

# Residents and Non-residents Charging Policy

Effective from: August 18<sup>th</sup> 2014

## DOCUMENT PROFILE

<b>Document Registration</b>	Registration number to be added after ratification
<b>Document Purpose</b>	To set parameters for Residents and Non-Residents eligibility for access to Health and Social Services care and treatment
<b>Short Title</b>	Residents and non-residents charging policy
<b>Author</b>	Assistant Director, Policy, Communications & Ministerial Support
<b>Publication Date</b>	August 18 <sup>th</sup> 2014 (updated to policy previously issued on January 1 <sup>st</sup> 2011)
<b>Target Audience</b>	All HSSD service users
<b>Circulation List</b>	All HSSD staff
<b>Description</b>	Defines Eligibility for free treatment and care by the States of Jersey Health and Social Services Department. Explains when charges will be imposed.
<b>Linked Policies</b>	Patient Travel Policy Charges Appeals Policy Terms of Reference
<b>Approval Route</b>	<b>Chief Executive/Ministerial Approval</b>
<b>Review Date</b>	1 year from approval
<b>Contact Details</b>	<a href="mailto:health@.gov.je">health@.gov.je</a>

REGISTRATION NUMBER:

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## INTRODUCTION

This updated interim policy supersedes the policy introduced in January 2011 and all previous policies relating to the provision of treatment and care to Jersey residents, non-residents and overseas visitors.

This policy applies to all services provided by the Health and Social Services Department. It does not apply to treatment or care provided by General Practitioners, other private healthcare providers, nor by other States Departments (including Social Security).

This policy does not define or list chargeable services where the charge is applicable to all service users, including Jersey residents eligible for free health care.

The Department will not be responsible for the provision or funding of care and/or treatments and/or drugs or equipment which fall outside its policies.

This policy may be subject to change at any time. Eligibility for services will be assessed under the policy in force at the time that treatment and/or care is provided.

## PURPOSE OF THE POLICY

The policy sets out who is eligible for access to free<sup>1</sup> services from the Health and Social Services Department.

Its primary purpose is to deter people travelling to Jersey with the intent of accessing free<sup>1</sup> health care and treatment and to ensure that free<sup>1</sup> access to the Department's services is an appropriate, fair and reasonable use of States funds

It takes account of external agreements – including Reciprocal Health Agreements in place between Jersey and other countries – and provides for appropriate exemptions to charges.

This policy has been developed with a view to ensuring the best interests of Jersey residents and taxpayers are taken into account, placing significant emphasis on the expectation that those receiving free<sup>1</sup> care and treatment are making an ongoing social and/or economic contribution to the Island.

**It is the responsibility of an individual to check with the Health and Social Services Department to ensure they have the accurate information in assessing their eligibility – either as a resident or visitor – for access to free health care and treatment.**

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<sup>1</sup> All services provided by the Health and Social Services Department are free to persons who meet the conditions outlined within this policy unless the treatment or service is chargeable to all eligible Jersey residents.

## THE POLICY

### 1. EMERGENCY HOSPITAL TREATMENT

The Health and Social Services Department (the Department) will provide **emergency** hospital treatment in the Emergency Department free<sup>1</sup> of charge to anyone who needs it.

For **visitors not covered by an existing Reciprocal Health Agreement (RHA) and non-residents**<sup>2</sup> this free<sup>1</sup> treatment is limited to emergency acute care provided in the Emergency Department.

It does not include:

- any treatment or services provided elsewhere in the hospital or in the community
- any treatment or accommodation provided as part of an onward treatment and/or care package
- repatriation following emergency treatment, unless the transfer is considered part of the necessary emergency acute care response

Further urgent care for visitors covered by a current RHA is restricted to the provisions made within the individual agreement.

### 2. NON-EMERGENCY HOSPITAL TREATMENT

The Department will provide hospital based treatments and services free<sup>1</sup> of charge to anyone who, at the time of treatment:

- is listed in Appendix 1 **AND**
- is ordinarily resident<sup>3</sup> in Jersey and has been for the whole 6 month consecutive period immediately prior to seeking treatment in Jersey **AND**
- is in possession of a valid health card<sup>4</sup> **AND**
- can provide evidence<sup>5</sup> that they have been in paid regular employment in Jersey throughout this period **OR** in receipt of a pension or other income that is subject to assessment by the Jersey Tax Office, throughout this period

**OR**

- is ordinarily resident<sup>3</sup> in Jersey **AND**
- currently holds an individually allocated “Licensed”<sup>6</sup> status

**OR**

- is ordinarily resident<sup>3</sup> in Jersey **AND**
- has Permanently Entitled<sup>7</sup> status **AND**
- is employed in Jersey

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<sup>2</sup> See Section 8 for Definition of a Visitor

<sup>3</sup> See Appendix 1 for description of ordinary residents potentially eligible for free treatment or care

<sup>4</sup> Health cards are available from the Social Security Department. They entitle the holder to a discount on the fees charged by GPs. A Health Card alone does not entitle you to free services provided by Health and Social Services

<sup>5</sup> See Appendix 5 for information relating to evidence of eligibility

<sup>6</sup> “Licensed” category status is only granted in the case of employees who are deemed to be essential to the Island; The Population Office administers the Laws that relate to Licensed” employment and is the first point of contact in relation to queries about “Licensed” status. This eligibility status does not cover a person employed as a result of a company being granted a licence to employ non-qualified staff.

