

Information Bulletin

Post Acute Care for Department of Veteran Affairs Clients (Eligible Veterans)

August 2009

Background Information

The Department of Health (the department) has an agreement with the Department of Veterans Affairs (DVA) to pay for service provision to eligible veterans who access the Post Acute Care Service (PAC).

The contract is administered by the Finance & Accounting Policy Unit, Finance Branch, Metropolitan Health & Aged Care Services.

The current PAC program criteria allows for the delivery of PAC services to eligible veteran's from an acute or sub-acute ward admission for a 4 week period until the client recovers independence or DVA arranges further services for the veteran.

The purpose of this document is to outline the process for PAC services to ensure eligible veterans are suitably serviced, and reported for reimbursement from DVA, and to outline the range of additional services provided by DVA which may be appropriate for the client on discharge from PAC.

Each financial year DVA pays an agreed amount in advance to cover the cost of services delivered to eligible veterans for a range of programs including PAC. At the end of each financial year DVA and the department undertake a reconciliation process of the amount of funding provided against the numbers of veterans serviced by each program area.

PAC programs in conjunction with the department agree targets for DVA activity for each financial year, and are allocated an agreed budget to cover the cost of veterans PAC episodes. On completion of this activity, DVA client PAC episodes are reconciled against the Victorian Admitted Episodes Data set (VAED) by DVA, and an agreed outcome of accepted or rejected days of service for reimbursement is established, based on the veteran's eligibility.

DVA reimburse an agreed daily rate for each day of accepted episodes of service for eligible veterans.

Eligibility

The Gold Card provides holders access to all health services according to clinical need, for all conditions. Spouses of gold card holders are only entitled to treatment if they are an ex-service man or woman in their own right and carry their own Gold or White card. Additionally, widow/ers of Gold card holders only receive their own card under certain circumstances. Spouses of veterans may carry a Pensioner Concession Card (PCC) with a file number identical to the veteran with the prefix A following the numerical. A PCC does not entitle the holder to treatment funded by the DVA.

The White Card provides holders access to health services for treatment of **specific conditions only**, according to clinical need, as follows;

- Accepted disabilities (conditions accepted by the Repatriation Commission as war-caused); and /or
- Malignant Neoplasia, pulmonary tuberculosis, and post-traumatic stress disorder for Australian veterans only, providing DVA has accepted these conditions for the veteran
- Spouses of veterans who are white card holders will hold their own white card in order to be considered for eligibility

The Orange Card provides benefits for pharmaceuticals only, and is not applicable to PAC services.

If a client is deemed not eligible for treatment funded by DVA, they are still able to access PAC services, but no DVA payment will be reimbursed.

Eligibility can be checked by calling DVA on 1300 557 457 (Metro) or 1800 550 457 (Regional)

Guidelines for reporting DVA PAC activity

- The start date of PAC should reflect **the date when services were first delivered, not the referral date or the date the patient left hospital**
- The end date should be the discharge date from PAC services (which may also be the date of death (DoD) in rare cases)
- Episodes will be questioned where the date of discharge from hospital has occurred after the PAC services commenced. There may be a gap period between the veteran leaving hospital and receiving their first PAC intervention
- The PAC length of stay (LOS) will be calculated by subtracting the start date from the end date and adding 1 day to reflect services delivered on the day of discharge from PAC. PAC services should not add days to the LOS on reported data. The new reporting template provided by the department each year automatically processes this calculation
- If a veteran was receiving PAC and was then admitted as a day or overnight patient, DVA would pay for the PAC service on the day of admission as it simply would be impractical for the PAC coordinator to discharge and readmit to PAC, for example when a veteran attends for dialysis or chemotherapy
- If a veteran was receiving PAC when they were admitted to hospital, DVA would reject payment from the date of admission, unless they were a same day or overnight patient

Claiming Reimbursement

Only episodes completed within the financial year should be submitted. The episode must be completed on or before 30 June. If the veteran is still receiving PAC services on or after 1 July, their episode should be reported on the subsequent financial year record.

PAC services must ensure all information is accurately completed to meet DVA reporting requirements. This will avoid unnecessary requests for further information and rejection of episodes which cannot be verified.

There is mandatory data DVA require to be reported to assess entitlement for reimbursement;

- Name of PAC Program
- Financial year of claim (will be included on the reporting template supplied by the department each financial year)

- Client DVA card/file number
- Client's family name and given name(s)
- Client's date of birth
- Start date - first service delivered by PAC (NOT Referral or date discharged from hospital)
- End date - date of discharge from PAC service
- Length of Stay on PAC program - **calculated automatically by reporting template***
- Admission from hospital – use NO for non-admitted ED attendance or YES if from hospital inpatient or ED admission - **calculated automatically by reporting template***
- For white card holders, the principle diagnosis treated must also be provided.

*** The reporting template will also be password protected as patient level data is included.**

Other DVA Services

DVA provide a range of services, which may be considered when PAC programs are planning for the discharge of veterans.

- Veterans Home Care and Community Nursing – Assessment Agency 1300 550 450
- Rehabilitation Appliances Program (RAP) – 1300 550 457 (Metro) 1800 550 457 (Rural)
- Allied Health Services - 1300 550 457 (Metro) 1800 550 457 (Rural)
- VVCS Counselling Service & Heart Health Program – 1800 011 046
- Transport Services – 1300 550 455 (Metro) 1800 550 455 (Rural)

Further Information

DVA Card Holder Information	http://www.health.vic.gov.au/hospitalcirculars/circ03/circ1203.htm
DVA Fact sheets	http://www.dva.gov.au/factsheets
Population information for Veterans by LGA	www.dva.gov.au/media/publicat/statistics/index
Discharge Planning Toolkit	http://www.dva.gov.au/media/publicat/2003/dprk/index.htm
Post Acute Care	http://www.health.vic.gov.au/pac/index.htm

Who to contact

- For information about DVA services and entitlements please contact 1300 550 457 (Metro) or 1800 550 457 (Rural)
- For information on PAC services for veterans please contact Andrea McGee Post Acute Services, Department of Health on (03) 9096 2088 or Joanne Mapes, Post Acute Services, Department of Health on (03) 9096 1332.