

BILLING GUIDELINES

Episodic Payment System for Certified Home Health Agencies

Updated as of Dec. 30, 2011

(NOTE: These instructions will be revised as needed prior to implementation on April 1, 2012)

OVERVIEW

Episodic Payment System will be effective April 1, 2012, in accordance with Public Health Law 3614.13.

Provider Testing Environment (PTE) available on eMedNY starting January 4, 2012

- Available to providers who file claims electronically; not available for ePaces
- Test claims can have dates of service beginning November 1, 2011 and subsequent
- Information about the PTE can be obtained at the following location:

https://www.emedny.org/hipaa/5010/transactions/eMedNY_Trading_Partner_Information_CG.pdf

Episodic Payment System applies to all CHHA patients age 18 and older.

Reimbursement will be based on 60-day episodes of care, with adjustments for patient acuity (Case Mix Index) and regional wage differences.

All current fee-for-service CHHA Rate Codes will be INVALID for patients 18 and older for dates of service beginning April 1, 2012 - claims using these codes will be rejected.

UB-04 Claim Format will not be revised - existing fields will be used to accommodate episodic billing.

INTERIM CLAIMS AND FINAL CLAIMS

Providers can file an Interim Claim to receive 50% of the projected adjusted Base Price for the episode.

When a Final Claim is filed which contains the Transaction Control Number (TCN) for the corresponding Interim Claim, the Interim Claim will be voided and the Final Claim will be paid in full.

Interim and Final Claims must be indicated as follows:

"Type of Bill" (field #4 on UB-04) -

Third digit must be "2" for an Interim Claim or Adjusted Interim Claim

"9" for a Final Claim or Adjusted Final Claim

Do not use third digit of "7" for adjusted Episodic Claims.

Third digit of "8" can be used for voided claims.

Interim Claims:

- Amount paid will assume that Final Claim will not be a Low Utilization Claim and will not exceed Outlier Threshold (see below).
- Provider is not required to file an Interim Claim.
- Beginning date of Interim Claim must be first day of episode.
- Provider must report at least one Medicaid eligible service in fields 42-46 of UB-04.
- Interim Claim will be voided 120 days after adjudication date if corresponding Final Claim (with correct TCN) is not received.
 - This will be increased to 150 days after April 1, 2012.

Final Claims:

- If an Interim Claim was filed, Final Claim should include TCN for Interim Claim.
- All Medicaid eligible services during period of claim must be listed in field 42-46 (including services which were listed on Interim Claim).
- Rate Code on Final Claim can be different from Rate Code on Interim Claim.
- Final Claim will be paid in full and Interim Claim will be voided in the same billing cycle (two remittance records).
- Final Claim must be filed no more than 90 days after end of claim period ("Through" date in field 6 of UB-04).

RATE CODES

109 new Rate Codes have been created for the Episodic Payment System (see [Appendix A](#)):
4810 through 4817
4920 (for maternity patients with no OASIS assessment)

Enter Rate Code in fields 39-41 with Value Code 24 (same as current fee-for-service billing).
Only one Rate Code should be entered per claim.

Each Rate Code (except 4920) corresponds with a Resource Group determined by the New York State Medicaid Grouper for Certified Home Health Agencies.

Grouper uses 4 variables, based on the most recent OASIS assessment:

1. Reason for assessment
2. Clinical score
3. Functional score
4. Age of patient

See [Appendix B](#) for grouper details.

Rate Code on claim must correspond with the applicable age group for the patient, based on the patient's age on the "Through" date in field 6.

- This may require different Rate Codes on Interim Claim and Final Claim.

OCCURRENCE CODES

A new Occurrence Code 50 has been created for the Episodic Payment System.

This code must be entered in UB-04 fields 31-34 with the date of the most recent OASIS assessment. The date must be no more than 60 days prior to the start date for the episode.

EXCEPTION: Claims with Rate Code 4920 (maternity patients only) do not require Occurrence Code 50.

FULL EPISODES AND PARTIAL EPISODES

Claims in which the "From" and "Through" dates reflect a period of 60 days or more will result in payment for a full episode.

