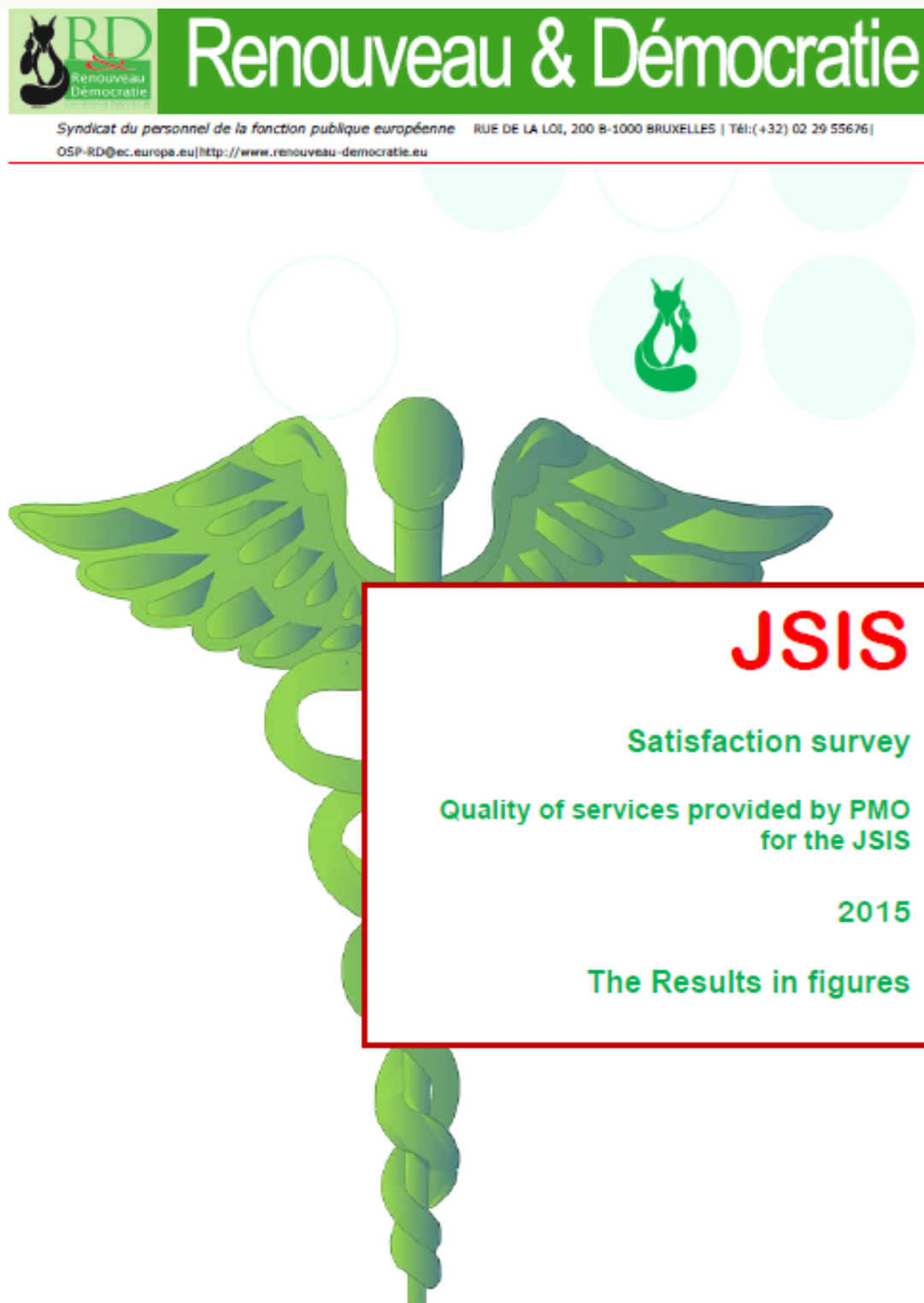
Working conditions

- To ensure that staff has sufficient break time
- Ensure that staff has the right working environment in particular for personnel working on sensitive matters such as ultra-confidential files on diseases
- To audit the working conditions



Résultats de l'enquête des satisfaction

Qualité des services rendus par le PMO dans le domaine du RCAM



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Introduction

Dear colleagues,

R&D demonstrates its commitment to providing you a quality of life at work. In order to meet your expectations it is necessary to know your needs. That is why we now come to you using, inter alia, polls and surveys.

Following the survey we launched in 2014, which results enabled us to establish "Your programme" for the elections of the Local Staff Committee 2015-2018, we were able to establish one of your priorities based on greater transparency in the functioning of the Joint Sickness Insurance Scheme and the reimbursement of medical expenses.

Indeed, in 2014, the JSIS established a new tool ("JSIS Online") for the management of various dossiers such as the reimbursement of medical expenses, the assumption of health care costs, the prior authorization applications, the applications for recognition of serious illness, etc.

R&D, in its continuing effort to accompany you on a daily basis and in order to ensure both good working conditions for the staff assigned to the PMO/JSIS and the quality of services, has launched an online survey (EU survey open to all active staff). This survey took place from 21 May to 4 June 2015.

We are also planning to consult our retired colleagues, in a special survey on their situation.

According to the results of this survey, users have seen, after the launch of "JSIS online", a clear reduction in time taken to effect reimbursements and a clear improvement of the service rendered by the staff assigned to the PMO.

However, this satisfaction was short-lived and degradation of service became evident within a few months. R&D received many requests from colleagues on the increasing difficulties encountered in their relations with the PMO, despite the efforts of its staff, working often under very difficult circumstances.

3 202 colleagues have participated in the survey. We have also taken into account the results of the survey launched by the Staff Committee of the European Parliament (EP) in March 2015, 1 200 colleagues having participated in it.

JSIS



Given that the settlements offices in Brussels, Luxembourg and Ispra cover each a specific population, the analysis of the replies will be made on the basis of this division, namely:

- *Brussels Settlement Office* : account will be taken of the responses of staff assigned to Brussels, although this Settlement Office manages files of other places of employment;
- *Luxembourg Settlement Office*: account will be taken of the responses of staff assigned to Luxembourg, as well of and any active staff and accredited assistants of the European Parliament (see [survey results of the EP's Staff Committee](#)), although this office manages files of other places of employment;
- *Ispra Settlement Office*: given that there are specificities for reimbursements of Ispra, the survey meeting these needs will be launched shortly by R&D Ispra.

We will analyse the overall results and compare the results according to the replies from Brussels and Luxembourg.

This survey is to address three specific issues:

- You and your overall sense,
- JSIS in general,
- JSIS online.

The results thus obtained will allow us to have a clear analysis of the problems encountered in order to present our proposals to DG HR and PMO.

The difficulties encountered in your relations with PMO concern not only your applications for prior authorization and serious illness but also the deadlines for reimbursement of your medical expenses, not counting the long and fruitless telephone waiting time.

In this respect, the results of the last "[Staff survey](#)" of 2014 for PMO staff are more than alarming. Indeed, the number of staff recruited has severely declined from 71 in 2013 to 57 in 2014. This difference is even more significant in Luxembourg from 72 in 2013 to 43 in 2014. However, 87 % of the staff is prepared to provide an exceptional effort if requested.

By contrast, only 42 % of staff feels respected, 44 % think it is treated equally and only 18 % think work in a 'Wellness' atmosphere. The rate of perception of career opportunities of this staff is the lowest of the Commission.

R&D recognizes that without good working conditions, the PMO staff cannot respond adequately to staff requests. R&D undertakes to take all steps to improve the working conditions of those colleagues.

Thank you for having taken part in this "JSIS" survey and thus enable ourselves to meet your real needs.

