1.1. Out-of-pocket (OOP) payments for hospital care (% of total hospital care expenditures) (A-5)

1.1.1. Documentation sheet

Description	A-5 Out-of-pocket (OOP) payments for hospital care (% of total hospital care expenditures)
Calculation	**Numerator**: Out-of-pocket (OOP) payments for hospital care **Denominator**: Out-of-pocket (OOP) and public health insurance payments for hospital care
Rationale	Belgium has made a commitment to universal health coverage (UHC), i.e. everyone should be able to obtain the health services that they need, of high quality, without risk of financial hardship in doing so.[1, 2] Ensuring affordable access to healthcare is at the heart of universal health coverage, and was reaffirmed numerous times as main objective of the Belgian healthcare system.[1] Healthcare is generally considered financially inaccessible when people limit or postpone the use of necessary care because of (excessively) high costs, or when they have to relinquish other basic necessities because they need care. Financial accessibility can be undermined by out-of-pocket (OOP) payments for healthcare. All countries use OOP payments to pay for some healthcare, though to varying degrees (see indicators A-2 & A-3). Evidence shows that user charges are not a good instrument for directing people to use resources more efficiently and can have negative effects on equity and efficiency.[3-7] Low-income populations are disproportionately affected by increased cost sharing, as they have higher care needs, are more price sensitive and resource constrained than other income groups. Hence, OOP payments can be a barrier to accessing health services and treatments. In hospital care, out-of-pocket payments consist of co-payments, supplements (balance/extra billing) and direct payments, e.g. non-covered services, equipment, medication or care products.[8] Supplements (e.g. fee, room, material) are paid on top of the official tariffs and can constitute an important share of the hospital cost, largely exceeding the official co-payments.[1, 8-11] Supplements (and direct payments) reduce price transparency and price security for the patient and they risk to make care inaccessible, all the more because existing protection mechanisms, such as the maximum billing (MAF) and increased reimbursement, do not apply to supplements and direct payments.[1] In order to offer affordable access to hospital care, the legislator has restricted the use of supplements. Currently fee and room supplements can only be billed if the patient has requested a single-occupancy hospital room. Fee and room supplements have been prohibited in double-occupancy hospital rooms in consecutive phases[1]: - Since 2010 room supplements are prohibited in double-occupancy hospital rooms, in classic as well as day hospitalisation. - Since 2013 also fee supplements are prohibited in double-occupancy hospital rooms for classic hospitalisation. - Since mid 2015, also fee supplements are forbidden in double-occupancy hospital rooms for day hospitalisation. In single-occupancy hospital rooms fee supplements can be charged by both conventioned and (partially or) non-conventioned specialists, with some exceptions: - when the health status of the patient or the technical conditions of the examination or treatment requires a single-occupancy room, or if special surveillance is required (Note that this includes COVID-19 patients); - when the patient is put in a single-occupancy room because there is no shared room available;

	- when the patient is admitted absent of his/her will to the emergency department or intensive care unit; - when a child is admitted and the accompanying parent has not explicitly signed for a single-occupancy room. Hospitals are free to set their own rules around the maximum fee supplement. Hospitals can also determine their own additional charges for the choice of a hospital single-occupancy room (room supplements), resulting in large variation in balance billing across hospitals.[8-11] In 2022, as a first step to reducing fee supplements, the maximum fee supplement was frozen at the hospital level.[2] Although this measure prevents further increases, it does not address differences between hospitals. The IMA hospital barometers give an overview of these maximum fee supplements per hospital.[8-11] In order to cover the additional costs of supplements, patients can take out additional coverage (voluntary health insurance, VHI). Often VHI reimburses – either partly or fully - the supplements billed in single-occupancy rooms. Additional coverage makes it easier for patients to choose for a single-occupancy room. However, given that supplements are rising, the insurance fees for an insurance policy covering single-occupancy rooms increase and risk to become unpayable for many persons. Survey data showed that take up of VHI is much more prevalent in the richest income quartile (88%) than among households at risk of poverty (42%).[2, 12]
Data source	IMA-AIM data and IMA-AIM hospital barometers.[8-11]
Technical definitions	**Hospital care** consists of inpatient care and day care (surgical, medical and oncological). Outpatient contacts in the hospital are not included. **Supplements and direct payments are treated as one category** and denoted supplements. Public health insurance payments do not include the "budgetary twelfths" (*"budgettaire twaalfden"* / *"douzièmes budgétaires"*) of the general hospital budget (*Budget van Financiële Middelen* / *Budget des Moyens Financiers*). The "budgetary twelfths" amounted to €4.7 billion in 2018, €5.1 billion in 2019, €5.1 billion in 2020 and €5.7 billion in 2021. Moreover, temporary general support to the hospitals related to COVID-19 is also not accounted for. **Region** refers to the region of the hospital, not the patient. **Single-occupancy rooms** are identified as follows: - inpatient admissions: nomenclature code 761644 - day-care admissions: presence of fee supplements, or nomenclature code 761633
International comparability	/
Limitations	The analysis is restricted to hospital care, it does not include prior or posterior outpatient care related to the hospital episode. Direct payments not on the hospital bill and unknown to IMA-AIM were not taken into account. Information on VHI coverage of the patient is not known. Hence, we cannot distinguish between patients receiving partial or full reimbursement of supplements through VHI and patients receiving no reimbursement.

