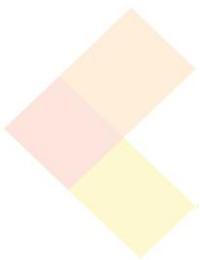




Identifying and managing ineligible patients

A national guide for District Health Boards

2011



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Introduction

This guide has been created to assist District Health Boards (DHBs) **identify and manage patients who are not eligible for publicly funded health care.**

Patients who do not meet the criteria for eligibility ('ineligible people') impose significant costs upon the New Zealand health system in several different ways.

1. **Identification** – DHB administration and clinical staff spend a great deal of time trying to determine the eligibility status of some patients, including multiple phone calls to Immigration New Zealand (INZ). Delay has the potential to add avoidable cost to a patients treatment regime;
2. **Fraud and mistakes** - Patients may declare their immigration status as a New Zealander, when in fact their nationality disqualifies them from free treatment. They may also be incorrectly assessed as eligible;
3. **Cost of recovery** - DHB staff spend a great deal of time trying to obtain payments from ineligible patients. This involves working back through treatment related files to determine costs incurred, invoicing, following up unpaid invoices, commissioning and briefing credit collection agencies and chasing up offshore insurance companies;
4. **Unrecovered debt** – Ineligible patients may leave the country without paying for the treatment or may simply not be able to pay.

More than \$10 million of health funds could be made available for other services annually if DHBs sought and received payment from all ineligible patients.

This guide has been developed from current practice in a range of DHBs, and when combined with the information available on www.moh.govt.nz/eligibility offers a common practice for application by all DHBs. The guide is in two parts:

Part one - principles, statutory obligations and commentary on specific aspects of the process

Part two - practical tools including information sheets, flowcharts, forms and letters.

A DHB Eligibility Managers network will be established in 2011 to support practice improvements.

What is eligibility?

Eligibility is the right to be considered for receiving publicly funded (free or subsidised) health and disability services, but does not equate to an entitlement to receive any particular service. Some classes of people are eligible only for a limited range of services.

The Government decides eligibility policy, which is then reflected in criteria that are set out in a Ministerial directive.

The eligibility criteria have historically been based on the rights of citizenship, humanitarian and international obligations and recognition of the contribution to New Zealand made by residents and long term (two years or more) work permit holders.

Ineligibility for publicly funded health and disability services is largely due to immigration status.

DHBs are not funded to provide health and disability services to ineligible patients and therefore need to charge for the cost of these services.

Using this guide

The use each DHB makes of the commentary and tools will be influenced by several factors:

- How effectively the DHB identifies and manages ineligible patients at present
- The availability of staff to manage process improvements
- Work priorities of the DHB
- The number of ineligible patients being referred or presenting
- The level of bad debt the DHB carries.

The following actions are recommended.

- If not already in place, assign responsibility for managing patient eligibility to a dedicated role within your DHB or establish an Eligibility focus group or project team.
- Ask 3-4 front line managers to complete the DHB Checklist included in this guide to form a picture about the opportunities for improvement (For example Outpatient, Emergency Department, Inpatient managers).
- Using the DHB Checklist results as a reference point, gather information on your current practice to determine the impetus for action and prioritise the work.
- Once included in the DHB's programme of work, establish a process to consult on and manage improvements internally. Use this guide and the information on the Ministry of Health website as primary inputs www.moh.govt.nz/eligibility
- Connect with the network of '*dedicated*' people in other DHBs to share progress, solve problems and to enable continuous improvement.
- Use your Eligibility focus group or project team to disseminate information about eligibility to front line staff to ensure they are empowered to carry out their role.

Core principles

The points that follow are fundamental to effectively identifying and managing ineligible patients. The words 'obligated' and 'must' indicate a legal requirement.

Urgent, acute care must be provided to all patients requiring treatment for acute injury or illness regardless of their eligibility for funded services or ability to pay.

DHBs must make every endeavour to **recover costs** from patients identified as ineligible for public funded healthcare.

DHBs are expected to have an **effective process** in place to identify and manage ineligible patients with the following features:

- All patients are asked baseline questions to quickly identify the majority of patients eligible for care. This is done in a way that avoids discrimination and to ensure that all patients who may be liable for charges are identified.
- Where the answers to the baseline questions indicate the patient may be ineligible, they are asked qualifying questions to confirm the status and identify whether their condition and treatment is on the 'exempt' list (For details on exemptions go to www.moh.govt.nz/eligibility)
- Patients are advised that if they are not eligible for publicly funded health care they will be required to meet the costs of care.
- The approach to treatment takes into consideration the 'ineligible' patient's ability to pay.
- Current price lists are available to enable staff in the services to provide information on the costs of treatment for ineligible patient care.
- For non-acute care, ineligible patients should receive a provisional invoice which they must pay prior to treatment and be made aware that a final account will be given to them at the time of discharge that will reflect the actual services provided.
- Staff receive timely training and coaching in assessing patient eligibility supported by relevant updates on the DHB's success in this area.

DHBs should work with General Practitioners (GPs) and Primary Health Organisations (PHOs) in their regions on understanding of and compliance with the eligibility criteria for publicly funded health care and provide eligibility related resources. In return, GPs should be checking eligibility before enrolling patients and advise their patients of the need to provide proof of eligibility when referred to DHB services and where the eligibility status is known, include this in the referral letter to assist the DHB.

Statutory environment

The *Crown Funding Agreement* sets out the services that must be provided to eligible persons. DHBs will need to recover the cost of treatment from those people who are not eligible for publically funded healthcare. However it is a requirement that emergency cases are always treated until they are stabilised irrespective of the source of the funding. Payment for all services will have to be made, but life saving treatment will always be provided.

Ineligible individuals presenting with acute conditions should be treated then invoiced. Where an ineligible person is referred for non-acute services, these may be provided when the person pays prior to the provision of services.

No DHB has the discretion to waive the statutory provisions relating to eligibility or to provide publicly funded healthcare to an ineligible individual patient without charging. The Ministry of Health has the authority to make final determinations on eligibility in disputed cases.

Area	Legislation
Eligibility	<p>New Zealand Public Health and Disability Act 2000 This Act is to provide for the public funding and provision of personal health services, public health services, and disability support services.</p> <p>Pursuant to section 32, the Minister of Health gives direction to DHBs specifying who is eligible to receive services funded under the Act.</p> <p>Refer to Health and Disability Services Eligibility Direction 2011</p>
Acute Treatment	<p>New Zealand Public Health and Disability Act 2000 Section 22(1)(i) “to uphold the ethical and quality standards commonly expected of providers of services and of public sector organisations”</p> <p>The Injury Prevention, Rehabilitation, and Compensation Act 2001 <u>Defines acute treatment</u>, in relation to a claimant, to mean: — If, in the treatment provider's reasonable clinical judgment, the need for the treatment is urgent (given the likely clinical effect on the claimant of any delay in treatment):</p>

DHBs must have a policy in place that provides a mechanism to recover costs from ineligible patients who have received care.

The policy should outline a process for:

- communicating the significance of eligibility status with the patient and
- how the cost of care will be recovered.

