Health and Social Care

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Prior Approval Application form for Temporary ROI Administrative Reimbursement Scheme

GUIDANCE NOTES

ROI Reimbursement scheme will apply from 1st July 2021 and applications must be authorised by the Strategic Planning and Performance Group (SPPG) of the Department of Health in advance of travelling to ROI for treatment. Retrospective applications will not be considered.

In choosing to access healthcare in ROI, the patient is effectively stepping outside of the Health and Social Care (HSC) system and using their rights under the Temporary Administrative ROI Reimbursement Scheme to seek healthcare elsewhere. At this point, the patient is taking individual responsibility for ensuring that the service they obtain is appropriate and safe within the laws of Republic of Ireland (not under UK legislation). The SPPG, under the administrative arrangements, will not be formally commissioning services from providers abroad and therefore will not be liable for the outcome of the treatment provided.

There are commissioning restrictions and treatments which are subject to conditional access for which an individual patient may not qualify. The SPPG operates a prior approval process to:

- ensure that such patients meet the same thresholds and qualifying criteria as those seeking treatment in the HSC; and
- protect the patient from the financial consequences of purchasing treatment for which they may not receive reimbursement.

The SPPG will reimburse treatment costs under the ROI planned treatment route provided:

A. The patient is a legal resident of N.Ireland and entitled to the full range of HSC care.
B. The patient has been diagnosed as having a clinical need for the treatment and has been placed on the HSCT surgery/treatment waiting list.
C. The treatment for which the patient is seeking reimbursement is one which is commissioned by the SPPG for the diagnosis.
D. The patient is in need of the treatment purchased based on HSC criteria i.e. the treatment is one the patient would have received within the HSC in the same clinical circumstances.
E. The treatment will be paid for by the patient.
F. No other source of reimbursement (e.g. GHIC, DWP) has been sought.
G. The patient has sought prior approval for the treatment under the scheme.

What you need to submit with this application form:

1. Proof of residency documentation - Please see Section 10
2. Copy of clinical correspondence from HSC Trust confirming that you are on the waiting list for the treatment/surgery you are seeking

Please note: SPPG can only process claims for people ordinarily resident in Northern Ireland and legally entitled to HSC services. Reimbursements will only be granted for eligible treatment costs (i.e. not travel and associated accommodation).

The applicant is responsible for providing accurate and complete information with the application. This will form the basis of the decision making process. Incomplete applications will cause delay in approving and processing your claim.

Part 1: Applicant	
Are you (the applicant) also the patient?	☐ Yes ☐ No - also complete Parts 8 & 9

Part 2: Patient Details			
Surname name		First name(s)	
Date of Birth		Gender	
Telephone number		Email	
H&SC number		National Insurance No.	
Permanent address in Northern Ireland (inc. postcode)			
Alternative address for correspondence (if applicable)			
GP Name / Registered GP practice			
GP address (inc. postcode)			

Part 3: Treating Northern Ireland Consultant and Health & Social Care Trust	
3 a.	Name of patient's local treating Consultant
3 b.	Contact number for N Ireland treating Consultant
3 c.	Health & Social Care Trust (HSCT) Please include a copy of correspondence from the HSC Trust or your treating GP confirming that you are on the waiting list for the treatment/surgery you are seeking. Have you included a HSC Trust letter? ☐ Yes ☐ No

3 d.	What is the DIAGNOSED medical condition for which the patient is planning to receive treatment(s) in Republic of Ireland?
3 e.	Describe the TREATMENT(S) the patient has received / is planning to receive abroad.

Part 4: Consultant / Provider Details In Republic of Ireland

4 a.	The provider is in the (please tick) ☐ Private sector or ☐ State sector	
4 b.	Please provide details below of the main establishment(s) where the patient was treated / is going to be treated (If this involves more than one establishment, please provide details on a separate sheet.)	
	Name of treating Consultant	
	Name of establishment/Hospital in ROI	
	Address	
	Country	
	Telephone number	
	Email address	
	Fax number	

4 c.	If you have agreed dates for treatment please complete the section below about the specific DATE(S) for the treatment(s) in ROI? If not arranged put "no dates confirmed" and provide estimated length of inpatient stay and number of appointments expected to complete the treatment	
	In-patient stays (i.e. overnight stays in hospital)	
	Out-patient appointments (e.g. clinics / reviews)	
	Day-case procedures(admitted and discharged on the same day)	
	Other appointments (e.g. check-ups, physiotherapy)	
	Diagnostics tests (e.g. Blood tests / scans)	
	Equipment / Appliances issued (e.g. walking aids, hearing aids)	
4 d.	What are the estimated costs of the treatment?	
4 e.	You should discuss the post operative care with your local treating consultant and/or GP. Are you expecting to receive follow-up treatment from the HSC (NI) when you return?	
	☐ Yes ☐ No Please inform your GP what post operative care you will need.	