If the period of service is less than 60 days, payment will be pro-rated unless one of the following codes is reported in UB-04 Field 17 (Discharge Status):

- 01 - Discharged to Home or Self-Care
- 02 - Discharged/Transferred to Hospital
- 20 - Patient Expired
- 50 - Discharged to Hospice (Home)
- 51 - Discharged to Hospice (Medical Facility)

For these exceptions, the provider will receive a full 60-day payment.

(NOTE: Payment of full episodes based on Discharge Status is not expected to be available on eMedNY until April 1, 2012. During the Testing Period, full payments will be made only when the "From" and "Through" dates reflect a full 60-day period).

BEGINNING AND ENDING DATES OF EPISODES:

New Patient - Episode begins on date of first Medicaid eligible service. If patient is discharged before 60 days, episode ends on date of last Medicaid eligible service.

If care continues beyond 60 days (into second episode), first episode ends on 60th day.

Continuing patient - Second or subsequent episode begins on the day after the end of the previous episode, even if there is no Medicaid eligible service on that date.

End date follows the same rules as "New Patient" (above).

Special rule for April 1, 2012: if patient was under care in March 2012 and care is continuous, first episode can begin on April 1, 2012 even if there is no Medicaid eligible service on that date.

USE OF PARTIAL EPISODES TO SYNCHRONIZE WITH MEDICARE:

For new patients, or for episodes beginning April 1, 2012, providers may, at their discretion, submit a claim for an episode of less than 60 days in order to align episode start dates for dual eligibles.

REPORTING MEDICAID ELIGIBLE SERVICES

Calculation of Outlier Claims and Low Utilization claims (LUPAs) will be based on this information.

Underlying Medicaid eligible services (visits, hours, etc.) should be reported in UB-04 fields 42-46.
Interim Claim must include at least one service line.
Final Claim should include all services during period of claim.

The following Revenue Codes should be used in field 42:

0551 Nursing - Visit
0421 Physical Therapy - Visit
0441 Speech Pathology - Visit
0431 Occupational Therapy - Visit
0572 Home Health Aide - Hour
0579 Shared Aide - Quarter Hour
0559 AIDS Nursing - Visit
0780 Telehealth Services - Day
0590 Telehealth - Installation
0581 MOMS Health Supportive Services - Visit

Service Price will be based on statewide weighted average rates for each of these codes.

Appendix C lists the preliminary rates which have been calculated for each revenue code for use during the Testing Period (Jan. 4, 2012 through March 31, 2012).

These rates will be updated prior to implementation of the Episodic Payment System on April 1, 2012.

A separate line must be used for each date and each Revenue Code.

Providers should continue to report Procedure Codes in this section and may report their usual and customary charges, but such charges will not be used in the claims payment calculation.

LOW UTILIZATION AND OUTLIER CLAIMS

If the total Service Price, based on information reported in fields 42-46, is \$500 or less, the provider will be paid a "Low Utilization Payment Amount" (LUPA) equal to the total Service Price, adjusted by the regional Wage Index Factor.

If the total Service Price exceeds the outlier threshold for the billed Rate Code, the provider will be paid the normal episodic price (base price adjusted for Case Mix Index and Wage Index Factor), plus 50% of the amount by which the total Service Price exceeds the outlier threshold. This outlier component of the claim payment also will be adjusted by the Wage Index Factor.

LUPAs and outliers in partial episodes will be paid as follows:

LUPA - No change in the \$500 threshold. If total Service Price is \$500 or less, provider receives total Service Price, adjusted for Wage Index Factor, regardless of length of episode.

OUTLIERS - Outlier thresholds will not be pro-rated for partial episodes. Total payment will be computed based on a 60-day episode, then pro-rated for the number of days in the episode.

WAGE INDEX FACTORS

All payments are adjusted by the applicable Wage Index Factor (WIF).

There are 10 WIFs, for the 10 Labor Market Regions defined by the NYS Department of Labor.

The WIF applied to each claim is based on the existing Locator Code shown by the billing agency, not on the patient's home address.

The WIF is applied to 77% of the total claim (this is the estimated portion of total CHHA costs which are labor-related).

Appendix D lists the preliminary WIFs which will be used during the Testing Period (Jan. 4, 2012 through March 31, 2012).

