Provision of Public Health Organisation Services to Eligible Veterans 2014/15 - 2020/21

Summary
This Policy Directive outlines the DVA funding arrangements and advises of the data reporting and administrative requirements of the DVA agreement.

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Secretary, NSW Health
This Policy Directive may be varied, withdrawn or replaced at any time.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.
PROVISION OF PUBLIC HEALTH ORGANISATION SERVICES TO ELIGIBLE VETERANS 2014/15 – 2020/21

PURPOSE
The NSW Ministry of Health has a new funding agreement with the Department of Veterans’ Affairs (DVA) for public health organisation services provided to eligible veterans. The purpose of this Policy Directive is to outline the DVA funding arrangements, data reporting and other administrative requirements of the funding agreement. This Policy Directive provides advice to health service staff on the administrative processes to be undertaken, including documentation and obtaining DVA financial authorisation.

MANDATORY REQUIREMENTS
This Policy Directive applies to Local Health Districts and other NSW public health organisations providing admitted and non admitted services to eligible veterans and their dependants.

IMPLEMENTATION
Local Health Districts and other relevant NSW public health organisations are to ensure that the requirements of the Policy Directive are communicated to appropriate staff.

REVISION HISTORY

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<tr>
<th>Version</th>
<th>Approved by</th>
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1 BACKGROUND

1.1 About this document

The NSW Ministry of Health and the Department of Veterans’ Affairs (DVA) have agreed on the 2014/15 – 2020/21 funding arrangements for public health organisation services provided to eligible veterans. Eligible veterans include veterans, their dependants, war widow(er)s, members of Peacekeeping Forces, Australian mariners and persons from overseas who are entitled to treatment under an arrangement with another country. The term ‘veteran’ will be used in this document to refer to all individuals with entitlement to DVA funding of health services.

This Policy Directive outlines the funding arrangements for Local Health Districts (LHDs), relevant Specialty Health Networks and St Vincent’s Health Network. It also advises of the reporting and administrative requirements of the agreement.

1.2 Key features of funding arrangement

- DVA has implemented national public hospital purchasing arrangements based on the funding model developed by the Independent Hospital Pricing Authority

- 2014/15 – 2019/20 funding to LHDs will continue to be based on the previous arrangements:
  - Admitted activity funded using the service categories in the NSW Costs of Care Standards 2006/07
  - Non admitted activity block funded

- 2020/21 funding to LHDs will be activity based using National Weighted Activity Units (NWAU)
2 ELIGIBILITY

2.1 Who is eligible

- Individuals eligible for DVA funding of treatment will usually be issued with a DVA Health Card:
  - **Gold Card**: covers all health conditions
  - **White Card**: covers specific health conditions

- Some individuals may be provided with a written authorisation for treatment by DVA

- In emergency situations, DVA may fund admitted patient services where a Vietnam veteran or their dependant presents requiring urgent medical attention and the veteran or their dependant does not have a DVA Health Card

Some individuals will be issued with an **Orange Card**. This provides entitlement to access Repatriation Pharmaceutical Benefits Scheme (RPBS) medications only.

2.2 Determining eligibility for funding under this agreement

**Gold card holders**: hospitals do not need to seek prior DVA authorisation for treatment. Refer to Section 2.3 for exceptions.

**White card holders**: hospitals should seek DVA financial authorisation if it is unclear whether the condition being treated is covered by DVA.

**Orange card holders**: are not entitled to DVA funding for treatment at a public hospital. The orange card provides access to RPBS medications only.

A veteran will not be funded under this agreement if:
  - they elect to be treated as a public patient
  - they elect to be a private patient, using their private health insurance
  - they are eligible for compensation other than under DVA legislation

Further information regarding patient election and compensation is at Section 4.1.1.

