

CHARGING OF OVERSEAS VISITORS POLICY

Version:	2
Date issued:	May 2017
Review date:	May 2020
Relevant Staff Groups:	All inpatient staff, ward managers and hospital matrons, finance officers and Executive Directors

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DOCUMENT CONTROL

Reference AS/May17/COV	Version 2	Status Final	Author Head of Corporate Business
Amendments Significantly rewritten to reflect new national legislation and guidance and simplified to make document more useable.			
Document objectives: This document sets out the Trust's arrangements for charging overseas visitors who are liable to be charged for NHS treatment			
Approving body and date	Finance and Investment Committee		Date: March 2017
Formal Impact Assessment	Impact Part 1		Date: TBA
Ratification Body and date	Senior Management Team		Date: May 2017
Date of issue	May 2017		
Review date	May 2020		
Contact for review	Head of Corporate Business		
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1. INTRODUCTION

- 1.1 This policy is concerned with the management of charges to people who do not normally live in the UK (overseas visitors) when they seek treatment from Somerset partnership NHS Foundation Trust.
- 1.2 National guidance on the charging of overseas visitors for NHS treatment is in accordance with Section 175 of the [NHS Act 2006](#), [NHS \(Charges to Overseas Visitors\) Regulations Guidance on Implementing the Overseas Visitors Hospital Charging Regulations 2015](#) and related documents published alongside the Guidance.
- 1.3 The National Health Service (NHS) provides healthcare free of charge to people, who are ordinarily resident in the United Kingdom (UK). People who are not ordinarily resident in the UK are not automatically entitled to use the NHS free of charge. Residency is therefore the main qualifying criterion, applicable regardless of nationality, ethnicity or whether the person holds a British passport, or has lived and paid taxes or National Insurance contributions in the UK in the past.
- 1.4 The charging regulations place a legal obligation on the Trust to establish if people to whom it is providing NHS services are not ordinarily resident in the UK. If they are found not to be ordinarily resident in the UK then charges may be applicable for the NHS services provided. In these cases the Trust must charge the person liable (usually the patient) for the cost of its services.

2. PURPOSE AND SCOPE

- 2.1 This policy provide clear guidelines to staff for the management of access by overseas visitors to Trust services and how it will identify and charge overseas visitors when appropriate.
- 2.2 This policy applies to all Trust employees, who must clearly identify overseas visitors on Trust premises and ensure this policy is followed and the Overseas Visitors manager is informed about any patient who may not be eligible to receive free NHS treatment.

3. POLICY STATEMENT

- 3.1 The Trust understands its legal and regulatory obligations towards charging people who do not normally live in the UK for treatment that we may provide them.
- 3.2 To that end, the Trust has established responsibilities and procedures to ensure that due moneys are recovered from the relevant patients.
- 3.3 The Trust will always provide immediately necessary treatment if it is to save the patient's life. In this instance, treatment must not be delayed whilst the patient's chargeable status is determined. Failure to do so is in direct breach of the Human Rights Act 1998. Charges still apply for immediately necessary treatment if the overseas visitor is not themselves exempt from charge.
- 3.4 In the event of an infection outbreak, flu pandemic or major incident, the Trust recognises it may not be possible to follow all aspects of this document. In such circumstances, staff should take advice from their

manager and all possible action must be taken to maintain ongoing patient and staff safety.

4. DUTIES AND RESPONSIBILITIES

- 4.1 The **Director for Governance and Corporate Development** has overall responsibility to ensure this policy is used in accordance with the Trust's legal obligations.
- 4.2 The **Head of Corporate Business** acts as the Trust's **Overseas Visitors Manager (OVM)** to ensure the Charging Regulations are applied in practice, so those overseas visitors who are lawfully entitled to free treatment receive it without charge, and those who are not exempt from charges are charged. The OVM and other non-clinical staff must not make decisions on urgency of treatment or deny any patient access to a clinician.
- 4.3 **Medical Staff:** may not charge for their professional services to overseas visitors, as these are included in the overall cost to the Trust of the treatment. Overseas visitors do, however, have the option of choosing to be treated privately. In such cases, both consultant and patient should be very clear about the patient's status at all times and that reverting from private to NHS status is not possible in these circumstances.
- 4.4 **Clinicians** must be aware any treatment of an overseas patient may bear a cost and the patient must be able to make an informed choice as to whether they wish to proceed. If, in the opinion of the clinician, the treatment can be postponed until the patient returns home, the patient has the right to be informed of this so they can make their decision knowing all their options.
- 4.5 **Trust Managers** are responsible for ensuring the Overseas Visitors Policy and procedures are followed by all staff.
- 4.6 **All Staff** must ensure this policy is followed and the Overseas Visitors Manager informed about any patient who may not be eligible to access free NHS care.

5. EXPLANATION OF TERMS USED

- 5.1 **EEA visitors** are nationals of or ordinarily resident in a European Economic Area (EEA) country. Due to EEA Regulations the charging regulations are different for EEA visitors and those visitors who are nationals or residents of Non-EEA countries.
- 5.2 **EHIC** – the European Health Insurance Card entitles European visitors who are insured through their own State healthcare system to access emergency NHS treatment without charge. The card details must be provided to gain this entitlement.
- 5.3 **Immediately necessary treatment** is that which a patient needs to:
- save their life; or
 - prevent a condition from becoming immediately life-threatening; or
 - receive promptly to prevent permanent serious damage from occurring.

- 5.4 **Non-EEA Visitors:** a non-EEA national without Indefinite Leave to Remain can only pass the **OR** test if they are not subject to immigration control e.g. they are a diplomat posted to the UK, or have a right of residence here by virtue of their relationship with an EEA national who is resident here.
- 5.5 **Non-urgent treatment** is routine elective treatment that could wait until the patient can return home. The Trust does not have to provide non-urgent treatment if the patient does not pay in advance and will not do so until the estimated full cost of treatment has been received.
- 5.6 **Ordinary residence:** a person who is **NOT** ordinarily resident in the UK simply because they have British nationality, hold a British passport, are registered with a GP, have an NHS number, own a property in the UK or have paid (or are currently paying) National Insurance contributions and taxes in the UK. **OR** is defined: living in the United Kingdom voluntarily and for settled purposes as part of the regular order of their life for the time being. There must be identifiable purpose for their residence here, there can be one purpose or several, and it may be for a limited period. The purpose of living in the UK must have a sufficient degree of continuity to be properly described as “settled”
- 5.7 **Overseas visitor** means any person of any nationality not ordinarily resident in the United Kingdom.
- 5.8 **S2:** the S2 (formerly E112) route entitles visitors to state-funded elective treatment in another EEA country or Switzerland. This applies to visitors from the EEA or Switzerland who wish to have planned treatment in the UK
- 5.9 **Treatment the need for which arose during the visit** – means treatment needed where the diagnosis of a condition is made when the first symptoms arise during a visit to the UK. It also applies where, in the opinion of a doctor or dentist, treatment is needed quickly to prevent a pre-existing condition increasing in severity, e.g. dialysis. It does not include routine monitoring of an existing condition such as diabetes, nor does it cover treatment the overseas visitor travelled to the UK for the purpose of seeking, or treatment which can await the overseas visitor’s return home.
- 5.10 **Urgent treatment** is that which clinicians do not consider immediately necessary, but which nevertheless cannot wait until the person can be reasonably expected to return home. Clinicians may base their decision on a range of factors, including the pain or disability a particular condition is causing, the risk delay might mean a more involved or expensive medical intervention being required, or the likelihood of a substantial and potentially life-threatening deterioration occurring in the patient’s condition if treatment is delayed until they return to their own country. For urgent treatment, the Trust will make every effort, given the patient’s circumstances, to secure payment in the time before treatment is scheduled. However, if that proves unsuccessful, the treatment should not be delayed or withheld for the purposes of securing payment.