- These WIFs will be updated prior to implementation of the Episodic Payment System on April 1, 2012.

REMITTANCE CHANGES

Two new fields will be added to the Home Health paper remittance. These are Header Service End Date and Base Rate Source Code.

The Base Rate Source Code will be added to the 835 electronic remittance in the Loop 2100 REF - OTHER CLAIM RELATED IDENTIFICATION segment. The REF01 field will be defaulted to CE (Class of Contract Code).

The REF02 field will show the Base Rate Source Code.

The Claim Base Source Code is used to indicate which method was used to calculate the payment:

- HI – Interim Claim
- HL – LUPA Claim
- HO – Outlier Claim
- HE – Episodic Claim (not LUPA or Outlier)

ADDITIONAL INFORMATION

SUPPLIES - There will be no change in Medicaid policy regarding supplies which may be billed by a CHHA. Supplies must be billed on a separate claim, not on the episodic claim.

SURPLUS / SPENDDOWN - Providers should continue to report these amounts in fields 39-41 of UB-04.

MEDICARE CROSSOVER CLAIMS - These are not part of the episodic payment system and there will be no change in the manner in which they are processed.

RATE CHANGES - If rates, case mix weights, outlier thresholds, or wage index factors change during the claim period, the claim will be priced according to the values in effect on the beginning date of the claim.

APPENDICES

The following appendices are attached:

Appendix A - Rate Codes, Case Mix Indices, Outlier Thresholds

Appendix B - NYS Medicaid Grouper for Certified Home Health Agencies

Appendix C - Preliminary Weighted Average Rates Associated with CHHA Revenue Codes

Appendix D - Preliminary Wage Index Factors

Appendix A
Certified Home Health Agencies
New York State Medicaid - Episodic Payment System
Preliminary Information for Providers