2.3 DVA authorisation for treatment

A hospital should seek prior financial authorisation from DVA:

i) where there is some doubt about a patient’s eligibility for treatment; or

ii) where the admission relates to:
  a. surgical/medical procedures not listed on the Medicare Benefits Schedule
  b. insertion or use of a prosthesis not on the Australian Government Department of Health Prostheses List at the time of arranging the procedure
c. a specific treatment that has previously been advised requires authorisation (eg cosmetic surgery); or
   iii) for access to respite care in a Multi-Purpose Service (MPS)

Hospitals should contact DVA on ph. 1800 550 457. The DVA contact number for respite care authorisation is ph. 1300 550 450.

Authorisation is no longer required for convalescent care or for respite care in public hospitals. See Section 4.2 for further details.

3 FUNDING ARRANGEMENTS

3.1 LHD funding

3.1.1 2014/15 – 2019/20 financial years

The Ministry will continue to fund admitted services using the service categories in the NSW Costs of Care Standards 2006/07. Acute services will be funded on a casemix weighted basis and sub & non acute and mental health services funded on a per diem basis. Updated pricing information has been provided to all LHDs.

Non admitted services will continue to be block funded.

3.1.2 2020/21 financial year

Both admitted and non admitted services will be funded on an ABF basis. The Ministry of Health will work with LHDs in the preceding financial years to manage the transition.

3.2 Services funded

Public health organisation services funded by DVA under this agreement are:

   i) admitted patient treatment, including Hospital in the Home programs
   ii) emergency treatment provided by recognised Emergency Departments and Emergency Services
   iii) non admitted patient occasions of services that are classified as a Tier 2 clinic (excluding privately referred non inpatients’ services – see Section 3.3.1b)
   iv) other services that could be reasonably considered a public hospital service in accordance with the Independent Hospital Pricing Authority’s General List and A17 List

From 2015/16 onwards prices for admitted services include payment for inter-facility transport (excluding secondary aeromedical retrieval) and payment for surgically implanted prostheses. Hospitals are not to bill DVA separately for prostheses.

Non admitted services funding covers all medical, nursing, diagnostic and allied health services, except where provided to a veteran who is a privately referred non inpatient.
Charges that can be raised for admitted and non admitted services are outlined in Section 3.3.

### 3.3 Fees

#### 3.3.1 Services billed to DVA

##### a) Medical services

Prices for admitted patient services do not include payment for services provided by medical practitioners with a right of private practice, including diagnostic services. Hospitals are to bill DVA, via Medicare, for these services.

##### b) Privately referred non inpatients

Hospitals are to bill DVA for medical, specialist and diagnostic services provided to veteran privately referred non inpatients.

##### c) Patient contribution – ex-Prisoners of War and Victoria Cross recipients

DVA will pay the basic daily care fee patient contributions for ex-Prisoner of War and Victoria Cross recipient nursing home type patients. Hospitals are to obtain approval from DVA (ph. 1800 550 457) and then claim from Medicare, using item number NH05.

#### 3.3.2 Patient charges

Veterans are not to be charged directly for services provided under this agreement except:

- i) for non clinical personal services including telephone and television
- ii) where Commonwealth legislation provides for charges. Currently this allows charges to be raised for:
  - a. the patient contribution for nursing home type patients (see Section 3.3.1c for exceptions)
  - b. the PBS co-payment for medication provided to veterans as non admitted patients

### 3.4 Subcontracting of services

The agreement recognises that public hospitals may occasionally subcontract treatment services to a private hospital or day procedure centre (DPC). If the private hospital or DPC has a contract with DVA, DVA will pay the private hospital directly for services provided to a veteran. The public hospital will not receive DVA funding. A list of contracted private hospitals and DPCs can be found at [https://www.dva.gov.au/sites/default/files/files/providers/hospitals/private-hosp.pdf](https://www.dva.gov.au/sites/default/files/files/providers/hospitals/private-hosp.pdf).
3.5 New technology

DVA recognises that treatment not currently listed on the MBS, PBS or Commonwealth Prostheses List may be clinically appropriate for a veteran. To obtain DVA funding the hospital must seek prior financial authorisation from DVA.

