1.0 Overview of Reciprocal Agreements and Guidelines on Coverage of Medical Treatment

A Reciprocal Health Care Agreement (RHCA) only applies to overseas visitors treated in a public hospital as a public patient, or publicly contracted bed in a private hospital (i.e. Joondalup Health Campus and Peel Health Campus). If an overseas visitor elects to be private, they are ineligible under the reciprocal agreement and are therefore deemed to be an ineligible patient.

Overseas visitors whom hold a valid visa and have residence in one of the countries Australia has Reciprocal Health Care Agreements, are eligible for immediately necessary medical care under the Medicare Program. Agreements are currently in place with the countries listed below, and are operational from the accompanying dates.

Visitors are eligible for the duration of their visa stay, except in the case of Italy and Malta, where benefits are only for six months. With the exception of New Zealand and Norway, the Agreements provide diplomats and their families with full Medicare cover for the term of their stay, which is not restricted to immediately necessary treatment.

Australia has Reciprocal Health Care Agreements with the following countries. Under the RHCA, residents of these countries have restricted access to Medicare while visiting Australia.

<table>
<thead>
<tr>
<th>Country</th>
<th>Operational Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom (includes Northern Ireland)</td>
<td>1 July 1986</td>
</tr>
<tr>
<td>Malta</td>
<td>6 July 1988</td>
</tr>
<tr>
<td>Italy</td>
<td>1 September 1988</td>
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<tr>
<td>Sweden</td>
<td>1 May 1989</td>
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<tr>
<td>New Zealand</td>
<td>1 September 1999 (amended)</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>4 January 1992</td>
</tr>
<tr>
<td>Finland</td>
<td>1 October 1993</td>
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<tr>
<td>Republic of Ireland</td>
<td>25 May 1998</td>
</tr>
<tr>
<td>Norway</td>
<td>1 March 2004</td>
</tr>
<tr>
<td>Belgium</td>
<td>1 September 2009</td>
</tr>
</tbody>
</table>

Note: New Zealand’s reciprocal health agreement covers the island states of Tokelau and Niue.

Reciprocal Health Care Agreements provide visitors from these countries access to Medicare and the Pharmaceutical Benefits Scheme for the treatment of an illness or injury, which occurs during their stay and that requires treatment before returning home.

The Agreements allow for access to Medicare and the Pharmaceutical Benefits Scheme where the treatment is medically necessary. Those in Australia for the purpose of treatment are not covered.
In Australia there are both public and private hospital services. The Agreements provide for free accommodation and treatment as public hospital services, but do not cover treatment as a private patient. People who choose to be treated as a private patient, either in a private or public hospital, will be responsible for all of their health costs, including doctors' fees.

Eligible visitors who are admitted as public patients during their visit to Australia should tell hospital staff that they wish to be treated as a Medicare public patient under a Reciprocal Health Care Agreement. They may be required to produce evidence of their eligibility.

These agreements provide access to affordable medicines under the Pharmaceutical Benefits Scheme. Eligible persons are requested to produce evidence of their eligibility when presenting prescriptions at community pharmacies. Only medicines prescribed for treatment are covered.

**All Reciprocal Agreements are Different**

The Agreements with Belgium, Finland, Italy, Malta, the Netherlands, Norway, Sweden and the United Kingdom provide for free treatment as a public patient in a public hospital, subsidised out-of-hospital medical treatment under Medicare and subsidised medicines under the Pharmaceutical Benefits Scheme.

The Agreements with New Zealand and Republic of Ireland provide for free treatment as a public patient in a public hospital and subsidised medicines under the Pharmaceutical Benefits Scheme, but they do not cover out-of-hospital medical treatment (i.e. visiting a general practitioner).

Visitors from Belgium, Finland, Ireland, the Netherlands, New Zealand, Norway, Sweden and the United Kingdom are covered for the duration of their stay in Australia, while visitors from Italy and Malta are covered for a period of six months only.