6. IDENTIFICATION OF OVERSEAS VISITORS

- 6.1 Trust staff will identify, **without discrimination**, all patients who may be liable to charges.

Minor Injuries Units (MIUs) Attenders

- 6.2 Although no charges can be made to a patient for treatment carried out in MIU, if the patient has a European Health Insurance Card (EHIC) the cost of treatment can be recovered centrally from the European Economic Area (EEA) member state by the Overseas Visitors Office back into the NHS. The Trust then receives 25% of all successful EHIC claims, including MIU, Outpatient and Inpatient episodes.
- 6.3 All patients attending MIU must be asked where they have been lawfully resident for the last 6 months. Anyone whose answers indicate they have not been resident in the UK for the last 6 months must be asked to complete a Pre-Registration Form (Appendix A).
- 6.4 MIU staff will ask to see any supporting documents and then photocopy any passports, visas or EHIC's the patient presents. They will send the Pre-Registration Form (Appendix A) and any photocopied documents to the Overseas Visitors Manager.

Ward Admissions

- 6.5 If ward staff identify, after admission, a patient may not be resident in the UK then they will ask the patient to complete a Pre-Registration Form (Appendix A) and send it, along with any copies of documents, to the Overseas Visitors Manager.

Outpatient Appointments

- 6.6 If outpatient appointment staff identify a patient may not be resident in the UK then they will contact the Overseas Visitors Manager urgently so the patient can be assessed for eligibility before the patient is given an appointment. If the referral is urgent, the appointment should be made immediately.

GP Referrals

- 6.7 In cases where a GP referral letter indicates the patient has recently arrived in the UK or is a resident abroad then the booking team will either contact the Overseas Visitors Manager or send a copy of the letter. If, in the opinion of the medical staff, the appointment is not classed as an urgent referral, treatment eligibility must be established before any appointments are made or any treatment is given.

Elective Admissions clinicians consider non-urgent

- 6.8 Where the patient is chargeable, the Trust should **NOT** initiate any treatment process, e.g. by putting the patient on a waiting list, until a deposit equivalent to the estimated full cost of treatment is obtained. If no deposit is obtained then the Trust should **NOT** perform the procedure.
- 6.9 A patient from an EEA member state can be added to a waiting list in the same way as an NHS patient, as long as they have an S2 (previously E112) form from their member state authorising payment for their treatment in the UK. The Overseas Visitors Department will submit the claim to the EEA member state to ensure funding is returned centrally to the NHS.

7. ASSESSMENT OF ELIGIBILITY

- 7.1 All patients who provide information which suggests they may not be eligible to access free NHS treatment will be asked to complete a Pre-Registration Form (Appendix A). These will then be sent to the Overseas Visitors Manager for assessment. This form should be sent to Overseas Visitors Manager, Somerset Partnership NHS Foundation Trust, Mallard Court, Express Park, Bristol Road, Bridgwater TA6 4RN or by email to: ovm@sompar.nhs.uk.
- 7.2 The Overseas Visitors Manager may conduct a patient interview with any patient where further information is required to establish their potential overseas status after completing a Pre-Registration Form (Appendix A). Following the interview the Overseas Visitors Manager will notify staff as appropriate.
- 7.3 In accordance with Department of Health Regulations and Guidance, it is the responsibility of the patient to prove their entitlement to access NHS care. Failure to provide sufficient evidence to prove eligibility will usually result in an overseas visitor being recorded as NHS Chargeable and charges will be incurred.
- 7.4 If a patient has indicated they are a visitor to the UK or that they are on holiday, the overseas address must be entered into the clinical record as the permanent address and the UK address as the temporary address.
- 7.5 Once the status of the patient has been established the Overseas Visitors Department will get a signed Overseas Agreement to Pay Form from the patient. (Appendix B).
- 7.6 Patients deemed to be chargeable must show insurance details and acquire authorisation or provide payment equal to the value of the expected total cost of treatment to be received before treatment is commenced, unless urgent or needed immediately. If that is not possible, for example, due to their admission taking place at a weekend, then payment or authorisation must be provided on the next working day or as soon as possible but should be prior to discharge.

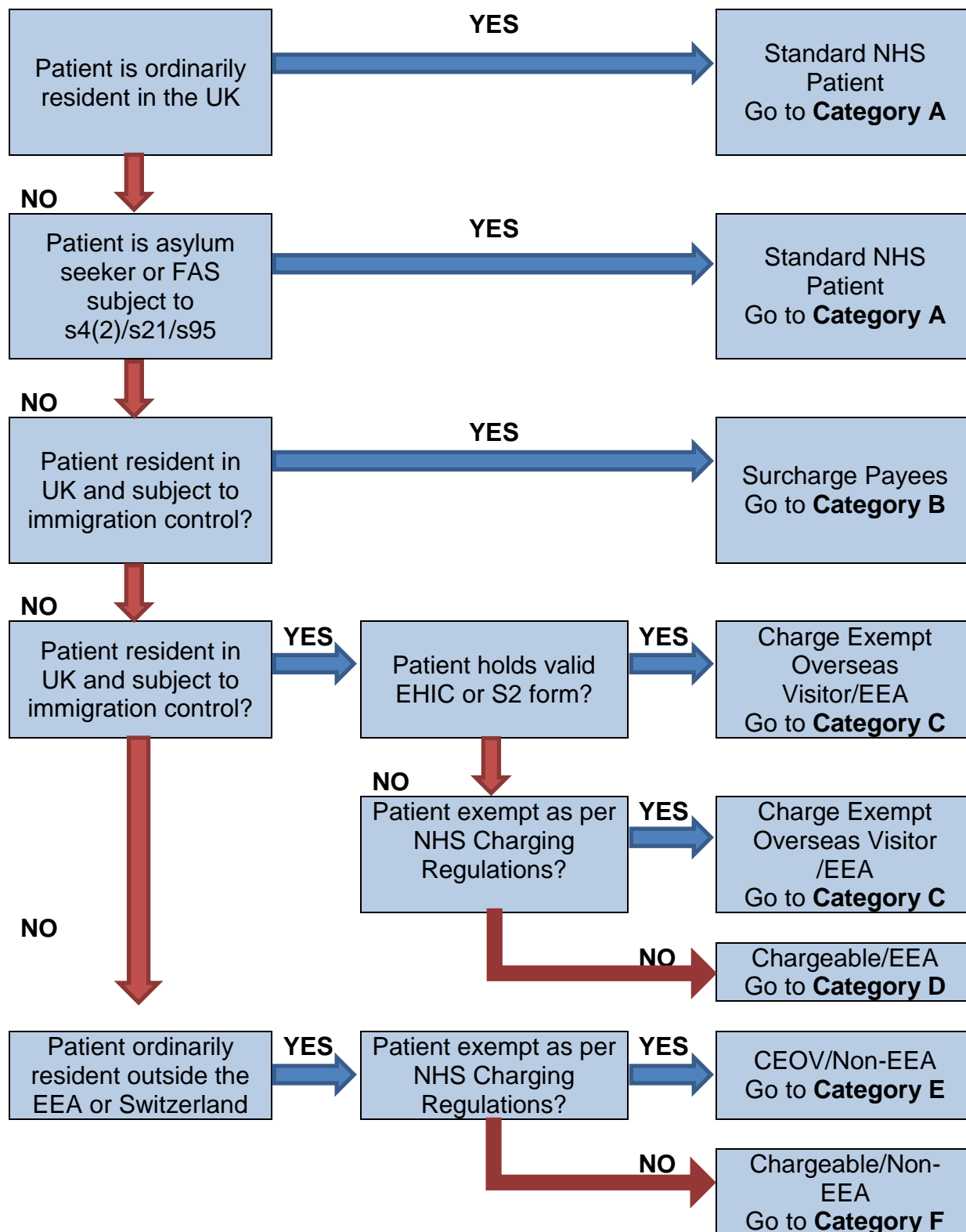
8. DETERMINING THE CORRECT CHARGING CATEGORY

