

Medicare Ineligible Asylum Seekers - Provision of Specified Public Health Services

Summary This Policy Directive provides a new process to identify Medicare ineligible community-based asylum seekers. It also lists the services that attract a waiver of fees and instructions on what to charge when a waiver does not apply.

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Audience All Chief Executives;Community Health Centres;Dental Schools and Clinics;NSW Ambulance;Public Hospitals;Medical Officers;Pathology Services

MEDICARE INELIGIBLE ASYLUM SEEKERS – PROVISION OF SPECIFIED PUBLIC HEALTH SERVICES

POLICY STATEMENT

NSW Health's position on the provision of specified public health services and charging arrangements for Medicare ineligible community-based asylum seekers ensures that Medicare ineligible community-based asylum seekers who require medical treatment / intervention to which a waiver of fees applies are correctly identified and able to access eligible health services

SUMMARY OF POLICY REQUIREMENTS

This Policy Directive requires NSW Health public hospitals, mental health services, NSW Ambulance and NSW Health Pathology to waive fees for the public health services specified below that are provided to community-based asylum seekers who are **not** eligible for Medicare:

- Emergency care for acute medical and surgical conditions, including admission of elective surgery for conditions listed as Clinical Priority Categories 1 and 2;
- Ambulatory and outpatient care required to maintain health status of asylum seekers with acute and chronic health conditions;
- Maternity services, including antenatal and postnatal care;
- Mental Health services (inpatient and community based); and
- Ambulance transport for emergencies.

This Policy document is to be read in conjunction with NSW Health Policy Directive *Medicare Ineligible and Reciprocal Health Agreement - Classification and Charging* (PD2016_055) and the *Scale of Fees for Hospital and Other Services* (PD2020_025).

REVISION HISTORY

Version	Approved by	Amendment notes
October - 2020 PD2020_039	Deputy Secretary, and Chief Financial Officer, Financial Services and Asset Management.	Inclusions: Step by step process to identify Medicare ineligible community-based asylum seekers; list of eligible health services; Exclusions: Asylum Seekers Assistance Scheme
March-2005 PD2005_528	Deputy Secretary, and Chief Financial Officer, Financial Services and Asset Management.	Initial Document

ATTACHMENTS

1. Medicare Ineligible Asylum Seekers –Provision of Specified Public Health Services: Procedures.

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1 BACKGROUND

1.1 About this document

Asylum seekers are people within Australia who apply to the Australian Government for formal recognition as a refugee. If successful, they are offered either permanent or temporary residency. This process of determination may take several years.

While awaiting a determination, some asylum seekers are provided with assistance by the Australian Government. This may include work rights and a Medicare card.

In certain circumstances, asylum seekers can obtain assistance under federally funded health and welfare initiatives such as the Status Resolution Support Services (SRSS) program. (For advice on the charges and arrangements that apply when asylum seekers are treated under this program - NSW Health Policy Directive *Scale of Fees for Hospitals and Other Services*).

Some asylum seekers however are not Medicare eligible, and are also excluded from receiving assistance under SRSS. Others who were eligible for such assistance may become ineligible once they reach a certain stage of the appeal process for their refugee claim. This Policy Directive applies to asylum seekers at any stage of their application process (including removal pathways) who are not eligible for Medicare.

For asylum seekers without Medicare who cannot afford to pay, the provision of public health services is consistent with the principles of prevention and early intervention.

These procedures **do not** apply to asylum seekers held in Immigration Detention or in Community Detention. Responsibility for their health care rests with the Department of Home Affairs (DHA) and the organisation managing the detention centre. NSW Health Policy Directive *Medicare Ineligible and Reciprocal Health Agreement - Classification and Charging* ([PD2016_055](#)).

Chief Executives must ensure that the following mandatory actions are undertaken by public hospitals and mental health services:

1. Waive fees for specified public health services provided to community-based asylum seekers who are not eligible for Medicare; and
2. Record services provided to Medicare ineligible asylum seekers under this policy using the correct codes to enable accurate monitoring of implementation.

