



OVERSEAS PATIENT POLICY BPC

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Responsible Director:	Director of Finance	
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Think of the environment...Do you have to print this out this document? You can always view the most up to date version electronically on the Trust intranet.



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1. Purpose

This policy has been designed in order to assist the Trust's clerical and ward staff in identifying overseas patients and ensuring that the correct administrative procedures are carried out when treating patients at the Trust.

2. Scope

2.1. Staff affected by this policy

This policy applies to all staff who have direct interaction with patients. Particularly (but not exclusively):

- Overseas, Private Patient and Commissioning Assistant;
- Medical Secretaries;
- Patient Access Centre staff (PAC team);
- Wards Clerks; and
- Nurses.

Failure to knowingly not comply with this policy could result in disciplinary action.

3. Definitions

- Overseas, Private Patient and Commissioning Assistant – the finance officer responsible for ensuring compliance with the policy, advising staff and recovering funding for overseas patients;
- EHIC – the European Health Insurance Card (previously the E111 card);
- EEA – European Economic Area – the 28 member states of the European Union plus Iceland, Liechtenstein and Norway;
- Non-EEA – all other countries outside the EEA (special arrangements for Swiss citizens);
- ROI – Republic of Ireland – part of the EEA but with special arrangements regarding NHS treatment in the UK;
- Ordinarily resident – a person of any nationality is lawfully resident for settled purposes (for non-EEA nationals they must have indefinite leave to remain in the UK to be classed as ordinarily resident); and
- Exempt visitors – temporary migrants from outside EEA visiting for six months or more who have paid the immigration health charge (or those who have exemption or a waiver from paying the health charge).

4. Introduction

The Walton Centre is funded by specialist commissioners and clinical commissioning groups for the treatment of individual patients. Without the recovery of income the Trust would be unable to pay staff and suppliers and could not operate effectively as an NHS Foundation Trust. Therefore, if a potential patient is not entitled to treatment within the NHS scheme (and therefore will not be funded by commissioners), it is vital that the source of funding is identified and agreed before treatment takes place. This funding will either be from the patient's country of residence or from the patient themselves. The Trust also has a legal obligation to establish whether a person is an overseas visitor or is exempt from charges.

5. Identification

Most patients at The Walton Centre are referred by their GP or by a secondary health provider. However, referral from within the NHS does not establish that the patient is entitled to free NHS treatment and The Walton Centre must still make proper enquiries regarding the patient's entitlement when they are first accepted as a patient.

The Trust has a legal obligation to make proper enquiries under the Charging Regulations 2015, as amended in 2017 (the Charging Regulations), which are made under the powers in section 175 of the National Health Service Act 2006. The onus is on the patient to provide proof of their status.

The medical secretary, ward clerk or other member of staff following up a referral or admitting a patient will be required to make an initial assessment of the patient's entitlement to NHS treatment when they are newly referred or admitted to the hospital. In the vast majority of cases this will be straightforward as the patient will have a recent NHS medical history.

If they are not able to clearly identify that a patient is ordinarily resident in the UK and funded through their commissioner they must contact the Overseas, Private Patient and Commissioning Assistant in the Finance Department. They will be able to advise on the patient's status, make further enquiries where necessary, and ensure that charges are recovered from the patient or their Government as appropriate.

Following the 2017 amendments to the Charging Regulations, if the Trust determines that a person is an overseas visitor it must, as soon as it is practicable to do so, record against the overseas visitor's NHS number:

- the fact that the person has been determined to be an overseas visitor;
- the date on which that determination was made; and
- whether the overseas visitor is exempt from charges.

Information will be recorded on the Patient Administration System (PAS).

5.1. Ordinarily Resident

Most patients treated at The Walton Centre are entitled to free NHS care because they are ordinarily resident in the UK. This means they have been resident in the UK on a lawful, voluntary and properly settled basis. Their nationality is not relevant to establishing whether they are "ordinarily resident." Having a UK passport, an NHS number or being registered with a GP does not automatically entitle someone to free NHS care.

