

Health Service Directive

Directive # <insert number here>
Effective Date: 1 July 2012
Review Date: prior to 1 July 2014
Supersedes: Nil

Own Source Revenue – Central coordination of Fees and Charges Increases and Category “C” Negotiation and Acquisition

Purpose

The purpose of this Health Service Directive is to:

- Centrally administer ongoing patient and administrative fee increases.
- Centrally manage the acquisition and allocation of Compensable (Category “C”) Own Source Revenue (OSR).

The intent of this central administration approach is to achieve efficient administration of ongoing fee increases across all Hospital and Health Services and achieve commercially viable cost recovery for patient services.

Scope

This directive applies to all Hospital and Health Services.

Principles

- Consistency: Fees and Charges are consistent across all Hospital and Health Services.
- Timeliness: Changes to fees and charges are actioned in a timely manner
- Centralised management: A centralised approach is taken in the negotiation and management of Compensable (Category “C”) revenue to minimise costs and maximise efficiency.

Outcomes

Hospital and Health Services shall achieve the following outcomes:

- Fees and Charges are consistent across all Hospital and Health Services and are relative to cost.
- Queensland Health to negotiate and manage the costing and acquisition of Compensable (Category “C”) revenue on behalf of Hospital and Health Services.



Mandatory requirements

- In response to notification by Queensland Health, Hospital and Health Services shall implement updates to Fees and Charges by the specified timeframe.
- Queensland Health shall conduct negotiations for compensable revenue in a transparent manner, inclusive of relevant Hospital and Health Services.
- Queensland Health shall ensure disbursement of compensable revenue to Hospital and Health Services in a timely manner.

Related or governing legislation, policy and agreements

- *Hospital and Health Boards Act 2011 (Qld)*
- *National Health Reform Agreement*
- *Financial Management Practice Manual (FMPM)*
- *Private Health Insurance (Benefit Requirements) Rules (Cwth)*
- *Radiation Safety Act 1999*
- *Private Health Facilities Act 1999*
- *Pest Management Act 2001*
- Queensland Health Own Source Revenue Policy

Supporting documents

- Queensland Health Optimising Own Source Revenue Implementation Standard
- Queensland Health Own Source Revenue Management Implementation Standard
- Queensland Health Fees and Charges Register
- Q-Comp Medical Items Schedule of Fees
- Council of Australian Governments (COAG) Section 19(2) Exemption Statewide Guidelines
- Rural and Remote Medical Benefit Scheme (RRMBS) Business Rules

Business area contact

Senior Director, Finance in Practice, Queensland Health



**Own Source Revenue – Central Coordination of Fees and Charges Increases and Category
“C” Negotiation and Acquisition**

Review

This directive will be reviewed prior to 1 July 2014.

Date of last review: N/A

Supersedes: New Health Service Directive

Approval and Implementation

Directive Custodian

Deputy Director-General, Finance, Procurement & Legal Services

Approval by Chief Executive

Dr Tony O’Connell, Director-General, Queensland Health
Chief Executive



Approval date: 8.6.12

Issued under section 47 of the *Hospital and Health Boards Act 2011*

Definitions of terms used in this directive

Term	Definition / Explanation / Details	Source
Own Source Revenue	Own Source Revenue (OSR) is revenue generated by the agency, generally through the sale of goods and services. Examples of OSR include revenue generated through privately insured inpatients, private outpatients, and Medicare ineligible patients (overseas visitors).	Statewide Own Source Revenue Unit.
Fees and Charges	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 Freedom of Information applications and requests for clinical records.	Statewide Own Source Revenue Unit.
Category “C”	Compensable “Category C” revenue is generated through recovering costs for services provided to patients who receive, or establish a right to receive, compensation for the injury or disease for which they received treatment (e.g. an insurance payment or compensation following a personal injury claim).	Statewide Own Source Revenue Unit.



