

Patient Travel Assistance Scheme Operational Protocols

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Contents

Context	5
1 Management of the Scheme	7
2 Medical services for which assistance is available	8
2.1 Services for which assistance may be provided	8
2.2 Additional specialist services for which assistance may be provided to King and the Furneaux Group Island residents	8
2.3 Services that are not eligible for assistance under this Scheme	8
2.4 Special Rulings	9
2.5 Responsibility for making referrals	10
2.6 Approval of the travel assistance	10
3 Location of the medical service	11
3.1 The location of the nearest appropriate recognised medical service	11
4 Eligibility of patients to apply for financial assistance	13
4.1 Eligibility for assistance under PTAS	13
4.2 Documentation is required to prove the patient is a Tasmanian resident	13
4.3 Ineligibility for assistance under PTAS	14
5 Assistance available for an escort to accompany the patient	15
5.1 Escorts for living donor organ transplant	15
5.2 Escorts for children	15
5.3 Escort for an adult	16
5.4 Exceptional circumstances	17
6 Levels of financial assistance and patient contributions	18
6.1 Assistance with travel	18
6.2 Assistance with accommodation	20
6.3 Patient Contributions	21
7 Goods and Services Tax (GST)	23
8 Postponed admissions or cancelled specialist appointments	24
9 Assistance available to patients requiring a second medical opinion	25
10 Assistance available when a patient dies at a treatment facility	26

10.1	Preparation of the body	26
10.2	Transportation of the body	26
11	Procedures	27
11.1	Accessing the Scheme	27
11.2	Roles and responsibilities of participants	27
12	Monitoring and performance measures	32
	Appendix 1: The PTAS Appeals/Complaints Process	33
	Appendix 2: Flowcharts of procedures to apply for assistance	34

Context

The Tasmanian Patient Travel Assistance Scheme (within in this document referred to as PTAS or this Scheme) has been developed to ensure equity of access for Tasmanian residents to specialist medical services by assisting eligible patients with the transport and accommodation costs associated with the accessing of specialist medical services.

The purpose of PTAS is to help improve access for Tasmanian residents to specialist medical services, by providing travel and accommodation assistance to patients (and their escorts) who are disadvantaged by distance.

This Operational Protocol document is subordinate to the *Patient Travel Assistance Scheme Ministerial Policy* (the PTAS Ministerial Policy) which has been issued pursuant to the pursuant to section 42 of the *Tasmanian Health Organisation Act 2011* (THO Act), and encompasses the operational parameters and protocols for the implementation of the PTAS Ministerial Policy.

The level of financial assistance detailed in this Operational Protocol document is indexed annually on 1 July, commencing 1 July 2014. The indexing is in accordance with principles and formulas defined in the PTAS Ministerial Policy.

The Tasmanian Patient Travel Assistance Operational Committee (or equivalent) is responsible for the implementation, update and review of this document in line with the PTAS Ministerial Policy.

This Operational Protocols document should be read in association with the PTAS Register of Decisions (Attachment I of this document). The register of decisions is developed and maintained by the PTAS Operational Committee as a log of the decisions and adjustments to the operations of PTAS as required by the Committee to adapt and interpret the operational protocols to an evolving clinical landscape. The register of decisions may lead to or influence changes to the PTAS operational Protocol and/or Ministerial Policy, either immediately or as part of regular review of these documents.

I Management of the Scheme

The following governance model is adopted for PTAS:

- The responsibility for review and maintenance of the PTAS Ministerial Policy lies with the Department as system manager in consultation with the Statewide PTAS Operational Committee.
- The responsibility for determining the PTAS funding allocation, in light of this Ministerial Policy and the service system, rests with the System Purchasing and Performance Group of the Department.
- A statewide perspective for the scheme is maintained across the three THOs through a Statewide PTAS Operational Committee (or equivalent) responsible for:
 - reviewing and issuing these Operational Protocols in consultation with relevant stakeholders and in accordance with the PTAS Ministerial Policy;
 - clinical advice and recommendations regarding the practical application of the PTAS Ministerial Policy and these Operational Protocols;
 - an appeals mechanism to address issues that arise which fall outside existing Ministerial Policy, or concerns raised by clients about decisions made with respect to applications; and
 - making recommendations to the Department as to the review of the PTAS Ministerial Policy in light of the above.
- The PTAS Operational Committee comprises all Medical Authorisers, with additional membership and other governance arrangements determined by agreement between all three Tasmanian Health Organisations (THOs) and outlined in a Terms of Reference.
- A PTAS Appeals and Complaints Process is outlined in Appendix I of this document.

Access to full and detailed information about the Scheme is a fundamental right for all members of the community. Information brochures providing details about the Scheme and travel and accommodation options are to be maintained and readily available from a range of community support areas including hospitals, rural hospitals, multi purpose services, multi-purpose health centres, integrated care centres, community health centres, medical practitioners, Service Tasmania Centres and the DHHS website.

2 Medical services for which assistance is available

The purpose of this Scheme is to assist Tasmanians with access to specialist medical services not available locally, or in Tasmania. For a patient to be eligible for assistance, the service must meet the following criteria:

2.1 Services for which assistance may be provided

The specialist medical services for which assistance is provided are defined as:

- services funded by the Tasmanian public hospital system (including those services that would be provided in Tasmanian hospitals if the specialist staff and infrastructure were available)
- those covered by an item in the Commonwealth Medicare Benefits Schedule (MBS) except services specified elsewhere in these Protocols
- emergency dental services (defined as treatment of dental haemorrhage, facial/neck swelling of a dental origin, or oral/facial trauma including trauma to dentistry) provided by a general dental practitioner or a specialist oral/maxillofacial surgeon
- routine dental treatment, only in circumstances where a patient's medical condition necessitates specialist medical backup at the time of dental treatment (e.g. coagulation disorders, epilepsy, etc.)
- oncology or dialysis treatment in Tasmanian public hospitals, and
- lymphoedema treatment in Tasmania.

2.2 Additional specialist services for which assistance may be provided to King and the Furneaux Group Island residents

Assistance may be provided to King and the Furneaux Group Island residents for:

- obstetric confinement (generally at 36 weeks) due to potential problems and lack of appropriate medical and surgical emergency support
- access to pain clinics for patients on high dosage narcotics for pain relief as prescribed by the patient's medical practitioner
- crisis management of diabetic patients who are insulin dependent, and
- medication review (generally 3-monthly) for patients on anti-rejection medication as a result of transplant surgery.

2.3 Services that are not eligible for assistance under this Scheme

The following services are ineligible for assistance under the Scheme:

- services that do not satisfy the "nearest specialist service" definition
- surgery provided for cosmetic reasons only
- general dental and orthodontic services (except in cases as defined in Section 2.1)
- referral to interstate services on the basis of short waiting lists (as detailed in Section 4.3)

- allied health services (see Special Rulings for further information)
- Intro-Vitro-Fertilisation (IVF) services irrespective of whether it is for infertility or for any other reason, and
- experimental treatments.

The Scheme's Medical Authorisers determine eligibility under this Scheme. An appeals mechanism is also available (Refer to Appendix I).

Eligible and ineligible services will be reviewed by the PTAS Operational Committee (or equivalent) and as part of the regular review of this document or on an individual case basis (logged in the Register of Decisions).

2.4 Special Rulings

2.4.1 Allied health services

PTAS supports patients travel for allied health services (for example, artificial limb fitting) if this is regarded as a part of the whole medical treatment process.

