

Patient Travel Subsidy Scheme Health Service Directive

Protocol for Administration of the Patient Travel Subsidy Scheme

1. Purpose

This Protocol describes the mandatory steps for administering the Patient Travel Subsidy Scheme (PTSS).

2. Scope

This Protocol is mandatory and applies to all Hospital and Health Services (HHSs).

3. Process for administering the Patient Travel Subsidy Scheme

3.1 Governance requirements

HHSs shall establish a governance framework for managing the Scheme to ensure consistent application across and within HHSs. At a minimum, local governance shall include:

1. A single administrative point to provide oversight and central reporting of all PTSS activity across all hospitals and facilities in the HHS. This single administrative point will participate in statewide PTSS meetings and disseminate PTSS information within the HHS.
2. A nominee of the HHS Chief Executive who is accountable for the PTSS and is the point of escalation for any issues that may arise.
3. Active participation in statewide meetings and other forums pertaining to the Scheme.
4. A mechanism for:
 - ensuring telehealth and other alternatives to travel are considered ahead of PTSS applications being processed
 - consultation and communication with clinical streams, and other relevant groups within the HHS
 - consultation with relevant professional and consumer groups, primary care clinicians, patients and carers, and treating facilities receiving patients funded through the Scheme
 - identifying and implementing process improvement and training across the HHS



- establishing a list of specialist treatments not available at each facility in the HHS, for which patients can be automatically approved for PTSS, where eligibility criteria are met.

3.2 Scheme requirements

Eligibility

HHSs shall administer and implement the Scheme in accordance with the PTSS guideline, including the assessment of:

- a patient's eligibility for the Scheme
- an approved patient's eligibility for a mode of transport other than the most economical
- an approved patient's eligibility for an escort
- an approved patient and their escort's eligibility for accommodation.

Subsidies

HHSs shall pay the subsidies for approved patients and their escorts based on the subsidy amounts set out in the Guideline for the Patient Travel Subsidy Scheme.

Goods and Services Tax (GST)

HHSs shall apply the GST rules/tax coding set out in the department's Taxation Standards and the HHSs Financial Management Practice Manual (FMPM) when paying PTSS subsidies.

Concession Cards

HHSs shall recognise the concession cards listed in the PTSS Guideline when assessing PTSS applications.

3.3 Administrative requirements

HHSs shall:

- Maintain an IT solution to manage the application of PTSS through the statewide enterprise ICT system for PTSS, or an equivalent IT solution. The IT solution shall facilitate reporting, tracking and timely processing of payments.
- Appropriately consult with relevant professional groups, patients and consumer groups during the development of the PTSS processes.
- Establish and maintain communication pathways pertaining to the administration of the Scheme with relevant Primary Health Networks, consumer groups, patients and their carers, staff and other interested parties to ensure information is available to all users.
- Establish a contemporary complaints management process that ensures patient appeals are assessed independently of the original assessment.

HHSs shall establish local work instructions for administering PTSS activity across all hospitals and facilities in the HHS. Individual hospitals and facilities may manage PTSS activity. When assessing applications and administering the Scheme, HHSs must not

establish local rules or processes to circumvent the guideline or limit financial assistance to eligible patients e.g. applying additional eligibility criteria, cut-off periods for subsidies or applying mini-restrictions on when bookings can occur (especially for urgent bookings).

At a minimum, the HHS work instructions shall include:

Applications/travel referrals

HHSs shall establish a process for:

1. Assessing the suitability of using Telehealth and/or other technology as an alternative to travel in collaboration with the HHS telehealth co-ordinator.
2. Assessing PTSS forms and notifying patients of the outcome within five working days (where possible) of receipt of completed forms (to the HHS). Forms that are approved will include clinical approval i.e. signature or electronic approval, full name, title and date of approval.
3. Ensuring patients are only approved for PTSS if eligible specialist services are not available at the patient's local public hospital or public health facility as per the eligibility criteria.
4. The timely assessment of applications for patients who have travelled or are due to travel to urgent appointments.
5. Managing patients with chronic conditions required to travel regularly.
6. Recording all travel referrals, whether approved or declined.
7. Managing exceptions to the eligibility criteria for nearest specialist service, as set out in the PTSS Guideline.
8. Managing retrospective applications in line with the eligibility criteria set out in the PTSS Guideline.
9. Managing rejected applications, appeals and complaints by an officer with appropriate authority.
10. Assessing a patient's eligibility for PTSS once per specialty for as long as the referral is valid. An application is valid for 12 months, subject to review at any time, for example the ability to use Telehealth.
11. Managing patients who are provided funding to support travel outside of the eligibility criteria. Patients shall be advised that funding is not being provided under PTSS, and HHSs shall record such activity separately to PTSS data as per codes listed in *Section 3.5 General Ledger Accounts*.

