NY Medicaid EPS

Billing Guide

Prepared for

myUnity Essentials Financial



www.ntst.com

11100 Nall Avenue Overland Park, KS 66211 800.842.1973

© 2023 Netsmart Technologies, Inc. Confidential and Proprietary to Netsmart Technologies, Inc.



Table of Contents

)verview1
Setup1
Rates & Weights1
System Settings1
Unit Setup1
Add Rates to Counties2
Insurance Setup4
Electronic Claim Option Set4
Hard Copy Claim Option Set5
0FILL for Dual-Eligible Patients5
Spenddown Set-Up
Patient Information5
Maternity Patients6
Silling Process
Billing Pre-Audit7
Billing Audit Report
Electronic Claim Creation



Overview

Certified Home Health Agencies in New York State submit EPS Interim (optional) and Final (required) claims to NY Medicaid. This guide explains the set-up and process needed to fulfil these billing requirements. For detailed billing instructions and regulatory compliance information, visit the New York Medicaid website:

https://www.health.ny.gov/facilities/long_term_care/reimbursement/episodic/eps_regional_wage_ind_factors.htm

https://www.health.ny.gov/facilities/long_term_care/reimbursement/chha/



Rates & Weights

The standard rates and weights files along with CBSA wage index rates are loaded for your agency by Netsmart Support. The standard rates can be viewed under File > File Lists > PPS Rates by setting the Type to NY Caid. HIPPS Weights can be viewed under File > File Lists > PPS Weights by setting the Type to NY Caid

System Settings

Go to File > File Maintenance > System Settings and enter your agency's County.

₩ System Settings	×
Agency Modality Interface Reporting ID-#s Security Scheduling Data	
Agency Name: Home & Hospice Care Services Customer No: Suite/Apt # Street Address: P.O. Box 5555 City: Middletown State: NY Zip Code: 05555 5555 Telephone: 212-555-8458 Fax: 212-555-8548 Billing Signature: HEAD BILLER County: QUEENS	
Save X Cancel	?

Unit Setup

If your agency has locations in multiple counties enter a County for each Unit under **File > File Maintenance > Entity**. Press **Change Type** and set the radio button to **Unit**.



₩ Name/Address	Entity Maintenance: Unit 01 - Home Health Unit: Brows Other-Info Misc-Rate Contact Notes	e X
Code:		rœi Change Type Entity Type:
Full Name:	Home Health Unit	C Contact C Doctor C Emergency C Employee C Family
Suite/Apt #: Street: City: State:	987 Hwy 35 Lincroft NJ I Zip Code: 08475 9999 County: QUEENS	C Insurance C Ins_Plan C Institute C OASIS Agency C Referral C Unit C Vendor
H Eind	🛛 Save 🛛 🗶 Cancel 🧳 Print 🕇 Add 🗕 Delete	?

Add Rates to Counties

Contact Netsmart Support if Counties need to be added. To review the setup, go to **File > File Maintenance > Category**, press **Change Type** and set the radio button to **County**.

Press Find to search for and select a county and click on the **Rates** tab. Set the **Rate Type** to **NY** Caid.

gory Ra	tes	te Type: NY Caid	d 💌		
/ISA/CBS Code NYC	A Rates: Rate 0.994180	Start-Date 10/1/2015	End-Date 12/31/2099	+	
4					

Code:

NYC - counties located in the New York City region

NYS - this code is only used until 10/01/2022 for counties not in the NYC region

NSW – use this code with start date of 10/01/2022 for Nassau, Suffolk, and Westchester counties

ROS- use this code with start date of 10/01/2022 for counties that are not NYC or NSW



Rate: enter the NY Medicaid EPS Single Adjustment Factor supplied by NY Medicaid. A list of published rates can be found at:

https://www.health.ny.gov/facilities/long_term_care/reimbursement/episodic/eps_regional_wage_ind_factors.htm

Start-Date/End-Date: enter the applicable effective dates. If end date unknown, enter the system default of 12/31/2099.

Repeat this step if your agency has office locations in multiple counties.

Example of NSW county:

Category Ma	intenance: Coun	ty - Browse		
Category Ra	tes			
	Ra	te Type: NY Cai	· ▼ t	
-MSA/CBS	SA Rates:			
Code	Rate	Start-Date	End-Date	<u>→</u> +
NYS	1.051900	10/1/2015	9/30/2022	
NSW	1.051900	10/1/2022	12/31/2099	
				•
Westche	ster			
	B Save X	Cancel 🞯 P	int	

Example of ROS county:

Category Ma	intenance: Coun	ty - Browse				
tegory Ra	tes					
MSA/CBS	Ra SA Rates:	te Type: NY Cai				
Code	Rate	Start-Date	End-Date	▲ +		
NYS	0.955870	10/1/2015	9/30/2022			
ROS	0.955870	10/1/2022	12/31/2099			
Chemung	g County NY					



Insurance Setup

Go to File > File Maintenance > Entity, press Change Type and set the radio button to Insurance.

