

Eligibility Information for Referrers

July 2020

Summary of Eligibility Criteria

Canterbury SCL is contracted by the local DHB to provide laboratory testing to patients in the community where the person is a New Zealand citizen or otherwise eligible for funded health services and the testing meets eligibility criteria. Eligibility for testing is determined by patient eligibility (for example/ a non-NZ resident), test eligibility (for example/ immigration testing) and referrer eligibility (for example/ wellness testing provider). As per the Ministry of Health, it is the responsibility of the referrer to identify patient/testing that does not fit the Ministry of Health criteria for eligibility and state this at the time that testing is being requested. Should the laboratory identify cases where the testing/patient is not eligible the episode will be billed to the referring practice.

Ministry of Health Guidance

Being eligible gives a person the right to be considered for publicly funded (i.e. free or subsidised) health or disability services. There is no automatic entitlement to receive any particular service, as various criteria need to be met. Each person must meet the eligibility criteria in their own right to be considered for the full range of publicly funded health and disability services. The eligibility of a person's partner, for example, does not automatically give the subject person the same eligibility.

Checking the eligibility of patients is the responsibility of the healthcare providers who administer government-funded care (medical centres, etc.). People can expect to be asked to prove their eligibility, especially if the provider is seeing them for the first time. Passports, visa documentation, travel date confirmation, etc. must be sighted by the person's healthcare provider (medical centre, hospital, etc.) as proof of eligibility.

Once a person is found to be eligible (i.e. they meet the criteria to be considered for funded services), the patient's condition, diagnosis, prognosis, circumstances, etc. are checked against the funding criteria to determine whether the patient is entitled to receive the appropriate and available funded service. When the medical practitioner or provider has confirmed the patient is eligible, and meets the relevant funding criteria, the practitioner will refer the patient for the funded service required. The service provider (radiologist, test lab, etc.) is able to accept the medical practitioner's referral without question, and with the confidence of knowing the practitioner has already checked whether the patient is eligible. Each referral should be annotated by the medical provider to confirm whether the patient is being referred for a funded service.

Non-eligible persons may still access the required healthcare services, including emergency services, but need to be aware they will be charged for the costs of the healthcare services provided. The Ministry of Health, and District Health Boards, do not hold a pre-set list of chargeable fees, as conditions, treatments, situations are all variable. Non-eligible patients are advised to ask their selected healthcare providers about the likely costs of assessment and/or treatment, and available payment methods. We recommend people who do not meet the eligibility criteria take out comprehensive medical and travel insurance. As New Zealand's public health system is not an insurance-based system, there are no requirements around the insurance company a person signs up with, nor Government preferences for any particular insurance company.

For more information, see key links below:

[Guide to Eligibility for Publicly Funded Health Services](#)

[Checking Eligibility for Publicly Funded Health and Disability Services](#)

[Health and Disability Services Eligibility Direction 2011](#)