



Patient Travel Assistance Scheme (PTAS) Operational Framework

Department of Health

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TASMANIAN
HEALTH
SERVICE



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Part I: Eligibility criteria

Overview of eligibility criteria

To be eligible for financial assistance under the Patient Travel Assistance Scheme (PTAS), patients must meet **all** the following criteria. They must:

- be a Tasmanian resident
 - be receiving eligible clinical services from an approved clinical provider
 - need to travel a distance of more than 75 kilometres one-way by the shortest practical route to access the nearest eligible clinical service
- or
- need to travel a distance of more than 50 kilometres one-way by the shortest practical route to access the nearest appropriate oncology or renal dialysis treatment centre.

Patients eligible for a PTAS subsidy may also be eligible for a PTAS subsidy for a patient escort. Eligibility for the escort is determined according to the patient escort eligibility criteria.

Residents of King Island and the Furneaux Group Islands are the most geographically remote Tasmanian residents.¹ Modified eligibility criteria for residents of King Island and the Furneaux Group Islands recognise that these residents face unique geographical and service access barriers. The modified eligibility criteria facilitate equity of access to eligible clinical services in accordance with the intent of the PTAS Policy.

PTAS does not provide a subsidy for:

- patients seeking specialised medical treatment outside of Australia
- travel costs associated with interhospital patient transfer, including medical escorts, as these costs are the responsibility of the transferring hospital
- patients away from their residence when the treatment begins, such as on business, holidays, or visiting friends or family within Tasmania or interstate.

Patients who are eligible to claim assistance under another scheme including:

- Department of Veterans' Affairs
- Motor Accident Insurance Board (MAIB)
- National Disability Insurance Scheme (NDIS)
- workers' compensation
- private health insurance
- other state or territory patient travel assistance schemes.

¹ The ABS Accessibility and Remoteness Index of Australia identifies geographical remoteness based on access to services on a scale of 1 to 5. Classification 5 describes the most remote areas of Australia. King Island and the Furneaux Group Islands are the only geographical areas within Tasmania that are classified at level 5. <https://www.abs.gov.au/websitedbs/d3310114.nsf/home/remoteness+structure>

Detailed eligibility criteria

Tasmanian residents

Only residents of Tasmania are eligible for a subsidy under PTAS. Tasmanian residents must be Australian citizens, permanent Australian residents, or Medicare-eligible residents on a temporary residency visa. They must be residing in Tasmania at the time of referral and treatment.

A patient's primary place of residence is determined by their registered address on the electoral roll, or alternatively by 100 points of identification that includes the residential address.

Patients with no fixed address require a letter verifying they have no fixed address at the time of accessing clinical services. The letter can be from a welfare or social worker, health professional from the treatment location, or a general practice clinic.

Eligible clinical services

The following clinical services are eligible for PTAS subsidies:

- specialist medical services provided by the Tasmanian public hospital system, including services that are provided by mainland partner hospitals according to the Tasmanian Clinical Services Profile.
- specialist medical services covered by an item in the Australian Government Medicare Benefits Schedule (MBS), except for ineligible services
- oncology or dialysis treatment
- lymphoedema treatment in Tasmania referred by an oncologist or general surgeon
- Jack Jumper Allergy Program
- allied health services that are referred by a specialist as an essential component of an eligible service treatment plan
- independent midwifery services for women assessed as having a low-risk or uncomplicated pregnancy
- Pre-implantation Genetic Diagnosis (PGD) where there is a known genetic disorder in a family and for which PGD is available.

Eligible dental services

The following dental services are eligible for PTAS subsidies:

- dental services for patients requiring emergency hospital-based management of:
 - severe dental trauma or oral/facial trauma
 - severe dento-facial infections, such as cellulitis
 - oral malignancy
- dental services for patients requiring hospital-based management due to a significant medical co-morbidity or other serious condition
- patients that require dental treatment under general anaesthetic.

Ineligible services

The following services are not eligible for PTAS subsidies:

- general practice medical services
- interstate private clinical services
- general dental, orthodontic and periodontic services
- procedures not included on the MBS
- cosmetic procedures²
- experimental treatments.

Clinical trials

Treatment as part of a clinical trial is not eligible for a PTAS subsidy without an exceptional ruling. Patient travel to participate in a clinical trial should be provided from the clinical trial budget.

A request for an exceptional ruling may be considered for a PTAS subsidy for travel to participate in a clinical trial where the nature of treatment aligns with the intent of this protocol, and the patient can provide sufficient evidence that:

- the clinical trial funding arrangement does not include patient travel, and
- no other form of travel funding is available for patients participating in the trial.

Approved clinical provider

To be eligible for a PTAS subsidy, patients must be referred to an approved clinical provider.

Approved clinical providers include:

- medical specialists who are registered with Medicare Australia as a specialist in the field for which the referral is made
- registered medical practitioners providing specialist services in a hospital under the supervision of an approved medical specialist
- registered dental practitioners providing eligible dental services
- registered allied health or nursing professionals providing lymphoedema treatment as part of a cancer-related treatment plan, or allied health services referred by a medical specialist as an essential component of an eligible service treatment plan
- registered midwives providing independent midwifery services for women assessed as having a low-risk or uncomplicated pregnancy.

Distance

Patients are eligible for assistance when required to travel:

² Cosmetic procedures are those that are performed on normally functioning areas of the body with the aim of improving aesthetic appeal, symmetry, and proportion. <https://www.americanboardcosmeticsurgery.org/patient-resources/cosmetic-surgery-vs-plastic-surgery/>

- **75 km** or more from their place of residence to the nearest eligible clinical service that is appropriate
- **50 km** or more from their place of residence to the nearest oncology or dialysis treatment centre.

Distance calculations are determined according to the most direct and simplest surface route, as determined by PTAS staff using *Google Maps, Get Directions*.

Nearest eligible clinical service

A PTAS subsidy is provided to the nearest eligible clinical service in Tasmania.

Where access to an eligible clinical service is not available in Tasmania, a PTAS subsidy will be provided to travel to the nearest eligible public clinical service interstate.

If a patient chooses to access services further away than the nearest eligible clinical service, they will be eligible for a PTAS subsidy equal to the amount for travel to the nearest eligible clinical service.

PTAS subsidies are not provided to attend private clinical services interstate.

Exceptions to nearest eligible clinical service

Patients are automatically approved to attend a clinical service facility which is not the nearest eligible clinical service in the following situations:

- **Emergency:** the patient received emergency transportation to the service.
- **System-wide strategy:** the patient has been selected for a system-wide strategy, such as a wait-list reduction program.
- **Historical approval:** the patient has previously been approved for a subsidy and a closer service is subsequently available. In this situation, the patient can receive a subsidy for one further visit to the originally approved service provider. After this occasion the patient may choose to continue to see the original service provider, however, the patient will only receive a PTAS subsidy to travel to the closest service as per PTAS eligibility criteria.

