

Ohio Medicaid Home Health

FAQ

Prepared for

myUnity Essentials Financial



Netsmart

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Overview

Ohio Medicaid nursing and aide service rates and billing requirements changed effective July 1, 2015. Program changes have been made to accommodate these new changes that will eliminate the need for running the Charge Split routine for nursing and home health aide charges over an hour that needed to be extended by time (therapy visits over an hour will still require the Charge Split routine). The following steps must be completed prior to billing for dates of service 7/1/2015 and after.

Setup

Create a New Modality

RN Assessment and Consultation visits have different billing requirements, so a new modality is needed to accommodate the different billing requirements for these types of visits.

Go to **File > File Maintenance > System Settings**.

On the **Modality** tab, pick an unused Modality or press the **+** button to add a new row.

Description: Rn Assess Consult

Is-Visit: checked

Care-type: Regular Nursing

Cost-Type: Visit

Cost-Amt: leave blank

The screenshot shows the 'System Settings' window with the 'Modality' tab selected. The 'Modality Information' table is displayed with the following data:

| Seq | Description | Is-Visit | Care-Type | Cost-Type | Cost-Amt |
|-----|---------------------|-------------------------------------|-------------------------|-----------|----------|
| 7 | Homemaker | <input checked="" type="checkbox"/> | Extend by Time | Visit | 25.00 |
| 8 | Supplies | <input type="checkbox"/> | Supplies | Visit | 10.00 |
| 9 | Non-Billable | <input checked="" type="checkbox"/> | Other | Visit | 0.00 |
| 10 | Room and Board | <input checked="" type="checkbox"/> | Room & Board or Respite | Visit | 0.00 |
| 11 | Routine | <input checked="" type="checkbox"/> | Other | Visit | 0.00 |
| 12 | Chaplain | <input checked="" type="checkbox"/> | Other | Visit | 0.00 |
| 13 | HHA Extended | <input checked="" type="checkbox"/> | Other | Visit | 0.00 |
| 14 | Continuous Care | <input checked="" type="checkbox"/> | Other | Visit | 0.00 |
| 15 | PDN | <input checked="" type="checkbox"/> | Regular Nursing | Visit | 0.00 |
| 16 | LPN | <input checked="" type="checkbox"/> | Regular Nursing | Visit | 0.00 |
| 17 | Respite | <input checked="" type="checkbox"/> | Other | Visit | 0.00 |
| 18 | Inpatient | <input checked="" type="checkbox"/> | Other | Visit | 0.00 |
| 19 | Physician | <input checked="" type="checkbox"/> | Other | Visit | 0.00 |
| 20 | RN Assess & Consult | <input checked="" type="checkbox"/> | Regular Nursing | Visit | 150.00 |

An orange arrow points to the 'RN Assess & Consult' row (Seq 20). The window also shows 'Save' and 'Cancel' buttons at the bottom left and a help icon at the bottom right.

Create Revenue/HCPCS/Modifier Codes

Go to **File >File Maintenance > Category**, press **Change Type** and set to **Revenue Code**.

Press the **Add** button to add a new code combination. Enter the data in the corresponding fields as they are listed in Table 1.

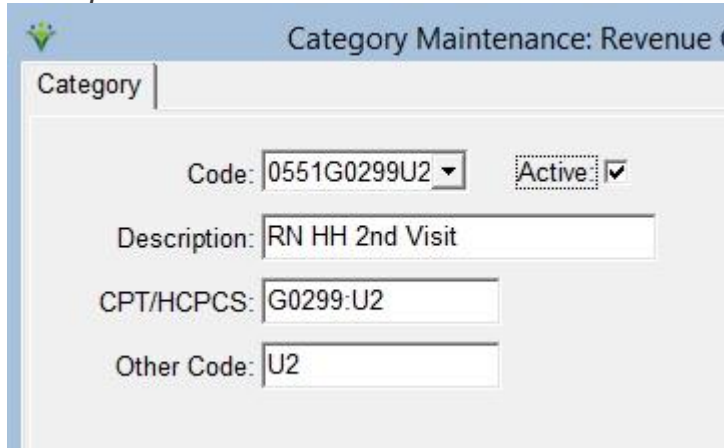
Repeat this step for each code combination your agency bills to Medicaid.