- 8.1 From April 2015, the Secretary of State for Health exercised the power under section 175(4) of the National Health Service Act 2006 to calculate charges for overseas visitors on a commercial basis. Commercial charging will only apply to overseas visitors who ordinarily reside outside the European Economic Area (EEA).
- 8.2 The charging categories will depend on the patient's residency status. It may be necessary to interview the patient to determine whether they are ordinarily resident in the EEA or not.
- 8.3 There are six charging categories:
- patient ordinarily resident in the UK (Category A);
 - patient an asylum seeker or failed asylum seeker supported by certain conditions (Category A);

- patient subject to immigration control, resident in the UK and a surcharge payee (or exempt or waived from paying the surcharge) (Category B);
- patient ordinarily resident in another EEA State or Switzerland (Categories C and D);
- patient ordinarily resident outside the EEA or Switzerland (Categories E and F).

8.4 The diagram below sets out the six charging categories applied from April 2015 onwards.

DIAGRAM: SIX NHS CHARGING CATEGORIES



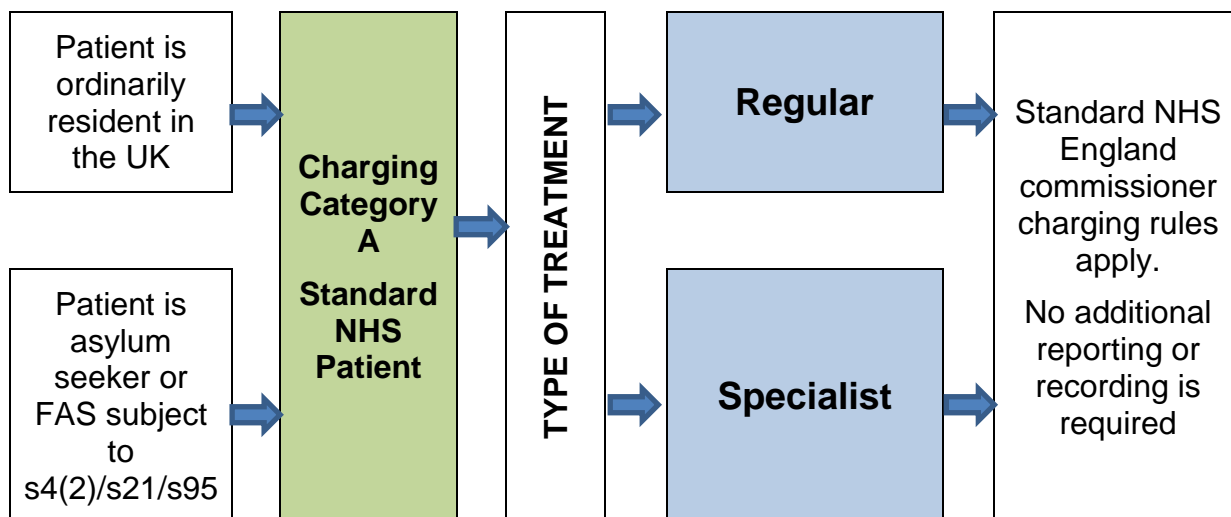
9. APPLYING THE CORRECT CHARGING RULES

Charging Category A: Standard NHS Patient

9.1 Patients in this category are deemed to be:

- ordinarily resident in the UK (according to the domestic Charging Regulations).

Summary: Charging Category A



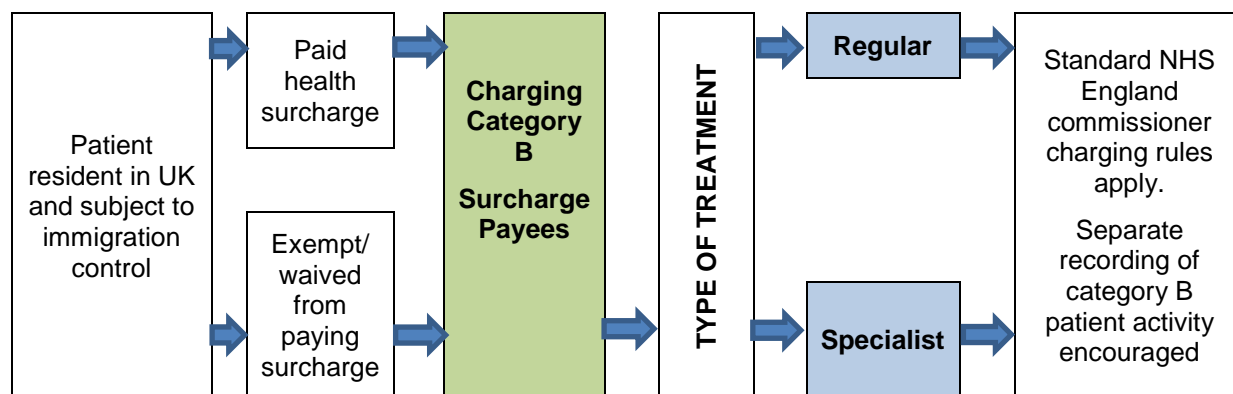
Charging Category B: Surcharge payee

9.2 Patients in this category are deemed to be:

- resident in the UK but subject to Immigration Rules (i.e. they need a visa to live, work or study in the UK and are not considered to be ordinarily resident);
- in possession of a valid visa issued on or after 6 April 2015 permitting medium to long term residence in the UK (typically from six months' to five years' duration although not always); and
- EITHER a health surcharge payee;
- OR exempt or waived from paying the health surcharge.