Legislation	2011 Changes
Immigration Act 2009	<p>The Immigration Act 2009 took effect on 29 November 2010. The Act introduced new processes including changing the nature of visas and permits (there are only 'visas' now). Relevant changes have been reflected in the Eligibility Direction 2011 (see below).</p>
Health and Disability Services Eligibility Direction 2011	<p>The approach in the Eligibility Direction 2011 is to consolidate all the eligibility policies and to align between the Immigration Act 2009 and the Ministerial Direction. The main Immigration Act related changes are:</p> <ul style="list-style-type: none"> • New Interim Visa – will maintain the eligibility of many temporary visa applicants. • New Resident Visa (RV) and Permanent RV (PRV) - DHBs are now to treat all RV/PRV holders as fully eligible. • The common practice of providing Well Child/Tamariki Ora services to ineligible children has been confirmed so they don't pose a health risk to the eligible child population when they start school. <p>Other changes include:</p> <ul style="list-style-type: none"> • Age settings aligned. Definition of 'child' is under 18 years to be consistent with the United Nations Convention on the Rights of the Child (UNCROC). Dependents of Work Visa holders who are 18 and 19 years old will be ineligible (after the transitional clause expires in 2013). • The exception for concurrent student and visitor visa (permit) holders is removed. • The exception to provide maternity-related services¹ only for ineligible women carrying eligible children is retained (ie because the unborn child's other parent is eligible including non-biological parents). • Public health services to improve and protect the health of the population, for example immunisation, testing/treatment of infectious diseases, emergency situations and novel health threats are provided to ineligible people. • New provision for protected persons and those identified by Police as 'victims of suspected victims of human trafficking'.

¹ Maternity-related services are defined as:

- 9a) primary maternity services within the meaning of clause B1 of the Primary Maternity Services Notice 2007; and
- (b) all maternity services provided by DHBs; and
- (c) any other secondary or tertiary services for a condition of the mother or child that a clinician has determined will significantly impact on the pregnancy or its outcome

Code of Health and Disability Services Consumers Rights

Right 6 - requires a consumer to be given adequate information about health care treatment and services. This includes information on the estimated costs of the proposed treatment or service.

Right 7 - provides that consumers have the right to make an informed choice and give informed consent. Consent will not be legally effective if the consumer has not been made aware of potential costs he or she will have to bear.

Assessing eligibility

DHBs need the answers to two key questions when assessing eligibility:

1. Is the patient eligible for publicly funded health care?
2. If the patient is generally ineligible, is the condition and treatment on the exemption list and, given the patient's circumstances, are they therefore funded? (for example maternity, infectious disease)

The recommended start point to assessing eligibility is to ask the patient for their country and date of birth to determine whether to ask more questions. The reality is, most patients are NZ citizens and therefore eligible.

Seek proof of eligibility from the patient before seeking information from Immigration New Zealand (INZ) and Department of Internal Affairs (DIA).

The response time to information requests can be three days or more and many requests come back from INZ with 'no information found' as they do not hold information on NZ born citizens. Phone requests can be time consuming and unproductive. The Ministry is in talks with INZ to improve their service and may have some innovative solutions for information, but operational outcomes for these measures will be some time off.

The diagram that follows illustrates some of the different types of proof, how easy they are for both patient and DHB to access and how accurate they are as evidence of eligibility. DHBs need to determine what evidence they use based on their population profile, front line resources and what they deem as acceptable risk. All documents used to prove eligibility must either be originals or certified copies. Take a copy of this documentation and store it in the patient's medical record.

Accuracy	High	<p>Patient has original/certified documents with them; NZ passport, other passport with visa, birth or citizenship certificate, INZ letter of refugee/protection status</p> <p>ACC approved</p> <p>Work & Income benefit exc. emergency benefit</p>	<p>Patient does not have original/certified documents with them; NZ passport, other passport with visa, birth or citizenship certificate, INZ letter of refugee/protection status</p> <p>INZ check</p> <p>DIA check</p>
	Low	<p>Patient assumed as eligible</p> <p>Patient verbally advises they are a NZ citizen</p> <p>ACC acceptance assumed</p>	<p>ACC application initiated, patient pays until approved</p>

Easy

Determining eligibility

Takes time

For more information see the *Resources for Service Providers* on www.moh.govt.nz/eligibility.

Referrals

Each DHB is responsible for ensuring GPs and PHOs are fully aware of the eligibility criteria for publicly funded health care and providing eligibility related resources.

DHBs need to identify the eligibility status of a referred patient before they schedule a consultation, treatment or procedure.

Every health provider has a responsibility to identify a patient's eligibility status before providing services, not just DHBs.

To speed up the referral process and reduce administration work required by the DHB, GPs, PHOs and referring DHBs should include relevant information on the eligibility status of patients in their referral letters, copies of proof of eligibility where they have them or inform referred patients that proof of eligibility is required by the DHB.

Eligibility status must be established with the patient or referrer during one of the following processes:

- when the patient is registered with an NHI (note: everyone receiving services will have an NHI)
- when the patient is contacted for scheduling the visit or admission
- on arrival at the clinic or ward

- on receipt of referral into Community Health Services.

Transfer to another Provider Agency

Where a patient is transferring to another DHB or provider agency then as part of the clinical information that is required to accompany the patient - the clinical records and / or documentation in which patient needs are identified and the care provided is outlined, include:

- Proof of eligibility and copies of any consents for payment should be included, especially if the patient is not eligible for publically funded health care.
- A transfer summary should be prepared by a nurse or midwife caring for the patient that shifts. Included in this should be a statement on whether the patient is eligible for publically funded health care or not.

Remember the patient (and the next of kin) needs to be informed about the transfer and the ineligible patient must be informed of any anticipated costs. Patient consent for the transfer should be obtained.

Occasional ineligible patients

The majority of patients are eligible for publicly funded health care, so staff focus is on ensuring each patient is correctly identified, triaged and provided with appropriate care.

Identifying the occasional ineligible patient requires staff to break out of this pattern and take a 'business' approach getting payment before or at the time of service. This could be particularly challenging when:

- the process of identifying and invoicing ineligible patients may be time consuming or could get in the way of providing timely care
- patients don't usually have proof of eligibility with them and/or may state they are NZ residents to avoid treatment costs
- immigration status information is not easily accessible at the frontline
- the request for eligibility information and requesting payment before treatment can create conflict with the patient
- staff are less experienced with, and/or uncomfortable about asking for eligibility documentation or charging for services

While regional aspects like seasonal work, tourist numbers and cultural diversity may influence some DHBs to be more diligent at identifying ineligible patients than others, all DHBs are impacted.

Training and coaching

As part of correctly identifying a patient, staff must have a routine of checking patient details that include the date and place of birth and country of residence;

the high level indicators of possible ineligibility. Good practice must be part of training and day to day coaching.

Staff should know the \$ cost to the DHB of providing free care to ineligible patients and what this means in terms of loss of funds for other health services.

'Just in time' learning tools will help staff effectively apply processes that are only used occasionally. This means easy, frontline access to eligibility tests and invoicing checklists and information.

Posters and brochures

Posters and/or brochures about eligibility must be clearly visible in reception areas as well as cost information. Ineligible patients must have easy access to information on the cost of treatment.

Monitoring and reporting

Measuring aspects of the 'ineligible patient' identification and management process is essential when trying to bring about changes in behaviour and making improvements.

Awareness of the impact of barriers and rewards in the process is also important. For example, the difficulty in getting proof of eligibility is a barrier. There will be a temptation to treat all patients as eligible as, in the short term, there will be less delays and less administration. These factors have the potential to make staff resist DHB direction to identify ineligible patients and implement the invoicing process. They must know that the downstream effect will be reduction in services to eligible people.