In order to establish that a patient is ordinarily resident there are two basic questions that the member of staff should ask:

- "Where have you been living for the past 12 months?"
- "Do you have evidence that you have the right to live in the UK?"

The exception to this is if a patient is incapacitated, and therefore it would be inappropriate to ask the baseline questions. These patients must be revisited at the earliest opportunity when it is medically appropriate to do so.

If the initial enquiries are satisfactory no further action is required. However, staff should be alert to overseas visitors who are not ordinarily resident and are not entitled to free

healthcare and who live abroad but are visiting temporarily. The evidence must support the individual's current status, not that of a family member or past entitlement.

If there is any concern or uncertainty as to a patient's status (or it is clear that they are non-resident) the Overseas, Private Patient and Commissioning Assistant will conduct an interview with the prospective patient to establish their status and obtain appropriate evidence.

5.2. Not Ordinarily Resident

If staff identify a patient who is not ordinarily resident in the UK, advice must be sought from the Overseas, Private Patient and Commissioning Assistant who will ensure that the patient's status is correctly established and, where appropriate, charges are applied to the individual, their Government or insurance company.

Patients will fall into one of the categories below:

5.2.1 EEA/Swiss patients

With EHIC

Overseas patients within the EEA or from Switzerland should present a valid EHIC (or Provisional Replacement Certificate (PRC)). This enables the Overseas, Private Patient and Commissioning Assistant to claim back the cost of the treatment through the Overseas Visitor Treatment web portal.

The EHIC/PRC data must be recorded. Without the card number and other information on the card a claim cannot be made for reimbursement.

Without EHIC

If a patient cannot provide a valid EHIC or PRC they may have to pay for their treatment upfront. However, the Overseas, Private Patient and Commissioning Assistant will need to ensure that there are no other circumstances which mean they are exempt from charges (see criteria below under non-EEA patients).

If a patient is charged for their treatment but is subsequently able to provide a valid EHIC or PRC within a reasonable timescale, their costs can be reimbursed and claimed through the Overseas Visitor Treatment web portal as above.

5.2.2 Patients from ROI

A separate arrangement is in place for patients from the Republic of Ireland as the UK and ROI have a special reciprocal arrangement in place. Where an ROI patient has been referred for treatment in the UK, either the patient themselves or their referring consultant must apply in advance for approval from their Government. The Overseas, Private Patient and Commissioning Assistant will confirm with the Treatment Abroad Scheme that the patient has obtained preliminary approval. The Trust must provide estimated costs for the proposed treatment and will obtain an E112/S2 authorisation. The Overseas, Private Patient and Commissioning Assistant recovers costs for these patients via the Overseas Visitor Treatment web portal, quoting the E112/S2 authorisation.

5.2.3 Non-EEA patients

Non-EEA reciprocal healthcare arrangements

The UK Government has agreed reciprocal arrangements with 29 other states and territories. The level of cover varies from state to state. Some arrangements cover

immediate/emergency treatment only. Others cover all treatment available to those who are ordinarily resident in the UK. It is critical that the detailed Department of Health and Social Care guidance is consulted:

www.gov.uk/government/collections/nhs-visitor-and-migrant-cost-recovery-programme.

Under these arrangements the Overseas, Private Patient and Commissioning Assistant recover costs for these patients via the individual Government for each state or territory.

Exemptions

There are circumstances where non-EEA patients who are not ordinarily resident in the UK are nevertheless exempt from charges for NHS care. For more details staff should review the Department of Health and Social Care guidance.

Examples of exempt categories of person include:

- Those who are subject to immigration control and have paid, or are exempt from paying, the health surcharge;
- Those who are insured for healthcare in an EEA member state or Switzerland and can provide an EHIC or similar to that effect;
- Vulnerable patients and those detained including:
 - Refugees;
 - Asylum seekers;
 - Looked after children;
 - Victims of human trafficking;
 - Prisoners; and
 - Those detained under the Mental Health Act.
- UK Government employees posted overseas;
- Those in receipt of war pensions/war widows' pensions and similar;
- Those covered by other reciprocal healthcare agreements; and
- In many cases, their spouses or civil partners and dependent children under the age of 18.

