

New York Medicaid

Home Health Episodic

User Guide



Netsmart

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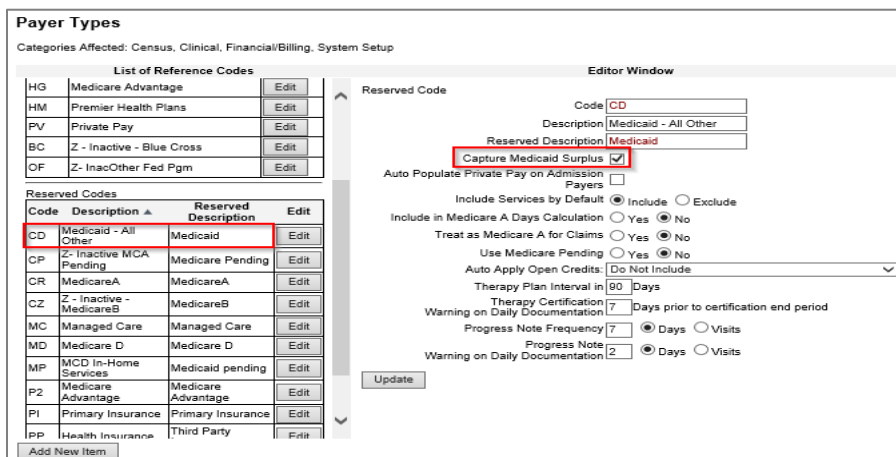
NY Medicaid HH Episodic Overview

Setup

Payer

- Setup>General>General>Reference Codes>Financial/Billing>Payer Types
- The Payer Type is already set up in Reference Codes in the Reserved Codes section with a Code of CD and a Reserved Description of Medicaid.

NOTE: Currently myUnity does not support Spenddown (Medicaid Surplus) for outpatient admissions. Even though the Medicaid payer type has this option is selected, no Spenddown or Surplus will be captured for this plan.



Payer Types
Categories Affected: Census, Clinical, Financial/Billing, System Setup

Code	Description	Reserved Description	Edit
HG	Medicare Advantage		Edit
HM	Premier Health Plans		Edit
PV	Private Pay		Edit
BC	Z - Inactive - Blue Cross		Edit
OF	Z - InacOther Fed Pgm		Edit

Reserved Codes

Code	Description	Reserved Description	Edit
CD	Medicaid - All Other	Medicaid	Edit
CP	Z - Inactive MCA Pending	Medicare Pending	Edit
CR	MedicareA	MedicareA	Edit
CZ	Z - Inactive - MedicareB	MedicareB	Edit
MC	Managed Care	Managed Care	Edit
MD	Medicare D	Medicare D	Edit
MP	MCD In-Home Services	Medicaid pending	Edit
P2	Medicare Advantage	Medicare Advantage	Edit
PI	Primary Insurance	Primary Insurance	Edit
IP	Health Insurance	Third Party	Edit

Editor Window

Code:

Description:

Reserved Description:

Capture Medicaid Surplus

Auto Populate Private Pay on Admission Payers:

Include Services by Default: Include Exclude

Include in Medicare A Days Calculation: Yes No

Treat as Medicare A for Claims: Yes No

Use Medicare Pending: Yes No

Auto Apply Open Credits:

Therapy Plan Interval in: Days

Therapy Certification: Days prior to certification end period

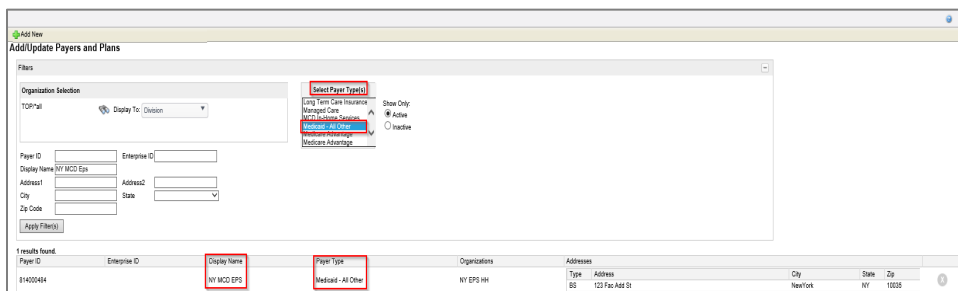
Warning on Daily Documentation: Days

Progress Note Frequency: Days Visits

Progress Note Warning on Daily Documentation: Days Visits

Plan

- Setup>Entities>Payers>Add/Update Payers and Plans
- The Plan is required to be setup under the Medicaid Payer Type as the logic is looking for the "CD" Payer Type Code which is the Reserved Code for Medicaid.