Press Find to search for and select the NY Medicaid EPS insurance.

Click on the **Insurance** tab and set the following:

Incurance Tune:		Billing Unit Overrides:		
insurance type.	Medicaid Rev Type	# Modality	Units	
Financial Class:	Medicaid Class 🛛 🗸	1 Skilled Nursing	N/A	
Bill Tuno	UB04	2 Physical Therapy	N/A	
Dill Type.		3 Speech Therapy	N/A	_
Provider #:		* Revenue Based on Calculat	ed Time/Units	
Submitter #:	12345	Clearing House Info:		
GL A/R Account #:		Type: None	Show Payor	
GL Revenue Account #:		Eligibility:		
		Billing Requirements:		
GL Discount Account #:				1
GL Discount Account #: PPS Billing:	Bill Method: NY Caid	Plan of Care H	IIPPS Code	
GL Discount Account #: PPS Billing: Payor Type:	Bill Method: NY Caid -	Plan of Care	IIPPS Code	

Insurance Type: Medicaid Rev Type

Financial Class: Medicaid Class

Bill Type: UB04

Submitter #: enter the electronic claim payer ID for NY Medicaid EPS.

Enter **GL Account numbers** (optional).

PPS Billing: check this box

Bill Method: NY Caid

Payor Type: 3-Medicaid (Fee for Service)

Press Save when done.

Electronic Claim Option Set

Go to Billing > Electronic Claims and select the NY Medicaid EPS option set from the dropdown.

Contact Netsmart Support for assistance creating an Option Set if needed.

Press **Options** and set the following Locators:

ISA*06 Interchange Sender ID: Enter 3-digit ID assigned by payer. ISA*08 Receiver ID: EMEDNYBAT 1000.33 NM1*40 03 Receiver Name: NYSDOH 1000.39 NM1*40 09 Insurance Receiver ID: 141797357 2010.90 REF*G2/LU Billing Provider Secondary ID: Constant Value, enter 003 2010.92 REF*G2/LU Billing Provider Secondary Qualifier: Constant (LU) 2300.05 CLM*05: 33S 2300.41 CL1*01 Institutional Claim Code: Constant Value, enter 9



2300.43 CL1*03 Patient Status: Default w/Discharge Reason Status Code Override

2300.50 REF*G1 Treatment Authorization Codes: Bypass

2300.52 REF*F8 Original Reference Code: Claim Reference Number (DCN#)

Note: This will pull the TCN assigned to the interim claim by Medicaid to the Final claim. The TCN is written to the interim claim's payment record via Electronic Remittance posting. This option can be set to Bypass if sending a Final Claim for a cert period that never had an Interim claim submitted.

2300.65 HI*BE Value Code Amount A: MSA/CBSA/Rate Code (+61 or 24) (PPS default), enter 24. **2300.73 HI*BH Occurrence Code/Date A:** First Billable Visit or Assess Date for this Cert (PPS) and enter 50.

9000.30 Bill Processing Type: PPS

Save the option set changes and complete above steps for all additional Medicaid EPS option sets.

Hard Copy Claim Option Set

Go to **Billing > Printed Claims > UB04** and select the **NY Medicaid EPS** Option Set from the dropdown. Contact Netsmart Support for assistance <u>creating an Option Set</u> if needed.

Press Options and set the following Locators:

Box 31 Occurrence Code/Date: First Billable Visit Date or Assess Date for this Cert. Enter '50' for the Code

Box 39a Value Code Amount: MSA Code or Rate Code based on PPS Type.

Box 63 Treatment Authorization Codes: Bypass

PPS Processing Option: PPS

0FILL for Dual-Eligible Patients

2320.30 COB Loops – Choose Payment Amount is Constant Zero
2320.32 COB Insurance Sequence: Billed insurance is secondary
2320.33 COB SBR*09 Claim Indicator: Same as Default Except Payor Type 2 Gets Value 16
2320.34 COB CAS*01/02 Claim Adjustment Group/Reason: Bypass CAS Segment Entirely
2320.35 COB AMT*01 Prior Payment Type: Constant Value and enter A8
2330.20 COB DTP*03 Claim Adjudication Date: Bypass this Segment Entirely

Spenddown Set-Up

2300.66 HI*BE Value Code Amount B: Insurance Co-Pay Amount (Current Insurance) and enter 22.

Patient Information

Patients must have the NY Medicaid EPS insurance assigned and a locked OASIS assessment.

