

Admission and Care Planning

It is the policy of the Agency to accept patients for admission regardless of race, creed, color, religion, sex, age, disability, citizenship, national or ethnic origin, marital status, disease process, ability to pay within the constraints of the Agency Budget, or other basis prohibited by law.

A patient may be admitted to Deaconess VNA Plus services if all of the following criteria are met:

- The patient has need of services at a place of temporary or permanent residence residing within Deaconess VNA Plus' geographic service area.
- The patient's residence is one in which service can be given safely and effectively and the patient, family or alternative caregiver is capable and willing to participate in the patient's care when necessary.
- Agency services, policies, and resources are appropriate and available to meet the needs of the patient. Persons are accepted for health service on an intermittent or hourly basis under a plan of care established by the patient's physician.
- A patient assessment, completed in the patient's home by an appropriate member of the Deaconess VNA Plus staff must confirm the patient meets Deaconess VNA Plus Admission requirements. If all admission criteria are met and all appropriate admission paperwork is completed according to Agency policy, then the patient is at that time considered to be admitted to Deaconess VNA Plus Service.

It is the policy of the Agency to approach each patient care situation as unique. Each patient is provided care as identified by an individualized care plan initiated upon admission and revised as the patient's care needs change. All care plans are to be in accordance with a plan of treatment as developed by the patient's physician.

It is the policy of the agency to ensure the availability of a nurse to meet emergent needs of patients twenty-four hours per day, seven days per week. Patients may access the designated nurse via the agency answering service during periods in which the physical office is not open.

Fee for Service

It is the policy of the Agency to determine the appropriate fee source for services delivered and bill accordingly.

If the patient has an accessible third-party payer source for Home Health or Hospice services, the Agency will process claims to such payer. However, the patient is ultimately responsible for the bill or any portion of the charges not reimbursed by the third-party source.

If a patient has no third party payer source or if benefits from the third party payer cease, the patient is responsible for the bill. The patient is billed monthly and payment is due within 15 days of receipt.

It is the policy of the agency that a pattern of ongoing verbal and written communication shall be held with the responsible person to result in full payment of fees. This communication will occur by the Director of Finance or his/her designee.

Arrangements for payment toward the full balance may be made at the discretion of the Director of Finance or his/her designee. Deaconess VNA Plus is a member agency of the United Way and as such has a limited amount of funds available to utilize to support charitable care, inclusive of subsidizing uninsured and underinsured care. Eligibility for and allocation of charitable funding is determined by the Director of Finance or his/her designee.

Corporate Compliance

The agency takes health care fraud and abuse very seriously. It is our policy to provide information to employees, contractors and agents about the federal and state false claims acts, remedies available under these provisions and how employees and others can use them, as well as whistleblower protections available to anyone who claims a violation of the federal or state false claims act.

Prevention of fraud, waste and abuse as well as prevention of the submission of a false claim is the responsibility of all employees, contractors, vendors and agents of the Agency.