<sup>7</sup> Permanently Entitled status refers to a person who is Entitled **and** who meets further conditions under the Control of Housing and Work (Jersey) Law 2012 and regulations. Proof of status can be obtained from the Social Security Department

**OR**

- is ordinarily resident<sup>3</sup> in Jersey **AND**
- has Permanently Entitled<sup>7</sup> status **AND**
- has paid tax and social security contributions (or has been liable for Jersey Tax and Social Security contributions assessment), for a minimum of 30 years **AND**
- is currently in receipt of a pension or other income that is liable for Jersey tax assessment.

**OR**

- is listed in Appendix 1 **AND**
- is ordinarily resident<sup>3</sup> in Jersey and has been for the whole 12 month consecutive period immediately prior to seeking treatment in Jersey **AND**
- is in possession of a valid health card<sup>4</sup>

If a person is qualified for eligibility for free<sup>1</sup> treatment, their eligibility is extended to their **ordinarily resident**<sup>3</sup> spouse/registered civil partner<sup>8</sup> providing the spouse/registered civil partner :

- ordinarily lives with the person who is eligible for free<sup>1</sup> health care **AND**
- is to remain living in Jersey (evidence of intent to remain resident in Jersey is required) **AND**
- does not ordinarily live elsewhere

If a person is qualified for eligibility for free<sup>1</sup> treatment, their eligibility is extended to their **ordinarily resident**<sup>3</sup> dependent child/children providing the dependent child/children:

- is/are under the age of 18, or under 21 but still in full-time education
- ordinarily live with the person who is eligible for free<sup>1</sup> health care **AND**
- are to remain living in Jersey (evidence of intent to remain resident in Jersey is required) **AND**
- do not ordinarily live elsewhere

Eligibility does not extend – under any classification or category – to other family members, for example parents, siblings, cousins etc. or friends, even where the family member is considered a ‘dependent’.

All members of extended family and/or friends must qualify as ordinarily resident<sup>3</sup> in their own right to qualify for access to free<sup>1</sup> health services.

Evidence of residency in all cases is required with the exception of the exemptions listed in Appendix 3.

### **3. RECIPROCAL HEALTH AGREEMENTS**

Emergency and urgent medical care and treatment is provided to any visitor to Jersey who qualifies under the terms of an existing Reciprocal Health Agreement.

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<sup>8</sup> Proof of Civil Partnership Registration will have to be provided before eligibility will be confirmed

Free<sup>1</sup> health care for visitors under this category is restricted to the limitations included in the agreement and does not qualify a visitor to access all free health services beyond this care. A Reciprocal Health Agreement covers visitors for a period not exceeding 3 calendar months after arrival in Jersey. Anyone who remains in the island beyond that time will be classified as a non-qualified resident, and costs for any health care and treatment incurred until such time as they qualify under current ordinarily resident rules.

Responsibility for ensuring an appropriate Reciprocal Health Agreement is in place before travelling to Jersey as a visitor rests with the individual.

It is important to note that Jersey is not a member of the European Union and, as such, the **EH1C is not valid, and does not provide health cover or access to free treatment in Jersey**

Where no RHA exists, or an individual remains in Jersey beyond the 3 calendar month statutory limitation on any RHA, it is the responsibility of that person to ensure they have sufficient and appropriate medical insurance, or other arrangements, to cover the costs of any health treatment that may be needed.

Jersey residents visiting countries with which the island has an existing RHA, are subject to the same rules and regulations and it is important to check health arrangements in any country to be visited – including where there is currently an RHA in place – before travelling.

A list of Countries with which an existing Reciprocal Health Agreement is in place is shown at Appendix 3

#### **4. NON-RESIDENTS & NON-RHA ELIGIBLE VISITORS**

A visitor is classified as someone who has been visiting Jersey as a non-resident for a period not exceeding three calendar months. If you have been visiting Jersey for longer than three months at the time you require treatment or you normally live in a country where no Reciprocal Health Agreement exists, eligibility for access to free health care in Jersey is limited to emergency treatment, through the Accident and Emergency Department.

#### **5. LONG-TERM CARE**

Long Term Care in Jersey is governed by the Long-Term Care (Health and Social Services Charges) (Jersey) Law 201- which regulates:

Any person aged 18 and over, assessed as requiring long-term care and in receipt of long-term care services provided or procured by the Department, will be charged under the Long-Term Care (Health and Social Services Charges) (Jersey) Law 201-.

Under the Law, all adults are able to request assistance with long-term care costs through the Long-Term Care Scheme, which is administered by the Social Security Department.

A person receiving long-term care under specific areas of the Mental Health Law will not be charged by the Department.

The Health and Social Services Department may provide long-term care free of charge to anyone who is under 18 providing the child:

- Has been ordinarily resident in Jersey for a minimum period of 5 years immediately prior to requiring treatment AND
- Is in possession of a valid health card

**OR**

- is ordinarily resident in Jersey AND
- whose parent or legal guardian is currently in “Licensed Employment”

**OR**

- Is entitled to free non-emergency hospital treatment (as outlined in section 2) AND
- Has previously lived in Jersey for a consecutive period of at least 10 years

**OR**

- is ordinarily resident in Jersey AND
- whose parent or legal guardian currently has Permanently Entitled status AND
- whose parent or legal guardian is employed in Jersey

Full details of the Long Term Care Scheme, including benefits available, can be found at [www.gov.je/Benefits/LongTermCare](http://www.gov.je/Benefits/LongTermCare) or by emailing [longtermcare@gov.je](mailto:longtermcare@gov.je) or telephone (01534) 445505.

