OPERATIONAL DIRECTIVE

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Supersedes: OD 0425/13

OD number: OD: 0536/14  
Date: 24/06/2014  
File No: F-AA-01467/10

Subject: RHCA – AMENDMENT TO THE MEDICARE ELIGIBILITY OF FOREIGN ORGAN DONORS LIMITED TO KIDNEY TRANSPLANTS

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

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

The general principle underpinning the access to services under RHCA’s is that visitors receive treatment within Australia’s public health system on the same terms as an Australian resident.

Note: All agreements exclude medical coverage for residents of one partner country who enters the territory of the other partner country for the specific purpose of seeking medical treatment.

RHCA’s 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.

RHCA’s, apart from those with New Zealand and Norway, provide diplomats, staff of diplomatic missions and their families with Medicare cover for their length of stay.

The Commonwealth Government has signed RHCA’s with the Governments of the following countries. RHCA’s are valid from the dates specified in the right column of the listing below:

<table>
<thead>
<tr>
<th>Country</th>
<th>Operational Date:</th>
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</thead>
<tbody>
<tr>
<td>United Kingdom (includes Northern Ireland)</td>
<td>1 July 1986</td>
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<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>
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<tr>
<td>Finland</td>
<td>1 October 1993</td>
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<tr>
<td>Republic of Ireland</td>
<td>25 May 1998</td>
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<tr>
<td>Norway</td>
<td>1 March 2004</td>
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<tr>
<td>Belgium</td>
<td>1 September 2009</td>
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<tr>
<td>Slovenia</td>
<td>1 July 2011</td>
</tr>
</tbody>
</table>

Medicare-eligible visitors admitted as a public patient during their visit to Australia should inform hospital staff that they wish to be treated as a Medicare public patient under the relevant RHCA. Admissions staff should request evidence of their Medicare eligibility. RHCA eligibility generally depends on a person being a resident of their home country (and not resident in Australia).
In most cases, the patient will have enrolled in Medicare and will have a reciprocal Medicare card. In other cases, a valid passport and/or European Health Insurance Card for the relevant country will be adequate evidence of eligibility. The RHCA’s with the Netherlands, Slovenia and Belgium, however, require that a person is eligible for health insurance under the national health insurance schemes of those countries to be eligible. In these cases, a passport alone is not sufficient evidence of eligibility – the person must also have a European Health Insurance Card or other documentation establishing their eligibility for their home country’s national insurance scheme.

RHCA’s provide access to affordable medicines under the Pharmaceutical Benefits Scheme (PBS). Eligible persons are requested to produce evidence of their eligibility when presenting prescriptions at community pharmacies. Only medicines prescribed for treatment are covered.

1.1 Differences in Medicare Access under RHCA’s

The RHCA’s 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, Medicare benefits for out-of-hospital treatment and subsidised medicines under the PBS.

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

1.2 Period of Cover

Residents of the United Kingdom, Sweden, Finland, Norway or the Netherlands who are temporarily in Australia are covered for the duration of their approved visit to Australia.

Temporary 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 are covered for 6 months from their date of arrival in Australia.

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

Medicare will not cover:

- medicines not subsidised under the PBS
- accommodation and medical treatment in a private hospital
- 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 Chronic Disease Management programs)
- ambulance services
- home nursing
- allied health services not listed on the Medicare Benefits Schedule (private Medicare services)
- 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 (e.g. surgery solely for cosmetic reasons)
- examinations for life insurance, superannuation or membership of a friendly society
- eye therapy.
1.4 Reciprocal Eligibility for Child Birth
RHCA’s include medical coverage for the birth of a child. The only exclusion is where a person has come to Australia for the sole purpose of having their child delivered here. No exclusions apply if the necessary hospital treatment was required as a result of a medical emergency.

1.5 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 (excluding the Republic of Ireland and New Zealand)
Eligibility: That the person/visitor:
- holds a current passport and valid visa covering their stay in Australia;
- requires ‘medically necessary’ treatment, which is necessary before the visitor returns home;
- treatment commenced after the operational date of their country’s reciprocal agreement;
- 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—Medicare office and presenting their passport or proof of enrolment in their country’s national health scheme (usually, a European Health Insurance Card). Once approved eligible reciprocal visitors receive an Australian reciprocal Medicare card, with the expiry date being 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 claim Medicare benefits for out-of-hospital medical treatment (visiting a GP, excluding New Zealand and Republic of Ireland visitors) and subsidised medicines under the PBS.

2.2 Reciprocal Agreement Conditions for the Republic of Ireland and New Zealand
These RHCA’s cover ‘medically necessary’ treatment as a public patient, including both inpatient and outpatient care and subsidised prescription drugs through the PBS. These RHCA’s do not entitle visitors to Medicare benefits for out-of-hospital medical care and do not apply where a person enters Australia for the sole purpose of accessing medical treatment.

RHCA access to public hospital treatment in Australia for visitors from Ireland and New Zealand is restricted to a person who is ordinarily resident in those countries and is temporarily in Australia.

Because New Zealand and Irish visitors are not eligible for Medicare benefits for out-of-hospital services, Medicare does not enrol them, or issue them with Medicare cards. A current Irish or New Zealand passport is sufficient proof of eligibility for visitors from these countries to receive public hospital treatment and PBS medicines.