Add/Update Payers and Plans

Organization Selection: TOP-Pal

Payer ID:

Enterprise ID:

Display Name:

Address:

City:

State:

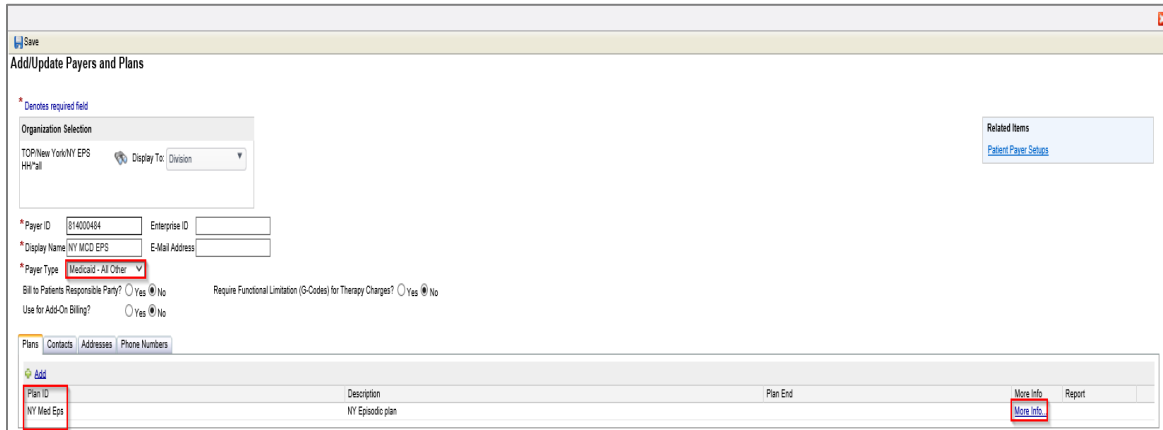
Zip Code:

Apply Filters

1 result found:

Payer ID	Enterprise ID	Display Name	Payer Type	Organizations	Address	City	State	Zip
11400044		NY MCO EPS	Medicaid - All Other	NY EPS HH	Type: Address 123 Fac Add St	NewYork	NY	10025

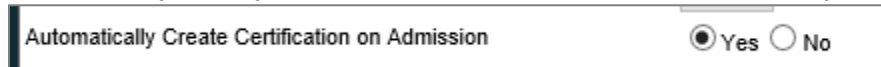
- Plan Information Setup
 - Setup>Entities>Payers>Add/Update Payers and Plans>Search For And Select Payer>Click More Info Link For Plan



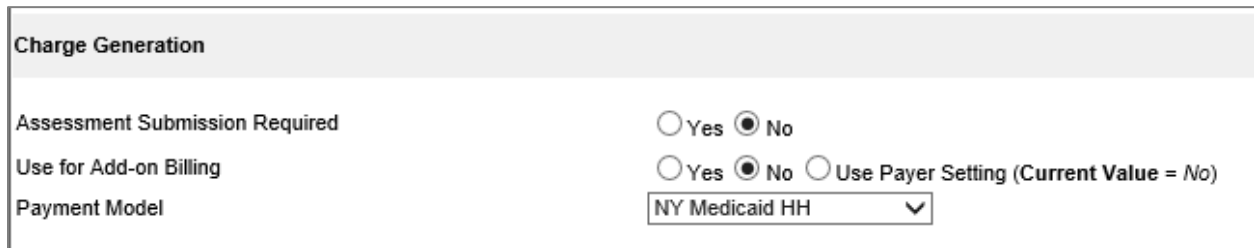
- Certification Required under Certification section must be set to Yes.



- In addition, you may automate the initial Certification creation by enabling this option:



- Payment Model under Charge Generation section needs to be set to NY Medicaid HH.



- Include or Exclude Services by Default under Charge Generation should be set to Exclude. The Services and Rate Codes for NY Medicaid HH should then be added under the Service Coverages Include/Exclude Related Items link to ensure only qualified services are posted to this plan.



- Service Coverages Include/Exclude Setup
 - The Service Coverages Include/Exclude can be setup by Service Type or Service but not both.
 - Enter Beginning Date and, if applicable, an Ending Date.
 - Include/Exclude would be set to Include.
 - Be sure to enter a row for the NY service type as shown here.

Service Coverages Include/Exclude

Services will be included by default.