Estimated base price for 60-day episode: \$5,633

Assessment Reason	Clinical Group	Functional Group	Age Group	Case Mix Index	Outlier Threshold	Rate Code	Rate Code Description
0	A	E	1	0.243422	\$ 2,463	4810	EPS START OF CARE, CLIN A, FUNC E, AGE GRP 1
0	A	E	2	0.270204	\$ 2,777	4811	EPS START OF CARE, CLIN A, FUNC E, AGE GRP 2
0	A	E	3	0.353172	\$ 3,660	4812	EPS START OF CARE, CLIN A, FUNC E, AGE GRP 3
0	A	E	4	0.391753	\$ 4,248	4813	EPS START OF CARE, CLIN A, FUNC E, AGE GRP 4
0	A	E	5	0.417818	\$ 4,463	4814	EPS START OF CARE, CLIN A, FUNC E, AGE GRP 5
0	A	E	6	0.453213	\$ 5,063	4815	EPS START OF CARE, CLIN A, FUNC E, AGE GRP 6
0	A	F	1	0.445330	\$ 5,106	4816	EPS START OF CARE, CLIN A, FUNC F, AGE GRP 1
0	A	F	2	0.555396	\$ 6,318	4817	EPS START OF CARE, CLIN A, FUNC F, AGE GRP 2
0	A	F	3	0.623688	\$ 6,718	4818	EPS START OF CARE, CLIN A, FUNC F, AGE GRP 3
0	A	F	4	0.653467	\$ 7,193	4819	EPS START OF CARE, CLIN A, FUNC F, AGE GRP 4
0	A	F	5	0.697292	\$ 7,682	4820	EPS START OF CARE, CLIN A, FUNC F, AGE GRP 5
0	A	F	6	0.799501	\$ 9,485	4821	EPS START OF CARE, CLIN A, FUNC F, AGE GRP 6
0	A	G	1	0.738765	\$ 9,723	4822	EPS START OF CARE, CLIN A, FUNC G, AGE GRP 1
0	A	G	2	0.789251	\$ 9,533	4823	EPS START OF CARE, CLIN A, FUNC G, AGE GRP 2
0	A	G	3	1.164316	\$ 12,478	4824	EPS START OF CARE, CLIN A, FUNC G, AGE GRP 3
0	A	G	4	1.098168	\$ 13,844	4825	EPS START OF CARE, CLIN A, FUNC G, AGE GRP 4
0	A	G	5	1.182747	\$ 13,301	4826	EPS START OF CARE, CLIN A, FUNC G, AGE GRP 5
0	A	G	6	1.460267	\$ 17,619	4827	EPS START OF CARE, CLIN A, FUNC G, AGE GRP 6
0	B	E	1	0.327631	\$ 3,745	4828	EPS START OF CARE, CLIN B, FUNC E, AGE GRP 1
0	B	E	2	0.359436	\$ 4,129	4829	EPS START OF CARE, CLIN B, FUNC E, AGE GRP 2
0	B	E	3	0.409674	\$ 4,605	4830	EPS START OF CARE, CLIN B, FUNC E, AGE GRP 3
0	B	E	4	0.431726	\$ 4,910	4831	EPS START OF CARE, CLIN B, FUNC E, AGE GRP 4
0	B	E	5	0.405071	\$ 4,822	4832	EPS START OF CARE, CLIN B, FUNC E, AGE GRP 5
0	B	E	6	0.377278	\$ 4,407	4833	EPS START OF CARE, CLIN B, FUNC E, AGE GRP 6
0	B	F	1	0.553853	\$ 6,991	4834	EPS START OF CARE, CLIN B, FUNC F, AGE GRP 1
0	B	F	2	0.691567	\$ 8,254	4835	EPS START OF CARE, CLIN B, FUNC F, AGE GRP 2
0	B	F	3	0.745467	\$ 8,160	4836	EPS START OF CARE, CLIN B, FUNC F, AGE GRP 3
