In Between Travel: Questions and Answers, Ministry of Health/DHB (25 Feb 2016)

Q1. Does the travel home apply to the last MOH visit of the day or the last scheduled visit of the day. For example if the last MOH visit of the day is followed by a Private appointment, would this be considered as travel home, or is it excluded as it must be the last MOH and the scheduled visit of the day.

A1. Private visits are excluded from the IBT settlement so the provider would not be funded for the trip from the private paying client's home to the support workers home.

Q2. If a Worker has two MOH visits for the day, but does not attend the second visit for some reason (flat tyre etc), they would then be eligible for travel from the first visit to home if it is exceptional as they did not actually attend / travel to the second visit (even though it is scheduled)?

A2. A. The answer to the second question is that the employer would be funded for this scenario

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Q3. What are the rates for one band and exceptional travel that occurs on a Public Holiday?

A3. The rate of $20.10 per hour includes a loading for leave entitlements.

Q4. Are the rates outlined in the document GST inclusive or exclusive? (e.g. One Band $4.81 & 3.94 and Exceptional $20.10, $14.75, $0.53, & $0.50).

A4. The rates are GST exclusive as per the contract variation.

Q5. Could you please confirm the following regarding payment for travel home. Is travel home eligible for payment where it is exceptional?

A5. Yes.

Q6 For travel home, the time and distance is to be included in the “ExceptionTravel Time” and “ExceptionTravel distance” fields against the last client visit for the day. However what should be claimed for where the last visit is one band, as the visit is technically eligible for both one band and exceptional?

A6 Scenario 3 in the updated communications document from the Ministry deals with this situation. The relevant section states "*Note that the long (Exceptional) trip home can also be claimed. Since there is no client to visit, the NHI and Agreement number in the claim should be the last client visited so that the funding can be provided by the appropriate funder. The visit time should be time of the arrival home and not again the start of the visit at the last client since that would be considered a duplicate claim.*"

In other words, the trip home is not added to the last client, but added as a separate claim line, but with the NHI of the last client visited.

Q7. Why is the contract variation different between MoH and DHBs?

A7. The Ministry variation applies to contracts for Under 65 Disability Support Services. It is different because the Ministry of Health has moved to using the outcomes based contract format developed by MBIE. The DHBs are continuing to use their traditional contract forms. The contract variation is the same for both, just using different format.

Q8. How is shopping during the funded hour to be treated?

A8. Shopping is not covered in the Settlement Agreement. The travel time should, in any case be covered within the funded hour. Payment for travel costs cannot be claimed relating specifically to shopping. This is an issue that could be raised at the IBT monitoring group. There are other complicating factors around this issue such as worker insurance, and any legal and health and safety concerns around transporting clients. There are significant variations as to how shopping is addressed per funder and per provider.

Q9. How is the money distributed to DHBs for travel? How will they know they have enough?

A9. The money is distributed based on the population based funding formula which takes into account matters such as ethnicity, age, gender, and deprivation.

Information about the population based funding formula can be found at; http://www.health.govt.nz/new-zealand-health-system/key-health-sector-organisations-and-people/district-health-boards/accountability-and-funding/population-based-funding-formula

The Ministry will monitor the distribution of lBT funding to ensure that DHBs and the Ministry are treated fairly.

Q10. What sort of monitoring will go on?

A10. Because of the very high volume of transactions the Ministry will monitor with high level analysis. It will undertake some sampling including benchmarking providers to look for anomalies. Some DHBs have asked for all claim data to be provided to them so that they can do their own analysis. At the moment, the Ministry's system does not cater for that. On a case-by-case basic more detailed claim data could be provided to the DHBs. It this becomes a common requirement, a change in the system could be considered. In all situations, if there are situations where claiming looks unusual then auditing of these claims will be considered.

Q11. We don't have a service agreement number yet.

A11. The Ministry acknowledges that there are some service agreements where there is no number. The Ministry is providing a grace period up until May 2016 for funders and providers to ensure there is an agreement number. After that any claims without an agreement number will be rejected.

Q.12 I can see from the IBT Implementation plan that the start date for this is the 29th February 2016. This is not the start of an invoicing period. Is this to bring us all in line with a standard invoicing period, as the first invoice will be only be for a week?

A.12 The date was set as Monday 29 February 2016 to simplify payment for providers to their employees by avoiding beginning payments in the middle of a pay week. The Ministry of Health has not changed providers payment cycles.

For providers with an invoicing period that covers the fortnight period of 22 February 2016 to 6 March 2016, the Ministry's preference is for providers to split invoices and submit two separate claims. One claim will be for the period of 22 February 2016 to 28 February 2016, and the second claim will be for the period of 29 February 2016 to 6 March 2016. This means that each claim file will have the same rate for every visit.

Providers will also need to split their HM & PC invoices for the 2 periods because the contract rates are reduced from 29 February 2016 when Fair Travel funding is removed.

If there is no exceptional travel to be claimed then providers only have to make sure they include the funder or agreement number in the claim for visits from 29 Feb.

Q.13 Where a support worker is visiting separate clients one after the other at a similar address (eg retirement village), can the organisation invoice for each client?

A.13 The view of the Ministry is that if travel is not conducted then an employee is not entitled to payment. Where an employee visits a similar but different location then they are eligible for payment i.e. 2 clients live in the same apartment block, one in 1A and another in 5D, they are entitled to claim. That view is echoed by ACC.

Q.14 Can a provider vary how it calculates travel as long as it effectively pays what is the minimum required under the Act, for example if it pays a) higher travel cost reimbursement; or b) runs back to back appts at a higher rate.

A.14 Sections 16 and 17 of the Home and Community Support (Payment for Travel Between Clients) Settlement Act 2016 impose a mandatory obligation on employers. Those sections prescribe the calculation that an employer must use, from 1 March 2016, to calculate the minimum amount payable to an employee towards the costs of travel. No other method may be used by an employer even if the outcome is considered to be the same. The requirement, under section 21, for employers to keep accurate records of the amounts paid to the employee for each pay period, is intended to be a transparent record of the factors that must be used in that prescribed method of calculation. Any employer that does not comply with the requirements of the Act is at risk of an employment dispute (under the Employment Relations Act 2000) by the employee under section 19