R&D Team

Analysis of the survey

You

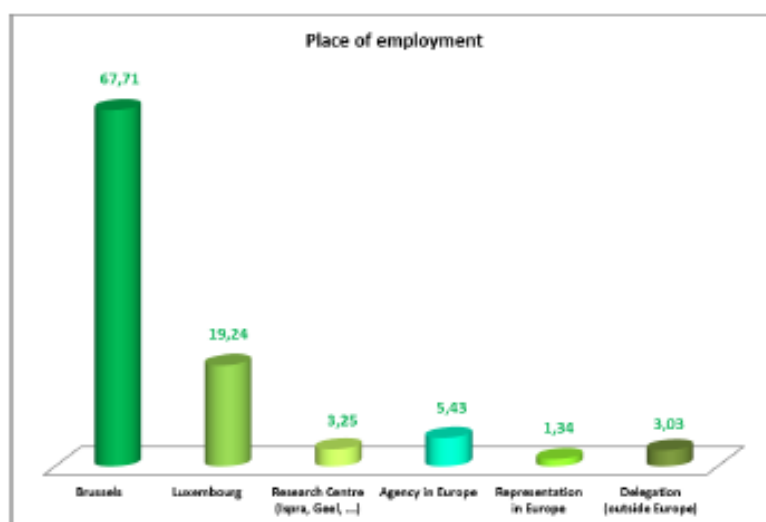
1. What is your place of employment?

3 202 colleagues have participated in the survey, allocated as follows:

- Brussels: 67.71%
- Luxembourg: 19.24%
- JRC, agencies, EEAS: 13.05%

All replies have been taken into account and correspond to the "general" result. However, for a better analysis of results, data referring to the settlements offices in Brussels and Luxembourg were dealt with separately.

Given that staff covered by the Ispra Settlement Office is facing specific situations, R&D will launch a survey that meets their needs. The results will be dealt with at a later stage.



JSIS

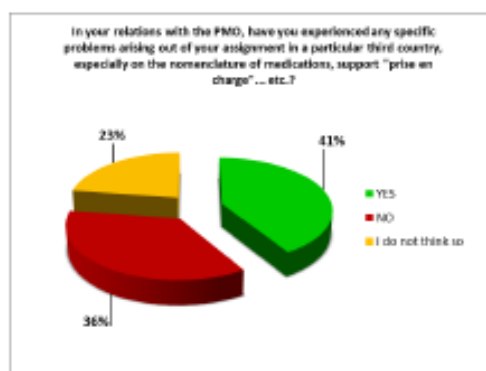


« In Ukraine there is a system of the medical packages . I have followed pregnancy monitoring where I have to visit the gynecologist every second week. I have encountered difficulties in reimbursement. Finally after my letter to the Head of office in Ispra it was reimbursed. »

« Worst is refusal of reimbursement with very short and very standard reasons. I wonders sometimes if they read the complete question... I had several examples of half-standard answers, where the very reason of the question was simply ignored. Question is then to be re-opened, or as another question... very administrative and not service-oriented»

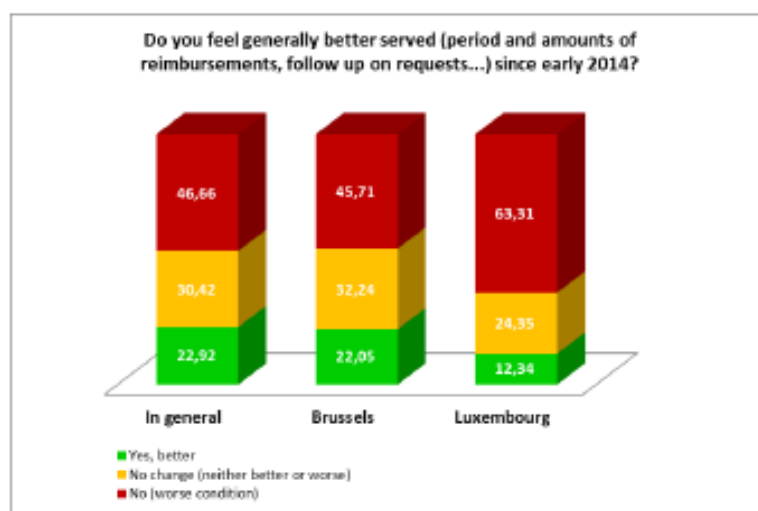
1.1. In your relationship with PMO, have you experienced specific problems stemming from your service in a non-member country, concerning in particular the nomenclature of medicinal products, etc.?

92 colleagues serving in delegations replied to this question. 41 % of them had specific problems arising from their place of employment. These are all colleagues serving in a delegation (outside Europe) of the Commission. Since these colleagues are covered by the Ispra Settlement Office, replies and comments will be transferred to R&D Ispra, who will launch a survey in connection with the applications.



2. Do you feel on the whole better served (delay and amount of reimbursement, applications follow-up, etc.) since the beginning of 2014?

Since early 2014, date on which the scheme for reimbursement of medical costs has been put online, 46.66 % of colleagues who responded to the survey have noticed a deterioration of the service against 22.92 % that have found an improvement. It is in Luxembourg that this finding is most felt with a dissatisfaction rate of 63.31 %.



2.1. Do you want to give us some explanations about the problems encountered?

The problems encountered by staff were identified in 5 categories:

- ⇒ Reimbursements
- ⇒ Service
- ⇒ Medical advisor
- ⇒ Prior authorization
- ⇒ Serious illness

A. Reimbursements:

As regards reimbursements, the majority of staff complains about the slow rate of reimbursement. For people with low income, these long deadlines for reimbursement put them in financial difficulties.

In Luxembourg, the deadlines for reimbursement are approximately 3 months. Colleagues that participated in the survey have also raised this issue.

The following problems were also noted:

- ⇒ Refusal to reimburse despite production of valid supporting documents,
- ⇒ Limit of 5 reimbursements per application,
- ⇒ Reimbursements made in instalments,
- ⇒ Refusal of psychotherapy reimbursements,
- ⇒ Refusal to reimburse examinations and analysis as prescribed by specialists from a hospital,
- ⇒ Reintroduction of applications for reimbursement which have been refused,
- ⇒ Frequent errors.

B. Service:

The deterioration of the service rendered is felt. Staff request to be treated humanely and not as an administrative file.

It should be noted the following problems:

- ⇒ Less availability by telephone,
- ⇒ Tickets closed too quickly,
- ⇒ No response to the questions asked,
- ⇒ Non-compliant files returned after a long period,
- ⇒ Replies by e-mail incomprehensible,
- ⇒ Difference of treatment for the same type of dossier,
- ⇒ Absence of replies to complaints,
- ⇒ Telephone assistance: operator gives standard answers, but cannot access the file,
- ⇒ Loss of time in lodging applications.

C. Medical advisor:

According to certain comments, the medical advisor would exceed his/her role.

YOU



« Late decisions concerning payments, late answers to queries (6-8 weeks), bureaucratic language as response (codes) and not real solutions or guidance. No existing contact by telephone, only through their online form (why the below questions then?) »



« At multiple times my spouse's health expenses claims were refused by mistake. Once I discovered by chance that my spouse was not being covered by the accidents insurance, again by mistake. »

JSIS



Medical Officer:

The opinion of the Medical is a medical opinion delivered on the basis of the medical data relating to the patient in that Officer's possession, information supplied by the patient's own doctor, the results of medical and scientific research and, if necessary, after consulting the Medical Council.

Serious illness:

Expenses incurred in connection with a serious illness are reimbursed at the rate of 100% without a ceiling, except in a few cases that are duly specified in these general implementing provisions (such as home nursing care and dental expenses). A limit may also be placed on the reimbursement of these expenses if the prices charged are excessive.

A number of problems were noted such as the non-taking into account of a decision imposed by Art. 90, non-assumption of costs of necessary medical treatments, no answers to specific questions on the part of doctors, etc.

D. Prior authorization:

Some colleagues who submitted prior authorization applications have seen them refused without justification, others have received replies after several weeks waiting while the processing of those applications had already been carried out.

E. Serious illness:

Colleagues whose illness has been recognized as serious have raised the following points:

- ⇒ Refusal of an extension while the disease has been recognized for several years,
- ⇒ Refusal to reimburse the medical costs related to that illness.

