

# ACCEPTANCE FOR ADMISSION AND TREATMENT OF MEDICARE IN ELIGIBLE PATIENTS AT SCHN

## PROCEDURE <sup>®</sup>

### DOCUMENT SUMMARY/KEY POINTS

- This document provides procedures for the costing of Overseas and / or Medicare Ineligible patients requiring admission, via an emergency department, planned or outpatient review.
- All planned Overseas and or Medicare Ineligible patients not residing in Australia at the time of request to admit must be approved by the Director of Clinical Operations (DCO).
- All urgent admissions (via Emergency Department) are to be notified to the DCO, if long term admission or complex surgery is required.
- All elective Overseas and or Medicare Ineligible patients require costing by the Admitting Medical Officer (AMO) and Overseas Coordinator (OC) in conjunction with the Finance Department.
- Payment for planned overseas and/or Medicare Ineligible patients is required prior to admission unless health cover insurance has been confirmed prior to 'Admissions' by a 'Letter of Guarantee'.
- Patients admitted via Emergency Department identified as not having any insurance are to make an upfront payment immediately. All treatment is to be paid for, prior to discharge from the facility.

For additional information and access to the Forms, see the SCHN Intranet page under resources "*Overseas and/or Medicare Ineligible Patients*":

<http://intranet.schn.health.nsw.gov.au/resources/overseas-and-or-medicare-ineligible-patients>

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

<b>Approved by:</b>	SCHN Policy, Procedure and Guideline Committee	
<b>Date Effective:</b>	1 <sup>st</sup> December 2020	<b>Review Period:</b> 3 years
<b>Team Leader:</b>	Deputy Manager	<b>Area/Dept:</b> Transaction Services

## CHANGE SUMMARY

- Due for Mandatory Review
- Links updated. Recommend to read the entire document as there are amendments made through out.

## READ ACKNOWLEDGEMENT

- All Medical staff, Administrative, Clinical and Finance Partners and relevant Finance staff involved with the process of admitting or booking patients into SCHN for care are required to read the procedure.

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## 1 Policy Statement

The Sydney Children's Hospitals Network prides itself on delivering high quality medical care to all children who require it.

In line with NSW Policy Directive PD2016\_055 **Medicare Ineligible and Reciprocal Health Agreement**, all persons presenting to an emergency department with an urgent clinical condition should be assessed and provided with treatment clinically required at that time.

It is a mandatory requirement of NSW Health policy regarding Medicare Ineligible patients, that charges are raised for all services where a patient is not eligible for free or subsidised treatment.

As a referral service for complex, interventional and rare conditions, The Sydney Children's Hospital Network's (SCHN) Consultant Medical Officers are frequently approached to provide services for Medicare ineligible and/or overseas patients.

There is a desire to accommodate such requests from humanitarian, compassionate and professional perspective, but it is imperative that the funds required to provide for such services, do not diminish resources available for the care of Medicare eligible patients. Therefore, the acceptance of any Medicare ineligible and/or overseas patient to The Sydney Children's Hospital Network will be subject to the discretion of the Director of Clinical Operations (DCO) who will consider the changing hospital environment and that such admission does not disadvantage any Australian Medicare eligible patients requiring medical services. Any appeal to this decision must be addressed to the Chief Executive.

The Sydney Children's Hospital Network will make every effort to assist Medicare Ineligible and/or overseas patients seeking to receive inpatient and outpatient services at The Sydney Children's Hospital Network. An agreement will be reached in advance to ensure SCHN is compensated for these services and to ensure resources are not exhausted for the care of Australian Medicare eligible patients.

The following procedure is adopted to ensure that:

- Staff can easily determine the correct classification of overseas patients when accessing services provided by the Sydney Children's Hospitals Network.
- Requests to provide services to Medicare ineligible and/or overseas patients can be handled efficiently.
- Requests provide for a guarantee and/or receipt of payment to offset all costs, including overhead and incidental costs.

Where relevant admission of these patients must be negotiated with the Clinical Program Director and approved by the Director of Clinical Operations prior to their admission or appointment in outpatients.

## 2 Definitions

- **'Medicare Ineligible Patient'**: A Medicare Ineligible patient is one who is not an Australian resident or not eligible for Medicare benefits.
- **'Eligible Insurance'**: Eligibility check is completed and approved by insurer.
- Guarantee of payment confirmed.
- **'DCO'**: Director of Clinical Operations
- **'DOF'**: Director of Finance
- **'AMO'**: Admitting Medical Officer
- **'OC'**: Overseas Coordinator
- **'PLO'**: Patient Liaison Officer
- **'MBS'**: Medicare Benefit Schedule
- **'AMA'**: Australian Medical Association
- **'DH'**: Department head
- **'CSA'**: Clinical Support Administrators

## 3 Procedure

The following procedures are required to be adhered to in relation to the acceptance for treatment and admission of Overseas and/or Medicare Ineligible Patients at The Sydney Children's Hospitals Network - Westmead and Randwick.

### 3.1 Interview process for all patients treated or admitted to SCHN

The patient must be treated or admitted under the correct financial classification following the patient registration and interview process ensuring all patient and next of kin details are updated including requesting for copies of passport and visa documents.. Refer to part 3 on attached [NSW Health Patient Interview Guide](#).

