



**Australian Government**

**Department of Health**

**RADIATION ONCOLOGY  
HEALTH PROGRAM  
GRANTS (ROHPG) SCHEME**

**Administrative Guidelines**

**Effective 1 July 2017**

**Acknowledgement:**

This document has been drafted in consultation with public and private radiotherapy providers.

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## 1 INTRODUCTION

Radiotherapy is one of the main treatment modalities in cancer management, often used in combination with other treatments, such as surgery or chemotherapy. Approximately 40% of cancer cures are attributed to radiotherapy<sup>1</sup>. It is an internationally accepted standard that around 48.3% of patients with cancer would benefit from radiotherapy at some stage during the course of their illness<sup>2</sup>. Most recent evidence estimates that approximately 48% of new notifiable cancers in Australia should receive at least one course of radiotherapy<sup>3</sup>.

The demand for radiotherapy treatment services is highly dependent on the number of cancer cases diagnosed, and this demand plays an important role in health resource planning.

The Commonwealth Government provides a contribution to the capital cost of high value linear accelerators (LINACS) used to provide radiation oncology services, taking into account advice from state and territories that applications are appropriate and in accordance with planning for radiotherapy services.

## 2 PURPOSE OF THIS DOCUMENT

The purpose of this document is to provide information about the Radiation Oncology Health Program Grant (ROHPG) Scheme, eligibility, assessment criteria that will guide decisions on applications, and conditions for funding. In addition, this document will ensure that the application process for ROHPG funding is equitable and accountable and that the best use is made of Commonwealth funding.

This document provides guidance about how decisions under Part IV of the Act will be made.

## 3 BACKGROUND

Health program grants are a mechanism for the Commonwealth Government to fund health services outside of the Medicare arrangements. Health program grants are made under Part IV of the *Health Insurance Act 1973* (the Act). ROHPGs are a form of health program grant.

The ROHPG Scheme contributes to the cost of providing radiation oncology services by purchasing or leasing radiotherapy equipment. The payments complement Medicare rebates that patients receive for certain services. The ROHPG Scheme is open to public and private sector providers who are recognised under Sections 40-41 of the Act as an 'approved organisation' providing an 'approved health service' at a specific location, with specified equipment.

Funding under the ROHPG Scheme is separate from, but complementary to the Medicare Benefits Schedule (MBS). Medicare pays benefits to patients for the professional and operating costs of radiation oncology services provided to them and does not include funding to organisations for the cost of equipment used in providing these services.

## 4 LEGISLATIVE ARRANGEMENTS

Part IV of the Act governs the ROHPG Scheme.

The following provisions in Part IV of the Act are relevant for the ROHPG Scheme:

*Section 40* of the Act provides for the approval of an organisation, whether public or private, as an 'approved organisation' by the Minister.

*Section 41* of the Act provides for the approval by the Minister of an 'approved health service' provided, or to be provided, by an 'approved organisation'. For the ROHPG Scheme, a health service is approved for a specific location using particular equipment.

*Section 42* of the Act allows the Minister to determine an approved organisation's entitlement to be paid all or a proportion of the costs incurred in providing an approved health service.

*Subsection 43(1)* of the Act allows the Minister to specify any conditions attached to those payments.

*Subsection 45(1)* of the Act allows the Minister to direct an organisation to make claims for payment in a specified way.

The term 'Minister' includes a delegate.

<sup>1</sup> Radiation Oncology Tripartite Committee, Planning for the best: Tripartite National Strategic Plan for Radiation Oncology 2012–22.

<sup>2</sup> Review of Optimal Radiotherapy Utilisation Rates, Barton et al. 2013.

<sup>3</sup> Australian Institute of Health and Welfare, Radiation oncology areas of need, cancer incidence projections 2014-2024.

Application forms for approval under Part IV of the Act are attached to these guidelines.

## **5 ROHPG SCHEME OBJECTIVES**

The ROHPG Scheme provides a capital contribution to the cost of LINACS to assist in patient access to high-cost radiotherapy treatment.

The ROHPG Scheme provides funding for both public and private providers of radiation oncology services to establish new facilities in locations across Australia that have been identified as priority areas (refer to Clause 6), and purchase replacement equipment when appropriate.