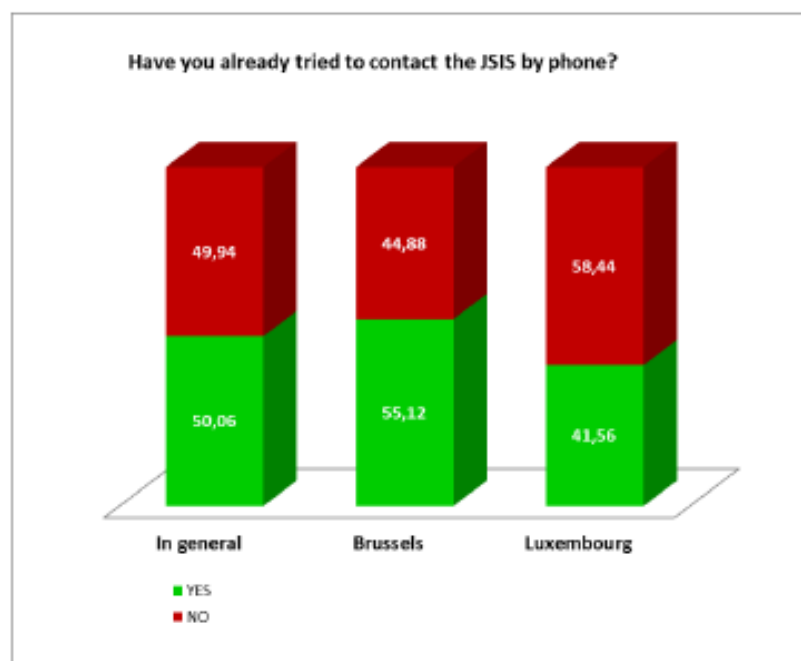


JSIS in general

1. Have you already tried to contact the health insurance by phone?

Out of 3 202 colleagues who responded to the survey, 50 % of have already tried to contact the sickness insurance service by telephone.

« The system gives automated replies that don't help so you have to call anyway to understand what is applicable.»



« I would like that the contact with PMO would be easier and more friendly. When I had a problem with the assurance for my kids at the end I was obliged to contact the Head of Service to get an answer and a solution.»

JSIS



« More work on applicants shoulders. Time for reimbursement partly shorter, partly longer. Annoyed by two account sheets per claim. Communication difficult. No personal contact, JSIS hiding behind anonymous communication tools email addresses that work only in one direction! No option to reply.»



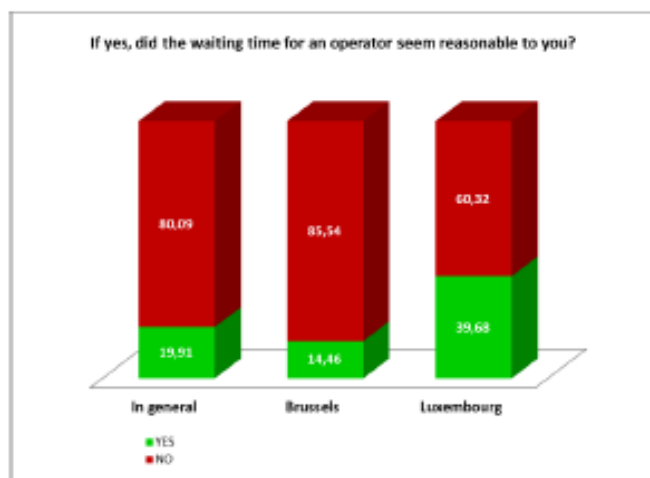
Page 10

1.1 If yes, did the waiting time for an operator seem reasonable to you ?

80 % of colleagues who have already tried to contact the health insurance have found that the waiting time before having an on-line operator was not reasonable. This is felt mainly in Brussels with a rate of 85.50 %, while in Luxembourg the rate is around 60 %.

R&D recommendation:

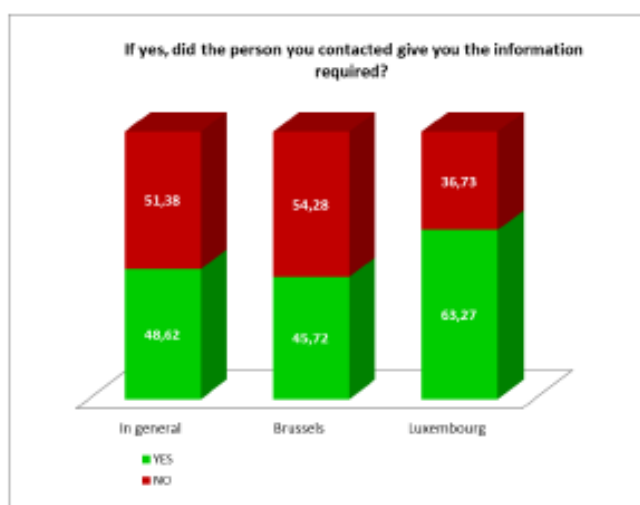
This indication is pushing us to request the resources necessary for the proper functioning of this service and also to reduce the workload and stress of our colleagues from the PMO.



1.2 If yes, did the person you contacted give you the information required?

For only 48.62 % of colleagues who have contacted the Sickness Insurance Department, the contact person has provided the information requested.

In Luxembourg the rate is 63.27 %.



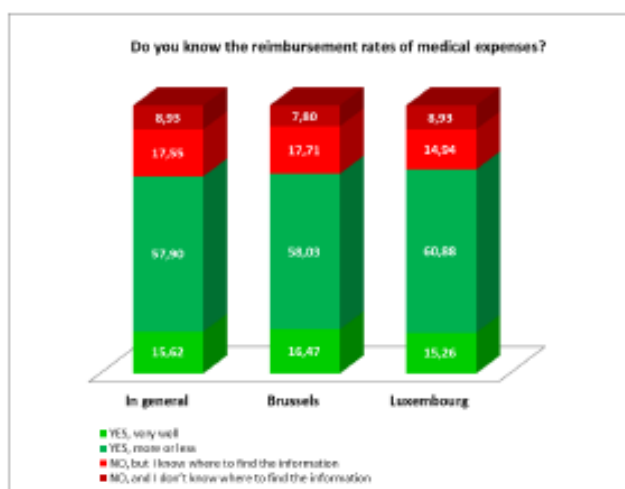
2. Do you know the reimbursement rates of medical expenses?

57.90 % of colleagues who participated know approximately the rate of reimbursement of medical expenses.

In general, most colleagues know where to find information on the rate of reimbursement of medical expenses.

However, it would be necessary to draw up a list of doctors, medical care and medicines reimbursed by the Sickness Insurance Department.

The JSIS in general



Rate of reimbursement:

The Scheme provides for the reimbursement of up to 80% of the expenses incurred.

The rate of reimbursement rises to 85% in the case of:

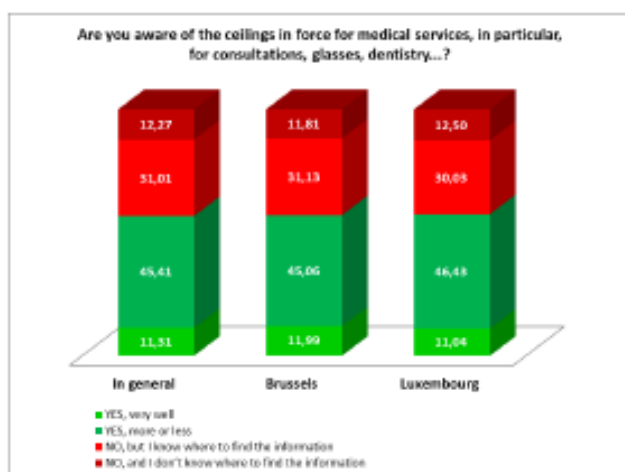
- medical consultations and visits,
- surgical operations,
- hospitalisation,
- pharmaceutical products,
- radiology, analyses,
- laboratory tests,

• prostheses on medical prescription, with the exception of dental prostheses, which are reimbursed at the rate of 80%. In cases of tuberculosis, poliomyelitis, cancer, mental illness and other illnesses recognised by

the appointing authority as of comparable seriousness, and for screening and confinement, the rate of reimbursement rises to 100% without any ceiling, subject to certain exceptions specified in these general implementing provisions.