Evidence of residency is required. Exemptions are listed in Appendix 3.

The five-year eligibility rule does not apply to costs associated with medication/treatment of long term acute conditions such as Diabetes and Rheumatoid Arthritis, which will fall under the 6 month/12 month eligibility criteria (see Sections 1-2 of the policy)

## **6. CARE DURING PREGNANCY AND BIRTH**

Pregnant women will only be eligible for free<sup>1</sup> maternity, birth and postnatal care and treatment if they are eligible for free<sup>1</sup> non-emergency hospital treatment (as outlined in Section 2)

Once the baby is born in Jersey it will be eligible for free<sup>1</sup> care and treatment, regardless of whether the parents are, or are not, eligible for free<sup>1</sup> care and treatment, providing:

- (a) that the mother can provide evidence to demonstrate that neither she, nor her unborn baby, had any previously-diagnosed condition that may result in the baby requiring specialist care **AND**
- (b) that baby and parent(s) are to remain living and working in Jersey. Evidence of the intent to remain in Jersey is required

If the child should leave the island for any period that extends to three consecutive months, within the first 10 years of its life, normal qualification requirements for access to free<sup>1</sup> health care (as outlined in Sections 1-2 above) will apply.

Parents who are not eligible for free<sup>1</sup> non-emergency hospital treatment (as outlined in Section 2), and who cannot provide evidence of their intention to remain living and working in Jersey, will be liable for all costs incurred for maternity and care for their baby under the 6/12 month rules.

## **7. GOING TO THE GP OR DENTIST**

General Practitioners (local Doctors) and Dentists in Jersey are all privately run practices and are not part of the Health and Social Services Department. Fees for GP/Dentist appointments, treatments and/or test are not covered by this Policy, nor under the regulations of any existing Reciprocal Health Agreements.

## **8. PAYMENT FOR TREATMENT**

Anyone who is not eligible for free<sup>1</sup> services, as outlined in Section 1 to 4 above, may be treated, but will be required to pay for all treatment and related health services expenses, up until the point at which they qualify as ordinarily resident<sup>3</sup>

This includes:

- anyone who is unable, due to the circumstances of their condition, to consent at the appropriate time to the treatment and the associated charges and/or
- where a family member consents to treatment, and the associated charges on a patient's behalf, in the event that the patient is unable to consent

The Health and Social Services Department has a reciprocal Data Sharing Agreement with the Social Security Department and will, in some circumstances, seek to check and share information about a patient to establish their right – or otherwise – to free<sup>1</sup> health care as outlined in Section 2 to 4 above.

However, it remains the responsibility of the patient, or their parent/guardian, to provide the necessary evidence to prove eligibility for free<sup>1</sup> healthcare, in the event of any dispute over eligibility.

## **9. TRAVEL COSTS**

The Department will pay for flights and other travel costs for those patients eligible for free healthcare, in accordance with the Department's travel policy, and only for patients eligible for free<sup>1</sup> hospital treatment.

The Department will not pay for any other patient transport (including repatriation) and will recharge the cost of any travel booked to the patient. Neither will the Department pay for any relative(s) and/or friend(s) seeking to accompany a patient when being transferred, except in certain exceptional circumstances – e.g. where the patient is a child.

Details are outlined in the Health and Social Services Travel Policy<sup>9</sup>.

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<sup>9</sup> Copies of the Travel Policy can be obtained from the Travel Office at the General Hospital (01534 442323), or downloaded at [www.gov.je/health](http://www.gov.je/health)



## 10. DISPUTED CHARGES AND EXCEPTIONAL CIRCUMSTANCES

Every patient has a right to appeal, in the event they dispute any charge(s) levied upon them. The Resident and Non-Resident Charging Policy (RNRCP) allows for hospital charges to be waived in exceptional circumstances, and it is the role of the Charges Appeals Panel (The Panel) to decide whether or not an individual case warrants the granting of a special exemption to charges.

The Charges Appeal Panel is made up of:

- the Assistant Minister for Health and Social Services (Chair, with Decision-making rights)
- the Director of Finance, or his/her nominated representative
- the Medical Officer of Health, or his/her nominated representative
- The Deputy Director of Commissioning (or nominated representative)

In some particularly complex cases, the Panel can call on other experts, including Consultants and other Clinicians, Corporate Directors, Departmental Officers and other Specialists to advise them.

The Decision, however, rests solely with the Chair of the Panel and charges can only be waived in exceptional circumstances.

Appeal grounds that may be considered for exemption can include where a patient:-

- disputes the charges levied upon them under the terms of the RNRCP
- falls outside the terms of the RNRCP but is seeking exemption on the basis of exceptional personal, medical or mitigating circumstances
- claims eligibility under the terms of the RNRCP, but this claim is potentially contestable
- can argue that strict application of the RNRCP would not meet a test of fairness and reasonableness

The aim of the Panel is to make fair, transparent decisions which balance an individual patient's needs and circumstances against the need to ensure adherence to eligibility criteria, without which Jersey's tax payers and other patients are potentially disadvantaged.

