

who's eligible?

Identifying and managing ineligible patients

A Guide for Health Professionals

HBL 

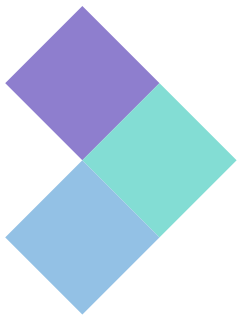
HealthBenefits Limited

Te Ara Maia



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introduction

NEW ZEALAND has a world leading public health system which makes most services widely available to people who are eligible for publicly funded healthcare.

All NZ citizens and NZ Permanent Residents are eligible for publicly funded healthcare and simply need to show their passport or birth certificate to demonstrate their eligibility.

There are other groups who may be eligible or who may qualify for limited treatment. The brochure 'eligibility made easy' which is available for the public spells out which groups fall into these categories.

This guide will help you to identify which people are eligible for publicly funded healthcare and which patients you need to refer to staff within your organisation who deal with charging patients not eligible for public funding.

What you need to know:

- **Patients in need of urgent or acute care must receive treatment before you try to find out if they are eligible for publicly funded treatment**
- **This guide is a summary of the things you need to do to find out if someone is eligible for publicly funded treatment or not.**
- **There is an index at the back of this guide which will provide a shortcut to what you want to know**
- **If you are unsure about any stage of this process, please ring the Helpline on 0800 855 151 or via email eligibility@moh.govt.nz**

www.moh.govt.nz/eligibility

eligibility

The following groups are all eligible for publicly funded healthcare:

If they are:	Are they eligible?	Proof required:
NZ citizen or Permanent Resident or their children	✓	Passport/NZ birth certificate or evidence of receiving social security benefit (except emergency) plus photographic identification
Citizen of the Cook Islands, Niue or Tokelau	✓	NZ Passport/birth certificate or evidence of receiving social security benefit (except emergency) plus photographic identification
Australian citizen who has been or intends to be in NZ for more than 2 years	✓	Australian passport with proof of having lived or with the intention of living in NZ for more than 2 years
Holders of a continuous work visa for 2 years or longer commencing on the holders first day in NZ	✓	Valid passport stamped with relevant permits/visas.
Refugees, protected persons and victims of people trafficking	✓	Letter from Immigration NZ confirming refugee or protected person status
NZ Aid students or Commonwealth Scholarship holders	✓	Passport with student visa AND documents proving scholarship
Foreign Language Teaching Assistantship Scheme	✓	Passport with work visa and letter of confirmation signed by Aotearoa NZ or Uniservices

limited eligibility

Specific services that MAY be publicly funded for non eligible patients:

If they are:

Proof required:

Accident or personal injury victim

They may be entitled to publicly funded treatment under ACC but we still need to determine their eligibility status because ACC may not accept the claim.

An Australian or UK visitor who needs urgent care

Australian or UK passport and proof of where they usually reside.

Pregnant women seeking maternity related services

Proof of partnership to eligible person

HIV infected pregnant women

Proof of HIV infection

Holders of interim visas who were eligible immediately before the interim visa was issued.

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.

Specific services for persons suspected of having a notifiable, infectious or quarantinable disease (as defined by the Ministry of Health) e.g. TB, AIDS, hepatitis

Proof of a notifiable infectious condition or advice from the treating clinician of a suspected notifiable infectious condition. Refer any enquiries to the local Medical Officer of Health.

Child seeking WellChild/Tamariki Ora services

All children are entitled to publicly funded healthcare under this programme

Child requiring immunisations listed on the NZ Immunisation Schedule

All children are entitled to vaccinations as listed on the NZ Immunisation Schedule

People who are receiving or are eligible for compulsory treatment under the Alcoholism and Drug Addiction Act 1966, Criminal Procedure (Mentally Impaired Persons) Act 2003, Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 and Mental Health (Compulsory Assessment and Treatment) Act 1992.