9.3 The payment arrangements for patients who are subject to immigration control and have paid the surcharge, or who are exempt or waived from paying it, will be managed as a Standard NHS Patient. This category of patient is able to access NHS healthcare free at the point of use, except where normal charges such as prescription, optical or dental charges apply.

Summary: Charging Category B



Charging Category C: Charge-exempt overseas visitor/EEA

9.4 Patients in this category are:

- not ordinarily resident in the UK;
- ordinarily resident in another EEA country or Switzerland; and
- EITHER insured by another EEA country, and in possession of a European Health Insurance Card/Provisional Replacement Certificate (EHIC/PRC) or an S2 form;
- OR not insured by another EEA country but exempt from domestic Charging Regulations.

9.5 In NHS billing terms, this category is known as charge-exempt overseas visitors (CEOV). Individuals who are either in receipt of a state pension from another EEA country or who are classed as ‘posted workers’ and who have been provided with an S1 form to cover the costs of their healthcare when living in the UK, should also be classed as an EEA/CEOV.

9.6 While the Trust should invoice its commissioner(s) for the costs of healthcare provided to CEOV/EEA patients, it must also report this activity (EHIC/PRC or S2) and its value via the Overseas Healthcare portal. The EHIC incentive scheme was launched on 1 October 2014 to encourage relevant NHS bodies to report their EHIC activity. The scheme allows NHS providers to claim an incentive from the Department of Health worth 25% of the standard tariff for every valid EHIC activity report they make on the portal in addition to the cost of healthcare charged to their commissioner.

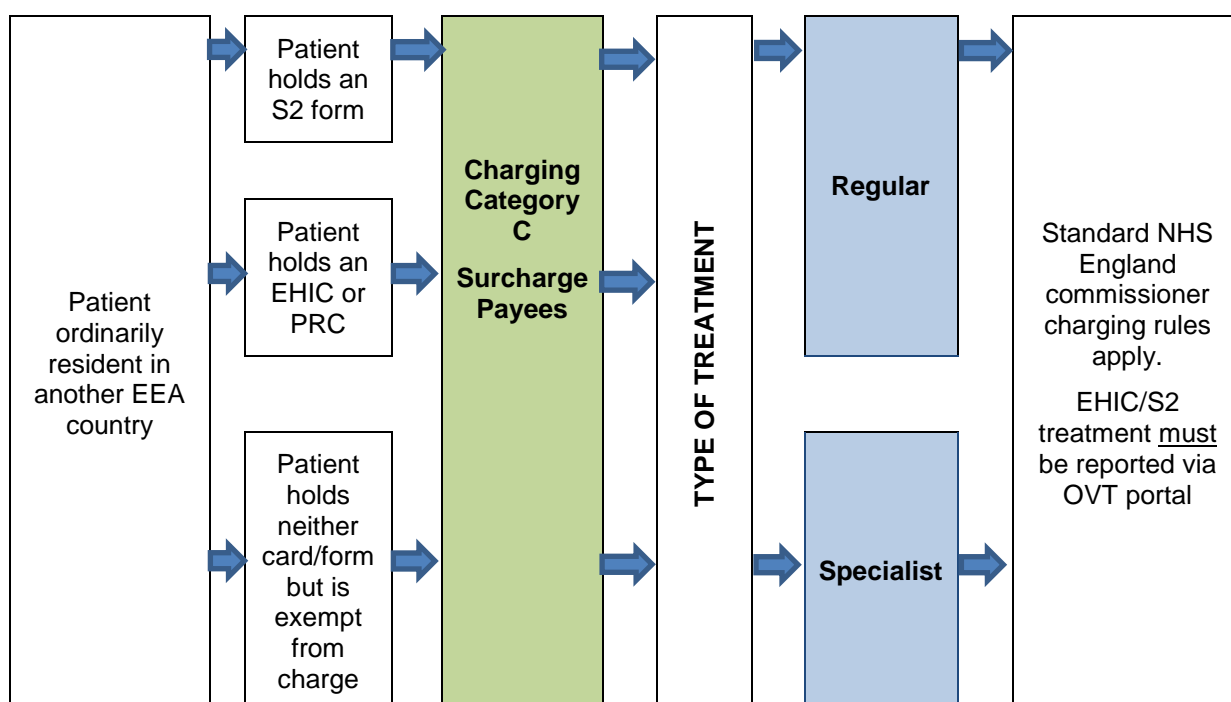
9.7 If the patient falls into one of the categories of persons exempt from charge or who requires treatment which is exempt from charge under the Regulations, the patient should also be classed as CEOV/EEA and charged to the relevant commissioner. In these circumstances, the Trust is not able to report the activity on the Overseas Healthcare Team portal and therefore this activity is not subject to the EHIC incentive.

9.8 The majority of healthcare provided to CEOV/EEA patients will be of a “needs arising” nature. However, as students are eligible to hold an EHIC/PRC if they remain insured by their EEA home state, they could seek access to more specialist, elective or long-term NHS healthcare while in the UK. Generally speaking, if CEOV/EEA patients wish to access specialist or

elective treatment in the UK, they should be encouraged to obtain either an S2 form from the EEA country which insures them or access NHS healthcare via the EU Directive on cross-border healthcare. The Trust will use its discretion as to if and when to have this conversation with patients.

9.9 While it is good practice to assist patients to obtain a PRC (if, for example, they have forgotten to bring their EHIC), it is the patient's responsibility to ensure the correct paperwork is provided if they wish to benefit from healthcare free at the point of delivery. If the Trust does not receive an EHIC/PRC or an S2 form and the patient is not exempt from charges, then the Trust will apply charges (as per Charging Category D). The patient will then be provided with invoices and receipts to facilitate reimbursement from their home country on return.

