

ACCEPTANCE FOR ADMISSION AND TREATMENT OF MEDICARE INELIGIBLE PATIENTS AT SCHN PROCEDURE [®]

DOCUMENT SUMMARY/KEY POINTS

- This document provides procedures for the costing of Overseas and / or Medicare Ineligible patients for admission, an emergency department visit or outpatient review.
- All planned Overseas and or Medicare Ineligible patients requiring review or admission 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 and Overseas Coordinator in conjunction with the Revenue Department.
- Payment for planned overseas and or Medicare Ineligible patients are required 2 weeks 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>

Approved by:	SCHN Policy, Procedure & Guideline Committee	
Date Effective:	1 st August 2017	Review Period: 3 years
Team Leader:	Manager	Area/Dept: Transaction Services

CHANGE SUMMARY

- Reviewed to update costs.
- Update from policy to procedure
- 2nd August 2017 - minor changes to 4.11 costing guideline table and update links.

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.

To assist us in continuing to provide exceptional care for all our patients, overseas 'Medicare Ineligible Patients' are required to cover all costs associated with the care that they receive at our hospitals.

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.

In line with the [NSW Health Policy Directive for Medicare Ineligible and Reciprocal Health Agreement – Classification and Charging PD2016_055](#), 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. 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 infectious diseases:
 - 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: hepatitis A, measles, meningococcal disease, whooping cough, typhoid and rabies.
- Patient presents as a victim of crime will be **supplied free of charge**.
- Potential organ donor will be **supplied free of charge**.
- 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 on a visitors, business or medical visa (excluding work and student visa) cannot be assumed prior to the approval being confirmed by the DCO.

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 to the DCO for approval.
 - If the DCO declines the request, the DCO will notify the AMO and Department Head of the decision.
 - If the DCO endorses the decision, the DCO will email the Initial Request to admit 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](#) in consultation with the Registrar/Fellow as per agreed treatment plan.
- Once completed the AMO to email costing calculator to the Overseas Coordinator.

4.1.2 Responsibility of Overseas Coordinator and Patient Liaison Officer

- OC to populate costs as per agreed rates and email 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 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.

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.

Payment can be made in person via the Hospital Cashier.

- **CHW Cashier** - Business hours are Monday to Friday 9:00am to 3.30pm or by phone on 02 98453666. After business hours payment can be made at the Enquires 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.

4.2.1 Payment by instalment

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.

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.

All requests for waiver of fees must be approved by the Director of Clinical Operations for consideration 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.
- *Patients on a visitor, business or medical visa in Australia requesting admission* - Admissions must be approved by the DCO
- *Patients on a work/student visa living in Australia* - Eligibility checks and guarantee of payment must be confirmed prior to admission. Patient can be put on the waitlist whilst eligibility checks are being confirmed. DCO approval is not required.

4.3.1 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 class. 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.

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.

Ensure the ability of NSW Health to fund the treatment of overseas patients does not interfere with the physical, clinical and/or financial capacity of any health service to meet clinical priorities for Australian residents.

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.
- Medicare Ineligible Patient admission during weekend and afterhours 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.

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

Patients and parents living in Australia on a work or student visa are required to hold insurance cover.

- Work Visa (OVHC) - 401, 403, 408, 416, 457 and 485
- Student Visa (OSHC) – 500, 570 - 576 inclusive and 580

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 and parent 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](#).

For planned admissions, AMO must note the 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
- relevant health insurance policy details

4.5.3 Asylum Seekers

When a patient that is either booked in for a planned admission or presents via the Emergency Department and claims to be an Asylum Seeker, the CSA/booking office/PLO must interview the parent to establish if they fall into one of the following categories:

- **Asylum seekers issued a Medicare card**
 - Patients must present their Medicare card.
 - Patients must be treated as a public patient.
- **Asylum seekers supported by SRSS**
 - The Status Resolution Support Services (SRSS) include [IHMS](#), SSI, Red Cross, Marist Youth Care and Life Without Barriers
 - 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.**
 - Patients must be treated as a public patient.

If an asylum seeker or immigration detainee requires access to services (either planned or emergency) at The Sydney Children's Hospitals Network they must be asked to provide the following:

- Copy of passport and visa status (documentation and date of entry validation)
- Copy any documents with prior approval for treatment and billing
- Copy of any identification documents and cards e.g.: immicards.