3.6 High cost admitted patient care

The agreement recognises that in rare cases the cost of treatment may significantly exceed the DVA funding provided. DVA will consider, on a case by case basis, an adjustment in payment for additional costs (not including nurse specialising) based on clinical need.

If a hospital considers that such a case exists, the claim should be submitted to the Director, Policy and Funding Reform, Government Relations Branch, NSW Ministry of Health. DVA will only consider claims that are submitted by the Ministry of Health within 3 months of the veteran’s discharge.

4 SERVICE PROVISION & ADMINISTRATIVE ARRANGEMENTS

4.1 Admissions

4.1.1 Policies and Procedures

Admissions should be in accordance with NSW Health policies and procedures, including Policy Directive PD2017_015 “NSW Health Admission Policy”. DVA may review submitted records to ensure that admissions are compliant with NSW policy and procedures and the terms of the agreement. Hospitals should contact the Director, Policy and Funding Reform, Government Relations Branch, NSW Ministry of Health if they have any concerns about whether the criteria for admission are met.

4.1.2 Election

Hospitals should use their best endeavours to ensure that an admitted patient election form is completed within 2 days of admission. A copy of the form must be retained for audit purposes.

Veterans electing to be treated as a DVA patient are entitled to services provided on a private patient basis, that is:

i) choice of doctor, subject to the doctor having practising rights at the hospital

ii) shared accommodation

iii) if medically necessary, private accommodation

Veterans can also access private accommodation if it is available and if the veteran or the veteran’s private health insurer agrees to pay the difference in cost between private and shared accommodation.
If it is anticipated that a veteran will be eligible for compensation, other than under DVA legislation, the veteran should be classified as compensable rather than DVA. The veteran can elect to be treated as DVA should the compensation claim fail. DVA will only fund a failed compensation episode if the record is submitted to DVA by February of the following calendar year.

4.2 Convalescent and Respite Care

DVA financial authorisation is no longer required for veterans accessing convalescent care in a public hospital or MPS.

DVA financial authorisation is no longer required for veterans accessing respite care in a public hospital. Unless exceptional circumstances apply, respite care cannot directly follow an acute or subacute admission where there has been no discharge home of the patient.

Prior DVA authorisation is required for veterans accessing respite care in an MPS. The MPS should use its best endeavours to reclassify the patient from a hospital patient to a residential aged care patient as soon as a residential aged care bed becomes available. No funding is provided for residential aged care patients under this agreement.

4.3 Long stay and nursing home type patients

A National Acute Care Certificate (NACC) should be issued for veteran admissions where hospital level care is required beyond 35 days. The NACC, certified by a medical practitioner, should be kept on the patient’s file for audit purposes.

Long stay veterans reclassified to nursing home type patients (NHTP) should have a discharge plan developed, including an assessment by an Aged Care Assessment Team where appropriate. If a veteran is receiving NHTP care in an MPS, the veteran should be reclassified to a residential aged care recipient as soon as a residential aged care bed becomes available. No funding is provided for residential aged care patients under this agreement.

4.4 Medications

Medication reviews should be undertaken for veteran admissions in accordance with NSW Health policy and procedures, noting that medication reviews may not always be possible for admissions of 48 hours or less. The reviews are to be undertaken by a pharmacist or authorised prescriber (other than the treating doctor).

Hospitals should contact the Veterans’ Affairs Pharmaceutical Advisory Centre on ph. 1800 552 580 (operates 24 hours a day) for financial authorisation or any RPBS queries.
4.5 Transfer of Care

4.5.1 Discharge planning and discharge summary

Transfer of care should be in accordance with NSW Health policy and procedures, including Policy Directive PD 2011_015 “Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals”. Hospitals should use their best endeavours to provide a discharge summary to the veteran’s referring doctor, and general practitioner if the GP is not the referring doctor, within 48 hours of discharge. DVA may ask hospitals to provide a copy of the discharge planning protocols in the hospital, together with documentation relating to a veteran’s discharge.

