

Hospital Circular: 4/2008

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Distribution: Public Hospitals

Attention: Public Hospitals, Extended Care Centres, Metropolitan Health Services, and Regional Offices

Subject: Impact of new TAC arrangements with the Department for the provision of public hospital services to TAC clients.

Contents: This circular covers a range of topics including the following:

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BACKGROUND

The arrangements for the provision and payment of a range of public hospital services for TAC patients have been updated between DHS and the TAC. These new arrangements will apply for 3 years from 1 July 2007 for all Services described below unless otherwise designated. All admitted and non-admitted prices will be adjusted annually.

The new rates payable by the TAC can be accessed from the department's website www.health.vic.gov.au/feesman/ which lists 'The Fees Manual for Acute Health Services in Victoria'.

PRIOR APPROVAL

Approval is required from TAC prior to commencement of a range of hospital services and provision of some equipment items. These approvals relate to Outpatient Rehabilitation plans, Rehabilitation in the Home, attendance at pain management clinics, gait clinics, and provision of highly customised equipment, attendant care, and overnight leave.

Hospitals should contact TAC on 1300 654 329 and speak with the TAC Officer who manages the client's file claim in order to seek the required approval.

CLAIMS LODGEMENT

The TAC will work in partnership with Public Hospitals to facilitate early lodgement of TAC claims for potential TAC clients. Early lodgement of claims enables hospitals to identify patients whom will be funded by the TAC and who are eligible to receive private rehabilitation and discharge services. The TAC and DHS will work collaboratively toward achieving agreed performance standards for Public Hospitals in the early identification of admitted TAC Clients.

The Claims Lodgement process:

- Phone Lodgement: Ask the patient or their family to contact the TAC on **1300 654 329** (a hospital representative can also do this) and provide requested information as known regarding the transport accident, injuries sustained as well as the patient's personal details. The TAC will provide a pre-claim number for the patient at this point

- The Claim Form will be sent to the patient's home address or can be faxed or sent by secure email to the hospital where this arrangement has been organised
- Once the Claim Form is received the patient needs to check the details, make any changes necessary, sign and date the form. A witness also needs to sign the form. For the TAC to consider a claim the accident must be reported to the police, unless the TAC considers one is not reasonably required. Accidents involving trains or trams must be reported to the transport operator, eg. The train/tram driver, guard or station staff.
- Signed Claim Form then sent back to the TAC for decision to be made regarding patient's eligibility to make a TAC claim
- Patient is notified in writing of the TAC's decision to accept/deny their claim
- Non-mandatory information, for example income details, can be provided after the claim has been accepted if not easily obtained at the time of claims lodgement

ADMITTED PATIENT SERVICES

Acute Services

Public hospitals will continue to be funded for both throughput and trauma specific payments. The WIES price for TAC patients are as published in the Policy and Funding Guidelines 2007 -08 and as amended

For acute episodes of care, the WIES payment includes all admitted patient services and items provided to an admitted patient, and excludes medical treatment provided by a medical practitioner with the right of private practice, imaging and diagnostic services.

TAC WIES are included in hospital targets and payments will be included in the fortnightly cashflow to hospitals. Targets will be adjusted to reflect accepted TAC records only. TAC records that are not accepted by the TAC will be treated as public WIES for payment purposes. Payments for other services will be reimbursed to hospitals directly by the TAC.

Rehabilitation Services

Effective from 1 July 2007 the following fees will apply for TAC Clients admitted to rehabilitation programs designated by the Department of Human Services.

- Level 1 (Care Type 2) \$623 per day
- Level 2 (Care Type 6) \$516 per day
- Level 3 (Care Type 7) \$516 per day
- Rehabilitation in the Home – \$344 per day (Admitted Patients)

The Level 1, 2 & 3 daily admitted patient bed rates include all admitted patient services and items provided to a TAC Client but excludes medical treatment and diagnostic services provided by a medical practitioner with the right of private practice.