If needed, also create modifiers **U1** for **Infusion Therapy**, **HQ** for **Group Visit** and **U3** for **additional visits** beyond 2 for same service on the same day.

Table 1 – Nursing and Waiver Charges:

| Revenue Code | Description | CPT/HCPCS | Other Code | Retired |
|--------------|------------------------|-------------|------------|---------|
| 0551G0299 | RN Visit | G0299 | | |
| 0551T1000TD | RN PDN | T1000:TD | TD | |
| 0551T1002TD | RN Waiver | T1002:TD | TD | |
| 0551T1001 | RN Assessment | T1001 | | |
| 0551T1001U9 | RN Consultation | T1001:U9 | U9 | |
| 0551G0300 | LPN Visit | G0300 | | |
| 0551T1000TE | LPN PDN | T1000:TE | TE | |
| 0551T1003TE | LPN Waiver | T1003:TE | TE | |
| 0571G0156 | HHA | G0156 | | |
| 0571T1019 | HHA Waiver | T1019 | | |
| 0551G0299U2 | RN HH 2nd Visit | G0299:U2 | U2 | |
| 0551T1000TDU | RN PDN 2nd Visit | T1001:TD:U2 | TD U2 | |
| 0551T1002TDU | RN Waiver 2nd Visit | T1002:TD:U2 | TD U2 | |
| 0551G0300U2 | LPN HH 2nd Visit | G0300:U2 | U2 | |
| 0551T1000TEU | LPN PDN 2nd Visit | T1000:TE:U2 | TE U2 | |
| 0551T1003TEU | LPN Waiver 2nd Visit | T1003:TE:U2 | TE U2 | |
| 0571G0156U2 | HHA 2nd Visit | G0156:U2 | U2 | |
| 0571T1019U2 | HHA Waiver 2nd Visit | T1019:U2 | U2 | |
| 0551G0299U1 | RN HH Infusion Therapy | G0299:U1 | U1 | |

Example:



Category Maintenance: Revenue Code

Category: []

Code: 0551G0299U2 Active

Description: RN HH 2nd Visit

CPT/HCPCS: G0299:U2

Other Code: U2

Attach Revenue Codes to Charges

Go to **File > File Maintenance > Charge Code**. Click the **+Add** button to add a new charge code along with a Description and Modality.

On the Bill-Rate tab, enter the new Base Rate in the Gross field and the new Unit Rate in the Net field. Refer to the Ohio Medicaid Fee Schedule for current rates:

<https://medicaid.ohio.gov/provider/feescheduleandrates>

On the Revenue-Code tab, enter the associated Revenue Code for the service (reference Table 1 if needed).

Repeat this step for each charge code in Table 2 that your agency bills to Medicaid.

If needed, also create charge codes for **Infusion Therapy**, **Group Visit**, **Overtime** visits and **Additional Visits Beyond 2** for same service on the same day.

Note: make sure the Billing Codes match in Clinical.

Table 2 – Nursing and Waiver Charges for 2015:

| Charge Code | Description | Modality | Rate Start Date | Basis | Gross | Net | Revenue Code (as of 10/1/16) |
|-------------|-----------------|-----------------|-----------------|-------|----------|---------|------------------------------|
| RNHH | RN HH Visit | Skilled Nursing | 7/1/2015 | Visit | \$ 45.40 | \$ 8.32 | 0551G0299 |
| | | | 11/1/2021 | | \$ 50.29 | \$ 9.25 | |
| RNPDN | RN PDN Visit | Skilled Nursing | 7/1/2015 | Visit | \$ 45.40 | \$ 8.32 | 0551T1000TD |
| | | | 11/1/2021 | | \$ 50.29 | \$ 9.25 | |
| RNWVR | RN Waiver Visit | Skilled Nursing | 7/1/2015 | Visit | \$ 45.40 | \$ 8.32 | 0551T1002TD |
| | | | 11/1/2021 | | \$ 50.29 | \$ 9.25 | |