Patients who are required to have lymphoedema treatment as a result of major or cancer treatment are also eligible for PTAS.

2.4.2 General Practitioner (GP) proceduralists

Some medical services performed by GP Proceduralists who have certain specialist skill (such as obstetrics or anaesthetic) are regarded as specialist medical services under the Scheme.

2.4.3 Independent midwifery service

Where women are assessed as having a 'low risk' or uncomplicated pregnancy and choose to deliver at an independent midwifery practice, they are entitled to PTAS benefits.

Where women are assessed as having a 'high risk' or complicated pregnancy (that is, women with a past history of complicated pregnancies and births) and choose to deliver at an independent midwifery practice, PTAS benefits will only apply if it is associated with a medical specialist review.

2.4.4 Participation in a clinical trial

If patients request PTAS benefits to participate in a clinical trial, they must, as far as is practicable, provide two specific pieces of information:

- documentation detailing the funding arrangements for the clinical trial, specifically the provision for patient travel within the trial budget, and
- documentation confirming there is no other funding available to assist travel for patients involved in the trial.

If there is not specific assistance available, the Medical Authorisers can make a decision on an individual clinical basis.

2.4.5 Jack Jumper Ant Allergy Program

Patients travelling for Jack Jumper Ant Allergy Program are eligible for PTAS benefits.

2.4.6 Pre-implantation Genetic Diagnosis

Pre-implantation Genetic Diagnosis (PGD) is eligible under PTAS where there is a known genetic disorder in a family and for which PGD is available.

Note: IVF is not on the PTAS eligible list.

2.4.7 Telehealth

In principle, people travelling for a telehealth consultation are eligible for PTAS providing the patient would be eligible to travel for a face-to-face consultation.

2.5 Responsibility for making referrals

The referral to a specialist medical service must only be made by either:

- a medical specialist or oral/maxillofacial surgeon who is recognised in the appropriate speciality for the purpose of the *Health Insurance Act 1973* to intrastate or interstate specialist medical services, or
- a rural general practitioner (GP) to Tasmanian medical specialists or oral/maxillofacial surgeons.

The referral must be to the nearest appropriate specialist (Refer to Section 3.1).

Note:

- Rural GPs on King Island (District Medical Officers) can refer patients interstate, taking into account a patient's clinical needs, subject to prior approval by the Chief Executive Officer / Medical Authoriser for the Tasmanian Health Organisation -North West.
- Sports medicine doctors must refer patients to a local orthopaedic specialist and cannot refer patients to interstate for treatment directly.

2.6 Approval of the travel assistance

Recommendations must be approved by a Medical Authoriser at a major public hospital.

A new application must be completed for each interstate trip to verify that patients cannot be treated in Tasmania. However, specialists in Tasmania need to be encouraged to closely monitor patients who have been sent interstate for treatment.

3 Location of the medical service

3.1 The location of the nearest appropriate recognised medical service

Patients are to be referred to the nearest¹ appropriate specialist/treatment centre.

The Medical Authoriser may seek advice from other specialists in Tasmania as to the nearest appropriate specialist if there is doubt about the appropriateness of the referral, and will seek clarification from the referring specialist if there is a difference of opinion. The Medical Authoriser will notify the patient and referring specialist in writing if the nearest appropriate specialist is determined not to be the specialist to whom referral had been made.

Within Tasmania, an exception applies when the nearest specialist works only in the private hospital system and there is a public health system funded specialist at a greater distance within the State.

If the patient is required to travel interstate, another exception is made, in that a patient may be referred to a more distant specialist, but the amount of assistance to be provided is calculated on travel to the nearest appropriate interstate specialist.

3.1.1 Specific Conditions for King Island Patients.

3.1.1.1 King Island Patients with Private Health Cover.

King Island patients with private health cover may elect to have specialist medical treatment or surgery in Melbourne, **but only if admitted to a private hospital**.

The patient will have their airfares covered by the PTAS, subject to the deduction of the relevant patient contribution. However, patients will not be eligible for an accommodation subsidy.

3.1.1.2 King Island Patients without Private Health Cover

King Island patients who do not have private health cover are required to travel to Tasmania for a specialist medical service if this service is available at a public hospital within Tasmania. These patients are eligible to access both the travel and accommodation subsidy, again subject to the relevant patient contribution to their travel.

If the service is not available in Tasmania, normal PTAS conditions apply.

Additional Specialist Services for which PTAS assistance may be provided to King Island residents are outlined in section 2.2.

3.1.2 Referrals beyond the nearest available service

If patients are to be referred beyond Melbourne, the Medical Authoriser must be provided with a valid written explanation by the Referring Medical Practitioner that can be reviewed by the relevant Regional Medical Authoriser. The Authoriser may refer the matter to the PTAS Operational Committee for advice.

For example,

¹ The nearest available service is defined as the closest resident or visiting eligible service.

Context

A patient needs to see a cardiac specialist. The nearest such specialist is in Melbourne. The patient or treating specialist prefers the referral to a cardiac specialist in Sydney. The travel subsidy payable to the patient is calculated on the cost of travelling to and from Melbourne.

Note: *Should a referral be to an interstate specialist when there is an appropriate specialist in Tasmania, the patient will not be eligible for any travel or accommodation assistance.*

4 Eligibility of patients to apply for financial assistance

4.1 Eligibility for assistance under PTAS

Patients who are eligible for assistance under this scheme, include:

- All Tasmanian residents² required to travel interstate to access an eligible specialist medical service that is not available in either the public or private sector in Tasmania.
- All Tasmanian residents who need to travel more than 75 kilometres one-way by the shortest practical route to access the nearest appropriate specialist medical service or lymphoedema treatment.
- All Tasmanian residents who need to travel more than 50 kilometres one-way by the shortest practical route to access the nearest dialysis or oncology treatment centre.
- Residents of King and the Furneaux Group Islands who have to leave the island to access an eligible service.

Note:

- *Only patients (or patients' carers), or in the case of children, their parent or guardian, can apply for assistance under this Scheme.*
- *People relocating to Tasmania from interstate must provide proof of their registration on the State electoral roll, prior to being eligible for interstate travel for specialist medical service. If returning for treatment for a pre-existing condition, the patient may be funded for one final trip to arrange a referral back to a suitable Tasmanian specialist.*
- *People, who are sick or injured while travelling intrastate or interstate, are not eligible for PTAS.*

4.2 Documentation is required to prove the patient is a Tasmanian resident

The following documentation is required to prove Tasmanian residential status:

- **proof of registration on the State electoral roll (essential)**
- evidence of identity, and
- evidence of residential address.

Accepted evidence of identity includes:

- Medicare Card
- Bank or Credit Card, with signature
- Tertiary Student Identification Card
- Department of Veterans' Affairs/Centrelink Pensioner Concession Card, or

² Tasmania residents must be: Australian citizens; or permanent residents; or medicare eligible residents on temporary residency visa; or other eligible individuals as determined in the Tasmanian Government Concessions Guide (see www.concessions.tas.gov.au AND be residing in Tasmania at the time of referral and treatment. For Australian citizens, the usual place of residence is determined by using the address at which the patient is registered on the electoral roll. For non-citizens, 100 points of ID that includes address.

- Births Deaths and Marriages Change of name/Marriage Certificate (not a church or celebrant document) or Deed Poll.

Accepted evidence of residential address (documents must be less than six months old) includes:

- Bank Statement, or
- Utility Account (with evidence of payment).

