

Isolated Patients Travel and Accommodation Assistance Scheme Policy (IPTAAS)

Summary IPTAAS is a NSW Government program which aims to improve access to specialist health treatment. This outlines the IPTAAS governance framework and eligibility requirements.

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Audience All NSW Health and Local Health District Staff

ISOLATED PATIENTS TRAVEL AND ACCOMMODATION ASSISTANCE SCHEME (IPTAAS)

PURPOSE

This Policy Directive provides the revised governance framework for the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) following changes to IPTAAS eligibility criteria and subsidy levels introduced on 1 September 2015, 1 February 2016 and 1 October 2018.

It outlines the requirements for IPTAAS eligibility and subsidy options, as well as the roles and responsibilities of the Ministry of Health, HealthShare NSW and Local Health Districts.

This document must be read with the IPTAAS Assessment Guidelines.

MANDATORY REQUIREMENTS

All staff must comply with this Policy Directive.

IMPLEMENTATION

This Policy Directive applies to all NSW Health staff and visiting medical practitioners.

Chief Executives are responsible for implementing and complying with IPTAAS policy. For Local Health Districts that operate IPTAAS Offices, Chief Executives are responsible for operation of the Scheme at the local level.

HealthShare NSW is responsible for overseeing the operation of the Scheme, and developing and monitoring the IPTAAS Assessment Guidelines.

The **Ministry of Health** is responsible for setting IPTAAS policy in line with Government direction, providing funding to Local Health Districts and HealthShare NSW, and monitoring performance of the Scheme.

NSW Health staff are responsible for implementing and complying with the IPTAAS Policy Directive and the IPTAAS Assessment Guidelines.

REVISION HISTORY

Version	Approved by	Amendment notes
August-2109 (PD2019_039)	Deputy Secretary, Health System Strategy and Planning Division	Rescinds PD2012_070
PD2012_070	Deputy Director-General, Strategy and Resources	Rescinds PD2009_042

ATTACHMENTS

1. Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS)
Policy: Procedures

**Isolated Patients Travel and Accommodation
Assistance Scheme Policy Framework**



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1 BACKGROUND

1.1 Isolated Patients Travel and Accommodation Assistance Scheme

The Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) is a NSW Government program which aims to improve access to specialised health treatment.

IPTAAS provides financial assistance to patients and their escorts or carers, particularly in rural or isolated areas, who travel significant distances to access specialised health treatments not available locally.

IPTAAS is a subsidy scheme, not a full reimbursement scheme. IPTAAS subsidises travel and accommodation and is not intended to cover all costs associated with accessing treatment.

This document outlines the IPTAAS governance framework and eligibility requirements.

1.2 IPTAAS Assessment Guidelines

This document must be read with the IPTAAS Assessment Guidelines and IPTAAS Subsidy Schedule which provides detailed information on subsidy rates, eligibility, administrative and procedural matters. The requirements detailed in this Policy Directive are mandatory, and the IPTAAS Assessment Guidelines provide further detail and clarification on how IPTAAS is implemented. Sound reasoning must exist for departing from the Assessment Guidelines.

2 ELIGIBILITY

2.1 Patients

A patient is eligible for IPTAAS assistance if they are:

- a resident of NSW or Lord Howe Island,
- enrolled with Medicare,
- not receiving or eligible for financial assistance for travel and accommodation from a third party insurance or other Commonwealth, state or territory government schemes. This excludes private health insurance,
- referred for treatment at their nearest health service,
- receiving treatment at an eligible health service,
- travelling at least 100kms (one way) or at least 200kms in a week from their residence to the nearest eligible health service.

A patient is ineligible for IPTAAS if they are:

- NSW residents seeking medical treatment outside Australia,
- not travelling from their usual place of residence to access specialised medical care,

- non-NSW residents seeking treatment in NSW.

Residency requirements are different for organ and tissue donors. An interstate resident is eligible if donating an organ or tissue to a resident of NSW. However, NSW residents are not eligible if donating an organ or tissue interstate to an interstate resident. For further information about IPTAAS eligibility criteria, see the IPTAAS Assessment Guidelines.

2.1.1 Escorts

An escort is an adult who travels and/or stays with a patient and provides support during their treatment. A patient may be eligible to receive additional subsidies to support travel and accommodation costs of an escort.

