OPERATIONAL DIRECTIVE

Subject: Reciprocal Health Care Agreements (RHCA) – Eligibility to the Highly Specialised Drugs Program

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

Overseas visitors holding a valid visa and resident of a Reciprocal Health Care Agreement country are eligible for ‘medically necessary’ treatment. ‘Medically necessary’ treatment covers ill-health or injury, which occurs while visiting Australia and requires treatment before their return home.

Agreements only provide for public treatment, in a public hospital or in a 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 a RHCA and will be charged as an ineligible patient.

These agreements, apart from New Zealand and Norway, provide diplomats and their families with Medicare cover for their length of stay, without being restricted to ‘medically necessary’ treatment.

The Commonwealth has signed Reciprocal Health Care Agreements with the governments of the following countries. Residents of these countries are entitled to limited subsidised health services for ‘medically necessary’ treatment while visiting Australia. Reciprocal Agreements are valid from the relevant operational dates specified in the right hand column of the listing below:

<table>
<thead>
<tr>
<th>Country:</th>
<th>Operational Date:</th>
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<tbody>
<tr>
<td>United Kingdom (includes Northern Ireland)</td>
<td>1 July 1986</td>
</tr>
<tr>
<td>Malta</td>
<td>6 July 1988</td>
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<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 (includes islands of Tokelau and Niue)</td>
<td>1 September 1999 (amended)</td>
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<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>
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<tr>
<td>Slovenia</td>
<td>1 July 2011</td>
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</tbody>
</table>

Reciprocal agreements provide access to Medicare and the Pharmaceutical Benefits Scheme for the treatment of any illness or injury, which occurs in Australia and requires treatment before their return home. All agreements exclude medical coverage for residents of the territory of one Party who enters the territory of the other Party for the specific purpose of seeking medical treatment.

Medicare eligible visitors who are admitted as public patients during their visit to Australia should inform hospital staff that they wish to be treated as a Medicare public patient under a Reciprocal Health Care Agreement. Admissions staff should request evidence of their Medicare eligibility.
Reciprocal 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, Slovenia, Sweden and 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 PBS.

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).

**Period of Cover**

If you are a resident of the United Kingdom, Sweden, Finland, Norway or the Netherlands you are covered for the duration of your approved visit to Australia.

Visitors from Belgium, the Netherlands and Slovenia require their European Health Insurance card to enrol in Medicare. They are eligible until the expiry date indicated on their card, or to the length of their authorised stay in Australia if earlier.

Visitors from Malta and Italy must be residents and citizens of those countries and will be covered by Medicare for a period of 6 months from the date of arrival in Australia.

**Medical Services not Covered by Medicare under a Reciprocal Health Care Agreement**

Medicare will not cover:

- Medicines not subsidised under the Pharmaceutical Benefits Scheme;
- Dental work and allied health services;
- Treatment arranged before you visit Australia;
- Accommodation and medical treatment in a private hospital; and
- Accommodation and medical treatment as a private patient in a public hospital.

Ancillary services not covered:

- Private patient hospital costs (including accommodation and theatre fees);
- Dental examinations and treatment (except for Chromic Disease Management programs);
- Ambulance services;
- Home nursing;
- Physiotherapy, occupational therapy, eye therapy, chiropractic services, podiatry & psychology;
- Acupuncture (unless part of doctor’s consultation);
- Glasses and contact lenses;
- Hearing aids and other appliances;
- The cost of prostheses;
- Medical costs for which someone else is responsible (e.g. compensable insurer or employer);
- Medical services which are not clinically necessary;
- Surgery solely for cosmetic reasons;
- Examinations for life insurance, superannuation or membership of a friendly society; and
- Eye therapy.
Reciprocal Eligibility for 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, 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, as against arriving in Australia for the specific purpose of having their child born here.

Reciprocal Eligibility for Inter-Hospital Transfer

Reciprocal health care agreements provide for public hospital treatment of any ill-health or injury, which includes inter-hospital transfers within Australia. However, reciprocal agreements do not cover repatriation of a patient to their home country, which 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 their visit, and for which treatment is necessary before the visitor returns home;
- Treatment commenced after the operational date of their country’s reciprocal agreement; and
- They are treated as a public patient, which includes both inpatient and outpatient treatment.