Travel referrals shall:

- where possible, not be approved by the same clinician that has provided the patient's referral. Patients who work at a HHS must not assess or approve their own applications.
- be approved by an officer with appropriate clinical approval and financial delegations (in line with the HHS FMPM and the *Financial Accountability Act 2009*).

Where a patient's permanent address is equal in distance to two Queensland public hospitals or public health facilities, the patient's closest public hospital or public health facility will be considered as the one in their hospital and health service, and will be responsible for administering the application.

Booking

HHSs shall:

- Provide the option to book eligible commercial travel for patients. If a facility does not have the ability to book travel for a patient, it must ensure another facility within the HHS can book the travel. Commercial travel shall be booked at the economy/government rate.
- Establish a process for managing missed travel and accommodation bookings made by the HHS.
- Establish a process for booking urgent or out-of-hours travel and/or accommodation, or for making changes to existing itineraries outside office hours.

Patients who book and pay for their commercial transport shall be subsidised at the economy/government rate (GST exclusive).

Payment

HHSs shall establish a process for:

1. Ensuring payment of approved subsidies are made within 30 business days of all necessary documentation being submitted to the HHS.
2. Payment of approved subsidies to the estate of deceased patients.
3. Payment of accommodation for escorts where the patient is an inpatient.
4. Calculating mileage subsidies from public hospital or public health facility closest to the patient's permanent address, to the street address of the closest public treatment facility.
5. Ensuring adequate evidence (e.g. tax invoices or Form C) is received to substantiate payment of commercial travel and accommodation subsidies.

The HHS in which the patient's permanent place of residence is located shall be responsible for approving and paying approved subsidies.

The HHS work instructions shall be easily available to HHS staff and shall include provision for:

- the requirements of each HHSs FMPM
- record keeping
- data collection and reporting.

Summarised information such as pamphlets, flyers, or posters regarding the Scheme shall be available at appropriate locations throughout Queensland Health facilities in a free and easily available manner. This may include hospital reception and information desks, hospital or ward foyers, welfare departments and any other relevant clinical and communal areas within the hospital.

3.4 Goods and services tax rules

The GST rules that apply to payments are outlined in the Patient Travel Subsidy Scheme Standard qh-imp-267-2-29.

The following applies where commercial travel and/or accommodation is used:

- If the HHS books travel and/or accommodation with the supplier, the GST amount is payable (e.g. \$60 + GST)
- If the patient books travel and/or accommodation directly via the supplier/provider, the subsidy paid to the patient is to be GST exclusive, and the patient is liable for any GST.

3.5 Reporting requirements

To facilitate reporting, monitoring and the timely processing of payments, the HHSs shall:

- complete all financial recording and reporting in accordance with the requirements of each HHSs FMPM and complete PTSS activity reporting in accordance with the requirements detailed in Appendix 1.

To enable PTSS monthly reporting (activity and expenditure):

- HHSs not utilising the PTSS enterprise IT solution shall submit their reports via email by the 10th working day of each month. Monthly submissions must be in the format provided by the department and only include data for subsidies paid in the calendar month of the report
- HHSs utilising the PTSS enterprise IT solution shall ensure their data is cleansed by the 10th working day of each month, at which time the report will be extracted by the department.

3.6 General Ledger Accounts

HHSs shall ensure PTSS costs are allocated to the correct general ledger accounts listed in the following table:

PTSS General Ledger accounts	
	Patients
528000	Accommodation – patients
528005	Airfares – patients
528010	Rail fares – patients
528020	Bus fares – patients
528015	Mileage subsidy – patients
	Escorts
528100	Accommodation – escorts
528105	Airfares – escorts
528110	Rail fares – escorts



528120	Bus fares – escorts
528115	Mileage subsidy – escorts

HHSs shall not allocate non-PTSS patient travel activity to PTSS ledger accounts. Where HHSs approve travel assistance for patients or escorts outside of the PTSS criteria, the following non-PTSS general ledger accounts shall be used:

Non-PTSS General Ledger accounts	
528130	Non-PTSS patient accommodation
528135	Non-PTSS patient airfares
528140	Non-PTSS patient other
528145	Non-PTSS escort other
528025	Taxi costs - patients
528125	Taxi costs - escorts

3.7 PTSS Minimum Dataset

HHSs not using the statewide ICT system for PTSS shall report against the dataset required by the department (as set out in Appendix 1).

