



PUBLIC HEALTH SERVICES TO MEDICARE INELIGIBLE ASYLUM SEEKERS POLICY

DOCUMENT CONTROL

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POLICY STATEMENT

Medicare ineligible asylum seekers are to be provided full medical care including pathology, diagnostic, pharmaceutical and outpatient services in the ACT's public hospitals, as per Health (Fees) Determination 2007 (No 1). Patients receiving these services are not to be billed. This policy does not apply to ineligible persons who have a contract with a VMO.

Medicare ineligible asylum seekers are also to be given the same access as Health Care Card holders, to public dental and community health services (some of which may incur a cost).

PURPOSE

Most asylum seekers are Medicare eligible*. The purpose of this policy is to ensure that asylum seekers who are Medicare ineligible are not deterred from seeking medical care because of inability to pay fees. Not accessing health services can result in immediate health needs being denied (some of which could pose a public health threat), and uncomplicated health problems developing into chronic and more serious ones which could diminish opportunities for a healthy life. The intended outcome of this policy is that Medicare ineligible asylum seekers will not be deterred from seeking access to public hospital services for their health needs because of cost, nor denied access to dental and community health services.

*To be Medicare eligible the asylum seeker must;

- i) have an unfinalised application for a permanent residence via for migration and asylum, and
- ii) hold a valid visa with work rights in force.

DEFINITIONS

Asylum seeker-An asylum seeker is any person who:

- i) has a current request for protection that is being assessed by the Commonwealth Government or;

- ii) having been deemed by the Commonwealth as not being owed protection, is seeking either a judicial review through the courts or is making a humanitarian entrant claim.

Health Care card holder-a person who is the holder of a Centrelink issued Healthcare card.

Please note: Asylum seekers who have been granted a Permanent Protection Visa (PPV) or a Temporary Protection Visa (TPV) are Medicare eligible.

OPERATIONAL PROCEDURES

STEP 1-Determine Medicare *ineligibility*

- no Medicare card

Note: It may take up to 4 weeks or more to process an eligible asylum seekers Medicare card, therefore a Medicare eligible asylum seeker may know that they are eligible but present without a card. In this case eligibility should be confirmed through Medicare on:132011.

- NO WORK clearly stated on visa in passport or on evidence card

- ii) **Note:** *Some asylum seekers without work rights may be Medicare eligible if they are the spouse, child or parent of an Australian citizen or permanent resident. If DIMA has approved eligibility this can be confirmed through Medicare on 132011.*

If found to be ineligible proceed to Step 2→

STEP 2-Determine asylum seeker status-

- Evidence by Visa class (Bridging Visa E); or
- Evidence by receipt/letter from Department of Immigration and Multicultural Affairs (DIMA); or
- Evidence by supporting documentation from asylum seeker support group.

Note: Should you have problems establishing from the above documents whether someone has asylum seeker status, DIMA operates a national telephone service inquiry line on 131881 Monday to Friday from 9am to 4pm. Personal information cannot be divulged however they will be able to assist you with interpreting documents where asylum seeker status is unclear.

STEP 3-Determine if eligible for Asylum Seeker Assistance Scheme (ASAS).

Some asylum seekers are eligible for assistance through the ASAS for health care costs if they are Medicare ineligible. Most asylum seekers will be aware if they are eligible. The ASAS is administered by the Australian Red Cross Society on behalf of DIMA.

- If the patient identifies as receiving ASAS, this should be confirmed with the Red Cross (ph 02 6206 6015) who will confirm if they should

be billed on the patient's behalf. The Red Cross can also provide information regarding eligibility for this scheme.

Ongoing referral where appropriate-

Most Medicare ineligible asylum seekers will have had contact with a support agency. If however staff assess the patient as requiring additional supports, they are encouraged to make referral to an appropriate support agency such as Companion House-phone 62477227.

NOTE: Due to the absence of authenticating documentation and/or non identifying (as a Medicare Ineligible Asylum Seeker) on the part of the service recipient, unavoidable instances will occur when an invoice is raised for services because it is not apparent that a service recipient is a Medicare Ineligible Asylum Seeker. In such instances it will become apparent that the person is from the target group only when representation is made by the person (or by a support organisation), once the invoice has been received. In these instances the debt is to be waived.

LEGISLATION AND STANDARDS AND RELATED POLICES

1. On the Australian mainland claims by asylum seekers for protection are assessed against criteria set out in the 1951 United Nations Convention and 1967 Protocol relating to the status of Refugees, and Australian legislation.
2. The ACT's *Health Act 1933*-An Act relating to the provision of health services in the ACT.
3. ACT-Health (Fees) Determination 2007 (No 1) Disallowable Instrument DI2007-52 made under the *Health Act 1993*, s36.

CROSS REFERENCE AND FURTHER READING

DIMA-Fact Sheet 62-Assistance for Asylum Seekers in Australia.

<http://www.immi.gov.au/media/fact-sheets/62assistance.htm>

Australian Red Cross-Asylum Assistance Scheme

http://www.redcross.org.au/act/services_ASAS.htm