Summary: Charging Category C



Charging category D: Chargeable EEA patient

9.10 Patients in this category are:

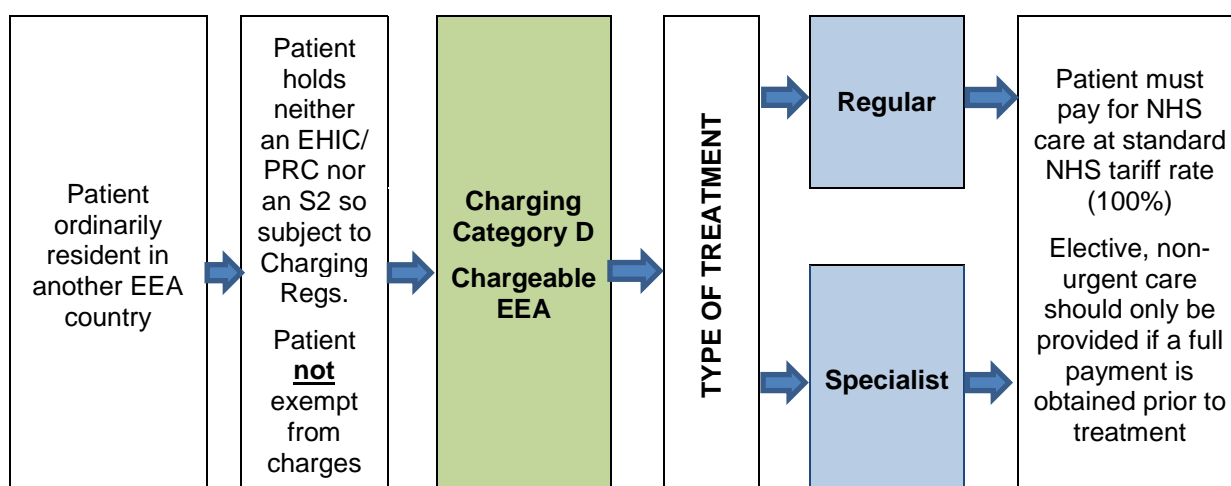
- not ordinarily resident in the UK according to the domestic Charging Regulations;
- ordinarily resident in another EEA state (including Northern Cyprus) or Switzerland;
- not insured by another EEA state, and so do not possess an EHIC/PRC or an S2 certificate;
- not covered by any other exemption in the Charging Regulations.

9.11 If patients fall into this category, they must be asked if they have private health/travel insurance. If they do not possess this, or if the Trust deems the insurance to be insufficient to cover the costs of healthcare, the Trust will

charge the patient directly and provide the necessary paperwork for the patient to then manage any future reimbursement from their insurer.

- 9.12 Healthcare which is immediately necessary or urgent must never be refused, regardless of the patient's ability to pay, although charges should still be recovered after treatment is provided.
- 9.13 Under Charging Category D, from 6 April 2015, the Trust is able to access the new chargeable patient risk-sharing mechanism from its commissioner. This mechanism is proportionate to the charge being invoiced to the patient. The responsible commissioner will pay the costs of healthcare provided to this category of patients at 50% of tariff (or whatever the cost of the treatment determined in accordance with the national tariff and rules). No further administration charges should be added.
- 9.14 The basic principle is that whatever payment the Trust receives from the patient, this is divided equally between the provider and the commissioner, until such time as the commissioner has fully recouped the amount it paid the provider for the EEA chargeable patient.

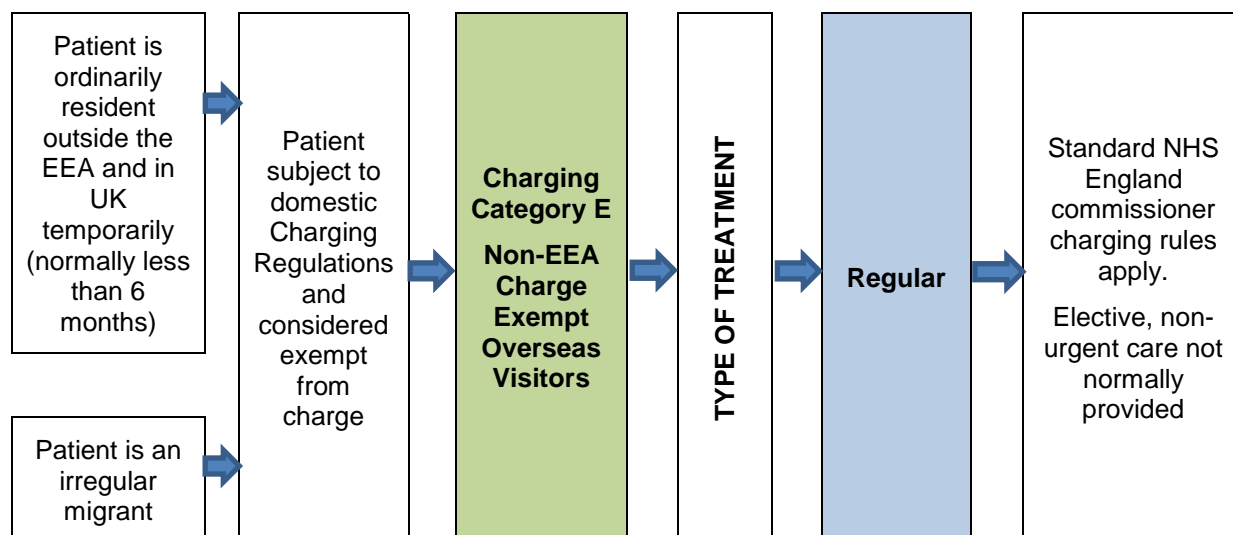
Summary: Charging Category D



Charging category E: Charge-exempt overseas visitor/non-EEA

- 9.15 These are patients who:
- are not ordinarily resident in the UK;
 - have not paid the health surcharge (or have not been exempt or waived from paying it);
 - are therefore subject to the Charging Regulations; BUT
 - are exempt from charging, either because of their personal status or because the treatment they are seeking is exempt from charge.
- 9.16 This charging category would be applied to individuals such as a failed asylum seeker requiring treatment for an infectious disease or a non-EEA visitor who attends A&E/MIU (but is not admitted to hospital) while on holiday in the UK. The Trust may choose to provide treatment deemed immediately necessary or urgent only, encouraging the patient to seek non-urgent treatment in their home country/country of residence where possible.

Summary: Charging Category E



Charging category F: Chargeable non-EEA patient

9.17 The final category comprises patients who are:

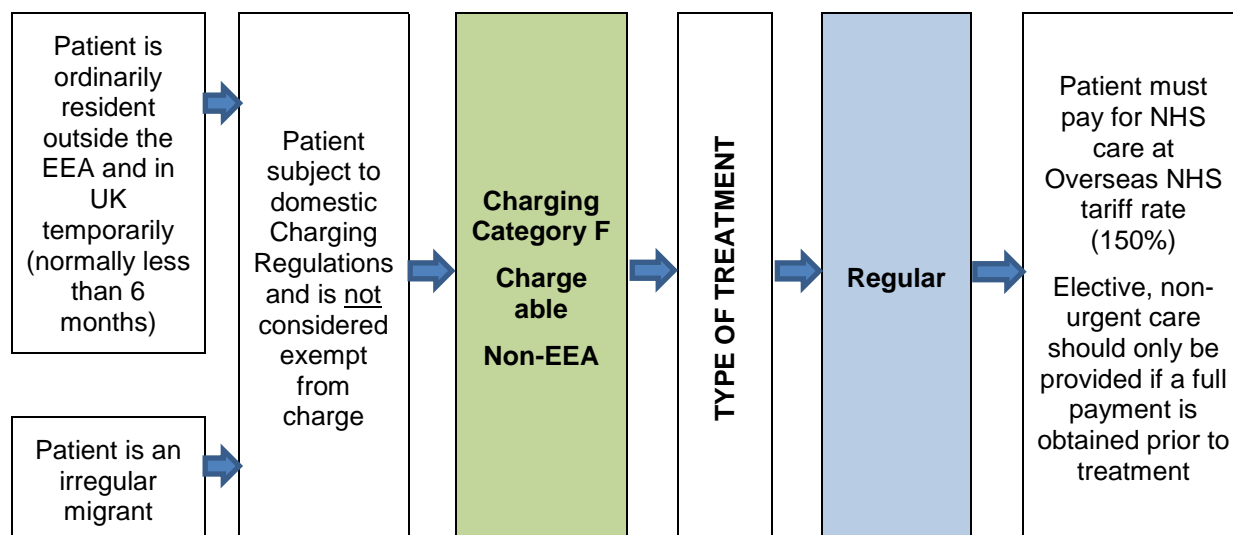
- not ordinarily resident in the UK;
- not ordinarily resident in another EEA country;
- not subject to the health surcharge (or exempt or waived from paying it);
- therefore subject to the Charging Regulations; and
- NOT exempt from charging under the Regulations.

