

5101:3-12-05

Reimbursement: home health services.

- (A) Home health services are delivered and billed in accordance with this chapter by medicare certified home health agencies (MCRHHA). See appendix A of this rule for home health services rates.
- (B) The amount of reimbursement for a visit shall be the lesser of the provider's billed charge or the medicaid maximum rate. The medicaid maximum rate is determined by using a combination of the base rate and unit rate found in appendix A using the number of units of service (one unit equals fifteen minutes) that were provided during a visit in accordance with this chapter as follows:
- (1) For a visit that is less than one hour (four units) the medicaid maximum is the amount of the base rate.
 - (2) For a visit that is over one hour (four units) the medicaid maximum is the amount of the base rate plus the unit rate amount for each unit over four units
- (C) The amount of reimbursement for a visit shall be the lesser of the provider's billed charge or seventy-five per cent of the total medicaid maximum as specified in paragraph (B) of this rule when billing with the modifier HQ "group setting" for group visits.
- (D) The modifiers set forth in appendix B must be used to provide additional information in accordance with this chapter.
- (E) Reimbursement must be provided in accordance with paragraphs (A) to (D) of rule 5101:3-1-60 of the Administrative Code.
- (F) A MCRHHA will not be reimbursed for home health services provided to a consumer that duplicates same or similar services already paid by medicaid or another funding source. For example, if the facility/home where a residential state supplemental recipient or medicaid consumer resides, such as an adult foster home, adult family home, adult group home, residential care facility, community alternative home, residential facility or other facility, is paid to provide personal care or nursing services, then home health services are not reimbursable by medicaid.

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