



HEALTH CARE HOME

# Health Care Home Service Delivery and Charging Guideline



## Application of Funds to Service Provision

Practices will need to determine:

- How the HCH funding will be allocated (e.g. consults, equipment, training etc.)
- The level of co-payment (where appropriate)

The funders reserve the right to withdraw or suspend funding if practices do not meet the actions identified in their Implementation plan.

## Co-payments of Health Care Home Services

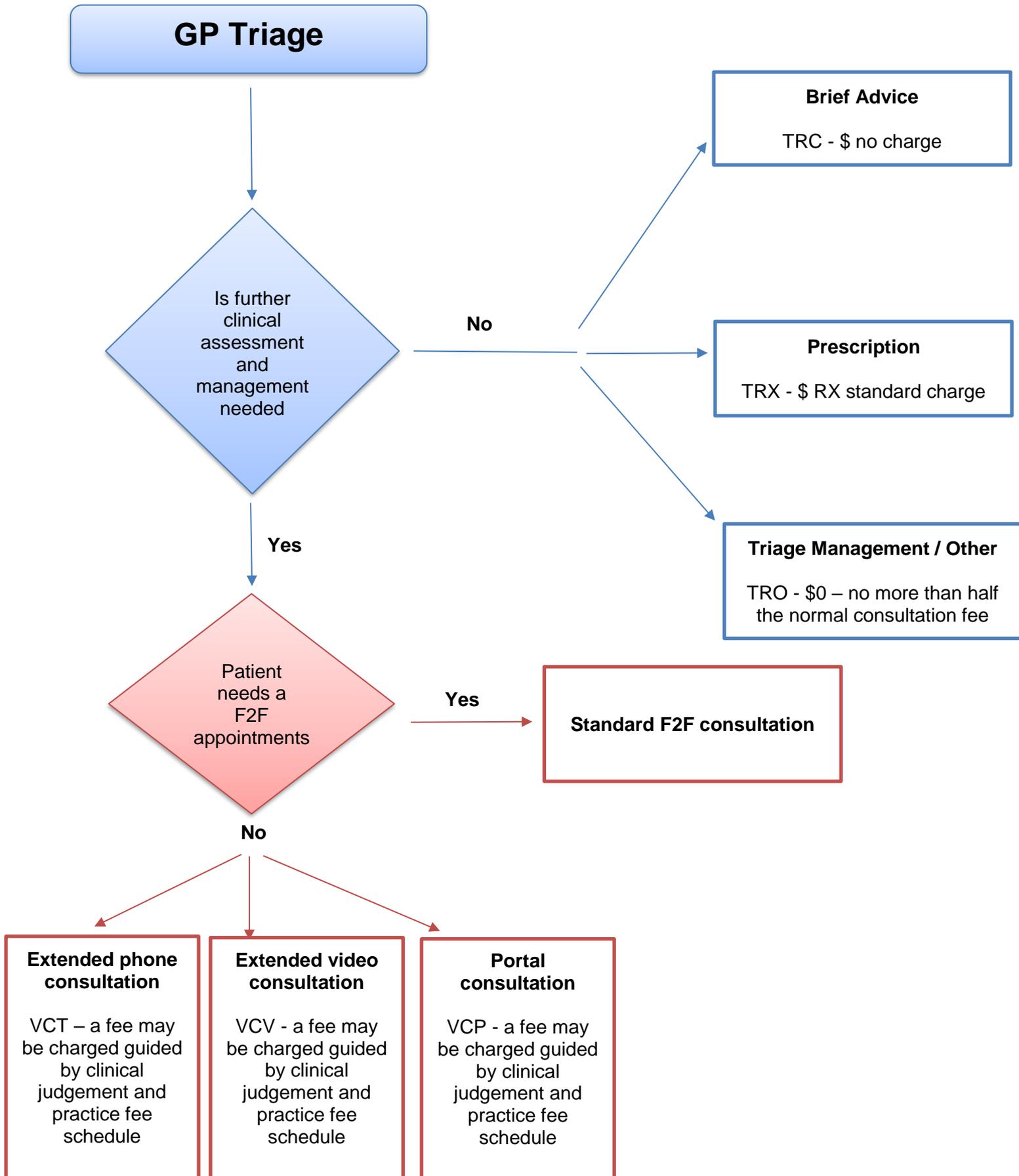
This service delivery and charging guideline covers those services provided as part of the Health Care Home Model of Care requirements. It is expected that HCH funding is used to increase access to services for high risk and high needs patients therefore there is a general expectation:

- GP Triage and brief clinical advice is free of charge to patients.
- Further acute demand clinical management from a clinical triage call needs to be assessed on case by case basis. Clinical judgement and what is required in terms of the work up and time involved will determine whether a fee will be charged to the patient. The charge will be no more than half the consultation fee and referring for diagnostics (such as radiology and labs) will be free of charge to the patient.
- E-consultations and telephone services should be accessible to all patients and should ensure that price is not a barrier to using these services (whilst recognising these services in themselves provide significant savings to patients in avoided travel time, time off work etc.).
- New prescriptions can be charged at the normal rate but if these are generated as part of a virtual consult, the cost of these will be covered in the fee charged for the virtual consult.
- Routine Repeat Scripts will incur the normal fee, and will follow the normal practice repeat script process.
- For patients enrolled in the HCH Year of Care Programme, at least one assessment / care planning session per year will be free to the patient, (a minimum of 30 minutes GP time or 45 minutes nurse time) through flexible use of current funding streams such as long-term conditions, as well as HCH funding.
- Patients need to be advised of the cost of these service verbally beforehand. This may also be promoted via multiple channels such as: on the practice's website and/or newsletter, via a notification on the front desk, on the telephony waiting introduction and from the GP/nurse during clinical interactions.

The HCH Development Team will monitor charging and its impact on patient access as a part of the reporting requirements.



## Overview of HCH Service Delivery





## HCH GP Triage Invoicing

To enable accurate reporting of HCH activities for both practice and PHO purposes, it is expected that practices use the following codes.

### Service Group

Set up a new service code group call HCH. The following codes should be included in this group.

### Triage Codes and Charging Guideline

Outcome Codes		Charging Guideline
<b>TRC</b>	<p><b>Triage Consult</b> Triage phone call of patient, by a doctor or nurse, where it is determined whether further acute clinical assessment and management is required, and if not brief advice has been given.</p>	No fee to be charged.
<b>TRX</b>	<p><b>Triage Prescription</b> Triage phone call of patient, where it has been determined no further acute clinical assessment is required and the only management required was a script.</p>	<p>A standard or faxed prescription fee can be charged to the patient.</p> <p>To be determined by each practice's existing fee structure.</p>
<b>TRO</b>	<p><b>Triage Management/Other</b> Triage phone call of patient, by a doctor or nurse where it has been determined that further clinical assessment or management is required virtually (other than a TRC and TRX).</p> <p>This code needs to be used to close off the encounter on the PMS.</p>	<p>Triage may result in the need for additional more time consuming clinical management(e.g. a medical certificate, or ordering a blood test).</p> <p>Quick information exchanges to be free to the patient</p> <p>Where clinically appropriate and additional time is required, a fee can be charged to the patient. To be charged at no more than half normal consult fee with clinical judgement.</p> <p>To be determined by practice's existing fee structure with clinical judgement.</p>

## Other Virtual Services



These services are provided outside of the GP Triage allocated time. These are normally provided to a patient following a clinical triage, and have been assessed as requiring additional clinical management in terms of the work up and time involved or may be routine bookable appointments.

