

Ambulance services payment guidelines

July 2016

These guidelines explain who has responsibility for fees for ambulance services provided by Ambulance Victoria

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Payment responsibility for emergency and non-emergency ambulance services provided by Ambulance Victoria

July 2016

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Available at www.health.vic.gov.au/ambulance/guidelines

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Introduction

These guidelines are for use by Victorian public and private health services and explain who has responsibility for transport and attendance fees for ambulance services *provided by Ambulance Victoria*.

Hospitals and health services are still able to negotiate payment arrangements between themselves in individual cases.

When to use ambulance transport

Ambulance transport can only be used for patients who have an authorised clinical need to be transported in this way. In other words, it must be *clinically necessary* for the patient to travel by ambulance.

*For transport to be clinically necessary, the patient must require active clinical monitoring/care or clinical supervision **during** transport that is provided by a paramedic, health professional or qualified patient transport officer or attendant.*

Who can authorise the use of ambulance transport?

Authorisation is limited to health professionals who can make an informed decision about whether there is a genuine clinical need for a patient to be transported by ambulance instead of any other way.

The health professionals who can usually authorise ambulance transport are :

- a registered medical practitioner
- an Ambulance Victoria paramedic/ authorised employee of the Emergency Services Telecommunications Authority
- a registered division 1 nurse (under the Non-Emergency Patient Transport Regulations 2016).

Before authorising a patient for any ambulance transport interstate, the referring health professional must contact Ambulance Victoria and provide detailed evidence as to why the patient must attend interstate health services. Ambulance Victoria may seek a second opinion.

Booking process

Inter-hospital transports

The booking of inter-hospital and patient discharge transports are initiated by the sending hospital or health service. The choice of road or air service is a decision made by Ambulance Victoria based on the most appropriate transport for the patient at the time.

Community transports

For people in the community who need to attend public specialist clinics or public health independence programs, the booking (and authorisation) of the ambulance transport must be completed by the relevant health service. This includes ambulance transports back to the community.

For people being transported from a private healthcare facility, the booking (and authorisation) of the ambulance transport must be completed by the private healthcare facility.

Account payments

Hospitals and healthcare facilities using patient transport provided by Ambulance Victoria are required to make payments within normal commercial arrangements.

Payment responsibility matrix

Table 1 Community ambulance services

Transports	Patient type		Responsible for payment					
			Public facility	Private facility	TAC / VWA	DVA	Patient	AV
FROM community	General						✓	
	Concession patient attending:	HIP/specialist clinic at public facility	✓					
		public health service						✓
		private healthcare						✓
	DVA					✓		
TAC or VWA				✓				
TO community	General patient						✓	
	Concession patient attending:	HIP/specialist clinic at public facility	✓					
		public health service						✓
		private healthcare		✓				
	DVA					✓		
TAC or VWA				✓				
Patient Key								

General A person who is not a concession, DVA, TAC, VWA or compulsory mental health patient. This patient may have ambulance membership.

Concession The Concession classification includes Pensioner, Health Care Card holders and compulsory mental health patients*. See glossary for further details.

DVA Department of Veterans' Affairs Gold Card or White Card holder – subject to card conditions.

TAC Transport Accident Commission patient – subject to the conditions under the scheme.

VWA Victorian WorkCover Authority patient – subject to the conditions under the scheme.

Specialist clinic or HIP Concession patients visiting specialist clinics or public health independence programs (HIP) may be authorised for clinically necessary transport by the relevant health service provider. General patients visiting these clinics are responsible for the cost of any ambulance transport. DVA, TAC and VWA patients may be covered by their schemes.

When a concession patient is transported from the community to a specialist clinic or public health independence program, payment responsibilities of the relevant service provider/facility include the patient's *return* trip.

In the event of an evacuation or closure of a residential aged care service, payment is the responsibility of the residential aged care service.

