

# 2018 Hospice Workshop Series

---

## Winning with Medicare

### Addendum Pages

**Palmetto GBA**

**1/31/2018**

## Disclaimer

### Disclaimer

The information provided in this handout was current as of January 30, 2018. Any changes or new information superseding the information in this handout will be provided in articles and publications with publication dates after January 30, 2018, 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

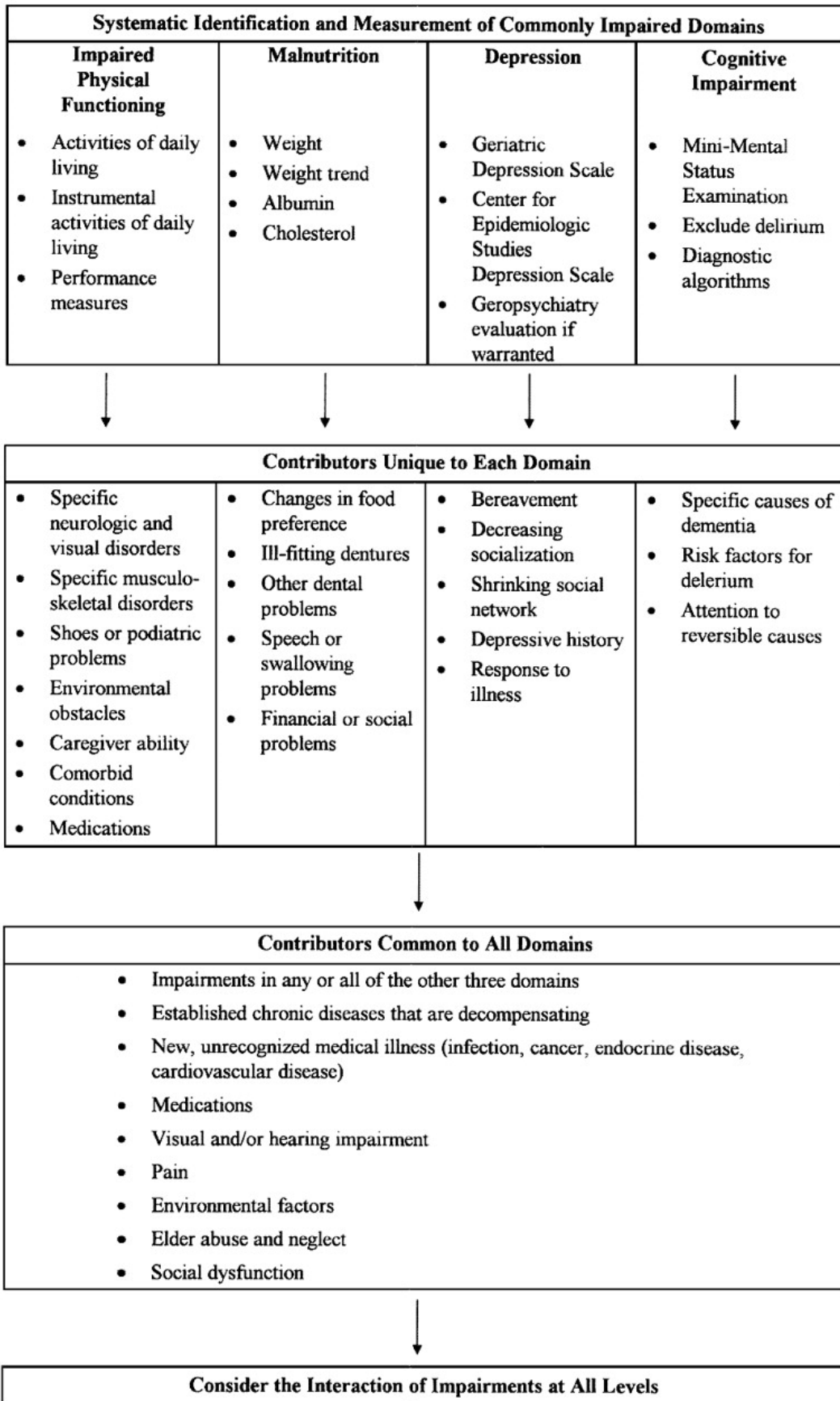
MBI	Medicare Beneficiary Identifier (MBI)
MLN	Medicare Learning Network
MR	Medical Review
NCLOS	Non-Cancer Length of Stay
NPI	National Provider Identifier
NOE	Notice of Election
NOTR	Notice of Termination/Revocation
OC	Occurrence Code
OIG	Office of Inspector General
PBP	Progressive Bulbar Palsy
PCC	Provider 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