4. Supporting and related documents

- *Hospital and Health Boards Act 2011*
- *Financial Accountability Act 2009*
- Financial and Performance Management Standard 2009
- Hospital and Health Service Financial Management Practice Manuals
- Funding and Reporting Guidelines 2018-2019
- Guideline for the Patient Travel Subsidy Scheme QH-HSDGDL-XXX:2019

Authorising Health Service Directive

- Patient Travel Subsidy Scheme QH-HSD-050:2019

5. Definition of Terms

Term	Definition / Explanation / Details	Source
Chief Executive	Chief Executive of the department (Director-General, Queensland Health) administering the Hospital and Health Boards Act 2011	Health Service Directive Standard - Management
Health service directive	A health service directive issued by the chief executive to a HHS under s47 of the Hospital and Health Boards Act 2011. A health service directive is a formal document that contains mandatory outcomes to be achieved by a HHS and may also contain required actions to be completed.	Health Service Directive Standard - Management

Term	Definition / Explanation / Details	Source
Hospital and Health Service (HHS)	The HHSs are statutory bodies and are the principal providers of public sector health services	Health Service Directive Standard - Management
Protocol	A protocol supports a health service directive to prescribe the mandatory steps to be taken by staff	Protocol template
Telehealth	A statewide videoconferencing service to help improve patient access to healthcare in their community. More information is provided at www.health.qld.gov.au/telehealth	Telehealth

7. Approval and Implementation

Protocol Custodian

Deputy Director-General, Corporate Services Division, Department of Health.

Approving Officer:

Michael Walsh, Chief Executive

Approval date: 07/06/2019

Effective from: 01/07/2019

8. Version Control

Version	Date	Prepared by	Comments
v1	12/6/2019	KR, Business Partnerships and Improvement Branch, Corporate Services	New Protocol

Appendix 1: PTSS Minimum Dataset

HHSs not using the statewide ICT system for PTSS shall report against the following dataset required by the department:

	Data Element	Definition	Format
Patient			
TripID	Enterprise IT solution identifier	A unique identifier assigned by the enterprise IT solution	
UR Number (where available)	Person (identifier) – patient identifier (ABM)	A unique identifier assigned by an organisation, establishment or agency, used to uniquely identify a person in healthcare	A[A(11)] Minimum Character Length 1 Maximum Character Length: 12
Vendor Number	Vendor number	Number which uniquely identifies the vendor that supplies Queensland Health	N(6) Minimum character length 6 Maximum character length: 6
Patient Surname	Person (name)–second given name	The person’s second or least used identifying name within the family group or by which the person is uniquely socially identified	X[X(39)] Minimum Character Length 1 Maximum Character Length 40
Given Name	Person (name)–first given name	The person’s first or most common identifying name within the family group or by which the person is uniquely socially identified	X[X(39)] Minimum Character Length 1 Maximum Character Length 40
Date of Birth	Person–date of birth	The date of birth of an individual	YYYY-MM-DD
Indigenous Status	Person-Indigenous Status	Whether a person identifies as being of Aboriginal or Torres Strait Islander origin	N 1. Aboriginal but not Torres Strait Islander origin

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			<ul style="list-style-type: none"> 2. Torres Strait Islander but not Aboriginal origin 3. Both Aboriginal & Torres Strait Islander origin 4. Neither Aboriginal nor Torres Strait Islander origin 9. Not stated/unknown
Public Patient or Private Patient	Identifier of patient type	Data collection of patient type	
Concession Card Y/N			
Medicare Card Number	Person-Medicare eligibility status	An indicator of a person's eligibility for Medicare at the time of an admitted patient episode or non-admitted patient occasion of service, as specified under the Commonwealth Health Insurance Act 1973	<p>N</p> <ul style="list-style-type: none"> 1. Eligible 2. Not eligible 9. Not stated/unknown
Application status	Open or closed	An indicator to show if trip is still open or closed	
Post code	Suburb post code	To identify suburb of residence	<p>Minimum character length 4</p> <p>Maximum character length: 4</p>
Escort			
Escort Surname	Person (name)–second given name	The person's second or least used identifying name within the family group or by which the person is uniquely socially identified	<p>X[X(39)]</p> <p>Minimum Character Length 1</p> <p>Maximum Character Length 40</p>
Escort Given Name	Person (name)–first given name	The person's first or most common identifying name within the family group or by which the person is uniquely socially identified	<p>X[X(39)]</p> <p>Minimum Character Length 1</p> <p>Maximum Character Length 40</p>
Date of Birth	Person–date of birth	The date of birth of an individual	YYYY-MM-DD

