

# Refugees and asylum seekers

## Purpose

This information sheet provides general information on the responsibilities of Hospital and Health Services (HHSs) in the provision of healthcare to people designated by the Commonwealth Government to be refugees, asylum seekers and detainees.

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 Queensland Government announced that it would provide Medicare ineligible asylum seekers with access to public health services at no charge.
- The term ‘asylum seeker’ is broad. Depending on circumstances, some may have access to Medicare, while others may not. The Commonwealth Government classifies refugees and asylum seekers as follows:
  - Refugee: a person granted refugee status is deemed Medicare eligible
  - 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 or appeal
  - Detainee: A person in community detention, an immigration detention centre facility or alternate place of detention. These people may be asylum seekers, or they may have overstayed their visas.

For more information on Commonwealth Government categories and visa subclasses refer to Table 1.

- No costs should be directly charged to a Medicare ineligible asylum seeker. However, where possible, HHSs should seek reimbursement from other available sources before writing off fees.
- People in community or facility-based detention ('detainees'), are deemed Medicare ineligible. When these patients access public hospital services, fees are to be raised for those services and directed to the Department Home Affairs (DHA) via its health service provider, International Health and Medical Services (IHMS).
- Some asylum seekers who are Medicare ineligible may qualify to have their healthcare costs covered through the Status Resolution Support Service (SRSS). SRSS eligible clients should bring with them a Letter of Supply from their relevant service provider. Alternatively, with the individual's consent you can contact their SRSS provider.
- Individuals may move from one Commonwealth Government classification to another and eligibility for Medicare can change. For example, an asylum seeker could become a refugee, or an asylum seeker could move into community or facility-based detention (become a detainee). Consequently, HHSs should check visa status and corresponding Medicare eligibility on each presentation.
- A person's visa status can be checked by using DHA's [Visa Entitlement Verification Online](#) (VEVO) system. Their SRSS provider may also be able to verify their circumstances.
- For information on Medicare eligibility see Table 1, or example of cards mentioned see Table 2. Alternatively, their Medicare eligibility can be checked on through [Health Professional Online Services](#) (HPOS).
- **If required, an interpreter should be used to assist in these matters.**

## Providing healthcare services to refugees, asylum seekers and detainees

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

- having limited information about the Australian health system or being overloaded with information about government services
- cultural traditions, beliefs, taboos and norms
- no income support and limited work rights which result in significant financial hardship
- challenges accessing suitably qualified interpreters competent in communicating medical conditions, terminology and treatments
- possible exposure to past trauma, fear of authority, mental illness, and poor health literacy
- varying degrees of competence, skills, experience and exposure of healthcare staff (medical and administrative) in providing healthcare services to people from different cultural backgrounds.

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

- For clinical reasons all patients attending Queensland Health facilities are required to provide photographic proof of identity (e.g. Driver's licence, passport or [ImmiCard](#)).
- If the patient is Medicare eligible, they are required to provide their Medicare card.
- Due to their asylum seeker journey, some asylum seekers may not have valid photographic identification. In this case, documentation proving their asylum seeker status may assist in the identification process.
- To assist with identification of asylum seeker status, patients should be asked for documents such as:
  - documentation from the DHA confirming their current visa status
  - protection visa application letter – a letter acknowledging submission of a protection claim for asylum
  - SRSS payment card
  - judicial review documentation – re-application for Bridging Visa Sub-Class E (BVE) following a negative protection decision
  - documentation from other support providers such as Red Cross, Australian Migrant English Service.
- Asylum seekers who are in detention should provide their IHMS card. They will often present with a case worker or other employee of IHMS or DHA.
- Sample questions to use to obtain information
  - '*Have you ever applied for a humanitarian protection visa in Australia?*'
  - '*Do you have a letter or other identification with you to help us understand your situation?*'
  - '*Do you have someone helping you like a caseworker?*', If yes '*What organisation is your caseworker from (e.g. Multicultural Australia (MDA), ACCESS, Romero Centre, Red Cross, Mater Refugee Complex Care Clinic (MRCCC), World Wellness Group?)*'
- The patient's visa status must be checked on each presentation as Medicare eligibility, entitlements and decisions on visa status can change at any time.