---



Slide 88



<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  
D Ladd 7-16-02

Slide 91

	ADMISSION*		DISCHARGE*		GOAL
<b>SELF-CARE</b>					
A. Eating	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
B. Grooming	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
C. Bathing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
D. Dressing – Upper	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
E. Dressing – Lower	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
F. Toileting	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<b>SPHINCTER CONTROL</b>					
G. Bladder	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
H. Bowel	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<b>TRANSFERS</b>					
I. Bed, Chair, Wheelchair	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
J. Toilet	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
K. Tub, Shower	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<b>LOCOMOTION</b>					
L. Walk/Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	W-Walk C-Wheelchair B-Both	<input type="checkbox"/>	<input type="checkbox"/>
M. Stairs	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>COMMUNICATION</b>					
N. Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	A-Auditory V-Visual B-Both	<input type="checkbox"/>	<input type="checkbox"/>
O. Expression	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>SOCIAL COGNITION</b>					
P. Social Interaction	<input type="checkbox"/>		V-Vocal N-Nonvocal B-Both	<input type="checkbox"/>	<input type="checkbox"/>
Q. Problem Solving	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
R. Memory	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Slide 162

*Table 6 Dimensions and items of the ALSAQ-40 and ALSAQ-5 (in italics)*

<i>Scale</i>	<i>Item No on ALSAQ-40</i>	<i>Items</i>
<b>Physical mobility (MOB):</b>		
	1	Difficulty walking short distances
	2	Fallen whilst walking
	3	Stumbled or tripped whilst walking
	4	Lost balance whilst walking
	5	Concentrate when walking
	6	Tired when walking
	7	Pains in legs whilst walking
	8	Difficulty going up and down stairs
	9	<i>Difficulty standing up</i>
	10	Difficulty getting up out of chairs
<b>Adl/independence (ADL):</b>		
	11	<i>Difficulty using arms and hands</i>
	12	Difficulty turning and moving in bed
	13	Difficulty picking things up
	14	Difficulty holding books and turning pages
	15	Difficulty writing clearly
	16	Difficulty doing jobs around the house
	17	Difficulty feeding myself
	18	Difficulty combing hair
	19	Difficulty getting dressed
	20	Difficulty washing at hand basin

Slide 163 (first half)

*Table 6 Dimensions and items of the ALSAQ-40 and ALSAQ-5 (in italics)*

<i>Scale</i>	<i>Item No on ALSAQ-40</i>	<i>Items</i>
<b>Eating and drinking (EAT):</b>		
	21	Difficulty swallowing
	22	<i>Difficulty eating solid food</i>
	23	Difficulty drinking liquids
<b>Communication (COM):</b>		
	24	Difficulty participating in conversations
	25	<i>Speech not easy to understand</i>
	26	Slurred or stuttered whilst speaking
	27	Have to talk slowly
	28	Talked less than I used to do
	29	Frustrated by speech
	30	Felt self conscious about speech
<b>Emotional reactions (EM):</b>		
	31	Felt lonely
	32	Felt bored
	33	Felt embarrassed in social situations
	34	<i>Felt hopeless about the future</i>
	35	Worried that I was a burden to others
	36	Wondered why I kept going
	37	Felt angry because of the disease
	38	Felt depressed
	39	Worried how disease will affect my future
	40	Felt as if I had no freedom

Slide 163 (second half)

## ALS Specific Quality of Life: User's Guide

---

Please rate the following symptoms and experiences according to how much of a problem each one has been for you. Please respond about how you have felt or what you have experienced over the past week using the scale provided.

		No Problem	1	2	3	4	5	6	7	8	9	Tremendo us Problem
1.	Pain	0	1	2	3	4	5	6	7	8	9	10
2.	Fatigue	0	1	2	3	4	5	6	7	8	9	10
3.	Eating	0	1	2	3	4	5	6	7	8	9	10
4.	Excessive Saliva	0	1	2	3	4	5	6	7	8	9	10
5.	Mucous in My Throat	0	1	2	3	4	5	6	7	8	9	10
6.	Speaking	0	1	2	3	4	5	6	7	8	9	10
7.	My Strength and Ability to Move	0	1	2	3	4	5	6	7	8	9	10
8.	Sleep	0	1	2	3	4	5	6	7	8	9	10
9.	Bowel and Bladder (Constipation, Diarrhea, Poor Control)	0	1	2	3	4	5	6	7	8	9	10

Slide 164