

Reimbursement of Hospice and Palliative Care in the VA

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What's the Vision of the Veterans Health Administration?



Reliable access to quality palliative care for all Veterans





What is Palliative Care?

Palliative Care:

Focuses on improving a patient's quality of life by managing pain and other distressing symptoms of a serious illness. Palliative care should be provided along with other medical treatments (AAHPPM, 2011).





What is Hospice Care?

Hospice is:

Palliative care for patients in their last half year of life. Hospice care can be provided in patient's homes, hospice centers, hospitals, long-term care facilities, or wherever a patient resides (AAHPM, 2011).





How is Hospice and Palliative Care Reimbursed Throughout the Entire VHA?



- That is what we hope you will help us determine in VISN 23





Palliative Care

- Although Palliative Care is listed as benefit in the Medical Benefits package, there is no uniform reimbursement procedure to follow
- Each facility Home and Community Based Nurse is expected to assess the needs of the Veteran, determine what services the agency offers, and find another reimbursement mechanism, such as home health to provide reimbursement



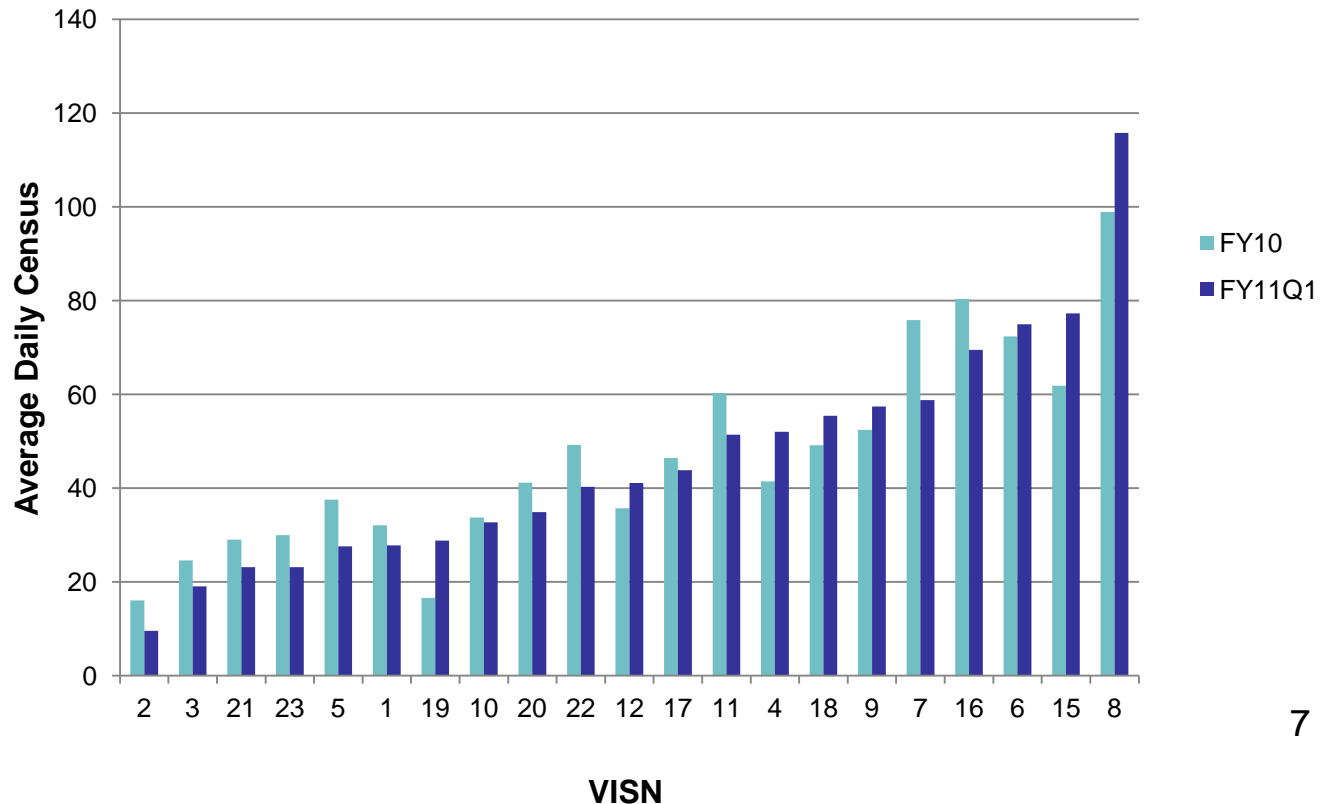


VA-Paid Hospice Care

- Performance Measure set at an ADC of 45 for FY11 for every VISN
- Every Veteran has a choice!



