

Published Date: 3 December 2018

Country Health South Australia
Local Health Network

Patient Assistance Transport Scheme (PATS)

Guidelines for Assessment



Government
of South Australia

SA Health

STATEMENT OF INTENT

The Patient Assistance Transport Scheme (PATS) provides subsidies to assist those who live in rural South Australia who need to travel more than 100 kilometres (km) – each way – to access necessary and approved medical specialist services not available locally.

STATEMENT OF PRINCIPLES

The scheme is intended to subsidise the unavoidable financial costs for those residents of South Australia that have no option but to travel a long distance to receive essential specialist medical services from an approved medical specialist.

The scheme is not intended to support choice of specialists. People should be treated as close to home as possible without compromising the safety and quality of the care provided. The scheme will not subsidise additional costs of travel if a person makes a choice to travel beyond their closest specialist service.

Information about the scheme, including all eligibility criteria and subsidy rates, will be available in an accessible manner to all South Australians.

The department should take all reasonable steps to promote awareness of the scheme. The scheme will not discriminate between those who have or do not have private health insurance.

SERVICE STANDARDS

Country Health SA Local Health Network (CHSALHN) will make every effort to verify and clarify the information provided prior to declining an application including contacting the applicant to clarify information, or request additional information according to the applicants preferred mode of contact.

Applicants are able to check the status of their application through an on-line portal available at www.sahealth.sa.gov.au/pats

Applicants have access to a fair, impartial and transparent appeals process. Complaints and requests for review are dealt with promptly with consumers advised of the outcome in writing. Payments on successful applications are made within a four week timeframe from the receipt of all required documents.

Privacy and confidentiality will at all times be respected and maintained.

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1. PATIENT ASSISTANCE TRANSPORT SCHEME OVERVIEW

The Patient Assistance Transport Scheme (PATS) is a subsidy program funded by the Government of South Australia to assist people travelling more than 100km each way to receive approved medical specialist's services. The scheme is available to eligible South Australian residents and approved escorts who do not have access to medical specialist services locally.

The scheme is designed to assist clients who are required to attend planned medical specialist appointments and is not designed to subsidise travel for emergency medical needs.

Applications can be made online through the PATS portal at www.sahealth.sa.gov.au/pats or by submission of paper based forms. Paper based forms are available in General Practitioner (GP) clinics or at the local PATS office.

To be eligible for a PATS subsidy, the applicant is required to meet all eligibility criteria.

2. DETAILED ELIGIBILITY CRITERIA

2.1 Am I eligible?

To be eligible for PATS subsidies, clients need to meet the following criteria:

- be a permanent South Australian resident:
- travel more than 100km one way to seek approved medical specialist services that is not available locally
- receive treatment claimable under Medicare from an approved medical specialist
- have claimed any available benefits from a private health fund first, if applicable

2.2 Who is ineligible?

Applicants who access any of the following are not eligible for PATS subsidies for these purposes:

- clinical trials or experimental treatments other than phase IV trials
- allied health services (physiotherapy, osteopathy, podiatry, psychology)
- general practitioner services
- appointments with a medical specialist for a second opinion
- general dental

Additionally, an individual is not eligible for PATS subsidies in the following situations:

- when a resident of a state or territory other than South Australia is on holidays or visiting family or friends both intra and interstate
- when undertaking a journey to or from outside Australia
- when those eligible to apply for assistance under another State, Territory or Commonwealth Scheme, personal or other insurance scheme, or from a registered benefits organisation, including the Department of Veterans' Affairs (DVA)
- for injuries which occurred at work and are covered by WorkCover
- when injuries are as a result of a motor vehicle accident and covered by the Motor Accident Commission of South Australia
- when injuries which are eligible for compensation, damages or other payment in respect to the illness or injury being treated (including receiving treatment as a part of an action involving a medico-legal insurance application) or when you are able to claim through your employer
- when a person chooses to bypass their nearest medical specialist service
- a family member or carer of the client who travels separately to the client is not eligible for a travel subsidy.

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2.3 Concession Cards

A concession card holder is eligible for an accommodation subsidy for the first night of accommodation. Non-concession card holders are required to pay for their first night of accommodation. In specific situations, a concession card holder may be eligible for a PATS advance payment for their travel component ([see 3.2 Advance Travel Subsidy Requests](#)).

For the purposes of PATS subsidy determinations, a valid concession card is one that has been provided following an income assessment process and includes:

- Pensioner Concession Card (PCC)
- Health Care Card (HCC)

In some circumstances, a Department of Veterans' Affairs (DVA) white card may be eligible, for example if the applicant is travelling for a medical specialist service that is not covered under the terms of the white card.

A Seniors Card does not meet this criterion and is not considered a concession card for PATS purposes.

2.4 Private health fund

Patients in private health funds are not required to provide proof that they cannot claim travel and/or accommodation benefits from their fund. All patients are however asked to declare that they cannot claim travel and or accommodation benefits from any other source, prior to making a claim with PATS.

PATS claims will be accepted from patients who have claimed benefits from their private health fund towards travel/and accommodation costs provided:

- The benefit paid by the fund is less than the applicable PATS rate. In such instances patients will be paid the difference between the benefit paid and the PATS rates, or
- The patient has already claimed the maximum benefit available from the fund.

2.5 Medicare Card



The applicants Medicare card number is required to make an application. The online system requires this detail to link the applicant details to the specialist authorisation information. The entire number across the top of the card and the Individual Reference Number (IRN) are each required to be provided to PATS for this purpose.

2.6 Cross Border Travel

If the applicant lives near a South Australian border, where the nearest medical specialist service is over the border in an adjoining state or territory, this travel will still be eligible for a PATS subsidy. If the travel distance to the nearest medical specialist service in South Australia is the same as that of the nearest interstate service, a subsidy is available for either service. This guideline applies for medical specialist services which result from the referral of a General Practitioner (GP) to the medical specialist.

This situation most commonly occurs with the access to Victorian medical specialists for residents in South Eastern areas of South Australia. Residents of the South East may be referred by their GP to medical specialists in Hamilton, Horsham, Melbourne, Geelong, Portland, Ballarat and other eligible towns identified on the 'destinations' selection list on the PATS distance calculation tool. Should these residents meet the general eligibility criteria, they will be eligible for PATS. Referrals outside of these locations by a GP may not meet the eligibility criteria.

An applicant living in Mount Gambier is referred to Warrnambool for a medical specialist service, not available locally. As this is their nearest medical specialist service, this client is eligible for PATS subsidies.

2.7 Interstate Specialist Services

Interstate treatment for a South Australian resident may occur when it is the clinical opinion of the treating medical specialist that the applicant has a health issue/condition that is unable to be treated in South Australia. It is an SA Health medical specialist who makes this determination and who generates the referral interstate. It is the responsibility of the referring SA Health unit to fund the transport costs for their patients for both forward and return travel.

A PATS accommodation subsidy for applicants traveling interstate for medical specialist services not available in South Australia is available to those who are:

- under the supervision of an SA Health employed medical specialist, being treated as an ongoing patient (either as an in-patient or out-patient)
- receive a travel subsidy from an SA Health tertiary referral hospital
- referred outside of the state by an SA Health medical specialist
- a South Australian resident (metropolitan or country)
- eligible in line with the general PATS eligibility criteria

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Non-SA Health patients and patients ineligible for a transport subsidy from the referring health unit are ineligible for PATS accommodation subsidies.