Patients may request an exceptional ruling to attend a specialist health treatment at a facility which is not the nearest for:

- **a clinical reason:** there is a valid clinical reason to attend. This may include timeliness of treatment at the nearest location.
- **practicality:** transport to the closest specialist service is not available, or it is more cost effective to refer the patient to another clinical provider.

Where possible, exceptional ruling requests should be submitted prior to travel.

Patient escorts

Patients eligible for a PTAS subsidy may also be eligible for a subsidy for an escort. A patient escort is a person who travels with the patient to their appointment or treatment and actively provides assistance.³

An approved escort must:

- be capable of providing physical assistance to the patient during travel or treatment
- be 18 years of age or older
- travel with the patient, except:
 - when the patient has received emergency transport and prior approval for an escort was not possible, or where an escort was not needed at the time of initial application and is subsequently approved to travel.

One escort is automatically approved for:

- all patients under the age of 18 years
- when an escort is legally required to make health decisions on a patient's behalf
- patients requiring translation services to communicate when no translator service is available at the service.

Two escorts are automatically approved for newborn infants (up to six months of age). In cases where the mother and newborn are hospitalised together, the mother is considered to be one of the newborn's escorts.

If the mother has a medical condition and is unable to care for her newborn, the mother and the newborn may have separate escorts, that is, one escort for the mother and one escort for the infant. The referring medical practitioner must confirm in writing that the mother is unable to provide the necessary care for the newborn.

Children under the age of 18 years are entitled to up to two escorts (parents, guardians or family members) when the child requires hospital admission for a surgical procedure or complex medical care.

Requests for an escort

One escort may be approved when deemed necessary and clearly documented by the referring medical practitioner on Section 2 of the PTAS application form.

Recognised reasons for an escort include:

- **patient impairment:** such as cognitive impairment, visual impairment, mobility impairment, severe and complex mental illness, or frailty
- **active role of carer:** carer is responsible for the patient's medical treatment, such as dialysis, catheterisation, administering medical treatment,⁴ or assists with

³ Cultural, emotional or social support does not constitute 'active assistance'.

⁴ Including escorts who accompany the patient to receive training to assist with the patient's medical care.

personal care requirements due to physical disability, or required to provide supervision during transport

- **a life-threatening condition or serious morbidity:** such as when a patient's condition or treatment has a high mortality risk score, or a patient is admitted to an intensive care unit.⁵

Requests for more than one escort requires an exceptional ruling approval.

If an escort is not approved, a patient may still choose to have someone accompany them, however the escort's travel costs will not be subsidised by PTAS.

Modified eligibility criteria for residents of King Island and Furneaux Group Islands

Residents of King Island and the Furneaux Group Islands experience the lowest access to services of all Tasmanian residents due to geographical remoteness.⁶ In recognition of the unique location of these islands, and the increased need for residents to travel to access specialised health services, modified eligibility criteria applies and are described below.

Except for these modified eligibility criteria, all other eligibility criteria listed in Part I of this document apply.

Nearest eligible service exemption

In recognition of the unique location of King Island and the Furneaux Group Islands between Tasmania and Victoria, residents referred to services located in Tasmania **or** Victoria are eligible for a PTAS subsidy, provided all other PTAS eligibility criteria are met.

Maternity support

Travel for obstetric services

Both the mother and approved escort (partner or other family member) are eligible for return air travel to the Tasmanian or Victorian obstetric centre.

Accommodation subsidy for confinement periods

Pregnant women are encouraged to leave King Island and the Furneaux Group Islands at 36 weeks' gestation.

PTAS subsidies are available for all pregnant women on King Island or the Furneaux Group Islands who wish to access obstetric services in either Tasmania or Victoria, depending on social structures and support. Pregnant women may wish to stay with family and friends in

⁵ If the patient is later discharged from the intensive care unit to a ward, the escort is required to notify a PTAS officer. The escort will continue to receive a PTAS subsidy for up to 72 hours whilst further arrangements are determined based on the patient's clinical need.

⁶ The ABS Accessibility and Remoteness Index of Australia identifies geographical remoteness based on access to services on a scale of 1 to 5. Classification 5 describes the most remote areas of Australia. King Island and the Furneaux Group Islands are the only geographical areas within Tasmania that are classified at level 5. <https://www.abs.gov.au/websitedbs/d3310114.nsf/home/remoteness+structure>

the confinement period of pregnancy. Where social support is not available or suitable, pregnant women are eligible for an accommodation subsidy during the confinement period.

Women assessed as having a high-risk or complicated pregnancy may be encouraged by their obstetrician to leave King Island or the Furneaux Group Islands earlier than 36 weeks' gestation. These women are eligible for an accommodation subsidy for the extended confinement period as specified by their obstetrician or independent midwife.

Additional support during extended treatment

Residents of King Island and the Furneaux Group Islands who are eligible for PTAS subsidies and are required to stay for an extended period for treatment (for example, radiation therapy), may have one return trip home subsidised after every 4 continuous weeks of treatment. Approved escorts are also eligible for this subsidy.

Support to access allied health and preventative health services

In recognition of the reduced access to allied health and preventative health services on King Island and the Furneaux Group Islands, PTAS offers two additional subsidies, described below.

1. Extension of PTAS subsidies to facilitate access to allied health and preventative health services.

Where a patient chooses to access recognised allied health or preventative health services within 48 hours of a PTAS-eligible service, the patient and any approved escort are eligible for a PTAS accommodation subsidy for the time between the PTAS-eligible service and the recognised allied health or preventative health service.

2. PTAS subsidies to access annual allied health and preventative health services

Where a resident of 18 years or older has not accessed a PTAS subsidy for 12 months or more, PTAS will provide travel and accommodation subsidy for one journey to the nearest recognised allied health or preventative health service. Residents may attend multiple service providers within the one journey. The journey length is capped at 72 hours.

Residents aged less than 18 years who have not accessed a PTAS subsidy for 6 months or more are eligible for PTAS travel and accommodation subsidy for one journey to the nearest recognised allied health or preventative health service. Residents may attend multiple service providers within the one journey. The journey length is capped at 72 hours.

Patients must provide a letter or evidence of appointment when applying for PTAS subsidies for travel to access allied health and preventative health services.

Recognised allied health and preventative health services include:

- allied health services provided by an AHPRA-registered allied health professional including a chiropractor, medical radiation practitioner, occupational therapist, optometrist, osteopath, physiotherapist, podiatrist, or psychologist⁷
- allied health services provided by the following allied health practitioners who are accredited by their relevant peak body:⁸ audiologist, dietitian, exercise physiologist, orthotists/prosthesis, diabetes educator, or speech pathologist
- dental services provided by an AHPRA-registered dentist.

