

# 2019 Hospice Workshop

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## Tools for Medicare Success

### Addendum Pages

**Palmetto GBA**

**2/1/2019**

## Disclaimer

The information provided in this handout was current as of January 30, 2019. Any changes or new information superseding the information in this handout will be provided in articles and publications with publication dates after January 30, 2019, posted at [www.PalmettoGBA.com/hhh](http://www.PalmettoGBA.com/hhh).

# Acronyms/Terminologies

A full listing acronyms and terminologies may be found at [www.palmettogba.com/hhh](http://www.palmettogba.com/hhh).

<b>Acronym</b>	<b>Definition</b>
ADL	Activities of Daily Living
ADR	Additional Documentation Request
ALF	Assisted Living Facility
ALOS	Aggregate Length of Stay
ALS	Amyotrophic Lateral Sclerosis
ALSFRS	ALS Functional Rating Scale-Revised
ALSAQ	Amyotrophic Lateral Sclerosis Assessment Questionnaire
ALSSQOL-R	Amyotrophic Lateral Sclerosis Specific Quality of Life Instrument-Revised
BIC	Beneficiary Identification Code
CBR	Comparative Billing Report
CC	Condition Code
CCS	Clinical Classification System
CD	Compact Disc
CEM	Common Edit Module
CERT	Comprehensive Error Rate Testing program
CHC	Continuous Home Care
CHF	Congestive Heart Failure
CID	CERT Identification Number

## Acronyms/Terminologies

CMS	Centers for Medicare & Medicaid Services
CR	Change Request
CWF	Common Working File
DOS	Date of Service
DDE	Direct Data Entry (system)
DME	Durable Medical Equipment
EDI	Electronic Data Interchange
esMD	Electronic Submission of Medical Documentation
FIM	Functional Independence Measure
FISS	Fiscal Intermediary Standard System
FY/CY	Fiscal Year/Calendar Year
GIP	General Inpatient
HHH	Home Health and Hospice
HIC Number	Health Insurance Claim Number
ICF	International Classification of Functioning, Disability and Health
ID	Identification
JM	Jurisdiction M
LCD	Local Coverage Determination (medical policy)
LOS	Length of Stay
MAC	Medicare Administrative Contractor