#### **It is important to note the following:**

- The MVA classification will over-ride any Medicare Ineligible financial classification.
- Section 3.6 of [PD2016\\_055](#) states the following treatment will be **supplied free of charge** to a Medicare Ineligible patient relating to all infectious diseases including:
  - Screening, treatment and post-exposure prophylaxis specifically for tuberculosis (TB)
  - Bacterial sexually-transmissible diseases and blood borne viruses including hepatitis B and C and HIV/AIDS

- Leprosy
- Other conditions subject to public health unit investigation and control such as but not limited to: COVID-19, hepatitis A, measles, meningococcal disease, whooping cough, typhoid and rabies.
- A patient presenting as a victim of crime, including domestic violence will be treated **free of charge and classified “victim of crime”**.
- Potential organ donor will be treated **free of charge and classified non-chargeable**.
- From 1 July 2016 residents of Norfolk Island are covered by Medicare. Patients can elect to be private and classified as self-funded.

## 4 Inpatient

It is the responsibility of the Admitting Medical Officer to ensure the procedures are adhered to in relation to the acceptance for admission of overseas and/or Medicare ineligible patients at SCHN.

All requests to admit Medicare Ineligible Patients not residing in Australia and/or on a visitors, business or medical visa cannot be assumed prior to the approval being confirmed by the DCO.

**The PLO must complete an eligibility check for all patients on a work or student visa with Private Health Insurance prior to the admission. Note DCO approval does not apply to patients on a work or student visa living in Australia.**

### 4.1 Approval Process

#### 4.1.1 Responsibility of Admitting Medical Officer (AMO)

- AMO to complete and sign the [Initial Request to Admit](#)
- AMO to discuss with Department Head and Program Chair to sign and approve the request to admit.
- AMO to forward the “Initial Request to Admit” with supporting documents to OC via email to [SCHN-Revenue@health.nsw.gov.au](mailto:SCHN-Revenue@health.nsw.gov.au) for DCO approval.
  - If the DCO declines the request, notification of the decision will be sent to the AMO and Department Head.
  - If the DCO endorses the decision, the DCO will email the decision to the AMO and Overseas Coordinator (OC), with further advice, either to complete an estimated costing or obtain a financial guarantee.
- The OC will liaise with the AMO to ascertain patient financial status.
- If patient holds insurance, OC to contact insurer and complete an eligibility check and request for a guarantee of payment. It is the responsibility of the OC to ensure the patient’s financial eligibility is determined prior to admission.

- If an estimated costing is required, the AMO must complete the [costing calculator](#) as per the agreed treatment plan.
- Once completed the AMO to email the costing calculator to the OC.

#### 4.1.2 Responsibility of Overseas Coordinator and Patient Liaison Officer

- OC to populate costs as per the agreed rates and email the costing calculator to AMO for final review to ensure all services and charges have been included.
- AMO approves the costing and signs [Final Approval for Admission](#) and forward documents to the OC to sign off and submit to the DCO.
- On receiving DCO's final approval, the OC to liaise with the parent to confirm acceptance of costs and discuss payment arrangement. Parent to sign a copy of the [SCHN Overseas Declaration Form](#) to acknowledge that they have received and understand the estimate and agree to pay for any unforeseen charges and sign relevant [estimate of cost and agreement to pay](#).
  - Planned Medicare Ineligible Patient Estimate of cost and agreement to pay
  - Work and student visas Inpatient estimate of cost and agreement to pay
  - Asylum Seeker Inpatient estimate of cost and agreement to pay
- On receiving payment or letter of guarantee, the OC to send an email to notify the AMO, PLO, booking office and all relevant departments, advising approval to confirm admission.
- AMO to forward Request for Admission Form (RFA) to the booking office, noting the correct financial classification.

## 4.2 Payment for services

Whilst every effort is made to provide an accurate estimate of expenses, additional costs are sometimes incurred. This may be due to variations in proposed treatment, procedure, prosthesis, high cost drugs, genetic testing or length of stay.

Payment for services as per the estimated costing must be paid 2 weeks before the admission date. Patient must complete and sign the [SCHN Overseas declaration form](#) and the in-patient election forms.

Any balance outstanding is payable prior to or on discharge from the hospital. SCHN accept credit cards, cash, EFTPOS or direct bank deposit.

[Patient must be directed to the Overseas Coordinator if they would like to discuss their financial arrangement.](#)

Payment can be made as follows:-

- **CHW Cashier** - Business hours are Monday to Friday 8.30am to 3.30pm, Level 2
- **CHW Revenue Department** – Business hours are Monday to Friday 8.00am to 4.30pm, Level 4 or by phone on 02 98453666. After business hours payment can be made at the Enquiries desk.

- **SCH Cashier** - Business hours are Monday to Friday 8:15am to 3.30pm, closed from 1pm to 2pm or by phone on 02 9382 1997. After business hours payment can be made at ED.