A patient can claim travel and accommodation subsidies for one escort without pre-approval, except for air travel. A patient may need to use commercial air travel for medical reasons to access specialised health treatment. If this is the case, IPTAAS air pre-approval is required for the patient and escort. Escort pre-approval does not apply to children who are entitled to one escort automatically for commercial air travel.

A patient is eligible for two escorts if they are:

- an Aboriginal or Torres Strait Islander person; or,
- if they are under 17 years old and their health service confirms in writing that their condition is life threatening.

2.1.2 Third Party Organisations

A patient may nominate to have all or part of their subsidy paid to a Third Party Organisation. A Third Party Organisation is a registered charity, not-for-profit or non-government organisation that provides a patient with financial assistance or organises travel and accommodation services. A Third Party Organisation must be registered with IPTAAS to receive a subsidy.

Community transport providers

Community transport providers may transport a patient to and from treatment. A patient may receive a subsidy if the community transport provider does not receive government funding.

If a community transport provider receives alternative government funding, the patient is not eligible to claim a transport subsidy, even if there is a cost to the patient for the service. Patients may still be eligible for an accommodation subsidy.

Eligible community transport travel is calculated using the public transport subsidy rate.

Aboriginal Community Controlled Health Services

Aboriginal Community Controlled Health Services may assist a patient by transporting them to and from treatment. An eligible patient may nominate an Aboriginal Community Controlled Health Service to receive all or part of their subsidy. A service will receive one subsidy per journey regardless of the number of patients they are transporting.

2.2 Eligible specialised health services

Patients are eligible for IPTAAS if they are referred for treatment to their nearest eligible health service. Eligible services for IPTAAS assistance include:

Service type	Definition
Specialist medical services	<ul style="list-style-type: none"> • Provided by a specialist medical practitioner, registered as a specialist by the Australian Health Practitioner Regulation Agency (AHPRA); and listed as having a recognised ‘speciality’ or ‘field of specialty practice’ by the Medical Board of Australia. • Excludes treatment provided by general practitioners. • Provides treatment that is recognised by Medicare and the services are on the Commonwealth Medicare Benefits Scheme.
Allied health services	<ul style="list-style-type: none"> • An IPTAAS eligible allied health clinic that provides a highly specialised service. A list of eligible allied health clinics is provided in the IPTAAS Assessment Guidelines.
Specific oral health services	<ul style="list-style-type: none"> • Dental or orthodontic treatment associated with treatment of cleft lip and palate. • Oral surgery performed by an eligible dental practitioner in an operating theatre and the patient is under general anaesthesia. • Provided by an eligible medical or dental practitioner whose registered specialty type is oral and maxillofacial surgery.
Prosthetic or orthotic services	<ul style="list-style-type: none"> • Treatment provided by an eligible prosthetist or orthotist.

2.3 Ineligible health services

Some types of services are not IPTAAS eligible health services. These include:

- clinical trials
- health screening
- general dentistry
- allied health services (except registered allied health clinics).
- general practice.

2.4 Nearest specialised health service

A patient is eligible for IPTAAS if they access a specialised health service (identified in section 2.2) that is nearest to their usual place of residence, regardless of the state and territory it is located in. A visiting specialist or registrar who is employed as a specialist in a public or private hospital is considered the nearest available specialist.

3 SUBSIDIES

3.1 Travel

IPTAAS subsidy rates for travel appear in Schedule 1. The Goods and Services Tax (GST) component of travel costs is not reimbursable. A patient will not receive a travel subsidy for emergency transport via an ambulance or aeromedical organisations.

3.2 Advance travel

Patients holding a valid concession card and experiencing financial hardship may apply for travel assistance before their appointment.

3.3 Accommodation

A patient will receive a subsidy for eligible accommodation. Accommodation nights for single or multiple treatment periods accrue from the start of each financial year.

The GST component of accommodation costs is not reimbursable.

Different subsidy rates apply depending on the eligible accommodation type (for profit, not-for-profit, or private). In-patient hospital accommodation is not eligible. A patient may receive a subsidy for their escort's accommodation while they are an in-patient. IPTAAS subsidy rates for travel and accommodation appear in Schedule 1.

3.3.1 Bulk billing

Bulk billing occurs when an accommodation facility invoices IPTAAS directly for a patient's accommodation costs. A patient may be eligible to bulk bill their accommodation if they stay in an accommodation facility that is registered with IPTAAS as a Third Party Organisation.

3.4 Timeframes for submitting applications

IPTAAS applications must be submitted to an IPTAAS office within 12 months of the hospitalisation discharge or appointment end date. A patient will not receive a subsidy for journeys outside 12 months, even if the patient meets the eligibility criteria.

