

MANAGING YOUR PATIENT EPISODES

PAYMENT SOURCE SELECTION DESCRIPTIONS



Indemnity Insurance – Select when the majority of payment for a treatment episode is derived from private insurance, such as fee-for-service, that is not an HMO or Preferred Provider (provider is out of network).

Litigation – Select when the majority of payment for a treatment episode will be or currently is derived from a lawsuit or other legal settlement.

Medicaid – Select when the majority of payment for a treatment episode is derived from Centers for Medicare and Medicaid Services (CMS) for eligible individuals and families with low incomes and resources. Each state may have its own name for the program. Examples include "Medi-Cal" in California, "MassHealth" in Massachusetts, etc.

Medicare A – Select when the majority of payment for a treatment episode is derived from Centers for Medicare and Medicaid Services (CMS) for hospital stays (including stays in a skilled nursing facility).

Medicare B – Select when the majority of payment for a treatment episode is derived from Centers for Medicare and Medicaid Services (CMS) to pay for services not covered by Part A, generally on an outpatient basis. *(If collecting PQRS and Medicare is secondary to another health insurance plan (through a group health employer), select Medicare B as the pay source.)*

Medicare C – Select only when the majority of payment for a treatment episode is derived from private health insurance plans, instead of through the original Medicare plan (Parts A and B), for Medicare beneficiaries who have chosen that option. These programs are known as "Medicare+Choice" "Medicare Advantage" or "Part C" plans.

Patient – Select when the majority of payment for a treatment episode is derived from private pay from the patient.

HMO – Select when the majority of payment for a treatment episode is derived from a health care coverage plan that manages care through requiring referrals from Primary Care Physicians, utilization review, case management, or

Preferred Provider – Select when the majority of payment for a treatment episode is derived from a health care coverage with an insurer or a third-party administrator to provide health care at reduced rates to the insurer's or administrator's clients (provider is in network).

Workers Compensation – Select when the majority of payment for a treatment episode is derived from a form of insurance that provides compensation medical care for employees who are injured in the course of employment.

No Fault – Select when the majority of payment for a treatment episode is derived from any type of insurance contract under which insured parties are indemnified for losses by their own insurance company, regardless of fault in the incident generating losses. The term no-fault is most commonly used in the context of state automobile insurance laws in which a policyholder (and his/her passengers) are not only reimbursed by the policyholder's own insurance company without proof of fault, but also restricted in the right to seek recovery through the civil-justice system for losses caused by other parties.

Other – Select when the majority of payment for a treatment episode is derived from any type of payment source other than those ones on this list.

Early Intervention – Select when the majority of payment for a treatment episode is derived from government funds or charitable contributions to provide appropriate therapies for children with disabilities from birth or first diagnosis until the age of three years.

School – Select when the pediatric patient is receiving therapy at school.

No Charge – Select when there will be no charge for the patient treatment episode.