

Guidelines regarding the options available to foreign staff of the United Nations (UN) base in Brindisi and, in general, to foreign staff of International Organizations operating in Italy for accessing the health services provided by the Brindisi ASL (Azienda Sanitaria Locale - Local Health Authority).

Foreign staff of International Organizations operating in Italy in order to have access to the health services provided by the Brindisi ASL can choose between the following options:

- **Voluntary registration;**
- **Private accident and health insurance policy.**

The health services provided by the Brindisi ASL are **"territorial" services** provided by the District (outpatient specialist examinations i.e. outpatient examinations and instrumental and clinical tests, prevention services and care of drug addiction, Family Advice Bureau services for the health protection of children, women and family, services for the disabled and elderly, integrated homecare services, services for HIV pathologies, pathologies in terminal phase, etc.), **"hospital" services** (emergency admissions, scheduled or ordinary admissions, day hospitalizations and day surgeries, specialist examinations, specialist services, day services, admissions for treatment or surgeries, etc.), **"departmental" services** (mental health and prevention services) and **"extra district"**

Article 34 of Law Decree N. 286/98 disciplines the position of regularly residing foreigners, who are not subject to the mandatory registration to the National Health Service, such as dependents of International Organizations operating in Italy and of their foreign household staff. The abovementioned, in order to guarantee themselves adequate health services and coverage for possible maternity, must have a proper health insurance policy valid throughout Italy, with either an Italian or foreign health insurance company, or they may, with the voluntary registration, insure themselves with the Italian National Health System.

Naturally, the staff of Italian nationality, even if employees of an International Organization, are mandatorily registered in the Italian National Health System, and if they are not they may ask to be, since the right to health is a constitutional right.

Voluntary registration

Registration procedure

Required documents:

Identity document valid in Italy

Fiscal Code (self certification)

Residence (self certification or statement of actual residence);

Receipt of registration payment to the Regional Health System as indicated in Ministerial Decree 08.10.1986;

The registration is valid for one solar year (January through December), not divisible and extended to all immediate family members (first dependents).

Contribution procedure (Ministerial Decree 08.10.1986)

In order to be registered one must pay a yearly contribution calculated on the basis of the total income earned in the previous year, in Italy or abroad, valid from 1 January to 31 December, solar year, not divisible.

It is calculated applying the 7.50% rate on the yearly income up to € 20.658,27 and a 4% rate on exceeding amounts up to the limit of 51.645,68.

In any case, the amount shall not be less than € 387,34.

It is reminded that family dependents are also entitled to the services.

The voluntary registration enables foreign citizens to have access to health services provided by all ASL in the national territory, by participating to costs through the payment of a co-pay fee (ticket). The voluntary registration enables one to choose a family doctor and a pediatrician, for children up to 12 years of age, among the General Practitioners and Pediatricians who operate within the Italian National Health Service.

If the citizen changes residence to a different region, he/she will have to make a new payment to that region.

Private accident and health insurance policy

The foreign citizens employed by an International Organization in Italy who should wish to avail themselves of their private health insurance policy, also stipulated abroad, may access the health services provided by the ASL Brindisi as follows:

- *Outpatient specialist examinations at the Poliambulatorio of the DSS 1 in Via Dalmazia or also at the Poliambulatori operating in the territory of competence of ASL Brindisi (Brindisi Province);*
- *Outpatient specialist examinations at the outpatients' departments of the Hospital Centre "A. Perrino", or also in the Hospitals/Medical Centres operating in the territory of competence (Brindisi Province);*
- *Outpatient specialist examinations with private medical doctor of choice – on a fee-for-service basis;*
- *Admission at the Hospital Centre (Perrino) or Hospitals/Medical Centres of the ASL Brindisi;*
- *All services provided by Departments and extra-district facilities;*

In the first two cases described above, the party concerned may access to health services by paying the fees indicated in the column "*tariffario pubblico*" of the "*Nomenclature Tariffario*" (National Health-Care Range of Fees) (attached in copy) and as provided for by the Centri Unificati di Prenotazione (*CUP*) (Single Booking Centres).

The ASL shall issue an invoice upon payment, with which the insured foreign citizens shall request reimbursement from their insurance company, in compliance with policy terms.