**Health Services not covered under Reciprocal Health Care Agreements:**

- Ambulance cover;
- Dental care;
- Medical evacuation to your home country;
- Funerals;
- Treatment in private hospitals, or as a private patient in a public hospital;
- Treatment that is not medically necessary;
- Elective treatment;
- Treatment that has been pre-arranged before arrival in Australia; and
- Foreign students entering Australia on Student visas from Norway, Finland, Ireland and Malta are not covered by these Agreements.

**RHCA Eligibility for Public Health Care – Child Birth**

These agreements include medical coverage for the birth of a child. However, Medicare eligibility for the birth of a child is “at the discretion of the relevant hospital”, which depends on the hospital’s assessment of their purpose of visit, length of stay and duration of visa. There would be no criteria applied if the necessary hospital treatment was required as a result of a medical emergency.

If a RHCA visitor holds a valid temporary visa and has applied for permanent residence and has either a spouse, parent or child who is an Australian citizen or permanent resident, or has legal authority from the Department of Immigration and Citizenship (DIAC) under a business or working visa that adequately covers their legal stay in Australia, then the purpose of their stay would be deemed as genuine (to legally marry or work), as against planning to arrive in Australia only for the purpose of having the birth of their child provided ‘free of charge’.
RHCA Eligibility for Inter-Hospital Transfer

The reciprocal health care agreements provide for public hospital care and any inter-hospital transfers within Australia. However, they do not cover repatriation of patients to their home countries. That cost is the patient’s financial responsibility.

2.0 Specific Reciprocal Health Care Agreement Issues

2.1 Guidelines Covering Reciprocal Agreements with Australia (except Republic of Ireland)

Eligibility: That the person/visitor:

- Holds a current passport and valid visa covering their stay in Australia;
- Requires medically necessary treatment, the need for which arose during the visit, and for which treatment is necessary before the visitor returns home;
- Treatment commenced after the relevant operational date of their country’s RHCA; and
- They are treated as a public patient, which includes both inpatient and outpatient care.

Procedure for Enrolling in Medicare:

- RHCA visitors enrol at Medicare offices by producing their passport with a valid visa and/or proof of enrolment in their country’s national health scheme. Once approved, visitors receive an Australian reciprocal health care card, with the expiry date being the same as the expiry date on their visa; and
- Enrolment may take place after services have been provided to either confirm eligibility for public hospital services, or to obtain subsidised out-of-hospital medical treatment (i.e. visiting a doctor, which isn’t available for visitors from New Zealand or Ireland) and subsidised medicines under the Pharmaceutical Benefits Scheme.

2.2 Reciprocal Health Care Agreement Conditions for the Republic of Ireland

Access to public health care in Australia for visitors under the Agreement is restricted to a person who is ordinarily resident in the Republic of Ireland and is temporarily in Australia. Such visitors will not be issued with Medicare cards. A current Irish passport will usually be sufficient proof of eligibility for a visitor from the Republic of Ireland to receive public health care.

Medicare Australia does not maintain enrolment records for visitors from the Republic of Ireland and will not issue Medicare numbers for them.

The Agreement is intended to cover ill health arising during the stay, which requires treatment before returning home. It does not cover treatment, which is pre-arranged or elective, or for which there is no immediate medical necessity. Those entering Australia for the specific purpose of receiving treatment are excluded.

The Agreement covers medically necessary treatment as a public patient, including both inpatient and outpatient care. Subsidised prescription drugs are available to visitors to Australia under the Agreement, but this does not entitle visitors to Medicare benefits for out-of-hospital medical care.

The Agreement entitles diplomats from the Republic of Ireland, consular officers and their families to a broader range of treatment than is available to other visitors. This covers not only hospital care but also private medical treatment, and is not restricted to being medically necessary. These persons will be issued with Medicare cards endorsed ‘Visitor RHCA’.

The Agreement does not apply to Irish visitors entering Australia on student visas, as they are required to participate in a special private health insurance scheme for foreign students.