0	B	F	4	0.804546	\$ 9,344	4837	EPS START OF CARE, CLIN B, FUNC F, AGE GRP 4
0	B	F	5	0.895241	\$ 10,917	4838	EPS START OF CARE, CLIN B, FUNC F, AGE GRP 5
0	B	F	6	1.054706	\$ 13,252	4839	EPS START OF CARE, CLIN B, FUNC F, AGE GRP 6
0	B	G	1	0.922024	\$ 12,476	4840	EPS START OF CARE, CLIN B, FUNC G, AGE GRP 1
0	B	G	2	1.123777	\$ 14,813	4841	EPS START OF CARE, CLIN B, FUNC G, AGE GRP 2
0	B	G	3	1.285185	\$ 16,003	4842	EPS START OF CARE, CLIN B, FUNC G, AGE GRP 3
0	B	G	4	1.430612	\$ 19,047	4843	EPS START OF CARE, CLIN B, FUNC G, AGE GRP 4
0	B	G	5	1.634943	\$ 23,139	4844	EPS START OF CARE, CLIN B, FUNC G, AGE GRP 5
0	B	G	6	1.857543	\$ 24,194	4845	EPS START OF CARE, CLIN B, FUNC G, AGE GRP 6
0	C	E	1	0.412667	\$ 5,468	4846	EPS START OF CARE, CLIN C, FUNC E, AGE GRP 1
0	C	E	2	0.402839	\$ 5,041	4847	EPS START OF CARE, CLIN C, FUNC E, AGE GRP 2
0	C	E	3	0.639065	\$ 8,130	4848	EPS START OF CARE, CLIN C, FUNC E, AGE GRP 3
0	C	E	4	0.667792	\$ 8,821	4849	EPS START OF CARE, CLIN C, FUNC E, AGE GRP 4
0	C	E	5	0.864168	\$ 12,891	4850	EPS START OF CARE, CLIN C, FUNC E, AGE GRP 5
0	C	E	6	0.740507	\$ 11,656	4851	EPS START OF CARE, CLIN C, FUNC E, AGE GRP 6
0	C	F	1	0.788233	\$ 10,512	4852	EPS START OF CARE, CLIN C, FUNC F, AGE GRP 1
0	C	F	2	0.799586	\$ 9,952	4853	EPS START OF CARE, CLIN C, FUNC F, AGE GRP 2
0	C	F	3	1.056082	\$ 13,501	4854	EPS START OF CARE, CLIN C, FUNC F, AGE GRP 3
0	C	F	4	1.163389	\$ 15,063	4855	EPS START OF CARE, CLIN C, FUNC F, AGE GRP 4
0	C	F	5	1.441520	\$ 22,292	4856	EPS START OF CARE, CLIN C, FUNC F, AGE GRP 5
0	C	F	6	1.481917	\$ 21,663	4857	EPS START OF CARE, CLIN C, FUNC F, AGE GRP 6
0	C	G	1	1.300295	\$ 22,945	4858	EPS START OF CARE, CLIN C, FUNC G, AGE GRP 1
0	C	G	2	1.769794	\$ 25,991	4859	EPS START OF CARE, CLIN C, FUNC G, AGE GRP 2
0	C	G	3	1.963598	\$ 26,423	4860	EPS START OF CARE, CLIN C, FUNC G, AGE GRP 3
0	C	G	4	2.006213	\$ 26,602	4861	EPS START OF CARE, CLIN C, FUNC G, AGE GRP 4
0	C	G	5	2.113511	\$ 26,679	4862	EPS START OF CARE, CLIN C, FUNC G, AGE GRP 5
0	C	G	6	2.188192	\$ 26,917	4863	EPS START OF CARE, CLIN C, FUNC G, AGE GRP 6
1	A	E	1	0.288999	\$ 2,997	4864	EPS RECERTIFICATION, CLIN A, FUNC E, AGE GRP 1
1	A	E	2	0.397141	\$ 4,551	4865	EPS RECERTIFICATION, CLIN A, FUNC E, AGE GRP 2