4.3 Ineligibility for assistance under PTAS

This Scheme does not provide financial assistance:

- where benefits may or have been provided through other Australian/State Government Schemes, the Department of Veterans Affairs (DVA) Gold and, for some services, White cardholders, Motor Accident Insurance Board (MAIB) funded clients; and Workers compensation clients
- for patients needing to be transferred by ambulance (road and air) or by stretcher transport (clinicians requesting air ambulance support should deal directly with the Ambulance Tasmania). Any calls from interstate hospitals received by PTAS Coordinators are to be redirected to the Ambulance Tasmania
- for medical escorts (e.g. doctor, nurse, paramedic) for a patient
- for referrals for interstate services on the basis of shorter waiting lists, or
- for patients seeking specialist medical treatment outside Australia.

A person requesting financial assistance through PTAS may be required to provide relevant supporting documentation to demonstrate they have been deemed ineligible for assistance from alternative sources.

5 Assistance available for an escort to accompany the patient

Subsidies may be provided to assist escorts to accompany patients when they travel.

While it is acknowledged that patients may desire a range of support while they travel (and for some cultures, being with family at these times may be traditional family practice), subsidies for escorts will only be provided in cases where:

- the patient is an organ transplant donor or recipient (refer Section 5.1), or
- the patient is a child (refer Section 5.2), or
- the patient requires active assistance while travelling or being treated (refer Section 5.3), or
- the patient has a high-risk life-threatening condition³, or
- the patient presents with serious morbidity⁴.

No escort as a default. Applications for an escort subsidy will only be considered in accordance with the provisions outlined below, and on the basis of information contained in the recommendation outlining clinical justification by the referring medical practitioner. The final decision rests with the Medical Authoriser with judgements made on a case-by-case basis.

5.1 Escorts for living donor organ transplant

The organ donor and recipient are both eligible for the subsidy of an escort. Escorts' accommodation will be subsidised from the night prior to the operation until the patients (either donor or recipient) are medically fit to return home. This means that the donor and his/her escort are only subsidised until the donor is medically fit to return home; although it is likely that this will be prior to the return of the recipient and his/her escort.

5.2 Escorts for children

When the patient is a child (aged 17 years and under)

An escort subsidy is available for a parent/guardian when a child is travelling to access eligible specialist medical services. If the child needs to stay for a period of time at the specialist service location (either as an in- or out-patient), the escort is eligible to receive an accommodation allowance.

If the patient is aged 14 years or under and is receiving treatment for a life-threatening condition⁵:

- two escorts (one of whom must be a parent/guardian) are eligible for assistance
- both escorts are eligible to receive travel subsidies to and from the medical service
- both escorts are eligible to receive accommodation allowances for the first seven days of the patient's treatment, but
- after seven days, only one escort is eligible for an accommodation allowance.

³ A mortality risk of 1-2% does not represent a high-risk or life-threatening condition for the purposes of authorising assistance for escorts under the scheme.

⁴ That is for patients admitted to the Intensive Care Unit or neurosurgical patients.

⁵ As per footnote 3.

5.3 Escort for an adult

When the patient is an adult (aged 18 years and over)

The referring medical practitioner can recommend a travel allowance, and an accommodation allowance (if necessary), for one escort when the patient requires the escort to provide active assistance while travelling and/or during treatment. However, no financial assistance will be provided to escorts on the grounds of emotional support, as priority needs to be given to those in most critical need of assistance.

The following are examples of situations where funding will be considered for an escort.

When travelling to and from the treatment centre:

- where a patient requires oxygen or medication to be administered by another person during the journey
- where a frail aged or chronically ill person needs assistance to cope in a large metropolitan centre or with a complex transport system
- where a person with severe ambulatory problems requires the constant assistance of another person, or
- where a patient has a significant physical, intellectual, behavioural or emotional disability that necessitates the support of another person in order to safely complete the journey.

During treatment where:

- a patient lacks the mental capacity in decision-making and requires legal guardianship support (e.g. a comatose patient)
- a patient is in an Intensive Care Unit (conditions apply), or
- training of an escort is required for them to manage the care of a patient following treatment (e.g. dialysis treatment for end stage renal failure).

5.3.1 Accommodation for an adult's escort

An escort will be eligible to receive the accommodation allowance if required to actively assist the patient during their treatment.

The maximum accommodation allowance is up to seven nights for patients with serious morbidity⁶ or while the patient remains in the Intensive Care Unit (ICU).

If the patient remains in the ICU for more than seven nights, the escort's allowance needs to be reviewed after the seven nights by the Medical Authoriser.

The escort's accommodation allowance ceases when the patient leaves the ICU.

If active assistance is not required, the escort may either:

- return home, and then if required, return to the health facility to accompany the patient home on discharge (with a travel subsidy provided in each instance), or
- remain at the patient's treatment location and then assist the patient to travel home when discharged (claiming the accommodation allowance for this as appropriate).

⁶ As per footnote 4.

Whichever option the escort chooses, the extent of financial assistance provided will be limited to that which is the less costly to the Scheme.

For example,

The patient lives on Flinders Island and is required to stay in the Launceston General Hospital for four nights. The patient is not a cardholder and has an approved escort.

In this instance the less costly option is for the escort to remain in Launceston. Thus, the patient is eligible to claim \$92 (\$132 after 1 July 2014) for the escort, which is the accommodation allowance payable for two nights (the formula for calculating this is described in the next section). This is the total amount claimable, even if the escort chooses to fly back to the island and return to escort the patient home four days later.

5.4 Exceptional circumstances

In exceptional circumstances, more than one escort may be able to claim travel assistance to support an adult patient. For the purposes of PTAS an exceptional circumstance is determined by the need for the patient to receive a specialist medical treatment:

- requiring the patient to travel interstate
- for a life-threatening condition⁷ or a condition that may cause significant long-term disability, and/or
- requiring a prolonged stay at the treatment facility, and often involving crisis and rehabilitation treatment phases.

For example,

A patient with a spinal injury has been transferred to Melbourne for treatment. One escort is eligible for assistance with travel and accommodation for the initial period, and then may return home or stay at the treatment location, whichever is less costly to the Scheme (as described above). A second escort may be eligible for assistance for the rehabilitation phase, if medically necessary for the patient's care.

⁷ As per footnote 3.

6 Levels of financial assistance and patient contributions

Summary of criteria for assistance

The amount of assistance available for the patient and an escort (if applicable) depends on whether the patient is a holder of a Health Care Card or Pensioner Concession Card and:

- the distance to the nearest appropriate specialist
- the mode of transport required
- whether there is a need for the patient or escort to stay overnight at the treatment location of the specialist health service, and
- the expenses a patient incurs in a single financial year, in travelling to access eligible specialist medical services.

This section first describes each of the criteria and then outlines the levels of patient contributions in Section 6.3.

6.1 Assistance with travel

Patients will be eligible for a level of assistance calculated on the most economical form of transport that meets their clinical need, in travelling to and from the specialist medical service (e.g. private vehicle, bus, taxi, plane, ferry).

6.1.1 Intrastate travel assistance

The level of assistance is calculated on either:

- the cost of an economy return bus trip from the patient's place of residence to the nearest relevant medical service's location, or
- the cost of travel by community transport or private vehicle at the rate of 19 cents per kilometre, irrespective of engine capacity. Rate will be increased to 21 cents per kilometre from 1 July 2014 to 30 June 2015.

Note: When a patient and approved escort travel by a private vehicle, only the patient can claim the mileage rate).

