

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"> 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

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.



- the principles for fees and charges
- the review of existing fees and charges and
- the introduction of new fees and charges.

The types of revenue received by the HHSs are detailed below.

5.2.1.1 Hospital fees and charges including accommodation charges

All fees and charges must be charged at rates that are consistent with those authorised by either the Director-General, the Minister or the Governor in Council.

Patient fees and charges must be assessed in accordance with the Health Services Directive Own Source Revenue – Central coordination of Fees and Charges Increases and Category “C” Negotiation and Acquisition issued pursuant to section 47(2)(h) of the *Hospital and Health Boards Act 2011*. This directive can be accessed at:

<http://www.health.qld.gov.au/directives/default.asp>.

Assessments of non-legislative charges are processed in accordance with guidance from the Own Source Revenue Unit, Finance Branch, Corporate Services Division – refer to Own Source Revenue, Finance Branch Policies

A complete list of fees and charges, including hospital accommodation charges, is provided in the Queensland Health Fees and Charges Register.

For private and Medicare ineligible patients, advance deposits commensurate with the expected length of stay should be taken by HHSs at the time of the booking if no evidence of health fund membership is produced when the booking is made. Specific procedures must be established by HHSs for the control of recording advances and the offsetting of them against the amounts due for services rendered

5.2.1.2 Commonwealth government fee payments – nursing homes

The Commonwealth Government provides a daily care subsidy on behalf of the patient to approved nursing homes. Rates are in accordance with the *Aged Care Act 1997*. Claims are to be submitted monthly by HHSs to the Commonwealth Department of Health and Ageing.

5.2.1.3 Daily maintenance and accommodation charges – nursing homes and psycho-geriatric hospitals

Long term nursing home and psycho geriatric patients are required to contribute towards the cost of their care. A rate is established based on a formula that is applied to the pension. This rate varies in accordance with amendments to the Commonwealth Government legislation and is advised by the Own Source Revenue Unit, Finance Branch, Corporate Services Division.

5.2.1.4 Facility Charges

See the Fees and Charges register for details of these fees. These fees do not apply to the Department only to the Health and Hospital Services as determined by their relevant board.