⁷ Services provided by a pharmacist are not included.

⁸ For example, a dietitian accredited by Dietitians Australia

Part 2: Financial assistance

Financial assistance overview

The Patient Travel Assistance Scheme (PTAS) is intended to subsidise unavoidable travel and accommodation costs for residents of Tasmania who are required to travel long [distances](#) to access specialised clinical services.

PTAS provides financial support in the form of travel assistance and accommodation assistance. Assistance provided is a subsidy and does not cover all travel-related costs.

Patients who meet PTAS eligibility criteria (Part 1) can apply for subsidies toward travel and accommodation costs for themselves and their approved escorts, in accordance with the PTAS financial assistance rules and subsidy rates described in Part 2 of this document.

PTAS provides targeted financial support for those who have the greatest need for financial assistance with travel costs. Patient contributions apply for those who do not hold an approved concession card.

Patients are responsible for notifying PTAS coordinators in a timely manner in the event of a change to travel and accommodation arrangements booked by PTAS on behalf of patients.

If a patient is eligible for a PTAS subsidy or has been transferred between hospitals and dies at the treatment facility, PTAS repatriation assistance is available towards meeting the cost of returning the deceased home.

Transport assistance

PTAS provides financial assistance with transport costs associated with ground, air, and ferry travel in accordance with the financial assistance rules and rates described below.

The mode of travel is determined by the most clinically appropriate and cost-effective mode of transport available.

PTAS subsidies are for medical travel only. Transport and accommodation costs associated with personal stopovers and extended stays for non-clinical reasons are not eligible for PTAS subsidies.

Private vehicle transport

If a private vehicle or hire car is used for PTAS-eligible travel, costs are reimbursed at the rate detailed at Appendix A, irrespective of engine capacity or the number of people travelling in the vehicle.

PTAS subsidies are not provided for chauffeured cars or limousine services.

Public transport

If public transport is used for PTAS-eligible travel, the patient and any approved escorts are eligible to be reimbursed for the fare based on the cost of an economy ticket or the relevant concession fare if travelling by bus, coach or short-trip ferry.⁹ Original receipts must be included with the claim form, including where free travel vouchers have been used. No subsidy is provided for free travel. If a patient chooses to purchase a ticket that is more expensive than an economy ticket, the equivalent economy class fare will be reimbursed.

Air transport

Air travel is provided for interstate travel and for travel to and from King Island and the Furneaux Group Islands for residents of those islands. When travelling by plane, a patient and any approved escorts are each eligible for reimbursement for an economy fare.

Patients are strongly encouraged to have interstate air travel for themselves¹⁰ and their approved escorts booked by PTAS staff.

If a patient chooses to make their own air travel arrangements, they must pay for the flight upfront and claim for reimbursement. If a patient or their escort chooses to travel any other class, PTAS will provide reimbursement at the economy rate. Excess baggage fees will not be reimbursed.

Claims for air travel will only be reimbursed if a tax invoice, receipt, e-ticket confirmation or an itinerary with cost breakdown is provided. Boarding passes alone cannot be accepted as they do not have sufficient information.

PTAS subsidies will not be provided if flights are taken as part of a frequent flyer or similar scheme, or where a charter flight is used without exceptional ruling approval prior to travel.

Patients approved to travel by air are eligible for a return Taxi travel subsidy from the airport to their place of treatment (or place of accommodation if arriving prior to the day of treatment).

Patients required to travel 75km or more from their place of residence to the airport for PTAS eligible travel can also claim for ground travel (Private vehicle transport subsidy or Public transport subsidy) for the journey to the airport and from the airport back to their place of residence.

Bass Strait ferry transport

Bass Strait ferry travel is provided for interstate travel when clinically necessary or when:

- clinically appropriate, and
- cost effective (compared to air travel).

⁹ Short-trip ferry does not include the Bass Strait ferry 'Spirit of Tasmania', see [Bass Strait ferry transport](#) for information about travel assistance for the Bass Strait ferry.

¹⁰ Except for patients who are transported interstate by interhospital transfer. Interhospital transfers are the responsibility of the referring hospital.

When determining the cost of Bass Strait ferry travel, any PTAS-eligible ground travel assistance to and from the ferry should be included in the calculation.

Reimbursement for Bass Strait ferry travel is the cost of a 'best fare' ferry ticket. Patients¹¹ and their approved escorts are strongly encouraged to have their Bass Strait ferry travel booked by PTAS staff. If a patient chooses to make their own ferry travel arrangements, they will be required to pay the ferry fare upfront and claim for reimbursement. If a patient or their escort choose to purchase a ticket that is not at the 'best fare' rate, PTAS will provide reimbursement at the 'best fare' rate.

Patients required to travel 75km or more from their place of residence to the Bass Strait ferry terminal for PTAS eligible travel, can also claim for ground travel (Private vehicle transport or Public transport) for the journey to the terminal and from the terminal back to their place of residence.

Taxi travel

When a patient and any approved escort is required to travel by air or Bass Strait ferry, they are eligible to receive a taxi subsidy for travel from the airport or terminal to the place of treatment (or accommodation if arriving on a day prior to the day of treatment) and return to the airport or terminal. Taxi subsidies are not provided for travel between accommodation and treatment centres.

Taxi subsidies can be paid by reimbursement or upfront through the issue of a taxi voucher.

Patients experiencing transport disadvantage

Transport disadvantage describes a lack of access to transport. An individual can experience transport disadvantage due to financial, social, geographical, or health-related reasons.

Examples of factors that in combination can contribute to persons experiencing transport disadvantage include:

- insufficient income to own or run a car
- residing in a geographical area with low or no access to public transport
- physical, cognitive, immunological, or behavioural issues that prevent individuals from accessing public transport services
- lack of social support (for example, an individual may own a car but be unable to identify someone else to drive them after a procedure).

Patients experiencing significant transport disadvantage that cannot be sufficiently addressed by PTAS subsidies alone may be referred on a case-by-case basis to a social worker. Further advice and support may also be provided by social work, as determined by the social worker.

¹¹ Except for patients who are transported interstate by interhospital transfer. Interhospital transfers are the responsibility of the referring hospital.

Change of escort

In the case where a change of escort is required (for example, due to a change of circumstance in the escort's availability), PTAS must be notified, and an updated form may be requested. Requests to change an escort should not result in additional travel assistance than originally approved by PTAS.

Accommodation assistance

Accommodation assistance is available for patients who are eligible for a travel subsidy and are unable to secure accommodation with family or friends.

