



PALESTINIAN MINISTRY OF HEALTH SERVICE PURCHASE UNIT

REFERRAL PROCEDURES MANUAL
FOR ISRAELI HOSPITALS

2016

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PROCEDURE MANUAL DEVELOPMENT PROCESS

The Service Purchase Unit (SPU) at the Palestinian Ministry of Health (PMOH) has received technical support from the USAID-funded Palestinian Health Capacity Project (PHCP) since 2014 to streamline referral services and improve communications with all referral facilities, with particular emphasis on referrals to Israeli hospitals. Initial efforts concentrated primarily on providing directions and guidelines to staff working at the SPU, and clearly communicating the agreed upon conditions and guiding principles for referrals to all Israeli hospitals. These conditions and guiding principles were reflected in a letter from the Palestinian Minister of Health distributed to every Israeli hospital in 2014 (Annex 3). The PMOH signed memorandums of understanding (MOUs) with several Israeli hospitals, outlining more detailed terms and conditions for referrals.

The SPU developed the first version of the referral guidelines document in 2014. These guidelines have served as an important tool for the SPU and other PMOH staff throughout the referral workflow process. More recently, the PMOH and SPU implemented further refinements to the referral process that required documentation. At the end of 2015, the referral guidelines were revised to update the general guidelines and to produce two new procedure manuals, the Referral Procedures Manual for Israeli Hospitals and the Referral Procedures Manual for Non-PMOH Local Palestinian Hospitals. The updated guidelines and referral procedures manuals reflect the principles and conditions for hospital referrals, and build on the experience and lessons learned from implementing the new guidelines.

The Referral Procedures Manual for Israeli Hospitals underwent review from a PMOH technical committee led by the SPU. All feedback and comments are included in the final version of this manual.

I. INTRODUCTION

The Service Purchase Unit (SPU) at the Palestinian Ministry of Health (PMOH) seeks to facilitate the provision of services for Palestinian patients outside the public health system in a timely manner. This Referral Procedure Manual provides guidelines to be followed to facilitate the referral process to an Israeli hospital, including approving and selecting the assigned health service for referral and the referral facility. It also identifies the roles and responsibilities of entities involved in the referral process, including the PMOH hospital referral sections, the Regional Referral Committees (RRC), and SPU staff. Additionally, the manual sets forth the rules and conditions governing referrals to Israeli hospitals, Israeli hospital staff responsibilities, and mechanisms of communication. This manual refers to a variety of terms whose complete definitions are provided in Annex 1.

The updated Referral Guidelines and Referral Procedures Manuals take into consideration the recent experience in managing the referral process, particularly given the content of MOUs signed with Israeli hospitals, and the general conditions regulating the relationship with Israeli hospitals included in the Israeli Ministry of Finance (IMOH) directions (IMOF circular, Annex 4).

All procedures described in this manual will be integrated into an electronic patient referral system (E-Referral) that the SPU is implementing to streamline and automate referral management. This system will be linked to the existing computerized health information system (HIS) available in a number of governmental hospitals, and to the health insurance system in the Health Insurance Directorate. The E-Referral system will make it easier for patients to be approved for appropriate referrals, saving time and accelerating treatment at the referred facility.

Until the electronic patient referral system and other system integration can be completed, there are specific policies and procedures for managing the referral process that are outlined in this manual. PMOH staff at all levels and Israeli hospital administrative staff are required to adhere to the content of the Referral Procedure Manual for Israeli Hospitals to ensure a standard referral process.

Objectives

The objectives of this manual are to:

- Explain the criteria under which referrals for outside services are allowed, with emphasis on referrals to Israeli hospitals
- Guide the PMOH and its staff on the steps to be taken when referrals to Israeli hospitals are required
- Specify the role of referral sections at PMOH hospitals
- Highlight the role of the RRCs in the referral process, including the regional committee for Gaza
- Delineate the role of the SPU in managing and monitoring the referral processes
- Highlight the role of the SPU medical reviewer, SPU hospital coordinators, and case managers in managing and monitoring referrals to Israeli hospitals
- Clarify the relationship between the PMOH and Israeli referral facilities

Target Audience

This manual is expected to be used by the following organizations and individuals:

Direct Users

- Relevant PMOH employees, including the general directorate of hospitals and health insurance department staff
- Staff of referral sections at PMOH hospitals, including the director of the hospital, physicians involved in the referral process, and referral section coordinators
- Members of the RRCs (Central, South, North, and Gaza)
- Members of any other specialized referral committees
- All SPU staff

Other Users

- IMOH coordinators
- National and international PMOH health and development partners
- Israeli referral hospitals

I. POLICIES AND STANDARDS FOR REFERRAL

Policies Regulating the Relationship with Israeli Hospitals

The defining characteristics of the health service provision in Palestine and its governing power are enshrined in the Public Health Law (2004) and the Health Insurance and Treatment Abroad Law (2006).¹ Both laws ensure coverage for basic health services to every resident of Palestine, and outline the government's responsibility to provide a defined set of health services to every insured person, without discrimination. The SPU of the PMOH strives to ensure access to quality healthcare services that are not available through the public health system (e.g. PMOH facilities), but are included in the services entitled to all insured people in an efficient and equitable manner, regardless of geographical distribution, socio-economic status, or gender.

Through the Referral Procedure Manual for Israeli Hospitals, the PMOH promotes adherence to:

1. Conditions and guidelines for the treatment of Palestinian patients in Israel, communicated to all Israeli hospitals in December 2014 (Annexes 3 and 4), according to selected articles in the Israeli-Palestinian Interim Agreement regarding the West Bank and the Gaza Strip, signed in Washington, DC, on 28 September 1995, Appendix III, Addition I, Article 17 (8)
 - a. The IMOF issued a circular in October 2010 to all hospital directors in Israel explaining the mechanism of the treatment of patients who are residents of the Palestinian Authority (IMOF circular, Annex 4).
2. The terms and conditions included in the MOUs signed by the SPU and six Israeli hospitals that have high referral volumes
 - a. These MOUs are intended to support and strengthen the relationships currently established between the PMOH and Israeli hospitals, as well as to facilitate further cooperation in areas of mutual interest. The MOUs stress the conditions and general principles for appropriate referrals, mechanisms of communication, and an agreed upon list of discounted prices. By entering into an MOU, both parties have expressed their willingness to cooperate to advance referred patients' well-being and improve the delivery of healthcare.

¹ Public Health Law and the Health Insurance Law are available as annexes to the General Referral Guidelines.

General Eligibility Criteria for Referrals

Under certain conditions, patients may require a referral for outside services. Any patient that may require referral services must first be seen by a PMOH hospital provider. Authorized reasons under which a referral for outside services is justified include:

1. The requested service is not available in PMOH hospitals due to lack of qualified personnel, drugs, equipment, or medical devices
2. PMOH hospitals are unable to accommodate the patient due to high occupancy rates, and the case could not be referred to another governmental hospital
3. The requested service is included in the covered services provided by the PMOH, and coverage is allowable under government health insurance rules and regulations
4. The required service is available in the health institutions under contract to the PMOH to provide these services, however the waiting time to receive the required services within the PMOH health system is too long and would result in detrimental health consequences for the patient.
 - a. In the case of non-emergency services (elective cases), if the waiting time is estimated to be six months or longer, referral to outside services will be considered, except in certain cases where the waiting time could exceed the six month period without undue harm to the patient
5. The patient agrees to pay the co-payment of the total cost of treatment as indicated in the Health Insurance Law
 - a. Referral review and approval from the relevant RRC will be based on the medical recommendations and reports provided by the referral section (RS) at PMOH hospitals
6. The patient provides a valid health insurance card at the PMOH referral section before the referral decision is taken
7. Exceptions to following the referral guidelines as outlined will be made in emergency situations. If PMOH facilities are not able to competently address an emergency that poses a threat to human life and requires immediate action, patients are to be referred to non-PMOH facilities immediately. Such cases cannot wait to be submitted through appropriate referral channels. Initial approval of these referrals will be made at the level of the PMOH referral section, and approved through the SPU retrospectively as described in Section III.
8. Referrals are not allowed from non-PMOH facilities to another facility directly; all referral requests must go through the SPU

Medical Eligibility Criteria for Referral to Israeli Hospitals

As outlined in the Health Insurance Law, there are some services included in the PMOH set of services that are not currently offered by PMOH facilities. Patients requiring such services will be referred to non-PMOH health providers based on the outlined criteria and clinical guidelines. If these services are not available at local non-PMOH hospitals, cases may be referred to Israeli hospitals.

The PMOH has established clinical protocols for referrals that outline instances in which a referral may be required. These protocols include medical and surgical services for both specific and common medical conditions, including emergency and non-emergency services. The specific referral protocols identify policies and indications for referral, as well as where specific conditions should be referred. Hospital referral sections and RRCs are required to follow these protocols and processes in determining the need for referral.

