

**NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF LONG TERM CARE REIMBURSEMENT**

**Certified Home Health Agencies
Proposed Episodic Payment System**

**Case Mix: weights for clinical and functional groups
(Based on 2008 claims data - patients under age 18 excluded)**

Clinical	Functional	Dual Eligible?	Episodes:					
			1	2	3	4	5	6+
A	F	N	0.55	0.53	0.54	0.49	0.52	0.51
A	F	Y	0.67	0.61	0.55	0.53	0.51	0.43
A	G	N	0.94	0.87	0.98	0.97	0.89	0.83
A	G	Y	1.27	1.21	1.16	1.16	1.13	1.13
A	H	N	1.18	1.14	1.26	1.27	1.18	1.03
A	H	Y	1.80	1.50	2.01	1.94	1.99	2.11
B	F	N	0.52	0.45	0.43	0.47	0.46	0.43
B	F	Y	0.63	0.54	0.51	0.50	0.45	0.45
B	G	N	0.98	0.96	0.96	0.88	1.02	0.85
B	G	Y	1.27	1.15	1.14	1.11	1.11	1.09
B	H	N	1.34	1.45	1.19	1.13	1.11	1.13
B	H	Y	2.03	1.96	1.95	1.98	2.09	2.08
C	F	N	0.56	0.47	0.48	0.46	0.46	0.55
C	F	Y	0.65	0.57	0.49	0.50	0.52	0.54
C	G	N	0.88	0.83	0.82	0.84	0.92	0.91
C	G	Y	1.16	1.05	1.04	1.09	1.14	1.09
C	H	N	1.50	1.06	0.96	0.96	1.12	1.12
C	H	Y	2.02	1.95	1.60	1.67	1.65	1.79
M *	M *	N	0.39	0.43	0.49	0.35	0.38	0.63
M *	M *	Y	0.77	0.88	0.98	0.86	0.79	0.99

* M = Claims for which there was no OASIS match