For residents of King and the Furneaux Group Islands, the level of assistance for travel is calculated as the cost of a return economy air flight (island resident rates), plus the cost of the cheapest appropriate mode of travel from the destination airport to and from the medical service. If any patient, due to inability to pay for ticket in advance, requires the PTAS Coordinator to book a flight at the commercial rate, the patient pays no more than the normal contribution (Refer to Section 6.3).

The patient can either make their intrastate travel arrangements and claim reimbursement on their return home from specialist treatment or organise with their local PTAS Coordinator to pre-book their travel.

6.1.2 Interstate travel assistance

The level of assistance for travel is calculated on:

- the cost of a 'best fare' air ticket or ferry fare
- the cost of the most economical, clinically appropriate mode of travel from the destination airport/ferry terminal to and from the specialist medical service, and

- when the patient's place of residence in Tasmania is more than 75 kilometres from the airport/ferry terminal; the cost of an economy bus ticket to and from the patient's place of residence and the airport/ferry terminal, or travel by private vehicle at the rate of 19 cents per kilometre. . Rate will be increased to 21cents per kilometre from 1July 2014 to 30 June 2015.

Note: *Patients using rental cars will only be reimbursed at the 19 cents per kilometre rate, the cost of hiring a rental car is not covered under PTAS. Rate will be increased to 21cents per kilometre from 1July 2014 to 30 June 2015.*

Exceptions to the above (i.e. the calculation of the level of assistance for travel being based on other than the most economical option) will only be considered when, on the grounds of medical need, a more costly option is recommended by the referring medical specialist.

Non-urgent stretcher transport for patients going/returning interstate are required to travel by the Bass Strait Ferry.

The booking of interstate travel is the responsibility of Tasmanian Health Organisations.

The above section outlined the process for calculating the level of financial assistance for travel under this Scheme. This does not mean patients, and their approved escort(s), cannot use the travel mode of their choice.

For example,

A patient from Wynyard is referred to an eligible specialist in Hobart. The patient prefers to fly to Hobart, rather than take the bus (the referring medical officer stated that travel by bus was acceptable). In this instance, the calculation of the financial assistance would be based on the cost of bus fare, that is, the cost of the most economical, clinically appropriate form of transport.

The Scheme assists with escort costs from the time the escort joins the patient to provide the necessary physical assistance.

The Scheme does not meet the costs of escorts travelling without the patient, except when:

- escorts are returning to their own, or the patient's home locality (whichever is the closer) after assisting the patient, or returning from their own, or the patient's home locality (whichever is the closer) to assist the patient during the return journey (N.B. This travel would only be used to calculate the escort's subsidy if it is less costly to the Scheme for the escort to travel home and return than for the escort to claim the accommodation allowance.)
- the patient is a child and has travelled by ambulance for treatment; or
- the patient is an adult and has travelled by ambulance for treatment and:
 - when the escort is required for specific medical reasons relating to the treatment of the patient, or
 - where training of the escort is required for them to manage the care of a patient following treatment, or
 - where the escort is needed to provide physical support to the patient during the return journey.

6.1.3 Extended course of treatment

Residents of Bass Strait Islands who are required to stay for extended period (generally six weeks) of time for treatment (e.g. radiation therapy) may have one return trip home subsidised in the middle of their treatment period.

6.1.4 Ongoing Treatment Interstate

Patients requiring ongoing specialist medical treatment in Melbourne for high risk specialities such a cardio-thoracic surgery, neurosurgery, paediatric cardiology, pacemaker insertion etc; will continue to receive PTAS travel assistance until the completion of their episode of care.

6.1.5 Patients and escorts travelling off the Furneaux Group Islands for maternity confinements

An allowance for two weeks accommodation support prior to the birth of the baby (longer if the pregnancy is complicated) and support for necessary antenatal travel is available for the pregnant woman; two nights accommodation is permitted for the escort in addition to their respective airfares.

6.1.6 Patients and escorts travelling off King Island for maternity confinements

PTAS support is available to all pregnant women who wish to access obstetric services in either Tasmania or Melbourne, depending on social structures. This relates to the fact that pregnant women are encouraged to leave King Island at 36 weeks gestation and it is recognised that many wish to stay with family and friends in the last four (4) weeks of pregnancy. Both the mother and father (or other family member) will be provided with return airfares to the Tasmanian or Victorian centre of choice, subject to the payment of relevant patient contribution.

The partner will also be eligible for an accommodation subsidy from the actual date of delivery, until escorting the mother and baby home.

6.1.7 Patients miss the scheduled flight or the medical appointment

DHHS will only pay for one journey to a medical appointment.

If patients are unable to travel on a pre-paid journey, they must provide 24 hours notice of cancellation. If patients do not provide adequate notice, or miss the appointment without good reason, they are not eligible to claim PTAS for a second trip unless there are exceptional circumstances.

6.2 Assistance with accommodation

An accommodation allowance is payable in situations where the referring medical specialist specifies on the PTAS application form that the patient and/or escort are required to be accommodated close to the treatment location during the treatment occasion.

Prior approval is required for those patients and/or escort(s) who will claim more than seven nights' accommodation.

Patients are not eligible to claim accommodation costs for nights when they are admitted to a treatment facility as an inpatient. However, if they meet eligibility criteria, the patient's escort may claim for their separate accommodation.

The following conditions are to be applied in assessing the accommodation subsidy:

- An accommodation allowance is only payable to patients and escorts who are eligible for a travel subsidy.
- When available and appropriate, subsidised accommodation is to be used (refer 5.2.1 *Subsidised Accommodation*", below).
- The transport to and from the health facility cannot be completed in the same day.

- Approval has been granted to extend the stay by one or two days to attend associated allied health appointments as a course of treatment where the appointments follow the specialist medical services.
- The accommodation allowance is payable for the minimum number of nights necessary to enable the treatment to be completed and the patient to access return journey transport. (This allows a night's accommodation assistance to be paid for a resident of King or the Furneaux Group Islands who, due to flight times, needs to arrive the day prior to treatment, or needs to wait overnight for the next available flight home).

Note: Patients and escorts can choose to be at the locality of the treatment facility for a period of time prior to or after treatment. However, such an extension of stay does not attract an accommodation allowance, and any increased fares will need to be met by the patient and/or escort.

Patients and escorts are encouraged to stay privately with family and friends where possible (the Scheme does not subsidise such private accommodation arrangements).

6.2.1 Subsidised Accommodation

Patients and escorts will have access to a list of accommodation. It is important to check the availability of suitable accommodation prior to booking commercial accommodation. If a single room is not available, patients will be eligible to claim the commercial accommodation rate allowance.

6.2.2 Intrastate accommodation assistance

Information regarding low cost accommodation options near hospitals is available on the DHHS website.

The accommodation allowance for commercial accommodation is up to \$46 per approved person per night in Tasmania. Rate will be increased to \$66 per approved person per night from 1 July 2014.

6.2.3 Interstate accommodation assistance

Information regarding low cost accommodation options is to be offered to the patient. Several hospitals have accommodation information available on their website.

The accommodation allowance for commercial accommodation is up to \$64 per approved person per night outside Tasmania. Rate will be increased to \$87 per approved person per night from 1 July 2014.

Note: Any incident expense (e.g. phone calls, meals, parking) is not claimable under this Scheme.

6.3 Patient Contributions

The procedures for determining the subsidies for travel and accommodation have been outlined above. The level of financial assistance is dependent on the health card status of the patient and the total travel costs incurred by the patient over the period of a financial year.

