

Admitted Patient Election Processes for NSW Public Hospitals - Revised

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Summary Information to be given to patients so that informal election decisions are made by patients as to whether they want to be public or private patients.

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REVISED ADMITTED PATIENT ELECTION PROCESSES FOR NSW PUBLIC HOSPITALS

This circular rescinds previous advice contained in circulars 85/131 and that part of circular 85/184 that relates to patient elections.

It is a requirement of the Australian Health Care Agreement that agreed National Standards for Admitted Patient Election Processes be developed and maintained over the life of the Agreement (see circular 2001/30).

These standards have been developed and were endorsed by AHMAC on 23 February 2001. The AHMAC endorsement included an undertaking by Department CEOs to circulate the Standards to all public hospitals within their jurisdictions. The Standards are attached to this circular.

There are two major changes to current admitted patient election processes in NSW:

1. Alteration of elections by patients has been restricted to "unforeseen circumstances" (these are detailed in the attachments to this circular) whereas previously this was unrestricted.
2. Patients, who for one reason or another, do not make an election at or before admission (ie: a deferred election) will be classified and treated as public patients until a valid election is made. When an election is made it is to be considered to be for the whole episode of care commencing from admission. (Previously, patients in this situation with private health insurance were automatically classified as private until an election could be made).

Also attached to this circular is a proforma patient election information sheet. This outlines the minimum requirements for patient election processes and is to be used as the basis for hospital patient election documents.

All relevant hospital and Area staff should be notified of the revised procedures and Area and hospital CEOs need to ensure that local admitted patient election processes conform to these guidelines. A proforma election form is available if required.

Attachment 1: National Standards for Public Hospital Admitted Patient Election Processes

Attachment 2: Proforma Patient Election Information

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In accordance with the provisions incorporated in the Accounts and Audit Determination, the Board of Directors, Chief Executive Officers and their equivalents, within a public health organisation, shall be held responsible for ensuring the observance of Departmental policy (including circulars and procedure manuals) as issued by the Minister and the Director-General of the Department of Health.

NATIONAL STANDARDS FOR PUBLIC HOSPITAL ADMITTED PATIENT ELECTION PROCESSES

In accordance with the Australian Health Care Agreements (AHCAs) between the Commonwealth of Australia and the States and Territories, public hospital admitted patient election processes for eligible persons should conform to the following national standards:

ADMITTED PATIENT ELECTION FORMS

Admitted patient election forms can be tailored to meet individual State/Territory or public hospital needs. However, as a minimum, forms should include:

1. A statement that all eligible persons have the choice to be treated as either public or private patients. A private patient is a person who elects to be treated as a private patient and elects to be responsible for paying fees of the type referred to in Clause 57 of the Australian Health Care Agreements (Clause 58 for Northern Territory). This Clause states that “Private patients, compensable patients and ineligible persons may be charged an amount for public hospital services as determined by the State/Territory”.
2. A private patient may be treated by a doctor of his or her choice, and may elect to occupy a bed in a single room. A person may make a valid private patient election in circumstances where only one doctor has private practice rights at the hospital. Further, single rooms are only available in some public hospitals, and can not be made available if required by other patients for clinical reasons. Any patient who requests and receives single room accommodation, must be admitted as a private patient. (Note: eligible veterans are subject to a separate agreement).
3. A statement that a patient with private health insurance can elect to be treated as a public patient.
4. A clear and unambiguous explanation of the consequences of public patient election. This explanation should include advice that admitted public patients (except for Nursing Home Type Patients):
 - 4.1. Will not be charged for hospital accommodation, medical and diagnostic services, prostheses and most other relevant services;
 - 4.2. Are treated by the doctor(s) nominated by the hospital.
5. A clear and unambiguous explanation of the consequences of private patient election. This explanation should include advice that private patients:
 - 5.1. Will be charged at the prevailing hospital rates for hospital accommodation (whether a shared ward or a single room), medical and diagnostic services, prostheses and any other relevant services;

