

Summary of the Referral Care Standing Operating Procedures UNHCR June 2015



UNHCR's Public Health approach is based on the primary health care approach and urban refugee guidelines

UNHCR's role is to *facilitate, advocate* and *monitor* access to health care through existing health services and providers. Refugees are ultimately responsible for their health care including financing. UNHCR supports logistically and financially in line with the UNHCR's Global Health Strategy and country level guidelines and standard operating procedures.

Emergency, life-saving medical and obstetric care is offered through a network of Third Party Administrator (TPA) contracted public and private hospitals. Services are available to registered refugees and those holding registration appointment slips; appointment slips are valid replacements of registration certificate until date stated on slip.

A. Referral pathway

Step 1: Arriving at the hospital

❖ **Emergency Cases:**

- If a refugee self-presents to a hospital, **he/she or his/her family is obliged to inform the TPA** upon his/her arrival at the hospital. The hospital in turn must also inform the TPA.
- The hospital/ doctor will send the completed medical claim forms including the results of initial diagnostic tests to the TPA via FAX.
- Non emergency cases should be referred to the nearest Primary Health Care (PHC) Level

Step 2: TPA/ UNHCR (ECC) approval process

- **IF the patient meets the admission criteria** and **IF the estimated cost will not exceed USD 1,500** →the TPA's delegates will approve admission.
- **IF estimated costs are expected to exceed USD 1,500 upon admission or during hospitalization** →the TPA will submit the case **within a maximum of 24 hours** after admission with **full medical file** by **confidential email** to UNHCR's **Exceptional Care Committee (ECC)**.
- The email is to contain all relevant information : initial cost estimate, UNHCR certificate, medical claim form, and medical report with a description of the case and any supporting diagnostic tests, signed, stamped, and dated by the treating physician.

Step 3: Feedback from UNHCR (ECC)

UNHCR will reply regarding coverage within a **maximum of 24 hours after completed documents have been received**. The TPA will contact UNHCR by telephone for urgent cases.

Step 4: Refugee unable to pay 25% of their contribution:

If a refugee is unable to pay 25% of the expected contribution and the TPA ascertains so, the TPA refers the case to the case management agency within 24 hours. The latter will conduct a vulnerability assessment and forward the recommendations to the TPA and UNHCR.

Step 5: Non-Registered Refugee/Person

If a refugee is not yet registered and has a life-threatening condition – the TPA will approve admission and stabilization of the patient, and send a request for fast track approval to the relevant UNHCR Registration Unit within 24 hours. If the patient is considered to be of NO concern to UNHCR, the TPA/UNHCR will immediately cease support and settle the hospital bill incurred.

Step 6: Follow-up during hospitalization

B. TPA is to provide a weekly update on every admitted case. This consists of details on the current medical status, treatment, the reason for extended hospitalization and further treatment plan including estimated cost. UNHCR Coverage Criteria

UNHCR covers the following cases that are considered to be emergency and life-saving, provided they are admitted within the network of contracted hospitals. This list is not exhaustive and serves as guidance.

Registered refugees	UNHCR covers 75% of the total hospital bills.
Delivery Care	75% coverage of cost (Normal and TPA approved emergency C-sections).
Emergency Room (ER) consultations	75% coverage in ER: TPA delegate approves the case as not treatable at PHC level (e.g. cast for bone fractures, suturing, incision and drainage of abscess)
Intensive Care	Covered for the first 48 hours after which UNHCR/ECC to be contacted for approval.
Neonatal intensive care	75% coverage: for premature babies born <u>at or after</u> 26 weeks of gestation. Cases to be referred to UNHCR/ECC once cost reaches USD 3,000 .
CVD (Cerebro /Cardio vascular diseases)	All CVD cases will be submitted to UNHCR/ECC. Decision depends on prognosis and cost. The TPA's medical officer should provide weekly updates and medical reports.
Orthopaedics/trauma	Emergency orthopedic and trauma surgery covered at MOPH flat rate. Any additional charges for implants will not be covered. Removal of implants is not covered.
Haematology	Only emergency transfusions (of PRBCs and FFP) will be covered.
Communicable Diseases	<i>Leishmaniasis</i> : International Medical Corps through contracted doctors in 11 governmental hospitals supports diagnosis, follow and treatment on an outpatient basis. Patients pay 3,000 LL per week to the hospital outpatient department <i>HIV/AIDS and TB</i> : Patients seeking treatment for HIV are referred to the NAP. Patients needing hospital treatment for TB will be referred to IOM who will cover costs
Mental Health	Referred to Hospital de la Croix through a mental health partner such as IMC, and Restart.
SGBV/torture	Covered at 100% if the need for hospitalization is related to the assault.
Motor Vehicle Accident	<i>Accidents involving 2 vehicles</i> : accidents where the owner/driver is not related to the refugee passengers, UNHCR will cover 75% for the refugee passengers. <i>Hit and run accidents involving pedestrians</i> : cover 75%.
Unregistered refugees	Cover 75% for first 48h pending fast track approval by UNHCR. UNHCR registration to inform TPA immediately for extension of coverage. If refugee is ineligible for registration, coverage will stop once decision is communicated to the TPA.
Non-contracted hospitals	Not covered unless contracted hospitals were full or in emergency with imminent threat to life. Once stabilized patient to be transferred to TPA contracted hospital.

C. Additional information

The full version of the SOP can be found on the UNHCR web portal