Service/Service Type	Begin Date	End Date	Incl/Exc	Edit	Remove
NY	1/1/2018		I	<input type="button" value="Edit"/>	<input type="checkbox"/>

Add Plan Coverages

Service Type:

Service: ?

Beginning Date:

Ending Date:

Date Verified:

Verified By:

Include/Exclude: Include Exclude

Notes:

- The other qualified services for NY Episodic billing are these; some may need to be added to Products and Services Charge Master Types. The listings below display the Revenue Code first.
 - 0551 Nursing – Visit
 - *Can use existing Skilled Nursing Service Type*
 - 0421 Physical Therapy – Visit
 - *Can use existing Physical Therapy Service Type*
 - 0441 Speech Pathology – Visit
 - *Can use existing Speech Therapy*
 - 0431 Occupational Therapy – Visit
 - *Can use existing Occupational Therapy Service Type*
 - 0572 Home Health Aide – Hour
 - *Can use Existing Home Health Aide Service Type*
 - 0579 Shared Aide - Quarter Hour
 - 0559 AIDS Nursing – Visit
 - 0780 Telehealth Services – Day
 - 0590 Telehealth – Installation
 - 0581 MOMS Health Supportive Services - Visit

Claim Generation:

- Under the link for Claim Formats, attach this format to the NY Medicaid plan.




Claim Formats

Select a Payer – Plan Id / Plan Description

Claim Form ID - Claim Format Description	Gross/Net	Total/Actual
<input type="text" value="HHUB04_5010—UB04 5010 837 MCD HH for New York"/>	<input checked="" type="radio"/> Gross <input type="radio"/> Net <input type="radio"/> Default	<input checked="" type="radio"/> Total <input type="radio"/> Actual <input type="radio"/> Default
<input type="text" value=""/>	<input type="radio"/> Gross <input type="radio"/> Net <input type="radio"/> Default	<input type="radio"/> Total <input type="radio"/> Actual <input type="radio"/> Default

Reimbursement Rules:

The visit services must be booked to the NonRevenue account for the credit and 100% to the Discount. This is necessary for the accounting model elapsed days revenue recognition to be handled correctly. This is the same as for Medicare PPS and PDGM.

Service: HH SNV Routine	
Unit of Measure: Visit	
Begin Effective Date	09/01/2018 
End Effective Date	<input type="text"/> 
How to Book Revenue	<input checked="" type="radio"/> Gross <input type="radio"/> Net
Select if Posting Credit to Non-Revenue Account	Non-Revenue 

Due from Primary Payer and Expected Reductions (Define the Transaction)	
Calculation Method	<input checked="" type="radio"/> Percent <input type="radio"/> Amount
Due from Primary Payer (A/R Amount)	<input type="text" value="0.00%"/>
Price minus Allowable (Discount Amount)	<input type="text" value="100.00%"/>

GL Accounts and GL Cross Reference

- Add the NonRevenue Account to the GL Accounts
- If you have not used Deferred Revenue, add it to the GL Accounts
- Map these accounts in the GL Cross Reference to the applicable GL accounts.

Here is a summary of how the accounts are used:

- Non Revenue and Discount accounts are associated to the visits. Each visit will debit the Discount and credit the NonRevenue. These amounts will always net to 0 and will remain in myUnity for each non-reversed visit.
Example: SN Routine Visit \$150.00 Discount
(\$150.00) NonRevenue
- These amounts can be tracked by Service Type (Charge Master Type) when mapping to the GL if desired.
- AR is used for the episodic charge amount. It is reduced by the payments made. Deferred Revenue is the credit amount.
Example: NY Code 4813 \$ 1800.00 Accounts Receivable
(\$ 1800.00) Deferred Revenue
- Deferred Revenue is reduced by Revenue based on the elapsed days. This reduction happens when the NY Medicaid Episodic Adjustment process is run. The Revenue and Deferred Revenue are not associated to any Service Type.
Example: Episodic Adjust. for 30/60 days \$ 900.00 Deferred Revenue
(\$ 900.00) Revenue

Billing for Supplies:

- NY Medicaid requires Supplies to be on a 1500 claim. They are not permitted on the Episodic claims.
- Create a separate Plan under the Medicaid Payer for the NY Medicaid Supplies. Only include the Service Type 'MS' for supplies.

Org Structure - County

The NY Rates are calculated based on the County of the Agency (Org Structure Facility level). The NY Counties in which your agency/branches are located must be selected in the Physical Address.

- Setup>General>Org Structure>Add Update Upper Level Entities
 - Select the Lowest item in the drop down. This represents the 'facility level' at which the admissions are placed.
 - Select the applicable NY branch or agency and EDIT.
 - Click the "facility level" and Billing Addresses/Phones link.
 - Enter the correct Address, City, State, and County in the **Physical** Address.