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1	A	E	3	0.490221	\$ 5,425	4866	EPS RECERTIFICATION, CLIN A, FUNC E, AGE GRP 3
1	A	E	4	0.515132	\$ 5,705	4867	EPS RECERTIFICATION, CLIN A, FUNC E, AGE GRP 4
1	A	E	5	0.498359	\$ 5,623	4868	EPS RECERTIFICATION, CLIN A, FUNC E, AGE GRP 5
1	A	E	6	0.492849	\$ 6,161	4869	EPS RECERTIFICATION, CLIN A, FUNC E, AGE GRP 6
1	A	F	1	0.692819	\$ 7,532	4870	EPS RECERTIFICATION, CLIN A, FUNC F, AGE GRP 1
1	A	F	2	0.788907	\$ 8,670	4871	EPS RECERTIFICATION, CLIN A, FUNC F, AGE GRP 2
1	A	F	3	0.835994	\$ 8,765	4872	EPS RECERTIFICATION, CLIN A, FUNC F, AGE GRP 3
1	A	F	4	0.920684	\$ 9,522	4873	EPS RECERTIFICATION, CLIN A, FUNC F, AGE GRP 4
1	A	F	5	1.006464	\$ 10,799	4874	EPS RECERTIFICATION, CLIN A, FUNC F, AGE GRP 5
1	A	F	6	1.023034	\$ 12,536	4875	EPS RECERTIFICATION, CLIN A, FUNC F, AGE GRP 6
1	A	G	1	0.938262	\$ 11,629	4876	EPS RECERTIFICATION, CLIN A, FUNC G, AGE GRP 1
1	A	G	2	0.895651	\$ 11,698	4877	EPS RECERTIFICATION, CLIN A, FUNC G, AGE GRP 2
1	A	G	3	1.306854	\$ 15,121	4878	EPS RECERTIFICATION, CLIN A, FUNC G, AGE GRP 3
1	A	G	4	1.416371	\$ 16,654	4879	EPS RECERTIFICATION, CLIN A, FUNC G, AGE GRP 4
1	A	G	5	1.663304	\$ 19,896	4880	EPS RECERTIFICATION, CLIN A, FUNC G, AGE GRP 5
1	A	G	6	1.737871	\$ 23,649	4881	EPS RECERTIFICATION, CLIN A, FUNC G, AGE GRP 6
1	B	E	1	0.415081	\$ 5,069	4882	EPS RECERTIFICATION, CLIN B, FUNC E, AGE GRP 1
1	B	E	2	0.451890	\$ 5,529	4883	EPS RECERTIFICATION, CLIN B, FUNC E, AGE GRP 2
1	B	E	3	0.516701	\$ 6,002	4884	EPS RECERTIFICATION, CLIN B, FUNC E, AGE GRP 3
1	B	E	4	0.517821	\$ 6,500	4885	EPS RECERTIFICATION, CLIN B, FUNC E, AGE GRP 4
1	B	E	5	0.497128	\$ 6,318	4886	EPS RECERTIFICATION, CLIN B, FUNC E, AGE GRP 5
1	B	E	6	0.441300	\$ 5,947	4887	EPS RECERTIFICATION, CLIN B, FUNC E, AGE GRP 6
1	B	F	1	0.764817	\$ 9,265	4888	EPS RECERTIFICATION, CLIN B, FUNC F, AGE GRP 1
1	B	F	2	0.881146	\$ 9,793	4889	EPS RECERTIFICATION, CLIN B, FUNC F, AGE GRP 2
1	B	F	3	0.934108	\$ 9,720	4890	EPS RECERTIFICATION, CLIN B, FUNC F, AGE GRP 3
1	B	F	4	1.002502	\$ 11,108	4891	EPS RECERTIFICATION, CLIN B, FUNC F, AGE GRP 4
1	B	F	5	1.117406	\$ 13,219	4892	EPS RECERTIFICATION, CLIN B, FUNC F, AGE GRP 5
1	B	F	6	1.213227	\$ 15,096	4893	EPS RECERTIFICATION, CLIN B, FUNC F, AGE GRP 6
1	B	G	1	1.131558	\$ 14,640	4894	EPS RECERTIFICATION, CLIN B, FUNC G, AGE GRP 1
1	B	G	2	1.685680	\$ 24,551	4895	EPS RECERTIFICATION, CLIN B, FUNC G, AGE GRP 2
1	B	G	3	1.993754	\$ 25,600	4896	EPS RECERTIFICATION, CLIN B, FUNC G, AGE GRP 3
1	B	G	4	1.962024	\$ 25,322	4897	EPS RECERTIFICATION, CLIN B, FUNC G, AGE GRP 4
1	B	G	5	2.106841	\$ 26,186	4898	EPS RECERTIFICATION, CLIN B, FUNC G, AGE GRP 5
1	B	G	6	2.245630	\$ 26,954	4899	EPS RECERTIFICATION, CLIN B, FUNC G, AGE GRP 6
1	C	E	1	0.511326	\$ 7,213	4900	EPS RECERTIFICATION, CLIN C, FUNC E, AGE GRP 1
1	C	E	2	0.589849	\$ 8,078	4901	EPS RECERTIFICATION, CLIN C, FUNC E, AGE GRP 2
1	C	E	3	0.744325	\$ 9,008	4902	EPS RECERTIFICATION, CLIN C, FUNC E, AGE GRP 3
1	C	E	4	0.765381	\$ 10,269	4903	EPS RECERTIFICATION, CLIN C, FUNC E, AGE GRP 4
1	C	E	5	0.812514	\$ 12,148	4904	EPS RECERTIFICATION, CLIN C, FUNC E, AGE GRP 5
1	C	E	6	0.770740	\$ 12,225	4905	EPS RECERTIFICATION, CLIN C, FUNC E, AGE GRP 6
1	C	F	1	0.814777	\$ 11,865	4906	EPS RECERTIFICATION, CLIN C, FUNC F, AGE GRP 1
1	C	F	2	1.012439	\$ 13,897	4907	EPS RECERTIFICATION, CLIN C, FUNC F, AGE GRP 2
1	C	F	3	1.321204	\$ 16,018	4908	EPS RECERTIFICATION, CLIN C, FUNC F, AGE GRP 3
1	C	F	4	1.626294	\$ 24,054	4909	EPS RECERTIFICATION, CLIN C, FUNC F, AGE GRP 4
1	C	F	5	1.809058	\$ 25,848	4910	EPS RECERTIFICATION, CLIN C, FUNC F, AGE GRP 5
1	C	F	6	2.038663	\$ 26,278	4911	EPS RECERTIFICATION, CLIN C, FUNC F, AGE GRP 6
1	C	G	1	1.606753	\$ 27,172	4912	EPS RECERTIFICATION, CLIN C, FUNC G, AGE GRP 1
1	C	G	2	2.331468	\$ 27,570	4913	EPS RECERTIFICATION, CLIN C, FUNC G, AGE GRP 2
1	C	G	3	2.614637	\$ 29,456	4914	EPS RECERTIFICATION, CLIN C, FUNC G, AGE GRP 3
1	C	G	4	2.519058	\$ 29,150	4915	EPS RECERTIFICATION, CLIN C, FUNC G, AGE GRP 4
1	C	G	5	2.525514	\$ 28,309	4916	EPS RECERTIFICATION, CLIN C, FUNC G, AGE GRP 5
1	C	G	6	2.480934	\$ 28,600	4917	EPS RECERTIFICATION, CLIN C, FUNC G, AGE GRP 6
N/A	N/A	N/A	N/A	0.243422	\$ 2,463	4920	EPS MATERNITY, NO OASIS, 18 AND OLDER