	Outcome Codes	Charging Guideline
<b>VCP</b>	<p><b>Virtual Consult Portal</b> This is for consults which could have been undertaken in the practice but have instead been undertaken via portal messaging.</p> <p>This could be scheduled as a result of an acute triage consult call, organised directly between patient and GP/Nurse or as part of ongoing routine care.</p> <p>This should be counted as a consultation service, and is likely to represent either a single or several emails exchanged over a period (such as a day) regarding a specific issue. Generally this needs to be a new issue rather than a simple communication or follow-up of an issue previously consulted (and charged) for.</p> <p>This does not include where results have been given to the patient, information about specialist appointments, script requests etc.</p>	<p>Quick information exchanges will be free to the patient.</p> <p>Where clinically appropriate and additional time is required, a fee can be charged to the patient.</p> <p>To be determined by practice's existing fee structure with clinical judgement.</p>
<b>VCT</b>	<p><b>Virtual Consult Telephone</b> This is for consults which could have been undertaken in practice but have instead been undertaken via an extended phone call.</p> <p>This could be scheduled as a result of an acute triage consult call, organised directly between patient and GP/Nurse or as part of ongoing routine care.</p> <p>This should be counted as a consultation service, and is likely to represent a single telephone call.</p> <p>This does not include where results have been given to the patient, information about specialist appointments, script requests etc.</p>	<p>Quick information exchanges will be free to the patient.</p> <p>Where clinically appropriate, a fee can be charged to the patient.</p> <p>To be determined by practice's existing fee structure with clinical judgement.</p>
<b>VCV</b>	<p><b>Virtual Consult Video</b> This is for consults which could have been undertaken in practice but have instead been undertaken via a video call.</p> <p>This could be scheduled as a result of an acute triage consult call, organised directly between patient and GP/Nurse or as part of ongoing routine care.</p>	<p>Where clinically appropriate a fee can be charged to the patient.</p> <p>To be determined by practice's existing fee structure with clinical judgement.</p>



	<p>This should be counted as a consultation service, and is likely to represent a single video conference.</p> <p>This does not include where results have been given to the patient, information about specialist appointments, script requests etc.</p>	
<b>YOC</b>	<p><b>Year of Care</b> Annual funded appointment for Year of Care Planning.</p>	<p>For patients enrolled in the HCH Year of Care Programme, at least one assessment / care planning session per year will be free to the patient, (a minimum of 30 minutes GP time or 45 minutes nurse time) through flexible use of current funding streams such as long-term conditions, as well as HCH funding.</p>

### Year of Care Alert

A new alert (YOC) is to be set up to identify those patients that have been given a year of care.

### HCH Invoice Codes

For those practices that wish to have a record in their PMS of HCH expenditure.

- Set up a new patient called “HCH”
- Create the following invoice codes ensuring the Service Group ‘Health Care Home’ is selected, and also tick as ‘Not Capitated’ in the lower part of the screen

<b>HCHI</b>	Expenditure on infrastructure & IT i.e. new telephony system, facility redesign
<b>HCHM</b>	Expenditure to support HCH leads to attend HCH related meetings, clinical release time for GP’s and nurses e.g. MDT meetings, stand ups, meetings with Compass HCH team members
<b>HCHW</b>	Expenditure related to workforce and training
<b>HCHP</b>	Patient related activities that fall outside of Long Term Condition where you may have provided a free or partially subsidised visit for the patient

**NB:** If you want to record expenditure but do not want to enter the HCH payment into your PMS, you may like to action a corresponding credit note against the invoice to ensure you retain a ‘zero’ balance in the account. See the example below:



File Edit Patient Module Account Report Tools Utilities Setup ManageMyHealth ConnectedCare CBIT CAT Window Help Support Chat

HCH (130419.1) A3 - R Unknow

Patient Transactions

Date	T	Ref No	Description	Account Holder	Ser	Inc	Amount	Outstanding	Clm Ref
4 Aug 2017	C	815	Credit note	HCH (130419)	SFE	SFE	500.00 Cr	0.00	
4 Aug 2017	I	814	New telephone system	HCH (130419)	SFE	SFE	500.00	0.00	

When invoicing, we recommend you change the description of the invoice which makes it clear on viewing the account, what the invoice related to.

### Long Term Conditions Invoicing

Practices need to continue to invoice their LTC activity in their PMS as currently. This will enable practices to track their LTC expenditure and separate it from the HCH expenditure. We have added an additional code that can be used where there is a crossover.

**XLTCCH** Expenditure related to HCH activity but taken from LTC funding must be coded appropriately (change the description of the invoice which makes it clear on viewing the account, what the invoice is related to)