Save					
Division Address/Phone Setup					
Org Entity: TOPJoplinHCY Joplin					
Division Physical Address					
Address 1	Address 2	City	State	Zip Code	County
3237 E 01nd Street7 Suite 1		New York	NEW YORK	22999-____	Queens
Phone Number		Fax Number			
(845) 590-5508 ext. ____		() ____-____ ext. ____			

- There is no requirement related to the Billing Address if it is different.

Patient Info

- The patient should be set up as per policy.
- Assign the NY Medicaid Episodic plan for any that are qualified to bill in this manner.
- The Certification can be auto created upon admission if the plan setting was enabled. Whether the cert was auto created or not, it will be updated and the OASIS associated when the information is integrated from the Clinical module.
NOTE: NY rules indicate that the OASIS could be from 60 days prior to 5 days after the start of the 485/cert period.
- If supplies are being charged, add the NY Medicaid supply plan in the Payer Sequence.
- Spenddown is not automated in myUnity. If the patient qualifies for spend down, please handle separately.
- Schedule visits and post charges as per your process.

EPS Update – HH

Census>Payer/Bill Info> EPS Update – HH

This displays the Grouper and Rate Code for the Episodic period.

- The record is auto-inserted with the Grouper when the OASIS is validated and associated to a Cert.
 - When the OASIS is locked, the indicator on this screen is set to Yes. The Initial Charge will not generate until the OASIS is locked.
 - The Record cannot be edited manually when attached to an OASIS.

EPS Update - HH Add EPS Grouper						
EPS Program: NY Medicaid HH						
Plan ID	Cert Period	OASIS ID	OASIS Date	OASIS Locked	Grouper	Rate Code
NY Med Eps	3/2/2018 - 4/30/2018	-1314999	1/1/2018	Yes	0BG4	4843

- A record can be manually entered for the Non-OASIS Maternity episodes.
 - The Plan ID drop down should display the plan and applicable cert periods. Select the correct one.
 - The OASIS ID displays as 0, indicating there is no OASIS.
 - The OASIS Date defaults to current date and can be left as is or changed. It will not be used on the claim.
 - Select the Maternity Grouper. The Rate Code, 4920, should display.

EPS Update - HH Add EPS Grouper						
EPS Program: NY Medicaid HH						
Plan ID	Cert Period	OASIS ID	OASIS Date	OASIS Locked	Grouper	Rate Code
NY Med Eps	4/2/2018 - 6/30/2018	0	6/12/2018	No		4920

NOTES:

- The OASIS locked must equal 'Yes' in order for the Initial Interim charge to be generated.
- If the OASIS is locked, this record cannot be edited. It can be deleted.
- If the Initial charge is posted and not reversed, the record cannot be changed nor deleted.
- If an OASIS is cancelled (inactivated), this record is removed.
 - The Biller will need to be notified to make changes to the account. The OASIS may be put back with a different Grouper.
- The OASIS types that generate the Grouper are
 - Start of Care (M0100 = 1 or 3)
 - Recertification (M0100 = 4 or 5)

Dually Eligible

Setup

- Navigate to Setup>Entities>Payers>Add/Update Payers and Plans
 - Select the Medicare plan being used for the Home Health admissions. Select the Service Coverages Include/Exclude link.
 - Add the New York Medicaid EPS (NY) service type as Exclude
 - Select the Medicaid plan,
 - It should be set up in Charge Generation to Exclude Services by Default
 - On Service Coverages Include/Exclude link,
 - add NY Medicaid EPS Service Type as Include
 - Add the services that are eligible to be paid by Medicaid as Include

Certifications/485

For Medicare/Medicaid Dually Eligible episodes, there must be a 485/Cert created for each plan (Medicare and Medicaid). The Medicare or primary plan should have the 485 cert created as you normally do.

For the Medicaid (or secondary) plan, navigate to Census/Payer Bill Info/Related Links – Admission Payer Overrides. Create the cert period for Medicaid. Then you can update this plan in Clinical/Certs to attach the OASIS to it.

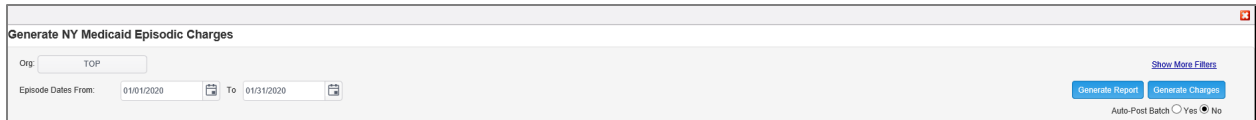
The applicable OASIS must be attached to each 485 in order for the PPS RAP and EPS Initial charges to generate.