Below is the list of conditions and cases subject to referral to Israeli hospitals:

- Pediatric cardiac catheterization and cardiac surgeries
- Pediatric kidney and liver transplantation
- Bone marrow transplantation, oncology, and hematology conditions that are identified in the oncology protocol
- Selected neurosurgery conditions including pediatric craniotomy, Gama Knife, and brain catheterization
- Pediatric ophthalmology
- Complicated pediatric renal dialysis and peritoneal dialysis
- Other complex medical conditions subject to RRC decisions and SPU approval

Services Not Covered in the Essential Package of Health Services

There are certain medical conditions that are not included in the set of PMOH services or covered by health insurance:

- a. Medical aid equipment and supplies such as artificial limbs and wheelchairs
- b. Glasses and contact lenses, hearing aids and cochlear implantation
- c. Teeth implantation and orthodontics
- d. Implantable devices for defibrillation
- e. Cosmetic plastic surgery
- f. Infertility treatments
- g. Organ transplantation, except kidney and cornea if there is a donor available and no cost attached

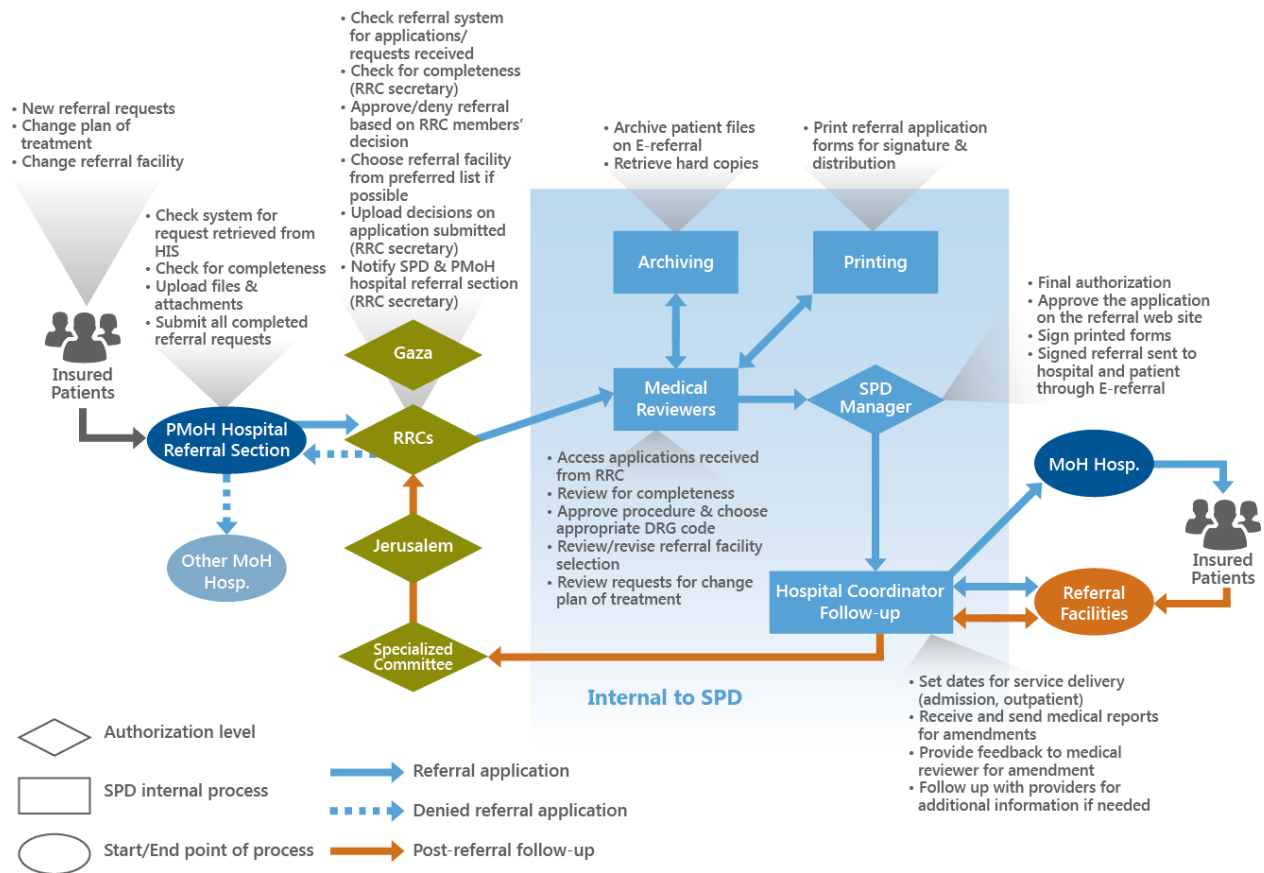
- h. Lasik for visual acuity correction and any similar therapeutic procedures
- i. Drugs not included in the approved list
- j. Coverage of accommodation expenses for the patient companion, unless authorized by the relevant RRC for specific medical reasons

II. PROCESS FOR REFERRALS AND CHANGE ORDERS

Non-Emergency Referrals

Referral Authorization Process for Non-Emergency Cases

The graphic below describes the referral process. For patients with medical conditions determined by the attending physician to require outside health services, the referral section at the PMOH facility completes a hospital referral request form and submits it to the relevant RRC. The RRC reviews these referral requests once a week in each region.



Preparation of Referral Request Form

The hospital referral section is responsible for compiling information on the proposed referral and submitting it to the relevant RRC. Proposed referrals are required to include the hospital referral request form (Annex 5). All hospital referral requests submitted to the RRCs should:

- Be signed by the attending physician, the head of the specific hospital department, the medical director or the director of the hospital (all mentioned signatories should appear on the form)
- Include the hospital seal
- Include relevant medical reports that describe the case (diagnosis and proposed treatment or procedure with the reasons for requesting treatment outside PMOH facilities)
- Clearly indicate which criteria for the referral request apply to the case (e.g. service not available within PMOH, wait times to access service within PMOH are too long, etc.)
- Indicate whether the proposed service is covered by the PMOH essential package in accordance with the government health insurance policy
- Be accompanied by a copy of the patient's ID and valid health insurance card
- Have all required documents attached as hard copies and be uploaded electronically once the E-Referral system is functional

The referring PMOH hospital is required to submit the completed application through the referral section to the secretary of the relevant RRC. The referral section coordinator will send the completed applications and forms to the RRC before the committee's convening date through the E-Referral system. Applications for referral services must be received by the RRC at least one day in advance of its scheduled meeting date. Applications received after the deadline will be presented in the subsequent meeting.

Review and Approval Process of Referrals to Israeli Hospitals

RRCs meet one a week in each region. Each RRC will review submitted referral requests and approve or deny the referrals based on the criteria for referrals to Israeli hospitals (see list of services and conditions to Israeli hospitals). The RRCs are also responsible for recommending referral facilities.

Selection of Referral Facility

For non-emergency referrals, RRCs select the referral destination based on PMOH's preferred list of health facilities. Preference will be given to those institutions/providers that have been selected by the PMOH and have signed an MOU to provide the required service. Within this preferred list, Palestinian non-PMOH hospitals are to be considered before Israeli hospitals. Only upon verifying that the medical condition cannot be treated at a local non-PMOH Palestinian hospital should a referral to an Israeli hospital be proposed. RRCs are authorized to select an Israeli hospital as a preferred referral destination.

Referrals to Israeli hospitals will be considered under the following conditions:

- Service not available at local health provider (e.g. brain catheterization or allogenic bone marrow transplantation)
- Service is available at local health provider but capacity and urgency of the condition cannot wait (ex. radiotherapy, pediatric cardiac surgery, or ICU management)
- Emergency referrals that require a highly-specialized facility or multi-disciplinary facility
- Consultation and second opinion needed for complicated, undiagnosed medical conditions

* Referrals to Jordanian/Egyptian hospitals subject to minister approval for some special cases (ex. patients prohibited from entry to Israel, such as released prisoners)

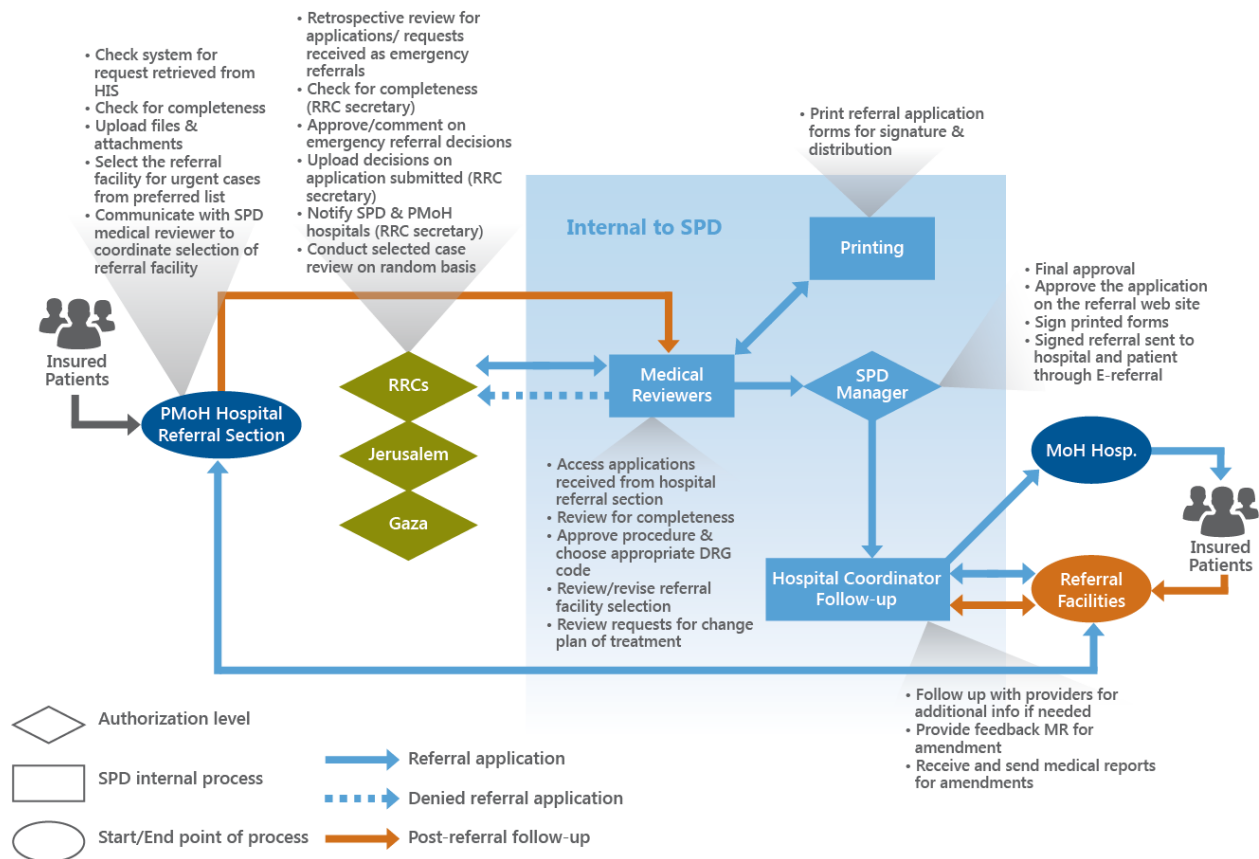
In making the determination of the preferred referral facility, the RRCs and SPU will also consider the following:

- Quality of service provided to the patient and improvements of the referred case
- Financial cost of the service rendered, whether it is derived from the Ministry of Health or from the patient's cost share contribution
- Distance of the referral facility for the patient
- Response time of accepting the referred case

Emergency Referrals

Referral Authorization Process for Emergency Cases

All cases that pose a threat to human life and require immediate action are exempt from the referral approval process described above. In emergency cases, the process is as follows:



Preparation of Referral Request Form

The attending physician at the PMOH hospital will issue a referral request to the head of the specific department and the director of the hospital for their approval and signature. The referral request must be stamped with the seal of the hospital. The hospital director will also inform the Director General of Hospitals about the referral request.