9.18 This charging category therefore includes patients who are ordinarily resident in a non-EEA country (which could include UK or EEA passport holders as well as non-EEA citizens) or patients who are in the UK on an irregular basis (which could include illegal migrants, visa overstayers and failed asylum seekers not otherwise exempt from charges).

9.19 This is the only charging category whereby the Trust can charge a higher rate than the standard NHS tariff or local tariff negotiations, and is designed to include a reasonable profit element.

9.20 If patients fall into this category, they should be asked if they have private health/travel insurance. If they do not possess this, or if the Trust deems the insurance to be insufficient to cover the costs of healthcare, the Trust will charge the patient directly and provide the necessary paperwork for the patient to then manage any future reimbursement from their insurer. There is no requirement on the Trust to accept insurance details if they are not assured they will receive payment from the insurer.

Summary: Charging Category F



10 EXEMPT SERVICES

10.1 Trust services are chargeable to Overseas Visitors with the exception of:

- treatment in MIUs;
- Family Planning Services;
- diseases deemed exempt for Public Health reasons ([Appendix 3](#));
- sexually transmitted diseases, including human immunodeficiency virus (HIV);
- treatment given to people detained, or liable to be detained, or subject to a community treatment order under the provisions of the [Mental Health Act 1983](#), or other legislation authorising detention in a hospital because of mental disorder;
- treatment (other than that covered by the Mental Health Act 1983 exemption above) which is imposed by, or included in, an order of the Court;
- services provided other than in a hospital or by a person who is employed to work for, or on behalf of, a hospital. This means that services provided in the community will be chargeable only where the staff providing them are employed by or on behalf of an NHS hospital;
- people who have paid the health surcharge (or were exempt from paying it) whose visa is more than 6 months length remain valid;
- refugees and asylum seekers, including failed asylum seekers supported by the Home Office under section 4 (2), of the [Immigration and Asylum Act 1999](#) or Local Authority under provisions in Part 1 of the Care Act 2014 (Failed asylum seekers not supported by the Home Office/LA are chargeable from the date their appeal is rejected but courses of treatment under way will remain free);
- those supported under section 95 of the IAA 1999;
- children in the care of the Local Authority;

- victims and suspected victims of human trafficking and their family members;
- treatment required for a physical or mental condition caused by: torture; female genital mutilation; domestic violence or sexual violence except where the visitor has travelled to the UK for the purpose of seeking that treatment;
- exceptional humanitarian reasons as approved by the Secretary of State for Health;
- NATO personnel and attached civilians and their family members;
- people who receive UK war pensions and their family members;
- members of HM UK forces and their family members;
- people working abroad as crown servants, or for the UK Government, or for the British Council or the Commonwealth War Graves Commission who were ordinarily resident in the UK prior to being posted overseas and their family members;
- prisoners and detainees;
- people working on ships registered in the UK;
- any UK state pensioner resident in another EEA member state or Switzerland who has registered an S1 document in that state. The person's spouse/civil partner and children under 18 are also exempt when lawfully visiting the UK with them, unless they are entitled to hold a non-UK EHIC.

11 EEA VISITORS

- 11.1 Arrangements for European Union Overseas Visitors are governed by the [European Union \(EU\) Social Security Regulations \(Regulations \(EC\) 883/2004 and 987/2009 for EU member states, and Regulations \(EEC\) 1408/71 and 574/72](#) for Iceland, Liechtenstein, Norway and Switzerland).
- 11.2 This applies to residents of other EEA states and Switzerland, including third country nationals, who are entitled to hold a European Health Insurance Card (EHIC) issued by their country of residence or, in some cases, the country which is the 'competent authority' for them.
- 11.3 For the purposes of the Overseas Visitors Charging Regulations, the EEA comprises all the EU member states (Austria, Belgium, Bulgaria, Croatia, Cyprus (Southern), Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Republic of Ireland, Romania, Slovakia, Slovenia, Spain, Sweden and the UK), plus Iceland, Liechtenstein, Norway and Switzerland.
- 11.4 The EHIC provides for free NHS treatment that is medically necessary during their visit. **Visitors from Switzerland or the EEA (except Republic of Ireland) who do not provide an EHIC/PRC must be charged for their NHS hospital treatment (except for treatment within an MIU, unless a different exemption applies to them under the Charging Regulations.** In

order for the UK to make a claim to the relevant EEA state or Switzerland for treating their residents, it is **imperative** the data from a valid EHIC/PRC (for unplanned treatment) or S2/or Maltese quota number (for planned treatment) is recorded and reported to the Overseas Healthcare team at the DWP.

- 11.5 Visitors from the Republic of Ireland do not need to provide an EHIC but must provide evidence they are resident in the Republic of Ireland in order to receive free NHS treatment which is medically necessary during their visit.

12 RECIPROCAL AGREEMENTS

- 12.1 Within the reciprocal agreements there are a number of variations in the level of free treatment afforded to visitors travelling to the UK. Generally, only immediate medical treatment is to be provided free of charge to allow the overseas visitor to return home for other needs. The agreements do not usually apply when the person has travelled to the UK for the purpose of obtaining healthcare. However, this is not always the case.

Country	Level of cover provided (see key)	Further information
Anguilla	1*	Applies to all residents of that country. Can also refer four patients to the UK for free NHS hospital treatment.
Australia	1*	Applies to all residents of that country.
Barbados	1*	Applies to all residents of that country.
Bosnia and Herzegovina	3	Applies to all insured persons of that country.
British Virgin Islands	1*	Applies to all residents of that country. Can also refer four patients to the UK for free NHS hospital treatment.
Falkland Islands	4	Applies to all residents of that country. Can refer an unlimited number of patients to the UK for free elective treatment.
Gibraltar	3	Applies only to citizens resident in that country when that citizen is not expected to stay in the UK for more than 30 days. Can also refer an unlimited number of patients to the UK for free elective treatment (see 10.4).
Isle of Man	2	Applies to all residents of the Isle of Man for a period of stay in the UK that has not exceeded, nor is expected to exceed, three months.
Jersey	2	Applies to all residents of Jersey for a period of stay in the UK that has not exceeded, nor is expected to exceed, three months.
Kosovo	3	Applies to all insured persons of that country
Macedonia	3	Applies to all insured persons of that country.
Montenegro	3	Applies to all insured persons of that country.
Montserrat	1*	Applies to all residents of that country. Can also refer four patients per year for free NHS hospital treatment.
New Zealand	2	Applies only to citizens resident in that country.
Serbia	3	Applies to all insured persons of that country.

