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: 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*

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: 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	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: • 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

Refugees, asylum seekers and detainees

Information sheet
August 2017

Purpose

This information sheet provides general information on the responsibilities of Hospital and Health Services (HHSs) in the provision of healthcare to refugees, asylum seekers and detainees, including information on Medicare eligibility and revenue.

This information sheet should be considered in conjunction with the Fees and Charges for Health Care Services Health Service Directive (QH-HSD-045:2016).

Key information

- On 29 July 2017, the Honourable Cameron Dick MP, Minister for Health and Minister for Ambulance Services, announced that the Queensland Government would provide Medicare ineligible asylum seekers with access to public health services at no charge.
- The term 'asylum seeker' is broad. It potentially includes a number of visa subclasses and immigration detainees. Depending on circumstances, some may have access to Medicare, while others may not. For more information, refer to table 1 below.
- Some Medicare ineligible asylum seekers may also qualify for funding to cover healthcare costs under the Status Resolution Support Service (SRSS). SRSS eligible clients should bring with them a Letter of Supply from their relevant service provider. Alternatively, you can check with SRSS providers, details provided below.
- Detainees in community detention or facility-based detention are deemed Medicare ineligible. Where these patients choose to access public hospital services, fees are to be raised for those services and directed to the Department of Immigration and Border Protection (DIBP) via its health service provider, International Health and Medical Service (IHMS).
- No costs should be directly charged to the Medicare ineligible asylum seeker patient, however costs can be indirectly recovered from a third party such as the IHMS or a SRSS provider.
- HHSs should seek reimbursement from all other available sources before writing off fees.
- Persons granted refugee status are deemed Medicare eligible and are entitled to choose to receive public hospital services free of charge as public patients.
- Individuals may move from one classification to another and eligibility for certain services (including Medicare) can change. For example, an asylum seeker could become a refugee or an asylum seeker could become a detainee. Consequently, HHSs should check visa status and corresponding Medicare eligibility on each presentation.
- Eligibility can be checked by using DIBP's Visa Entitlement Verification Online (VEVO) system, contacting SRSS service providers or the Department of Human Services.

Providing healthcare services to refugees, asylum seekers and detainees

Refugees, asylum seekers and detainees face various barriers to accessing health services in Queensland, including:

- having limited information about the Australian health system
- being overloaded with information about various government services (eg. health, education, transport)
- cultural traditions, beliefs, taboos and norms

- challenges accessing suitably qualified interpreters competent in communicating medical conditions, terminology and treatments
- varying degrees of competence, skills, experience and exposure of healthcare staff (medical and administrative) in providing healthcare services to people from different cultural backgrounds.

Why do we treat refugees, asylum seekers and detainees?

Queensland Health treats refugees, asylum seekers and detainees because:

- health care is a basic human right
- there is a community expectation that government will treat those in need of medical help with compassion and respect (the public heart)
- refugees and asylum seekers residing in Queensland contribute to our economy and the community
- HHSs have an obligation not to provide preferential treatment – care must always be based on assessed clinical need before all other considerations.

The *Multicultural Recognition Act 2016* (Queensland) sets the vision of an inclusive, harmonious and united Queensland where people of all cultures, languages and faiths feel a strong sense of belonging and can achieve their goals.

Our story, our future, Queensland's Multicultural Policy enacts this vision and articulates commitments towards supporting refugees and asylum seekers. In particular, the Policy states that "the Queensland Government will support refugees and asylum seekers to reduce barriers and create opportunities for them to participate and contribute to Queensland's economic, social and cultural future".

The Multicultural Queensland Charter, as established by the Multicultural Recognition Act, requires Chief Executives of government entities to consider the Charter's principles when developing policies or providing services. In particular, the Charter highlights that "…equitable access to the services provided or funded by the Government for all people of Queensland helps build a fair community".

Refugee health and wellbeing: a policy and action plan for Queensland 2017-2020 vision is that all people from refugee backgrounds calling Queensland home have access to the right care, at the right time and in the right place to ensure they have the best possible health and wellbeing.

Queensland Health has a Memorandum of Understanding (MoU) with DIBP which sets out a framework for cooperation for the provision of health services to detainees.

What information is required from refugees, asylum seekers and detainees?

- All patients are required to provide photographic proof of identity (eg. drivers licence, passport or ImmiCard).
- If the patient is Medicare eligible, they are required to provide their Medicare card.
- Detainees should provide their IHMS card and will often present with a case worker or other employee of IHMS or DIBP.
- Visa status and conditions can be checked via DIBP's VEVO system or by contacting SRSS service providers.
- The patient's information must be checked on each presentation as eligibility can change over time, decisions on visa status are made or immigration policies are amended.
- For more information on Medicare eligibility see Table 1.

