

**BULLETIN NUMBER:** 04-2019  
**TITLE:** ALTERNATIVE TO HOSPITAL STAYS & SERVICES  
**DATE:** OCTOBER 1, 2018

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**PURPOSE:**

The purpose of this bulletin is to clarify coverage for alternative hospital stays and services. Alternative stays includes Outpatient Surgical Centers, Home Healthcare, Skilled Nursing Facility and Hospice Care. The only alternative to hospital stay policy introduced by the Healthcare Fund Governing Committee to date is the creation of the new initiative for home health insurance benefit (HHIB) approved on June 5, 2015. Implementation delayed until regulations approved the benefit coverage under NHI.

**BACKGROUND:**

The introduction to establish Home Health Services (HHS) in the Republic of Palau is one of the goals of the Palau Ministry of Health in partnership with community partners. This initiative is to improve the quality of life for the terminally ill, elderly and disabled people living in Palau. The MOH has taken steps to coordinate partners in the community with assistance of experts in the field of Hospice and Home Health from Hawaii, Dr. Fernandez, UH Geriatric Department and Nurse Allen from Florida. The overall strategy is to develop the Home Health Program in Palau similar to the established program in US and within our region that will be easily accessible, affordable and provides a quality care geared to the homebound individuals.

**INTERPRETATION**

**OFF-ISLAND REFERRAL**

- Alternative to Hospital stay Services for Off-Island is excluded in the plan.

**LOCAL COVERAGE**

- With respect to any one life, regardless of the number of policies or contracts:
  - \$10,000 in health insurance benefits for home health services (HHS) per member per year.
  - Amount is not transferable
  - Benefit Period from Oct 1<sup>st</sup> through September 30<sup>th</sup> every Fiscal Year.
- Benefit Period is the date span that the members approved services and copayment accumulates through. For example, benefit period starts October 1<sup>st</sup> thru September 30<sup>th</sup>, member's responsibility and renewed \$10,000 maximum benefit starts at October 1<sup>st</sup>.

*Maximum Obligations*

In no event can the Healthcare Fund be obligated to cover more than \$10,000 in benefits within one benefit period with respect to any one life under the National Health Insurance Plan. The maximum benefit may be adjusted by the Governing Committee provided the adjustment is part of an overall review and adjustment of coverage limitations and is demonstrated to be fiscally sustainable through an actuarial study.

Home Health Agency Provider Agreement:

Approved Home Health Agency Provider shall meet all service agreement under the Ministry of Health (MOH). Home Health Agency means organization or private provider that provides home health services and staffing services for the purpose of provide home care to the terminally ill, elderly and disabled people living in Palau.

Home Health Agency with service agreement under Ministry of Health (MOH)

- 1.1. HHA means an organization that provides home health service and staffing services. Organization means a corporation, government subdivision or agency, partnership or association, legal or commercial entity, any of which involve more than one health care professional discipline; health care professional includes physician, registered nurse, certified nursing assistance and home health aide.
- 1.2. HHA Services means health and medical services and medical supplies furnished to an individual at home or place of residence
- 1.3. HHA Services includes nursing care, physical, occupational, respiratory or speech therapy, dietetics and nutrition counseling, medical supplies restricted to drugs and biological prescribed by a physician
- 1.4. HHA must have a facility with normal office hours of operations; clinic must have access of patients and public during office hours, must employ a physician, administrator, nurse or alternate professionals, must have written policy and procedures governing 24 hours of operations and at the very least must provide one service directly to patient.
- 1.5. Personnel who provide direct care to patients must complete 2 hours of training in Alzheimer's disease and dementia related disorders
- 1.6. Physician and nurses must be duly licensed to practice in the US or ROP with background reputable in the medical field with acceptable experiences.
- 1.7. Licensed practical nurses and trained home health aide is required as part of the organization team
- 1.8. Other members of the team may include Physical Therapist, Social Worker, Dietician/Nutritionist and Homemaker

- 1.9. A standard MOU or service agreement between the HHA and MOH must be in writing to ensure that HHA is duly recognized agency with ability and capacity as set forth above to provide HHA services.
- 1.10. Service Agreement: a written service agreement between the HHA and the patient or the patient legal representative specifying the services to be provided, the rate of charges, NHI insurance coverage and patient co-payment from SSA and other source.
- 1.11. HHA may establish a relationship with MOH/HPP to ensure that HHA patient is duly cared for in event of emergency and/or;
- 1.12. HHA shall prepare and maintain a comprehensive emergency management plan consistent with the national emergency plan that will address the special needs of patients and should be available to assist family members with evacuation in event of natural disaster and to enable the services to continue during the period of emergency.
- 1.13. Exclusion: Entities that provide services using only volunteers or individuals related to patient.

2. NHI Benefit allowed for Homebound, Elderly and Disabled

- 2.1. Professional visits at home;
- 2.2. Administering and providing medical supplies;
- 2.3. Providing physical therapy at home;
- 2.4. Providing nutrition counseling at home;
- 2.5. Assisted with medical care, examination and taking medical test for review and authorization of medical supplies on regular visits;
- 2.6. Recommended type of care to be provided by family member or nurse aide, medical supplies including equipment necessary to provide comfort to patient
- 2.7. Ensure home and/or environment is clean and safe for patient

Proposed CPT Codes for HHA Services are as follows:

<b>CPT</b>	<b>Description</b>
G0151	Physical Therapy
G0152	Occupational Therapy
G0153	Speech Therapy
G0154	Skilled Nursing Services
G0155	Medical Social Worker
G0156	Home Health Aide
G0157	PT Assistant Visit

G0163	RN & LPN Evaluation
G0238	Respiratory Therapy
99xxx Series	Physician Evaluation & Physician care
A4000 Series	Medical supplies
Others TBD	

3. Plan of Care

- 3.1. Plan of Care shall be established in consultation with a physician, physician assistance or registered nurse practitioner and all other staff who will be involve in providing the care and services and carry out treatment orders to a homebound, elderly and disabled in Palau.
- 3.2. The Plan must be included in the clinical record and available for review by all the staffs involve in providing the care to patient.
- 3.3. The Plan shall contain a list of individualized specific goals and discipline that provides patient care and the frequency of home visits to provide direct care and case management
- 3.4. The skilled care services provided by HHA, directly or under contract must be supervised and coordinated according to the Plan of Care.
- 3.5. NHI benefits should conform to the Plan of Care and nothing else

4. Annual Coverage up to \$10,000

	Annual Coverage		CO-Pay	Total Cost
Total#	200		200	200
HHBI	\$ 10,000.00		\$ 2,000.00	\$ 8,000.00
<b>Total Proj</b>	<b>\$ 2,000,000.00</b>		<b>\$400,000.00</b>	<b>\$1,600,000.00</b>
Ave Cost	\$ 6,178.00			
Home Aid	\$ 3,600.00			
<b>Total</b>	<b>\$ 9,778.00</b>			

5.1 The review of cost based on research of established clinic in Palau revealed that likely possible cost of each homebound patient on annual basis is \$6,178 not including a full time home aide or care giver. It is envisioned that emotional caring is the best care service for homebound patient if a member of a family is properly trained to provide personal care of patient. Should a member of a household provide 24/7 care for patient, a minimal cost of \$300 is provided as part of cost of home aid and brings total cost to near \$10,000 annually for each homebound patient.