Their condition must meet that for which an order might be made. For example, having a 'mental disorder' and thus being a risk to themselves or others.

To avoid doubt, a person is eligible for assessments that are made to determine whether compulsory services should be received under any of the above acts.



frequently asked questions



WHY do we have to determine whether someone is eligible for publicly funded health treatment?

New Zealand has a world leading health system which makes most services widely available to people who are eligible for publicly funded healthcare. We need to do our best to ensure that people who are not eligible pay their way. This frees up more money for essential operations and health treatment for people who do qualify and who really need it.



WHAT IF someone is not eligible? What do I do?

- a. Explain that New Zealand has rules around who is eligible for publicly funded healthcare.
- b. Take the patient through the eligibility checklist to see where they stand.
- c. If they are not eligible, explain that their treatment will need to be paid by them. Contact the eligibility team and someone will follow up with them to discuss the likely costs.
- d. Ensure you have their correct contact details for the duration of their time in NZ and when they go home.
- e. Refer them to the person in your organisation who can outline the billing process.
- f. Emphasise this is a statutory process, DHBs do not have discretion around eligibility.



WHERE can I get more details?

Further information on eligibility is at www.moh.govt.nz/eligibility. They have a 'yes/no' questionnaire that can be completed quickly.



WHERE can I get information to give to patients who ask?

Brochures for patients can be downloaded at www.hbl.co.nz or your intranet.



WHAT IF someone presents with emergency or acute needs? Do I try to determine eligibility before they are treated?

No – if someone presents with emergency or acute needs, see to their care first and get them stabilized before you try to determine eligibility. If they have family with them, you may be able to ask them.



What 'acute' and 'elective' care can ineligible people access?

Anyone requiring acute services will be able to receive the services they require. If they are not eligible, they will be invoiced for the services they received.



How do people prove they are a New Zealand citizen if they can't find their passport or birth certificate?

They should contact the New Zealand Citizenship Office, Department of Internal Affairs and ask them to issue new documentation. They can visit the Department of Internal Affairs website for more information.



If someone is not eligible for the whole time they are receiving a course of treatment, will they be charged?

They will not be charged for services they receive when they are eligible (unless charges would apply to anyone). They will need to pay for the services they receive if they become ineligible.



How do people access health and disability services when they visit New Zealand?

If someone is seriously ill or injured, they should go to the local hospital or emergency clinic, or phone for an ambulance (dial 111). **They will need to pay for health services unless they are eligible** for publicly funded health and disability services. To find out if they are eligible, please go to pages 4 and 5.

If someone is not seriously ill or injured, but requires medical treatment, please advise them to make an appointment with a health centre, general practitioner (GP) or medical centre. They will be referred to another health service provider if further treatment is necessary.



If someone is not eligible for publicly funded health services, will they still be treated if they become very unwell (for example, burst appendix, heart attack)?

Yes, they will be treated if the condition is acute. However, please advise them that they will be charged for the services they receive if they are not eligible for publicly funded services.

The Government strongly recommends that visitors to New Zealand get comprehensive travel insurance if they are not eligible for publicly funded health and disability services.



Does an NHI number make someone eligible for publicly funded health services?

Not necessarily. An NHI number is assigned to anyone receiving health or disability services, regardless of their eligibility status.



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Aid programmes

Students of NZ Aid programmes are eligible for full care provided they have documentation to indicate that they are a NZ Aid student or the partner or child of one. They also need a passport with a current NZ student visa.

ACC

All accident victims in NZ are eligible for ACC cover but it is up to the health service provider to decide whether an ACC claim should be lodged. Eligibility checks should be carried out anyway in case the ACC refuses cover and the person needs to be told of the expected cost if that may happen.

Acute Care

“Acute” includes emergency and non-emergency care including both ACC and non-ACC cases. Patients who are assessed as needing acute care should be stabilized prior to assessing their eligibility status.