The following guidelines will apply:

- PATS will subsidise the accommodation at a flat rate of up to \$80 per night per patient (plus GST).
- Applications for ongoing accommodation can be approved in a maximum of three month blocks.
- The referring health unit is required to monitor the length of stay and confirm ongoing eligibility for the accommodation subsidy with the treating specialist team every three months.
- PATS is to be advised by email or letter by the referring health unit at least two days prior to the commencement of an ongoing treatment block for a payment to be made to either the accommodation provider or the patient (whichever party is paying the costs).
- In the event that PATS is not advised that there is a clinical requirement to extend the patients stay, no further payments will be made outside of the authorised timelines.
- The definition of “relocation”, outlined in the section on 2.11 Relocation, will apply to patients remaining interstate for medical specialist services.

Applicants who do not meet the above guidelines will not be eligible for interstate accommodation subsidies from PATS.

2.8 Location/Distance

To be eligible for PATS, you must live more than 100 kilometres (by the shortest route) from the nearest medical specialist service.

Residents of Kangaroo Island travelling to the mainland for medical specialist services are eligible for PATS.

2.9 Distance Calculation

The PATS distance calculation tool accurately determines the distance travelled from a permanent place of residence to medical specialist services. The distance travelled determines eligibility for PATS. The amount of the subsidy is shown by the calculator when both the client’s residential address and destination field has been entered.

The PATS Distance Calculation Tool uses current Google mapping software to accurately measure the shortest distance from the departure point to the travel destination. The web-based technology is both up to date and regularly revised in line with improvements to roads.

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The tool consistently and accurately calculates the distance travelled via the most direct surface route between:

- The clients residential address; and
- The central point (usually the General Post Office (GPO) of where the medical specialist service is provided.

There is often more than one option available for travelling to the medical specialist service destination, however the shortest practical distance is calculated by the PATS distance calculation tool for the purpose of all PATS claims.

The PATS distance calculation tool has a specific list of medical specialist service locations where medical specialists consult. Treatment centers in metropolitan Adelaide postcode area are regarded as 'Adelaide' on the treatment list for the purposes of the calculation and is measured to the GPO.

Residents of Kangaroo Island who are required to travel to the mainland for specialist medical services are eligible for a PATS subsidy. If travel is by both driving and use of the ferry, the distance can still be calculated from the start location on the island.

2.10 Residency

PATS is funded as a scheme for South Australian residents and therefore applicants submitting claims are required to be permanent residents of South Australia (SA) and living in SA at the time of referral to the specific medical specialist service. To be considered as a SA resident, applicants should have lived in SA for a minimum of six months.

Residency status is generally determined using the address on the electoral roll at the time of the medical specialist service referral. Other documentation can be provided to confirm the permanent residence including a driver's license, utility bills or concession cards that specify the SA address.

For students who are boarding (for the purpose of attending an education institution), the permanent residence is considered to be the address where they spend the majority of the year.

Permanent residence is not considered to be holiday accommodation used for extended stays in regional locations. Itinerant workers in SA who need to access medical specialist services will be considered and proof of itinerate status is provided.

A Queensland resident is travelling around Australia and visits a General Practitioner during a stop in Port Lincoln. They are referred to Adelaide; this client is not eligible for South Australian PATS as they are not a permanent South Australian resident.

2.11 Relocation

The following examples are considered as 'relocation' for the purposes of PATS eligibility, and will result in ineligibility for PATS subsidies:

- accepting a long term private rental contract (6 months or greater) or ownership of a property near the location of treatment
- any member of the family commencing employment near the site of medical specialist service
- transfer of motor vehicle Driver's License, registration, health care card/pension concession card address contact details to a location near medical specialist service
- if you and/or family choose to remain near the medical specialist service

2.12 Arrangements for Aboriginal or Torres Strait Islander people

Travel and accommodation subsidies for Anangu living on the Anangu Pitjantjara Yankunytjatjara (APY) Lands requiring medical specialist services is the responsibility of the Nganampa Health Council. The Nganampa Health Council manages the travel and accommodation funds to meet the unique needs of these communities; PATS subsidies are not provided to these communities on an individual basis.

Townships include: Amata, Indulkana/Wantka, Kaljiti/Fregon, Kanpi, Mimili, Nyapari, Pipalyatjara/Kalka, Pukatka/Ernabella, Umuwa, Watarru and Yunyarinyi/Kenmore.

Non-Anangu residing in these communities will be eligible for PATS subsidies providing they meet all other PATS eligibility criteria.

2.13 Approved Medical Specialists

Eligibility for PATS is based on a medical specialist service provided by an approved medical specialist who is recognised as a specialist in a particular specialty under the Medical Board of Australia. They must be registered with Medicare Australia with a specialty code, and either:

- a registered General Practitioner providing medical specialist services in a hospital under the supervision of an approved medical specialist
- a Dental Practitioner registered by the Health Insurance Commission as an Oral Maxillofacial Surgeon, or Special Needs Dentist
- an Obstetric General Practitioner in certain defined situations
- an Anesthetist General Practitioner in certain defined situations

To be eligible for subsidies, you are required to have a direct consultation with a medical specialist i.e. in person or via telemedicine. A list of approved medical specialist services can be found in [7. APPENDICES](#).

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2.14 Recognised sub-specialties

Where applicable, sub specialties will be accepted by PATS Assessors in the following situations. The specialist will be required to have evidence of training in sub-specialty for acceptance.

- General Surgery
 - Breast Endocrine
- Gynecology
 - Gynecological oncology
 - Maternal foetal medicine
 - Reproductive endocrinology and infertility
 - Uro-gynecology
- Orthopaedics
 - Foot and ankle
 - Spinal

2.15 Ineligible Health Professional Services

For PATS eligibility, the following health professionals are not classified as medical specialists:

- Allied health professionals, for example:
 - Audiologist
 - Clinical Psychologist
 - Occupational Therapist
 - Osteopath
 - Pathologist
 - Physiotherapist
 - Podiatrist
 - Speech Pathologist
 - Social Worker
 - Optometrist
 - Podiatric surgeon
- General Dentist
- Nursing professional
- General Practitioner

Peer recognition is not sufficient to meet medical specialist status. Only local Doctors (including Registrars) employed as medical specialists (for example, GPs who are approved by CHSALHN as an Anesthetist or an Obstetrician) will be accepted for

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PATS purposes.

PATS is unable to approve subsidies when applicants access the following medical specialists and services:

- surgery provided for cosmetic reasons only
- general dental and oral surgery (see 2.18 Dental Services)
- radiology services (when referred by allied health professionals or dentists)
- monitoring programs
- participating in clinical trials other than Phase IV trials (see 2.17 Clinical Trials)

2.16 Approved Medical Specialist Services

The majority of medical specialists' services with a Commonwealth Medicare Benefits Schedule item number are eligible for PATS subsidies. Specific services include:

- Pregnancy Advisory Centre (PAC) Central Adelaide Local Health Network
- BreastScreen SA
- Chemotherapy/Haematology
- Renal Dialysis (see notes)
- Patients admitted to any country hospital
- Rehabilitation services (see notes)
- Eligible services from a Special Needs Dentist
- Radiology services (when referred by a general practitioner or approved medical specialist only)

Notes:

There are now a number of renal chairs across country South Australia. If a patient is unable to access a chair for treatment locally, they may be entitled to a PATS subsidy of up to six weeks whilst a treatment location closer to home is identified.