**All requests for waiver of fees must be approved by the Director of Clinical Operations as per the delegation manual.**

### 4.3 Planned Admission

Planned admissions could include the following types of patients:

- **Patients abroad requesting to be admitted at SCHN**
  - Admissions must be approved by the DCO prior to patient arriving in Australia.
  - Procedure:-
    - Where relevant the AMO must ensure the [approval process](#) is followed.
    - AMO must complete the RFA with the **correct financial classification** and MBS item number for the procedure and forward to the relevant booking office.
    - Booking Office must contact parent and insurer, to confirm financial classification. Follow interview process if required.
    - If patient is not insured, Booking Office to immediately notify the OC.
    - If patient is insured, Booking Office to refer to the PLO to complete eligibility check.
  
- **Patients on a work/student visa living in Australia**
  - PLO to complete eligibility checks and guarantee of payment must be confirmed prior to admission.
  - Patient can be put on the waitlist whilst eligibility check is being confirmed. DCO approval is not required.

### 4.4 Emergency Admission

The patient must be admitted under the correct financial classification following the patient registration and interview process ensuring all patient and next of kin details are updated. Refer to [NSW Health Patient Interview Guide](#).

In line with the NSW Health Policy Directive for Medicare Ineligible and Reciprocal Health Agreement – Classification and Charging [PD2016\\_055](#), staff must ensure all persons presenting to an emergency department with an urgent clinical condition must be assessed and provided with treatment clinically required at that time.

**The admission and treatment provided to an overseas patient, does not disadvantage any Australian Medicare eligible patients requiring medical services.**

#### 4.4.1 Procedure

- Clinical Support Administrators (CSA) must interview the patient to identify and classify the patient accurately. Refer to [NSW Health Patient Interview Guide](#).

**NOTE:** All Medicare Ineligible presentation to ED must be advised to pay an occasion of service fee until decision to admit

- If the CSA is unable to determine patient financial classification, a PLO must be requested to interview the patient.
- PLO to interview patient and ensure the correct process is completed depending on the [patient category](#) and to:
  - Inform patients of all applicable charges
  - Verify insurance and visa status of patients
- All Medicare Ineligible patients must be asked to provide the following:
  - Copies of passport and visa (documentation and date of entry validation)
  - Contact information during their stay in Australia
  - Overseas residential address and contact details
  - Relevant health insurance policy details
- CSA/PLO must ensure all relevant revenue and election forms are completed and signed by the parents.
- The above process must be followed for inter-hospital transfers as well.
- Weekend and afterhours admissions of a Medicare Ineligible Patient must be followed- up by the CSA and PLO on the next working day.

## 4.5 Patient Categories - Inpatient

**There are distinctive patient category/groups of Overseas and/or Medicare Ineligible patients seeking care at SCHN.**

Patients without a Medicare card are required to pay for all costs associated with their health care. If a patient does not have a Medicare card, they could choose to use their private health insurance to cover hospital costs. But if they do not have private health insurance, they will be required to pay the full estimate of cost on or before the day of admission. Fees for additional or unplanned services are payable prior to the day of discharge. AMO, PLO and CSA must ensure the correct process is followed in each case.

### 4.5.1 Visitors to Australia

If a patient is a visitor to Australia, and does not hold a valid Medicare card they are not eligible for free treatment under Medicare.

In these cases, patients will be responsible for the payment of all expenses associated with treatment, including medical, diagnostic, accommodation, prosthetic, pharmaceutical, including high cost drugs.

**Holders of travel insurance must pay upfront for all hospital costs as per [NSW Fees and Charges](#) and lodge a claim through their travel insurance after discharge.**

If the patient provides sufficient proof of insurance cover the PLO's must contact the insurance company to obtain a guarantee of payment. Verbal approval will not be accepted. The PLO must ensure written approval is received on or prior to the day of admission. It is the responsibility of the CSA and PLO to ensure patients have completed and signed all relevant revenue and in-patient election forms related to the admission and [SCHN Overseas Declaration Form](#).

If the Insurer is unable to provide a written guarantee on the day of admission, the parent must be advised to pay a deposit for 2 days accommodation costs. Refer to [NSW Fees and Charges](#) to charge appropriate rate depending on visa type.

In line with NSW Policy Directive PD2020\_025, SCHN must ensure staff obtain an assurance of payment from this category of Ineligible patients before treatment is provided. This assurance may be in the form of:

- Upfront EFTPOS payment
- Bank Cheque
- Personal guarantee from an Australian citizen

Note: other options must be considered to ensure that payment for services is not lost to the hospital.

Where a patient is unable to pay for the costs of treatment, the ineligible patient is to be informed that they will receive only the minimum and necessary medical care to stabilise their condition.

Please refer to 4.1 of the NSW Policy Directive PD2020\_025.

The patient must complete and sign the [Planned Medicare Ineligible Patient Estimate of cost and agreement to pay](#)

For non-urgent planned admissions, AMO must complete the [approval process](#).