Services not covered in Australia under the Agreement include ambulance, dental, medical repatriation, funerals, treatment in private hospitals, treatment as a private patient in a public hospital, treatment that is not medically necessary, and pre-arranged or elective treatment.
2.3 Reciprocal Health Care Agreement Conditions for Dialysis Services

Overarching Policy: The priority of the Department of Health is to provide public Renal Dialysis services to eligible patients based on their clinical need. However, the ability of the health system to fund eligible overseas patients must not interfere with the physical, clinical and/or financial capacity of Area Health Services to meet the clinical priorities of Australian residents.

Currently, there are reciprocal dialysis arrangements with the United Kingdom, New Zealand and the Netherlands, which provide eligible access to renal dialysis to residents visiting either country. However, there are no dialysis agreements with other reciprocal health agreement countries.

RHCA eligible visitors are entitled to use renal dialysis services free of charge as public patients. However, the number of dialysis treatments that a person receives depends on the availability of resources of the treating hospital and States may impose limits on the number of free treatments.

Renal Service Limits: The Department has imposed limits on the provision of dialysis treatment to the residents of reciprocal countries. It has been agreed to provide RHCA visitors free dialysis services for the lesser, of either a maximum period of four weeks (covering all service sites) or a maximum of 12 sessions within a 12-month period commencing from the date of first treatment.

Capacity Guidelines: Dialysis is limited to one patient at each site and is subject to availability of staffing/other resources and that no eligible public patient is disadvantaged due to this decision.

Clinical Referral Requirements: Prior to arrival in Australia, RHCA eligible dialysis patients need to request their treating physician to contact one of the tertiary hospitals seeking formal approval to receive dialysis treatment. If the tertiary hospital has capacity to meet their specific needs, the accepting tertiary hospital then assumes clinical governance for the patient during their stay and a clinical nursing manager will then organise treatment at a privately contracted satellite dialysis unit.

Satellite Renal Units: Private satellite dialysis units are located throughout the metropolitan area, with contracted sites at Cannington, Joondalup, Midland, Rockingham, Stirling and Spearwood.

2.4 Reciprocal Health Care Agreement Conditions for Magnetic Resonance Imaging (MRI)

Under the reciprocal agreements, no treatment is excluded. The reciprocal agreements that Australia has with New Zealand and Ireland are structured on the basis that a visitor may access inpatient and outpatient services, as a public patient, for medically necessary treatment. Services such as MRI should be provided where it is medically necessary.

Clinical Referral Requirements: Medicare will only cover MRI services when a physician provides a letter of referral, which indicates that MRI is required as a matter of urgency.

2.5 Eligibility of Overseas Patients Treated as a Public Patient in a Privately Managed Hospital (with respect to Joondalup Health Campus and Peel Health Campus)

An overseas visitor, who is entitled to be treated as an eligible person under the National Healthcare Agreement by virtue of a Reciprocal Agreement, is entitled to receive free public hospital services as a public patient; however medical treatment must be medically necessary. Under the definition of a public patient in the National Healthcare Agreement, this applies irrespective of whether the hospital providing the services is owned and/or managed by the State.

Note: Patients admitted to a public hospital providing public medical treatment, whether in a State owned/managed hospital or privately owned hospital need to be made aware of the consequences of electing to be a private patient, including their liability to meet the full medical costs of treatment.
3.0 Eligibility by Ministerial Determination or Access to Specific Visitor Classes

3.1 Commonwealth Minister’s Declaration

Under the Private Health Insurance Act 2007, the Commonwealth Health Minister may declare certain other groups as eligible for "Public" status. The following is a list of such groups:

- A person visiting Australia financed via the Australian - American Educational Foundation;
- Individuals released into the community on a visa from a detection facility, for example with a temporary protection visas (sub class 785). To enrol for Medicare, a 785 Temporary Protection Visa holder must attend a Medicare office with the relevant visa documentation, which validates their identity and details their residence in Australia; and
- Children affected by the Chernobyl nuclear disaster - individual cases determined on merit.

Note: Overseas visitors in Australia specifically for medical or hospital treatment are ineligible for Medicare cover and should be charged as ineligible patients.

