
Subject: Medicare Ineligible Patients Policy & Procedure
Section: Finance
Responsibility: Finance Manager
Authorised: Chief Executive Officer



OBJECTIVE

To define a procedure for payment of services rendered by Boort District health (BDH) to Medicare “ineligible” patients. As defined by the Department of Health, any patient who does not have a valid Medicare card is deemed “ineligible” except for patients from countries with which Australia has a *Reciprocal Rights Health Care Agreement*.

DEFINITIONS

Asylum Seekers and Refugees: Asylum Seekers and Refugees are provided with free medical care (including diagnostic services) in Victorian hospitals

DRG: Diagnosis Related Group. Is a classification system that provides a clinically meaningful way to relate or group the number and type of patients treated in a hospital to the resources required by the hospital.

Medicare Ineligible patients: Defined as those patients who present and are not entitled to Medicare benefits or free hospital treatment (not having a valid Medicare card and are not an Australian Resident or resident of a country where reciprocal Health Care Agreement exists).

Overseas patients with a working visa: Overseas visitors with a current working visa must be insured with an Australian private health insurer.

Proof of Identity: means sufficient evidence to satisfactorily establish one’s identity, and may include any of the following:

- Medicare card
- An Australian Driver’s Licence
- A credit card
- A Passport with a valid Visa

Reciprocal Health Care Agreements: Defined as agreements between Australia and other countries to provide free medical care with some conditions, to citizens of countries with which Australia has an agreement, including the United Kingdom, New Zealand, Republic of Ireland, Belgium, Slovenia, Sweden, The Netherlands, Finland, Norway, Malta and Italy, where medically necessary treatment is required before visitors return to their home. In order to access care, the visitor is required to produce their passport as proof of eligibility.

SCOPE

All acute patients, regardless of whether they are Australian citizens or permanent residents, are given emergency treatment in various departments within BDH. A need has been identified for a clear procedure to explain how to admit and process this group of patients, incorporating collection of all relevant information from the patient/and or family and a payment procedure including the obtaining of informed financial consent.

Reciprocal Rights Health Care Agreements:

All urgent care presentations of patients from the following countries are covered under the *Reciprocal Rights Health Care Agreement* and are to be treated as public patients:

- New Zealand
- United Kingdom
- Republic of Ireland

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- The Netherlands
 - Sweden
 - Finland
 - Norway
 - Belgium
 - Italy (covered only for six months from date of arrival in Australia)
 - Malta (covered only for six months from date of arrival in Australia)

This group of patients are to be classified in iPM as Overseas Eligible – (Reciprocal) and must show a valid passport at the time of presentation in Urgent Care or they are to be billed as “Overseas - Non- Eligible” patients.

PRINCIPLES

Urgent Care presentations

When a patient present at the Urgent Care Centre and does not have a valid Medicare card, the patient is to be classified in iPM as “Overseas – Non-Eligible”.

The following process will apply:

- the patient will be required to present some form of ID verifying an address in Australia and their overseas address; preferably a passport or student ID card
- name, address and phone numbers including mobile phone numbers of next of kin and a relation to next of kin in Australia are to be noted on the iPM system
- the ID of next of kin is to be verified by checking a driver’s licence or key card photo ID
- the RN or reception staff must read the “Acceptance of Financial Responsibility” form to/with the patient and ensure the patient/family understand the content and the financial implications; the patient and debtor (if applicable) should then be asked to sign the form
- the section “Debtor Details” is to be completed and signed by a permanent resident or Australian citizen (generally the next of kin)
- Payment for presentation to Urgent Care Centre to be made at the time (refer to schedule),
- other costs incurred will be invoiced to the permanent resident
- Where the patient has no permanent resident to sign the “Debtor Details” section, the patient’s travel insurance details (if applicable) are to be obtained including a copy of the passport entry into Australia; the Admission clerk must then sign the relevant section, completing their name and work contact number
- All overseas students must also sign a Form of Election for Admission to a Public Hospital and a National Private Patient Hospital Claim Form

Should the patient and/or relatives refuse to sign the “Acceptance of Financial Responsibility” document, the matter should be immediately referred to the executive (either the CEO or Director of Clinical Services).