Table 2 Inter-hospital ambulance services

Patient care	Patient type	Responsible for payment				
		Sending facility	TAC / VWA	DVA	Patient	AV
Public admitted	General	✓				
	Concession	✓				
	DVA	✓				
	TAC or VWA		✓			
Public emergency department	General	✓				
	Concession	✓				
	DVA	✓				
	TAC or VWA		✓			
Public non-admitted healthcare facilities	General				✓	
	Concession					✓
	DVA			✓		
	TAC or VWA		✓			
Private healthcare facility	General				✓	
	Concession	✓				
	DVA	✓		✓		
	TAC or VWA		✓			
Patient key						

General

A person who is not a concession, DVA, TAC, VWA or compulsory mental health patient. This patient may have ambulance membership. For the purposes of inter-hospital transport only, includes prisoners.

Concession

The Concession classification includes Pensioner Health Care Card holders and compulsory mental health patients*. See glossary for further details.

DVA

Department of Veterans' Affairs Gold Card or White Card holder – subject to card conditions.

TAC

Transport Accident Commission patient – subject to the conditions under the scheme.

VWA

Victorian WorkCover Authority patient – subject to the conditions under the scheme

When a patient (public or private) is sent to a healthcare facility or to a diagnostic or day procedure service, a specialist clinic or HIP and expected to return the same day, payment responsibility also extends to the return transport.

✓ For DVA transports, when an admitted DVA patient is transported from a private hospital to and from a diagnostic or public day procedure service, the sending hospital is responsible for payment, otherwise transport payment responsibility rests with DVA.

Glossary

A	Ambulance Victoria	Ambulance Victoria provides emergency and non-emergency services and transports patients by road and air. Further detail on Ambulance Victoria's services is available at www.ambulance.vic.gov.au .
C	Community	Community includes GP clinics, private consulting rooms, the patient's home, residential aged care services, bush-nursing hospitals, transition and rehabilitation care programs. A patient may also be transported from a public space.
	Compulsory mental health patient	<p>A person who is subject to an order under the <i>Mental Health Act 2014</i>, <i>Sentencing Act 1991</i>, or <i>Crimes (Mental Impairment and Unfitness to be Tried) Act 1997</i>, that requires them to be compulsorily assessed or treated in a designated mental health service. This includes compulsory, security and forensic patients, and persons being transported by ambulance under section 351 and 352 of the <i>Mental Health Act 2014</i>.</p> <p>*NOTE: Ambulance Victoria is financially responsible for the ambulance transport of patients being transported under section 351 or 352 of the <i>Mental Health Act 2014</i> from the community to an inpatient mental health facility. Accordingly when a patient is transported by Ambulance Victoria to an emergency department without an inpatient mental health facility under section 351 for assessment, and then requires ambulance transport to an inpatient mental health facility, Ambulance Victoria is also financially responsible for the subsequent transport.</p>
	Concession	<p>The Concession classification includes:</p> <ul style="list-style-type: none">• a person holding a current Victorian Pensioner Concession Card (includes dependent children listed on the card but not spouses)• a current Health Care Card holder and their dependents including spouses listed on the card (doesn't include Health Care Card for carer allowance and foster care issued in the name of the child)• a child holding a current Child Disability Health Care Card or Foster Child Health Care Card, but not their guardians/families listed on the card• a child under a Family reunification, Care by Secretary or Long-term care order including children on interim accommodation orders• Compulsory mental health patients (see definition above).• asylum seekers who are clients of one of the 15 nominated providers for asylum seeker support. The list of agencies is available at http://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/ambulance-and-nept/ambulance-payment/payment-responsibilities
D	Day procedure service	Day procedure services provide treatments where the patient could reasonably expect to be admitted and discharged on the same date. Day procedures can occur in both public and private health facilities/centres.
	Diagnostic services	Diagnostic services provide medical imaging, such as CT scans, MRI, x-rays, and may be provided publicly or privately.
	DVA	Commonwealth Department of Veterans' Affairs.