3. Are you aware of the ceilings in force for medical services, in particular, for consultations, glasses, dentistry, etc.?

The majority of colleagues that participated in the survey are aware of the ceilings for medical services. Only 12.27 % are not aware and did not know where to find information.



« It takes longer to complete a claim (for max 5 treatments) on JSIS online than it with old put in an envelope system for up to 10 treatments. Also, the fact that one claim can now give rise to separate reimbursements at different times makes the whole thing less transparent. »



Excessivité

En application de l'art.20 de la réglementation commune, lorsqu'aucun plafond de remboursement n'est fixé y compris en cas de maladie grave, la partie des frais qui dépassent sensiblement les prix normaux pratiqués dans le pays où les prestations ont été effectuées, peut être exclue du remboursement.

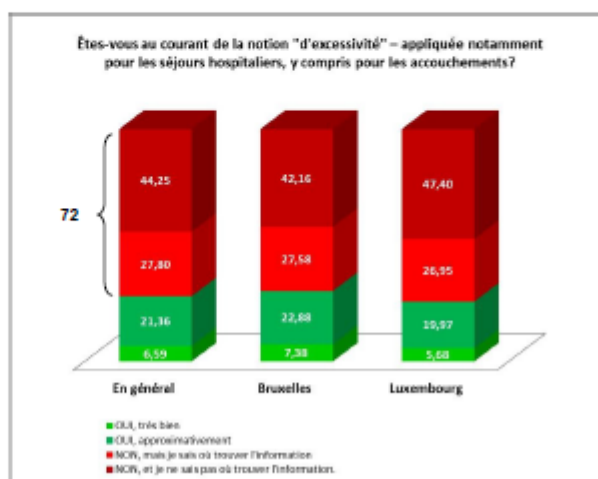


« Le seul problème que j'ai eu, c'était pour une prise en charge d'un traitement qui nécessitait une nuit d'hospitalisation. Malgré des recherches en ligne, je suis arrivé à l'hôpital sans savoir si c'était accepté ou pas mais l'hôpital avait reçu la confirmation. »

4. Êtes-vous au courant de la notion "d'excessivité" – appliquée notamment pour les séjours hospitaliers, y compris pour les accouchements?

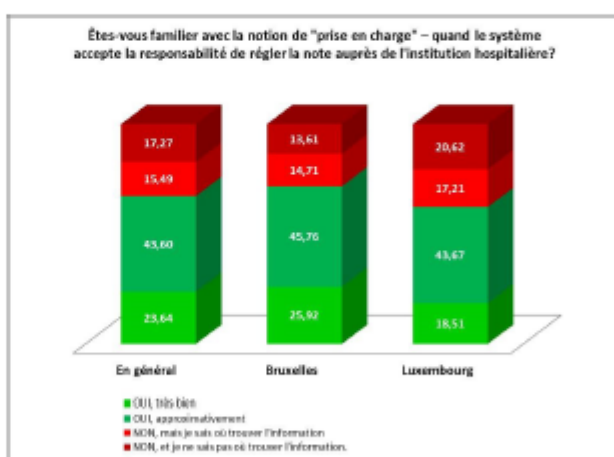
72% des collègues ne connaissent pas la notion « d'excessivité » et 44.25% d'entre eux ne savent pas où trouver l'information.

Il semble important que le PMO apporte un complément d'information sur cette notion.



5. Êtes-vous familier avec la notion de "prise en charge" – quand le système accepte la responsabilité de régler la note auprès de l'institution hospitalière?

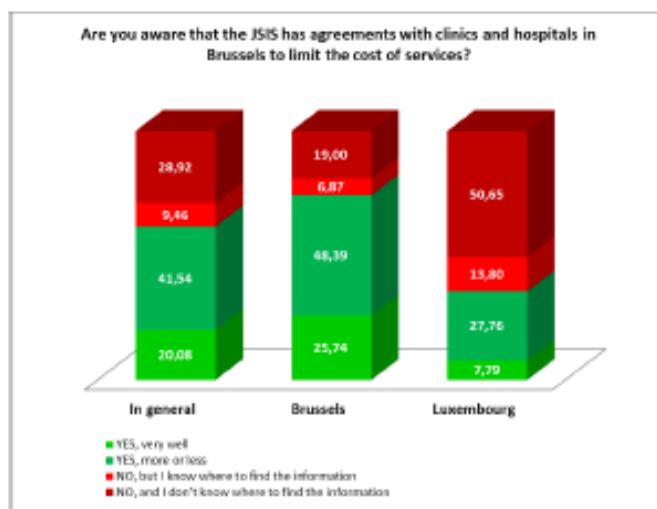
La majorité des collègues est familière avec la notion de « prise en charge ». Cependant, environ 30% ne le sont pas et 17% ne savent pas où trouver l'information.



6. Are you aware that the JSIS has agreements with clinics/hospitals in Brussels, to limit the costs of services?

Although most colleagues are aware that the JSIS has concluded agreements with clinics/hospitals in Brussels, 38 % of colleagues they are not and 28.92 % of colleagues do not know where to find information.

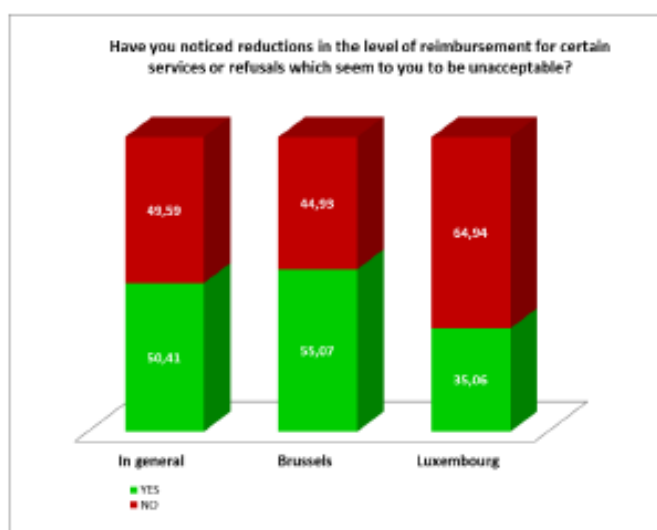
It is mainly colleagues based in Luxembourg which are disregarding the existence of such agreements.



7. Have you noticed reductions in the level of reimbursement for certain services or refusals which seem to you to be unacceptable?

50 % of colleagues found decreases in the level of reimbursement, in particular for medicines, dentistry and prior authorizations.

In Luxembourg, this is 35.06 %.



The JSIS in general



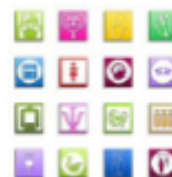
Agreements and conventions with hospitals:

Belgium:

- Cliniques Universitaires St Luc
- CHU Erasme
- Cliniques de l'Europe (St Michel, Sainte Elisabeth)
- Institut Jules Bordet
- UZ VUB

Luxembourg:

- Entente des Hôpitaux luxembourgeois,
- Centre Hospitalier,
- Association des Médecins et Médecins Dentistes du Grand-Duché de Luxembourg
- Fondation François Elisabeth
- [Doctors](#)



« the explanations for refusal to pay are way too cryptic - very difficult to understand it is really bad not to be able to talk to someone about individual issues »

JSIS



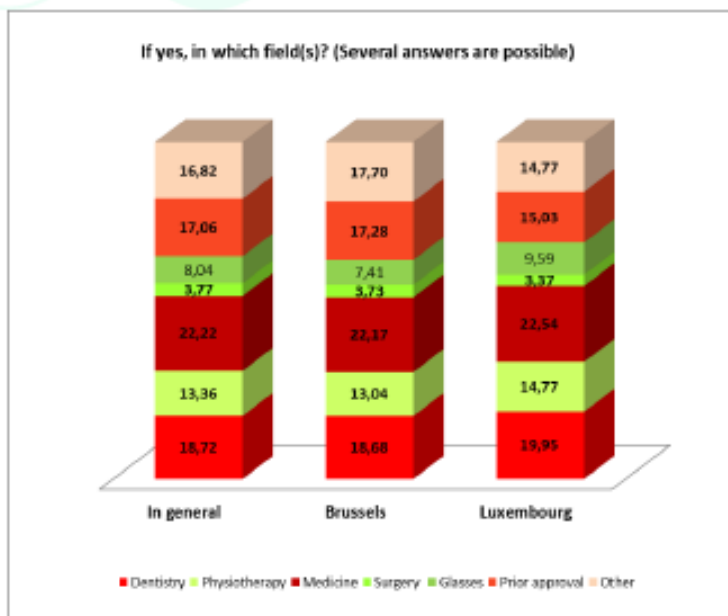
« I appealed against rejection of reimbursement, which had been approved in the past, then reintroduced the request and it was refused again with only a standard phrase which was irrelevant to the case and which I had already contested the first time. No further explanation of refusal.