Charges –Generate Initial Episodic Charge (Interim Charge)

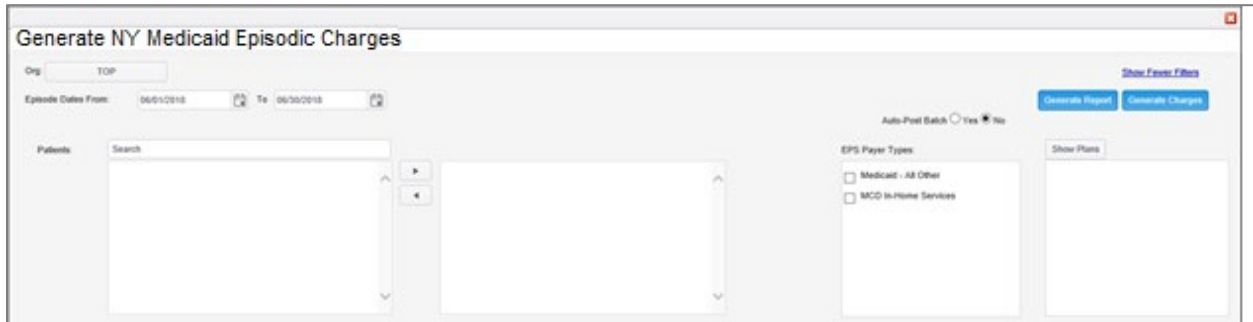
Financial>Organization> Manage HH Episodic> Related Links> Generate NY Medicaid Episodic Charges

This creates the Transaction representing the full episodic amount expected from NY. This transaction will never appear on the claim. The Transaction will get marked as Billed when the Initial claim is billed. This transaction will be booked to AR and to Deferred Revenue.

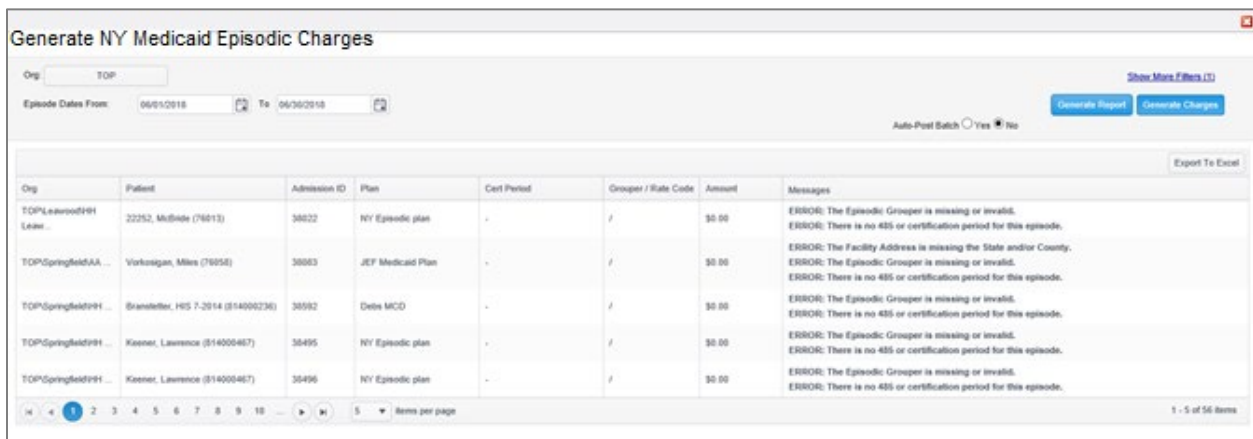
- Select the Org
- Select the Episode Dates.
 - Includes any admission has at least one active admission day associated to a NY Medicaid Episodic plan within the date range.



- Show More Filters link provides the additional filter options below:
 - Patients – each admission for the patient displays separately.
 - EPS Payer Types – any payer types that have plans marked as ‘NY Medicaid HH’ in the Payment Model
 - Show Plans -only those set as NY Medicaid HH



- Generate Report
 - Includes all patients which fall within the selected criteria providing the Org, Patient, Admission ID, Plan, Cert Period, Grouper/Rate, Grouper Amount and Messages. This can be exported to Excel.
 - Any Rows with ERROR(s) will not generate an Initial Charge.