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 Irish RHCA excludes students, who need to enter a special Private Health Insurance scheme for foreign students.

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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 access to renal dialysis to eligible residents visiting either country.

However, there are no dialysis agreements with other RHCA 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 RHCA's no treatment is excluded. However, RHCA's are structured on the basis that an eligible visitor may access inpatient and outpatient services, as a public patient, for 'medically necessary' treatment. Services such as MRI should be provided where it's 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 Minister’s Declaration of Specified Person or Specified Class as being Medicare Eligible

3.1 Commonwealth Minister of Health’s Order

Under subsection 6(1) of the Health Insurance Act 1973, the Commonwealth Minister may, by order, declare that a specified person, or specified class of persons, as being Medicare eligible:
3.2 Asylum Seekers

In order for asylum seekers to be eligible for public treatment, they need to complete Medicare’s paperwork in order to be issued with 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 the Department of Immigration and Citizenship (DIAC) that confirms their visa status. However, some asylum seekers are being given Bridging visas with work rights and full 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)
- Temporary (Humanitarian Concern) Visa Subclass 786
- Bridging E (Class WE) Visa.

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

3.3 Reciprocal Agreements and Certain Visa Classes

If a RHCA visitor holds a 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 DIAC, they are an ‘Australian resident’ for the purposes of the Health Insurance Act 1973 and are fully Medicare eligible. They do not need to rely on a RHCA for Medicare access.

3.4 Temporary Business (Long Stay) – Standard Business Sponsorship (Subclass 457)

Holders of this visa are not eligible for Medicare unless they are residents of a country with which Australia has a RHCA. They are then eligible under the terms of the relevant agreement. It is a condition of the 457 visa that holders maintain adequate health insurance for this purpose.

3.5 Retirement Visa (Subclass 410 – Temporary)

If a visitor applied for their Retirement (Subclass 410) visa prior to 1 December 1998, they may choose to enrol in the Medicare program under the RHCA of their home country.

However, if they applied for their 410 visa, on or after 1 December 1998, then they are not eligible for enrolment in the Medicare program and they are not eligible under the RHCA. Holders of the Retirement Investor (Subclass 405) visa, which replaced the 410 visa in 2005, are also not eligible for Medicare. Retirement visa holders (if applied after 1 December 1998) can only be admitted to a public hospital as Medicare ineligible and are liable to meet 100% of the gazetted hospital fees.
Certain other visas carry full Medicare eligibility through a Ministerial order under subsection 6(1) of the *Health Insurance Act 1973*. These are listed below:

- Witness Protection (Trafficking) – Subclass 787
- Contributory Parent (Offshore) – Subclass 173
- Contributory Parent (onshore) – Subclass 884.

**Note:** Refer to Appendix G - Medicare Eligibility for Commonwealth Visa Sub Classes in the WA Fees and Charges Manual, to assess eligibility of visa sub classes issued by the Commonwealth.

### 3.6 Medicare Eligibility of Foreign Organ Donors limited to Kidney Transplants

Where an Australian resident needs a foreign organ donor who is clinically compatible, the foreign donor is Medicare eligible only if it’s a kidney; then all medical costs associated with the transplant, incurred by both the donor and recipient can be attributed to the Australian resident free of charge.

### 3.7 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.

### 3.8 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 foreign 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 New Zealand, Belgium, Sweden and Norway, are required to take out Overseas Student Health Cover (OSHC). 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:
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 Lankorsakringar, Trygg-Hansa, Folkets, 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.

Belgian students are explicitly included by the Belgian reciprocal agreement and are not required to purchase OSHC. New Zealand students are not issued with visas and so are not required to purchase OSHC.

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.

Professor Bryant Stokes
A/DIRECTOR GENERAL
DEPARTMENT OF HEALTH WA

This information is available in alternative formats on request from a person with disability.
Reciprocal Health Care Agreements (RHCA) – Amendment to the Medicare Eligibility of Foreign Organ Donors limited to Kidneys

1. BACKGROUND

This operational policy on Reciprocal Health Care Agreements (RHCA) is based on the Commonwealth Department of Health’s interpretation of the eleven Treaties signed by the Commonwealth with other foreign Governments, which provides for the reciprocal eligibility to each countries’ medical and hospital services, on an equivalent basis as a resident of Australia accessing our medical and hospital services ‘free of charge’ as a public patient.

2. POLICY

The RHCA policy is developed on an operational case-by-case basis in conjunction with the Commonwealth Department of Health.

3. DEFINITIONS

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4. ROLES AND RESPONSIBILITIES

All Staff

All staff are required to adhere to the RHCA policy guidelines to ensure correct alignment of charging practices for overseas residents and in order that they meet the eligibility criteria of being a resident of an RHCA country and can access WA health services as a public patient.

5. COMPLIANCE

Hospitals and Health Services are required to admit and treat legitimate residents of RHCA countries as public provided they provide sufficient evidence of their true residency status.

6. EVALUATION

7. REFERENCES

8. RELATED DOCUMENTS

Hospitals and Health Services Act 1927
Hospitals (Services Charges) Regulations 1984
Hospitals (Services Charges for Compensable Patients) Determination 2005

No Longer Applicable
Incorporated into Fees and Charges Manual.

July 2016
No Longer Applicable.
Incorporated into Fees and Charges Manual.
July 2016

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