

Veterans Entitled Provision of Public Health Services - 1998/99 Arrangements

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Summary Agreement with the Commonwealth on the conditions, including fees, and procedures to be followed when treating Veterans Affairs patients in public health organisations.

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

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This Policy Directive may be varied, withdrawn or replaced at any time.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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1998/99 ARRANGEMENTS FOR THE PROVISION OF PUBLIC HEALTH SERVICES TO ENTITLED VETERANS.

The NSW Department of Health has agreed with the Department of Veterans' Affairs (DVA) to the phased introduction of a new payment system for hospital and other health services provided to entitled veterans as from 1 July 1998.

The new agreement is separate from the Australian Health Care Agreement. DVA will provide direct funding to the Department of Health for the provision of health services to entitled veterans. The agreement provides opportunities for enhanced service provision to entitled patients and the establishment of innovative models of care.

This circular outlines the agreed approach in 1998/99 for the provision of health care by NSW Health to entitled veterans. This circular updates but does not replace *Circular 93/59 Procedures Covering Repatriation Patients, Ex-Service Personnel and Dependants of Deceased Ex-Servicemen in NSW Public Hospitals*. Arrangements for 1999/2000 and subsequent years will be detailed in a further circular when finalised.

1.0 KEY FEATURES OF THE 1998/99 ARRANGEMENTS

- C Introduction of case payment arrangements for admitted patient service provision.
- C Continuation of block grant funding for non-admitted services, including outpatients, Emergency Department and interhospital patient transfers.
- C Implementation of new processes to improve identification and reporting of the utilisation of health services by entitled veterans.
- C Provision of incentives for improved monitoring and reporting of admitted and non-admitted occasions of service, and accurate and timely provision of data.
- C Establishment of a NSW Health Contract Management process including nominated Area based Contact Officers.

2.0 DEFINITION - ENTITLED VETERAN

Entitled veterans refers to veterans and dependants issued with a Repatriation Health Card that reflects the level of coverage provided by DVA for health care and related services.

The cards held by entitled veterans will be one of two types:

- the Repatriation Health Card for all conditions - **Gold Card**; or
- the Repatriation Health Card for specific conditions - **White Card**.

There are currently approximately 91,000 Gold Card holders and 27,000 White Card holders in NSW. From 1 January 1999, the total number of Card holders (Gold and White) in NSW will increase by approximately 10,000 due to an extension in Gold Card entitlement provisions.

DVA have undertaken an extensive awareness campaign with entitled veterans who may be eligible for Gold Card coverage. In most instances entitled veterans eligible for Gold Card coverage will have been identified by DVA and their coverage status changed to Gold Card coverage. If an entitled veteran is unsure of their eligibility, client registration staff should provide patients with a DVA brochure and refer them to DVA, contact ph. (02) 9213 7777.

A **flow chart** to assist client registration staff in identifying and recording entitled veterans is attached (*refer Appendix 1*).

2.1 White Card Holders

As **White Card holders** have restricted entitlements, their eligibility for DVA funded treatment must be checked by client registration staff on each admission.

For **elective hospital admissions**, where the entitled veteran does not present with a referral letter from the admitting doctor indicating prior approval has been given for DVA funded treatment, client registration staff will need to contact DVA to confirm entitled veteran eligibility (*refer contact details section 7.0 of circular*).

For **emergency admissions**, this checking process should occur at the time of admission if possible, or if not possible, then within 24 hours of admission or on the next working day (if admitted on the weekend).

2.2 Gold Card Holders

In general the only action required with a **Gold Card Holder** is to *sight their Card on admission*, as **Gold Card holders** do not require their entitlement to be checked. (*Refer to [3.2](#) for information specific to exceptions*).

2.3 Vietnam Veterans and Dependants

In rare circumstances where a Vietnam veteran or dependant presents requiring urgent medical attention who is not otherwise entitled to DVA funded health care, the person may be covered on an exceptional basis under DVA arrangements.

Entitlement must be checked in the same way as for White Card holders (refer to 2.1 above).