Procedures for different categories of emergency cases are noted below:

- **Emergency Cases: From Governmental Hospitals to Israeli Hospitals**

The attending physician should contact the medical reviewer at the SPU to get approval for referring the emergency case to an Israeli hospital. It is the medical reviewer's responsibility to select the Israeli hospital from the preferred hospital list and to facilitate the coordination process for admitting the patient to the Israeli hospital.

- **Emergency Cases: From Non-PMOH Hospitals to Israeli Hospitals**

The SPU is in charge of the coordination between the non-PMOH hospitals and the Israeli hospitals. If the patient was referred to a local non-PMOH hospital for treatment and needs to be further referred to an Israeli hospital due to the complexity of the case, or the need for a device or advanced procedure is unavailable in the local non-PMOH referral facility, the referral facility should seek the approval of the SPU before any coordination and selection of the Israeli facility. The referring facility should provide the medical reviewer at the SPU with an updated medical report on the patient's condition, including the reasons for the referral. Referrals should not be made as a result of a complication that the patient developed during treatment in the non-PMOH hospital. The referral request should be submitted by Fax or email to the SPU, and later through the E-Referral system.

- **Emergency Cases: Self-Referred Cases to Israeli Hospitals**

If a Palestinian patient self-refers to an Israeli hospital for emergency reasons, the Israeli hospital is responsible for informing the SPU within 24 hours by sending an email including the patient's personal information, cause of referral, requested procedure, and medical reports, as well as the patient's status and the possibility of transferring the patient back to a Palestinian provider. The SPU is responsible for replying to the Israeli hospital within 48 hours with a confirmation to cover the cost of treatment, or to ask that the patient be transferred to a local Palestinian hospital, taking into consideration transportation and accommodation at a local hospital.

RRC Retrospective Review of Emergency Cases

Hospital directors are required to submit documentation about emergency referrals to the RRC each month that include the same information required for non-emergency referrals. RRCs are responsible for retrospectively reviewing these reports and ensuring appropriate handling of emergency cases. If the RRC notices any deficiency, it should communicate concerns to the relevant parties to improve the referral process.

If the RRC decides the case did not warrant referral, the secretary of the RRC will issue a letter to the attending physician who requested the referral, and to the director of the hospital, outlining its questions and concerns, and will request that they attend a future RRC meeting to further discuss the case. The secretary will maintain a record of the proceedings, and the RRC will share relevant information with the Director General of Hospitals and the SPU to inform any future

guidelines that may be required. The RRC will also provide feedback and advice to the attending physician and hospital director to avoid similar inappropriate referrals in the future.

Procedures Following Referral

For both non-emergency and emergency referrals, the referral facility is required to submit a copy of the medical report, in English, to the SPU after services have been rendered. The report should contain, at a minimum, the following information:

- Patient name and ID number
- Dates of admission and discharge
- Patient diagnosis
- Treatment provided, including DRG procedure code
- Outcome and any follow-up care required

Additionally, the referral facility is required to submit an invoice for services rendered to the SPU within 30 days of the date of service. All invoices should include the information listed above.

Israeli Hospital Categories for Referrals

The SPU has developed the following categories for referrals to Israeli hospitals:

- **Hospitals with MOUs:** Hospitals that have a signed MOU with the SPU are the only facilities eligible to receive referrals through the SPU referral process.
- **Preferred Health Facilities:** The SPU has a preferred list of hospitals among those with signed MOUs. Referrals are directed to these preferred facilities whenever possible. Preferred health facilities have been designated based on the following criteria:
 - Quality of service offered
 - Location of hospital
 - Significant discount pricing
 - Specialized services not available elsewhere
- **Other Health Providers:** The remaining Israeli Hospitals and health providers that might receive emergency cases as a result of self-referral are included in this category. The SPU does not have signed MOUs with these providers.

III. ROLES AND RESPONSIBILITIES OF PMOH REFERRAL LEVELS

This section describes the various entities involved in the referral process, including:

1. Referral Services Section of PMOH Hospitals (RS)
2. Regional Referral Committees (RRC)
3. Gaza Regional Referral Committee
4. Jerusalem Primary Health Care Directorate
5. Specialized Committees (Oncology and Hematology, Ophthalmology)
6. Service Purchase Unit (SPU)

All referral requests must go through the regular process at each level, including referrals to Israeli hospitals. The roles and responsibilities of the various entities in the referral process and their relationships to each other are outlined below.

Referral Services Section of PMOH Hospitals

- The referral section coordinator should ensure that the patient has a valid health insurance card and the service requested is available within the PMOH package of services.
- Upon discussion with the head of the specific hospital department and the hospital director, the attending physician will provide required data for the referral recommendation. The referral section coordinator of the PMOH referring hospital will enter all information into the Health Information System (HIS).
- The referral section coordinator will follow up with the relevant RRC and SPU about their decision regarding the referral recommendation following the referral review process. (The referral section coordinator will be notified through the E-Referral system about the completeness of the referral request).
- The referral section coordinator is responsible for informing the patient about the decision of the SPU and the process of arranging an appointment at the selected referral facility.
- In emergency cases (as defined earlier in this guide), the SPU is responsible for selecting the referral facility. The attending physician can check the availability of the service at non-PMOH hospitals on the preferred list of health facilities, and request the medical reviewer at the SPU to approve the selected hospital. If the emergency case is intended to be referred to an Israeli hospital, the attending physician must first contact the medical reviewer for approval.

Regional Referral Committees

(North, Central, South)

The letter of appointment from His Excellency the Minister of Health describing these committees, their purpose and composition, the membership appointment process, and terms of service is provided in Annex 7.

Secretary Responsibilities

Each committee must have an appointed secretary. Duties of the position are to:

- Compile and verify completeness of referral applications received from the regional PMOH hospital referral sections prior to submission to the regional referral committees (The RRC secretary will be notified through the E-Referral system about receiving a referral)
- Categorize the referral requests into the following four categories for the committee's review:
 - Emergency cases
 - Ceiling-raising cases (change in order, medical procedure, or plan of treatment)
 - Regular cases that are within the PMOH set of services and covered through the health insurance benefits plan
 - Special cases that are not within the PMOH set of services, such as liver, bone marrow, and stem cell transplantations, and/or services outside of the covered health insurance benefits
- Record all referrals and other decisions of the RRC
 - The secretary will use the list of referral requests from each hospital to record and document decisions.
 - The secretary will ensure the annexes contain all necessary patient information, including the patient's name, ID, phone number, referral facility, RRC decision, and any observations (RRC decision will be inserted in the E-Referral system).
- Record meeting minutes, ensure they are signed by the chairman and committee members, and send a copy of the minutes to the deputy minister of health and the SPU director
- Send required information to the SPU to issue the commitments to the referral facilities for all approved requests
 - The SPU will agree on an approved ceiling for the referral services based on existing contracts and the DRG code of the required procedure. Where no contract is present, the SPU will negotiate with the proposed referral facility. The anticipated cost of services will be documented in the referral commitment. The

referral form is given to the patient by the referral section at the hospital that issued the referral request.

- Provide monthly reports to the SPU that include the total number of referred cases from each hospital and any items discussed by the committee
 - A copy of the report will be sent to the general director of hospitals, the deputy minister, and to the SPU director.

Committee Members Responsibilities

Each committee member has the following responsibilities:

- Attend RRC meetings to conduct reviews
 - Ensure a quorum of four members is present at each weekly meeting of the RRC. If there is no quorum, the committee meeting will be postponed.
- Review all referral requests and supporting documentation
- Gather additional information as necessary to determine if the referral is appropriate according to referral criteria
- If required, consult other professionals or share the referral request with the relevant specialized committee for their professional opinion to support its decision, or call the patient if necessary.
- Determine whether to approve or deny the referral
 - All referral decisions must be signed by all members of the referral committee present at the time of the decision
 - RRC decisions will be documented in the meeting minutes
- If a referral is approved, the RRC is responsible for selecting the referral facility from the preferred list.
 - The SPU will provide the RRC with an updated list of preferred health facilities on a regular basis
- If a referral request is denied, the RRC is responsible for explaining its decision, suggesting an alternative treatment or procedure within PMOH facilities, or requesting additional information from the requesting hospital.
- If the referral request is not under the purview of the regional committee, it will be sent to the specialized referral committee (i.e. if the case is oncology and referred to central committee, it will be redirected to the oncology specialized committee).
- Conduct retrospective reviews of all self-referred and emergency referrals
 - Conduct follow up inquiries and discussions with the attending physician, hospital director, and patient as required
- Review all referral cases approaching the approved ceiling-limit issued by the SPU

- The SPU or the referral hospital will notify the RRC when such cases require review
- The RRC has the right to monitor the referred patients and audit their medical records, invoices for services, and other reports
- The committee may request additional information as needed to determine whether to raise the ceiling or pursue an alternative course of treatment
- Requests may include reports from the hospital explaining the reason to raise the ceiling or expand the treatment
- Submit quarterly reports to the deputy minister and SPU director outlining the work of the committee, the challenges encountered, and any recommendations for improving the referral review and approval process
- Meet periodically with other RRCs to identify best practices, address common problems, and improve processes

Gaza Regional Referral Committee

The roles and responsibilities for the Gaza RRC and its secretary are slightly modified from those outlined above, and are as follows:

- Send referral requests using Referral Form Number 1 (Annex 6) to the SPU
 - Each form is to be approved, signed, and printed with reasons for the referral, a copy of the patient's ID, and proof of valid health insurance attached to the medical report
- Use the E-Referral system to submit all files
- Gaza RRC is responsible for uploading the referral form and other related documents to the E-Referral system
- Submit meeting minutes signed by the chairman and the committee members, and a list of referred patients to the deputy minister and SPU director
- Compile a monthly report with the number of referred cases

Jerusalem Primary Health Care (PHC) Directorate

The Jerusalem PHC Directorate replaces the role of the RRCs as there is no intermediary between the directorate and the SPU.

