

PROCEDURE INFORMATION DOCUMENT

CDDFT PROCEDURE FOR OVERSEAS VISITORS

Reference Number	REC 26
Title	CDDFT Procedure for Overseas Visitors
Version number	9
Document type	Trust Wide Procedure
Original Policy Date	January 2007
Date published	January 2007
Approving body	Patient Services Team
Originating Directorate	Patient Access and Choice
Scope	Trust Wide
Last Review Date	October 2017
Next Review Date	October 2020 or when applicable
Reviewing body	Patient Booking Senior Team
Reviewer	J. Crampton, K Fryer, G Scorer, A Makin.
Document Owner	J. Crampton
Equality impact assessed	Yes
Date superseded	
Status	
Confidentiality	Management in Confidence / Staff in Confidence / Commercial in confidence / Unrestricted
Keywords	Overseas, Resident, Visitor, Reciprocal Agreement, NHS Costs

Reception Procedure Note	Document Ref: REC 26.0
	Version: 9.0
Subject: Overseas Visitors	
Author: JC/GS/AM/KF	Date: October 2017

Guidance:

1. To establish if patients are eligible to free NHS healthcare treatment. This includes any person of any nationality, including UK, not ordinarily resident in the United Kingdom.
2. Where a person is claiming exemption from charges it is their responsibility to prove that they are entitled to treatment without charge.
3. Any chargeable patient must be charged upfront prior to receiving routine treatment.

Standard:

1. All NEW attendances to be asked on entry to hospital for either a non-elective or emergency inpatient admission or a NEW outpatient attendance.
2. Interview to be carried out immediately after notification received by ward or reception.

Outpatient Attendances

For all NEW patients

All NEW patients will receive a pre-attendance form (appendix 1), which they need to complete and bring to their attendance.

ON SITE / DURING NORMAL WORKING HOURS

Receptionist to check form on arrival. If the patient has not completed the pre attendance form then receptionist to give them the form to complete at the desk and sign. If the patient is unable to complete the form receptionist is to complete the form with the patient ensuring that Nationality is completed in either box 1 or box 2.

- If the patient ticks/indicates that they hold or are eligible to hold a UK/EU passport and usually live in the UK, no further action is required. This includes those who tick/indicate they have been absent from the UK for a holiday only.
- If the patient ticks/ indicates they hold or are eligible to hold a UK/EU passport but do not usually reside in the UK OR they tick/indicate they have been absent from the UK during the last 12 months for reasons other than holiday OR they tick/indicate that they are a Non-EEA national, please check scratchpad to see if their Overseas Visitor status has been recorded. If no information on scratchpad or if visa/BRP has expired please contact a designated Overseas Interviewer.

The interviewer (or another trained member of staff) will assess whether an interview is necessary by checking eCaMIS (secondary, overseas visitors section and scratch pad), the NHS Spine and the OSV spreadsheet. Where necessary an interview will be carried out immediately. All relevant OSV status/BRP/Visa/ILR/EHIC/Health Surcharge information should be added to eCaMIS and the NHS spine following interview.

If a patient is deemed chargeable then the patient must be given an estimate of the cost of their treatment and payment requested. If the appointment is urgent or immediately necessary patients should still be given cost of treatment, but informed treatment will not be withheld. For routine appointments see below.

Upfront Charging for Routine Attendances

Please see procedure R38.

OFF SITE/OUT OF OFFICE HOURS

No designated interviewer on site or out of office hours

Receptionist to check pre-attendance form on arrival. If the patient has not completed the pre-attendance form then receptionist to give them the form to complete at the desk and sign. If the patient is unable to complete the form receptionist is to complete the form with the patient ensuring that Nationality is completed in either box 1 or box 2.