Procedure for Enrolling in Medicare

Reciprocal visitors can enrol in Medicare by attending a Department of Human Services office and present their passport to provide evidence of valid visa and/or proof of enrolment in their country’s national health scheme. Once approved eligible reciprocal visitors receive an Australian reciprocal health care card, with the expiry date being the same as the expiry date on their visa.

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 (e.g. visiting a GP, but excludes New Zealand and Republic of Ireland visitors) and subsidised medicines under the PBS.

2.2 Reciprocal Health Care Agreement Conditions for the Republic of Ireland

Access to public hospital treatment in Australia for Irish visitors under their RHCA is restricted to a person who is ordinarily resident in the Republic of Ireland and is temporarily in Australia.

Medicare does not maintain enrolment records for visitors from the Republic of Ireland and will not issue Medicare cards. A current Irish passport is usually sufficient proof of eligibility for visitors from the Republic of Ireland to receive public hospital treatment.

The Agreement is intended to cover for ill health arising during their stay, which requires treatment before returning home. It does not cover treatment that is pre-arranged or elective, or which is not ‘medical necessary’. Those entering 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 that covers private medical treatment and is not restricted to being ‘medically necessary’. Diplomatic visitors will be issued Medicare cards endorsed ‘Visitor RHCA’.

Note: the RHCA excludes students, who need to enter a special PHI scheme for foreign students.
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. However, the reciprocal agreements that Australia has with New Zealand and the Republic of 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 Health Reform Agreement (NHRA) by virtue of a Reciprocal Agreement is entitled to receive free care as a public patient, where treatment is ‘medically necessary’. Under the NHRA definition of a public patient, this applies irrespective of whether hospital services are owned or managed by the State.

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;
- A person released into the community on a visa from a detection facility, such as a Temporary (Humanitarian Concern) Visa (sub class 786). To enrol for Medicare, a Temporary visa holder has to attend Medicare with identity documents that validate their residence in Australia; and
- Children affected by the Chernobyl nuclear disaster - individual cases determined on merit.
3.2 Asylum Seekers

In order for asylum seekers to be eligible for public treatment, they need to complete Medicare’s paper work to be issued a valid Medicare card and produce this on attendance at a public hospital. Asylum seekers need to establish they are legally entitled to hold one of the visas listed below or provide copy of a letter from DIAC that confirms their visa status. However, some asylum seekers are being given Bridging Visas with work rights and limited Medicare coverage for emergencies.

- Secondary Movement Offshore Entry (Temporary) Visa Subclass 447 (repealed 09/08/2008);
- Secondary Movement Relocation (Temporary) Visa Subclass 451 (repealed 09/08/2008);
- Bridging Visa R (Removal Pending) Visa Subclass 070;
- Return Pending Visa Subclass 695 (repealed 09/08/2008);
- Temporary Protection Visa Subclass 785 (repealed 09/08/2008); and
- Temporary (Humanitarian Concern) Visa Subclass 786.

Note: Those visas with a repeal date are no longer granted however they may still be in operation.

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 Visas in the WA Fees and Charges Manual, to assess their eligibility for 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 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.

3.6 Medicare Eligibility to Highly Specialised Drugs Program (HSD)

A RHCA visitor attending a participating public hospital as an admitted patient on discharge, same day patient or outpatient is eligible to receive highly specialised drugs at the PBS co-payment rate. The supply of HSD is limited to the original prescription and no repeat prescriptions are permitted.

In order to be eligible, hospitals need to request proof of a valid Medicare card with “Reciprocal Health Care” (Ireland and NZ visitors are eligible for PBS on presentation of their passport) or an “Interim Card” for those who have applied for permanent residence. The supply of HSD must be ‘medically necessary’ and it cannot be for pre-existing conditions or pre-arranged treatment.

Most residents of RHCA countries will be limited to the supply of HSD in Australia by the length of their applicable visa. While for residents of NZ, they are able to apply for permanent residency in Australia without leaving the country and this enables them to seek continuity of HSD treatment. However, they must maintain their Australian residency, which excludes living in a non-reciprocal country (e.g. Indonesia) and travelling to Australia for the purpose of seeking medical treatment.

Note: the limitation of the supply of highly specialised drugs to the original prescription does not stop reciprocal patients from attending another public clinician for a further original prescription.
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
DIRECTOR GENERAL
DEPARTMENT OF HEALTH WA

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