E	Emergency department	See 'Public emergency department'
H	Health Independence Program (HIP)	The Health Independence Program (HIP) provides hospital substitution and diversion services supporting people in the community, in ambulatory settings and in people's homes. HIP includes the following programs: post-acute care (PAC), subacute ambulatory care services (SACS), the Hospital Admission Risk Program (HARP) and residential in-reach.
H	Hospital in the Home (HITH)	Hospital in the Home (HITH) provides hospital care in a person's own home, which can be a private residence or a residential aged care facility. HITH provides acute care that would otherwise need to be delivered within a hospital. Patients who receive HITH are classified as admitted patients.
I	Inter-hospital transfer	Transport within Victoria of a patient from an admitted/non-admitted healthcare facility as per Table 2 to a healthcare service or hospital. For example between a designated mental health service and Extended Care. Refer to the Victorian Policy and Funding Guidelines 2015 published by the Department of Health and Human Services.
P	Private healthcare facility	Private healthcare facilities include registered private hospitals and day procedure centres. A list of registered private facilities can be found at www.health.vic.gov.au/privatehospitals . Private healthcare facilities <i>do not</i> include private diagnostic and imaging centres, even where these are co-located on private hospital premises. Only staff of a registered private healthcare facility can make a patient transport booking for ambulance transports <i>from</i> a private healthcare facility.
	Public admitted patient	A patient who has undergone a hospital's admission process to receive treatment and/or care as defined by the Department's Victorian Hospital Admission Policy and the Victorian Admitted Episodes Dataset (VAED) manual which are available at http://www.health.vic.gov.au/about/publications .
	Public emergency department	A public emergency department is a designated emergency department as listed on the Department of Health and Human Services website http://performance.health.vic.gov.au/Home/Emergency-department-status.aspx
	Public non-admitted healthcare facility	Includes urgent care centres and specialist clinics.
S	Specialist clinic	Specialist clinics provide planned non-admitted services with access to : <ul style="list-style-type: none"> • medical, nursing, midwifery and allied health professionals for assessment, diagnosis and treatment • ongoing specialist management of chronic and complex conditions in collaboration with community providers • pre-and post-hospital care • maternity care

Additional information

Overseas visitors

For all clinically necessary inter-hospital transfers of overseas visitors, the transferring hospital is responsible for payment and will be billed by the patient transport provider. The overseas patient is responsible for payment for all other ambulance transports and will be billed by the patient transport provider.

Patients under a provision of the *Mental Health Act 2014*

The following patients are not required to pay for emergency ambulance or non-emergency ambulance transport:

- a Compulsory Mental Health Patient (a person who is subject to an order under the *Mental Health Act 2014*, *Sentencing Act 1991*, or *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997* that requires them to be compulsorily assessed or treated in a designated mental health service). This includes compulsory, security and forensic patients, and persons being transported by ambulance under section 351 and 352 of the *Mental Health Act 2014*.
- a patient absent without leave from a designated mental health service under section 352 of the *Mental Health Act 2014* (including where the setting for a treatment order has changed from community to inpatient)

If patient is a compulsory mental health patient and a NSW resident, NSW mental health is responsible for payment.

Prisoners and people in police custody

Refer to Ambulance transport information at <http://www.health.vic.gov.au/hospitals-and-health-services/patient-care/ambulance-and-nept/ambulance-payment/payment-responsibilities>

Public health service home birth patients

Under a public hospital home birth program, a woman who is having a home birth is an admitted 'patient' during labour. If an ambulance transfer is requested by the midwife (from home to hospital) during the admitted episode, health services are responsible for covering the cost of the transfer.

Health services should inform women about their own liability for any costs associated with ambulance transport outside the admitted episode. For further information, refer to the Department of Health and Human Services publication - *Implementing a public home birth program: guidance for Victorian public health services* (due to be released in 2015).