2.4 Admission Requirements

Client registration staff should complete a DVA Admission Advice Form and Patient Election Form for all entitled veterans on their admission to hospital/health facility. The Admission Advice Form should be sent to DVA within 48 hours of the client's admission (refer contact details noted under section 7.0). Copies of the relevant Admission and Patient Election forms are attached as *Appendix 3 and 4* respectively.

Where there is reasonable evidence that an entitled veteran is entitled to claim compensation or damages for their hospital care client registration staff should complete both a Compensable Patient Election Form and DVA Election Form. If the claim for compensation or damages fails, the DVA election form will be invoked and the DVA asked to review the patient's DVA eligibility.

2.5 Nursing Home Type Patients

Entitled veterans who come under the definition of a Nursing Home Type Patient (NHTP) during the period of their admission should be reclassified as NHTP (*classification under Service Category to be changed to 4 Maintenance Care*) but the client's DVA payment status should not be changed (*Payment Status on Separation to remain as 5 Veteran Affairs*).

3.0 SCOPE OF ARRANGEMENTS

3.1 Services Covered by new funding arrangement

The case payment arrangements for admitted services cover all eligible inpatient services normally provided to private patients with shared room status (including single room where clinically necessary) and choice of doctor in public hospitals.

The block payment for non-admitted services is to cover all medical, nursing, diagnostic and allied health services, except for those:-

- C services provided to a privately referred non-inpatient (cover for privately referred non-inpatients is as per previous arrangements - see section 3.3); and
- C services for charges which would normally be raised against other non-admitted patients as follows:-
 - dental services
 - spectacles and hearing aids
 - pharmaceuticals
 - surgical supplies
 - prostheses and
 - aids, appliances and home modifications

DVA will make separate payment for these services.

Patient transport between health facilities and teaching and research activities are also covered under the block payment arrangements.

3.2 Specific Services for all entitled veterans and dependants

Respite and convalescent care are other services which may be covered by DVA for entitled veterans. As this entitlement is subject to an annual duration limit for individual entitled veterans (irrespective of whether they have a Gold or a White Card), DVA must be contacted to ascertain the patient's entitlement in every case.

Certain high cost and complicated procedures must also be authorised by DVA. These are: spinal cord stimulators, spinal pumps, cochlear implants, cosmetic surgery and all procedures that do not have an MBS item number.

The DVA contact number to seek prior approvals for these services is listed under Section 7.0.

3.3 Services remaining under previous funding arrangements

Type of payment	Range of Services
1. Services billed directly to DVA by hospital/VMO	<ul style="list-style-type: none"> Ⓒ Medical services, prostheses and privately referred non-admitted patients. Ⓒ Charges normally raised against non-inpatients (refer 3.1).
2. Services covered by a separate funding agreement	<ul style="list-style-type: none"> Ⓒ Care provided at a Psychiatric facility; Ⓒ Community Home Nursing (where an agreement exists between an AHS and DVA); and Ⓒ PADP.
3. Personal payment by veteran or dependant	<ul style="list-style-type: none"> Ⓒ Patient contribution for Nursing Home Type Patient care; Ⓒ Additional charge for providing a private room which is not medically necessary. Ⓒ Ancillary payments for services for which the entitled veteran and/or dependant is accountable, for example; delivery of newspapers and television hire.

The Department of Health will be working with the Department of Veteran Affairs, Area Health Services and local General Practitioners to promote enhanced provision of care to entitled veterans, including identification of entitled veteran health service utilisation, opportunities for enhanced service provision and innovative models of care, and improved pre-admission and discharge planning.

4.0 FUNDING ARRANGEMENTS 1998/99

4.1 Admitted Services

Area Health Services will receive payment from the Department of Health for the actual level of admitted patient services provided in 1998/99. Case payment to Areas will be based on the level of activity reported by the Area under the Inpatients Statistics Collection. Data will be reported by Areas to the Department in ICD10-AM format. This Area data will be processed by the Department to ICD9-CM and ANDRG v3.1 format to enable DVA matching of NSW Health data.

Admitted patient activity will be reported and reimbursed under three (3) separate categories as follows:-

C	Acute hospital separations	Per Weighted separation
C	Non-acute hospital separations	Per Bed day
C	Rehabilitation separations	Per Bed day

Acute hospital and Non-acute hospital are defined as per the NSW Public Hospitals Comparison Data Book 1996/97 (Yellow Book). A Rehabilitation separation is defined as a separation where the type of care provided was coded/grouped as AN-DRG940 or AN-DG941. Areas will be required to report actual activity for these categories to the Department within one calendar month of separation.

