

**UNOFFICIAL TRANSLATION**  
**BH OFFICIAL GAZETTE NO. 30/2001**

Pursuant to general principles stipulated in the Constitution of Bosnia and Herzegovina; aiming to provide conditions for people insured with the health insurance institutions of Republika Srpska, Brcko District and the BiH Federation to use health care services on an equal basis at the medical institutions throughout Bosnia and Herzegovina; the Health Insurance Fund of Republika Srpska, the Government of Brcko District - Department for Health Care, Public Safety and Other Services and the FBIH Health Insurance and Re-insurance Fund, upon the authorization of the cantonal health insurance institutes, conclude

**AGREEMENT**

**on Manner and Procedure of Using Health Care Services of Insureds in the Territory of Bosnia and Herzegovina Outside the Territory of the Entity, including Brcko District, In Which They Are Not Insured**

Article 1

The Health Insurance Fund of Republika Srpska, the Government of Brcko District - Department for Health Care, Public Safety and Other Services and the FBIH Health Insurance and Re-insurance Fund (hereinafter: the parties to the agreement) hereby commit themselves to undertake measures necessary for ensuring the use of health care services in case when a person insured with the institutions of one Entity, or Brcko District, needs to use health care services in the territory of another Entity.

Article 2

An insured person who is changing permanent residence outside the territory of one Entity shall be entitled to health care under the condition that the legal person under obligation (insurance payer) to calculate and pay the contribution pays the contribution for the person concerned in a way and in accordance with the Law on Health Insurance applicable in the Entity of the new place of residence.

Exceptionally from the preceding Paragraph, persons who are beneficiaries of pensions, exercising the right to health care, shall be provided health care, even in case when the relevant Entity institution of pension and disability insurance under the obligation to calculate and pay the contribution fails to calculate and pay the contribution for the respective person.

Responsible Entity institution of pension and disability insurance shall be bound to settle in accordance with the law their financial liabilities towards the health care institutions, based on the compulsory health care contribution for persons referred to in Paragraph 1 of this Article as soon as they receive the funds.

Insured persons referred to Paragraph 1 of this Article shall be entitled to the type and scope of the health care, in a manner and procedure in accordance with the law, by-laws and enactments applicable for people insured with the health care institutions of the Entity of the new place of residence.

Insured persons shall have the health care in terms of the provision of Article 1 of this Agreement:

1. during temporary residence in another Entity for the purpose of education, studying and additional training,
2. in case of being sent for medical treatment to medical institution within the other Entity on the basis of a document issued by the health care institution responsible for the person concerned.

### Article 3

Prescription medications in terms of use of health care services in cases referred to in Article 2, Paragraph 5 of this Agreement shall be paid by the insured persons; these costs will be refunded by the health care institution where the persons concerned are insured in accordance with the valid regulations applied in that institution.

### Article 4

The parties to the Agreement shall undertake to ensure that the insured persons referred to in Article 2, Paragraph 5 of this Agreement shall receive health care in a manner and procedure applied to people insured with the health care institution where the respective health institution is located.

Exceptionally from the preceding Paragraph, in case when health care services the value of which exceeds 300 KM and orthopedic and other devices are needed, it shall be necessary to obtain prior approval of the responsible health insurance institution.

The approval shall not be required if rendering of the health care services referred to in the preceding paragraph cannot be postponed without serious threats to life and health of the person concerned.

### Article 5

The Parties to the Agreement shall undertake to enable undisturbed use of health care services on the basis of the valid medical document in cases referred to in Article 2, Paragraph 5 of this Agreement.

In case of providing emergency health care services, the medical institution shall provide health care service, the lack of which would jeopardize life and health of the insured person, even without presenting documents referred to in the preceding

Paragraph, but it shall be bound to obtain such a document from the respective health insurance institution within three days.

#### Article 6

Manner of providing health care services, type and scope of the health care services provided by the health institution in a place of temporary residence of the insured person shall be determined according to the regulations applicable for the health insurance institution which is in the same territory as the health institution providing those services.

Exceptionally from the preceding Paragraph, in case health care is provided on the basis of the document stipulating medical treatment in the health institution outside the Entity where the person concerned is insured, all health care services listed in the document shall be provided.

#### Article 7

If a health institution receives for in-patient clinic treatment an insured person referred to in Article 2, Paragraph 5 of this Agreement and if it is an emergency, it shall be bound to inform the health insurance institution insuring the person concerned on the date when he/she was received for medical treatment, diagnosis and foreseen duration of the in-patient clinic treatment within three days from the day the person was received, for the purpose of obtaining the relevant approval.