It sets out:

- ❑ to ensure the Resident and Non-Resident Policy (RNRCP) and Reciprocal Health Agreements Policy (RHA) are implemented appropriately
- ❑ to prevent Health Tourism – in the context of access to States-funded Health Services by non-qualified individuals
- ❑ to ensure fairness and reasonableness in the setting of charges for Health Care provision to non-qualified patients

**Appeals must be submitted in writing<sup>10</sup> within 30 days** of the date of the contested invoice(s) and the Patient must write to:

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<sup>10</sup> An appeals submission form is available from the Income Manager, Health and Social Services, Peter Crill House, Gloucester Street, St Helier JE1 3QS, telephone: 01534 444495 or email: [patientfinance@health.gov.je](mailto:patientfinance@health.gov.je)

Patient Liaison Officer  
(Charges Appeals Panel)  
Minister for Health and Social Services Office  
4<sup>th</sup> Floor Peter Crill House  
Gloucester Street  
St Helier, Jersey, JE1 3QS

Email: [a.aubert@health.gov.je](mailto:a.aubert@health.gov.je)

When writing, the patient must:

- provide full patient details including:
  - residential/visitor status
  - the date they took up residency in Jersey/arrived in Jersey (evidence of travel/residency if required)
  - usual place of residency (if not Jersey)
  - date of birth
- Clearly set out the grounds on which they are appealing the charge and why they believe an exemption to charges should be made. **Financial hardship, alone, will not be accepted by the Charges Appeals Panel as sufficient grounds for exemption to charges.**
- set out all pertinent facts for example: the date of admission and/or treatment received, details of any related pre-existing conditions/treatment that may be relevant to the appeal claim
- detail any special circumstances
- provide evidential material, including copies of documentation (e.g. marriage certificate, travel documents etc) that may support the grounds for appeal

The patient is responsible for providing all the necessary information, details and evidence to support their claim against charges. In considering an appeal, the Department may write to a patient requesting further information.

The Charges Appeals Panel (the Panel) will not, however, take responsibility for contacting third party agencies, insurance companies or employers to seek evidence or information to support an appellant's claim.

In the event the necessary evidence is not forthcoming, the Panel will make a decision based on the information it has received, and may be required to make assumptions about circumstances where evidence to prove otherwise is unavailable or unproven.

A representative may write on behalf of a patient. In this instance, the appeal submission must also include:

- a letter, signed and dated by the patient, authorising their nominated representative to correspond on their behalf, discuss the details of their case with the appropriate Health and Social Services Department representatives and, where necessary, to disclose personal information about them

**OR**

- a completed copy of the patient representative consent form which can be downloaded from [www.gov.je/health](http://www.gov.je/health)

**OR**

- Power of Attorney

## **11. ELIGIBILITY FOR STATES BENEFITS**

It is important to note that different States Departments will have individual criteria for assessing qualification for States Benefits, e.g. Social Security, Housing, Education etc. Qualification for one Department does not necessarily ensure or define eligibility for benefits available through a separate States Department.

**It is the responsibility of an individual to check with the Health and Social Services Department to ensure they have the accurate information in assessing their eligibility – either as a resident or visitor - for access to free health care and treatment.**

**Advice sought or given by other departments or individuals may not be up to date or accurate and such advice will not be accepted as grounds for hospital charges to be waived or, as exceptional circumstances in support of an appeal.**

Further information on eligibility and healthcare charges is available by contacting the Health & Social Services Finance Department on 01534 444495 or email: [patientfinance@health.gov.je](mailto:patientfinance@health.gov.je)

## APPENDICES

### APPENDIX I: People Potentially Eligible for Free<sup>1</sup> Health Care and Treatment

Access to free health services is limited to individuals who meet the definition of ordinarily resident<sup>3</sup> **together with** the criteria outlined in Sections 2 to 4 of this Policy

For the purposes of this policy, the Department will regard nationals listed below as being able to qualify as ordinarily resident once the qualification criteria has been met.

1	<ul style="list-style-type: none"> <li>• A British citizen or a national of another member state of the European Economic Area (EEA) or</li> <li>• A Swiss national who is legitimately employed in Jersey.</li> </ul> <p><b>EEA members (as at January 2010)</b></p> <table border="1"> <tr> <td>Austria</td> <td>Guernsey ( and Alderney)</td> <td>Netherlands</td> </tr> <tr> <td>Belgium</td> <td>Hungary</td> <td>Norway</td> </tr> <tr> <td>Bulgaria</td> <td>Iceland</td> <td>Poland</td> </tr> <tr> <td>Cyprus</td> <td>Ireland</td> <td>Portugal</td> </tr> <tr> <td>Czech Republic</td> <td>Isle of Man</td> <td>Romania</td> </tr> <tr> <td>Denmark</td> <td>Italy</td> <td>Slovakia</td> </tr> <tr> <td>Estonia</td> <td>Latvia</td> <td>Slovenia</td> </tr> <tr> <td>Finland</td> <td>Liechtenstein</td> <td>Spain</td> </tr> <tr> <td>France</td> <td>Lithuania</td> <td>Sweden</td> </tr> <tr> <td>Germany</td> <td>Luxembourg</td> <td>United Kingdom</td> </tr> <tr> <td>Greece</td> <td>Malta</td> <td></td> </tr> </table>	Austria	Guernsey ( and Alderney)	Netherlands	Belgium	Hungary	Norway	Bulgaria	Iceland	Poland	Cyprus	Ireland	Portugal	Czech Republic	Isle of Man	Romania	Denmark	Italy	Slovakia	Estonia	Latvia	Slovenia	Finland	Liechtenstein	Spain	France	Lithuania	Sweden	Germany	Luxembourg	United Kingdom	Greece	Malta	
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Finland	Liechtenstein	Spain																																
France	Lithuania	Sweden																																
Germany	Luxembourg	United Kingdom																																
Greece	Malta																																	
2	A Commonwealth citizen, currently in employment in Jersey, who has permission from the Customs and Immigration Service to remain in Jersey																																	
3	A person, currently in employment in Jersey under a work permit issued by the Customs and Immigration Service																																	
4	A person who maintains his or her principle accommodation in Jersey, in which he or she resides, subject to the qualification criteria outlined in Sections 1-2 of this Policy.																																	