Additional information

Table 1 provides a summary of visa types and entitlements as at August 2017. Immigration policies and visa entitlements change regularly so it is important to continually check a patient's status and eligibility with the:

- Department of Immigration and Border Protection or phone 131 881
- Department of Human Services or phone 132 011
- International Health and Medical Services or phone (02) 9372 2500
- SRSS providers:
  - Red Cross or phone 1300 554 419;
  - Access Community Services or phone (07) 3412 8222; or
  - MDA (Multicultural Development Australia) or phone (07) 3337 5400.

For more information about revenue, contact your local HHS revenue officer; or the Revenue Strategy and Support Unit, Finance Branch on CompensableRevenue@health.qld.gov.au or (07) 3199 3450.

For more information about immigration policies, contact the Strategic Policy Unit, Strategy, Policy and Legislation Branch on StrategicPolicy@health.qld.gov.au or (07) 3708 5601.

Table 1 – Medicare eligibility – Refugees, asylum seekers and detainees (as at August 2017)

	Description	Visa subclass	Medicare eligibility	Fees and Charges	Other information
Refugee (offshore and onshore)	A person whose asylum claim has been successful and who has received a refugee protection visa. Refugee protection visas are granted if someone is found to have 'a well-founded fear of persecution on the grounds of race, religion, nationality or membership of a particular social group or political opinion' (United Nations 1951 Refugee Convention).	Offshore: - 200 (Refugee) - 201 (In-country special humanitarian) - 202 (Global special humanitarian) - 203 (Emergency rescue) - 204 (Women at risk) Onshore: - 866 (Protection) - 785 (Temporary protection) - 790 (Safe haven enterprise)	**Medicare eligible** May also hold a healthcare concession card.	If the person chooses to be a public patient most services are 'free of charge'. If the person chooses to be a private patient they will be charged as a Medicare eligible patient for admitted and/or outpatient services.	Some refugees will be newly arrived while others may have been in Australia for many years. Offshore + onshore 866 – permanent residents with full work rights. Onshore 785 and 790 – temporary residents with work rights and additional conditions. Refugees in the 785 and 790 visa subclasses were once in the asylum seeker grouping and may require additional assistance with understanding their Medicare eligibility.
Detainee	A detainee can either be residing in the community or be in an immigration detention centre facility or alternate place of detention. Detention centre facilities can be in Australia or offshore. Detainees can be 'asylum seekers' but can also include those that are not seeking asylum – for example, visa overstayers.	None.	**Not eligible for Medicare** IHMS is contracted by DIBP to facilitate and pay for a specified range of health services. Not all health services are covered. QH has a MoU with IHMS for the provision of health services to detainees.	Patient services are billed directly to IHMS.	Community: Patients in this group should carry an IHMS card to identify themselves. Facility-based: Services should be provided on the basis of a planned arrival; in most cases IHMS will contact the HHS.

	Description	Visa subclass	Medicare eligibility	Fees and Charges	Other information
Asylum Seeker	A person who has applied for a refugee protection visa onshore (866, 785 or 790) and is waiting for a decision on this application (either a primary decision or an appeals decision). OR A person who has applied for a refugee protection visa onshore (866, 785 or 790) and has been found not to engage Australia's protection obligations and has exhausted all appeals processes but are still residing in the community. These asylum seekers are commonly called 'finally determined'. OR A person who did not apply for a refugee protection visa (785 or 790) by the 1 October 2017 deadline – Lodge or leave policy.	Mostly Bridging Visas (usually BVE – 050 and 051) but could be other subclasses depending on mode and time of arrival in Australia and processing status.	**Varies – case by case** If the Bridging Visa or original entry visa has work rights, then Medicare eligible. May not be Medicare eligible if 'finally determined' and not working to depart Australia. May also not be Medicare eligible if part of the 'legacy caseload' of 'illegal maritime arrivals' and has not applied for protection by 1 October 2017 (Lodge or leave policy). Check Medicare eligibility at each presentation as it changes. May also hold a healthcare card.	If Medicare eligible: as per 'refugee'. Some asylum seekers may qualify for the SRSS to cover costs associated with their healthcare. If so, fees should be raised and sent to the relevant SRSS provider for payment. As per the Minister's 29 July 2017 asylum seeker announcement, no costs should be directly charged to the individual. If the asylum seeker is not Medicare eligible or a SRSS client, then HHSs should write off their fees.	Bridging visas expire, meaning Medicare cards also expire. There could be gaps in eligibility while visa renewal processes are undertaken. Asylum seekers should have an ImmiCard. The ImmiCard contains a unique identifier number linked to the person's details in DIBP's systems. Visa status can be checked on DIBP's VEVO system. SRSS clients could have a Letter of Supply from their relevant SRSS provider. The Department of Human Services can also check Medicare eligibility.