Health Service Directive

Fees and Charges for Health Care Services:

Purpose
The purpose of this Health Service Directive is to ensure consistent application of fees and charges for health care services across the public health system in Queensland.

Scope
This directive applies to all Hospital and Health Services.

Principles
- Consistency: Fees and charges contained in the Queensland Health Fees and Charges Register are applied consistently across all Hospital and Health Services.
- Transparency: Fees and charges are applied across all Hospital and Health Services in a transparent way, including transparency to the public.

Outcomes
Hospital and Health Services shall achieve the following outcomes:
- Compliance with the Queensland Health Fees and Charges Register.

Mandatory requirements
In applying the Queensland Health Fees and Charges Register, Hospital and Health Services must:
- ensure Service Fees for Granted Private Practice Retention Arrangements are levied in accordance with those contained within the Queensland Health Fees and Charges Register.
- ensure all other fees raised do not exceed amounts contained in the Queensland Health Fees and Charges Register.
- ensure there are no costs directly charged to Medicare-ineligible asylum seekers for public health services. Costs should be indirectly recovered from a third party (such as the International health and Medical Services and Status Resolution Support Service Providers – Red Cross, Access Community Services and MDA), with the service provider arranging this.

Note: the Queensland Health Fees and Charges Register does not apply to Medical Officers’ Licensed Private Practice arrangements. Hospital and Health Services will ensure appropriate fees and charges are levied on Medical Officers’ Licensed Private Practice arrangements.
Related or governing legislation, policy and agreements

- *Hospital and Health Boards Act 2011 (Qld)*
  - Section 20 of the Hospital and Health Boards Act provides Hospital and Health Services with the power to charge for service they provide.

- *Financial Accountability Act 2009*

- *Financial and Performance Management Standard 2009*

- *National Health Reform Agreement*

- Queensland Government – Principles for Fees and Charges (December 2012)

- *Private Health Insurance (Benefit Requirements) Rules (Cwth)*

- *DVA Hospital Services Arrangement between the Commonwealth of Australia and the State of Queensland*


Supporting documents

- Queensland Health Fees and Charges Register

- Qld Workers’ Compensation Medical Table of Costs. Schedule of Fees

- Qld Workers’ Compensation public health service table of costs

- QHealth Acute Inpatient Cost Calculator DRG 7

Business area contact

Director, Revenue Strategy and Support Unit, Queensland Department of Health

Review

This directive will be reviewed at least every three years.

**Date of last review:** March 2016

**Supersedes:** Fees and Charges for Health Care Services QH-HSD-045:2016 – Version 3

Approval and Implementation

**Directive Custodian**

Chief Finance Officer, Finance Branch, Department of Health

**Approval by Chief Executive**

Director-General, Department of Health

**Approval date:** 31 August 2017

Issued under section 47 of the *Hospital and Health Boards Act 2011*
Fees and Charges for Health Care Services

Version Control

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Prepared by</th>
<th>Comments</th>
</tr>
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<tbody>
<tr>
<td>1.0</td>
<td>July 2014</td>
<td>Finance Branch</td>
<td></td>
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<tr>
<td>2.0</td>
<td>August 2015</td>
<td>Revenue Strategy &amp; Support Unit, Finance Branch</td>
<td>The following changes were made:</td>
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<tr>
<td></td>
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<td>o ‘Mandatory requirements’ section information in relation to Licensed Private Practice arrangements added</td>
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<td></td>
<td></td>
<td></td>
<td>o ‘Definition of terms used in this directive’ section old terminology ‘Freedom of Information’ replaced by “Right to Information”.</td>
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<tr>
<td>3.0</td>
<td>March 2016</td>
<td>Revenue Strategy &amp; Support Unit, Finance Branch</td>
<td>Reviewed Document</td>
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<tr>
<td>4.0</td>
<td>August 2017</td>
<td>Legislative Policy Unit, Strategic Policy and Legislation Branch</td>
<td>Amended document – under the ‘mandatory requirements’ the following was added:</td>
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<tr>
<td></td>
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<td>• ensure Medicare-ineligible asylum seekers are provided access to public health services with no costs charged directly to the patient.</td>
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Definitions of terms used in this directive

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition / Explanation / Details</th>
<th>Source</th>
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</thead>
<tbody>
<tr>
<td>Fees and Charges</td>
<td>Fees and Charges are payable by patients accessing private, compensable and ineligible services provided by Queensland public hospitals. Fees and Charges are also payable for administrative services for example Right to Information applications and requests for clinical records and services utilised by doctors under private practice.</td>
<td>Revenue Strategy and Support Unit.</td>
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<td>Medicare-ineligible asylum seekers</td>
<td>For further information on Medicare-ineligible asylum seekers refer to the Queensland Health information sheet on refugees, asylum seekers and detainees available at: <a href="https://www.health.qld.gov.au/public-health/groups/multicultural/refugee-services">https://www.health.qld.gov.au/public-health/groups/multicultural/refugee-services</a></td>
<td>Strategic Policy Unit</td>
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