Billing

Each DHB has their own billing system. If you believe that someone is not eligible for publicly funded treatment then you need to tell them that they will be expected to pay for treatment and ensure you have all their contact details both in NZ AND in their home country so an invoice can be sent to them.

Checklists

For an eligibility checklist please see page 4 & 5.

Citizenship

New Zealand citizenship qualifies people for publicly funded treatment.

Some citizens of other countries (e.g. UK and Australia) may also be eligible for some treatment to be publicly funded. Check the eligibility table on page 4 & 5 to be sure.

Costs

Costs for procedures are different for each DHB. Please refer any patient enquiries on costs to your internal eligibility manager.

Diplomats

Foreign Diplomats and their families are not eligible for publicly funded health care unless they are injured in an accident. They may receive medical care but will pay for it, except where the treatment is covered by ACC.

Eligibility

Eligibility means you have the right to be considered for receiving publicly funded health care but does not mean you are covered for everything – some people are eligible only for a certain range of services.

To check eligibility please refer to page 4 & 5.

Fraud

Fraud may be intentional or by accident. Sometimes people think they are a New Zealand citizen when they are not. That is why we need to go through steps to check if people are eligible for publicly funded health care. To check this please go to Page 4 & 5.

Forms

For forms relating to costs or requests to Immigration please contact your Eligibility manager.

GPs

These guidelines are equally applicable to GPs and PHOs and should be used as a guide for publicly funded treatment in those locations.

GP referrals

Do not assume that eligibility checks have been carried out when the patient has been referred by a GP. You must carry out the eligibility checks for every patient that comes into hospital.

Identification

Identification is a crucial step in deciding whether someone is eligible for publicly funded health care. Please go to page 4 & 5 to see how to check identification.

Immigration enquiries

If you need information about a person's immigration status please refer to your eligibility manager.

Insurance

DHBs are not responsible for recovering money from insurance companies. If a patient is covered by insurance, it is their responsibility to ensure that their treatment is paid for either directly by them or the insurance company.

Invoicing

Each DHB has its own invoicing process and policies. Make sure your administrator has briefed you on these prior to you having to deal with ineligible patients.

Legislation

Eligibility for publicly funded health care is provided for in the NZ Public Health and Disability Act 2000.

Overseas Aid Programmes

Some students of overseas aid programmes may be eligible for publicly funded or subsidized health treatment – please see page 4 to check.

Passports

Passports are the easiest and most efficient way to check eligibility. Wherever possible, please encourage patients

to produce their passport to determine eligibility. Please go to www.moh.govt.nz/eligibility to check visa and permit information in passports.

Payment

Each DHB will have its own policies and procedures for payment. Please refer to your administrator to make sure you are aware of these. The most important thing is to ensure that you check eligibility, advise patients that if they are not eligible they will have to pay, and ensure you have their correct contact details so that payment can be requested.

Pregnancy

Many pregnant women will be eligible for maternity related services regardless of their nationality. Please go to page 5 to check.

Prisoners

Prisoners have eligibility for services that are not provided within their prison.

Recovery

Recovery is the term we use when we are talking about claiming back money from people who have received publicly funded treatment they were not entitled to receive. Please see your Eligibility Manager about this process.

PHOs

These guidelines are equally applicable to GPs and PHOs and should be used as a guide for publicly funded or subsidized treatment in those locations.

PHO Referrals

Do not assume that eligibility checks have been carried out when the patient has been referred by a PHO. You must carry out the eligibility checks for every patient that comes into hospital.

Refugees

Some refugees will be eligible for publicly funded or subsidized care. Please go to page 4 to check.

Retrospective invoicing

Retrospective invoicing may be required if a patient has been wrongly assessed as being eligible for publicly funded care. Please see your eligibility manager if this is required.

Transfers

Where a patient has been transferred from another DHB or provider you should receive with the clinical records documentation relating to eligibility for publicly funded care. When your patient is transferring to another DHB or provider, please ensure you send the necessary documentation to determine eligibility.