Dimension	Accessibility
Related indicators	A-2 Out-of-pocket (OOP) payments (% of current expenditure on health) A-3 Out-of-pocket (OOP) medical spending (% of final household consumption) A-4 Households facing catastrophic out-of-pocket payments (% of respondents, HBS) A-6 People with self-reported unmet needs for medical examination due to financial reasons (% of respondents, EU-SILC)
Reviewers	Françoise De Wolf (IMA – AIM), Carine Van de Voorde (KCE)

1.1.2. Results

Hospital admissions in Belgium and regions

Table 1 provides information on the number of hospital admissions in Belgium and the regions. There were 1 640 074 inpatient admissions in 2021, down from 1 805 025 in 2017 and 2 148 861 day-care admissions up from 1 929 640 in 2017. Hence, the shift from inpatient care to day care that has been observed in previous studies, continued.[13] Second, there was a clear reduction in admissions due to COVID-19 in 2020 with a relative stronger impact on inpatient care. Fee supplements were charged in 19.9% of inpatient stays and 7.4% of day-care admissions in 2021.

There were some regional differences in the composition of hospital care. Flanders accounted for 57% of inpatient admissions, but 65% of day-care admissions. In Wallonia these shares were, respectively, 30% and 23%, and in Brussels 13% and 12%. The drop and rebound in activity due to COVID-19 was similar in all regions. In Wallonia, there were relatively fewer stays with fee supplements in 2021, while the share of day-care admissions with fee supplements was markedly higher in Brussels.

Table 1 – Number of inpatient and day-care admissions and share of admissions with fee supplements, by region (2017-2021)

		2017	2018	2019	2020	2021
Belgium	**Inpatient admissions**	1 805 025	1 833 667	1 805 658	1 529 656	1 640 074
	% with fee supplements	21.0%	20.7%	20.8%	19.3%	19.9%
	Day-care admissions	1 929 640	1 960 659	2 049 034	1 814 766	2 148 861
	% with fee supplements	7.7%	7.2%	7.3%	7.0%	7.4%
Flanders	**Inpatient admissions**	1 030 903	1 042 973	1 031 209	883 134	939 787
	% with fee supplements	22.5%	22.1%	22.1%	20.6%	21.5%
	Day-care admissions	1 243 788	1 268 229	1 335 759	1 196 840	1 394 382
	% with fee supplements	7.1%	6.7%	6.6%	6.4%	6.5%
Wallonia	**Inpatient admissions**	534 075	543 468	537 513	446 213	486 569
	% with fee supplements	18.2%	17.7%	17.9%	15.8%	16.1%
	Day-care admissions	462 096	470 816	482 921	412 328	504 052
	% with fee supplements	6.6%	6.2%	6.1%	5.4%	6.1%
Brussels	**Inpatient admissions**	240 047	247 226	236 936	200 309	213 718
	% with fee supplements	20.8%	21.1%	21.3%	21.0%	21.1%
	Day-care admissions	223 756	221 614	230 354	205 598	250 427
	% with fee supplements	13.2%	12.1%	13.9%	13.8%	14.6%

Source: IMA-AIM

Table 2 –Public and out-of-pocket spending in hospitals (in million €) and share of OOP payments for hospital care, by region (2018-2021)