Country	Level of cover provided (see key)	Further information
St Helena	1*	Applies to all residents of that country. Does not include Ascension Island or Tristan da Cunha. Can also refer four patients per year for free NHS hospital treatment.
Turks and Caicos Islands	1*	Applies to all residents of that country. Can also refer four patients per year for free NHS hospital treatment.

Key:

1. Immediate medical treatment only.
 2. Only treatment required promptly for a condition which arose after arrival into the UK or became, or but for treatment would have become, acutely exacerbated after such arrival. Services such as the routine monitoring of chronic/pre-existing conditions are not included and free treatment should be limited to that which is urgent in that it cannot wait until the patient can reasonably return home.
 3. All treatment on the same basis as for a person insured in the other country, including services such as routine monitoring of pre-existing conditions, but not including circumstances where a person has travelled to the other country for the purpose of obtaining healthcare.
 4. All treatment free on the same terms as for an eligible UK resident (an ordinary resident), including elective treatment.
- * For these countries, the agreement will also apply to those persons requiring treatment if they are a member of the crew, or a passenger, on any ship, vessel or aircraft travelling to, leaving from or diverted to the UK and the need for urgent treatment has arisen during the voyage or flight.

12.2 It will be for a Trust doctor or dentist to provide clinical input into whether required treatment meets a specific level of coverage.

12.3 Any patients coming to the UK from these countries for elective treatment need to be assessed by Overseas Visitors Manager to ensure the relevant authorisation is received from the reciprocal country.

12.4 All other overseas visitors will be deemed to be NHS Chargeable.

13. INVOICING

13.1 Patients who are identified as potentially not fitting the criteria for free access to NHS care, i.e. not ordinarily resident in the UK, will be asked to complete the Pre-Registration Form (Appendix A), as detailed above.

13.2 Any patient not eligible for free NHS care is deemed to be NHS Chargeable. The Overseas Visitors Department will ensure an invoice is raised from the information given on the Overseas Patient Agreement to Pay Form, (Appendix B).

- 13.3 For any non-urgent elective overseas visitors who are not covered by an S2 form, an invoice will be raised by the Overseas Visitors Manager as detailed above and payment must be received in advance of the admission.
- 13.4 The Overseas Visitors Manager will make the appropriate arrangements for any planned treatment charges under an S2 to be made to the correct EEA member state and will be responsible for collecting payments in line with Trust guidelines. The manager will liaise with the Finance Dept. regarding any outstanding accounts.
- 13.5 The Overseas Visitors Manager will follow due process to report any debts by non-EEA nationals which are over £1,000 and have been outstanding for 3 months to the Department of Health, in line with the Charging Guidelines 2015. This results in that person being normally refused entry to the UK and encourages payment of debt.

14. CLAIM FORMS

- 14.1 Patients may submit insurance claim forms to the Overseas Visitors Manager who will complete relevant sections and then ensure other relevant sections are completed by the Consultant.

15. MONITORING COMPLIANCE AND EFFECTIVENESS

Process for Monitoring Compliance

- 15.1 The Trust Overseas Visitors manager will provide quarterly reports to the Director of Governance and Corporate Development on any occasions when this policy is implemented which will be discussed at Executive Management Team meetings. Any new risks or issues will be escalated to the Trust Board where this is indicated.
- 15.2 The Trust will commission an audit to give assurance to ensure:
- all relevant parties are being correctly identified and classified;
 - charges have been correctly calculated;
 - charges have been appropriately recovered.

16. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

- 16.1 Guidance on Implementing the Overseas Visitors Hospital Charging Regulations (Dept. of Health, October 2015) available at: <https://www.gov.uk/government/publications/guidance-on-overseas-visitors-hospital-charging-regulations>

17. APPENDICES

- 17.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

Appendix A Pre Attendance Form

Appendix B

Agreement to Pay Form

Appendix C

Exempt Diseases

PRE-ATTENDANCE FORM

Why have I been asked to complete this form?

NHS treatment is not free to all. We have a legal duty to establish if patients are entitled to free treatment. Please complete this form to help us with this duty. A parent/guardian should complete the form on behalf of a child. **On completing the form you must read and sign the declaration below.**

Please complete this form in BLOCK CAPITALS

Family name/surname							
First name/given name		Date of birth					

DECLARATION TO BE COMPLETED BY ALL

This NHS Trust may need to ask the Home Office to confirm your immigration status to help us decide if you are eligible for free NHS treatment. In this case, your personal, non-clinical information will be sent to the Home Office. The information provided may be used and retained by the Home Office for its functions, which include enforcing immigration overseas, at the ports of entry and within the UK. The Home Office may also share this information with other law enforcement and authorised debt recovery agencies for purposes including national security, investigation and prosecution of crime and collection of fines and civil penalties.

If you are chargeable but fail to pay for NHS treatment for which you have been invoiced, it may result in a future immigration application to enter or remain in the UK being denied. Necessary (non-clinical) personal information may be passed via the Dept. of Health to the Home Office for this purpose.

DECLARATION

- I have read and understood the reasons I have been asked to complete this form.
- I agree to be contacted by the Trust to confirm any details I have provided.
- I understand the relevant official bodies may be contacted to verify any statement I have made.
- The information I have given on this form is correct to the best of my knowledge.
- I understand that if I knowingly give false information then action may be taken against me. This may include referring the matter to the Trust's Local Counterfraud Specialist and recovering any monies due.

Signed:		Date:					
Print name:		Relationship to patient:					
On behalf of:							

1. ALL: PERSONAL DETAILS – Please answer all questions which apply to you

Do you usually live in the UK?	YES		NO		Nationality :	
Address in the UK:				Passport number:		
				Country of issue:		
Telephone number:				Passport expiry date:		
Mobile number:				Dual Nationality:		
E-mail:				Date of entry into UK:		
Will you return to <u>live</u> in your home country?	YES		NO		If yes, when?	
Address OUTSIDE the UK:				Name and address of Employer (UK or overseas)		
Country:				Country:		
Contact telephone:				Employer telephone:		

2. ALL: OFFICIAL DOCUMENTATION

Please tell us which of the following documents you currently hold (check all that apply)

<input type="checkbox"/>	Current United Kingdom passport	<input type="checkbox"/>	Current European Union passport
<input type="checkbox"/>	Current non-EU passport with valid entry visa	Visa No.:	
<input type="checkbox"/>	Student visa	<input type="checkbox"/>	Visit visa
		Visa expiry date:	
<input type="checkbox"/>	Asylum Registration Card (ARC)	ARC No.:	
	Other (please state)	BRP No.:	

3. ALL: YOUR STAY IN THE UK – *You may be required to provide documentation*

Please tell us about the purpose of your stay in the UK (check all that apply)

<input type="checkbox"/>	Holiday/visit friends or family	<input type="checkbox"/>	On business	<input type="checkbox"/>	To live here permanently
<input type="checkbox"/>	To work	<input type="checkbox"/>	To study	<input type="checkbox"/>	To seek asylum
<input type="checkbox"/>	Other – please state:				

How many months have you spent OUTSIDE the UK in the last 12 months?