To confirm the Medicaid rate code is present, go to the **Patient > Certify** tab and choose the **OASIS/HIS** tab in lower half of screen.



Check the **Medicaid** option. The NY Medicaid rate and score will show in the **HIPPS-C** and **HHRG-C** fields:

ÿ	·			F	Patient: 13	31297 -	Medicai	deps, Ny	Admit: 6,	/1/2021					-	
P	atient Ad	mit Dia	gnosis Assi	gn Insura	nce Certif	Auth	orize Do	cs Other	Notes							
F	rom-Date	Thru-Da	te Actual-Er	FBV/Accr	Final-Bill	Hipps	Final-P2	FBV/Acci	Hipps-P2	Initial-C	Final-C	F-VisitC	Hipps-(Helc Pe	p 🔺	+
6	/1/2021	7/30/202	21			3EA11			3EA11	6/17/2021	7/31/2021	6/1/2021	4839		1	
7	/31/2021	9/28/202	21							8/17/2021		8/3/2021	4893			
9	/29/2021	11/27/20)21													S
1	1/28/2021	1/26/202	22							_					-	
	P1: 07/31/ P2: 08/30/	2021 - 0 2021 - 0	8/29/2021 Da 9/28/2021 Da	ys: 30 ys: 30	Docs	-Not-Rc	vd	I P □ In	eriod-2 itial-Bill	✓ Hipps ✓ Medica	id					
1	Orders 0	ASIS/HIS														+1
	Assess-Da	ite /	Assessment-F	Reason	The second s	Statu	IS			Hipps	Hipps-P2	2 Hipps	s-C H	Hhrg-C		
	7/29/2021	(DASIS v2.31-[01 RFA 4 F	ollowup	Expo	rted			1AHKS		4893	1	BF6		
												-			1	<u>à</u>
																a
L																
	🏘 <u>F</u> ind		ave 🗙 <u>C</u> an	cel 🎯 🛙	Print						?					

Maternity Patients

Go to the **Patient > Certify** tab and choose the **OASIS/HIS** tab in lower half of screen.

Press the + button to add a	🐨 Assessment Entry - 131297 - Medicaideps, Ny	×
new row.		Select Version
Enter the Effective Date of	Effective Date: 19/28/2021	C OASIS ∨2.10 C OASIS ∨2.11
the OASIS record and the	Reason For Assessment OASIS v2.31-D1 RFA 4 Followup	C DASIS V2.12 C DASIS V2.20/2.21
Reason for Assessment.	Employee:	OASIS V2.30 OASIS V2.31 (D1) CHIS: 1 0/1 0.1
Un-check Calculate Hipps		C HIS V1.0/1.0.1 C HIS V2.0/2.0.1/2.0.2
code from OASIS		S 113 V3.0
Assessment Detail.		
Enter 4920 in the HIPPS2		
field.		
Save record.	HIPPS Code Calculation	
	HIPPS M906: 8/26/2021 Claim Key:	
	Additional PPS Info for HIPPS2: 4920 HHRG2: 0AE1	
	Important Note: Assessment Entry will NOT support Oasis Versions a	ifter ∨2.31 (D1)
	👫 Eind 🛛 Save 🗶 Cancel 🥩 Print 🖓 Assess	



Billing Process

Billing Pre-Audit

This report is run to identify issues preventing claims from being billed to Medicaid or to view a list of Interims (Initial) and Finals that are ready to bill. Once all failures have been corrected you should get "No records found" when the report is run. You can then run it for Ready to Bill periods for Interims (Initial) or Finals.

It is recommended to occasionally run the report with **Billed Finals w/Late Charges** checked to capture any late visits that weren't billed on the original Final claim.

👻 Billing Pre-Audit Report 🗙					
General Options More Options					
Selection Type: Billing Type: Report Detail: Image: All Records ○ Insurance Image: PPS Billing Image: PPS Billing Image: PPS Billing Image: PPS Billing Image: PPS Billing Image: PPS Billing Image: PPS Billing Image: PPS Billing Image: PPS Billing Image: PPS Billing Image: PPS Billing Image: PPS Billing Image: PPS Billing Image: PPS Billing					
Period-Date Selection: Image: Construction of the selection o					
Report Type: Financial Class: Image: Second Control Contro Contro Control Control Control Control Control Control Control Co					
PPS Additional Selection Criteria: PPS Claim Type: O Any O Initial					
▶ Preview					

Billing Type: PPS Billing

Period-Date Selection: Enter date range for periods that need billing. Use a wide enough From date to capture any late periods needing to be billed.