		All admissions				Inpatient admissions				Day-care admissions			
		2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
Belgium	**Total spending***	7 107	7 410	6 808	7 520	5 105	5 183	4 589	4 897	2 002	2 227	2 219	2 622
	Public spending*	5 758	6 029	5 647	6 199	3 963	4 020	3 612	3 816	1 795	2 009	2 035	2 384
	*Stay**	*693*	*719*	*631*	*714*	*392*	*399*	*344*	*368*	*301*	*320*	*287*	*346*
	Fee	*3 170*	*3 243*	*2 928*	*3 169*	*2 478*	*2 510*	*2 294*	*2 377*	*692*	*733*	*634*	*792*
	Pharmacy	*1 205*	*1 357*	*1 471*	*1 594*	*477*	*480*	*430*	*445*	*729*	*876*	*1 041*	*1 149*
	Material	*658*	*686*	*594*	*697*	*585*	*608*	*523*	*603*	*73*	*78*	*71*	*95*

		All admissions				Inpatient admissions				Day-care admissions			
		2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
	Other	*32*	*24*	*23*	*24*	*31*	*23*	*21*	*23*	*1*	*1*	*2*	*2*
	OOP payments	1 349	1 381	1 161	1 320	1 142	1 163	977	1 082	207	217	184	239
	Co-payments	439	439	370	410	372	370	313	338	66	69	57	72
	Stay	*163*	*164*	*141*	*146*	*163*	*164*	*141*	*146*	*0*	*0*	*0*	*0*
	Fee	*109*	*111*	*96*	*101*	*89*	*90*	*78*	*79*	*20*	*21*	*19*	*22*
	Pharmacy	*13*	*12*	*11*	*11*	*6*	*6*	*5*	*5*	*6*	*6*	*6*	*6*
	Material	*152*	*151*	*122*	*151*	*112*	*110*	*89*	*107*	*40*	*42*	*33*	*44*
	Supplements and direct costs	910	942	791	911	769	794	664	744	141	149	127	167
	Fee	*628*	*652*	*549*	*649*	*525*	*543*	*456*	*525*	*103*	*109*	*93*	*123*
	Pharmacy	*77*	*82*	*74*	*79*	*62*	*66*	*60*	*62*	*15*	*16*	*14*	*18*
	Material	*21*	*23*	*18*	*24*	*12*	*13*	*10*	*12*	*9*	*10*	*8*	*11*
	Room	*130*	*131*	*102*	*106*	*122*	*123*	*95*	*97*	*8*	*8*	*7*	*8*
	Other	*53*	*55*	*48*	*53*	*48*	*49*	*43*	*47*	*5*	*6*	*5*	*6*
	Mean OOP per stay (in €)	€356	€358	€347	€348	€628	€642	€639	€660	€103	€104	€101	€111
	Mean co-payment per stay (in €)	€116	€114	€111	€108	€204	€204	€205	€206	€33	€33	€32	€33
	Mean supplement per stay (in €)	€240	€244	€237	€240	€424	€438	€434	€454	€70	€71	€70	€78
	OOP/total spending (%)*	19.0%	18.6%	17.1%	17.6%	22.4%	22.4%	21.3%	22.1%	10.3%	9.8%	8.3%	9.1%
Flanders	***OOP/total spending (%)****	17.7%	17.4%	15.8%	16.2%	21.2%	22.3%	20.1%	20.8%	9.8%	9.3%	7.8%	8.5%
Wallonia	***OOP/total spending (%)****	20.7%	20.1%	16.7%	17.4%	24.2%	23.9%	20.8%	21.8%	10.5%	9.8%	7.0%	8.1%
Brussels	***OOP/total spending(%)****	21.6%	21.4%	22.8%	23.2%	23.9%	24.1%	26.6%	27.3%	14.4%	13.6%	13.2%	14.2%

*Note: * Public spending (in particular regarding the stay) does not account for the budgetary twelfths, which are awarded on a monthly basis to the hospitals and are not directly attributable to a specific stay or procedure (see limitations). The budgetary twelfths constitute a large part of the hospital budget (i.e. €4.7 billion in 2018, €5.1 billion in 2019, €5.1 billion in 2020 and €5.7 billion in 2021) and their omission has a substantial impact on the reported numbers and percentages. OOP = out-of-pocket.*
Source: IMA-AIM

Hospital out-of-pocket payments

Table 2 provides information on the total amounts for hospital care charged to the public health insurance (excluding the budgetary twelfths of the general hospital budget) and the patient. Patient out-of-pocket payments are further subdivided in co-payments and supplements (including direct payments if information is available) and category of expense. This information was used to calculate the average OOP payments per stay and the share of OOP payments in total hospital care expenditures (the primary indicator).