- 5.2. May not be fully covered by their private health insurance for the fees charged for their treatment and that they should seek advice from their doctor(s), the hospital, and their health fund regarding likely medical, accommodation and other costs and the extent to which these costs are covered; and
 - 5.3. Are able to choose their doctor(s), providing the doctor(s) has private practice rights with the hospital.
6. Evidence that the form was completed by the patient or legally authorised representative guardian before, at the time of, or as soon as practicable after admission. This could be achieved by the witnessing and dating of the properly completed election form by a health employee.
7. A statement that patient election status after admission can only be changed in the event of unforeseen circumstances. Examples of unforeseen circumstances include, but are not limited to, the following:
 - 7.1. Patients who are admitted for a particular procedure but are found to have complications requiring additional procedures;
 - 7.2. Patients whose length of stay has been extended beyond those originally and reasonably planned by an appropriate health care professional; and
 - 7.3. Patients whose social circumstances change while in hospital (eg. loss of job)
8. In situations where a valid election is made, then changed at some later point in time because of unforeseen circumstances, the change in patient status is effective from the date of the change onwards, and should not be retrospectively backdated to the date of admission.
9. It will not normally be sufficient for patients to change their status from private to public, merely because they have inadequate private health insurance cover, unless unforeseen circumstances such as those set out in Clause 7 apply.
10. A statement signed by the patient or legally authorised representative acknowledging that they have been fully informed of the consequences of their election, understand those consequences and have not been directed by a hospital employee to a particular decision.
11. A statement signed by admitted patients or their legally authorised representative who elect to be private, authorising the hospital to release a copy of their admitted patient election form to their private health insurance fund, if so requested by the fund. Patients should be advised that failure to sign such a statement may result in the refusal of their health fund to provide benefits.
12. Where admitted patients or their legally authorised representatives, for whatever reason, do not make a valid election, or actual election, these patients will be treated as public patients and the hospital will choose the doctor until such time

as a valid election is made. When a valid election is made, that election can be considered to be for the whole episode of care, commencing from admission.

MULTIPLE AND FREQUENT ADMISSIONS ELECTION FORMS

13. A State/Territory or hospital may develop a form suitable for individuals who require multiple or frequent admissions. The form should be for a specified period, not exceeding six months, and nominate the unit where the treatment will be provided. Further, the form should be consistent with the national standards and provide patients with the same information and choices as a single admission election form.

OTHER WRITTEN MATERIAL PROVIDED TO PATIENTS

14. Any other written material provided to patients that refers to the admitted patient election process must be consistent with the information included in the admitted patient election form. It may be useful to include a cross-reference to the admitted patient election form in any such written material.

VERBAL ADVICE PROVIDED TO PATIENTS

15. Any verbal advice provided to admitted patients or their legally authorised representatives that refers to the admitted patient election process must be consistent with the information provided in the admitted patient election form.
16. Admitted patients or their legally authorised representatives should be referred to the admitted patient election form for a written explanation of the consequences of election.
17. To the maximum extent practicable, appropriately trained staff should be on hand at the time of election, to answer any questions patients or their legally authorised representatives may have.
18. Through the provision of translation/interpreting services, hospitals should ensure, where appropriate, that admitted patients, or their legally authorised representatives, from non-English speaking backgrounds are not disadvantaged in the election process.

ADMITTED PATIENT ELECTION FORM INFORMATION FOR PATIENTS

PATIENT ELECTION

Australian residents and certain overseas visitors have the choice to be treated as either a public or private patient in NSW public hospitals. The basic principle involved in a patient making an election is that he or she should freely make an informed decision based on accurate information.

All eligible persons have the choice to be treated as a public (hospital non-chargeable) or private (chargeable) patient regardless of whether or not you have

private health insurance ie: you do not have to be treated as a private patient because you have private health insurance. However there are some differences between choosing to be treated as a public or private patient.

If you wish to be treated by a doctor nominated by you, for example a doctor who you have attended outside the hospital, you may do so by choosing to be admitted as a private (chargeable) patient under the care of that doctor (and any other doctors whom he/she may call into consultation to assist in your care).

You may select as your private doctor the medical practitioner on call and be admitted under the care of that doctor as a private patient.

Alternatively, you may choose to be admitted as a public (hospital non-chargeable) patient and the hospital will nominate a doctor or doctors to care for you.