- The primary health centers in the Jerusalem district send referral requests to the Jerusalem PHC Directorate.
- Using the E-Referral system, the Jerusalem PHC Directorate sends all files for referrals to the SPU with reasons for referral and the specific service being requested. All requests

must include the medical report, a copy of the patient's ID, and proof of valid health insurance.

- Signed referrals are sent by the SPU through email to the Primary Health Directorate. The Primary Health Directorate stamps a copy of the emailed referral and delivers it to the patient.
- Priority will be given to East Jerusalem hospitals as destinations for all referrals.

Oncology and Hematology Committee

The process of referring recurrent oncology, chemotherapy, and kidney dialysis patients in the national NGO hospitals is as follows:

- All ongoing referrals for oncology and kidney dialysis patients will be reviewed by the RRC on a quarterly basis and submitted to the specialized committee. The hospitals handling these cases, Al-Najah and Augusta Victoria, will submit forms to the RRC at the beginning of each quarter.
- The referral facility agrees to dispense drugs included in the MOH approved list to treat cancers. If any new drug is prescribed, it should be based on the submission of a medical report to the oncology committee for approval.
- To raise the ceiling or continue treatment for a medical case, the referral facility will send a request to the committee for approval.
- All recurrent cases should be reviewed by the Oncology and Hematology Committee every three months for evaluation and approval.
- Agreements for recurrent cases will be honored, especially regarding medical tests, X-rays, and other services. If other tests are required, the patient is requested to complete them at a PMOH hospital and make the results available to the NGO hospital at the next visit.

Service Purchase Unit

Finalization of the Referral Process

- The SPU is required to review and process all approved referral requests within seven days of their receipt from the RRC.
- Once the SPU receives the referral files, including the signed referral request (Annex 6), all forms will be transferred into the department data system by a special SPU team assigned for each RRC.
- The SPU medical reviewer will review each file, confirm the diagnosis and requested procedure, enter the DRG code and its ceiling based on the available contracts, and send it to the SPU hospital coordinator.

- The SPU hospital coordinator will confirm the DRG code and print the referral.
- Once the referral request has been reviewed and processed by the SPU, the unit will send the approved and signed referral commitment (Annex 6) back to the referring hospital by mail. (Note: When the E-Referral system is ready, the signed referral will be uploaded on the system and the referral section coordinator will be notified electronically.)
- The SPU will notify the referral hospital of the amount of financial coverage that will be provided (the ceiling) for the approved referral. Financial coverage for emergency cases will be sent by fax to the referral hospital, with the original copy to follow by mail.
- The SPU will issue a weekly report on the number and cost of referrals that will be sent to the offices of the minister and deputy minister of health.
- The SPU will compile and issue a monthly report on the number of referred cases from each hospital and the estimated costs, and send it to the RRCs and the deputy minister.
- The SPU is responsible for making the following information available to RRCs:
 - A list of preferred health facilities
 - A list of the NGO and private hospitals with which the PMOH has signed MOUs or other agreements, as well as the terms of those agreements
 - The names of the representatives of hospitals and centers contracted with the PMOH that committees can contact for consultation if necessary
- The SPU, through the medical and financial audit departments, is required to conduct medical and financial audits for all invoiced referrals, and submit a final approved report to the PMOH Financial Department for further reporting and actions between the PMOH and the Palestinian Ministry of Finance (PMOF).

IV. ROLES AND RESPONSIBILITIES OF ISRAELI HOSPITALS IN THE REFERRAL PROCESS

This section describes the roles and responsibilities of Israeli hospitals in ensuring an effective referral process at the coordination, service delivery, and discharge stages.

Coordination Stage

Ambulatory Services – New Case

Israeli hospitals are required to provide the patient with an appointment letter that includes the treatment code based on the IMOH DRG list. The initial code is for the first consultation visit. The hospital may request additional codes for the same treatment or consultation following the first consultation.

Ambulatory Services – Follow-up Cases

This category includes follow-up cases undergoing specific treatment approved by the SPU and needing additional treatment relevant to the initial referral. The Israeli hospital focal point (assigned by the Israeli hospital) should send a request to the SPU hospital coordinators for the planned procedure with an appointment letter including the code of treatment and a medical report clarifying the need for the treatment. SPU coordinators should reply in a timely manner to approve or deny the service.

Inpatient Services – Elective and Emergency Cases

Israeli hospital coordinators are responsible for replying to SPU requests submitted through the eReferral System about the acceptance or denial of a patient for emergency or elective admission with an appointment letter that includes the treatment code and the date of service.

Inpatient Services – Follow-up Cases

Israeli hospital focal points are responsible for sending a request to the SPU through the eReferral System for a planned inpatient service, including the treatment code and a medical report clarifying the need for the treatment.

Service Delivery Stage

Ambulatory Service – Clinic Visit or Day Care Visit

Israeli hospital coordinators will accept the patient for ambulatory service based on an approved and signed Referral Commitment Form (RCF), which includes all the DRG codes covering the cost of treatment during the clinic or day care visit. If additional procedures are required in the same visit, the Israeli hospital focal point will immediately contact the SPU hospital coordinator through the official email account for approval. (The eReferral System will replace this process in the future.)

Inpatient Services – Emergency and Elective Admission

Israeli Hospital coordinators will accept patients as inpatient based on an approved and signed Referral Commitment Form (RCF) delivered by the patient, or based upon prior communications through the eReferral System.

Israeli hospital coordinators will inform the SPU through email of the acceptance of each inpatient service case. Information in the admission letter should include the date of admission, specific DRG code, referral number, and medical report.

Each Hospital is required to submit an admission list every week.

If the admitted patient requires additional procedures or a change in the treatment plan, Israeli hospital coordinators are required to submit a special request to the SPU for approval.

Pharmaceuticals and Drug Dispensing (Inpatient or at Discharge)

All patients that need treatment with special drugs (e.g. oncology or immunosuppressive drugs) that are not covered by the cost of the DRG code require special approval from the SPU. Israeli hospital coordinators are responsible for sending a request to the SPU by email that includes the drug, dosage, period of treatment, and cost. Drugs will be dispensed upon SPU approval.

Provision of take-home medication for discharged patients is allowed if the treatment is crucial, immediately necessary, and interruption will negatively affect the condition of the patient. The hospital can dispense take-home medication without prior approval for a period of four days, or one box of medication.

Post Service/Discharge Stage

Medical Responsibility

Hospital medical staff members are required to supply patients with a discharge report outlining any recommendations for post-discharge care, including any needed follow-up visits or procedures.

Hospital coordinators will facilitate the patient discharge and inform the patient and SPU hospital coordinators of any planned procedures, dates of additional appointments, and the appropriate DRG code(s).

Financial Responsibility

The account of each patient admitted to the hospital will be closed by the Israeli hospital financial staff by the discharge date, and be included in the invoices for the same month as the

discharge. The referral facility is also responsible of collecting the copayment from the patient before the discharge date.

V. RECONCILIATION OF INVOICES AND PAYMENT AUTHORIZATION

Three-Step Process

The SPU financial reviewers and auditors, in partnership with the Israeli hospital coordinator, are responsible for performing invoice reconciliation as a routine function of the SPU. Invoice reconciliation follows a three-step process:

1. Obtaining a complete and accurate list of each referral's supporting documentation (medical report, detailed invoices, specified DRG code based on IMOH price list and linked to the signed MOU conditions or discount scheme)
2. Comparing the SPU referral data to the final issued invoice
3. Resolving any discrepancies that may exist between the referral DRG codes and the amount charged on the final issued invoice.

The three-step invoice reconciliation process helps prevent omission errors, incorrect coding, and duplicate charges for the same patient. It also helps eliminate incomplete referrals and invoices. Invoice reconciliation should be done on a monthly basis, based on the submission of invoices by each Israeli referral facility. Gathering information and tracking each referral should be done on a daily basis, based on weekly admission lists. Discharged cases should be monitored on the referral system, and DRG codes and ceiling amounts should be modified accordingly.

General Policies to Reconcile Invoices

The following policies should be used to implement monthly invoice reconciliation:

- Invoice reconciliation must be prepared on a monthly basis for all referral facilities, even if the total invoiced amount complies with the projected amount of total referrals.
- The invoice reconciliation should be prepared by the SPU financial reviewer/auditor and the Israeli hospital coordinator using the standard invoice reconciliation form (Annex 1).
 - This standard form provides the following benefits:
 - Assurance that all necessary information is included on each reconciliation: reconciler's name and signature, preparation date, referral facility name, original invoices, numbers and dates of related transactions, and copies of referrals.
 - Documentation of relevant supervisor approval
- The reconciliation should be prepared in the original currency of the referrals (ILS).

- The reconciliation should be prepared and approved within two weeks of receiving the invoices from the referral facility.
- Reconciliation of each referral transaction should be clearly identified. Outstanding cases must be investigated and necessary action should be taken.
- The financial reviewer/auditor should prepare a report for all rejected invoices with clear explanations for each one, and should share the report with the relevant referral facility and IMOH coordinator to reflect these changes accordingly in the final invoice amount.

Procedures to Reconcile Invoices

The Israeli hospital coordinator and the financial reviewer/auditor are responsible for the following procedures:

- Obtain the original copies of the referral facility invoices and the excel sheet for the period under reconciliation
- Obtain the relevant data of referrals from the SPU system that correspond to the submitted invoices
- Compare the invoiced DRG codes and amounts with actual prices listed in the original referrals
- Ensure the discount rate is reflected in the invoice based on the agreed upon terms and volume
- Identify any differences and modify the transaction code and amount based on medical and financial revision, as needed
- Add the previous month's approved invoices to the hospital invoice balance once the invoices are completed and approved
- When all reconciling transactions have been identified, add/subtract the reconciling transactions to/from the referral facility balance as necessary to arrive at the adjusted invoice balance
- Prepare any required separate reporting for deductions or rejections, get approval from the finance manager and the general director, and send reports to the relevant referral facility and the IMOH coordinator

The financial manager should approve the invoice reconciliation and deliver it for further approval by the SPU director.