3.2 Asylum Seekers

Asylum seekers are required to attend a Medicare office to complete the necessary paper work to enrol for Medicare, in order to be issued a valid Medicare card. Asylum seekers need to establish they are legally entitled to hold one of these visas along with paperwork such as travel documents:

- Temporary Protection Visa Subclass 785
- Humanitarian Visa Subclass 786
- Offshore Entry Subclass 447
- Relocation Secondary Movement Visa Subclass 451
- Return Pending Visa subclass 695
- Removal Pending Bridging Visa Subclass 070

Note: Asylum seekers may have a letter from DIAC, which states or confirms their visa status.

3.3 Retirement Visa (Subclass 410 – Temporary)

If a visitor received a Subclass Visa 410 (Retiree Visa) prior to 1 December 1998, they may apply to participate in the Medicare program under the RHCA of their home country.

However, if they applied for a Subclass Visa 410, on or after 1 December 1998, then they are not eligible for enrolment in the Medicare program and are not eligible under the RHCA. Retirement Visa holders (when applied after 1 December 1998) can only be admitted to a public hospital as either an ineligible (liable to meet 100% of their medical costs) or overseas-insured patient.

Note: Refer to Appendix G – Medicare Eligibility Matrix for Commonwealth Visa Sub Classes in the WA Patient Fees and Charges Manual, published under Reports & Publications in HOLII, to assess patient eligibility to Medicare for all other visa sub classes issued by the Commonwealth.

3.4 Medicare Eligibility of Foreign Organ Donors

Where an Australian resident requires a foreign organ donor who is a clinically compatible relative, the foreign donor is assumed to be eligible and all the medical costs associated with the operation, incurred by both the donor and recipient can be attributed to the Australian resident free of charge.

3.5 Medicare Eligibility of Diplomats

All Agreements, except for those with New Zealand and Norway, provide diplomats and their families with full access to the health system for the duration of their stay. They are not restricted to public hospital treatment and are covered for medical care as private patients in a public or private hospital.
4.0 Overseas Student Health Cover (OSHC)

Visitors to Australia on Student visas from the following countries are covered by the reciprocal health agreements: New Zealand, United Kingdom, the Netherlands, Belgium, Sweden and Italy.

All foreign students studying in Australia, with the exception of students from Sweden and Norway, are required to take out Overseas Student Health Cover. Students should buy OSHC before they come to Australia to cover them from when they arrive. Students must maintain OSHC throughout their stay in Australia.

OSHC assists students with the payment of medical and hospital expenses while studying in Australia and will contribute towards the cost of most prescription pharmaceuticals and emergency ambulance transport. Since 1 January 2000, registered health benefits organisations approved by the Commonwealth Department of Health and Ageing can offer OSHC policies, which includes:

- Medibank Private;
- OSHC Worldcare;
- BUPA Australia;
- Australian Health Management;
- nib OSHC

Swedish Students are not required to purchase OSHC as they have their own insurance, which is provided through the Swedish Government through its agencies CSN International (the Swedish National Board Student Aid) and Kammarkollegiet. However, Swedish students may choose not to purchase these products and instead, take out an OSHC policy in Australia.

Swedish students who are covered by CSN and Kammarkollegiet can demonstrate their health insurance status by showing their issued health policy card, which denotes CSN, Kammarkollegiet or SOS (with SOS being an agent often used by many insurance companies in Europe). Other insurers are also used, such as Lanforsakringar, Trygg-Hansa, Folksam, If, or Skandia.

As a result of an agreement between the Australian and Norwegian governments, all Norwegian students are provided with adequate health insurance by the Norwegian government and are waived the compulsory OSHC visa requirement.

With regard to physical evidence of holding current OSHC health insurance, students who are covered by OSHC are issued with a certificate of purchase and a health membership card, which details whether they have current OSHC cover. Where a student does not have a card or the card has expired, eligibility should be confirmed with the relevant health fund.

Kim Snowball
A / DIRECTOR GENERAL
DEPARTMENT OF HEALTH WA

This information is available in alternative formats upon a request from a person with a disability.