Own Source Revenue – Central Coordination of Fees and Charges Increases and Category
“C” Negotiation and Acquisition

	<p>Category “C” revenue includes revenue received for the treatment of WorkCover, Motor Accident, Department of Veterans Affairs and Cross Border (Interstate) eligible patients.</p> <p>Treatment costs are reconciled centrally and charged to relevant jurisdictions in accordance with National Hospital Cost Data Collection (NHCDC) standards and the Independent Hospital Pricing Authority Pricing Framework.</p>	
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RTI Release



Health Service Directive

Directive # QH-HSD-008:2012
Effective Date: 1 July 2012
Review Date: prior to 1 July 2014
Supersedes: Nil

Own Source Revenue – Central coordination of Fees and Charges Increases and Category “C” Negotiation and Acquisition

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Business area contact

Senior Director, Finance in Practice, Queensland Health

Review

This directive will be reviewed prior to 1 July 2014.

Date of last review: N/A

Supersedes: New Health Service Directive

Approval and Implementation

Directive Custodian

Deputy Director-General, Finance, Procurement & Legal Services

Approval by Chief Executive

Dr Tony O’Connell, Director-General, Queensland Health
Chief Executive

Approval date:

Issued under section 47 of the *Hospital and Health Boards Act 2011*

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Own Source Revenue – Central Coordination of Fees and Charges Increases and Category “C” Negotiation and Acquisition

	<p>Category “C” revenue includes revenue received for the treatment of WorkCover, Motor Accident, Department of Veterans Affairs and Cross Border (Interstate) eligible patients.</p> <p>Treatment costs are reconciled centrally and charged to relevant jurisdictions in accordance with National Hospital Cost Data Collection (NHCDC) standards and the Independent Hospital Pricing Authority Pricing Framework.</p>	
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RTI Release

Health Service Directive

Directive # QH-HSD-008:2012
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Supersedes: Nil

Own Source Revenue – Central Coordination of Fees and Charges Increases and Category “C” Negotiation and Acquisition

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- Fees and Charges are consistent across all Hospital and Health Services and are relative to cost.
- The Department of Health to negotiate and manage the costing and acquisition of Compensable (Category “C”) revenue on behalf of Hospital and Health Services.

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- Rural and Remote Medical Benefit Scheme (RRMBS) Business Rules

Business area contact

Senior Director, Statutory and Advisory Services, Department of Health

Own Source Revenue – Central Coordination of Fees and Charges Increases and Category “C” Negotiation and Acquisition

Review

This Directive will be reviewed prior to 1 July 2014.

Date of last review: N/A

Supersedes: New Health Service Directive

Approval and Implementation

Directive Custodian

Deputy Director-General, System Support Services

Approval by Chief Executive

Dr Tony O’Connell

Director-General, Department of Health

Approval date:

8 June 2012

Issued under section 47 of the *Hospital and Health Boards Act 2011*

Definitions of terms used in this directive

Term	Definition / Explanation / Details	Source
Own Source Revenue	Own Source Revenue (OSR) is revenue generated by the agency, generally through the sale of goods and services. Examples of OSR include revenue generated through privately insured inpatients, private outpatients, and Medicare ineligible patients (overseas visitors).	Revenue Strategy and Support Unit
Fees and Charges	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 Freedom of Information applications and requests for clinical records.	Revenue Strategy and Support Unit
Category “C”	Compensable “Category C” revenue is generated through recovering costs for services provided to patients who receive, or establish a right to receive, compensation for the injury or disease for which they received treatment (e.g. an insurance payment or	Revenue Strategy and Support Unit

Own Source Revenue – Central Coordination of Fees and Charges Increases and Category “C” Negotiation and Acquisition

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	<p>compensation following a personal injury claim).</p> <p>Category “C” revenue includes revenue received for the treatment of WorkCover, Motor Accident, Department of Veterans Affairs and Cross Border (Interstate) eligible patients.</p> <p>Treatment costs are reconciled centrally and charged to relevant jurisdictions in accordance with National Hospital Cost Data Collection (NHCDC) standards and the Independent Hospital Pricing Authority Pricing Framework.</p>	

RTI Release



MEMORANDUM

To: Hospital and Health Service Chief Executives

Copies to: Executive Management Team

From: Ian Maynard
Director-General

Contact No: 3234 0580
Fax No: 3234 1455

Subject: **Health Service Directives: Finalisation of stocktake and review of all Health Service Directives.**

File Ref: DG074314

From 1 July 2013, a project has been ongoing to take stock of and review all Health Service Directives (HSDs). The stocktake and review is now complete following a final phase of detailed analysis of the HSDs and consideration of feedback received from Hospital and Health Services (HHSs).

