

 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p>	<p><b>PRIVATE PATIENTS IN DHB FACILITIES – MANAGEMENT AND ADMINISTRATION PROCEDURES</b></p>	<p><b>Policy 6.10.1 Protocol 2</b></p>
<p><b>PRIVATE PATIENTS PROTOCOL</b></p>		

## STANDARDS TO BE MET

### 1. Referrals And Clinic Bookings

- 1.1 When a referral has been received for a private patient, the patient's details should be recorded on the Patient Management System (WebPAS) in the same manner as a DHB patient except that the patient's private status requires the purchaser code to be set up as 06 as opposed to 13 for DHB patients.
- 1.2 The clinic list should show all private patient appointments as either before the clinic start time (in which case there should be sufficient time set aside so that the DHB clinic is not affected) or after the clinic end time. Any private patient seen within the DHB clinic time will be deemed to be an emergency case and should be noted as such by the Referral Centre. The clinic administrator should report all such emergency cases to the Outpatient Manager and the Private Patient Co-ordinator.

### 2. Private Patient Admission

- 2.1 On receipt of the 'Notification of Private Patient' form (PP1), from the Consultant, the Private Patient Co-ordinator should query with the Consultant any details that are unclear and then send out an 'Undertaking to Pay' form (PP2) to the patient. The patient must be advised of procedures and treatment to be received and be provided with an estimate of total charges so that a deposit / financial guarantee may be obtained where appropriate.
- 2.2 The patient should be made aware that if his / her treatment is expected to be covered by medical insurance the DHB must obtain a pre-authorisation from their insurer in advance of their treatment / admission. It is therefore essential that all their insurance details are provided either on the 'Undertaking to Pay' form (PP2) or in an attachment to the form.
- 2.3 It should be made clear to the patient that the completed and signed 'Undertaking to Pay' form (PP2) should be returned to the Private Patient Co-ordinator in advance of their admission. The Private Patient Co-ordinator should provide the Consultant a copy of the completed form when they receive it. ***The Consultant should not provide any services to the patient until they are in receipt of / or have been notified by the Private Patient Co-ordinator that they are in receipt of the completed signed form.***
- 2.4 As soon as the Private Patient Co-ordinator has contacted the insurance company as to the level of cover, they must make both the patient and the Consultant aware of the extent to which the patient is covered. Any potential issues with regard to cover should be resolved before any treatment or procedure goes ahead.

### 3. Private Patient - Outpatient Appointment

- 3.1 On receipt of the 'Notification of Private Patient' form (PP1) from the Consultant, the Private Patient Co-ordinator should query with the Consultant any details that are unclear and then send out an 'Undertaking to pay' form (PP2) to the patient. The patient must be advised of estimated total charges so that a deposit / financial guarantee may be obtained where appropriate.
- 3.2 The patient should be made aware that if their treatment is expected to be covered by medical insurance the patient must obtain pre-authorisation from their insurer before attending their appointment.
- 3.3 It should be made clear to the patient that the completed and signed 'Undertaking to pay' form should be brought along to their appointment along with their insurance details if the patient is not a self-pay. If pre-authorisation is not supplied by their insurer it is likely the patient status will revert to self-pay.

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3.4 The Consultant should not provide any services to the patient until they are in receipt of the completed, signed form.

**4. Private Patient Outpatients - Clinic Times**

Refer to clinic rules in Protocol 1, page 3, Section 3 ~ Clinic Session Rules for treatment of Private Patients on DHB premises.

**5. Private Inpatients / Daycases - Theatre Sessions**

**5.1 Session Times**

Refer to clinic rules in Protocol 1, page 3, Section 3 ~ Clinic Session Rules for treatment of Private Patients on DHB premises.

**5.2 Session Rules**

- a) Private patients can only ever attend DHB sessions where there is excess capacity or in clinically justified circumstances. Such cases will be deemed urgent. The above circumstance is not expected to occur on a regular basis. The Medical Director as well as the Business Leader should be notified in writing (letter or e-mail) of the circumstances as soon as they become known to the Consultant. Any potential requirement for ICU should be notified in writing to both the Service Medical Leader and Nurse Leader.
- b) Refer to Protocol 1, sections 1(a) & 1(b).
- c) If a DHB patient's theatre session is cancelled as a result of the patient being unfit / unable to attend for whatever reason, then all means necessary should be taken to fill the slot with another DHB patient. Cancelled DHB patient slots must not be filled with private patients.
- d) It is the responsibility of the Consultant to ensure that necessary arrangements are made for the attendance of a private patient (use of room, any special equipment, anaesthetic requirements etc). All patient details must be passed on to the Private Patient Co-ordinator to ensure the patient details are correctly set up on WebPAS.

