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Le Président

Brussels, 31 March 2020

**To the attention of Mr Chr. Roques,
Director HR.D Health & Wellbeing**

Subject: Administrative handling of cases of Corona Virus Disease 2019 (COVID-19) for EU Pensioners and their families under the EU's Joint Sickness Insurance Scheme (JSIS)

Dear Christian,

May I begin by congratulating you most sincerely (along with your hard-pressed staff, who must all be facing huge challenges at present) for the two very helpful notes on Coronavirus addressed to pensioners (which AIACE helped to rapidly distribute via its sections given the understandably delayed postal deliveries in certain areas), and say how much we welcomed this initiative.

In addition, our thanks go to you (personally) and to your colleagues in both DG HR and the PMO who have been dealing so sensitively and with such kindness with the many and varied problems arising out of the current coronavirus pandemic, from bereavement support for the families of victims to assistance with documentation to enable a colleague to re-enter the EU from a far-flung country.

AIACE, along with the rest of Europe, has been closely following the fast-evolving situation with regard to the spread of the SARS-CoV-2 virus, and watching with horror the growing number of deaths and serious illness resulting from the respiratory and other conditions associated with COVID-19.

We have already lost friends and colleagues to the disease, and have noted with alarm the number of cases affecting both serving and former staff of the Institutions, including Mr Barnier, to whom we would ask you to pass our heartfelt wishes for a full and prompt recovery.

Your above-mentioned notes demonstrate that you are fully aware of the particular threat that this disease poses for the elderly, and especially for those with underlying health conditions.

As the number of cases started to spread across the EU, AIACE sought to flag up its concerns about the need for a concerted approach to the handling of cases involving former staff (and those away from the Institutional seats). However, the cancellation of all unnecessary meetings unfortunately meant that the body with oversight and management responsibility

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Adresse administrative : Commission européenne, N105 00/036, B-1049 Bruxelles, Belgique

Téléphone : ligne directe (+32-2)295.29.60 standard (+32-2) 299.11.11

Adresse électronique : aiace-int@ec.europa.eu Site Web: www.aiace-europa.eu

N° d'entreprise: 0408999411

for the JSIS, namely the JSIS Management Committee (CGAM), has been unable to fulfil its statutory role and contribute to the formulation of the appropriate administrative responses. We have seen Mr Hahn's note to serving staff, and feel that the Commission has shown itself alert to and mindful of the challenges that serving staff face in relation to the Coronavirus pandemic.

We feel, nevertheless, that a specific response that takes particular account of the very different situations in which pensioners find themselves as compared with serving staff is justified in this instance, given how very far away from the Institutions' seats and centres many pensioners live, and how the realities of home isolation/quarantine impact on their ability to communicate with the Commission's services.

Already now, the Settlements Offices appear – quite understandably - to be struggling to meet priority requests for recognition of serious illness, with standard cases of urgent surgery and chemo-/radiotherapy for advanced cancers taking as long as four or five weeks to be dealt with, and we are deeply concerned that as the count of COVID-19 cases continues to rise, the already pressured Settlements Offices could be swamped by an increasing number of requests, given the very limited number of Medical Advisers they have available to assess requests for serious illness recognition (SIR), and the difficulties they themselves face from an operational standpoint, with most (hopefully) working from home.

As the Member States have recognised in their own responses¹, fast-track procedures need to be put in place to ensure that the staff in the Settlements Offices can dedicate their time and efforts to assisting individual members in difficulty, whilst ensuring that a coherent and carefully thought through strategy is developed to reduce to a minimum unnecessarily complicated paperwork on a provisional basis.

AIACE has summarised its approach as follows:

1. Immediate (automatic) recognition of “exceptional hospital stay” (code 225) with direct billing² and 100% reimbursement in all cases that involve the hospitalisation of a patient with suspected CV infection

This would be a time-limited decision, covering the period of hospitalisation, up until discharge, whether with a definitive diagnosis or not of COVID-19, given the fact that in many cases, patients who die are not being tested, any more than those whose symptomology is clinically confirmed (when tests are in short supply, there's often a decision not to 'waste' one on a patient for whom there is a clinical diagnosis).

In practice, anyway, many of those hospitalised will spend at least three days in some form of intensive care (be that in a warehouse facility with 4,000 other patients, or in an isolation unit in a well-equipped hospital), or exceed the 30-day limit, both of which give rise to a code 225 reimbursement at 100%.

¹ French decision on Occupational Illnesses : <https://twitter.com/olivierveran/status/1242168229126189056>

² Where administratively possible, otherwise accelerated reimbursement/advance

2. “Fast track” recognition of full Serious Illness status for all patients who are discharged from hospital with a diagnosis of covid-19

Even if there is still much to learn about the disease, and its longer-term effects, it is already clear that there is a distinct likelihood of serious sequelae. Those who suffered ARD (acute respiratory distress) will almost certainly have some degree of permanent lung damage through scarring and fibrosis, and any pre-existing medical conditions or co-morbidities could well have worsened.

These patients should not have to wait weeks or months to be recognised as having a serious illness. It will be difficult enough for many of them to do more than obtain confirmation of their period of hospitalisation, and the fact that they were (say) ventilated for xx days).

In the case of patients who were cared for at home, it is recognised that further investigation and medical evidence will be required (but see below as regards testing).

3. Reimbursement at 100% of any diagnostic test (whether PCR, CT scan, or any then-approved methodology) or screening test (to detect the presence of antibodies, and determine possible immunity)

This would be a logical extension of the existing Article 72 screening provisions.

The above points should apply to spouses (and other dependents) with both primary and complementary cover, as it will often not be possible to determine what the then current rules on test availability were in the country in question.

It already seems probable that ‘normal’ billing arrangements for covid-19 patients will have broken down in many instances, and there are already indications that patient records are deficient in many cases.

This is not a time to consider that “the rules already in force” can apply without any hitches, and we were reassured by the mention in your letter of 18 March that it is the intention that “[d]ecisions will be taken quickly and without unnecessary red tape.” This will, however, need to be translated into practice in the context of extremely disparate clinical settings, which could well fail to meet over-stringent documentary requirements.

None of the above proposals require any amendment to the Joint Rules, or the General Implementing Provisions, but they would require clear administrative guidance to the already overstretched staff who will have to process the claims arising out of the coronavirus pandemic.

Before signing off, I would be remiss not to mention our appreciation of the decision already taken by the Pensions Unit to give pensioners additional time to get life certificates authenticated and to provide proof of non-remarriage in the case of those on survivors' pensions. Other such situations will no doubt arise, and I am confident that equally sensible administrative decisions will be taken.

Thank you in advance for your kind attention.

We remain, as ever, at your disposal to discuss any of the points raised in this note, and to provide any further information required.

Yours sincerely,

(signed)

Joaquín Díaz Pardo
President, AIACE International

Cc: Mr G. Scognamiglio, Director ai PMO
Mr B. Fetelian, Head of Sickness Insurance Unit - PMO.3
Mrs A.M. Silvano, Head of Pensions Unit - PMO.4

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