

A WORD ABOUT INSURANCE COVERAGE

Your care is our first priority. Payment for services will be discussed with you before treatment begins. If you do not have insurance and are concerned about the cost, Visiting Nurse & Hospice of Fairfield County may be able to provide your care at a reduced rate, based on your finances and availability of Agency funds. Ask your primary care nurse for more information.

Visiting Nurse & Hospice of Fairfield County will assist in the coordination of payment from Medicare, Medicaid, private insurance and managed care plans in which we participate, or private pay.

On each visit, the nurse or therapist will thoroughly assess your medical condition and the need for continued skilled care according to third-party guidelines and regulations and your clinical needs.

IF MEDICARE IS YOUR PRIMARY INSURER

Medicare will cover your home health care needs if you meet the following criteria:

- You are homebound. Medicare defines homebound as requiring a taxing effort to leave your home, requiring assistance from another person, a cane, a walker, or other device. Transportation outside the home must be infrequent and of short duration. Absences from the home must be primarily for medical purposes.
- You are under the care of a physician who reviews and signs your plan of care, specifying all services to be provided, and has completed a face-to-face visit encounter and other regulatory requirements.
- You require skilled care. Examples include:

Skilled Nursing – Assessment of your unstable medical condition. Performance of certain skilled procedures such as wound care, catheter care, pain management or intravenous therapy. Education pertaining to your care.

Physical Therapy – Therapeutic exercise, ultrasound, prosthetic training, heat treatment, mobility, walker and wheelchair training.

Occupational Therapy – Services are available if begun while also receiving skilled nursing, physical therapy or speech therapy. These include activities of daily living and cognitive training, vocational and prevocational assessment, energy conservation, sensory and perceptual training, bathroom and kitchen adaptation design, fabricating and fitting orthotic and self-help devices. Occupational therapy may continue for a short period after the need for other services has ended.

Speech Therapy – Assessment, diagnostic testing, evaluation, and treatment of speech and swallowing problems.

Medical Social Work – Services are available if skilled nursing, physical therapy, occupational therapy or speech therapy is also involved. These include assessments, counseling, short-term therapy, and community resource planning in cases where social difficulties are impacting the patient’s medical condition.

Home Health Aide – Services are available if skilled nursing or skilled therapy services are also provided. Personal care services include bathing, shampooing, shaving, skin care, mouth care and assistance with feeding. These activities must occupy most of the home health aide’s time in the home. The remainder of the time may be spent assisting with meal preparation or light housekeeping, if these functions are assessed by the registered nurse or therapist to be necessary for care.

The Medicare Hospice Benefit

The Medicare Hospice Benefit is an inclusive benefit that covers skilled nursing, therapy services, paraprofessional services, social work services, spiritual care services, volunteers and grief and bereavement counseling, as deemed necessary by the hospice team.

The Medicare Hospice Benefit and Visiting Nurse & Hospice of Fairfield County require that the patient meet the following criteria for eligibility:

- The patient has a terminal diagnosis and a life expectancy, as verified by the best judgment of the primary physician, of six months or less.
- The patient has a primary physician or designee licensed in the State of Connecticut with admitting privileges to the hospitals with which we have contracts. This physician must agree with the hospice admission and be willing to attend to the patient in case of need.

- Further treatment is to be palliative in nature.
- The patient and family agree to the plan of care and agree to the hospice program and sign a consent form indicating this agreement.
- The patient can be maintained safely at home, or in a skilled nursing facility or assisted living environment.

Prescription drugs, equipment and supplies related to the terminal illness are also provided for and covered by the Medicare Hospice Benefit.

It is the patient's responsibility to seek pre-approval from Visiting Nurse & Hospice of Fairfield County for all treatments and services not included in the hospice plan-of-care. Visiting Nurse & Hospice of Fairfield County must pre-approve the following services:

- Ambulance services
- Emergency room visits
- Hospital admissions
- Chemotherapy or radiation treatments
- Outpatient services
- Physician services rendered other than those of the patient's personal physician or the Visiting Nurse & Hospice of Fairfield County Hospice Medical Director.

Palliative care is provided during the Hospice Benefit election periods. Initially two, 90-day elections are available, followed by renewable 60-day election periods. Near the end of each election period, the hospice team, in consultation with the primary physician and patient/family, will evaluate the need for the patient to continue on the hospice program. The patient must continue to meet the regulatory requirements for hospice services to be recertified into a new election period and continue on the Hospice Benefit.

You will be notified in writing of those services, medications, equipment and supplies which the Agency believes will not be covered under Medicare or the Hospice Benefit. You have the right to appeal the Agency's determination. The appeal process will be explained to you at the time you are notified of Medicare non-coverage. Please call the Hospice Director or the Home Care Clinical Director at 203-762-8958 if you have any questions.

IF YOU HAVE PRIVATE INSURANCE OR A MANAGED CARE ORGANIZATION IS YOUR PRIMARY INSURER

- Your insurance or managed care company will determine covered services specific to your health plan.
- Visiting Nurse & Hospice of Fairfield County will work with your insurance or managed care company to give our assessment of your needs, however, the insurance or managed care company makes the final determination regarding coverage and payment.
- Despite prior approval, all insurers reserve the right to reassess payment after the care has been provided.
- Visiting Nurse & Hospice of Fairfield County will bill the insurance or managed care company if we are a participating provider or have received special authorization from the insurance or managed care company. Any balance they determine they will not pay is the responsibility of the patient.
- Your primary caregiver will ask you to sign a *Service Agreement – Consent Authorization*, which acknowledges your responsibility for the costs associated with your care.



IF MEDICAID IS YOUR PRIMARY INSURER

Medicaid may cover your home health or hospice care if you meet the following criteria:

- You are eligible for Medicaid and have an active Medicaid status.
- You have a medical condition, which can safely and appropriately be cared for at home.
- You are under the care of a physician who reviews and signs your plan of care every 60 days and completes a face-to-face visit encounter.
- You meet the current Medicaid requirements for home health or hospice care services.
- Your care meets the prior authorization requirements the State of Connecticut dictates for the care provided.
- Your need is not for housekeeping or safeguarding. Medicaid does not cover these costs.

IF YOU WISH TO PAY PRIVATELY FOR CARE

- All our professional and support services are available to you on a private-pay basis.
- Services may be purchased on a long or short-term basis.
- You will be asked to sign a ***Service Agreement – Consent Authorization***, which acknowledges your responsibility for the costs associated with your care.
- You will be billed directly for the services provided.
- Many individuals elect private pay services to complement or follow care reimbursed by a third-party payor or insurance plan.