Patients and approved escorts are eligible for accommodation assistance when:

- the referring medical practitioner states on the PTAS application form (Section 2) that it is necessary for the patient and their escort (if applicable) to be accommodated close to the eligible clinical service¹²
- the patient's appointment is scheduled such that, based on normal travel patterns, the patient would need to leave their permanent place of residence prior to 7 am on the same day to travel to their clinical appointment in time
- the patient's appointment is scheduled such that, based on normal travel patterns, after concluding their treatment, they would not return to their permanent place of residence prior to 7 pm on the same day
- flight availability necessitates travel prior to the day of treatment, or return travel after the day of treatment completion or discharge
- a patient has 2 or more PTAS-eligible medical appointments within a 48-hour period and travel back to the patient's permanent place of residence between appointments is not practical
- the patient is required to be pre-medicated prior to treatment, and pre-medication would affect the patient's ability to travel (for example, bowel preparations prior to a gastrointestinal procedure)
- the patient, due to the remote geographical location of their residence, requires obstetric confinement as determined by an obstetrician or independent midwife.

Accommodation subsidy rates are provided at Appendix A.

A list of accommodation options is provided on the PTAS website.

Patients may ask PTAS officers to pay accommodation entitlements directly to accommodation providers listed on the PTAS website to reduce upfront accommodation costs. It is the patient's responsibility to pay any accommodation cost differences between the PTAS subsidy and the full accommodation rate.

Patients may also choose to stay with alternative accommodation providers, pay the full fee upfront and then claim PTAS accommodation assistance afterwards. Tax invoices for

¹² Prior approval is required for those patients and any escorts who will claim more than 7 consecutive nights' accommodation

commercial accommodation must be attached to the PTAS application form for the accommodation portion of the claim to be processed. An EFTPOS or credit card receipt alone is not an acceptable receipt.

PTAS does not provide financial support for incidental expenses associated with accommodation use such as phone calls, internet use, parking, meals, and mini bar. Any damages to accommodation facilities and equipment caused by a patient or their escort are the responsibility of the patient.

Patient contributions

Patient contributions assist with the targeting of support towards those who have greatest need for financial assistance with travel costs. Patient contributions do not apply to patients who are the cardholder of an accepted concession card.

Patients who are **not** the cardholder¹³ of an accepted concession card are required to make a contribution towards the cost of their travel and accommodation.

Accepted concession cards

- Services Australia Pensioner Concession Card (PCC)
- Services Australia Health Care Card (HCC)
- Department of Veterans' Affairs Pensioner Concession Card (DVA PCC)

A patient's concession status is determined at the time of the approved clinical service. Any changes to concession card status must be advised when the patient lodges their next PTAS application form.

If a patient's concession card status changes, they will be re-assessed under the applicable rules from the date the concession card status changed.

Where the approved escort is a card holder of an approved concession card and the patient is not, the patient is required to pay a contribution.

Patient contribution amounts

For transport

Patients contribute towards the cost of each patient return journey until they reach the annual contribution cap amount. The contribution and cap amounts are detailed at Appendix A. Once a patient reaches the cap, patient contributions are waived for the remainder of the financial year. Contributions are not required for approved patient escorts.

For accommodation

An **accommodation** subsidy is provided from the third night of the stay onwards (that is, the patient and patient escorts meet the total cost of the first 2 nights' accommodation).

¹³ Children 17 years of age and younger are considered card holders if their parent/guardian is a card holder of an accepted concession card.

The stay commences on the first night of booked accommodation and is completed on check-out.

For patients receiving an extended treatment schedule for cancer therapy or renal dialysis, the stay commences on the first night of booked accommodation and ceases on check-out after the treatment schedule has been completed.

Where available and appropriate, patients and escorts are encouraged to use accommodation providers listed on the PTAS website.

Hardship provisions

If a patient is unable to pay the required patient contribution, they can apply for an exceptional ruling to have the patient contribution reduced or waived. Evidence of hardship to support the request must be submitted.

Change to travel and accommodation arrangements

Postponed admissions or cancelled specialist appointments

In the event that:

- 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, PTAS will provide the level of financial assistance applicable towards the cost of this travel.

For intrastate travel, the public hospital responsible for the postponement or cancellation will incur the travel costs.

Missed travel bookings or medical appointments

PTAS subsidies only apply for one journey for a medical appointment.

If a patient is unable to travel on a pre-paid journey, they must notify PTAS at least 36 hours prior to the scheduled travel. If patients do not provide adequate notice, or miss the appointment, they are not eligible to claim PTAS for a second trip without an exceptional ruling approval.

Booking cancellations or delays

If PTAS-eligible travel by air or ferry is cancelled or delayed by the provider, and the patient and escorts require additional travel or accommodation as a result, PTAS subsidies will apply for the period between the cancellation or delay and the new travel arrangements.

Assistance for a second medical opinion

If a medical specialist requests in writing a further opinion, the patient is entitled to receive the appropriate travel subsidy and, if necessary, an accommodation subsidy to support travel to and from the nominated clinical provider.

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

Repatriation assistance

If a patient is eligible for a PTAS subsidy, or has been transferred between hospitals, and dies at the treatment facility, assistance is available towards meeting the cost of returning the body home.

A PTAS subsidy for repatriation of the body is up to a maximum of \$600 for transfers within Tasmania and up to a maximum of \$1500 for transfers from interstate to Tasmania or transfers back to King Island or the Furneaux Group Islands.

Assistance for escorts

If the patient was travelling with an approved escort, the escort may continue to claim the accommodation subsidy for up to 72 hours from time of death, to make the necessary funeral arrangements, and may also claim the travel subsidy for the return journey.

Part 3: Application, approval, booking and claiming processes

Application process

Applications for a PTAS subsidy must be made by the patient or the patient's guardian/carer.

Patients make an application by completing the PTAS application form and submitting it to the local PTAS office. PTAS office details are listed on the application form and the PTAS website.

Applications can be submitted to the local PTAS office by email, post or in person.

Completed PTAS application forms must be lodged no later than 6 months after the eligible medical specialist appointment. Any travel outside this 6-month period is not eligible for a PTAS subsidy.

Prior approval

Wherever possible, patients should submit a PTAS application as soon as they complete Section 1, and the referring medical practitioner completes Section 2 of the application form for the travel and accommodation subsidy sought. This allows time for the eligibility and level of assistance to be assessed and the patient informed of the outcome of the application before making travel or accommodation arrangements.

Retrospective approval

Where PTAS application forms are not submitted prior to commencing treatment, retrospective claims can be submitted. Retrospective applications will be assessed against the eligibility criteria on the same basis as applications made prior to travel. Retrospective claims must be lodged within 6 months of the initial treatment date for the patient to be eligible for reimbursement.

Completing the application form

A separate PTAS application form is required for each approved service provider that a patient receives an eligible clinical service from. For example, if a patient is referred to a cardiologist and a gastroenterologist, the patient will need to submit a PTAS application form for each specialist.