APPENDIX B: New York State Medicaid Grouper for Certified Home Health Agencies

Grouper is based on four factors:

1. ASSESSMENT REASON - Start of Care (0) or Recertification (1)
2. CLINICAL MEASURES - Three Groups (A, B, C)
3. FUNCTIONAL MEASURES - Three Groups (E, F, G)
4. AGE GROUPS -
 - (1) 18-59
 - (2) 60-69
 - (3) 70-74
 - (4) 75-79
 - (5) 80-84
 - (6) 85 +

Assessment Reason:

Start of Care: M0100 = 1 or 3

Recertification: M0100 = 4 or 5

Clinical Factors:

1. Diabetes diagnoses
2. Orthopedic diagnoses
3. Dementia diagnoses
4. HIV diagnoses
5. Bowel incontinence
6. Urinary incontinence
7. Shortness of breath

Clinical Groups:

A = 0-4 points

B = 5-14 points

C = 15+ points

Functional Factors:

1. ADL Dressing upper body
2. ADL Dressing lower body
3. Toileting
4. Transferring

Functional Groups:

E = 0-18 points

F = 19-51 points

G = 52+ points

NYS Medicaid CHHA Grouper

(Point Scale to Determine Clinical and Functional Groups)

Response Level:

Item	Item Number OASIS-C	0	1	2	3	4	5							
Dx of Diabetes	M1020/M1022	0	4											
Dx of Orthopedic	M1020/M1022	0	2											
Dx of Dementia	M1020/M1022	0	24											
Dx of HIV	M1020/M1022	0	10											
Bowel Incontinence	M1620	0	0						0	5	5	5		
Urinary Incontinence	M1610	0	6						0					
Shortness of Breath	M1400	0	4						4					4
Dress Upper	M1810	0	8						18					18
Dress Lower	M1820	0	0						12					21
Toilet	M1840	0	13						20					20
Transfer	M1850	0	0	9	9	15	15							

**List of diagnosis specific codes used as part of the New York State
Medicaid CHHA Grouper**

Last Update 11/17/11

*/*diagnosis of diabetes, ortho, dementia or HIV in primary or 5 secondary*/*

*/*diabetes codes*/*

('249','24901','2491','24910','24911','2492','24920','24921','2493','24930',
'24931','2494','24940','24941','2495','24950','24951','2496','24960','24961','2497','24970','24971',
2498','24980','24981','2499','24990','24991','25002','25003','2501','25010','25011',
'25012','25013','2502','25020','25021','25022','25023','2503','25030','25031','25032','25033',
'2504','25040','25041','25042','25043','2505','25050','25051','25052','25053','2506','25060',
'25061','25062','25063','2507','25070','25071','25072','25073','2508','25080','25081','25082',
'25083','2509','25090','25091','25092','25093','2490','24900','250','2500','25000','25001',
'7902','79021','79022','79029','7915','7916','V4585','V5391','V6546');

