



Australian Government

**Military Rehabilitation and Compensation Act 2004**

**MRCA Private Patient Principles 2004**

Instrument 2015 No. MRCC 33

I, Michael Ronaldson, Minister for Veterans' Affairs, approve this instrument under subsection 286(3) of the *Military Rehabilitation and Compensation Act 2004*.

Dated this 18<sup>th</sup> day of August 2015

Michael Ronaldson

**MICHAEL RONALDSON**

The Military Rehabilitation and Compensation Commission makes this instrument under under paragraph 286(1)(b) of the *Military Rehabilitation and Compensation Act 2004*.

Dated this 6<sup>th</sup> day of August 2015

The Seal of the  
Military Rehabilitation and Compensation Commission) SEAL  
was affixed hereto in the  
presence of: )

Simon Lewis

Craig Orme

.....  
**SIMON LEWIS**

**CHAIR**

.....  
**CRAIG ORME**  
**AM CSC**  
**DEPUTY PRESIDENT**

Jennifer Taylor

Air Vice-Marshal Tony Needham

.....  
**MS JENNIFER TAYLOR**

**MEMBER**

.....  
**AIR VICE-MARSHAL TONY NEEDHAM**  
**AM**  
**MEMBER**





# MRCA Private Patient Principles 2004

Instrument 2015 No. MRCC 33

made under the

*Military Rehabilitation and Compensation Act  
2004*

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# 1. Preliminary

## 1.1 Principles

**1.1.1** These Principles are the *MRCAs Private Patient Principles 2004*.

**1.1.2** These Principles commence when the *Repatriation Private Patient Principles* (Instrument 2015 No. R33) commences.

Note: the *Repatriation Private Patient Principles* commence on the day after registration.

## 1.2 Defined terms

For the purposes of these Principles, unless a contrary intention appears:

**Act** means the Military Rehabilitation and Compensation Act 2004 in force from time to time.

**admission** means admission for treatment as an in-patient or day-patient upon the referral of a medical specialist or a *Local Medical Officer*.

**Commission** means the Military Rehabilitation and Compensation Commission established under section 361 of the *Act*.

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**consultative forum** means the forum in each State established by the Department of Veterans' Affairs for the purpose of, among other functions, monitoring the treatment of *entitled persons* and consisting of representatives of the Military Rehabilitation and Compensation Commission, the Repatriation Commission and the ex-service community.

**contracted private hospital** means a private hospital in respect of which the *Commission* has entered into arrangements under section 285 of the *Act* for the treatment of *entitled persons*.

**Department** means the Australian Government Department of Veterans' Affairs.

**emergency** means a situation in which a person requires immediate treatment because of a serious threat to the person's life or health.

**entitled person** means a person entitled to treatment under Part 3 of Chapter 6 of the *Act*

**former Repatriation Hospital** means a hospital or other institution that was formerly operated by the Repatriation *Commission* under paragraph 89(1)(a) of the *Veterans' Entitlements Act 1986*.

Note: see the *Repatriation Institutions (Transfer) Act 1992*

**Local Medical Officer** means a *medical practitioner* who:

- (a) is registered under the *Notes for Local Medical officers* as a Local Medical Officer and who treats an *entitled person* in accordance with the terms, and subject to the conditions, in the *MRCA Treatment Principles* and in the "*Notes for Local Medical Officers*"; and
- (b) has been given a *provider number* by *Medicare*, in respect of being a *medical practitioner*, that has not been suspended or revoked.

**medical practitioner** means a person registered or licensed as a medical practitioner under a law of a State or Territory that provides for the registration or licensing of medical practitioners but does not include a person so registered or licensed:

- (a) whose registration, or licence to practise, as a medical practitioner in any State or Territory has been suspended, or cancelled, following an inquiry relating to his or her conduct; and

(b) who has not, after that suspension or cancellation, again been authorised to register or practise as a medical practitioner in that State or Territory.

**medical specialist** means a medical practitioner who is recognised as a consultant physician or specialist in the appropriate specialty for the purposes of the *Health Insurance Act 1973*.

**Medicare** means the Chief Executive Medicare under Part IIA of the *Human Services (Medicare) Act 1973*.

**MRCA Treatment Principles** means the determination by the *Commission* under paragraph 286(1)(a) of the *Act* that sets out the circumstances in which, and conditions subject to which, treatment may be provided to entitled persons.

**Notes for Local Medical Officers** has the same meaning it has in the *MRCA Treatment Principles*.

**Principles** means the current *MRCA Private Patient Principles* determined by the *Commission* under paragraph 286(1)(b) of the *Act* that sets out, among other things, the circumstances in which treatment may be provided to *entitled persons as private patients*.

**prior approval** means:

- (a) in relation to treatment—approval by the *Commission* for treatment before the treatment was given or commenced to be given; and
- (b) in relation to admission to a hospital—approval by the *Commission* for admission to that hospital before the person is admitted.

**private hospital** means premises that have been declared to be:

- (a) a private hospital for the purposes of the *Health Insurance Act 1973*; or
- (b) a day hospital facility for the purposes of the *National Health Act 1953*.

**private patient** has the meaning given by subsection 286(7) of the *Act*.

**private health insurer** has the meaning it has in the *Private Health Insurance Act 2007*.

**public hospital** means a hospital operated by a State or Territory or by the Commonwealth.

**Repatriation Commission** means the body continued in existence by section 179 of the *Veterans' Entitlements Act 1986*.

**Repatriation Private Patient Principles** means the principles determined by the Repatriation Commission under section 90A of the Veterans' Entitlements Act 1986.