Under this Scheme, patients are divided into two categories dependent on their (or in the case of children, their family's) health card status.

6.3.1 Patients holding a Health Care Card or a Pensioner Concession Card

Travel Allowance: Patients are required to make a contribution of \$15.00 towards the cost of each return journey. Patient escorts are not required to make a contribution. Contribution rate will be increased to \$16.50 per return journey from 1 July 2014.

Should a patient's contributions exceed \$120 in any one financial year, the patient's contribution will be waived for further travel in that financial year. The patients' maximum contribution cap will be increased to \$132 per financial year effective 1 July 2014.

Accommodation Allowance: The accommodation allowance, payable from the first night, is a maximum of \$46 per person per night for the patient and each approved escort, for commercial accommodation intrastate, and \$64 per person per night interstate. These rates will increase to \$66 and \$87 respectively effective 1 July 2014.

However, where available and appropriate, patients and escorts are to use subsidised accommodation (with the costs met by the Scheme).

6.3.2 Patients without a Health Care Card or a Pensioner Concession Card

Travel Allowance: Patients are required to make a contribution of \$75 towards the cost of each return journey. Patient escorts are not required to make a contribution. The patient contribution will increase to \$82.50 effective 1 July 2014.

Should a patient's contributions exceed \$300 in any one financial year, the patient's contribution will be waived for further travel in that financial year. The patients' maximum contribution cap will be increased to \$330 per financial year effective 1 July 2014.

Accommodation Allowance: An accommodation allowance is provided from the third night of the stay (i.e. the patient and escort(s) meet the total cost of the first two nights' accommodation), a maximum of \$46 per person per night for the patient and each approved escort, for commercial accommodation intrastate and \$64 per person per night interstate. These rates will increase to \$66 and \$87 respectively effective 1 July 2014.

However, where available and appropriate, patients and escorts are to use subsidised accommodation (with the costs met by the Scheme).

6.3.3 Hardship Provisions

Inability to pay the required patient contribution, as outlined above, will not be used as a basis for refusing assistance to people who have been assessed as needing specialist medical treatment.

Patients who are unable to make the patient contribution will be required to provide evidence to prove that they have difficulty paying the patient contribution or may make application through the PTAS Appeals Process (described in Appendix 1) to have it waived.

7 Goods and Services Tax (GST)

DHHS is entitled to claim GST credits for payments made to airline operators, but not entitled to claim GST credits in relation to payments made to accommodation providers under the Scheme since DHHS is a third party payer and is not the recipient of the supply, as required by GST Ruling 2006/9 Supplies.

DHHS will only pay a maximum of \$46 (intrastate accommodation) or \$64 (interstate accommodation) per approved person per night inclusive of GST. Patients are responsible for their part of GST payment. These maximum rates will increase to \$66 and \$87 respectively effective 1 July 2014.

8 Postponed admissions or cancelled specialist appointments

In the event of the following:

- a hospital admission for an elective procedure has been postponed, or
- a specialist appointment is cancelled or postponed, and
- the patient is not notified until after commencing the journey,

the Scheme will provide the level of financial assistance allowable towards the cost of this travel.

For intrastate travel, the hospital responsible for the postponement or cancellation is also responsible for the PTAS costs.

9 Assistance available to patients requiring a second medical opinion

If a medical specialist requests a further opinion, the patient is entitled to receive the appropriate travel allowance and, if necessary, an accommodation allowance to enable them to travel to and from the nominated specialist.

Patients seeking a further medical opinion, in their own right, are not eligible for travel assistance.

10 Assistance available when a patient dies at a treatment facility

If a patient is eligible for travel assistance under this Scheme (or if a patient has been transferred between hospitals) and dies at the treatment facility, assistance is available towards meeting the cost of returning the body home.

PTAS will meet the costs of repatriation of the body to a maximum of \$1 500.

In all instances, itemised accounts must be submitted and the level of reimbursement will be calculated on the most economically appropriate options.

10.1 Preparation of the body

The Scheme will provide financial assistance towards processes and items necessary for the body to be transported home (e.g. preparation of the body and a specialised container).

10.2 Transportation of the body

10.2.1 If the patient dies interstate

The financial assistance payable covers the cost of:

- ground freight of the body to the interstate departure airport
- air freight of the body to the Tasmanian arrival airport, and
- ground freight of the body to the funeral director in Tasmania designated by the next-of-kin.

10.2.2 If the patient resides in Tasmania and dies in Tasmania

The financial assistance payable covers the cost of:

- ground freight of the body to the funeral director designated by the next-of-kin, providing it is no further than the former residence of the deceased.

10.2.3 If the patient is from King or the Furneaux Group Islands

The financial assistance payable covers the cost of:

- ground freight of the body to the nearest airport with flights to the island
- air freight of the body to the island, and
- ground freight of the body to the funeral director designated by the next-of-kin.

10.2.4 Support for escorts

If the patient was travelling with an escort, the escort may continue to claim the accommodation allowance for the minimum time required to make the necessary funeral arrangements, and also claim the travel allowance for the return journey.

11 Procedures

11.1 Accessing the Scheme

All requests for PTAS assistance must be made by the patient or the patient's guardian/carer, requiring the completion and submission of the PTAS application form. The completed PTAS application form is submitted to the local PTAS Coordinator (contact details are on the PTAS application form).

Wherever possible, the completed PTAS application form should be submitted as soon as the referring specialist completes the application form for which travel and/or accommodation assistance is sought. This allows time for the eligibility and level of assistance to be assessed, and the patient informed of the outcome of the application prior to making travel and/or accommodation arrangements.

There are two instances when it is not possible for the PTAS application form to be submitted as soon as the referring specialist completes the application form:

- when the need for treatment is urgent there is minimal forewarning of the need to travel to the appointment, and
- when the patient is not aware of the PTAS prior to undertaking the travel to the specialist medical service.

Appendix I summarises the procedural steps in the following three scenarios:

- the normal process
- urgent travel, and
- retrospective claims.

11.2 Roles and responsibilities of participants

11.2.1 Referring Medical Practitioner

(First point of contact who provides the PTAS application form and completes Section A)

- The medical specialist, oral/maxillofacial surgeon or rural GP who has assessed the patient, must provide the information required in Section A on the PTAS application form.

Note: *The procedure for which the patient is being referred must be made sufficiently explicit to enable eligibility to be assessed.*

- The medical practitioner will inform the patient (or the patient's carer/guardian) that they must complete Section B of the PTAS application form and (at the earliest opportunity) email or post the tear-off section (Sections A and B) to, or leave it at the PTAS Office in their area, together with a copy of their Pensioner Concession or Health Care Card (if applicable). The patient should retain the other part of the PTAS application form to take to their appointment with the nominated specialist.
- The medical practitioner will provide the patient with the PTAS brochure giving further information and contact details.
- If the patient's travel needs are urgent (i.e. the patient will need to travel within the week), the referring medical practitioner should ensure that the PTAS Office is informed as soon as practicable. This may require the medical practitioner advising the patient to go directly to the PTAS Office to

arrange the bookings, or the medical practitioner (or his/her receptionist) making telephone contact with the PTAS Office on the patient's behalf and faxing through the required information.

11.2.2 Patient (or patient's guardian/carer)

(Patients are responsible for lodging the PTAS application form)

- Prior to travel and at the earliest opportunity, patients must complete Section B of the PTAS application form, and post it to, or leave it at, the PTAS Office in their area, together with a copy of their Pensioner Concession or Health Care Card (if applicable).
- Patients retain the remainder of the PTAS application form to present to the nominated specialist at the time of their treatment.