TAC Clients receiving “rehabilitation in the home” will be regarded as Admitted Patients and will continue to have the same rights and responsibilities as other hospital Admitted and Non-admitted patients. However, the following conditions apply:

- Hospitals should contact a TAC Officer to arrange any necessary Rehabilitation in the Home for a TAC Client and to seek prior approval for the provision of this Service;
- Payment for any home based outpatient or inpatient rehabilitation treatment provided as a substitute for hospital based care for suitable TAC Clients can only be made where prior written approval for Rehabilitation in the Home has been obtained from the TAC;
- Rehabilitation in the Home (inpatient) will be paid at the Per Diem rate set out in the fee schedule
- Rehabilitation in the Home (outpatient) will be paid according to the fee schedule for Compensable Non-admitted Patient Services

The criteria for admission as a same day rehabilitation patient are that the TAC Client:

- Attends a rehabilitation program at a public hospital or extended care centre designated by the Department of Human Services as a provider of Rehabilitation Services
- Attends for 2 or more therapy interventions; and

- Receives treatment for a period of 4 hours or more in a single day.

Where the criteria for admission as a same day patient are not met, payment for the TAC Client will be on a fee for service basis in accordance with the Fee Schedule for Compensable Non Admitted Patient Services as described above.

OTHER ADMITTED PATIENT SERVICES

Sub Acute and Mental Health

Effective from 1 July 2007 the following rates apply for TAC Clients who utilise Sub Acute and Mental Health services, which include:

- Geriatric evaluation and management \$481 per day
- Nursing home type / non acute \$190 per day
- Palliative Care \$485 per day (metro), \$489 per day (rural)
- Mental Health Services
 - Aged Acute \$451 (metro) \$ 454 (rural)
 - Adult Acute \$484 (metro) \$487 (rural)
 - Acute specialist \$594 (metro) \$597 (rural)
 - CAMHS acute \$536 (metro) \$539 (rural)
 - Extended care adult \$432 (metro) \$435 (rural)

Mental Health

The admitted patient bed day rates for all Sub Acute services includes all services and items provided to a TAC Client whilst an admitted patient except for medical treatment provided by a medical practitioner with the right of private practice including imaging and diagnostic services and excludes personal services.

Specialty Clinics

These rates are effective from 1 July 2007. Medical treatment for TAC patients provided by a medical practitioner with the right of private practice may be charged separately to this payment including diagnostic and imaging services.

Pain Management

The pain management program provider ***must, following eligibility assessment, submit the information nominated on the TAC Pain Management Program (PMP) request form to TAC for consideration and approval.*** The PMP form should include an outline of the specific program that has been recommended for a client. On receipt of this information the TAC will determine its liability to fund the requested program. The PMP form can be downloaded at www.tac.vic.gov.au by selecting Provider Resources/Hospital Resources/Forms. Once completed this form must be posted to TAC at GPO Box 2751, Melbourne Vic 3000.

Admitted patients: \$516 per day (billed at Level 2 Rehabilitation for admitted patient programs).

Note: Specialty Clinics and Pain Management are also provided to non-admitted patients – refer to Non-Admitted patient programs

OVERNIGHT BED LEAVE

To enable the TAC to make any necessary arrangements for support services that the TAC Client may require while on overnight or week-end leave, ***prior approval*** is required and Public Hospitals must notify the TAC when a Client takes overnight or weekend leave. In such circumstances the TAC is not liable for any charge by a Public Hospital for bed holding fees for Clients on overnight or weekend bed leave.

HOSPITAL SUBCONTRACTED SERVICES

Where a Public Hospital sub-contracts the services of allied health professionals or out sources services, the costs of those services are included in the agreed rates and are the responsibility and liability of the hospital. Public Hospitals that contract or outsource any services are required to make known (to the contracted party) the arrangements in place with the TAC for funding of public hospital services to prevent any inappropriate invoicing.

ATTENDANT CARE SERVICES

The TAC does not fund attendant care for any admitted patient services. In the event that a public hospital deems that Attendant Care Services are essential for the effective management of an admitted TAC Client, then the hospital is responsible for

the provision of Attendant Care Services to the Admitted Patient and associated costs.