**veteran partnering private hospital** means a *contracted private hospital* that is described as a "veteran partnering private hospital" in its arrangement with the *Commission*.

Note: other Tier 1 status hospitals which have similar partnering arrangements are public hospitals and former Repatriation Hospitals.

### 1.3 Private patient status

An *entitled person* is to receive hospital care as a *private patient* — which entitles the person to:

- (a) the patient's choice of doctor, subject to the doctor having practising rights at the relevant hospital; and
- (b) shared accommodation; or
- (c) if medically necessary, private accommodation; or
- (d) private accommodation, if available, where the person's *private health insurer* will pay the difference between the cost of shared accommodation and the cost of private accommodation for the person; or
- (e) on and after 1 July 2016, private accommodation, if available, in a *contracted private hospital*.



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## 2. Order of preference for admission to hospital

### 2.1 Order of preference

Preference for admission is to be in accordance with the following table:

Level	Preference	Hospital
Tier 1	first	<i>former Repatriation Hospital, public hospital, or veteran partnering private hospital</i>
Tier 2 (special authorisation)	second	The <i>Contracted private hospital</i> is not required to seek prior approval for a referral for services specified in the contract, chargeable to DVA, from a Tier 1 hospital. The <i>Contracted private hospital</i> must seek prior approval for all other admissions.
Tier 2	second	<i>Contracted private hospital</i>
Tier 3	third	<i>Non-Contracted private hospital</i>

### 2.2 Objective

The main objective of these Principles is to provide an *entitled person* with access to the nearest suitable hospital.

## 3. Prior approval not required

### 3.1 Medical specialist treatment

A medical specialist or *Local Medical Officer* may, without *prior approval*, refer an *entitled person* to a *medical specialist* for treatment as a *private patient* (whether that *medical specialist* works at a hospital or at consulting room facilities) only if the fee to be charged by that *medical specialist* for that treatment is no greater than the fee the *medical specialist* could charge for the treatment pursuant to the *MRCA Treatment Principles*.

### **3.2 Non-emergency Tier 1 hospital treatment**

An *entitled person* may be admitted to a Tier 1 hospital for non-emergency treatment without *prior approval*.

### **3.3 Non-emergency Tier 2 hospital treatment**

An *entitled person* may be admitted to a Tier 2 hospital for non-emergency treatment without prior approval only in those circumstances where the arrangements relating to that hospital specifically exclude the need for *prior approval*.

### **3.4 Emergency hospital treatment**

An *entitled person* may be treated at, and admitted through, the accident and emergency centre of a Tier 1, 2, or 3 hospital for emergency treatment without prior approval.

### **3.5 Notification of admission**

If an *entitled person* is admitted to a Tier 2 or Tier 3 hospital under paragraph 3.4, the hospital must notify the *Department* of that admission the next working day in the State or Territory in which the admission occurred, or as soon as practicable afterwards.

## **4. Prior approval required**

### **4.1 Tier 2 hospital admission and treatment**

Subject to Principle 3, an *entitled person* may be admitted to, and have continuing treatment in, a Tier 2 hospital only if a suitable Tier 1 hospital is unavailable and *prior approval* has been obtained for the admission.

### **4.2 Tier 3 hospital admission and treatment**

Subject to paragraph 3.4, an *entitled person* may be admitted to, and have continuing treatment in, a Tier 3 hospital only if no suitable Tier 1 or Tier 2 hospital is available and *prior approval* has been obtained.

### **4.3 Criteria for Tier 2 or Tier 3 hospital admission and treatment**

In deciding whether *prior approval* will be given under paragraph 4.1 or 4.2 for:

- (a) admission to; or
- (b) continued, non-emergency, treatment in; a Tier 2 or Tier 3 hospital, the *Commission* must consider where the person's needs can most appropriately be met within a reasonable time, having regard to:
  - (c) advice from the person's treating medical practitioner concerning:
    - (i) the injury or disease being treated; and
    - (ii) the clinical need for the proposed treatment; and
    - (iii) the degree of pain or discomfort; and
    - (iv) the effect on the person's quality of life
  - (d) in light of the severity of the *entitled person's* clinical condition:
    - (i) the waiting time, if any, at that hospital compared with waiting times, if any, at relevant Tier 1 or Tier 2 hospitals, as the case may be; and
    - (ii) the distance that the *entitled person* would have to travel; and
  - (e) reasonable control over Commonwealth expenditure; and
  - (f) the extent of a clinical need for continuity of care by a particular medical practitioner; and
  - (g) any other relevant requirement in these *Principles* or in the *Act*.

### **4.4 Admission to Tier 3 hospital of choice**

If *prior approval* has been given for an *entitled person* to be admitted to a Tier 2 hospital for the purpose of particular treatment, or an *entitled person* has been admitted for treatment to a Tier 2 hospital in accordance with paragraph 3.3, the person may elect to be admitted to a Tier 3 hospital of his or her choice for that treatment.

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## **4.5 Commonwealth liability if Tier 3 admission by choice**

If an *entitled person*, in accordance with paragraph 4.4, elects to be admitted to a Tier 3 hospital, the Commonwealth will be liable only for:

- (a) accommodation costs; and
- (b) pharmaceutical fees; and
- (c) theatre fees; and
- (d) certain incidental expenses;

provided such costs, fees or expenses are, in the *Commission's* opinion, reasonable.

## **5. Treatment Monitoring**

### **5.1 Consultative Forum**

- 5.1.1** A *consultative forum* is given the function of monitoring these *Principles*, especially in respect of access to, and quality of, the care, welfare and treatment provided to *entitled persons*. In particular, the *consultative forum* has the role of receiving and considering comments and concerns, and providing information relating to these issues to the ex-service community.