«I am concerned about the treatment of medical documents by staff that is not medically authorised to treat them and therefore the confidentiality does not seem to be guaranteed.»

7.1 If yes, in which field(s)? (Several answers are possible)

The colleagues found a decrease in the rate of reimbursement for medicines, dentistry, prior authorizations, physiotherapy, etc.

There is no real difference depending on the place of employment.



7.1.1. If other, please specify :

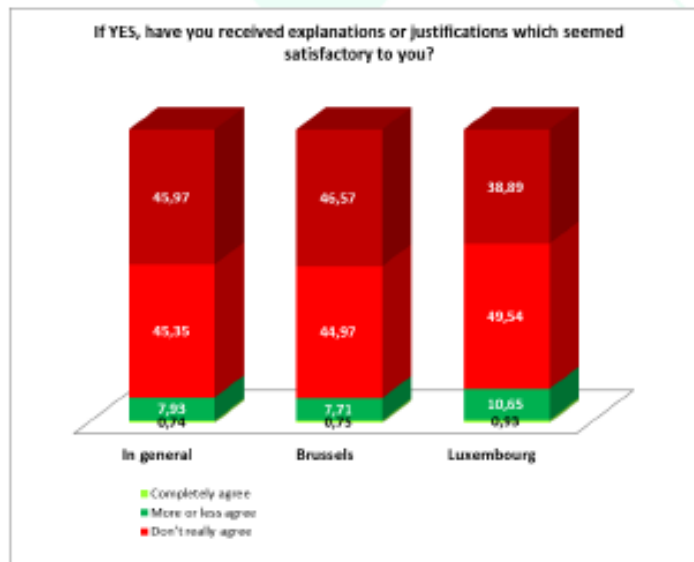
Other findings in the reduction of refunds were established in the following areas:

- ⇒ Medical analyses
- ⇒ Endocrinology,
- ⇒ Dietetics related to diabetes,
- ⇒ Costs in connection with a serious illness,
- ⇒ Hospitalization,
- ⇒ Genetic disease,
- ⇒ Specialist consultancy, when the invoice is delivered by a hospital,
- ⇒ Visit to emergencies,
- ⇒ Post-operative treatment given by a nurse at home,
- ⇒ Psychotherapy,
- ⇒ Parallel care within the framework of a kidney transplant.

7.2 If yes, have you received explanation or justification which seemed satisfactory to you ?

91 % of colleagues with reduced reimbursement have not received satisfactory explanations/justification for that.

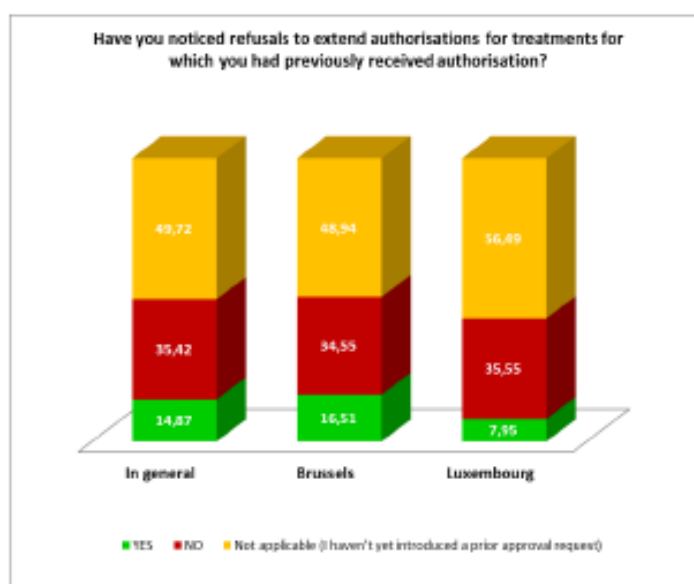
The JSIS in general



8. Are you aware of any rejection of extensions of authorization for treatments for which you had previously received authorizations?

14.87 % of colleagues who have received authorizations for treatment had their applications for extensions refused.

This is more pronounced in Brussels (16.51 %) than in Luxembourg (7.95 %).



JSIS



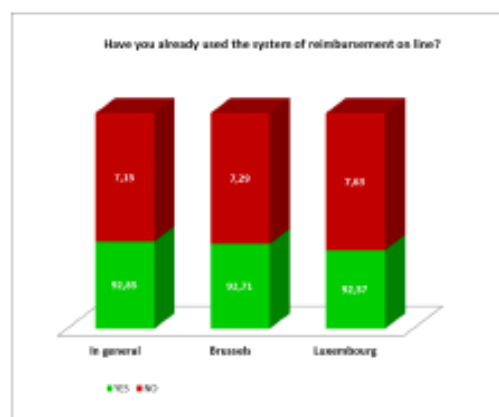
JSIS online

« I do not consider JSIS online negative as such. It must be complemented by an effective support service. PMO staff should be allowed to contact (or get contacted by) the staff member by email or phone to clarify, explain and help to avoid the problem in the future again.»

« JSIS online works very well, reimbursement is a lot quicker, but we do the work for PMO! It annoys me that reimbursement is done in 2 parts if approval of a doctor is needed. I prefer to receive it once when completely done. PMO is impossible to reach by phone, the online help system is very impersonal.»

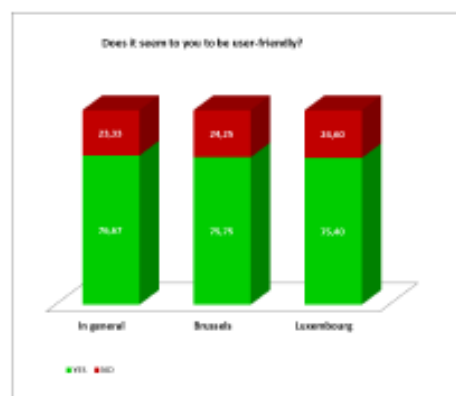
9. Have you already used the system of reimbursement online ?

93 % of colleagues who participated in the survey have already used the online reimbursement system. This figure does not depend on the place of employment.



9.1 Does it seem to you to be user-friendly?

76.67 % of colleagues find the modus operandi easy. However, the colleagues for whom the modus operandi is not easy (23.33 %) refer to the loss of time to encode and scan documents.



9.1.1 If not, why not?

The reasons invoked by the colleagues finding that the modus operandi of the JSIS online is not easy:

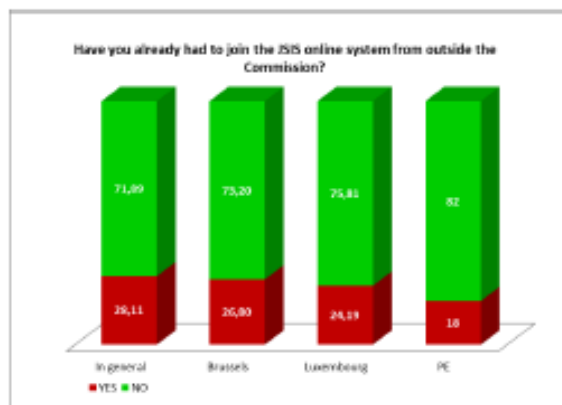
- Encoding of benefits limited,
- Difficulties in the scanning of supporting documents,
- Heavy system,
- Loss of time,
- No follow-up of the dossier,
- Do the job of PMO.