If prior written approval is obtained from the TAC Officer managing a claim, the TAC will pay the reasonable costs of the training of public hospital clinical staff prior to admission of the TAC Client to ensure that the Client's specific care needs are met during their admitted patient Episode of Care. If during an initial or subsequent admitted acute, sub-acute or rehabilitation episode, it is determined that training of attendant carers (to provide Attendant Care Services) by clinical or allied health staff of the hospital is required to ensure the safe discharge of an admitted TAC Client the cost of such training is included in the inpatient fee

SERVICES NOT COVERED BY THE TAC

The TAC is not responsible for any costs associated with TAC Clients' utilising telephone, facsimile and communication services or for purchases of any personal items, or services such as toiletries and hairdressing.

TAC DATA EXCHANGE AND PAYMENT

Refer to the Policy and Funding Guidelines – Conditions of Funding and the Data Exchange and Payment Process Map, which has been prepared by TAC and DHS to enhance transparency. The Data Exchange and Payment Process Map can be accessed from the department's website www.health.vic.gov.au/feesman/

PATIENT DISCHARGE

Discharge Planning

Public Hospitals have a responsibility to facilitate safe and effective discharge of TAC Clients. The TAC will work in partnership with hospitals to ensure this occurs. Early notification of expected discharge date, patient assessment, clear communication with TAC and external parties regarding discharge needs together with a copy of the discharge summary (where prior approval has been obtained from the client) will assist in this process.

Post Acute Care (PAC) Services

PAC Services may claim payment from the TAC for patients that:

- At the date of their discharge from a public hospital have the potential to make a TAC claim and are in the process of doing so; or
- Have lodged a Claim but the TAC has not made a decision regarding liability.

Where TAC subsequently accepts liability, reimbursement of a daily fee of \$26 will be made. The daily rate will apply from the period after the patient leaves hospital and commences receiving PAC services until the patient is transferred to TAC Service providers or ceases to require post acute care services.

Once PAC has implemented services, it is recommended that the PAC provider phone the TAC on a weekly basis to check whether the claim has been received and accepted. Once the TAC has accepted liability PAC services should cease as the TAC will accept the reasonable cost for continuing the services that the patient is eligible to receive under the Transport Accident Act 1986.

PAC Services can contact TAC Enquiries on 1300 654 329 to establish claims lodgement, acceptance and advise on the ongoing needs of a client, as well as agreeing on a date to hand over to the TAC the responsibility for payment of any continuing services for clients' with accepted claims. With regard to billing, PAC services will be required to submit individual claims for each eligible TAC client. It is important to note that the daily rate of \$26 invoiced to the TAC covers the reimbursement of all services organised by PAC that a patient requires for a safe discharge. This includes home nursing services provided by a nursing agency that are organised as part of the PAC program. PAC services should not be directing that a separate charge can be raised by the nursing agency and billed to the TAC.

PAC Services will require a TAC Provider number. TAC will issue a provider number for a PAC Service as part of the first claim process.

When billing for reimbursement of PAC services please include the TAC item number PAC999 on invoice.

Information that TAC requires to be provided on invoices

- Client details
- Client's family name and given name(s)
- Client's date of birth - if claim number not known
- Date of transport accident - if claim number not known

- Client's TAC claim number, if known

Service details

- Services will need to submit an invoice for each TAC client.
- Dates of service
- TAC Item number (PAC999)
- Service description e.g. PAC service
- Charge for the service in accordance with the TAC agreed fee (\$26 daily fee)
- Total charge for invoiced items

Service provider details

- TAC provider billing number
- Service provider billing address
- Service provider practice/clinic address

Account information

- Accounts must be addressed to the TAC
- All invoices must comply with Australian Taxation Office requirements

The provider's Australian Business Number (ABN) for accounts in excess of \$50

TAC Support Services

In order for the TAC to consider funding support services for clients at discharge please submit, to the TAC prior to discharge, a TAC medical certificate and include details of the support services required:

- Type of services (e.g. home services, gardening, personal care, attendant care, taxi transport, childminding, community nursing)
- frequency of services (e.g. daily, weekly)
- number of hours requested for each service
- duration of services (e.g. 1 month)

The TAC will review each request to determine the client's eligibility for the requested service/s as well as the number of hours that can be approved. The TAC will then contact the client to facilitate set up of the services.