If patient requires access to services at The Sydney Children's Hospitals Network they must be asked to provide the following:

- Passport and visa status (documentation and date of entry validation)
- Contact information during their stay in Australia
- Overseas residential address and contact details
- Relevant health insurance policy details

**4.5.2 Work and student visas and other temporary residents (with 8501 visa conditions)**

- Patients and parents living in Australia on a work or student visa are required to hold insurance cover.
- Worker Visa holders and Student Visa holders is subject to visa condition 8501 (Condition 8501 – Health Cover The visa holder must maintain adequate arrangements for health insurance during their stay in Australia)

In these cases, patients will be responsible for the payment of all expenses associated with treatment, including medical, diagnostic, accommodation, prosthetic, pharmaceutical costs, including high cost drugs.

If a patient on a student or work visa is booked in for a planned admission or presents at ED may fall under one of the following categories:

- **Insured** – PLO to confirm eligibility with Health Fund and/or insurer and advise the AMO, parent and Finance if there are any exclusions to the policy. Most Health Funds have limited cover for Pharmacy.
- **Insured and not financial or within waits** – PLO to complete eligibility check with Health Fund and advise OC if patient is non –financial /within waits. AMO and OC to complete estimated costing and inform the parent that payment will be required for the admission. (High cost drugs must be considered when patient is an oncology patient). The parent must be advised to pay a deposit of 2 days accommodation costs until an estimated costing is prepared for the duration of the admission.
- **Uninsured** – If a patient is uninsured they therefore become self-funded. AMO and OC to complete estimated costing and inform the parent that payment will be required for the admission. OC must follow process for [payment for services](#). Patient must complete [estimate of cost and agreement to pay](#)
- **Overseas health or travel insurance** – SCHN does not accept overseas based health or travel insurance as a guarantee of payment. AMO and OC to complete estimated costing and inform the parent that payment will be required up front for the admission.

Patients under a work/student visa will be charged full NSW Health gazetted “Medicare Ineligible” rate if they do not meet the Visa Condition 8501:

- uninsured
- un-financial or within waits
- have overseas health/travel insurance
- do not meet the Visa Condition 8501

For planned admissions, AMO must note the correct financial status and procedure item number (MBS) on the RFA.

The non-urgent planned admission must not be confirmed until financial status is confirmed if patients need to access services (either planned or emergency) at The Sydney Children’s Hospitals Network, they must be asked to provide the following:

- passport and visa status (documentation and date of entry validation)
- contact information during their stay in Australia and Overseas
- relevant health insurance policy details

### **4.5.3 Asylum Seekers**

In line with [NSW Policy Directive PD2020\\_039](#) Medicare Ineligible Asylum Seekers - Provision of Specified Public Health Services, staff must ensure patients are interviewed to determine the patient's correct asylum seeker status.

- **Asylum seekers issued a Medicare card**
  - Patients must present their Medicare card.
  - Patients must be treated and classified as a public patient.
- **Asylum seekers supported by SRSS**
  - The Status Resolution Support Services (SRSS) include Life without Barriers (LWB), Service Settlement International (SSI), Australian Red Cross (ARC), Asylum Seekers Centre (ASC), Jesuit Refugee Service (JRS), House of Welcome (HoW);
  - Patient must present with a letter of support or identification from the relevant SRSS service providers.
  - If patient presents without any documentation, CSA/PLO must contact the OC requesting eligibility check with SRSS.
  - In some cases the Department of Immigration may request for an estimated costing before approval is granted. OC to complete an estimated costing in consultation with the AMO.
  - Rates are charged at the schedule rate, refer to [NSW fees and charges](#).
- **Asylum seekers in community detention**
  - Patients must present with letter of support from detention centre or accompanied by an escort.
  - All costs related to the admission must be billed to the detention centre.
- **Asylum seekers not covered by Medicare, SRSS or the detention centre, with no rights to work and living in the community**
  - Patients must be treated and classified Asylum seeker.  
Services will not incur a fee and invoices raised will be adjusted off.

### **4.5.4 Refugee**

Persons with refugee status under the Australian Government's Humanitarian Migration Program are permanent residents of Australia on arrival, and are eligible for full Medicare benefits on arrival to Australia.

Urgent clinical admission for anyone presenting to SCHN should not be delayed while their status and eligibility are being determined. Australian Migration Status Immicards are provided to certain Refugees. Staff must classify all patients as public.

#### **4.5.5 Reciprocal Health Care Agreements**

See NSW Health Policy Directive for Medicare Ineligible and Reciprocal Health Agreement – Classification and Charging [PD2016\\_055](#),

CSA or PLO must interview the patient and sight passport to determine the correct financial classification. If patient falls under the Reciprocal Health Care Agreement the admission will be 'no-charge' and classified appropriately. A copy of the passport must be attached to the admission paperwork.

##### **It is important to note:**

- Patients on a student visa are not covered under the **RHCA**; staff must follow the procedures for Medicare ineligible patients outlined in this document (see [4.5.2](#)).
- Pre-planned admission arranged before arrival in Australia is not covered under **RHCA**, staff must follow the process for Medicare ineligible patients ([4.5.1](#)) of this document. Patients funded by a Government or a foreign employer will be charged the Medicare Ineligible and AMA rates.