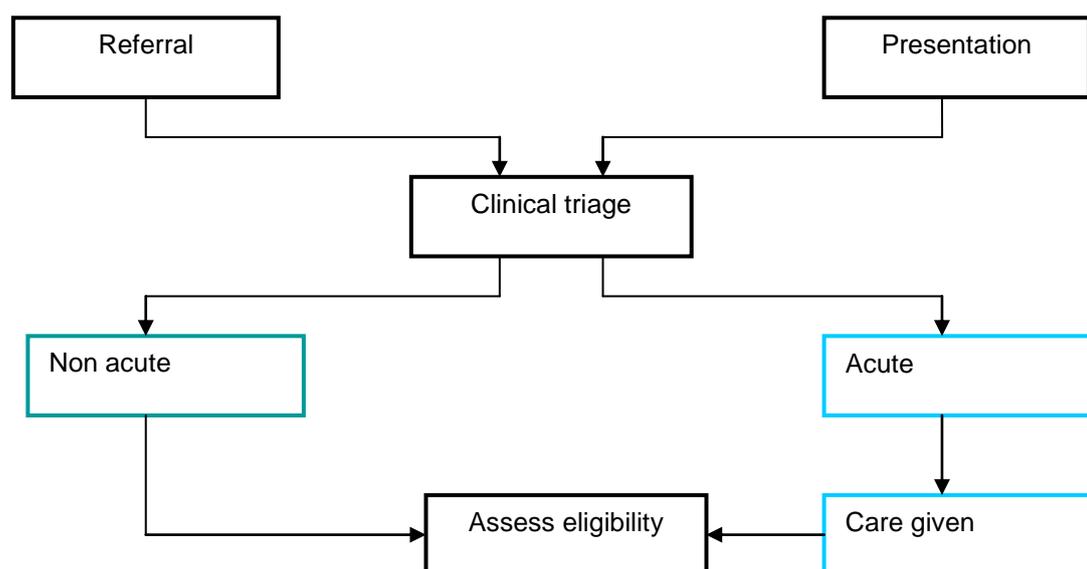
Measures likely to inform improvements include:

- Daily 'exception' report. *New admissions where the country of birth is not New Zealand.* Activate invoicing process.
- *Ineligible patients' bad debt.* This report will be generated in the Finance system. It should focus on payment within 7 days not 30 days as many ineligible patients will be tourists with a short period of stay. It can be used to reinforce front line practice to get payment prior to treatment.

Acute and non-acute referral or presentation

As illustrated in the diagram below, patients enter DHBs via referral or presentation.

All referrals and presentations are triaged by a clinician to determine whether they require acute treatment or whether their condition is non-acute, in which case they may be offered an appointment for non-acute treatment. In all cases eligibility for publicly funded health care will be assessed.



Acute

For the purpose of simplicity in this guide, 'acute' includes emergency and non-emergency presentation both ACC and non-ACC.

Patients who have been assessed as requiring acute emergency care are stabilised prior to their eligibility status being confirmed. Treat first, ask questions later.

Should their status be determined as ineligible, they are invoiced for the care they have received and are expected to pay prior to discharge or further treatment being provided.

The patient's ongoing treatment then follows the non-acute process.

Patients requiring acute non-emergency care should be given an estimate of the cost of care and advised of alternative providers; an after-hours clinic may be cheaper.

Non acute

A key difference between acute and non-acute processes is that a patient's eligibility for publicly funded healthcare must be established before the non-acute treatment.

If the patient is ineligible, they must be advised of the reason for this and given the estimated cost of treatment.

The patient can either decline or accept treatment by the DHB.

To accept treatment, the patient signs an agreement acknowledging their ineligible status and their liability to pay the costs incurred. A provisional invoice is then issued which must be paid before treatment is scheduled. Payment entitles the patient to be assessed and prioritised using the same criteria as eligible patients while retaining the status of 'ineligible patient'. As with eligible patients, unless their condition warrants urgent treatment they do not get preferential treatment.

Non acute treatment is scheduled only when the DHB has received payment of the preliminary invoice.

Responsibilities

Procedures for identifying and managing non-eligible patients apply to all staff involved in admission, care and discharge of patients and the supporting administrative processes.

Person/Service	Responsibility
Service Manager	Overall responsibility for ensuring that the patient is informed of their obligations, that all the required processes are followed, and that the appropriate mechanisms are set up.
Service commencing treatment	<ul style="list-style-type: none"> • Determining whether the patient is eligible for publicly funded health services at the time services are received (unless it is a patient requiring acute care) and requesting proof of eligibility. • Entering the patient eligibility status into the DHB patient management system and keeping it updated. • Advising the patient that treatment will incur a cost, providing an estimate and discussing alternative providers if appropriate. • Issuing a provisional invoice prior to treatment and getting payment before scheduling treatment. • Issuing a final invoice to be paid prior to discharge. The final invoice could be an additional charge or a refund.
Patient	<ul style="list-style-type: none"> • Prove their eligibility for publicly funded health care by producing their passports or other appropriate evidence prior to non acute treatment; originals or certified copies. • Advise the DHB when there is a change of status and provide relevant proof.
Eligibility Manager	<p>Resolving initial questions on whether a person satisfies the eligibility criteria or referring to MoH if needed.</p> <p>Monitor that DHB staff follow ineligible patient policies and procedures and take remedial action when issues arise.</p>

Payment

As explained earlier in this guide, *Acute* ineligible patients pay for services received at the time of discharge.

Non acute ineligible patients pay a provisional invoice based on the anticipate service prior to receiving that service, with final account being settled at the time of discharge. While this is the recommended practice, each DHB determines its own internal policies and procedures including whether there is a period of grace for payment.

Exemptions from payment

Depending on the circumstances of the person, the eligibility direction allows ineligible people with certain personal health conditions to receive publically funded care.

For details on exemptions go to www.moh.govt.nz/eligibility

ACC

Everyone is eligible for ACC funding for accidents and personal injuries that occur within New Zealand. This funding does not extend to the provision of non-ACC health care and disability support services to visitors or other non-residents.

If an ineligible patient elects to carry on with their treatment regime at their own expense, staff should follow the DHB's process for treating ineligible patients.

Payment options

Each DHB will have agreed methods for patients to pay for treatment. Consideration needs to be given to solutions that are easy for patients to use eg: eftpos, credit card, internet banking and reasonable payment regimes that are within a patient's means.

Third party funding

Arrangements for payment by third parties can be made in exceptional cases, e.g. a foreign government funding treatment.

Insurance companies

The DHB is not responsible for recovering money from insurance companies. This is the responsibility of the patient, who is to arrange for all payments to be made to the DHB.

Sponsors

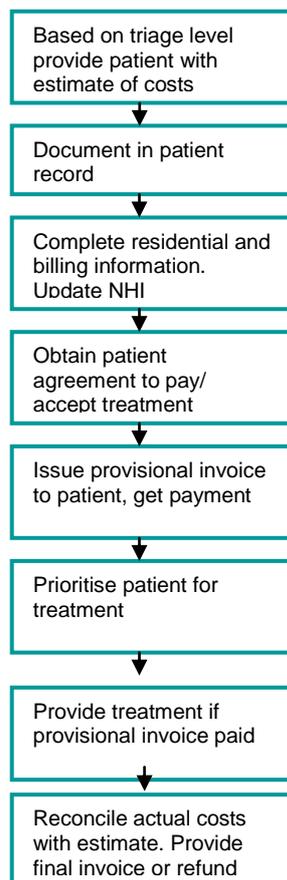
The Immigration Act 2009 allows DHBs to pursue sponsors for bad debts associated with the 'maintenance' of the sponsored person, which includes the reasonable costs of 'medical treatment'. The extent of this liability has not yet been legally tested. It applies to people and organisations who became individuals' sponsors on or after 29 November 2010.

Payment for ongoing treatment

Ineligible patients should be advised of the need to pay for each subsequent consultation/treatment/procedure. If patients have become eligible since their last visit they will be required to provide the necessary proof and the DHB will update their records accordingly.

