

Methodist Hospitals Rehabilitation Institute 2018 Disclosure Statement

Patient Name: _____

Patients Served: In 2017, The Rehabilitation Institutes provided comprehensive rehabilitation to 586 patients with the following diagnoses:

- Stroke (226)
- Spinal Cord Injury (55)
- Neurological Disorders (45)
- Orthopedic (46)
- Traumatic Brain Injury (42)
- Medical (172)

Services Provided: Each individual admitted to the Rehabilitation Institute is evaluated by a highly skilled clinical team, which includes a Physiatrist (a physician who specializes in physical and rehabilitation medicine), a nurse, physical and occupational therapists, a dietician, nurse case manager, social worker, and, as indicated, a speech therapist and a psychologist. This team develops an individualized plan of care based upon each individual's needs. Each week the team meets and discusses the progress of each individual to revise goals as needed. The outcome of this meeting is then shared with each individual.

Your Estimated Combination of Daily Therapy will Include:

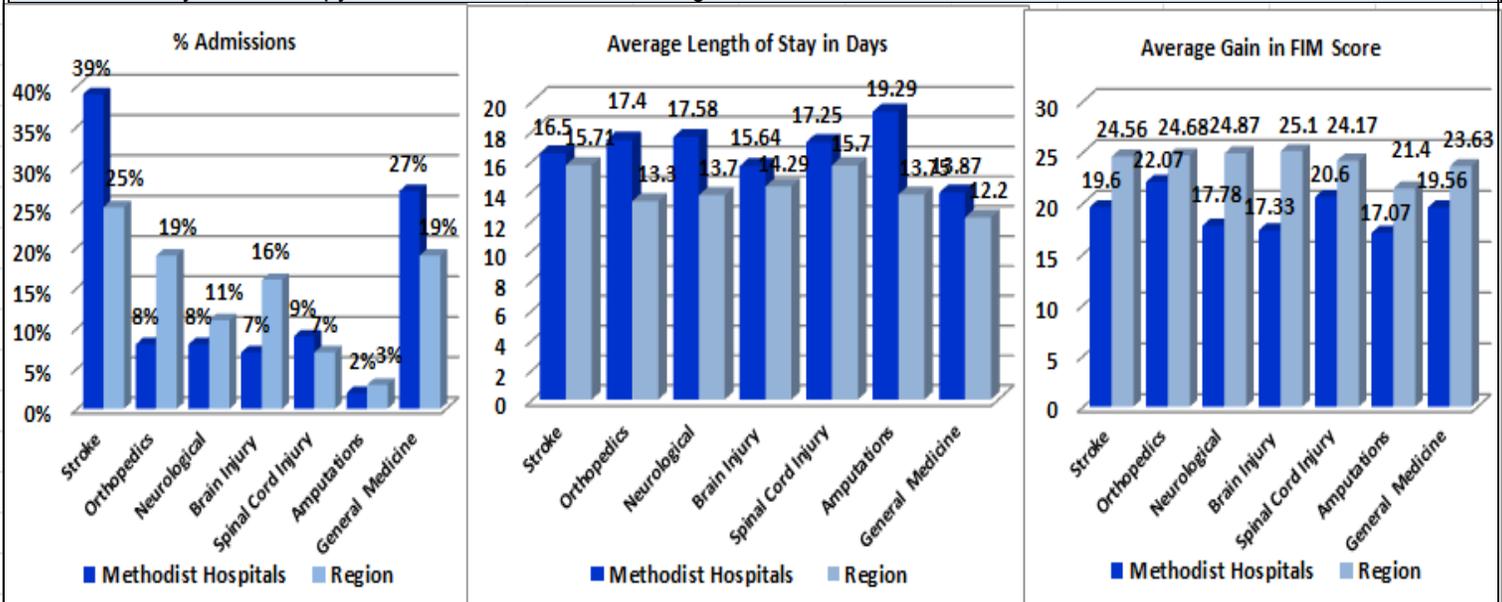
Physical Therapy _____ Hours
Occupational Therapy _____ Hours **Estimated Length of Stay:** _____
Speech Therapy _____ Hours

Scope of Services: Individuals admitted to the Rehabilitation Institute will receive a minimum of three (3) hours of Physical and Occupational therapy Monday through Friday. Therapy on Saturday is provided as indicated by the individual's physician and as needed. Other therapy services such as speech therapy are provided as needed and in addition to the three (3) hours of physical and occupational therapy.