The financial manager should also file the approved reconciliation and supporting documentation with the monthly reports, and scan the invoice reconciliation into the referral system under the referral facility folder.

Annex 1: INVOICE RECONCILIATION FORM

Date: _____

Referral Facility: _____

Description		Total Submitted Invoice Balance		
Balance		-----		
Less:				
Total amount				
Deductions (partial deduction) due to DRG's modifications				
Transaction No.				
Transaction No.				
Transaction No.				
Rejected transactions- due to missing docs				
Transaction No.				
Transaction No.				
Transaction No.				
Deductions Total				
Add:				
Approved transactions from previous period				
Transaction No.				
Transaction No.				
Transaction No.				
Reconciling Balance				

Prepared by: _____

Approved by: _____

ANNEX 2: DEFINITION OF TERMS

Approved health facilities: A group of non-PMOH hospitals which have signed agreements or MOUs with the SPU

Change of order: The SPU's approval to change an earlier referral commitment based on a request from the referral facility in which the SPU has to issue another version of the referral commitment with the same serial number

Ceiling: The amount of financial coverage, including any co-payments, that will be provided for the approved referral

Co-payment: The part of the total bill the patient is personally responsible for, and pays directly to the referral facility. The percentage of contribution is determined by the health insurance plan based on the 2006 guidelines for receiving treatment outside the PMOH. (Annex 1.1: list of cost share as specified by PMOH).

Emergency Referrals: All patients with emergencies that pose a threat to human life and require immediate action are exempted from the referral approval process.

Gaza Referral Form (used by the Gaza referral committee): The Gaza Referral Form (Referral Form 1) is the standardized form to be used specifically by the Gaza Referral Committee. As with the Uniform Referral Form, it is issued by the SPU to the hospitals providing the service and specifies the nature, date and location of the referral, the scope of financial coverage, and any increase to the payment ceiling, if necessary, for Gaza patients.

Government Essential Services Package (ESP): The Palestinian Government Health Insurance law outlines health services available at PMOH facilities and includes: (a) the basic package of governmental health services available to the entire insured population and provided by PMOH hospitals and centers; and (b) the additional health services provided to the insured population through contracts with health centers outside the PMOH, either inside Palestine through NGOs or private facilities, or outside of Palestine. Some of these additional services may be available at PMOH facilities in the future.

Health Information System (HIS): The PMOH's computerized Health Information System replaces the use of paper-based patient cards with a unified electronic patient record. Such a system improves the delivery of services by enabling health care decision makers to have access to all pertinent information to ensure efficient and effective quality of care. The HIS is currently implemented in eight governmental hospitals, and will be implemented in the remaining four government hospitals in the near future.

Hospital Referral Request Form: The PMOH hospital issues a Hospital Referral Request Form upon determining that a patient may require referral for treatment outside PMOH facilities. The form, which requires the signature of the attending physician, the head of the specific department, and the director of the hospital, is submitted to the relevant Regional Referral Committee for approval or denial. (Annex 2.1)

Jerusalem Primary Health Care Directorate: The PHC Directorate is responsible for providing essential primary health care services through a network of clinics dispersed in villages and towns around the city of East Jerusalem. This Directorate is in charge of coordinating and facilitating all secondary or tertiary services needed for insured persons within the Jerusalem district, and for submitting referrals received by all PHC clinics to the SPU for approval.

Medical Reviewer: A medical doctor at the SPU who is in charge of reviewing and confirming the status of all referrals and submitting to the SPU director for final decision

Non-emergency Referrals (Elective Cases): Medical conditions that are recommended for referral by the attending physician at PMOH hospitals, due to lack of qualified personnel, drugs, equipment or medical devices, or inability to accommodate within PMOH facilities, and after ensuring that the case could not be referred to other governmental hospitals

Oncology Hematology Committee: A specialized committee that reviews all referrals related to oncology and hematology cases. The committee reviews referrals coming directly from the PMOH referral section, or transferred from another regional committee.

Preferred Health Facilities: A subset of approved providers that have signed MOUs with the SPU and that have been selected as the preferred facilities for referral, based on specific criteria including competitive price, geographical location, responsiveness, and quality

Referral Facility: The hospital or the specialized center to which the patient is referred, including national Palestinian non-PMOH hospitals, Israeli hospitals, and hospitals in other countries including Jordan and Egypt

Regional Referral Committees (RRCs): Regional Referral Committees are responsible for evaluating and processing the files of patients sent from PMOH hospitals for referral to facilities outside the PMOH system. Formed by the Palestinian Minister of Health, the four regional committees (northern, central, southern, and Gaza), in addition to other specialized committees, are each composed of doctors from a variety of specialties. Meetings are held once a week in each region to review all referral requests and make decisions accordingly. (Minister Assignment Letter to Form the Committees, Annex 3).

Service Purchase Unit (SPU): The Service Purchase Unit is responsible for purchasing health services that are not available through the PMOH from contracted hospitals and health centers located either inside or outside of the West Bank and Gaza Strip. The SPU is responsible for arranging the referral of patients to these contracted hospitals and centers.

SPU Hospital Coordinator: Assigned SPU staff responsible for coordinating the referral process, reporting, and communication with referral facilities before and after completion of referrals

SPU's Referral Commitment to Hospitals (Providers) Form: The Referral Commitment is issued by the SPU to the hospitals providing the service and specifies the nature, date, and location of the referral, the scope of financial coverage, the diagnosis expressed by a DRG code for the approved service (if available), and any increase to the payment ceiling if necessary.

Valid Health Insurance Card: Each person eligible for government health insurance is issued a health insurance card that provides proof of valid enrollment. The card determines that a patient is eligible to receive covered benefits (including access to referral services if required) within the health insurance plan during the time period designated on the card.

ANNEX 3: MOU TEMPLATE

Memorandum of Understanding (MOU)
Between PMOH and

The Palestinian Ministry of Health (PMOH)
Ramallah, Palestine
Represented by the Service Purchase Unit (SPU)

And

..... Medical Center
Represented by
Director General of the Hospital

A. Background

- i. This MOU is based on the discussions and recent communications between the SPU team, headed by Dr. Amira Al-Hindi, and the Medical Center team, headed by
- ii. This MOU is intended to support and strengthen the relationship currently established between the PMOH and the Hospital, as well as to facilitate the creation of new cooperation in areas of mutual interest.
- iii. Both parties have expressed their willingness to cooperate to improve health care delivery provided to referred patients, and advancing the well-being of those patients.
- iv. The PMOH, through its Service Purchase Unit (SPU), aims to ensure improved access, quality medical care, diagnosis, and treatment of referred patients, and expresses the desire to utilize the services and facilities of the Hospital for the provision of medical treatment to authorized eligible Palestinian patients referred by the Ministry.
- v. Medical Center has expressed its willingness and ability to provide the required services to the authorized eligible referred Palestinian patients.

B. Principles for the transitional period

- i. Authorized eligible patients: the PA will be responsible for all payments to cover the cost of Palestinian patients ("eligible patients") that are hospitalized, as long as expenses are charged against an approved referral authorization form, issued by the Palestinian MOH.
- ii. The Hospital will not receive any patients unless they are covered by a PMOH referral form signed only by Dr. Amira Al-Hindi; this applies to both West Bank and the Gaza Strip health referrals.

- iii. Referrals should be considered and accepted only if the date on the referral authorization form is valid. The validity of any referral is 30 days from the issuing date.
- iv. Medical emergencies that arrive at the Hospital for treatment without an approved referral authorization should be reported to the PA no later than 48 hours after hospitalization. If authorization is not granted within 24 hours, the patient should be discharged to the nearest Palestinian Hospital; otherwise, costs incurred thereafter are not be the PA responsibility.
- v. Treatment and cost of injuries due to road and/or work accidents is to be covered by specific workers' compensation or auto insurance plans. The PA is not responsible for costs related to these cases.
- vi. The Hospital is required to ask the Service Purchase Unit for coverage of any new procedure not included in the referral authorization letter, or any changes in a patient's medical treatment plan.
- vii. The Hospital will not be responsible for collecting any co-payments from patients; the PMOH should create the mechanism for the patient's contribution before they are referred to the Hospital.
- viii. Take-home medications: the Hospital is requested not to dispense any medication at discharge. Supplying any take-home medicines to patients should be approved in advance by the SPU, and for specific at-risk patients.
- ix. Both parties have agreed that the IMOH price list and DRG codes will be used to facilitate all types of referrals to the Hospital.
- x. Communications: All official communications regarding referrals should be through the official email address of the Service Purchase Unit (SDP@moh.ps) until the web based E-Referral system is operational.

C. Services and Prices

- i. The Hospital will provide a total discount of ...% on all purchase volume. For the PMOH to benefit from this total discount, the minimum volume should exceed % of 2014 PMOH annual purchases.
- ii. The Hospital agrees to provide a special discounted price for autologous and allogenic bone marrow transplantation with codes G0059 and G0060. The new discounted price will be ... % from the IMOH price list.
- iii. The Hospital will include head surgeries (Craniotomy (G0067)) into the discount plan (... %).
- iv. The two parties agree that there will be no double discount; cases will be offered only one type of discount.

D. Authorized Representatives and Services Providers

- i. The PMOH authorized representatives for this MOU are:
 - a. Dr. Amira Al Hindi, Director General of the Service Purchase Unit, shall be the Ministry’s representative for the administration of the engagement under this MOU and the authorization of eligible patients through the system.
 - b. Other representatives that are responsible for managing the referral application and will have day-to-day contact with the Hospital will be communicated to the Hospital Administration. If any of the authorized representatives change at any time during this MOU, the Ministry will provide notice to the Hospital within three business days.
- ii. The Hospital’s authorized representative and Service Providers (Physicians) under this MOU are:
 - a. The General Director of Medical Center will be the Hospital’s representative for the overall management of the engagement under this MOU.
 - b. Other representatives and Service Providers (Physicians) will be communicated to the SPU and MOH administration. If the Hospital’s authorized representative or service providers change at any time during this MOU, the Hospital shall notify the Ministry within three business days.