Other Non-EEA patients

In all other circumstances (noting emergency treatment arrangements considered below) the patient is required to pay for their own treatment, either directly or through their insurance company. The estimated cost of treatment should be quoted upfront and an invoice raised for the patient in advance of the treatment. This should be paid in full prior to the commencement of treatment. Where the final cost of treatment is higher or lower than the original quote, a further invoice or credit note will be issued to the patient.

Special Circumstances

Emergency chargeable treatment

It has been a legal requirement since 23rd October 2017 to recover in advance, the estimated full cost of a course of treatment unless doing so would prevent or delay the provision of immediately necessary or urgent treatment. In practice, this will mean that where a clinician has determined a patient's need for care to be non-urgent/elective, payment from the person liable will be required upfront and in full, where no exemption category applies, before the treatment can then be provided. Where services are immediately necessary or urgent, full upfront payment should be secured wherever possible, unless doing so would prevent or delay treatment.

If the Trust is unable to recover costs from the patient these should be reported to the Director of Finance and Audit Committee as a losses and compensation payment in accordance with the Scheme of Reservation and Delegation (SoRD).

6. Correct Level of Charges

The Department of Health and Social Care guidelines allow Trusts to recover costs for overseas patients at different levels, depending on their status. This can include recovering additional costs where appropriate. Appendix 1 includes the Department of Health and Social Care flowchart and details of costing levels. This also considers gainshare arrangements with the Trust's host commissioner for urgent treatment.

7. Finance Procedures

For all overseas patients (other than exempt patients) the Finance team are responsible for ensuring proper authorisation is obtained prior to treatment and invoicing the individual, insurer or Government. Treatment given under the EHIC/PRC/E112 or S2 process is invoiced via the Trust's host commissioner.

Invoices are raised and aged debt monitored and subject to credit control processes, bad debt provision and write-off consistent with other debt.

Payment of invoices is due within 30 days of the invoice date. Payment plans are available on request; terms of plans will be agreed on a case-by-case basis with the Overseas, Private Patient and Commissioning Assistant and the wider Finance team.

Following the issue of an invoice, once the invoice due date has passed the Finance Department will issue 2 reminder letters (Appendix 2) and 1 final reminder at 30 day periods chasing the payment and where a contact number or email is provided the patient will be contacted as soon as the invoice is overdue. Any queries raised will be re-directed to the Overseas, Private Patient and Commissioning Assistant.

Where payment has not been made in the appropriate timescale and no payment plan is in place, the unpaid invoice may be referred to an appropriate debt-collection agency where practicable.

The Overseas, Private Patient and Commissioning Assistant will also follow due process to report any debts by non-EEA nationals that are over £500 and have been outstanding for 2 months to the Department of Health and Social Care, in line with the Charging Guidelines 2017. This normally results in that person being refused entry to the UK and encourages payment of debt.

Where it is clear that a person is destitute or genuinely without access to any funds and evidence can be provided, the Trust may conclude that it is not cost-effective to pursue payment and write off the amount. Potential write-offs of unrecoverable debt will be reviewed on a biannual basis and will be reported to the Audit Committee in accordance with the Trust's SoRD.

8. Monitoring

The Business Performance Committee will be responsible for the monitoring, assessment and review of this policy.

9. References

- This policy has been prepared in conjunction with the Department of Health and Social Care's "Guidance on implementing the overseas visitor hospital charging regulations 2015", the Regulations themselves, Amendment Regulations 2017 and "Overseas chargeable patients, NHS debt and immigration rules 2014."