Patients who travel to Adelaide for home dialysis training, are also eligible for PATS subsidy, during their training period for up to 8 weeks.

Patients who are admitted as an inpatient under the rehabilitation specialist to receive rehabilitation services for the purposes of acute rehabilitation will be subsidised by PATS for eligible travel and escort subsidies. This excludes outpatient rehabilitation

A Port Lincoln resident is referred to a physiotherapist in Adelaide. As Allied Health Practitioners are not classified as medical specialists, this trip is not eligible for PATS subsidies.

provided outside of the hospital environment.

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2.17 Clinical Trials

Clinical trials are defined by the World Health Organisation as 'any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes', are in principal ineligible for PATS subsidies.

The only exemption noted for PATS subsidies are patients undertaking Phase IV Clinical Trials where the intervention is marketed and the study is designed to monitor the effectiveness of the approved intervention in the general population and to collect information about any adverse effects associated with widespread use over longer periods of time. This will need to be confirmed in writing by the trials coordinator.

2.18 Dental Services

General Dental Services are considered to be primary health care services and do not meet PATS eligibility. Non-eligible general dental services include:

- the extraction of third molars (wisdom teeth), including under general anaesthesia or sedation
- orthodontic treatment (braces)
- non-surgical temporo-mandibular joint treatment
- implant surgery or crown and bridge treatment
- endodontics (root canal therapy)
- periodontal (gum) surgery or treatment
- prosthodontics treatment
- orthopantomogram (OPG)
- restoration of teeth
- extraction of teeth
- MBS items in the Allied Health and Dental Services Book (10975–10977)

In situations where a medical condition results in a requirement for a specialist dental treatment, the following treatments are approved for applicants who are under the care of an 'Oral Maxillofacial Surgeon' or 'Special Needs Dentist'. If the treatment is provided by a private specialist and there is uncertainty about the eligibility, the private specialist is requested to provide a letter with the application which verifies that the treatment provided complies with one of these categories.

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Eligible Dental services:

Oral maxillofacial surgeon/special needs dental services

- Oncology patients who require dental intervention:
 - Head and neck tumours managed with radiotherapy as part of their care
 - Head and neck tumours that require prosthetic obturation
 - Haematological malignancy treated with bisphosphonates
 - Metastatic deposits in the head and neck from other solid tumours
 - Those with complications of malignancy management or medication side effect
 - All paediatric undergoing active oncology therapy involving chemotherapy, immunotherapy and or head and neck irradiation.
- Infective viral diseases that require specialist area input and have complex health and dental needs
- Congenital bleeding disorders that require multi-disciplinary management with haematology
- A medical condition which requires management in areas with facilities beyond those of general practice and/or a condition requiring management in a tertiary referral center that includes:
 - Complex behavioral/psychiatric condition
 - Is beyond the scope of general medical practice and
 - Dental treatment is not able to be provided in an ambulatory general dental setting
- An imminent risk of developing a life threatening condition such as infection due to their medical compromise and dental risk factors
- Paediatric dental
 - All level 1 inpatient, outpatient annual specialist care patients, including
 - Medically compromised children and adolescents with a significant medical history whose general health is threatened by oral disease who require oral health care and management within a tertiary referral institution.
 - Cranio-facial children who have a congenital or acquired malformation of the oro-facial region limited to the following:
 - Cleft lip and cleft palate and all other conditions listed on the cleft lip and palate scheme category 7.
 - Tessier facial cleft.
 - Congenital or hereditary craniofacial malformation,

deformation or disruption.

- Complex dental anomalies (e.g. ectodermal dysplasia, amelogenesis imperfecta and cleidocranial dysplasia).
- All level 2 inpatient treatment only, for children with special needs (cognitive or functional disability and experience difficulties in accessing routine dental services (e.g. cerebral palsy]), following referral from the local South Australian Dental Service (SADS to a tertiary referral hospital.
- All level 3 after hours emergency services: inclusive of management of significant oro-facial infection and oro-facial trauma, which includes specialist services.

2.19 Nearest Specialist Service

PATS travel subsidies are only provided to the nearest eligible medical specialist service. Country GPs or health services will have information on medical specialists consulting in the region.

Choosing an appropriate medical specialist is a decision made between both the GP and the patient. Eligibility for PATS should be a consideration in this decision making process.

When considering the most appropriate place for a client to access medical specialist services, advice should be sought from the referring doctor in regard to their eligibility for a travel subsidy.

The local hospital will have a list of medical specialists within the region including resident, visiting or telemedicine services available. Initiatives utilising new technologies such as digital images on x-rays are designed to reduce the need for travel and should be utilised at every opportunity.

If there is a visiting medical specialist and the patient is unable to be seen locally within a clinically acceptable timeframe, the patient will be supported to travel to the visiting medical specialist's primary rooms. This will allow any pre- and post-appointments to be managed closer to home without the need for having to travel out of the region on a regular basis.

The GP must provide a valid medical reason to refer to a medical specialist service other than the nearest provider. Special interest in a particular area of specialty or by-passing waiting lists for non-urgent treatment is not considered legitimate reasons to bypass a nearer specialist. Reference to family support, continuity of care, free accommodation, a preferred place of treatment, or reasons for personal convenience are not acceptable reasons to waiver the criteria to use the nearest medical specialists services. This includes visiting medical specialists or telemedicine enabled services.

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Referrals to an alternative specialist application (not the nearest) are required to meet one of the following criteria for the claim to be valid:

- The timeframe to be seen locally is clinically unacceptable
Note: The patient may be paid PATS subsidies for up to 12 months. After that time, a subsidy will no longer be available.
- The patient's clinical risks cannot be managed in country health facilities
- Patient cannot be treated in South Australia (these referrals are only accepted from an SA Health tertiary health site)

To provide safe and effective care as close to home as possible, CHSALHN continually monitors availability of services and regularly negotiates contracts with new service providers. If a client has been visiting a particular medical specialist service and a similar service has since been established closer to the client's home, they will no longer be eligible for PATS subsidies if they choose to continue traveling to see their usual medical specialist. Ongoing travel to this medical specialist will be at the applicants own cost. If this occurs, the client will be advised of the availability of a closer service when the next claim is lodged. From the time of this advice, no further trips to that medical specialist service will be subsidised by PATS.

Travel to a medical specialist service which involves bypassing a nearer specialist service will not be eligible for a PATS subsidy. No payments in lieu will be provided.

A Ceduna patient is referred to a medical specialist service in Whyalla. They don't want to take too much time off of work, so they ask to see a specialist in Adelaide. Since this patient has requested to bypass their nearest medical specialist service due to convenience, this trip is ineligible for PATS subsidies.

A Riverland patient had surgery on her knee 10 years ago in Adelaide. She has started having some problems with her other knee and wishes to have this assessed. There are now three orthopaedic specialists who visit the Riverland, but this client prefers to go to Adelaide to see the orthopaedic specialist who performed her surgery on her other knee. They can choose to do this, however these trips are ineligible for PATS subsidies.

