



# Palliative Care Insurance Coverage Process for Community-Based Services

Purpose: This process may be used as a reference for community agencies (such as home care, etc.) to develop a proposal for third party payment for palliative care visits not covered by current payment mechanisms.

## Planning: (role of community agency)

- Develop a business model - Engage the financial person(s) at your facility
  - Identify the focus for your program, services and disciplines provided, what gaps exist and how this service will meet state goals, i.e. make the case
  - Identify measurement that demonstrates the benefit of palliative care
    - % referred to hospice program or increase in LOS
    - Symptom scores
    - Patient/family/staff satisfaction
    - Cost savings due to fewer hospitalizations
- Other items to address:
  - Understand that PC nurse visits are not as productive as a home care nurse visit (take more time at visit and follow up)
  - Determine if palliative care will be provided to those not covered by this proposed benefit ?(suggest including legal counsel in this discussion)
  - Ask –“How many patients would we commit to keeping in PC without being reimbursed?”
- Prepare insurance plan presentation – use PowerPoint, start with a story
  - Define palliative care and the people most appropriate for services, such as those with symptoms out of control, have frequent emergency department visits, caregiver stress, and those not responding to the current therapy.
  - Identify palliative care benefits – i.e. improved patient care with symptom management, quality, access to end of life resources (how you work with hospice), cost of care at end of life, etc.
  - Describe your program - identify your services
    - Assessment and symptom management, counseling and spiritual care, volunteers, etc.

- How communication with physicians will be structured
- Disciplines provided: Nursing, Social Services, Chaplain, other
- Core practices according to NQF Preferred Practices that are implemented in your program (interdisciplinary support, advanced care planning and goals of care discussion, access to end of life resources, appropriate care planning)
- Use data to show benefit/outcome of services
- Request for reimbursement contract
  - Coverage for certain number of visits over a specified time frame
    - I.e. UCare covers 9-12 visits; Health Partners covers 8 visits/yr x 2 yrs.
  - Consider request for “case management” – care and coordination handled via phone/email.

**Communication Process with Insurance Plan:**

- Palliative care program should be operational before contacting plan(s)
- Suggest contacting the plans that currently cover palliative care if you provide care to patients in these plans: Medica, Blue Cross/Blue Shield, Health Partners, UCare, EverCare
- Contact insurance plan for in-person meeting
  - Suggest meeting with the plan medical director and administrative staff
  - Palliative care representation should include: palliative care leader, person with relationship to plan, and the person that negotiates insurance contracts
- The Meeting
  - Keep meeting short and focused – suggest ½ hr for length of meeting
  - Conduct presentation
  - Follow-up
    - Identify next steps in obtaining coverage
    - If approved, identify logistical process for coverage to begin