Through the ROHPG Scheme, the Commonwealth Government aims to assist in:

- improving health outcomes for cancer patients;
- increasing access to radiation oncology services;
- improving equity of access for cancer patients; and
- ensuring the highest quality and safety of radiation oncology services.

Further, the ROHPG Scheme aims to encourage and steer:

- utilisation of radiation as a treatment of cancer noting that radiation is a highly effective form of treatment;
- high quality, safe radiation oncology services; and
- access (investment in areas of need).

## **6 PRIORITY AREAS**

It is recognised that the planning of radiotherapy services properly rests with states and territories. For the purposes of the ROHPG Scheme, the provision of funding for radiation oncology services (through an identified need), will be based on priority areas.

Directing Commonwealth contributions under the ROHPG Scheme to priority areas ensures that public funds invested by government are used effectively to improve equity of access for patients.

The Commonwealth will, in consultation with states and territories, identify need for radiation oncology services based on cancer incidence, population and health regional planning areas.

Once a need for radiation oncology services in a particular geographical area has been identified and agreed with the relevant state or territory, these priority areas will be published on the Department of Health website.

Preferential consideration will be given to applications for health program grant funding, in respect of new or expanded radiotherapy health services, for identified priority areas. It is envisaged that priority areas will be reviewed and updated by the Department, in consultation with states and territories, approximately every two years.

## **7 FUNDING ELIGIBILITY**

In order to receive Government funding under the ROHPG Scheme, providers must:

- be an approved organisation under Section 40 of the Act;
- provide radiation oncology services as an approved health service under Section 41 of the Act;
- have successfully addressed the assessment criteria (Clause 9 of this document);
- meet the conditions for funding (Clause 14 of this document); and
- not be funded through other Commonwealth budget measures for external beam radiotherapy equipment (linear accelerator, also referred to in this document as LINAC).

The funding arrangements described below in clauses 7.1 and 7.2 represent the entitlement to ROHPG funding which is granted to an approved organisation to provide an approved health service under Section 42 of the Act.

### **7.1 ROHPG Funding Arrangements (effective 1 July 2017)**

From 1 July 2017, the ROHPG Scheme will provide a capital contribution of up to \$3 million towards the capital costs of each linear accelerator approved as part of the approved health service. The

make, model and any optional add-on configurations required for the LINAC will be at the discretion of the organisation applying for the capital contribution.

The capital contribution will be provided by the Department of Health, in respect of each approved LINAC, annually up-front for each year the relevant LINAC is operated up to the notional ROHPG Scheme life of the linear accelerator. The capital contribution will be \$300K per year for 10 years for public sector providers and \$375K per year for 8 years for private sector providers. Payments will be made annually. For public sector providers, funding will cease after the tenth payment (if the LINAC provides radiotherapy services for the full 10 years of its notional life). For private sector providers, funding will cease after the eighth payment (if the LINAC provides radiotherapy services for the full 8 years of its notional life).

In the case where an approved health service proposes to decommission a LINAC and seek new capital funding for a new LINAC, a capital contribution of up to \$3 million over 10 years for public providers and \$3 million over 8 years for private providers can be sought and no further payments will be provided for the decommissioned LINAC.

## 7.2 Transitional Arrangements (pre 1 July 2017)

Approved health services approved for ROHPG funding prior to 1 July 2017 will continue to receive the remaining capital contribution balance for their existing capital equipment (excluding Networked Information Systems). However, capital balance reimbursement will no longer be based on the submission of MBS service volumes. Instead, from 1 July 2017 capital reimbursement payments will be provided in up-front instalments. The payment for 2017-18 will be made in two instalments. From 1 July 2018, the payments will be made in a single annual instalment.

## 8 APPLICATIONS

The ROHPG Scheme covers radiotherapy equipment that delivers external beam radiation therapy. There are two (2) discrete processes for applications; one for funding new health services or expanded health services, and one for funding replacement LINACS or relocations. These processes apply to both public and private providers.

### 8.1 New health services or expanded health services

Clause 8.1 applies in respect of the following types of applications:

- a) **New facility to be operated by a new organisation** – where neither the organisation, nor the health service to be provided at a new facility, has been approved under Part IV of the Act.
- b) **New facility to be operated by an approved organisation already providing radiation oncology services** – where the organisation is receiving radiation oncology health program grants for a health service provided at another facility or other facilities, but the service to be provided is at new facility and has not been approved. This includes the relocation of an existing facility.
- c) **Expansion of capacity at an existing facility** – to install additional equipment of the type already used to deliver an approved health service. Example: the service has two linear accelerators and wants a third linear accelerator.