## APPENDIX 2: Former Jersey Residents returning to live in Jersey

Former Jersey residents, who are returning to live permanently in Jersey, having lived or worked elsewhere for **5 years or more**, **will not be eligible for free<sup>1</sup>** care or treatment unless they qualify under Sections 1 to 4 of this Policy, or fall within the exemptions listed in Appendix 3.

**Permanently Entitled Jersey residents**, returning to live and work in Jersey, will be required to prove their eligibility to free<sup>1</sup> health care by providing proof of employment or other Jersey tax-assessed income and residential status

Former Jersey residents, who are returning to Jersey to live after **less than 5 years away**, will only be eligible for free<sup>1</sup> care or treatment – as outlined in Sections 1-4 - if they can provide evidence that they had previously lived in Jersey for a minimum of 10 continuous years at some point prior to treatment.

All former Jersey residents, requested by the Department to prove their eligibility to free<sup>1</sup> health care in accordance with this policy, will need to provide evidence they intend to permanently reside in Jersey, as opposed to visiting Jersey, even if that visit is for an extended period of time, **AND** proof of their residential status in accordance with the Control of Housing and Work (Jersey) Law 2012 and regulations.

Proof of residential status can be obtained from the Social Security Department.

### Patients entitled to, or in receipt of, Income Support

It is important to note that entitlement to, or receipt of Income Support from the Social Security, **does not** indicate an automatic eligibility for access to free treatment and/or care through the Health and Social Services Department.

While Social Security will issue a Health Card to a person who has accumulated a total of six month residency in Jersey over any period of time, eligibility for free<sup>1</sup> health services requires that a person is ordinarily resident<sup>3</sup> in Jersey for a minimum period of six consecutive months immediately prior to requiring treatment.

It is the **responsibility of an individual to check** with the Health and Social Services Department to ensure they have the **accurate information** in assessing their qualification – either as a resident or visitor - for access to free health care and treatment.

Further information on eligibility and healthcare charges is available by contacting the Health & Social Services Finance Department on 01534 444495 or email: [patientfinance@health.gov.je](mailto:patientfinance@health.gov.je)

### APPENDIX 3: Countries with which Jersey has a Reciprocal Health Agreement (RHA) for Visitors to Jersey

Emergency and urgent medical care and treatment is provided to anyone who qualifies under the terms of a Reciprocal Health Agreement.

Free<sup>1</sup> health care for visitors under this category is restricted to the limitations included in any individual agreement\* and is valid for a maximum period not exceeding 3 calendar from the date of arrival in Jersey.

A person visiting Jersey for a period which extends beyond three months, is classified as a non-resident and, as such, not covered by any existing RHA, at which point qualification criteria, as set out in Sections 1-4 of this policy will apply.

It is important to note that the limitations under individual RHAs are specific to the country.

\*Details of current RHAs can be found on the Social Security website

1.	Australia
2.	Austria
3.	Barbados
4.	France
5.	Guernsey and Alderney
6.	Iceland
7.	Isle of Man
8.	New Zealand
9.	Norway
10.	Portugal
11.	Sweden
12.	UK (England, Wales, Scotland, Northern Island)

#### Definition of a Visitor for RHA Purposes

The definition of a Visitor, for the purposes of eligibility to receive free health care and/or treatment under a Reciprocal Health Agreement, may include a person who is visiting Jersey for leisure or business purposes.

1. It does **not include** any person who has registered with Social Security Department and has a Jersey Social Security number. It is deemed that registering with the Department shows 'intent to reside in Jersey' as opposed to just 'visiting', even if that intent to reside may be on a short term basis
2. It does **not include** any person who was employed in Jersey and paid by a Jersey employer (by definition, any such person should, in any event, be registered with the Social Security Department)

Any person who is employed in a country with which Jersey has a reciprocal health agreement, but is temporarily deployed in Jersey will be defined as a Visitor, providing their period of deployment does not exceed 3 calendar months. If their contract of services in Jersey is for more than 3 calendar months, they will fall outside the RHA, regardless of whether they return to the UK or other RHA-designated country for weekend visits, holidays etc.

## APPENDIX 4: Exemptions to Charges

The following individuals (their spouse/registered civil partner and/or dependent children who are ordinarily resident<sup>3</sup> with them – as determined by the criteria in Section 2 of this Policy) are automatically exempt from restrictions outlined in Section 2.