JSIS on ligne



10. Have you already had to join the JSIS online from outside the Commission?

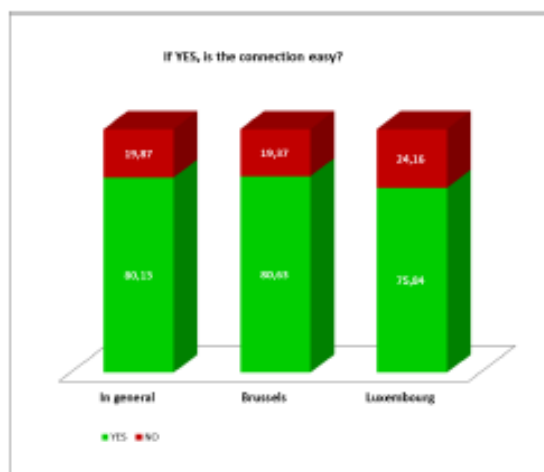
Only 28 % of colleagues have already connected to JSIS online system from outside the Commission and 20 % of these colleagues found the connection not easy (18 % in the European Parliament).



« There is an overall deterioration in the system as there is no direct contact for complex questions. I find it ludicrous for example, that certain components that were previously accepted for years in my homeopathic cure, are suddenly not considered accepted as homeopathy.... »

10.1 If yes, is the connection easy?

For 80 % of users the connection was easy. However, in the EP, colleagues would like a better system especially for people on sick leave or retired. The introduction of GSM in "streamline" for the connection is not so well-known or obvious to use.



RCAM
Enquête de satisfaction



« Au début du système en ligne, les délais de remboursement étaient beaucoup plus courts, ce qui n'est plus le cas depuis quelques mois. Je regrette aussi que les remboursements soient toujours fractionnés, ce qui rend le contrôle excessivement difficile. »

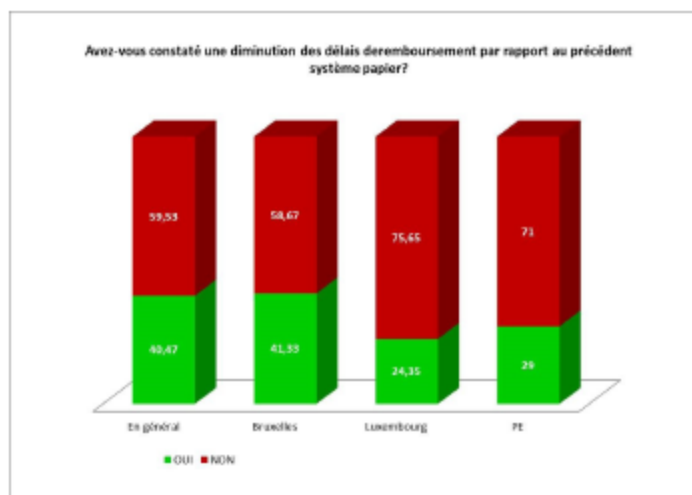


« Plutôt qu'ajouter du travail supplémentaire au staff, il faut lui faciliter la tâche en lui mettant à disposition un système facile, rapide, pratique et convivial où on peut s'y retrouver pour gérer/suivre. »

11. Avez-vous constaté une diminution des délais de remboursement par rapport au précédent système papier?

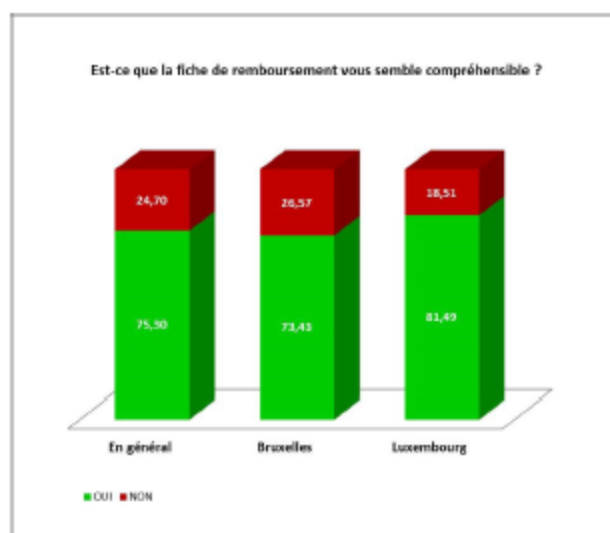
59.53% des collègues n'ont pas constaté de diminution des délais de remboursement par rapport au précédent système alors qu'il devrait en être le contraire.

Pour rappel: le nouveau système est en place depuis le 01/01/2014



12. Est-ce que la fiche de remboursement vous semble compréhensible?

Pour 75.30% des collègues, la fiche de remboursement semble compréhensible avec un taux de 81.49% significatif à Luxembourg.



9.1.1 Si Non, pourquoi?

Les raisons invoquées par les collègues trouvant que le fonctionnement du RCAM en ligne n'étant pas facile sont:

- Encodage des prestations limité,
- Scanner les pièces justificatives,
- Lourdeur du système,
- Perte de temps,
- Pas de suivi du dossier,
- Effectuer le travail du PMO.

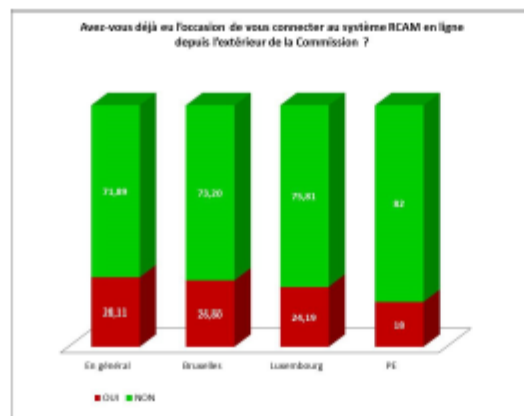
RCAM en ligne



10. Avez-vous déjà eu l'occasion de vous connecter au système RCAM en ligne depuis l'extérieur de la Commission?*

Seulement 28% des collègues se sont déjà connectés au système RCAM en ligne depuis l'extérieur de la Commission et 20% d'entre eux ont trouvé que la connexion n'était pas facile. Au Parlement européen, ils ne sont que 18%.

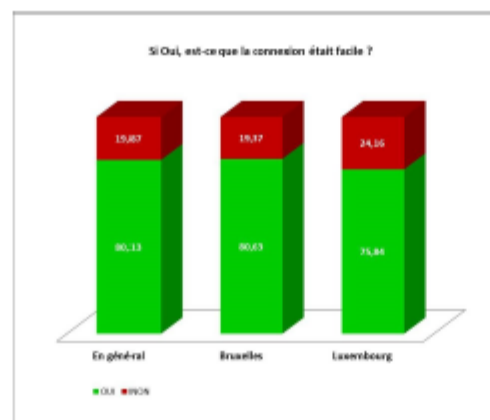
* Nous exploitons les résultats de l'enquête du PE seulement si nous constatons une différence avec ceux de la Commission Luxembourg.



« De plus en plus de demandes de remboursement sont renvoyées à l'expéditeur soi-disant date illisible/justification incomplètes. Les délais de remboursement sont très longs et les sommes dépensées en circulation peuvent atteindre parfois plusieurs milliers d'euros ! Les délais sont également longs pour les remboursements bancaires ! »

10.1 Si oui, est-ce que la connexion était facile?

Pour 80% des utilisateurs la connexion était facile. Cependant, les collègues du PE souhaiteraient une amélioration du système surtout pour les personnes se trouvant en congé maladie ou en pension. L'introduction du numéro de GSM dans « Streamline » pour l'obtention de la connexion n'étant pas si connue ou évidente à utiliser.



