



PATIENT ELIGIBILITY

FREQUENTLY ASKED QUESTIONS (FAQs) FOR PATIENTS

The following document outlines questions frequently asked by patients in relation to eligibility for publicly funded healthcare.

Who is eligible?

You can find a detailed guide at <http://www.moh.govt.nz/eligibility> but essentially almost everyone lawfully in New Zealand is eligible for publicly funded healthcare, including:

- New Zealand citizens and permanent residents
- Work permit holders here for two years or more
- Refugee and asylum seekers
- Australian citizens or residents who currently reside in Australia and who become acutely unwell while in New Zealand are eligible for publicly funded healthcare. Those who can demonstrate an intention to stay in New Zealand for at least two years also qualify for publicly funded elective treatment
- UK citizens who currently reside in the UK and who become acutely unwell while in New Zealand are eligible for publicly funded healthcare
- Anyone who has an accident in NZ could be entitled to an ACC cover.

The main groups who are not eligible are visitors and students, but even these groups have exceptions.

What is ADHB's eligibility policy?

ADHB is required by the Government to gather proof of eligibility status for publicly funded healthcare from each patient we see prior to treatment, or in the case of an emergency, as soon afterward as possible.

If a person is not eligible for publicly funded healthcare they will be charged by ADHB for their care.

Ineligible patients may not be able to receive elective care within the public hospital system unless there is capacity and the individual has paid in advance.

Please also note that eligibility status and treatment costs can only be finally determined by the ADHB finance department. No other ADHB staff members have the authority to determine this information on behalf of a patient.

Are there any exceptions?

The Ministry of Health has agreed that treatment of certain conditions are exempt, that is all patients are deemed eligible for:

- Sexual health services (first visit only unless for an exempt condition)
- Certain infectious diseases
- The provision of maternity related services to women where the father of the child is eligible.

What documents should I show to prove my eligibility?

You will need to show either:

- A photocopy of your passport (including all pages that have a NZ immigration stamp or sticker plus the photo page).

OR

- A photocopy of a New Zealand birth certificate (and marriage certificate if your last name has changed).

OR

- A photocopy of a New Zealand citizenship certificate.

OR

- A letter from immigration of acceptance of refugee status.

These are not required to be certified copies (i.e. signed by a Justice of the Peace). ADHB simply needs a photocopy of the document, without a covering letter. We want to make this as easy as possible for you.

What should I do if I don't have a passport or a birth certificate? What about a New Zealand driver's licence?

You can apply for a passport or request a copy of your birth certificate through the Government's Department of Internal Affairs – www.dia.govt.nz.

A New Zealand driver's licence is not proof that someone is a New Zealand citizen or permanent resident and therefore cannot be used to determine eligibility.

How should I provide ADHB with this information?

There are several ways that you can send your eligibility documentation to us:

- 1) By post to: Patient Eligibility Administrators, PO Box 2594, Shortland Street, Auckland.
- 2) By scanning the document and emailing it to patienteligibility@adhb.govt.nz. Please quote your NHI number in the subject line.
- 3) By fax to the eligibility team on 09 631 0765 or 09 623 4632. Please quote your NHI number on the top of each page.
- 4) Where an appointment has already been scheduled you may bring proof of eligibility to your **first** appointment and take it to the cashier's office on level 5 at Auckland City Hospital or to building 4, ground floor, Greenlane Clinical Centre.

Should I send in my eligibility documents now even if I'm not expecting to receive elective care?

No. When you access ADHB services you will be asked to provide proof of eligibility before you receive your appointment.

I have already shown my eligibility documents to my GP. Why do I have to do it again?

Unfortunately ADHB cannot rely on third party evidence, we must see proof ourselves.

I have already given proof of my eligibility documents to ADHB in the past, will I have to do this again?

No. If you have provided proof in the past and this was entered into the computer by the eligibility team then you will not need to show proof again. If ADHB has no record of your eligibility status we will write to you to request it. We apologise if you have provided this information in the past and it has not been recorded.

I was born in the ADHB region, why should I show my documents now?

This initiative has been introduced in the last three and a half years so patients who have been treated in the past may now be asked to provide documentation to prove their status.

We realise that people who were born in New Zealand and received healthcare in the past will find it frustrating and inconvenient to now provide their passport or birth certificate, but we must be fair and treat everyone equally.

By taking this approach New Zealand citizens, residents and those entitled to publicly funded healthcare, will help to ensure that free or subsidised healthcare is available to the people who are entitled to it.

Patients will only need to show us their documents once, as once details are loaded onto ADHB's computer system they will not need to provide these details again, no matter how many times they require treatment.

It should also be noted that people born in New Zealand after 2006 are not automatically New Zealand citizens.

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What happens if I turn up for an appointment and I forget to bring my proof of eligibility?

If you have not already sent ADHB your proof of eligibility documentation and then turn up for an appointment without it you are still entitled to attend that appointment.

You are however still required to prove your eligibility and should forward your eligibility documents to ADHB as soon as possible. Patients who do not prove their eligibility or who are found to be ineligible will be sent an invoice for the cost of their care.

When you attend an appointment without proof of eligibility reception staff will provide you with a proof of eligibility handout explaining these points.

No subsequent appointments will be scheduled until your eligibility has been proven.

Will I be turned away from the hospital if I am not eligible?

No one requiring urgent treatment will be turned away. If you require acute care you will always be treated. Proof of eligibility and payment will be sought from you after treatment has been received

If you are ineligible or are unable to provide proof, you will be sent an invoice for the cost of your care. If you later prove that you are eligible, the invoice will be credited.

If I want a non-urgent (elective) procedure and I am not eligible can I pay for the service/treatment I need?

Elective procedures for ineligible patients will be determined on a case by case basis. A decision whether or not to treat a patient depends on:

- a) Whether the service has spare capacity (i.e. no waiting list of eligible patients).
- b) The patient has paid in advance.

Both criteria need to be met before the patient is treated. Only senior hospital staff can make this decision.

If I am injured in an accident in New Zealand, will my hospital costs be covered?

New Zealand has a universal accident insurance scheme (ACC) that covers acute hospital care for most accidental injuries. However ACC does not cover all injuries, part charges may apply for some treatment, and the scheme also may not cover rehabilitation or repatriation.

The Government strongly recommends that people visiting, studying or working in New Zealand who are not eligible for publicly funded health and disability services should hold comprehensive travel insurance, including health insurance.

For more information on the ACC scheme visit their website - www.acc.govt.nz.

Why has my appointment been referred back to my GP?

When a GP refers you to hospital, we check whether your proof of eligibility has already been recorded with ADHB.

If we have no record of this, the eligibility team will write to you asking you to provide proof.

If we do not hear from you within seven days we will write again to advise you that we are cancelling your appointment and we are returning the referral to the GP.

If you are not eligible or we still do not hear from you we will write to your GP declining the referral.

Where can I go for more information?

The Ministry of Health provides a comprehensive guide to eligibility on their website www.moh.govt.nz/eligibility.

Alternatively if you have specific enquiries about proving eligibility for an appointment at ADHB please call the ADHB eligibility team on 09 630 9824 or email patienteligibility@adhb.govt.nz