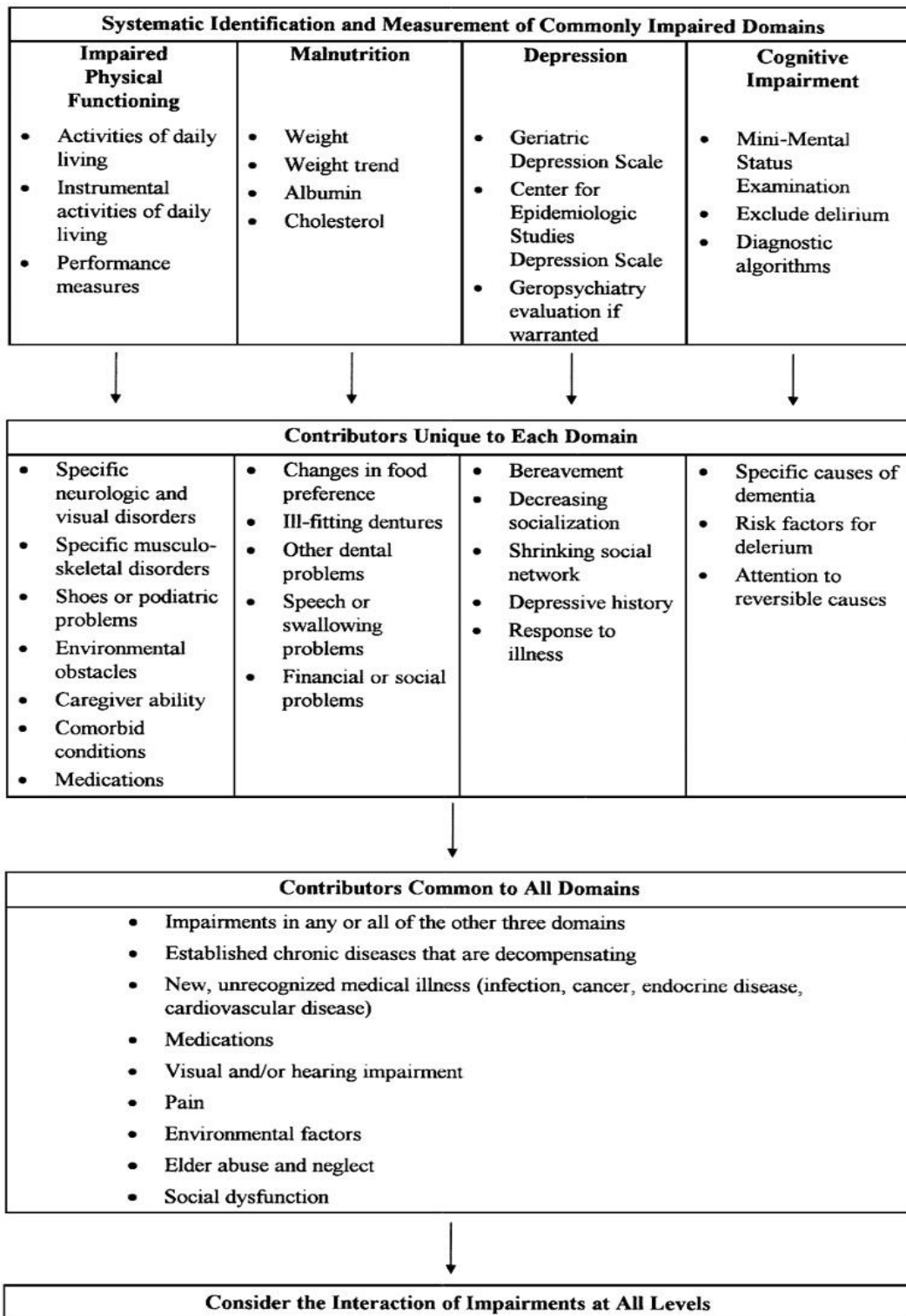
## Acronyms/Terminologies

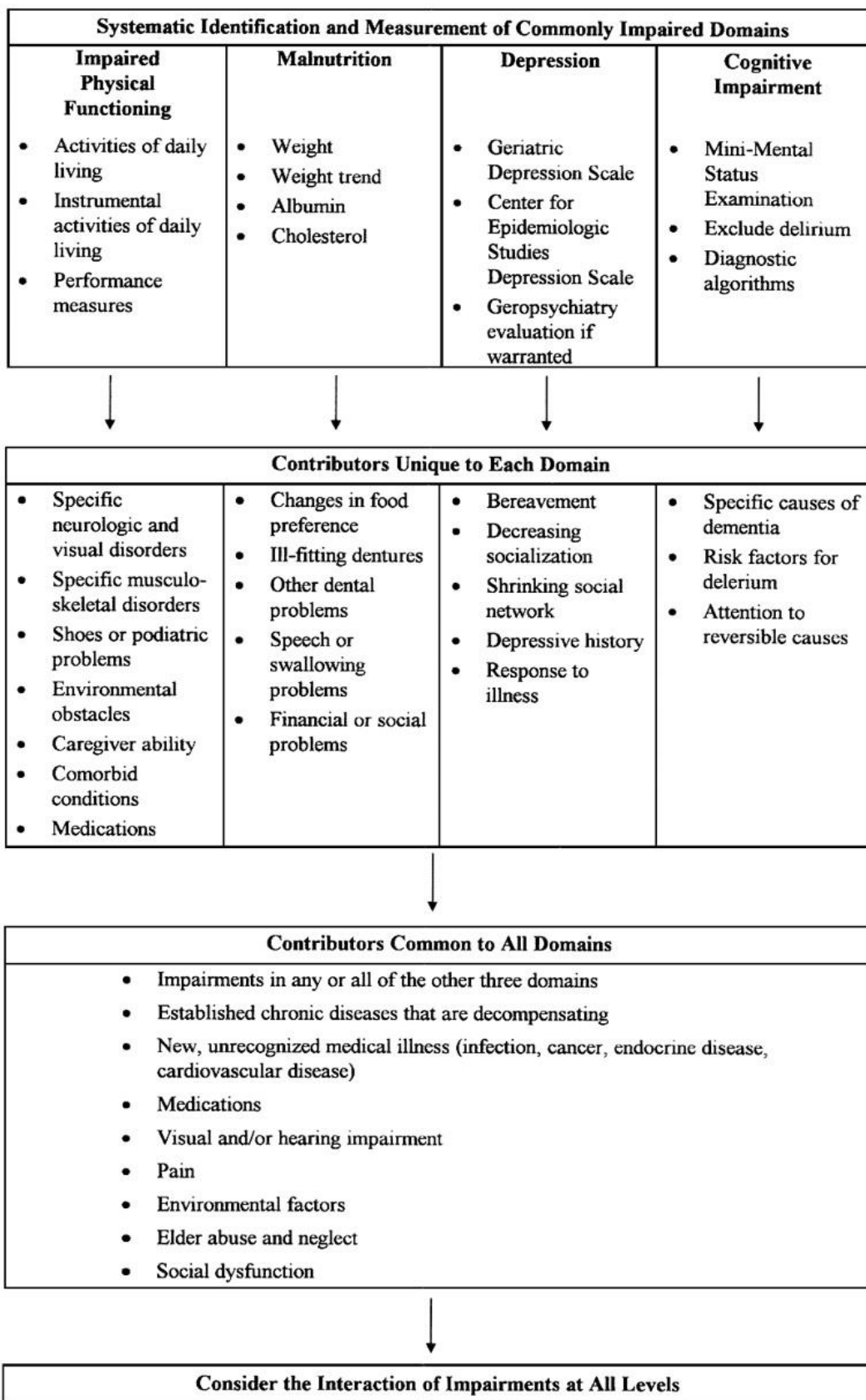
MBI	Medicare Beneficiary Identifier (MBI)
MLN	Medicare Learning Network
MR	Medical Review
NCLOS	Non-Cancer Length of Stay
NPI	National Provider Identifier
NOE	Notice of Election
NOTR	Notice of Termination/Revocation
OC	Occurrence Code
OIG	Office of Inspector General
PBP	Progressive Bulbar Palsy
PCC	Provider Contact Center
PEPPER	Program for Evaluation Payment Patterns Electronic Report
PECOS	Provider Enrollment, Chain & Ownership System
PLS	Primary Lateral Sclerosis
PMA	Progressive Muscular Atrophy
POC	Plan of Care
PTAN	Provider Transaction Access Number
RRB	Railroad Retirement Board
RHC	Routine Home Care
SNF	Skilled Nursing Facility
SSN	Social Security Number
SSNRI	Social Security Number Removal Initiative

# Acronyms/Terminologies

TBD	To Be Determined
TOB	Type of Bill
TPE	Targeted Probe and Educate
VC	Vital Capacity