- If the patient ticks/indicates that they hold or are eligible to hold a UK/EU passport and usually live in the UK, no further action is required.
- If the patient has indicated they have been absent from the UK for a holiday only, no further action is required.
- If the patient ticks/ indicates they are an EEA national but do not usually reside in the UK they should be asked to provide a European Health Insurance Card (EHIC) from their country of residence. If they do not have an EHIC card, they should be asked to provide a Provisional Replacement Certificate (PRC). If the patient cannot provide an EHIC or PRC they must be advised they are liable to charges for any NHS treatment they receive.
- If the patient ticks/ indicates they hold or are eligible to hold a UK/EU passport, but do not usually reside in the UK OR they tick/indicate they have been absent from the UK in the last 12 months for reasons other than holiday OR they tick/indicate they are a Non-EEA national, please check scratchpad to see if their Overseas Visitor status has been recorded. If no information on scratchpad or if visa/BRP has expired, a member of staff must complete a Record of Interview form (appendix 2) with the patient and gather the necessary evidence.
- The patient must be informed that they may be liable to charges for any NHS treatment they receive and that they may be contacted if further evidence is required. Those who have not brought any documentation to their appointment should be given a checklist stating what documents they need to provide. They should be asked to provide this within 10 days and this should be stated on the Record of Interview form.

If it is clear during the interview that the patient is chargeable, the patient must be informed they are liable for the full cost of all treatment provided and the Overseas Visitors Undertaking to Pay form (appendix 3) must be completed. Where a patient

confirms they are covered by medical insurance, the insurance section on the Insurance and Payment Details form (appendix 4) must also be completed. Those patients covered by insurance should be asked to contact their insurer prior to treatment where appropriate or immediately after treatment to ensure the treatment is covered by their insurance policy.

A deposit of £500 should be requested as an interim payment from all chargeable patients including those covered by medical insurance. If the patient is paying the deposit by credit or debit card, check the signature on the card (master card or visa) against the signature on the 'Undertaking to Pay' form and complete the card details section on the Insurance and Payment Details of the Patient or Person Undertaking to Pay form (appendix 3). If no card is available, the patient must be asked for the deposit in cash. The receipt of cash payment form (appendix 8) must be completed with a witness and given to the patient on receipt of the cash deposit. A copy of the receipt along with the cash received should be placed in a secure location until it can be deposited with the cashiers. A copy of the receipt should also be placed kept with all completed documentation.

All completed documentation including debit/credit card details must be forwarded to the Overseas Visitors team as soon as possible after the appointment so that they can process the information in line with the Overseas Visitors Hospital Charging Regulations and arrange for any card deposits to be taken. All card deposits should be processed immediately on receipt of the relevant documentation and card details destroyed securely once payment has been debited. All cash deposit must be taken to the cashier's office as soon as they next open. If there is no cashiers' office onsite, a senior member of the Overseas Visitors Team should be contacted to arrange collection of the deposit.

All chargeable patients must be informed that they will be invoiced directly for the cost of all treatment received including those covered by an insurance policy. It is for the patient to seek payment/reimbursement of any invoice directly with their insurer.

If it is clear a patient is chargeable and they are unable to pay a £500 deposit, the clinician should be contacted to establish whether treatment will be given without advance payment. The clinician must be asked to consider the urgency of any treatment required and complete the Request for Advice from Clinician form (appendix 5) stating whether they intend to provide treatment. The patient should be advised of the clinician's decision. Where it has been confirmed that treatment will be provided without advance payment, the patient must be informed that treatment is not to be provided free of charge and that they will receive an invoice following treatment.

For all REVIEW patients

ON SITE AND OFF SITE AT ALL TIMES

Receptionist to email a member of the Overseas Visitor Senior Team when booking in a review patient who has an overseas visitor or OSV awaiting evidence comment field on eCAMIS. On receipt of the email, the Overseas Visitor Team member (OVT) must check the patient on eCaMIS (secondary, overseas visitors section and scratch pad), the NHS Spine and the OSV spreadsheet to assess patient's chargeable status at the time of attendance. Where applicable, the OVT should contact the patient requesting evidence to determine current status.

Ward Patients

For all ADMITTED patients

NON ELECTIVE/EMERGENCY ADMISSIONS

When completing the Emergency Care Assessment Document it asks, “Has the patient lived in the UK for the last 12 months” - Nursing staff must ask this question when clerking the patient and also ask “do you usually live in the UK and do you hold or are you eligible to hold a UK/EU passport”.

- If the patient indicates that they hold or are eligible to hold a UK/EU passport, usually live in the UK and have not lived outside of the UK during the last 12 months then no further action is required.
- If the patient indicates they have lived outside of the UK in the past 12 months OR do not usually live in the UK OR they do not hold and are not eligible to hold a UK/EU passport, a member of the OVT should be contacted immediately during office hours or out of office hours as soon as a member of the OVT is available during office hours.