The following services will attract fees:

- Facility fee – patient in Urgent Care Centre less than four (4) hours
- Accommodation fee – patient in Urgent Care Centre more than four (4) hours
- Inpatient fee – patient admitted overnight (payment of a deposit to cover up to three (3) days required)

Refer to Appendix B Schedule of fees for Medicare ineligible patients for current rates.

Payment is to be made at the front office within business hours. Patient Accounts/executive should be notified immediately if the patient/ and or relatives have no means of payment at the time. In instances where an Overseas – Non-Eligible patient has travel insurance, the patient is required to pay Boort District Health in full and lodge a claim with their respective Health Fund.

RECIPROCAL RIGHTS OF OVERSEAS VISITORS

Residents of these countries must show **proof of eligibility** in the form of:

- a current passport with a valid visa, or
- identification showing enrolment in the home country's national health scheme, or
- an Australian reciprocal health care card issued by Medicare Australia

It is recommended that all eligible visitors enrol with Medicare either prior to receiving treatment or as soon as possible after.

Entitlements for Reciprocal Rights patients

In general, the agreements provide residents of either country who are visitors, with reciprocal access to the public health system of the other country for any immediate medically necessary treatment that is required before returning home. Medically necessary treatment means any ill-health or injury which occurs while in Australia and requires immediate treatment and attention, and is clinically required for diagnosis, alleviation or care of the condition. This covers necessary medical treatment as a hospital in-patient or out-patient care in a public hospital, as a public patient.

Asylum Seekers

Medicare ineligible asylum seekers are to be provided free necessary medical care including diagnostic, pharmaceutical and other services in Victorian public hospitals. Asylum seekers must produce adequate documentation of their status including a visa and other supporting documentation from the Dept of Immigration and Multicultural Affairs or from a recognised asylum support agency such as the Red Cross. These patients are to be classified in PMI as Asylum Seeker/Refugee. Without documentation, the episode will be billed, however, the charges will be waived if the documents are produced at a later date.

References:

<https://www2.health.vic.gov.au/hospitals-and-health-services/patient-fees-charges/admitted-patients/ineligible>

Appendix A:

Acceptance of Financial Responsibility Form

Appendix B:

Schedule of fees for Medicare Ineligible Patients

Last Review Date:

01/07/2021

Next Review Date:

01/07/2022

APPENDIX A:

ACCEPTANCE OF FINANCIAL RESPONSIBILITY FORM

PATIENT DETAILS:

UR number: _____

Name: _____

Address: _____
_____ Postcode: _____

Home Phone No: _____ Mobile No: _____

Passport No: _____ Country: _____

Health Fund: _____ Membership No: _____

DEBTOR DETAILS: (Australian Permanent Resident or Australian Citizen)

Name: _____

Address: _____

Home Phone No: _____ Mobile No: _____

Email Address: _____

I, _____ (the undersigned), agree to accept full financial responsibility for all associated medical costs for the abovementioned patient. I have read and understood the schedule of fees attached to this form.

I understand that I will receive separate accounts for diagnostic services – x-rays, scans, blood tests, as well as any private consultations by specialists, which will be sent to me as the services are performed.

I agree to pay Boort District Health all charges within the payment terms specified on page 2 of this document unless otherwise agreed with the health service. Any variations to these terms will be provided to me in writing, and duly signed by the health service and myself.

In the case of delay or default of payment, I authorise Boort District Health to inform the Department of Immigration and Multicultural Affairs of the outstanding debt.

Debtor: _____ Patient: _____

Signature: _____ Signature: _____

Boort District Health Authorised Officer's Name: _____

Signature: _____ Contact No: _____

Appendix B: Schedule of Fees for Medicare Ineligible Patients

Urgent Care Centre	
Urgent Care Presentation	\$ 659 per visit
Hospital Wards (Medical, Surgical)	
Same Day - Shared	\$219 per day
Same Day - Single	\$177 per day
Overnight – Shared	\$574 per night
Overnight - Single	\$684 per night

The above charges are for accommodation only and do not include the costs for diagnostics (pathology and radiology), medical fees, theatre, prosthesis, aids and equipment or pharmaceutical services.

All rates are current as at 1 July 2021 and are subject to change without notice.