General process

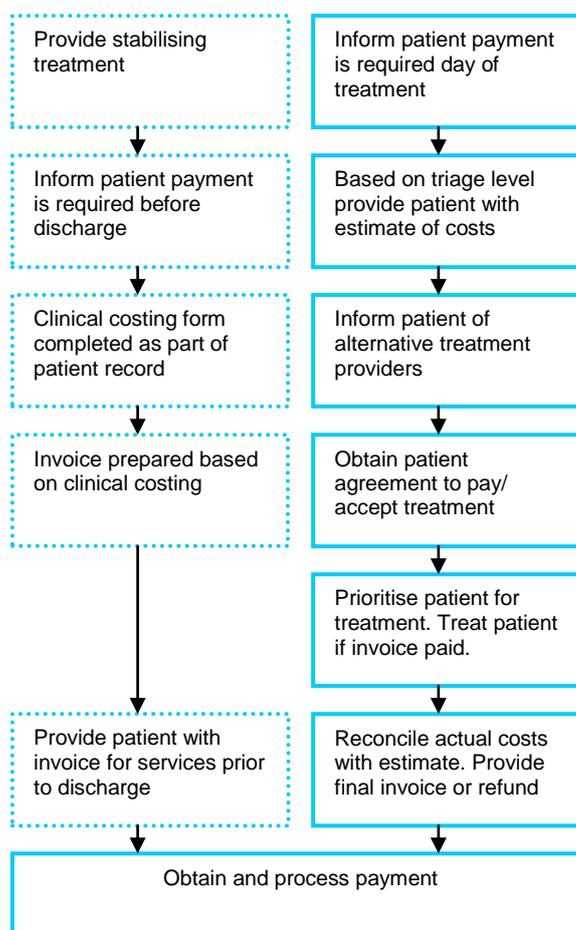
Non-acute



Acute

Emergency in ED

Non emergency in ED



Recording and reporting payments

The accounts receivable team should ensure that all revenue from non-resident patients should be coded to account number 1714 in the General Ledger of the DHB. Any associated bad debts should be written off to account 5630 in the General Ledger.

For reporting purposes, the DHBs will be requested on a monthly basis to report non-resident revenue and associated bad debts. This reporting should exclude any contractual arrangements with overseas governments for specific treatment of that government's population.

Retrospective invoicing

When a DHB discovers an ineligible patient has been incorrectly assessed as eligible for publicly funded health care, several factors need to be considered before the patient is contacted and an invoice is issued retrospectively.

Answer the following questions and if the answer to the final question is 'yes', proceed to the contact and invoice stage.

Factor	Detail	Invoice?
Patient error	Acted in good faith	No
	Fraud	Yes
DHB error	Assumed patient eligibility	Maybe
	Incorrect assessment	Maybe
Date of treatment	Within current financial year or last 3 months	Yes
	In previous financial year, 3+ months	No
Patient contact information	Current contact information known	Yes
	Patient referred	Maybe
Value of treatment versus recovery cost	Treatment invoice less than \$XXX (eg \$500)	No
	Treatment invoice more than \$XXX (eg \$500)	Yes
Maybe	Answer all questions.	
No	Recommend that DHB does not invoice	
Yes	Proceed to contact and invoice stage as follows	

- Inform the patient that they have received treatment and/or services for which they are ineligible.
- Seek payment for the treatment and/or services already provided by initiating the invoice and payment process.
- Inform the patient that any further treatment or services provided by the DHB must be paid for by the patient.

Ineligible patients who cannot pay

If it has been determined that a patient has to pay for treatment and claims they cannot pay, the patient must be assessed to determine what treatment is needed and the level of urgency before any discussion or decision is made on payment.

Even when it is believed that an ineligible patient is unable to pay, an invoice for treatment provided should still be raised and accurately recorded in the DHBs accounts.

Pursuing and writing off debts

Where a patient is provided with urgent or immediately necessary treatment, which they have not paid for in advance, the charges should not be waived. DHBs have an obligation to recover them. Using a debt recovery agency that specialises in the recovery of overseas debt is recommended.

If a patient is without sufficient funds to pay, DHBs should accept payment in instalments before the course of treatment is finished.

When all reasonable steps have failed to recover the debt, or when, given the patient's circumstances it is not cost effective to recover the debt, the DHB can decide to write it off. Writing off a debt is not the same as waiving charges in the first place which DHBs don't have the authority to do.

DHB checklist

How consistently are you identifying ineligible patients and recovering treatment costs? This checklist summarises the practices outlined in this guide. Completing it will provide insight to where improvements can be made.

	Responsibility	Always	Some times	Rarely	Unsure
1	Deliver healthcare to all who present requiring urgent acute care	✓			
2	All patients are asked the 'baseline' questions; "What is your date of birth?" "What is your country of birth?"				
3	Patients provide proof of eligibility when no proof exists on their record or the proof is inadequate				
4	Assess patient eligibility for publicly funded health care including whether exemptions apply that will allow fully funded treatment				
5	The eligibility status of each patient is recorded and a copy of the proof of eligibility is copied & filed				
6	Seek cost recovery from ineligible patients after acute care is provided				
7	Non acute, scheduled treatments and consultations are not given prior to eligibility being assessed				
8	Prior to non-acute treatment, provisional invoices are issued to patients and payment is received.				
9	Final accounts are issued to patients who have paid provisional invoices itemising additional charges or refund.				
10	Payment is received prior to discharge.				
11	Where a patient fails to provide proof of eligibility before their first appointment they are advised that no further appointments will be scheduled until the DHB has proof of eligibility.				
12	Where the patient has been referred by a GP or DHB, the referrer is advised that non-urgent healthcare will be provided to ineligible patients upon pre-payment.				
13	Referrers are encouraged to include a patient's eligibility status in referrals and where possible include proof.				
14	Notify referrers of the conditions under which ongoing care is provided to ineligible patients.				
15	If there is a dispute over eligibility, the matter is referred to DHB's Eligibility Manager in the first instance and then the Ministry of Health if required				

Any responsibility you ticked in the sometimes/rarely/ unsure columns presents an opportunity for research and/or improvement.

Tools

The remainder of this guide contains checklists, forms and letters associated with identifying and managing ineligible patients.

These have been developed to assist establishing common practice in DHBs and are available on the HBL website www.hbl.health.nz so that DHBs can easily personalise and adapt them.

Assessing Eligibility

The next ten pages offer tools, forms and information on assessing eligibility.

- List of criteria for determining eligibility
- Criteria/proof/action information sheet
- Checking Passports
- Proof of eligibility form

These can be used as a complete guide for staff, be integrated into training materials or used as individual resources.

Assessing eligibility at the frontline

1. Identify those born in NZ before 1 January 2006. Ask the patient for their place and date of birth.
2. Using a question sheet, establish whether the person meets all applicable criteria of one or more eligibility categories.
3. Identify whether the ineligible person is considered exempt from payment due to their condition or treatment being considered.

All frontline staff should be familiar with the broad categories and have easy access to the full list and questions to ask.

NZ citizen

People from Australia and the United Kingdom

Refugees and protected persons

Students

Children

Spouses

Public health risks

Prisoners

Categories listed in Direction 2011:

- B2 NZ citizen
- B3 Certain holders of residence class visas
- B4 Holder of interim visa
- B5 Holder of work visa
- B6 Australian citizen
- B7 Holder of current permanent residence visa including resident return visa issued by the Government of Australia
- B8 Person covered by reciprocal agreements with Australia
- B9 Person covered by reciprocal agreements with United Kingdom
- B10 Refugee
- B11 Protected person
- B12 Victim of trafficking in people offence
- B13 ODAP scholar
- B14 Commonwealth scholar
- B15 Participant in foreign language teaching assistantship
- B16 Child in care and control of certain persons
- B17 Child requiring certain vaccines
- B18 Child requiring Well Child/Tamariki Ora services
- B19 Certain persons (children) who were previously eligible
- B20 Spouses or partners of certain eligible persons
- B21 Pregnant woman who requires maternity-related services
- B22 Pregnant woman who requires services to prevent transmission of HIV
- B23 Person who requires services relating to infectious diseases, quarantinable diseases or tuberculosis
- B24 Person who requires certain services in emergency
- B25 Ineligible persons who require or would be required to receive services under certain legislation

- B26 Person who receives services related to personal injury (ACC)
- B27 Prisoners

Getting the assessment right

Table one below outlines the categories of eligibility for any publicly funded health or disability service, the proof that is required and other associated action/ information.