9.1. Supporting Policies/Documents

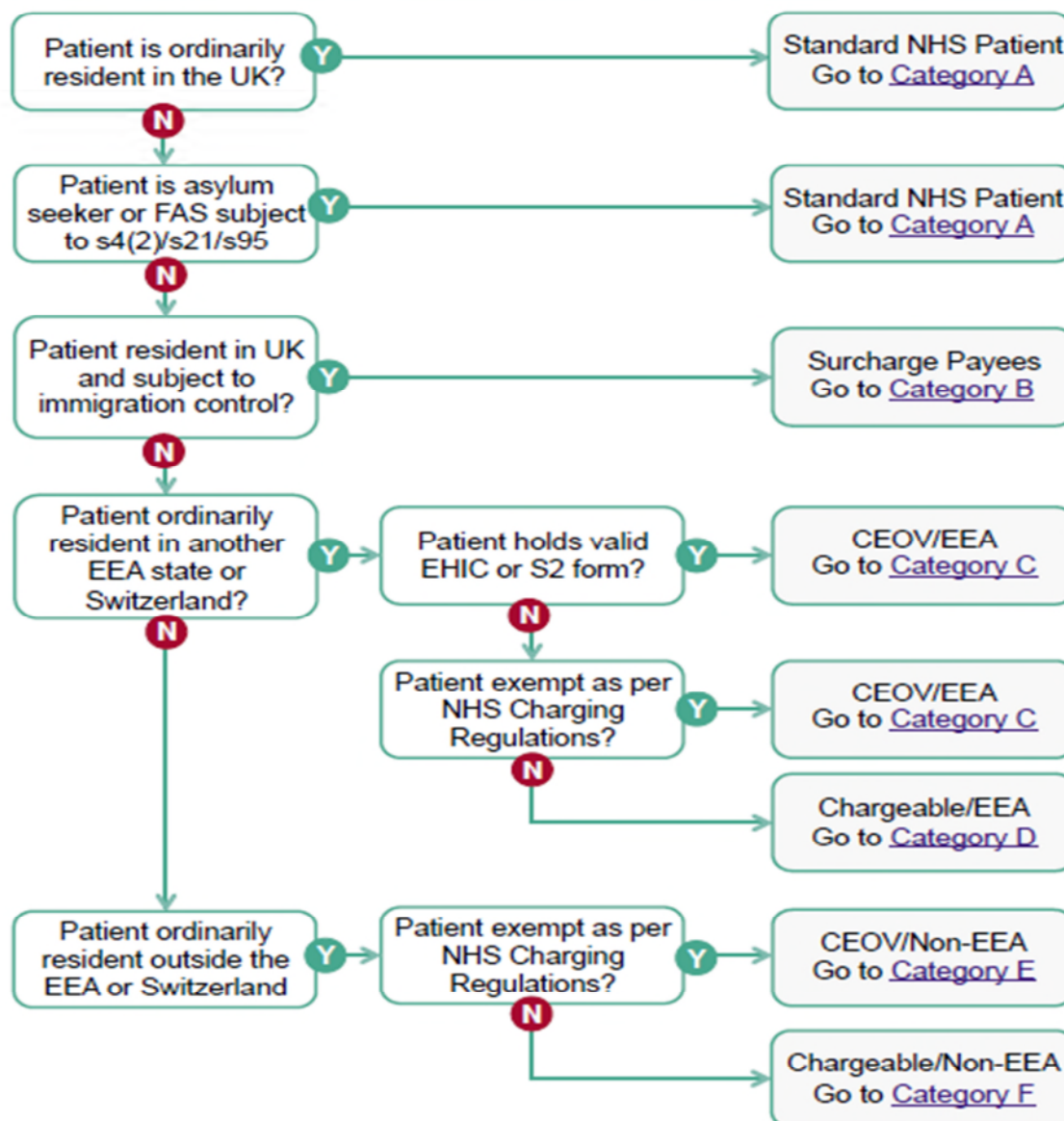
- Trust policies on data protection, data sharing, patient access, private patients and standing financial instructions also apply.
- In the event of any confusion or apparent inconsistency between this and other Trust policies, the Director of Finance's view should be sought.
- This policy must be applied in accordance with the Human Rights Act 1998 and the Equality Act 2010.

9.1.1 Dissemination of the policy

This policy will be included on the Trust's Intranet page, advertised in the Walton Weekly newsletter and shared directly with wards clerks, the PAC team and medical secretaries.

