Interdisciplinary Clinic Requirements - Inpatient Programs - February 2022

OVERVIEW

Participating providers agree to submit claims directly to Medavie Blue Cross for payment when Medavie Blue Cross Health Care Identification cards from qualifying Veterans of Veterans Affairs Canada (VAC) are presented.

Participating providers also agree to accept the terms of the Claims Submission Agreement, the requirements outlined in the Provider Guide and all other referenced program documentation including this overview, and to act in accordance with the terms of these requirements. To view these documents and obtain more information, please visit: www.medaviebc.ca/en/health-professionals

The following information outlines the requirements and obligations to qualify as an Interdisciplinary Clinic (IDC). IDC providers must be registered and approved to provide services to VAC Veterans and must demonstrate best practices as they relate to medical, psycho-social, and mental rehabilitation of complex health conditions. This approach brings together the expertise of a team of VAC approved health professionals from three or more disciplines to respond to the health needs of the Veteran. These health professionals provide collaborative care through integrating their assessments, services/treatments, progress reports, clinical case conferences and end of treatment summaries. The goal of these coordinated interventions is to maximize a Veteran's ability to achieve health and/or rehabilitation goals.

PROVIDER PORTAL

The Provider Portal and ePay (Electronic Claims Submission) are available to all qualifying and registered IDC providers. The portal is the easiest way to submit pre-authorization requests, electronic claims and view all program information including payment summaries.

Please submit claims for authorized IDC services via the Medavie Blue Cross secure provider web portal (ePay) by visiting: www.medaviebc.ca/en/health-professionals/about-epay

CLIENT QUALIFICATION

VAC Decision Makers determine if a Veteran can qualify for an IDC program. VAC Decision Makers will continue to regularly monitor and evaluate Veterans' progress toward their health goals while they participate in the IDC's approved program.

All IDC services are subject to pre-authorization requirements.

PROVIDER QUALIFICATION

The IDC must submit an application and receive approval for each program that they wish to have approved for Veterans to participate in before requesting authorization to provide services to Veterans.

For more information on how to submit a provider application, please visit www.medaviebc.ca/en/health-professionals

Clinics will be asked to complete a new application every three years, or sooner if clinic programming changes.

IDC providers are responsible for notifying Medavie Blue Cross of new program offerings or changes to existing programs before offering services to Veterans

BENEFIT PREREQUISITES AND LIMITATIONS

To receive payment, the following requirements must be met:

1. **Pre-Authorization –** IDC services need prior approval. Written approval from a VAC Decision Maker must be obtained before any IDC treatment benefits or services are provided to a VAC Client. Only those treatment benefits or services approved in the pre-authorization will be paid. The authorization number must be referenced during claim submission to avoid processing delays. If changes to the original recommended treatment plan are required, a new pre-authorization number must be obtained from VAC before the start of any services identified under the treatment plan.

Note: Providers must not submit claims with a fee/rate exceeding the fee/rate charged by the provider to any patient paying cash for the same treatment benefit or service.

2. **Inpatient Program Fees** must include treatment, accommodation, meals, consultation(s), equipment, and other supplies needed to participate in the program. The costs for these products and/or services must be included in the per diem rate and identified at the time of the pre-authorization request. Assessments (120156) Progress Report (120158) and the End of Treatment Summary (120159) are to be billed separately using the applicable benefit code.

3. **Claim / Invoice information** must constitute an accurate account of the services provided. All claims submissions must be detailed by date of service, services provided, duration, and service charges applicable to the date of service in question. By submitting claims to Medavie, you represent and warrant to Medavie that the claims are authentic. Claims may be submitted on at an agreed upon frequency and must only be submitted after services have been provided.

Note: In the event of an early discharge or voluntary departure the clinic contact must notify the VAC Decision Maker within 24 hours. A discharge report/end of treatment summary must be sent to the VAC Decision Maker within 7 calendar days of early dismissal/departure.

PROVIDER REPORTING REQUIREMENTS

Providers registered for IDC inpatient services must comply with the requirements to send the following periodic reports to VAC.

1. Interdisciplinary Assessment

The interdisciplinary assessment should include quantitative and qualitative information and reports from each member of the interdisciplinary team

1.1 Presenting health issue(s) and/or diagnosis (es)
1.2 Current risk assessment
1.3 Standardized Clinical Assessment Tool(s) used

1.4 Intake status
1.5 Treatment/Rehabilitation goals
1.6 Progress measurement (how will progress be measured)
1.7 Treatment Plan (see details below)
1.8 Other health conditions impacting treatment
1.9 Other administrative matters (privacy statement, veteran consent, participation expectations)

2. Treatment Plans for IDC Inpatient Services

IDCs may determine the structure of the treatment plan, however, at a minimum the plans must include the following information:

2.1 The presenting health issue(s) and/or diagnosis (es);
2.2 An assessment of the issue(s) including quantitative and qualitative information and reports;
2.3 The barriers to be addressed through the proposed treatment plan;
2.4 Measurable client goals and expected outcomes to be achieved;
2.5 The program start and end dates;
2.6 The cost per day; and
2.7 A description of how treatment outcomes will be monitored and measured.