I would like to express my sincere thanks to all HHSs for their valuable contribution to the review. The input received was essential to determining the most appropriate use of HSDs in the management and governance of the public health system.

My intention is to rescind Directives in line with HHS accountabilities in a devolved system. Directives remaining will in future be small in number and for specific reasons, i.e. where they add value system wide for safety, coordination or cooperation. Therefore, I am rescinding the following Directives:

s.73 irrelevant information

s.73 irrelevant information

I am retaining the following Directives:

s.73 irrelevant information

- Fees and Charges for Health Services (replaces Own Source Revenue - Central coordination of Fees and Charges Increases and Central negotiation of Category C revenue)

s.73 irrelevant information

The rescinded HSDs will remain published for a period of 6 months post their rescind date (although recorded as rescinded).

The 2013/2014 stocktake and review of HSDs will result in an overall reduction of 62 HSD documents. All directives are available online at the Health Service Directive website <http://qheps.health.qld.gov.au/policy/html/directives.htm>.

If you have any queries regarding the review of HSDs, please contact Ms Nicole Mitchell, Acting Manager, Regulatory Instruments Unit, on telephone 3234 0580 or via QH_HSD_Consultation@health.qld.gov.au.



Dr Michael Cleary
Acting Director-General

28/1/2014

Health Service Directive

Directive # QH-HSD-008:2012
Effective Date: 1 July 2012
Review Date: prior to 1 July 2014
Supersedes: Nil

Own Source Revenue – Central Coordination of Fees and Charges Increases and Category “C” Negotiation and Acquisition

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- The Department of Health to negotiate and manage the costing and acquisition of Compensable (Category “C”) revenue on behalf of Hospital and Health Services.

Mandatory requirements

- In response to notification by the Department of Health, the Hospital and Health Services shall implement updates to Fees and Charges by the specified timeframe.
- The Department of Health shall conduct negotiations for compensable revenue in a transparent manner, inclusive of relevant Hospital and Health Services.
- The Department of Health shall ensure disbursement of compensable revenue to Hospital and Health Services in a timely manner.

Related or governing legislation, policy and agreements

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- Q-Comp Medical Items Schedule of Fees
- Council of Australian Governments (COAG) Section 19(2) Exemption Statewide Guidelines
- Rural and Remote Medical Benefit Scheme (RRMBS) Business Rules

Business area contact

Senior Director, Statutory and Advisory Services, Department of Health

Review

This Directive will be reviewed prior to 1 July 2014.

Date of last review: N/A

Supersedes: New Health Service Directive

Approval and Implementation

Directive Custodian

Deputy Director-General, System Support Services

Approval by Chief Executive

Dr Tony O’Connell

Director-General, Department of Health

Approval date:

8 June 2012

Issued under section 47 of the *Hospital and Health Boards Act 2011*

Definitions of terms used in this directive

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Fees and Charges	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 Freedom of Information applications and requests for clinical records.	Revenue Strategy and Support Unit
Category “C”	Compensable “Category C” revenue is generated through recovering costs for services provided to patients who receive, or establish a right to receive, compensation for the injury or disease for which they received treatment (e.g. an insurance payment or	Revenue Strategy and Support Unit

Own Source Revenue – Central Coordination of Fees and Charges Increases and Category “C” Negotiation and Acquisition