Criteria	Proof	Action/Information
Accident	At the initial consultation, the health service provider will decide whether an ACC claim should be lodged.	Check whether the person is eligible anyway. If the person is not eligible for publicly funded health and disability services, the person should be told of the expected cost in case the treatment does not meet the ACC criteria.
<p>New Zealand Citizen (including those visiting from the Cook Islands, Niue or Tokelau)</p> <p>People born in New Zealand (or the Cook Islands, Niue or Tokelau) before 1 January 2006</p>	<p>NZ passport OR NZ certificate of identity OR NZ birth certificate OR Cook Islands, Niue or Tokelau birth certificate OR NZ certificate of citizenship OR Certified copy of a descent registration certificate OR social security benefit papers (except emergency benefit) AND up to two forms of <i>supporting identity information</i>, one with a photo (unless passport is provided).</p>	<p>Examples of <i>supporting identity information</i> (that the person is the one described in the document they provide) include: driver's licence, employment contract, rental agreement, letters addressed to the person at their current address, an affidavit from someone who has known them for 5 years or more.</p>
New Zealand residence class visa	<p>Passport with resident visa OR Passport with permanent resident visa OR Social security benefit papers (except emergency benefit) AND up to two forms of supporting identity information, one with a photo (unless main proof is passport).</p> <p>If they became residents before December 2010, they will hold a residence permit. This is now called a residence class visa.</p>	<p>Check the Passport or other document is still valid.</p> <p>Examples of supporting identity information include: driver's licence, employment contract, rental agreement, letters addressed to you at your current address, affidavit from someone who has known you for 5 years or more.</p>

Criteria	Proof	Action/Information
<p>Australian citizen or permanent resident who has lived, or intends to live, in New Zealand for two years or more</p>	<p>Australian passport, or other passport with Australian permanent resident/resident return visa AND they are able to demonstrate they have or intend to spend at least two consecutive years in New (e.g. employment, house purchase).</p> <p>The two years is counted from their arrival date in New Zealand</p>	<p>Citizens or permanent residents of Australia, including the territories of Coco (Keeling) Islands and Christmas Island, do not require a visa to enter New Zealand. If they are long term residents in New Zealand, Australian citizens and permanent residents are eligible for the same services as New Zealanders. They may enrol with a PHO.</p> <p>Proof of eligibility could include a work contract; long term house lease, ownership, or mortgage; proof of having sold a property or closed bank accounts in Australia</p>
<p>Work visa holders in New Zealand for two years or more</p>	<p>A current work visa that allows for a total continuous stay of at least 2 years OR A current work visa and other visa/permit held immediately prior that allows a consecutive 24 month stay. NB: if their visa was issued before December 2010, it will be called a work permit.</p>	<p>Check the Passport or other document is valid and covers a two year period.</p> <p>NB: even if the two year period has only just commenced they are eligible for the full range of publicly funded health and disability services</p>
<p>Interim visa holder</p>	<p>Interim visa letter plus evidence of eligibility before the interim visa (eg. a letter from Immigration NZ with information on visas held prior to the interim visa, including time spent outside NZ).</p>	<p>NB: An assessment of former eligibility will need to be made so check the type of visa that is in the passport and the length of time it was valid for however the passport will be with INZ .</p>
<p>Refugees, protected persons and victims of people trafficking</p>	<p>Refugee travel document issued under the Passport Act 1992 OR Certificate of Identity (COI) AND Proof of refugee status/application such as a recent letter from Immigration NZ confirming that the person: - has been recognised as a refugee OR - has a current application for refugee status OR A recent letter from the Immigration and Protection Tribunal confirming the person is appealing against a refusal of refugee</p>	<p>If the Certificate of identity states the person has residency status, the INZ letters are not necessary. Examples of supporting identity information may be necessary but use discretion when requesting these. If the person has not been in New Zealand long they may not have any.</p>

Criteria	Proof	Action/Information
	status. OR A letter from the Police stating the person is a victim or suspected victim of people trafficking	
NZ Aid programme student	Passport with a current NZ student visa AND Documents that indicate the person is a NZ Aid Programme student, OR the partner or child of one. For partners and dependants: evidence of Official Development Assistance funding on the basis of relationship	A NZ Aid Programme student, studying in NZ, receiving Official Development Assistance funding AND : - their partner OR - their dependant child, aged 17 years or younger Check their documents are valid. For a partner evidence of a relationship is required and this can take different forms in the case of a dependant child - a birth certificate or passport.
Commonwealth Scholarship Holder	Passport with a student visa AND Documents that confirm the person is currently studying under the Commonwealth Scholarship and Fellowship Plan	A student studying in New Zealand and funded by a New Zealand university under the Commonwealth Scholarship and Fellowship Plan is eligible for publicly funded services. NB: Children of Commonwealth Scholarship holders under this scheme are NOT ELIGIBLE for publicly funded health services unless they meet the eligibility criteria in their own right.
Children	Evidence that the child is in the care and control of an eligible adult, who is their legal guardian, parent or in the process of adopting the child or becoming their legal guardian: Birth certificate, adoption papers, guardianship papers OR , for a child being adopted: CYF social worker confirmation or NZ Family Court confirmation.	A child under 18 who does not meet one of the above criteria, but whose parent, legal guardian, person applying to be their guardian or adoptive parent is eligible as a: <ol style="list-style-type: none"> a) a New Zealand citizen b) a New Zealand residence class visa holder c) an eligible Australian citizen/Australian permanent resident (as above – if staying two years) d) an eligible work visa holder e) an eligible interim visa holder f) a refugee or protected person or victim/suspected victim of people trafficking (as above) g) a NZ Aid programme student.

Criteria	Proof	Action/Information
		NB if the child was born in NZ prior to 1 Jan 2006 they are eligible
Young people	Birth certificate or passport showing the person is under 20, AND Papers confirming the relationship with the eligible parent/legal guardian (eg. birth certificate, adoption papers, guardianship papers) AND Parent/guardian work visa (may read “work permit”) that - was issued on or before 15 April 2011 AND - has not yet expired AND - either allowed for a minimum two year stay OR together with time spent on visas/permits immediately prior, allows for a minimum stay of two years.	Check the documents are valid for the required dates People aged 18 and 19 years old are eligible for publicly funded services if, on 15 April 2011, either or both of their parents or legal guardians held a work visa that had not yet expired AND met the eligibility criteria for work permit holders under the 2003 Health and Disability Services Eligibility Direction. HOWEVER once the young person turns 20, or the above work visa expires, their eligibility ceases. NB if the child was born in NZ prior to 1 Jan 2006 they are eligible
Foreign Language Teaching Assistantship Scheme	Passport with a current work visa AND ‘To whom it may concern’ letter signed by International Languages Aotearoa NZ or Uniservices stating that the person is currently a teacher on this scheme	Check the Passport or other document is still valid. A participant in the Ministry of Education Foreign Language Teaching Assistantship Scheme is eligible for publicly funded health and disability services while participating in this scheme. NB: Partners and children of foreign language teaching assistants are NOT ELIGIBLE for publicly funded health services unless they meet one of the other criteria

Getting the assessment right (continued)

Table two below outlines people who have **limited eligibility for specific services**. Check first if they meet any of the criteria in table 1 that would make them eligible to be considered for any publicly funded health and disability service

Criteria	Proof	Action/Information
<p>UK Citizen</p>	<p>UK passport AND Proof that they usually reside in the UK (e.g. return ticket to the UK) AND The Medical practitioner’s opinion that treatment is required as per conditions.</p>	<p>Under a Reciprocal Health Agreement a UK citizen temporarily in New Zealand is eligible for treatment (medical, hospital and related) on the same basis as a New Zealand citizen if he/she:</p> <ul style="list-style-type: none"> -is ordinarily resident in the UK - is on a temporary stay in NZ, and - requires medical treatment which in the opinion of a medical practitioner needs prompt attention for a condition that arose after arrival into New Zealand, <p>OR became, or without treatment would have become acutely exacerbated after arrival</p> <p>Note: Check the person is not eligible for the full range of services under other criteria (e.g. eligible work visa holder, eligible permanent resident).</p> <p>Evidence of having applied to become a NZ permanent resident does not exclude the applicant from coverage by the Reciprocal Health Agreement</p>
<p>Australian citizen or permanent resident on a temporary stay in New Zealand These people are covered by a reciprocal agreement with Australia</p>	<p>Australian Passport OR Other passport with Australian permanent resident visa/return resident visa OR Australian Medicare card OR proof of residing in Australia.</p>	<p>Citizens or permanent residents of Australia, including the territories of Coco (Keeling) Islands and Christmas Island, do not require a visa to enter New Zealand.</p> <p>Under a reciprocal health agreement, an Australian citizen, Australian permanent resident or other Australian resident is eligible for:</p> <ul style="list-style-type: none"> immediately necessary hospital services, maternity services and pharmaceuticals, as determined by the provider of medical treatment.