#### Article 8

Health institution which has provided services to insured persons referred to in Article 2, Paragraph 5 of this Agreement shall submit bill including a specification to the health insurance institution of the insured person in a manner and within deadlines applicable to it.

#### Article 9.

Health care services provided to insured persons referred to in Article 2, Paragraph 5 of this Agreement shall be calculated according to the prices established in the Price List, i.e. Health Care Services Tariff of the responsible health insurance institution.

The price list, i.e. tariff of the health care services referred to in the preceding Paragraph shall be integral part of this Agreement, and applied until adoption of the single price list at the level of Bosnia and Herzegovina.

Level of participation of the insured persons in the costs of the health care services shall be charged by the health institution providing the health care services under the regulations that it is subject to.

Health institution which has provided the health care services shall reduce the amount in the bill for the amount charged as direct participation of the insured person in the costs of health care services.

Services provided by the health institutions from the territory of the responsible health insurance institution to the insured persons referred to in Article 2, Paragraph 5, shall be paid by the responsible insurance according to its own regulations; clearance shall be made at the end of the year.

#### Article 10

Upon receipt of the bill referred to in Article 8 of this Agreement, the health insurance institutions/debtor, shall be bound to pay the amount from the bill within 30 days.

If the health insurance institution referred to in the preceding Paragraph establishes that the bill has not been accompanied with the relevant documentation, or that the bill is formally incorrect, it shall return such a bill to the respective health institution within 7 days from the day of its receipt and state the reasons for returning it.

If the amount in the bill has been incorrectly calculated or the amount includes the costs for the health care services which do not fall within the competence of the health insurance institution, the health insurance institution shall lodge the complaint regarding the disputed amount with the health care institution within 7 days from the day of receiving the bill.

Indisputable amount shall be paid by the health insurance institution ?? in terms of the provision of Paragraph 1 of this Article.

#### Article 11

The Parties to the Agreement have agreed that the health document referred to in Article 5 of this Agreement, which serves to prove the status of the insured person, shall also serve as evidence that the responsible health insurance institution shall pay the costs of the health care services provided to the insured person.

#### Article 12

The Parties to the Agreement shall establish a special commission for coordination of and monitoring the implementation of this Agreement, providing explanation of its provisions, proposing amendments to it and settling disputes.

The Commission referred to in Paragraph 1 of this Article shall, immediately upon signing of this Agreement, draft the instruction on the manner of registration and de-

registration of the insured persons referred to in Article 2, Paragraph 1 of this Agreement, as well as instruction on issuance of health document and other relevant elements for lawful, correct and timely provision of health protection to insured persons in a new place of residence.

The Commission referred to in Paragraph 1 of this Article shall, if necessary, draft an instruction on provision of health protection to the insured persons referred to in Article 2, Paragraph 5 of this Agreement.

Provisions of Article 15 of this Agreement shall also apply to the instructions referred to in Paragraphs 2 and 3 of this Article.

Each Party to the Agreement shall appoint 2 members to the Commission from Paragraph 1 of this Article for a period of two years.

The Commission from Paragraph 1 of this Article shall at its first session appoint the Chairman and Vice-chairman for a period of 1 year.

The Commission from Paragraph 1 of this Article shall pass the Rules of Procedure.

#### Article 13

Each Party to the Agreement may terminate the Agreement by declaration on termination addressed to all Parties to the Agreement three months before the end of the calendar year for the next year.

#### Article 14

This Agreement shall be considered concluded once being signed by the authorized representatives of the health insurance institutions of Republika Srpska and the Government of Brcko District - Department for Health Care, Public Safety and Other Services on the basis of decisions of the responsible authorities, and the authorized representative of the FBIH Health Insurance and Re-insurance Fund, upon the authorization of the cantonal health insurance institutes,

#### Article 15

This Agreement shall be made in the official languages of Bosnia and Herzegovina – Bosnian, Croat and Serb; all texts shall be authentic.

This Agreement shall be published in the Official Gazette of BiH, Official Gazette of FBIH and Official Gazette of RS.

This Agreement shall enter into force on the 8<sup>th</sup> day after the day of its publishing.

The Parties to the Agreement:

Health Insurance Fund of Republika Srpska  
Dragutin Ilic

Brcko District Government  
Department for Health Care, Public Safety and Other Services  
Anto Domic

FBIH Health Insurance and Re-insurance Institute  
Mustafa Hasovic

No. 07-11-102/00  
5 December 2001  
Sarajevo