Report Type: Failures Found or Ready to Bill.

PPS Claim Type: Select Initial if preparing to run RAPs or Final if preparing for final billing.

PPS Type: NY Caid (if doing Medicare PPS and NY Medicaid EPS billing, you may need to toggle this setting depending on which billing process is being run).

Run the report for Failures Found and use the <u>Billing Pre-Audit Guide FAQ</u> for detailed help resolving Failure messages.

Then run the report for Ready to Bill. Preview and jump to the last page of the report to populate the list of patients who are ready for a Billing Audit.

Close the preview window and press the **Bill Audit** button.



Billing Audit Report

Selections from the Pre-Audit flow to the Billing Audit Report.

Enter a **Bill Date** based on agency preferences. The Bill Date is the date used to age the receivable and is also used for claim generation.

Press Preview.

The interim (Rap) audit will include all charges entered/verified for the patient within the selected certification period.

*	Billing Audit Repor	t ×
General Options Specific I Cert-Date Selection: From: 1/1/2020	ncludes	PPS Type: NY Caid
Selection Type: C All Records Patients Units Fin-Classes Financial Class: Select: Bill Date Selection: Bill Date: 8/26/2021 Use Last Day of Charge	Process Type: Normal PPS Rap PPS Final	Condensed Report: Discharged Patients Only: Signed Orders Only: All Docs Rcvd Only: Show Billed Charges: Include PPS Payors: Show Calculated Units:
Rreview Print		4 ?

Electronic Claim Creation

Go to **Billing > Electronic Claims**.

Report Sequence: Patient.

Selection Type: Set to Insurances and select the Medicaid EPS insurance on the Specific Includes tab. Press **Store** to save this selection for each time the option set is used. Alternatively, specific Patient(s) can be selected as well.

Submitted Type: Choose Un-Submitted Only to get new claims or All Records if you want to include previously submitted claims (All Records is typically used for resubmitting a claim).

PPS Claim Type: Choose "Initial" when creating an Interim/RAP claim file or "Final" when creating a file with final claims. It is not recommended to choose "All".

Bill Date Selection: This date selection refers to the Bill Date chosen when posting the Bill Audit, NOT the period or charge dates. Example, a Final for a 01/01/2020 cert was posted on a Billing Audit with Bill Date 1/3/2020. In order to create a Final claim, enter 1/3/2020 as the date range.



Unit Selection: Use this option to create a file for separate units. It is important to use this option if have different NPI #s set up for different units.

Option Set Selection: Choose your NY Medicaid EPS electronic option set. This should have been set up for you during the training or after confirming your agency had been approved for electronic submission and assigned a submitter ID from NY Medicaid. The same option set is used for creating both interim and final claims.

PPS Type: Select NY Caid.

Print Charge Detail: Check this box so you can confirm the correct Revenue/HCPCS codes are pulling to the claim file.

Filename: Enter the name for the submission file. A suggested naming convention is to use the date and type of claims. For example, use 01012020F.x12 for a Final claim file. Each file submitted should be given a unique name and saved in a local submission folder until final payment is received.

👻 Electronic Billing: X12 Cr	reation ×
General Options Specific Includes	
Report Sequence: Selection Type: Submitted T Patient All Records Un-Submitted T Insurance Insurances All Records Bill Date Selection: Insurances All Records From: 7/31/2021 To: 7/31/2021 Unit Selection: Mome Health Unit Image: Show Inactive Option Sets: Option Set Selection: Show Inactive Option Sets: Image: Show Inactive Option Sets: Filename: NYEPSFinal.X12	ype: PPS Claim Type: nitted Only Initial Final All PPS Type: NY Caid Include Held Certs Print Charge Detail Include Paid Bills Any Form Type Test Submission File Upper Case Only Reissued Claim UnSubmitted Details Only Exceptions Only Claim Type: Normal
🛕 Preview 🛯 👙 Print 🔣 Options	B 0804

Press **Preview** when done making the selections. Any claims with exception messages on the report will NOT be pulled to the electronic file. Use the <u>Electronic Claims Exception Guide</u> for assistance resolving exception messages. Press **Preview** again, overwriting the filename if that file has not yet been transmitted. Close the preview window and **Mark as Submitted** if ready to transmit the file to the payer. Upload the file to the NY Medicaid website.

Note: If the agency has submitted an Interim claim for a patient's certification period, payments for that Interim (Initial) claim must be posted via Electronic Payments prior to creating its Final claim. If no Interim was submitted prior to sending the Final, Loop 2300.52 (TCN) should be bypassed in the option set.