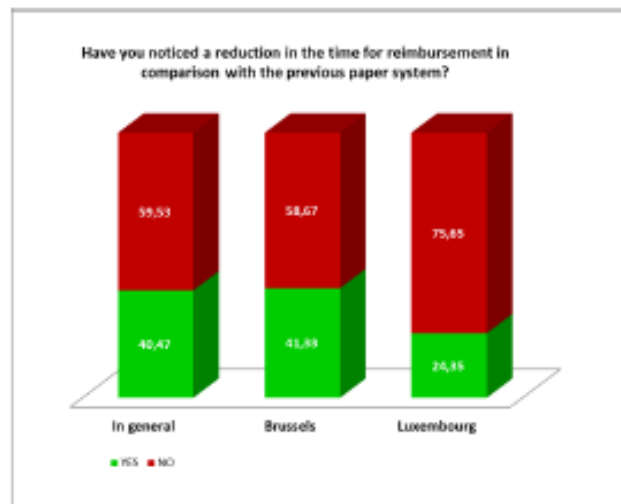
JSIS



11. Have you noticed a reduction of deadlines for reimbursement compared to the previous paper based system?

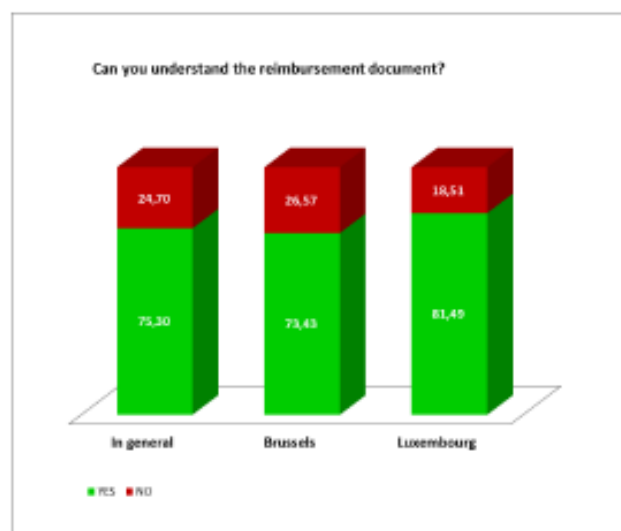
59.53 % of colleagues have not experienced any reduction in the time needed for reimbursement from the earlier system, whereas it should be the other way around.

Reminder: The new system is in place since 1/1/2014



12. Can you understand the reimbursement document?

For 75.30 % of colleagues, the reimbursement document appears understandable with a significant rate of 81.49 % in Luxembourg.

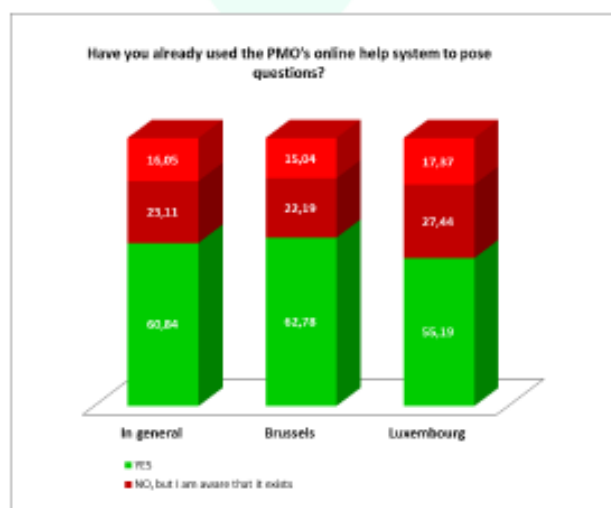


« I would appreciate putting together an explanatory manual, where all the necessary issues would be organised in transparent order with a contact person, and be available remotely too. When I am abroad and need JSIS. I don't want to spend half a day on the phone line waiting but nobody ever answers. »

13. Have you already used the PMO online help system for submitting questions?

60.84 % of staff has already used the online system.

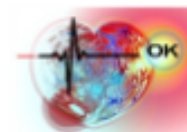
JSIS on line



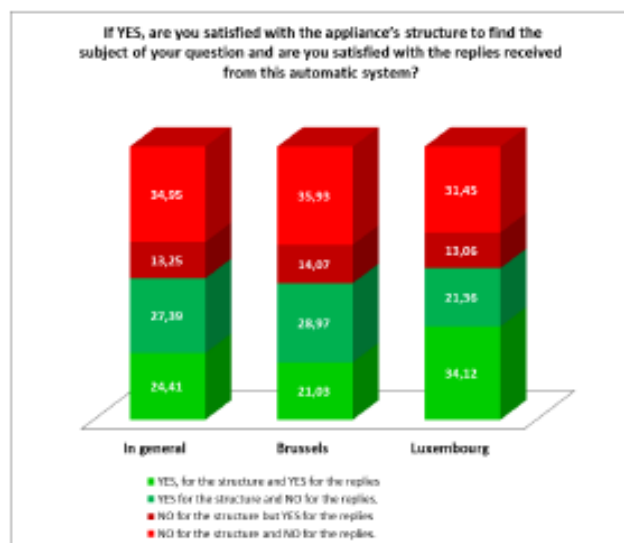
« Although I appreciate the online system, I regret the fact that it is more difficult to talk to someone whenever I need some information.»

13.1 If yes, how satisfied are you with the structure of the module (is it easy to find the subject of your question in it?) and are you satisfied with the replies received electronically?

48 % of users are not satisfied with the structure of the module to find the subjects of their questions and, between them, 34.95 % are not at all satisfied with the replies received electronically.



« Sometimes it would be easier to contact the JSIS by phone»



« I am waiting since a long time for a reimbursement and I have no feedback on why there is a delay, where my procedure stands. In addition it already happened three times that I can't enter JSIS because of some encoding errors. I even had messages saying that I had no coverage for periods.»

IS



14. Would you have comments to add?

Recurring comments from colleagues raise a waiting time which is too long for the reimbursement of medical expenses - resulting in financial difficulty for colleagues earning low income – and the rejection of applications for reimbursement; as well as a lack of human contact with the colleagues from PMO.

In addition to these comments, colleagues feel that there is a lack of staff among the PMO which could justify the degradation of the service provided by this Office

I am a human. And health issues are human issues. Therefore I would like to talk with a human being who knows the system and can quickly find a solution for my problems when they appear and not with an answering machine or with FAQ system. Thank you!»



In conclusion...



In conclusion...

After having analyzed the replies of the 3 202 colleagues who participated in the survey launched within the Commission, as well as the replies of 1 200 colleagues in the European Parliament, we have brought out the following points:

Quality of service:

It was observed by 46.66 % of the users a net quality decrease of the service provided, while at the start-up of "JSIS on line" they were satisfied finding a reduction of the deadlines for reimbursement.

The quality decrease of the service is more felt in Luxembourg with a dissatisfaction rate of 63.31 %.

The main points raised were:

- ⇒ Long deadlines for reimbursement,
- ⇒ Numerous rejections of applications for reimbursement,
- ⇒ Waiting time for prior authorization applications,
- ⇒ Non-renewal of the recognition of serious illness,
- ⇒ Lack of communication with the case-handlers and too long delays for replies, which is felt more keenly in Brussels (85.54 %) than in Luxembourg (60.32 %).

*« More staff ; personalised assistance!
More transparency in the reimbursement in general! Reasons for costs not reimbursed ; solutions, how to get costs claimed! Kine-Costs were just refused: We had to find out that a new paper version is needed. We had to run back; then deadline expired!
Basta »*

Reimbursement rules:

As regards the rate of reimbursement, the vast majority of colleagues (73.52 %) is aware of the reimbursement rates applied and/or knows where to find information.

However, for 72.05 % of colleagues who participated in the survey, terms such as excessiveness are unknown, in contrast to the notion of assumption which 67.24 % of those colleagues are the most familiar with.

With regard to the agreements concluded between the hospitals and JSIS, colleagues in Brussels (74.13 %) are better informed than those of Luxembourg (35.55 %). It is necessary to publish information containing the list of establishments and panel doctors, especially because the overpricing of medical care is a real problem in certain places of employment.