#### **4.5.6 CAFAT – Compensation fund for patients of New Caledonia**

- For all planned admissions whereby patient has not yet arrived in Australia, a letter of Guarantee must be obtained from CAFAT.
- Approval must be obtained from the DCO, via the Patient Flow Nurse Manager. After hours, approval is from the SCHN Exec on call, via the After Hours Nurse Manager.
- If a patient presents to SCHN via Emergency and do not present with a letter of guarantee and claim to be covered under CAFAT, please contact the OC in the first instance.
- Refer to [CAFAT process](#).

#### **4.5.7 ROMAC - Rotary Oceania Medical Aid for Children**

ROMAC provides surgical treatment for children from developing countries that are not accessible to them in their home country.

AMO to advise OC and DCO when there is a request to admit an overseas patient. OC must email the ROMAC representative ([eastern@romac.org.au](mailto:eastern@romac.org.au)) requesting a guarantee of payment. ROMAC may request for an estimated costing in which case the AMO and OC to follow the [approval process](#) and complete an estimated costing.

#### **4.5.8 Saudi Arabian Cultural Mission (SACM)**

The Saudi Arabian Cultural Mission (SACM) covers medical expenses for Saudi Arabian Scholarship sponsored students and diplomats.

Please follow the attached [guideline](#) when such patients presents to ED or request for a planned admission. In the event the patient's health fund declines eligibility, it is the responsibility of the parent to contact SACM to obtain a guarantee of payment. If a guarantee of payment is not provided prior to the date of service or on admission, the patient must be advised to pay for the admission and claim a reimbursement from SACM.

Note: Orthodontics, implant and cosmetic dental procedures are not covered by SACM, therefore the patient is required to pay for all costs related to the admission.

## Hospital in the Home [HiTH]

When a Medicare Ineligible inpatient is considered for Hospital in the Home service, CSA must ensure the patient is fully informed of the costs and advise that payment is required. CSA must contact the Overseas Coordinator and request for an estimate of cost. Duration of service will be required.

- Medical officer/CNC attending to patient must complete an Occasion of Service Billing Log Sheet log sheet
- To determine the rate, refer to the [NSW Fees and Charges Summary](#) for HITH fees
- Once completed the form must be forwarded to Finance.

### Payment by installment

Unexpected, unplanned cases that may create financial challenges for their family should be discussed immediately with the PLO, AMO and/or with their Social Worker at SCHN who should then discuss with the OC.

If a patient on a work or student visa has no capacity to pay, they must be directed to the Finance Department for a Financial Hardship Assessment, which details the family's income, outgoings etc., so that a payment plan can be arranged for the family.

In the event a patient defaults on their payment, SCHN will follow the [Debt Recovery procedure](#).

## 4.6 Waiver of Fees

Refer to NSW Health Policy Directive for Medicare Ineligible and Reciprocal Health Agreement – Classification and Charging [PD2016\\_055](#), (see point 4.7)

At SCHN unexpected, unplanned cases that may create financial challenges for their family should be discussed immediately with the PLO, AMO and/or with their Social Worker.

***All requests for waiver of fees at SCHN must be approved by the Director of Clinical Operations as per the delegation manual.***

Staff in clinics and wards should not engage in conversation with a parent regarding their financial arrangements. Parents should be referred to Finance.

## 4.7 Visiting Medical Officers

VMO's attending to an overseas patient, should accept the Medicare Ineligible patient as a private patient and bill for all services privately. In certain circumstances the VMO fees can be included into the SCHN estimate costing.

SCHN is able to reimburse the VMO once billing is finalised. It is recommended that VMO's attending to a patient on a work or student visa charge the MBS rates. If the VMO does not charge the patient, SCHN must charge an inpatient treatment fee per day.

## 4.8 Staff Specialist

All Staff Specialists (Level 1 to 5) within the Network must ensure where applicable billing is raised for all services rendered to a Medicare Ineligible patient. If the Staff Specialist does not charge the patient, SCHN must charge an inpatient treatment fee per day.

## 4.9 Bear Cottage

Medicare Ineligible Patients must be admitted under the correct financial classification following the patient registration and interview process.

A request for waiver of fees must be referred to the Director of Clinical Operations.

## 4.10 Medicare Ineligible Patient Transfer to a Private Hospital

Prior agreement must be made with the private hospital to recover costs from the Medicare Ineligible patient, insurer or health fund in relation to collaborative care arrangements.

## 4.11 SCHN Costing guideline for Medicare Ineligible Admissions

The table below is to be used by staff when an overseas patient presents to SCHN during afterhours and weekends.

