Change to IPTAAS Distance Criterion for Renal Dialysis Patients

Document Number  IB2010_063  
Publication date  23-Dec-2010  
Functional Sub group  Corporate Administration - Finance  
                      Clinical/ Patient Services - Transport  
Summary  The Information Bulletin outlines the administrative requirements for consistent application of the decision to change the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) distance criterion with respect to renal dialysis patients. From 1 January 2011, patients who travel a cumulative distance of at least 200km per week to access renal dialysis services will be eligible for IPTAAS travel subsidies.  
Author Branch  Primary Health and Community Partnerships  
Branch contact  Manager, Primary Health 9424 5764  
Applies to  Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Community Health Centres, Dental Schools and Clinics, Public Hospitals  
Audience  Area Service staff working in the Transport for Health Program, renal dialysis unit staff  
Distributed to  Public Health System, Divisions of General Practice, NSW Ambulance Service, NSW Department of Health  
Review date  23-Dec-2015  
Policy Manual  Patient Matters  
File No.  10/5288  
Status  Active  

Director-General
CHANGE TO IPTAAS DISTANCE CRITERION FOR RENAL DIALYSIS PATIENTS

PURPOSE
To provide information on the change to the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) distance criterion for renal dialysis patients.

KEY INFORMATION
The Minister for Health has determined that from 1 January 2011, a new IPTAAS distance criterion will apply to renal dialysis patients only.

From 1 January 2011, patients who have to travel a cumulative distance of at least 200km per week to access renal dialysis services will be eligible for IPTAAS travel subsidies. Claims from renal dialysis patients for cumulative travel of at least 200km per week undertaken prior to this date are not to be accepted.

The $40 co-contribution for non-pensioners/health care card holders will continue to apply, and is to be levied on the cumulative weekly distance travelled by these patients. Patients in this category are advised to contact their local Health Transport Unit to discuss the effect of the co-contribution on their claim before submitting an IPTAAS Application Form – refer to Application Form for Health Transport Unit contact details.

This Information Bulletin is to be read in conjunction with PD2009_042 Transport for Health – Isolated Patients Travel & Accommodation Assistance Scheme Administration Manual.

Implementation

Eligibility:
Eligibility to access IPTAAS will be on the same basis as other claimants, except that renal dialysis patients will be eligible if they travel a minimum distance of 200km cumulative per week to access their dialysis (compared to 200km per round trip to access specialist medical treatment for other claimants).

Health Transport Units are to calculate the distance travelled by claimants using the standard method set out in the Transport for Health – IPTAAS Administration Manual (PD2009_042).

Submission of claims:
1. Submission of a valid form to cover treatment period
   - Renal dialysis patients claiming under the new rule for the first time must submit an IPTAAS Application Form with all sections completed. As for all patients undergoing continuing treatment over a twelve month period, the referring medical practitioner is not required to complete Section B of the IPTAAS Application Form for subsequent claims. However, a new referral must be provided every 12 months. In the case of renal dialysis, the
referring medical practitioner and treating specialist may be the same person.

- Usually, the treating specialist is required to complete section C of the Application Form for each subsequent claim, as a means of confirming that the treatment took place. However, as renal dialysis is essential and regular treatment, the Travel Diary (available from the local Health Transport Unit) is acceptable as confirmation of attendance for renal dialysis patients only.

- Therefore renal dialysis patients making IPTAAS claims only need to submit a new Application Form once every year, unless their personal and/or payment details change, in which case the relevant Section of the form is to be submitted with the next claim made following the change(s).

2. Claiming the subsidy after travel

- Claims made by renal dialysis patients are to be paid on a monthly basis. In circumstances where the requirement to claim on a monthly basis causes financial hardship for the patient, payments may be made on a weekly basis.

- Renal dialysis patients should submit their monthly claims using the single page travel diary, available from their local Health Transport Unit.

- Claims using the Travel Diary must be submitted in the timeframe on their claim form. If a patient is making monthly claims, they will be able to make twelve of these within the one year validity period of their claim form. The final trip on the last monthly claim for that year must fall within the timeframe for validity of the specialist referral on the claim form.

- Claims made using the travel diary will only be valid with evidence from the renal dialysis unit to confirm that the patient used private transport to access their care. Evidence includes a signed notation on the diary by the Nurse Unit Manager of the Dialysis Unit, or system printout providing the necessary validation.

**Monitoring and Evaluation**

All NSW Health Transport Units are to collect data to enable accurate monitoring of the cost of implementing this change to the IPTAAS distance criterion. The data to be collected is as follows:

- Number of claims made by renal dialysis patients
- Cost of claims made by renal dialysis patients
- Additional administrative costs associated with the change, expressed as additional Full Time Equivalent staff required to process the additional claims received.

The collected data is to be reported to the Department of Health on a six-monthly basis, commencing with data for the period 1 January – 30 June 2011. Reports should be submitted to the Manager, Primary Health and Equity, NSW Department of Health, Locked Mail Bag 961, North Sydney 2059. A copy should be emailed to PHCPBmail@doh.health.nsw.gov.au marked to the attention of the Manager, Primary Health and Equity.