Org	Patient	Admission ID	Plan	Cert Period	Grouper / Rate Code	Amount	Messages
TOP/LeawoodHH Leaw...	22252, Mulbrite (78013)	38022	NY Episodic plan	-	/	\$0.00	ERROR: The Episodic Grouper is missing or invalid. ERROR: There is no 485 or certification period for this episode.
TOP/SpringfieldAA...	Vorkosigan, Miles (78056)	38063	JEF Medicaid Plan	-	/	\$0.00	ERROR: The Facility Address is missing the State and/or County. ERROR: The Episodic Grouper is missing or invalid. ERROR: There is no 485 or certification period for this episode.
TOP/SpringfieldHH...	Brandtler, HIS 7-2014 (814000236)	38082	Delix MCO	-	/	\$0.00	ERROR: The Episodic Grouper is missing or invalid. ERROR: There is no 485 or certification period for this episode.
TOP/SpringfieldHH...	Keener, Lawrence (814000487)	38495	NY Episodic plan	-	/	\$0.00	ERROR: The Episodic Grouper is missing or invalid. ERROR: There is no 485 or certification period for this episode.
TOP/SpringfieldHH...	Keener, Lawrence (814000487)	38496	NY Episodic plan	-	/	\$0.00	ERROR: The Episodic Grouper is missing or invalid. ERROR: There is no 485 or certification period for this episode.

- Generate Charges button generates a charge batch for all patients which fall within the specified criteria for which no ‘Gen Initial Charges’ **errors** exist. Warnings will not prevent the charge batch from generating.
 - If Auto Post Batch is set to yes, as long as the Charge Batch contains no ‘charge batch’ errors or Warnings which are ‘Review Required’, it will post in full.

Generate NY Medicaid Episodic Charges

Org: [Show More Filters](#)

Episode Dates From: 01/01/2017 To: 06/30/2018

Auto-Post Batch: Yes No

[Generate Report](#) [Generate Charges](#)

[Batch 73717](#) [Export To Excel](#)

Org	Patient	Admission ID	Plan	Cert Period	Grouped / Rate Code	Amount	Messages
TOP/LeasmodPHH Leas...	22252, McBride (76813)	38022	NY Episodic plan	01/01/2018 - 03/01/2018	SAE3 / 4812	\$0.00	WARNING: The 485 has not been marked "Sent to the Physician". ERROR: The OASIS is not locked.
TOP/SpringfieldAAA	Vorkosigan, Miles (76952)	38083	JEF Medicaid Plan	12/01/2017 - 03/01/2018	0CE4 / 4949	\$0.00	WARNING: The 485 has not been marked "Sent to the Physician". ERROR: The Facility Address is missing the State and/or County. WARNING: The 485 has not been marked "Sent to the Physician". ERROR: There is no billable service on the Certification Start Date.
TOP/SpringfieldPHH	Vanarsted, Wanda (014000193)	38385	NY Episodic plan	02/01/2018 - 04/01/2018	/	\$0.00	ERROR: The Episodic Grouped is missing or invalid. WARNING: The 485 has not been marked "Sent to the Physician".
TOP/SpringfieldPHH	Brandtler, HS 7-2014 (014000236)	38382	Delta MCO	-	/	\$0.00	ERROR: The Episodic Grouped is missing or invalid. ERROR: There is no 485 or certification period for this episode.
TOP/SpringfieldPHH	Kemper, Lawrence (014000467)	38388	NY Episodic plan	07/14/2017 - 09/11/2017	1CE8 / 4905	\$1,437.82	WARNING: The 485 has not been marked "Sent to the Physician".

1 - 5 of 54 Items

- This Batch did not post and can be accessed by clicking the Batch link. The rows displayed on the Generate NY Medicaid Episodic Charges page had errors and are not included in the Charge batch.
- If you navigate away from this page and the Batch is not posted, it can be found on the Charges page by searching for your batches.
 - The Batch Types filter can be selected for 'Episodic Initial Charges' to narrow down the search.
- If no charges are generated upon clicking Generate Charges, a "No batch generated" message along with a list of the Generate Initial errors for the patients which fall with the specified criteria will appear.