	Account Class If applicable	Account Class Description	FAMIS Code	Effective Date	Review Date	Fees GST excl	GST If applicable	Fees GST incl	Tax Code
INELIGIBLE ADMITTED PATIENTS									
Public (Same Day and Overnight)									
	GPI	Gen Public Ineligible	443340	01-Jul-16	01-Jul-17	\$2,089.00		\$2,089.00	S5
	GPICCU	Gen Public Ineligible Coronary Care Unit	443765	01-Jul-16	01-Jul-17	\$3,518.50		\$3,518.50	S5
	GPICCUSD	Gen Public Ineligible Coronary Care Unit - SD	443765	01-Jul-16	01-Jul-17	\$3,316.50		\$3,316.50	S5
	GPIICU	Gen Public Ineligible Intensive Care Unit	443760	01-Jul-16	01-Jul-17	\$5,259.50		\$5,259.50	S5
	GPIICUSD	Gen Public Ineligible Intensive Care Unit - SD	443760	01-Jul-16	01-Jul-17	\$4,897.00		\$4,897.00	S5
	GPILS	Gen Public Ineligible Long Stay	443762	01-Jul-16	01-Jul-17	\$1,037.50		\$1,037.50	S5
	GPILSSD	Gen Public Ineligible Long Stay - SD	443762	01-Jul-16	01-Jul-17	\$890.00		\$890.00	S5
	GPIR	Gen Public Ineligible Rehabilitation	443761	01-Jul-16	01-Jul-17	\$1,097.50		\$1,097.50	S5
	GPIRSD	Gen Public Ineligible Rehabilitation - SD	443761	01-Jul-16	01-Jul-17	\$951.50		\$951.50	S5
	GPISD	Gen Public Ineligible - SD	443340	01-Jul-16	01-Jul-17	\$1,765.00		\$1,765.00	S5
	GPIN	Gen Public Ineligible Special Care Nursery	443340	01-Jul-16	01-Jul-17	\$3,383.50		\$3,383.50	S5
	GPIQN	Gen Public Ineligible Qualified Special Care Nursery	443340	01-Jul-16	01-Jul-17	\$3,383.50		\$3,383.50	S5
	GPINSD	Gen Public Ineligible Special Care Nursery SD	443340	01-Jul-16	01-Jul-17	\$3,227.50		\$3,227.50	S5
	GPIQNSD	Gen Public Ineligible Qualified Special Care Nursery SD	443340	01-Jul-16	01-Jul-17	\$3,227.50		\$3,227.50	S5
	GPIB	Gen Public Ineligible Burns	443340	01-Jul-16	01-Jul-17	\$3,610.50		\$3,610.50	S5
	GPIBSD	Gen Public Ineligible Burns SD	443340	01-Jul-16	01-Jul-17	\$3,316.50		\$3,316.50	S5
	GPIRD	Gen Public Ineligible Renal Dialysis	443340	01-Jul-16	01-Jul-17	\$981.50		\$981.50	S5
	GPIRSD	Gen Public Ineligible Renal Dialysis SD	443340	01-Jul-16	01-Jul-17	\$981.50		\$981.50	S5
	GPIHH	Gen Public Ineligible Hospital in the Home	443340	01-Jul-16	01-Jul-17	\$1,775.50		\$1,775.50	S5
	GPIHSD	Gen Public Ineligible Hospital in the Home SD	443340	01-Jul-16	01-Jul-17	\$1,775.50		\$1,775.50	S5
Newborns									
	GPIQ	Gen Public Ineligible Qualified	443340	01-Jul-16	01-Jul-17	\$2,089.00		\$2,089.00	S5
	GPIQSD	Gen Public Ineligible Qualified - SD	443340	01-Jul-16	01-Jul-17	\$1,754.50		\$1,754.50	S5
	GPIUQ	Gen Public Ineligible Unqualified							
	GPIUQSD	Gen Public Ineligible Unqualified - SD							
Private and Shared (Same Day and Overnight)									
	GRI	Gen Private Ineligible	443080	01-Jul-16	01-Jul-17	\$2,089.00		\$2,089.00	S5
	GRISD	Gen Private Ineligible - SD	443080	01-Jul-16	01-Jul-17	\$1,765.00		\$1,765.00	S5
	GSI	Gen Shared Ineligible	443170	01-Jul-16	01-Jul-17	\$2,089.00		\$2,089.00	S5
	GSISD	Gen Shared Ineligible - SD	443170	01-Jul-16	01-Jul-17	\$1,765.00		\$1,765.00	S5
	GSIN	Gen Shared Ineligible Special Care Nursery	443170	01-Jul-16	01-Jul-17	\$3,383.50		\$3,383.50	S5
	GSIQN	Gen Shared Ineligible Qualified Special Care Nursery	443170	01-Jul-16	01-Jul-17	\$3,383.50		\$3,383.50	S5
	GSINSD	Gen Shared Ineligible Special Care Nursery SD	443170	01-Jul-16	01-Jul-17	\$3,227.50		\$3,227.50	S5
	GSIQNSD	Gen Shared Ineligible Qualified Special Care Nursery SD	443170	01-Jul-16	01-Jul-17	\$3,227.50		\$3,227.50	S5
	GSIB	Gen Shared Ineligible Burns	443170	01-Jul-16	01-Jul-17	\$3,610.50		\$3,610.50	S5
	GSIBSD	Gen Shared Ineligible Burns SD	443170	01-Jul-16	01-Jul-17	\$3,316.50		\$3,316.50	S5
	GSIRD	Gen Shared Ineligible Renal Dialysis	443170	01-Jul-16	01-Jul-17	\$981.50		\$981.50	S5
	GSIRSD	Gen Shared Ineligible Renal Dialysis SD	443170	01-Jul-16	01-Jul-17	\$981.50		\$981.50	S5
	GSICCU	Gen Shared Ineligible Coronary Care Unit	443765	01-Jul-16	01-Jul-17	\$3,518.50		\$3,518.50	S5
	GSICUSD	Gen Shared Ineligible Coronary Care Unit - SD	443765	01-Jul-16	01-Jul-17	\$3,316.50		\$3,316.50	S5
	GSICU	Gen Shared Ineligible Intensive Care Unit	443760	01-Jul-16	01-Jul-17	\$5,259.50		\$5,259.50	S5
	GSICUSD	Gen Shared Ineligible Intensive Care Unit - SD	443760	01-Jul-16	01-Jul-17	\$4,897.00		\$4,897.00	S5
	GSILS	Gen Shared Ineligible Long Stay	443762	01-Jul-16	01-Jul-17	\$1,037.50		\$1,037.50	S5
	GSILSSD	Gen Shared Ineligible Long Stay - SD	443762	01-Jul-16	01-Jul-17	\$890.00		\$890.00	S5
	GSIR	Gen Shared Ineligible Rehabilitation	443761	01-Jul-16	01-Jul-17	\$1,097.50		\$1,097.50	S5
	GSIRSD	Gen Shared Ineligible Rehabilitation - SD	443761	01-Jul-16	01-Jul-17	\$951.50		\$951.50	S5
	GSIH	Gen Shared Ineligible Hospital in the Home	443761	01-Jul-16	01-Jul-17	\$1,775.50		\$1,775.50	S5
	GSIHSD	Gen Shared Ineligible Hospital in the Home SD	443761	01-Jul-16	01-Jul-17	\$1,775.50		\$1,775.50	S5
	GSIN	Gen Shared Ineligible Special Care Nursery	443080	01-Jul-16	01-Jul-17	\$3,383.50		\$3,383.50	S5

