

OTHER THERAPIST RESOURCE BY PAYER

2016

	<b>hospice</b>	<b>Insurance</b>	<b>Medicare</b>	<b>contract agency / workers' comp</b>	<b>Private</b>	<b>other</b>
Eval type	Hospice Eval Template or Letterhead or Progress Note (since usually you will go only once)	Basic Eval Template or Letterhead or one of the formatted evals	Medicare Eval Template or Letterhead. Must have G codes and ALL PGRS numbers. USE AT LEAST ONE FUNCTIONAL ASSESSMENT (from Website or your own)	Insurance Eval Template or Letterhead or one of the preformatted evals. NOTE: pain, wounds, temp, on eval.	Insurance Eval Template or letter head or the preformatted eval: see what would be best for the client and their payor	
Note type and Frequency	Hospice Template or Progress Note or Letterhead, Document visit number this visit is in addition to the eval visit.	Progress note form and GRID. Soap note format OK, OK to summarize each two weeks or so (check, it depends on pt and insurance)	Progress Note template with MEDICARE GRID with a number for first PQRS items. Soap noteOK. OK to summarize each two weeks or so WITH MEDICARE GRID. TALK TO US BEFORE 10th VISIT!	GRID with Progress Note in SOAP format OK. Need one note per treatment: Send ASAP, Adjuster is waiting to hear how things are going, may need for MD appts etc	To be determined with family and payer: email? Note in home? Only note to TIYH with bill dates, not additional documentation except to let me know what happening?	
Equipment:	Only through hospice: They have their own suppliers and requirements	Mostly family must attain, or check with their insurance. Ask TIYH. Some items available on TIYH website	Go to Medicare website to be sure the vendor can bill Medicare (or ask me). Items available on this website that aren't covered.	Only if OKd by MD and adjuster. Usually WC company orders it. Clients can be reimbursed by insurance USUALLY if they order it themselves	Ask person paying the client's bills. Talk to TIYH	

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Length of visit	depends on hospice: some OK to stay longer than one hour	one hour	one hour	one hour	to be determined individually. Talk to payer and TIYH
What to focus on	keep observations simple, just to support your assessment, and focus on recommendations to RN in bullet format. OK to recommend Rehab if progress possible. Focus on confidence of CG and pt. Remember pt could decline quickly: this isn't rehab. Help them prepare for and anticipate changes in function	Know number of visits pt has per year. Write MEASURABLE GOALS. Keep visit short (one hour), FOCUS on your goals, may need review of progress when # authed visits up or each 2-6 months. Focus on progress to goals, learning observed, challenges to progress, YOUR SKILLED ASSESSMENT is the most important: Convince the reviewer you are worth it.	Focus on progress to goals, learning observed, challenges to progress, YOUR SKILLED ASSESSMENT is the most important: Convince the reviewer you are worth it. Your progress will show in your G-code reporting. Focus on MEASURABLE observations that are in your G-Code portion of your eval.	Document status of wounds, pain. Focus on function, progress and YOUR SKILLED ASSESSMENT of why its going well or not and plan. Focus on the worker's injury. If other issues, relate them to the injury being treated. Help at home, transportation and equipment may be available through Workers' Comp. Document the need and attempts at communication by patient.	Depends, check with TIYH, check with family or client. Be client and family centered. Consider doing a caregiver burden scale, think in terms of how they spend their time, confidence, satisfaction, security. Whats the long term goal? Does the caregiver / family member need therapy at home? Is it OK with client to treat this CG, too?

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Who to communicate with	Call or use Secure Email (SendInc or agency's email) to contact CM and or RN before and after visits (because status can change fast)	Family, MD, sometimes a CM	Family, MD, sometimes CM or others on team	Stay in touch with CM at referral agency by email, send your notes daily. No names in subject line. <b>USE pt ID numbers on all communication.</b>	family, friends if OK by client. MD and case managers and others on team. Keep MD informed.
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KNOW WHEN PATIENT HAS AN MD APPT AND SEND A REPORT ON "REPORT CARD" TO MD BEFORE APPT, PLEASE

Other docs needed	none	Certification to send to MD with your NEW goals. We'll send it to you when due, may need progress note summary, REPORT CARD is for this purpose.	Each 10th visit or change in status: re-eval G-codes. Set new GOALS with new G-codes on 11th visit or before. Bill for Re-eval on 11th visit	Summarize status on last visit, note as DC summary. Usually no extra DC note needed.	Sometimes families or payers ask for a special report. Tell TIYH, we should negotiate a rate to pay for it.
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Pay for Document'n or travel or missed visit	some hospices pay when travel is >30 min or >45 min. Missed Visits (MV): Document what happened and charge TIYH for 1/2 visit	No pay for documentation. Missed Visit: send a note of what happened, we charge them privately for 1/2 visit. If longer report needed, call us.	no pay for travel from Medicare. I can work out compensation with client sometimes. Put a check in the eval or re-eval box on first and 11th visit. Yes for MV, we charge them privately for 1/2 visit	no pay for travel unless we work it out first. MV: write what happened, email CM and sometimes we can get paid.	Sometimes we can negotiate it. Ask TIYH. MV: like other payers.
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Names of our Clients	Most active: Heartland, Hospice of Santa Cruz, Hospice of the Valley (now Sutter), Pathways, Seasons	One Call Care Mgt. "OCCM" Cypress Care, Homelink, On- Site Physio, PCS, Care Connect, and others	Referrals from individual MDs, PAMF, Stanford, CMs, therapists, website, etc
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