Generate NY Medicaid Episodic Charges

Org: [Show More Filters \(1\)](#)

Episode Dates From: 06/01/2018 To: 06/30/2018

Auto-Post Batch: Yes No

[Generate Report](#) [Generate Charges](#)

[The batch generated](#) [Export To Excel](#)

Org	Patient	Admission ID	Plan	Cert Period	Grouped / Rate Code	Amount	Messages
TOP/LeasmodPHH Leas...	22252, McBride (76813)	38022	NY Episodic plan	-	/	\$0.00	ERROR: The Episodic Grouped is missing or invalid. ERROR: There is no 485 or certification period for this episode.
TOP/SpringfieldAAA	Vorkosigan, Miles (76952)	38083	JEF Medicaid Plan	-	/	\$0.00	ERROR: The Facility Address is missing the State and/or County. ERROR: The Episodic Grouped is missing or invalid. ERROR: There is no 485 or certification period for this episode.
TOP/SpringfieldPHH	Brandtler, HS 7-2014 (014000236)	38382	Delta MCO	-	/	\$0.00	ERROR: The Episodic Grouped is missing or invalid. ERROR: There is no 485 or certification period for this episode.
TOP/SpringfieldPHH	Kemper, Lawrence (014000467)	38495	NY Episodic plan	-	/	\$0.00	ERROR: The Episodic Grouped is missing or invalid. ERROR: There is no 485 or certification period for this episode.
TOP/SpringfieldPHH	Kemper, Lawrence (014000467)	38496	NY Episodic plan	-	/	\$0.00	ERROR: The Episodic Grouped is missing or invalid. ERROR: There is no 485 or certification period for this episode.

1 - 5 of 56 Items

Generate Charges

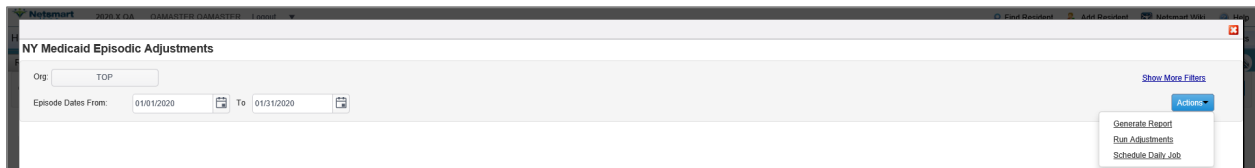
Post any visit charges applicable as you do for any other patients. The initial visit must be a posted charge before generating the Initial claim.

NY Medicaid Episodic Adjustments

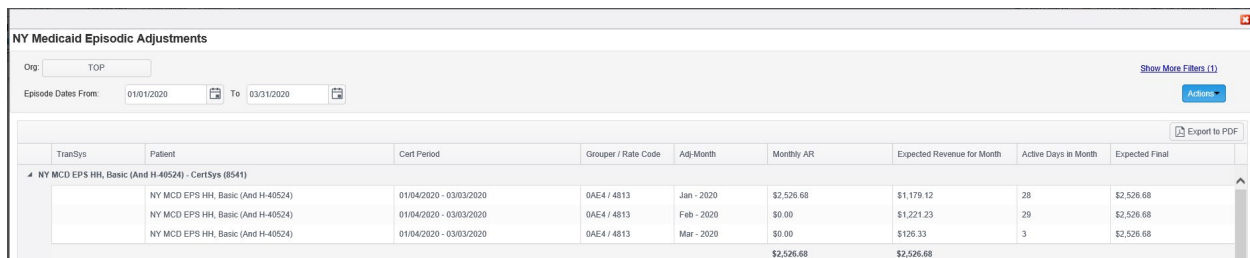
Financial>Organization> Manage HH Episodic> Related Links> NY Medicaid Episodic Adjustments

In order to recognize the revenue for the episode, the NY Medicaid Episodic Adjustments should be run prior to month end and Final Claim generation. It can be run daily by scheduling the job. It will also automatically run when Episodic final payments are entered.

This process looks at the number of days elapsed out of the 60 days and moves the applicable amount from Deferred Revenue into Revenue. The transactions are dated as of the end of the calendar month or as of the discharge date when applicable. This process will also adjust for PEP, Outlier, and LUPA after the episode has ended or after the discharge date.



- Selections
 - Org – multi select
 - Episode Dates – includes any admissions with an Episodic NY Medicaid plan associated active on at least one day within the selection
 - Show More Filters – Payer Types and Plans
 - Only includes any that are set as NY Medicaid HH in the Payment Model
- Actions
 - Generate Report – Lists that adjustment transactions that will be made



The screenshot shows the 'NY Medicaid Episodic Adjustments' web interface with a data table. The table has columns for TransSys, Patient, Cert Period, Grouper / Rate Code, Adj-Month, Monthly AR, Expected Revenue for Month, Active Days in Month, and Expected Final. The data is grouped by 'NY MCD EPS HHL Basic (And H-40524) - CertSys (8541)'.