Each application is valid for 12 months. If a patient attends the same approved service provider a number of times in a year, only one form is required, but the treatment certification section (Section 3) must be completed by the treating clinician, or their authorised officer, and lodged each time a patient wishes to claim the PTAS subsidy.

The PTAS application form consists of 3 parts:

Section 1: Patient Information

Section 2: Referral Information

Section 3: Certification of clinical service received

Section 1: Patient information

Section 1 should be completed by the patient.

Concession details must be verified with a copy of the patient's current concession card.

Forms with incomplete details in Section 1 will be returned to the patient for amendment and resubmission.

Section 2: Referral information

Section 2 should be completed by the referring medical practitioner. The referring medical practitioner may be a general practitioner (for intrastate travel only), a medical specialist, or an oral/maxillofacial surgeon who has assessed the patient.

The referring medical practitioner must describe the treatment for which the patient is referred with sufficient detail to enable assessment of PTAS eligibility.

Applications for prior approval should be submitted when Sections 1 and 2 are complete.

Referring medical practitioners should not refer patients to themselves. If a referring medical practitioner deems it necessary to refer to themselves (as no other appropriate provider is available in Tasmania), the Medical Authoriser must verify the appropriateness of the referral prior to approval.

Section 3: Certification of clinical service received

Section 3 should be completed by the approved service provider (such as a medical specialist) or their authorised officer and submitted to the PTAS office as evidence that the service was received. An authorised officer is a person who works with the approved service provider and can confirm the details of the patient's treatment and associated travel arrangements. An authorised officer can be a registrar, resident medical officer, nursing unit manager or social worker.

The authorised officer can complete and sign Section 3 of a PTAS application form on behalf of the approved service provider, but the service provider's name and provider number (if applicable) must be documented.

The completed Section 3 can be submitted to PTAS by the patient or the approved service provider or their authorised officer.

Incomplete application forms

Incomplete applications cannot be approved. The patient will be advised of missing documentation and given the opportunity to make the application compliant.

Patient Service Officers can assist patients in the application process with general advice and by contacting the referring medical practitioner or Medical Authoriser on a patient's behalf, but for reasons of probity PTAS staff cannot complete any fields on an application form on behalf of a patient.

PTAS Coordinators and the PTAS Manager are permitted to add information to forms provided that it is publicly available information, and all additions are clearly marked as 'added by staff', signed and dated.

Approved publicly available information includes:

- postcodes for patients where the suburb is clearly written
- referring medical practitioner address or telephone, where either an address or telephone are already provided
- approved clinical provider address or telephone, where either an address or telephone are already provided in Section 2 or Section 3 of the PTAS application form.

PTAS staff must not add or modify clinical or financial details on the PTAS application form.

Approval process

On receipt of a PTAS application form, a PTAS staff member¹⁴ must verify, as far as practicable, the completeness and accuracy of the application.

Verified applications will be assessed against the PTAS eligibility criteria.

Intrastate travel

PTAS staff who possess delegated approval from the Regional Medical Authoriser are permitted to approve applications for intrastate travel that clearly meet eligibility criteria (Part 1).¹⁵

Applications for intrastate travel that clearly meet eligibility criteria should be approved and the patient notification sent within 5 business days of submission of a completed application form.

The amount of financial assistance provided to the approved applicant is determined by PTAS staff according to PTAS financial assistance rules and rates (Part 2).

Applications for intrastate travel that **do not** clearly meet the criteria are referred to the PTAS Coordinator for consideration. PTAS Coordinators will determine if the application aligns with the intent of the PTAS scheme. Applications that align with the intent of PTAS are forwarded to the PTAS Manager for further consideration.

¹⁴ PTAS Staff includes PTAS Patient Service Officers, PTAS Coordinators, and the PTAS Manager.

¹⁵ All PTAS staff have this delegated approval from the Regional Medical Authoriser unless rescinded by the Regional Medical Authoriser in writing.

Applications that clearly **do not** align with the intent of PTAS are not approved (rejected) and the PTAS Coordinator provides the applicant with notification of the outcome using a templated letter of notification. In the event a notification of rejection cannot be communicated using a templated letter of notification, the PTAS Manager is responsible for drafting the letter of notification.

All notifications of rejection must provide the applicant with clear information about the PTAS appeal process and provide applicants with an opportunity to contact the PTAS office for further information.

Interstate travel

Applications for interstate travel or applications that meet the intent of PTAS but do not clearly meet the eligibility criteria are forwarded through the PTAS Manager or delegated PTAS Co-ordinator to the Regional Medical Authoriser, or the appropriate Specialist Medical Authoriser (where available).

The Medical Authoriser determines the eligibility of the application in accordance with the eligibility criteria and can determine to:

- approve the application, or
- reject the application, or
- recommend the application for an exceptional ruling.

Patients should be notified of a Medical Authoriser's decision to approve, reject or flag an application for exceptional ruling within 10 business days from submission of a completed application form.

Medical Authorisers, when recommending an application for an exceptional ruling must document the reason(s) the application merits consideration for an exceptional ruling in accordance with the PTAS Policy intent and relevant PTAS decision-making principles as described in the PTAS Operational Protocol.

Exceptional rulings

Exceptional rulings will be made on a case-by-case basis and consider the individual circumstances of a patient when assessing their PTAS application. Exceptional ruling approval is granted if an application can demonstrate the intent of the PTAS scheme is met, even if the strict parameters of the eligibility criteria or financial assistance rules may not have been. Exceptional ruling decisions do not form precedent.

An exceptional ruling may be requested by a:

- patient or their guardian/carer
- PTAS Manager or Medical Authoriser who believes the claim warrants consideration for an exceptional ruling.

Exceptional ruling requests include a PTAS application (including any previously declined applications) and an Exceptional Ruling Request Form.

Exceptional ruling requests are forwarded to the PTAS Manager. The PTAS Manager should seek, as appropriate, additional information from the patient, Medical Authoriser, referring medical practitioner, approved clinical service provider or other source as relevant to the claim.

Non-urgent exceptional rulings are tabled for decision at the next scheduled PTAS Advisory and Approvals Committee meeting.

Urgent exceptional rulings are considered for 'initial approval' by the PTAS Manager and the Medical Authoriser. If 'initially approved', short-term travel arrangements are made on this basis. The ruling (whether approved or not) is then tabled at the next scheduled PTAS Advisory and Approvals Committee meeting for ratification and ongoing approval consideration.

Patients are notified of an exceptional ruling outcome in writing by the PTAS Manager within 30 business days of submission of a completed application.

Records of all exceptional ruling approvals shall be maintained, including associated costs, and reported in accordance with the performance monitoring schedule.