Hospitalised patients were charged €1.32 billion in out-of-pocket payments in 2021, of which €1.08 billion was related to inpatient care and €239 million related to day care. The amount of OOP payments was slightly lower than in 2018, due to a decrease in OOP payments for inpatient care that was not fully compensated by the increase in OOP payments for day care. The decrease in OOP payments for inpatient care can be explained by the reduction in activity (see above, Table 1). When looking at the composition of OOP payments, co-payments have reduced over time from €439 million in 2018 to €410 in 2021, whereas the amount of supplements was similar in 2018 and 2021 at about €910 million. As a result, the share of supplements in OOP payments increased from 67% in 2018 to 69% in 2021. Co-payments were mostly related to the stay (for inpatient admissions), material and medical fee, each category exceeding €100 million in 2021. Fee supplements (€649 million in 2021) represented more than 70% of supplements and nearly half of all OOP payments.[a] It was the only category of supplements that actually grew over time, with other categories remaining more or less stable (pharmacy, material, other supplements) or decreasing (room supplements). Besides fee supplements, room supplements were the only other category of supplements surpassing €100 million in 2021.

COVID-19 had a profound impact on OOP payments, leading to an overall reduction of 16%, with similar contraction rates for co-payments and supplements, for inpatient care and day care. The rebound, however, was different with lower growth rates for inpatient care and co-payments compared to day care and supplements.

The amount of payments by the public health insurance (excluding the budgetary twelfths of the general hospital budget) has increased over time from €5.76 billion in 2018 to €6.20 billion in 2021, notwithstanding a sharp decrease in 2020. The increase over time was, however, in spite of a decrease in public spending on inpatient care, and entirely driven by a sharp growth of 33% in public spending on day care between 2018 and 2021. Total spending on hospital care also increased over time from €7.11 billion to €7.52 billion.

Out-of-pocket share of hospital expenditures (primary indicator)

A decline in OOP payments and an increase in total payments on hospital care resulted in a decline in the out-of-pocket share of hospital care expenditures from 19.0% in 2018 to 17.6% in 2021. This declining trend, however, conceals different effects at play. First, the OOP share of hospital care expenditures remained more or less stable between 2018 (22.4%) and 2021 (22.1%), while the OOP share of day care has decreased over time from 10.3% in 2018 to 9.1% in 2021. Second, there was a shift from inpatient care with relative higher OOP payments to day care with relatively lower OOP payments (see above, Table 1).

There was important regional variation in the out-of-pocket share of hospital expenditures, with higher rates in Brussels both for inpatient and day-care admissions. Fee supplements were not charged more frequently in Brussels than in other regions (see above, Table 1), suggesting that the amount of supplements per stay was likely higher. The overall rate in Flanders was somewhat lower than in Wallonia, partly because of a lower rate for inpatient admissions, but also because of the higher activity share of day care in Flanders. The slightly higher OOP share in hospital expenditures for inpatient care in Wallonia compared to Flanders, despite a lower frequency

[a] The IMA hospital barometers illustrate the large variation in fee supplements between hospitals, within hospitals between specialties and even within specialties between physicians and procedures.[7-10] In addition, over half (57%) of the fee supplements in 2021 were billed by conventioned physicians.[7]

to charge supplements (see above, Table 1), also suggests that supplements in Wallonia exceeded those in Flanders.

Average out-of-pocket payments per stay

Bringing together Table 1 and Table 2 allows us to calculate the average out-of-pocket payments, co-payments and supplements (and direct payments) per stay. This makes it possible to see the correspondence between the decrease in activity and amounts. On average, an inpatient stay had an OOP cost of €660 in 2021 of which €206 co-payments and €454 supplements (and direct payments). Note that these supplements were actually not spread over all stays as was done to calculate the average, but were concentrated among one fifth of the hospital stays. A day-care admission had on average an OOP cost of €110 in 2021 of which €33 co-payments and €78 supplements. Neither for inpatient admissions nor for day-care admissions, there was a drop in average OOP per stay related to COVID-19 in 2020. There was, however, an increase in 2021, largely related to a surge in (fee) supplements.