### 8.2 Application for replacement LINACS, relocations or transfer

Clause 8.2 applies in respect of the following types of applications:

1. **Replacement equipment** – to replace an existing piece of approved ROHPG equipment with a piece of equipment of the same type, example, when a linear accelerator is replaced with another linear accelerator not already identified in the instrument approving the health service.
2. **Relocations** - where an approved organisation requires relocating their existing approved health service to another physical location within the same area.
3. **Transfer of Ownership/control of an existing service** (refer to Clause 15) – where there is to be a transfer of ownership or control of an existing approved health service.

Applications for replacement equipment or relocation can be submitted at any time. It is required that each application for replacement equipment or relocation demonstrate that the relevant state or territory government has been consulted prior to submitting the application. The Department of

Health will seek advice from the relevant state or territory on each application, including that the application is consistent with relevant state or territory health planning requirements for radiotherapy services and there remains an ongoing need for the equipment

It is noted that any relocation may have a commercial effect for any other radiation oncology providers in the area which the organisation wishes to relocate. Where a decision for relocation is not approved, the applicant will be given the opportunity to make a submission about the decision.

### **8.3 Application lodgements**

Applications must be made on the appropriate ROHPG application form (refer to Appendix A for all ROHPG Application forms – sample only) and can be requested by emailing [Radiation Oncology](#).

All ROHPG applications can be mailed to:

Director  
Patient Eligibility and Special Access Section  
Medical Specialist Services Branch  
Medical Benefits Division  
Department of Health  
MDP 951, GPO Box 9848  
CANBERRA ACT 2601

Alternatively, submissions, including enquiries can be emailed to [Radiation Oncology](#).

## **9 ASSESSMENT CRITERIA**

This document aims to provide relevant criteria for the Minister to take into account when making decisions. The assessment criteria does not constrain the Minister from considering other factors or issues that may arise on a case-by-case basis, nor is the Minister bound to take the criteria into consideration when making a decision.

Apart from meeting the assessment criteria, applicants for funding must indicate their knowledge of and willingness with the Conditions provided at Clause 14.

Applications provided for the same area of need will be compared to each other based on the relative ability to meet the criteria below and the Conditions at Clause 14.

### **9.1 Assessment Criteria for a new facility or expansion of capacity**

Applications for a new facility or expansion of capacity will generally be assessed against the following criteria:

#### **Criterion 1: Eligible equipment**

Equipment must be eligible for ROHPG funding i.e. a LINAC.

#### **Criterion 2: Patient access**

Applications must be supported by the relevant state or territory and confirmed that the facility is needed, consistent with State or Territory planning. Where significant cross-border flows of patients are expected, comment may also be sought from other states or territories.

#### **Criterion 3: Services must be affordable**

The extent of out-of-pocket costs that result from the billing practices of services will have an important impact on equity of access and therefore will be a key consideration in the assessment of applications. Applicants must demonstrate that the fees they charge will not result in out-of-pocket costs that may affect patient access to radiotherapy services.

#### **Criterion 4: Services must be financially viable**

Commonwealth funding decisions must ensure the most cost-effective use of public funds and should not severely impact on the viability of existing radiation therapy providers.

Private organisations must demonstrate that the service is financially viable in the short and long term. Public organisations will satisfy this criterion if they can demonstrate that there is sufficient demand for the service to justify the expenditure.

### **Criterion 5: Multidisciplinary and patient-centred care**

Radiation oncology services must be integrated with other cancer treatments and other medical services generally. This will help ensure the best possible treatment for patients.

Applicants must demonstrate that the service will form part of an integrated cancer management system including, but not limited to, medical oncology; surgery; and allied health services i.e. multidisciplinary care. Information must include:

- arrangements and referral basis, if any, with the relevant specialists;
- clinical oncologists and surgeons networked into services;
- details of links to other centres, particularly for on-referral or discussion on complex cases;
- access to in-patient care; and
- access to other associated follow-up care for patients.