A woman from Roxby Downs chooses to birth in Adelaide, bypassing her nearest specialist in Port Augusta. This trip is ineligible for PATS subsidies - no payment in lieu will be made for the alternative travel i.e. the travel subsidy from Roxby Downs to Port Augusta.

2.20 Escort

In some circumstances, a client may be able to access a subsidy for an escort to support them in their travel and treatment needs. An escort is responsible for the client's travel and accommodation needs during treatment. Any subsidy payments for travel and accommodation for an escort are conditional on the client being eligible for PATS subsidies.

For PATS purposes, an escort is defined as a person who is required to be with a patient for specific medical reasons. The following guidelines apply:

- each client is entitled to one escort only
- escorts are not entitled to subsidies in their own right
- the escort must travel with the client for the escort to be eligible to receive travel subsidies

Children 17 years of age and under are automatically entitled to an escort. Approved escorts must meet the following requirements:

- 18 years or older
- able to cope with the medical needs of the client
- accompany the client whilst travelling
- deemed necessary by either the referring GP or approved medical specialist

If the patient is hospitalised or required to stay close to the treatment location and the medical specialist has identified that an escort is required, the escort will be subsidised for the number of days authorised by the medical specialist.

Escorts are considered ineligible for PATS travel subsidies in the following occasions:

- the requirement for an escort has not been authorised by the medical specialist or the authorised officer
- a medical reason for an escort has not been provided
- the medical specialist or authorised officer list "emotional support" as grounds for an escort instead of eligible reasons below.
- the escort does not travel with the client. This includes situations where the client travelled by road or air ambulance and the escort travelled in a separate vehicle.

A Marla resident is brought to Adelaide for emergency treatment by air ambulance, his wife travels behind in the car. The patient is approved for an escort for the five nights he is an inpatient. The patient can apply for: the five nights authorised accommodation for his wife (escort), return travel for himself and his wife as his escort. The trip from Marla to Adelaide for his wife is not payable as his wife travelled separately in the car.

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Ante-natal patients and Newborn Infants:

Women awaiting the birth of a child may be medically required to remain near the medical specialist service for a period of time prior to the birth. In these situations, the expectant mother is the patient. Once the woman has given birth, the following will apply:

- the newborn becomes the PATS 'client' and the mother is the escort
- In the case of multiple births, each newborn is entitled to an escort
- In cases where the newborn's escort is the mother, she may be eligible for accommodation assistance if the newborn is hospitalised
- If the mother has a medical condition and is unable to care for her newborn, the mother and the newborn may have one escort each. The approved medical specialist must confirm in writing that the mother is unable to provide the necessary care for her newborn
- If the newborn has a medical condition, they are still eligible for only one escort

To meet eligibility criteria, the medical specialist must identify a clinical reason for an escort to be approved. Approved clinical reasons for escorts are listed on the next page with examples provided. Emotional support is not considered sufficient grounds for an escort.

Clinical criteria for approval of an escort	
Impairment	Patient with cognitive impairment, including acquired brain injury, dementia and confusion. Visual impairment where mobility is impaired.
Active role of carer	Where the carer is responsible for the client's medical treatment (renal dialysis, catheterising and administering of treatment) or personal care needs for example in the case of clients with physical disability.
Children	Clients 17 years of age or under are automatically entitled to one escort.
Necessary assistance	Where an escort is required to assist the client during long term specialist medical treatment (e.g. intervention for mental illness), and/or in decision-making about cancer treatments or major procedures, and/or for cultural reasons such as in the case of Aboriginal and Torres Strait Islander or culturally and linguistically diverse backgrounds.
As an alternative to air travel	Where the presence of an escort may facilitate another means of travel as an alternative to air travel. For example, where the client has a visual or health impairment or a mental illness, such as schizophrenia, psychosis or severe depressive disorder, the role of the escort would be to aide in the safe transfer of that client.

2.21 Transplant Recipients and Living Donors

In certain circumstances, South Australian residents who are the recipient or donor for a transplant are eligible for PATS. Potential donors are not eligible for PATS for medical specialist services involving initial screening or tissue/blood matching.

If a matched donor is required to travel over 100km and their physical presence is a requirement for the transplant to proceed, (e.g. for a live organ donation), the donor is considered to be a PATS applicant and is considered a patient of the relevant South Australian transplant unit. The recipient is not required to be a country SA resident.

Live donors experiencing financial hardship, travelling from interstate to donate in South Australia to a South Australian resident, may be able to eligible to make a PATS application for travel. In these circumstances, the donor would be required to undergo a financial assessment with the treating hospital.

Clients travelling interstate to receive a transplant are eligible under the “Interstate Patient” guidelines. Accommodation at the time of pre-transplant appointments and the length of stay both pre and post-transplant will be eligible based on the authorisation from the referring SA Health service. Travel arrangements (including payment) will be made by the referring hospital.

A patient in Adelaide requires a new kidney and her uncle, who lives in Port Lincoln, has been identified as a matched donor. As he is a South Australian donor, he is entitled to PATS subsidies for travel for the purposes of donating. Treating hospitals have guidelines for the length of stay for the donor, the amount of assistance required to support both the donor and the transplant recipient after surgery and the follow-up appointments required. PATS subsidies are provided in accordance with these guidelines.

2.22 Deceased Clients

If a client or escort should pass away during a PATS subsidised journey or at the place of treatment, the travel subsidy payable is deemed to be cost of the pre-planned return journey via the original mode of transport. Where relevant, an accommodation subsidy is permissible until the date of the clients discharge. The death of the client will not change the eligibility of the escort’s travel subsidy to return home.

A deceased estate is not entitled to apply for the full transportation costs associated with the return of a person who is deceased. Where a payment is made to a deceased person, it should be made to the estate of the deceased applicant and cannot be made directly to a relative or carer (or escort).

If the patient had originally used air travel to go from their permanent residence to the medical specialist service, the estate will be paid the equivalent of the return economy airfare back to that place of residence.

3. TRAVEL SUBSIDIES

Travel subsidies are calculated on the most economical form of travel appropriate for the client's functional abilities and medical condition. In the case of surface travel, this may include car, coach (bus), rail and passenger ferry.

When submitting an application, receipts for the mode of travel used e.g. tax invoices/receipts for public transport travel (excluding petrol receipts for private vehicle) are required to be included.

To be eligible for a PATS travel subsidy, it is a requirement that travel is directly from, and the return is directly to, the applicant's permanent residence following the treatment or consultation.

Subsidies are only available for the most economical mode of travel to the nearest medical specialist service.

A Clare patient travels to see her medical specialist in Adelaide, and continues on from Adelaide to Melbourne to stay with her daughter for two weeks. As this patient did not return home directly after her appointment, this patient is not eligible for a PATS subsidy.

3.1 Non-eligible Travel

Use of a taxi or a shuttle bus to or from airports, medical appointments or accommodation is not covered by PATS at any stage in the journey. PATS subsidies are only provided for the primary mode of travel to and from the patient's permanent residence to the medical specialist service location.

PATS will pay travel subsidies when the travel is the most economical option – that is, if the patient chooses to travel home and return to the specialist medical location within a short timeframe, instead of staying close to the treatment location whilst waiting for the next appointment, PATS will only cover this in-between travel cost if it is equal to or lesser than the accommodation subsidy if the patient had stayed in-between appointments for that timeframe.

PATS subsidies are not provided for people who choose to travel in short timeframes when they are either a patient and/or an escort on consecutive trips which incur a cost greater than the accommodation subsidy.