Appendix 1 - Charging Categories

The flow diagram below sets out the six charging categories that will apply from April 2015 onwards. This chapter should be cross-referenced with the NHS England document entitled [Who Pays?: Determining responsibility for payments to providers](#)¹⁴ (published August 2013) and any subsequent guidance issued by NHS England on the subject of determining the correct commissioner. The current document will be referred to as Who Pays? for the purposes of this chapter.



Category A: Standard NHS Patient

Category A is classed as a Standard NHS Patient and costs are recovered through standard NHS Commissioner charging rules. No additional reporting is required and no additional fees are levied.

Category B: Surcharge Payee

Category B covers patients who have paid the health surcharge, or those who have been deemed exempt from paying it. Costs for these patients are recovered through standard NHS Commissioner charging rules. No additional fees are levied. Trusts are encouraged to record income for these patients separately within their financial records.

Category C: Charge Exempt EEA visitors

Category C covers EEA (or similar) patients presenting a valid EHIC/PRC or exempt (due to the criteria noted in 5.2.3 above). These patients are reported on the Overseas Healthcare Portal and the Trust will receive an additional 25% income in addition to the standard tariff for the treatment provided.

Category D: Chargeable EEA visitors

Category D covers EEA patients who cannot provide and EHIC/PRC. If they are uninsured they must be charged for treatment at an overseas tariff. The patient is charged at 100% of tariff. For emergency treatment, the Commissioner and the Trust enter into a gainshare agreement where the Trust receives 50% of invoiced costs up front from the CCG and, when the patient pays, retains 50% and pays the balance back to the CCG. This ensures that the cost of bad debts is shared and not borne in full by one organisation.

Category E: Charge exempt non-EEA visitors

Category E covers patients who would normally pay in full for their treatment but are exempt either because the provided treatment is exempt or they are exempt due to their personal status. Under these circumstances, the Trust charges the host CCG at standard tariff or equivalent.

Category F: Chargeable non-EEA visitors

Category F covers non-EEA patients who must pay for their healthcare. If they have adequate health/travel insurance, the Trust may be able to invoice their insurance company for treatment. If the insurance is not adequate, the patient is charged directly. Where the treatment has been given as urgent, in advance of payment, the gainshare agreement (see Category D above) is followed where risk is shared between the Trust and the CCG. Patients are charged at the Overseas Tariff Rate which is 150% of the standard NHS tariff or equivalent.

Appendix 2 – Letter Template - First & Second Reminder

[Name]
[Address Line 1]
[Address Line 2]
[Address Line 3]
[Post Code]

[Date]

Dear [Name]

Dear Sir/Madam,

I am writing with regards to an outstanding balance of (overdue balance), which is showing up on our records.

Please find statement below:

If you have any queries with regards payments already sent or require information on payment methods, please contact [REDACTED] (Accounts Receivable Clerk) on [REDACTED]

If payment has already been sent please ignore this reminder.

Yours Sincerely,

[REDACTED]
Accounts Receivable Clerk

Appendix 3 – Letter Template Final Reminder

[Name]
[Address Line 1]
[Address Line 2]
[Address Line 3]
[Post Code]

[Date]

Dear [Name]

Despite sending copy invoices your account still remains unpaid. The balance of £[amount] is now seriously overdue for payment and I would be grateful if this could be paid urgently.

Please note if you ignore this reminder the debt will be transferred to our debt collection agency (CCI Legal) within 30 days of this letter. Please be advised you may also incur further costs.

If you have any queries with regards payments already sent or require information on payment methods, please contact [REDACTED] (Accounts Receivable Clerk) on [REDACTED]

If payment has already been sent please ignore this reminder.

Yours Sincerely,

[REDACTED]
Accounts Receivable Clerk

Appendix 4 - Equality Impact Assessment (EIA) Form

This section must be completed at the development stage i.e. before ratification or approval. For further support please refer to the EIA Guidance on the Equality and Diversity section of the Intranet.