The Overseas Visitor Team member will assess whether an interview is necessary by checking eCaMIS (secondary, overseas visitors section and scratch pad), the NHS Spine and the OSV spreadsheet. Where necessary an interview will be carried out as soon as possible. All relevant OSV status/BRP/Visa/ILR/EHIC/Health Surcharge information should be added to eCaMIS and the NHS spine following interview.

ELECTIVE ADMISSIONS

If when completing admission documentation the patient notifies the nursing staff they do not live in the UK, the nursing staff should notify the Overseas Visitors Team the patient is a potential overseas visitor. The Overseas Visitors Team should check whether an interview is necessary by checking eCaMIS (secondary, overseas visitors section and scratch pad), the NHS Spine and the OSV spreadsheet. Where necessary an interview will be carried out. All relevant OSV status/BRP/Visa/ILR/EHIC/Health Surcharge information should be added to eCaMIS and the NHS spine following interview.

Emergency Departments/Urgent Care Centres

For all EMERGENCY AND WALKIN patients

All emergency departments and urgent care centres must ask all patients on arrival “do you usually live in the UK and do you hold or are you eligible to hold a UK/EU passport”.

- If the patient indicates that they hold or are eligible to hold a UK passport and usually live in the UK, no further action is required.
- If the patient indicates they hold or are eligible to hold an EU passport and normally live in the UK they must be asked if they hold a non-UK European Health Insurance Card (EHIC). If they do not, no further action is required. If they do, a Notification of Overseas Visitors form (appendix 9) should be completed and sent to the Overseas Visitor Team along with a copy their EHIC.
- If the patient indicates they hold or are eligible to hold a UK/EU passport but do not usually reside in the UK a Notification of Overseas Visitors form (appendix 9) should be completed and sent to the overseas visitor team. The patient must be asked if they hold a European Health Insurance Card from their country of residence and a copy of this should be sent along with the Notification of Overseas Visitors form.
- If the patient indicates they do not hold and are not eligible to hold a UK/EU passport a Notification of Overseas Visitors form (appendix 9) should be

completed and sent to the overseas visitor team.

Physiotherapy, Podiatry, X-ray, Medical Physics patients

For all NEW & REVIEW patients

On arrival for an appointment department staff should ask the patient “do you usually live in the UK and do you hold or are you eligible to hold a UK/EU passport”.

- If the patient indicates that they hold or are eligible to hold a UK/EU passport, usually live in the UK and have not lived outside of the UK during the last 12 months then no further action is required.
- If the patient indicates they have lived outside of the UK in the past 12 months OR do not usually live in the UK OR they do not hold and are not eligible to hold a UK/EU passport, a member of the Overseas Visitor Team should be contacted immediately before the patient receives treatment.

The Overseas Visitor Team member will assess whether an interview is necessary by checking eCaMIS (secondary, overseas visitors section and scratch pad), the NHS Spine and the OSV spreadsheet. Where necessary an interview will be carried out. All relevant OSV status/BRP/Visa/ILR/EHIC/Health Surcharge information should be added to eCaMIS and the NHS spine following interview.

Designated Overseas Interviewer-

ON SITE / DURING NORMAL WORKING HOURS

On notification of a potential overseas visitor, the designated overseas interviewer should assess whether an interview is necessary by checking eCaMIS (secondary, overseas visitors section and scratch pad), the NHS Spine and the OSV spreadsheet. Where an interview is necessary, the OVT member must attend the department/ward and carry out an interview with the patient. The Record of Interview form (appendix 2) should be completed and documentary evidence requested to determine whether NHS charges are applicable.