A case payment will be provided monthly in advance in line with the activity projected for each Area Health Service. Payments will be adjusted monthly based on a reconciliation with actual levels of activity two months in arrears.

The Department of Health and DVA will carry out a process of reconciliation with all activity records provided by Areas. Unmatched records will be sent to the Hospital/health facility for follow up and review against the patient's medical record. If following the reconciliation process, DVA is still unable to match a record, NSW Health will receive no payment for that service.

4.2 Non-admitted Services

The Department of Health will continue to receive a block grant for non-admitted services in 1998/99.

It will be important that NSW public health facilities develop processes to monitor and record all types of service provision for entitled veterans in 1998/99 as funding for future years will be progressively tied to actual service provision. An opportunity exists to move to payment per service where appropriate from 1 July 1999.

From 1 January 1999, DOHRS will provide for separate identification of Non Admitted Patient Occasions of Service (NAPOOS) for entitled veterans, including community home

nursing services. Areas should put in place systems to identify and record these services as soon as possible.

Privately referred non-admitted patients will not be counted for this purpose. Medical and diagnostic services will continue to be billed directly to DVA by the provider.

Additional funding will be available to encourage Area Health Services to explore opportunities for service enhancement to entitled veterans and improve service reporting. Further information regarding additional funding will be made available to Area Health Services shortly.

4.3 Transport

The 1998/99 funding arrangements include the cost of inter-hospital transfer of DVA patients including transport to and from private specialist providers (for eg: private CT scanners) and should be arranged by the referring hospital as required.

Ambulance transport required in other circumstances can be arranged directly with the ambulance service and will be covered by the provisions of the separate agreement which has been negotiated between the NSW Ambulance Service and the DVA.

It is noted that prior approval of the DVA is not required for ambulance transport.

The Department of Health will be working with Area Health Services to develop effective processes to monitor and record inter-hospital patient transfers.

5.0 DATA REQUIREMENTS

The new agreement requires Area Health Services to direct greater emphasis to the identification and monitoring of all forms of care provided to entitled veterans. Key elements include:

- C Health facilities will need to establish processes to ensure all relevant required information is recorded for the entitled veteran.
- C In line with current arrangements, client registration staff will need to ensure that an **Admission Advice Form D652 is completed in full** and sent to DVA (refer section 7.0 - Contact Details) within 48 hours of admission. It is important that the information provided on the Admission Advice Form is consistent with that ultimately reported to the Department of Health under the Inpatient Statistics Collection to allow reconciliation of the records held by the Department against records held by DVA.
- C As part of the agreed reconciliation process, health facilities will be requested to follow up any inpatient statistics records that cannot be initially matched against the data collection held by DVA. Payment will not be made for unmatched or ineligible records.

- C Area Health Services will be required to provide all unit record data under the Inpatient Statistics Collection for all entitled veterans within one month of separation. This will enable timely identification of the level of admitted patient services, including acute and non-acute hospital, and rehabilitation.
- C Client registration staff will need to ensure that all medical records pertaining to patients admitted for Type C procedures retain a *1830 form* signed by the authorising medical officer. DVA may request to verify authorisation for the admission as the basis for payment.
- C As from 1 January 1999 Area Health Services will be required to separately report via DOHRS data on veteran utilisation of non-admitted services (hospital and community based service/s). Areas are encouraged to put in place processes to identify and record these services as soon as possible.
- C A key area of interest for the Department of Veteran Affairs and the NSW Health Department will be the level of access and relative waiting times for entitled veterans. Area Health Services will need to ensure that all entitled veterans are identified in the Waiting List Collection Online Service (WILCOS).

The NSW Department of Health will need to work with Area Health Services to further develop non-admitted service categorisation and data collection, including comprehensive reporting of entitled veteran attendance at emergency departments under EDIS, separate identification of community home nursing occasions of service under DOHRS, valid methods of recording inter-service patient transport and the longer term development of an ambulatory care classification system.