SCHN Costing Guideline for Medicare Ineligible Admissions- Afterhours and Weekend				
	Emergency unplanned post-operative surgical Non-ICU care	Emergency unplanned post-operative surgical Non-ICU care	Emergency unplanned post-operative surgical ICU care	Emergency unplanned post-operative surgical ICU care
	Admission less than 3 days **	Admission over 3 days **	Possible risk ICU less than 3 days**	Likely ICU over 3 days**
<b>Fully Insured (Work and Student visas)</b>	Most Fees will be covered. Potential gaps for some individual Clinicians.			
<b>Partly Insured and/or Self-Funded (Work and Student Visas)</b>	Minimum Payment required approx \$3,700	Minimum Payment required approx \$6,500 Financial guarantee of \$20,000 required pre-op	Minimum Payment required approx \$8,500	Minimum Payment required approx \$13,500. Financial guarantee of \$30,000 to be required pre-op
<b>Medicare Ineligible (Visitors/Tourist Visas)</b>	Minimum Payment required approx \$5,500	Minimum Payment required approx \$9,500. Financial guarantee of \$30,000 required pre-op	Minimum Payment required approx \$15,500	Minimum Payment required approx \$22,500. Financial guarantee of 50,000 to be determined pre-op
<b>**** All Medicare Ineligible admissions must be notified with patient's details to PLO and Finance ASAP</b>				

## 5 Outpatient

### 5.1 Non-admitted Ineligible patients

When a service is rendered to a Medicare Ineligible patient in an outpatient clinic e.g.:

- Consultation with a doctor nurse and/or consultant
- Diagnostic services
- Allied health services
- Pharmaceutical costs
- Equipment purchase/hire costs

Even with insurance a Medicare Ineligible patient is required to pay for outpatient treatment. Wherever applicable, payment for outpatient services must be made prior to treatment for each Occasion of Service (OOS) at the appropriate outpatient rate.

<b>Outpatient Department</b>	<b>Medicare Ineligible non-visa's e.g. tourist, visitor's visa</b>	<b>Work and Student visa /Asylum seeker</b>
Staff Specialist consulting	AMA Rates	MBS Rates
VMO/Registrar/Fellow	Occasion of service fee	MBS Rates
Allied Health Services	<a href="#">As per NSW fees and charges</a>	<a href="#">As per NSW fees and charges</a>

Staff should refer to the above table when determining the rates to be charged.

Appropriate receipt must be supplied to the patient detailing type of services and amounts charged, refer to [the occasion of service forms.](#)

- Occasion of Service Billing Log Sheet
- Occasion of Service Billing Log Sheet Allied Health Services
- Occasion of service Billing Log Sheet for work and student visa holders.

### 5.2 Payment process for outpatient services

- When confirming an appointment, admin staff must advise patients of the charges.
- When the patient presents to a department/clinic, admin staff must interview patient to confirm financial classification
- Once the financial classification is established, the admin staff must complete relevant [occasion of service form.](#)
  - Occasion of Service Billing Log Sheet
  - Occasion of Service Billing Log Sheet Allied Health Services

- To determine the rate, the [AMA](#) or [MBS](#) rate or the scheduled gazette flat rate per Occasion of Service may be used for charging purposes.
  - All overseas patients on a visitor, business or medical visa attending an outpatient clinic should be charged the AMA rate.
  - Work and student visa holders can be charged either the MBS rate or the occasion of service rate.
  - Asylum seekers must be charged at the MBS rate.
  - For HITH fee, refer to [NSW Fees and Charges Summary](#)
- The admin staff must advise the parent to take the form to the cashier to pay for the service and return to the department.

Payment can be made as follows:-

- **CHW Cashier** - Business hours are Monday to Friday 8.30am to 3.30pm, Level 2  
**CHW Revenue Department** – Business hours are Monday to Friday 8.00am to 4.30pm, Level 4 or by phone on 02 98453666. After business hours payment can be made at the enquiries desk.
- **SCH Cashier** - Business hours are Monday to Friday 8:15am to 3.30pm, closed from 1pm to 2pm or by phone on 02 9382 1997.

## 5.3 Departments and Clinics

There are a number of various clinics providing health care needs for children. Some of these clinics include Medical, Surgical, and a variety of sub-specialty clinics.

At the time of confirming an outpatient appointment, admin staff must ensure the patient is correctly classified. If required, staff should access HPOS. Refer to:

<https://www2.medicareaustralia.gov.au:5443/pcert/hpos/faces/landingHomeSevenTiles.xhtml>

It is the responsibility of the admin staff to ensure the patient is fully informed about the costs to be incurred at the time the appointment is booked.

When a patient presents to an outpatient clinic and is identified as being Medicare Ineligible admin staff must follow the [payment process for outpatient services](#).

### 5.3.1 Emergency Department

All Medicare Ineligible patients presenting to the Emergency Department are required to pay an occasion of service fee prior to being attended. They do not receive free hospital treatment.

- The CSA must explain the charges and complete an Occasion of Service Billing Log Sheet
- **CHW-** the CSA must advise the parent to take the form to the cashier to pay for the service. After business hours payment can be made at ED or the enquiries desk. Parent must return to ED and CSA must sight the SCHN receipt as proof of payment

- **SCH**-the patient must pay at ED or at the Cashier and return to ED with proof of payment.

**Note:** Patients correctly identified to be covered under RHCA and Refugee status must be classified correctly.

### 5.3.2 Pharmacy Department

Medicare Ineligible outpatients presenting at the Pharmacy Department to collect medication must pay the schedule rate for all medication dispensed. Charges to be calculated per item dispensed.

Payment process as follows:

- **CHW** – Patients must pay at the pharmacy counter.
- **SCH** – The pharmacy staff to complete the [Pharmacy payment form](#) and advise the patient to pay at the cashier and return to the department with the receipt.