- Members of the Consular Corps accredited to Jersey.
- A member of the UK armed forces who was, immediately prior to enlisting, ordinarily resident<sup>3</sup> in Jersey.
- A member of the UK armed forces who sustained injury or ill health as a result of their active service, regardless of whether they had previously been resident in Jersey
- A member of another nations' Armed Forces or Emergency Service who is on official duty in Jersey at the time treatment is required (confirmation of their official capacity must be received from an appropriate Jersey Liaison Officer)
- A full time student at an institution (not in Jersey) who was, immediately prior to starting at that institution, ordinarily resident<sup>3</sup> in Jersey
- A prisoner detained in prison or by the Customs and Immigration Service in Jersey
- Any individual living and working abroad (not including in the UK) in the following capacities who was ordinarily resident<sup>3</sup> in Jersey immediately prior to taking up their work:
  - A member of diplomatic staff working in an embassy
  - Staff working for the British Council or Commonwealth War Graves Commission
  - A missionary (paid or unpaid) working for an organisation principally based in Jersey
  - An aid worker (paid or unpaid) working for a recognised charitable organisation

The following individuals will also be eligible for free health care and treatment:

- Those in need of immediate compulsory psychiatric treatment under the Mental Health (Jersey) Law 1969
- Those requiring treatment for certain conditions and contagious diseases<sup>11</sup>

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<sup>11</sup> The Health and Social Services Department applies NHS regulations on contagious diseases that would be eligible for free treatment and care. The list (as confirmed at the time of publication) is attached at Appendix 6

## APPENDIX 5: Evidence of Eligibility

It is the responsibility of the patient to provide proof in order for the Department to establish a patient's eligibility for free<sup>1</sup> health care. Failure to provide evidence will result in charges being applied.

While all patients will be required to present a valid health card this, in itself, is not sufficient evidence that a patient has been ordinarily resident<sup>3</sup> in Jersey for the required period and meets the conditions for eligibility for free<sup>1</sup> health care. For example, a valid health card demonstrates six cumulative month's residency in Jersey, but not necessarily the **6/12 consecutive months** immediately prior to seeking treatment that is required to meet the criteria for access to free<sup>1</sup> health care.

Evidence of eligibility must include proof of identity, verification of residency and, in some circumstances, proof of birth/marriage. This may include, but is not limited to, a combination of:

- Registration Card (for work and housing)
- Passport or national identity card
- Birth, Marriage and Civil Partnership Registration certificates
- pay slips
- employment contract/work permits
- tax returns and tax notices
- Pension income notices
- Social Security payments
- rental contracts
- utility bills and bank statements
- school attendance record



## APPENDIX 6: Medical Exemptions

### Sexually Transmitted Infections

With the exception of HIV, treatments for all sexually transmitted infections are exempt from charges

HIV testing and counselling will be provided free of charge. However, all subsequent clinical treatment, including the provision of drugs, is chargeable up until the point that an individual has been continuously ordinarily resident<sup>3</sup> in Jersey for six consecutive months immediately prior to requiring treatment and/or medication.

Note: immediately necessary or urgent treatment for HIV will not be delayed while eligibility or entitlement is confirmed.

### Diseases to which Public Health Enactments Apply

Acute encephalitis	Mumps
Acute poliomyelitis	Ophthalmia neonatorum
Amoebic dysentery	Paratyphoid fever
Anthrax Bacillary	Rabies
Dysentery	Rubella
Diphtheria	Scarlet fever
Leprosy	Tetanus
Leptospirosis	Tuberculosis
Malaria	Typhoid fever
Measles	Viral haemorrhagic fever
Meningitis	Viral hepatitis
Meningococcal Septicaemia (without meningitis)	Whooping cough
	Yellow fever