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	Account Class If applicable	Account Class Description	FAMMIS Code	Effective Date	Review Date	Fees GST excl	GST If applicable	Fees GST incl	Tax Code
	GRION	Gen Private Ineligible Qualified Special Care Nursery	443080	01-Jul-16	01-Jul-17	\$3,383.50		\$3,383.50	S5
	GRINS	Gen Private Ineligible Special Care Nursery SD	443080	01-Jul-16	01-Jul-17	\$3,227.50		\$3,227.50	S5
	GRIONSD	Gen Private Ineligible Qualified Special Care Nursery SD	443080	01-Jul-16	01-Jul-17	\$3,227.50		\$3,227.50	S5
	GRIB	Gen Private Ineligible Burns	443080	01-Jul-16	01-Jul-17	\$3,610.50		\$3,610.50	S5
	GRIBSD	Gen Private Ineligible Burns SD	443080	01-Jul-16	01-Jul-17	\$3,316.50		\$3,316.50	S5
	GRIRD	Gen Private Ineligible Renal Dialysis	443080	01-Jul-16	01-Jul-17	\$981.50		\$981.50	S5
	GRIRDSD	Gen Private Ineligible Renal Dialysis SD	443080	01-Jul-16	01-Jul-17	\$981.50		\$981.50	S5
Newborns	GSIQ	Gen Shared Ineligible Qualified	443170	01-Jul-16	01-Jul-17	\$2,089.00		\$2,089.00	S5
	GSIQSD	Gen Shared Ineligible Qualified - SD	443170	01-Jul-16	01-Jul-17	\$1,765.00		\$1,765.00	S5
	GSIUQ	Gen Shared Ineligible Unqualified							
	GSIUQSD	Gen Shared Ineligible Unqualified - SD							
	GRUQ	Gen Private Ineligible Unqualified							
	GRUQSD	Gen Private Ineligible Unqualified - SD							
THEATRE FEES		Admitted Ineligible public or private operating room <= 1 hour (Fee excludes Bed Fee and SIP)	443770	01-Jul-16	01-Jul-17	\$955.00		\$955.00	S5
		Admitted Ineligible public or private operating room > 1 hour (Fee excludes Bed Fee and SIP)	443770	01-Jul-16	01-Jul-17	\$2,402.00		\$2,402.00	S5
Detainees		Memorandum of Understanding between the Commonwealth of Australia and State Government of Queensland provides for Queensland Health to invoice the Department of Immigration and Citizenship for services provided to detainees at non-Medicare / ineligible rates. Address for invoices is International Health and Medical Services, Level 5 Challis House, 4 Martin Place, Sydney NSW 2000.	Coded as ineligible with the Fammis Code dependent on treatment	01-Jul-12	01-Jul-15				S5

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Account Class If applicable	Account Class Description	FAMMS Code	Effective Date	Review Date	Fees GST excl	GST If applicable	Fees GST Incl	Tax Code
Ineligible Non-Admitted	For each accident and emergency service as a triage category 1 patient	443775	01-Jul-16	01-Jul-17	\$1,236.00		\$1,236.00	S5
	For each accident and emergency service as a triage category 2 patient	443776	01-Jul-16	01-Jul-17	\$1,041.50		\$1,041.50	S5
	For each accident and emergency service as a triage category 3 patient	443775	01-Jul-16	01-Jul-17	\$782.50		\$782.50	S5
	For each accident and emergency service as a triage category 4 patient	443775	01-Jul-16	01-Jul-17	\$502.00		\$502.00	S5
	For each accident and emergency service as a triage category 5 patient	443775	01-Jul-16	01-Jul-17	\$319.50		\$319.50	S5
	For each diagnostic imaging service	443780	01-Jul-16	01-Jul-17	100% MBS Fee			S5
	For each pathology service	443785	01-Jul-16	01-Jul-17	\$100.00		\$100.00	S5
	Non-admitted public outpatient consultation occasion of service	443755	01-Jul-16	01-Jul-17	\$346.50		\$346.50	S5
	Pharmaceuticals	443790			Full Cost Recovery			S5

Private practice in the Queensland public health sector guideline

A guide to assist medical practitioners, practice managers and support staff in interpreting the requirements and arrangements of private practice activities in the Queensland public health sector.