6.0 CONTRACT MANAGEMENT

The Area Health Service nominated **Contact Officer** will liaise with the Department of Health regarding implementation of the 1998/99 arrangements including, coordination of data provision, follow up of unmatched records, and monitoring of Area performance under the agreement.

Health facility employees should **contact their nominated Area Health Service Contact Officer** regarding all issues relating to the provision of care to entitled veterans within the framework of the 1998/99 arrangements.

A listing of all nominated Area Health Service Contact Officers has been included for your information, *refer Appendix 2*.

7.0 CONTACT DETAILS DVA

- 7.1 To check **White Cardholder eligibility** of patients, client registration staff should contact DVA on:-
 - C Ph: (02) 9213 7746
 - C Fx: (02) 9213 7471

7.2 To seek **approval for specific services** client registration staff should contact DVA on:-

Respite care and Convalescent care

C Ph: (02) 9213 7697

C Fx: (02) 9213 7200

High Cost and Complicated Procedures

C Ph: (02) 9213 7762

C Fx: (02) 9213 7338

7.3 **DVA Admission Advice Forms** should be submitted to DVA on:-

C Fx: (02) 9213 7338

8.0 FURTHER SUPPORT INFORMATION

Further information regarding accounting/financial arrangements and set up of data requirements for the 1998/99 arrangements will be made available to Area Health Services shortly.

Michael Reid
Director-General

Appendix 2

AREA HEALTH SERVICE CONTACT OFFICERS (AS AT NOVEMBER 1998)

AREA HEALTH SERVICE	NAME	PHONE/FAX	
Central Coast AHS	Mr Phillip Cowdry Director of Finance	<i>ph</i> <i>fx</i>	02 4320 3690 02 4320 2832
Central Sydney AHS	Mr David Lawrence Senior Planner	<i>ph</i> <i>fx</i>	02 9515 9642 02 9515 9611
Hunter AHS	Ms Tracey Dowling Director of Finance	<i>ph</i> <i>fx</i>	02 49214913 02 49214959
Illawarra AHS	Mr Robert Scott Director of Finance and Budget	<i>ph</i> <i>fx</i>	02 4275 5104 02 4276 1447
Northern Sydney AHS	Mrs Julie Newman D/Director, Finance Management Accounting	<i>ph</i> <i>fx</i>	02 9887 5054 02 9887 5079
South Eastern Sydney AHS	Dr Lynette Lee Director of Clinical Services	<i>ph</i> <i>fx</i>	02 9382 9815 02 9382 9891
South Western Sydney AHS	Mr Damien Israel Director of Financial Services	<i>ph</i> <i>fx</i>	02 9828 5716 02 9828 5725
Wentworth AHS	Mr Christopher Bentley Contract Manager	<i>ph</i> <i>fx</i>	02 4724 2693 02 4731 1265
Western Sydney AHS	Mr Colin Osborne Organisational Advancement Unit	<i>ph</i> <i>fx</i>	02 9845 6887 02 9689 2041
Far West AHS	Mr David Muggleton Director of Finance	<i>ph</i> <i>fx</i>	08 8080 1491 08 8088 1715
Greater Murray AHS	Ms Julie Porret A/DON Policy and Quality	<i>ph</i> <i>fx</i>	02 6921 5588 02 69215856
Macquarie AHS	Mr Cliff DeMarchi Director of Finance	<i>ph</i> <i>fx</i>	02 68 81 2218 02 68 81 2225
Mid North Coast AHS	Mr Ken White Director Financial and Corporate Services	<i>ph</i> <i>fx</i>	02 6551 1251 02 6552 6784
Mid Western AHS	Mr Colin Tarn Manager Service Development & Performance Planning	<i>ph</i> <i>fx</i>	02 6360 5206 02 6360 5445
New England AHS	Mr Greg Flint Southern Sector Manager	<i>ph</i> <i>fx</i>	02 6768 3248 02 67611027
Northern Rivers AHS	Ms Lyn Coxhead Manager, Clinical and Performance Assessment	<i>ph</i> <i>fx</i>	02 6620 2173 02 6620 2741
Southern AHS	Ms Debbie Richards Area Planner	<i>ph</i> <i>fx</i>	02 6299 6199 02 6299 6363