### **Criterion 6: Services must have adequate staffing**

Given the shortages in radiation oncology workforce that occur from time to time, it is important that applicants are able to demonstrate how this criterion can be met.

Applicants for new health services must demonstrate that their facility can be adequately staffed; the risks associated with workforce shortages have been identified; they have strategies in place for managing workforce issues; and that staffing levels at other facilities in the same area will not be jeopardised.

Applications for expansion of capacity must demonstrate that additional staffing requirements can be met and importantly that staffing levels at other facilities in the same area will not be jeopardised.

### **Criterion 7: Implementation**

Applicants will need to demonstrate that they have the resources and commitment to implement their project. The project must be well-developed, well-resourced and be implemented within a reasonable timeframe.

A realistic commencement date for treating patients will be an important consideration in assessing ROHPG applications. The maximum period in which the Department would expect a facility to become operational is two (2) years from the approval date.

Furthermore, private sector providers also need to provide a fully costed and independently audited business case that explains what will be achieved by the project over a 8-year period. This must include:

- an assessment of the catchment area (including size, region, number and age distribution of the catchment population, cancer incidence profile, existing cancer care services, unmet need and patient flows); and
- project budget, which identifies sources and amount of income to be generated and expected costs over 8 years.

Organisations seeking approval as a new approved organisation will need to satisfy the Minister that they would be a fit and proper person to provide radiation oncology services. To this end, the applicant is required to declare whether to their knowledge (having made a reasonable inquiry<sup>4</sup>), they or any other person with whom the applicant has, or proposes to have a financial, employee/employer for business relationship, has:

- been convicted of 'relevant offences'. Relevant offences include:

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<sup>4</sup> 'Reasonable inquiry' means that, unless the applicant is certain of the situation, they will be expected to ask the relevant person involved to ensure that their answer is as accurate as can reasonably be expected. The applicant will not be expected to make exhaustive investigations.

- false or misleading statements in relation to Medicare benefits or the other provisions of the Act;
- bribery in relation to admitting patients to private hospitals;
- attempting, inciting, or conspiring to commit the aforementioned offences; and
- deception or causing harm to a Commonwealth officer in relation to a claim for Medicare benefits
- had a determination made against them by a Medicare Participation Review Committee; or
- had a determination made against them by a Determining Authority under the Medicare Professional Services Review Scheme.

## **9.2 Assessment criteria of replacement LINACS**

Applications for replacement LINACS will generally be assessed against the following criteria:

### **Criterion 1 – Ongoing need**

Applicants will need to provide information to support ongoing need and utilisation of LINACS. It is required that each application for replacement LINACS demonstrate that the relevant state or territory government has been consulted prior to submitting the application. The Department of Health will seek advice from the relevant state or territory on each application, including that the application is consistent with relevant state or territory health planning requirements for radiotherapy services and there remains an ongoing need for the LINAC.

### **Criterion 2 – Compliance with funding conditions**

Applicants will need to provide evidence to support compliance with any conditions for funding, including but not limited to bulk-billing arrangements or management of out-of-pocket costs.

## **9.3 Assessment criteria for relocation**

Applications for relocation will generally be assessed against the following criteria:

### **Criterion 1 – Ongoing need**

Applicants will need to provide information to support the relocation of the approved health service. It is required that each application for relocation demonstrate that the relevant state or territory government has been consulted prior to submitting the application. The Department of Health will seek advice from the relevant state or territory on each application in regard to area of need, including that the application is consistent with relevant state or territory health planning requirements for radiotherapy services.

### **Criterion 2 – Reason for the relocation**

Applications will need to provide reasons for why the service is moving.

### **Criterion 3 – Details of the proposed service**

Applicants will be required to provide the following information to support the application:

- expected number and type of radiation oncology treatment services to be provided, the number of patients to be treated at the facility and the impact this may have on other radiation oncology services in the area;
- the service is able to provide an integrated cancer management system;
- bulk-billing arrangements / scheduled fees;
- required staffing / recruitment arrangements;
- project risks and strategies; and
- impact the proposed service will have on other facilities.

The above provisions apply to both public and private providers.

Further to the above requirements, private sector organisations will need to provide a fully costed and independently audited business case that explains what will be achieved by the project over a 8 year period. This should include:

- evaluation of catchment area (including size, region, number and age distribution of the catchment population, cancer incidence profile, existing cancer care services, unmet need and patient flows); and
- project budget identifying income to be generated and expected costs over 8 years.