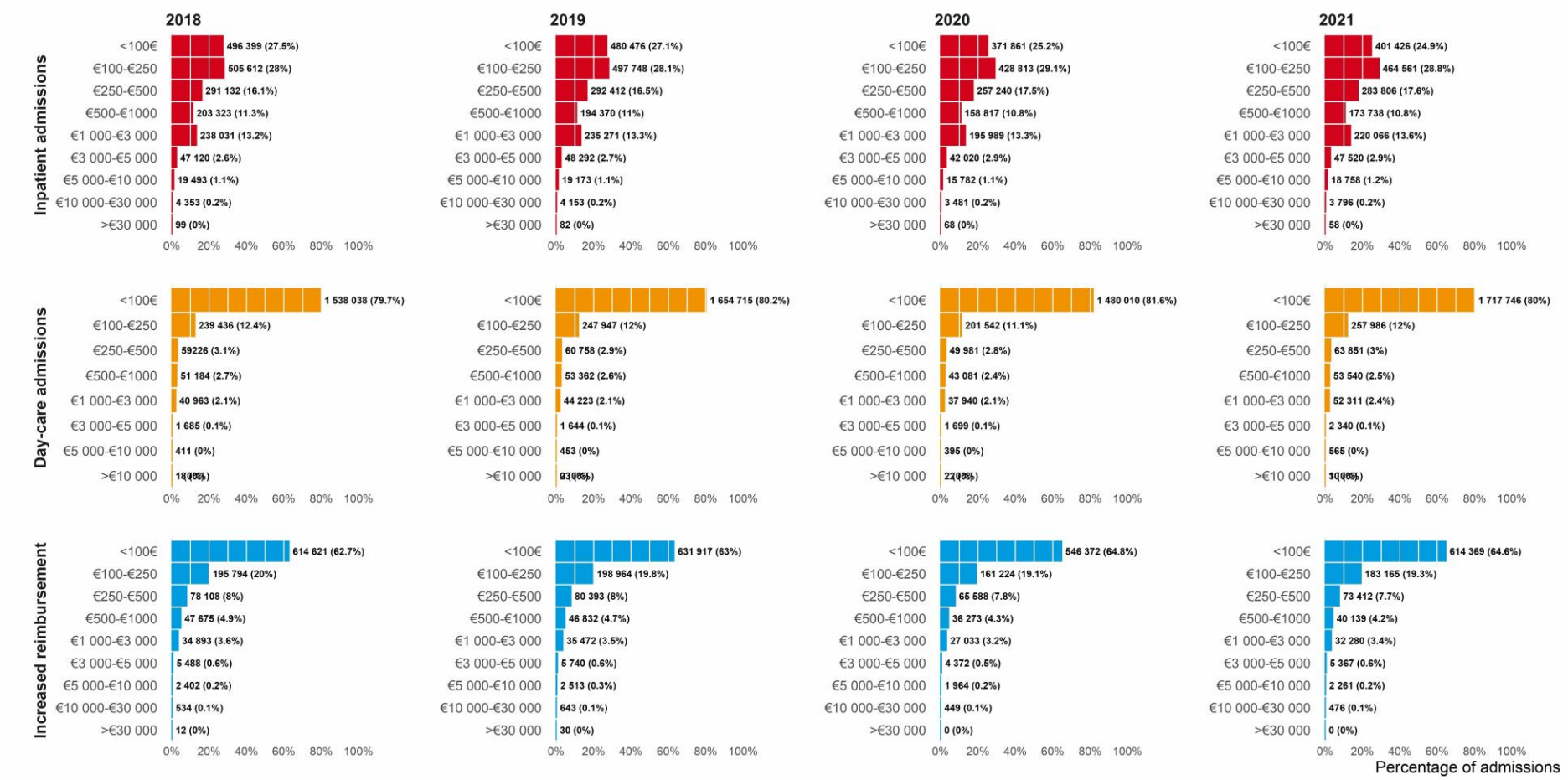
Variation in the amounts of out-of-pocket payments