Please be reminded that the bookings placeable through the *CUPs*, shall be subject to lead times depending on the type of service.

At the time of booking for outpatient specialist examinations, on request of the interested party who should require a cost estimate for approval of the health insurance company, the *CUP* operator, as public officer or charged of a public service, will have to write on the booking form the relevant amount as indicated in the column "*tariffario pubblico*" of the *Nomenclature Tariffario*.

In case of accessing the services of a private Specialist in *intramoenia* (i.e. working as a private physician in a public health-institution) there is the possibility to access typically rather quickly and select a specialist of choice. Payments for services, at present, are made in the physicians' office and the invoice is issued by the same. Of course, also in this case, the party involved will be able to request reimbursement from the insurance company.

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In case of emergency health care services (E.R., non-scheduled admission) the invoice will be issued directly to the health insurance company of the patient, in compliance with the relevant procedure.

In case of a scheduled admission, the applicable fees are available in the *Nomenclatore Tariffario* in force, to be calculated, possibly on the basis of the standard days of hospitalization expected by the specialist physician.

General practitioner and pediatrician

Insurance policy holders may avail themselves of General Practitioners, as well as Pediatricians, by paying for their services; the physicians will issue invoices whereby insurance policy holders may request reimbursement.

Hospital Services

The Hospital is a facility to which one should resort when it is necessary to receive complex and intensive care in the acute phase of an illness. It is a centre characterized by a high professional and technological level, organized in departments.

Hospital services include:

1. Specialist outpatient examinations
2. Specialist services
3. Emergency hospitalization
4. Programmed or ordinary hospitalization
5. Day Hospital and Day Surgery
6. Day Services
7. ER Services

In the cases 1 and 2 described above, the party concerned may access to health services by paying the entire costs for services, i.e. the fees indicated in the column *tariffario pubblico* of the *Nomenclatore Tariffario* available at the CUP.

The ASL shall issue an invoice upon payment, with which the policy holders shall request reimbursement from their insurance company, in compliance with policy terms.

With regards to the services at points 3., 4., 5., 6., the Hospital, immediately after patient discharge, will issue an invoice directly to the Health Insurance Company providing coverage for UN staff.

For this purpose, at the time of admission, the patient or a next of kin will have to produce a copy of the Insurance Policy (*Individual Insurance Card*), necessary to enable the Hospital Administration to issue the relevant invoice.

ER Services

ER is a service dedicated to accidents and medical emergencies to which the patient can have direct access: it is important to use this Service appropriately to guarantee swift access to emergency care for those who have truly urgent problems, and not for dealing with or analyzing in depth not-urgent or chronic clinical aspects.

The patients who turn to the ER for services are screened by trained professionals, who use the "TRIAGE" technique to assess the degree of urgency with which patients must have access to care.

Color codes denote the urgency of treatment:

RED

Patient is in critical condition: first priority; patient with failure of one of the three vital parameters (circulation, respiration, consciousness) - immediate access to care.

YELLOW

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Patient in potentially life threatening situation; i.e. with potential failure of one of the three vital parameters - high priority.

GREEN

Patient in need of medical assistance that may be deferred, without compromising vital functions - low priority.

WHITE

Patient not urgent.

The white code criteria are the following:

The vital functions are not involved

B) there are, at present, no critical symptoms, no signs of risk worsening nor of insurgence of irreversible damage.

c) the pathology is characterized by minor symptoms, which appeared since a few days, or chronic pathology.

Payment

The accesses to ER services which are codified by the Physician as Code White or, in a few cases, as Code Green are on a fee-for-service basis: co-pay fee (with the voluntary registration) or payment as per *Tariffario Pubblico* in the *Nomenclatore Tariffario* available at the CUPs (with a private insurance).

For this purpose, at the time of discharge of a patient from the ER, the patient or a next of kin will have to produce the Individual Insurance Card, necessary to enable the Hospital Administration to issue the relevant invoice which will be forwarded directly to the Insurance Company.

As to relations and dealings with the United Nations Base in Brindisi and with other International Organizations in Italy, regarding options for accessing health services provided by the Brindisi ASL available to foreign staff and their household staff, the following focal points have been identified:

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