3.5 Deceased patients

Where a patient dies during treatment, IPTAAS may provide a travel subsidy to assist with the costs of transporting their body home. Escort travel may be available if a patient dies during treatment and the escort is on the return trip.

4 APPEALS AND COMPLAINTS

4.1 Complaints

EnableNSW and Local Health Districts with IPTAAS offices are required to have a complaints management process in place. This should document appropriate avenues for resolving IPTAAS claimant's concerns. The process should include:

- a user friendly system for accepting complaints,
- clear delegations and procedures for staff,
- a recording system to capture complaints data,
- performance standards including timeframes for response and quality of response,
- routine monitoring and review of complaint trends,
- regular reviews of complaints received to identify ways to improve service delivery.

4.2 Discretionary decision-making

Local Health Districts must have a process in place to address appeals and may provide a discretionary payment if the application meets the discretionary criteria.

EnableNSW works with Chief Executives of Local Health Districts who may exercise discretion if there are exceptional circumstances where IPTAAS applications do not meet the eligibility criteria but otherwise meet the intention of the Scheme.

EnableNSW and Local Health Districts should consider if there are exceptional circumstances when considering any application that does not meet the eligibility criteria.

A record of all discretionary decisions should be held in the IPTAAS Office. Correspondence to the claimant should also note the reason why a discretionary decision was made.

To support consistency in decision-making, the Ministry will review unsuccessful appeals where the claimant believes there are exceptional circumstances. In these instances, the Ministry will work closely with the relevant Local Health District, as the fund holder for their local IPTAAS budget.

EnableNSW and Local Health Districts are to use the following principles when considering a claim that does not meet IPTAAS eligibility criteria:

- Patient safety – it is paramount to consider the safety of the patient in terms of the safety of the travel route, clinically indicated need for continuity of care, mode of transport used and fitness of the patient to travel.
- Financial hardship – consider the patient's experience of financial hardship and if travel to access treatment will cause significant financial burden.
- Cultural needs – exercise sensitivity regarding the patient and their family's cultural needs.

- Other sensitivities – consider if there is a significant emotional/traumatic impact of the health condition or reason why the patient sought IPTAAS that requires greater sensitivity in assessing the claim.
- Precedent – consider if there is a precedent supporting special consideration of the claim.

As IPTAAS has a limited budget, it is necessary to consider the impact of establishing precedents by making a discretionary decision. The majority of claims approved for payment should meet existing eligibility criteria, with only a small number of claims being approved by discretion.

5 PRIVACY

All IPTAAS staff must treat all information provided in respect of a claim confidentially, and securely store information at all times.

All staff must follow the *Health Records and Information Privacy Act 2002* and the NSW Health Privacy Manual for Health Information.

6 ORGANISATIONAL RESPONSIBILITIES

Organisation	Responsibilities
NSW Ministry of Health	<p>The Ministry has responsibility for setting IPTAAS policy in line with Government direction, providing funding to Local Health Districts and EnableNSW, and monitoring performance of the Scheme. This role includes:</p> <ul style="list-style-type: none"> • Reviewing and updating the IPTAAS Policy Directive as required. • Facilitating communication between NSW Health, community agencies and key stakeholders on matters relevant to IPTAAS Policy. • Monitoring the IPTAAS budget and establishing budgets for Local Health Districts and EnableNSW. • Reviewing unsuccessfully appealed claims for discretionary approval. • Determining eligibility for highly specialised Allied Health Clinics. • Setting Key Performance Indicators (KPIs) and monitoring performance of the Scheme. • Working with EnableNSW and Local Health Districts to address underperformance.
EnableNSW	<p>EnableNSW has responsibility for the operation of the Scheme. This includes:</p> <ul style="list-style-type: none"> • Developing and reviewing IPTAAS procedural documentation and information on IPTAAS for patients and health care

	<p>professionals.</p> <ul style="list-style-type: none"> • Where agreed, processing IPTAAS claims on behalf of Local Health Districts. • Overseeing the scheme’s operational processes. • Ensuring that IPTAAS eligibility criteria are applied in a consistent and equitable manner across NSW. • Providing training for IPTAAS staff as required. • Reporting against KPIs to the Ministry. • Monitoring the use and overall cost of IPTAAS.
Local Health Districts	<p>Local Health District roles vary depending on whether they operate a local IPTAAS office. All Local Health Districts have responsibility for:</p> <ul style="list-style-type: none"> • Implementing and complying with IPTAAS Policy and Procedures. • Discretionary decision making. • Monitoring district IPTAAS expenditure. <p>Local Health Districts who operate IPTAAS offices have the additional responsibilities of:</p> <ul style="list-style-type: none"> • Maintaining a strong IPTAAS customer support and assistance function at the local level. • Employing IPTAAS office staff. • Processing IPTAAS claims. • Providing training for IPTAAS staff as required. • Ministry of Health and EnableNSW, addressing areas of underperformance.