Outcomes: The Rehabilitation Institute utilizes a Functional Measure system (FIM) as baseline to determine patient outcomes. Patients are scored upon admission and discharge. Also, the Rehabilitation Institute utilizes a nationally known data collection system known as e-Rehab. The system provides the Rehabilitation Institute with outcomes reports that compare information about the Rehabilitation Institute to similar facilities in this geographic area.

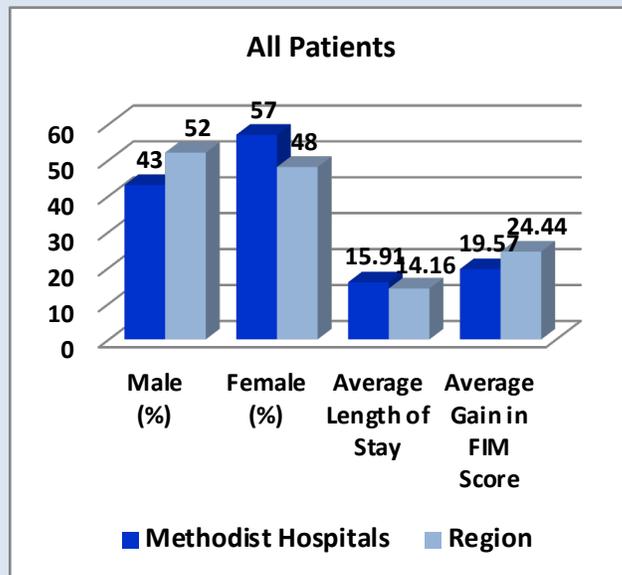
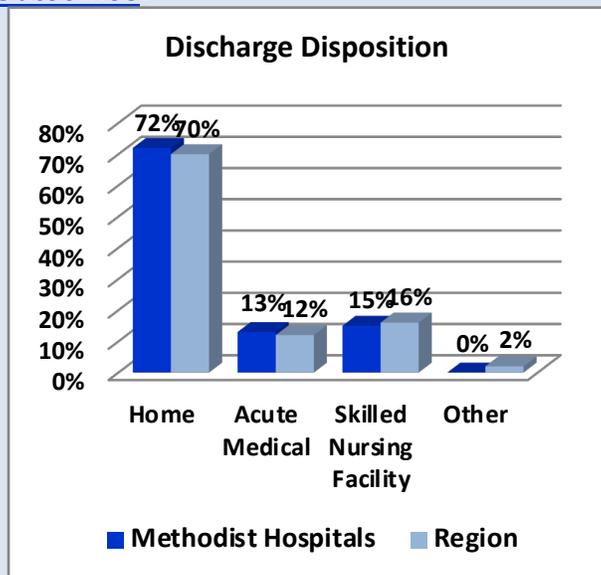
Patient Satisfaction Scores: The Rehabilitation Institute's overall satisfaction is 75%. We break it out into the following Categories:

| | | |
|-----------------------------------|--|----------------------------------|
| Standard Occupational Therapy: 6% | Standard Personal Issues: 80% | Standard Overall Assessment: 86% |
| Standard Nursing Care: 86% | Standard Rehabilitation Physician: 81% | |
| Standard Physical Therapy: 42% | Standard Discharge: 81% | |



Methodist Hospitals Rehabilitation Institute 2018 Disclosure Statement

Outcomes:



Payor Source Information:

Medicare: _____

Medicare will pay for the cost of inpatient rehabilitation provided the patient meets criteria at admission and during the stay. Your Physiatrist along with the Nurse Case Manager will determine if your admission and stay meet criteria. But, this is always subject to review from Medicare.

Up to 90 days per period are covered and you have _____ days remaining. The first 60 days are covered at 100% after your deductible (\$1,316) is met for hospital charges. For the next 30 days, Medicare pays all covered costs beyond \$329 per day for hospital charges. If you have a secondary insurance, it may cover some of these expenses. Estimation of remaining days is not a guarantee of payment.

Medicaid: _____

Medicaid requires a pre-authorization be obtained prior to admission. This process may take 2-4 working days. Once authorized Medicaid covers your stay.

Commercial Insurance: _____

Benefits will be verified prior to admission and a pre-authorization obtained. This is not a guarantee of benefits. The Nurse Case Manager will work with your insurance throughout your stay for continued authorization.

Your insurance plan, _____ was contacted regarding your benefit for acute rehabilitation and verified your coverage. Pre-authorization was obtained from _____ at your insurance company and _____ days of rehab coverage were authorized.

- A financial counselor is available to assist you and your family in understanding your benefits, co-payments and responsibilities before or after admission.
- Patients and families will be offered alternative placement options if individuals do not meet the requirements for admission.
- Alternative resources for treatment and funding will be identified as needed.