| | | | | | | | |
|-----------|----------------------|-------------------|-----------|-------|----------|----------|--------------|
| RNASSESS | RN Assessment | RN Assess/Consult | 7/1/2015 | Visit | \$ 37.08 | \$ 37.08 | 0551T1001 |
| RNCONSULT | RN Consultation | RN Assess/Consult | 7/1/2015 | Time | \$ 33.28 | \$ 33.28 | 0551T1001U9 |
| LPNHH | LPN HH Visit | Skilled Nursing | 7/1/2015 | Visit | \$ 37.90 | \$ 6.82 | 0551G0300 |
| | | | 11/1/2021 | | \$ 43.13 | \$ 7.82 | |
| LPNPDN | LPN PDN Visit | Skilled Nursing | 7/1/2015 | Visit | \$ 37.90 | \$ 6.82 | 0551T1000TE |
| | | | 11/1/2021 | | \$ 43.13 | \$ 7.82 | |
| LPNWVR | LPN Waiver Visit | Skilled Nursing | 7/1/2015 | Visit | \$ 37.90 | \$ 6.82 | 0551T1003TE |
| | | | 11/1/2021 | | \$ 43.13 | \$ 7.82 | |
| HHAHH | HHA Visit | Home Health Aide | 7/1/2015 | Visit | \$ 22.45 | \$ 3.73 | 0571G0156 |
| | | | 1/1/2016 | | \$ 23.57 | \$ 3.92 | |
| HHAWVR | HHA Waiver Visit | Home Health Aide | 7/1/2015 | Visit | \$ 22.45 | \$ 3.73 | 0571T1019 |
| | | | 1/1/2016 | | \$ 23.57 | \$ 3.92 | |
| | | | 11/1/2021 | | \$ 25.01 | \$ 4.16 | |
| RNHH2 | RN HH 2nd Visit | Skilled Nursing | 7/1/2015 | Visit | \$ 45.40 | \$ 8.32 | 0551G0299U2 |
| | | | 11/1/2021 | | \$ 50.29 | \$ 9.25 | |
| RNPDN2 | RN PDN 2nd Visit | Skilled Nursing | 7/1/2015 | Visit | \$ 45.40 | \$ 8.32 | 0551T1000TDU |
| | | | 11/1/2021 | | \$ 50.29 | \$ 9.25 | |
| RNWVR2 | RN Waiver 2nd Visit | Skilled Nursing | 7/1/2015 | Visit | \$ 45.40 | \$ 8.32 | 0551T1002TDU |
| | | | 11/1/2021 | | \$ 50.29 | \$ 9.25 | |
| LPNHH2 | LPN HH 2nd Visit | Skilled Nursing | 7/1/2015 | Visit | \$ 37.90 | \$ 6.82 | 0551G0300U2 |
| | | | 11/1/2021 | | \$ 43.13 | \$ 7.82 | |
| LPNPDN2 | LPN PDN 2nd Visit | Skilled Nursing | 7/1/2015 | Visit | \$ 37.90 | \$ 6.82 | 0551T1000TEU |
| | | | 11/1/2021 | | \$ 43.13 | \$ 7.82 | |
| LPNWVR2 | LPN Waiver 2nd Visit | Skilled Nursing | 7/1/2015 | Visit | \$ 37.90 | \$ 6.82 | 0551T1003TEU |
| | | | 11/1/2021 | | \$ 43.13 | \$ 7.82 | |
| HHAHH2 | HHA 2nd Visit | Home Health Aide | 7/1/2015 | Visit | \$ 22.45 | \$ 3.73 | 0571G0156U2 |

| | | | | | | | |
|---------|-------------------------|---------------------|-----------|-------|----------|---------|-------------|
| | | | 1/1/2016 | | \$ 23.57 | \$ 3.92 | |
| HHAWVR2 | HHA Waiver 2nd Visit | Home Health Aide | 7/1/2015 | Visit | \$ 22.45 | \$ 3.73 | 0571T1019U2 |
| | | | 1/1/2016 | | \$ 23.57 | \$ 3.92 | |
| | | | 11/1/2021 | | \$ 25.01 | \$ 4.16 | |

Example:

Charge: RNHH2 - RN HH 2nd Visit

Charge | Bill-Rate | Pay-Rate | Revenue-Codes

Code: Active:

Description:

Modality:

Non-Billable:

Charge: RNHH2 - RN HH 2nd Visit - Browse

Charge | Bill-Rate | Pay-Rate | Revenue-Codes

| Start-Date | End-Date | Basis | Gross | Net | Cost | Net-Ovr |
|------------|------------|-------|-------|------|------|-------------------------------------|
| 7/1/2015 | 12/31/2016 | Visit | 45.40 | 8.32 | | <input type="checkbox"/> |
| 1/1/2017 | 12/31/2099 | Visit | 47.40 | 8.72 | | <input checked="" type="checkbox"/> |

Charge: RNHH2 - RN HH 2nd Visit - Browse

Charge | Bill-Rate | Pay-Rate | Revenue-Codes

| Type | Code | Description | Start-Date | End-Date | GL- |
|-------------------|-------------|-----------------|------------|------------|-----|
| Medicaid Rev Type | 0551G0299U2 | RN HH 2nd Visit | 10/1/2016 | 12/31/2099 | |

Therapy visits should be handled by the Charge Split Routine in [Auto Charge Generation](#).

Insurance setup

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

On the **Insurance** tab for each insurance used for billing **OH Medicaid HH, PDN, or Waiver** programs confirm the following:

Insurance Type: Medicaid Rev Type

Billing Unit Overrides: set **Skilled Nursing, Home Health Aide & LPN** modalities to **OH Medicaid** in the Units drop-down. Set the “**RN Assess/Consult**” modality to **¼ Hrs**.

Since OH Medicaid uses its own charge codes and rates, do NOT enter rates on the Ins-Rate tab or you can get unexpected results on the Billing Audit.

Entity Maintenance: Insurance 60019 - Medicaid - Edit

Name/Address | Insurance | Ins-Rate | Contact | Notes

Insurance Type: Medicaid Rev Type

Financial Class: Medicaid Class

Bill Type: 1500

Provider #:

Payor/Submitter #: payorID

GL A/R Account #:

GL Revenue Account #:

GL Discount Account #:

PPS Billing: Bill Method: Normal

Payor Type: 3-Medicaid (Fee for Service)

Requires EWV:

Timely Filing: 0

Billing Unit Overrides:

| # | Modality | Units |
|---|------------------|--------------|
| 1 | Skilled Nursing | *OH Medicaid |
| 2 | Physical Therapy | 1/4 Hrs |
| 3 | Speech Therapy | 1/4 Hrs |

* Revenue Based on Calculated Time/Units

Billing Requirements:

Plan of Care HIPPS Code
 Authorization

Find Save Cancel Print ?

Option Set setup

Go to **Billing > Electronic Claims**. Select the **Option Set(s)** used for billing **Ohio Medicaid**.

Click ‘**Options**’ and in the **Locator** dropdown set the following:

2390.15 Charge Itemizations: check Use Modality for the **RN Assess/Consult** modality and set Itemization to Visit.

Do the same for **Billing > Printed Claims > 1500** for **Box 24 Itemizations** if hard copy claims are used.

Atypical Billing Process

As of 7/1/2015, the **Auto Charge Generation** for **Charge Split** no longer needs to be run for **Nursing** or **HHA Waiver charges**.

However, if your agency has opted to not setup special charge codes to be used for OH Medicaid billing in your clinical system, you will need to run **Auto Charge Generation** using the **Charge Replace** feature prior to running **Billing Audits**.

- To run “**Charge Replace**”
- Go to **Charge>Auto Charge Generation**.
- Enter the billing period date range.
- Choose “**Charge Replace**”.
- In **Selection Type** select “**Patients**”.
- In the **Specific Includes** tab choose **specific patients** OR select “**Insurance**”.
- In the **Specific Includes** tab choose your **OH Medicaid insurance(s)**.
- If running for specific **Insurances**, select ‘**Primary Insurance Only**’ to exclude patients who have a non-Medicaid insurance as primary.
- On the **Charge-Replace** tab select the “**Charge-To-Be-Replaced**” (ex. *SNVT*).
- In the “**Replacement-Charge**” selection choose the new OH Medicaid charge (ex. *RNHH*).
- Do the same for any **SN, LPN, Waiver** and **HHA charge codes** billed to OH Medicaid.
Example:

Press **Start** and at the confirmation window press **Yes** unless corrections are needed.