Criteria	Proof	Action/Information
Pregnant Women	Proof of partnership to eligible person (eg. marriage or civil union certificate, or a declaration with a de facto partner) AND Proof of the partner's eligibility (refer to relevant criteria). OR Evidence that the child is granted New Zealand citizenship by birth (ie. A NZ birth certificate).	<p>An otherwise ineligible pregnant partner of an eligible person is eligible for maternity-related services, on the basis that the child is likely to be born eligible. Should the partnership end during the pregnancy, but the child be born a New Zealand citizen, the maternity-related services continue to be funded.</p> <p>A Partner is:</p> <ul style="list-style-type: none"> • where the parties are legally married or in a civil union, the spouse or civil union partner, OR • a de facto partner within the meaning of that term in section 29 of the Interpretation Act 1999. <p>NB. This does not include partners of Commonwealth and Fellowship Plan students or Foreign Language Teaching Assistants.</p>
HIV infected pregnant women	Proof of being pregnant and infected with the HIV virus.	<p>Passport or status irrelevant if any pregnant woman is infected with HIV. She has free access to the following hospital services:</p> <ul style="list-style-type: none"> • blood tests to determine HIV viral load in the pregnant woman • a hospital-based lead maternity carer • a funded course of antiretroviral drug(s), noting that there is no entitlement to ongoing antiretroviral treatment for the mother • information around safe alternatives to breastfeeding • a caesarean section and post caesarean section hospitalisation • postnatal hospital visits for the child to determine the HIV status of the child <p>The initial validating blood test is publically funded should the test be positive for HIV.</p>

Criteria	Proof	Action/Information
Infectious diseases	<p>Passport or status irrelevant if a person has an infectious or quarantineable disease.</p> <p>Refer any enquiries to the local Medical Officer of Health</p>	<p>People who have or who are suspected of having an infectious disease or a quarantineable disease are eligible for funded services relating to:</p> <ul style="list-style-type: none"> • the surveillance • the diagnosis • the treatment • follow-up services and • contract tracing services of the person's infectious or quarantineable disease to the extent appropriate to manage the public health risk. <p>visit www.moh.govt.nz/eligibility</p>
People in prison	<p>Proof that the person is a prison inmate or an individual on remand. E.g. Court documents indicating the person is on remand or awaiting sentencing</p>	<p>Prisoners are eligible for publicly funded health and disability services that are not provided within prison facilities, regardless of their immigration status.</p>
People receiving other Compulsory Health Services	<p>The person must meet the criteria for a compulsory order to be issued. They must be receiving the treatment they would receive under a compulsory treatment order, but the compulsory order does not need to be in place for them to receive the treatment.</p> <p>If there is doubt about whether these provisions apply in a particular case, refer any enquiries to the area District Inspector or the Ministry of Health.</p>	<p>Services received under any of:</p> <ul style="list-style-type: none"> • the Mental Health (Compulsory Assessment and Treatment) Act 1992 • the Alcoholism and Drug Addiction Act 1966 • the Criminal Procedure (Mentally Impaired Persons) Act 2003 • the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003. <p>are funded regardless of a person's citizenship or immigration status</p>
WellChild / Tamariki Ora Services	<p>Not required</p>	<p>All children are eligible for WellChild/Tamariki Ora services.</p>
Immunisations	<p>Not required</p>	<p>All children are eligible for publicly funded immunisations, regardless of their citizenship or immigration status.</p>
Diplomats	<p>Current passport with relevant visa</p>	<p>Foreign diplomats and their family members are NOT ELIGIBLE for publicly funded health and disability services except for ACC. They will have health insurance.</p>

Checking passports

	Information	Reason	Further Action
1	Name of patient and date of birth	Assurance that the passport is for the person seeking services.	Also check that the photo matches the person.
2	Country of origin	If current New Zealand passport, the person is eligible.	If the passport photo matches the person check no further.
		If current Australian passport: If they have been in New Zealand for two years or more, or show proof that they intend to be, they are eligible. Is this a temporary visit for less than two years?	Is the date of entry to NZ two years ago? (If the passport was not stamped on entry the person can ask Immigration New Zealand for a Statement of Movement, which is provided free and fast.) If the person has not been in NZ for two years, ask for proof of intention to spend that length of time in New Zealand.
		If current United Kingdom passport: If they have a work visa for two years or more, or for two years when added to the time they've just spent here they will be eligible. If they have a residence class visa, they will be eligible. If they have an interim visa, and were eligible immediately beforehand, they will be eligible. Is this a temporary visit – less than two years?	See the section on type of visa below.
3	Passport is current	If expired, then it is possible that the person is unlawfully in New Zealand, in which case they would only be eligible for: <ul style="list-style-type: none"> – treatment for infectious diseases or quarantinable diseases – vaccinations on the Immunisation Schedule or WellChild/Tamariki Ora – services under the Mental Health (Compulsory Assessment and Treatment) Act, the Alcohol and Drug Addiction Act, the Criminal Procedure (Mentally Impaired Persons) Act, or the Intellectual Disability (Compulsory Care and Rehabilitation) Act – services provided under a reciprocal agreement (Australia/United Kingdom) – services provided to a prisoner where services not available from the prison service 	See the Getting it right section, of this document, for proof required or visit www.moh.govt.nz/eligibility . Refugees, asylum seekers and protected persons – check for Immigration NZ or Immigration and Protection Tribunal documents. Victims and suspected victims of people trafficking, check for Police documents. Check for proof of compulsory treatment. Check for proof of being in prison custody. Check for proof of partnership and partner's eligibility as relevant.

	Information	Reason	Further Action
		<ul style="list-style-type: none"> – maternity-related services provided to the partner of an eligible person – services to prevent the transmission of HIV by pregnant mothers – accident and personal injury services under ACC legislation – certain services in a civil emergency. <p>Refugees, asylum seekers, protected persons and victims of people trafficking will usually not have a passport, but may be issued a Certificate of Identity and should have other official documentation.</p>	
4	Type of visa	<p>A person is eligible if the Visa is a:</p> <p>Residence Class Visa (permanent resident visa or a Residents Visa);</p> <p>Work visa which, together with any previous visas of any kind, allow them to be lawfully in New Zealand for two years or more; work or visitor visa and a Education Teaching Assistantship confirmation letter;</p> <p>Student visa and holder of Commonwealth or NZAID ODAP scholarship.</p>	<p>Look for the resident visa, permanent resident visa or residence permit – what is the date, and is the passport valid.</p> <p>Look for date work visa allowed the person to start working in New Zealand, and the date they are allowed to work until. A gap of up to four weeks permitted before previous visas is not considered “immediately prior.”</p> <p>Check that the Ministry of Education Teaching Assistantship, Commonwealth scholarship or NZAID programme ODAP scholarship is current, and that the student is studying in New Zealand (partners and dependants included in NZ Aid programme scholarship).</p>

Proof of eligibility form

Use: Emergency Department/Inpatient Admission

Please complete the following information to help us assess if you are eligible. If you are not a New Zealand citizen then you may be required to pay for treatment. Your information will be treated as confidential, kept securely and only accessed by authorised persons.