Average Daily Census of VA-Paid Hospice





VA-Paid Hospice Care

- High number of Veterans under or non-insured
- Veterans have a choice
- There is an identified payment mechanism in place, but instructions were located within 5 different Directives and Handbooks
- Payment must be made following LUPA rates, which is a government transfer of Hospice Medicare Rates to the LUPA system





Community Hospice Services

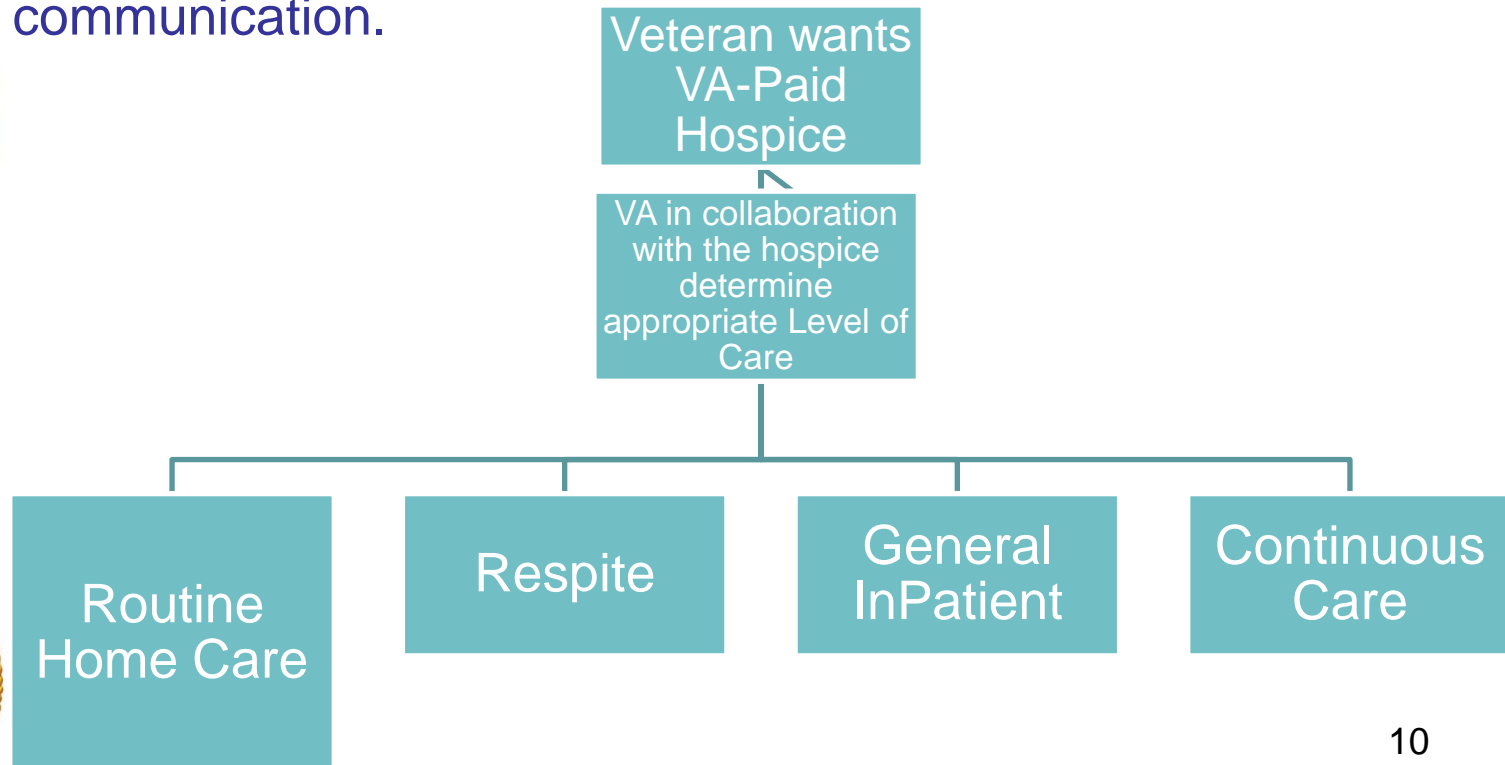
- Draft VISN 23 Directive on Community Hospice Services
- Consolidation of:
 - VHA Directive 2008-041
 - VHA Handbook 1140.3
 - VHA Handbook 1140.5
 - VHA Handbook 1140.6
 - VHA IL 10-2004-005





Community Hospice Services

- VA-Paid Hospice within VA closely follows the Hospice Medicare Guidelines, but hospices do not need to contact Medicare for authorization.
- It can help by explaining to hospice agencies that the VA is like a private insurance which requires authorization and communication.





Community Hospice Services

Routine Home Care



Usual level of care for patients at home, in the Nursing Home or in Assisted Living

Hospices vary in their requirements for a live in caregiver, but if the veteran is safe to live alone, they should be able to have hospice services at home

Medications RELATED to the terminal illness should be paid for by the hospice. Unrelated medications may continue to be provided by the VA. Special equipment may or may not be part of the Hospice per diem package- basic equipment should be provided.





Community Hospice Services

Routine Home Care



The Hospice Plan of Care can be requested. It should be clear whether or not the VA physician is going to be the Hospice Primary Physician.

Hospice requires Certification of Terminal Illness from a VA Provider. This CAN be done through chart review by a VA provider.

This level of care is paid for at a daily LUPA rate regardless of the number of services or visits the Veteran is receiving.