### Notifiable Diseases

Cholera  
Food poisoning  
Plague  
Relapsing fever  
Smallpox  
Typhus PART II

### Food Poisoning and Food-Borne Infections

Salmonella infections  
Staphylococcal infections likely to cause food poisoning

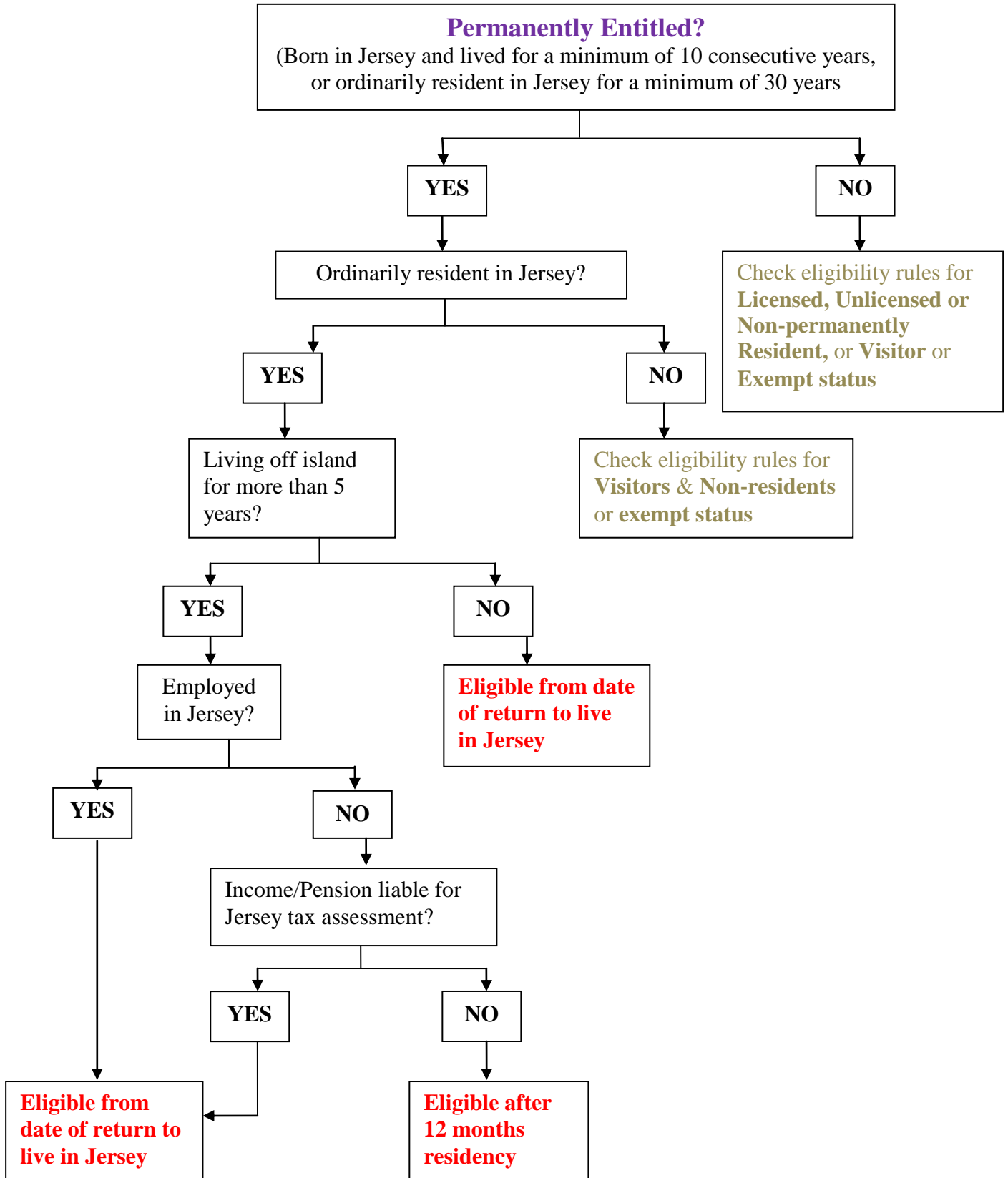
### Other Diseases

Severe Acute Respiratory Syndrome (this does **not** include COPD)  
Pandemic influenza (influenza caused by a new virus subtype that has an increased and sustained transmission during a global outbreak of influenza)

**APPENDIX 7: Eligibility Status Flowcharts**

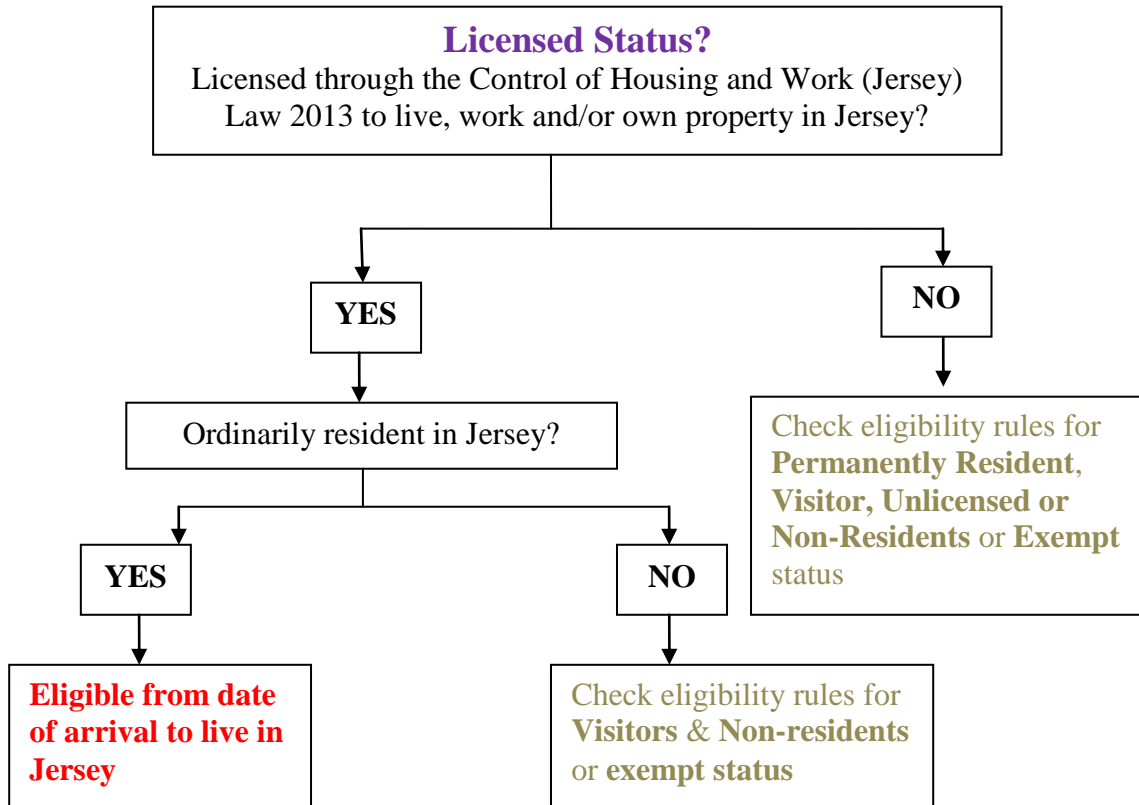
**1. PATIENT CHARGES: ELIGIBILITY: PERMANENTLY ENTITLED STATUS**