7 LIST OF ATTACHMENTS

1. IPTAAS Subsidy Rates
2. Glossary

ATTACHMENT 1: IPTAAS SUBSIDY RATES

Transport subsidy rates

Transport Type	Subsidy Rate	
Private vehicle	22 cents per kilometre.	
Public transport (excluding GST)	Full reimbursement at economy class rates.	
Air travel (excluding GST)	Full reimbursement for approved air travel at economy rates. Prior approval required from referring medical practitioner or treating specialist.	
Taxi	Length of appointment	Maximum subsidy
	1 day	\$20.00
	2 – 7 days	\$40.00
	8 – 14 days	\$80.00
	15 days or more	\$160.00

Accommodation subsidy rates

For profit accommodation	Maximum subsidy	
Total nights stayed (financial year)	Patient or escort only	Patient and escort(s)
1 – 7 nights	\$43	\$60
8 – 14 nights	\$80	\$105
15 nights or more	\$105	\$120
Not for profit accommodation (financial year)	Maximum subsidy	
Total nights stayed	Patient or escort only	Patient and escort(s)
1 – 7 nights	\$43	\$60
8 or more nights	\$65	\$85
Private accommodation (financial year)	Maximum subsidy	
*Single rate applies regardless of the number of nights	Patient or escort only	Patient and escort(s)
Per night	\$20	\$40

ATTACHMENT 2: GLOSSARY

Aboriginal Community Controlled Health Services	A primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it through a locally elected Board of Management.
Community Transport Providers	Not-for-profit organisations providing community transport.
Escort	An adult who accompanies an IPTAAS patient while travelling to specialist health treatment and/or during their period of treatment.
Economy class	The lowest travel class of seating in air transport and public transport.
Financial disadvantage	Patients or parents/guardians are considered financially disadvantaged if they: receive a Commonwealth Government pension or have a weekly income equivalent to or less than the maximum pension are issued with a Commonwealth Health Care Card or Commonwealth Seniors' Health Care Card. Patients who experience exceptional financial difficulties (for example, loss of income due to ill health, need to pay for accommodation near a health facility for a prolonged period), but do not receive a pension or have a healthcare card, may be considered as financially disadvantaged.
Patient	The person claiming IPTAAS subsidies or a parent or guardian of a claimant under 17 years of age.
Recognised specialist medical treatments	The treatments provided by a specialist medical practitioner that are recognised by the Health Insurance Commission and listed in the Commonwealth Medicare Benefits Scheme for the purposes of Medicare benefits.
Specialist medical practitioner	A medical practitioner recognised as a specialist in a particular specialty for the purposes of the Health Insurance Act 1973 and recorded as such by the Australian Health Practitioner Regulation Agency A medical practitioner (including a registrar) employed as a specialist by the Commonwealth or State or by the proprietors of an approved hospital, where written confirmation of this specialist status is provided. A dental practitioner registered as an oral surgeon contracted to render oral surgery in the operating theatre of a hospital established under the Health Insurance Act 1973, and recorded as such by the Health Insurance Commission under code 102 – Dentist (Approved) (Oral Maxillofacial Surgeon) of the Medicare Provider File.

Specialist oral health surgical treatment	For IPTAAS purposes, ‘specialist oral health surgical treatment’ means: treatment provided by an accredited Dental Practitioner who is a specialist conducting oral surgery in an operating theatre of an approved hospital and listed in the Commonwealth Medicare Benefits Schedule for Services by Dental Practitioners OR orthodontic and associated dental treatment where the patient is registered as a cleft lip and palate patient and the treatment is listed in the Commonwealth Medical Benefits for Services by Accredited Dental Practitioners in the Treatment of Cleft Lip and Cleft Palate Conditions.
Third Party Organisation	A registered charity, not-for-profit or non-government organisation that provides a patient with financial assistance or organises travel and accommodation services.