HOME HEALTH FACT SHEET
Patient qualifying criteria

Patient must have established PCP willing to sign orders.

- HH Intake team must be able to verify that patient is established prior to accepting him/her onto our service.
- Alternatives to this rule:
  - A physician from Rehab, Skilled, etc. is willing to follow until the patient establishes with a new PCP (and apt is already scheduled).
  - A surgeon, cancer specialist, or other physician seeing the patient for HH related diagnoses is willing to follow for the entire episode.
  - Patient has an appointment to establish with PCP or with our discharge clinic, Community Health Alliance, etc. within 2-3 business days of discharge.

*The above 2 reasons will be escalated to HH leadership prior to acceptance.
*We cannot see the patient until he/she establishes with a physician.

Patient must have active insurance, LOA, or be willing to self-pay.

- See attached coverage sheet for all contracted payers.
- Coverage/co-pay information based on 80/20 rule.
  *It can take more than a day to verify certain insurance, so if you have a patient is a private insurance, worker’s comp, or other non-MCR/MCD, please send in advance

Patient must have a skilled need.

- This means that the patient must have 1 or more diagnoses that impact the patient’s day-to-day functioning and require skilled care.

Patient must be homebound

- This means that the patient cannot leave the house without taxing effort; often requiring the use of a wheelchair, walker, or cane.
- Leaving the home occasionally for medical appointments, religious services, etc. are acceptable
  *Amerigroup patients do not have to be homebound

Patient must live (or be staying with a caregiver) within our service area.

- Reno, Sparks, Carson City, Gardnerville, Minden, Carson Valley, Dayton
- All of the following zip codes:
  89523, 89439, 89506, 89508, 89512, 89501, 89521, 89511, 89519, 89502, 89704, 89701, 89702, 89703, 89705, 89706, 89431, 89433, 89434, 89441, 89436, 89510, 89403

Our Mission
Renown Health makes a genuine difference in the health and well-being of the people and communities we serve.
HOME HEALTH REQUIRED DOCUMENTATION & ADMIT PROCESS
Must-have documentation & what happens during our intake process

Referral requesting Home Health services

- Can be completed by an NP or APRN, cosigned by MD/DO
- Referral in Epic inbasket highly recommended

Home Health specific order from physician

- Must specify disciplines needed to address patient conditions
- Order form in Epic required
  - Cardiac order template, written orders also accepted in special cases

Face-to-face encounter (visit note and Epic form)

- Must be completed by the physician that generated the referral/order
- Must be done no more than 90 days prior to the referral date
- Face-to-face form in Epic required

Supporting documentation

- Physician discharge summary, therapy notes, etc. showing history of IP stay

Once a referral is accepted...

We will immediately alert your staff via Epic and/or phone.

The patient will be assigned to a clinical team area (Team North, South, or Sparks).

The patient will be assigned a Transitional Care Specialist, who will be the office point person for scheduling, insurance, and quality concerns for the entire episode.

One of our TCSs will immediately call the patient to set up the Start of Care visit.

- This visit happens within 48 hours after discharge
- The SOC nurse will make clinical/visit frequency recommendations

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HOME HEALTH SERVICE LINE OVERVIEW

Brief overview of our services, administration, and office schedule

We offer the following clinical services throughout our entire coverage area:

Skilled Nursing
Physical Therapy
Occupational Therapy
Speech Language Pathology
Medical Social Work
Registered Dieticians Services
Home Health Aide Services
*We are the only Home Health agency in the area that offers Dietician services

Some speciality care services we provide are:

Home Infusion/IV care  Blood draws/lab work
Wound Care (certified wound RN on staff)  Diabetes care/management
COPD management  Fall prevention exercises/planning
CHF/Cardiac management  Home safety evaluations
Ostomy & Catheter care  Total joint recovery
Surgical aftercare  Balance/mobility training
Cognitive Function Evaluation  Medication management
Neurological Therapy  G-tube care/education
Activities of Daily Living  Adaptive equipment training
Community resource coordination

Our most common diagnoses:

Wounds/pressure ulcers  Cancer
Amputation  Hypertension
Diabetes mellitus  Surgical aftercare
Fracture repair/joint replacement  Cellulitis
Coronary artery bypass graft (CABG)  Age-related physical debility
Multiple sclerosis  Urinary incontinence
Muscle weakness  Anticoagulation therapy
Parkinson’s disease  COPD
Pneumonia  Congestive heart failure (CHF)
Rheumatoid arthritis  Fall prevention/weakness

Office hours: 8AM – 5PM, 7 days/week; 24/7 nurse on-call for patient emergencies
Main line: x 5860  Intake line: x3620  Fax: 775-982-7567

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