Patient Assistance Transport Scheme (PATS)

Guidelines for Assessment

3.2 Travel during block treatments

If the client is required to stay near the specialist service for a specified treatment period, PATS will assist only with the trips undertaken at the commencement and cessation of treatment. For block treatment requests, trips home for either the client or the escort during this period are not eligible for subsidy. Daily radiation or haematology treatments are examples of when a client may be required to stay close to the treatment location for block periods. The below occasions are ineligible for PATS travel subsidies:

- travel by ambulance, Royal Flying Doctors Services or emergency vehicle
- travel which has been undertaken as part of an inter-hospital transfer
- family or escort travel without the patient being present
- additional travel costs e.g. taxi fares or parking tickets
- rental car hire
- travel undertaken during a treatment episode

3.3 Direct Payment to Third Parties

On occasions where an organisation makes travel arrangements on behalf of the applicant, a travel subsidy can be paid directly to that organisation. Under these circumstances, it is the responsibility of the organisation and the applicant to manage this agreement. In the event that the travel is ineligible for PATS travel subsidy, it is the responsibility of the booking organisation to follow up any unpaid travel accounts with the applicant.

A patient of an Aboriginal Community Controlled Health Service (ACCHS) needs to travel to Adelaide for treatment. The health service chooses to assist the patient by paying for the travel costs up-front. When submitting the PATS application, the relevant party (ACCHS) can be nominated as the 'applicant' and the payment can be made directly to them.

3.4 Cancellation or Postponement of Treatment

PATS will provide the relevant subsidy for the cost of travel in the event that the patient has commenced travel or incurred out of pocket expenses, which they are unable to recover from the travel provider (e.g. airfares or fuel) when one of the following occurs:

- A hospital admission for an elective procedure is postponed or cancelled
- A medical specialist service appointment is cancelled or postponed
- Proof of cancellation is provided to PATS assessors

Patient Assistance Transport Scheme (PATS)

Guidelines for Assessment

If the patient's plans change due to an event, which is not the responsibility of the health service or provider, PATS will not cover the cost.

A patient has driven from Mount Gambier to Flinders Medical Centre (FMC) for a surgical procedure. Just as they are approaching the hospital, the hospital phones their mobile to advise that his procedure has been cancelled. The patient turns around and drives back home. He obtains evidence, in writing, from FMC of the time and nature of the cancellation advice. In this case, PATS provides a fuel subsidy for the trip.

3.5 Mode of transport

3.5.1 Private Vehicle

When a patient uses a private vehicle to attend a medical specialist service appointment, the reimbursement rate is 16 cents per kilometre travelled. The total distance travelled is calculated on the most direct surface route between the client's permanent residence and the treatment location using the PATS Distance Calculation Tool.

If there are multiple patients travelling in one vehicle, only one application for travel reimbursement is eligible for subsidy. The cost of a rental car is not eligible for a PATS subsidy, and the normal vehicle subsidies will be paid for fuel costs.

A Ceduna patient drives from their home to Whyalla for a medical specialist service appointment. This is a return distance of 802 kilometres calculated on the PATS Distance Calculation Tool. PATS payment: $802\text{km} \times \$0.16 = \128

3.5.2 Public Transport

If a patient uses public transport to reach their medical specialist service appointment, the subsidy will be calculated based on a standard priced ticket. The application should include the original receipt (open tickets without travel dates are not acceptable), or a scanned copy showing the total cost of the fare and that of the approved escort if applicable.

A Coober Pedy patient travels to Adelaide and returns home by bus, he submits his bus receipt noting travel dates to PATS. PATS subsidises the patients return bus fare.

3.5.3 Community Passenger Network

Community Passenger Network (CPN) services are provided by community sector organisations and local government. These services are generally not-for profit and have been established to meet the needs of the community. Some CPNs are co-funded by the State Government.

If these services are used, a receipt or invoice will be issued for the services rendered. You are required to submit a copy of the receipt showing the total cost of the fare with the application for reimbursement of your fare. Voluntary donations to these services are done by choice and are unable to be reimbursed by PATS.

If the fare is in excess of the PATS road/fuel subsidy, the PATS fuel amount will apply.

Some Community Passenger Networks offer a volunteer driver scheme, where the client can be driven in their own car by a volunteer to their appointment. These schemes then request that the patient makes a donation to the Community Passenger Network. On these occasions, the client will be reimbursed the most economic option either the fuel subsidy or the contribution.

A patient travels in a vehicle organised by the CPN to their medical appointment in Adelaide. This costs the patient \$28 return. The patient is asked to make a donation to the CPN and gives \$50. The patient is required to submit their receipt to PATS for the fare (not the donation) the \$28 payment. They are unable to apply for the portion of the payment which is their donation.

3.5.4 Air travel

Air travel is subsidised in the following situations:

1. The medical specialist or authorised officer confirms that the patient is unable to travel by surface modes of travel for medical reasons.

OR

2. When the combined costs of surface travel subsidy and two nights of accommodation subsidy is more than return air travel, air travel may be chosen as the most economical form of travel. In these circumstances, a medical endorsement for air travel will not be required. The total eligible subsidy payable must take into consideration the cost of the patient and an escort if medically authorised, and the concession card status of the applicant.

Patient Assistance Transport Scheme (PATS) Guidelines for Assessment

If the cost of flights is more, a subsidy calculated as above will be paid in lieu.

The subsidy for eligible travel will only cover the actual fare cost – surcharges (credit card charges, booking fees, mobile phone notifications, excess or baggage charges, travel insurance etc.) are not included in the PATS payment.

Pre-approval for air travel is no longer required; however, patients must have a valid medical reason for air travel for each leg of the journey. Otherwise the subsidy will be the price of the equivalent journey by most economic mode of travel, or reflect the airfare conditions as described in point 2 above.

If the patient does not have medical approval for air travel, and requires an escort – this will be taken into account when calculating the client's subsidy for most economical mode of travel.

A Mount Gambier patient travels to Adelaide by bus for surgery, which is not available locally. Their medical specialist requires them to travel home by air as the patient's medical condition may deteriorate if the patient is required to sit for a long period of time. The medical specialist approves air for the patient to travel home only. Therefore, PATS subsidises this patient's bus fare to the appointment and their approved airfare home.

A Port Lincoln patient is required to travel to Adelaide for a medical specialist appointment not available locally. They do not have medical approval to travel by air, however, they know of their appointment date in advance and can book cheap airfares for a return on the same day. The total return airfare comes to \$242.

The alternative is: Private vehicle travel \$207 (fuel subsidy). Therefore, PATS subsidises this patient the fuel subsidy amount from their residential address to the treatment location and return. The road travel in this example is the most cost effective.

A Port Lincoln patient who is approved for an escort is required to travel to Adelaide for a medical specialist appointment not available locally. The patient does not have medical approval to travel by air and is required to stay two nights, however they know of their appointment date in advance and they choose to book cheap airfares. The total airfare comes to \$484 (\$242 each).

The patient submits their claim to PATS assessors and requests reimbursement of their airfares (\$484) and accommodation subsidy for two nights for two people (\$176). As their mode of travel is not considered to be the most economic, this patient will only receive \$207 (fuel subsidy) and \$176 (2 x \$88) for accommodation – receiving a total of subsidy of \$383.