E. Term of MOU

This MOU will be deemed to be in effect on the first of June 2015, as soon as it is signed by both Parties. It will apply to all services provided by the Hospital, and will be valid until replaced by another contract between the two parties.

For the Palestinian Ministry of Health

For Medical Center

Dr. Amira Al-Hindi

.....

Director of Service Purchase Unit

General Director of Medical Center

ANNEX 4: MINISTER OF HEALTH LETTER TO ISRAELI HOSPITALS

State of Palestine

Ministry of Health

Minister's Office

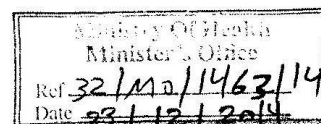


دولة فلسطين

وزارة الصحة

مكتب الوزير

Attention: Heads of Israeli Hospitals



Subject: Improving Referral Process to Israeli Hospitals

Dear Sir/Madam,

In the spirit of the Israeli-Palestinian Interim Agreement and the various circulars distributed by IMOF, we would like to propose the following clarifications and suggestions for improving referral processes to Israeli hospitals. We would appreciate it if we could adhere to the following guidelines:

Referral authorization for receiving medical services from Israeli Hospitals

1. The PA will be responsible for all payments to cover the cost of Palestinian patients ("eligible patients") that are hospitalized, as long as expenses are charged against an approved referral authorization form issued by the Palestinian MOH. The approved referral authorization will include the patient's name, identification number, referral number, diagnosis and services to be provided, the maximum ceiling amount and the proportion of the cost to be covered by the PA based on the patient's insurance eligibility.
2. Referrals should be considered and accepted only if the date on the referral authorization form is valid. The validity of any referral is 30 days from the issuing date. Overdue referrals should not be accepted, and the responsibility of the hospital is to communicate with Service Purchase Department (SPD) to renew the referral or to ask the patient to do so. Renewal of old referrals or approval or revalidation of the date is required to be obtained only from MOH Service Purchase Department.
3. All cases of medical emergencies that arrive to the Hospital for treatment without an approved referral authorization should be reported to PA, no later than 48 hours after hospitalization. If authorization is not granted within 24 hours, patient should be discharged to the nearest Palestinian Hospital; otherwise, costs incurred thereafter would not be the PA responsibility.

Costs for which PA is not responsible



1. In the event Israeli Hospitals admit self-referred non-emergency Palestinian patients who do not have authorization from the PA to receive medical services, the PA has no financial responsibility for the services provided. These costs should not be included in any invoices to the Ministry of Health.
2. Treatment cost of injuries due to road and/or work accidents is to be covered by specific workers compensation or auto insurance schemes, and PA is not responsible for the related costs of these cases.

Adjustments in approved referrals

1. The hospital is required to ask the Service Purchase Department for coverage for any new procedure not included in the referral authorization letter or any changes in a patient's medical treatment plan. Such new procedures will not be accepted to be included in the invoices without prior approval.
2. Requests for approval for any new procedures or increasing the ceiling for DRG specific codes need to be accompanied by a clear report which includes the medical justification, the DRG code, description and price of the procedure that should be done for the patient.

Billing and payment

1. According to the coverage terms identified on the referral authorization, hospitals are required to collect copayment in advance from the patient or require the patient sign a commitment to pay his or her share at discharge. Any co-pays that are the responsibility of the patient should not be included in any hospitals invoices to the PA.
2. The Hospital should not bill the PA for costs of any private services offered by the Hospital to the Palestinian patients. These costs are not the responsibility of the PA and if provided should be billed directly to the patient.
3. All services provided to patients should be billed within 60 days of patient discharge. Delays in billing for patients discharged beyond 60 days will not be considered. In the case of patients who are receiving inpatient services for an extended period of time (more than 30 days) interim billing for these patients should be included in the invoice and these patients should be clearly identified as long stay patients.

Other

State of Palestine

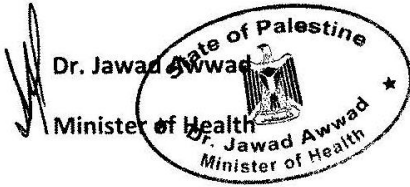
Ministry of Health
Minister's Office



دولة فلسطين

وزارة الصحة
مكتب الوزير

1. Hospitals are requested not to dispense any medication on discharge (Take Home Medications). Supplying any take home medicines to patients should be approved in advance by the SPD and for specific reasons.
2. All official communications regarding referrals should be through the official email address of the Service Purchase Department (SDP@moh.ps) until the web based solution is operating.
3. Dr. Amira Al-Hindi is the Director of the Service purchase Department in-charge of all referrals from WB & Gaza to Israeli Hospitals.



cc: Director of Service Purchase Dept, MOH

ANNEX 5: IMOF CIRCULAR

Circulated Note from the Accountant of the Israeli Ministry of Health

Subject	Issue Date	Valid From	Circulated Note Number
Modifications to the procedures of treating Palestinian patients	April 6, 2011	May 1, 2011	02/11

To:

Directors of Israeli Hospitals
Administrative Directors – Government Hospitals
Finance Managers – Government Hospitals
Reception Managers – Government Hospitals
Security Managers – Government Hospitals

Subject: Modification to circulated note concerning the treatment of patients residing in territories under the Palestinian Authority's control

Dear Sir/Madam,

A number of modifications have taken place that affect the circulated note of October 2010 and the subsequent observations. The modifications are attached herein.

1. General Background

- a. The healthcare of Palestinian residents has been the responsibility of the Ministry of Health of the Palestinian Authority since the transfer of healthcare mandates to the Palestinian Authority in 1994. The Palestinian Authority is responsible for the provision of required medical assistance and is often responsible for covering the cost of medical treatment and the selection of the place of treatment.
- b. The health coordinators of the Palestinian Authority in the West Bank are mandated to coordinate with the Civil Administration. In the Gaza Strip, they coordinate with the District Coordination Office.
- c. Hospitals in Israel shall receive Palestinian patients who seek medical treatment. This shall be based on patients' request or a referral by the Palestinian Authority and/or voluntary medical parties.
- d. It was noticed, in some cases, that a number of Palestinian patients directly contacted hospitals in Israel to reserve appointments for medical treatment. The dates for reservation for treatment are sent in writing via fax; the patients, however, fail to turn up for treatment. This leads to a state of concern and suspicion that the reservations made for medical treatment are used to justify entry to Israel and hospitals in Israel without obtaining travel permits, as required.
- e. Entry to Israel
 - Gaza: Entry to Israel from Gaza is arranged through and limited to the Erez border crossing. Those who apply to enter Israel shall undergo regulated inspection procedures.

Patients and those accompanying them receive a one-day entry permit to Israel and must stay within the hospitals' limits. Upon discharge, they must go directly to their places of residence. They shall be provided with a permit and dated hospital discharge papers.

- Yehuda and Shomron (Judea and Samaria) (the West Bank): Residents of the West Bank who seek medical treatment in Israel shall be supplied with entry permits to Israel that covers the entire treatment period.

2. Legal Background

The Israeli-Palestinian Interim Agreement on the West Bank and Gaza Strip (Oslo II), signed in Washington, DC, on September 28, 1995, stipulates in Annex III, Index 1, Article 17 Health Paragraph 8 (a and b) that:

- a. "The Palestinian side shall act as guarantor for all payments for Palestinian patients admitted to Israeli medical institutions, on the condition that they receive prior approval from the Palestinian health authorities.
- b. Notwithstanding the above, in all cases of the emergency hospitalization in Israel of a sick or injured Palestinian not arranged in advance via the Ministry of Health, the Israeli hospital shall report to the Palestinian side directly and immediately, and in any case not more than 48 hours after the admission, the fact of the admission and the person's condition and diagnosis. The report shall be made by telephone and fax and the Israeli Ministry of Health shall be informed at the same time. Within 24 hours of the receipt of said report, the Palestinian side must either give an undertaking to cover all the costs of the hospitalization, or remove the patient, by its own means, to a Palestinian hospital. Should the Palestinian side fail to accomplish these tasks in the given time, the Israeli hospital shall remove the patient in an Israeli vehicle, and charge all costs to the Palestinian side at the accepted Israeli rate. In all cases, the Palestinian side shall cover all hospitalization costs from admission to discharge to the territory of the Palestinian side. Should the Israeli hospital not report as required to the Palestinian side, the hospital itself shall bear all costs."

3. The Purpose of the Circulated Note

- Encourage respect for the principles of human rights and providing medical and humanitarian assistance to patients and their relatives while safeguarding security regulations.
- Centralize all relevant previous circulated notes, including regulations by the Medical Administration.
- Arrange all measures related to notification and debt collection.
- Enforce full directives related to the health system regarding notification and debt collection.

- Strengthen coordination and cooperation among relevant parties.
- Prevent illegal admission to hospitals in Israel for treatment.
- Provide a unified notification for all hospitals.
- Reduce the chances of abuse of the system by Palestinians who have no identity card or a Bedouin identity card.

4. Notifying the Palestinian Authority and Health Coordinators, as stipulated by the Oslo Agreement, Shall be in Parallel with the Provision of Medical Treatment.

Health Coordinator with the Civil Administration and coordination and liaison officers:

- **Mrs. Dalia Basa**, Health Coordinator of the West Bank Residents

Email: dalia.basa@moh.health.gov.il

Address: Post Office Box 1, Bet El

Telephone: 02-9977084 / mobile phone 050-6234027 / fax 02-9977041 / permits operation room 02-9977022

- **Mr. Menachem Weinberger**, Health Coordinator, Gaza Strip District Coordination Office

Email: briuot@int.gov.il

Address: Erez District Coordination Office, Erez Border Crossing, Gaza Entrance

Telephone: 08-6741540 / mobile phone 050-6246538 / fax 08-6718211

CC:

Dr. Ronni Gamzu, Ministry of Health Director General

Dr. Michael Dor, Head of General Medicine

Office Administration

- Mrs. Dalia Basa, Civil Administration, Health Coordinator of the West Bank
- Mr. Menachem Weinberger, Health Coordinator, Gaza Strip District Coordination Office
- Mr. Robin Keren, Head of Security, Ministry of Health
- Ya'er Asraf, Accountant, Ministry of Health
- Ele Bitan, Accountant, Ministry of Health
- Mrs. Li'ad Barzalai, Advisor to the Ministry of Health Director General
- Shushi Schwartz, Accounting Department, Ministry of Health
- Mr. Meyer Ben Yish'yahu, Accounting Department, Ministry of Health

You are required to follow the orders in this letter of procedures.