Part 1	
1. Person(s) Responsible for Assessment:	██████████
2. Contact Number:	██████████
3. Department(s):	Finance
4. Date of Assessment:	7 Oct 19
5. Name of the policy/procedure being assessed:	Overseas Patient Policy
6. Is the policy new or existing?	
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing
7. Who will be affected by the policy (<i>please tick all that apply</i>)?	
	<input type="checkbox"/> Staff <input type="checkbox"/> Patients <input checked="" type="checkbox"/> Visitors <input type="checkbox"/> Public
8. How will these groups/key stakeholders be consulted with?	The policy reflects current legislature and Department of Health and Social Care policies and procedures. Therefore there is limited scope to amend procedures and therefore patient consultation has not been undertaken. Heads of Department have all been consulted on the policy.
9. What is the main purpose of the policy?	To reflect Government policy on Overseas Patients and outline the processes required and staff responsible for ensuring the Trust conforms to Government policy and recovers income as required.
10. What are the benefits of the policy and how will these be measured?	The policy will ensure the Trust is compliant with Government policy and that income is correctly recovered from the relevant entity or individual.
11. Is the policy associated with any other policies, procedures, guidelines, projects or services? <i>If yes, please give brief details</i>	The Overseas Patient policy is not specifically associated with other policies – but the implications of the Equality Act are considered within the policy.
12. What is the potential for discrimination or disproportionate treatment of any of the protected characteristics? <i>Please specify specifically who would be affected (e.g. patients with a hearing impairment or staff aged over 50). Please tick either positive, negative or no impact then explain in reasons and include any mitigation e.g. requiring applicants to apply for jobs online would be negative as there is potential disadvantage to individuals with learning difficulties or older people (detail this in the reason column with evidence) however applicants can ask for an offline application as an alternative (detail this in the mitigation column)</i>	

Protected Characteristic	Positive Impact (benefit)	Negative (disadvantage or potential disadvantage)	No Impact	Reasons to support your decision and evidence sought	Mitigation/adjustments already put in place
Age			None		
Sex			None		
Race		Potential disadvantage on the basis of race/nationality		The Government policies relates to non-resident people. This can impact on British and non-British citizens but there is a risk it could be interpreted as relating to non-British patients rather than non-resident patients.	The policy has covered this specific issue and is explicit in clarifying that resident/non-resident status is irrespective of nationality and race. It cites the provision of the Equality Act to ensure that the policy is applied consistently and fairly.
Religion or Belief			None		
Disability			None		
Sexual Orientation			None		
Pregnancy/maternity			None		
Gender Reassignment			None		
Marriage & Civil Partnership			None		
Other			None		

If you have identified no negative impact for all please explain how you reached that decision and provide reference to any evidence (e.g. reviews undertaken, surveys, feedback, patient data etc.)

13. Does the policy raise any issues in relation to Human Rights as set out in the Human Rights Act 1998? See *Guidance for more details (NB if an absolute right is removed or affected the policy will need to be changed. If a limited or qualified right is removed or affected the decision needs to be proportional and legal)*. See above

If you have identified negative impact for any of the above characteristics, and have not been able to identify any mitigation, you **MUST** complete Part 2, please see the full EIA document on the Equality and Diversity section of the Intranet and speak to [redacted] for further support.

Action	Lead	Timescales	Review Date
<p><u>Declaration</u></p> <p>I am satisfied this document/activity has been satisfactorily equality impact assessed and the outcome is:</p> <p>No major change needed – EIA has not identified any potential for discrimination/adverse impact, or where it has this can be mitigated & all opportunities to promote equality have been taken <input data-bbox="2007 611 2063 667" type="checkbox"/></p> <p>Adjust the policy – EIA has identified a need amend the policy in order to remove barriers or to better promote equality <i>You must ensure the policy has been amended before it can be ratified.</i> <input data-bbox="2007 727 2063 783" type="checkbox"/></p> <p>Adverse impact but continue with policy – EIA has identified an adverse impact but it is felt the policy cannot be amended. <i>You must complete Part 2 of the EIA before this policy can be ratified.</i> <input data-bbox="2007 831 2063 887" type="checkbox"/></p> <p>Stop and remove the policy – EIA has shown actual or potential unlawful discrimination and the policy has been removed <input data-bbox="2007 948 2063 1003" type="checkbox"/></p> <p>Name: _____ Date: _____</p> <p>Signed: _____</p>			