Term	Definition / Explanation / Details	Source
	<p>compensation following a personal injury claim).</p> <p>Category “C” revenue includes revenue received for the treatment of WorkCover, Motor Accident, Department of Veterans Affairs and Cross Border (Interstate) eligible patients.</p> <p>Treatment costs are reconciled centrally and charged to relevant jurisdictions in accordance with National Hospital Cost Data Collection (NHCDC) standards and the Independent Hospital Pricing Authority Pricing Framework.</p>	

RTI RELEASED

Health Service Directive

Directive # QH-HSD-045:2014
Effective Date: 28 August 2014
Review Date: 28 August 2017
Supersedes: # QH-HSD-008:2012

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 Health Service 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 Arrangement 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.

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 (Cth)*
- *DVA Hospital Services Arrangement between the Commonwealth of Australia and the State of Queensland*
- *MoU between Department of Health (Qld) and WorkCover Queensland*
- *Motor Accident Insurance Commission (MAIC) Compulsory Third Party (CTP) Insurance Hospital and Emergency Services Levy 2014-15 Confirmation*

Supporting documents

- Queensland Health Fees and Charges Register
- Qld Workers' Compensation Medical Items Schedules of Fees
- Qld Workers' Compensation public health service fees
- QHealth Acute Inpatient Cost Calculators

Business area contact

Director, Revenue Strategy and Support Unit, Finance Branch

Review

This Health Service Directive will be reviewed at least every three years.

Date of last review: 15 April 2014

Supersedes: Own Source Revenue – Central Coordination of Fees and Charges Increases and Category "C" Negotiation and Acquisition #QH-HSD-008:2012

Approval and Implementation

Directive Custodian

Chief Finance Officer, Finance Branch, Department of Health

Approval by Chief Executive

Director-General, Department of Health

Approval date: 28 August 2014



Issued under section 47 of the *Hospital and Health Boards Act 2011*

Version Control

Version	Date	Prepared by	Comments
1.0	July 2014	Finance Unit	

Definitions of terms used in this directive

Term	Definition / Explanation / Details	Source
Fees and Charges	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 Freedom of Information applications and requests for clinical records and services utilised by doctors under private practice.	Revenue Strategy and Support Unit.

RTI RELEASED





MEMORANDUM

To: Chief Executives, Hospital and Health Services

Copies to: Chief Finance Officer, DoH
Acting Chief Human Resources Officer, DoH

From: Susan Middleditch
Deputy Director-General
Corporate Services Division

Contact No: 3199 3450
Fax No:

Subject: Fees and Charges for Health Care Services Health Service Directive Consultation

File Ref: CD000211

Dear Colleagues,

In accordance with *section 48 - Consultation on health service directives* of the *Hospital and Health Boards Act 2011*, I am writing to seek your consideration of a draft *Fees and Charges for Health Care Services Health Service Directive* (Attachment 1).

The draft Health Service Directive (HSD) is an update of the current *Fees and Charges for Health Care Services HSD* number *QH-HSD-045:2014* and has been prepared to support changes for private practice arrangements in Hospital and Health Services (HHSs).

Consultation process

The formal consultation period commences on 23 November 2015 and will conclude on 22 December 2015.

The draft *Fees and Charges for Health Care Services HSD* is also accessible online from the Health Service Directives Register under the heading, *Health Service Directives under development or review*, located at:

<http://www.notes.health.qld.gov.au/sites/rips/hsd/Lists/Health%20Service%20Directives%20under%20development%20or%20rev/Public%20view.aspx>

When returning consultation feedback on the draft HSD, please:

- provide one response/return per HHS
- provide feedback in the template provided (Attachment 2 - Health Service Directive Consultation Feedback template)

Please return feedback via email to PrivatePractice_Secretariat@health.qld.gov.au by 22 December 2015.

I appreciate the resource commitment required of HHSs to participate in this consultation along with the broader review of HSDs. Thank you for your continued support and input over this time.

If you have any questions or require assistance with this request, please contact Lyn Anderson, Principal Advisor – Revenue, Revenue Strategy and Support Unit, Finance Branch on telephone 3199 3450 or by email lyn.anderson@health.qld.gov.au.

smiddlell .