## What are staff responsibilities towards patient information and confidentiality?

- Personal information about asylum seekers should be treated with the same confidentiality as any other patient who accesses an HHS. There is no legal obligation for staff to contact or share patient information with the Department of Home Affairs and doing so may be in breach of legislation.

- Should staff receive a request from the Department of Home Affairs or other agency for information about a patient who is an asylum seeker, please seek advice from your HHS privacy and confidentiality contact officer to determine how to best respond.

## 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 [Human Rights Act 2019](#) protects the rights of everyone in Queensland. You don't need to be a resident or have a particular citizenship or visa status. The legislation includes a right to access health services.

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 the Commonwealth which sets out a framework for cooperation for the provision of health services to detainees.

## 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. Quick links to relevant information:

**Visa status:** Check through DHA's [VEVO](#) system, or

Contact SRSS service providers (with consent of the individual):

- Access Community Services, phone (07) 3412 8222; or
- Multicultural Australia, phone (07) 3337 5400.

**Medicare eligibility:** check through [Health Professional Online Services](#) (HPOS)

**IHMS payments:** contact [International Health and Medical Services](#) (IHMS) or phone (02) 9372 2500.

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](mailto:CompensableRevenue@health.qld.gov.au) or (07) 3199 3450.

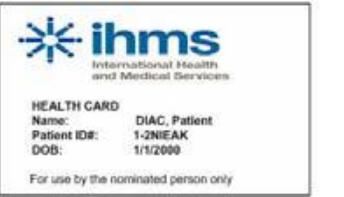
For more information about this policy, contact Strategy, Policy and Legislation Branch on [StrategicPolicy@health.qld.gov.au](mailto:StrategicPolicy@health.qld.gov.au) or (07) 3708 5601.

**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: <ul style="list-style-type: none"> <li>- 200 (Refugee)</li> <li>- 201 (In-country special humanitarian)</li> <li>- 202 (Global special humanitarian)</li> <li>- 203 (Emergency rescue)</li> <li>- 204 (Women at risk)</li> </ul> Onshore: <ul style="list-style-type: none"> <li>- 866 (Protection)</li> <li>- 785 (Temporary protection)</li> <li>- 790 (Safe haven enterprise)</li> </ul>	<b>Medicare eligible</b>  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.	<b>Not eligible for Medicare</b>  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.

	<b>Description</b>	<b>Visa subclass</b>	<b>Medicare eligibility</b>	<b>Fees and Charges</b>	<b>Other information</b>
<b>Asylum Seeker</b>	<p>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).</p> <p>OR</p> <p>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'.</p> <p>OR</p> <p>A person who did not apply for a refugee protection visa (785 or 790) by the 1 October 2017 deadline – Lodge or leave policy.</p>	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.	<p><b>Varies – case by case</b></p> <p>If the Bridging Visa or original entry visa has work rights, then Medicare eligible.</p> <p>May not be Medicare eligible if 'finally determined' and not working to depart Australia.</p> <p>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).</p> <p>Check Medicare eligibility at each presentation as it changes.</p> <p>May also hold a healthcare card.</p>	<p>If Medicare eligible: as per 'refugee'.</p> <p>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.</p> <p>As per the Minister's 29 July 2017 asylum seeker announcement, no costs should be directly charged to the individual.</p> <p>If the asylum seeker is not Medicare eligible or a SRSS client, then HHSs should write off their fees.</p>	<p>Bridging visas expire, meaning Medicare cards also expire. There could be gaps in eligibility while visa renewal processes are undertaken.</p> <p>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.</p> <p>SRSS clients could have a Letter of Supply from their relevant SRSS provider.</p> <p>The Department of Human Services can also check Medicare eligibility.</p>

**Table 2 Identification card samples**

	<p><b>Immicard</b> Issued to people on Bridging Visa E (BVE-subclass 050 or 051). May also be issued to people in the review process and certain classes of refugees.</p>
	<p><b>Status Resolution Support (SRSS) payment card</b> Issues to individuals receiving these payments</p>
	<p><b>Interim Medicare card</b> May be issued to temporary residents or asylum seekers dependent on visa types. Note; these cards do have expiry dates.</p>
	<p><b>International Health and Medical Services card</b> Issued to individuals in community detention</p>