Patient Assistance Transport Scheme (PATS) Guidelines for Assessment

Air travel is usually the most expensive mode of travel and therefore for applicants to be eligible for PATS, medical specialists are required to specify the reason for air travel from the criteria on the PATS application. The criteria for approval of air travel are below.

Criteria for approval of air travel	
Active clinical management	Patients with conditions that would be difficult to manage during prolonged road travel or if away longer than one day, including those requiring ambulatory oxygen, regular catheterisation by self/carer, frequent nebuliser therapy or dialysis patients.
Pain management	Patients with severe pain that is likely to be worsened by prolonged sitting, for example; those experiencing post-operative pain (within two weeks of an operation) bone metastases, acute disc prolapse or neck/back pain.
Clinical urgency	Patients clinically determined as being in need of urgent treatment or referral, for example; patients called for organ transplant or those commencing radiotherapy / chemotherapy / dialysis.
Restricted mobility	Restricted mobility refers to patients requiring significant assistance with ambulation, which precludes other forms of transport. These patients would, for example, have significant functional limitation to require assistance in boarding the aircraft via a loading platform/elevator.
Client choice	The payment will be a subsidy equal to the amount of the most economical alternative.

Patient Assistance Transport Scheme (PATS) Guidelines for Assessment

Air travel exception

Air travel may be authorised when the most economical public transport does not provide an appropriate travel option to the nearest specialist. This authorisation must be provided by a CHSALHN local authorising clinician.

Ineligible air travel

A patient in Ceduna is required to visit a specific medical specialist who is located in Whyalla. Travel to Whyalla involves more than one stopover on the bus trip, including an overnight stay in Port Augusta. While this patient is medically able to travel by road, the road trip would mean:

- patient would need an escort (extra bus ticket payment)
- an overnight stay in Port Augusta for patient and escort
- an overnight stay in Whyalla for patient and escort

The overnight stays have both personal and cultural risks for this particular patient, as well as incurring extra costs in regard to accommodation and escorts. In this situation, based on the recommendation of the local PATS authorised officer, PATS would subsidise a single same day return air travel to Adelaide as the most appropriate solution.

Where a patient chooses to travel by air and medical approval has not granted, or the reasons provided by the patients GP or treating medical specialists are insufficient, the reimbursement will be the equivalent to the most economical public transport fare (where available) or fuel subsidy – whichever is deemed most economical.

This applies if the client chooses to travel by air and:

- It is not medically necessary, or
- It is not the most economical mode of transport or,
- Medical approval has not granted, or
- The reason provided by the GP or medical specialist is not one of the PATS criteria.

Patient Assistance Transport Scheme (PATS) Guidelines for Assessment

A Port Augusta patient is required to travel to Adelaide for a medical specialist service appointment not available locally. The patient decides to fly as they wish to return in time to collect their children from school. Their medical specialist does not believe they have a valid medical reason to fly, so does not approve their air travel for this appointment. The patient is only reimbursed the cost of private vehicle travel to Adelaide for this trip.

3.6 Advance Travel Subsidy Requests

Advance payments may be available for concession card holders who are experiencing financial hardship at the time of an urgent appointment and cannot afford to pay the travel costs up front. This payment is approved by PATS Assessors and could apply to payment of public transport, fuel costs or air travel. Advance payments are only available for urgent unplanned appointments, not planned/regular appointments.

Note: PATS is able to reimburse subsidies within a short timeframe (same day if claim processed before 11:30am), this strategy is preferred to providing an advance payment.

To be eligible for an advance, the key criteria include:

- The client must hold a valid concession card
- Must be experiencing severe financial hardship
- Have been notified of an appointment within five business days and can provide evidence of the appointment to PATS

In these circumstances, the client will need to verify with the PATS Assessor that each of these criteria have been met. Once this has been confirmed, the client will need to contact their local booking organisation to request that travel is arranged, and then provide the PATS Assessor with documentation, including the quote for travel. The PATS Assessor can then arrange direct payment to the booking organisation.

Following the medical specialist service appointment, all documentation is to be submitted to the PATS Assessor to complete the claim. Failure to do so will exclude the client from accessing an advance payment in the future.

Patient Assistance Transport Scheme (PATS) Guidelines for Assessment

3.7 Cancellation of an advance-paid appointment or failure to travel:

PATS subsidies will only be made for one return journey to the medical services appointment. If for any reason, the applicant is unable to travel on a pre-paid journey, they must provide 24 hours' notice of cancellation.

If there is a failure to provide adequate advance notice and the client does not undertake the travel, any costs incurred by PATS for prepaid travel will need to be refunded. Clients are liable for the full cost of any advance requests for travel that were not undertaken.

If the client is travelling regularly for a planned set of appointments and experiencing severe financial hardship, advice can be sought from a financial counsellor or social worker to assist with evaluating the client's financial situation.

The request will then be referred on to the PATS Manager, who may then consider a specific request for advance travel payments based on a recommendation from the advocate, when the following is reviewed:

- The client's financial status
- The impact of medical appointments/treatments on their personal budget

Based on this review, PATS may be able to provide a series of advance payments based on a time/treatment plan for a specific period.

4. ACCOMMODATION SUBSIDIES

4.1 Eligible Accommodation

To be eligible for an accommodation subsidy, a client and/or an approved escort are required to stay in commercial accommodation. Subsidies are available up to \$40 per person, per night excluding GST (\$44 including GST). If the cost of the accommodation is less than the maximum subsidy rate, the actual amount of accommodation will be paid.

Commercial accommodation is accommodation that is provided by a registered business, has an Australian Business Number (ABN) and may be a hotel, motel, caravan park, apartment, flat or an accommodation facility associated with health organisations. Accommodation booked through third parties such as AirBNB do not meet the requirements of commercial accommodation and will not receive PATS accommodation subsidies.

Non-concession card holders are required to pay the first night of any accommodation period. Subsidies are only available for authorised subsequent nights.

When submitting a claim, a tax receipt or acknowledgment of payment correctly authorised on the invoice must be provided. An Electronic Funds Transfer at Point of Sale (EFTPOS) or credit card receipt is not an acceptable receipt.

The receipt should ideally be on company (or third party) letterhead and document each of the following:

- name and address of the commercial accommodation provider or accommodation facilities associated with a health service
- the accommodation providers Australian Business Number (ABN)
- the applicants name and approved escorts name
- dates of the stay
- the cost of each person(s) accommodation per night
- the total cost of accommodation

4.2 Ineligible Accommodation

Services providing clinical support to patients in the way of rehabilitation (e.g. slow-stream rehabilitation, involving physiotherapy or other therapies) primary care services (e.g. step down units) or a Supported Residential Facility are not considered commercial accommodation services for PATS accommodation subsidy purposes. Subsidy payments are not available to these services funded through SA Health. If a patient is not considered eligible for PATS, an escort, who either visits or remains nearby, is also not eligible.

Patient Assistance Transport Scheme (PATS) Guidelines for Assessment

Accommodation subsidies are only available for out of pocket expenses for a commercial accommodation facility, there is no subsidy available for a patient who stays with family or friends.

4.3 Authorisation of Accommodation Nights

To meet eligibility criteria for an accommodation subsidy, the medical specialist is required to approve and document the number of nights required for the client to stay for the appointment, when this exceeds the automatic PATS entitlement of 2 nights. The night of the appointment as well as either the night before or the night after, are automatically allowable.

