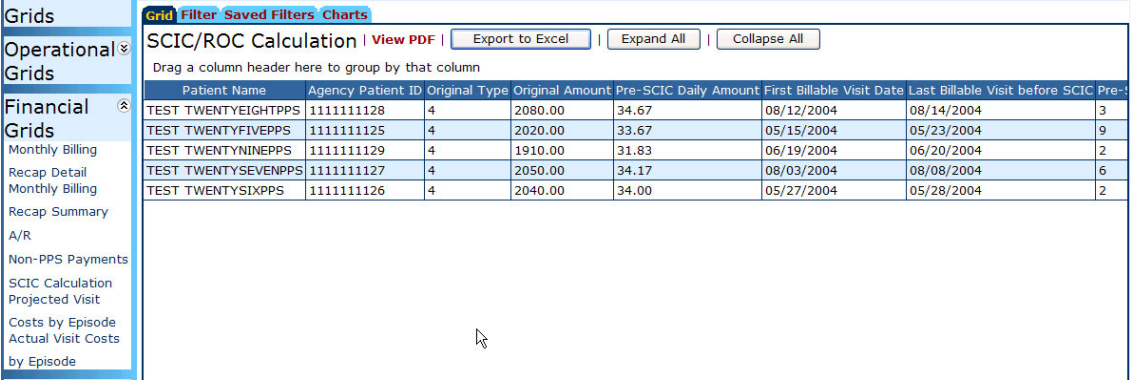


Instructions to determine PPS reimbursement impact of add'l assessment within episode

Action / Instruction	Screen Shot																																																
Scenario: How to determine reimbursement impact of an additional assessment within a PPS episode																																																	
1. ANALYSIS & REPORTING – Financial Grids – SCIC Calculation	 <p>The screenshot shows a software interface for 'SCIC/ROC Calculation'. It includes a sidebar with 'Operational Grids' and 'Financial Grids' categories. The main area displays a table with the following data:</p> <table border="1"> <thead> <tr> <th>Patient Name</th> <th>Agency Patient ID</th> <th>Original Type</th> <th>Original Amount</th> <th>Pre-SCIC Daily Amount</th> <th>First Billable Visit Date</th> <th>Last Billable Visit before SCIC</th> <th>Pre-SCIC</th> </tr> </thead> <tbody> <tr> <td>TEST TWENTYEIGHTPPS</td> <td>1111111128</td> <td>4</td> <td>2080.00</td> <td>34.67</td> <td>08/12/2004</td> <td>08/14/2004</td> <td>3</td> </tr> <tr> <td>TEST TWENTYFIVEPPS</td> <td>1111111125</td> <td>4</td> <td>2020.00</td> <td>33.67</td> <td>05/15/2004</td> <td>05/23/2004</td> <td>9</td> </tr> <tr> <td>TEST TWENTYNINEPPS</td> <td>1111111129</td> <td>4</td> <td>1910.00</td> <td>31.83</td> <td>06/19/2004</td> <td>06/20/2004</td> <td>2</td> </tr> <tr> <td>TEST TWENTYSEVENPPS</td> <td>1111111127</td> <td>4</td> <td>2050.00</td> <td>34.17</td> <td>08/03/2004</td> <td>08/08/2004</td> <td>6</td> </tr> <tr> <td>TEST TWENTYSIXPPS</td> <td>1111111126</td> <td>4</td> <td>2040.00</td> <td>34.00</td> <td>05/27/2004</td> <td>05/28/2004</td> <td>2</td> </tr> </tbody> </table>	Patient Name	Agency Patient ID	Original Type	Original Amount	Pre-SCIC Daily Amount	First Billable Visit Date	Last Billable Visit before SCIC	Pre-SCIC	TEST TWENTYEIGHTPPS	1111111128	4	2080.00	34.67	08/12/2004	08/14/2004	3	TEST TWENTYFIVEPPS	1111111125	4	2020.00	33.67	05/15/2004	05/23/2004	9	TEST TWENTYNINEPPS	1111111129	4	1910.00	31.83	06/19/2004	06/20/2004	2	TEST TWENTYSEVENPPS	1111111127	4	2050.00	34.17	08/03/2004	08/08/2004	6	TEST TWENTYSIXPPS	1111111126	4	2040.00	34.00	05/27/2004	05/28/2004	2
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2. Grid Columns	<ul style="list-style-type: none"> • Patient Name • Agency Patient ID • Original Type [initial assessment 'reason for asmt' number within episode] • Original Amount [HHRG dollar amount] • Pre-SCIC Daily Amount [original amount divided by 60] • First Billable Visit Date • Last Billable Visit before SCIC • Pre-SCIC Days [span of days from 1st billable visit to last billable visit prior to SCIC] • Pre-SCIC Partial Payment [Pre-SCIC Daily Amount multiplied by Pre-SCIC Days] • SCIC Type [subsequent assessment 'reason for asmt' number within episode] • SCIC Amount [HHRG dollar amount] • Post-SCIC Daily Amount [SCIC Amount divided by 60] • SCIC Visit Date • Cert End Date • Post-SCIC Days [span of days from SCIC visit to end of episode] • Post-SCIC Partial Payment [Post-SCIC Daily Amount multiplied by Post-SCIC Days] • Reimbursement with SCIC [Pre-SCIC Partial Payment plus Post-SCIC Partial Payment] • SCIC Reimbursement Result [Reimbursement with SCIC minus Original Amount] 																																																

Action / Instruction	Screen Shot
<p>[excerpt from Home Health Agency Manual – Chapter II-Coverage of Home Health Services]</p>	<p>201.9 Significant Change in Condition Payment Adjustment (SCIC).--If a patient experiences a significant change in condition during a 60 day episode that was not envisioned in the original plan of care, the 60 day episode rate may be changed with a SCIC adjustment to reflect the payment level to meet the resource needs of the patient during the 60 day episode.</p> <p>A. Significant Change in Condition Adjustment Criteria.--In order to receive a new case mix assignment due to an unanticipated significant change in condition, the HHA must complete an OASIS assessment and obtain the necessary physician change orders reflecting the significant change in treatment approach in the patient's plan of care. The total significant change in condition payment adjustment is a proportional payment adjustment reflecting the time both before and after the patient experienced a significant change in condition during the 60 day episode.</p> <p>B. Methodology Used to Calculate the SCIC Adjustment.--The SCIC payment adjustment is calculated in two parts. The first part of the SCIC payment adjustment reflects the adjustment to the payment level prior to the patient's significant change in condition during the 60 day episode. The first part of the SCIC adjustment is determined by taking the span of days of the first billable visit date through and including the last billable visit date prior to the patient's significant change in condition as a proportion of 60 multiplied by the original episode amount. The second part of the SCIC payment adjustment reflects the adjustment to the level of payment after the significant change in the patient's condition occurs during the 60 day episode. The second part of the SCIC adjustment is calculated using the span of days of the first billable visit date through and including the last billable visit date through the balance of the 60 day episode. The agency is not constrained to bill for a SCIC for a higher HHRG if the net effect is a lower payment for the episode than if the SCIC had not occurred. Because the intent of the SCIC was not to lower the total episode payment when patients actually required more intensive services, the HHA is not forced to bill for a SCIC in this circumstance. However, where the SCIC reflects a lower HHRG due to unanticipated improvement in patient condition, the SCIC must be billed.</p>