Susan Middleditch
Deputy Director-General
Corporate Services Division

19/11/15

Attachments

1. Fees and Charges for Health Care Services Health Service Directive (Draft)
2. Health Service Directive Consultation Feedback template.

RTI Release

Health Service Directive

Directive # QH-HSD-045:2015
Effective Date: xx/xxxx/xxxx
Review Date: xx/xxxx/xxxx
Supersedes: # QH-HSD-045:2014

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.

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*
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- QHealth Acute Inpatient Cost Calculators

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:

Supersedes: Fees and Charges for Health Care Services QH-HSD-045:2014

Approval and Implementation

Directive Custodian

Chief Finance Officer, Finance Branch, Department of Health

Approval by Chief Executive

Director-General, Department of Health

Approval date:



Issued under section 47 of the *Health and Hospitals Network Act 2011*

Version Control

Version	Date	Prepared by	Comments
1.0	July 2014	Finance Branch	
2.0	August 2015	Revenue Strategy & Support Unit, Finance Branch	The following changes were made: <ul style="list-style-type: none"> ○ 'Mandatory requirements' section information in relation to Licenced Private Practice arrangements added ○ 'Definition of terms used in this directive' section old terminology 'Freedom of Information' replaced by "Right to Information".

Definitions of terms used in this directive

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RTI REQUEST





MEMORANDUM

To: Chief Executives, Hospital and Health Services
Chief Executive, Health Support Queensland

Copies to: Deputy Director-General – Corporate Services Division
Deputy Director-General – Clinical Excellence Division
Deputy Director-General – Prevention Division
Directors of Medical Services – Hospital and Health Services
Chief Finance Officer – Hospital and Health Services
Chief Finance Officer – Department of Health
Revenue and Private Practice Managers – Hospital and Health Services

From: Director-General **Contact No:** 3234 1171

Subject: Fees and Charges for Health Care Services – Health Service Directive (QH-HSD-045:2016)

File Ref: DG079561

Please see attached a copy of the Fees and Charges for Health Care Services – Health Service Directive (QH-HSD-045:2016) which I have today endorsed and issued. I would like to take this opportunity to thank you and your teams for participating in the consultation process leading to the finalisation of the directive.

s.73 irrelevant information

This Health Service Directive has been developed to ensure a consistent statewide application of fees and charges for healthcare services across the public health system in Queensland.

You will note that the wording of the attached Health Service Directive has been amended from that sent for consultation to incorporate 5

s.73 irrelevant information

Finally, I can advise that the attached Health Service Directive will be published on the Queensland Health Policy and Health Service Directives website at <http://qheps.health.qld.gov.au/policy/home.htm>.

Should you require clarification on implementation of the Directive, the Department of Health's contact is Mr Scott Ponting, Director Revenue and Strategy, on telephone 3199 3458.



Michael Walsh
Director-General
14 / 3 / 2016

RTI Release

Health Service Directive

Directive # QH-HSD-045:2016
Effective Date: xx/xxxx/xxxx
Review Date: xx/xxxx/xxxx
Supersedes: # QH-HSD-045:2014

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- 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.

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 (Qwth)*
- *DVA Hospital Services Arrangement between the Commonwealth of Australia and the State of Queensland*
- *Motor Accident Insurance Commission (MAIC) Compulsory Third Party (CTP) Insurance Hospital and Emergency Services Levy 2014-15 Confirmation*

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: December 2015

Supersedes: Fees and Charges for Health Care Services QH-HSD-045:2014

Approval and Implementation

Directive Custodian

Chief Finance Officer, Finance Branch, Department of Health

Approval by Chief Executive

Director-General, Department of Health

Approval date:

Fees and Charges for Health Care Services

Issued under section 47 of the *Hospital and Health Boards Act 2011*

Version Control

Version	Date	Prepared by	Comments
1.0	July 2014	Finance Branch	
2.0	August 2015	Revenue Strategy & Support Unit, Finance Branch	The following changes were made: <ul style="list-style-type: none"> o 'Mandatory requirements' section information in relation to Licenced Private Practice arrangements added o 'Definition of terms used in this directive' section old terminology 'Freedom of Information' replaced by "Right to Information".
3.0	January 2016	Revenue Strategy & Support Unit, Finance Branch	The following changes were made: <p>The reference to the MoU between the DoH and WorkCover Qld was removed from the 'Related or governing legislation, policy and agreements' section.</p> <p>Three of the documents in the 'Supporting documents' section had their names changed.</p>

Definitions of terms used in this directive

Term	Definition / Explanation / Details	Source
Fees and Charges	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.	Revenue Strategy and Support Unit.

Health Service Directive

Directive # QH-HSD-045:2016
Effective Date: 14/03/2016
Review Date: 14/03/2019
Supersedes: # QH-HSD-045:2014

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.

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*
- *Motor Accident Insurance Commission (MAIC) Compulsory Third Party (CTP) Insurance Hospital and Emergency Services Levy 2014-15 Confirmation*

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: December 2015

Supersedes: Fees and Charges for Health Care Services QH-HSD-045:2014

Approval and Implementation

Directive Custodian

Chief Finance Officer, Finance Branch, Department of Health

Approval by Chief Executive

Director-General, Department of Health

Approval date:



Issued under section 47 of the *Hospital and Health Boards Act 2011*

Version Control

Version	Date	Prepared by	Comments
1.0	July 2014	Finance Branch	
2.0	August 2015	Revenue Strategy & Support Unit, Finance Branch	The following changes were made: <ul style="list-style-type: none"> ○ 'Mandatory requirements' section information in relation to Licenced Private Practice arrangements added ○ 'Definition of terms used in this directive' section old terminology 'Freedom of Information' replaced by "Right to Information".
3.0	March 2016	Revenue Strategy & Support Unit, Finance Branch	Reviewed Document

Definitions of terms used in this directive

Term	Definition / Explanation / Details	Source
Fees and Charges	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.	Revenue Strategy and Support Unit.

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Health Service Directive

Directive # QH-HSD-045:2016
Effective Date: 29/07/2017
Review Date: 29/07/2020
Supersedes: Version 3

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*
- *Motor Accident Insurance Commission (MAIC) Compulsory Third Party (CTP) Insurance Hospital and Emergency Services Levy 2014-15 Confirmation*

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: December 2015

Supersedes: Fees and Charges for Health Care Services QH-HSD-045:2014

Approval and Implementation

Directive Custodian

Chief Finance Officer, Finance Branch, Department of Health

Approval by Chief Executive

Director-General, Department of Health

Approval date:



Issued under section 47 of the *Hospital and Health Boards Act 2011*

Version Control

Version	Date	Prepared by	Comments
1.0	July 2014	Finance Branch	
2.0	August 2015	Revenue Strategy & Support Unit, Finance Branch	The following changes were made: <ul style="list-style-type: none"> ○ 'Mandatory requirements' section information in relation to Licenced Private Practice arrangements added ○ 'Definition of terms used in this directive' section old terminology 'Freedom of Information' replaced by "Right to Information".
3.0	March 2016	Revenue Strategy & Support Unit, Finance Branch	Reviewed Document
4.0	August 2017	Legislative Policy Unit, Strategic Policy and Legislation Branch	Amended document – under the 'mandatory requirements' the following was added: <ul style="list-style-type: none"> • ensure Medicare-ineligible asylum seekers are provided access to public health services with no costs charged directly to the patient.

Definitions of terms used in this directive

Term	Definition / Explanation / Details	Source
Fees and Charges	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.	Revenue Strategy and Support Unit.
Medicare-ineligible asylum seekers	For further information on Medicare-ineligible asylum seekers refer to the Queensland Health information sheet on refugees, asylum seekers and detainees available at: https://www.health.qld.gov.au/public-health/groups/multicultural/refugee-services	Strategic Policy Unit