Return to Work

The TAC can assist clients to return to work and consider income support. Please complete a TAC medical certificate and include details of the client's capacity to work:

- expected to be fit for usual duties
- fit for modified/alternative duties
- unfit for any work duties and has no capacity to work
- please also include comments on work restrictions and need for assistance to return to work

Referrals for Community Therapy

Copies of all referrals made to community therapy providers need to be sent to the TAC. If direct referrals are not made, please note on the medical certificate the recommended community therapy and submit to the TAC.

TAC medical certificates are provided to hospitals but are also available from the TAC.

Discharge Equipment Provided to TAC Clients

Where a TAC client is in receipt of aids or equipment from TAC prior to admission the TAC will continue to provide these aids and equipment upon discharge.

For the first 30 days following discharge, Victorian public hospitals are responsible for the provision of aids, equipment and domiciliary oxygen free of charge to facilitate safe and effective discharge for a period of up to 30 days post discharge following an Acute, Sub Acute or Rehabilitation admission other than those provided by TAC as described in the previous paragraph.

Following the initial 30 days after discharge TAC will be responsible for providing aids and equipment - once the claim is accepted. Victorian public hospitals **must contact the TAC** to determine whether the TAC will organise alternative provision of the hired aids and equipment or whether the current hire arrangements will continue.

The TAC may be invoiced directly for any hire costs incurred only after 30 days post discharge.

Equipment hires or purchases required after the first 30 days post discharge can be organised through the TAC's equipment services provider, Lifehealthcare (formally

Lifestyle & Rehab). The Lifehealthcare Customer Help line for enquiries regarding orders is 1300 133120 or 9384 1846.

Highly Customised Equipment

All equipment for admitted TAC Clients who have a certifiable permanent or long term disability that is highly customised and is to be used beyond 30 days of being discharged from a public hospital will be funded by TAC. This includes prostheses such as artificial limbs, including interim and definitive limbs. However, it is mandatory that the public hospital **contacts the TAC** to discuss the Client's needs, as payment for any highly customised equipment or prostheses can only be made where TAC has provided **prior written approval**.

Pharmacy

Pharmaceutical services to TAC patients while they are admitted patients are to be provided free of charge and cannot be claimed against the Pharmaceutical Benefits Scheme (PBS). TAC will pay for appropriate accident related discharge pharmacy items at PBS rates, including concession and safety net entitlements. For payment purposes the TAC will only pay for discharge medications that are supplied within 48 hours of a discharge. Furthermore the TAC should not be billed for private dispensing in relation to discharge medications that are available under the PBS. To facilitate prompt payment from TAC of any discharge pharmacy items, hospitals should provide the following information with invoices:

- PBS item codes
- Full description of medication
- Quantity
- Medication strength
- Date dispensed
- Amount charged per item
- Indication of whether this was supplied at discharge or as a non-admitted patient.

Discharge Summary

Public Hospitals should provide a copy of the discharge summary within 5 days of receiving a request from the TAC. Where the TAC requests a discharge summary, the TAC will include a copy of the TAC Client's consent to release medical information with the request. However a charge cannot be raised by a public hospital

for a standard discharge summary. The TAC and DHS will work collaboratively toward achieving agreed performance standards for Public Hospitals regarding the timely provision of discharge notification and discharge summaries.

NON-ADMITTED PATIENT SERVICES

Non-admitted patient programs are to be billed for services in accordance with the Compensable Non-admitted Patient Fee schedule.

An Outpatient Rehabilitation Plan ***must be submitted by the hospital and approved by TAC*** before outpatient rehabilitation treatment can commence.

The form for this plan can be downloaded from the TAC website at tac.vic.gov.au by selecting Provider Resources / Hospital Resources / Forms / Outpatient Rehabilitation Plan.

Specialty Clinics

These rates are effective from 1 July 2007. Medical treatment for TAC patients provided by a medical practitioner with the right of private practice may be charged separately to this payment as well as diagnostic and imaging services. Travel time to a patient's home and to outreach services is included in the TAC rate.

Pain Management Clinics

Non-admitted patient programs are to be billed **fee for service** in accordance with the Compensable Non-admitted Patient Fee Schedule.

The pain management program provider ***must, following eligibility assessment, submit the information nominated on the TAC Pain Management Program (PMP) request form to TAC for consideration and approval.*** The PMP form should include an outline of the specific program that has been recommended for a client. On receipt of this information the TAC will determine its liability to fund the requested program. The PMP form can be downloaded at www.tac.vic.gov.au by selecting Provider Resources/Medical services/hospitals (public). Once completed this form must be posted to TAC at GPO Box 2751, Melbourne Vic 3000.