Figure 1 shows that out-of-pocket payments charged for an admission were below €250 in 2021 for the majority of patients, i.e. 53.7% of inpatient admissions, 92.0% of day-care admissions and 83.8% of admissions of beneficiaries of increased reimbursement. On the other hand, the share and number of admissions with OOP payments of at least €1 000 was not negligeable. It concerned 290 198 (or 18.0%) inpatient admissions in 2021 of which 70 132 (or 4.3%) had OOP payments exceeding €3 000 in 2021, 55 247 (or 2.6%) day-care admissions in 2021, and 40 384 (or 4.2%) admissions of beneficiaries of increased reimbursement in 2021. The distribution over the different categories by magnitude of the OOP payments was similar over time.

In addition, Figure 2 present boxplots with the distribution of co-payments, supplements and OOP payments of inpatient admissions in 2021 as well as specific categories of expenses. Some of the findings that can be found in Figure 2:

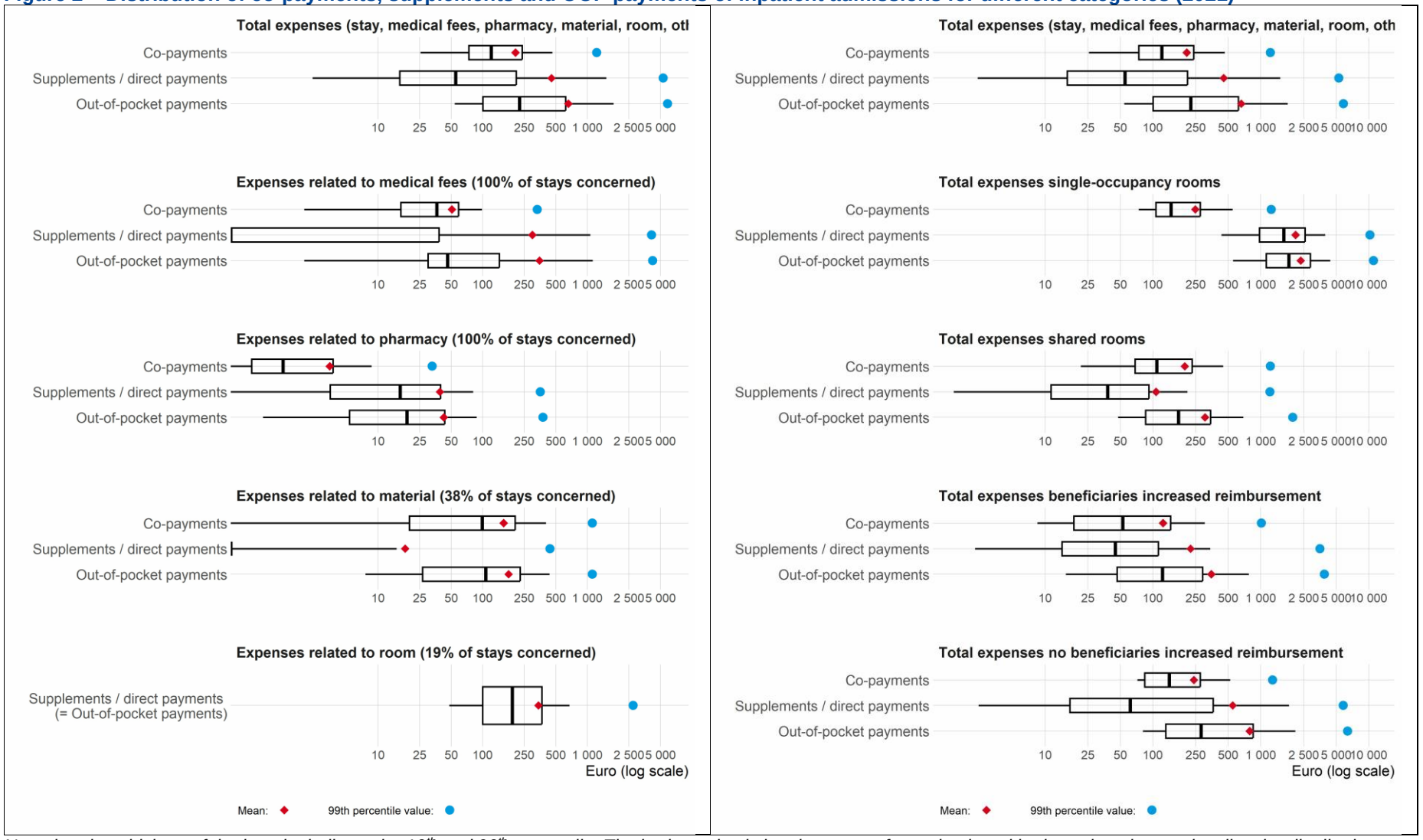
- 25% of inpatient admissions had OOP payments exceeding €619, 10% exceeding €1 777 and 1% exceeding €5 838. (Total expenses, row out-of-pocket payments)
- Fee supplements can present important costs and surpasses €1 000 for 10% of the inpatient stays. (Expenses related to medical fees, row Supplements / direct payments)
- The amount for OOP payments for single-occupancy rooms is largely determined by supplements /direct payments. On average OOP payments in single-occupancy amount to €2 348, with supplements and direct payments representing €2 100 and co-payments €247. (Total expenses single-occupancy rooms)
- The amount for OOP payments for shared rooms is largely determined by co-payments, although supplements and direct payments still amount to €107 on average. (Total expenses shared rooms)
- OOP payments are different lower for beneficiaries of increased reimbursement. Both the co-payments (€124 and €240 on average for persons benefiting or not benefitting from increased reimbursement, respectively) and supplements / direct payments are lower. Nonetheless, the distribution of OOP payments shows that 25% of the beneficiaries of increased reimbursement paid more than €289 out-of-pocket for a hospital stays, 10% more than €777 and 1% more than €3 878. (Total expenses beneficiaries increased reimbursement and Total expenses no beneficiaries increased reimbursement)