*/*ortho codes */*

('00323','00324','170','171','213','274','34939',
'710','71100','71101','71102','71103','71104','71105','71106',
'71107','71108','71109','71110','71111','71112','71113','71114','71115','71116','71117','71118',
'71119','71120','71121','71122','71123','71124','71125','71126','71127','71128','71129','71130',
'71131','71132','71133','71134','71135','71136','71137','71138','71139','71140','71141','71142',
'71143','71144','71145','71146','71147','71148','71149','71150','71151','71152','71153','71154',
'71155','71156','71157','71158','71159','71160','71161','71162','71163','71164','71165','71166',
'71167','71168','71169','71170','71171','71172','71173','71174','71175','71176','71177','71178',
'71179','71180','71181','71182','71183','71184','71185','71186','71187','71188','71189','71190',
'71191','71192','71193','71194','71195','71196','71197','71198','71199','71210','71211','71212',
'71213','71214','71215','71216','71217','71218','71219','71220','71221','71222','71223','71224',
'71225','71226','71227','71228','71229','71230','71231','71232','71233','71234','71235','71236',
'71237','71238','71239','71280','71281','71282','71283','71284','71285','71286','71287','71288',
'71289','71290','71291','71292','71293','71294','71295','71296','71297','71298','71299','7130',
'7131','7132','7133','7134','7135','7136','7137','7138','714','716','717','718','7200','7201',
'7202','72081','72089','7209','721','722','723','724','725','728','73000','73001','73002','73003',
'73004','73005','73006','73007','73008','73009','73010','73011','73012','73013','73014','73015',
'73016','73017','73018','73019','73020','73021','73022','73023','73024','73025','73026','73027',
'73028','73029','73030','73031','73032','73033','73034','73035','73036','73037','73038','73039',
'73070','73071','73072','73073','73074','73075','73076','73077','73078','73079','73080','73081',
'73082','73083','73084','73085','73086','73087','73088','73089','73090','73091','73092','73093',
'73094','73095','73096','73097','73098','73099','7310','7311','7312','7318','732','781','800',
'801','802','803','804','805','806','807','808','809','810','811','812','813','814','815','816',
'817','818','819','820','821','822','823','824','825','827','828','831','832','833','835','836',
'837','838','846','847','887','896','897','927','928','952','V5410' through 'V5429');

*/*dementia codes*/*

('290','2900','2901','29010','29011','29012','29013','2902','29020','29021','2903',
'2904','29040','29041','29042','29043','2908','2909','293','2930','2931','294','2940','2941','29410',
29411', '29420','29421','2948','2949','310','3100','3102',
'3108','31081','31089','3109','3310','3311','33111','33119','3312','33182','797');

*/*HIV codes*/*

('042','043','044','07953','27910','27919','79571','7958','V08');

**Appendix C: PRELIMINARY Weighted Average Rates
Associated with CHHA Revenue Codes**

Episodic Payment System for Certified Home Health Agencies

Weighted Average Rates will be updated prior to April 1, 2012 Implementation

Revenue Code	Service Description	Weighted Average Rate
0551	Nursing - Visit	\$102.89
0421	Physical Therapy - Visit	\$111.71
0441	Speech Pathology - Visit	\$111.64
0431	Occupational Therapy - Visit	\$104.15
0572	Home Health Aide - Hour	\$18.43
0579	Shared Aide - Quarter Hour	\$4.61
0559	AIDS Nursing - Visit	\$102.89
0780	Telehealth Services - Day	\$9.52
0590	Telehealth - Installation	\$50.00
0581	MOMS Health Supportive Services - Visit	\$77.88

Appendix D: PRELIMINARY Wage Index Factors for Episodic Payment System

Certified Home Health Agencies

Wage Factors will be updated prior to April 1, 2012 Implementation

Region	Wage Index Factor	Counties
Capital	0.909113	Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady, Warren, Washington
Central New York	0.956076	Cayuga, Cortland, Madison, Onondaga, Oswego
Finger Lakes	1.077920	Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming, Yates
Hudson Valley	1.111323	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
Long Island	1.064359	Nassau, Suffolk
Mohawk Valley	0.947737	Fulton, Herkimer, Montgomery, Oneida, Otsego, Schoharie
New York City	0.996524	Bronx, Kings, New York, Queens, Richmond
North Country	0.913963	Clinton, Essex, Franklin, Hamilton, Jefferson, Lewis, St. Lawrence
Southern Tier	0.888959	Broome, Chemung, Chenango, Delaware, Schuyler, Steuben, Tioga, Tompkins
Western New York	0.898671	Allegany, Cattaraugus, Chautauqua, Erie, Niagara