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Travel & Accommodation			
Facility Name PTSS is calculated from	Health facility name	The approved name by which a facility is declared, licensed, notified in legislation, registered or locally recognised	A(250) Minimum Character Length 1 Maximum Character Length 250
Facility Name PTSS is calculated to	Health facility name	The approved name by which a facility is declared, licensed, notified in legislation, registered or locally recognised	A(250) Minimum Character Length 1 Maximum Character Length 250
Transport Mode patient	Type of travel approved	The approved mode of transport	A(50) Minimum Character Length 1 Maximum Character Length 50
Transport Mode escort	Type of travel approved	The approved mode of transport	A(50) Minimum Character Length 1 Maximum Character Length 50
Transport cost patient (total cost & subsidised amount)	Financial costs	Numerical representation of costs	A(50) Minimum Character Length 1 Maximum Character Length 50
Transport cost escort (total cost & subsidised amount)	Financial costs	Numerical representation of costs	A(50) Minimum Character Length 1

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			Maximum Character Length 50
Accommodation type commercial or private	Patient approved accommodation type	To identify type of accommodation approved	A(50) Minimum Character Length 1 Maximum Character Length 50
Accommodation cost patient (total cost & subsidised amount)	Financial costs	Numerical representation of costs	A(50) Minimum Character Length 1 Maximum Character Length 50
Accommodation cost escort (total cost & subsidised amount)	Financial cost	Numerical representation of costs	A(50) Minimum Character Length 1 Maximum Character Length 50
Number of nights subsidised commercial	Patient approved number of nights accommodation	Numerical representation of approved nights of accommodation	A(50) Minimum Character Length 1 Maximum Character Length 50
Number of nights subsidised private	Patient approved number of nights accommodation	Numerical representation of approved nights of accommodation	A(50) Minimum Character Length 1 Maximum Character Length 50
Number of nights unsubsidised – commercial & private	Unsubsidise number of nights of accommodation - Patient	Numerical representation of not approved nights of accommodation	A(50) Minimum Character

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			Length 1 Maximum Character Length 50
Referral			
Reason for travel (diagnostics, procedure, consultation)	Medical reason for travel	Reason required to understand why the patient needs to travel	A(250) Minimum Character Length 1 Maximum Character Length 250
Specialty	Registered health professional-medical specialty	The name of the specialty in which a medical practitioner is registered	N (2) <ol style="list-style-type: none"> 1. Anaesthesia 2. Cardiology 3. Cardio-thoracic surgery 4. Dermatology 5. Diagnostic Radiology 6. Diagnostic Ultrasound 7. Endocrinology 8. Gastroenterology and hepatology 9. General surgery 10. Gynaecological oncology 11. Geriatric medicine 12. Haematology 13. Immunology and allergy 14. Infectious diseases 15. Intensive care medicine 16. Internal medicine 17. Medical oncology 18. Nephrology 19. Neurology 20. Neurosurgery

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			<ul style="list-style-type: none"> 21. Nuclear medicine 22. Obstetrics and gynaecology 23. Ophthalmology 24. Oral and maxillofacial surgery 25. Organ transplant 26. Orthopaedic surgery 27. Otolaryngology 28. Otorhinolaryngology 29. Paediatrics and child health 30. Palliative medicine 31. Pathology 32. Plastic surgery 33. Psychiatry 34. Radiation oncology 35. Radiology 36. Rehabilitation medicine 37. Respiratory and sleep medicine 38. Rheumatology 39. Urology 40. Vascular surgery
Telehealth			
Telehealth assessed Suitable / Unsuitable	Is telehealth suitable	Reason require to understand why telehealth is not a option	A(250) Minimum Character Length 1 Maximum Character Length 250
Date telehealth assessed	Date assessed	Date assessed	YYYY-MM-DD
Applications			
Date application submitted	Date application submitted	Date application submitted	YYYY-MM-DD
Date application	Date application assessed	Date application assessed	YYYY-MM-DD

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assessed			
Application Rejected	Application Rejected	Reason why application was rejected	YYYY-MM-DD A(250) Minimum Character Length 1 Maximum Character Length 250
Application Approved	Application Approved	Application Approved	YYYY-MM-DD
Date subsidy paid	Date subsidy paid	Date subsidy paid	YYYY-MM-DD

