

Ambulance Coverage Following the Introduction of Medicare

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Functional Sub group Corporate Administration - Fees
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Summary Coverage and charging arrangements for Ambulance transport.

Author Branch Finance and Business Management

Branch contact 9391 9176

Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Community Health Centres, Dental Schools and Clinics, Government Medical Officers, NSW Ambulance Service, NSW Dept of Health, Private Hospitals and Day Procedure Centres, Private Nursing Homes, Public Hospitals

Distributed to Public Health System, Community Health Centres, Dental Schools and Clinics, Government Medical Officers, Health Associations Unions, Health Professional Associations and Related Organisations, NSW Ambulance Service, NSW Department of Health, Public Hospitals, Private Hospitals and Day Procedure Centres, Private Nursing Homes

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Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

CIRCULAR

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**AMBULANCE COVERAGE FOLLOWING THE INTRODUCTION
OF MEDICARE**

The Federal Government's new health scheme, "Medicare", does not provide coverage for ambulance services, excepting for authorised ambulance transports between recognised public hospitals. The hospital billing system which currently exists for inter-hospital transports, will continue to apply under the new scheme.

However, the following arrangements in respect of general ambulance coverage, has operated in New South Wales from 1 February 1984.

1. State Ambulance Insurance Plan

For people who do not take out separate **basic hospital** insurance with a registered health fund, and are covered by Medicare only, the New South Wales Government has introduced the State Ambulance Insurance Plan (SAIP). This cover is available through:

- The Hospitals Contribution Fund of Australia
- The NIB Health Fund Limited
- The Western Districts Health Fund
- The Wollongong Hospital and Medical Benefits Contribution Fund.

These funds are acting as collection agents for the Plan and it should be noted there is no obligatory requirement for people joining this Plan to take out other health insurance with the authorised SAIP agents.

Distributed in accordance with circular list(s):

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73 Miller Street North Sydney NSW 2060
Locked Mail Bag 961 North Sydney NSW 2059
Telephone (02) 9391 9000 Facsimile (02) 9391 9101

In accordance with the provisions incorporated in the Accounts and Audit Determination, the Board of Directors, Chief Executive Officers and their equivalents, within a public health organisation, shall be held responsible for ensuring the observance of Departmental policy (including circulars and procedure manuals) as issued by the Minister and the Director-General of the Department of Health.

The new Ambulance Plan provides ambulance average for a cost of 32 cents a week for single people and 64 cents a week for families, however some funds will only accept payment on a quarterly, six-monthly or yearly basis.

Further details of State Ambulance Insurance Plan payment facilities can be obtained through offices of the abovementioned health funds.

People electing to join the SAIP will qualify for immediate coverage from the commencement of their membership and conversely, they cease to be members of the Plan when their contributions are two months in arrears.

Family memberships of the Plan will cover the contributor, spouse and dependant children who are under the age of 26 years, full time students, unmarried and not the recipient of a taxable income.

2. Ambulance Levy

Those people covered by basic hospital insurance (additional to Medicare entitlement) with a registered health fund, will continue to have the ambulance levy (introduced 1 February 1983) incorporated in their contribution rates, thereby enabling them to qualify for free ambulance service, as currently applies.

It should be noted that, from 1 February 1984, it has been possible to join ancillary tables offered by health funds (eg. "multicover") without the inclusion of hospital insurance. Such tables do not necessarily include the ambulance levy in their contribution rates. Ambulance cover in these instances may only be available through the State Ambulance Insurance Plan.

Where clarification of entitlement to free transport under the ambulance levy arrangement is required, contact should be made with the relevant health fund.

3. Pensioners

All Social Security pensioners (part or full), sickness beneficiaries, supporting parent beneficiaries and Veterans Affairs' Service pensioners, will continue to be eligible for free ambulance service under the guidelines which were effective from 1 January 1982. This also applies to recipients of a Health Care Card (ie. unemployed and low income persons). There is no need for these groups to take out insurance for ambulance cover.

However holders of Health Benefits Cards and Health Care Cards should be aware of their limited validity; these cards often being issued for fortnightly periods only. People becoming ineligible for such cards, should be advised to seek ambulance coverage through the SAIP or health fund hospital insurance.

Pensioners who elect to take out basic hospital insurance will be exempt from the ambulance levy. Pensioners with private insurance should therefore contact their health fund regarding the lower contribution rates applicable to them.

Ambulance Transport Charges for the uninsured

For people who are not covered against ambulance charges in New South Wales, the rates applicable from 1 December 1983 are \$82.50 for the first sixteen kilometres (or part thereof) plus \$2.11 per kilometre thereafter.

Eligibility for Ambulance Service

Notwithstanding the coverages available to preclude people from ambulance charges, such coverages do not automatically confer on a person any entitlement to the provision of an ambulance service.

Guidelines for the request and authorising of ambulance transport are subjected to the requirements of the New South Wales Ambulance Service as issued under the authority of the Minister for Health. Current guidelines were issued in September 1983, and were made available to all hospitals and registered medical practitioners throughout the State.

These guidelines depict the ambulance service as having a dual role:

- (a) to provide emergency services
- (b) to transport patients in non emergency situations to and from appropriate health services, where the patient's condition prohibits the use of alternative means of transport.

To be eligible for non-emergency transport, the patient will be medically unsuitable for public or private transport and will normally:

- (1) require stretcher transport
- or
- (2) require active management or monitoring in transit
- or
- (3) be a patient whose condition could cause the patient to be either gravely embarrassed or unacceptable to other people in public transport.

A request will be accepted from any person for ambulance response to an emergency (ie. injury or acute medical condition requiring urgent attention) and for the ambulance transport of a maternity patient requiring confinement.

All other ambulance transport requests require the authorisation of a registered medical practitioner and generally such requests are supported by an 'ambulance transport authorisation form' duly signed by the attending medical practitioner.

Reciprocal arrangements with other States

Most States have agreed to extend free ambulance transport to people covered in New South Wales.

Persons receiving an account from an interstate Ambulance Service should refer it back to that Service with evidence of their ambulance cover in New South Wales. Should this action not be successful, the account, together with coverage details, should be referred to the local Regional Superintendent of the New South Wales Ambulance Service who will make representation on behalf of the person concerned.

B.V. McKay,
SECRETARY.