February 2014

RTI RELEASE

appropriate care at a Papua New Guinea health facility and to minimise the risk and spread of communicable diseases.

The terms for the treatment of Papua New Guinea nationals are the result of negotiations between Papua New Guinea and the Australian Government. Therefore, it is recognised that funding for these services is an Australian Government responsibility. As the Australian Government provides the Department of Health with funding to cover the costs in treating these patients, it is not necessary for HHSs in Far North Queensland (from Cape York to Torres Strait) to raise fees at the local level for this group of patients. However, it is important that these HHSs continue to record and classify occasions of service provided to Papua New Guinea nationals as Medicare ineligible and actively monitor and compare the cost of providing care with the level of funding received.

15.3 Medicare ineligible patients

For patients without a Medicare card who are not covered under a reciprocal health care agreement, fees and charges are raised for all services provided. In some cases amounts charged can be claimed against the patient's travel insurance, or in the case of overseas students, their overseas student health cover.

- Public ineligible inpatients—charged a *per diem* rate in accordance with the Queensland Health Fees and Charges Register, plus pharmaceutical costs, theatre fees and surgically implanted items where applicable.
- Public ineligible outpatients—charged an occasion of service fee in accordance with the Queensland Health Fees and Charges Register, plus pharmaceutical costs and diagnostic services in accordance with the MBS.
- Private ineligible inpatients—charged a *per diem* rate in accordance with the Queensland Health Fees and Charges Register, in addition to medical service fees (MBS), diagnostic services, pharmaceutical costs, theatre fees, pathology services and surgically implanted prosthesis.
- Private ineligible outpatients—charged an *occasion of service* fee in accordance with the Queensland Health Fees and Charges Register, plus pharmaceutical costs and medical and diagnostic services in accordance with the MBS.
- Ineligible patients with 457 visa—this visa is for skilled workers from outside Australia who have been sponsored and nominated by a business to work in Australia on a temporary basis. People who have been issued with 457 subclass visas on or after 14 September 2009 are required to acquire and maintain appropriate health insurance cover that meets the minimum requirements as specified by the Department of Immigration and Citizenship. Proof of this is a requirement for the issue of the visa. In cases where a patient presents with a 457 visa, staff must ensure the patient is charged for any services at the ineligible rate.

Any revenue received from private ineligible patient billings is allocated in accordance with the medical practitioner's private practice arrangement.

Where a person from a RHCA country chooses to be treated as a private patient, they will be charged as a Medicare ineligible private patient.

15.4 Asylum seekers and detainees

- An asylum seeker is a person who has applied for refugee protection and is awaiting a decision on their application.
- The *Australian Migration Act 1955* states that people who are not Australian citizens and do not hold a valid visa may be detained.
- Asylum seekers in community detention reside in the community without escort and have no visas. They are not Medicare eligible, but their healthcare is covered by the Department of Immigration and Border Protection through the International Health and Medical Services (IHMS).
- Asylum seekers that are living in the community (not in detention) and hold Bridging Visas and are eligible for Medicare benefits if the patient has the right to work under their visas. If they are Medicare ineligible, services are billed directly to IHMS.
- Asylum seekers and other detainees in an immigration detention centre are Medicare ineligible. Services provided are billed directly to the IHMS.
- The Federal Government is continually changing asylum seeker requirements in response to recognised needs. The Department of Immigration and Border Protection site needs to be checked regularly for any changes to asylum seeker health care needs. For more information, please visit <http://www.immi.gov.au/media/fact-sheets/>.
- All detainees are not necessarily asylum seekers. Some detainees are non-lawful, non-citizens who have overstayed their visa. The health care services of these detainees should be billed to IHMS.
- A refugee is a person who has been forced to leave their country because they have been persecuted.
- Refugees are Medicare eligible.
- Not every asylum seeker will ultimately become recognised as a refugee, but all refugees were initially asylum seekers.



**Queensland
Government**
Queensland Health



Australian Government
Department of Immigration and Citizenship

MEMORANDUM OF UNDERSTANDING

between

**THE COMMONWEALTH OF AUSTRALIA
(AS REPRESENTED BY THE DEPARTMENT OF
IMMIGRATION AND CITIZENSHIP)**

and

**THE STATE OF QUEENSLAND
(AS REPRESENTED BY QUEENSLAND HEALTH)**

in relation to

**THE PROVISION OF HEALTH SERVICES TO PEOPLE
IN IMMIGRATION DETENTION**

RTI REQUEST