Please do not hesitate to contact us for any inquiries or explanations

a. Pre-coordinated Medical Treatment

When coordination is made for medical treatment with a hospital, the hospital must carry out the following procedures:

1. The approved admission dates shall be sent to the following parties by an employee authorized to schedule admission dates:
 - a. Gaza Patients: The admission dates shall be sent directly to the patient and/or the Ministry of Health of the Palestinian Authority.
 - b. West Bank Patients: The admission dates shall be sent to the health coordinators in the West Bank to obtain approval before an admission date is made for the patient.
2. In the case of pre-coordinated medical treatment, the hospital must ensure that Palestinian patients who do not have valid entry permits to Israel are banned from entering the hospital. A valid entry permit shall be issued by the Civil Administration in the West Bank or to the District Coordination Office in Gaza. Lack of entry/residency permit means violation of the security code and therefore an illegal entry. It is also a lack of medical documentation.
3. Patients who have admission for medical treatment must have a Palestinian Authority financial commitment signed by Dr. Waddah Baba (see Annex A).
4. The financial commitment shall be original, signed, and stamped with the stamp of the Palestinian Authority, or sent by fax, signed and stamped with the stamp of the Palestinian Authority.

In the case of patients referred by other West Bank medical sources, this shall be verified with Dr. Waddah Baba with the assistance of the West Bank health coordinator. For Gaza patients, cases shall be checked with Mr. Rif'at Mhisin, with the assistance of Gaza health coordinator.

5. If the financial commitment does not cover the entire medical treatment cost, the Palestinian Authority must be notified and requested to cover the entire cost. In the event that the full financial commitment is not received within 24 hours of the notification, the patient must be removed and sent to the Palestinian Authority. However, if medical opinion does not allow for the discharge of the patient, the patient shall remain in the hospital until he/she can be removed. The Palestinian Authority shall cover the hospitalization costs until the patient is removed to the Palestinian territories.
6. If the cost is covered by the patient, a down payment shall be collected. No patient shall be admitted without a down payment.
7. If the cost of a medical visit is covered by a third party (i.e. the Peres Center for Peace, a human rights organization, etc.) and the patient requires hospitalization, a written commitment to cover the cost of hospitalization shall be obtained from the

financing third party (see Annex B). There are cases when patients require further medical treatment, due to complications or other reasons, beyond the coverage of the cost by a third party. In such cases, the third party must be requested to provide financial commitment to cover the continuation of provision of medical treatment. It must be made clear that the Palestinian Authority does not cover the cost of medical treatment for Palestinian patients who are referred by a third party. In this case, the cost cannot be deducted from the revenues of the Palestinian Authority.

b. Medical Treatment in Emergencies

In emergencies when a patient who resides in the territories under the control of the Palestinian Authority is admitted to a hospital without pre-coordination or notification, the following procedures must be followed as stipulated by the Israeli-Palestinian Interim Agreement on the West Bank and Gaza Strip (Oslo II) signed in Washington, DC, on September 28, 1995, Annex III, Index 1, Article 17 Health Paragraph 8 (b).

b. 1 Emergency Hospitalization Not Arranged in Advance

"... in all cases of the emergency hospitalization in Israel of a sick or injured Palestinian not arranged in advance via the Ministry of Health of the Council, the Israeli hospital shall report to the Palestinian side directly and immediately, and in any case not more than 48 hours after the admission, the fact of the admission and the person's condition and diagnosis. The report shall be made by telephone and fax and the Israel Ministry of Health shall be informed at the same time (see Annex C).

Within 24 hours of the receipt of said report, the Palestinian side must either give an undertaking to cover all the costs of the hospitalization or remove the patient, by its own means, to a Palestinian hospital.

Should the Palestinian side fail to complete these tasks in the given time, the Israeli hospital shall remove the patient in an Israeli vehicle and charge all costs to the Palestinian side at the accepted Israeli rate.

In all cases, the Palestinian side shall cover all hospitalization costs from admission to discharge to the territory of the Palestinian side."

If the Palestinian side fails to carry out any of the above on time and the medical opinion does not allow for the removal of the patient, the patient shall remain hospitalized until he/she can be removed. The Palestinian Authority shall cover the entire cost of hospitalization of the patient until he/she can be removed to the Palestinian territories.

In the event that the patient is residing illegally, the following steps must be followed:

1. Inform the hospital's head of security
2. The person in charge of admitting the patient to the hospital must obtain as much information as possible about the patient. The purpose of this is to ensure coverage of the cost of hospitalization. Information includes the identity of the employer in the event of work accident.
3. If the patient, who is residing illegally, is married to an Israeli national, a photocopy of the Israeli spouse's identity card must be obtained as well as a photocopy of the

patient's identity card. The exact address of their place of residence must also be obtained. The information must be sent to the health coordinators.

b. 2 Emergency Hospitalization Arranged in Advance

The emergency transfer of a patient from a Palestinian hospital to an Israeli hospital must follow these rules:

In the West Bank:

1. The Palestinian hospital must contact the Israeli hospital where the patient will be directed. The Palestinian hospital also must also contact the health coordinators. A medical report of the referred patient shall also be sent.
2. The administration of the hospital the patient is referred to: The director of the hospital or his/her deputy shall approve admitting the patient via the health coordinators and obtain the approval of the health coordinators.
3. The health coordinators must carry out the necessary arrangements to transfer the patient. They are responsible for informing the administration of the Israeli hospital when the transfer of the patient is approved. The coordination is then conducted via the health coordinators in accordance with instructions.
4. If the Palestinian side conducts the coordination but fails to send the financial commitment as agreed, the medical bill shall be sent by the treating hospital and the costs shall be deducted.

In the Gaza Strip

An authorized hospital employee shall send an admission date to the Ministry of Health in Gaza. A request shall then be sent to the District Coordination Office in Gaza where officers will promptly process the request and notify the Gaza health coordinators, if necessary.

b. 3 Work Accident

a. In the event that there is an injured person, who legally works in Israel, and the injury is caused by a work accident, the following steps must be taken before medical treatment is provided:

1. All required information about the employer must be obtained using the pink form that is given to the patient (see Annex D).
2. The employer must complete form b. I. 250 (see Annex E).
3. The procedures in section b. 2 must be followed.
4. In the event of a work accident in an Israeli area in the West Bank and the injured person carries a green work permit (see Annex F), the cost of the medical treatment shall be collected from the employer in accordance with Order 6.6.2 (Order concerning Work Accidents Insurance – Compulsory Insurance) (see Annex G), which requires an employer to insure workers.

5. In the case of failure to obtain information about the employer, the Health Coordination Administration must be contacted. Information about the patient and a request for information about the employer shall be sent to the Health Coordination Administration.

b. If the injured person works in Israel without a work permit, the instructions in section b. 1 shall be followed.

b. 4 Road Accidents

In the event of a road accident and the injured person is admitted to an Israeli hospital, the Health Coordination Administration must be notified in accordance with instructions in section b. 1, and b. 2 above.

b. 5 Wounds Caused by the Israeli Defense Forces

In the event of admitting a person from the West Bank or Gaza who is wounded by Israel Defense Forces' fire and transferred by the Israel Defense Forces or Magen David Adom (Red Star of David), the following procedures must be taken:

1. Health coordinators and the hospital's head of security must be notified in writing (there is no need to notify the Palestinian Authority)
2. Check whether the wounded person is detained by the Israel Defense Forces or wanted by a security agency. The Israel Defense Forces cover the costs of medical treatment in this case.
3. The wounded person must be removed to areas under the Palestinian Authority's control after treatment or when he/she is permitted to be removed.

b. 6. Women in Labor

a. In the event a woman illegally residing in Israel ,goes into labor, is admitted at a hospital in Israel, and the childbirth was an emergency, the following steps must be taken:

1. Photocopies of the spouses' identity cards must be obtained.
2. An attempt must be made to obtain an accurate address of the place of residence in the West Bank or Israel.
3. An attempt must be made to obtain the numbers of the mobile phones and the land lines.

b. If the woman in labor is an Israeli national who is married to a Palestinian, accurate information about the couple must be obtained.

c. The Health Coordination Unit of the Palestinian Authority and the hospital's head of security must be notified. Information about the women giving birth must be sent to the Health Coordination Administration.

b. 7 People Detained by the Police

The police cover the costs of hospitalization of people detained by the police.

b. 8 Informers known to the State

Patients in this category shall be referred by the Ministry of Public Security.

Notification and Settlement of Accounts

1. Identification: Palestinian residents with green or orange identity cards of 9 digits that start with 8 (not 08), 9, or 4.
2. Temporary reception number: In the event of lack of a name and identity card number, there shall be no possibility for treatment or collection of cost.
3. The tariff of the medical treatment cost that shall be collected from a Palestinian who resides in areas under the control of the Palestinian Authority shall be in accordance with the tariff of the Israeli Ministry of Health.
4. Approved admission of patient to hospital: It must be ensured that the financial commitment or personal coverage is sufficient to cover the cost of medical treatment. In the event that a financial commitment does not cover the entire cost of medical treatment, the Palestinian Authority must be notified. A request for coverage of the remaining cost shall be sent to the Palestinian Authority. The request shall be accompanied by a summary medical report in English (see Annex C). In the event that a transfer does not cover the entire costs of medical treatment, the patient must be requested to pay the remaining amount.
5. If the patient requires further hospitalization, the hospital must send a provisional medical report in English to the Palestinian Authority, which decides whether it wants to continue the hospitalization of the patient in Israel or remove the patient to areas under its control.
6. Upon discharge of the patient from the hospital, he/she must be supplied with a medical report in English and discharge papers explaining the patient's diagnosis.
7. Invoices sent the Palestinian Authority:
 - The invoice shall include the details of hospitalization/ambulance service
 - Invoices shall be made in English or Arabic
 - Each invoice shall be accompanied by a copy of the referral made by the Palestinian Authority to cover hospitalization/ treatment or the notification made by the Palestinian Authority about the hospitalization.
 - A medical report shall be attached and shall include the dates of admittance and discharge.
 - West Bank invoices shall be separated from Gaza invoices.
 - The invoice must carry the patient's name, identity card number, referral number, and cost of hospitalization/ treatment.