If a Medicare Ineligible patient is unable to pay for the medication, pharmacy staff must inform the parent that an invoice will be mailed to them. Pharmacy staff to forward the billing log sheets to the Revenue Department.

### 5.3.3 Appliance Centre

Medicare Ineligible patients requiring equipment must pay for all items supplied by the Appliance Centre. Items supplied to patients upon discharge will be subject to the NSW Health hire or sales arrangement.

Payment process as follows:

- **CHW** – Patients must pay at the Appliance Centre counter.
- **SCH** – Patients must pay at the Appliance Centre counter or at the SCH cashier.

### 5.3.4 Allied Health Services

When a patient is booked in for an Allied Health Service, the staff confirming the appointment must inform the patient that a fee is required prior to the appointment.

On the day of the appointment, admin staff to complete the [payment process for outpatient services](#).

Medicare Ineligible patients must pay for all Allied Health Services which includes:

HiTH / Ambulatory Care	Audiology
Child Development Unit	Child Life
Deafness Centre	Dermatology
Kids Rehab	Nutrition & Dietetics
Occupational Therapy	Orthotics
Physiotherapy	Social Work
Weight Management	Speech
Pathology CHISM	

### **5.3.5 Clinical Trial Patient**

Medicare Ineligible patients associated with a Research Clinical Trial must be informed that a deposit is required to be paid, prior to admission to cover all admission and treatment costs that may be incurred outside of the parameters of the research trial. Approval from the DCO is required prior to the issue of a visa letter. Clinical Trial Coordinator to seek confirmation from the Overseas Coordinator.

### **5.3.6 Diagnostic tests including Pathology, Medical Imaging, Nuclear Medicine and Genetics Testing**

When a Medicare Ineligible patient presents for a diagnostic service with a request for a test, the staff must ensure the patient is fully informed of the costs prior to the test being accepted. The charges for test must be in line with NSW Health Fees and charges policy (refer to 5.1.3).

#### **Process at CHW**

- Administrative staff must complete the department's relevant [SCHN Overseas Pathology Payment Form](#) and advise the patient to take the form to the cashier and pay for the service. Patient must return to the department with a SCHN receipt from the cashiers. The admin staff must sight the SCHN receipt as proof of payment prior to the test being undertaken.

#### **Process at SCH**

- Patient is required to pay upfront at the Pathology Department. If patient is unable to pay for the test admin staff must advise the Overseas Coordinator.

### **5.3.7 Hospital in the Home [HiTH]**

When a Medicare Ineligible patient is considered for Hospital in the Home service, admin staff must ensure the patient is fully informed of the costs and advise that payment is required prior to service being provided. Admin staff must contact the Overseas Coordinator and request for an estimate of cost. Duration of service will be required. Refer to [Payment Process](#)

- .

### **5.3.8 Privately referred clinics**

Medicare Ineligible patients are referred to a staff specialist at a privately referred clinic. Such patients are expected to pay 100% of the charges. The rate (either AMA or MBS) is determined by the Staff Specialist. Patients must pay for the service prior to the appointment or at the time of consultation. Payment can be made in person at the rooms or via the Hospital Cashier. Refer to Payment Process for details

## 5.4 Patient Categories – Outpatient

### 5.4.1 Refugees

Persons with refugee status under the Australian Government's Humanitarian Migration Program are permanent residents of Australia on arrival, and are eligible for Medicare immediately they arrive.

Urgent clinical treatment for anyone presenting to an SCHN Outpatient Department should not be delayed while their status and eligibility are being determined. Australian Migration Status ImmiCards are provided to certain Refugees. If required, staff should access HPOS. Refer to:

<https://www2.medicareaustralia.gov.au:5443/pcert/hpos/faces/landingHomeSevenTiles.xhtml>

Where possible services must be bulk billed or classified 'no-charge'.

- Patients who meet the refugee status will be referred to the HARK clinic.
- On receiving a referral, admin staff must ensure the patient is classified correctly following the patient registration and interview process. Patients must present with a Medicare Card, Immicards or a letter from NSW Refugee Health Service.
- Admin staff can contact the Overseas Coordinator if they are unable to determine if a patient is a refugee.
- Patient's attending the HARK Clinic and who does not meet the "refugee" status will be required to pay for the service.

### 5.4.2 Asylum Seekers

In line with [NSW Policy Directive PD2020\\_039](#) Medicare Ineligible Asylum Seekers - Provision of Specified Public Health Services, staff must ensure patients are interviewed to determine a patient's correct asylum seeker status.

Asylum seekers fall into one of four categories.

#### 1. Asylum seekers issued a Medicare card

- Patients must produce their Medicare card at each occasion of service.
- Patients must be treated and classified as a public patient. if there is a valid referral services to be bulk billed.

#### 2. Asylum seekers supported by SRSS

- The Status Resolution Support Services (SRSS) include Life without Barriers (LWB), Service Settlement International (SSI), Australian Red Cross (ARC), Asylum Seekers Centre (ASC), Jesuit Refugee Service (JRS), House of Welcome (HoW);
- Staff must sight letter of support or identification from the relevant service providers.
- If patient presents without any documentation, staff must contact the Overseas Coordinator requesting eligibility check with SRSS.