Full name	Mr Mrs Miss Ms Mast	Surname	Given names
Birth information	Date	City/Country	
Citizenship			
Ethnicity			
Overseas contact information	Residential address		Phone number
New Zealand contact information	Residential address		Phone number
Email address			
Reason for being in New Zealand			
Arrival/Departure Dates	Arrival Date	Departure Date	
Medical Insurance	Name of company		Medical Insurance Number
Proof of eligibility	Eg: Passport (include Visa type), INZ letter, Citizenship certificate, guardianship documents, Commonwealth scholarship document, birth certificate.		
Paying for treatment	<p>There may be a need to disclose your information to Immigration NZ (INZ) to enable them to provide the information that is held on your residency status. By signing this form you acknowledge:</p> <ul style="list-style-type: none"> - and consent to this disclosure by this DHB and by INZ. - that if you are not eligible for free healthcare you will have to pay for treatment. <p>Signed Date</p>		

Certain publicly funded services are available to ineligible people. To find out see www.moh.govt.nz/eligibility

Emergency service clinical costs form

If you are a visitor to New Zealand or are residing in New Zealand awaiting approval of your residence class visa application from Immigration New Zealand, then you may be required to pay for treatment. Below is a list of average costs for treatment.

Costs are inclusive of GST.

Prices effective from dd month yyyy

Assessment/consultation

Triage 1 Medical	\$ _____	<input type="text"/>
Triage 1 Surgical	\$ _____	<input type="text"/>
Triage 2	\$ _____	<input type="text"/>

Triage 3	\$ _____	<input type="text"/>
Triage 4	\$ _____	<input type="text"/>
Triage 5	\$ _____	<input type="text"/>

<u>X-Rays</u>	Cost \$	Number
0-15 mins		
16-30 mins		
>30 mins		

<u>Bloods</u>	Cost \$	Number
FBC		
U & E		
D Dimer		
Trop T		
Blood culture		
Ethanol		
ABG		
CRP		
Coag profile		
Calcium		
Phosphate		
Magnesium		
ESR		
Glucose		
Amylase		
LFT		
Pregnancy Test		
Anti-HIV		
HepB Ag		
Anti-Hbs		

Other X-rays

Pelvis		
Skull		
Thoracic		
Abdomen		
Bedside		

CT Scan		
Lung Function		
ECG's		
MRI		
Ultrasound		

Genital swab		
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Interpreter		
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Letters

Several standard letters are needed in the process of identifying ineligible patients and getting agreement to pay for consultation, treatment or surgery. Templates for these have been included to develop a consistent approach to patient communication.

The raw content is provided without logo or address information so that each DHB can easily insert it into their templates.

Please note that in many cases, standard paragraphs are used and the DHB has to select the relevant optional paragraphs to relate the letter to specific situations.

- Proof of eligibility requested
- No response to request for proof
- Referral declined. Paragraph options for:
 - no response
 - no proof
- Eligible. Paragraph options for:
 - Work visa
 - Residence class visa
- Ineligible; agreement to pay costs, cost advice

DHBs can use the 'select optional paragraphs' approach or create templates for every situation with a unique identifier.

Proof of eligibility requested

Re: NHI XXXX Referral by (GP name) to (XXX Clinic)

We have received a referral from (Name) for (consultation/treatment/procedure).

Prior to scheduling an appointment we must have evidence of your eligibility for free health care on file otherwise you will be charged for the first and ongoing services.

Attached is a list of acceptable proof of eligibility.

Please provide the original, or a certified true copy, of your proof of eligibility, so we can update your eligibility status on our records and schedule the appointment.

If you are not eligible for publicly funded health care, you are still able to use our services however you will be required to pay prior to the appointment.

(Include options as appropriate)

Option 1:

We request that you contact (name and contact information) within **7 days** of receipt of this letter to discuss your eligibility status.

Option 2:

If we receive no response by this date we will consider the referral as not proceeding and will notify your referrer accordingly.

Option 3:

Please note that your **current referral will be free** as it is covered under the Accident Compensation Corporation funding.

Option 4:

Please complete the Agreement to Pay form attached and return it to us at least five working days before the appointment. We will then issue a provisional invoice to you to pay prior to the first appointment.

For more information about eligibility for publicly funded health care please go to www.moh.govt.nz/eligibility.

For further enquiries please phone XXX XXXXX.

Attachments:

Proof of eligibility

Agree/decline to pay

Attachment 1: Letter Proof of eligibility requested

Proof of eligibility

To confirm your eligibility, please read the following and provide originals or certified copies of documents that are relevant to your situation.

If you are a.....	Provide the following document:
NZ citizen including Cook Island, Niue & Tokelau nationals	Birth certificate (plus photo ID) or front (photo) page of NZ passport or certificate of NZ citizenship (plus photo ID) or descent registration certificate (plus photo ID)
Citizen of Australia or United Kingdom visiting NZ	Front (photo) page of passport. For UK visitors, temporary visa (eg. student, work, visit)
Australian citizen or Australian permanent residence visa holder living permanently in NZ	Front (photo) page of passport and documentation and visa page for Australian permanent residents e.g. telephone or power bill or rates or tenancy agreement demonstrating that you have lived in NZ for 2 years or more or intend on living in NZ for next 2 years (Work Contract/Letter)
NZ residence class visa holder	Front (photo) page of passport and residence visa/permit stamp
Holder of a work visa able to stay in New Zealand for at least 2 years	Front page of passport, current and all previous visas (or permits).
Interim visa	Interim visa letter from Immigration NZ. Letter must be dated less than six months ago. (If not already known, the health service provider will request an immigration history from Immigration NZ to confirm you were eligible before your interim visa).
Refugee and protected persons (including applicants and appellants), victims of people trafficking	Front page of passport or Immigration NZ certificate of identity and residence permit/visa or letter from Immigration NZ Refugee Status branch stating you have been granted refugee status or applying for refugee or protection status, or from the Immigration and Protection Tribunal stating you have lodged an appeal for refugee or protection status. NB: Letter must be dated within the last 6 months Letter from the NZ Police stating you are a victim or a suspected victim of people trafficking.
Student visa holders	Front (photo) page of passport and visa, plus NZ Aid programme or NZ university documentation
Children (under 18 and in the care of an eligible parent (by birth or adoption) or legal guardian (or an application for adoption or guardianship in process). Or proof of being 18 or 19 and the dependant of an eligible work visa holder on 15 April 2011 (visa must not have expired).	Proof of age. Proof of relationship to eligible person (eg. Birth certificate, adoption papers, letter from Child, Youth and Family or NZ Family Court to say adoption or guardianship application in process), and Proof of the eligible adult's eligibility.

**Attachment 2: Letter Proof of eligibility requested
Patient acceptance/decline to pay**

I _____ acknowledge that I am currently ineligible to access publicly funded health and disability services at this time. I therefore confirm that:

I Agree to pay the estimated costs outlined below before I receive the recommended treatment and pay for any additional costs incurred during the treatment.	I Decline to pay for the recommended treatment.
Signed:	Signed:
Date:	Date:

Expected Treatment Date (if Known) _____

Referring Specialist _____

Consultation/Treatment/Procedure	Cost
Total Cost including gst	\$

I note that the above estimate is based on the following assumptions

For example - Bed day stay in surgical ward, CCU, Therapies

I acknowledge that payment in advance of the treatment date does not guarantee the treatment will proceed on the expected date.

I agree to notify the reception no less than 48 hours prior to my appointment if I am unable to attend. Failure to do so may result in the charge above being payable.

I agree that before discharge, I agree to pay any additional amount that arises from services provided to me during my treatment.

Signed _____ **Date** _____

Please return the form to:

No response to request for proof – 2nd request

Re: NHI XXXX Referral by (GP name) to (XXX Clinic)

We sent you a letter dated (dd mm yyyy) regarding your referral for (consultation/treatment/procedure) requesting proof of your eligibility for publicly funded health care.