Review of extended treatment access

PTAS-approved patients who exceed 12 weeks of continuous PTAS support are automatically flagged for an exceptional ruling review by the PTAS Manager at the next scheduled meeting of the PTAS Advisory and Approvals Committee. The review may result in a recommendation to transfer a patient from the PTAS scheme to a relocation support allowance or other forms of support, as determined by the Committee in accordance with the patient's specific circumstances.

Travel bookings process

Once the PTAS application has been approved, transport and accommodation bookings can be made in accordance with the financial assistance rules for travel assistance and accommodation assistance.

PTAS staff may, in consultation with the patient or their guardian/carer, make flight or ferry bookings and necessary accommodation bookings prior to approval when:

- travel is required within 7 days, and
- PTAS staff are reasonably confident travel will be approved and early booking will improve the booking outcome (such as securing a booking during times of limited availability or reducing the cost of travel).

Bookings by PTAS staff

All PTAS-approved patients can request PTAS staff make travel bookings on their behalf.

Interstate travel is usually booked by PTAS staff, in consultation with the patient. Taxi vouchers associated with air travel or Bass Strait Ferry Travel can be issued to the patient at the time of booking.

PTAS staff are responsible for ensuring patients receive their travel itineraries and any supporting information in a timely manner prior to travel.

When bookings are made by PTAS staff, the patient is responsible for any difference in travel costs and the PTAS subsidy.

Patients who have travel arrangements pre-booked through their local PTAS office are responsible for contacting their local PTAS office immediately if:

- the patient or their approved escort is unable to travel on transport arranged on their behalf (a minimum of 36-hours' notice is required to enable flight cancellation)
- the patient or their approved escort misses their scheduled travel booking
- the patient's specialist appointment is subsequently cancelled or postponed
- pre-booked travel arrangements are no longer suitable due to change in the patients' health status, as verified by the patient's medical practitioner or specialist.

PTAS staff will actively manage bookings, changes to bookings, and booking cancellations in a manner that provides best value for money for patients and PTAS.

Bookings by PTAS-approved patients

PTAS-approved patients (approved in advance of travel) can choose to make their own bookings and claim the PTAS subsidy at the completion of their travel.

Patients are strongly encouraged to seek advice from PTAS staff prior to making any bookings. If a patient chooses to make their own travel bookings, they are responsible for payment of all upfront travel costs. Patients can seek reimbursement of the relevant subsidy from PTAS at the completion of their travel.

If a patient makes a booking prior to securing PTAS approval and their application is not approved, the patient cannot claim reimbursement from PTAS. If a patient chooses to book transport or accommodation which is more expensive than the applicable PTAS subsidy, the patient is responsible for the difference in costs.

If a patient needs to change or cancel a travel booking for which they have PTAS approval, they should seek advice from their local PTAS office as soon as possible prior to changing their booking, to discuss the effects (if any) on their PTAS subsidy eligibility.

Claiming reimbursement of expenses

PTAS-approved patients (approved in advance of travel or retrospectively) can apply for reimbursement of travel costs after completing their journey in accordance with the financial assistance rules and rates described in Part 2 of this Operational Framework.

To claim for reimbursement the patient must submit the completed and signed Section 3 of the PTAS application form together with original receipts for transport costs and tax invoices for accommodation costs.

Receipts or invoices are **not** required for fuel subsidies or travel paid by taxi vouchers issued by PTAS.

Accommodation tax invoices must be provided on letterhead and contain the following details:

- the name, address, and ABN of the accommodation provider
- the name of the patient
- the cost of each person's (patient and any approved escorts) accommodation per night
- the total cost of accommodation.

Valid air or Bass Strait ferry travel receipts include a tax invoice, booking receipt or e-ticket confirmation or an itinerary with cost breakdown. Boarding passes alone are not sufficient.

Any additional travel costs outside of the rates described for PTAS financial assistance must be paid by the patient.

Reimbursement amounts are paid to the patient by electronic funds transfer using the bank account details provided by the patient in Section I of the Application Form. The subsidy is paid within 20 business days from receipt of all necessary documents by the PTAS office.

Forms that are incomplete, unsigned, or do not have the required receipts or tax invoices cannot be processed and will be returned to the patient for completion and resubmission.

Part 4: Outcome appeal and patient feedback processes

Appeal process

Patients have the right to appeal the outcome of their PTAS application for approval or their claim for reimbursement.

Appeals should be addressed to the PTAS Manager and can be forwarded by email, post or in person at the local PTAS Office.

Appeals must be lodged no more than 60 calendar days from the date the patient was notified of the application or claim outcome.

Appeals must be assessed within 7 working days from date of lodgement. Appeals may take longer if additional information or documentation is required.

Appeals will be assessed by the PTAS Manager and, if required, a medical authoriser who did not participate in the original assessment. The appeal is assessed against the PTAS eligibility criteria in the same manner as the original PTAS Application. However, the assessor shall take into consideration any new or supporting information provided as part of the appeal.

The PTAS Manager or Medical Authoriser can refer the appealed application for an exceptional ruling.

Patients are informed of the outcome of the appeal process in writing by the PTAS Manager. All PTAS appeal decisions are tabled at the next scheduled PTAS Advisory and Approvals Committee for ratification and ongoing approval consideration.

A record of appeals lodged and appeal outcomes is maintained and reported in accordance with the performance monitoring schedule.

Compliments, complaints and feedback

Patients can lodge their compliments, complaints, or feedback with their local PTAS office or via the 'compliments, complaints and feedback' process at their local public hospital.

North

- Phone: [1800 008 001](tel:1800008001)
- Email: north.feedback@ths.tas.gov.au

North West

- Phone: [1800 062 322](tel:1800062322)
- Email: northwest.feedback@ths.tas.gov.au

South

- Phone: [1800 811 911](tel:1800811911)
- Email: south.feedback@ths.tas.gov.au

If the patient does not believe their complaint has been dealt with satisfactorily, they can submit their complaint to the Chair of the PTAS Advisory and Approvals Committee.

The Chair (or their delegate) will table the complaint at the next meeting of the PTAS Advisory and Approvals Committee for consideration and provide a response in writing within 25 business days of receipt of the complaint.

If the patient remains dissatisfied with the response of the PTAS Advisory and Approvals Committee, they may make their complaint to the Office of the Health Complaints Commissioner by phone 1800 001 170 or by email health.complaints@ombudsman.tas.gov.au.

Part 5: Roles and responsibilities

This section outlines the roles and responsibilities of key parties of the PTAS Operational Protocol.

Referring medical practitioner

Referring medical practitioners are responsible for:

- completing Section 2 of the PTAS application form
- providing sufficient detail on the form to enable assessment of eligibility
- instructing the patient to:
 - complete Section 1
 - submit Sections 1 and 2 to their nearest PTAS office prior to travel if they would like assistance with bookings
 - retain Section 3 and take it to their appointment to be completed by the treating clinician or their authorised officer.