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. For further advice refer to [Fact Sheet for NSW Public Hospitals](#). 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](#), and [ready reckoner](#) for RHCA patients.

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.

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.
- AMO to inform the OC if there is a request to admit.
- OC to email CAFAT details of patient and proposed date of admission.
- For all patients in Australia, the CAFAT representative will forward a letter of guarantee to the admissions department. 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) 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.

ROMAC is required to pay 100% of all costs, as per the [NSW Patient Fees Rates](#) and [NSW Medical Billing Ready Reckoner](#).

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.

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.

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. Refer to [Medical Billing Ready Reckoner](#).

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. Refer to [Medical Billing Ready Reckoner](#).

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 care SCHN	Planned Surgical Care SCHN	Planned Surgical Care	Planned Surgical Care
		Very low risk of ICU > 3 days **	Possible risk ICU > 3 days** or other high dependency care > 7 days	Likely ICU > 3 days**
Fully Insured (Work and Student visas)	Most Fees will be covered. Potential gaps for some individual Clinicians.			
Partly Insured and/or Self-Funded (Work and Student Visas)	Plan to have approx \$3500/day*	Plan to have approx \$3500/day. Financial guarantee of \$20,000 required pre-op	Plan to have approx \$3500/day. Financial guarantee of \$50,000 required pre-op	Plan to have approx \$3500/day. Financial guarantee to be determined pre-op
Medicare Ineligible (Visitors/Tourist Visas)	Plan to have approx \$4500/day	Plan to have approx \$5500/day. Financial guarantee of \$50,000 required pre-op	Plan to have approx \$5500/day. Financial guarantee of \$75,000 required pre-op	Plan to have approx \$6000/day. Financial guarantee to be determined pre-op
	* Unexpected, unplanned cases who may create financial challenges for their family should be discussed immediately with the AMO, PLO and/or with their Social Worker at SCHN.			
	** Duration of post-op care as predicted by the surgeon and endorsed by the relevant Department Head and Program Chair at SCHN			

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.

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](#)

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.
- The admin staff must advise the parent to take the form to the cashier to pay for the service and return to the department.

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/home.do>.

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 the Enquires 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.

- Admin staff must complete an [Occasion of Service Billing Log Sheet log sheet](#).
- To determine the rate, refer to the [NSW Fees and Charges Summary, HiTH fee](#).
- Admin staff must advise the parent to take the form to the cashier to pay for the service and return with the receipt.

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.

- **CHW Cashier** - Business hours are Monday to Friday 9.00am to 3.30pm or by phone on 02 98453666. Afterhours 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.

5.4 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. For further advice refer to [Fact Sheet for NSW Public Hospitals](#).

If required, staff should access HPOS. Refer to:

<https://www2.medicareaustralia.gov.au:5443/pcert/hpos/home.do>

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

5.4.2 Asylum Seekers

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 as a public patient, services to be bulk billed.

2. Asylum seekers supported by SRSS

The Status Resolution Support Services include [IHMS](#), SSI, Red Cross, Marist Youth Care and Life without Barriers

- 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.

- These patients are to be classified Medicare Ineligible 'no-charge'.

Note: Wherever relevant outpatient administrative staff must complete an occasion of service billing log sheet and forward the document to the Revenue Department and/or Billing Service Centre for processing.

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 an:
 - [Occasion of Service Billing Log Sheet](#)
 - [Occasion of Service Billing Log Sheet Allied Health Services](#)
- To determine the rate staff must refer to either, the AMA rate or the gazetted flat rate per Occasion of Service.
- 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.

- Work Visa (OVHC) - 401, 403, 408, 416, 457 and 485
- Student Visa (OSHC) – 500, 570 - 576 inclusive and 580

Even with insurance, Medicare Ineligible patients are required to pay prior to any outpatient treatment.

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 Revenue Department and/or Billing Service Centre 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](#), and attached [ready reckoner](#) for RHCA patients.

- **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](#).

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.

A [NSW Health ready reckoner](#) has been developed to assist staff in correctly identifying an RHCA patient

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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