A patient election form is to be completed by all admitted patients except those who have completed separate forms such as Declaration of Overseas Residence, or of Coverage by Workers Compensation, Third Party Insurance or Department of Veterans Affairs or other compensable Acts. It may be completed at the hospital or prior to that in your Doctor's surgery.

By completing an election form you are making an election (choice) to be admitted as a public or private patient. Your election may only be changed as a result of unforeseen circumstances. Your choice will affect which doctor treats you while you are in hospital and the fees, if any, you will be responsible for paying.

It should be noted that even though you complete an election form as an eligible patient, if you are later found to be eligible for compensation under Workers Compensation, Third Party insurance or under any other type of arrangement (and therefore not eligible under Medicare arrangements), you will be reclassified as compensable and be charged accordingly.

You should also make sure you are familiar with your rights and responsibilities as a patient of a NSW public hospital. This information is contained in the pamphlet "You and Your Health Service" which is available from your local public hospital or Area Health Service.

The election is to be completed by you (the patient) or on your behalf by a responsible person that is legally entitled to make decisions about your health care (usually spouse, parent or other relative). When you have completed the form it must be witnessed by a hospital employee (eg: admission clerk) who will certify this on the form.

A. Private (Chargeable)

- You will have a private contract for care by the doctor selected and with other doctors, whom you and he/she select to assist in your care. These doctors will charge you for services rendered. You will also be charged for all diagnostic and pathology services

- Your post-discharge care will ordinarily be carried out by the doctor you have selected in his or her consulting rooms.
- You will be able to claim on Medicare for all medical expenses incurred including diagnostics and pathology. Medicare will refund 75% of Schedule Fee for any single service. If the doctor charges over the schedule fee you will be liable to pay the difference from your own pocket. The private health funds offer a cover for the 25% Medicare gap for those patients so insured.
- You will be charged for prostheses. The private health funds will meet these charges in most instances if basic hospital cover is held.
- You will be charged by the hospital at the Standard Ward rate for shared accommodation or the Single Room rate for single accommodation (if available and if requested) or one of four day only rates depending on type of treatment. Your private health insurance fund will cover you for all, or a substantial part, of the hospital's charges depending on your level of insurance cover.
- If you have private health insurance you should seek advice, prior to admission, from your fund, your doctor and the hospital to confirm the extent to which your health fund will cover all your costs. You will be responsible for meeting those costs not covered by your health insurance.
- It should be noted that hospitals will provide copies of your election form to your private health insurance fund should they request it. If you have any objection to this occurring please notify the hospital. However you should be aware that failure to provide this may result in your health fund not paying benefits for your treatment.

B. Public (Hospital Non-Chargeable)

- You will be treated by a doctor or doctors nominated by the hospital and you will not be charged personally for medical or hospital services.
- Post-discharge care may be carried out in an outpatient clinic or a doctor's rooms depending on circumstances.

C. Deferred Election

Generally speaking, a patient should fill out an election at or before admission. There are two exceptions to this policy:

- a) emergency admissions after hours in hospitals where staff are not available to organise the completion of the election form until the following working day.
- b) should a patient be unable to make a valid election at the time of admission because of:

- unconsciousness
- impaired consciousness
- severe pain
- dementia
- shock
- inability to speak English
- not being accompanied by a responsible relative
- the unavailability of staff to classify the patient
- or other reasons that may inhibit informed decisions.

The process of classification may be deferred until the patient or a responsible relative can complete the process of election.

Patients unable to make an election at the time of admission will be classified as public and treated by a doctor chosen by the hospital until a valid election can be made.

When a valid election is made such an election shall be retrospective to the time of admission to the hospital.

D. Alteration of Election

A valid election can only be changed in the event of unforeseen circumstances. These include but are not limited to:

- Patients who are admitted for a particular procedure but who are found to have complications requiring additional procedures
- Patients whose length of stay has been extended beyond those reasonably planned by an appropriate health care professional
- Patients whose social circumstances change while in hospital for instance a change in income status resulting in an inability to meet hospital and medical bills

Where a valid election is changed as a result of unforeseen circumstances, the change in status will only be from the date of change onwards. It is not to be retrospectively backdated.

Please note that inadequate private health insurance cover will not normally be considered sufficient reason to alter your election status from private to public. You should check you level of cover with your fund prior to admission and completion of your election.