2 ELIGIBLE HEALTH SERVICES ATTRACTING A WAIVER OF FEES

2.1 Services attracting a waiver – general

The following services will not incur a fee:

- Emergency care for acute medical and surgical conditions, including admission
- Elective surgery for conditions listed as Clinical Priority Categories 1 and 2 (NSW Health Information Bulletin *Advice for Referring & Treating Doctors – Waiting Time and Elective Surgery Policy* ([IB2012_004](#))). This excludes Category 3 conditions in most circumstances (for example, spinal fusion, total hip replacement, hernia repair) as well as Cosmetic and Discretionary surgery (for example, reversal of sterilisation, social circumcision) NSW Health Policy Directive *Waiting Time and Elective Surgery Policy* ([PD2012_011](#)).
- Ambulatory and outpatient care required to maintain health status of asylum seekers with acute and chronic health conditions
- Maternity services, including antenatal and postnatal care
- Mental Health services (inpatient and community based)
- Ambulance transport for emergencies
- NSW Health Pathology services
- Interpreting services

2.2 Dental services

In general persons not holding health care concession cards may receive emergency treatment only in public dental clinics (NSW Health Policy Directive - *Priority Oral Health Program (POHP) and Waiting List Management* ([PD2017_023](#))).

However, in addition to emergency care, (NSW Health Policy Directive - *Eligibility of Persons for Public Oral Health Care in NSW* ([PD2017_027](#))) also indicates that oral health treatment comprising an episodic course of care may be provided to a person who is not usually eligible due to their asylum seeker status. The person must be referred to the Oral Health Service by an established agency. Proof of eligibility is not required.

3 IDENTIFYING MEDICARE INELIGIBLE COMMUNITY- BASED ASYLUM SEEKERS

There are three steps to be followed to identify Medicare ineligible asylum seekers:

3.1 Step 1: Determine whether the person is ineligible for Medicare

- If ‘**No work**’ is stated on the visa in the person’s passport, or on their evidence card (Visa Condition 8101), they are not eligible for Medicare.

- Medicare eligibility can be checked by phoning Medicare general enquiries (**132 011**).

3.2 Step 2: Determine the person's asylum seeker status

Asylum seekers may hold one or more of the following documents:

- A Bridging Visa, which is most commonly of type 'E' (with the letters WE stamped on visa), but also may be type 'A' or 'C'; or
- Supporting documentation from an asylum seeker agency such as: Settlement Services International (SSI), Australian Red Cross (ARC), Life Without Barriers (LWB), the Asylum Seekers Centre (ASC), Jesuit Refugee Service (JRS), House of Welcome (HoW); or
- Documentation from a relevant health service such as the NSW Refugee Health Service (RHS), an LHD refugee health program or the NSW Service for the Treatment & Rehabilitation of Torture & Trauma Survivors (STARTTS); or,
- Documentation from a legal representative such as the Refugee Advice and Rights Centre (RACS), Immigration Advice and Rights Centre (IARC) or Legal Aid NSW; or
- An Acknowledgement from the Department of Home Affairs (DHA), the Immigration Assessment Authority, the Administrative Appeals Tribunal or a Court (such as the Federal Circuit Court).

Note: It may not always be possible to identify an asylum seeker from official documentation. Health service staff may exercise discretion in determining a person's asylum status in the absence of definitive identification.

3.3 Step 3: Determine eligibility for SRSS

- Asylum seekers will generally be aware if they are eligible for SRSS.
- If an asylum seeker identifies as SRSS eligible, their status is to be confirmed by contacting the SRSS provider: either Settlement Services International or Life without Barriers.
- The SRSS service will advise if they should be billed on the asylum seeker's behalf.
- If SRSS eligible, the health service can bill the SRSS provider on the client's behalf provided the service has a Medicare Benefits Schedule (MBS) item number. This is to be charged at 85 per cent of the MBS fee for an outpatient visit and 100 per cent of the MBS fee for an inpatient episode of care. Please refer to the latest PD – Scale of Fees for Hospital and Other Services for inpatient accommodation fees.

It is important not to delay transport, care or treatment while identification occurs.

Health services are to follow their standard processes for the waiving of fees.

4 INTERPRETERS AND OTHER SERVICES

The patient's ability to advocate for access to the fee waiver may be limited. Support must be offered where required.

As with any patient for whom English is a second language, Health staff make every effort to engage a professional interpreter either in person or over the telephone when speaking with an asylum seeker. NSW Health Policy Directive *Interpreters – Standard Procedures for Working with Health Care Interpreters* ([PD2017_044](#)).

Costs of engaging an interpreter are not to be billed to an asylum seeker. Medicare ineligible asylum seekers may need to be assessed by a hospital or community-based social worker, and if not already linked in, referred to appropriate refugee health services and/or a suitable asylum seeker agency (e.g. Step 2 above).

5 HOSPITAL REPORTING AND DATA COLLECTION

NSW hospitals are required to record the incidence of use of public hospitals by Medicare ineligible asylum seekers in their Admitted Patient Data Collection.

The relevant data items to be used for collecting the information are included in NSW Health: Statewide Data Standards – Financial Class. The Medicare Eligibility Status must be completed.