If patients are required to travel urgently (within 7 days), patients should be advised by the referring medical practitioner to contact their local PTAS office immediately. Referring medical practitioners, or their reception staff can facilitate this process by forwarding documents directly to the nearest PTAS office or telephoning the local PTAS office on the patient's behalf.

The referring medical practitioner is often the first point of contact for patients who may be eligible for PTAS financial assistance. As such, referring medical practitioners are encouraged to routinely provide information about the PTAS scheme to their patients as appropriate.

Patient or patient's guardian/carer

Application requirements

Patients or their guardian/carer seeking a PTAS subsidy are responsible for:

- completing Section 1 of the application form
- lodging Sections 1 and 2 of the PTAS application form, together with a copy of their concession card (if applicable), with their local PTAS office prior to travel if they would like assistance with bookings
- retaining Section 3 of the application form and taking it with them to their clinical appointment and presenting it to the approved clinical service provider or their authorised officer for completion
- submitting Section 3 to their local PTAS office once completed by the approved clinical service provider or authorised officer (and submitting sections 1 and 2 if not already submitted prior to travel)

- Submitting the claim together with required supporting documentation to the local PTAS office within 6 months of the date of treatment.

Travel arrangements

Patients are responsible for all costs that are not eligible for PTAS subsidy and any gaps between the subsidy and the actual cost.

Patients are encouraged to contact PTAS staff to discuss their eligibility for assistance prior to making travel arrangements. Patients can choose to make their own travel arrangements (transport and accommodation) or organise with a PTAS staff member to book approved travel arrangements on their behalf. Patients travelling interstate are strongly encouraged to have their travel arrangements booked through their local PTAS office.

Patients who have travel arrangements pre-booked through their local PTAS office are responsible for contacting their local PTAS office immediately if:

- the patient or their approved escort is unable to undertake travel arranged on their behalf (a minimum of 36 hours' notice is required to enable flight cancellation)
- the patient or their approved escort misses their scheduled travel booking
- the patient's specialist appointment is subsequently cancelled or postponed
- pre-booked travel arrangements are no longer suitable due to change in the patients' health status, as verified by the patient's medical practitioner or treating clinician.

PTAS staff

PTAS staff include Patient Service Officers, PTAS Coordinators and the PTAS Manager.

All PTAS staff are responsible for:

- providing information and assistance to patients regarding PTAS and the completion and lodgement of application forms
- verifying the completeness and clarity of submitted application forms
- seeking clarification or additional information for incomplete or unclear application forms; requests for clarification or additional information may be directed to the patient or to the person responsible for completing the section in which the issue is identified, for example:
 - when patient-supplied information or supporting documentation is incomplete or omitted, contact the patient, and request the required information to be provided
 - when the reason for referral is insufficiently defined, request additional detail from the referring medical practitioner

- approving applications for assistance with intrastate travel, where applications clearly meet PTAS eligibility criteria; this is a delegated responsibility from the Regional Medical Authoriser and can be rescinded in writing at the discretion of the Regional Medical Authoriser
- referring applications for intrastate travel that may meet the intent of the PTAS scheme but do not specifically meet the criteria to the PTAS Coordinator or PTAS Manager for consideration
- rejecting applications that clearly do not meet the intent of the PTAS scheme or the eligibility criteria and providing the applicant with written notification that the application has not been approved using a templated letter of notification
- ensuring all notifications of rejection include clear information about the PTAS appeal process and provide applicants with an opportunity to contact the PTAS office for further information
- managing PTAS-approved bookings for intrastate and interstate travel
- making interstate bookings prior to approval by a Medical Authoriser when
 - travel is required urgently (within 7 days), and
 - staff are reasonably confident travel will be approved and early booking will improve the booking outcome (such as securing a booking during times of limited availability or reducing the cost of travel)
- communicating travel arrangements with the patient, or guardian/carer; this advice should be provided as early as possible prior to travel
- explaining any out-of-pocket costs to the patient such as the balance of accommodation fees and incidental costs
- calculating claim values according to PTAS financial assistance rules and rates
- preparing and processing patient subsidies and claims for reimbursement of travel via the Finance One system
- maintaining accurate and comprehensive records (physical or scanned) of applications and supporting documentation
- maintaining accurate digital records via the PTAS database and CM9 information system.

PTAS Coordinators

PTAS Coordinators are also responsible for:

- supervising, coordinating, directing, and controlling the operations of the regional PTAS offices
- interpreting and applying the PTAS eligibility criteria and financial assistance rules within delegated authority limits.

PTAS Manager

The PTAS Manager is responsible for:

- managing all operational aspects of PTAS in accordance with the PTAS Policy and PTAS Operational Protocol
- liaising with medical authorisers, providing advice on PTAS operations including application of the PTAS Operational Protocol
- forwarding all applications for assistance for interstate travel or intrastate travel that meets the intent of PTAS but does not clearly meet eligibility criteria to the Medical Authoriser
- coordinating the function of the PTAS Advisory and Approvals Committee in consultation with the Committee Chair and actively participating in PTAS Advisory and Approvals Committee meetings
- responding to exceptional ruling requests, outcome of appeals and patient complaints in accordance with Operational Protocol requirements
- reporting on PTAS performance according to the performance monitoring schedule
- preparing of high-level correspondence relating to PTAS including ministerials, briefings and correspondence with external stakeholders.

Clinical service providers or their authorised officers

The clinical service provider, or their authorised officer, is responsible for completing Section 3 of the PTAS application form at the time of the patient's treatment and returning it to the patient to submit to their local PTAS office.

Medical Authorisers

Medical Authorisers are accountable for the authorisation of all PTAS claims and are responsible for ensuring that decisions regarding the application of PTAS are made in a consistent and appropriate manner in accordance with the policy, intent, and principles of PTAS.

Medical Authorisers can be appointed to a regional or statewide role.

- Regional Medical Authorisers are responsible for all PTAS referral decisions in their region except for those that pertain to a discipline in which there is a Specialist Medical Authoriser.
- Specialist Medical Authorisers are responsible for all referrals across the State for their specific discipline. Specialist Medical Authorisers are specifically selected for high usage disciplines such as paediatrics and cardiology to ensure optimal referral and full usage of state facilities.

If a dispute arises between a medical authoriser and a medical specialist regarding the appropriateness of a referral, the matter will be referred to the PTAS Advisory and Approvals Committee for final determination.

For the purposes of efficiency, medical authorisers delegate approval of claims for intrastate travel that clearly meet the eligibility criteria to PTAS staff. The medical authoriser can choose to rescind this delegation, in writing, at any time.

Medical Authorisers are responsible for providing a decision on PTAS applications within 10 business days from submission of a completed application. Medical authorisers can choose to approve an application, reject an application, or refer an application for an exceptional ruling.