Figure 1 – breakdown of the out-of-pocket payments by magnitude of the amount, type of care and beneficiary of increased reimbursement (2018-2021)



Source: IMA-AIM

Figure 2 – Distribution of co-payments, supplements and OOP payments of inpatient admissions for different categories (2021)



Note that the whiskers of the boxplot indicate the 10th and 90th percentile. The horizontal axis has been transformed to logarithmic scale to better visualise the distribution.
Source: IMA-AIM

Table 3 – Variation in admissions in single-occupancy and shared rooms by socioeconomic status (2021)

		Inpatient admissions		Surgical day care		Medical day care		Oncological day care	
Category		**Admissions**	**% category**	**Admissions**	**% category**	**Admissions**	**% category**	**Admissions**	**% category**
All beneficiaries	**Single room**	285 213	17.4%	63 158	10.7%	82 276	7.6%	23 588	4.9%
	Shared room	1 354 861	82.6%	526 726	89.3%	997 582	92.4%	455 531	95.1%
Increased reimbursement*	**Single room**	31 940	6.6%	5 926	5.1%	8 690	3.7%	3 320	2.6%
	Shared room	450 653	93.4%	110 504	94.9%	227 812	96.3%	122 843	97.4%
No increased reimbursement	**Single room**	253 273	21.9%	57 232	12.1%	73 586	8.7%	20 268	5.7%
	Shared room	904 208	78.1%	416 222	87.9%	769 770	91.3%	332 688	94.3%

*Note: * Beneficiaries of increased reimbursement as share of the population was 18.9% in 2021.*[14]
Source: IMA-AIM

Variation by socioeconomic status of the beneficiary

Table 3 indicates that 29.4% of all inpatient admissions and 22.3% of all day-care admissions concerned a beneficiary of increased reimbursement (while beneficiaries to increased reimbursement represent about 18.9% of the population). There were 285 213 inpatient admissions in single-occupancy rooms, which represented 17.4% of all inpatient stays. The IMA hospital barometer indicates that there was large variation between hospitals in this regard, with shares of single-occupancy rooms in certain hospitals exceeding 50%.[8] Inpatient admissions in single-occupancy rooms were three times less likely for beneficiaries of increased reimbursement (6.6%) than for other insured persons (21.9%). For day care and in particular oncological day care, the use of single-occupancy rooms was less common. Beneficiaries of increased reimbursement had a single-occupancy room in 3.9% of the day-care admissions compared to 9.9% for other insured persons.

Figure 2 shows that inpatient admissions of beneficiaries of increased reimbursement had an average OOP cost of €348 in 2021, more than 2 times lower than the average OOP cost of other insured persons (€789). Both co-payments (€124 versus €240) and supplements (€224 versus €549) were lower.