TransSys	Patient	Cert Period	Grouper / Rate Code	Adj-Month	Monthly AR	Expected Revenue for Month	Active Days in Month	Expected Final
	NY MCD EPS HHL Basic (And H-40524)	01/04/2020 - 03/03/2020	0AE4 / 4813	Jan - 2020	\$2,526.68	\$1,179.12	28	\$2,526.68
	NY MCD EPS HHL Basic (And H-40524)	01/04/2020 - 03/03/2020	0AE4 / 4813	Feb - 2020	\$0.00	\$1,221.23	29	\$2,526.68
	NY MCD EPS HHL Basic (And H-40524)	01/04/2020 - 03/03/2020	0AE4 / 4813	Mar - 2020	\$0.00	\$126.33	3	\$2,526.68
					\$2,526.68	\$2,526.68		

- Patient – Name and Patient ID
- Cert Period – Active within Selection Dates
- Grouper/Rate Code
 - Displays the calculated values for the Grouper and Rate Code
- Lists a row for each month included in Episode and date range selection
- Adj-Month – The month in the episode for the row
- Monthly AR – The AR amount booked. This is based on the Episodic amount and adjusted if the episode changes in the final month to a LUPA, PEP, or Outlier.
- Expected Revenue for Month – This is amount of Revenue that should be recognized for the month based on the number of episodic days related to the

Total Grouper Amount. This amount may be a reduction in the final month due to a LUPA or PEP.

- Active Days in Month – Number of Days Episode is Open for the month
- Expected Final – Grouper Final amount. This amount may change in the last month due to any adjustments – LUPA, PEP, Outlier.

Claims

Financial>Organization>Claims>Manage-Process Claims

- Create and manage NY EPS claims as you do the HH PPS claims.
- The claim format to use is 'HHUB04MCD5010_NY'. It is associated with the 'UB04 HCFA 1450 5010 HH Episodic' form. NOTE: That is the same form as the HH PPS and PDGM plans use.

Payments

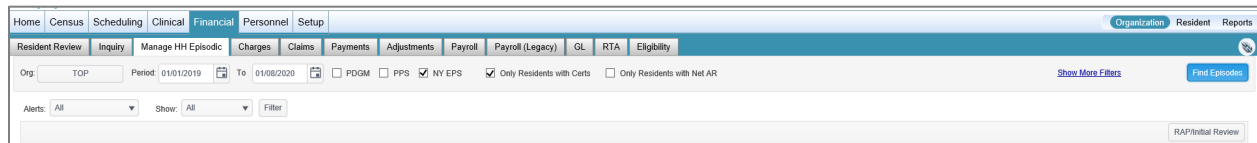
Financial>Organization>Payments>HH Payments

- The existing HH payments function works in the same manner for NY Episodic as it does for Medicare HH PPS.
- Initial Claim Payments
 - Payment is 50% of the projected adjusted Base Price for the episode. Final Claim payments generally include a takeback to the Initial Claim and then contain a full payment on the Final Claim.
 - An Initial payment is not required; any payment received applies against the episodic AR amount.
- Final Claim Payments
 - Initial Claim Payment will be reversed and Final Claim paid in full within the same billing cycle resulting in two remittance records.
 - Automatically Runs NY Medicaid Episodic Adjustments for the episode when the 329 Type of Bill is entered. This ensures the expected amounts are current.

Manage HH Episodic –Related to NY Episodic

Financial>Manage HH Episodic

This screen is designed as a working screen for managing the PPS, PDGM and NY Medicaid Episodic information. It has links for quick navigation and detail transactions for the episode. This topic contains the NY Medicaid Episodic information. Please refer to existing documentation for the full functionality of the page. This topic contains only information related to NY Medicaid Episodic.



- Related Links (NOTE: as with any other new functionality, Security access must be given first to see these links - *Setup>Security>Roles>Menu Access Privileges – Financial/Organization/Manage HH Episodic*)
 - Generate NY Medicaid Episodic Charges
 - NY Medicaid Episodic adjustments
- RAP/Initial Review –button on right hand side
 - This runs the Patient Review for the messages found in the Generate NY Medicaid Episodic Charges function

HH Episodic Reports

Financial>Reports>HH Episodic

These reports are designed to include the NY Episodic episodes.

- Episodes Log
- Episodic Deferred Revenue Report
- Episodic Payments Log
- Episodic Visits Log

The other reports in the HH Episodic Reports section are not designed for these patients.

Reports in the other Reports sections that are applicable to outpatients can be used for the NY Episodic patients as well.