JSIS



The main points raised were:

- ⇒ The reduction or refusal of reimbursement for certain benefits, especially as regards reimbursement for medicines and dentistry: More than 90 % of concerned colleagues have received no justification for this decision,
- ⇒ The refusal to extend authorization for treatments (14.87 %); the rate being more significant in Brussels (16.51 %) than in Luxembourg (7.95 %),
- ⇒ The deadlines for reimbursement have not decreased compared to the previous system; rather, they have increased; what is more apparent in Luxembourg (75.65 %) than in Brussels (58.67 %),
- ⇒ The incomplete reimbursement form that does not include the rate of reimbursement and the name of the tarificateur (underwriter).

JSIS online:

« The online system functions OK. However, there is no longer the priority treatment for high costs (600 EUR). On average this takes 3-4 weeks, whereas before there were only 15 days. For answers posed via the application, it takes a very long time to receive the answer, if you receive it at all.»

A large majority of colleagues (92.85 %) has already used this new tool and 76.67 % of them found that its modus operandi is easy.

For colleagues for whom the modus operandi of JSIS seems less easy (23.33 %), the main reason is the excessive time devoted to encode requests of reimbursement and to scan supporting documents. For some of them, a concern about confidentiality of data has been invoked.

However, for 80 % of colleagues, connection from outside seems easier.

As regards the on-line help, 60.84 % of colleagues have already used it. However, 48 % of them are not satisfied with the structure of the module, namely because it is not easy for them to find the subject of their questions in the module.



R&D proposals

In order to facilitate your contacts with the JSIS and following your various requests and comments, R&D proposes the solutions below, which will be sent to DG HR and PMO. Of course, we remain open to your comments if you wish to submit further proposals.

Quality of service:

- Reduction of deadlines for reimbursement
- Creation of a call center, which can meet the requirements of the beneficiaries
- Foster human contact
- Possibility for the beneficiaries to follow their dossiers
- Ensure equal treatment in each place of employment

Reimbursement rules:

- Establishment of the third-party payment system,
- Indication of the reimbursement rate in the reimbursement statement,
- Dissemination of information to all staff which allows it to know the basic rules of JSIS,
- Systematical justification of all refusals of applications, whether they concern reimbursements, prior authorizations, renewals of professional or serious illnesses, etc.

JSIS online:

- Ensure the confidentiality of data,
- Improve the module for better use of the beneficiaries.

« It seems that the need of budgetary cuts is imposed indirectly on staff requiring (a.o) frequent JSIS services/ reimbursements. As a parent of a hand-capped child I am (re-)directed to different services. Despite following instructions received, I do not feel any support to solve issues. »

« Waiting time for telephone inquiries is TOO LONG. Refusal notifications should be quicker so that patients (THAT IS US) could literally chase the accounts departments of hospitals to try to get the documents for JSIS exactly as they want them. »

Early detection screening – PMO, who do think you are kidding?

In its October 2015 newsletter, PMO announces the new rules for the preventive medicine programme that have actually been in place since 1st July 2015. They would like us to believe that “These new programmes aim at increasing the effectiveness of preventive measures by taking into account recent developments in medical practice and science” ([Administrative No-tice n. 25-2015 of 13.10.2015](#)).

But the truth is different; it is only a question of immediate cost savings, and in fact the screen-ing programmes have been drastically reduced to the detriment of staff health! And we thought the staff was “the Commission’s most important and valuable resource” as defined by Vice-President Georgieva (Commission en direct, issue 21, pag. 46).

R&D takes this unwelcome change very seriously and its elected members in the LSC are committed to fight strongly for the reintroduction of the regime as it was previously.

PMO’s miracle

“Because prevention is better than cure”, as stated in the PMO newsletter itself, “the screening programmes have been adapted to re-reflect this” and “some diseases, such as cancer, can be treated more easily if they are detected early”. At PMO they can clearly do miracles! They are able to improve prevention by reducing the level and the frequency of examinations compared to what was available until 30th June 2015.

R&D’s analysis of

the “improvements”

Up to 45 years NO ACCESS to the programmes at all, since:

- the programme is accessible “only for members not in active employment at one of the European institutions, as well as for children over the age of 18.

and

- for those not in active employment, i.e. partners and children over the age of 18 years old, the administrative notice n. 25-2015 of 13.10.2015 states: “JSIS members’ attention is drawn to the fact that JSIS beneficiaries with top-up coverage (in complementarity) will be required to request reimbursement from their primary insurance scheme before claiming supplementary reimbursement from JSIS for the cost of their health screening examinations”

- program for children below 16 years old completely disappeared. With the current rules children below 18 years old don’t have access to any program.

Between 45 and 59 years all the most relevant analyses and checks DISAPPEARED:

- All women – no annual gynaecological visit any more with the PAP test (the same rules as stated above, i.e. for staff members not in active employment)
- Women between 45 and 59 years – not any more: 1. internist examination, 2. cardiac examination, 3. gynaeco-logical examination,

4. PAP test, 5. mammography, 6. X-ray of chest, 7. complete ultrasound of abdomen, 8. ultrasound of breasts, 9. ORL examination (nose, ear, throat), 10. colonoscopy

- Men between 45 and 59 years – not any more: 1. internist examination, 2. cardiac examination allowed only in certain conditions, 3. ORL examination (nose, ear, throat), 4. X-ray of chest, 5. complete ultrasound of abdomen, 6. urological examination, colonoscopy (from the age of 50 allowed three faecal occult blood tests or one virtual colonoscopy).

In practice, what remains is the same routine check that we already do annually at our internal medical service, i.e. some blood and urine analyses, visit with general practitioner and ophthalmological examination. Nothing else.

R&D's position on these changes

We wonder if this new implementation is in contradiction with the art. 72 of the Staff Regulations, as also confirmed by Court ruling n.T-191/01 stating:

“....By the very fact that, pursuant to Article 72 of the Staff Regulations, the costs of screening for serious illnesses are reimbursed at 100%....”

The aim of that provision is thus to encourage screening for serious illnesses in order to ensure effective treatment at an early stage, thereby helping to prevent both the development of serious illnesses in the interests of the patient, and higher treatment costs for the Joint Sickness Insurance Scheme.”

“.... would be contrary to the requirement for effective preventive medicine and, consequently, to the sound management of the health protection scheme provided for in the Staff Regulations, in keeping with the aim pursued by Article 72(1) of the Staff Regulations.”

These new rules are also in apparent contradiction with the recently widely advertised Fit@work programme, according to which “The strategy would be to focus on disease prevention and health promo-

tion....” because “The financial costs of absences and invalidity, the productivity losses, and the individual's suffering due to health issues are also potentially significant.”

Furthermore, PMO made these changes in secret without any consultation of the staff representatives, based only on the suggestions of the Scheme's Medical Council as the following extract from the CGAM annual report for the year 2014 reads: “the Medical Council has decided to bring the overlap between the employer's obligations and the preventive examinations to an end, **thus resulting in a clear cost reduction with regards to EU staff in activity** (aged up to 45 years). On the substance of programmes, one should note that some examinations will be performed in a more cost-effective way. From 1st July 2015, complementarity will also fully apply to preventive medicine, meaning that the JSIS will only reimburse to beneficiaries under complementary cover what their primary insurance doesn't cover.”

To the contrary R&D believe this is a false economy – a possibly reduced saving today may become a higher cost tomorrow to the detriment of all our colleagues



R&D is launching a survey on the quality of services provided by the PMO in the field of the JSIS

Many of you have recently contacted **R&D** to tell us about the increasing difficulties encountered in your relations with the PMO, despite the efforts of our colleagues who often work there in very difficult conditions.

In this respect, the results of the 2014 staff survey for PMO staff, are more than alarming, especially as regards to the motivation and well-being of our colleagues at PMO. **R&D** intends to initiate all necessary steps in order to improve their working conditions.

These experienced difficulties concern your requests for prior authorisation as well as reimbursement of medical expenses, including the long and vain phone waiting time.

R&D, always seeking to accompany you on a daily basis for a quality working life, is launching a survey on the quality of services provided by the PMO in the field of the JSIS.

The same survey is about to be launched by all sections of **Federal R&D** in all EU institutions and agencies.

The results obtained will allow us to have an indisputable analysis on the problems encountered in order to present our proposals to DG HR and the PMO.

Your opinion matters!

**JSIS
Survey**



Please, use your login &
internet password