**6. Private Patient Co-ordinator Responsibilities**

6.1 To notify the Insurance Company within 48 hours of any incident relating to a patient's treatment undertaken in the DHB that meets the following criteria:

- a) Unexpected mortality, unexpected transfer between hospitals, untoward incidents where the patient has suffered physical harm or injury;
- b) Any material incident which may be a source of dispute between the patient and the hospital;

6.2 From time to time new practices emerge. Until the insurance companies have agreed that they will pay for treatments using such new methodology, eligibility cannot be confirmed.

**7. Bed Management**


There must be spare capacity beyond that required for services to public patients, that is the:

- 7.1 level of publicly-funded service already meets or exceeds any service guidelines set out by the MOH.
- 7.2 private involvement must not interfere with service provision for publicly funded patients, and must not compromise the drive to reduce waiting times for elective surgery.

**8. Long Stay Private Patients**

8.1 The Private Patient Co-ordinator will notify the insurance company as soon as practically possible when any patient is expected to need to remain in hospital for

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longer than the authorised period by the insurance company. The insurance company should reply in writing to either confirm eligibility for treatment or request a medical report.

- 8.2 When the medical report has been received by the insurance company, an authorisation for the additional stay and associated expenses should be obtained by the Private Patient Co-ordinator.
- 8.3 Where authorisation has not been given by the insurer the Private Patient Co-ordinator should advise the patient and the Consultant that the patient is personally liable for the remaining costs of treatment.

## 9. Transfer Of Private Patients

- 9.1 If a private patient is transferred to another medical establishment, they will be expected to pay for any transport costs incurred by the DHB.
- 9.2 Except in emergency cases, staff must inform the Private Patient Co-ordinator of the details concerning such a transfer, in advance of its occurrence.

## 10. Change Of Status Form

- 10.1 Before a patient can change their status they must first complete a 'Change of Status' form (PP3) which must be signed by the Consultant, the patient and the Private Patient Co-ordinator. Unless a change of status form has been correctly completed and signed the patient's change of status will not be recognised by the DHB.
- 10.2 One copy of the change of status form should be filed with the patient's case notes; another copy should be kept by the Private Patient Co-ordinator for logging and cross-referencing with WebPAS and the patient's records. A further copy should be given to the Ward Clerk or Administrator of the department providing services to the patient immediately after the change of status. This is so that the patient's details can either be set up on WebPAS (if the patient is new to the DHB) or updated on WebPAS (if the patient has already received services in the DHB).
- 10.3 All change of status must be recorded on WebPAS. The Private Patient Co-ordinator must check that the providing department's administrator has correctly recorded the change of status on WebPAS and contact the relevant department where it has not been.
- 10.4 Where the DHB is seeking pre-authorisation in order to be able to invoice for items that would not otherwise be eligible, then the insurance company must be faxed the request and return a faxed confirmation that authorisation has been given.

## 11. Arranging Tests, Investigations Or Prescriptions For Private Patients (DHB Premises) - Requirements

- 11.1 The Consultant must ensure that the private patient status is clearly marked on all requests for Physiotherapy, Dietetics, Orthotics, Occupational Therapy, Clinical Imaging and Pathology of any type. Also any Pharmacy requests for Private Patients must be clearly marked 'private'. The Consultant must sign all request forms.
- 11.2 Consultants should not arrange services, tests, investigations or prescriptions for private patients until the patient has signed an 'Undertaking To pay' form (PP2) where the required service, test, investigations or prescription is clearly listed on the form.
- 11.3 All services supplied should be updated against the patient's record in WebPAS.
- 11.4 Copies of all request forms should be sent by the providing department to the Private Patient Co-ordinator at the end of each day for reconciling with the

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‘Undertaking to pay’ form (PP2). Any anomalies between the request form and the ‘Undertaking to pay’ (PP2) form should be queried in the first instance with the providing department and then with the Consultant if the anomaly cannot be resolved.

## REFERENCES

- Ministry of Health Operational Policy Framework 2011-2012

## ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 6.10.1 Private Patients
- Bay of Plenty District Health Board policy 6.10.1 protocol 1 Private Patients In DHB Facilities - Principles & Standards
- Bay of Plenty District Health Board policy 6.10.1 protocol 3 Private Patients – Payment Procedures
- Bay of Plenty District Health Board Form FM.P13.1 Private Patient - Notification (PP1)
- Bay of Plenty District Health Board Form FM.P13.2 Private Patient - Undertaking to Pay (PP2)
- Bay of Plenty District Health Board Form FM.P13.3 Private Patient - Change of Status (PP3)

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