Continence Clinics

Non-admitted patients: \$79 per occasion of service (including travel).

When billing for this service please include the TAC item number PUB004 on invoice.

Gait Analysis

Royal Children's Hospital \$1,471 per assessment

Kingston Centre \$1,090 for a single assessment and \$1,635 for a dual assessment.

When billing for this service please include the TAC item number PUB888 on invoice.

Mental Health: Clinical Community Care

Community patients: \$190 per individual visit and \$110 per group visit. As a public hospital salaried psychiatrist will be involved in the client's treatment, a separate charge should not be raised for any associated medical treatment received from the psychiatrist overseeing the management of a client in Psychiatric Clinical Community care. When billing for this please include the TAC item number PUB003 on invoice.

MEDICAL REPORTS PROVIDED BY PUBLIC HOSPITALS - FROM 1 OCTOBER 2007

From 1 October 2007 the following fees will be paid by the TAC to a public hospital for a medical report:

- **Hospital Report** – this is a report that is prepared by clerical staff on behalf of the public hospital's medical officer and provides a summary of the medical record. The fee for this report is \$181 (incl. 10% GST). Hospitals billing this type of report should include the TAC item number 9163 on the invoice.
- **Medical Officer's Report** – this is a report that is prepared by the public hospital's medical officer. The fee for this report is \$300 (incl. 10% GST). Hospital's billing this type of report should include the TAC item number THR010.

Reports Completed by the Treating Medical Officer

Where the treating medical officer completes the medical report, payment will be in accordance with TAC's Fee Schedule titled 'TAC Reimbursements for Medical Reports'. If the treating medical officer fees are to be raised under a hospital

provider number this should be discussed with the TAC before any charges are raised.

The TAC fee schedule titled “Medical Reports – TAC Reimbursement” can be accessed from the TAC website at www.tac.vic.gov.au by selecting ‘Provider Resources’ followed by ‘Fee Schedules’.

It is expected that all medical reports prepared by a public hospital, to be paid as outlined above, should include (where possible) the following information:

1. a relevant history of the transport accident;
2. a list of injuries sustained and relevant diagnosis;
3. details of any known previous relevant medical history including previous attendances and medications;
4. details of any investigations performed and a copy of such reports;
5. a discharge treatment plan including medications;
6. a summary of relevant review appointments and treatment, and
7. details of any surgical procedures performed and a copy of the operation notes.

Public Hospital Providing Medical Reports to a Legal Firm that is representing a TAC Client

TAC advises that under the Transport Accident Act 1986, a legal firm can make a request for reimbursement of costs for medical and hospital reports obtained in support of their client’s claim for compensation. Where the TAC receives such a request the reimbursement made to a legal firm for a public hospital report will be at the rates as described above.

Therefore when raising a charge for a report to a legal firm that is representing a TAC client, the same fees and payment arrangements apply.

When billing a legal firm, hospitals should include on their invoice one of the following item numbers to distinguish the type of report that has been provided:

- Hospital report – TAC item number S9163 (\$181 incl 10% GST)
- Medical Officer’s report - TAC item number SHR010 (\$300 incl 10% GST)

Legal firms have been asked to include in their application that the patient they are seeking a report for is a TAC client to facilitate with the billing process.

The TAC has formally communicated this advice to the legal profession and requests that hospitals adhere to the fees.

FREEDOM OF INFORMATION REQUESTS

Where the TAC makes an FOI Request in relation to accessing the Medical Records of a TAC Client, a Public Hospital may charge the TAC for the reasonable costs incurred in making those arrangements as prescribed in the FOI Act and Freedom of Information Access Charges Regulations 2004 (Regulations).

DHS Contacts:

For Metropolitan hospitals: David Seinfeld (phone 9096 7270)

For Rural hospitals: Teresa Guerrieri (phone 9096 1441)

Geoff Lavender

Acting Executive Director

Metropolitan Health and Aged Care Services

Jane Herington

Acting Executive Director

Rural Health and Aged Care Services