#### **9.4 Assessment Criteria for transfer of ownership / control of an existing service**

Assessment criteria for this type of application do not apply. If an organisation plans to transfer ownership or take control of an existing service, they will need to provide information described at Clause 15 to support its request.

### **10 APPLICATION PROCESS**

Applications for new or expanded health services will be assessed on the need for radiation oncology services, which have been identified in consultation with the relevant state or territory, and be based on priority.

It is required that each application for a new or expanded health service demonstrate that the relevant state or territory has been consulted in regard to the application prior to submission to the Department of Health. The Department of Health will seek advice from the relevant state or territory on each application, including that the application is consistent with relevant state or territory health planning requirements for radiotherapy services.

Once approved, the location details of the specific approved health service will be made publicly available by the Department of Health.

While preference will be given to applications for new or expanded health services in priority areas, it is noted that under the *Health Insurance Act 1973*, the Commonwealth is obliged to consider all applications received for ROHPG funding.

### **11 REVOCATION OF APPROVALS**

If an organisation is unable to commence delivery of patient services by the date specified in their application and cannot demonstrate that strategies have been put in place for commencement within a reasonable period, their approval may be revoked. An organisation may be asked to provide regular progress reports to the Department.

- Applications with a different commencement date may be submitted if an approval is revoked.

### **12 PROCEDURAL FAIRNESS**

If after taking into account all the relevant information for an application, the Delegate does not approve the application (including advice provided by state and territory health departments in respect of private organisations) the applicant will be provided with the opportunity to comment on the basis and reasons for the Delegate forming this view.

Where the advice from the respective state and territory government does not support the application of a private sector organisation and this is a determining factor in the Delegate's decision, the applicant will be provided with a copy of the relevant state or territory government advice.

### **13 APPEAL PROCESS**

If the Delegate does not approve the application after considering the comments provided by the applicant under Clause 12, the applicant will be given the opportunity to seek a review of the decision by another delegate.

A request for a review of the decision needs to:

- be provided in writing;
- be made within twenty one (21) days of the decision; and
- clearly set out the grounds on which the review is being sought.

## 14 CONDITIONS FOR FUNDING

Organisations can expect payments for ROHPG funding to be subject to the conditions set out below. Providers must indicate their understanding of and willingness to comply with these conditions prior to submitting an application for ROHPG funding.

Payments may be suspended if the provider fails to comply with conditions.

The conditions are that the approved organisation:

- must undergo ongoing independent dosimetry auditing. All facilities are subject to a condition requiring independent dosimetry audit from an independent organisation with accreditation from the National Association of Testing Authorities (NATA), Australia to ISO 17025. The audit will be consistent with the approach adopted by the Australian Clinical Dosimetry Service (ACDS) which supports a four-year cycle with different audit levels across the cycle. Audits comprise two categories:

**Part A – Scheduled ACDS audits.** The scheduled audits occur on a four year audit cycle:

*Year 1 – Level III* is an on-site audit that is an end-to-end test of the clinical process from imaging to treatment.

*Year 2 – Level I* is a remote (mail-out) audit that measures the dose accuracy under controlled conditions.

*Year 3 – Level II* is an on-site audit that verifies the entire radiation field in 2 dimensions. This is a test of the treatment planning system.

*Year 4 - Level I* is a remote (mail-out) audit that measures the dose accuracy under controlled conditions.

Part A Scheduled audits, starting with the Level III audit in year one, will apply to all new facilities which commence operation after 1 July 2017

**Part B – New installation ACDS audit.** is a Level Ib audit and is a one-off on-site audit provided on installation of a linear accelerator. The audit is performed prior to clinical treatment with a new linac.