- The above must be sent to the Palestinian Authority via the health coordinators. A report, sent as an Excel file, shall be attached (as shown in Section 8).
 - Invoices must be sent within six months from the date of the patient's admission.
8. Sending reports to the health coordinators:
- A detailed report about each patient admitted to the hospital emergency room or for other medical treatment within the month shall be sent to the health coordinator by the 30th day of the next month. The reports shall be categorized as follows:
- Pre-coordinated case
 - Emergency case
 - Childbirth
 - Wounded by Israeli Defense Forces

The reports shall be sent as Excel files to this email address: dalia.basa@moh.health.gov.il (as detailed in Annex H).

9. The Health Coordination Administration shall send details of payments to the Accounting Department of the Ministry of Health every time a deduction is made to cover the debts of the Palestinian Authority. The deduction shall be in accordance with payment details sent by hospitals.
10. The documents related to the treatment of Palestinian patients must be maintained in case they are needed later on.

Summary

Type of service	Procedures Hospitals Are Requested to Follow
a. Pre-coordinated Medical Treatment	<ol style="list-style-type: none"> 1. Check whether the patient has entry permit to Israel 2. Check whether the patient has financial commitment stamped by the Palestinian Authority 3. No financial commitment: The patient is requested to pay ahead of treatment 4. Payment made by third party: Obtain written financial commitment from third party
b. Emergencies	<ol style="list-style-type: none"> 1. Notify the Palestinian Authority within 48 hours of admission 2. Patient shall be removed to areas under control of the Palestinian Authority within 24 hours if no financial commitment is provided 3. If medical opinion does not allow for removal of patient, the Palestinian Authority shall pay the costs until the patient is discharged

ANNEX 6: FORMS FOR REFERRALS



طلب التحويل- نموذج رقم 1

Request for referral form طلب للتحويل خارج مراكز الوزارة
(This is not a financial commitment لا يعتبر تغطية مالية)
بيانات المستشفى المحول

	رقم ملف المرض		القسم الطبي		اسم المستشفى
	نوع التحويل		تاريخ التحويل		تاريخ الدخول

بيانات المرض الشخصية

	الجنس		رقم الهوية		الاسم
--	-------	--	---------------	--	-------

	الهاتف		العنوان		تاريخ الميلاد
	تاريخ البداية		نوع التأمين		رقم التأمين

(الحالة الصحية المسوغة لتحويل المريض
يكون بواسطة الطبيب المعالج ويصدق من رئيس القسم ويعتمد من مدير المستشفى)

Diagnosis-ICD10	
Medical History	
Clinical Findings	
Investigation Done	
Recommendation	

Procedures-ICD 9	ICD Code #	Description

Reason for Referral:

1. This treatment is not found in PMOH
2. Drugs Shortage-Specify drop list, to mention if the drug in the health basket or not
3. For investigation to reach the final diagnosis (Second Opinion)
4. Treatment must be done in a highly qualified center
5. Devices-Specify drop list
6. Specialized treatment
7. Other

Treating Specialist
Hospital Director

Head of Section



نموذج التحويل الخاص بلجان الشمال- نموذج التحويل رقم 2

اعتماد اللجنة

Ministry Of Health
نموذج التحويلات - اللجنة المحلية - لجنة الشمال
(لا يعتبر تغطية مالية (This is not a financial commitment

بيانات المستشفى المحول

اسم المريض	رقم المريض	اسم الطبيب	رقم الطبيب
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
التحويل	مستعجل <input type="checkbox"/>	لا <input type="checkbox"/>	لا <input type="checkbox"/>
	غير مستعجل <input type="checkbox"/>		نعم <input type="checkbox"/>

بيانات المرض الشخصية

الاسم	رقم الهوية	تاريخ الميلاد	الجنس
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
العنوان	رقم التأمين	نوع التأمين	تاريخ
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

قرار مكتب التحويلات - لجنة الشمال

بناء على ما سبق، الرد:

عدم الموافقة على

الموافقة على التحويله

مستشفى

(بناء على قائمة المستشفيات)

Diagnosis

ICD 10

ICD- 9 Code #	Required Procedure Description
<input type="checkbox"/>	<input type="checkbox"/>

إعادة الى المصدر

تحديد التغطية

تغيير المكان

مقرر اللجنة المحلية
عضو اللجنة المحلية
عضو اللجنة المحلية
مستشار اللجنة المحلية
عضو اللجنة المحلية

Referral Commitment form

التغطية الماليه- نموذج التحويل رقم 3

Palestinian National Authority Ministry of Health Health Insurance General Directorate /Service Purchasing Department		السلطة الوطنية الفلسطينية وزارة الصحة الإدارة العامة للتأمين الصحي / دائرة شراء الخدمة
--------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

Tel./Fax. The Commitment for days admission:----- Maximum Commitment fund: Referred from: Hospital: Department:	Serial No. Date: تغطية: ----- لمدة أيام للدخول الحد الأقصى لمساهمة: XX محول من: الى: القسم:
--------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------

Personal Data:		البيانات الشخصية:	
Name: ----- Birth date: Sex: ID No.: Phone: Address:	الاسم: ----- تاريخ الميلاد: الجنس: رقم الهوية: تلفون: العنوان:		
نوع التأمين:		رقم التأمين: تاريخ التأمين:	
Diagnosis-		ICD 10:	
Referred for -----		By	
Payment from MOH			
Procedures	DRG-ICD9- or the national price list	Cost/procedure	
Total Cost :		XX	
الاجراء: دخول والعلاج بقسم ----- بنسبة تغطية من وزارة الصحة			

الإعتماد

This commitment becomes invalid if not used within 30 days from the date issued. Please execute the percentage and the max contribution of the MOH. Any changes or corrections without an approved signature makes this commitment invalid.

المدير العام

هذه الوثيقة تفقد صلاحيتها للاستخدام بعد (ثلاثون يوما) من تاريخ
برجاء مراعاة النسبة المئوية والحد الاقصى لمساهمة , اصدارها
وزارة الصحة بأي اضافة أو تغيير بدون توقيع معتمد بلغي هذه
الوثيقة

ANNEX 7: MINISTER COUNCIL FORMAL LETTERS

قرار مجلس الوزراء رقم (108) لسنة 2004 بشأن اللجنة الطبية العليا للتحويلات

قرر مجلس الوزراء بعد الاطلاع على المادة (70) من قانون الصحة العامة رقم (40) لسنة 1940 الساري في محافظات غزة، وبناء على قرار مدير الصحة العامة بتشكيل اللجان الطبية العامة المحلية الصادر بتاريخ 1961/9/16 المعمول بهما في محافظات غزة، وعلى المادة (80) فقرة (1) من قانون الصحة العامة (43) لسنة 1966 الساري في محافظات الضفة الغربية، وعلى ما عرضه وزير الصحة، وبناء على ما أقره مجلس الوزراء في جلسته المنعقدة بمدينة رام الله بتاريخ 2004/8/3م قرر ما يلي:

مادة (1)

1. يكون تشكيل اللجنة الطبية العليا للتحويلات أو تبديل أي عضو من أعضائها بقرار من وزير الصحة كلما استدعت المصلحة العامة ذلك.
2. تتولى اللجنة الطبية العليا للتحويلات دراسة جميع التحويلات للمراكز غير الحكومية سواء داخل الوطن أو خارجه على أن يكون ملف المرض المعروف على اللجنة مستوفيا لشروط نظام التأمين الصحي.
3. تعتمد قرارات اللجنة المذكورة من الوزير أو من يكلفه لهذا الغرض.
4. للوزير الحق في اتخاذ القرارات المناسبة في الحالات الاستثنائية.

مادة (2)

تتولى اللجنة الطبية العليا للتحويلات المهام التالية:

1. دراسة كافة التقارير الطبية الواردة إليها واتخاذ القرار المناسب بشأن كل منها.
2. الحق في استدعاء المريض وإعادة فحصه إذا اقتضت الحاجة.
3. متابعة قراراتها من خلال دائرة العلاج التخصصي.
4. متابعة علاج المرضى المحولين إلى المستشفيات خارج مراكز وزارة الصحة، والتدقيق في ملفاتهم وتقاريرهم واستحداث الآليات المناسبة لذلك.
5. دراسة التقارير الطبية وفواتير العلاج للحالات التي تعرضها دائرة العلاج التخصصي عليها.
6. تقوم اللجنة بإعداد التوصيات والاقتراحات اللازمة لتطوير العمل وحل المشاكل التي تعترضها.
7. تقدم اللجنة تقريرا دوريا لوزير الصحة كل ثلاثة أشهر.

مادة (3)

للجنة في سبيل تحقيق أهدافها إتباع ما يلي:

1. تجتمع اللجنة أسبوعيا لدراسة ملفات المرضى المحولة إليها واتخاذ القرار المناسب لكل منها.

2. تستعين اللجنة بمن تشاء من اختصاصيين واستشاريين للبت والاستشارة في بعض التوصيات الطبية العلاجية.

3. تدون اللجنة في سجل خاص كافة قراراتها المتخذة حتى يمكن متابعتها.

4. عدم الإفصاح عن مداوات اللجنة أمام المريض أو ذويه في حالة اختلاف الآراء العلاجية والتشخيصية.

مادة (4)

يلغي كل ما يخالف أحكام هذا القرار.

مادة (5)

على جميع الجهات المختصة، كل فيما يخصه، تنفيذ أحكام هذا القرار، ويعمل به من تاريخ صدوره وينشر في الجريدة الرسمية.

صدر في مدينة رام الله بتاريخ: 2004/8/3 ميلادية الموافق: 17 من جماد الثاني 1425 هجرية.

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