According to our records, we have had no response.

We request that you phone (name of contact, role, phone number) by (date 10 days after letter date) to discuss your eligibility status. If we don't receive a response from you by that date we will consider the referral as not proceeding and will notify your referrer accordingly.

If you require more information about eligibility for publicly funded health care please go to www.moh.govt.nz/eligibility.

CC – GP/Referrer

No proof, pay first

Re: NHI XXXX Referral by (GP name) to (XXX Clinic)

We have received a referral from (GP name) for (consultation/treatment/procedure).

All patients are required to provide proof of eligibility to access publicly funded health care. Unfortunately, we have been unsuccessful in determining your eligibility because of the following: *(delete the options that don't apply)*

- There is no information in our Inpatient Management System
- New Zealand Immigration Service has no relevant information
- You have been unable to provide proof of your eligibility.

As there is no proof of your eligibility, we cannot progress your referral unless you agree to pay for the treatment costs.

If you wish to proceed on this basis, please sign the attached agreement to pay for services form.

When we receive this, a provisional invoice will be sent to you for payment prior to your consultation/treatment/procedure being scheduled.

You can find out more about eligibility at: www.moh.govt.nz/eligibility

Attachment

Agree/decline to pay form

(Alternative; could attach a provisional invoice and adjust letter content)

Attachment: Patient acceptance/decline to pay form

I _____ acknowledge that I am currently ineligible to access publicly funded health and disability services at this time. I therefore confirm that:

<p>I Agree to pay the estimated costs outlined below before I receive the recommended treatment and pay for any additional costs incurred during the treatment.</p>	<p>I Decline to pay for the recommended treatment.</p>
<p>Signed: Date:</p>	<p>Signed: Date:</p>

Expected Treatment Date (if Known) _____

Referring Specialist _____

Consultation/Treatment/Procedure	Cost
Total Cost including GST	\$

I note that the above estimate is based on the following assumptions

For example - Bed day stay in surgical ward, CCU, Therapies _____

I acknowledge that payment in advance of the treatment date does not guarantee the treatment will proceed on the expected date.

I agree to notify the reception no less than 48 hours prior to my appointment if I am unable to attend. Failure to do so may result in the charge above being payable.

I agree that before discharge, I agree to pay any additional amount that arises from services provided to me during my treatment.

Signed _____ **Date** _____

Please return the form to:

Ineligible referral cost advice

Re: NHI XXXX Referral by (GP name) to (XXX Clinic)

We have received a referral from (referrer name) for (consultation /treatment/ procedure).

According to our records you are currently ineligible for this care.

A provisional invoice for \$..... is attached which is due for payment prior to the appointment.

Please note that additional charges may be payable for other services if required such as radiology, laboratory tests and pharmacy. You will receive a final account to pay (on completion of the appointment/within 7 days of the appointment).

Please contact (*name phone*) immediately to confirm that you wish to proceed with this referral. If no response has been received within 10 days, we will consider that you no longer require our services and your referral will be returned to the referrer.

If your eligibility status has changed, please contact (name, phone) and bring proof of this to your appointment.

For more information on eligibility, check online at www.moh.govt.nz/eligibility.

Attachment: Invoice

No proof, no pay, referral cancelled

Re: NHI XXXX Referral by (GP name) to (XXX Clinic)

We sent you a letter dated dd mm yyyy regarding your referral to the (XXX Clinic) asking you to acknowledge you will pay for the costs of your treatment/consultation.

We requested that you contact (name, contact) to confirm that you wish to proceed with your referral however as we have had **no response** to date from you, we are unable to schedule the (consultation/treatment).

A copy of this letter will be sent to your referrer so they are aware of the situation. We suggest you contact them should your health problems worsen or if you wish to have the referral proceed.

CC – GP/Referrer

The following two pages outline a brochure that can be customised for each DHB. The wording that has been highlighted in grey has been reviewed and approved for use by Sector & Services Policy unit of the Ministry of Health

Payment

Anyone who is not eligible for publicly funded health and disability services is personally liable and must pay the District Health Board (DHB) the full costs of their treatment. **This includes collection costs and any other costs incurred.**

Where to make a Payment

Payments for treatment can be made at:

- Cashier, (give location)
- Emergency Department Reception
-

Insurance Company Payment

- It is the patient's responsibility to seek reimbursement from their insurance company. The DHB will invoice you personally.
- If your insurance company only covers part of the costs incurred, you will still be liable for the full bill.

For eligibility enquiries and to see if you qualify for free or subsidised healthcare and disability services please contact [DHB contact]2521 or eligibility@ccdhb.org.nz

Further information about eligibility is available from the Ministry of Health by phoning 0800 855 151, on their website at www.moh.govt.nz/eligibility or by emailing eligibility@moh.govt.nz

Updated: May 2011

Do you qualify for funded, subsidised or free healthcare and disability services?

Information for patients and whanau

Overseas visitors and other ineligible people will be charged for publicly funded health and disability services

The New Zealand (NZ) Government funds health and disability services for people who meet the eligibility criteria set by the Minister of Health. Most services are free (or partly subsidised) for people who meet the eligibility criteria at the time they receive the services.

Patients may be asked to provide documents (eg. passports and birth certificates) to prove they are eligible for free or subsidised health care (New Zealanders should need to prove their eligibility once).

Accidents and Emergencies

Everyone in New Zealand (including overseas visitors) requiring emergency care for injuries caused by an accident will receive free care provided the claim is accepted by the Accident Compensation Corporation (ACC). Any ongoing treatment may be paid by ACC; but the patient must apply to the ACC for cover.

Certain services required in civil emergencies (national or regional) are also publicly funded for overseas visitors and other ineligible people.

Anyone needing other emergency care will receive treatment. However, patients that do not qualify for free or subsidised health care will be charged for their treatment and payment will be required before they leave the hospital.

You qualify for publicly funded health and disability services if you are a:

- a) NZ citizen (including those from the Cook Islands, Niue or Tokelau)
- b) Australian citizen or Australian permanent resident who has/intends to stay at least two years
- c) NZ residence class visa holder (ie. a resident visa, permanent resident visa or residence permit)
- d) work visa holder eligible to be in NZ for two years or more (including time spent lawfully in NZ immediately prior to work visa)
- e) interim visa holder who was eligible immediately before their interim visa started
- f) NZ Aid Programme student receiving Overseas Development Assistance funding, or their partner
- g) refugee or protected person (including applicants and people appealing to the Immigration and Protection Tribunal)
- h) victim or suspected victim of people trafficking
- i) child under 18 in the care and control of a parent or legal guardian or person applying to become their legal guardian or adopting parent eligible as per a–h
- j) 18 or 19 year old, and the dependant of an eligible work visa holder on 15 April 2011 (visa must be valid)
- k) student visa (or permit) holder on a Commonwealth Scholarship from a NZ university
- l) Ministry of Education Foreign Language Teaching Assistant

If you are not eligible for the full range of services, you may qualify for a specific set of services if you are:

- The pregnant partner of an eligible person, for maternity-related services (or where your child is a NZ citizen by birth)
- An Australian resident (holding a Medicare card) in NZ on a temporary stay, for immediately necessary hospital, maternity and pharmaceutical services
- A United Kingdom (UK) citizen ordinarily resident in the UK, on a temporary stay, for promptly required services
- A person being assessed or receiving treatment for tuberculosis or infectious diseases listed in the Health Act, to contain or control the risk to the public
- A child requiring Immunisation Schedule vaccinations or WellChild services
- A person being assessed or receiving compulsory services under the:
 - Mental Health (Compulsory Assessment and Treatment) Act
 - Alcoholism and Drug Addiction Act
 - Criminal Procedure (Mentally Impaired Persons) Act, or the
 - Intellectual Disability (Compulsory Care and Rehabilitation) Act.
- A prisoner requiring services not available in Corrections facilities.

HBL Process Map - Acute/non acute referrals and presentations