*Existing linear accelerators in service and replacement linear accelerators in facilities already participating in scheduled audits prior to 1 July 2017 will not be subject to the Part A requirement to commence with a level III and may maintain their existing audit schedule for the purposes of ROHPG payments. Compliance with the independent auditing requirement will be satisfied with documentary evidence of successful completion of an audit from a NATA accredited organisation that complies with the existing facility's auditing schedule.*

*For new linear accelerators which commence operation on or after 1 July 2017 in facilities in operation prior to 1 July 2017, evidence of a Level Ib audit is required only.*

*For all facilities, claims for ROHPG payments will require evidence of a dosimetry audit as described in item 14 of these guidelines in respect of any claims submitted from 1 July 2018. This provides organisations with 12 months to transition to the new auditing requirements.*

*(Refer to Appendix B for a full description of the ACDS auditing schedule)*

- must maintain contemporaneous records to assist with audits;
- approved new health services must be operational within two (2) years of approval;
- must not misrepresent their relationship with the Department, as the Commonwealth, as represented by the Department;
- must indemnify the Commonwealth, as represented by the Department of Health, in respect of certain matters;
- must provide Medicare bulk-billing arrangements for concessional patients; and
- comply with relevant radiation safety and quality standards and with licensing laws in each state and territory.

The following conditions will be specific to approved organisations who are public providers:

- the provider will be required to have a bank account, under the sole control of the organisation, into which all payments of ROHPG funding are to be paid;
- funding must be used solely for the purposes of acquiring radiation oncology assets at the location in respect to which the payment is made; and
- the provider must maintain proper accounts and records in relation to ROHPG payments and to be prepared to provide this information about all payments to the Department upon request. This will enable / support any auditing activities with regards to minimising the risk of ROHPG funding being used for purposes other than for the purchase equipment.

The following conditions will be specific to approved organisations who are private providers:

- the provider must respond to any requests by the Department on matters relating to bankruptcy or insolvency;
- the provider must advise the Department should it no longer wish to receive ROHPG funding; and
- the provider must adhere to the National Privacy Principles and comply with any relevant privacy legislation and/or guidelines.

For health services and equipment approved after 1 July 2017, it will be a condition that LINACS older than 13 years used to deliver the approved health service are not used to deliver MBS rebated services.

## **15 TRANSFER OF OWNERSHIP / CONTROL OF AN EXISTING APPROVED HEALTH SERVICE**

Where there is to be a transfer of ownership or control of an existing approved health service, the organisation must seek approval for a new health service and provide the following information:

- expected date of completion of the planned transfer of ownership;
- details of all the equipment to be transferred; and
- the ROHPG number of the equipment to be transferred.

If the organisation planning to take over the service is not an approved organisation, it must first complete an application form for approval as an organisation. This form can be requested by emailing [Radiation Oncology](#).

It should not be assumed that approval of the transfer of ownership/control will be automatic. It is therefore recommended that an organisation planning to take over an existing ROHPG approved service apply for approval and await that approval, before entering into any contracts.

## GLOSSARY

TERM	DEFINITION
<b>Act</b>	The <i>Health Insurance Act 1973</i>
<b>Approved health service</b>	A health service provided by an approved organisation and approved under <i>subsection 41(3)</i> of the Act. For the POHPG Scheme, approvals will be given in relation to <b>the provision of radiation oncology services at a specific address using identified equipment</b>
<b>Approved organisation</b>	An entity that has been approved by the Minister for Health or their delegate as an approved organisation under <i>subsection 40(3)</i> of the Act
<b>Capital balance</b>	The maximum proportion of the cost of providing the approved health service to be funded by the Commonwealth determined for each type of radiation oncology equipment at the time an application for Radiation Oncology Program Grants (ROHPG) funding is approved
<b>Minister</b>	Minister for Health for the Commonwealth of Australia
<b>Delegate</b>	An office holder delegated to exercise some or all of the powers conferred on the Minister under <i>Part IV</i> of the Act
<b>Department</b>	The Department of Health
<ul style="list-style-type: none"><li>• <b>Eligible equipment</b></li></ul>	Radiation oncology equipment determined as being eligible for funding under the ROHPG Scheme
<b>Legal instrument</b>	The document(s) approving radiation oncology health program grants and specifying conditions and the way claims should be made
<b>Networked information system</b>	The combination of hardware and software components which enables the integration of all equipment in a radiotherapy facility
<b>Planned operational date</b>	The date on which the treatment of patients is likely to commence
<b>Priority area</b>	As defined in clause 6
<b>ROHPG</b>	Radiation Oncology Health Program Grant
<b>Reimbursement rate</b>	An amount for each radiation oncology service attracting a Medicare benefit which is performed on each approved equipment type and is paid monthly and in arrears