# Assessment Tools







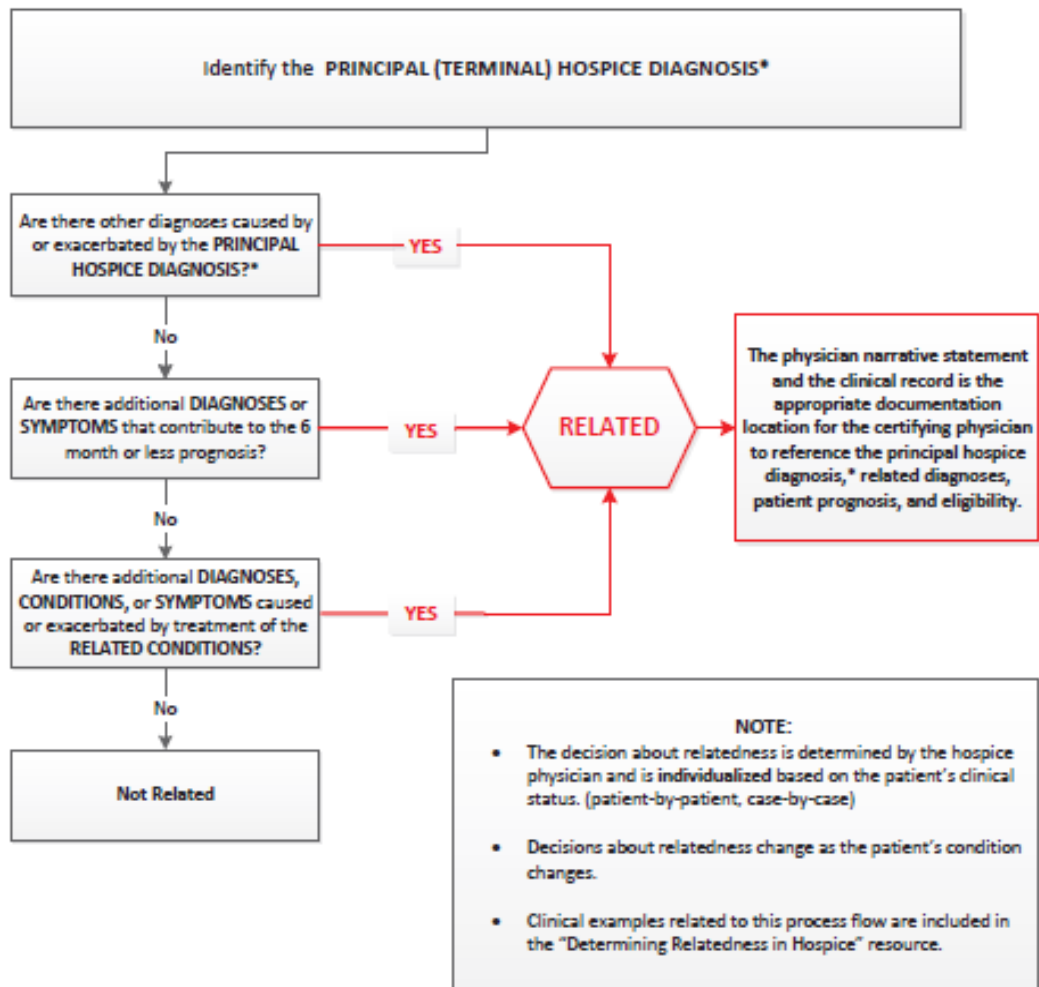
<b>Organizing Data According to Gordon's 11 Functional Health Patterns</b>		
<b>Functional Health Pattern</b>	<b>Pattern Describes</b>	<b>Examples</b>
<b>Health Perception/ Health Management</b>	Client's perceived pattern of health and well-being and how health is managed.	Compliance with medication regimen, use of health-promotion activities such as regular exercise, annual check-ups.
<b>Nutritional-Metabolic</b>	Pattern of food and fluid consumption relative to metabolic need and pattern; indicators of local nutrient supply.	Condition of skin, teeth, hair, nails, mucous membranes; height and weight.
<b>Elimination</b>	Patterns of excretory function (bowel, bladder, and skin). Includes client's perception of "normal" function.	Frequency of bowel movements, voiding pattern, pain on urination, appearance of urine and stool.
<b>Activity - Exercise</b>	Patterns of exercise, activity, leisure, and recreation.	Exercise, hobbies. May include cardiovascular and respiratory status, mobility, and activities of daily living.
<b>Cognitive-Perceptual</b>	Sensory-perceptual and cognitive patterns.	Vision, hearing, taste, touch, smell, pain perception and management; cognitive functions such as language, memory, and decision making.
<b>Sleep-Rest</b>	Patterns of sleep, rest, and relaxation.	Client's perception of quality and quantity of sleep and energy, sleep aids, routines client uses.
<b>Self-Perception/ Self Concept</b>	Client's self-concept pattern and perceptions of self.	Body comfort, body image, feeling state, attitudes about self, perception of abilities, objective data such as body posture, eye contact, voice tone.
<b>Role-Relationship</b>	Client's pattern of role engagements and relationships.	Perception of current major roles and responsibilities (e.g., father, husband, salesman); satisfaction with family, work, or social relationships.
<b>Sexuality-Reproductive</b>	Patterns of satisfaction and dissatisfaction with sexuality pattern; reproductive pattern.	Number and histories of pregnancy and childbirth; difficulties with sexual functioning; satisfaction with sexual relationship.
<b>Coping / Stress Tolerance</b>	General coping pattern and effective of the pattern in terms of stress tolerance.	Client's usual manner of handling stress, available support systems, perceived ability to control or manage situations.
<b>Value - Belief</b>	Patterns of values, beliefs (including spiritual), and goals that guide client's choices or decisions.	Religious affiliation, what client perceives as important in life, value-belief conflicts related to health, special religious practices.

