

19 November 2020

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Kia ora ██████

Re: OIA request – Non-resident patient debt

Thank you for your Official Information Act request received 23 October 2020 seeking information from Waitematā District Health Board (DHB) about the value of treatment provided to non-resident patients.

Before responding to your specific questions, it may be useful to provide some context about our services.

Waitematā DHB serves a population of more than 630,000 across the North Shore, Waitakere and Rodney areas, the largest and one of the most rapidly growing DHBs in the country. We are the largest employer in the district, employing around 8,500 people across more than 80 locations.

In addition to providing care to our own resident population, we are the Northern Region provider of forensic mental health services and child rehabilitation services, plus the metro Auckland provider of child community dental services and community alcohol and drug services.

As required by the Ministry of Health, Waitematā DHB follows a process to recover the costs of hospital services for ineligible or non-resident patients. Ineligible patients are invoiced and full settlement is required. When a full settlement is not possible, a payment plan is offered. If the payment plan is not fulfilled, the debt is written-off and the account is transferred to a debt collection agency for further recovery. Any payment collected is treated as bad debt recovered and is paid back (less a collection fee) to Waitematā DHB.

New Zealand citizens or permanent residents are entitled to publicly funded healthcare. Non-residents are not refused urgent or emergency treatment but may be expected to meet the cost of care. For full details on eligibility criteria, visit:
<http://www.waitemataadhb.govt.nz/patients-visitors/do-you-have-to-pay/treatment-eligibility/>

Non-eligible patients are not treated for non-acute services regardless of whether they can pay or not. This means they are required to seek private treatment for non-acute conditions.

In response to your request, we are able to provide the following information:

1. What was the value of treatment provided to non-resident patients in each of the last five years and in 2020 as of October 1?

Data covers the periods of complete financial years to 30 June 2020 (rather than 1 October), as we are providing financial year information for a more accurate comparison, rather than a breakdown by calendar year.

Financial year (1 July - 30 June)	Value of treatment provided to non-residents (excl GST)
2015-2016	\$4,135,046.96
2016-2017	\$4,133,656.52
2017-2018	\$4,599,780.87
2018-2019	\$4,829,107.83
2019-2020	\$4,293,785.22

2. How much of that was paid in each of those years and how much was left owing?

The table below shows total non-resident payments received each financial year - this does not necessarily relate to the invoices raised during that particular financial year. The outstanding balance at the end of each financial year can relate to invoices raised in that particular year and/or invoices raised in previous years that have not yet been paid.

Financial year (July-June)	Total non-resident payments (excl GST)	Outstanding balance at the end of the financial year (excl GST)
2015-2016	\$2,077,588.70	\$3,036,512.55
2016-2017	\$2,416,905.22	\$2,778,353.43
2017-2018	\$2,617,018.26	\$3,053,135.41
2018-2019	\$2,470,741.74	\$3,512,560.58
2019-2020	\$2,493,822.61	\$3,209,469.65

3. How much has been written-off in each of those years?

The table below shows the total amount written-off to bad debt each financial year and does not necessarily relate to the invoices raised during that particular year.

Financial year (July-June)	Amount written-off to bad debt* (excl GST)
2013-2014	\$1,162,443.48
2014-2015	\$1,610,218.26
2015-2016	\$2,051,067.83
2016-2017	\$2,083,966.96
2017-2018	\$1,773,473.04
2018-2019	\$1,956,280.87
2019-2020	\$2,247,683.48

*Includes debt sent to debt collectors.

4. What was the largest bill racked up by a non-resident patient in that period and what was it for? If different, what was the largest unpaid bill in that period and what was it for?

The largest total invoiced for an individual non-resident patient in the past five financial years (1 July 2015 - 30 June 2020) was \$888,166.67 (excluding GST).

This covered life-preserving treatment over an extended period of time, including acute episodes requiring hospitalisation, in-line with Waitematā DHB policy.

As it is Waitematā DHB policy to recover debt wherever possible, this patient's situation is reviewed periodically.

5. Can you break the costs down by type of treatment?

The data provided is for the **total amounts** invoiced. However, some charges are credited back where the patient is later able to provide proof of eligibility.

The figures below do not reflect any credits and, for this reason, these totals are higher than the invoiced amounts reported above.

Differences across financial years can occur due to a number of reasons, including annual variations in the number of non-resident patient presentations, the level of complexity of the treatment provided and changes in the way some services and charges are categorised.

Total invoiced amounts broken down by types of treatment					
Treatment types	Financial year 2015-2016	Financial year 2016-2017	Financial year 2017-2018	Financial year 2018-2019	Financial year 2019-2020
Medical treatment and ward stays	2,124,104	1,779,381	1,723,579	2,689,896	2,402,747
Emergency department	1,166,949	1,205,201	1,299,349	1,235,101	1,145,525
Surgical services and ward stays	593,587	1,013,069	1,061,017	774,480	484,258
Maternity-related & paediatric	762,574	738,992	780,108	667,043	719,568
Radiology (x-rays, scans, imaging)	358,807	465,150	495,426	453,771	400,871
External providers (residential care, etc)	32,553	15,390	8,803	22,051	nil
District Nursing	1,905	3,044	2,102	1,380	2,132
Outpatient appointments/follow-ups	1,360	875	2,561	1,687	1,250
Other	118,201	44,051	5,187	9,625	9,668

I trust that this information is helpful. Waitematā DHB, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare.

This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider this.

Ngā mihi nui,



Robert Paine
Chief Financial Officer
Waitematā District Health Board