

Special Considerations for Veterans Being Referred for Hospice Care

VA Pay for Hospice Services

When a Veteran has no other insurance or elects to have hospice reimbursement paid by the VA, the VA will initiate a VA Pay Authorization request coinciding with the date of start of care. The Request for VA Pay Authorization is sent to the Community Based Extended Care Dept. and they are generally able to initiate the process within the next business day. The Office of Community Care generates the authorization number in the following days. The authorization number is then faxed to the hospice provider. Periodic reauthorization may be required with patient longevity.

Per VHA Handbook 1140.3: VA uses locally calculated, Medicare hospice payment rates as the maximum reimbursement rates to purchase a comprehensive package of bundled home hospice services. The appropriate geographic wage index is applied to the national Medicare hospice home care or hospice inpatient care rates to determine the maximum rate.

Ongoing Therapies for Veterans Receiving Hospice Care

Unlike non-Veteran hospice patients, Veterans may continue to receive therapies deemed appropriate by their VA provider at no cost to the hospice. This is most commonly found in the care of Veterans receiving treatment through Heme/Onc. Ongoing treatment approved by the VA and administered at the VA does not impact hospice eligibility. VA hospice patients are expected to receive symptom management in the home or ECF to avoid ED visits and hospital admission just like non-Veteran patients.

Notification of Admission/ Discharge

When the Veteran has been admitted/ discharged to/ from hospice services, there needs to be same day notification of the Veteran's new status. This notification can be left on the Palliative Care Nurse Navigator's phone.

Notification of Veteran's Death

The Veteran's death needs to be called in same day to Palliative Care. After hours deaths may be recorded on the secure main office line.

Documents Upon Admission

Once the Veteran has been admitted, the initial plan of care showing which disciplines are involved and their frequency of visits and medication list showing which medications are being covered by the hospice, needs to be faxed to Palliative Care within one week of admission.