Medical Authorisers are encouraged to 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.

If an application for assistance is not approved, the Medical Authoriser should ensure that the patient, referring specialist, and PTAS Manager are informed. Notifications of rejection must include information about the reasons for rejection, how to seek further information about the rejection and how to appeal a decision.

PTAS Advisory and Approvals Committee

The role of the PTAS Advisory and Approvals Committee is to ensure consistent application of the PTAS Operational Protocol to facilitate the effectiveness of the PTAS scheme in accordance with the aims of the PTAS Policy.

The PTAS Advisory and Approvals Committee is responsible for:

- monitoring the PTAS Operational Protocol, ensuring it continues to facilitate the aims of the PTAS Policy over time.
- consistently applying the PTAS Operational Protocol to determine access to patient travel assistance for exceptional ruling requests, PTAS appeals and responses to escalated patient complaints.
- monitoring PTAS performance using the measures described by the performance monitoring schedule.
- reviewing and responding to PTAS data and stakeholder feedback in order to:
 - improve operationalisation and statewide consistency in application of the Scheme
 - inform revision of the PTAS Operational Protocol to ensure it continues to support the aims of the PTAS Policy
 - ensure PTAS supports the sustainability of the Tasmanian health system and provides value for money
 - identify emerging risks and issues, and consider actions to mitigate risks
 - provide advice towards clinical services planning and workforce planning
 - identify opportunities to improve clinical service access and delivery within Tasmania.

- reporting at least annually to the Departmental Executive on the performance of PTAS in accordance with the performance monitoring schedule, and providing expert advice on request.

The Chair of the PTAS Advisory and Approvals Committee is responsible for:

- chairing the PTAS Advisory and Approvals Committee in accordance with the Committee Terms of Reference
- directing the Secretariat and PTAS Manager in coordination of the PTAS Advisory and Approvals Committee
- tabling complaints submitted, as part of an escalation pathway, to the PTAS Advisory and Approvals Committee.

Part 6: Service standards and performance measures

Service Standards

When processing applications and claims PTAS offices aim to ensure the following:

1. All information provided is verified and clarified, where possible, before applications are approved or not approved.
2. Patients can contact their local PTAS office to check the status of their claim at any stage of the claim process.
3. Applications are assessed within 10 working days of PTAS receipt of all information required. Application requiring urgent approval for clinical reasons will be prioritised.
4. Where applications are not approved, patients receive an explanation of the reason why, details on how to submit additional information to support the application (if applicable), and how to appeal the decision.
5. Appeals are conducted promptly and according to a fair, impartial and transparent appeal process. Patients are advised of the outcome in writing.
6. All PTAS approved applicants can request that their travel bookings are made by PTAS staff.
7. Payment of approved applications will be made within 20 working days of receipt of all required receipts or tax invoices and completion of Section 3 of the PTAS application form.
8. Privacy and confidentiality are respected and maintained.

Performance monitoring schedule

PTAS performance is monitored and reported according to the performance monitoring schedule described in the table below. The PTAS Manager is responsible for collating and reporting the data required in the performance monitoring schedule.

The PTAS AAC is responsible for producing an annual report for tabling at a meeting of the Departmental Executive, the annual report should address, at a minimum, performance of PTAS against the performance monitoring schedule, and provide strategic advice to inform ongoing clinical service planning and clinical workforce planning activities.

Performance measures and frequency

Activity and financial measures	Frequency
Number and cost of PTAS claims by time period	Monthly for internal reporting Biannually for PTAS AAC
Number and cost of PTAS claims by specialty	Monthly for internal reporting Biannually for PTAS AAC
Number and cost of patients travel interstate Breakdown by accommodation and travel, specialty, procedure, and region of residence	Monthly for internal reporting Biannually for PTAS AAC
Number and cost of escorts travel interstate Breakdown by accommodation and travel, and region of residence	Monthly for internal reporting Biannually for PTAS AAC
Number and cost of patients travel intrastate Breakdown by accommodation and travel, and region of residence	Monthly for internal reporting Biannually for PTAS AAC
Number and cost of escorts travel intrastate Breakdown by accommodation and travel, and region of residence	Monthly for internal reporting Biannually for PTAS AAC
Number and costs of patient and escort travel for residents of King Island and the Furneaux Group Islands Breakdown by intrastate and interstate travel, and accommodation and travel	Monthly for internal reporting Biannually for PTAS AAC
Patient contribution numbers and deduction value	Monthly for internal reporting Biannually for PTAS AAC
Number and cost of claims by concession card status Breakdown by region of residence	Biannually for PTAS AAC
Number and cost of exceptional ruling approvals	Biannually for PTAS AAC
Number and estimated cost avoided of declined exceptional ruling requests	Biannually for PTAS AAC

Efficiency measures	Frequency
Percentage of completed applications assessed within 10 working days of submission.	Quarterly for Business Manager Biannually for PTAS AAC
Percentage of claims paid within 20 working days of submission of a completed claim	Quarterly for Business Manager Biannually for PTAS AAC
Percentage of exceptional rulings assessed, and patient notified within 30 working days of submission of a completed application	Quarterly for Business Manager and PTAS AAC

Quality measures	Frequency
Number of appeals lodged, and percentage of decisions overturned by appeal. Trend analysis of reason for appeal.	Biannually for PTAS AAC
Number of formal complaints (recorded via SRLS or WITS) with trend analysis by topic and complainant (patient or clinician)	Biannually for PTAS AAC
Patient satisfaction as determined by periodic snapshot survey.	Biennially for Business Manager and PTAS AAC

Appendix A: Subsidy and patient contribution rates

Table 1 describes the rates of PTAS subsidy for private vehicle travel and accommodation. [Table 1. Travel and accommodation subsidy rates](#)

Subsidy type	Subsidy amount
Private vehicle subsidy	\$0.24 per km
Accommodation subsidy (Tasmania)	Up to \$76 per night
Accommodation subsidy (interstate)	Up to \$98 per night

Patients who are **not** the holder of an **accepted** concession card are required to make contribution towards the cost of their travel and accommodation.¹⁶ Table 2 describes the rates of patient contribution.

Table 2. Contribution rates

Subsidy type	Contribution amount
Travel subsidies	Patients contribute the first \$82.50 towards the cost of each patient return journey. Patient contributions are capped at \$330 per financial year.
Accommodation subsidies	The patient and approved escorts meet the total cost of the first 2 nights' accommodation per travel journey (or treatment schedule for dialysis and oncology treatments).

Rates of subsidy and contribution are indexed every three years according to published CPI (Hobart). The PTAS Manager is responsible for ensuring the timely and accurate application of indexation rates.

¹⁶ Children 17 years of age and younger are considered cardholders if their parent/guardian is a cardholder of an accepted concession card.