11.2.2.1 Patients who need to travel interstate to access a specialist medical service

- If the patient does not wish to visit the PTAS Coordinator in person, it is the patient's responsibility to contact the PTAS Coordinator with details of their specific requirements for travel and accommodation at the earliest opportunity.
- The patient needs to ensure they understand the process (e.g. where to pick up the tickets; the costs for which they will be responsible; the need to retain any receipts that are claimable under PTAS, etc).

11.2.2.2 Patients who need to travel to a specialist medical service within Tasmania

- The patient can either make his/her own travel and/or accommodation bookings or organise with the local PTAS Coordinator to pre-book his/her travel and/or accommodation. (An information booklet about accommodation and other services near the hospital is available on the DHHS website and from PTAS Coordinators).

11.2.2.3 All patients

- If the patient requires further assistance, he/she may contact any of the following for information:
 - the PTAS Coordinator in their area
 - a Patient Travel Assistant in their district hospital or community health centre
 - a hospital Social Worker, should the patient need extra assistance not related to travel
 - a Ward Clerk, if the patient is in hospital at the time, or
 - a Community Health Centre.
- The patient must ensure that they take the Section C of the PTAS application form to the nominated specialist to complete.
- On return from treatment the patient must post the completed PTAS application form, together with any receipts, to the PTAS Office.

11.2.2.4 Time limit

All claims with all necessary documentation attached must be lodged within four (4) months of return from treatment.

11.2.2.5 Late claim

Payment is at the discretion of the PTAS Medical Authorisers, who will take the individual circumstances into account when making a decision.

11.2.3 PTAS Coordinator

- PTAS Coordinators provide information and assistance to patients in completion and lodgement of forms; manage bookings for intrastate/interstate travel and manage the reimbursement of claims.
- They are responsible for the maintenance of a comprehensive record of all applications and relevant reporting.
- They are responsible for the supply of data to the DHHS for entering on the PTAS database to allow display of information on the For Your Information (FYI) business intelligence tool to facilitate statewide review and evaluation.
- On receipt of a PTAS application form, the PTAS Coordinator ensures, as far as possible that the request meets the requirements of the Scheme and may highlight any concerns to be drawn to the attention of the Medical Authoriser.
- If the procedure for which the patient is being referred is insufficiently defined (e.g. words such as consultation, review or assessment are normally insufficient), the PTAS Coordinator should request clarification from the referring medical practitioner, prior to forwarding the PTAS application form to the Medical Authoriser.
- Determine that all the information required is complete (including the currency of any Pensioner Concession or Health Care Card). If information is incomplete, the PTAS Coordinator will need to contact the patient.
- Validate that the patient is not eligible for assistance from other sources.
- Ensure the applications are forwarded to the appropriate Medical Authoriser for approval, paying particular attention to those that are urgent.

Note: A Medical Authoriser may choose to delegate approval of general claims to the PTAS Coordinator, thereby managing by exception rather than by rule.

- On approval, PTAS Coordinators need to ensure that patients have confirmation of their approval for assistance.

11.2.3.1 For patients needing to travel interstate for treatment

- The PTAS application form will normally be received prior to the patient travelling. The PTAS Coordinator notes any special travel or accommodation arrangements that are needed, especially the urgency of the request for travel.
- The PTAS Coordinator may make tentative flight bookings if indicated by the urgency of the situation and complete any urgent accommodation bookings.

Note: The patient should have already made contact with the PTAS Coordinator.

- Once approval has been received from the Medical Authoriser, tentative bookings are confirmed by the PTAS Coordinator.
- For non-urgent travel, it is normal practice to await approval by the Medical Authoriser prior to booking flights and accommodation. However, PTAS Coordinators may wish to make a tentative

booking for non-urgent travel if they are reasonably confident that the travel will be authorised and that if, by doing so, they may be able to negotiate a more economical airfare.

- PTAS Coordinators need to ensure that patients travelling interstate have their bookings information well before the travel begins where possible.

11.2.3.2 For patients travelling within Tasmania for treatment

- Patients who need to travel within Tasmania, may make their own travel and accommodation arrangements and claim reimbursement on their return home from the specialist treatment, or organise with the local PTAS Coordinator to pre-book their travel and/or accommodation. PTAS Coordinators are always available to answer queries and provide information.

11.2.3.3 Non-approval of requests for assistance

- If a request for assistance is not approved, or not approved in full, the PTAS Coordinator must notify both the patient and the referring medical specialist, stating the reasons for the non-approval.
- Information concerning all non-approvals will be discussed with the PTAS Operational Committee Review Committee at least once a year should this information be pertinent to operational policy review.

11.2.3.4 Claims management

- Once the patient has visited the nominated specialist and returned the PTAS application form with Section C completed together with any receipts, the PTAS Coordinator validates the details, calculates claims, deducts patient contributions and forwards the claim for reimbursement.

11.2.4 Medical Authoriser

- Medical Authorisers in each of the three Tasmanian Health Organisations (THOs) (Regional Medical Authorisers) are responsible for ensuring that decisions regarding the application of the Scheme are made in a consistent and appropriate manner.
- Specialist Medical Authorisers may be appointed in a statewide role to approve all referrals for disciplines with high usage to ensure optimal referral and full usage of state facilities.
- Should a dispute arise between a Specialist Medical Authoriser and a medical specialist regarding the appropriateness of a referral, the matter will be referred to the relevant regional Medical Authoriser who will make the final determination.
- Medical Authorisers are accountable for the authorisation of all claims. While the Chief Executive Officer (CEO) of the relevant THO has final accountability for their PTAS budget, it may be delegated to the Medical Authoriser.
- A Medical Authoriser may choose to delegate approval of general claims to the PTAS Coordinator, thereby managing by exception rather than by rule. If this option is not chosen, the Medical Authoriser evaluates and, if appropriate, approves the PTAS claim as described on the PTAS application form.
- Applications involving assistance for interstate air travel are evaluated and returned to the PTAS Coordinator as promptly as possible to help realise opportunities to access flight discounts.
- The Medical Authoriser may seek advice from other specialists in Tasmania as to the nearest appropriate specialist if there is doubt about the appropriateness of the referral, and will seek clarification from the referring specialist if there is a difference of opinion.

- In the event that an application for assistance is not approved, the Medical Authoriser should ensure that the patient, referring specialist, PTAS Coordinator and the PTAS Operational Committee (or equivalent) are informed.

11.2.5 Nominated Specialist

- The nominated specialist completes Section C of the PTAS application form at the time of the patient's treatment and returns it to the patient to post back to the PTAS Coordinator on the patient's return home.

12 Monitoring and performance measures

Each PTAS office needs to monitor performance of the Scheme to fulfil its responsibility to provide a patient focussed and efficient service.

Statewide PTAS data will be made available through the For Your Information (FYI) business intelligence tool. The collation of this data will be managed through the System Purchasing and Performance Group of DHHS.

The minimum performance measures are shown in the table below. It is expected that each PTAS Coordinator will be able to produce information to answer queries concerning individual patient trips.