- If evidence available at interview indicates the patient is exempt from charges or is covered by a valid EHIC/S1/S2, the relevant documentation should be gathered and the patient notified they will not be charged for this treatment.
- If evidence available at interview indicates the patient is chargeable, the patient must be informed they are liable for the full cost of all treatment provided and the Overseas Visitors Undertaking to Pay form (appendix 3) completed with the patient. Where a patient confirms they are covered by medical insurance, the insurance section on the Insurance and Payment Details of the Patient or Person Undertaking to Pay form (appendix 4) must also be completed. Those patients covered by insurance should be asked to contact their insurer prior to treatment where appropriate or immediately after treatment to ensure the treatment is covered by their insurance policy. The overseas interviewer should contact the Overseas Visitor Senior Team to calculate the cost of treatment. Every effort should be made to obtain payment or a deposit in the period before treatment starts. Non Urgent or elective treatment should not begin until full payment or a deposit equivalent to the full estimated cost of care is received before treatment commences. The card machine should be used where possible to take payment

or the cashiers' office. If this is not possible contact Finance with card details. Urgent treatment should always be provided to any person, even if deposits have not been secured.

If the patient is paying the full amount or a deposit by credit or debit card, check the signature on the card (master card or visa) against the signature on the 'Undertaking to Pay' form (appendix 3) and complete the card details section Credit card payment details (appendix 4). The overseas visitor co-ordinator to contact finance to raise an invoice to present to the patient when taking the payment. If no card is available, the patient should be asked for the full amount or deposit in cash. The receipt of cash payment form (appendix 7) must be completed with a witness and given to the patient on receipt of the cash deposit. A copy of the receipt along with the cash received should be deposited with the cashiers. If there is no cashiers' office onsite, the Overseas Visitor Co-ordinator or Overseas Visitor Manager should be contacted and will arrange to collect the deposit. A copy of the receipt should also be kept with all completed documentation. All chargeable patients must be informed that they will be invoiced directly for the balance of all treatment received, including those covered by an insurance policy. It is for the patient to seek payment/reimbursement of any invoice directly from their insurer. If the patient is unable to pay in full or a deposit but has insurance completed the Insurer and Payment Details form (appendix 10). The clinician should be contacted to establish whether treatment will be given without advance payment. The clinician must be asked to consider the urgency of any treatment required and complete the Advice from Doctors form (appendix 5) stating whether they intend to provide treatment. The patient should be advised of the clinician's decision.

- If the patient is unable to provide evidence during their interview, a check list (appendix 6) should be completed and given to the patient stating what evidence is required. The patient should be asked to provide this within 10 days and be notified that they will be deemed chargeable if they fail to provide the requested information. All documentation should be held in a pending folder to await receipt of the requested evidence. If no evidence is received within 10 days, all documentation should be sent to the Overseas Visitor Senior Team to chase.

OFF SITE/OUT OF OFFICE HOURS

On receipt of documentation completed off site or out of office hours, the designated interviewer should review the completed Record of Interview form (appendix 1) and evidence provided to determine whether charges are applicable.

- If the patient was unable to provide evidence during their interview, a check list (appendix 6) would have been completed with the patient advising what evidence is required. All documentation should be placed in a pending folder to await receipt of the requested evidence. If no evidence is received within 10 days, all documentation should be sent to the Overseas Visitor Senior Team to chase.

All documentation for those patients who are exempt from charges should be stamped and status indicated on the paperwork. The patient should be notified they are exempt either during interview or by letter for those interviewed off site/out of office hours. All documentation should be forwarded to the Overseas Visitor Senior Team for scanning in to the patient's electronic record.

All completed documentation for chargeable patients and those who hold a valid EHIC/S1/S2 document should be forwarded to the Overseas Visitor Senior Team. This

must be done as soon as possible after the appointment so that they can process the information in line with the Overseas Visitors Hospital Charging Regulations and arrange for any card deposits to be taken using the card machine if possible. All card deposits should be processed immediately on receipt of the relevant documentation and card details destroyed securely once payment has been debited. All cash deposits must be taken to the cashier's office immediately by the interviewer following receipt. If there is no cashiers' office onsite, the Overseas Visitor Co-ordinator or Overseas Visitor Manager should be contacted and will arrange to collect the deposit.

The overseas visitor spreadsheet must be completed following all interviews and all systems updated appropriately with status information.

Overseas Visitor Senior Team

All documentation received should be processed by the Overseas Visitor Senior Team in line with the Department of Health's Guidance on implementing the overseas visitor hospital charging regulations 2017 within 1 week of receipt. The overseas visitor spreadsheet and all systems must be updated appropriately with status information.