Nursing\Nursing Forms\Gordon's 11 Functional Health Patterns  
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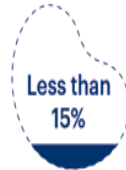
Physician uses all available information to evaluate for:

- Terminal prognosis of 6 months or less
- Terminal and related diagnoses that contribute to the terminal prognosis
- Symptoms caused or exacerbated by terminal diagnosis, related diagnosis or treatment of terminal and related diagnoses

Note: Determining relatedness is a continuous process by the hospice physician which takes into account the changes in the patient's condition.



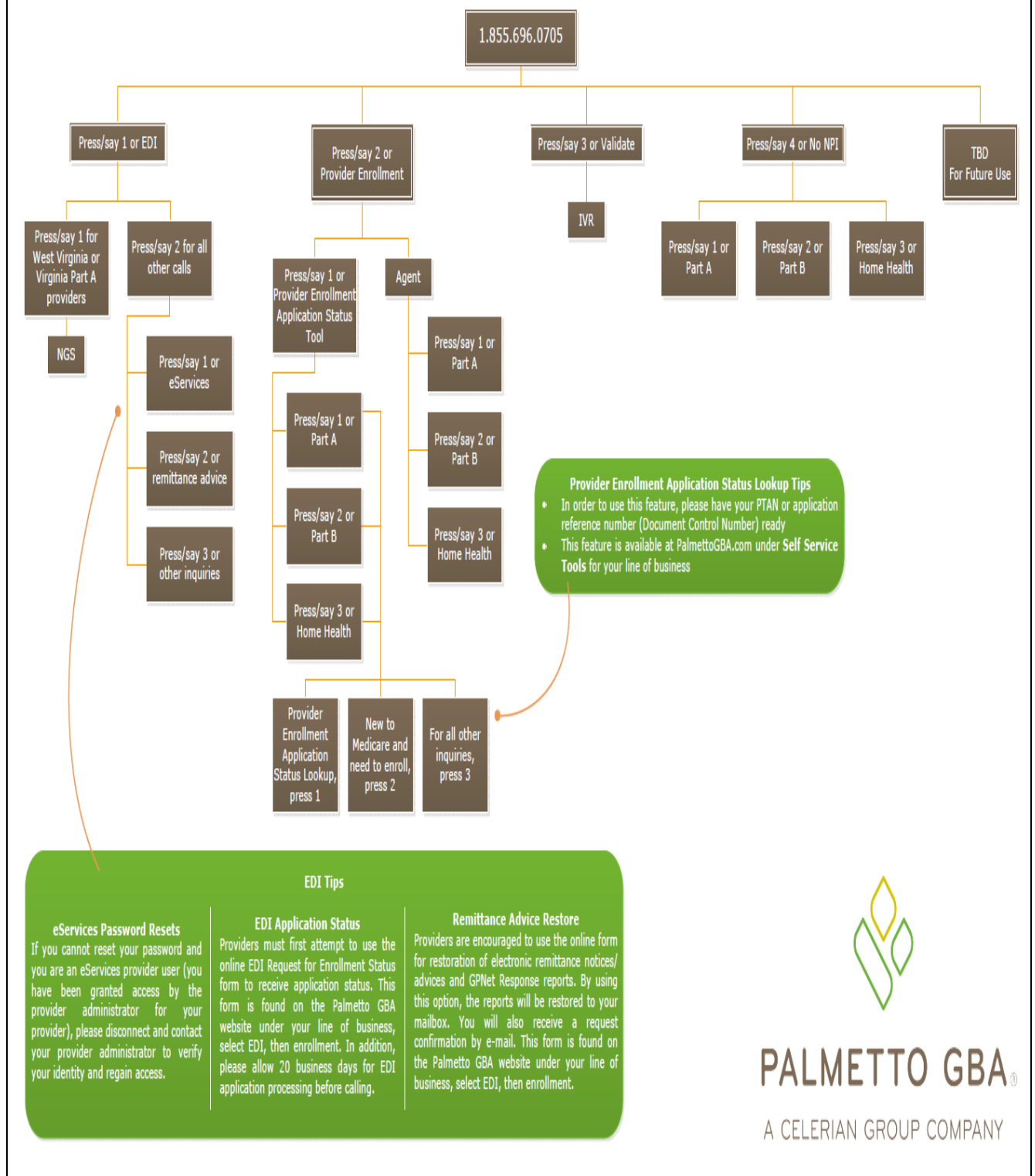
\*The following are used as equivalent terms:  
 terminal hospice diagnosis = principal hospice diagnosis = primary terminal diagnosis = primary hospice condition