A veteran may be enrolled in DVA’s Coordinated Veterans’ Care (CVC) program. If a hospital becomes aware that a veteran is enrolled in the CVC program, the hospital should use its best endeavours to ensure that the veteran’s GP or Nurse Coordinator receives a copy of the discharge plan and, if appropriate, is involved in the implementation of the plan.

4.6 Complaints

DVA will refer complaints about the quality of service, in writing, to the LHD involved. DVA and LHD will work together to resolve the issue. Complaints management should be in accordance with NSW Health Policy Directive PD2006_073 “Complaint Management Policy”.

Should complaints not be resolved within 35 days, DVA will raise the matter formally with the Ministry of Health. DVA acknowledges that some delays may be experienced that are beyond the LHD’s control, for example where awaiting findings from the Coroner.

4.7 Ex-Service Organisation (ESO) visits

During an admission a veteran may wish to receive a visit from an ESO representative. Hospitals should use their best endeavours to facilitate visits when the veteran has completed the ESO visit leaflet. A copy of the pro forma ESO visit leaflet, which is to be adapted for local use, can be found at http://internal.health.nsw.gov.au/sd/igfs/dva/.

5 REPORTING

Under the agreement, the Ministry of Health is required to submit data to DVA. The Ministry will submit electronic data on each veteran treated in a public health organisation via DVA’s HOTSPUR Portal, a secure on-line web based interface for data transfer. The data specifications from 1 July 2015 will be as per IHPA Data Request Specifications https://www.ihpa.gov.au/what-we-do/data-specifications for the relevant financial year for admitted, emergency, non-admitted and aggregate file types.

In addition to the IHPA ABF Data Request Specification, DVA will require the following specifications for admitted episodes of care:
• Admission time;
• Separation time;
• DVA File Number;
• Surname of Entitled Person; and
• Given name of Entitled Person
• DRG

In addition to the IHPA ABF Data Request Specification, DVA will require the following specifications for patient level Non-admitted and Emergency Department care:-

• DVA File Number;
• Surname of Entitled Person; and
• Given name of Entitled Person

DVA payments are reflective of the actual activity reported. Failure to provide accurate and complete identifiable patient information will result in rejection of records by DVA and will impact on the DVA payments. As part of the reconciliation process, LHDs will be requested to verify inpatient records that cannot be matched against the data collection held by DVA.

If an LHD agrees that a returned record is not eligible for DVA funding, the payment status should be reclassified. Veterans will have nominated an alternative election (public or private patient) on the admitted patient election form. To enable funding as a public or private patient the LHD should reclassify the record by the following dates:

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Data reclassification completed [LHD]</th>
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<tbody>
<tr>
<td>1 July – 31 December</td>
<td>1st week of April</td>
</tr>
<tr>
<td>1 January – 30 June</td>
<td>1st week of October</td>
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If an LHD believes that a returned record is eligible for DVA funding, further information should be provided to allow resubmission of the record to DVA. While most corrected records will have been resubmitted prior to this date, LHDs are requested to resubmit the final corrected records to the Ministry by 30 March of the following calendar year. As advised below, the final date for the Ministry to resubmit records to DVA is 30 April of the following calendar year.

The DVA Data Submission timelines are outlined in the table below:

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Data submission to MOH completed [LHD]</th>
<th>Data submitted to DVA [MOH]</th>
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<tr>
<td>1 July – 31 December</td>
<td>1 Feb</td>
<td>28 Feb</td>
</tr>
<tr>
<td>1 January – 30 June</td>
<td>2 Aug</td>
<td>31 Aug</td>
</tr>
</tbody>
</table>
The final acceptance date for data resubmission to DVA is 30 April of the following calendar year and the final reconciliation is to be completed by the Ministry and DVA before 30 May of that year.