Community Hospice Services

Respite



Respite through the VA Paid Hospice benefit has to be provided in an inpatient setting that the hospice has a contract with to provide this level of care. Usually is a hospital, Nursing Home, or free standing Hospice House. Veteran is still eligible for VA Respite Benefits!

The respite benefit is available to allow the caregiver “intermittent” periods of rest. Five consecutive days every 30 days is allowed but unusual, usually it is offered every 2-4 months

This level of care should be pre-authorized by the VA and is paid for at a flat daily LUPA Respite rate (very close to Routine Home Care rate). No additional payment for care that exceeds this amount is generally authorized (additional diagnostic treatments or therapies)





Community Hospice Services

General InPatient Care (GIP)



Inpatient care within a VA Hospital/CLC is the preferred place of care. If unable to travel the distance, non-VA inpatient care can be authorized with prior VA authorization.

General InPatient through the VA Paid Hospice benefit has to be provided in an inpatient setting that the hospice has a contract with to provide this level of care. Usually is a hospital, but can be a free standing Hospice House or Nursing Home.



This level of care should be pre-authorized DAILY by the VA and is paid for at a flat daily LUPA General InPatient rate and is all inclusive of any hospice related diagnostic testing, therapies, or surgeries. The funds flow from the hospice to the site of GIP care.



Community Hospice Services

General InPatient Care (GIP)



General InPatient Care is for symptom management or necessary treatment that will ultimately result in increased comfort.

GIP care is meant to be short term- days to possibly a week. The daily LUPA rate is high to cover hospitalization costs, so day to day authorization and updates are essential.

VISN 23 HPC support is always available!

Documentation can be requested.

Discharge planning begins on the day of GIP admission. This level of care is not intended for long term use. If Hospice House care is requested, clarification of level of care must be made as the VA-Paid Hospice Care does not cover room and board.





Community Hospice Services

Continuous Care



Continuous Care is for symptom management or necessary treatment that will ultimately result in increased comfort. The level of complexity is similar to GIP but one-on-one care is provided at the patient's home (or Nursing Home).

Continuous Care is meant to be short term- days to possibly a week. The LUPA rate is HOURLY with a minimum off 8 hours. If at least 8 hours within the 24 hrs is not staffed the hospice should receive Routine Home Care rate for that day. Day to day authorization and updates are essential.

If Continuous Care is authorized, day to day authorization and updates are essential as this can be the highest LUPA rate if staffed for 24 hrs. It may be appropriate for care to change back to Routine Home Care if symptoms are managed.





Catastrophic Enrollment and Contract Nursing Home

- Veterans with life limiting illness who may not have qualified for enrollment in the past, may be eligible to enroll under catastrophic disabled enrollment
- Enrollment is dependant upon disease and ADL status
- Veterans who do not qualify for Contract Nursing Home under any other program can have their hospice care and nursing home care provided and paid for by the VA in a Contract Nursing Home





Community Hospice Services

- Each facility has a Hospice and Palliative Care Consult Team to assist with problem solving
- VA Hospital is first choice for Inpatient care
- The Community Health Nurse will determine benefits to be authorized, but if the determination does not meet the goals of the patient, please consult the HPC team, Caroline Schauer, or Dr. Jorge Ramirez





VA Paid Care and Contract NH

- Care provided in a VA contract NH
- Assure that the hospice agency is Medicare Certified and a quality agency
- Determine with the hospice agency what level of care will the Veteran be in?
 - Most care will be under Routine Home Care because this is considered their home
 - The GIP level of care can only be utilized if the Hospice has a contract for that level of care in that nursing home- 24 hour RN is required
 - Nursing home residents may receive Continuous Care (nurse or aide at the bedside) as this is their home. Approved on a day to day basis





VA Paid Care and Contract NH

Payment of Contract NH Care

- Utilize POV code 43
- Separate authorization for both the contract nursing home and the hospice
- VA payment should be directly to the hospice, not the nursing home
- If Veteran will receive 24/7 Hospice On-call, nursing, social work, chaplain visits then per diem should be paid to the hospice
- If the hospice only visits once every two weeks and is unable to provide additional services, the consult fee is suggested





VA Paid Care and State Veterans Homes

- Veterans can now receive VA-Paid Hospice care while residing in a State Veterans Home. They may use Medicare, Medicaid if desired and available
- State Veterans Home must have a contract with a community hospice agency
- This may not be a feasible option for placement of Veterans, but may improve options for care for Veterans residing in a State Vets Home
- Ensure that Veteran is residing in the area of the Vets Home most appropriate to meet their needs
 - May need to be moved to Skilled Care if a Dom resident and declining in functional status





Hospice Veteran Partnerships

- Hospices continue to serve non-enrolled Veterans
- Catastrophic enrollment does not financially penalize the VA system
- You as a hospice provider may be the person who makes a difference in the life of that Veteran and family





Communication of all Community Hospice Care

- Fee basis staff handle the billing and rely on the information they receive from the Community Health Nurse to code the authorization correctly
- Bills must be submitted for each individual Veteran, not batch billed
- VA-paid statistics in VSSC are based on paid bills
- It is essential that hospices bill the VA in a timely manner
- Please communicate any difficulties encountered in approval or payment



Honoring and Caring for Veterans at the End of Life