**EVERYONE IS ELIGIBLE TO RECEIVE FREE TREATMENT FOR AN EMERGENCY IN THE ACCIDENT AND EMERGENCY DEPARTMENT AT JERSEY HOSPITAL**



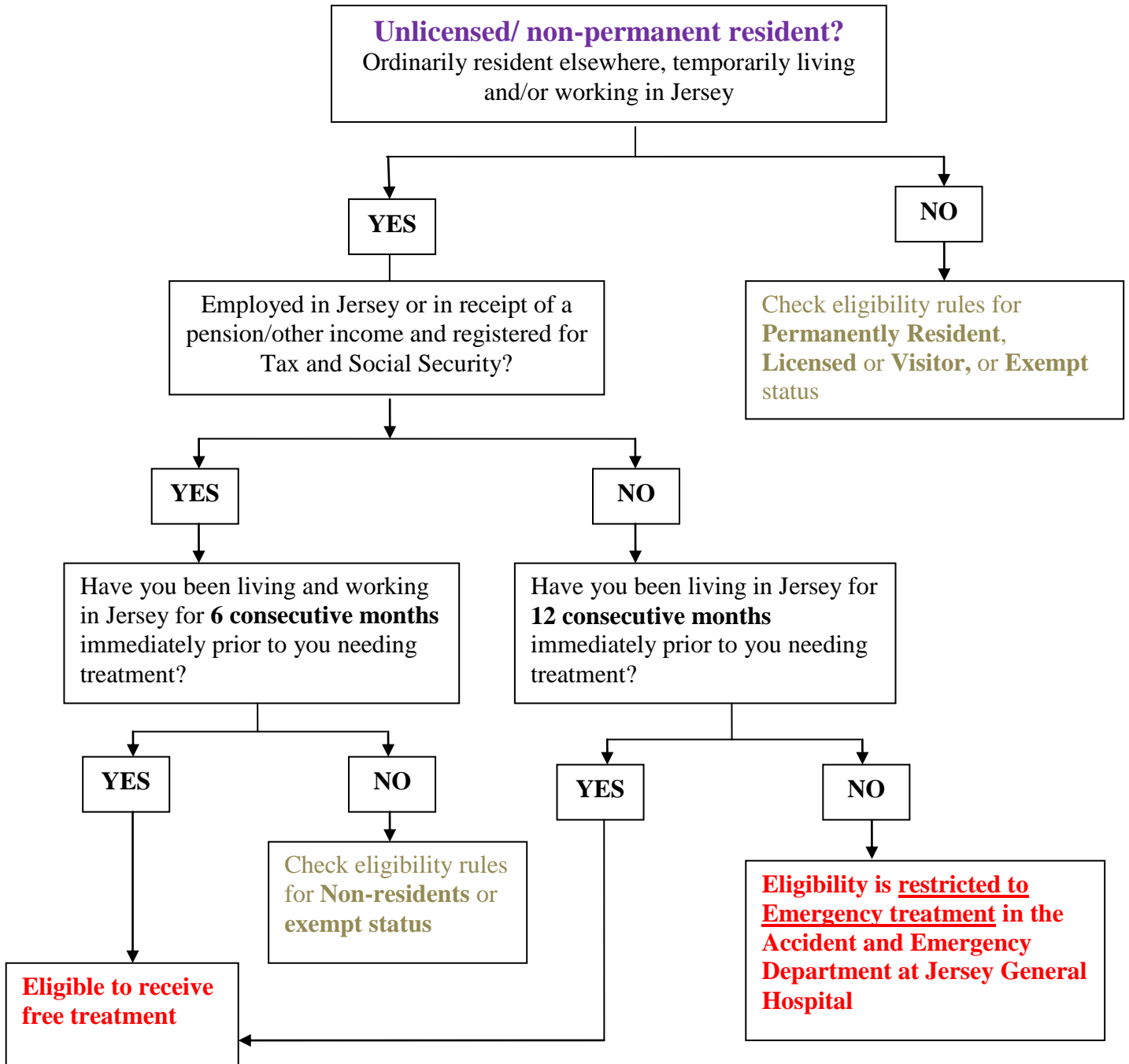
**2. PATIENT CHARGES: ELIGIBILITY: LICENSED STATUS**

**EVERYONE IS ELIGIBLE TO RECEIVE FREE TREATMENT FOR AN EMERGENCY IN THE ACCIDENT AND EMERGENCY DEPARTMENT AT JERSEY HOSPITAL**



### 3. PATIENT CHARGES: ELIGIBILITY: **UNLICENSED OR NON PERMANENTLY RESIDENT STATUS**

**EVERYONE IS ELIGIBLE TO RECEIVE FREE TREATMENT FOR AN EMERGENCY IN THE ACCIDENT AND EMERGENCY DEPARTMENT AT JERSEY HOSPITAL**



**4. PATIENT CHARGES: ELIGIBILITY: VISITOR TO JERSEY**

**EVERYONE IS ELIGIBLE TO RECEIVE FREE TREATMENT FOR AN EMERGENCY IN THE ACCIDENT AND EMERGENCY DEPARTMENT AT JERSEY HOSPITAL**