EXEMPT PATIENTS

All paperwork received for those determined as exempt by the designated interviewer should be scanned into the overseas visitors section of the patient's electronic record. Once scanned, the paperwork should be destroyed securely.

Where evidence requested by the Overseas Visitor Senior Team is received and shows the patient is exempt from charges, a letter should be sent to the patient advising they are exempt. All documentation should then be stamped and an exemption reason added. All completed documentation should be scanned into the overseas visitors section of the patient's electronic record. Once scanned, the paperwork should be destroyed securely.

NO EVIDENCE RECEIVED

A final reminder letter should be sent to those patients who have failed to provide evidence as requested by the designated interviewer. The letter should state that the patient has 10 days from the date of the letter to send in their evidence. All documentation should be placed in a pending folder to await receipt of the evidence. If the patient has indicated they are from a Non EEA country and no documents have been received then an Evidence and Enquiry Request form (appendix 9) should be sent to the UK Border Agency to determine residency status. If no evidence is received, a letter should be sent to the patient informing them they are chargeable.

CHARGEABLE

On receipt of documentation for patients who have been deemed chargeable, the Overseas Visitor Senior Team should review the documentation to identify whether the patient has paid a deposit. If no deposit has been paid, the co-ordinator should ensure a Request for Advice from Doctor/Dentist form has been completed by the clinician to confirm if treatment will be given. Where a deposit has been paid or the clinician intends to give treatment without advanced payment, the OVST should review the attendance details to determine whether the patient has been discharged/treatment complete or if the patient is still an inpatient/treatment on-going. If the patient's treatment is not complete or they are still an inpatient, the paperwork should be placed in the pending folder and

should be monitored until treatment is complete or the patient has been discharged. Upon discharge/completion of treatment, the Co-ordinator should collate the total cost of treatment provided to the patient and complete a fees template including details of any deposit already paid. The fees template should be sent finance as soon as possible to after completion of treatment/discharge for an invoice to be raised.

European Health Insurance Card (EHIC)/ PRC

On receipt of documentation for patients who are covered by and have provided a valid EHIC/PRC, the co-ordinator should collate all fees and complete a fees template. The EHIC/PRC details, dates of treatment and fees to be charged should be updated onto the portal and submitted once completed.

S1/S2

On receipt of documentation for patients who are covered by and have provided a valid S1 or S2 document, the co-ordinator should contact the Department of Work and Pensions who will record this on their system and process as appropriate.

Appendices:-

Appendix 1	Pre-attendance form
Appendix 2	Record of interview
Appendix 3	Overseas Visitors Undertaking to Pay
Appendix 4	Insurance and Payment Details
Appendix 5	Request for Advice from Doctor/Dentist
Appendix 6	Check list
Appendix 7	Receipt of cash payment
Appendix 8	Emergency Department/Urgent Care Notification
Appendix 9	Evidence and Enquiry Request



Appendix 3 Undertaking To Pay vCard payment detailsoverseas visitor interv



Appendix 4 Credit



Appendix 2 -



Appendix 5 Advice from Doctors April 201



Appendix 6 Check list.docx



Appendix 7 Receipt of Cash Payment.docx



Appendix 8 Emergency Departme



Appendix 9 Evidency
and Enquiry Request.x



Appendix 10 Insurer
details.docx

Glossary REC 26.0

Document Control Information

Version control table

Date of issue	Version number	Status
January 2007	Version 0.0	Draft
January 2007	Version 1.0	Approved
July 2009	Version 2.0	Approved
February 2011	Version 3.0	Approved
October 2012	Version 4.0	Approved
February 2014	Version 5.0	Approved
May 2015	Version 6.0	Approved
June 2016	Version 7.0	Approved
November 2016	Version 8.0	Approved
October 2017	Version 9.0	Approved

Table of revisions

Date	Section	Revision	Author
July 09	All	Reviewed by LH/BH	
February 11	All	Reviewed by JC/LH/JA/AC/DW/KE	JC
October 12	All	Reviewed by JC/DW/AC	JC
February 14	All	Reviewed by JC/AC	JC
May 15	All	Reviewed by JC	JC
June 16	All	Reviewed by JC/AC	JC
November 16	All	Reviewed by JC/AC/KF	AC
October 17	All	Reviewed by JC/GS/KF/AM	JC