Eligible patients who submit a PATS application with no authorised accommodation documented are eligible to apply for an accommodation subsidy for up to two nights without medical specialist approval.

If, at the specialist appointment, the patient is advised that they need to attend other services such as radiology or pathology for tests, the medical specialist should authorise the number of nights the patient and/or the approved escort are required to stay near the specialist service.

The medical specialist must also authorise whether the client requires an escort to stay with them during this period of accommodation. Payment of the accommodation subsidy for the escort is determined by the concession card holder status of the patient. If the patient is a child, the determination will be based on the concession card status of the escort.

If the client is hospitalised during their stay, the medical specialist is required to endorse the escort's accommodation to be medically necessary to enable the escort subsidy.

A Kadina patient travels to Adelaide on the day of their appointment. The medical specialist does not require the patient to stay overnight but the patient is tired from the drive. The patient is a concession card holder and stays in a commercial accommodation facility for one night (the night of appointment).

The patient is eligible for reimbursement for one night of accommodation subsidy, as authorisation for this is not required.

A South East patient travels to Adelaide on the day of their appointment. The medical specialist requires that they stay close to the treatment center to undergo treatment over five days. His medical specialist approves accommodation for five nights for the patient and an escort, after which the patient and escort return directly home.

This patient and the escort are eligible for accommodation subsidies for five nights.

Patient Assistance Transport Scheme (PATS) Guidelines for Assessment

4.4 Travel Only Eligibility

When the patient stays longer than medically necessary, PATS can approve applications for travel subsidies only, but not accommodation.

If a patient with no authorised nights of accommodation (above the automatic two nights) extends their stay with friends or family for up to three additional nights inclusive of the patient's appointment date (a total of five nights), the travel component only of the trip will be eligible for a subsidy.

Accommodation subsidies will not be paid if the patient stays in commercial accommodation (this will be at their own cost).

If the patient stays longer than the number of nights authorised by the specialist or longer than the 5 nights allowable without authorisation; the whole trip will not be eligible for PATS.

A Burra patient travels to Adelaide on the day before their appointment. Their medical specialist does not authorise the patient to stay extra nights. However, the patient chooses to stay with their daughter for a total of five nights to recover. This patient is eligible for a travel subsidy, even though they have extended their stay beyond the automatic two nights.

A Loxton patient travels down to have her baby in Adelaide. She is required to be there six weeks prior to the birth and 5 days after discharge. She decides to stay on for another two weeks after the baby is born. This entire trip is not eligible, as she has extended her stay longer than medically necessary outside of the allowable extra three nights.

4.5 Block Treatment

If the treatment is recommended as 'block treatment', where there is a requirement to remain at or near the treatment location for a period of time, PATS will cover the subsidy rate for all nights required for the length of stay. Under this arrangement, it is expected that the patient will remain at the treatment location for the entirety of that period. Travel home during this 'block' treatment is ineligible for PATS subsidy. The patient or escort are not entitled to apply for any subsidies for travel home during this period. If the patient does not remain at the accommodation facility, and the facility invoices them for those nights, these nights will not be subsidised by PATS.

A section four: Block Treatment form, has been developed for patients who are required to travel multiple times over a short timeframe for the same specialist. The Section four is to be completed by the specialist and signed by the patient prior to lodgment. Approvals for escort and air travel noted on the section four, will be applicable for each treatment date documented on the form.

Guidelines for Assessment

If the patient is attending multiple appointments, with multiple specialist – each specialist is required to complete their own section four.

Each treatment date listed on the section four, must be signed by a specialist or authorized officer to be eligible.

The section four – replaces the need for a section two and section three. If the patient has not received a payment previously on the PATS system, they are required to lodge a fully completed section three including bank details – prior to using the section 4 form.

4.6 Limits to the time for provision of an accommodation subsidy

Requests for approval for ongoing accommodation subsidies can be lodged for a maximum of a three month block. A further three months may be requested, which will require the authorisation of the treating medical specialist to note that further treatment is required, therefore the accommodation is to be extended. Most ongoing accommodation will not be eligible after a period of 12 months. Extensions for longer than this period will be sought by application to the PATS Appeals Committee for review and approval.

Accommodation requests by a patient or their approved escort must be medically endorsed and approval by the patient's medical specialist or authorised officer.

A patient from Port Lincoln is receiving radiation therapy for cancer and is required to stay in Adelaide for six weeks. The patient negotiates cheap return flights home for the first three weekends of their stay. The accommodation facility charges the patient for a stay of seven nights each week in order to 'reserve' their room for them. PATS will only subsidise the initial trip over and the return trip back for the six week period, and five nights' accommodation per week for the first three weeks.

4.7 Direct Payment to Third Parties

A direct payment arrangement may be in put place with an accommodation facility for patients who are staying intra-state for a minimum of four nights. Stays of three nights or less are to be paid by the patient on departure and the reimbursement sought from PATS.

5. COMPLETING THE APPLICATION

1. Log onto the PATS Online system www.sahealth.sa.gov.au/PATS
 - a. Establish your PATS patient profile.
 - b. Commence a claim – by entering all personal details into the system, including Medicare Card details and email address.
2. Check with the local GP or Health service that the specialist service is the nearest medical specialist.
3. Attend the Medical Specialist Appointment.
 - a. Provide the specialist with your PATS Client Number or Medicare Card number to authorise the visit online alternatively have the specialist complete your section two on paper.
4. Payment after the Medical Appointment.
 - a. Complete your claim online.
Attach or upload all tax receipts or scanned images of the paper forms

Paper version: existing application forms can still be submitted to the local PATS office, submitted by email, in person or by Australia Post.

5.1 Timelines for Applications

Claims are to be lodged within six months of the date of the medical specialist appointment. Claims outside of this timeframe will not be assessed.

5.2 Authorised Officer

An authorised officer is a person who works with the medical specialists and can confirm the medical specialist services which have been received. In South Australia, authorised officers can include, but are not limited to:

- Nurse practitioners
- Designated CHSALHN staff
- Registrars
- Chemotherapy nurses
- Rural liaison nurses
- Practice nurses

Authorising officers can also authorise PATS applications on behalf of the medical specialist. It is the responsibility of the authorised officer to complete all sections of the application, including escort and medical reason/s for air travel, if applicable.

Authorising officers can request online access to PATS by registering through the portal.

Patient Assistance Transport Scheme (PATS) Guidelines for Assessment

5.3 Concession Card Holders

The only concession cards recognised by PATS are those provided when an income assessment has been undertaken; for example, a Pensioner Concession Card or Health Care Card. Seniors cards do not meet these criteria.

A concession cardholder is eligible for an accommodation subsidy for the first night of accommodation. Please note that non-concession cardholders pay their first night with no PATS subsidy. In specific situations, a concession cardholder may be eligible for a PATS advance payment for their travel.

In the situation where the client is a child, the concession card status of the parent or legal guardian will be used to determine advance eligibility.

A primary card holder is the person detailed in the top left hand section of a pensioner concession care or health care card.



5.4 Documentation

To ensure the application is assessed correctly, it is important to attach the relevant documentation to evidence the out-of-pocket expenditure incurred, along with the application documents. This includes public transport receipts and/or a commercial accommodation receipt. Valid receipts or tax invoices need to be submitted at the same time as the application. Petrol receipts for private vehicle travel are not required.

