

In Between Travel Time Interim Arrangement Questions and Answers updated 8/7/2015

Prior to and following a web-conference held on 4 June, we have received the following questions and answers which the relevant parties have answered.

Ministry of Health/DHB Q&A

Q We currently bill different ways depending on the service codes and funder. Are all services covered by the agreement and to be included in the travel billing file?

A All services provided by qualifying employees are covered (non-salaried employees of employers who are required to travel between clients' homes in the course of their duties to provide publicly funded home based community support services.) If you are unsure of a particular service group please contact the Ministry of Health and we can discuss this with you. All services covered should be claimed in the same way.

Q If a client visit consists of say YP HSHM and YP HSPC (one visit/two bookings/two service codes/same funder), will we be expected to manually remove the travel component from the second booking?

A We would expect travel between clients to occur for a claim to be made

Q How often does the travel billing file need to be submitted to Ministry?

A From July you will be able to submit a claim at any time so you can schedule it in line with your payroll.

Q What are the expected time frames for payment?

A You can normally expect to receive payment within seven working days of submitting your claim file.

Q Should Ministry interim travel **time** be paid to carers as Non-taxable allowance, Taxable allowance (wouldn't attract HP) or Gross earnings.

A The payment from the 1 July 2015 is a payment for time and all relevant tax and employment obligations for time e.g. annual leave should be applied.'

Q If Ministry travel time is to be paid as gross earnings, does that mean we need to factor in travel, time of 9.26 minutes per visit/\$14.75 per hour when calculating employee entitlements for Public Holidays, Time and a half, alternative holidays, Sick leave, Bereavement leave, Annual Leave etc ?

A The payment from the 1 July 2015 is a payment for time and all relevant tax and employment obligations for time e.g. annual leave should be applied

Q When will the \$75 per carer payment be paid to providers.

A The payment will be made before 30 June 2015 subject to three conditions

- a. Ratification of the settlement agreement by majority of participating DHBs, affected employees and employers (providers); and
 - b. Receipt of signed declaration
 - c. Receipt of the signed letter of agreement
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Q What about where a service does not go through sector services but is part of a discretionary budget (eg via NASC)?

A The provider would need to work through getting a short form contract on the travel time component with funder prior to billing. Sector Services needs to have evidence of a contract before they can correctly allocate the funding to the DHB and identify that the client has been allocated support through that contract.

Q What about supported living?

A Some supported living providers have an HCSS contract as well, and that part of it is more likely to qualify for IBTT. However if the staff member is working on supported living only, and is regularised then it is expected that the person would not be a qualifying employee for the relevant trips. If the provider believes that their staff are exceptions to that, then a conversation should be undertaken with the contract manager.

Q Does GST apply to all claims?

A Yes, the Ministry of Health will apply GST to claims and send you a Buyer Created Tax Invoice (BCTI)

Q If the first appointment is an ACC, and the second is an MoH visit, then do both qualify for payment?

A Yes, the MoH and ACC have agreed that for the purposes of payment any first government funded visit will count as first visit. So if the first visit is an ACC visit it can be billed to ACC because ACC has decided to fund the first visit. If the first visit is an MoH/DHB visit it cannot be billed to MoH because under the settlement agreement the first visit is not included. If the first visit is an ACC visit and the second is an MoH visit then both visits qualify for payment (billed separately to ACC and MoH).

Q What about if the first appointment of the day is private, the second is MoH or DHB?

A The settlement agreement and subsequent ACC payment model relates to visits funded by MoH/DHB and ACC, and not to other arrangements such as private. This means that only government funded visits count for the calculation of first visit of the day. So if first appointment of the day is private, second is MoH, then MoH could not be invoiced for the second visit.

ACC Questions and Answers

Q. If there are multiple visits to an ACC client in one day, should the billing file sum the travel codes for a day like we do for other service codes?

A – If a client receives more than one visit in a day, say 2, then the billing file may sum the travel codes i.e. 2 units (2 visits) can be billed – the supplier should detail in column R (as is currently done for codes the words “multiple”, this will help prevent the claim from being rejected).

Q – If a client visit consists of say an HCS30 and an HCS31 component (one visit/two bookings/two service codes), will we be expected to manually remove the travel calculations from the second booking?

A – ACC are funding travel based on travel occurring, if only one visit occurs to the client we should only be billed for one visit. Therefore regardless of the number of different services provided, if they are provided by one carer in one visit only one travel payment should be charged.

Q. Are there minimums set for payment rates to carers for travel to ACC clients?

A – Suppliers/providers party to the Settlement Agreement will be required to pay a minimum of the amounts detailed within this agreement.

Q Are the interim exceptional codes charged **in addition** to the one band codes or **in replacement** of them?

A – In replacement, a visit is either less than or equal to 20kms one way to the ACC client in which case it falls within the band or it is greater than 20kms and is therefore exceptional travel.

Q Are the interim exceptional codes activated when travel to a **single ACC client** exceeds 20kms (and the exceptional charge is attributed to the one client), or over a day of travel to **multiple ACC clients** and (and exceptional travel charge apportioned between the clients)?

A – Travel will be paid under the new methodology on a single client basis not on a journey basis.

Q Should ACC interim travel **time** be paid to carers as Non-taxable allowance, Taxable allowance (wouldn't attract HP) or Gross earnings?

A – Travel time is paid in the same way that normal pay is paid – it is taxable.

Q If ACC travel **time** is to be paid as gross earnings, does that mean we need to figure in travel time when calculating entitlements for Public Holidays, Time and a half, alternative holidays, Sick leave, Bereavement leave etc? How many minutes are the interim bands based on?

A – Travel time is paid including all on costs to suppliers. The interim bands are based on 6.7 minutes travel time and 1 minute getting in and out of the car (total 7.7 minutes). Travel distance is based on 3.7kms.

Q. Some of our carers are being paid \$x.xx per hour worked as a non taxable travel allowance. For ACC travel, would we need to continue to pay the \$x.xx per hour worked in addition to the interim time **and** distance bands above?

A – The new method replaces the old method of payment for travel. Therefore it should replace your existing payments (unless you have agreed something different with your employee).

Q. Some of our carers are paid per kilometre (exceeding 20km) over a day as a non taxable travel allowance. For ACC travel, would we need to continue to pay the existing distance NTA in addition to the interim time **and** distance bands above?

A – No, the new method replaces the old (unless you have agreed something different with your employee).