Variation by room type

Figure 2 shows that inpatient admissions in a single-occupancy room had an average OOP cost of €2 348 in 2021, almost 8 times higher than the average OOP cost in shared rooms (€304). While co-payments were slightly higher in single-occupancy rooms, this discrepancy was almost entirely due to the charged supplements with an average and median value in single-occupancy rooms of, respectively, €2 100 and €1 632. For 1% of admissions in a single-occupancy room, supplements exceeded €10 000.

Impact of COVID-19 pandemic

There was a clear reduction in admissions due to COVID-19 with a relative stronger impact on inpatient care (see Table 1). The drop and rebound in activity due to COVID-19 was similar in all regions.

COVID-19 also had a profound impact on OOP payments, leading to an overall reduction of 16%, with similar contraction rates for co-payments and supplements, for inpatient care and day care (see Table 2). The rebound differed, however, with lower growth rates for inpatient care and co-payments compared to day care and supplements. Public spending on hospital care decreased by 6% in 2020. The combined effect was a

decrease in the OOP share of hospital expenditure from 18.6% in 2019 to 17.1% in 2020 and subsequent rebound to 17.6% in 2021 (see Table 2).

Bringing together Table 1 and Table 2 allowed us to calculate the average out-of-pocket payments, co-payments and supplement per stay. This makes it possible to see the correspondence between the decrease in activity and amounts. On average, an inpatient stay had an OOP cost of €660 in 2021 of which €206 co-payments and €454 supplements. Neither for inpatient admissions nor for day-care admissions, there was a drop in average OOP per stay in 2020. There was, however, an increase in 2021, largely related to a surge in (fee) supplements.

Key points

- **Supplements (and direct payments) are paid on top of the official tariffs and can constitute an important share of the hospital cost, largely exceeding the official co-payments. They reduce price transparency and price security for the patient and risk to make care inaccessible, all the more because existing protection mechanisms, such as the maximum billing (MAF) and increased reimbursement, do not apply to supplements and direct payments.**
- **Hospitalised patients were charged €1.32 billion in out-of-pocket payments in 2021, of which €1.08 billion was related to inpatient care and €239 million to day care.**
- **Co-payments declined over time from €439 million in 2018 to €410 in 2021, whereas the amount of supplements was similar in 2018 and 2021 at about €910 million. As a result, the share of supplements in OOP payments increased from 67% in 2018 to 69% in 2021.**
- **Fee supplements (€649 million in 2021) represented more than 70% of supplements and nearly half of all OOP payments. It was the only category of supplements that increased over time.**
- **The out-of-pocket share of hospital care expenditures (excluding the budgetary twelfths) declined from 19.0% in 2018 to 17.6% in 2021. Different effects were at play: (1) the OOP share of hospital care expenditures remained more or less stable between 2018 (22.4%) and 2021 (22.1%), while the OOP share of day care decreased over time from 10.3% in 2018 to 9.1% in 2021; (2) there was a shift from inpatient care with higher OOP payments to day care with lower OOP payments**
- **The out-of-pocket share of hospital expenditures was higher in Brussels both for inpatient care and day-care admissions, and somewhat lower in Flanders.**
- **On average, an inpatient stay had an OOP cost of €660 in 2021 of which €206 co-payments and €454 supplements (and direct payments). A day-care admission had on average an OOP cost of €110 in 2021 of which €33 co-payments and €78 supplements. There was large variation: (1) 18.0% of inpatient admissions in 2021 had OOP payments exceeding €1 000; (2) 10% of patients and 10% of beneficiaries of increased reimbursement paid more than €1 777 and €777 out-of-pocket for an inpatient stay in 2021, respectively; (3) OOP cost of inpatient admissions was on average two times lower for beneficiaries of increased reimbursement; (4) average OOP payments of inpatient stays in single-occupancy rooms were almost eight times higher than in shared rooms, mainly due to the difference in supplements.**
- **COVID-19 had a profound impact on OOP payments (reduction of 16%) and public spending on hospital care (reduction of 6%). The combined effect was a decrease in the OOP share of hospital expenditures from 18.6% in 2019 to 17.1% in 2020 and a subsequent rebound to 17.6% in 2021.**

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