Patient Assistance Transport Scheme (PATS) Guidelines for Assessment

Bank statements are not sufficient replacements if original documents or receipts are lost or not provided. If the documentation is insufficient, PATS assessors may request additional documents. A subsidy can only be processed when the evidence of expenses, that is, receipts for accommodation or air fares, are provided.

5.5 Payment Timelines

Payments will be made directly into the client's bank account via an Electronic Funds Transfer (EFT) payment. This will be indicated on the client's bank statement as a payment from "CHSA CREDITORS" within four weeks of submitting the completed application.

5.6 Unsuccessful or Incomplete Applications

If the PATS assessors require more information to process an application, they may contact the applicant either online via email, by letter or by telephone, requesting further information. If this information is not provided within three months, the application will be declined. If the application does not meet the eligibility criteria, notification will be provided explaining why the application was unsuccessful.

5.7 Lost Applications

Statutory declarations may be provided where original receipts are considered insufficient evidence for an application or when receipts have been lost.

5.8 Parent, Legal Guardian Consent and Applicant Declaration

PATS applications are assessed on the information provided. All information will remain confidential within the PATS system. When assessing an application, it may be necessary for PATS to discuss the application with other relevant parties. This can include the medical specialist (or their authorised officer), the medical records unit of the hospital attended, an accommodation/transport provider, or any other involved party.

When an application is lodged with PATS, the client agrees with these conditions by signing the consent statement at the end of the application form. In the electronic application, the agreement is checked at the point where the final form is submitted for assessment.

In assessing the application, PATS assessors will only use details that directly relate to the specific PATS application, along with any information obtained from the relevant parties to clarify any issues related to the application.

Patient Assistance Transport Scheme (PATS) Guidelines for Assessment

5.9 Patient Responsibilities of PATS Application Lodgment

In submitting a PATS application, please ensure that all the information provided is true and correct. False declarations may be liable to penalties of perjury under the Oaths Act 1936.

SA Health provides a range of subsidies to assist different patient needs in regards to travel. Patients are only entitled to apply for subsidies from one scheme. If all the PATS eligibility criteria are met, the client will be directed to apply for PATS.

Another party is unable to apply for the PATS payment on behalf of a patient without the patient's authorisation. The patient is the only person with legal right to application and is the only person with the legal right to assign payment to a third party. PATS has an obligation to ensure that the legal right to the funds is protected for the patient.

5.10 PATS Audits

CHSALHN reserves the right to conduct an audit on PATS applications and payment processes. This includes but is not limited to patients, escorts, referring local doctors, specialists and accommodation providers.

5.11 Recovery of benefits

CHSALHN reserves the right to take appropriate action to recover funds that have been inappropriately or erroneously paid to a patient/claimant. This may include situations where excess benefits have been paid, where a patient's attendance at the nominated specialist cannot be confirmed, where a patient subsequently recovers the cost of travel and accommodation from an insurer or liable third party.

6. COMPLAINTS AND COMPLIMENTS

CHSALHN is committed to maintaining a high standard and continuously improving PATS processes, including providing a respectful and responsive complaints and appeal handling process for patients, carers and health professionals.

An unsuccessful applicant may request a review of the application through the appeals process, or a complaint or a compliment may be provided as described below.

6.1 What is an Appeal, Complaint or Compliment?

An appeal is a request to review an application that has been declined by a PATS assessor. This may be on the travel, accommodation or escort part of an application.

A complaint is a registered expression of dissatisfaction with any of the services undertaken by the PATS office.

A compliment is providing appreciation and positive feedback about any of the services undertaken by the PATS office.

6.2 How to Request an Appeal

If a client is unhappy with the outcome of their application, they can ask for the decision to be reviewed. The following process identifies the avenue of appeal:

1. Document the reasons for an appeal in a letter and lodge the request 'Attention: the PATS Manager', either by posting the letter to the nearest PATS office or sending via email to the PATS email address chsapats@sa.gov.au. Please provide any additional information which will provide the necessary evidence or documentation as requested by PATS.

Please note: Requests for appeals should be requested within three months of receiving notification that PATS have declined the application.

2. The PATS Manager will investigate and review the application, and provide a written response within 14 days of lodgment.
3. If the client is still unhappy with this decision, the application can be resubmitted to the PATS Appeals Committee, which meets monthly.
4. The PATS Appeals Committee will review the application and respond within six weeks of lodgment.
5. If the responses received through this process are considered unsatisfactory, clients can contact the Health and Community Services Complaints Commissioner by telephone: 1800 232 007.

All clients, carers and legal guardians have the right to request a review of an application decision or to make a complaint. There are no fees for lodging a review request or making a complaint.

Investigating an appeal may involve sharing personal information with other relevant areas within SA Health to achieve a resolution.

6.3 How to Provide Feedback

All feedback may be provided by letter, email or phone. Country Health SA Local Health Network hospitals and community health services have consumer feedback forms available at all sites which may be used for this purpose.

The matter will be referred to the PATS Manager or the PATS appeals committee depending on the nature of the issue.

PATS Regional Postal Addresses:

Mount Gambier and Districts Health Service
Wehl Street North
PO Box 267
MOUNT GAMBIER SA 5290

Port Augusta Hospital and Regional Health Services
Hospital Road
PORT AUGUSTA SA 5700

Port Lincoln Hospital and Health Services
PO Box 630
PORT LINCOLN SA 5606

Riverland General Hospital
Maddern Street
BERRI SA 5343

Whyalla Hospital and Health Services
Wood Terrace
PO Box 267
WHYALLA SA 5600

Country Health SA Local Health Network - Adelaide Office
PO Box 3017
ADELAIDE SA 5000

Appendix 1 List of Medical Specialists

Addiction Medicine	Oncology Medical
Anaesthetics	Oncology Radiation
Breast Surgery	Ophthalmology
Cardiology	Oral Maxillofacial surgery
Cardio-thoracic Surgery	Orthopaedic Surgeon Foot/Ankle
Dermatology	Orthopaedic Surgeon General
Emergency Medicine	Orthopaedic Surgeon Paediatric
Endocrinology	Orthopaedic Surgeon Spinal
Gastroenterology & Hepatology	Otolaryngology (head and Neck surgery)
General Medicine	Paediatric cardiology
General Surgery	Paediatric General
Genetics (Clinical)	Paediatric medical oncology
Geriatrics	Paediatric Neonatal and perinatal
Immunology and Allergy	Paediatric surgery
Infectious diseases	Palliative Medicine
Intensive Care Medicine	Pharmacology (Clinical)
Nephrology	Plastic and Reconstructive Surgeon
Neurology	Psychiatry
Neurosurgery	Rehabilitation Medicine
Obstetrics & Gynae general	Respiratory and Sleep Medicine
Obstetrics & Gynae Reproductive endocrinology & infertility	Rheumatology
Occupational and Environmental Medicine	Sexual Health Medicine
Oncology Haematology	Sports Medicine
	Urologist
	Vascular Surgeon

Patient Assistance Transport Scheme (PATS) Guidelines for Assessment

For more information

**Country Health SA Local Health Network
SA Health**
Email: chsapats@sa.gov.au
Website: www.sahealth.sa.gov.au/PATS
Telephone: 1300 341 684

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