Performance Measures	
Measure	Purpose
Number (n) and cost of PTAS claims Total for any period By speciality By procedure	Monitor utilisation and expenditure
(n) of applications refused and estimated claim amounts	Assess accessibility
(n) of applications with refusal/partial refusal for escorts	Monitor funding for escorts
(n) and costs of patients travelling interstate <i>Breakdown by accommodation and travel</i>	Monitor interstate referrals for expenditure
(n) and costs of escorts travelling interstate <i>Breakdown by accommodation and travel</i>	Monitor funding for escorts
(n) and costs of patients travelling intrastate <i>Breakdown by accommodation and travel</i>	Monitor interstate referrals for expenditure Provide information for service planning
(n) and cost of escorts travelling intrastate <i>Breakdown by accommodation and travel</i>	Monitor funding for escorts
(n) and costs of patients travelling from an island	Monitor accessibility by islanders
(n) and cost of reduced contribution for health and pension card holders	Monitor access
(n) of referrals by specialist	Information for service planning
List of visit information by referring specialist	Information for service planning
List of visit information by speciality	Information for service planning
List of visit information by procedure	Information for service planning
List of visit information for trips with more than one escort	Information for PTAS planning
List of refusals and estimated claim amounts	Efficiency and effectiveness
List of multiple claims in a financial year	Efficiency and effectiveness
(n) of complaints	Monitor accessibility and effectiveness

Note: Information relating to individuals will remain confidential and no details will be reported that enables individuals to be identified.

Appendix I: The PTAS Appeals/Complaints Process

All patients have the right to appeal if they disagree with any decision made in relation to PTAS. Analysis of complaints will be an integral component of the annual review of the PTAS Operational Protocols.

The complaints process is as follows:

1. Patients are encouraged to direct their complaints or appeals to the PTAS Coordinator in their area.
2. If the patient does not believe their complaint has been dealt with to their satisfaction, the patient should contact the relevant Regional Medical Authoriser.
3. If the patient remains dissatisfied, he/she may lodge an appeal with the PTAS Operational Committee by writing to the Medical Authoriser or the CEO of the relevant THO.

Urgent Complaints only: If the issue is judged by the complainant as placing at risk imminent travel for an urgent appointment, it is suggested that he/she contacts the relevant THO CEO directly.

4. If the patient still remains dissatisfied with the result of their complaint or appeal, they should contact the relevant THO CEO who will seek clarification from the PTAS Operational Committee prior to making a ruling.

Alternatively, patient may make their complaint to the Office of the Health Complaints Commissioner.

OR

If the patient wishes to take issue with the Ministerial Policy itself, as opposed to the application of the policy through these protocols, they should direct their concerns to the Deputy Secretary, System Purchasing and Performance.

In the event that a complaint is made directly to a THO CEO, he/she should refer the issue in the first instance to the relevant Regional Medical Authoriser. However, if the complaint is of an urgent nature, a decision can be made by the CEO with advice from the Regional Medical Authoriser. The issue and the decision are then referred to the PTAS Operational Committee for consideration regarding any future policy implications. If resolution of the complaint is **not** urgent, it should be referred to the PTAS Operational Committee for consideration and advice.

Appendix 2: Flowcharts of procedures to apply for assistance

Chart 1: In Normal Circumstances

In normal circumstances (i.e. if the application form can be submitted well in advance of the patient's treatment appointment) the following procedures apply:

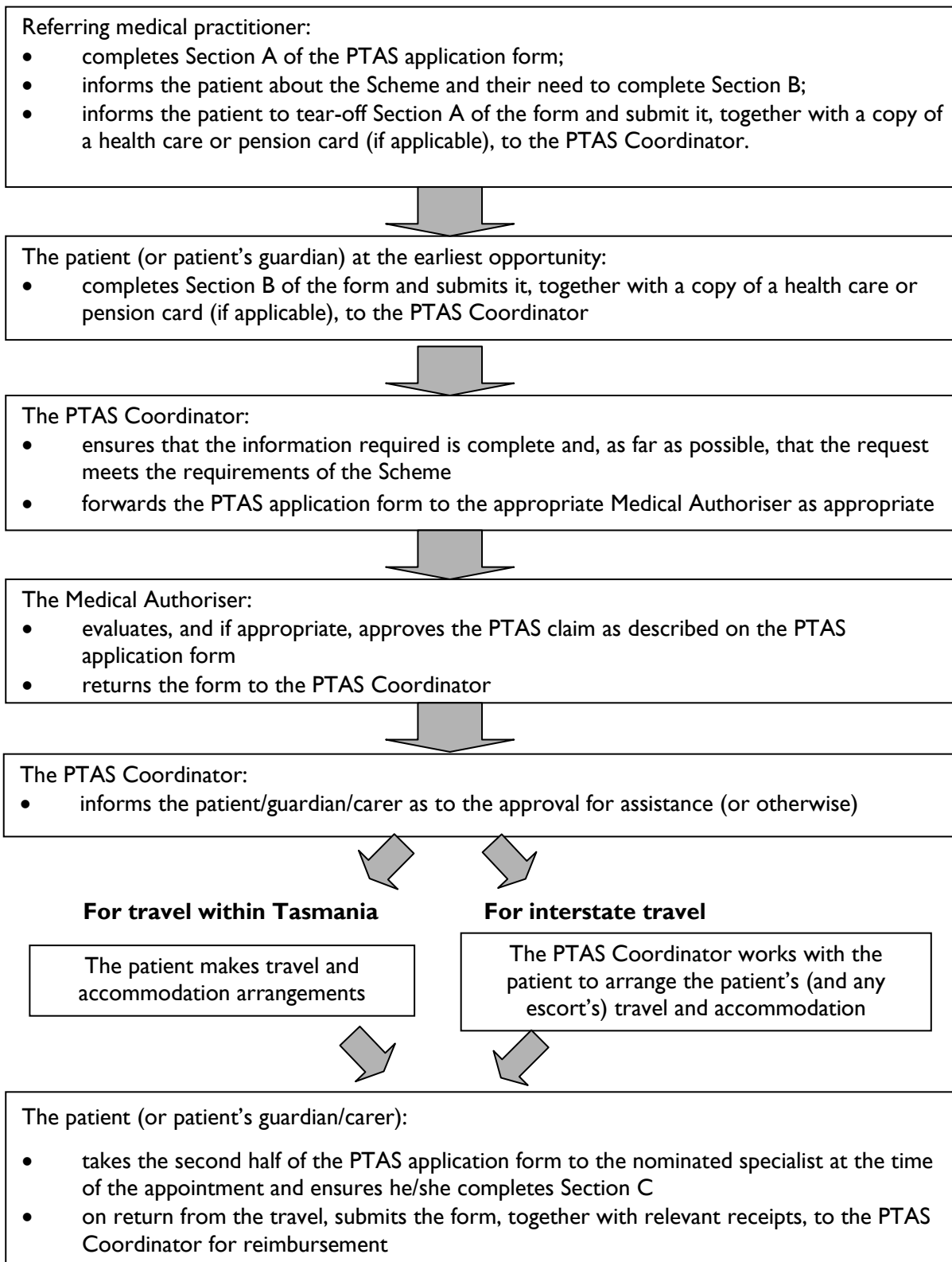


Chart 2: For Urgent Travel

If the appointment involves urgent interstate travel the following procedures apply:

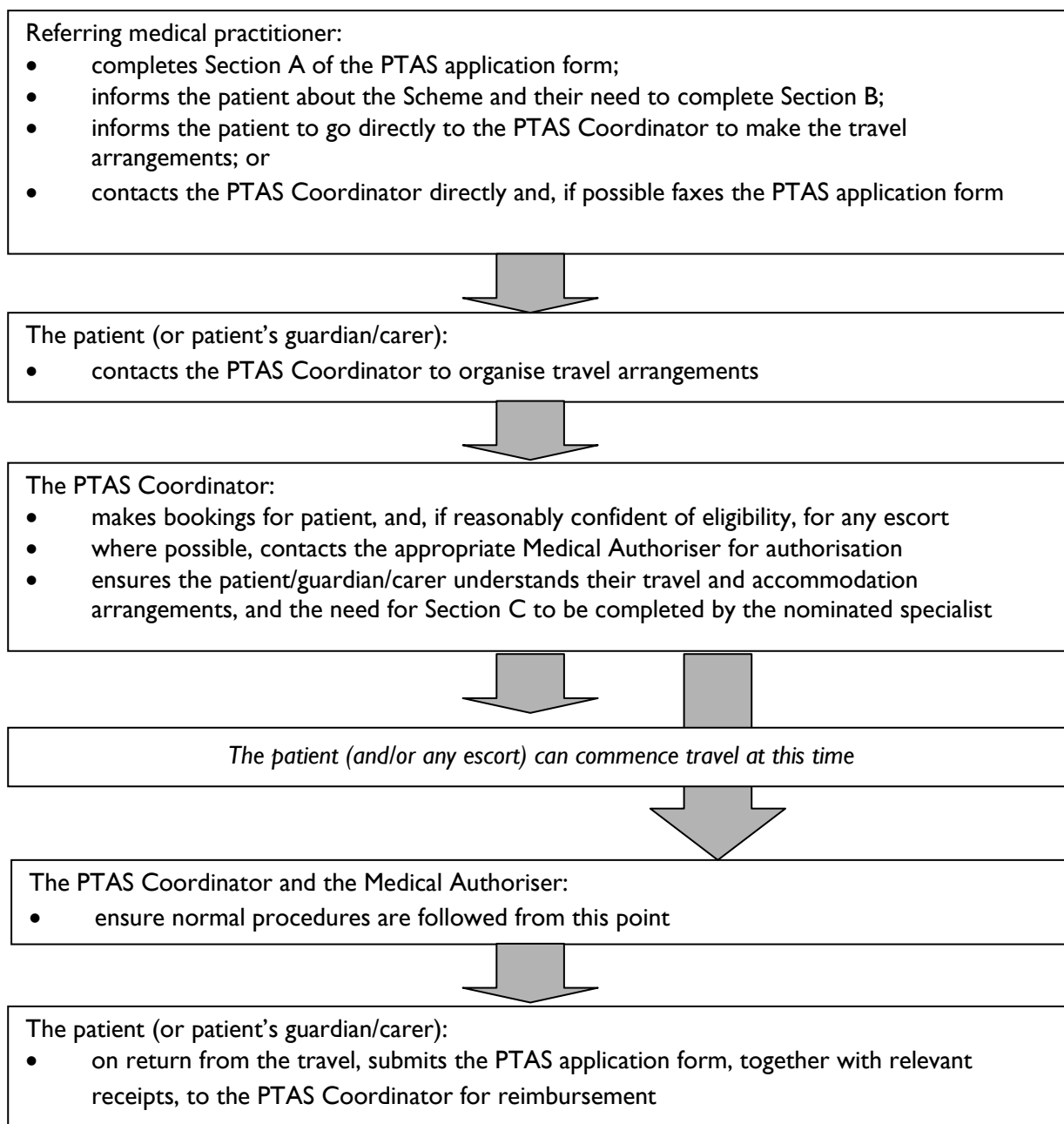
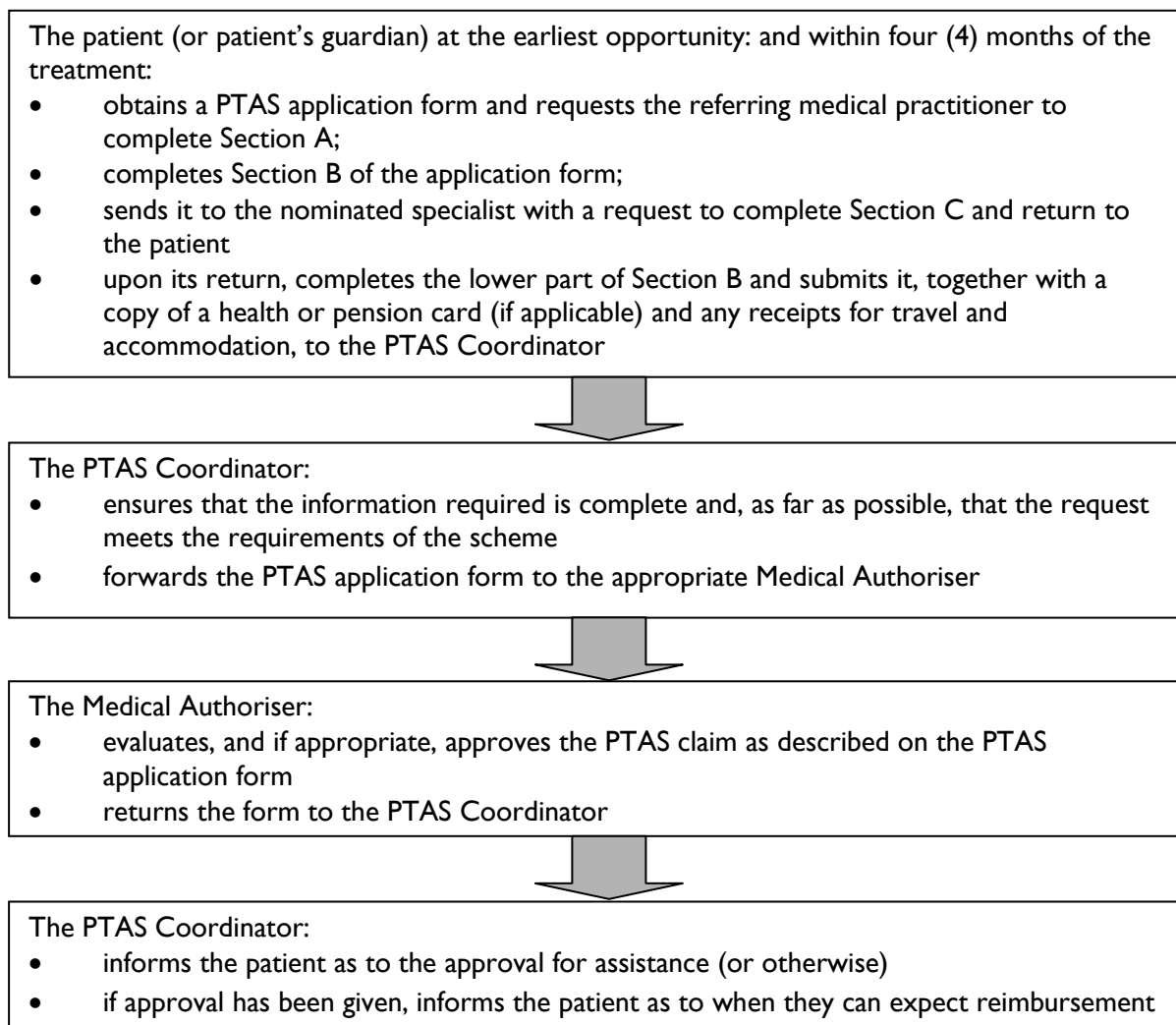


Chart 3: Retrospective Claims

If the patient (or patient’s guardian) finds out about the Scheme subsequent to travel, the following procedures apply:



NB: Retrospective claims must be lodged within four (4) months of the treatment occasion for the patient to be eligible for reimbursement.