<input type="checkbox"/>	None	<input type="checkbox"/>	Up to 3 months	<input type="checkbox"/>	3-6 months	<input type="checkbox"/>	Over 6 months
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Please indicate the reason for any absence from the UK in the last 12 months (check all that apply)

<input type="checkbox"/>	I live in another country	<input type="checkbox"/>	A holiday/to visit friends	<input type="checkbox"/>	To work
<input type="checkbox"/>	I frequently commute(business/second home overseas)			<input type="checkbox"/>	To study
<input type="checkbox"/>	Other – please state:				

4. ALL: GP DETAILS – *If you are registered with a GP in the UK*

GP/surgery name		Address of GP surgery
GP telephone		
NHS number		

5. HEALTH OR TRAVEL INSURANCE DETAILS - *If the UK is not your permanent place of residency*

Do you have insurance?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Name and address of insurance provider:
Membership number					
Insurance telephone					

6. EUROPEAN HEALTH INSURANCE CARD (EHIC) DETAILS - *If you live in another EEA country*

Do you have a non-UK EHIC?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	If yes, please enter the data from your EHIC below			
<p>If you are visiting from another EEA country and do not hold a current EHIC, you may be billed for the cost of any treatment received outside the MIU department. Charges will apply if you are admitted to a ward or need to return to the hospital as an outpatient.</p>					3			
					4			
					5		6	
					7			
					8		9	

7. STUDENT DETAILS - *If you have come to the UK to study*

Name of college/university												Telephone												
Course dates	From													To									Number of hours/week	

If you have completed this form in the MIU Dept., please give to a receptionist or nurse before leaving. If you are admitted to any ward or referred for further treatment outside the MIU dept. charges may apply. Please expect to be interviewed by our Overseas Visitors Manager.

This form should be sent to Overseas Visitors Manager, Somerset Partnership NHS Foundation Trust, Mallard Court, Express Park, Bristol Road, Bridgwater TA6 4RN or by email to : ovm@sompar.nhs.uk.

AGREEMENT TO PAY FORM

NHS CHARGEABLE OVERSEAS VISITOR

To be completed by the Patient or their representative, in block capitals:

Name of Patient: Date of Birth.....

UK Address:.....

Home Address.....

Name of person giving undertaking.....

UK Address.....

Home Address.....

Relationship to Patient.....

I accept liability for payment of the charges determined by Somerset Partnership NHS Foundation Trust for accommodation, treatment, investigations and all other services provided to me as a chargeable patient, including all diagnostic tests, procedures, treatment and appliances carried out resulting from this hospital course of treatment.

I accept the Trust reserves the right to require payment of its charges in advance and terms and conditions as enclosed.

Signed..... Date:.....

Witnessed..... Status.....

Do you have Private Health Insurance? Yes No

If YES please fill in the details below:

Policy No..... Authorisation Code.....

Insurance Company.....

Address.....

Telephone...

In the event of non-payment or a payment shortfall, under the terms of the patient's medical insurance agreement, I undertake to settle the outstanding balance upon request.

TERMS OF BUSINESS FOR NHS CHARGEABLE OVERSEAS VISITOR

Introduction

Following completion of a Pre-registration form (**Appendix A**) the patient has been deemed to be chargeable and the Trust is required under the provisions of section 175 of the National Health Service Act 2006 and other statutes and NHS regulations to make charges in respect of Overseas Visitors.

General Information

A written undertaking to pay the charges must be given before a patient can be treated as an Overseas Visitor. The hospital charges used are the nationally agreed NHS tariff (plus 50% for non-EEA patients).

Insured Patients

If the patient is insured they must indicate their insurance details on the Agreement to Pay Form, retaining one copy only for your records.

It should be noted being insured does not mitigate the patient's liability as an individual to pay for any and all treatment given by the Trust should the insurer, for whatever reason, not agree to reimburse the Trust in respect of any and all charges levied by the Trust for care.

The patient should check with the insurer that the policy held covers the treatment. Some insurance companies will provide an authorisation number for each episode of treatment, which should be indicated on the Agreement to Pay Form.

Where the patient is covered by an insurer, the Trust will expect payment of any and all charges not covered by the policy and/or which the insurer refuses to pay for within 14 days of the date of the Trust's invoice.

Non-insured Patients

If the patient has elected to pay for the treatment themselves, this must be indicated this on the Agreement to Pay Form.

Methods of Payment

Paying by cheque: Cheques should be made payable to 'Somerset Partnership NHS Foundation Trust' and crossed account payee only. You should send your cheque in the envelope with your Agreement to Pay Form.

Paying by debit/credit card: Debit/credit card payments should be made to the cashiers office (Finance Department) by phone or through personal visit. Please ensure you have your card details available including the card company, card number, card expiry date and the full name of the person listed on the card. Please telephone 01278 432000.

Queries

If you do have any queries please do not hesitate to contact the Overseas Visitors Manager on 01278 432000.

EXEMPT DISEASES

Certain diseases are exempt for Overseas Visitors where treatment is necessary to protect the wider public health. This exemption from charge will apply to the diagnosis even if the outcome is a negative result. It will also apply to the treatment necessary for the suspected disease up to the point that it is negatively diagnosed. It does not apply to any secondary illness that may be present even if treatment is necessary in order to successfully treat the exempted disease. These diseases are defined in the Department of Health Guidance on Implementing the Overseas Visitors Hospital Charging Regulations (April 2015).

The exempt diseases are:

- Acute encephalitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Bruscellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid and paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Human Immunodeficiency Virus (HIV)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease and scarlet fever
- Invasive meningococcal disease (meningococcal meningitis, meningococcal septicaemia and other forms of invasive disease)
- Legionnaires' Disease
- Leprosy
- Leptospirosis
- Malaria
- Measles
- Middle Eastern Respiratory Syndrome (MERS)
- Mumps
- Pandemic influenza (defined as the 'Pandemic Phase'), or influenza that might become pandemic (defined as the 'Alert Phase') in the *World Health Organization's Pandemic Influenza Risk Management Interim Guidance*
- Plague
- Rabies
- Rubella
- Sexually transmitted infections
- Severe Acute Respiratory Syndrome (SARS)
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (which includes Ebola)
- Viral hepatitis
- Whooping cough
- Yellow fever