3. Progress Reports

Interdisciplinary progress reports are required, at a minimum, at the mid-point of the program (when 50% of the treatment plan has been completed) or at intervals normally followed by the IDC and agreed upon with the VAC Decision Maker at the outset of the program. Members of the IDC's treatment team must be available to discuss the Veteran's progress with the VAC Decision Maker, other VAC representatives and the Veteran.

4. End of Treatment Summary

Regardless of treatment program duration or the end of treatment reason (i.e. early departure, conclusion of the treatment program, etc.) the IDC will provide the VAC Decision Maker with an end of treatment summary report. This summary will, at a minimum, include the following details:

1. A summary of treatment provided;
2. Information indicating if the Veteran completed the program or the reason for premature termination, if applicable;
3. Details regarding the outcomes achieved;
4. Follow-up requirements, if any; and
5. Recommendations.

NOTE: End of treatment summary reports must be provided within one week following service termination.

IMPORTANT COMMUNICATION AND WORKFLOW INTEGRATION WITH VAC

IDCs are best suited for Veterans with complex health needs and treatment objectives. Such Veterans typically benefit from case management, meaning IDCs will be working directly with a VAC Decision Maker who will:

- Render a decision on Veteran qualification in the IDC program as a treatment benefit or a rehabilitation service; and
- Ensure IDCs have pre-authorization for VAC coverage of approved interdisciplinary services.

To support Veterans' healthcare plan objectives, while maintaining an efficient pre-authorization and claim adjudication process, the following items must be followed in order:

1– IDC requests VAC approval for the Veteran to participate in the program.

a) Provide clear rationale as to why an inpatient program is needed and what previous attempts have been made to address existing barriers. b) Confirm why the program is the right choice for the Veteran and include a program description, detailed schedule and cost per day.

c) Obtain from the VAC decision maker any relevant reports or assessments.

2 – **Program approval**

The VAC Decision Maker will:

a) Phone the IDC admitting department to provide his/her contact information.
b) Request the contact information of the inpatient IDC Case Manager or contact person.
c) If the VAC Decision Maker approves the inpatient program, they will provide written confirmation outlining the amount of VAC coverage per day, the number of days approved, the total program cost, and how the IDC will obtain an authorization number.
d) Pre-approval is required for payment of family participation in the approved program, treatment extensions and any additional costs not included in the program cost.

3 – **Interdisciplinary Assessment**

a) IDC health professionals conduct an interdisciplinary assessment of the Veteran's needs, resulting in a detailed interdisciplinary treatment or care plan.
b) The IDC submits the interdisciplinary assessment and treatment plan to the VAC Decision Maker for review. Clinics must provide treatment based on an evidence-based or clinical practice approach.

4 – One week following admission

The IDC will provide VAC with:

a) Notification of the Veteran's admission.
b) Copies of the physician's diagnosis sheet, detailed treatment or interdisciplinary care plan and treatment objectives.

5 – Progress report(s)

At the mid-point of treatment or at intervals normally followed by the IDC and agreed upon with the Decision Maker at the outset of the program the IDC will:

a) arrange a teleconference with the VAC Decision Maker, the Veteran and the Veteran's community clinician(s) to discuss:
    a. Veteran's progress (we may also request this in writing);
    b. Any amendments to the care plan;
    c. Anticipated discharge planning needs;
    d. Anticipated discharge date;
    e. Medication coverage post-discharge, if applicable, to ensure a seamless transition;
    f. Any extensions or changes required to the care plan.

6 – Two weeks prior to discharge

The IDC will:

a) contact the VAC Decision Maker to advise of the discharge date and finalized discharge plan; and.
b) confirm coverage of any post-discharge medication needs and treatment needs.

NOTE: Aftercare is typically not authorized as an IDC service. If the aftercare will be provided by an individual provider, the provider will require authorization and is to use their individual provider ID (e.g., psychologist, social worker, etc.) when billing services. If the aftercare is interdisciplinary (i.e., provided by 3 or more health professionals), authorization must be requested for an approved IDC inpatient or outpatient program. Refer to the Clinic Requirements for out-patient programs for more information.

7 – Within one week following discharge

a) The IDC will complete an End of Treatment Summary and forward it to the VAC Decision Maker. This must include a summary of the treatment provided.

8 – Billing

a) Billing for treatment can happen throughout the program using benefit code 120121 IDC Inpatient Treatment, each date the Veteran attended, and the daily rate (per diem). Invoices may only be submitted **AFTER** services have been rendered.
b) Inpatient clinics must use the relevant benefit codes for the interdisciplinary assessment, progress report and end of treatment summary and refrain from including these costs in the per diem.

AUDIT RIGHTS

Client/member use of their Medavie Blue Cross Health Identification Card authorizes Medavie Blue Cross, the client/member's Department, their agents, service providers and external health professionals, to collect and use relevant information about them, and disclose it to each other for the purpose of administering their eligible benefits and services, including claims processing, authorization of benefits and auditing. For further information, please see the Provider Guide at www.medavie.bluecross.ca/healthprofessionals