Part 5: Residence

By ticking the following box, I confirm that I am ordinarily resident in Northern Ireland (living lawfully, on a settled basis), and entitled to receive HSC (NI) services: ☐

Please provide the address you resided at, at time of treatment

Part 6: Supporting Information

Information missing from the application submission will delay decision making and confirmation of prior approval for reimbursement.

(Please list any additional information that you have included with this application)

Part 7: Declaration by the Applicant
I declare that all the information I have provided is correct and complete. I understand and accept that if I knowingly withhold information or provide false or misleading information, I may be liable to prosecution and/or civil proceedings. I consent to the disclosure of all information relating to my application to and by the Strategic Planning and Performance Group of the Department of Health, the Business Services Organisation, the Department of Work and Pensions, Electoral Office, Home Office, Passport Office, and other HSC (NI) bodies including NHSBSA, necessary for the processing and verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand that the SPPG is not liable for the care received abroad when funded under the administrative ROI Planned Treatment Reimbursement Scheme. By ticking the following box, I confirm that the patient is normally resident in Northern Ireland and entitled to receive Health and Social Care (HSC) services: I declare that I am the patient / I am acting with the consent of the patient / I am legally empowered to act on behalf of the patient (delete as appropriate)

Name of applicant			
Signature of applicant		Date	

Part 8: Details of the Applicant (if different from the patient)			
Family name		First name(s)	
Relationship to patient		Title	
Telephone number		Email	
Applicant's address (for correspondence)			

Part 9: Declaration by the Patient (required if different from applicant)
I hereby give permission for the person identified as the Applicant in Parts 7 and 8 of this form to make this application on my behalf. I understand that the SPPG is not liable for the care received abroad when funded via the ROI Cross Border Reimbursement route. If applying for reimbursement of costs, I hereby confirm that I have received the treatment described. Please note that reimbursement will only be made to the patient or their parent/guardian. Reimbursement will not be made to a third party or service provider.

Name of patient			
Signature of patient		Date	

Part 10: Application checklist (you must complete this section prior to submitting your form)

Checklist and other information to be submitted with this application form.

10a. Clinical Supporting Letter - A HSC hospital or GP letter confirming you are on a waiting list (note: you must already be assessed by HSCT and placed on the surgery/treatment waiting list).

10b. Proof of residence and entitlement

The following supporting documentation will be required for proof that you are lawfully resident for a settled purpose and entitled to Health and Social Care Services and included with the application:

- Copy of passport; or Birth Certificate (UK National); or EU/EEA National Identity Card or a copy of a valid UK drivers license or a copy of a NI voters card;

and

- A bank statement (showing day to day transactions). The bank statement must show your name and Northern Ireland address;

and

- Three consecutive pay slips; or a recent benefits letter issued in NI showing receipt of Income Support or JSA; or letter regarding your UK State Pension; or letter from university or college at which you are studying; or a letter from HM Revenue and Customs with your National Insurance Number listed;

and

- Two of the following (within the last 3 months) utility bills; or a rates bill; or tenancy letter (within the last 3 months.

10 c. All sections of the application form completed. ☐

10 d. Signatures (patient/applicant) _____

10 e. Security Question and Answer (please provide for phone call ID verification):

Question: _____

Answer: _____

Supporting documentation

All other supporting documentation above can be copies. Please do not send original passports and birth certifications as we cannot accept responsibility for documents lost in transit. However, we will require original receipts as proof of payment after you have been approved by the SPPG and had the treatment.

Please note that this application will not be processed until all of the necessary supporting information above has been received. Incomplete applications will be returned or put on hold and not processed until complete.

Please send your completed form and accompanying documents to the following address:

National Contact Point (NI)
Patient Travel and Reimbursement Team
Strategic Planning and Performance Group
3rd Floor
12-22 Linenhall Street
Belfast, BT2 8BS

Or email: NationalContactPoint@hscni.net

Please note:

It can take up to 30 working days for a fully completed application to be processed and a decision to be made. You will be informed of the outcome of your application once a decision has been reached. Reimbursement can take 6-8 week for payment to be made.