### 3. Asylum seekers in community detention

- Patients must present with letter of support from detention centre.
- Services rendered must be billed to the detention centre.

### 4. Asylum seekers not covered by Medicare, SRSS or the detention centre, with no rights to work and living in the community

- Patients must be treated and classified Asylum seeker.
- Services will not incur a fee and invoices raised will be adjusted off.

**Note:** Wherever relevant outpatient administrative staff must complete an occasion of service billing log sheet and forward the document to the Revenue Department SCHN

#### 5.4.3 Visitors, Business and Medical Visa

Medicare ineligible patients with a visitors/tourist and business visa are required to pay upfront prior to all outpatient services.

Procedure to follow is as follows:

- Once the Financial Class is established, the admin staff must complete relevant [occasion of service forms](#):-
  - Occasion of Service Billing Log Sheet
  - Occasion of Service Billing Log Sheet Allied Health Services
  - Occasion of service Billing Log Sheet for work and student visa holders
- To determine the rate staff must refer to the AMA schedule of fees. The admin staff must advise the parent to take the form to the cashier to pay for the service and return with the receipt. Admin staff must sight the receipt.

#### 5.4.4 Saudi Arabian Cultural Mission (SACM)

The Saudi Arabian Cultural Mission (SACM) covers medical expenses for Saudi Arabian Scholarship sponsored students and diplomats.

Please follow the attached [guideline](#) when such patients presents to any outpatient department at SCHN.

It is the responsibility of the admin staff to ensure the patient is fully informed about the costs to be incurred at the time the appointment is booked and to advise the patient that payment is required upfront prior to the appointment.

When patient presents to an outpatient clinic and identified as being Medicare Ineligible, admin staff must follow the [payment process for outpatient services](#).

SCHN will not claim any benefits on behalf of the patients directly from the Health Fund or SACM for outpatient services.

**Note:** Any ancillary services e.g. dental, optical must be paid for by the patient prior to the service.

### 5.4.5 *Work, Student Visas and Other Temporary Residents*

- Patients and parents living in Australia on a work or student visa are required to hold insurance cover.
- Ineligible Admitted Patient services Worker Visa holders and Student Visa holders whose visa is subject to visa condition 8501 (Condition 8501 – Health cover: The visa holder must maintain adequate arrangements for health insurance during their stay in Australia)

Even with insurance, Medicare Ineligible patients are required to pay prior to any outpatient treatment. This is a Private Health Insurance requirement.

Staff must follow [payment process for outpatient services](#).

**Note:** SCHN will not claim directly from health funds for outpatient services. It is the requirement of Health Funds that members pay upfront for outpatient services and claim a reimbursement.

### 5.4.6 *CAFAT - Compensation fund for patients of New Caledonia*

Patients from New Caledonia have been approved by their government healthcare authority to seek medical treatment at SCHN.

CAFAT are required to pay for the cost of all outpatient services, patients are not required to pay upfront. SCHN will claim directly from CAFAT .Refer to [CAFAT procedure](#).

Outpatient administrative staff must complete an occasion of service billing log sheet and forward the document to the SCHN Revenue Department for processing.

### 5.4.7 *Reciprocal Health Care Agreements*

See NSW Health Policy Directive for Medicare Ineligible and Reciprocal Health Agreement – Classification and Charging [PD2016\\_055](#),

- **Note:** Medically necessary care is more than just emergency treatment including:
  - routine primary care
  - subsequent investigation (e.g. referrals for outpatient pathology, diagnostic or staff specialist)
  - pre – existing conditions (necessary monitoring or treatment)
- Patients on a student visa are not covered under **RHCA** - staff must follow [payment process for outpatient services](#).
- Pre-planned outpatient treatment arranged before arriving in Australia is not covered under **RHCA** - Staff must follow [payment process for outpatient services](#).
- Patients funded by a Government or a foreign employer will be charged the Medicare Ineligible and AMA rates.

### ***RHCA Process***

RHCA Patients receiving essential medical treatment as a public patient in a public hospital will be required to show their passport or reciprocal health care card to ensure they are not charged for any treatment.

RHCA patients electing to be treated as a private patient will be charged at Medicare ineligible rates for medical treatment and no part of these fees can be claimed from Medicare.

### **Medical services not covered by RHCA include:**

- Medication not subsidised under the Pharmaceutical Benefit Scheme (PBS)
- Treatment arranged before arriving in Australia
- Accommodation and medical treatment in a private hospital
- Accommodation and medical treatment as a private patient in a public hospital
- Ambulance services

## **6 Information sheets and forms**

Information sheets and forms are available on the intranet site under Resources:

<http://intranet.schn.health.nsw.gov.au/resources/overseas-and-or-medicare-ineligible-patients>

### **NSW Health Quick Reference Flow Chart**

Refer to NSW Health Policy Directive for Medicare Ineligible and Reciprocal Health Agreement – Classification and Charging [PD2016\\_055](#), (see point 2.3)

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