STAGES OF CHRONIC KIDNEY DISEASE		GFR*	% OF KIDNEY FUNCTION
<b>Stage 1</b>	Kidney damage with <b>normal</b> kidney function	90 or higher	 90-100%
<b>Stage 2</b>	Kidney damage with <b>mild loss</b> of kidney function	89 to 60	 89-60%
<b>Stage 3a</b>	<b>Mild to moderate</b> loss of kidney function	59 to 45	 59-45%
<b>Stage 3b</b>	<b>Moderate to severe</b> loss of kidney function	44 to 30	 44-30%
<b>Stage 4</b>	<b>Severe</b> loss of kidney function	29 to 15	 29-15%
<b>Stage 5</b>	Kidney <b>failure</b>	Less than 15	 Less than 15%

\* Your GFR number tells you how much kidney function you have. As kidney disease gets worse, the GFR number goes down.

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# PALMETTO GBA JM CALL FLOW



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## Home Health and Hospice Form List

This is a listing of commonly-used Medicare forms. If the form you need isn't available through Palmetto GBA, please refer to the forms listing on [CMS.gov](https://www.cms.gov).

💡 **Don't know the form you need?** Use our [Form Finder](#).

### ***Appeals***

If you are dissatisfied with an initial claim determination, you have the right to request an appeal.

[Redetermination: 1st Level Appeal](#)

[Redetermination: 1st Level Appeal - Late Submission](#)

[Redetermination: Comprehensive Error Rate Testing \(CERT\)](#)

[Redetermination: Comprehensive Error Rate Testing \(CERT\) - Late Submission](#)

[Redetermination: Recovery Audit Contractor \(RAC\)](#)

[Redetermination: Recovery Audit Contractor \(RAC\) - Late Submission](#)

[Redetermination: Zone Program Integrity Contractor \(ZPIC\)](#)

[Redetermination: Zone Program Integrity Contractor \(ZPIC\) - Late Submission](#)

### ***Claims***

Doctors and suppliers are required to file Medicare claims for covered services and supplies received by beneficiaries. Medicare contractors may request supporting documentation for claims submitted to Medicare.

[Religious Non-Medical Health Care Institution \(RNHCI\) Form Letter](#)

### ***Credit Balance***

[Medicare Credit Balance Correction and/or Refund Request Form](#)

[Medicare Credit Balance Report](#)

**Note:** Do not report any claims that have already been demanded by Medicare or any claims on which CMS has reported system issue alerts.

[Medicare Credit Demand Letter Claim Adjustment Request](#)

### ***Finance/Overpayments***

Find Medicare finance and accounting forms

[Immediate Offset Request](#)

[Initial Overpayment Letter Request by Fax Process](#)

[Request for Accelerated / Advance Payment](#)

[Request for Extended Repayment Schedule](#)

[Voluntary Refund Overpayment - Check Enclosed](#)

**Medicare Secondary Payer**

[Medicare Secondary Payer Inquiry](#)

[Medicare Secondary Payer Refund Overpayment - Check Enclosed](#)

**Provider Contact Center**

Contact Palmetto GBA about an issue not addressed by any of the forms above

[Billing Dispute Resolution Request Form](#)

[Provider Contact Center - Written Inquiry Request Form](#)

**Provider Outreach and Education**

Find educational information for Medicare providers

[Ask the Contractor Teleconference \(ACT\) Request: Submit a Question](#)

[Education Request Form](#)

[Provider Outreach and Education Advisory Group \(POE-AG\) Membership Request Form](#)

[Speaker Request Form](#)